

Provider Portal Claim Submittals with EOB Billing Tip Sheet

Please utilize the following instructions when using our secure provider portal to submit secondary and tertiary claims with an EOB.

Table A:

office: If the Member has more than one p	rimary insurance (Medicaid would	be the 3rd payer), the claim cannot be	submitted through the We
Carrier Ti	/pe* Select	*	
Policy Num	ber* X000000X		

Table B:

Notice: If the Member has more th	n one primary insurance (Medicaid would be the 3rc	payer), the claim cannot be submitted through the Web.
Amount Allowed*	XXXXXXX	
Deductible	XXXX.XX	
Сорау	XXXXX.XX	N
Co-Insurance	XXXX.XX	h3
Amount Paid	XXXX.XX	
Service Line Denial Reaso Select denied category.enter amo	S nt and click "Add Denied Reason" to add a denied a	nount to your claim.
Denied Category	Select •	
Denied Amount	XXXXX.XX	

Steps to review when making secure portal claim submissions with secondary or tertiary claims:

1. Select "Add Coordination of Benefits".

2. As illustrated in Table A, enter the Carrier Type and Policy Number of the primary insurance carrier.

 Press "Next". You will be taken to the next screen for the individual service line information.
Enter the primary insurance information dollar amount illustrated in Table B.

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