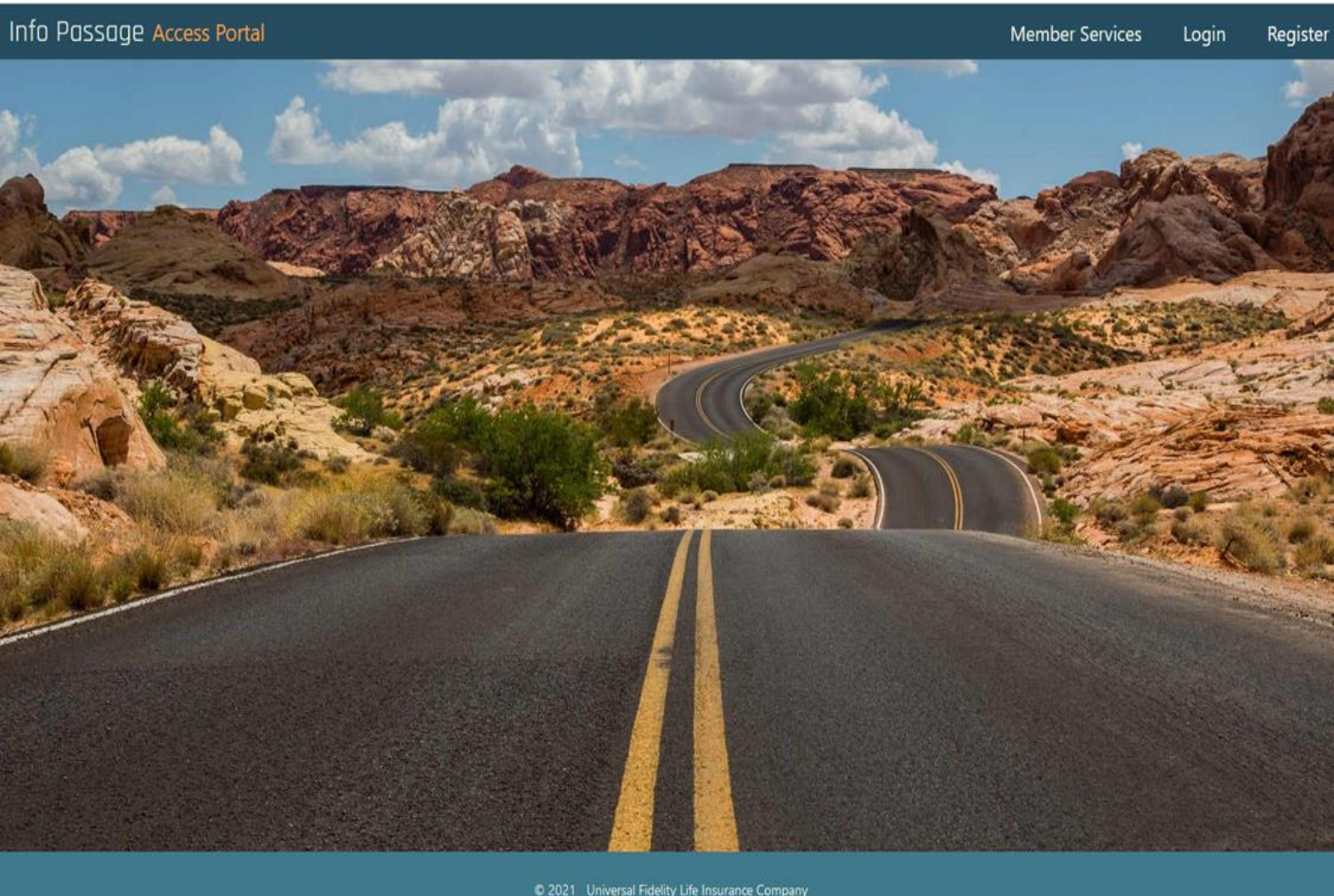


Announcing

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.***

Login

User ID / Email

Password

Login

Need an Account? Create One!

Register

Forgot Password?

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.

Info Passage

Registration

I am a:

Provider

Member

Agent

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

Email	
Confirm Email	
First Name	
Last Name	
Medicare Beneficiary Identifier (MBI)	
Date of Birth	
Create Password	
Confirm Password	

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.

Accept Terms of Use

Terms and Conditions of Use and Privacy Statement

This website is maintained by Universal Fidelity Life Insurance Company (UFLIC) in association with various partners, subsidiaries, and affiliates. To better serve insured members, contracted partners, and health care providers, UFLIC offers a secure online resource to provide information about various insurance plans, claims status, and select administrative data.

This resource is intended for use by people aged 18 or older, and only in jurisdictions within the United States of America.

Insured members agree to:

- Provide truthful and accurate information about yourself and dependents

[Terms of Use Agreement](#) ☐ I Agree [Download or Print](#)

Electronic Signature Agreement

For your convenience and to enable certain transactions to be expedited, Universal Fidelity Life Insurance Company and its affiliates (collectively, "we," "us," and "our") are providing you with the opportunity to electronically sign documents concerning your coverage. Your use of this portal constitutes your agreement to the terms and conditions of this Electronic Signature Agreement. "you" and "your" refers to a named insured under the policy. If you are not a named insured, you must establish an online account under this portal.

This Agreement applies to forms or other documents that we may give or make available to you, and electronically signed by you and returned to us, as part of an insurance transaction or claim. If you wish to electronically sign forms and documents to transact business with us, you must carefully review the following terms and conditions and indicate your consent and agreement below. This document will then be

Electronic Signature Agreement

☐ I consent and agree to all of the above terms and conditions. I understand that my electronic signature is the legal equivalent of my manual handwritten signature on a paper document.

[Download or Print](#)

Continue

Cancel

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.

After reviewing and checking I Agree for both the Terms and Conditions and the Electronic Signature agreements, the policy holder will click the Continue button.



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

The code that is received is entered in the Confirmation Code field – then click Submit.

Submit

If you don't receive an email, you may want to check your spam folder.



Confirmation

Email Confirmation Complete.

Continue

If the code was entered correctly, a confirmation screen will appear, click Continue.



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

The code received via text is entered in this field, and click Submit

A text message containing a confirmation code has been sent to your mobile phone.

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.

Security Questions

As an added security measure, we ask you to create three question-and-answer pairs to help ensure that only you can access your information. Create these questions and answers with the intent that nobody else could know the answer. For example, the question "What was your first High School?" would make an excellent question.

You do not have to worry about case sensitivity for these questions and answers. You just want to make sure the answer would be very difficult to guess.

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.

A screenshot of the 'Security Questions' registration form. It features a light blue header with the title 'Question 1'. Below the header is a large text input field for the question. Underneath the question field is a label 'Answer' followed by a smaller text input field for the answer. At the bottom of the form is a dark teal 'Submit' button.

A screenshot of the Security Questions verification screen. It displays three question-and-answer pairs, each with a 'Delete' button. The first question is 'WWII General' with the answer 'Patton'. The second question is 'Cartoon dog that likes snacks' with the answer 'Scoobie Doo'. The third question is 'Bob Denver character before Gilligan' with the answer 'Howard C. Kook'. Each question and answer is in a light gray box, and the 'Delete' button is a small green button.

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.

Confirmation

Security Questions Complete

Continue

- Home
- My Preferences
- Update My Info
- Request Documents
- My Claims

Welcome [Redacted] Member / Home

Name [Redacted]	Policy [Redacted]	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 [Redacted]		City [Redacted]	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	
1 [Redacted]	3/12/2021	2.12	View
2 [Redacted]	3/11/2021	2.12	View
2 [Redacted]	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 2 [Redacted]	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%

70

Customer Service

Questions? Please call
Customer Service at
1-800-366-8354

Participant Information

PolicyHolder: [Redacted]



Policy#: [Redacted]
Claim#: [Redacted]
Patient: [Redacted]

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



- Home
- My Preferences
- Update My Info
- Request Documents
- My Claims

Welcome

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.

My Preferences

Email / User ID		Change
Phone		Change
Password		Reset

Cancel

Updates

Select the desired option below.

Select... 

Continue

Cancel

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.

Member Request

Select...

Continue

Cancel

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.

Claims

Incurred From: 01/01/2021

Incurred Through: 04/12/2021

Refresh

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

Claim	Incurred From	Incurred To	Paid	Provider	Amount	Action
20 [REDACTED]	2/11/2021	2/11/2021	3/11/2021	BOISE RADIOLOGY GROUP PLLC	2.12	View
20 [REDACTED]	2/11/2021	2/11/2021	3/8/2021	ST LUKES REGIONAL MEDICAL	23.29	View
20 [REDACTED]	2/11/2021	2/11/2021	3/12/2021	BOISE RADIOLOGY GROUP PLLC	2.12	View
20 [REDACTED]	2/11/2021	2/11/2021	3/4/2021	ST LUKES CLINIC	0.00	View
20 [REDACTED]	2/4/2021	2/4/2021	2/24/2021		0.00	View
20 [REDACTED]	1/6/2021	1/6/2021	1/27/2021	BOZEMAN PODIATRIC CLINIC	0.00	View

Back

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

Update Billing - Draft

Name of Financial Institution	
Address of Financial Institution	
City of Financial Institution	
State of Financial Institution	
Zipcode of Financial Institution	
Telephone of Financial Institution	
Routing Number	
Account Number	
Name on Account	
Type of Account	Personal Checking Account v
Reason for Submitting	New pre-authorized payment plan v
Bill Mode	N v
Start Month	June v
Start Year	2021 v

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

☒ Specific Date

OR

☐ Specific Day / Week

Billing Day

1

Week of each month:

1st

Day of week

Monday

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.

☐ I authorize this billing change.

Submit

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