# CLAIMS PAYMENT STATUS - MEMBER

## STEP 1

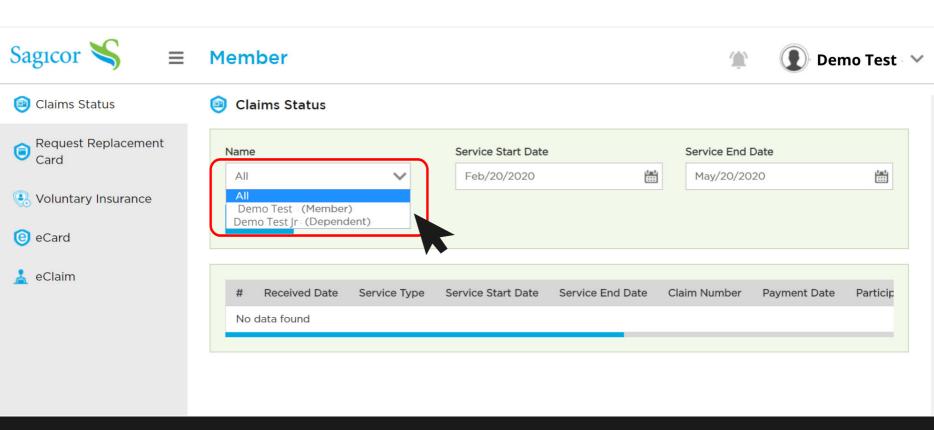After logging in and selecting your role click on 'Claim Status'

Sagicor

☰ **Member**

🔔 👤 Demo Te

📘 **Claims Status**

📘 **Claims Status**

| Request Replacement | Name | Service Start Date | Service End Date |
|---|---|---|---|
| ➕ Self Enrollment | Enter Name | Dec/17/2019 📅 | Mar/17/2020 |
| 👥 Voluntary Insurance | | | |
| 🪪 eCard | Filter | | |

| # | Received Date | Service Type | Service Start Date | Service End Date | Claim Number | Payment Date | Participant Name | Provider Name | Charg Amo |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | N/A | Jan/04/2020 | Jan/04/2020 | 00000000A | Jan/13/2020 | Demo Test | Test Provider | 3500 |
| 2 | | N/A | Jan/04/2020 | Jan/04/2020 | 00000000B | Jan/30/2020 | Demo Test | Test Provider2 | 11263 |
| 3 | | N/A | Jan/04/2020 | Jan/04/2020 | 00000000C | Jan/07/2020 | Demo Test | Test Provider 3 | 11263 |

# CLAIMS PAYMENT STATUS - MEMBER

## STEP 2

Select/ Input the name on the claim, enter the service date then click the filter button.

Sagicor

≡ **Member**

🔔 👤 **Demo Test** ⌄

| | |
|---|---|
| **Claims Status** | **Claims Status** |
| Request Replacement Card | |
| Voluntary Insurance | |
| eCard | |
| eClaim | |

**Name**

All ⌄

All
Demo Test (Member)
Demo Test Jr (Dependent)

**Service Start Date**

Feb/20/2020 📅

**Service End Date**

May/20/2020 📅

| # | Received Date | Service Type | Service Start Date | Service End Date | Claim Number | Payment Date | Particip |
|---|---|---|---|---|---|---|---|
| | | | No data found | | | | |

# CLAIMS PAYMENT STATUS - MEMBER

**STEP 3**

The claim/s submitted for the name selected will populate the table on screen. Scroll to the right to view the status of the claim/s

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≡ **Member**

🔔 👤 Demo Test ⌄

ms Status

s Status

quest Replacement Card

Enrollment

untary Insurance

rd

|  | Service Start Date | | Service End Date | |
|--|--|--|--|--|
| ame | Dec/17/2019 | 📅 | Mar/17/2020 | 📅 |

| eceived te | Service Type | Service Start Date | Service End Date | Claim Number | Payment Date | Participant Name | Provider Name | Charge Amount | Paid Amount | Payment Status |
|--|--|--|--|--|--|--|--|--|--|--|
|  | N/A | Jan/04/2020 | Jan/04/2020 | 200109336D | Jan/13/2020 | Demo Test | Test Provider | 3500.0 | 2500.0 | Completed |
|  | N/A | Jan/04/2020 | Jan/04/2020 | 200240005P | Jan/30/2020 | Demo Test | Test Provider 2 | 11263.17 | 703.61 | Completed |
|  | N/A | Jan/04/2020 | Jan/04/2020 | 200040739Z | Jan/07/2020 | Demo Test | Test Provider 3 | 11263.17 | 8815.3 | Completed |