



ADMIN SETUP GUIDE

# Part 2: Desktop Application (PM) & Billing Module

**Updated: January 2024**

# Introduction

Tebra Billing subscribers have access to both the Desktop Application (PM) and the Billing module in the Web Platform. After completing [Admin Setup Guide Part 1](#), Admin Setup Guide Part 2 is designed to instruct System Administrators how to configure the Desktop Application (PM) settings and how to navigate the Billing module features in the Web Platform. If you don't have access to a specific task or function described within the topics of this guide, please contact the person in your office who is a System Administrator for Tebra.

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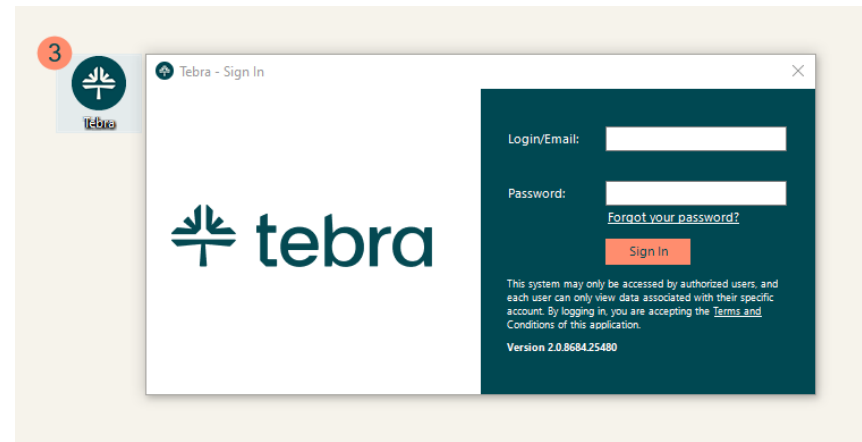
## Tebra Desktop Application (PM)

The Desktop Application (PM) is a native Windows-based application that System Administrators need to download and install then complete additional practice and provider billing settings. The Desktop Application (PM) is also where billers can manage patient records, review charges, manage patient collections and subscribe to standard reports to help analyze the health of the practice(s).

 Note: For Mac computers, Tebra offers a complimentary companion solution that enables you to leverage the Billing solution. To learn more, please contact your Success Coach.

### Login Instructions

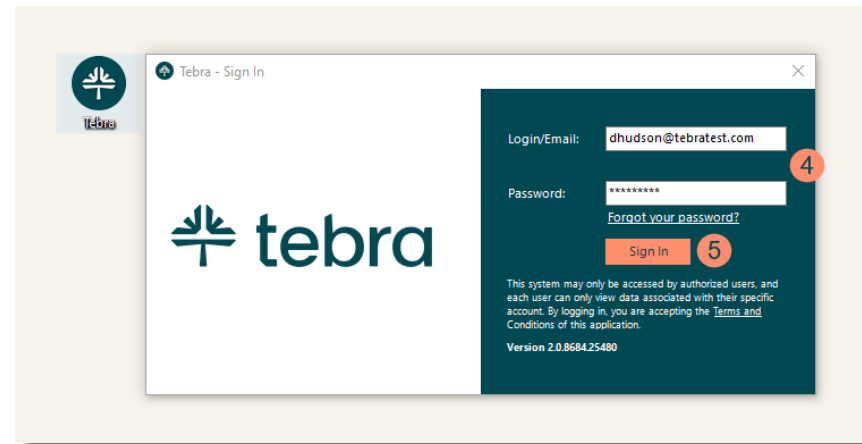
1. Review the [Install Tebra and System Requirements](#) help article and confirm your system meets the Tebra Desktop Application (PM) system requirements.
2. Then, follow the steps on the help article to download and install Tebra.
3. Once installed, locate and double click the Tebra desktop shortcut icon to open. The *Tebra - Sign In* pop-up window opens.



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### Login Instructions, cont.

4. Enter the *Login/Email* and *Password* created when you registered with Tebra or that was assigned by another System Administrator at your office.
5. Click **Sign In**. The practice opens.
  - If there are multiple practices, click the practice **name** to open.
  - If the practice setup has not yet been completed, the New Practice Setup wizard automatically launches. Follow the instructions. For more details, review the [New Practice Setup](#) help article.

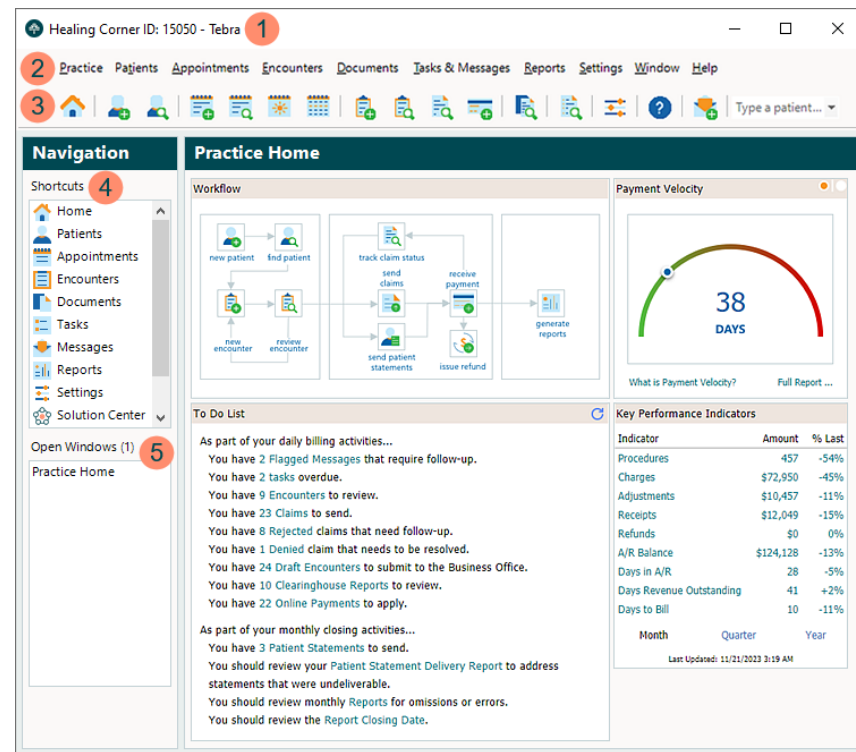


# Desktop Application (PM) Dashboard

When you open a practice, the Desktop Application (PM) dashboard is always your starting point, much like a "home page". You can access commands through various points, all depending on your personal preference. The dashboard views are based on the type of user and role(s) assigned to you.

## Navigate Dashboard

1. **Account ID:** When contacting Customer Care, provide the account ID number located on the right side of the practice name.
2. **Menu Bar:** Access a hierarchical list of options.
3. **Toolbar:** Denotes icon shortcuts to the most frequently used commands.
4. **Shortcuts:** Quick access to frequently used options.
5. **Open Windows:** Lists all currently open windows and allows you to switch between them.

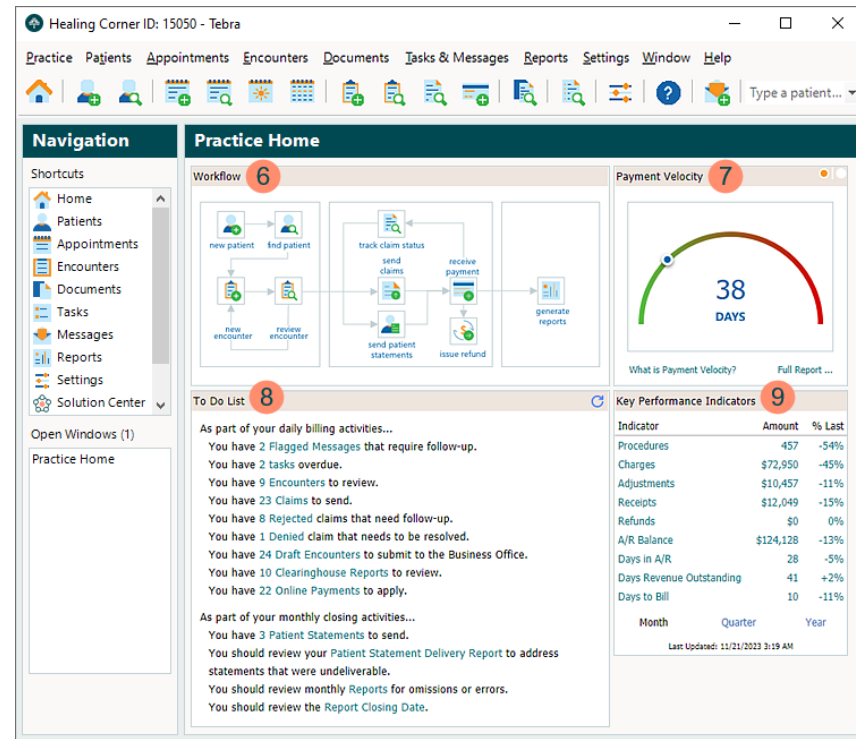


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## Navigate Dashboard, cont.

6. **Workflow:** A visual guide to shortcuts of key processes determined by your type of user.
7. **Payment Velocity:** Toggle between the *Payment Velocity* gauge and the dashboard charts: *A/R Aging* or *Income Analysis*.
8. **To Do List:** Automatically generated by the system to help track work determined by your user role. Clickable links open the window related to each task.
9. **Key Performance Indicators:** Monitor the key metrics that impact the financial and operational health of the practice.



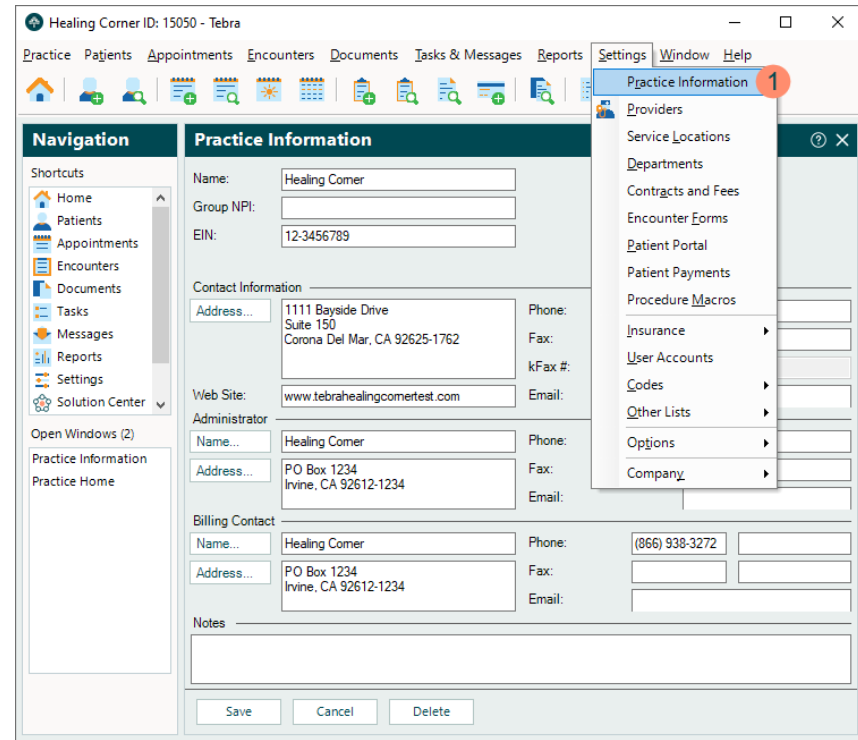
# Practice Information

Practice information is entered during the New Practice Setup wizard or during Admin Setup Guide Part 1. However, you can review and edit the information at any time. To prevent claim rejections and delays in claim processing and payment, review and verify the practice information is correct in addition to the other Desktop Application (PM) settings.

 Note: To add a new practice to your Tebra account, review the [New Practice Setup](#) help article.


## Practice Information

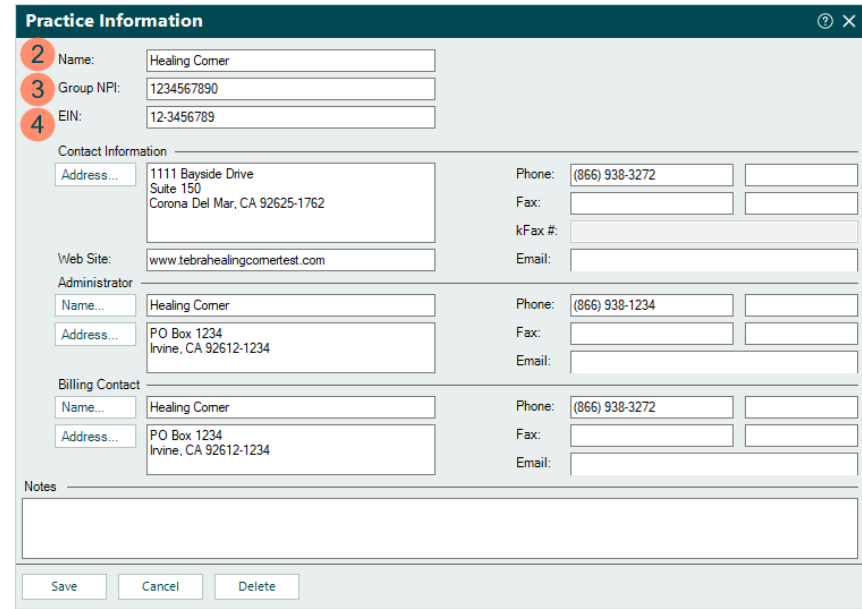
1. Click **Settings > Practice Information**. The *Practice Information* window opens.



(Continued next page...)

## Practice Information, cont.


- Name:** To prevent claim rejections, verify the practice name does not exceed 60 characters, including spaces.  
 Note: The practice name populates box 33 of the paper claim form.
- Group NPI:** If credentialed to bill with a group NPI, verify the NPI entered is correct and not an individual NPI. The individual NPI is entered in the Provider record.
- EIN:** If credentialed to bill with an EIN or Tax ID, verify the number is correct. For providers credentialed to bill using their SSN, the SSN is entered in the Provider record.

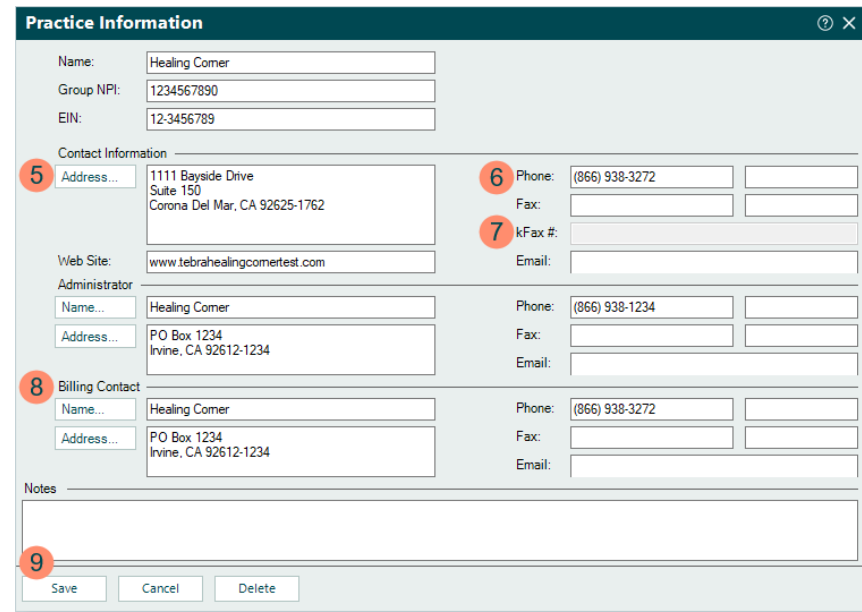


Practice Information		
2 Name:	Healing Corner	
3 Group NPI:	1234567890	
4 EIN:	12-3456789	
Contact Information		
Address...	1111 Bayside Drive Suite 150 Corona Del Mar, CA 92625-1762	
Phone:	(866) 938-3272	
Fax:		
kFax #:		
Web Site:	www.tebrahealingcomertest.com	
Email:		
Administrator		
Name...	Healing Corner	
Address...	PO Box 1234 Irvine, CA 92612-1234	
Phone:	(866) 938-1234	
Fax:		
Email:		
Billing Contact		
Name...	Healing Corner	
Address...	PO Box 1234 Irvine, CA 92612-1234	
Phone:	(866) 938-3272	
Fax:		
Email:		
Notes		
Save	Cancel	Delete

(Continued next page...)

## Practice Information, cont.

- Contact Address:** The practice address must be a physical address with a valid 9-digit zip code.  
 Tip: Click **Address > USPS Website** to find the zip code.
- Contact Phone:** Verify the practice phone number.
- kFax#:** Auto-populates once a kFax number is assigned to the practice. Review the [kFax Number](#) section for more information.
- Billing Contact:** Applies to all electronic claim submissions to ensure payers have the correct point-of-contact, including phone number. This information can also be used for patient statements.
- Click **Save** to record any changes made.



The screenshot shows a 'Practice Information' form with the following fields and callouts:

- 5** Address...: 1111 Bayside Drive, Suite 150, Corona Del Mar, CA 92625-1762
- 6** Phone: (866) 938-3272
- 7** kFax #: (empty)
- 8** Billing Contact Name...: Healing Comer; Address...: PO Box 1234, Irvine, CA 92612-1234
- 9** Save button

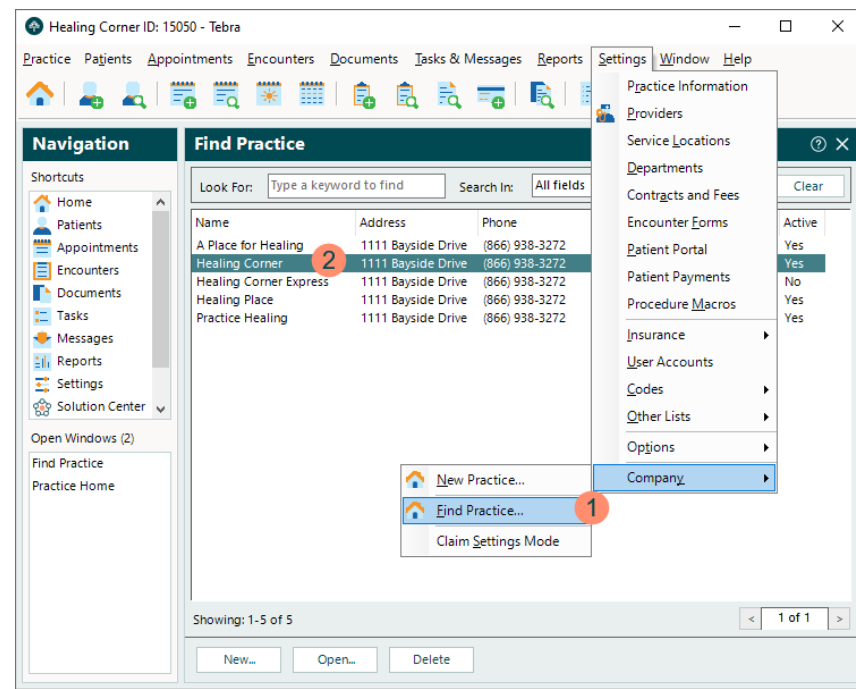
Name:	Healing Comer	
Group NPI:	1234567890	
EIN:	12-3456789	
<b>Contact Information</b>		
Address...	1111 Bayside Drive Suite 150 Corona Del Mar, CA 92625-1762	
Web Site:	www.tebrahealingcomertest.com	
<b>Administrator</b>		
Name...	Healing Comer	
Address...	PO Box 1234 Irvine, CA 92612-1234	
<b>Billing Contact</b>		
Name...	Healing Comer	
Address...	PO Box 1234 Irvine, CA 92612-1234	
Phone:	(866) 938-3272	
Fax:		
Email:		
Notes		
Save	Cancel	Delete

## kFax Number

A kFax number is a fax number to which documents can be received and automatically stored in the Documents of both the Tebra Desktop Application (PM) and Web Platform. System Administrators can permanently assign a kFax number to each practice until they choose to release the kFax number from the practice.


## Get kFax Number

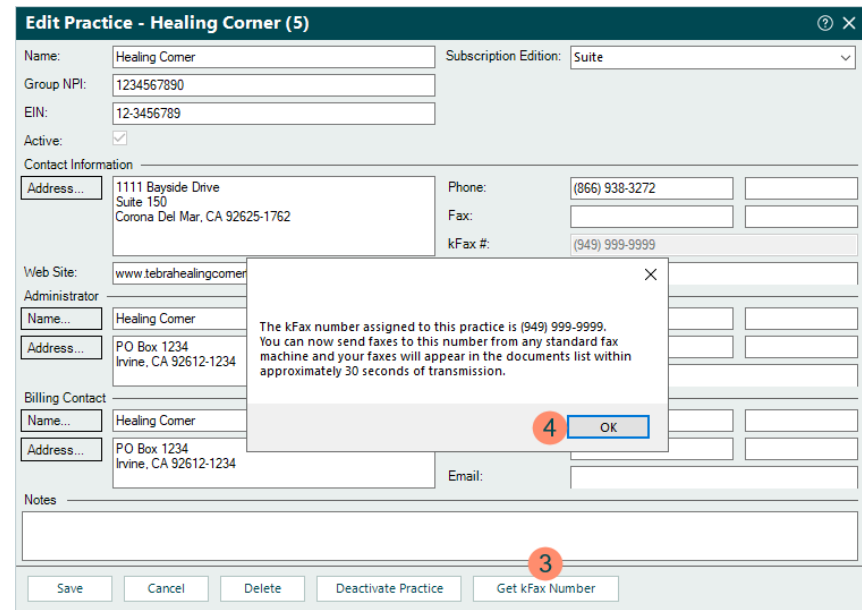
1. Click **Settings** > **Company** > **Find Practice**. The *Find Practice* window opens.
2. Double click the practice to open. The *Edit Practice* window opens.



(Continued next page...)

### Get kFax Number, cont.

3. Click **Get kFax Number**. The kFax number assignment pop-up message appears.
4. Click **OK**. The kFax number is assigned and populates the *kFax #* under the *Contact Information* section of the Practice record.  
 Note: The kFax number also displays under the *To Do List* on the Dashboard upon next log in.



**Edit Practice - Healing Corner (5)**

Name: Healing Corner Subscription Edition: Suite  
Group NPI: 1234567890  
EIN: 12-3456789  
Active:

Contact Information  
Address...: 1111 Bayside Drive Suite 150 Corona Del Mar, CA 92625-1762  
Phone: (866) 938-3272  
Fax:  
kFax #: (949) 999-9999

Web Site: www.tebrahealingcorner

Administrator  
Name...: Healing Corner  
Address...: PO Box 1234 Irvine, CA 92612-1234

Billing Contact  
Name...: Healing Corner  
Address...: PO Box 1234 Irvine, CA 92612-1234  
Email:

Notes


Save Cancel Delete Deactivate Practice **3** Get kFax Number

The kFax number assigned to this practice is (949) 999-9999. You can now send faxes to this number from any standard fax machine and your faxes will appear in the documents list within approximately 30 seconds of transmission.


**4** OK

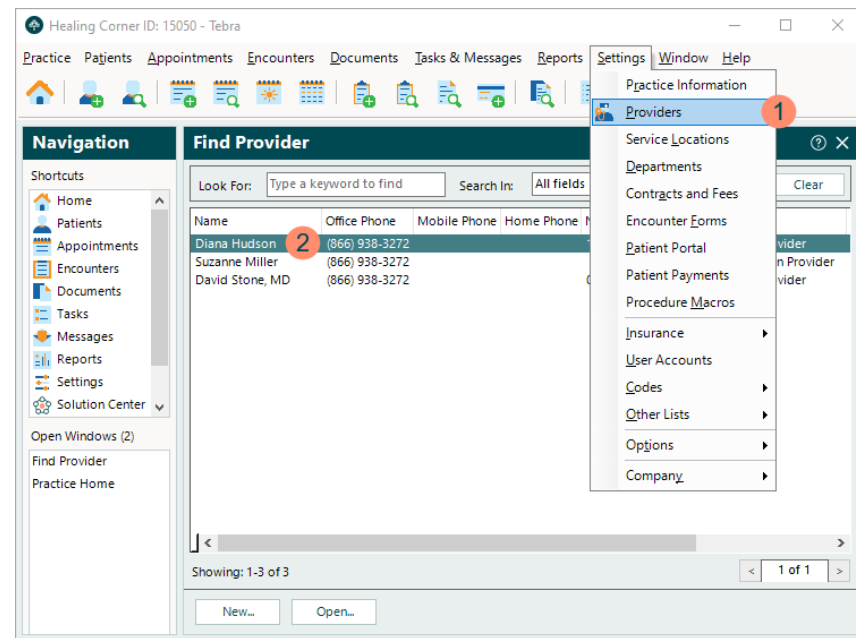
# Providers

New providers are activated during the New Practice Setup wizard or Admin Setup Guide Part 1. Provider information and settings can be reviewed and edited at any time. To prevent claim rejections and delays in claim processing and payment, review and verify the provider information and settings are correct in addition to the other Desktop Application (PM) settings.

 Note: To add a new provider, it is recommended to add a new provider web user which automatically creates the associated Provider record. Refer to the [New Provider User](#) section of the [Web User Roles](#) help article. Once the provider web user is created, review and verify the associated Provider record and settings are correct.

## Provider General Information

1. Click **Settings > Providers**. The *Find Provider* window opens.
2. Double click the provider to open. The *Edit Provider* window opens at the *General* tab by default.  
 Tip: Click the Claim Settings Guide link on the top of the *Edit Provider* window for more information about practice and provider settings.



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### Provider General Information, cont.

3. **Full Name:** Verify the provider's full name is correct.
4. **Individual NPI:** Verify the NPI entered is the correct number assigned to the provider.
5. **SSN:** If the provider is credentialed to bill using their Social Security Number (SSN), verify the 9-digit SSN is correct.
6. **Specialty:** Verify the provider's main specialty and taxonomy code is correct. If necessary, click **Specialty** to search and select the provider's main specialty from the list of taxonomy codes.
7. **Degree:** Verify the provider's degree is correct.
8. **Date of Birth:** Verify the provider's date of birth is correct or click the **drop-down arrow** then click **None**.

**Edit Provider - Diana Hudson (5)**

Need help with claim settings? Read the [Claim Settings Guide](#). Any change on this tab may affect this provider's claim submission for one or more insurance companies.

General | Claim Settings | Provider Performance Report | Documents | Log

3 Full Name: Diana Hudson

6 Specialty...: General Practice (208D00000X)

User (req.): Hudson, Diana (dhudson@tebra) | New ...

7 Degree: MD

4 Individual NPI: 1234567890

Type: Physician Provider

5 SSN: 111-22-3333

8 Date of Birth: None

Department: None | Encounter Form: None

Address...: 1111 Bayside Drive  
Suite 150  
Corona Del Mar, CA 92625-1762

Home: | |

Work: (866) 938-3272 | |

Mobile: | |

Pager: | |

Fax: | |

Notes

Save | Cancel | Deactivate Provider

(Continued next page...)



## Provider General Information, cont.

- Address:** Verify the provider's office address is a physical address (not a PO Box) with a valid 9-digit zip code.
- Home, Work, and Mobile:** Verify at least one valid phone number is entered for the provider.
- Click **Save** to record any changes made. The *Confirmation* pop-up appears then click **Yes** to confirm.

**Edit Provider - Diana Hudson (5)**

Need help with claim settings? Read the [Claim Settings Guide](#). Any change on this tab may affect this provider's claim submission for one or more insurance companies.

General | Claim Settings | Provider Performance Report | Documents | Log


Full Name:	Diana Hudson	Specialty...	General Practice (208D00000X)
User (req):	Hudson, Diana (dhudson@tebra) New ...	Degree:	MD
Individual NPI:	1234567890	Type:	Physician Provider
SSN:	111-22-3333	Date of Birth:	None
Department:	None	Encounter Form:	None
Address...	1111 Bayside Drive Suite 150 Corona Del Mar, CA 92625-1762	Home:	
		Work:	(866) 938-3272
		Mobile:	
		Pager:	
		Fax:	

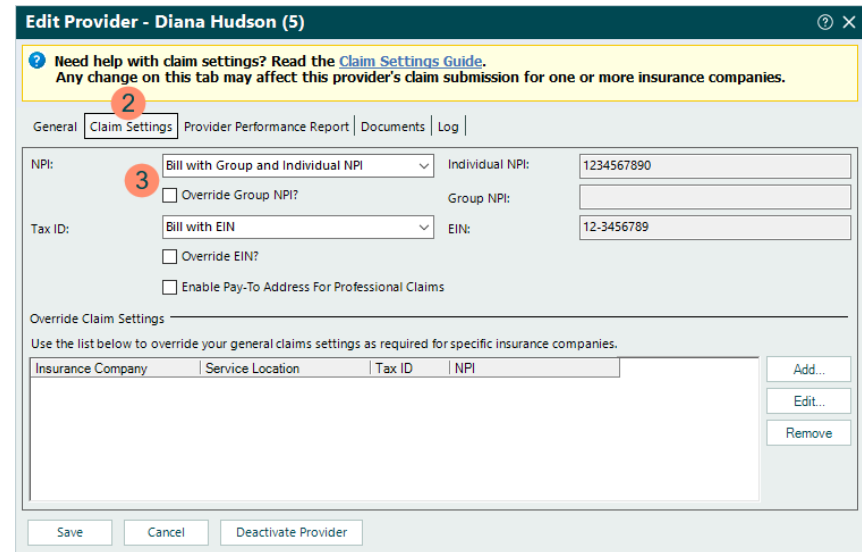
Notes

Save Cancel Deactivate Provider

## Provider Claim Settings

The provider's claim settings are used to format electronic claim (e-claim) submissions and paper claim printing. Claim settings are configured for each provider and can be general (e.g., affects all payers) or more specific (e.g., affects a specific payer or service location).

1. Click **Settings > Providers** > Double click the provider to open. The *Edit Provider* window opens.
2. Click the *Claim Settings* tab. The provider's claims settings information displays.
3. **NPI:** Click the **drop-down arrow** to select how the provider is credentialed with payers to send claims.  
 Note: The *Group NPI* auto-populates from the Practice Information record and the *Individual NPI* auto-populates from the *General* tab of the Provider record.
  - If *Bill with Group and Individual NPI* is selected, but the provider's claims need to be sent with a different Group NPI, click to select "Override Group NPI?". Then, enter the *Override Group NPI*.



**Edit Provider - Diana Hudson (5)**

Need help with claim settings? Read the [Claim Settings Guide](#).  
Any change on this tab may affect this provider's claim submission for one or more insurance companies.

General **Claim Settings** Provider Performance Report Documents Log

NPI:  Individual NPI:   
 Override Group NPI? Group NPI:   
Tax ID:  EIN:   
 Override EIN?  
 Enable Pay-To Address For Professional Claims

Override Claim Settings

Use the list below to override your general claims settings as required for specific insurance companies.

Insurance Company	Service Location	Tax ID	NPI
-------------------	------------------	--------	-----

Add...  
Edit...  
Remove

Save Cancel Deactivate Provider

(Continued next page...)

## Provider Claim Settings, cont.

- Tax ID:** Click the **drop-down arrow** to select how the provider is credentialed with payers to send claims.
  - Bill with EIN:** The provider is credentialed to send claims using an Employer Identification Number (EIN) assigned by the IRS to the practice. This applies to any taxable business entity (e.g., Corporation, LLC, LLP, Partnership).
    - If the provider's claims need to be sent with a different EIN, click to select "Override EIN?" then enter the *EIN Override*.
  - Bill with SSN:** The provider is credentialed to send claims using their Social Security Number (SSN). This might be the case if the practice is a sole proprietorship and has not been assigned an EIN from the IRS.
- If the pay-to address differs from the practice's (e.g., a PO Box or Lockbox), click to select "Enable Pay-To Address For Professional Claims" then enter the *Name* and *Address*.

**Edit Provider - Diana Hudson (5)**

Need help with claim settings? Read the [Claim Settings Guide](#). Any change on this tab may affect this provider's claim submission for one or more insurance companies.

General | **Claim Settings** | Provider Performance Report | Documents | Log

NPI: Bill with Group and Individual NPI Individual NPI: 1234567890  
 Override Group NPI? Group NPI:

Tax ID: Bill with EIN EIN: 12-3456789  
 Override EIN?  
 Enable Pay-To Address For Professional Claims

Override Claim Settings

Use the list below to override your general claims settings as required for specific insurance companies.

Insurance Company	Service Location	Tax ID	NPI
-------------------	------------------	--------	-----

Add...  
Edit...  
Remove

Save Cancel Deactivate Provider

(Continued next page...)

## Provider Claim Settings, cont.

6. **Override Claim Settings:** Add, edit, or remove any insurance companies or service locations that have exceptions to the provider's general claim settings.
7. Click **Save**. The *Confirmation* pop-up appears then click **Yes** to confirm.

**Edit Provider - Diana Hudson (5)**

Need help with claim settings? Read the [Claim Settings Guide](#). Any change on this tab may affect this provider's claim submission for one or more insurance companies.

General | **Claim Settings** | Provider Performance Report | Documents | Log

NPI:  Individual NPI:   
 Override Group NPI? Group NPI:

Tax ID:  EIN:   
 Override EIN?  
 Enable Pay-To Address For Professional Claims

Override Claim Settings **6**

Use the list below to override your general claims settings as required for specific insurance companies.

Insurance Company	Service Location	Tax ID	NPI
-------------------	------------------	--------	-----

**7**

## Override Claim Settings

You can override claim settings for any insurance company or service location that has exceptions to the provider's general claim settings. Navigate to the provider's Claim Settings to add, edit, or remove an override. To ensure any changes made are saved successfully, click **Save** until the *Confirmation* pop-up appears to confirm those changes.

1. Click **Settings** > **Providers** > Double click the provider to open. The *Edit Provider* window opens.
2. Click the *Claim Settings* tab. The provider's claims settings information displays.
3. Under the *Override Claim Settings* section, click **Add**. The *Override Claim Settings* window opens.

**Edit Provider - Diana Hudson (5)**

Need help with claim settings? Read the [Claim Settings Guide](#).  
Any change on this tab may affect this provider's claim submission for one or more insurance companies.

General **Claim Settings** Provider Performance Report Documents Log

NPI:  Individual NPI:   
 Override Group NPI? Group NPI:

Tax ID:  EIN:   
 Override EIN?  
 Enable Pay-To Address For Professional Claims

Override Claim Settings

Use the list below to override your general claims settings as required for specific insurance companies.

Insurance Company	Service Location	Tax ID	NPI	
				<b>3</b> Add...
				Edit...
				Remove

Save Cancel Deactivate Provider

(Continued next page...)

## Override Claim Settings, cont.

4. Click **Insurance Company**. Then, double click to select the specific insurance company the override applies to.
  - If the override is for a specific service location and applies to all insurance companies, leave *Insurance Company* blank.
5. **Location:** Click the **drop-down arrow** to select the service location the override applies to; otherwise, leave this set to *All*.
6. **NPI:** Click the **drop-down arrow** and select how the provider is credentialed with the payer to send claims.
  - If the provider's claims need to be sent with a different Group or Individual NPI, click to select "Override NPI?". Then, enter the *Group NPI Override* or *Individual NPI Override*.

**Override Claim Settings for Diana Hudson (5)**

Need help with claim settings? Read the [Claim Settings Guide](#). Any change on this tab may affect this provider's claim submission for one or more insurance companies.

4 Insurance Company:

5 Location: All

6 NPI: Bill with Group and Individual NPI

Override NPI?

Tax ID: Bill with EIN

Override EIN?

Show advanced settings

Save Cancel

(Continued next page...)

## Override Claim Settings, cont.

7. **Tax ID:** Click the **drop-down arrow** and select how the provider is credentialed with the payer to send claims.
  - **Bill with EIN:** The provider is credentialed to send claims using an Employer Identification Number (EIN) assigned by the IRS to the practice. This applies to any taxable business entity (e.g., Corporation, LLC, LLP, Partnership).
    - If the provider's claims need to be sent with a different EIN, click to select "Override EIN?" then enter the *EIN Override*.
  - **Bill with SSN:** The provider is credentialed to send claims using their Social Security Number (SSN). This might be the case if the practice is a sole proprietorship and has not been assigned an EIN from the IRS.
8. **Show advanced settings:** For additional settings (e.g., Practice, Paper Claim, Electronic Claim, Eligibility) that need overrides, click to select "Show advanced settings". To learn more, review the [Advanced Provider Override Settings](#) help article.
9. Click **Save** until the *Confirmation* pop-up appears to confirm the changes.

Override Claim Settings for Diana Hudson (5)

Need help with claim settings? Read the [Claim Settings Guide](#). Any change on this tab may affect this provider's claim submission for one or more insurance companies.

Insurance Company:

Location: All

NPI: Bill with Group and Individual NPI

Override NPI?

7 Tax ID: Bill with EIN

Override EIN?

8  Show advanced settings

9

## Provider Performance Report

Provider performance reports keep providers up to date on their practice's performance. These reports are delivered automatically by email (between Midnight and 5:00 AM Pacific Time) and provide key indicators, including patients, encounters, charges, payments, A/R balance and days revenue outstanding.

1. Click **Settings > Providers** > Double click the provider to open. The *Edit Provider* window opens.
2. Click the *Provider Performance Report* tab. The provider's performance report settings display.
3. To activate automatic Provider Performance Report emails, click to select "Active". The emails are sent to the email address associated with the provider's *User* indicated on the *General* tab of the Provider record.
4. **Scope:** Click the **drop-down arrow** to select the scope of *Practice*, *Provider* (default), or *Both* depending on the metrics the report should include.
5. **Frequency:** Click the **drop-down arrow** to select how frequently the reports should be emailed to the provider; *Daily*, *Weekly* (default) or on a *Monthly* basis.
6. **Delay:** Enter the number of days to delay sending the report after the reporting period ends to give data entry staff an opportunity to properly post all transactions for that period.

(Continued next page...)

**Edit Provider - Diana Hudson (5)**

Need help with claim settings? Read the [Claim Settings Guide](#).  
Any change on this tab may affect this provider's claim submission for one or more insurance companies.

General | Claim Settings | **Provider Performance Report** | Documents | Log

1 Active:

2 Scope: Provider

3 Frequency: Monthly

4 Delay: 5 in days

5 CC Email Recipients: smiller@tebratest.com; jadams@tebratest.com separated by semicolons

6

Save Cancel Deactivate Provider



### Provider Performance Report, cont.

7. **CC Email Recipients:** Enter up to 20 additional recipients (separated by semicolons) that should receive a copy of the report.
8. Click **Save**. The *Confirmation* pop-up appears then click **Yes** to confirm.

**Edit Provider - Diana Hudson (5)**

Need help with claim settings? Read the [Claim Settings Guide](#). Any change on this tab may affect this provider's claim submission for one or more insurance companies.

General | Claim Settings | **Provider Performance Report** | Documents | Log

Active:

Scope: Provider

Frequency: Monthly

Delay: 5 in days


7 CC Email Recipients: smiller@tebratest.com;  
jadams@tebratest.com separated by semicolons

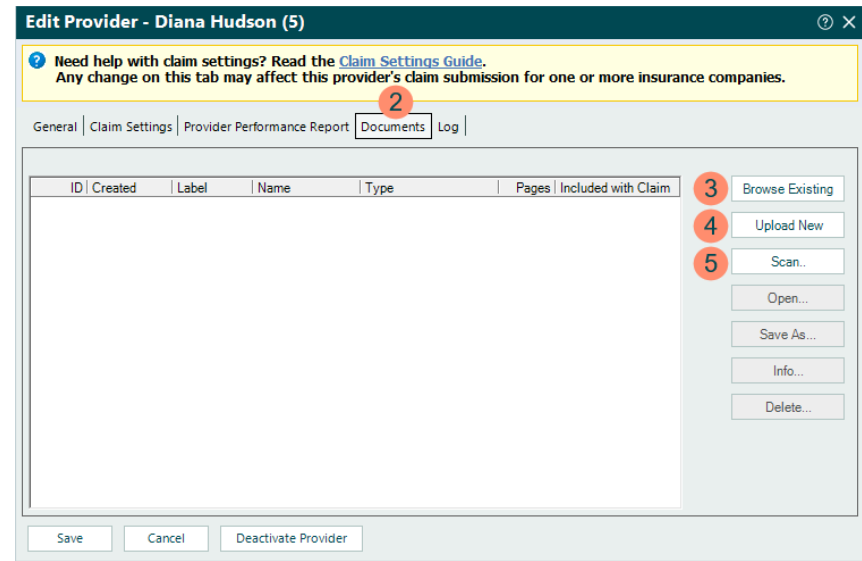
8 Save Cancel Deactivate Provider

## Provider Documents

Documents related to the provider (e.g., credentialing, licensing, contracts) can be added to the Provider record. The *Documents* tab becomes available after creating and saving a provider.

1. Click **Settings** > **Providers** > Double click the provider to open. The *Edit Provider* window opens.
2. Click the *Documents* tab. The provider's documents display.
3. **Browse Existing:** Click to select a document already uploaded to Tebra.
4. **Upload New:** Click to upload a new document from your computer.
5. **Scan:** Click to scan a new document directly to the Provider record.

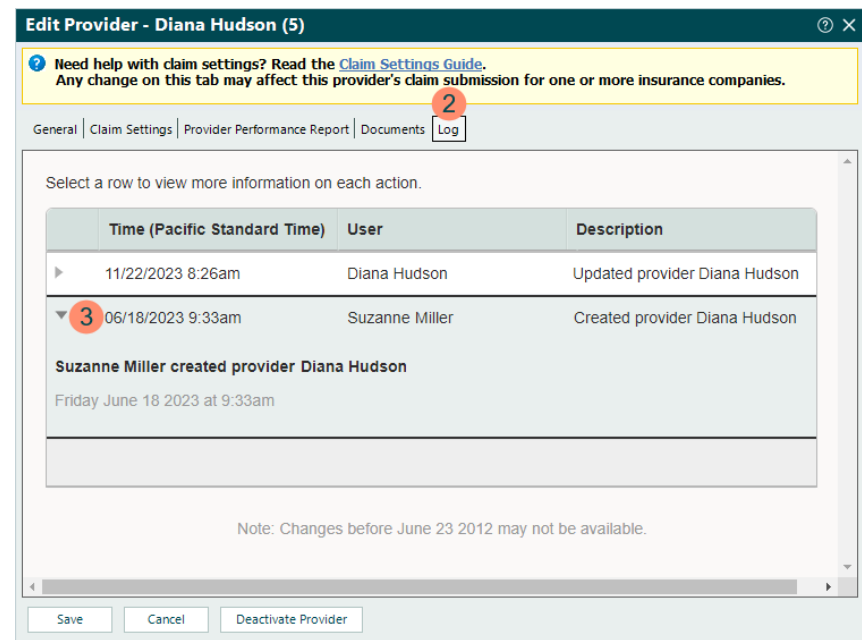
 Note: To use the scanning feature, your scanner must be TWAIN compliant.



## Provider Log

To assist in staff management and provider privacy, the *Log* tab of the Provider record tracks key changes made to the record. Anytime a change is made to the Provider record, the log records the following:

- **Time:** The date and time the action was performed.
  - **User:** The user who performed the action.
  - **Description:** A brief description of the action.
1. Click **Settings > Providers** > Double click the provider to open. The *Edit Provider* window opens.
  2. Click the *Log* tab.
  3. If any changes were made, a list of changes display. Click the **row** to view additional information related to the change.

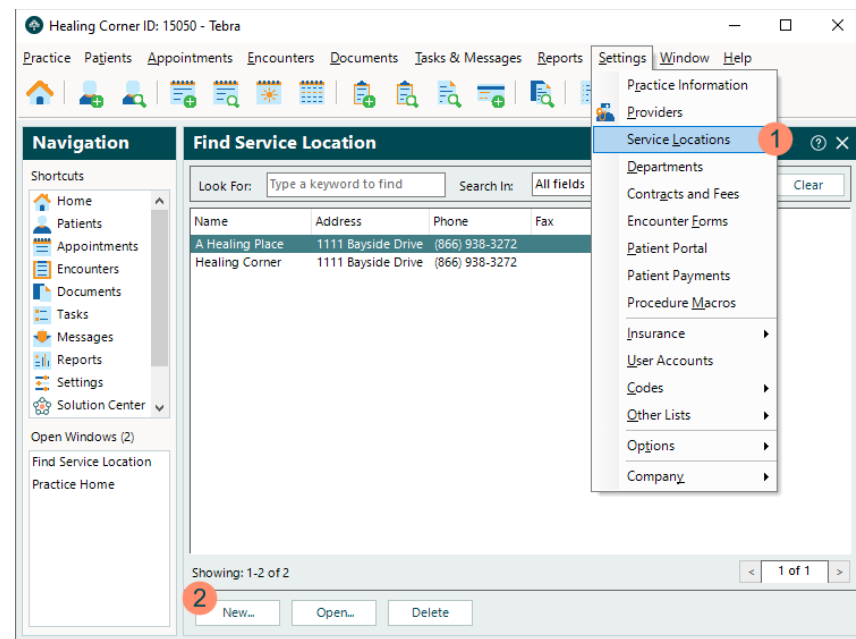


## Service Locations

New service locations are entered during the New Practice Setup wizard or Admin Setup Guide Part 1. These are locations where providers render healthcare services to patients, including locations not at the same address as the main practice (e.g., local hospitals, outpatient clinics, rehabilitation centers). One or more service locations must be created to begin scheduling appointments, entering encounters, and sending claims. Service Location information can be entered, reviewed, and edited at any time. To prevent claim rejections and delays in claim processing and payment, review and verify the service location information and settings are correct in addition to the other Desktop Application (PM) settings.

### New Service Location

1. Click **Settings** > **Service Locations**. The *Find Service Location* window opens.
2. Verify the service location is not in the system then click **New** on the bottom. The *New Service Location* window opens.
  - If you have already entered the service location information, double click the service location to open. The *Edit Service Location* window opens. Proceed to step 3 and verify the information entered is correct.



(Continued next page...)

### New Service Location, cont.

- Internal Name:** This name only displays in Tebra for internal reference when creating encounters and cannot exceed 32 characters, including spaces.
- NPI:** Required only if the service location is assigned a unique NPI number. The number entered should not be an Individual or Group NPI.
- If claims for this service location need to be submitted with a different EIN than the practice's EIN, click to select "Override EIN?" then enter the *EIN*.
- Time Zone:** Click the **drop-down arrow** to select the service location's time zone.
- Legacy Number Type:** By default, *LU Location Number* is selected with the *Legacy Number* left blank and is appropriate for most cases. If necessary, click the **drop-down arrow** to select a different *Legacy Number Type* then enter the *Legacy Number*.

**New Service Location**

3 Internal Name: Here to Heal 6 Time Zone: (GMT-08:00) Pacific Time (US & Canada) ✓

4 NPI: 7 Legacy Number Type: LU Location Number ✓

5  Override EIN? Legacy Number:

**Billing Name and Address**  
The name and address of the service location for the provider submitting the bill.

Billing Name: Here to Heal Phone: (866) 938-3272  
Address... 111 Bayside Drive Suite 150 Corona Del Mar, CA 92625-1762 Fax: (866) 938-1234

**Professional (CMS 1500 / 837P) Claims Only**  
For professional claims, the place of service type of the service location.

Place Of Service: 11 - Office CLIA Number:

**Institutional (UB04 / 837I) Claims Only**  
For institutional claims, the type of bill, and the name and address where payment should be sent, if different than the billing name and address above.


Type of Bill:  
Pay-To Name:  
Address... Phone:  
Fax:

Save Cancel

(Continued next page...)

## New Service Location, cont.

8. **Billing Name and Address:** Enter the service location *Billing Name* and *Address* as it should display on claims. Then, enter the *Phone/Fax* number(s).

 Note: For e-claim submission purposes, the address must be a physical location with a 9-digit zip code.

 Tip: Click **Address > USPS Website** to find the zip code.

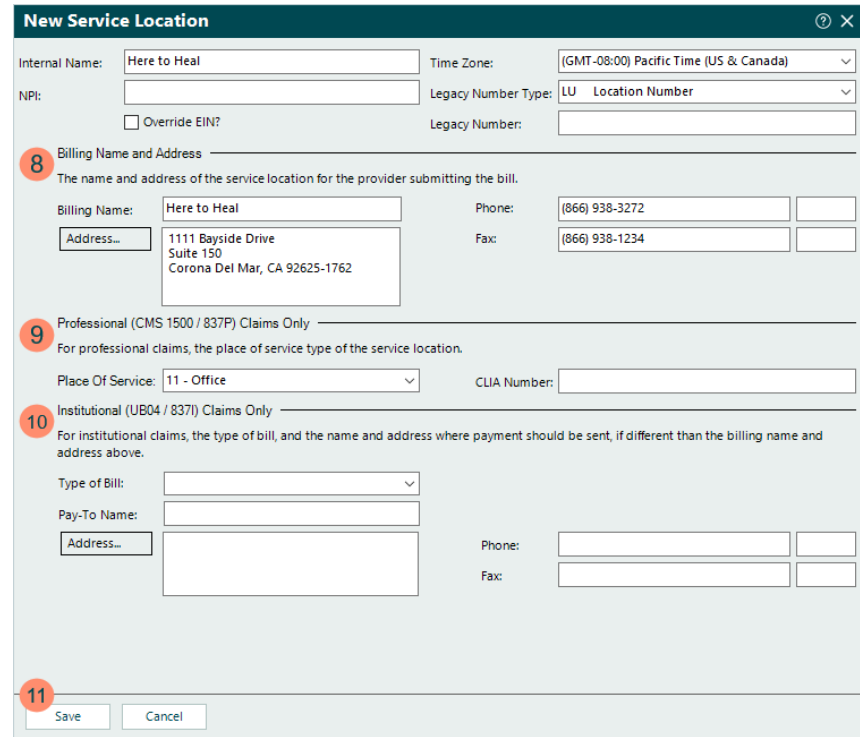
9. **Professional (CMS 1500 / 837P) Claims Only:**

- Click the **drop-down arrow** and select the appropriate *Place Of Service* code.
- If applicable, enter a *CLIA Number* if submitting claims for lab work.

10. **Institutional (UB04 / 837I) Claims Only:**

- Click the **drop-down arrow** and select the appropriate *Type of Bill*.
- Enter the *Pay-To Name*, *Address*, and *Phone/Fax* number(s) if different from the *Billing Name*, *Address*, and *Phone/Fax* number(s).

11. Click **Save** when finished.




The screenshot shows the 'New Service Location' form with the following fields and callouts:

- 8** Billing Name and Address: The name and address of the service location for the provider submitting the bill. Fields include Billing Name (Here to Heal), Address (1111 Bayside Drive, Suite 150, Corona Del Mar, CA 92625-1762), Phone ((866) 938-3272), and Fax ((866) 938-1234).
- 9** Professional (CMS 1500 / 837P) Claims Only: For professional claims, the place of service type of the service location. Fields include Place Of Service (11 - Office) and CLIA Number.
- 10** Institutional (UB04 / 837I) Claims Only: For institutional claims, the type of bill, and the name and address where payment should be sent, if different than the billing name and address above. Fields include Type of Bill, Pay-To Name, Address, Phone, and Fax.
- 11** Save and Cancel buttons at the bottom.

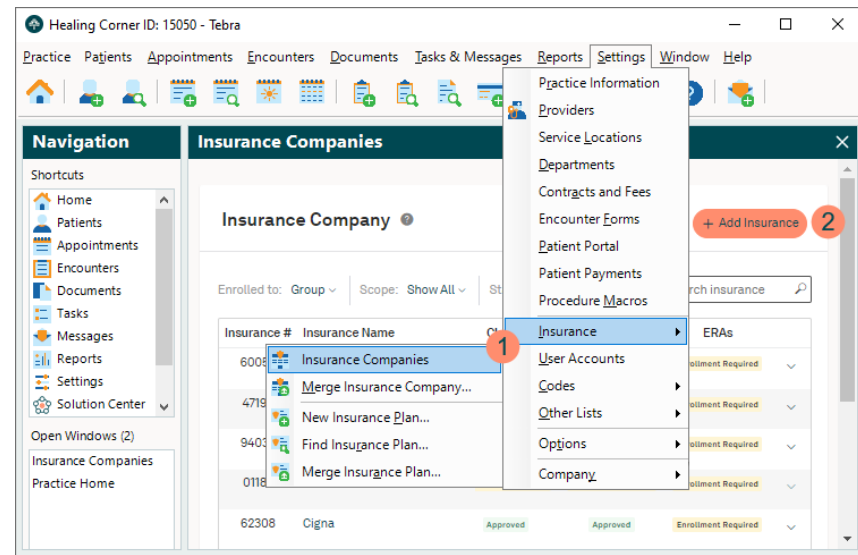
# Insurance Companies

Insurance companies represent an insurance carrier or network (e.g., Blue Cross Blue Shield, Cigna, Medicare). Once an Insurance Company record is created, you can add insurance plans and enroll for available electronic data interchange (EDI) services to submit claims, check patient eligibility, and receive ERAs.

 Note: The *Insurance Companies* window is also known as the *Enrollments Dashboard*. Review the [Navigate Enrollments Dashboard](#) help article for more information on how it provides visibility into insurance information as it applies to your practice.



## Add Insurance Company

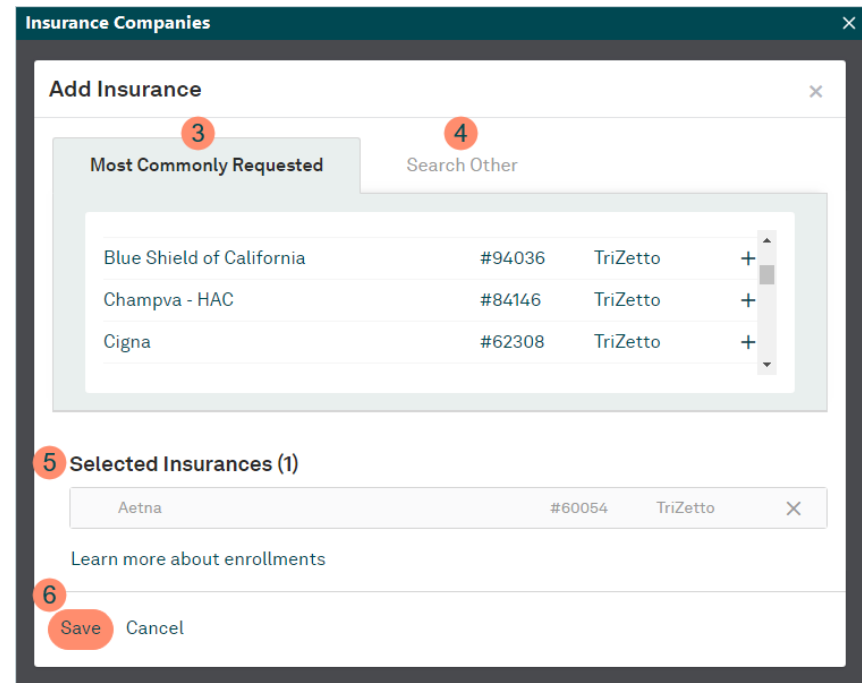
1. Click **Settings > Insurance > Insurance Companies**. The *Insurance Companies* window opens.
2. Verify the insurance company is not in the system then click **+ Add Insurance**. The *Add Insurance* window opens.
  - If you have already added the insurance companies, proceed to the [Electronic Data Interchange \(EDI\) Enrollment](#) section.



(Continued next page...)

### Add Insurance Company, cont.

- Most Commonly Requested:** Use the scroll bar to navigate up and down the list then click **+** or anywhere on the line item to add the insurance company to the *Selected Insurances* list.
- Search Other:** Enter the insurance name or ID number and select it from the auto-populated results list. Then, click **Add** to add the insurance company to the *Selected Insurances* list. Filter by *Type* (e.g., for UB-04, workers' comp/auto), *Clearinghouse* and *State*. For more details on how to set up UB-04 and workers' comp/auto payer types, review the [Electronic Workers' Compensation and Auto Insurance Companies](#) help article.  
 Tip: If you're unable to find a payer, select *All* from the *State* drop-down menu to return more results.
- Review the *Selected Insurances* list and verify the correct insurance companies were added. To remove an insurance company from the list, click **X**.  
 Note: A payer that displays with an orange exclamation icon is either a duplicate in the list or an existing insurance company in the practice.
- Click **Save**. The *Enrollments Dashboard* returns, and the selected insurance companies display in the list of insurances. Submit Electronic Data Interchange (EDI) Enrollment requests for insurance companies with the electronic service status of *Enrollment Required*.







# Electronic Data Interchange (EDI) Enrollment


Tebra makes it easy to submit claims and other transactions electronically. Once an insurance company is added, submit EDI enrollment requests for electronic service connections through our Enrollment wizard. Enrollments are completed with the Billing Tax ID and NPI used for submitting claims per the agreements with the insurance companies. Even if you have used electronic services in the past, a user with System Administrator, Provider, or Biller permissions must complete the EDI enrollment process in Tebra.

## Submit EDI Enrollment Request

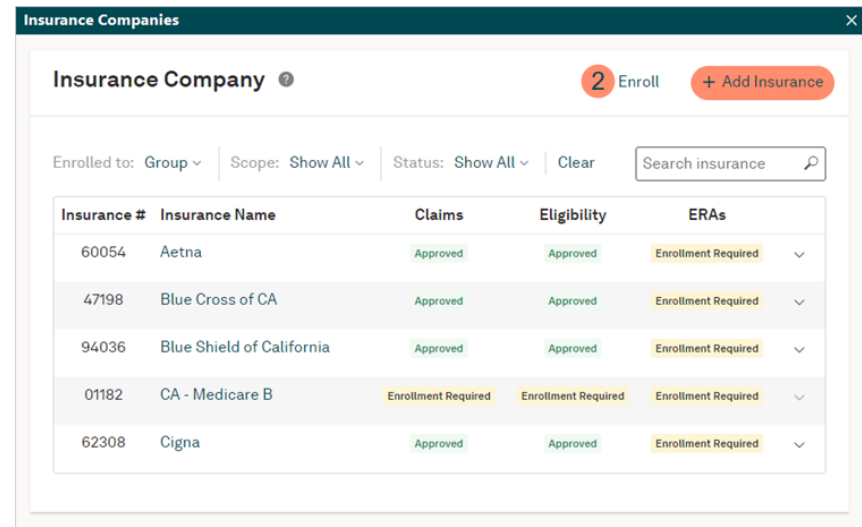
 Note: Enrollment requests can only be submitted for electronic services with a status of *Enrollment Required*.

1. Click **Settings > Insurance > Insurance Companies**.  
The *Insurance Companies* window opens.

2. Click **Enroll**. The *Enrollment Type* window opens.  
 Note: Once started, the *Save for Later* option is available in each step of the wizard.

 Tip: For more detailed explanations of each step of the wizard, use the *FAQ* section on the right side of each window.

- If you have already completed the Enrollment wizard, proceed to the [Insurance Company Settings](#) section.



Insurance #	Insurance Name	Claims	Eligibility	ERAs
60054	Aetna	Approved	Approved	Enrollment Required
47198	Blue Cross of CA	Approved	Approved	Enrollment Required
94036	Blue Shield of California	Approved	Approved	Enrollment Required
01182	CA - Medicare B	Enrollment Required	Enrollment Required	Enrollment Required
62308	Cigna	Approved	Approved	Enrollment Required

(Continued next page...)

### Submit EDI Enrollment Request, cont.

3. Click to select the type of enrollment based on whether the practice/provider is credentialed with insurance companies as a *Group* or *Individual*.
4. For individual enrollments, click the **drop-down arrow** to select the provider to enroll.
5. **Questions about enrollments:** Answer questions about the enrollments for the group or individual.
6. **Tax ID and NPI:** Auto-populates based on the data entered during the New Practice Setup wizard.
7. Click **Next**. The *Transfer of Authorization* window opens.

The screenshot shows a web form titled "Insurance Companies Enrollment Request". At the top, there is a progress bar with six steps: 1. ENROLLMENT TYPE, 2. TRANSFER OF AUTHORIZATION, 3. INSURANCE SELECTION, 4. PRACTICE INFORMATION, 5. CONTACT INFORMATION, and 6. INSURANCE ENROLLMENTS. The first step, "Enrollment Type", is currently active. It contains the following sections:


- Enrollment Type:** A text block explaining that EDI enrollments require Billing Tax ID and NPI. It instructs users to choose "Group" for practices/organizations or "Individual" for those with only their own NPI. It notes that multiple Tax ID and NPI combinations require separate requests.
- Are you adding group or individual enrollments?:** A radio button selection where "Individual" is selected.
- Select a provider to enroll:** A dropdown menu showing "Suzanne Miller".
- Questions about this individual's enrollments:** A section with two questions, each with "Yes" and "No" radio buttons. The first question is "Did you bill electronically with your previous software?" and the second is "Did you receive ERAs with your previous software?". Both "No" options are selected.
- Tax ID:** A text input field containing "987654321".
- NPI:** A text input field containing "1234512345".

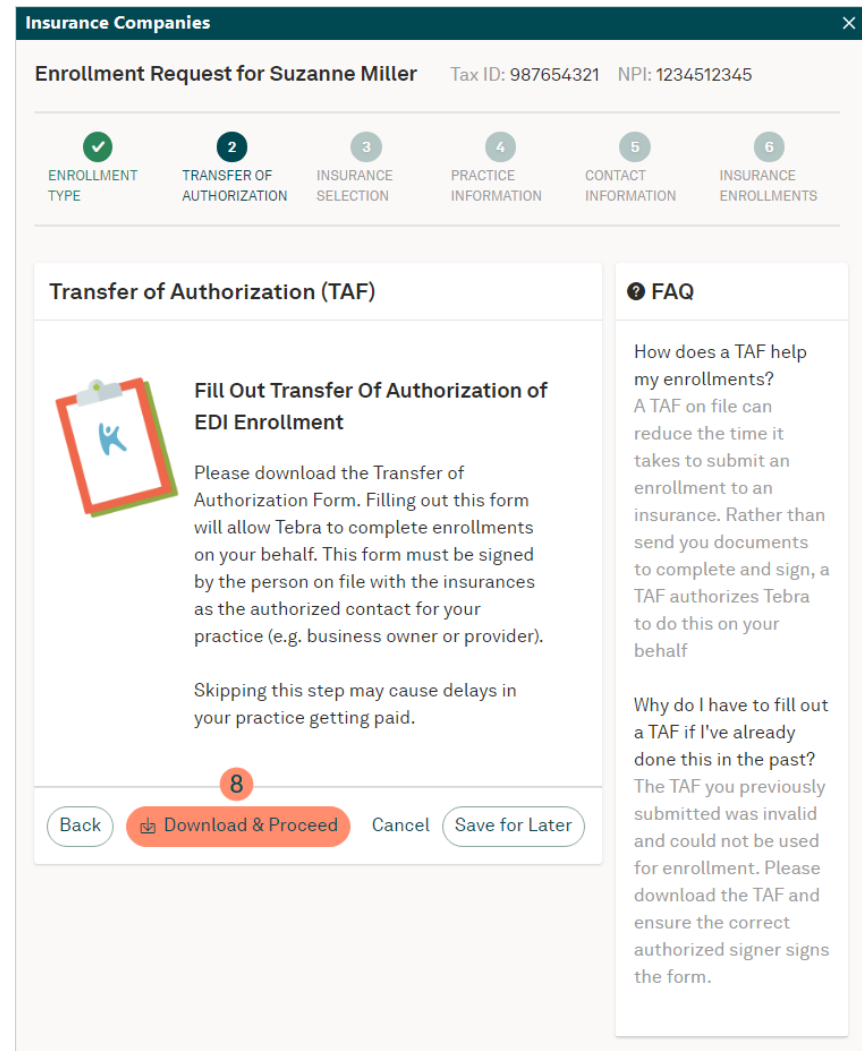
At the bottom of the form, there are three buttons: "Next" (with a circled 7), "Cancel", and "Save for Later". On the right side of the form, there is an "FAQ" section with three questions and "See more" links.

(Continued next page...)

## Submit EDI Enrollment Request, cont.

8. Click **Download & Proceed**.
9. Save the downloaded TAF .pdf file. The *Insurance Selection* window opens.

 Note: The Transfer of Authorization Form (TAF) helps expedite the enrollment process by authorizing Tebra to sign insurance company EDI agreements on your behalf. Only one TAF is required for group enrollments and each provider. Once the enrollment request is submitted, open the saved .pdf file and follow the instructions. Refer to the [Upload the TAF](#) section when ready.




**Insurance Companies**

Enrollment Request for Suzanne Miller Tax ID: 987654321 NPI: 1234512345

1 ✓ ENROLLMENT TYPE    2 TRANSFER OF AUTHORIZATION    3 INSURANCE SELECTION    4 PRACTICE INFORMATION    5 CONTACT INFORMATION    6 INSURANCE ENROLLMENTS

### Transfer of Authorization (TAF)

 **Fill Out Transfer Of Authorization of EDI Enrollment**

Please download the Transfer of Authorization Form. Filling out this form will allow Tebra to complete enrollments on your behalf. This form must be signed by the person on file with the insurances as the authorized contact for your practice (e.g. business owner or provider).

Skipping this step may cause delays in your practice getting paid.

8

Back **Download & Proceed** Cancel Save for Later


### FAQ

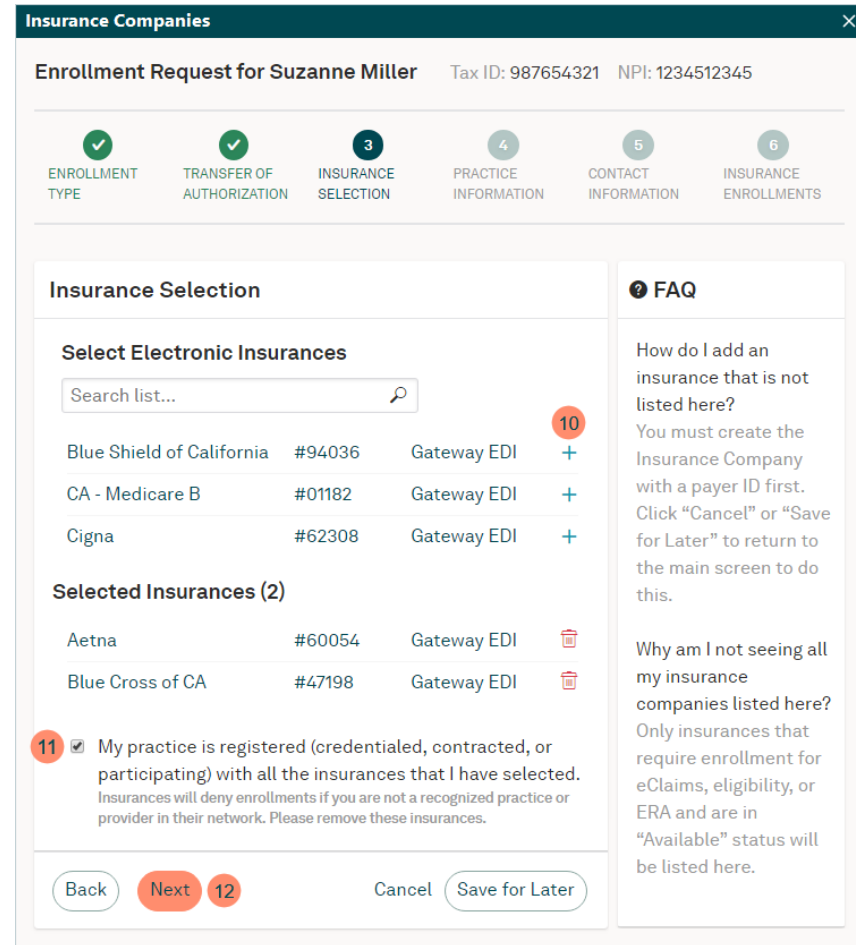
How does a TAF help my enrollments?  
A TAF on file can reduce the time it takes to submit an enrollment to an insurance. Rather than send you documents to complete and sign, a TAF authorizes Tebra to do this on your behalf

Why do I have to fill out a TAF if I've already done this in the past?  
The TAF you previously submitted was invalid and could not be used for enrollment. Please download the TAF and ensure the correct authorized signer signs the form.

(Continued next page...)

## Submit EDI Enrollment Request, cont.

10. Click **+** to add the insurance to the *Selected Insurances* section.  
 Note: Only insurances that require and are ready for electronic services enrollment are listed. It is recommended to add all eligible insurances per enrollment type (e.g., *Group* or *Individual*).
11. Verify the practice is credentialed, contracted, or participating with all selected insurances then click to acknowledge.
12. Click **Next**. The *Practice Information* window opens.



**Insurance Companies**

Enrollment Request for Suzanne Miller Tax ID: 987654321 NPI: 1234512345

ENROLLMENT TYPE ✓ TRANSFER OF AUTHORIZATION ✓ INSURANCE SELECTION 3 PRACTICE INFORMATION 4 CONTACT INFORMATION 5 INSURANCE ENROLLMENTS 6

### Insurance Selection

#### Select Electronic Insurances

Search list... 🔍

Blue Shield of California	#94036	Gateway EDI	+ 10
CA - Medicare B	#01182	Gateway EDI	+
Cigna	#62308	Gateway EDI	+

#### Selected Insurances (2)

Aetna	#60054	Gateway EDI	🗑️
Blue Cross of CA	#47198	Gateway EDI	🗑️

11  My practice is registered (credentialed, contracted, or participating) with all the insurances that I have selected. Insurances will deny enrollments if you are not a recognized practice or provider in their network. Please remove these insurances.

Back Next 12 Cancel Save for Later

#### FAQ

How do I add an insurance that is not listed here?  
You must create the Insurance Company with a payer ID first. Click "Cancel" or "Save for Later" to return to the main screen to do this.

Why am I not seeing all my insurance companies listed here?  
Only insurances that require enrollment for eClaims, eligibility, or ERA and are in "Available" status will be listed here.

(Continued next page...)

### Submit EDI Enrollment Request, cont.

13. Verify the practice name and address is current and the same information on file for all selected insurances.
14. Click **Yes** or **No** to indicate whether the practice or provider has moved in the past 6 months. If **Yes** is selected, enter the previous address.
15. Click **Next**. The *Contact Information* window opens.

**Insurance Companies**

**Enrollment Request for Suzanne Miller** Tax ID: 987654321 NPI: 1234512345

ENROLLMENT TYPE ✓ TRANSFER OF AUTHORIZATION ✓ INSURANCE SELECTION ✓ PRACTICE INFORMATION 4 CONTACT INFORMATION 5 INSURANCE ENROLLMENTS 6

**Practice Information**

13 Please ensure the practice information below is the same information on file for all the insurances selected.

Practice Name: Healing Corner  
Please enter in full practice name

Address Line 1: 1111 Bayside Drive

Address Line 2: Suite 150

City: Corona Del Mar State: CA Zip: 92625-1762

14 Have you moved within the past 6 months?  
Yes  No

Back Next 15 Cancel Save for Later

**FAQ**

Why am I being asked if I have moved?  
If you have recently moved, your new address may not be updated yet with the insurance and can cause rejections due...  
[See more](#)

Should I update my address with the insurance first?  
If you have not updated your new address with the insurances yet, we recommend that you complete your EDI...  
[See more](#)

Will submitting this enrollment update my address?  
No, this does not update your practice or provider information at the insurance.

(Continued next page...)

### Submit EDI Enrollment Request, cont.

16. Verify the practice's main point of contact is up to date. This contact is who Tebra can reach out to if there are any questions during the enrollments process.
17. If Medicare/Medicaid was a selected insurance, click **Yes** or **No** to indicate whether the main point of contact is recognized by Medicare/Medicaid as the authorized signer for this NPI. If *No* is selected, enter the authorized signer's information to be used to populate enrollment forms.
18. Click **Next**. The *Electronic Insurance Enrollments* window opens.

**Insurance Companies**

**Enrollment Request for Suzanne Miller** Tax ID: 987654321 NPI: 1234512345

ENROLLMENT TYPE ✓ TRANSFER OF AUTHORIZATION ✓ INSURANCE SELECTION ✓ PRACTICE INFORMATION ✓ CONTACT INFORMATION 5 INSURANCE ENROLLMENTS 6

**Contact Information**

16 Who is the main point of contact Tebra can reach out to if there are questions during this process?

Full Name: Jason Adams

Role: System Administrator

Email: jadams@tebratest.com

Phone: (866) 938-3272

17 Is the contact above recognized by Medicare / Medicaid as the authorized signer for this NPI?

Yes  No

Back Next 18 Cancel Save for Later

**FAQ**

Why does Medicare / Medicaid require an authorized signer?  
Medicare/Medicaid will not approve enrollments signed by anyone who is not listed as an authorized contact for your practice. It is...  
[See more](#)

How do I find out who is the authorized signer?  
If this is a Group NPI enrollment, you will need to contact the insurance for this information. You may be able to use NPPES as a starting...  
[See more](#)

Will submitting this enrollment update my authorized signer?  
No, this does not update your practice or provider information at the insurance.

(Continued next page...)

### Submit EDI Enrollment Request, cont.

19. **Enroll In:** For each insurance, click to select the available electronic service(s) of "Claims," "Eligibility", and "ERAs". To enroll in a service for all insurances listed, use the *Select All* option(s).
20. If required for the enrollment, enter additional information (e.g., Provider Number).
21. Click **Submit Enrollment**. The enrollment request is submitted. Statuses for each electronic service displays on the *Enrollments Dashboard*. To learn more, review the [Enrollment Status Indicators](#) help article.

**Insurance Companies**

**Enrollment Request for Suzanne Miller** Tax ID: 987654321 NPI: 1234512345

ENROLLMENT TYPE ✓ TRANSFER OF AUTHORIZATION ✓ INSURANCE SELECTION ✓ PRACTICE INFORMATION ✓ CONTACT INFORMATION ✓ INSURANCE ENROLLMENTS 6

**Electronic Enrollments**

Select All Claims  Eligibility  ERA

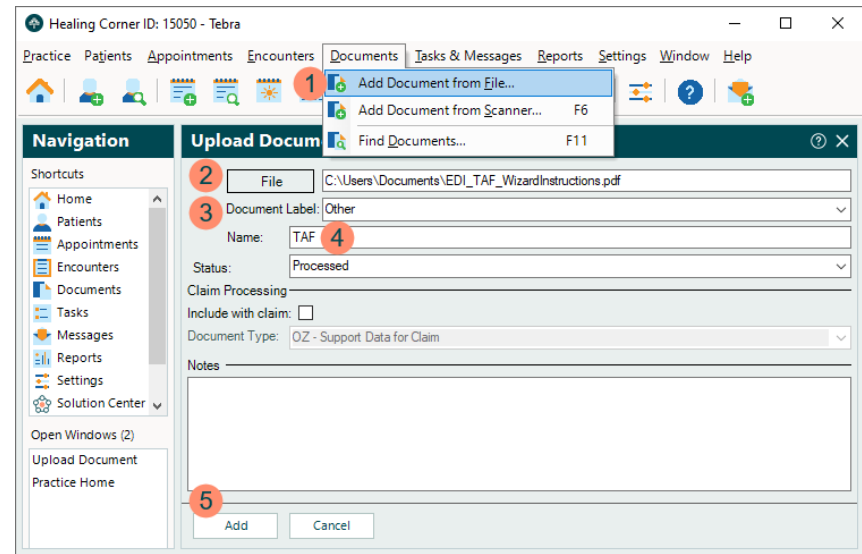
Insurance	Enroll In <sup>19</sup>	Individual Provider Number <sup>20</sup>
Aetna #60054	Claims <input checked="" type="checkbox"/> Eligibility <input checked="" type="checkbox"/> ERAs <input checked="" type="checkbox"/>	Not Required X
Blue Cross of CA #47198	Claims <input checked="" type="checkbox"/> Eligibility <input checked="" type="checkbox"/> ERAs <input checked="" type="checkbox"/>	Not Required X
CA - Medicare B #01182	Claims <input checked="" type="checkbox"/> Eligibility <input checked="" type="checkbox"/> ERAs <input checked="" type="checkbox"/>	AB1234 X

Back Submit Enrollment <sup>21</sup> Cancel Save for Later

## Upload Transfer of Authorization Form (TAF)

Follow the instructions in the previously downloaded and saved TAF to complete it. Then, upload the scanned file.

1. Click **Documents** > **Add Document from File**. The *Upload Document* window opens.
2. Click **File** then search for and select the scanned TAF.
3. **Document Label:** Click the **drop-down arrow** and select *Other*.
4. **Name:** Enter "TAF".
5. Click **Add**. The scanned TAF is uploaded into the practice's *Documents*.






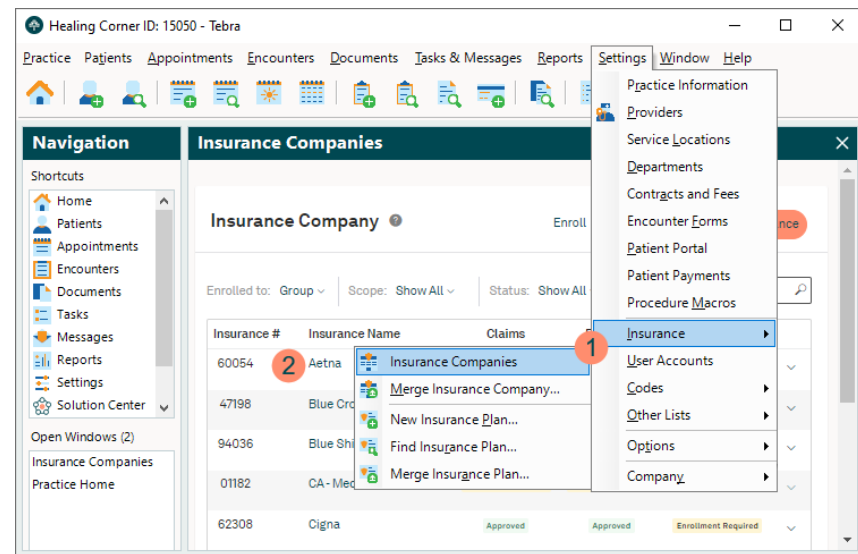
# Insurance Company Settings

To ensure proper claim submission, it's important to review the insurance company's General, Paper Claims, Electronic Claims and Practice Settings information. Insurance company settings that are not properly configured can result in claim rejections and delays in claim processing and payment.

## Insurance Company General Settings

Review and verify the insurance company's General settings and information is correct and make any appropriate changes when applicable.

1. Click **Settings > Insurance > Insurance Companies**.  
The *Insurance Companies* window opens.
2. Click the insurance **name**. The *Edit Insurance Company* window opens at the *General* tab by default.  
 Tip: Use the filters or *Search insurance* box to find a specific insurance company.



(Continued next page...)

### Insurance Company General Settings, cont.

3. **Name:** The insurance company's name.
4. **Address:** The insurance company's address is informational only and not used for claims submission. The address where claims should be sent is entered in the Insurance Plans.
5. **Contact:** The insurance company's contact information.
6. **Insurance Program:** Click the **drop-down arrow** and make the appropriate selection.
7. **Default Adjustment:** If applicable, click the **drop-down arrow** to select an adjustment code that auto-populates when manually posting an insurance payment.
8. "Automatically bills secondary insurance" should only be selected for insurance companies that cross over claims to the secondary insurance (e.g., Medicare). When enabled and a balance transfers from this insurance to the secondary insurance, this option automatically sets the secondary claim status to *Billed* and is not submitted through Tebra.

**Edit Insurance Company - Aetna (2)**

General | Paper Claims | Electronic Claims | Practice Settings

3 Name: Aetna

4 Address...

5 Contact

Full Name...

Phone: Ext:

Fax: Ext:

Claim Processing

6 Insurance Program: CI - Commercial Insurance Co.

7 Default Adjustment:

8  Automatically bills secondary insurance

List Administration

Scope: Practice Specific

Added By: Healing Corner (15)

Notes

Save Cancel Delete

(Continued next page...)

## Insurance Company General Settings, cont.

9. **Scope:** Applicable for Tebra accounts with multiple practices and available for selection if the insurance company was added by the currently open practice. If the insurance company was added by a different practice, the scope is shaded and cannot be changed.
- **Practice Specific:** Selected by default and is the recommended setting. This option makes the insurance company only available within the currently open practice.
  - **All Practices:** Only select *All Practices* if the insurance company should be available across all practices within the Tebra account.
10. **Added By:** Displays the name of the practice where the insurance company was created.
11. **Notes:** Internal notes related to this insurance company.
12. Click **Save** to record any changes.

The screenshot shows a software window titled "Edit Insurance Company - Aetna (2)". The window has a dark green header bar with a close button (X) and a help icon (i). Below the header is a tabbed interface with four tabs: "General" (selected), "Paper Claims", "Electronic Claims", and "Practice Settings".

The "General" tab contains the following fields and controls:

- Name:** A text box containing "Aetna".
- Address...:** A large empty text area.
- Contact:** A section with a "Full Name..." text box, "Phone:" and "Fax:" labels, and corresponding input boxes, each with an "Ext:" label and box.
- Claim Processing:** A section with "Insurance Program:" and "Default Adjustment:" dropdown menus. The "Insurance Program" dropdown is set to "CI - Commercial Insurance Co." and has a red circle with the number "9" next to it. The "Default Adjustment" dropdown has a red circle with the number "10" next to it.
- List Administration:** A section with a "Scope:" dropdown menu set to "Practice Specific" and an "Added By:" field displaying "Healing Corner (15)".
- Automatically bills secondary insurance:** A checkbox that is currently unchecked.
- Notes:** A large text area with a red circle and the number "11" next to its label.

At the bottom of the window, there are three buttons: "Save" (with a red circle and the number "12" next to it), "Cancel", and "Delete".

## Insurance Company Paper Claims Settings

Review and ensure proper configuration of the insurance company's Paper Claims settings if you submit claims in paper form.

1. Click **Settings > Insurance > Insurance Companies**. The *Insurance Companies* window opens. Then, click the insurance **name**. The *Edit Insurance Company* window opens.
2. Click the *Paper Claims* tab. The Paper Claims settings information displays.
3. **Insured Format:** Leave as *Default* or click the **drop-down arrow** to select *Medicare style* to prevent information from printing in Boxes 4 and 7, and to print "NONE" in Box 11.
4. **CMS-1500 field 24g:** Leave as *Units* or click the **drop-down arrow** to select *Minutes* (typically for anesthesia related charges).
5. **CMS-1500 field 32b:** When "Use Facility ID" is enabled, the *Facility ID Number* entered in the Service Location record populates Box 32b.

The screenshot shows the 'Edit Insurance Company - Aetna (2)' window with the 'Paper Claims' tab selected. The window is divided into two main sections: 'Professional Claim Format Settings' and 'Institutional Claim Format Settings'. The 'Professional Claim Format Settings' section includes: 'Insured Format' (Default), 'CMS-1500 field 24g' (Units), 'CMS-1500 field 32b' (Use Facility ID checked), 'Primary Billing Form' (CMS 1500 Form - Version 02/12 - CMS), and 'Secondary Billing Form' (CMS 1500 Form - Version 02/12 - CMS). The 'Institutional Claim Format Settings' section includes 'Primary Billing Form' (UB-04 Form). At the bottom of the window are 'Save', 'Cancel', and 'Delete' buttons. Red circles with numbers 2, 3, 4, and 5 are overlaid on the 'Paper Claims' tab, the 'Insured Format' dropdown, the 'CMS-1500 field 24g' dropdown, and the 'CMS-1500 field 32b' checkbox, respectively.

(Continued next page...)

### Insurance Company Paper Claims Settings, cont.

- Primary** and **Secondary Billing Form:** For Professional claims, leave as *CMS 1500 Form-Version 02/12*. Only select one of the *CMS 1500 Form-Version 08/05* options if required by the payer. In most cases, the same form can be used for both primary and secondary claims but confirm with the payer if there is any uncertainty.
- Primary Billing Form:** For Institutional claims, *UB-04 Form* is the only format available.
- Click **Save** to record any changes.

**Edit Insurance Company - Aetna (2)**

General | **Paper Claims** | Electronic Claims | Practice Settings

Professional Claim Format Settings:

Insured Format: Default

CMS-1500 field 24g: Units

CMS-1500 field 32b:  Use Facility ID

6 Primary Billing Form: CMS 1500 Form - Version 02/12 - CMS

Secondary Billing Form: CMS 1500 Form - Version 02/12 - CMS


Institutional Claim Format Settings:

7 Primary Billing Form: UB-04 Form

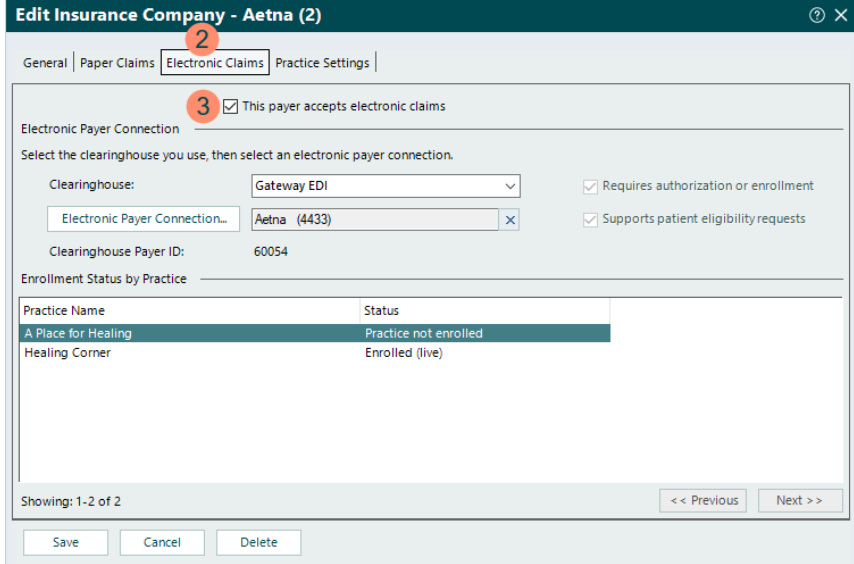
8 Save Cancel Delete

## Insurance Company Electronic Claims Settings

Avoid manual configuration of electronic payer connections by adding insurance companies via the + Add Insurance feature (refer to the [Add Insurance Company](#) section). The Electronic Claims settings auto-populate when insurance companies are added through that method. Review and verify the Electronic Claims settings are correct and make any appropriate changes when applicable.

 Note: To submit claims electronically, the practice must first be enrolled in electronic claims services. Once enrolled, configure the insurance company's Electronic Claims settings.

1. Click **Settings > Insurance > Insurance Companies**. The *Insurance Companies* window opens. Then, click the insurance **name**. The *Edit Insurance Company* window opens.
2. Click the *Electronic Claims* tab. The Electronic Claims settings information displays.
3. “This payer accepts electronic claims”, when enabled, allows the submission of electronic claims for this payer.



**Edit Insurance Company - Aetna (2)**

General | Paper Claims | **Electronic Claims** | Practice Settings

This payer accepts electronic claims

Electronic Payer Connection

Select the clearinghouse you use, then select an electronic payer connection.

Clearinghouse: Gateway EDI  Requires authorization or enrollment

Electronic Payer Connection... Aetna (4433)  Supports patient eligibility requests

Clearinghouse Payer ID: 60054

Enrollment Status by Practice

Practice Name	Status
A Place for Healing	Practice not enrolled
Healing Corner	Enrolled (live)


Showing: 1-2 of 2

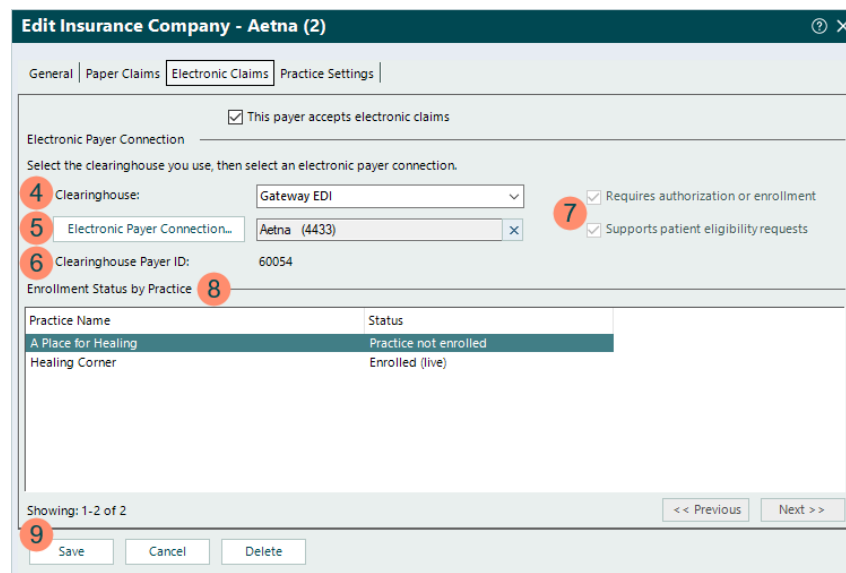
<< Previous Next >>

Save Cancel Delete

(Continued next page...)

## Insurance Company Electronic Claims Settings, cont.

- 4. Clearinghouse:** The clearinghouse in which you're enrolled with for this payer.
- 5. Electronic Payer Connection:** Used by clearinghouses to route the e-claims to the appropriate payer for processing. If necessary, click to search and select a payer connection.  
 Note: This connection can also be used for ePaper payers. For more information, review the [Clearinghouse Paper Claims Mailing Services](#) section.
- 6. Clearinghouse Payer ID:** The payer ID that displays is based on the *Electronic Payer Connection* selected.
- 7.** Once the *Electronic Payer Connection* is selected, review the shaded checkboxes.
  - "Requires authorization or enrollment" indicates enrollment agreements are required for electronic transactions with this payer. If not already completed, submit an enrollment request for this payer.
  - "Supports patient eligibility requests" indicates this payer supports electronic patient eligibility requests also known as real-time eligibility checks.
- 8. Enrollment Status by Practice:** Applicable for Tebra accounts with multiple practices. This section lists each practice and its enrollment status with this payer.
- 9.** Click **Save** to record any changes.



## Insurance Company Practice Settings

The insurance company's Practice Settings allows you to select paper and electronic claims (e-claims) billing settings specific to the currently open practice and does not affect other practices (when there are multiple) within the Tebra account.

1. Click **Settings > Insurance > Insurance Companies**. The *Insurance Companies* window opens. Then, click the insurance **name**. The *Edit Insurance Company* window opens.
2. Click the *Practice Settings* tab. The Practice Settings information displays.
3. **Enrollment Status:** Once the *Claims* status is *Approved* on the *Enrollments Dashboard*, click the **drop-down arrow** to select *Enrolled in live mode* to allow e-claims submission. All other statuses prevent e-claims submission.

**Edit Insurance Company - Aetna (2)**

General | Paper Claims | Electronic Claims | **Practice Settings**

These settings apply to the currently opened practice:

Enrollment Status: **Enrolled in live mode**

- Disable electronic claims for this payer
- Use electronic billing when this payer is secondary
- Send Coordination of Benefits (COB) information
- Provider accepts assignment of benefits
- Exclude patient payments from claims sent to insurance
- Allow zero balance transfers on claims

ICD-10 Date: 10/1/2015

Claims with a date of service on or after this date will require ICD-10 diagnosis codes. Please note that for electronic connections, this date will automatically be set and cannot be edited.

Save Cancel Delete

(Continued next page...)



## Insurance Company Practice Settings, cont.

4. Click to select or clear the selected options as necessary:
  - "Disable electronic claims for this payer" prevents e-claims submission.
  - "Use electronic billing when this payer is secondary" allows secondary e-claims submission.
  - "Send Coordination of Benefits (COB) information" includes the COB information on secondary claims.
  - "Provider accepts assignment of benefits" populates Box 27 for paper claims and Loop 2300 CLM08 for e-claims.
  - "Exclude patient payments from claims sent to insurance" bills the total charge amount even if patient payments were applied. This option populates Box 29 for paper claims and Loop 2300 AMT02 for e-claims with \$0.00.
  - "Allow zero balance transfers on claims" transfers all line items of the claim including those with zero balances.
  
5. Click **Save** to record any changes.

**Edit Insurance Company - Aetna (2)**

General | Paper Claims | Electronic Claims | **Practice Settings**

These settings apply to the currently opened practice:

Enrollment Status:

**4**

- Disable electronic claims for this payer
- Use electronic billing when this payer is secondary
- Send Coordination of Benefits (COB) information
- Provider accepts assignment of benefits
- Exclude patient payments from claims sent to insurance
- Allow zero balance transfers on claims

ICD-10 Date:

Claims with a date of service on or after this date will require ICD-10 diagnosis codes. Please note that for electronic connections, this date will automatically be set and cannot be edited.

**5**

Save Cancel Delete

# Clearinghouse Paper Claims Mailing Service

Through Tebra’s *Electronic Payer Connection*, you have the option to set up insurance companies as ePaper, also known as “drop-to-paper”, payers that do not support electronic claim submission. This unique option allows you to submit claims electronically to the clearinghouse where they are printed and mailed to the payer when ready. There is no charge for the electronic submission, however, an additional fee applies for printing and mailing the claim to the payer. Review the [Paper Claims Mailing Services](#) section of our [Pricing Policy](#) page for fee details.

## ePaper Electronic Payer Connection

1. Click **Settings > Insurance > Insurance Companies**. The *Insurance Companies* window opens. Then, click the insurance **name**. The *Edit Insurance Company* window opens.
2. Click the *Electronic Claims* tab. The Electronic Claims settings information displays.
3. If necessary, click to select “This payer accepts electronic claims”.
4. If necessary, click the **drop-down arrow** to select the clearinghouse.
5. Click **Electronic Payer Connection**. The *Select an Electronic Payer Connection* window opens.

**Edit Insurance Company - Aetna (2)**

General | Paper Claims | **Electronic Claims** | Practice Settings

Electronic Payer Connection  This payer accepts electronic claims

Select the clearinghouse you use, then select an electronic payer connection.

4 Clearinghouse: Gateway EDI  Requires authorization or enrollment

5 Electronic Payer Connection...  Supports patient eligibility requests

Clearinghouse Payer ID:

Enrollment Status by Practice

Practice Name	Status
A Place for Healing	Practice not enrolled
Healing Corner	Enrolled (live)

Showing: 1-2 of 2 << Previous Next >>

Save Cancel Delete

(Continued next page...)

## ePaper Electronic Payer Connection, cont.

6. **Look For:** Enter “paper”.
7. Click **Find Now**. The search results display.
8. Double click to select one of the following payers depending on the clearinghouse. The *Edit Insurance Company* window returns.
  - TriZetto/Gateway EDI: Paper Claims, Payer ID 00010
  - Change Healthcare/Capario: Paper Claims, Payer ID PAPER
  - Jopari: ePaper Payers, Payer ID PAPER
9. Verify the *Electronic Payer Connection* and *Clearinghouse Payer ID* has updated to the correct payer and ID.
10. Click **Save**.

The screenshot shows a dialog box titled "Select an Electronic Payer Connection through Gateway EDI". At the top, there is a search bar with "paper" entered, a "Search In:" dropdown set to "All fields", and "Find Now" and "Clear" buttons. Below the search bar is a table with the following data:

ID	Payer ID	Payer Name	State	Enrollment Required
6014	00010	Paper Claims	AK,AL,AR,AS,AZ,CA,C	no
16764	00010	Paper Claims	AK,AL,AR,AS,AZ,CA,C	no

At the bottom of the dialog, it says "Showing: 1-2 of 2" and "1 of 1". There are "OK" and "Cancel" buttons at the very bottom.

The screenshot shows a dialog box titled "Edit Insurance Company - Aetna (2)". It has tabs for "General", "Paper Claims", "Electronic Claims", and "Practice Settings". The "Electronic Claims" tab is active. At the top, there is a checkbox labeled "This payer accepts electronic claims" which is checked. Below that, there is a section for "Electronic Payer Connection" with the instruction "Select the clearinghouse you use, then select an electronic payer connection." The "Clearinghouse:" dropdown is set to "Gateway EDI". The "Electronic Payer Connection..." dropdown is set to "Paper Claims (6014)". There are checkboxes for "Requires authorization or enrollment" and "Supports patient eligibility requests", both of which are unchecked. Below this, the "Clearinghouse Payer ID:" is set to "00010". There is a section for "Enrollment Status by Practice" with a table:

Practice Name	Status
A Place for Healing	Practice not enrolled
Healing Corner	Enrolled (live)

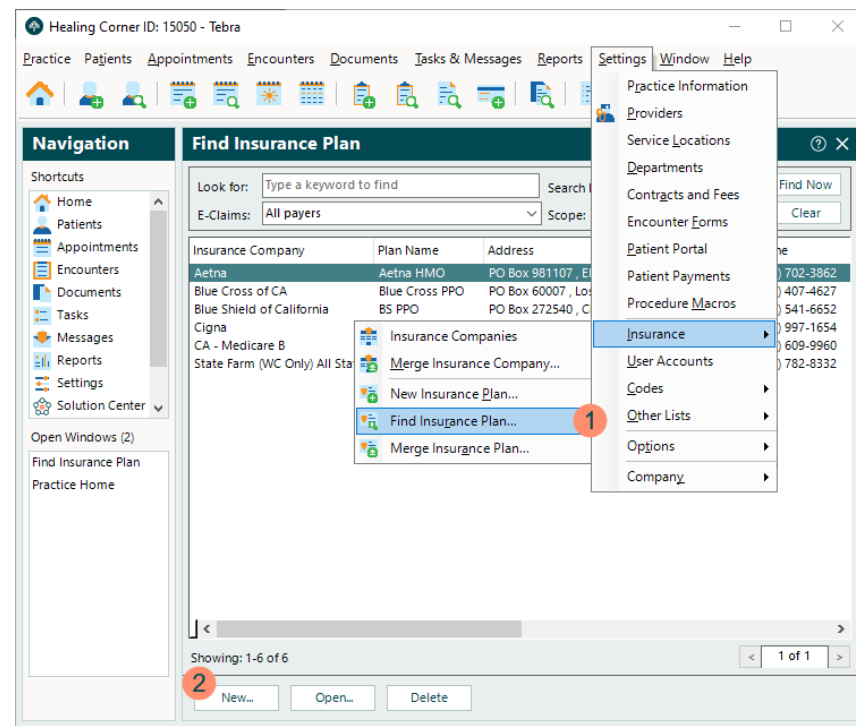
At the bottom, it says "Showing: 1-2 of 2" and has "<< Previous" and "Next >>" buttons. There are "Save", "Cancel", and "Delete" buttons at the very bottom.

# Insurance Plans

Insurance plans represent a specific policy, group, or program (e.g., PPO, POS, HMO) governed by the insurance company. In Tebra, the Insurance Plan record stores the claims billing address required for claims submission. To prevent claim rejections and delays in claim processing and payment, review and verify the insurance plan information and settings are correct in addition to the other Desktop Application (PM) settings.


## New Insurance Plan

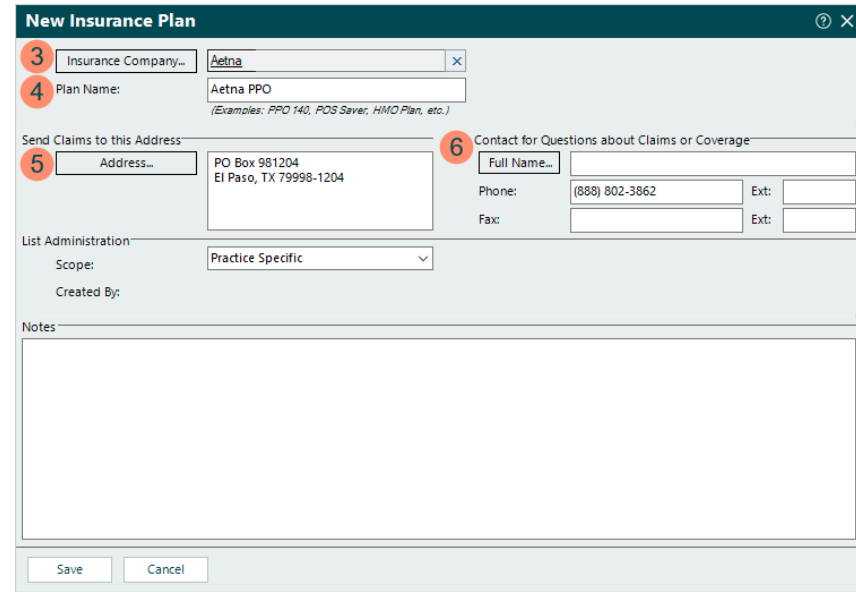
1. Click **Settings > Insurance > Find Insurance Plan**. The *Find Insurance Plan* window opens.
2. Verify the insurance plan is not in the system then click **New** at the bottom. The *New Insurance Plan* window opens.
  - If you have already entered the insurance plan information, double click the insurance plan to open. The *Edit Insurance Plan* window opens. Proceed to step 3 and verify the information is correct.



(Continued next page...)

### New Insurance Plan, cont.

3. **Insurance Company:** The plan's carrier/network.
  - If the insurance company is not listed, click **New** at the bottom of the *Select Insurance Company* window and add the insurance company before continuing.
4. **Plan Name:** The insurance plan name as it should appear on claims (e.g., Cigna HMO, Anthem PPO).
5. **Address:** The address with a valid 9-digit zip code where claims should be sent. Required for electronic and paper claims submission.  
 Tip: Click **Address > USPS Website** to find the zip code.
6. **Full Name** and/or **Phone/Fax:** The insurance plan's contact information.



The screenshot shows a web form titled "New Insurance Plan" with several fields and sections. Red circles with numbers 3 through 6 are overlaid on the form to indicate key steps:

- 3:** Insurance Company... (Dropdown menu showing "Aetna")
- 4:** Plan Name: (Text input field showing "Aetna PPO" with a note: "(Examples: PPO 140, POS Saver, HMO Plan, etc.)")
- 5:** Address... (Text input field showing "PO Box 981204 El Paso, TX 79998-1204")
- 6:** Contact for Questions about Claims or Coverage (Section containing Full Name, Phone, and Fax fields)

Other visible fields include "Send Claims to this Address" (with a sub-field for "Address..."), "List Administration" (with a "Scope" dropdown set to "Practice Specific" and a "Created By" field), and a "Notes" section at the bottom. "Save" and "Cancel" buttons are at the bottom right.

(Continued next page...)

## New Insurance Plan, cont.

7. **Scope:** Applicable for Tebra accounts with multiple practices.
  - If the insurance company selected for this plan has a scope of *Practice Specific*, the plan's scope auto-populates with *Practice Specific* and cannot be edited.
  - If the insurance company selected for this plan has a scope of *All Practices*, the plan's scope can be changed.
    - If this plan should only be available within the currently open practice, leave as *Practice Specific* (recommended).
    - If this plan should be available across all practices within the Tebra account, select *All Practices*.
8. **Created By:** Displays the name of the practice where this plan was created once the record is saved.
9. **Notes:** If applicable, enter any internal notes related to this plan.
10. Click **Save**.

The screenshot shows a 'New Insurance Plan' form with the following fields and callouts:

- 7** Scope: Practice Specific (dropdown menu)
- 8** Created By: (empty text field)
- 9** Notes: (empty text area)
- 10** Save / Cancel (buttons at the bottom)

Other visible fields include:

- Insurance Company: Aetna
- Plan Name: Aetna PPO (Examples: PPO 140, POS Saver, HMO Plan, etc.)
- Send Claims to this Address: Address... PO Box 981204, El Paso, TX 79998-1204
- Contact for Questions about Claims or Coverage: Full Name..., Phone: (888) 802-3862, Ext: , Fax: , Ext:
- List Administration: (dropdown menu)

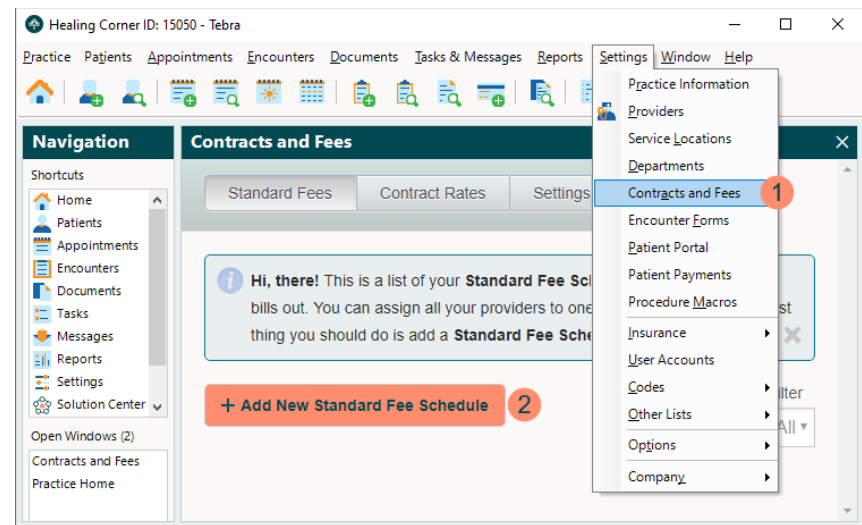
## Contracts and Fees

Healthcare providers keep track of the procedures they perform, and associated fees for those procedures, through fee schedules. Fee schedules can be divided into two different categories: *Standard Fees* and *Contract Rates*. Standard fee schedules and contract rates help increase collections by setting the right fees for services and managing contracts to verify optimal payment is received from insurance companies.

### Add Standard Fee Schedule

These are typically the default charges for the practice. When creating a new fee schedule, you can easily select how you want to add the procedures and fees: either manually, or by importing, or by copying an existing schedule. Once added, the *Standard Fees* list includes all fee schedules, the effective dates of the schedules, the basis or source of the fee, and the status.

1. Click **Settings > Contracts and Fees**. The *Contracts and Fees* window opens at the *Standard Fees* tab by default.
2. Click **+ Add New Standard Fee Schedule**. The *Add Standard Fee Schedule* window opens.



(Continued next page...)

### Add Standard Fee Schedule, cont.

3. Enter a name for the standard fee or use the suggested name.
4. Select an option from the drop-down menu to add the procedures and fees:
  - *Import from file* provides an Excel template to enter the fee schedule in the required format. Once finished, select the file for import then edit as needed.
  - *Add Procedures and Fees Manually* allows the manual entry of each procedure and fee. Review the [Add Procedures and Fees/Rates Manually](#) section for more details.
  - *Copy from existing Standard Fee Schedule* copies an existing fee schedule. Once selected, edit as necessary.
5. **e-Claims** and **Paper Claims No Response Trigger:** When claims billed still have the *Pending Insurance* status after the set number of days, the status automatically updates to *No Response*. If necessary, edit the set number of days.

The screenshot shows a web interface titled "Contracts and Fees" with a "Back" button. A help banner at the top suggests reading the "Contracts and Fees Guide". The main form is titled "Add Standard Fee Schedule" and includes the following elements:

- A text input field for "Enter a name for this Standard Fee" with a red circle '3' next to it. The field contains "Standard Fees".
- A dropdown menu for "Select an option to get your procedures and fees" with a red circle '4' next to it. The selected option is "--Select an option--".
- Two input fields for "e-Claims No Response Trigger (days)" and "Paper Claims No Response Trigger (days)" with a red circle '5' next to the first. The values are "21" and "30" respectively.
- A checklist titled "Adding Standard Fees Checklist" with three items: "1. Select at least one provider", "2. Select at least one location", and "3. Select at least one procedure".
- Buttons for "Save & Submit" and "Cancel".

On the right side, there are two sections:

- "Who will use these fees?" with a "+ Add providers" button and a list of providers: David Stone, Diana Hudson, and Suzanne Miller, each with a "Remove" link.
- "Where will these fees be used?" with a "+ Add locations" button and a list of locations: A Healing Place and Healing Corner, each with a "Remove" link.

(Continued next page...)



### Add Standard Fee Schedule, cont.

6. By default, all active providers are added. Once saved, provider(s) cannot be removed. If necessary, click **Remove** to disassociate a provider.
7. By default, all service locations are added. Once saved, service locations(s) cannot be removed. If necessary, click **Remove** to disassociate a service location.
8. Click **Save & Submit**. A confirmation pop-up appears then click **OK**. The *Contracts and Fees* window returns.

**Contracts and Fees**

← Back

Need help with contracts and fees? You can learn more by reading the [Contracts and Fees Guide](#)

#### Add Standard Fee Schedule

Enter a name for this Standard Fee

Standard Fees

If you can't think of a name, you can use the one we suggested.

Select an option to get your procedures and fees \*

--Select an option--

e-Claims No Response Trigger * (days)	Paper Claims No Response Trigger * (days)
21	30

#### Adding Standard Fees Checklist

Everything with a \* is a required field that you'll need to fill out in order to continue.

- ✓ Select at least one provider
- ✓ Select at least one location
- Select at least one procedure

6 Who will use these fees? \*

+ Add providers

David Stone [Remove](#)

Diana Hudson [Remove](#)

Suzanne Miller [Remove](#)

7 Where will these fees be used? \*

+ Add locations

A Healing Place [Remove](#)

Healing Corner [Remove](#)

8 **Save & Submit** Cancel

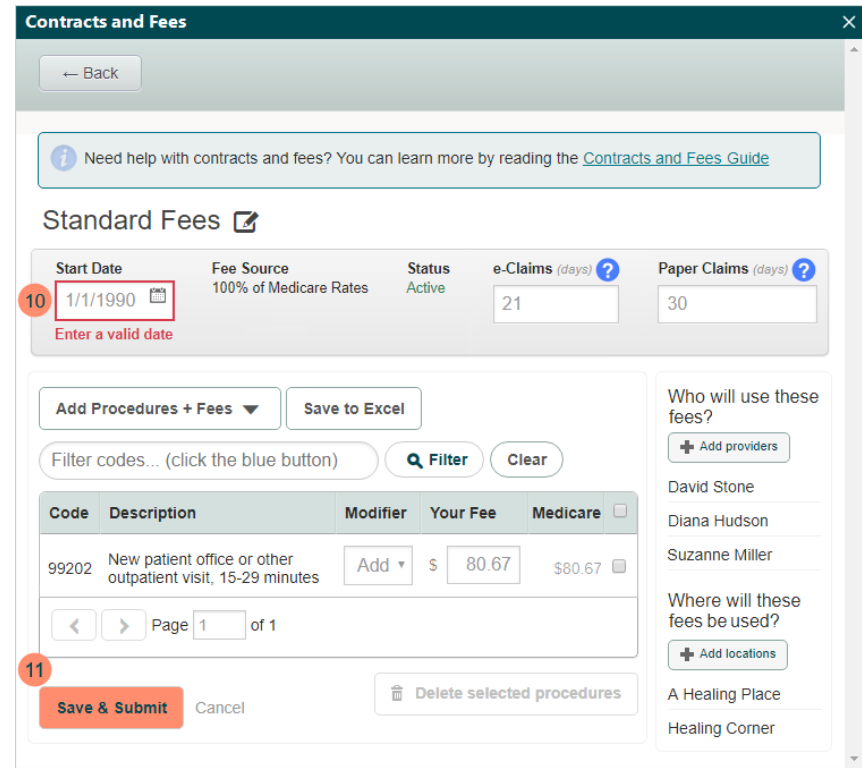
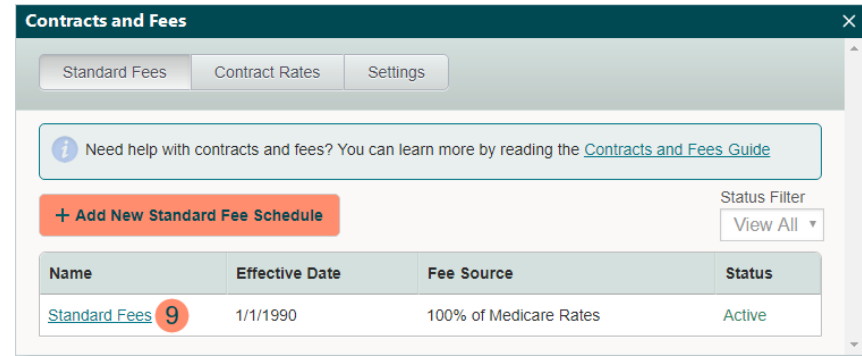
(Continued next page...)

### Add Standard Fee Schedule, cont.

9. By default, the effective date of newly created fee schedules is set to 1/1/1990. To enter a valid effective date, click the fee schedule **name** to open. The standard fee schedule window opens.

10. **Start Date:** Enter a valid effective date.

11. Click **Save & Submit**. A confirmation pop-up appears then click **OK**.

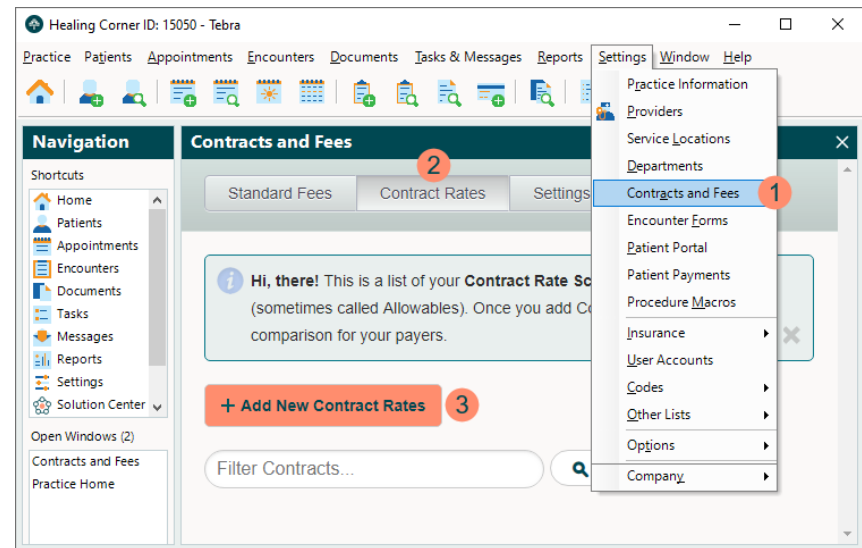


## Add Contract Rates

Though most practices bill claims utilizing a standard fee schedule, Tebra also provides the option to bill by contract rates. It's important to note there are laws and terms within payer contracts that govern what practices can bill individual payers, especially when billing Medicare. Confirm with the payers regarding rules and restrictions before submitting claims by contract rates.

Contract rates assist in tracking the fees agreed upon from specific payers. When adding a new contract, you can easily select how to add the procedures and fees: either manually or by importing or copying an existing contract. Once added, the *Contract Rates* list includes all payer specific contracts, the effective dates of the contracts, the basis or source of the fee, and the status.


1. Click **Settings** > **Contracts and Fees**. The *Contracts and Fees* window opens at the *Standard Fees* tab by default.
2. Click the *Contract Rates* tab. The Contract Rates information displays.
3. Click **+ Add New Contract Rate**. The *Add Contract Rates* window opens.



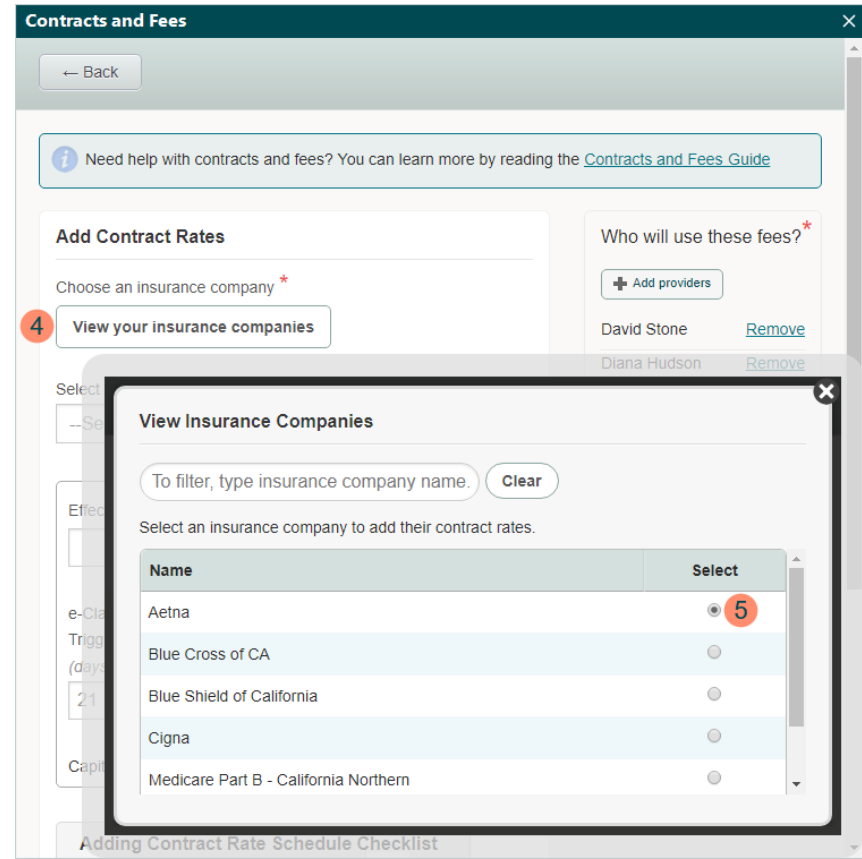
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### Add Contract Rates, cont.

4. Click **View Your Insurance Companies**. The *View Insurance Companies* window opens.
5. Find the appropriate insurance company (using the filter if necessary) then click to select it. The *Add Contract Rates* window returns and displays the insurance company name.

 Note: Once the contract rate is saved, the insurance company cannot be changed.

- To change the insurance, click **Select different insurance** to return to the *View Insurance Companies* window and select the appropriate insurance company.



(Continued next page...)

## Add Contract Rates, cont.

6. Select an option from the drop-down menu to add the procedures and fees:
  - *Import from file* provides an Excel template to enter the contract rates in the required format. Once finished, select the file for import then edit as needed.
  - *Add Procedures and Rates Manually* allows the manual entry of each procedure and fee. Review the [Add Procedures and Fees/Rates Manually](#) section for more details.
  - *Copy from existing Contract* copies an existing contract. Once selected, edit as necessary.
7. **Effective Start and End Date:** Enter the effective date range for the contract.
8. **e-Claims and Paper Claims No Response Trigger:** When claims billed still have the *Pending Insurance* status after the set number of days, the status automatically updates to *No Response*. If necessary, update the set number of days.

**Contracts and Fees**

← Back

Need help with contracts and fees? You can learn more by reading the [Contracts and Fees Guide](#)

### Add Contract Rates

Aetna

[Select different insurance](#)

Select an option to get your procedures and fees

6 --Select an option--

7 Effective Start Date \* Effective End Date \*

e-Claims No Response Trigger \* Paper Claims No Response Trigger \*

(days) (days)

8 21 30

Capitated

#### Adding Contract Rate Schedule Checklist

Everything with a \* is a required field that you'll need to fill out in order to continue.

1. ✓ Select an insurance company
2. ✓ Select a start date
3. ✓ Select an end date
4. ✓ Select at least one provider
5. ✓ Select at least one location
6. Select at least one procedure

**Save & Submit** Cancel

#### Who will use these fees? \*

+ Add providers

David Stone [Remove](#)

Diana Hudson [Remove](#)

Suzanne Miller [Remove](#)

#### Where will these fees be used? \*

+ Add locations


A Healing Place [Remove](#)

Healing Corner [Remove](#)

(Continued next page...)

## Add Contract Rates, cont.

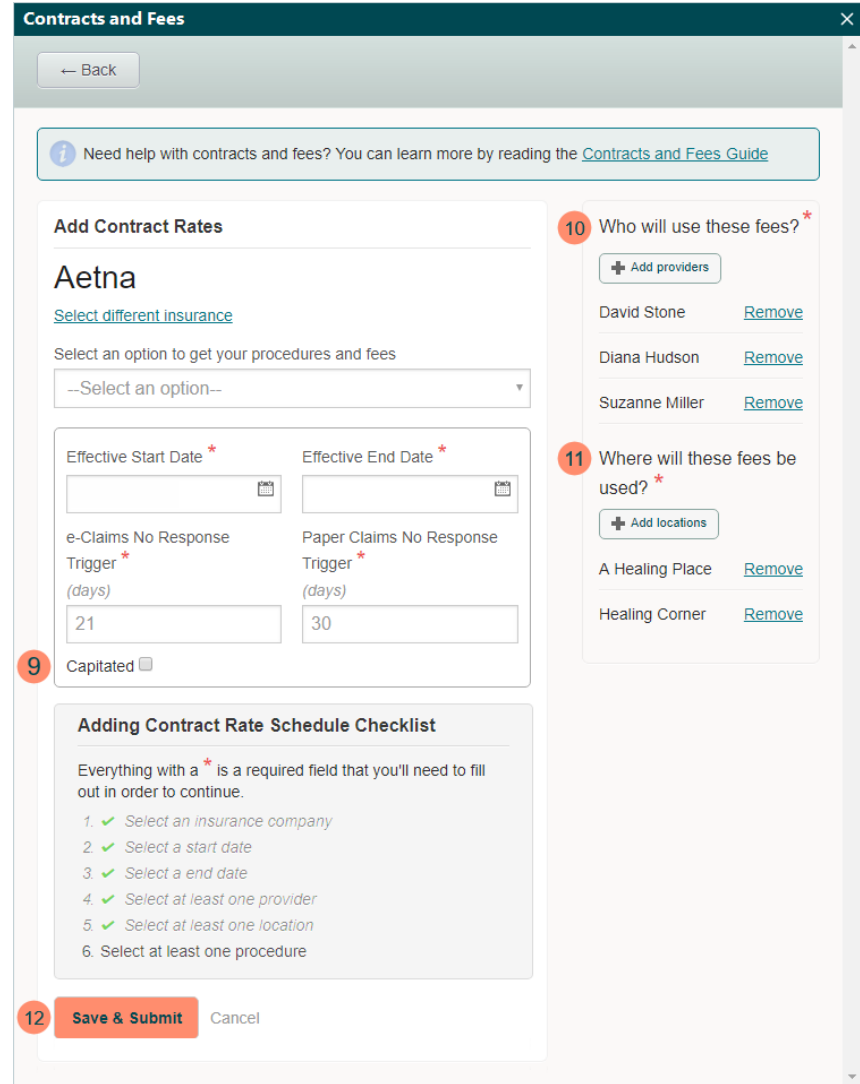
9. If necessary, click to select “Capitated”. When enabled, all procedures are treated as covered by the capitated insurance plan.

 Note: When “Capitated” is enabled, the system automatically adjusts the balance on capitated charges to \$0.00 upon approving an encounter where the primary insurance policy is governed by a capitated payer. However, specific procedures can also be carved out as fee-for-service exceptions to the capitated insurance plan by adding the procedures and charge amounts to the corresponding capitated contract fee schedule. You can also set up capitated accounts in the system and apply portions of a payment to a capitated account. To learn more, review the [Capitated Accounts](#) help article.

10. By default, all active providers are added. Once saved, provider(s) cannot be removed. Click **Remove** to disassociate the provider.

11. By default, all service locations are added. Once saved, service locations(s) cannot be removed. Click **Remove** to disassociate the service location.

12. When finished, click **Save & Submit**.



**Contracts and Fees**

← Back

Need help with contracts and fees? You can learn more by reading the [Contracts and Fees Guide](#)

### Add Contract Rates

**Aetna**

[Select different insurance](#)

Select an option to get your procedures and fees

--Select an option--

Effective Start Date \*  Effective End Date \*

e-Claims No Response Trigger \*  Paper Claims No Response Trigger \*

(days) (days)

21 30

9  Capitated

#### Adding Contract Rate Schedule Checklist

Everything with a \* is a required field that you'll need to fill out in order to continue.

- ✓ Select an insurance company
- ✓ Select a start date
- ✓ Select a end date
- ✓ Select at least one provider
- ✓ Select at least one location
- Select at least one procedure

10 Who will use these fees? \*

+ Add providers

David Stone [Remove](#)

Diana Hudson [Remove](#)

Suzanne Miller [Remove](#)

11 Where will these fees be used? \*


+ Add locations

A Healing Place [Remove](#)

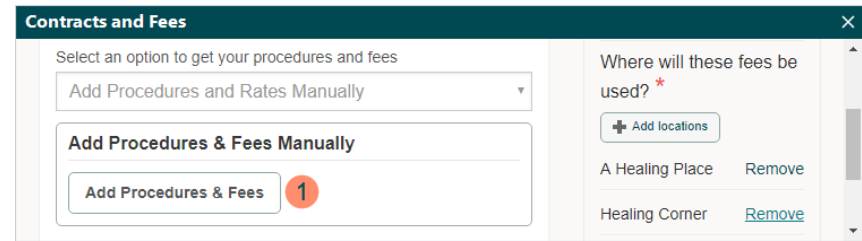
Healing Corner [Remove](#)

12 **Save & Submit** Cancel

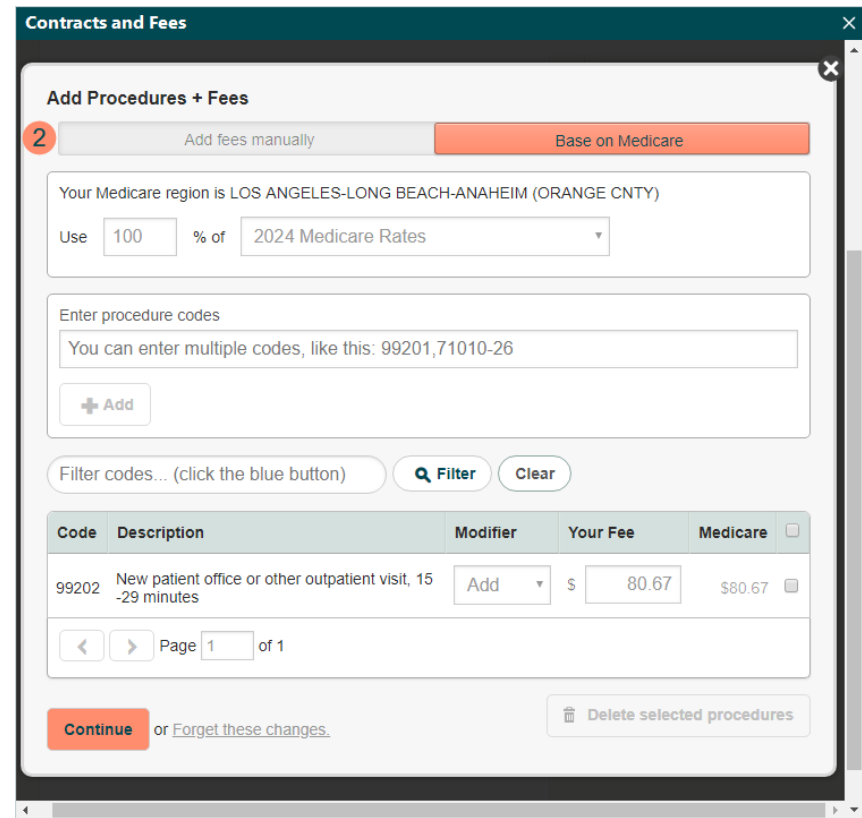
## Add Procedures and Fees/Rates Manually

1. If *Add Procedures and Fees/Rates Manually* was selected to get procedures and fees in the *Add Standard Fee Schedule* or *Add Contract Rates* window, click **Add Procedures & Fees**. The *Add Procedures + Fees* window opens.
2. Click to select how to add the fees.
  - **Add fees manually:** Selected by default and allows you to enter the fee amount for each procedure you add.
  - **Base on Medicare:** Updates the entire fee schedule based on Medicare rates for the service location.  
 Note: The Medicare rates provided are based on the service location and the most current published Medicare Physician Fee Schedule Relative Value Units. They are calculated with the corresponding Geographical Practice Cost Index (GPCI) and then multiplied by the current conversion factor. Though Medicare values are displayed for most procedures, not all are reimbursable under the program (e.g., Outpatient and Inpatient Consultation). Tebra has opted to include these since commercial payers still accept these codes and the values displayed can serve as a reference for defining the fee schedules. Consult with your Medicare administrative contractor for confirmation on reimbursable procedures for the specialty and region.

(Continued next page...)



The screenshot shows the 'Contracts and Fees' window. At the top, there is a dropdown menu with 'Add Procedures and Rates Manually' selected. Below it is a button labeled 'Add Procedures & Fees Manually'. A red circle with the number '1' is placed over the 'Add Procedures & Fees' button. On the right side, there is a section titled 'Where will these fees be used? \*' with a '+ Add locations' button and two entries: 'A Healing Place' with a 'Remove' button, and 'Healing Corner' with a 'Remove' button.



The screenshot shows the 'Add Procedures + Fees' window. At the top, there are two radio buttons: 'Add fees manually' (selected) and 'Base on Medicare'. A red circle with the number '2' is placed over the 'Add fees manually' button. Below the radio buttons, there is a text box stating 'Your Medicare region is LOS ANGELES-LONG BEACH-ANAHEIM (ORANGE CNTY)'. There is a 'Use' input field with '100' and a '% of' dropdown menu with '2024 Medicare Rates' selected. Below this is a text box for 'Enter procedure codes' with the instruction 'You can enter multiple codes, like this: 99201,71010-26' and an '+ Add' button. There is a 'Filter codes...' button (click the blue button), a 'Filter' button, and a 'Clear' button. Below this is a table with the following data:

Code	Description	Modifier	Your Fee	Medicare	
99202	New patient office or other outpatient visit, 15 -29 minutes	Add	\$ 80.67	\$80.67	<input type="checkbox"/>

At the bottom, there is a 'Continue' button, a link 'or Forget these changes.', and a 'Delete selected procedures' button.

### Add Procedures and Fees/Rates Manually, cont.

3. If *Base on Medicare* is selected, enter the percentage then select the Medicare rates to base the fees on from the drop-down menu.
4. Enter procedure codes, separated by commas, then click **+ Add**.
5. **Modifier:** If necessary, select the appropriate modifier from the drop-down menu. Once the modifier has been selected, a new row is added to enter *Your Fee* or *Contract Rate* for that procedure code and modifier combination.
6. **Your Fee** or **Contract Rate:** If *Add fees manually* was selected, enter the fee amount for standard fee schedules or the allowed amount per the contract with the payer for contract rates. If *Base on Medicare* was selected, the amounts auto-populate with the rates.
7. **Medicare:** Displays the Medicare rates of the procedure for easy comparison.
8. To delete a procedure, click to select the procedure(s) then click **Delete selected procedures** at the bottom.

**Contracts and Fees**

**Add Procedures + Fees**

Add fees manually | Base on Medicare

Your Medicare region is LOS ANGELES-LONG BEACH-ANAHEIM (ORANGE CNTY)

3 Use 100 % of 2024 Medicare Rates

4 Enter procedure codes  
You can enter multiple codes, like this: 99201,71010-26  
+ Add

Filter codes... (click the blue button) Filter Clear

Code	Description	Modifier	Your Fee	Medicare
99202	New patient office or other outpatient visit, 15-29 minutes	Add	\$ 80.67	\$80.67

Page 1 of 1

Continue or Forget these changes. Delete selected procedures

(Continued next page...)



### Add Procedures and Fees/Rates Manually, cont.

9. **Pagination:** If applicable, click the **arrows** to navigate forward or back, or enter a specific page number.
10. Click **Continue** to return to the *Add Standard Fee Schedule* or *Add Contract Rates* window.

**Contracts and Fees**

#### Add Procedures + Fees

Add fees manually | Base on Medicare

Your Medicare region is LOS ANGELES-LONG BEACH-ANAHEIM (ORANGE CNTY)

Use  % of

Enter procedure codes  
You can enter multiple codes, like this: 99201,71010-26

+ Add

Filter codes... (click the blue button)

Code	Description	Modifier	Your Fee	Medicare
99202	New patient office or other outpatient visit, 15 -29 minutes	Add	\$ 80.67	\$80.67

9   Page  of 1

10  or [Forget these changes.](#)

## Contracts and Fees Settings

Use the Contracts and Fees settings to configure how the practice should bill claims.

1. Click **Settings** > **Contracts & Fees**. The *Contracts and Fees* window opens.
2. Click the *Settings* tab. The Contracts and Fees settings display.
3. Select how the practice should bill.
4. Select the appropriate provider type for Medicare rates.
5. Click **Save Settings** to record any changes.

**Contracts and Fees**

Standard Fees | Contract Rates | **Settings**

*i* Need help with contracts and fees? You can learn more by reading the [Contracts and Fees Guide](#)

**How does your practice bill out?**

ONLY bill using Standard Fees (Recommended)

Bill for the Contract Rates (if they exist for the insurance company) otherwise, bill using Standard Fees

**Provider Type for Medicare Rates:**

Non-Facility (Physician's Office, Physician's Home)

Inpatient/Outpatient Hospital, Emergency Room, Military Facility, Hospice, Inpatient, Psychiatric Facility, Ambulatory Surgery Center, Psychiatric Facility, Partial Hospitalization Skilled Nursing Facility, Community Mental Health Center, Psychiatric Residential Treatment Facility, or Comprehensive Inpatient Rehab

**Save Settings**

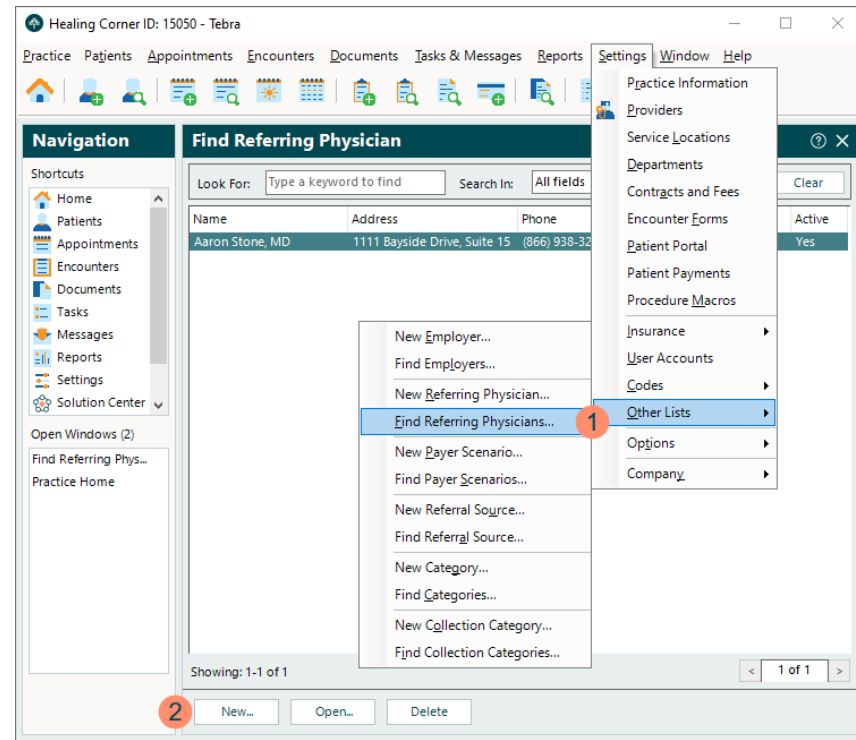
# Referring Physicians

Referring physicians are generally third-party physicians who have referred patients to various providers within a practice. Maintaining a list of referring physicians is important for several reasons:

- Many insurance companies require information about referring physicians for proper reimbursement.
- Reports can be used to track the income generated from referrals.
- Referring physician records include information the practice may need to contact them.

## New Referring Physician

1. Click **Settings > Other Lists > Find Referring Physicians**. The *Find Referring Physicians* window opens.
2. Verify the referring physician is not in the system then click **New** on the bottom. The *New Referring Physician* window opens at the *General* tab by default.
  - If you have already entered the referring physician information, double click the referring physician to open. The *Edit Referring Physician* window opens. Proceed to step 3 and verify the information entered is correct.



(Continued next page...)

### New Referring Physician, cont.

3. **Full Name, Individual NPI, and Specialty:** The name, individual NPI, and specialty for the referring physician.
4. **Address, Home, Work, and Mobile:** A physical office address with a 9-digit zip code and at least one phone number for the referring physician.
5. Click **Save**. The *Confirmation* pop-up appears then click **Yes** to confirm.

The screenshot shows a web form titled "New Referring Physician" with a dark teal header. A yellow banner at the top contains a help message: "Need help with claim settings? Read the Claim Settings Guide. Any change on this tab may affect this provider's claim submission for one or more insurance companies." Below the banner are tabs for "General", "Claim Settings", and "Log".

Callout 3 points to the "Full Name" field containing "Cora Smith", the "Specialty" dropdown menu showing "General Practice (208D00000X)", the "Date of Birth" dropdown set to "None", the "Individual NPI" field with "1234567890", and the "SSN" field with dashes. The "Degree" and "Type" fields are also visible.

Callout 4 points to the "Address" field containing "1111 Bayside Drive, Suite 150, Corona Del Mar, CA 92625-1762". To the right are fields for "Home", "Work" (with "(866) 938-3272"), "Mobile", "Pager", and "Fax".


Callout 5 points to the "Save" button at the bottom left of the form, next to a "Cancel" button. A "Notes" text area is located above the buttons.

# Settings Options


Review Encounter Options, Electronic Claims Options, and Patient Statement Options of the Desktop Application (PM) settings. To learn more about other available settings options, review the [Options](#) help articles.

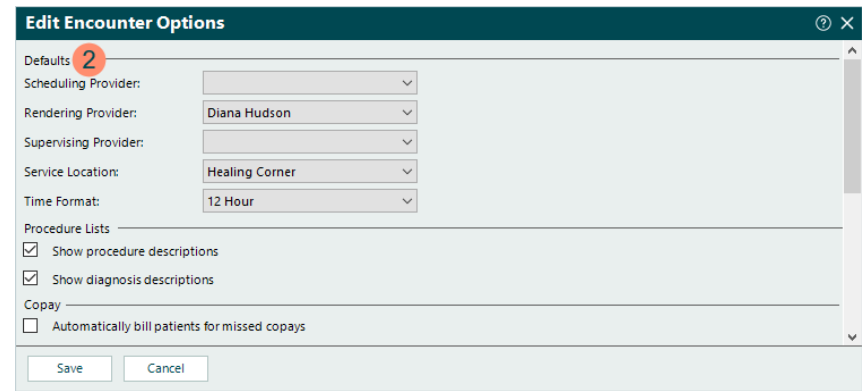
## Encounter Options

The Encounter Options allow you to set default information to aid in efficiency when users create new encounters for the practice. These are simply default settings and the user can override the information.

 Note: When users create new encounters and select a specific appointment or patient, all pre-existing defaults prevail and override the Encounter Options default settings.

1. Click **Settings > Options > Encounter Options**. The *Edit Encounter Options* window opens.
2. **Defaults:** Click to select each default option. The selections made auto-populate every new encounter to help save time.

 Note: The *Time Format* is set to *12 Hour* format by default. Updates to this setting switches all encounters including previously entered encounters to the selected time format.



(Continued next page...)

## Encounter Options, cont.

- Procedure Lists:** The following options are enabled by default. If necessary, click to clear the selection.
  - "Show procedure descriptions" displays procedure descriptions on the service line(s) under the *Procedures* section of the Encounter record.
  - "Show diagnosis descriptions" displays diagnosis descriptions on the service line(s) under the *Procedures* section of the Encounter record.
- Copay:** If copays are entered as a separate process from entering encounters, it is recommended to leave "Automatically bill patients for missed copays" disabled. For more details on managing copays, review the [Managing Copays Guide](#).
- Encounter:** Click to select or clear the following options as necessary.
  - "Show all encounters upon empty search on All tab" shows all encounters under the *All* tab of the *Find Encounter* window.
  - "Enable check codes upon approval" automatically performs a code check upon encounter approval.
  - Click to select "Enable submission of additional diagnosis codes with claims" displays the option to "Include additional diagnosis codes to submit with claim" on the Encounter record which allows up to 12 unique diagnosis codes (four diagnosis codes per procedure line) at the encounter level for each visit.

(Continued next page...)

**Edit Encounter Options**

Defaults

Scheduling Provider: [Dropdown]

Rendering Provider: Diana Hudson [Dropdown]

Supervising Provider: [Dropdown]

Service Location: Healing Corner [Dropdown]

Time Format: 12 Hour [Dropdown]

Procedure Lists **3**

Show procedure descriptions

Show diagnosis descriptions

Copay **4**

Automatically bill patients for missed copays

Encounter **5**

Show all encounters upon empty search on All tab

Enable check codes upon approval

Enable submission of additional diagnosis codes with claims

Claim Formats

Select the claim formats that are available for this practice.

Available Formats:  Professional (CMS-1500)  Institutional (UB-04)

Default Encounter Format: Professional (CMS-1500) [Dropdown]

Default Printing Format: Professional (CMS-1500 v02/12) [Dropdown]

Default Revenue Code: [Dropdown]

Default Background Printing: Print without claim background [Dropdown]

Save Cancel

## Encounter Options, cont.

6. **Available Formats:** Indicates the claim type(s) that are available for selection when users create encounters, as well as the formats available in the *Default Encounter Format* and *Default Printing Format* drop-down menus (below). Click to select or clear "Professional (CMS-1500)" and/or "Institutional (UB-04)" as necessary.
7. **Default Encounter Format:** If applicable, click to select the default claim format when users create encounters.
8. **Default Printing Format:** If applicable, click to select the default claim format when users print paper claims. This setting is a default setting for printing. The claim type is still designated by the payer.
9. **Default Revenue Code:** For Institutional (UB-04) claims only, click the **drop-down arrow** to select the default *Rev Code* to populate on the service line(s) under the *Procedures* section of the Encounter record.
10. **Default Background Printing:** For Professional (CMS-1500) claims only. *Print without claim background* is selected by default and requires the correct claim forms be loaded in the printer. If necessary, click to select *Print with claim background* from the drop-down menu to print the claim(s) as a black and white version of the claim form as the default instead.
11. Click **Save** to record any changes.

**Edit Encounter Options**

Defaults

Scheduling Provider:

Rendering Provider:

Supervising Provider:

Service Location:

Time Format:

Procedure Lists

Show procedure descriptions

Show diagnosis descriptions

Copay

Automatically bill patients for missed copays

Encounter

Show all encounters upon empty search on All tab

Enable check codes upon approval

Enable submission of additional diagnosis codes with claims

Claim Formats

Select the claim formats that are available for this practice.

6 Available Formats:  Professional (CMS-1500)  Institutional (UB-04)

7 Default Encounter Format:

8 Default Printing Format:


9 Default Revenue Code:


10 Default Background Printing:

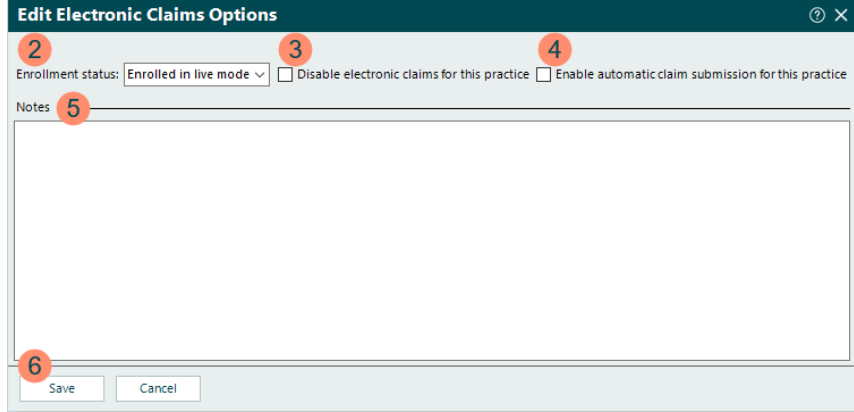
11 Save Cancel

## Electronic Claims Options

The Electronic Claims Options allow you to enable or disable electronic claims (e-claims) billing settings for the practice as needed.

 Note: To manage the e-claims settings for an insurance company, go to the *Electronic Claims* tab of the Insurance Company record.

1. Click **Settings > Options > Electronic Claims Options**.  
The *Edit Electronic Claims Options* window opens.
2. **Enrollment status:** Click the **drop-down arrow** and select *Enrolled in live mode* to allow e-claims submission.  
 Note: All other statuses prevent e-claims submission.
3. "Disable electronic claims for this practice" should only be selected if e-claims should not be submitted for the practice.
4. To automatically submit e-claims with a *Ready to submit* status, click to select "Enable automatic claim submission for this practice". Automatic submissions run daily at 8:00 AM and 8:00 PM Pacific Time.
5. **Notes:** If applicable, enter any internal notes related to these options.
6. Click **Save** to record any changes.




The screenshot shows a window titled "Edit Electronic Claims Options". At the top, there is a dark header with the title and window control icons. Below the header, the "Enrollment status" is set to "Enrolled in live mode" with a dropdown arrow. To the right are two checkboxes: "Disable electronic claims for this practice" and "Enable automatic claim submission for this practice". Below these is a "Notes" section with a large text area. At the bottom, there are "Save" and "Cancel" buttons. Red numbered callouts (2-6) are placed over the dropdown, checkboxes, notes area, and buttons.




## Patient Statement Options

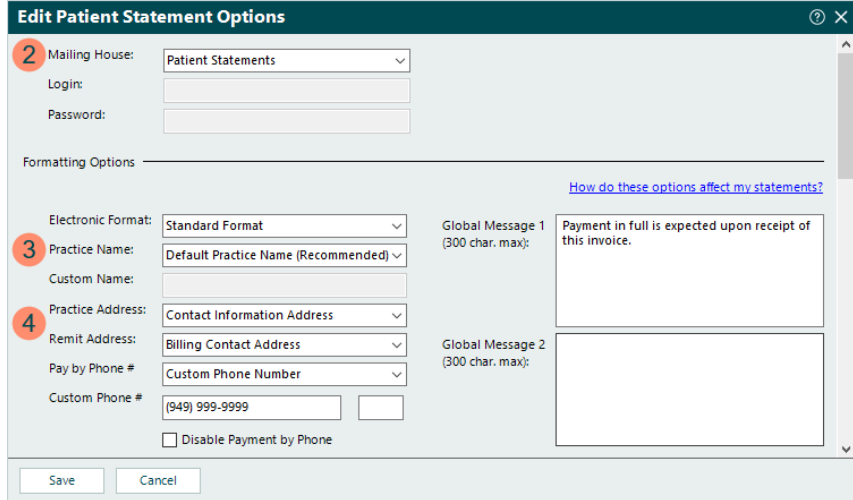
The Patient Statement Options allow you to set default patient statement information for the practice. Once these settings are configured, you can prepare and send patient statements through Tebra’s secure mailing service or self-print and mail them from your office.

To give practices the ability to collect patient balances faster and reduce time in accounts receivable, Tebra also offers unlimited text and email balance reminders for Tebra Payments activated customers. For more information, review the [Apply for Tebra Payments](#) help article and the [Tebra Payments FAQs](#).

 Note: The options available for selection such as *Contact Information*, *Administrator*, and *Billing Contact* pull from the Practice Information record. Refer to the [Practice Information](#) section and verify all information (e.g., addresses, phone numbers) is correct.

1. Click **Settings > Options > Patient Statement Options**. The *Edit Patient Statement Options* window opens.
2. **Mailing House:** If necessary, click the **drop-down arrow** and select *Patient Statements*.
3. **Practice Name:** Leave *Default Practice Name* selected to use the current practice name. To use a different name, click the **drop-down arrow** and select *Custom Practice Name* then enter the name.
4. **Practice and Remit Address:** Click the **drop-down arrow** and select the practice address and remit-to address.

 Note: This is especially important if the remit-to address is a PO Box. For more information, review the [Set PO Box as Remit-to Address](#) help article.



(Continued next page...)

## Patient Statement Options, cont.


5. **Pay by Phone #:** Click the **drop-down arrow** and select the number. To use a different number, select *Custom Phone Number* then enter the number.
  - To remove *Pay by Phone #* from patient statements, click to select “Disable Payment by Phone”.
6. **Billing Questions Phone #:** Click the **drop-down arrow** and select the number. To use a different number, select *Custom Phone Number* then enter the number.
7. **Office Hours:** Enter the hours of operation (e.g., 8:00 AM - 5:00 PM Mon - Fri).
8. **Credit Cards:** Click to select the types of cards the practice accepts for payment.
9. If applicable, enter global messages up to 300 characters each. It is recommended to avoid text in all caps as this may cause overlapping characters.
  - **Global Message 1:** Enter a message. For patients in a collection category that includes a dunning message, this global message is replaced with the dunning message.
  - **Global Message 2:** Enter a secondary message. For patients with an added statement note in the patient account, this global message is replaced with the note.

The screenshot shows the 'Edit Patient Statement Options' window. It contains several sections: 'Mailing House' (Patient Statements), 'Login' and 'Password' fields, 'Formatting Options' (Electronic Format: Standard Format, Practice Name: Default Practice Name (Recommended), Custom Name, Practice Address: Contact Information Address, Remit Address: Billing Contact Address), 'Pay by Phone #' (Custom Phone Number, (949) 999-9999), 'Billing Questions Phone #' ((866) 938-3272 (Contact Information)), 'Office Hours' (8:00 AM - 5:00 PM Mon-Fri), 'Credit Cards' (American Express, Discover, Mastercard, Visa), 'Default Batch Options' (Days Between Statements: 30, Max Statements Sent: 4, Minimum Balance: \$5.00), 'Billing Options' (Billing Sequence: Print only), and 'Notes'. Red callout numbers 5 through 9 are placed over the following fields: 5. Pay by Phone # dropdown; 6. Billing Questions Phone # dropdown; 7. Office Hours text box; 8. Credit Cards checkboxes; 9. Global Message 1 text box. A link 'How do these options affect my statements?' is visible near the Global Message 1 field.

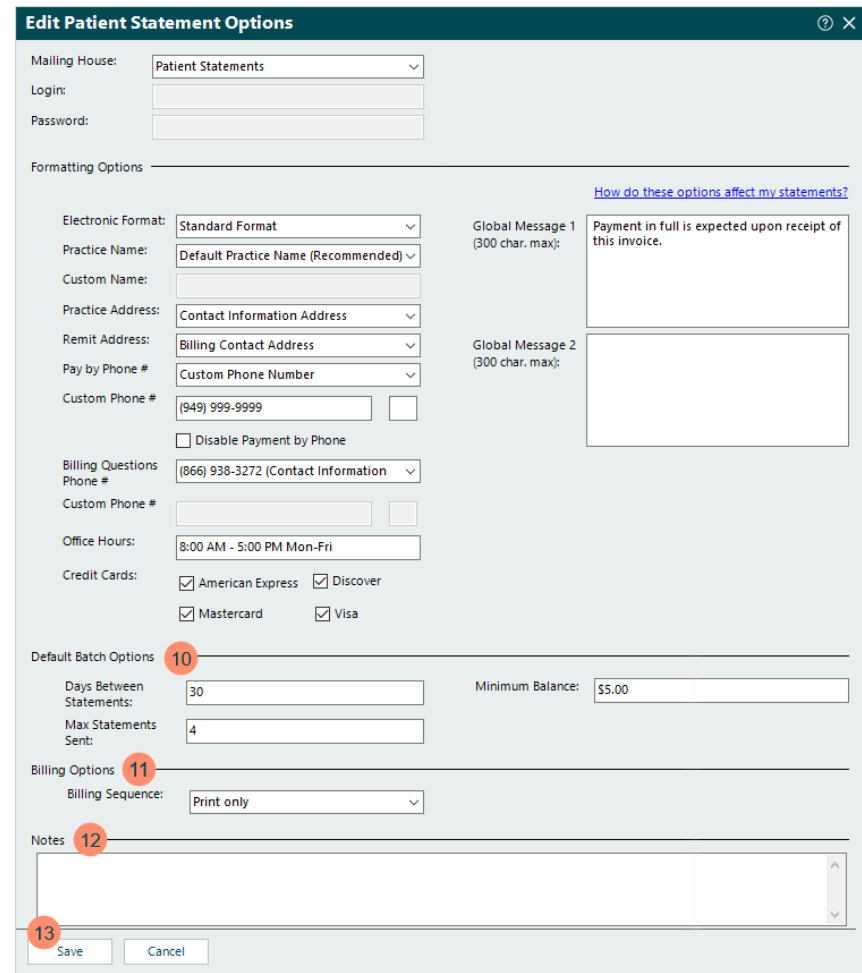
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## Patient Statement Options, cont.

10. **Default Batch Options:** Enter information to auto-populate the criteria to filter patients when sending patient statements.
  - **Days Between Statements:** The number of days between statements (typically 30 days).
  - **Max Statements Sent:** The maximum number of statements sent to patients who have not made a payment. If there is no maximum, enter the number 99.
  - **Minimum Balance:** The minimum balance that must be met in order to generate a patient statement, formatted as "\$0.00".
11. **Billing Options:** Select the statement delivery method(s) that auto-populates when sending patient statements.

 Note: Email options are only available for Tebra Payments activated customers.

  - **Billing Sequence:** Click the **drop-down arrow** to select *Print only*, *Email and print concurrently*, or *Email only*.
12. **Notes:** If applicable, enter any internal notes related to these options.
13. Click **Save** to record any changes.




The screenshot shows the 'Edit Patient Statement Options' window. It includes the following sections and fields:

- Mailing House:** Patient Statements (dropdown)
- Login:** (text field)
- Password:** (text field)
- Formatting Options:**
  - Electronic Format:** Standard Format (dropdown)
  - Practice Name:** Default Practice Name (Recommended) (dropdown)
  - Custom Name:** (text field)
  - Practice Address:** Contact Information Address (dropdown)
  - Remit Address:** Billing Contact Address (dropdown)
  - Pay by Phone #:** Custom Phone Number (dropdown)
  - Custom Phone #:** (949) 999-9999 (text field)
  - Disable Payment by Phone
  - Billing Questions Phone #:** (866) 938-3272 (Contact Information) (dropdown)
  - Custom Phone #:** (text field)
  - Office Hours:** 8:00 AM - 5:00 PM Mon-Fri (text field)
  - Credit Cards:**  American Express,  Discover,  Mastercard,  Visa
- Global Message 1 (300 char. max):** Payment in full is expected upon receipt of this invoice.
- Global Message 2 (300 char. max):** (text field)
- Default Batch Options (10):**
  - Days Between Statements:** 30 (text field)
  - Minimum Balance:** \$5.00 (text field)
  - Max Statements Sent:** 4 (text field)
- Billing Options (11):**
  - Billing Sequence:** Print only (dropdown)
- Notes (12):** (text area)
- Buttons (13):** Save, Cancel


# Message Center

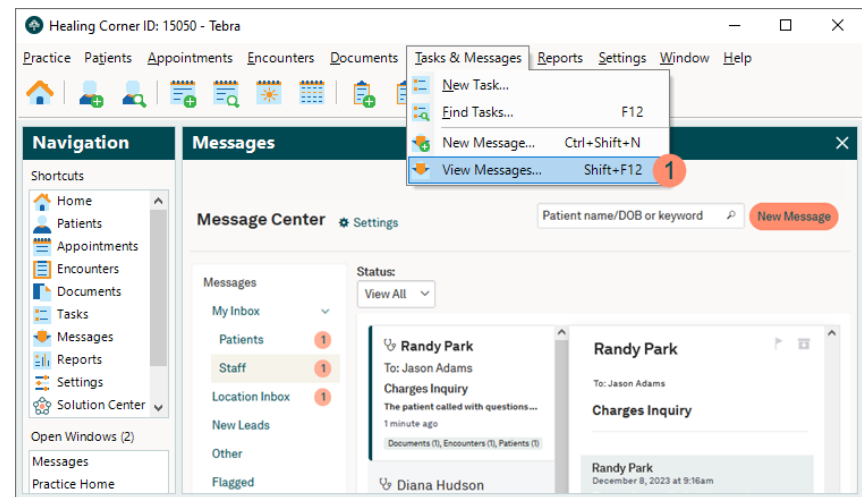
Tebra provides a messaging system that enables users within a practice to send messages easily and securely to one another. This includes messaging between the Tebra Desktop Application (PM), Tebra Web Platform, and mobile applications.

The Message Center allows users within a practice to communicate with each other and with patients. Create timely and targeted messages with custom email templates and patient groups, schedule batch email messages to be delivered on a future date, or communicate freely by sending personalized, on-demand messages. This interactive system lets patients reply directly to any communication they receive and delivers responses right to your inbox.

 Note: Do not send protected health information (PHI) to patients through the Message Center as this method is non-secure for external messaging. To include sensitive information, use the Patient Portal to send a message. Review the [Send Patient Portal Message](#) help article for more details.

## Navigate and View Messages

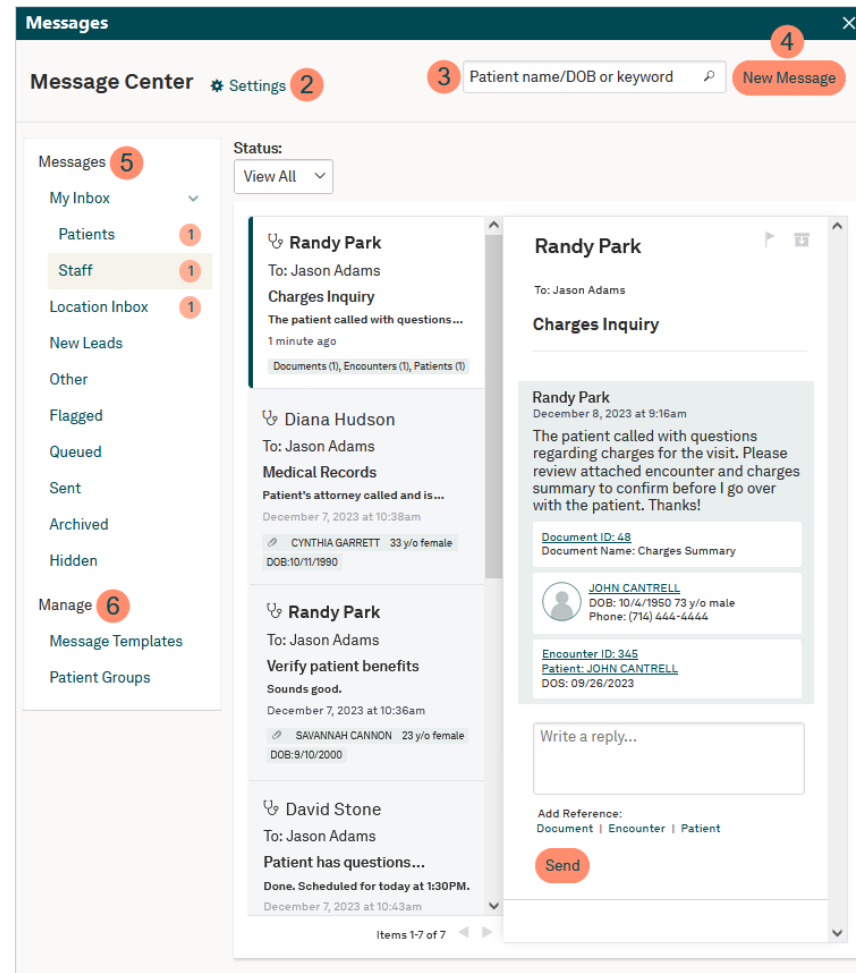
1. Click **Tasks & Messages > View Messages**. The *Messages* window also known as the *Message Center* opens.  
 Tip: For faster navigation, click **Messages** under the *Navigation* pane *Shortcuts* menu or press Shift+F12 on your keyboard.



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## Navigate and View Messages, cont.

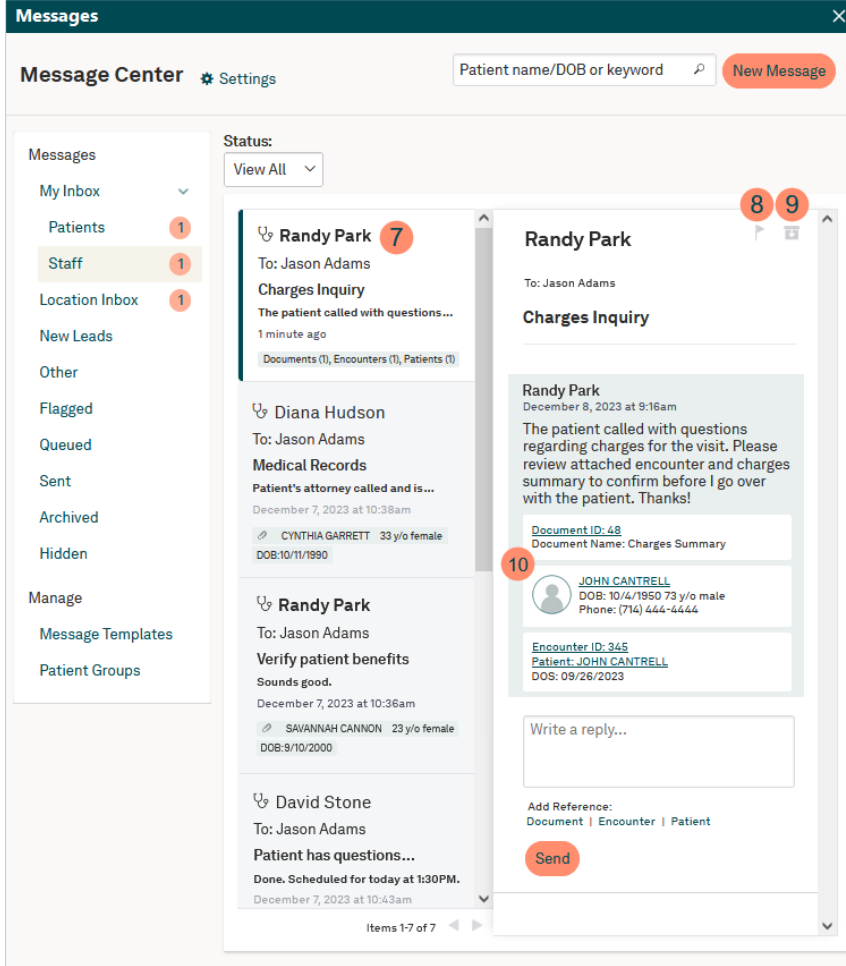
- Settings:** Click to open the *Messages Settings* window. For more information, review the [Messages Settings](#) help article.
- Search:** Find messages by patient name or keyword.
- New Message:** Click to create and send a new message. For more information, review the [Send New Message](#) help article.
- Messages:** Click a folder to view messages in *My Inbox*, the *Location Inbox*, *New Leads*, *Other* messages, or those that are *Flagged*, *Queued* to send, *Sent*, *Archived*, or *Hidden*. For more information review the [Navigate Messages](#) section of the [Messages](#) help article.
- Manage:** Click to manage *Message Templates* or *Patient Groups*. For more information, review the [Message Templates](#) and [Patient Groups](#) help articles.



(Continued next page...)

## Navigate and View Messages, cont.

- Click a message to display details on the right side of the window and take the appropriate action(s).  
 Note: The message preview displays the most recent message and messages with multiple participants in the conversation are grouped into one thread that displays on the right side of the window with the newest message at the bottom.
- Click the **flag** icon to indicate the message is important.  
 Note: Once flagged, these messages are also accessible from the *To Do List* on the Dashboard.
- Messages cannot be deleted but can be archived. To archive a message, click the **file box** icon to move the message from the inbox to the *Archived* messages.
- If applicable, click to view an attached *Document*, *Encounter*, and/or *Patient* referenced in the message.




The screenshot displays the 'Messages' interface. At the top, there is a 'Message Center' header with a search bar for 'Patient name/DOB or keyword' and a 'New Message' button. A left sidebar lists message categories: My Inbox, Patients (1), Staff (1), Location Inbox (1), New Leads, Other, Flagged, Queued, Sent, Archived, Hidden, Manage, Message Templates, and Patient Groups. The main area shows a list of messages. The selected message is from Randy Park to Jason Adams, titled 'Charges Inquiry', dated 1 minute ago. It includes links for Documents (1), Encounters (1), and Patients (1). Below this, another message from Diana Hudson to Jason Adams is visible, titled 'Medical Records', dated December 7, 2023 at 10:38am, with a link for CYNTHIA GARRETT (33 y/o female, DOB: 10/11/1990). A third message from Randy Park to Jason Adams is titled 'Verify patient benefits', dated December 7, 2023 at 10:36am, with a link for SAVANNAH CANNON (23 y/o female, DOB: 9/10/2000). A fourth message from David Stone to Jason Adams is titled 'Patient has questions...', dated December 7, 2023 at 10:43am, with the status 'Done. Scheduled for today at 1:30PM.' The detailed view on the right shows the message content, including a 'Write a reply...' text box and a 'Send' button. It also displays patient information for JOHN CANTRELL (DOB: 10/4/1950, 73 y/o male, Phone: (714) 444-4444) and links for Document ID: 48 (Charges Summary), Encounter ID: 345, and Patient: JOHN CANTRELL (DOS: 09/26/2023).

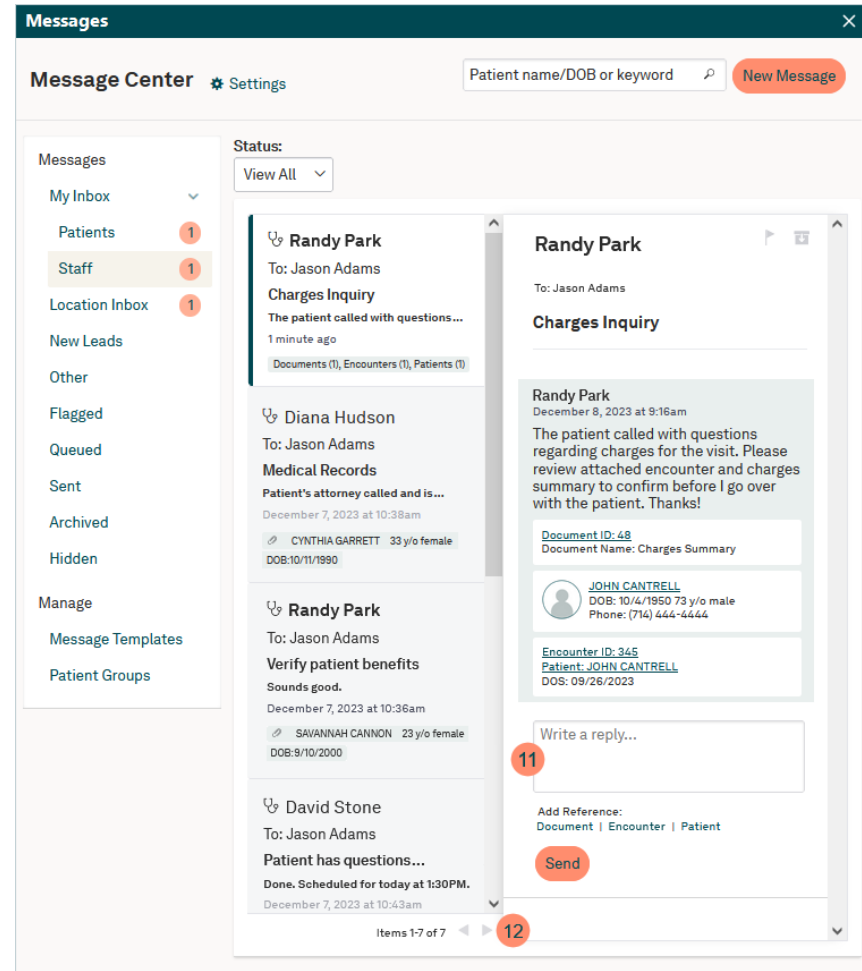
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## Navigate and View Messages, cont.

11. If applicable, enter a reply to the message. Attach a *Document* (up to 10MB in size), *Encounter*, and/or *Patient* as necessary when replying to a staff message. Then, click **Send** to send the reply.

 Note: Do not include PHI when replying to a patient's email or text message as this method is non-secure. To send sensitive information, review the [Send Patient Portal Message](#) help article.

12. **Pagination:** If applicable, click the left and right **arrows** to navigate to additional pages of messages.



The screenshot displays the 'Messages' interface. At the top, there is a 'Message Center' header with a search bar for 'Patient name/DOB or keyword' and a 'New Message' button. Below the header, a 'Messages' sidebar on the left lists categories: My Inbox, Patients (1), Staff (1), Location Inbox (1), New Leads, Other, Flagged, Queued, Sent, Archived, Hidden, Manage, Message Templates, and Patient Groups. The main area shows a list of messages. The selected message is from Randy Park to Jason Adams, titled 'Charges Inquiry', dated 1 minute ago. The message content includes a note about a patient call and a document attachment 'Charges Summary'. Below the message, there is a 'Write a reply...' text area with a 'Send' button. At the bottom of the message list, there are navigation arrows and a page indicator 'Items 1-7 of 7' with a '12' icon.

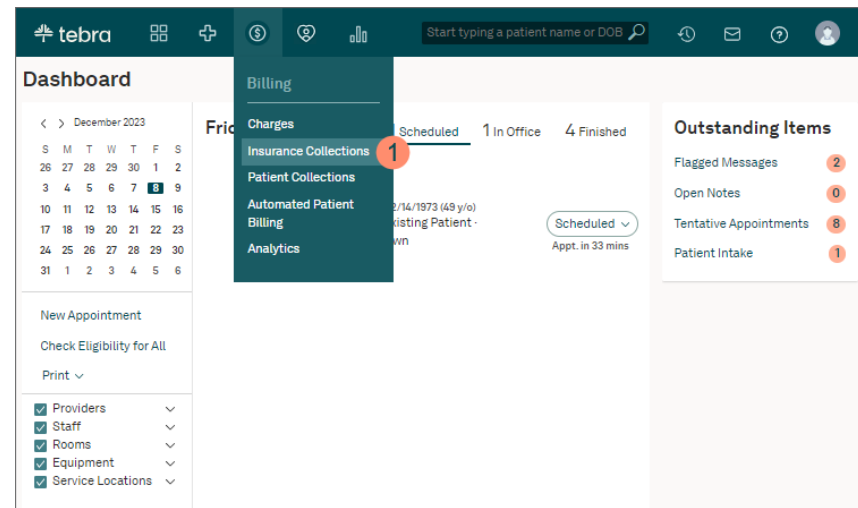
# Billing in Web Platform

Users with the System Admin and/or Biller web role(s) can view insurance and patient collections as well as create charges in the Tebra Web Platform without having to log into the Tebra Desktop Application (PM). Learn to navigate insurance collections and patient collections below. To learn more about charge captures, review the [Charges help articles](#) or watch the [Charges help videos](#).

## Navigate Insurance Collections

Insurance Collections provides tracking and insight into the status of claims submitted to payers.

1. Hover over the *Billing* icon and click *Insurance Collections*. The list of insurance claims for the practice displays.



(Continued next page...)



## Navigate Insurance Collections, cont.

- Click a category on the left menu to view claims by status.
  - All:** Default. Displays a list of all claims submitted to payers with open balances that are in the responsibility of the insurance company.
  - Rejected:** Claims rejected by the payer.
  - Denied:** Claims denied by the payer.
  - Waiting for adjudication:** Claims waiting on a payer response.
  - Needs investigation:** Claims without activity for 21 days (electronic claims) or 30 days (paper claims).
- Use the drop-down menu options to filter claims within a status.
  - Sort:** Defaults to *Priority*. Click to select *Date of Service* or *Claim Amount*. Click once to view ascending order (up arrow displays) or twice for descending order (down arrow displays).
  - Provider:** Defaults to *All Providers*. Click to select an individual provider name.
  - Location:** Defaults to *All Locations*. Click to select an individual practice location.
  - Time Frame:** Defaults to *Forever*. Click to select a time period.
- Search:** Find a claim by patient name, encounter ID, or insurance name.

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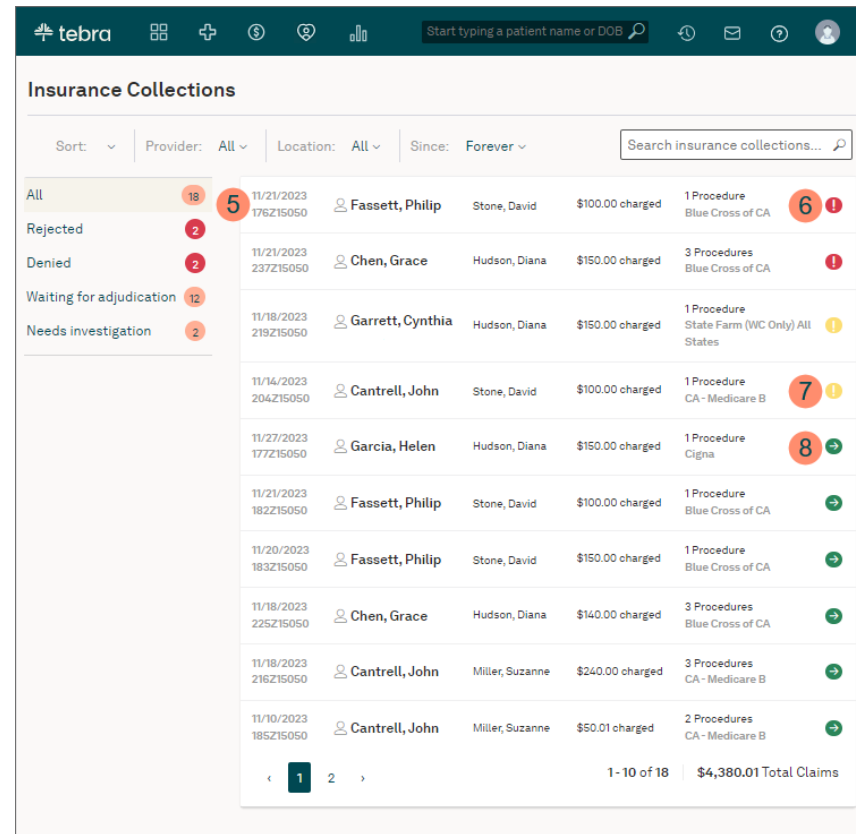
The screenshot displays the Tebra Insurance Collections interface. At the top, there is a navigation bar with the Tebra logo and various icons. Below this, the main header reads "Insurance Collections". A filter bar contains "Sort" (with a dropdown arrow), "Provider: All", "Location: All", "Since: Forever", and a search bar labeled "Search insurance collections...". On the left side, there is a vertical menu with five categories: "All" (18), "Rejected" (2), "Denied" (2), "Waiting for adjudication" (12), and "Needs investigation" (2). The "All" category is currently selected. The main content area shows a list of claims with the following columns: Date, Provider, Patient Name, Location, Amount, and Insurance Name. The claims listed are:

Date	Provider	Patient Name	Location	Amount	Insurance Name	Status
11/21/2023 176Z15050	Fassett, Philip	Stone, David		\$100.00 charged	1 Procedure Blue Cross of CA	1
11/21/2023 237Z15050	Chen, Grace	Hudson, Diana		\$150.00 charged	3 Procedures Blue Cross of CA	1
11/18/2023 219Z15050	Garrett, Cynthia	Hudson, Diana		\$150.00 charged	1 Procedure State Farm (WC Only) All States	1
11/14/2023 204Z15050	Cantrell, John	Stone, David		\$100.00 charged	1 Procedure CA - Medicare B	1
11/27/2023 177Z15050	Garcia, Helen	Hudson, Diana		\$150.00 charged	1 Procedure Cigna	→
11/21/2023 182Z15050	Fassett, Philip	Stone, David		\$100.00 charged	1 Procedure Blue Cross of CA	→
11/20/2023 183Z15050	Fassett, Philip	Stone, David		\$150.00 charged	1 Procedure Blue Cross of CA	→
11/18/2023 225Z15050	Chen, Grace	Hudson, Diana		\$140.00 charged	3 Procedures Blue Cross of CA	→
11/18/2023 216Z15050	Cantrell, John	Miller, Suzanne		\$240.00 charged	3 Procedures CA - Medicare B	→
11/10/2023 185Z15050	Cantrell, John	Miller, Suzanne		\$50.01 charged	2 Procedures CA - Medicare B	→

At the bottom of the screen, there is a pagination bar showing "1-10 of 18" and a total claim amount of "\$4,380.01 Total Claims".

### Navigate Insurance Collections, cont.

5. Each list item displays the claim date, claim ID, patient, provider, charge amount, number of procedures, and payer.
6. A red exclamation icon indicates a denied claim.
7. A yellow exclamation icon indicates a rejected claim.
8. A green arrow icon indicates claim processing is moving forward.



(Continued next page...)

## Navigate Insurance Collections, cont.

- Click a claim to track charges. The charges details expand.
- Click the **arrow** to expand and view the Transaction History list.
- Follow claim progress through color coding.
  - Green: Complete
  - Dark gray: In progress
  - Light gray: Not started
- Hover over each timeline stage to view the description.
  - Claim Submitted by Practice
  - Resubmission (rework)
  - Insurance Collections (primary)
  - Insurance Collections (non-primary)
  - Patient Collections
- The latest activity of the charge displays above the timeline.
- To view the charge capture, click to select the option from the *Actions* drop-down menu.

The screenshot displays the Tebra Insurance Collections interface. At the top, there is a search bar with the text "Start typing a patient name or DOB". Below this, the "Insurance Collections" section is visible, featuring filters for "Sort", "Provider" (All), "Location" (All), and "Since" (Forever). A search bar for "Search insurance collections..." is also present.

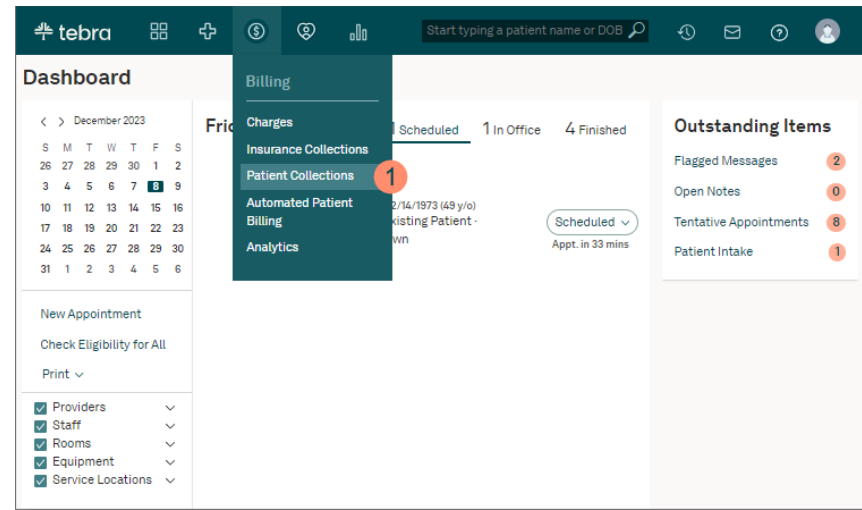
The main content area shows a list of claims. The first claim is highlighted in light gray, indicating it is not started. This claim is for "Garcia, Helen" on 11/27/2023, with a charge of \$150.00 for "1 Procedure Cigna". A red circle with the number "9" is next to the provider name. Below this claim, a timeline shows the claim's progress. A red circle with "10" is next to "99202 Cigna PPO", and a red circle with "13" is next to "Latest Activity: Charge sent to payer, primary insurance processing". A red circle with "14" is next to "14 Days since submitting". A red circle with "11" is next to a green bar, and a red circle with "12" is next to a dark gray bar. An "Actions" drop-down menu is visible next to the "14 Days since submitting" bar.

The list continues with other claims, including those for "Fassett, Philip" and "Chen, Grace". At the bottom, there is a pagination bar showing "1-10 of 18" and a total of "\$4,380.01 Total Claims".

## Navigate Patient Collections

Patient Collections allows you to view patient balances, track the practice's collection activity, take payments, and access the patient's account history.

1. Hover over the *Billing* icon and click *Patient Collections*. The *Patient Collections* page opens and patients with an account balance display.



(Continued next page...)

## Navigate Patient Collections, cont.

- Click a category to view patient balances by status.
  - Sort:** Defaults to *Patient Name*. Click to select *Patient Balance*, *Date of Service*, or *Date of Last Statement*. Click once to view ascending order (up arrow displays) or twice for descending order (down arrow displays)
  - Last Statement:** Defaults to *<30 days ago*. Click to select a different time period.
  - Balance:** Defaults to *All*. Click to select a different dollar amount.
- Search:** Find a patient balance by patient name or encounter ID.
- Each patient balance listed displays the date of service, encounter ID number, balance amount, unapplied dollar amount, and number of procedures.
- Click a patient balance to view the number of days since the last statement was sent and the number of times a statement was sent to the patient.
- To collect a payment or view the patient's account history, click to select the option from the *Collect Payment* drop-down menu.

The screenshot shows the 'Patient Collections' page in the Tebra system. The interface includes a top navigation bar with the Tebra logo and various utility icons. Below the navigation bar, there are filters for 'Sort', 'Last statement', and 'Balance'. A search bar is located on the right side. The main content area displays a table of patient balances with columns for Date of Service (DoS), Patient Name, Balance, Unapplied amount, and Procedures. A detailed view for a selected patient (Phillip Fasset) is shown below the table, displaying '3 Days since last statement' and '1 Statements sent', along with a 'Collect Payment' button. The bottom of the page shows a pagination indicator '1 - 5 of 5' and a total balance of '314.15 Total patient balances'.

DoS	Patient Name	Balance	Unapplied	Procedures
10/29/2023 #189	Caraway, Diana	\$99.15	\$0.00	1
10/20/2023 #184	Garrett, Cynthia	30.00	\$0.00	1
10/10/2023 #177	Fassett, Phillip	25.00	\$10.00	1
09/09/2023 #173	Cannon, Savannah	150.00	25.00	1
06/09/2023 #123	Garcia, Helen	\$10.00	\$10.00	1

## Learn More

### Help Center

Explore [helpme.tebra.com](https://helpme.tebra.com) to view additional help resources, monthly product release notes, help articles, guides, training videos, [Customer Care contact information](#) and more.

### Tebra University

Log into [app.kareo.com](https://app.kareo.com) to access Tebra University and register for live trainings, view pre-designed courses and eLearnings. Review the [Tebra University](#) help article for more details.

### Guides

Review the *Billing* section of the [User Guides](#) page for additional resources to help set up your practice for success.



## The Digital Backbone for Practice Success

Tebra is the digital backbone built for both patient and provider well-being. From practice growth technology to clinical and financial software, our complete operating system is structured to modernize every step of the patient journey and support the connected practice of the future.