

CMS 1500 Crosswalk

CMS 1500 Crosswalk

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Header - Payer Name

Payer Name

Payer Name

1. Check File With Status

Smith, Jim D.



Smith, Jim D.
Account 2
Chart 68332
Date of Birth 3/21/1970 **Age** 42 **Sex** Male **Status** Single
Address 1539 COUNTY LINE RD Home Town, AR 72711
Home (501) 555-7110 **Work** (501) 555-9000 **Cell**
Email jslim@email.com

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

☐ Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	5/9/2012		29	Randall Oates	Aetna	E			\$80.00	\$80.00	Primary	Pending Scrub
×	5/16/2012	6/20/2012	32	Randall Oates	Aetna	E			\$77.50	\$77.50	Primary	Submitted
×	5/16/2012	6/20/2012	31	Randall Oates	Aetna	E			\$77.50	\$42.50	Primary	Submitted
×	5/22/2012	6/20/2012	33	Randall Oates	Aetna	E	Medicaid	P	\$80.00	\$40.00	Primary	Submitted
×	5/22/2012	6/20/2012	34	Randall Oates	Aetna	E			\$600.00	\$100.00	Primary	Submitted

Claim Details

Details for Claim 33 More Info

Post Date 5/22/2012 **Member ID** 589626 **Patient Group Number**
Process Date 6/20/2012 **Rendering Provider** Randall Oates
Routing E **Rendering NPI** 1215067822

Primary
Policy Aetna
Route ☐ Paper ☒ Electronic
Paper Fill ☒ Fewest Pages ☐ Maintain Order

Secondary
Policy Medicaid
Route ☒ Paper ☐ Electronic
Paper Fill ☒ Fewest Pages ☐ Maintain Order

☐ Processed
☐ On Hold
Claim Notes
 Submitted on 6/20/2012

File With Primary

\$ Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	5/22/2012	Randall Oates	99203	OFFICE/OUTPATIENT VISIT, NEW	\$80.00	\$80.00	\$40.00


\$80.00 \$40.00

The payer name on the CMS 1500 will be populated, depending on which insurance is being filed with.

1. Open the patient account.
2. Click on the Claims tab.
3. Click on the appropriate claim.
4. Look at the File With. (This is also viewable on the claim from the Claims Manager view.)

2. Find the Associated Insurance Company

Smith, Jim D.



Smith, Jim D.
Account 2
Chart 68332
Date of Birth 3/21/1970 **Age** 42 **Sex** Male **Status** Single
Address 1539 COUNTY LINE RD Home Town, AR 72711
Home (501) 555-7110 **Work** (501) 555-9000 **Cell**
Email jslim@email.com

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	Personal	Insurance	Totals
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Patient	\$639.00	\$1,958.75	\$2,597.75
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☐ Self Pay Co-Pay \$20.00

☐ Schedule
 ☐ Demographics
 ☒ Insurance
 ☐ Custom
 ☐ Flags/Notes
 ☐ Ledger
 ☐ Family
 ☒ Claims
 ☐ Statements
 ☒ New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	5/9/2012		29	Randall Oates	Aetna	E			\$80.00	\$80.00	Primary	Pending Scrub
×	5/16/2012	6/20/2012	32	Randall Oates	Aetna	E			\$77.50	\$77.50	Primary	Submitted
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×	5/22/2012	6/20/2012	33	Randall Oates	Aetna	E	Medicaid	P	\$80.00	\$40.00	Primary	Submitted
×	5/22/2012	6/20/2012	34	Randall Oates	Aetna	E			\$600.00	\$100.00	Primary	Submitted

Claim Details

Details for Claim 33 More Info

Post Date: 5/22/2012 Member ID: 589626 Patient Group Number:
 Process Date: 6/20/2012 Rendering Provider: Randall Oates
 Routing: E Rendering NPI: 1215067822

Primary
 Policy: Aetna
 Route: ☒ Paper ☒ Electronic
 Paper Fill: ☒ Fewest Pages ☐ Maintain Order

Secondary
 Policy: Medicaid
 Route: ☒ Paper ☐ Electronic
 Paper Fill: ☒ Fewest Pages ☐ Maintain Order

☐ Processed
☐ On Hold
 Claim Notes: Submitted on 6/20/2012
 File With: Primary

\$ Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	5/22/2012	Randall Oates	99203	OFFICE/OUTPATIENT VISIT, NEW	\$80.00	\$80.00	\$40.00

\$80.00 \$40.00

- Based on the File With status, find the payer name that corresponds. That payer name and address will be listed in the payer name field at the top right of the CMS 1500.


Block 1

Insurance Type

Indicating Insurance Type

1. Check File With Status

Smith, Jim D.



Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 Age 42 Sex Male Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 Work (501) 555-9000 Cell

Email jslim@email.com

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
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☐ Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Claims

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×	5/9/2012		29	Randall Oates	Aetna	E			\$80.00	\$80.00	Primary	Pending Scrub
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×	5/22/2012	6/20/2012	34	Randall Oates	Aetna	E			\$600.00	\$100.00	Primary	Submitted

Claim Details

Details for Claim 33 More Info

Post Date 5/22/2012 Member ID 589626 Patient Group Number

Process Date 6/20/2012 Rendering Provider Randall Oates

Routing E Rendering NPI 1215067822

Primary

Policy Aetna

Route ☐ Paper ☒ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

Secondary

Policy Medicaid

Route ☐ Paper ☐ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

☐ Processed ☐ On Hold

Claim Notes
Submitted on 6/20/2012

File With Primary

\$ Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	5/22/2012	Randall Oates	99203	OFFICE/OUTPATIENT VISIT, NEW	\$80.00	\$80.00	\$40.00


\$80.00 \$40.00

The payer name on the CMS 1500 will be populated, depending on which insurance is being filed with.

1. Open the patient account.
2. Click on the Claims tab.
3. Click on the appropriate claim.
4. Look at the File With. (This is also viewable on the claim from the Claims Manager view.)

2. Find the Associated Insurance Company

Smith, Jim D.



Smith, Jim D.
Account 2
Chart 68332
Date of Birth 3/21/1970 **Age** 42 **Sex** Male **Status** Single
Address 1539 COUNTY LINE RD Home Town, AR 72711
Home (501) 555-7110 **Work** (501) 555-9000 **Cell**
Email jslim@email.com

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	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

☐ Self Pay Co-Pay \$20.00

☐ Schedule
 ☐ Demographics
 ☒ Insurance
 ☐ Custom
 ☐ Flags/Notes
 ☐ Ledger
 ☐ Family
 ☒ Claims
 ☐ Statements
 ☒ New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	5/9/2012		29	Randall Oates	Aetna	E			\$80.00	\$80.00	Primary	Pending Scrub
×	5/16/2012	6/20/2012	32	Randall Oates	Aetna	E			\$77.50	\$77.50	Primary	Submitted
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×	5/22/2012	6/20/2012	33	Randall Oates	Aetna	E	Medicaid	P	\$80.00	\$40.00	Primary	Submitted
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Claim Details

Details for Claim 33 More Info

Post Date: 5/22/2012 Member ID: 589626 Patient Group Number:
 Process Date: 6/20/2012 Rendering Provider: Randall Oates
 Routing: E Rendering NPI: 1215067822

Primary
 Policy: Aetna
 Route: ☒ Paper ☐ Electronic
 Paper Fill: ☒ Fewest Pages ☐ Maintain Order

Secondary
 Policy: Medicaid
 Route: ☒ Paper ☐ Electronic
 Paper Fill: ☒ Fewest Pages ☐ Maintain Order

☐ Processed
☐ On Hold
 Claim Notes: Submitted on 6/20/2012
 File With: Primary




\$ Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	5/22/2012	Randall Oates	99203	OFFICE/OUTPATIENT VISIT, NEW	\$80.00	\$80.00	\$40.00

\$80.00 \$40.00

- Based on the File With status, find the payer name that corresponds. That payer name and address will be listed in the payer name field at the top right of the CMS 1500.

3. Locate the Payer in the Insurance Companies list

Insurance Company Manager				
				
Name	Address	City	ST	Zip
Aetna	8654 Forrest Heights	Fayetteville	AR	72021
Cigna	4220 N Crossover	Fayetteville	AR	72701
Medicaid	521 Dickson Street	Fayetteville	AR	72703
Regency Central	4220 Stone Street Fayetteville	AR	AR	72701

1. Go to the Tools menu.
2. Click Insurance Companies.
3. Type in the name of the insurance company in the Name search box.

4. Ensure that the Insurance Type is selected correctly.

Edit Insurance Company

Company Name	Aetna		
Address	8654 Forrest Heights		
Address 2			
City	Fayetteville		
State	AR	Zip	72021-____
Phone	(849)645-5461	ext	65465
Fax	(651)651-6516		
NPI			
Type (CMS 1500)	Other		
Eligibility ID Qualifier	None		
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	Default		

Active ☒ Show Legacy IDs ☒ Default Electronic ☒




Electronic Submission Info

Payer Qualifier	Mutually Defined - ZZ
Payer ID	61655
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Mutually Defined Unknown - ZZ
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Provider Setup

  				
Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
> Jack Jackson, MD	465163513	71-777777	1215055555	
Randall Oates	465163513	GroupTaxonomy	1215067822	55555555

OK Cancel

The selection made in the Type (CMS 1500) drop down will check the associated box in Block 1, whenever a paper claim is generated to that insurance company.

Block 1a

Insured's I.D. Number

Populating the Insured's I.D. Number

1. Locate the policy number

The screenshot shows a software window titled "Insurance Policy" with a close button (X) in the top right corner. The window is divided into several sections:

- Top Left:** "Type" (dropdown), "Company" (Aetna), and address/phone information: "8654 Forrest Heights, Fayetteville, AR 72021, (849) 645-5461 x65465".
- Policy Information:** "Policy # Type" (radio buttons for "Member ID" and "Unique Health ID"). The "Policy #" field is highlighted with a red box and contains the value "589626". Other fields include "Plan Name", "Group #", "Group Name", "Effective", "Expires", "Status" (Primary), and "Fee Sched".
- Payment Options:** "Co-Pay" (\$20.00) and "Co-Ins" (0 %).
- Insured Information:** "Relation" (Self), "Is Person" (Yes/No), "Name" (First: Slim, Middle: , Last: Jim, Suffix:), "Address" (1539 COUNTY LINE RD), "City" (Home Town), "State" (AR), "Zip" (72711-), "Soc. Sec. #", "Birthday" (3/21/1932), "Gender" (Male/Female), "Phone" ((501)555-7110), and "Employer".
- Notes:** A large text area at the bottom left.
- Bottom Right:** "Save" and "Cancel" buttons.

1. Open the patient account.
2. Click on the Insurance tab.
3. Edit the policy with whom the paper claim is being filed.
4. Locate the Policy # field, indicated in the screenshot above. The number entered into this field will populate Block 1a on the CMS 1500 form.

Block 2

Patient's Name

1. Locate Patient Name column

Total Claims On Hold: 3 Total Amount On Hold: \$160.50 Rebuild


▲ Pending ▼

Posted ▲	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes
8/30/2010	6	Randall Oates	Test Patient	Aetna	E			\$65.00	Primary	Original	Pending Scrub	Submitted on 5/16/2012
2/20/2011	16	Randall Oates	Penny Lane	Aetna	E			\$32.00	Primary	Original	Pending Scrub	
3/7/2012	27	Randall Oates	Jim Smith	Aetna	E			\$665.00	Primary	▼	Pending Scrub	Submitted on 5/16/2012
5/9/2012	29	Randall Oates	Jim Smith	Aetna	E			\$80.00	Primary	Original	Pending Scrub	

Double click on the claim in the claims manager to correct the patient name, if needed.

2. Edit Patient Name.

Smith, Jim D.




Smith, Jim D.
Account 2
Chart 68332
Date of Birth 3/21/1970 **Age** 42 **Sex** Male **Status** Single
Address 1539 COUNTY LINE RD Home Town, AR 72711
Home (501) 555-7110 **Work** (501) 555-9000 **Cell**
Email jslim@email.com

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

☐ Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Patient Information
Title First Middle Last Suffix
Birth Date Age Chart
SSN 999-99-9999 3/21/1970 42 68332
Marital Status Single Gender Male
Race White Ethnicity Not Hispanic or Latino Language X English
Address
Street 1539 COUNTY LINE RD
City Home Town State AR Zip 72711-____
Contact Information
Home Phone (501) 555-7110 Work Phone (501) 555-9000 Cell Phone
Email jslim@email.com
Primary Contact Method Secondary Contact Method
☐ Exclude From Data Explorer ☐ Enroll for Online Access


Patient Picture

Load Clear
Primary Provider Randall Oates
Referring Provider X Doe, John
PCP
Preferred Pharmacy X
Billing Information
Guarantor
Financial Class Collections
Student Status Non-student

1. Click on the Demographics tab.
2. Edit the fields indicated in the screenshot above.
3. If making changes to any information after the claim has been generated, be sure to rebuild the claim to pull the new information before sending.

Block 3

Patient's Birth Date


1. Locate the claim and edit.

Total Claims On Hold: 3 Total Amount On Hold: \$160.50													 Rebuild
Pending													
Posted ▲	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes	
8/30/2010	6	Randall Oates	Test Patient	Aetna	E			\$65.00	Primary	Original	Pending Scrub	Submitted on 5/16/2012	
2/20/2011	16	Randall Oates	Penny Lane	Aetna	E			\$32.00	Primary	Original	Pending Scrub		
3/7/2012	27	Randall Oates	Jim Smith	Aetna	E			\$665.00	Primary		Pending Scrub	Submitted on 5/16/2012	
5/9/2012	29	Randall Oates	Jim Smith	Aetna	E			\$80.00	Primary	Original	Pending Scrub		

Double click on the claim in the claims manager to edit demographic information.

2. Edit Patient Birth Date.

Smith, Jim D.



Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 Age 42 Sex Male Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 Work (501) 555-9000 Cell

Email jslim@email.com

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

☐ Self Pay Co-Pay \$20.00

[Schedule](#)
[Demographics](#)
[Insurance](#)
[Custom](#)
[Flags/Notes](#)
[Ledger](#)
[Family](#)
[Claims](#)
[Statements](#)
[New Charges](#)

Patient Information

Title First Middle Last Suffix

SSN 999-99-9999 Birth Date 3/21/1970 Age 42 Chart 68332

Marital Status Single Gender Male

Race White Ethnicity Not Hispanic or Latino Language X English

Address

Street 1539 COUNTY LINE RD

City Home Town State AR Zip 72711-

Contact Information

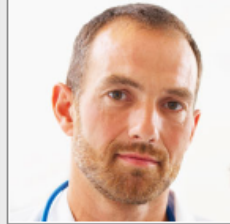
Home Phone (501) 555-7110 Work Phone (501) 555-9000 Cell Phone

Email jslim@email.com

Primary Contact Method Secondary Contact Method

☐ Exclude From Data Explorer ☐ Enroll for Online Access

Patient Picture



Load Clear

Primary Provider Randall Oates

Referring Provider X Doe, John

PCP

Preferred Pharmacy X

Billing Information

Guarantor

Financial Class Collections

Student Status Non-student

1. Click on the Demographics tab.
2. Edit the fields indicated in the screenshot above.
3. If making changes to any information after the claim has been generated, be sure to rebuild the claim to pull the new information before sending.

Block 4

Insured's Name

Populating the Insured's Name

1. Locate the policy

The screenshot shows the 'Insurance Policy' window. The 'Insured Information' section is on the right, and the 'Name' fields (First, Middle, Last, Suffix) are highlighted with a red box. The 'First' field contains 'Slim' and the 'Last' field contains 'Jim'. The 'Middle' field is empty. The 'Suffix' field is empty. The 'Relation' is 'Self', 'Is Person' is 'Yes', 'Address' is '1539 COUNTY LINE RD', 'City' is 'Home Town', 'State' is 'AR', 'Zip' is '72711-____', 'Soc. Sec. #' is empty, 'Birthday' is '3/21/1932', 'Gender' is 'Male', 'Phone' is '(501)555-7110', and 'Employer' is empty. The 'Policy Information' section on the left shows 'Policy # Type' as 'Member ID', 'Policy #' as '589626', 'Plan Name' as empty, 'Group #' as empty, 'Group Name' as empty, 'Effective' as empty, 'Expires' as empty, 'Status' as 'Primary', 'Fee Sched' as empty, 'Co-Pay' as '\$20.00', and 'Co-Ins' as '0 %'. The 'Notes' section is empty.

Policy Information		Insured Information	
Type		Relation	Self
Company	Aetna	Is Person	Yes
8654 Forrest Heights Fayetteville, AR 72021 (849) 645-5461 x65465		Name	First: Slim, Middle: , Last: Jim, Suffix:
Policy # Type	Member ID	Address	1539 COUNTY LINE RD
Policy #	589626	City	Home Town
Group #		State	AR
Effective		Zip	72711-____
Expires		Soc. Sec. #	
Status	Primary	Birthday	3/21/1932
Fee Sched		Gender	Male
Co-Pay	\$20.00	Phone	(501)555-7110
Co-Ins	0 %	Employer	

1. Open the patient account.
2. Click on the Insurance tab.
3. Edit the policy with whom the paper claim is being filed.
4. Locate the Name fields under the Insured Information, indicated in the screenshot above. The name entered into this field will populate Block 4 on the CMS 1500 form.

Block 5

Patient's Address


1. Locate the claim and edit.

Total Claims On Hold: 3 Total Amount On Hold: \$160.50													Rebuild
Pending													
Posted ▲	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes	
8/30/2010	6	Randall Oates	Test Patient	Aetna	E			\$65.00	Primary	Original	Pending Scrub	Submitted on 5/16/2012	
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3/7/2012	27	Randall Oates	Jim Smith	Aetna	E			\$665.00	Primary		Pending Scrub	Submitted on 5/16/2012	
5/9/2012	29	Randall Oates	Jim Smith	Aetna	E			\$80.00	Primary	Original	Pending Scrub		

Double click on the claim in the claims manager to edit demographic information.

2. Edit Patient's Address.

Smith, Jim D.



Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 Age 42 Sex Male Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 Work (501) 555-9000 Cell

Email jslim@email.com

\$ Balances			
	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

☐ Self Pay Co-Pay \$20.00

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[New Charges](#)

Patient Information

Title First Middle Last Suffix

SSN Birth Date Age Chart

999-99-9999 3/21/1970 42 68332

Marital Status Gender

Single Male

Race Ethnicity Language

White Not Hispanic or Latino X English

Address

Street

1539 COUNTY LINE RD

City State Zip

Home Town AR 72711-

Contact Information

Home Phone Work Phone Cell Phone

(501) 555-7110 (501) 555-9000 () - -

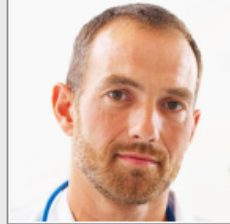
Email

jslim@email.com

Primary Contact Method Secondary Contact Method

☐ Exclude From Data Explorer ☐ Enroll for Online Access

Patient Picture



Load Clear

Primary Provider

Randall Oates

Referring Provider

X Doe, John

PCP

Preferred Pharmacy

X

Billing Information

Guarantor

Financial Class

Collections

Student Status

Non-student

1. Click on the Demographics tab.
2. Edit the field indicated in the screenshot above.
3. If making changes to any information after the claim has been generated, be sure to rebuild the claim to pull the new information before sending.

Patient's City


1. Locate the claim and edit.

Total Claims On Hold: 3 Total Amount On Hold: \$160.50													Rebuild
Pending													
Posted ▲	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes	
8/30/2010	6	Randall Oates	Test Patient	Aetna	E			\$65.00	Primary	Original	Pending Scrub	Submitted on 5/16/2012	
2/20/2011	16	Randall Oates	Penny Lane	Aetna	E			\$32.00	Primary	Original	Pending Scrub		
3/7/2012	27	Randall Oates	Jim Smith	Aetna	E			\$665.00	Primary		Pending Scrub	Submitted on 5/16/2012	
5/9/2012	29	Randall Oates	Jim Smith	Aetna	E			\$80.00	Primary	Original	Pending Scrub		

Double click on the claim in the claims manager to edit demographic information.

2. Edit Patient's City.

Smith, Jim D.



Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 Age 42 Sex Male Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 Work (501) 555-9000 Cell

Email jslim@email.com

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

☐ Self Pay Co-Pay \$20.00

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[Ledger](#)
[Family](#)
[Claims](#)
[Statements](#)
[New Charges](#)

Patient Information

Title First Middle Last Suffix

SSN Birth Date Age Chart

999-99-9999 3/21/1970 42 68332

Marital Status Gender

Single Male

Race Ethnicity Language

White Not Hispanic or Latino X English

Address

Street

1539 COUNTY LINE RD

City State Zip

Home Town AR 72711-____

Contact Information

Home Phone Work Phone Cell Phone

(501) 555-7110 (501) 555-9000 () - -

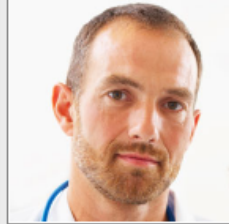
Email

jslim@email.com

Primary Contact Method Secondary Contact Method

☐ Exclude From Data Explorer ☐ Enroll for Online Access

Patient Picture



Load Clear

Primary Provider

Randall Oates

Referring Provider

X Doe, John

PCP

Preferred Pharmacy

X

Billing Information

Guarantor

Financial Class

Collections


Student Status

Non-student

1. Click on the Demographics tab.
2. Edit the field indicated in the screenshot above.
3. If making changes to any information after the claim has been generated, be sure to rebuild the claim to pull the new information before sending.

Patient's State


1. Locate the claim and edit.

Total Claims On Hold: 3 Total Amount On Hold: \$160.50													 Rebuild
Pending													
Posted ▲	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes	
8/30/2010	6	Randall Oates	Test Patient	Aetna	E			\$65.00	Primary	Original	Pending Scrub	Submitted on 5/16/2012	
2/20/2011	16	Randall Oates	Penny Lane	Aetna	E			\$32.00	Primary	Original	Pending Scrub		
3/7/2012	27	Randall Oates	Jim Smith	Aetna	E			\$665.00	Primary		Pending Scrub	Submitted on 5/16/2012	
5/9/2012	29	Randall Oates	Jim Smith	Aetna	E			\$80.00	Primary	Original	Pending Scrub		

Double click on the claim in the claims manager to edit demographic information.

2. Edit Patient's State.

Smith, Jim D.



Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 **Age** 42 **Sex** Male **Status** Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 **Work** (501) 555-9000 **Cell**

Email jslim@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

☐ Self Pay Co-Pay \$20.00

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Patient Information

Title First Middle Last Suffix

SSN Birth Date Age Chart

999-99-9999 3/21/1970 42 68332

Marital Status Gender

Single Male

Race Ethnicity Language

White Not Hispanic or Latino X English

Address

Street

1539 COUNTY LINE RD

City State Zip

Home Town AR 72711-____

Contact Information

Home Phone Work Phone Cell Phone

(501) 555-7110 (501) 555-9000 () - -

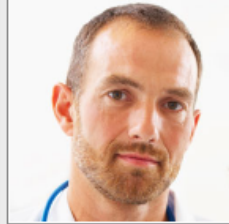
Email

jslim@email.com

Primary Contact Method Secondary Contact Method

☐ Exclude From Data Explorer ☐ Enroll for Online Access

Patient Picture



Load Clear

Primary Provider

Randall Oates

Referring Provider

X Doe, John

PCP

Preferred Pharmacy

X

Billing Information

Guarantor

Financial Class

Collections

Student Status

Non-student

1. Click on the Demographics tab.
2. Edit the field indicated in the screenshot above.
3. If making changes to any information after the claim has been generated, be sure to rebuild the claim to pull the new information before sending.

Patient's Zip Code


1. Locate the claim and edit.

Total Claims On Hold: 3 Total Amount On Hold: \$160.50													Rebuild
Pending													
Posted ▲	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes	
8/30/2010	6	Randall Oates	Test Patient	Aetna	E			\$65.00	Primary	Original	Pending Scrub	Submitted on 5/16/2012	
2/20/2011	16	Randall Oates	Penny Lane	Aetna	E			\$32.00	Primary	Original	Pending Scrub		
3/7/2012	27	Randall Oates	Jim Smith	Aetna	E			\$665.00	Primary		Pending Scrub	Submitted on 5/16/2012	
5/9/2012	29	Randall Oates	Jim Smith	Aetna	E			\$80.00	Primary	Original	Pending Scrub		

Double click on the claim in the claims manager to edit demographic information.

2. Edit Patient's Zip.

Smith, Jim D.



Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 Age 42 Sex Male Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 Work (501) 555-9000 Cell

Email jslim@email.com

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

☐ Self Pay Co-Pay \$20.00

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Patient Information

Title First Middle Last Suffix

SSN Birth Date Age Chart

999-99-9999 3/21/1970 42 68332

Marital Status Gender

Single Male

Race Ethnicity Language

White Not Hispanic or Latino X English

Address

Street

1539 COUNTY LINE RD

City State Zip

Home Town AR 72711-____

Contact Information

Home Phone Work Phone Cell Phone

(501) 555-7110 (501) 555-9000 () - -

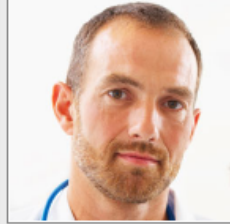
Email

jslim@email.com

Primary Contact Method Secondary Contact Method

☐ Exclude From Data Explorer ☐ Enroll for Online Access

Patient Picture



Load Clear

Primary Provider

Randall Oates

Referring Provider

X Doe, John

PCP

Preferred Pharmacy

X

Billing Information

Guarantor

Financial Class

Collections

Student Status

Non-student

1. Click on the Demographics tab.
2. Edit the field indicated in the screenshot above.
3. If making changes to any information after the claim has been generated, be sure to rebuild the claim to pull the new information before sending.

Patient's Telephone

1. Locate the claim and edit.

Total Claims On Hold: 3 Total Amount On Hold: \$160.50 Rebuild


▲ Pending ▼

Posted ▲	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes
8/30/2010	6	Randall Oates	Test Patient	Aetna	E			\$65.00	Primary	Original	Pending Scrub	Submitted on 5/16/2012
2/20/2011	16	Randall Oates	Penny Lane	Aetna	E			\$32.00	Primary	Original	Pending Scrub	
3/7/2012	27	Randall Oates	Jim Smith	Aetna	E			\$665.00	Primary	▼	Pending Scrub	Submitted on 5/16/2012
5/9/2012	29	Randall Oates	Jim Smith	Aetna	E			\$80.00	Primary	Original	Pending Scrub	

Double click on the claim in the claims manager to edit demographic information.

2. Edit Patient's Telephone.

Smith, Jim D.



Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 **Age** 42 **Sex** Male **Status** Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 **Work** (501) 555-9000 **Cell**

Email jslim@email.com

\$ Balances			
	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

☐ Self Pay Co-Pay \$20.00

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Patient Information

Title First Middle Last Suffix

SSN Birth Date Age Chart

999-99-9999 3/21/1970 42 68332

Marital Status Gender

Single Male

Race Ethnicity Language

White Not Hispanic or Latino X English

Address

Street

1539 COUNTY LINE RD

City State Zip

Home Town AR 72711-

Contact Information

Home Phone Work Phone Cell Phone

(501) 555-7110 (501) 555-9000

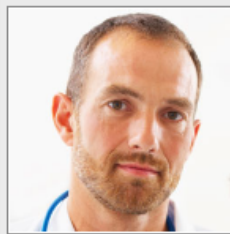
Email

jslim@email.com

Primary Contact Method Secondary Contact Method

☐ Exclude From Data Explorer ☐ Enroll for Online Access

Patient Picture



Load Clear

Primary Provider

Randall Oates

Referring Provider

X Doe, John

PCP

Preferred Pharmacy

X

Billing Information

Guarantor

Financial Class

Collections

Student Status

Non-student

1. Click on the Demographics tab.
2. Edit the field indicated in the screenshot above.
3. If making changes to any information after the claim has been generated, be sure to rebuild the claim to pull the new information before sending.

Block 6

Patient Relation to Insured

1. Locate the policy.

Insurance Policy

Type:

Company: **Aetna** ...
8654 Forrest Heights
Fayetteville, AR 72021
(849) 645-5461 x65465

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 589626 Plan Name:

Group #: Group Name:


Effective: Expires:

Payment Options

☒ Co-Pay: \$20.00 ☐ Co-Ins: 0 %

Status: Primary Fee Sched:

Insured Information

Relation: Self 

Is Person: ☒ Yes ☐ No

Name: First: Slim Middle: Last: Jim Suffix:

Address: 1539 COUNTY LINE RD

City: Home Town State: AR Zip: 72711-

Soc. Sec. #:

Birthday: 3/21/1932 ☒ Male ☐ Female

Phone: (501)555-7110 Employer:

Notes:

Save Cancel

1. Open the patient account.
2. Click on the Insurance tab.
3. Edit the policy with whom the paper claim is being filed.

2. Insured's Address

Insurance Policy

Type:

Company: Aetna
8654 Forrest Heights
Fayetteville, AR 72021
(849) 645-5461 x65465

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 589626 Plan Name:

Group #: Group Name:

Effective: Expires:

Payment Options

☒ Co-Pay: \$20.00 ☐ Co-Ins: 0 %

Status: Primary Fee Sched:

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Slim Middle: Last: Jim Suffix:

Address: 1539 COUNTY LINE RD

City: Home Town State: AR Zip: 72711-

Soc. Sec. #:

Birthday: 3/21/1932 ☒ Male ☐ Female

Phone: (501)555-7110 Employer:

Notes:

Save Cancel

1. Click the dropdown to select the appropriate patient relationship to the insured. The selection entered in this field will populate Block 6 on the CMS 1500 form.

Block 7

Insured's Address

Populating the Insured's information

1. Locate the policy.

The screenshot shows a software window titled "Insurance Policy" with a close button (X) in the top right corner. The form is divided into several sections:

- Company Information:** Includes a "Type" dropdown, "Company" text field (Aetna), and address/phone details: 8654 Forrest Heights, Fayetteville, AR 72021, (849) 645-5461 x65465.
- Policy Information:** Includes "Policy # Type" with radio buttons for "Member ID" (selected) and "Unique Health ID". It also has fields for "Policy #", "Plan Name", "Group #", "Group Name", "Effective" date, and "Expires" date.
- Payment Options:** Includes radio buttons for "Co-Pay" (selected) and "Co-Ins". The "Co-Pay" field shows "\$20.00" and the "Co-Ins" field shows "0 %".
- Status:** Includes a "Status" dropdown (Primary) and a "Fee Sched" dropdown.
- Insured Information:** Includes a "Relation" dropdown (Self), "Is Person" radio buttons (Yes selected, No), "Name" fields (First: Slim, Middle: , Last: Jim, Suffix:), "Address" text field (1539 COUNTY LINE RD), "City" (Home Town), "State" (AR), "Zip" (72711-____), "Soc. Sec. #" field, "Birthday" date field (3/21/1932), "Gender" radio buttons (Male selected, Female), "Phone" text field ((501)555-7110), and "Employer" text field.
- Notes:** A large text area at the bottom left for additional information.
- Buttons:** "Save" and "Cancel" buttons at the bottom right.

1. Open the patient account.
2. Click on the Insurance tab.
3. Edit the policy with whom the paper claim is being filed.

2. Insured's Address

Insurance Policy

Type:

Company: Aetna
8654 Forrest Heights
Fayetteville, AR 72021
(849) 645-5461 x65465

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 589626 Plan Name:

Group #: Group Name:

Effective: Expires:

Payment Options

☒ Co-Pay: \$20.00 ☐ Co-Ins: 0 %

Status: Primary Fee Sched:

Notes:

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Slim Middle: Last: Jim Suffix:

Address: 1539 COUNTY LINE RD

City: Home Town State: AR Zip: 72711-

Soc. Sec. #:

Birthday: 3/21/1932 ☒ Male ☐ Female

Phone: (501)555-7110 Employer:

Save Cancel

1. Locate the Address field under the Insured Information, indicated in the screenshot above. The name entered into this field will populate Block 7 on the CMS 1500 form.

Insured's City

Populating the Insured's information

1. Locate the policy.

The screenshot shows a software window titled "Insurance Policy" with a close button (X) in the top right corner. The window is divided into several sections:

- Top Left:** A "Type" dropdown menu and a "Company" field containing "Aetna" with a three-dot menu icon. Below this is the company address: "8654 Forrest Heights, Fayetteville, AR 72021, (849) 645-5461 x65465".
- Policy Information:** A section with a "Policy # Type" containing radio buttons for "Member ID" (selected) and "Unique Health ID". Below are fields for "Policy #", "Plan Name", "Group #", "Group Name", "Effective" (dropdown), and "Expires" (dropdown).
- Payment Options:** A section with radio buttons for "Co-Pay" (selected) and "Co-Ins". The "Co-Pay" field shows "\$20.00" and the "Co-Ins" field shows "0 %".
- Status:** A dropdown menu set to "Primary" and a "Fee Sched" dropdown.
- Insured Information:** A section on the right with a "Relation" dropdown set to "Self" and a small person icon. Below is the "Is Person" section with "Yes" (selected) and "No" radio buttons. The "Name" section has fields for "First" (Slim), "Middle" (empty), "Last" (Jim), and "Suffix" (empty). The "Address" field contains "1539 COUNTY LINE RD". The "City" field contains "Home Town", "State" is "AR", and "Zip" is "72711-____". The "Soc. Sec. #" field is empty. The "Birthday" field contains "3/21/1932" and "Male" (selected) and "Female" radio buttons. The "Phone" field contains "(501)555-7110" and the "Employer" field is empty.
- Notes:** A large text area at the bottom left for notes.
- Bottom Right:** "Save" and "Cancel" buttons.

1. Open the patient account.
2. Click on the Insurance tab.
3. Edit the policy with whom the paper claim is being filed.

2. Insured's City

Insurance Policy

Type:

Company: Aetna
8654 Forrest Heights
Fayetteville, AR 72021
(849) 645-5461 x65465

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 589626 Plan Name:

Group #: Group Name:

Effective: Expires:

Payment Options

☒ Co-Pay: \$20.00 ☐ Co-Ins: 0 %

Status: Primary Fee Sched:

Notes:

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Slim Middle: Last: Jim Suffix:

Address: 1539 COUNTY LINE RD

City: Home Town State: AR Zip: 72711-

Soc. Sec. #:

Birthday: 3/21/1932 ☒ Male ☐ Female

Phone: (501)555-7110 Employer:

Save Cancel

1. Locate the City field under the Insured Information, indicated in the screenshot above. The name entered into this field will populate Block 7 on the CMS 1500 form.

Insured's State

Populating the Insured's information

1. Locate the policy.

The screenshot shows a software window titled "Insurance Policy" with a close button (X) in the top right corner. The form is divided into several sections:

- Company Information:** Includes a "Type" dropdown, "Company" text field (Aetna), and address/phone details: 8654 Forrest Heights, Fayetteville, AR 72021, (849) 645-5461 x65465.
- Policy Information:** Includes "Policy # Type" with radio buttons for "Member ID" (selected) and "Unique Health ID". It also has fields for "Policy #", "Plan Name", "Group #", "Group Name", "Effective", and "Expires".
- Payment Options:** Includes radio buttons for "Co-Pay" (selected) and "Co-Ins". The "Co-Pay" field shows "\$20.00" and the "Co-Ins" field shows "0 %".
- Status:** Includes a "Status" dropdown (Primary) and a "Fee Sched" dropdown.
- Insured Information:** Includes a "Relation" dropdown (Self), "Is Person" radio buttons (Yes selected, No), "Name" fields (First: Slim, Middle: , Last: Jim, Suffix:), "Address" (1539 COUNTY LINE RD), "City" (Home Town), "State" (AR), "Zip" (72711-), "Soc. Sec. #", "Birthday" (3/21/1932), "Gender" (Male selected, Female), "Phone" ((501)555-7110), and "Employer".
- Notes:** A large text area at the bottom left.
- Buttons:** "Save" and "Cancel" buttons at the bottom right.

1. Open the patient account.
2. Click on the Insurance tab.
3. Edit the policy with whom the paper claim is being filed.

2. Insured's State

Insurance Policy

Type:

Company: Aetna
8654 Forrest Heights
Fayetteville, AR 72021
(849) 645-5461 x65465

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 589626 Plan Name:

Group #: Group Name:

Effective: Expires:

Payment Options

☒ Co-Pay \$20.00 ☐ Co-Ins 0 %

Status: Primary Fee Sched:

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Slim Middle: Last: Jim Suffix:

Address: 1539 COUNTY LINE RD

City: Home Town State: AR Zip: 72711-

Soc. Sec. #:

Birthday: 3/21/1932 ☒ Male ☐ Female

Phone: (501)555-7110 Employer:

Notes:

Save Cancel

1. Locate the State field under the Insured Information, indicated in the screenshot above. The name entered into this field will populate Block 7 on the CMS 1500 form.

Insured's Zip Code

Populating the Insured's information

1. Locate the policy.

The screenshot shows a software window titled "Insurance Policy" with a close button (X) in the top right corner. The window is divided into several sections:

- Company Information:** Includes a "Type" dropdown, "Company" field (Aetna), and address/phone details: 8654 Forrest Heights, Fayetteville, AR 72021, (849) 645-5461 x65465.
- Policy Information:** Includes "Policy # Type" (radio buttons for Member ID and Unique Health ID), "Policy #" (589626), "Plan Name", "Group #", "Group Name", "Effective" date, "Expires" date, "Status" (Primary), and "Fee Sched".
- Payment Options:** Includes "Co-Pay" (\$20.00) and "Co-Ins" (0 %).
- Insured Information:** Includes "Relation" (Self), "Is Person" (radio buttons for Yes and No), "Name" (First: Slim, Middle: , Last: Jim, Suffix:), "Address" (1539 COUNTY LINE RD), "City" (Home Town), "State" (AR), "Zip" (72711-____), "Soc. Sec. #", "Birthday" (3/21/1932), "Gender" (radio buttons for Male and Female), "Phone" ((501)555-7110), and "Employer".
- Notes:** A large text area for additional information.
- Buttons:** "Save" and "Cancel" buttons at the bottom right.

1. Open the patient account.
2. Click on the Insurance tab.
3. Edit the policy with whom the paper claim is being filed.

2. Insured's Zip Code

The screenshot shows a software window titled "Insurance Policy" with a close button (X) in the top right corner. The window is divided into several sections:

- Top Left:** "Type" (dropdown), "Company" (text field with "Aetna" and a dropdown arrow), and address/phone information: "8654 Forrest Heights", "Fayetteville, AR 72021", and "(849) 645-5461 x65465".
- Policy Information:** "Policy # Type" with radio buttons for "Member ID" (selected) and "Unique Health ID". Below are fields for "Policy #", "Plan Name", "Group #", "Group Name", "Effective" (dropdown), and "Expires" (dropdown).
- Payment Options:** Radio buttons for "Co-Pay" (selected) and "Co-Ins". The "Co-Pay" field shows "\$20.00" and the "Co-Ins" field shows "0 %".
- Status:** "Status" dropdown set to "Primary" and "Fee Sched" dropdown.
- Insured Information:** "Relation" dropdown set to "Self", "Is Person" with "Yes" (selected) and "No" radio buttons, "Name" fields (First: "Slim", Middle: empty, Last: "Jim", Suffix: empty), "Address" text field with "1539 COUNTY LINE RD", "City" dropdown set to "Home Town", "State" dropdown set to "AR", and "Zip" dropdown set to "72711-____" (this field is highlighted with a red rectangle). Other fields include "Soc. Sec. #", "Birthday" dropdown set to "3/21/1932", "Gender" with "Male" (selected) and "Female" radio buttons, "Phone" text field with "(501)555-7110", and "Employer" text field.
- Notes:** A large text area at the bottom left.
- Bottom Right:** "Save" and "Cancel" buttons.

1. Locate the Zip field under the Insured Information, indicated in the screenshot above. The name entered into this field will populate Block 7 on the CMS 1500 form.

Insured's Telephone

Populating the Insured's information

1. Locate the policy.

The screenshot shows a software window titled "Insurance Policy" with a close button (X) in the top right corner. The window is divided into several sections:

- Company Information:** Includes a "Type" dropdown, "Company" text field (Aetna), and address/phone details: 8654 Forrest Heights, Fayetteville, AR 72021, (849) 645-5461 x65465.
- Policy Information:** Includes "Policy # Type" with radio buttons for "Member ID" (selected) and "Unique Health ID". It also has fields for "Policy #", "Plan Name", "Group #", "Group Name", "Effective", and "Expires".
- Payment Options:** Includes radio buttons for "Co-Pay" (selected) and "Co-Ins". The "Co-Pay" field shows "\$20.00" and the "Co-Ins" field shows "0 %".
- Status:** Includes a "Status" dropdown (Primary) and a "Fee Sched" dropdown.
- Insured Information:** Includes a "Relation" dropdown (Self), "Is Person" radio buttons (Yes selected, No), "Name" fields (First: Slim, Middle: , Last: Jim, Suffix:), "Address" text field (1539 COUNTY LINE RD), "City" (Home Town), "State" (AR), "Zip" (72711-), "Soc. Sec. #", "Birthday" (3/21/1932), "Gender" radio buttons (Male selected, Female), "Phone" ((501)555-7110), and "Employer".
- Notes:** A large text area at the bottom left for additional notes.
- Buttons:** "Save" and "Cancel" buttons at the bottom right.

1. Open the patient account.
2. Click on the Insurance tab.
3. Edit the policy with whom the paper claim is being filed.

2. Insured's Telephone

Insurance Policy

Type:

Company: Aetna
8654 Forrest Heights
Fayetteville, AR 72021
(849) 645-5461 x65465

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 589626 Plan Name:

Group #: Group Name:

Effective: Expires:

Payment Options

☒ Co-Pay: \$20.00 ☐ Co-Ins: 0 %

Status: Primary Fee Sched:

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Slim Middle: Last: Jim Suffix:

Address: 1539 COUNTY LINE RD

City: Home Town State: AR Zip: 72711-

Soc. Sec. #:

Birthday: 3/21/1932 ☒ Male ☐ Female

Phone: (501)555-7110 Employer:

Notes:

Save Cancel

1. Locate the Phone field under the Insured Information, indicated in the screenshot above. The name entered into this field will populate Block 7 on the CMS 1500 form.

Block 8

Patient Status


1. Locate the claim and edit.

Total Claims On Hold: 3 Total Amount On Hold: \$160.50													Rebuild
Pending													
Posted ▲	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes	
8/30/2010	6	Randall Oates	Test Patient	Aetna	E			\$65.00	Primary	Original	Pending Scrub	Submitted on 5/16/2012	
2/20/2011	16	Randall Oates	Penny Lane	Aetna	E			\$32.00	Primary	Original	Pending Scrub		
3/7/2012	27	Randall Oates	Jim Smith	Aetna	E			\$665.00	Primary		Pending Scrub	Submitted on 5/16/2012	
5/9/2012	29	Randall Oates	Jim Smith	Aetna	E			\$80.00	Primary	Original	Pending Scrub		

Double click on the claim in the claims manager to edit demographic information.

2. Edit Patient Birth Date.

Smith, Jim D.



Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 **Age** 42 **Sex** Male **Status** Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 **Work** (501) 555-9000 **Cell**

Email jslim@email.com

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

☐ Self Pay Co-Pay \$20.00

[Schedule](#)
[Demographics](#)
[Insurance](#)
[Custom](#)
[Flags/Notes](#)
[Ledger](#)
[Family](#)
[Claims](#)
[Statements](#)
[New Charges](#)

Patient Information

Title First Middle Last Suffix

SSN Birth Date Age Chart

999-99-9999 3/21/1970 42 68332

Marital Status Gender

Single Male

Race Ethnicity Language

White Not Hispanic or Latino X English

Address

Street

1539 COUNTY LINE RD

City State Zip

Home Town AR 72711-____

Contact Information

Home Phone Work Phone Cell Phone

(501) 555-7110 (501) 555-9000 () - -

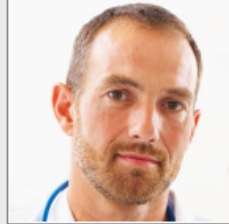
Email

jslim@email.com

Primary Contact Method Secondary Contact Method

☐ Exclude From Data Explorer ☐ Enroll for Online Access

Patient Picture



Load Clear

Primary Provider

Randall Oates

Referring Provider

X Doe, John

PCP

Preferred Pharmacy

X

Billing Information

Guarantor

Financial Class

Collections

Student Status

Non-student

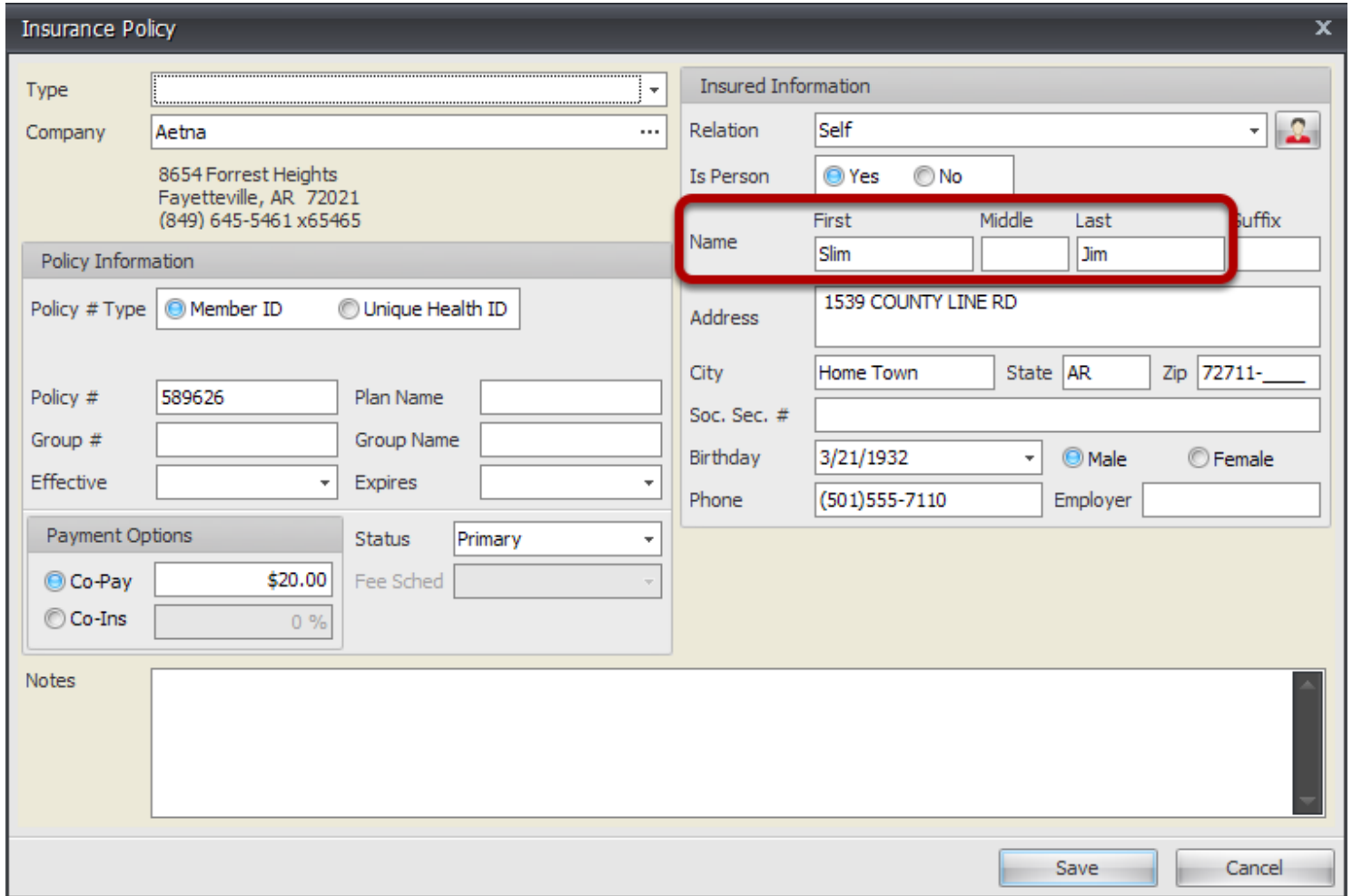
1. Click on the Demographics tab.
2. Edit the fields indicated in the screenshot above, as needed.
3. If making changes to any information after the claim has been generated, be sure to rebuild the claim to pull the new information before sending.

Block 9

Other Insured's Name

Populating the Insured's Name: If Box 11d is marked Yes, fields 9 and 9a-d will need to be completed.

1. Locate the policy



The screenshot shows the "Insurance Policy" form. The "Insured Information" section is highlighted with a red box around the "Name" fields. The "Name" section includes "First" (Slim), "Middle" (empty), "Last" (Jim), and "Suffix" (empty). Other fields in the "Insured Information" section include "Relation" (Self), "Is Person" (Yes), "Address" (1539 COUNTY LINE RD), "City" (Home Town), "State" (AR), "Zip" (72711-), "Soc. Sec. #" (empty), "Birthday" (3/21/1932), "Gender" (Male), and "Phone" ((501)555-7110). The "Policy Information" section includes "Policy # Type" (Member ID), "Policy #" (589626), "Plan Name" (empty), "Group #" (empty), "Group Name" (empty), "Effective" (empty), "Expires" (empty), "Payment Options" (Co-Pay \$20.00, Co-Ins 0%), "Status" (Primary), and "Fee Sched" (empty). The "Notes" section is empty. The "Save" and "Cancel" buttons are at the bottom right.

1. Open the patient account.
2. Click on the Insurance tab.
3. Edit the policy for the supplemental policy (typically secondary insurance).
4. Locate the Name fields under the Insured Information, indicated in the screenshot above.
The names entered into these fields will populate Block 9 on the CMS 1500 form, if the policy is listed as the secondary insurance on the claim and is currently being filed with the primary.

Block 9a

Other Insured's Policy or Group Number

Populating the other insured's policy or group number: If Box 11d is marked Yes, fields 9 and 9a-d will need to be completed.

1. Locate the policy

The screenshot shows a software window titled "Insurance Policy" with a close button (X) in the top right corner. The window is divided into several sections:

- Company Information:** Includes a "Type" dropdown, "Company" dropdown (set to "Aetna"), and address/phone details: "8654 Forrest Heights", "Fayetteville, AR 72021", and "(849) 645-5461 x65465".
- Policy Information:** Contains "Policy # Type" with radio buttons for "Member ID" (selected) and "Unique Health ID". Below this, the "Policy #" field is highlighted with a red rectangle and contains the value "589626". Other fields include "Plan Name", "Group #", "Group Name", "Effective" (dropdown), and "Expires" (dropdown).
- Payment Options:** Includes "Co-Pay" (radio button, selected) with a value of "\$20.00", "Co-Ins" (radio button), and "Fee Sched" (dropdown).
- Status:** A dropdown menu set to "Primary".
- Insured Information:** A separate section on the right containing "Relation" (dropdown, set to "Self"), "Is Person" (radio buttons, "Yes" selected), "Name" (fields for First, Middle, Last, and Suffix, with "Slim" in First and "Jim" in Last), "Address" (text field, "1539 COUNTY LINE RD"), "City" (dropdown, "Home Town"), "State" (dropdown, "AR"), "Zip" (text field, "72711-"), "Soc. Sec. #" (text field), "Birthday" (dropdown, "3/21/1932"), "Gender" (radio buttons, "Male" selected), "Phone" (text field, "(501)555-7110"), and "Employer" (text field).
- Notes:** A large text area at the bottom left.
- Buttons:** "Save" and "Cancel" buttons at the bottom right.

1. Open the patient account.
2. Click on the Insurance tab.
3. View/Edit the policy for the supplemental policy (typically secondary insurance).
4. Locate the Policy# field under the Policy Information section, indicated in the screenshot above. This field will populate Block 9a on the CMS 1500 form, if the policy is listed as the secondary insurance on the claim and is currently being filed with the primary.

Block 9b

Other Insured's Date of Birth

Populating the Other Insured's Date of Birth : If Box 11d is marked Yes, fields 9 and 9a-d will need to be completed.

1. Locate the policy

The screenshot shows a software window titled "Insurance Policy" with a close button (X) in the top right corner. The window is divided into several sections:

- Type**: A dropdown menu.
- Company**: A text field containing "Aetna" and a three-dot menu icon. Below it is the address: "8654 Forrest Heights, Fayetteville, AR 72021" and phone number: "(849) 645-5461 x65465".
- Policy Information**: A section with a "Policy # Type" dropdown (selected "Member ID", with "Unique Health ID" as an option). Below are fields for "Policy #", "Plan Name", "Group #", "Group Name", "Effective", and "Expires".
- Payment Options**: A section with "Co-Pay" (selected) set to "\$20.00" and "Co-Ins" (unselected) set to "0 %".
- Status**: A dropdown menu set to "Primary".
- Fee Sched**: A dropdown menu.
- Insured Information**: A section on the right with a "Relation" dropdown (selected "Self") and a "Is Person" radio button group (selected "Yes", with "No" as an option). Below are fields for "Name" (First: "Slim", Middle: empty, Last: "Jim", Suffix: empty), "Address" (1539 COUNTY LINE RD), "City" (Home Town), "State" (AR), "Zip" (72711-), "Soc. Sec. #", "Birthday" (3/21/1932, highlighted with a red box), "Gender" (selected "Male", with "Female" as an option), and "Phone" ((501)555-7110). There is also an "Employer" field.
- Notes**: A large text area at the bottom.
- Buttons**: "Save" and "Cancel" buttons at the bottom right.

1. Open the patient account.
2. Click on the Insurance tab.
3. Edit the policy for the supplemental policy (typically secondary insurance).
4. Locate the Birthday field under the Insured Information, indicated in the screenshot above. The date entered into this field will populate Block 9b on the CMS 1500 form, if the policy is listed as the secondary insurance on the claim and is currently being filed with the primary.

Block 9c

Employer's Name or School Name

Populating the Other Insured's Employer's Name or School Name: If Box 11d is marked Yes, fields 9 and 9a-d will need to be completed.

1. Locate the policy

The screenshot shows the 'Insurance Policy' form. The 'Insured Information' section is on the right, and the 'Employer' field is highlighted with a red box. The form includes fields for Type, Company, Policy #, Plan Name, Group #, Effective, Expires, Status, and Payment Options. The 'Insured Information' section includes fields for Relation, Is Person, Name (First, Middle, Last, Suffix), Address, City, State, Zip, Soc. Sec. #, Birthday, Gender, and Phone. The 'Employer' field is located below the Phone field.

Policy Information	
Policy # Type	<input checked="" type="radio"/> Member ID <input type="radio"/> Unique Health ID
Policy #	589626
Plan Name	
Group #	
Group Name	
Effective	
Expires	
Status	Primary
Payment Options	
<input checked="" type="radio"/> Co-Pay	\$20.00
<input type="radio"/> Co-Ins	0 %
Fee Sched	

Insured Information	
Relation	Self
Is Person	<input checked="" type="radio"/> Yes <input type="radio"/> No
Name	First: Slim Middle: Last: Jim Suffix:
Address	1539 COUNTY LINE RD
City	Home Town
State	AR
Zip	72711-
Soc. Sec. #	
Birthday	3/21/1932
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Phone	(501)555-7110
Employer	

1. Open the patient account.
2. Click on the Insurance tab.
3. Edit the policy for the supplemental policy (typically secondary insurance).
4. Locate the Employer field under the Insured Information, indicated in the screenshot above. The name entered into this field will populate Block 9c on the CMS 1500 form, if the policy is listed as the secondary insurance on the claim and is currently being filed with the primary.

Block 9d

Insurance Plan Name or Program Name

Populating the Other Insured's Plan Name or Program Name: If Box 11d is marked Yes, fields 9 and 9a-d will need to be completed.

1. Locate the policy

The screenshot shows the 'Insurance Policy' form. The 'Company' field under 'Insured Information' is highlighted with a red box. The form contains the following fields and values:

- Type:** (Dropdown menu)
- Company:** Aetna (highlighted with a red box)
- Address:** 8654 Forrest Heights, Fayetteville, AR 72021, (849) 645-5461 x65465
- Policy Information:**
 - Policy # Type:** ☒ Member ID, ☐ Unique Health ID
 - Policy #:** 589626
 - Plan Name:** (Empty field)
 - Group #:** (Empty field)
 - Group Name:** (Empty field)
 - Effective:** (Dropdown menu)
 - Expires:** (Dropdown menu)
- Payment Options:**
 - ☒ Co-Pay: \$20.00
 - ☐ Co-Ins: 0 %
- Status:** Primary
- Fee Sched:** (Dropdown menu)
- Insured Information:**
 - Relation:** Self
 - Is Person:** ☒ Yes, ☐ No
 - Name:** First: Slim, Middle: (Empty), Last: Jim, Suffix: (Empty)
 - Address:** 1539 COUNTY LINE RD
 - City:** Home Town, **State:** AR, **Zip:** 72711- (Empty)
 - Soc. Sec. #:** (Empty field)
 - Birthday:** 3/21/1932, ☒ Male, ☐ Female
 - Phone:** (501)555-7110, **Employer:** (Empty field)
- Notes:** (Empty text area)
- Buttons:** Save, Cancel

1. Open the patient account.
2. Click on the Insurance tab.
3. Edit the policy for the supplemental policy (typically secondary insurance).
4. Locate the Company field under the Insured Information, indicated in the screenshot above. The name entered into this field will populate Block 9d on the CMS 1500 form, if the policy is listed as the secondary insurance on the claim and is currently being filed with the primary. (To edit the actual name if not displaying correctly, this can be changed by going to the Tools menu, selecting Insurance Companies, locating the specific insurance company and editing the Company Name field.)

Block 10a

Patient Condition Related To: Employment

Indicating that the patient's condition is employment related.

Locate the claim.

The screenshot shows a patient account for Jim D. Smith. The interface includes a patient photo, a red header with the patient's name, and a summary of personal and contact information. A 'Balances' table is visible on the right. The 'Claims' tab is selected, displaying a table of claims with columns for Post Date, Processed, Claim ID, Provider, Primary, PRT, Secondary, SRT, Amount, Balance, File With, and Status. Claim 7 is highlighted. Below the table, the 'Claim Details' section shows information for Claim 7, including the Post Date (9/30/2010) and Member ID (589626). A 'More Info' button is circled with a '2'.

Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 Age 42 Sex Male Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 Work (501) 555-9000 Cell

Email jslim@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	9/30/2010	5/23/2012	7	Randall Oates	Aetna	P			\$64.00	\$0.00	Primary	Pending Scrub
X	9/30/2010	9/30/2010	9	Randall Oates	Aetna	E			\$64.00	\$0.00	Primary	Processed
X	10/1/2010	10/1/2010	11	Randall Oates	Aetna	E			\$65.00	\$0.00	Primary	Processed
X	2/1/2011	10/25/2011	13	Randall Oates	Aetna	E			\$300.00	\$210.00	Primary	Processed
X	10/25/2011	10/25/2011	19	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed
X	10/25/2011		20	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed

Claim Details

Details for Claim 7

Post Date 9/30/2010 Member ID 589626 Patient Group Number

More Info

Processed
On Hold
Claim Notes

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click on the More Info button.

Indicate Employment.

The screenshot shows the 'Edit Claim Details' window. At the top, 'Owner' is 'Randall Oates' and 'Facility' is 'DOCS Clinic'. The 'Type' section on the left has a red box around the 'Employment' checkbox, which is checked. Below it are 'Auto Accident', 'Other Accident', and 'None', all unchecked. To the right of 'Type' is a 'State' dropdown. Further right is the 'Special Program Codes' section with 'Special Program' and 'Delay Reason' dropdowns. To the right of that is the 'Primary' section with 'Release of Information Signature' (checked), 'Signature Executed For Patient' (unchecked), and 'Benefits Assignment' (Yes). To the right of 'Primary' is the 'Secondary' section with similar fields. Below these are tabs for 'Ambulance', 'Contract', 'Dates', 'File Information', 'Misc Details', 'Patient', 'Property And Casualty', 'Providers', 'Referral / Authorization', 'Supplemental Information', and 'Vision'. At the bottom, there are three main sections: 'Illness, Injury or Pregnancy' with 'Current IIP' and 'Accident' dropdowns; 'Patient, Treatment Dates' with 'Last Seen Date' and 'Referral Date' dropdowns; and 'Hospital, Disability Dates' with 'Not Work From', 'Disability From', and 'Hospital From' dropdowns, each followed by a 'To' dropdown.

Check the Employment checkbox, indicated in the above screenshot. Be sure to rebuild the claim after making any changes.

Block 10b

Patient Condition Related To: Auto Accident

Indicating that the patient's condition is related to an auto accident.

Locate the claim.

The screenshot shows a patient account for Jim D. Smith. The interface includes a patient photo, a red header with the patient's name, and a summary of personal information: Date of Birth 3/21/1970, Age 42, Sex Male, Status Single, Address 1539 COUNTY LINE RD Home Town, AR 72711, Home (501) 555-7110, Work (501) 555-9000, Cell, and Email jslim@email.com. To the right, a 'Balances' table shows Family, Patient, and Totals for Personal and Insurance categories. Below this is a 'Self Pay' section with a Co-Pay of \$20.00. A navigation bar at the bottom contains tabs for Schedule, Demographics, Insurance, Custom, Flags/Notes, Ledger, Family, Claims, Statements, and New Charges. The 'Claims' tab is active, displaying a table of claims with columns for Post Date, Processed, Claim ID, Provider, Primary, PRT, Secondary, SRT, Amount, Balance, File With, and Status. The first claim (ID 7) is highlighted with a blue row and a circled '1' in the PRT column. Below the table, the 'Claim Details' section shows details for Claim 7, including Post Date 9/30/2010, Member ID 589626, and a 'More Info' button with a circled '2'. There are also checkboxes for 'Processed', 'On Hold', and a 'Claim Notes' field.

Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
9/30/2010	5/23/2012	7	Randall Oates	Aetna	P			\$64.00	\$0.00	Primary	Pending Scrub
9/30/2010	9/30/2010	9	Randall Oates	Aetna	E			\$64.00	\$0.00	Primary	Processed
10/1/2010	10/1/2010	11	Randall Oates	Aetna	E			\$65.00	\$0.00	Primary	Processed
2/1/2011	10/25/2011	13	Randall Oates	Aetna	E			\$300.00	\$210.00	Primary	Processed
10/25/2011	10/25/2011	19	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed
10/25/2011		20	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed

Balances		
Personal	Insurance	Totals
Family \$0.00	\$0.00	\$0.00
Patient \$639.00	\$1,958.75	\$2,597.75
Totals \$639.00	\$1,958.75	\$2,597.75

Post Date	Member ID	Patient Group Number
9/30/2010	589626	

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click on the More Info button.

Indicate Auto Accident and State.

Edit Claim Details

Owner: Randall Oates Facility: DOCS Clinic

Type

- ☒ Auto Accident AR
- ☐ Other Accident
- ☐ None

Special Program Codes

Special Program:

Delay Reason:

Primary

☒ Release of Information Signature

☐ Signature Executed For Patient

Benefits Assignment:

Secondary

☒ Release of Information Signature

☐ Signature Executed For Patient

Benefits Assignment:

Tabs: Ambulance, Contract, Dates, File Information, Misc Details, Patient, Property And Casualty, Providers, Referral / Authorization, Supplemental Information, Vision

Illness, Injury or Pregnancy

Current IIP:

Patient, Treatment Dates

Last Seen Date:

Hospital, Disability Dates

Not Work From: To:

Check the Auto Accident checkbox and select the appropriate State from the drop down, as indicated in the above screenshot. Be sure to rebuild the claim after making any changes.

Block 10c

Patient Condition Related To: Other Accident

Indicating that the patient's condition is related to an accident.

Locate the claim.

Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 Age 42 Sex Male Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 Work (501) 555-9000 Cell

Email jslim@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	9/30/2010	5/23/2012	7	Randall Oates	Aetna	P	1		\$64.00	\$0.00	Primary	Pending Scrub
X	9/30/2010	9/30/2010	9	Randall Oates	Aetna	E			\$64.00	\$0.00	Primary	Processed
X	10/1/2010	10/1/2010	11	Randall Oates	Aetna	E			\$65.00	\$0.00	Primary	Processed
X	2/1/2011	10/25/2011	13	Randall Oates	Aetna	E			\$300.00	\$210.00	Primary	Processed
X	10/25/2011	10/25/2011	19	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed
X	10/25/2011		20	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed

Claim Details

Details for Claim 7

Post Date 9/30/2010 Member ID 589626 Patient Group Number

More Info

Processed On Hold Claim Notes

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click on the More Info button.

Indicate Other Accident.

The screenshot shows the 'Edit Claim Details' window. At the top, 'Owner' is 'Randall Oates' and 'Facility' is 'DOCS Clinic'. The 'Type' section on the left has three options: 'Employment' (unchecked), 'Other Accident' (checked and highlighted with a red box), and 'None' (unchecked). The 'Special Program Codes' section includes 'Special Program' and 'Delay Reason' (set to '<None>'). The 'Primary' and 'Secondary' sections each have a 'Release of Information Signature' checkbox (checked), a 'Signature Executed For Patient' checkbox (unchecked), and a 'Benefits Assignment' dropdown set to 'Yes'. Below these are tabs for 'Ambulance', 'Contract', 'Dates', 'File Information', 'Misc Details', 'Patient', 'Property And Casualty', 'Providers', 'Referral / Authorization', 'Supplemental Information', and 'Vision'. The bottom section contains three sub-sections: 'Illness, Injury or Pregnancy' with a 'Current IIP' field; 'Patient, Treatment Dates' with a 'Last Seen Date' dropdown; and 'Hospital, Disability Dates' with 'Not Work From' and 'Disability From' dropdowns, each followed by a 'To' date field.

Check the Other Accident checkbox, as indicated in the above screenshot. Be sure to rebuild the claim after making any changes.

Block 10d

Block 11

Insured's Policy Group or FECA Number

Populating the Insured's information

1. Locate the policy.

The screenshot shows a software window titled "Insurance Policy" with a close button (X) in the top right corner. The form is divided into several sections:

- Company Information:** Includes a "Type" dropdown, "Company" text field (Aetna), and address/phone details (8654 Forrest Heights, Fayetteville, AR 72021, (849) 645-5461 x65465).
- Policy Information:** Includes "Policy # Type" with radio buttons for "Member ID" (selected) and "Unique Health ID". It also has fields for "Policy #", "Plan Name", "Group #", "Group Name", "Effective", and "Expires".
- Payment Options:** Includes radio buttons for "Co-Pay" (selected) and "Co-Ins". The "Co-Pay" field shows "\$20.00" and the "Co-Ins" field shows "0 %".
- Status:** Includes a "Status" dropdown (Primary) and a "Fee Sched" dropdown.
- Insured Information:** Includes a "Relation" dropdown (Self), "Is Person" radio buttons (Yes selected, No), "Name" fields (First: Slim, Middle: , Last: Jim, Suffix:), "Address" (1539 COUNTY LINE RD), "City" (Home Town), "State" (AR), "Zip" (72711-), "Soc. Sec. #", "Birthday" (3/21/1932), "Gender" (Male selected, Female), "Phone" ((501)555-7110), and "Employer".
- Notes:** A large text area for additional information.
- Buttons:** "Save" and "Cancel" buttons at the bottom right.

1. Open the patient account.
2. Click on the Insurance tab.
3. Edit the policy with whom the paper claim is being filed.

2. Insured's Policy Group or FECA Number

Insurance Policy

Type:

Company: Aetna
8654 Forrest Heights
Fayetteville, AR 72021
(849) 645-5461 x65465

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 589626 Plan Name:

Group #: Group Name:

Effective: Expires:

Payment Options

☒ Co-Pay: \$20.00 ☐ Co-Ins: 0 %

Status: Primary Fee Sched:

Insured Information

Relation: Self Is Person: ☒ Yes ☐ No

Name: First: Slim Middle: Last: Jim Suffix:

Address: 1539 COUNTY LINE RD

City: Home Town State: AR Zip: 72711-

Soc. Sec. #:

Birthday: 3/21/1932 ☒ Male ☐ Female

Phone: (501)555-7110 Employer:

Notes:

Save Cancel

1. Locate the Policy# field under the Policy Information, indicated in the screenshot above. The number entered into this field will populate Block 11 on the CMS 1500 form.

Block 11a

Insured's Date of Birth and Gender

Populating the Insured's information

1. Locate the policy.

The screenshot displays a software window titled "Insurance Policy" with a close button (X) in the top right corner. The window is divided into several sections:

- Company Information:** Includes a "Type" dropdown, "Company" text field (Aetna), and address/phone details: 8654 Forrest Heights, Fayetteville, AR 72021, (849) 645-5461 x65465.
- Policy Information:** Contains "Policy # Type" with radio buttons for "Member ID" (selected) and "Unique Health ID". It also has fields for "Policy #", "Plan Name", "Group #", "Group Name", "Effective" date, and "Expires" date.
- Payment Options:** Includes radio buttons for "Co-Pay" (selected, \$20.00) and "Co-Ins" (0 %).
- Status:** A dropdown menu set to "Primary".
- Fee Sched:** A dropdown menu.
- Insured Information:** A sub-section containing:
 - "Relation" dropdown (Self).
 - "Is Person" radio buttons (Yes selected, No).
 - "Name" fields: First (Slim), Middle (empty), Last (Jim), Suffix (empty).
 - "Address" text field (1539 COUNTY LINE RD).
 - "City" (Home Town), "State" (AR), and "Zip" (72711-____).
 - "Soc. Sec. #" text field.
 - "Birthday" dropdown (3/21/1932) and "Gender" radio buttons (Male selected, Female).
 - "Phone" (501)555-7110 and "Employer" text field.
- Notes:** A large text area at the bottom left.
- Buttons:** "Save" and "Cancel" buttons at the bottom right.

1. Open the patient account.
2. Click on the Insurance tab.
3. Edit the policy with whom the paper claim is being filed.

2. Insured's Date of Birth

The screenshot shows a software window titled "Insurance Policy" with a close button (X) in the top right corner. The window is divided into several sections:

- Policy Information:** Includes fields for Type (dropdown), Company (Aetna), and address (8654 Forrest Heights, Fayetteville, AR 72021, (849) 645-5461 x65465).
- Policy # Type:** Radio buttons for Member ID (selected) and Unique Health ID.
- Policy #:** 589626, Plan Name (empty), Group # (empty), Group Name (empty), Effective (empty), Expires (empty).
- Payment Options:** Radio buttons for Co-Pay (selected, \$20.00) and Co-Ins (0 %), Fee Sched (empty).
- Status:** Primary (dropdown).
- Insured Information:** Includes Relation (Self), Is Person (Yes/No), Name (First: Slim, Middle: (empty), Last: Jim, Suffix: (empty)), Address (1539 COUNTY LINE RD), City (Home Town), State (AR), Zip (72711-), Soc. Sec. # (empty), Birthday (3/21/1932), Gender (Male/Female), and Phone ((501)555-7110).
- Notes:** A large text area at the bottom.

The Birthday field (3/21/1932) and the Gender options (Male/Female) are highlighted with a red rectangle.

1. Locate the Birthday field and Gender options under the Insured Information, indicated in the screenshot above. The date and gender entered into the above areas will populate Block 11a on the CMS 1500 form.

Block 11b

Employer's Name or School Name

Populating the Insured's information

1. Locate the policy.

The screenshot shows a software window titled "Insurance Policy" with a close button (X) in the top right corner. The form is divided into several sections:

- Company Information:** Includes a "Type" dropdown, "Company" text field (Aetna), and address/phone details (8654 Forrest Heights, Fayetteville, AR 72021, (849) 645-5461 x65465).
- Policy Information:** Includes "Policy # Type" (radio buttons for Member ID and Unique Health ID), "Policy #" (589626), "Plan Name", "Group #", "Group Name", "Effective" date, "Expires" date, "Status" (Primary), and "Fee Sched".
- Payment Options:** Includes "Co-Pay" (\$20.00) and "Co-Ins" (0 %).
- Insured Information:** Includes "Relation" (Self), "Is Person" (radio buttons for Yes and No), "Name" (First: Slim, Middle: , Last: Jim, Suffix:), "Address" (1539 COUNTY LINE RD), "City" (Home Town), "State" (AR), "Zip" (72711-), "Soc. Sec. #", "Birthday" (3/21/1932), "Gender" (radio buttons for Male and Female), "Phone" ((501)555-7110), and "Employer".
- Notes:** A large text area for additional information.

At the bottom right, there are "Save" and "Cancel" buttons.

1. Open the patient account.
2. Click on the Insurance tab.
3. Edit the policy with whom the paper claim is being filed.

2. Employer's Name or School Name

Insurance Policy

Type:

Company: Aetna
8654 Forrest Heights
Fayetteville, AR 72021
(849) 645-5461 x65465

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 589626 Plan Name:

Group #: Group Name:

Effective: Expires:

Payment Options

☒ Co-Pay: \$20.00 ☐ Co-Ins: 0 %

Status: Primary Fee Sched:

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Slim Middle: Last: Jim Suffix:

Address: 1539 COUNTY LINE RD

City: Home Town State: AR Zip: 72711-

Soc. Sec. #:

Birthday: 3/21/1932 ☒ Male ☐ Female

Phone: (501)555-7110 Employer:

Notes:

Save Cancel

1. Locate the Employer field under the Insured Information, indicated in the screenshot above. The name entered into the above field will populate Block 11b on the CMS 1500 form.

Block 11c

Insurance Plan Name or Program Name

Populating the Insured's information

1. Locate the policy.

The screenshot displays a software window titled "Insurance Policy" with a close button (X) in the top right corner. The window is divided into several sections:

- Company Information:** Includes a "Type" dropdown, "Company" text field (Aetna), and address/phone details: 8654 Forrest Heights, Fayetteville, AR 72021, (849) 645-5461 x65465.
- Policy Information:** Contains "Policy # Type" with radio buttons for "Member ID" (selected) and "Unique Health ID". It also has fields for "Policy #", "Plan Name", "Group #", "Group Name", "Effective" date, and "Expires" date.
- Payment Options:** Includes radio buttons for "Co-Pay" (selected, \$20.00) and "Co-Ins" (0 %). It also has a "Status" dropdown (Primary) and a "Fee Sched" dropdown.
- Insured Information:** A section on the right containing:
 - "Relation" dropdown (Self) and a small person icon.
 - "Is Person" radio buttons (Yes selected, No).
 - "Name" fields: First (Slim), Middle (empty), Last (Jim), and Suffix (empty).
 - "Address" text field (1539 COUNTY LINE RD).
 - "City" (Home Town), "State" (AR), and "Zip" (72711-____).
 - "Soc. Sec. #" text field.
 - "Birthday" dropdown (3/21/1932) and gender radio buttons (Male selected, Female).
 - "Phone" (501)555-7110 and "Employer" text field.
- Notes:** A large text area at the bottom left.
- Buttons:** "Save" and "Cancel" buttons at the bottom right.

1. Open the patient account.
2. Click on the Insurance tab.
3. Edit the policy with whom the paper claim is being filed.

2. Insurance Plan Name or Program Name

The screenshot shows a software window titled "Insurance Policy" with a close button (X) in the top right corner. The form is divided into several sections:

- Type:** A dropdown menu.
- Company:** A text field containing "Aetna" with a red rectangular highlight around it. To the right of the text is an ellipsis (...).
- Address:** A text field containing "8654 Forrest Heights Fayetteville, AR 72021 (849) 645-5461 x65465".
- Policy Information:** A section with two radio buttons: "Member ID" (selected) and "Unique Health ID". Below these are fields for "Policy #", "Plan Name", "Group #", "Group Name", "Effective", and "Expires".
- Payment Options:** A section with two radio buttons: "Co-Pay" (selected) and "Co-Ins". The "Co-Pay" field shows "\$20.00" and the "Co-Ins" field shows "0 %".
- Status:** A dropdown menu showing "Primary".
- Fee Sched:** A dropdown menu.
- Insured Information:** A section on the right with fields for "Relation" (Self), "Is Person" (Yes/No radio buttons), "Name" (First: Slim, Middle: , Last: Jim, Suffix:), "Address" (1539 COUNTY LINE RD), "City" (Home Town), "State" (AR), "Zip" (72711-), "Soc. Sec. #", "Birthday" (3/21/1932), "Gender" (Male/Female radio buttons), and "Phone" ((501)555-7110).
- Notes:** A large text area at the bottom.
- Buttons:** "Save" and "Cancel" buttons at the bottom right.

1. Locate the Company field under the Insured Information, indicated in the screenshot above. The name entered into the above field will populate Block 11c on the CMS 1500 form.

Block 11d

Another Health Benefit Plan

Indication for additional health plans

Additional Plan

Claims												
	Post Date ▲	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	10/25/2011		21	Randall Oates	Aetna	P			\$95.00	(\$100.00)	Primary	Processed
×	10/25/2011		22	Randall Oates	Aetna	P			\$160.00	\$0.00	Primary	Processed
×	10/27/2011		23	Randall Oates	Aetna	P			\$589.00	\$449.00	Primary	Processed
×	11/2/2011	11/2/2011	24	Randall Oates	Aetna	P	Medicaid	P	\$1,000.00	\$905.00	Secondary	Ready
×	3/7/2012	5/16/2012	27	Randall Oates	Aetna	E			\$665.00	\$625.00	Primary	Pending Scrub

If there are 2 policies being filed on the claim, as shown on the claim highlighted above, Block 11d will automatically be checked Yes. If there is only a primary policy being filed, Block 11d will be checked as No.

Block 12

Patient Signature

Patient or Authorized Signature

Patient or Authorized Signature

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED SOF DATE 11/2/2011

Field will automatically populate with SOF, indicating Signature on File. The date will populate with the date that the charges are posted.

Block 13

Insured Signature

Insured's or Authorized Person's Signature

Patient or Authorized Person's Signature

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED SOF

Field will automatically populate with SOF, indicating Signature on File.

Block 14

Date of Current: (Illness, Injury or Pregnancy)

Indicating the date of one of the following: Illness (First symptom), Injury (Accident) or Pregnancy (LMP)

Locate the claim.

Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 Age 42 Sex Male Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 Work (501) 555-9000 Cell

Email jslim@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	9/30/2010	5/23/2012	7	Randall Oates	Aetna	P	1		\$64.00	\$0.00	Primary	Pending Scrub
X	9/30/2010	9/30/2010	9	Randall Oates	Aetna	E			\$64.00	\$0.00	Primary	Processed
X	10/1/2010	10/1/2010	11	Randall Oates	Aetna	E			\$65.00	\$0.00	Primary	Processed
X	2/1/2011	10/25/2011	13	Randall Oates	Aetna	E			\$300.00	\$210.00	Primary	Processed
X	10/25/2011	10/25/2011	19	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed
X	10/25/2011		20	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed

Claim Details

Details for Claim 7

Post Date 9/30/2010 Member ID 589626 Patient Group Number

More Info

Processed On Hold Claim Notes

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim ; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click on the More Info button.

Indicating Illness, Injury or Pregnancy

Edit Claim Details

Owner: **Randall Oates** Facility: **DOCS Clinic**

Type

☐ Employment ☐ Auto Accident ☐ Other Accident ☒ None

State:

Special Program Codes

Special Program: Delay Reason: **<None>**

Primary

☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: **Yes**

Secondary

☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: **Yes**

Ambulance **Contract** **Dates** **File Information** **Misc Details** **Patient** **Property And Casualty** **Providers** **Referral / Authorization** **Supplemental Information** **Vision**

Illness, Injury or Pregnancy

Current IIP:

Accident:

Onset of Current:

Last Menstrual Period:

Patient, Treatment Dates

Last Seen Date: Referral Date: Similar Illness Date: Initial Treatment:

Hospital, Disability Dates

Not Work From: To:

Disability From: To:

Hospital From: To:

Care From: To:

Illness: Select date from the Onset of Current calendar dropdown

Injury: Select the date from the Accident calendar dropdown

Pregnancy: Select the date from the Last Menstrual Period calendar dropdown.

Click Save, and be sure to rebuild the claim after any changes are made.

Block 15

Same or Similar Illness

If the patient has had the same or similar illness, give the first date of illness.

Locate the claim.

Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 Age 42 Sex Male Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 Work (501) 555-9000 Cell

Email jslim@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	9/30/2010	5/23/2012	7	Randall Oates	Aetna	P	1		\$64.00	\$0.00	Primary	Pending Scrub
X	9/30/2010	9/30/2010	9	Randall Oates	Aetna	E			\$64.00	\$0.00	Primary	Processed
X	10/1/2010	10/1/2010	11	Randall Oates	Aetna	E			\$65.00	\$0.00	Primary	Processed
X	2/1/2011	10/25/2011	13	Randall Oates	Aetna	E			\$300.00	\$210.00	Primary	Processed
X	10/25/2011	10/25/2011	19	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed
X	10/25/2011		20	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed

Claim Details

Details for Claim 7

Post Date 9/30/2010 Member ID 589626 Patient Group Number

More Info

Processed On Hold Claim Notes

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click on the More Info button.

Indicating Illness, Injury or Pregnancy

Edit Claim Details

Owner: Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="<None>"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

Ambulance **Contract** **Dates** **File Information** **Misc Details** **Patient** **Property And Casualty** **Providers** **Referral / Authorization** **Supplemental Information** **Vision**

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/> Accident: <input type="text"/> Onset of Current: <input type="text"/> Last Menstrual Period: <input type="text"/>	Last Seen Date: <input type="text"/> Referral Date: <input type="text"/> Similar Illness Date: <input type="text"/> Initial Treatment: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/> Disability From: <input type="text"/> To: <input type="text"/> Hospital From: <input type="text"/> To: <input type="text"/> Care From: <input type="text"/> To: <input type="text"/>

Select a date from the Similar Illness Date calendar dropdown.

Click Save, and be sure to rebuild the claim after any changes are made.

Block 16

Dates Patient Unable to Work

Indicating unable to work dates.

Locate the claim.

Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 Age 42 Sex Male Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 Work (501) 555-9000 Cell

Email jslim@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	9/30/2010	5/23/2012	7	Randall Oates	Aetna	P	1		\$64.00	\$0.00	Primary	Pending Scrub
X	9/30/2010	9/30/2010	9	Randall Oates	Aetna	E			\$64.00	\$0.00	Primary	Processed
X	10/1/2010	10/1/2010	11	Randall Oates	Aetna	E			\$65.00	\$0.00	Primary	Processed
X	2/1/2011	10/25/2011	13	Randall Oates	Aetna	E			\$300.00	\$210.00	Primary	Processed
X	10/25/2011	10/25/2011	19	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed
X	10/25/2011		20	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed

Claim Details

Details for Claim 7

Post Date 9/30/2010 Member ID 589626 Patient Group Number

More Info

Processed On Hold Claim Notes

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click on the More Info button.

Unable to Work Dates

Edit Claim Details

Owner: **Randall Oates** Facility: **DOCS Clinic**

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment State: <input type="text"/>	Special Program: <input type="text"/>	<input checked="" type="checkbox"/> Release of Information Signature	<input checked="" type="checkbox"/> Release of Information Signature
<input type="checkbox"/> Auto Accident <input type="text"/>	Delay Reason: <input type="text" value="<None>"/>	<input type="checkbox"/> Signature Executed For Patient	<input type="checkbox"/> Signature Executed For Patient
<input type="checkbox"/> Other Accident		Benefits Assignment: <input type="text" value="Yes"/>	Benefits Assignment: <input type="text" value="Yes"/>
<input checked="" type="checkbox"/> None			

Ambulance **Contract** **Dates** **File Information** **Misc Details** **Patient** **Property And Casualty** **Providers** **Referral / Authorization** **Supplemental Information** **Vision**

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/>	Last Seen Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/>
Accident: <input type="text"/>	Referral Date: <input type="text"/>	Disability From: <input type="text"/> To: <input type="text"/>
Onset of Current: <input type="text"/>	Similar Illness Date: <input type="text"/>	Hospital From: <input type="text"/> To: <input type="text"/>
Last Menstrual Period: <input type="text"/>	Initial Treatment: <input type="text"/>	Care From: <input type="text"/> To: <input type="text"/>

Select a From and To date in the fields highlighted above.

Click Save, and be sure to rebuild the claim after any changes are made.

Block 17

Referring Provider Name

Indicating the Referring Provider for a visit.

Locate the claim.

Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 Age 42 Sex Male Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 Work (501) 555-9000 Cell

Email jslim@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	9/30/2010	5/23/2012	7	Randall Oates	Aetna	P			\$64.00	\$0.00	Primary	Pending Scrub
X	9/30/2010	9/30/2010	9	Randall Oates	Aetna	E			\$64.00	\$0.00	Primary	Processed
X	10/1/2010	10/1/2010	11	Randall Oates	Aetna	E			\$65.00	\$0.00	Primary	Processed
X	2/1/2011	10/25/2011	13	Randall Oates	Aetna	E			\$300.00	\$210.00	Primary	Processed
X	10/25/2011	10/25/2011	19	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed
X	10/25/2011		20	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed

Claim Details

Details for Claim 7

Post Date 9/30/2010 Member ID 589626 Patient Group Number

More Info

Processed On Hold Claim Notes

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim;
OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click on the More Info button.

Click on the Providers tab.

The screenshot shows the 'Edit Claim Details' dialog box. At the top, there are dropdowns for 'Owner' (Randall Oates) and 'Facility' (DOCS Clinic). Below these are several sections: 'Type' with checkboxes for Employment, Auto Accident, Other Accident (checked), and None; 'Special Program Codes' with dropdowns for Special Program and Delay Reason (<None>); 'Primary' and 'Secondary' sections with checkboxes for Release of Information Signature, Signature Executed For Patient, and dropdowns for Benefits Assignment (both set to Yes). A red rectangle highlights the 'Providers' tab in the bottom navigation bar. Other tabs include Ambulance, Contract, Dates, File Information, Misc Details, Patient, Property And Casualty, Referral / Authorization, Supplemental Information, and Vision. Below the tabs, there are dropdowns for Rendering Provider, Referring Provider, Primary Care Provider, Service Facility, and Supervising Provider. At the bottom right, there is an 'Accept Assignment' dropdown set to 'Yes' and 'Save' and 'Cancel' buttons.

When in the Claim Details dialog, click on the Providers tab, indicated above.

Enter Referring Provider.


This screenshot shows the same 'Edit Claim Details' dialog box, but now the 'Providers' tab is active. The 'Referring Provider' dropdown menu is open, and the name 'Doe, John' is selected and highlighted with a red rectangle. The other fields and tabs remain the same as in the previous screenshot.

Select the appropriate Referring Provider from the drop down.

NOTE: All internal providers will be listed at the top of the list and have a gray shading in the

background. If the name in the drop down has no gray background shading, the provider is being pulled from the Contacts list.

Defaulting Referring Provider and NOT having to select per claim



Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970

Age 42

Sex Male

Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110

Work (501) 555-9000

Cell

Email jslim@email.com

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$2,065.00	\$2,704.00
Totals	\$639.00	\$2,065.00	\$2,704.00

☐ Self Pay

Co-Pay \$20.00

ScheduleDemographicsInsuranceCustomFlags/NotesLedgerFamilyClaimsStatementsNew Charges

Patient Information

Title

First

Middle

Last

Suffix

Jim

D

Smith

SSN

Birth Date

Age

Chart

999-99-9999

3/21/1970

42

68332

Marital Status

Gender

Single

Male

Related To...

Race

Ethnicity

Language

White

Not Hispanic or Latino

X English

Address

Street

1539 COUNTY LINE RD

City

Home Town

State

AR

Zip

72711-

Contact Information

Home Phone

Work Phone

Cell Phone

(501) 555-7110

(501) 555-9000

() - -

Email

jslim@email.com


Primary Contact Method

Secondary Contact Method

☐ Exclude From Data Explorer

☐ Enroll for Online Access

Patient Picture



Load

Clear

Primary Provider

Randall Oates

Referring Provider

X Doe, John

PCP

Preferred Pharmacy

X

Billing Information

Guarantor

Financial Class

Collections

Student Status

Non-student

If the Referring Provider is selected in the Referring Provider field under the demographics tab at the beginning of the visit, before the charges are generated, the referring provider will automatically be pulled into the Providers tab, documented in the previous step.

Block 17a

1. Referring Provider Legacy ID: Indicating the Referring Provider on the claim

Pulling the Referring Provider legacy qualifier and ID.

Locate the claim.

Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 Age 42 Sex Male Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 Work (501) 555-9000 Cell

Email jslim@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	9/30/2010	5/23/2012	7	Randall Oates	Aetna	P			\$64.00	\$0.00	Primary	Pending Scrub
X	9/30/2010	9/30/2010	9	Randall Oates	Aetna	E			\$64.00	\$0.00	Primary	Processed
X	10/1/2010	10/1/2010	11	Randall Oates	Aetna	E			\$65.00	\$0.00	Primary	Processed
X	2/1/2011	10/25/2011	13	Randall Oates	Aetna	E			\$300.00	\$210.00	Primary	Processed
X	10/25/2011	10/25/2011	19	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed
X	10/25/2011		20	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed

Claim Details

Details for Claim 7

Post Date 9/30/2010 Member ID 589626 Patient Group Number

More Info

Processed On Hold Claim Notes

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim;
OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click on the More Info button.

Click on the Providers tab.

The screenshot shows the 'Edit Claim Details' dialog box. At the top, there are dropdowns for 'Owner' (Randall Oates) and 'Facility' (DOCS Clinic). Below these are several sections: 'Type' with checkboxes for Employment, Auto Accident, Other Accident (checked), and None; 'Special Program Codes' with dropdowns for Special Program and Delay Reason (<None>); 'Primary' and 'Secondary' sections with checkboxes for Release of Information Signature, Signature Executed For Patient, and dropdowns for Benefits Assignment (both set to Yes). A red rectangle highlights the 'Providers' tab in the bottom navigation bar. Other tabs include Ambulance, Contract, Dates, File Information, Misc Details, Patient, Property And Casualty, Referral / Authorization, Supplemental Information, and Vision. Below the tabs, there are dropdowns for Rendering Provider, Referring Provider, Primary Care Provider, Service Facility, and Supervising Provider. At the bottom right, there is an 'Accept Assignment' dropdown set to 'Yes' and 'Save' and 'Cancel' buttons.

When in the Claim Details dialog, click on the Providers tab, indicated above.

View Referring Provider.


This screenshot shows the same 'Edit Claim Details' dialog box, but now the 'Providers' tab is active. The 'Referring Provider' dropdown is highlighted with a red rectangle and contains the text 'Doe, John'. The other fields and tabs remain the same as in the previous screenshot.

Select the appropriate Referring Provider from the drop down.

NOTE: All internal providers will be listed at the top of the list and have a gray shading in the

background. If the name in the drop down has no gray background shading, the provider is being pulled from the Contacts list.

Defaulting Referring Provider and NOT having to select per claim



Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970

Age 42

Sex Male

Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110

Work (501) 555-9000

Cell

Email jslim@email.com

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$2,065.00	\$2,704.00
Totals	\$639.00	\$2,065.00	\$2,704.00

☐ Self Pay

Co-Pay \$20.00

Schedule

Demographics

Insurance

Custom

Flags/Notes

Ledger

Family

Claims

Statements

New Charges

Patient Information

Title

First

Middle

Last

Suffix

Jim

D

Smith

SSN

Birth Date

Age

Chart

999-99-9999

3/21/1970

42

68332

Marital Status

Gender

Single

Male

Race

Ethnicity

Language

White

Not Hispanic or Latino

X English

Address

Street

1539 COUNTY LINE RD

City

State

Zip

Home Town

AR

72711-

Contact Information

Home Phone

Work Phone

Cell Phone

(501) 555-7110

(501) 555-9000

() - -

Email

jslim@email.com


Primary Contact Method

Secondary Contact Method

☐ Exclude From Data Explorer

☐ Enroll for Online Access

Patient Picture



Load

Clear

Primary Provider

Randall Oates

Referring Provider

X Doe, John

PCP

Preferred Pharmacy

X

Billing Information

Guarantor

Financial Class

Collections

Student Status

Non-student

If the Referring Provider is selected in the Referring Provider field under the demographics tab at the beginning of the visit, before the charges are generated, the referring provider will automatically be pulled into the Providers tab, documented in the previous step.

Scenario A: Referring Provider Legacy ID (Defaulting Taxonomy code for an Internal Provider listed as the Referring Provider)

This lesson describes the workflow for having the taxonomy code for an internal provider, who is listed as the Referring Provider, populate Block 17a on the CMS 1500 claim.

If an Internal Provider must be listed as the Referring Provider on a claim AND must have a legacy ID indicated (that is other than their Taxonomy code), the Internal Provider will need to be set up as a Contact, as well. See Lesson 2b for instructions to set up that scenario.

Referring Provider Legacy ID (when indicating Taxonomy code for an Internal Provider listed as the Referring Provider)

The screenshot shows a software interface for managing providers. On the left, a list titled 'Providers' contains several entries: Correne Davis, David C. Morgan, Jack Ellis, MD, James R. Smith, DO, Laura Oates, Randall Oates (highlighted in blue), Test Five, Test Seven, and Test Six. On the right, the 'General' tab is selected for the provider 'Randall Oates'. The form includes fields for Name (Title, First, M, Last, Suffix), Address (Clinic, Street, City, State, Zip Code), Contact Information (Phone #, Fax #, Email), and Physician Numbers (DEA #, State ID, NPI#, UPIN#, Taxonomy). The 'Taxonomy' field is highlighted with a red box. At the bottom right, there is an 'Update' button and a checkbox for 'Is Supervisor' which is checked.

1. After finding the referring provider listed for the claim, if the provider listed is an internal provider of the clinic, go to Tools menu and click on Provider Manager.
2. If you want the physician's taxonomy number to be the legacy ID on the claim, you will enter it

in the Provider Manager. You will also have to ensure that the Show Legacy IDs checkbox is checked for the insurance company dialog. Go to next step.

Ensure Show Legacy IDs checkbox is checked.

Edit Insurance Company

Company Name
Aetna

Address
8654 Forrest Heights

Address 2

City
Fayetteville

State
AR

Zip
72021-

Phone
(849)645-5461

ext
65465

Fax
(651)651-6516

NPI

Type (CMS 1500)
Other

Eligibility ID Qualifier
None

Group Provider (Legacy)

Fee Schedule (Legacy)

Fee Schedule
Default

Electronic Submission Info

Payer Qualifier
Mutually Defined - ZZ

Payer ID
61655

Clearinghouse Name
Gateway EDI

Clearinghouse ID
431420764

Type
Mutually Defined Unknown - ZZ

Receiver Qualifier
Mutually Defined - ZZ

Receiver ID
431420764000000

Additional IDs

EIN

Claim Office #

NAIC Code

Active ☒
Show Legacy IDs ☒
Default Electronic ☒

Provider Setup

Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Jack Ellis, MD	465163513	71-777777	1215055555	
> Randall Oates	465163513	GroupTaxonomy	1215067822	55555555

OK
Cancel

Ensure that the Show Legacy IDs box is checked. If it is not checked, even if the legacy IDs are entered appropriately, they will not be placed in Block 17a on the claim.

Scenario B: Referring Provider Legacy ID (when an Internal Provider is listed as the Referring Provider)

This lesson describes the workflow for adding a legacy ID for a Referring Provider in Block 17a onto the CMS 1500 claim.

If an Internal Provider must be listed as the Referring Provider on a claim AND must have a legacy ID indicated (that is other than their Taxonomy code), the Internal Provider can be set up as a Contact, as well. Follow the instructions below to indicate the Legacy ID for a Contact.

Locating the Contact in the Contacts list.

Edit Contact Information

Name				
Title	First Name	Middle	Last Name	Suffix
	John		Doe	

Address			Notes
4220 N. Crossover Road			
City	St	Zip	
Fayetteville	AR	72701-____	

Phone		
Office	Home	Cell
(468) 132-1032	(546) 132-1032	(653) 120-3203
Fax	Pager	
() -	() -	

Online	
Email	jdoe@soapware.com
Website	

Provider Information		
NPI	UPIN	State License
48651351		
Specialty	Taxonomy	
Family Practice		

Insurance Information	
Company	
Aetna	

OK Cancel

1. After finding the referring provider listed for the claim in Step 1, if the provider listed is an external provider of the clinic, go to Tools menu and click on Contacts.
2. Locate the Contact in the list, and edit.

Add the Insurance Company for which the Legacy ID must be indicated.

Edit Contact Information

Name

Title	First Name	Middle	Last Name	Suffix
	John		Doe	

Address

4220 N. Crossover Road

City: Fayetteville St: AR Zip: 72701-____

Phone

Office	Home	Cell
(468) 132-1032	(546) 132-1032	(653) 120-3203

Fax: () - - Pager: () - -

Online

Email: jdoe@soapware.com

Website:




Notes

Provider Information

NPI	UPIN	State License
48651351		

Specialty: Family Practice Taxonomy:

Insurance Information

Company


Aetna

OK Cancel

1. Click the button with the green + to add an insurance company.

Select the Insurance Company.

Select Insurance Company



Name	Address	City	ST	Zip
Aetna	8654 Forrest Heights	Fayetteville	AR	72021
Cigna	4220 N Crossover	Fayetteville	AR	72701
Medicaid	521 Dickson Street	Fayetteville	AR	72703
Regency Central	4220 Stone Street Fayetteville	AR	AR	72701

Select Cancel

Highlight the appropriate insurance company in the list, and click Select.

Enter the Legacy ID Qualifier.

The screenshot displays a software interface for editing contact information. The main window, titled "Edit Contact Information", contains fields for Name (Title, First Name, Middle, Last Name, Suffix), Address (Street, City, State, Zip), Phone (Office, Fax), Online (Email, Website), and Insurance Information (NPI, Specialty, Insurance Information icons, Company). Overlaid on this is a smaller window titled "Edit Contact Insurance IDs". This sub-window has tabs for "Electronic" and "Paper". Under the "Paper" tab, there is a "Legacy ID" dropdown menu which is currently open, showing a list of ID types: "Blue Cross Provider Number - 1A", "Blue Shield Provider Number - 1B", "CHAMPUS Identification Number - 1H", "Clinic Number - FH", "Facility ID Number - 1J", and "Health Maintenance Organization Code Numb...". A red rectangle highlights the "Legacy ID" dropdown and its list. The "OK" and "Cancel" buttons are visible at the bottom of the sub-window.

Select the appropriate type of ID from the drop down. (The associated 2 digit code is listed to the right of each option.)

NOTE: The Legacy Qualifier and ID entered in these fields will only show up any time the specified Contact is selected as the Referring Provider on a claim to the Insurance Company selected in the previous step.

Enter the Legacy ID Number.

The screenshot shows a window titled "Edit Contact Insurance IDs". It contains two main sections: "Electronic" and "Paper".
Under the "Electronic" section, there are four input fields:
- Location #
- Provider Commercial #
- UPIN (with a "+" icon to its right)
- State License (with a "+" icon to its right)
Under the "Paper" section, there is a "Legacy ID" label followed by a dropdown menu and a text box.
The dropdown menu is currently set to "Provider Commercial Number - G2".
The text box next to it contains the number "11111111", which is highlighted by a red rectangular border.
At the bottom right of the window are two buttons: "Save" and "Cancel".

1. Type in the associated ID number for the type of number indicated.
2. Click Save.




NOTE: The Legacy Qualifier and ID entered in these fields will only show up any time the specified Contact is selected as the Referring Provider on a claim to the Insurance Company selected in the previous step.

Ensure Show Legacy IDs is checked.

Edit Insurance Company

Company Name	Cigna			Electronic Submission Info	
Address	4220 N Crossover			Payer Qualifier	Mutually Defined - ZZ
Address 2				Payer ID	11111
City	Fayetteville			Clearinghouse Name	Gateway EDI
State	AR	Zip	72701-____	Clearinghouse ID	431420764
Phone	(800)455-7627	ext	____	Type	Commercial Insurance Co. - CI
Fax	() ____ - ____			Receiver Qualifier	Mutually Defined - ZZ
NPI				Receiver ID	431420764000000
Type (CMS 1500)	Other			Additional IDs	
Eligibility ID Qualifier	Social Security Number - SY			EIN	
Group Provider (Legacy)				Claim Office #	
Fee Schedule (Legacy)				NAIC Code	
Fee Schedule	Default				
Active <input checked="" type="checkbox"/>			Show Legacy IDs <input checked="" type="checkbox"/>	Default Electronic <input checked="" type="checkbox"/>	

Provider Setup

				
Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
> Randall Oates	465163513	1050X000255	1215067822	

OK Cancel

Ensure that the Show Legacy IDs box is checked. If it is not checked, even if the legacy IDs are entered appropriately, they will not be placed on the claim.

The Legacy ID for the Contact populates Block 17a.

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

Cigna
4220 N Crossover
Fayetteville, AR 72701

PICA <input type="checkbox"/>		PICA <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 589626	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Smith, Jim, D		3. PATIENT'S BIRTH DATE MM DD YY 03 21 1970 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) 1539 COUNTY LINE RD		6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY Home Town STATE AR		7. INSURED'S ADDRESS (No., Street) 1539 COUNTY LINE RD	
ZIP CODE 72711 TELEPHONE (Include Area Code) (501) 5557110		CITY Home Town STATE AR	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) Jim, Slim		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
a. OTHER INSURED'S POLICY OR GROUP NUMBER 9485961		11. INSURED'S POLICY GROUP OR FECA NUMBER	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY 03 21 1932 M <input checked="" type="checkbox"/> F <input type="checkbox"/>		a. INSURED'S DATE OF BIRTH MM DD YY 03 21 1932 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
c. EMPLOYER'S NAME OR SCHOOL NAME MCD Employer		b. EMPLOYER'S NAME OR SCHOOL NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME Medicaid		c. INSURANCE PLAN NAME OR PROGRAM NAME Cigna	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SOF DATE 5/22/2012		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SOF	
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE John Doe		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
19. RESERVED FOR LOCAL USE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
		20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES	

The Legacy qualifier and ID number populate Block 17a.

Scenario C: Referring Provider Legacy ID (when an External Provider is listed as the Referring Provider)

This lesson describes the workflow for adding a legacy ID for a Referring Provider in Block 17a onto the CMS 1500 claim.

External providers will need to be set up as a Contact in the Contacts dialog. To access the Contacts dialog, go to the Tools menu and select Contacts.

If an Internal Provider must be listed as the Referring Provider on a claim AND must have a legacy ID indicated (that is other than their Taxonomy code), the Internal Provider will need to be set up as a Contact, as well. Follow the instructions below to indicate the Legacy ID for a Contact.

Locating the Contact in the Contacts list.

Edit Contact Information


Name				
Title	First Name	Middle	Last Name	Suffix
	John		Doe	

Address			Notes
4220 N. Crossover Road			
City	St	Zip	
Fayetteville	AR	72701-____	

Phone		
Office	Home	Cell
(468) 132-1032	(546) 132-1032	(653) 120-3203
Fax	Pager	
() ____-____	() ____-____	

Online	
Email	jdoe@soapware.com
Website	

Provider Information		
NPI	UPIN	State License
48651351		
Specialty	Taxonomy	
Family Practice		

Insurance Information	
	
Company	
Aetna	

OK Cancel

1. After finding the referring provider listed for the claim in Step 1, if the provider listed is an external provider of the clinic, go to Tools menu and click on Contacts.
2. Locate the Contact in the list, and edit.

Add the Insurance Company for which the Legacy ID must be indicated.

Edit Contact Information

Name

Title	First Name	Middle	Last Name	Suffix
	John		Doe	

Address

4220 N. Crossover Road

City: Fayetteville St: AR Zip: 72701-____

Phone

Office	Home	Cell
(468) 132-1032	(546) 132-1032	(653) 120-3203

Fax: () - Pager: () -

Online

Email: jdoe@soapware.com

Website:




Notes

Provider Information

NPI	UPIN	State License
48651351		

Specialty: Family Practice Taxonomy:

Insurance Information

Company

Aetna

OK Cancel

1. Click the button with the green + to add an insurance company.

Select the Insurance Company.

Select Insurance Company

Name	Address	City	ST	Zip
Aetna	8654 Forrest Heights	Fayetteville	AR	72021
Cigna	4220 N Crossover	Fayetteville	AR	72701
Medicaid	521 Dickson Street	Fayetteville	AR	72703
Regency Central	4220 Stone Street Fayetteville	AR	AR	72701

Select Cancel

Highlight the appropriate insurance company in the list, and click Select.

Enter the Legacy ID Qualifier.

The screenshot displays a software interface for editing contact information. The main window, titled "Edit Contact Information", contains fields for Name (Title, First Name, Middle, Last Name, Suffix), Address (Street, City, State, Zip), Phone (Office, Fax), Online (Email, Website), and Insurance Information (NPI, Specialty, Insurance Information icons, Company). Overlaid on this is a smaller window titled "Edit Contact Insurance IDs". This sub-window has tabs for "Electronic" and "Paper". Under the "Paper" tab, there is a "Legacy ID" dropdown menu which is currently open, showing a list of ID types: "Blue Cross Provider Number - 1A", "Blue Shield Provider Number - 1B", "CHAMPUS Identification Number - 1H", "Clinic Number - FH", "Facility ID Number - 1J", and "Health Maintenance Organization Code Numb...". A red rectangle highlights the "Legacy ID" dropdown and its list. The "OK" and "Cancel" buttons are visible at the bottom of the sub-window.

Select the appropriate type of ID from the drop down. (The associated 2 digit code is listed to the right of each option.)

NOTE: The Legacy Qualifier and ID entered in these fields will only show up any time the specified Contact is selected as the Referring Provider on a claim to the Insurance Company selected in the previous step.

Enter the Legacy ID Number.

The screenshot shows a window titled "Edit Contact Insurance IDs". It contains two main sections: "Electronic" and "Paper".

- Electronic Section:** Includes four input fields: "Location #", "Provider Commercial #", "UPIN", and "State License". The "UPIN" and "State License" fields have a "+" icon to their right.
- Paper Section:** Includes a "Legacy ID" section with a dropdown menu and a text box. The dropdown menu is set to "Provider Commercial Number - G2". The text box contains the number "11111111", which is highlighted by a red rectangle.
- Buttons:** "Save" and "Cancel" buttons are located at the bottom right of the window.

1. Type in the associated ID number for the type of number indicated.
2. Click Save.

NOTE: The Legacy Qualifier and ID entered in these fields will only show up any time the specified Contact is selected as the Referring Provider on a claim to the Insurance Company selected in the previous step.

Ensure Show Legacy IDs is checked.

Edit Insurance Company

Company Name	Cigna		
Address	4220 N Crossover		
Address 2			
City	Fayetteville		
State	AR	Zip	72701-____
Phone	(800)455-7627	ext	____
Fax	() ____-____		
NPI			
Type (CMS 1500)	Other		
Eligibility ID Qualifier	Social Security Number - SY		
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	Default		

Electronic Submission Info

Payer Qualifier	Mutually Defined - ZZ
Payer ID	11111
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Commercial Insurance Co. - CI
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Active ☒ **Show Legacy IDs ☒** Default Electronic ☒

Provider Setup

Name	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
> Randall Oates	465163513	1050X000255	1215067822	

OK Cancel

Ensure that the Show Legacy IDs box is checked. If it is not checked, even if the legacy IDs are entered appropriately, they will not be placed on the claim.

The Legacy ID for the Contact populates Block 17a.

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

Cigna
4220 N Crossover
Fayetteville, AR 72701

PICA <input type="checkbox"/>		PICA <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 589626	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Smith, Jim, D		3. PATIENT'S BIRTH DATE MM DD YY 03 21 1970 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) 1539 COUNTY LINE RD		6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY Home Town		7. INSURED'S ADDRESS (No., Street) 1539 COUNTY LINE RD	
STATE AR		CITY Home Town	
ZIP CODE 72711		STATE AR	
TELEPHONE (Include Area Code) (501) 5557110		ZIP CODE 72711	
TELEPHONE (Include Area Code) (501) 5557110		TELEPHONE (Include Area Code) (501) 5557110	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) Jim, Slim		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER 9485961		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY 03 21 1932 M <input checked="" type="checkbox"/> F <input type="checkbox"/>		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
c. EMPLOYER'S NAME OR SCHOOL NAME MCD Employer		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME Medicaid		10d. RESERVED FOR LOCAL USE	
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED <u>SOF</u> DATE <u>5/22/2012</u>		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY 03 21 1932 M <input checked="" type="checkbox"/> F <input type="checkbox"/> b. EMPLOYER'S NAME OR SCHOOL NAME Cigna c. INSURANCE PLAN NAME OR PROGRAM NAME Cigna d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d. 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED <u>SOF</u>	
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE John Doe		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
19. RESERVED FOR LOCAL USE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
		20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES	

The Legacy qualifier and ID number populate Block 17a.

Block 17b

1. Referring Provider NPI: Indicating the Referring Provider on the claim

Pulling the Referring Provider legacy qualifier and ID.

Locate the claim.

Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 Age 42 Sex Male Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 Work (501) 555-9000 Cell

Email jslim@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	9/30/2010	5/23/2012	7	Randall Oates	Aetna	P			\$64.00	\$0.00	Primary	Pending Scrub
X	9/30/2010	9/30/2010	9	Randall Oates	Aetna	E			\$64.00	\$0.00	Primary	Processed
X	10/1/2010	10/1/2010	11	Randall Oates	Aetna	E			\$65.00	\$0.00	Primary	Processed
X	2/1/2011	10/25/2011	13	Randall Oates	Aetna	E			\$300.00	\$210.00	Primary	Processed
X	10/25/2011	10/25/2011	19	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed
X	10/25/2011		20	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed

Claim Details

Details for Claim 7

Post Date 9/30/2010 Member ID 589626 Patient Group Number

More Info

Processed On Hold Claim Notes

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim;
OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click on the More Info button.

Click on the Providers tab.

The screenshot shows the 'Edit Claim Details' dialog box. At the top, there are dropdowns for 'Owner' (Randall Oates) and 'Facility' (DOCS Clinic). Below these are several sections: 'Type' with checkboxes for Employment, Auto Accident, Other Accident (checked), and None; 'Special Program Codes' with dropdowns for Special Program and Delay Reason (<None>); 'Primary' and 'Secondary' sections with checkboxes for Release of Information Signature, Signature Executed For Patient, and dropdowns for Benefits Assignment (both set to Yes). A red rectangle highlights the 'Providers' tab in the bottom navigation bar. Other tabs include Ambulance, Contract, Dates, File Information, Misc Details, Patient, Property And Casualty, Referral / Authorization, Supplemental Information, and Vision. Below the tabs, there are dropdowns for Rendering Provider, Referring Provider, Primary Care Provider, Service Facility, and Supervising Provider. At the bottom right, there is an 'Accept Assignment' dropdown (set to Yes) and 'Save' and 'Cancel' buttons.

When in the Claim Details dialog, click on the Providers tab, indicated above.

View Referring Provider.


This screenshot shows the same 'Edit Claim Details' dialog box, but now the 'Providers' tab is active. The 'Referring Provider' dropdown is highlighted with a red rectangle and contains the text 'Doe, John'. The other fields and tabs remain the same as in the previous screenshot.

Select the appropriate Referring Provider from the drop down.

NOTE: All internal providers will be listed at the top of the list and have a gray shading in the

background. If the name in the drop down has no gray background shading, the provider is being pulled from the Contacts list.

Defaulting Referring Provider and NOT having to select per claim



Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970

Age 42

Sex Male

Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110

Work (501) 555-9000

Cell

Email jslim@email.com

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$2,065.00	\$2,704.00
Totals	\$639.00	\$2,065.00	\$2,704.00

☐ Self Pay

Co-Pay \$20.00

ScheduleDemographicsInsuranceCustomFlags/NotesLedgerFamilyClaimsStatementsNew Charges

Patient Information

Title

First

Middle

Last

Suffix

Jim

D

Smith

SSN

Birth Date

Age

Chart

999-99-9999

3/21/1970

42

68332

Marital Status

Gender

Single

Male

Related To...

Race

Ethnicity

Language

White

Not Hispanic or Latino

X English

Address

Street

1539 COUNTY LINE RD

City

Home Town

State

AR

Zip

72711-

Contact Information

Home Phone

Work Phone

Cell Phone

(501) 555-7110

(501) 555-9000

() -

Email

jslim@email.com


Primary Contact Method

Secondary Contact Method

☐ Exclude From Data Explorer

☐ Enroll for Online Access

Patient Picture



Load

Clear

Primary Provider

Randall Oates

Referring Provider

X Doe, John

PCP

Preferred Pharmacy

X

Billing Information

Guarantor

Financial Class

Collections

Student Status

Non-student

If the Referring Provider is selected in the Referring Provider field under the demographics tab at the beginning of the visit, before the charges are generated, the referring provider will automatically be pulled into the Providers tab, documented in the previous step.

CMS 1500 Crosswalk - 135

Scenario A: Referring Provider NPI (when an Internal Provider is listed as the Referring Provider)

This lesson describes the workflow for having the taxonomy code for an internal provider, who is listed as the Referring Provider, populate Block 17a on the CMS 1500 claim.

If an Internal Provider must be listed as the Referring Provider on a claim AND must have a legacy ID indicated (that is other than their Taxonomy code), the Internal Provider will need to be set up as a Contact, as well. See Lesson 2b for instructions to set up that scenario.

Referring Provider Legacy ID (when indicating Taxonomy code for an Internal Provider listed as the Referring Provider)

The screenshot shows the 'Providers' window with a list of providers on the left and a detailed form on the right. The list includes Correne Davis, David C. Morgan, Jack Ellis, MD, James R. Smith, DO, Laura Oates, Randall Oates (highlighted), Test Five, Test Seven, and Test Six. The 'General' tab is active, showing fields for Name, Address, Contact Information, and Physician Numbers. The NPI# 1215067822 is entered in the NPI# field and is circled in red. The 'Is Supervisor' checkbox is checked.

Name				
Title	First	M	Last	Suffix
Dr.	Randall		Oates	

Address		
Clinic	Street	
DOCS Clinic	4220 N Crossover Rd	
City	State	Zip Code
Fayetteville	AR	72203-

Contact Information	
Phone #	Fax #
(479) 555-4444	(479) 555-5555
Email	

Physician Numbers	
DEA #	State ID
NPI#	UPIN#
1215067822	
Taxonomy	

☒ Is Supervisor

Update

1. After finding the referring provider listed for the claim, if the provider listed is an internal provider of the clinic, go to Tools menu and click on Provider Manager.
2. If the NPI number has been entered for the provider in Provider Manager, you will enter it in

the Provider Manager. You will also have to ensure that the Show Legacy IDs checkbox is checked for the insurance company dialog. Go to next step.

Ensure Show Legacy IDs checkbox is checked.

Edit Insurance Company

Company Name	Aetna		
Address	8654 Forrest Heights		
Address 2			
City	Fayetteville		
State	AR	Zip	72021-____
Phone	(849)645-5461	ext	65465
Fax	(651)651-6516		
NPI			
Type (CMS 1500)	Other		
Eligibility ID Qualifier	None		
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	Default		

Electronic Submission Info	
Payer Qualifier	Mutually Defined - ZZ
Payer ID	61655
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Mutually Defined Unknown - ZZ
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs	
EIN	
Claim Office #	
NAIC Code	

Active ☒ **Show Legacy IDs ☒** Default Electronic ☒

Provider Setup

Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Jack Ellis, MD	465163513	71-777777	1215055555	
> Randall Oates	465163513	GroupTaxonomy	1215067822	55555555

OK Cancel

Ensure that the Show Legacy IDs box is checked. If it is not checked, even if the legacy IDs are entered appropriately, they will not be placed in Block 17a on the claim.

Scenario B: Referring Provider NPI (when an External Provider is listed as the Referring Provider) (Copy)

This lesson describes the workflow for adding a legacy ID for a Referring Provider in Block 17a onto the CMS 1500 claim.

External providers will need to be set up as a Contact in the Contacts dialog. To access the Contacts dialog, go to the Tools menu and select Contacts.

If an Internal Provider must be listed as the Referring Provider on a claim AND must have a legacy ID indicated (that is other than their Taxonomy code), the Internal Provider will need to be set up as a Contact, as well. Follow the instructions below to indicate the Legacy ID for a Contact.

Locating the Contact in the Contacts list.

Edit Contact Information


Name				
Title	First Name	Middle	Last Name	Suffix
	John		Doe	

Address			Notes
4220 N. Crossover Road			
City	St	Zip	
Fayetteville	AR	72701-____	

Phone		
Office	Home	Cell
(468) 132-1032	(546) 132-1032	(653) 120-3203
Fax	Pager	
() -	() -	

Online	
Email	jdoe@soapware.com
Website	

Provider Information		
NPI	UPIN	State License
48651351		
Specialty	Taxonomy	
Family Practice		

Insurance Information	
	
Company	
Aetna	

OK Cancel

1. After finding the referring provider listed for the claim in Step 1, if the provider listed is an external provider of the clinic, go to Tools menu and click on Contacts.
2. Locate the Contact in the list, and edit.

Add the Insurance Company for which the Legacy ID must be indicated.

Edit Contact Information

Name

Title	First Name	Middle	Last Name	Suffix
	John		Doe	

Address

4220 N. Crossover Road

City: Fayetteville St: AR Zip: 72701-____

Phone

Office	Home	Cell
(468) 132-1032	(546) 132-1032	(653) 120-3203

Fax: () - Pager: () -

Online

Email: jdoe@soapware.com

Website:




Notes

Provider Information

NPI	UPIN	State License
48651351		

Specialty: Family Practice Taxonomy:

Insurance Information

Company

Aetna

OK Cancel

1. Click the button with the green + to add an insurance company.

Select the Insurance Company.

Select Insurance Company

Name	Address	City	ST	Zip
Aetna	8654 Forrest Heights	Fayetteville	AR	72021
Cigna	4220 N Crossover	Fayetteville	AR	72701
Medicaid	521 Dickson Street	Fayetteville	AR	72703
Regency Central	4220 Stone Street Fayetteville	AR	AR	72701

Select Cancel

Highlight the appropriate insurance company in the list, and click Select.

Enter the Legacy ID Qualifier.

The screenshot displays a software interface for editing contact information. The main window, titled "Edit Contact Information", contains fields for Name (Title, First Name, Middle, Last Name, Suffix), Address (City, St, Zip), Phone (Office, Fax), Online (Email, Website), and Insurance Information (NPI, Specialty, Company). The "Edit Contact Insurance IDs" sub-window is open, showing a list of ID types for selection. The "Legacy ID" option is highlighted. The list of ID types includes: Blue Cross Provider Number - 1A, Blue Shield Provider Number - 1B, CHAMPUS Identification Number - 1H, Clinic Number - FH, Facility ID Number - 1J, and Health Maintenance Organization Code Numb... The "Legacy ID" option is highlighted in blue. The "Edit Contact Insurance IDs" sub-window also includes fields for Electronic (Location #, Provider Commercial #, UPIN, State License) and Paper (Legacy ID) information. The "Legacy ID" field is currently empty. The "Edit Contact Insurance IDs" sub-window has a "Cancel" button. The main window has "OK" and "Cancel" buttons at the bottom.

Select the appropriate type of ID from the drop down. (The associated 2 digit code is listed to the right of each option.)

NOTE: The Legacy Qualifier and ID entered in these fields will only show up any time the specified Contact is selected as the Referring Provider on a claim to the Insurance Company selected in the previous step.

Enter the Legacy ID Number.

The screenshot shows a window titled "Edit Contact Insurance IDs". It contains two main sections: "Electronic" and "Paper".

- Electronic Section:** Includes four input fields: "Location #", "Provider Commercial #", "UPIN", and "State License". The "UPIN" and "State License" fields have a "+" icon to their right.
- Paper Section:** Includes a "Legacy ID" section with a dropdown menu and a text box. The dropdown menu is set to "Provider Commercial Number - G2". The text box contains the number "11111111", which is highlighted with a red rectangle.
- Buttons:** "Save" and "Cancel" buttons are located at the bottom right of the window.

1. Type in the associated ID number for the type of number indicated.
2. Click Save.




NOTE: The Legacy Qualifier and ID entered in these fields will only show up any time the specified Contact is selected as the Referring Provider on a claim to the Insurance Company selected in the previous step.

Ensure Show Legacy IDs is checked.

Edit Insurance Company

Company Name	Cigna			Electronic Submission Info	
Address	4220 N Crossover			Payer Qualifier	Mutually Defined - ZZ
Address 2				Payer ID	11111
City	Fayetteville			Clearinghouse Name	Gateway EDI
State	AR	Zip	72701-____	Clearinghouse ID	431420764
Phone	(800)455-7627	ext	____	Type	Commercial Insurance Co. - CI
Fax	() ____ - ____			Receiver Qualifier	Mutually Defined - ZZ
NPI				Receiver ID	431420764000000
Type (CMS 1500)	Other			Additional IDs	
Eligibility ID Qualifier	Social Security Number - SY			EIN	
Group Provider (Legacy)				Claim Office #	
Fee Schedule (Legacy)				NAIC Code	
Fee Schedule	Default				
Active <input checked="" type="checkbox"/>			Show Legacy IDs <input checked="" type="checkbox"/>	Default Electronic <input checked="" type="checkbox"/>	

Provider Setup

				
Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
> Randall Oates	465163513	1050X000255	1215067822	

OK Cancel

Ensure that the Show Legacy IDs box is checked. If it is not checked, even if the legacy IDs are entered appropriately, they will not be placed on the claim.

The Legacy ID for the Contact populates Block 17a.

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

Cigna
4220 N Crossover
Fayetteville, AR 72701

PICA <input type="checkbox"/>		PICA <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (ID) (Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) (SSN)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 589626	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Smith, Jim, D		3. PATIENT'S BIRTH DATE MM DD YY SEX 03 21 1970 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) 1539 COUNTY LINE RD		6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
7. INSURED'S ADDRESS (No., Street) 1539 COUNTY LINE RD		8. PATIENT STATUS Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>	
CITY Home Town STATE AR ZIP CODE 72711 TELEPHONE (Include Area Code) (501) 5557110		CITY Home Town STATE AR ZIP CODE 72711 TELEPHONE (Include Area Code) (501) 5557110	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) Jim, Slim		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) _____ c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
a. OTHER INSURED'S POLICY OR GROUP NUMBER 9485961		a. INSURED'S DATE OF BIRTH MM DD YY SEX 03 21 1932 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX 03 21 1932 M <input checked="" type="checkbox"/> F <input type="checkbox"/>		b. EMPLOYER'S NAME OR SCHOOL NAME Cigna	
c. EMPLOYER'S NAME OR SCHOOL NAME MCD Employer		c. INSURANCE PLAN NAME OR PROGRAM NAME Medicaid	
d. INSURANCE PLAN NAME OR PROGRAM NAME Medicaid		10d. RESERVED FOR LOCAL USE	
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SOF DATE 5/22/2012		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SOF	
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY 17a. G2 11111111	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE John Doe		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES	

The Legacy qualifier and ID number populate Block 17a.

Block 18

Hospitalization Dates

Indicating hospitalization dates.

Locate the claim.

Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 Age 42 Sex Male Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 Work (501) 555-9000 Cell

Email jslim@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	9/30/2010	5/23/2012	7	Randall Oates	Aetna	P			\$64.00	\$0.00	Primary	Pending Scrub
X	9/30/2010	9/30/2010	9	Randall Oates	Aetna	E			\$64.00	\$0.00	Primary	Processed
X	10/1/2010	10/1/2010	11	Randall Oates	Aetna	E			\$65.00	\$0.00	Primary	Processed
X	2/1/2011	10/25/2011	13	Randall Oates	Aetna	E			\$300.00	\$210.00	Primary	Processed
X	10/25/2011	10/25/2011	19	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed
X	10/25/2011		20	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed

Claim Details

Details for Claim 7

Post Date 9/30/2010 Member ID 589626 Patient Group Number

More Info

Processed On Hold Claim Notes

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click on the More Info button.

Hospitalization Dates

Edit Claim Details

Owner: **Randall Oates** Facility: **DOCS Clinic**

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment State: <input type="text"/>	Special Program: <input type="text"/>	<input checked="" type="checkbox"/> Release of Information Signature	<input checked="" type="checkbox"/> Release of Information Signature
<input type="checkbox"/> Auto Accident <input type="text"/>	Delay Reason: <input type="text" value="<None>"/>	<input type="checkbox"/> Signature Executed For Patient	<input type="checkbox"/> Signature Executed For Patient
<input type="checkbox"/> Other Accident		Benefits Assignment: <input type="text" value="Yes"/>	Benefits Assignment: <input type="text" value="Yes"/>
<input checked="" type="checkbox"/> None			

Ambulance **Contract** **Dates** **File Information** **Misc Details** **Patient** **Property And Casualty** **Providers** **Referral / Authorization** **Supplemental Information** **Vision**

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/>	Last Seen Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/>
Accident: <input type="text"/>	Referral Date: <input type="text"/>	Disability From: <input type="text"/> To: <input type="text"/>
Onset of Current: <input type="text"/>	Similar Illness Date: <input type="text"/>	Hospital From: <input type="text"/> To: <input type="text"/>
Last Menstrual Period: <input type="text"/>	Initial Treatment: <input type="text"/>	Care From: <input type="text"/> To: <input type="text"/>

Select a From and To date in the fields highlighted above.

Click Save, and be sure to rebuild the claim after any changes are made.

Block 19

Block 20

Outside Lab

Indicating outside lab and any associated charges

Locate the claim.

Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 Age 42 Sex Male Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 Work (501) 555-9000 Cell

Email jslim@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	9/30/2010	5/23/2012	7	Randall Oates	Aetna	P	1		\$64.00	\$0.00	Primary	Pending Scrub
X	9/30/2010	9/30/2010	9	Randall Oates	Aetna	E			\$64.00	\$0.00	Primary	Processed
X	10/1/2010	10/1/2010	11	Randall Oates	Aetna	E			\$65.00	\$0.00	Primary	Processed
X	2/1/2011	10/25/2011	13	Randall Oates	Aetna	E			\$300.00	\$210.00	Primary	Processed
X	10/25/2011	10/25/2011	19	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed
X	10/25/2011		20	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed

Claim Details

Details for Claim 7

Post Date 9/30/2010 Member ID 589626 Patient Group Number

More Info

Processed On Hold Claim Notes

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click on the More Info button.

Outside Lab indication

The screenshot shows the 'Edit Claim Details' window with the 'Misc Details' tab selected. The 'Outside Lab' checkbox is checked and highlighted with a red box and a circled '2'. The 'Charges' field is set to '\$100.00' and highlighted with a circled '3'. The 'Misc Details' tab is selected and highlighted with a circled '1'.

Owner: Randall Oates Facility: DOCS Clinic

Type: ☐ Employment ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program: Delay Reason:

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Medicaid Resub Num:

Note: Text: Type:

Lab: ☒ Outside Lab Charges: \$100.00

Lab: Homebound: ☐ Spinal Manipulation: Nature of Condition: Description:

Original Reference Number: Number: Policy Id:

EPSTD: Code: Code (2): Code (3):

Mammography:

Accept Assignment: Yes

Save Cancel

1. Click on the Misc Details tab
2. Check the box for Outside Lab to check Yes in Block 20. If box is not checked, No will be selected in Block 20.
3. Enter appropriate lab charges in the Charges field indicated above.

Click Save, and be sure to rebuild the claim after any changes are made.

Block 21

Diagnosis Codes

Diagnosis codes populate the CMS 1500 form in order of the diagnosis codes listed, and display by charge.

Locate the claim.

The screenshot displays a patient account for Jim D. Smith. The interface includes a patient photo, a red header bar with the patient's name, and a summary of personal information: Date of Birth 3/21/1970, Age 42, Sex Male, Status Single, Address 1539 COUNTY LINE RD Home Town, AR 72711, Home (501) 555-7110, Work (501) 555-9000, Cell, and Email jslim@email.com. Account 2, Chart 68332, is also noted. A 'Balances' table shows Family, Patient, and Totals for Personal and Insurance. A 'Claims' table lists several claims with columns for Post Date, Processed, Claim ID, Provider, Primary, PRT, Secondary, SRT, Amount, Balance, File With, and Status. The first claim (ID 7) is highlighted with a circled '1'. Below the table, the 'Claim Details' section for Claim 7 is shown, with a 'More Info' button circled with a '2'. The details include Post Date 9/30/2010, Member ID 589626, and Patient Group Number.

Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 Age 42 Sex Male Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 Work (501) 555-9000 Cell

Email jslim@email.com

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	9/30/2010	5/23/2012	7	Randall Oates	Aetna	P	1		\$64.00	\$0.00	Primary	Pending Scrub
X	9/30/2010	9/30/2010	9	Randall Oates	Aetna	E			\$64.00	\$0.00	Primary	Processed
X	10/1/2010	10/1/2010	11	Randall Oates	Aetna	E			\$65.00	\$0.00	Primary	Processed
X	2/1/2011	10/25/2011	13	Randall Oates	Aetna	E			\$300.00	\$210.00	Primary	Processed
X	10/25/2011	10/25/2011	19	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed
X	10/25/2011		20	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed

Claim Details

Details for Claim 7

2 More Info

Post Date 9/30/2010 Member ID 589626 Patient Group Number

Processed
On Hold
Claim Notes

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim ; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click on the More Info button.

Edit charge and view diagnosis codes.

Charge Details

Service From: 7/11/2012 Service To: 7/11/2012 Provider: Randall Oates Code: 99203 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$80.00

Diagnosis Codes: Add Code

DX	Description
X 250.93	Diabetes mellitus type 1 w/unspe...
260	Hypoproteinosi
270.2	Brown oculocutaneous albinism
280.9	Witts' anemia

Modifiers: Add Code

Omit from Claim: ☐

Notes:

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Pick-Up Address

Street: <None> Street 2: <None> City: <None> State: Zip Code: <None> Drop-Off:

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
		\$0.00

Totals

Charges: \$80.00

Pay/Adjust: \$0.00

Balance: \$80.00

Quick Misc Details

Facility: DOCS Clinic

EPSDT:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Diagnosis codes will be pulled from the diagnosis codes attached to charges. Diagnosis codes will populate Block 20 based on the order of how the charges are entered. For instance, if charge 1 is entered with 3 diagnosis codes, and Charge 2 is entered with a different diagnosis code, one claim form will hold those charges, and their associated diagnosis codes will fill up the first form. Any additional charges with different diagnosis codes will have to be placed on another paper form.

Block 22

Medicaid Resubmission Code

Indicating the Medicaid resubmission code.

Locate the claim.

Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 Age 42 Sex Male Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 Work (501) 555-9000 Cell

Email jslim@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	9/30/2010	5/23/2012	7	Randall Oates	Aetna	P	1		\$64.00	\$0.00	Primary	Pending Scrub
X	9/30/2010	9/30/2010	9	Randall Oates	Aetna	E			\$64.00	\$0.00	Primary	Processed
X	10/1/2010	10/1/2010	11	Randall Oates	Aetna	E			\$65.00	\$0.00	Primary	Processed
X	2/1/2011	10/25/2011	13	Randall Oates	Aetna	E			\$300.00	\$210.00	Primary	Processed
X	10/25/2011	10/25/2011	19	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed
X	10/25/2011		20	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed

Claim Details

Details for Claim 7

Post Date 9/30/2010 Member ID 589626 Patient Group Number

More Info

Processed On Hold Claim Notes

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click on the More Info button.

Medicaid Resubmission Code

The screenshot shows the 'Edit Claim Details' window. At the top, the 'Owner' is 'Randall Oates' and the 'Facility' is 'DOCS Clinic'. The 'Type' section has 'None' selected. The 'Special Program Codes' section has 'Special Program' and 'Delay Reason' both set to '<None>'. The 'Primary' section has 'Release of Information Signature' checked and 'Benefits Assignment' set to 'Yes'. The 'Secondary' section also has 'Release of Information Signature' checked and 'Benefits Assignment' set to 'Yes'. The 'Misc Details' tab is selected, and the 'Medicaid Resub Num' field is highlighted with a red rectangle. Below this, there is a 'Note' section with 'Text' and 'Type' both set to '<None>'. The 'Lab' section has 'Outside Lab' checked, 'Charges' set to '\$0.00', and 'Lab' set to '<None>'. The 'Spinal Manipulation' section has 'Nature of Condition' set to 'None'. The 'Original Reference Number' section has a table with 'Number' and 'Policy Id' columns, with 'X' in the 'Number' column. The 'EPSTD' section has 'Code', 'Code (2)', and 'Code (3)' all set to '<None>'. The 'Mammography' section is empty. At the bottom right, the 'Accept Assignment' is set to 'Yes'. There are 'Save' and 'Cancel' buttons at the bottom right.

1. Click on the Misc Details tab.
2. Enter the Medicaid Resubmission Number in the field highlighted above.

Click Save, and be sure to rebuild the claim after any changes are made.

Original Reference Number

Edit Claim Details

Owner: Facility:

Type

☐ Employment
☐ Auto Accident
☐ Other Accident
☒ None

Special Program Codes

Special Program:
Delay Reason:

Primary

☒ Release of Information Signature
☐ Signature Executed For Patient
Benefits Assignment:

Secondary

☒ Release of Information Signature
☐ Signature Executed For Patient
Benefits Assignment:

Misc Details

Medicaid Resub Num:

Note

Text:
Type:

Lab

☐ Outside Lab Charges:
Lab:
☐ Homebound

Spinal Manipulation

Nature of Condition:
Description:

Original Reference Number

Number: Policy Id:

LOOP 2300 / 23308 REF with F8

EPSDT

Code:
Code (2):
Code (3):

Mammography

Accept Assignment:

Save **Cancel**

1. Click on the Misc Details tab.
2. Under Original Reference Number, click the dropdown for the Policy ID field and select an insurance company to associate the original reference number provided.
3. To the left of the policy, enter the Original Reference Number.
4. Click Save.

Be sure to rebuild the claim, if it has already been generated, to update the claim data.

Block 23

Prior Authorization Number

Indicating the prior authorization number.

Locate the claim.

Smith, Jim D.

Account 2
Chart 68332

Date of Birth 3/21/1970 Age 42 Sex Male Status Single

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 555-7110 Work (501) 555-9000 Cell

Email jslim@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	9/30/2010	5/23/2012	7	Randall Oates	Aetna	P	1		\$64.00	\$0.00	Primary	Pending Scrub
X	9/30/2010	9/30/2010	9	Randall Oates	Aetna	E			\$64.00	\$0.00	Primary	Processed
X	10/1/2010	10/1/2010	11	Randall Oates	Aetna	E			\$65.00	\$0.00	Primary	Processed
X	2/1/2011	10/25/2011	13	Randall Oates	Aetna	E			\$300.00	\$210.00	Primary	Processed
X	10/25/2011	10/25/2011	19	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed
X	10/25/2011		20	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed

Claim Details

Details for Claim 7

More Info

Post Date 9/30/2010 Member ID 589626 Patient Group Number

Processed On Hold Claim Notes

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click on the More Info button.

Prior Authorization Number

1. Click on the Referral/Authorization tab.
2. Under the Prior Authorization section, click the dropdown for the Policy ID field and select an insurance company to associate the prior authorization number.
3. To the left of the policy, enter the Prior Authorization Number.
4. Click Save.


Be sure to rebuild the claim, if it has already been generated, to update the claim data.

Block 24A

Dates of Service

Locate the claim.

Barrington, Stone



Barrington, Stone
Account 20
Chart
Date of Birth 9/13/1958 **Age** 54 **Sex** Male **Status** Unknown
Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000
Home (479) 657-4527 **Work** **Cell** (479) 123-4567
Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay Co-Pay \$20.00

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[Custom](#)
[Flags/Notes](#)
[Ledger](#)
[Family](#)
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Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details
Details for Claim 36

Post Date: 6/29/2012
Process Date: 9/6/2012
Routing: E

Member ID: 09887
Rendering Provider: Randall Oates, MD
Rendering NPI: 1215067822

Patient Group Number:

☐ Processed
☒ On Hold Notes: The patient is missing p...
Claim Notes:
Submitted on 9/6/2012
Submitted on 7/19/2012

Primary
Policy: BCBS
Route: ☐ Paper ☒ Electronic
Paper Fill: ☒ Fewest Pages ☐ Maintain Order

Secondary
Policy: CIGNA
Route: ☒ Paper ☐ Electronic
Paper Fill: ☒ Fewest Pages ☐ Maintain Order

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Once the claim is selected, double click on the desired charge to view/edit the Dates of Service.

Edit charge and view dates of service.

Charge Details

Service From **1** 7/11/2012 Service To **2** 7/11/2012 Provider Randall Oates Code 99203 Description OFFICE/OUTPATIENT VISI... Unit 1.0 Charge \$80.00

Diagnosis Codes Add Code

DX	Description
X 250.93	Diabetes mellitus type 1 w/unspe...
260	Hypoproteinosi
270.2	Brown oculocutaneous albinism
280.9	Witts' anemia

Modifiers Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Pick-Up Address

Street <None>

Street 2 <None>

City <None>

State

Zip Code <None>

Drop-Off

Ambulance Certification

Admitted to a hospital ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation ☒ Do Not Send ☐ No ☐ Yes

Physically restrained ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
		\$0.00

Totals

Charges \$80.00

Pay/Adjust \$0.00

Balance \$80.00

Quick Misc Details

Facility DOCS Clinic

EPSDT

☐ Emergency

☐ Family Plan

Supplemental

Insurance Details

Save Cancel

If the charges were entered in the clinical SOAPnote, and posted over to be billed, the dates of service for the charges will default to the date of the SOAPnote. These dates can be changed when billing at any time, if needed.

If the charges and visit were manually created by the billing staff, under the patient's New Charges tab, the dates of service will default to the current date. At any time, the dates of service can be

changed.

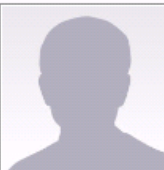
1 & 2. To edit the date, just click the drop down and select the appropriate date or type in as needed.

Block 24B

Place of Service

Locate the claim.

Barrington, Stone



Barrington, Stone
Account 20
Chart
Date of Birth 9/13/1958 **Age** 54 **Sex** Male **Status** Unknown
Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000
Home (479) 657-4527 **Work** **Cell** (479) 123-4567
Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay Co-Pay \$20.00

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[Ledger](#)
[Family](#)
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Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details

Details for Claim 36
[More Info](#)

Post Date 6/29/2012 **Member ID** 09887 **Patient Group Number**
Process Date 9/6/2012 **Rendering Provider** Randall Oates, MD
Routing E **Rendering NPI** 1215067822

☐ Processed
☒ On Hold **Notes** The patient is missing p...
Claim Notes
 Submitted on 9/6/2012
 Submitted on 7/19/2012
File With Secondary

Primary
Policy BCBS
Route ☐ Paper ☒ Electronic
Paper Fill ☒ Fewest Pages ☐ Maintain Order

Secondary
Policy CIGNA
Route ☒ Paper ☐ Electronic
Paper Fill ☒ Fewest Pages ☐ Maintain Order

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00
						\$195.00	\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Double click on the needed charge to view the details.

Locate the Facility on the charge.

Charge Details

Service From: 5/26/2012 Service To: 6/26/2012 Provider: Randall Oates, MD Code: 99203 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$195.00

Diagnosis Codes: Add Code
 DX: 338.19 Pain
 Modifiers: Add Code
☐ Omit from Claim

Notes:

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Pick-Up Address: Street: <None> Street 2: <None> City: <None> State: Zip Code: <None>

Drop-Off: Street: <None>

Ambulance Certification:

Admitted to a hospital	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Moved by stretcher	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Unconscious or in shock	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Transported in an emergency situation	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Physically restrained	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Visible Hemorrhaging	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes

Amounts Details

Payments/Adjustments:

Date	Name/Description	Amount
10/25/2012	Payment	\$100.00
1/29/2013	Insurance Adjustment	(\$4.00)
2/26/2013	Payment	\$50.00
4/10/2013	Payment	\$15.00
		\$161.00

Totals:

Charges	\$195.00
Pay/Adjust	\$161.00
Balance	\$34.00

Facility: Family Clinic

☐ Emergency
☐ Family Plan
 Supplemental

Save Cancel

The facility for the charge will be indicated in the field highlighted above.

The facility that defaults for each charge, will be the facility that is listed in the Facility field in the More Info window (at the top).

View the Place of Service code associated with the facility on the charge

The screenshot shows a 'Facility' window with a 'Details' tab selected. The 'Facility' field at the top contains 'Family Clinic'. Below this, the 'Details' section includes several input fields: 'Full Legal Name' (Family Clinic), 'Street' (123 Any Place St.), 'City' (Somewhere), 'St' (AR), 'Zip' (72762), 'Phone #' ((479) 555-5555), 'NPI #' (123456789), 'Place of Service' (Office - 11), 'Billing Inquiry #' ((800) 455-7627), 'CLIA Number' (5D1234567), and 'State License Number' (empty). The 'Place of Service' dropdown menu is highlighted with a red rectangle. At the bottom right, there are 'Update' and 'Cancel' buttons.

1. Go to the Tools menu.
2. Select Manage Facilities.
3. Double click on the name of the facility that is indicated on the claim.
4. The Place of Service code that has been selected for the facility will be the code to default into box 24b for each charge.

Block 24C

Locate the claim.

Barrington, Stone

Barrington, Stone

Account 20
Chart

Date of Birth 9/13/1958 Age 54 Sex Male Status Unknown

Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000

Home (479) 657-4527 Work Cell (479) 123-4567

Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family **Claims** Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details

Details for Claim 36

Post Date 6/29/2012 Member ID 09887 Patient Group Number

Process Date 9/6/2012 Rendering Provider Randall Oates, MD

Routing E Rendering NPI 1215067822

☐ Processed

☒ On Hold Notes The patient is missing p...

Claim Notes

Submitted on 9/6/2012

Submitted on 7/19/2012

Primary

Policy BCBS

Route ☐ Paper ☒ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

Secondary

Policy CIGNA

Route ☒ Paper ☐ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

File With Secondary

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Double click on the needed charge to view the details.

Locate the Emergency field for the charge.

Charge Details

Service From: 5/26/2012 Service To: 6/26/2012 Provider: Randall Oates, MD Code: 99203 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$195.00

Diagnosis Codes: Add Code
 DX: 338.19 Pain
 Modifiers: Add Code
☐ Omit from Claim

Notes:

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DME | Drug

Pick-Up Address: Street: <None> Street 2: <None> City: <None> State: Zip Code: <None> Drop-Off: Street: <None>

Ambulance Certification:

Admitted to a hospital	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Moved by stretcher	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Unconscious or in shock	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Transported in an emergency situation	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Physically restrained	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Visible Hemorrhaging	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes

Amounts Details

Payments/Adjustments:

Date	Name/Description	Amount
10/25/2012	Payment	\$100.00
1/29/2013	Insurance Adjustment	(\$4.00)
2/26/2013	Payment	\$50.00
4/10/2013	Payment	\$15.00
		\$161.00

Totals:

Charges	\$195.00
Pay/Adjust	\$161.00
Balance	\$34.00

Quick Misc Details:

Facility: Family Clinic
 EPSTD:
☒ Emergency
☐ Family Plan
 Supplemental:

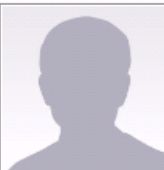
Save Cancel

To indicate an emergency, check the Emergency box for the charge (highlighted above).

Block 24D

Locate the claim.

Barrington, Stone



Barrington, Stone
Account 20
Chart
Date of Birth 9/13/1958 **Age** 54 **Sex** Male **Status** Unknown
Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000
Home (479) 657-4527 **Work** **Cell** (479) 123-4567
Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details
 Details for Claim 36

Post Date: 6/29/2012 Member ID: 09887 Patient Group Number:
 Process Date: 9/6/2012 Rendering Provider: Randall Oates, MD
 Routing: E Rendering NPI: 1215067822
 Policy: BCBS Route: ☐ Paper ☒ Electronic Paper Fill: ☒ Fewest Pages ☐ Maintain Order
 Policy: CIGNA Route: ☒ Paper ☐ Electronic Paper Fill: ☒ Fewest Pages ☐ Maintain Order
 File With: Secondary

☐ Processed ☒ On Hold Notes: The patient is missing p...
 Claim Notes:
 Submitted on 9/6/2012
 Submitted on 7/19/2012

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00
						\$195.00	\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Double click on the needed charge to view the details.

Locate the CPT/HCPCS field for the charge.

Charge Details

Service From: 5/26/2012 Service To: 6/26/2012 Provider: Randall Oates, MD Code: 99203 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$195.00

Diagnosis Codes: Add Code
 DX: 338.19 Pain

Modifiers: Add Code

Notes:

File Information: Ambulance Contract Dialysis DME Drug

Ambulance Certification:

Admitted to a hospital	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Moved by stretcher	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Unconscious or in shock	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Transported in an emergency situation	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Physically restrained	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Visible Hemorrhaging	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes

Amounts Details:

Date	Name/Description	Amount
10/25/2012	Payment	\$100.00
1/29/2013	Insurance Adjustment	(\$4.00)
2/26/2013	Payment	\$50.00
4/10/2013	Payment	\$15.00
		\$161.00

Totals:

Charges	\$195.00
Pay/Adjust	\$161.00
Balance	\$34.00

Quick Misc Details:

Facility: Family Clinic

EPSTD:

☐ Emergency

☐ Family Plan

Supplemental:

Save Cancel

The code that has been selected will be indicated in the field highlighted above, along with it's corresponding description to the right.

1. To change a code, click the ellipses to the right of the code.

Change the code

Select Charge

Code: 99203 Short Description: OFFICE/OUTPATIENT VISIT, NEW Clear Filters

1. Filtered Search

Code	Short Description	Medium Description	Long Description
0001F	HEART FAILURE COMPOSITE	HRT FAILURE ASSESSED	Heart failure assessed (includes a...
0005F	OSTEOARTHRITIS COMPOSITE	OSTEOARTHRITIS ASSESSED	Osteoarthritis assessed (OA) Incl...
00100	ANESTH, SALIVARY GLAND	ANESTHESIA SALIVARY GLANDS WITH BIOPSY	Anesthesia for procedures on sali...
00102	ANESTH, REPAIR OF CLEFT LIP	ANESTHESIA CLEFT LIP INVOLVING PLASTIC REPAIR	Anesthesia for procedures involvi...
00103	ANESTH, BLEPHAROPLASTY	ANESTHESIA EYELID RECONSTRUCTIVE PROCEDURE	Anesthesia for reconstructive pro...
00104	ANESTH, ELECTROSHOCK	ANESTHESIA ELECTROCONVULSIVE THERAPY	Anesthesia for electroconvulsive t...
00120	ANESTH, EAR SURGERY	ANESTHESIA EXTERNAL MIDDLE & INNER EAR W/BIOPSY	Anesthesia for procedures on ext...
00124	ANESTH, EAR EXAM	ANES EXTERNAL MIDDLE & INNER EAR W/BX OTOSCOPY	Anesthesia for procedures on ext...
00126	ANESTH, TYMPANOTOMY	ANES XTRNL MID & INNER EAR W/BX TYMPANOTOMY	Anesthesia for procedures on ext...
0012F	CAP BACTERIAL ASSESS	COMMUNITY-ACQUIRED BACTERIAL PNEUMONIA ASSMT	Community-acquired bacterial pne...
00140	ANESTH, PROCEDURES ON EYE	ANESTHESIA EYE NOT OTHERWISE SPECIFIED	Anesthesia for procedures on eye...
00142	ANESTH, LENS SURGERY	ANESTHESIA EYE LENS SURGERY	Anesthesia for procedures on eye...

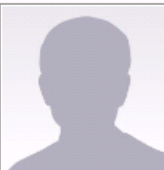
5. Select Cancel

1. To change the code, type in the new desired code in the search box.
- 2-4. If searching based on description, type in a keyword into one of the boxes numbered 2, 3 or 4.
5. Once you find your code, click to highlight it, and click Select.

Modifiers

Locate the claim.

Barrington, Stone



Barrington, Stone
Account 20
Chart
Date of Birth 9/13/1958 **Age** 54 **Sex** Male **Status** Unknown
Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000
Home (479) 657-4527 **Work** **Cell** (479) 123-4567
Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay Co-Pay \$20.00

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Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details

Details for Claim 36
[More Info](#)

Post Date 6/29/2012 **Member ID** 09887 **Patient Group Number**
Process Date 9/6/2012 **Rendering Provider** Randall Oates, MD
Routing E **Rendering NPI** 1215067822

☐ Processed
☒ On Hold **Notes** The patient is missing p...
Claim Notes
 Submitted on 9/6/2012
 Submitted on 7/19/2012

Primary
Policy BCBS
Route ☐ Paper ☒ Electronic
Paper Fill ☒ Fewest Pages ☐ Maintain Order

Secondary
Policy CIGNA
Route ☒ Paper ☐ Electronic
Paper Fill ☒ Fewest Pages ☐ Maintain Order

File With Secondary

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Double click on the needed charge to view the details.

Locate the Modifiers for the charge.

Charge Details

Service From: 6/26/2012 Service To: 6/26/2012 Provider: Randall Oates, MD Code: 99203 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$195.00

Diagnosis Codes: Add Code

DX	Description
X 338.19	Pain

Modifiers: Add Code

Code	Description
X CC	Procedure code change

2 Omit from Claim

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Pick-Up Address

Street: <None> Street 2: <None> City: <None> State: Zip Code: <None>

Drop-Off

Street: <None>

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Visible Hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
10/25/2...	Payment	\$100.00
1/29/2013	Insurance Adjustment	(\$4.00)
2/26/2013	Payment	\$50.00
4/10/2013	Payment	\$15.00
		\$161.00

Totals

Charges: \$195.00

Pay/Adjust: \$161.00

Balance: \$34.00

Quick Misc Details

Facility: Family Clinic

EPSTD:

☒ Emergency ☐ Family Plan

Supplemental:

Save Cancel

The code that has been selected will be indicated in the field highlighted above, along with it's corresponding description to the right.

1. To delete a modifier, click the X to the left of the modifier.
2. To add a modifier, click Add Code.

Change the code

The screenshot shows a 'Select Modifier' dialog box. It has a title bar with a close button. Inside, there are two main input areas: 'Code' and 'Description'. The 'Code' field is a dropdown menu currently showing 'CA', with a circular callout '1' pointing to it. The 'Description' field is a text box containing 'Procedure payable inpatient', with a circular callout '2' pointing to it. To the right of the 'Description' field is a 'Clear Filters' button with a blue 'X' icon. Below these fields is an 'Advanced Code Search' section with a magnifying glass icon and a circular callout '3' pointing to it. At the bottom of the dialog are two buttons: 'Select' and 'Cancel'. A circular callout '4' points to the 'Select' button.


1. To change the code, type in the new desired code in the code search box.
- 2-3. To search by description/keyword, type into the description, or click the arrows to do an advanced search.
4. Once you find the needed modifier, click to highlight the code and click Select.

Block 24E

Diagnosis Pointer

Locate the claim.

Barrington, Stone



Barrington, Stone
Account 20
Chart
Date of Birth 9/13/1958 **Age** 54 **Sex** Male **Status** Unknown
Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000
Home (479) 657-4527 **Work** **Cell** (479) 123-4567
Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay Co-Pay \$20.00

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Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details
Details for Claim 36

Post Date: 6/29/2012
Process Date: 9/6/2012
Routing: E

Member ID: 09887
Rendering Provider: Randall Oates, MD
Rendering NPI: 1215067822

Patient Group Number:

☐ Processed
☒ On Hold Notes: The patient is missing p...
Claim Notes:
Submitted on 9/6/2012
Submitted on 7/19/2012

Primary
Policy: BCBS
Route: ☐ Paper ☒ Electronic
Paper Fill: ☒ Fewest Pages ☐ Maintain Order

Secondary
Policy: CIGNA
Route: ☒ Paper ☐ Electronic
Paper Fill: ☒ Fewest Pages ☐ Maintain Order

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Double click on the needed charge to view the details.

Locate the diagnosis codes for the charge.

Charge Details

Service From: 6/26/2012 Service To: 6/26/2012 Provider: Randall Oates, MD Code: 99203 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$195.00

Diagnosis Codes (1) **Add Code** (3) **Modifiers**

DX	Description	Code	Description
X 250.93	Diabetes mellitus type 1 w/unsp...		Procedure code change
338.19	Pain		

File Information | **Misc Details** | **Providers** | **Referral / Authorization** | **Supplemental Information** | **Supporting Documentation**

Ambulance | **Contract** | **Dialysis** | **DME** | **Drug**

Pick-Up Address

Street: <None>
 Street 2: <None>
 City: <None>
 State:
 Zip Code: <None>

Drop-Off

Street: <None>

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes
 Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes
 Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes
 Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes
 Physically restrained: ☒ Do Not Send ☐ No ☐ Yes
 Visible Hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
10/25/2...	Payment	\$100.00
1/29/2013	Insurance Adjustment	(\$4.00)
2/26/2013	Payment	\$50.00
4/10/2013	Payment	\$15.00
		\$161.00

Totals

Charges: \$195.00
 Pay/Adjust: \$161.00
 Balance: \$34.00

Quick Misc Details

Facility: Family Clinic
 EPSDT:
☒ Emergency
☐ Family Plan
 Supplemental:
 Save Cancel

The diagnosis codes that have been selected for the charge will be indicated in the field highlighted above. The order of the codes will determine how the pointers display on the paper claim.

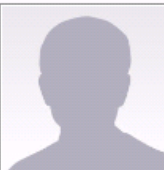
1. To delete a diagnosis code, click the X to the left of the code.
2. To change the order of the modifiers, click the up and down arrows to order as needed.
3. To add a code, click Add Code, and search for the needed diagnosis.

Block 24F

Charges

Locate the claim.

Barrington, Stone



Barrington, Stone
Account 20
Chart
Date of Birth 9/13/1958 **Age** 54 **Sex** Male **Status** Unknown
Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000
Home (479) 657-4527 **Work** **Cell** (479) 123-4567
Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay Co-Pay \$20.00

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Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details
Details for Claim 36

Post Date 6/29/2012 **Member ID** 09887 **Patient Group Number**
Process Date 9/6/2012 **Rendering Provider** Randall Oates, MD
Routing E **Rendering NPI** 1215067822

☐ Processed
☒ On Hold **Notes** The patient is missing p...
Claim Notes
 Submitted on 9/6/2012
 Submitted on 7/19/2012

Primary
Policy BCBS
Route ☐ Paper ☒ Electronic
Paper Fill ☒ Fewest Pages ☐ Maintain Order

Secondary
Policy CIGNA
Route ☒ Paper ☐ Electronic
Paper Fill ☒ Fewest Pages ☐ Maintain Order

File With Secondary

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00
						\$195.00	\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Double click on the needed charge to view the details.

Locate the charge amount

Charge Details

Service From	Service To	Provider	Code	Description	Unit	Charge
6/26/2012	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISI...	1.0	\$195.00

Diagnosis Codes: **Add Code**

DX	Description
X 250.93	Diabetes mellitus type 1 w/unsp...
338.19	Pain

Modifiers: **Add Code**

Code	Description
X CC	Procedure code change

☐ Omit from Claim

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DME | Drug

Pick-Up Address

Street: <None>
 Street 2: <None>
 City: <None>
 State:
 Zip Code: <None>

Drop-Off

Street: <None>

Ambulance Certification

Admitted to a hospital	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Moved by stretcher	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Unconscious or in shock	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Transported in an emergency situation	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Physically restrained	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Visible Hemorrhaging	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
10/25/2...	Payment	\$100.00
1/29/2013	Insurance Adjustment	(\$4.00)
2/26/2013	Payment	\$50.00
4/10/2013	Payment	\$15.00
		\$161.00

Totals

Charges	\$195.00
Pay/Adjust	\$161.00
Balance	\$34.00

Quick Misc Details

Facility: Family Clinic
 EPSDT:
☒ Emergency
☐ Family Plan
 Supplemental:
 Save Cancel

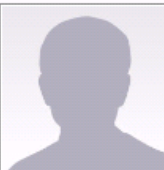
The charge that will be billed on the paper claim will be indicated in the box highlighted above.

Block 24G

Units

Locate the claim.

Barrington, Stone



Barrington, Stone
Account 20
Chart
Date of Birth 9/13/1958 **Age** 54 **Sex** Male **Status** Unknown
Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000
Home (479) 657-4527 **Work** **Cell** (479) 123-4567
Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay Co-Pay \$20.00

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Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details

Details for Claim 36

Post Date: 6/29/2012 Member ID: 09887 Patient Group Number:
 Process Date: 9/6/2012 Rendering Provider: Randall Oates, MD
 Routing: E Rendering NPI: 1215067822

☐ Processed
☒ On Hold Notes: The patient is missing p...
 Claim Notes: Submitted on 9/6/2012 Submitted on 7/19/2012
 File With: Secondary

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00
						\$195.00	\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Double click on the needed charge to view the details.

Locate the units

Charge Details

Service From	Service To	Provider	Code	Description	Unit	Charge
6/26/2012	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISI...	1.0	\$195.00

Diagnosis Codes: **Add Code**

DX	Description
X 250.93	Diabetes mellitus type 1 w/unsp...
338.19	Pain

Modifiers: **Add Code**

Code	Description
X CC	Procedure code change

☐ Omit from Claim

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DME | Drug

Pick-Up Address

Street: <None>
 Street 2: <None>
 City: <None>
 State:
 Zip Code: <None>

Drop-Off

Street: <None>

Ambulance Certification

Admitted to a hospital	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Moved by stretcher	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Unconscious or in shock	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Transported in an emergency situation	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Physically restrained	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Visible Hemorrhaging	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
10/25/2...	Payment	\$100.00
1/29/2013	Insurance Adjustment	(\$4.00)
2/26/2013	Payment	\$50.00
4/10/2013	Payment	\$15.00
		\$161.00

Totals

Charges	\$195.00
Pay/Adjust	\$161.00
Balance	\$34.00

Quick Misc Details

Facility: Family Clinic
 EPSDT:
☒ Emergency
☐ Family Plan
 Supplemental:

Save Cancel

The units for the charge will be indicated in the field highlighted above. Change as needed.

Block 24H

Locate the claim.

Barrington, Stone

Account 20

Chart

Date of Birth 9/13/1958

Age 54

Sex Male

Status Unknown

Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000

Home (479) 657-4527

Work

Cell (479) 123-4567

Email

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay

Co-Pay \$20.00

Schedule

Demographics

Insurance

Custom

Flags/Notes

Ledger

Family

Claims

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New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details

Details for Claim 36

More Info

☐ Processed
 ☒ On Hold

Notes The patient is missing p...

Post Date 6/29/2012

Member ID 09887

Patient Group Number

Process Date 9/6/2012

Rendering Provider Randall Oates, MD

Routing E

Rendering NPI 1215067822

Primary

Policy BCBS

Route ☐ Paper ☒ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

Secondary

Policy CIGNA

Route ☒ Paper ☐ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

Claim Notes

Submitted on 9/6/2012

Submitted on 7/19/2012

File With Secondary

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00

\$195.00

\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Double click on the needed charge to view the details.

Locate the units

Charge Details

Service From: 6/26/2012 Service To: 6/26/2012 Provider: Randall Oates, MD Code: 99203 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$195.00

Diagnosis Codes: Add Code

DX	Description
X 250.93	Diabetes mellitus type 1 w/unsp...
338.19	Pain

Modifiers: Add Code

Code	Description
X CC	Procedure code change

☐ Omit from Claim

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Pick-Up Address

Street: <None> Street 2: <None> City: <None> State: Zip Code: <None>

Drop-Off

Street: <None>

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Visible Hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
10/25/2...	Payment	\$100.00
1/29/2013	Insurance Adjustment	(\$4.00)
2/26/2013	Payment	\$50.00
4/10/2013	Payment	\$15.00
		\$161.00

Totals

Charges: \$195.00

Pay/Adjust: \$161.00

Balance: \$34.00

Quick Misc Details

Facility: Family Clinic

EPSDT: ☐ **1**

☒ Family Plan **2**

Supplemental

Save Cancel

1. Select the appropriate option from drop down to indicate EPSDT for the charge.
2. Check the Family Plan box for the charge, if applicable.

Block 24I

ID Qualifier (for Rendering Provider)

This ID Qualifier will be placed in the shaded pink portion of the charge, in box 24I of the claim.

Locate the claim.

Barrington, Stone

Account 20
Chart

Date of Birth 9/13/1958 **Age** 54 **Sex** Male **Status** Unknown

Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000

Home (479) 657-4527 **Work** **Cell** (479) 123-4567

Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay **Co-Pay** \$20.00

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
X	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
X	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
X	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
X	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details

Details for Claim 36

Post Date 6/29/2012 **Member ID** 09887 **Patient Group Number**

Process Date 9/6/2012 **Rendering Provider** Randall Oates, MD

Routing E **Rendering NPI** 1215067822

Primary

Policy BCBS

Route ☐ Paper ☒ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

Secondary

Policy CIGNA

Route ☒ Paper ☐ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

Processed ☐ **On Hold** ☒ **Notes** The patient is missing p...

Claim Notes

Submitted on 9/6/2012
Submitted on 7/19/2012

File With Secondary

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00

\$195.00 **\$34.00**

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Double click on the needed charge to view the details.

Determine the Rendering Provider for the charge.

Charge Details

Service From	Service To	Provider	Code	Description	Unit	Charge
5/3/2013	5/3/2013	Randall Oates, MD	99215	OFFICE/OUTPATIENT VISI...	1.0	\$0.00

Diagnosis Codes

DX	Description
X 401.9	Hypertension NOS

Modifiers

Code	Description
X 50	Bilateral Procedure
25	Significant, Separately Identifiable ...
80	Assistant Surgeon

☐ Omit from Claim

Notes

File Information

Misc Details

Providers

Referral / Authorization

Supplemental Information

Supporting Documentation

Ambulance

Contract

Dialysis

DME

Drug

Pick-Up Address

Street: <None>

Street 2: <None>

City: <None>

State:

Zip Code: <None>

Drop-Off

Street: <None>

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Visible Hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Date	Name/Description	Amount
		\$0.00

Totals

Charges: \$0.00

Pay/Adjust: \$0.00

Balance: \$0.00

Quick Misc Details

Facility: Family Clinic

EPSDT:

☐ Emergency

☒ Family Plan

Supplemental:

Save

Cancel

The Rendering Provider for the charge will be indicated in the field above.

Determine the Qualifier for the Rendering Provider ID (for Legacy ID).

Edit Billing Information

Insurance Payment To

☐ Override Group Values

Name: Professional Groups
 Street: 123 Any St
 Street 2: Suite G
 City: Some City State: AR
 Zip: 72701-1230
 Phone: (479)555-4444

Entity Type: ☐ Person ☒ Non Person
 Tax ID: ☒ EIN ☐ SSN 71-1112233

Paper

NPI: 1234567890
 Legacy ID: [Dropdown]

Electronic

Submitter ID: Mutually Defined - ZZ v123
 Location #: [Field]
 Provider Commercial #: [Field]
 UPIN: [Field] +
 State License: [Field] +

Pay-To Address

Street: PO Box 1234
 Street 2: [Field]
 City: Some City State: AR
 Zip: 72703-1234

Eligibility Request Info

Receiver ID: [Field]
 Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

Provider Information

Paper

Legacy ID: [Dropdown]

Electronic

Location #: [Field]
 Provider Commercial #: [Field]
 UPIN: [Field] +
 State License: [Field] +
 Taxonomy: [Field]

Save Cancel

1. First, notice the Insurance Company, with whom the claim is being filed.
2. Go to the Tools menu, and select Insurance Companies.
3. Pull up the specified Insurance Company, find the Provider name listed at the bottom of the screen (the same provider that is indicated as the Rendering Provider for the charge). Edit the Provider to view the details.
4. If an option is selected in the above box, the two digit code will be placed in box 24I in the pink shaded portion for the charge.
5. Click Save.

IMPORTANT: To ensure a legacy ID and Qualifier get placed on the CMS 1500, also ensure that the Show Legacy ID's box is checked on the Insurance Company window, after saving the Provider data.

Block 24J

Rendering Provider ID

This Rendering Provider ID will be placed in the shaded pink portion of the charge, in box 24J of the claim.

Locate the claim.

The screenshot displays the patient account for Barrington, Stone. The interface includes a patient profile section with personal and contact information, a balance summary, and a claims manager. The Claims tab is active, showing a list of claims. Claim 36 is selected, and its details are shown below. The details include post and process dates, member ID, rendering provider, and routing. The Primary and Secondary insurance policies are listed as BCBS and CIGNA, respectively. The charges section shows a single charge for an office/outpatient visit on 6/26/2012.

Barrington, Stone

Account 20
Chart

Date of Birth 9/13/1958 **Age** 54 **Sex** Male **Status** Unknown

Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000

Home (479) 657-4527 **Work** **Cell** (479) 123-4567

Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay Co-Pay \$20.00

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details

Details for Claim 36

Post Date: 6/29/2012 Member ID: 09887 Patient Group Number:
Process Date: 9/6/2012 Rendering Provider: Randall Oates, MD
Routing: E Rendering NPI: 1215067822

☐ Processed ☒ On Hold Notes: The patient is missing p...
Claim Notes: Submitted on 9/6/2012 Submitted on 7/19/2012

Primary Policy: BCBS Route: ☐ Paper ☒ Electronic Paper Fill: ☒ Fewest Pages ☐ Maintain Order

Secondary Policy: CIGNA Route: ☒ Paper ☐ Electronic Paper Fill: ☒ Fewest Pages ☐ Maintain Order

Charges

Onit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Double click on the needed charge to view the details.

Determine the Rendering Provider for the charge.

Charge Details

Service From	Service To	Provider	Code	Description	Unit	Charge
5/3/2013	5/3/2013	Randall Oates, MD	99215	OFFICE/OUTPATIENT VISI...	1.0	\$0.00

Diagnosis Codes

DX	Description
X 401.9	Hypertension NOS

Modifiers

Code	Description
X 50	Bilateral Procedure
25	Significant, Separately Identifiable ...
80	Assistant Surgeon

☐ Omit from Claim

Notes

File Information

Misc Details

Providers

Referral / Authorization

Supplemental Information

Supporting Documentation

Ambulance

Contract

Dialysis

DME

Drug

Pick-Up Address

Street: <None>

Street 2: <None>

City: <None>

State:

Zip Code: <None>

Drop-Off

Street: <None>

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Visible Hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Date	Name/Description	Amount
		\$0.00

Totals

Charges: \$0.00

Pay/Adjust: \$0.00

Balance: \$0.00

Quick Misc Details

Facility: Family Clinic

EPSDT:

☐ Emergency

☒ Family Plan

Supplemental:

Save

Cancel

The Rendering Provider for the charge will be indicated in the field above.

Determine the Qualifier for the Rendering Provider ID (for Legacy ID).

The screenshot shows the 'Edit Billing Information' window with two main sections: 'Insurance Payment To' and 'Provider Information'.

Insurance Payment To:

- ☐ Override Group Values
- Name: Professional Groups
- Street: 123 Any St
- Street 2: Suite G
- City: Some City, State: AR
- Zip: 72701-1230
- Phone: (479)555-4444
- Entity Type: ☐ Person, ☒ Non Person
- Tax ID: ☒ EIN, ☐ SSN, 71-1112233

Electronic:

- Submitter ID: Mutually Defined - ZZ, v123
- Location #:
- Provider Commercial #:
- UPIN: +
- State License: +

Pay-To Address:

- Street: PO Box 1234
- Street 2:
- City: Some City, State: AR
- Zip: 72703-1234

Eligibility Request Info:

- Receiver ID:
- Eligibility NPI: ☒ Group NPI, ☐ Rendering Provider NPI

Provider Information:

- Paper:**
 - NPI: 1234567890
 - Legacy ID: Blue Cross Provider Number - 1A (highlighted with a red box)
- Electronic:**
 - Location #:
 - Provider Commercial #:
 - UPIN: +
 - State License: +
 - Taxonomy:

Buttons: Save, Cancel

1. First, notice the Insurance Company, with whom the claim is being filed.
2. Go to the Tools menu, and select Insurance Companies.
3. Pull up the specified Insurance Company, find the Provider name listed at the bottom of the screen (the same provider that is indicated as the Rendering Provider for the charge). Edit the Provider to view the details.
4. The field highlighted above will be the location for the Rendering Provider ID number.
5. Click Save.

IMPORTANT: To ensure a legacy ID and Qualifier get placed on the CMS 1500, also ensure that the Show Legacy ID's box is checked on the Insurance Company window, after saving the Provider data.

Rendering Provider NPI

This Rendering Provider ID will be placed in the shaded pink portion of the charge, in box 24J of the claim.

Locate the claim.

Barrington, Stone

Account 20
Chart

Date of Birth 9/13/1958 **Age** 54 **Sex** Male **Status** Unknown

Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000

Home (479) 657-4527 **Work** **Cell** (479) 123-4567

Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay Co-Pay \$20.00

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details

Details for Claim 36

Post Date 6/29/2012 **Member ID** 09887 **Patient Group Number**

Process Date 9/6/2012 **Rendering Provider** Randall Oates, MD

Routing E **Rendering NPI** 1215067822

Primary

Policy BCBS **Route** ☐ Paper ☒ Electronic **Paper Fill** ☒ Fewest Pages ☐ Maintain Order

Secondary

Policy CIGNA **Route** ☒ Paper ☐ Electronic **Paper Fill** ☒ Fewest Pages ☐ Maintain Order

Processed ☐ **On Hold** ☒ **Notes** The patient is missing p... **Claim Notes** Submitted on 9/6/2012 Submitted on 7/19/2012 **File With** Secondary

Charges

Onit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Double click on the needed charge to view the details.

Determine the Rendering Provider for the charge.

Charge Details

Service From	Service To	Provider	Code	Description	Unit	Charge
5/3/2013	5/3/2013	Randall Oates, MD	99215	OFFICE/OUTPATIENT VISI...	1.0	\$0.00

Diagnosis Codes

DX	Description
X 401.9	Hypertension NOS

Modifiers

Code	Description
X 50	Bilateral Procedure
25	Significant, Separately Identifiable ...
80	Assistant Surgeon

☐ Omit from Claim
Notes

File Information

Misc Details

Providers

Referral / Authorization

Supplemental Information

Supporting Documentation

Ambulance

Contract

Dialysis

DME

Drug

Pick-Up Address

Street: <None>

Street 2: <None>

City: <None>

State:

Zip Code: <None>

Drop-Off

Street: <None>

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Visible Hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Date	Name/Description	Amount
		\$0.00

Totals

Charges: \$0.00

Pay/Adjust: \$0.00

Balance: \$0.00

Quick Misc Details

Facility: Family Clinic

EPSDT:

☐ Emergency

☒ Family Plan

Supplemental:

Save

Cancel

The Rendering Provider for the charge will be indicated in the field above.

Locate the Rendering Provider's NPI

The screenshot shows the 'Providers' window in SOAPware. On the left, a list of providers includes 'Joe M. Test, MD', 'Randall Oates, MD' (selected), and 'Sam I. Amm'. The right pane shows the 'General' tab for the selected provider. The form contains the following fields:

- Name:** Title (Dr), First (Randall), M (), Last (Oates), Suffix (MD).
- Address:** Clinic (SOAPware License), Street (4220 N. Crossover Rd.), City (Fayetteville), State (AR), Zip Code (72704-).
- Contact Information:** Phone # ((800) 455-7627), Fax # ((866) 237-9073), Email ().
- Physician Numbers:** DEA # (), State ID (), NPI# (1215067822), UPIN# (), Taxonomy ().
- ☒ Is Supervisor
- Update** button

1. Go to the Tools menu.
2. Select Provider Manager.
3. Click on the Provider name that is listed as the Rendering Provider for your charge.
4. The NPI number that is listed for the provider will be pulled onto the CMS 1500, into Box 24J.


Block 25

Federal Tax I.D. Number

This Federal Tax I.D. number will be placed in Box 25 of the CMS 1500 form.

Locate the claim and identify the Provider and the Insurance Company being filed.

Barrington, Stone



Barrington, Stone

Account 20
Chart

Date of Birth 9/13/1958Age 54Sex MaleStatus Unknown

Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000

Home (479) 657-4527WorkCell (479) 123-4567

Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self PayCo-Pay \$20.00

ScheduleDemographicsInsuranceCustomFlags/NotesLedgerFamilyClaimsStatementsNew Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
X	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
X	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
X	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
X	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details

Details for Claim 36

More Info

☐ Processed☒ On HoldNotes The patient is missing p...

Claim NotesSubmitted on 9/6/2012Submitted on 7/19/2012

Primary

Policy BCBS

Route ☐ Paper ☒ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

Secondary

Policy CIGNA

Route ☒ Paper ☐ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00

\$195.00

\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Notice the Provider for the claim.
2. Notice the Insurance Company to which the claim will be filed.

CMS 1500 Crosswalk - 208

Look up the Insurance Company and Locate the associated Provider Information.

Edit Insurance Company

Company Name:

Address:

Address 2:

City:

State: Zip:

Phone: ext:

Fax:

NPI:

Type (CMS 1500):

Eligibility ID Qualifier:

Group Provider (Legacy):

Fee Schedule (Legacy):

Fee Schedule:

Active ☒ Show Legacy IDs ☒

Primary Default Route: ☐ Paper ☒ Electronic

Secondary Default Route: ☐ Paper ☒ Electronic

Electronic Submission Info

Payer Qualifier:

Payer ID:

Clearinghouse Name:

Clearinghouse ID:

Type:

Receiver Qualifier:

Receiver ID:




Additional IDs

EIN:

Claim Office #:

NAIC Code:

Provider Setup

Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
> Randall Oates, MD	1234567890		1215067822	

OK Cancel

1. Go to the Tools menu, and select Insurance Companies.
2. Locate the Insurance Company desired and double click on the name.
3. Locate the Provider name at the bottom of the dialog and double click to edit.

Locate the Federal Tax I.D. Number being billed

Edit Billing Information

Insurance Payment To

☐ Override Group Values

Name: Professional Groups
Street: 123 Any St
Street 2: Suite G
City: Some City State: AR
Zip: 72701-1230
Phone: (479)555-4444
Entity Type: ☐ Person ☒ Non Person
Tax ID: ☒ EIN ☐ SSN 71-1112233

Paper

NPI: 1234567890
Legacy ID: [dropdown] [text]

Electronic

Submitter ID: Mutually Defined - ZZ v123
Location #: [text]
Provider Commercial #: [text]
UPIN: [text] +
State License: [text] +

Pay-To Address

Street: PO Box 1234
Street 2: [text]
City: Some City State: AR
Zip: 72703-1234

Eligibility Request Info

Receiver ID: [text]
Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

Provider Information

Paper

Legacy ID: Blue Cross Provider Number - 1A [text]

Electronic

Location #: [text]
Provider Commercial #: [text]
UPIN: [text] +
State License: [text] +
Taxonomy: [text]

Save Cancel

1. The Tax I.D. number that will be entered in Box 25 will be shown in the field highlighted above.
2. If this number needs to be edited or changed, check the Override Group Values box in the top left hand corner, and edit as needed.
3. Click Save.

Block 26

Patient Account Number

Locate the Account Number

Barrington, Stone

Account 20

Barrington, Stone

Date of Birth 9/13/1958 **Age** 54 **Sex** Male **Status** Unknown

Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000

Home (479) 657-4527 **Work** **Cell** (479) 123-4567

Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay Co-Pay \$20.00

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details

Details for Claim 36

Post Date: 6/29/2012 Member ID: 09887 Patient Group Number:

Process Date: 9/6/2012 Rendering Provider: Randall Oates, MD

Routing: E Rendering NPI: 1215067822

Primary

Policy: BCBS

Route: ☐ Paper ☒ Electronic

Paper Fill: ☒ Fewest Pages ☐ Maintain Order

Secondary

Policy: CIGNA

Route: ☒ Paper ☐ Electronic

Paper Fill: ☒ Fewest Pages ☐ Maintain Order

☐ Processed

☒ On Hold Notes: The patient is missing p...

Claim Notes

Submitted on 9/6/2012
Submitted on 7/19/2012

File With: Secondary

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00

\$195.00 \$34.00


1. Double click on the claim from the Claims Manager. This will open the patient's account.
2. The patient account number will be indicated at the top of the dialog.

Block 27

Accept Assignment

Locate the claim.

Smith, Jim D.



Smith, Jim D.
Account 2
Chart 68332
Date of Birth 3/21/1970 **Age** 42 **Sex** Male **Status** Single
Address 1539 COUNTY LINE RD Home Town, AR 72711
Home (501) 555-7110 **Work** (501) 555-9000 **Cell**
Email jslim@email.com

Balances


	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$639.00	\$1,958.75	\$2,597.75
Totals	\$639.00	\$1,958.75	\$2,597.75

☐ Self Pay **Co-Pay \$20.00**

Schedule **Demographics** **Insurance** **Custom** **Flags/Notes** **Ledger** **Family** **Claims** **Statements** **New Charges**

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	9/30/2010	5/23/2012	7	Randall Oates	Aetna	P	1		\$64.00	\$0.00	Primary	Pending Scrub
×	9/30/2010	9/30/2010	9	Randall Oates	Aetna	E			\$64.00	\$0.00	Primary	Processed
×	10/1/2010	10/1/2010	11	Randall Oates	Aetna	E			\$65.00	\$0.00	Primary	Processed
×	2/1/2011	10/25/2011	13	Randall Oates	Aetna	E			\$300.00	\$210.00	Primary	Processed
×	10/25/2011	10/25/2011	19	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed
×	10/25/2011		20	Randall Oates	Aetna	P			\$95.00	\$0.00	Primary	Processed

Claim Details
Details for Claim 7 **2** **More Info** 
☐ Processed
☐ On Hold
Claim Notes
Post Date 9/30/2010 **Member ID** 589626 **Patient Group Number**

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click on the More Info button.

Edit the Accept Assignment indication

Edit Claim Details

Owner: **Randall Oates, MD** Facility: **Family Clinic**

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="<None>"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

Ambulance Contract Dates File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/> Accident: <input type="text"/> Onset of Current: <input type="text"/> Last Menstrual Period: <input type="text"/>	Last Seen Date: <input type="text"/> Referral Date: <input type="text"/> Similar Illness Date: <input type="text"/> Initial Treatment: <input type="text"/> Acute Manifestation: <input type="text"/> Hearing/Vision Rx: <input type="text"/> Last X-Ray: <input type="text"/> Order Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/> Disability From: <input type="text"/> To: <input type="text"/> Hospital From: <input type="text"/> To: <input type="text"/> Care From: <input type="text"/> To: <input type="text"/>

Accept Assignment:

Save Cancel

1. To indicate Yes or No on Accept Assignment, click the drop down box of the field highlighted above and select the appropriate option.
2. Click Save.

Block 28

Total Charge

Total Charge calculation

2. 812 59		4. 653 30		CHNICCLIA																			
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #						
MM	DD	YY	MM	DD	YY																		
05	07	13	05	07	13	11		99201				1	100	00	1	N	NPI 1215067822						
05	07	13	05	07	13	11		70355				2	135	00	1	N	NPI 1215067822						
05	07	13	05	07	13	11		99203				1	125	00	1	N	NPI 1215067822						
05	07	13	05	07	13	11		70010				1	300	00	1	N	NPI 1215067822						
05	07	13	05	07	13	11		99211				3	75	00	1	N	NPI 1215067822						
05	07	13	05	07	13	11		99205				4	200	00	1	N	NPI 1215067822						
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE					
711112233						<input type="checkbox"/> <input checked="" type="checkbox"/>		31				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		\$ 935 00		\$ 0 00		\$ 935 00					
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)								32. SERVICE FACILITY LOCATION INFORMATION								33. BILLING PROVIDER INFO & PH #							
								Family Clinic 123 Any Place St								(479) 5554444 Professional Groups PO Box 1234							

The total charge will be the sum of all of the individual charges on the claim.

Block 29

Amount Paid

Amount paid

2. 812 59		4. 653 30		Clinic/CLIA																											
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL		J. RENDERING PROVIDER ID. #									
MM	DD	YY	MM	DD	YY																										
05	07	13	05	07	13	11				99201			1	100	00	1	N	NPI		1215067822											
05	07	13	05	07	13	11				70355			2	135	00	1	N	NPI		1215067822											
05	07	13	05	07	13	11				99203			1	125	00	1	N	NPI		1215067822											
05	07	13	05	07	13	11				70010			1	300	00	1	N	NPI		1215067822											
05	07	13	05	07	13	11				99211			3	75	00	1	N	NPI		1215067822											
05	07	13	05	07	13	11				99205			4	200	00	1	N	NPI		1215067822											
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back)				28. TOTAL CHARGE				29. AMOUNT PAID				30. BALANCE DUE							
711112233						<input type="checkbox"/> <input checked="" type="checkbox"/>		31				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				\$ 935 00				\$ 0 00				\$ 935 00							
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION																		33. BILLING PROVIDER INFO & PH #							
						Family Clinic 123 Any Place St																		(479) 5554444 Professional Groups PO Box 1234							

If a primary insurance payment is entered on the claim, this amount will be placed in Box 29.

Block 30

Balance Due

Balance Due

2. 812 59		4. 653 30		Clinic/LIA																	
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #				
MM	DD	YY	MM	DD	YY																
05	07	13	05	07	13	11		99201				1	100 00	1	N	NPI	1215067822				
05	07	13	05	07	13	11		70355				2	135 00	1	N	NPI	1215067822				
05	07	13	05	07	13	11		99203				1	125 00	1	N	NPI	1215067822				
05	07	13	05	07	13	11		70010				1	300 00	1	N	NPI	1215067822				
05	07	13	05	07	13	11		99211				3	75 00	1	N	NPI	1215067822				
05	07	13	05	07	13	11		99205				4	200 00	1	N	NPI	1215067822				
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE			
711112233						<input type="checkbox"/> <input checked="" type="checkbox"/>		31				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		\$ 935 00		\$ 0 00		\$ 935 00			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)								32. SERVICE FACILITY LOCATION INFORMATION										33. BILLING PROVIDER INFO & PH #			
								Family Clinic 123 Any Place St										(479) 5554444			
								Professional Groups PO Box 1234													

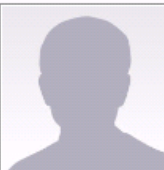
The Balance Due will be automatically calculated by subtracting the Amount Paid from the Total Charge.

Block 31

Signature of Physician

Locate the claim.

Barrington, Stone



Barrington, Stone
Account 20
Chart
Date of Birth 9/13/1958 **Age** 54 **Sex** Male **Status** Unknown
Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000
Home (479) 657-4527 **Work** **Cell** (479) 123-4567
Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay Co-Pay \$20.00

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Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details

Details for Claim 36

Post Date: 6/29/2012
Member ID: 09887
Patient Group Number:

Process Date: 9/6/2012
Rendering Provider: Randall Oates, MD

Routing: E
Rendering NPI: 1215067822

Primary
Policy: BCBS
Route: ☐ Paper ☒ Electronic
Paper Fill: ☒ Fewest Pages ☐ Maintain Order

Secondary
Policy: CIGNA
Route: ☒ Paper ☐ Electronic
Paper Fill: ☒ Fewest Pages ☐ Maintain Order

☐ Processed
☒ On Hold
Notes: The patient is missing p...

Claim Notes
Submitted on 9/6/2012
Submitted on 7/19/2012

File With: Secondary

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click the More Info button to view the physician Owner for the visit.

Identify the Owner of the visit

Edit Claim Details

Owner: **Randall Oates, MD** Facility: Family Clinic

Type: ☐ Employment ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program: Delay Reason:

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment:

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment:

Ambulance Contract **Dates** File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision

Illness, Injury or Pregnancy

Current IIP:
Accident:
Onset of Current:
Last Menstrual Period:

Patient, Treatment Dates

Last Seen Date:
Referral Date:
Similar Illness Date:
Initial Treatment:
Acute Manifestation:
Hearing/Vision Rx:
Last X-Ray:
Order Date:

Hospital, Disability Dates

Not Work From: To:
Disability From: To:
Hospital From: To:
Care From: To:

Accept Assignment:

Save Cancel

The Owner for the visit will be indicated in the field highlighted above.

Locate the Owner's signature

The screenshot shows a software window titled "Providers" with a list of providers on the left and a detailed view on the right. The list includes "Joe M. Test, MD", "Randall Dates, MD" (selected), and "Sam I. Amm". The right-hand view has tabs for "General", "Misc", "Codes", and "Signature". The "Signature" tab is active, displaying a handwritten signature "R. Dates" in a box. Below the box are zoom controls (+, -, 96%), a scroll bar, and input fields for "Height: 61" and "Width: 156". At the bottom of the tab are "Clear" and "Select Image" buttons. An "Update" button is located at the bottom right of the main window.

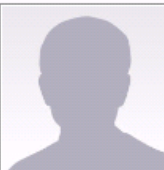
1. Go to the Tools menu.
2. Click on Provider Manager.
3. Select the appropriate provider on the left hand side.
4. Click on the Signature tab. (Note: You will want to upload an image file of the provider's signature, and ensure it shows within the box displayed. Anytime the physician is listed as the Owner on the claim, this signature will be placed into the Signature box on the CMS 1500.)

Block 32

Service Facility Location Information

Locate the claim.

Barrington, Stone



Barrington, Stone
Account 20
Chart
Date of Birth 9/13/1958 **Age** 54 **Sex** Male **Status** Unknown
Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000
Home (479) 657-4527 **Work** **Cell** (479) 123-4567
Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay Co-Pay \$20.00

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Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details

Details for Claim 36
[More Info](#)

Post Date 6/29/2012 **Member ID** 09887 **Patient Group Number**
Process Date 9/6/2012 **Rendering Provider** Randall Oates, MD
Routing E **Rendering NPI** 1215067822

Primary
Policy BCBS
Route ☐ Paper ☒ Electronic
Paper Fill ☒ Fewest Pages ☐ Maintain Order

Secondary
Policy CIGNA
Route ☒ Paper ☐ Electronic
Paper Fill ☒ Fewest Pages ☐ Maintain Order

☐ Processed
☒ On Hold **Notes** The patient is missing p...
Claim Notes
 Submitted on 9/6/2012
 Submitted on 7/19/2012
File With Secondary

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00

\$195.00

\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click the More Info button to view the Facility for the visit.

Identify the Owner of the visit

Edit Claim Details

Owner: Facility:

Type

☐ Employment
☐ Auto Accident
☐ Other Accident
☒ None

Special Program Codes

Special Program:
Delay Reason:

Primary

☒ Release of Information Signature
☐ Signature Executed For Patient
Benefits Assignment:

Secondary

☒ Release of Information Signature
☐ Signature Executed For Patient
Benefits Assignment:

Ambulance **Contract** **Dates** **File Information** **Misc Details** **Patient** **Property And Casualty** **Providers** **Referral / Authorization** **Supplemental Information** **Vision**

Illness, Injury or Pregnancy

Current IIP:
Accident:
Onset of Current:
Last Menstrual Period:

Patient, Treatment Dates

Last Seen Date:
Referral Date:
Similar Illness Date:
Initial Treatment:
Acute Manifestation:
Hearing/Vision Rx:
Last X-Ray:
Order Date:

Hospital, Disability Dates

Not Work From: To:
Disability From: To:
Hospital From: To:
Care From: To:

Accept Assignment:

The Facility for the visit will be indicated in the field highlighted above.

Locate the Facility Information

The screenshot shows a web application window titled "Facility". At the top, there is a text input field labeled "Facility:" containing the text "Family Clinic". Below this are three tabs: "Details", "Scheduler", and "Additional IDs". The "Details" tab is selected. The form contains several input fields and a dropdown menu. A red rectangular box highlights the "Street" field (containing "123 Clinic Drive"), the "City" field (containing "Fayetteville"), the "St" field (containing "AR"), and the "Zip" field (containing "72703"). Other fields include "Full Legal Name" (containing "Family Clinic"), "Phone #" (containing "(479) 555-5555"), "NPI #" (containing "123456789"), "Place of Service" (a dropdown menu showing "Office - 11"), "Billing Inquiry #" (containing "(800) 455-7627"), "CLIA Number" (containing "ClinicCLIA"), and "State License Number" (an empty field). At the bottom right of the form are two buttons: "Update" and "Cancel".

Facility: Family Clinic

Details Scheduler Additional IDs

Full Legal Name
Family Clinic

Street
123 Clinic Drive

City Fayetteville St AR Zip 72703

Phone #
(479) 555-5555

NPI #
123456789

Place of Service
Office - 11

Billing Inquiry #
(800) 455-7627

CLIA Number
ClinicCLIA

State License Number

Update Cancel

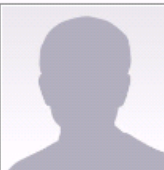
1. Go to the Tools menu.
2. Click on Manage Facilities.
3. Double click on the appropriate facility.
4. The facility address highlighted above will be pulled onto the CMS 1500 form.

Block 32a

Service Facility NPI

Locate the claim.

Barrington, Stone



Barrington, Stone
Account 20
Chart
Date of Birth 9/13/1958 **Age** 54 **Sex** Male **Status** Unknown
Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000
Home (479) 657-4527 **Work** **Cell** (479) 123-4567
Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay Co-Pay \$20.00

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Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details

Details for Claim 36

Post Date: 6/29/2012
Member ID: 09887
Patient Group Number:

Process Date: 9/6/2012
Rendering Provider: Randall Oates, MD

Routing: E
Rendering NPI: 1215067822

Primary
Policy: BCBS
Route: ☐ Paper ☒ Electronic
Paper Fill: ☒ Fewest Pages ☐ Maintain Order

Secondary
Policy: CIGNA
Route: ☒ Paper ☐ Electronic
Paper Fill: ☒ Fewest Pages ☐ Maintain Order

☐ Processed
☒ On Hold
Notes: The patient is missing p...

Claim Notes
Submitted on 9/6/2012
Submitted on 7/19/2012

File With: Secondary

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00

\$195.00

\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click the More Info button to view the Facility for the visit.

Identify the Facility of the visit

Edit Claim Details

Owner: Facility:

Type

☐ Employment
☐ Auto Accident
☐ Other Accident
☒ None

Special Program Codes

Special Program:
Delay Reason:

Primary

☒ Release of Information Signature
☐ Signature Executed For Patient
Benefits Assignment:

Secondary

☒ Release of Information Signature
☐ Signature Executed For Patient
Benefits Assignment:

Ambulance **Contract** **Dates** **File Information** **Misc Details** **Patient** **Property And Casualty** **Providers** **Referral / Authorization** **Supplemental Information** **Vision**

Illness, Injury or Pregnancy

Current IIP:
Accident:
Onset of Current:
Last Menstrual Period:

Patient, Treatment Dates

Last Seen Date:
Referral Date:
Similar Illness Date:
Initial Treatment:
Acute Manifestation:
Hearing/Vision Rx:
Last X-Ray:
Order Date:

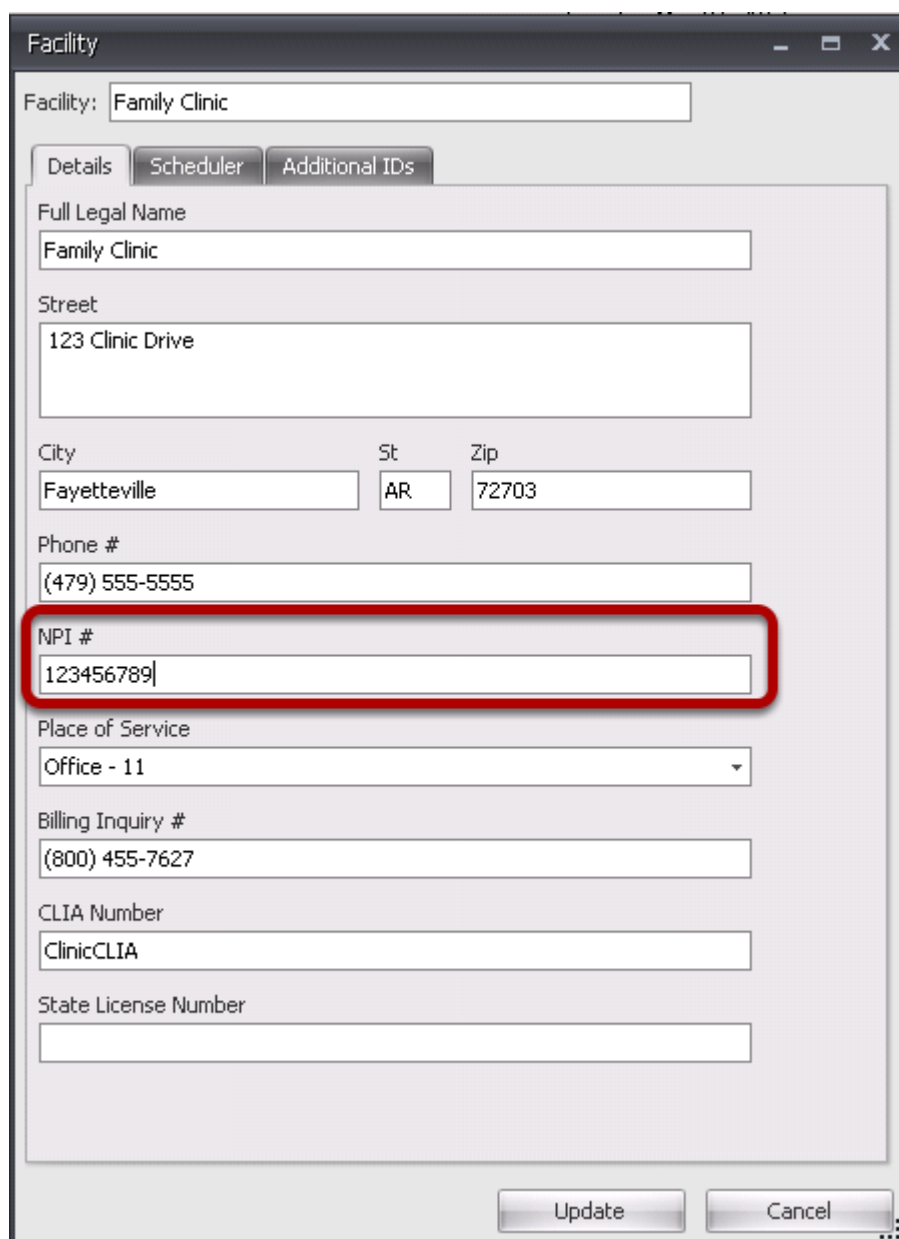
Hospital, Disability Dates

Not Work From: To:
Disability From: To:
Hospital From: To:
Care From: To:

Accept Assignment:

The Facility for the visit will be indicated in the field highlighted above.

Locate the Facility NPI



The screenshot shows a web-based form titled "Facility". At the top, there is a text input field labeled "Facility:" containing the text "Family Clinic". Below this are three tabs: "Details", "Scheduler", and "Additional IDs". The "Details" tab is selected. The form contains several input fields: "Full Legal Name" (Family Clinic), "Street" (123 Clinic Drive), "City" (Fayetteville), "St" (AR), "Zip" (72703), "Phone #" ((479) 555-5555), "NPI #" (123456789), "Place of Service" (Office - 11), "Billing Inquiry #" ((800) 455-7627), "CLIA Number" (ClinicCLIA), and "State License Number" (empty). The "NPI #" field is highlighted with a red rectangular border. At the bottom right, there are "Update" and "Cancel" buttons.

Field	Value
Facility:	Family Clinic
Full Legal Name	Family Clinic
Street	123 Clinic Drive
City	Fayetteville
St	AR
Zip	72703
Phone #	(479) 555-5555
NPI #	123456789
Place of Service	Office - 11
Billing Inquiry #	(800) 455-7627
CLIA Number	ClinicCLIA
State License Number	

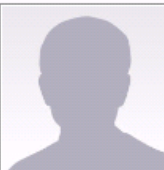
1. Go to the Tools menu.
2. Click on Manage Facilities.
3. Double click on the appropriate facility.
4. The facility NPI highlighted above will be pulled onto the CMS 1500 form for Box 32A.

Block 32b

Service Facility Legacy I.D.

Locate the claim.

Barrington, Stone



Barrington, Stone
Account 20
Chart
Date of Birth 9/13/1958 **Age** 54 **Sex** Male **Status** Unknown
Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000
Home (479) 657-4527 **Work** **Cell** (479) 123-4567
Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details

Details for Claim 36

Post Date 6/29/2012 **Member ID** 09887 **Patient Group Number**
Process Date 9/6/2012 **Rendering Provider** Randall Oates, MD
Routing E **Rendering NPI** 1215067822

Primary

Policy BCBS
Route ☐ Paper ☒ Electronic
Paper Fill ☒ Fewest Pages ☐ Maintain Order

Secondary

Policy CIGNA
Route ☒ Paper ☐ Electronic
Paper Fill ☒ Fewest Pages ☐ Maintain Order

☐ Processed
☒ On Hold **Notes** The patient is missing p...
Claim Notes

Submitted on 9/6/2012
Submitted on 7/19/2012

File With Secondary

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00

\$195.00

\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Click to highlight the appropriate claim in the Claims grid.
2. Click the More Info button to view the Facility for the visit.

Identify the Facility for the visit

Edit Claim Details

Owner: Facility:

Type

☐ Employment
☐ Auto Accident
☐ Other Accident
☒ None

Special Program Codes

Special Program:
Delay Reason:

Primary

☒ Release of Information Signature
☐ Signature Executed For Patient
Benefits Assignment:

Secondary

☒ Release of Information Signature
☐ Signature Executed For Patient
Benefits Assignment:

Ambulance **Contract** **Dates** **File Information** **Misc Details** **Patient** **Property And Casualty** **Providers** **Referral / Authorization** **Supplemental Information** **Vision**

Illness, Injury or Pregnancy

Current IIP:
Accident:
Onset of Current:
Last Menstrual Period:

Patient, Treatment Dates

Last Seen Date:
Referral Date:
Similar Illness Date:
Initial Treatment:
Acute Manifestation:
Hearing/Vision Rx:
Last X-Ray:
Order Date:

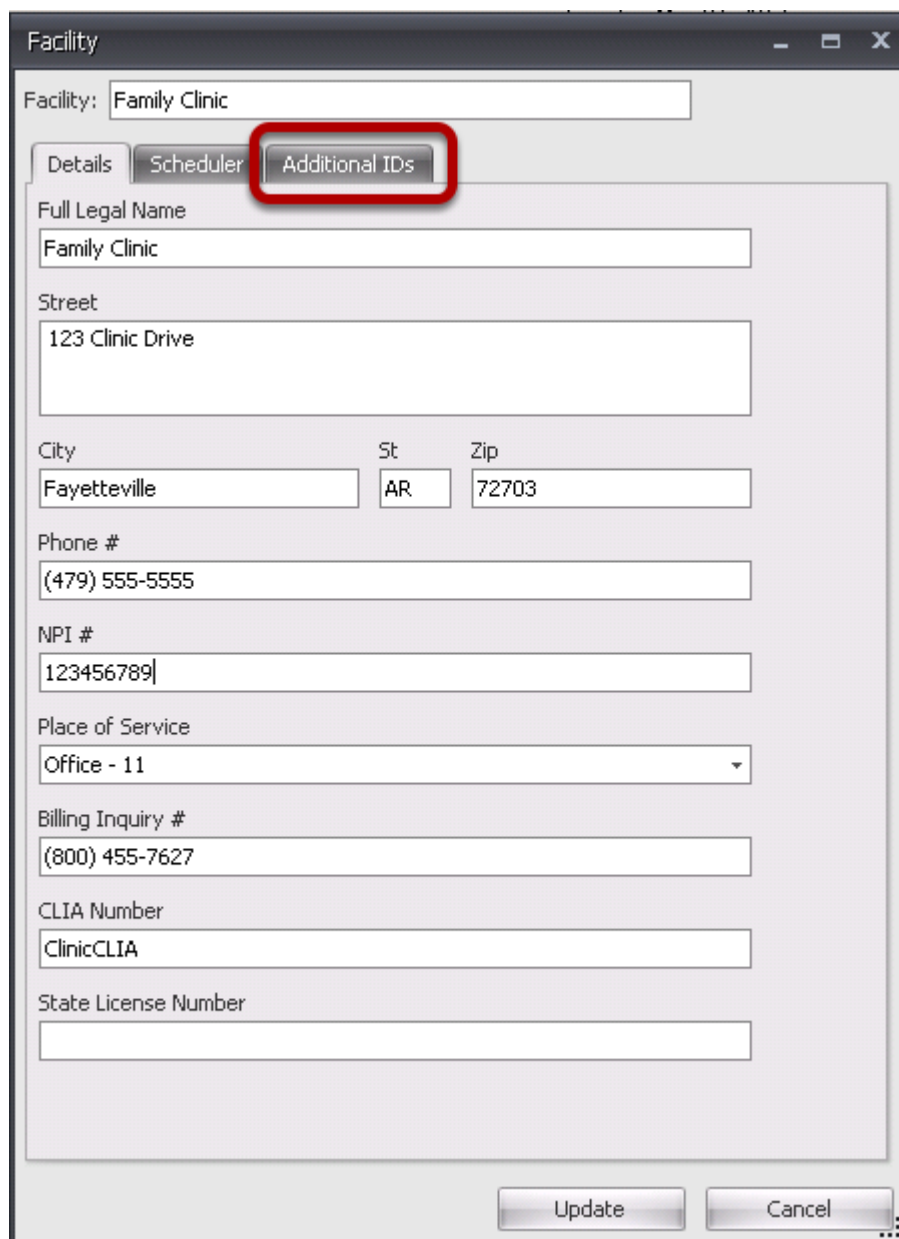
Hospital, Disability Dates

Not Work From: To:
Disability From: To:
Hospital From: To:
Care From: To:

Accept Assignment:

The Facility for the visit will be indicated in the field highlighted above.

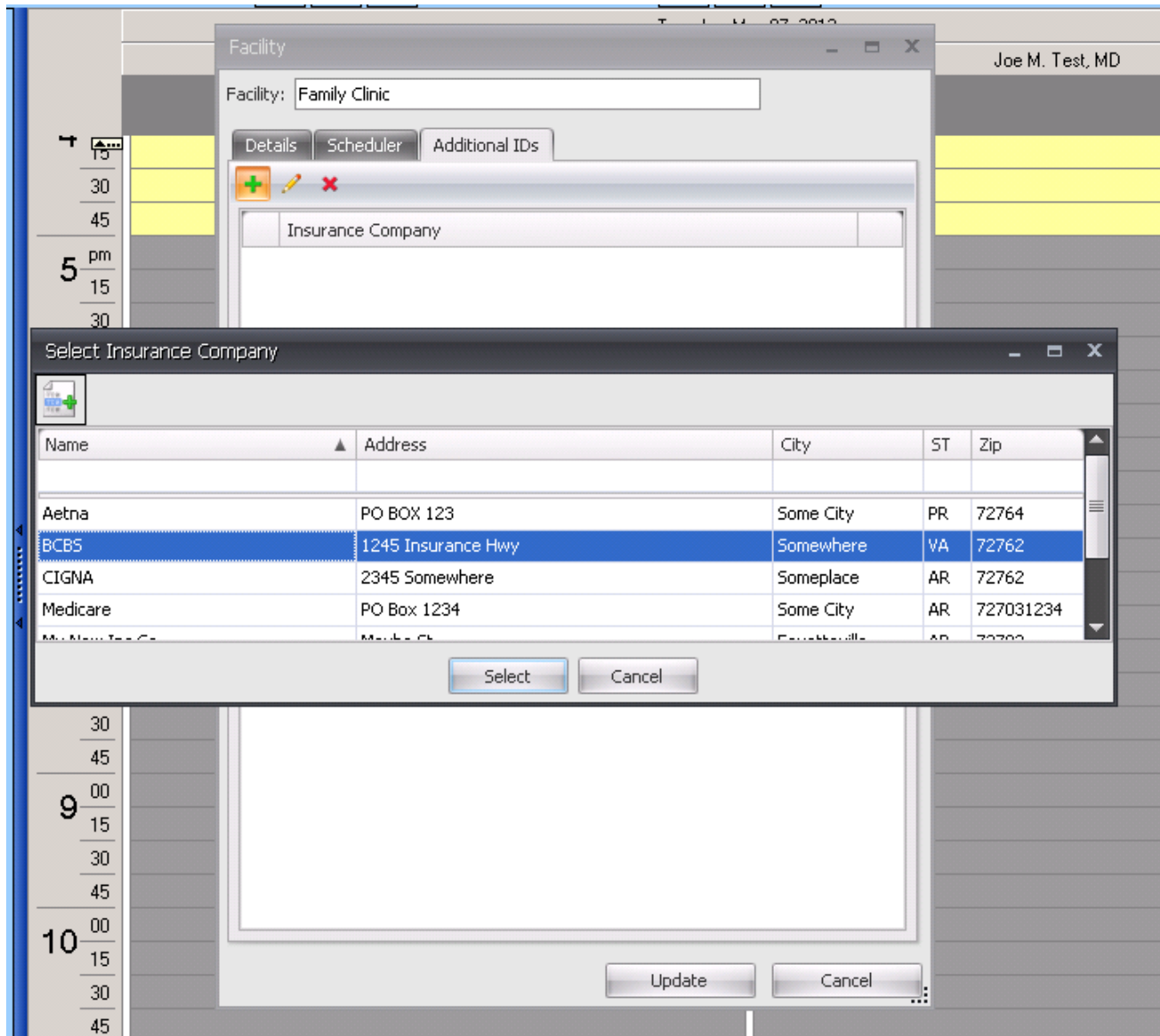
Locate the Additional IDs



The screenshot shows a web application window titled "Facility". At the top, there is a text input field labeled "Facility:" containing the text "Family Clinic". Below this, there are three tabs: "Details", "Scheduler", and "Additional IDs". The "Additional IDs" tab is highlighted with a red rectangular box. The form contains several input fields and a dropdown menu, all of which are currently empty or contain placeholder text. The fields are labeled as follows: "Full Legal Name" (containing "Family Clinic"), "Street" (containing "123 Clinic Drive"), "City" (containing "Fayetteville"), "St" (containing "AR"), "Zip" (containing "72703"), "Phone #" (containing "(479) 555-5555"), "NPI #" (containing "123456789"), "Place of Service" (a dropdown menu showing "Office - 11"), "Billing Inquiry #" (containing "(800) 455-7627"), "CLIA Number" (containing "ClinicCLIA"), and "State License Number" (empty). At the bottom right of the form, there are two buttons: "Update" and "Cancel".

1. Go to the Tools menu.
2. Click on Manage Facilities.
3. Double click on the appropriate facility.
4. Click on the Additional IDs tab, indicated above.

Add/Edit the Insurance Company IDs



Find the Insurance Company with whom the claim is being filed.

Enter the Legacy ID has been entered

Dialog box titled "Edit Additional IDs for BCBS".

Section: Electronic

Location Number

Provider Commercial Number

State License Number

Section: Paper

Legacy Id

Callout 1 points to the first input field. Callout 2 points to the second input field.

Buttons: OK, Cancel

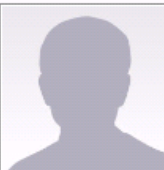
1. Enter the appropriate qualifier, signifying the type of ID number.
2. Enter the legacy ID number.

Block 33

Billing Provider Address and Phone

Locate the claim and identify the Provider and the Insurance Company being filed.

Barrington, Stone



Barrington, Stone
Account 20
Chart
Date of Birth 9/13/1958 **Age** 54 **Sex** Male **Status** Unknown
Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000
Home (479) 657-4527 **Work** **Cell** (479) 123-4567
Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay Co-Pay \$20.00

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Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details
Details for Claim 36

Post Date: 6/29/2012
Process Date: 9/6/2012
Routing: E

Member ID: 09887
Rendering Provider: Randall Oates, MD
Rendering NPI: 1215067822

Patient Group Number:

☐ Processed
☒ On Hold Notes: The patient is missing p...
Claim Notes:
Submitted on 9/6/2012
Submitted on 7/19/2012

Primary
Policy: BCBS
Route: ☐ Paper ☒ Electronic
Paper Fill: ☒ Fewest Pages ☐ Maintain Order

Secondary
Policy: CIGNA
Route: ☒ Paper ☐ Electronic
Paper Fill: ☒ Fewest Pages ☐ Maintain Order

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Notice the Provider for the claim.
2. Notice the Insurance Company to which the claim will be filed.

Look up the Insurance Company and Locate the associated Provider Information.

Edit Insurance Company

Company Name:
 Address:
 Address 2:
 City:
 State: Zip:
 Phone: ext:
 Fax:
 NPI:
 Type (CMS 1500):
 Eligibility ID Qualifier:
 Group Provider (Legacy):
 Fee Schedule (Legacy):
 Fee Schedule:

Electronic Submission Info

Payer Qualifier:
 Payer ID:
 Clearinghouse Name:
 Clearinghouse ID:
 Type:
 Receiver Qualifier:
 Receiver ID:




Additional IDs

EIN:
 Claim Office #:
 NAIC Code:

Active ☒ Show Legacy IDs ☒

Primary Default Route: ☐ Paper ☒ Electronic
 Secondary Default Route: ☐ Paper ☒ Electronic

Provider Setup

Name	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Dr. M. T. Oates, MD	1234567890		123456789	
> Randall Oates, MD	1234567890		1215067822	

OK Cancel

1. Go to the Tools menu, and select Insurance Companies.
2. Locate the Insurance Company desired and double click on the name.
3. Locate the Provider name at the bottom of the dialog and double click to edit.

Locate the Address and Phone Number being billed

Edit Billing Information

Insurance Payment To

☒ Override Group Values

Name: Professional Groups
Street: 123 Any St
Street 2: Suite G
City: Some City State: AR
Zip: 72701-1230
Phone: (479)555-4444

Entity Type: ☐ Person ☒ Non Person
Tax ID: ☒ EIN ☐ SSN 71-1112233

Paper
NPI: 1234567890
Legacy ID: [dropdown] [text]

Electronic
Submitter ID: Mutually Defined - ZZ v123
Location #: [text]
Provider Commercial #: [text]
UPIN: [text] +
State License: [text] +

Pay-To Address
Street: PO Box 1234
Street 2: [text]
City: Some City State: AR
Zip: 72703-1234

Eligibility Request Info
Receiver ID: [text]
Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

Provider Information

Paper
Legacy ID: Blue Cross Provider Number - 1A [text]

Electronic
Location #: [text]
Provider Commercial #: [text]
UPIN: [text] +
State License: [text] +
Taxonomy: [text]

Save Cancel

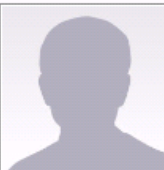
1. The Billing Provider address and phone that will be entered in Box 33 will be shown in the fields highlighted above.
2. If this information needs to be edited or changed, check the Override Group Values box in the top left hand corner, and edit as needed.
3. Click Save.

Block 33a

Billing Provider NPI

Locate the claim and identify the Provider and the Insurance Company being filed.

Barrington, Stone



Barrington, Stone
Account 20
Chart
Date of Birth 9/13/1958 **Age** 54 **Sex** Male **Status** Unknown
Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000
Home (479) 657-4527 **Work** **Cell** (479) 123-4567
Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay Co-Pay \$20.00

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Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details
Details for Claim 36

Post Date 6/29/2012 **Member ID** 09887 **Patient Group Number**
Process Date 9/6/2012 **Rendering Provider** Randall Oates, MD
Routing E **Rendering NPI** 1215067822

☐ Processed
☒ On Hold **Notes** The patient is missing p...
Claim Notes
 Submitted on 9/6/2012
 Submitted on 7/19/2012

Primary
Policy BCBS
Route ☐ Paper ☒ Electronic
Paper Fill ☒ Fewest Pages ☐ Maintain Order

Secondary
Policy CIGNA
Route ☒ Paper ☐ Electronic
Paper Fill ☒ Fewest Pages ☐ Maintain Order

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Notice the Provider for the claim.
2. Notice the Insurance Company to which the claim will be filed.

Look up the Insurance Company and Locate the associated Provider Information.

Edit Insurance Company

Company Name:

Address:

Address 2:

City:

State: Zip:

Phone: ext:

Fax:

NPI:

Type (CMS 1500):

Eligibility ID Qualifier:

Group Provider (Legacy):

Fee Schedule (Legacy):

Fee Schedule:

Active ☒ Show Legacy IDs ☒

Primary Default Route: ☐ Paper ☒ Electronic

Secondary Default Route: ☐ Paper ☒ Electronic

Electronic Submission Info

Payer Qualifier:

Payer ID:

Clearinghouse Name:

Clearinghouse ID:

Type:

Receiver Qualifier:

Receiver ID:




Additional IDs

EIN:

Claim Office #:

NAIC Code:

Provider Setup

Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Dr. M. T. Oates, MD	1234567890		123456789	
▶ Randall Oates, MD	1234567890		1215067822	

OK Cancel

1. Go to the Tools menu, and select Insurance Companies.
2. Locate the Insurance Company desired and double click on the name.
3. Locate the Provider name at the bottom of the dialog and double click to edit.

Locate the NPI number being billed

Edit Billing Information

Insurance Payment To

☒ Override Group Values

Name: Professional Groups
Street: 123 Any St
Street 2: Suite G
City: Some City State: AR
Zip: 72701-1230
Phone: (479)555-4444

Entity Type: ☐ Person ☒ Non Person
Tax ID: ☒ EIN ☐ SSN 71-1112233

Paper

NPI: 1234567890
Legacy ID: [dropdown]

Electronic

Submitter ID: Mutually Defined - ZZ v123
Location #: [text]
Provider Commercial #: [text]
UPIN: [text] +
State License: [text] +

Pay-To Address

Street: PO Box 1234
Street 2: [text]
City: Some City State: AR
Zip: 72703-1234

Eligibility Request Info

Receiver ID: [text]
Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

Provider Information

Paper

Legacy ID: Blue Cross Provider Number - 1A [text]

Electronic

Location #: [text]
Provider Commercial #: [text]
UPIN: [text] +
State License: [text] +
Taxonomy: [text]

Save Cancel

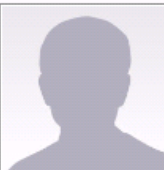
1. The Billing Provider NPI that will be entered in Box 33A will be shown in the field highlighted above.
2. If this information needs to be edited or changed, check the Override Group Values box in the top left hand corner, and edit as needed.
3. Click Save.

Block 33b

Billing Provider Legacy I.D.

Locate the claim and identify the Provider and the Insurance Company being filed.

Barrington, Stone



Barrington, Stone
Account 20
Chart
Date of Birth 9/13/1958 **Age** 54 **Sex** Male **Status** Unknown
Address 1600 Pennsylvania Ave Victoria BC V8X 3X4 Canada, BC 00000-0000
Home (479) 657-4527 **Work** **Cell** (479) 123-4567
Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$155.00	\$6,729.00	\$6,884.00
Totals	\$155.00	\$6,729.00	\$6,884.00

☐ Self Pay Co-Pay \$20.00

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Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/5/2012	3/7/2013	31	Oates, Randall	BCBS	E	CIGNA	P	\$3,375.00	\$0.00	Primary	Submitted
×	6/5/2012		32	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$5.00	Secondary	Processed
×	6/5/2012	2/20/2013	33	Oates, Randall	BCBS	E	CIGNA	P	\$300.00	\$0.00	Secondary	Submitted
×	6/5/2012		34	Oates, Randall	BCBS	E	CIGNA	P	\$500.00	(\$100.00)	Secondary	Processed
×	6/20/2012	9/6/2012	35	Oates, Randall	BCBS	E	CIGNA	P	\$150.00	\$0.00	Secondary	Processed

Claim Details
Details for Claim 36

Post Date: 6/29/2012
Process Date: 9/6/2012
Routing: E

Member ID: 09887
Rendering Provider: Randall Oates, MD
Rendering NPI: 1215067822

Patient Group Number:

☐ Processed
☒ On Hold Notes: The patient is missing p...
Claim Notes:
Submitted on 9/6/2012
Submitted on 7/19/2012
File With: Secondary

Primary
Policy: BCBS
Route: ☐ Paper ☒ Electronic
Paper Fill: ☒ Fewest Pages ☐ Maintain Order

Secondary
Policy: CIGNA
Route: ☒ Paper ☐ Electronic
Paper Fill: ☒ Fewest Pages ☐ Maintain Order

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	6/26/2012	Randall Oates, MD	99203	OFFICE/OUTPATIENT VISIT, NEW	\$195.00	\$195.00	\$34.00
						\$195.00	\$34.00

Open the specific patient account, and click on the Claims Tab to locate the appropriate claim; OR double click on the correct claim from the Claims Manager.

1. Notice the Provider for the claim.
2. Notice the Insurance Company to which the claim will be filed.

Look up the Insurance Company and Locate the associated Provider Information.

Edit Insurance Company

Company Name:
 Address:
 Address 2:
 City:
 State: Zip:
 Phone: ext:
 Fax:
 NPI:
 Type (CMS 1500):
 Eligibility ID Qualifier:
 Group Provider (Legacy):
 Fee Schedule (Legacy):
 Fee Schedule:




Electronic Submission Info
 Payer Qualifier:
 Payer ID:
 Clearinghouse Name:
 Clearinghouse ID:
 Type:
 Receiver Qualifier:
 Receiver ID:

Additional IDs
 EIN:
 Claim Office #:
 NAIC Code:

Active ☒ Show Legacy IDs ☒

Primary Default Route: ☐ Paper ☒ Electronic
 Secondary Default Route: ☐ Paper ☒ Electronic

Provider Setup

Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Dr. M. T. Oates, MD	1234567890		123456789	
▶ Randall Oates, MD	1234567890		1215067822	

OK Cancel

1. Go to the Tools menu, and select Insurance Companies.
2. Locate the Insurance Company desired and double click on the name.
3. Locate the Provider name at the bottom of the dialog and double click to edit.

Locate the Legacy ID being billed

The screenshot shows the 'Edit Billing Information' window. The 'Insurance Payment To' section has a red box around the 'Override Group Values' checkbox. Below it, the 'Paper' section has a red box around the 'Legacy ID' dropdown and text input fields. The 'Provider Information' section at the bottom also has a 'Legacy ID' dropdown and text input field. The 'Electronic' section for the provider has several empty fields. The 'Pay-To Address' section is also visible. The 'Save' and 'Cancel' buttons are at the bottom right.

Insurance Payment To

☐ Override Group Values

Name: Professional Groups
Street: 123 Any St
Street 2: Suite G
City: Some City State: AR
Zip: 72701-1230
Phone: (479)555-4444

Entity Type: ☐ Person ☒ Non Person
Tax ID: ☒ EIN ☐ SSN 71-1112233

Paper

NPI: 1234567890
Legacy ID: [dropdown] [text input]

Electronic

Submitter ID: Mutually Defined - ZZ v123
Location #: [text input]
Provider Commercial #: [text input]
UPIN: [text input] +
State License: [text input] +

Pay-To Address

Street: PO Box 1234
Street 2: [text input]
City: Some City State: AR
Zip: 72703-1234

Eligibility Request Info

Receiver ID: [text input]
Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

Provider Information

Paper

Legacy ID: Blue Cross Provider Number - 1A [text input]

Electronic

Location #: [text input]
Provider Commercial #: [text input]
UPIN: [text input] +
State License: [text input] +
Taxonomy: [text input]

Save Cancel

1. The Billing Provider Legacy qualifier and ID that will be entered in Box 33B will be shown in the fields highlighted above.
2. If this information needs to be edited or changed, check the Override Group Values box in the top left hand corner, and edit as needed.
3. Click Save.