

Edit the Health Insurance Claim Form –HCFA

Using the HCFA red and white forms can sometimes be tricky. The preprinted forms are fed into your printer and the ClinicPro software automatically fills in the appropriate fields. Problems occur because printers are so varied in operation as there are different brands, types, and models. The printer you are using to generate these claims will most likely have to be tested, and the form template aligned, to accommodate the variance in printer mechanics.

The Billing Screen offers a feature called “Edit Custom HCFA Form” which provides access to the ClinicPro HCFA template. This template is amendable and the technicians at ClinicPro will teach you how to successfully align the template to conform to your printer.

The screenshot shows the "Insurance Billings Build" dialog box. It features several sections:

- Type:** Radio buttons for "1500" (selected), "Invoices", and "837 4010".
- Form Type:** Radio buttons for "Pre-printed forms", "Plain paper", and "Preview" (selected).
- Options:** Checkboxes for "NPI Only" (checked) and "Taxonomy".
- Printer Settings:** "Current Printer" (DELL-FAX/HP LASERJET P2) and "Printer Type" (CUSTOM). A blue arrow points to the "CUSTOM" dropdown.
- Action:** "Edit Custom HCFA Form" button. A blue arrow points to this button.
- Fields:** "Submitter" (- ALL SUBMITTERS -), "Billing Doctor" (- ALL STAFF DOCTORS -), "Carrier" (empty), "Patient Name (Last)" (empty), and "Minimum Charge" (0.00).
- Buttons:** "OK", "Quit", and "837 Errors".

Remember! The printer type **MUST** always be set to Custom if you are amending the HCFA template. If this setting is to any other type other than Custom, the changes you make to the template will not advance.

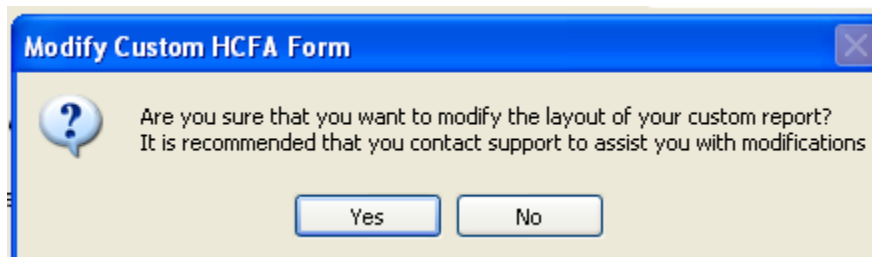
The name of the printer that will generate the HCFA claims is set in your template; you can change the printer to use a different one by clicking on the field to the right of the Current Printer field:



Click “Edit Custom HCFA Form” when ready to amend the template:



This message will display:



Click “Yes”

The HCFA grid will now display for you to advise changes to the template.

The screenshot displays a software interface for editing an HCFA form template. The main area is a grid with various input fields and checkboxes. The fields are organized into several sections:

- Insurance Information:** Insurance Company Name, Insurance Company Address, Insurance Company Address2, City, State Zip, Policy Number.
- Patient Information:** Patient Name, Birthdate, Insured Name, Insured Address, City, State, Zip, Phone.
- Other Insured Information:** Other Insured Name, Group Number, Insured Birthdate, Insured Employer, Insured Company, Other Insured Policy Number, Other Insured Birthdate, Other Insured Employer, Other Insured Company, Box 10d.
- Signature and Release:** SIGNATURE ON FILE, Release Date, Assignment Signature.
- Medical History:** Injury Illness, Similar Illness, Unable to Work, Referral Doctor Name, Qual, Provider ID, NPI Number, Hospitalization, Hospitalization, Lab Charge.
- ICD Codes:** ICD 1, ICD 2, ICD 3, ICD 4, Resubmit Code, Orig Reference, Authorization Number.
- Page Header:** Page Header, Group Header 1: HCFABREAK().
- Detail Section:** From Date, To Date, PC, EM, CPT Co, Mod, Mod, Mod, Dx Ind, Charges, Units, Ep, Provider ID, NPI Number.
- Group Footer:** Group Footer 1: HCFABREAK().
- Summary Fields:** Tax ID, Patient Num, Total Charg, Amount Paid, Balance Due, Facility Name, Clinic Name.

The interface also includes a ruler at the top and a footer with page information.

These fields are easily moved and the position will be directed by the actual HCFA form as generated in your office. Please have this form in hand when making changes.

You will move the boxes by clicking on them and using the arrow keys on your keyboard. Allow our staff to assist you in this edit process.