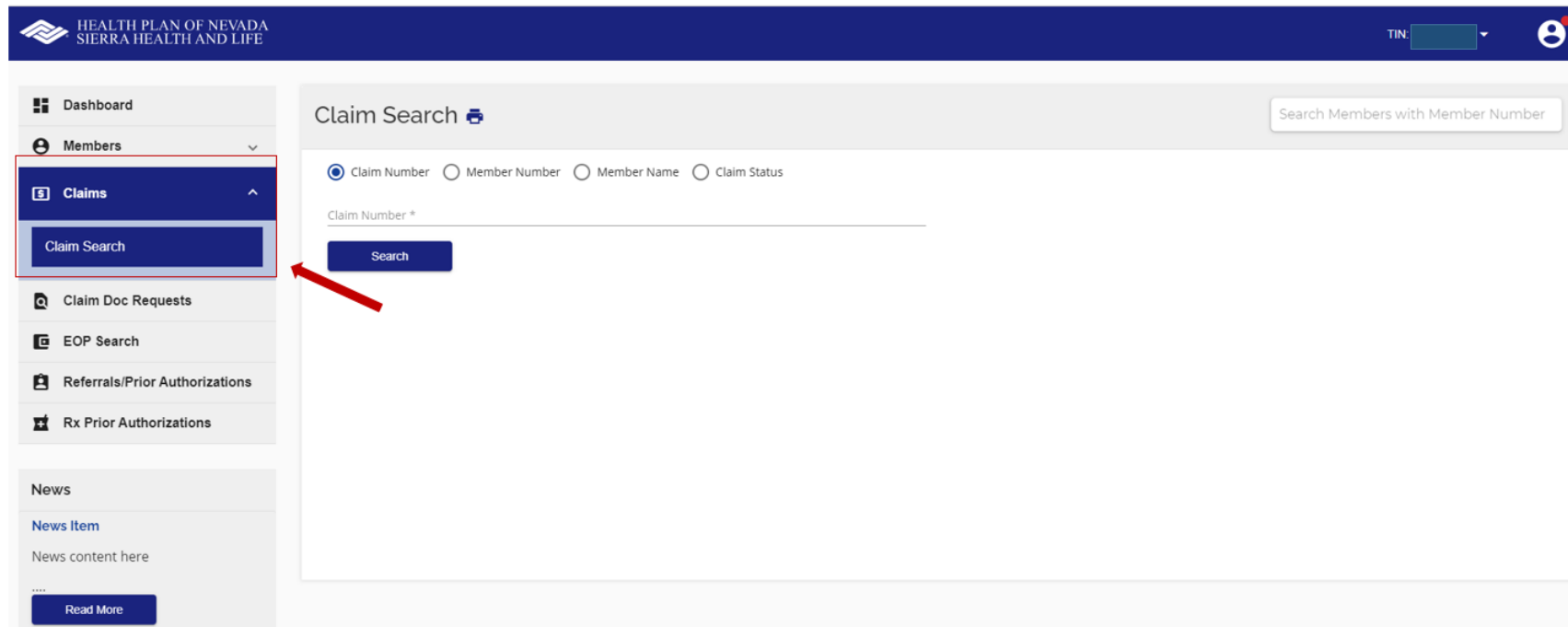


Online Provider Center Tutorial Claims

Claim Search



HEALTH PLAN OF NEVADA
SIERRA HEALTH AND LIFE

TIN:

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Members

Claims

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Claim Search

Search Members with Member Number

☒ Claim Number ☐ Member Number ☐ Member Name ☐ Claim Status

Claim Number *

Enter data into one of the **Required Fields** and **Search**:

- **Claim Number**
- **Member Number**
- **Member Name**
- **Claim Status**

Claim Search

☒ Claim Number ☐ Member Number ☐ Member Name ☐ Claim Status

Claim Number *

Claims Search - Detail:

Select the desired claim to view the detailed claim information. You may print the **Claim Detail** &/or **View Explanation of Payment**.

Claim Detail

Search Members with Member

Claim #:

Account #:

Provider:

Provider #:

Billed Amount: \$185.00

Paid Amount: \$80.48

Check #: 0

Check Cashed:

Member:

Member #:

Dates of Service: 12/04/2019 - 12/04/2019

Processed Date: 01/02/2020

Total Amount Allowed: \$110.48

Pt Responsibility: **\$30.00**

Status: Processed

Status Reason:

 View Explanation of Payment 

Message Code ↑	Dates of Service	Procedure Code/Description	Billed Amount	Contract Savings	Allowed Amount	Disallowed Charges	Copay	Co-Insurance	Deductible	Paid
PSS	12/04/2019 - 12/04/2019	99203 - New Outpt L3 Dtl H&E Low Complx Dec	\$185.00	\$74.52	\$110.48	\$0.00	\$30.00	\$0.00	\$0.00	\$80.48

Message Code Description

PSS - This claim was priced at the provider's contract rate. Any amount in excess of the contract rate is provider responsibility.

Claimant's Responsibility

\$30.00

Includes Disallowed, Copayment, Coinsurance, and Deductible Amounts

Back

Claims Search - Detail:

In order to submit a desired claim for reconsideration, from the detailed claim information screen, on the far right select the “**Request Claim Reconsideration**” option.

Claim Details

Request Claim Reconsideration

Claim Doc Requests

Referrals/Prior Authorizations

Rx Prior Authorizations

Billed Amount: \$535.00
Paid Amount: \$173.82
Check #: 0
Check Cashed:

Total Amount Allowed: \$183.82
Pt Responsibility: \$10.00
Status: Processed
Status Reason:

 [Request Claim Reconsideration](#)

Message Code ↑	Dates of Service	Procedure Code/Description	Billed Amount	Contract Savings	Allowed Amount	Disallowed Charges	Copay	Co-Insurance	Deductible	Paid
PSS	01/21/2026 - 01/21/2026	58301 - Removal Intrauterine D...	\$331.00	\$194.45	\$136.55	\$0.00	\$0.00	\$0.00	\$0.00	\$136.55
PSS	01/21/2026 -	81025 - Urin Pg	\$27.00	\$15.81	\$11.19	\$0.00	\$10.00	\$0.00	\$0.00	\$1.19

Select a file and reason for upload, add additional comments in the free text section, then **Submit**.

Submit Claim Reconsideration Request 

Search Members with Member Number

Complete the form, attach the documentation, and click "Submit".

Claim #:

Patient Account #:

Provider Name:

Member Number:

Member Name:

Dates of Service:

Select a File and a Reason for upload. For uploading a comment only, files are not required. To add more files, click the "Add File" button. To remove an empty file placeholder, click the "Remove" button.

Choose File

No file chosen

Select reason...

Comment

Submit