

Updating Family Contacts and Insurance After your Conversion

Last Modified on 04/07/2021 1:56 pm EDT

Version 14.19

Path: Clinical, Practice Management, or Billing tab > Patient Chart button

Overview

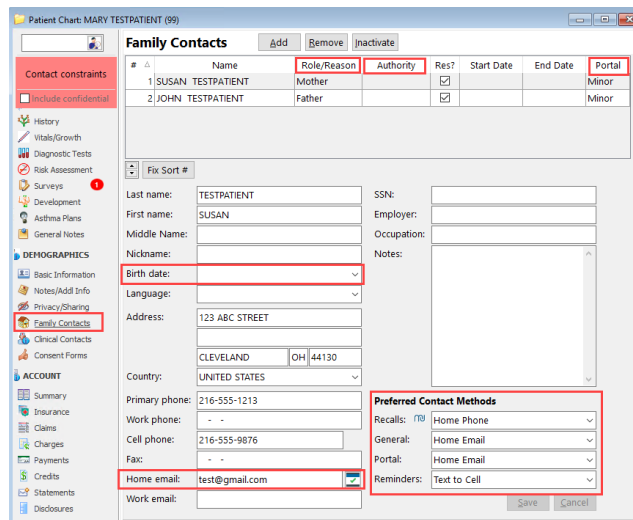
Once information has been updated in the Family Contacts and Insurance sections of the Patient Chart, OP will be able to correctly determine VFC eligibility, and insurance validation and claim transmission will be enabled.

Fields to Complete in Family Contacts

- Role/Reason
- Authority
- Portal (This field, if visible, may be used to store information as to who was provided portal access. It does not, however, have any bearing on actually proving access to the portal)
- Date of Birth
- Home email
- Preferred Contact Methods (only needed for 1 contact)



Note: Any additional contacts who are either patient responsibility guarantor or insurance subscriber need to be entered on the Family Contacts prior to completing insurance information.

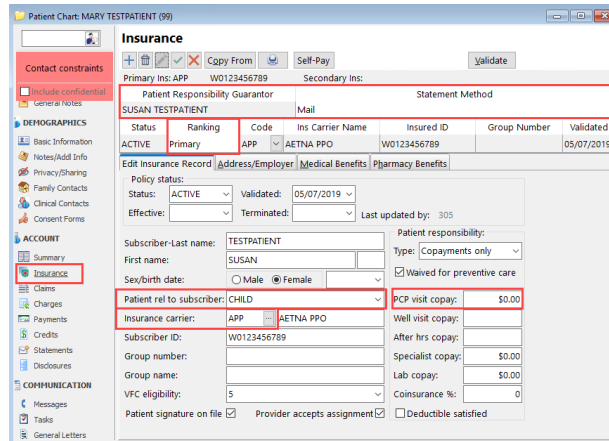


#	Name	Role/Reason	Authority	Res?	Start Date	End Date	Portal
1	SUSAN TESTPATIENT	Mother		<input checked="" type="checkbox"/>			Minor
2	JOHN TESTPATIENT	Father		<input checked="" type="checkbox"/>			Minor

Last name: TESTPATIENT SSN:
 First name: SUSAN Employer:
 Middle Name: Occupation:
 Nickname: Notes:
 Birth date: Language:
 Address: 123 ABC STREET
 CLEVELAND OH 44130
 Country: UNITED STATES
 Primary phone: 216-555-1213 Recalls: Home Phone
 Work phone: - - General: Home Email
 Cell phone: 216-555-9876 Portal: Home Email
 Fax: - - Reminders: Text to Cell
 Home email: test@gmail.com
 Work email:

Fields to Complete in Insurance

- Patient Responsibility Guarantor and Statement Method
- Patient Relationship to the subscriber
- **Insurance Carrier:** Click on the ellipsis in the Insurance Carrier field and select the insurance from the list. Post Conversion, all patients will typically have 'UNK' (Unknown) listed as their insurance carrier. You must choose the correct payer prior to attempting to validate the patient's insurance.
- **Copay:** Will be auto-populated upon insurance validation.
- **Ranking:** Click in the field and select P (Primary) or S (Secondary). If you select the wrong ranking click on the "C" to clear and then select the correct ranking.



Insurance

Primary Ins: APP W0123456789 Secondary Ins: [] Self-Pay [] Validate []

Patient Responsibility Guarantor: SUSAN TESTPATIENT Statement Method: Mail

Status	Ranking	Code	Ins Carrier Name	Insured ID	Group Number	Validated
ACTIVE	Primary	APP	AETNA PPO	W0123456789		05/07/2019

Policy status: Status: ACTIVE Validated: 05/07/2019 Terminated: [] Last updated by: 305

Subscriber-Last name: TESTPATIENT Patient responsibility: Type: Copayments only

First name: SUSAN

Sex/birth date: [] Male [x] Female

Patient rel to subscriber: CHILD PCP visit copay: \$0.00

Insurance carrier: APP AETNA PPO Well visit copay: []

Subscriber ID: W0123456789 After hrs copay: []

Group number: [] Specialist copay: \$0.00

Group name: [] Lab copay: \$0.00

VFC eligibility: 5 Coinsurance %: 0

Patient signature on file [x] Provider accepts assignment [x] Deductible satisfied []

Version 14.10

Path: Smart Toolbar > Register button

Overview

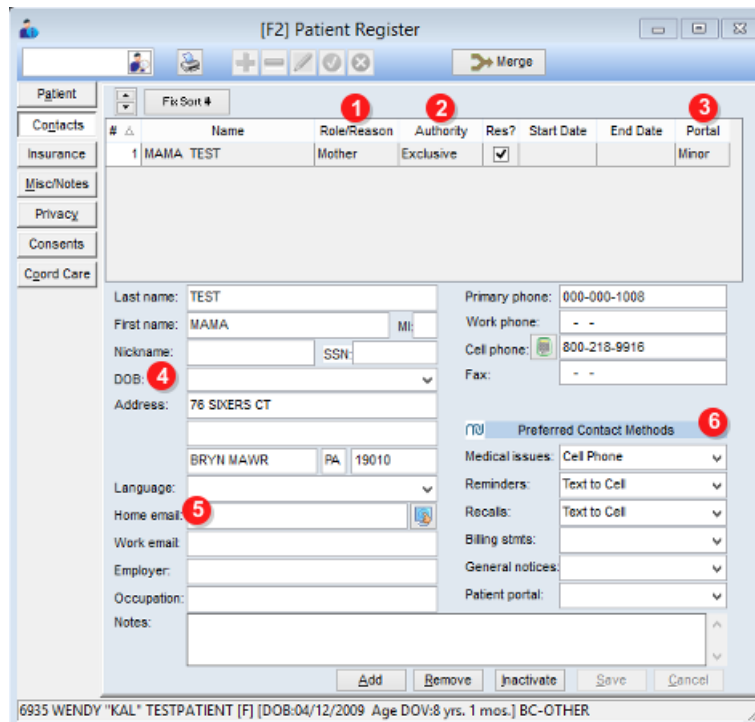
Once information has been updated on the Contacts and Insurance tabs of the Patient Register, OP 14 will be able to correctly determine VFC eligibility, and insurance validation and claim transmission will be enabled.

Fields to Complete on the Contacts Tab

1. Role/Reason
2. Authority
3. Portal
 - **Minor:** for contacts who will have portal access for patients until the patient is 18 years of age
 - **Full:** for contacts who will have access for patients who are over 18 years of age
 - **None:** for contacts who will not have portal access
4. Date of Birth
5. Home email
6. Preferred Contact Methods (only needed for 1 contact)



Note: Any additional contacts who are either financial guarantor or insurance subscriber need to be entered on the Contact Tab prior to completing insurance information.



Fields to Complete on the Insurance Tab

1. Financial Guarantor and Statement Method
2. Patient Relationship to guarantor
3. **Insurance Carrier:** Click on the Shield icon and select the insurance from the list. Post Conversion, all patients will typically have 'UNK' (Unknown) listed as their insurance carrier. You must choose the correct payer prior to attempting to validate the patient's insurance.
4. **Copay:** Will be auto-populated upon insurance validation.
5. **Ranking:** Click in the field and select P (Primary) or S (Secondary). If you select the wrong ranking click on the "C" to clear and then select the correct ranking.

[F2] Patient Register

Patient	Guarantor	Statement Method
Contacts	MAMA TEST	Mail
Insurance	Status: ACTIVE Ranking: Primary Code: BCO Ins Carrier Name: BC-OTHER Insured ID: 1234 Group Number: Validated: ^	
Misc/Notes		
Privacy	Primary Ins: BCO 1234 Secondary Ins: BCO 1234	
Consents	<input type="button" value="Self-Pay"/> <input type="button" value="Activate Card Reader"/>	
Coord Care	<input type="button" value="Edit Insurance Record"/> <input type="button" value="Address/Employer"/> <input type="button" value="Medical Benefits"/> <input type="button" value="Pharmacy Benefits"/>	

1

5

2

3

4

Policy status:
 Status: ACTIVE Validated:
 Effective: Terminated: Last updated by: 1241

Subscriber-Last name: TEST
 First name: MAMA
 Sex/birth date: Male Female
 Patient rel to subscriber: CHILD **2**
 Insurance carrier: **3** BCO BC-OTHER
 Subscriber ID: 1234
 Group number:
 Group name:
 VFC eligibility: 5 (1-4 are VFC-eligible)
 Provider accepts assignment Patient signature on file

Patient responsibility:
 Type:
 Waived for preventive care
 PCP visit copay: **4** \$25.00
 Well visit copay:
 After hrs copay:
 Specialist copay: \$0.00
 Lab copay: \$0.00
 Coinsurance %: 0
 Deductible satisfied

6935 WENDY "KAL" TESTPATIENT [F] [DOB:04/12/2009 Age DOV:8 yrs. 1 mos.] BC-OTHER