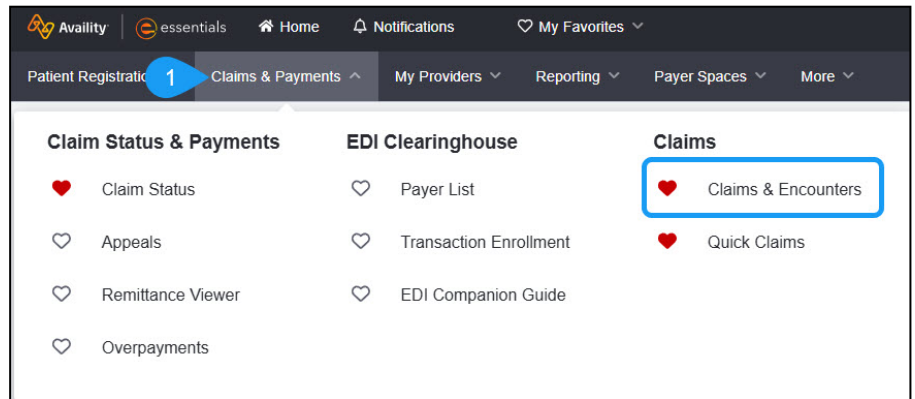
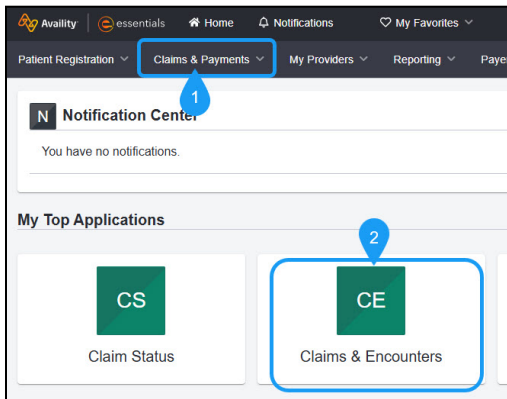




**Step 1:** Log into Availity using your credentials.

**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.



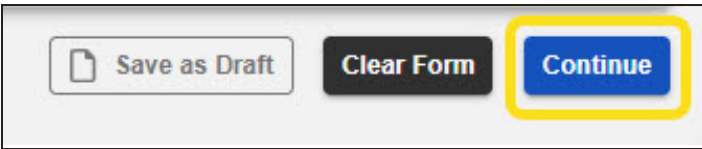
**Step 3:** The following information is **required** to submit a Institutional/Facility/UB 04 claim

- Insurance Company Benefit Plan Information:
  - Organization
  - Facility Claim
  - Payer
  - Responsibility Sequence
- Facility Claim Information:
  - Statement From Date
  - Statement To Date
  - Facility Type
- Billing Provider Information:
  - Subscriber/Insured ID
  - Authorized Plan to Remit Payment to Provider
  - Specialty Code
- Billing Provider Information:
  - Organization/Last Name
  - NPI #
  - EIN/Tax ID#
  - Address



- Patient Information:
  - First & Last Name
  - Gender
  - Date of Birth
  - Relationship
  - Patient Status
  - Address
- Subscriber Information:
  - Subscriber/Insured ID number
  - Authorized Plan to Remit to Provider
- Attending Provider Information:
  - First & Last Name
  - Specialty Code
  - NPI
- Diagnosis Codes:
  - Principal Diagnosis Code
- Claim Information:
  - Patient Control Number/Claim Number
  - Frequency Type
    - o *Frequency code 7 or 8 utilize Payer Claim Control Number field to input prior claim number*
  - Admission Type
  - Admission Source
  - Provider Accepts Assignment
  - Release of Information
  - Claim Filing Indicator
    - o *Add more Providers/Physicians*

- Lines:
  - Service From Date
  - Service To Date
  - Procedure Code
  - Revenue Code
  - Charge Amount
  - Quantity
  - Quantity Type
- Submitting the Claim:
  - Select **blue** 'Continue' button – review entry information and select 'Submit'
  - A **green** banner with summarizing information will identify successful submissions



Need Help? [Watch a demo](#) for submitting Facility Claims.

**CE Claims & Encounters** [Give Feedback](#) 

**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**

|                                     |                                                   |                                              |
|-------------------------------------|---------------------------------------------------|----------------------------------------------|
| <b>Transaction ID</b><br>915491766  | <b>Patient Account Number</b><br>98765            | <b>Submission Type</b><br>Facility Claim     |
| <b>Submission Date</b><br>6/17/2026 | <b>Date(s) of Service</b><br>6/7/2026 - 6/11/2026 | <b>Patient Name</b><br>Test, Availity        |
| <b>Subscriber ID</b><br>[Redacted]  | <b>Billing Provider NPI</b><br>[Redacted]         | <b>Billing Provider Tax ID</b><br>[Redacted] |
| <b>Total Charges</b><br>450.00      |                                                   |                                              |

**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.

[Save as Template](#) [Print](#) [+ New Claim](#)

### Provider Tip:

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

