

## Posting Insurance Payment

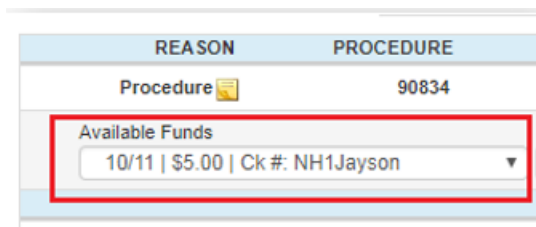


**GO TO**

BILLING>CLAIMS>VIEW CLAIMS>POST PAYMENT

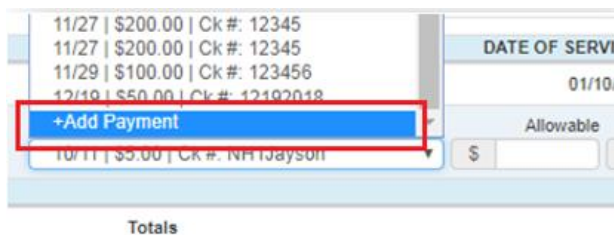
### STEPS

1. Go to Available Funds



REASON	PROCEDURE
Procedure	90834
Available Funds	
10/11   \$5.00   Ck #: NH1Jayson	

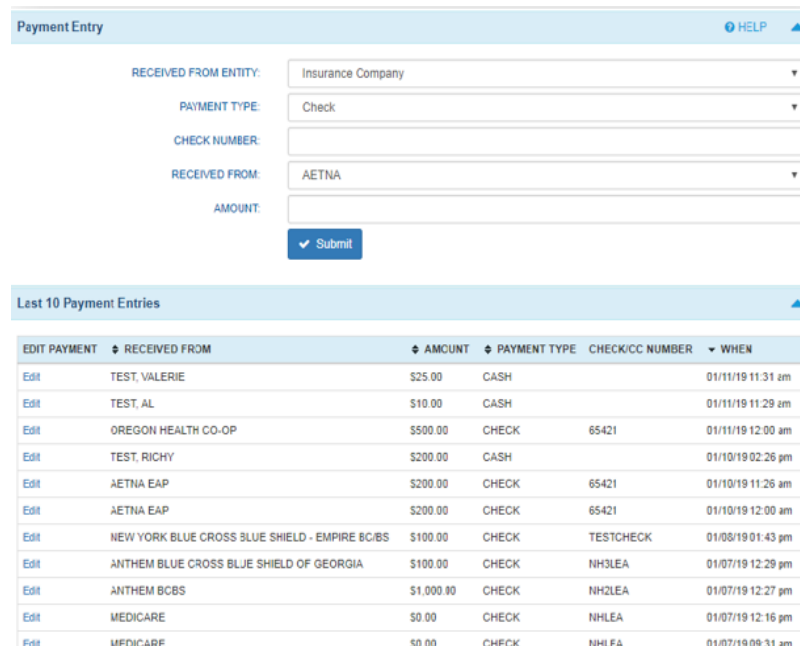
2. Select the dropdown and scroll down to choose +Add Payment



11/27   \$200.00   Ck #: 12345
11/27   \$200.00   Ck #: 12345
11/29   \$100.00   Ck #: 123456
12/19   \$50.00   Ck #: 12192018
<b>+Add Payment</b>
10/11   \$5.00   Ck #: NH1Jayson

Totals

3. Selecting +Add Payment will pull up the Payment Entry screen



**Payment Entry** [HELP](#)

RECEIVED FROM ENTITY: Insurance Company

PAYMENT TYPE: Check

CHECK NUMBER:

RECEIVED FROM: AETNA

AMOUNT:

**Last 10 Payment Entries**

EDIT	PAYMENT	RECEIVED FROM	AMOUNT	PAYMENT TYPE	CHECK/CC NUMBER	WHEN
Edit	TEST, VALERIE		\$25.00	CASH		01/11/19 11:31 am
Edit	TEST, AL		\$10.00	CASH		01/11/19 11:29 am
Edit	OREGON HEALTH CO-OP		\$500.00	CHECK	65421	01/11/19 12:00 am
Edit	TEST, RICHY		\$200.00	CASH		01/10/19 02:26 pm
Edit	AETNA EAP		\$200.00	CHECK	65421	01/10/19 11:26 am
Edit	AETNA EAP		\$200.00	CHECK	65421	01/10/19 12:00 am
Edit	NEW YORK BLUE CROSS BLUE SHIELD - EMPIRE BC/BS		\$100.00	CHECK	TESTCHECK	01/08/19 01:43 pm
Edit	ANTHEM BLUE CROSS BLUE SHIELD OF GEORGIA		\$100.00	CHECK	NH3LEA	01/07/19 12:29 pm
Edit	ANTHEM BCBS		\$1,000.00	CHECK	NH2LEA	01/07/19 12:27 pm
Edit	MEDICARE		\$0.00	CHECK	NHLEA	01/07/19 12:16 pm
Edit	MEDICARE		\$0.00	CHECK	NHLEA	01/07/19 09:31 am

4. Select payment type

**Payment Entry** HELP

RECEIVED FROM ENTITY: Insurance Company

PAYMENT TYPE: **Check**

CHECK NUMBER: **Check**

RECEIVED FROM: Collection Agency  
Credit Card  
Electronic Funds Transfer  
Money Order

AMOUNT: **Submit**

5. Enter the Check Number and the Check Amount and select Submit

**Payment Entry** HELP

RECEIVED FROM ENTITY: Insurance Company

PAYMENT TYPE: Check

CHECK NUMBER: Newyear2019

RECEIVED FROM: AETNA

AMOUNT: 300.00

**Submit**

6. Enter the value under Payment Amount and select Submit

REASON	PROCEDURE	DATE OF SERVICE	AMOUNT CHARGED	ALLOWABLE
Procedure	90834	01/10/19	\$300.00	

Available Funds: 1/11 | \$300.00 | Ck #: Newyear2019

Allowable: \$ 0.00

**Payment Amount: \$ 100.00**

Adjustment Type: Co-Pay

Adj Amount: \$ 30.00

AMOUNT CHARGED	ALLOWABLE
Totals	\$300.00

**Submit** **Reset**

7. Enter the corresponding values from the EOB

AMOUNT CHARGED	ALLOWABLE	AMOUNT ADJUSTED	AMOUNT PAID	AMOUNT OWED	OWED BY
\$300.00		\$0.00	\$100.00	\$200.00	AETNA

Amount: 0.00

Adjustment Type: Co-Pay

Adj Amount: \$ 0.00

Adjustment Type: Co-Insurance

Adj Amount: \$ 0.00

Adjustment Type: Contractual

Adj Amount: \$ 0.00

AMOUNT CHARGED	ALLOWABLE	AMOUNT ADJUSTED	AMOUNT PAID	AMOUNT OWED
\$300.00		\$0.00	\$0.00	\$300.00

**Submit** **Reset**



## NOTES

- *Definitions of Adjustment Type:*
  - **Bad Debt** – apply a balance denied for timely filing or sending balances to collections agency
  - **Capitation** – capitated services
  - **Courtesy/Discount** – depends upon the practice whether they give courtesy or discounts to patients
  - **Contractual** – contractual obligations
  - **Interest** – an interest