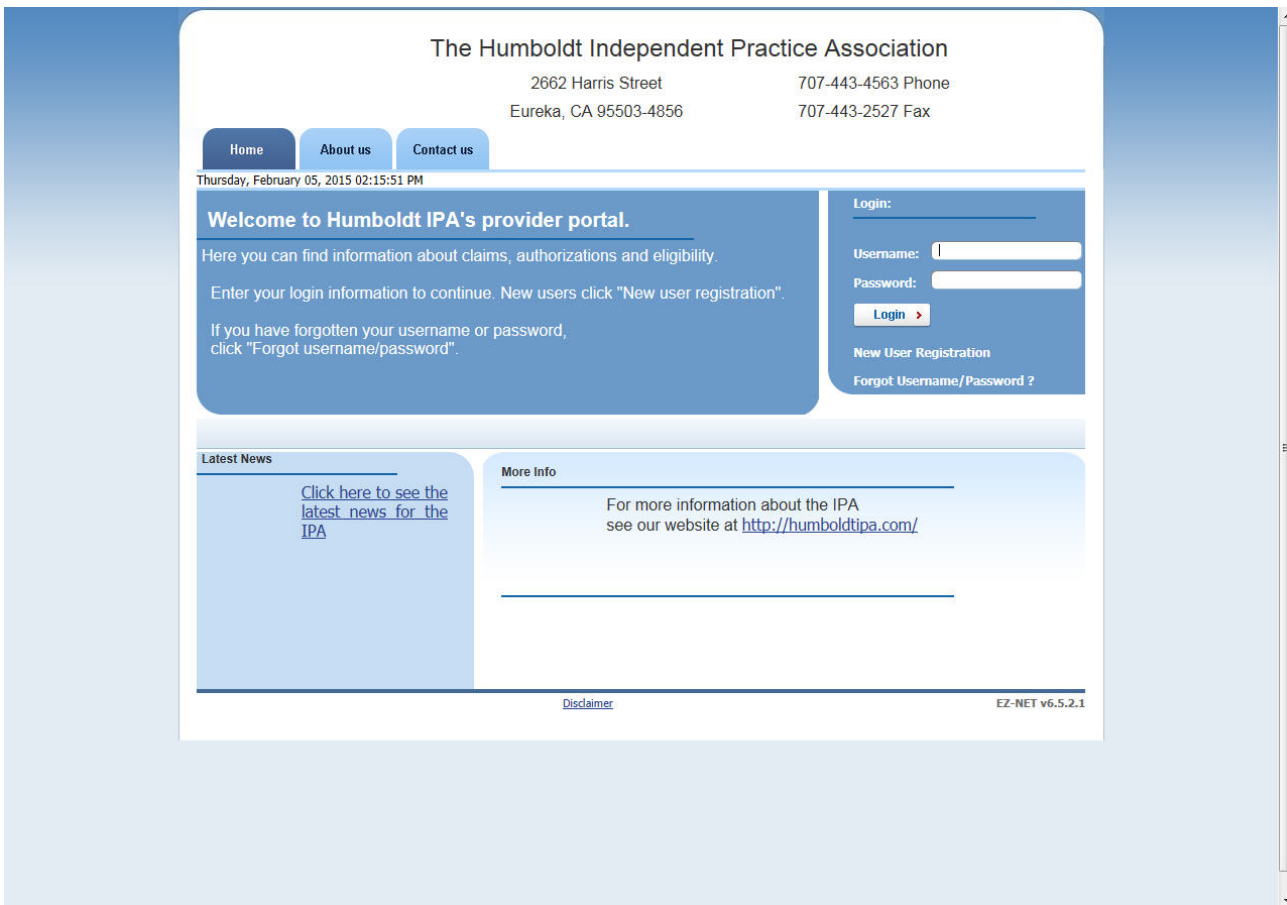


EZ-Net Authorization Inquiry

1. Go to portal.humboldtipa.com You will see a login screen that should look similar to this:



The screenshot shows the homepage of The Humboldt Independent Practice Association. At the top, the organization's name is centered, followed by its address (2662 Harris Street, Eureka, CA 95503-4856) and contact information (707-443-4563 Phone, 707-443-2527 Fax). Below this is a navigation bar with links for Home, About us, and Contact us. The main content area is divided into two columns. The left column contains a welcome message, instructions on how to find information about claims, authorizations, and eligibility, and a login section with fields for Username and Password, a Login button, and links for New User Registration and Forgot Username/Password. The right column contains a 'Latest News' section with a link to the latest news and a 'More Info' section with a link to the organization's website. The footer includes a disclaimer and the version number EZ-NET v6.5.2.1.

The Humboldt Independent Practice Association
2662 Harris Street
Eureka, CA 95503-4856
707-443-4563 Phone
707-443-2527 Fax

Home About us Contact us

Thursday, February 05, 2015 02:15:51 PM

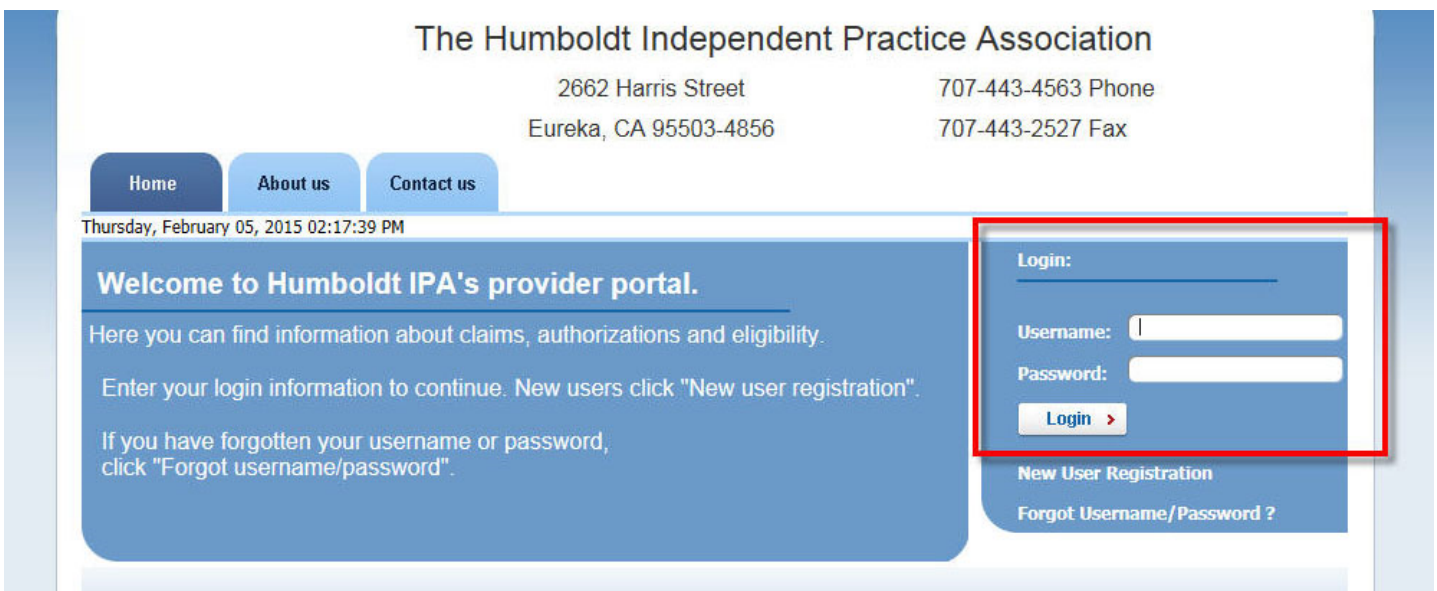
Welcome to Humboldt IPA's provider portal.
Here you can find information about claims, authorizations and eligibility.
Enter your login information to continue. New users click "New user registration".
If you have forgotten your username or password, click "Forgot username/password".

Latest News
[Click here to see the latest news for the IPA](#)

More Info
For more information about the IPA see our website at <http://humboldtipa.com/>

Disclaimer EZ-NET v6.5.2.1

2. Go to the Login area and type in the Username and Password you were provided with. You may be prompted to change your password the first time you login. Please remember that passwords are case sensitive. Your password must be at least 8 characters long and contain at least 1 uppercase character, 1 lowercase character and 1 number.



This screenshot is identical to the one above, but with a red rectangular box highlighting the login area on the right side of the page. The highlighted area includes the 'Login:' label, the 'Username:' and 'Password:' input fields, the 'Login' button, and the links for 'New User Registration' and 'Forgot Username/Password?'.

The Humboldt Independent Practice Association
2662 Harris Street
Eureka, CA 95503-4856
707-443-4563 Phone
707-443-2527 Fax

Home About us Contact us

Thursday, February 05, 2015 02:17:39 PM

Welcome to Humboldt IPA's provider portal.
Here you can find information about claims, authorizations and eligibility.
Enter your login information to continue. New users click "New user registration".
If you have forgotten your username or password, click "Forgot username/password".

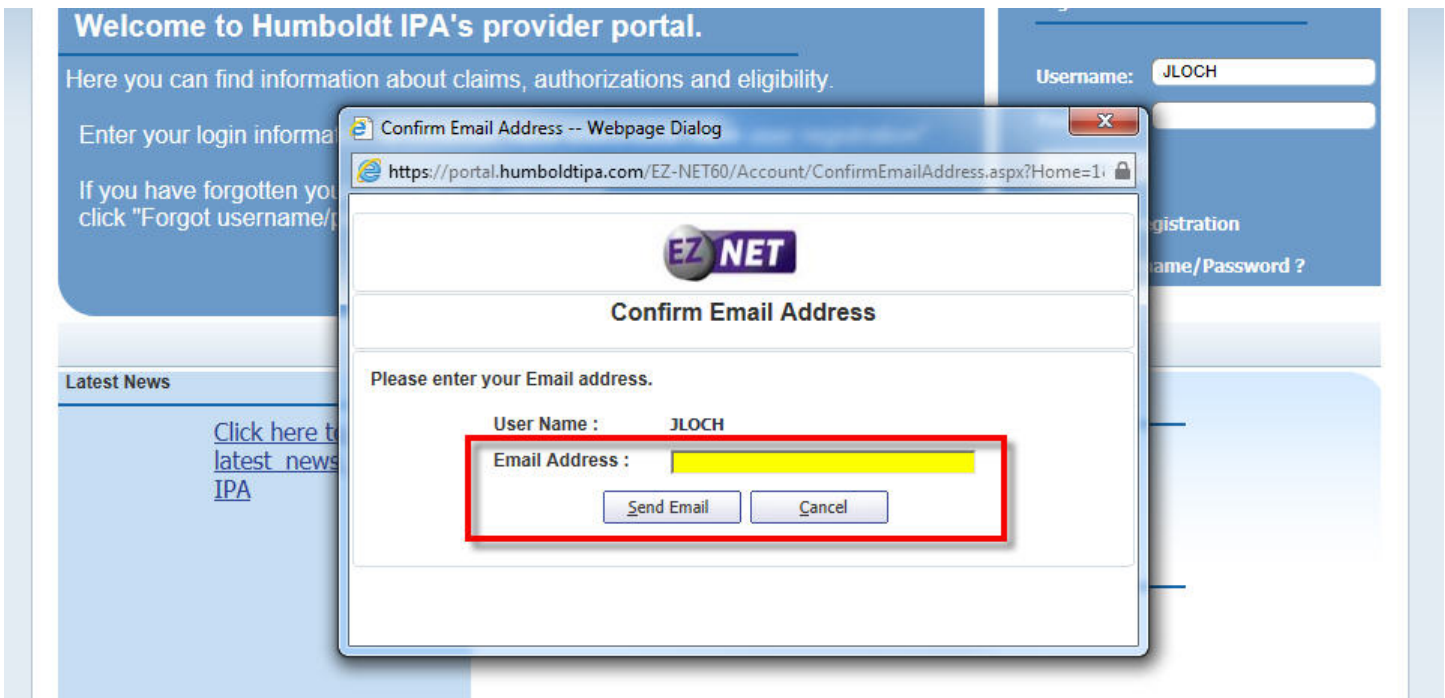
Latest News
[Click here to see the latest news for the IPA](#)

More Info
For more information about the IPA see our website at <http://humboldtipa.com/>

Disclaimer EZ-NET v6.5.2.1

3. Click Login after typing your Username and Password in the boxes provided.

Note: You may receive a pop-up like the one below, enter your email address and click "Send Email". You will receive an email with a link to confirm your address. Be sure to log out of EZ-NET before clicking the confirmation link. Once you have confirmed your address, you will no longer receive the pop-up. If you have trouble logging in, please go to the FAQ page at the end of this document.



4. Click on the Main tab to see options for authorizations, claims, and eligibility.



5. The Main tab is where you will find all of your search and submission options available through EZ-Net.



6. Place your mouse over the Auth/Referrals tab to see the list of options:



7. Click Inquiry to search for an authorization that has already been submitted for consideration.



8. This will take you to the authorization search page of EZ-Net:

The Humboldt Independent Practice Association

2662 Harris Street
Eureka, CA 95503-4856

707-443-4563 Phone
707-443-2527 Fax

Dashboard Main EZ-EDI My Profile Settings Logout

Friday, February 06, 2015 01:05:05 PM Welcome JLOCH

Providers Members Auth/Referrals Claims References Favorites

Home >> Main Menu >> Auth/Referrals >> Inquiry

Auth/Referral Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: ALL COMPANIES

Auth/Referral #:

Requested Date From: To:

Auth Action Date From: To:

Auth Exp Date From: To:

HP Authorization #:

REQUEST TYPE
☐ Authorization ☐ Referral ☒ Both

Member ID:

Status: NONE SELECTED

Performing Provider ID:

Referring Provider ID:

Auth Priority Status:

Sort By: AUTH #

Search Clear

| Auth/Referral Number | Request Type | Status | Mem ID | Mem Name | Gender | DOB | Healthplan | Referring Provider |
|----------------------|--------------|--------|--------|----------|--------|-----|------------|--------------------|
|----------------------|--------------|--------|--------|----------|--------|-----|------------|--------------------|

JLOCH Disclaimer EZ-NET v6.5.2.1

9. Select the health plan the member belongs to using the drop down menu available under Company ID. Depending on your access level, you may only see one option.

Auth/Referral Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: HBS - CALPERS BLUE SHIELD HMO

Auth/Referral #:

Requested Date From: To:

Auth Action Date From: To:

Auth Exp Date From: To:

HP Authorization #:

REQUEST TYPE
☐ Authorization ☐ Referral ☒ Both

Member ID:

Status: NONE SELECTED

Performing Provider ID:

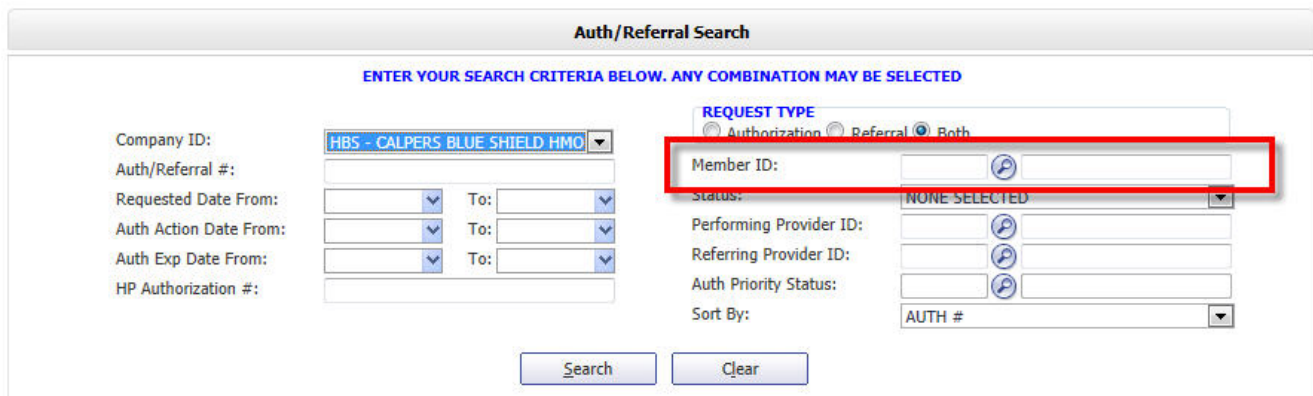
Referring Provider ID:

Auth Priority Status:

Sort By: AUTH #

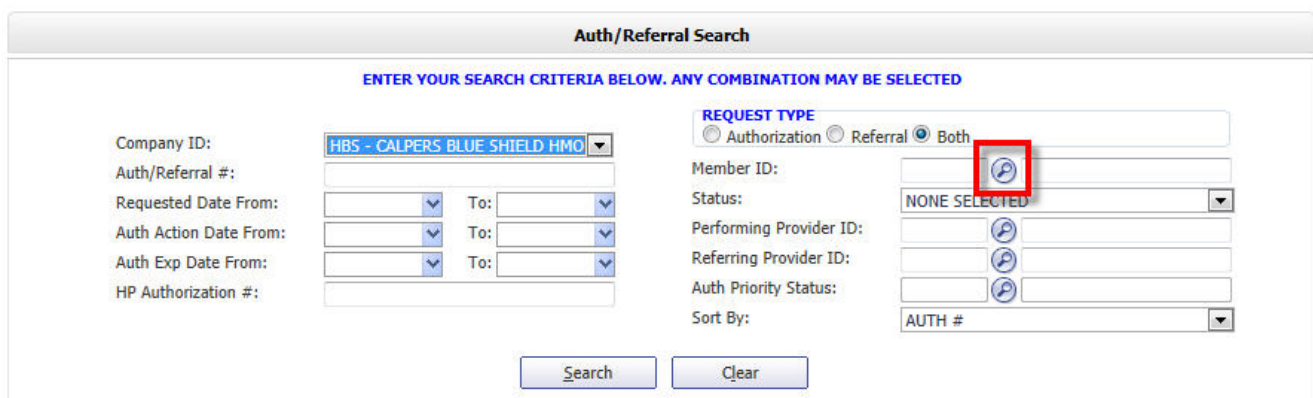
Search Clear

10. There are several search options available to assist you in locating the authorization needed. The recommended search option is to search by either member name or ID number using the field highlighted below.



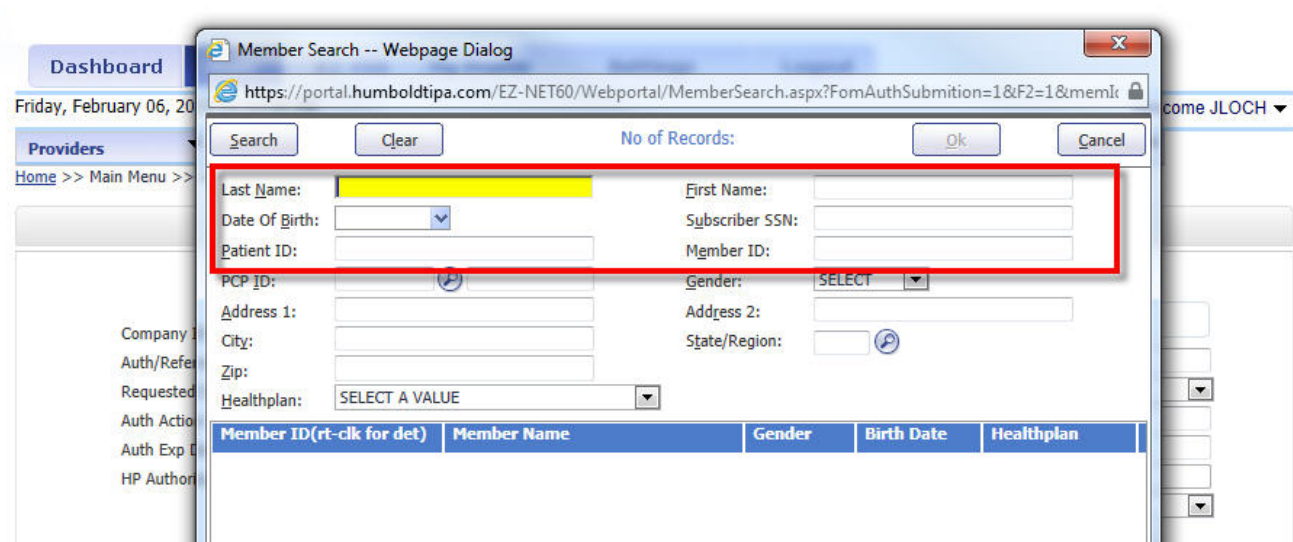
The screenshot shows the 'Auth/Referral Search' form. On the left, there are fields for 'Company ID' (set to 'HBS - CALPERS BLUE SHIELD HMO'), 'Auth/Referral #', and date ranges for 'Requested Date From', 'Auth Action Date From', and 'Auth Exp Date From'. On the right, under 'REQUEST TYPE', there are radio buttons for 'Authorization', 'Referral', and 'Both' (selected). Below this, the 'Member ID' field is highlighted with a red rectangle, and it contains a magnifying glass icon. Other fields include 'Status' (set to 'NONE SELECTED'), 'Performing Provider ID', 'Referring Provider ID', 'Auth Priority Status', and 'Sort By' (set to 'AUTH #'). At the bottom are 'Search' and 'Clear' buttons.

11. Click the Magnifying Glass icon next to Member ID in order to search by member name or ID number:



This screenshot is identical to the previous one, but the magnifying glass icon next to the 'Member ID' field is highlighted with a red square, indicating where to click to expand the search options.

12. Type in either the last name and first name, or Member ID numbers in the appropriate search boxes. You can use a partial name or ID number using these search fields.



The screenshot shows a 'Member Search -- Webpage Dialog' window. It has a search bar at the top with 'Search' and 'Clear' buttons, and a status 'No of Records:'. Below the search bar, there are two columns of search fields. The first column includes 'Last Name' (highlighted with a yellow background), 'Date Of Birth', 'Patient ID', 'PCP ID', 'Address 1', 'City', 'Zip', and 'Healthplan'. The second column includes 'First Name', 'Subscriber SSN', 'Member ID', 'Gender' (set to 'SELECT'), 'Address 2', 'State/Region', and a magnifying glass icon. At the bottom, there is a table with columns: 'Member ID(rt-clk for det)', 'Member Name', 'Gender', 'Birth Date', and 'Healthplan'. The background shows a 'Dashboard' with a date 'Friday, February 06, 20' and a 'Providers' list.

13. Click Search to see a list of members that match the criteria entered

The screenshot shows a web application interface with a sidebar on the left containing links like 'Dashboard', 'Providers', and 'Home'. A 'Member Search -- Webpage Dialog' is open in the center. The dialog has a search bar with 'PATIENT' entered, and a 'Search' button highlighted by a red arrow. Below the search bar, there are fields for 'Date Of Birth', 'Patient ID', 'PCP ID', 'Address 1', 'City', 'Zip', and 'Healthplan'. To the right of these fields are fields for 'First Name', 'Subscriber SSN', 'Member ID', 'Gender' (a dropdown menu), 'Address 2', and 'State/Region'. At the bottom of the dialog is a table with the following data:

| Member ID(rt-clk for det) | Member Name | Gender | Birth Date | Healthplan |
|---------------------------|---------------|--------|------------|------------|
| 1234567891 | PATIENT, TEST | FEMALE | 1/1/1960 | CALPERS BL |

The table row is highlighted with a red border. The dialog also shows 'No of Records: 1' and buttons for 'Ok' and 'Cancel'.

14. Double-click the correct member, or click the correct member once then click OK.

This screenshot shows the same 'Member Search -- Webpage Dialog' as the previous one. A red arrow points to the 'Ok' button in the top right corner of the dialog. Another red arrow points to the first row of the table, which contains the member information. The table data is as follows:

| Member ID(rt-clk for det) | Member Name | Gender | Birth Date | Healthplan |
|---------------------------|---------------|--------|------------|------------|
| 1234567891 | PATIENT, TEST | FEMALE | 1/1/1960 | CALPERS BL |

15. This will automatically take you back to the main search screen and will populate the Member ID section of the screen.

Dashboard Main EZ-EDI My Profile Settings Logout

Friday, February 06, 2015 01:39:46 PM Welcome JLOCH

Providers Members Auth/Referrals Claims References Favorites

Home >> Main Menu >> Auth/Referrals >> Inquiry

Auth/Referral Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

| | | | |
|------------------------|---|-------------------------|--|
| Company ID: | HBS - CALPERS BLUE SHIELD HMO | REQUEST TYPE | <input type="radio"/> Authorization <input type="radio"/> Referral <input checked="" type="radio"/> Both |
| Auth/Referral #: | | Member ID: | 123456789 PATIENT, TEST |
| Requested Date From: | <input type="text"/> To: <input type="text"/> | Status: | NONE SELECTED |
| Auth Action Date From: | <input type="text"/> To: <input type="text"/> | Performing Provider ID: | <input type="text"/> |
| Auth Exp Date From: | <input type="text"/> To: <input type="text"/> | Referring Provider ID: | <input type="text"/> |
| HP Authorization #: | | Auth Priority Status: | <input type="text"/> |
| | | Sort By: | AUTH # |

Search Clear

16. Next, click Search to see a list of authorizations for the member:

Dashboard Main EZ-EDI My Profile Settings Logout

Friday, February 06, 2015 01:39:46 PM Welcome JLOCH

Providers Members Auth/Referrals Claims References Favorites

Home >> Main Menu >> Auth/Referrals >> Inquiry

Auth/Referral Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

| | | | |
|------------------------|---|-------------------------|--|
| Company ID: | HBS - CALPERS BLUE SHIELD HMO | REQUEST TYPE | <input type="radio"/> Authorization <input type="radio"/> Referral <input checked="" type="radio"/> Both |
| Auth/Referral #: | | Member ID: | 123456789 PATIENT, TEST |
| Requested Date From: | <input type="text"/> To: <input type="text"/> | Status: | NONE SELECTED |
| Auth Action Date From: | <input type="text"/> To: <input type="text"/> | Performing Provider ID: | <input type="text"/> |
| Auth Exp Date From: | <input type="text"/> To: <input type="text"/> | Referring Provider ID: | <input type="text"/> |
| HP Authorization #: | | Auth Priority Status: | <input type="text"/> |
| | | Sort By: | AUTH # |

Search Clear

17. Authorizations for the member will be displayed in the lower window. You can scroll to the right to see more information that will assist you in selecting the authorization you are looking for.

DashboardMainEZ-EDIMy ProfileSettingsLogout

Friday, February 06, 2015 01:28:38 PMWelcome JLOCH

ProvidersMembersAuth/ReferralsClaimsReferencesFavorites

Home >> Main Menu >> Auth/Referrals >> Inquiry

Auth/Referral Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: HBS - CALPERS BLUE SHIELD HMO

Auth/Referral #:

Requested Date From: To:

Auth Action Date From: To:

Auth Exp Date From: To:

HP Authorization #:

REQUEST TYPE
☐ Authorization ☐ Referral ☒ Both

Member ID: 123456789 PATIENT, TEST

Status: NONE SELECTED

Performing Provider ID:

Referring Provider ID:

Auth Priority Status:

Sort By: AUTH #

SearchClear

| Auth/Referral Number | Request Type | Status | Memb ID | Memb Name | Gender | DOB | Healthplan | Ref |
|--------------------------------------|--------------|----------|------------|-------------------------------|--------|----------|------------|--------------------|
| 20150206700000200001 | A | APPROVED | 1234567891 | PATIENT, TEST | FEMALE | 1/1/1960 | HBS | PR |

18. Select the appropriate authorization by clicking on the Auth/Referral Number in the first column.

Auth/Referral Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: HBS - CALPERS BLUE SHIELD HMO

Auth/Referral #:

Requested Date From: To:

Auth Action Date From: To:

Auth Exp Date From: To:

HP Authorization #:

REQUEST TYPE
☐ Authorization ☐ Referral ☒ Both

Member ID: 123456789 PATIENT, TEST

Status: NONE SELECTED

Performing Provider ID:

Referring Provider ID:

Auth Priority Status:

Sort By: AUTH #

SearchClear

| Auth/Referral Number | Request Type | Status | Memb ID | Memb Name | Gender | DOB | Healthplan | Ref |
|--------------------------------------|--------------|----------|------------|-------------------------------|--------|----------|------------|--------------------|
| 20150206700000200001 | A | APPROVED | 1234567891 | PATIENT, TEST | FEMALE | 1/1/1960 | HBS | PR |

19. This will display the authorization detail:

Authorization Details

Authorization Information

| | |
|--|-----------------------------|
| Authorization # : 20150206700000200001 | Company ID: HBS |
| Status: APPROVED | Requested Date: 02/06/2015 |
| Processed By: | Time: 00:00:00 |
| Place Of Service: OFFICE | Auth Action: 02/06/2015 |
| LOS: 0 | Expiration Date: 05/07/2015 |
| Priority Status: 0 - UNSPECIFIED | Authorized Units: 1 |
| HP Authorization #: AOP | Requested Units: 1 |

Patient Information
Diagnosis Information

Patient Name: PATIENT ,TEST

DOB: 01/01/1960

Age: 55 YEARS

Gender: FEMALE

Memb ID: 1234567891

Healthplan: HBS

PCP OV Co-Pay: N/A

| Code | Version | Description |
|--------|---------|------------------|
| 780.96 | 9 | GENERALIZED PAIN |
| MEMO | 9 | SEE AUTH NOTES |

Referring Physician Information

| | |
|------------------------------|---------------------------|
| Name: ST JOSEPH HOSPITAL**** | Provider ID: 941156596-ST |
| Specialty: HOSPITAL | Phone: |
| Fax: | |

Performing Physician Information

| | |
|------------------------------|---------------------------|
| Name: ST JOSEPH HOSPITAL**** | Provider ID: 941156596-ST |
| Specialty: HOSPITAL | Phone: |
| Fax: | |

Services

| Status | Auth Action | Auth Expiration | Auth Proc Grp | Service | Type | Description | Mod1 | Mod2 | Mod3 | Mod4 | Auth Qty | Co-Pay | Coinsurance | Admit Date | Discharge Date | Admit Type | Admit Source | Req Qty |
|--------|-------------|-----------------|---------------|---------|------|-----------------------------|------|------|------|------|----------|--------|-------------|------------|----------------|------------|--------------|---------|
| | | | | 99245 | P | OFFICE CONSULT ~ 30 MINS | | | | | 1.0 | 15.00 | 0.00 | | | | | 0.0 |

20. Authorization Status is located in the upper left corner of the detail screen. This will indicate if the request is Approved, Modified, Denied, or currently pending review or further information.

Authorization Details

Authorization Information

Authorization # : 20150206700000200001

Status: APPROVED

Processed By:

Place Of Service: OFFICE

LOS: 0

Priority Status: 0 - UNSPECIFIED

HP Authorization #: AOP

Company ID: HBS

Requested Date: 02/06/2015

Time: 00:00:00

Auth Action: 02/06/2015

Expiration Date: 05/07/2015

Authorized Units: 1

Requested Units: 1

Patient Information

Diagnosis Information

Patient Name: PATIENT ,TEST

DOB: 01/01/1960

Age: 55 YEARS

Gender: FEMALE

Memb ID: 1234567891

Healthplan: HBS

PCP OV Co-Pay: N/A

| Code | Version | Description |
|--------|---------|------------------|
| 780.96 | 9 | GENERALIZED PAIN |
| MEMO | 9 | SEE AUTH NOTES |

Referring Physician Information

Performing Physician Information

Name: ST JOSEPH HOSPITAL ****

Specialty: HOSPITAL

Fax:

Provider ID: 941156596-ST

Phone:

Name: ST JOSEPH HOSPITAL ****

Specialty: HOSPITAL

Fax:

Provider ID: 941156596-ST

Phone:

Services

| Status | Auth Action | Auth Expiration | Auth Proc Grp | Service | Type | Description | Mod1 | Mod2 | Mod3 | Mod4 | Auth Qty | Co-Pay | Coinsurance | Admit Date | Discharge Date | Admit Type | Admit Source | Req Qty |
|--------|-------------|-----------------|---------------|---------|------|------------------------------|------|------|------|------|----------|--------|-------------|------------|----------------|------------|--------------|---------|
| | | | | 99245 | P | OFFICE CONSULT w/ RN MTNG | | | | | 1.0 | 15.00 | 0.00 | | | | | 0.0 |

You can click the pen-and-paper icon at the top to see notes from our staff regarding the request, including the additional information that is being requested for review.

Authorization Details

Authorization Information

21. Effective Date and Expiration Date are located in the upper right corner of the window, this is also where the authorized number of units is displayed.

Authorization Details

Authorization Information

| | |
|---|---|
| Authorization # : 20150206700000200001 Status: APPROVED Processed By: Place Of Service: OFFICE LOS: 0 Priority Status: 0 - UNSPECIFIED HP Authorization #: AOP | Company ID: HBS Requested Date: 02/06/2015 Time: 00:00:00 <div style="border: 2px solid red; padding: 2px;"> Auth Action: 02/06/2015 Expiration Date: 05/07/2015 Authorized Units: 1 Requested Units: 1 </div> |
|---|---|

Patient Information

Diagnosis Information

Patient Name: PATIENT ,TEST
DOB: 01/01/1960
Age: 55 YEARS
Gender: FEMALE
Memb ID: 1234567891
Healthplan: HBS
PCP OV Co-Pay: N/A

| Code | Version | Description |
|--------|---------|------------------|
| 780.96 | 9 | GENERALIZED PAIN |
| MEMO | 9 | SEE AUTH NOTES |

Referring Physician Information

Name: ST JOSEPH HOSPITAL ****
Specialty: HOSPITAL
Fax:

Provider ID: 941156596-ST
Phone:

Performing Physician Information

Name: ST JOSEPH HOSPITAL ****
Specialty: HOSPITAL
Fax:

Provider ID: 941156596-ST
Phone:

Services

| Status | Auth Action | Auth Expiration | Auth Proc Grp | Service | Type | Description | Mod1 | Mod2 | Mod3 | Mod4 | Auth Qty | Co-Pay | Coinsurance | Admit Date | Discharge Date | Admit Type | Admit Source | Req Qty |
|--------|-------------|-----------------|---------------|---------|------|------------------------------|------|------|------|------|----------|--------|-------------|------------|----------------|------------|--------------|---------|
| | | | | 99245 | P | OFFICE CONSULT w/ 30 MINS | | | | | 1.0 | 15.00 | 0.00 | | | | | 0.0 |

22. Directly below this section is patient information and diagnosis information that was received regarding this request.

| Authorization Details | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------|-----------------|---------------|---------|------|------------------------------|------|------|------|------------------------------|-------------------|--------------|------------------|------------|----------------|------------|--------------|---------|--|--|
| Authorization Information | | | | | | | | | | | | | | | | | | | | |
| Authorization # : | 20150206700000200001 | | | | | | | | | | Company ID: | HBS | | | | | | | | |
| Status: | APPROVED | | | | | | | | | | Requested Date: | 02/06/2015 | | | | | | | | |
| Processed By: | | | | | | | | | | | Time: | 00:00:00 | | | | | | | | |
| Place Of Service: | OFFICE | | | | | | | | | | Auth Action: | 02/06/2015 | | | | | | | | |
| LOS: | 0 | | | | | | | | | | Expiration Date: | 05/07/2015 | | | | | | | | |
| Priority Status: | 0 - UNSPECIFIED | | | | | | | | | | Authorized Units: | 1 | | | | | | | | |
| HP Authorization #: | AOP | | | | | | | | | | Requested Units: | 1 | | | | | | | | |
| Patient Information | | | | | | | | | | Diagnosis Information | | | | | | | | | | |
| Patient Name: | PATIENT ,TEST | | | | | | | | | | Code | Version | Description | | | | | | | |
| DOB: | 01/01/1960 | | | | | | | | | | 780.96 | 9 | GENERALIZED PAIN | | | | | | | |
| Age: | 55 YEARS | | | | | | | | | | MEMO | 9 | SEE AUTH NOTES | | | | | | | |
| Gender: | FEMALE | | | | | | | | | | | | | | | | | | | |
| Memb ID: | 1234567891 | | | | | | | | | | | | | | | | | | | |
| Healthplan: | HBS | | | | | | | | | | | | | | | | | | | |
| PCP OV Co-Pay: | N/A | | | | | | | | | | | | | | | | | | | |
| Referring Physician Information | | | | | | | | | | | | | | | | | | | | |
| Name: | ST JOSEPH HOSPITAL **** | | | | | | | | | | Provider ID: | 941156596-ST | | | | | | | | |
| Specialty: | HOSPITAL | | | | | | | | | | Phone: | | | | | | | | | |
| Fax: | | | | | | | | | | | | | | | | | | | | |
| Performing Physician Information | | | | | | | | | | | | | | | | | | | | |
| Name: | ST JOSEPH HOSPITAL **** | | | | | | | | | | Provider ID: | 941156596-ST | | | | | | | | |
| Specialty: | HOSPITAL | | | | | | | | | | Phone: | | | | | | | | | |
| Fax: | | | | | | | | | | | | | | | | | | | | |
| Services | | | | | | | | | | | | | | | | | | | | |
| Status | Auth Action | Auth Expiration | Auth Proc Grp | Service | Type | Description | Mod1 | Mod2 | Mod3 | Mod4 | Auth Qty | Co-Pay | Coinsurance | Admit Date | Discharge Date | Admit Type | Admit Source | Req Qty | | |
| | | | | 99245 | P | OFFICE CONSULT w/ RN MTNC | | | | | 1.0 | 15.00 | 0.00 | | | | | 0.0 | | |

23. The next section contains information regarding the physician that submitted the request, and then the physicians, vendor, or provider who will be performing the requested service:

| Gender: | FEMALE | | | | | | | | | | | | | | | | | | | |
|---|-------------------------|-----------------|---------------|---------|------|------------------------------|------|------|------|------|--------------|--------------|-------------|------------|----------------|------------|--------------|---------|--|--|
| Memb ID: | 1234567891 | | | | | | | | | | | | | | | | | | | |
| Healthplan: | HBS | | | | | | | | | | | | | | | | | | | |
| PCP OV Co-Pay: | N/A | | | | | | | | | | | | | | | | | | | |
| Referring Physician Information | | | | | | | | | | | | | | | | | | | | |
| Name: | ST JOSEPH HOSPITAL **** | | | | | | | | | | Provider ID: | 941156596-ST | | | | | | | | |
| Specialty: | HOSPITAL | | | | | | | | | | Phone: | | | | | | | | | |
| Fax: | | | | | | | | | | | | | | | | | | | | |
| Performing Physician Information | | | | | | | | | | | | | | | | | | | | |
| Name: | ST JOSEPH HOSPITAL **** | | | | | | | | | | Provider ID: | 941156596-ST | | | | | | | | |
| Specialty: | HOSPITAL | | | | | | | | | | Phone: | | | | | | | | | |
| Fax: | | | | | | | | | | | | | | | | | | | | |
| Services | | | | | | | | | | | | | | | | | | | | |
| Status | Auth Action | Auth Expiration | Auth Proc Grp | Service | Type | Description | Mod1 | Mod2 | Mod3 | Mod4 | Auth Qty | Co-Pay | Coinsurance | Admit Date | Discharge Date | Admit Type | Admit Source | Req Qty | | |
| | | | | 99245 | P | OFFICE CONSULT w/ RN MTNC | | | | | 1.0 | 15.00 | 0.00 | | | | | 0.0 | | |

24. The bottom section of the page will contain service information, including the CPT or HCPCS codes included in the authorization:

Fax:

| Services | | | | | | | | | | | | | | | | | | |
|----------|-------------|-----------------|---------------|---------|------|--------------------------|------|------|------|------|----------|--------|-------------|------------|----------------|------------|--------------|---------|
| Status | Auth Action | Auth Expiration | Auth Proc Grp | Service | Type | Description | Mod1 | Mod2 | Mod3 | Mod4 | Auth Qty | Co-Pay | Coinsurance | Admit Date | Discharge Date | Admit Type | Admit Source | Req Qty |
| | | | | 99245 | P | OFFICE CONSULT ~ 80 MINS | | | | | 1.0 | 15.00 | 0.00 | | | | | 0.0 |

25. To print a hard copy of the authorization, click on the Printable Version button located at the bottom of the Authorization Details page:

Fax:

| Services | | | | | | | | | | | | | | | | | | |
|----------|-------------|-----------------|---------------|---------|------|--------------------------|------|------|------|------|----------|--------|-------------|------------|----------------|------------|--------------|---------|
| Status | Auth Action | Auth Expiration | Auth Proc Grp | Service | Type | Description | Mod1 | Mod2 | Mod3 | Mod4 | Auth Qty | Co-Pay | Coinsurance | Admit Date | Discharge Date | Admit Type | Admit Source | Req Qty |
| | | | | 99245 | P | OFFICE CONSULT ~ 80 MINS | | | | | 1.0 | 15.00 | 0.00 | | | | | 0.0 |

26. That will open a new window with a printer friendly version of the detailed authorization information. Click the Print button in the upper left corner to print the request.

PRINT

BACK TO AUTH DETAILS

Authorization Information

Authorization # : 20150206700000200001

Status: APPROVED

Processed By:

Place Of Service: OFFICE

LOS: 0

Priority Status: 0 - UNSPECIFIED

HP Authorization #: AOP

Company ID: HBS

Requested Date: 02/06/2015

Time: 00:00:00

Auth/Action Date: 02/06/2015

Expiration Date: 05/07/2015

Authorized Units: 1

Requested Units: 1

Patient Mailing Address

Patient Information

Patient Name: PATIENT ,TEST

DOB: 1/1/1960

Age: 55.107

Gender: FEMALE

Memb ID: 1234567891

Healthplan: HBS

PCP OV Co-Pay: N/A

Diagnosis Information

| Code | Version | Description |
|--------|---------|------------------|
| 780.96 | 9 | GENERALIZED PAIN |
| MEMO | 9 | SEE AUTH NOTES |

Referring Physician Information

Name: ST JOSEPH HOSPITAL****

Provider ID: 941156596-ST

Specialty: HOSPITAL

Address:

Phone:

Fax:

Performing Physician Information

Name: ST JOSEPH HOSPITAL****

Provider ID: 941156596-ST

Specialty: HOSPITAL

Address:

Phone:

Fax:

Submit Request

Printable Version

Fax Cover

27. You can then click either the Back to Auth Details button, or close the window.

[PRINT](#) [BACK TO AUTH DETAILS](#)

Authorization Information

| | | | |
|----------------------------|----------------------|--------------------------|------------|
| Authorization # : | 20150206700000200001 | Company ID: | HBS |
| Status: | APPROVED | Requested Date: | 02/06/2015 |
| Processed By: | | Time: | 00:00:00 |
| Place Of Service: | OFFICE | Auth/Action Date: | 02/06/2015 |
| LOS: | 0 | Expiration Date: | 05/07/2015 |
| Priority Status: | 0 - UNSPECIFIED | Authorized Units: | 1 |
| HP Authorization #: | AOP | Requested Units: | 1 |

Patient Mailing Address

| Patient Information | Diagnosis Information | | | | | | | | | |
|------------------------------------|---|------------------|---------|-------------|--------|---|------------------|------|---|----------------|
| Patient Name: PATIENT ,TEST | <table><tr><th>Code</th><th>Version</th><th>Description</th></tr><tr><td>780.96</td><td>9</td><td>GENERALIZED PAIN</td></tr><tr><td>MEMO</td><td>9</td><td>SEE AUTH NOTES</td></tr></table> | Code | Version | Description | 780.96 | 9 | GENERALIZED PAIN | MEMO | 9 | SEE AUTH NOTES |
| Code | Version | Description | | | | | | | | |
| 780.96 | 9 | GENERALIZED PAIN | | | | | | | | |
| MEMO | 9 | SEE AUTH NOTES | | | | | | | | |
| DOB: 1/1/1960 | | | | | | | | | | |
| Age: 55.107 | | | | | | | | | | |
| Gender: FEMALE | | | | | | | | | | |
| Memb ID: 1234567891 | | | | | | | | | | |
| Healthplan: HBS | | | | | | | | | | |
| PCP OV Co-Pay: N/A | | | | | | | | | | |

| | |
|--|---|
| Referring Physician Information | Performing Physician Information |
| Name: ST JOSEPH HOSPITAL**** | Name: ST JOSEPH HOSPITAL**** |
| Provider ID: 941156596-ST | Provider ID: 941156596-ST |
| Specialty: HOSPITAL | Specialty: HOSPITAL |
| Address: | Address: |
| Phone: | Phone: |
| Fax: | Fax: |

[Submit Request](#) [Printable Version](#) [Fax Cover](#)

EZ-Net FAQ's

1. EZ-NET will work with Internet Explorer 10 or 11 and Google Chrome. It will not work with Firefox. For Internet Explorer, you will need to turn on compatibility mode. To turn on compatibility mode press the Alt key to bring up the menu bar, choose Tools->Compatibility View Settings, then click the Add button, then the Close button.
2. Google Toolbar - EZ-Net is not compatible with the Google Toolbar. If you have the Google Toolbar it will need to be removed before EZ-Net will work.
3. Pop-up Blocker - Turn off the Internet Explorer Pop-up Blocker, EZ-Net may appear to be working with the Pop-Up Blocker turned on, but it will often cause errors when searching for information.
4. Passwords - Passwords are case sensitive. EZ-Net automatically converts the user name to all CAPS when entered, but will not alter passwords.
5. Magnifying Glass - Whenever you see a magnifying glass icon - It means there are further search options available. Click the icon to see all search options available for the selected field.
6. Search Options - If you are searching by name or by ID number, click the magnifying glass located in the Member ID field and then type your search criteria in the window that pops up.
7. Logout - When you have completed looking up the information you require, click the Logout tab located in the upper right side of the window. If you do not click Logout the system will lock you out. Do not close the window without clicking Logout first.