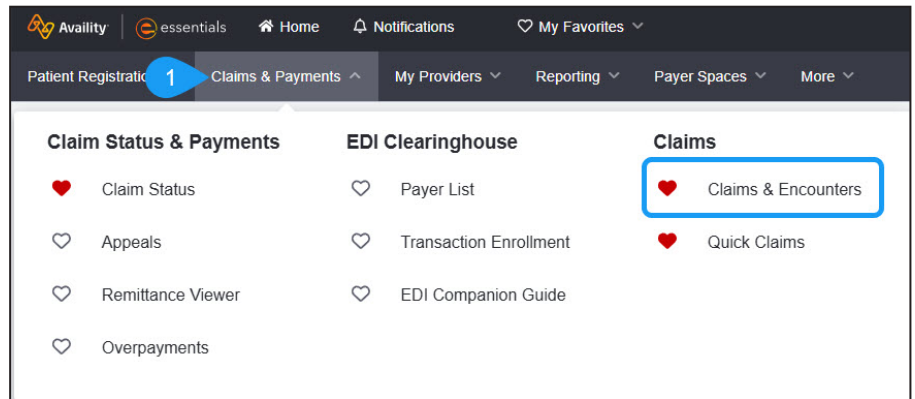
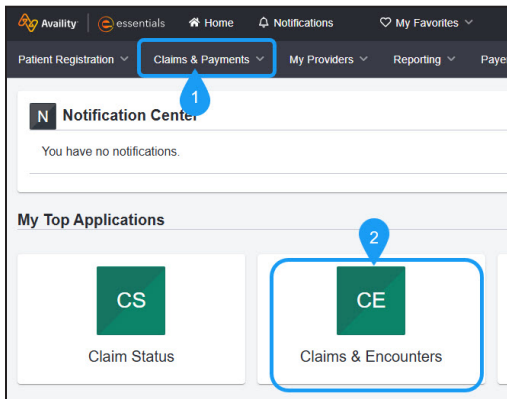




Step 1: Log into Availity using your credentials.

Step 2: To submit a claim, utilize the **'Claims & Payments'** drop-down menu or by selecting the **'Claims & Encounters'** Tile. You can also 'favorite' Claims & Encounters in the drop down menu by selecting the heart.



Step 3: The following information is **required** to submit a Professional/CMS 1500 claim

- Insurance Company Benefit Plan Information:
 - Organization
 - Professional Claim
 - Payer
 - Responsibility Sequence
- Patient Information:
 - First & Last Name
 - Date of Birth
 - Gender
 - Relationship
 - Address
- Subscriber:
 - Subscriber/Insured ID
 - Authorized Plan to Remit Payment to Provider
- Billing Provider Information:
 - Organization/Last Name
 - NPI #
 - EIN/Tax ID#
 - Address



- Additional Provider Information: **(Optional)**
 - Adding Rendering Provider
 - Add Supervising Provider
 - Add Referring Provider
 - Add Service Facility Location Information
- Claim Information:
 - Patient Control Number/Claim Number
 - Place of Service
 - Frequency Type
 - *Frequency code 7 or 8 utilize Payer Claim Control Number field to input prior claim number*
 - Provider Accepts Assignment
 - Release of Information
 - Provider Signature on File
 - Claim Filing Indicator
 - Prior Authorization Number
 - Claim Note Reference Code
- Diagnosis Codes:
 - Select or type to search
 - Add Diagnosis for additional diagnosis on the claim
- Lines:
 - Service From Date
 - Service To Date
 - Place Of Service
 - Procedure Code
 - Diagnosis Code Pointer
 - Charge Amount
 - Quantity
 - Quantity Type
 - Add a Line
 - Utilize for additional Line entries for the claim

- Submitting the Claim:
 - Select **blue** 'Continue' button – review entry information and select 'Submit'
 - A **green** banner with summarizing information will identify successful submissions

CE Claims & Encounters
 [Need Help? Watch a demo](#) for submitting Professional Claims.



 Claim Submitted
 Your claim has been successfully submitted through Availity. Once it passes validation, it will be forwarded to DRISCOLL HEALTH PLAN for further processing.

Claim Information

Transaction ID 030220767	Patient Account Number 123456	Submission Type Professional Claim
Submission Date 6/17/2026	Date(s) of Service 6/8/2026 - 6/8/2026	Patient Name Test, Availity
Subscriber ID	Billing Provider Name	Billing Provider NPI
Billing Provider Tax ID	Total Charges 110.00	

What's Next?
 Your claim will be sent to the payer, but it may take **up to several days** until it's assigned a claim number and visible in Claim Status.
 We recommend asking your payer about average response times.

- Submitted in Availity**
Claim has gone through Availity.
- Payer Accepts or Denies**
The payer receives the claim.
- View in Claim Status**
Monitor claims from payers.

Provider Tip:

- Utilize the blue 'question mark' next to applicable fields for more information.