

## Complete a Quick Claim

1. In the **Select a Patient** field, type any combination of the patient's first name, last name, date of birth, or member ID and select the patient. You can select **Add Patients in Bulk** to enter multiple patients at a time.

PATIENT INFORMATION

\* Search for Patient(s) PATIENTS ARE FROM UP TO 18 MONTHS OF ELIGIBILITY AND BENEFITS MADE BY YOUR ORGANIZATION. [+ Add Patients in Bulk](#)

Type to search by patient name, date of birth or member ID

**Note:** Patients listed in the **Select a patient** field are pulled from the past 18 months of your eligibility and benefits inquiry history for the current organization. Selecting a patient from the list pre-populates patient data that you entered for the eligibility and benefits inquiry so that you don't have to enter it again.

2. Enter the provider information in the **Provider Information** section. Select the provider where the medical service was rendered. Multiple providers can be added.

PROVIDER INFORMATION

Provider Type **\* Select a Provider** **\* Address**

Billing

Pay To Address (if different from billing provider address)

[+ Add a Provider](#)

**Note:** Be sure to add all billing providers, including atypical providers (providers without NPIs), using the Add Provider(s) process on the Manage My Organization page. To learn more, refer to [Manage My Organization – Providers](#). Atypical providers should also refer to [Add a provider without an NPI](#).

It can take up to 24 hours for atypical providers to appear in the **Provider** field after you add them to your organization.

3. Enter the claim information in the **Claim Information** section and then select **Continue**.

CLAIM INFORMATION

**\* Place of Service**

11 - Office

**\* Principal Diagnosis Code** **Diagnosis Code** **Diagnosis Code**

**\* Dates of Service** **\* Procedure Code** **Modifier** **\* Quantity** **\* Charge Amount**

mm/dd/yyyy - mm/dd/yyyy [+ Add Code](#)   \$

[+ Add Line](#)

[Continue](#)

You can use the same claim information for batch entries by using the **Use the same service information for all of your patients?** field:

- o Select **Yes** to use the same claim information for batch entries
- o Select **No** to enter individual claim information for individual or batch entries

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4. Review coverage, update, or fill in any missing information and then select **Continue**.
5. Review the **Claim Summary** section for each patient and then select **Submit** to submit the claim.

**Note:** You can save the claim as a template for future Quick Claims by selecting the **Save as Template** button. For more information, refer to [Save Quick Claims Templates](#).

6. View submitted claim responses in your organization's **Receive Files** mailbox. The payer might be able to return results immediately. However, in most cases, the results page displays a confirmation indicating the payer has successfully received the claim. Refer to [View claim results](#) for more information.