

How to change the Accept Assignment for an Insurance?

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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**


+ 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:	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	101YA0400XI	Group NPI Number (1234567897)	Group NPI Number (1234567897)	Practice Name (None)	Tax ID Number (52- 7896547)	 

Add/Edit Payer
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<div style="margin-bottom: 5px;">Payer name <input style="width: 100%;" type="text"/></div> <div style="margin-bottom: 5px;">Payer id <input style="width: 100%;" type="text"/></div> <div style="margin-bottom: 5px;">Insurance plan type <input style="width: 100%;" type="text"/></div> <div style="margin-bottom: 5px;">Specialty <input style="width: 100%;" type="text" value="-Same as Account Settings -"/></div> <div style="margin-bottom: 5px;">Billing npi <input style="width: 100%;" type="text" value="Rendering NPI Number ()"/></div> <div style="margin-bottom: 5px;">Eligibility npi <input style="width: 100%;" type="text" value="Rendering NPI Number ()"/></div> <div style="margin-bottom: 5px;">Provider name <input style="width: 100%;" type="text" value="Practice Name (None)"/></div> <div style="margin-bottom: 5px;">Tax id number <input style="width: 100%;" type="text" value="Social Security Number (None)"/></div> <div style="margin-bottom: 5px;">Group Provider # <input style="width: 100%;" type="text"/></div> <div style="margin-bottom: 5px;">Group provider number qualifier <input style="width: 100%;" type="text" value="-- Qualifier --"/></div> <div style="margin-bottom: 5px;">Individual Provider # <input style="width: 100%;" type="text"/></div> <div style="margin-bottom: 5px;">Individual provider number qualifier <input style="width: 100%;" type="text" value="-- Qualifier --"/></div> <div style="margin-bottom: 5px;">Balance billing <input style="width: 100%;" type="text" value="No"/></div> <div style="margin-bottom: 5px;">Filing limit days <input style="width: 100%;" type="text"/></div> <div style="margin-bottom: 5px;">Accept assignment <input checked="" type="checkbox"/> ←</div>	<div style="margin-bottom: 10px;"> Send insured signature <input type="checkbox"/> <small>Print insured person signature in box #13 in HCFA form authorizing insurance payments to billing provider</small> </div> <div style="margin-bottom: 10px;"> Send facility provider number <input type="checkbox"/> <small>Print Office Facility Provider Number in box #32b in HCFA form</small> </div> <div style="margin-bottom: 10px;"> Send facility information <input type="checkbox"/> ⓘ </div> <div style="margin-bottom: 5px;">Processing days <input style="width: 100%;" type="text"/></div> <div style="margin-bottom: 5px;">Referring doctor <input style="width: 100%;" type="text"/></div> <div style="margin-bottom: 5px;">Ordering doctor <input style="width: 100%;" type="text"/></div> <div style="margin-bottom: 5px;">Rendering taxonomy code <input style="width: 100%;" type="text"/></div> <div style="margin-bottom: 5px;">Billing taxonomy code <input style="width: 100%;" type="text"/></div> <div style="margin-bottom: 5px;">Payer grouping <input style="width: 100%;" type="text"/></div> <div style="margin-bottom: 10px;"> Print license numbers in hcfa <input type="checkbox"/> <small>Print license number on Procedures lines and box #31 in HCFA form</small> </div> <div style="margin-bottom: 10px;"> Do not bill patients for balance <input type="checkbox"/> </div>
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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.