# **APL** ONLINE SERVICE CENTER

Contact Us

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# **Overview for Individual Insured**

APL's Online Service Center (OSC) is a secure portal where you have 24/7 access to information and tools specific to your insurance needs. Visit **secured.ampublic.com** and click on the **New User** tab to get started now!

# **Register New Accounts in 3 Easy Steps!**





**Step 1:** From the **New User** tab, select the statement which best describes your relationship with APL:

- I am an individual with an APL insurance policy
- I am an employer or group who offers APL products to my employees or members
- I am a writing agent/broker appointed with APL
- I am the principal of an agency
- I am a medical or dental provider

Step 2: Provide the required identifying information. Click Next.

**Step 3:** Enter your desired username, password, email and phone number. Click **Next** to create your account.

#### With an individual insured OSC Account, you're able to:

- View and print ID cards
- Opt In for text message notifications
- File claims online and track claims status
- Download policy documents
- Enroll in Direct Deposit
- View Explanation of Benefits (EOBs)

# Using Your Dashboard

## My Coverage

At the top of your Dashboard, you'll find **My Coverage**. Here, you have instant access to your APL insurance details, including:

- Policy documents
- Effective date(s) of coverage
- Covered dependents
- Status of coverage

Product 🔺	Ŧ	Policy Number =	Effective Date \Xi	Covered Dependents	Relationship	Status	Ŧ
GROUP ACCIDENT		1294238	12/01/2016	MINNIE MOUSE MICKEY MOUSE	Applicant Spouse	Active	
MEDLINK W/BENEFIT ASSIGNMENT		1300000	12/01/2016	MINNIE MOUSE MICKEY MOUSE	Applicant Spouse	Active	



Next to My Coverage, you'll find **My ID Cards**. This section displays the availability of your ID Cards. You can download and print your **ID Cards** by clicking on the PDF icon ( $\mathbf{x}$ ) next to the product name. **ID Cards** will download as a PDF document, if available.



## Filing a Claim Online

*This feature is only available through the desktop version of the OSC. Mobile functionality is not yet supported.* 

To begin, register or log in at <u>secured.ampublic.com</u>.

From your dashboard, under My Claims, click "Upload Files" to begin the three easy steps for uploading documents and submitting your claim online.

For all <u>wellness benefits</u>, use the "File a Wellness Claim" button to launch the guided automated claims process.

## Select Claimant & Coverage

1. Enter Claim Details	2. Upload	Documents	3. Complete
Claimant		·	
Jane Insuredson - Depen	dent 🔻		
Coverage Type			
Select Policy/Coverage (ch	eck all that m	ay apply)	
2211000 - GROUP AC 2233456 - MEDLINKP	CIDENT MEDICAL	(Active) (Active)	
Click here if claimant or cover	age type not li	sted.	

From the Claimant dropdown, select the name of the insured you're filing a claim for. Then select the Coverage Type you're filing the claim on.

▼ Service From Dat... ↓ ▼ First Name

Click "Next" to continue.

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My Coverage

My Claims Upload Documents

Status...†

MEDLINKP MEDICAL SUPPL

MEDLINK SELECT GROUP

合 Contact Us Claim Forms

112233

Do you have documents to upload for a claim?

(Claims processed in the past 24 months)

Y Confirmation Nu.

11/01/2015

04/01/2012

**Note**: Lapsed policies will appear under Coverage Type for 90 days after the policy lapses. If the insured's name and/or coverage type isn't listed, simply click the link to launch the alternative upload option.

#### **Upload Claim Documents**

Once you verify the Claimant and Policy details are correct, click "Select files" to choose the document(s) to upload. To select multiple documents at one time, hold down Ctrl (Windows) or Command (Mac) and click on the file names.

Click "Open" once you've located your file(s). Confirm the files you selected are correct and click "Submit."

**Note**: Click "x" next to the file name to remove the file. To add another file, click "Select Files." To return to the previous screen, click "Back" or click "Cancel" to return to your dashboard. Supported file types include: pdf, tiff, png, jpg, jpeg, doc and docx. The total combined file size cannot exceed 20 MB.



Welcome, JIM

My ID Cards

Need to file a claim

T Relati

Would you like to file a new claim

Y Coverage Type

one SAMPLE

Y Policy Nu

Logout

#### **Track Claims Status**

1. Enter Claim Details	2. Upload Documents	3. Complete
Claim Uploaded Succ	essfully!	
Insured	Jane Insuredson	
Date of Birth	01-01-1981	
Confirmation Number	10257	

A confirmation page will appear when the claim documents are uploaded and submitted successfully. Click "Close" to return to your dashboard.

Your claims history is displayed under **My Claims** for 24 months. From here, you can track the status of your claim(s) and view the uploaded documents. Uploaded claim documents are accessible for 60 days from the Date Received.

(Claims processed in the past 24 months)											
Status †	Confirmation Num	Service From Date	First Name	Relationship	T Coverage Type	Policy Number	Date Received Y	Claim Num 🝸	Amount Paid <b>Y</b>	Date Comp <b>Y</b>	Upload Confirm
Uploaded			Jane	Dependent	MEDLINKP MEDI	2233456	10/11/2018				View Files
Received	OSC155	01/14/2018	Jess	Dependent	GROUP ACCIDE	2211000	03/12/2018	9008070	\$125.00		View File
Processed	OSC559	10/02/2017	Jim	Applicant	MEDLINKP MEDI	2233456	11/06/2017	8881111	\$50.00	11/20/2018	View File

## File Wellness Claims Online

Available only through the desktop version of the OSC. Mobile functionality is not yet supported.

This feature is available for all wellness benefits under APL Accident, Cancer, Critical Illness and Hospital Indemnity products.

From your dashboard, click "File a Wellness Claim" to begin. To submit a claim for benefits other than wellness, click "Upload Files"

APL, "	Contact Us	Claim Forms	нер			My Account 👻	Logou
My Coverage						My ID Cards	
Product •	Y Policy Number	Y Effective Date	T Covered Dependents	Relationship	Status Y	APL	-
MEDLINKP MEDICAL SUPPL	112233	11/01/2015	Jim	Applicant	Active	Insured: Coverage:	PLE
EDLINK SELECT GROUP	997722	04/01/2017	Jane	Dependent	Active	Policy/Cert. #: SA	are perpose
lv Claims						Plan:	
fly Claims Upload Docume Do you have docum	ents ents to upload f	or a claim?	Upload Files 🛨	Need to fi Would you li	ile a claim ke to file a new c	Par: File a Welln	ess Claim 💈
Ay Claims Upload Docume Do you have docum Claims processe	ents ents to upload f d in the past	or a claim? 24 months)	Upload Files ±	Need to fi Would you li	ile a claim ke to file a new c	laim?	ess Claim 2

File a Clair	n		
0			
Let's get s	tarted!		
Who are you fili	ing a claim for?		
Self	•		
File only one claim this process.	n at a time. You'll have the	option to file additiona	I claims at the end of
·	r		Close

# Answer Four Easy Questions

Click "Next" to continue. To cancel, click "Close"

Select Claimant

Provide the date of service, name of the facility or the physician's name, phone number, then select the wellness exam, screening or test from the drop down. If it's not in the drop down, select "Generally medically accepted screening or test not listed above" and enter the name of the test/procedure.

From the Claimant drop down, select the name of the insured you're filing a claim for.

Click next to see details for enrolling in Direct Deposit. Then click next.

#### Sign & Submit

Confirm the claim details, read and check the Acknowledgment, then sign your name using your mouse and "Save" your signature.

Next, click "File my claim" to complete the submission.

A confirmation page will appear next. From here, you can download a PDF of the completed claim form, add another claim or click "close" to return to your dashboard.

Your wellness claim submission will appear in the "Claims Processed" table on your dashboard.

(Claims	pro	cessed in the p	ast	24 months)																
Status	Τ	Confernation Nu	т	Service From Date	Τ	First Name	Υ	Relationship	Τ	Coverage Type	Τ	Policy Number T	Date Receive i T	Caim Number 7	T.	Amount Paid	т	Date Completed	Τ	Upload Confirmation
Received		OSC15103				CHALA		Appleant		GROUP HOSPITAL INDEMNITY		2214517	04/05/2023			50/	00			Vew File 🛸

Tell about the service you received	I.
. What date was service performed?	03/01/2023
t. Tell us the name of the facility the service was pe who provided the service.	rformed or the physician
xample "Baptist Medical Center" or "Dr. John Smith"	
Mercy Hospital	
. What's the contact number for this provider?	+1-888-888-8888
. Select the wellness exam, screening or test that v	vas performed?
echocardiogram	•
Back	Next



ile a Claim			
Successful Entry!			
Your confirmation number for this claim is t	15255		
Your claim has been successfully submitte status updates via text message, you'll rec submission when a claim number is assign communications via US Mail.	<ol> <li>If you've signed up fo ave a notification of you ed. Otherwise, you'll rec</li> </ol>	r claim ur claim selve claims	
Download a copy of your completed claim	form here.		
	Add Anothe	r Claim	
			Otes