







Eligibility

Eligibility may help determine whether a patient has insurance coverage for a specific insurance plan. Some insurances also provide additional information such as co-pay or deductible information. This helps with check-in on the self-check-in kiosk by requesting patient payments or creating alerts to be reviewed.

Remember that insurance companies are not compelled to disclose specific eligibility information. medent® displays any information that was provided by the insurance company.

Overview

Eligibility icons are viewable from Chart Central, E-Superbill, Patient's Insurance Information, Referrals or Office Appointments.

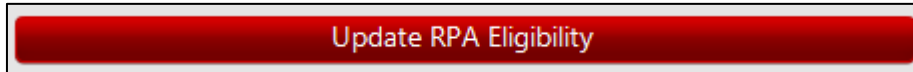
-  Patient Not Covered by Insurance or Eligibility Request Failed
-  Manual Eligibility has not been run within the past week
-  Automated Eligibility has not been run within the past week
-  Patient covered by insurance
-  Member ID or Insurance ID Does Not Match. Click **View Entire File** at the top of the screen to see the eligibility file.
-  Partial Insurance Coverage. Click View Entire File to determine what coverage is available.

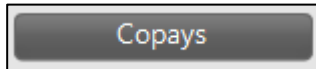
Eligibility Detail Information

- **View Entire File:** View entire response file from the last eligibility request.
- **Eligibility History:** Stores every eligibility request.

✓ [View Entire File](#) [Eligibility History](#) [Delete History](#) [Referral Info](#) [View Log](#)

- **Update RPA Eligibility:** The button will be red if an update has not been done within the last 24 hours. Clicking **Update RPA Eligibility** will send a request to the insurance company.



-  Displays copay information provided by the insurance company or clearinghouse.
- If the eligibility request was denied or failed, additional information may be displayed.

Note: A manual eligibility check may be completed from Chart Central or Patient's insurance by clicking the eligibility icon and **Update Eligibility**. This should be done when adding New Insurance.

Manually Select and Transmit Batch Eligibility

The Eligibility Control File is typically set up by medent support so eligibility can be autorun with the backup. Some insurances do maintenance at night or on the weekend; therefore, eligibility may show as unable to process at this time. Eligibility can be manually run if it fails during the autorun process.

Icons are **Red** in Chart Central if it has not been successful. The **Select and Transmit Batch Eligibility** may be manually selected and allows the practice to send out eligibility requests for all patients who have a scheduled office appointment for the selected Insurance, within the selected date range.

- Billing > Eligibility > Select Eligibility Insurance > Select and Transmit Batch Eligibility
- Enter the Date or Date Range.
- Insurances, Doctors and Locations default to All. Insurance(s), Doctor(s) or Location(s) may be selected.
- **Settings:** Allows the Eligibility Request to be saved.
- **Run Eligibility:** Click to Run Eligibility File.

Eligibility Summary

- **Error Log:** View eligibility errors. Click on the link to view and fix error(s). Click **Add Corrected**.
- **Print Summary:** Print eligibility summary. This lists the patients that are eligible or ineligible.
- **Transmit File:** The eligibility file will be viewable in Chart Central or Patient's Insurance.

Resources

medent manual:

www.medent.com/htmlmanual/html/v237/eligibilitybill.html