

Create Account and Sign In Instructions

On the left hand side of the page under the “Sign In” box choose “Create Account”

The screenshot displays the New York State Department of Financial Services Portal. The header includes the state logo, the text "New York State", "State Agencies", and a search bar. Below the header is a navigation bar with "Welcome" and "Guest Applications". The main content area is split into two columns. The left column contains a "Sign In" box with fields for "Username or Email" and "Password", a "Remember Me" checkbox, a "Sign In" button, and links for "Create Account" and "Forgot Password". The right column contains a "Welcome" message, followed by a heading "Welcome to the New York State Department of Financial Services Portal." and a paragraph explaining the portal's purpose. Below this are three sections: "Secured Applications" with instructions for creating an account and a link to "Instructions"; "Guest Applications" with a link to "Guest Applications"; and "Lost Policy Finder" with a link to "www.NYPolicyFinder.com".

Welcome - DFS Portal

New York State State Agencies Search all of NY.gov

DEPARTMENT of FINANCIAL SERVICES

Welcome Guest Applications

My Portal

Welcome

Sign In

Username or Email

Password

Remember Me

Sign In

[Create Account](#) [Forgot Password](#)

Welcome

Welcome to the New York State Department of Financial Services Portal.

As part of our commitment to servicing consumers, insurers, and state officials we have made available a number of web based applications. Some of these applications require secured and approved access and some do not. Our goal is to create a single place that you can come to address your various interactions with the Insurance department.

Secured Applications

If you were directed to our site to request access for a secured application, please create an account and select from the list of available applications. For more information please see the detailed [Instructions](#) (opens a new window).

If you are a trusted source and need instructions for approving your users, see these [Instructions](#).

Guest Applications

Guest applications are available to everyone and do not require login. For a complete list go to: [Guest Applications](#)

Lost Policy Finder

If you are looking to submit a request to our new lost policy finder application please visit: www.NYPolicyFinder.com

Complete the boxes shown.

Your temporary password will be sent to the email address you provided on the form.

The screenshot shows a web browser window titled "Welcome - DFS Portal - Windows Internet Explorer". The address bar contains the URL: https://myportal.dfs.ny.gov/home?p_auth=ghlccvP338p_p_id=58&p_p_lifecycle=1&p_p_state=maximized&p_p_mode=view&p_p_col_id=column-1&p_p_...

The page header includes "New York State" and "State Agencies" on the left, and "Search all of NY.gov" and "Sign In" on the right. The main header features the "DEPARTMENT of FINANCIAL SERVICES" logo and name.

The navigation menu includes "Welcome" and "Guest Applications". Below this, a breadcrumb trail shows "My Portal > Welcome".

The main content area is titled "Create Account" and includes a "Return to Full Page" link. The form fields are:

- First Name: A yellow highlighted text box.
- Middle Name: A text box.
- Last Name: A text box.
- Email Address: A text box.
- Text Verification: A box containing a distorted image of the number "8209".

At the bottom of the form is a "Save" button and links for "Sign In" and "Forgot Password".

The footer of the page reads "aliferayp1 | Powered By Liferay".

The Windows taskbar at the bottom shows the Start button, Internet Explorer, Mail - Inbox - IBM..., 2 Internet Exp..., Microsoft Excel, Microsoft PowerP..., Desktop, My Documents, and the system clock showing 11:50 AM.

Once you receive your password, return back to the “Sign In” page. Enter your password in the box and click on sign in.

<p> Sign In</p> <p>Username or Email <input type="text" value="provider@gmail.com"/></p> <p>Password <input type="password"/></p> <p><input type="checkbox"/> Remember Me</p> <p><input type="button" value="Sign In"/></p> <p>Create Account Forgot Password</p>	<p> Welcome</p> <p>Welcome to the New York State Department of Financial Services Portal.</p> <p>As part of our commitment to servicing consumers, insurers, and state officials we have made available a number of web based applications. Some of these applications require secured and approved access and some do not. Our goal is to create a single place that you can come to address your various interactions with the insurance department.</p> <p>Secured Applications</p> <p>If you were directed to our site to request access for a secured application, please create an account and select from the list of available applications. For more information please see the detailed instructions (opens a new window).</p> <p>If you are a trusted source and need instructions for approving your users, see these instructions.</p> <p>Guest Applications</p> <p>Guest applications are available to everyone and do not require login. For a complete list go to: Guest Applications</p> <p>Lost Policy Finder</p> <p>If you are looking to submit a request to our new lost policy finder application please visit: www.NYPolicyFinder.com</p>
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Click on “Available Applications” to request access to the Provider Complaint Forms.

Then click “Request Access”.

The screenshot shows a web browser window displaying the DFS Portal. The page title is "Application Access". There are two tabs: "My Applications" and "Available Applications", with the latter being selected. Below the tabs, there is a message: "The applications listed below require authorization. You can request access to the application by clicking request access. You will receive an email with approval/rejection once the request has been processed." Below this message is a table with two columns: "Application" and "Action".

Application	Action
36th Amendment to Regulation 62 Inquiry	Request Access
Annual Statements for Retirement Systems and Pension Funds	Request Access
Death Claims Practices Special Report	Request Access
Disaster Preparedness and Response	Request Access
Excess Lines - Premium Tax Submission	Request Access
FCMS	Request Access
Frauds SIU	Request Access
Health Insurance Data Exhibit (HDE)	Request Access
HealthyNY	Request Access
Holding Companies Filing	Request Access
Life Market Conduct	Request Access
Liquidity and Severe Mortality Inquiry Reporting	Request Access
Motor Vehicle Law Enforcement Fee	Request Access
Provider Complaint Forms	Request Access
Regulation 60	Request Access

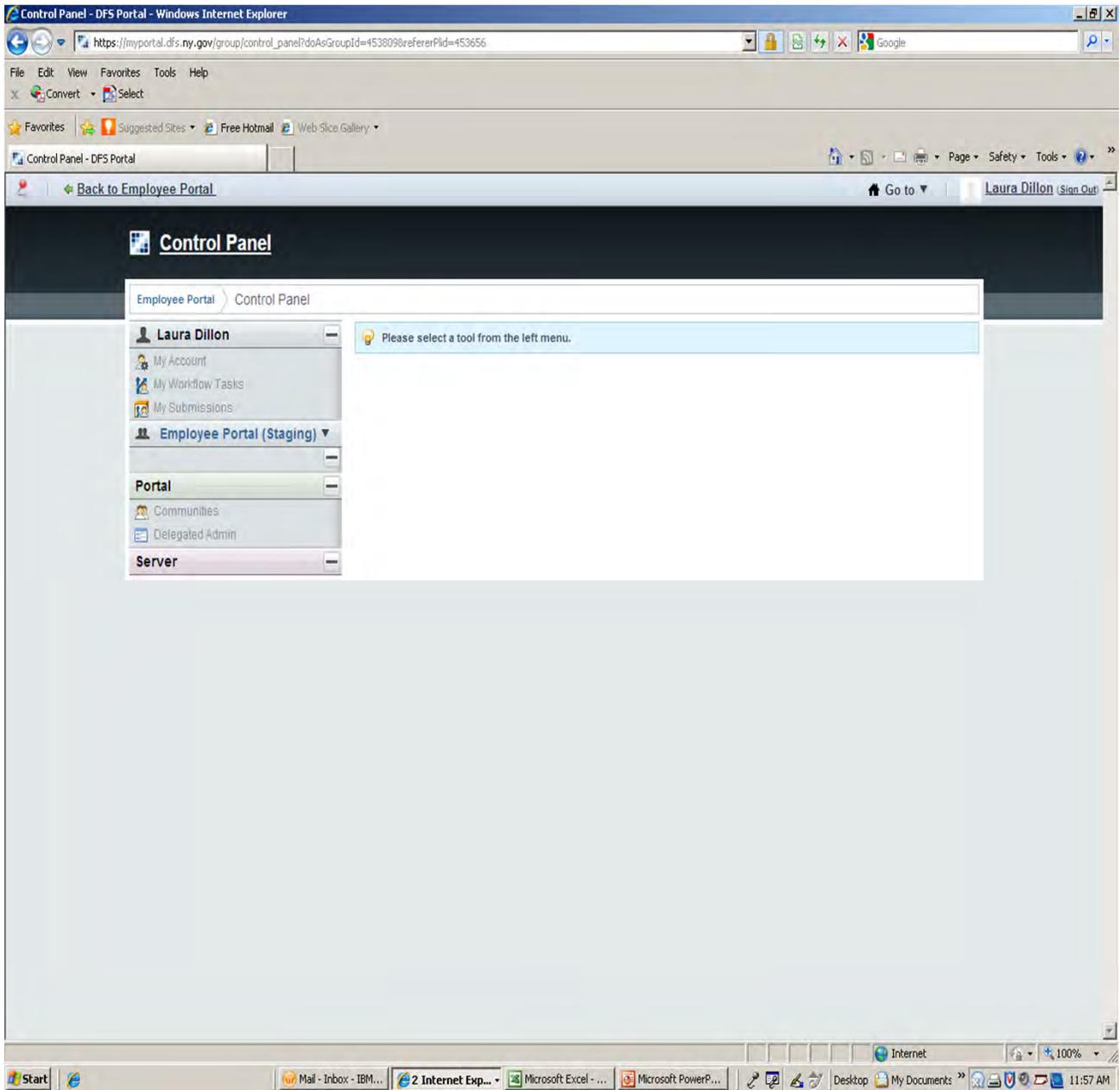
At the bottom of the page, there is a "My Workspaces" section which is currently empty.

To customize your account, click on “Manage” in the upper left corner and choose “Control Panel”.

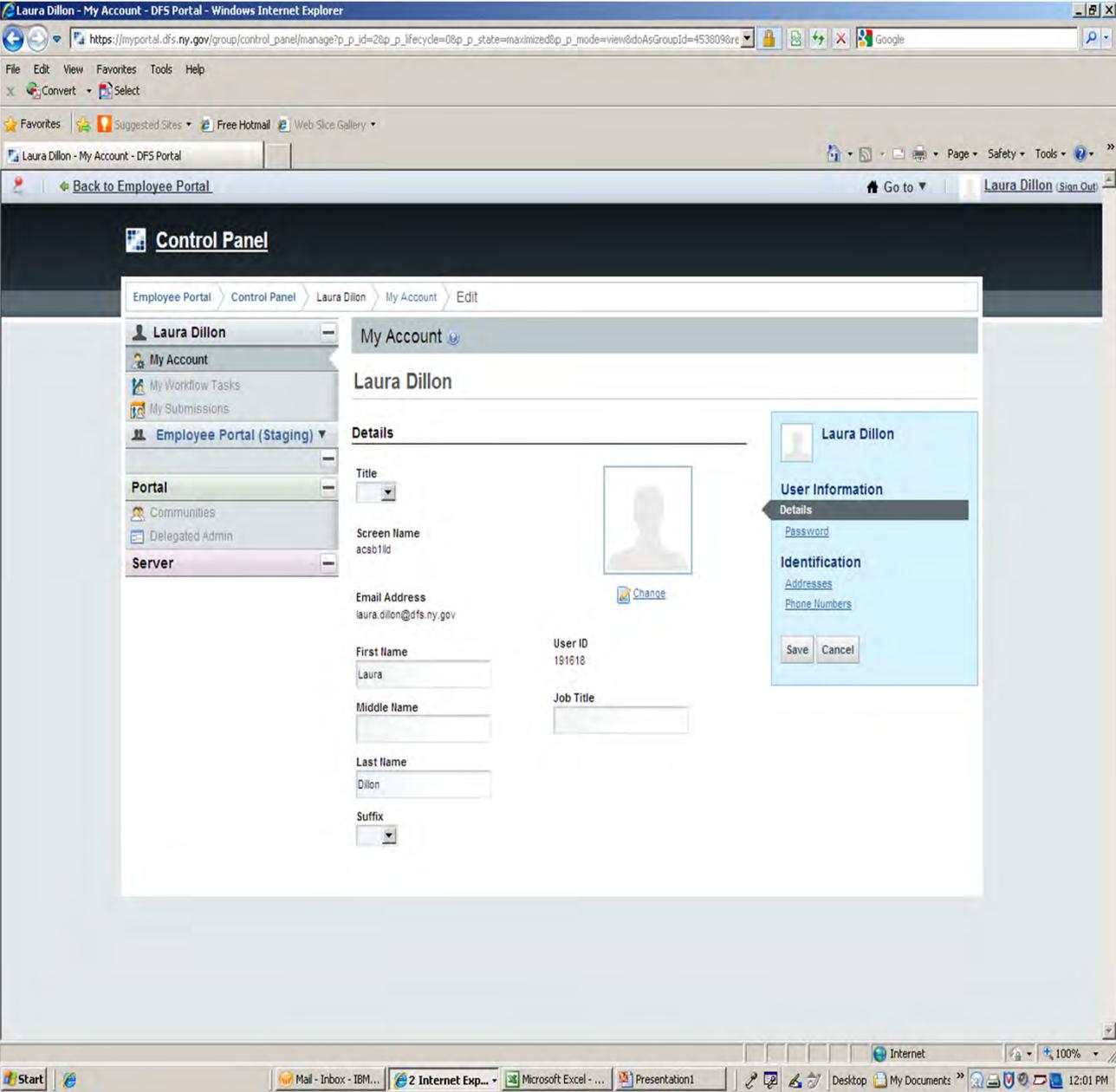
The screenshot shows a Windows Internet Explorer browser window displaying the DFS Portal. The address bar shows the URL <https://myportal.dfs.ny.gov/group/df/sep>. The page header includes a navigation menu with 'Control Panel', 'State', and 'State Agencies'. Below this is the 'DEPARTMENT of FINANCIAL SERVICES' logo and a search bar. The main content area is titled 'Application Access' and contains a sub-section 'Available Applications'. A table lists various applications with a 'Request Access' link for each. The table has two columns: 'Application' and 'Action'. Below the table is a 'My Workspaces' section.

Application	Action
36th Amendment to Regulation 62 Inquiry	Request Access
Annual Statements for Retirement Systems and Pension Funds	Request Access
Death Claims Practices Special Report	Request Access
Disaster Preparedness and Response	Request Access
Excess Lines - Premium Tax Submission	Request Access
FCMS	Request Access
Frauds SIU	Request Access
Health Insurance Data Exhibit (HDE)	Request Access
HealthyNY	Request Access
Holding Companies Filing	Request Access
Life Market Conduct	Request Access
Liquidity and Severe Mortality Inquiry Reporting	Request Access
Motor Vehicle Law Enforcement Fee	Request Access
Provider Complaint Forms	Request Access
Regulation 60	Request Access

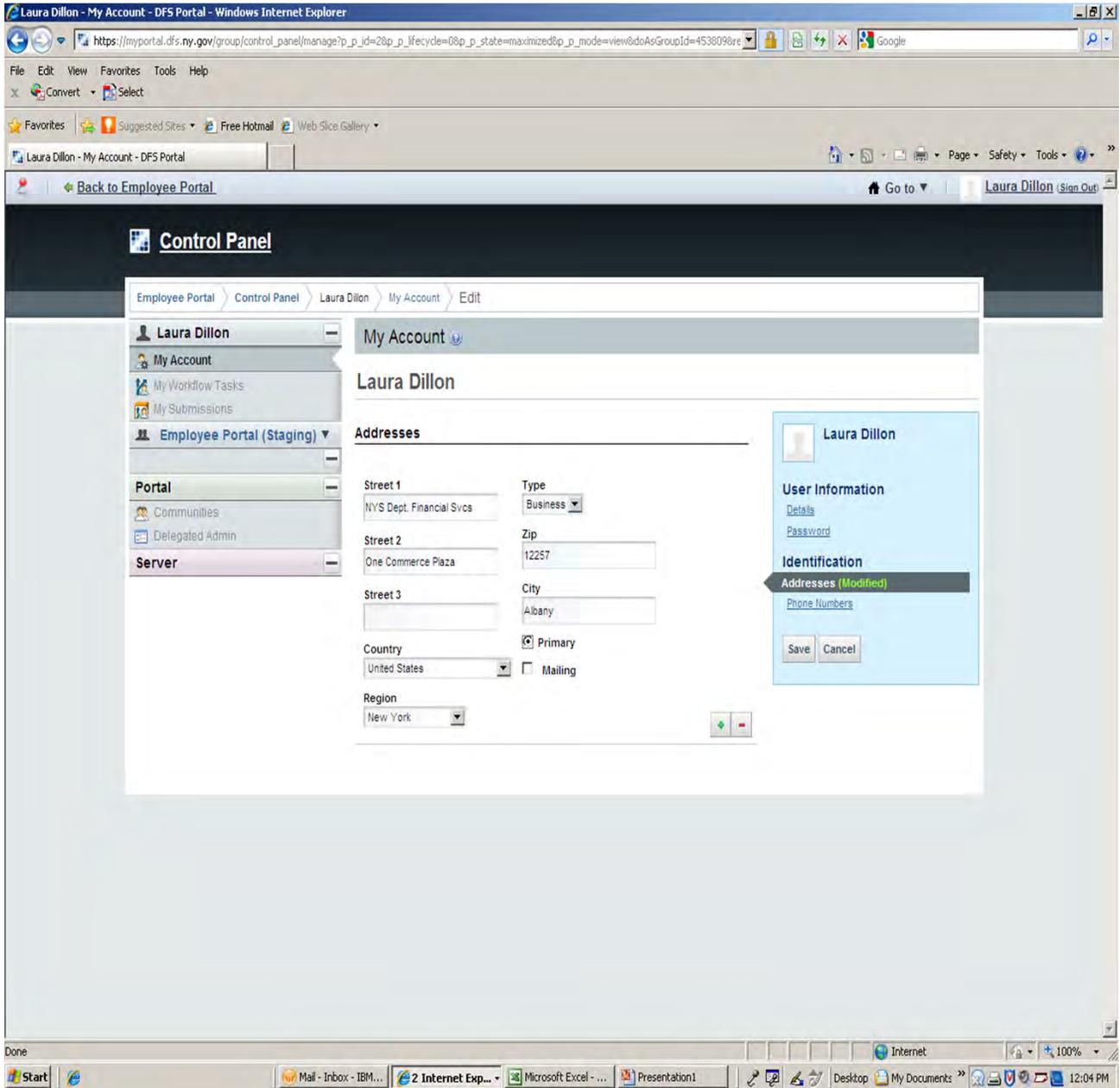
Next click on "My Account"



Customize your account by completing the appropriate fields. Click the “save” button on the right before moving to the next section such as addressee.



Provide your address information. Put the name of your business in the “Street 1” box. If you want to include more than one address click on the green “+”. Once you have completed the fields, click on “save” and then update your phone numbers by choosing “Phone Numbers”.



Update your telephone number(s). Use the green “+” sign to add your fax or an alternate phone number.

The screenshot shows a web browser window titled "Laura Dillon - My Account - DFS Portal - Windows Internet Explorer". The address bar shows a URL from "https://myportal.dfs.ny.gov". The page content includes a navigation breadcrumb: "Employee Portal > Control Panel > Laura Dillon > My Account > Edit".

The main content area is titled "My Account" and displays a success message: "Your request processed successfully." Below this, the user's name "Laura Dillon" is shown. The "Phone Numbers" section contains two entries:

Number	Extension	Type	Primary
518-486-9105		Business	<input type="radio"/>
518-408-2734		Business Fax	<input type="radio"/>

Each entry has a green "+" icon to its right. A "Save" button is located at the bottom right of the phone numbers section. On the right side of the page, a sidebar menu for "Laura Dillon" includes "User Information" (with sub-links for "Details" and "Password") and "Identification" (with sub-links for "Addresses" and "Phone Numbers (Modified)").

The Windows taskbar at the bottom shows the Start button, several open applications (Mail, Internet Explorer, Microsoft Excel, Presentation1), and the system tray with the time "12:05 PM".

You may now file a complaint. Click on "Provider Complaint Forms" in the "Application Access" box.

The screenshot shows a Windows Internet Explorer browser window displaying the DFS Portal. The address bar shows the URL <https://myportal.dfs.ny.gov/group/dfssep/home>. The page header includes the New York State logo and the text "DEPARTMENT of FINANCIAL SERVICES". A navigation menu contains "Home", "Guest Applications", and "Department Directory". Below this, a breadcrumb trail shows "Employee Portal" > "Home".

The main content area features two panels:

- Application Access:** This panel has two tabs: "My Applications" (selected) and "Available Applications". Below the tabs, a message reads: "Below is a list of applications you have been granted access to. Please click the application you would like to use. To request access to an application not listed, select the **available applications** tab." The list contains two items: "NY Supplement Filings - Public Access" and "Provider Complaint Forms".
- My Workspaces:** This panel contains one item: "OGC Legislative Diaries Workspace".

At the bottom right of the page, the text "alferayp1 | Powered By Liferay" is visible. The Windows taskbar at the bottom shows several open applications: Mail - Inbox - IBM..., 2 Internet Exp..., Microsoft Excel - ..., and Presentation1. The system tray on the right shows the Internet icon, a 100% zoom level, and the time 12:07 PM.

In the middle of the page is a drop down box that will let you choose the type of complaint you are filing.

No-fault is for automobile accident claims.
Prompt pay is for health insurance or HMO coverage
W/C (workers' compensation) is for work related injuries.

The screenshot shows a web browser window displaying the DFS Portal. The page header includes the New York State Department of Financial Services logo and navigation links. The main content area is titled "Application" and contains a "Provider" section with a summary table and a "Case List" table. A dropdown menu is open, showing options for "New No Fault Form", "New Prompt Pay Form", and "New W/C Form".

Provider Summary Table:

	P/P	N/F	W/C	Total
Open Cases	0	0	0	0
Closed Cases	0	0	0	0

Case List Table:

Case #	Type	Doctor/Service Provider	Date Of Svc	Patient Name	Respondent	Actions
0 Cases found, displaying 0 Case(s), from 0 to 0. Page 0 / 0.						

The dropdown menu options are:

- New No Fault Form
- New Prompt Pay Form
- New W/C Form

The information you added to your profile will populate on the form. Your name will appear in the "Provider Name" field, you will need to move your name to the "Contact Information" section **if you are not the provider** of the services.

Application - DFS Portal - Windows Internet Explorer

https://myportal.dfs.ny.gov/group/provider?null

Application

Employee Portal > Provider Complaint Forms > Application

Provider

Prompt Pay Form

Use the form below to submit your complaint

Representative Information		
Provider Name	Provider Group Name *	<input type="text"/>
	First *	Laura
	Middle	<input type="text"/>
	Last *	Dillon
	Provider Title	<input type="text"/>
Provider Information	Provider Tax Id *	<input type="text"/>
	Name of Person Who Provided Services (if different from above)	<input type="text"/>
	Title of Person Who Provided Services	<input type="text"/>
Address	Address 1 *	NYS Dept. Financial Svcs
	Address 2	One Commerce Plaza
	Zip *	12257
	City *	Albany
	State *	New York
Contact Information	Phone Number *	518-486-9105
	Extension	<input type="text"/>
	Fax Number *	518-408-2734
	Email	laura.dillon@dfs.ny.gov
	Contact Name *	<input type="text"/>

Done

Internet 100%

Start | Mail - Inbox - IBM... | 2 Internet Exp... | Microsoft Excel - ... | Presentation1 | Desktop | My Documents | 12:08 PM

Please input the provider group name, if applicable. This is also the same field to enter the name of a facility where the services were provided. If submitting under a group name, be sure to include the name of the provider who actually performed the services. You must include the Tax ID number that was on the claim form.

Application - DFS Portal - Windows Internet Explorer

https://myportal.dfs.ny.gov/group/provider?null

Application - DFS Portal

Application

Employee Portal > Provider Complaint Forms > Application

Provider

Prompt Pay Form
Use the form below to submit your complaint

Representative Information

Provider Name	Provider Group Name *	Doctors R US	
	Provider Name	First *	John
		Middle	
		Last *	Smith
Provider Title	MD		

Provider Information

Provider Information	Provider Tax Id *	12-3456789
	Name of Person Who Provided Services (If different from above)	
	Title of Person Who Provided Services	

Address

Address	Address 1 *	NYS Dept. Financial Svcs
	Address 2	One Commerce Plaza
	Zip *	12257
	City *	Albany
	State *	New York

Contact Information

Contact Information	Phone Number: *	518-486-9105
	Extension	
	Fax Number: *	518-408-2734
	Email	laura.dillon@dfs.ny.gov
	Contact Name *	Laura Dillon

Start | Mail - Inbox - IBM... | 2 Internet Exp... | Microsoft Excel - ... | Presentation1 | Desktop | My Documents | 12:10 PM

Scroll down on the form and add the patient information and the name of the insurer or HMO.

The screenshot shows a web browser window titled "Application - DFS Portal - Windows Internet Explorer". The address bar shows "https://myportal.dfs.ny.gov/group/provider?null". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The address bar also shows "Convert" and "Select" options. The browser's Favorites bar includes "Suggested Sites", "Free Hotmail", and "Web Slice Gallery". The browser's status bar shows "Page", "Safety", and "Tools" options.

The main content area displays a form titled "Application" with the following sections:

- Contact Information:** Contact Name * (Laura Dillon)
- Patient Information:**
 - Patient Name:
 - Patient First Name * (Michael)
 - Patient Middle Name
 - Patient Last Name * (White)
 - Patient ID * (321654987)
 - Address:
 - Address 1 * (99 Main Street)
 - Address 2
 - Zip * (12205)
 - City * (Albany)
 - State * (New York)
- Case Information**
- Insurance Company/HMO Information:**
 - Insurance:
 - Insurance Company/HMO * (Test Company)
 - Insurance Company/HMO (If different from Tax ID)
 - Address:
 - Address 1
 - Address 2
 - Zip
 - City
 - State
- Dates of Service Information:**
 - DOS (Delete_DDS)
 - Date of Service *
 - Date Claim Submitted *
 - CPT Code
 - Code Ext.
 - Amount Billed

The last section is the date of service information. Enter the date of service, the date the claim was submitted and whether it was sent electronically or not. Enter the CPT code and amount billed. Be sure to include a brief explanation of the problem in the comments box.

If billing for inpatient services, use the admit date as the date of service, enter zeroes for the CPT code, indicate the discharge date and the billing code information (DRG, Rev Code, etc.) in the comments box as well as a brief explanation of the problem.

The screenshot shows a web application interface for entering 'Dates of Service Information'. It features two main sections, each with a 'Delete DOS' button. The first section has the following data:

Date of Service	Date Claim Submitted	Was The claim submitted Electronically	CPT Code	Code Ext.	Amount Billed
01/09/2012	01/12/2012	<input checked="" type="radio"/> Yes <input type="radio"/> No	99213	25	95.0
			22222		150.0

Comments: company bundled procedure code and office code. they didn't reimburse separately for both codes

The second section has the following data:

Date of Service	Date Claim Submitted	Was The claim submitted Electronically	CPT Code	Code Ext.	Amount Billed
02/01/2012		<input checked="" type="radio"/> Yes <input type="radio"/> No	00000		5000.0

Comments: inpatient admission. discharged 2/3/2012. didn't pay contracted rate of \$2,000.00

Buttons at the bottom include 'Review', 'Reset', 'Cancel', and 'Add DOS'.

Click the “Review” button and the system will alert you if any mandatory fields are missing information. Once errors are corrected click “Review” again.

The screenshot shows a web browser window titled "Application - DFS Portal - Windows Internet Explorer". The address bar shows "https://myportal.dfs.ny.gov/group/provider?null". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The browser's toolbar shows "Convert" and "Select". The browser's address bar shows "Application - DFS Portal". The browser's status bar shows "Page", "Safety", "Tools", and "100%".

The main content area is titled "Employee Portal" and "Provider Complaint Forms" and "Application". The "Dates of Service Information" section contains two entries, each with a "Delete DOS" button.

The first entry has the following data:

Date of Service *	Date Claim Submitted *	Was The claim submitted Electronically	CPT Code	Code Ext.	Amount Billed
01/09/2012	01/12/2012	<input checked="" type="radio"/> Yes <input type="radio"/> No	99213 *	25	95.0 *
			22222 *		150.0 *

The second entry has the following data:

Date of Service *	Date Claim Submitted *	Was The claim submitted Electronically	CPT Code	Code Ext.	Amount Billed
02/01/2012	02/07/2012	<input checked="" type="radio"/> Yes <input type="radio"/> No	00000 *		5000.0 *

The error message "Date Claim Submitted: is required" is displayed in red text next to the "Date Claim Submitted" field of the second entry.

The "Comments" field for the first entry contains the text: "company bundled procedure code and office code. they didn't reimburse separately for both codes".

The "Comments" field for the second entry contains the text: "inpatient admission. discharged 2/3/2012. didn't pay contracted rate of \$2,000.00".

At the bottom of the form, there is a red message: "Please correct errors". Below this message are three buttons: "Review", "Reset", and "Cancel".

You may now attach supporting documents by using the “Browse” and “Upload” buttons at the bottom of the page.

The screenshot displays a web application interface for submitting claims. The page is titled "Application - DFS Portal" and is viewed in a Windows Internet Explorer browser window. The URL is <https://myportal.dfs.ny.gov/group/provider?null>. The interface includes a navigation menu with "Employee Portal", "Provider Complaint Forms", and "Application".

The main content area contains a form with the following sections:

- Insurance:** Provider ID number assigned by HMO/insurer (If different from Tax ID)
- Address:** Address 1, Address 2, Zip Code, City, State
- Dates of Service Information:** This section contains two tables of service dates.

DOS			
Date of Service	Date Claim Submitted	CPT Codes	Amount Billed \$:
01/09/2012	01/12/2012	99213 -25	95.0
Was The claim submitted Electronically	Yes	22222 -	150.0
Comments: company bundled procedure code and office code. they didn't reimburse separately for both codes			

DOS			
Date of Service	Date Claim Submitted	CPT Codes	Amount Billed \$:
02/01/2012	02/07/2012	00000 -	5000.0
Was The claim submitted Electronically	Yes		
Comments: inpatient admission. discharged 2/3/2012. didn't pay contracted rate of \$2,000.00.			

At the bottom of the form, there is a file upload section with a "Browse..." button, an "Upload" button, and a progress indicator showing "0 %". Below this is a table with the following columns: File Name, File Size, File Content Type, and Delete. At the very bottom of the form are "Submit", "Edit", and "Cancel" buttons.

The browser window shows the Start menu, taskbar with applications like Mail, Internet Explorer, Microsoft Excel, and Presentation1, and the system tray with the time 12:17 PM.

Once you click "Upload", the document that you attached will appear at the bottom of the form. Click the "Submit" button to complete the process.

The screenshot shows a web browser window titled "Application - DFS Portal - Windows Internet Explorer". The address bar shows the URL "https://myportal.dfs.ny.gov/group/provider?null". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The page content is organized into a navigation pane on the left with "Employee Portal", "Provider Complaint Forms", and "Application".

The main form area contains several sections:

- Insurance:** A text field for "Provider ID number assigned by HMO/insurer (If different from Tax ID)".
- Address:** Text fields for "Address 1", "Address 2", "Zip Code", "City", and "State".
- Dates of Service Information:** Two tables of service data.

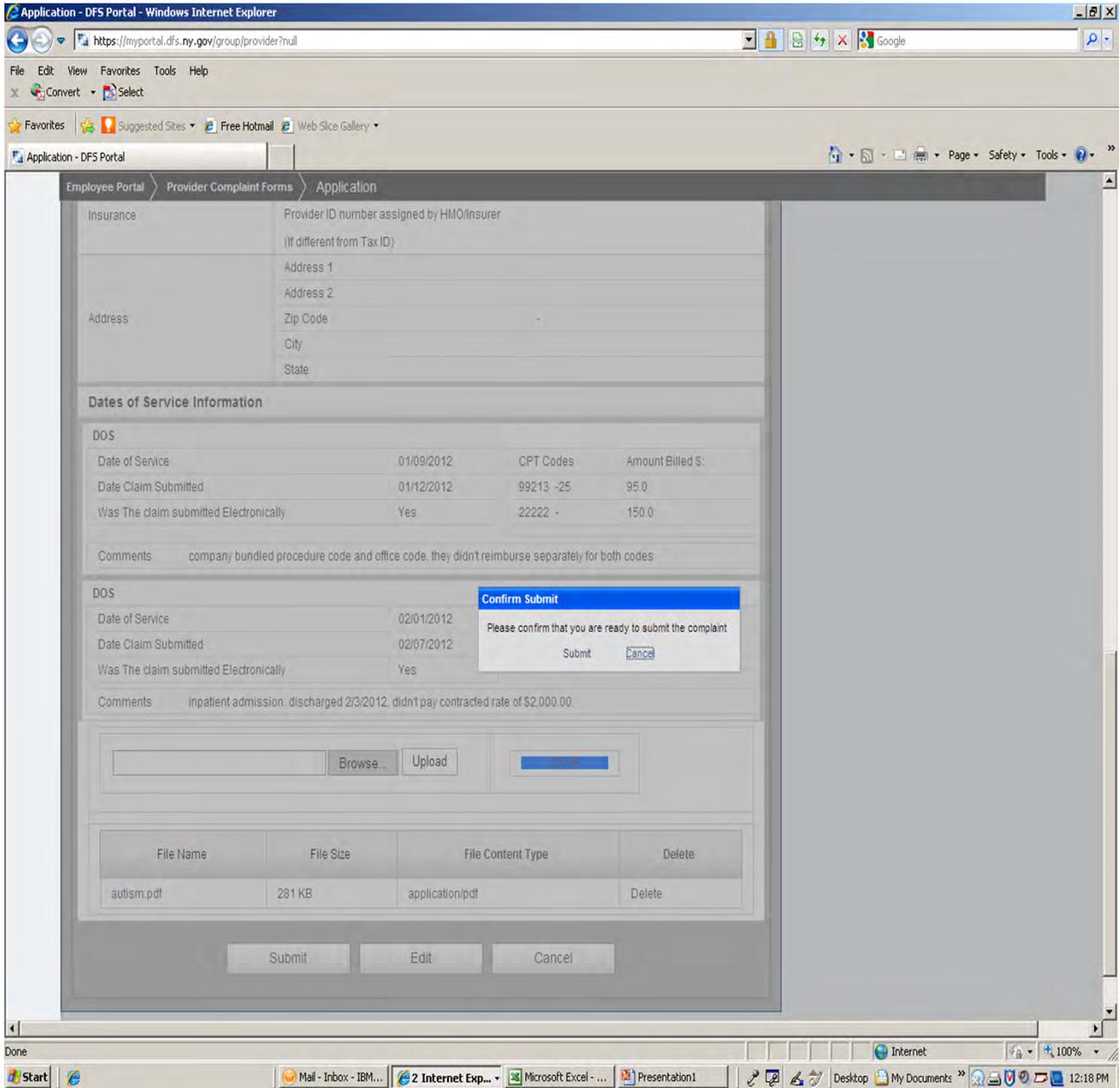
DOS			
Date of Service	CPT Codes	Amount Billed \$:	
01/09/2012	99213 -25	95.0	
Date Claim Submitted	01/12/2012	22222 -	150.0
Was The claim submitted Electronically	Yes		
Comments: company bundled procedure code and office code. they didn't reimburse separately for both codes			

DOS			
Date of Service	CPT Codes	Amount Billed \$:	
02/01/2012	00000 -	5000.0	
Date Claim Submitted	02/07/2012		
Was The claim submitted Electronically	Yes		
Comments: inpatient admission. discharged 2/3/2012. didn't pay contracted rate of \$2,000.00.			
- Upload Section:** A text input field, a "Browse..." button, an "Upload" button, and a "Cancel" button.
- File List:** A table showing the uploaded file:

File Name	File Size	File Content Type	Delete
autism.pdf	281 KB	application/pdf	Delete
- Form Controls:** "Submit", "Edit", and "Cancel" buttons at the bottom of the form.

The Windows taskbar at the bottom shows the Start button, several open applications (Mail, Internet Explorer, Microsoft Excel, Presentation), and the system tray with the time 12:18 PM.

You will be asked to confirm that you want to submit the complaint.



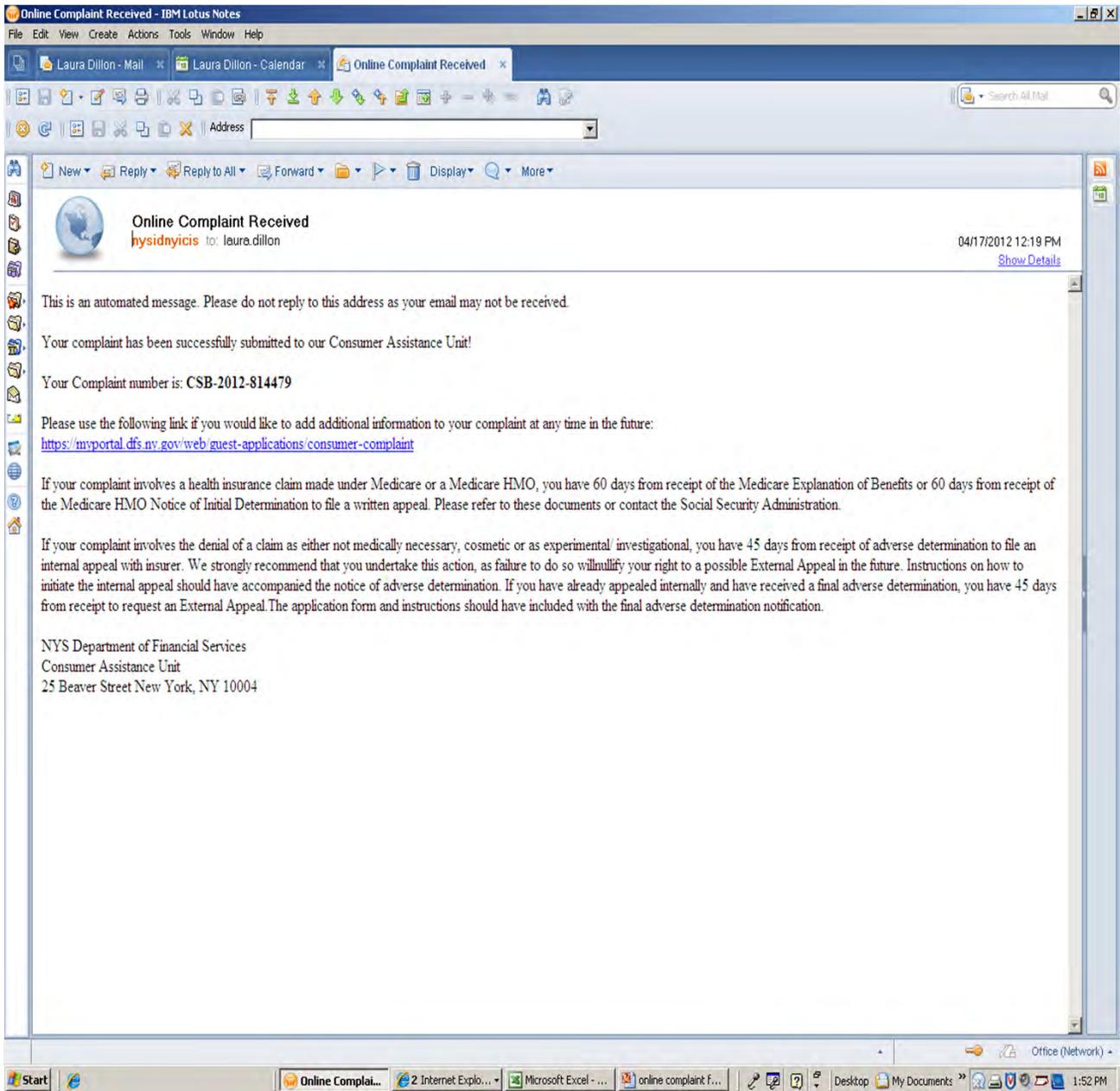
This notice will appear at the top of the page once the complaint has been submitted. Please note that the AOB (authorization to pay benefits) is only required for no-fault complaints. You can also print the complaint for your records if desired. Acknowledgement of the complaint and the Department's file number will be sent to your email address.

The screenshot shows a web browser window displaying the 'Prompt Pay Form' within the Department of Financial Services portal. The browser's address bar shows the URL: <https://myportal.dfs.ny.gov/group/provider?null>. The page header includes the New York State logo and the text 'DEPARTMENT of FINANCIAL SERVICES'. The breadcrumb trail indicates the user is in the 'Application' section under 'Provider Complaint Forms'.

The 'Prompt Pay Form' contains the following information:

- Print** button
- Warning:** You indicated the patient has given you an AOB or Authorization to Pay Benefits. If you are not uploading these documents, you must fax the signed AOB or Authorization to Pay Benefits, along with any documentation to support this complaint, to (212)480-6282 in order for this complaint to be processed. You must include the Complaint Case Number on any and all information that is faxed.
- Complaint Case Number:** CSB-2012-814479
- Complaint Received On:** 04/17/2012
- Representative Information:**
 - Provider Group Name:** Doctor's R US
 - Provider Name:**
 - First: John
 - Middle:
 - Last: Smith
 - Provider Title:** MD
- Provider Information:**
 - Name of Person Who Provided Services (If different from above):
 - Title of Person Who Provided Services:
- Address:**
 - Address 1: NYS Dept. Financial Svcs
 - Address 2: One Commerce Plaza
 - Zip Code: 12257-0000
 - City: Albany
 - State: New York
 - Phone number: 5184889105

An example of the email acknowledgement is shown below.



If you have more complaints to submit, use the appropriate option at the bottom of the page, either “New Complaint for this Company” which will populate the provider and the company information in a new form; or “New Complaint” which should be used if you are filing a complaint against a different insurer.

The screenshot shows a web browser window titled "Application - DFS Portal - Windows Internet Explorer" with the URL "https://myportal.dfs.ny.gov/provider?null". The page content is as follows:

Employee Portal | **Provider Complaint Forms** | **Application**

Address

Address 2	
Zip Code	12205 -
City	Albany
State	New York

Case Information

Insurance Company/HMO Information

Insurance Company/HMO	Test Company
Provider ID number assigned by HMO/Insurer (If different from Tax ID)	

Address

Address 1	
Address 2	
Zip Code	-
City	
State	

Dates of Service Information

DOS

Date of Service		CPT Codes	Amount Billed \$:
01/09/2012			
Date Claim Submitted	01/12/2012	99213 -25	95.0
Was The claim submitted Electronically	Yes	22222 -00	150.0

Comments: company bundled procedure code and office code. they didn't reimburse separately for both codes

DOS

Date of Service		CPT Codes	Amount Billed \$:
02/01/2012			
Date Claim Submitted	02/07/2012	00000 -00	5000.0
Was The claim submitted Electronically	Yes		

Comments: inpatient admission. discharged 2/3/2012. didn't pay contracted rate of \$2,000.00.

Buttons:

Footer: aliferayo1 | Powered By Liferay

If you have questions, please contact us at consumers@dfs.ny.gov.