![C:\Users\Admin\Desktop\EBP_Logo_300[1].jpg]()

**CHECK LIST**

**(some features may vary if using a previous version, please stay current)**

**To add a Co-Pay to a Claim as part of a Batch Payment**

* Click “Batch” icon to add a co-pay
* First time of the day, click to create a new “Batch” by clicking the green icon under “Batches in Date Range”
* Choose payment method for patient, then apply payment to charge lines
* Next co-pay’s for the day click “Batch” then green icon next to “Create Patient Payment”
* Enter “Check or Auth #”, amount
* Click line charge to apply payment
* Click blue arrow to return, click “Batch” icon again to close window
* Update claim on “Status” tab to include “PMT from Patient”

**Payment Posting Manually; Single and Batch ERA’s**

* Go to “Payments / Refunds” menu > “Batch” tab
* Click the “New” icon to begin creating a batch of payments. All payments, patient or carrier ERA’s for the day can be entered in the same batch.
* Choose “Carrier” or “Patient” drop down and search for name
* Click type of Payment – Check etc
* Enter “Check or Ref#”, date (if different than today) and amount
* Click Claim # or Patient from search drop down, or “PT” tab if a patient payment
* Load the claim
* Click the green icon on a charge line to enter a payment amount to a line
* If there is an adjustment enter the adjustment amount and click the green circle icon to enter the adjustment codes
* If there is a Patient Responsibility, click the blue “PR” icon to enter the PR codes and amount
* Click the “Claim Status” icon to update the claim status. Click “**Closed**” if the claim has no balance remaining to end aging for the claim. Select “**PMT from Patient**” if a patient payment. Select “**PMT from Primary”** or Secondary if carrier payments. Select “**Ready Claim**” if there is a patient balance and using the “Ready Statements”.
* Return to the “Checks” tab. Clear the previous Carrier or Patient by using the red minus icon. Then “Load a new Carrier or Patient”.
* When all payments are entered select the “Complete” status Y (yes), N (no) or D (discrepancy).

**After Applying Primary Payment, readying for Secondary Electronic Filing**

* From within the Primary Payment posting screen after primary payments, adjustments and patient responsibility has been posted. Confirm the Claim Status and make any changes.
* From the Check Selected tab, change the Carrier from the Primary “P” to the Secondary by clicking the “S” to ready the claim to go to the secondary carrier.
* On the Claim Status tab add Ready Elec to have the claim ready for inclusion in the next electronic submission batch.
* If there is not a carrier when clicking the S button, a secondary carrier will need to be added to the Patient Demographic Insurance tab with the patients secondary information.
* Once added to the patient account you can return to the Payment screen to select secondary and update the status or you can go to the Claim > Ledger > Carrier tab to change to the secondary carrier.
* Then update the Claim Status to “Ready Elec”

**Auto Payment Posting (835)**

* Go to “Claims” menu > “Processing” tab
* Click “835 (EOB)” under “Quick Process”
* Choose correct Carrier for payment
* Go to “2. Import File” tab
* Click “B. Click here to Import Electronic File” and choose file that was downloaded from clearing house
* Click “C. Click here to Prepare Electronic Data”
* On “3. Check Transactions” tab review information and click blue arrow next to “Batch”
* On batch payment screen click “Applied Items”, click “Claim #” to load each payment and confirm information
* Here you can enter additional notes etc.
* Click “Claim Status” tab and update status of claim
* Click “Closed” if claim has a zero balance
* Click “Ready Claim” status if using that statement process
* Return to “Applied Items” until all claims have been updated

**Patient Refunds**

* A patient payment must be “un-applied” to be refunded. To un-apply search for the patient payment, click on “Applied items” tab, then locate the PL (line item payment – lower right) from the patient. Click the red X icon to delete. Which turns it into an unapplied payment.
* Go to the “Refunds” tab from the “Payments / Refunds” menu.
* Click green icon “Refund Setup”
* Choose patient from down arrow under “Patient” tab
* Click green icon “#1 New Refund”
* Enter “Method” used for refund
* Enter “Reference #” for check number of refund
* Enter “Amount” of refund. If more than one patient payment is unapplied, enter the total to be refunded here.
* Click green check icon to save
* Load the line to refund, click “#2” blue arrow
* Click “#3” green icon to load patient to refund
* Enter “Method” of refund
* Enter “Reference #” of refund
* Enter “Amount” to “Apply”
* Click green check icon to save
* **Your done**, or if there are additional unapplied payments to apply with this refund

Then repeat #2 and #3

* Click blue back arrow.