



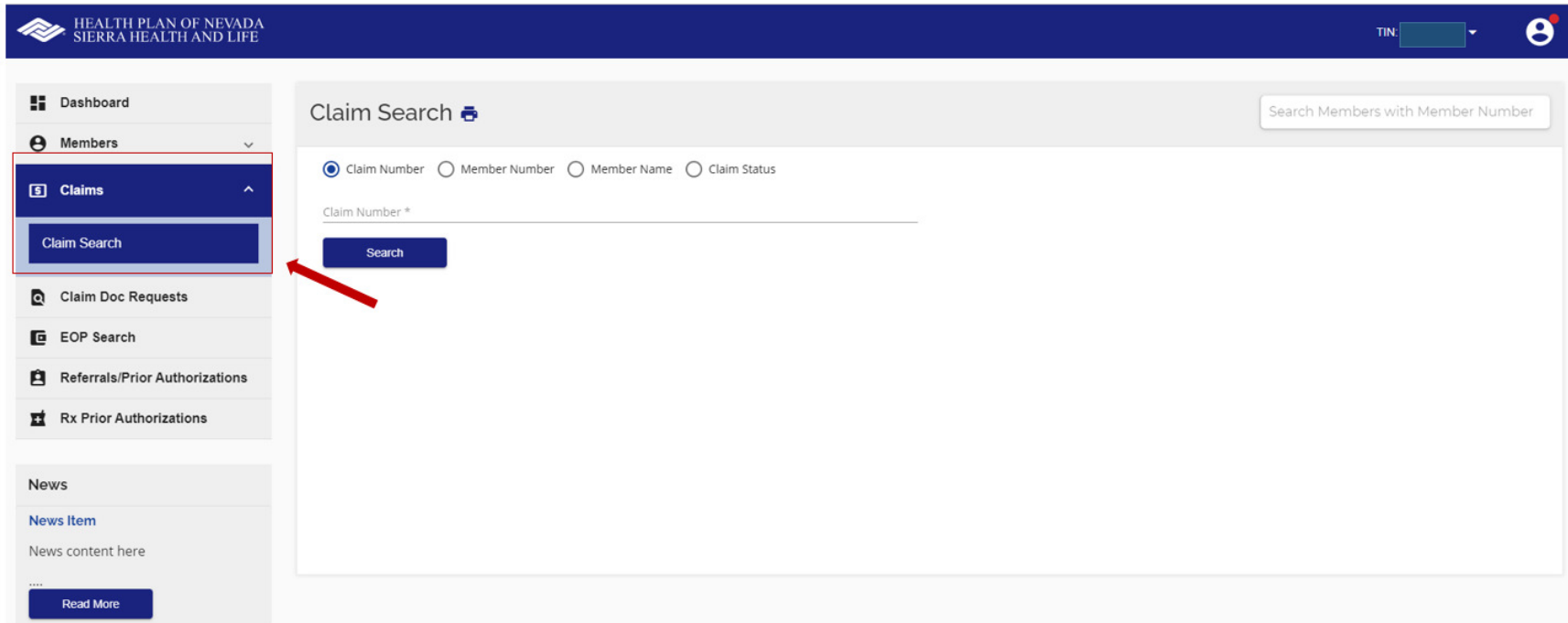
HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company



SIERRA HEALTH AND LIFE  
A UnitedHealthcare Company

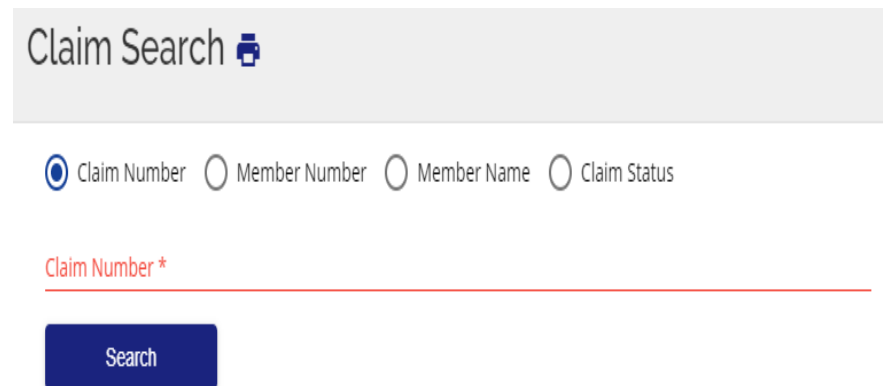
# Online Provider Center Tutorial Claims Search

# Claim Search





Enter data into one of the **Required Fields** and **Search**:

- **Claim Number**
- **Member Number**
- **Member Name**
- **Claim Status**



# Claims Search - Detail:

Select the desired claim to view the detailed claim information. You may print the **Claim Detail** &/or **View Explanation of Payment**.

Claim Detail  

<b>Claim #:</b>		<b>Member:</b>	
<b>Account #:</b>		<b>Member #:</b>	
<b>Provider:</b>		<b>Dates of Service:</b>	12/04/2019 - 12/04/2019
<b>Provider #:</b>		<b>Processed Date:</b>	01/02/2020
<b>Billed Amount:</b>	\$185.00	<b>Total Amount Allowed:</b>	\$110.48
<b>Paid Amount:</b>	\$80.48	<b>Pt Responsibility:</b>	\$30.00
<b>Check #:</b>	0	<b>Status:</b>	Processed
<b>Check Cashed:</b>		<b>Status Reason:</b>	

 [View Explanation of Payment](#) 

Message Code ↑	Dates of Service	Procedure Code/Description	Billed Amount	Contract Savings	Allowed Amount	Disallowed Charges	Copay	Co-Insurance	Deductible	Paid
PSS	12/04/2019 - 12/04/2019	99203 - New Outpt L3 Dtl H&E Low Complex Dec	\$185.00	\$74.52	\$110.48	\$0.00	\$30.00	\$0.00	\$0.00	\$80.48

**Message Code Description**  
 PSS - This claim was priced at the provider's contract rate. Any amount in excess of the contract rate is provider responsibility.

**Claimant's Responsibility**  
**\$30.00**  
 Includes Disallowed, Copayment, Coinsurance, and Deductible Amounts

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