
REGISTRATION ALERT

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For those who do Registration -

Accounts with Inactivated Insurance Codes

Sometimes patients call back in after their office visit to alert us to the fact that they have secondary insurance that should pay the balance of their account. However, in the meantime, their primary insurance code has been inactivated in our system, after the primary payment was made.

To correct this account, you must first correct the primary insurance code and then add the secondary insurance information. Then the secondary can be billed.

What you shouldn't do is just back out of the account and not do anything. If you are unsure of what to do, ASK someone!

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Inquiry vs. Update Functions

Which do you use most?

When you are querying the system to get information, i.e., you are not trying to update or change any patient information, which functions do you use? Did you know that if you use the Update functions (with a U at the end, as in CPIU or PATU) instead of the Inquiry functions (with an I at the end, as in CPII or PATI), you are blocking that account from anyone else as long as you remain in the Update function? Even if you are legitimately using the Update function, make sure you close that account before going to lunch or leaving for the day. To close that account you must return to a Patient Selection menu or a Function Selection menu. Chances are if you needed to look up something on that particular patient, someone else has the same need. With the Inquiry functions, it doesn't matter. Everybody can look at one account if the Inquiry function is used -- only one person can be in that account using an Update function.

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Printing Patient Labels

What happens if you select the wrong account?

Believe it or not, it does make a difference as to which account you choose when printing labels. We are not even referring to cases where the wrong patient is selected -- even though that does happen occasionally. When you are trying to select the correct account for a patient, look for the following:

- * Is it the right patient? Check the Medical Record number, Social Security number, sex, race, anything that helps you verify that you are at least looking at the right patient.
- * Is the account showing the correct visit date? If you do not find an account with the date the charges were incurred, you probably need to do a Visit Notification (VSNT) before printing the labels. Watch out for recurring accounts
- * Is the account showing the correct location? If you just pick the first account showing the correct date, that doesn't guarantee you are printing the correct label. Often patients visit multiple locations in one day. Be sure to look at both date and location to insure it is a valid account.

Just because you have selected the correct patient does not mean you are automatically printing the correct account label. There are dozens of people working to straighten out accounts that have misplaced charges on them. If you could take an extra minute to make sure you have selected the correct account before you print the labels, our collection rates would go up and we might not have to wait a whole year to get a salary increase!

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**See next page for clarification of
State Farm Insurance Code
Information from last issue.**

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Clarification on State Farm Insurance codes

NEWS FLASH **REVISED** --

The State Farm insurance codes need clarification. If a patient presents an insurance card for their health insurance as a State Farm employee, the insurance code will be found under Financial Class N for State Farm, S49 - for State Farm - CC (*Managed Care*). The Mail Claim To address is blank. Change the Mail Claim To code to "O" and fill in the address listed on the back of the patient's card.

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All other State Farm (auto or private health insurance) will be found under Financial Class C for Commercial - State Farm.

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Auto Accident Clues:

- * Patients who are being seen because of injuries received in an automobile accident may be covered either by their own auto insurance, by the person's auto insurance that is "at fault", and/or by their own health insurance.
- * Collect as much information on the auto insurance plan(s) as possible. Attempts to obtain a copy of the accident report should be made and all information entered into the registration system. A copy of the report **MUST** be sent to PBS. Send to the attention of **Joe Haney**.
- * You must call the auto insurance company and notify them of treatment and obtain benefits and payment authorization. Again, this information should be entered into the system.
- * Any type of third party health benefits should be obtained and entered as per procedure.
- * There are many automobile insurance companies. Be sure to collect information on the right company!

COB order for auto accidents

- ◆ If the patient presenting for services has both auto and health insurance the auto insurance will be primary over the patient's third party health coverage.
- ◆ If the patient is **NOT** at fault and the "at fault" driver has auto insurance the auto insurance of the "at fault" driver will be primary. **In order to make the 'other party' primary we need to verify the coverage with the at fault insurance carrier. If they deny liability then the patient's health insurance will be primary. If they accept get the approval information including the approver's name and the claim mailing address. Be sure there is an assignment of benefits in these cases for the auto insurance since the carrier may mail the payment to the patient without it.**
- ◆ If the patient is a passenger the driver's auto insurance will be primary over the patient's third party health coverage.