



BENEFIT SERVICES, INC.

*A Division of CoreSource, Inc.*

# Website Instructions for Members of HPA

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BENEFIT SERVICES, INC.

A Division of CoreSource, Inc.

FMH Benefit Services, Inc.  
13160 Foster, Suite 150  
Overland Park, KS 66213

913.685.4740  
1.866.500.5048

New users click on  
Members to create a  
User ID

Returning users can  
login here

Log In:



## Welcome. We're glad you're here.

FMH specializes in personal employee benefits administration. We assist employers with implementation and management of benefit programs. Our primary goal is to continually develop and refine our process to assure satisfaction and ease of use.

Learn more about us. Or tell us about you, contact us.

Hot Links to FMH  
correspondence,  
viewing in-network  
providers and online  
enrollment



Responses to  
FMH correspondence  
may be completed  
on the FMH website.  
[Click Here](#)



To view in-network  
providers, pharmacies  
and other vendors  
[Click Here](#)



Daytona State College  
and Radiology Associates  
Online Enrollment  
and  
Register for FMH Website  
Access



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MEMBERS

Login

New Users

Manage Login/Reset Password

Log In:

Submit

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View claim history and eligibility information here.

## Login

### Member Login

User ID: \*

Password: \*

[Forgot User ID or Password?](#)

Submit

### Instructions

1. If you have not previously received your ID and PIN, please complete our [New User Registration Form](#).
2. Having trouble logging in? Enable cookies in your web browser.
3. Password is case sensitive.
4. Don't forget to log out.

**New Users will need to complete the New User Registration Form to obtain a User ID and Password**



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dkral\_ds

- Log out
- FMH Home
- MyHome**
- Account Management
- View Enrollment
- Replace ID Card
- Switch Members
- Browse Members
- Ask a Question
- View

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HealthCenter powered by WorldDoc

## Recent Claims

Click on the claim status to view claim detail.

Service Dates	Provider	Paid Date	Status	EOB Reprint	Patient Name
03/31/2010	TANNER-ST. JAMESCAROL	04/19/2010	Processed	EOB	
03/24/2010	TANNER-ST. JAMESCAROL	04/05/2010	Processed	EOB	
03/23/2010	ARTHUR CROSSMAN MD	04/19/2010	Processed	EOB	
03/15/2010	ARTHUR CROSSMAN MD	03/29/2010	Processed	EOB	
03/05/2010	LABCORP OF AMERICA HOLDINGS LB	04/05/2010	Processed	EOB	

Show All Claims  
Show Flex Claims

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After logging in, the user will be directed to MyHome. This page contains the status of recent claims. Users may click on View Detail to see individual claim details.



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03/24/2010	TANNER-ST. JAMESCAROL	04/05/2010	<a href="#">Processed</a>	<a href="#">EOB</a>	
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03/15/2010	ARTHUR CROSSMAN MD	03/29/2010	<a href="#">Processed</a>	<a href="#">EOB</a>	
03/05/2010	LABCORP OF AMERICA HOLDINGS LB	04/05/2010	<a href="#">Processed</a>	<a href="#">EOB</a>	

Show All Claims  
Show Flex Claims

Members can Re-Print a copy of their Explanation of Benefits (EOB) from past claims.

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03/24/2010	TANNER-ST. JAMESCAROL	04/05/2010	<a href="#">Processed</a>	<a href="#">EOB</a>	
03/23/2010	ARTHUR CROSSMAN MD	04/19/2010	<a href="#">Processed</a>	<a href="#">EOB</a>	
03/15/2010	ARTHUR CROSSMAN MD	03/29/2010	<a href="#">Processed</a>	<a href="#">EOB</a>	
03/05/2010	LABCORP OF AMERICA HOLDINGS LB	04/05/2010	<a href="#">Processed</a>	<a href="#">EOB</a>	

[Show All Claims](#)  
[Show Flex Claims](#)

**Members with Flexible Spending Plans can check their account balances.**

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## Flexible Benefits Balance & Claim Status

Year:

Benefit Type	Annual Election	Total Contributions	Claims Paid	Account Balance	Claims Pending	Projected Balance
Medical Expense	\$720.00	\$600.00	\$693.00	\$0.00	\$0.00	\$27.00

### Benefit Type: Medical Expense

Svc Date	Status	Claim Amt.	Paid Amt.	Paid Date	Ck/DD #	Comment	Desc
2009-07-23	Paid	\$20.00	\$20.00	None	None	Evolution	Debit 255418592062062526025
2009-07-30	Paid	\$30.00	\$30.00	None	None	Evolution	Debit 55432869212169234790
2009-07-31	Paid	\$30.00	\$30.00	None	None	Evolution	Debit 851874092149000113000
2009-08-17	Paid	\$130.00	\$130.00	None	None	Evolution	Debit 555467092305060460100
2009-09-24	Paid	\$35.00	\$35.00	None	None	Evolution	Debit 554570292682060008700
2009-11-03	Paid	\$25.00	\$25.00	None	None	Evolution	Debit 255360693081030039047
2009-11-11	Paid	\$20.00	\$20.00	None	None	Evolution	Debit 255360693161010069522
2009-11-12	Paid	\$128.00	\$128.00	None	None	Evolution	Debit 854361993171180001005
2009-11-24	Paid	\$30.00	\$30.00	None	None	Evolution	Debit 55432869329509306027
2009-11-30	Paid	\$225.00	\$225.00	None	None	Evolution	Debit 855049993359000169000
2009-12-11	Paid	\$20.00	\$20.00	None	None	Evolution	Debit 555467093455061320101

**Flex Balance & Flex Claims Status**



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### MEMBERS

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demo1  
123456789-00

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## Change your Password

Username	demo1
New password	<input type="text"/>
Confirm new password	<input type="text"/>
	<input type="button" value="Change"/>

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ms

**Change Password allows users to update their password at any time.**



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dem01  
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## Enrollment Information

Subscriber Data:

Member Number	123456789-00
Name	JOHN L. DOE
Address	1234 TEST STREET TESTVILLE,KS 45654
Home Phone	913-999-9999
Work Phone	
Birth Date	08/01/1959
Sex	F
Primary Network	PRIVATE HEALTHCARE SYSTEMS
Primary PCP	WILLIAM R BARNARD MD
Primary Network	PRIVATE HEALTHCARE SYSTEMS
Primary PCP	WILLIAM R. BARNARD MD

**View Enrollment displays a read-only version of the member's coverage information.**



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# Request a new Id Card

How Many Cards?

**Replace ID Card**  
allows the user to  
conveniently order  
additional ID cards.

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## Submit a Question

First Name:

Last Name:

Member ID:

Phone Number:

Category:  Claims  Eligibility  Cobra  Flex

Question:

**FMH responds to inquiries within 24-48 hours.**

