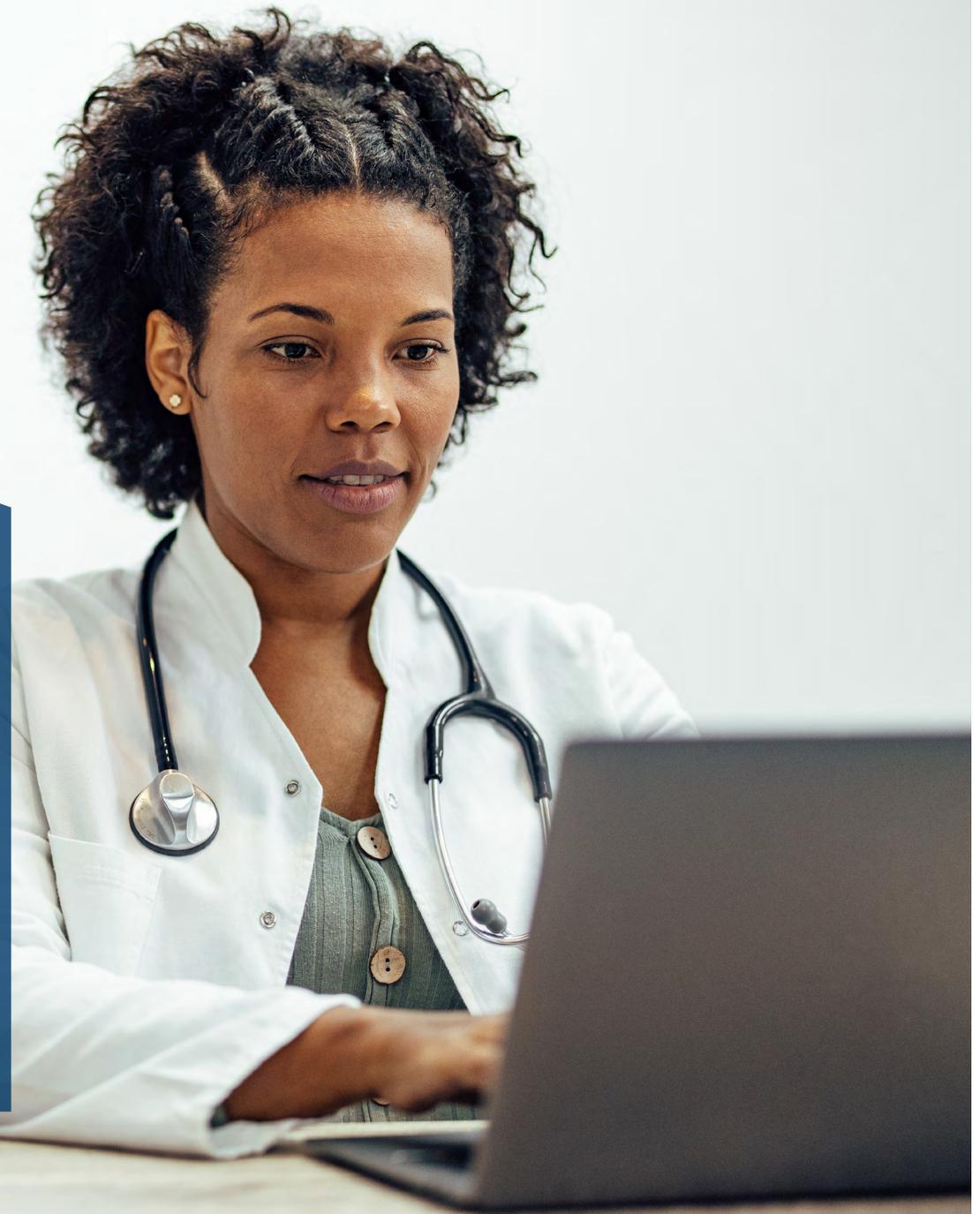




MyBenefitsManager: Provider Portal Guide

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.

My Benefits
MANAGER

Sign in to your account

Username
|

Password
|

4 Sign in 2 Create account

[Forgot your username or password?](#)

Account Information

First Name:
Text

Last Name:
Provider

*Username:
paisc.provider

Account created:
5/3/2022

Address:
|

Update Account Information

Security Information

Change your password

Please enter your current password in order to change any settings on this page.

Current Password:
|

New Password:
|

Verify New Password:
|

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My Benefits
MANAGER

Enter security code

For additional security, we need to verify your identity before you can sign in to the account.

We sent a one-time security code to (**) (**-3703)

Once you receive it, please enter it below. If you have not received the code or still have trouble signing in, please call member services.

One-time security code

508542 |

Don't receive a code? Resend

Remember this device for 14 days
Do not check if you are on a public or shared computer.

Sign in

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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	DOB Start	Claim Number	Claim Status	Total Charge	Member Responsibility
Jones, Daniel	1/1/2020	0165889073	PAID	\$302.78	\$37.18

Page 1 of 1

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HOME ELIGIBILITY **CLAIMS**

Show/Hide Search [Back to Search Results](#) | [Original View](#) | [Close](#)

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

Search

Claim #0165889073

Member:	Member ID:	Subscriber:	Date(s) of service:	Service Provider:	Charges:	Not Covered:	Plan Paid:
Daniel Jones	1111102	10	1/1/2020	DR. Barry Bayler, MD	\$302.78	\$33.69	\$269.09
					Total Charges:	\$302.78	Claim Status: PAID

Payment Details

Claim Received	Pay To	Amount	Date Paid
1	DR. Barry Bayler, MD	\$0.00	05/10/2020

Claim Details

DESCRIPTION	CPT	CHARGE	NUMBER OF CLAIMED QUANTITIES	NET COVERED	PLAN PAID
Drugs	S325	\$14.77	\$0.00 / \$5.71	\$0.00	\$6.58
Laboratory	S6542	\$154.30	\$0.00 / \$25.82	\$0.00	\$76.00
Professional Component	S412	\$133.71	\$0.00 / \$5.55	\$0.00	\$10.64
Total		\$302.78	\$0.00 / \$37.18	\$0.00	\$196.22

Reason Code Descriptions

N9 - Services not included in the appeal review.

S325 - URETHROCTOMY TOT WICSTOST MALE
 S412 - EIC PEN PLACQUO CRF + 5 CM LENGTH
 S6542 - LAPS SUPRACRY HYST 250 CH RHYS TUBEDOVARY

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 [Download Results](#)

First Name: Member ID(s): Date of Birth:

Last Name:

Search

NAME	MemberID	Group	Date of Birth	Gender	Benefit Plan	Address	Home Phone
NAME, SUBSCRIBER	NP12345678	123456	01/01/1980		K1234567	123 Street Address, City, 00000	

1 record found

Eligibility

Select Provider:
All Providers

Show/Hide Search [Back to Search Results Filter View](#)

First Name: Member ID(s): Date of Birth:

Last Name: Group:

Search

Participant

Member: NAME, SUBSCRIBER Group Name: 01011888
Member ID: NP12345678 Group Number: 123456
STATUS: Active

Coverages

MEDICAL - Silver
Coverage Dates: 01/01/2016 - 12/31/9999

DENTAL - Silver
Coverage Dates: 01/01/2016 - 12/31/9999

VISION - Silver
Coverage Dates: 01/01/2016 - 12/31/9999

Benefit Usage and Limits

Usage Type: Plan Year:

Sam - Individual Deductible

IN NETWORK	AMOUNT MET	MAXIMUM AMOUNT
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Checking Member Eligibility Continued

- To view any family member(s) that may be associated with the subscriber's number, click on the subscriber's name.
- Click on View all family members.
- 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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Search form with fields for First Name, Last Name, Member ID(s), Date of Birth, and Group. A search button is located below the form. A table of results is displayed below the search form.

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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Search form with fields for First Name, Last Name, Member ID(s), Date of Birth, and Group. A search button is located below the form. A link to view all family members is displayed below the search form.

[View all family members](#)

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My Benefits Manager interface showing the Eligibility section. The page includes a navigation bar with Home, Eligibility, Claims, and Authorizations. The Eligibility section has a Select Provider dropdown menu and a search form with fields for First Name, Last Name, Member ID(s), Date of Birth, and Group. A search button is located below the form. A link to view all family members is displayed below the search form.

[View all family members](#)

- SUBSCRIBER NAME
- DEPENDENT ONE
- DEPENDENT TWO
- DEPENDENT THREE

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

My Benefits
MANAGER