

Entering an Insurance Payment from the Patient Account

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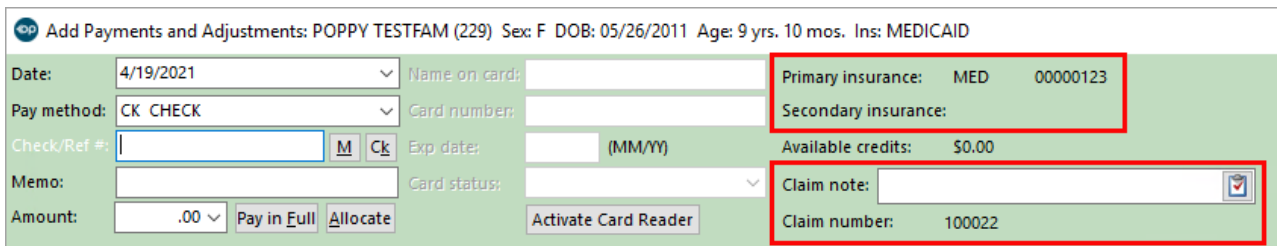
Version 20.13

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

About

Follow the steps below to post an Insurance payment from the Patient Chart. The claims are grouped together by OP claim number with the charges displayed below the claim. To the left of the claim number, click + to expand the claim you are posting a payment to, or click - to collapse claims you are not working on.

1. Navigate to **Payments** in the Patient Chart by following the path above.
2. Click the **New Payment** button.
3. Confirm the **Insurance** tab is selected. If already selected, the window has a green background (pictured below).
4. If there is more than one claim with an open insurance balance displayed in the grid, select the claim for which you are entering a payment. The selected claim's information is displayed at the top of the window.



Add Payments and Adjustments: POPPY TESTFAM (229) Sex: F DOB: 05/26/2011 Age: 9 yrs. 10 mos. Ins: MEDICAID

Date: 4/19/2021 Name on card: Primary insurance: MED 00000123
 Pay method: CK CHECK Card number: Secondary insurance:
 Check/Ref #: M Ck Exp date: (MM/YY) Available credits: \$0.00
 Memo: Card status: Claim note:
 Amount: .00 Pay in Full Allocate Activate Card Reader Claim number: 100022


5. Complete the following fields located at the top of the window:

- **Date:** Defaults to the current date the payment is being posted; change if necessary.
- **Pay method:** Method the payer used to remit the payment. Select the method from the drop-down menu.
- **Check/Ref#:** Check number or remit reference number that will be used to balance the payments posted to the remit or EOB.
 - **M:** Memorizes the check number and payment method that is entered.
 - **Ck:** Reuses the last memorized check number and payment method.
- **(Optional) Memo:** Used to identify a specific remark on an EOB. Memos are displayed on the patient's individual claim in which you are posting payment, but they are not displayed on any correspondence sent to the patient.
- **Amount:** Populates as amounts are entered into the payment fields. It is not necessary to manually add a dollar amount here.

6. Complete the following fields in the Adjudication Details section of the window starting with the first claim line for the claim number you're posting to. **Completing these two fields calculates the Payment and Adjustment fields**

- **Allowable Amount:** This is the Allowed amount on the payer's EOB. This field is pre-populated with either the full charge amount or the allowable amount entered into an Insurance Contract for the payer, if applicable. Click into the field and change the amount to match the EOB.




Tip: If a contract has been set up in OP, and the amount in the Allowable field matches the EOB allowed amount, click  to calculate the Payment and Adjustment fields.

- **Patient Responsibility:** This is the amount the patient is responsible for paying. If there is already an amount in this field, it was likely entered during charge posting. If this is the case, confirm the amount matches what is on the EOB, or click in the

field to change it to match the EOB.



Tip: If the insurance has determined a total charge amount to be the patient's responsibility, click  to populate the full charge amount into the Patient Responsibility field.

7. Confirm the calculated **Payment** and **Insurance Adjustment** amounts match what is on the EOB.
8. Confirm the **Adjust Reason** (Insurance Adjustment Reason) and **Patient Adjust Reason** fields match the reasons on the EOB.

Service Type / Date				Charge Details			Adjudication Details			Disposition		
CPT	Mod	Svc Date	Units	Revd ID	Bill ID	Charge	Payment	Adjust	Adjust Reason	Ins Paid	Ins Bal	Insurance Action
CPT Description				Ins Policy			Allowable	Pat Resp	Patient Adjust Reason	Pat Paid	Pat Bal	Patient Action
Claim #: 100022												
99213		12/31/2019	1	353	353	119.00				.00	119.00	
OFFICE/OUTPATIENT VISIT, EST				MED/00000123			119.00	.00		.00	0.00	

9. Confirm or select the Patient Action from the drop-down menu to determine how to handle the patient responsibility. If no reason is selected, **Hold on Account** is selected by default and the balance remains until statements are generated. The Patient Action options are:

- **Hold on Account** Default selection where the balance will be held until statements are generated.
- **Create Statement:** A statement is automatically sent to the Statement Queue.
- **Autopay with PC:** The balance is automatically paid with the patient's credit.



Note: If the practice uses Instamed Merchant Services to process credit card payments, credit cards are saved on file, and the global preference to exclude CC on file from Patient Action list is unchecked (Admin tab > Global Preferences > Billing tab > Administration tab), these options are also available:

- **Autopay with PC + CC** (Instamed Merchant Services Only): The balance is paid with a combination of patient credit and the credit card saved on file. This option is only visible if a credit card is saved on file.
- **Autopay with CC** (Instamed Merchant Services Only): The balance is paid with the credit card saved on file. This option is only visible if a credit card is saved on file.

10. Click **Save + Close** button once you have all of your adjudication details posted.

Version 20.12

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

Overview

Claim payments received via EOB can be posted from the Patient Chart.

1. Navigate to the **Patient Chart** using the path above.
2. Search for and select the **Patient**.
3. Click **Payments** in the Window Navigation panel.
4. Click the **New Payment** button. The **Add Payments and Adjustments** window is displayed.
5. Enter the following information:
 - **Date-** Defaults to the current date the payment is being posted.
 - **Pay method-** Method the payer used to remit the payment. Select the method of payment, EFT, Credit Card, etc. from the drop-down menu.
 - **Check/Ref#** - Payment identification or reference number that will be used to balance your payments at the end of the day.
 - **M-** Memorizes the check number that is entered.

- **Ck**- Reuses the last memorized check number.
- **Memo** (optional)- Used in offices to identify a specific remark on an EOB. It is displayed on the patient's individual claim in which you are posting payment to. It is not displayed on any correspondence sent to the patient.
- **Amount**- Populates as you add payments into the payment fields.
- **Claim note**- Used to view a claim note on the claim that you are ready to post against or to create a new note for the claim. To create a follow up task for the claim, click the **Task** button

6. Post the EOB information in the Adjudication Details section of the window: the **Payment Amount, Allowed Amount, Patient Responsibility, Insurance Adjustments, and Adjustment Reason**. The claims are grouped together by OP claim number with the charges displayed below the claim. Click the **plus sign** or **minus sign** to the left of the claim number to expand or collapse claims you are not working on.

- If a contract has been set up in OP, and the amount in the Allowable field matches the EOB allowed amount, click the **Green** checkmark button to the left of the Allowed Amount field. The Pay Amount field populates with the appropriate insurance write off.

Claim # : 205714										
CPT	Mod	Svc Date	Units	Rend ID	Bill ID	Charge	Payment Allowable	Adjust Pat Resp	Adjust Reason	Insurance Action
99213		01/20/2017	1	305	305	90.00				.00 90.00
OFFICE/OUTPATIENT VISIT, EST		AHM 17958113					56.72	.00		.00 0.00

- If there is not a pre-populated amount in the Allowable field (or the amount differs from what populates), enter the allowed amount from your payer in the field and press **Enter** on your keyboard.
- If the insurance has determined a total charge amount to be the patient's responsibility, click the **Patient Responsibility** button.

Claim # : 205714										
CPT	Mod	Svc Date	Units	Rend ID	Bill ID	Charge	Payment Allowable	Adjust Pat Resp	Adjust Reason	Insurance Action
99213		01/20/2017	1	305	305	90.00				.00 90.00
OFFICE/OUTPATIENT VISIT, EST		AHM 17958113					56.72	.00		.00 0.00
10061	59	01/20/2017	1	305	305	200.00		.00		.00 0.00
DRAINAGE OF SKIN ABSCESS CO		AHM 17958113					115.00	200.00	1 (Deductible); 1	.00 200.00 Hold on account

- OP calculates the Adjustment amount based on the amounts in the Allowable and Pat Resp fields.
- Select the appropriate **Patient Adjust Reason** (reason for the patient being assessed a responsibility) from the drop-down menu.
- Select a **Patient Action** from the drop-down menu to determine how to handle the patient responsibility. If no reason is selected, **Hold on Account** is selected by default and the balance remains until statements are generated. The Patient Action options are:

- **Hold on Account** The default option. The balance will be held until statements are generated.
- **Create Statement**: A statement is automatically sent to the Statement Queue.
- **Autopay with PC**: The balance is automatically paid with the patient's credit.
- **Autopay with PC + CC** (Instamed Merchant Services Only): The balance is paid with a combination of patient credit and the credit card saved on file. This option is only visible if a credit card is saved on file.
- **Autopay with CC** (Instamed Merchant Services Only): The balance is paid with the credit card saved on file. This option is only visible if a credit card is saved on file.

7. Click **Save + Close** button once you have all of your adjudication details posted.
