



MyCompBenefits.com

Dental Provider Portal

User Guide

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Registering for the MyCompbenefits.com dental provider portal

Access the MyCompBenefits.com registration page by clicking either the Register Now! link or CLICK HERE TO REGISTER link on the login page.

My CompBenefits.com

Home | FAQs

Quick Links:
Select: [v]

Monday, November 4, 2019 2:12 PM

CLICK HERE TO REGISTER →

Only participating Provider offices may register on MyCompBenefits.com

CompBenefits provides you with a guided tour of your:

- Dental Member Explanation of Benefits
- Dental Provider Voucher
- Effective 3/1/10, CompBenefits will no longer return x-ray attachments to providers unless enclosed with a self-addressed/stamped envelope. Learn how to submit your x-ray attachments here.

Registration required for access to all information specific to the Member's plan

Agents - Get a free Web page!

Provider may now check eligibility and claims online!

User Name: [input]
Password: [input]

I'm not a robot

reCAPTCHA
Privacy - Terms

Login

What is my user name?
Forgot your password?
Change your password?
Registration help?
Don't have a User Name and Password?

Register Now! →

Privacy Practices
Please read! Due to recent federal legislation, our Notice of Privacy Practices has been updated; to access, please click [here](#)

The Registration page will now display. Enter your desired username and password (following the stated requirements), email address, the type of user you are registering and then select two security questions and provide answers. Once complete, click the Next button.

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Monday, November 4, 2019 1:04 PM

PIN Registration - Step I

Please complete the form then click the 'Next' button. This will take you to the next step of Registration. All the fields are required.

[Registration help?](#)

Security Information:
Please enter the requested information below.

User Name:	MyCBQA	*5-25 numbers and/or letters
Password:	*****	*only 8 characters required. It should start with a-z and one digit combination of 0-9, and must include # or \$. Example: minnie3\$
Re-enter Password:	*****	
Email address:	*****@humana.com	*Valid email address
Re-enter Email address:	*****@humana.com	
User Type:	Dentist	*Who Are You?
Security Question1:	What's your birth place?	
Answer:	*****	
Security Question2:	The last four digits of your SSN?	*Should not be same as Question1
Answer:	*****	

Clear Next

The profile page will now display. Enter your Practice Name, Facility #, Work Phone, Tax ID # or NPI # and address. This phone number, tax identification number (TIN) and Facility ID must exactly match what Humana has on file. Once completed, click Next to finalize the registration.

The screenshot shows the 'Provider Registration - Step II' page on My CompBenefits.com. The page header includes the logo, 'Home | FAQs', and the date 'Monday, November 4, 2019 1:06 PM'. The user information is displayed as follows:

User Name:	MyCBQA
User Type:	Dentist
Email Address:	@humana.com

Below this, a message states: 'Please complete the form and submit. Go back to [first](#) page of user registration if you wish to enter a different e-mail address or select a different user type.'

The 'Profile Information:' section contains instructions: 'All fields with an * mark are required. Enter a valid Master Facility ID as Facility #. Enter a valid Tax ID # or Group NPI #.'

The registration form fields are:

Practice Name:	<input type="text"/>	*Facility #:	<input type="text"/>
*Work Phone:	<input type="text"/>	*Tax ID #:	<input type="text"/> OR Group NPI #: <input type="text"/>
Address Line1:	<input type="text"/>	Address Line2:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		*ZIP:	<input type="text"/>

Buttons for 'Clear' and 'Next >' are located below the form. A footer message says 'Go back to user [login](#) page.'

At the bottom, there is a copyright notice: 'Copyright 2004-2010 CompBenefits Corporation.' and navigation links: 'Home | Legal | Privacy Practices | Internet Privacy Statement'.

The confirmation page will now display. Click Continue to enter the MyCompBenefits.com provider portal with your new login.

The screenshot shows the 'Thank you for registering!' page on My CompBenefits.com. The page header includes the logo, 'Home | FAQs', and the date 'Monday, November 4, 2019 1:26 PM'. The user information is displayed as follows:

User Name:	MyCBQA
Provider ID:	
Email Address:	@humana.com
Last Name:	

Below this, a 'Continue' button is visible. At the bottom, there is a copyright notice: 'Copyright 2004-2010 CompBenefits Corporation.' and navigation links: 'Home | Legal | Privacy Practices | Internet Privacy Statement'.

Recover Username

If you have forgotten the username you created and need to recover it, click the “What is my user name?” link on the sign-in page.

My CompBenefits.com

Home | FAQs

Quick Links: Select-----

Monday, November 4, 2019 2:12 PM

[CLICK HERE TO REGISTER](#)

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- Dental Member Explanation of Benefits
- Dental Provider Voucher
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Registration required for access to all information specific to the

User Name:

Password:

I'm not a robot

reCAPTCHA
Privacy - Terms

Login

[What is my user name?](#)

[Forgot your password?](#)

[Change your password?](#)

[Registration help?](#)

[Don't have a User Name and Password?](#)

[Register Now!](#)

Select Dentist from the User Type drop-down menu and click Next.

My CompBenefits.com

Home | FAQs

Monday, November 4, 2019 3:00 PM

Forgot User Name - Step I

Please select the user type first.

User Type: Who Are You?

Please complete the form and submit.
Go back to [home](#) page if you remember the user name.

Clear Next

Go back to user [login](#) page.

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Enter the profile information you provided during the registration process: Practice Name, Facility Number, Work Phone, Tax ID Number and Address. Then click Next.

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Home | FAQs
Monday, November 4, 2019 3:00 PM

My CompBenefits.com

Forgot User Name - Step I

Please review these messages:

- Facility # is required.

Please select the user type first.

User Type:

Please complete the form and submit.
Go back to [home](#) page if you remember the user name.

Profile Information:

All fields with an * mark are required.
Enter a valid Master Facility ID as Facility #.
Enter a valid Federal ID# or SS# as Tax ID #.

Practice Name:	<input type="text"/>	*Facility #:	<input type="text"/>
*Work Phone:	<input type="text"/>	*Tax ID #:	<input type="text"/>
Address Line1:	<input type="text"/>	Address Line2:	<input type="text"/>
City:	<input type="text" value="Chatsworth"/>	State:	<input type="text" value="CA"/>
		*ZIP:	<input type="text" value="91311"/>

Go back to user [login](#) page.

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The security questions you provided during the registration process will now display. Enter the answers you provided, then click submit.

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Home | FAQs
Monday, November 4, 2019 3:02 PM

My CompBenefits.com

User Name Verification

Please answer the questions below and click "Submit" to proceed.

Security Question1:	What's your birth place?
Answer:	<input type="text"/>
Security Question2:	The last four digits of your SSN?
Answer:	<input type="text"/>

Go back to user [login](#) page.

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The Email Validation page will then display. Verify the email is valid and click submit.

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Monday, November 4, 2019 3:02 PM

Email Validation

Please update your email address in order to receive any information updates.

Email address:

Your username will now be sent to the email on file.

My CompBenefits.com

Monday, November 4, 2019 3:02 PM

User Name has been sent to your e-mail address!

Go back to user [login](#) page and sign in.

Recover Password

If you have forgotten the username you created and need to recover it, click the “Forgot your password?” link on the sign-in page.

My CompBenefits.com

Home | FAQs

Quick Links:
Select:-----

Monday, November 4, 2019 2:12 PM

[CLICK HERE TO REGISTER](#)

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Registration required for access to all information specific to the Member's plan

Agents - Get a free Web page!

Provider may now check eligibility and claims online!

New Group Inquiry - available to any size group

User Name:
Password:

I'm not a robot

reCAPTCHA
Privacy - Terms

[Login >](#)

[What is my user name?](#)
[Forgot your password?](#) ←
[Change your password?](#)
[Registration help?](#)
[Don't have a User Name and Password?](#)
[Register Now!](#)

Privacy Practices
Please read! Due to recent federal legislation, our Notice of Privacy Practices has been updated; to access, please click [here](#)

CompBenefits.com

My CompBenefits.com

- Order ID cards
- Update your information
- View your eligibility
- View coverage and enrollment

CompBenefits brings more than 40 years of success to the health benefits industry and to making positive contributions to our customers' good health and well being.

The Lost Password Request page will display. Select Dentist from the User Type menu, enter your username and click Next.

My CompBenefits.com

Home | FAQs

Monday, November 4, 2019 3:06 PM

Lost Password Request

Please enter your user name and click the 'Next' button.

User Name:
User Type:

[Next >](#)

Go back to user [login](#) page.

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The security questions you provided during registration will now display, enter the answers you gave, then click submit.



The screenshot shows the top navigation bar of the My CompBenefits.com website. On the right side, there is a logo for 'compbenefits' with 'MEDICAL DENTAL' written below it. Next to the logo are two links: 'Home' and 'FAQs'. The main title 'My CompBenefits.com' is displayed in a large, bold, blue font. Below the title, the date and time 'Monday, November 4, 2019 3:06 PM' are shown.

Lost Password Request

Please answer the questions below and click 'Get Password' to retrieve your Password. The password will be sent to your email address.

User Name:	mycbqa
User Type:	Dentist
Security Question1:	What's your birth place?
Answer:	<input type="text"/>
Security Question2:	The last four digits of your SSN?
Answer:	<input type="text"/>

[Get Password](#)

Go back to user [login](#) page.

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The Confirmation page will display and your password will be sent to the email we have on file.



This screenshot is identical to the one above, showing the top navigation bar of the My CompBenefits.com website with the logo, links, title, and date/time.

If the supplied username exists, an e-mail has been sent to the e-mail address associated with that username.

Go back to user [login](#) page and sign in.

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Eligibility and Benefits

To review a member's eligibility and benefit coverage, click the "View Eligibility, Claims Status and Claims Details (Processed Claims)" link from the MyCompBenefits.com provider portal landing page.

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My CompBenefits.com

Friday, November 1, 2019 3:11 PM

[View Eligibility, Claims Status, and Claims Detail \(processed claims\)](#) | [View/Print EOB](#)

[View DHMO Eligibility Prior Listings](#) | [View DHMO Eligibility Latest Listings](#)

Federal Documents

[CompBenefits Dental Claims Attachment Guidelines](#)

[Sign Out](#)

Adobe Reader

Please note: Certain functions require Adobe Reader. For a free download, please click on the icon below.

The member Query Page will display. Enter the member's 13-digit CompBenefits ID number and click the Get Member Info button.

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My CompBenefits.com

Friday, November 1, 2019 3:22 PM

Member Query

You have been validated

[Redacted]

**Enter the Member ID Number of the person in which you are interested.
(This is the Mbr ID listed on the ID card. All leading zeros must be entered.)**

[Get Member Info](#)

[Back](#) [Sign Out](#)

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If there are multiple members with that ID number, a Member List page will display with all applicable members. Click the appropriate patient from the Member Name link to continue viewing the information for that patient.



The screenshot shows the 'My CompBenefits.com' website header with navigation links: Home, Change Profile, FAQs, and Contact Us. The date and time are Tuesday, November 5, 2019 1:53 PM. Below the header is the 'Member List' section. It contains a table with the following columns: Subscriber SSN, Member Name, Effective Date, and Termination Date. The first row shows a red arrow pointing from the Subscriber SSN field to the Member Name field. Below the table are 'Back' and 'Sign Out' buttons. At the bottom, there is a copyright notice: Copyright 2004-2010 CompBenefits Corporation. Home | Legal | Privacy Practices | Internet Privacy Statement | Contact Us.

Subscriber SSN	Member Name	Effective Date	Termination Date
		12/01/2017	None
		12/01/2017	None

The Member Detail page will now display. The patient's eligibility information, including their group name and number if applicable and policy effective and termination dates, can be found here. To reach the benefit summary, click the Benefits button.



The screenshot shows the 'My CompBenefits.com' website header with navigation links: Home, Change Profile, FAQs, and Contact Us. The date and time are Friday, November 1, 2019 3:22 PM. Below the header is the 'Member Detail' section. It contains a table with the following fields: Subscriber SSN, Member Name, Gender (Female), Group Number, Group Name, Plan Code (STPP4-D1), Effective Date (01/01/2016), and Termination Date (None). Below the table are 'Back', 'New Subscriber', 'Benefits', 'Claims', and 'Sign Out' buttons. A red arrow points to the 'Benefits' button. At the bottom, there is a copyright notice: Copyright 2004-2010 CompBenefits Corporation. Home | Legal | Privacy Practices | Internet Privacy Statement | Contact Us.

Subscriber SSN	
Member Name	
Gender	Female
Group Number	
Group Name	
Plan Code	STPP4-D1
Effective Date	01/01/2016
Termination Date	None

The Member Benefit Summary page will display with benefit details for the patient. Any applicable waiting periods will be listed as well as Deductibles and Annual Maximums for the different coverage categories.



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My CompBenefits.com

Friday, November 1, 2019 3:24 PM

Member Benefit Summary

Name: ██████████
Subscriber SSN: ██████████
Plan Type: Preferred Provider Organization with Fee Schedule (PPO1)
Plan: STPP4

Category	Credit Months	Waiting Period	In Network Covered %	Out of Network Covered %
A. Diagnostic & Preventive	0	0	100	70
B. Basic Services	0	6	50	30
C. Major Services	0	0	0	0
D. Orthodontics	0	0	0	0

Annual & Calendar Year

Category	-----In Network-----				-----Out of Network-----			
	Annual Max	Annual Max Remaining	Life Max	Life Max Remaining	Annual Max	Annual Max Remaining	Life Max	Life Max Remaining
Coverage A, B, C	1000	732	0	0	1000	732	0	0
Coverage D	0	0	0	0	0	0	0	0

Deductible

Network	Category	Deductible	Deductible Remaining
In Network	Coverage A	0	0
In Network	Coverage B	50	0
In Network	Coverage C, D	0	0
Out of Network	Coverage A, B	50	0
Out of Network	Coverage C, D	0	0

This is general information about your benefit plan and is not a guarantee of payment or benefits available. Always refer to your Certificate and Schedule of Benefits for complete details about your plan.

[← Back](#) | [New Subscriber](#) | [Claims](#) | [Policy List](#) | [Sign Out](#)

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Claims Status

To review a patient's eligibility and benefit coverage, click the View Eligibility, Claims Status and Claims Details (Processed Claims) link from the MyCompBenefits.com provider portal landing page.

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Home | Change Profile | FAQs | Contact Us

My CompBenefits.com

Friday, November 1, 2019 3:11 PM

[View Eligibility, Claims Status, and Claims Detail \(processed claims\)](#) | [View/Print EOB](#)

[View DHMO Eligibility Prior Listings](#) | [View DHMO Eligibility Latest Listings](#)

[Federal Documents](#)

[CompBenefits Dental Claims Attachment Guidelines](#)

[Sign Out](#)

Adobe Reader

Please note: Certain functions require Adobe Reader. For a free download, please click on the icon below.

[Get Adobe Reader](#)

The member Query Page will display. Enter the member's 13-digit CompBenefits ID number and click the Get Member Info button.

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My CompBenefits.com

Friday, November 1, 2019 3:22 PM

Member Query

You have been validated

[Blurred area]

**Enter the Member ID Number of the person in which you are interested.
(This is the Mbr ID listed on the ID card. All leading zeros must be entered.)**

[Get Member Info](#)

[Back](#) [Sign Out](#)

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If there are multiple patients with that ID number, a Member List page will display with all applicable patients. Click the Member Name link to continue viewing the information for that patient.



The screenshot shows the 'My CompBenefits.com' website header with navigation links: Home, Change Profile, FAQs, and Contact Us. The date and time are Tuesday, November 5, 2019 1:53 PM. Below the header is the 'Member List' section. It features a table with columns for Subscriber SSN, Member Name, Effective Date, and Termination Date. A red arrow points from the Subscriber SSN column to the Member Name column. Below the table are 'Back' and 'Sign Out' buttons. At the bottom, there is a copyright notice: Copyright 2004-2010 CompBenefits Corporation. Home | Legal | Privacy Practices | Internet Privacy Statement | Contact Us

Subscriber SSN	Member Name	Effective Date	Termination Date
		12/01/2017	None
		12/01/2017	None

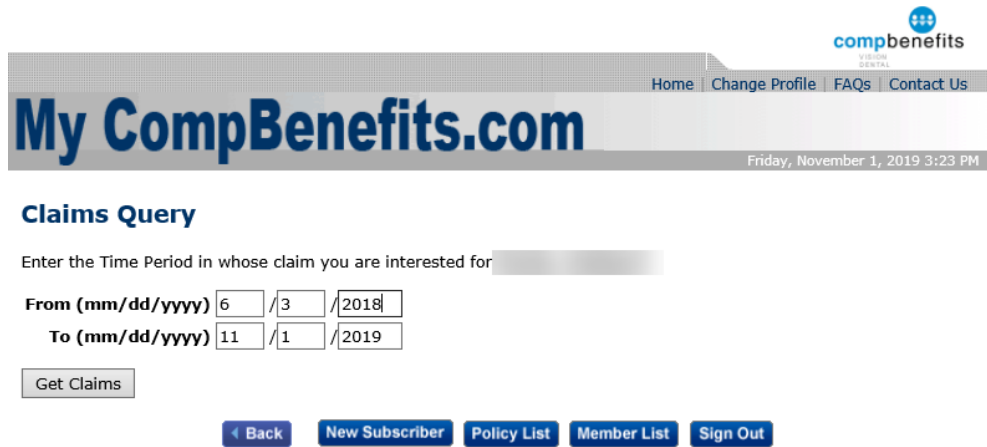
The Member Detail page will now display. To access the claims search, click the Claims button.



The screenshot shows the 'My CompBenefits.com' website header with navigation links: Home, Change Profile, FAQs, and Contact Us. The date and time are Friday, November 1, 2019 3:22 PM. Below the header is the 'Member Detail' section. It features a table with the following information: Subscriber SSN, Member Name, Gender (Female), Group Number, Group Name, Plan Code (STPP4-D1), Effective Date (01/01/2016), and Termination Date (None). Below the table are buttons for 'Back', 'New Subscriber', 'Benefits', 'Claims', and 'Sign Out'. A red arrow points to the 'Claims' button. At the bottom, there is a copyright notice: Copyright 2004-2010 CompBenefits Corporation. Home | Legal | Privacy Practices | Internet Privacy Statement | Contact Us

Subscriber SSN	
Member Name	
Gender	Female
Group Number	
Group Name	
Plan Code	STPP4-D1
Effective Date	01/01/2016
Termination Date	None

The claims query page will display. Enter the date range you would like to search and click the Get Claims button.



The screenshot shows the 'My CompBenefits.com' website header with navigation links: Home, Change Profile, FAQs, Contact Us. The main heading is 'My CompBenefits.com' and the date is 'Friday, November 1, 2019 3:23 PM'. Below the header is the 'Claims Query' section. It prompts the user to 'Enter the Time Period in whose claim you are interested for'. There are two rows of date pickers: 'From (mm/dd/yyyy)' with values 6, 3, 2018 and 'To (mm/dd/yyyy)' with values 11, 1, 2019. A 'Get Claims' button is located below the date pickers. At the bottom of the page are navigation buttons: Back, New Subscriber, Policy List, Member List, Sign Out.

Search Results will display. To see a detailed breakdown of how the claim was processed, click the View link on the right side of the results




The screenshot shows the 'My CompBenefits.com' website header with navigation links: Home, Change Profile, FAQs, Contact Us. The main heading is 'My CompBenefits.com' and the date is 'Tuesday, November 5, 2019 2:23 PM'. Below the header is the 'Claims List' section. It displays user information: Name: [redacted], Date Of Birth: 10/10/1950, Period of Service: 8/7/2016 - 11/5/2019. A red arrow points to the 'Detail' column of the claims table. The table has the following data:

From	To	Doctor Name	Claim Status	Paid Date	Paid Amount	Detail
09/13/2018	09/13/2018	[redacted]	Paid/Complete	01/07/2019	\$518.00	View
09/04/2018	09/04/2018	[redacted]	Paid/Complete	01/07/2019	\$44.00	View

At the bottom of the page are navigation buttons: Back, New Subscriber, Policy List, Member List, Sign Out.

The claim details will display. You can also access the explanation of benefits (EOB) for the claim by clicking the View EOB link in the upper left of the page.



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My CompBenefits.com

Tuesday, November 5, 2019 2:23 PM

Claim: [REDACTED] **Status:** Paid/Complete **Check#:** [REDACTED]
Claim Received Date: 01/02/2019

[View EOB](#)

Line	Service Date	Proc. Code/Description	Tooth/Quad	Total Chg.	Inelg. Amt.	Rsn Code/Description	Deduct/Copay	Paid Amt.
1	09/13/2018	D7240 - REMOVAL IMPACTED TOOTH - 17 CMLP BONY	17	340.00	14.00	PP - Paid in accordance with provider's negotiated rate	0.00	163.00
2	09/13/2018	D7240 - REMOVAL IMPACTED TOOTH - 32 CMLP BONY	32	340.00	14.00	PP - Paid in accordance with provider's negotiated rate	0.00	163.00
3	09/13/2018	D9222 - DEEP SEDATION/GEN ANES FIRST 15 MIN	na	375.00	233.00	PP - Paid in accordance with provider's negotiated rate	0.00	71.00
4	09/13/2018	D9223 - DEEP SEDATION/GEN ANES EACH 15 MINS	na	375.00	254.00	PP - Paid in accordance with provider's negotiated rate	0.00	60.50
5	09/13/2018	D9223 - DEEP SEDATION/GEN ANES EACH 15 MINS	na	375.00	254.00	PP - Paid in accordance with provider's negotiated rate	0.00	60.50

[Back](#) | [Claim Questions](#) | [New Subscriber](#) | [Policy List](#) | [Member List](#) | [Sign Out](#)

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The EOB will open in a new window in PDF format.

Your name [REDACTED] and Tax ID have been verified by the IRS.

If you have any questions, please visit our website at MyCompBenefits.com.

Tax ID: 591642660 **EPC Draft #:** 173685790 **Payment Week:** 1 **Payment Date:** 01/08/2019 Page 1 of 2

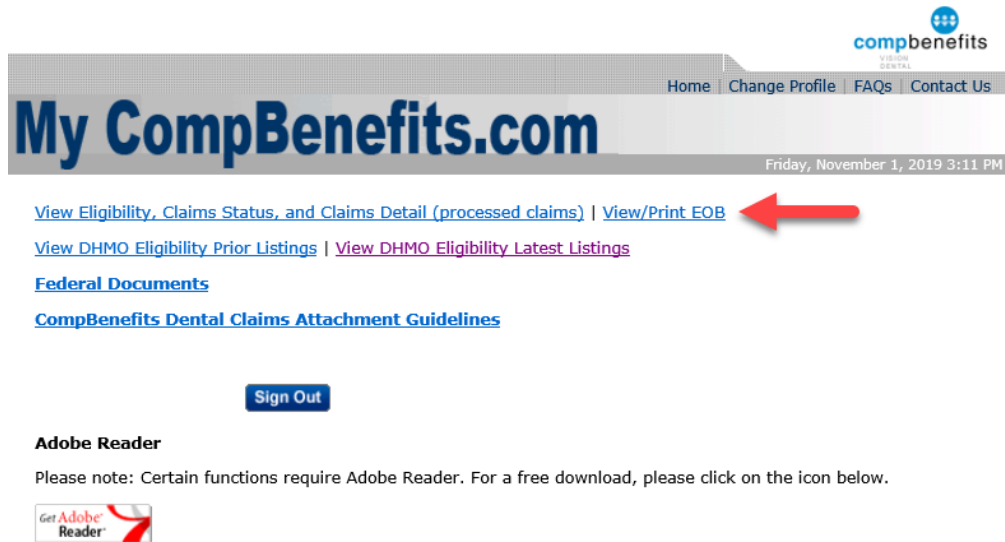
Service Date	Code	Tooth/Quad	Explanation Code	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment Amount
								Co-Ins	Co-Pay	Deductible	Non-Cov	
Provider: [REDACTED]				Patient Acct #: [REDACTED]				Group/Check Number: [REDACTED]				
Network: [REDACTED]				Member Number: [REDACTED]				Customer Service #: [REDACTED]				
Patient Name: [REDACTED]				Claim Number: [REDACTED]				Administered By: Humana Insurance Company				
09/04/18	D0140	na	PP	55.00	11.00	0.00	0.00	0.00	0.00	0.00	0.00	44.00
09/04/18	D0330	na	IG	90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	90.00
Total:				145.00	11.00	0.00	0.00	0.00	0.00	0.00	0.00	44.00

Service Date	Code	Tooth/Quad	Explanation Code	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Customer Service Phone Number
09/13/18	D7240	17	pp	340.00	14.00	0.00	0.00	163.00	0.00	0.00
09/13/18	D7240	32	pp	340.00	14.00	0.00	0.00	163.00	0.00	0.00
09/13/18	D9222	na	pp	375.00	233.00	0.00	0.00	71.00	0.00	0.00
09/13/18	D9223	na	pp	375.00	254.00	0.00	0.00	60.50	0.00	0.00
09/13/18	D9223	na	pp	375.00	254.00	0.00	0.00	60.50	0.00	0.00
Total:				1,805.00	769.00	0.00	0.00	518.00	0.00	0.00

Statement Summary	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Customer Service Phone Number
Administered By: Humana Insurance Company	1 950.00	780.00	0.00	0.00	608.00	567.00	See Individual

EOB listings

To view a list of all EOBs for the specific time frame, click the View/Print EOB link on the MyCompBenefits.com provider landing page.



The screenshot shows the MyCompBenefits.com provider landing page. At the top right, there is a navigation menu with links for Home, Change Profile, FAQs, and Contact Us. The main header features the MyCompBenefits.com logo and the date and time: Friday, November 1, 2019 3:11 PM. Below the header, there are several links: View Eligibility, Claims Status, and Claims Detail (processed claims); View/Print EOB (highlighted with a red arrow); View DHMO Eligibility Prior Listings; View DHMO Eligibility Latest Listings; Federal Documents; and CompBenefits Dental Claims Attachment Guidelines. A Sign Out button is located below these links. At the bottom, there is a section for Adobe Reader with a note: "Please note: Certain functions require Adobe Reader. For a free download, please click on the icon below." and a "Get Adobe Reader" button.

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Enter the date range you would like to search and click Submit.



The screenshot shows the MyCompBenefits.com EOB List search page. At the top right, there is a navigation menu with links for Home, Change Profile, FAQs, and Contact Us. The main header features the MyCompBenefits.com logo and the date and time: Wednesday, November 6, 2019 1:52 PM. Below the header, there is a section titled "EOB List" with a "Search by Date" form. The form has two rows of date selection. The first row shows "From: October 23 2018" and "To: November 6 2019" with a "Submit" button. Below the form, there is a message: "There were no records returned for the specified timeframe." The second row of the "Search by Date" form shows "From: October 23 2019" and "To: November 6 2019" with a "Submit" button. At the bottom, there are three buttons: Back, New Subscriber, and Sign Out.

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All EOBs for the specified date range will display. Click the EOB number on right side to view the PDF of the EOB.


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My CompBenefits.com

Wednesday, November 6, 2019 1:53 PM

EOB List

Search by Date

From: October 23 2018 To: November 6 2019

Check #	Voucher Date	Amount	EOB #
	12/24/2018	58.00	
	01/07/2019	44.00	
	01/07/2019	518.00	
	03/04/2019	44.00	
	03/11/2019	707.50	
	03/18/2019	44.00	
	05/20/2019	108.80	
	06/24/2019	58.00	
	06/24/2019	265.60	
	08/26/2019	115.00	

Search by Date

From: October 23 2018 To: November 6 2019

[Back](#) [New Subscriber](#) [Sign Out](#)

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The EOB will open in a new window in a PDF format.

Electronic Payment Clearinghouse
Humana Specialty Benefits
P.O. Box 14283
Lexington, KY 40512-4283

HUNTINGTON NATIONAL BANK 26-1112 441
Westerville OH 43081
Electronic Payment Clearinghouse
Echo Health, Inc.

DRAFT NO
DRAFT DATE

HUMANA
Specialty Benefits

PAYABLE THROUGH DRAFT One Hundred Fifteen & 00/100 DOLLARS

AMOUNT *****\$115.00

VOID AFTER 180 DAYS

VOID

NON-NEGOTIABLE

Your name, GREGORY P. GRANTHAM, and Tax ID have been verified by the IRS.

If you have any questions, please visit our website at [MyCompBenefits.com](#).

Tax ID: 591642660 EPC Draft #: 185214222 Payment Week: 34 Payment Date: 08/27/2019 Page 1 of 2

Service Date	Code	Tooth/Quad	Explanation Code	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation	Co-Ins	Co-Pay	Benefit	Non-Cov	Net Payment Amount
09/27/18	D0140	na	PP	55.00	11.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44.00
09/27/18	D0330	na	PP	90.00	19.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	71.00
Total:				145.00	30.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	115.00

Statement Summary	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Customer Service Phone Number
Administered By Humana Specialty Benefits 14283	145.00	30.00	0.00	0.00	0.00	115.00	See Individual Claim
Statement Totals	Total Charge	Provider Discount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	
	145.00	30.00	0.00	0.00	0.00	115.00	

Explanations

DHMO Rosters

You can view the monthly dental health maintenance organization (DHMO) rosters and associated payments by clicking the View DHMO Eligibility Latest Listings link on the dental provider portal landing page.

compbenefits
My CompBenefits.com
Home Change Profile FAQs Contact Us
Tuesday, November 19, 2019 1:32 PM

[View Eligibility, Claims Status, and Claims Detail \(processed claims\)](#) | [View/Print EOB](#)
[View DHMO Eligibility Prior Listings](#) | [View DHMO Eligibility Latest Listings](#)
Federal Documents
[CompBenefits Dental Claims Attachment Guidelines](#)

[Sign Out](#)

Adobe Reader
Please note: Certain functions require Adobe Reader. For a free download, please click on the icon below.

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The next page will display a list of the most recent documents. Scroll to the bottom of the page to access the most recent or use the date search on the top of the page to find the document for the time frame. Once found, click the Document Link to continue.

My CompBenefits.com

Tuesday, November 19, 2019 1:33 PM

Search Criteria

Date Search Criteria(YYYYMMDD):

Document List

Document Date	Document Link
2017-11-01	AFP VIEWDIRECT2 CBCRSTMT 20171025092739 09946290120171101 28
2017-12-01	AFP VIEWDIRECT2 CBCRSTMT 20171122103244 09946290120171201 26
2018-01-01	AFP VIEWDIRECT2 CBCRSTMT 20171222103245 09946290120180101 24
2018-02-01	AFP VIEWDIRECT2 CBCRSTMT 20180125111658 09946290120180201 22
2018-03-01	AFP VIEWDIRECT2 CBCRSTMT 20180223091002 09946290120180301 22
2018-04-01	AFP VIEWDIRECT2 CBCRSTMT 20180322133409 09946290120180401 20
2018-05-01	AFP VIEWDIRECT2 CBCRSTMT 20180425071530 09946290120180501 20
2018-06-01	AFP VIEWDIRECT2 CBCRSTMT 20180525142513 09946290120180601 20
2018-07-01	AFP VIEWDIRECT2 CBCRSTMT 20180622081430 09946290120180701 20
2018-08-01	AFP VIEWDIRECT2 CBCRSTMT 20180725161258 09946290120180801 20
2018-09-01	AFP VIEWDIRECT2 CBCRSTMT 20180824103959 09946290120180901 20
2018-10-01	AFP VIEWDIRECT2 CBCRSTMT 20180925094147 09946290120181001 20

The document will open as a PDF in a new window.



ERA/EFT Setup

You cannot sign up for ERA/EFT directly from the MyCompBenefits.com dental provider portal. There are two options available:

- **No Cost Automated Clearing House (ACH):**
 - <https://www.ProviderPayments.com>

- **Fee-based Automated Clearing House:**

ECHO offers an enhanced automated clearing house solution that allows providers to receive electronic fund transfers for all payers with a single enrollment via <https://Enrollments.ECHOHealthinc.com>.