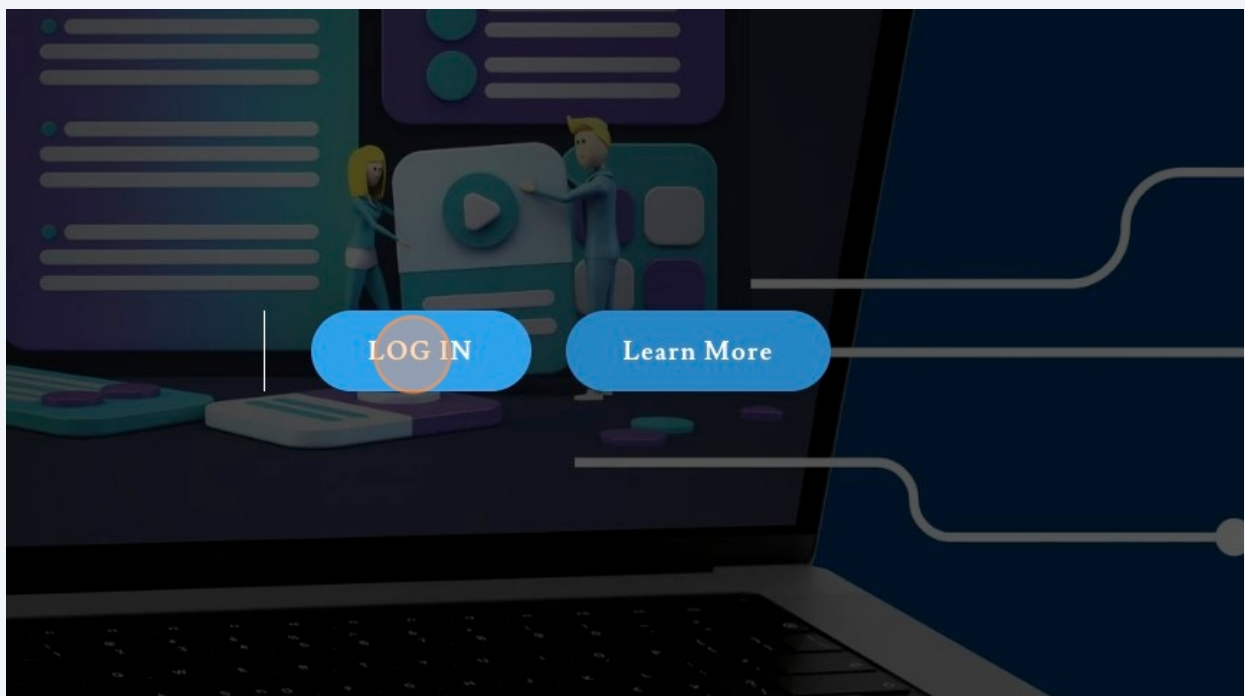# How To Check Eligibility

This guide provides a step-by-step process for checking eligibility for healthcare claims, making it essential for anyone involved in medical billing or patient care. It simplifies the navigation of the claims management system, ensuring users can efficiently verify patient benefits and understand insurance coverage options. By following the outlined steps and tips, users can avoid common pitfalls and enhance their ability to manage healthcare claims effectively. Overall, this guide serves as a valuable resource for optimizing the eligibility verification process.

1   Navigate to **https://mediclaimworks.com/**

2   Click "LOG IN"

3 Enter Username and Password

4 Click Secure Sign In.

5 Click "Back-end RCM"
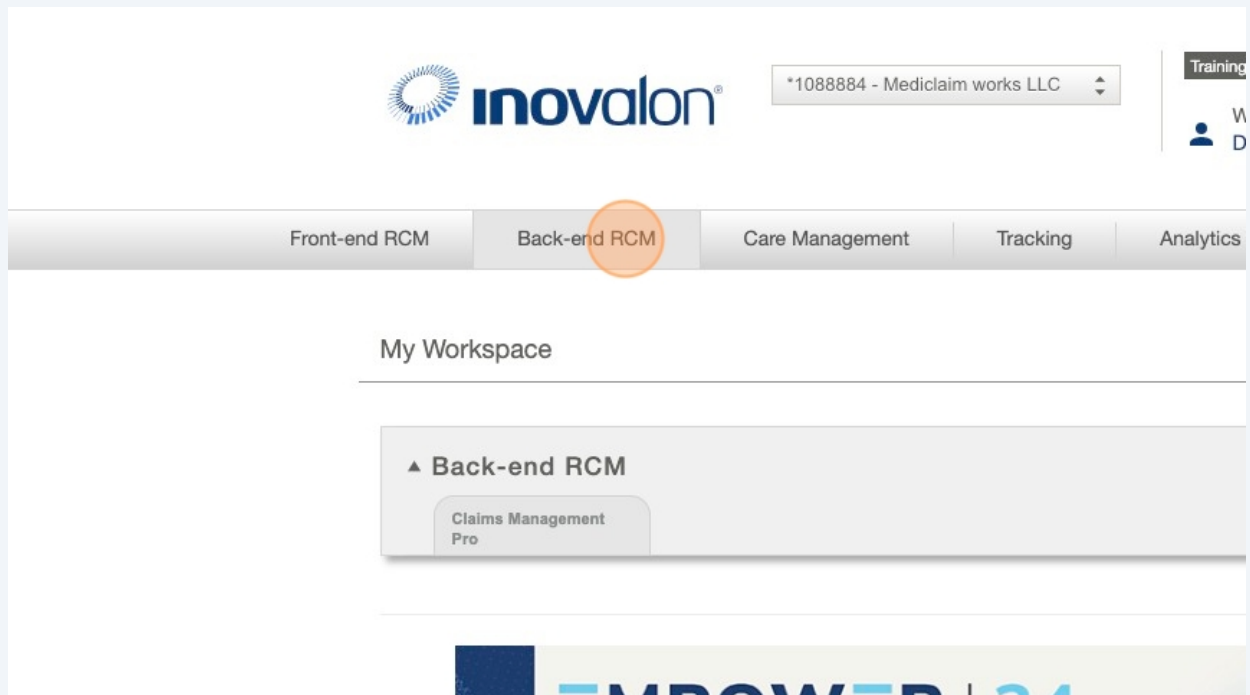
6 Click "Launch Claims Management Pro"
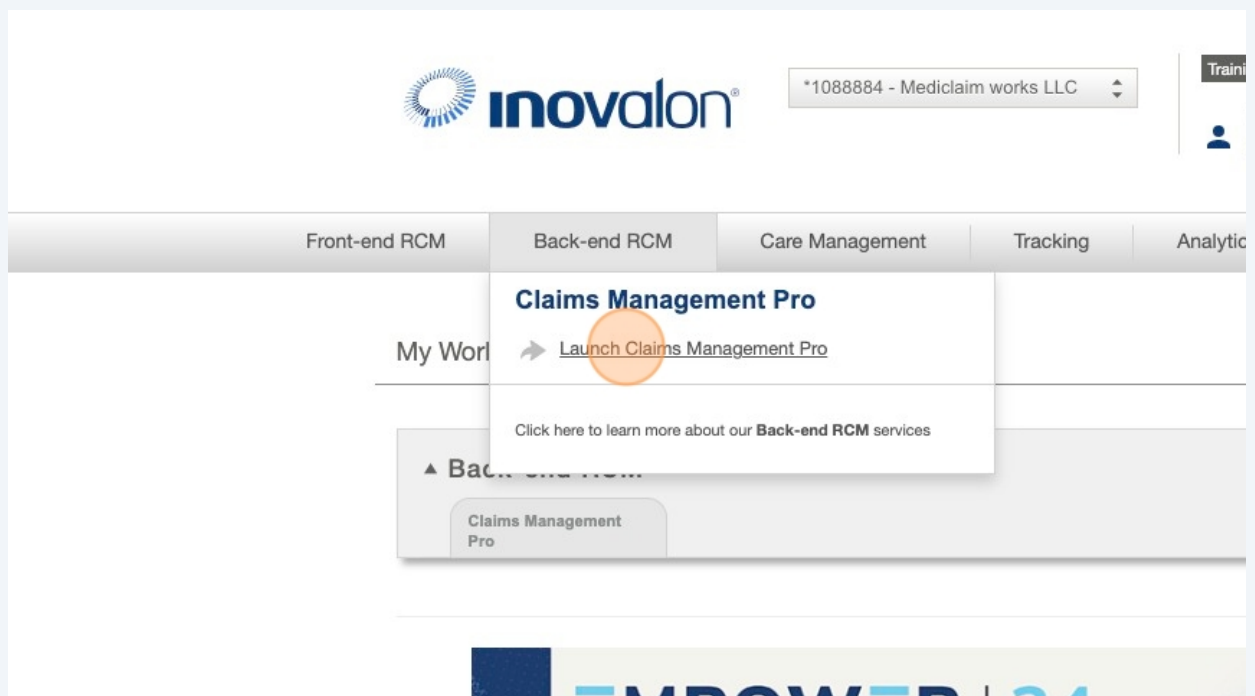
7　Click "Eligibility Request"

Claims Management Pro

| Home | Dashboards | Patients ▾ | Claims ▾ | Collections ▾ | Reporting ▾ | Settings ▾ | System ▾ |

⭐ **Quick Links**

Patients	Eligibility Request	Eligibility Responses	Eligibility Batches	ABN

Institutional Claims	Professional Claims	Claim Attachments	Claim Batches	Audit Management	Appeal Management

Remit Payments	Remit Details	Remit Analytics	Payer Match (Dashboard)

8　Select Payer Dropdown and Select the Payer to check Eligibility

laims Management Pro

| Home | Dashboards | Patients ▾ | Claims ▾ | Collections ▾ | Reporting ▾ | Settings ▾ | System ▾ |

Eligibility Request

🔘 **Payer**

Payer	Neighborhood Health Plan of RI Integrity ⌄
Search Option	[C1] MemID ⌄

🏠 **Provider**

NPI	999999999 - FLOSSOPHY DENTAL ⌄

👤 **Subscriber**

Member ID *	

👤 **Patient**

Eligibility Start	09/18/2024

📄 **Benefits**

9 Select Search Option to select the way you want to search for the patient

ims Management Pro

| ome | Dashboards | Patients ▾ | Claims ▾ | Collections ▾ | Reporting ▾ | Settings ▾ | System ▾ |

ibility Request

● Payer

| Payer | Aetna ▾ |
| Search Option | [C1] MemID, SubLN, SubFN, SubDOB ▾ |

🏠 Provider

| NPI | 999999999 - FLOSSOPHY DENTAL ▾ |

👤 Subscriber

Member ID *	
Name	First * _____ Last * _____
Date of Birth *	

ⓘ Tip! Each payer may have different search options. You may select the Search Option based on the information you have. Below are some search options:

MemID = Member ID

SubLN = Subscriber Last Name

SubFN= Subscriber First Name

SubDOB =Subscriber Date of Birth

DepLN= Dependent Last Name

DepFN=Dependent First Name

DepDOB=Dependent Date of Birth
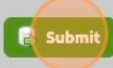
10 Enter the "Member ID "

Payer	
Payer	Aetna
Search Option	[C3] MemID

Provider	
NPI	999999999 - FLOSSOPHY DENTAL

Subscriber	
Member ID *	

Patient	
Eligibility Start	09/18/2022 Today Reset
Eligibility End	09/18/2024

Benefits	
Service Code	0 service codes selected from a maximum of 10 allowed.

Clear Selections

☐ Health Benefit Plan Coverage ☐ Hospital - Outpatient ☐ Hospital - Inpatient
☐ Skilled Nursing Care ☐ Emergency Services ☐ Professional (Physician) Visit - Home

11 Click the "Health Benefit Plan Coverage" field.

Subscriber	
Member ID *	

Patient	
Eligibility Start	09/18/2022 Today Reset
Eligibility End	09/18/2024

Benefits	
Service Code	0 service codes selected from a maximum of 10 allowed.

Clear Selections

☐ Health Benefit Plan Coverage ☐ Hospital - Outpatient ☐ Hospital - Inpatient
☐ Skilled Nursing Care ☐ Emergency Services ☐ Professional (Physician) Visit - Home

☐ Professional (Physician) Visit - Nursing Home ☐ Professional (Physician) Visit - Outpatient ☐ Professional (Physician) Visit - Inpatient
☐ Professional (Physician) ☐ Medical Care ☐ Blood Charges
☐ Durable Medical Equipment Purchase ☐ Ambulatory Service Center Facility ☐ Renal Supplies in the Home
☐ Chronic Renal Disease (CRD) Equipment ☐ Pre-Admission Testing ☐ Durable Medical Equipment Rental
☐ Surgical ☐ Second Surgical Opinion ☐ Third Surgical Opinion
☐ Diagnostic Dental ☐ Periodontics ☐ Restorative
☐ Maxillofacial Prosthetics ☐ Adjunctive Dental Services ☐ Consultation
☐ Chiropractic ☐ Chiropractic Office Visits ☐ Dental Care
☐ Dental Accident ☐ Orthodontics ☐ Prosthodontics
☐ Oral Surgery ☐ Routine (Preventive) Dental ☐ Home Health Care

12 Click "Submit"

	Substance Abuse
eech Therapy	Frames
sion (Optometry)	Experimental Drug Therapy
onmedically Necessary Physical	Independent Medical Evaluation
and Name Prescription Drug - Non-Formulary	Massage Therapy
gnitive Therapy	Nursery
diatric	Lymphatic
rdiac	Eye
urology	Obstetrical/Gynecological
ostetrical	Physician Visit - Office: Well
ysician Visit - Office: Sick	Surgical Benefits - Professional (Physician)
ivate Duty Nursing - Home	Mental Health Facility - Inpatient
ental Health Provider - Outpatient	Screening X-ray
obstance Abuse Facility - Outpatient	Flu Vaccination
ammogram, Low Risk Patient	Durable Medical Equipment
rmatology	Allergy
eneric Prescription Drug - Non-Formulary	Oncology
onatal Intensive Care	Residential Psychiatric Treatment
nal	
gent Care	

Submit

ⓘ Tip! When reviewing benefits, below are a few things to look for:

1. In and Out of Network Benefits

2. Deductibles

3. Co-Insurance

4. Out of Pocket

Although the eligibility check contains more information that you may need, once you become familiar with the process and identify the parts of the eligibility that are most useful for you - its a breeze!

Congratulations! You have successfully checked Eligibility.