

## WELCOME TO MUTUAL HEALTH SERVICES ONLINE!

### Now, you can access your claims and enrollment history online, 24-hours a day. Here's how:

Get your Mutual Health Services ID card and go to MutualHealthServices.com.





# WELCOME TO MUTUAL HEALTH SERVICES ONLINE!

MUTUAL HEALTH SERVICES"		This screen asks for information to	
Please fill in the form below. Al Providers: Follow the registratio USER TYPE: GROUP NUMBER:	I fields are required. n instructions on the Provider page https://www.mutualhe Select One	User Type: Select Employee Group Number: enter the web group number from your ID card.	
Write the characters in the image above	Change Image		
Cancel	Ν	xt	
When you enter yo additional items wi the security options	ur group number, Il come up based on s for your group.		
USER TYPE:	Employee DEM0001	DEMONSTRATIONS INC	
Write the characters image above	2c16WI Change Image in the 2C16W1	Fill in the requested information. note, not all of these questions v asked.	Please vill be
FIRST NAME: LAST NAME: DATE OF BIRTH:	JOHN DOE 01/25/1985	<ul> <li>First name; last name: Enter appears on the card.</li> <li>Date of birth: requires all fou</li> </ul>	r this as it r digits of
GENDER:	Male (M) -	the year.     Alternate ID, SSN: you need <i>either</i> the 12-digit ID number     card or your SSN	to enter from your
Alterna	ate Registration Options	Then click Next.	
Image above Soc. Sec. Num Alternate ID	ber		



The next screen shows the results of comparing your information to what is in our system. There are two results:

- 1. EXISTING member (you have been found in our claims system)
- 2. NEW member (there is not a member on file under your group number matching the information you provided).

If you are registering as the employee, you would have ENROLLEE status, regardless of existing or new.

MUTUAL HEALTH SERVICES"						
			User Registratio	on		
Please fill in the form below. You are attempting to register as a <b>NEW</b> member with <b>ENROLLEE</b> status using the following information.						
If the status Existing Member or New Member is correct, fill in the remainder of the form and click the [NEXT] button to continue.						
Check that the info you entered is the same as on your ID card. For example, if the name on your card is "Anthony", then you cannot register as "Tony". If you need to correct the info you just entered, please click the [BACK] button below and re-enter.						
If you entered your data correctly and the status is still incorrect: Please cancel this registration and contact Mutual Health Services for assistance - 800-367-3762 or MHS-WebAdmin@mutualhealthservices.com. You will not be able to access your records if you continue to sign in without calling.						



If the status shown above isn't correct, STOP for just a moment and check:

- Did you correctly enter information like the ID numbers and date of birth?
- If you entered something incorrectly, go to the bottom of the screen and click BACK. Then re-enter the corrected information and click NEXT. Your status should be correct.
- Your status be correct for the website to connect you to your file.
- If you are not sure, please call us at (800) 367-3762.

If your status is correct, then continue filling out your web profile.



* * * *	USERNAME: PASSWORD: VERIFY PASSWORD: FIRST NAME: LAST NAME: DATE OF BIRTH: GENDER:	Select One	F n re •	ill out the user profile. All fields barked with a blue diamond are equired. You can choose your: USERNAME – up to 10 characters. PASSWORD – 8-20 Characters; must include one number, one upper case letter, one lower case letter, and one special symbol. (-@#\$%!). Note: this password will expire every 60 days and you will need to
	Address Line 1 Address Line 2		L	enter a new password to continue.
	CITY:			
	STATE:	Select One		Be sure you provide an e-mail
	ZIP CODE:			address as well, because the
	Home Phone Number	EXT		password reset function will send you an email to reset the password.
٠	EMAIL ADDRESS:			
		I do not have an em	ail address	

Select One A qu yc EXT.	t the end of the profile, there are two uestions/answers to set up in case ou forget your password. Select a question from the drop- down list, and then enter the answer.					
Reset Password Settings						
First Question : What street did you live on when you started school? -						
SPOONER						
What is the last name of your fa	avorite teacher?					
AnswerSelect What is your mother's maiden name? What is your favorite pet's name?						
What is your high school team's What was the name of your elen What city were you born in? What street did you live on when What is your favorite food?	name? nentary school? n you started school?					
	Select One A QU VO EXT. I do not have an email address Mhat street did you live on whee SPOONER What is the last name of your far Select What is your mother's maiden n What is your favorite pet's name What is your favorite pet's name What is your high school team's What is your high school team's What street did you live on when What is your favorite food? What is the last name of your favorite What is your favorite What is the last name of your favorite What is your favorite What is your favorite What is the last name of your favorite What is your f					



When you have selected and answered your questions, click Next. You'll be taken to the Welcome page, where you will be welcomed by name.

MUTUAL HEALTH SERVICES"	🤮 🎡 🕿	Home S	Security	Help	Log Off Current User: STANLEY	
Enrollment 🔻 Inquiry 🔻						
		WELCO	ME STA	NLEY	LIVINGSTON!	
Welcome! If you are a new member, and need to enroll, please scroll down for further information.						
If you are already enrolled, you may choose any of the following from the menu in the green bar above: • To see your plan document, schedule of benefits, or check your deductible, select <b>Coverage Inquiry</b> from the "Inquiry" option above. • To check status of a claim, or view and print an explanation of benefits, select <b>Claims Inquiry</b> . • For printable claim forms, or links to PPO and Prescription websites, select <b>Links</b> .						
If you have any questions about how to use the features in this site, contact <b>Mutual Health Services</b> at 800-367-3762 or e-mail MHS-WebAdmin@MutualHealthServices.com.						
Your status is: Enrolled Member						

To find your information, check one of the options under the menu. The main menu is in the green bar above the main screen area.

Ļ	HEALTH SERVICES" Enrollment V Inquiry V	🥨 🀼 🕋	Home Security Help Log Off			
	Claims Inquiry Coverage Inquiry Links If you are already enrolled, you may of To see your plan document, schedul To check status of a claim, or view a For printable claim forms, or links to To view your contributions and paym If you have any questions about how MHS-WebAdmin@MutualHealthSen Your status is: Enrolled Member	WELCOME STANLEY LIVINGSTON! Welcome! w member, and need to enroll, please scroll down for further information. noose any of the following from the menu in the green bar above: of benefits, or check your deductible, select Coverage Inquiry from the "Inquiry" option above. d print an explanation of benefits, select Claims Inquiry. PO and Prescription websites, select Links. ents for Medical or Dependent Care reimbursement, select Reimbursement Plan Accounts. o use the features in this site, contact Mutual Health Services at 800-367-3762 or e-mail lices.com.				
	Inquiry 👻 Claims Inquiry Coverage Inquiry		You can make a selection from the drop down menu. Here you can see information about claims, coverage, deductibles, enrollments or FSAs. You can also find links to other helpful websites, forms and plan books.			
	Links	9				



The menu for these options is at the top of the main screen, in the green bar:

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#### Select Coverage Inquiry if you want to see:

- PPO Network
- Deductibles/Plan Maximums

- Who is enrolled on your planWhat benefits you selected
- Schedule of Benefits
- Date to Verify Coverage -- status and benefits in the system for that service date.
- Select family member -- see that person's information/deductibles.
   Family deductibles and out-of-pockets will show on all family members.
- Click the BACK button at the very bottom of the page to change person/dates.

#### Select: Claims Inquiry if you want to:

- Check the status of a claim
- See if MHS has received a claim
- See how much was paid on a bill and when
- Reprint an Explanation of Benefits (EOB)

#### You will be asked the following information:

- From the dropdown list, select the family member who was the patient.
- Enter the date range you want to review.
- Click Submit.
- <u>Claims Summary</u> shows a list of claims for the selected person, during a requested time frame.
  - The blue Modify (top right of screen) takes you back one screen to select another person, or change dates.
  - Click on the eyeglasses under View Details (left column) to see the information that was on the Explanation of Benefits.
- <u>Claims Detail</u>: shows the same information that is on the EOB.
  - The EOB/Checks button at the top right will open a new window where you can print a copy of the Explanation of Benefits that was sent on the claim you are viewing. *This item requires the Adobe Reader*
- The blue "Return to Claim Summary" (top right) takes you back one screen to the list of claims.

#### Select Links to:

- See group specific claim forms and plan documents.
- See links to the prescription drug and provider network websites.