



PRIMARY PROVIDER MANAGEMENT COMPANY INC.

connectTM

Claim Inquiry

Claims








Office Management

Claims

- **Searching for Claims**

- The **Claim Search** form allows you to search for claims. You may search for claims by any combination of claim number, patient, date of service, provider, bill type, or claim status. It may be necessary to refine your search if your search results are too large, or to expand your search if no claims are found. Remember, you may only view claims submitted by your office.

[Claim Status](#) [Add Claim](#)

Claim Status Search		Help 
Claim Number	<input type="text"/>	
Date of Service	<input type="text" value="6/1/2009"/>  To <input type="text" value="6/7/2009"/> 	
Patient	<input checked="" type="radio"/> Last Name <input type="radio"/> Member ID <input type="radio"/> Patient Account Number <input type="text" value="smith, sarah"/>  <input type="button" value="(Patient List)"/>	
Provider	<input checked="" type="radio"/> Last Name <input type="radio"/> Tax ID <input type="radio"/> NPI <input type="text"/>	
Bill Type	<input type="text"/>	
<input type="button" value="Search"/> <input type="button" value="Clear"/>		

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To specify your search criteria:

- **Use one or more of the following fields to search by:**
 - **Claim Number** – type as least two digits of the claim number. If claim number is used as a search parameter, the system will ignore the date of service start and end dates.
 - **Date of Service Start** – type a date for the beginning of the date of service range, or click on the mini-calendar to select a date.
 - **Date of Service End** – type a date for the end of the date of service range, or click on the mini-calendar to select a date.
 - **Patient** – select the option button next to one of the three ways to search by patient: Last Name, Member Id, or Patient Account Number. Enter as much of the patient information that you know, or click on the patient list drop-down to select one of the patients that are already on your patient list.
 - **Provider** – select a provider from the list. You will only be able to see providers that are on your access list.
 - **Bill Type** – when searching for an institutional claim, you may enter a bill type.
 - **Status** – click to check the box next to the claim status, if known.

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- **To view information about a single claim:**
 - Click the underlined claim number
- **To view information about a patient or provider:**
 - Click the patient's or provider's underlined name.

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Claims

- **Claim Detail**

- The claim status detail gives information related to the claim you selected on the previous screen:

Claim Status Detail for 10123E																			
Claim Level Information																			
Provider	PROVIDER_CONTRACTED										Practice								
Patient	SARAH_SMITH										Patient Account No.								
▶ Ref/Auth Number	None										Claim Receipt Date	2 May 2010							
▶ Referring Provider																			
▶ Diagnosis	709.9 : UNSPEC DISORDER SKIN&SUBCUT TISSUE 701.9 : UNSPEC HYPERTROPH&ATROPHIC COND SKN																		
Related Causes											Accident Location								
Accident Date											Date of Current Illness								
Admit Date											Discharge Date								
▶ Special Programs																			
▶ EPSDT Referral											▶ EPSDT Condition Indicator								
Service Line Information																			
Line	Status	Check/EFT Number	Payment Date	DOS	▶ Adjudicated Procedure	Procedure	Modifier	Units	Billed	▶ Allowed	Disallowed	▶ Co-Payment	▶ Co-Insurance	▶ Deductible	▶ Patient Responsibility	▶ COB	▶ Withhold	Paid	▶ Covered Amount
001	Finalized/Payment	ENCOUNTER		12 Apr 2010	EDICPT	EDICPT		1	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals									\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
▶ Additional Information																			

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Claim Summary

- **Provider** – the physician or institution that submitted the claim.
- **Patient** – the patient who received the services.
- **Patient Account No .** – the patient's account number.
- **Ref/Auth No.** – the reference number of a referral or authorization, if required for the claim
- **Claim receipt date** – the date the claim was received
- **Diagnosis** – a list of one or more diagnoses.

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Service Summary

- **Line** – a reference number for a particular billing item within the claim
- **Date of Service** – the date the medical services were performed.
- **Service** – a description of the procedure or cost that is being billed.
- **Allowed amount** – the contracted amount
- **Copayment/Coinsurance amount** – copayment or coinsurance amounts for which the member is responsible
- **Deductible amount** – the amount that is applied to the patient's deductible
- **Other Ins. Paid Amount** – if the member has other primary health insurance, this line indicates what the other health plan paid

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Claims

- **Payment Summary:**
 - **Line** – a reference number for a particular billing item within the claim
 - **Status** – shows the current status of the claim (Paid or In Process)
 - **Check/EFT No .** – a reference number for the specific payment received
 - **Payment date** – the date of payment
 - **Payor remarks** – explanation of payment determination, if applicable

Office Management *Claims*

- **To print a claim:**
 1. Click the **Print Claim** link in the upper-right corner of the screen.
 2. A print-friendly version of the claim, using an approved format, will be opened in another window. This window will be closed automatically after you have printed the claim.

Getting Help

By e-mail :

ConnectSupport@ppmcinc.com

Phone: 951-280-7763

Fax: 951-280-8221