



BLUE ZONES™ HEALTH

EZ-NET

Provider Portal User Guide

Prepared for Blue Zones Health Providers and Clinic Staff

Effective August 1, 2026

Table of Contents

Welcome to the BZH Provider Portal.....	4
1. Getting Started & Login.....	5
1.1 Requesting a New Account.....	5
1.2 Account Log In.....	5
1.3 Account Reset.....	5
2. EZ-Net Landing Page.....	6
2.1 Dashboard.....	6
2.2 My Profile	7
2.3 The Main Menu.....	7
2.3.1 Providers Menu.....	8
2.3.2 Members Menu.....	9
2.3.2.1 Member Search	9
2.3.2.2 Member Eligibility & Benefit Details.....	10
2.3.2.3 Member Eligibility by PCP	12
2.3.3 Authorizations/Referrals Menu	13
2.3.3.1 Authorization or Referral Inquiry	13
2.3.3.2 Authorization or Referral Submission.....	17
2.3.3.3 Authorizations or Referral Changes	23
2.3.3.4 Referral to BZH Well-Being Services (WBS)	23
2.3.4 Claims Menu	24
2.3.4.1 Claims Submission	24
2.3.4.2 Claims Status Inquiry.....	24
2.3.4.2 Claims Appeals.....	25
2.3.5 References Menu.....	27
2.3.6 Favorites Menu	28
3. How to Contact Us	29
3.1 BZH Contacts Listing.....	29
3.2 Mail Feature on EZ-Net.....	30

Welcome to the BZH Provider Portal

At Blue Zones Health, our name comes from a simple idea: that the right support, at the right time, helps people live longer, healthier lives. That's the same idea behind everything we do for the providers we work with, and it's why we're excited to introduce you to EZ-NET, your new provider portal.

We developed this guide to help your office to get the most out of EZ-NET from day one. Whether you're checking a patient's eligibility, submitting an authorization, or tracking a claim, this guide walks you through it step by step, so your team can spend less time navigating the portal and more time focused on your patients. Should your team require a deeper orientation, please contact your BZH Provider Activation Specialist. The team is ready to help you.

We're genuinely excited to bring you this new experience. It reflects our ongoing commitment to making it easier and better to work with Blue Zones Health, and we're glad to have you with us.

Thank you for all that you do.
BZH Provider Operations Support Team

1. Getting Started & Login

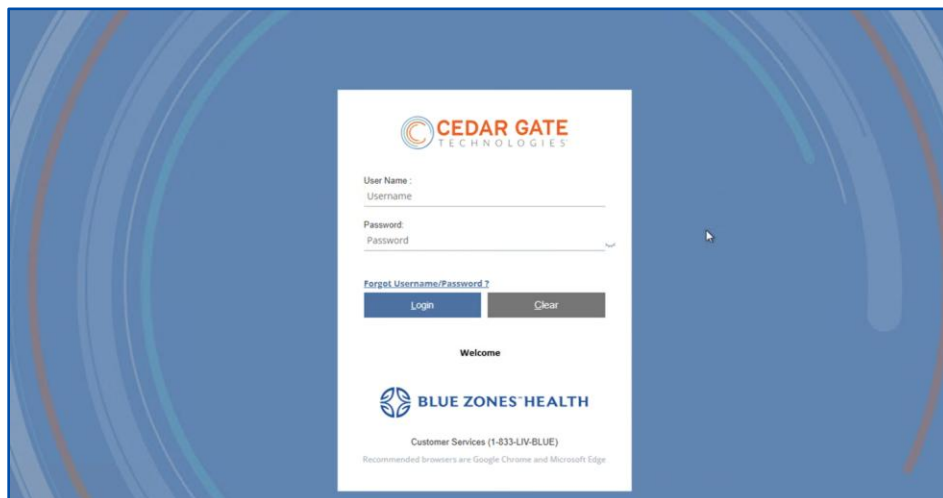
This section walks through registering for access, activating your account, logging in, and recovering a forgotten username or password.

1.1 Requesting a New Account

To request a new account, submit your information on the [BZH Practice Information and Portal Registration site](#). You will receive an automated notification acknowledging your submission. Once your request has been verified and authenticated by our team, you will receive your username and password within 48–72 hours.

1.2 Account Log In

- 1 Go to the EZ-NET landing page, which can be found at: <http://portal.bluezoneshealth.com>
- 2 Enter the username and password you received by email.
- 3 Click Login.
- 4 You will be asked to update your password



EZ-NET landing page.

1.3 Account Reset

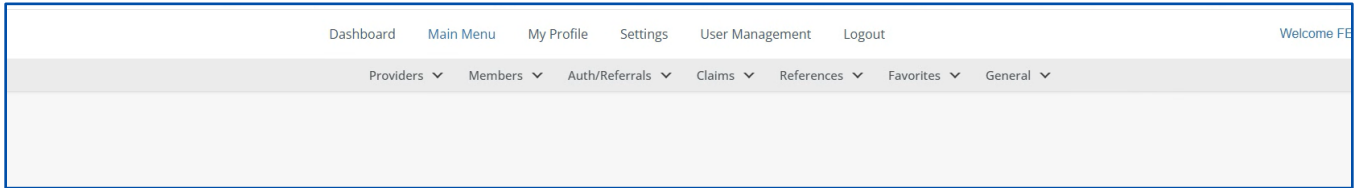
If you've forgotten your username or password, click the “Forgot Username/Password?” link on the landing page. On the screen that follows:

- 1 Enter your Username and the email address on file.
- 2 Click Next to submit the request, or Clear to clear all entries and start over.

NOTE: If you're unable to reset your password, contact BZH Customer Service at 1-833-LIV-BLUE.

2. EZ-Net Landing Page

Your EZ-Net Landing Page has the following menu options:



- Dashboard
- Main Menu
- My Profile
- Settings and User Management are restricted to users with administrative privileges

The remainder of this section reviews each menu option in detail.

2.1 Dashboard

Your Dashboard has already been configured for your convenience. It has the following frequently used settings:

- Authorizations
- Claims
- Communications: this stores all your PDF resources you can easily reference, including the Provider Dispute Resolution form for claims appeals.
- [Mail](#): a messaging feature that allows you to send messages to the BZH Customer Service Representatives (CSR).

Authorizations

Status Company GO

Auth Action Date From: 4/23/2026 To: 7/22/2026

Auth Requested Date From: 4/23/2026 To: 7/22/2026

Status	Status Count	From Date	To Date
APPROVED	8	04/23/2026	07/22/2026
DENIED	1	04/23/2026	07/22/2026
IN PROCESS	2	04/23/2026	07/22/2026

Claims

Status Company Top10 GO

Claim Service Date From: 1/23/2026 To: 7/22/2026

Status	Status Count	Net Amount	Bill Amount
IN PROCESS	8	\$656.46	\$2,343.00
IN PROCESS	2	\$138.55	\$1,250.00
IN PROCESS	2	\$95.31	\$375.00

Communications

Title	Description	Company	Actions
CMS Place of Service C...	CMS Place of Service C...	ALL	View Download

Mail

Inbox Sent

The Dashboard, with Authorizations, Claims, Communications, and Mail.

2.2 My Profile

The **My Profile** menu is intended to display and manage your individual user account information. It includes:

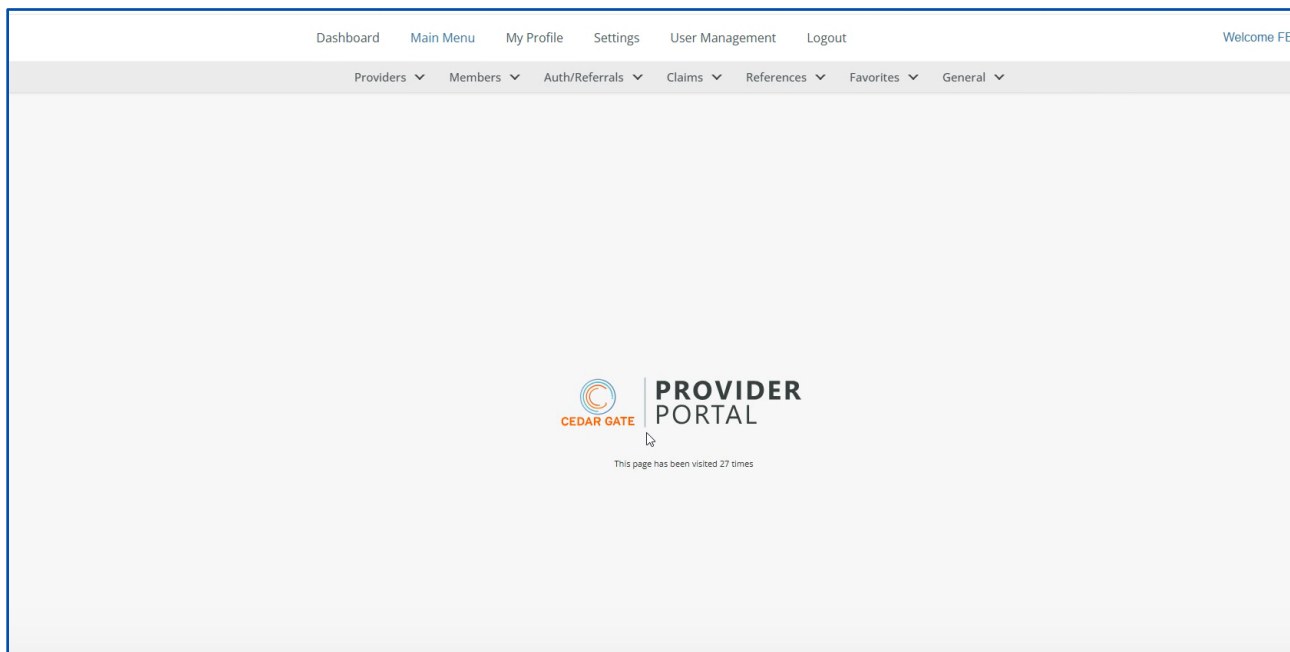
- Your name and username
- Contact information (email, phone, fax, if applicable)
- Organization or provider association(s)
- User role and permissions (often read-only)
- Password change options
- Security settings (such as security questions or multifactor authentication, depending on the implementation)

The BZH configuration allows you to:

- Edit contact information
- Change password
- Change assigned provider affiliations

2.3 The Main Menu

The Main Menu is the primary navigation area that provides access to the portal's major functional modules. Access to the Main Menu is role-based, so users only see the modules they are authorized to access. For example, a referral coordinator may see Authorizations and Member Search, while an administrator may also have access to User Management and administrative settings.



Components of the Main Menu include:

2.3.1 Providers Menu

In the **Providers Menu**, you can do a provider search, and locate members assigned to your provider.

For the Provider search:

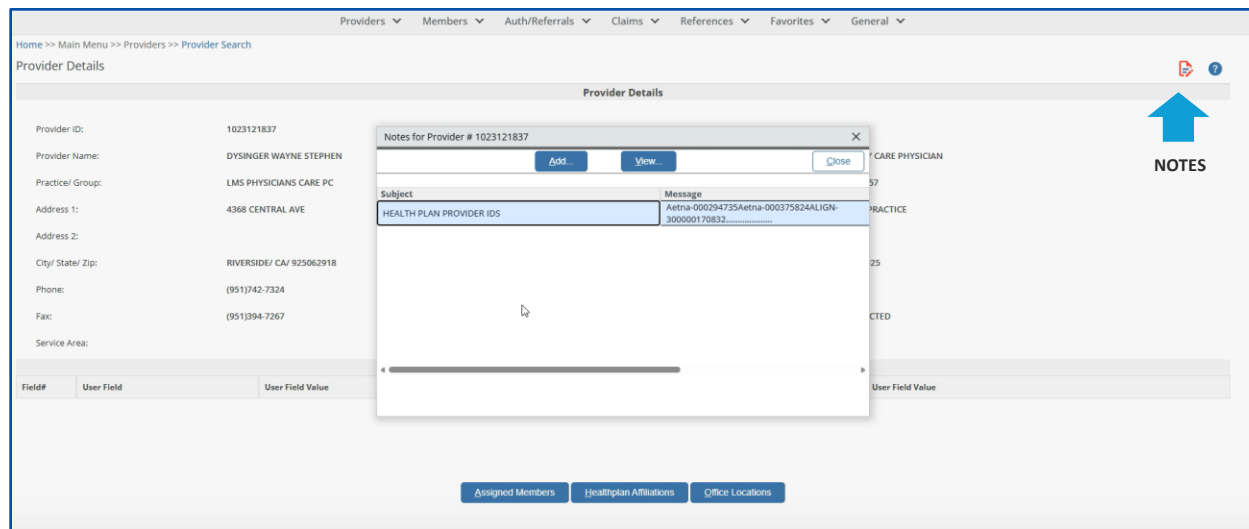
- 1 Select the Company ID if you know the Company Name, or alternatively you could leave it as “All Companies.”
- 2 Enter last name, specialty, service area, or the Provider ID (NPI) if you know it.
- 3 Click on search button

Results are presented in the window below the search window. Click on the blue hyperlink text for details (as shown below).

This module also allows you to see:

- assigned members for the provider; you will also have the ability to download the member list.
- health plan affiliations for the provider
- office location for the provider

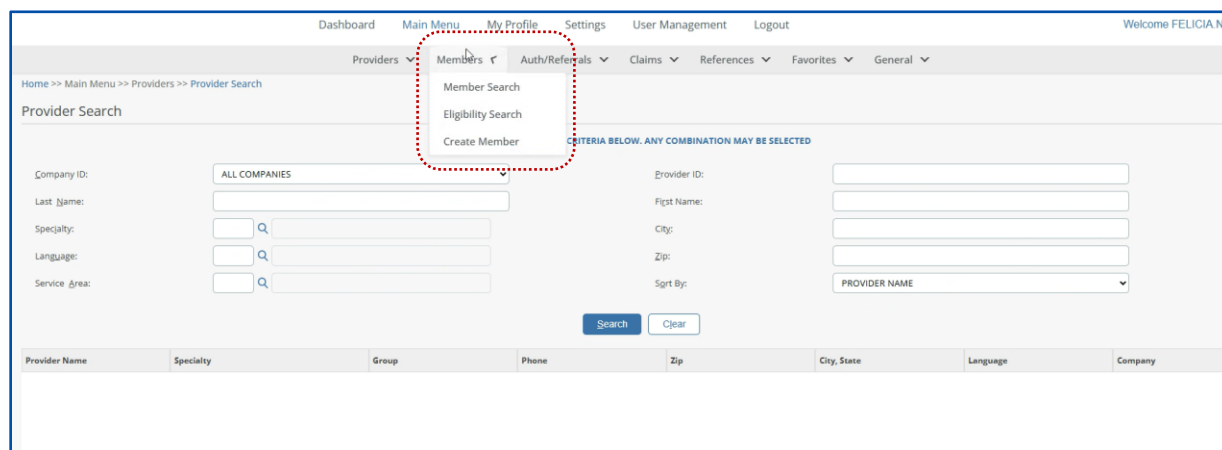
There is also a “Notes” section on the top right. In this notes section, you can click “View” and get a listing of all the Provider Health Plan IDs.



2.3.2 Members Menu

Use the Member Search menu to confirm a patient's active coverage, health plan, and benefit details before an appointment or billable service.

Here is the drop-down menu for the Members Menu:



2.3.2.1 Member Search

- 1 Open the Members menu and select Member Search on the drop-down menu.
- 2 Enter any known details — Member ID, last name, first name, or date of birth. If you're not sure which BZH company the patient belongs to, leave Company ID set to All Companies.
- 3 Click Search. Matching records appear in the results table below, sorted by your Sort By selection.

TIP: Date of birth is required for member searches. If no records are found, double-check the DOB before adjusting other search criteria.

If the system does not locate any records that meet your search criteria, a message stating that “NO RECORDS FOUND” will display. Either replace/adjust selection criteria or click on Clear and re-enter criteria.

Member Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: Healthplan: Member ID:

PCP ID: Last Name: Birth Date:

First Name: Address 2: Address 1:

State/Region: City: Sort By:

Zip:

Member ID	Member Name	Gender	Birth Date	Healthplan Name	Healthplan Option	N/E	From Date	Thru Date	PCP ID	PCP Name	Address 1	Address 2	City	State
123TEST	TEST, MEMBER	FEMALE	4/29/1951	BLUE ZONES TRAINING	GOLD	☐	3/1/2026		1234567809	TRAINING PROVIDER	123 BLOCK		LOS ANGELES	CA

Member Search results, sorted by your chosen criteria.

2.3.2.2 Member Eligibility & Benefit Details

Click a Member ID (blue hyperlink) from the search results to open the member's Eligibility - Member Information screen. This screen shows:

- Member demographics (name, date of birth, gender, age)
- Health plan and benefits plan
- Benefits effective date and benefit category
- PCP office visit co-pay and co-insurance, under PCP OV

NOTE: BZH member data refreshes monthly. For real-time eligibility, especially before time-sensitive services, use the health plan's own portal or contact the health plan's Customer Service line directly.

Eligibility - Member Information

Member Information

Company ID:	BZHM	Member Name:	TEST, MEMBER
Member ID:	123TEST	Gender:	FEMALE
DOB:	04/29/1951	Age:	75.178 Years
Relation to Sub:		Home Phone:	
E-Mail:		Work Phone:	EXT:
Address:		Mobile Phone:	
		City/State/Zip:	

Member Benefit Information

Healthplan:	BZTRN	Benefits Plan:	GOLD
Employer Group:		Employer Group Desc:	
Benefits Effective:	03/01/2026	Benefits Termed:	
Benefits Category:	A	Never Effective:	☐

PCP OV

Eligibility - Member Information, including plan, benefit category, and effective dates.

Additional Benefit Search

Use the Additional Benefit Search fields on the Eligibility - Member Information screen to look up a specific benefit category along with its co-pay or co-insurance amount. Enter or look up a Benefits Category, then click Member Benefits to view the details.

Eligibility - Member Information

Member Information

DOB:	07/17/1928	Age:	97.995 Years
Relation to Sub:		Home Phone:	
E-Mail:		Work Phone:	EXT:
Address:		Mobile Phone:	
		City/State/Zip:	

Member Benefit Information

Healthplan:	UHCS	Benefits Plan:	OMR
Employer Group:		Employer Group Desc:	
Benefits Effective:	01/01/2025	Benefits Termed:	
Benefits Category:	A	Never Effective:	☐

PCP OV

Co-Pay: N/A Co-Insurance: N/A

Additional Benefit Search

Benefits Category:

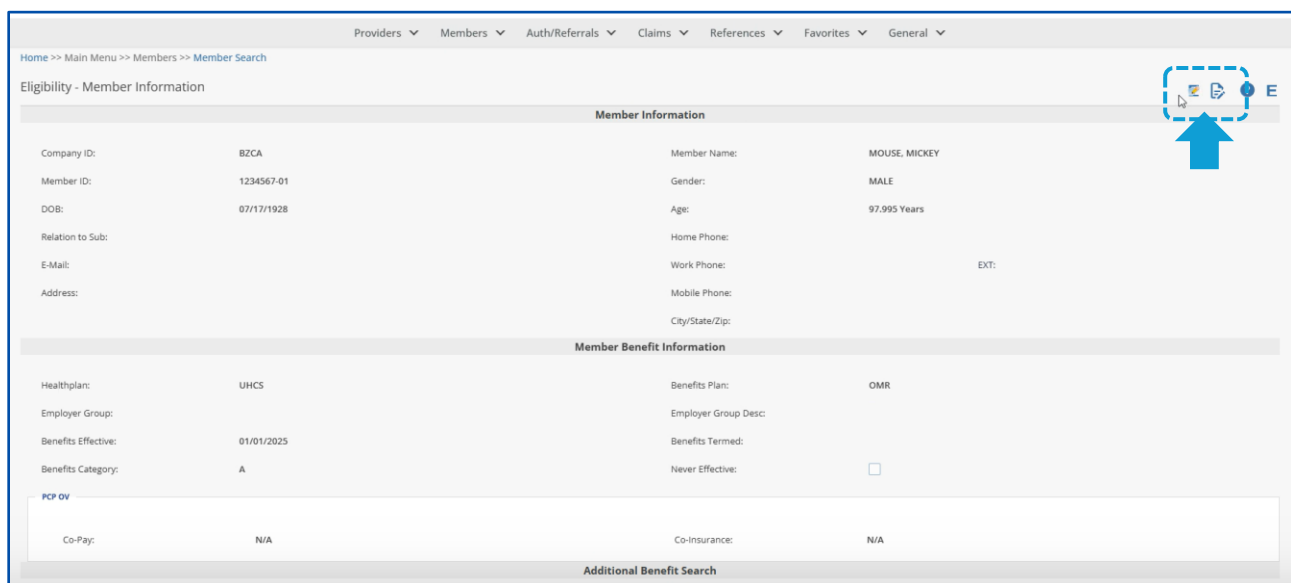
Co-Pay: Not Covered: ☐

Additional Information

Additional Benefit Search fields, with the Member Benefits button.

Adding Notes to a Member

Click the notes icon in the top right corner of the Eligibility - Member Information screen to view or add a note to a member's record. If a note already exists, the icon displays a checkmark. To add a note, click Add, enter a subject, type your note, and click OK.



Providers ▾ Members ▾ Auth/Referrals ▾ Claims ▾ References ▾ Favorites ▾ General ▾

Home >> Main Menu >> Members >> Member Search

Eligibility - Member Information

Member Information

Company ID:	B2CA	Member Name:	MOUSE, MICKEY
Member ID:	1234567-01	Gender:	MALE
DOB:	07/17/1928	Age:	97.995 Years
Relation to Sub:		Home Phone:	
E-Mail:		Work Phone:	EXT:
Address:		Mobile Phone:	
		City/State/Zip:	

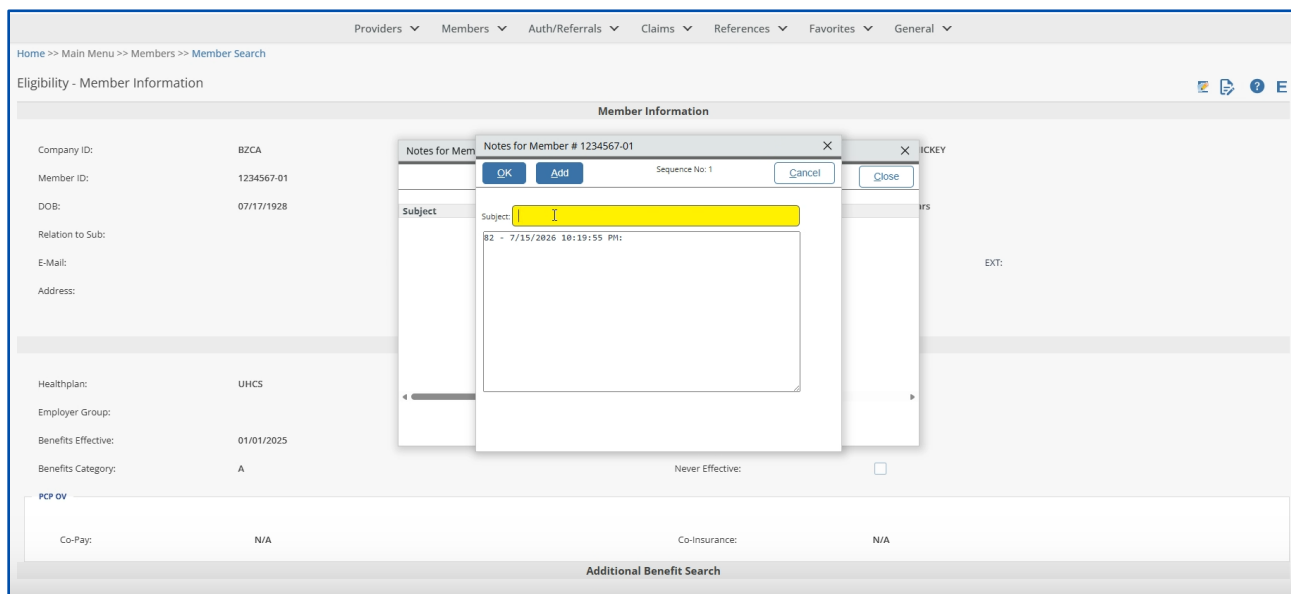
Member Benefit Information

Healthplan:	UHCS	Benefits Plan:	OMR
Employer Group:		Employer Group Desc:	
Benefits Effective:	01/01/2025	Benefits Termined:	
Benefits Category:	A	Never Effective:	☐

PCP OV

Co-Pay:	N/A	Co-Insurance:	N/A
---------	-----	---------------	-----

Additional Benefit Search



Providers ▾ Members ▾ Auth/Referrals ▾ Claims ▾ References ▾ Favorites ▾ General ▾

Home >> Main Menu >> Members >> Member Search

Eligibility - Member Information

Member Information

Company ID:	B2CA	Member Name:	MOUSE, MICKEY
Member ID:	1234567-01	Gender:	MALE
DOB:	07/17/1928	Age:	97.995 Years
Relation to Sub:		Home Phone:	
E-Mail:		Work Phone:	EXT:
Address:		Mobile Phone:	
		City/State/Zip:	

Member Benefit Information

Healthplan:	UHCS	Benefits Plan:	OMR
Employer Group:		Employer Group Desc:	
Benefits Effective:	01/01/2025	Benefits Termined:	
Benefits Category:	A	Never Effective:	☐

PCP OV

Co-Pay:	N/A	Co-Insurance:	N/A
---------	-----	---------------	-----

Additional Benefit Search

Notes for Member # 1234567-01

Sequence No: 1

OK Add Cancel Close

Subject

Subject: [Text Box]

02 - 7/15/2026 10:19:55 PM:

[Text Area]

Adding a note to a member's record.

2.3.2.3 Member Eligibility by PCP

If you only know a PCP's name and not their PCP ID, click the magnifying glass icon next to the PCP ID field on Member Search.

- Enter the PCP's last name and search to find their PCP ID. Leave Company ID set to All Companies if you're unsure which BZH company the PCP is contracted with.
- Select the correct PCP from the results — their PCP ID will automatically populate the Member Search field.
- You can then select a specific health plan to view that PCP's full patient panel for that plan.

2.3.3 Authorizations/Referrals Menu

The Auths/Referrals Menu is the central workspace for the full authorization lifecycle — from submission through final determination. It is the primary area for creating, tracking, and managing authorization and referral requests. Users will only see the functions their role permits (for example, some users may only be able to view authorizations, while others can create and update them). It allows you to do the following:

- **Submit Authorization/Referral** — Create a new prior authorization or referral request.
- **Authorization Search** — Search for existing requests by member, authorization number, provider, status, or date.
- **Pending/Work Queue** — View requests that require action or are awaiting review.
- **Status Tracking** — Monitor the progress of submitted requests (e.g., Pending, Approved, Denied, Cancelled).
- **Attach Documents** — Upload clinical notes, referrals, or supporting documentation.
- **View Authorization Details** — Review request information, decision history, service details, and attached documents.
- **Print or Export** — Print authorization details or download information, where supported.

Here's the Auth/Referrals menu and drop-down menu.

2.3.3.1 Authorization or Referral Inquiry

Referrals and authorizations can show one of the following statuses: Approved, Partially Approved, Modified, Denied, In Process, Expired, Cancelled, or Requested. You can search by Auth # or Member ID.

- 1 Select the Inquiry option to search for an existing authorization or referral by ID.
- 2 Select the correct Company ID. You must have this selected.
- 3 Enter the member ID

4 Click Search to view all referral statuses for that patient.

Dashboard Main Menu My Profile Settings User Management Logout Welcome FELICIA F

Providers Members Auth/Referrals Claims References Favorites General

Home >> Main Menu >> Auth/Referrals >> Inquiry

Auth/Referral Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: **BZHM - BZ HEALTH MANAGEMENT LLC**

Auth/Referral #:

Requested Date From: 6/20/2026 To:

Auth Action Date From: To:

Auth Exp Date From: To:

HP Authorization #:

Request Type: ☒ Authorization ☐ Referral ☐ Both

Member ID: 123456 MOUSE, MICKEY

Status: NONE SELECTED

Performing Provider ID:

Referring Provider ID:

Auth Priority Status:

Sort By: AUTH #

Search **Clear** **View Report**

Auth/Referral Number	Request Type	Status	Memb ID	Memb Name	Gender	DOB	Healthplan	Referring Provider	Performing Provider	Company	Priority	HP Auth Num
026072071008200001	A	REQUESTED	1234567-01	MOUSE, MICKEY	MALE	7/17/1928	UHC5	DYSINGER WAYNE ST...		BZHM	2	
026071471008200001	A	APPROVED	1234567-01	MOUSE, MICKEY	MALE	7/17/1928	UHC5	DYSINGER WAYNE ST...	PATEL AMIT ISHWARRBHAI	BZHM	2	

Search Results for Auths inquiry

Click into the authorization to view provider and member information or to print the authorization letter.

You can also search the larger auth list directly by the patient's name to find all of their authorizations.

Dashboard Main Menu My Profile Settings User Management Logout Welcome FELICIA F

Providers Members Auth/Referrals Claims References Favorites General

Home >> Main Menu >> Auth/Referrals >> Inquiry

Auth/Referral Search

Company ID: **ALL COMPANIES**

Auth/Referral #:

Requested Date From: To:

Auth Action Date From: To:

Auth Exp Date From: To:

HP Authorization #:

Request Type: ☐ Authorization ☐ Referral ☐ Both

Member ID:

Status:

Performing Provider ID:

Referring Provider ID:

Auth Priority Status:

Sort By:

Search **Clear** **View Report**

Member Search

Subscriber SSN: Patient ID: Subscriber MBI:

PCP ID: Member ID: Address 1:

Gender: Address 2: City:

State: Zip:

Healthplan:

Member ID	Member Name	Gender	Birth Date	Healthplan	Company Name	Last Name	First Name	Address 1	Address 2
1234567-01	MOUSE, MICKEY	MALE	7/17/1928	UNITEDHEALTHCO BZSM	MOUSE	MICKEY	1234 DISNEY WAY		
1234567-01	MOUSE, MICKEY	MALE	7/17/1928	UNITEDHEALTHCO BZCA	MOUSE	MICKEY	1234 DISNEY WAY		
1234567-01	MOUSE, MICKEY	MALE	7/17/1928	UNITEDHEALTHCO BZHM	MOUSE	MICKEY	1234 DISNEY WAY		

Each authorization also includes a document management icon and a notes icon on the top right (shown with the blue arrow below).

- Click the notes icon (shown in red) to view or add notes.
- Use the document icon (blue) to view attached documents, or click Add New Document to upload one — it shows a checkmark if documents are already stored.

Dashboard Main Menu My Profile Settings User Management Logout Welcome FELICIA NAVARRO

Providers Members Auth/Referrals Claims References Favorites General

Home >> Main Menu >> Auth/Referrals >> Inquiry

Authorization Details

Authorization Information

Authorization #: 20260714710008200001

Status: APPROVED

Processed By:

Place Of Service: OFFICE

LOS: 0

Priority Status: 2 - ROUTINE

HP Authorization #:

Request Category:

Service Type: 1 - MEDICAL CARE

Decision Date: 7/17/2026

Admit Source:

Facility Code:

Admit Type:

Patient Status:

Additional Master Info

Notes for Authorization # 20260714710008200001

Add View Close

Subject	Message
EZNET - AUTHORIZATION NOTES	this is a test

Uploaded documentation appears as shown below.

Dashboard Main Menu My Profile Settings User Management Logout Welcome FELICIA NAVARRO

Providers Members Auth/Referrals Claims References Favorites General

Home >> Main Menu >> Auth/Referrals >> Inquiry

Authorization Details

Authorization Information

Authorization #: 20260714710008200001

Status: APPROVED

Processed By:

Place Of Service: OFFICE

LOS: 0

Priority Status: 2 - ROUTINE

HP Authorization #:

Request Category:

Service Type: 1 - MEDICAL CARE

Decision Date: 7/17/2026

Admit Source:

Facility Code:

Admit Type:

Patient Status:

Additional Master Info

Document Management

Add New Document Close

Location : \BZHM20260714710008200001

File Name	File ID	File Version	Reference ID	Parent Folder	Description
BLUEZONESHEA ACH AUTHORIZATION REQUEST FORM.PDF	17	1	TEST 123	BZHM20260714	THIS IS A TEST

You can also print the Auth letter — scroll down on the Auth Details page to find the print option.

Providers ▾ Members ▾ Auth/Referrals ▾ Claims ▾ References ▾ Favorites ▾ General ▾

Authorization Details

Healthplan: UHCS
PCP OV Co-Pay: N/A
Line Of Business: SENIOR
Service Area:

Referring Physician Information

Name: **DYSINGER, WAYNE STEPHEN** Provider ID: 1023121837
Specialty: FAMILY PRACTICE Phone: (951)742-7324
Fax: (951)394-7267 Service Area:

Performing Physician Information

Name: **PATEL, AMIT ISHWARBHAI** Provider ID: 1396734547
Specialty: ALLERGY/IMMUNOLOGY Phone: (909)931-4034
Fax: (909)931-2477 Service Area:

Services

Status	Additional Dtl Info	Auth Action	Auth Expiration	Auth Proc Grp	Service	Type	Description	Mod1	Mod2	Mod3	Mod4	Auth Qty	Co-Pay	Coinsurance	Admit Date	Discharge Date	Admit Type	Admit Source	Req Qty	Req Catg	Cert Type	Service Type	Fac Type Code	Service Line Amount
APPROVED	ADDITIONAL DTL INFO				99402	P	PREV MED CNSL&RSK FCTR RDCTJ INDV APPROX 30 MIN					1.000	0.00	0.00					1.000					0.00

[Approve All](#)
[Deny All](#)
[Submit Request](#)
[Printable Version](#)
[Auth Letter](#)

LICIA.NAVARRO Provider

This is the Auth letter. You can print it and send it to the patient and the requested provider.

Dashboard Main Menu My Profile Settings User Management Logout Welcome FELICIA

Providers ▾ Members ▾ Auth/Referrals ▾ Claims ▾ References ▾ Favorites ▾ General ▾

Authorization Details

Healthplan: UHCS
PCP OV Co-Pay: N/A
Line Of Business: SENIOR
Service Area:

Name: **DYSINGER, WAYNE STEPHEN**
Specialty: FAMILY PRACTICE
Fax: (951)394-7267

Name: **PATEL, AMIT ISHWARBHAI**
Specialty: ALLERGY/IMMUNOLOGY
Fax: (909)931-2477

Status: APPROVED

Auth Print

[Print](#) [Back to Auth Details](#)

Authorization Information

Authorization #: 20260714710008200001	Company ID: BZHM
Status: APPROVED	Requested Date: 07/14/2026
Processed By:	Time: 09:39:43
Place Of Service: OFFICE	Auth Action Date: 07/17/2026
LOS: 0	Determination Date: 07/17/2026
Priority Status: 2 - ROUTINE	Time: 20:48:16
HP Authorization #:	Expiration Date: 10/15/2026
Request Category:	Authorized Units: 0
Service Type: 1 - MEDICAL CARE	Requested Units: 0
Decision Date: 7/17/2026	Certification Type:
Admit Source:	Auth Service Pkg:
Facility Code:	Admit Type:
	Patient Status:

Patient Mailing Address

Patient Information

Patient Name: MOUSE, MICKEY
DOB: 7/17/1928
Age: 98.008
Gender: MALE
Memb ID: 1234567-01
Healthplan: UHCS
PCP OV Co-Pay: N/A
Service Area:

Diagnosis Information

Code	Version	Description
H01131	10	ECZEMATOUS DERMATITIS OF RIGHT UPPER EYELID

Referring Physician Information

Name: **DYSINGER, WAYNE STEPHEN** Provider ID: 1023121837
Specialty: FAMILY PRACTICE Phone: (951)742-7324
Fax: (951)394-7267 Service Area:

Performing Physician Information

Name: **PATEL, AMIT ISHWARBHAI** Provider ID: 1396734547
Specialty: ALLERGY/IMMUNOLOGY Phone: (909)931-4034
Fax: (909)931-2477 Service Area:

[Approve All](#)
[Deny All](#)
[Submit Request](#)
[Printable Version](#)
[Auth Letter](#)

2.3.3.2 Authorization or Referral Submission

To submit a referral or authorization:

The screenshot shows the EZ-NET Provider Portal interface. At the top, there is a navigation bar with links: Dashboard, Main Menu, My Profile, Settings, User Management, and Logout. Below this is a secondary navigation bar with tabs: Providers, Members, Auth/Referrals (selected), Claims, References, Favorites, and General. The 'Auth/Referrals' tab is expanded, showing a sub-menu with 'Inquiry', 'Auth Submission' (highlighted), and 'Referral Submission'. The main content area is titled 'Auth/Referral Search'. It contains a form with various search criteria: Company ID (dropdown menu set to 'ALL COMPANIES'), Auth/Referral # (text input), Requested Date From (dropdown) and To (dropdown), Auth Action Date From (dropdown) and To (dropdown), Auth Exp Date From (dropdown) and To (dropdown), HP Authorization # (text input), Request Type (radio buttons for Authorization, Referral, Both), Member ID (text input with search icon), Status (dropdown menu set to 'NONE SELECTED'), Performing Provider ID (text input with search icon), Referring Provider ID (text input with search icon), Auth Priority Status (text input with search icon), and Sort By (dropdown menu set to 'AUTH #'). There are 'Search', 'Clear', and 'View Report' buttons. Below the form is a table header with columns: Auth/Referral Number, Request Type, Status, Memb ID, Memb Name, Gender, DOB, Healthplan, Referring Provider, Performing Provider, Company, Priority, and HP Au.

- 1 Select “Auth Submission” on the drop-down menu.
- 2 Complete all required field marked in **BOLD**
- 3 Confirm you have the correct **Company ID** selected. *This is a relevant field. Selecting “All Companies” won’t work.*
- 4 Priority status **defaults to Routine**. Use the drop-down to select Retro or Urgent instead. Urgent requests require attestation and supporting documentation demonstrating medical necessity. You won't be able to submit without it.

NOTE: An appointment that simply needs to happen the next day does not qualify as urgent; urgent status is reserved for *medical urgency*. If you need to expedite a referral for another reason, record it in the Notes section.

The screenshot shows the 'Authorization Submission Entry' form. It includes fields for: Company ID (dropdown menu set to 'BZHM - BZ HEALTH MANAG'), Master Record, Requested Date (7/21/2026) and Time (00:09:46), Priority Status (dropdown menu set to '2' with a search icon and 'ROUTINE' text), LOS (0), Member ID, Healthplan Name, Name, Service Area, Requesting Provider ID (text input with search icon), Service Area, Requested Provider ID (text input with search icon), Service Area, Facility ID (text input with search icon), and Requested Units (0). A modal window titled 'Auth Priority Status Codes' is open, showing a table with 3 records. The table has columns 'Code' and 'Description'. The records are: 1 URGENT, 2 ROUTINE, and 3 RETRO. The 'URGENT' record is selected. The modal also shows 'No of Records: 3', 'Page 1 of 1', and 'Total Item(s): 3'.

5 Enter the Member ID, or provide the patient's first name, last name, and date of birth to look up their Member ID. Once you select the member, their demographics and PCP populate automatically.

6 For the **Requested Provider**, click the search icon. If you know the provider's information, enter it directly. If you only know the specialty, look up the specialty number instead. Eg: 46 is Endocrinology, which returns all endocrinologists you can refer to.

7 Select the specialist that works for the patient.

8 For **Place of Service**, choose from the list shown, or select directly from Your Favorites if you've set them up.

9 Add the Service Type.

10 Select the diagnosis code. If you don't know it, click the search icon, enter a description, and choose from the codes it returns.

11 Select the appropriate diagnosis code

Dashboard Main Menu My Profile Settings User Management Logout

Providers Members Auth/Referrals Claims References Favorites General

Additional Master info

Diagnosis Code: (Only 12 diagnosis codes allowed)

Number	Code	Version	Description	LOINC Code
1	E08	10	DIABETES MELLITUS DUE TO UNDERLYING CONDITION*	

Action: Auth Expiration:

Service Requested

12 Use the same process to select your procedure code.

Dashboard Main Menu My Profile Settings User Management Logout

Providers Members Auth/Referrals Claims References Favorites General

Procedure Code Search

Search Clear No of Records: OK Cancel

Service Type: PROFESSIONAL Procedure Code:

Procedure Description: Code Standard:

APC Group: Authorization Needed? ☐ Not Specified? ☐

☐ From Favorites ☐ Documentation Required? ☐

Procedure Code	Description	P/H	Service From Date	Service To Date	Code Standard
----------------	-------------	-----	-------------------	-----------------	---------------

Auth Action:

Service Requested

Procedure Code:

Auth Procedure Group:

Modifier 1: From Favorites ☐

Modifier 2:

Modifier 3:

Modifier 4:

Service Line Amount: Line Rate:

Auth Qty: 1,000 Diag Ref: 1

Admit Date:

Number of Days: 0

Admit Source:

Admit Type:

Requested Qty: 1,000

Dashboard Main Menu My Profile Settings User Management Logout

Providers Members Auth/Referrals Claims References Favorites General

Procedure Code Search

Search Clear No of Records: OK Cancel

Service Type: PROFESSIONAL Procedure Code: 99213

Procedure Description: Code Standard:

APC Group: Authorization Needed? ☐ Not Specified? ☐

☐ From Favorites ☐ Documentation Required? ☐

Procedure Code	Description	P/H	Service From Date	Service To Date	Code Standard
----------------	-------------	-----	-------------------	-----------------	---------------

Action:

Service Requested

Procedure Code:

Auth Procedure Group:

Modifier 1: From Favorites ☐

Modifier 2:

Modifier 3:

Modifier 4:

Service Line Amount: Line Rate:

Auth Qty: 1,000 Diag Ref: 1

Admit Date:

Number of Days: 0

Admit Source:

Admit Type:

Requested Qty: 1,000

13 Quantity defaults to 1 — change it if needed. Click Add Procedure to add it to the request.

Auth Qty: 1,000 Diag Ref: 1

Admit Date: Discharge Date:

Number of Days: 0 Admit Type:

Admit Source: Requested Qty: 1,000

Request Category: Certification Type:

Service Type: Facility Type Code:

[Add Proc](#)

Additional Dtl Info	Auth Action	Auth Expiration	Auth Service Type	Description	Mod1	Mod2	Mod3	Mod4	Auth Qty	Diag Ref	Admit Date	Discharge Date	Admit Type	Admit Source	Req Qty	Req Catg	Cert Type	Service Type	Fac Type Code	Service Line Amount	Line Rate
☒ Additional Detail Info			99213	OFFICE/OUTPATIENT ESTABLISHED LOW NDM 20 MIN	☐	☐	☐	☐	1,000	1					1,000						

Auth Notes

[\(Click to Enlarge Notes\)](#)

PLEASE ATTACH MOST RECENT CLINICAL NOTES

14 Add any relevant notes. You can also attach documents using the icon in the top right.

Providers Members Auth/Referrals Claims References Favorites General

Home >> Main Menu >> Auth/Referrals >> Auth Submission

Authorization Submission Entry

Company ID: BZHM - BZ HEALTH MANAG

Master Record

Requested Date: 7/21/2026 Time: 00:09:46

Priority Status: 2 ROUTINE

LOS: 0

Member ID: 1234567-01

Healthplan Name: UNITEDHEALTHCARE MEDICARE

Name: MOUSE, MICKEY

Service Area:

Requesting Provider ID: 1023121837 DYSINGER WAYNE

Service Area:

Requested Provider ID: 1073763983 SEIGEL STUART

Service Area:

Facility ID:

Requested Units: 0

Document Management

[Add New Document](#) [Close](#)

Location: BZHM82

File Name	File ID	File Version	Reference ID	Parent Folder	Description
-----------	---------	--------------	--------------	---------------	-------------

Providers Members Auth/Referrals Claims References Favorites General

Home >> Main Menu >> Auth/Referrals >> Auth Submission

Authorization Submission Entry

Company ID: BZHM - BZ HEALTH MANAG

Master Record

Requested Date: 7/21/2026 Time: 00:09:46

Priority Status: 2 ROUTINE

LOS: 0

Member ID: 1234567-01

Healthplan Name: UNITEDHEALTHCARE MEDICARE

Name: MOUSE, MICKEY

Service Area:

Requesting Provider ID: 1023121837 DYSINGER WAYNE

Service Area:

Requested Provider ID: 1073763983 SEIGEL STUART

Service Area:

Facility ID:

Requested Units: 0

Document Management

[Add New Document](#) [Close](#)

File Upload

File: NO FILE CHOSEN

Reference ID:

Description:

Location: BZHM82

[Upload](#) [Cancel](#)

15 Confirm all the required information is complete

16 Click Submit Request.

Dashboard Main Menu My Profile Settings User Management Logout

Providers Members Auth/Referrals Claims References Favorites General

Home >> Main Menu >> Auth/Referrals >> Auth Submission

Summary of Auth Submission

Request succeeded! there are some warning/pend conditions:
The Authorization was successfully entered into EZ-CAP
Your Tracking number is: 20260721710008200001

Performing Physician Information

Name: SEIGEL STUART
Address: 9471 HAVEN AVE #140
 RANCHO CUCAMONGA, CA - 917305818
Phone: (909)474-2333
Fax: (909)944-8111

PLEASE ATTACH MOST RECENT CLINICAL NOTES. THANK YOU!
 Service Line 1 warning/pend conditions:
 1. Provider does not participate in this HealthPlan Line of Business
 2. Preferred status on specialty is not Active

[Submit Another Auth](#)

Submission confirmation, with tracking information.

Upon submission, your request is added to EZCAP, and, depending on your configuration, you will receive an automatic confirmation message with tracking information.

To confirm the auth/referral was submitted, copy the tracking number and search for it under Inquiry — it will show a status of In Process.

Dashboard Main Menu My Profile Settings User Management Logout Welcome FELICIA

Providers Members Auth/Referrals Claims References Favorites General

Home >> Main Menu >> Auth/Referrals >> Inquiry

Auth/Referral Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: **BZHM - BZ HEALTH MANAGEMENT LLC**

Auth/Referral #: 20260721710008200001

Requested Date From: 6/21/2026 To:

Auth Action Date From: To:

Auth Exp Date From: To:

HP Authorization #:

Request Type: ☒ Authorization ☐ Referral ☐ Both

Member ID:

Status: NONE SELECTED

Performing Provider ID:

Referring Provider ID:

Auth Priority Status:

Sort By: AUTH #

[Search](#) [Clear](#) [View Report](#)

Auth/Referral Number	Request Type	Status	Mem ID	Mem Name	Gender	DOB	Healthplan	Referring Provider	Performing Provider	Company	Priority	HP Auth #
20260721710008200001	A	IN PROCESS	1234567-01	MOUSE, MICKEY	MALE	7/17/1928	UHCS	DYSINGER, WAYNE ST...	SEIGEL STUART CHARLES	BZHM	2	

TIP: If the Requesting PCP field doesn't auto-populate once member info is entered, click into the field and press Tab.

NOTE: Urgent authorizations will require supplemental documentation and attestation that the request is urgent.

TIP: If you need to submit both an authorization and a related referral, submit them separately — EZ-NET tracks each with its own reference number even when they're for the same visit.

2.3.3.3 Authorizations or Referral Changes

Need to make a change to an existing authorization or referral? While EZ-NET doesn't support edits directly, getting it updated is easy. Please reach out to us in one of the following ways:

1. Fax the BZH UM fax line at **1-818-921-3123** with the authorization's identifying information along with your requested changes, or
2. Call BZH Customer Service at **1-833-LIV-BLUE**, and they will route your request to our UM team
3. Send a “mail” message to BZH CSR through the provider portal

In all cases, the UM team will make the requested changes on your behalf.

2.3.3.4 Referral to BZH Well-Being Services (WBS)

Well-Being Services (WBS) is BZH's care team - an extension of your own office's care team that provides between-visit support to your patients, helping them stay on track with care plans, connect with community resources, and manage day-to-day health needs in between appointments. You can refer a patient to WBS directly from EZ-NET.

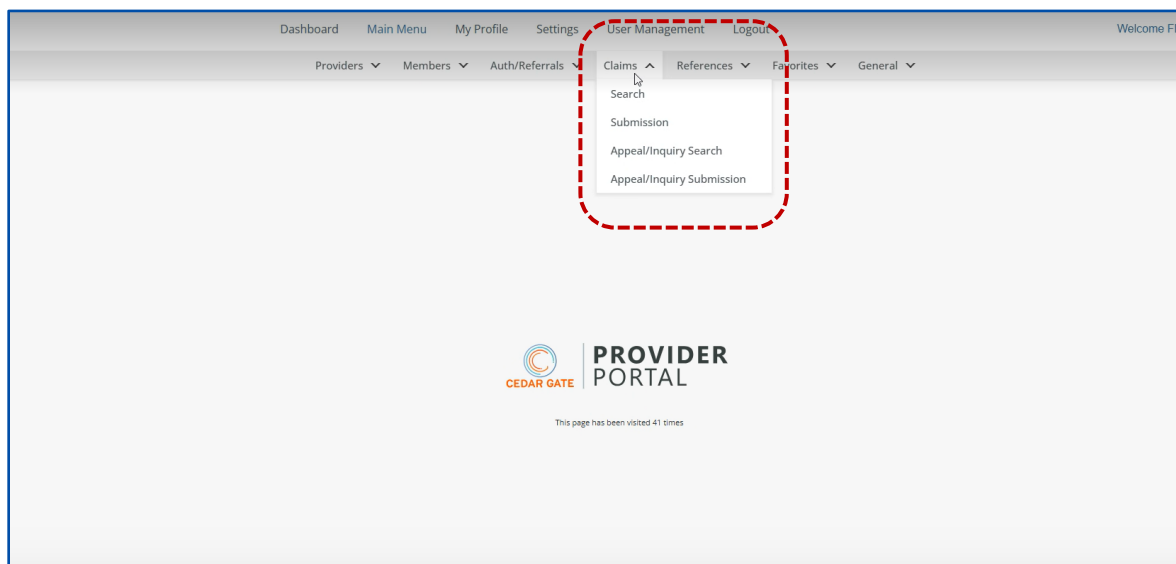
- 1 Open the Auth/Referrals menu and select Submission.
- 2 Set Request Type to Referral, then select Well-Being Services as the requested provider/service.
- 3 Choose the CPT code(s) that reflects the service(s) for which you're referring the patient.

Complete the rest of the referral the same way as any other referral submission — enter the patient's information, add any relevant notes, and click Submit Request. See [Authorization or Referral Submission](#), for the full walkthrough.

2.3.4 Claims Menu

The Claims section provides access to claim inquiry and status tracking, allowing users to review the status and details of submitted claims.

Below is the Claims drop-down menu.



You can search claims here. The other options shown — Submission, Appeal Search, and Appeal Submission — are not accessible from this menu.

2.3.4.1 Claims Submission

You can submit a claim through two ways:

1. Through your clearinghouse
2. Mail to BZH at: Blue Zones Health, PO Box 159, La Verne, CA 91750-0159

2.3.4.2 Claims Status Inquiry

You can check the status of a claim already submitted for one of your patients — useful for following up on payment, denials, or processing delays.

- 1 Select the Claims drop-down on the Main Menu and click “Search” to open the Claim Search window.

- 2 Enter any known criteria (Member ID, Claim #, Patient Name, Provider, or Service Date range) and click Search.
- 3 Click a Claim # (blue hyperlink) in the results to view full claim details, including line-level payment and adjustment information.
- 4 To return to the *Claim Search Results* or *Claims* window, use the navigation tool at the top of the screen by clicking on the *Claims* tab and selecting *Inquiry* from the drop-down.

2.3.4.2 Claims Appeals

Blue Zones Health maintains a fast, fair dispute resolution process to review and resolve provider disputes in accordance with regulatory guidelines. To appeal a claim, complete the Provider Dispute Resolution Request form (found in your Communications folder in the Dashboard) and mail it to the address provided. This process is handled outside EZ-NET.

When to Use This Process

The provider dispute resolution process applies to both contracted and non-contracted providers who are challenging, appealing, or requesting reconsideration of a claim — or a bundled group of substantially similar, individually numbered claims that has been denied, adjusted, or contested; seeking resolution of a billing determination or other dispute; or disputing a request for reimbursement of a claim overpayment.

Filing a Dispute

BZH providers file disputes by printing and completing the Provider Dispute Resolution Request form (*included in the Communications section of your Dashboard*), then mailing it to the address below. A dispute submitted in writing must include, at minimum:

- The provider's name
- The provider's NPI or other identification number
- The provider's contact information — mailing address and phone number
- The patient's name, when applicable

- The patient's Health Plan ID number
- The date of service, when applicable
- A clear explanation of the issue the provider believes to be incorrect, including supporting medical records when applicable

If the dispute covers multiple, substantially similar claims, complete the spreadsheet on page 2 of the Provider Dispute Resolution Request form instead of submitting separate forms for each claim.

Where to Send Dispute Resolution Requests

All provider disputes and supporting information must be submitted in writing to:

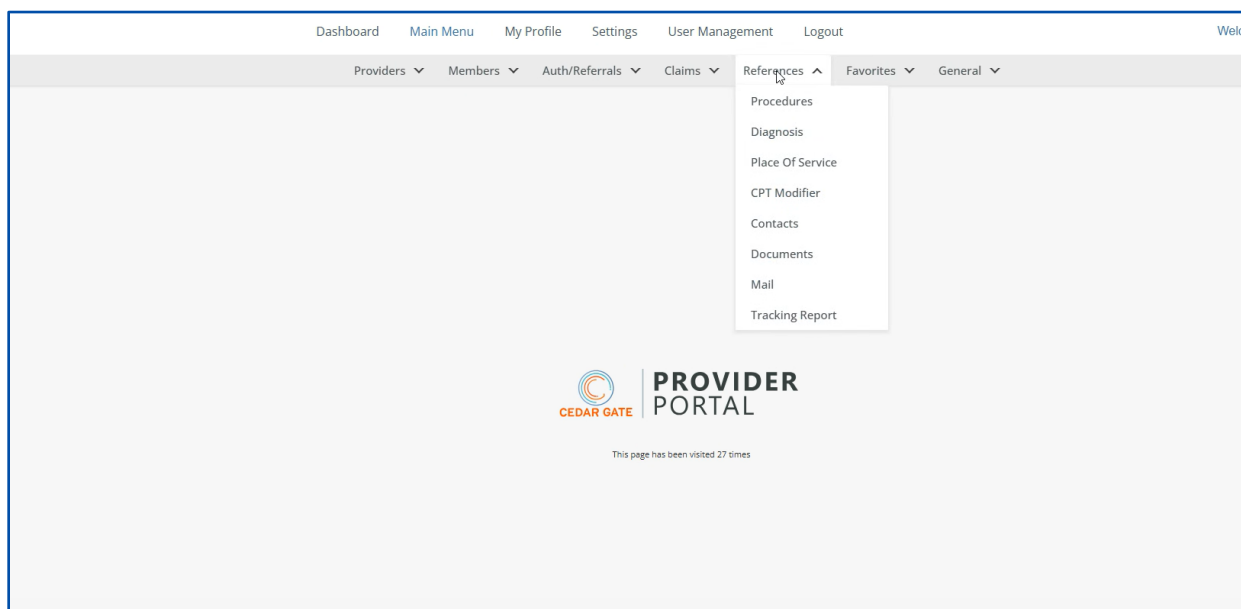
Blue Zones Health
P.O. Box 159
La Verne, CA 91750

2.3.5 References Menu

The Reference Menu allows the user to review system references.

Select one of the following options from within the “References” section on the Main Menu:

- Procedures
- Diagnosis
- Place of Service
- CPT Modifiers
- Mail – this is how you can send messages to the BZH Customer Service team. There is also a quick link to this feature through your Dashboard.
- Documents — this is not an accessible feature
- Tracking Report — this is not an accessible feature



When one of these is selected, a search criteria dialog box will be displayed.

To search a request:

- 1 Select the request type from the menu — the Search screen will display.
- 2 Enter the requested search information code in the dialog box.
- 3 Click the Search button.

2.3.6 Favorites Menu

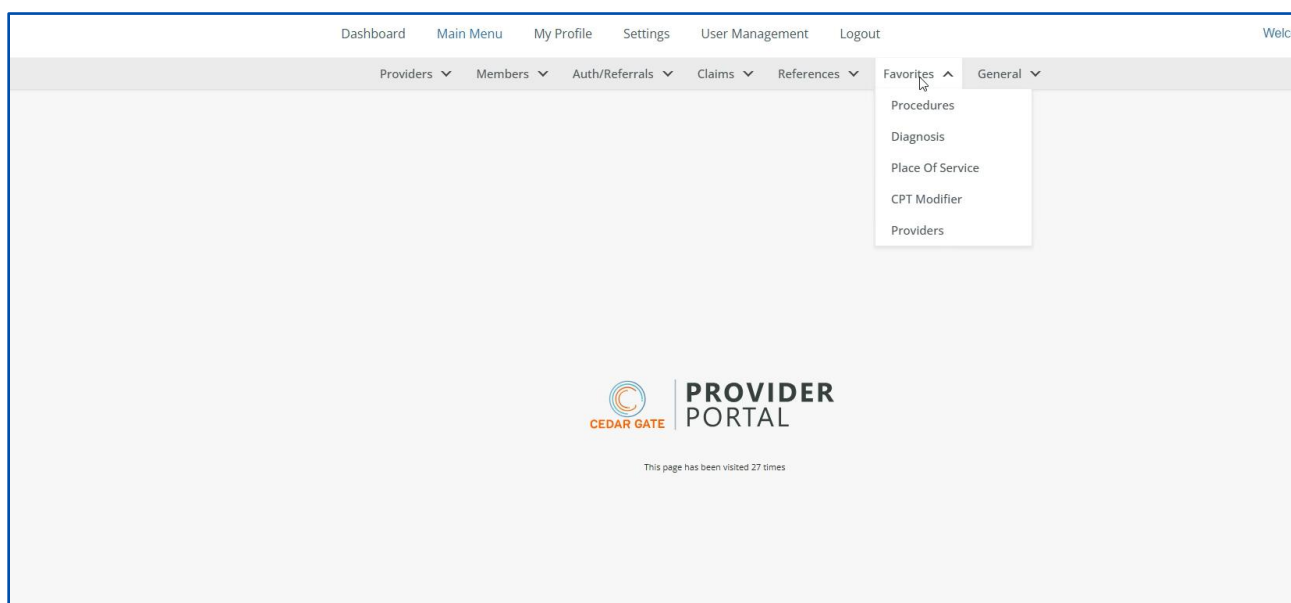
This feature allows a provider to add a repeated procedure, provider, diagnosis, place of service, or code to their favorites list, for ease of use when entering, searching, or submitting an authorization.

This section has:

- Procedures
- Diagnosis
- Place of Service
- CPT Modifier
- Providers

Log in to EZ-NET → Favorites menu → Place of Service

Search for applicable criteria (see the example for Place of Service below), then move the matching records from the left-hand box to the right-hand box and click Save.



You can do the same for Diagnosis, CPT, and Modifier codes — for example, you can search all diagnosis codes with a description of “fall” in them.

As an office manager, you can also add just the providers you work with under Providers.

3. How to Contact Us

There are multiple ways to reach BZH depending on your needs.

3.1 BZH Contacts Listing

BZH Customer Service is always ready to be the front door to any questions or concerns you might have. You can reach them at 1-833-LIV-BLUE. Additionally, for specific needs, please find our contact list below:

Department / Concern	Contact
Blue Zones Health Main Customer Service Number	1-833-LIV-BLUE
Authorizations (M–F, 8am–5pm PT)	portal.bluezoneshealth.com or 1-833-LIV-BLUE
Authorizations: (After Hours)	1-252-316-7221
Care Management (M–F, 8am–4pm PT)	caremanagementteam@bluezoneshealth.com 1- 866-258-3966
Claims	1-833-LIV-BLUE Appeals are mailed to this address
Contracting	Your local Blue Zones Health representative
Credentialing	credentialing@bluezoneshealth.com
Eligibility	portal.bluezoneshealth.com or 1-833-LIV-BLUE
Provider Operations Issues	providerops@bluezoneshealth.com
Portal account set up and password resets	1-833-LIV-BLUE
Quality Management (M–F, 8am–5pm PT)	1-833-836-0816
Risk Adjustment (M–F, 8am–5pm PT)	1-833-574-4400
Urgent Care Search	https://bluezoneshealth.com/provider-search/
UM fax line [Anthem only] (M-F, 8am-5pm PT) UM fax line [All other plans] (M-F, 8am-5pm PT)	1-424 210 9420 1-818-921-3123
Well-Being Services (M–F, 8am–5pm PT)	careteam@bluezoneshealth.com 1-310-295-0981

3.2 Mail Feature on EZ-Net

Mail is a messaging feature that lets you send messages directly to the BZH Customer Services team. When you click Submit, an incident is created in EZ-CAP, and a **Customer Service Representative will respond within 48 hours.**

