

# How to Mail a Claim to a Secondary along with the Primary EOB?

Last modified on 03/19/2026 10:43 am EDT

This article explains the steps on how to mail a claim to the secondary insurance with the primary EOB. There are two different scenarios for this type of claim:

- When the secondary insurance is not contracted with the clearinghouse, and you are using a PRNT payer ID.
- You are using an electronic payer, but the specific payer does not accept secondary claims electronically.

DrChrono makes it easy for you to identify these types of claims by sending an error message when you select the Billing Status as **Bill Secondary Insurance**.

**"Error message: Appointment updated, but billing will not be processed: Paper claim for secondary insurance can not be transmitted electronically. You have to manually send the claims along with the primary EOB".**

When you receive the above error message while billing the secondary claims, you will need to follow the steps outlined below to print the claim and the primary EOB:

1. Hover over **Billing** and choose **Live Claims Feed**
2. Search for the patient and click on the visit date, which will take you to the billing details screen

| Info                     | Claim ID  | Patient            | Date of Service    | Office         | Provider | Supervising Provider | Billing Provider | Billed   | Allowed  | Adjmt  | Ins 1 Paid | Ins 2 Paid | Pt Paid | Ins Bal  | Pt Line Item Bal | Claim Bal | Exp Reimbr | Ins 1 | Ins 1 Status                         |  |  |
|--------------------------|-----------|--------------------|--------------------|----------------|----------|----------------------|------------------|----------|----------|--------|------------|------------|---------|----------|------------------|-----------|------------|-------|--------------------------------------|--|--|
| Totals:                  |           |                    |                    |                |          |                      |                  | \$275.00 | \$275.00 | \$0.00 | \$0.00     | \$0.00     | \$15.00 | \$125.00 | \$135.00         | \$260.00  | \$0.00     |       |                                      |  |  |
| <input type="checkbox"/> | 330866937 | Jenny (Jen) Harris | 11/18/2024 10:35AM | Primary Office |          |                      |                  | \$150.00 | \$150.00 | \$0.00 | \$0.00     | \$0.00     | \$0.00  | \$0.00   | \$150.00         | \$150.00  | \$0.00     |       | <input type="checkbox"/> Balance Due |  |  |

3. To print the claim form, select **HCFA/1500** if you are printing on regular white paper or click on **HCFA/1500(text)** if you are using the pre-printed red HCFA-1500 paper. The information on both is the same; the only difference is whether the red outline of the form is printed.

|  |              |       |           |               |       |           |                  |              |
|--|--------------|-------|-----------|---------------|-------|-----------|------------------|--------------|
| Tina Adams – 10/21/2020<br>B Assisted Living [13] – Exam 1 | View Service | + EOB | SuperBill | Clinical Note | Clone | HCFA/1500 | HCFA/1500 (text) | Print Screen |
|--|--------------|-------|-----------|---------------|-------|-----------|------------------|--------------|

All patient data listed in this article is sample data. This is not a real person or real patient data.

- To print the primary EOB, scroll down toward the line item(s) and press the magnifying glass next to the check number.

| Code/Check Date | Description | Mods/Posted Date | Service Date     | Qty/Min | Dx Pointers | Price | Billed   | Allowed  | Adjmt    | Ins 1 paid      | Ins 2 paid | Pt Paid  | Ins Bal        | Pt Bal       | Status/Adj Type |              |
|-----------------|-------------|------------------|------------------|---------|-------------|-------|----------|----------|----------|-----------------|------------|----------|----------------|--------------|-----------------|--------------|
| Totals:         |             |                  |                  |         |             |       | \$400.00 | \$123.55 | \$276.45 | \$83.55         | \$0.00     | \$0.00   | \$0.00         | \$40.00      | Balance Due     |              |
| 97161           | GP          |                  |                  | 1.00    | 1           | 0     | 0        | 0        | 180.00   | \$180.00        | \$65.67    | \$114.33 | \$65.67        | \$0.00       | \$0.00          | Paid In Full |
| 12/13/2019      |             | 12/23/2019       | Check # 27276824 |         |             |       |          |          |          | Insurance Payme | 0          | 65.67    | [1] Oxford Hst | 1: Processed |                 |              |
| 12/13/2019      |             | 12/23/2019       | Check # 27276824 |         |             |       |          |          |          | 45: Charge exce | 0          | 114.33   | [1] Oxford Hst | 1: Processed | CO: Contr       | ADJ INSURER  |

- This will access the Remittance Reports screen.
- Select **Print ERA** on the right corresponding to the patient's visit date. This will print the details of the patient's single date of service.

ERA List DEMO92353562 from PGBA, LLC

Trace Number DEMO92353562 Claim ID Claim ID Insurance Claim # Insurance Claim # Update

Remittance Reports Action PAGE 1 OF 1 1 CLAIMS

| No. | Patient             | Appointment | Insurance Claim # | Ins ID # | Check Date | Office         | Billed  | Adjusted | Co-ins | Pt Resp | Paid    | Note                                    | Status |        |                   |           |
|-----|---------------------|-------------|-------------------|----------|------------|----------------|---------|----------|--------|---------|---------|---|--------|--------|-------------------|-----------|
| 1   | Dana (Demo) Richard | 12/24/2024  | 243969574         |          | 01/24/2025 | Primary Office | \$18.58 | \$0.00   | \$0.00 | \$0.00  | \$0.00  | 45: Charge exceeds fee schedule/maximum |        | Q View | Print Transaction | Print ERA |
|     |                     |             | 243969574         |          | 01/24/2025 | Primary Office | \$18.58 | \$0.00   | \$0.00 | \$0.00  | \$11.66 | -3: Payment                             |        | Q View |                   |           |
|     |                     |             | 243969574         |          | 01/24/2025 | Primary Office | \$18.58 | \$0.00   | \$0.00 | \$0.00  | \$0.00  | 2: Coinsurance Amount                   |        | Q View |                   |           |

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Sample of how the EOB will look. It can be printed and submitted with an HCFA to a secondary payer.

Claim Information

Patient Name: Member Identification #: Insured Name: Insured Member Identification #: Claim ID: Patient Account Number: Claim Status: Processed as Primary Rendering Provider: Claim Payment Amount: \$163.95 Rendering NPI: Claim Adj Amt: Payer Claim Control # / ICN#: Claim Adj Codes: Patient Responsibility: \$30.00 Claim Remark Codes: Patient Responsibility Reason Code: PR-3 Patient Group#:

Service Line Information

| Begin Service Date   | End Service Date | Rendering NPI | Paid Units | Proc/Rev Code, Mods | Billed Amount | Allowed Amount | Deduct Amount | Colns Amount | CoPay Amount | Late Filing Red. | Other Adjusts | Adjust Codes | Provider Paid | Remark Codes |
|----------------------|------------------|---------------|------------|---------------------|---------------|----------------|---------------|--------------|--------------|------------------|---------------|--------------|---------------|--------------|
| 10/19/2024           | 10/19/2024       |               | 1          | 99203,25,95         | \$276.03      | \$171.33       | \$0.00        | \$0.00       | \$30.00      | \$0.00           | \$104.70      | CO-45        | \$141.33      |              |
| 10/19/2024           | 10/19/2024       |               | 3          | 96127,95            | \$44.37       | \$22.62        | \$0.00        | \$0.00       | \$0.00       | \$0.00           | \$21.75       | CO-45        | \$22.62       |              |
| SERVICE LINE TOTALS: |                  |               |            |                     | \$320.40      | \$193.95       | \$0.00        | \$0.00       | \$30.00      | \$0.00           | \$126.45      |              | \$163.95      |              |

- If the payment was included on a paper EOB and you have the EOB uploaded in the system, press the green **View EOB**. From there, you will be able to print the page of the EOB to submit with your claim.

ERA List 27276824 from Oxford Health Plan

Trace Number 27276824 Update

Trace # 27276824 Payer Name Oxford Health Plan Payer ID 06111 Total Paid 556 \$556.00

Check Date 12/13/2019 Deposit Date Payment Method Check View EOB Update EOB Choose File No file chosen

- To print the entire ERA, select Action > Print. This will print the entire ERA, including all patients and dates of service.

ERA List DEMO23156773 from PGBA, LLC

Trace Number DEMO23156773

Update

Action

- Print
- Export to File
- Read Source
- Export Source
- Archive Transactions
- Unarchived Transactions

| Appointment | Ins ID # | Check Date | Rejected |
|-------------|----------|------------|----------|
| 5/2023      |          | 05/19/2023 | No       |
|             |          | 05/19/2023 | No       |
|             |          | 05/19/2023 | No       |
| 4/2023      |          | 05/19/2023 | No       |
|             |          | 05/19/2023 | No       |
|             |          | 05/25/2023 | No       |
|             |          | 05/25/2023 | No       |