

Financial CA Job Description and Training Manual

DAILY (pre-huddle)

- **Review schedule and sub goal.** (P-R-E-S)
- **Review Re-exam travel cards.**
Go to patient and check how many adjustments the patient has had since the start of the current care plan (written on the front of TC). Write this number in pencil at the bottom of the exam box inside the TC or on top of the exam form. In the EHR, check how many SWS the patient has been to and also write this at the bottom of the exam box on the TC or on top of the exam form. Write # of missed appts and evaluation #. Return all cards to the front desk.
- Wellness Patients and Cash patients (after first care plan) get filled out on the travel card (no exam sheet).

DAILY

- **Patient requests**
Check note pad for any patient or front desk requests and handle accordingly.
- **Check E-mail**
Click Internet Explorer. Under favorites, click Gmail.
Screen name:
Handle any necessary e-mails.
- **Check credit card payments *Very Important***
Open excel spreadsheet: Main docs; Billing; Credit cards

Crosscheck that all payments have gone through in Fortis and update spreadsheet. Follow up with patients whose payments did not go through. Call or text them and add stop manager in Platinum. Highlight any payments that did not go through. Check on previous missed payment and follow up. Update control log.

Check patient accounts for large balances or credits.
- **Stats**
In Platinum, go to EHR, Go to top left menu (U) click utilities – list all PTS SOAP notes between two dates, enter dates, click okay. Compare notes to transaction list.

Cross check billing codes to notes and Drs signature with billed Dr.

Notes:

- We do not bill cash, wellness, or Medicare patients for trigger points done on the table, extremities, or interferential, unless otherwise noted.
- Keystone 65, Personal Choice 65, and other Medicare replacement plans (Aetna 65, Humana, Coventry) only pay for adjustments. They follow Medicare guidelines. Unless otherwise noted.



- Make any changes as necessary to patient ledger or to note. Be careful to enter the correct date when adding transactions & remember to delete incorrect transactions, check correct billing doctor and signature. .
- Go to Front desk, top left menu, UST Report summary, generate summary, enter date, -yes- Make sure total payments match the control log total.

Write number of services. Both insurance dollars and cash dollars. # Of new patients, total patient visits, charges, patient payments, & insurance net payments.

Staple the control log and copies of checks.

-Use the info to fill out the stats log in blue binder.

-File in the bottom drawer of the financial desk.

- **Insurance Payment Posting**

Two ways to post: By Individual Patient or By Insurance Company

By Patient: (for checks that come for individual patients)

Bring up patient

Click on *Process*

Click on 3rd tab – *reports and posting*

Click on *for this patient*

Click *Proceed*

Fast Access? - Click *yes*

Click green check mark.

Enter check number - OK

Enter date the check was received here (the date of the control log). Enter.

Use the arrows near bottom left to find the correct date of service.

The cursor will be at the point to enter the payment amount (Ins. payment on the bottom right). Enter the amount of payment for that date – Enter.

You must double click *transfer and close* if the patient is responsible for any balance or *W-off and close* if the balance is to be written off. (See Notes below)

Double-check the blue and green sections to be sure all amounts are applied correctly.

Use the arrows near bottom left to scroll to next date.

When all transactions are entered, check that the *amount posted* near the top matches the check amount. Click *Exit*, and then *Exit* again.

*If it is a Medicare supplement check – click add

*Select insurance company and follow above instructions

By Insurance Company: (for bulk payments for multiple patients, such as IBC & Aetna)

Bring up any patient



Click on *Process*

Click on 3rd tab – *reports and posting*

Click on *by insurance company*

Click *Proceed*

Fast access – click *yes*

Click green check mark.

Enter check number - OK

Enter date the check was received here (the date of the control log). Enter.

Select the Insurance Company by double clicking on it.

Follow the order of the EOB. Find each patient using the binoculars at the top. Use the arrows near bottom left to find the correct date of service.

The cursor will be at the point to enter the payment amount (Ins. payment on the bottom right). Enter the amount of payment for that date – Enter.

You must double click *transfer and close* if the patient is responsible for any balance or *W-off and close* if the balance is to be written off. (See Notes below)

Double-check the blue and green sections to be sure all amounts are applied correctly.

Use the arrows near bottom left to scroll to next date.

Do NOT exit after done a single patient in a batch, just open next patient, from within the payment screen and continue.

When you are done with all of the patients on the particular EOB, the amount posted should match the EOB total.

Notes:

- If there is a balance and it is a w/c claim or auto insurance, click write-off insurance and close.
- If you get a message that says, "Payment exceeds insurance balance" say *NO* to transfer overpaid. *NO* to continue with payment. You may need to change the insurance portion amount and then re-type the payment amount.
- If there is an insurance uncovered balance, check the EOB to determine if non-chargeable, patient liability or something along those lines and write off or transfer accordingly.
- Check *notes* box for any special instructions.
- Independence Blue Cross explanation of benefits may include both Keystone claims and Personal Choice claims.
- If patient has reached the maximum insurance benefit, be sure to go back into patients account and turn off insurance and check the services 1-6 and enter write off amount (Administrative savings).

● **Insurance follow up calls**

If any insurance payments are incorrect, either call insurance company or resubmit with any corrections and/or notes. (See Resubmitting claims.) Make notations on EOB and place EOB in *Insurance Follow Up* bin in drawer for later follow up.



If errors were found in a report from Emdeon (see page 6), make the appropriate corrections and resubmit electronically. (See Resubmitting claims.)

- **Insurance verification**

Verify insurance either by

1. Calling insurance company and completing the insurance verification form (in bin under travel cards).

Or

2. Use Navinet online (for Highmark), or Pear Portal or other appropriate website. Refer to password sheet for all log in information. If benefits don't seem right, you may need to call for further clarification.

Navinet: Click on Internet explorer. Go to Navinet. Username & password are on the password sheet. *Sign in*. Select the health plan from the list on the left: Workflows, My Health Plans.

Note:

- Each insurance company's verification screen may be slightly different. If you can't find the info you need, you may have to call and verify benefits over the phone.
- We are in network with Keystone, in network with Personal Choice, in network with BC/BS plans, in network with Aetna, out of network with Cigna, and out of network with United Healthcare, in network with Medicare, out of network with Medicaid.

Independence Blue Cross (Keystone, Personal Choice & IND admin) using Pear Portal
(for out of state BC/BS plans select Blue exchange out of area)
Use pear portal. Refer to password sheets form

3. Select Practice Management. Enter patients ID number and hit enter. If needed choose the correct patient. Select the billing provider, it should be TLC Chiropractic. All chiropractic benefits can be found under professional therapy and rehabilitation. If benefits don't seem right, you may need to call for further clarification.

Aetna

Call 800-624-0756. Follow prompts for eligibility and benefits. Select to have info faxed.

Or



Via Availity online:

Select *Eligibility and benefits inquiry*. Select the requesting provider. Enter required fields: either member ID number and birth date or patient's name and birth date. Click *Search*. Look for co pays and limitations. If insurance is self-funded, no pre authorization is required.

If it is commercially funded – services will need to be pre-authorized using...

- Aetna does not cover ReX
- Medicare does NOT cover anything BUT adjustments
- Medicare supplements may cover other services
- Keystone and personal choice do NOT cover X-rays
- Keystone does NOT cover their exam on therapeutic exercise on traction or massage



- **WEEKLY**

- **Print EFT Payments & Explanation of benefits (EOBs)**

Revenue Cycle Portal

Go to *Revenue Cycle Portal*. Go to Payments and Billing – Remits (close the window that opens). The time period defaults to the last 2 weeks. Click Search. Look at the status column for all *unworked* claims. If the method column says CHK, this will come in the mail via check. Click the *unworked* and Mark as worked. For the method that says ACH or NON, you must click the payment number, then click on the right hand side where it says export all to: PDF, then transaction PDF. Print the EOB, close it and go back to Search payment. Click the *unworked* and Mark as worked. Repeat for all unworked claims. Log onto control log and proceed to Insurance payment posting (page 2).

Aetna

Via Availity: After logging in, click on remittance viewer. Search for the previous week. Choose EOP/EOB. Check all pages, download and print.

- **Check Change Health Care**

Go to *Revenue Performance* saved in my favorites. Username & password is on password sheet. Hover over claims and tracking, and choose find claims. Check the uploaded bills for the month for any rejections. Correct claims as needed.

- **Insurance Billing**

Make sure all stats are up to date before proceeding with the billing.

For Electronic Bills weekly

Open Platinum

1. Click on process tab
2. Change the thru date to the date that the stats were completed through. See stats (page 1)
3. Click first submission
4. Scan through the list to be sure everything looks correct.
5. Remove any paper billing only patients
6. Check pre billing report for any errors
7. Make corrections and refresh again
8. To proceed with creating claims-click *submit* and wait for the batch to create.
9. Open Revenue Performance on the internet and login.
10. Click on claims and tracking and upload file.
11. Click Add. Go to file named “platinum billings” on the desktop. And click on the last file created today.
Click Upload

For Paper Claims



Click Process

1. Change end date to yesterday's date or the date that the stats were completed through. See stats (page 1).
2. Click *First Submission* (under blue paper submission HCFA section)
3. At the top under Manage care Profile unselect all but auto accident and workers compensation.
4. Scan through the list to be sure everything looks correct – if you do NOT want to bill any particular patient, double click the check the box in the Patient column and that patient will not be submitted. If a patient has a red block next to their name there is an error in their account. Click *Pre-billing report* to find out what the error is and correct it.
5. To proceed with creating claims-click *submit* and wait for the batch to create.
6. Put HCFA forms in the printer, and click OK.
7. For each printed bill, cross check the patients' daily treatment notes in the EHR in Platinum with the billing codes. Make any corrections. To reprint corrected bills, see Resubmitting claims instructions.
8. If everything is correct, print corresponding treatment notes
 - a. In Patients EHR in Platinum, right click on the printer icon at the top.
 - b. Would you like the list in order of date descending? Select *No*.
 - c. Enter date range to be printed. *Enter. Print*.
10. If there is an exam on the bill, an interim report must be mailed

with it. *Make notes in the patient's activity ledger. * Give to Dr. Brett to complete with PT file.

- a. F6 to de-activate appointment schedule.
- b. Right click in blue area- Add- Yes- Click drop down box- Select appropriate note and edit if necessary.
- c. Proceed- Complete today- Exit Patient activity.
- d.

MONTHLY

- **Update New Patient Log**

Log is on a clipboard on the floor next to financial desk. Go to List, report- Query – Create a new query. In category, select chiropractic. Under 7) 1st visit, enter date range for previous month. Execute – 1) Previous menu – B Report Builder – 2 Create a new report. Select Last Name, First Name, First Visit, and Reference. Execute. Click on the first visit date and click F8 to put in order. Print. Attach to clipboard.

BI-WEEKLY

- **Check Referrals**

Keystone

1. To view electronic referrals. Log on to pear portal via the Internet. Username & password are on the bulletin board at financial desk. Click on *My Health Plans - Independence Blue Cross - Encounters and referrals - referrals*. Select Provider TLC Chiropractic. Change date range if necessary. Click *search*. Look for new referrals. Note the dates column. Minimize this screen.
2. Update the Excel Spreadsheet. On the desktop, double click *main docs* file - *Billing – referrals*. Update this list with all new referrals and dates.



- Scan through the list. If any referrals are expiring in the next 2-3 weeks, put a stop manager in the patient's account in Platinum stating "need new referral by __/__/__" and note the expiration date. If the referral is expiring before the patient will be back in the office to see the stop manager, be sure to text patient and let them know they need a new referral. Save changes to list and close the document.

Aetna

1. Update the Excel Spreadsheet. On the desktop, double click *from old PC file - Billing – keystone referrals*. Update this list with all new referrals and dates.

- Scan through the list. If any referrals are expiring in the next 2-3 weeks, put a stop manager in the patient's account in Platinum stating "need new referral by __/__/__" and note the expiration date. If the referral is expiring before the patient will be back in the office to see the stop manager, be sure to text patient and let them know they need a new referral. Save changes to list and close the document.

- **Update Patient Photos in Platinum – Tech CA**

1. Pull up the Patient in Platinum. You may need the New Patient Control Log to refer to.
2. Click "*M*" *Imaging*
3. *Add*
4. *Photo*
5. Click *My Documents*
6. *My Pictures*
7. *Patients*
8. Double click on the appropriate Photo.

If you need to zoom in, click on the small photo on the right and click *modify*. Click and drag a box around the area you want to zoom in on. Hold Control and "Y" on the keyboard, then Control and "S". Click yes to replace. Escape and *Exit*

9. Repeat for each patient photo.

MONTHLY

- Enter stats on TLC website: Look at stats in blue binder and compare. On website: Login. Member tools, interact, Stats, Enter stats.
- In platinum, open list, report general summary



- **Print Monthly Itemized Statements**

The list is in main docs, billing, monthly statements.

Click Alt E and change to create a PDF

Pull up Patient. Click on *Print - Special statement of account*.

In section 2, click on *All transactions between 2 dates*. Enter the date range of the services the statement is for. (Typically the month prior.) In Section 3, select *Diagnosis code*, then *Proceed*. Enter stop manager in patient's account to "give statement". Leave statement for the front desk to give to the patient.

To E-mail:

- **Check Insurance Follow Up bin** located in bottom drawer.

Go through the folder and make any follow up calls as needed. Make new notations on EOB. If claim has been paid and finalized, EOB may be filed or shredded if it's a copy.

- **Anniversary Log and Thank You note process**

In any patient account in Platinum, click [Plan Start](#) to open the care plan screen. Click *Plan List (by end date)* at the bottom. Enter the date range for the month needed. *Enter. Print. Exit.*

(3 months out)

Divide the names among all team members and leave each team member their list to write note cards. Keep the original in AR folder to refer back to for stats.

- **Update Work Comp/ PI Patient List.**

To be reviewed with the Doctor at weekly one on one meeting.

Go to *main docs* on the desktop, double-click *Billing – WCPI Patients*

Delete any patients that have been released from accident care. Add any new cases. Move to bottom of section if they have a balance. Follow up with attorneys as needed.

Call each attorney to follow up on the status of the case and log any new notes or action steps.

Add any new patients that we are waiting to be paid out of settlement.

Print, save, and exit.

- **Discharge process.**

Pull folders and travel cards from discharge drawer.

Search for patient in Platinum.

If there is a patient balance, add to cash billing list and file with other inactive files. If there is an insurance balance, be sure the claims have been billed, file with other inactive files.



If there is no patient or insurance balance, change patient status to inactive by clicking on *V-Misc. - Patient Status – Inactive*. The file can go to the shed. Be sure there are no loose papers in the folders and remove any NP checklist from fronts of folders.

If there is a credit balance, add to refund request log and give to Dr. Dean or refund on CC on file.

- **Cash bills / letters** (mid-month after the discharge process is complete)

Open Cash billing file from main docs – billing folder

Pull up the Patient in Platinum. Click on *Print - Special statement of account*.

In section 2 click on *All transactions between 2 dates*. Enter the date range of the services the bill is for (typically it will be the 1st of the month prior to the current date).

In section 3 click diagnosis, change the balance due date (typically to the 10th of the next month). Click *Proceed*. Repeat for all patients having a balance.

For the Discharged Delinquent Patients, you will follow the above procedure for the 1st & 2nd bills. For subsequent bills use the following delinquent letters.

Pull up the patient. Click *Texts - Associated Documents* – Highlight the appropriate letter in the models column (first, second, or final billing letter) and click *use*. Type “billing” enter. Click <<abc>> in the toolbar. Check that the letter has all the correct info and print on letterhead. Signature stamp and mail out. Close the document and click Exit.

Update the cash-billing list. On the desktop, double click *Main Docs - Billing - Cash billing*. Update all balances. Add any new names and balances in the appropriate sections. Add dates to the Discharged Delinquent Patients. If we have completed all steps for these patients, write off their balance in Platinum, change their status to inactive and delete them from this cash-billing list. When all updates are complete, save and exit.

Or send to small claims court,

Go through the inactive patient folders that are in the discharge drawer. Check Chirotouch and Platinum to see if their balances have been paid. If so change their status in Platinum to inactive and files can go in the shed.

- **Print birthday list and labels.**

Click *List, report – Query – Birthday next mo – Report Builder – Birthday List*.

Highlight the first birthday date and click *F8* to arrange them in date order. Click *Print - Exit*

Next click *Merge*. Double click *Labels 5160*. Click <<abc>> in the toolbar to populate the fields if they are not already. Place labels in the printer face up and print. Close the document. Do you want to save changes? Click *No. Escape. Do you wish to keep the query active?* Click *No*. Give the list and labels to the team member sending out birthday cards.



QUARTERLY



YEARLY

- **Print the open invoice report.**

In Platinum, click the *Process* tab (in any patient account). Click on *Ins. Payments Posting & Reports* tab. Click on *02 Insurance Reports*. In step #3 enter last years date range. In step #8 select *submitted but unpaid*. Click *Proceed*. Print report.

Use this to follow up on any open insurance claims.

- **Update Stats Goal Sheets**

On the desktop, double click *From old PC file - Billing - Monthly Financial Statistics*. Check with the Doctor to see what the monthly collections total should be. Divide that number by the total number of open days in that month to come up with the daily goal. Update the spreadsheet with current years info. Print and save. New stats sheets go in blue stats binder.

- **Update the Patient Hardship list (Angels).**

Go through the active patients in Platinum to see who is under a financial hardship or manually add to list throughout the year.

On the desktop, double click *Main Docs – Billing – Financial Hardship*. Make any additions/deletions and save as Financial Hardship and Year.



AS NEEDED

- **Signature stamp HCFA forms**
On the desktop, double click *Main Docs - Billing - DLD signature for HCFA forms*. Place HCFA forms in printer face down, top in first. Click on the *Print* icon-change *number of copies-OK*.
- **Back up note taking/front desk**
- **Preparing NPR's**
Pull NPR folder at front desk.

Verify Insurance and check the care plan.

Prepare Financial Outline. See samples for 3, 6, 9 and 12 month care plans. *Remember to include any insurance benefits.

Place both in the NPR folder.

Place the NPR folder inside patient file and return to front desk.
- **During the NPR**
Review Office Policies with patient and ask them to sign and date them.

Review consent form and sign.

Review insurance coverage with patient.

Schedule 1st two SWS (Live)

Review Financial outline and decide on payment option. Get the doctor if there are any challenges.

Process first payment and set up payments schedule. Keep credit card on file.
- **Follow up checklist after NPR is complete.**
 - Attach appropriate colored dot to travel card. And select the appropriate colored box at the top of the patient file in Platinum. (Just click on it.)
Green-cash, Red-PI/WC, Orange-Insurance, Yellow-Medicare, Blue-Wellness
 - Fill out Care Plan section on Travel card with length of plan, date range, and payment arrangements.
 - Make copies of Office Policies and Financial outline and put originals in the NPR folder for patient and file the copies in our patient file. File any other loose papers in the patient file.
 - Check the patient file in Platinum to be sure all data is entered correctly. Be sure to enter the patient's frequency.
 - Enter diagnosis and Insurance info (if necessary) in the computer.

For **Cash Patients**, you only need to enter diagnosis.



Pull up Patient. Click on the *Insur. #1* tab. Current Case should say Case 1. Case Doctor should be Dr. Dean. Go to section: ICD Diagnosis codes and enter diagnosis- click on drop down arrows to select diagnosis (found on the care plan in patient file). Exit. The *Insur. #1* tab will stay gray in color.

*Be sure there are 'S' codes for PI/WC patients

*Medicare should have primary subluxations and supporting diagnosis. If patient had an extremity complaint be sure to have an Ext Dx

For Insurance Patients:

Pull up Patient. Click on the *Insur. #1* tab.

Check off *Insurance active for this patient when checked.*

Current Case should say Case 1.

Case Doctor should be Dr. Dean DePice because all bills are submitted under his name.

Date of current/initial treatment should be the date of NP Exam & X-rays.

Under Manage Care Profile, click on the drop down arrow and select appropriate type. Last X-ray Date needs to be filled in for all Medicare & Medicare replacement insurances.

Enter Diagnosis- click on drop down arrows to select diagnosis (found on the care plan in patient file).

Complete "*Is patient's condition related to?*" Section only if it is related to PI/WC case. Select Yes for either *Employment?* Or *Auto accident?* By clicking the drop down box. Type in the date of the accident. (The *Place* and *Related Cause* fields can be left blank).

Open next Tab: *HCFA 1500 Information*. Click drop down arrows under *Patient Status (Box 8)* and make appropriate selections.

Open next Tab: *Insurance Policy Information*. If *Patient relationship with subscriber* is self, then click on down arrow under *subscriber (insurance holder)* to enter the patient's name. If *Patient relationship with subscriber* is a spouse or child, make appropriate selection with drop down arrow and then click yes. If subscriber is already in Platinum, you can click the drop down arrow and look for the subscriber in the database. If subscriber is not in Platinum, click *add* – click same information as patient and then type in the first name, birth date, and sex of the subscriber. Click Exit.

Select the Payer using the drop down box. *Select and Exit*. If payer is not in Platinum, click *add* and enter all information in both tabs.

Click on *Policy Info*. Enter ID number. In bottom section enter Copay per day or Insurance % coverage. Enter Date and Deductible amount if applicable. Date is the start date of the deductible (typically January 1st of current year). Enter Date and any maximums on the plan if applicable. Click *Exit*. *Exit* again.

Insur. #1 tab should be green if everything is completed properly.



- Create an insurance folder for any PI/WC patient. Staple a copy of the insurance verification form inside and file in bottom drawer of filing cabinet.
- Enter care plan in computer: click on *Plan Start*.

For Cash Patients:

Enter the start and end date of the care plan.

Enter the Patient Portion (the total the patient will pay for the care plan).

Enter the number of visits allowed.

Click *Exit*.

For Insurance Patients:

Enter only the end date.

Click *Exit*.

- Click on *Service 1-6*. Click drop down arrow on Service # select *Adj 3-4*. Click *Exit*. This is what the patient will be automatically billed for each time they check in. If a cash payment - enter 13.75 in write off box.
- Enter all stop managers for payments due. If patient is on a payment plan, add them to the credit card spreadsheet.
- Set up payments in Fortis
- Enter stop manager for any missing paperwork. ie: family health history/accident form
- Be sure next appointment is a "3" (first in flow) and put with TC in file.
- Review NP Checklist to be sure everything is complete. If anything is pending, place file in paperwork pending bin at front desk until it is completed

● **Preparing AR's**

Pull patient file. Review current financial agreement to make sure the patient has used all of their visits they paid for and that everything is up to date. Ie.: No outstanding balance.

Check eligibility for wellness. If a patient has been here for 5 years or more, they are eligible to go on to the wellness program. Pull the wellness agreement from drawer in financial office and put in the patient's file.

Re-verify insurance. Look in patient file for copy of insurance card and re-verify it using the steps above.

Prepare Financial outline for patient. Base it on once a week unless the patient is already in continued care at a different frequency. In this case, keep it the same as what the patient is already doing. (For example, if they are already coming every 2 weeks, they are most likely going to stay at that frequency.) *Remember to include any insurance benefits. Leave in patient file.

Return file to where you got it.



- **During the AR**

Congratulate the patient on their accomplishments.

Review Patient address & phone numbers in Platinum and make changes as necessary.

Ask if there has been any change in their insurance, if necessary.

Review the new financial outline and make new payment arrangements.

Set up appointments in Platinum for (52 weeks).

Review any questions the patient may have.

- **Follow up after AR is complete**

- Update Travel card. Place follow checklist. Write new Care Plan with length of plan, date range, and payment arrangements.
- Update Appointments and Re-Exams.
- Update insurance if needed
- Update Care plan
- Update Fortis
- Update spreadsheets
 - ◆ Credit Cards

- Update diagnosis and Insurance info (if necessary) in the computer.
For **Cash and Wellness Patients**, you only need to add a new case and update diagnosis.

Pull up Patient. Click on the *Insur. #1* tab. In Current Case click *Add*. Enter to confirm. Click *yes* to keep previous case information. Case Doctor should be Dr. Dean. Change date of current/initial treatment to the date of the most recent exam. Go to section: ICD Diagnosis codes and *clear* all existing diagnosis. Enter new diagnosis (found on the care plan in patient file) - click on drop down arrows to select diagnosis. *Exit*.

For Insurance Patients:

Pull up Patient. Click on the *Insur. #1* tab. In Current Case click *Add*. Enter to confirm. Click *yes* to keep previous case information. Case Doctor should be Dr. Dean. Change date of current/initial treatment to the date of the most recent exam. Update Last X-ray Date for all Medicare & Medicare replacement insurances. Go to section: ICD Diagnosis codes and clear all existing diagnosis. Enter new diagnosis (found on the care plan in patient file. Give to Dr Brett to update) - click on drop down arrows to select diagnosis. *Exit*.



- Enter all stop managers for payments due. If patient is on a payment plan, add them to the credit card sheets. If the patient is starting Wellness, add them to the Wellness Patients list. If we have a credit card on file, be sure to update it in Platinum.

Pull up Patient. Click on *Fortis in Main Docs – Billing – Wellness – Patients*.

- If everything is complete, file the patient folder away.

- **Resubmitting Claims**

Pull up Patient in Platinum.

Click on *Process*. (just below the patient's info). In section 3, enter start and end date of the services to be resubmitted.

To resubmit on paper:

- In section 6, click *resubmit (HCFA)* to resubmit a paper claim *Do you want to include closed transactions?* Click *No*. Click on batch to be reprinted. You can only do one at a time. F5 to select all. F2 to continue. Click *Continue*. Change value to "1" (for primary ins., unless you are resubmitting to a secondary insurance, then keep it 2) Click *OK*. F2 to continue. Click *OK*. Click *Exit*. Put HCFA paper in printer and click *OK*. Escape and *Exit*.

To resubmit electronically:

- In section 6, click *resubmit (Print to file)* to resubmit electronically. *Do you want to include closed transactions?* Click *No*. Click on batch to be reprinted. You can only do one at a time. F5 to select all. F2 to continue. Click *Continue*. Change value to "1" (for primary ins., unless you are resubmitting to a secondary insurance, then keep it 2) Click *OK*. F2 to continue. Click *OK*. Click *Exit*. Escape and *Exit*.
 1. Go to *Emdeon login* saved in my favorites in the Internet explorer. Username & password is on bulletin board at financial desk.
 2. Click *send claims - import claims – Proceed to Next Step – Browse – Desktop* – Double click *Platinum Billing* – scroll over until you see "edi_" followed by a number. This is the latest batch created. Double click it. Click on *Submit Claim for Processing*. Then click *Close Window*. Close Emdeon.
 3. On the desktop, double-click on *Platinum billing*. Scroll over until you see the edi_ batch you just billed. Right click on it and rename it with the patient's name. Enter. Close file.

