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

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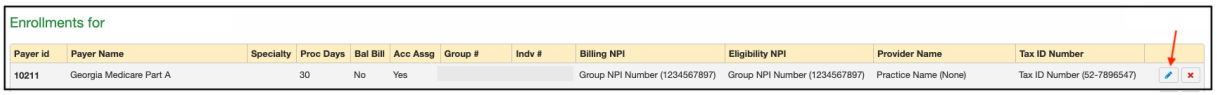
In a courtesy billing scenario, a patient pays the full cost for their care upfront and the practice then files a claim on the patient's behalf, as a courtesy, to have the insurance company reimburse the patient directly.

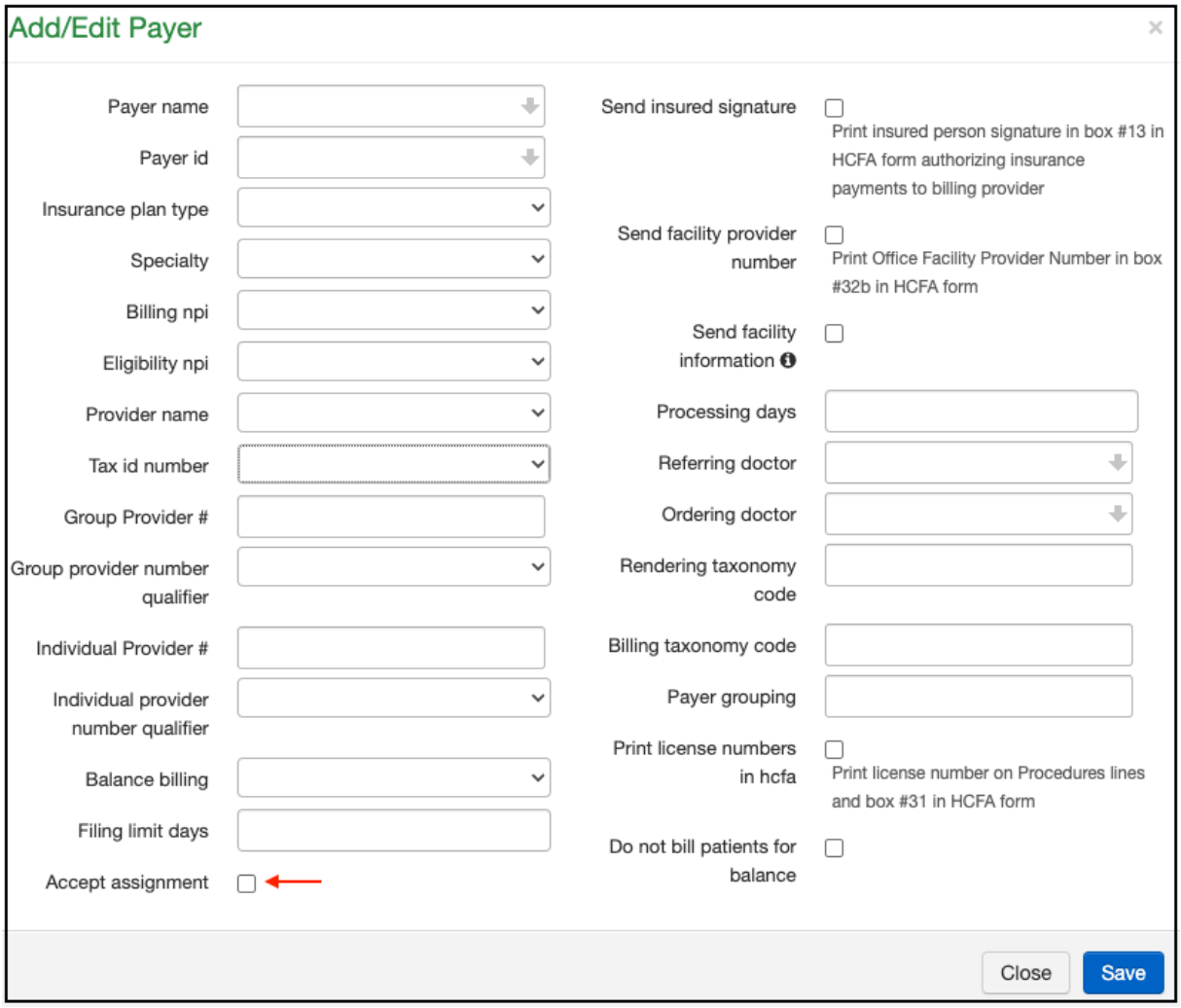
To redirect payment and remittance to the patient (rather than the practice) we need to make some quick changes in your DrChrono account to reflect the intentions on the HCFA-1500 form:

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 whom you will be performing courtesy billing.



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 a billing 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 non-billing plan and submit these claims on paper directly to the payer, please contact the payer for additional information.

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