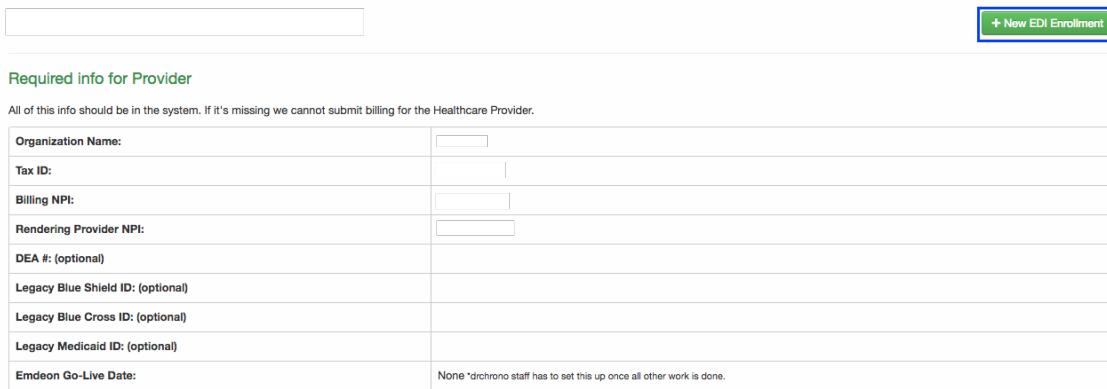


How to change the Accept Assignment for an Insurance?

Last modified on 01/20/2026 11:14 am EST

Follow the steps below to set the **Accept Assignment** for a specific payer.

1. Hover over the **Billing** tab and select the **Insurance Setup** screen
2. If the payer you need is not listed, you can add it by selecting **+Add New EDI Enrollment**



Required info for Provider

All of this info should be in the system. If it's missing we cannot submit billing for the Healthcare Provider.

Organization Name:	<input type="text"/>
Tax ID:	<input type="text"/>
Billing NPI:	<input type="text"/>
Rendering Provider NPI:	<input type="text"/>
DEA #: (optional)	<input type="text"/>
Legacy Blue Shield ID: (optional)	<input type="text"/>
Legacy Blue Cross ID: (optional)	<input type="text"/>
Legacy Medicaid ID: (optional)	<input type="text"/>
Emdeon Go-Live Date:	<input type="text"/> None *dichrono staff has to set this up once all other work is done.

3. Select the pencil icon corresponding to the payer. In the Add/Edit Payer, check the box for **Accept Assignment** and press **Save**.



Payer Id	Payer Name	Specialty	Proc Days	Bal Bill	Acc Assg	Group #	Indv #	Billing NPI	Eligibility NPI	Provider Name	Tax ID Number	
10211	Georgia Medicare Part A		30	No	Yes	101YA0400XG	101YA0400XG	Group NPI Number (1234567897)	Group NPI Number (1234567897)	Practice Name (None)	Tax ID Number (52-7896547)	 

Add/Edit Payer

Payer name	<input type="text"/>	Send insured signature <input type="checkbox"/>	Print insured person signature in box #13 in HCFA form authorizing insurance payments to billing provider
Payer id	<input type="text"/>	Send facility provider number <input type="checkbox"/>	Print Office Facility Provider Number in box #32b in HCFA form
Insurance plan type	<input type="text"/>	Send facility information <input type="checkbox"/>	
Specialty	<input type="text"/> -Same as Account Settings -	Processing days	<input type="text"/>
Billing npi	<input type="text"/> Rendering NPI Number ()	Referring doctor	<input type="text"/>
Eligibility npi	<input type="text"/> Rendering NPI Number ()	Ordering doctor	<input type="text"/>
Provider name	<input type="text"/> Practice Name (None)	Rendering taxonomy code	<input type="text"/>
Tax id number	<input type="text"/> Social Security Number (None)	Billing taxonomy code	<input type="text"/>
Group Provider #	<input type="text"/>	Payer grouping	<input type="text"/>
Group provider number qualifier	<input type="text"/> -- Qualifier --	Print license numbers in hcfa <input type="checkbox"/>	Print license number on Procedures lines and box #31 in HCFA form
Individual Provider #	<input type="text"/>	Do not bill patients for balance <input type="checkbox"/>	
Individual provider number qualifier	<input type="text"/> -- Qualifier --		
Balance billing	<input type="text"/> No		
Filing limit days	<input type="text"/>		
Accept assignment	<input checked="" type="checkbox"/>		

Close Save

Once you have made the necessary changes, you can go ahead and bill the claim to Insurance. The accept assignment designation will appear on the HVFA-1500 claim form in box 27.

Please note that some payers will only send reimbursement to the patient if the provider is out of network; no matter what is noted regarding accepting/not accepting assignment on the HCFA form.