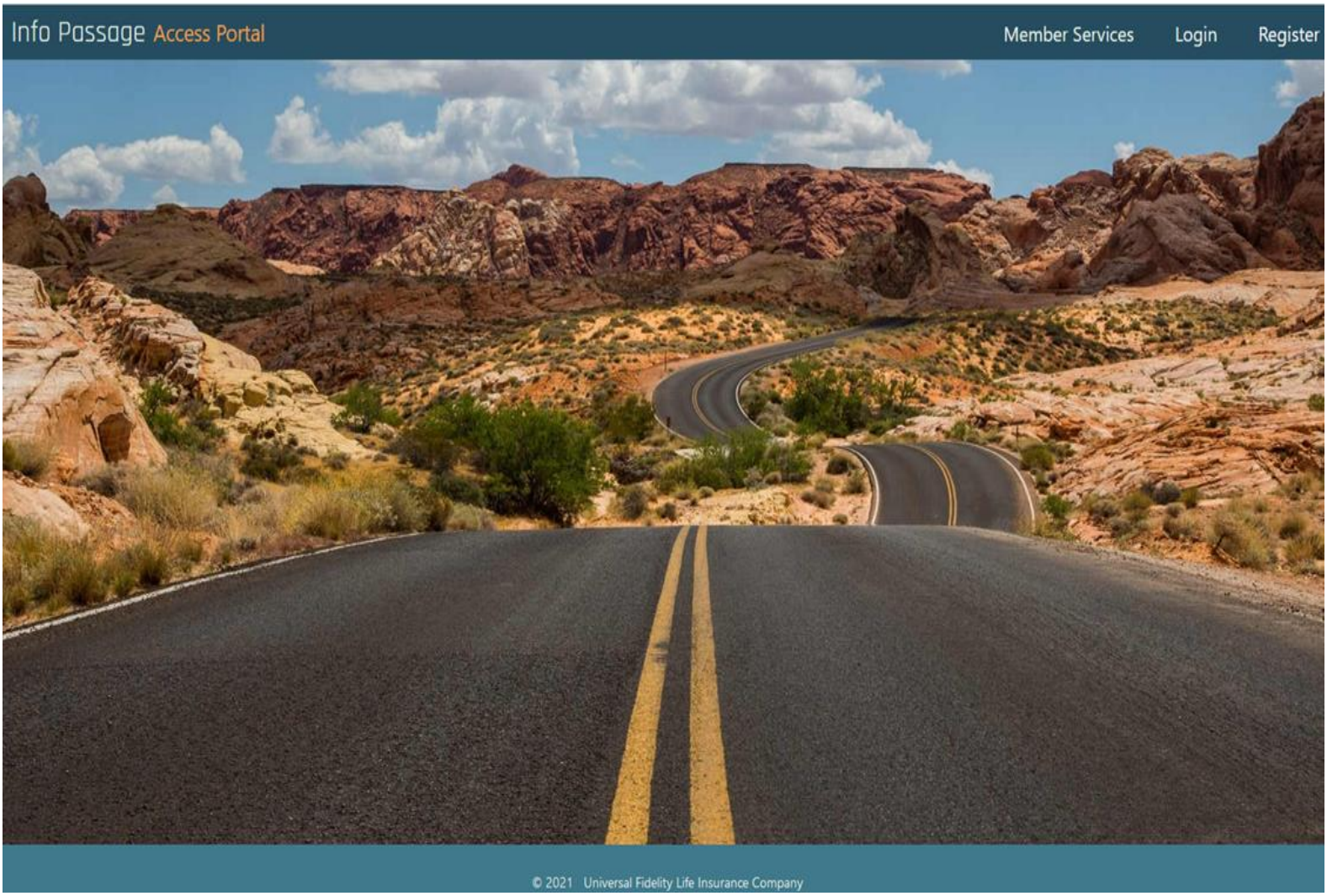
Announcing

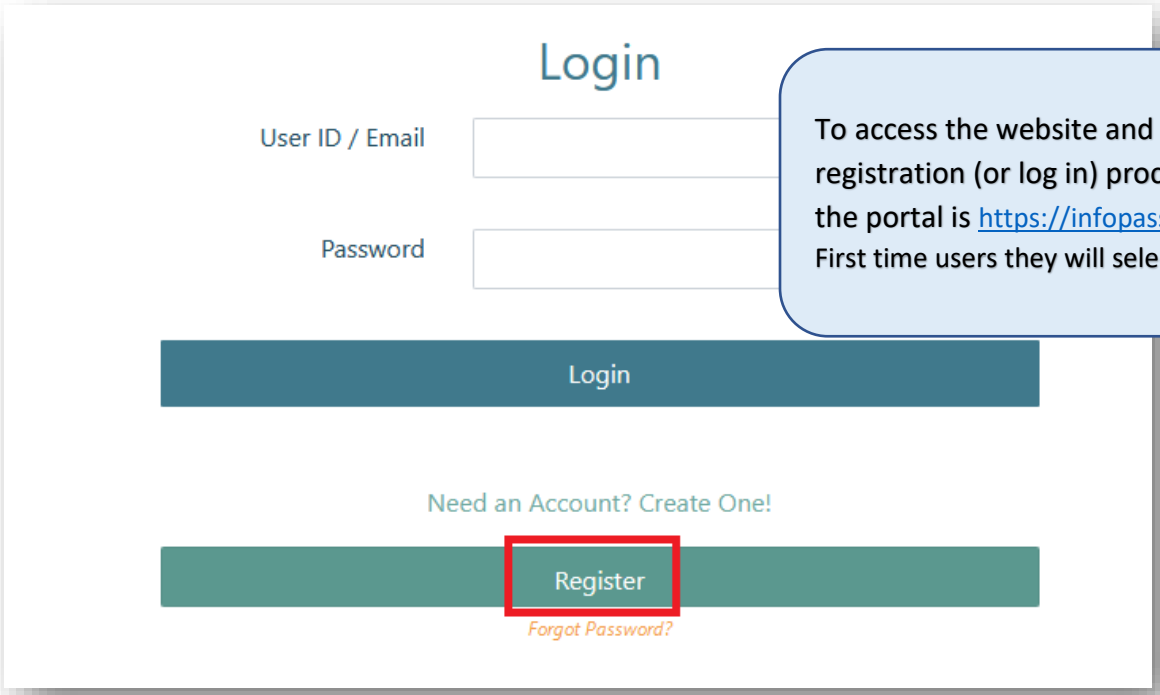
Our New

Client Portal



Policyholders will be able to view claims, view/print EOBs, submit requests to update policy information such as address, bank information, request copies of ID cards or policies, as well as send general requests and questions via email directly to our workflow or the POS email.

Please note that both our Client and Agent portals are currently designed ***only for use by Mountain Health Co-Op policy holders and agents.***

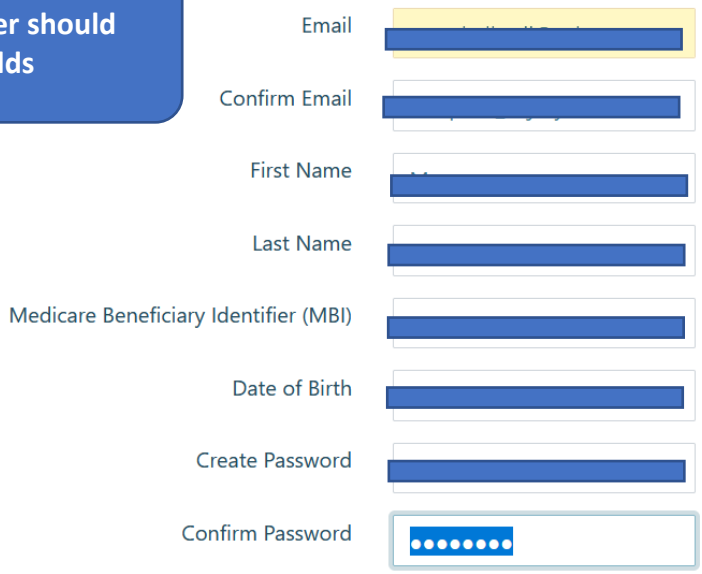


To access the website and begin the registration (or log in) process, the link to the portal is https://infopassage.com/mhc
First time users they will select Register.

They will be prompted to select who they are (if they have already registered, they will select Login, and go directly to the Login screen).

Registration

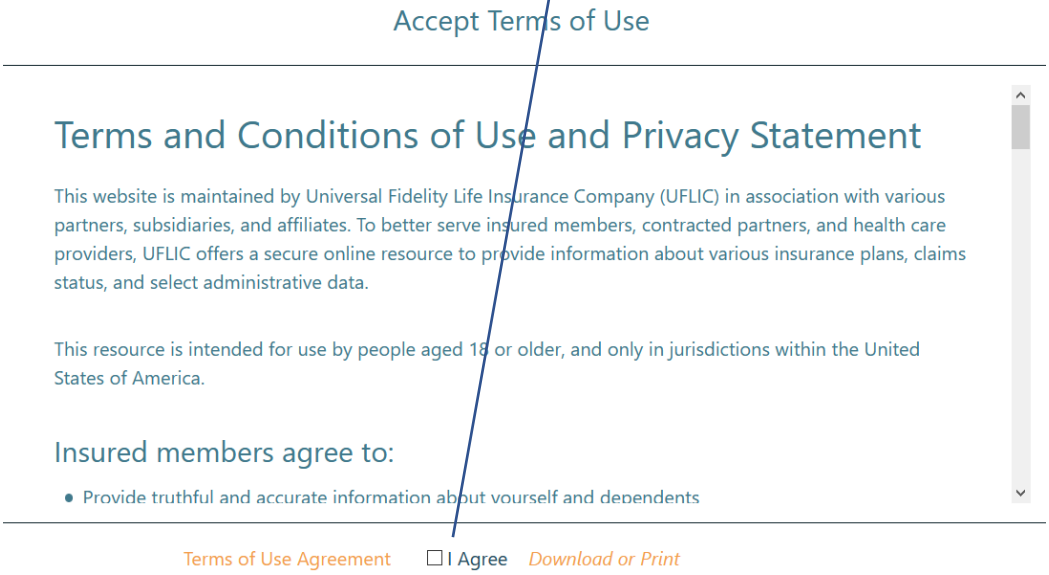
The policy owner should complete all fields



As part of the registration process, the policy holder must review AND accept both the Terms of Use Agreement and Electronic Signature Agreement.

If they do not check I agree to both, they cannot register.

They can download or print copies of both agreements.

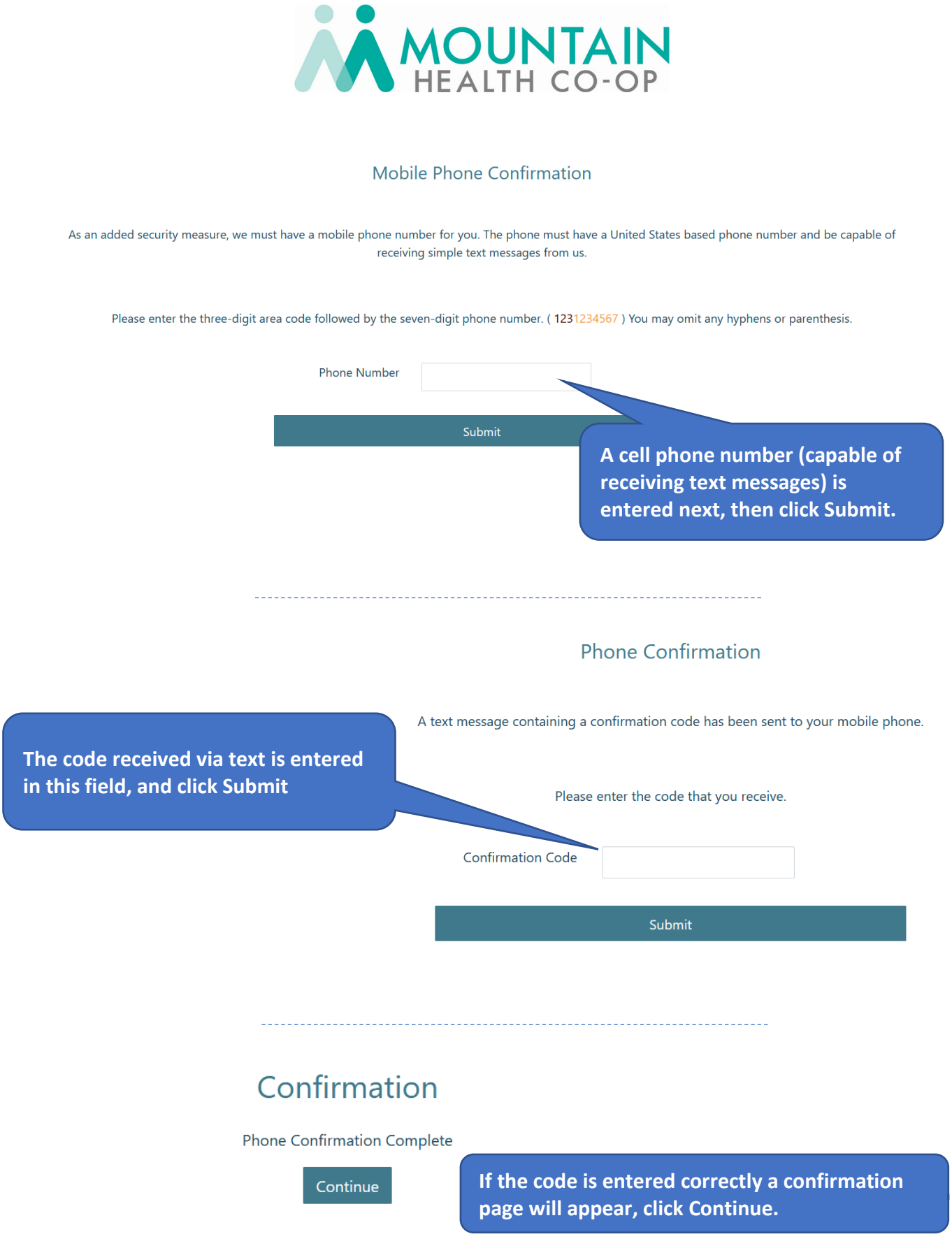


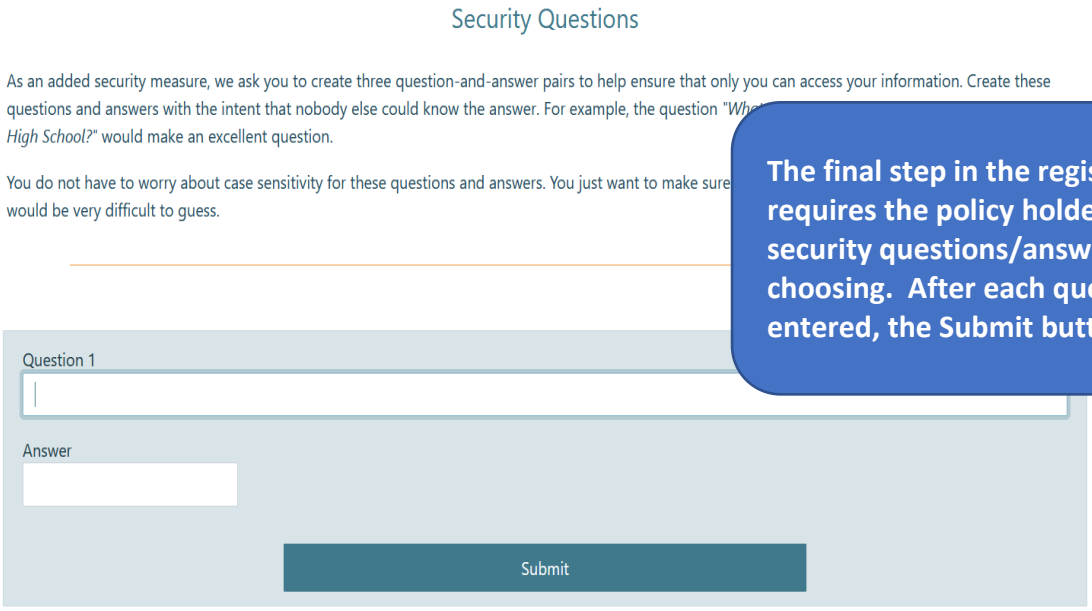
NOTE

We are using two step security during registration that includes email and text. After clicking Continue, an email containing a confirmation code will be sent to the address provided in the previous step.

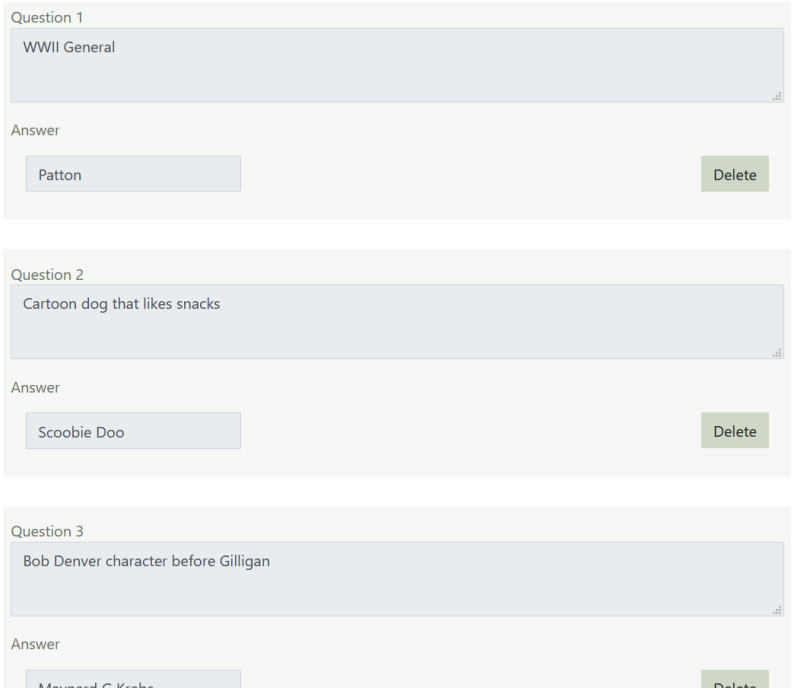

MOUNTAIN
HEALTH CO-OP
Email Confirmation
An email has been sent that contains an authentication code for you to enter.
Note: With some email providers, there may be a little lag in receiving your email. If that is the case, you may return to this site at a later time, sign in using your email address and the password you selected, and complete the email confirmation. Just be aware that the confirmation code does expire after a few days.
Please enter the code that you receive by Email.
Confirmation Code
Submit
If you don't receive an email, you may want to check your spam folder.
The code that is received is entererd in the Confirmation Code field – then click Submit.

MOUNTAIN
HEALTH CO-OP
Confirmation
Email Confirmation Complete.
Continue
If the code was entered correctly, a confirmation screen will appear, click Continue.


MOUNTAIN
HEALTH CO-OP
Mobile Phone Confirmation
As an added security measure, we must have a mobile phone number for you. The phone must have a United States based phone number and be capable of receiving simple text messages from us.
Please enter the three-digit area code followed by the seven-digit phone number. (1231234567) You may omit any hyphens or parenthesis.
Phone Number
Submit
A cell phone number (capable of receiving text messages) is entered next, then click Submit.
Phone Confirmation
A text message containing a confirmation code has been sent to your mobile phone.
The code received via text is entered in this field, and click Submit
Please enter the code that you receive.
Confirmation Code
Submit
Confirmation
Phone Confirmation Complete
Continue
If the code is entered correctly a confirmation page will appear, click Continue.



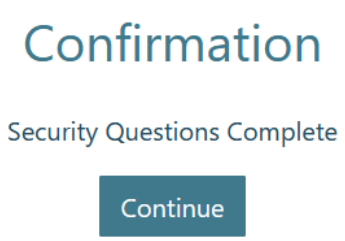
The final step in the registration process requires the policy holder to create three security questions/answers of their own choosing. After each question and answer is entered, the Submit button is clicked.

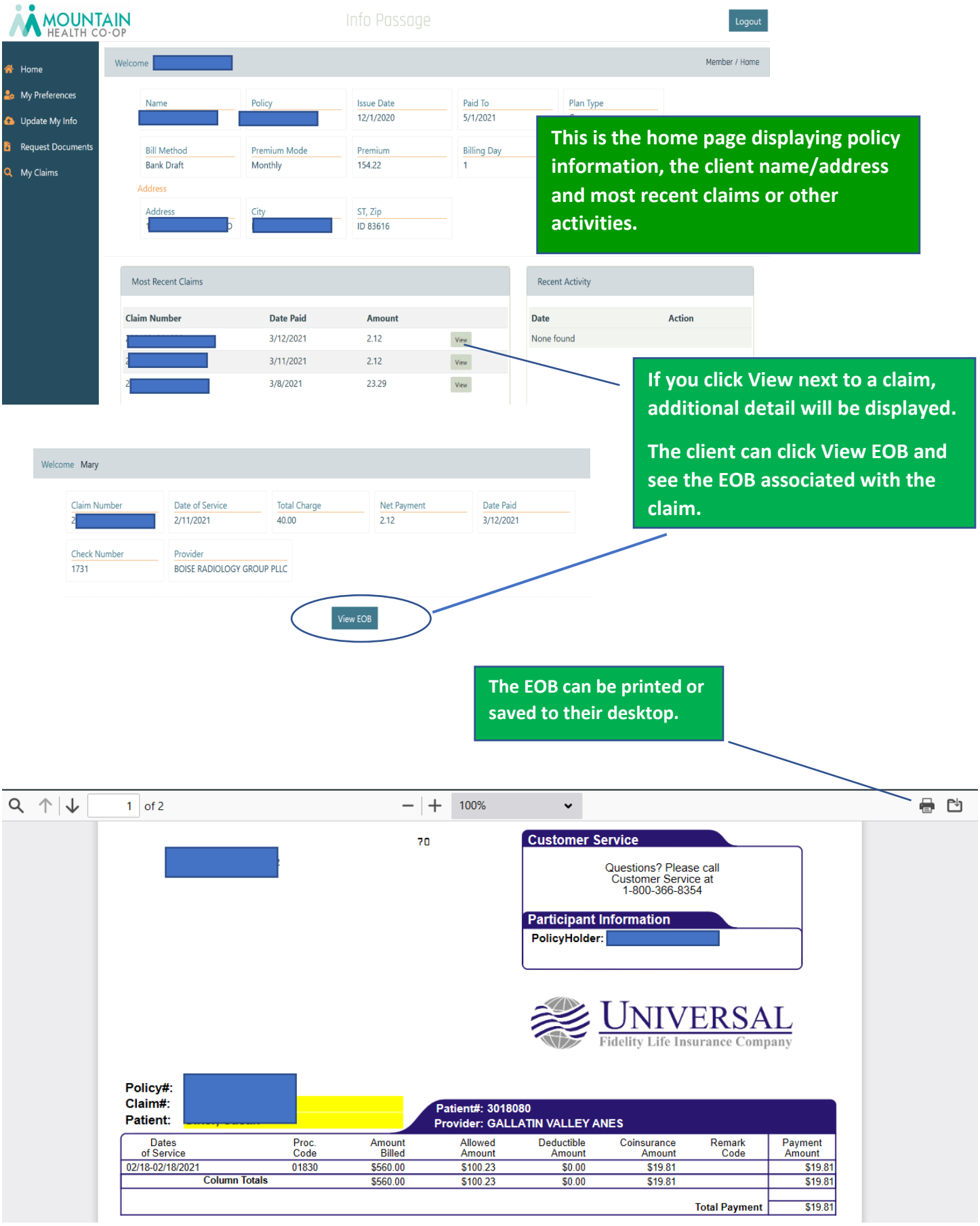


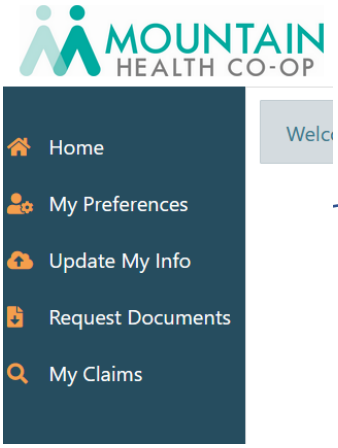
After adding the three questions/answers, click Continue and the system will display all three for verification.

The client can click Delete if they want to change a question. Click Accept if everything is correct.

When the Accept button is clicked, a confirmation page will appear, click Continue and the client will be taken to their Home screen.

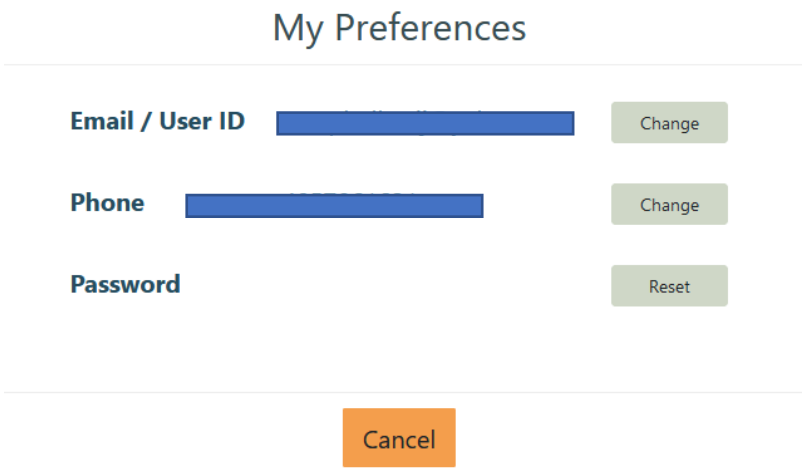


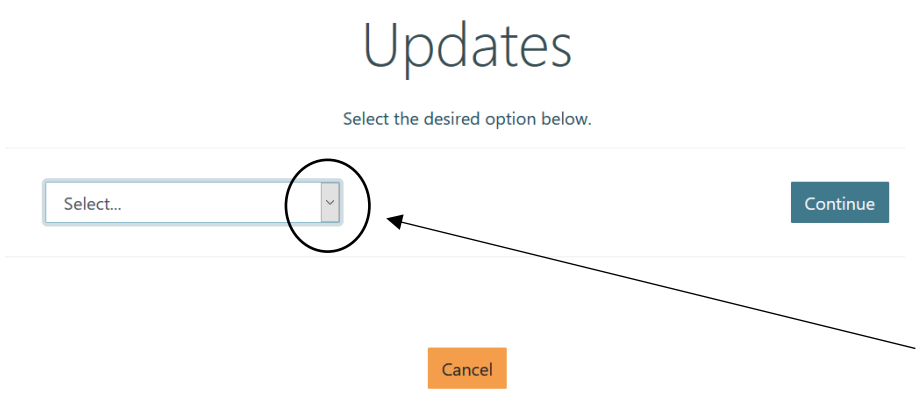

MOUNTAIN HEALTH CO-OP
Info Passage
Logout
Home
My Preferences
Update My Info
Request Documents
My Claims
Welcome
Member / Home
Name
Policy
Issue Date
12/1/2020
Paid To
5/1/2021
Plan Type
Bill Method
Bank Draft
Premium Mode
Monthly
Premium
154.22
Billing Day
1
Address
Address
City
ST, Zip
ID 83616
This is the home page displaying policy information, the client name/address and most recent claims or other activities.
Most Recent Claims
Claim Number
Date Paid
Amount
3/12/2021
2.12
View
3/11/2021
2.12
View
3/8/2021
23.29
View
Recent Activity
Date
Action
None found
If you click View next to a claim, additional detail will be displayed.
The client can click View EOB and see the EOB associated with the claim.
Welcome Mary
Claim Number
Date of Service
2/11/2021
Total Charge
40.00
Net Payment
2.12
Date Paid
3/12/2021
Check Number
1731
Provider
BOISE RADIOLOGY GROUP PLLC
View EOB
The EOB can be printed or saved to their desktop.
1 of 2
100%
Customer Service
Questions? Please call Customer Service at 1-800-366-8354
Participant Information
PolicyHolder:
UNIVERSAL
Fidelity Life Insurance Company
Policy#:
Claim#:
Patient:
Patient#: 3018080
Provider: GALLATIN VALLEY ANES
Dates of Service
Proc. Code
Amount Billed
Allowed Amount
Deductible Amount
Coinsurance Amount
Remark Code
Payment Amount
02/18-02/18/2021
01830
$560.00
$100.23
$0.00
$19.81
$19.81
Column Totals
$560.00
$100.23
$0.00
$19.81
$19.81
Total Payment
$19.81



On the upper left portion of the Home screen are links that can be selected to either request changes or view more claims.

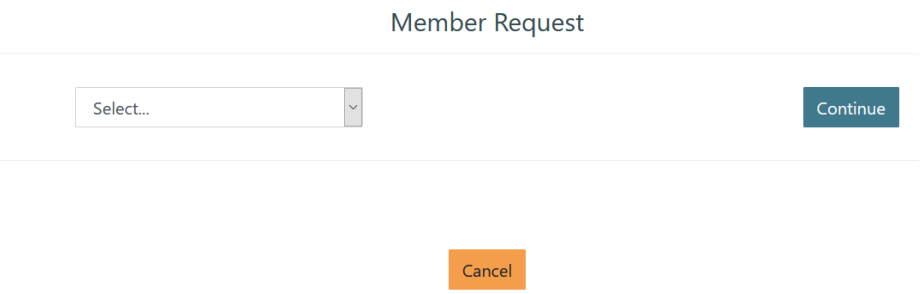
My Preferences allows the policy holder to update the information used for login/registration.





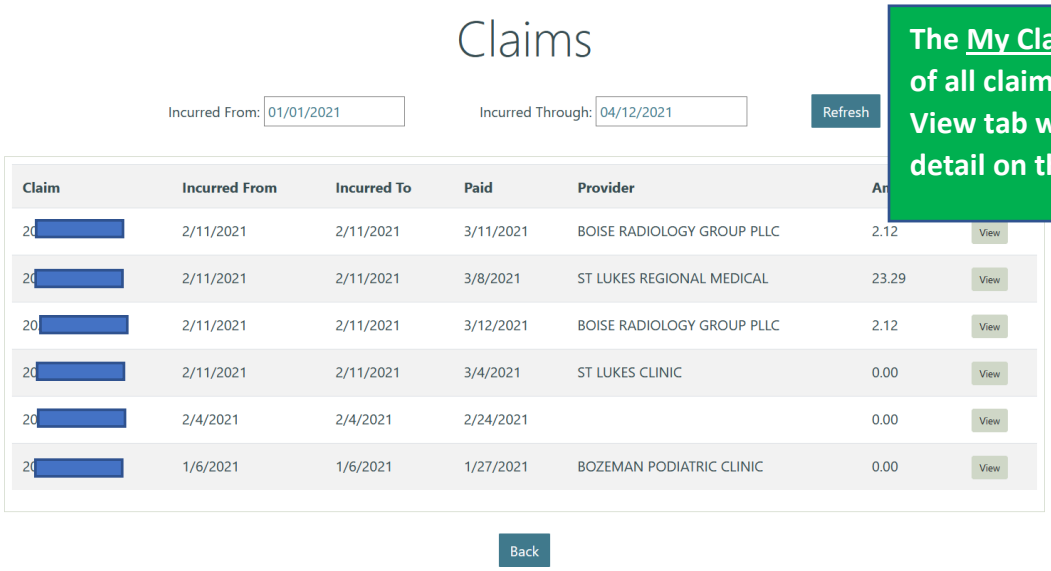
Update My Info allows a client to request an update to their policy such as their name, address, bill day or billing method. Clicking on the down arrow will present a list of available choices

By choosing Request Documents they can send a request for a copy of a policy or a duplicate ID card.



From either the Update My Info and Request Documents tab, the client can also elect to send an email to POS with a question or request. Actual requests submitted via the portal are transmitted directly into the MHC POS Incoming Mail folder within the Laserfiche work flow while emails will be sent to pos@uflic.com.

The My Claims link will display a list of all claims submitted. Clicking the View tab will provide additional detail on the selected claim.

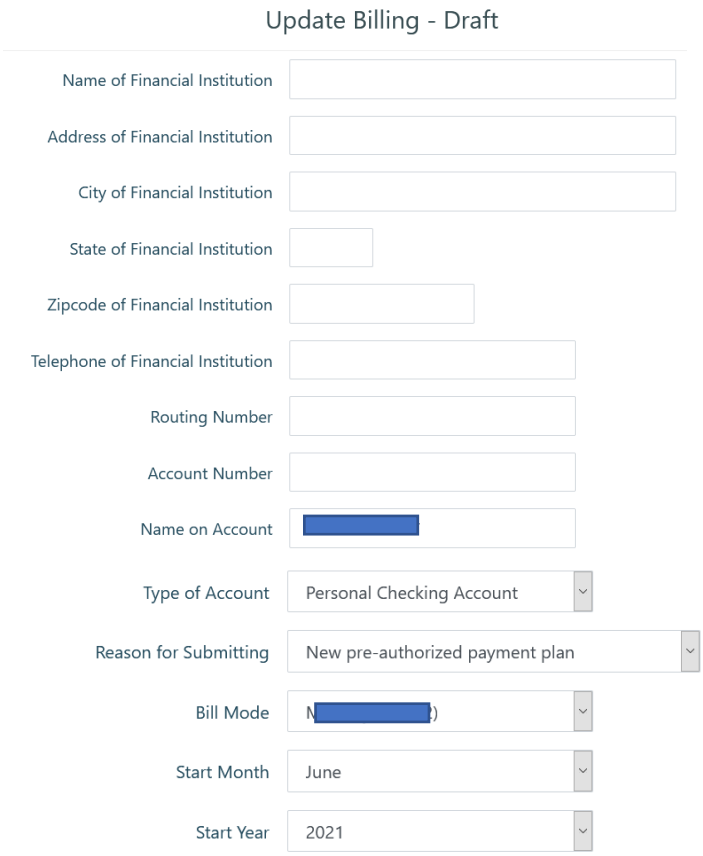


When the policy holder elects to update their information, they are presented with a screen that displays the current data on file and update fields to complete the new information.

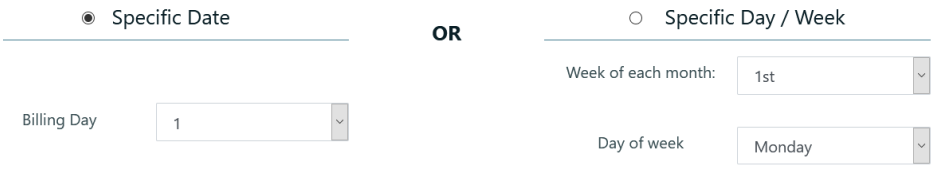
When making a banking change they will see all required bank disclosures that are on the actual EFT form and they will be required to check a box authorizing the billing change.

The portal version of the EFT form is displayed on the next page.

Client Portal EFT Form



The policy holder will enter their new banking information and select when the draft is to occur,



APPLICANT INFORMATION FOR FINANCIAL INSTITUTIONS:
As a convenience to me, I hereby request and authorize you to pay and charge to my account, drafts drawn on my account by and payable to Mountain Health Co-Op provided there are sufficient funds in said account to pay the same on presentation. Such drafts will bear my printed name. This authorization shall remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such draft. I agree that your rights in respect to any such draft shall be the same as if it were a check signed personally by me. I further agree that if any such draft is dishonored, whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

APPLICANT INFORMATION FOR MOUNTAIN HEALTH CO-OP:
It is understood that the drafts will be drawn on or about the requested date each month. The presentation of such drafts to the above Financial Institution shall constitute notice of premiums being due upon the contract, and no other notice of premiums due will be given. No premium shall be deemed to have been paid unless and until actual payment of the draft drawn for such premium payment has been received by Mountain Health Co-Op. The cancelled draft will constitute receipt of premium payment. The privilege of paying premiums under this Plan may be revoked by Mountain Health Co-Op if any draft is not paid upon presentation. The payment of premiums under this Plan may be terminated by the Contract Owner, Financial Institution Depositor if other than Contract Owner, or by Mountain Health Co-Op upon 30 days written notice.

Authorization. This authorization represents your consent to apply this change.

Submit

They must check the "I authorize this billing change" before the request can be submitted.