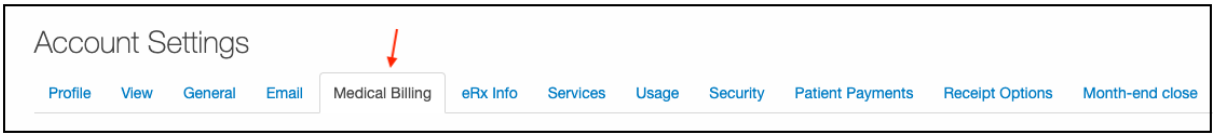
Medical Billing Account Settings

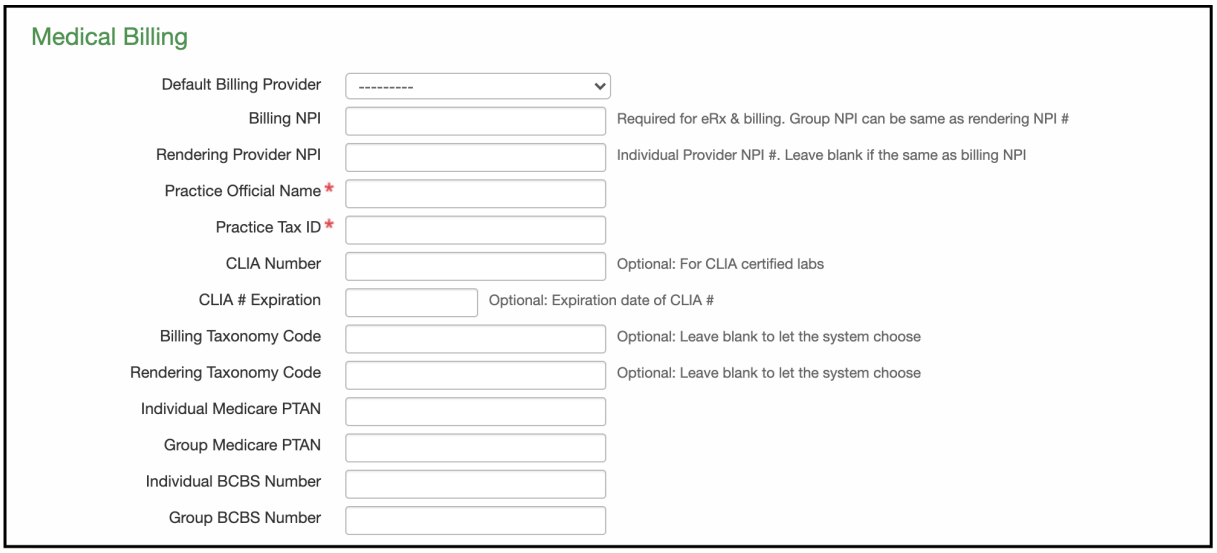
Last modified on 10/26/2026 2:14 pm EDT

Within your account is a section that will control many of your medical billing settings. Let's take a closer look at what they are and how to utilize them in your practice.

1. Navigate to **Account** > **Provider Settings**
2. Select the **Medical Billing** tab.



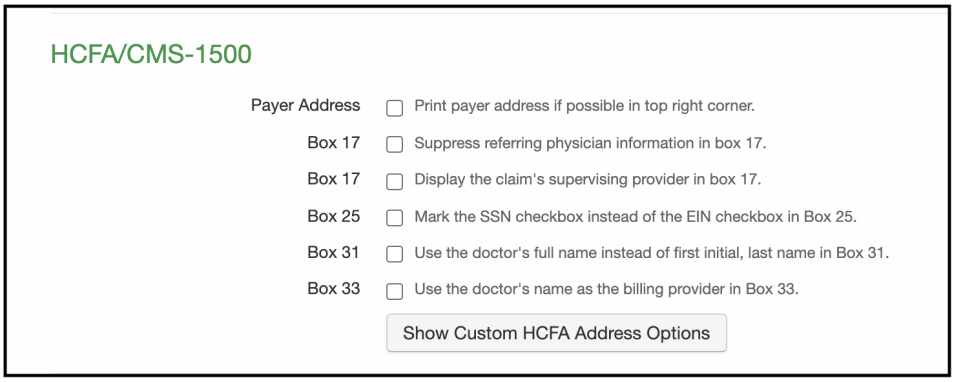
The top section is labeled Medical Billing.



- **Default Billing Provider** - this drop-down will list the providers within your practice group. If you have an incident-to-billing situation in your office, this is where you can select which provider claims should be billed for a particular provider.
- **Billing NPI** - This NPI will appear in box 33 of the HCFA.
- **Rendering Provider NPI** - This is the provider's NPI rendering the patient's services. It will appear in box 24J.
- **Practice Official Name** - This will appear in box 33 of the HCFA.
- **Practice Tax ID** (TIN) - This will appear in box 25 of the HCFA.
- **CLIA Number** - Clinical Laboratory Improvement Amendments - If you are licensed to perform laboratory services in your office, your CLIA number should be entered here. It will appear in box 23.
- **CLIA # Expiration** - The expiration date of your current CLIA certification should be entered here.
- **Billing Taxonomy Code** - Enter your billing taxonomy code here.

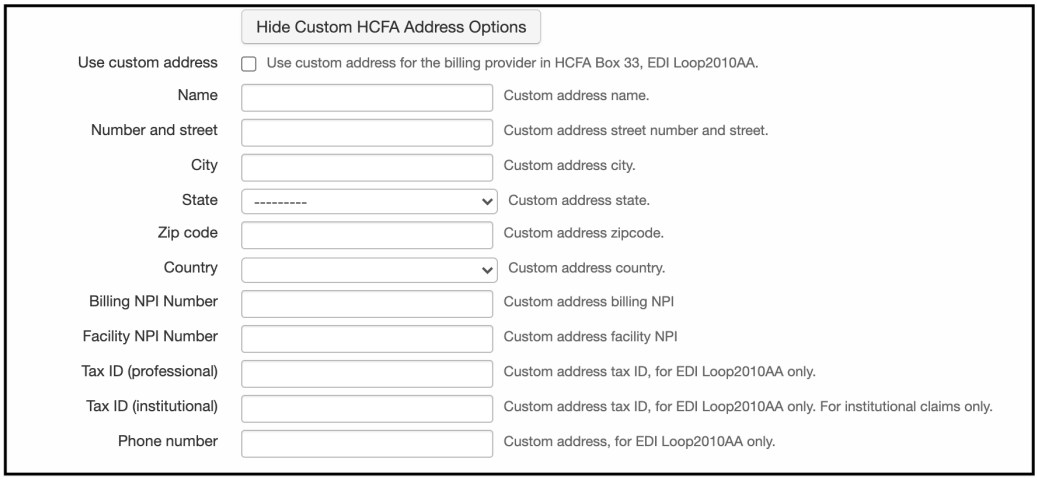
- **Rendering Taxonomy Code** - Enter the taxonomy code of the rendering provider here.
- **Individual Medicare PTAN** - Enter the provider's individual Medicare PTAN number here, if applicable.
- **Group Medicare PTAN** - Enter the group Medicare PTAN number here, if applicable.
- **Individual BCBS Number** - Enter the provider's individual BCBS number here, if applicable.
- **Group BCBS Number** - Enter the group BCBS number here, if applicable.
    - Pro tip - if you have a payer that requires a certain provider number (other than NPI) to be listed on the claim, you can add it per payer under Insurance Set Up. Directions can be found here.

The next section is labeled **HCFA/CMS-1500**.



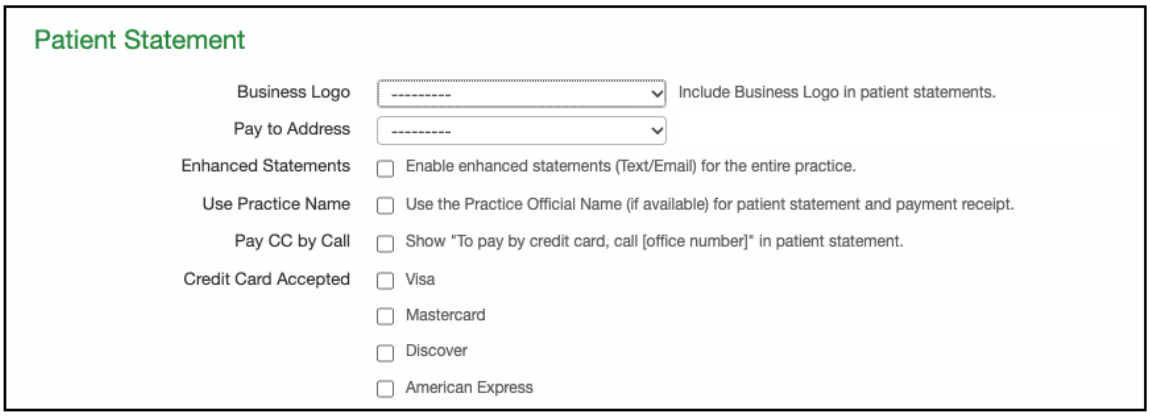
- **Payer Address** - Selecting this box will print the payer's address on the top right of the HCFA form. Useful if you are mailing claims to the payer.
- **Box 17** - There are 2 options here regarding the referring and supervising physician's information.
    - The 2nd box down will not print the referring physician's information in box 17 if selected.
    - The 3rd box down will display the supervising provider's information in box 17 if applicable and selected.
- **Box 25** - This box would need to be selected to check the SSN option in box 25 of the HCFA if the provider is billing using an SSN, rather than an EIN.
- **Box 31** - This option will control the appearance of the provider's name in box 31 of the HCFA. Left unchecked, only the first initial and last name of the provider will appear. Checking the box will print the provider's full first and last name in box 31.
- **Box 33** - Selecting this box will use the provider's name as the billing provider in box 33, rather than the practice name.

    - **Show Custom HCFA Address Options** - Selecting this button will reveal additional options to customize how your address in box 33 (Loop 2010AA) will appear.



The next section is labeled **Patient Statement**.

- It will allow various options on the printed paper patient statement.



  - **Business logo** - This will allow you to include or suppress your business logo on your paper patient statements.
  - **Pay to Address** - You can select an alternate address here if you want your patient payments to go to a central office location, or perhaps a bank lockbox.
  - **Enhanced Statements** - Allows enhanced statement delivery via text/email. This option only shows under the primary provider's account and will control statement delivery for the entire practice group.
  - **Use Practice Name** - Selecting this box will use the practice name on patient statements and receipts, rather than a provider name.
  - **Pay CC by Call** - Selecting this box will add a line "To pay by credit card, call [office phone number] on the patient statement.
  - **Credit Card Accepted** - You can select which credit cards you accept here. Not selecting the box will eliminate them from printing on the paper patient statement.

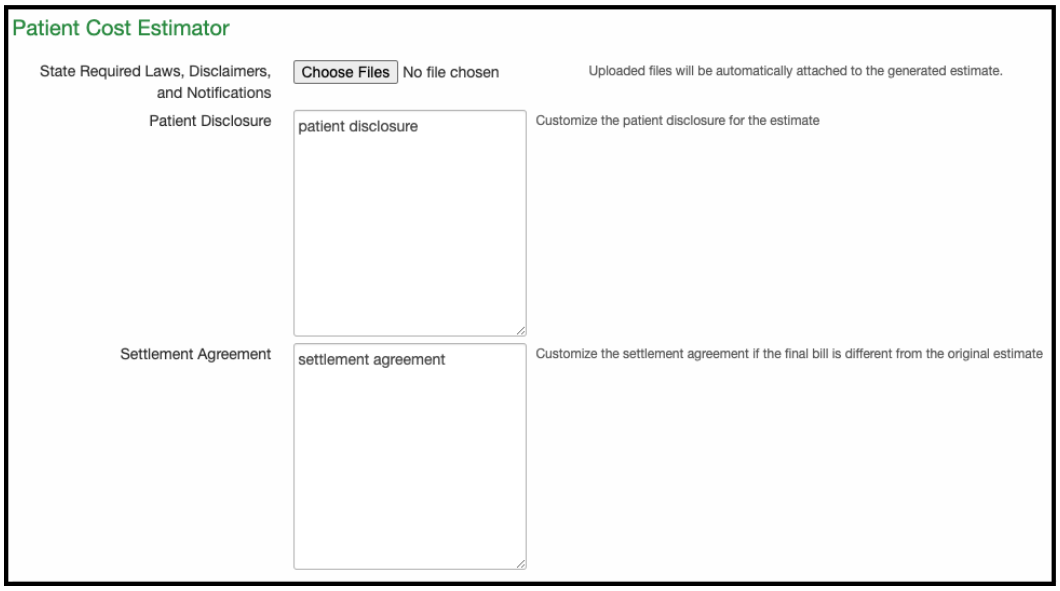
- The next section is titled **Super Bill**. This will control features that will appear on the patient's superbill. (Live Claims Feed > Super Bill (on the top toolbar)



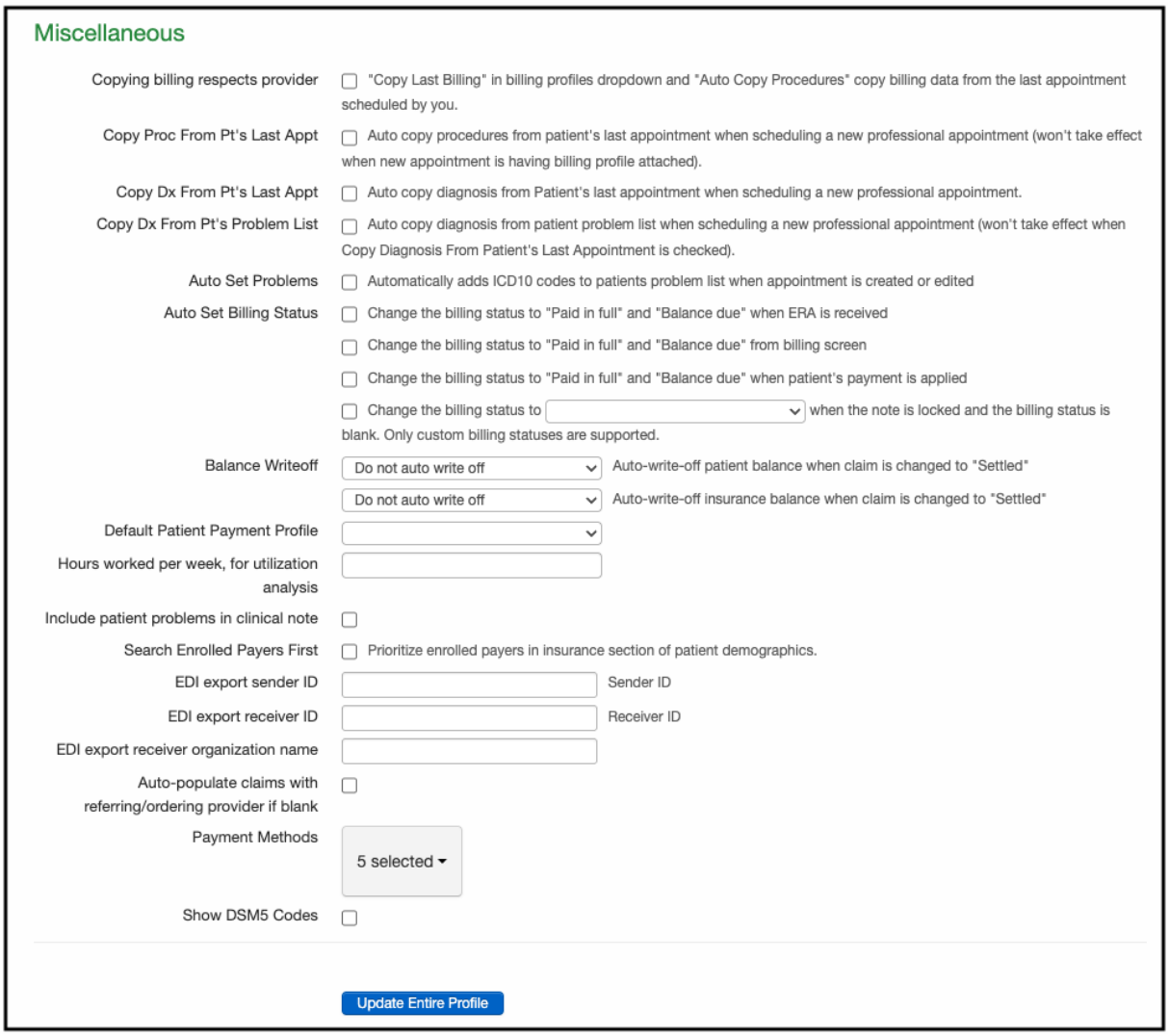


- **Include Provider Email** - Selecting this box will include your email on the patient's printed superbill.
- **Include Business Logo** - Selecting this box will include your business logo on the patient's printed superbill.
- **Hide Provider IDs** - Selecting No in this field will print your NPI and EIN on the patient's paper superbill. Selecting Yes in this field will suppress your NPI and EIN from printing on the patient's superbill.

The next section allows you to add additional files, disclaimers, and/or statements to your Good Faith Estimates (aka Patient Cost Estimator).



The last section listed is labeled **Miscellaneous**.



- **Copying billing respects provider** - Selecting this option will copy forward the patient's billing information from "Copy Last Billing" and "Auto Copy Procedure" to the last appointment with the same provider.
- **Copy Proc From Pt's Last Appt** - This option will copy forward the patient's procedure codes from their last appointment. If a billing profile is being used, the last procedure will not be copied forward.
- **Copy Dx From Pt's Last Appt** - This option will copy forward the patient's diagnosis from their last appointment.
- **Copy Dx From Pt's Problem List** - This will pull forward the patient's diagnosis codes as listed on their problem list. It will defer to "copy from last appointment" if that option is checked.
- **Auto Set Problems** - This will automatically assign ICD-10 codes to the patient's problem list when it is added or edited.
- **Auto Set Billing Status**
  - **Change the billing status to "Paid in Full" and "Balance due" when ERA is received** - This will update the billing status automatically when an ERA is received. It will only update when all charges are listed, considered, and have either a patient balance marked by a PR (balance due) or no balance (paid in full). Otherwise, if something needs to be reviewed manually, or if not all charges are considered, the status will display as ERA Received.

  - **Change the billing status to "Paid in Full" and "Balance due" from the billing screen.** This will update the billing status automatically when a manual insurance posting or adjustment is made from the billing (Live Claims Feed) screen. As above, it will only change if all charges have been

considered and there is no residual balance that needs to be reviewed.

- **Change the billing status to "Paid in Full" and "Balance due" when the patient's payment is applied.** This will update to paid in full/ balance due automatically when a patient payment is applied.

- **Change the billing status to [blank] when the note is locked and the billing status is blank. Only custom billing statuses are supported.** This option will help the efficiency of your practice. Once the note is signed/locked by the provider, it will automatically change the claim to a custom billing status of your choice (many use Ready for Billing, Billing Review, etc). It will put the claim in the path of your billing staff to ensure it is billed out asap after the clinical note is complete.

- **Balance Writeoff**
  - **Auto write off patient balance when claim is changed to Settled**- This will automatically adjust a patient balance if/when you change the status to settled.
  - **Auto write off insurance balance when claim is changed to Settled**- This will automatically adjust the insurance balance when a claim status is changed to settled.

- **Default Patient Payment Profile** - This option will set the payment profile for all of your patients. You can set it to cover the majority of your patients, and just update as needed. It will save you from choosing it for each patient.
- **Hours worked per week, for utilization analysis** - This is for use in conjunction with the utilization analysis report. It lists the number of hours the provider/office is seeing patients per week.
- **Include patient problems in clinical note** - This option will include items listed in the patient's problem list in their clinical notes.
- **Search Enrolled Payers First** - This option works in conjunction with Insurance Setup. The payers listed at the bottom, your enrolled payers, will appear first when searching for a payer in a patient's chart.
  - **EDI export sender ID** - utilized with a specific clearinghouse. Typically, this is the practice TIN
  - **EDI export receiver ID** - utilized with a specific clearinghouse. Typically, this is the practice or vendor receiving the file.
- **EDI export receiver organization name** - utilized with a specific clearinghouse. Typically, this is the name of the organization/practice receiving the file.
- **Auto-populate claims with referring/ordering provider if blank** - This option will populate referring/ordering provider information if it is not filled in at the appointment level.
- **Payment Methods** - Gives the ability to customize which payment methods show when posting patient payments.
- **Show DSM5 Codes** - Checking the box will populate DSM5 codes in patient accounts.