

The Health plan field may prepopulate based on the provider's profile. If the members were tied to multiple health plans though, they would need to select from the ones the user has access too.

System should be able to take the **zip code** and match it to a **city/state** without the user having to manually enter that information

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Save

01 Member Info.
Not complete

02 Diagnosis
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03 Services
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04 Physicians
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05 Rendering Prov.
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06 Additional Information
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Member

With this information we will check if the member is eligible

PERSONAL INFORMATION

Last Name

First Name

Date Of Birth

Health Plan Name

Subscriber ID

Health Plan Prepopulate

ADDITIONAL INFORMATION

Referral Source

Verify Member

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01 Member Info.
Not complete

02 Diagnosis
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04 Physicians
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Health Plan Name

Subscriber ID

Health Plan Prepopulate

ADDITIONAL INFORMATION

Referral Source

Verify Member

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Not complete

02 Diagnosis
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04 Physicians
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05 Rendering Prov.
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06 Additional Information
--

Member

With this information we will check if the member is eligible

PERSONAL INFORMATION

Last Name

Vela

First Name

Mabarack

Date Of Birth

04-05-1976



Health Plan Name

Fake name

Subscriber ID

21003193



ADDITIONAL INFORMATION

Referral Source

Member/Self



Verify Member

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Field requirements have not been met.
Please review the information.

[X](#)

Create Request.

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01 Member Info.
Not complete

02 Diagnosis
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03 Services
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04 Physicians
--

05 Rendering Prov.
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06 Additional Information
--

Member

With this information we will check if the member is eligible

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First Name

Mabarack

Date Of Birth

04-05-1976



Health Plan Name

Fake name

Subscriber ID

21003193



ADDITIONAL INFORMATION

Referral Source

Member/Self



Verify Member

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Member

With this information



Based on a review of the member's information submitted, we were not able to find this member.

The submission of incorrect member information can delay the processing of your request. Please select the Review Information button to verify that the member's information is correct. Selecting the Continue with this information button will cancel the request.

Review Information**Continue with this Information**

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01 Member Info.
Not complete

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Member

With this information

PERSONAL INFORMATION

Last Name

Vela

Health Plan Name

Fake name

ADDITIONAL INFORMATION

Referral Source

Member/Self

Verify Member



**This request cannot be
processed by CareCentrix.**

Please contact the member's health plan for
instructions on how to handle this request.

Intake Number

21812912921

Ok

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Please wait
verifying member information

Create Request.

[Cancel](#)[Save](#)01 Member Info.
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Member

With this information we will check if the member is eligible

PERSONAL INFORMATION

Last Name

Vela

First Name

Mabarack

Date Of Birth

04-05-1976



Health Plan Name

Fake name

Subscriber ID

21003193

**ADDITIONAL INFORMATION**

Referral Source

Member/Self

**Verify Member**

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Please wait
verifying member information

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01 Member Info.
Not complete

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The Member is eligible

Please confirm the information below

Member

With this information we will check if the member is eligible

PERSONAL INFORMATION

Last Name

Vela

First Name

Mabarack

Date Of Birth

04-05-1976



Health Plan Name

Fake name

Subscriber ID

21003193

Gender

Male



ADDITIONAL INFORMATION

Referral Source

Member/Self



LOCATION

Zip Code

Placeholder Text

Address

Westheimer Rd. Miami, Florida

Phone

786-555-5555

[Confirm Information](#)

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[Cancel](#)[Save](#)**Member Info.**

Complete

02

Diagnosis

Not complete

03

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05

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Additional Information

Name

Vela Mebarack

Subscriber ID

1281900-12

Insurance

Healthcare

Line of Business

MA

DOB

04-05-1976

Diagnosis

Search ICD Code

Description



Add your first Diagnosis

Perform a search to see a list of diagnoses

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Complete

02

Diagnosis

Not complete

03

Services

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05

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Additional Information

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Vela Mebarack

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1281900-12

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Healthcare

Line of Business

MA

DOB

04-05-1976

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Name

Vela Mebarack

Subscriber ID

1281900-12

Insurance

Healthcare

Line of Business

MA

DOB

04-05-1976

Diagnosis

S1829

Displaced



ICD CODE ▾	DESCRIPTION	ACTIONS
S1829B2	Displaced avulsion fracture of left ilium.	Add
S1829B2	Displaced avulsion fracture of left ilium.	Add
S1829B2	Displaced avulsion fracture of left ilium.	Add
S1829B2	Displaced avulsion fracture of left ilium.	Add
S1829B2	Displaced avulsion fracture of left ilium.	Add

SELECTED DIAGNOSIS

0

Select a diagnosis first.

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1281900-12Insurance
HealthcareLine of Business
MADOB
04-05-1976

Diagnosis

S1829

Displaced



ICD CODE ▾	DESCRIPTION	ACTIONS
S1829B2	Displaced avulsion fracture of left ilium.	Primary Secondary Tertiary Other Add
S1829B2	Displaced avulsion fracture of left ilium.	Add
S1829B2	Displaced avulsion fracture of left ilium.	Add
S1829B2	Displaced avulsion fracture of left ilium.	Add
S1829B2	Displaced avulsion fracture of left ilium.	Add

SELECTED DIAGNOSIS 0

Select a diagnosis first.

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04-05-1976

Diagnosis

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Displaced



ICD CODE ▾	DESCRIPTION	ACTIONS
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S1829B2	Displaced avulsion fracture of left ilium.	Add
S1829B2	Displaced avulsion fracture of left ilium.	Add
S1829B2	Displaced avulsion fracture of left ilium.	Add

SELECTED DIAGNOSIS 0**S1829B2** Displaced avulsion fracture of left ilium.[Primary](#)[Next](#)

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Diagnosis

S1829

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S1829B2	Displaced avulsion fracture of left ilium.	Add
S1829B2	Displaced avulsion fracture of left ilium.	Add
S1829B2	Displaced avulsion fracture of left ilium.	Add
S1829B2	Displaced avulsion fracture of left ilium.	Add

SELECTED DIAGNOSIS 0

S1829B2	Displaced avulsion fracture of left ilium.	Primary	
S1829B2	Displaced avulsion fracture of left ilium.	Secondary	

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Diagnosis

 Search ICD Code

Displaced



Add your first Diagnosis

Perform a search to see the list

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04-05-1976**Diagnosis**

S1829

Displaced

**Please update your search criteria**

This search did not retrieve any results.

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MADOB
04-05-1976**Diagnosis**

S1829

Displaced



Your search produced more than
50 results.

Please refine your search criteria.