

Updating a Patient's Insurance Information

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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:

1. **Navigation Bar > Patients > Patient List**
2. Select the Chart ID
3. Select the **Demographics** tab on the left side of the screen

Your patient's profile should appear.

The screenshot displays a patient profile for Elena Kagan. At the top, there is a patient photo and a header with the name 'Elena Kagan', gender 'Female', age '71 years old', and birth date 'Nov. 21, 1944'. The chart ID 'BRCH000001' is visible in the top right. Below the header, there are fields for 'Phone:', 'Email:', and 'Address:'. To the right of these fields, it says 'Added: Aug. 11, 2016' and 'Last Tue Sep 06, Appt: 2016'. There are also two blue callout boxes: 'Patient must have documented medications' and 'Patient must have documented allergies'. Under 'CDS:', there is a link for 'Adult Immunization Schedule Age: 65+'.

The 'Primary Provider:' section includes buttons for 'New Referral', 'Fax Demographics', 'Print Demographics', and '+ Schedule New Appointment'. Below this is a navigation bar with tabs: 'Important', 'Demographics', 'Insurances', 'Eligibility', 'Authorizations', 'Smoking Status', 'Flags', and 'Balance'. A green checkmark message states 'Sufficient patient demographics to bill insurance.'

The 'Important Information' section contains a form with the following fields:

- Primary Provider:
- Status:
- Title: e.g. Mr, Mrs, Ms
- First Name:
- Nick Name:
- Middle Name:
- Last Name:
- Suffix: e.g. I, II, III, IV, Jr, Sr
- Patient Chart Photo: Currently: [patient_photos/2016/08/962f20e4-83db-499c-a02b-e3f0129f971a.jpeg](#) Clear

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 Insurance

A screenshot of a web form for 'Primary Insurance'. At the top, there are navigation tabs: 'Primary Ins' (active), 'Secondary Ins', 'Tertiary Ins', 'Primary Hosp', 'Secondary Hosp', 'Auto Accident', and 'Worker's Comp'. Below the tabs is a sub-tab 'Durable Med Eqpt'. The main content area has three links: 'Default Primary Insurance' (green), 'Save to Insurance History', and 'Manage Alternative Insurances & History'. The form includes several fields: 'Subscriber is the Patient' (checked), 'Insurance Company' (dropdown with 'FL BCBS'), 'Carrier Payer ID' (text box with 'SB590'), 'TPL Code' (text box), 'Insurance ID Number' (text box with 'FAKEID7263'), 'Insurance group name', 'Insurance group number', 'Insurance plan name' (dropdown), 'Insurance plan type' (dropdown), 'Insurance claim office number', 'Number visits allowed per year', 'Card issued date', and 'Primary Insurance Notes' (text area). There are also 'Choose File' buttons for 'Insurance Photo Front' and 'Insurance Photo Back'. At the bottom, there are 'Save Demographics' and 'Save & Close' buttons. A section titled 'HCFA Options' includes 'Default Onset Date', 'Default Initial Visit Date', and 'Prepopulate Last Related Visit' (checkbox).

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
