

Learning With Purpose



College and Career Ready

DISTRITO UNIDO DE ESCUELAS SECUNDARIAS DE ANAHEIM

Aprendiendo con un propósito: Preparados para el colegio y carrera

Portal de Padres

Instrucciones para ingresar la información del seguro

Departamento de educación y de información y tecnología

A decorative graphic consisting of several overlapping, semi-transparent geometric shapes in shades of blue and grey, creating a layered, architectural effect. The year "2025" is prominently displayed in a large, black, sans-serif font on the right side of the graphic.

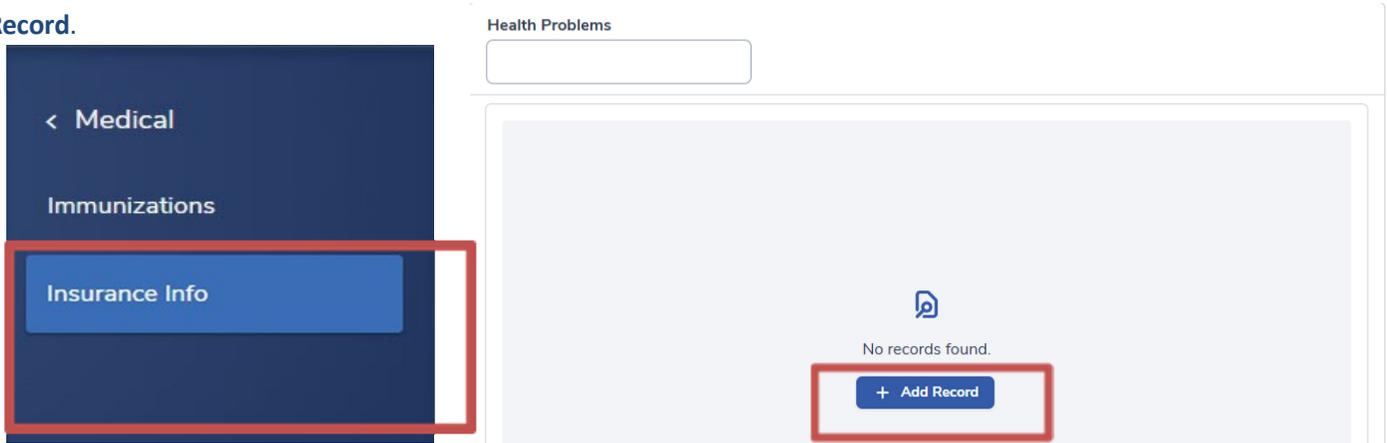
2025

Aeries – Insurance Information

Ingresando la información del seguro

Después de completar la sección de **Confirmación de Datos**, es importante actualizar la **información de seguro médico**.

Para actualizar la **información del Seguro**, pulse en la pestaña **Medical Tab**. Elija **Insurance Info**. Pulse en **Add New Record**.



1. Para su seguro médico, **Compañía de seguros** (insurance carrier), **identificación de miembro o póliza** (Member or Policy ID), **Número de grupo*** (Group number) **fecha de inicio** (effective date), **Nombre del suscriptor en la casilla** (Subscriber First Name) y **Apellido del suscriptor en la casilla** (Subscriber Last Name) las áreas correspondientes que se encuentran abajo. Pulse en el ícono **Save** antes de salir de la pantalla.

Add Record

1 Insurance Type

3 Group Number

4 Effective Date

2 Member ID

Medicaid (Medi-Cal)?

Primary Care Provider Name

Subscriber First Name

Subscriber Street Address

Insurance Carrier

Policy Number

Expiration Date

Primary Coverage

Primary Care Provider Phone

Subscriber Last Name

Subscriber Street Address 2

Cancel **Save**

1 Insurance company

Member name: Jane Doe	Plan type: HMO
2 Member number: XXX XXX XXX	4 Effective date: 1/1/24
3 Group number: XXX XXX XXX	PCP³ copay: \$15.00
Specialist copay: \$15.00	Prescription group #: 123456789
Emergency room copay: \$15.00	Prescription copay: \$15.00 Generic
Member service: (800) XXX XXXX	\$25.00 Name brand

1 **Medi-Cal** caloptima.org

2 [MEMBER NAME]

4 Member ID: [CIN] Eff Date: [mm/dd/yyyy]

DOB: [mm/dd/yyyy]

[HEALTH NETWORK] [HN PHONE]

[PCP: PCP NAME] [PCP PHONE]

Providers: Eligibility must be verified at time of service. Failure to obtain authorization may result in non-payment.

Aeries – Insurance Information

La imagen a continuación es un ejemplo de cómo se verá su pantalla después de haber pulsado **Save**.

Health Problems

Add Insurance

Anthem Blue Cross - Medical Active

Insurance Type MED - Medical	Primary Coverage Yes	Effective Date 1/1/2025	Expiration Date --	Policy Number or Member ID and/or Benefits ID
Insurance Carrier AL0 - Anthem Blue Cross	Carrier Name --	Policy Number --	Member ID 78900000	
Subscriber First Name Jane	Subscriber Last Name Doe	Subscriber Street Address --	Subscriber Street Address 2 --	
Subscriber City --	Subscriber State --	Subscriber Zip --	Group Number 123456	
Medicaid (Medi-Cal)? No	Benefits ID --	Primary Care Provider Name --	Primary Care Provider Phone --	
Comments --				

*Aviso: Si su tarjeta de seguro no tiene un número de Identificación de Grupo (Group number) puede dejar esa caja en blanco.