The following setup and workflow allows the user to auto generate an insurance profile for an Employer or Attorney in order to bill for services and sets the patient as not responsible, unlike a traditional insurance. This special workflow sets the Employer/Attorney as both the Guarantor and the default Insurance profile. Either an Invoice type statement can be sent or a HCFA Claim Form.

How do I Setup the Attorney or Employer library for direct billing?

Setup for Invoice Billing

Workflow to Directly Invoice Employer/Attorney

Creating a Charge

Batching

Managing

How do I Setup the Attorney or Employer library for direct billing?

Go to Libraries > [Employer/Attorneys]

- A. [ADD]
- B. Name of company
- C. Type ' **Billable**' for Direct to Employer or Attorney >



- D. Billing Information choose Invoice or 'HCFA' if you prefer to send Paper claims
- E. Address
- F: Contact * not required
- G. [Save]

Setup for Invoice Billing

- Go to Admin > System Default Setting > Payments > INVOICE ALLOW FOR INVOICE PAYMENT POSTING > YES
- 2. If you plan to send Invoices > Go to Admin >

Statement Defaults > Create a 'Statement Default' that incorporates the 'Statement Type': 'INV'. Statement Description can be something that makes sense, such as 'Invoice - Employers'.



Keep in mind you will likely want to choose a different

statement format for Invoices. To do so, you will need to have a test file sent to our Statement Team in order for a proof to be created and sent to you for approval. Please submit a ticket via the Support Portal if you wish to have a different statement format for invoices or let your trainer know

(2) First Name

trance ID

P Search

Edit S	tateme	nt Def	ault
Statem	ent Defa	ults	_
Descri	ption		
INVO	ICE - E	MPLOY	ERS
Stater	nent Typ	es <u>Add</u>	
BUD	FAM	INV	OT

Name: ACME	Abbreviation: ACME (?)
Ţype: Billable ▼) (?)	C Agtive: Ø
Website:	ling Information
Email:	
En	imary Form Type: HUFA III Secondary Form Type: HUFA
Billing Information	
Primary Form Type: INVOICE	TI Secondary Form Type: INVOICE
Statement Type: INVOICE	
Billing Group:	Reporting Group: DIRECT INVOICED EMPLOYER [INV]
Company Address	
Address Line 1: 123 MAIN ST	
Address Line 2:	
Noness cine s.	
City: AKRON	State: OHIC D Zip: 44333
Office Phone: (999) 999-9999 X	Office Fag:
	The second se
Last Name: (BOOP	P First Name: BETTY
Last Name: BOOP Contact Title: - SELECT -	First Name: BETTY
Contact monimum () Last Name: (BOOP Contact Title: - SELECT - Office Phone: (555) 555-5555)	Office Fax: Cell Phone:
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Last Name: BOOP Contact Title: SELECT - Office Phone: (655) 555-5555 X[] Email:	Office Fax: Cell Phone:
Contact Title: - SELECT - Office Phone: (555) 555-5555 X1 Email:	Office Fax: Cell Phone:
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Last Name: (BOOP Contact Title: (- SELECT - Office Phone: (655) 555-5555 X[Email:	Office Fax: Cell Phone:

Last Name

City: Exclude V

Contact ID

Workflow to Directly Invoice Employer/Attorney

You must first be sure the Guarantor is setup correctly either during registration or on an established patient

New Patient Registration: Guarantor Demographics **Patient Registration** Patient is Guarantor > No. Guarantor Demographics b. Relationship to Guarantor -20 Patient is Guarantor: No •) (?) 🧹 Α c. Employer Relationship to Guarantor: 20 - Employee/Attorney в Employer: С Current Patient: Patient Dashboard Patient Dashboard A. Click hyperlink 'Guarantor' B. Guarantor list > [ADD] Demographics Edit[Ctrl-F2] C. Choose 'Patient relationship to Guarantor > [20] Patient Name DYLAN, ROBERT D. Checkbox Default for charge entry 4835 DARROW RD., STOW, OH 44224 E. Employer > Relationship [20] search is filtered by Guarantors from the Employer Library for Type = 🕂 🛛 Guarantors [1] 🛛 A **Guarantor List** Employer/Attorney B Add ete F. [SAVE] Add/Modify Guarantor D Entered Patient's Relationship To Guarantor Default 🕐 Effective Expiration 02/19/2019 Employee [20] v 1 Selected by default in Charge Entry Employe Insurance Carrier Records Note Filter Criteria Clear 🛞 👩 Insurance Claims Payer ID Billing Gro SELECT Payment Plan - Reduces Statem Search % S Amount ۲ 0 Add Address 2020 MAIN ST ACTON BOOK BOOK LOFT MA Save [F2] F ncel

The system automatically creates a new Default Insurance Management profile for Employer/ Attorney as the Primary policy and the patient NOT responsible upon saving the above



We display the 'policy holder' as the Patient. We have chosen this option as the patient is employed by this employer. The patient **does not** receive the invoice or printed claim.

Creating a Charge

Choose the appropriate Guarantor. We auto populate 'Insurance' with the Attorney/Employer

Post Date: 12/01/2	017 <u>C</u> lai	m Type	Profes	sional 🔻		
Patient						
Patient:	10008	Edit	SMITH	ALICE 02/	18/1953	
Last Service:	None)(?)				
Case:				• • •	Edit	
Guarantor:	SMITH, ALIC	E (DEF	AULT)		•	
¥	SMITH, ALIO	E (DEI	AULT)			
Claim	SHARK ATT	ORNE)	AT LAW	ļ,		Insurance: SHARK ATTO () /

Batching

Determined by the form type in the library setup (Invoice or HCFA)

 Invoice: When creating statements, the system creates a separate batch for these Invoices

🖂 Statemen	ts History					
<u></u>	Batch N	lew Statements				
🗄 🔀 Statem	ents					
Last Batch	Date Created	Statements Batched in last 24 hours	Stat			
3	02/20/2019	20/2019 0				
🗄 🔀 Statem	ent Batches To E	Be Sent/Processed				
Batch		Туре				
3	PATIENT	BILLING				
	12 12 10 10 10 10	AND ADDRESS OF				

Claim Batch His	tory				
	Batch Ne	w Claims			
E Claims					
Claims Batches To	day	Claims Batches This V			
	0/0				
0/0		1/1			
0 / 0 ① Claim Batcher	s To Be Sent/F	1/1 Printed			
0 / 0	s To Be Sent/F	1/1 Printed			

• Print Claim: When claims batch are created, HCFA's are batched

Payment Posting - Invoice

From 'Add Payment Receipt'

- 1. Choose Invoice Invoice Payment
- 2. Employer or Attorney
- 3. If this is for a specific Patient, add them
- 4. If an Invoice has been sent, choose the Invoice #
- Choose to Manually Post if the payment amount is in full OR 'Do not Post' to get access to Post Expert Mode to partially post as an VP transaction
- 6. [SAVE]

Post Patient & Collection Payments paid

• Check in the box(s) to allocate the payment

Post Patie	ent & Collection Pa	yments				2			
Receipt Inf	0						1.000		
Receipt	Received Date	Posted	Check Date	Received A	Amount				
109456	06/11/2020	06/11/2020			500.00				
Employer				Balance					
88	ABC EMPLOYER			500	.00				
Payment A	pplication								
Eacility	Critera <u>Clear</u>	ity Herent Gaun	Billing		Silling Report Group	DOS	From		
Gonity	2	ing mepon an op	0	2					
Billing Lo	cation Proce	edure	Procedure Rep	ort Group E	ncounter 🖉 🖉	Patie	nt		
	2		2	P		P 998	5		
P Search	h								
- Posting N	lethod								
Show									
Services	s With Balance	~							
Method		1000	Total Escrow						
Anniv M			500.0	0					
1. apply 10	lanually	•	500.0	•					
Encounte	lanually rs	•							
- Encounte	rs. Patient	Encount	er DC	os i	Line CPT	Billing	Facility	Charge	Balance

 If the receipt was added with a specific patient we populate the filters. You may clear these filters to allocate to a different patient

Managing

and the

• Receipt History > Use Type Filter > Invoice Payment > Search

	0	lf a	specific	patient is	affiliated	with th	is receipt	the ID	displays
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Receipt Histor	ry					Show Me How	
Filter Criteria <u>C</u> le <u>R</u> eceipt	ear 👜 🛄 Patient	Received From	Received To	Posted From	Posted	То	Iype
From/To	Reference	Method All V	Amount	Batch	User	م	Escrow Only
<u>A</u> dd Receipt	Patient	Received		Posted	Type		From/To
109456	9985	06/11/2020	06/11/20	020	VP	ABC EMPLOY	'ER [86]



- The Invoice number is the Statement/Invoice Batch + the letters 'EM' + Attorney/Employer ID if this claim was sent HCFA no Invoice number appears
 - Example: Statement batch # 6, Employer # EM1259

E 0		Visa C Discover	
2 .	Office XX	MasterCard C American Express	
8	23 Main 51 nywhere OH 44335	Card Number Esp. Date 1	ecurity Code
8		Card Holder Name Elizabere	
		07/02/19 S500.00 6EM	1259
		Paymant Due Date Show Amount 07/23/19 Paid Hary 5	
		Make Checks Payable To:	
r	Employer		
	Employer	Office XX	
5	199 Side RD	123 Main ST	
1	Anywhere OH 44999	Anywhere OH 44335	
Invoic	. #. 6EM1269	Please Pay: \$50	0.00
Invoic	e #: 6EM <mark>1259</mark>	Please Pay: \$50	0.00
Date	e #: 6EM1259 Patient Name	Please Pay: \$50 Description of Charges	0.00 Amount Due
Date 07/02/19	e #: 6EM1259 Patient Name ne (06.05117/6)	Please Pay: \$50 Description of Charges DRUG SCREEN COLLECTORS	0.00 Amount Due 20.00
Date 07/02/19 07/02/19	e #: 6EM1259 Patient Name Re (06.0611976) ure (011901962)	Please Pay: \$50 Description of Charges DRUG SCREEN COLLECTIONS DRUG SCREEN COLLECTIONS DRUG SCREEN COLLECTIONS	0.00 Amount Due 20.00 20.00
Date 07/02/19 07/02/19 07/02/19	e #: 6EM1259 Patient Name te (00:00:1079) ure (01:00:1902) (0:0223:1964)	Please Pay: \$50 DRUG SCREEN COLLECTIONS DRUG SCREEN COLLECTIONS PHYSICAL DOT	0.00 Amount Due 20.00 90.00
Date 07/02/19 07/02/19 07/02/19 07/01/19	e #: 6EM1259 Patient Name he (06/01/10/1902) (03/23/1964) k (07/45/1964)	Please Pay: \$50 Description of Charges DINUS SCREEN COLLECTIONS DINUS SCREEN COLLECTIONS PHYSICAL. DOT PHYSICAL. DOT	0.00 Amount 20.00 20.00 90.00 90.00

Go-box short-cuts:

- STB > Statement/Invoice * our example STB 6
- EM > Employer/ Attorney Dashboard * our example EM 2480

View all the employees and current balances > Patient Linked to Employer

Employer/Atto	mey Dashboard			Employ
- 🖂 Employer/Att	orney Edit Receipts			
Name		Abbreviation		
EMPLOYER		EMPLOYER		
Default Effecti Y	ve Expiration			
Incurrence ID con				
2480 Email	The 'Insurance ID' v Insurance.	vill be used for the Emplo	over in all reporting by	
2480 Email	The 'Insurance ID' v Insurance.	will be used for the Emplo	over in all reporting by	a processor
2480 Email	The 'Insurance ID' v Insurance.	vill be used for the Emplo	over in all reporting by	· p. sound
2480 Email	The 'Insurance ID' v Insurance.	will be used for the Emplo	oyer in all reporting by	n p sansal
2480 Email	The 'Insurance ID' v Insurance.	First Name	over in all reporting by	Relation

'Statement History' section displays all batches, all Encounters in each batch. 'View' link to Invoice

To work A/R > Interactive Aging (IA from the go box) or Aging by Patient Report - use filters for statement type Invoice or setup reporting group on the Employer Library and filter by reporting group

Aging By: Insurance: Insurance Reporting Group: Include Encounters: Include \$0 Balances: Facility:	Insurance O	nly		Filter Criteria Total By Statement Ingurance	Aging Siear (2) (2) Type JP	Facility	۰ ب	Aging By Bill Date Billing	• •	chers include Percentages			
		1 cm											
Total Balance >=		in a		25.57	Statem	ent Type		IAA JOICE	_	0-30	282.00	31-60	27.008.00
Total Balance <=	Bill Data			PAT				PATIENT BILLIN	0.5	-	1.012.00		28 822 40
Aging By Date:	Any Aging	•	8	PAI -				PADENI DILLI	10		1.010.00		20.000.40
Aging From:	Any Aging	÷											
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DOS From:	<u> </u>												
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