How to use alternate pay to address for EDI transmission?

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If you choose, you can designate an alternate pay-to-address to transmit claims on the EDI claim submission file. This option would be helpful if your billing office is in a separate location from where you render services. Payments from payers would go to the billing office so they can be processed without delay. You also may want them to go to a bank lockbox location if you have one set up.

- 1. Hover over Account and select Offices
- 2. Press Edit corresponding to the respective office's name

| Acti | ve Offices | e Offices | | | | | | | | Page 1 of 1 + Add New Office | |
|------|---------------------------------------|--------------------|-----------|-------|------------------|-----------------|---------------------------------|------------|-----------------------|------------------------------|--------------|
| | Name Provider | Address | City | Phone | Facility Code | # Exam Rooms | Online Schedule | Sharing | Telehealth Enabled | | |
| | Primary Office Doctor Doctor | 789 Main Street | Baltimore | | 11 | 4 | None But Visible To Patients | Share View | OFF | 🕀 History | Edit Archive |

3. Press the Billing tab and check Use alternate pay to address for EDI check box

| Primar | Primary Doctor for Office: | | | | | | | |
|--------|----------------------------|-----------------|-----------|-----|--|--|--|--|
| Edit C |)ffice | / | | | | | | |
| Basic | Billing | Online Schedule | Providers | eRx | | | | |

| Basic Billing Online Sch | edule Providers eRx | | | |
|--|---|--|--|--|
| Billing name | | Leave it blank if same to account settings. | | |
| Facility Code | 11 - Office 🗸 |] | | |
| Billing Provider Office | · v | Professional medical billing only. | | |
| Use facility NPI number in box 32a of HCFA form | | | | |
| Facility NPI number | | Used in HCFA box#32a and UB04 box#56 | | |
| Facility provider number | | | | |
| Billing Tax ID # (professional) | | Leave it blank if same to account settings. | | |
| Billing NPI number | | Leave it blank if same to account settings. | | |
| CLIA Number | | CLIA # for billing. Leave it blank if same to account setting. | | |
| CLIA Expiration Date | Expiration date for CLIA number. | | | |
| Use alternate pay to address for EDI | use alternate "pay to" address in EDI billing if checked. | | | |

4. Update the alternative pay to address in the boxes and press **Save**.