

# Easy Billing Professional Check List

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## CHECK LIST

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

### Create a New Patient

- Click the "New Patient" button
- Enter patient demographic information
- Enter Carriers (P / S / T) by clicking green plus icon, then select carrier from drop down triangle icon
- Add Guarantor or Referral or Attorney if app.

### Create a New Claim

- Click "New Claim" button from patient demographics
- Enter charge lines or use template
- Go to "Condition" tab enter dates, dx codes, pointers
- Go to "Verify" tab, fix any errors, click to "Verify" claim
- Go to "Status" tab, add "Ready Elec" or "Ready CMS" for batching
- If printing "Superbill" or "CMS", click status "Processed"

### 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"

### Send Claims Electronically

- Go to "Claims" menu > "Processing" tab
- Under "Quick Process" click "Elec Claims"
- Review claims to see if any need to be removed
- Click "Build" icon next to "B. Build File" to create file (# in upper right)
- Go to clearing house and upload file
- Return to Easy Billing Pro click "A.Update Claim Status" icon on "3. Update" tab
- Click "View in Claim Query" to create a report of uploaded file
- Go to "Reports" tab "Summary & Sort" choose "Carrier" first then "Patient", Report Format choose "Claim Balance" or "Selected Insured Claim", Choose "View Report" icon then Print

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There is a Quick Report “Status (Ready Elec)” on the Reports / Query menu > Claim tab where the claims can be reviewed. Click “Preview” to pull up the claim or 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”

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## Applying Unapplied Payments

(When posting payments for a patient and there is an unapplied payment (credit) it should not be applied to a claim, click the "Patient Credit" to indicate there is a credit on the patient account. In the Patient Demographic screens the patient name will turn green (Patient Status will show Patient Credit) and the patient name title will be green on all their claims. This is a reminder that there are credits on the patient account. When the patient credits are all applied, unclick the Patient button or status. The Patient payments will show on the patient statements.

- Go to "Payments" menu > "Search" tab
- Search in the Payment From field, Patient or Carrier
- Locate the unapplied payment
- Click the icon to load the payment
- Apply as you would a Patient Payment or Batch Carrier Payment by pulling up a claim or click the PT tab to see all claims that are open for the patient.

## 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
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## Ready Claim Statements

- Select Ready Claim status for any claim that has a patient balance
- Preview all claims marked "Ready Claim" on the "Reports / Menu" > "Claim" tab > report "Status (Ready Claim)." Click "Preview" to then select the "Claim #" to bring up the claim for any updating. For example, if claim has a zero balance and has not been changed to status "Closed."
- On "Claims" > "Processing" tab under "Quick Process" click "Statement (rc)."
- Enter the "Billing Cycle" to create by billing cycles
- Click "Clear Patient from Event" red icon to remove a patient from getting a statement
- Click the "PDF" icon to create the patient statements
- Click the "Path" tab, then the "Single" and "Multi" tabs to bring up and print the statements

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## 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.