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Insurance Cards



- Always ask patients for their **current** insurance card.
- Don't assume the information in GE/Advanced Web is correct.
- When updating insurance information, make a legible copy of:
 - Government Issued Photo I.D.
 - Insurance Card (front and back)

When looking at insurance cards look for these things:

- Patient's name
- Name of the insurance
- Is it an HMO or PPO?
- If it is an HMO
 - Who is the primary care physician and medical group
- Member I.D. #, certificate #, subscriber #
- Effective date
- Co-pay amounts
- Customer/Provider service phone numbers

HMO

Health Maintenance Organization

- Member must choose a Primary Care Physician (PCP). All medical care must be coordinated through the PCP.

- Patients are responsible for a co-payment to be collected by the PSR at the time of service. Some HMOs even have deductibles, which will be discussed in the PPO section.


- HMO insurance cards will have the PCP **and/or** the PMG listed on the insurance card.

Managing Outside HMOs

If the patient presents an HMO card with a different medical group:

- Verify eligibility to confirm the PMG or PCP
- If the PCP/PMG is not SRS, ask the patient if he or she has a written authorization from their PCP/PMG to be seen at SRS.
- Refer to Financial Comments/Registration Notes to verify if an authorization exists and what type of visit(s) are covered.
- Consult Support Services and/or site BSR for assistance.

What FSC is this? _____

 Health Net		HMO	
Group Name		Issue Date 07-01-2007	
SCRIPPS RANCH SWIM & RACQUET C			
Subscriber Name		Member # FM1	
BETHANY RGTEST			
Member Name		Group # J3799A	
BETHANY RGTEST			
Subscriber # R1234567		Rerate Month JUL	
Plan 88C WITH PHARMACY			
Health Net Member Inquiries call:		1-800-361-3366	
Health Net Providers call:		1-800-641-7763	
To report Inpatient Admissions call:		1-800-995-7690	

You have selected the following physician group for your care. In order to be covered by Health Net, all medical and hospital services must be rendered or authorized by: PCP: DR. PETER JOHNSON AT SAN DIEGO PHYSICIAN'S MEDICAL GROUP (619) 405-8901 2201 JAMACHA RD LA MESA CA 91942 3009 (619) 405-8901 Effective Date with PPG 07-01-05		PPG# 0T8 Office Copay \$20 E/R Copay \$100 Pharmacist: For assistance, call Pharmacy Help Line at 1-800-600-0180 Rx BIN#004336 Rx PCN 'HNET' Rx Caremark
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Insurance Authorizations

- Authorizations contain an authorization number.
- The authorization number can be found on the Appointment Data Form in the **Auth** field.
- Check Financial Comments/Registration Notes for additional information, including date ranges, services covered, and/or authorization information.

RGTEST,TRESA		SHC#: [REDACTED]	IFD: [REDACTED]	Facility: SRS
Select Patient ▼ [i] [x] [a]		DOB: [REDACTED]	HMO: [REDACTED]	BAF: CURRENT
		A-S: 116 years-F	H Phone: 858-499-6103	BGAF:

Edit Appointment 1 Primary - General

Patient: RGTEST,TRESA	FSC:	H: 858-499-6103
EMRN: [REDACTED]	AGE: 116	COL:
		W: 858-499-4000

Date	Day	Time	Stat	Type	Dur	Appt#
06/23/2017	FRI	12:40P	CAN	OFV	20	[REDACTED]
Provider	WENDT DPM,DANIEL E		Dept	POD	Loc	PL
Comment	TEST KIOSK PT					

Comment1:	TEST	Auth:	123456789
Comment2:		OVN Arr Time:	
OM #:		Package ID:	
Patient Condition Related to:	NONE		
Ordering Prov.:		Actual Prov.:	WENDT DPM,DANIEL E
Referring Prov:		PCP:	PELAYO,JOSE ANTONIO
Chart Tracking Loc:	PL PODIATRY	Copay:	00.00
Bill Prov:	WENDT,DANIEL E	Override Copay:	
Bill Area:	POINT LOMA	Bill Loc:	DOCTORS OFFICE
		Alternate Insurance:	


Outside HMOs with No Authorization



1. Patients who do not have a written authorization to be seen should not be checked-in.
2. **Contact Support Services and/or site BSR.**

Examples of HMO Insurance Cards

What FSC is this? _____


Anthem. 
Blue Cross


Marge Simpson
Identification Number
NCF 12345678

Group No: 57V35C
Plan Code: 040
RxBin/PCN: 003858/A4
RxGroup: W/LHA
Coverages: Pharmacy - Medical

MED PLAN: HCO
MED OFFICE:
SHARP REES-STEALY MEDICAL GRO
1-858-499-2600

Office Visit Copay: \$10
Specialist Copay: \$10
Emergency Room: \$50

Blue Cross HMO 

Anthem. 
Blue Cross

anthem.com/ca


HMO Member Services 1-800-933-9146
Pharmacy Member Services 1-866-297-1013
Pharmacist Services 1-800-824-0898
24/7 NurseLine 1-800-700-9184
Urgent/Follow-up Care Out of CA 1-800-810-2583
Mental Health - MHN* 1-888-327-0015
EAP - HHRC* 1-800-342-8111

Members: When submitting inquiries, always include your ID number from the face of this card. Care must be furnished/referred by the medical group shown on this card. Possession or use of this card does not guarantee payment.

Providers: Please submit claims to your local Blue Plan. To ensure prompt claims processing, please include the 3-digit alpha prefix that precedes the patient ID number listed on the front of this card.

*Not a Blue Cross Blue Shield product
Anthem Blue Cross is the trade name of Blue Cross of California, independent licensee of the Blue Cross Association.

What FSC is this? _____

 **Health Net** NETWORK HMO

Group Name AARK ENGINEERING INC. (HMO SC 5) **Issue Date** 11-01-2014

Subscriber Name Marge Simpson **Member #** FS1

Member Name Marge Simpson **Group #** G9507A

Subscriber # R12345678 **Rerate Month** DEC

Plan 6EL WITH PHARMACY
Health Net Member Inquiries call: 1-800-522-0088
Health Net Providers call: 1-800-641-7761
To report inpatient Admissions call: 1-800-995-7890


You have selected the following physician group for your care. In order to be covered by Health Net, all medical and hospital services must be rendered or authorized by:

SHARP REES-STEALY MEDICAL GROUP
(858) 499-2600
BASIL S ABRAMOWITZ
10243 Genetic Center Dr.
SAN DIEGO CA 92121 6310
(858) 499-2600
Effective Date with PPG 11-01-14 **PPG#** 058

MinuteClinic Copay \$30
Office Copay \$50 **E/R Copay** \$300

Pharmacist: For assistance, call Pharmacy Help Line at 1-800-600-0180
Rx BIN#004336 Rx PCN 'HNET' Rx Caremark

What FSC is this? _____

 **UnitedHealthcare** SignatureValue
HMO

Advantage

Health Plan (80840): 11 1111 -04
Member ID: 11111111-01 **Group Number:** 357531
Member: Homer Simpson

Payer ID **Eff. Date:** 01/01/2015

SRS/GENESEE (858) 499-2710
PCP EFFECTIVE DATE 01/01/2015
SHARP REES-STEALY MEDICAL GROU 001035
SHARP MEMORIAL HOSPITAL

Copays
Office: \$45 ER: \$150
Spec: \$60

Deductible Plan

OPTUMRx
Rx Bin: 610494
Rx PCN: 9999
Rx Grp: PCCA

SignatureValue HMO
Offered by UnitedHealthcare of California

DOI-0501

Emergency Services - Call 911 or go to the nearest emergency room. Call your Physician within 24 hours.
Routine Care: Call your Physician or Medical Group listed on the front of this card.
Customer Service Department: 1-800-424-6822 (TDD) device: 1-800-442-8533 Spanish: (800) 730-7270
Monday - Friday, 7:00 a.m. - 9:00 p.m.
Send medical claims to: P.O. Box 6006, Cypress, CA 90630

Notice to providers: Possession of this card does not guarantee eligibility.
To confirm eligibility call: 1-800-542-8789
Pharmacies: Help Desk 1-800-788-7871
Send Rx Claims to: P.O. Box 6037, Cypress, CA 90630
Prescription drug benefits are administered by Prescription Solutions®.

PPO Preferred Provider Organization

A PPO offers members a greater choice when accessing providers. They do not have to select a PCP. They may go out of network but will pay larger costs in the form of higher deductibles, coinsurance rates, or non-discounted charges.

Patients with PPO usually have deductibles to pay before their health plan starts to cover any services. Most deductibles are per calendar year. The amount is a patient's responsibility and it's the same concept used by dental or auto insurance plans. The amount is set by the patient's health plan, depending on their benefits.

Benefits in Network:

- Benefits paid at a higher level
- The provider bills the insurance company directly
- The provider submits for pre-authorization for procedures, surgeries, etc.
- Lower deductible, copay, co-insurance, and out of pocket max if using In Network provider

❖ How does Sharp Rees Stealy work with patients to manage their deductibles?

- *If a patient has not met their deductible, we will request a **minimum deposit of \$90** when the patient arrives and checks-in.*
- *Inform the patient that you can assist with managing the account: "Would you like to pay by cash or credit [...or personal check]?"*
- *Remind the patient that a deductible is a patient's responsibility*


❖ What if a patient cannot pay?

- Try and collect a portion of the deposit/unmet deductible by asking the patient how much they can pay today
- Document in Registration Notes
- Your operations manager and/or support service staff are available to assist

Refer all Blue Shield, Cigna, Health Net, and United Healthcare PPOs to your support services and/or site BSR.

Examples of PPO Insurance Cards

What FSC is this? _____




			
Depot		The Home	
PPO			
Open Choice			
Phys OV. \$15.00			
698328-10-001		See	
Reverse for		important	
Group No.			
information.			

To receive the maximum benefits:

- Use the Aetna Health Plans Open Choice Providers listed in the directory.
- Present this card when you visit a Health Care Provider: it identifies you as an Aetna Health Plans Open Choice Member.


Your benefit booklet describes the services that require precertification. For you or your physician to obtain precertification for these services, call

What FSC is this? _____

			
Regtest, Jane		Consumer Choice - HRA	
Identification Number FXZ123A76705			
Group No: 174092MCAO	Deductible:	In/Out:	
Plan Code: 040	Plan Coverage:	Ind: \$2250/\$4500	
Coverages: Medical	Preventive Care:	In/Out: 70%/60%	
	Call Provider services for verification of benefits.	100% In-network	
Issue Date: 12/05/2013		HRA PLAN 	

		anthem.com/ca	
Members: Possession or use of this card does not guarantee payment. Certain services require pre-certification and you are responsible for obtaining the pre-certification. Failure to pre-certify may result in denial of claims.		Member/Provider Services 1-866-940-6585	
For EAP/MHSA pre-certification, please call the EAP/MHSA toll free number listed to the right.		24/7 NurseLine/Health Advocate 1-877-529-1696	
Providers: Please submit claims to your local Blue Plan, including the 3-digit alpha prefix that precedes the ID number on the front of this card.		Pre-Certification 1-866-940-6585	
Claims & Inquiries: Anthem Blue Cross P.O. Box 50007 Los Angeles, CA 90060-0007		High Tech Imaging Pre-Cert 1-877-291-0516	
		EAP/MHSA* 1-800-274-4367	
		Pharmacy Services* 1-877-602-0018	
*Contracts directly with group Anthem Blue Cross Life and Health Insurance Company provides administrative services only and does not assume any financial risk or obligation with respect to claims. Blue Cross of California, using the trade name Anthem Blue Cross, administers claims on behalf of Anthem Blue Cross Life and Health Insurance Company and is not liable for benefits payable. Independent licensees of the Blue Cross Association.			

What FSC is this? _____

		PPO	
Account 20339733		Co-pays	
		Dr. Visits \$10.00	
\$10.00		Rx Prime	
ID 002000002	Deductibles		
Mary Smith	PPO		


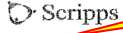
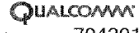

Connecticut General Life Ins. Co. Hartford, CT 06152


This card must be presented each time services are requested. Possession of the card DOES NOT CERTIFY ELIGIBILITY FOR BENEFITS. Bearer must satisfy all terms and conditions.

HOSPITAL ADMISSION: You or your doctor must call the toll-free number listed below prior to any hospital admission. In case of emergency, you or your family or your doctor must call within 24 hours of admission.

What FSC is this? _____

We don't participate with this plan

			
Health Plan (80840) 911-87726-04			
Member ID: [REDACTED]	Group Number: 704201		
Member: [REDACTED]	QUALCOMM PREMIER QDHP		
Dependents: [REDACTED]	Payer ID 87726		
			
		Rx Bin: 004336	
		Rx PCN: ADV	
		Rx Grp: RX4810	
Qualcomm Premier QDHP-Scripps Administered by United HealthCare Services, Inc.			


Printed: 12/19/17	
	
This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.	
For Members: qualcomm premierplans.com	844-884-7266
UnitedHealthcare: myuhc.com	800-861-8417
For Providers: UHGprovider.com	877-842-3210
Medical Claims: PO Box 30555, Salt Lake City UT 84130-0555	
Call 858-678-6205 PRIOR to admission for possible transfer to Scripps	
UnitedHealthcare shared savings	First Health Partners
Pharmacy Claims: PO Box 52136, Phoenix, AZ 85072-2136	
For Pharmacists: 800-364-6331	For Members Rx: 844-345-2839

POS Point of Service

Point of Service (POS) is an HMO/PPO option, which allows the member flexibility in choosing medical care. There are three different coverage options with POS:

- **HMO:** The member chooses a Primary Care Physician (PCP) to be listed on the insurance card. If SRSMG is listed as the Primary Medical Group (PMG), the patient is treated as an HMO member.
- **PPO:** The member can self-refer to a physician outside of the PMG. If the outside physician is a contracted provider with the insurance, the benefits will be paid on a PPO basis.
- **Out-of-Network:** The member may utilize a physician who is not in the PMG and is not a contracted provider of the insurance. These members are considered "Out of Network". Patient will be responsible for a higher out of pocket cost.

What FSC is this? _____

 <p>Health Net[®] POS</p> <p>Group Name THE HOME DEPOT, INC. POS</p> <p>Subscriber Name JOHN SMITH</p> <p>Member Name JOHN SMITH</p> <p>Plan 283 WITH PHARMACY</p>	<p>Issue Date 09-22-2005</p> <p>Renewal Month JANUARY</p> <p>Group # 44272A</p> <p>Subscriber # R00000000</p> <p>Relation to Subscriber SUBSCRIBER</p> <p>Member Effective Date 02-01-2005</p>	<p>For maximum plan benefits, consult your Health Net PMG or IPA below.</p> <p>Sharp Rees-Stealy Medical Group #058 (800) 377-4277 2001 Fourth Avenue San Diego, CA 92101-2393 PRV/IPA Effective: 12-01-96</p> <p><i>To submit claims or obtain eligibility and coverage information, please contact: Health Net ELECT</i></p>
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Medicare

A person qualifies for Medicare after applying and meeting the following requirements:

- At least 65 years of age.
- Dependent minor of a Medicare recipient.
- Disabled for more than two years.
- On renal dialysis for more than two years.
- Members do not pay for part A (Hospital Insurance)
- Members pay for part B (Medical Coverage)
- Members have a deductible per year for Part B medical coverage. **In order for patient to be seen at SRS, they need to have Part B.**
- SRS bills Medicare directly for the member's services and Medicare will reimburse 80% of the allowed charge after the deductible has been met. The patient is responsible for 20%.

NOTE: Medicare does not cover dental care, hearing aids, custodial care, private duty nursing, long term nursing care, take home drugs from an inpatient stay, cosmetic surgery and any treatment not medically necessary.

What FSC is this? _____



MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JANE DOE

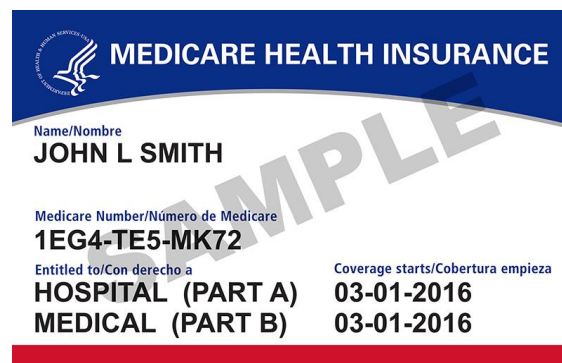
MEDICARE CLAIM NUMBER
000-00-0000-A

SEX
FEMALE

IS ENTITLED TO
HOSPITAL (PART A)
MEDICAL (PART B)

EFFECTIVE DATE
07-01-1986
07-01-1986

SIGN HERE → *Jane Doe*



MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a
HOSPITAL (PART A)
MEDICAL (PART B)

Coverage starts/Cobertura empieza
03-01-2016
03-01-2016

Medicare HMO - Part C Medicare Advantage Plan (MAP) (Replacement policy)

Medicare patients have an option to sign their Medicare coverage over to a Medicare HMO such as United Healthcare, Health Net Seniority, or Sharp Health Plan. The coverage for Medicare HMOs is similar to a regular HMO:

- Member must choose a Primary Care Physician (PCP). All medical care must be coordinated through the PCP.
- **SRS does not accept new MAP insurances, other than the ones below:**

What FSC is this? _____

SHARP HEALTH PLAN

SHARP DIRECT ADVANTAGE (HMO)

ID# S [REDACTED]
Effective Date: 8/1/2018

Plan Medical Group:
Sharp Rees-Stealy Medical Group

Network:
Sharp Direct Advantage

MEMBER ID CARD

Primary Care Physician:
SRS, LA MESA
(858) 499-2600

Cost Share:

PCP	\$10
Specialist	\$10
Urgent	\$10
ER	\$50

MedicareRx
Prescription Drug Coverage

sharpmedicareadvantage.com
Customer Care: 1-855-562-8853 | TTY: 711

DO NOT BILL MEDICARE

RxBIN	015574
RxPCN	ASPROD1
Rx Group	SHP06

Providers submit claims to:
8520 Tech Way, Ste 201
San Diego, CA 92123

Pharmacists submit claims to:
MedImpact Healthcare Systems, Inc.
PO Box 509108
San Diego, CA 92150-9108
888-672-7197

CMS H5386_802
0054

What FSC is this? _____

Health Net

Seniority Plus

Identification Card 1-800-275-4737
1-800-ASK-4-SERVICES

Issue Date: 01/01/03
Subscriber Name: Joe Brown

ID#: 001-00-0001

Group #: 0084A

Plan: 5B

OFV Co-payment: \$15.00
ER Co-payment: \$50.00

You have selected the following medical group to care for you. Neither Medicare nor Health Net will cover care unless the medical and/or hospital services (except for emergencies or out-of-area urgent care) are rendered or authorized by:

Name: Sharp Rees-Stealy Medical Group
2001 Fourth Avenue
San Diego, CA 92101

Phone #: (858) 499-2600

What FSC is this? _____

UnitedHealthcare Medicare Solutions

Health Plan (80840) **911-06111-07**

Member ID: 999999999-99 Group Number 99999

Member: SUBSCRIBER BROWN

PCP Name: PROVIDER BROWN
PCP Phone: (999) 999-9999

Copy: Office/ Spec/ ER
\$XX/ \$XX/ \$XX

H2654 PBP# 802

MedicareRx
Prescription Drug Coverage

RxBin:	610097
RxPCN:	9999
RxGrp:	COS

UnitedHealthcare MedicareComplete (HMO)

SecureHorizons®
from **PacifiCare®**

I.D. Number: 29
Member Since: 04/01/97

Name: Mark Smith

Medical: SRS/Mira Mesa
(858) 499-2600

Dental: Doe, John

Tricare



TriCare patients need to be informed that we are not contracted and they will access their out of network benefits if care is provided at SRS.

For access to in-network benefits, patients should be directed to Balboa Naval Medical Center or another Tricare-accepting provider.

TriCare Prime patients cannot be seen at Sharp Rees-Stealy Medical Centers.

TriCare Standard/Select patients need to be aware of the higher out of pocket expense for them.

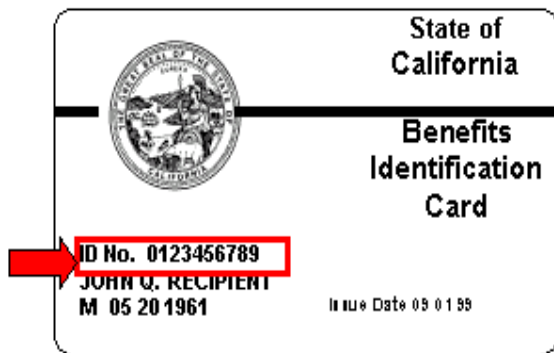
Tricare For Life offers secondary coverage to Medicare for all TRICARE beneficiaries who have both Medicare Parts A and B.

Medi-Cal

Medi-Cal is a state program established by the California Department of Health Services for residents of California who meet limited income and residency requirements. Medi-Cal coverage is determined by the patient's individual circumstances. There are three types of Medi-Cal coverage:

- Share of Cost (SOC) Medi-Cal: Patients have an out of pocket expense that the family must pay prior to becoming fully eligible for benefits. This is a monthly share of cost.
- Restricted Medi-Cal: Full Medi-Cal coverage only on certain services (for example, pregnancy related services).
- Full Medi-Cal: The patient is not financially responsible for covered services. There are many procedures that require a Treatment Authorization Request (TAR) before the procedure can be performed.

What FSC is this? _____



SRS Policy on accepting Medi-Cal Patients

Medi-Cal Insurance is accepted by SRS.

- See policy and procedure 15600 for the most current Medi-Cal acceptance policy for SRS

<http://sharpnet.sharp.com/webdocs/documents/policies/approved/15600.doc>

- If questioning acceptance for new Medi-Cal patients, see your lead or site BSR.

Notes:

- *New patients who register as self-pay and later present Medi-Cal coverage when billed will not be considered established SRS patients.*
- *Urgent care visits and specialty referrals from SRSMG physicians or outside providers do not establish a patient with SRS.*
- *New Physicians with existing Medi-Cal practices must get approval from the SRS Medical Director and Administrator before continuance of treatment.*

Front Desk Procedures

At the time of the patient's visit:

- Ask for the patient's Benefit Identification Card (BIC). Request the patient's driver's license to check identification.
- **Verify insurance online at every visit.**
- Make one copy of the BIC card and file copy in patient's chart. (If not already in chart.)
- For downtime procedures, call to verify coverage using the AEVS coverage sheet.
- Attach the completed AEVS coverage sheet to the charge ticket.

Medi-Cal
Automatic Eligibility Verification System (AEVS)
***** Coverage Sheet – DOWNTIME USE ONLY *****

Phone Number 1-800-456-2387
Restrictions AEVS verifies a recipient's eligibility for the current and/or prior 12 months.

Patient Name: _____

***Recipient Name:** _____

***Medi-Cal ID#:** _____

***DOB:** _____

Date/Month: _____
Of Service

County Code: _____ **Aid Code(s):** _____

Message(s): _____

Share of Cost (if any): \$ _____

Medicare Coverage: ____ **Part A** ____ **Part B** ____ **HIC#:** _____

+Pre-Paid Health Plan (PHP) info: _____

=Other Health Insurance Coverage info: _____

=OHI Scope of Coverage (Circle which apply): V P L O I M COMPREHENSIVE

Eligibility Verification Confirmation Number: _____

Notes:

* For billing services to an infant for the month of birth and month after, enter the mother's information, unless infant has his/her own Medi-Cal ID#.

* Patient belongs to a Medi-Cal HMO (e.g., Sharp Advantage, Community Health Group); Contact the PHP of PMG/PCP information.

* If the service being provided is included in the scope of coverage for the OHI and if the OHI is a HMO where the member belongs to an outside medical group (Kaiser, UCSD), the patient should not be seen unless a referral/authorization has been issued.

List of Alphabetic Codes The alphabetic code listing for AEVS is as follows:

<u>LETTER</u>	<u>2-DIGIT CODE</u>	<u>LETTER</u>	<u>2-DIGIT CODE</u>
A	* 21	N	* 62
B	* 22	O	* 63
C	* 23	P	* 71
D	* 31	Q	* 11
E	* 32	R	* 72
F	* 33	S	* 73
G	* 41	T	* 81
H	* 42	U	* 82
I	* 43	V	* 83
J	* 51	W	* 91
K	* 52	X	* 92
L	* 53	Y	* 93
M	* 61	Z	* 12

Alphabetic Code Listing

Press * before entering the two-digit code

Q 11 1	Z 12	A B C 21 22 23 2	D E F 31 32 33 3
G H I 41 42 43 4	J K L 51 52 53 5	M N O 61 62 63 6	
P R S 71 72 73 7	T U V 81 82 83 8	W X Y 91 92 93 9	
*	0	#	

AEVS: 1-800-456-AEVS

Function Keys

<u>Keys</u>	<u>Purpose</u>
[#]	End data entry in a field; proceed to next field
[* #]	Repeat the menu option
[* *]	Delete the current data entry in a field
[* 99 #]	Return to the main menu

SRS #: 9267113

Notice of Non-Coverage (NNC)



A Notice of Non-Coverage (NNC) is a document used to notify a patient (other than a Medicare patient) that their insurance may not pay for some or all of the tests ordered or services performed. The non-coverage may be a result of a non-covered benefit with the patient's insurance plan or services that are not considered reasonable and necessary by the patient's insurance plan.

If denial for payment of a test/service is known or likely, advise the patient before services are furnished that, according to their insurance guidelines, they will be personally and fully responsible for payment.

Reasons for Filling out an NNC:

- The test/service is experimental in nature and approved for investigational use only.
- The test/service provided may not meet medical necessity requirements according to the health plan's guidelines.
- The test/service is subject to frequency limitations and the test/service to be provided may exceed that limit.
- Patients choose to be self-pay. The patient has insurance but does not want to use it.

Criteria Documentation:

- The NNC must indicate the specific test/service that is to be provided.
- The NNC must indicate the estimated cost of the test/service that is known or likely to be denied.

The NNC will be signed by the patient or his/her authorized representative prior to the receipt of the test/service. Should the patient choose not to have the test/service, the form will be marked accordingly.

Patient's Name _____

EMRN# _____

NOTICE OF NON-COVERAGE (NNC)

In consideration for service(s) provided, the undersigned agrees, whether they sign as patient, custodian, guardian, conservator or agent, to pay the charges as outlined below following any necessary discussion with his or her provider. The following services are generally not covered by plans and insurance companies and, therefore, will not be paid by the insurer or plan:

Test / Service to be provided:

<input type="checkbox"/> Botox	<input type="checkbox"/> Laser Eye Surgery	<input type="checkbox"/> Vaccines: <input type="checkbox"/> Gardasil <input type="checkbox"/> Tdap (Adacel) <input type="checkbox"/> Travel <input type="checkbox"/> Zoster <input type="checkbox"/> Other: _____
<input type="checkbox"/> Cosmetic Procedure (specify): _____	<input type="checkbox"/> Mole Removal	
<input type="checkbox"/> Durable Medical Equipment _____	<input type="checkbox"/> Prolotherapy	
<input type="checkbox"/> Forms	<input type="checkbox"/> PRP (Platelet Rich Plasma)	
<input type="checkbox"/> Infertility - testing & treatment related to	<input type="checkbox"/> Skin Tag Removal	
<input type="checkbox"/> IUD	<input type="checkbox"/> Other:	
<input type="checkbox"/> Laser		

The estimated range for the Test/Service is between \$_____ and \$_____.

Please initial:

_____ I understand that the estimated fees listed may not include all related services (laboratory or x-ray) that may be necessary to complete my treatment.

_____ I have read and understand the above notice and understand that my insurance may not cover the test/service.

_____ I agree to be financially responsible and pay for the test/service as an out of pocket expense.

Only initial if it applies:

_____ I have read and understand the above notice and have decided not to receive these tests/services.

☐ **Self-pay:** I understand that I am opting out of using my insurance benefits so that I can be self-pay for this service.

I acknowledge and agree that I am responsible for payment of these services.

Signature of patient, custodian, guardian, conservator or agent

Date: _____

Relationship to Patient: _____ Witness/user ID: _____
This signed document is to be scanned into the Electronic Medical Record.

Restriction on Use of PHI



REQUEST FOR RESTRICTION ON USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Date: _____ Patient Name: _____
(LAST) (FIRST) (M.I.)

Address: _____

Telephone: _____

Date of Birth: _____

I understand that Sharp HealthCare may use or disclose my protected health information ("PHI") for the purposes of treatment, payment and health care operations. Sharp HealthCare may also disclose information to someone involved in my care or the payment for my care, such as a family member or friend.

I hereby request a restriction on Sharp HealthCare's use or disclosure of my PHI. I understand that Sharp HealthCare does not have to agree to my request unless the restriction is required by law.

I want to limit:

- ☐ Sharp HealthCare's use of this information
- ☐ Sharp HealthCare's disclosure of this information
- ☐ Both the use and the disclosure of this information

I want to restrict disclosure of my PHI because:

- ☐ I paid for a service or health care item out-of-pocket in full
- ☐ Other _____

I want the limits to apply to the following person/entity (for example: a spouse, insurance company):

(Full name and address)

The information that I want restricted is:

- | | | |
|--------------------------------------------------|----------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Treatment Notes | <input type="checkbox"/> Imaging Reports | <input type="checkbox"/> Laboratory Tests |
| <input type="checkbox"/> Emergency Dept. Reports | <input type="checkbox"/> Procedure/Operative Notes | <input type="checkbox"/> Billing Information |
| <input type="checkbox"/> Other | | |

Date: _____
Signature of Patient or Legal Representative

If Legal Representative, state relationship: _____

Date: _____
Signature of Witness

*** FOR INTERNAL USE ONLY ***
Provide a copy of this form to patient upon request.

Co-Pay Quick Reference Grid

Primary FSC	Secondary FSC	Co-pay Due?
HMO	HMO	NO
HMO	MM2	NO
HMO	OHM *	YES
HMO	PPO	NO
HMO/PPO/MED/MML	MC2	NO (unless pt. has Share of Cost)
MED/MML/HSB/SHD/HSMA	NMC2	NO (unless pt. has Share of Cost)
HMO/PPO	NMC2*	YES
MED	HMO	NO
MED	CIM/SIM	NO
PPO	MM2	NO
PPO	PPO	NO
PPO	HMO	NO
OHM *	HMO	YES
OHM	PPO ¹	YES (PPO)
HMO/PPO	Tricare ‡	NO

* = Please DO **NOT** ENTER INTO BAR.

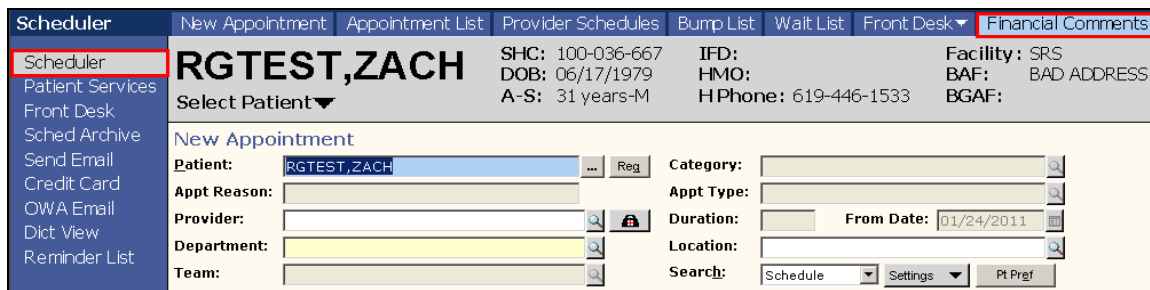
¹ = Please make sure patient understands they will be billed appropriately for deductible and co-insurance amounts.

‡ = Normally with non-contracted providers, YES you do take a co-pay. However, since Tricare coordinates benefits, this is an exception and NO need to take a co-pay.

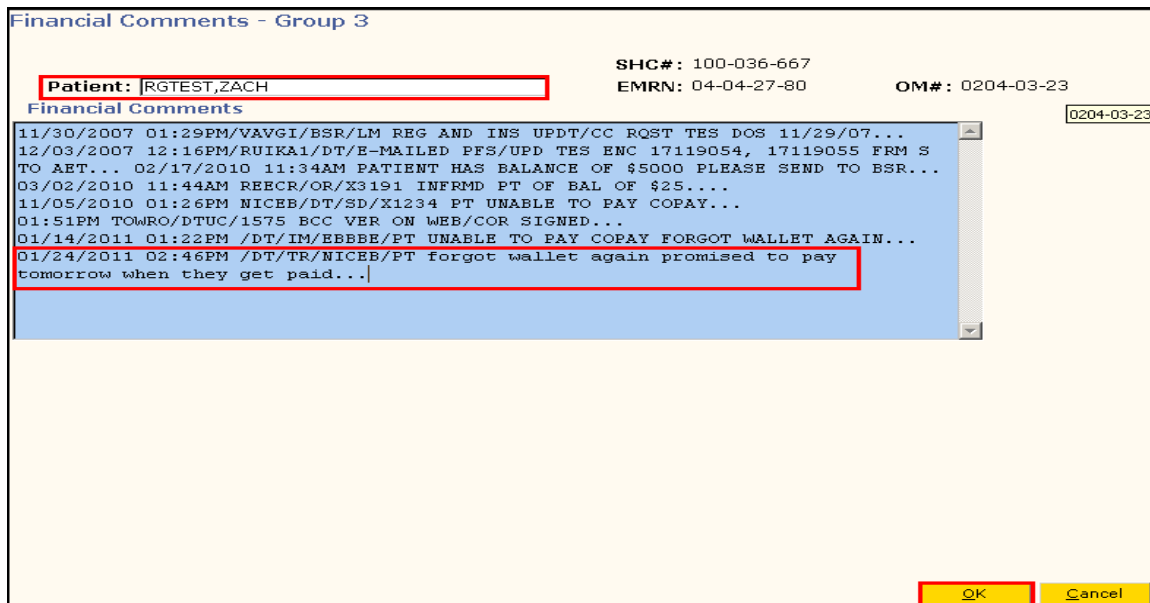
Financial Comments

Financial Comments will no longer be used to document accounts, except in those accounts that have **no future or historical visits listed**, and then financial comments will need to be entered. All notes will now be entered as Registration Notes. You can still view financial comments as instructed below.

1. To access comments, select the tab “Financial Comments,” key in the letter <R> and <Tab> at the *Patient:* field to recall the patient you have been working on or enter the patient’s name utilizing one of the standard naming conventions and then click on the OK button.



- Click Financial Comments



2. If the patient has multiple Financial Comments, it may be necessary to use the <page Down> key or the down arrow <↓> key to reach the end of the last comment.

Adding a New Registration Note

Whenever registration notes are entered, your user initials, date, and time are entered automatically. Once a note has been entered and saved, the note will remain permanently in the patient's account.

If an account note has been entered into the wrong account, a new note must be entered stating the line # of the incorrect note and the account # or visit # where that note should have been documented.

1. Upon entering action code "NE", the visit list screen may display.

Visit Lookup Last Refreshed: 07:33AM

Show visits in a status of ☒ Active ☒ Scheduled ☒ Arrived
☒ Archived ☒ Discharged ☐ Canceled Refresh

Visit No.	Visit Type	Org	EMRN	Sched Dt	Date In	Date Out	Attending Phys	Service	Location
20945	ZZZ	30	04-65-	08/24/2016	08/24/2016	08/24/2016	WRIGHT MD, CHERYL D	*NA	RB
20945	ZZZ	30	04-65-	08/24/2016	08/24/2016	08/24/2016	WRIGHT MD, CHERYL D	*NA	RB
20945	ZZZ	30	04-65-	08/24/2016	08/24/2016	08/24/2016	WRIGHT MD, CHERYL D	*NA	RB
20865	ZZZ	30	04-65-	07/22/2016	07/22/2016	07/22/2016	SANCHEZ-MATA MD, AC	*NA	GEN
20865	ZZZ	30	04-65-	07/14/2016	07/14/2016	07/14/2016	WRIGHT MD, CHERYL D	*NA	RB
20865	ZZZ	30	04-65-	06/13/2016	06/13/2016	06/13/2016	SANCHEZ-MATA MD, AC	*NA	GEN
20865	ZZZ	30	04-65-	06/07/2016	06/07/2016	06/07/2016	WRIGHT MD, CHERYL D	*NA	RB
20865	ZZZ	30	04-65-	06/03/2016	06/03/2016	06/03/2016	WRIGHT MD, CHERYL D	*NA	RB
20865	ZZZ	30	04-65-	05/19/2016	05/19/2016	05/19/2016	SANCHEZ-MATA MD, AC	*NA	GEN
20865	ZZZ	30	04-65-	05/18/2016	05/18/2016	05/18/2016	SANCHEZ-MATA MD, AC	*NA	GEN
20865	ZZZ	30	04-65-	05/04/2016	05/04/2016		AARONSON MD, SCOTT	*NA	RB
20865	ZZZ	30	04-65-	05/02/2016	05/02/2016	05/02/2016	SANCHEZ-MATA MD, AC	*NA	GEN


Legend OK Cancel

2. Choose the appropriate visit and then select the OK button (or ALT "O")
3. Select the **New** button and choose the appropriate Note Type:

- Registration Note

Date	Time	User	Number	Category	Note
06/06/2016	02:47PM	MIRJO1	A-3	SYS	Plan #2 F131 Deleted at 02:47PM
06/06/2016	02:47PM	MIRJO1*EPM	A-2	SYS	Plan #2 F131 Added at 02:47PM
06/06/2016	02:47PM	MIRJO1*EPM	A-1	SYS	Plan #1 F200 Added at 02:47PM
Registration Notes					
11/14/2016	12:41PM	MIRJO1	479	USER	TEST
08/08/2016	11:36AM	JONDE2	478		Reason for not accepting Address Corrector: NEW DEVELOPMENT, USPS
08/07/2016	12:55PM	JONDE2	477		Reason for not accepting Address Corrector: NEW DEVELOPMENT, USPS
08/07/2016	12:49PM	JONDE2	476		Reason for not accepting Address Corrector: NEW DEVELOPMENT, USPS
07/22/2016	10:12AM	JONDE2	475		Guarantor's address status changed from: to: BAD ADDRESS
07/22/2016	10:12AM	JONDE2	474		Guarantor Address line 1 changed from: to: 4000 RUFFIN RD STE D
07/22/2016	10:12AM	JONDE2	473		Guarantor's City, St changed from: to: SAN DIEGO, CA
07/22/2016	10:12AM	JONDE2	472		Guarantor's Zip code changed from: to: 92123
07/22/2016	10:12AM	JONDE2	471		Zip code changed from: 92101- to: 92101
07/22/2016	10:12AM	JONDE2	470		Reason for not accepting Address Corrector: NEW DEVELOPMENT, USPS
03/19/2016	02:49PM	MITME2	469		Email changed from: melissa.mitchell@sharp.com to:
03/19/2016	02:49PM	MITME2	468		Reason for not accepting Address Corrector: PT NOT PRESENT

New Actions Save Settings OK Cancel

Visit Note
 Registration Note 

4. An **Add/View Registration Note** Screen will display

5. In the **Category:** box, select “user note” and then click in the text box
6. In the text box, enter an applicable note
 - Do not enter the date, time and your username
 - i. The system automatically stamps this information

Add/View Visit Note

Visit No.: Adm Dt: Visit Type: ZZZ REVFS: 200

Note: New Date: 12/19/2019 Time: 03:02PM User: MIRJO1

Category:

☐ A - Note
 ☐ B - Note
 ☐ C - Note
 ☐ D - Note

☒ **Registration Note**
☐ Account Note
 ☐ Authorization Note

THIS IS A TEST REGISTRATION NOTE

Registration Note will default when Registration Note type is selected

7. Click the button (or ALT “O”) to save.
 - If a new registration note was accessed in error, click the button
8. The new registration note will be seen immediately.
 - Date and Time
 - User and line number (A-7 seen below)
 - Note* that the category “user” is also displayed

Date	Time	User	Number	Category	Note
Registration Notes					
12/19/2019	03:05PM	MIRJO1	480	USER	
THIS IS A TEST REGISTRATION NOTE					
11/14/2019	12:41PM	MIRJO1	479	USER	
TEST					
08/08/2019	11:36AM	JONDE2	478		
Reason for not accepting Address Corrector: NEW DEVELOPMENT, USPS NOT RECOGNIZED					
08/07/2019	12:55PM	JONDE2	477		
Reason for not accepting Address Corrector: NEW DEVELOPMENT, USPS NOT RECOGNIZED					

Things to Remember When Entering Registration Notes

- ❖ Keep it professional. Do not enter any opinions, or derogatory comments.
- ❖ It's a legal document and can be subpoenaed.
- ❖ You can abbreviate-- as long as words are easily understandable and distinguishable.

When to Enter Registration Notes

- When verifying a patients insurance eligibility.
Ex: Pt on 7day out rport. Vrfd HCC ins cov. Pt elig w/SRS per web.
-or-
Ex: Pt on 7day out rport. Cld AET,spk w/John.Vrfd elig for May.
- When a co-pay is due and wasn't collected.
Ex: Pt cldnt pay co-pay for tdy DOS,Dr Smith.Pt 4got
wallet.No BSR avlbl,fld out BCF.
- Why a patient didn't sign a C.O.R.
Ex: Gave COR to pt. didnt sign and rtn.

Glossary

Co-insurance: An arrangement under which the member pays a fixed percentage of the cost of medical care. For example, an insurance plan might pay 80% of the allowable charge, with the member responsible for the remaining 20%, which is then referred to as the coinsurance amount.

Co-payments: A Co-payment, or co-pay, is the insured's portion of a medical expense that is due whenever specific services are provided. On some insurance cards you will see the co-payment amount listed. Co-payments are due every time the applicable service is provided.

Deductible: A deductible is that portion of an insured's health care expenses that must be paid out of pocket before any insurance coverage applies. Deductibles are common with PPO's; they are becoming more common with HMO's even. At SRS, if a patient has not met their deductible, we will request a **minimum deposit of \$90** when the patient arrives and checks-in.

Fee-for-Service: Reimbursement is made on each itemized medical service covered under the plan. Payment is made to the insured or the provider of the medical service. PPO plans often operate based on a negotiated (fixed) schedule of fees that recognize charges for covered services up to a negotiated fixed dollar amount.

HMO- Health Maintenance Organization: A patient with an HMO plan must choose a primary care provider. All medical care must be coordinated through the PCP. A health care system assumes both the financial risks associated with providing comprehensive medical services (insurance and service risk) and the responsibility for health care delivery in a particular geographic area, in return for a fixed/prepaid fee (i.e., capitation).

Patient Responsibility: Co-payments and unmet deductibles are the responsibility of the patient and are due at time of service.

POS- Point of Service: Point of Service is an HMO/PPO "hybrid" option which allows the member flexibility in choosing medical care. There are different tiers to this type of plan: HMO (i.e., the member chooses a primary care physician); and then services received outside of the HMO and/or out of network which are reimbursed in a manner similar to other indemnity or fee-for-service plans.

PPO- Preferred Provider Organization: An indemnity type of plan that offers members a choice of accessing a preferred provider. Enrollees may go outside the network but will pay larger costs in the form of higher deductibles, higher coinsurance rates, or non-discounted charges from the providers. Members do not have to select a PCP.

Primary Care Physician (PCP): A physician who serves as a member's primary contact within the health plan and provides basic medical services, coordinates care, and authorizes referrals to specialists or hospitals.