
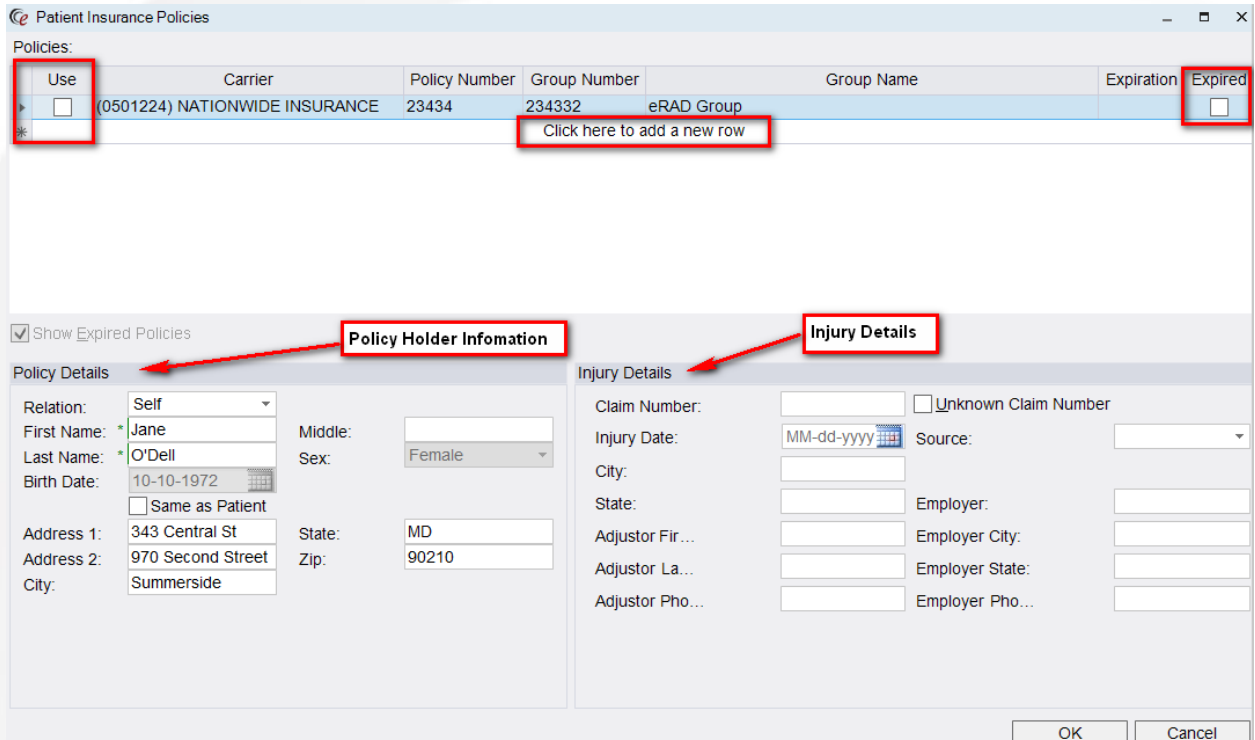



Insurance Verification

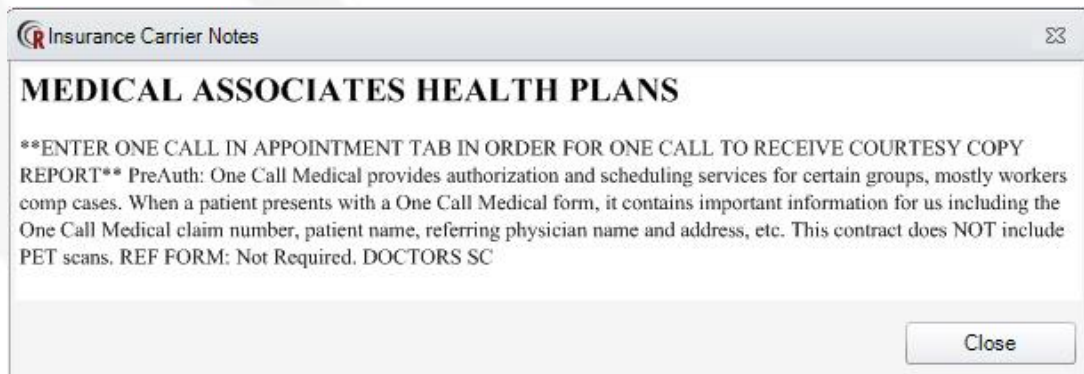
If the Manage Policies button was selected, carriers for existing patients will display in the top pane; to add a new carrier, or a carrier for a new patient, click the Add button  and enter the policy information (policy number, group number, etc.) across the row.



The screenshot shows the 'Patient Insurance Policies' dialog box. At the top, there is a table with columns: Use, Carrier, Policy Number, Group Number, Group Name, Expiration, and Expired. A single row is visible with the following data: (0501224) NATIONWIDE INSURANCE, 23434, 234332, eRAD Group. A red box highlights the 'Use' checkbox, another red box highlights the 'Expired' checkbox, and a third red box highlights the 'Add' button (a small gear icon) with the text 'Click here to add a new row' below it. Below the table, there is a checkbox for 'Show Expired Policies'. The dialog is split into two panes: 'Policy Holder Information' and 'Injury Details'. The 'Policy Holder Information' pane contains fields for Relation (Self), First Name (Jane), Last Name (O'Dell), Birth Date (10-10-1972), Address 1 (343 Central St), Address 2 (970 Second Street), City (Summerside), Middle, Sex (Female), State (MD), and Zip (90210). The 'Injury Details' pane contains fields for Claim Number, Injury Date (MM-dd-yyyy), City, State, Adjustor Fir..., Adjustor La..., Adjustor Pho..., and checkboxes for Unknown Claim Number, Employer, Employer City, Employer State, and Employer Pho... At the bottom right, there are 'OK' and 'Cancel' buttons.

When complete, click the OK button to save the data or click the Cancel button to exit the dialog without saving.


 **Note** that, depending on the policy selected, a protocol memo from the carrier may pop up. Review this protocol and select the Close button.



The screenshot shows the 'Insurance Carrier Notes' dialog box. The title bar reads 'Insurance Carrier Notes'. The main content area has the heading 'MEDICAL ASSOCIATES HEALTH PLANS' and the following text: '**ENTER ONE CALL IN APPOINTMENT TAB IN ORDER FOR ONE CALL TO RECEIVE COURTESY COPY REPORT** PreAuth: One Call Medical provides authorization and scheduling services for certain groups, mostly workers comp cases. When a patient presents with a One Call Medical form, it contains important information for us including the One Call Medical claim number, patient name, referring physician name and address, etc. This contract does NOT include PET scans, REF FORM: Not Required, DOCTORS SC'. At the bottom right, there is a 'Close' button.

Note at this time the RIS will verify the insurance with eligible and return a status.

- **Green = verified**
- **Yellow = a conflict with the data**
- **Red = not verified**

Note	Carrier Code	Carrier Name	Policy #	Group Number	Group Name	Phone	Pri Eligibility
	0501227	NATIONWIDE INSURAN...	214321	234332	eRAD Group	9194441767	Prim 

This will then populate an amount to collect

one	Pt Eligibility	Billing Method
141767	Prim	06-28-2018 chriss -

Insurance verified Amount to colle... \$46.47

Many payers will return deductible amounts in the general plan section of the coverage, Plan Maximums and Deductibles; then, if there are specific deductible conditions for XRay/MRI, these will be specified in the service type section. If the service type section does not contain a more specific deductible, the plan deductible applies.

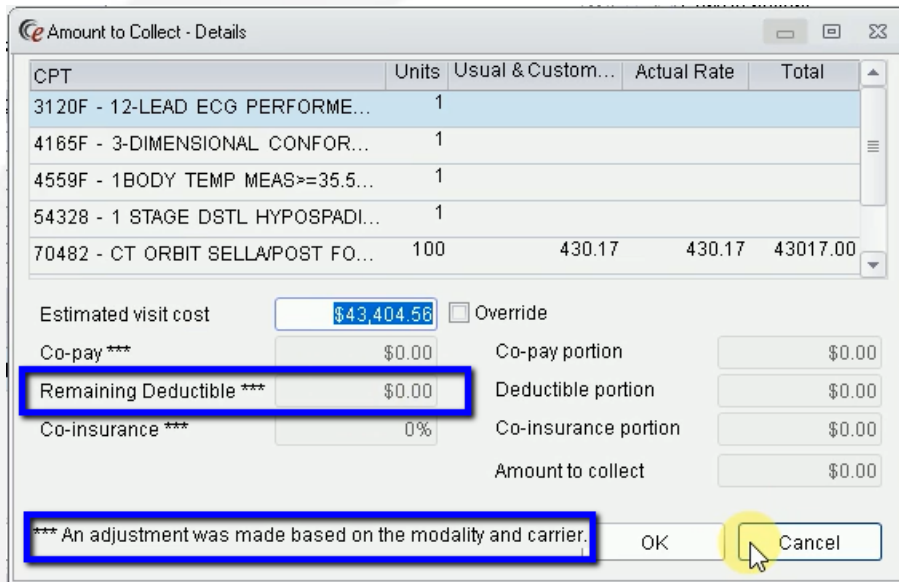
However, there are other payers who are an exception to this rule. For these payers, the deductible does not apply if it is not specified in the service type section. For these payers, eRAD RIS should ignore the Plan-level deductible.

A new column, **Use Plan Deductible Flag**, has been added to the Eligibility Limit Payment table.

Eligibility Payer Id	Carrier Code	Use Plan Deductible Flag	Bi
Contains: ▼	Contains: ▼	Contains: ▼	▼ Cc
Click here to add a new row			
eRAD_Demo		N	

This setting is configurable by Payer ID or by Carrier Code. When Use Plan Deductible is set to Y, the Plan-level deductible will be used for the Amount to Collect calculation, if no specific service

type deductible is specified. For any payers that are exceptions to this standard approach, the column's value can be set to N. With this configuration, if the payer does not list the deductible in the service type section, no deductible will be applied when calculating the payment. The Amount to Collect – Details screen will list \$0.00 for the Remaining Deductible. As with other Eligibility Limit Payment settings, a notation will indicate that the information in the return was adjusted.



CPT	Units	Usual & Custom...	Actual Rate	Total
3120F - 12-LEAD ECG PERFORME...	1			
4165F - 3-DIMENSIONAL CONFOR...	1			
4559F - 1BODY TEMP MEAS>=35.5...	1			
54328 - 1 STAGE DSTL HYPOSPADI...	1			
70482 - CT ORBIT SELLA/POST FO...	100	430.17	430.17	43017.00

Estimated visit cost: Override

Co-pay ***: Co-pay portion:

Remaining Deductible *:** Deductible portion:

Co-insurance ***: Co-insurance portion:

Amount to collect:

*** An adjustment was made based on the modality and carrier.