



Responsive Design – Mobile



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 https://www.healthgen.co

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 English 

MEMBER PORTAL

A more personalized way to access your health care info, claims, and more.

Email ID

laura.robinson@gmail.com



Password

Forgot [Username](#) or [Password](#)

Login

Not a Member? [Register here](#)



STEP 1 OF 3

RECOVER YOUR USERNAME

Enter your Email ID and Date of Birth

Member ID

laura.robinson@gmail.com



Date of Birth

09/23/1976



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Check

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Toll Free: 800-300-0000

TTY Users call 711

[Hours](#)

8 am - 8 pm Monday – Friday

9 am - 1 pm Saturday

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STEP 2 OF 3

RECOVER YOUR USERNAME

Now we'll send you a code,
which you'll enter in the next
step.

- ☒ Receive code using the email address
on your account
- ☐ Receive code using mobile number on
your account

Email ID

laur*****@gmail.com

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laur*****@gmail.com

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STEP 3 OF 3

FORGOT USERNAME

One Time Password (OTP) has been sent to your mobile, XXX- XXX- 1234, please enter it to login.

4

6

3

2

Didn't receive a code?

[Resend code](#)

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STEP 1 OF 3

[FORGOT PASSWORD](#)

We'll help you create a new password. First, enter your user name.

Member ID

laura.robinson@gmail.com



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FORGOT PASSWORD

Now we'll send you a code,
which you'll enter in the next
step.

- ☒ Receive code using the email address
on your account
- ☐ Receive code using mobile number on
your account

Email ID

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FORGOT PASSWORD

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which you'll enter in the next
step.

- ☐ Receive code using the email address
on your account
- ☒ Receive code using mobile number on
your account

Mobile Number

laur*****@gmail.com

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FORGOT USERNAME

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4

6

3

2

Didn't receive a code?

[Resend code](#)

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FORGOT USERNAME

One Time Password (OTP) has been sent to your mobile, XXX- XXX- 1234, please enter it to login.

4

6

3

2

Didn't receive a code?

[Resend code](#)

New Password



Confirm Password

[Back](#)[Save Password](#)

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STEP 1 OF 3

REGISTRATION

Member Information

*I am creating this account for

- ☐ Myself
- ☐ My spouse/ dependent

Member ID*



Date of Birth*



Social Security Number*



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STEP 2 OF 3

REGISTRATION

Member Information

First Name*

Last Name*

Address 1*

Address 2

City*



State*



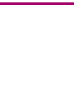
Zipcode*

Home Phone Number*

Mobile Number

☐

I agree that HealthGen may send text messages to me in unencrypted form as explained in the Terms and Conditions when HealthGen believes such emails are appropriate for the message.

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STEP 2 OF 3

REGISTRATION

Sign up Information

Email Address*

User ID*

☐

User ID same as Email address

Password*



Confirm Password*



Password must contain

- ✓ Minimum of 8 characters & maximum of 30 characters
- ✓ At least 1 letter in uppercase (A-Z)
- ✓ At least 1 letter in lowercase (a-z)
- ✗ At least 1 number (0-9)
- ✓ At least 1 special character (-, \$, #, &, _, %)

Security Questions

Please select Question 1*



Answer 1*

Please select Question 2*

Answer 2*

Please select Question 3*

Answer 3*

☐I read and agree to the [“Terms and Conditions”](#)

Complete Registration

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REGISTRATION

Congratulations

User Registration Completed!

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12:22

HD

13%

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Hello, Laura Robinson

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MY CLAIMS

Processed & In Process Claims.

Claims Number

1856586909

Claims Member

laura Robinson

Provider Name*

Bruce Guzman

Search

Advanced Search

Search Results - 8 Claims found

Charlie Moore

182811431400

In Process

Provider Name

Bruce Guzman

Service Date

01/07/2019

Total Billed

\$300.00

You Owe

\$300.00

Charlie Moore

182811431400

In Process

Provider Name

Bruce Guzman

Service Date

01/07/2019

Total Billed

\$300.00

You Owe

\$300.00

Charlie Moore

182811431400

In Process

Provider Name

Bruce Guzman

Service Date

01/07/2019

Total Billed

\$300.00

You Owe

\$300.00

Charlie Moore

182811431400

In Process

Provider Name

Bruce Guzman

Service Date

01/07/2019

Total Billed

\$300.00

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Hello, Laura Robinson



Health Gen



ADVANCED SEARCH

Lorem ipsum dolor sit amet,
consectetuer adipiscing
nonummy.

Date Range

From

12/12/2019



To

12/12/2019



Search By

Claims Number

1856586909



Claim Status

In Progress



Claim Type

Pharmacy



Clear

Search

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Services
Details

Hypnotherapy
02/16/2019 - 02/20/2019

Paid

Amount Billed	Allowed Amount
\$3,000	\$2500
Plan Paid	Allowed Amount
\$3,000	\$2500

You May Owe
\$500

Copay	\$30.00
Co Insurance	\$200.00
Deductible	\$120.00
Others	\$150.00
Plan Discount	\$500.00

Close

Total - Amount Billed
\$2,000



Plan Discount \$500	Plan Paid \$1000	You May Owe \$500
------------------------	---------------------	----------------------

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Notifications (3)

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam.

Show More

News (6)

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam.

Show More

Account Balance

View Details

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam.

Deductible

Out of Pocket

Individual Summary

\$2000

Total for the Year

\$300 Spent

\$1700 Remaining

Family Summary

\$12000

Total for the Year

\$4,500 Spent

\$6,500 Remaining

Health savings account (HSA)

View_HSA_Transactions

HSA Balance

\$1350.00

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