

Entering a New Claim

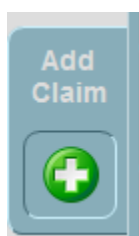


Entering a new Claim

- Select the **Patients** menu.
- Search for the patient. Then, click the blue arrow next to the patient name to go to the patient demographics screens.
- Confirm, or update the information on the patient screens.
- To view, or go to previously created claims, select the **Claim Ledger** tab.

Information Insurance Guarantor Attorney Employer Referral Appointments Claim Ledger Transaction Ledger Processing Link														
Status General Details Unapplied Open Ready Statement Aging All Aging PT														
Go to Claim Ledger		Claim Status (Open Processed Verified)				Status Insurance (P = Primary S = Secondary T = Tertiary)					Crossover			
Go to Claim Entry		CL Date	Claim #				Total Charges	Total Adjust.	Total Payments	Insurance Balance	Patient Balance		Balance Due	
➔	➔	11/07/2010	CLA111	Y		N	P	90.00		90.00	90.00	-90.00	Y	0.00
➔	➔	06/22/2010	CLA52	Y	Y	N	P	140.00		20.00	130.00	-10.00	Y	120.00
➔	➔	01/07/2010	CLA35	Y			P	250.00		20.00	230.00	0.00	Y	230.00
➔	➔	12/09/2009	CLA20	Y	Y		P	310.00			310.00		Y	310.00

- Click the green plus icon labeled "**Add Claim**" on the left side of the screen.



- When you click the "**Add Claim**" button, you will land on the **Providers** tab. Confirm that Provider and Facility defaulted information is correct, or edit them by using the drop down fields. The "Claim Date" will appear as today's date, which is used for various reports, including for the provider signature date on the CMS 1500 form. If Signature information is required, return to the Patient Info screen by clicking on the magnifier icon at the top to the right of the patient name.

Entering a New Claim

Entry Ledger Processing Cassidy, Sarah

Providers Condition Charges Patient Carriers Diagnosis Verify Contracts Tasks

33. Billing Provider (Group) MC
Medical Clinic of New Mexico

32. Facility NM
New Mexico Clinic
CLIA # Entity ID Code FA

17. Referring Provider
Robinson, Jack, MD

24. J. Rendering Provider (Claim Default)
Obrien, Sharon, PT

Claim Date
04/19/2011

31. Signature Provider
Sharon Obrien DC
Date 04/19/2011

12. Signature Patient
Signature on File
Date 10/12/2009

13. Signature Insured
P Signature on File
Date 10/12/2009
S

CLA190

Notes

Claim Update

CHG INS

PT Resp	-
Bal 1	+
Bal 2	+
Bal 3	+
Bal Ins.	=
Bal Pat.	=

- On the **Condition** tab, enter information by clicking into the fields. The Diagnosis Codes will be entered by using the drop down menu. If you do not find a specific DX code, return to the library and enter it. Code alerts can be set up in the Diagnosis code library and will show up as red on this screen. Discontinued codes will show with a yellow highlight.

21. Diagnosis Codes

1	729.1	▼
2	001.0	▼
3		▼

21. Diagnosis Codes

1	729.1	▼
2	001.0	▼

Code Alert:
be sure to also use 839.20 with this code

CLA8

Notes

- The date fields will have the calendar to pull in dates, or they can be manually entered. If you have a "Previous Claim", you can auto fill this information from that claim by clicking on the gray arrow next to the previous claim. Click the **Next** button at the bottom, or click the **Charges** tab at the top.

Entering a New Claim

The screenshot shows the 'Charges' tab of a software application. At the top, there are tabs for Providers, Condition, Charges, Patient, Carriers, Diagnosis, Verify, Contracts, and Tasks. The 'Charges' tab is active. The form is divided into several sections:

- 10. Patients Condition Related to:** Includes radio buttons for 'Employment? (Current or Previous)', 'Auto Accident?', and 'Other Accident?', each with 'Yes' and 'No' options. A 'Place (State)' dropdown is also present.
- 14. Date of Current:** A date selection field.
- 15. First date of similar illness:** A date selection field.
- 21. Diagnosis Codes:** A list of four code entry fields, with the first one highlighted in yellow.
- 16. Dates PT. unable to wk. in current occupation:** A date range selection field.
- 18. Hosp. dates related to current services:** A date range selection field.
- 10d. Local Use:** A text input field.
- 19. Local Use:** A section with an 'ADD' button.
- 23. Prior Auth #:** A text input field.
- Lab Accession #:** A text input field with a magnifying glass icon.
- 10d. Local Use (continued):** A section with a table of 'Previous Claims'.

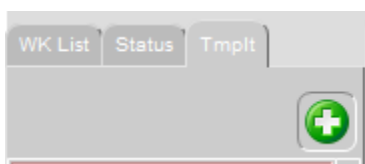
Previous Claims	
11/07/2010	CLA111
06/22/2010	CLA52

At the bottom, there are 'Back' and 'Next' navigation buttons.

- On the **Charges** tab, the very first thing to do is to enter the "Default Date of Service". Then click the green plus icon to enter the first CPT code. This screen is designed to be keyboard entry driven, except for products and setting the Contract Price. Tab through the fields entering the CPT code etc. Be sure you have the correct amount of DX pointers and Units. Then click the green check icon to save the line charge, click the green/white icon to add another charge, or the white/red icon to duplicate a charge if there a just a few things to modify.

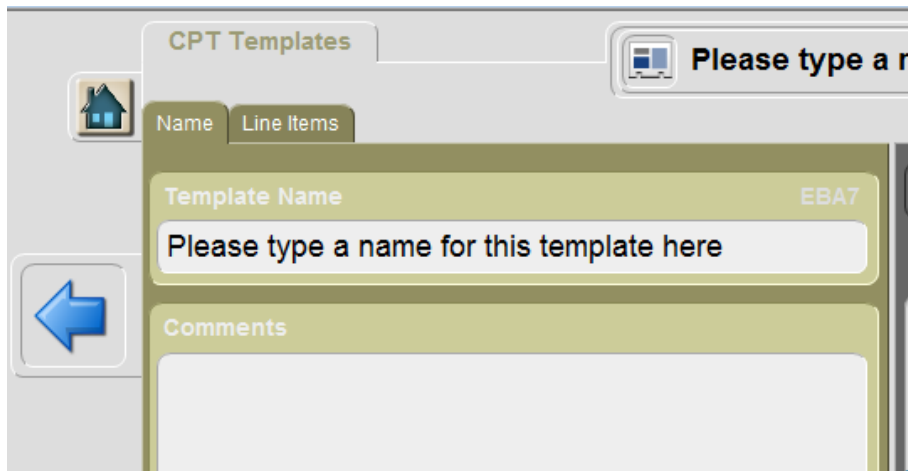
Entering a New Claim

- After entering all the line charges you can go through the **Patient**, **Carriers** and **Diagnosis** tabs confirming the information in each. If additional information needs to be entered, return to either the Patient demographic screen or the Condition tab to add DX codes.
- **Templates.** Once charges have been entered on a claim you can create a template for quick auto fill later. The template can include unlimited charge lines, DX pointers, Units and Pricing Categories (entered in the CPT code library). To create a Template click the **Tmplit** tab on the upper left, then click the green plus icon.



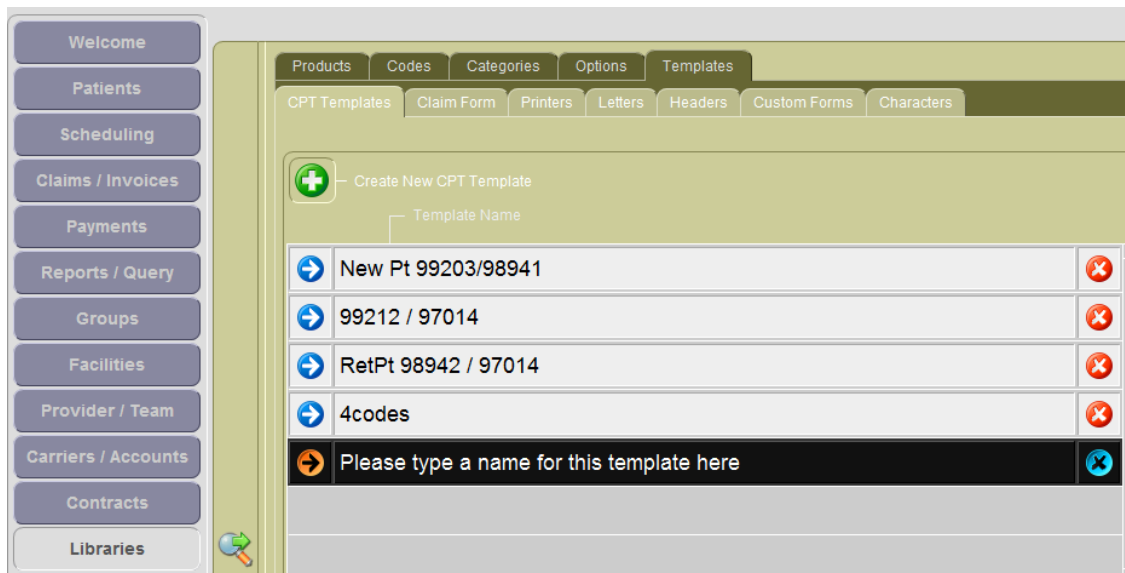
- Change the "Template Name" field to something you will understand later. Then click the **Line Items** tab to view or change the actual template. Click the blue Back Arrow icon to return.

Entering a New Claim



The screenshot shows the 'CPT Templates' edit form. At the top, there is a 'Name' tab and a 'Line Items' tab. The 'Template Name' field contains 'EBA7' and a placeholder text 'Please type a name for this template here'. Below this is a 'Comments' section. A blue arrow icon is visible on the left side of the form.

- To change the name of a template, go to the **Libraries** menu and select the **Templates** tab. Click on the blue arrow next to the template to view or edit the template. You can also delete a template here by clicking the red X button.

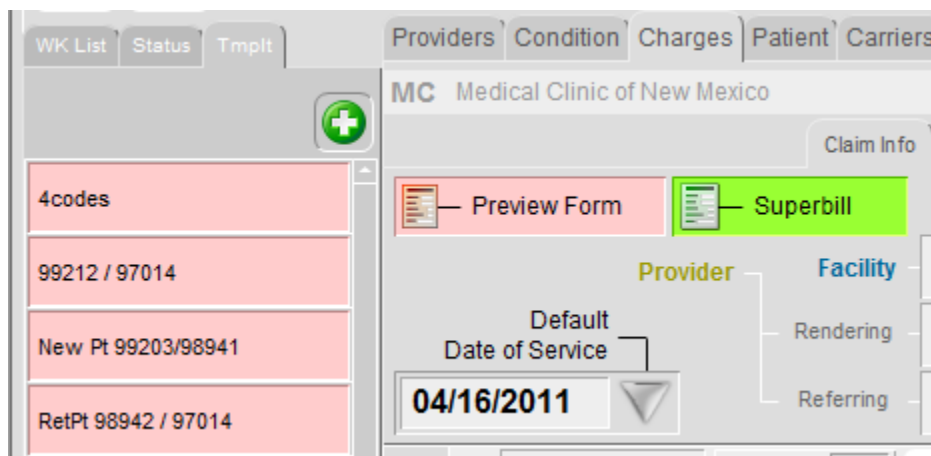


The screenshot shows the 'CPT Templates' library. On the left is a navigation menu with buttons for 'Welcome', 'Patients', 'Scheduling', 'Claims / Invoices', 'Payments', 'Reports / Query', 'Groups', 'Facilities', 'Provider / Team', 'Carriers / Accounts', 'Contracts', and 'Libraries'. The main area shows a 'Create New CPT Template' button and a table of existing templates. The table has columns for 'Template Name', a blue arrow icon, and a red X icon. The last row is highlighted in black.

Template Name	Blue Arrow	Red X
New Pt 99203/98941	→	✗
99212 / 97014	→	✗
RetPt 98942 / 97014	→	✗
4codes	→	✗
Please type a name for this template here	→	✗

- Now you have a template that you can select when creating future claims, after entering the "Default Date of Service" for the claim. You will simply click the **Tmplt** tab and click on the Template name to auto fill the template information.

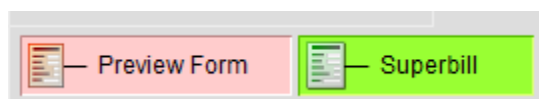
Entering a New Claim



- When the information is complete go to the **Verify** tab to verify the claim. Then click the **Status** tab to update the status on the claim, for example, "Ready Elec" if you want the claim to be batched electronically.



- The "Claim Status" comes with several pre-loaded statuses. You can add to these by going to the **Claims** menu and clicking the **Claim Status** tab. These statuses are used for searching and adding claims to worklists.
- Printing a 1500 form or Superbill Receipt: click the **Preview Form** button, or the **Superbill** button at the top of the screen.



After previewing, you can choose to print, create a PDF file, or return to this screen. Once you have previewed, or created the 1500 form, click "Save this Form" to save the claim information on the **Processing** tab. For a Superbill Receipt, the date created will appear in the **Processing** tab. If you do not want to create a processing event for the Superbill, click "**Delete this Form**" to return to the previous screen.

Entering a New Claim

hp printer

Medicare Preferred Care

1500

P.O. Box 22920
Rochester, NY 14692

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 05/05

PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BUC/LUNG OTHER <input checked="" type="checkbox"/> (Medicare #) <input type="checkbox"/> (Medicare #) <input type="checkbox"/> (Sponsor's SSN) <input type="checkbox"/> (Member ID) <input type="checkbox"/> (SSN or ID) <input type="checkbox"/> (SSN) <input type="checkbox"/> (ID)		2. INSURED'S I.D. NUMBER (For Program in Item 1) 698887700	
3. PATIENT'S NAME (Last Name, First Name, Middle Initial) Cassidy, Sarah		4. INSURED'S NAME (Last Name, First Name, Middle Initial) Cassidy, Sarah	
5. PATIENT'S BIRTH DATE 03 10 1991 M <input type="checkbox"/> F <input checked="" type="checkbox"/>		6. PATIENT'S RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
7. PATIENT'S ADDRESS (No. Street) 522 Plaza Blvd		8. INSURED'S ADDRESS (No. Street) 522 Plaza Blvd	
9. CITY STATE Santa Fe NM		9. CITY STATE Santa Fe NM	
10. ZIP CODE TELEPHONE (Include Area Code) 87505 (505) 4236969		10. ZIP CODE TELEPHONE (Include Area Code) 87505 (505) 4236969	
11. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) Cassidy, Sarah,		12. 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 d. OTHER ACCIDENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. OTHER INSURED'S POLICY OR GROUP NUMBER POLGP2B23456		14. INSURED'S POLICY OR GROUP OR FECA NUMBER POLGP1A13333	
15. OTHER INSURED'S DATE OF BIRTH MM DD YYYY 03 10 1991 M <input type="checkbox"/> F <input checked="" type="checkbox"/>		15. INSURED'S DATE OF BIRTH MM DD YYYY 03 10 1991 M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
16. EMPLOYER'S NAME OR SCHOOL NAME Floormart		16. EMPLOYER'S NAME OR SCHOOL NAME Floormart	
17. INSURANCE PLAN NAME OR PROGRAM NAME BCBS Secondary Special		17. INSURANCE PLAN NAME OR PROGRAM NAME MPC Deluxe Plan	
18. RESERVED FOR LOCAL USE		18. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete Item 2 and	
19. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process the claim. I also request payment of government benefits either to myself or to the party who accepts assignment herein. SIGNED Signature on File DATE 10/12/2009		19. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described herein. SIGNED Signature on File	
20. DATE OF CURRENT ILLNESS (First symptom) OR (Illness/ Accident) OR (Surgery/ Injury) OR (Frequency/ Visit) MM DD YYYY		20. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YYYY TO MM DD YYYY	
21. NAME OF REFERRING PROVIDER OR OTHER SOURCE Jack Robinson MD		21. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YYYY TO MM DD YYYY	
22. RESERVED FOR LOCAL USE		22. OUTSIDE LAB \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

CARRIER

PATIENT AND INSURED INFORMATION

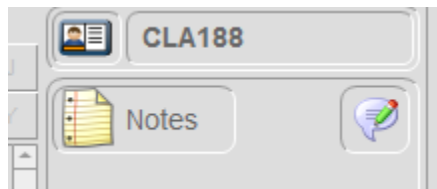
Save this Form

Delete this Form

Print this Form

Print set of Forms

- To add a note to the claim, click the round gray note icon.



The note can be set to appear on a superbill or statement by clicking "Y" in the "Statement" field. You can also indicate the note priority by clicking on the level. "High" and "Extreme" will show icons on the claim and also on other lists and reports in the program. You can view note history of previous notes and also attach documents to the claim. Please note when attaching documents, the document will be saved in the Easy Billing Pro folder, which will cause the folder to increase in size.

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Note

Current Note | Note History | Search | Attached

Claim note priority: Low Medium High Extreme

Statement: OY ON

Notes | Remarks

This is a high priority note attached to Claim # CLA9. This patient needs to speak to the doctor about her prescriptions.

Group: Medical Clinic of New Mexico

PT: Corbett, Ruth A | PAA6 | 05/26/2011 10:07 AM

CLM #: CLA9 | TR #: | AD

- To add a note to the Patient account, click the Patient Name at the top of the screen and the note icon will appear to add a patient level note. Click the name again to return to the claim level screen.

Robertson, Dan

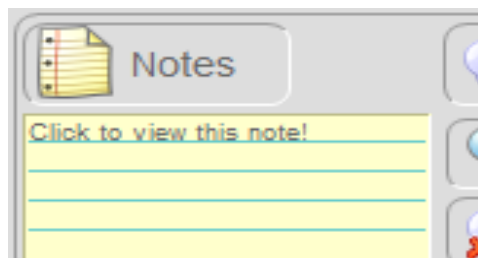
MC

Form | Superbill | CPT or TR Type | Q | ADJ | PAY | PAA53 | Notes | Patient | Edit

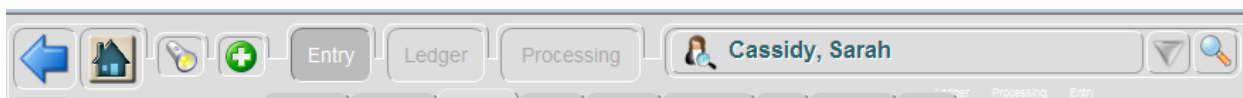
Form	Superbill	CPT or TR Type	Q	ADJ	PAY	PAA53	Notes	Patient	Edit
PT		1	2					Dan	Robertson
resp		3	P						
		1			0.00	88305			

- To view a previously created note click the yellow notes page.

Entering a New Claim



- Another New Claim can be created by clicking on the green plus icon at the top of the screen. You would then do a search to find the patient and return to this screen to create the claim. Or, return to the Patient demographic account by clicking on the magnifier icon, if the next claim is for the same patient.



- Click the **Tasks** tab on the Claim window to create claim tasks with alarms for reminders for follow up to carriers and patients for team members.

