



MySolstice Provider Registration Guide

Solstice Benefits, P.O. Box 19199 Plantation, FL. 33318 Toll Free 877.760.2247 Fax 954.370.1701



Solstice	

Register with *My***Solstice**

Welcome to MySolstice, your user-friendly, intuitive provider portal. At Solstice, we leverage technology to give you the information and resources you need as a Solstice provider, so you can do what you do best: partner with our members to manage their dental and vision care.

To help you take care of the everyday tasks you perform to serve our members, we created a provider portal that allows you to verify member eligibility, file claims, view Schedules of Benefits and much more. Take advantage of this tool today by signing up for an account. Here's how:

- 1. Click on your Internet browser.
- 2. In the address line type https://www.mysolstice.net. This will bring you to the MySolstice user Log in page.

Thursday, November 17, 2016		B _₽ Login		
	HOME CONTACT US			
Solstice Members and Providers, p	lease log in to the MySolstice portal below or click <u>here</u> to create your account.			
Benefits Administrators, your portal has moved! Please visit the Solstice Marketplace (<u>www.solsticemarketplace.com</u>) to manage your benefits.				
Questions? Call us toll-free at 1	.877.760.2247 Monday through Friday from 8 a.m. to 6 p.m. ET or email us at <u>contact@solsticebenefits.com</u> .			
	Please login to your Solstice account			
	Username			
	Password			
	€ve Log in Forgot your password?			
	Not registered with MySolstice yet?			
	sign up for an account now >			
<u></u>	e FAQs Contact Us Terms and Conditions Privacy Policy			
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2 Page 3. Then, click on the link, Sign up for an account now. You will arrive at the registration home page.



4. Select **Providers** to sign up for your *My*Solstice account.



5. Enter the requested information in order to verify your office and then click **Next.**

Wednesday, Novembe	er 30, 2016		
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ALWAYS ABO	VE THE HORIZON	HOME CONTACT US	
		Provider Registration	
	Provider Office Verif		Steps: 1 2
	Tax ID:		
	ZIP:		
	Street Number:	(og: Type 1313 for 1313 Medvinghird Lp)	
		(eg. type 1313 for 1313 Mockingbird Lin)	
			Next

6. Enter your email address, your username and password.



- 7. Then, use the drop-down arrow menus to select three security questions and answers. It's a good idea to keep these in a safe place so if you ever need to, you can reference them.
- 8. Be sure to review the **Terms & Conditions** and click the check box once you are finished.

Wednesday, November 30, 2016			🔒 Login			
	HOME CONTACT US					
Describer Discription						
Online Accou	nt Registration	51 00011	teps: 1 2			
Welcome M 8 MemberID:	: C Dental Service <u>Not M & C Dental Service</u> 30524536	2				
Email:						
Username:	Check Availa	<u>ibility</u>				
Password:	8-16 charac Special char	ters with at least 1 number & 1 upper cas acters @! & allowed.	e letter.			
ReType Password:						
Security Question: Security Answer: Security Question: Security Question: Security Answer:	What is the name of the hospital in whi What is the name of the hospital in whi What is the name of the hospital in whi I have read and I agree to the Terms &	ch you were born?	Next			
🖉 Provider Newsletter	Solstice News	Solstice Provider Blog	L 1-877-760-2247			
	Solstice Offers Pediatric Dental Rider for Groups in New Yor Solstice Benefits, Inc. Opens Office in Orlando Solstice Walks the Walk for the	Quicker claims processing New groups to Solstice Good patient retention practices Office management tips	 Send Email Solstice, Inc. PO Box 19199 Plantation, FL 33318 			
	American Heart Association	Join the conversation	800 000			
More newsLC						
Home FAQs Contact Us Terms and Conditions Privacy Policy						
@ Copyright 2016 Solation, Ira.						

9. Finally, click Next.



You're amost done! Once you click **Next**, you will receive an email with instructions on how to verify your email address.

Clicking **Next** will also bring you to the last page of the provider registration process. If you have not received the email verification mentioned above, click the **Resend Verification** link on this page (right above account login) and it will be resent.

10. If you have received the email, click **Account Login** to access your Solstice provider portal.

Friday, November 11, 2016			🔂 Login
	HOME CONTACT US		
Thank you for register button below. Howev An e-mail providing in within a few minutes If you have already rev Resend Verification Account Login	Provider Regis ring your account at MySolstice. You may rer, please take a moment to verify your astructions on how to verify your e-mail a please try the Resend Verification link be ceived the e-mail, please follow the instr	stration e-mail address. ddress has been sent. If you do not receiv elow. ructions in order to verify your e-mail add	Account Login ve an e-mail Iress.
Provider Newsletter Figure 2 Provider Newsletter Latest newsletter Pressure 2 Pressu	Solstice News Solstice Offers Pediatric Dental Rider for Groups in New Yor Solstice Benefits, Inc. Opens Office in Orlando Solstice Walks the Walk for the American Heart Association	Solstice Provider Blog Quicker claims processing New groups to Solstice Good patient retention practices Office management tips Join the conversation	 € 1-877-760-2247 @ Send Email ⊠ Solstice, Inc. PO Box 19199 Plantation, FL 33318
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Once you click **Account Login** you will be logged into your portal. You will see the welcome page below the first time only.



Registration is now complete and you can begin accessing the exciting tools we have built for you. *IMPORTANT* your email address can be used in the event your password is forgotten.

We're here to help.

If you have questions or concerns, please contact us at:

Solstice PO Box 19199 Plantation, FL 33318 Phone: 1.877.760.2247 Email: providerrelations@solsticebenefits.com

Our representatives are standing by and ready to answer any questions you may have about our members, plans, claims and much more.



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