Powered by: MEDEGY HEALTH SYSTEMS

A Third Party Administrator Working With You, For You.

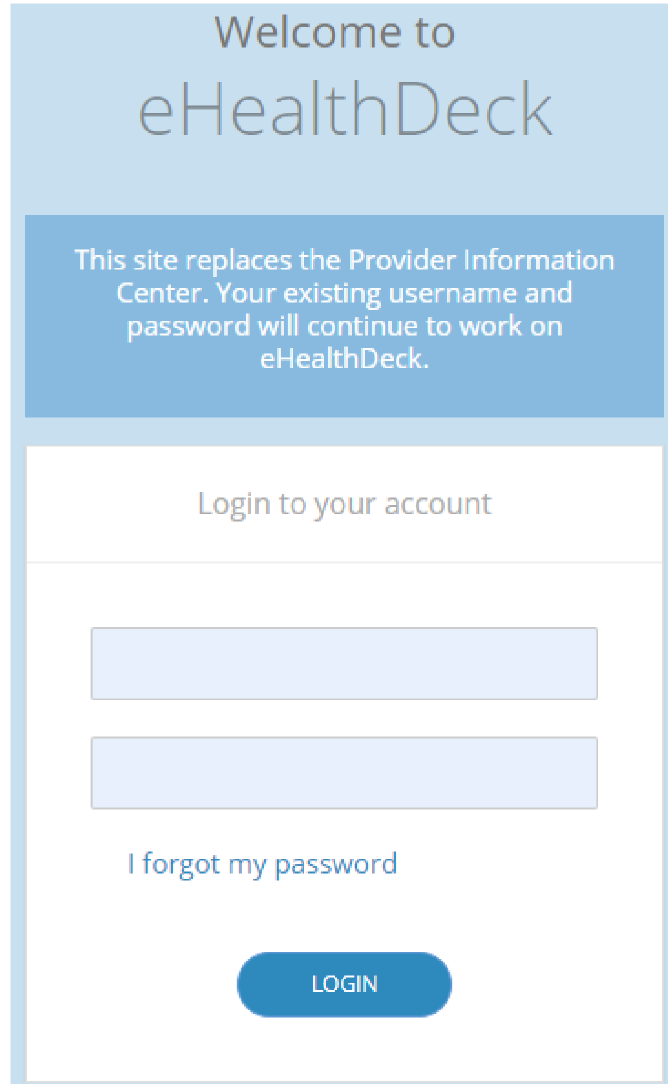
This presentation has been created to facilitate the use of eHealthDeck, formerly known as Provider Info Center. (PIC)

Welcome to eHealthDeck

- When logging into the website https://www.ehealthdeck.com you will be greeted by the screen to your right. From here, you can log in using your account email and password that was created for you by your Office Administrator.

- If you are not aware of what your credentials are, please speak with your Office Administrator.

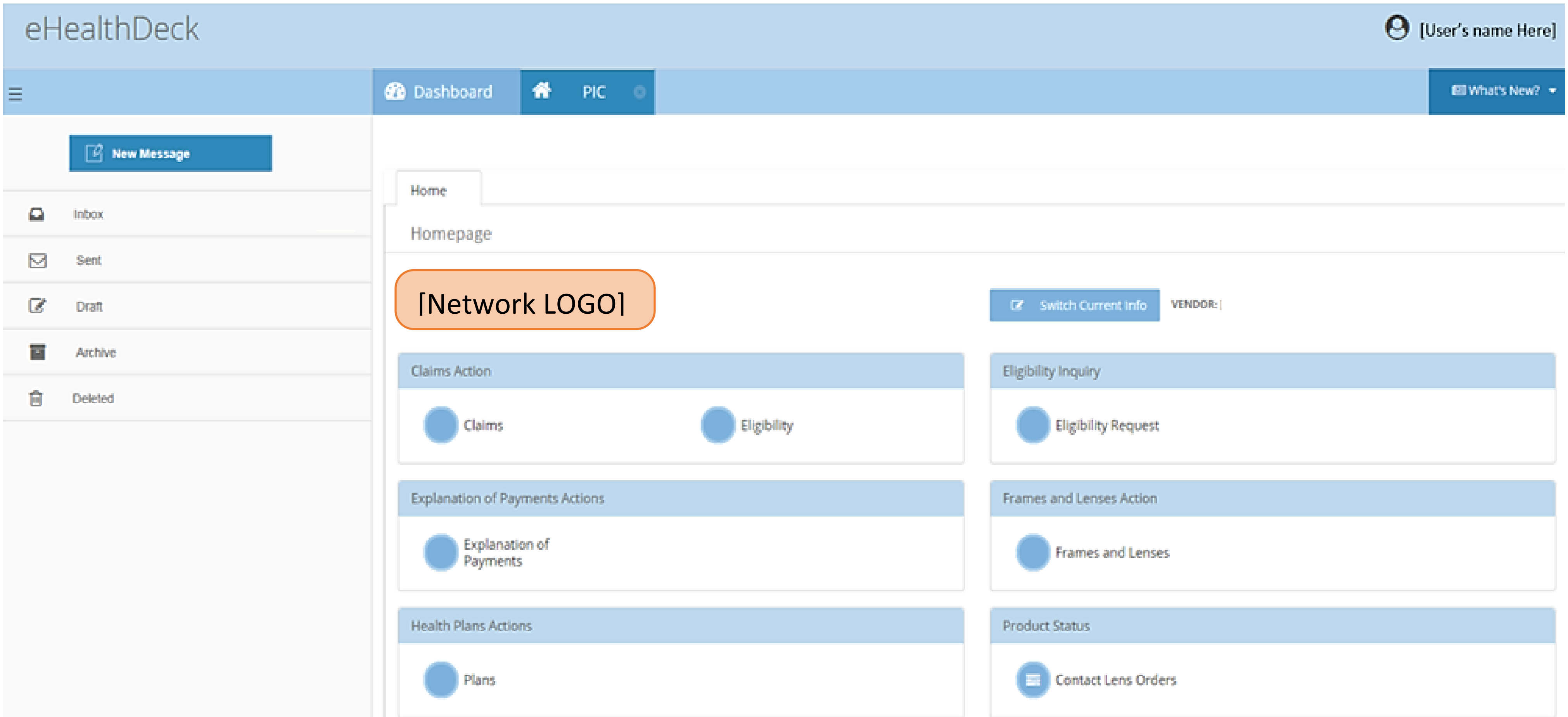
- If you forgot your password, please select *"I Forgot My Password"*, and follow the instructions to recover your account sent to the linked email.



Home Page

Welcome to the Home Page. On this page you will find all the available “actions” on your account.

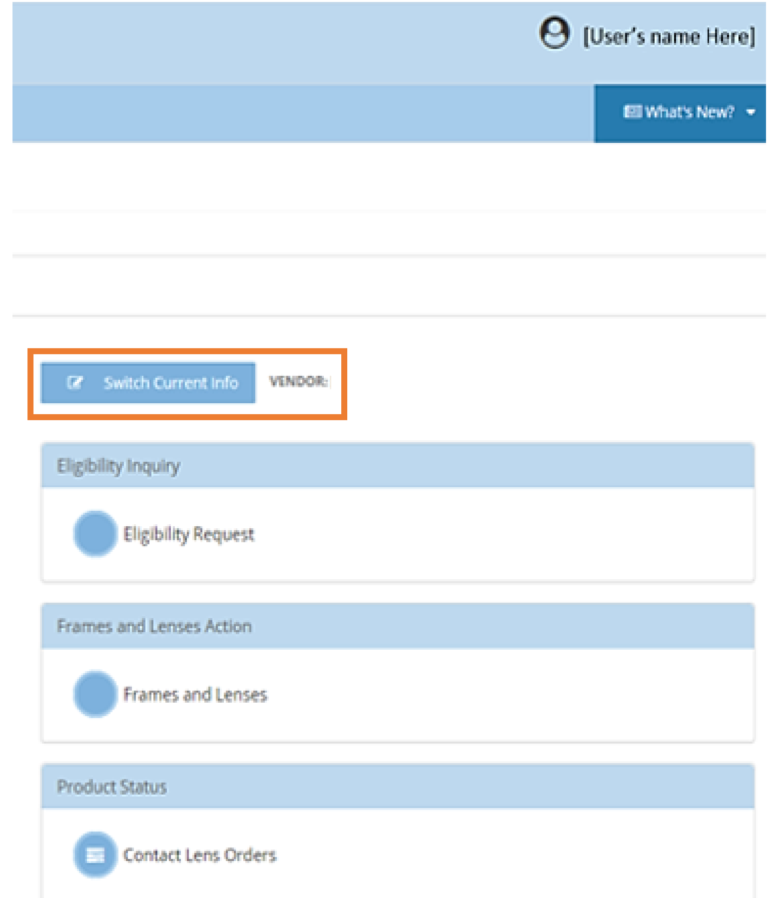
- Easy to read action boxes where users can directly access their options. These are referred to as “Action Tiles”
- Every “action” will now remain open and will show as open tabs along the top, like many popular web browsers.
- Name of user will be found on the top right corner of the page.

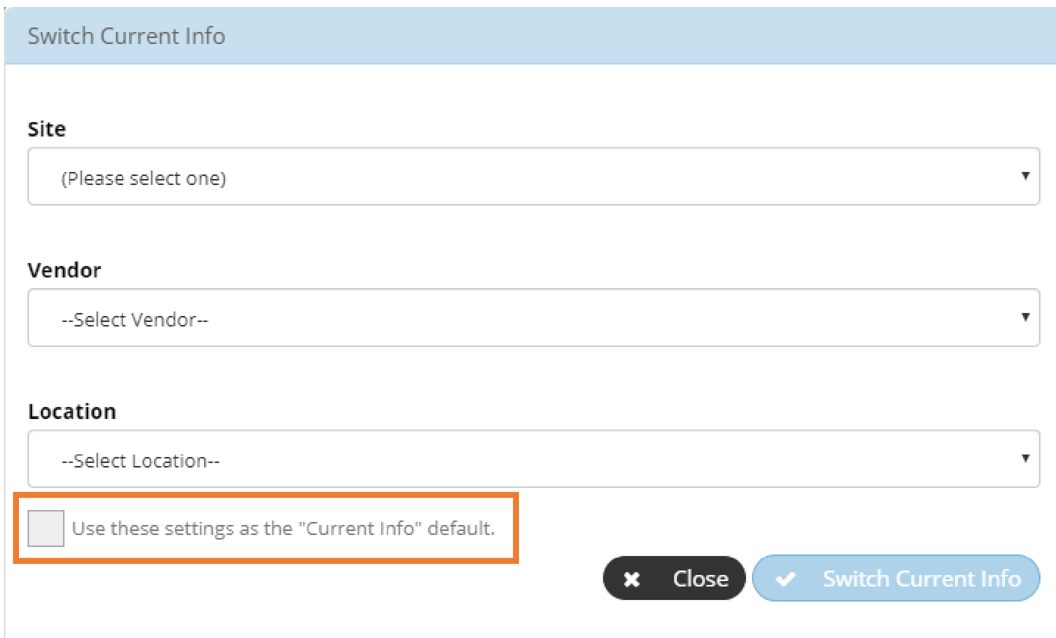


Account Setup

➢ "*Switch Current Info*" this is where you will be able to navigate between locations added to your profile. This only applies to vendor with multiple locations.

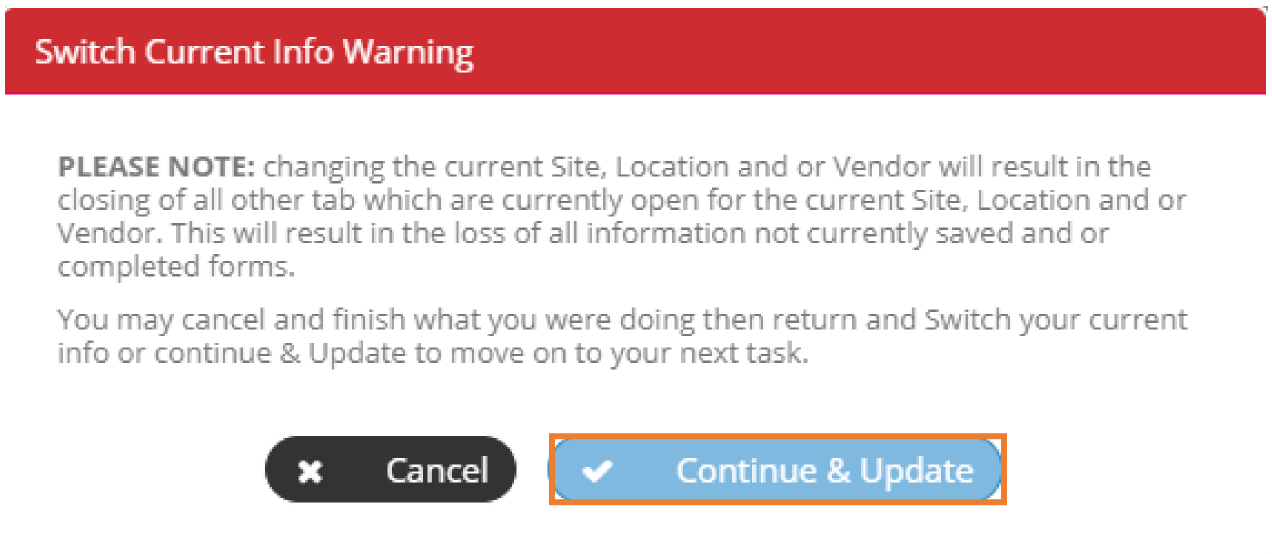
➢ Once "Switch Current Info" is selected, a small window will appear on your screen as shown below.





Remember to mark the box to the bottom left to select the "*Current Info*" default credentials.

➢ When you are changing the “*Switch Current Info*” settings, a notification warning advising the providers when they are changing their location/vendor information will show. Please see example below:

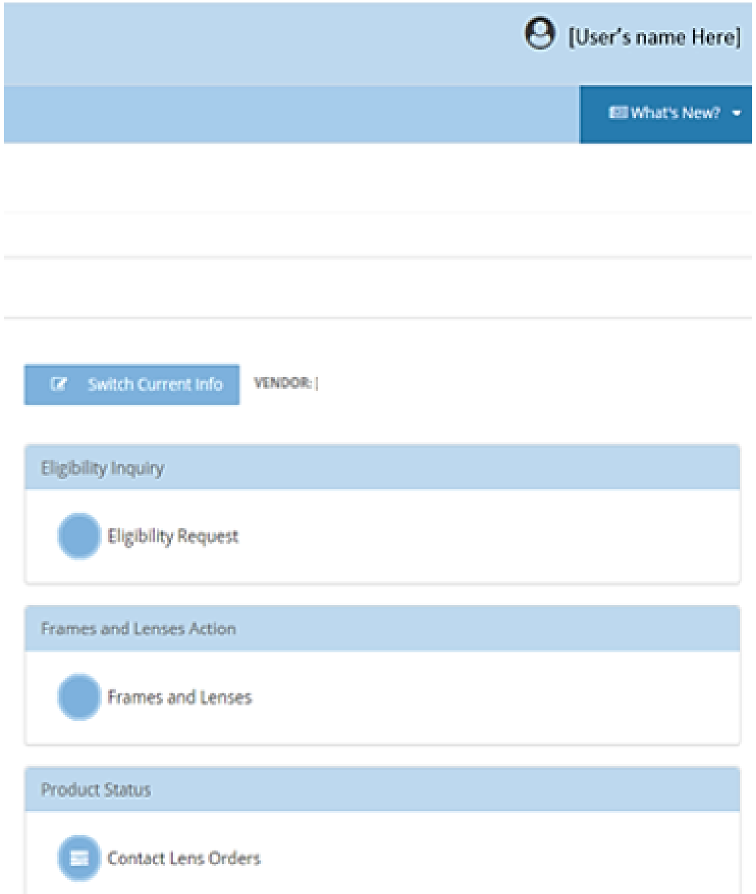


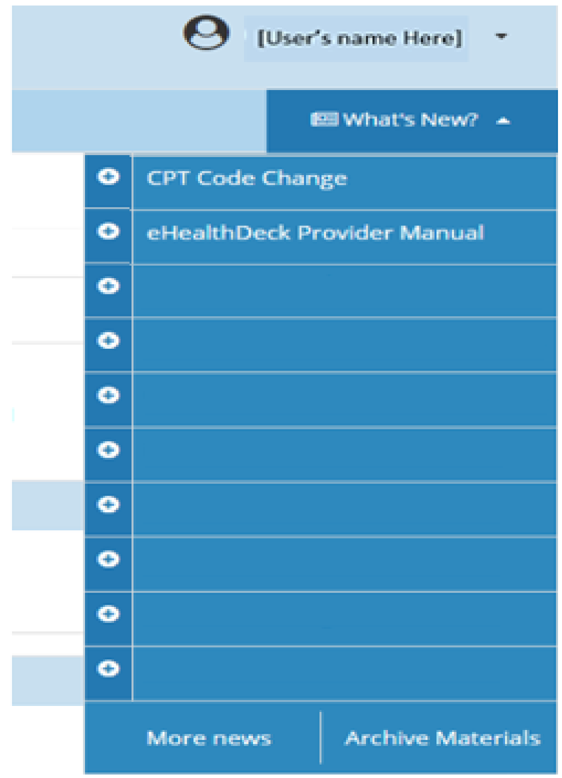
➢ Select “Continue & Update” to change to the location/vendor/site of your choice.

TIP: This **does not** mean the default account will be changed. If you wish to make an account your default account, please refer to page 4.

What's New?

The top right corner of your home page, underneath your name, will have a "*What's New*?" pull down.

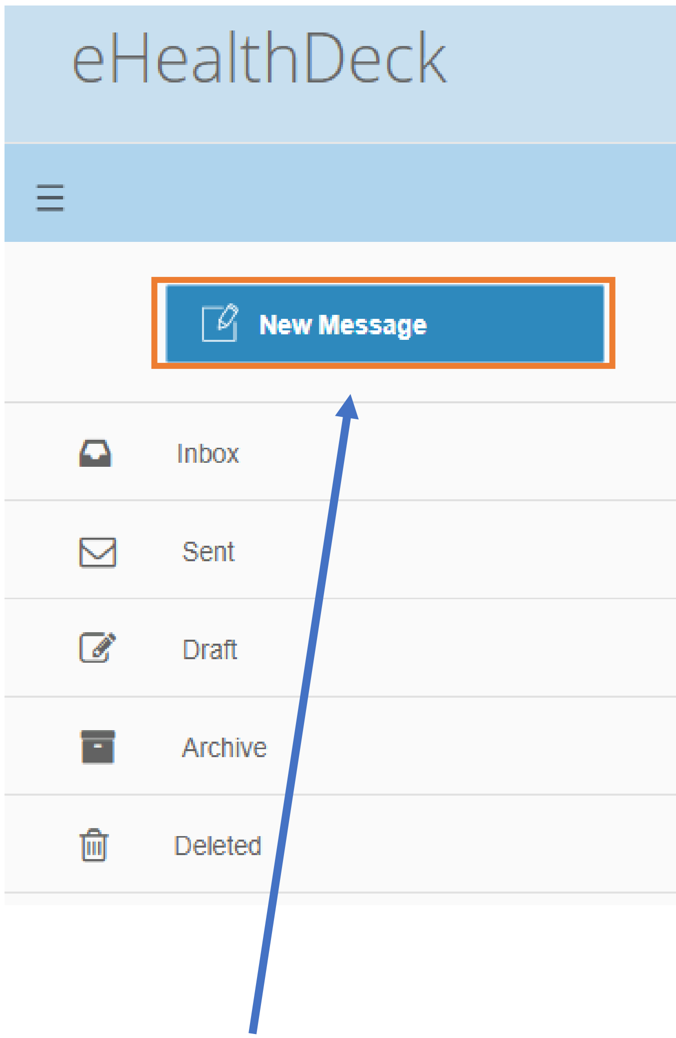




Here is where you will see the latest updates for your network,

any upcoming changes and any important information you should be aware of.

Message Center



Select "New Message" to begin a message.

The Message Center was created to facilitate communication to all users. This feature allows direct communication with all available departments, internally and externally.

- Admins can send group or individual emails to anyone tied to their Vendor(s).

- Authorized users can send emails to the office Admin and individual emails to other Users.

- **All** users can use the message center to send messages to other users at their other location(s) tied to their Vendor(s).

- **All** users can use the "External Email" feature to send communication to an outside active email address.

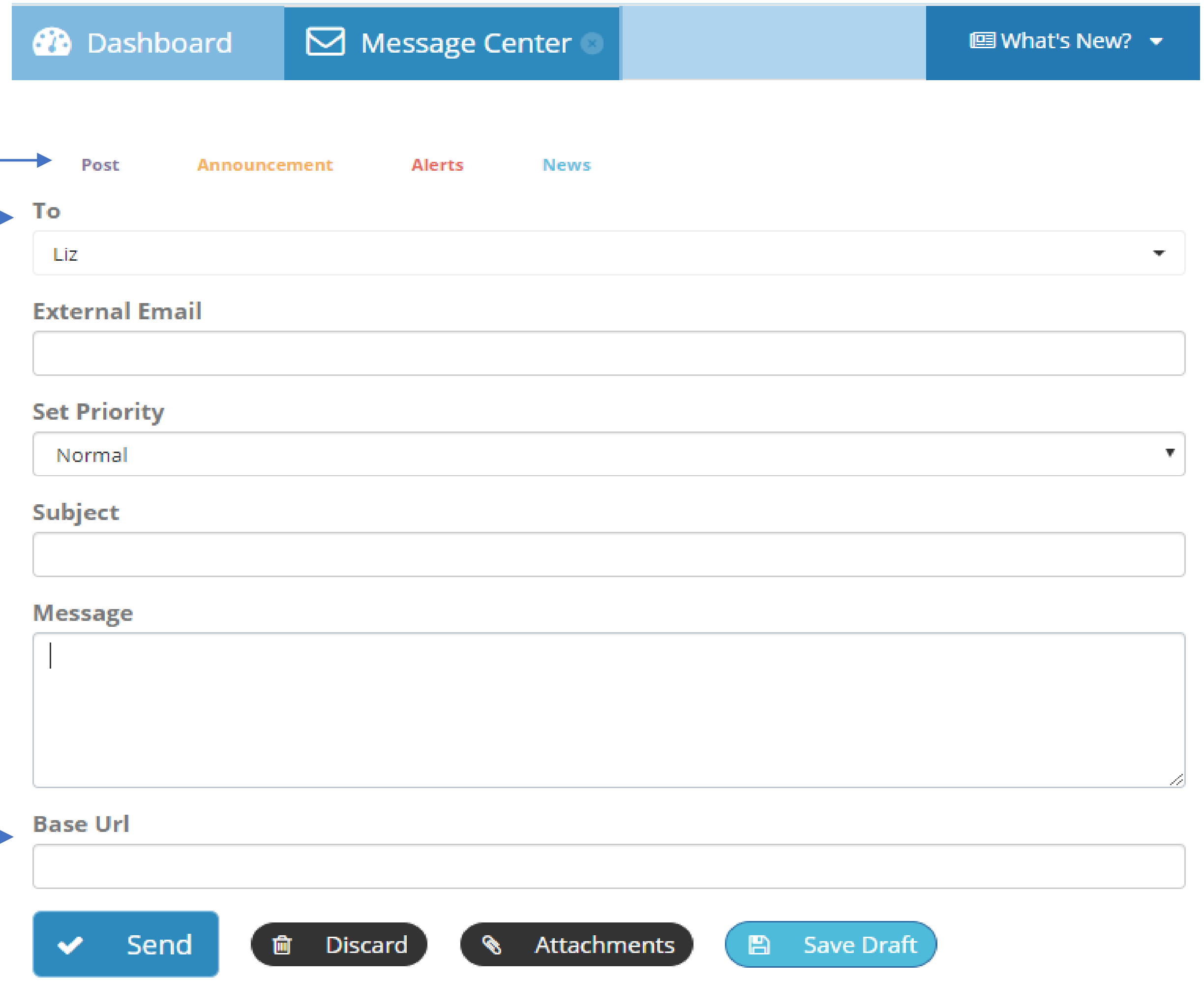
- Inbox messages cannot be deleted. However, these emails can be archived for future refence.

When starting a new email…

Any of these can be selected as the email type. If the user wishes not to select one, it will always default to **"Post".** This feature reflects on the inbox screen and determines how the receiving person gets notified for this new email.

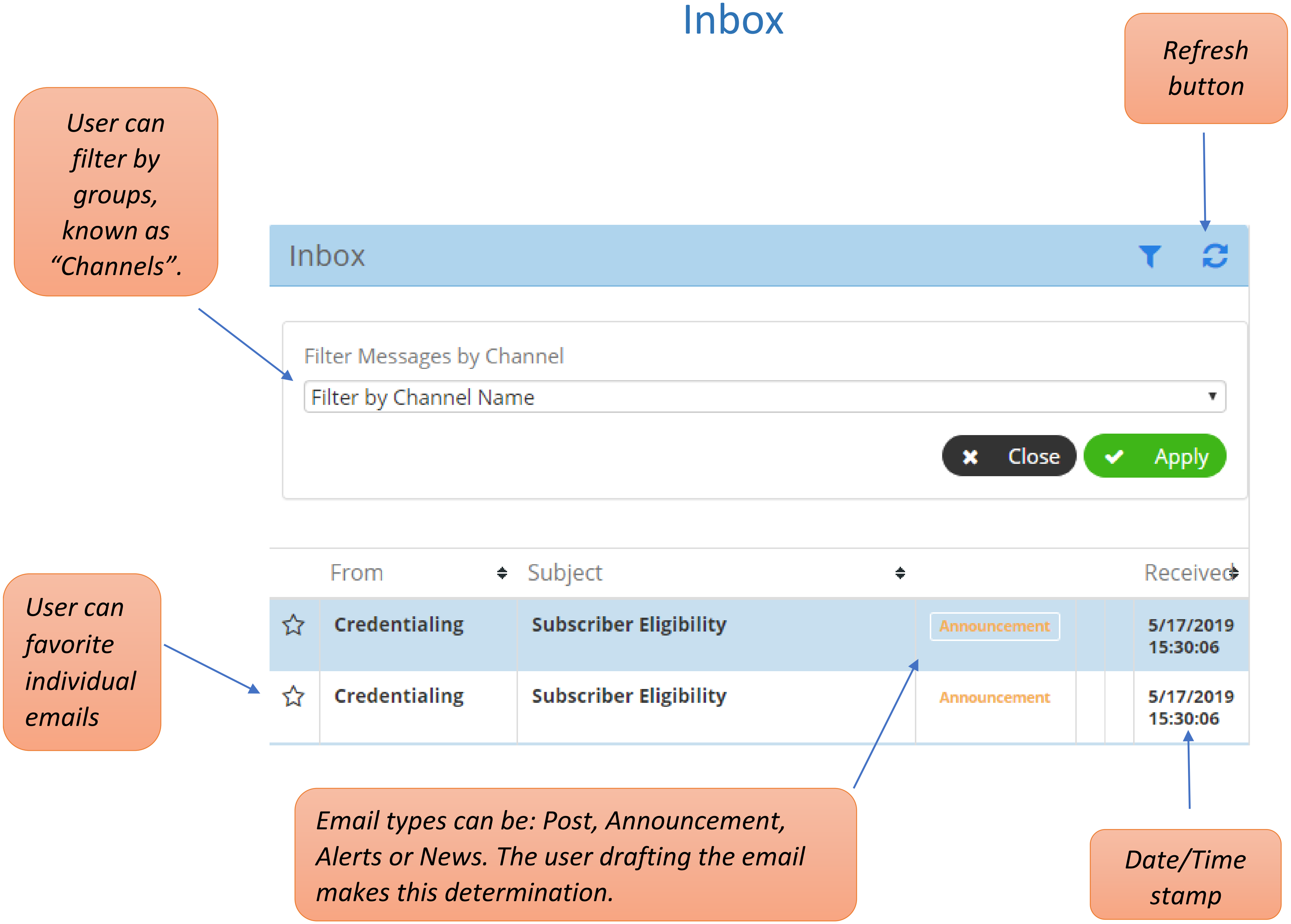
When selecting "To" depending on the **user's access**, the user will only be able to see information from vendors/locations linked to the account. The user can select from any of the available categories: User, Line of Business, Vendor, Location or Distribution List (or groups already created on the Communication Channels).

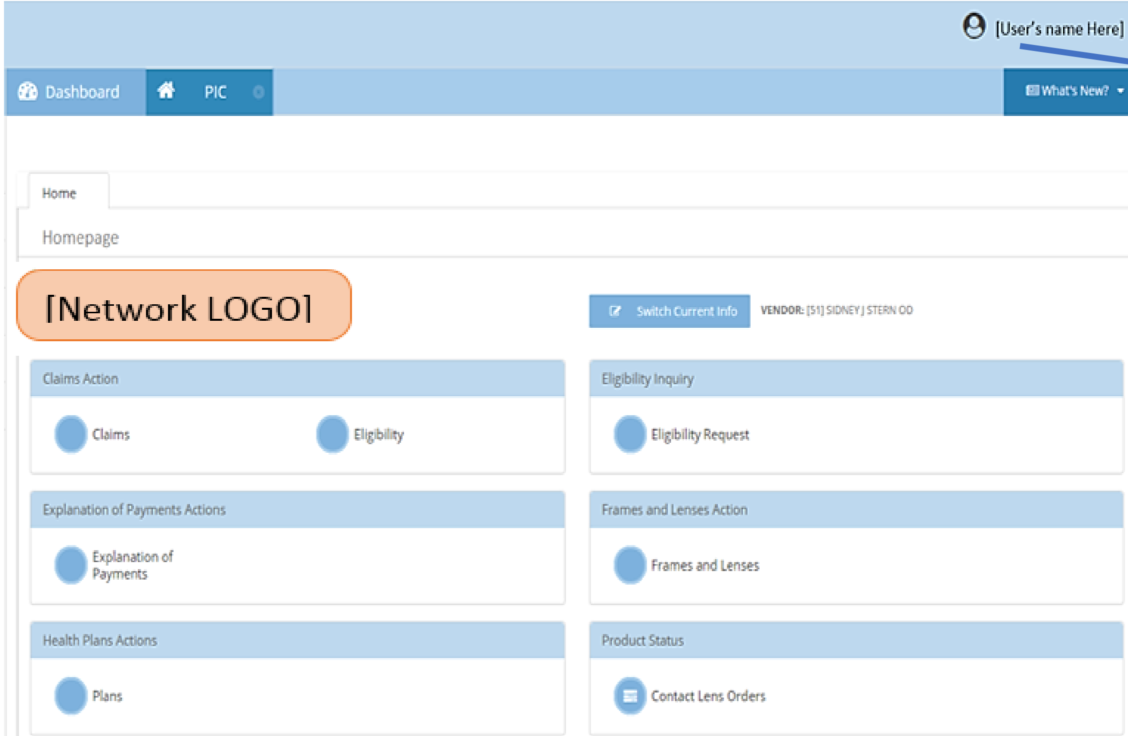
This field is optional, not required.

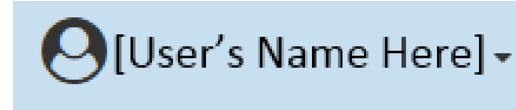


Notes:
Admin accounts have access and can send group emails by vendor and/or location.
Super-User accounts have access and can send group emails by Network and/or Line of Business.

Inbox

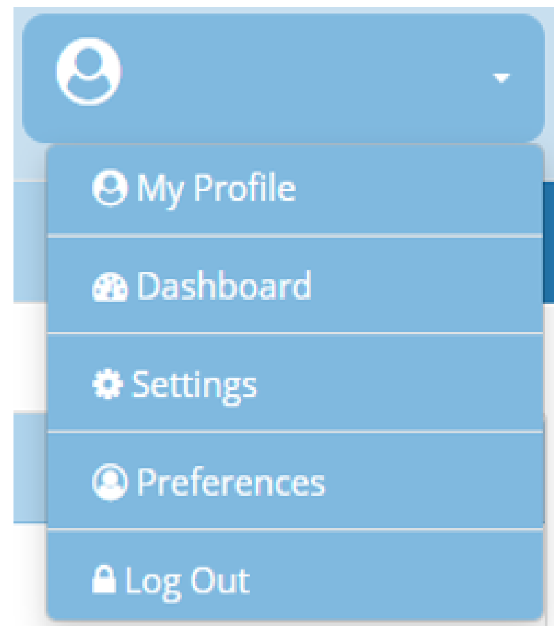

Refresh button
User can filter by groups, known as “Channels”.
Inbox
Filter Messages by Channel
Filter by Channel Name
Close
Apply
From
Subject
Received
Credentialing
Subscriber Eligibility
Announcement
5/17/2019 15:30:06
Credentialing
Subscriber Eligibility
Announcement
5/17/2019 15:30:06
User can favorite individual emails
Email types can be: Post, Announcement, Alerts or News. The user drafting the email makes this determination.
Date/Time stamp





➢ The top right corner of your "homepage" you will be able to locate the User's name.

- There is a small black triangle that will allow you to drop down a directory as shown below:



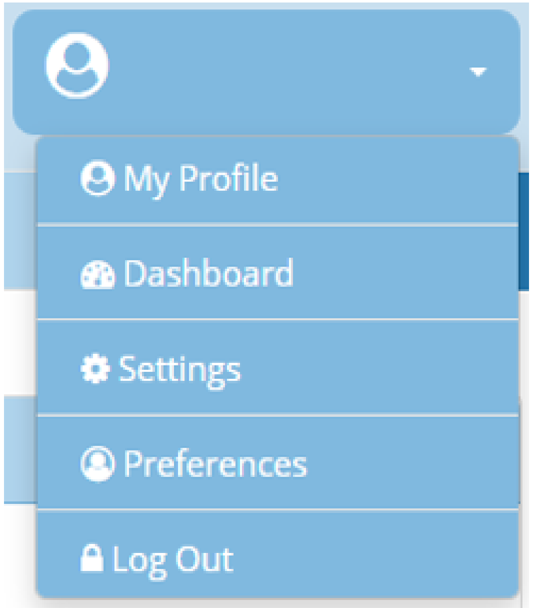
My Profile is where you will be able to locate all your profile information. (Name, Email, Status etc.)

Dashboard will take you back to the initial login page. (Homepage)

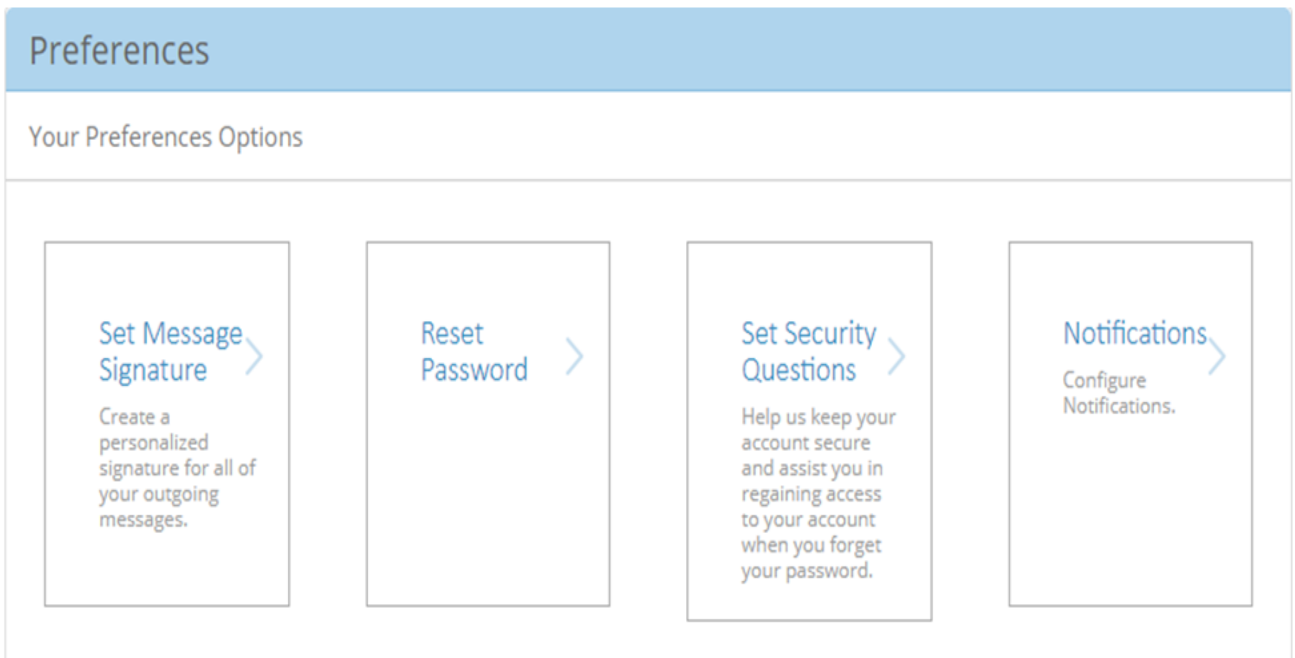
Settings is where you will be able to locate your profile settings. (User accounts, communications Channels and Reports.)

Preferences is where you will be able to edit and setup your account to your preference and rest your password. (Set Message Signature, Reset Password, Set Security Questions and Adjust Notifications)

Preferences

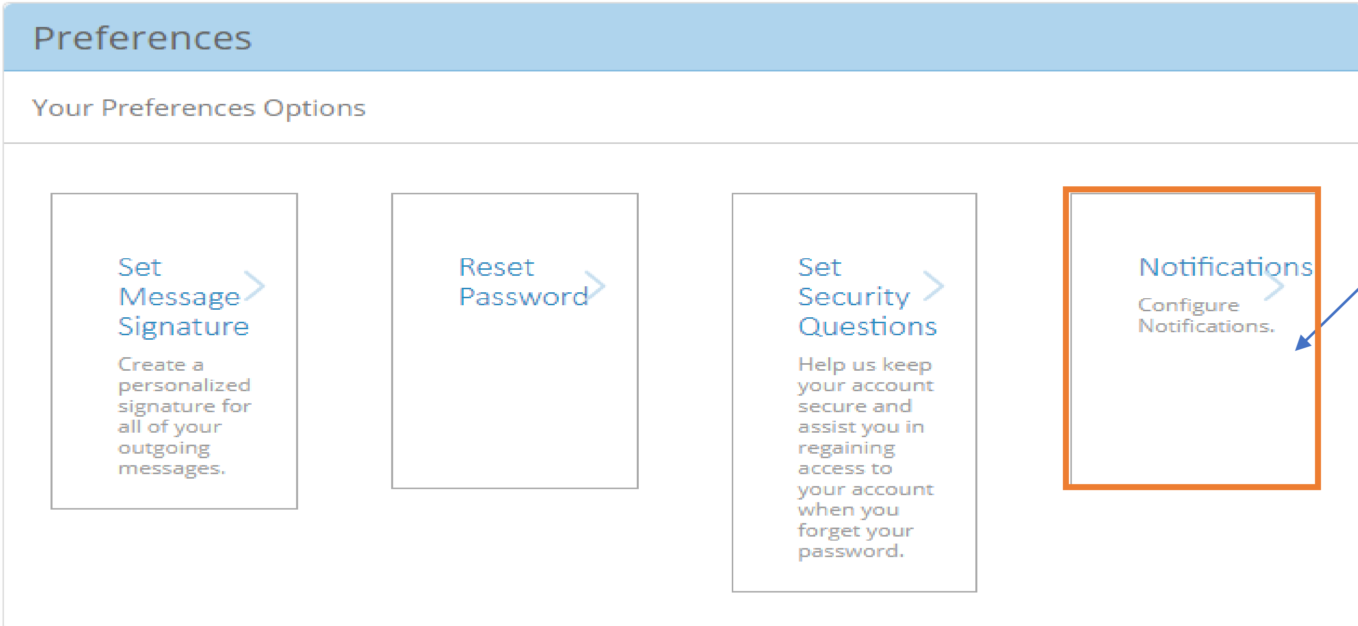


Once you select "*Preferences*" your preference options will appear as shown below



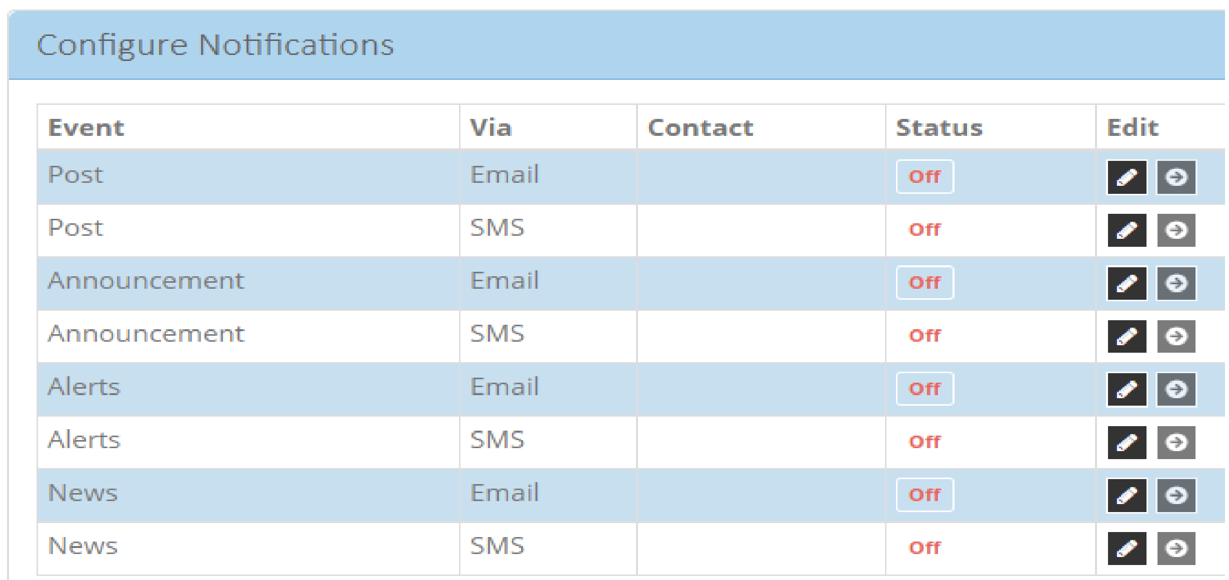
The following pages will explain each Preference option.

Notifications



Refer to the "Preferences" section to configure the notifications setting.

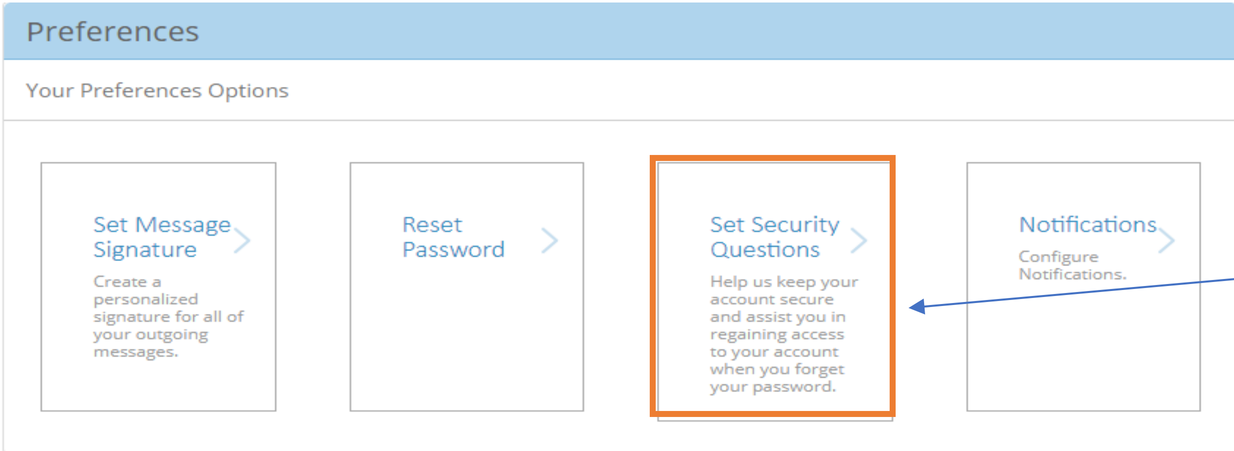
The user can choose how they would like to receive notifications for any incoming: Post, Announcements, Alerts and/or News. They can choose to receive notifications through email or SMS (text).



Configure Notifications

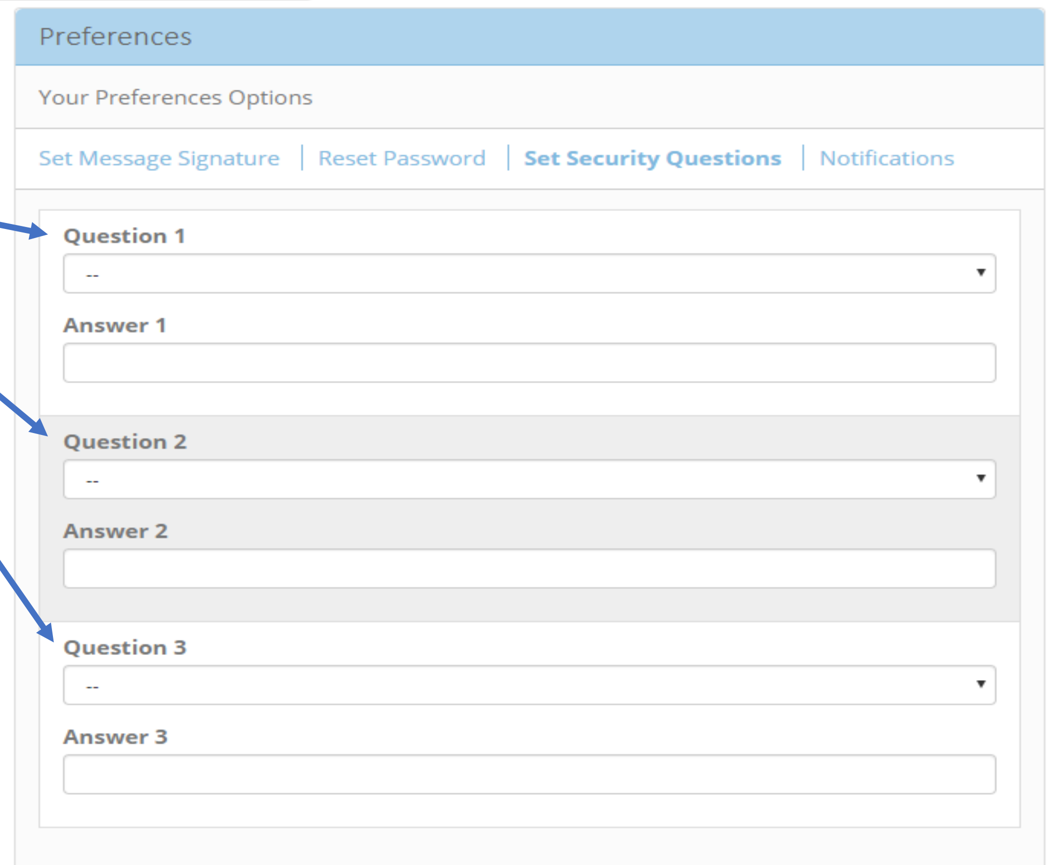
Event	Via	Contact	Status	Edit
Post	Email		Off	
Post	SMS		Off	
Announcement	Email		Off	
Announcement	SMS		Off	
Alerts	Email		Off	
Alerts	SMS		Off	
News	Email		Off	
News	SMS		Off	

Set Security Questions



Select *"Set Security Questions"*

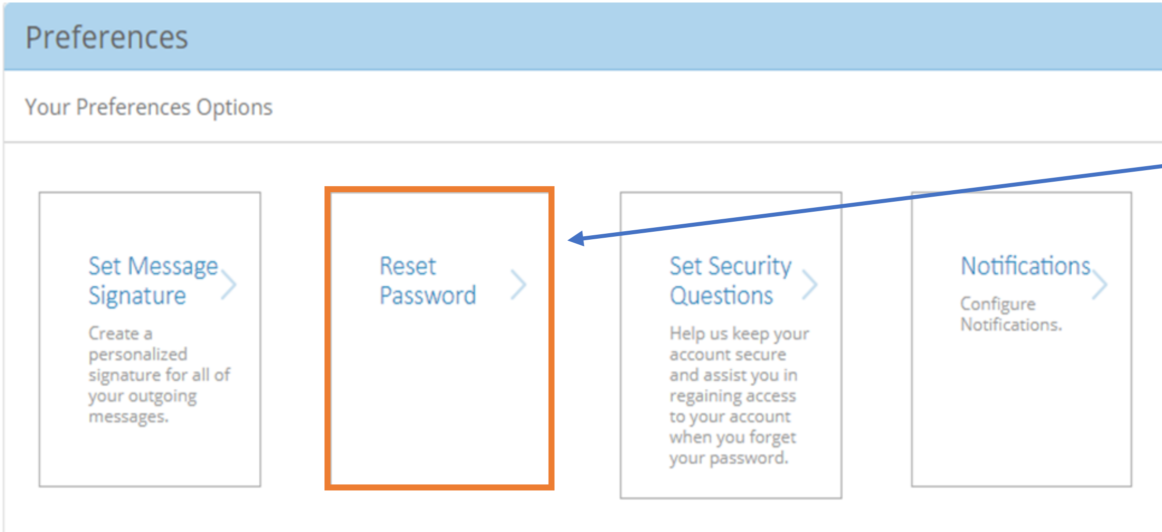
The following screen will populate. Select 3 security questions followed by 3 security answers.



TIP: Do **NOT** share this information. This is for security purposes.

This will allow you to securely recover your account in the case you forget your password and/or need to reset your password.

Rest Password

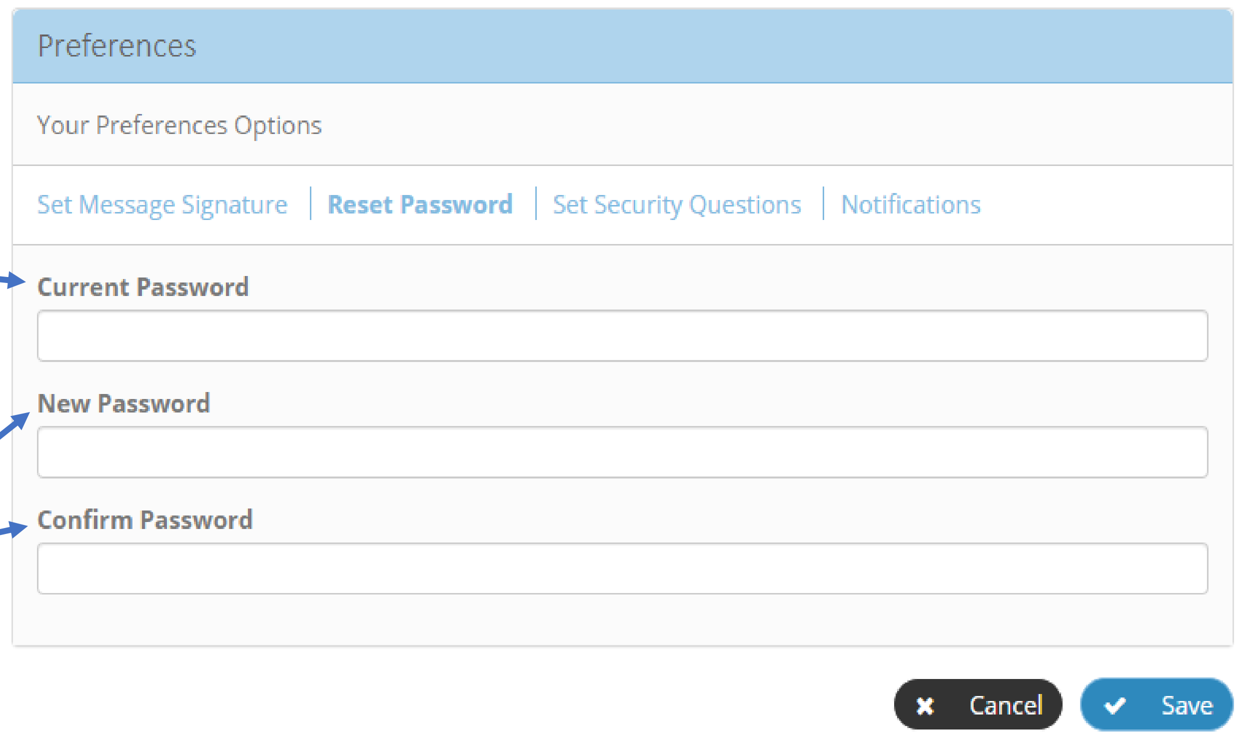


Select *"Rest Password"*

TIP: If you don't know remember your current password, please "Log out" and proceed to *"I Forgot My Password"* for an alternative way to reset password.

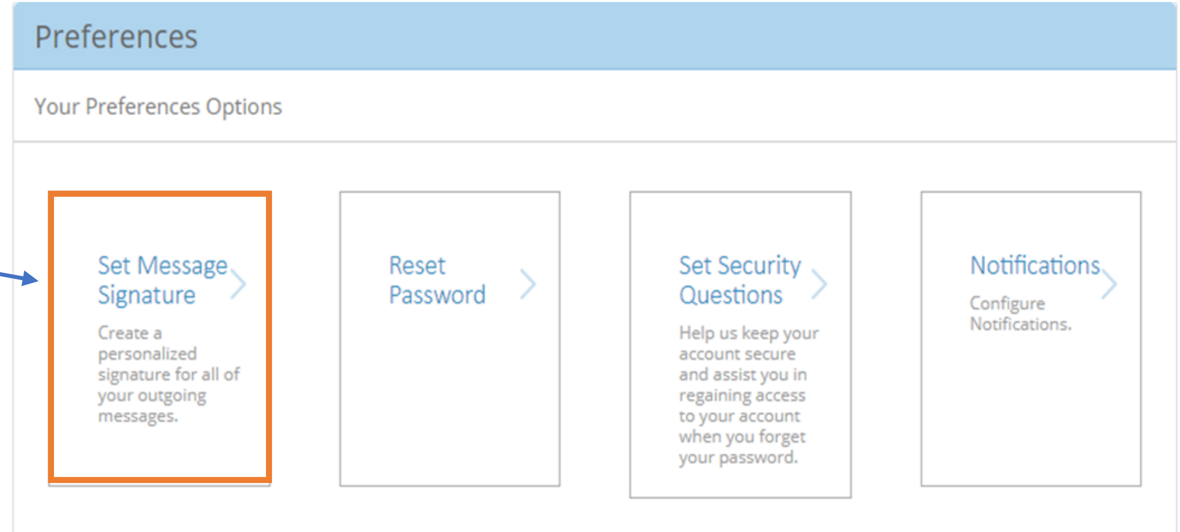
Input the current password in order to change the account password.

Then proceed to create a new password as desired.



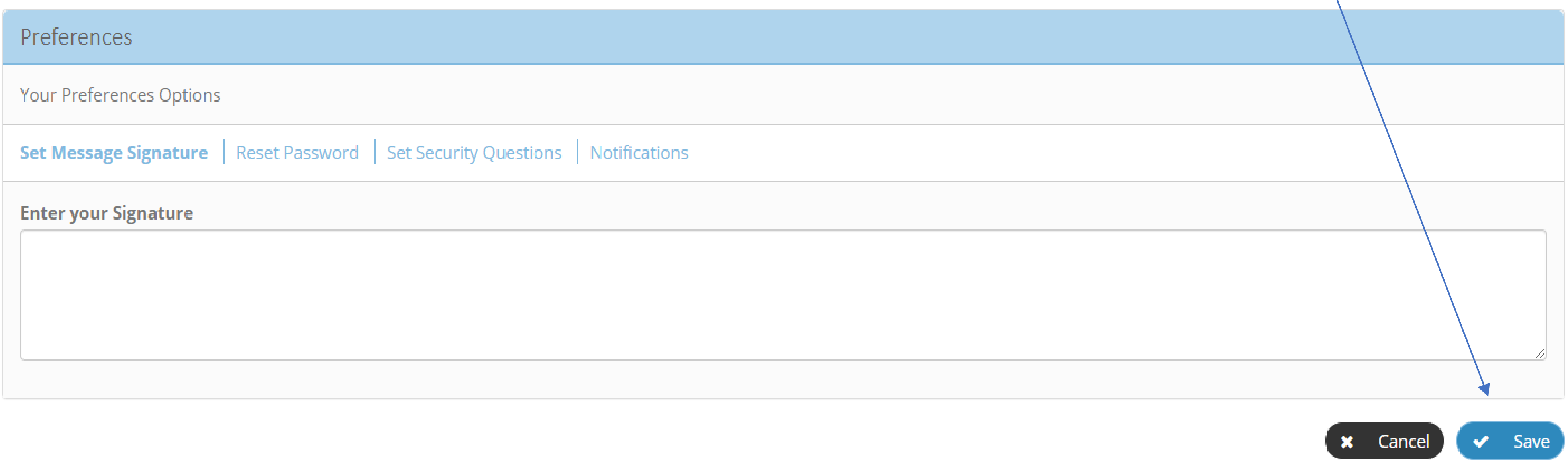
Set Message Signature

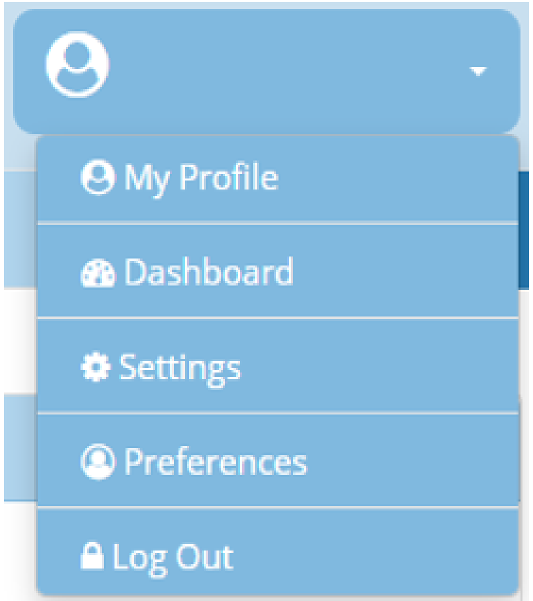
Select "*Set Message Signature*"



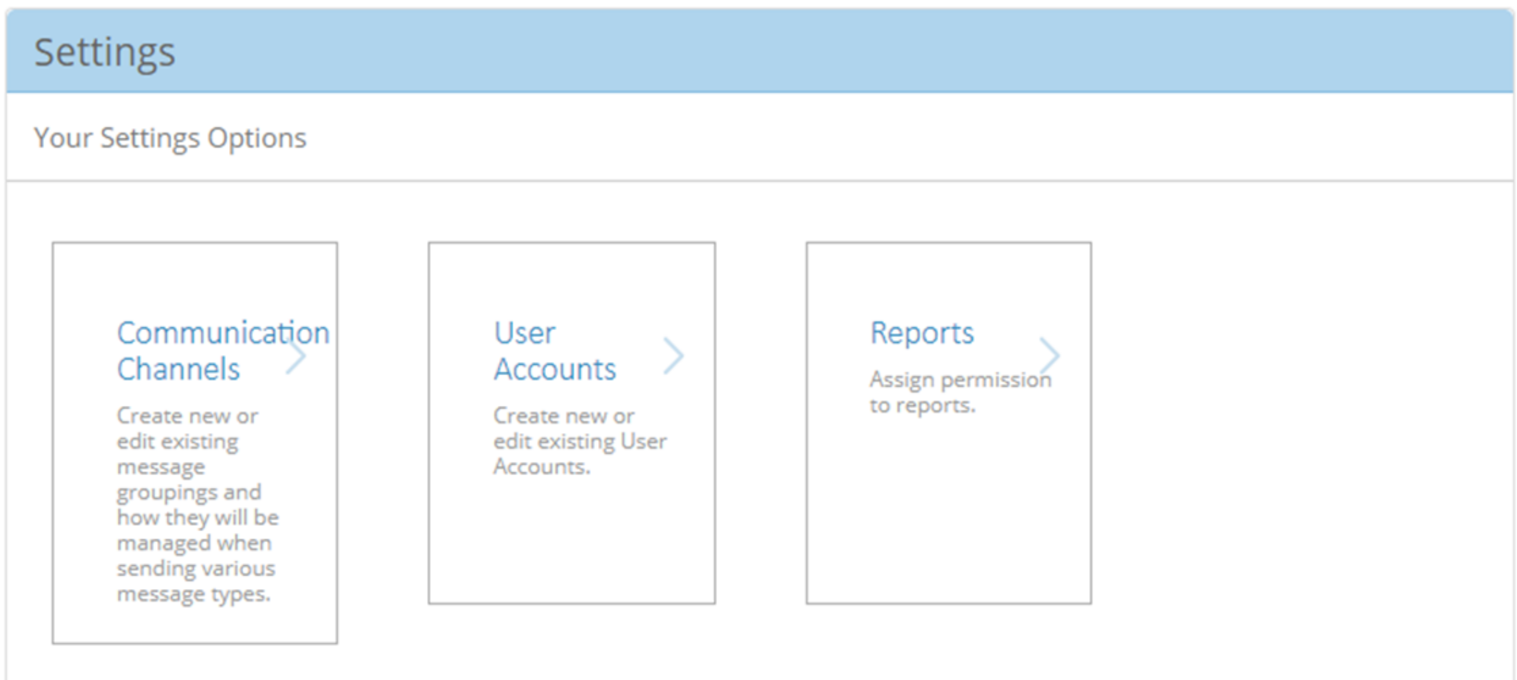
TIP: This signature will appear at the end of every message sent through the web portal accounts.

In the empty box below, create your email signature. Then, select "*Save*"

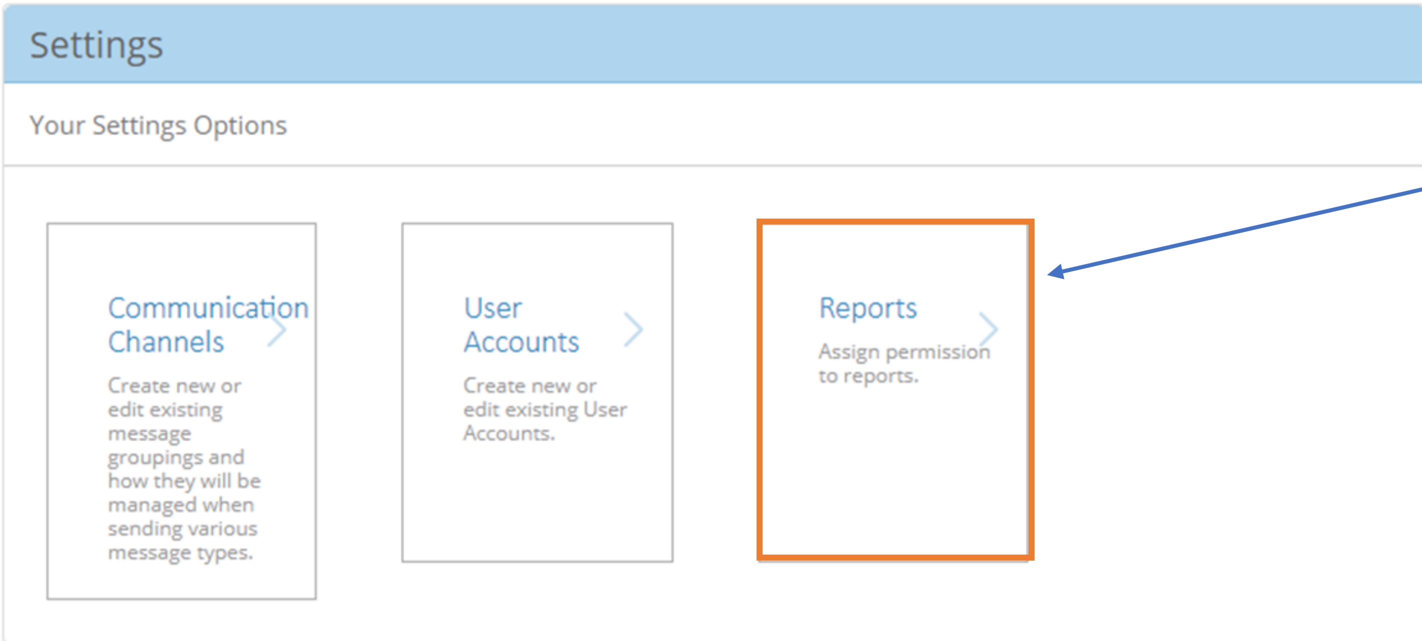




Once you select “Settings” your Settings options will appear as shown below



Reports



For reports, it's where admins can assign specific reports to a user.

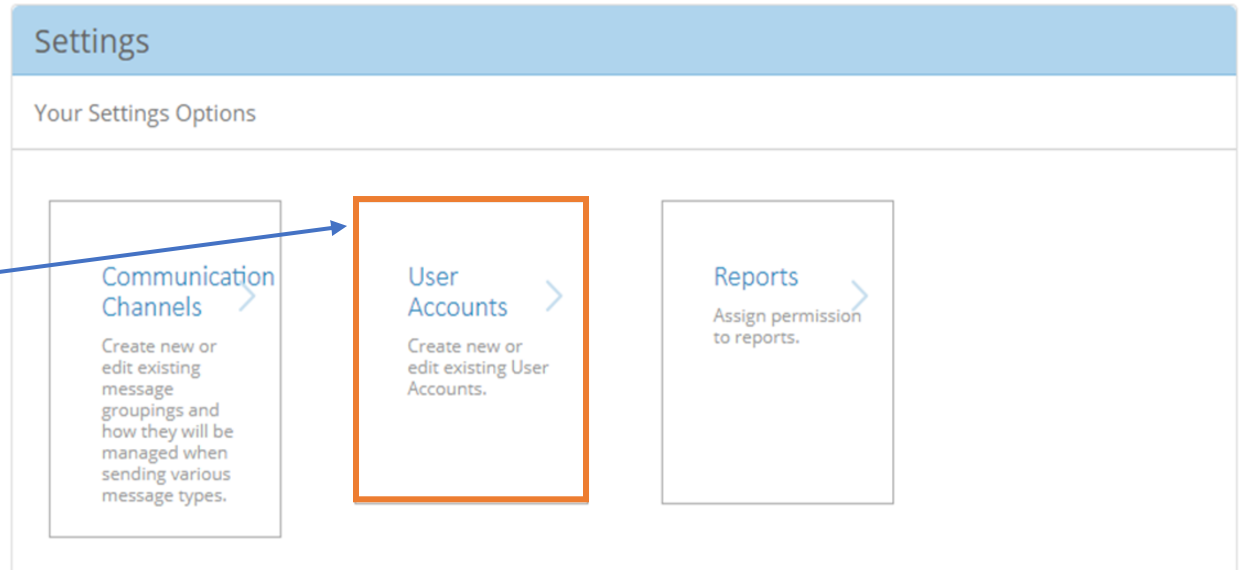
TIP: Only admins can disperse any of the available reports

TIP: Reports can be filtered by LOB, Payer, Vendor, etc.

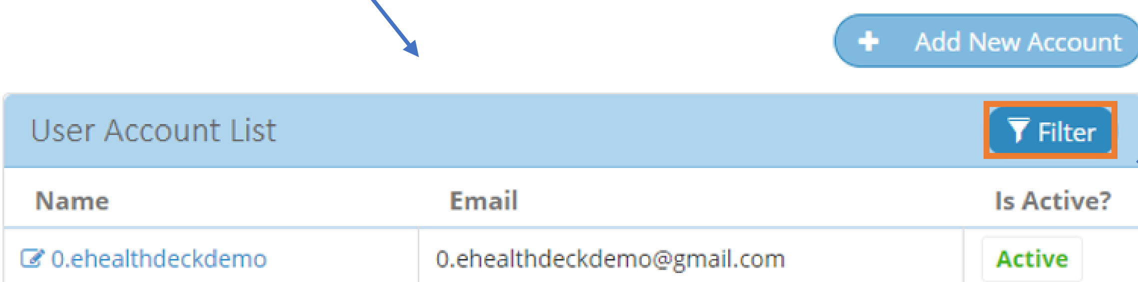
User Accounts

TIP: Expedite the search with CTRL + F. Click both boxes beneath “Master” and “Member” to grant the user access.

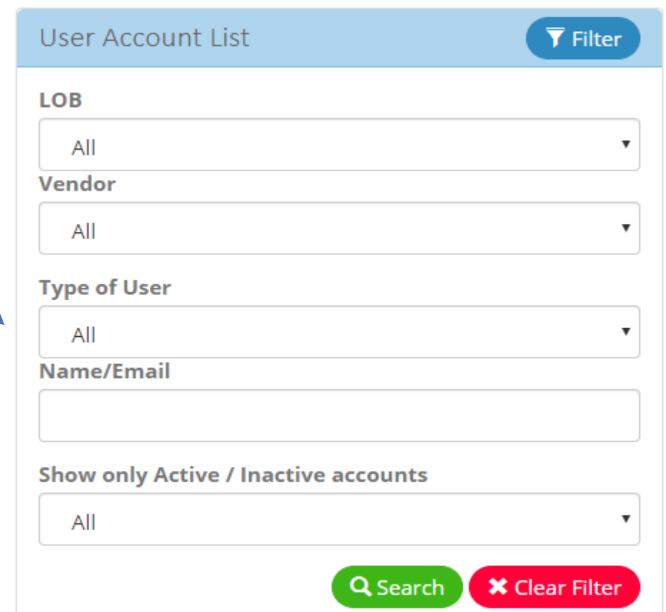
Select “*User Accounts*”.

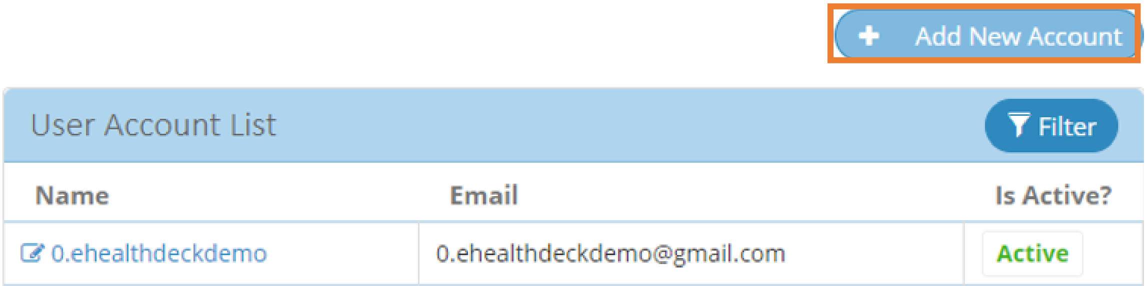


A list of all the accounts that are available will populate.



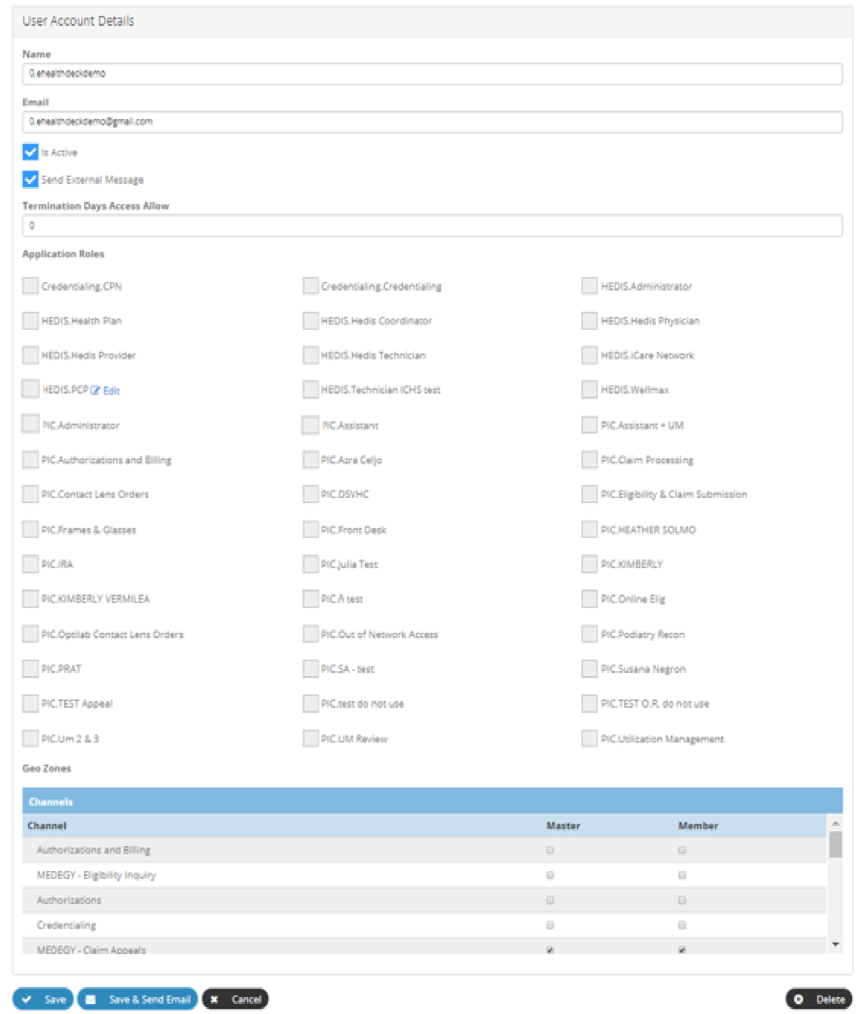
Select “*Filter*” to be able to narrow your search.





To add a New Account for a new user, select the *"Add New Account"* on the top right

TIP: Office Admins are encouraged to verify what access Users have



When Creating a New Account:

- Select *"Add New Account"*.
- The "User Account Details" will populate.
- Verify all the information is correct and once confirmed, click "Save & Send Email" at the bottom left of the page.
- This will send an email to the email address so the user can set up their eHealthDeck account

Recovering an existing account:

- Search for the desired email and a select the email.
- The *"User Account Details"* will populate.
- Verify all the information is correct and once confirmed select *"Save & Send Email"* at the bottom left of the page.
- An automatic email will be sent to the user with steps to recover their account.

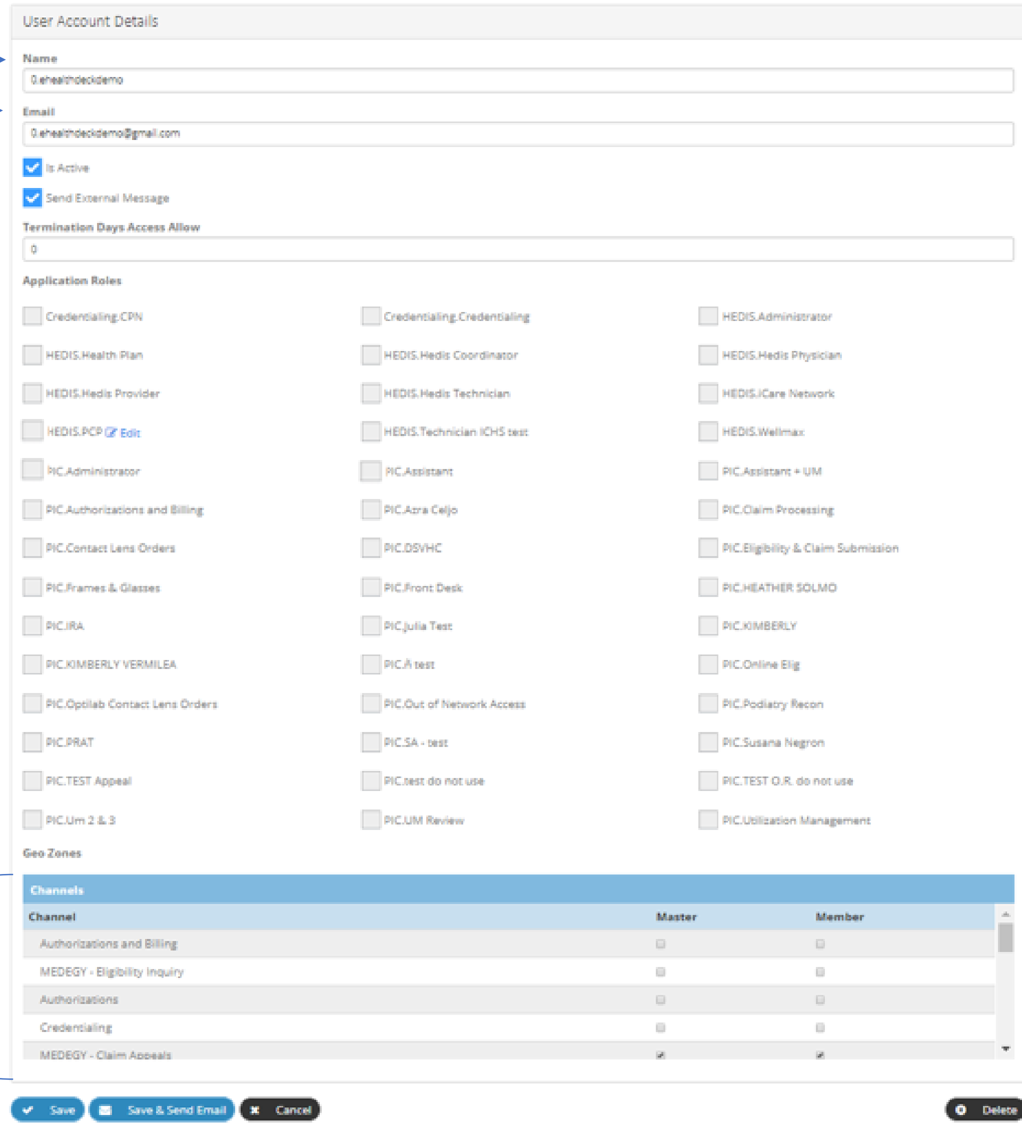
TIP: The Office Admin has the authorization to send recovery emails to users who have forgotten

User account Details:

The name of the user will populate here.

The linked email to the selected user account will appear here.

TIP: Only the office admin can manage the access each user account has.



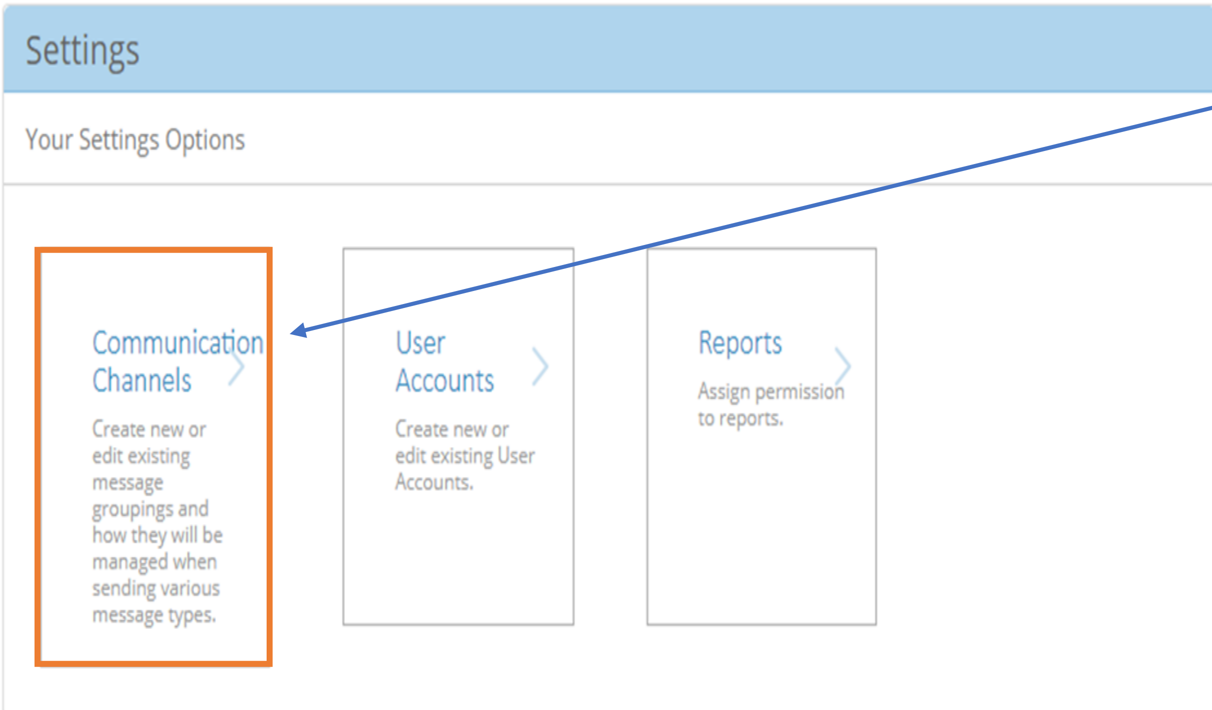
Admins will be allowed to select specific roles for every user account.

This is where an admin can select the "actions" an account has.

SAVE: Save any changes done to a user account.

SAVE & SEND: This is when a new account is being created OR an account needs to be recovered.

Communication Channels

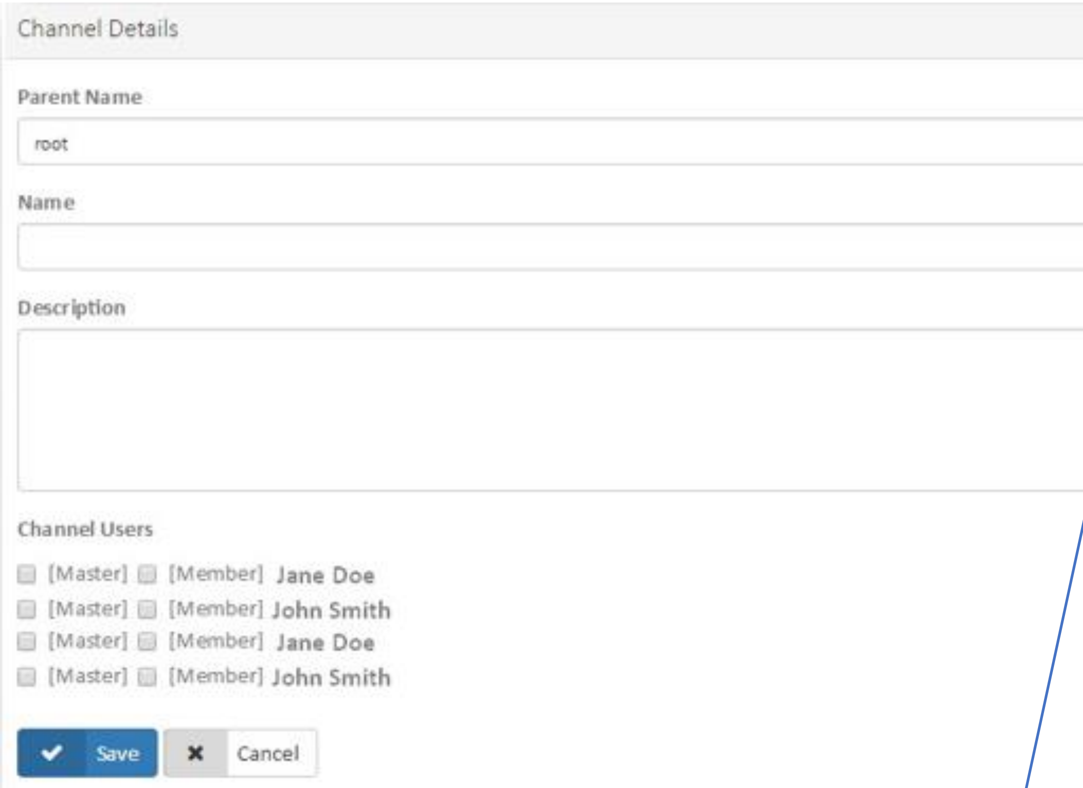


Refer to the “Settings” section to create Channels to target specific groups.

Tip

This feature is useful for Admins that have multiple locations. The Admin can create different Channels to target different types of communications. I.e: one Channel can be for the North FL locations and a different Channel can be created for all South FL locations.

Select *“Add New Channel”* to create a Channel.



- This feature allows all users to create new and/or edit existing message distribution list known as "Communication Channels" and how they will be managed when sending various message types.

- Every Communication Channel type default as a "Distribution List".

- "Parent Name" will always default as "Root" and cannot be changed when creating a Channel. This comes in handy when a "sub-channel" is created because it will show the chosen parent name.

- Beneath "Channel Users" the user will see all the users tied to the vendor.

**Tip* Expedite the search for the desired user with CTRL + F.*

Channel Users

Select **Master** to allow "blasts" to be sent to the Channel. **Members** do not have this capability.

Channel	Channel Type	Description	Sub Channel
Authorizations and Billing	Distribution List		Add

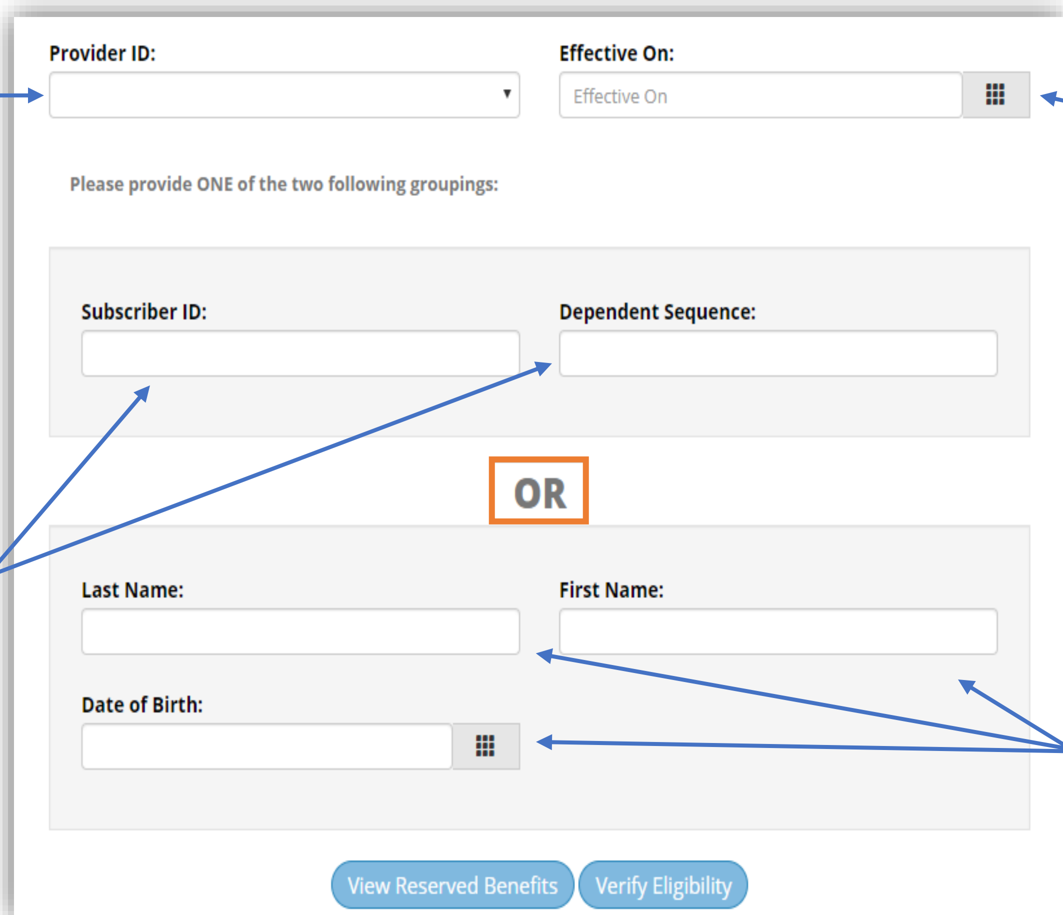
Available Action Tiles

ALL available on the eHealthDeck Web Portal

Selecting "Eligibility", the page below will populate. This action will allow you to verify eligibility with an explanation of benefits and obtain a service Eligibility Number.

1. Select the provider that will be seeing the member

2. Input the member's effective date or the date of service.



TIP: An Eligibility Number needs to be obtained prior to the services being rendered.

3. Input the member's ID number with the following sequence number. (00,01, etc...)

"OR" Input the member's Last Name, First Name and DOB.

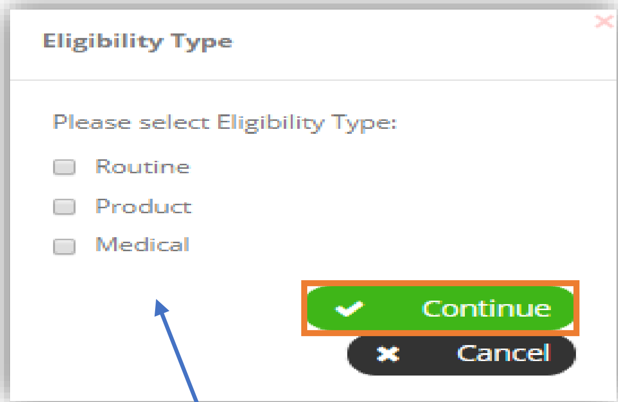
Users will be able to determine if the member has any active Eligibility Number/referrals.

Users will be able to verify if the member has any available benefits

Eligibility—Verify Eligibility

Verify Eligibility

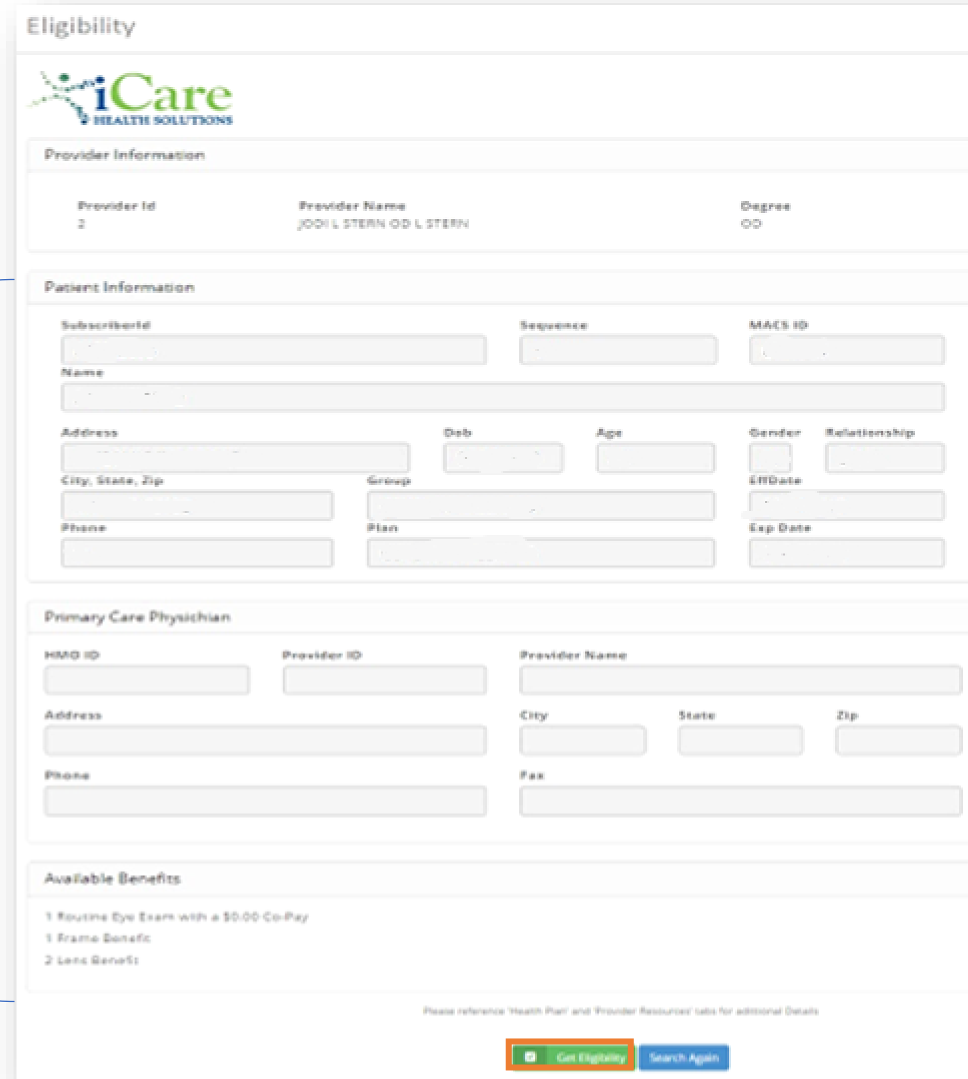
> TIP: An Eligibility Number is only valid for 15 days from the date it was obtained



1. Select the eligibility type and press continue

- **Routine**- Annual Routine Eye Exam
- **Product**- Eyewear (Glasses, Contact Lenses)
- **Medical**- Specialist Office Visit/Exam

2. The complete Eligibility Request Form will appear with an explanation of benefits that is available to the member



3. Once the available benefits populate, select "Get Eligibility" to retrieve the Eligibility Number for the needed services

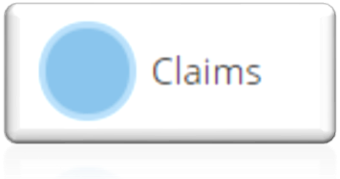
> TIP: The Medical option is only available to those providers that are contracted to perform medical services.

Eligibility—View Reserved Benefits

View Reserved Benefits

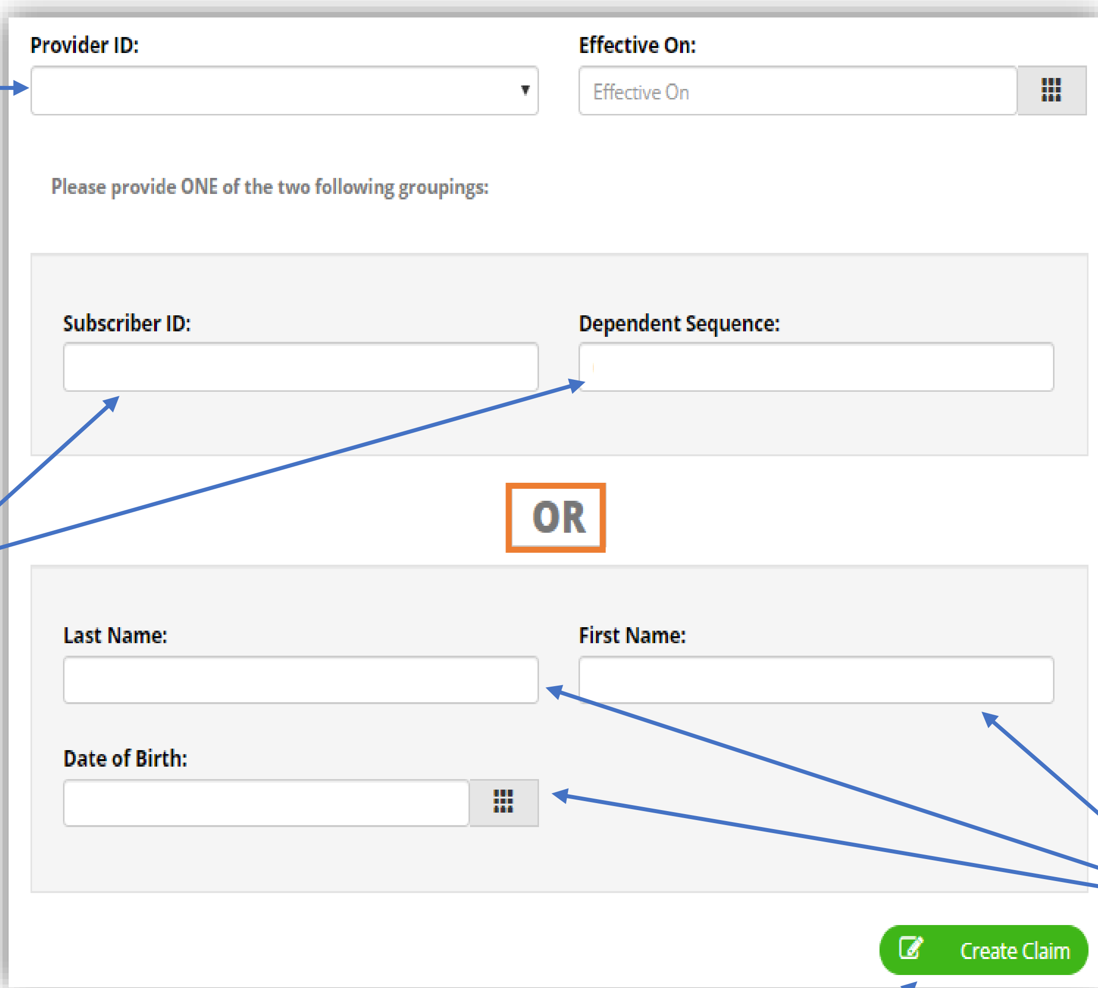
Users will be able to verify if the member has any active referrals and the benefits available.

A final confirmation page will populate with an Eligibility Number that will later be required to submit a claim.



When selecting “Claims”, the page below will populate. This action will allow you to submit a claim for the services provided.

1. Select the provider that will be seeing the member



2. Input the member’s effective date or the date of service.

3. Input the member’s ID number with the following sequence number. (00,01, etc...)

TIP: An Eligibility Number needs to be obtained to submit a claim.

“<u>OR</u>” Input the member’s Last Name, First Name and DOB.

TIP: If a member is termed but a claim needs to be submitted, select the DOS in step 2.

4. Select “Create Claim” to begin.

Claim Submission

The member's ID# and full name will automatically populate in these fields.

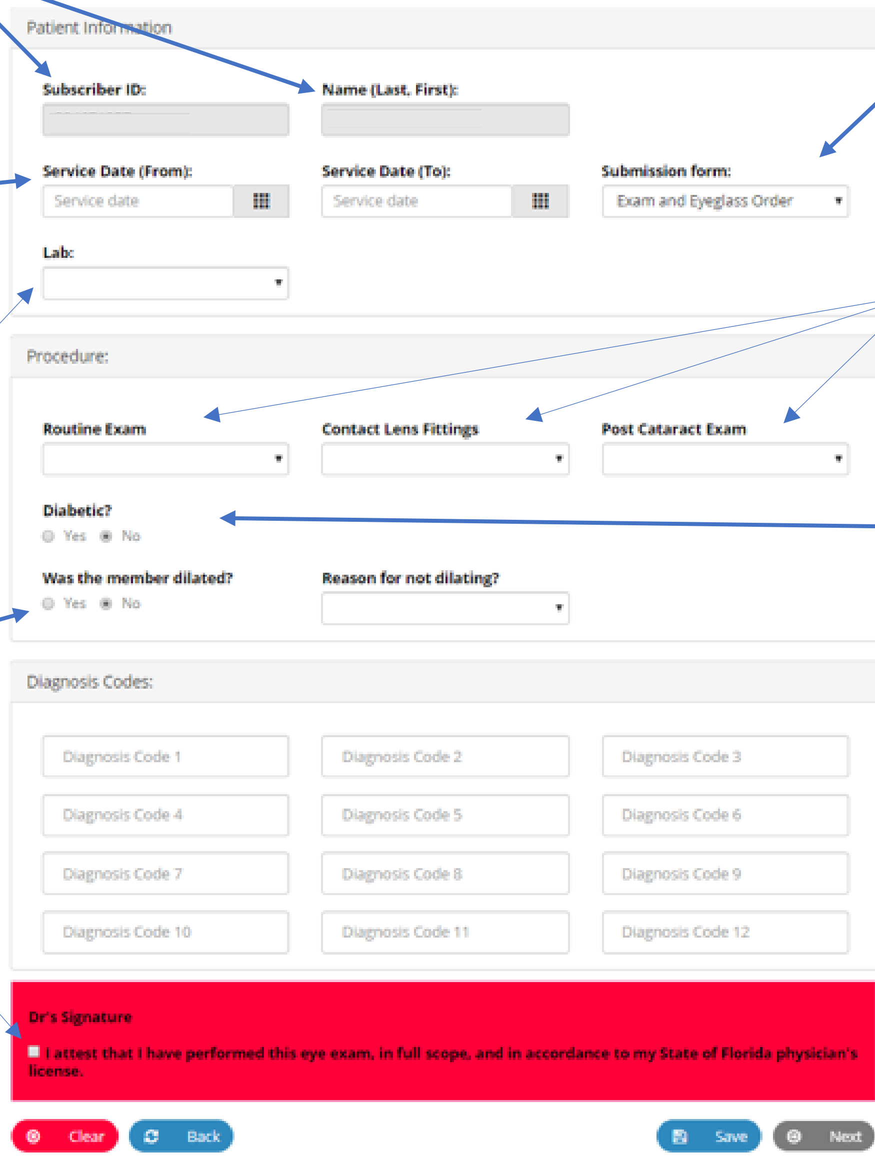
Select "Submission Form" to choose the services performed on this claim. (Eyewear, Exam and Contact Lens and Medical)

Match Service Date (From) and Service Date (To)

Select the exam(s) that apply.

If submitting for Eyewear, select "*Lab*" and choose the lab that will make the glasses

If member is Diabetic, Select "*Yes*". It is required to report that information on a claim. Otherwise, select "*no*"



Select "Yes" or "No" if the member was dilated. If no, select the reason.

This section is where you add all applicable diagnosis codes.

Check off the small box, under "*Dr's Signature*" agreeing to the statement. The red shaded area will turn green.

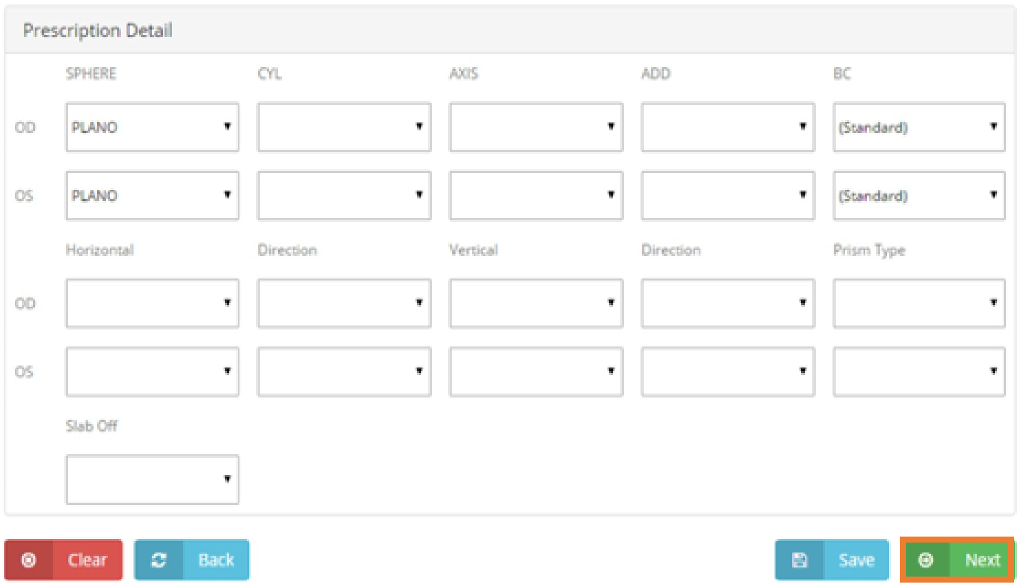
Clear- allows you to erase all the fields at once.

Back- This will take you back to previous page. WILL NOT SAVE.

Save- User can save the claim in process.

Next- This will take you to the next page.

The "*Prescription Detail*" page will populate as shown below.
Users will input the member's prescription then select next.



TIP: An ADD prescription is required for all multifocal lenses.

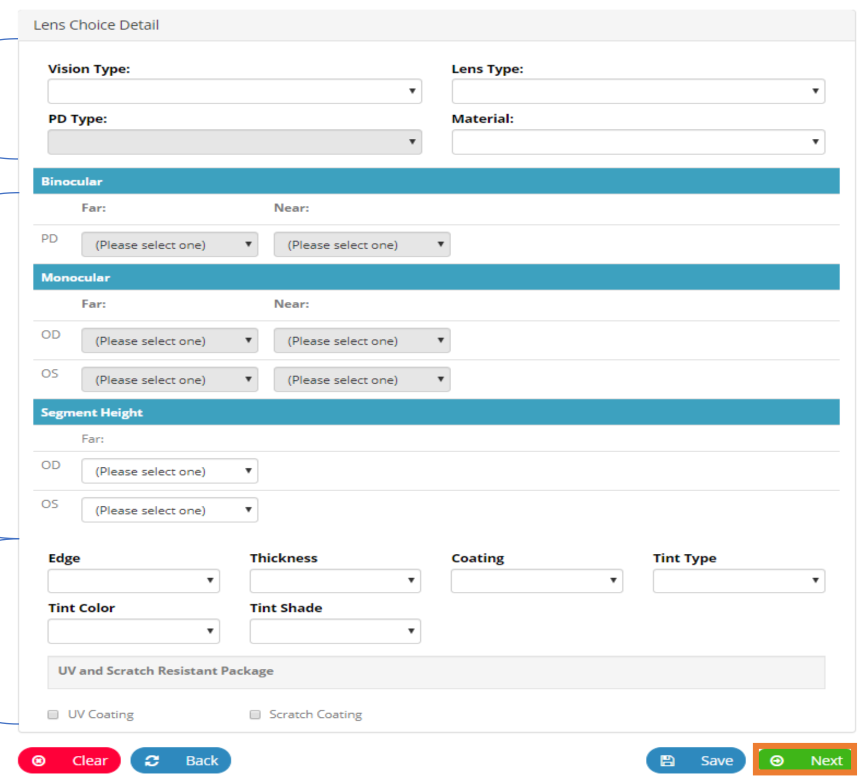
TIP: There are additional options to choose from to accommodate to the member's needs. (Slab Off, Prism)

The Lens Choice Detail page will populate. This is where the type of lenses and add-ons are selected then select next.

This section is available based on the prescription

This section is available once a PD Type is chosen for distance, near or both

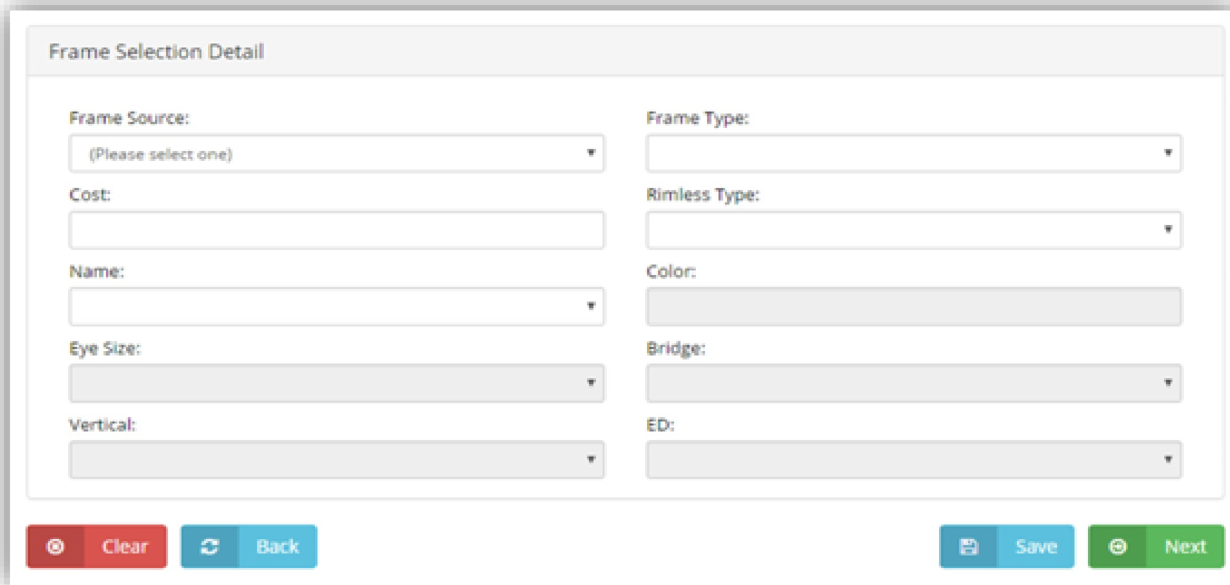
Additional services for lenses can be selected



WARRANTY TIP:
Polycarbonate lenses: 1 Year
Anti- Reflective Coating: 1 Year

"*Frame Selection Detail*" page will populate. Fill in all the fields with the corresponding information then select next.

TIP: When POF or PSF is selected, Opti-Lab is not responsible for lost or broken frames.



- **Grand Lux Frame Collection**- Insurance supplied frames.
- **Patient's Own Frame (POF)**- Frame formally owed by the member
- **Provider Supplied Frame (PSF)**- Frame provided by the provider at the time of purchase.

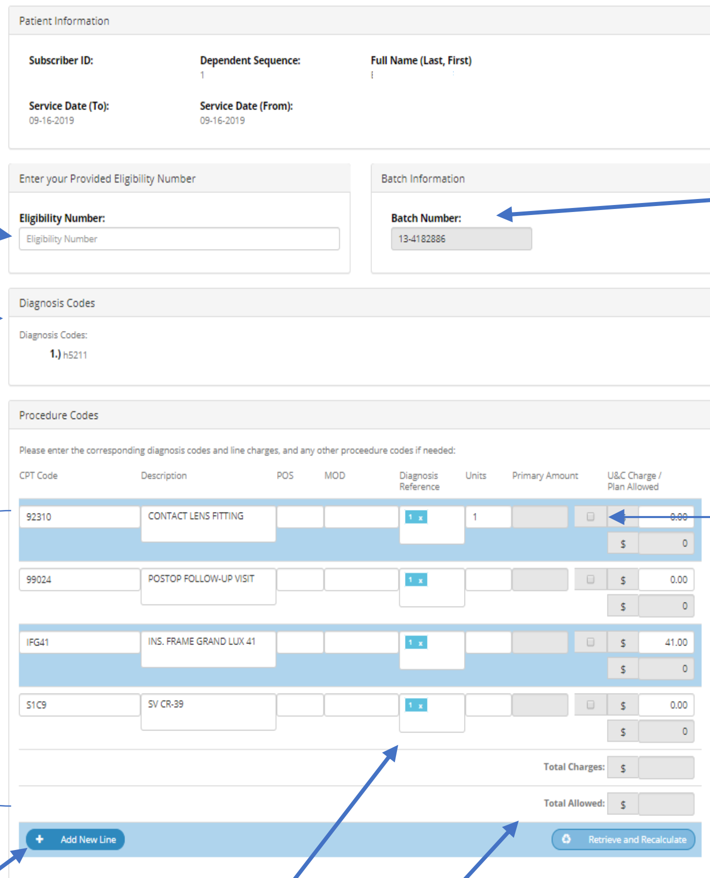
Please reference the member's plan page for any frame copays (POF) located in the homepage under "Health Plans".

Contact Lens Submission: "Contact Lens Choice" filters the selection of available products meeting the prescription criteria.

POF Waiver- Can be located in "Provider Resources" action. (pg. 37)

Claim Review- Validate all the information is correct.

Users are required to add the Eligibility Number obtained for the services.



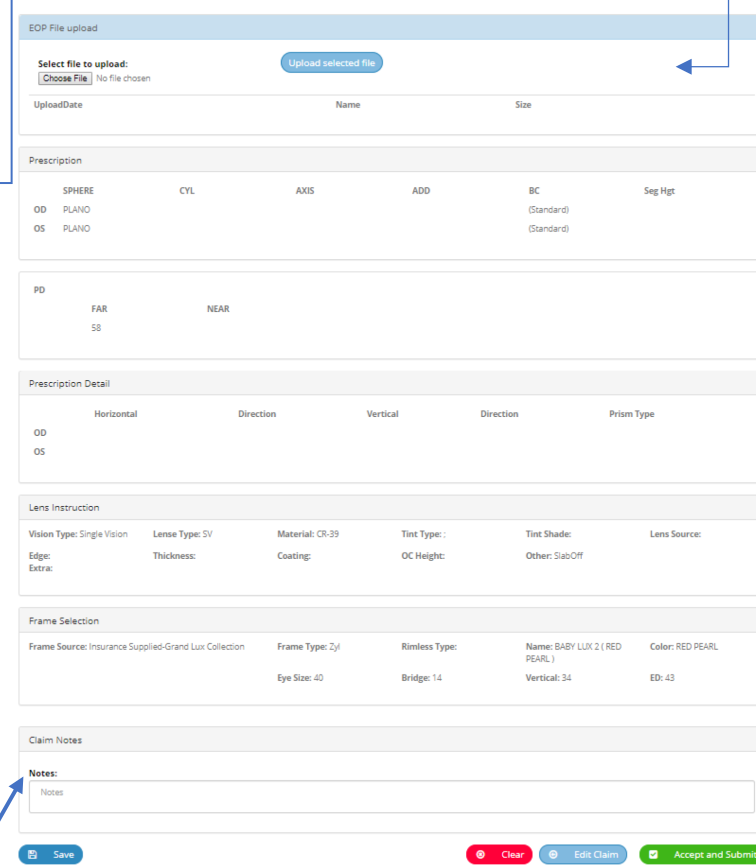
Member's Information

"Batch information" is the "Job Order" number for the member's eyewear order submitted

If "Primary Amount" is selected, "EOP File Upload" will populate to load documents. (COB)

All Diagnosis codes submitting will populate here

All procedure codes submitting will populate here



Prescription Information

Lens Information

Frame Information

"Add New Line" Allows User to add additional procedure codes.

If applicable, Users are responsible for adding U&C charges. Then, select *"Retrieve and recalculate"*

In this area, link Diagnosis code(s) to the applicable procedure code(s) by the number it is listed above.

"Notes" allow Users to write any special instructions and/or requests for the job order/claim

After reviewing claim, if there is a change needed, select *"Edit Claim"*. If claim is completed, select *"Accept and Submit"*

POS – Place of Service code.

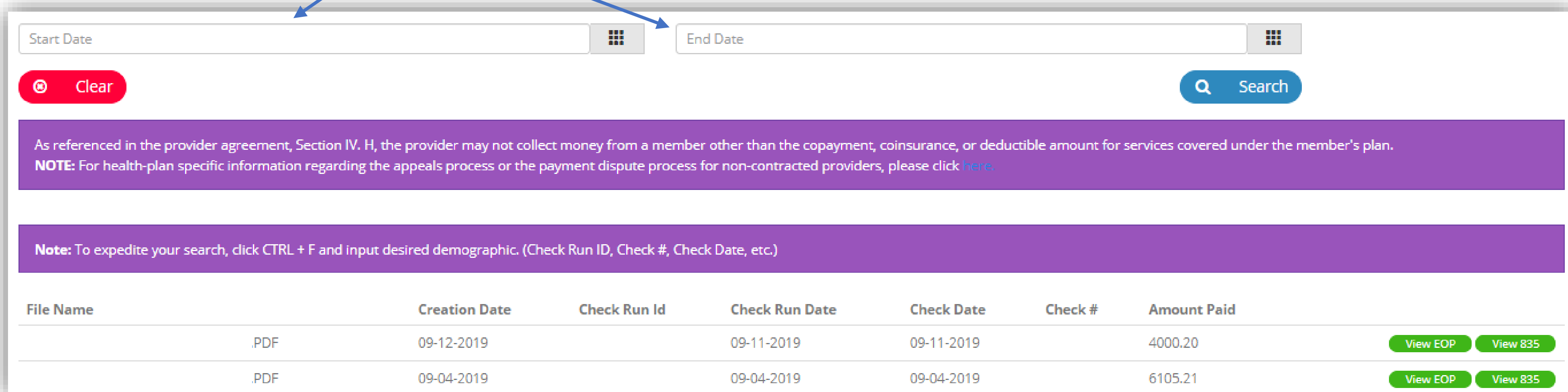
U&C Charge – Usual and Customary Charge

Explanation of Payments

Once payment begins, Users can find the "Explanation of Payments" (EOP) on this screen.

TIP: To expedite your search, click CTRL + F and input desired demographic.
(Check Run ID, Check #, Check Date, etc...)

Users will be able to narrow down the searches based on dates



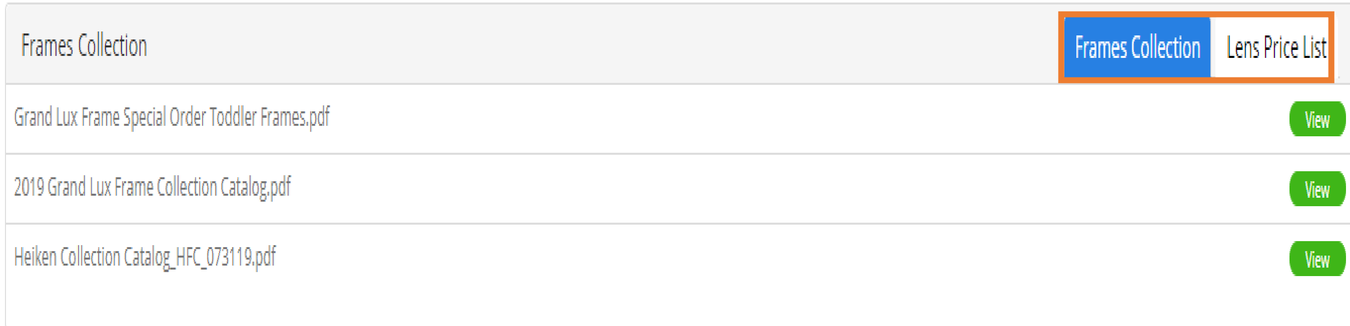
"View 835" is an optional feature.

Select "View EOP" to populate payment details per Claim/Submission/Check

TIP: Users need to confirm correct location is selected in order to view the desired EOP.

Selecting “Frames and Lenses”, the page below will populate for both the Frame Collection List and The Lens Price List

The “Frames collection” tab will show you all the frames available to your office/location.



WARRANTY TIP:
An insurance supplied frame has warranty only if it is a <u>manufacturer</u> defect.
Plastic – 3 Months after date received
Metal – 6 Months after date received

<u>Switch between Frames and Lenses with the top right tab</u>

Insurance selected frames:

- Premium Options Price List
- iCHS Add-On Price List

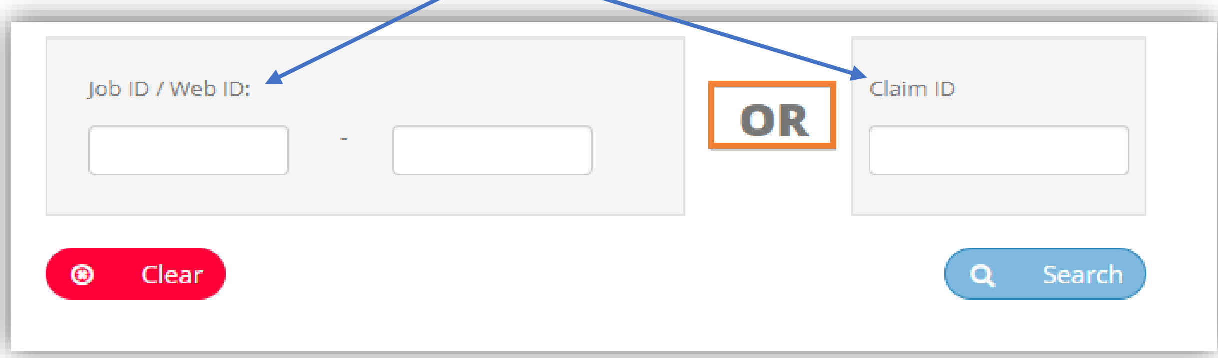
Provider Supplied frames:

- Average Retail Price List
- Doctor’s Cost Average Retail Price List

“Lens Price List” tab will show you all the recommended price list base on our charge back process/agreement

With the claim confirmation number, Users will be able monitor the status of a job order.

Input *"Job ID / Web ID"* OR *"Claim ID"* then select *"Search"*



Please allow 7 – 10 business days to receive all job orders

TIP: Please allow 24 hours after submitting Job Order to verify the status.

Job Status Report

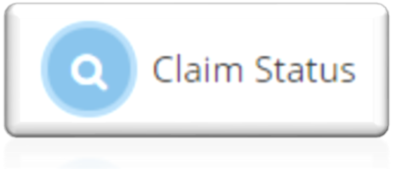
Member's Information

Job ID	Claim ID	Patient Name	Subscriber ID
00-0123456	0123456	JANE SMITH	0123456789

Dependent Sequence	DOS
0	11-02-2016

Job status details

Job ID	Status Date	Office ID	User Name	Status	Comments
00-0123456	11/18/2016 8:08:55 AM	79	PROVIDER OFFICE	TRANSMITTED TO LAB	
00-0123456	11/17/2016 10:33:47 AM	79	PROVIDER OFFICE	TRANSMITTED TO LAB	
00-0123456	11/11/2016 3:08:29 PM	79	DELIA LORENZO	RECEIVED AT LAB	V



Users will be able to see the status of the claims they have submitted

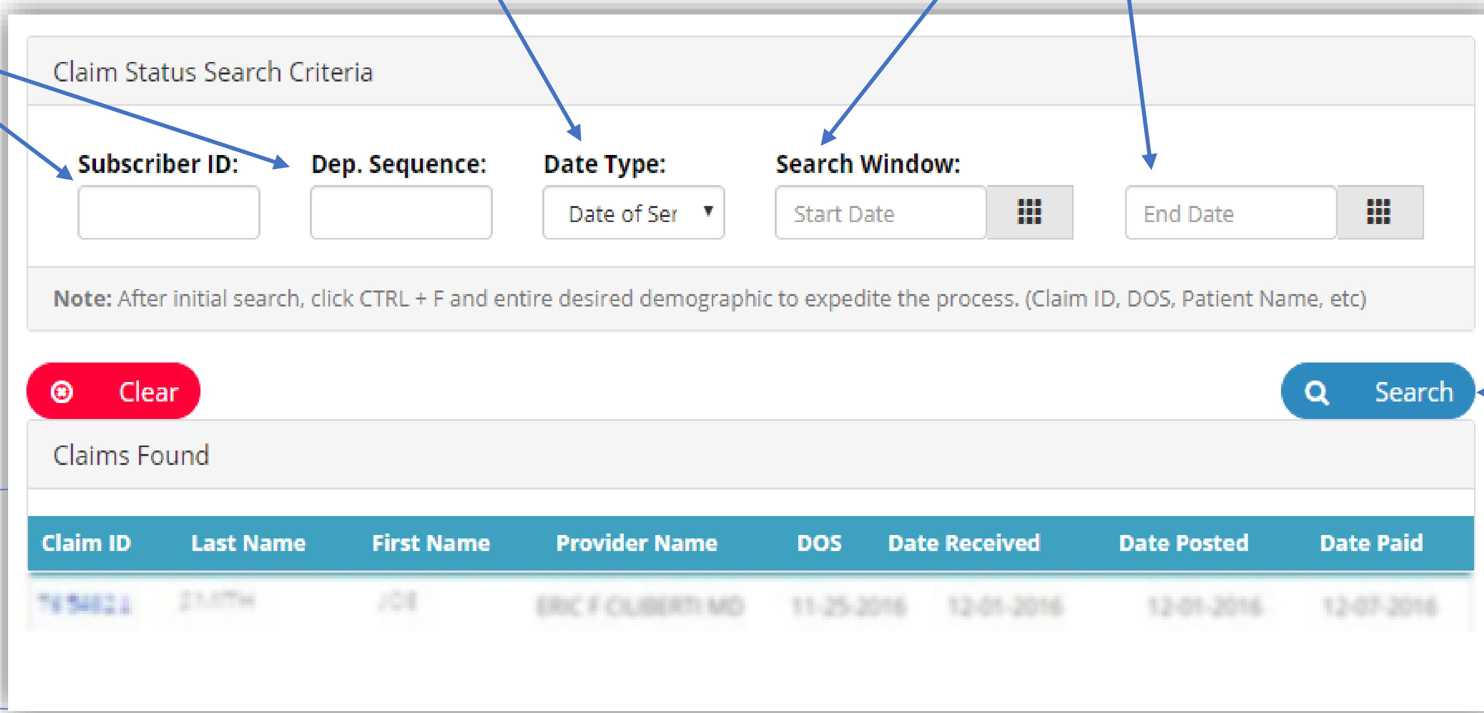
Searching Date Options:

- Claim Received Date
- Claim Posted Date
- Claim Paid Date
- Date of Service

1. Input the member's ID number with the following sequence number

2. Select desired date range

3. Once all fields are complete, select "Search"



Claim status report within date range selected

TIP: Claim Appeals are to be submitted online via EHD. (Pg. _)

When a “Claim ID” is selected on the Claim status report, a claim detail page will populate for the specific claim as shown below.

Selected claim status report

Claim Status Report

Claim ID
1234567

Provider Name

Patient Name

Sub ID
123456789*02

Authorization number

Check Number
123456

Check Date
09-11-2019

Run ID
1234

Processed
09-09-2019

“*Run ID*” will help with obtaining the corresponding EOP for this specific claim.

Claim Status Report Detail

Service Date	CPT	CPT Description	Charge Amount	Plan Allowed	Allowance Overage	Product Copay	Exam Copay	Amount Paid	Exception Code
09-09-2019	92012	EYE EXAM ESTABLISH PATIENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	DUEX
09-09-2019	92015	DETERMINE REFRACTIVE STATE	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	DU08
09-09-2019	IF034	INS. FRAME MANAGED-CARE 34	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	DU02
09-09-2019	S1D1	SV [SPH: 0.12D TO 4.00D]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	DU02
09-09-2019	SC9	SV - CR-39	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	P035
09-09-2019	V2780	OVERSIZE LENS/ES	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	DU02

Claim details by CPT lines submitted.

Search Again

Exception Descriptions:
DUEX :EXAM
DU08 :INCLUDED IN VISIT/EXAM
DU02 :IN-KIT CLAIM
DU02 :IN-KIT CLAIM
P035 : LINE CHARGE AMOUNT $0.00
DU02 :IN-KIT CLAIM

The Exception Code descriptions are located on the bottom left of the page

TIP: Claim Appeals MUST be received within the allowed timeframe from the date of the original EOP denial.

Provider Resources

The "*Provider Resources*" Page offers important forms, newsletters and announcements that will help provider offices.

Outdated Files will appear in "Archived Resources"

Current Resources

Current Resources | Archived Resources

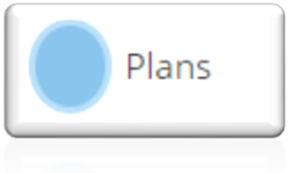
Date	File	
09/17/2019	iCare Health Solutions 3rd Quarter 2019 Newsletter	View
08/15/2019	Online Claim Appeal Training Guide	View
08/19/2019	Online Claim Appeal Announcement	View
06/19/2019	iCare Health Solutions 2nd Quarter 2019 Newsletter	View
06/18/2019	Humana - Appeals Process for Non-Contracted Medicare Providers	View
06/18/2019	Appeals Process for Non Contracted Medicare Providers	View
06/18/2019	UHC - Appeals Process for Non Contracted Medicare Providers	View
06/11/2019	CarePlus Health Plans Termination Notice	View
05/30/2019	Patient's Own Frame Waiver	View
05/16/2019	iCHS Provider Information Change Request	View

⊞ Load 10 More

The most recent and updated files will populate here

Select "Load 10 More" to reveal additional files.

TIP: New feature step-by-step manuals will appear here



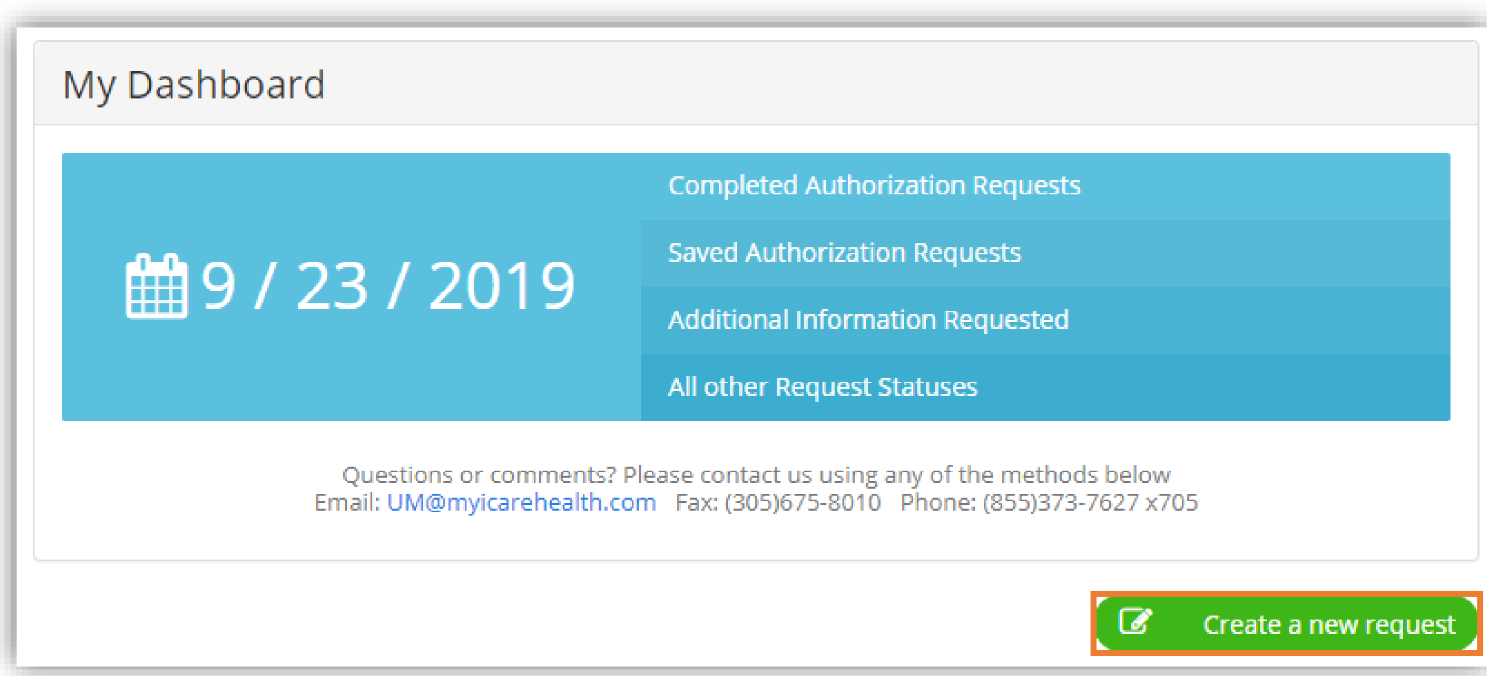
Selecting "Plans", the page below will populate. Users can find all the Health plans their office is contracted with and retrieve detail information on benefits per plan

TIP: Select on the plus sign located by the plan name to view all plans available

<u>Benefits details include:</u>

- Co-Pay Information
- Insurance supplied frame Information
- Provider supplied Frame Information
- Add-Ons or Special upgrade Information
- Contact Lens Benefits

Selecting "*UM Prior Authorization*" will allow users to obtain an authorization for CPT Codes that <u>require</u> prior authorization.



Create a new prior authorization request

<u>Completed Authorization</u>
Auths that are already approved/denied

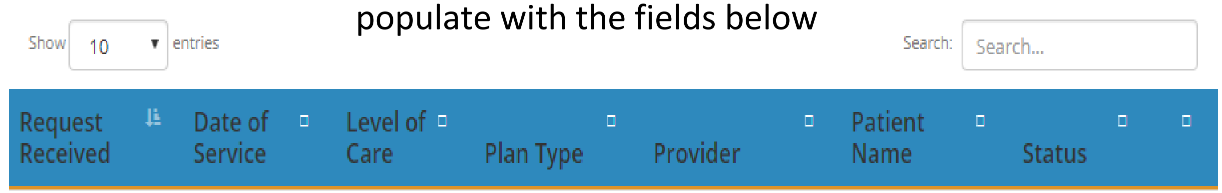
<u>Saved Authorization</u>
Auths that have not yet been submitted, only saved

<u>Additional Information</u>
Auths that require more information to complete review

<u>All Other Authorization</u>
Auths that are pending/under review.

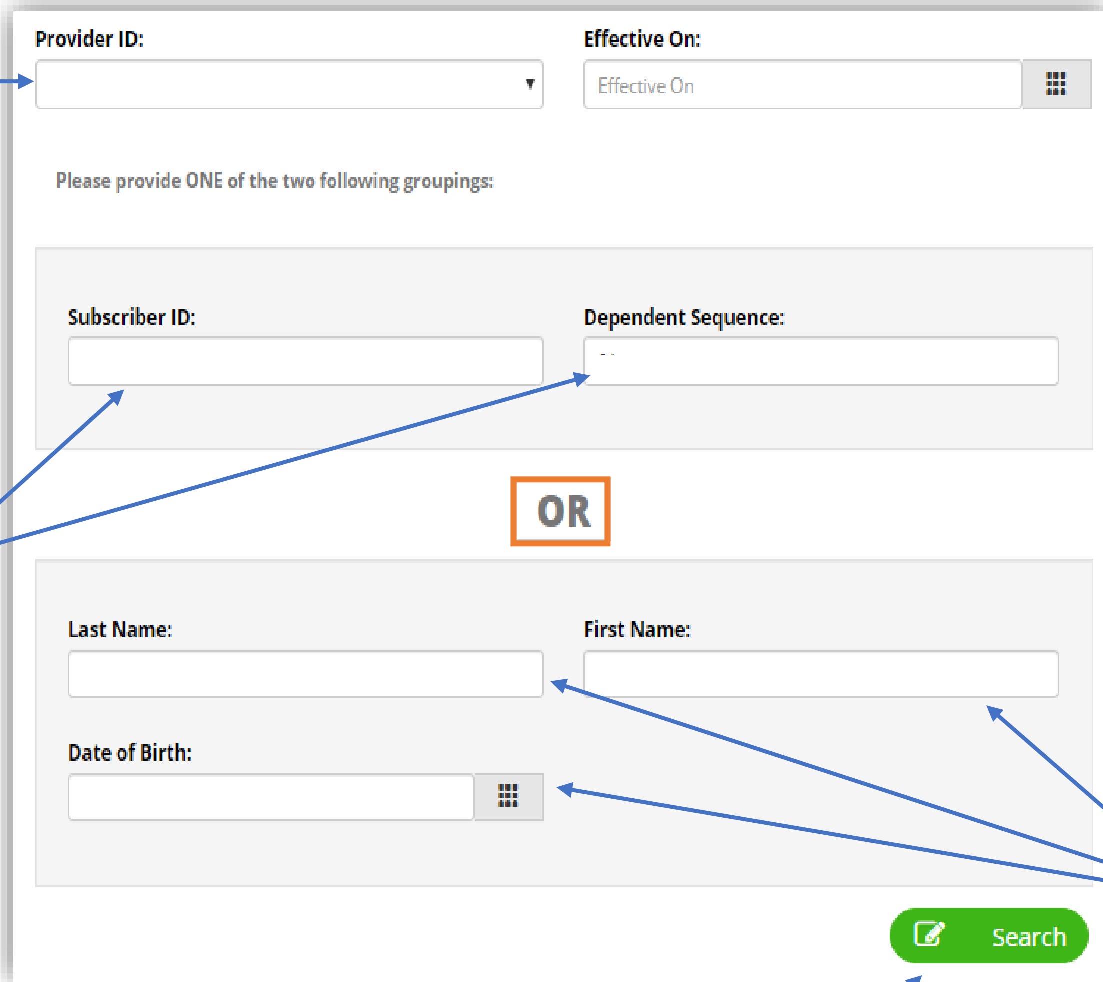
TIP: Go to "*Provider Resources*" to obtain a list of codes that require prior authorization

Once a subject is selected, a report will populate with the fields below



1. Select the provider that will be seeing the member

2. Input the member's effective date or the date of service.



3. Input the member's ID number with the following sequence number. (00,01, etc...)

"OR" Input the member's Last Name, First Name and DOB.

4. Select "Search"

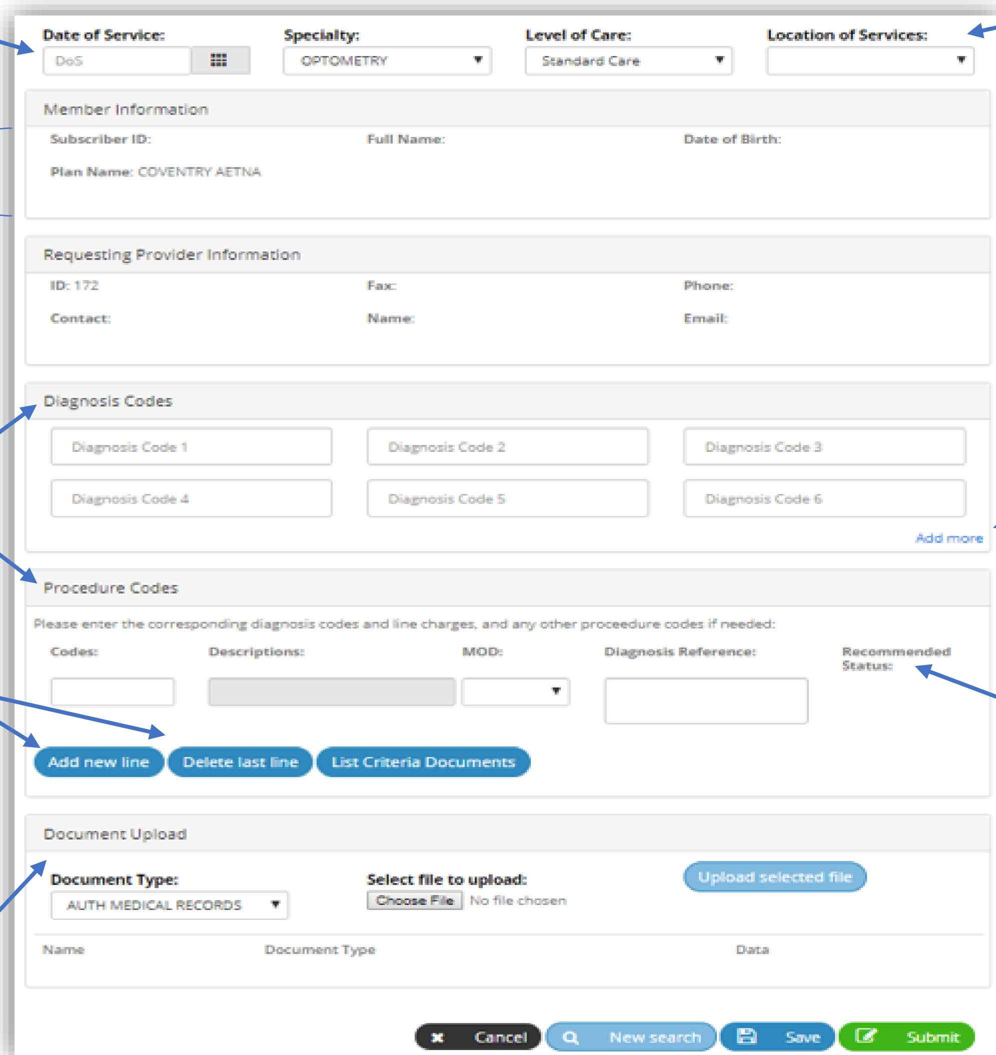
Creating a New Request – Prior Authorization

After Users have verified the member eligibility, the "Prior Authorization Request" form will populate with the member's information.

Select DOS

Ensure "location of services" is correct.

Member's information



Provider's Information

Input applicable CPT Codes and Diagnosis Codes

Add or Delete Diagnosis Codes

Add or Delete Procedure Codes

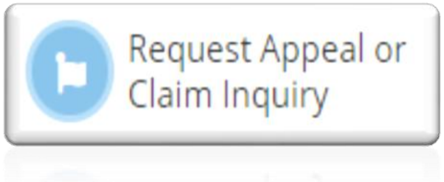
TIP: If there is a matching auth for the payer/group/plan combo, a questionnaire will appear to help inform the provider of a recommended authorization.

Upload all required/supporting documents (Medical notes). There is no limit to how many forms may be added

New Search – This will take you back to the authorization search page

Save- User can save request as a draft.

Submit- Confirm all the information is correct and submit.

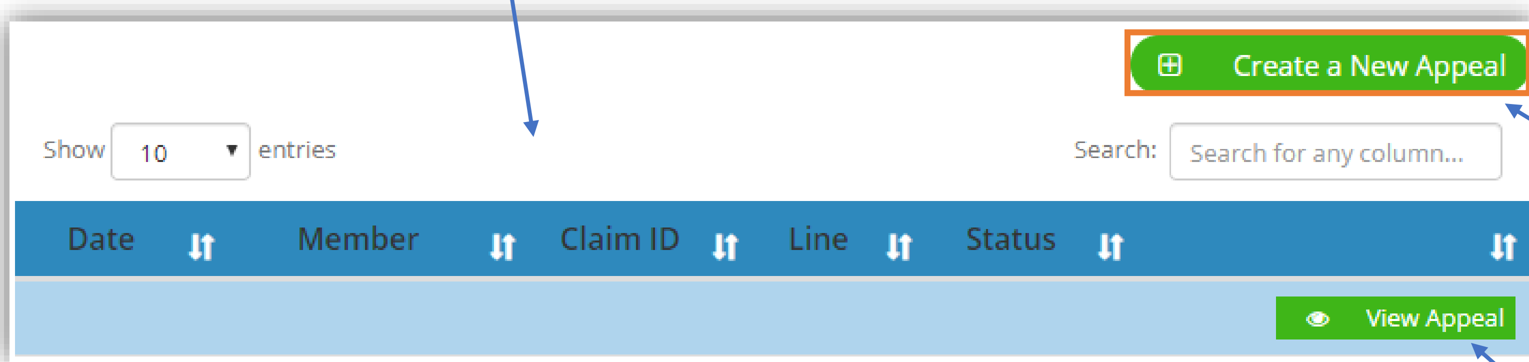


Selecting "*Request Appeal or Claim Inquiry*" will bring you to the Claim Appeal Log as shown below. Users can submit claims appeals/inquiries online via eHealthDeck

<u>Eligibility for Appeal:</u>

- Claim Line Must have a Status of Closed
- Claim Line must have $0 Paid amount.
- Claim Line must have an exception code.

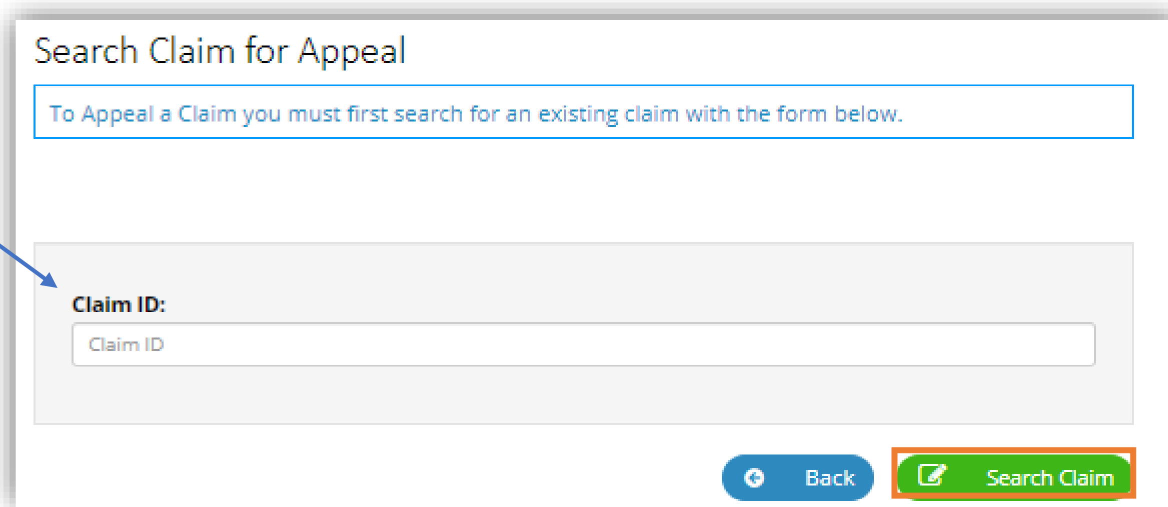
Appeal Log of all past submitted Appeals and their status. Open Appeals are listed first by date of submission.



Select "*Create a New Appeal*" on the top right to continue

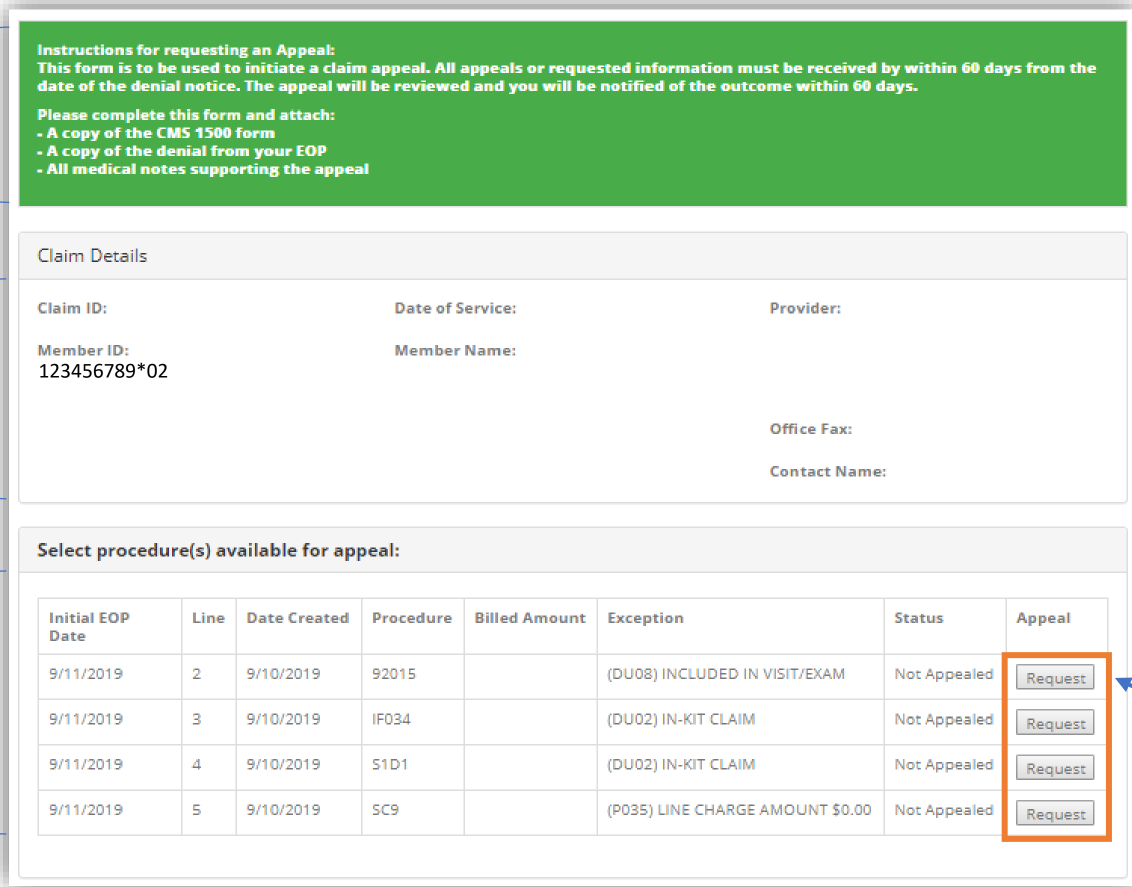
Select "*View Appeal*" to open appeal details

To begin, search for the claim you are trying to appeal. Then, select "*Search Claim*"



Request Appeal/ Claim Inquiry

If the user entered a valid claim, you will be taken to the Claim Appeal Request Form



Instructions for requesting an Appeal:
This form is to be used to initiate a claim appeal. All appeals or requested information must be received by within 60 days from the date of the denial notice. The appeal will be reviewed and you will be notified of the outcome within 60 days.

Please complete this form and attach:
- A copy of the CMS 1500 form
- A copy of the denial from your EOP
- All medical notes supporting the appeal

Claim Details

Claim ID: **Date of Service:** **Provider:**

Member ID: 123456789*02 **Member Name:**

Office Fax:

Contact Name:

Select procedure(s) available for appeal:

Initial EOP Date	Line	Date Created	Procedure	Billed Amount	Exception	Status	Appeal
9/11/2019	2	9/10/2019	92015		(DU08) INCLUDED IN VISIT/EXAM	Not Appealed	Request
9/11/2019	3	9/10/2019	IF034		(DU02) IN-KIT CLAIM	Not Appealed	Request
9/11/2019	4	9/10/2019	S1D1		(DU02) IN-KIT CLAIM	Not Appealed	Request
9/11/2019	5	9/10/2019	SC9		(P035) LINE CHARGE AMOUNT $0.00	Not Appealed	Request

Submission guidelines

Claim detail information

List of all eligible Claim Lines for appeal along with their Status.

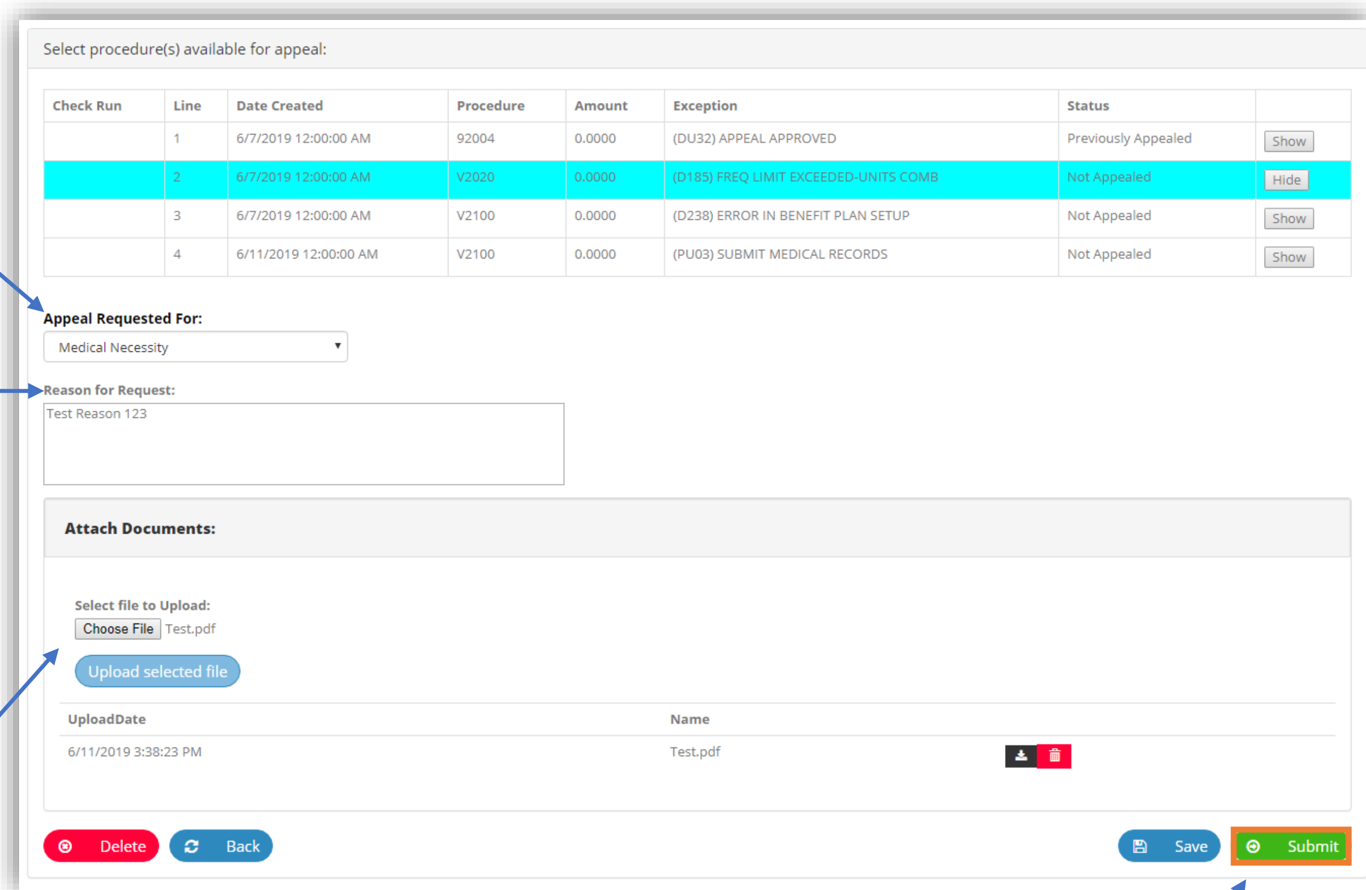
Select “*Request*” on your desired **Claim Line.** This will reveal a form with 3 required fields

Request Appeal/ Claim Inquiry

TIP: Editing and Withdrawing an existing Appeal are only available for cases with a Status as "open"

Appeal Requested For:

- Medical Necessity
- Timeliness
- Other



Reason for Request:

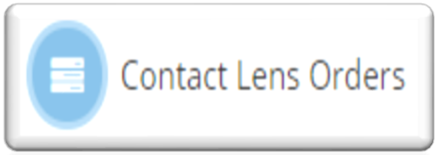
Enter an explanation for your Appeal

Attach Supporting Documents:

- Copy of CMS 1500 form (HCFA)
- Copy of denial from EOP
- ALL supporting medical notes

TIP: Users can view Appeals listed with a Status of Open.

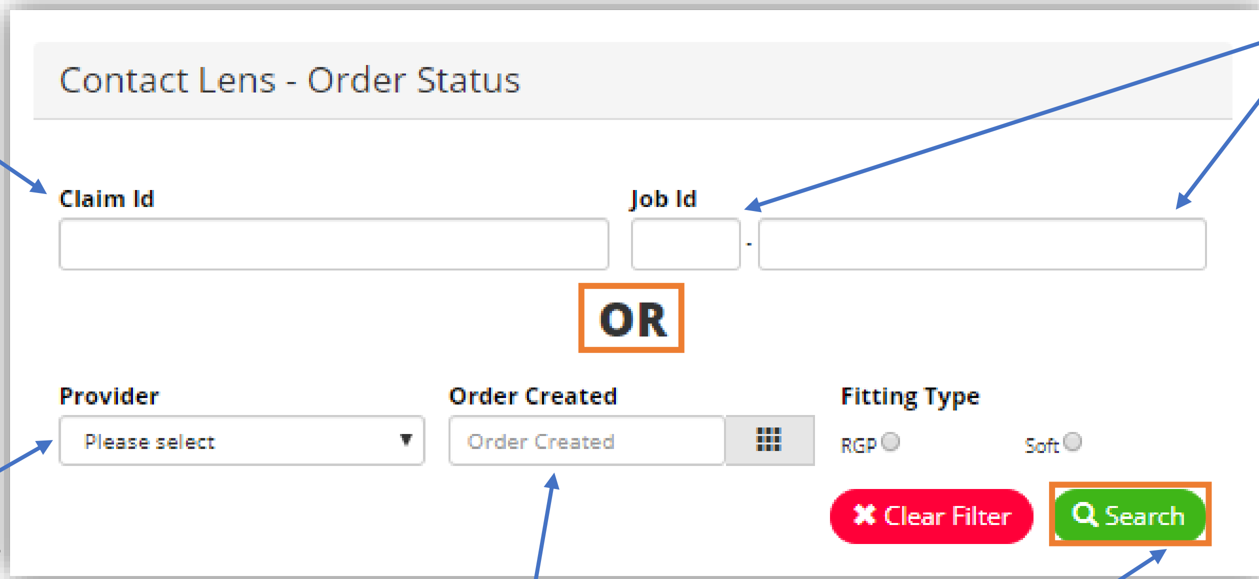
Select "*Submit*" and users are returned to the Claims Appeal Log.



Selecting "*Contact Lens Orders*" will allow users to check the status of contact lens orders

Input Claim ID

Input Job-ID number



TIP: If searching by *Provider*, *Fitting Type* is required

"OR" Select provider linked to Contact Lens order

Input date order was submitted/created

Select "*Search*"

<u>Order Statuses:</u>

- Ordered
- In Progress
- Shipped
- Backordered
- Cancelled

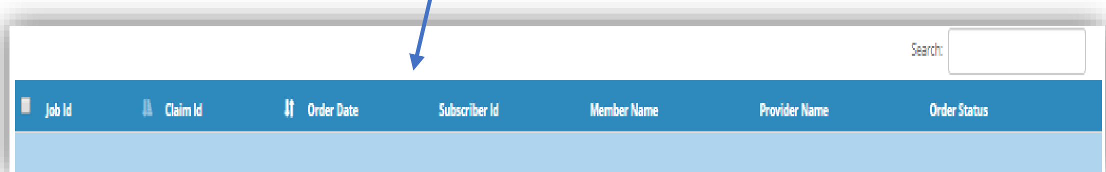
<u>Soft Lens</u>

- approximately 5 business days from the date the order was received.

<u>Hard Lens (RGP)</u>

- approximately 7-15 business days from the date the order was received.

Contact lens Order details will populate as shown below



Backordered - Allow 1-3 weeks to be shipped

Cancellations/Reinstatement – Applied only if the boxes are **returned unopened within 2 weeks** from shipping date

We appreciate your time. If you have any questions, please call Support Services at (305) 418-2025.

MEDEGY™
HEALTH SYSTEMS

A Third Party Administrator Working With You, For You.