

# ***Klais & Company, Inc.***

## ***StatusLink***

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**Member User Guide**



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# Overview

## Purpose

StatusLink provides Internet access to claim and enrollment information for both providers and members. Members can only view their own enrollee and dependent records.

As a StatusLink member, you will have access to the following features:

- view member information
- view claims information

## America Online (AOL) Users

Limitations in current versions of Windows AOL prevent StatusLink from executing properly from an AOL window.

If you launch StatusLink directly from within AOL you will either see a message indicating that a script error has occurred, or the application will time out or quit after approximately 10 minutes.

If you currently use AOL as your internet service provider, complete the following steps to access StatusLink:

1. Launch AOL to access the internet.
2. Minimize the AOL window.
3. Launch Internet Explorer.
4. Launch StatusLink from within Internet Explorer.

## Helpful Hints

- Set your terminal resolution to 1024 by 768 pixels for *optimal* performance.
- StatusLink supports the following web browsers only:
  - **Microsoft Internet Explorer 5.5 or 6.0** - *Recommended for optimal performance*
  - **Netscape 4.50** through **4.78**

StatusLink does *not* support and will *not* run reliably with the following web browsers:

- **Microsoft Internet Explorer** - All versions prior to 5.01
  - **Netscape version 6**
  - **Netscape** - All versions prior to 4.50
  - **All other branded web browsers** (such as Mozilla, WebTV, etc.)
- ☐ Minimum recommended memory of 256 MB for optimal performance.
- Your connection to the StatusLink website will be terminated after a pre-defined period of inactivity. If you get a *Your session has ended.* message in StatusLink, you must log on again to access information.
  - Adobe Acrobat Reader (v.4.0 or higher) is required to view some information available on the HealthWeb StatusLink website. A free copy of Reader can be downloaded from:

[www.adobe.com/products/acrobat/readermain.html](http://www.adobe.com/products/acrobat/readermain.html)

# Getting Started

## Register With StatusLink

A user ID and password are required to access StatusLink. If you are new to StatusLink, you can register from the login page. Follow these steps to register with StatusLink and request a password.

1. Click **Register** on the StatusLink login page to open the StatusLink Welcome page.

Enter information in each of the above fields. The site ID field requires the selection of PROD 1 from the drop down box. Once entering all fields, select Find to locate your file in StatusLink.

### SELF REGISTRATION ERROR MESSAGES

Below are potential error messages you may receive when trying to register:

Message: 900002- Server error. Database connection error.

Required Action : Eliminate any apostrophes in your name

Message:900093-You must enter values for every search field

Required Action: -You must enter PROD 1 in the Site ID field or

-You must enter data in every field

Message 900094-Membership data not found. Please reveiw the data entered for keying errors

Required Action: -You must eneter a valid identification number, group number, and birthdate

-If you have done so, your member information may not be contained in our system

-Please contact your organization Human Resource department or University Health Services Department to confirm your eligibility.

## Member Self Registration

Complete the following steps to register on StatusLink as a member.

1. Click **Register** and click Accept
2. Click **Member Self Registration** on the StatusLink Welcome page to open the Member Registration form.

**User Registration** [Home Pr](#)

# Member Self-Registration

**Section 1: User Information (\* Denotes required field.)**

*Name (Last, First)	*Address	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Member ID	*City	Fax
<input type="text"/>	<input type="text" value="AKRON"/>	<input type="text"/>
	*State	Email Address
	<input type="text" value="Ohio"/>	<input type="text"/>
	*Zip	
	<input type="text" value="44313"/>	
*User ID ( Must be at least six alpha/numeric characters)		
<input type="text"/>		
If you forget your password, you can reset it by answering a question that you select.		
*Password	*Question	*Response
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Section 2: Email Subscription Options**

The Completed Claim Notification option is not available at this time.

☐ Completed Claim Notification

**Section 3: Notes**

Please use this area to enter any comments or questions you may have.

An entry is required in each field marked with an asterisk.

3. Enter your first and last names in the **Name** field. This is a required field.
4. Enter demographic information in the **Address**, **City**, **State**, and **Zip** fields.
5. Enter your **Member ID**. A member ID is your Social Security number or another number assigned by your employer or school. This is a required field.

6. You can enter additional information into the other three optional fields at the top of the form.
7. Enter a **User ID** that is at least six alphanumeric characters. You will use the user ID you enter here to log onto StatusLink. This is a required field.

If the user ID you enter is already being used by someone else, an error message displays when you submit your registration. Click the **Click here to go Back** link, and then enter a different user ID and resubmit your registration.

8. Use the **Question** drop-down list to select a question you will be asked to answer if you forget your password and need to have it reset. A unique password will be assigned to you after you submit your registration. This is a required field.

**What is your favorite color?**

**What is your mother's maiden name?**

**What is your favorite holiday?**

**What is your favorite season?**

9. Enter a **Response** to the question you selected in the previous step. By selecting a question and then providing the response, you help ensure that you will be only one with access to your StatusLink password.
10. An entry in the EMAIL Address is NOT required.
11. An entry in the PASSWORD field is NOT required.
12. An entry in the COMPLETED CLAIM NOTIFICATION field is NOT required.
13. An entry in the NOTES field is NOT required.
14. Select one of the following:

**Submit Form** - Submit your registration form to the StatusLink administrator.

**Reset Form** - Delete all information you entered on the registration form without submitting it. Information that prefilled automatically is not deleted.



## Reset Password

After you assign yourself a permanent password, you can complete the following steps to reset or change it at any time.

1. Click **Register** on the StatusLink home page to open the Welcome page and click accept.
2. Click **Reset Password** to open the Reset Password form.

**Reset Password**

**Section 1: Display Question (\*Denotes required field.)**  
Select 'Display Question' button to begin. [Display Question](#)

\*User ID

\*Question

**Section 2: Enter Selected Response to Question**  
Enter the response to the above question that you selected upon initial registration.

\*Response

**Section 3: Reset Password**  
To reset password, type in new password below, and click Submit button.

\*New Password

\*Re-Enter New Password

[Submit Form](#) [Reset Form](#)

3. You must click on **Display Question** to open the Question Search form:

**Question Search**

\*User ID:

\* Denotes required field.

[Find](#) [Clear Form](#)

4. Enter your **User ID**. This is a required field.

5. Click **Find** to display the question you answered when you originally registered with StatusLink.

User ID	Question
jjohnson	What is your favorite color?

6. Click your **User ID** to return to the Reset Password page with your **User ID** and **Question** displayed.

When you originally registered with StatusLink, you submitted a personalized response to a specific question. That response will now be used to link you to the **User ID** you entered.

7. Enter your **Response** to the question. Your response should match exactly the response you submitted at registration.
8. Enter the **New Password** you want to use to access StatusLink. Your StatusLink password is case-sensitive and can be from 1 to 25 characters.
9. Enter your new password again in the **Re-Enter New Password** field.
10. Select one of the following:

**Submit Form** - Change your password. This is the password you will use from now on to log on to StatusLink.

**Reset Form** - Delete all information you entered on the Reset Password form. Information that prefilled automatically is not deleted.

## Navigation and Tools

After you successfully log in to StatusLink, the following navigation options and links are available on many pages and forms.

**Home** Return to the StatusLink Home Page.

**Quit** Log off of StatusLink.

**Back** Close the current page and return to the previous page.

**Help** Access online help.

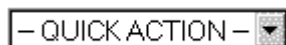


Use the information in the current form to search for matching data.

**Submit Form** Submit the information entered on the form to the system administrator.

**Reset Form** Delete all information you entered on the current form. Information that prefilled automatically is not deleted.

**Clear Form** Delete all information you entered on the current form.



Click the **QUICK ACTION** drop-down arrow to display a list of options relevant to the current window or form.

Click an option on this menu to execute the selected function.

# Main Menu Options

## Overview

When you log in as a *member*, the following Main Menu options display:

**Main Menu**

Member Information

Claims

Helpful Hints

Log Off

Log in Again

Use the options on this menu to do the following:

**Member Information** - Search for information on one or more members.

**Claims** - Search for information on claims for a specific member.

**Helpful Hints** - Access information on setup, configuration, and limitations.

**Log Off** - Log off of the StatusLink site.

**Log in Again** - Log off of the StatusLink site and then redisplay the StatusLink log in window to log back on.

## Member Information Tabs

Use the **Member Information** option to view plan documents and plan and claim information for one or more members.

When you click **Member Information** on the Main Menu, the **Member List** tab opens:

Member List	Plan Documents	Member List (Click on row to select.)							
Name	Relationship	Birth Date Gender	Eff Date Term Date	Group	Group Location	Plan	PCP Name	PCP Eff Date PCP End Date	
DUNN, MARISSA	DEPENDENT	06/01/1994 f	01/01/1999 12/31/9999	200 - VOILA CATERING	MAIN OFFICE - CORPORATE	900 - AMERICAN PPO HEALTH PLAN	JOHN JEVITZ MD	01/01/1996 12/31/9999	
DUNN, BOBBY	DEPENDENT	06/01/1992 m	01/01/1999 12/31/9999	200 - VOILA CATERING	MAIN OFFICE - CORPORATE	900 - AMERICAN PPO HEALTH PLAN	JACKSON RYAN MD	01/01/1996 12/31/9999	
BARRETT, CHARLIE	DEPENDENT	01/01/1970 m	01/01/1999 12/31/9999	200 - VOILA CATERING	MAIN OFFICE - CORPORATE	900 - AMERICAN PPO HEALTH PLAN	JACKSON RYAN MD	01/01/1996 12/31/9999	
BARRETT, MATTHEW	SELF	01/01/1959 m	01/01/1999 12/31/9999	200 - VOILA CATERING	MAIN OFFICE - CORPORATE	900 - AMERICAN PPO HEALTH PLAN	JACKSON RYAN MD	10/01/1998 12/31/9999	

## Member List Tab

Use the **Member List** tab to select the member for whom you wish to view claim and enrollment information.

1. Click **Member Information** on the Main Menu to open the **Member List** tab. This list includes a list of the members for whom you can access information. This list usually includes an enrollee and his or her dependents.

Member List	Plan Documents							
Member List (Click on row to select.)								
Name	Relationship	Birth Date Gender	Eff Date Term Date	Group	Group Location	Plan	PCP Name	PCP Eff Date PCP End Date
DUNN, MARISSA	DEPENDENT	06/01/1994 f	01/01/1999 12/31/9999	200 - VOILA CATERING	MAIN OFFICE - CORPORATE	900 - AMERICAN PPO HEALTH PLAN	JOHN JEVITZ MD	01/01/1996 12/31/9999
DUNN, BOBBY	DEPENDENT	06/01/1992 m	01/01/1999 12/31/9999	200 - VOILA CATERING	MAIN OFFICE - CORPORATE	900 - AMERICAN PPO HEALTH PLAN	JACKSON RYAN MD	01/01/1996 12/31/9999
BARRETT, CHARLIE	DEPENDENT	01/01/1970 m	01/01/1999 12/31/9999	200 - VOILA CATERING	MAIN OFFICE - CORPORATE	900 - AMERICAN PPO HEALTH PLAN	JACKSON RYAN MD	01/01/1996 12/31/9999
BARRETT, MATTHEW	SELF	01/01/1959 m	01/01/1999 12/31/9999	200 - VOILA CATERING	MAIN OFFICE - CORPORATE	900 - AMERICAN PPO HEALTH PLAN	JACKSON RYAN MD	10/01/1998 12/31/9999

2. Click a member in the list to open the **Member Address** tab for that member:

BARRETT, MATTHEW						<a href="#">Back</a> <a href="#">Help</a>
Member Address	Member Claims	Deductible	Copay	Plan Limits	Out-of-Pocket	PPO Information
Name	Address	City	State	Zip Code	Phone	Eff Date End Date
BARRETT, MATTHEW	1470 WALNUT HILL	ST CHARLES	IL	60174	630-554-1234	01/01/1996 01/01/1996

Use the tabs across the top of the window to access the following member information:

- member address
- member claims
- current deductible
- current copay
- plan limits
- current out-of-pocket
- PPO Information

## Member Address Tab

Click the **Member Address** tab to display demographic information for the member.

BARRETT, MATTHEW							<a href="#">Back</a> <a href="#">Help</a>
Member Address	Member Claims	Deductible	Copay	Plan Limits	Out-of-Pocket	PPO Information	
Name	Address	City	State	Zip Code	Phone	Eff Date	End Date
BARRETT, MATTHEW	1470 WALNUT HILL	ST CHARLES	IL	60174	630-554-1234	01/01/1996	01/01/1996

The member's full name, address, and phone number display, if available. The dates in the **Eff Date** / **End Date** column indicate the member's effective and termination dates for coverage. A value of **12/31/9999** for the **End Date** indicates that the member is still active and a termination date has not been entered.

## Member Claims Tab

Click the **Member Claims** tab to display a list of all claims on record for the member.

BARRETT, MATTHEW							<a href="#">Back Help</a>
Member Address	Member Claims	Deductible	Copay	Plan Limits	Out-of-Pocket	PPO Information	
Claim #	Worksheet #	Name	Birth Date	Status	Service From	Check #	Check Date
98000213	01	BARRETT, MATTHEW	01/01/1959	Claim completed and paid	03/10/1999	nochk0000049	11/16/1999
98000215	01	BARRETT, MATTHEW	01/01/1959	Claim completed and paid	03/01/1999	nochk0000050	11/16/1999

The claim number and worksheet number for each claim on record for the member display in the first two columns. These are followed by the member's name and date of birth, the claim status, and the coverage eligibility date. If a check has been issued for the claim, the check number and date of issue display in the last column.

Click a claim number in the list to view additional information about the claim on the **Claim Detail** tab.

Claim No. 00008991 / Worksheet No. 01										<a href="#">Back Help</a>
Claim Detail	Remarks	Deductible	Copay	Plan Limits	Out-of-Pocket					
Claim Line #	Service From Service To	Amt Charged	Benefit Amt Coinsurance Amt 1 Coinsurance Amt 2	Benefit Ded Coins Ded	Copay Amt COB Amt	Total Ineligible Amt Remark Code Provider Paid Amt	Provider	Check #	Check Date	Link to ABF
		PPD Discount Amt Prompt Pay Disc	Over Benefit Max Over Coins Max	Over Per A Max Over Per B Max	Over R&C Amt Misc Ineligible Amt			Check Amount		
01	02/10/2001 03/10/2001	\$700.00	\$0.00 \$400.00 \$0.00 \$200.00 \$0.00	\$0.00 \$100.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$200.00 01 \$320.00	J SMITH	J 00000111 05/30/2001 \$320.00		<a href="#">EOB Doc</a>

Refer to **Claim Detail** on page 26 for information on each of the fields on this tab.



## Remarks Tab

Click the **Remarks** tab to display the code and description for standard remarks entered for the claim in QicLink

Claim No. 00008990 / Worksheet No. 01		<a href="#">Back</a> <a href="#">Help</a>			
Claim Detail	Remarks	Deductible	Copay	Plan Limits	Out-of-Pocket
Remark Code		Description			
A1	This service is not covered by your plan.				
A2	Procedures performed by family members are not covered under your plan.				
A3	Cosmetic procedures are not covered under your plan of benefits.				

Click **Back** to return to the Member Information tabs.

## Deductible Tab

Click the **Deductible** tab to display deductible information for plans in which the member is enrolled.

BARRETT, MATTHEW						<a href="#">Back</a> <a href="#">Help</a>	
<b>Member Address</b>	<b>Member Claims</b>	<b>Deductible</b>	<b>Copay</b>	<b>Plan Limits</b>	<b>Out-of-Pocket</b>		
Plan	Deductible Description	Individual Plan Amt Individual Actual Amt	Family Plan Amt Family Actual Amt	Number to be Satisfied	Actual Number		
AMERICAN PPO HEALTH PLAN	DENTAL DEDUCTIBLE	\$25.00 \$0.00	\$0.00 \$0.00	0	0		
AMERICAN PPO HEALTH PLAN	HSI DEDUCTIBLE	\$200.00 \$0.00	\$0.00 \$0.00	0	0		
AMERICAN PPO HEALTH PLAN	NON PPO MEDICAL DEDUCTIBLE	\$250.00 \$0.00	\$750.00 \$0.00	0	0		
AMERICAN PPO HEALTH PLAN	NO DEDUCTIBLE	\$0.00 \$0.00	\$0.00 \$0.00	0	0		
AMERICAN PPO HEALTH PLAN	PER CONDITION DX	\$100.00 \$0.00	\$0.00 \$0.00	0	0		
AMERICAN PPO HEALTH PLAN	PPO MEDICAL DEDUCTIBLE	\$100.00 \$0.00	\$300.00 \$0.00	0	0		

## Copay Tab

Click the **Copay** tab to display plan copay information for the member:

BARRETT, MATTHEW					<a href="#">Back</a> <a href="#">Help</a>
Member Address	Member Claims	Deductible	Copay	Plan Limits	Out-of-Pocket
Plan	Copay Description			Amount Satisfied	
AMERICAN PPO HEALTH PLAN	\$10 COPAY			\$0.00	
AMERICAN PPO HEALTH PLAN	\$25 COPAY			\$0.00	

## Plan Limits Tab

Click the **Plan Limits** tab to display plan coinsurance information for the member.

BARRETT, MATTHEW						<a href="#">Back Help</a>
Member Address	Member Claims	Deductible	Copay	Plan Limits	Out-of-Pocket	
Plan	Coinsurance Description		Benefit Period	Plan Limit	Amt Satisfied	
AMERICAN PPO HEALTH PLAN	ANNUAL GE/TESTS/80% NO DED		No Accums	\$150.00	\$0.00	
AMERICAN PPO HEALTH PLAN	ANNUAL PE/TESTS/80% NO DED		No Accums	\$250.00	\$0.00	
AMERICAN PPO HEALTH PLAN	CHIRO/HOME/ACUP/ANN MAX/80%		No Accums	\$1500.00	\$0.00	
AMERICAN PPO HEALTH PLAN	HOSPICE LIFETIME/80%		No Accums	\$10000.00	\$0.00	
AMERICAN PPO HEALTH PLAN	INPATIENT PSYCH LIFETIME/80%		No Accums	\$7500.00	\$0.00	

## Out-of-Pocket Tab

Click the **Out-of-Pocket** tab to display plan out-of-pocket information for the member.

BARRETT, MATTHEW						<a href="#">Back</a> <a href="#">Help</a>	
Member Address	Member Claims	Deductible	Copay	Plan Limits	Out-of-Pocket		
Plan	Out-of-Pocket Description		Individual Plan Amt Individual Actual Amt	Family Plan Amt Family Actual Amt	Number to be Satisfied	Actual Number	
AMERICAN PPO HEALTH PLAN	NON PPO MEDICAL OUT OF POCKET		\$2000.00 \$0.00	\$6000.00 \$0.00	0	0	
AMERICAN PPO HEALTH PLAN	PPO MEDICAL OUT OF POCKET		\$1000.00 \$0.00	\$3000.00 \$0.00	0	0	

## Claims Tabs

Use the **Claims** option on the Main Menu to search for information on claims for a specific member or for all members to whom you have access.

Complete the following steps to display claims information.

1. Click **Claims** on the StatusLink Main Menu to display the Claims Search form.

The screenshot shows the 'Claims Search' form within the StatusLink interface. At the top left, the user's name 'TYRONE MITCHELL' is displayed. At the top right, there are links for 'Home', 'Quit', and 'Help'. The form itself has a title 'Claims Search' centered at the top. It contains several input fields: '\*Provider Last Name:', '\*Provider First Name:', '\*Institution Name:', '\*Provider Tax ID:', 'Claims Status:' (a dropdown menu currently showing 'Select'), '\*Service From:' (a date field), '\*Claim Number:', '\*Member SSN:', '\*Member ID:', and 'Birth Date:'. There are also search icons (magnifying glass and a grid icon) next to the 'Claims Status' and 'Birth Date' fields. Below the input fields, a message states '\* An entry is required in at least one field.' At the bottom of the form are two buttons: 'Find' and 'Clear Form'.


2. Enter information into any of the fields to define the search for claims. You must enter a value into at least one of the fields marked with an asterisk. The more fields you complete, the more exact the search results will be.

If you know only the first part of a name, Social Security number, or member ID, you can enter those first characters in the appropriate field to search for partial matches.

A total of one hundred claims can be displayed as the result of any search. If there are more than one hundred claims to display, a *Maximum number of records reached* message displays. Click **Clear Form** and then narrow your search criteria by entering search values in additional fields.

The fields in the form are case-sensitive, which may affect search results.

3. Click **Find** to display a list of claims that meet the specified criteria.

Download Now 								2 Item(s) Found
Claim #	Worksheet #	Name	Birth Date	Status	Service From	Provider Name	Check # Check Date	Check Amount
00009005	01	MITCHELL, TASHA	11/21/1965	Claim completed and paid	03/10/2001	JOHN SMITH, MD	J 00000113 05/30/2001	\$9900.00
00008991	01	MITCHELL, TYRONE	03/11/1963	Claim completed and paid	02/10/2001	JOHN SMITH, MD	J 00000111 05/30/2001	\$320.00

If there are multiple providers for a single claim, the claim will be listed multiple times: once for the requested provider, and again for each additional provider associated with the claim.



Refer to **Download Claim Information** on page 27 for instructions on using the **Download Now** option to download the contents of this list to a file.

4. Click a claim in the list to access specific information about that claim.

Claim No. 00008991 / Worksheet No. 01										<a href="#">Back Help</a>
Claim Detail	Remarks	Deductible	Copay	Plan Limits	Out-of-Pocket					
Claim Line #	Service From Service To	Amt Charged	Benefit Amt Coinsurance Amt 1 Coinsurance Amt 2	Benefit Ded Coins Ded	Copay Amt COB Amt	Total Ineligible Amt Remark Code Provider Paid Amt	Provider	Check # Check Date	Link to ABF	
		PPO Discount Amt Prompt Pay Disc	Over Benefit Max Over Coins Max	Over Per A Max Over Per B Max	Over R&C Amt Misc Ineligible Amt			Check Amount		
01	02/10/2001 03/10/2001	\$700.00	\$0.00 \$400.00 \$0.00	\$0.00 \$100.00 \$0.00	\$0.00 \$0.00 \$0.00	\$200.00 \$320.00	J SMITH	J 00000111 05/30/2001		\$320.00
		\$0.00 \$0.00	\$200.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00					

You can access the following claim information from this window:

- claim detail
- claim remarks
- claim deductible
- claim copay
- plan limits
- claim out-of-pocket

## Claim Detail Tab

Click the **Claim Detail** tab to display information for the selected claim.

Claim No. 00008991 / Worksheet No. 01										<a href="#">Back Help</a>
Claim Detail	Remarks	Deductible	Copay	Plan Limits	Out-of-Pocket					
Claim Line #	Service From Service To	Amt Charged	Benefit Amt Coinsurance Amt 1 Coinsurance Amt 2	Benefit Ded Coins Ded	Copay Amt COB Amt	Total Ineligible Amt	Provider	Check #	Link to ABF	
		PPD Discount Amt Prompt Pay Disc	Over Benefit Max Over Coins Max	Over Per A Max Over Per B Max	Over R&C Amt Misc Ineligible Amt	Remark Code Provider Paid Amt	Check Date Check Amount			
01	02/10/2001 03/10/2001	\$700.00	\$0.00 \$400.00 \$0.00 \$200.00 \$0.00	\$0.00 \$100.00	\$0.00 \$0.00 \$0.00 \$0.00	\$200.00 01 \$320.00	J SMITH	J 00000111 05/30/2001	<a href="#">EOB Doc</a>	



## Remarks Tab

Click the **Remarks** tab to display the code and description for standard remarks entered for the claim in QicLink.

Claim No. 00008990 / Worksheet No. 01		<a href="#">Back</a>	<a href="#">Help</a>		
Claim Detail	Remarks	Deductible	Copay	Plan Limits	Out-of-Pocket
Remark Code		Description			
A1	This service is not covered by your plan.				
A2	Procedures performed by family members are not covered under your plan.				
A3	Cosmetic procedures are not covered under your plan of benefits.				

## Deductible Tab

Click the **Deductible** tab to display deductible information for plans in which the member is enrolled.

Claim No. 00008991 / Worksheet No. 01						<a href="#">Back</a> <a href="#">Help</a>	
Claim Detail	Remarks	Deductible	Copay	Plan Limits	Out-of-Pocket		
Plan	Deductible Description	Individual Plan Amt Individual Actual Amt	Family Plan Amt Family Actual Amt	Number to be Satisfied	Actual Number		
JAN'S 280 PLAN	DENTAL	\$0.00 \$0.00	\$0.00 \$0.00	0	0		
JAN'S 280 PLAN	MAJOR MED	\$100.00 \$100.00	\$0.00 \$300.00	0	3		

## Copay Tab

Click the **Copay** tab to display plan copay information for the member.

Claim No. 98000278 / Worksheet No. 01					<a href="#">Back</a> <a href="#">Help</a>
Claim Detail	Remarks	Deductible	Copay	Plan Limits	Out-of-Pocket
Plan	Copay Description		Amount Satisfied		
BLUE CROSS PPO	\$5 COPAY		\$0.00		
BLUE CROSS PPO	PRESCRIPTION COPAY		\$0.00		

## Plan Limits Tab

Click the **Plan Limits** tab to display plan coinsurance information for the member.

Claim No. 00008991 / Worksheet No. 01					<a href="#">Back</a> <a href="#">Help</a>
Claim Detail	Remarks	Deductible	Copay	Plan Limits	Out-of-Pocket
Plan	Coinsurance Description	Benefit Period		Plan Limit	Amt Satisfied
JAN'S 280 PLAN	COINSURANCE PARTS A/B MAX	No Accums		\$10000.00	\$0.00
JAN'S 280 PLAN	DENTAL COINS 100	No Accums		\$1000.00	\$0.00
JAN'S 280 PLAN	DENTAL COINS ORTHO	No Accums		\$1000.00	\$0.00
JAN'S 280 PLAN	MAJOR MED 80	No Accums		\$10000000.00	\$0.00

## Out-of-Pocket Tab

Click the **Out-of-Pocket** tab to display plan out-of-pocket information for the member.

Claim No. 00008991 / Worksheet No. 01						<a href="#">Back</a> <a href="#">Help</a>
Claim Detail	Remarks	Deductible	Copay	Plan Limits	Out-of-Pocket	
Plan	Out-of-Pocket Description	Individual Plan Amt Individual Actual Amt	Family Plan Amt Family Actual Amt	Number to be Satisfied	Actual Number	
JAN'S 280 PLAN	MM OOP	\$500.00 \$80.00	\$0.00 \$402.00	0	0	

## Download Claim Information

After you search for claims, you can download the claim information to a file on either your local drive or a network drive. The file is saved in comma-separated values (CSV) format and can be opened in Microsoft Excel.

Complete the following steps to download claims information.

1. Click **Claims** on the StatusLink home page to display the Claims Search form.
2. Enter information into any of the fields to define the search for claims. The more fields you complete, the more exact the search results will be.
3. Click **Find** to display a list of claims that meet the specified criteria.

Download Now		2 Item(s) Found						
Claim #	Worksheet #	Name	Birthdate	Status	Service From	Prod#	Check # Check Date	Check Amount
00009008	01	MATTHEWS, JOSEPHINE	03/11/1958	Claim completed and paid	05/11/2001	test2	nochk0000002 05/12/2001	\$0.00
00008990	01	MATTHEWS, JOSEPHINE	03/11/1958	Claim completed and paid	02/01/2001	test2	J 00000121 05/30/2001	\$28.00

4. Click **Download Now** to open the Save Data form.

Healthweb - Microsoft Internet Explorer

Save Data [Back Help](#)

File Name with Complete Path:

Status:

Done Local intranet

5. Click **Browse** to select the location and name for the downloaded file from the Save File dialog box.
6. Enter the destination path for the file in the **Save in** field. Enter the name for the file in the **File name** field. The file will be given an extension of .csv by default.
7. Click **Save** to return to the Save Data form with the path and file name displayed.
8. Click **Ok** to download the file. The **Status** field displays a *Successfully Written Data* message if the download was successful.
9. Click **Back** to return to StatusLink.