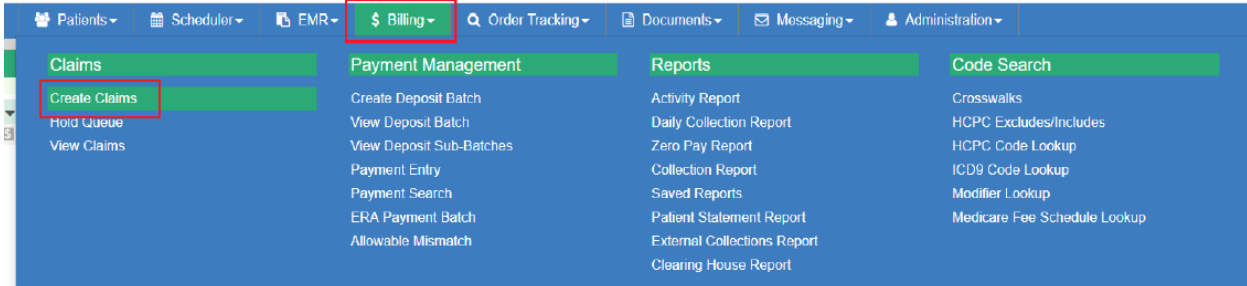


Self-Pay Claims Creation



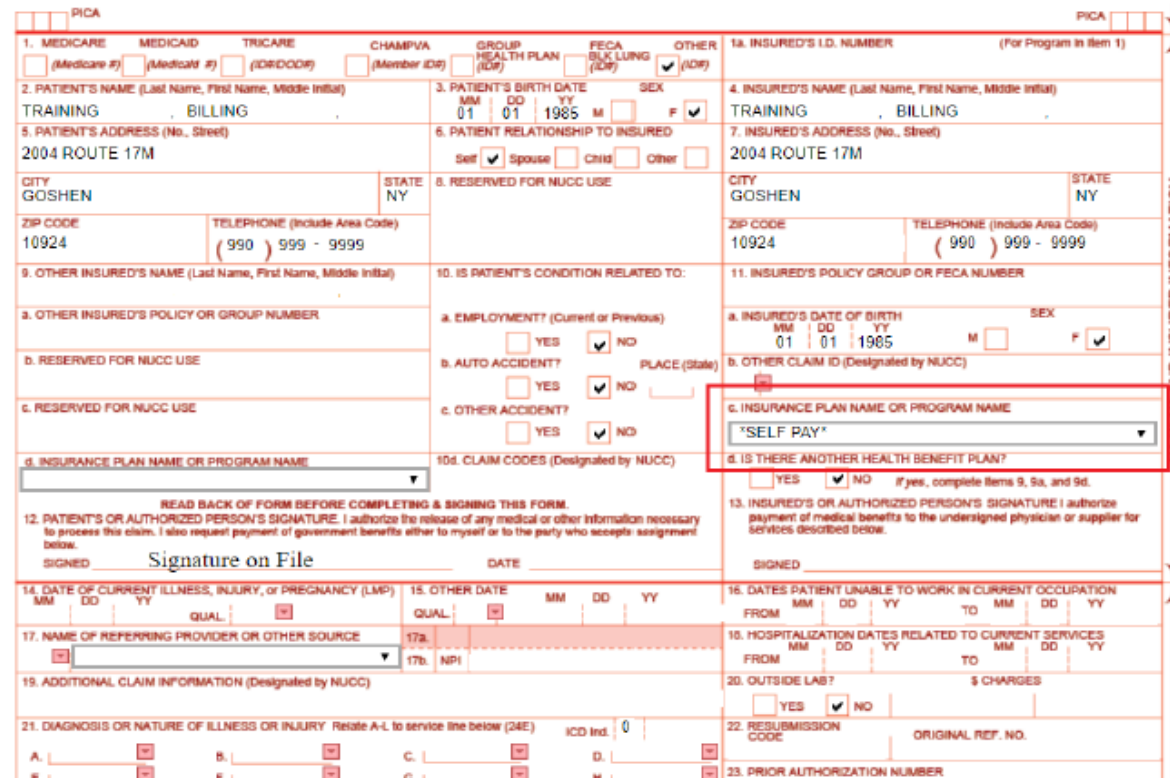
BILLING> CLAIMS> CREATE CLAIMS



The screenshot shows the WRSHealth software interface. The top navigation bar includes 'Patients', 'Scheduler', 'EMR', 'Billing', 'Order Tracking', 'Documents', 'Messaging', and 'Administration'. The 'Billing' menu is expanded, showing options like 'Claims', 'Payment Management', 'Reports', and 'Code Search'. Under 'Claims', 'Create Claims' is highlighted. Other options under 'Claims' include 'Hold Queue' and 'View Claims'. Under 'Payment Management', options include 'Create Deposit Batch', 'View Deposit Batch', 'View Deposit Sub-Batches', 'Payment Entry', 'Payment Search', 'ERA Payment Batch', and 'Allowable Mismatch'. Under 'Reports', options include 'Activity Report', 'Daily Collection Report', 'Zero Pay Report', 'Collection Report', 'Saved Reports', 'Patient Statement Report', 'External Collections Report', and 'Clearing House Report'. Under 'Code Search', options include 'Crosswalks', 'HCPC Excludes/Includes', 'HCPC Code Lookup', 'ICD9 Code Lookup', 'Modifier Lookup', and 'Medicare Fee Schedule Lookup'.

STEPS

1. Box 11C – select Self-Pay > click Verify and Print Patient Statement to create self-pay claim



The screenshot shows the 'Create Claims' form in the WRSHealth software. The form is divided into several sections. The top section contains fields for '1. MEDICARE', '2. PATIENT'S NAME', '3. PATIENT'S BIRTH DATE', '4. INSURED'S NAME', '5. PATIENT'S ADDRESS', '6. PATIENT RELATIONSHIP TO INSURED', '7. INSURED'S ADDRESS', '8. RESERVED FOR NUCC USE', '9. OTHER INSURED'S NAME', '10. IS PATIENT'S CONDITION RELATED TO:', '11. INSURED'S POLICY GROUP OR FECA NUMBER', '12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE', '13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE', '14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)', '15. OTHER DATE', '16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION', '17. NAME OF REFERRING PROVIDER OR OTHER SOURCE', '17a. NPI', '18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES', '19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)', '20. OUTSIDE LAB?', '21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY', '22. RESUBMISSION CODE', and '23. PRIOR AUTHORIZATION NUMBER'. The 'Insurance Plan Name or Program Name' field (11C) is highlighted with a red box, and the dropdown menu is open, showing 'SELF PAY' selected. The 'Insurance Plan Name or Program Name' field is also highlighted with a red box. The 'Insurance Plan Name or Program Name' field is also highlighted with a red box.

Verify and Print Patient Statement
Send To Hold Queue

05/18/2018	PROCEDURE 99214 OFFICE/OUTPATIENT VISIT EST	\$300.00
	PATIENT BALANCE CO-PAYMENT	\$50.00
05/18/2018	PATIENT ACCOUNT CREDIT	\$-10.00
05/18/2018	PATIENT TOTALS	\$171.00

☐ Please check box if below address is incorrect or if your insurance information has changed. Please indicate change(s) on the reverse side.

RETURN SERVICE REQUESTED

FOR ACCOUNT QUESTIONS CALL: 973-473-4040

ADDRESS SEE: REMIT TO:

BILLING TRAINING WRS IMPLEMENTATION & TRAINING

STATEMENT DATE: 05/18/2018 AMOUNT OWED: \$171.00 ACCOUNT #: 5632377

SHOW AMOUNT PAID HERE \$

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

PRINT BACKGROUND

NAME (Last, First Name, Middle Initial)

BILLING

DOB (mm, dd, yy)

STATE NY

TELEPHONE (include area code) (999) 999 - 9999

TV GROUP OR PECA NUMBER

IF BIRTH DATE IS 1000 SEX M F

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services rendered herein.)

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) DATE MM DD YY

Self Pay Claim #10222188 has been created and will not be sent to the insurance company



NOTES

- Review the appointment list. This contains the patients scheduled to specific providers and locations. Front Desk performs the check in and check out workflow
- When the option MOVE TO EXAM ROOM is clicked the system automatically prepares the EMR NOTE. The CPT, Modifier, ICD Codes entered in the superbill, in the EMR Note, will then automatically populate in the CMS 1500/claim Form