



MyBenefitsManager: Provider Portal Guide

Use MyBenefitsManager to check the status of a claim, view remittances check member eligibility and view a member's benefit usage and limitations.



Creating an Account

1. Access the portal via: www.paisc.com
2. Click on Create account
3. Fill out the information requested.

Note: A paid claim number from a member who has been active in the last 180 days is required to create your account.

Signing in

4. Access the portal via: www.paisc.com
5. Enter your credentials and click Sign in.
6. Enter the code sent via text or email, depending on how you requested your multifactor authentication.

Checking Claim Status

7. Select the Claims tab and enter the claim number(s) you wish to research and select search.
8. Using the links and the browser back button, you can toggle through the claim results. Once you select a claim, select "Original View" under Claims to view a remittance/EOB.

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HOME ELIGIBILITY CLAIMS

Claims

To search for a patient claim:

- Enter the Patient ID or
- Enter a Claim Number
- Multiple Claim Numbers can be entered. Press the 'enter' key after each Claim Number

Show/Hide Search Download Results

Claim Number(s): 0165889073 Patient ID: Begin Date: 12/6/2019 Date of Birth: End Date: 10/6/2020

Search

Patient	DOS Start	Claim Number	Claim Status	Total Charge	Member Responsibility
Jones, Daniel	11/1/2020	0165889073	PAID	\$302.78	\$77.18

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HOME ELIGIBILITY CLAIMS

Claims

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- Enter the Patient ID or
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Show/Hide Search Download Results

Claim Number(s): 0165889073 Patient ID: Begin Date: 12/6/2019 Date of Birth: End Date: 10/6/2020

Search

Claim #0165889073

Member	Date(s) of service	Charge	Not Covered	Plan Paid
Daniel Jones	11/1/2020	\$302.78	\$77.18	\$77.18

Member ID: 1111111111 Service Provider: DR. BRIGBY, MD Total Charges: \$302.78 Claim Status: PAID

Subscriber: 10

Payment Details

Claim Received	Pay To	Amount	Date Paid
0165889073	DR. BRIGBY, MD	\$0.00	06/10/2020

Claim Details

Description	CPT	Charge	Number of Claims	Not Covered	Plan Paid
Drugs	S325	\$14.77	\$0.00/\$14.77	\$0.00	\$14.77
Laboratory	S6542	\$154.30	\$0.00/\$154.30	\$0.00	\$154.30
Professional Component	S412	\$133.71	\$0.00/\$133.71	\$0.00	\$133.71
Total		\$302.78	\$0.00/\$302.78	\$0.00	\$302.78

Reason Code Descriptions

N06 - Services not included in the appeal review.

S325 - URETHROCTOMY TOT VASCUTOST MALE
S412 - EHC PEN PLACQUE CRT + 5 CM LENGTH
S6542 - LAPR SUPRACR HYST 250 CM RHYS TUBIGOWAY

Disclaimer

This is NOT A BILL
Claim for Daniel Jones

Checking Member Eligibility

- 9. Select the Eligibility tab and enter the member ID(s) you'd like to check and select search.
- 10. Using the links and the browser back button, you can toggle through the eligibility results.
- 11. You can also view a member's benefits usage and limits.

HOME

ELIGIBILITY

CLAIMS

AUTHORIZATIONS

Eligibility

To search for a patient:

- Enter the Member ID or:
- Enter the Last Name and Date of Birth (MM/DD/YYYY)
- Multiple Member IDs can be entered. Press the 'enter' key after each Member ID

Select Provider:
All Providers

Show/Hide Search

First Name:

Last Name:

Member ID(s):

Date of Birth:

Search

[Download Results](#)

Name	Member ID	Group	Date of Birth	Gender	Benefit Plan	Address	Home Phone
NAME, SUECHERBER	RP12345678	123456	01/01/1980		K1234567	123 Street Address, City, 00000	

1 record found

Eligibility

Select Provider:
All Providers

Show/Hide Search

First Name:

Last Name:

Member ID(s):

Date of Birth:

Group:

Search

[Back to Search Results \(Other View\)](#)

Participant

Member:	NAME, SUECHERBER	Group Name:	01/01/1980
Member ID:	RP12345678	Group Number:	123456
STATUS:	Active		

Coverages

MEDICAL - Silver

Coverage Dates: 01/01/2018 - 12/31/9999

DENTAL - Silver

Coverage Dates: 01/01/2018 - 12/31/9999

VISION - Silver

Coverage Dates: 01/01/2018 - 12/31/9999

Benefit Usage and Limits

Usage Type: Deductible Plan Year: 2022

Sam - Individual Deductible

IN NETWORK	AMOUNT MET	MAXIMUM AMOUNT

Checking Member Eligibility Continued

- 12. To view any family member(s) that may be associated with the subscriber's number, click on the subscriber's name.
- 13. Click on View all family members.
- 14. A list of any family member(s) associated with the subscriber's number will be displayed. Click on any family member to view that member's information.

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Show/Hide Search

Download Results

First Name:

Member ID(s):

Date of Birth:

Last Name:

Group:

Search

Name	MemberID	Group	Date of Birth	Gender	Benefit Plan	Address	Home Phone
NAME, SUBSCRIBER	KP12345678	123456	01/01/1980	M	K1234567	123 Street Address, City, 00000	

1 record found.

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Show/Hide Search

Back to Search Results | Print View

First Name:

Member ID(s):

Date of Birth:

Last Name:

Group:

Search

[View all family members](#)

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My BenefitsMANAGER

MESSAGES

PROFILE

LOGOUT

HOME

ELIGIBILITY

CLAIMS

AUTHORIZATIONS

Eligibility

Select Provider:

All Providers

Show/Hide Search

Back to Search Results | Print View

First Name:

Member ID(s):

Date of Birth:

Last Name:

Group:

Search

Hide Family Info

SUBSCRIBER NAME

DEPENDENT ONE

DEPENDENT TWO

DEPENDENT THREE

If you need assistance, please contact [Customer Service](#).

My Benefits
MANAGER