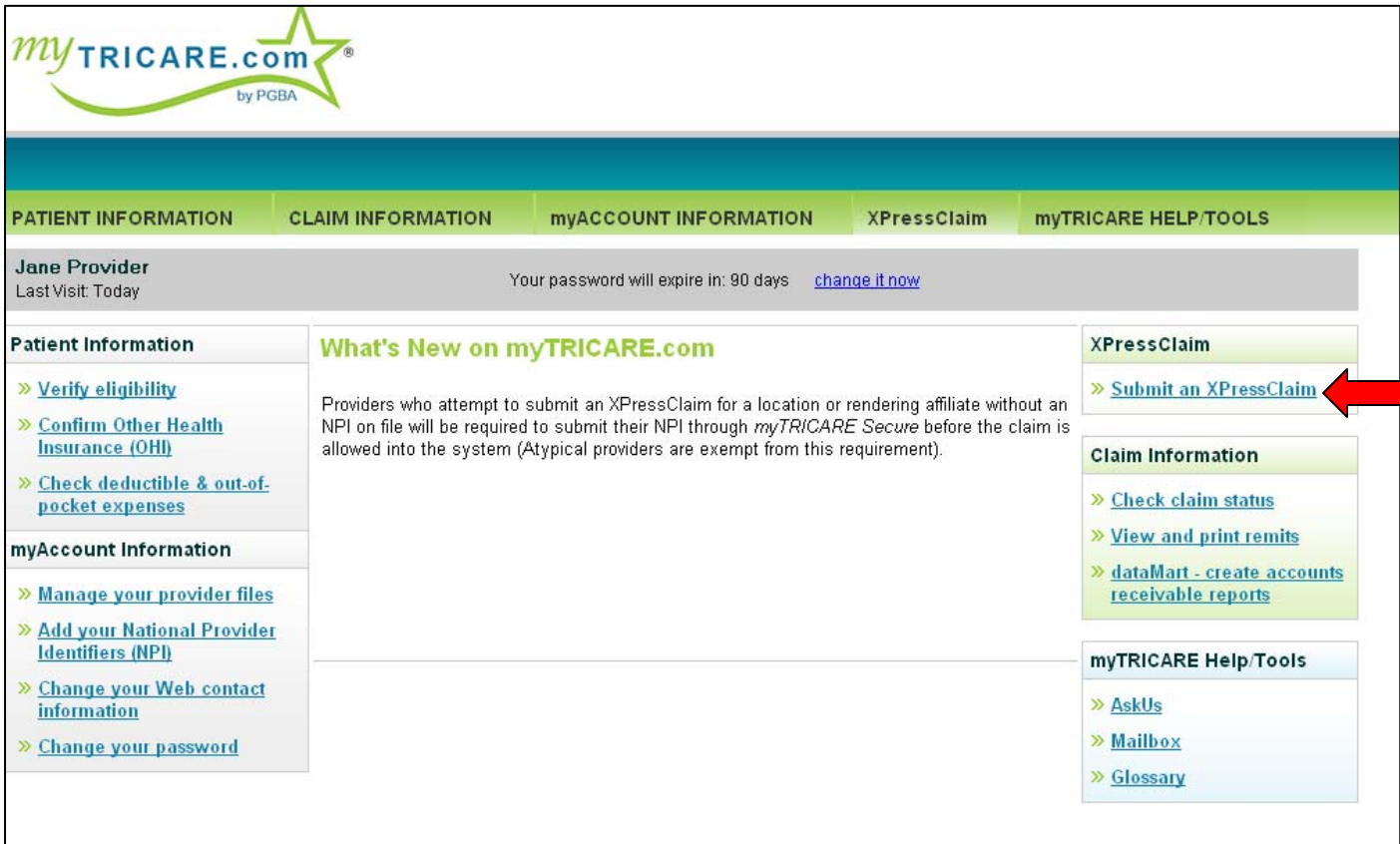




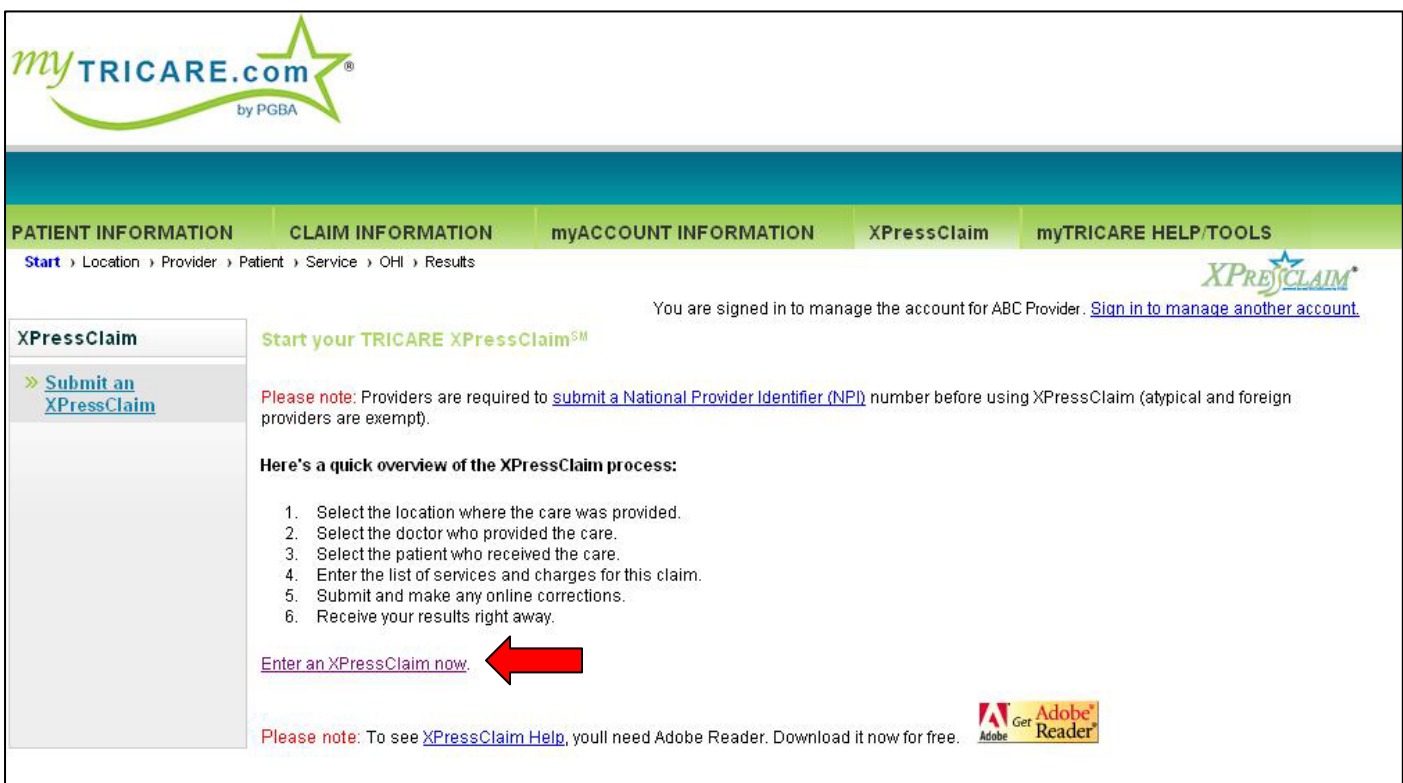
DEMONSTRATION

1. After you have logged in to *myTRICARE Secure*, click on Submit an XPressClaim.
(Please note: You must sign up for XPressClaim before you will be able to submit a claim. If you have not yet signed up for XPressClaim, you will be presented with an XPressClaim agreement and will be granted immediate access upon completion.)




The screenshot shows the myTRICARE.com homepage. At the top left is the logo "myTRICARE.com by PGBA". Below it is a navigation bar with tabs: "PATIENT INFORMATION", "CLAIM INFORMATION", "myACCOUNT INFORMATION", "XPressClaim", and "myTRICARE HELP/TOOLS". The "XPressClaim" tab is selected. Below the navigation bar, there is a user profile for "Jane Provider" with the text "Last Visit: Today" and "Your password will expire in: 90 days" with a link "change it now". The main content area is divided into three columns. The left column has "Patient Information" and "myAccount Information" sections with links like "Verify eligibility", "Confirm Other Health Insurance (OHI)", "Check deductible & out-of-pocket expenses", "Manage your provider files", "Add your National Provider Identifiers (NPI)", "Change your Web contact information", and "Change your password". The middle column has a section "What's New on myTRICARE.com" with a paragraph of text: "Providers who attempt to submit an XPressClaim for a location or rendering affiliate without an NPI on file will be required to submit their NPI through myTRICARE Secure before the claim is allowed into the system (Atypical providers are exempt from this requirement).". The right column has three sections: "XPressClaim" with a link "Submit an XPressClaim" (highlighted with a red arrow), "Claim Information" with links "Check claim status", "View and print remits", and "dataMart - create accounts receivable reports", and "myTRICARE Help/Tools" with links "AskUs", "Mailbox", and "Glossary".

2. Click on the Enter an XPressClaim now link.



The screenshot shows the myTRICARE.com XPressClaim page. At the top left is the logo "myTRICARE.com by PGBA". Below it is a navigation bar with tabs: "PATIENT INFORMATION", "CLAIM INFORMATION", "myACCOUNT INFORMATION", "XPressClaim", and "myTRICARE HELP/TOOLS". The "XPressClaim" tab is selected. Below the navigation bar, there is a breadcrumb trail: "Start > Location > Provider > Patient > Service > OHI > Results". On the right side, there is a "XPressCLAIM" logo and the text "You are signed in to manage the account for ABC Provider. Sign in to manage another account." The main content area is divided into two columns. The left column has a section "XPressClaim" with a link "Submit an XPressClaim". The right column has a section "Start your TRICARE XPressClaimSM" with a "Please note" paragraph: "Providers are required to submit a National Provider Identifier (NPI) number before using XPressClaim (atypical and foreign providers are exempt).". Below this is a section "Here's a quick overview of the XPressClaim process:" with a numbered list of 6 steps: 1. Select the location where the care was provided. 2. Select the doctor who provided the care. 3. Select the patient who received the care. 4. Enter the list of services and charges for this claim. 5. Submit and make any online corrections. 6. Receive your results right away. Below the list is a link "Enter an XPressClaim now" (highlighted with a red arrow). At the bottom right, there is a "Please note" paragraph: "To see XPressClaim Help, you'll need Adobe Reader. Download it now for free." and the Adobe Reader logo.

3. Select the location where the services were provided.



PATIENT INFORMATION CLAIM INFORMATION myACCOUNT INFORMATION XPressClaim myTRICARE HELP/TOOLS

Start > Location > Provider > Patient > Service > OHI > Results

You are signed in to manage the account for ABC Provider. [Sign in to manage another account.](#)

XPressClaim

>> [Submit an XPressClaim](#)

Select the location where services were provided

From the list below, select the provider billing location or group where services were provided for this claim.

To change or narrow the selection, please enter the location name and/or state and/or specialty (in any combination).


Location name: State: Specialty:

(Enter one or more letters)

Location	Address	City	State	ZIP	Specialty	NPI
ABC MEDICAL CLINICS	1001 HORSEBARN RD	ROGERS	AR	72712	APPLIED BEHAVIOR ANALYST (ABA)	0987654321
ABC FAMILY HEALTH CLINIC	1200 W WALNUT ST	ROGERS	AR	72712	APPLIED BEHAVIOR ANALYST (ABA)	Required
ABC MEDICAL CENTER	1502 SE 28TH ST	BENTONVILLE	AR	72758	MIXED SPECIALTY CLINIC	0987654321

If you do not see the location you need, [request that we add a new location to our system.](#)

4. Select the provider who rendered services.



PATIENT INFORMATION CLAIM INFORMATION myACCOUNT INFORMATION XPressClaim myTRICARE HELP/TOOLS

Start > Location > Provider > Patient > Service > OHI > Results

You are signed in to manage the account for ABC Provider. [Sign in to manage another account.](#)

XPressClaim

>> [Submit an XPressClaim](#)

Select the doctor who provided the care at: ABC MEDICAL CLINICS

From the list below, select the doctor who provided care for this claim.

To change or narrow the selection, please enter the provider's name and/or state and/or specialty (in any combination).

Provider's name: State: Specialty:

(Enter one or more letters)

Provider's name	Social Security Number	Specialty	NPI
JEAN POOLE BCBA	*****3468	APPLIED BEHAVIOR ANALYST (ABA)	Required
JUSTIN TYME SLP	*****2501	SPEECH PATHOLOGIST/SPEECH THERAPY	9999999999
KHAN DO	*****5187	BEHAVIORAL TUTOR - AUTISM DEMO	Not required
MEL PRAKTISS	*****4314	BEHAVIORAL TUTOR - AUTISM DEMO	Not required
POLLY ESTHER BCBA	*****2878	APPLIED BEHAVIOR ANALYST (ABA)	777777777

If you do not see the doctor after this search, please [request that we add him/her to our system.](#)

5. Select the patient from the patient directory.

myTRICARE.com by PGBA

PATIENT INFORMATION CLAIM INFORMATION myACCOUNT INFORMATION XPressClaim myTRICARE HELP/TOOLS

Start > Location > Provider > Patient > Service > OHI > Results

You are signed in to manage the account for ABC Provider. [Sign in to manage another account.](#)

Select the patient who received care at: ABC MEDICAL CLINICS

New patient? To add a new patient to your directory, please enter the following:
 Sponsor's SSN: (Nine digits, no hyphens) Patient's date of birth: / / (mm/dd/yyyy)

Returning patient? To quickly search your directory for your patient, please enter either or both of the following:
 Patient's last name: (Enter one or more letters) Patient's account number:

OR browse your directory alphabetically:
 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 2 total patient(s).

Start XPressClaim	Claim status	Eligibility	Delete patient	Patient's name	Date of birth	Account number
		?	✗	BENEFICIARY, JOHN P	07/05/2004	333XCL250
		?	✗	DOE, JANE	02/03/2006	LLV800207

6. Verify the patient's information. Select the patient relationship, signature release and source information.

myTRICARE.com by PGBA

PATIENT INFORMATION CLAIM INFORMATION myACCOUNT INFORMATION XPressClaim myTRICARE HELP/TOOLS

Start > Location > Provider > Patient > Service > OHI > Results

You are signed in to manage the account for ABC Provider. [Sign in to manage another account.](#)

Update the patient's information or confirm the following is correct

Required *
 Sponsor's Social Security Number: XXXXX7982
 Patient's name: JOHN P BENEFICIARY
 Date of birth: July 5, 2004

We show the following information for this patient. Please update or add missing information.

Account number: (optional)
 Address line 1:
 City:
 State/ZIP/Country: - USA

Patient's relationship to sponsor:
 Patient's signature release:
 Patient's signature source:
 Patient's weight: lbs

OR

[Apply updates and add another patient to your directory.](#) [Check claim status](#)
[Apply updates and return to your directory.](#) [? Check eligibility](#)
[Do not update this patient and return to your directory.](#)

- For patients under 18, enter the parent/guardian's name.
Enter the diagnosis code(s), date(s) of service, procedure code(s), charges and units.
Enter OHI allowed and paid amounts if applicable.
Click Submit.

myTRICARE.com
by PGBA

PATIENT INFORMATION CLAIM INFORMATION myACCOUNT INFORMATION XPressClaim myTRICARE HELP/TOOLS

Start > Location > Provider > Patient > Service > OHI > Results

You are signed in to manage the account for ABC Provider. [Sign in to manage another account.](#)

XPressClaim

>> [Submit an XPressClaim](#)

Enter the professional claim line details

Provider: **POLLY ESTHER @ ABC MEDICAL CLINICS**
 Patient name: **JOHN P BENEFICIARY** Date of birth: **July 5, 2004** Account number:

The patient is under 18 years old. **Please enter the first and last name of patient's parent or guardian.**
 First name: MI: Last name: Suffix:

Please enter diagnosis code(s): (1) (2) (3) (4)
 (You must enter at least one diagnosis code) (5) (6) (7) (8)

Date: mm/dd/yyyy	Place of Service <i>Please use 99 for pharmacy</i>	Procedure/Modifier	Diagnosis 1,2,3,etc.	NDC#	Charge	Units
4/15/2010	11- Office	H2019	1		50.00	4
Clear this line						
4/15/2010	11- Office	S5018	1		125.00	4
Clear this line						
4/15/2010	11- Office				0.00	1
Clear this line						
4/15/2010	11- Office				0.00	1
Clear this line						
4/15/2010	11- Office				0.00	1
Clear this line						

Accept Assignment: OHI amount allowed: \$ OHI paid: \$ Your total submitted charges: \$ **175.00** Patient paid you: \$

- Confirm submission.

Submit this claim? - Microsoft Internet Explorer provided by BCBSSC

Are you ready to submit this claim?

HIPAA Supplemental information is not required to adjudicate this claim and will not affect the outcome.

9. You will be presented with a confirmation denoting receipt date and claim number. If the claim does not process immediately due to additional edits PGBA must resolve, you will be presented with a text field for submitting comments or additional information that may assist with processing.

myTRICARE.com
by PGBA

PATIENT INFORMATION CLAIM INFORMATION myACCOUNT INFORMATION XPressClaim myTRICARE HELP/TOOLS

Start > Location > Provider > Patient > Service > OHI > **Results**

You are signed in to manage the account for ABC Provider. [Sign in to manage another account.](#)

XPressClaim submission confirmation

Sponsor's Social Security Number: **XXXXX7982**
Patient's Name: **JOHN P BENEFICIARY**
Patient's Date of Birth: **7/05/2004**

We received your claim on April 15, 2010.

Claim Number: **0105X0000000**

There are additional edits PGBA must resolve, but we will process this claim on a priority basis. If you have any other information that you think would help us process this claim, please enter your comments (about this claim only) below. You will not receive a reply to the comments you enter. Please check the status of your claim at a later time.

Tutor services from 11am - 12pm. Rendering: Khan Do, ID: 55555555
Supervisor services from 9am - 10am. Rendering: Polly Esther, ID: 77777777

[View list of claims and status for this patient](#)

Submit an XPressClaim for another TRICARE patient:
[Same location](#)
[Another location](#)

myTRICARE.com
by PGBA

PATIENT INFORMATION CLAIM INFORMATION myACCOUNT INFORMATION XPressClaim myTRICARE HELP/TOOLS

Start > Location > Provider > Patient > Service > OHI > **Results**

You are signed in to manage the account for ABC Provider. [Sign in to manage another account.](#)

We've received your comments

We received your comments on **April 15, 2010** for claim **0105X0000000**

Comments:
Tutor services from 11 am - 12pm. Rendering: Khan Do, ID: 55555555
Supervisor services from 9am - 10am. Rendering: Polly Esther, ID: 77777777

Remember, you will not receive a reply to these comments.

[Submit an XPressClaim for another patient.](#) [Review status of all claims for this patient.](#)

Please note: Although most XPressClaim submissions are processed within 7-10 days, ECHO/Autism Claims may require additional processing time.