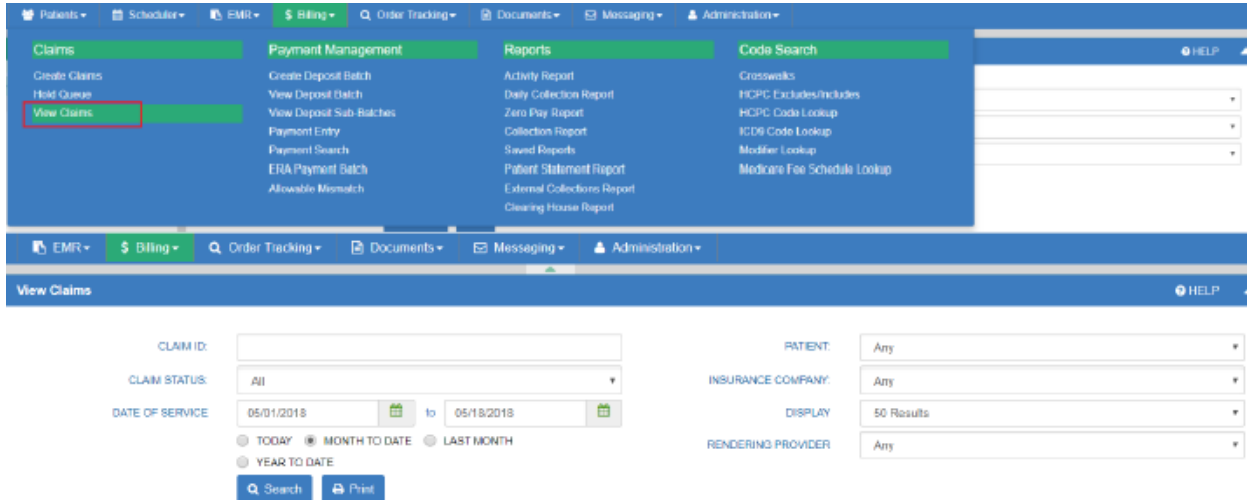


View Claims



GO TO

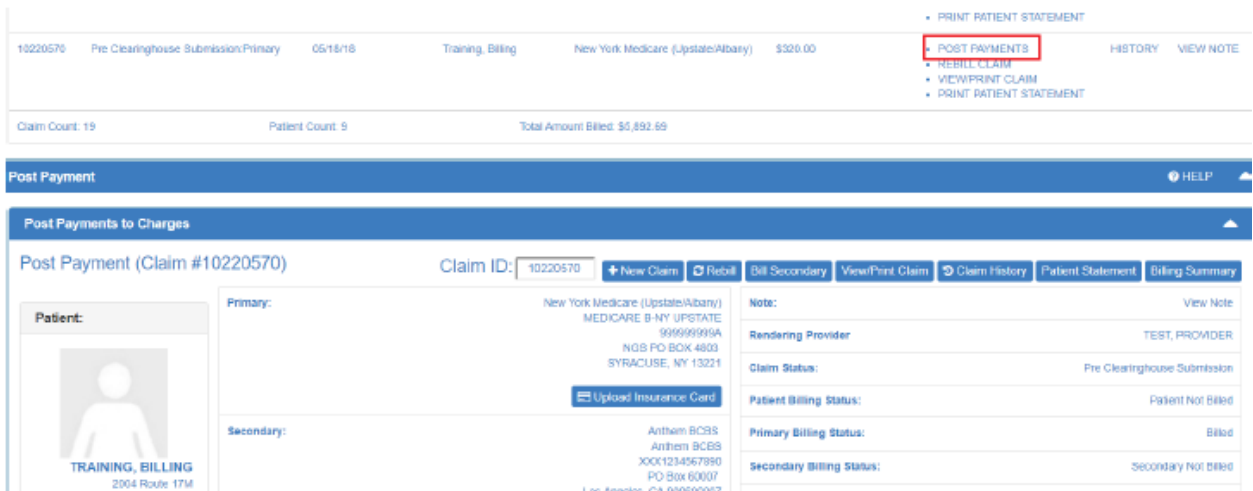
BILLING>CLAIMS>VIEW CLAIMS



The screenshot shows the WRSHealth software interface. The top navigation bar includes links for Patients, Scheduler, EMR, Billing, Order Tracking, Documents, Messaging, and Administration. The 'Billing' menu is expanded, showing options like Create Claims, Hold Queue, View Claims (highlighted with a red box), Create Deposit Batch, View Deposit Sub Batches, Payment Entry, Payment Search, ERA Payment Batch, Allowable Mismatch, Activity Report, Daily Collection Report, Zero Pay Report, Collection Report, Saved Reports, Patient Statement Report, External Collections Report, Clearing House Report, Crosswalks, HCPC Excludes/Includes, HCPC Code Lookup, ICD9 Code Lookup, Modifier Lookup, and Medicare Fee Schedule Lookup. Below the navigation bar, the 'View Claims' section is visible, featuring search filters for CLAIM ID, CLAIM STATUS, DATE OF SERVICE, PATIENT, INSURANCE COMPANY, DISPLAY, and RENDERING PROVIDER. The 'DATE OF SERVICE' filter is set to 05/01/2018 to 05/18/2018, and the 'DISPLAY' filter is set to 50 Results. Search and Print buttons are located at the bottom of the filter section.

STEPS

1. Select **POST PAYMENTS** to view the post payment screen



The screenshot shows the 'Post Payments' screen in the WRSHealth software. The top navigation bar includes links for Patients, Scheduler, EMR, Billing, Order Tracking, Documents, Messaging, and Administration. The 'Billing' menu is expanded, showing options like Create Claims, Hold Queue, View Claims, Create Deposit Batch, View Deposit Sub Batches, Payment Entry, Payment Search, ERA Payment Batch, Allowable Mismatch, Activity Report, Daily Collection Report, Zero Pay Report, Collection Report, Saved Reports, Patient Statement Report, External Collections Report, Clearing House Report, Crosswalks, HCPC Excludes/Includes, HCPC Code Lookup, ICD9 Code Lookup, Modifier Lookup, and Medicare Fee Schedule Lookup. Below the navigation bar, the 'View Claims' section is visible, featuring search filters for CLAIM ID, CLAIM STATUS, DATE OF SERVICE, PATIENT, INSURANCE COMPANY, DISPLAY, and RENDERING PROVIDER. The 'DATE OF SERVICE' filter is set to 05/01/2018 to 05/18/2018, and the 'DISPLAY' filter is set to 50 Results. Search and Print buttons are located at the bottom of the filter section. The 'Post Payments' section shows a list of claims with columns for CLAIM ID, Description, Date, Status, Insurance, Amount, and Actions. The 'POST PAYMENTS' action is highlighted with a red box. Below the list, the 'Post Payment' section shows details for Claim #10220570, including Patient, Primary, Secondary, and Billing information.

2. Select **REBILL CLAIM** to resubmit a corrected claim

Results HELP

CLAIM #	CLAIM STATUS	DATE OF SERVICE	PATIENT	INSURANCE	AMOUNT BILLED	ACTIONS	HISTORY	VIEW NOTE
10150032	Billed Primary	05/01/18	First, Drake	New York Medicare (Upstate/Albany)	\$621.03	<ul style="list-style-type: none"> POST PAYMENTS REBILL CLAIM VIEWPRINT CLAIM PRINT PATIENT STATEMENT 	HISTORY	VIEW NOTE
10120442	Awaiting Pmtg Primary	05/03/18	Namobi, Test	UNITED HEALTHCARE	\$62.25	<ul style="list-style-type: none"> POST PAYMENTS REBILL CLAIM VIEWPRINT CLAIM PRINT PATIENT STATEMENT 	HISTORY	

NUCC FORM 1500 (02-12)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN **GORDON, LAWRENCE** 179. 10. 047824 176. NPI: 1801814994

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES: FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: A. H61.29 B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z. AA. AB. AC. AD. AE. AF. AG. AH. AI. AJ. AK. AL. AM. AN. AO. AP. AQ. AR. AS. AT. AU. AV. AW. AX. AY. AZ. BA. BB. BC. BD. BE. BF. BG. BH. BI. BJ. BK. BL. BM. BN. BO. BP. BQ. BR. BS. BT. BU. BV. BW. BX. BY. BZ. CA. CB. CC. CD. CE. CF. CG. CH. CI. CJ. CK. CL. CM. CN. CO. CP. CQ. CR. CS. CT. CU. CV. CW. CX. CY. CZ. DA. DB. DC. DD. DE. DF. DG. DH. DI. DJ. DK. DL. DM. DN. DO. DP. DQ. DR. DS. DT. DU. DV. DW. DX. DY. DZ. EA. EB. EC. ED. EE. EF. EG. EH. EI. EJ. EK. EL. EM. EN. EO. EP. EQ. ER. ES. ET. EU. EV. EW. EX. EY. EZ. FA. FB. FC. FD. FE. FF. FG. FH. FI. FJ. FK. FL. FM. FN. FO. FP. FQ. FR. FS. FT. FU. FV. FW. FX. FY. FZ. GA. GB. GC. GD. GE. GF. GG. GH. GI. GJ. GK. GL. GM. GN. GO. GP. GQ. GR. GS. GT. GU. GV. GW. GX. GY. GZ. HA. HB. HC. HD. HE. HF. HG. HH. HI. HJ. HK. HL. HM. HN. HO. HP. HQ. HR. HS. HT. HU. HV. HW. HX. HY. HZ. IA. IB. IC. ID. IE. IF. IG. IH. II. IJ. IK. IL. IM. IN. IO. IP. IQ. IR. IS. IT. IU. IV. IW. IX. IY. IZ. JA. JB. JC. JD. JE. JF. JG. JH. JI. JJ. JK. JL. JM. JN. JO. JP. JQ. JR. JS. JT. JU. JV. JW. JX. JY. JZ. KA. KB. KC. KD. KE. KF. KG. KH. KI. KJ. KK. KL. KM. KN. KO. KP. KQ. KR. KS. KT. KU. KV. KW. KX. KY. KZ. LA. LB. LC. LD. LE. LF. LG. LH. LI. LJ. LK. LL. LM. LN. LO. LP. LQ. LR. LS. LT. LU. LV. LW. LX. LY. LZ. MA. MB. MC. MD. ME. MF. MG. MH. MI. MJ. MK. ML. MN. MO. MP. MQ. MR. MS. MT. MU. MV. MW. MX. MY. MZ. NA. NB. NC. ND. NE. NF. NG. NH. NI. NJ. NK. NL. NM. NO. NP. NQ. NR. NS. NT. NU. NV. NW. NX. NY. NZ. OA. OB. OC. OD. OE. OF. OG. OH. OI. OJ. OK. OL. OM. ON. OO. OP. OQ. OR. OS. OT. OU. OV. OW. OX. OY. OZ. PA. PB. PC. PD. PE. PF. PG. PH. PI. PJ. PK. PL. PM. PN. PO. PP. PQ. PR. PS. PT. PU. PV. PW. PX. PY. PZ. QA. QB. QC. QD. QE. QF. QG. QH. QI. QJ. QK. QL. QM. QN. QO. QP. QQ. QR. QS. QT. QU. QV. QW. QX. QY. QZ. RA. RB. RC. RD. RE. RF. RG. RH. RI. RJ. RK. RL. RM. RN. RO. RP. RQ. RR. RS. RT. RU. RV. RW. RX. RY. RZ. SA. SB. SC. SD. SE. SF. SG. SH. SI. SJ. SK. SL. SM. SN. SO. SP. SQ. SR. SS. ST. SU. SV. SW. SX. SY. SZ. TA. TB. TC. TD. TE. TF. TG. TH. TI. TJ. TK. TL. TM. TN. TO. TP. TQ. TR. TS. TT. TU. TV. TW. TX. TY. TZ. UA. UB. UC. UD. UE. UF. UG. UH. UI. UJ. UK. UL. UM. UN. UO. UP. UQ. UR. US. UT. UU. UV. UW. UX. UY. UZ. VA. VB. VC. VD. VE. VF. VG. VH. VI. VJ. VK. VL. VM. VN. VO. VP. VQ. VR. VS. VT. VU. VW. VX. VY. VZ. WA. WB. WC. WD. WE. WF. WG. WH. WI. WJ. WK. WL. WM. WN. WO. WP. WQ. WR. WS. WT. WU. WV. WW. WX. WY. WZ. XA. XB. XC. XD. XE. XF. XG. XH. XI. XJ. XK. XL. XM. XN. XO. XP. XQ. XR. XS. XT. XU. XV. XW. XX. XY. XZ. YA. YB. YC. YD. YE. YF. YG. YH. YI. YJ. YK. YL. YM. YN. YO. YP. YQ. YR. YS. YT. YU. YV. YW. YX. YY. YZ. ZA. ZB. ZC. ZD. ZE. ZF. ZG. ZH. ZI. ZJ. ZK. ZL. ZM. ZN. ZO. ZP. ZQ. ZR. ZS. ZT. ZU. ZV. ZW. ZX. ZY. ZZ.

22. PRIOR AUTHORIZATION NUMBER: 05/01/18-07/01/18 12345 GORDON

23. BILLING PROVIDER INFO & PI # (973 273 4040) ADVANCE ANKLE FOOT AND PAIN 12345 COXVILLE BUILDING TAMPA FL 07010-1234

24. A. DATES OF SERVICE: FROM MM DD YY TO MM DD YY B. PLACE OF SERVICE: C. D. PROCEDURES, SERVICES, OR SUPPLIES (Enter Unusual Circumstances) E. DIAGNOSIS: F. CHARGES: G. CHARGES: H. CHARGES: I. CHARGES: J. RENDERING PROVIDER ID: #

25. FEDERAL TAX ID NUMBER: 260359751 26. PATIENT'S ACCOUNT NO.: 10150032 27. ACCEPT ASSIGNMENT? YES NO 28. TOTAL CHARGE: \$621.03 29. AMOUNT PAID: \$0 30. REBIL BY NUCC USE

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include degrees or credentials) (Verify that the statements on the reverse apply to this use and are made a part thereof): 32. SERVICE FACILITY LOCATION INFORMATION: 33. BILLING PROVIDER INFO & PI # (973 273 4040) ADVANCE ANKLE FOOT AND PAIN 12345 COXVILLE BUILDING TAMPA FL 07010-1234

Supervising Provider: TEST PROVIDER A 123456789 B 123456789 C 123456789 D 123456789 E 123456789 F 123456789 G 123456789 H 123456789 I 123456789 J 123456789 K 123456789 L 123456789 M 123456789 N 123456789 O 123456789 P 123456789 Q 123456789 R 123456789 S 123456789 T 123456789 U 123456789 V 123456789 W 123456789 X 123456789 Y 123456789 Z 123456789

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB 0533-1197 FORM 1500 (02-12)

Verify and Submit Electronically Verify and Drop To Paper Send To Hold Queue

3. Select **VIEW/PRINT CLAIM** to view the claim form

NUCC FORM 1500 (02-12)

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (EMP): 15. OTHER DATE: 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION: FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN **Test Admin M** 179. 10. 123456789 176. NPI: 123456789

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES: FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: A. R51 B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z. AA. AB. AC. AD. AE. AF. AG. AH. AI. AJ. AK. AL. AM. AN. AO. AP. AQ. AR. AS. AT. AU. AV. AW. AX. AY. AZ. BA. BB. BC. BD. BE. BF. BG. BH. BI. BJ. BK. BL. BM. BN. BO. BP. BQ. BR. BS. BT. BU. BV. BW. BX. BY. BZ. CA. CB. CC. CD. CE. CF. CG. CH. CI. CJ. CK. CL. CM. CN. CO. CP. CQ. CR. CS. CT. CU. CV. CW. CX. CY. CZ. DA. DB. DC. DD. DE. DF. DG. DH. DI. DJ. DK. DL. DM. DN. DO. DP. DQ. DR. DS. DT. DU. DV. DW. DX. DY. DZ. EA. EB. EC. ED. EE. EF. EG. EH. EI. EJ. EK. EL. EM. EN. EO. EP. EQ. ER. ES. ET. EU. EV. EW. EX. EY. EZ. FA. FB. FC. FD. FE. FF. FG. FH. FI. FJ. FK. FL. FM. FN. FO. FP. FQ. FR. FS. FT. FU. FV. FW. FX. FY. FZ. GA. GB. GC. GD. GE. GF. GG. GH. GI. GJ. GK. GL. GM. GN. GO. GP. GQ. GR. GS. GT. GU. GV. GW. GX. GY. GZ. HA. HB. HC. HD. HE. HF. HG. HH. HI. HJ. HK. HL. HM. HN. HO. HP. HQ. HR. HS. HT. HU. HV. HW. HX. HY. HZ. IA. IB. IC. ID. IE. IF. IG. IH. II. IJ. IK. IL. IM. IN. IO. IP. IQ. IR. IS. IT. IU. IV. IW. IX. IY. IZ. JA. JB. JC. JD. JE. JF. JG. JH. JI. JJ. JK. JL. JM. JN. JO. JP. JQ. JR. JS. JT. JU. JV. JW. JX. JY. JZ. KA. KB. KC. KD. KE. KF. KG. KH. KI. KJ. KK. KL. KM. KN. KO. KP. KQ. KR. KS. KT. KU. KV. KW. KX. KY. KZ. LA. LB. LC. LD. LE. LF. LG. LH. LI. LJ. LK. LL. LM. LN. LO. LP. LQ. LR. LS. LT. LU. LV. LW. LX. LY. LZ. MA. MB. MC. MD. ME. MF. MG. MH. MI. MJ. MK. ML. MN. MO. MP. MQ. MR. MS. MT. MU. MV. MW. MX. MY. MZ. NA. NB. NC. ND. NE. NF. NG. NH. NI. NJ. NK. NL. NM. NO. NP. NQ. NR. NS. NT. NU. NV. NW. NX. NY. NZ. OA. OB. OC. OD. OE. OF. OG. OH. OI. OJ. OK. OL. OM. ON. OO. OP. OQ. OR. OS. OT. OU. OV. OW. OX. OY. OZ. PA. PB. PC. PD. PE. PF. PG. PH. PI. PJ. PK. PL. PM. PN. PO. PP. PQ. PR. PS. PT. PU. PV. PW. PX. PY. PZ. QA. QB. QC. QD. QE. QF. QG. QH. QI. QJ. QK. QL. QM. QN. QO. QP. QQ. QR. QS. QT. QU. QV. QW. QX. QY. QZ. RA. RB. RC. RD. RE. RF. RG. RH. RI. RJ. RK. RL. RM. RN. RO. RP. RQ. RR. RS. RT. RU. RV. RW. RX. RY. RZ. SA. SB. SC. SD. SE. SF. SG. SH. SI. SJ. SK. SL. SM. SN. SO. SP. SQ. SR. SS. ST. SU. SV. SW. SX. SY. SZ. TA. TB. TC. TD. TE. TF. TG. TH. TI. TJ. TK. TL. TM. TN. TO. TP. TQ. TR. TS. TT. TU. TV. TW. TX. TY. TZ. UA. UB. UC. UD. UE. UF. UG. UH. UI. UJ. UK. UL. UM. UN. UO. UP. UQ. UR. US. UT. UU. UV. UW. UX. UY. UZ. VA. VB. VC. VD. VE. VF. VG. VH. VI. VJ. VK. VL. VM. VN. VO. VP. VQ. VR. VS. VT. VU. VW. VX. VY. VZ. WA. WB. WC. WD. WE. WF. WG. WH. WI. WJ. WK. WL. WM. WN. WO. WP. WQ. WR. WS. WT. WU. WV. WW. WX. WY. WZ. XA. XB. XC. XD. XE. XF. XG. XH. XI. XJ. XK. XL. XM. XN. XO. XP. XQ. XR. XS. XT. XU. XV. XW. XX. XY. XZ. YA. YB. YC. YD. YE. YF. YG. YH. YI. YJ. YK. YL. YM. YN. YO. YP. YQ. YR. YS. YT. YU. YV. YW. YX. YY. YZ. ZA. ZB. ZC. ZD. ZE. ZF. ZG. ZH. ZI. ZJ. ZK. ZL. ZM. ZN. ZO. ZP. ZQ. ZR. ZS. ZT. ZU. ZV. ZW. ZX. ZY. ZZ.

22. PRIOR AUTHORIZATION NUMBER: 05/01/18-07/01/18 12345 GORDON

23. BILLING PROVIDER INFO & PI # (973 273 4040) ADVANCE ANKLE FOOT AND PAIN 12345 COXVILLE BUILDING TAMPA FL 07010-1234

24. A. DATES OF SERVICE: FROM MM DD YY TO MM DD YY B. PLACE OF SERVICE: C. D. PROCEDURES, SERVICES, OR SUPPLIES (Enter Unusual Circumstances) E. DIAGNOSIS: F. CHARGES: G. CHARGES: H. CHARGES: I. CHARGES: J. RENDERING PROVIDER ID: #

25. FEDERAL TAX ID NUMBER: 260359751 26. PATIENT'S ACCOUNT NO.: 10220670 27. ACCEPT ASSIGNMENT? YES NO 28. TOTAL CHARGE: \$30 29. AMOUNT PAID: \$0 30. REBIL BY NUCC USE

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include degrees or credentials) (Verify that the statements on the reverse apply to this use and are made a part thereof): 32. SERVICE FACILITY LOCATION INFORMATION: 33. BILLING PROVIDER INFO & PI # (973 273 4040) ADVANCE ANKLE FOOT AND PAIN 12345 COXVILLE BUILDING TAMPA FL 07010-1234

Supervising Provider: TEST PROVIDER A 123456789 B 123456789 C 123456789 D 123456789 E 123456789 F 123456789 G 123456789 H 123456789 I 123456789 J 123456789 K 123456789 L 123456789 M 123456789 N 123456789 O 123456789 P 123456789 Q 123456789 R 123456789 S 123456789 T 123456789 U 123456789 V 123456789 W 123456789 X 123456789 Y 123456789 Z 123456789

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VIEW/PRINT CLAIM

