

# Real-Time Eligibility Verification from a Patient's Chart

09/17/2024 8:43 am EDT

## Real-Time Eligibility Verification from a Patient's Chart

DrChrono allows you to verify eligibility and see what type of benefits your patient has under their insurance plan before you provide services.

1. To access the Real-Time Eligibility tool, you first need to open a patient's chart (**Patients > Patient List > Chart ID** or search directly for your patient's name).
2. Select the **Eligibility** tab in the left-hand navigation pane.

The screenshot displays the DrChrono patient chart interface for Jane Doe. The left-hand navigation pane is visible, with the 'Eligibility' tab highlighted in green and outlined in red. The main content area shows patient information for Jane Doe (Female, 1 year, 6 months old, Jan. 1, 2017). Key details include: Phone: Missing, Email: [redacted], Address: 328 gilbraltar dr, Sunnyvale, CA 94089, Date Added: Oct. 27, 2017, Last Scheduled Appt: [redacted], and Next Scheduled Appt: [redacted]. CDS rules are listed as 'CDS Rule', 'Patient must have documented medications', and 'Patient must have documented allergies'. Action buttons include 'onpatient access enabled', 'New Referral', 'Fax Demographics', 'Print Demographics', and '+ Schedule New Appointment'. Below this, there is an 'Insurance Eligibility & Benefits Check' section with a search dropdown and 'Run Primary Insurance' and 'Run Secondary Insurance' buttons. The 'Latest Eligibility' section shows 'Active Coverage' with fields for Subscriber, Primary Care Provider, Last Updated, Insurance, Insurance ID#, Group Number, and Group Name.

## Verifying Eligibility or Active Coverage

1. Ensure the patient's insurance information is loaded into their account; including the Payer ID for their insurance and their complete membership number.
2. Select **Run Primary Insurance** or **Run Secondary Insurance**, depending on which insurance you are verifying.

The system will ping the eligibility file provided by the payer and display the eligibility and benefit information obtained.

If the response is **Cannot Process**, it could be that the payer does not offer Real-Time Eligibility Checks, the payer ID is incorrect or missing or the patient ID number is wrong or missing.

### Insurance Eligibility & Benefits Check

Search for a service type  or Choose Profile  Run Primary Insurance Run Secondary Insurance

### Latest Eligibility

**Active Coverage**

Subscriber: JANE DOE 1980-01-01  
Last Updated: 2 days ago

Insurance: ANTHEM BLUE CROSS  
Insurance ID#: 123456789  
Group Number:  
Group Name:

**Health Benefit Plan Coverage** Print

Copayment
Deductible
Coinsurance
<b>Active Coverage</b>
Benefit Description
Benefit Disclaimer
Limitations
Out of Pocket (Stop Loss)

## Checking Benefit Level/Services Covered

You are also able to check benefits/services covered for a particular specialty

1. Search for one or multiple from the specialty drop-down.
2. Select **Run Primary Insurance** or **Run Secondary Insurance**.

If you don't select a specialty, the function will return benefits for any/all specialties listed on the eligibility and benefit file provided by the payer.

Eligibility Check Past Eligibility Checks

### Insurance Eligibility & Benefits Check

health  or Choose Profile  Run Primary Insurance Run Secondary Insurance

- 30: Health Benefit Plan Coverage
- 42: Home Health Care
- 43: Home Health Prescriptions
- 44: Home Health Visits
- CE: Mental Health Provider - Inpatient
- CF: Mental Health Provider - Outpatient
- CG: Mental Health Facility - Inpatient
- CH: Mental Health Facility - Outpatient
- MH: Mental Health

Insurance: ANTHEM BLUE CROSS  
Insurance ID#: 123456789  
Group Number:  
Group Name:

Here you can view all the plan's coverage details about the specialty you have selected.

Insurance Eligibility & Benefits Check

Search for a service type  or Choose Profile  Run Primary Insurance Run Secondary Insurance

Latest Eligibility

**Active Coverage**  
**Subscriber:** JANE DOE 1980-01-01  
**Last Updated:** 2 days ago

**Insurance:** ANTHEM BLUE CROSS  
**Insurance ID#:** 123456789  
**Group Number:**  
**Group Name:**

**Health Benefit Plan Coverage** Print

- Copayment
- Deductible
- Coinsurance
- Active Coverage
- Benefit Description
- Benefit Disclaimer
- Limitations
- Out of Pocket (Stop Loss)

Copayment

<b>Chiropractic</b> <small>In-Plan-Network</small>	\$ 20	<b>Emergency Services</b> <small>Not Applicable for Plan Network</small>	\$ 150
		<small>Additional Information:</small>	
		<ul style="list-style-type: none"><li>FACILITY BENEFIT</li></ul>	
<b>Hospital - Emergency Accident</b> <small>Not Applicable for Plan Network</small>	\$ 150	<b>Hospital - Emergency Medical</b> <small>Not Applicable for Plan Network</small>	\$ 150
<b>Professional (Physician) Visit - Office</b> <small>In-Plan-Network</small>	\$ 20	<b>Professional (Physician) Visit - Office</b> <small>In-Plan-Network</small>	\$ 20
<small>Additional Information:</small>			
<ul style="list-style-type: none"><li>SPECIALIST</li></ul>			
<b>Urgent Care</b> <small>In-Plan-Network</small>	\$ 20		

Copayment

Deductible

Coinsurance

Active Coverage

Service Types	Coverage Level	Insurance Type	Plan Coverage Description	In Plan Network	Notes
Physician Visit - Office: Well					
Hospital - Inpatient					
Urgent Care					
Medical Care					
Chiropractic					
Hospital					
Mental Health				Not Applicable for Plan Network	
Hospital - Outpatient					
Hospital - Emergency Accident					
Hospital - Emergency Medical					
Emergency Services					
Pharmacy					
Professional (Physician) Visit - Office					
Professional (Physician) Visit - Office				Not Applicable for Plan Network	SPECIALIST
Health Benefit Plan Coverage	Individual	Preferred Provider Organization (PPO)	PPO PRUDENT BUYER CLASSIC		

Benefit Description

Benefit Disclaimer

Limitations

Out of Pocket (Stop Loss)

## Past Eligibility Checks

By selecting the **Past Eligibility Checks** tab, you can view eligibility checks previously run for the patient. You can filter by date of appointment, the date eligibility was checked, and sort by heading type. Failed eligibility checks are also recorded here.

The screenshot shows the patient profile for Jane Doe (Female, 1 year, 6 months old, born Jan. 1, 2017). The interface includes a sidebar with navigation options like Demographics, Appointments, and Eligibility. The main content area displays patient details, a navigation bar with 'Past Eligibility Checks' highlighted, and a table of eligibility checks. The table has columns for Eligibility, Service Type, Appointment, Insurance Type, Payer Name, and Checked On. A 'Filter' button and 'Reset All' button are located above the table.

Eligibility	Service Type	Appointment	Insurance Type	Payer Name	Checked On	
Active Coverage		5/15/2018 11:15AM	Primary	BCBSF	Jun 20, 2018	Q View
Inactive - Pending Eligibility Update		5/7/2018 12:30PM	Primary	BCBSF	Jun 20, 2018	Q View
Active Coverage		5/15/2018 11:15AM	Primary	AETNA INC	Jun 20, 2018	Q View
Active Coverage		3/19/2018 12:00PM	Primary	EMDEON X12 5010 CERTIFICATION PAYER	Jun 19, 2018	Q View
Inactive - Pending Eligibility Update	2: Surgical	5/10/2018 12:30PM	Primary	MEDICARE PART B	May 25, 2018	Q View
Active - Full Risk Capitation	30: Health Benefit Plan Coverage	3/20/2018 09:04AM	Primary	EMDEON X12 5010 CERTIFICATION PAYER	May 24, 2018	Q View
Active Coverage	8: Surgical Assistance	5/7/2018 12:30PM	Primary	EMDEON X12 5010 CERTIFICATION PAYER	May 23, 2018	Q View
Active Coverage	30: Health Benefit Plan Coverage	5/15/2018 11:15AM	Primary	EMDEON X12 5010 CERTIFICATION PAYER	May 23, 2018	Q View

## Prescription Benefits

The DrChrono EHR also allows you to check your patient's insurance for prescription benefits. Prescription benefits are updated every 72 hours.

1. Select Check Prescription Benefit
2. Select Benefit Summary to view the coverage information summary for prescriptions.

### Prescription benefits

#### Benefit summary 0

Coverage last checked **Never**

[Check prescription benefit](#)

## Prescription benefits

### Benefit summary 2

**Coverage last checked** [09/13/2023](#)  
**Eligibility** [Active](#)  
**PBM Name** PBMF  
**Plan Name** MID-CA PLAN7  
**Group name** JW MID-CA#7  
**Group number** JW92983  
**Coverage end date** 2099-12-31  
**Member ID** PBM-ZZ-T92293 8791%AD

**Coverage information** [Formulary](#) [PBM-specified alternatives](#)  
[Copay information](#)  
[Detailed coverage information](#)  
**BIN/PCN** 001398 (PBMF-JW-2784-2)  
**Pharmacy benefits** [Mail order pharmacy](#)  
[Retail pharmacy](#)  
[SPECIALTY PHARMACY](#)

**Coverage last checked** [09/13/2023](#)  
**Eligibility** [Active](#)  
**PBM Name** CERT PBM-A  
**Plan Name** -  
**Group name** SPC-9288  
**Group number** Y8831\_9  
**Coverage end date** 2099-12-31  
**Member ID** 2455\_Y8831\_92

**Coverage information** [Formulary](#) [PBM-specified alternatives](#)  
[Copay information](#)  
[Detailed coverage information](#)  
**BIN/PCN** 002318 (PBMA-Y9288)  
**Pharmacy benefits** [Mail order pharmacy](#)  
[Retail pharmacy](#)  
[SPECIALTY PHARMACY](#)

[Check prescription benefit](#)