How Do I Set Up Courtesy Billing and How Does it Work?

In a courtesy billing scenario, a patient pays the full cost for their care upfront and the practice then files a claim on the patient's behalf, as a courtesy, to have the insurance company reimburse the patient directly.

To redirect payment and remittance to the patient (rather than the practice) we need to make some quick changes in your DrChrono account to reflect the intentions on the HCFA-1500 form:

1. **Add Enrolled Payers.** If you have not already done so, please ensure that all enrolled payers are listed under Billing > Insurance Setup. If not, please refer to this page for guidance on adding these to your list.

2. **Edit Enrollments.** Select the Edit icon (blue pencil) for each payer that you would like to enable for courtesy billing.

3. **Uncheck 'Accept Assignment.'** Unchecking this field will adjust Box 27 on the CMS 1500 form from 'Yes' to 'No,' indicating to the payer that you will not be accepting payment on this claim.

At this point, the payer would refer to the patient's address in Box 7 for an address to send any payment. Repeat this for all payers for which you will be performing courtesy billing.

Add/Edit Payer

Payer name	
Payer id	
Insurance plan type	
Specialty	
Billing npi	
Eligibility npi	
Provider name	
Tax id number	
Group Provider #	
Group provider number qualifier	
Individual Provider #	
Individual provider number qualifier	
Balance billing	
Filing limit days	
Accept assignment	☐ ←

Send insured signature ☐ — Print insured person signature in box #13 in HCFA form authorizing insurance payments to billing provider

Send facility provider number ☐ — Print Office Facility Provider Number in box #32b in HCFA form

Send facility information ❶ ☐

Processing days

Referring doctor

Ordering doctor

Rendering taxonomy code

Billing taxonomy code

Payer grouping

Print license numbers in hcfa ☐ — Print license number on Procedures lines and box #31 in HCFA form

Do not bill patients for balance ☐

Close | Save

Troubleshooting:

PROBLEM: I do not have any payers listed in my Insurance Setup screen.

SOLUTION: Please refer to this support article here for adding your payers.

PROBLEM: I added all of my payers to the EDI panel but "Yes" is still checked off in Box 27 on the CMS 1500 form.

SOLUTION: Please check the insurance information entered in the patient's chart and ensure that a payer ID has been populated for his/her insurance and that it matches the payer ID you have entered in the EDI panel. If this is a new payer that you have not added to your EDI panel yet, please refer to this article here for adding the additional payer.

PROBLEM: My patient called the office and said they have not received payment.

SOLUTION: If you are on an *Apollo* or *Apollo Plus* plan and are submitting claims electronically, please check this patient's claim status in the Live Claims Feed. The 'Ins 1 Status' column will advise--in the red text--if there was a rejection for this claim.

Once the issue recorded in the Claim Status field has been rectified, resubmit the claim and monitor accordingly.

If you are on a *Hippocrates* or *Prometheus* plan and submit these claims on paper directly to the payer, please contact that payer for additional information.

You can also advise the patient to contact their insurance company directly for status.