



Correctional**Health**Partners®

# CHP CLAIMS PORTAL MANUAL

Revised: September 23, 2025



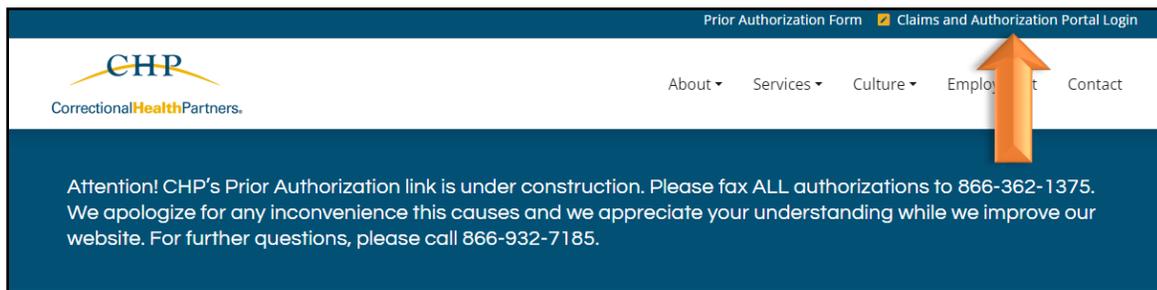
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## Provider Portal Registration

To access the CHP Portal, go to <https://www.chpdelivers.com/> and click on the **Claims and Authorization Portal Login** in the top right-hand corner.



On the Self-Registration page, leave the Registration Type set to **Provider**.

Enter your Email address.

Enter your Tax ID on the next line and click "Find" to see a list of providers/locations registered with that Tax ID. **Do not use Dashes in the Tax ID number.**

On the last line, select the Provider/location that applies to you.

Click **Next**.

**USER SELF-REGISTRATION**  
Please complete all requested information.  
For help click [here](#).

**1) SELECT REGISTRATION TYPE:**

**2) PROVIDER REGISTRATION**

Email

Enter your Tax ID(s), separated by commas if more than one, then click FIND:

Select the organizations - TAX# - NPI below for requested access:

In the next box, fill in your personal information.

Click **Next**.

Select the organizations - TAX# - NPI below for requested access:

**3) PERSONAL INFORMATION**

Last: (Required)  First: (Required)  Middle:

Address:  City:  State:  Zip Code:

Phone:  Fax:

Fill in your Login Settings. Select a Username and a Password. It is recommended to use your email address as your username.

Select the checkmark box for the Terms of Use Agreement.



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Click **Next**.

4) LOGIN SETTINGS

Username  Use Email Password Password Strength Confirm Password

Empty ?

I have read the Terms of Use Agreement

Next

Once complete, you will receive the message below.

Registration complete! Your request has been received and will be reviewed by our administrative staff. You will receive an email when your account is activated. Thank you for registering to use our Healthcare Portal!

To log in, go to [CHP Portal Login](#). This will take you to the log-in screen. Enter your username and password. If assistance is needed with your log in information, please contact Correctional Health Partners at [portalsupport@chpdelivers.com](mailto:portalsupport@chpdelivers.com) or call (866) 932-7185.

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Home Login

Correctional Health Partners Portal

Your session has ended due to inactivity on the site. We do this to protect your privacy and account information. In order to continue working, you will need to sign in again.

Welcome to the Correctional Health Partners Portal. Please enter your username and password below to begin using the application. If you have any questions regarding your account, please contact us at (866) 932-7185 or send an email to [portalsupport@chpdelivers.com](mailto:portalsupport@chpdelivers.com).

User Name:   
Password:

Login Reset

If you need to reactivate your account or have forgotten your password, [click here](#).  
New users, [click here to register](#).



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If you have forgotten your password, you can click on the forgotten password link at the bottom of the log in screen to reset your password.

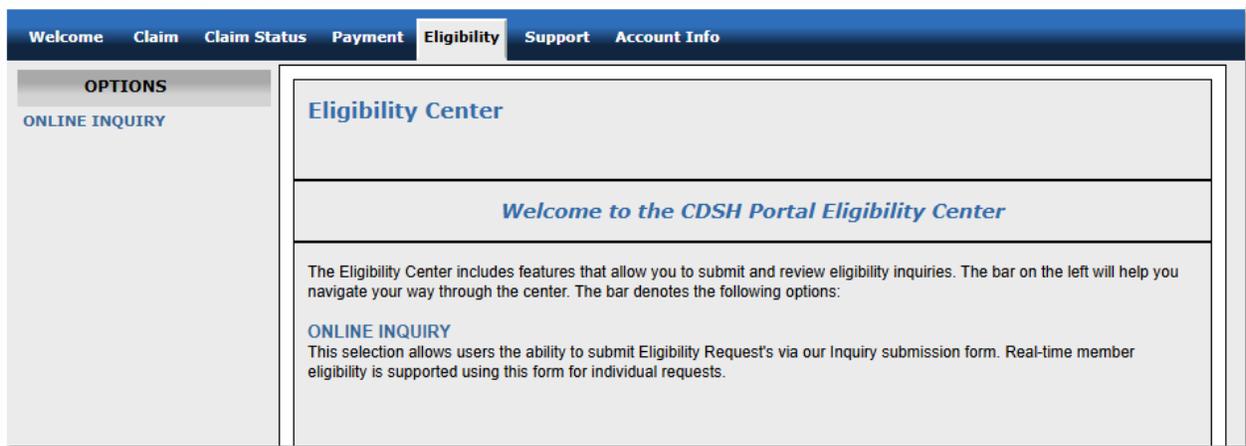
If you need to reactivate your account or have forgotten your password, [click here](#). 

New users, [click here](#) to register.

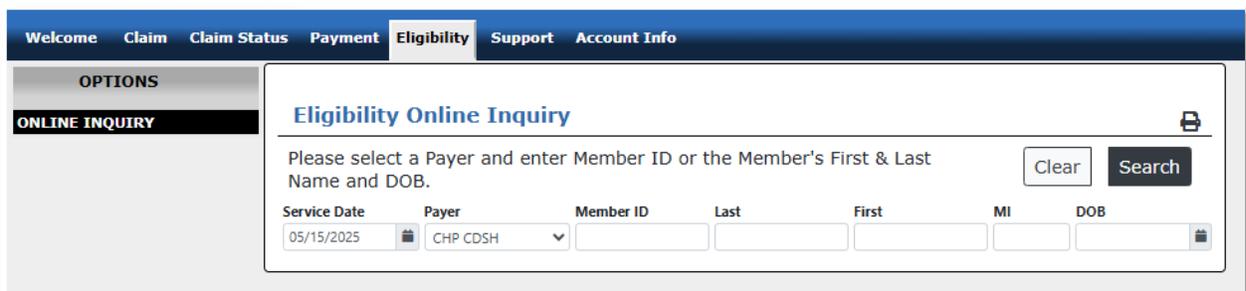
## Eligibility Look-Up

The Eligibility Lookup tab in the Claims Portal allows users to quickly verify a patient's eligibility for services.

By entering key patient information, users can view the active dates of eligibility, ensuring the patient was eligible for services on a specific date of service. This tool is essential for confirming coverage prior to claim submission and helps reduce denials due to eligibility issues.



Please select a Payer and enter Member ID **or** the Member's First & Last Name and DOB.



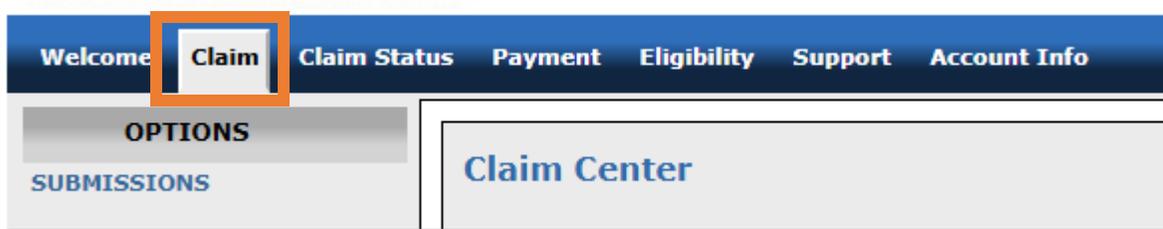
The screenshot shows the 'Eligibility Online Inquiry' form. It includes a navigation bar with 'Eligibility' selected. The form has a title 'Eligibility Online Inquiry' and a sub-header 'Please select a Payer and enter Member ID or the Member's First & Last Name and DOB.' Below this, there are input fields for 'Service Date' (05/15/2025), 'Payer' (CHP CDSH), 'Member ID', 'Last', 'First', 'MI', and 'DOB'. There are 'Clear' and 'Search' buttons. A printer icon is located in the top right corner of the form area.

## Direct Entry CMS-1500 Claim

The Direct Entry feature in the Claims Portal allows users to submit claims electronically, eliminating the need for paper submissions and significantly reducing turnaround time. This functionality supports the entry of CMS-1500, UB-04, and ADA claim formats. Direct Entry also provides the opportunity to review and correct claims before submission, reducing errors and improving processing efficiency.

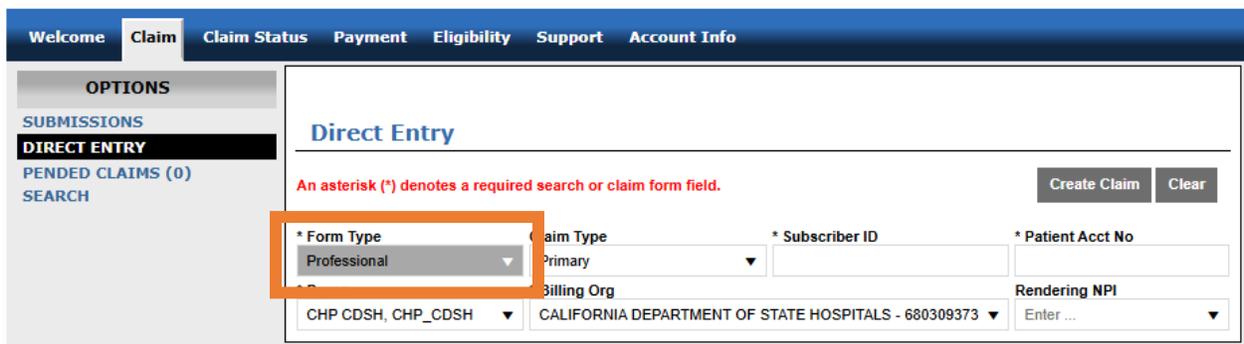
This section of the manual focuses specifically on the entry of professional standard CMS-1500 claims, guiding users through the step-by-step process to ensure accurate and complete claim submissions.

To enter a Claim, click on the **Claim** tab at the top of the screen.



1. From **Claim Center**, select **Options > Direct Entry**.
2. Select the appropriate Form Type from the drop-down menu.

For CSM1500 claim, choose Professional form type. This selection dictates the display fields, entry requirements, and validation rules.



3. Claim Type will automatically load as Primary.

4. Enter additional required fields:

- **Subscriber ID** – This is the Patient or Member ID associated with the claim.
- **Patient Account Number** – This is required and is your reference number. For example, you could add the Date of Service or Month of Service as a reference number for your internal records.
- **Payer** – This field will automatically populate with CHP\_CDSH. No changes are needed.
- **Billing Organization** – If you are associated with multiple provider organizations, you can select the appropriate one from the drop-down menu. If not, this field will auto-populate with your assigned organization.
  - If it does not pre-populate, start by typing some of the hospital, clinic, or provider name. The Billing Org. will be what is listed in your CHP contract.
  - You can also search by TIN (Federal Tax ID number), if the above does not populate.
- **Rendering NPI** – the rendering NPI is required and will be the NPI of the provider.

5. Click **Create Claim**.

**Direct Entry**

An asterisk (\*) denotes a required search or claim form field.

Create Claim
Clear

<b>* Form Type</b>	<b>Claim Type</b>	<b>* Subscriber ID</b>	<b>* Patient Acct No</b>
Professional ▼	Primary ▼	<input type="text"/>	<input type="text"/>
<b>* Payer</b>	<b>* Billing Org</b>		<b>Rendering NPI</b>
CHP CDSH, CHP_CDSH ▼	Provider Billing Name		Enter ... ▼

6. **Patient information** will auto populate, and Subscriber will include the address to the facility in relation to the patient.



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PATIENT						
<u>PATIENT (If different from subscriber)</u>						
Last	First	Middle	DOB	Sex	Relationship	
DEFAULT	DEFAULT		01/01/1900	U	Self	
Address		City		ST	Zip	
				CA		
<u>SUBSCRIBER</u>						
Last	First	Middle	DOB	Sex	Subscriber ID	
DEFAULT	DEFAULT		01/01/1900	U	default	
Address		City		ST	Zip	
				CA		
Policy		Group	Employer	Medicare 2nd Insurance		

7. **Payers section** will pre-populate, and no information needs to be entered.

PAYERS				
<u>CURRENT PAYER INFORMATION</u>				
Name	Address 1	*Payer ID		
CHP CDSH		CHP_CDSH		
Address 2	City	ST	Zip	

8. Some of the fields in the **Providers** section will auto-populate based on the record the plan has on file. Key in all other pertinent **Provider** and **Facility** information required for the type of claim you are submitting, just as you would on a CMS-1500 or UB-04.

- Ensure the Billing Provider Tax ID and NPI are listed.
- A rendering Provider is required for the professional CMS-1500.
- If it is a Lab or DME, which would be entered through the professional CMS-1500 claim form, a rendering is not required.

PROVIDERS				
PROVIDER INFORMATION				
Billing Last Name	First	Tax ID	Taxonomy#	NPI
MEDICAL CLINIC		012345678		1234567891
Address 1	Address 2	City	State	Zip
123 CHERRY LANE		PALM	CA	00008
Contact Name	Telephone	Fax	Email	
Rendering Last Name	First	Middle	Taxonomy#	NPI
JONES	TOM			123456899
Referring Last Name	First	Middle	Taxonomy#	NPI
Supervising Last Name	First	Middle	Taxonomy#	NPI
Operating Last Name	First	Middle	Taxonomy#	NPI

9. **Facility / Service Location** is required for CMS-1500, also known as (Box 32) on the CMS-1500 claim form and is used to report on the service facility location system, that is, the physical location where the services were rendered. This is particularly important when the location of service is different from the billing provider's address (Box 33).

- It must include the **name, address, city, state, and ZIP code** of the service facility.
- Please refer to the below if services were rendered on site at one of the California Department of State Hospitals:



Department of State Hospital Atascadero 10333 El Camino Real, Atascadero, CA 93422 NPI: 1174573802
Department of State Hospital Patton 3102 East Highland Ave, Patton, CA 92369 NPI: 1043249204
Department of State Hospital Coalinga 24511 W. Jayne Ave, Coalinga, CA 93210 NPI: 1124078704
Department of State Hospital Napa 2100 Napa Vallejo Hwy, Napa, CA 94558 NPI: 1326098161
Department of State Hospital Metropolitan 11401 Bloomfield Ave, Norwalk, CA 90650 NPI: 1265406565

- If services were rendered at multiple locations, use separate claim forms for each location.
- Box 32 is required when the place of service code indicates the service was rendered somewhere other than the billing provider's location (e.g., in a hospital, SNF, or ambulatory surgery center).

Failing to complete Box 32 correctly can result in claim denials or delays in processing.

**Ambulance Pick up & Drop off Information** would be only applicable for ambulance transportation charges.

<u>AMBULANCE PICK UP &amp; DROP OFF INFORMATION</u>			
<b>Ambulance Pick Up Address</b>	<b>City</b>	<b>ST</b>	<b>Zip</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Ambulance Drop Off Address</b>	<b>City</b>	<b>ST</b>	<b>Zip</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. In the **Detail** section, enter **Diagnosis Codes** that are applicable to the services rendered. Click 'Add new line'.

- **Dates of Service** – Enter the start and end Date of Service for the procedure or service rendered.

The Date of Service represents the actual calendar day(s) on which the patient received care. If the service occurred on a single day, the start and end dates would be the same. Accurate entry of this date is critical, as it determines eligibility, timely filing, and payment processing.

- **Line Sequence** – This is the sequential line number for each service line (i.e., Line 1, Line 2, Line 3, etc.). Each new service line should increment in sequence.
- **Place of Service (POS)** – Select the appropriate **Place of Service** code that corresponds to where the services were rendered (e.g., 11 for Office, 21 for Inpatient Hospital, 51 for onsite at one of the Department of State Hospitals). This is a required field and ensures the claim is accurately processed based on the care setting.
- **Modifiers** – If applicable, enter up to four modifiers to provide additional detail about the performed procedure (e.g., 25 for significant, separately identifiable E/M service, 59 for distinct procedural service). Modifiers help clarify the procedure and may impact reimbursement. Use the appropriate modifier codes as defined by CMS.
- **Diagnosis Pointers** – Enter the numbers(s) (e.g., 1,2,3,4) that correspond to the diagnosis codes listed in the "Diagnosis" section of the claim. This links each procedure code to the relevant diagnosis. You may enter up to four pointers per line, to indicate medical necessity for the service(s) rendered.
- **Units and Billed Amount** – In this section, Units refers to the number of times a service or procedure was performed (e.g., 1 unit for a single office visit, 2 units for two injections). **Billed Amount is the total charge** for that specific line item based on the number of units provided.

**Note:** The claims portal does not automatically calculate this for you. You must enter the total billed amount for the line, not the unit cost. For example, if the service cost is \$50 per unit and 2 units are provided, the total billed amount should be entered as \$100.

Diagnosis	Primary B20	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8
	Code 9	Code 10	Code 11	Code 12				

\*At least one claim line is required.  
Do not use decimal points when entering diagnosis codes.

+ Add new line
⊘ Cancel Changes

Send	From	To	Line Sequence	POS	Proc	Modifiers				Diag Ptr				Billed	Units	Qual	Local Use
						1	2	3	4	1	2	3	4				
<input checked="" type="checkbox"/>	10/17/2023		1														

Diagnosis	Primary B20	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8
	Code 9	Code 10	Code 11	Code 12				

\*At least one claim line is required.  
Do not use decimal points when entering diagnosis codes.

+ Add new line
⊘ Cancel Changes

Send	From	To	Line Sequence	POS	Proc	Modifiers				Diag Ptr				Billed	Units	Qual	Local Use
						1	2	3	4	1	2	3	4				
<input checked="" type="checkbox"/>	10/17/2023		1	11	99213									\$180.00	1		

12. No further data needs to be entered as you scroll/tab right, unless it is non-standard, or a line needs to be **Removed**.





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**\*At least one claim line is required.  
Do not use decimal points when entering diagnosis codes.**

Send	From	To	Line Sequence	POS	Proc	Modifiers				Diag Ptr				Billed	Units	Units Qual	Local Use
						1	2	3	4	1	2	3	4				
<input checked="" type="checkbox"/>	10/17/2023		2	11	99201					1				\$50.00	1		
<input checked="" type="checkbox"/>	10/17/2023		1	11	99213					1				\$180.00	1		

14. Key any pertinent information into the **Other** section. If the claim type or payer requires Referral or Authorization #s, be sure to add them here.

**OTHER**

**OTHER INFORMATION**

Frequency ID  ICN - Reference ID  Submitter Claim #  Referral #  **Authorization #**

**Dates:** Onset  Sim Illness  Last Seen  Init Treat   
Accident  Last X-Ray  Unable To Work: From  To

Hospitalization From:  To:

15. Click **Save Claim**.

**OTHER**

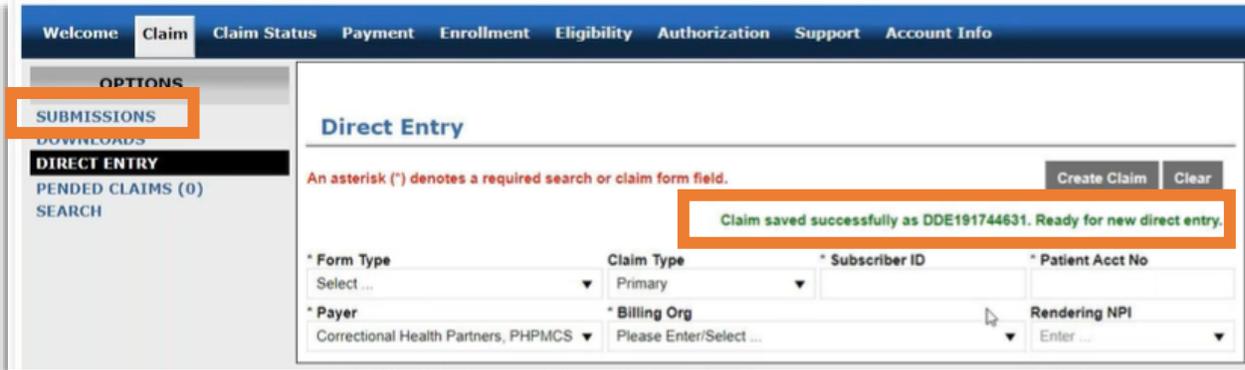
**OTHER INFORMATION**

Place of Service  Frequency ID  ICN - Reference ID  Submitter Claim ID  Referral ID  Authorization ID

**Dates:** Onset  Sim Illness  Last Seen  Init Treat   
Accident  Last X-Ray  Unable To Work: From  To

Hospitalization From:  To:

16. Your claim will be saved, and a Claim number will be created. Feel free to save Claim number for your reference and Claim numbers can be looked up under the Submissions tab.



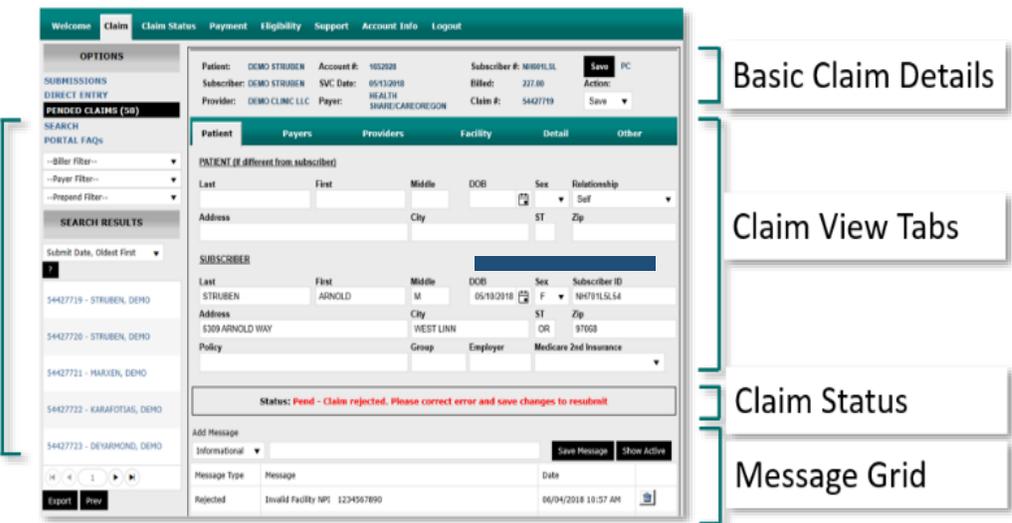
The screenshot shows the 'Direct Entry' form in the CHP portal. The navigation bar includes 'Welcome', 'Claim', 'Claim Status', 'Payment', 'Enrollment', 'Eligibility', 'Authorization', 'Support', and 'Account Info'. The left sidebar has 'OPTIONS' with 'SUBMISSIONS' highlighted, and 'DIRECT ENTRY' with 'PENDEd CLAIMS (0)' and 'SEARCH'. The main form area is titled 'Direct Entry' and contains a message: 'Claim saved successfully as DDE191744631. Ready for new direct entry.' Below the message are several required fields: '\* Form Type' (dropdown), 'Claim Type' (Primary), '\* Subscriber ID' (text), '\* Patient Acct No' (text), '\* Payer' (Correctional Health Partners, PHPMCS), '\* Billing Org' (Please Enter/Select ...), and 'Rendering NPI' (dropdown). 'Create Claim' and 'Clear' buttons are in the top right.

- If the claim is pended, review pend messages, make necessary changes, and then click the **Save** icon in the upper right corner of the window.
- If the claim is in received status, it has not completed processing. Check the claim again later.
- If the claim is in validated status, the claim will be routed to the payer.

## View and Resolve Pended Claims

View and resolve pended claims on the Pended Claims page. You can also view past claim file submissions. Pended claims should be resolved daily.

To access Pended Claims, in the **Claim Center** select **Options > Pended Claims**. All pended claims will appear in the search results.



The screenshot shows the CHP Pended Claims interface. On the left, there are 'Error Filters & Search Results' including filters for Biller, Payer, and Prepend, and a search results list. The main area displays 'Basic Claim Details' for a patient and subscriber, with 'Claim View Tabs' for Patient, Payers, Providers, Facility, Detail, and Other. Below this is the 'Claim Status' section showing a 'Pend - Claim rejected' message. At the bottom is the 'Message Grid' with a 'Rejected' message.

To resolve pended claims, review messages within the grid with the 'Rejected' Message Type, make the necessary changes to the claim, and save. If it is not clear to you what needs to be corrected, refer to industry standard billing guidelines and billing instructions provided by the payer.

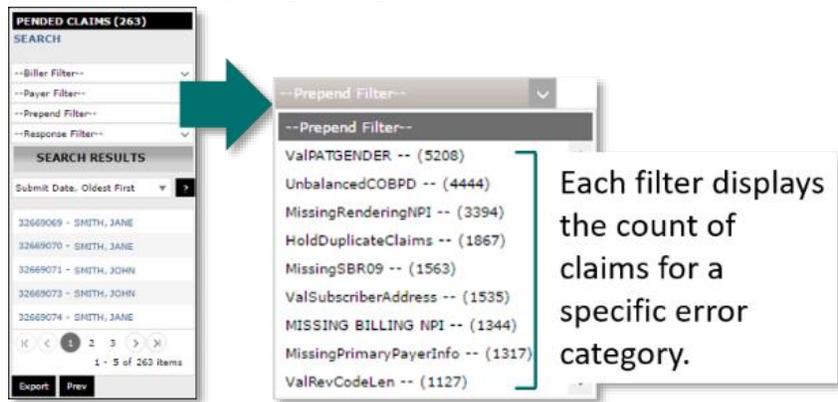
### Error Filters & Search Results

Use the Error Filters to narrow pended claims. Each filter displays the count of claims in each pend bucket based on any other filter criteria already in place (such as a specific payer).

Claims may have more than one error. Reference the Message Grid to ensure all errors have been corrected before saving and resubmitting a claim.



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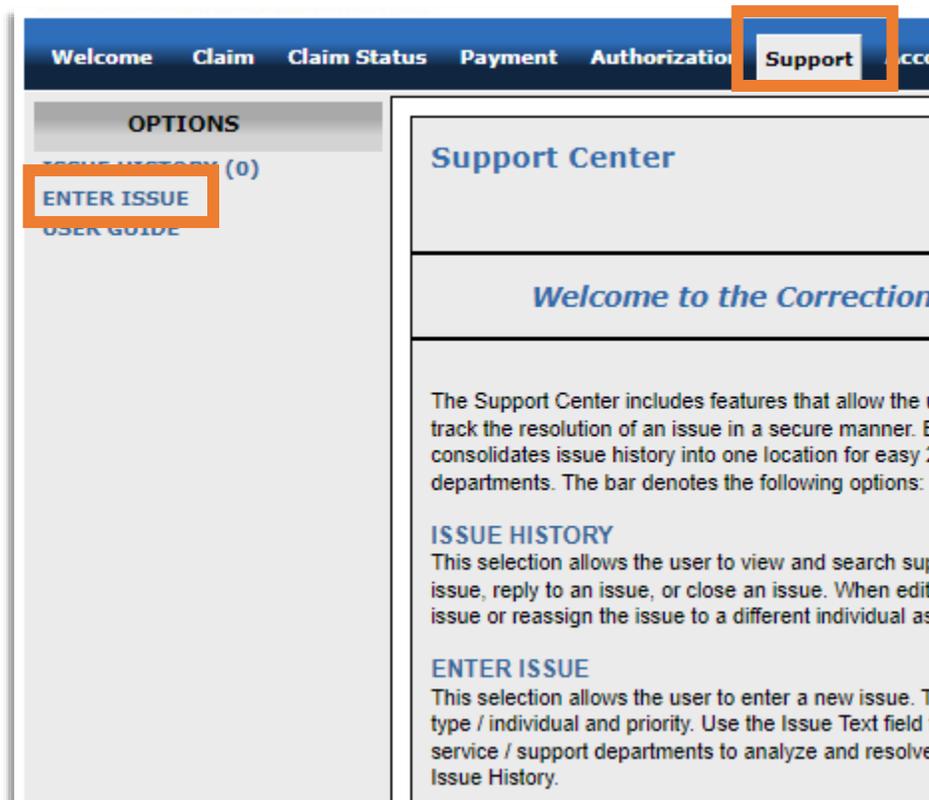


Filter Option	Description
Biller Filter	Filter by a specific plan.
Filter by Payer	Filter by a specific destination.
Prepend Filter	Displays pends resulting from a preset business rule. These pended claims have not been sent to the destination.
Response Filter	Displays messages provided by the destination on claims sent to them. These messages can communicate acceptance or rejection.

## Submitting a Support Ticket

Below is the information for CHP Portal Support:

- Email [portalsupport@chpdelivers.com](mailto:portalsupport@chpdelivers.com) for any issues accessing, resetting passwords, or logging into the portal.
- Submit a **Support Ticket** for any issues with Authorization submissions or Claims Status.



For issues entering an Authorizations include the required information:

- Subject Line: Urgent or Routine & Facility Name
- Auth Type
- Subscriber ID
- Requester Name (Either provider or facility)
- Diagnosis code & CPT Code
- Servicer Name (referring to)
- Include a description of the error that occurred (and a screenshot if applicable).



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**For questions on an Authorization already entered include the required information:**

- Authorization number
- Additional issue description or question related to the Authorization.

**For an issue with a Claim include the required information:**

- Claims number
- Additional issue description or question related to the Claim.

**For Portal technical issues:**

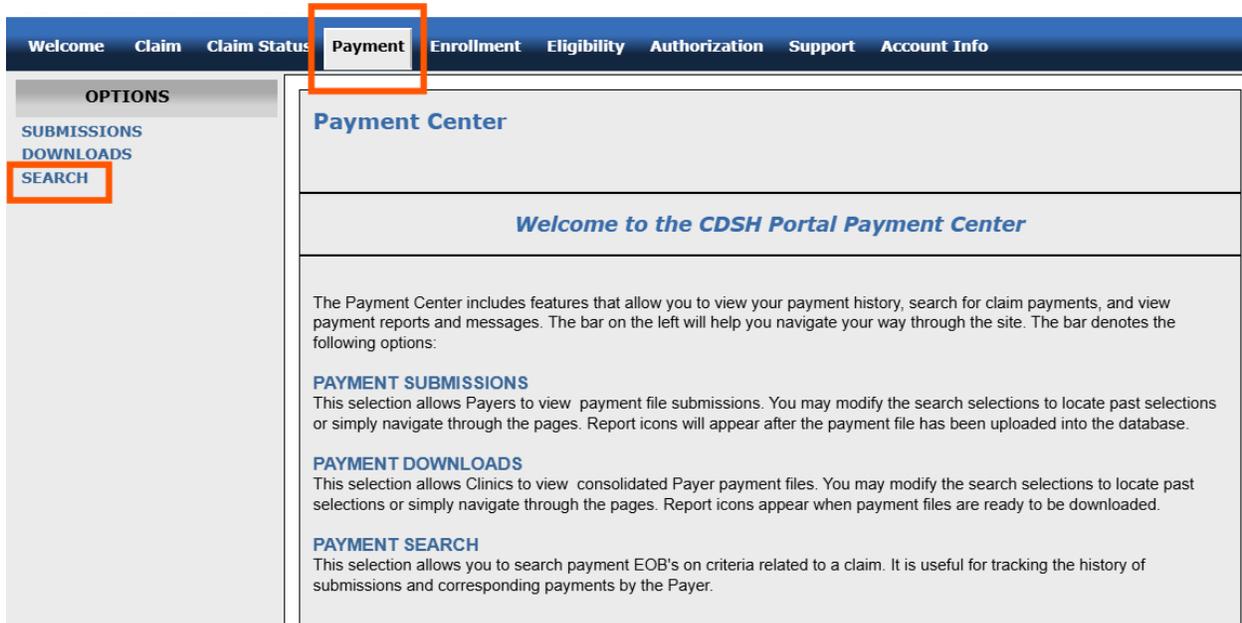
- Include the issue description and as much information of what occurred.
- Include a screenshot if applicable.

The Support system will allow the CHP Portal team to facilitate any requests in a timelier manner.

## Payment and Claim Status

For Payment and Claim Status, you will go to the Payment tab.

To access payment information, click on **SEARCH**.



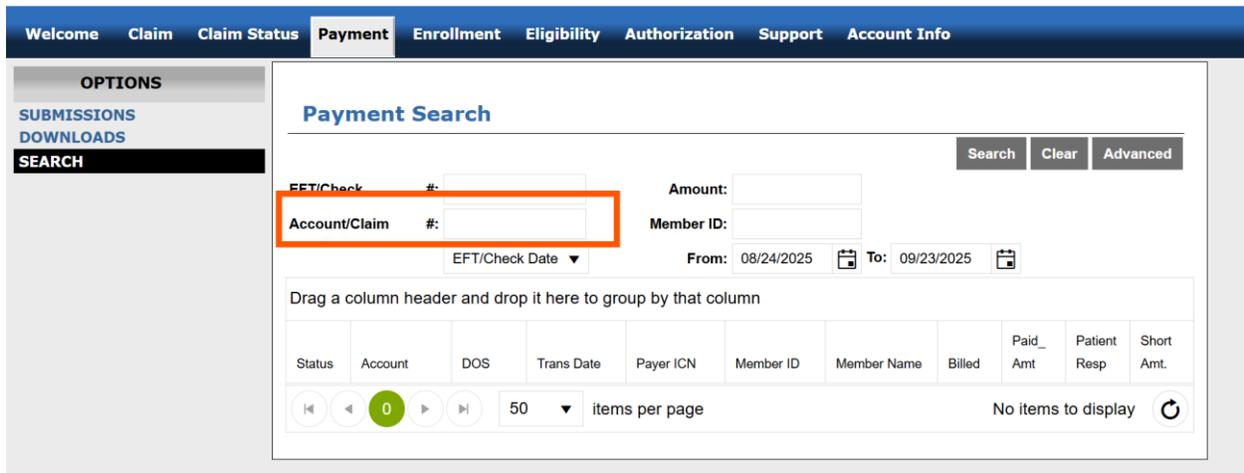
There are two ways to look up payment.

- 1.) By DSH/CHP Claim Number
- 2.) By Warrant/Payment/Check Number

## Searching For Payment by Claim Number

When searching by claim number, select the **Account/Claim #** field and enter the claim number.

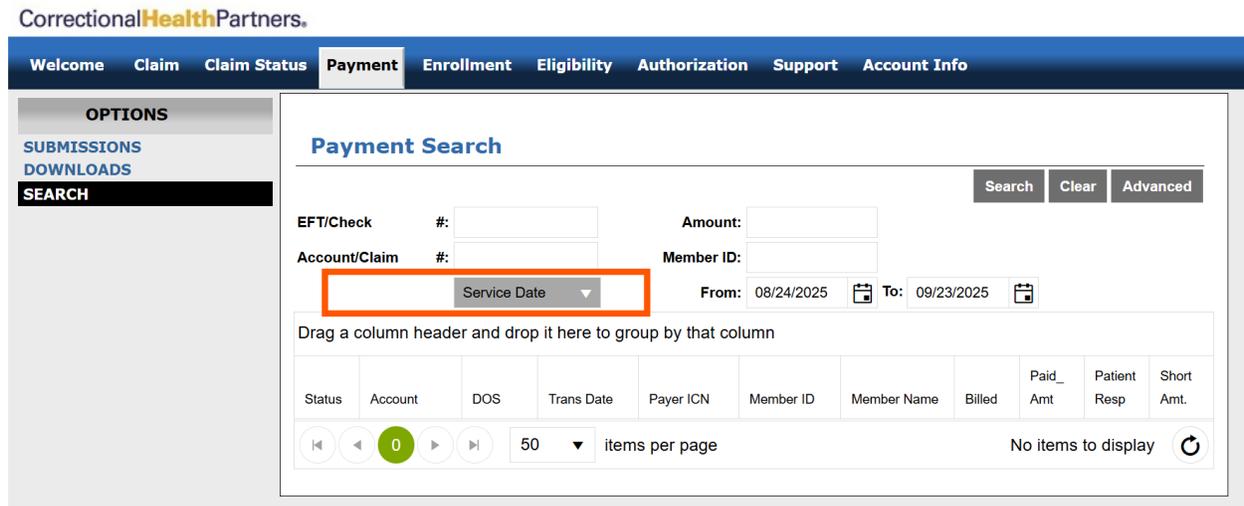
Please note that this number is numeric, and you will need to remove the three alpha characters at the beginning. For example, if the claim number is ASH02202025EDI0001, you should enter 02202025EDI0001 in this field.



The screenshot shows the 'Payment Search' page with the following details:

- Navigation tabs: Welcome, Claim, Claim Status, **Payment**, Enrollment, Eligibility, Authorization, Support, Account Info
- Left sidebar: OPTIONS, SUBMISSIONS, DOWNLOADS, **SEARCH**
- Search form:
  - EFT/Check #: [ ]
  - Account/Claim #: [ ]** (highlighted with a red box)
  - Amount: [ ]
  - Member ID: [ ]
  - EFT/Check Date: [ ]
  - From: 08/24/2025
  - To: 09/23/2025
- Table headers: Status, Account, DOS, Trans Date, Payer ICN, Member ID, Member Name, Billed, Paid\_Amt, Patient Resp, Short Amt.
- Table content: No items to display
- Footer: 50 items per page, No items to display

Next, click the drop-down menu located below the Account/Claim # field and select **Service Date**.

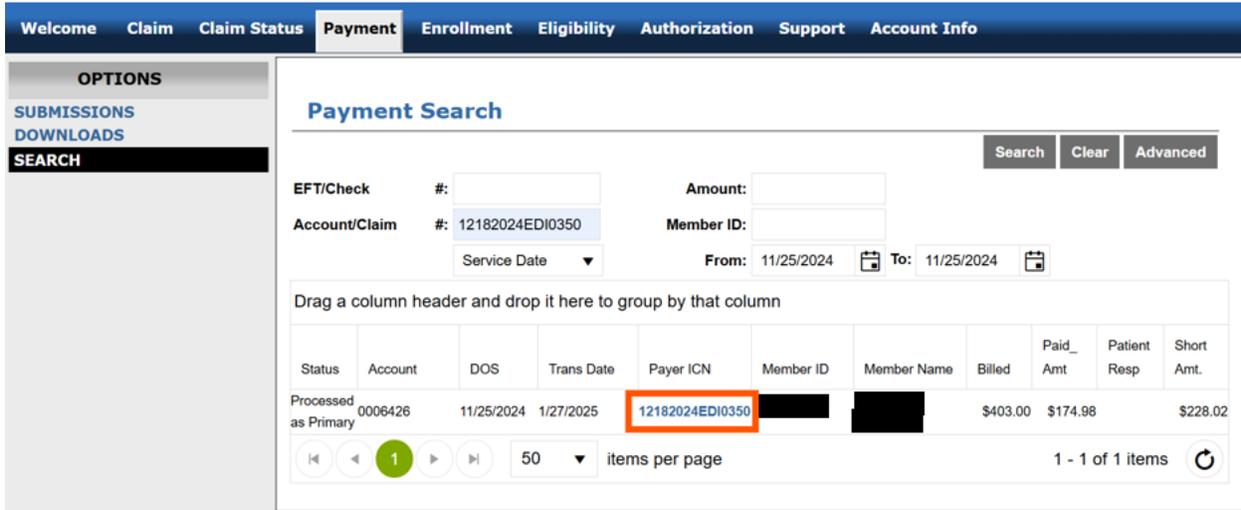


The screenshot shows the 'Payment Search' page with the following details:

- Navigation tabs: Welcome, Claim, Claim Status, **Payment**, Enrollment, Eligibility, Authorization, Support, Account Info
- Left sidebar: OPTIONS, SUBMISSIONS, DOWNLOADS, **SEARCH**
- Search form:
  - EFT/Check #: [ ]
  - Account/Claim #: [ ]
  - Service Date** (highlighted with a red box)
  - Amount: [ ]
  - Member ID: [ ]
  - From: 08/24/2025
  - To: 09/23/2025
- Table headers: Status, Account, DOS, Trans Date, Payer ICN, Member ID, Member Name, Billed, Paid\_Amt, Patient Resp, Short Amt.
- Table content: No items to display
- Footer: 50 items per page, No items to display

Next, fill in the **From** and **To** Service Date fields and select the **Search** button in the right-hand corner.

Next click on the blue highlighted claim number under Payer ICN



**Payment Search**

Search Clear Advanced

EFT/Check #:  Amount:

Account/Claim #: 12182024EDI0350 Member ID:

Service Date:  From: 11/25/2024 To: 11/25/2024

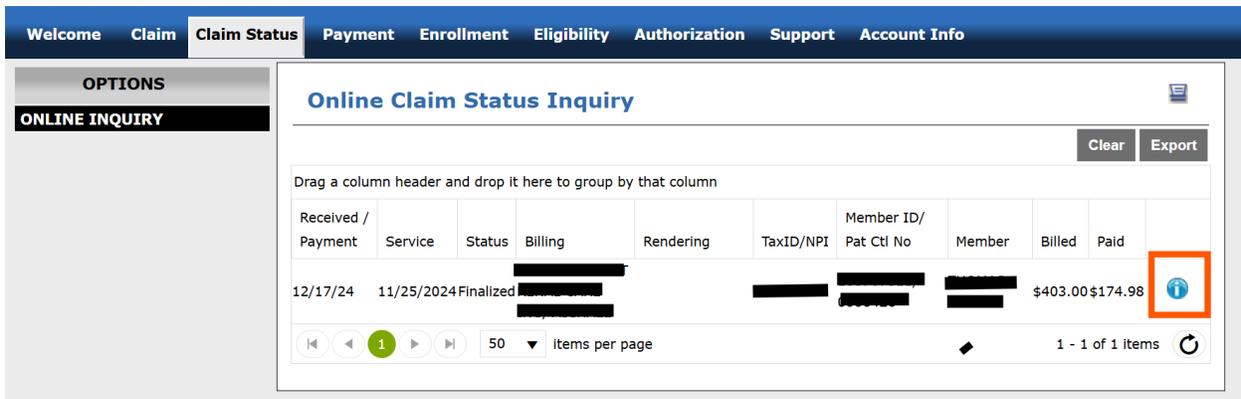
Drag a column header and drop it here to group by that column

Status	Account	DOS	Trans Date	Payer ICN	Member ID	Member Name	Billed	Paid_Amt	Patient Resp	Short Amt.
Processed as Primary	0006426	11/25/2024	1/27/2025	12182024EDI0350	[REDACTED]	[REDACTED]	\$403.00	\$174.98		\$228.02

1 - 1 of 1 items

This will take you to the Online Claim Status Inquiry.

To view claim details along with the EOB, click on the blue 'i' icon.



**Online Claim Status Inquiry**

Clear Export

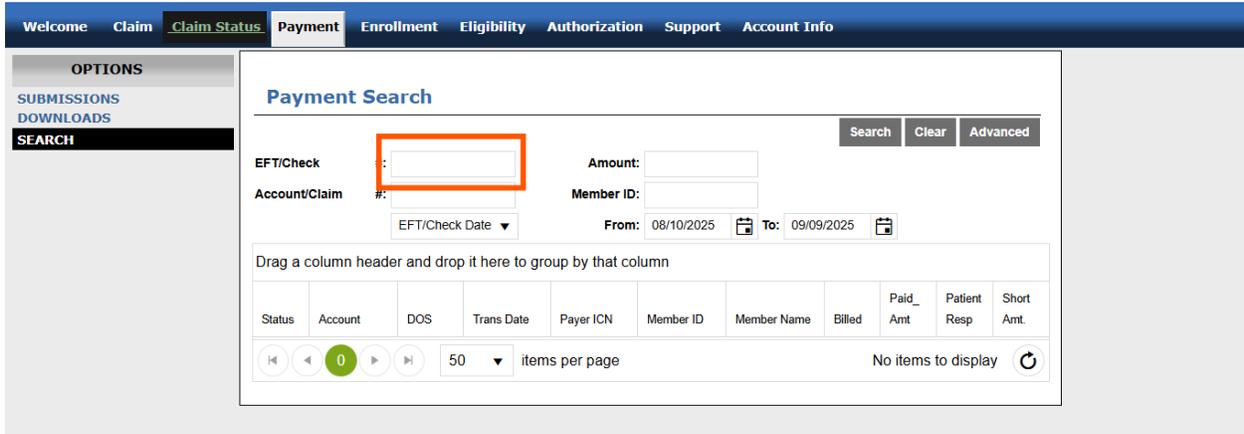
Drag a column header and drop it here to group by that column

Received / Payment	Service	Status	Billing	Rendering	TaxID/NPI	Member ID/ Pat Ctl No	Member	Billed	Paid	
12/17/24	11/25/2024	Finalized	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$403.00	\$174.98	

1 - 1 of 1 items

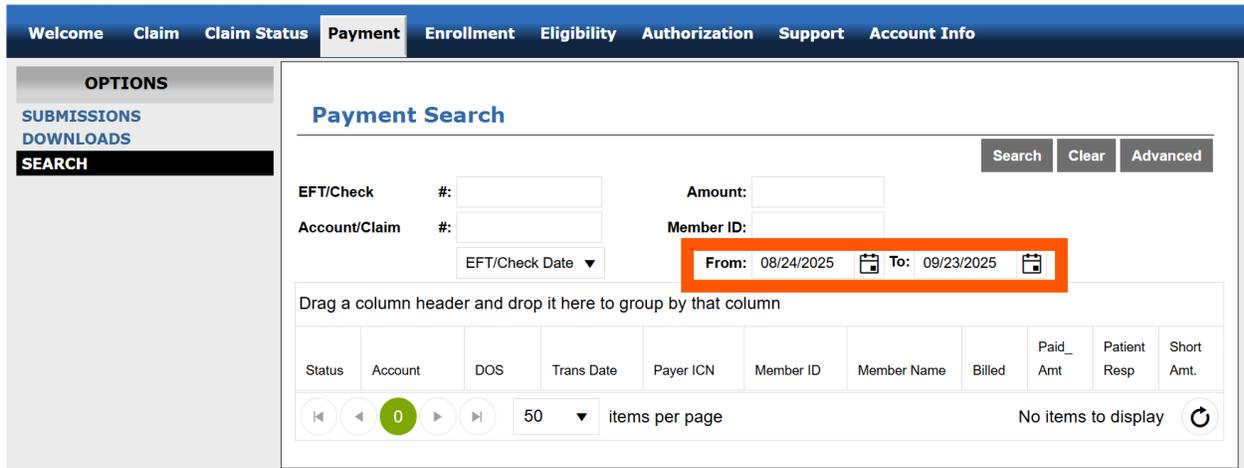
## Searching for payment by Warrant/Check#

To look up payment by warrant/check #, place the warrant/check number in the **EFT/CHECK** box



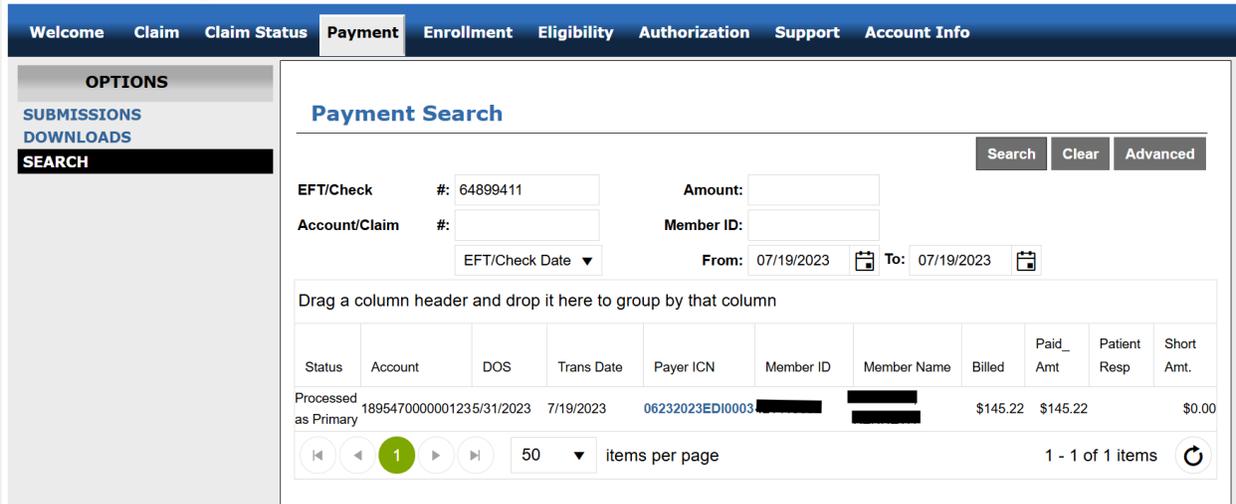
The screenshot shows the 'Payment Search' form in the CHP portal. The 'EFT/Check #' field is highlighted with an orange box. The 'From' and 'To' date fields are set to 08/10/2025 and 09/09/2025 respectively. The search results table is currently empty, showing 'No items to display'.

Enter the **'From' and 'To'** dates of the check date, then select **Search** in the upper right-hand corner.



The screenshot shows the 'Payment Search' form with the 'From' and 'To' date fields highlighted in orange. The 'From' date is 08/24/2025 and the 'To' date is 09/23/2025. The search results table is currently empty, showing 'No items to display'.

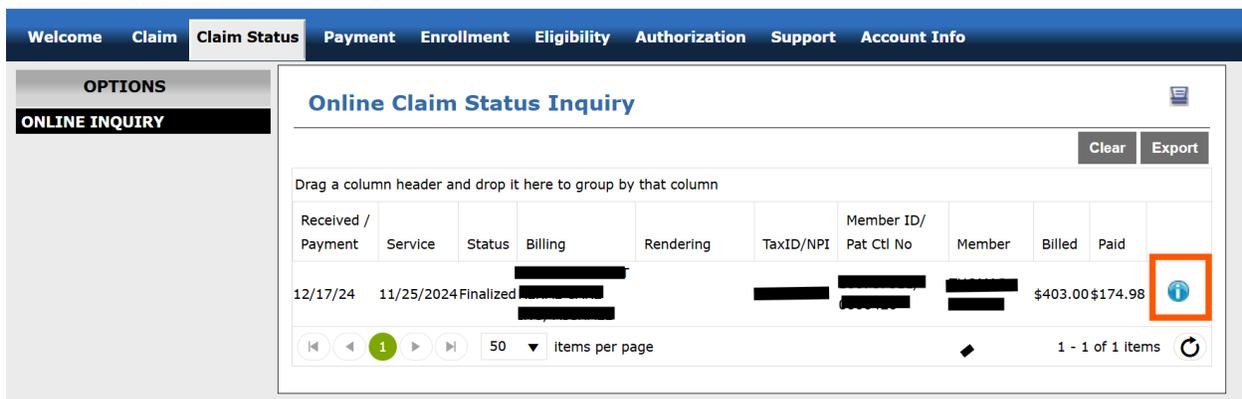
Next click on the blue highlighted claim number under Payer ICN



The screenshot shows the 'Payment Search' page. The navigation bar includes 'Welcome', 'Claim', 'Claim Status', 'Payment', 'Enrollment', 'Eligibility', 'Authorization', 'Support', and 'Account Info'. The left sidebar has 'OPTIONS' with 'SUBMISSIONS', 'DOWNLOADS', and 'SEARCH' (highlighted in black). The main content area has search filters for EFT/Check # (64899411), Amount, Account/Claim #, Member ID, and dates (From: 07/19/2023, To: 07/19/2023). A table below shows search results with columns: Status, Account, DOS, Trans Date, Payer ICN, Member ID, Member Name, Billed, Paid Amt, Patient Resp, and Short Amt. One result is shown: 'Processed as Primary' with Account 189547000001235/31/2023, Trans Date 7/19/2023, Payer ICN 06232023EDI0003, Billed \$145.22, and Paid Amt \$145.22. The page shows 1 of 1 items.

This will take you to the Online Claim Status Inquiry.

To view claim details along with the EOB, click on the blue 'i' icon.



The screenshot shows the 'Online Claim Status Inquiry' page. The navigation bar is the same as the previous screenshot, but 'Claim Status' is selected. The left sidebar has 'OPTIONS' with 'ONLINE INQUIRY' highlighted in black. The main content area has a table with columns: Received / Payment, Service, Status, Billing, Rendering, TaxID/NPI, Member ID/ Pat Ctl No, Member, Billed, and Paid. One result is shown: Received 12/17/24, Service 11/25/2024, Status Finalized, Billing [redacted], Rendering [redacted], TaxID/NPI [redacted], Member ID/ Pat Ctl No [redacted], Member [redacted], Billed \$403.00, and Paid \$174.98. A blue information icon 'i' is highlighted in a red box in the rightmost column of the table. The page shows 1 of 1 items.

## Searching for Multiple Payments

If you are looking for multiple payments, use the Advanced Search button and fill in the required information below

Welcome Claim Claim Status Payment Enrollment Eligibility Authorization Support Account Info

**OPTIONS**

SUBMISSIONS

DOWNLOADS

SEARCH

### Payment Search

Search
Clear
Basic

EFT/Check #:	<input type="text"/>	Amount:	<input type="text"/>
Account/Claim #:	<input type="text"/>	Member ID:	<input type="text"/>
	EFT/Check Date ▼	From: 08/24/2025 <input type="text"/>	To: 09/23/2025 <input type="text"/>
Billing Tax ID:	<input type="text"/>	Name:	<input type="text"/>
Payer ID:	<input type="text"/>	Name:	<input type="text"/>

Drag a column header and drop it here to group by that column

Status	Account	DOS	Trans Date	Payer ICN	Member ID	Member Name	Billed	Paid_Amt	Patient Resp	Short Amt.
<span>◀</span> <span>◁</span> <span style="background-color: #0056b3; color: white; border-radius: 50%; padding: 2px 5px;">0</span> <span>▷</span> <span>▶</span>										
50 items per page							No items to display <span style="font-size: 2em;">↻</span>			