

Purpose

QicLink Benefits Exchange provides Internet access to claims, benefits and enrollment information. You will only be able to view information for yourself, your eligible spouse, and dependent children under the age of 18. You will need to have an Authorization for Release of Health Information on file with us to view claims for any dependent children age 18 or older. This form is available on the BPA website under Forms.

As a QicLink Benefits Exchange enrollee, you will have access to the following features:

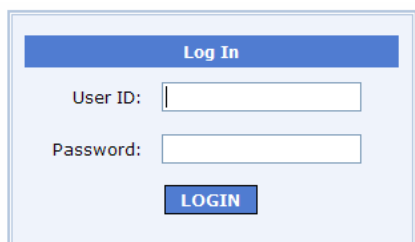
- View Member Eligibility Information
- View Plan Benefit Information
- View Claims Information
- Access links to healthcare management-related Web sites
- Submit requests for ID cards
- Restrict access to Protected Health Information (PHI)

Logging in to QicLink Benefits Exchange

A User ID and password are required to access QicLink Benefits Exchange.

Registered Users

If you have previously logged in to QBE, enter your User ID and password in the Log In window and click **LOGIN**.



[New Member Registration](#)

[Forget Your Password?](#)

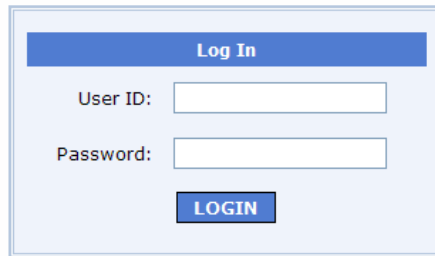
NOTE: User ID's and passwords are *case-sensitive*.

If login is successful, the **Welcome** page is displayed.

If you have forgotten your password, click **Forget Your Password?** to reset your password.

New Users

If you are new to QBE, and you do not have an assigned User ID and password, click the **New Member Registration** link in the Log In Window.



A screenshot of a 'Log In' window. It features a blue header with the text 'Log In'. Below the header are two input fields: 'User ID:' and 'Password:'. At the bottom of the window is a blue button labeled 'LOGIN'.

[New Member Registration](#)

[Forget Your Password?](#)



The following Member Self Registration – User Authentication form is displayed:


Member Self Registration

User Authentication

Note: If you do not know your Group Number, please contact your Benefits Administrator before proceeding.

*Group Number:

*ID:

*Birth Date: 

(mm/dd/yyyy)

Enter your **Group Number** and your **ID** in the User Authentication form, using the **Tab** key after each entry, or by clicking in each field.

Note: Your Group Number and your ID number may be obtained from your Health / Dental Plan ID card for plans administered by Noridian Benefit Plan Administrators.

When the Group Number is entered, the ***Password** field will be displayed.


Member Self Registration


User Authentication

Note: If you do not know your Group Number, please contact your Benefits Administrator before proceeding.

*Group Number:

*ID:


*Birth Date: 

*Password: 

Enter your birth date in **mm/dd/yyyy** format, or select your birth date by clicking the calendar icon.

*Group Number:

*ID:

*Birth Date: 

*Password:

Enter the group Password that was provided to you. ****You must obtain the password from your Employer prior to registering in QBE.**

To clear the information entered or to exit the form, click **Clear**.

To submit the User Authentication form, click **Submit**.

If your user authentication is successful, the **Member self Registration** form will be displayed.

Member Self Registration

Section 1: User Information (* Denotes required field)

*First Name *Last Name

*SSN

*Address 1 Address 2

*City *State

*Zip Phone

Fax Email Address

If you forget your password, you can reset it by answering the question you enter.

*Question *Response

6 characters minimum

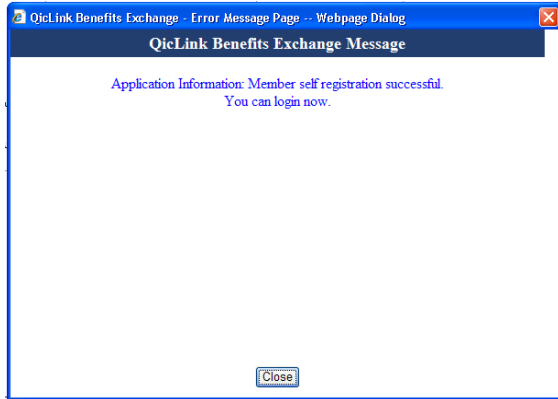
*User ID *Password

Complete the fields, as required, in the **Member Self Registration** form.

Field	Description
First Name	Enter your first name
Last Name	Enter your last name
Address 1, 2, City, State Zip	Enter your complete address. Address 2 is optional
Phone, Fax	<i>Optional.</i> Enter your complete phone and fax numbers
Email Address	<i>Optional.</i> Enter the email address to which communications should be sent
Question	Enter a user-defined question that you will be asked to answer when you reset your password. For Example: In what city were you born? What is your mother's maiden name? What is your older sister's married name?
Response	Enter a user-defined response to the questions you entered at Question . <i>Tip:</i> Responses are <i>case sensitive</i> . You may want to make a note of your response for future reference.
User ID	Create an ID that is at least six alphanumeric characters in length. <i>Tip:</i> User IDs are <i>case sensitive</i> . You may want to make a note of your User ID for future reference.
Password	Create a password that meets the requirements displayed, noting the password strength rating shown as you enter your password. <i>Tip:</i> Passwords are <i>case sensitive</i> . You may want to make a note of your Password for future reference.

To clear all entries, click **Reset**.

To submit your member self registration to the administrator, click **Submit**. If member self registration is successful, a confirmation message is displayed. To continue to the **Log In** window, click **OK**.



Enter your User ID and password in the **Log In** window.

A screenshot of a "Log In" form. The form has a light blue background and a dark blue header bar with the text "Log In" in white. Below the header, there are two input fields: "User ID:" followed by a white text box, and "Password:" followed by a white text box. Below the password field is a blue button with the text "LOGIN" in white.

[New Member Registration](#)

[Forget Your Password?](#)

Resetting Your Password

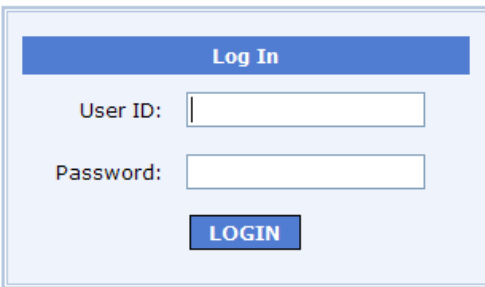
A screenshot of a "Log In" form, identical to the one above. It features a light blue background and a dark blue header bar with the text "Log In" in white. Below the header, there are two input fields: "User ID:" followed by a white text box, and "Password:" followed by a white text box. Below the password field is a blue button with the text "LOGIN" in white.

Invalid User ID or Password. Please try again,
or select below "Forget Your Password?" link,
and reset your password.

[New Member Registration](#)

[Forget Your Password?](#)

If you have registered previously but have forgotten your password, click **Forget Your Password?** in the **Log In** window.



The image shows a 'Log In' form with a blue header. Below the header are two input fields: 'User ID:' and 'Password:'. A blue 'LOGIN' button is positioned below the password field.

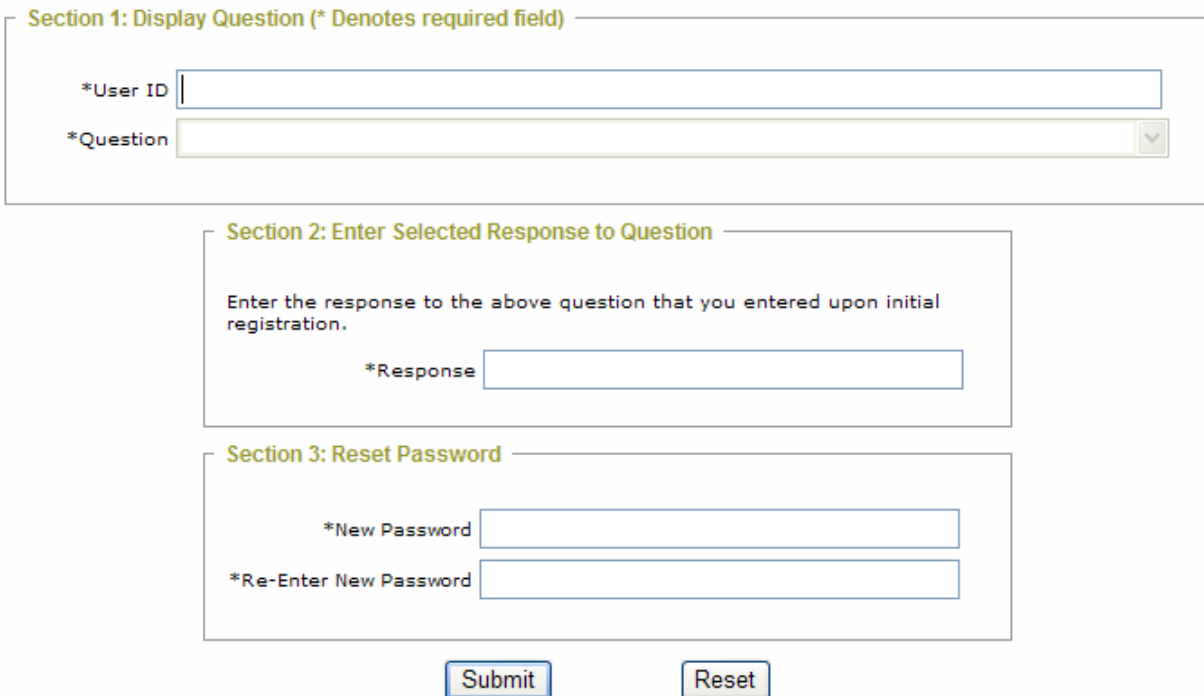
[New Member Registration](#)

[Forget Your Password?](#)



You can reset or change your existing password, complete the **Reset Password** form.

Reset Password



The 'Reset Password' form is divided into three sections:

- Section 1: Display Question (* Denotes required field)**
 - *User ID:
 - *Question:
- Section 2: Enter Selected Response to Question**

Enter the response to the above question that you entered upon initial registration.

 - *Response:
- Section 3: Reset Password**
 - *New Password:
 - *Re-Enter New Password:

At the bottom of the form are two buttons: 'Submit' and 'Reset'.

Fields	Description
User ID	Enter the User ID used for member registration
Question	This is the user-defined question that you set up when you initially registered that is used as verification to reset your password – the question will display once you have entered your User ID
Response	Enter your user-defined response to the Question. <i>Tip:</i> Responses are <i>case sensitive</i> . It must be entered in the same way it was when you initially registered.
New Password	Enter a new password that meets the requirements displayed, noting the password strength rating shown as you enter your password. Note: Passwords are <i>case sensitive</i> .
Re-enter New Password	Re-enter the same password entered at New Password .

To clear and re-enter any information, click **Reset** before you click **Submit**.

To submit the request to reset your password, click **Submit**.

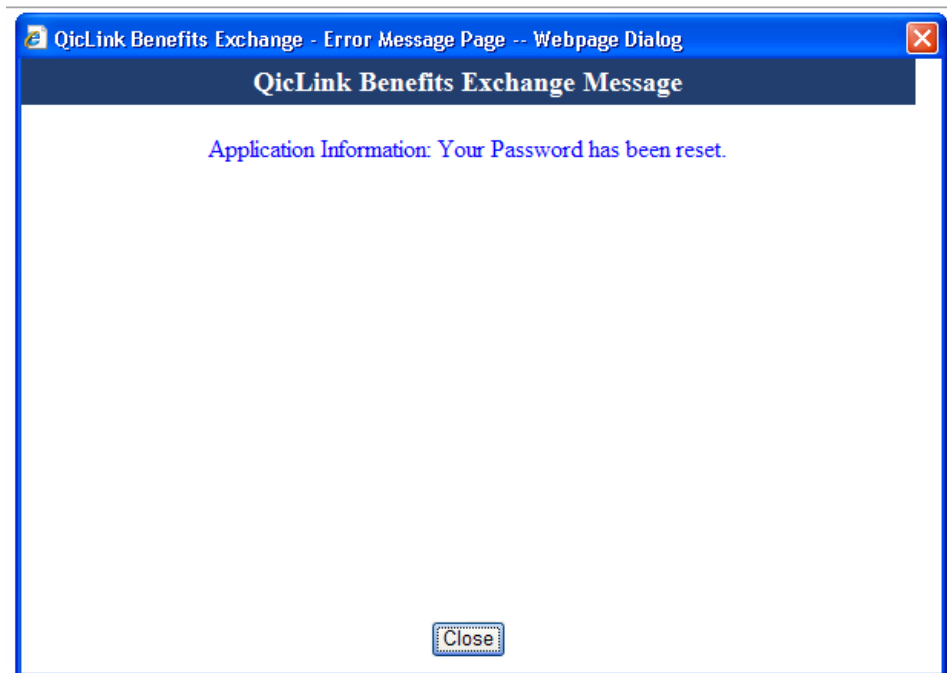
Section 3: Reset Password

*New Password

*Re-Enter New Password



If the password reset was successful, a confirmation message will be displayed.



To return to the Log In window, click **Close**.

Enter your User ID and *new* password in the **Log In** window.

A screenshot of a "Log In" form. The form has a blue header with the text "Log In". Below the header are two input fields. The first is labeled "User ID:" and contains the text "id01164". The second is labeled "Password:" and contains a series of black dots. Below the input fields is a blue button with the text "LOGIN".

[New Member Registration](#)

[Forget Your Password?](#)

Click **LOGIN**.

The QicLink Benefits Exchange Welcome page is displayed.

QicLink Benefits Exchange Friday, November 05, 2010 9:26:42 AM [Log Off](#)

[Home](#) [Benefits Information](#) [Claims](#) [Member Requests](#) [Log Off](#)

Welcome To QicLink Benefits Exchange

Click the link to go to [User Logon Statistics Information](#)

Click the link to go to [Physician's Desk Reference Health Web Site](#)

Welcome Page

QicLink Benefits Exchange Friday, November 05, 2010 9:26:42 AM [Log Off](#)

[Home](#) [Benefits Information](#) [Claims](#) [Member Requests](#) [Log Off](#)

Welcome To QicLink Benefits Exchange

Click the link to go to [User Logon Statistics Information](#)

Click the link to go to [Physician's Desk Reference Health Web Site](#)

To perform enrollee tasks in QBE, select from the menu options at the top of the **Welcome** page.

To view basic information about your member record, recent logon, password expiration, and disclaimer acceptance, click **User Logon Statistics Information**.

User Logon Statistics

User Name: JANE DOE

Role: Enrollee

User Activation Date: 11/5/2010

User Termination Date: No Termination Date

Last Login Date And Time: Not Available

Last Login Source(Host Name - IP Address): Not Available

Last Login Count: 0

Password Expiration Date: 5/4/2011

Accepted Disclaimer? No

Accepted Disclaimer Date And Time: Not Available

To go to another Web page available to your group, click the displayed link for the site.

Welcome To QicLink Benefits Exchange

Click the link to go to [User Logon Statistics Information](#)

Click the link to go to [Physician's Desk Reference Health Web Site](#)

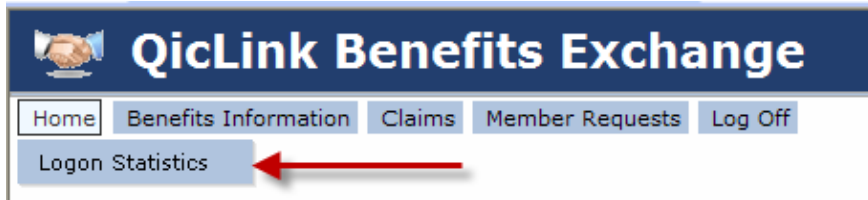


Enrollee Tasks by Menu

Task	Menu
Access user logon statistics	Home
Access healthcare management-related sites	
Search for benefits information for a specific member.	Benefits Information
View member deductible information.	
View member out-of-pocket information.	
View claim information for a member.	Claims
View claim information for a specific claim.	
View claim information for a specific check.	
View information for a specific voucher (NOT USED).	
Submit a request for ID cards for an enrollee or dependent.	Member Accounts
Restrict employer access to Protected Health Information (PHI) for an enrollee and / or dependents.	
Log off of the QicLink Benefits Exchange site and return to the Log In window.	Log Off

Home

To view the basic information about your enrollee record, recent login, password expiration, and disclaimer acceptance, select the **Logon Statistics** option.



This will provide you with the same information you can view from the **User Logon Statistics Information** link on the **Welcome Page**.

User Logon Statistics	
User Name:	JANE DOE
Role:	Enrollee
User Activation Date:	11/5/2010
User Termination Date:	No Termination Date
Last Login Date And Time:	Not Available
Last Login Source(Host Name - IP Address):	Not Available
Last Login Count:	0
Password Expiration Date:	5/4/2011
Accepted Disclaimer?	No
Accepted Disclaimer Date And Time:	Not Available

Benefits Information

Member Information

Search for benefits information for yourself or a dependent.

To see basic benefits information for an enrollee, spouse or dependent, select the member from the **Family Members** dropdown list.

Benefits Information

Member Information Deductible Out-of-Pocket

Group #:	101	Enrollee Name:	JANE DOE
Group Name:	ABC COMPANY	Enrollee ID:	0004754
Location:	002	Enrollee SSN:	000004754

Family Members:

- JANE DOE
- JANE DOE
- JOE DOE
- JOHN DOE

Member SSN:	000-00-4754	Address:	2751 36TH AVENUE S
Member ID:	0004754	City, State & Zip:	WEST FARGO,ND,58078
Birth Date:	11/12/1966		
Age:	43		
Gender:	FEMALE		
Plan:	101 - DAKOTAS HEALTH PLAN	Enrollee Benefits Coverage:	View Benefits
Original Eff Date:	01/01/1991	Spouse Benefits Coverage:	View Benefits
Benefit Eff Period:	01/01/1991 - Current	Dependent Benefits Coverage:	View Benefits
Member Status:	active		
Coverage:	Family (enrollee, spouse and dependent child(ren))		

Request for ID Cards

ID Card for Selected Member

ID Cards for Family

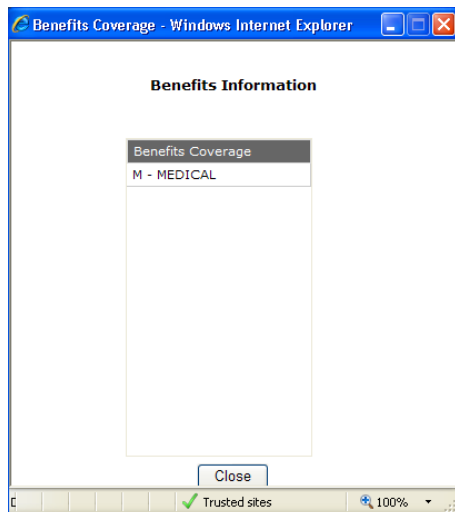
To view benefits coverage information for an enrollee, spouse, or dependent, click the View Benefits link next to the type of member.

Enrollee Benefits Coverage: [View Benefits](#)

Spouse Benefits Coverage: [View Benefits](#)

Dependent Benefits Coverage: [View Benefits](#)

The Benefits Information window displays the benefit types that apply to the member.



To return to the Member Information tab, click **Close**.

To request an ID card for a selected member or for all family members, select the appropriate checkbox in the **Request for ID Cards** section, and click **Submit**.

The screenshot shows a form titled "Request for ID Cards" with a green confirmation message: "Selected IDCard Requests Submitted Successfully." There are two checkboxes: "ID Card for Selected Member" (unchecked) and "ID Cards for Family" (checked). A "Submit" button is visible to the right of the checkboxes, with a red arrow pointing to it.

If the same request was submitted previously, a similar confirmation message is displayed:

The screenshot shows the same "Request for ID Cards" form, but with a red-bordered message box in the center that says "Selected IDCard Requests already submitted." The checkboxes and "Submit" button are still present.

Deductible

To view member deductible information, select a member from the Family Members dropdown list. At Please select a date, click the calendar icon to select an effective date for the deductible information.

Deductible information, similar to the following should be displayed for the selected member:

The screenshot shows the "Member Information" page with the "Deductible" tab selected. It displays member details for JANE DOE and a table of deductible information for the year 2010. A red arrow points to the "JANE DOE" dropdown menu, and another red arrow points to the date selection field.

Year	Description	Accum Type	Individual Ded Limit Amount Satisfied Amount Remaining	Family Ded Limit Amount Satisfied Amount Remaining	Number Per Family Limit Number Satisfied
2010	MED DEDUCTIBLE 200/400	Calendar Year	\$200.00 \$0.00 \$200.00	\$400.00 \$0.00 \$400.00	0 0.00

Column	Description
Year	The calendar year of the information you are viewing.
Description	A description of the deductible for the plan.
Accum Type	<p>Indicates if the deductible is based upon a calendar year, or if the benefit is based on some other Accumulation:</p> <p>Calendar year Plan year Lifetime</p>
<p>Individual Ded Limit</p> <p>Amount Satisfied</p> <p>Amount Remaining</p>	<p>The deductible amount that must be met by an individual claimant.</p> <p>The actual dollar amount that has been applied toward the individual deductible.</p> <p>The amount remaining until the individual deductible has been met.</p>
<p>Family Ded Limit</p> <p>Amount Satisfied</p> <p>Amount Remaining</p>	<p>The deductible amount that must be met by the entire family.</p> <p>The actual dollar amount that has been applied toward the family deductible.</p> <p>The amount remaining until the family deductible has been met.</p>
<p>Number Per Family Limit</p> <p>Number Satisfied</p>	<p>The number of individual deductible that must be met to satisfy the family deductible – if this is applicable to your plan.</p> <p>The number of individual deductibles that have been satisfied to-date.</p>

Out-of-Pocket

To view member out-of-pocket information, select a member from the Family Members dropdown list. At Please select a date, click the calendar icon to select an effective date for the deductible information.

Out-of-pocket information, similar to the following should be displayed for the selected member:

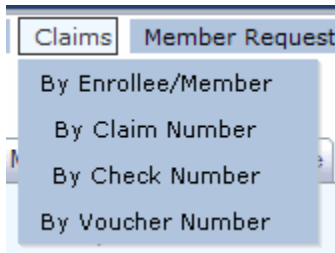
The screenshot shows a web interface for viewing out-of-pocket information. At the top, there are tabs for 'Member Information', 'Deductible', and 'Out-of-Pocket' (which is highlighted). Below the tabs, member details are listed: Group # 101, Group Name ABC COMPANY, Location 002, Enrollee Name JANE DOE, Enrollee ID 0004754, and Enrollee SSN 000004754. There is a 'Family Members' dropdown menu with 'JANE DOE' selected and a 'Please select a date:' field with '11/5/2010' and a calendar icon. Below this, a table shows 1 record found. The table has columns for Year, Description, Accum Type, Individual OOP Limit (Amount Satisfied, Amount Remaining), Family OOP Limit (Amount Satisfied, Amount Remaining), and Number Per Family Limit (Number Satisfied). The data row shows 2010, OOP 1200 IND 2400 FAM, Calendar Year, and limits of \$1,200.00 for individual and \$2,400.00 for family.

Year	Description	Accum Type	Individual OOP Limit Amount Satisfied Amount Remaining	Family OOP Limit Amount Satisfied Amount Remaining	Number Per Family Limit Number Satisfied
2010	OOP 1200 IND 2400 FAM	Calendar Year	\$1,200.00 \$0.00 \$1,200.00	\$2,400.00 \$0.00 \$2,400.00	0 0.00

Column	Description
Year	The calendar year of the information you are viewing.
Description	A description of the out-of-pocket for the plan.
Accum Type	Indicates if the out-of-pocket is based upon a calendar year, or if the benefit is based on some other Accumulation: Calendar year Plan year Lifetime
Individual OOP Limit	The out-of-pocket amount that must be met by an individual claimant.

Amount Satisfied	The actual dollar amount that has been applied toward the individual out-of-pocket.
Amount Remaining	The amount remaining until the individual out-of-pocket has been met.
Family OOP Limit	The out-of-pocket amount that must be met by the entire family.
Amount Satisfied	The actual dollar amount that has been applied toward the family out-of-pocket.
Amount Remaining	The amount remaining until the family out-of-pocket has been met.
Number Per Family Limit	The number of individual out-of-pocket payments that must be met to satisfy the family out-of-pocket – if this is applicable to your plan.
Number Satisfied	The number of individual out-of-pocket payments that have been satisfied to-date.

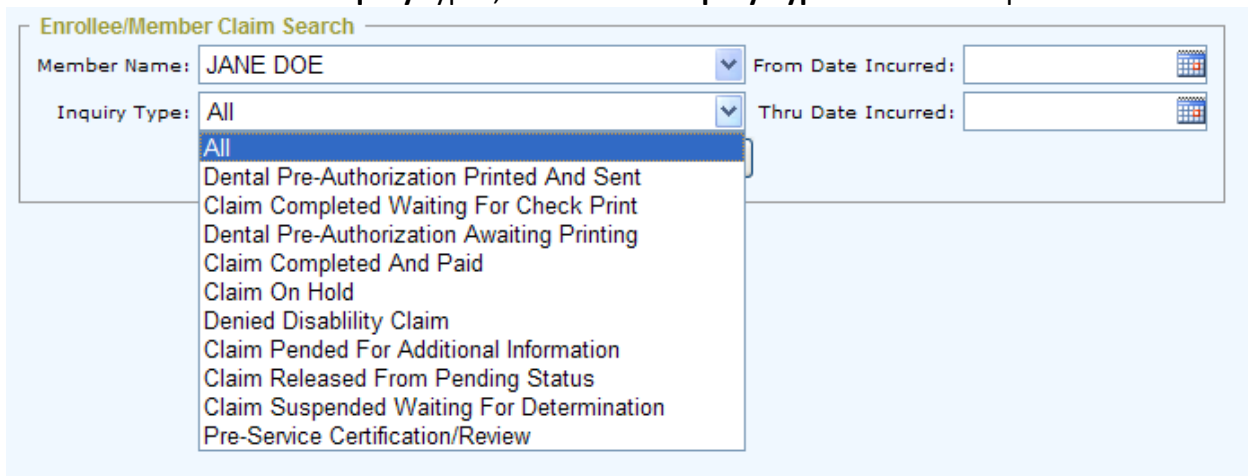
Claims



By Enrollee / Member

To view claim information for yourself or your dependents using your plan ID number, click the **By Enrollee / Member** menu option.

- Select a **Member Name** from the dropdown list.
- Select **All inquiry** types, or select an **Inquiry Type** from the dropdown list:

A screenshot of the 'Enrollee/Member Claim Search' form. The form has a title 'Enrollee/Member Claim Search' and a search button. It contains four main input areas: 'Member Name' with a dropdown menu showing 'JANE DOE'; 'Inquiry Type' with a dropdown menu showing 'All' and a list of inquiry types including 'Dental Pre-Authorization Printed And Sent', 'Claim Completed Waiting For Check Print', 'Dental Pre-Authorization Awaiting Printing', 'Claim Completed And Paid', 'Claim On Hold', 'Denied Disability Claim', 'Claim Pended For Additional Information', 'Claim Released From Pending Status', 'Claim Suspended Waiting For Determination', and 'Pre-Service Certification/Review'; 'From Date Incurred' with a calendar icon; and 'Thru Date Incurred' with a calendar icon.

- Click on the calendar icons to select **From / Thru Date Incurred** dates for the claim information. (The incurred dates reflect the date of service of the claims you are inquiring on).
- To delete and re-enter search criteria, click **Clear**.
- If you click **Search**, the Enrollee Member Claim List displays claim information for the selected member, similar to the following:

Enrollee/Member Claim List [Go Back To Enrollee/Member Claim Search](#)

7 record(s) found Page Size: 10 Display All Records

Claim/Worksheet Number	Name	Birth Date	Status	Service From	Serv Provider Name Paid Provider Name Total Charges	Check # Check Date Check Amt
03037426-01	DOE, JANE	11/12/1966	Claim completed and paid	02/01/1995	PPOM ACCOUNTING DEPARTI PPOM ACCOUNTING DEPARTI \$50.00	nochk0124599 03/21/2003 \$0.00
96093636-01	DOE, JANE	11/12/1966	Claim completed and paid	02/01/1995	\$50.00	nochk0038628 10/12/1996 \$0.00
03015243-00	DOE, JANE	11/12/1966	Pre-service certification/review	01/05/1995		
00054447-01	DOE, JANE	11/12/1966	Claim completed and paid	10/06/1992	CITY OF FARGO CITY OF FARGO \$52.50	00084800 10/08/1992 \$50.00
00053212-01	DOE, JANE	11/12/1966	Claim completed and paid	03/09/1992	MERITCARE HEALTH ENTERP MERITCARE HEALTH ENTERP	\$33.00
00052332-01	DOE, JANE	11/12/1966	Claim completed and paid	10/29/1991	MERITCARE HEALTH ENTERP MERITCARE HEALTH ENTERP	\$33.00
00052393-01	DOE, JANE	11/12/1966	Claim completed and paid	09/27/1991	\$18.59	00068869 01/24/1992 \$14.87

To search for claims for a different member, click **Go Back To Enrollee Member Claim Search**.

To see detailed information for a specific claim, click the claim row to select it, and then double-click the row. The **Enrollee/Member Claim Detail** window displays information similar to the following:

Claim Search

Enrollee/Member Claim Detail [Go Back To Enrollee/Member Claim List](#) [Printer Friendly](#)

Enrollee/Subscriber: JANE DOE Enrollee/Subscriber ID: 000004754/0004754
 Member: JANE DOE Member Birth Date: 11/12/1966
 Claim/Worksheet Number: 00052393-01 Claim Paid (Processed) Date: 1/24/1992

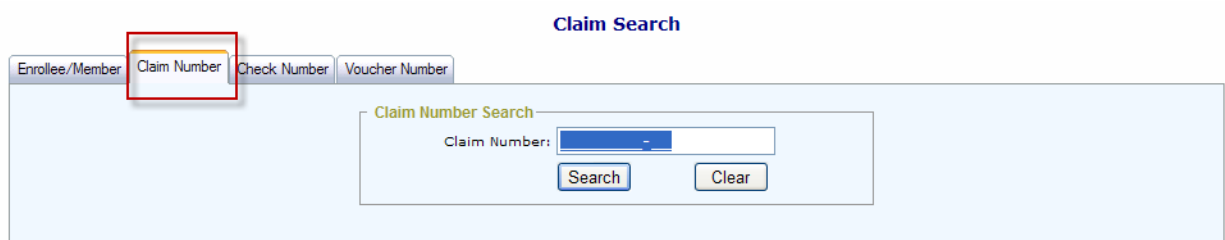
1 record(s) found Page Size: 10 Display All Records

Provider	Service	Claim Line #	Date of Service	Total Charge	Network Discount /Remark Code	Other Ineligible Amount(s) /Remark Code(s)	Other Deductions	Payment
	PHARMACY	1	09/27/1991 - 09/27/1991	\$18.59	\$0.00	\$0.00	\$3.72	\$14.87
Claim Totals:				\$18.59	\$0.00	\$0.00	\$3.72	\$14.87

Payee	Check Date	Check Number	Check Amount
	01/24/1992	00068869	\$14.87

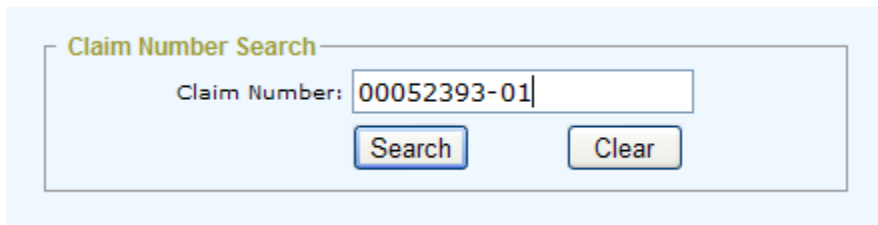
By Claim Number

If you have a specific claim number that you would like to view, you may search for claim information by claim number by clicking the **By Claim Number** option.



The screenshot shows the 'Claim Search' interface. At the top, there are four tabs: 'Enrollee/Member', 'Claim Number', 'Check Number', and 'Voucher Number'. The 'Claim Number' tab is highlighted with a red box. Below the tabs is a search form titled 'Claim Number Search'. It contains a text input field labeled 'Claim Number:' with a hyphen '-' inside, and two buttons: 'Search' and 'Clear'.

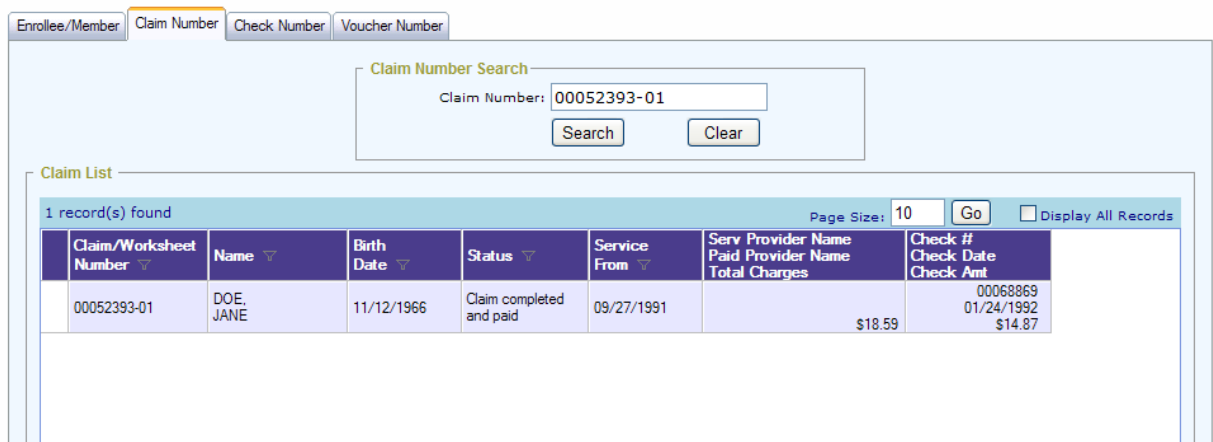
Enter the claim number in the 12345678-00 format.



This is a close-up of the 'Claim Number Search' form. The text input field now contains the claim number '00052393-01'. The 'Search' and 'Clear' buttons are still visible below the input field.

To delete and re-enter the claim number, click **Clear**.

If you click **Search**, the **Claim List** displays information similar to the following:



The screenshot shows the 'Claim Search' interface after a search. The 'Claim Number' tab is still selected. The search form shows 'Claim Number: 00052393-01'. Below the search form is a section titled 'Claim List'. It indicates '1 record(s) found' and has a 'Page Size: 10' and a 'Go' button. There is also a checkbox for 'Display All Records'. The table below contains the following data:

Claim/Worksheet Number	Name	Birth Date	Status	Service From	Serv Provider Name Paid Provider Name Total Charges	Check # Check Date Check Amt
00052393-01	DOE, JANE	11/12/1966	Claim completed and paid	09/27/1991	\$18.59	00068869 01/24/1992 \$14.87

To see claim detail for a claim number, double-click on the claim row in the **Claim List**. The **Claim Detail** window displays information similar to the following:

Claim Search

Enrollee/Member **Claim Number** Check Number Voucher Number

[Claim Detail](#) [Go Back To Claim List \(Claim Number Search\)](#) [Printer Friendly](#)

Enrollee/Subscriber: JANE DOE Enrollee/Subscriber ID: 000004754/0004754
 Member: JANE DOE Member Birth Date: 11/12/1966
 Claim/Worksheet Number: 00052393-01 Claim Paid (Processed) Date: 1/24/1992

1 record(s) found Page Size: 10 Display All Records

Provider	Service	Claim Line #	Date of Service	Total Charge	Network Discount /Remark Code	Other Ineligible Amount(s) /Remark Code(s)	Other Deductions	Payment
	PHARMACY	1	09/27/1991 - 09/27/1991	\$18.59	\$0.00	\$0.00	\$3.72	\$14.87
Claim Totals:				\$18.59	\$0.00	\$0.00	\$3.72	\$14.87

Payee	Check Date	Check Number	Check Amount
	01/24/1992	00068869	\$14.87

To print the claim detail, click **Printer Friendly**.

Enrollee/Member **Claim Number** Check Number Voucher Number

[Claim Detail](#) [Go Back To Claim List \(Claim Number Search\)](#) [Printer Friendly](#)

Enrollee/Subscriber: JANE DOE Enrollee/Subscriber ID: 000004754/0004754
 Member: JANE DOE Member Birth Date: 11/12/1966
 Claim/Worksheet Number: 00052393-01 Claim Paid (Processed) Date: 1/24/1992

1 record(s) found Page Size: 10 Display All Records

Provider	Service	Claim Line #	Date of Service	Total Charge	Network Discount /Remark Code	Other Ineligible Amount(s) /Remark Code(s)	Other Deductions	Payment
	PHARMACY	1	09/27/1991 - 09/27/1991	\$18.59	\$0.00	\$0.00	\$3.72	\$14.87

Claim detail is displayed in a separate window, and the Print options window is also displayed.

The screenshot shows a web browser window titled "Member Claim Details - Windows Internet Explorer". The page displays the following information:

Enrollee/Subscriber: JANE DOE Enrollee/Subscriber ID: 4754/0004754
Member: JANE DOE Member Birth Date: 11/12/1966
Claim Worksheet Number: 00052393-01 Claim Paid (Processed) Date: 1/24/1992

Provider	Service	Claim Line #	Date of Service	Total Charge	Network Discount /Remark Code	Other Ineligible Amount(s) /Remark Code(s)	Other Deductions	Payment
	PHARMACY	1	09/27/1991 - 09/27/1991	\$18.59	\$0.00	\$0.00	\$3.72	\$14.87
Claim Totals				\$18.59	\$0.00	\$0.00	\$3.72	\$14.87

Payee	Check Date	Check Number	Check Amount
	01/24/1992	00068869	14.87

A "Print" dialog box is overlaid on the page. It has two tabs: "General" and "Options". The "General" tab is active and shows the following settings:

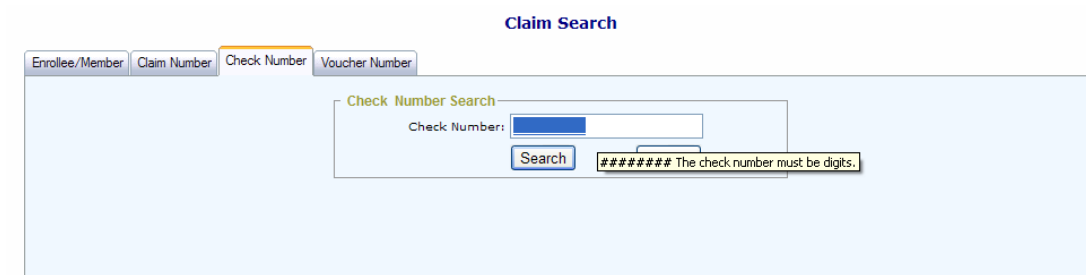
- Select Printer:** A list of printers is shown, with "HP LaserJet 1200 Series PCL" selected.
- Status:** Ready
- Location:** (empty)
- Comment:** (empty)
- Page Range:** All, Selection, Current Page. The "Pages" field contains "1".
- Number of copies:** 1
- Collate:** Collate

Buttons at the bottom of the dialog include "Print", "Cancel", and "Apply". The status bar at the bottom right of the browser window shows "\$14.87".

To search for another claim, click **Go Back to Claim List**.

By Check Number

To search for claim information based on a check number, click the **By Check Number** option.



Claim Search

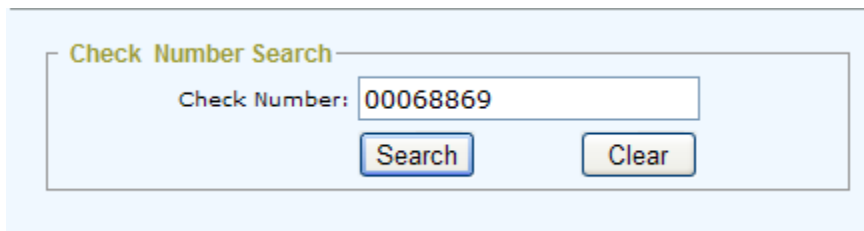
Enrollee/Member Claim Number **Check Number** Voucher Number

Check Number Search

Check Number:

Search ##### The check number must be digits.

Enter the check number in the 12345678 format.



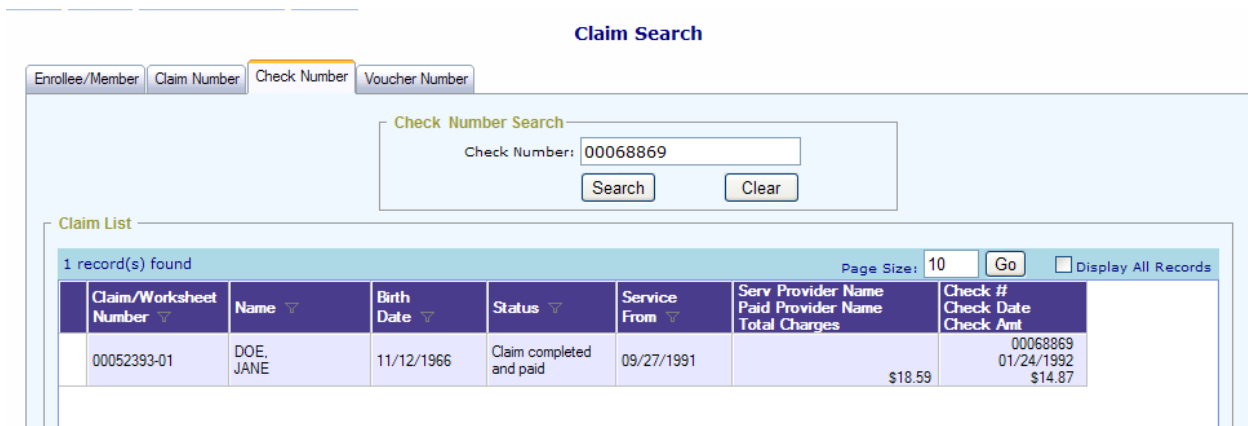
Check Number Search

Check Number:

Search Clear

To delete or re-enter the check number, click **Clear**.

If you click **Search**, the **Claim List** displays information similar to the following:



Claim Search

Enrollee/Member Claim Number **Check Number** Voucher Number

Check Number Search

Check Number:

Search Clear

Claim List

1 record(s) found Page Size: 10 Go Display All Records

Claim/Worksheet Number	Name	Birth Date	Status	Service From	Serv Provider Name	Paid Provider Name	Total Charges	Check #	Check Date	Check Amt
00052393-01	DOE, JANE	11/12/1966	Claim completed and paid	09/27/1991			\$18.59	00068869	01/24/1992	\$14.87

To see the claim detail for a claim number listed, double-click on the claim row in the **Claim List**.

Please Note:

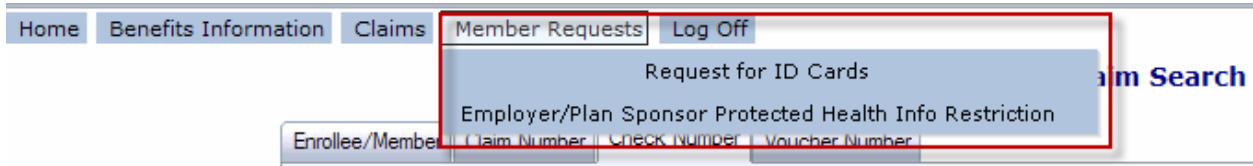
Column	Description
Claim / Worksheet Number	Claims with a suffix of 00 are not included in this list. A claim with a 00 suffix is a dental or medical pre-authorization claim.
Status	A valid claim status may be one of the following: Claim completed waiting for check print Claim completed and paid Claim on hold (typically for auditing purposes) Claim suspended waiting for determination

By Voucher Number

This feature is not used.

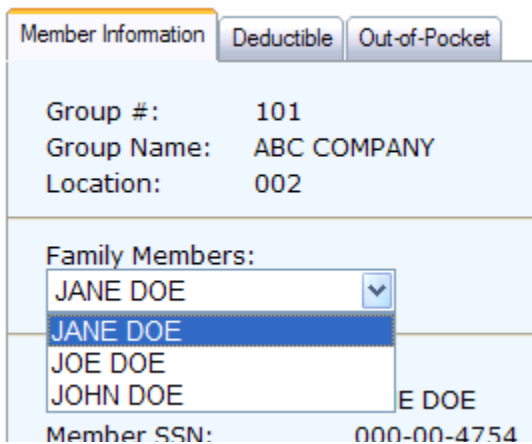
Member Requests

Request for ID Cards



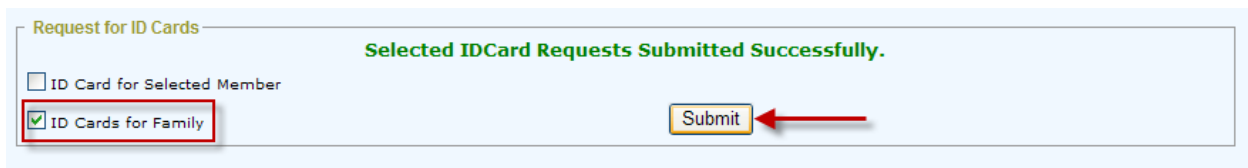
A screenshot of a web application's navigation menu. The menu items are: Home, Benefits Information, Claims, Member Requests, and Log Off. The 'Member Requests' item is highlighted with a red box. Below it, a dropdown menu is visible with the following options: Request for ID Cards, Employer/Plan Sponsor Protected Health Info Restriction, and a partially visible 'Enrollee/Member' option. To the right of the dropdown, there is a search bar with the text 'Claim Number | CHECK NUMBER | Voucher Number' and a 'Claim Search' button.

To submit a request for new ID cards for yourself or your family member, select the family members for whom ID cards are needed from the Family Members dropdown.



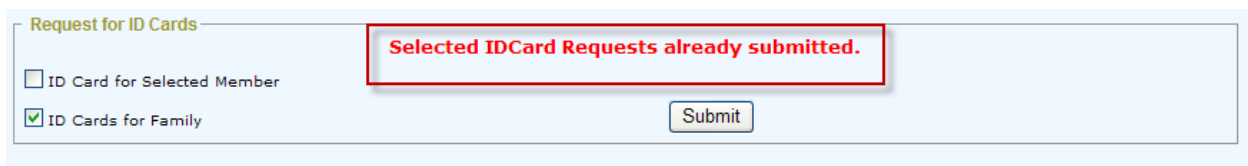
A screenshot of the 'Member Information' section of a web application. It features three tabs: 'Member Information', 'Deductible', and 'Out-of-Pocket'. The 'Member Information' tab is active. Below the tabs, the following information is displayed: Group #: 101, Group Name: ABC COMPANY, and Location: 002. A 'Family Members:' dropdown menu is open, showing a list of names: JANE DOE (selected), JOE DOE, JOHN DOE, and E DOE. Below the dropdown, the 'Member SSN:' is listed as 000-00-4754.

To request an ID card for a selected member or for all family members, select the appropriate checkbox in the **Request for ID Cards** section, and click **Submit**.



A screenshot of the 'Request for ID Cards' section. It shows two checkboxes: 'ID Card for Selected Member' (unchecked) and 'ID Cards for Family' (checked). A red box highlights the 'ID Cards for Family' checkbox. To the right, there is a 'Submit' button with a red arrow pointing to it. A green message box at the top of the section reads 'Selected IDCard Requests Submitted Successfully.'

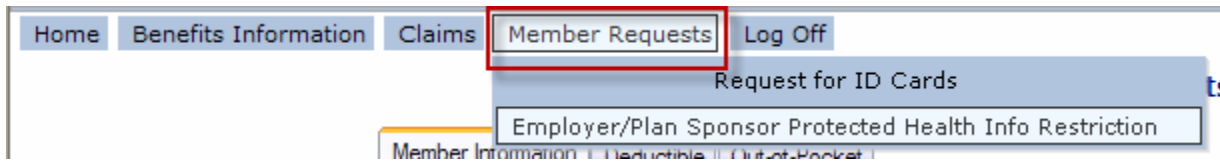
If the same request was submitted previously, a similar confirmation message is displayed:



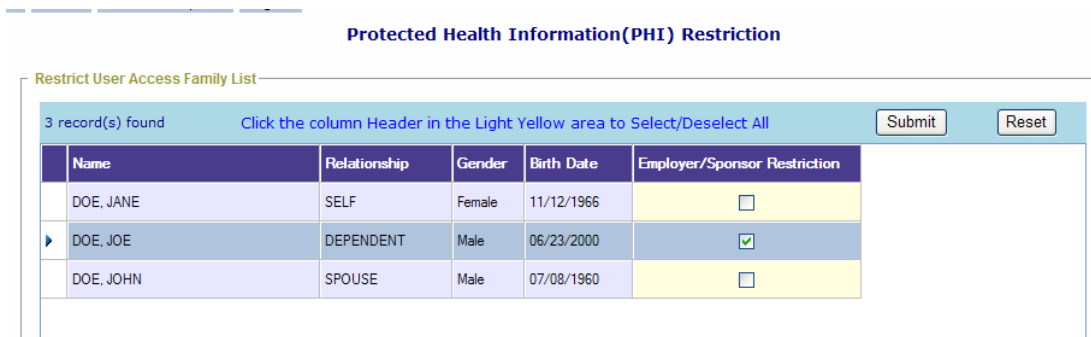
A screenshot of the 'Request for ID Cards' section. It shows the same two checkboxes as the previous screenshot: 'ID Card for Selected Member' (unchecked) and 'ID Cards for Family' (checked). A red box highlights the 'ID Cards for Family' checkbox. To the right, there is a 'Submit' button. A red message box at the top of the section reads 'Selected IDCard Requests already submitted.'

Employer / Plan Sponsor Protected Health Info Restriction

To view the **Restrict User Access Family List**, click the **Employer/Plan Sponsor Protected Health Info Restriction** menu option.



To allow employer access to Protected Health Information (PHI) for the member listed, leave the checkbox empty. To restrict employer access to PHI for the member listed, click the checkbox for the member so that the checkmark is displayed.



To clear all checkboxes, click **Reset**.

After checkboxes are marked or left unmarked, as desired, click **Submit**.

PLEASE NOTE: Your employer is only able to access your eligibility and enrollment information. They do not have access to any claims related information even if you do not restrict their access.

Log Off

To exit from QicLink Benefits Exchange and return to the Log In window, click the **Log Off** menu.

