

Health Gen

Forgot <u>Username</u> or <u>Password</u>

Login

Not a Member? Register here

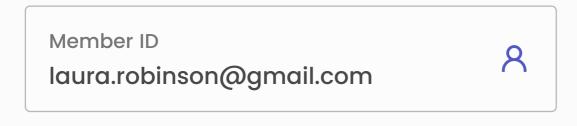




STEP 1 OF 3

FORGOT USERNAME

Enter your Email ID and Date of Birth





Back

Check

Have questions?

Call Us

Toll Free: 800-300-0000 TTY Users call 711

Hours

8 am - 8 pm Monday - Friday; 9 am - 1 pm Saturday

Popular Links

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Medical Resources

Preferred Medication Lists Treatment Cost Calculator Talk to a Doctor



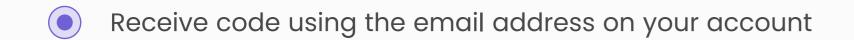




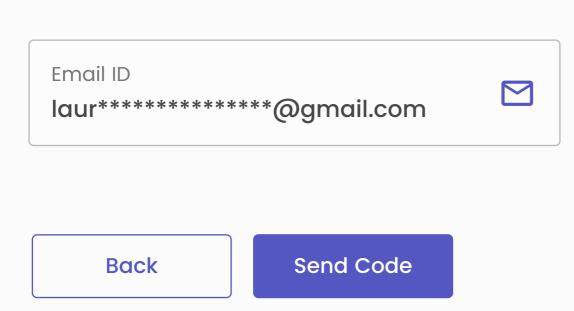


RECOVER YOUR USERNAME

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



Receive code using mobile number on your account



Have questions?

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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

Mobile Number XXX - XXXX - 234

Back

Send 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.

8

Didn't receive a code? Resend code

Back

Send Code

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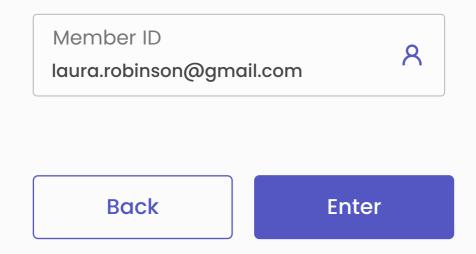
Preferred Medication Lists Treatment Cost Calculator Talk to a Doctor







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



Have questions?

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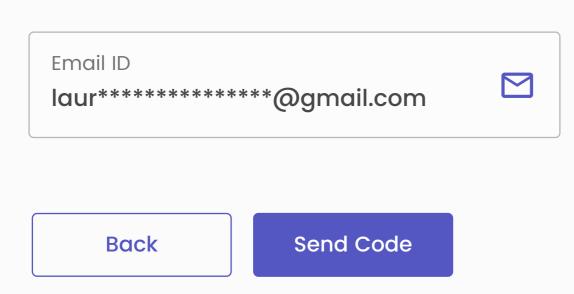




Now we'll send you a code, which you'll enter in the next step.

Receive code using the email address on your account

Receive code using mobile number on your account



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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

Mobile Number XXX - XXXX - 23	Mobile Number XXX - XXXX - 234		
Back	Send Code		

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



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

2







Didn't receive a code? Resend code

New Password

Confirm Password

Password must contain:

- 8-30 characters
- At least 1 uppercase letter (A-Z)
- At least 1 lowercase letter (a-z)
- At least 1 number (0-9)
- At least 1 special character (-, \$, #, &, _,%)
- 2 Password cannot be the same as the previous 4 passwords.

Back

Save Password

Have questions?

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Member Information

I am creating this account for My spouse/ dependent Myself Member ID Date of Birth* \bigcirc Social Security Number* Continue Back

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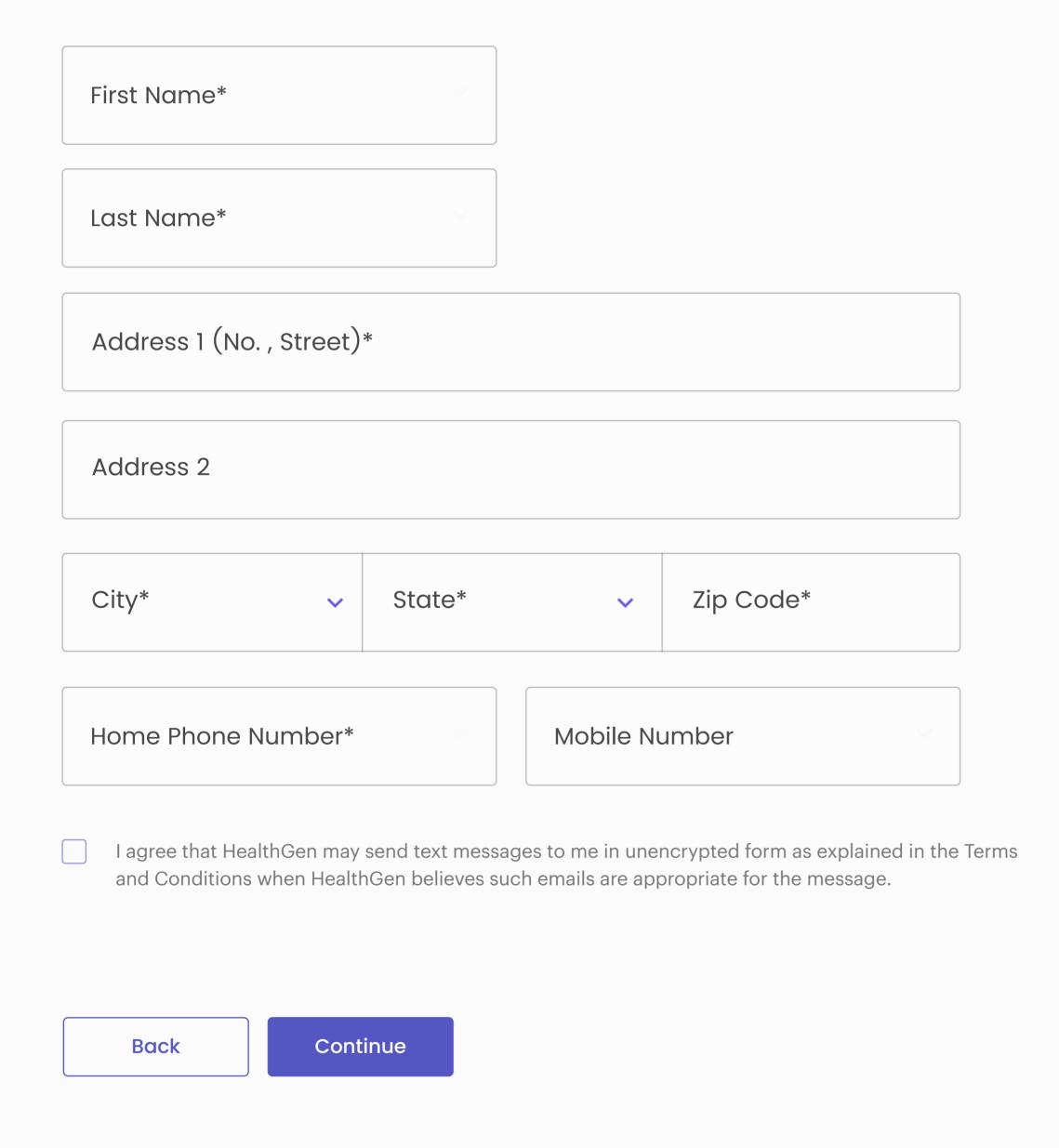








Demographic Information



Have questions?

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Hours
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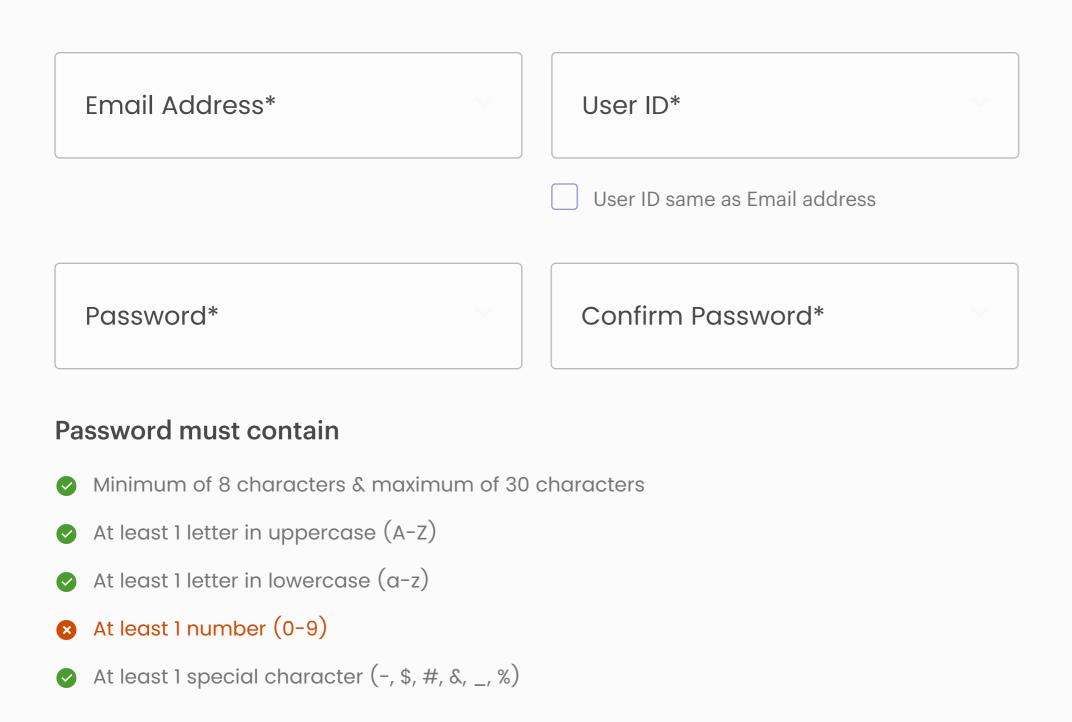
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Talk to a Doctor

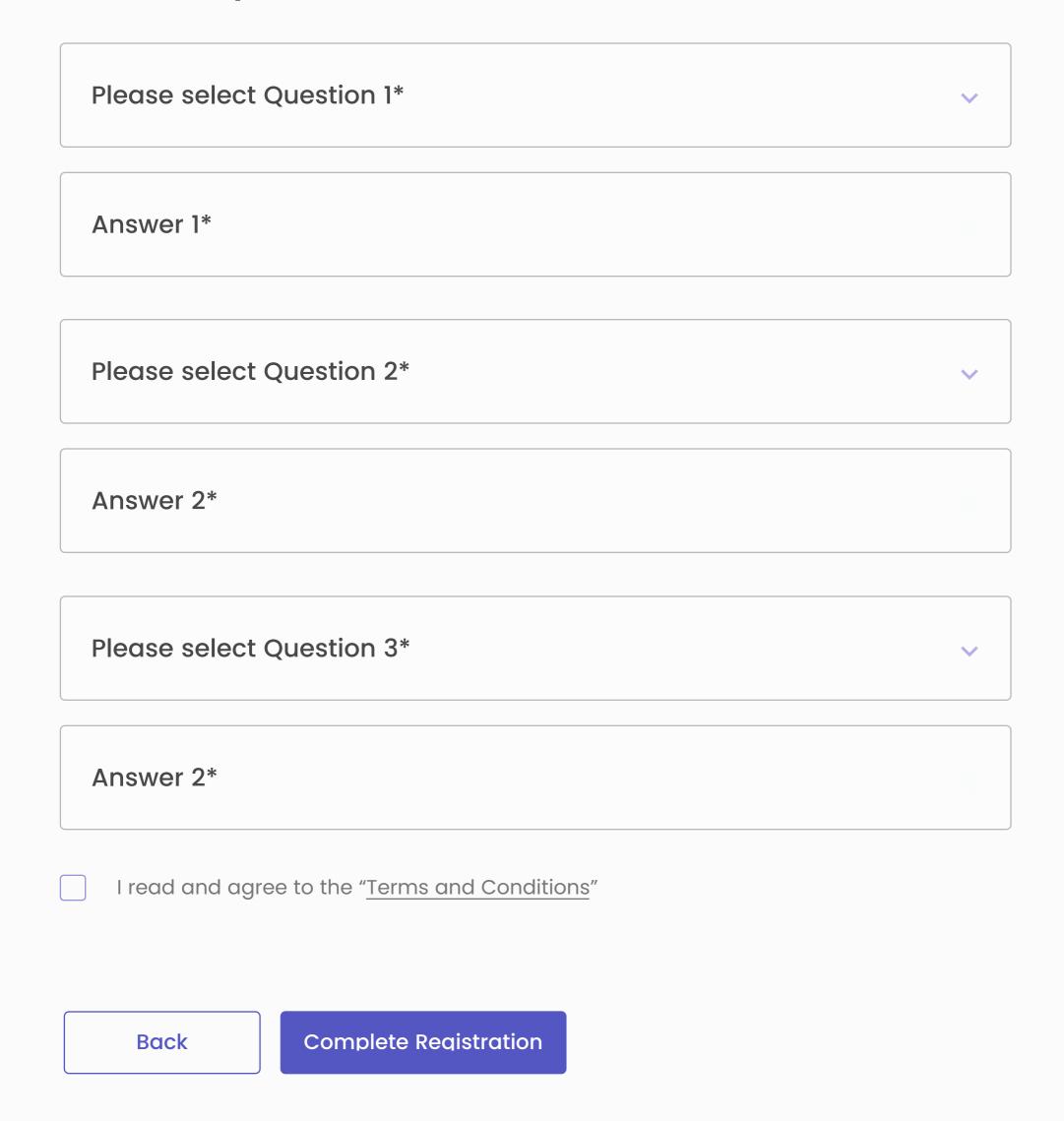




Sign up Information



Security Questions



Have questions?

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Congratulations User Registration Completed!

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Referrals & Authorizations Benefits Claims Health Data & Docs Self Service Find a Doctor

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Benefits Claims Find a Doctor

Health Data & Docs

Self Service





Health Data & Documents

If you buy insurance on your own, not through an employer, you'll learn how to choose, purchase, and get the most out of a plan for you and your family.

- Immunizations
- Medications
- EHR
- My health Tracker
- Health Risk Assessment
- Preferred Medications
- Documents

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Medical Resources

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Benefits

Date of Service 00

Claims Find a Doctor

Provider Name

Status ?

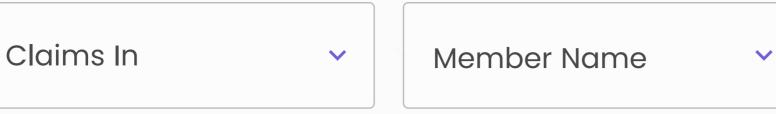
Health Data & Docs

Self Service

(Q)

MY CLAIMS

Processed & In Process Claims.





Advanced Search

Export as



Claim Number 00

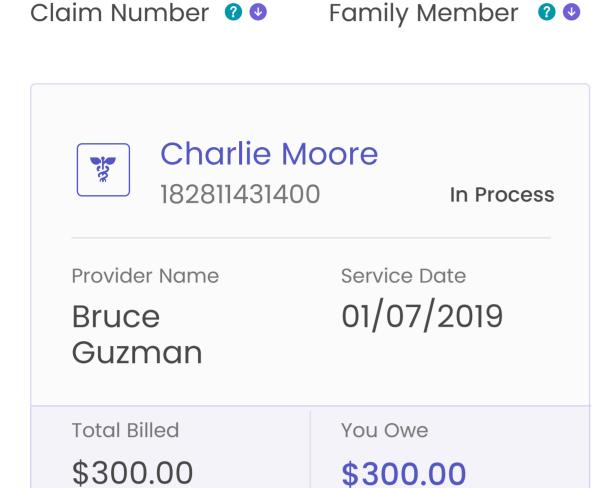
Card View

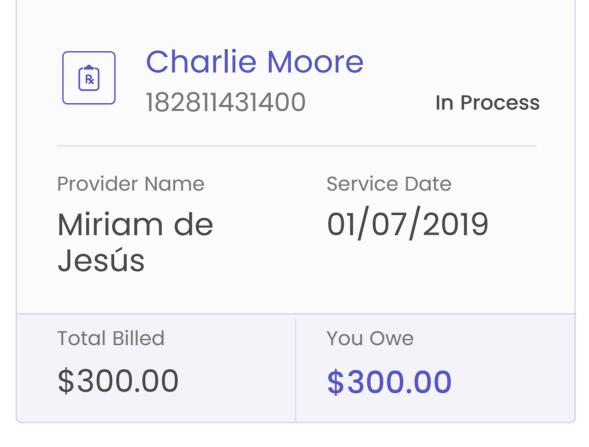


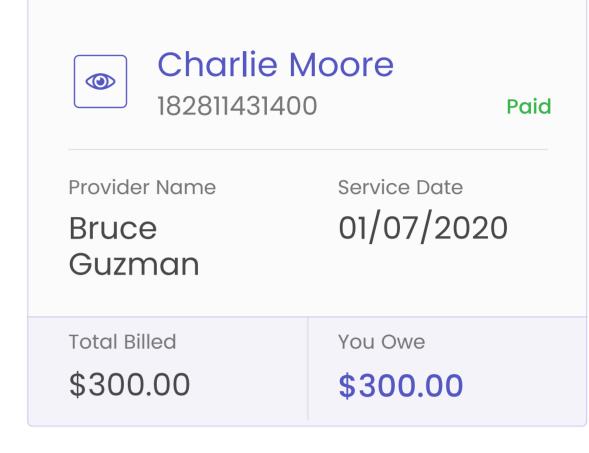
Set this view as a default

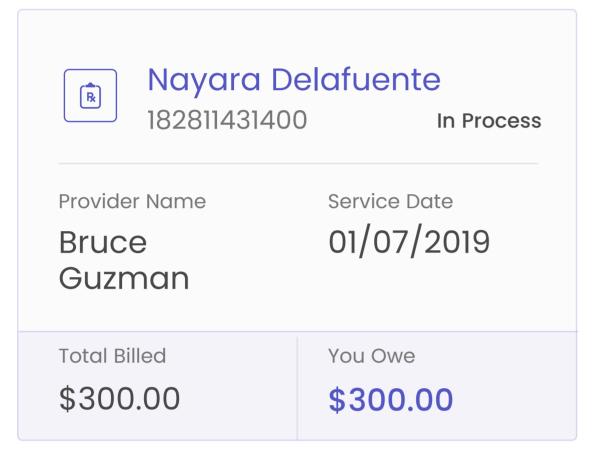


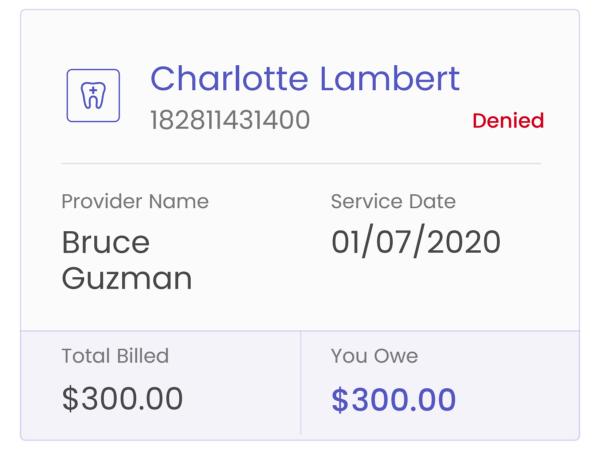
Search Results - 8 Claims found

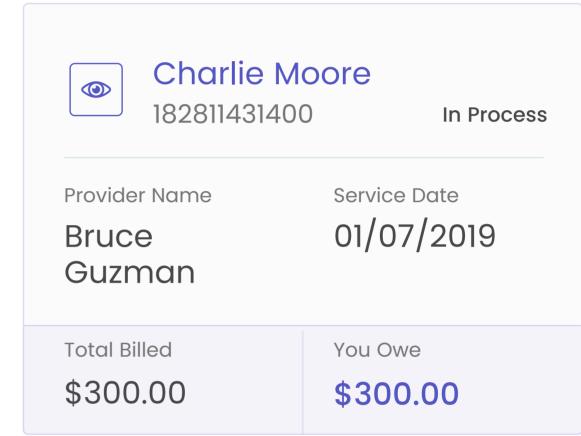


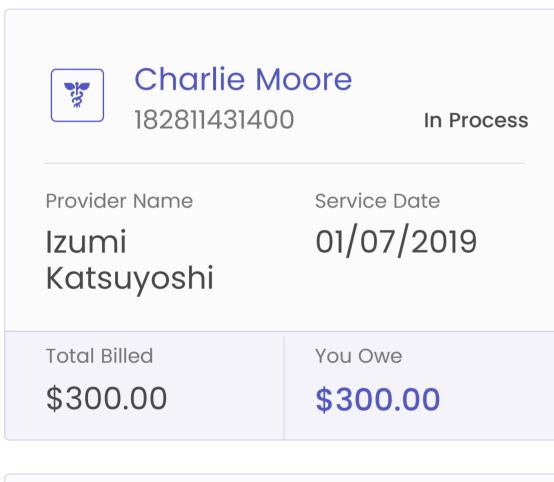


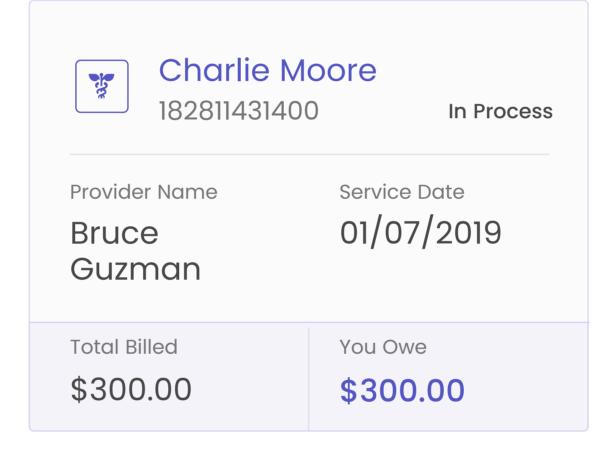


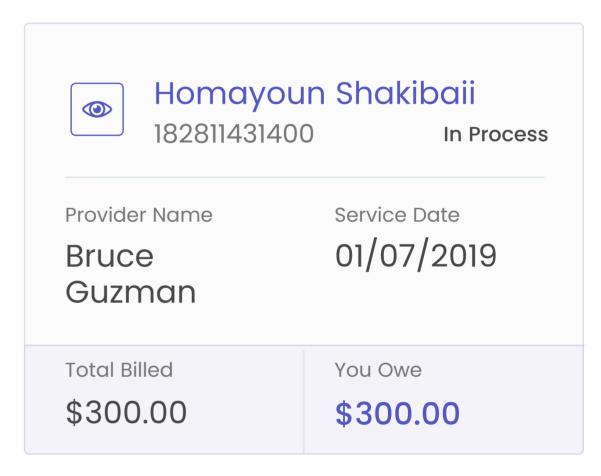


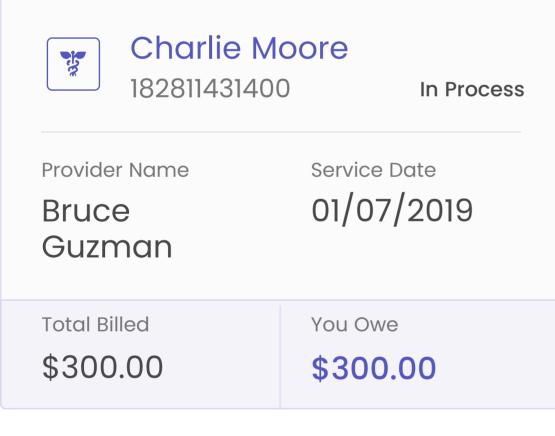


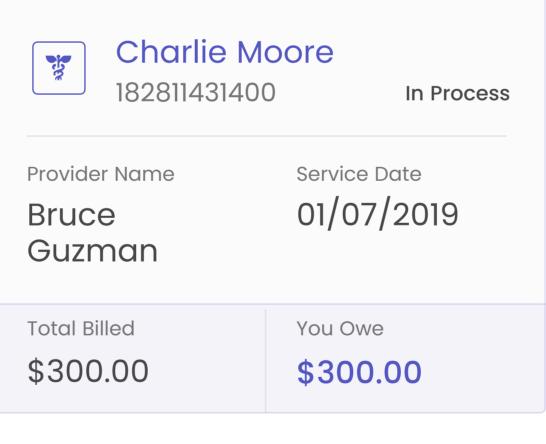


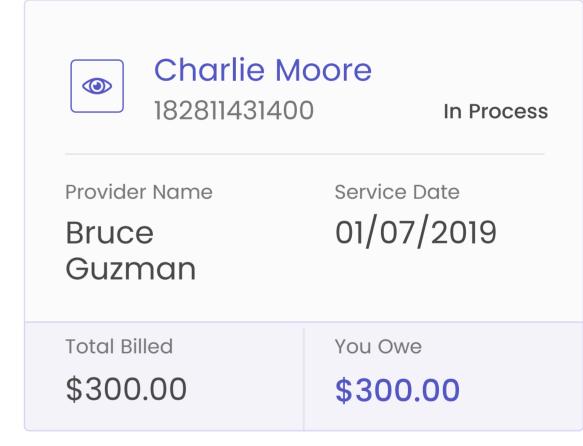


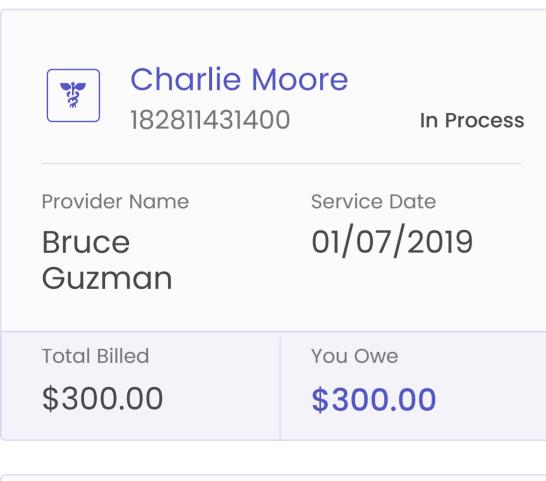


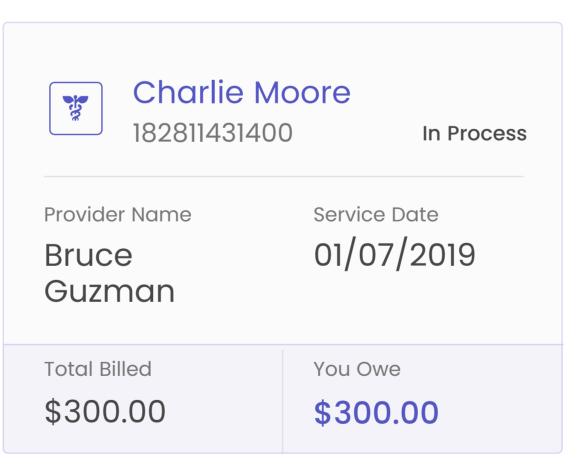


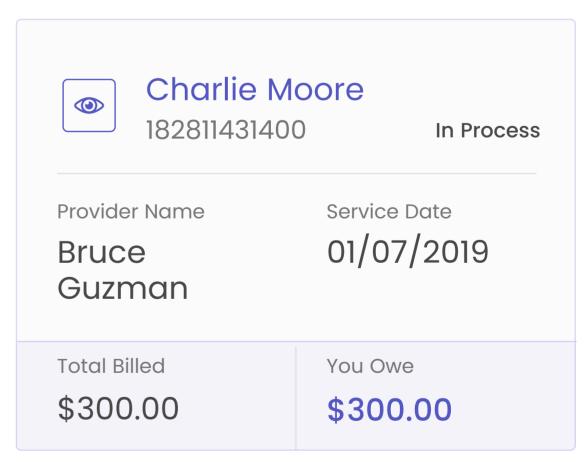


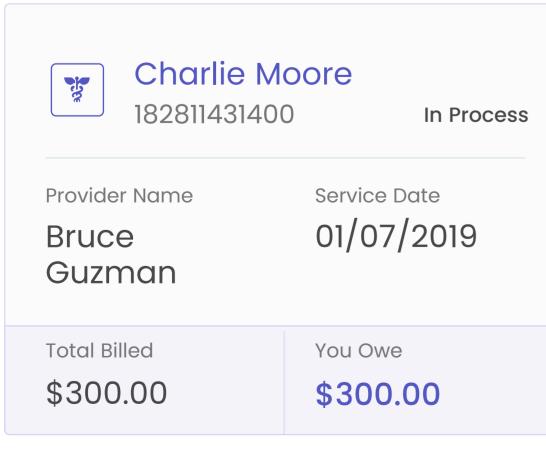












Charlie M 182811431400	
Provider Name Bruce Guzman	Service Date 01/07/2019
Total Billed \$300.00	You Owe \$300.00

Charlie 1828114314 Provider Name Bruce	
Guzman	01/07/2010
Total Billed \$300.00	You Owe \$300.00

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Preferred Medication Lists Treatment Cost Calculator Talk to a Doctor





Referrals & Authorizations Benefits Claims

Find a Doctor

Status 00

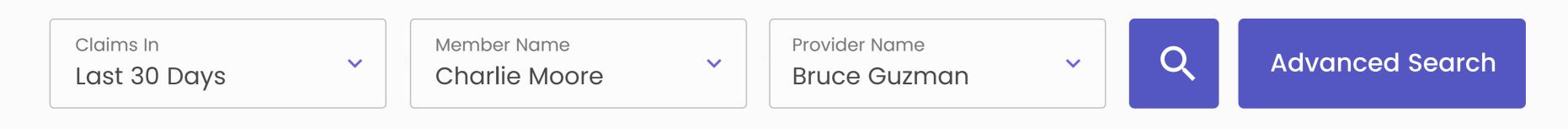
Health Data & Docs

Self Service

Q

MY CLAIMS

Processed & In Process Claims.





Claim Number 00

\$300.00

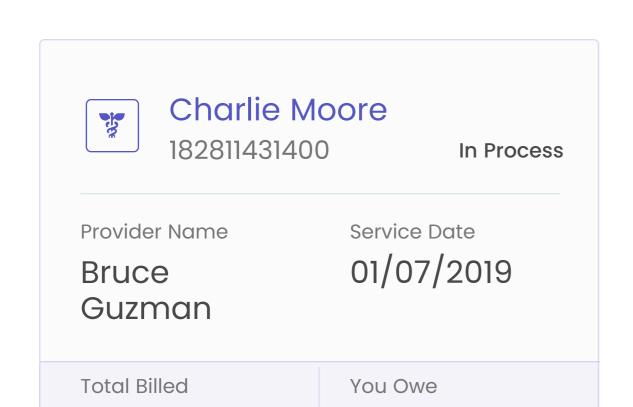


Export as

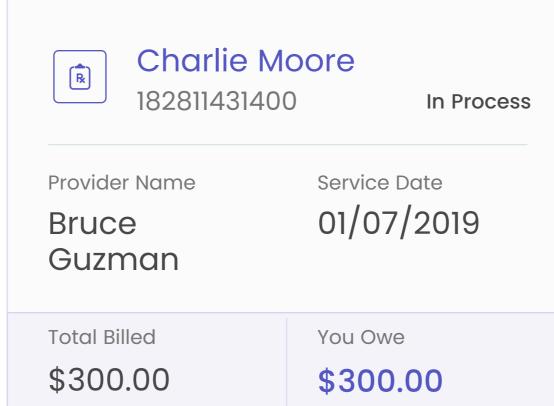


Search Results - 8 Claims found

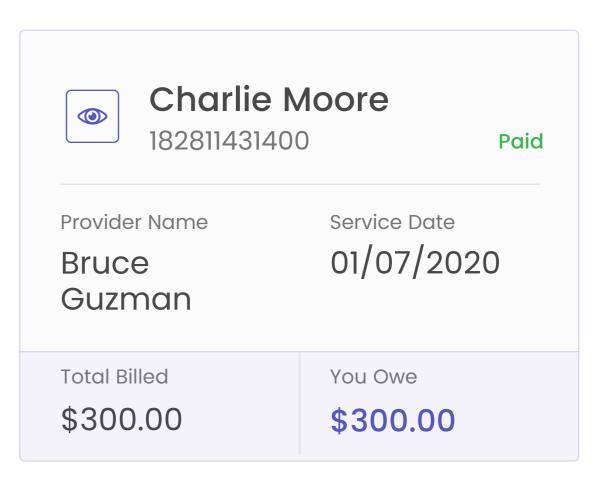
Family Member 🛭 🔮

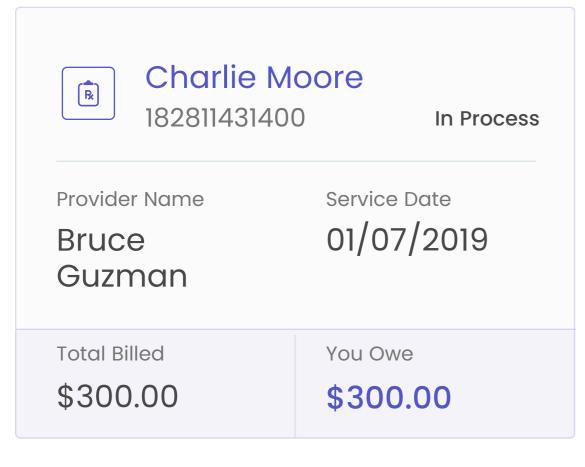


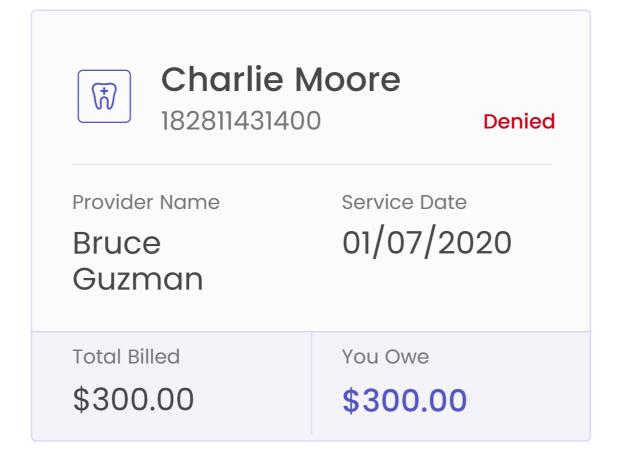
\$300.00

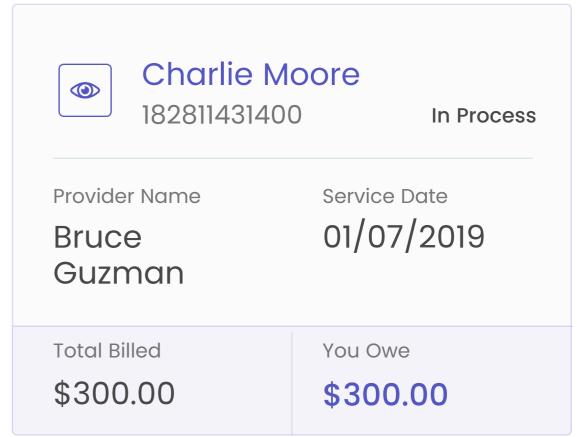


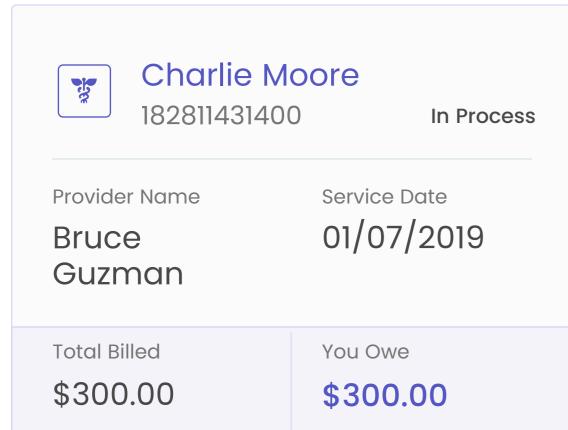
Date of Service ? •

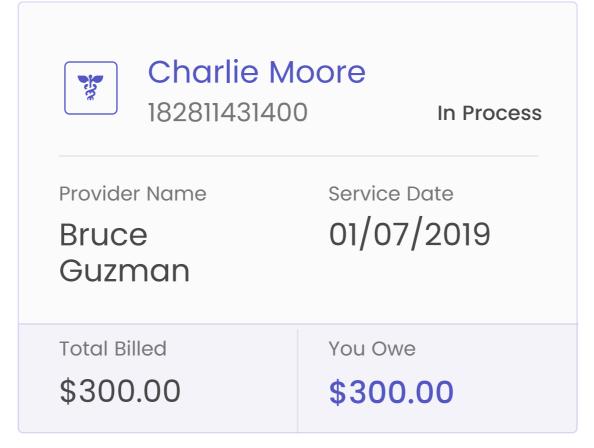














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Benefits

Find a Doctor

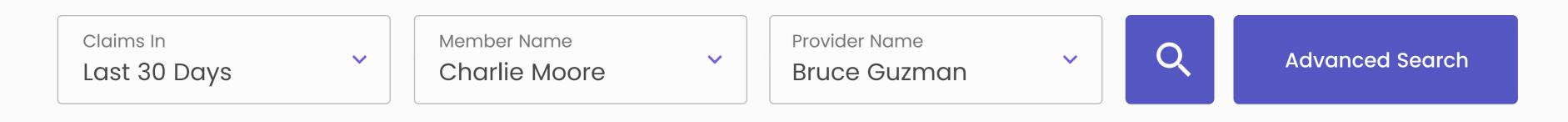
Health Data & Docs

Self Service

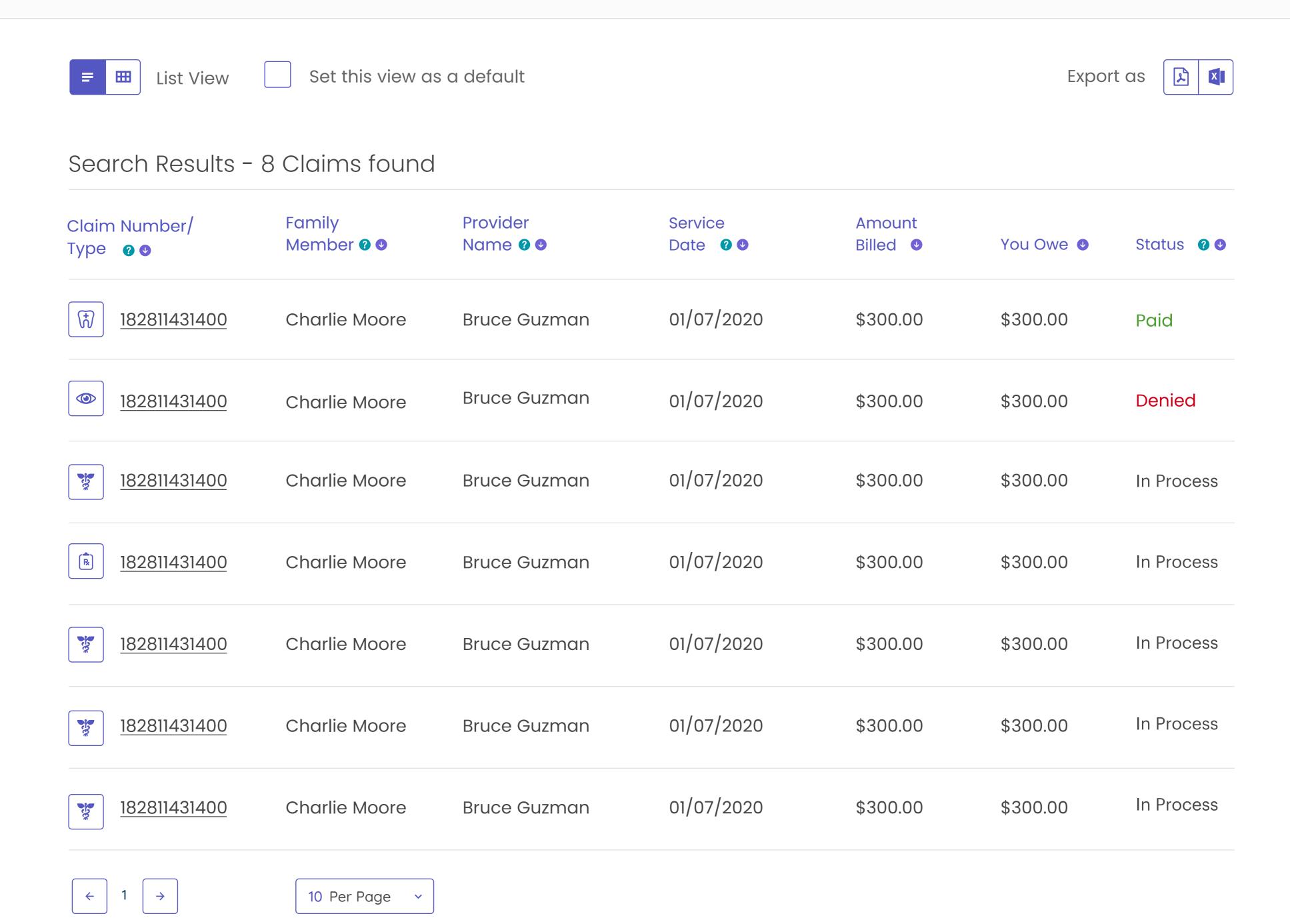


MY CLAIMS

Processed & In Process Claims.



Claims



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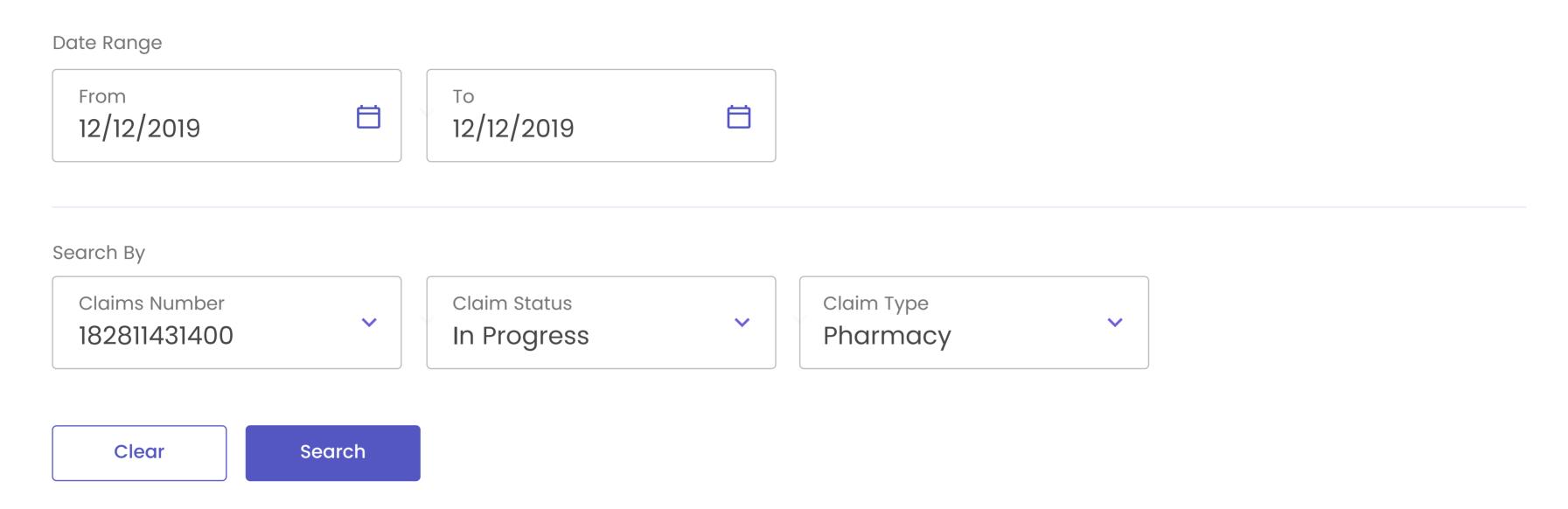
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ADVANCED SEARCH

Lorem ipsum dolor sit amet, consectetuer adipiscing elit nonummy.



Have questions?

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+ Health Gen

Referrals & Authorizations

Benefits Claims

Find a Doctor

Health Data & Docs

Self Service

Q

Home > My Claim > Claim Details

CLAIM DETAILS > MEDICAL

Member Information

Charlie Moore

Male, 09/03/1996

182811431400

4634 26th Ave NE, 444 Market Street,

Seattle, WA, 98105

Plan Information

HealthGen Family Care Western Wisconsin Cares (WWC)

Western Wisconsin

Provider Information

Bruce Guzman

Dermotologist - Provider NPI 21344

Claim Number : 182811431400 Service on : 01/21/2020



View EOB

Services Summary

This statement shows healthcare services you recently received, including what Health Gen paid your healthcare providers and your share of the costs for these services.

Total - Amount Billed \$2,000

\$500				\$1,000	\$500
 Plan Discount 	\$500	• Plan Paid	\$1,000	You May Owe	\$500

Services Details

Services ?	Amount Billed	?	Allowed Amount	?	Plan Paid ?	You May Owe ?		Status 0
ipid Panel	\$3,000.00		\$2,500.00		\$2,000.00	\$500.00		Paid
02/16/2019 - 02/20/2019						Copay	\$30.00	
Details						Co Insurance	\$200.00	
Details						Deductible	\$120.00	
						Others	\$150.00	
						DI D' .	ΦΕΩΩ ΩΩ	
Procedure Code: 546758						Plan Discount	\$500.00	
Procedure Code: 546758 Diagnosis Code: 1629, R258, Denial RSN/Description: Lore Explanation of Code: Lorem	em ipsum dolor sit an		•	•	Health Gen	Plan Discount	\$500.00	
Diagnosis Code: 1629, R258, Denial RSN/Description: Lore Explanation of Code: Lorem Hypnotherapy	em ipsum dolor sit an		•	•	#2,000.00	\$500.00	\$500.00	In Progres
Diagnosis Code: 1629, R258, Denial RSN/Description: Lore Explanation of Code: Lorem Hypnotherapy	em ipsum dolor sit an ipsum dolor sit amet		ectetuer adipiscing	•			\$30.00	In Progres
Diagnosis Code: 1629, R258, Denial RSN/Description: Lore Explanation of Code: Lorem Description of Cod	em ipsum dolor sit an ipsum dolor sit amet		ectetuer adipiscing	•		\$500.00		In Progres
Diagnosis Code: 1629, R258, Denial RSN/Description: Lore Explanation of Code: Lorem Hypnotherapy	em ipsum dolor sit an ipsum dolor sit amet		ectetuer adipiscing	•		\$500.00 Copay	\$30.00	In Progres
Diagnosis Code: 1629, R258, Denial RSN/Description: Lore Explanation of Code: Lorem D2/16/2019 - 02/20/2019	em ipsum dolor sit an ipsum dolor sit amet		ectetuer adipiscing	•		\$500.00 Copay Co Insurance	\$30.00 \$200.00	In Progres

Have questions?

Call Us

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Hours

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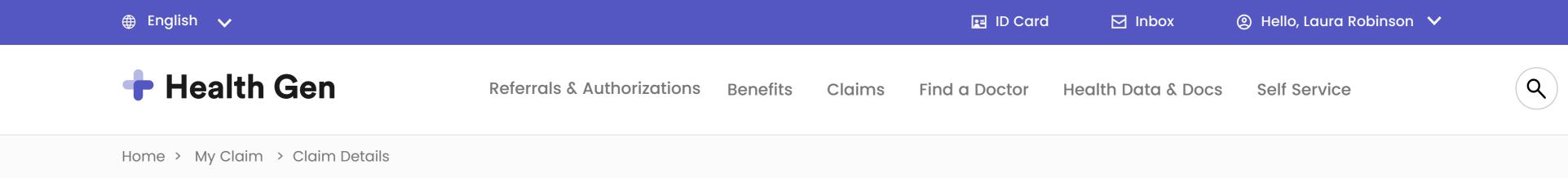
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CLAIM DETAILS > PHARMACY

Member Information

Charlie Moore

182811431400

Claim Number: REKHEMO23121 Authorization Number: 10002324 Date of Service: 10/20/2108

Pharmacy Information

CVS Pharmacy 0345

598 Ibrahim Station Apt. 911 Plano, Dallals, TX

Phone: (305) 661 - 7904

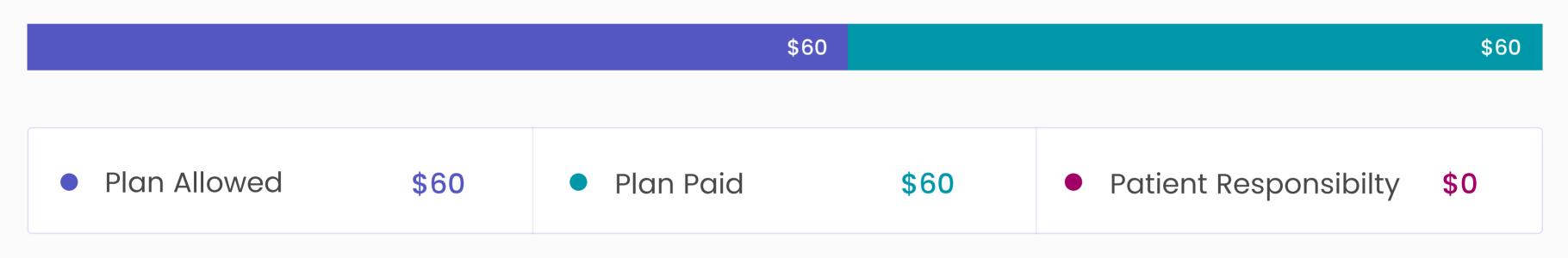
View EOB



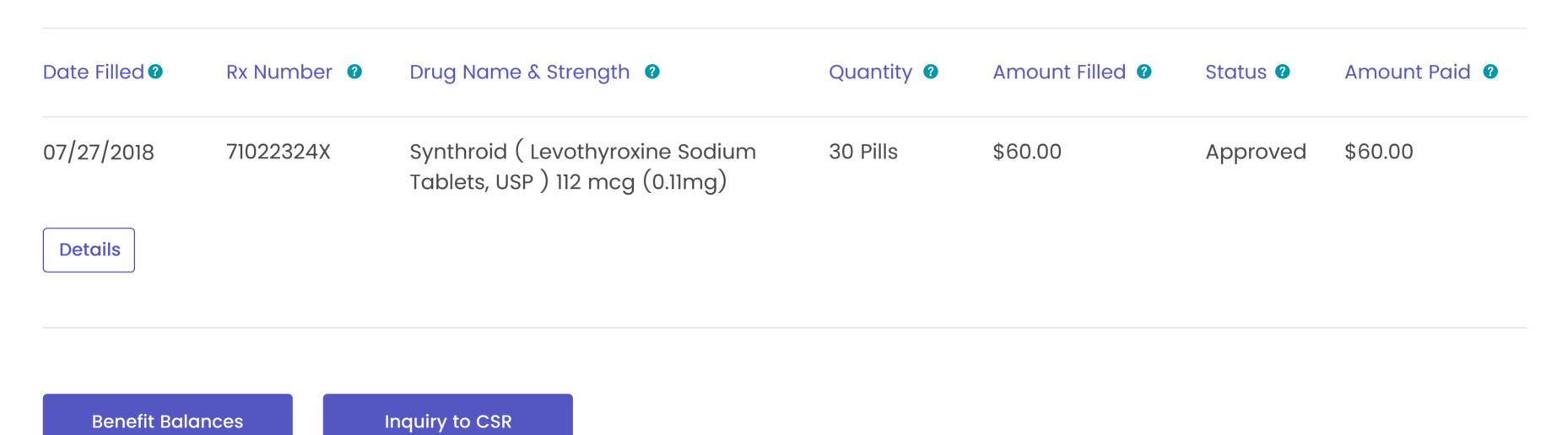
Services Summary

This statement shows healthcare services you recently received, including what Health Gen paid your healthcare providers and your share of the costs for these services.

Total - Amount Billed \$60



Rx Details



Have questions?

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Hours

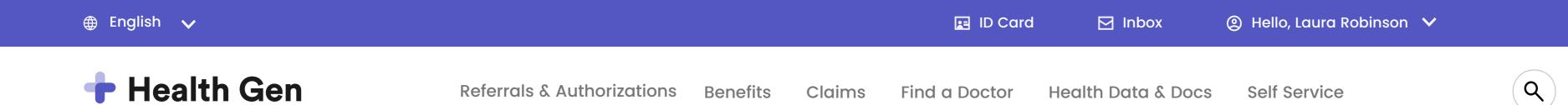
8 am - 8 pm Monday - Friday; 9 am - 1 pm Saturday

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Preferred Medication Lists Treatment Cost Calculator Talk to a Doctor





Home > My Claim > Claim Details

CLAIM DETAILS > PHARMACY

Member Information

Charlie Moore

182811431400

Claim Number : REKHEMO23121 Authorization Number : 10002324 **Provider Information**

Dental Care

598 Ibrahim Station Apt. 911 Plano, Dallals, TX

Phone: (305) 661 - 7904

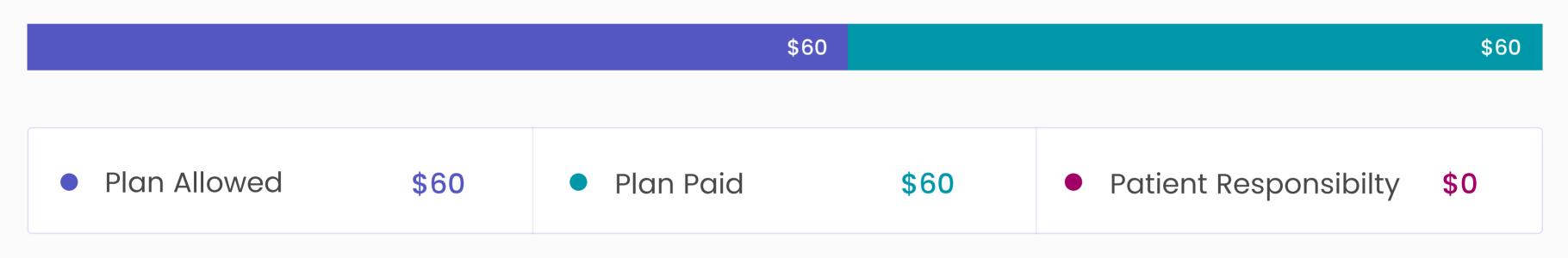
View EOB



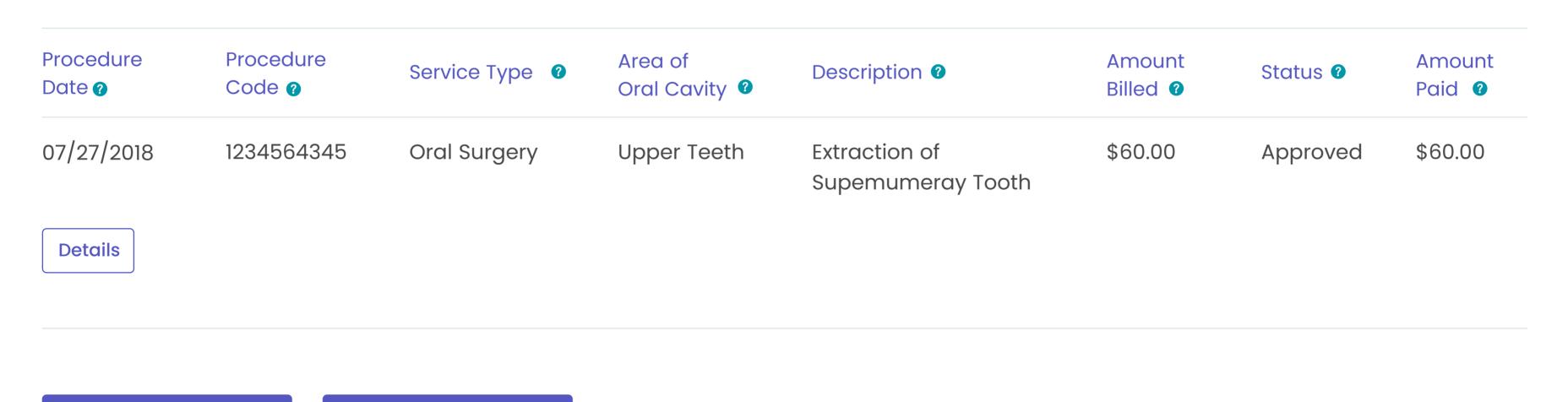
Services Summary

This statement shows healthcare services you recently received, including what Health Gen paid your healthcare providers and your share of the costs for these services.

Total - Amount Billed \$60



Service Details



Benefit Balances

Inquiry to CSR

Have questions?

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Benefits

Claims Find a Doctor

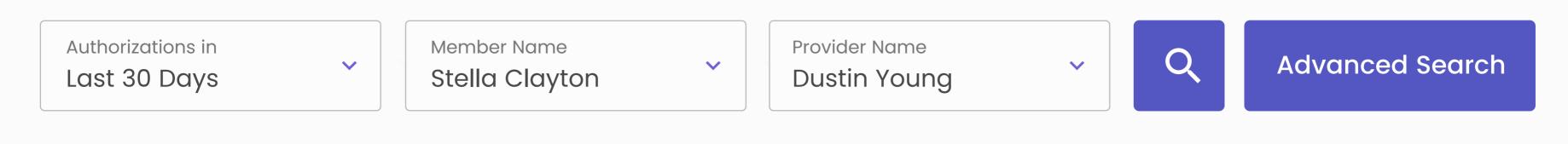
Health Data & Docs

Self Service



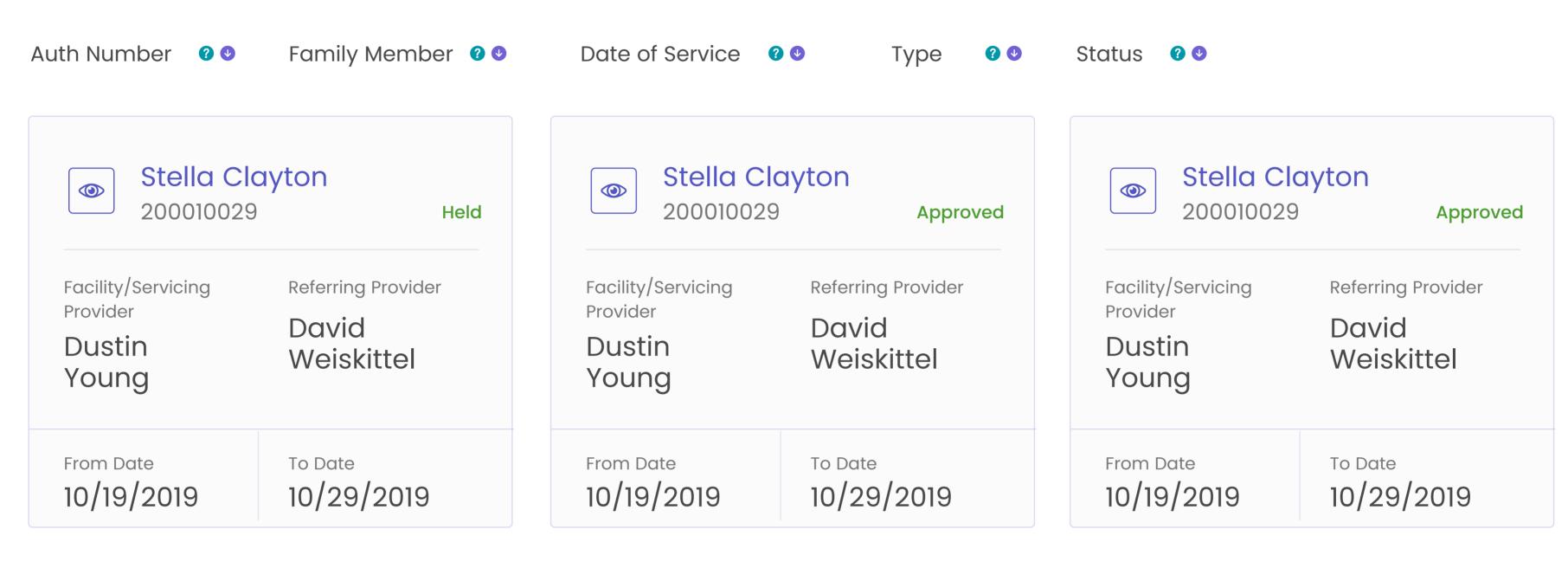
AUTHORIZATIONS

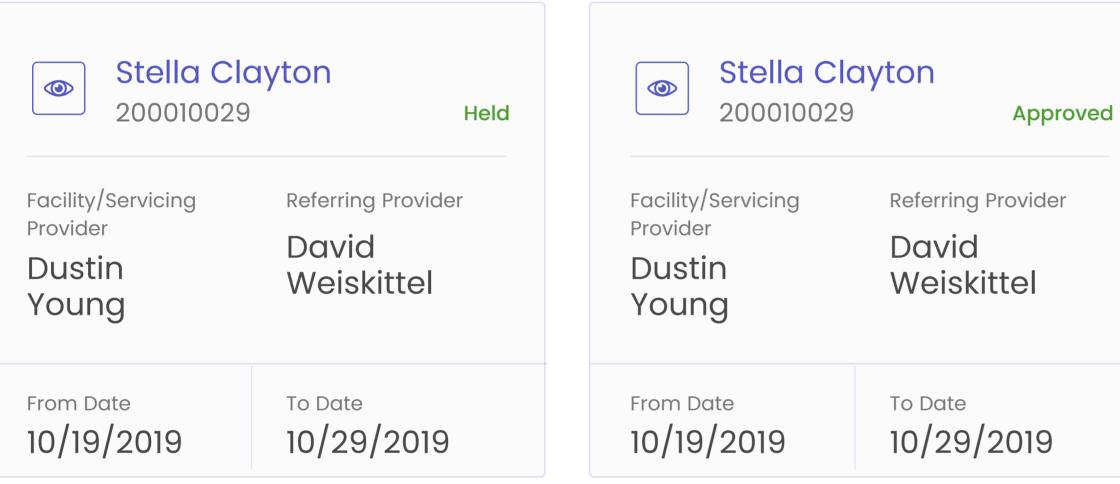
Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy.



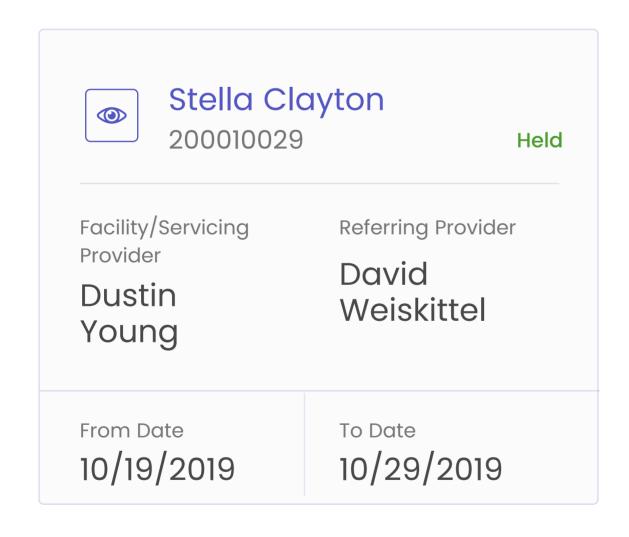


Search Results - 9 Authorization found













Information displayed on this screen reflects status as of for authorizations and referrals received by that date. If there is an authorization or referral for which you would like status as of today, but is not appearing here or is still in a Pending status, please contact us using the phone number on the back of your ID card for further assistance.

Have questions?

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Hours

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Benefits

Find a Doctor

Claims

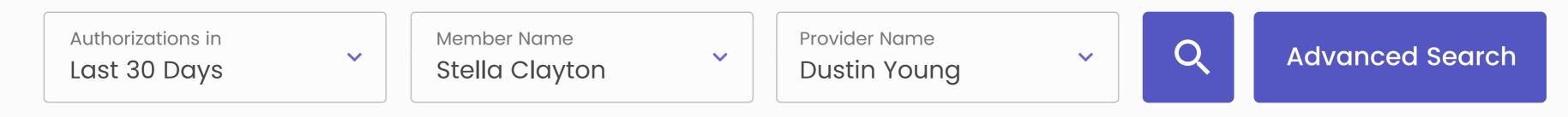
Health Data & Docs

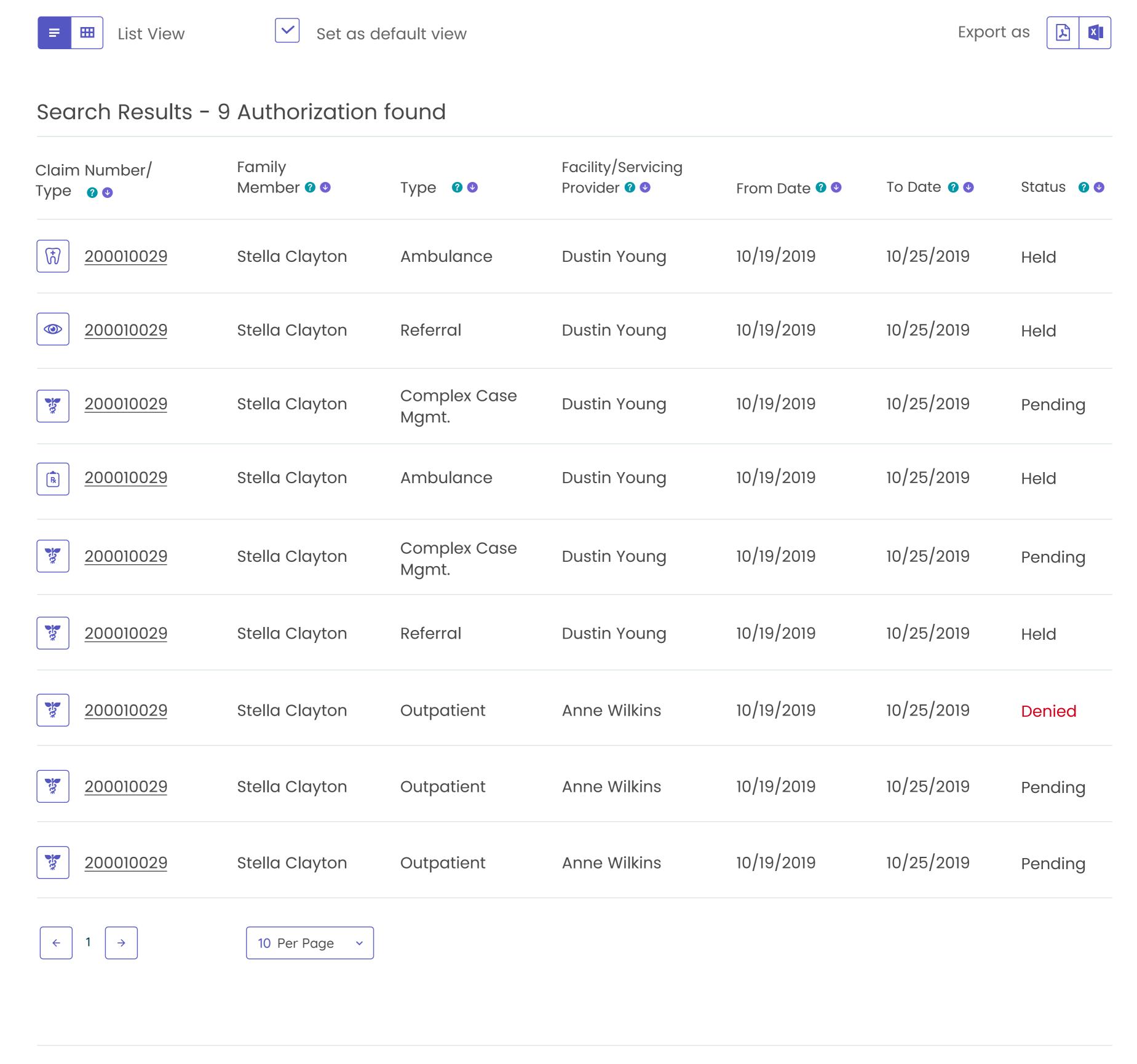
Self Service

(Q)

AUTHORIZATIONS

Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy.





Information displayed on this screen reflects status as of for authorizations and referrals received by that date. If there is an authorization or referral for which you would like status as of today, but is not appearing here or is still in a Pending status, please contact us using the phone number on the back of your ID card for further assistance.

Have questions?

Call Us 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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Home > My Authorization > Authorization Details

AUTHORIZATION DETAILS

Member Information

Stella Clayton

200010029

Status Type
HELD Ambulance

Male, 09/03/1996

4634 26th Ave NE, 444 Market Street, Seattle, WA, 98105

Authorization Details

Plan Information

HealthGen Silver 3000/6000

Western Wisconsin

Provider Information

Referred To Provider

David Weiskittel

Place Of Service

Ambulatory Surgical Center

Referring Provider

814 Madie Track Suite 119

North Ray

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Services © Description © Received Date © From Date © To Date © Status © 99204

Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comp

Send Inquiry to Customer Service

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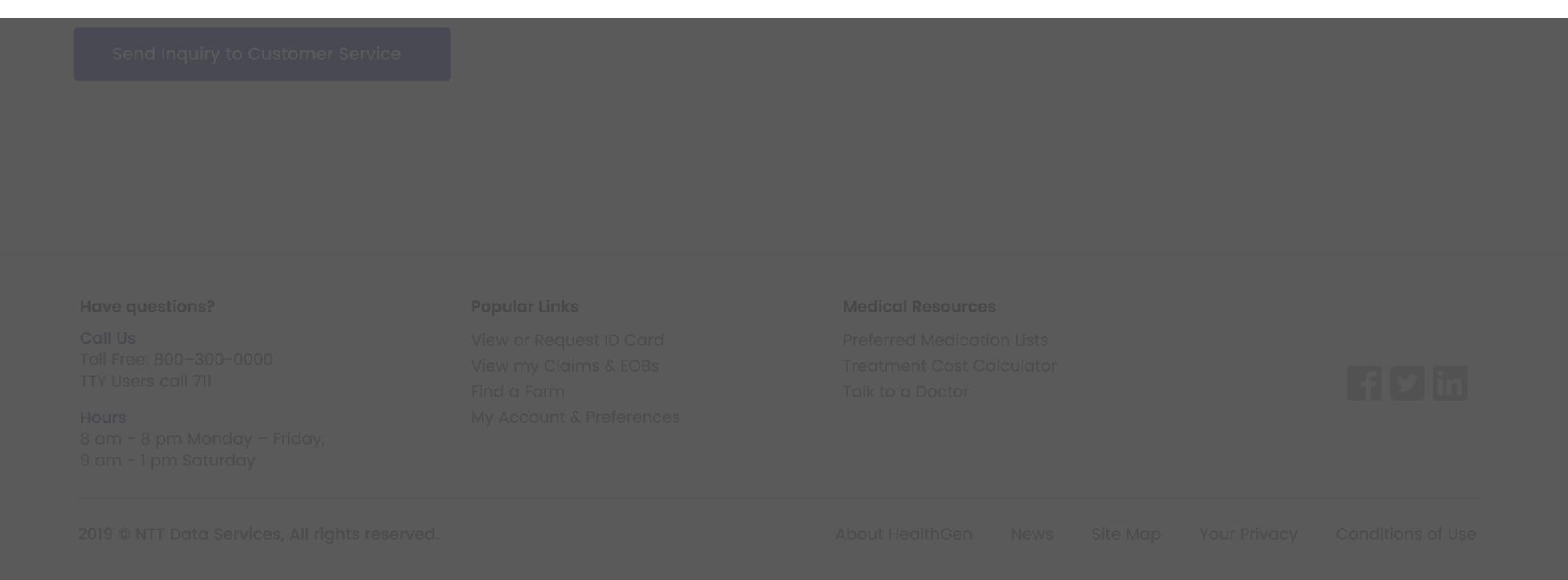
⊕ English

✓

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Authorizations Number	Member Number	Provider Number	
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Message			
Hi,			
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Cancel Submit			

Questions and responses are viewable from the <u>Secure Messages</u> link on the navigation panel.



ID Card

☑ Inbox

A Hello, Laura Robinson

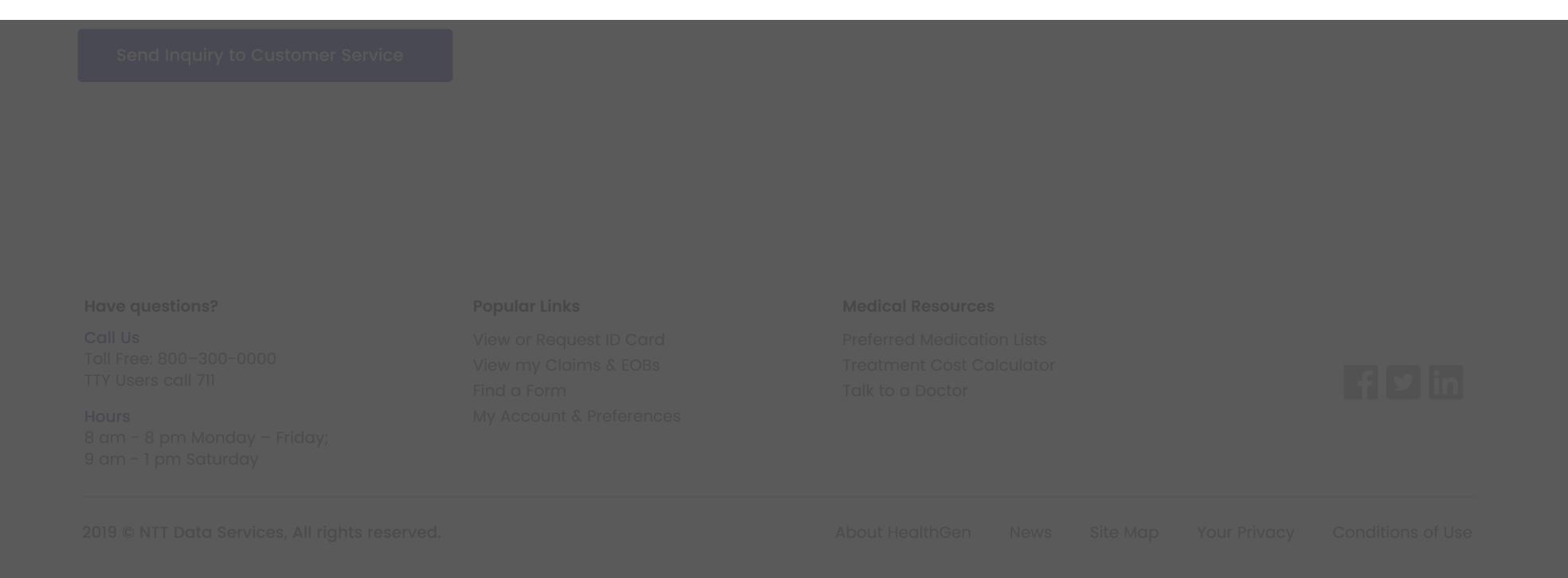
SEND MESSAGE

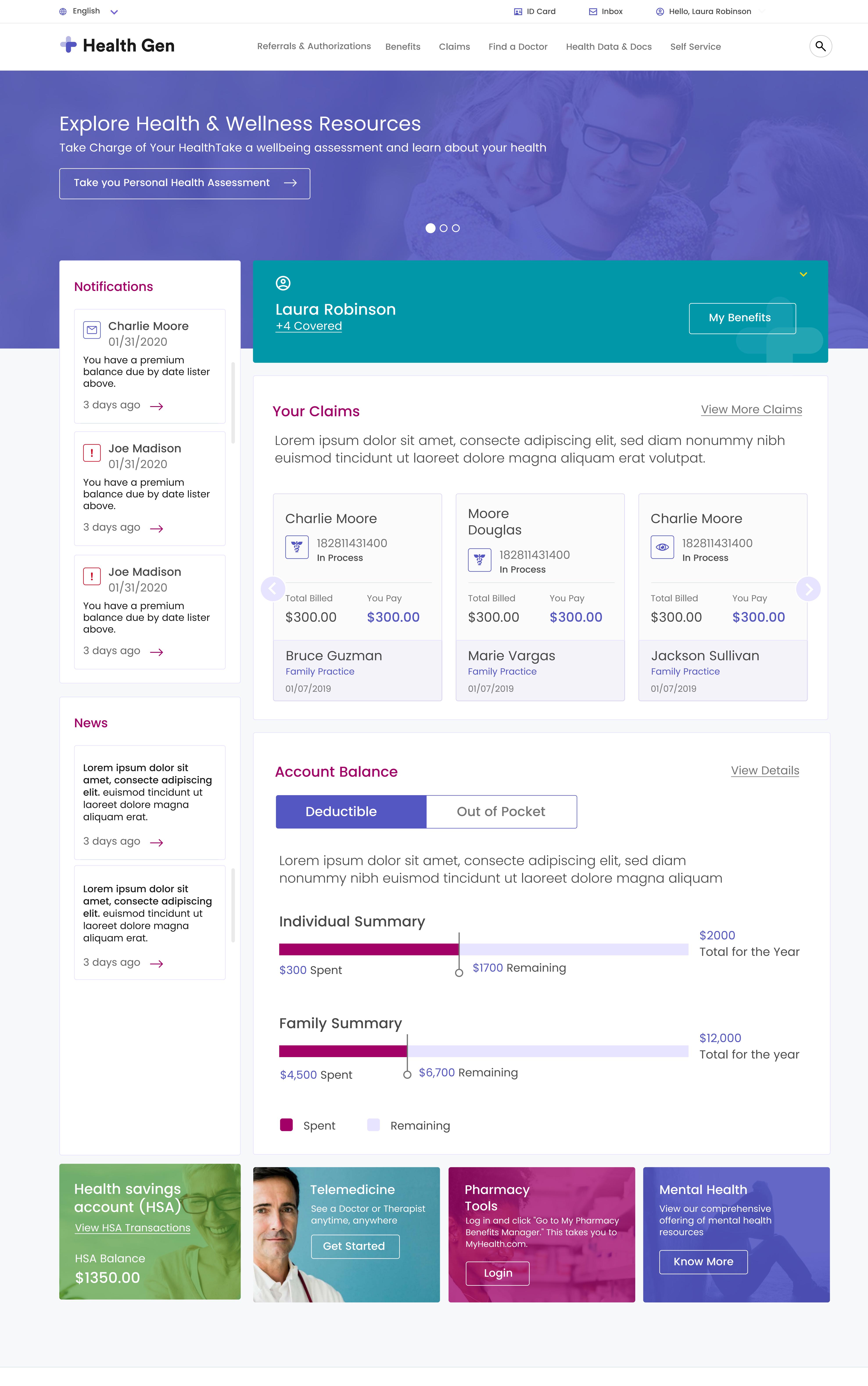
⊕ English

Lorem ipsum dolor sit amet, consectetuer adipiscing elit nonummy.

Authorizations Number Provider Number Member Number 200010029 000136172 67890 Message Hi, Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. Duis autem vel eum iriure dolor in hendrerit in vulputate. Regards Enter up to 4000 characters Upload Authorization_12898989_2019.pdf X Submit Cancel

Questions and responses are viewable from the <u>Secure Messages</u> link on the navigation panel.





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Toll Free

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Hours 8 am

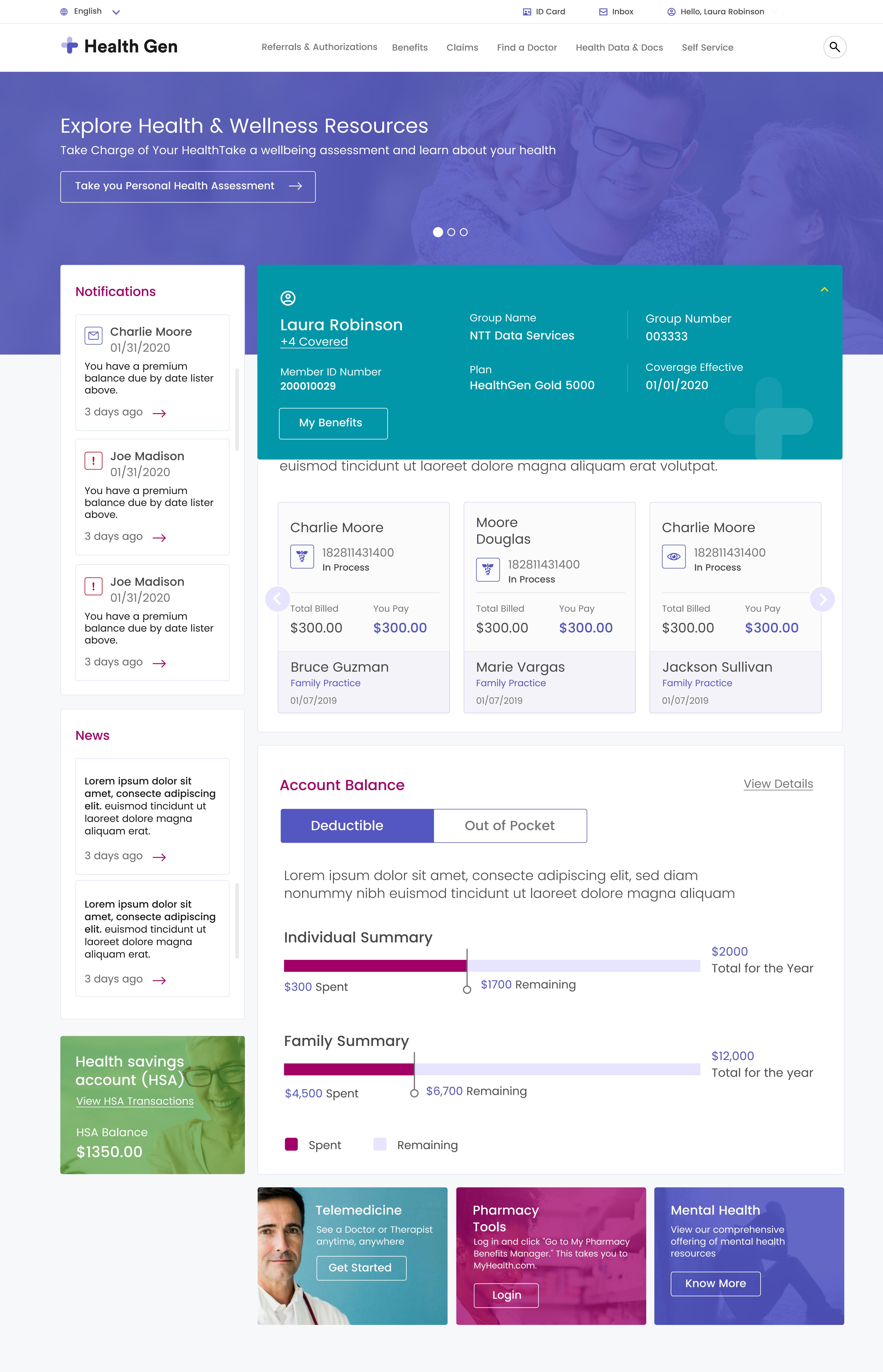
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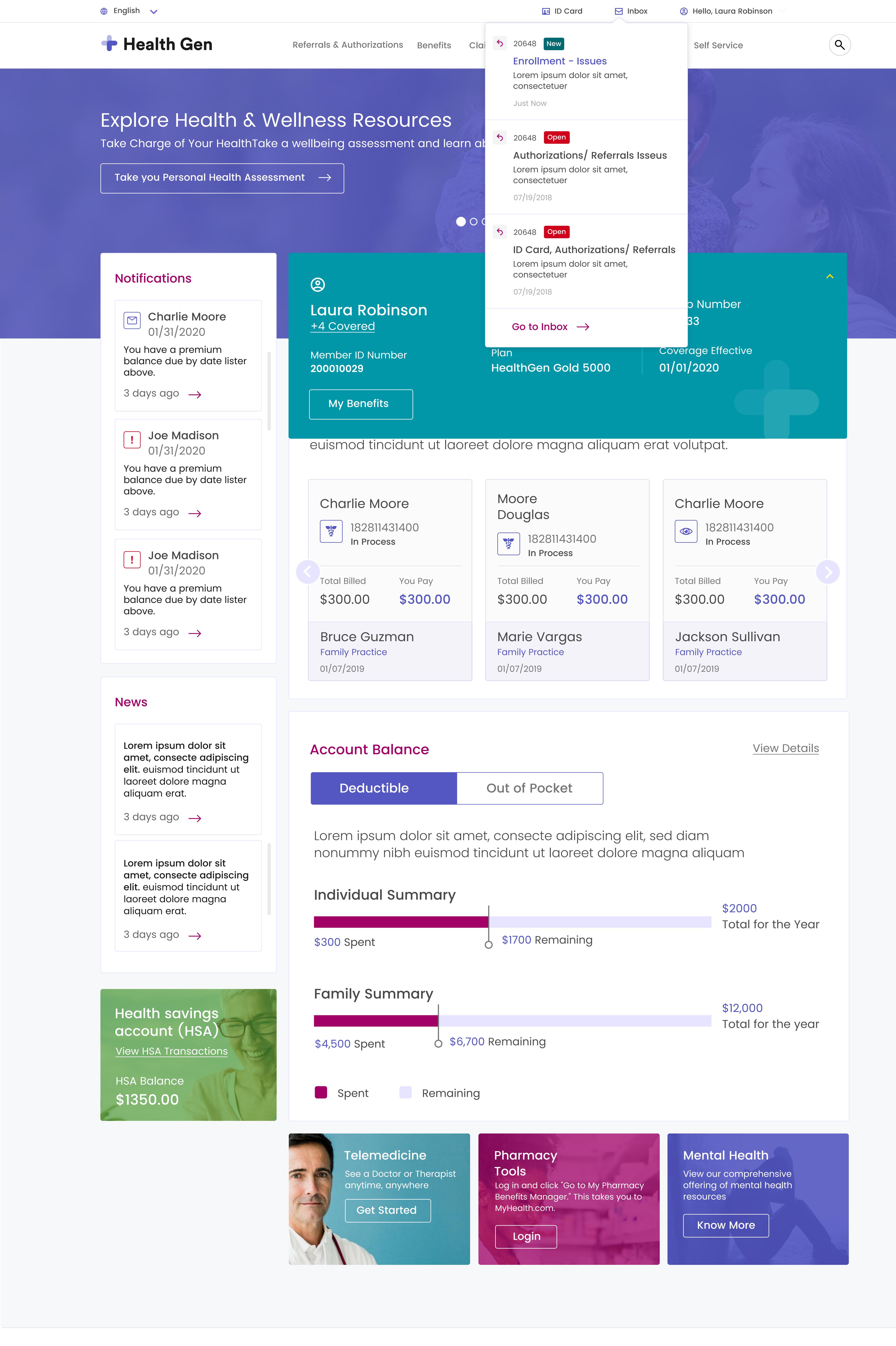
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SEARCH RESULT

Enter at least 3 Characters for Health Article Search

Referrals & Authorizations

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27 Match found

Diversity & Inclusion

/about/diversity

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Points To Remember About A Spastic Colon

/individual/shop/medical/2018/direct-41008200

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What Is An Antioxidant

/about/diversity

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How To Remove Kidney Stones

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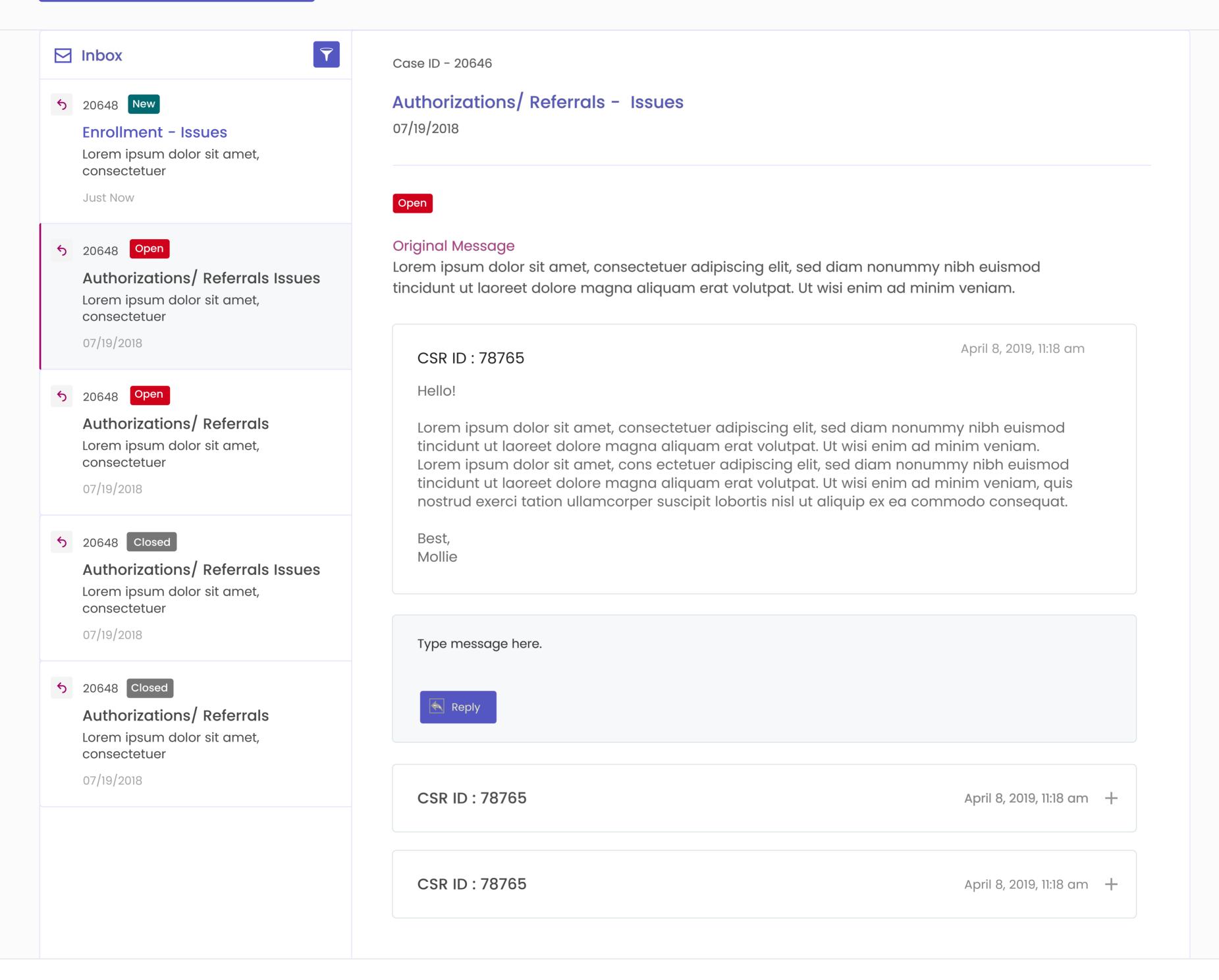
Self Service

(Q)

MESSAGE CENTER

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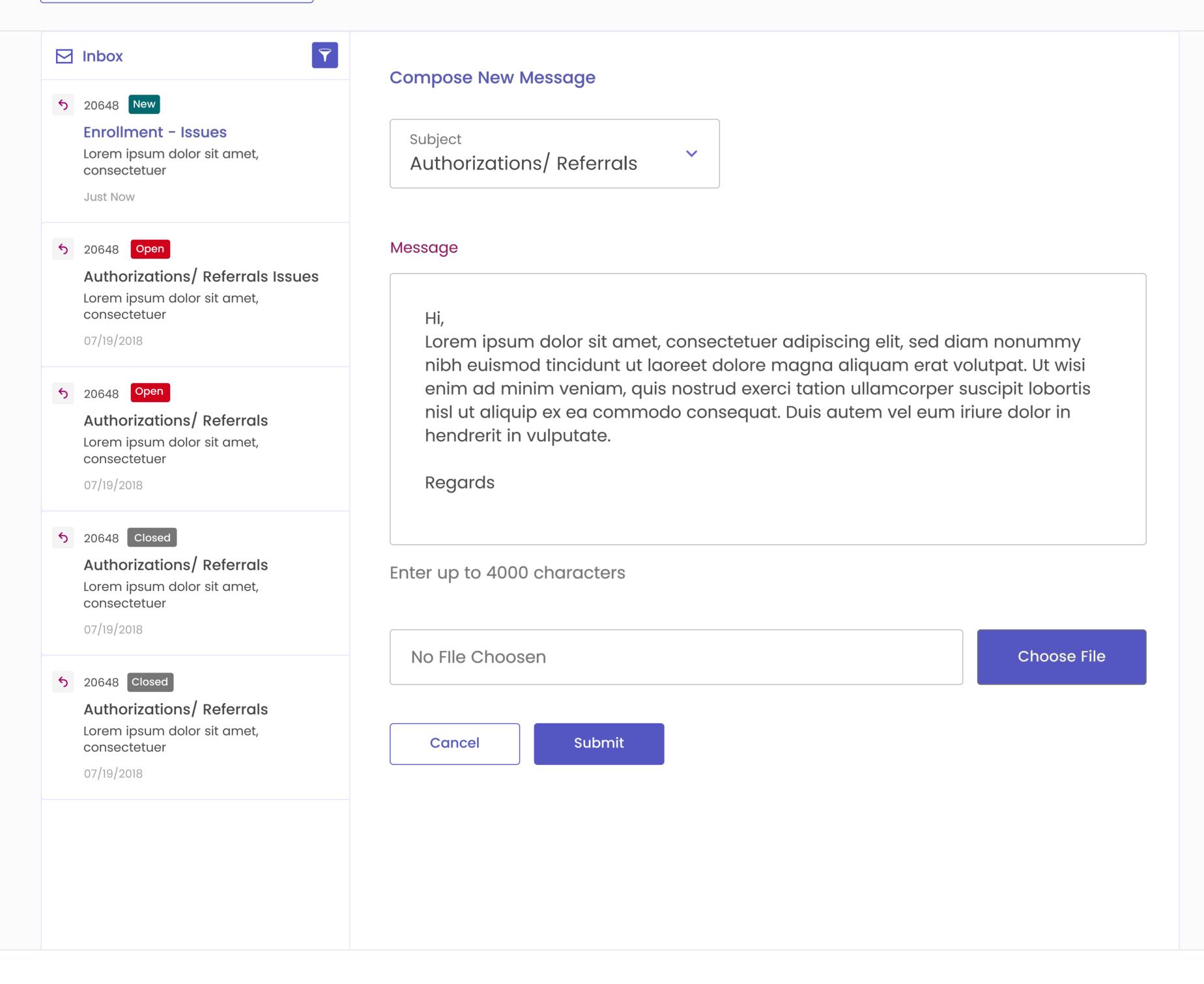
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MESSAGE CENTER

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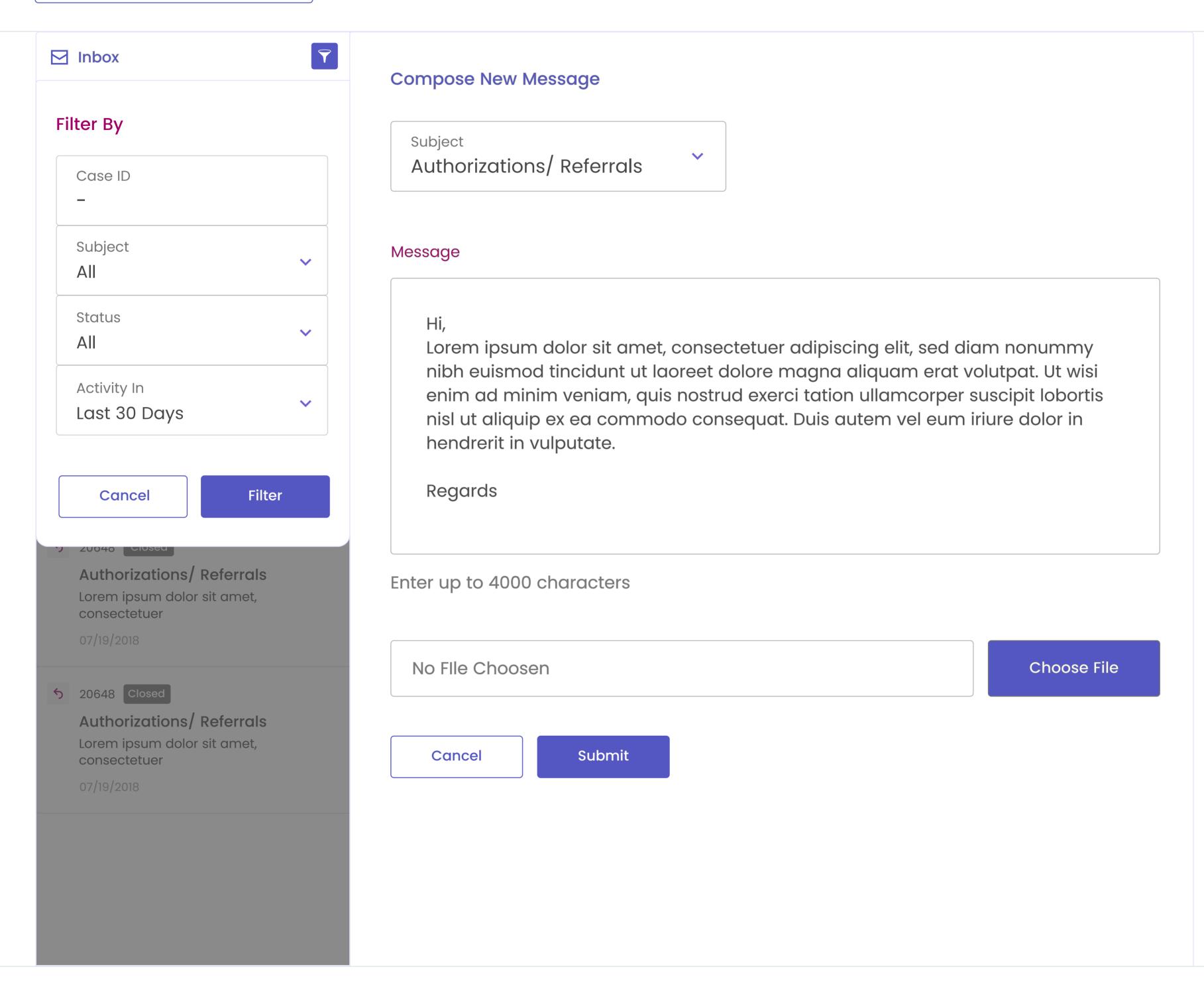
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SUBMIT A CLAIM ONLINE

Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy.

Total Amount Subject **Provider Name** Name ~ Submit a Claim Online **Charlie Moore** Lou Briggs \$1500.00 Message Hi, Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. Duis autem vel eum iriure dolor in hendrerit in vulputate. Regards Enter up to 4000 characters Choose File No File Choosen Submit

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Thank you for your message. We will respond within 1 business day.

Go to Inbox

Submit another Claim

Message

Hi,

Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. Duis autem vel eum iriure dolor in hendrerit in vulputate.

Regards

Enter up to 4000 characters

No File Choosen

Choose File

Submit

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SUBMIT A CLAIM ONLINE

Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy.

Name Charlie Moore	Subject Request an In Home Visit	~
-----------------------	----------------------------------	---

Message

Hi,

Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. Duis autem vel eum iriure dolor in hendrerit in vulputate.

Regards

Enter up to 4000 characters

Send

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MESSAGE SUCESSFULLY SENT

Thank you for your message. We will respond within 1 business day.

Go to Inbox

Go to Dashboard

Message

Hi,

Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. Duis autem vel eum iriure dolor in hendrerit in vulputate.

Regards

Enter up to 4000 characters

Cancel

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⊕ English
✓

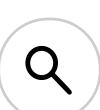
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SUBMIT A CLAIM ONLINE

Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy.

Name
Charlie Moore
Subject
Self-Refer to Disease & Case Management

Message

Hi,

Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. Duis autem vel eum iriure dolor in hendrerit in vulputate.

Regards

Enter up to 4000 characters

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Message

Hi,

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Regards

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⊕ English 🗸 ID Card 🖂 Inbox 🔘 Hello, Laura Robinson 🗸

Claims

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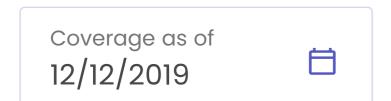
Benefits

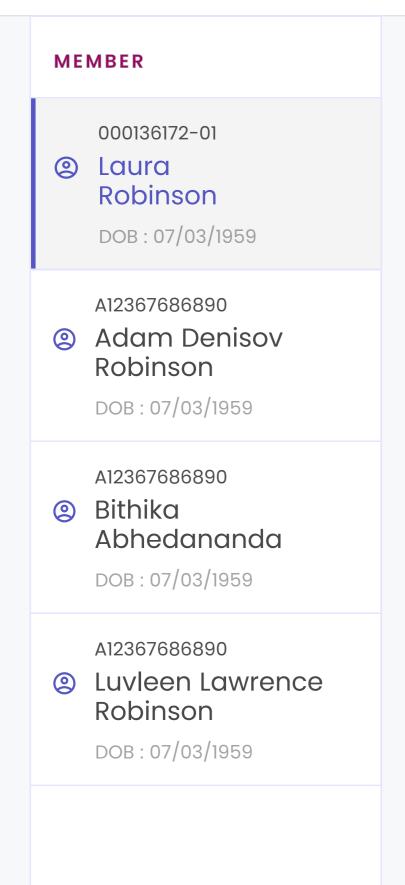
Referrals & Authorizations

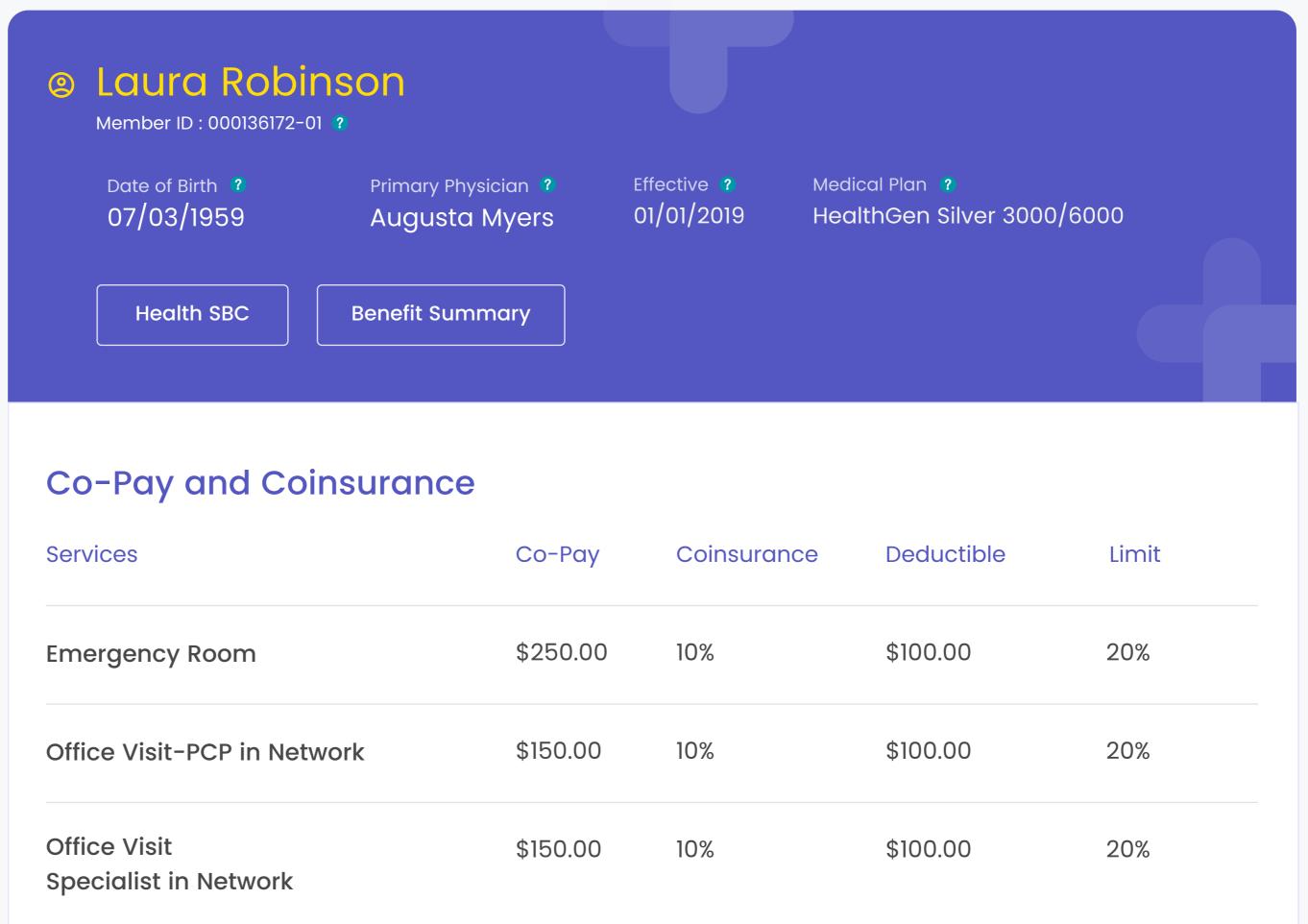
MY BENEFITS > MEDICAL

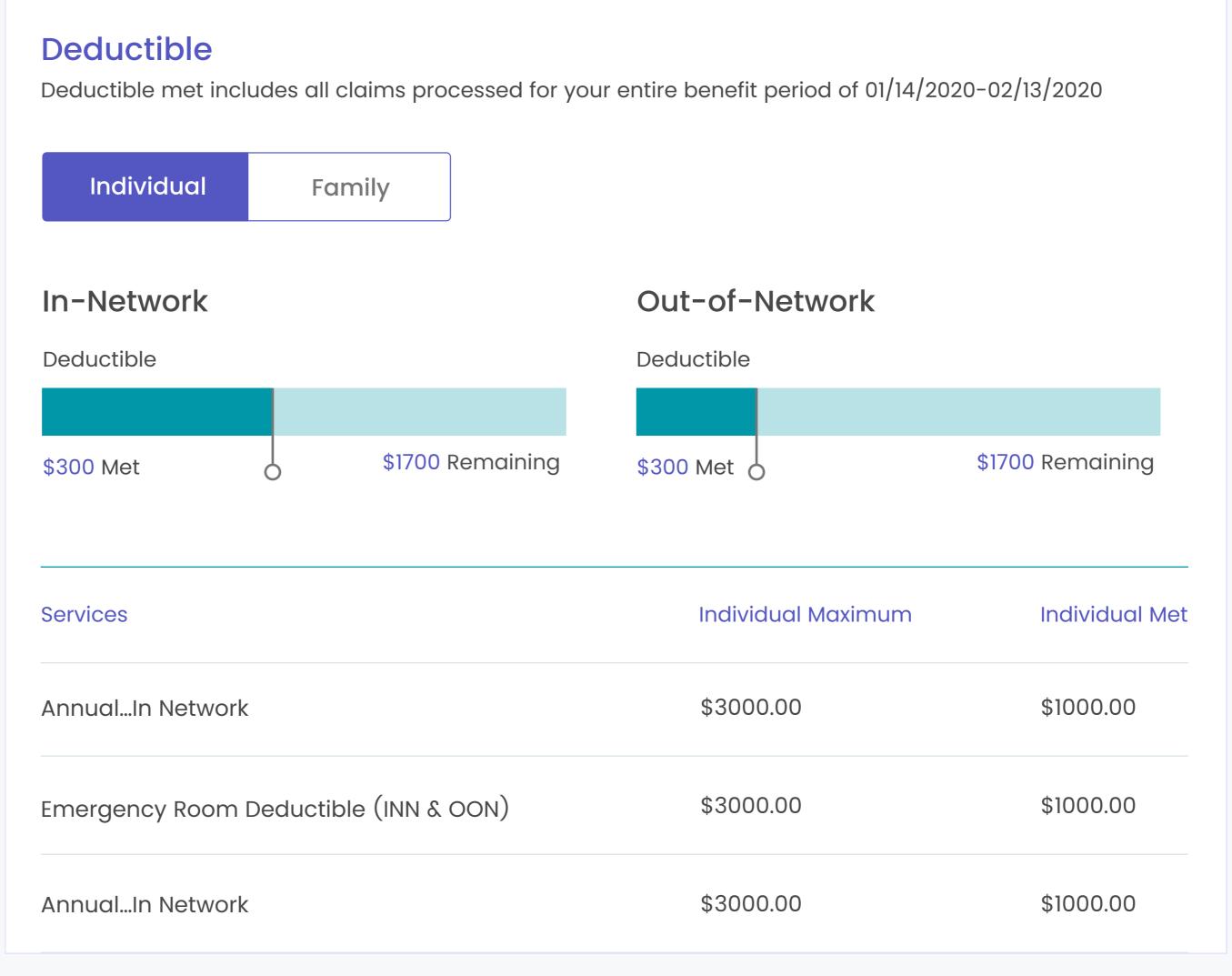
+ Health Gen

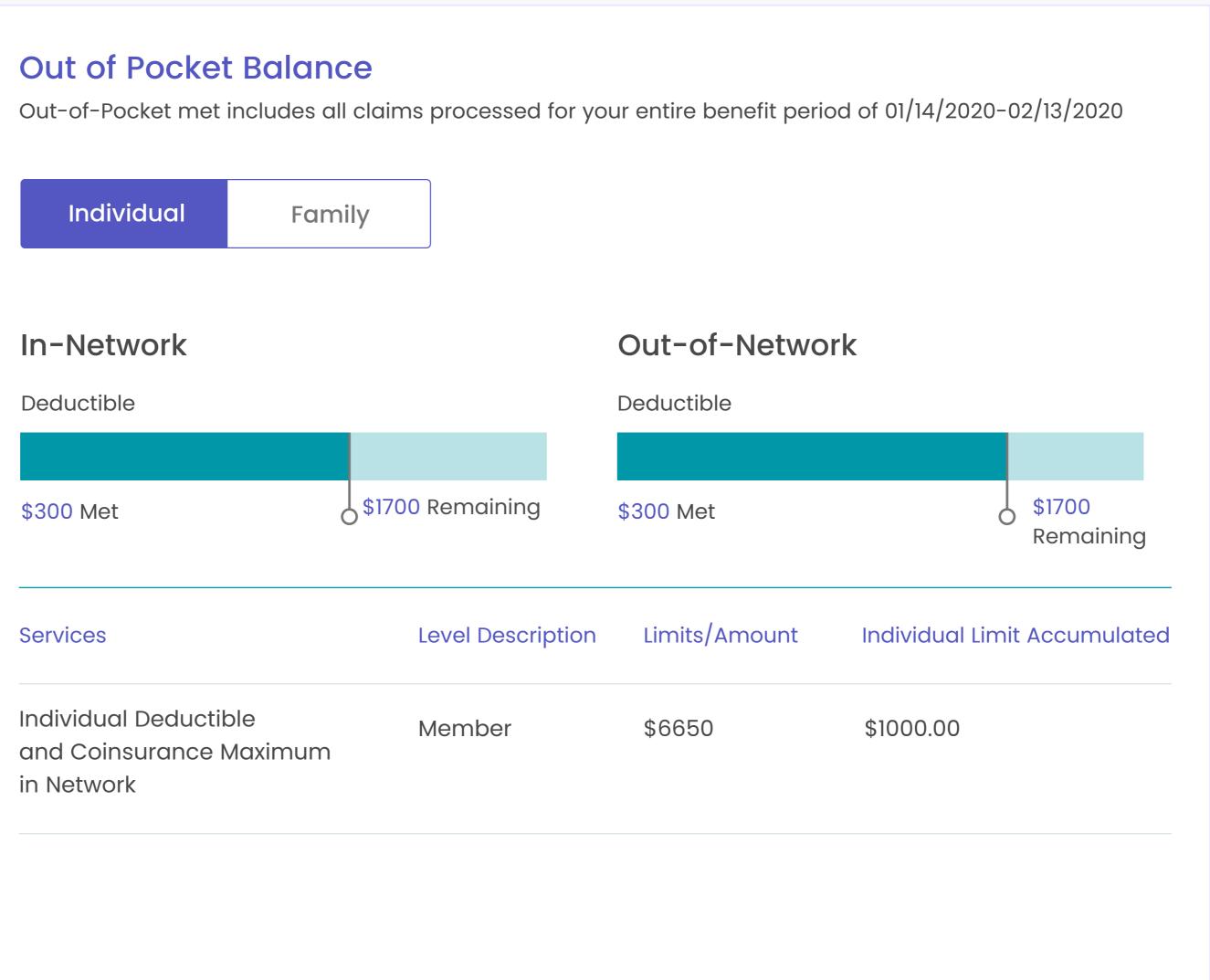
You have a Zero - Deductible Plan. This means you do not have to meet a minimum balance befor Health Gen will contribute to your healthcare expense.











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404 OPPS!

Hello there, You seem to be lost, but don't worry, we'ill get you back on track...

Get Me Back

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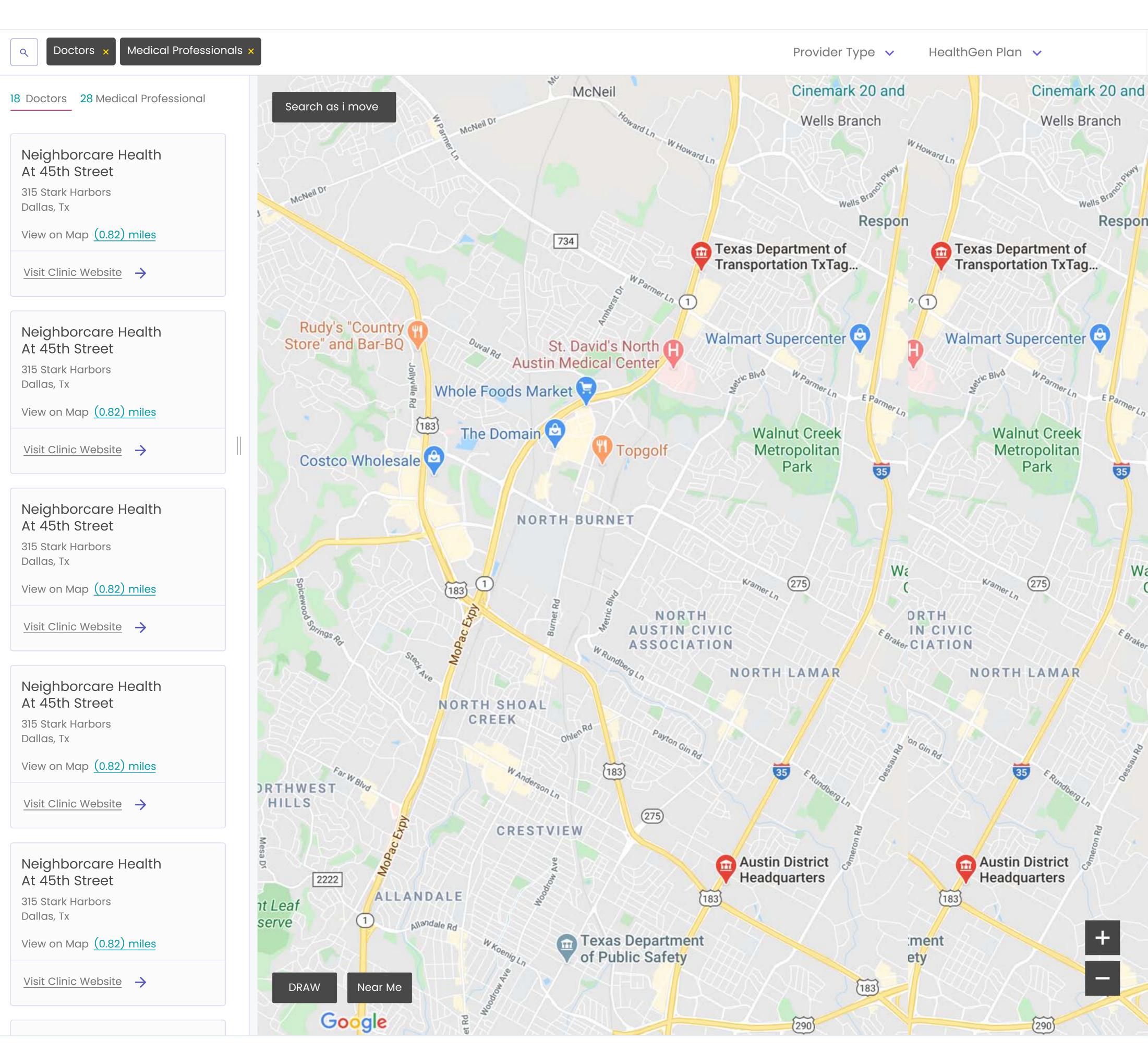
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