

REAL TIME ELIGIBILITY VERIFICATION (SERVICE CENTER)

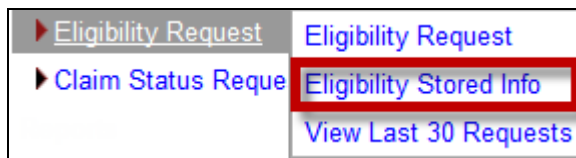


Office Ally's Real Time Eligibility Verification tool allows you to confirm, in real time, the eligibility status of a patient prior to submitting their claim electronically.

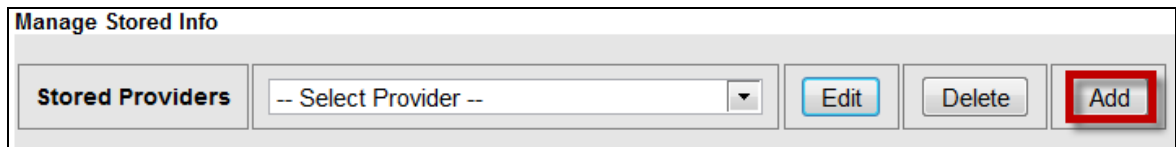
STORING PROVIDER INFORMATION

Before you begin checking patient eligibility, you will first need to store your provider information within the system.

1. Hover over **Eligibility Request** and click on **Eligibility Stored Info**.



2. Click **Add**



3. Enter the **Provider's First Name, Last Name and NPI**.
4. Click **Update**.

A screenshot of the 'Add Provider' form within the 'Manage Stored Info' interface. The form is titled 'Add Provider' and contains a section for 'Provider Information'. This section has three input fields: 'Last Name' with the value 'John', 'First Name' with the value 'Smith', and 'NPI:*' with the value '1032645789'. Below the input fields are two buttons: 'Update' and 'Cancel'. The 'Update' button is highlighted with a red rectangular box.

You can add additional providers or you can proceed to the next step to submit an eligibility verification request.

REAL TIME ELIGIBILITY VERIFICATION (SERVICE CENTER)



SUBMITTING A REAL TIME ELIGIBILITY REQUEST

1. Hover over **Eligibility Request** and click on **Eligibility Request**, or click on the **Request Eligibility** link at the top of the page if you are already in the **Eligibility Request** tool. The Real Time Eligibility Request screen will display:

[[Request Eligibility](#)] [[View Last 30](#)] [[View Payer Lists](#)] [[View Last 30 \(Old\)](#)]

Manage Stored Info

Real Time Eligibility Request

Please select your payer (Insurance Carrier) from the list to get started.
If the desired payer does not appear on the list we do not yet support that company for Real Time Eligibility Requests.

Payer Name:* -- Select --

Subscriber's First: * Service Type Code: * Health Benefit Plan Coverage


Subscriber's Last: * Date of Service: * / /

Subscriber DOB: * / /

Subscriber Gender: * -- Select -- Providers NPI: * ...

Subscribers Member ID: * Provider Name: *

Patient is Dependant

2. Select the **Payer** that which the patient is covered under (check the Member ID card to confirm, if needed).
3. You are **REQUIRED** to complete all sections in order to check eligibility:
 - Subscriber First Name
 - Subscriber Last Name
 - Subscriber Date of Birth
 - Subscriber Gender
 - Subscriber Member ID
 - Service Type Code (**default:** Health Benefit Plan Coverage)
 - Date of Service
4. Once the patient information is entered, you can now select your **Provider** by clicking the ellipses button  the right of the **Provider NPI**.
5. Click **Select** next to the provider. The provider's information will be populated on the request screen.
6. Click **Submit**.

REAL TIME ELIGIBILITY VERIFICATION (SERVICE CENTER)



- The Eligibility Verification results will display on the screen.
- Scroll down and expand the different header sections to view the detail under them.
Additional sections: Chiropractic, Hospital, Emergency Services, Physician Visit, Urgent Care, etc...

[[Request Eligibility](#)] [[View Last 30](#)] [[View Payer Lists](#)] [[View Last 30 \(Old\)](#)]

Manage Stored Info

- Payer Information -

Payor Id : AETNA INC
953402799

- Provider Information -

Name : [REDACTED]
National Provider Identifier : 1[REDACTED]

- Insured or Subscriber Information -

Name : G[REDACTED]
Member Id : W[REDACTED]
Plan Number : 0[REDACTED]
Group Number : 0[REDACTED]
Address : 30[REDACTED]
City, State, Zip : [REDACTED]
Date Of Birth : 02/22/1982
Gender : Female
Plan Begin : 03/01/2014
Service : 04/10/2014
Eligibility Begin : 06/01/2008

- Eligibility Benefits -

Health Benefit Plan Coverage

Active Coverage - Point of Service (POS)

Coverage : Employee Only
Insurance Type : Point of Service (POS)
Plan Coverage Description : Open Access MC

Deductible -

Coverage : Individual
Time Period : Calendar Year
Amount : \$1000
In Plan Network : Yes
Eligibility : 01/01/2014
Note : Med Dent, In-Network Providers, DED INCLUDED IN OOP, Visit or Evaluation by Chiropractor, Outpatient Surgery Facility, Outpatient Medical Ancillary, Ambulatory Medical Ancillary, Medical Ancillary, Semi Private Room and Board, Intensive Care Room and Board, GYN Visit
Note : Specialist Visit or Evaluation, Primary Care Visit or Evaluation, Physician Xray and Lab, Xray and Lab, Outpatient Xray and Lab

Deductible -

Coverage : Individual
Time Period : Remaining
Amount : \$1000

REAL TIME ELIGIBILITY VERIFICATION (SERVICE CENTER)



VIEW LAST 30 ELIGIBILITY CHECKS

1. To view the last 30 requests you've done, click **View Last 30**.
2. A list of recent requests will pop up. You can click on the document icon on the right hand side to pull up additional details such as the **Eligibility Request** as well as the **Response** from the payer.

[[Request Eligibility](#)] [[View Last 30](#)] [[View Payer Lists](#)] [[View Last 30 \(Old\)](#)]

Manage Stored Info

Last 30 Eligibility Requests

Response ID	Payer	Patient	Date	View Req Resp	
8	PRINCIPAL LIFE INSURANCE COMPANY	John Doe	4/3/2014 4:37:00 PM		
7	PRINCIPAL LIFE INSURANCE COMPANY	John Smith	4/3/2014 4:37:00 PM		
6	PRINCIPAL LIFE INSURANCE COMPANY	John Doe	4/3/2014 4:37:00 PM		
5	PRINCIPAL LIFE INSURANCE COMPANY	John Doe	4/3/2014 4:37:00 PM		
4	PRINCIPAL LIFE INSURANCE COMPANY	John Doe	4/3/2014 4:37:00 PM		
3	PRINCIPAL LIFE INSURANCE COMPANY	Michael Doe	4/3/2014 4:37:00 PM		
2	PRINCIPAL LIFE INSURANCE COMPANY	Peter Tan	4/3/2014 4:37:00 PM		
1	PRINCIPAL LIFE INSURANCE COMPANY	Michael Doe	4/3/2014 4:37:00 PM		