

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)	
Legacy Blue Shield ID: (optional)	
Legacy Blue Cross ID: (optional)	
Legacy Medicaid ID: (optional)	
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	101YA0400XG	Group NPI Number (1234567897)	Group NPI Number (1234567897)	Practice Name (None)	Tax ID Number (52- 7896547)	 

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