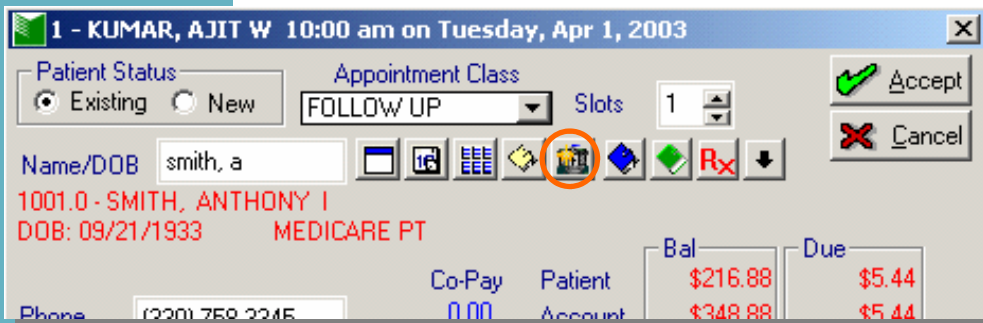
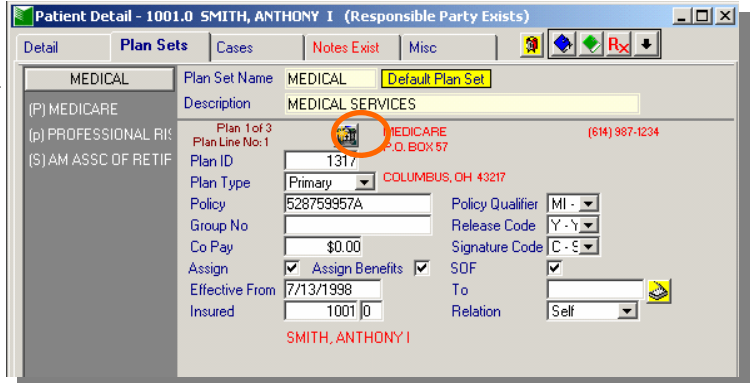


## Patient Plan Eligibility

- Check patient eligibility in real time
- Check patient eligibility in batch mode

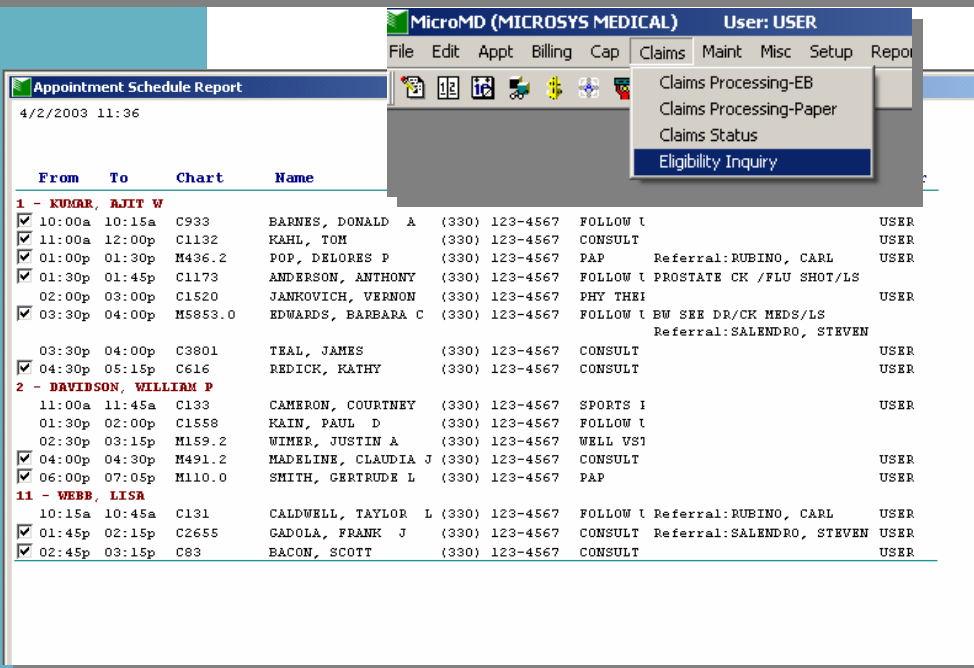
**D**etermining eligibility refers to whether or not a patient is actively eligible for effective coverage through a specific insurance plan. There are two types of Eligibility: *Real Time* and *Batch mode*.

**R**ead Time Eligibility sends one request at a time to a carrier for processing. A live Internet connection is required for this process, and responses are received within seconds. It can be done from the *Plan Sets* tab of the Patient Detail screen. (See illustration to the right.)



*Real Time* can also be accomplished when creating a new appointment for an existing patient. (See illustration to the left).

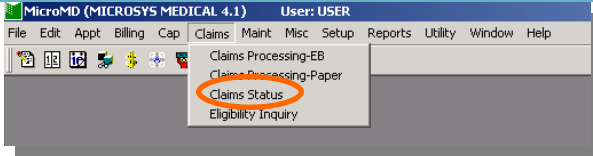
**B**atch Eligibility allows the user to send multiple requests to many carriers for processing. This can be accomplished from the *Appointment Schedule Report* (see illustration below) or from the main menu bar under the Claims Tab.



The Appointment Schedule is displayed on the screen before printing. The checkboxes next to patient names indicate insurance plans that have the ability to check patient eligibility.

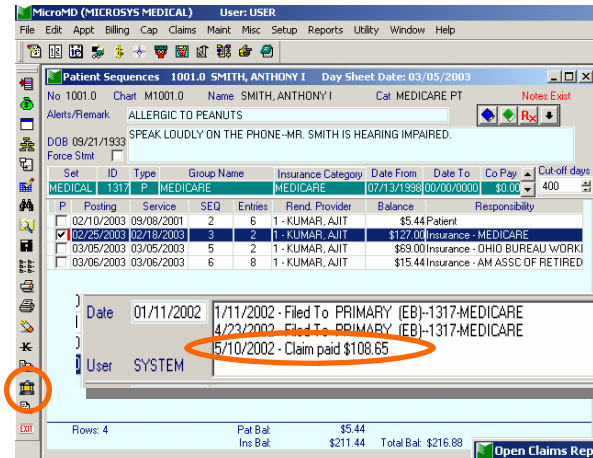
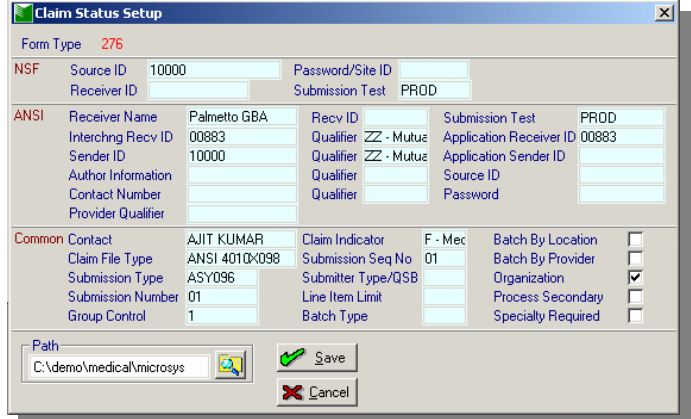
These requests are sent in a batch request along with the insurance claims to the clearing house. These responses usually take up to 24 hours.

# Claims Status Verification



Determining claim status refers to verifying the status of the insurance claim with the insurance carrier. There are two types of claim status:

**Real Time and Batch.**



**Real Time Claim Status** is sending one request at a time to a carrier for processing. A live Internet connection is required for this process, and responses are received within seconds. It can be accomplished from the *Patient Sequences* screen (see illustration to the left).

**Batch Claim Status** is sending multiple requests to many carriers for This can be accomplished from the *Claims Processing-EB* screen and the *Open Claims* report (see illustration below). The claims represented by insurance plans that have the capability of transmitting claim status have a checkbox in the extreme left column.

Open Claims Report  
4/2/2003 16:49  
MICROSYS MEDICAL  
Page 20 of 45

Posting Date: 01/01/2002 To 03/31/2003 Filed Date: 01/01/1900 To 12/31/2050

Id	Name	Seq	Posting	Service date	Status	Type	DOB	Insured Employer			
Resp	Filed	Date	Group	Policy	Phone	Contact		Seq Due	Claim Due		
<input checked="" type="checkbox"/>	186.1	FISTER, CAROLYN	10	08/01/2002	7/25/2002	Open	Prim	6/29/1952	27.00	35.00	
<input checked="" type="checkbox"/>	186.0	FISTER, FRED	3	02/05/2003	1/29/2003	Open	Prim	7/29/1950	27.00	35.00	
<input checked="" type="checkbox"/>	186.2	FISTER, TEVIN A.	3	02/12/2003	2/5/2003	Open	Prim	4/15/1990	27.00	35.00	
<input checked="" type="checkbox"/>	339.1	GITTERMANN, JACOB	2	06/04/2002	6/4/2002	Open	Prim	4/10/1991	35.00	35.00	
<input checked="" type="checkbox"/>	491.1	MADELINE, BRENDAN R.	14	02/05/2003	2/5/2003	Open	Prim	7/30/1998	35.00	35.00	
<input checked="" type="checkbox"/>	1014.0	SMITH, JOYCE A.	1	03/05/2003	3/5/2003	Open	Prim	9/10/1956	225.00	225.00	
<input checked="" type="checkbox"/>	272.0	SMITH, SHANE	1	03/05/2003	3/5/2003	Print	Prim	8/26/1993	21.00	21.00	
<input checked="" type="checkbox"/>	1002.0	SMITH, VANETTA T.	3	02/23/2003	9/28/2001	Open	Prim	8/12/1949	50.00	65.00	
<input checked="" type="checkbox"/>	132.1	VIROSTICK, ADI	9	01/30/2003	9/4/2001	Open	Seco	9/13/1936	5.82	5.82	
<b>*Count: 11</b>									<b>2.13%</b>	<b>524.82</b>	<b>571.82</b>
<b>*1317 - MEDICARE</b>									<b>(614) 987-1234</b>		
<input checked="" type="checkbox"/>	1001.0	SMITH, ANTHONY I.	3	02/25/2003	2/18/2003	Open	Prim	9/21/1933	127.00	127.00	
<input checked="" type="checkbox"/>	1015.0	SMITH, JACOB T.	1	03/05/2003	3/5/2003	Open	Prim	9/12/1932	4,500.00	4,500.00	
<input checked="" type="checkbox"/>	1015.0	SMITH, JACOB T.	2	03/06/2003	3/6/2003	Print	Prim	9/12/1932	180.00	180.00	

Claim Status Notification  
4/2/2003 13:22  
CLAIM STATUS REPORT-(ANSI-Ver 4)  
MICROSYS MEDICAL

Payor ID: 102 MEDICAL MUTUAL OF OHIO

1-1002.0 SMITH ANTHONY I  
Provider: KUMAR, AJIT  
Category: ANTHONY I  
Status: (R5) Request for additional information as a follow up to a previous information was received but is inadequate information is requested.  
Claim charges: 50.00  
Claim payment: 0.00

Payor ID: 937 MEDICARE

1-1001.0 SMITH ANTHONY I  
Provider: KUMAR, AJIT  
Category: (F1) Finalized/Payment-The claim/line has been paid.  
Status: (1) For more detailed information, see remittance advice.  
Claim charges: 127.00  
Claim payment: 93.00

Payor ID: 171 OHIO BUREAU WORKERS COMP

1-1001.0 SMITH ANTHONY I  
Provider: KUMAR, AJIT  
Category: (F1) Finalized/Payment-The claim/line has been paid.  
Status: (1) For more detailed information, see remittance advice.  
Claim charges: 69.00  
Claim payment: 53.00

Selecting these claims will allow the claim status request to be transmitted with the insurance claims when they are sent to the clearing house. Responses are usually returned within 24 hours.