

To request a consent for eligible dependents on or after June 1, 2018, you will want to login to your secured PreferredOne member portal.

Go to “View My Explanation of Benefits for a Claim” and click the question mark next to the dependents name.

MY ACCOUNT

Claims Inquiry / Explanation of Benefits

You have selected the **Claims / Explanation of Benefits Inquiry** feature. If you subscribe to EOB's Online ([what's this?](#)) simply enter the claim number listed in the email you received from PreferredOne and your explanation of benefits will be displayed in pdf format. [Sample medical EOB.](#)

Otherwise please enter the appropriate search criteria to select the claim or range of claims you wish to display.

Lookup by Claim ID

Claim ID:

or

Advanced Search

Member: 80230424500 - John Smith (Individual Copay Plans)
 80230424501 - Sally Smith (Individual Copay Plans) [?](#)
 80230424502 - Sara Smith (Individual Copay Plans) [?](#)
 80230424503 - Fred Smith (Individual Copay Plans) [?](#)

Date Range: Previous 90 Days Year to Date Previous Year All Claims
(Service Date)

This will bring you to a claims consent page. On the page you can click “request consent” for the dependents needed.

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MY ACCOUNT

Claims Consent

PreferredOne has changed how subscribers (you) access health care claims information on our website for your covered spouse and/or adult dependents (age 13 and over). PreferredOne requires consent from spouses and adult dependents before allowing subscribers access to health care claims information on the PreferredOne website.

The new consent process is a simple three step process:

1. Click the “Request Consent” link if available.
2. PreferredOne will mail a consent letter to the covered spouse and/or adult dependent(s) at the address we have on file for that individual.
3. The letter will explain to the individual the new consent requirements. If the individual wishes to allow their subscriber access to their health care claims information on our website, the letter will instruct the individual how to grant access. Once this is completed, you the subscriber will have access to their health care claims information on our website.

This change does not affect access to health care claims information on our website for dependents under the age of 13. It also does not change your ability to view other important information such as deductible balances, benefit information, health education, etc.

If you have questions regarding this change, please [Contact Us](#).

Claims Consent Settings

Member ID	Member Name	Age	Consent Status
80197876501	Sally Smith	53	Consent Approved 8/6/2013
80197876502	Sara Smith	21	Request Consent
80197876503	Fred Smith	18	Request Consent

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MY ACCOUNT

Claims Consent Request

PreferredOne will mail a consent request letter to the covered spouse and/or adult dependent(s) at the address we have on file for that individual.

The letter will explain to the individual the new consent requirements. If the individual wishes to allow their subscriber access to their health care claims information on our website, the letter will instruct the individual how to grant access. Once this is completed, you the subscriber will have access to their health care claims information on our website.

Member: SARA SMITH - 80999999902

REQUEST CONSENT LETTER
CANCEL

Once PreferredOne receives request for consent, we will issue a letter to the dependent with further instructions on how to grant access to claims information.

https://dev.preferredone.com/clmconsent/

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HOME PLANS GETTING CARE COVERAGE & BENEFITS HEALTH & WELLNESS

Claims Consent Request

PreferredOne has changed how subscribers access health care claims information on our website for their covered spouse and/or adult dependents (age 13 and over). PreferredOne requires consent from spouses and adult dependents before allowing subscribers access to their health care claims information on the PreferredOne website.

This page allows you to **allow** or **deny** consent for the subscriber to see your health care claims information on the PreferredOne website. The letter you received contains the Validation Key you will need to enter below to submit your response.

Response:

- Allow - I grant consent to my subscriber to view my health care claims information on PreferredOne's website
- Deny - I deny consent to my subscriber to view my health care claims information on PreferredOne's website

Your Date of Birth: (mm/dd/yyyy)

Validation Key:

SUBMIT RESPONSE
CANCEL