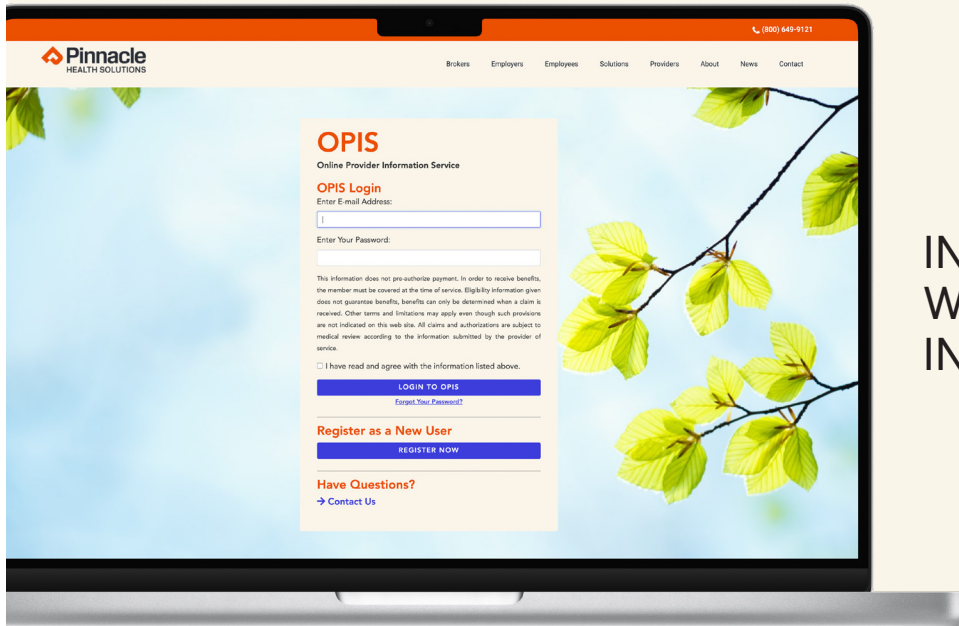




INTRODUCTION TO WEB ONLINE PROVIDER INFORMATION SYSTEM

Pinnacle Health Solutions now offers health care providers the option of bypassing our Customer Service Department with the ability to access information through our Web Online Provider Information System (OPIS).

This new enhancement to our OPIS product gives YOU the provider, FREE, convenient and useful information at your fingertips. Pinnacle Health Solutions has created a HIPAA-compliant product that offers vital information 24 hours a day, 7 days a week.

Connecting to OPIS has never been easier, just log on to webopis.pinnacle-health.com and gain direct access to the following information:

- Patient Eligibility
- Claim Status
- Patient Correspondence
- Electronic Remittance Advice
- Plan Text

OPIS reduces operating cost by streamlining processes which will bring your patient relations to a new level. With the enhanced OPIS product you now have the ability to download a manual providing step-by-step detail on how to retrieve essential data. Pinnacle's OPIS Coordinator is available to assist providers with the initial set-up and if desired, onsite training for your staff. For more information regarding OPIS, please contact Pinnacle's Administration Department.

HOW TO REGISTER

Step 1: Click on the **Register Now** link.

Visit webopis.pinnacle-health.com and click on the **Register Now** link.

OPIS
Online Provider Information Service

OPIS Login
Enter E-mail Address:

Enter Your Password:

This information does not pre-authorize payment. In order to receive benefits, the member must be covered at the time of service. Eligibility information given does not guarantee benefits, benefits can only be determined when a claim is received. Other terms and limitations may apply even though such provisions are not indicated on this web site. All claims and authorizations are subject to medical review according to the information submitted by the provider of service.

☐ I have read and agree with the information listed above.

LOGIN TO OPIS
[Forgot Your Password?](#)

Register as a New User
REGISTER NOW

Step 2: Fill out the registration form and click **Submit**.

Note: Please remember your password will not be displayed during registration.

City

State
Select a State

Zip Code

Primary Tax ID

Physician License (optional)

Phone

Fax (optional)

Extension (optional)

SUBMIT

You will be required to accept terms of use. Click **I have read and agree with the information above.**

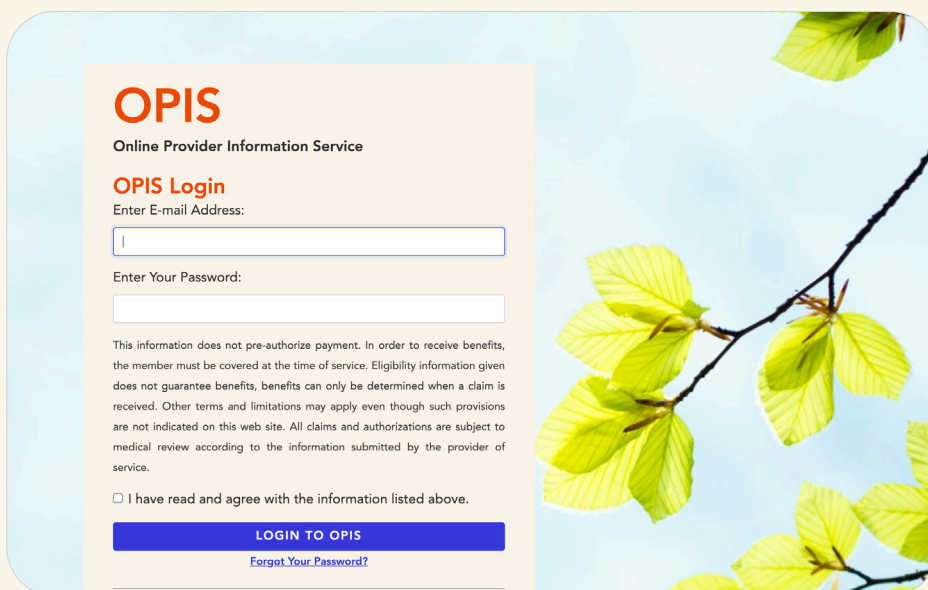
A confirmation email will be sent with an access only link. Once you click on the confirmation link your account will be confirmed and you can begin using WebOPIS.

Only claims information related to the Tax ID submitted will be visible to your account. Additional Tax IDs can be added to the account with additional verification after account is active.

LOG IN

Enter username (email address) and password. Read and acknowledge the statement by checking **I have read and agree with the information listed above** and click **Login to Opis**.

Note: Password is case sensitive

The screenshot shows the OPIS Login page. At the top, the OPIS logo is displayed in orange, followed by the text "Online Provider Information Service". Below this, the "OPIS Login" heading is shown in orange. The login form includes two input fields: "Enter E-mail Address:" and "Enter Your Password:". A checkbox labeled "I have read and agree with the information listed above." is present below the password field. A blue button labeled "LOGIN TO OPIS" is at the bottom of the form, with a link "Forgot Your Password?" underneath it. The background of the page features a light blue sky and green leaves on the right side.

OPIS
Online Provider Information Service

OPIS Login
Enter E-mail Address:

Enter Your Password:

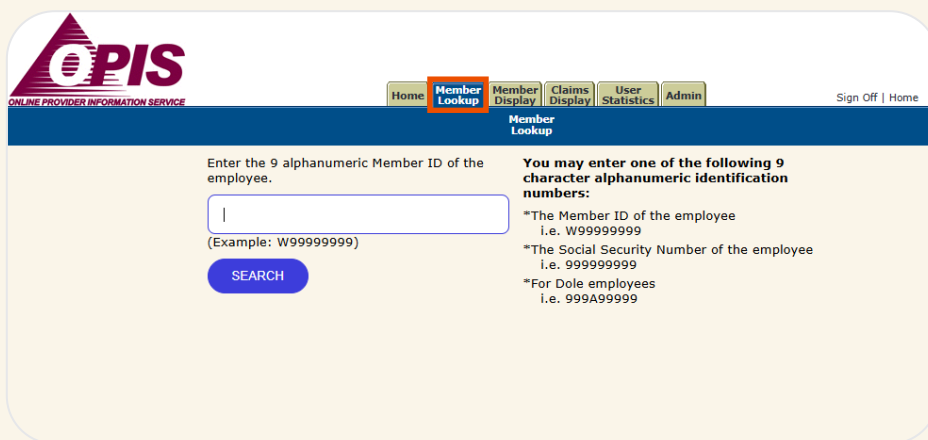
This information does not pre-authorize payment. In order to receive benefits, the member must be covered at the time of service. Eligibility information given does not guarantee benefits, benefits can only be determined when a claim is received. Other terms and limitations may apply even though such provisions are not indicated on this web site. All claims and authorizations are subject to medical review according to the information submitted by the provider of service.

☐ I have read and agree with the information listed above.

LOGIN TO OPIS
[Forgot Your Password?](#)

MEMBER LOOKUP

Type in the main subscribers Healthcare ID number or Social Security number and click **Search**.

The screenshot shows the OPIS Member Lookup page. At the top, the OPIS logo is displayed in purple, followed by the text "ONLINE PROVIDER INFORMATION SERVICE". A navigation bar contains links: Home, Member Lookup (highlighted in orange), Member Display, Claims Display, User Statistics, and Admin. The "Member Lookup" section is active, showing a form to enter a 9 alphanumeric Member ID. A blue button labeled "SEARCH" is at the bottom of the form. To the right of the form, a list of 9 character alphanumeric identification numbers is provided, including examples for employee ID, Social Security Number, and For Dole employees. The background of the page is white with a blue header bar.

OPIS
ONLINE PROVIDER INFORMATION SERVICE

Home **Member Lookup** Member Display Claims Display User Statistics Admin

Sign Off | Home

Enter the 9 alphanumeric Member ID of the employee.

(Example: W99999999)

SEARCH

You may enter one of the following 9 character alphanumeric identification numbers:

- *The Member ID of the employee
i.e. W99999999
- *The Social Security Number of the employee
i.e. 999999999
- *For Dole employees
i.e. 999A99999

MEMBER DISPLAY – FAMILY SUMMARY

Click on the member and
click **Select**.

Note: This screen only displays
the most current effective date
on file.

OPIS
ONLINE PROVIDER INFORMATION SERVICE

Home Member Lookup **Member Display** Claims Display User Statistics Admin Sign Off | Home

Family Summary Individual Summary

Family Information: W000000000

	Last	First	DOB	Sex	Rel	Effective	Term
☒	Jones	John	07/10/1965	M	Self	08/01/2026	00/00/0000
☐	Jones	Jane	01/12/1975	F	Spouse	08/01/2026	00/00/0000

Member Lookup **Member Display** Claims Display S

Family Summary Individual Summary

MEMBER DISPLAY – INDIVIDUAL DISPLAY

OPIS
ONLINE PROVIDER INFORMATION SERVICE

Home Member Lookup **Member Display** Claims Display User Statistics Admin Sign Off | Home

Family Summary **Individual Detail** Plan Text Eligibility & Plan History

Eligibility Detail Information: W0000000000 - Jones, John

Detailed Member Information:

Health Care ID:	W0000000000 -	Address:	1234 MAIN STREET
Name:	Jones, John	City:	SEASIDE
DOB:	07/10/1965	State:	CA
Gender:	M	Zip:	93955
Relation:	Self	Pre-Existing Waiver:	Y
Student:	N		

Current Health Plan Information:

	Type	Plan	Effective	Term
☒	MED	69127	08/01/2026	00/00/0000
☐	DEN	73409	08/01/2026	00/00/0000
☐	VIS	80711	08/01/2026	00/00/0000
	PHM	01055	08/01/2026	00/00/0000

Home Member Lookup **Member Display** Claims Display User Statistics A

Family Summary **Individual Detail** Plan Text Eligibility & Plan History

PLAN TEXT

Eligibility Detail Information: W0000000000 - JOHN JONES

Detailed Member Information:			
Health Care ID:	W0000000000	Address:	1234 MAIN STREET
Name:	Jones, John	City:	SEASIDE
DOB:	07/10/1965	State:	CA
Gender:	M	Zip:	93955
Relation:	Self	Pre-Existing Waiver:	Y
Student:	N		

Current Health Plan Information:				
	Type	Plan	Effective	Term
☒	MED	69127	08/01/2026	00/00/0000
☐	DEN	73409	08/01/2026	00/00/0000
☐	VIS	80711	08/01/2026	00/00/0000
	PHM	01055	08/01/2026	00/00/0000

[PLAN](#) View Plan Text (Select Plan Above)

[CLAIM](#) View Claims Information



ONLINE PROVIDER INFORMATION SERVICE

Home

Member Lookup

Member Display

Claims Display

User Statistics

Admin

Family Summary

Individual Detail

Plan Text

Eligibility & Plan History

Sign Off | Home

ADMINISTERED BY PINNACLE HEALTH SOLUTIONS

D'ARRIGO BROTHERS OF CALIFORNIA
ADMINISTERED BY PINNACLE CLAIMS MANAGEMENT, INC

EFFECTIVE 08/01/14
PLAN IS NON-GRANDFATHERED

EFFECTIVE 8/01/2011:
ELIGIBLE DEPENDENT CHILD COVERAGE UP TO AGE TWENTY-SIX (26).

EFFECTIVE 8/01/2011:
PRE-EXISTING LIMITATIONS WAIVED FOR ELIGIBLE DEPENDENT CHILD UNDER AGE NINETEEN (19).

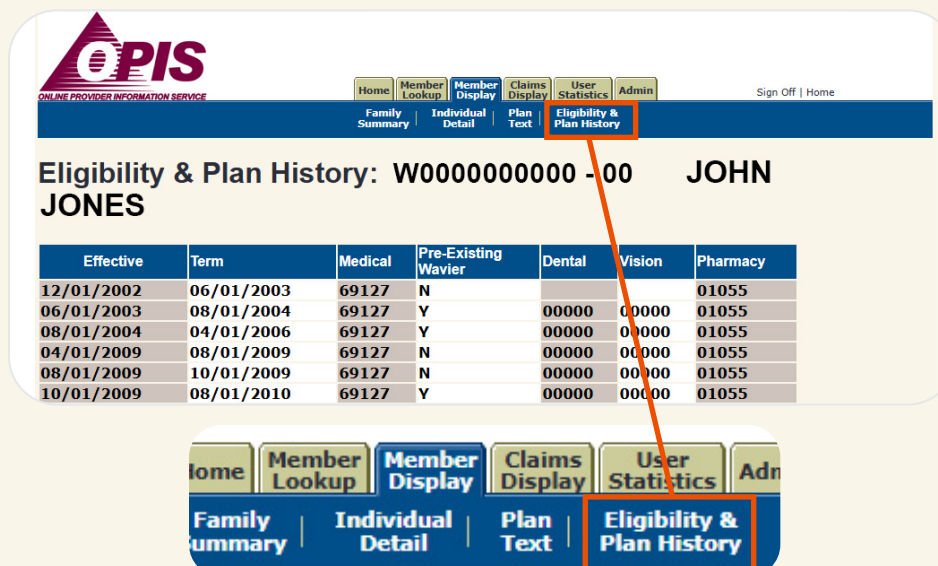
NOTE: CLAIMS SHOULD BE FILED WITHIN 90 DAYS AFTER THE EXPENSES WERE INCURRED. CLAIMS WILL STILL BE CONSIDERED FOR PAYMENT WHEN IT IS NOT POSSIBLE TO PROVIDE NOTIFICATION WITHIN 90 DAYS, BUT CLAIMS SHOULD BE FILED AS SOON AS POSSIBLE. IN NO EVENT WILL CLAIMS BE PAID IF THEY ARE SUBMITTED MORE THAN 12 MONTHS AFTER THE EXPENSE WAS INCURRED, EXCEPT IN THE ABSENCE OF LEGAL CAPACITY.

EFFECTIVE 8/1/26:
PPO PLAN - PARTICIPATING PROVIDER NETWORK
JAA NETWORK

EFFECTIVE 08/01/14 -
DEDUCTIBLE:
\$300 INDIVIDUAL/\$600 TWO FAMILY MEMBERS/\$900 FAMILY PER CALENDAR YEAR

EFFECTIVE 08/01/14 -
OUT OF POCKET MAXIMUMS:
PAR = \$3,000 PER INDIVIDUAL / \$6,000 PER FAMILY PER CALENDAR YEAR
NONPAR = \$10,000 PER INDIVIDUAL / \$20,000 PER FAMILY PER CALENDAR YEAR

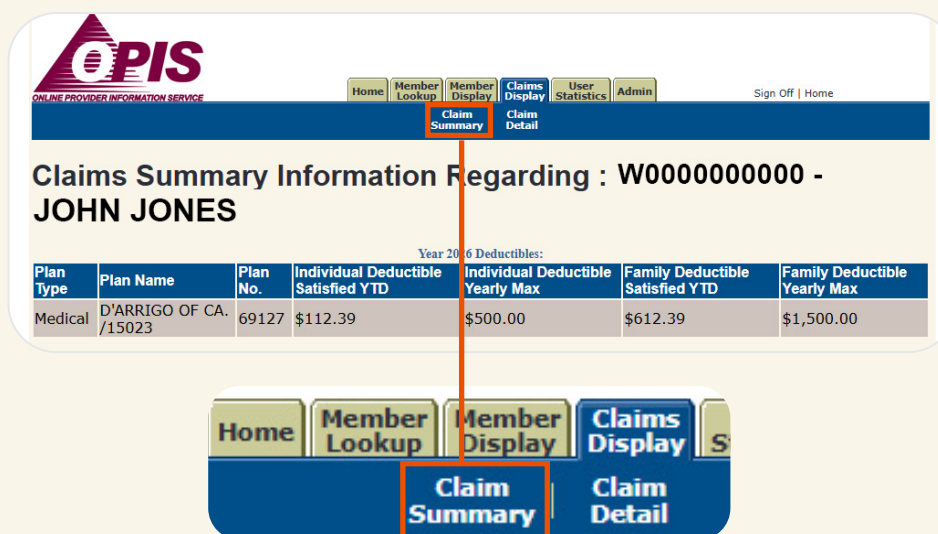
PLAN HISTORY



The screenshot shows the OPIS (Online Provider Information Service) interface. The top navigation bar includes links for Home, Member Lookup, Member Display, Claims Display, User Statistics, and Admin. A secondary bar shows Family Summary, Individual Detail, Plan Text, and Eligibility & Plan History. The main heading is "Eligibility & Plan History: W0000000000 -00 JOHN JONES". Below this is a table with columns: Effective, Term, Medical, Pre-Existing Wavier, Dental, Vision, and Pharmacy. The table lists several rows of plan history data. A red box highlights the "Eligibility & Plan History" link in the secondary navigation bar, and an orange line points from it to the main heading.

Effective	Term	Medical	Pre-Existing Wavier	Dental	Vision	Pharmacy
12/01/2002	06/01/2003	69127	N			01055
06/01/2003	08/01/2004	69127	Y	00000	00000	01055
08/01/2004	04/01/2006	69127	Y	00000	00000	01055
04/01/2009	08/01/2009	69127	N	00000	00000	01055
08/01/2009	10/01/2009	69127	N	00000	00000	01055
10/01/2009	08/01/2010	69127	Y	00000	00000	01055

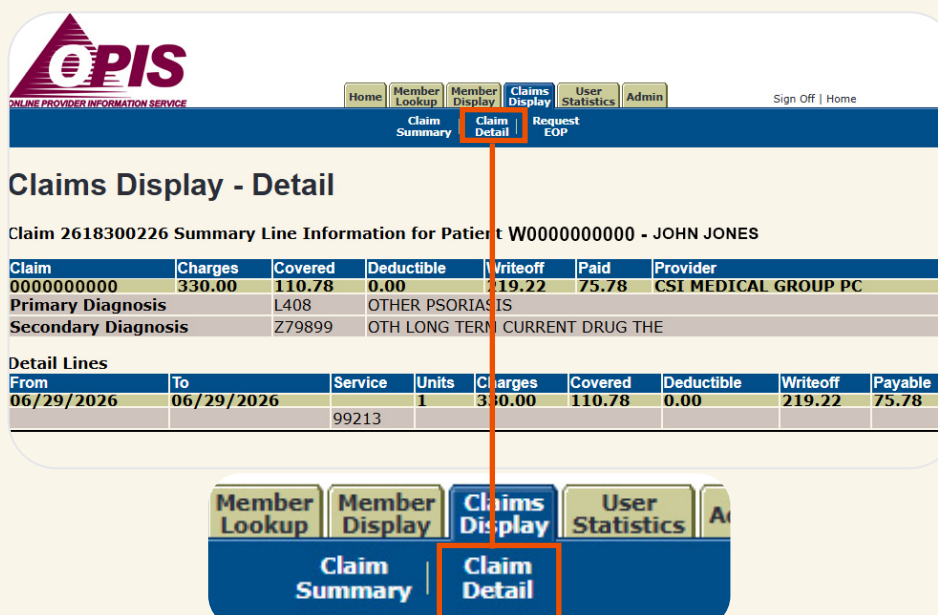
CLAIMS DISPLAY – CLAIM SUMMARY



The screenshot shows the OPIS interface for the Claims Summary page. The top navigation bar is the same as the previous page. The secondary bar now highlights "Claim Summary" and "Claim Detail". The main heading is "Claims Summary Information Regarding : W0000000000 - JOHN JONES". Below this is a table with columns: Plan Type, Plan Name, Plan No., Individual Deductible Satisfied YTD, Individual Deductible Yearly Max, Family Deductible Satisfied YTD, and Family Deductible Yearly Max. The table shows data for a Medical plan. A red box highlights the "Claim Summary" link in the secondary navigation bar, and an orange line points from it to the main heading.

Plan Type	Plan Name	Plan No.	Individual Deductible Satisfied YTD	Individual Deductible Yearly Max	Family Deductible Satisfied YTD	Family Deductible Yearly Max
Medical	D'ARRIGO OF CA. /15023	69127	\$112.39	\$500.00	\$612.39	\$1,500.00

CLAIMS DISPLAY – CLAIM DETAIL



The screenshot shows the OPIS interface for the Claims Detail page. The top navigation bar is the same. The secondary bar now highlights "Claim Detail" and "Request EOP". The main heading is "Claims Display - Detail". Below this is a section for "Claim 2618300226 Summary Line Information for Patient W0000000000 - JOHN JONES". This is followed by a table with columns: Claim, Charges, Covered, Deductible, Writeoff, Paid, and Provider. The table shows data for a claim with a primary diagnosis of L408 (OTHER PSORIASIS) and a secondary diagnosis of Z79899 (OTH LONG TERM CURRENT DRUG THE). Below this is a "Detail Lines" section with a table with columns: From, To, Service, Units, Charges, Covered, Deductible, Writeoff, and Payable. The table shows data for a claim from 06/29/2026 to 06/29/2026. A red box highlights the "Claim Detail" link in the secondary navigation bar, and an orange line points from it to the main heading.

Claim	Charges	Covered	Deductible	Writeoff	Paid	Provider
0000000000	330.00	110.78	0.00	219.22	75.78	CST MEDICAL GROUP PC

From	To	Service	Units	Charges	Covered	Deductible	Writeoff	Payable
06/29/2026	06/29/2026	99213	1	330.00	110.78	0.00	219.22	75.78

Need Help?

Email our customer service team at customerservice@pinnacle-health.com or call us at (800) 649-9121.