

Hints and Tips

Provider Type: Social Service and Social Service Medical

Category: Claims

Some providers report the ProviderOne system has not paid their claim after they have hit submit and received the TCN number. ProviderOne receives the claims after the **TWO-STEP** process is complete. See examples below.

Social Service Claims – Click Submit claim and when the TCN pop-up appears, click Submit again.

Step 1

ProviderOne My Inbox
Welcome Jones, Katherine. You have logged in with EXT Provider Social Services Profile.
Path: Provider Portal/ Social Service Billing Screen
Close Save Claim **Submit Claim** Reset
Social Service Billing Screen:
Note: asterisks (*) denote required fields. Billing Instructions
Basic Claim Information

Service Date From: mm dd yyyy * Service Date To: mm dd yyyy
* Service Code: Modifiers: 1: ; 2: ; 3: ; 4: ; * Units:
Patient Account No:
Add Service Line Item Update Service Line Item

Step 2

Submitted Social Service Claim Details TCN: 221385465325134000
Provider ID: 201102008
Client ID: 200907004WA
Date of Service: 03/26/2013-03/27/2013
Total Claim Charge: \$150.00
Please click "Add Attachment" button to attach documents. Add Attachment
Add Attachment
Line No File Name Attachment Type Transmission Code Attachment Control File Size Delete Uploaded On
No Records Found!
Print Details Print Cover Page **Submit**

Social Service Medical Claims – Click Sumit claim and when the TCN pop-up appears click Ok.

Step 1

ProviderOne My Inbox
Welcome Jones, Katherine. You have loaded in with EXT Provider Social Service Medical profile
Path: Provider Portal/ Claim Submission
Close Save Claim **Submit Claim** Reset
Links:
- Healthcare Organization Profile
- National Drug Code
- Drug Identification
- Prior Authorization
- Addressed Services User Information
Add Service Line Item Update Service Line Item
Please click "Add Attachment" button to attach documents.

Step 2

Claims Submission Final Dialog - Windows Internet Explorer
Submitted Professional Claim Details:
TCN: 20092550000001000
Provider NPI: 5522338671
Client ID: 198333777WA
Date of Service: 9/9/2009 0:0:0-9/9/2009 0:0:0
Total Claim Charge: 1159
Please click "Add Attachment" button, to attach the documents. Add Attachment
Attachment List:
Line No File Name Attachment Type Transmission Code Attachment Control File Size Delete Uploaded On
No Records Found!
Print Print Cover Page **OK**