



Account Receivable Review

Claim Status Inquiry

- » **Launch the Claim Status Inquiry tool**
- » **Search in Account Receivable**
- » **Reporting features**
- » **Claim review**

Open Claim Status Inquiry



- Accounts Receivable
- Check Claim Status**
- View Eligibility & Benefits
- Notification Application
- Prior Approval Application
- Ask a Question
- Track a Question
- Create & Submit Claims

Check Claim Status

To search the status of a claim, enter the Plan Member Number and any other criteria and select the Claim Search button.
To search pended claims by provider number, enter the provider number only and select the Claim Search button. You may narrow your search by date of service.

Claim Search

Fields marked with an asterisk (*) are required.

*Plan Member Number as it appears on member card(no hyphens):

Not sure what the plan member number is? Use [Member Number Lookup](#).

OR

*Billing Provider Number:

for a listing of pended claims or use with Plan Member Number to find claims associated with that number.

Patient First Name:

Amount Charged:

From - To Dates of Service (mm/dd/yyyy)[Hint](#):

-

Calendar Year (yyyy):

Claim Number:

Search Screen



If you select the Status of OPEN, you will view all open Account Receivables with Wellmark based on your provider tax ID number.



Account Receivable (A/R) Search

Account Receivable Number:	<input type="text"/>	Status:	<input type="text" value="Open and Paid"/>
A/R Type:	<input type="text" value="All"/>	A/R Date Between:	<input type="text"/> and <input type="text"/>
Original A/R Amount (\$):	<input type="text"/>		(mm/dd/yyyy)
Provider Number/NPI:	<input type="text"/>	Claim # (ICN):	<input type="text"/>
Plan Member Number:	<input type="text"/>	Service Date Between:	<input type="text"/> and <input type="text"/>
Patient Account Number:	<input type="text"/>		(mm/dd/yyyy)
		<input type="button" value="Search"/>	<input type="button" value="Clear"/>

Account Receivable List



Account Receivable Number:
 A/R Type:
 Original A/R Amount (\$):
 Status:
 A/R Date Between: and
(mm/dd/yyyy)
 Provider Number/NPI:
 Plan Member Number:
 Patient Account Number:
 Claim # (ICN):
 Service Date Between: and
(mm/dd/yyyy)

Results [Export to Excel](#) [Printer Friendly Version](#)
 A/R Records found: 10 Original Total: \$665.41
Total Balance: \$665.41

Accounts Receivable Number	A/R Type	Claims Number (ICN)	Provider Number	NPI	Plan Member Number	Patient Name	Patient Account Number	Service Dates	Original A/R Amt.	Balance
427562073	Recoupment							05/07/2004 - 05/07/2004	31.00	31.00
429661841	Recoupment							06/04/2004 - 06/04/2004	31.00	31.00
432461879	Recoupment							07/09/2004 - 07/09/2004	32.50	32.50
435252218	Repayment							08/28/2004 - 08/23/2004	198.40	198.40
435252230	Repayment							08/21/2004 - 08/22/2004	60.80	60.80
502162138	Recoupment							03/04/2004 - 03/04/2004	31.00	31.00
502162139	Recoupment							04/01/2004 - 04/01/2004	31.00	31.00
502162140	Recoupment							05/06/2004 - 05/06/2004	31.00	31.00
511961688	Recoupment							09/29/2004 - 09/29/2004	69.31	69.31
511961689	Recoupment							09/28/2004 - 09/28/2004	149.40	149.40

Export to Excel List



ARTSSearchReport_20080416_113007[1] - Microsoft Excel

Home Insert Page Layout Formulas Data Review View Developer Add-Ins Get Started

Clipboard Font Alignment Number Styles Cells Editing

L18 149.4

1
2 **A/R Summary Report**
3 Report Date: 4/16/2008
4
5 Search Criteria Used:
6 Provider #:
7 A/R Status: Open
8 A/R Type: All
9 Report: Default
10
11 Total Original Amount: \$417.11
12 Total Balance: \$417.11
13
14

Accounts Receivable Number	A/R Type	Claim # (ICN)	Provider #	NPI	Provider Name	Member #	Patient Name	Patient Account Number	Service Date(s)	Original A/R Amt.	Balance
435262218	Repayment								08/23/2004	198.4	198.4
511961688	Recoupment								09/29/2004	69.31	69.31
511961689	Recoupment								09/28/2004	149.4	149.4

15
16
17
18
19
20

Printable Summary List



This could be printed to be mailed with a check so we know which account receivable apply payments

A/R Summary Report

Report Date: 4/16/2008

Search Criteria Used:

Provider #:	[REDACTED]
A/R Status:	Open
A/R Type:	AL
Report Sorting:	Default

Total Original Amount: \$417.11

Total Balance: \$417.11

Accounts Receivable Number	A/R Type	Claim # (ICN)	Provider #	NPI	Provider Name	Plan Member #	Patient Name	Patient Account Number	Service Date(s)	Original A/R Amt.	Balance
43526221B	Repayment	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	08/20/2004 - 08/23/2004	198.40	198.40
511961688	Recoupment	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	09/29/2004 - 09/29/2004	69.31	69.31
511961689	Recoupment	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	09/28/2004 - 09/28/2004	149.40	149.40

Detailed Recoupment Information



Wellmark BlueCross BlueShield
You Just Can't Beat The Blues®

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Account Receivable (A/R) Detail

A/R #: 707560059

A/R Setup Date:	3/16/2007	Original Amt.:	\$558.78
A/R Type:	Recoupment	Balance:	\$0.00
Status:	Paid		

Adj. Reason Code: 042
Adj. Reason Description: Claim adjusted to correct the coinsurance

Claim #: [REDACTED]

Date(s) of Service: 01/16/2007 - 01/16/2007

Plan Member Number:	[REDACTED]	Provider Number:	[REDACTED]
Plan Member Name:	[REDACTED]	Provider Name:	[REDACTED]
Patient Name:	[REDACTED]	Provider TIN:	[REDACTED]
Patient Account Number:	[REDACTED]	Provider NPI:	[REDACTED]
Patient Date of Birth:	[REDACTED]		

Dispositions applied to this Account Receivable Total applied: \$558.78

Amount Applied	Date Applied	Payment/Adjustment	Check Number
140.02	03/16/2007	Auto Recoupment	[REDACTED]
418.76	03/16/2007	Auto Recoupment	[REDACTED]

This claim was adjusted to request a recoupment of overpaid monies. Unfortunately, there are certain situations in which our system is not able to automatically recoup to satisfy an outstanding balance due. Please remit the amount due to Wellmark Blue Cross and Blue Shield along with a copy of this screen to Station 64 so we can update our records to settle this account.

* Wellmark Check Number of Auto-Recoupment

You can link from Accounts Receivable to Claim Status and back again.

Link to Claim Status Inquiry



- Claim Lines
- Adjustment Information
- Account Receivable (A/R) Detail
- Printable Version

Claim Status Paid

Summary Amounts		Claim Information		Patient	
Amount Charged	1584.44	Issue Date	03/16/2007	Birth Date	[Redacted]
Amount Paid by Plan	0.00	Claim Receipt Date	03/07/2007	Gender	[Redacted]
Deductible	998.22	Begin Service Date	01/16/2007	Relationship	Self
Copayment	0.00	End Service Date	01/16/2007		
Coinsurance	0.00	Billing Provider	[Redacted]		
Amount Not Covered	0.00	Provider Name	[Redacted]		
Member Responsibility	998.22	Place of Service	2 - Outpatient		
Network Savings	586.22	Claim Adjusted	Details		
Other Insurance	0.00	Account Number	1004341333		
		Payee	J - Provider		
		Type of Bill	131 - Facility Outpatient		
		Claim Type	63 - ITS - Blue Cross		

You can link from to Claim Status to the Accounts Receivable

Claim Lines

Select a Line Number to view line detail information.
 Select a Line Message Item for a description of the claim message or reject reason.

Line	Message	Procedure	Amount Charged	Member Responsibility	Network Savings	Other Insurance	Amount Paid by Plan	Begin Service Date	End Service Date
01.0		Y4800	962.27	606.24	356.03	0.00	0.00	01/16/2007	01/16/2007
02.0		Y4800	357.83	225.44	132.39	0.00	0.00	01/16/2007	01/16/2007
03.0		Y4800	264.34	166.54	97.80	0.00	0.00	01/16/2007	01/16/2007

The information on this screen is primarily for your own use and reflects claims activity which has been finalized as of the time this application was opened. Further activity or adjustments may occur. If additional information is desired, please refer to your Explanation of Healthcare Benefits or the Claim Line Items for more detail. A printed copy of this screen may be accepted by other insurance carriers or administrators for various purposes such as for the filing of flexible benefit plan claims, COB, etc. Please check with the other carrier or administrator regarding their requirements.

Adjustment Information

Claim Compare



*Plan Member Number as it appears on member card(no hyphens):

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OR

*Billing Provider Number:

for a listing of pended claims or use with Plan Member Number to find claims associated with that number.

Patient First Name:

Amount Charged:

From - To Dates of Service (mm/dd/yyyy)[Hint](#):

01/16/2007 - 01/16/2007

Calendar Year (yyyy):

Claim Number:

[Search Results](#)

Using the date of service search lets you review the original and subsequent adjustment.

[Printable Version](#)

Select a Claim Number to view the status of that claim.

Claims 1 - 2

Claim Number	Claim Status	Patient First Name	Begin Date Of Service	Amount Charged	Issue Date*	Settlement Amount	Payee
0 [redacted]	Paid	[redacted]	01/16/2007	1,584.44	03/16/2007	0.00	Provider
0 [redacted]	Paid	[redacted]	01/16/2007	1,584.44	02/09/2007	558.78	Provider
Cumulative Totals:				\$3,168.88		\$558.78	

Claims 1 - 2

Select a Claim Number to view the status of that claim.

Select any column heading to re-sort the claim information.

*Settlement date represents the date printed on a check and/or a remittance form (PRA) provider remittance advice or (PCR) practitioner claims report associated with a claim.

**If you have security or system access questions,
contact EC Solutions Assistance Center at
800-407-0267.**

Phone hours – 7:00 AM to 5:30 PM (M-F)