



# Member Portal

## USER GUIDE

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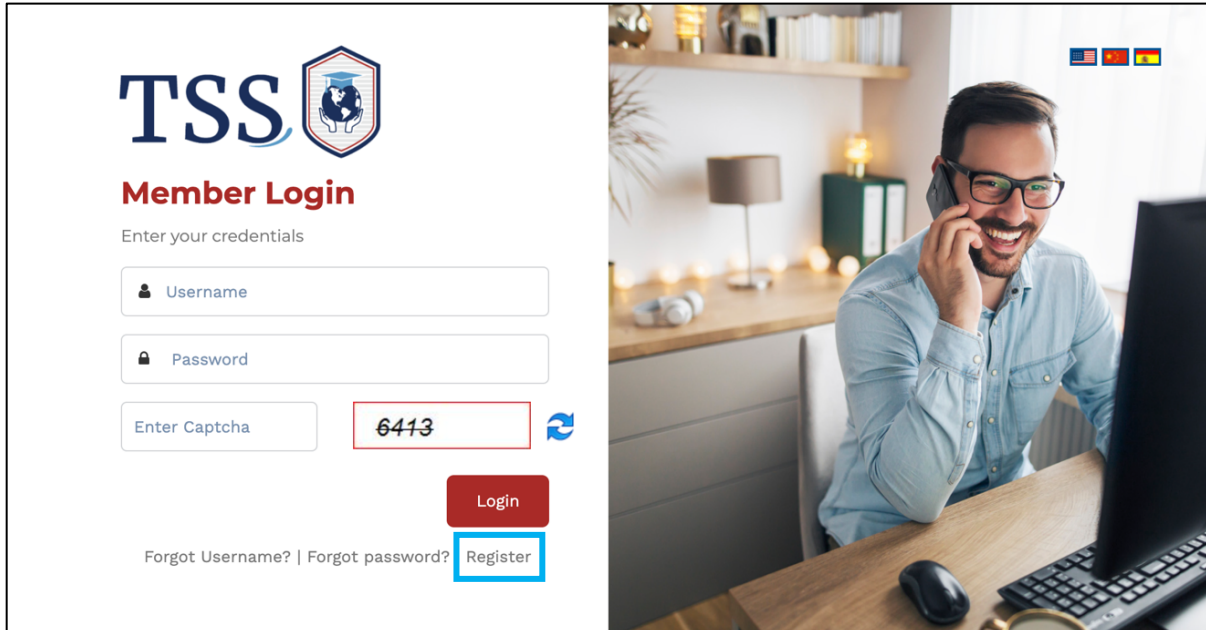
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## TSS Member Portal

The Member Portal is an online service tool where you can access forms, submit claims, view your claims, and utilize many other tools and services.

### Follow these steps to register a new account:

1. Visit <https://totalscholasticsolutions.com/> & click on “Member Login.” Select “**Register**”.



2. You will need to fill out the following information:

- Your Member ID# (located on your Member ID Card)
- Your Date of Birth (format – MM/DD/YYYY)
- Currently active Email address
- Establish a Username and Password (confirm password)
- Select security questions & an appropriate response
- Enter the security code “Captcha.”
- Click “register” to complete the registration

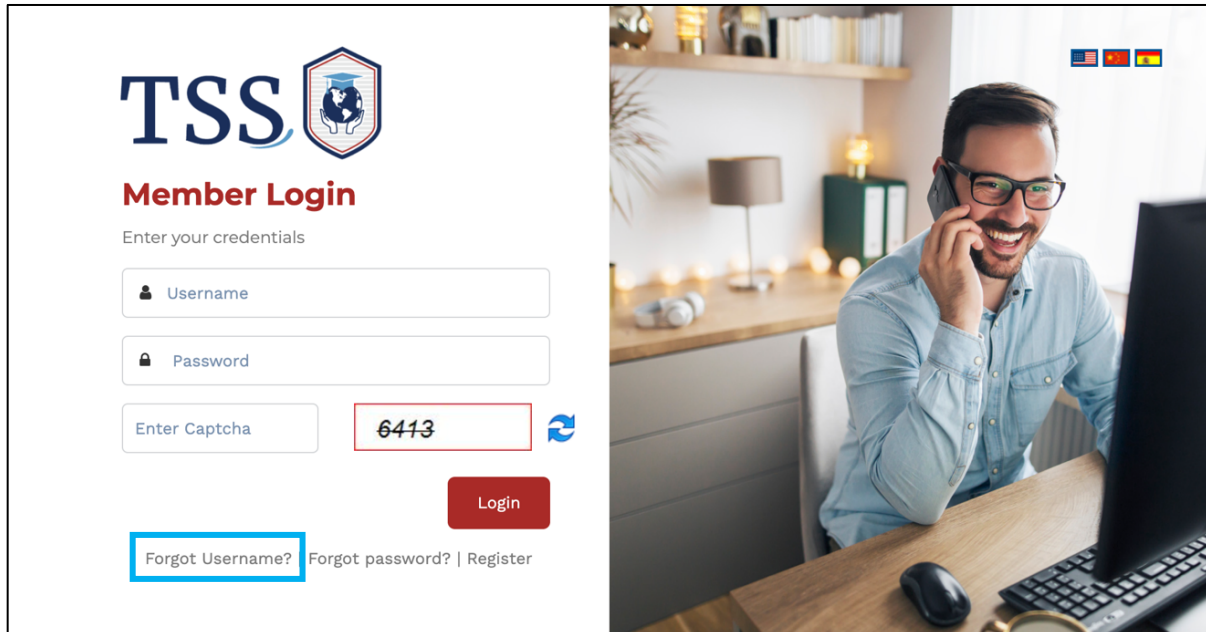
3. After successful registration, you will receive an activation email. Once you activate your account via the link in the email, you are all set to sign in and begin experiencing your new Member Portal.

## How to restore your account Username and Password

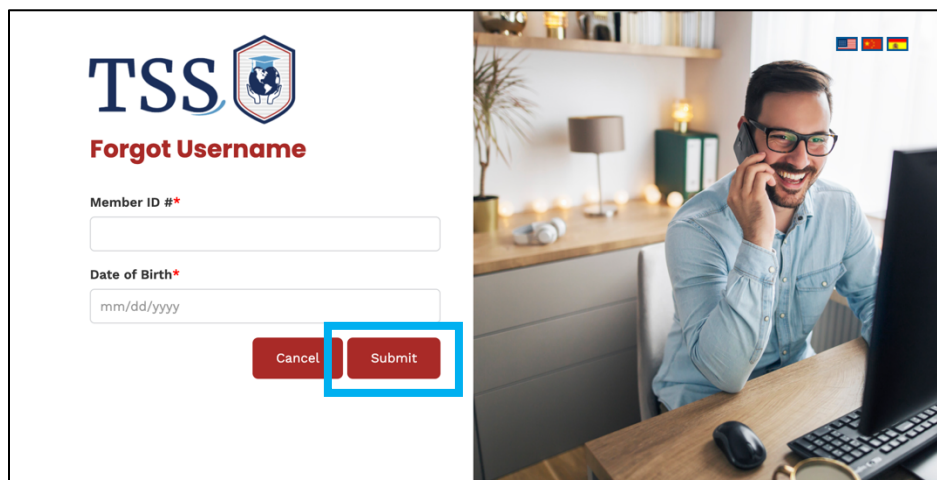
### Recover Username

If you forgot your username, follow these steps to recover your account.

1. Visit <https://totalscholasticsolutions.com/> & click on “Member Login.” Click **Forgot Username**.



2. Enter **your Member ID Number and Date of Birth** as shown on your member ID card and click **Submit**.

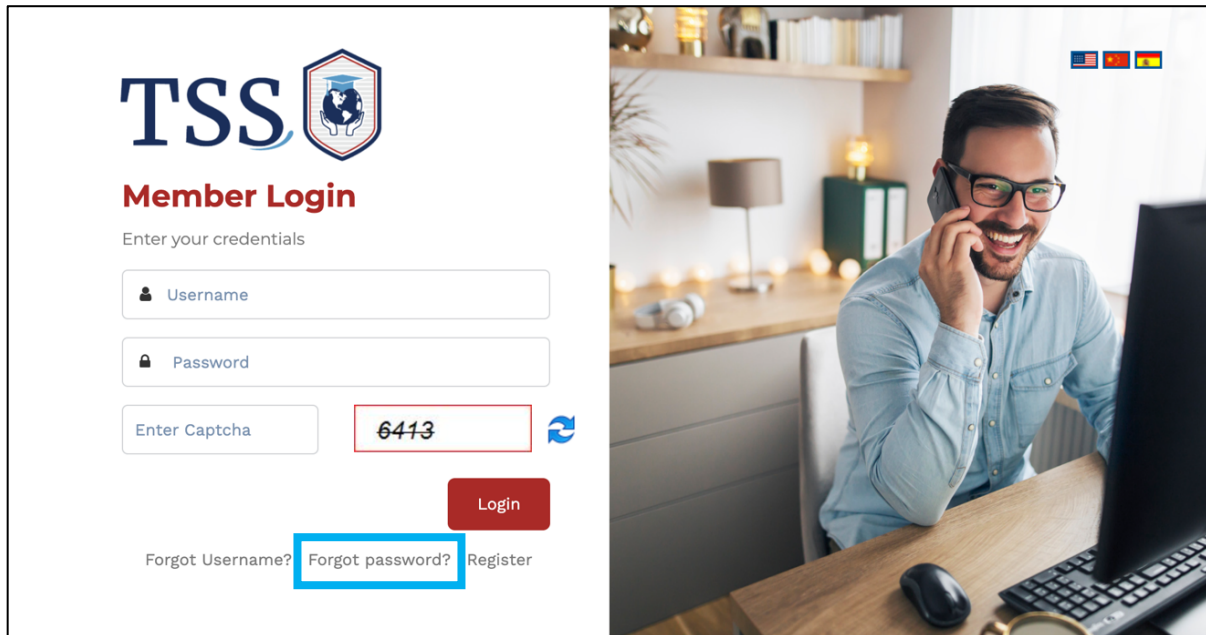


**Your Username will be sent to the email you provided during registration.**

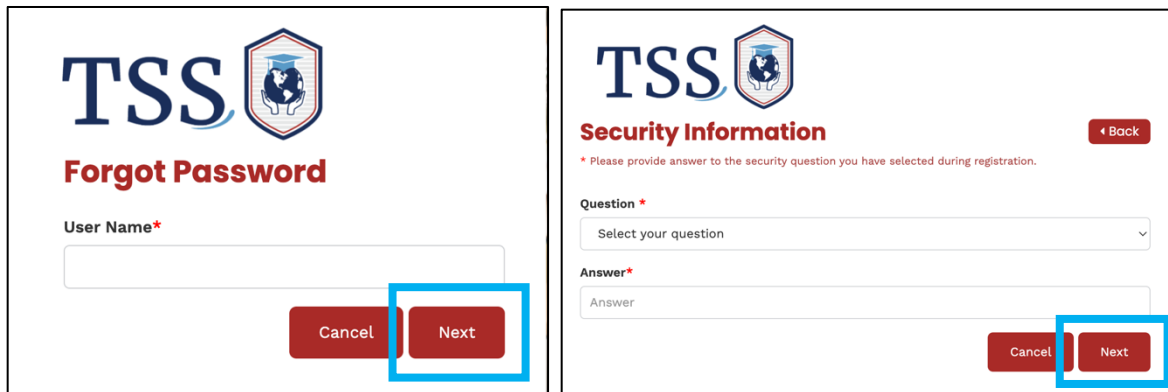
## Reset password

If you forgot your password, follow these steps to reset your password.

1. Visit <https://totalscholasticsolutions.com/> & click on “Member Login.”  
Click **Forgot Password**.

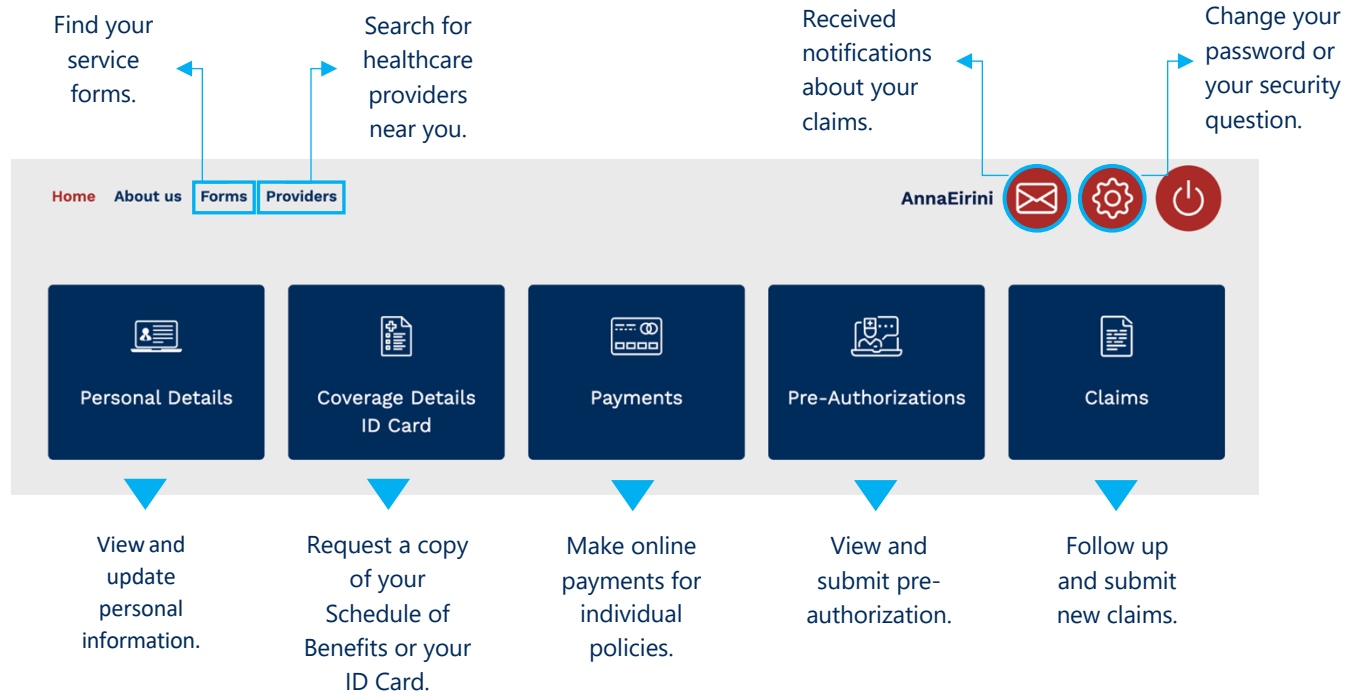


2. Enter your **Username** and click **Next**.



3. Answer the security question and click **Next** to reset your password.

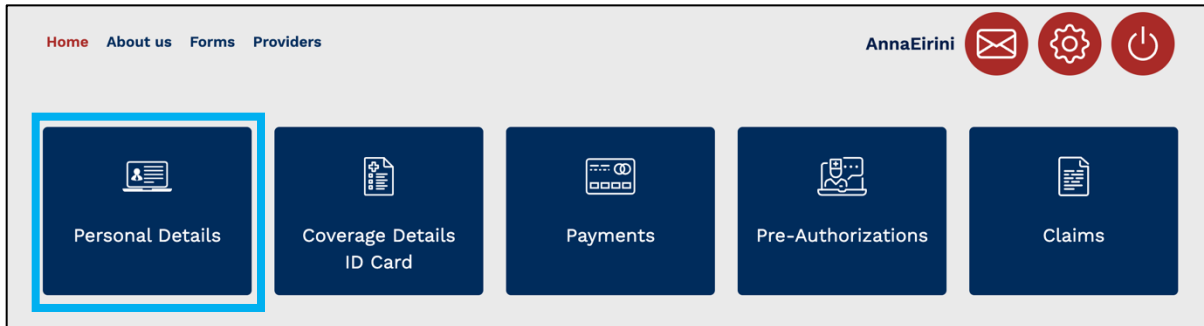
## Navigating your homepage



## Update personal details

In case you need to update your personal details, follow these steps:

- From your Member Portal homepage, click on the **Personal Details** icon.



- Proceed to change any field that is **not** greyed out. Click **Submit**; to receive a confirmation. Allow up to 2 business days before your new information will appear.

### Personal Details ← Back

Member ID <input type="text"/>	First Name* <input type="text"/>	Middle Name <input type="text"/>
Last Name * <input type="text"/>	Date of Birth (MM/DD/YYYY)* <input type="text"/>	Gender* Female <input type="text"/>
Marital Status Single <input type="text"/>	Relationship* Policyholder <input type="text"/>	Email* <input type="text"/>

### Home Address

Address 1* <input type="text"/>	Address 2 <input type="text"/>	City <input type="text"/>
State/Province <input type="text"/>	Country* UNKNOWN <input type="text"/>	Postal Code <input type="text"/>
Start Date (MM/DD/YYYY) 07/14/2022 <input type="text"/>	End Date (MM/DD/YYYY) mm/dd/yyyy <input type="text"/>	

### Mailing Address Same as Home address

Address 1* <input type="text"/>	Address 2 <input type="text"/>	City <input type="text"/>
State/Province <input type="text"/>	Country* UNITED STATES <input type="text"/>	Postal Code <input type="text"/>
Start Date (MM/DD/YYYY) <input type="text"/>	End Date (MM/DD/YYYY) mm/dd/yyyy <input type="text"/>	Clear <input type="button"/>

### Phone Number

Type of Phone Number * <input type="text"/>	Phone Number * <input type="text"/>	Save number <input type="button"/>
--	--	------------------------------------

REGIONAL CODE-PHONE NUMBER	TYPE OF PHONE NUMBER	ACTIONS
17816926423	Mobile	<input type="button"/> <input type="button"/>

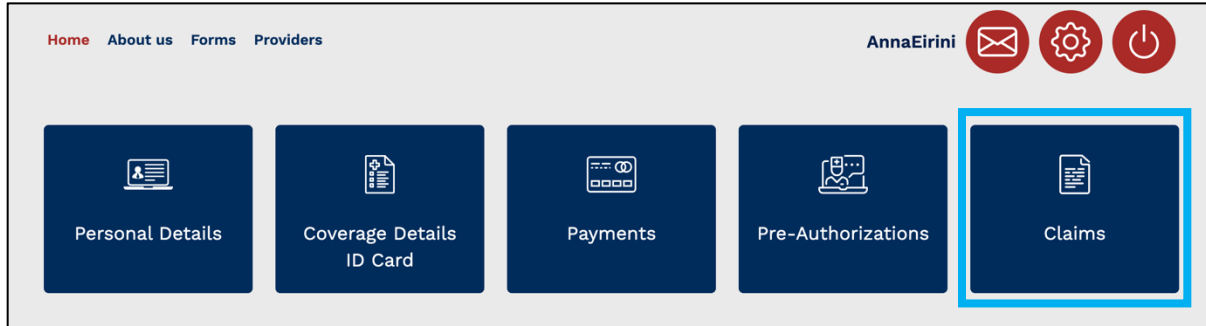
1

Back  Submit

## Submit an online claim form.

Follow these steps to submit a claim form.

1. From your Member Portal homepage, click on the **Claims** icon.



2. You will find details of all your submitted claims (See [Managing Your Claims](#) section for more details). Click **New Claim** to submit your claim form.

**My Claims**

[New Claim](#)
[Back](#)

CLAIM REF #	CLAIM #	STATUS	RECEIVED DATE	CLAIMANT NAME	DATE OF SERVICE	CLAIM AMOUNT	POLICY	
<a href="#">Not Submitted</a>	N/A	Not Submitted	06/11/2024	Anna Eirini Baka	N/A	N/A	Student	N/A +
<a href="#">MP241636399</a>	N/A	Submitted	06/11/2024	Adrianos Papanikolaou	N/A	N/A	Student	N/A +
<a href="#">Not Submitted</a>	N/A	Not Submitted	06/10/2024	Anna Eirini Baka	N/A	N/A	Student	N/A +
<a href="#">Not Submitted</a>	N/A	Not Submitted	06/10/2024	Anna Eirini Baka	N/A	N/A	Student	N/A +
<a href="#">MP241526386</a>	N/A	Submitted	05/31/2024	Anna Eirini Baka	N/A	N/A	Student	N/A +



3. To file a claim:

- Select the patient for whom you need to submit a claim form. A primary member can submit a claim for any dependent. However, if a dependent is over 16, the primary member can't view claim details once a claim is submitted.
- Click on the **Claim Type** you are submitting (this will change depending on what the patient is enrolled in)
- Type in your **Claim Amount**, **Currency**, and Email, and press **Continue**.
- **Describe diagnostic, problem, symptom, or complaint and click Continue**

**PATIENT INFORMATION**

Select the patient you need to submit a claim form.

**CLAIM TYPE**

Select the type of claim.

**Patient Information** ◀ Back

**Anna Eirini**  
660980075991  
Primary

**Adrianos**  
660980075992  
Unmarried Child

Claim Type\*

Student

For Life and Disability claims [click here](#)

Claim Amount: \*

Currency:  \*

Edit ▶ Continue

Describe diagnostic, problem, symptom or complaint. Please be sure to include any details that will help in processing the claim\*

Test

Date of illness\*

i. Maternity claim?  Yes  No

ii. Other

Have you ever sought treatment for this illness in the past:

Yes  No

If treated in your Home Country for this condition/symptoms or a similar condition, indicate the treatment recommended/ medication prescribed and date first treated:

Please provide your home country details:\*

test

iii. Auto Mobile accident/Other accident?  Yes  No

iv. Other group medical plan(s)?  Yes  No

v. Medicare/other government agency?  Yes  No

vi. No-fault auto carrier ?  Yes  No

Edit ▶ Continue

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- For your claim to be submitted, you must provide the appropriate documents such as receipts, copies of invoices, and other relevant information for review. You can upload files under 30 MB.

### Health Claim Documents

**In order for your claim to be submitted, we require the appropriate receipts, copies of invoices, and other relevant information for review.**

Please Note: You can upload up to 30 MB of files. Supported file types are: TXT, JPEG, JPG, JPE, BMP, GIF, PNG, TIF, TIFF, DOCX, DOC, XLS, XLSX, ZIP, PDF, XPS & XPS.

Required Documents\*

Invoice/Receipt* ?	<input type="text" value="Select File"/>	<input type="button" value="UPLOAD"/>	Prescription ?	<input type="text" value="Select File"/>	<input type="button" value="UPLOAD"/>
Treatment Notes ?	<input type="text" value="Select File"/>	<input type="button" value="UPLOAD"/>	Other Notes ?	<input type="text" value="Select File"/>	<input type="button" value="UPLOAD"/>

- If a prior claim was paid, the system would default to the recent claim reimbursement method. If you would like to select a different reimbursement method, select **Change Method** and fill out new banking information.

### Reimbursement Method

Make Payment To\*

ACH - Acc 1812186533

#### Reimbursement Method

Make Payment To\*

ACH - Acc 1812186533

Mail Check To: \*

Primary Insured Address  Other Mailing Address

Wire - Non US Bank  EFT (US Bank only; USD)

ACH - US Bank Only; USD

**NOTE: All ACH transactions must be paid to a US bank**

ACCOUNT NUMBER	NAME ON ACCOUNT	BANK NAME	SWIFT CODE	ACTION
1812186533	STEPHEN L. AHLERS	CHASE		<input type="button" value="Select"/>

Beneficiary Name:

Account or IBAN Number:

Bank Name:

ABA/Routing:

Currency:

Bank Address:

Bank ID:

Type:

SWIFT Code:

Beneficiary Address

Address:

City:

Postal Code:

State:

Country\*:

6. Fill out the authorization page. Be sure to type your name as listed on your ID card to apply your electronic signature and click on **I Agree**. If you would like to complete your form later, click **Save and Exit**. If you are ready to submit your form, click **Submit**.

### Authorization

**Insured Person**

Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

The above answers are true and correct to the best of my knowledge. I authorize any physician, medical institution, pharmacy, insurance company, employer, labor union, or association to release information to TSS as required to properly pay all benefits, if any due to me, my spouse, or any other dependents. A photocopy of this authorization shall be considered effective and valid as the original.

Name	Date	Signature*
<input type="text" value="Anna Eirini Baka"/>	<input type="text" value="06-26-2024"/>	<input type="text"/>

**I Agree\***

By typing my name on this form, I am signing electronically and this electronic signature is the legal equivalent of my manual, handwritten signature.

**Fair Processing Notice**

The TSS Group includes insurance companies, brokering and management companies, as well as assistance and operations companies. We respect your privacy and we are all committed to protecting your personal information.

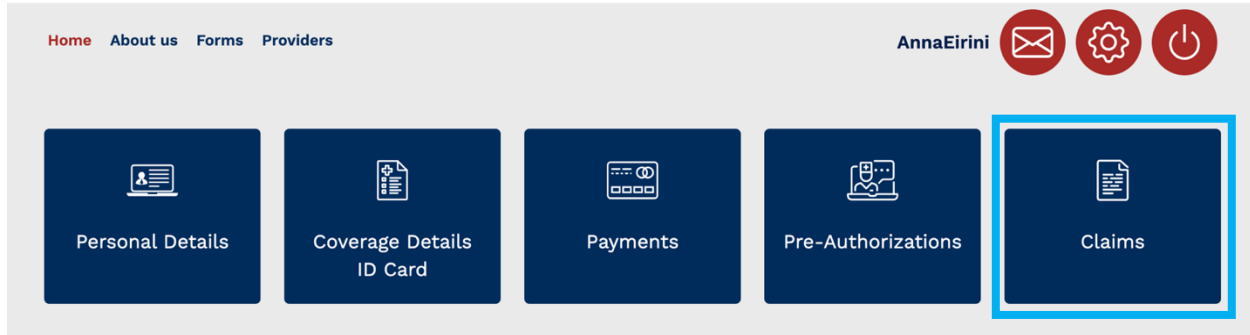
Our privacy policy tells you about your privacy rights and how the law protects you. This includes information on how we collect and then process your personal information. Our privacy policy is located on our website at [www.tssadminsolutions.com/#/aboutGBG/privacypolicy](http://www.tssadminsolutions.com/#/aboutGBG/privacypolicy) and we would advise you to read the policy so you understand your rights and your personal data use by the TSS Group.

7. If your **claim amount** is **more than** 100 USD, you may need to provide additional information. Follow the on-screen prompts to submit your claim.

**Once you successfully submit a claim, you will be provided with a confirmation of the submission along with the reference number to help you track your claim.**

## Managing your claims

Once you submit a claim, you can manage it by clicking the **Claims** icon on the homepage.



## View my claims list

You will be taken to a page that lists all your claims and the current status of the claims. A link to your EOB will be available once the claim has been adjudicated.

**My Claims** New Claim

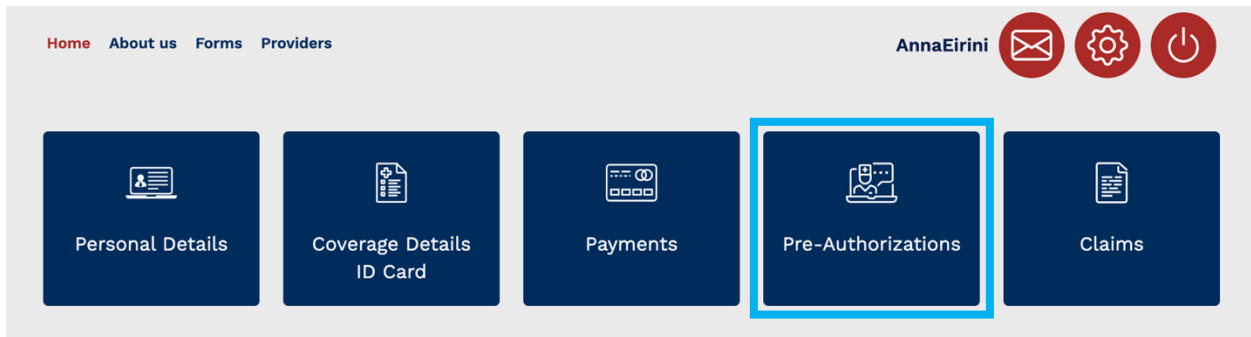
CLAIM REF #	CLAIM #	STATUS	SUBMISSION DATE	BENEFICIARY NAME	POLICY	EOB
<a href="#">Not Submitted</a>	N/A	Not Submitted	05/17/2022	Test Member	Health	N/A <a href="#">+</a>
<a href="#">Not Submitted</a>	N/A	Not Submitted	05/17/2022	Test Member	Health	N/A <a href="#">+</a>
<a href="#">MP221283424</a>	N/A	Submitted	05/08/2022	Test Member	Health	N/A <a href="#">+</a>
<a href="#">Not Submitted</a>	N/A	Not Submitted	09/11/2021	Test Member	Health	N/A <a href="#">+</a>
<a href="#">Not Submitted</a>	N/A	Not Submitted	09/11/2021	Test Member	Health	N/A <a href="#">+</a>
<a href="#">Not Submitted</a>	N/A	Not Submitted	08/12/2021	Test Member	Health	N/A <a href="#">+</a>
<a href="#">Not Submitted</a>	N/A	Not Submitted	08/05/2021	Test Member	Health	N/A <a href="#">+</a>

**To speak with someone about your claim:**  
**USA/Canada Toll-Free: +1.866.914.5333 | Worldwide Collect: +1.786.814.4125**  
[\*\*customerservice@tssassist.com\*\*](mailto:customerservice@tssassist.com)

## Submit a pre-authorization

In a case where you need to submit a pre-authorization request to TSS and get a pre-approval on a future claim, follow these steps:





1. From your Member Portal homepage, click on the **Pre-Authorization** icon.



2. A list of previous submitted pre-authorization requests will be listed. If any previous requests were not submitted; you can click on **Edit** button under **Action** to update the request and submit.

**Pre-Authorization** ← Back





For submitting new pre-authorization [Click here](#) For offline submission download the preauthorization form | [English](#)

MEMBER NAME	MODIFIED DATE	STATUS	ACTION
Spouse Portal(210666377)	09/21/2020	InProgress	
abctest def(210373460)	09/21/2020	InProgress	
Spouse Portal(210666377)	08/17/2020	InProgress	
Spouse Portal(210666377)	08/07/2020	InProgress	

3. To submit a new pre-authorization request; select the **Click Here** button.

**Pre-Authorization** ← Back

For submitting new pre-authorization [Click here](#) For offline submission download the preauthorization form | [English](#)

MEMBER NAME	MODIFIED DATE	STATUS	ACTION
Spouse Portal(210666377)	09/21/2020	InProgress	
abctest def(210373460)	09/21/2020	InProgress	
Spouse Portal(210666377)	08/17/2020	InProgress	
Spouse Portal(210666377)	08/07/2020	InProgress	

- Fill out all the required information on the **Initiator details** and **Diagnosis/Procedure Details** page.

**Pre Authorization Request Form**

**Initiator Details**

First Name: Test, Last Name: Member, Email: test.usor@gig.com, Contact number: 91-9999999999

**Beneficiary Details**

Patient Name: Spouse Portal(210666377), Policy: , Date of Birth: 08/20/1965

**Case Details**

Primary Issue: , Service From Date: mm/dd/yyyy, Service to Date: mm/dd/yyyy, Hospital Status:

**Diagnosis Details**

Diagnosis: , Notes: , Procedure: , Description: , Name of Doctor: , Facility Name: , Estimated Cost: , Currency: , Treatment Country: Select, Service From Date: 08/20/2022, Service to Date: 08/24/2022

- Upload all the necessary documents. If you would like to complete your form later, click **Save and Exit**. If you are ready to submit your form, click **Submit**.

**Document Details**

Type of Document: , Uploaded file: Choose a File, UPLOAD

TYPE OF DOCUMENT	NAME	UPLOADED ON	ACTION
No data found!			

Back, Save and exit, Submit

- To find the status of your pre-authorization, click on the **Pre-Authorization** Icon on the homepage.

**Pre-Authorization**

For submitting new pre-authorization [Click here](#) For offline submission download the preauthorization form | [English](#)

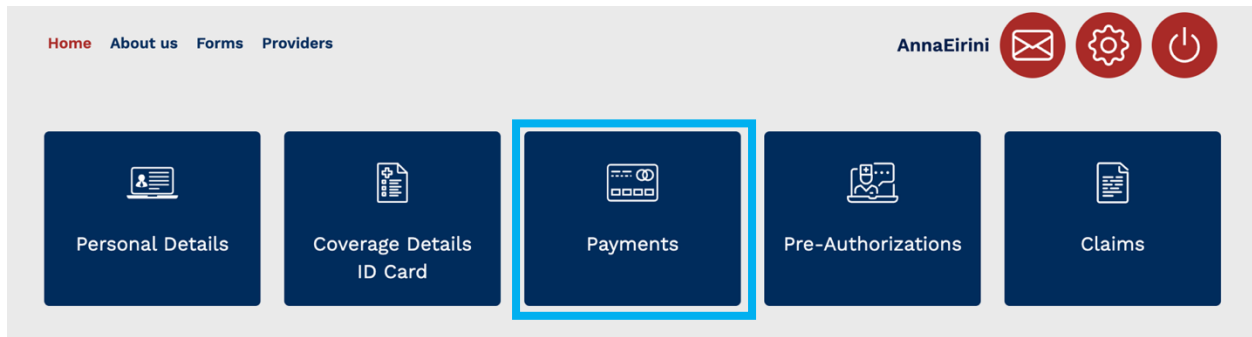
MEMBER NAME	MODIFIED DATE	STATUS	ACTION
Spouse Portal(210666377)	09/21/2020	InProgress	
abctest def(210373460)	09/21/2020	InProgress	
Spouse Portal(210666377)	08/17/2020	InProgress	
Spouse Portal(210666377)	08/07/2020	InProgress	

**To speak with someone about your claim:  
USA/Canada Toll-Free: +1.866.914.5333 | Worldwide Collect: +1.786.814.4125  
[customerservice@tssassist.com](mailto:customerservice@tssassist.com)**

## Submit an online premium payment

Please note: Online premium payment in the Member Portal is only available for individual policies. This functionality is not available for corporate and enterprise policies or clients who make payments directly to brokers.

- To make an online premium payment, log into your Member Portal and click on **Payments**.



## 2. Premium Payment Screen

The premium payment screen is where you can pay your premium online. This screen has 3 sections: **Payment**, **Make Payment**, and **Payment History**, all detailed below.

ⓘ Please wait for 72 hours to reflect the payment in your account ← Back

### Payment

Health (WCE000025) USD 0

### Make Payment

Amount:

Payment Mode  Credit Card

Other payments methods available [Wire](#) [EFT](#) [Check](#)

Pay Now

### Payment History

PAYMENT DATE	PAYMENT METHOD	CURRENCY	AMOUNT PAID	STATUS	RECEIPT
06/04/2020	NA	USD	-4926.28	Success	<a href="#">Download</a> <span style="float: right;">+</span>
06/21/2019	Credit Card	USD	1043	Success	<a href="#">Download</a> <span style="float: right;">+</span>

## Payment

List of your individual policies (including those with no balance due). If you have multiple policies with payments due in the same currency, you can select multiple policies and make a single payment.

Please wait for 72 hours to reflect the payment in your account Back

**Payment**

Health (WCE000025) USD 0

**Make Payment**

Amount: 0.00

Payment Mode  Credit Card

Other payments methods available [Wire](#) [EFT](#) [Check](#)

Pay Now

## Make payment

This is where you will enter payment information to make payment for selected policies.

- **Amount Due:** Amount owed based on policy or policies selected. Changing the payment amount is allowed only when paying for a single policy. In cases where you are paying for multiple policies, the payment amount cannot be changed.
- **Payment Mode:** Click here to pay by credit card.
- **Other payment methods available:** Links to instructions to pay by Wire, EFT, or Check
- **Pay Now button:** Enabled only when you select Credit Card as your payment option. Upon clicking Pay Now, you will be taken to the payment page, where you can enter credit card details to complete the payment.

Please wait for 72 hours to reflect the payment in your account Back

**Payment**

Health (WCE000025) USD 0

**Make Payment**

Amount: 0.00

Payment Mode  Credit Card

Other payments methods available [Wire](#) [EFT](#) [Check](#)

Pay Now



### Payment history

Shows any premiums paid online or offline. You can also download payment receipts, search for any payment by Payment Date, Payment Method, Status, and Amount Paid. You can view the details of a payment—such as Policy Type and Policy Number— by clicking the + icon for a record.

PAYMENT DATE	PAYMENT METHOD	CURRENCY	AMOUNT PAID	STATUS	RECEIPT
04/21/2021	Bank Transfer	USD	44458.23	Success	
04/21/2020	Bank Transfer	USD	46514.7	Success	
04/23/2019	Check	USD	42667.5	Success	
03/19/2018	Check	USD	38920.8	Success	

### 3. Payment Information page

Once you pay now, you will be taken to the payment information page where you can enter credit card details such as **Card Type** (Visa, Master Card, American Express, or Discover), **Name on Card**, **Card Number Expiry Date**, **CVV**, and **Billing Address**. You can pay the premium using up to 3 different credit cards by clicking the **Add Credit Card** button. Please note that this button is enabled only when the amount entered for a credit card is less than total amount due. When you add an additional credit card, the remaining amount is automatically calculated and filled in the next credit card amount input box. When you are ready to pay, click the **Submit** button at the bottom of the page.

PAYMENT INFORMATION
Fields marked with \* are mandatory.

**CARD INFORMATION**

Card Type: \*  VISA  M.C.  A.E.  D.

Name On Card \*  Card Number \*

Expiry Date: \* Month  Year  CVV/CVV2: \*

Amount \*

**BILLING INFORMATION**

Address \*  City \*

Country \*  Zipcode \*

State  Email \*

**Order Information**

Membership ID : 903175781

First Name : Janet Cohen


Last Name : Baum

Policy Type : Travel

Total Amount : 100 (USD)

**SECURITY INFORMATION**

Please enter the Verification Code shown below in the text box provided: \*





Input symbols

Cancel Submit

#### 4. Payment Status page

After clicking submit, a confirmation code and payment status will appear here.

 PAYMENT STATUS
◀ Back



Thank you for your Payment


**You Have Paid**  
USD 200

**Transaction Details**

Confirmation Code	Date/Time	Card Number	Card Type	Currency	Amount	Status
M_2021041607292972400	04/16/2021 14:29:46	XXXXXXXXXXXX1111	Visa	USD	200	Success

Clicking the **Back** button on this page takes you back to the premium payment screen. Your recent payment status will appear under **Payment History**, with an option to download the receipt.

### Payment History

PAYMENT DATE	PAYMENT METHOD	CURRENCY	AMOUNT PAID	STATUS	RECEIPT
06/04/2020	NA	USD	-4926.28	Success	
Policy Type: Health   Policy Number: WCEN-17550   Effective Date: 07/01/2018					
06/21/2019	Credit Card	USD	1043	Success	