

# COASEHP Submit Claim Form Instructions

## Step 1: Go online @ https://www.excellusbcbs.com/

### **Step 2:** Select Login/Register (top, right-hand corner)

Excellus 🗟 🕅					0,000	Help	Login/Register
	Home	Find a Plan $\sim$	How it Works ~	Find a Doctor $\sim$	Health and Wellness $\sim$		

#### **Step 3:** Select **"Member"** from the "I am a...." drop-down box



**Step 4:** Login using your username and password. If you have not created an account, select **"Register & Create Account"** and follow the directions.

A We're He	re for you: Stay informed about the coronavirus (COVID -19)				
Member Login	Create an Account				
	View your Summary of Benefits and Coverage				
Username	Find a doctor, estimate medical cost and track your deductible and spending				
Password	The set adjacence marker and				
Log In	view and order your member card				
Forgot Your Username?	Go Paperless! Download Statements & Forms				
Forgot Your Passward?	Register & Create Account				



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- **Step 6:** Fill out the Cayuga-Onondaga Area School Employees' Healthcare Plan Rx Submission Claim Form according to the instructions on the form and save to your computer
- **Step 7:** Select "Step 3: Send the Completed Form and All Required Information Electronically" to access the Submit a Claim page

Submit Claims	
Submit a Claim	
Step 1: Find Your Claim Form. Access all of our Medical, Dental, Prescription, and Vision of Step 2: Fill Out the Form & Save it to Your Computer.	Jaim forms on the Member Forms page.
Step 3: Send the Completed Form and All Required Information Electronically or mail it to	the address at the top of the form.

**Step 8:** Complete the required fields on the Submit a Claim page, attach file saved to your computer and select **"Submit"** 

Submit a Claim								
*Required Field								
Your Name *								
Just Testing								-
First and Last Name	<b>D</b> 11 <b>A C</b>	North State	SUCCESS: Your form is submitted successfully!					×
Phone Number *	Excellus 🔤 🔍	Member						
585-123-4567		Home My	Account ~	Claims ~	Prescriptions ~	Find a Doctor $ \sim $	Health and Wellness $\sim$	Resourc
****								
Email Address *	<< Retu	rn to Previous Page						
just.testing@yahoo.com	Subn	nit a Claim						
Attach Document:	*Require	d Field						
To prepare a form for attachment: Fill out the Form, sign it if necessary, then scan the form of save it as a PDF or JPG file.	Your Nat	me *						
Please click the 'Select' button of the Attach Document field to attach any related docume ation.								
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