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

Statem	ent Defa	ults	
Descri	ption		
INVO	ICE - E	MPLOY	ERS
Stater	nent Typ	es <u>Add</u>	
BUD	FAM	INV	OT

irch						
	a) ⁷					
A	(a)	Name				
		Name			Address	
Add/Mod	tify Employer/Atto	orney				
-						
100000000000000000000000000000000000000	r/Attorney		Abbreviation	ACME (?)	В	
					-	
Type	Billable	• m < C)	Agtive: 🕑			
Website		Billing Informat	tion			
Email				20122 12	Curren	•
	-	Primary Form	Type: HCFA	Secondary Form Ty	pe: HCFA	
Const Constants	formation			5		-
1.000.000	Form Type: INVOICE			0	Tertiary Form Type:	INVOICE Y
State	ment Type: INVOICE	: •) (?) 📢	D TPA: 10 (2)			
Bil	ling Group:	P Rep	grting Group: DIRECT INVOICE	DEMPLOYER [INV]		
Compan	y Address				·	
1.0	Line 1: 123 MAIN ST					
	-		E)			
Address	Line 2:					
	City: AKRON	F	State: OHIC	čip: 44333 🖉		
Office	Phone: (999) 999-999		Office Fax:			
Onice	Polie. ((eee) eee-eee		Onice rag.			
Contact	Information (?)					
Last N	lame: BOOP		P First Name: BET	TY		
Contrat	Title: - SELECT -					1
Contact		10 Day 2	\sim		1	
	hone: (655) 555-5555	X Office Fax:	Cell Phone:			
Office P	Email:					
- 11						
					/	

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	Profest	sional 🔻			
Patient							
Patient:	10008	Edit	SMITH	ALICE 02/18	8/1953		
Last Service:	None)(?)					
Ca <u>s</u> e:				▼ <u>Ed</u>	t		
Guarantor:							
	SMITH, ALIC	CE (DEI	FAULT)			(-	
Claim	SHARK ATT	ORNE	(AT LAW	l,		Insurance: S	HARK 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	0	2
🗄 🔀 Statem	ent Batches To E	Be Sent/Processed	
Batch		Туре	
3	PATIENT	BILLING	
1	12.12.10.10.10.00	- INVOICE	

Claim Batch His	tory		
	Batch Ne	w Claims	
E Claims			
Claims Batches Today		Claims Bat	ches This
0/0		1/1	
	s To Be Sent/F	1202	
0 / 0	s To Be Sent/F	1202	

• 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	iyments				2			
Receipt Inf	0						1.5		
Receipt	Received Date	Posted	Check Date	Received	Amount				
109456	06/11/2020	06/11/2020			500.00				
Employer				Balance					
88	ABC EMPLOYER			500	00.00				
Payment A	pplication								
Facility	Critera <u>Clear</u>	ty Report Goup	Billing		Billing Report Group	0.05	From		
Jointy	2	ty neport carop	0	100	bining Report Group	2	TION		
Billing Lo	cation Proce	edure	Procedure Rep	ort Group	Encounter 🖉 🖉	Patie	nt		
	9		P	P	-	P 998			
Search	h								
- Posting M	fethod								
Show									
	s With Balance	~							
Method		1000	Total Escrow						
Apply M		~	500.0	D					
	anuany								
Encounte									
Encounte		Encount	er DC	5	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
--	---	------	----------	------------	------------	---------	------------	--------	----------

Receipt Histor	У					Show Me How	
Filter Criteria <u>C</u> le <u>R</u> eceipt	ear 🖳 🛄 Patient	Received From	Received To	Posted From	Posted	То	Type Invoice Payment [VP]
From/To	Reference	Method All V	Amount	Batch	User	م	Escrow Only
Add Receipt	Patient	Received		Posted	Type		From/To
109456	9985	06/11/2020	06/11/20	and a second	VP	ABC EMPLOY	A CONTRACTOR OF



- 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

NAMA NOT T	Office XX 123 Main ST	Fill in Balow To Pay By Credit Card	
1 Mil	Anywhere OH 44335	Card Number Exp. Data Security Co	de
PL		Card Holder Name Bigneture	-
		Statement Date Pay This Amount Account # 47/02/19 \$500.00 40/41259	
		Payment Due Date Show Amount Date \$	
		Make Checks Payable To:	
	999 Side RD Anywhere OH 44999	Office XX 123 Main ST Anywhere OH 44335	
nvoi	ce #: 6EM1259	Please Pay: \$500.00	
Date	Patient Name	Description of Charges Amount Due	
Date 07/02	Patient Name	Description of Charges Due DRUG SCREEN COLLECTIONS 20	.00
Date 07/02/ 07/02/	Patient Name Patient Name In (06/09/1976) uire (01/10/1992)	Description of Charges Amount Due DRUG SCREEN COLLECTIONS 200 DRUG SCREEN COLLECTIONS	00
Date 07/02/ 07/02/ 07/01/	Patient Name 9 De (06.081976) 19 uite (01.701992) 19 (03.23/1964)	DRUG SCREEN COLLECTIONS 20 DWUG SCREEN COLLECTIONS 20 DWUG SCREEN COLLECTIONS 20 PHYSICAL-DOT 60	.00 .00
Date 07/02/ 07/02/	Patient Name 19 Ter (00:09:1576) 19 Jere (01:10/1562) 19 (03:22:1164) 19 k(07:16/1964)	Description of Charges Amount Due DRUG SCREEN COLLECTIONS 200 DRUG SCREEN COLLECTIONS	00 00 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/Atte	orney Dashboard			Employ
Employer/Att	orney Edit Receipts			
Name		Abbreviation		
EMPLOYER		EMPLOYER		
Default Effect Y	ive Expiration			
Insurance ID (7)				
2480 Email	The 'Insurance ID' v Insurance.	will be used for the Emplo	oyer in all reporting by	
2480	The 'Insurance ID' v	will be used for the Emplo	over in all reporting by	a program and
2480 Email	The 'Insurance ID' v Insurance.	will be used for the Emplo	oyer in all reporting by	n p. son sel
2480 Email	The 'Insurance ID' v	will be used for the Emplo	over in all reporting by	a granded
2480 Email	The 'Insurance ID' v Insurance.	First Name	DOB	Relations

'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 Note: Include S0 Balances: Facility:	م اعت n = n = n =	Interactive Aging Piter Criteria Glear (2) (2) Total By Statement Type Ingurance Pacifity Pisearch	Aging By Bill Date Billing P	nders Include Percentagee	
Aging To: DOS From: DOS To: Statement: Dunning Count >= Dunning Count <=	Bil Date V Any Aging V Any Aging V INV X IN	Statement Type INV PAT	INVOICE PATIENT BILLING	e-30 353.00 1.018.00	31-60 27,358.00 25,888.40

275 275