ADDING AN INSURANCE POLICY

The Insurance and Medigap Company list in ClinicPro houses all of the insurance destination payers you utilize to bill for your patient's transactions. This screen in ClinicPro is where you assign the patient's individual policy information

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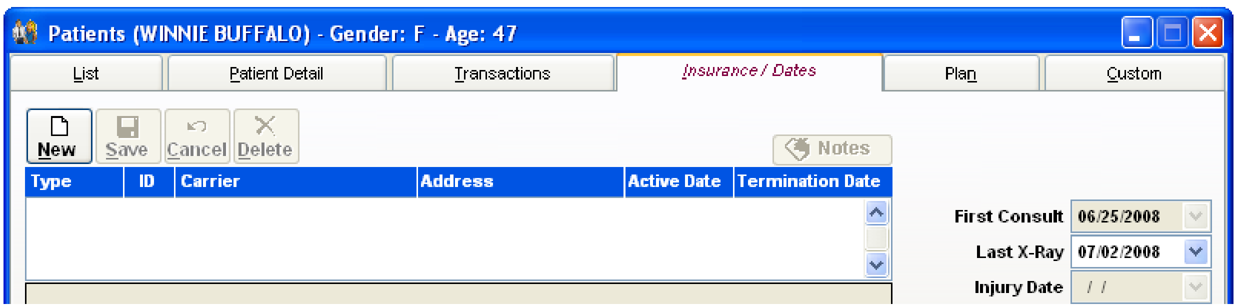
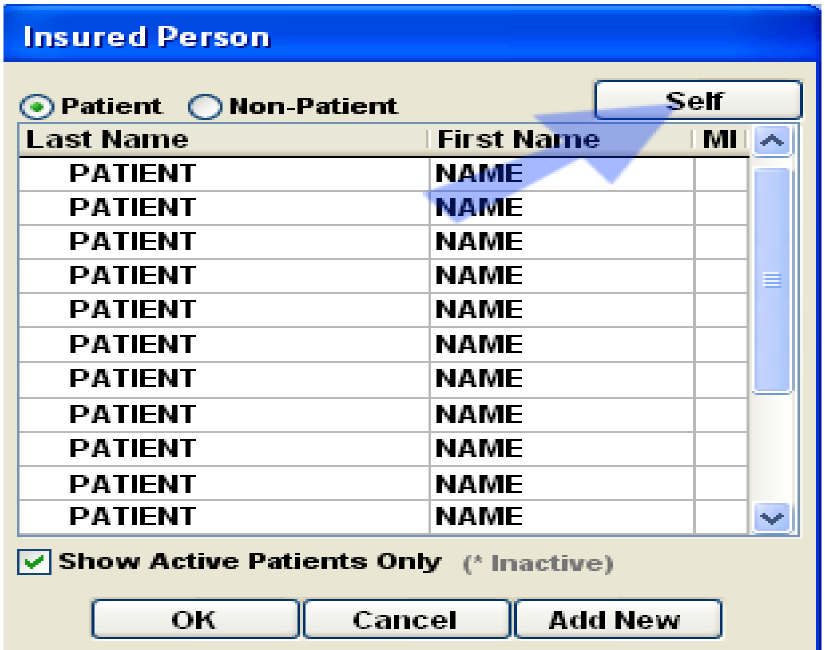
To add a new insurance policy, go to the patient's Insurance & Dates Screen, which is found by clicking on the patient list, selecting the patient you want to work with, and then clicking the Insurance / Dates tab.

Select the **New** button. A window will appear with all the Insurance Companies you have previously entered into Clinic Pro. Once an insurance company is input for one patient, that company will always be available as part of the browse list.



Select the Insurance Company for this policy by double clicking on it. Choose **Add New** to add the insurance company to your patient's card.

An Insured Person window will pop up next, prompting the user to enter who the primary insured is on this policy



There are a few different scenarios regarding patient insurance coverage:

1. If the patient is the responsible party, "self-insured," then choose the SELF button at the top of the page.
2. If the patient's primary insurance card holder is another patient, select them in the list, and hit OK.
3. If the patient's primary insured is someone who is not already a patient, select the Non-Patient button to bring up the list of non-patients. If the person is not listed on the non-patient list, choose **Add New** to quickly add their profile.

Now that the policy holder has been established, enter in the policy information as stated on the Insurance card

TYPE	The insurance policy type is set here; Primary, Secondary, or Tertiary.
ACTIVE	The active date you see here needs to be set to cover the dates in which you have entered transactions for your patient. For example: you may have worked with this particular patient a few days prior to entering their information in the ClinicPro software. Please make sure you amend this date so that the active date reflects the dates of service you will bill for with your patient
ANNIVERSARY DATE	This is a default date that ClinicPro generates as you build this policy. It is an industry standard and many insurance companies renew policies at the end of the year
TERM	In the event that the patient's insurance policy becomes inactivated, you can terminate the policy by adding the date in this field
INSURED PERSONS	The cardholder's name will display here.
RELATIONSHIP	This field displays the type of relationship that exists between the patient you are treating, and the person who is the cardholder. It is always the relationship of the patient **TO** the cardholder.
CONTRACT	The patient's policy number will be entered here; please remember to never enter any hyphens or dashes. The policy number will consist of numbers, alpha characters, and spaces.
GROUP NO	Not all insurance policies require a group number. That number will be found on the insurance card itself if it is required.
POLICY TYPE	Group policy is most always the option here, per industry.
GROUP NAME	Again, this field is rarely used in the current industry. Most active policies will have this field left blank.

AUTOMATIC COPAY/DEDUCTIBLE FIELDS

These fields in ClinicPro are rarely used in current billing situations as prescribed co-pay amounts are often times conditional, or complex.

Do not use the Copay fields if:

- If the patient has a secondary insurance that will pick up copays. This needs to be done via a transfer of insurance balance to the secondary insurance, from the primary carrier's payment.
- If the patient is unsure of their copay, and is unable to reach the insurance company. If there is a guess, and the number is wrong, the user will have to go back and fix balances on transactions before applying payments.
- If the patient has percentage-based copay and the insurance company is **not allowing the full amount,** the office will bill them. Clinic Pro will derive the copay from the **billed amount,** whereas they will derive the patient's copay based on their **allowed amount**. A very large amount of insurance companies have a maximum allowed amount they will pay for certain procedures (their fee schedule). If those two don't match (full allowance), then you will have to fix balances on transactions before applying any payments.

To set the Copay or Deductibles for the patient's insurance coverage, input the information in the Insurance & Dates screen.

The above example shows no copay.

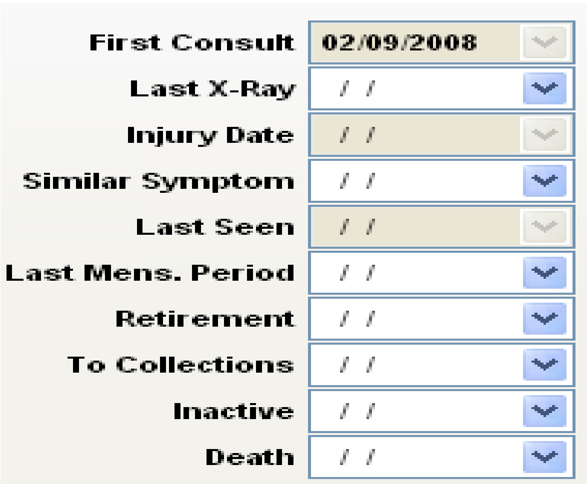
The above example shows a $20 copay.

The above example is showing that the patient "Has a $20 copay, but after 5 visits, it becomes a $10 copay"

When copay information is entered here, transactions added onto the patient's card will automatically adjust the insurance balance and patient balance to reflect the copay amount. The full amount will be billed to the insurance carrier when billing, but this allows the use to apply immediately payment towards the patient's portion of the charge, without waiting for the payment from the carrier.

PATIENT SPECIFIC DATES

This screen has a column of dates that can be entered in for various billing and internal purposes.

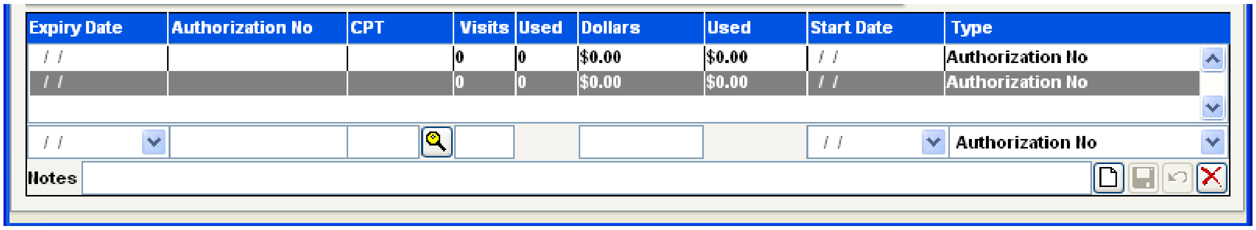


- **First Consult Date** - Not used or transmitted from this screen. See Card 2 of the Transaction Card.
- **Last X-Ray** - The date of the patient's most recent and relevant X-rays. This date will automatically update when entering in a transaction set as a Diagnostic X-Ray, this is described under Type of Service on the Procedures and Fees Detail screen.
- **Injury Date**- Not used or transmitted from this screen. See Card 2 of the Transaction Card.
- **Similar Symptom** - The date would only be filled out if the patient has had the same or similar symptoms, in the past. Realize that when the date is filled in, it may cause a rejection if the insurance contract has a pre-existing condition clause.
- **Last Seen** -Not used or transmitted from this screen. See Card 2 of the Transaction Card.
- **Last Mens. Period** - For female patients only. Input the last date of the patient's last menstrual period, if known. Generally only required for OB/GYN.
- **Retirement** - Input the date that the patient retired from active work duties.
- **To Collections** - Clinic Pro maintains a list of patients that have been sent to a collection agency. When the collection date is put in, Clinic Pro suggests that you also go into the patient screen and uncheck the "send statement" box.
- **Inactive** - When a patient is inactivated, they will no longer appear on your browse list(s).

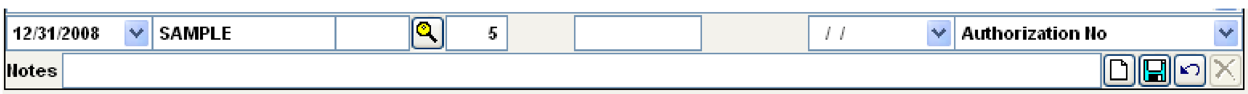
- **Death -** If patient dies during the course of care, and there are still bills outstanding, input the date of death.

INSURANCE AUTHORIZATIONS

To add Insurance Company authorization number or Referral form.

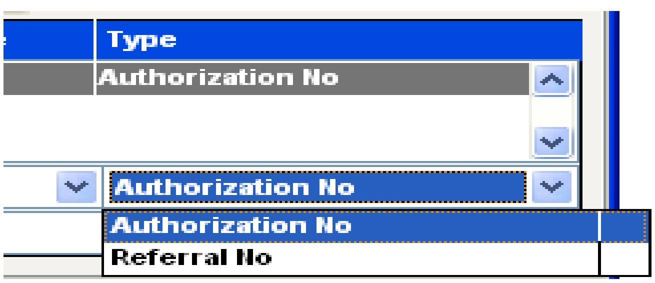


Click the New Icon  at the bottom of the screen to add a new Authorization or Referral, and fill in the pertinent information.



The above example shows an Authorization number of "SAMPLE," authorizing 5 visits before 12/31/08.

If the Authorization is only for a specific CPT code, the user may specify it here, and it will be automatically added onto the transaction when entered, until the visit or dollar maximum has been met.



A Referral number can be selected by using the dropdown menu.

Make sure to click the Save button when done. The patient Transaction card will have a field that you can enter this referral or authorization number directly to the transaction. See Transaction Card.