

# How do I add the purchased service provider information to a claim?

09/16/2024 3:31 pm EDT

A purchased service provider is defined as "... an individual or entity that performs a service on a contractual or reassignment basis for a separate provider who is billing for the service. Examples of services include, but are not limited to: (a) processing a laboratory specimen; (b) grinding eyeglass lenses to the specifications of the Rendering Provider, or (c) performing diagnostic testing services (excluding clinical laboratory testing) subject to Medicare's anti-markup rule." (Source: [NUCC Definition](#))

Please follow the steps outlined below to add/update the purchased service provider information on a claim:

1. Hover over the **Billing** Tab and choose **Live Claims Feed**.

2. You can search for the patient by their name or Chart ID or you can select the patient from the list and then you need to click the Visit Date. This will direct you to the Billing Detail screen.

The screenshot shows the 'Live Claims Feed' interface. At the top, there are filters for 'Select All Offices', 'Select None', 'C new office All', 'D Inpatient Hospital All', and 'Primary Office All'. Below these are filters for 'Claim Type All', 'Claim St All', 'Billing St: All', and 'Appt Profiles: All'. A search bar is present with fields for 'Patient', 'Payer Name', 'Payer ID', 'drc claim #', and 'Clinical Note'. The 'Patient' field is highlighted with a blue box. Below the search bar are buttons for 'Open window in new tab', 'Check All', 'Clear', and 'Update Filter'. The main table has columns for 'RCM', 'Info', 'Claim ID', 'Patient', 'Date of Service', 'Office', 'Provider', 'Supervising Provider', 'Billing Provider', 'Billed', 'Allowed', 'Admt', 'Ins 1 Paid', 'Ins 2 Paid', 'Pt Paid', 'Ins Bal', 'Pt Line Item Bal', 'Claim Bal', 'Exp Reimbr', 'Ins 1', 'Ins 1 Status', 'Ins 2 Status', 'First EDI', 'Last EDI', 'Service Notes', and 'Billing Notes'. The table contains three rows of data, with the first row highlighted in green. The 'Patient' column is highlighted with a blue box.

RCM	Info	Claim ID	Patient	Date of Service	Office	Provider	Supervising Provider	Billing Provider	Billed	Allowed	Admt	Ins 1 Paid	Ins 2 Paid	Pt Paid	Ins Bal	Pt Line Item Bal	Claim Bal	Exp Reimbr	Ins 1	Ins 1 Status	Ins 2 Status	First EDI	Last EDI	Service Notes	Billing Notes
				Totals:					\$47,418.63	\$31,455.03	\$15,963.60	\$19,704.65	\$0.00	\$0.00	\$9,697.75	\$2,052.63	\$11,750.38	\$0.00							
		286712171	Heather (Demo) Johnson	12/15/2023 10:45AM	Primary Office	Doctor	Doctor		\$293.45	\$184.58	\$108.87	\$160.96	\$0.00	\$0.00	\$0.00	\$23.62	\$23.62	\$0.00	Cigna						This is a demo appointment
		286712167	Holly (Demo) Harris	12/15/2023 09:15AM	Primary Office	Doctor	Doctor		\$3,252.40	\$3,252.40	\$0.00	\$0.00	\$0.00	\$3,252.40	\$0.00	\$3,252.40	\$0.00	\$0.00	FL BCBS						This is a demo appointment

3. In the left column, you will find a purchased service provider section. Click the pencil icon and search for the provider from the search field. In order to find a provider in this field, they must first be added to your Contacts in the message center.

	View Service	+ EOB	SuperBill	Clinical Note	Clone	HCFA/1500	HCFA/1500 (text)	Print Screen
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<b>Institutional Claim</b> <input type="radio"/> No	<b>Claim Type</b> Default
<b>Billing Status</b>	<b>Emergency Service</b> No
<b>ICD Version</b> ICD-10	<b>Delay Reason</b> - Not Used -
<b>Primary Insurer</b> - Default -	<b>Acute Manifestation Date</b>
<b>Secondary Insurer</b> - Default -	<b>Onset Date</b> 431: Onset (HCFA box 14)
<b>Supervising Provider:</b> - If different to provider -	<b>Other Date</b> - Other Da (HCFA box 15 & 19)
<b>Pt Payment</b> \$ 20	<b>Is patient's condition related to</b>
<b>Payment Profile</b> Insurance	<b>Employment</b> No
<b>Pt Payment Due</b>	<b>Auto Accident</b> No
<b>Billing Profile</b> Select Profile	<b>Other Accident</b> No
<b>Billing Pick List</b> Choose from Pick List	<b>EDI Billing Note</b> (HCFA/CMS-1500 Line 19)
<b>Diagnosis Pick List</b> Choose from Pt Problems	<b>Providers</b>
<b>Payer pre-auth #</b>	
<b>Do Not Transmit</b> <input type="checkbox"/> Do not transmit authorization number to payer	
<b>Referral #</b>	
<b>Billing Facility</b>	
<b>Purchased Serv Provider</b>	
<b>Appointment Notes</b>	
<b>Follow-up Date</b>	
<b>Billing Notes</b>	

4. Add/Update the purchased service provider information as needed and click on **Save**.

### Purchased Service Provider ✕

<b>Search</b>	<input type="text"/>
<b>Entity type</b>	Person <span style="float: right;">▼</span>
<b>First name</b>	<input type="text"/>
<b>Middle name</b>	<input type="text"/>
<b>Last name</b>	<input type="text"/>
<b>Suffix</b>	<input type="text"/>
<b>NPI</b>	<input type="text"/>
<b>Provider number</b>	<input type="text"/>
<b>Organization</b>	<input type="text"/>
<b>Charge Amount</b>	0.00

Delete
Save