Your Claims

You can submit and view claims in the myCHPW member portal. To view claims, you must be a current member of CHPW, and you must have an active portal account.

Member Claim Submission – How to Submit a Claim

Follow the step-by-step instructions below to submit claims.

Before You Begin

Log in to the CHPW Member Portal and start from the **Member Dashboard**.

You will be able to:
- Search for your claims through **My Claims Summary**.
- **Submit a Claim**.
- **View Claims**.

Screens—Submit a Claim

Member Dashboard – Quick Links

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Apple Health (Medicaid)
Medicare Advantage
Individual & Family Plans

Member Claim Submission

Member Search

Member Search Results

Member Claim Submission

Patient's Relationship to Insured

Provider Information

Provider Search

Provider Search Results

Provider Information

Provider Information

* Provider Name (Example: Jane Johnson) ❓

Susan [redacted]   🔍

* Clinic / Facility Name (Example: Evergreen Message Services) ❓

Enter Facility Name

* Address1	Address2	* City
6 [redacted] Blvd		Vancouver

* State	* Zip Code	Phone #
Washington	98 [redacted]	360- [redacted]

Provider Information

* Provider Name (Example: Jane Johnson) ❓

Susan   🔍

* Clinic / Facility Name (Example: Evergreen Message Services) ❓

provid

PROVIDENCE MEDICAL GROUP HAWKS PRAIRIE INTERNAL MEDICINE
PROVIDENCE MEDICAL GROUP LACEY FAMILY MEDICINE
PROVIDENCE MEDICAL GROUP LYNNWOOD CLINIC
PROVIDENCE MEDICAL GROUP MARYSVILLE CLINIC
PROVIDENCE MEDICAL GROUP MILL CREEK COMMONS CLINIC
PROVIDENCE MEDICAL GROUP MONROE FAMILY MEDICINE
PROVIDENCE MEDICAL GROUP MONROE INTERNAL MEDICINE
PROVIDENCE MEDICAL GROUP NORTH EVERETT INTERNAL MEDICINE
PROVIDENCE MEDICAL GROUP ROCHESTER FAMILY MEDICINE

Provider Information

* Provider Name (Example: Jane Johnson) ❓

Susan [redacted]   🔍

* Clinic / Facility Name (Example: Evergreen Message Services) ❓

PROVIDENCE [redacted]

* Address1	Address2	* City
6 [redacted] Blvd		Vancouver

* State	* Zip Code	Phone #
Washington	9 [redacted]	360- [redacted]

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Servicing Information

Servicing Information

* Date Of Service ❓

* Diagnosis Code ❓

* Procedure Code ❓

Enter at least 3 characters

* Proof of Payment (Example: a receipt. If you're attaching your superbill, you can say so here.)

"Where do I get provider and service information?"

After members get massage, chiropractic, or acupuncture treatment, providers should give them an invoice, also called a **superbill**. It will list these details. If CHPW members aren't sure how to get their superbill, or aren't sure it has the information they need, they can call CHPW Customer Service for help at **1-800-440-1561 (TTY:771)**, Monday through Friday, **8:00 a.m. to 5:00 p.m.**

TIP: We suggest that members make a copy of their superbill and send it to CHPW with this form

* Select a file to Upload

Choose File   No file chosen   **⬆Upload**

Only one file attachment is allowed

Add Claim

Click this button to add additional claim data.

Clear   **Submit**

Diagnosis Search

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Apple Health (Medicaid)
Medicare Advantage
Individual & Family Plans

Servicing Information   ⌃

* Date Of Service   *** Diagnosis Code**

| 09/01/2024   📅 | | M04.2 | 🔍 |

* Procedure Code

| fever |

86619 - ANTIBODY; BORRELIA (RELAPSING FEVER)
86000 - AGGLUTININS, FEBRILE (EG, BRUCELLA, FRANCISELLA, MURINE TYPHUS, Q FEVER, ROCKY MOUNTAIN SPOTTED FEVER, SCRUB TYPHUS), EACH ANTIGEN
90717 - YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE
86638 - ANTIBODY; COXIELLA BURNETII (Q FEVER)
0043U - TICK-BORNE RELAPSING FEVER BORRELIA GROUP, ANTIBODY DETECTION TO 4 RECOMBINANT PROTEIN GROUPS, BY IMMUNOBLOT, IGM
0044U - TICK-BORNE RELAPSING FEVER BORRELIA GROUP, ANTIBODY DETECTION TO 4 RECOMBINANT PROTEIN GROUPS, BY IMMUNOBLOT, IGG

After members get massage, chiropractic, or acupuncture treatment, providers should give them an invoice, also called a **superbill**. It will list these details. If CHPW members aren't sure how to get their superbill, or aren't sure it has the information they need, they can call CHPW Customer Service for help at **1-800-440-1561 (TTY:771)**, Monday through Friday, **8:00 a.m. to 5:00 p.m.**

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Servicing Information   ⌃

* Date Of Service ❓   *** Diagnosis Code** ❓

| 📅 | | J45.3 | 🔍 |

* Procedure Code ❓

| Enter at least 3 characters |

* Proof of Payment (Example: a receipt. If you're attaching your superbill, you can say so here.)

| Receipt |

"Where do I get provider and service information?"

After members get massage, chiropractic, or acupuncture treatment, providers should give them an invoice, also called a **superbill**. It will list these details. If CHPW members aren't sure how to get their superbill, or aren't sure it has the information they need, they can call CHPW Customer Service for help at **1-800-440-1561 (TTY:771)**, Monday through Friday, **8:00 a.m. to 5:00 p.m.**

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Upload File

* Select a file to Upload

| Choose File   No file chosen | ⬆Upload |

Only one file attachment is allowed

Claims_001.pdf Remove

Add Claim

Add Claim					
Click this button to add additional claim data.					
Date of Service	**Diagnosis Code**	**Procedure Code**	**Proof of Payment**	**File Name**	**Action**
09/01/2024	D59.9	0044U	superbill	Claims_001.pdf View	🗑

Clear Submit

Add Additional Claim

Servicing Information ︿

* Date Of Service ❓

📅

* Diagnosis Code ❓

🔍

* Procedure Code ❓

Enter at least 3 characters

* Proof of Payment (Example: a receipt. If you're attaching your superbill, you can say so here.)

"Where do I get provider and service information?"

After members get massage, chiropractic, or acupuncture treatment, providers should give them an invoice, also called a **superbill**. It will list these details. If CHPW members aren't sure how to get their superbill, or aren't sure it has the information they need, they can call CHPW Customer Service for help at **1-800-440-1561 (TTY:771)**, Monday through Friday, **8:00 a.m. to 5:00 p.m.**

TIP: We suggest that members make a copy of their superbill and send it to CHPW with this form

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Choose File No file chosen   ⬆Upload

Only one file attachment is allowed

Add Claim

Click this button to add additional claim data.

Date of Service	**Diagnosis Code**	**Procedure Code**	**Proof of Payment**	**File Name**	**Action**
09/01/2024	D59.9	0044U	superbill	Claims_001.pdf View	🗑

Clear Submit

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Servicing Information ⌃

* Date Of Service ❓

09/03/2024 📅

* Diagnosis Code ❓

M04.9 🔍

* Procedure Code ❓

86638 - ANTIBODY: COXIELLA BURNETII (Q FEVER)

* Proof of Payment (Example: a receipt. If you're attaching your superbill, you can say so here.)

diagnosis bill

"Where do I get provider and service information?"

After members get massage, chiropractic, or acupuncture treatment, providers should give them an invoice, also called a **superbill**. It will list these details. If CHPW members aren't sure how to get their superbill, or aren't sure it has the information they need, they can call CHPW Customer Service for help at **1-800-440-1561 (TTY:771)**, Monday through Friday, **8:00 a.m. to 5:00 p.m.**

TIP: We suggest that members make a copy of their superbill and send it to CHPW with this form

* Select a file to Upload

Choose File | No file chosen   ⬆Upload

Only one file attachment is allowed

Claims_002.pdf Remove

Add Claim

Click this button to add additional claim data.

Date of Service	Diagnosis Code	Procedure Code	Proof of Payment	File Name	Action
09/01/2024	D59.9	0044U	superbill	Claims_001.pdf View	🗑

Clear   Submit

Date of Service	Diagnosis Code	Procedure Code	Proof of Payment	File Name	Action
09/01/2024	D59.9	0044U	superbill	Claims_001.pdf View	🗑
09/03/2024	M04.9	fever	diagnosis bill	Claims_002.pdf View	🗑

Clear   Submit

Delete Claim

Confirmation Message

Screens—View Claims

Step-by-Step Instructions

Steps

Start on your Member Dashboard

1. **Click the *Claims >> Submit a Claim* quick link.**

   The **Member Claim Submission** page is displayed.

2. Search for your **Member Information** to auto-populate this section.

   a. You can enter your CHPW **Member ID** and click the magnifying glass to search. Or, you can click the magnifying glass first to search with your CHPW **Member ID**, your **Medicare ID**, or your **ProviderOne ID**. You can also search by your member name, date of birth, and more.

   b. Then click the **Search** button to retrieve your member information.

   c. Once your **Member ID** is validated, the record(s) will display, showing your **Subscriber ID**, **Member Name**, **DOB** (date of birth), and more.

   d. When you select the radio button (click the small circle in the **Select** colum) and click the **Continue** button, you will be taken back to the **Member Claim Submission** screen and your member details will populate.

   e. If you have any dependents, you will be able to select the member from the **Member Search Results**. You can select your dependent from the dropdown menu and then submit a claim for them.

3. **Provider search**

   You can choose to search for a **Provider Name** with the magnifying glass displayed under the **Provider Information** section. If the provider is not in our system, then you will not receive any results.

   a. Enter the provider details or click on the **Search** button to select a provider.

   b. After you click the **Search** button, the **Provider Search Results** screen will be displayed.

   c. Select a provider from the list and click the **Continue** button.

   d. Enter a keyword in the **Clinic/ Facility Name** field, then select a clinic or facility name from the dropdown menu.

   e. Enter the address information of the clinic/facility. Required fields are marked with a *.

4. **Servicing Information**

   You must enter the **Servicing Information**: **Date Of Service**, **Diagnosis Code**, etc. Hover your cursor over a question mark icon to see more information about what to enter. All fields in this section are required.

   a. You can enter a date in the **Date of Service** field or you can select a date by clicking on the calendar icon.

   b. You can enter a **Diagnosis Code** in the text field or you can search using the magnifying glass icon. Once you have selected the diagnosis code, the **Diagnosis Code** field is updated.

   c. Next, search for the procedure code in the **Procedure Code** field. Enter keywords, or part of a keyword, then select from the dropdown list.

5. Next, you must complete the **Proof of Payment** field. For example, you can type "receipt" or "superbill."

6. **Upload File**

   Upload your **Proof of Payment**. File formats .pdf, .tiff, .tif, .png, .jpeg, .jpg, .bmp files should be supported.

7. **Add Claim**

   Click the **Add Claim** button and your claim details will be displayed.

   a. Once you click the **Add Claim** button, you can either:

      i. Click **Submit** to send your claim(s) for processing;

      ii. Or, you can add another claim with the same member and provider information pre-populated;

      iii. Or, you can key over the pre-populated provider information to enter a claim for another provider.

   b. If you are entering additional claims, the **Servicing Information** section will be cleared out by the system. You will be taken to the **Servicing Information** section to enter the additional claim details.

   c. If you choose to delete your claim and start over:
      The **Action** column has a delete option (garbage can icon).

d. Once you have entered _**all**_ of your claims, click **Submit**.

e. A "success" message should display after you click the **Submit** button on the **Member Claims Submission** screen.

8. View Claims

You can view claims that you have submitted on the **Submit a Claim** tab.

Click the **View** option in the **Action** column to display a snapshot of the submitted claim.

Click the **Back to Summary** button to return to the **Submit/View Member Claims** screen.

Click the **Submit a Claim** button to return to the **Member Claim Submission** screen.

If you need help submitting claims in the portal, please email CustomerCare@chpw.org.

Revised 9/24/2024