

Attaching insurances

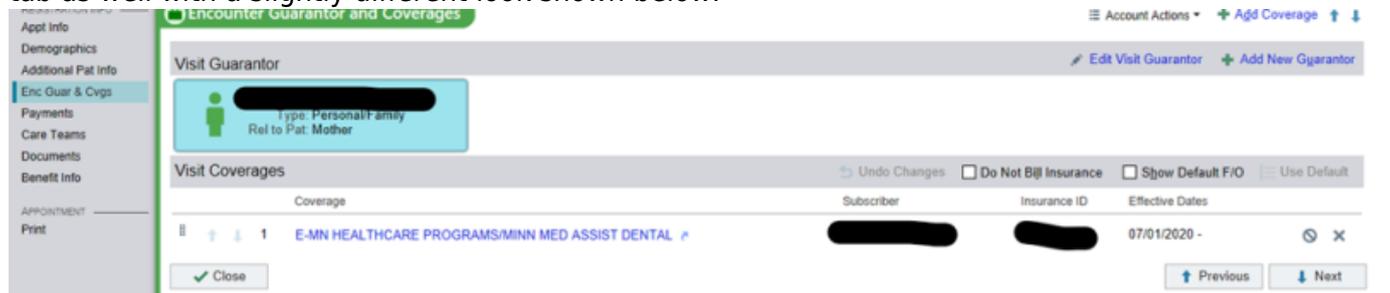
When looking at a patient’s chart under the registration for a specific appointment, there are several things to look for to confirm that we have the insurance added to the appointment for them! Below we will discuss what you should look for, both when checking a patient in and when an appointment is being made.

When checking in a patient

When in the check in registration, you will see multiple tabs that shows a LARGE amount of patient information. One of those tabs is “Encounter Guarantor and Coverages.” When you are looking at that tab, you will see the following information.



As you can see, it indicates that there is an insurance that is displayed. That MNMA insurance is showing up here to show that it is attached to this visit specifically. You can see that if you select the tab as well with a slightly different look shown below.



You can tell that the insurance is attached to the visit here as it is listed under “Visit Coverages.”

Appointment Registration

To start, let’s define “appointment registration.” Appointment registration is the view of the registration you see when you go to the appointment in the DAR or Snapboard and enter the registration from there directly rather than going to the appointment desk then the registration. When in the appointment registration, you will see the same view as the examples from the check in process, but you will have access to another view under the “Pat Guar and Cvg” button on the top left of the menu.

The screenshot shows the 'Registration' interface. At the top, there are tabs for 'Pat Guar and Cvg' and 'Response H'. Below that, 'REGISTRATION INFO' is expanded to show 'Demographics'. The main section is 'Patient Guarantor Accounts', which includes a table with columns for Account ID, Guarantor, Type, Rel to Patient, and Verification Status. A 'Show Coverages' checkbox is checked. Below the table is a box for 'E-MN HEALTHCARE PROGRAMS (303) MINN MED ASSIST DENTAL (777)' with an 'Add Coverage' button. The 'Patient Coverages' section below shows a table with columns for Filing Order, Coverage, Subscriber, Insurance ID, Effective Dates, and Verification Status. It lists three coverages: 1. E-BCBS BLUEPLUS OF MN (943) BLUE ADVANTAGE (668) - E-Verified; 2. E-MN HEALTHCARE PROGRAMS (303) MINN MED ASSIST DENTAL (777) - New; 3. E-MN HEALTHCARE PROGRAMS (303) MINN MED ASSIST DENTAL (777) - Elapsed.

From this screen, you see a couple of things that are new. The above boxes attached to the guarantor show insurances that are attached to the guarantor and can be automatically attached to any visit for the billing team. What you see below those boxes are insurances attached to the PATIENT account. These coverages are a part of the patient account because they have been added at another clinic that is not Spectra Health. These insurances can be selected so that they can be added quickly to a guarantor account for billing by hitting the “Add Coverage” option in the empty box and selecting the coverage from the list shown in that menu that you wanted to add.

The 'Select Existing Coverage' dialog box displays a grid of insurance options. The first row shows three options for 'E-BCBS BLUEPLUS OF MN (943) BLUE ADVANTAGE (668)'. The second row shows three options for 'E-MN HEALTHCARE PROGRAMS (303) MINN MED ASSIST DENTAL (777)'. The first option in the second row is highlighted with a yellow background and labeled 'Not on current patient'. The second and third options in the second row are also highlighted with a yellow background and labeled 'Not on current patient'.

You will see many more options that are attached to other patients that the guarantor is attached to. It is best practice to double check all the names, and whether the insurance is on current patient or not as highlighted above, to ensure we are adding the correct insurance to the correct patient.

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