Log in to ProviderAccess, hover over Patient & Claim and then click on “Claim Entry (eClaims).”

Choose the correct Business and Provider from the drop-down boxes in the Selector. Click “New Claim.” Next, you will see the Patient Tab where you can select from Recent Patients or enter the patient contract number and demographic information. After information on this tab is submitted, select continue. Note: You can view submitted claims which you have not submitted yet for the last two weeks.

Choose Claim Type: Professional primary, secondary or tertiary.

Add your Patient Account Number. This is your reference number that is returned on your audit report and remittance to help you identify your patient and will be included on your audit report and remittance.
Choose the correct Code Set, ICD-9 or ICD-10, depending on the date of service for the claim. ICD-10 dates of service on or after 10/1/2015. Enter your Diagnosis Code(s); click “Add” after each one has been entered. Enter the Claim Line. Click “Add.” Add any additional lines as needed. Then click “Next.”

Choose any check boxes that are applicable on the Claim information screen, and then click “Submit Claim.”

For additional help please contact

Provider eSolutions 205-220-6899  Provider Networks Consultant 866-904-4130