

# Attach documentation to a finalized claim

## What you'll need to get started:

- Provider Connection username and password.
  - If you have not yet registered on Provider Connection, see *Quick-reference tutorials* on the [Provider Connection training](#) page. There are three account types: Provider, MSO, and Billing.
- Access to claims.
  - All Account Managers have access to claims data.
  - Account Managers can enable claims access for Users at *Account Management > Manage user accounts*.
- The claim number of the claim that was either denied or not paid in full, and the additional supporting documentation you wish to submit.
- An email address.

# Instructions

1. Log in to [www.blueshieldca.com/provider](http://www.blueshieldca.com/provider).
2. Click **Claims** in the top menu, then click **Check claim status**.
  - The *Check claim status* screen displays with search fields at the top and claims from the last three years below.
3. Using one or more search fields, locate the claim for which you are submitting additional documentation. Click **Search**.
4. The search result displays in the table below the blue header. Click the claim number.
5. The *Claim details* page displays. Click **Attach supporting documents**.

The screenshot shows the provider portal interface. At the top, there is a navigation menu with 'Claims' highlighted. A red box labeled '1' points to the 'Log in / Register' button. Below the menu, 'Check claims status' is highlighted with a red box labeled '2'. The search form contains several fields: Member ID/Subscriber ID/Patient number, Last name, First name, Dates of service (Start and End dates), Claim type (set to None), Claim status, Amount paid (\$0.00), Status change (Start and End dates), Provider information (Provider, Provider tax ID, Provider NPI, Provider number), and a 'Search' button highlighted with a red box labeled '3'. Below the search form, a table of claims is shown. The first row is highlighted, with the claim number '000343305500' circled in red and labeled '4'. The table columns include Claim status, Claim number, Claim type, Dates of service, EOB, Member name, Member ID/Subscriber ID, Provider name, Amount billed, Amount paid, Patient responsibility, and Check/EFT number. Below the table, the 'Claim details' page for claim 000343305500 is shown, with 'Finalized 07/30/2021' and a 'View EOB' link. A red box labeled '5' points to the 'Attach supporting documents' link in the 'Possible next steps' section.

# Instructions

- 6. The *Attach Documents to a Claim* screen displays with prepopulated claims data.
- 7. Drag and drop or select up to five (5) files at a time for a total of 20 files.

	File types	File size (per file)	Max # of files
<b>Blue Shield Blue Shield Promise</b>	PDF, Excel, Word	50 MB	20
<b>BlueCard®</b>	PDF	10 MB	20

## ATTACH DOCUMENTS TO A CLAIM

Upload supporting documents for your claim. Start by checking that you have the right claim number.

\* Required

Enter your claim # \*  
000343800800 Update **6**

**Claim details**

Claim # 000343800800  
 Provider DISTRICT HOSP  
 Provider ID FA0001234567  
 Tax ID 009009009  
 Member name MEMBER, X  
 Date of birth 01/01/1994  
 Subscriber name MEMBER, Y  
 Subscriber ID 919103940  
 Patient account 1234  
 Dates of service 10/19/2021–10/19/2021  
 Amount billed \$90.00  
 Amount paid \$0.00

Attach supporting documents \*  
 (PDF, DOC, XLS, 50MB max, up to 20 files total)  
 All documents will be scanned for viruses.

Drag and drop up to 5 files at a time or Select files **7**

Enter an email where we can reach you if your documents fail a virus scan.

Email \*  40 characters max

Briefly describe your documents to make sure they get to the right place.

Notes

0/500

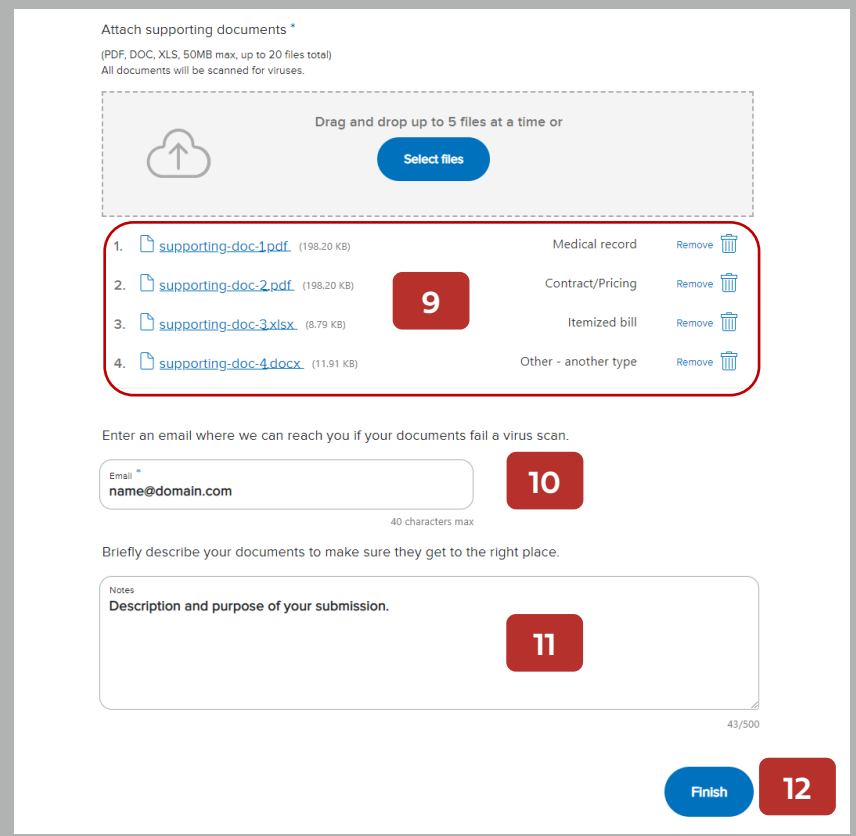
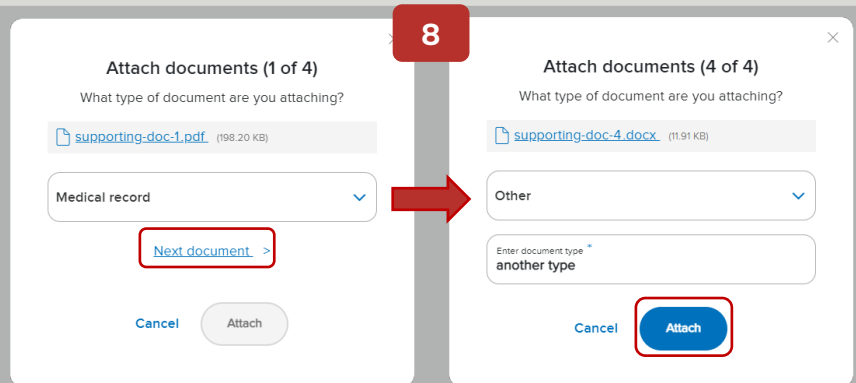
Finish

# Instructions

- 8. An *Attach documents* pop-up displays. Select a "type" for each document. Options are:
  - Medical record
  - Contract/pricing
  - Itemized bill
  - Other, with a description field

Click **Next document** until all document types are identified. Click **Attach**.


- 9. Documents display on the *Attach Documents to a Claim* screen.
- 10. Enter an email where you can be notified if there is a problem with accepting your file.
- 11. Enter a description of the document(s), the reason for submission, and expected outcome.
- 12. Click **Finish**.



- 13. A confirmation screen displays with a listing of the submitted documents.
- 14. If desired, click **View this claim** to return to the *Claims detail* page.
- 15. To see a list of documents submitted for this claim, scroll to *Uploaded documents* on the *Claims detail* page and click **Show**. Click **Hide** to collapse the list.
  - Only documents submitted online will display.

Home > Claims > Check claim status > Attach documents to a claim

## ATTACH DOCUMENTS TO A CLAIM







### Documents submitted

Your new case number is  
**231320000443**

You have attached the following documents

**13**

1.  supporting-doc-1.pdf (198 KB) Medical record
2.  supporting-doc-2.pdf (198 KB) Contract/Pricing
3.  supporting-doc-3.xlsx (8 KB) Itemized bill
4.  supporting-doc-4.docx (11 KB) Other

**Note:** All documents will be scanned for viruses. If your documents fail the scan, we'll notify you at name@domain.com.

[View all claims](#) [View this claim](#) **14**





### Payment details

Check/EFT number	<a href="#">2021073010100009</a>	Check/EFT amount	
Check/EFT date	07/30/2021	Payee name	
Check/EFT status	N/A	Payee address	

**Uploaded documents (4)** [Hide](#) ^

**15**

Supporting documents submitted online will appear here.

 supporting-doc-2 .pdf (198.0 KB)	Contract/Pricing	(Added 04/21/2023)
 supporting-doc-1 .pdf (198.0 KB)	Medical record	(Added 04/21/2023)
 supporting-doc-3 .xlsx (8.0 KB)	Itemized bill	(Added 04/21/2023)
 supporting-doc-4 .docx (11.0 KB)	Other	(Added 04/21/2023)

### Service and procedure details

Line #	Dates of service	Place of service	Units	Procedure code	Modifier	Amount billed	Allowed amount	Deductible	Copay	Co-Insurance	Amount paid
1	06/01/2021-06/01/2021	Office	1	99214	N/A	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00