

UPDATED INSTRUCTIONS - 08/2024

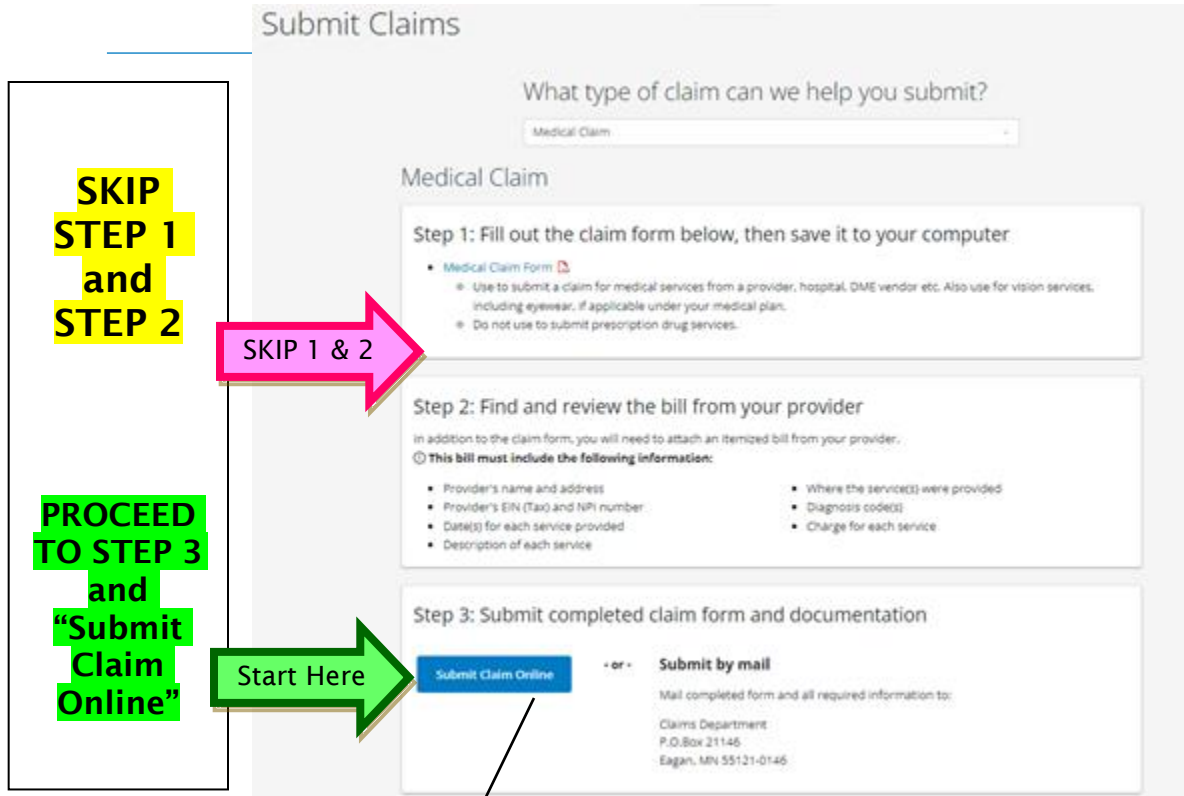
ONCE YOU HAVE YOUR ONLINE ACCOUNT, YOU CAN SUBMIT CLAIMS AS FOLLOWS:

- Fill out the [Cayuga-Onondaga Area School Employees' Healthcare Plan Rx Submission Claim Form \(or the COASEHP Excellus Medical Claim Form\)](#) according to the instructions on the form, and save to your computer along with the prescription receipts (not the cash register receipt). *****THE COASEHP Rx CLAIM FORM or MEDICAL CLAIM FORM are THE ONLY FORM(s) TO USE*****
- Select **"Claims"** from the upper Blue Navigation Ribbon, then **"Submit Claims"**
 - At the dropdown, **select "Medical Claim"** *(see below screen):*



After selecting "Medical Claim", the following screen (on the next page) comes up, but COASEHP Members **DO NOT** use Step 1 or Step 2!

- **Skip Step 1 and Step 2**
- **Proceed directly to Step 3 click on "Submit Claim Online"**



The screenshot shows the 'Submit Claims' web portal. At the top, it asks 'What type of claim can we help you submit?' with a dropdown menu set to 'Medical Claim'. Below this, the 'Medical Claim' section is highlighted. It contains three steps:

- Step 1: Fill out the claim form below, then save it to your computer.** It includes a link to the 'Medical Claim Form' and instructions: 'Use to submit a claim for medical services from a provider, hospital, DME vendor etc. Also use for vision services, including eyewear, if applicable under your medical plan. Do not use to submit prescription drug services.'
- Step 2: Find and review the bill from your provider.** It states 'In addition to the claim form, you will need to attach an itemized bill from your provider.' and lists required information: Provider's name and address, EIN (Tax) and NPI number, Date(s) for each service provided, Description of each service, Where the service(s) were provided, Diagnosis code(s), and Charge for each service.
- Step 3: Submit completed claim form and documentation.** It offers two options: 'Submit Claim Online' (highlighted with a blue button) and 'Submit by mail' (with address: Claims Department, P.O. Box 21146, Eagan, MN 55121-0146).

Annotations on the left side of the screenshot include:

- A yellow box with the text 'SKIP STEP 1 and STEP 2' and a pink arrow pointing to Step 1.
- A green box with the text 'PROCEED TO STEP 3 and "Submit Claim Online"' and a green arrow pointing to the 'Submit Claim Online' button.
- A green arrow pointing to the 'Submit Claim Online' button with the text 'Start Here'.


After selecting "Submit Claim Online" the following screen (*on the next page*) comes up:

- Select the **Patient Name** from the drop-down in the Required Fields section.
- Under "**Attach Document**" – now attach your completed **COASEHP Rx Submission Claim Form or Medical Claim Form.** You can click the "+" and attach receipts if saved separately from your COASEHP Claim Form).
- Click **Submit** after attaching the completed COASEHP Claim Form and supporting receipts.
- **REMEMBER:** Only one Claim Form and supporting receipts for one Member. Do not have multiple Member receipts on one Claim Form!

Select Patient Name from dropdown

Attach COASEHP Claim Form & all supporting receipts

After all documents Attached, Click **Submit**


Member

Home
My Account
Claims
Find a Doctor
Health and Wellness
Resources

Member > Claims > Submit Claims > Submit a Claim Online

[< Return to Previous Page](#)

Submit a Claim Online

*** Required Fields**

Patient Name *

- Please select a name -

Have a newborn? If you do not see your child's name listed above, please call the customer care number on your member card for assistance.

Attach Documents:

Use the "Select" button below to upload your claim form and any related documents.

- Supported file types: PDF, DOC/DOCX, JPG/JPEG or TIF/TIFF.
- 15 MB upload file size limit for total number of attachments.
- Submit 1 claim at a time (with itemized bill).
- Limit 5 attachments per claim submission (includes claim form as 1 attachment).

Attach Document *

Choose File

Select

1 of 5 Attachments

Submit

Cancel