How to add insurance information for an institutional claim

Having a patient's current insurance information is vital to avoid billing delays and ensure you are promptly compensated for the care you provide.
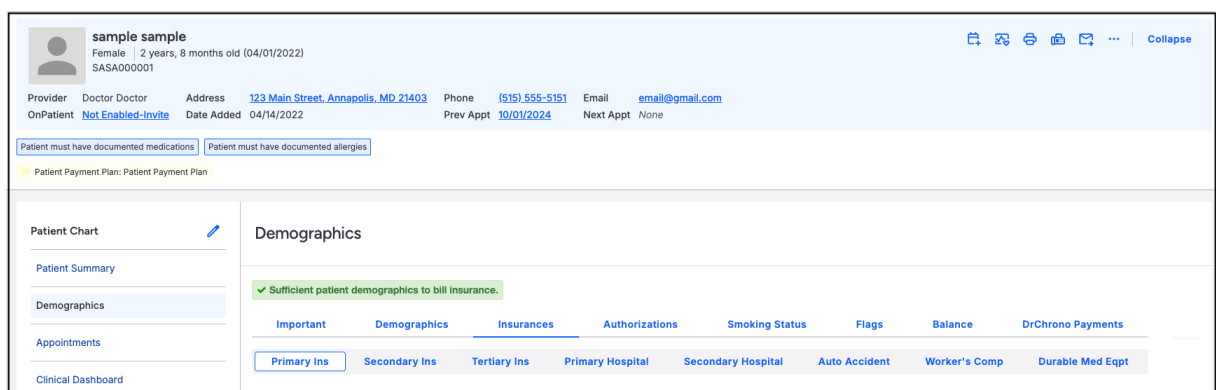
To update the patient's payer information, navigate to your patient's chart (**Navigation Bar > Patients > Patient List > Select the Chart ID**).

Navigating to Patient Insurance

1. Make sure that the **Demographics** tab is active on the left-hand side of the navigation.
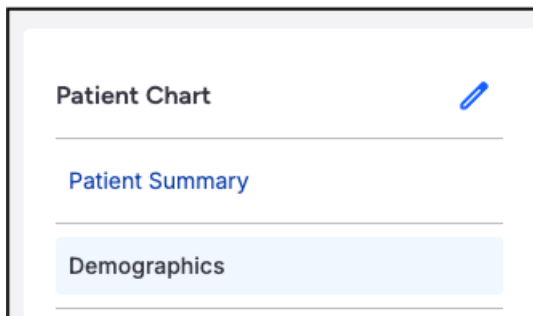
Your patient's profile should appear.

Under the patient basic information summary, select the **Insurances** tab to view all the insurance options that can be entered into the DrChrono EHR.

Under the Insurances tab, you will see several options. For any claim you will be billing on a UB04, you will need to have the patient's primary (and secondary, if applicable) insurance information loaded under the "Primary Hosp" and "Secondary Hosp" tabs respectively.

Primary Insurance

If the patient is the policyholder, you will want to leave the first box checked. If the patient is a dependent of the policyholder, you will need to uncheck the box. Doing so will open additional fields to capture additional required information about the policyholder.

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 by either the payer's name or their payer id.

- **Carrier Payer ID**: Every carrier has a unique five-digit payer ID. This is required in order 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.

- **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.

- **Employer**: If the coverage is through a patient or subscriber's employer, that information can be entered here.

- **Card Issue Date**: The date of issue that is sometimes found on the patient's insurance card.

- **Primary Insurance Notes**: Any supplementary notes on insurance can be entered here.

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