

Provider Portal Update: How to Check Referral Status

1. Click "Member Referrals."




Note: You may also find this information under the Member tab.


2. Enter the member's information—either Member ID or Social Security Number—or Member CIN. Click "Submit."

A screenshot of the Premier Access Provider Portal login page. The page shows the user is logged on as a Provider # 186478. There are two input fields for member information: "Subscriber ID (first 8 digits of Member ID) or SSN" and "Member CIN". Each field has a "Submit" button next to it. The "Member CIN" field also includes a "Select" dropdown menu.


3. View search details. Click "View Referral" to review the complete referral.

premier access premier access

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logged on as a Provider # 186478  You

[Registered] (Change Entry Type and ID)

Subscriber ID (first 8 digits of Member ID) or SSN:


Member CIN: 90325345C Select

SUBSCRIBER & DEPENDENTS



Name	Member ID	Relation	Date Of Birth	Status	Effective Date	Term Date
Maria Salgado Lopez	1406933100		06/02/1952	Eligible	05/01/2015	

Referral Details

REFERRAL RECEIVED ID	DATE	STATUS CODE	MEMBER ID	MEMBER NAME	REFERRED FROM OFFICE ID	REFERRED FROM PROVIDER ID	REFERRED FROM PROVIDER NAME	PROGRAM SPECIALITY
<input type="checkbox"/> 264064	11/19/2019	Approved	1406933100	Salgado Lopez, Maria	186478	307202	Nnebe, Ifeatu	GMC Endodontist
<input type="checkbox"/> 259081	02/22/2017	Approved	1406933100	Salgado Lopez, Maria	186478	307202	Nnebe, Ifeatu	GMC Oral Surgeon



4. Check the status and comments, and all other details.


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logged on as a Provider # 186478 You
 [Registered] (Change Entity Type and ID)

REFERRALS INFORMATION		MEMBER INFORMATION	
Referral ID	264064	Program Name	GMC
Received Date	11/19/2019	Member ID	1406933100
Category Code	Specialist Referral	Member Name	Salgado Lopez, Maria
Status Code	Approved	Speciality Type	Endodontist

REFERRED FROM PROVIDER DETAILS		REFERRED TO PROVIDER DETAILS	
Office ID	186478	Office ID	122220
Office Name	Sacramento Community Clinic Del Paso Dental	Office Name	Laguna Endodontics
Provider ID	307202	Provider Name	
Provider Name	Nnebe, Ifeatu	Office Address	9561 Laguna Springs Dr No. 100
		City	Elk Grove
		County	222
		Zip	95758
		State	CA

Line Item(s) Details

LINE NUMBER	TOOTH NUMBER	TOOTH SURFACE	PROCEDURE CODE	PROCEDURE DESCRIPTION	STATUS	COMMENTS
1	14		150	Comprehensive oral evaluation - new or established patient	Approved	Please evaluate tooth #14 for RCT