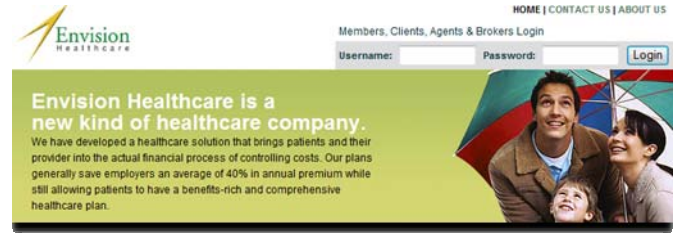


www.envisionhealthcare.com is On-Line

Envision Healthcare is on-line 24 hours a day, seven days a week to meet your needs. As a member, you can visit www.envisionhealthcare.com and access your secure personal webpage for the following information:

- View Submitted Claims
- Access Current / Prior Year Claims History
- Download Forms and Plan Documents



Login to your Secure Account

To access the site, go to “Member Access” and type in the following information:

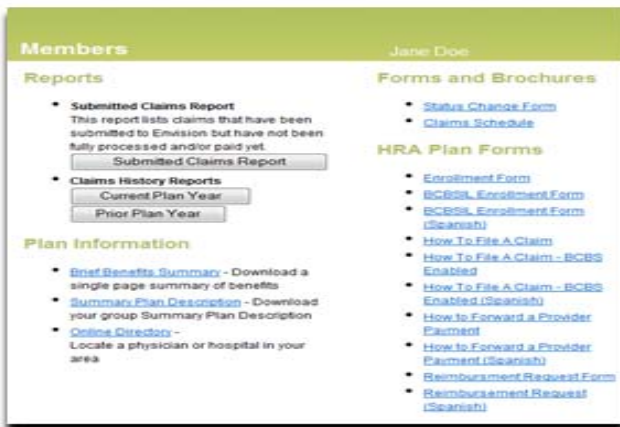
Username: First five letters of the employee’s last name, first two letters of the employee’s first name, last four digits of the employee’s SSN# (Sample: SmithJo1234, no hyphens or spaces)

Note: if your last name has five or less characters your full last name will be used.

Password: Employee SSN (Sample: 111223344, no hyphens)*

*You can change your password at any time by clicking on “profile”

To access your Flexible Spending Account add “125” to your username after the four digit SSN. (Sample: SmithJo1234125, no spaces)



Balances for plan year 01/01/2012 to 12/31/2012

HRA Credit Balance: \$547.00

Claims with a date of service from 01/01/2012 to 12/31/2012

[Download Claim data into Excel Spreadsheet](#)

Claim Number	Patient	Date of Service	Coverage	Status	Payment Date	Submitted Amount	Member Paid	Paid Amount	
829013	John Doe	10/6/2012	Medical	Pending	03/15/2013	\$75.00	\$0.00	\$75.00	
780757	John Doe	11/2/2012	Medical	Paid, Ch #131624 - \$60.00	11/15/2012	\$50.00	\$0.00	\$50.00	
781348	Jane Doe	10/30/2012	Medical	Paid, Ch #131627 - \$98.00	11/30/2012	\$98.00	\$0.00	\$98.00	
780748	John Doe	10/15/2012	Medical	Paid, Ch #131623 - \$25.00	11/15/2012	\$25.00	\$0.00	\$25.00	
781345	Jane Doe	10/7/2012	Medical	Paid, Ch #131625 - \$75.00	11/30/2012	\$75.00	\$0.00	\$75.00	
780754	John Doe	10/6/2012	Medical	Paid, Ch #131622 - \$75.00	11/15/2012	\$75.00	\$0.00	\$75.00	
780756	John Doe	9/27/2012	Rx	Paid, Ch #131624 - \$60.00	11/15/2012	\$10.00	\$0.00	\$10.00	
781342	Jane Doe	9/10/2012	Medical	Paid, Ch #131626 - \$45.00	11/30/2012	\$45.00	\$0.00	\$45.00	
						Total Amount (Including Void)	\$453.00	\$0.00	\$453.00
						Total Voided Amount	\$0.00	\$0.00	\$0.00
						Total Amount (Minus Void)	\$453.00	\$0.00	\$453.00

Access Claim History, Forms and Plan Documents

View Current / Prior Year Claim Detail

Download Claim Data into an Excel Spreadsheet

Envision Healthcare, Inc.

P.O. Box 5047, Oak Brook, Illinois 60522

Tel.: 1-866-672-7526 Fax: 1-800-596-3464 Email: info@envisionhealthcare.com www.envisionhealthcare.com

MAR-VER.04-072015