

Provider Portal

UM After Hours Notification Form Walkthrough Guide

<https://provider.healthsun.com/>

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Summary

This manual is primarily designed for providers (Hospitals). The objective, is to provide guidance in completing the **UM Notification Form** located inside the HealthSun Provider Portal (<https://provider.healthsun.com/>)

If you need further assistance, feel free to call us at (305)-969-8484.

Step by Step

1. Type the following URL in your browser <https://provider.healthsun.com/>. We recommend that you use Google Chrome for better compatibility.
2. Once you land on the HealthSun Provider Portal's main page. Click on the link **UM NOTIFICATION FORM**.
3. If you see the below notification, it's because the UM Form Notification Form is not available during this time and you have to call to our Medical Management Department for further assistance. If you do not see the notification, you can proceed to step 4.

UM ADMISSION NOTIFICATION FORM NOT AVAILABLE

WE'RE SORRY BUT UM ADMISSION NOTIFICATION FORM IS NOT AVAILABLE DURING THIS TIME.

WE ARE ONLY AVAILABLE SATURDAYS, MONDAYS AND HOLIDAYS AT ANY TIME. MODAY-FRIDAY BEFORE 8:00 AM AND AFTER 5:00 PM

YOU CAN CONTACT OUR MEDICAL MANAGEMENT DEPARTMENT AT: 305 969 8484

4. You must provide a valid NPI number in order to successfully complete this form.

UM Admission Notification Form

 NPI

- a. Note: If you put an invalid NPI number you will get an error message and will not be available to continue.
5. After the correct NPI number is entered, you will see the UM Notification Form.

UM Admission Notification Form

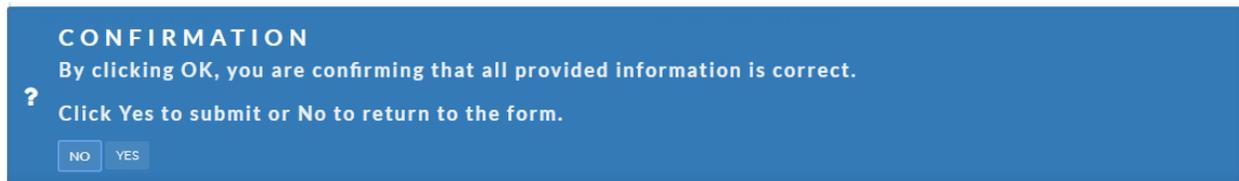
NPI 0123456789			<input type="button" value="Validate"/>		
PATIENT FIRST NAME e.g. Jane	PATIENT MI e.g. J	PATIENT LAST NAME e.g. Doe			
DOB MM/DD/YYYY	MEMBER NUMBER HS: _____	ADMISSION STATUS Select an Admission Status: ▾			
HOSPITAL NAME Hospital Name	HOSPITAL PHONE 0000000000				
CALLER FIRST NAME e.g.	CALLER LAST NAME e.g.				
TIN #####	CALL BACK PHONE (###) ###-####				
ADMISSION DATE [Calendar Icon]	ADMISSION TIME --:--				
PHYSICIAN FIRST NAME e.g.	PHYSICIAN LAST NAME e.g.				
ICD10 CODES 00.01 ▾					
<input type="button" value="Clear"/> <input type="button" value="Submit"/>					

Please note:

- 1. ALL fields must be completed**
2. If you do not have the Member Number, this field can be left blank. If you do have it, please enter.

3. Blank fields or incorrect entries will prevent the notification form from being submitted.

6. After clicking submit button, you will see a confirmation message



If you click No you will stay in the form and if you click Yes the notification will be submitted and a Reference Number will be generated.

7. After submission, the form will be cleared and you will see the Reference Number

