DEMOGRAPHICS ENTRY

To enter a new patient, click on "Accounts"



Click "generate next account #"

10 11 D 1 11 D	a a serie was an an	
Account Information(-)		– 🗆 X
"┡ ⊞ 🛛 🛛 🗎 🖨 🤆	0 · O · 🔗 🔒 🔿 🖬 🗖 🛱 ·	🖻 🕸 🖨 🗳 🖗 🖉
Account Information(-) ×		Generate Next Account Number (Alt+N)
	Account Account Status Account Catagory First MI Last Primary Address Alternative Address	Account Billing Soc.Sec.Num.
	Zip Code City State	Home

Your new account # will appear here:

Account Information(-)	– 🗆 X
� ⊞ ☑ ⊠ 🗎 🔂 👰 🔍	- 🆇 🖳 🔿 🗊 🗖 🗗 🗐 🖉 🖉 🖗 🔶 🖗 🗘 🗐 🖧 🛈
Account Information(-) ×	
5164	
Account	Account Status Account Category Account Billing Soc.Sec.Num.
	MI Last Title
Primary Add	tress Alternative Address
	Home
	Work

Use "TAB" to move easily through fields...

Select account status - it should be "Active"



Next, choose account category (which should match the primary insurance you are entering for that patient)

5164 Active 👻			
Account Account Status	Blue Cross Blue Shield	Account E	silling
First	Employee		Title
Primary Address Alternative Address	Health Advantage		inde
	Medicaid	Home	() -
	Medicare Advantage	Mark	()
	Out of Country Address	mergency	()
Zip Code City	State	Dager	()
Zip Code City	State	Pager	() -

The "Account Billing" should default to what is appropriate for the "Account Category" and should automatically populate. For example, BCBS would say "send statement after ins"

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5164 Account	Active Account Status	Blue Cross Blue Shield Account Category	Stmnt after Ins Account Billing Soc.Sec.Num.	
First Primary Ad	dress Alternative Address	MILar	Title	

Proceed to enter as much demographics information you have on the patient as shown below, tabbing through so that fields which populate automatically will populate

5164	Active	Blue Cross Blue Shiel	d ,	 Stmnt aft 	er Ins. 🔻 123-45-6758	
Account	Account Status	Account Category		Account E	Billing Soc.Sec.Num.	
John		J Smith			Mr. 👻	
First		MI Last			Title	
Primary Address	Alternative Address					
1 Apple St				Home	(201) 432-2894	
				Work	() -	
07094	Secaucus	New Jersey	*	Emergency	() -	
Zip Code	City	State		Pager	() -	
Primary	· ·	eStatement		Other	() -	
Billing Address				Mobile	() -	
05/01/1998 🔻	21 Married	▼ Male	-	Fax	() -	
Date of Birth	Age Marital Sta	itus Sex		5 M 1	kertik Oeresteren	
Ethnicity None	selected		-	E-Mail	jsmith@gmail.com	
Race None	selected		-	Em	ail	Ŧ
Preferred				P	referred Contact Method	
anguage						

Click "APPLY" to save and stay on the page

Financial I	Location:			Ŧ
	Acct Resp	Ins Resp	lotal	
Total	\$0.00	\$0.00	\$0.00	
0-30	\$0.00	\$0.00	\$0.00	
31-60	\$0.00	\$0.00	\$0.00	
61-90	\$0.00	\$0.00	\$0.00	
91-120	\$0.00	\$0.00	\$0.00	
121-150	\$0.00	\$0.00	\$0.00	
151 +	\$0.00	\$0.00	\$0.00	Cruin Cruin

Once you "APPLY", the information tree will appear on the left side of the demo screen... RIGHT CLICK on "Insurance" then click "NEW" to select insurance plan and enter insurance information

v 😵 j	ohn J. Smith	
	Employer	
	Insuran	
	Locatio New	
	Providers	
	Referring Physicians	
	Appointments	
	Collections	
	2 Documents	
	Managed Visits	
	Recalls	
	Reminders 2	
	Cases	
	7 Task Manager	
	Payment Summary	
L	Amendment Requests	

Click the italicized *Insurance Plan* to select insurance.

ł	💐 Account In:	surance (*)					-	
	Insurance Plan			[1 🌲 Seq Number	Status	▼ St	atus Date
1	Insurance Cate	gor) <i>Effective L</i>	Tate Ex	▼ piration Date	Co-	\$0.00 Pay	\$0.00 Deduct Amt.	0 Deduct Used
	Insurance ID		Insuran	ce Group ID		Insura	ance Group Nar	ne
1 t	Eligibility Status		Last Up	dated		Medicar	e Secondary Re	ason Code
	Auto File	Acce	pt Assign	Transmit		Auth.	Payment	Medigap
3	Auto File if S	Secondary						
	•	John		J	Smith			Mr. v
ſ	Rel. to Holder	1 Apple St		MI	Läst			libe
		07094 - <i>Zip Code</i> 05/01/1998 ▼ <i>Date of Birth</i>	Secaucus City Male 💌 Sex	Unknown Empl.Status	New Je State (201) 4 Phone	rsey 32-2894	Ext.	
	Show Plan]		New	OK		Cancel	Apply

Here you can type in the first few letters of the insurance plan you need and a list will come up. Click "OK" once you highlight the one you want. In this case, "blue cross" code 19 is the correct one

		insurance ()					·	})		
Insurance	e Pla	an 🖌		1 🗘 Seq Number S	Status	▼ Status	Date				
Insurance Insurance	e Ca	ategory Effective late	<i>Expirati</i> Insurance Gro	v Co-Pay	\$0.00 / Insur	\$0.00 Deduct Amt. De	0 educt Used	23-45-()c.Sec.I	√758 √um.		
Eligibility S	tat	us	Last Updated	1	Medicar	re Secondary Reasor	n Code				
Auto F	s	earching Insurance Plans									×
Auto F	•	blue									
	L	Plan Name [Begins With]	Cit	y [Begins With]		Phone [Begins Wit	h] P	rof Payer ID	[Begins With]	Ins Payer ID [Begins With]
el. to Hok		Name	Code	Address		City	State	Zip	Phone	Prof Paye.	Ins Payer ID
		blue cross Blue Cross Blue Shield Texas Blue Cross Blue Shield Tex Blue Shield	19 25 26 BS	blue cross 1234 Nonesuch Drive 1234 Nonesuch Drive 1234 BS road		Mayflower Little ROck Little ROck No. Little Rock	AR AR AR AR	72106 72201 72201 72114		12345	
		bluecross	bb	1234 financial lane		Cabot	AR	72023			
	Lin	nit to 100 🔻						[Add	ОК	Cancel
Show Pl	R	ecords: 5									
		Secondary Provider			Einon						

The arrow below shows where the plan is populated. Enter the information needed in the highlighted sections. Click "OK" to save and close or "APPLY" to save and stay on the screen.

💐 Account Ins	urance (*)					—		B (
19 b Insurance Plan	lue cross			1 ‡ Seq Number	Active Status	 St	02/13/202 atus Date	20
Blue Shield Insurance Categ	gory Effective	ate Ex	vpiration Date	Co-	\$0.00 Pay	\$0.00 Deduct Amt.	0 Deduct Used	23-4
Insurance ID		Insuran	ce Group ID	1	Insura	ance Group Nar	me	
Eligibility Status		Last Up	dated		Medicare	e Secondary Re	eason Code	
✓ Auto File✓ Auto File if S	econdary	pt Assign	🗹 Transmit		🗹 Auth.	Payment	Medigap	
Self 🔻	John		J	Smith			Mr.	
Rel. to Holder	First 1 Apple St		MI	Last			Title	
	07094 ·	Secaucus		New Je	rsey	*		m
	05/01/1998 • Date of Birth	Male 🔻	Unknown Empl.Status	 (201) 4 Phone 	32-2894	Ext.		Meth
							\sim	
Show Plan			New	ОК	\supset	Cancel	Apply)
	Secondary Pro	ovider			Finance	ial Location.	\sim	

Once compete and saved, you will see your insurance plan on the demo screen tree on left hand side:



The demographics and insurance information for this patient should be saved at this time.