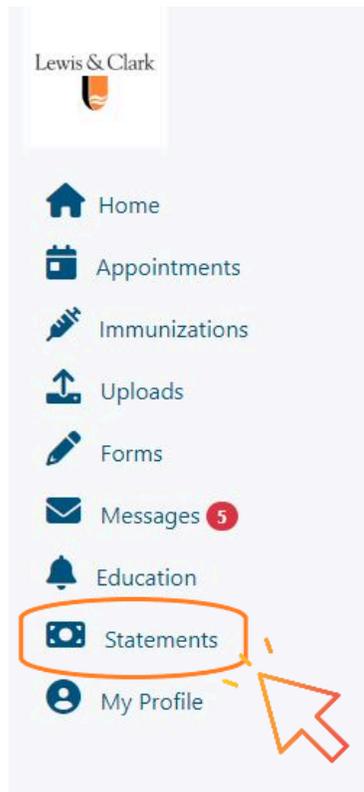


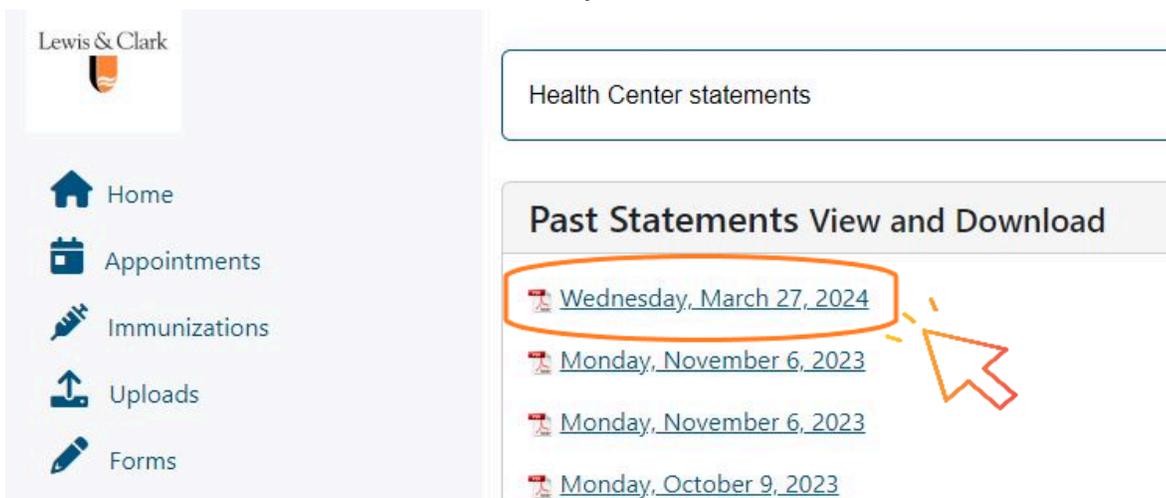
How to Submit an Insurance Claim to PacificSource

Locate and print the statement from your office visit on the Health Information Portal.

1. Go to <https://lclark.medicatconnect.com/> and sign in. If you need help with logging in, please see the second page of the document at <https://www.lclark.edu/live/files/36330-health-information-portal-guide-2024-25>.
2. Click on “Statements” on the left side navigation bar.



3. Click on the date of the visit for which you want to submit a claim.



- When you click on the statement date, a new tab will appear with a Walkout Statement that you can download or print.
- Print the Walkout Statement using the printer icon at the top right of the screen.

Walkout Statement

Ticket Number : 67445

Lewis & Clark College Student Health Center 615 S Palatine Hill Rd. Portland, OR 97219-8091 Phone: (503) 768-7165 Fax: (503) 768-7167	Walker Kathleen, NP 615 S. Palatine Hill Rd Portland, OR 97219 Federal ID: 93-038-6858 NPI: 1275159048
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Responsible Party

Name: Testpatient, Mom
Address: 1897394 SW Elm
Blablah, OR 97000

Account Account Number : 2

Name: Testpatient, Abigail
OtherID: A0034
DOB: 01/10/1990
Campus Address:

Diagnosis

- R51.9 (ICD-10)
- Z11.89 (ICD-10)
- J06.9 (ICD-10)

Date	CPT Code	Description	NDC	Units	Charges	Payments
03/27/2024	99214	RE: Student Health Office Visit 30 Mins.		1	\$0.00	\$0.00
03/27/2024	99213	RE: Student Health Office Visit 15 Mins.		1	\$0.00	\$0.00
Total:					\$0.00	\$0.00

Today's Balance: \$0.00
 Previous Balance: \$898.00
 Account Balance: \$898.00

This fee has been charged to your student account. Please forward to your insurance company for reimbursement.

Locate your member ID number

- Locate your PacificSource Member ID. If you don't know your member ID number, go to <https://intouch.pacificsource.com/Members/IdCard/Printable> to get a digital ID card (PDF). On the first page enter your name, DOB, and then in the drop-down menu under "Identify Using" choose another method of identification (e.g. Social Security Number or Student ID number), Enter that information and click next. A PDF of a member ID card will populate that has your member number and other information.

PacificSource HEALTH PLANS

MEMBER ID: 00
GROUP ID: G0035861
SUBSCRIBER: Your Name

Effective: 8/15/2024
Coverage: M D V

GROUP: Lewis & Clark College
NETWORK: Navigator
NAT'L NETWORK: Aetna Signature Administrators PPO

	DEDUCTIBLE		OUT OF POCKET MAX	
	In-Net.	Out-of-Net.	In-Net.	Out-of-Net.
Medical, Rx, and Vision	\$500	\$900	\$3,500	\$10,500

MEDICAL BENEFITS & ELIGIBILITY INFORMATION:
Members: 855-274-9814 | StudentHealth@PacificSource.com
Providers: 855-896-5208 | StudentHealth@PacificSource.com
DENTAL: 866-373-7053 | Dental@Pacificsource.com
PHARMACISTS: 844-877-4803 | Fax 541-225-3665

Verify benefits on InTouch at PacificSource.com/StudentHealth
PacificSource Health Plans | PO Box 7068, Springfield, OR 97475-0068
This card is not an authorization for services or a guarantee of payment.

Optional: Complete and print the PacificSource Claim Form

If you would like, you can complete and print the *Claim Form - Medical* found at <https://www.lclark.edu/live/files/36564-pacificsource-claim-form> to include with your statement. This might help speed processing, though it is not required to process your claim.

Prepare the Statement for Mailing

7. Write your full name and PacificSource Member ID on the statement.



Your Name (First and Last)
PacificSource Member ID # [member number from member ID card]

Walkout Statement

Ticket Number : 67445

Lewis & Clark College Student Health Center
615 S Palatine Hill Rd.
Portland, OR 97219-8091

Phone: (503) 768-7165
Fax: (503) 768-7167

Walker Kathleen, NP
615 S. Palatine Hill Rd
Portland, OR 97219

Federal ID: 93-038-6858
NPI: 1275159048

Responsible Party

Name: Testpatient, Mom
Address: 1897394 SW Elm
Blahblah, OR 97000

Account Account Number : 2

Name: Testpatient, Abigail
OtherID: A0034
DOB: 01/10/1990
Campus Address:

Diagnosis

1. R51.9 (ICD-10)
2. Z11.59 (ICD-10)
3. J06.9 (ICD-10)

Date	CPT Code	Description	NDC	Units	Charges	Payments

Mail the statement OR Email the statement

8. Get a pre-addressed and postage paid envelope to PacificSource, available at the Student Health Center. Write your mailing address in the return address section on the far left top corner envelope next to "From".

From  *Your Full Name - MSC* ← Write your preferred mailing address

615 S Palatine Hill Road

Portland, OR 97219



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO 58 EUGENE OR

POSTAGE WILL BE PAID BY ADDRESSEE




PO BOX 7068
SPRINGFIELD, OR 97475-9716

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



9. Place the statement in the envelope and drop the envelope at any USPS mailing location (e.g. LC Mail Services in McAfee, blue USPS dropbox, etc).

Alternatively, you can email the claim to CS@Pacifsource.com. Make sure the email includes your name and Member ID number.

After submitting your claim

After the claim is received and processed, a check will be mailed to the permanent address on file with PacificSource. If the address PacificSource has on file for you is not your current residence, you may want to notify the occupants of your permanent address.

To check and/or change which address PacificSource has on file for you contact PacificSource customer service at 1-888-977-9299 or CS@pacifsource.com. Alternatively, you can create an InTouch account (PacificSource's patient portal). For information about InTouch and to create an account, visit <https://pacifsource.com/members/intouch>.



Stumped? Contact Gaby Herrmann in Case Management at gabyh@lclark.edu