



Provider Portal

Guide

Visit the "Provider Portal" via www.USFHP.net
or go directly to the login page at provider.usfhp.net

Received a survey? Have your voice heard and respond today!



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WHO WE ARE

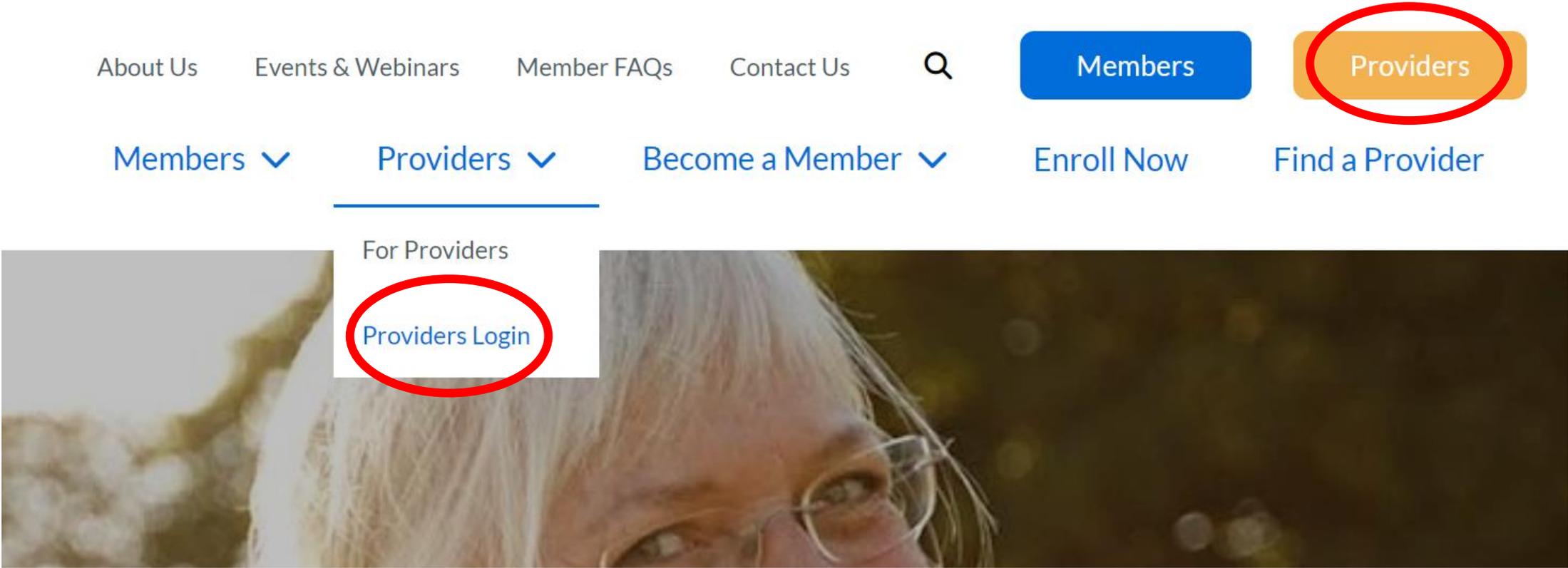
US Family Health Plan

We've provided comprehensive care to military families for over 35 years. Let us take care of your health and wellness, so you'll be prepared for life's most important moments.

[About Us](#)



You can click on the “Providers” button in yellow or hover over the “Providers” drop down in blue and select “Providers Login.”



Click on “Create Account”



Sign into your provider account

Username

Password

Sign in

Create account

[Forgot your username or password?](#)

A screen will populate and you will need to check the accept box and then click “next”

Complete form and select “Add Provider”



Please complete all fields. Your Tax Identification and NPI Numbers are required. Click 'Add Provider' at bottom of form.

To add multiple Tax Identification and NPI numbers, complete those fields, click 'Add Provider'.

Click 'Next' to proceed with the Sign-up process.

First Name

Last Name

Contact Name

Contact Phone

TIN

Individual NPI

Group NPI

This may be the same as the Individual NPI.

Primary Specialty

Previous

Add Provider

Cancel

Please ensure to fill in the required fields



You will use this information to log in to your account. Keep this information stored safely so your account information remains secure.

Username: Must be at least 3 characters in length and start with a letter. Characters accepted are: alpha-numeric, . (dot), - (dash), _ (underscore) and @ (at sign).

Password: At least 8 characters/Alpha-numeric, minimum 1 upper case letter and at least 3 numbers.

Enter a valid e-mail address.

Select 3 security questions (for the password reset or forgot password service).

Click "Next" at the bottom of the page.

Username

E-mail Address

Confirm E-mail Address

Password

Confirm Password

Security Question 1
-- Select Question --

Security Question 2
-- Select Question --

Security Question 3
-- Select Question --

Don't have an email account?

This site requires a valid email address. If you do not have an email address, you may create a FREE Email account with one of these popular providers:

- [Gmail](#)
- [Yahoo!](#)

Then click "next"

Please confirm all your information is correct



Username: USFamily123

First Name:

Last Name:

E-Mail Address:

Specialty:

TIN: 123456789

Contact:

Phone: (123) 456-7891

NPI(s): 1234567890

Previous

Finish

Cancel



Welcome,

As a provider and medical professional, the US Family Health Plan provider site will give you the ability to check patient's eligibility, coverage, check claim status, and more.

Contact Us

5 Penn Plaza, 9th Floor
New York, NY 10001
Phone number: 844-356-4901
Email: usfamily@svcmcnyc.org



Check Eligibility



Check Claim Status



Find a Provider



Register or Update your EFT Information



Request to Update Demographic Information



ERA Enrollment Form



Provider Admin Panel

Access the Provider Portal

Major services available include:

- Check Eligibility
- Check Claims Status
- Find a Provider
- View and Request Authorization Statuses
- Register or Update your EFT Information
- Download the ERA Enrollment Form
- Update Provider Demographic Information

Eligibility Verification

- Type in the beneficiary's first and last name
- You will need the Member ID OR the Group
- The member's group depends on the sponsor's enlistment or commission date. This information is on the member's benefit card and must be typed in exactly the same as on the card
- Click on "search" and the member will populate where you can click on their name to view their eligibility

The screenshot shows the US Family Health Plan website interface. At the top left is the logo for US Family Health Plan, featuring a blue star with a white heart inside. To the right of the logo are three navigation icons: a message icon with a '0' (labeled 'MESSAGES'), a person icon (labeled 'PROFILE'), and a power icon (labeled 'LOGOUT'). Below these is a horizontal navigation bar with five tabs: 'HOME', 'ELIGIBILITY' (which is highlighted with a blue background and a downward-pointing arrow), 'CLAIMS', 'AUTHORIZATIONS', and 'FORMS & RESOURCES'. Under the 'ELIGIBILITY' tab, the heading 'Eligibility' is displayed. Below this heading is a search form with three input fields: 'First Name:', 'Member ID(s):', and 'Group:'. The 'First Name' and 'Group' fields are on the top row, and the 'Last Name:' field is on the bottom row. Below the input fields are two blue buttons: 'Search' and 'Reset'.

Our claim numbers are 10 digits (0000xxxxxx). You can search by claim number or date range



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Claim numbers must be in the following format: xx-xxxxxx-xxx-xx (eg. 01-102000-450-99)

Claim Number(s):	Member ID:	Begin Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of Birth (not required):	End Date:
	<input type="text"/>	<input type="text"/>

Authorizations

- You can view authorizations that need an action
- You can view completed authorizations
- You can view submitted authorizations
- You can view drafts of authorizations
- You can make a new request



Register or Update your EFT Information



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Request to update EFT information

Request to update EFT information

First Name:*

* Required

Last Name:*

Provider Tax ID:*

* Required

Provider NPI:*

* Required

Street:*

City:*

State:*

ZIP:*

Call back number:*

Financial Institution Name:*

Routing Number:*

Type of Account:*

Account Number:*

Submit

Request to Update Demographic Form



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[Request to Update Demographic Form](#)

[Attachments \(0\)](#)

Request to Update Demographic Form

Request to Update Demographic Information

Please submit both Demographic Form and W9 as attachments. Download to your computer and complete the forms. Once complete, click on the 'Attachments' link above, upload your completed forms, return to this page and 'Submit'.

[Demographic Form \(PDF\)](#)

[W9 \(PDF\)](#)

First Name:*

* Required

Last Name:*

* Required

Provider Tax ID:*

* Required

Provider NPI:*

Call back number:*

Format (xxx)xxx-xxxx

Submit

Forms and Resources



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[Provider Quick Reference Guide](#)

[ERA Enrollment Form](#)

[Provider Newsletters](#)