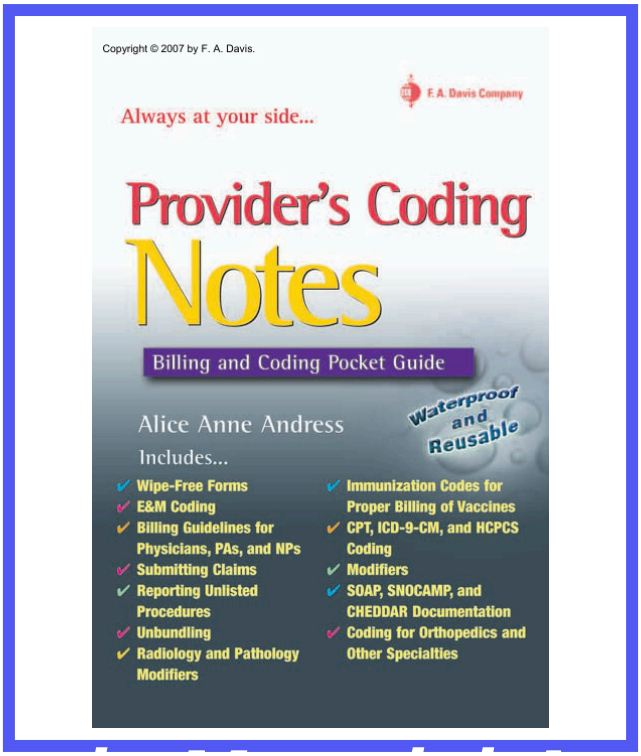


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neral Billing and Insurance Guidelin

Patient Registration Form

nt registration form is one of the most important f
l practice. It contains all necessary information req
g for services and procedures. This form should be
atient information should be reviewed and verified
ncounter to ensure that the practice has the most
rate information on file.

on the form should be verified by asking the pati
live at . . . " instead of using a general statement s
thing changed since your last visit?"

f the patient's health insurance card, both front an
e copied during each visit.

should contain the following information:

Data	Reason
	Required for billing purpose
name	Required for billing purpose
address	Required for billing purpose
phone number	Required for billing purpose to contact patient regardi appointments and testing
date of birth	Required for billing purpose
age	Required for billing purpose
social security r	Required for patient identifi purposes only
r's name, address, one number if t is not guarantor	Required for billing purpose
r's name, address, one number	Required for billing or if pat needs to be contacted du working hours

(Continued text on followi

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Data	Reason
name	May be required for billin purposes
employer's name, s, and phone er	May be required for billin poses or if spouse need contacted during worki
e company name, s, and phone er	Required for billing purpo
e identification oup numbers	Required for billing purpo
o be notified in f emergency	Required in case of emerg
by	Required for billing purpo quality of care purposes
signature	Required for billing purpo
rms will contain llowing:	
rrent medications	For clinical reasons
sses/surgeries	

his form for completeness as this information is lling process. Any missing information should b ed by asking the patient questions.

e some key areas to look for that may be "tell-tal aying patients. These areas are:

plete information on the form
ionable employment information
one number
ffice box listed in lieu of a street address
address
surance information
ferral information

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ial nonpaying patient may sometimes be identifi
on the previous list.

the listed elements exist, extra care should be ta
accurate and complete information.

Patient Encounter Form

he most important factors in medical billing is an
billing form. This form has many names, patient
er form, superbill, fee slip, charge slip, billing
. This form is used to communicate the patient
rges to the billing personnel. All information on
must be accurate and complete and contain th
g information:

t's name
t's address
t's home phone number
t's account number/medical record number
ntor's name
t/guarantor's insurance company and identificati
er
f service
f birth
er name
osis section
ode section
for next appointment
for provider to complete with any studies that
to be ordered

must be reviewed and updated twice a year w
s are updated. Deleted codes, new codes, and re
ould be updated when necessary.

ents should be questioned at each visit to identif
that may have occurred since their last visit.

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Life Cycle Of An Insurance Form

New Patient, Office

atient is one who has not been seen by the physici
ician in that specialty group within the last 3 years
reported using codes 99201–99205. Detailed infor
g these codes can be found in Tab Two.
s involved in an office visit for a new patient are:

Step 1	Patient informati
nt arrives at the The patient is either ewed or completes a t registration form to information listed to ht. ient registration form completed in its y, the office staff question the patient r to obtain all the ary information. offices will have the t complete a history addition to the ation form.	Patient's name Address Phone number Place of employment Spouse name, if applica Emergency contact infor Allergies Reason for the visit Type of insurance Address of insurance Sign a record release for if applicable

OR

Step 1	Patient informati
nt calls the office to an appointment. ation is collected the phone call to information as listed right. Patient	Patient's name Address Phone number Place of employment Spouse name, if applicab

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Step 1	Patient informati
d to bring his/her nce card to the office	Emergency contact infor
	Allergies
	Reason for the visit
	Type of insurance
	Address of insurance

2	Insurance
ent at ice is/her nce	Patient registration form is completed.
	Both sides of the insurance card are copi
	This copy is placed in the patient's chart.
	All patients with insurance must sign an zation of benefits form to allow the pra release information necessary for paym the claim and to request that payment directly to the physician practice.
	Depending on the insurance, verification coverage may be necessary.
	If this is a specialty office and the patient a managed care plan, a referral is nece treatment.
	Most managed care plans have co-pays, must be paid at the time of the visit.
	If the patient has Medicare, a deductible met at the beginning of each calendar y
	If the patient has Medicaid or other insur there may be deductibles and co-pays t necessary to be paid. This information c found on the insurance card.
	If the patient is a child, be aware of the bi rule. If both parents carry insurance, th will be covered under the parent whose birthday is first in a calendar year.

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3	Create the chart
t chart ted e listed right.	Place patient registration form and cop insurance card in chart.
	Place all other authorization forms in t
	Any forms used by the practice to reco clinical information, such as medicat logs, progress note forms, office visi templates, history forms, problem lis
	Apply appropriate labels to the chart, s as type of insurance, year of the visit alphabetize labels indicating the pati name for faster filing.
4	**Data Entry**
t account is created in the computer using the fo ormation collected from the patient registration surance card.	
tep 5	**Generate a patient encount**
t encounter s generated aced on the f the patient's his document es the source rmation for . This docu- has many , some of you can see column to ht.	Fee slip
	Superbill
	Charge slip
	Billing form
	Charge capture for
ent is seen by the physician and is discharged fr it.	

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Established Patient, Office

lished patient is one who has been seen by the
in the last 3 years. These visits are reported usin
215. Detailed information regarding these codes
Tab Two.

s involved in an office visit for an established pa
s:

Scheduling of appointment

ent either schedules a follow-up appointment wh
ice, or calls the office for an appointment.

Preauthorization of services or proced

ysician is a specialist, the staff must check the
horization to be sure it has not expired. If the ref
pired, it will be necessary to obtain a new form f
ry care physician. Most physician offices submit
nically as opposed to paper.

Review and update patient registratio

that all information listed on the patient registrat
s accurate and complete. These forms should be
etely updated yearly, however, at each patient vi
hould inquire as to any changes that may have o
patient's insurance, address, employment, etc.

Collect co-pays and deductibles

ys should be collected at the time of patient che
dicare patients, deductibles are not collected at
service. Medicare is billed and any deductible sti
ucted from the physician payment. This is stated
ation of Medicare Benefits. The patient is then bi
ductible amount.

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Step 5	Generate a p encounter fo
t encounter form is generated aced on the front of the t's chart. This document es the source of information ling. This document has many , some of which you can see column to the right.	Fee slip Superbill Charge slip Billing form Charge captur

ose of the patient encounter form is to commun (services and procedures the patient received) a es to the billing department. This form is also use he staff of any diagnostic studies that are to be o dicate any follow-up appointments that may be ry.
ent is seen by the physician and is discharged fr it.

Patient Discharge

Step 1	Charges
n practices will have out staff procedures.	The patient charges are t on the patient encount
2	**Posting**
	The patient charges are posted to the pa account in the computer system.
3	**Payment**
s cials	If no insurance, the patient is expected to at the time of the service.
	If the patient has a co-pay that has not be collected during check-in, they will be e to pay at discharge.

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3	Payment
	If the patient has insurance, but it does no office visits, the patient is expected to p time of service.
	Any payment made is then posted to the account.
ose of the CMS 1500 claim form is to create a stan g Medicare information. The most common claim d the claim form is incomplete or inaccurate diagn ox 21) and incorrect place of service codes (Box 24 0 form information has been completed, is accurat submission when all items in the following table pleted.	
4	**Generate insurance form (CMS 1500**
5	**Attachments**
paper only	Copy and staple any attachments that are sary to the CMS 1500 form. If no attach are necessary, claim can be sent electro
	Attachments are needed if there is a conc care situation, if an unusual service or dure was performed.
6	**Signature, patient**
es are ortant the orm.	The patient must sign the CMS claim for form is being sent by paper claim.
	On claims where the patient has signed a authorization form, the phrase "SOF" o "signature on file" can print in box 12 o CMS 1500 paper claim.
	If claim is being submitted electronically, " or "signature on file" can print in box 1
	When an illiterate or physically handicapp patient signs by a mark (X), a witness enter his or her name and address next the mark on the claim form.

(Continued text on followi