

Welcome to the Claimsecure Provider eProfile and Direct Deposit Registration Overview.

To complete the registration process, the following information must be available.

1. Your ClaimSecure provider ID

DENTAL OFFICES

Enter your full dentist unique ID number. This is the 9-character identifier which includes a leading 0 if required. You will also need the 4-digit billing office number

PHARMACIES

Enter your 10-digit ClaimSecure account number. This account number starts with a letter, followed by a space and 8 numbers

HEALTH PROVIDERS

Enter your 9-digit ClaimSecure account number, followed by your 4-digit billing office number

- 2. A valid email address
- 3. The last 2 statements (EOBs) received from ClaimSecure
- 4. Your banking information (transit, bank and account #)

This service is per individual dentist and not dental office based. It is also not available for chain pharmacies.

Once you have gathered the above information then you can proceed to our website and follow the steps provided on the following pages.

For your convenience, you may call the Customer Response Centre for help in enrolling into the ClaimSecure Direct Deposit system. This service is available to assist you between the hours of 7 am and 11 pm EST Monday to Friday. The toll-free telephone number is 1-888-513-4464.

Yours truly,

ClaimSecure



Step #1: Go to https://www.claimsecure.com and select Logins





Step #2: From the Drop-Down Menu select the "Provider eProfile Login" option. Once the new page opens, click on the Register Now button.

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S claimsecure	
Sign in with your Provider eProfile™ login	
Login ID	
Password	
Forgot Login ID or Password?	
Login	
Register Now	
Welcome to your Provider eProfile™	
Use your Provider eProfile™ to:	
> Access and print your electronic explanation of benefit (EOB)
> Enroll in direct deposit	
> Stay up to date with eBulletins	
> Verify coverage	
Click here for a How-To Guide	



Step #3: Read the welcome message and click on the "Start" button.

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<u>The Fort Tex January Tops Teb</u>	
eProfile [™] Registration: Enroll for Online Services	
Welcome to our online Registration service.	
This service is available to eligible healthcare providers only, who are currently submitting health claims to ClaimSecu confidentiality, only one account will be established for each provider and this account will only be allowed one passwo	re Inc. To maintain ord.
In order to register for online access, you must have:	
Active ClaimSecure provider number Valid email address	
Registration Steps:	
 Read and Agree to the Terms and Conditions Setup Provider Profile Registration Direct Deposit (option I) 	
Please make sure to verify Technical Requirements	
	ancelstart



Step #4: Read the Terms and Conditions and select the "I Agree" button.

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	Terms and Conditions	Provider Profile	Direct Deposit	Change Password	
Step 1 : Terms and Co	onditions				
Please read and agree t	o the terms and condition	s below			
Please read and agree t TERMS AND CONDITIONS By reading this agreemen USE OF SITE	o the terms and condition ==== t, and clicking the I AGREE b	s below utton below, you hav	e read, understood, a	ind agree to the following:	
Please read and agree t TERMS AND CONDITIONS By reading this agreemen USE OF SITE You agree that your use o Online Provider, nor any o associated with the creati damage that may arise in consequential damages. W	o the terms and condition ==== t, and clicking the I AGREE b f this web site shall be on an f its affiliated or related com on or maintenance of this we any connection with their us Ve will not be responsible for	s below nutton below, you hav "as is" basis. You ag panies, agents or sub sb site or its contents, e of this web site, inc any detrimental relia	e read, understood, a ree that your use of t contractors, officers, shall be liable or res luding without limita nce that you may pla	ind agree to the following: his web site is entirely at your risk. Neith directors, or employees, nor any other p ponsible to any person for any harm, los ion any direct, indirect, special, third pai ce upon this web site or its contents.	her your berson ss or irty, or
Please read and agree to TERMS AND CONDITIONS By reading this agreemen USE OF SITE You agree that your use of Online Provider, nor any of associated with the creati damage that may arise in consequential damages. V This web site does not, ar be used, or relied upon by party professional advisor	o the terms and condition ==== t, and clicking the I AGREE b f this web site shall be on an f its affiliated or related com on or maintenance of this we any connection with their us Ye will not be responsible for id is not intended to, provide r you, as a substitute for you s.	s below utton below, you hav "as is" basis. You ag panies, agents or sub ib site or its contents, ie of this web site, inc any detrimental relia you with any financia r own independent re	e read, understood, a ree that your use of t contractors, officers, shall be liable or res luding without limitai nce that you may pla II, insurance, legal, h search or for appropri	ind agree to the following: his web site is entirely at your risk. Neith directors, or employees, nor any other p ponsible to any person for any harm, los ion any direct, indirect, special, third par ce upon this web site or its contents. ealthcare or medical advice. This web sit iate advice provided to you by a qualifie	her your berson ss or rty, or te shall no te shall no



Step #5: Please use the drop-down option on Provider Type and select your provider type. Enter your provider information below and select the "Next" button.

Terms and Conditions Provider Profile Direct Deposit Change Passwo Step 2: Provider Profile Please enter your personal information below. The information entered will be verified against our database to ensure you are eligible to v General Information Provider Type Pental Provider Type Dental Image: Statement Details Enter the statement date and lot number from any two statements that you have received within the statement Date Image: Statement Date Image: Lot Number Select Security Question 1: What is your favorite vacation destination? Answer:	4
Step 2: Provider Profile Please enter your personal information below. The information entered will be verified against our database to ensure you are eligible to verified against out database to ensure yo	ange sword
General Information Provider Type Dental Image: Statement Type Email Address Statement Details Enter the statement date and lot number from any two statements that you have received within the statement Date Image: Date Image: Statement Date Image: Date	e to view selected
User Name Email Address Verify Email Address Statement Details Enter the statement date and lot number from any two statements that you have received within the statement Date Second statement Second statement Date Lot Number Lot Number Select Security Question ① Select Security Question 1: What is your favorite vacation destination? Answer: Select Security Question 2: Enter the last 4 digits of your driver's license #. Answer:	
Statement Details Enter the statement date and lot number from any two statements that you have received within the statement Date Image: First statement Date Image: Lot Number Image: Lot Number Security Question I: What is your favorite vacation destination? Answer: Select Security Question 2: Enter the last 4 digits of your driver's license #.	
Select Security Question ① Select Security Question 1: What is your favorite vacation destination? Answer: Select Security Question 2: Enter the last 4 digits of your driver's license #. Answer:	:hin the past year.
Select Security Question 2: Enter the last 4 digits of your driver's license #.	-
Answer:	
Answer:	_



Step #6: Enter your banking information to complete the enrollment for Direct Deposit. Once the 3 boxes are filled in, click the "Submit" button.

eProfile[™] : Account Management

Direct Deposit Information

To register for Direct Deposit, please enter all three pieces of your bank account number. This information can be found at the bottom of your cheque.

 Transit
 Bank

** 10 1** +: 1234 5** 6 78+: 01 2** 34 5** 6 7** 89	(min 3 digits, max 4 digits)	(min 1 digit, max 12 digits)
"101" 112345+6781 012+345+67*89		7
	01. 1.12345+67	012-345-67-89

Step #7: You are almost done; you will receive 2 emails from "eProfile System@claimsecure.com". One of the emails will contain the Username you have created with a Temporary Password to use on your first login attempt, please follow step in the email to activate the account within 15 days. The second email is the confirmation of enrollment into Direct Deposit.

Congratulations, from here forward all your payments from ClaimSecure will be deposited into the bank account that you provided via direct deposit. In addition, all your explanation of benefit statements (EOBs) will also only be available online.



As an added security feature, we offer both administrator and staff level security. The eProfile default is at the administrator level, which means you will have access to view and change banking information. To ensure that only you can do this you will need to follow the steps below. Once you have followed these steps, additional employees at your office or pharmacy can also create eProfile accounts and these accounts will have full access less banking information.

Step #1: Select Account Management from the Home screen

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View Payments Contact Us Privacy Legal Log Off	hoose an option from the menu to begin.					
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Step #2: Select Administrative Security

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Home	eProfile [™] : Account Management	
Account Management	Direct Deposit Information	•
View Payments	Change Password	•
	Security Question	
Contact Us	Indige Email Address	
Privacy		
Legal		
Log Off		



Step #3: Fill in the information requested below to set up an additional email, password and set of secret questions, which will be required before changes will be possible on banking information going forward.

	ecure			
Home	eProfile [™] : Account Managemer	nt		
Account Management	Direct Deposit Information			•
/iew Payments	Change Password			
	Security Question (i)			•
Contact Us	Change Email Address			•
Privacy	Administrative Security (i)			^
egal	I would like to opt into the administrator lev	el security for providers and have read, understand	d and agree to the <u>Terms and</u>	
	Conditions			
.og Off	New Administrative Email:			
	New Administrative Email:			
	(to verify)			
	New Administrative Password:			
	New Administrative Password:			
	(to verify)			
	Administrative Security question 1:	What is your favorite restaurant?		
	Answer:			
	Administrative Security question 2:	What is your favorite movie?		
	Answer:			
	Administrative Security question 3:	What is your favorite color?		
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To view the explanation of benefits for your direct deposit payments you will login to your eProfile account and select View Payments from the home page.

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S claims	ecure				
Home	eProfile [™] : Home				
Account Management	Change on option from the menu to begin				
View Payments	choose an option from the menu to begin.				
Contact Us					
Privacy					
Legal					
Log Off					



You will select the payment (EOB) that you wish to see and then can open it by clicking on it or you can export it to Excel by selecting the 'Export to CSV' option.

Claims	secure						
Home	eProfile [™] : View	Payments					
Account Management	Time Davied						
View Druments	Patrice three datas						
	Between these dates						
Contact Us	Start date: (dd/mm/yyyy)			End date:			
Privacy							search
Legal							
	Export to CSV						
Log Off	Lot Number	Number Of Claims	Paid Date	Paid Amount	Payment Amount	Sent Date▼	Status
	13694406	117	09/12/2017	\$2,225.14	\$2,225.14	05/01/2018	
	13614284	156	25/11/2017	\$3,872.33	\$3,872.33	22/12/2017	
	13538417	133	11/11/2017	\$3.371.72	\$3.371.72	07/12/2017	
	13465025	142	28/10/2017	\$3,078.30	\$3,078.30	23/11/2017	
	13392607	128	14/10/2017	\$3,187.96	\$3,187.96	09/11/2017	
	13327803	130	30/09/2017	\$2,879.36	\$2,879.36	27/10/2017	
	13259671	131	16/09/2017	\$2,318.22	\$2,318.22	13/10/2017	
	13196749	141	02/09/2017	\$3,152.79	\$3,152.79	28/09/2017	
	13130428	172	19/08/2017	\$3,313.46	\$3,313.46	14/09/2017	
	13069515	144	05/08/2017	\$2,617.05	\$2,617.05	31/08/2017	
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