

Easy Billing Professional Payments Check List



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, by clicking on the icon on the left
- Click the green icon on a charge line to enter a payment amount to a line

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- 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
- Carrier Payments:
 - a) 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”.
 - b) 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 patient’s 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

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- 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

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- 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.