

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 shows the dr|chrono patient profile page. The top navigation bar includes 'Schedule', 'Clinical', 'Patients', 'Reports', 'Billing', 'Account', 'Marketplace', and 'Help'. The patient's name is 'sample sample', a 3-year-old female. The 'Demographics' tab is selected, showing a 'Patient Profile' section with fields for Patient Info, Primary Provider, Date of Birth, Sex, Preferred Name, Suffix, Title, Ethnicity, Race, Race Subcategory, Gender Identity, Sexual Orientation, Patient SSN, Preferred Language, Marital Status, and Student Status. A green notification banner at the top of the Demographics section reads 'Sufficient patient demographics to bill insurance.'

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.

Demographics

✓ Sufficient patient demographics to bill insurance.

Demographics

Insurances

Authorizations

Patient Flags

Payments

Primary Ins

Secondary Ins

Tertiary Ins

Primary Hospital

Secondary Hospital

Auto Accident

Worker's Comp

Durable Med Eqpt

Primary Insurance

✓ Sufficient patient demographics to bill insurance.

Demographics Insurances Authorizations Patient Flags Payments

Primary Ins Secondary Ins Tertiary Ins Primary Hospital Secondary Hospital 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

Alternate Eligibility Payer *It's required when the insurance company set for claim submission is different from the actual patient's insurance

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

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

- **Subscriber is the Patient:** This checkbox indicates if the subscriber or policyholder is the patient. This box should be unchecked if the patient uses a parent's or spouse's insurance.
- **Insurance Company:** This is the insurance company's name 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.

HCFA Options

Default Onset Date HCFA Box #14

Default Initial Visit Date HCFA Box #15

Prepopulate Last Related Visit HCFA Box #19

Save Demographics

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

Save Demographics
