

Workflow for:⊠ Internal Medicine ⊠ Pediatrics⊠ Family Medicine ⊠ Specialty⊠ Clerical□ Clinical□ Provider

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NextGen: Insurance Card Scanning

We <u>must</u> verify the insurance card image on file is current with <u>every</u> patient Check-In.

The name on the insurance card <u>must</u> exactly match the patient name in NextGen.

🍰 Monify Patient Informatio	n.				×
Last Deborah	Middle S	Previous Last	Nickname	2	0
999-99-9999 11/04/1951 1	57 yrs. Female	108297	,		
Demographics Status Clie	nt Defined <u>P</u> rovider	Privacy Employer	<u>R</u> elations <u>U</u> DS	E <u>x</u> t History	
Street Billing Addre	255	Street Se	condary Address		
City State Bellingham MA (N	Zip Massi 💌 02019-	City	State Z	ip -	
Country County USA VORFOLK	•	Country Co	unty		
Test123456 Primary Care Cook DO, T	Provider Contact Prefe horley E	erence			
Marital Status Student Status	☐ Veteran ☐ Smoker ☐ Expired	Expired Date Int'l	Hm Phn Int'l Wk	Phn Int'l Zip	
Telephone & E-Mail					
1 Home Phone I (elephone Number / E-Mail s171 232,2360	Comment		Generate System Alert	
	217) 232-2300		ネ	, i i i i i i i i i i i i i i i i i i i	
2. Day Phone [[t	517)232-2360 Ext		^		
3. Alternate Phone	J - Ext		👅		
4. Secondary Hm Phone () •		ž		
5. E-Mail				9	
Insurance				<u>D</u> K <u>C</u> ancel	

From the Update Patient Information screen, click on the Insurance button.

From the Insurance Listing screen,

	right click on the Insu	rance Plan and select "Open Insurance Info	rmation
★ Insurance Listing . Te	t. Deborah S		
Patient: Test, Deborah S Available Insurance	Available Plan Nbr Policy Nbr G	roup Judme Group Nbr Effective Date Expired Date	
Patient Medicare Part B Medicaid Medicaid Medicaid	New Insurance Open Insurance Information Hide Insurance	10/01/2005 01/01/2001 01/01/2009	
	Authorization Eligibility Inquiry New Referral Referral History		Close

From the Insurance Maintenance Screen, uncurrent a scanned image of this insurance card on file. Click on the "Ins Carus Tab to verify the image mirrors the insurance card the patient presents with.

😵 Insurance Maintenance - Test, Deborah S
Insured: Test, Deborah S Payer: Medicare Part B Insured SSN: 999-99-99999 Managed Care Plan: Medicare Reg 99 2007
Detail Detail 2 🔗 Ins Cards Authorizations Elig/Referral External
Plan Name Medicare Part B Plan Number HIC/Policy Nbr (Ctrl-S for SSN) Z56252222A Active 10/01/2005 Group Name Group Number Make Insurance Primary on Address Address
P0 Box 1212 Zip Co-Pay Type Deductible City State Zip Co-Pay Type Deductible Hingham MA (Massi v) 02044-1212 Amount \$0.00 \$0.00
Country Country Contact: Last Name Middle Name Contact: Phone Ext Fax () - () - () - Source of Signature E-Mail Address Signature authorization(12,13) Employer Policy Notification Required Verification Required
₩ho\When <u>D</u> K <u>Cancel</u>

If,

- 1. this is a new plan and thus a new card or
- 2. the card has changed with an existing plan or
- 3. there wasn't a scanned image on file for an existing plan.....

Click on the Norton button and select "New Insurance Card…"

😵 Insurance Maintenance - Test, Deborah S	
Insured: Test, Deborah S Insurance Type: Medicare Part B NEIC Number: 31143 Payer: Medicare Part B Financial Class: Medicare Claim Type: Medic Insured SSN: 999-99-9999 Managed Care Plan: Medicare Reg 99 2007	are Part B
Detail Detail 2 🖈 Ins Cards Authorizations Elig/Referral External	
Insurance Cards	Created By
Left click on the image to toggle from front to back, right click on the image to toggle from normal to ma	gnified view
₩ho\When	<u>O</u> K <u>C</u> ancel

Using your BizCard Reader, put the insurance card face down in the unit, Click on the Norton button and select "Acquire" to scan a copy of the front of the insurance card.



Click on the Description with today's date to see the image scanned today.
If there is another copy on file, click the blue double arrow to advance to the top so the most recent image will display next time this tab is viewed.
🧐 Insurance Maintenance - Test, Deborah S
Insured: Test, Deborah S Insurance Type: Medicare Part B NEIC Number 31143 Rayer: Medicare Part B Financial Class: Medicare Claim Type: Nedicare Part B Insured SN: 999-99-9999 Manager Care Plan: Medicare Reg 99 2007
Detail Detail - 2 📌 Ins Cards Authorizations Elig/Referral External
Insurance Cards
Left click on the image to toggle from front to back, right click on the image to toggle from normal to magnified view.
<u> </u>
- Right click on the image to enlarge
- Left click on the image to see the back of the card. Click "OK".

漆 li	nsurance Listing - Test	t, Deborah S							
Patie	ent: Test, Deborah S Available Insurance								
E	Payer Name	Available	Plan Nbr	Policy Nbr	Group Name	Group Nbr	Effective Date	Expired Date	
	🕵 Patient								
	- 🚞 Medicare Part B			2562522			10/01/2005		
	- 🛅 Medicaid	1		0304459			01/01/2001		
	L 🛫 Omaha Insurance			XYZ1234				01/01/2009	
								×	<u>C</u> lose

