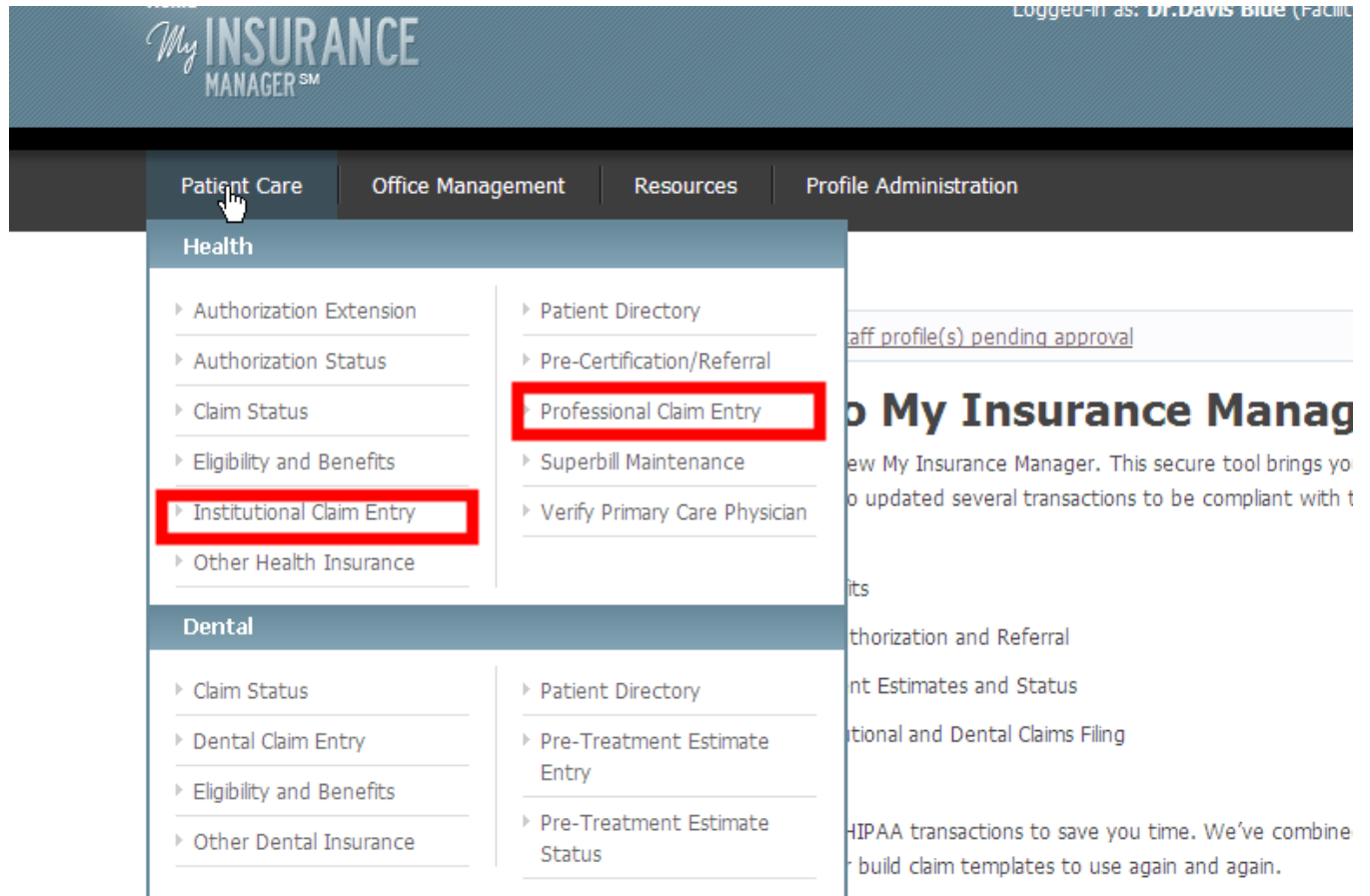


My **INSURANCE**
MANAGERSM

SECONDARY CLAIMS
USER GUIDE



Please take a few minutes to familiarize yourself with our new design. Thank you

To file a secondary claim, from the Patient Care menu, choose either Professional or Institutional Claim Entry.

PLAN INFORMATION

Plan Information

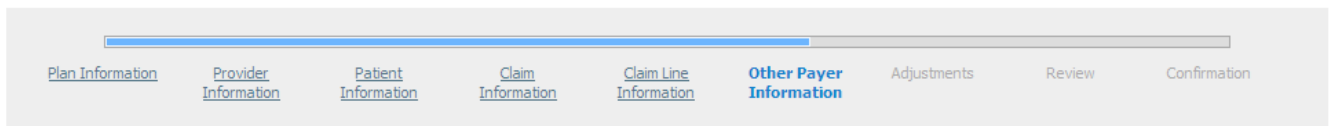
* Plan:
BlueCross BlueShield Plans

* Is the selected plan the primary payer?
No

i In subsequent pages you will be asked to provide other payer information.

* From Date of Service: To Date of Service:
mm/dd/yyyy mm/dd/yyyy


On the Plan Information page, for “Is the selected plan the primary payer?” choose No.




Continue entering your provider, patient and claim information. After you've entered your claim line information you will be asked for the other payer information.


OTHER PAYER INFORMATION

Other Payer Information

 Please complete this information concerning the patient's and/or member's other insurance.

Insurance Information

 Click **Choose an Other Payer** to search for the other payer for this claim, or complete the information below.

 [Choose an Other Payer](#) or enter the information below.

* Other Payer Primary ID:

Other Payer Secondary ID Type:

Other Payer Secondary ID:

* Other Payer Name:

Other Payer Address: [\[+\] show/hide](#)

* Claim Type Indicator (Type of Insurance):

You can choose another payer by clicking on the link or manually entering the payer information.

OTHER PAYER INFORMATION – MEMBER INFORMATION

Other Member Information

Please enter the following information about the member who has the insurance policy with the other plan.

* Member ID: Secondary ID (SSN): * Member Type: * Relationship to Member:

Group/Policy Number: Group Name:

* Last Name: First Name: M.I.:

Suffix:

* Country:

* Address Line 1:

Address Line 2:

* City: * State:

* ZIP Code: -

Enter the patient’s other insurance information in the required fields.

Other Payer Claim Information

Prior Authorization Number: Referral Number: Claim Number:

Outpatient Adjudication Information

Reimbursement Rate Percentage (%): HCPCS Payable: ESRD Paid: Non-Payable Professional Component Billed:


Remark Code(s):

--	--	--	--

You have the option of entering the Other Payer Claim Information and Adjudication Information.

OTHER PAYER INFORMATION – CLAIM ADJUSTMENT OPTIONS

Claim Adjustment Options

 Normally, professional claims are adjusted at the line level. If you would like to make adjustments at the claim level or at both the claim and line level, click **Other Adjustment Options**.

Other Adjustment Options [-] show/hide


*** Adjustment Level:**

Claim Level Adjustments

Line Level Adjustments

Both

Other Payer Paid Information

 Please enter the information below using the remittance from the Other Payer.

*** Payer Paid:**

\$

or [Back](#)

For Professional claims, we recommend you enter the other payer money as a line level adjustment. For Institutional claims, we recommend you enter the other payer money as a header level adjustment.


Please Note: We automatically default to these options based on whether you choose to file a professional or institutional claim.

Enter the amount under Payer Paid.

OTHER PAYER LINE SELECTION – CLAIM LINE ADJUSTMENTS

Other Payer Line Selection


Other Payer Paid Information


 This is a display of the information you entered on the Other Payer Claim Information page.

Payer Paid:

\$ **40.00**

Claim Line Adjustments

 This is a summary of your claim line information. You can add, edit, or delete adjustments to any claim line.

Line	Procedure	From Date of Service	Charges	Other Payer Paid	Other Payer Line Adjustments
1	99213	12/18/2011	\$ 150.00		 Add

[Continue](#) or [Back](#) [X Cancel this claim](#)

The Other Payer Line Selection page lets you review the other payer information you've entered and make corrections if necessary. If the information is correct, click Continue and you can review all the claim information before submitting it for processing.