

Start by clicking Member Login

HOME RESOURCE CENTER MEMBER LOGIN CONTACT US

SOVEREIGN NATIONS INSURANCE

WELCOME: SOVEREIGN NATIONS INSURANCE

Members

Track your claims and request changes to yo

Your healthcare claims are processed by Sovereign Nations Insurance. For real-time information about the status of your active claims, learn more and manage your own profile online. If you've used the system before, simply lo

Claim Tool Login:

Login to view the status of your claims and manage your user profile. (No dashes or spaces)

Username:

Password: **LOGIN**

If you are a provider looking for Member Eligibility/Claims Information, please log in to our [Provider Section](#).

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Please contact member services for your username and password.

View My:

Personal Info ▶

Claims ▶

Plan Documents ▶

Creditable Coverage ▶

Other Options

Contact Us ▶

Edit My Info ▶

Sign Out

Welcome to Sovereign Nations Insurance

You now have easy access to:

- Your Personal Information
- Your Claims
- Plan Documents
- Certificate of Creditable Coverage
- Provider Network
- E-mail

You now have access to view your claims, Schedule of Benefits, Plan Documents, CHANGE YOUR PASSWORD, or find a provider.

View My:

Personal Info ▶

Claims ▶

Plan Documents ▶

Creditable Coverage ▶

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Sign Out

My Personal Information

Member Information (Hide)

Member Name	Member ID	Gender	Date of Birth
TEST, JANE	SN123456789	F	06/02/1973
Group Name	Unit Name	Email	
SOVEREIGN NATIONS INSURANCE	LCC01	JANE.TEST@EMAIL.COM	
Address	City	State	Zip
123 EXAMPLE DRIVE	TEMPLATE FLATS	TX	12345
Cell Phone	Secondary Phone		
	101-222-1234		

Member Coverage Information (Show)

Member Dependent Information (Show)

Member Accumulators (Hide) Deductibles, Out-of-Pocket

Medical Accumulators [-]

Family [+]

Test, Jane [-]

2020 [-]

Benefit	Balance	Maximum	Remaining
In Network Deductible	\$0.00	\$0.00	\$0.00
Out of Network Deductible	\$0.00	\$0.00	\$0.00
Annl General Dollar	\$0.00	\$1,000,000.00	\$1,000,000.00
Annl X-ray/Lab Dollar	0	1250	1250
Annl Labwork Max	0	3	3
Annl Labwork Max	0	1	1
Annl Mammogram	0	1	1
Annl Diagnostic Limit	0	1250	1250
Annual Major Diagnostic Visit Limit	0	1	1
Annl Specialist Visit	0	2	2
Annl Office Visit Max	0	3	3
Annl Urgent Care Visit	0	2	2

Track your preventive services and sick office visits for the current membership year.

Documents

View My:

Personal Info ▶

Claims ▶

Plan Documents ▶

Creditable Coverage ▶

Other Options

Contact Us ▶

Edit My Info ▶

Sign Out

Plan Documents

MED Documents

[2021 Summary Plan Document](#)

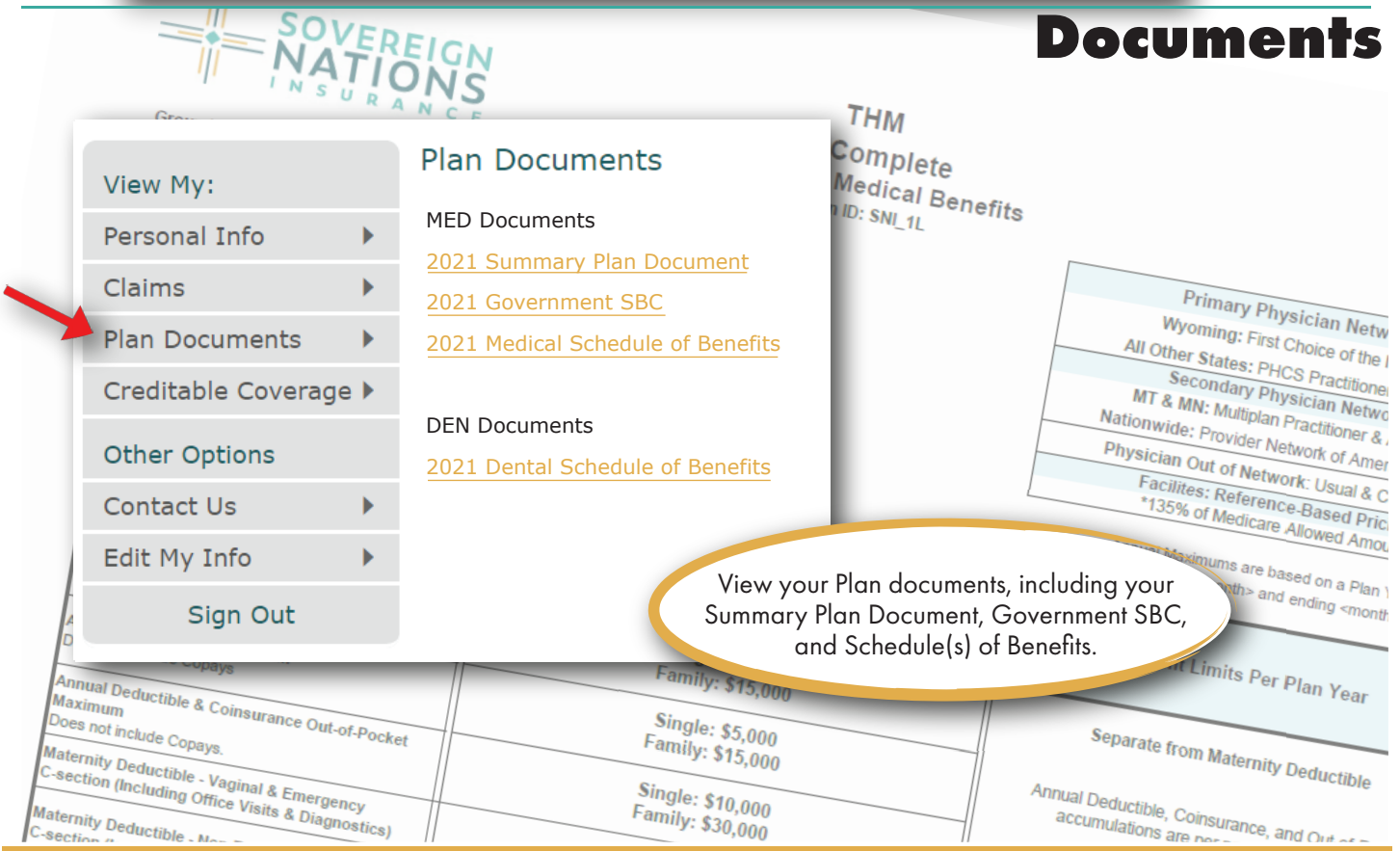
[2021 Government SBC](#)

[2021 Medical Schedule of Benefits](#)

DEN Documents

[2021 Dental Schedule of Benefits](#)

View your Plan documents, including your Summary Plan Document, Government SBC, and Schedule(s) of Benefits.



- View My:
- Personal Info ▶
 - Claims ▶**
 - Plan Documents ▶
 - Medical Network ▶
 - Creditable Coverage ▶
 - Other Options
 - Contact Us ▶
 - Edit My Info ▶
 - Sign Out

Claims Details

To view a patient's claims please navigate the list below using the [+] and [-] buttons next to each item. Click on an individual Claim to view the Explanation of Benefits.

View all of your claims that have been received. You can watch them update as they process.

Test, Jane [-]
Medical Claims [-]

Claim Number	Date of Service	Status	Provider	Total Billed
202106021234	05/26/2021	DONE Claim Processed and Paid	JUI CHOU	\$491.59
202106021234	04/29/2021	DONE Claim Processed and Paid	OWEN, JENNIFER MD OWEN HEALTH GROUP PLLC	\$289.50
202106021234	04/29/2021	DONE Claim Processed and Paid	CLINICAL PATHOLOGY LABS, INC	\$250.25
202106021234	11/30/2020	DONE Claim Processed and Paid	STEVEN CROW COVENANT MEDICAL GROUP	\$332.00
202106021234	09/30/2020	DONE Claim Processed and Paid	LABORATORY CORPORATION OF AMERICA	\$1,583.00
202106021234	06/11/2020	DONE Claim Processed and Paid	PRECISION LABORATORY SERVICES	\$2,131.56
202106021234	06/11/2020	DONE Claim Processed and Paid	LABORATORY CORPORATION OF AMERICA	\$207.00

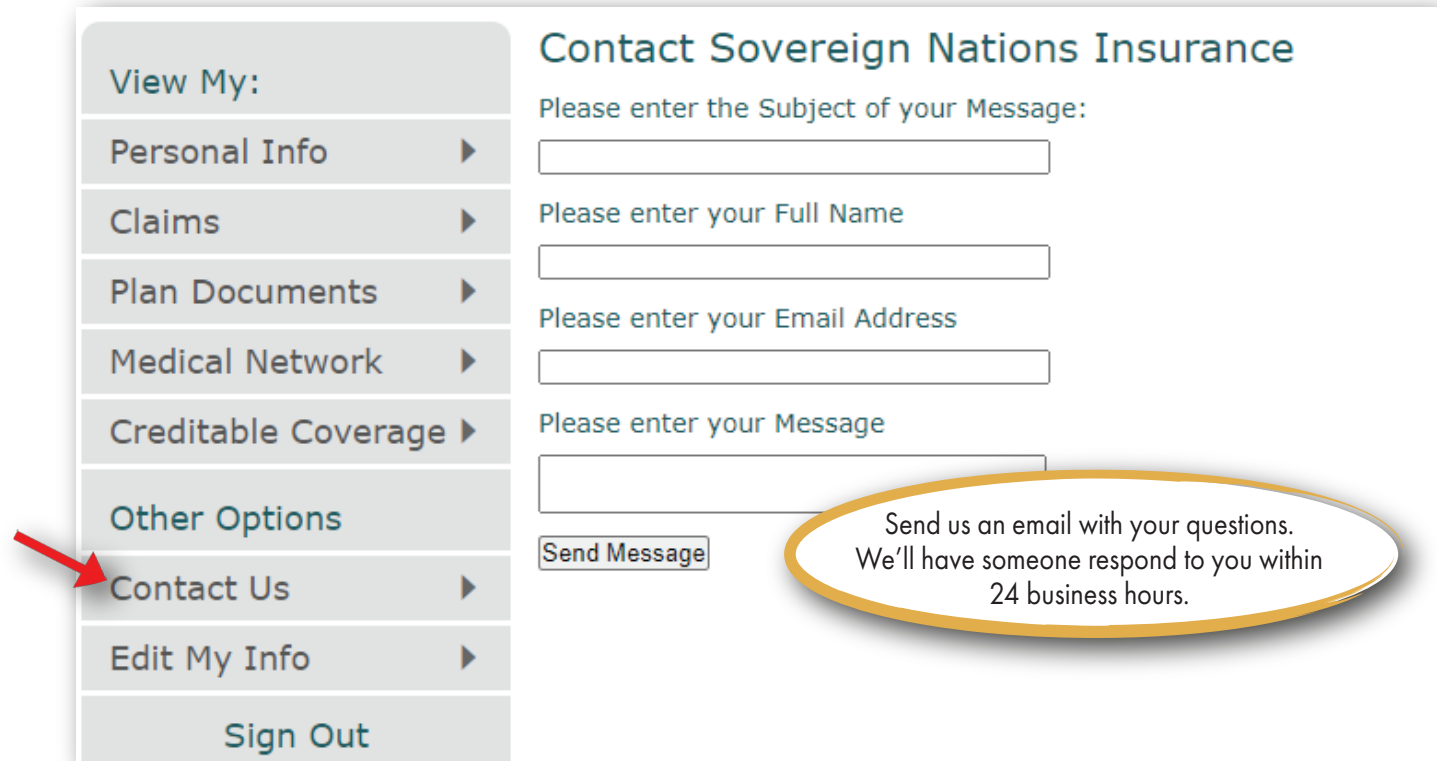
Explanation of Benefits Statement - Not a Bill

Member: JANE TEST Facility/Group Name: ...
 Member ID: SN123456789 Provider/Dept Name: JUI CHOU
 Patient Name: JANE TEST First Date of Service: 05/26/2021
 Group Name: SOVEREIGN NATIONS INSURANCE Last Date of Service: 05/26/2021
 Unit Name: FIRST ENROLL Claim No: 202106021234
 Print Date: 2021-06-10 00:00:00.000 Check No: NOCHK

Service or Benefit Description	Billed Charges	Allowed or Contract Amt	Expl. Code	Co-Pay	Deductible	Total Covered Expenses	Plan Pays	Payable By Plan	Member Responsibility
Mammogram - Wellness	\$372.86	\$143.01	PHC	\$50.00	\$0.00	\$93.01	100/100	\$93.01	\$50.00
Mammogram - Wellness	\$118.73	\$59.29	PHC	\$0.00	\$0.00	\$59.29	100/100	\$59.29	\$0.00
Totals	\$491.59	\$202.30		\$50.00	\$0.00	\$152.30		\$152.30	\$50.00

Your Explanation of Benefits is **NOT A BILL!** It shows your responsibility amount after all processing. You may have already paid this to the provider.





Contact Sovereign Nations Insurance

Please enter the Subject of your Message:

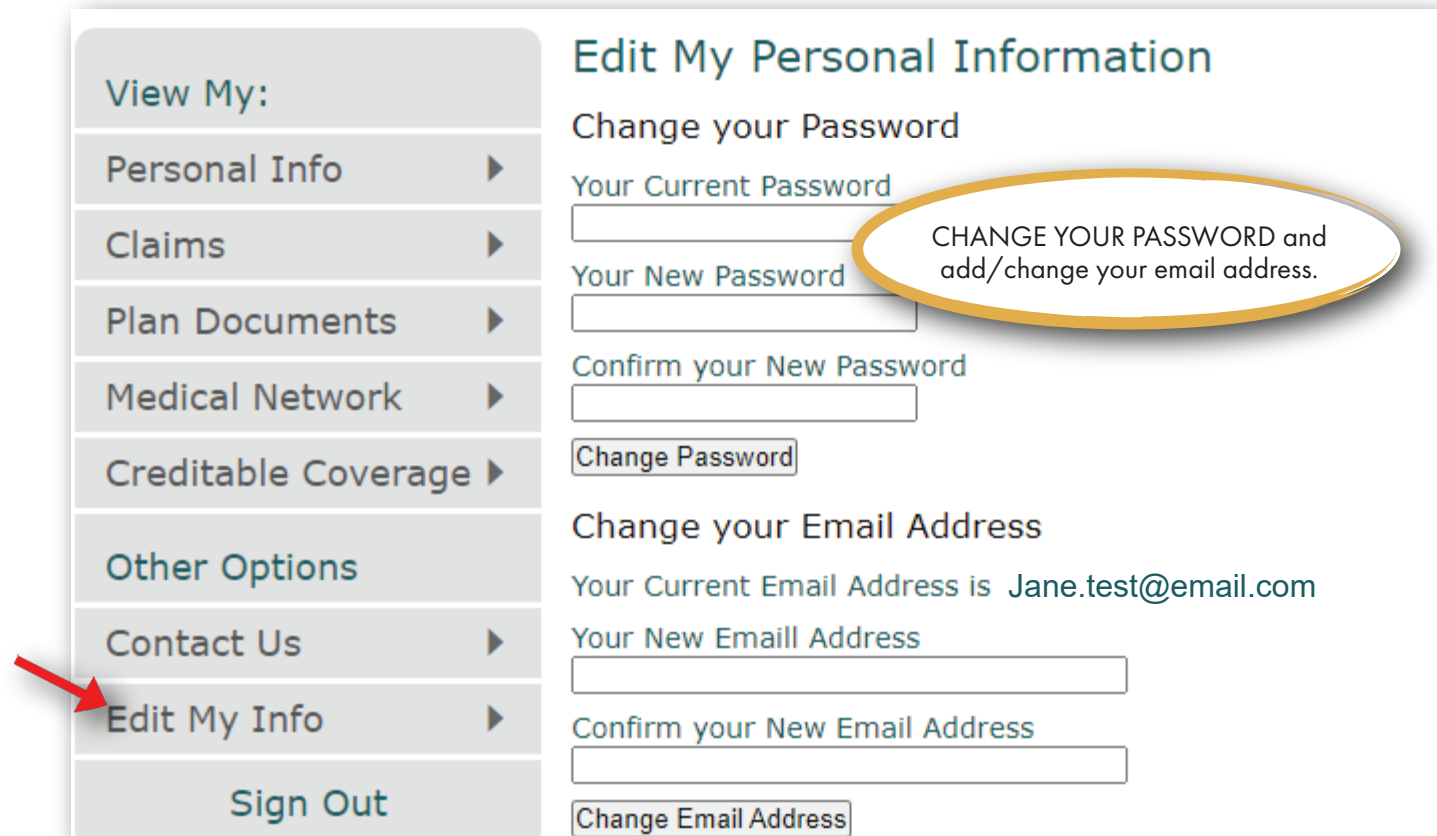
Please enter your Full Name

Please enter your Email Address

Please enter your Message

Send us an email with your questions. We'll have someone respond to you within 24 business hours.

Edits



Edit My Personal Information

Change your Password

Your Current Password

Your New Password

Confirm your New Password

Change your Email Address

Your Current Email Address is Jane.test@email.com

Your New Email Address

Confirm your New Email Address

CHANGE YOUR PASSWORD and add/change your email address.