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**.

![Eligibility Request](image)

2. Click **Add**

![Manage Stored Info](image)

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

![Add Provider](image)

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

   - Payer
   - Service Type Code
   - Date of Service
   - Provider NPI
   - Provider Name

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 next to 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.
7. The Eligibility Verification results will display on the screen.
8. 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 Payor Lists] [View Last 30 (Old)]

Manage Stored Info
Make Another Request

- Payer Information
  Payor Id: AETNA INC
  953402799

- Provider Information
  Name: R
  National Provider Identifier: 1

- Insured or Subscriber Information
  Name: G
  Member Id: W
  Plan Number: 0
  Group Number: 00000000000000000000000000000000
  Address: C
  Date Of Birth: 08/01/1984
  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
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.

<table>
<thead>
<tr>
<th>Response ID</th>
<th>Payer</th>
<th>Patient</th>
<th>Date</th>
<th>View Req</th>
<th>Resp</th>
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<tbody>
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<td>John Doe</td>
<td>4/3/2014 4:37:00 PM</td>
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<td><img src="image" alt="Response" /></td>
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<td>4/3/2014 4:37:00 PM</td>
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<td><img src="image" alt="Response" /></td>
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