

Updating a Patient's Insurance Information

07/24/2024 10:01 pm EDT

Keeping a patient's insurance information updated is critical to avoid delays with reimbursement for services rendered.

- To update the patient's payer information, navigate to your patient's chart (**Navigation Bar > Patients > Patient List > Click on Chart ID**).

Navigating to Patient Insurance

First, ensure the **Demographics** tab is active on the left-hand side navigation.

A vertical navigation menu with four items: '+ Add new patient' (green button), 'Demographics' (green button, selected), 'Appointments' (grey button), and 'Clinical Dashboard' (grey button).

Your patient's profile should appear.

Patient profile card for Elena Kagan. Includes a photo, name, gender, age, date of birth, phone, email, address, and primary provider (Thomas Your). It also shows CDS status and a 'Schedule New Appointment' button.

Elena Kagan (Female | 71 years old | Nov. 21, 1944) BRCH000001

Phone: (650) 690-5986 Email: thomas.your+elenakagan@drchrono.com Added: Aug. 11, 2016

Address: 1001 N Rengstorff Ave Mountain View , CA 94043 Last Tue Sep 06, Appt: 2016

CDS: Patient must have documented medications Patient must have documented allergies Adult Immunization Schedule Age: 65+

Primary Provider: Thomas Your

New Referral Fax Demographics Print Demographics + Schedule New Appointment

Important Demographics Insurances Eligibility Authorizations Smoking Status Flags Balance

✓ Sufficient patient demographics to bill insurance.

Important Information

A form for updating patient information. Fields include Primary Provider (Thomas Your), Status (Active), Title (Justice), First Name (Elena), Nick Name, Middle Name, Last Name (Kagan), and Suffix. A Patient Chart Photo field shows a current image and a 'Clear' button.

Primary Provider: Thomas Your

Status: Active

Title: Justice e.g. Mr, Mrs, Ms

First Name: Elena

Nick Name:

Middle Name:

Last Name: Kagan

Suffix: e.g. I, II, III, IV, Jr, Sr

Patient Chart Photo: Currently: patient_photos/2016/08/962f20e4-83db-499c-a02b-e3f0129f971a.jpeg Clear

Underneath the patient basic information summary, select the **Insurances** tab to view all the insurance options that can be entered into the DrChrono EHR.

[Important](#) [Demographics](#) **[Insurances](#)** [Authorizations](#) [Smoking Status](#) [Flags](#) [Balance](#)

Within the **Insurances** tab, six insurance options can be entered into the patient's chart: Primary Insurance, Secondary Insurance, Tertiary Insurance, Auto Accident Insurance, Worker's Compensation, and Durable Medical Equipment (DME).

Select the insurance option that will be changed and you'll be presented with editable fields to enter the information.

Primary Ins [Secondary Ins](#) [Tertiary Ins](#) [Auto Accident](#) [Worker's Comp](#) [Durable Med Eqpt](#)

Primary Insurance

Primary Ins

Secondary Ins

Tertiary Ins

Primary Hosp

Secondary Hosp

Auto Accident

Worker's Comp

Durable Med Eqpt

Default Primary Insurance [Save to Insurance History](#) [Manage Alternative Insurances & History](#)

Subscriber is the Patient Insured person is the same person as the Patient

Insurance Company *[contact support](#) if you can't find an insurance company.

Carrier Payer ID

TPL Code *If the Medicaid is Secondary

Insurance ID Number

Insurance group name *if available

Insurance group number *if available

Insurance plan name *if available

Insurance plan type *if available

Insurance claim office number *if available

Number visits allowed per year

Card issued date *Required for checking eligibility of CA Medicaid

Primary Insurance Notes

Insurance Photo Front No file chosen

Insurance Photo Back No file chosen

HCFA Options

Default Onset Date HCFA Box #14

Default Initial Visit Date HCFA Box #15

Prepopulate Last Related Visit HCFA Box #19

This field is for the patient's primary insurance. Under this tab, you'll have several fields to document your patient insurance information:

- **Subscriber is the Patient:** This checkbox indicates if the subscriber or policyholder is the patient. If the patient uses a parent or spouse's insurance, this box should be unchecked.
- **Insurance Company:** This is the name of the insurance company that covers the patient. Search for the insurance company using the search box. When the insurance company is found, the box below will auto-populate with the address of the insurance company.
- **Carrier Payer ID:** Every carrier has a unique five-digit payer ID. This is required to get your claim to the payer. The **Carrier Payer ID** field will be auto-populated when an insurance company is selected from the insurance

company search box or can be manually entered. The information for this field is sometimes listed on the patient's insurance card as the "EDI number".

- **TPL Code:** TPL (Third Party Liability) refers to the legal obligation of third parties to pay part or all medical expenses under a Medicaid state plan. This number is used for Coordination of Benefits (COB) Medicaid benefits.
- **Insurance ID Number:** Policy number of the insurance. Can be shown as an ID Number, Policy Number, Member ID, or Member Number on a patient's insurance card.
- **Insurance Group Name:** If the patient purchased insurance through an employer, they will belong to an insurance group. The name of the group often does not appear on the insurance card and is not necessary after entering the insurance group number.
- **Insurance Group Number:** The group number associated with the patient's insurance.
- **Insurance Plan Name:** Name of the insurance plan provided on the patient's insurance card.
- **Insurance Plan Type:** The type of insurance that the patient holds. The following options are available for selection:
 - Automobile Medical
 - Blue Cross/Blue Shield
 - Champus (Tricare)
 - Commercial Insurance Company
 - Dental Maintenance Organization
 - Disability
 - Exclusive Provider Organization (EPO)
 - Federal Employees Program
 - Health Maintenance Organization (HMO)
 - Health Maintenance Organization (HMO) Medicare Risk
 - Indemnity Insurance
 - Liability Medical
 - Medicaid
 - Medicare Part A
 - Medicare Part B
 - Mutually Defined
 - Other Federal Program
 - Other Non-Federal Program
 - Point of Service (POS)
 - Preferred Provider Organization (PPO)
 - Title V
 - Veterans Affairs Plan
 - Workers' Compensation Health Claim
- **Insurance Claim Office Number:** If the patient's insurance card includes the phone number of the office's support line, you may enter that number here. This number can be used to call the insurance company to check on the status of the claim.
- **Number of visits allowed per year:** If the patient is limited by the number of visits, you may enter that number here.
- **Card Issue Date:** The date of issue found on the patient's insurance card.

- **Primary Insurance Notes:** Any supplementary notes on insurance can be entered here.
- **Insurance Photos:** You may upload images of the patient's insurance card (both front/back) for verification purposes.

If you need to include information in HCFA box #14 (onset date) or HCFA box #15 (initial visit date) you can do it at the bottom of the screen. There is also an option to repopulate the information from the last related visit in HCFA box #19.

Once you have made the necessary changes please select the **Save Demographics** button at the bottom to save the changes you have just made.

Save Demographics
