Open browser and enter this URL:  

https://claimexchange.net/dscc/

First Time Users:
Under New Users click on Register Here
You will need to provide the following information from a recent DSCC Explanation of Provider Payment to enroll on the DSCC web portal:

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Voucher number</th>
<th>Payment Amt</th>
<th>Statement DCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>12456789</td>
<td>123456</td>
<td>$100.00</td>
<td>1234PV56789</td>
</tr>
</tbody>
</table>

Once you have entered these items press Continue
This screen collects contact information including:

First Name  
Last Name  
Phone #  
E-mail  
User Name  
Passphrase  

Create a unique username that you will use to login each time

Follow the onscreen tips for creating a secure passphrase(password)

Click on the link for Privacy Policy and Terms of Use for this web site and then click to asknowledge that you have read and understand the privacy policy and terms of use.

Press Register to continue to next screen
Once you have successfully registered an email will be sent automatically to the email address you entered on the previous screen. You will need to follow the instructions in the email to activate your registration.
Click on the embedded link in the attached email sample and you will complete the activation of your account registration. Note: You must respond within 14 days or you will need to begin the registration again.
This screen indicates that your activation is complete and you may begin to the DSCC web portal.
To begin using the DSCC web portal and access the Explanation of Provider Payments listed under the Provider ID that you entered as part of the registration process simply type in the username and password that you created previously.

If you need assistance or forgot your password click on the link below the Password box you will receive an email with instructions.
Request password reset

Forgot your password? It happens to everyone. If you can remember the username and email address you signed up with, enter them below. We'll send a message to the email address on file, containing a link you can use to reset your account.

If you can't remember your username and email, please contact us.

Username: jane
E-mail: jane@mymedical.com

Send the reset message.
We have received a request to reset the password for your account. To reset your account password, simply visit the following link:

https://claimexchange.net/docs/password_reset/b-1eg-c763d6f5eac6501f6452/

If you didn’t make the request, don’t be alarmed: whoever made the request cannot do anything to your account without access to the email account to which this was sent and knowledge of several other things about you.

If you share an email account, we encourage you to get your own.

Also, as a reminder, we will never need to ask you for your password. You are the only one who should know it. Anyone who does ask for it is probably up to no good, so please let us know.

If you have any questions, please contact us. You can reply to this email, or contact us at https://claimexchange.net/docs/contact/.

Thank you,

UC Division of Specialized Care for Children
To search for claims by a DSCC Patient ID or Patient Acct # (assigned by provider)
Search for Patient by Name

Enter Last Name, First Name (Initial) and Birthdate of the child you want to find