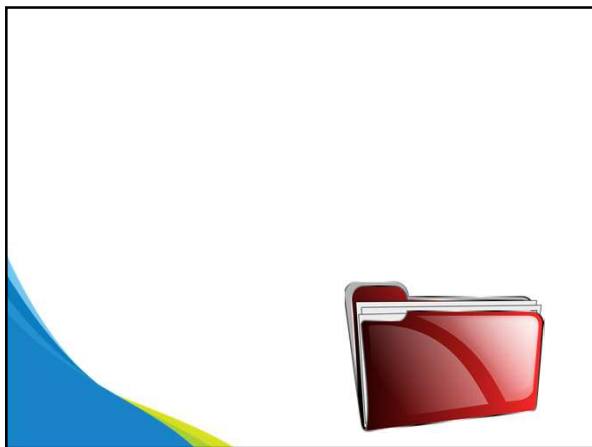


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56[illegible]

Single Claim Entry (SCE)

Authorization Authorization: 123456 Authorization Date Range: 06/13/2019 - 06/30/2019		Claim Format Exclude From PV Export: <input checked="" type="checkbox"/> Paper Claim?: <input type="checkbox"/>	
Provider Information Rendering Provider: WSC Agency1 Service Type: (0) Other Provider No: 1234567891011 Name: 1234567891011 Street: 1234567891011 City: 1234567891011 State: FL Zip: 32045 Phone: (813)555-1212 Tax ID: 30-123456789 NPI: XXXXX		Consumer Information Case No: 123456789 Medicaid ID: 123456789 Last Name: 123456789 First Name: 123456789 Street: 1234567891011 City: TAMPA State: FL Zip: 33602 Gender: Male Date of Birth: 05/20/2015	
Diagnosis Information Diagnosis 1: J70 Other Infectious		Additional Information Provider Claim ID:	

- The screen will auto-populate date in other sections once the authorization is selected

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File Search Single Claim Entry Submit & Add Another Cancel Single Claim Entry		Diagnosis Information Diagnosis 1: J70 Other Infectious Diagnosis 2:		Additional Information Provider Claim ID:	
Secondary Provider Information Secondary Provider: 1234567891011 Provider No: 1234567891011 Name: 1234567891011		Claims Services Select Claim Processing:		Diagnosis J70 Other Infectious	
Start Date 06/13/2019		End Date 06/30/2019		Place of Service 1234567891011	
Start Date 06/13/2019		End Date 06/30/2019		Place of Service 1234567891011	

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Message from webpage

Submitted successfully

OK

Message from webpage

Submission allowed. No submitter/submitter was found. Please update the Submitter/Submitter with the applicationConfiguration.config file

OK

9

Single Claim Entry (SCE)

- To view submitted claim, click on the Claims Chapter & click use the filter to search for your claim

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Claim ID	Submitter Case No	Consumer Last Name	Provider Name	Provider Identifier	Secondary Provider	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Paper Claims	Submitted from PV Export
1002	1002	1002	1002	1002	1002	Approved by Remittance - Sent to MMS	Approved	10/17/18	\$2,771	\$0.00	1002	False	False
1003	1003	1003	1003	1003	1003	PV Initiated	Denied	08/01/18	\$0.00	\$0.00	1003	False	False
1004	1004	1004	1004	1004	1004	Denied by Remittance	Denied	08/01/18	\$0.00	\$0.00	1004	False	False
1005	1005	1005	1005	1005	1005	Denied by Remittance	Denied	08/01/18	\$0.00	\$0.00	1005	False	False

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Claim ID	Submitter Case ID	Consumer Name	Case No	Original Claim ID	Batch No	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Paper Claims	Submitted from PV Export
1002	1002	1002	1002	1002	1002	Approved by Remittance - Sent to MMS	Approved	10/17/18	\$2,771	\$0.00	1002	False

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13



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