

Unknown Reconciliation WL

Click on the Unknown Reconciliation WL under the administration tab

Administration Messaging	Scheduling
Patient Merge	Ctrl+P+M
Arr Personnel Merge	Ctrl+P+G
Management Reports	Ctrl+P+R
Attach Inbound Docum	ents
Billing Exception WL	
Billing Confirmation WL	
Patient Merge Request	ts WL
Personnel Merge Requ	lests WL
Pending Biopsy Result	WL
Pending PACS Correct	ion WL
Unknown Reconciliation	n WL

This WL displays studies that have an unknown referring physician or unknown insurance carrier and are identified by a checkmark.

Unknown Reconciliation WL (2) ×										
Use location filter)										
Status	Order Date	Refe	erring	First Name	Last Name	Patient Name	MRN	Unknown Referring	Unknown Carrier	Added by Interface
T		r	٣	T	T	T	· .	· · · ·	T	Ŧ
Scheduled	11-03-2016 11:31 AM	N/A		Loren	Hartman	Hartman, Loren	201060		✓	
Exam Done	05-08-2017 11:15 AM	guy,	cool, MD	Spencer	Test	Test, Spencer	328865	✓		

Right click on the study to reconcile



For Referring Physician

Right click on the referring physician's name

eRAD RIS

Referrir	ng Details			CC Physici	ans					
Refer Visit Img no	Refer * <u>V, cool, MD (unknown Referring Details</u> Visit * (no address on Reconcile Unknown Referring ation Img notes									
Search to	o make sure th	ne physician is not	in the RIS then s	elect edit	ing to resolv	/e				
@ Unknow	wn Physician Recor	nciliation				-	□ ×			
Unknown	Referring Details									
Last N	ame First Name	Middle Name	Summary	Image	e Preference	Specialty Read	Refer			
guy >	cool		Dr cool guy, MD Male Cell: 8044598432 Internal ID: 2365							
4							Editing			
Search Cr	iteria									
<u>F</u> irst name <u>L</u> ast name <u>N</u> PI	e guy	<u>C</u> ity Phone Licens	# #			Search Res	et			
Last N	lame First Name	Middle Name	Summary	Imag	e Preference	Specialty Read	Refer			

No person found matching your search

Add Office addresses



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Unknown Reconciliation WL

Ce Edit Address					Pan	ort Delivery Pr	eference
Address		Select Address Type		Deliver to	Kep	one Denvery Pr	ererence
Type * Address 1 Address 2 City State	Work Address	Stem Phone #	Active	Print Address 1 Address 2 City State	//	Same as a	Refer CC
Zip code		Fax #					
Affiliations Referring Practi Add to a Pr	ices actice		xes T	Fax Fax # * 00444 Email Email PDF Passyord	40934	Reveal Pas	Refer CC Image: Comparison of the c
Add a Mark	esentatives eting Representat	ive		EMR	Ŧ		Refer CC
Mammo Remino	fer Letters inder for Routine inder for Callback				Disable report o	delivery for th No Rep	Refer CC
Send Rem	inder for Short Term	Follow Up				ОК	Cancel

Select Referring Physician and add NPI, PECOS and license information

General	Resource	Account	Notes	Attachments	Preferences	Referring Pr	eferences
Resource	e Type rrina physi	cian	Radioloc	nist	Surgeon		Referring Flags
		Technol Injection	ogist	Unknown Refe Marketing repr	rring esentative	Pre-auth program Gold card	
Addition	al Resourc	es			X		
Resource	e Informatio	n				_	
<u>NPI</u> UPIN License Specialti Medical	# es groups	3456789	DE.	Unknown NPI A mary state licer	Registered	in <u>PECOS</u> Sign L	Confirmed radiologist



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Unknown Reconciliation WL

Add any Notes

General	Resource	Account	Notes	Attachmen	its	Preferences	Referring Preferences	
Image pr	eference no	tes				Specialty read	1 notes	
Send a CD with every Patient						Dr. Jones to r	read all MSK Studies	*
Referring	g protocol no	otes				Utilization mar	nagement notes	
Trauma Axial T2 abnorm No IV co	C-Spine - S FSE with fa ality. ontrast.	agittal T1 \$ it sat. Targ	SE, Sagit et axials	tal FSEIR, to	*			*
Referring	Alert Mess	age		V Display	y Ale	ert 🔫 🗕	Displays a pop up t	hat must be
Father a so pleas	and Son pra se verify nar	ne ne	f the sam	e office	*		acknowledged	
Internal r	notes							
07-03-2	018 chriss -							
Add Refe	rring Prefe	erences						



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Unknown Reconciliation WL

General Resource Account Notes Attachments Preferences Referring Preferences	
Preferred radiologists	
Powell, Stick PowerScribe Add a preferred Radiologist	Add Radiolo
 CT (Computed Tomography) CT Cervical Spine Wo (72125) 	Add Modality
CT Cervical Spine W (72126)	Add Proced
CT Cervical Spine W/Wo (72127)	
CT Cervical Spine Wo & Thoracic Spine Wo (CT45) CT Cervical Wo, Thoracic Wo, & Lumbar Wo (CT47)	Remove
CT Cervical Spine Wo & Lumbar Spine Wo (CT48)	
Image request preference	Add Format
CT (Computed Tomography) Add Image Request	Add <u>r</u> onnat
MR (Magnetic Resonance)	Add <u>M</u> odality
	Add Proced
	Domovo
	Remove
Compression preference Compressed (JPEG)	
Click Save	
Save Close	
The study will fall off the Unknown WL	

For Unknown Carrier

Right click on the study to reconcile





eRAD RIS

Unknown Reconciliation WL

Right Click on the insurance Policy

In	nsurance Policies										
	Note	Carrier Code	Carrier Name	Polic	:y #	Group Number	Group Name	Phone	Priority	Eligibility	_
•		?_07IFEQ_dja	(unknown) reddish brow	n 1		Reconcile Unknow	vn Carrier		Primary		4
					_	Copy Cell					4
						Carrier Details					
						Manage Policies					
1	Manage	Policies	VT Notes Verif	y		v	/erificati	_	Insur	ance verifie	ed

Click Reconcile Unknown Carrier

Search to make sure that the carrier is not in the RIS If found, highlight then select and save If it is not in the RIS, complete any info and click make known

@ Reconcile Unkr	nown Carrier					х
Unknown Carrier	Details					
Code *	123456		Make Known			
Type *	Blue Cross -					
Description *	BCBS of California					
Address line 1	1 West Street					
Address line 2						
City	Huntington	Phone #				
State	Indiana	Fax #				
Zip code	46750					
Eligible API pay	er 10507) Coventry Mis	souri	•			
Search Criteria						
Name		City				
Carrier code		State				
Phone		Zip			Search Reset]
			No data to d	iisplay	Select	Close
					Select	Close