

# **PATIENT ACCOUNTING TRAINING**

**Most collection activity will occur in SMS Patient Accounting.**

**However, any changes to patient demographics or insurance will need to be done in Cerner PMOffice.**

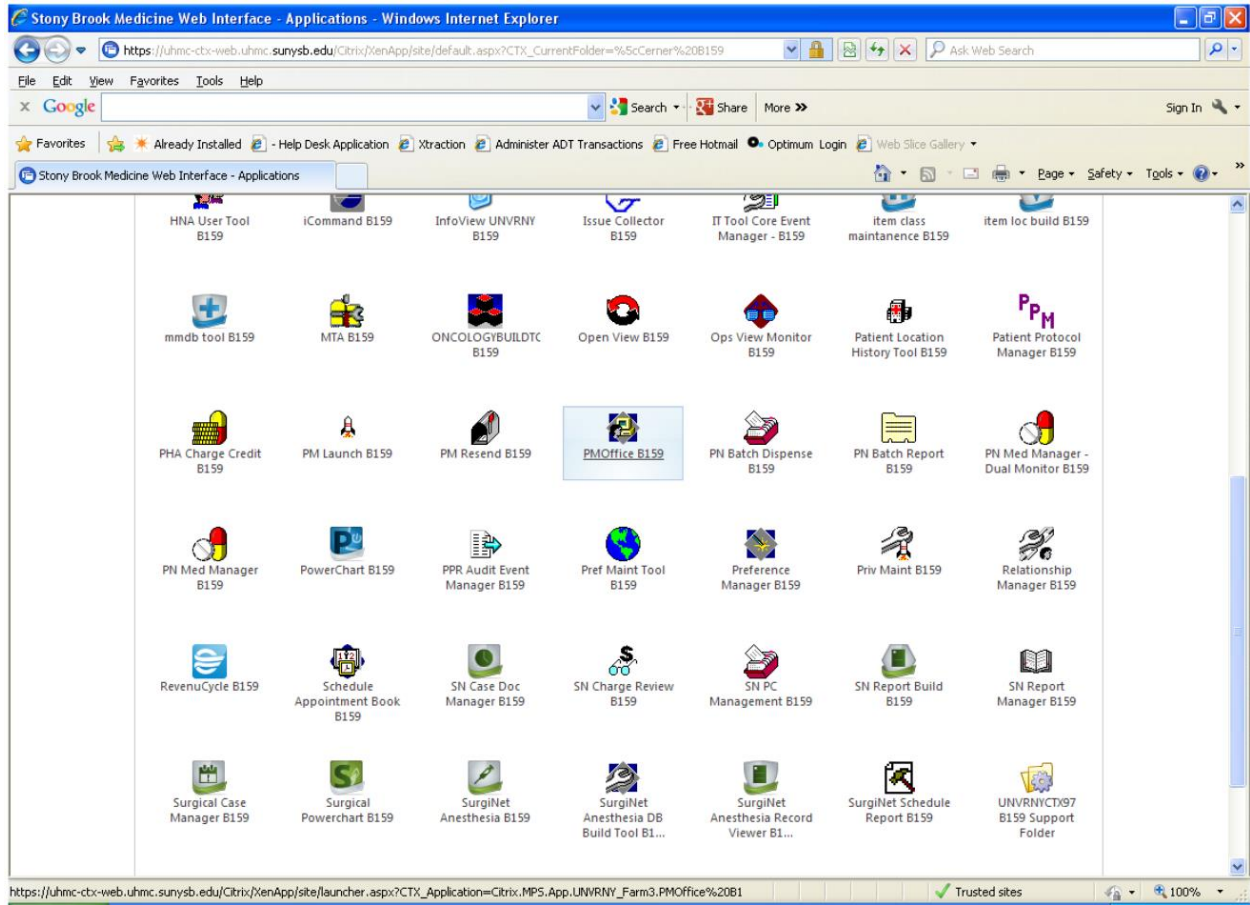
**Demographic changes should be called in to the Registration Office to change in PMOffice.**

**Insurance changes should be done by the Patient Accounting Office in PMOffice.**

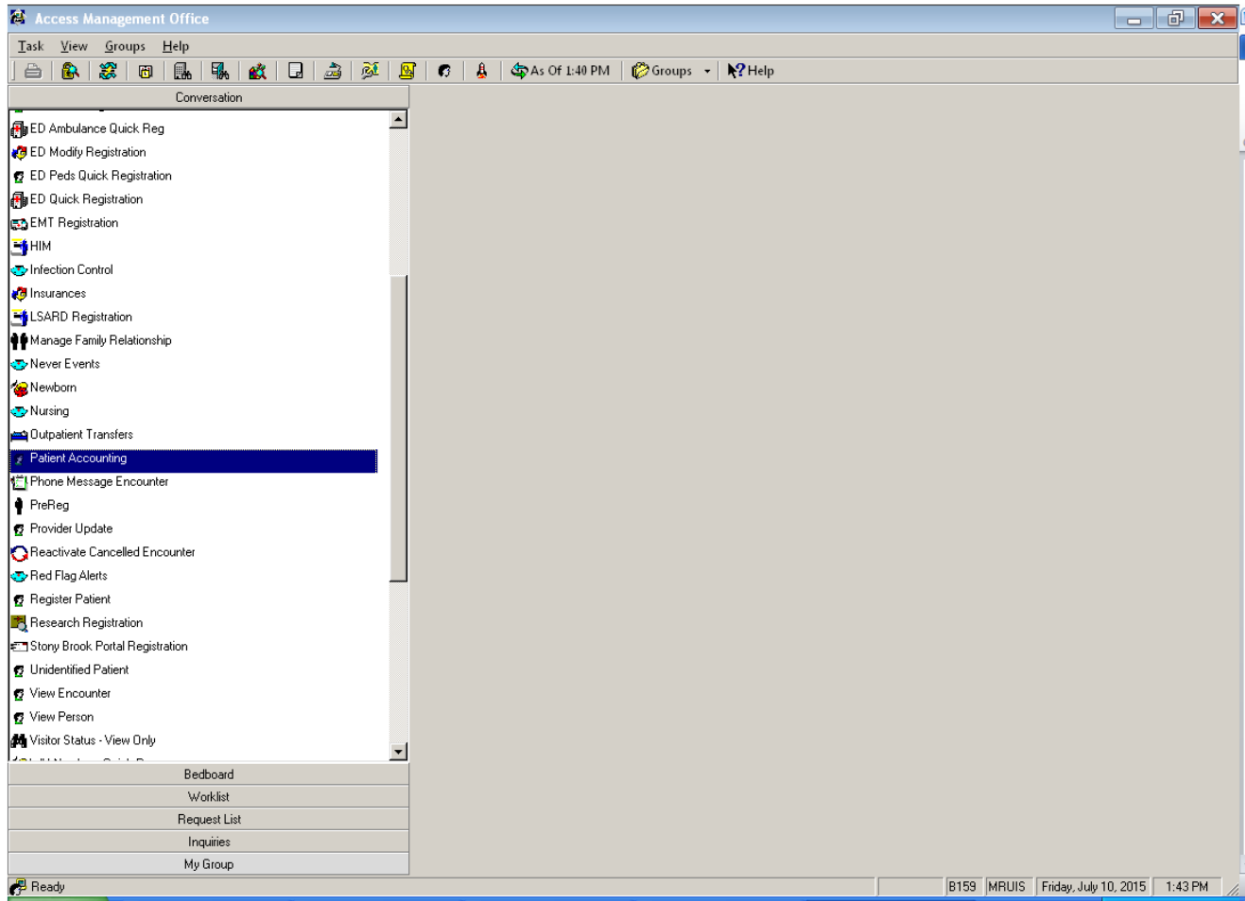
**Eligibility checking will also occur in PMOffice.**

**Diagnosis information for inpatients will be flow through the SMART system prior to posting in SMS Patient Accounting.**

# Sign in to Citrix and select PMOffice



## Double click on the Patient Accounting Conversation



At the encounter search screen, enter the patient identifying information and click search. Highlight the encounter you would like to modify and hit the ok button.

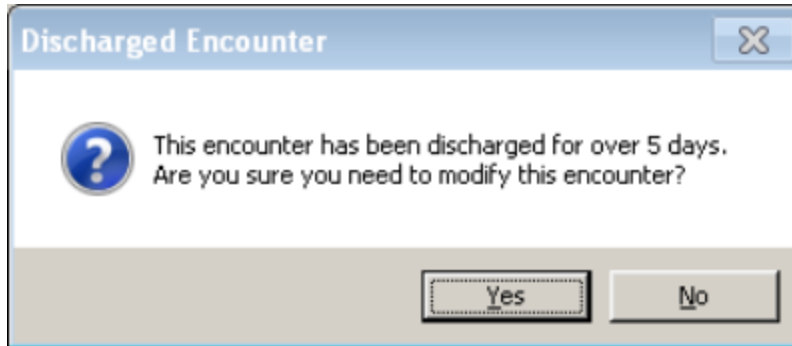
**Encounter Search**

Last Name: basirico  
 First Name:  
 Middle Initial:  
 SSN:  
 DOB: 03/31/1957  
 MRN:  
 Sex:  
 Account #:  
 Facility:  
 Location:

Name	MRN	Sex	DOB	Age	Me
BASIRICO, TESTCPM	60004566	Female	1/1/1901	114 Years	
BASIRICO, TEST	06000260	Female	3/31/1957	58 Years	
BASIRICO, SCOUT	60005829	Unknown	1/1/1900	115 Years	
BASIRICO, SANDYTWO	60006132	Female	1/15/2015	5 Months	
BASIRICO, SANDY	60006056	Female	3/31/1968	47 Years	
BASIRICO, ROSINA	60004514	Female	2/25/1920	95 Years	
<b>BASIRICO, PHOEBE</b>	<b>60004709</b>	<b>Female</b>	<b>2/14/2004</b>	<b>11 Years</b>	
BASIRICO, MERGETWO	(60005041); 60005042	Female	1/1/1954	61 Years	
BASIRICO, MERGETESTA	60005085	Female	8/21/1940	74 Years	
BASIRICO, MARTHA	60004527	Female	2/15/1935	80 Years	
BASIRICO, LSARD4	60004477	Female	6/21/1960	55 Years	
BASIRICO, LSARD3	60004476	Unspecified	1/1/1957	58 Years	

Encounter	Enc Type	Enc Status	Med Service	Admit Date	Di
013000017262	Inpatient	Discharged	General Medicine Team A (IP)	3/25/2015 9:13 AM	3/
013000017015	Inpatient	Discharged	General Medicine Team W (IP)	3/24/2015 10:24 AM	3/

If the patient has been discharged for over 5 days, you will get a warning message informing you of such. Click YES if you want to continue to modify the encounter.



You will be able to view and modify various pieces of patient information by clicking on the different tabs.

Patient Accounting

Medical Record Number: 60004709  
Last Name: BASIRICO  
First Name: PHOEBE  
Middle Name:   
Alternate Last Name:   
Alternate First Name:   
Alternate Middle Name:   
NickName:   
Patient's Maiden Name:   
Mother's Maiden Name:   
Previous Last Name:   
Suffix:   
Sex: Female  
Reason For No SSN:   
Social Security Number: 125-12-1234  
Last 4 of SSN:   
Date of Birth: 02/14/2004  
Age: 11Y  
Financial Number: 013000017262  
Financial Assistance Approval Amount:   
Preferred Contact Method: No Preference  
Last Verified Date - Info:   
Last Verified Date - Ins:   
Patient Positively Identified?: Yes  
Copay Reason:   
Required Copay: \$20.00  
Amount of Copay Collected: \$20.00  
Financial Clearance: CLEARED  
NPP Receipt?:   
NPP Date:   
E-Signatures Obtained?: Yes  
Date E-Sig Last Obtained:   
Research Participation?: No  
Fundraising Opt-Out?:   
Marketing Opt-Out?:   
Patient Information | Encounter Information | Guarantor Information | Insurance Primary | Insurance Secondary | Insurance Tertiary | Insurance Quaternary | MSP | Insurance Summary | Additional Contacts | Notifications | UB04

Homeless?:   
Pt Mailing Addr - Clear (c):   
Mailing Address  
Pt Mailing Address  
78 main street  
brentwood, NY 11717  
Suffolk US  
Home Phone Number: (631) 751-1355  
Mobile Phone Number: ( ) -  
Email Address:   
Validate Email:   
Reason for No Email: No Email  
Alternate Address  
Alternate Address  
US  
Alternate Phone Number: ( ) -  
Pt Alt Addr - Clear (c):   
Personal Data  
Race(s):

Complete Cancel

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You can modify guarantor information by clicking on the Guarantor tab.

Here you can change whether the guarantor is institutional or not, the patient relationship to the guarantor and the guarantor demographics. The yellow fields are required.

Anytime you select self in the relationship field in Guarantor or Insurance tabs, the patient information will default in.

**Patient Accounting**

Medical Record Number: 60004709  
Last Name: BASIRICO  
First Name: PHOEBE  
Middle Name:   
Alternate Last Name:   
Alternate First Name:   
Alternate Middle Name:   
Nickname:   
Patient's Maiden Name:   
Mother's Maiden Name:   
Previous Last Name:   
Suffix:   
Sex: Female  
Reason For No SSN:   
Social Security Number: 125-12-1234  
Last 4 of SSN:   
Date of Birth: 02/14/2004  
Age: 11Y  
Financial Number: 013000017262  
Financial Assistance Approval Amount:   
Preferred Contact Method: No Preference  
Last Verified Date - Info:   
Last Verified Date - Ins:   
Patient Positively Identified?: Yes  
Copay Reason:   
Required Copay: \$20.00  
Amount of Copay Collected: \$20.00  
Financial Clearance: CLEARED  
NPP Receipt?:   
NPP Date:   
E-Signatures Obtained?: Yes  
Date E-Sig Last Obtained:   
Research Participation?: No  
Fundraising Opt-Out?:   
Marketing Opt-Out?:   
Patient Information | Encounter Information | **Guarantor Information** | Insurance Primary | Insurance Secondary | Insurance Tertiary | Insurance Quaternary | MSP | Insurance Summary | Additional Contacts | Notifications | UB04

Guarantor Org Billing  
Institutional Guarantor? No  
Guarantor  
Patient's Relationship to Guarantor: Self  
Search for Guarantor  
Last Name: BASIRICO  
First Name: PHOEBE  
Middle Name:   
Date of Birth: 02/14/2004  
Sex: Female  
Preferred Spoken Language: English  
Social Security Number: 125-12-1234  
Mailing Address  
GT Addr - Same as Pt (s)  
GT Mailing Address  
78 main street  
brentwood, NY 11717  
Suffolk US

Complete Cancel

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If you want to change primary insurance or information related to primary insurance, click on the insurance primary tab.

The screenshot displays the 'Patient Accounting' software interface. At the top, there are several tabs: Patient Information, Encounter Information, Guarantor Information, Insurance Primary (selected), Insurance Secondary, Insurance Tertiary, Insurance Quaternary, MSP, Insurance Summary, Additional Contacts, Notifications, and UB04. The main area is divided into sections for personal information, insurance details, and contact information. The 'Insurance Primary' section is highlighted, showing fields for Health Plan Financial Class (NO FAULT), Health Plan Type (NO FAULT), Health Plan Name (HISTORICAL LIBERTY), Insured Card Name Last ( ), Insured Card Name First ( ), Insured Card Name Middle ( ), Ins Street Address (PO BOX 1052), Ins Street Address2 ( ), Ins Country (US), Ins Zip Code (18936-1052), Ins City (MONTGOMERYVILLE), Ins State (PA), Phone Number ((631) 420-0042), Extension ( ), Policy Number (PN9999), Group Name ( ), Group/Claim Number ( ), Begin Effective Date (03/23/2015), Verify Status (Required), and Verify Source ( ). There are also buttons for 'Search for Health Plan' and 'Verify Date'. At the bottom right, there are 'Complete' and 'Cancel' buttons. The status bar at the bottom shows 'Ready' and 'B159 | MRUIS | 7/10/2015 | 1:59 PM'.

Here you can change things such as insured name, policy number etc.



**Note the employment status. If the status full or part time, you will need to click on the Search for Employer button and find the appropriate employer. You MUST click on the address of the employer and then click OK.**

The screenshot shows a software window titled "Employer Search" with a close button (X) in the top right corner. The window has three tabs: "Find", "Add", and "Eligible Employers", with "Find" currently selected. On the right side, there are four buttons: "OK", "Cancel", "Search", and "More".

The main area contains several input fields and a list:

- Employer:** A text box containing the word "carco".
- Employer Alias:** An empty text box.
- Employer Zipcode:** An empty text box.
- Employers:** A list box containing:
  - A tree view structure where "CARCO GROUP" is expanded, showing a selected address: "17 FLOWER FIELD INDUSTRIAL PARK, ST JAMES, NY".
  - Below the address is the text "<<Add New Address>>".
  - At the bottom of the list is "CARCO GROUP INC".

**If status is Retired, you will need to enter a retirement date, if a student, you will need to enter the school.**

If you want to change the insurance, click on the Search for Health Plan button.

The screenshot shows a software window titled "Patient Accounting" with a tabbed interface. The "Insurance Primary" tab is active. The form contains the following fields and values:

Medical Record Number	Last Name	First Name	Middle Name	Alternate Last Name	Alternate First Name	Alternate Middle Name
60004709	BASIRICO	PHOEBE				

Nickname	Patient's Maiden Name	Mother's Maiden Name	Previous Last Name	Suffix	Sex	Reason For No SSN
					Female	

Social Security Number	Last 4 of SSN	Date of Birth	Age	Financial Number	Financial Assistance Approval Amount
125-12-1234		02/14/2004	11Y	013000017262	

Preferred Contact Method	Last Verified Date - Info	Last Verified Date - Ins	Patient Positively Identified?	Copay Reason	Required Copay	Amount of Copay Collected
No Preference			Yes		\$20.00	\$20.00

Financial Clearance	NPP Receipt?	NPP Date	E-Signatures Obtained?	Date E-Sig Last Obtained	Research Participation?	Fundraising Opt-Out?
CLEARED			Yes		No	

Marketing Opt-Out?

Navigation tabs: Patient Information | Encounter Information | Guarantor Information | **Insurance Primary** | Insurance Secondary | Insurance Tertiary | Insurance Quaternary | MSP | Insurance Summary | Additional Contacts | Notifications | UB04

Subscriber Employer Info  
Employment Status: **Not Employed**

Plan Information  
**Search for Health Plan** (highlighted with a red arrow)

Health Plan Financial Class	Health Plan Type	Health Plan Name	Insured Card Name Last	Insured Card Name First	Insured Card Name Middle	Ins Street Address
NO FAULT	NO FAULT	HISTORICAL LIBERTY				PO BOX 1052

Ins Street Address2	Ins Country	Ins Zip Code	Ins City	Ins State	Phone Number	Extension
	US	18936-1052	MONTGOMERYVILLE	PA	(631) 420-0042	

Contact	Policy Number	Group Name	Group/Claim Number	Begin Effective Date	Verify Status	Verify Source
	FN9999			03/23/2015	Required	

Verify Date:   
Verifying Personnel ID:

Admit Notification Information  
Insurance Admit Notification:

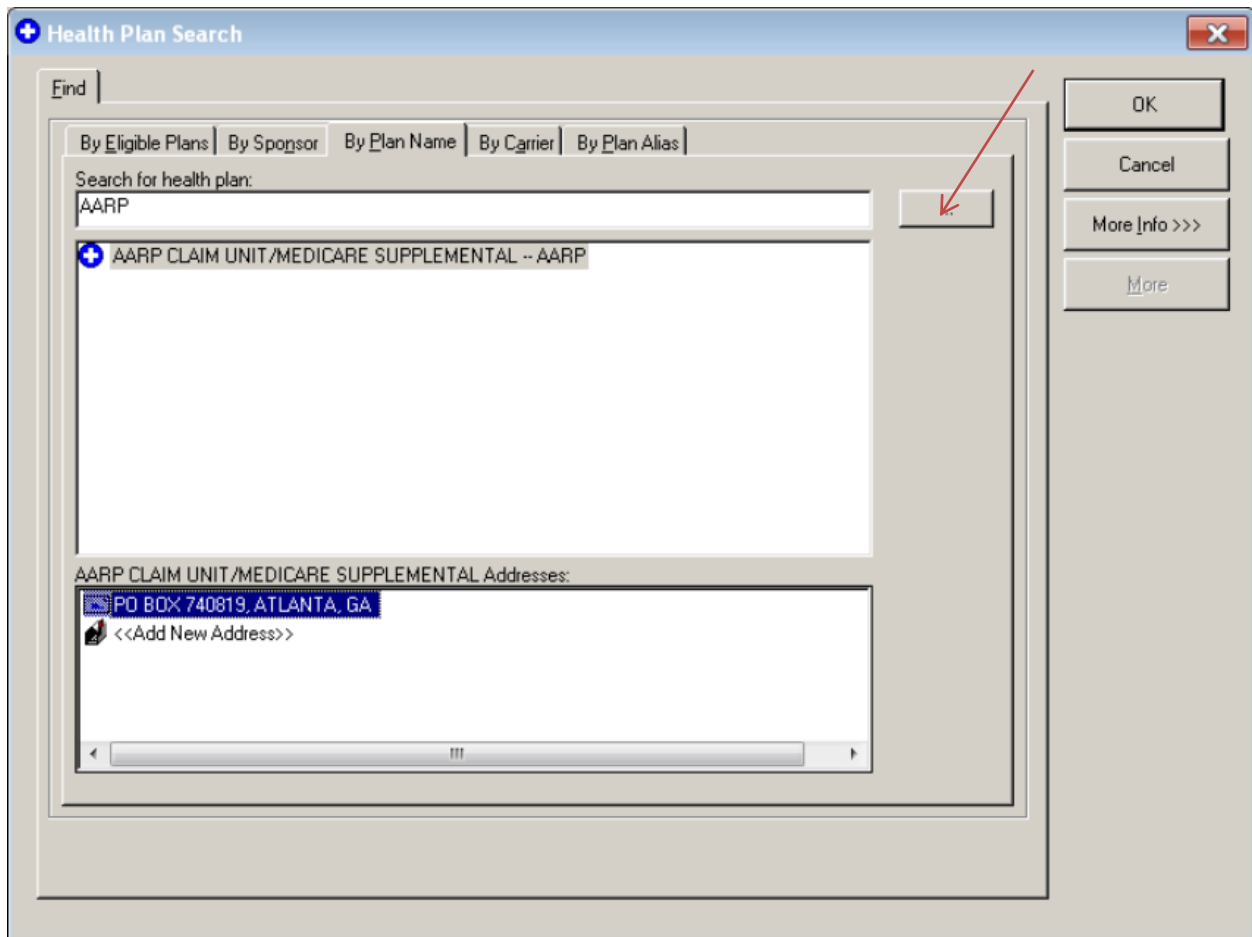
Benefit Information:

Buttons: Complete, Cancel

System tray: Ready | B159 | MRUIS | 7/10/2015 | 1:59 PM

Type in the Plan Name and hit the box with the 3 dots in it.

When you find your plan, you MUST highlight the address in the bottom box before you click the OK button.



The insurance information will default in. The yellow fields are required. You can complete the other fields if necessary. If the insured card name is the same as the patient name, just type the word "same" in the Insured Card Name Last field and the patient name will default in.

**Patient Accounting**

Medical Record Number: 60004709  
 Last Name: BASIRICO  
 First Name: PHOEBE  
 Middle Name:   
 Alternate Last Name:   
 Alternate First Name:   
 Alternate Middle Name:   
 Nickname:   
 Patient's Maiden Name:   
 Mother's Maiden Name:   
 Previous Last Name:   
 Suffix:   
 Sex: Female  
 Reason For No SSN:   
 Social Security Number: 125-12-1234  
 Last 4 of SSN:   
 Date of Birth: 02/14/2004  
 Age: 11Y  
 Financial Number: 013000017262  
 Financial Assistance Approval Amount:   
 Preferred Contact Method: No Preference  
 Last Verified Date - Info:   
 Last Verified Date - Ins:   
 Patient Positively Identified?: Yes  
 Copay Reason:   
 Required Copay: \$20.00  
 Amount of Copay Collected: \$20.00  
 Financial Clearance: CLEARED  
 NPP Receipt?:   
 NPP Date:   
 E-Signatures Obtained?: Yes  
 Date E-Sig Last Obtained:   
 Research Participation?: No  
 Fundraising Opt-Out?:   
 Marketing Opt-Out?:   
 Patient Information | Encounter Information | Guarantor Information | Insurance Primary | Insurance Secondary | Insurance Tertiary | Insurance Quaternary | MSP | Insurance Summary | Additional Contacts | Notifications | UB04

Subscriber Employer Info  
 Employment Status: Not Employed  
 Plan Information  
 Search for Health Plan  
 Health Plan Financial Class: INDEMNITY  
 Health Plan Type: INDEMNITY  
 Health Plan Name: AARP CLAIM UNIT/MED  
 Insured Card Name Last: BASIRICO  
 Insured Card Name First: PHOEBE  
 Insured Card Name Middle:   
 Ins Street Address: PO BOX 740819  
 Ins Street Address2:   
 Ins Country: US  
 Ins Zip Code: 30374-0819  
 Ins City: ATLANTA  
 Ins State: GA  
 Phone Number: (800) 227-7789  
 Extension:   
 Contact:   
 Policy Number: 5589779797  
 Group Name:   
 Group/Claim Number:   
 Begin Effective Date:   
 Verify Status: Required  
 Verify Source:   
 Verify Date:   
 Verifying Personnel ID:   
 Admit Notification Information  
 Insurance Admit Notification:   
 Benefit Information

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These actions will automatically put an end effective date on the insurance you are replacing. The insurance will remain, however, in the insurance summary tab for future reference.

Click on the Insurance Summary Tab.

**Patient Accounting**

Medical Record Number: 60004709  
 Last Name: BASIRICO  
 First Name: PHOEBE  
 Middle Name:   
 Alternate Last Name:   
 Alternate First Name:   
 Alternate Middle Name:   
 Nickname:   
 Patient's Maiden Name:   
 Mother's Maiden Name:   
 Previous Last Name:   
 Suffix:   
 Sex: Female  
 Reason For No SSN:   
 Social Security Number: 125-12-1234  
 Last 4 of SSN:   
 Date of Birth: 02/14/2004  
 Age: 11Y  
 Financial Number: 013000017262  
 Financial Assistance Approval Amount:   
 Preferred Contact Method: No Preference  
 Last Verified Date - Info:   
 Last Verified Date - Ins:   
 Patient Positively Identified?: Yes  
 Copay Reason:   
 Required Copay: \$20.00  
 Amount of Copay Collected: \$20.00  
 Financial Clearance: CLEARED  
 NPP Receipt?:   
 NPP Date:   
 E-Signatures Obtained?: Yes  
 Date E-Sig Last Obtained:   
 Research Participation?: No  
 Fundraising Opt-Out?:   
 Marketing Opt-Out?:   
 Patient Information | Encounter Information | Guarantor Information | **Insurance Primary** | Insurance Secondary | Insurance Tertiary | Insurance Quaternary | MSP | Insurance Summary | Additional Contacts | Notifications | UB04

Service Type

From Available: Abortion, Acupuncture, Adjunctive Dental Services, AIDS, Air Transportation, etc.

To Selected: (Empty)

Coverage Summary

CDB	Health Plan	Carrier	Member Nbr	Encntr Plan Beg Dt	Encntr Plan End Dt	Plan Type	Subscriber	Relation	Eligible	Eligibility Submit
1	AARP CLAIM UNIT/MEDICARE SUPPLEMENTAL	AARP	5589779797			INDEMNITY	BASIRICO, PHOEBE	Self		
1	HISTORICAL LIBERTY MUTUAL - NO FAULT		PN9999	3/23/2015	7/9/2015	NO FAULT	BASIRICO, PHOEBE	Self		
1	HISTORICAL EMPIRE BC EXCHANGE	EMPIRE BC EXCHANGE	PN1234	3/25/2015	3/30/2015	BLUE CROSS	BASIRICO, PHOEBE	Self		

Benefits Organizer

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You can select service types to be associated with the insurance on this tab. Click on the service and click on the move button.

**Patient Accounting**

Medical Record Number: 60004709  
 Last Name: BASIRICO  
 First Name: PHOEBE  
 Middle Name:   
 Alternate Last Name:   
 Alternate First Name:   
 Alternate Middle Name:   
 Nickname:   
 Patient's Maiden Name:   
 Mother's Maiden Name:   
 Previous Last Name:   
 Suffix:   
 Sex: Female  
 Reason For No SSN:   
 Social Security Number: 125-12-1234  
 Last 4 of SSN:   
 Date of Birth: 02/14/2004  
 Age: 11Y  
 Financial Number: 013000017262  
 Financial Assistance Approval Amount:   
 Preferred Contact Method: No Preference  
 Last Verified Date - Info:   
 Last Verified Date - Ins:   
 Patient Positively Identified?: Yes  
 Copay Reason:   
 Required Copay: \$20.00  
 Amount of Copay Collected: \$20.00  
 Financial Clearance: CLEARED  
 NPP Receipt?:   
 NPP Date:   
 E-Signatures Obtained?: Yes  
 Date E-Sig Last Obtained:   
 Research Participation?: No  
 Fundraising Opt-Out?:   
 Marketing Opt-Out?:   
 Patient Information | Encounter Information | Guarantor Information | Insurance Primary | Insurance Secondary | Insurance Tertiary | Insurance Quaternary | MSP | Insurance Summary | Additional Contacts | Notifications | UB04

**Service Type**

From Available: Abortion, Adjunctive Dental Services, AIDS, Air Transportation, Alcoholism, Allergies  
 To Selected: Acupuncture  
 Move > | Select All

**Coverage Summary**

CDB	Health Plan	Carrier	Member Nbr	Enctr Plan Beg Dt	Enctr Plan End Dt	Plan Type	Subscriber	Relation	Eligible	Eligibility Submit
1	AARP CLAIM UNIT/MEDICARE SUPPLEMENTAL	AARP	5589779797			INDEMNITY	BASIRICO, PHOEBE	Self		
1	HISTORICAL LIBERTY MUTUAL - NO FAULT		PN9999	3/23/2015	7/9/2015	NO FAULT	BASIRICO, PHOEBE	Self		
1	HISTORICAL EMPIRE BC EXCHANGE	EMPIRE BC EXCHANGE	PN1234	3/25/2015	3/30/2015	BLUE CROSS	BASIRICO, PHOEBE	Self		

Benefits Organizer

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You can also run insurance eligibility from this tab.

In the Coverage Summary box, click on the very first icon (right above COB.)

The screenshot shows the 'Patient Accounting' window with various patient information fields. The 'Coverage Summary' section is highlighted, showing a table of health plans. A red arrow points to the first icon in the toolbar above the table.

COB	Health Plan	Carrier	Member Nbr	Enchr Plan Beg. Dt	Enchr Plan End Dt	Plan Type	Subscriber	Relation	Eligible	Eligibility Submit
1	AARP CLAIM UNIT/MEDICARE SUPPLEMENTAL	AARP	5589779797			INDEMNITY	BASIRICO, PHOEBE	Self		
1	HISTORICAL LIBERTY MUTUAL - NO FAULT		PN9999	3/23/2015	7/9/2015	NO FAULT	BASIRICO, PHOEBE	Self		
1	HISTORICAL EMPIRE BC EXCHANGE	EMPIRE BC EXCHANGE	PN1234	3/25/2015	3/30/2015	BLUE CROSS	BASIRICO, PHOEBE	Self		

An hourglass will appear, when it disappears and the icon changes, click on the 2<sup>nd</sup> icon to view eligibility results.

If you want to add additional insurances, select the next empty insurance tab (either secondary, tertiary or quaternary insurance) and enter all info.

**Patient Accounting**

Medical Record Number: 60004709  
 Last Name: BASTRICO  
 First Name: PHOEBE  
 Middle Name:   
 Alternate Last Name:   
 Alternate First Name:   
 Alternate Middle Name:   
 Nickname:   
 Patient's Maiden Name:   
 Mother's Maiden Name:   
 Previous Last Name:   
 Suffix:   
 Sex: Female  
 Reason For No SSN:   
 Social Security Number: 125-12-1234  
 Last 4 of SSN:   
 Date of Birth: 02/14/2004  
 Age: 11Y  
 Financial Number: 013000017262  
 Financial Assistance Approval Amount:   
 Preferred Contact Method: No Preference  
 Last Verified Date - Info:   
 Last Verified Date - Ins:   
 Patient Positively Identified?: Yes  
 Copay Reason:   
 Required Copay: \$20.00  
 Amount of Copay Collected: \$20.00  
 Financial Clearance: CLEARED  
 NPP Receipt?:   
 NPP Date:   
 E-Signatures Obtained?: Yes  
 Date E-Sig Last Obtained:   
 Research Participation?: No  
 Fundraising Opt-Out?:   
 Marketing Opt-Out?:   
 Patient Information | Encounter Information | Guarantor Information | Insurance Primary | **Insurance Secondary** | Insurance Tertiary | Insurance Quaternary | MSP | Insurance Summary | Additional Contacts | Notifications | UB04

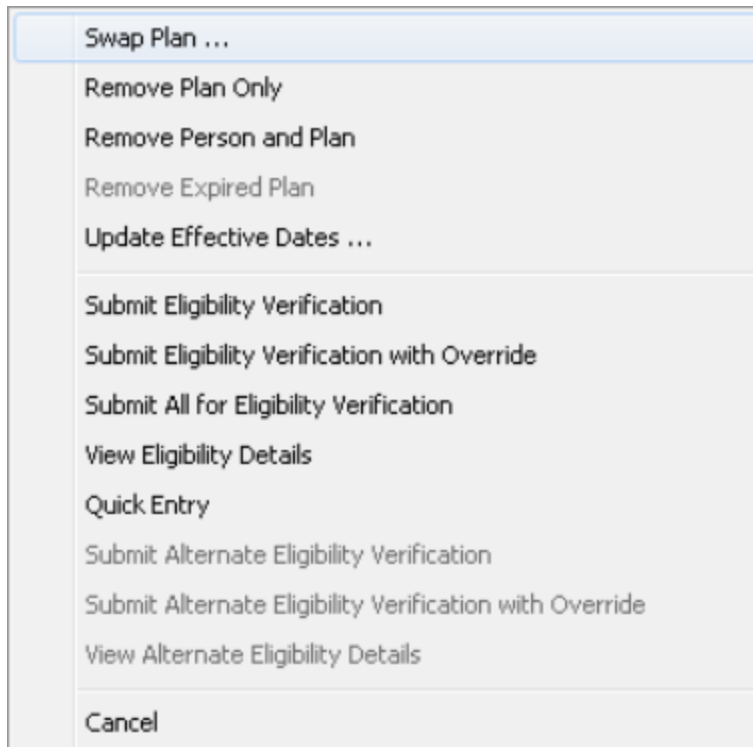
Patient's Relationship to Subscriber:   
 Search for Subscriber:   
 Last Name:   
 First Name:   
 Date of Birth:   
 Sex:   
 Preferred Spoken Language:   
 Social Security Number:   
 Sub2 Addr - Same as Pt (s):   
 Sub2 Mailing Address:   
 US  
 Home Phone Number:   
 Alternate Phone Number:   
 Extension:   
 Subscriber Employer Info:   
 Employment Status:   
 Search for Employer:   
 Employee Name:   
 Street Address:   
 Street Address?:   
 Zip Code:   
 City:   
 State:   
 Business Email Number:   
 Complete Cancel

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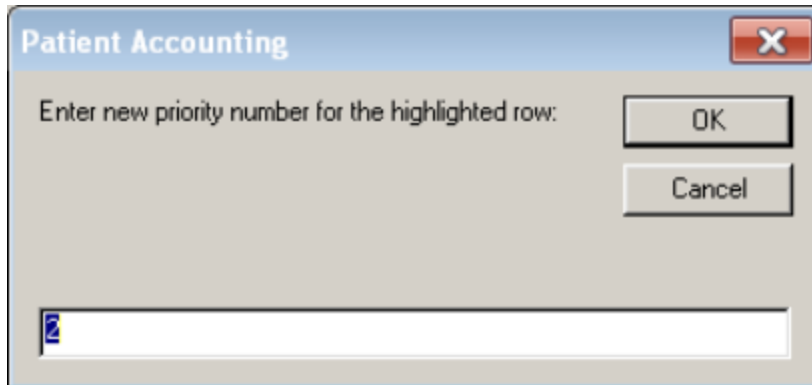


**If you want to RE-ORDER insurances, go back to the Insurance Summary tab. Right click on the insurance you want to move.**

**Click on Swap Plan.**



Enter the position you want the insurance to be in the box “Enter new priority number for the highlighted row.” In the case below, Cigna for Seniors is in the 2 (secondary insurance position.) To move it to the first position, change the 2 in the box to a 1.



Patient Accounting

Enter new priority number for the highlighted row:

OK

Cancel

2

The secondary insurance then moves to the primary insurance position.

**Patient Accounting**

Medical Record Number: 60004709  
 Last Name: BASIRICO  
 First Name: PHOEBE  
 Middle Name:   
 Alternate Last Name:   
 Alternate First Name:   
 Alternate Middle Name:   
 Nickname:   
 Patient's Maiden Name:   
 Mother's Maiden Name:   
 Previous Last Name:   
 Suffix:   
 Sex: Female  
 Reason For No SSN:   
 Social Security Number: 125-12-1234  
 Last 4 of SSN:   
 Date of Birth: 02/14/2004  
 Age: 11Y  
 Financial Number: 013000017262  
 Financial Assistance Approval Amount:   
 Preferred Contact Method: No Preference  
 Last Verified Date - Info:   
 Last Verified Date - Ins:   
 Patient Positively Identified?: Yes  
 Copay Reason:   
 Required Copay: \$20.00  
 Amount of Copay Collected: \$20.00  
 Financial Clearance: CLEARED  
 NPP Receipt?:   
 NPP Date:   
 E-Signatures Obtained?: Yes  
 Date E-Sig Last Obtained:   
 Research Participation?: No  
 Fundraising Opt-Out?:   
 Marketing Opt-Out?:   
 Patient Information | Encounter Information | Guarantor Information | **Insurance Primary** | Insurance Secondary | Insurance Tertiary | Insurance Quaternary | MSP | Insurance Summary | Additional Contacts | Notifications | UB04

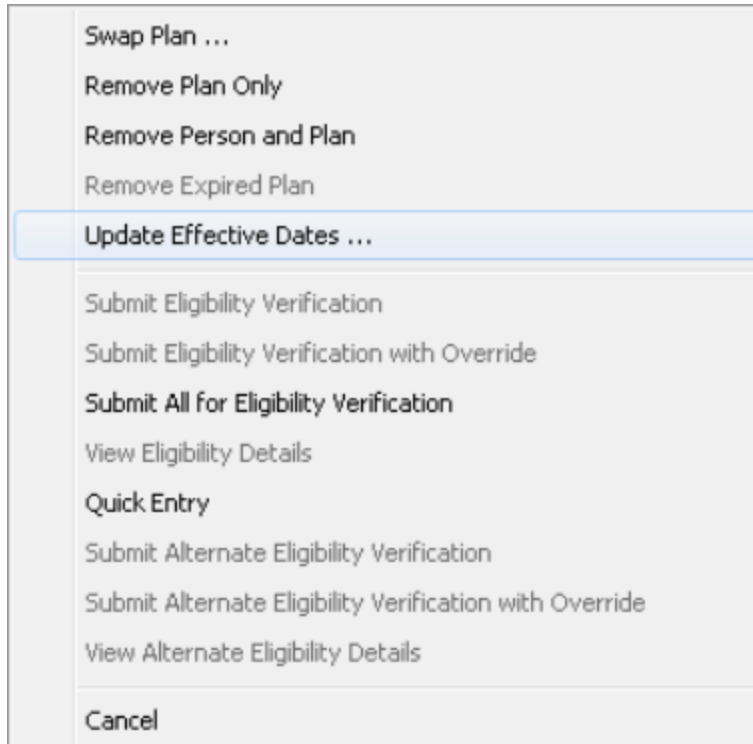
**Coverage Summary**

COB	Health Plan	Carrier	Member Nbr	Enctr Plan Beg. Dt	Enctr Plan End Dt	Plan Type	Subscriber	Relation	Eligible	Eligibility S
1	CIGNA FOR SENIORS	CIGNA	12312121212	7/10/2015		MANAGED MCARE	BASIRICO, PHOEBE	Self		
1	HISTORICAL LIBERTY MUTUAL - NO FAULT		PN9999	3/23/2015	7/9/2015	NO FAULT	BASIRICO, PHOEBE	Self		
1	HISTORICAL EMPIRE BC EXCHANGE	EMPIRE BC EXCHANGE	PN1234	3/25/2015	3/30/2015	BLUE CROSS	BASIRICO, PHOEBE	Self		
2	AARP CLAIM UNIT/MEDICARE SUPPLEMENTAL	AARP	5589779797	7/10/2015		INDEMNITY	BASIRICO, PHOEBE	Self	Error	07/10/20

**Benefits Organizer**

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**You can also change insurance effective dates in the Insurance summary screen. Right click on the insurance and select Update Effective Dates.**





If UB04 information needs to be entered, such as condition codes, value codes, occurrence codes and span codes, click on the UB04 tab and complete the information.

The screenshot displays the 'Patient Accounting' software interface. The 'UB04' tab is selected, showing a form for entering UB04 information. The form is organized into several sections:

- Medical Record Number:** 60004709
- Personal Information:** Last Name (BASIRICO), First Name (PHOEBE), Middle Name, Alternate Last Name, Alternate First Name, Alternate Middle Name, Nickname, Patient's Maiden Name, Mother's Maiden Name, Previous Last Name, Suffix, Sex (Female), Reason For No SSN.
- Identification:** Social Security Number (125-12-1234), Last 4 of SSN, Date of Birth (02/14/2004), Age (11Y), Financial Number (013000017262), Financial Assistance Approval Amount.
- Insurance/Financial:** Preferred Contact Method (No Preference), Last Verified Date - Info, Last Verified Date - Ins, Patient Positively Identified? (Yes), Copay Reason, Required Copay (\$20.00), Amount of Copay Collected (\$20.00), Financial Clearance (CLEARED), NPP Receipt?, NPP Date, E-Signatures Obtained? (Yes), Date E-Sig Last Obtained, Research Participation? (No), Fundraising Opt-Out?, Marketing Opt-Out?
- UB04 Section (Active):**
  - Condition Codes:** Condition Code 01 (highlighted), Condition Code 02, Condition Code 03, Condition Code 04, Condition Code 05, Condition Code 06, Condition Code 07.
  - Value Codes:** Value Code 01, Value Amount 01, Value Code 02, Value Amount 02, Value Code 03, Value Amount 03, Value Code 04, Value Amount 04, Value Code 05, Value Amount 05, Value Code 06, Value Amount 06, Value Code 07, Value Amount 07, Value Code 08, Value Amount 08, Value Code 09, Value Amount 09, Value Code 10, Value Amount 10, Value Code 11, Value Amount 11, Value Code 12, Value Amount 12.
  - Occurrence Codes:** Occurrence Code 01, Occurrence Date 01, Occurrence Code 02, Occurrence Date 02, Occurrence Code 03, Occurrence Date 03, Occurrence Code 04, Occurrence Date 04, Occurrence Code 05, Occurrence Date 05, Occurrence Code 06, Occurrence Date 06, Occurrence Code 07, Occurrence Date 07.

At the bottom of the form, there are 'Complete' and 'Cancel' buttons. The status bar at the very bottom shows 'Ready', 'B159 MRUIS', and the date/time '7/10/2015 2:30 PM'.

If the patient is a Medicare patient, the MSP tab can be selected. Here, the MSP information can be entered, edited or viewed.

The screenshot displays the 'Patient Accounting' software interface. The top section contains various patient information fields, including Medical Record Number (60004709), Last Name (BASIRICO), First Name (PHOEBE), Middle Name, Alternate Last Name, Alternate First Name, Alternate Middle Name, Nickname, Patient's Maiden Name, Mother's Maiden Name, Previous Last Name, Suffix, Sex (Female), Reason For No SSN, Social Security Number (125-12-1234), Last 4 of SSN, Date of Birth (02/14/2004), Age (11Y), Financial Number (013000017262), and Financial Assistance Approval Amount. Below these are fields for Preferred Contact Method (No Preference), Last Verified Date - Info, Last Verified Date - Ins, Patient Positively Identified? (Yes), Copay Reason, Required Copay (\$20.00), Amount of Copay Collected (\$20.00), Financial Clearance (CLEARED), NPP Receipt?, NPP Date, E-Signatures Obtained? (Yes), Date E-Sig Last Obtained, Research Participation? (No), Fundraising Opt-Out?, and Marketing Opt-Out?. A tabbed interface at the bottom shows the 'MSP' tab selected. The MSP section contains a question: 'Is the patient, friend or family member available to answer the MSPQ?' with a 'Yes' dropdown. Below this are sections for 'Part I' (1. Are you receiving Black Lung (BL) Benefits?), 'Part II', 'Part III - Are you entitled to Medicare based on: (check all that apply)', and 'Part IV - Age'. The interface includes 'Complete' and 'Cancel' buttons at the bottom right. The status bar at the bottom left shows 'Ready' and the bottom right shows 'B159 MRUIS 7/10/2015 2:35 PM'.

**WHEN YOUR WORK IS COMPLETE IN THE PATIENT ACCOUNTING CONVERSATION, YOU MUST HIT THE COMPLETE BUTTON AT THE BOTTOM OF THE SCREEN.**

The screenshot displays the 'Patient Accounting' software interface. The window title is 'Patient Accounting'. The main area contains a form with various fields for patient information, including:

- Medical Record Number: 60004709
- Last Name: BASIRICO
- First Name: PHOEBE
- Date of Birth: 02/14/2004
- Age: 11Y
- Financial Number: 013000017262
- Sex: Female
- Preferred Contact Method: No Preference
- Required Copay: \$20.00
- Amount of Copay Collected: \$20.00
- Financial Clearance: CLEARED
- NPP Receipt?: [ ]
- NPP Date: [ ]
- E-Signatures Obtained?: Yes
- Date E-Sig Last Obtained: [ ]
- Research Participation?: No
- Marketing Opt-Out?: [ ]

Below the main form is a navigation bar with tabs: Patient Information, Encounter Information, Guarantor Information, Insurance Primary, Insurance Secondary, Insurance Tertiary, Insurance Quaternary, MSP, Insurance Summary, Additional Contacts, Notifications, and UB04. The 'Insurance Primary' tab is selected.

The 'Insurance Primary' tab contains a sub-form for 'Patient's Relationship to Subscriber' with the following details:

- Patient's Relationship to Subscriber: Self
- Last Name: BASIRICO
- First Name: PHOEBE
- Date of Birth: 02/14/2004
- Sex: Female
- Preferred Spoken Language: English
- Social Security Number: 125-12-1234
- Sub1 Mailing Address: 78 main street, brentwood, NY 11717, Suffolk, US
- Home Phone Number: (631) 751-1355
- Subscriber Employer Info: Employment Status: Full-Time

At the bottom right of the window, there are two buttons: 'Complete' and 'Cancel'. A red arrow points to the 'Complete' button. The status bar at the bottom of the window shows 'Ready', 'B159 MRUIS', '7/10/2015', and '2:57 PM'.