

PRE-CONFIRM PATIENT RESPONSIBILITY ESTIMATE

Eligibility

Select Provider

- Eligibility
- Claims Status
- PRE-Confirm

Under the Real-Time Inquiries tab select the PRE-Confirm item

Real-Time Inquiries: PRE-Confirm > Patient Responsibility Estimate

Patient Responsibility Estimate produces a document that shows the patient's estimated out-of-pocket cost.

Select Payer

Payer BLUE CROSS BLUE SHIELD NEW JERSEY (HORIZON)

Insured Claim Status Dependent Claim Status

Insured ID

Insured First Name

Insured Last Name

Insured Date of Birth

From Date of Service

To Date of Service

Clear Transmit Save

- The Patient Responsibility Estimate search screen. The last 50 estimates will display.
- Enter desired search criteria and click Search.
 - Click on New PRE-confirm to run eligibility. See slide labelled PRE_confirm for more details.
- The search results display in the grid. Click the Note icon to view or download the estimate as a PDF.
See an example let on next page

This is an add-on feature offered by eMEDIX.

Dr. Murphy
 10901 Stonelake Blvd
 AUSTIN, TX 78759-5749
 (512)638-6739

Estimate Date: 01/13/2022
 Date of Service: 01/13/2022-01/13/2022
 Eligibility Date: 01/13/2022

PATIENT RESPONSIBILITY ESTIMATE

Patient Information	
Member ID	123467890
Patient Name	MARY JONES
Patient Plan	MEDICARE
Patient Phone Number	
Patient Address	1373 BOON RD WOMMANING, SC 291026098

Estimate Details
demo 01/13/2022
72050 - X-RAY EXAM OF NECK SPINE
99205 - OFFICE/OUTPATIENT VISIT, NEW

Estimated Amount	\$641.00
Copayment Amount	
Coinsurance Amount	\$46.58
Deductible Amount	\$0.00

Patient Discount	\$232.92
Total Estimated Patient Responsibility	\$46.58

Visit our website to pay online: <https://payment.demophysiciansgroup.com>

Based on your coverage and our contract with your insurance company we have estimated your financial responsibility. This amount is not the final bill, which may be more or less, depending on the final determination. This estimate is given to you as a courtesy to allow for planning your payment.

Signature: _____ Date: _____



Real-Time Inquiries: PRE-Confirm > Patient Responsibility Estimate > PRE-Confirm

PRE-Confirm feature allows a user in a provider's office to know if a patient is eligible for insurance in order to inform them of their out-of-pocket cost. Use this screen to view benefit information such as deductibles, coinsurance, out-of-pocket maximums, and copayments from an eligibility response.

The screenshot shows a web form titled "Patient Eligibility Inquiry". The form is organized into two columns of input fields. The left column includes: "Payer" (a dropdown menu), "Patient First Name" and "Patient Last Name" (text boxes), "Benefit Service Type" (a dropdown menu), "Patient Address Line 1" (text box), "Patient City" (text box), and "Patient Phone" (text box with a pre-filled area for "(999)999-9999"). The right column includes: "Member ID" (text box), "Relation to Subscriber" (dropdown menu with "Self" selected), "Patient DOB" (text box with "mm/dd/yyyy" placeholder), "Patient Gender" (dropdown menu), "From DOS" (text box with "mm/dd/yyyy" placeholder), "To DOS" (text box with "mm/dd/yyyy" placeholder), "Patient Address Line 2" (text box), "Patient State" (dropdown menu), and "Patient Zip" (text box with "99999-9999" placeholder). At the bottom right of the form are three buttons: "Cancel", "Skip", and "Search".

- Select the payer for eligibility inquiry from the Payer drop-down menu.
- Enter the patient information for payer eligibility.
- Click Search to run an eligibility request.
- The Eligibility information screen displays. If the patient is eligible, the Eligibility Status displays in blue. If the patient is ineligible, invalid, or incomplete, the status displays in red.
- The Eligibility Response Details section lists the response details for the inquiry.

Real-Time Inquiries: PRE-Confirm > Payer Setup

The PRE-Confirm Payer Setup screen allows the provider to validate the data eMEDIX is using for estimation. The information showing is rendered based on reimbursements from ERAs received from the payer. To ensure estimates are as accurate as possible, changes can be made to the payer payment records in this screen.

PRE-Confirm - Payer Setup ONLINEDEMO-Online Demo

Search PRE-Confirm Payer Setups

Payer Name
Payer Code
State
Tax ID
Procedure Code

Show entries
 Search: Previous **1** 2 3 Next

Showing 1 to 50 of 102 entries

Payer Name	Payer Code	Tax ID	Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Units	Charge	Allowed Amount	User	Edit
AETNA	60054	066033492	20600						\$223.00	\$116.85		
AETNA	60054	066033492	64483					1	\$398.00			
AETNA	60054	066033492	99212	RT					\$116.00	\$85.00	demo1	

To view or edit a payer record:

- In the Payer Setup screen the user can search for a payer by Payer Name, Payer Code, Tax ID, State, and/or Procedure Code. Enter desired search criteria and click Search.
- The search results display in the grid.
- Click the pencil icon to view/edit the Payer Setup Details. Make changes as needed to the record and click Save.

Real-Time Inquiries: PRE-Confirm > Payer Setup

To add a **new payer** record, click Add Payer Setup on the search screen.

- A blank Payer Setup Details screen displays.
 - Enter Payer Name, Procedure Code, Charge, and Allowed Amount.
 - Entering a valid Procedure Code automatically populates the procedure description in the Description field.
 - Once all information has been entered, click Save.

PRE-Confirm - Payer Setup

Payer Setup Details

Payer Name

Payer Code Tax ID

Payer Address

Address Line 1 Address Line 2

City State Zip

Procedure Details

Procedure Code

Charge Allowed Amount

Modifier 1 Modifier 2 Modifier 3 Modifier 4

Units Description

Real-Time Inquiries: PRE-Confirm > Provider Setup

RE-Confirm Provider Setup screen allows provider preferences to enhance their patient responsibility estimate form. Information added here displays on the Patient Responsibility Estimate.

- To add provider preferences:
- Click Add Physicians and enter the Provider information in the available fields.
- Enter a message for the patient in the Patient Message field. If a message is not entered, a generic message is generated by eMEDIX. Users may also click Use Default to populate the generic message in this field. A patient message is required
- Users may upload a logo to be used on the patient estimate letter. The image size is limited to 800x400. Click the logo section to select a file or drag and drop a logo file to upload. Once the file is selected, click Save.
 - To remove the image from the record, click Clear Logo File and then Save.
- Users may include a link to the provider's payment portal, if applicable. Enter the link in the Provider Payment Portal URL field.
- Click Save.

PRE-Confirm - Provider Setup ONLINED

Provider

Provider Name	DEMO PHY	Phone	(999)999-9999
Address Line 1	123 Main St	Address Line 2	
City	Columbia	State	SC
		Zip Code	29201

Physicians