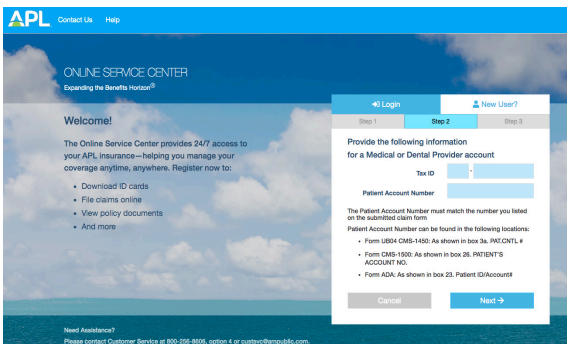


## Overview for Medical & Dental Providers

APL's Online Service Center (OSC) is a secure portal where you have 24/7 access to view patient claims status and patient Explanation of Benefits (EOBs). Visit [secured.ampublic.com](https://secured.ampublic.com) and click on the on the **New User** tab to get started now!

## Register Your New Account



**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.

## Claim Status and Filing Claims

Medical and Dental Providers can register an OSC account for 24/7 access to claims status, EOBs and online claims submissions for APL Insureds. It's simple!

1. Click **Start Here** to begin the 3 easy steps to upload claim documents and file claims online
2. Use **Quick Access** to check an insured's claim status if an APL Claim Number is available
3. No claim number? No problem! Use the full search option to find claims
4. Claims for the Insured will appear under **Searched Claims**
5. Instantly download patient **EOBs**

**1** Need to file a claim? [Start Here](#)

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**Claims Status**  
To view patient claims status and explanation of benefits, please complete all the information below. Results will display claims processed in the past 24 months.

**2** Quick Access

APL Claim Number

Patient's First Name

Patient's Date of Birth (MM/DD/YYYY)

[Clear All](#) [Search](#)

**3** Don't have an APL claim number?

Patient's First Name

Patient's Date of Birth (MM/DD/YYYY)

Last 4 Digits of Primary Insured's SSN

Provider's Patient Account Number

Service From Date (MM/DD/YYYY)

[Clear All](#) [Search](#)

**4** Searched Claims

Claimant First Name	Provider Tax ID	Patient Account Number	Service From Date
JOHN	*****108	230	05/22/2017
<b>Status</b>	<b>Coverage Type</b>	<b>Claim Number (EOB)</b>	<b>Amount Paid</b>
Processed	MEDLINK MED EXP SUPPL INS PLAN	8015	\$25.00
			<b>Date Completed</b>
			06/29/2017

**5**