



Need to check claim status, verify patient eligibility and benefits or add/delete TINs? You can do all of this on the HealthFirst provider portal. You'll find that it is easy to navigate with helpful prompts and messages. And it's secure and confidential.

- Access the site at https://hfbenefits.com, then click on **Providers**. If you haven't registered yet, your **first** step is to complete New user registration. Just follow the instructions that follow.
- After you register, you will receive an email to set your password within 1-2 business days.
- 1. Select Providers



3. Select Provider Register.



5. Select either Servicing Provider or Provider's Billing Service (enter name). Select **Next.**



2. Select New user Registration.

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_ogin	
User ID:	
	Login User ID: Pessword: Pessword Bubmit forgat my User ID or Passeord (New user Registration ? ?

4. Create your User ID and fill in demographic info. Required fields are indicated with a diamond. Select **Next**.

WhealthFIRST			
		N	ew User
Please fill in the form be Required Information	elow. m		
 USER ID: 	test.provider1	Enter a user id you're likely to remember	
For security and p an email to set yo	privacy purposes, once you register, you will receive our password.		
FIRST NAME:	Test		
LAST NAME:	Provider		
 Address Line 1 	5555 Provider Ln		
Address Line 2			
 CITY: 	Tyler		
 STATE: 	TEXAS (TX)		
 ZIP CODE: 	75707		
Daytime Phone Number	(345) 123 -4567 ext.		
EMAIL ADDRESS:	test@provider.org		
First Question :	What is your mother's maiden name?		
Answer	Leanie		
Second Question :	What is your high school team's name?		
Answer	Indians		
Cancel	Next		

6. Enter the Tax Identification Number (TIN). Select Submit.

6	HealthFIRST		
			Add TIN Numbers
•	ENTER TIN OF PROVIDER:	12-3456789	
	(Enter TIN No EXAMPLE: 22-345678	J9 or 424-88-3622)	
	Cancel	Submit	

All images in this document are representations of the online portal screens; images can vary.

7. Select one or all providers listed in your group. Select **Submit.**

тп	4:	12-3	3456789			
TI	Summary					
	Selected	Seq 🗢	Provider Name	Address	City	Alpha Sort
	Yes	001	JOHN DOE FNP	7007 STRAIGHTWAY CIRCLE	HAPPY TX 77771	DOEJOHN
	Yes	002	JOHN Q DOE FNP	123 RIGHTSIDE DRIVE PO BOX 777	HAPPY TX 77771-7007	DOEJOHN
•	Yes	003	SIDEWAYS HEALTH CARE CENTER	123 RIGHTSIDE DRIVE PO BOX 777	HAPPY TX 77771-7007	SIDEWAYSHEAL
			14	<- Page 1 of 1 >> >+		View 1 - 3 of

8. If you need to add more TINs, click on Add TINs and you will go back to step 6. You can also delete a TIN on this screen.

				Provider System	Access Request - 1	TIN List	
IN List							
	TIN 🗢	Seq	Name/Contract	Street Address	City ,State ZIP	Alpha Sort	Statu
Delete	46-5079745	001* JOHN	DOE FNP	7007 STRAIGHTWAY CIRCLE	HAPPY, TX 77771	DOEJOHN 4	New
Delete	46-5079745	002* JOHN	I Q DOE FNP	123 RIGHTSIDE DRIVE PO BOX 777	HAPPY, TX 77771-7007	DOEJOHN 1	New
Delete	46-5079745	003* SIDEV	WAYS HEALTH CARE	CENTE 123 RIGHTSIDE DRIVE PO BOX 777	HAPPY, TX 77771-7007	SIDEWAYSHE FA	New
				In a Page 1 of 0 +> +1		Viev	v 1 - 3 c

 After you have Added TINs, deleted TINS, or simply viewed TINS, by selecting Next, you will be presented with the Provider Summary. If you need to Delete a provider or add a provider, select Back. Otherwise, click Submit.

				Provider Sum	nary
ROFILE:					
USER ID:	test.pro	ovider1			
FIRST NAME:	Fina				
LAST NAME:	Mark				
ADDRESS:	25211 HOUST	GROGAN'S MILL RD STE 350 ON, TX 77380			
EMAIL ADDRESS	: domark(Shifbenefits.com			
PHONE NUMBER:					
PROVIDER TYPE:	Provide	r's Billing Service			
ROVIDER INFO	RMATIO	N:			
TN Liet					0
and Link			Street Address	City ,State ZIP	Ctatur
TIN \$	Seq	Name/Contract	Street Audress		510103
TIN \$	Seq 001	JOHN P ZUBRO FNP	6004 SOUTH BROADWAY #202	TYLER,TX 75703	New
TIN \$ 6-5079745 6-5079745	Seq 001 002	Name/Contract JOHN P ZUBRO FNP JOHN ZUBRO FNP	6004 SOUTH BROADWAY #202 16623 C FM 2493 PO BOX 425	TYLER,TX 75703 TYLER,TX 75703-7983	New
TIN ≑ 6-5079745 6-5079745 6-5079745	Seq 001 002 003	Name/Contract JOHN P ZUBRO FNP JOHN ZUBRO FNP CROSSWAY FAMILY HEALTH CENTER	6004 SOUTH BROADWAY #202 16623 C FM 2493 PO BOX 425 16623 C FM 2493 PO BOX 425	TYLER,TX 75703 TYLER,TX 75703-7983 TYLER,TX 75703-7983	New New New

10. You are done! You will receive your password in 1-2 business days. An email will be sent to the email address you entered on the New User registration page in step 4 (make sure you have entered it correctly). You will need to have your password the next time you login.

Thank You

After your account has been authorized, you can login and select:

- Claims Inquiry Find claims and Explanation of Benefits (EOB) information here.
- Coverage Inquiry View benefit coverage for members and their covered dependents.
- Maintain TIN Address List—Add or delete the list of TINs for your practice(s).

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