

# Print Proof of Timely Filing

Last Modified on 05/04/2021 2:53 pm EDT

Version 14.19

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

## About

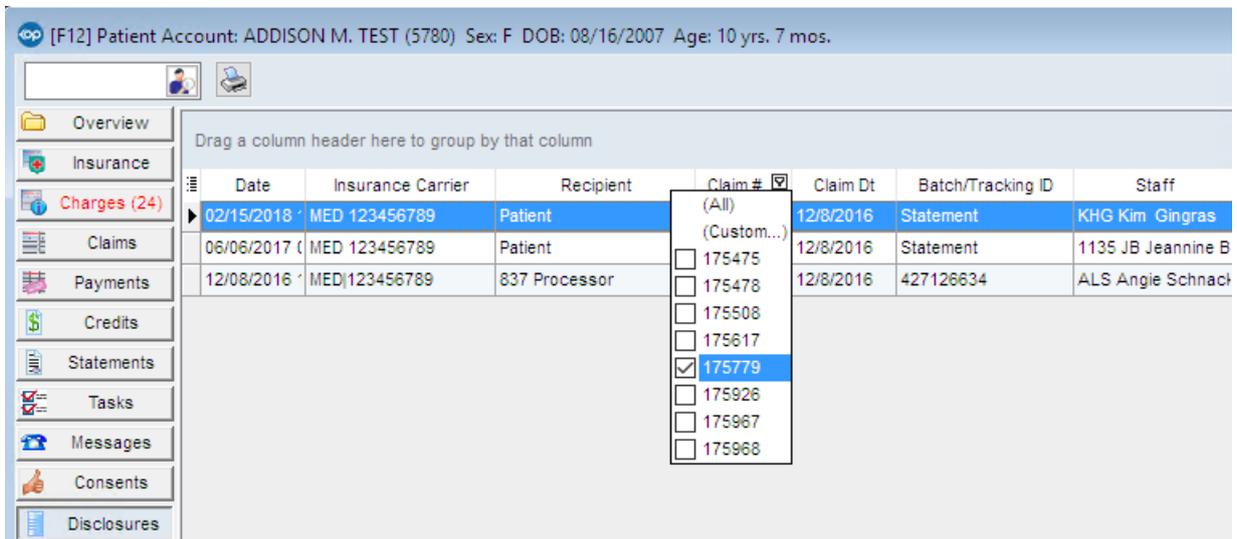
Proof of timely filing is printed from the Disclosures section of the Patient Chart.

1. Navigate to the Disclosures section of the Patient Chart.
2. Click the filter icon in the **Claim#** column header.
3. Select the checkbox for the claim number(s) for proof of timely filing.
4. Click the filter icon in the **Recipient** column header.
5. Select the checkbox for **Insurer** or **837 Processor** for Paper/Electronic claim submission.
6. Click the **Print** button to print the information for timely filing.

Version 14.10

To Print from the Disclosures tab for Proof of Timely Filing:

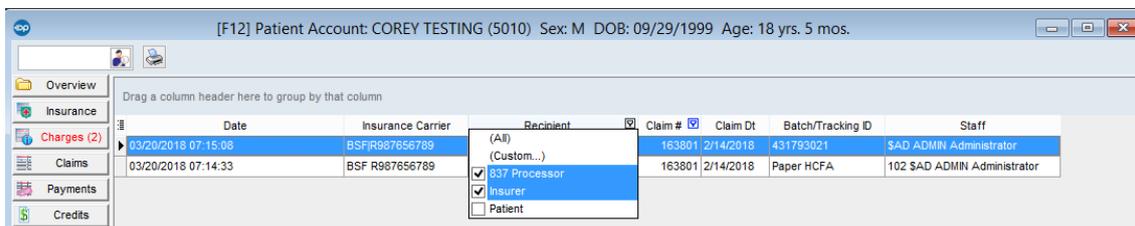
1. Select the **Acct** button in the smart toolbar to open the Patient Account window.
2. Search for and select your patient.
3. Click the **Disclosures** tab.
4. Select the filter icon in the **Claim#** column header.
5. Select the checkbox for the effected claim number(s) for proof of timely filing.



[F12] Patient Account: ADDISON M. TEST (5780) Sex: F DOB: 08/16/2007 Age: 10 yrs. 7 mos.

Date	Insurance Carrier	Recipient	Claim #	Claim Dt	Batch/Tracking ID	Staff
02/15/2018	MED 123456789	Patient	(All)	12/8/2016	Statement	KHG Kim Gingras
06/06/2017	MED 123456789	Patient	(Custom...)	12/8/2016	Statement	1135 JB Jeannine B
12/08/2016	MED123456789	837 Processor	<input type="checkbox"/> 175475	12/8/2016	427126634	ALS Angie Schnack
			<input type="checkbox"/> 175478			
			<input type="checkbox"/> 175508			
			<input type="checkbox"/> 175617			
			<input checked="" type="checkbox"/> 175779			
			<input type="checkbox"/> 175926			
			<input type="checkbox"/> 175967			
			<input type="checkbox"/> 175968			

6. Select the filter icon in the Recipient column header.
7. Select the checkbox for Insurer or 837 Processor for Paper/Electronic claim submission.



[F12] Patient Account: COREY TESTING (5010) Sex: M DOB: 09/29/1999 Age: 18 yrs. 5 mos.

Date	Insurance Carrier	Recipient	Claim #	Claim Dt	Batch/Tracking ID	Staff
03/20/2018 07:15:08	BSP/R987656789	(All)	163801	2/14/2018	431793021	SAD ADMIN Administrator
03/20/2018 07:14:33	BSF R987656789	(Custom...)	163801	2/14/2018	Paper HCFA	102 SAD ADMIN Administrator
		<input checked="" type="checkbox"/> 837 Processor				
		<input checked="" type="checkbox"/> Insurer				
		<input type="checkbox"/> Patient				

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8. Click the **Print** button to print the information for timely filing.

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