

---

**TERMS AND CONDITIONS OF ACCESS**

Administrative Concepts, Inc. (ACI) provides you with access to its Claim Status subject to the following Terms and Conditions ("Terms and Conditions"). We may update the Terms and Conditions at any time and without notice. Unless stated otherwise, changes will be effective when they are posted on our web site at [www.visit-aci.com](http://www.visit-aci.com). By logging on to Claim Status, activating your password, you agree to be bound by these Terms and Conditions.

ACI reserves the right to terminate access to Claim Status at any time and for any reason. ACI reserves the right at any time to modify or discontinue, temporarily or permanently, Claim Status (or any part thereof) with or without notice. You agree that ACI will not be liable to you or to any third party for any modification, suspension or discontinuance of Claim Status.

ACI has created certain security procedures, including the use of passwords and user identification numbers, to assist in keeping your information confidential. You agree to provide us with accurate, current and complete information about yourself as requested and to maintain and promptly update your information to keep it accurate, current and complete.

\*You are responsible for maintaining the confidentiality of the password and are responsible for all activities that occur under your password. You agree to immediately notify ACI of any unauthorized use of your password or other breach of security, and to exit from your account at the end of each session. ACI cannot and will not be liable for any losses and/or damages arising from your failure to comply with these provisions. Except where expressly authorized by law, you certify that you are not using another person's password or user identification to access Claim Status. You agree not to falsely state or otherwise misrepresent your affiliation with a person or entity to obtain access to Claim Status. You also agree not to copy or disseminate, electronically or otherwise, personal or confidential information found on Claim Status.

\*You agree that ACI, in its sole discretion, may terminate your password, user identification (or any part thereof) or use Claim Status for any reason, including, for lack of use or if ACI believes that you have violated the Terms and Conditions. You agree that ACI will not be liable to you or any third party for any termination of your access to Claim Status.

\*The information provided on Claim Status is provided as an accommodation and it is not intended to serve as formal notice or publication as may be required under law or by contract. While ACI uses its best efforts to maintain the accuracy and reliability of information available through Claim Status, we cannot guarantee the accuracy of the claims information or that all claims will be found by using the "search" feature of Claim Status. You understand and agree that ACI, except as expressly required by law, assumes no responsibility for the timeliness, deletion, Mis-delivery or failure to provide any information on Claim Status.

\*You agree to release and hold ACI and its affiliates, and their directors, officers, agents, principals or other partners, and employees, harmless from any claims, demands, damages, losses, liabilities, costs and expenses, including reasonable attorneys' fees, made by any third party due to or arising out of your use of Claim Status, your violation of these Terms and Conditions, your communication of inaccurate or incomplete information, and/or your violation of law.

\*Your use of Claim Status is at your sole risk. Claim Status is provided on an "AS IS" and "AS AVAILABLE" basis. ACI expressly disclaims all warranties of any kind, whether expressed or implied, including, but not limited to the implied warranties of merchantability, fitness for a particular purpose and non-infringement. You expressly understand and agree that ACI will not be liable for any direct, indirect, incidental, special, consequential or exemplary damages for any reason resulting from the use of Claim Status.

\*You understand that Pennsylvania law requires that any person knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purposes of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Administrative Concepts, Inc. (ACI) agrees to provide access to the on line Claim Status program to the below named provider and authorized individuals employed by, or acting as authorized agents of, the provider. Access is limited to the status of claims submitted by this provider.

By signing this form, I agree to the Terms and Conditions of Claim Status. I further agree that the security provided by Administrative Concepts, Inc. permitting access to the Private Health Information of my patients will not be shared with anyone other than the individuals stated below and that confidentiality will be maintained for all information obtained from Claim Status in accordance with the Health Insurance Portability and Accountability Act.

Administrative Concepts, Inc. is not responsible for any Private Health Information that is released by any employees of this provider.

Please complete this form, sign and return by mail or fax to ACI. A personal and private User ID and Password will be emailed separately to each approved individual.

\_\_\_\_\_  
Office/Facility Name

\_\_\_\_\_  
Provider Tax ID (##-#####)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Office/Facility Phone Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

\_\_\_\_\_  
**Doctor or Manager's:** Printed Name

\_\_\_\_\_  
**Doctor or Manager's:** Business Email Address

\_\_\_\_\_  
**Doctor or Manager's:** Signature

\_\_\_\_\_  
**Doctor or Manager's:** Title

***Please note: Only a Doctor or Manager can grant approval for the below employees to have online claim status access. The Doctor or Manager may approve themselves. However, they must fill out the top as well as the bottom portion.***

**APPROVED INDIVIDUALS**

\_\_\_\_\_  
**Approved Individual 1:** Printed Name

\_\_\_\_\_  
**Approved Individual 1:** Business Email Address

\_\_\_\_\_  
**Approved Individual 1:** Signature

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

\_\_\_\_\_  
**Approved Individual 2:** Printed Name

\_\_\_\_\_  
**Approved Individual 2:** Business Email Address

\_\_\_\_\_  
**Approved Individual 2:** Signature

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

***Please note: The Doctor or Manager can only approve two people per form. If more than two need access, multiple forms must be filled out. Each Approved Individual must have their own business email address. We are unable to provide logins for joint email addresses such as billing@office.com***

## Claims Status Access Form Instructions

Please fill out the Claims Status Access Form and when complete, please mail, fax, or email it to the below.

**Please only submit Page 2 (Page 1 & 3 are for your records).**

**If mailing, please send to:** P.O. Box 4000, Collegeville, PA 19426-9000

**If faxing, please send to:** 610-293-9299

**If emailing, please send as a PDF to:** ClientAccess@acitpa.com

To successfully set up providers with the correct information, **please sign/print legibly**, thank you!

### **Top Portion of the Claims Status Access Form:**

- Please have the **Doctor or Manager** fill out the Office Information and print, sign (*with title*), date, and put their business email address in the top portion.
- Please note, only the **Doctor or Manager** can approve individuals to have online claims status access.
  - They can approve up to two people per form.
  - If more than two people need access to the same Tax ID, then multiple forms would need to be filled out completely (top and bottom portion of each) and submitted for review.
- If the **Doctor or Manager** would like access, they are allowed to approve themselves.
  - However, they must still fill out the top portion, as well as the bottom portion with their information.

### **Bottom Portion of the Claims Status Access Form:**

- Each approved individual (up to two per form) must print, sign, date, and put their business email address in the bottom portion.
  - Please note, each approved individual must have their **own, unique** email address.
    - For example, John Doe could be: JDoe@office.com, JohnD@office.com, john.doe@office.com, etc.
  - We are unable to setup logins for joint, general email addresses.
    - For example, we are unable to setup logins for an email address such as: billing@office.com

### **Multiple Tax Ids:**

- You may request access to multiple Tax IDs. Each Tax ID must be submitted on a separate form.
  - Please note, Tax IDs are nine digits. We are unable to setup providers using NPI numbers, which are ten digits.

### **Username and Password Maintenance:**

- There is no administrative access. ACI reviews and approves all Claims Status Access Forms prior to setting up logins.
- After the form is approved an email is sent to each approved individual containing their username and password.
- If the individual filled out multiple forms (for multiple Tax IDs) please note, their username will be different for each Tax ID but their password will be the same.
- ACI maintains all logins.
  - Please send any website errors and/or login issues to us for review at: [ClientAccess@acitpa.com](mailto:ClientAccess@acitpa.com)
  - When emailing, please include your Tax ID and if possible, screenshots of the errors/issues.
- Each user is able to change their password once logged in.
- Please do **not** share your login information with anyone. Your login is specific to you. Each person who requests access must have their own login.