

# Sending NY Workers Comp Claims Electronically

Main Switchboard Saturday, February 20, 2021 Payfast (PF2K2L-2 1.7-21)

**PAYFAST Software** 844.746.0628

**Patient Activities**

- Patient Information
- Add A New Patient
- Add A New Visit or Procedure
- Payment Screens [Go To Insurance](#)
- Visit/Payment History
- Print Receipts
- EMR SOAP/Narratives
- Add, Edit View Images
- Exercise Program

**Accounting**

- Day Sheet Daily Totals
- Rec 30
- Doctor Totals

**Staff**

- Doctor Information
- Referring Doctors

**General Operations**

- Address Book
- Extra Forms
- Appointment Book
- Print Billing** [Re Print/Ins Lbls](#)
- Label and Envelopes
- Insurance Companies
- Delete Transactions

Log Off Click for Support Center PayFast@payfastway.com www.payfastway.com Incoming Text 0 New Messages Exit

Print Billing Form Tuesday, June 1, 2021

**Print Billing**

**Mandatory Print Options**

Print all Claim Dates before Date Below

Doctor # 1 - Robert S. Davis DC

Doctor Group 1

Billing Form: HCFANYWC

**Extra Print Options**

Choose a Patient

Duck, Don

Print Billing Form Single

Printer Default

Default Printer

HP LaserJet Pro M402-M403 n-dne PC

**Claim List**

Name	FirstVisit	LastVisit	VisitCount
Davis, Tom	5/18/2021	5/18/2021	1
Davis, Tom	5/24/2021	5/25/2021	2
Duck, Don	4/22/2021	4/22/2021	1
Duck, Don	5/11/2021	5/11/2021	1
Duck, Don	6/1/2021	6/1/2021	1

Refresh

RE-Print Billing

48 Hour Checker for NYWC

PT NYWC Forms

Update ICD Pointers for 24E to A-L Format

Warning this will over write any special ICD Pointer Placement.

Reset Printing

Claims on Hold

Check for No Diag

C4 Narrative Follow-up Not filled out

Claims Ready For Printing

NF3 type NF3 by Ins.

**Step 2**

Choose Claims from Green Areas

Single. You can only do one claim at a time

WC/NF E Billing

Go Back Save

[Click to Read Disclaimer](#)

Prints on White Paper

Print (White Paper)

PDF Create a PDF

Pre View HCFA

Upload to Clearing House FTP

3 Step 1 Export Upload Claims

4 Step 2 Add Files then Upload Documentation

5 Only Use if you have Just Notes

1 Step Upload Both Claims and Notes

Export Claim History

Click below to view links

0 Claims No Payer Id's

0 Claims No Carrier Case #'s

1 Claims with NO Notes

Go to Carisk Clearing House

W012009  
All State Insurance Co.  
425 Essjay Rd.  
Buffalo NY 14240-

HEALTH INSURANCE CLAIM FORM  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare)	MEDICAID (Medicaid)	TRICARE (DoD)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FECA BENEFIT (ID#)	OTHER (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Duck, Don							3. PATIENT'S BIRTH DATE (MM   DD   YYYY) 11   24   1966
5. PATIENT'S ADDRESS (No., Street) 126 Main Street							4. INSURED'S NAME (Last Name, First Name, Middle Initial) Payfast
6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>							7. INSURED'S ADDRESS (No., Street)
8. RESERVED FOR NUCC USE							

Step 3 Export/Upload Claims

Step 4 Add/Upload EMR Notes/ Documentation

5. Or if all is set you can use skipping 3 and 4

1 Step Upload Both Claims and Notes

### Adding Documentation First Example (A)

You can attach Documentation from external sources.

Check down further in help file to see what the yellow highlighted lines and possible issues are for and how to resolve them.

# Document Uploader

Double Click to view PDF's

## Step 1 Click Top Box record

Main PDF Note Already Created Please Click to get started.

ClaimId	Date	ImagePath
1452021123223	6/1/2021	C:\pfx\ElectronicNotes



1

3

## Step 2 Click Bottom Box record

Click once below to select a file to add to the main PDF already created then hit the Link/Merge button  
You can only click one at a time and click the Link/Merge button on the right.



ClaimId	Date	ImagePath
14520211232232	6/1/2021	C:\pfx\pictures\1182021336112\1182021336112\Oswestry-5-25-2021-14-41-50\145202
14520211232232	6/1/2021	C:\pfx\pictures\1182021336112\1182021336112\Pain Diagram-5-25-2021-12-30-36\145
14520211232232	6/1/2021	C:\pfx\pictures\1182021336112\1182021336112\Oswestry-5-11-2021-17-38-58\145202

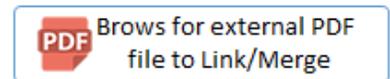
2

Click once on Image above and then on the magnifying glass to view image.



6

4



5



1. Choose the first row which is the main Emr Note created in payfast. If you are not creating notes in payfast skip to Example (B)
2. If you have scanned or imported other documentation in Payfast under this claim number it will be in the lower box under step 2. Click on the row you want first.
3. Link/Merge using the Link/Merge button if you Choose a document in step 2.
  - a. Note if you don't have anything in the lower box just skip to next step
4. Brows for external PDF is only used if you want to add external documentation that is not scanned into Payfast.
5. Click Upload Documentation
6. Reset/Reload is used if you did something in mistake and want to start over just click and relink.
7. Then **Close/Exit**

## Adding Documentation First Example (B)

# Document Uploader

Double Click to view PDF's

## Step 1 Click Top Box record

2

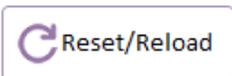
Click once below to select a file to add to the main PDF already created then hit the Link/Merge button  
You can only click one at a time and click the Link/Merge button on the right.



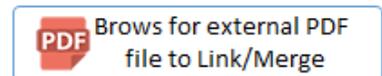
ClaimId	Date	ImagePath
13120211748292	6/1/2021	C:\pfx\pictures\111202141762\111202141762\test 2-5-11-2021-23-34-56\13120211748292
13120211748292	6/1/2021	C:\pfx\pictures\111202141762\SOAPGr\5-6-2021-7-42-50\13120211748292.pdf

Click once on Image above and then on the magnifying glass to view image.

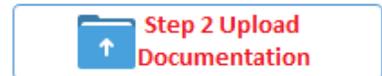
Only add one (1) PDF at a time.



5



3  
4



1. If you have scanned or imported other documentation in Payfast under this claim number it will be in the box under step 1. Click on the row you want first. If no Documentation in here just skip to 3.
2. Link/Merge using the Link/Merge button if you Choose a document in step 1.
  - a. Note if you don't have anything in the lower box just skip to next step
3. Brows for external PDF is only used if you want to add external documentation that is not scanned into Payfast.
4. Click Upload Documentation
5. Reset/Reload is used if you did something in mistake and want to start over just click and relink.
6. Then **Close/Exit**

Workers Comp Billing

6

5

Go Back Save

Print HCFA NYWC

Print Pre View

PDF Create a PDF

Export/Upload Claims

Export Documentation

Export Claim History

Click below to view links



### HEALTH INSURANCE CLAIM

APPROVED BY NATIONAL UNIFORM CLAIM COMMI

PICA

1. MEDICARE MEDICAID TRICARE  
 (Medicare#)  (Medicaid#)  (ID#/DcD#)

2. PATIENT'S NAME (Last Name, First Name, Middle)  
**Duck, Donald**

5. PATIENT'S ADDRESS (No., Street)  
**123 Pond View**

Step 5 Save  
Step 6 Go Back

Step 7 Go to the Clearing house to check for errors.

**Keep reading for setup and Changes are error handling**

**Patient Setup Changes**

# PAYFAST X1-2KL

Acct# **Duc2431** Last Patient Cases Patient Pay Ins. Pay Save Update New Patient

Patient Info Primary Ins. Secondary Ins. Guarantors Injury/Diag CPT/Procedures Tracking Notes Extras

## Primary Card Holder Information

Relationship to the Patient: Self  
Last Name: Duck  
First Name: Donald  
MI:  
Street: 123 Pond View  
City: GENESEO  
State: NY  
Zip: 14454  
(Home): (555) 555-5555  
DOB: 11/11/1960 60 yr.  
Sex: Male

## Injury Employer Information and WC Billing Info

Employer:  
Emp. Street:  
Emp. City:  
Emp. State: Emp. Zip:  
Emp. Phone:  
Use this Employee Info for WC Cases

WCB Case #: TestWCB  
Carrier Case #: TestCarrierCase

Check me to InActivate this condition  
Date In-Activated:

**Update WC HCFA**

## Billing Information

ID Number HCFA box 1a: 123456  
Group#: Box 11  
Claim Casualty# Box 11b: Y4  
Copay Percent: 0 % Or Copay: \$0.00  
Responsible Payer of the Copay if one: Guarantor  
Insurance Co.: State Farm Ins. Co.—Sta39  
Payer.web.link1:  
PlanName:  
Adjuster/Attn.To:  
Adjuster Phone: ADJ. Fax:  
Adjuster Notes:  
Assigned: Yes

Billing Type: NYWC  
Billing Form: **HCFANYWC**  
Case Description: NYWC

Deductible: \$0.00 To: From:

First Visit: 12/16/2020  
Color Code for Appointment Book:  
Max Amount to Charge Per Day: \$0.00  
 Make Active

**Copy Info from Main**

- Visit History
- History Sheet
- Payment Hist Pat
- Payment Hist Ins.
- Transaction Sheet
- Print Receipt Pat
- Print Receipt Ins
- Claim Info
- Extra Forms
- Delete Transactions
- Deleted Visits
- Deleted Payments
- Daysheet
- Add/Edit Images/Files
- EMR Notes
- New Visit

Date Created 12/16/2020 12:20:14 AM

<-Back Next->

Last Updated 2/20/2021 9:21:27 PM

If is Blank click me

You are on the {Primary Card Holder} screen Saturday, February 20, 2021

**Step 1** you need to put your WCB Case and Carrier Case #'s in the new spots. If you have them in the old spot you can hit the **Update WC HCFA** button and import them.

**Step 2** change the Billing Form to **HCFANYWC**

You do not have to worry about the **Y4** for workers comp.

# Insurance Company Setup Changes

Insurance Information

State Farm Ins. Co.--Sta39

If you Don't See Insurance Co in List above Click button Below  
**Click me to Add New Insurance Co.**

Company: State Farm Ins. Co.  
 Street: 100 Meridian Ctr Suite 200A  
 Street2:  
 City: Rochester  
 State: NY  
 ZipCode: 14618-  
 Phone: (800) 795-7895 Ext:  
 Fax:  
 Electronic ID: E3349  
 Carrier Code W:  
 WebLink1:  
 WebLink2:  
 WebLink3:  
 Notes:

HCFA Box 1: Other  
 Medigap?:  
 Show Primary Card holder Info on HCFA Form  
 Exclude Box 9 For Secondary Billing

Billing Type: Edit  
**Click me to update Billing Type for this Insurance Co.**

Electronic ID has to be filled out for NYWC using the list below  
 WC/NF Elec ID lookup: Edit  
 Lookup by Name:

Print Pin in Box k  
 Print Address On Left of HCFA  
 Don't Print Address on HCFA  
**Set Defaults**

Max Amount to Charge Per Day  
 \$0.00

Update/Active In-Activeate  
 Pin Rep Description:

Favorite  
 Delete UndoDelete

Dr #  
 3 Choose Doctor Num and the click>>> Add Pin#  
 Box 33B for WC has to be the 6 digit license # NO X's or -1 etc

Dr. #	Box 33A	Box 32A	J Box Top	J Box Bottom	Over Write Tax Id#	Box 19 Overwrite	Box 33B	Box 32B	De
1							1		

**Warning: make sure you do not use duplicate Dr. #'s**

You must match the New Insurance Electronic ID with the Insurance company you have chosen.

Make sure the Work Comp has a Y for Yes they do Work Comp as show in image below.

If you don't know for sure contact the Clearing house they will help you choose the correct Payer ID from their list.

We will have a feature under the Edit to update the list from the Clearing house. You have to specify to the clearing house under their settings to share the list with you. The Clearing house or Payfast can help you with that feature.

Click me to update Billing Type for this Insurance Co.

Electronic ID has to be filled out for NYWC using the list below

Payer Name	PayerId	States	Profession	Institutional	Pharmacy	WorkCom	Automated
21st Century Insurance	E0657	All States	Y	Y	Y	Y	N
22125 Roscoe Corp.	E0658	All States	Y	Y	Y	Y	N
AAA Minnesota/Iowa	E3748	MN	Y	Y	Y	N	Y
AAA Northern CA NV & UT Ins exchange	E9989	All States	Y	Y	Y	Y	N
AARLA Risico Claims via Hartford	E4057	All States	Y	Y	Y	Y	N
ABC Const. Company	E9990	All States	Y	Y	Y	Y	N
ABF Freight System Inc (Arkbest)	E3789	All States	Y	Y	N	Y	Y
Acadia Insurance Company	E10218	All States	Y	Y	Y	Y	N
Accd	E3729	All States	Y	Y	Y	Y	N
Accident Fund Insurance Co of America	E1136	ALL	Y	Y	Y	Y	N
Accuride Corporation	E3033	TX MN	Y	Y	Y	Y	N
Ace Property & Casualty Ins Co	E9992	All States	Y	Y	Y	Y	N
Ace USA	E10230	All States	Y	Y	Y	Y	N
Ace USA Rocklin	E10231	All States	Y	Y	Y	Y	N
ACIG Insurance Company - CORVEL	E1366	TX MN	Y	Y	N	Y	Y
Active Care Inc	E3840	All States	Y	Y	Y	Y	Y
ACTS Retirement- Life Communities	E10128	All States	Y	Y	N	Y	Y
Acuity Mutual Ins Co - CORVEL	E3627	All States	Y	Y	N	Y	Y
ACWA JPI	E10232	All States	Y	Y	Y	Y	Y
AD-COMP - CORVEL	E1165	All States	Y	Y	N	Y	Y
Administaff	E5521	TX MN CA LA OR	Y	Y	N	Y	N
Administrative Claim Service Inc	E1101	All States	Y	Y	Y	Y	N
Adminsure	E2292	All States	N	N	Y	Y	Y
Admiral Linen & Uniform Service	E10129	All States	Y	Y	Y	Y	N

## Provider Setup Changes

Provider Info

Provider Info Extra Info Provider Places Texting (SMS) App Online Appointment App FTP Settings

**FTP Settings** Please if you don't know what you are doing don't do call support thank you!

Description	Notes	ftpUser	ftpPass	ftpHost
CariskHCFA	Please don't Edit	[Redacted]	[Redacted]	[Redacted]

After you get setup with the clearing house, they will send you a email with your FTP User name, PTP password and FTP Host information. They will need to go under these fields above and you must make sure you are on the correct Provider #. If this is blank for your Provider # contact Payfast to create you a Host location to put your information in.

Record: 1 of 1

Record: 1 of 3

# HCFA Claim Error Checking in Payfast

Print Billing Form

Saturday, February 20, 2021

## Print Billing

Claim List

Name	FirstVisit	LastVisit	VisitCount
Duck, Donald	2/3/2021	2/20/2021	7

**Mandatory Print Options**  
 Print all Claim Dates before Date Below  
 Doctor # 3 - Robert S. Davis DC  
 Doctor Group 1  
 Billing Form: HCFANYWC  
 View NYWC forms Over 6 Visits:

**Extra Print Options**  
 Choose a Patient  
 Print Billing Form Single  
 Type: NYWC PrePrint  
 Print Billing Form by Type  
 Print Type Chosen Patients  
 Choose a Insurance Co. PrePrint  
 Print Billing Form by Ins. Co.  
 Print Insurance Co. Chosen Patients  
 Print Billing Form All  
 PrePrint All Patients Ready for Print  
 Printer Default  
 HP LaserJet Pro M402-M403 n-dne PC

**You should always check for Claims with No Diagnosis Codes**

Refresh  
 RE-Print Billing  
 48 Hour Checker for NYWC  
 PT NYWC Forms  
 Update ICD Pointers for 24E to A-L Format  
 Warning this will over write any special ICD Pointer Placement.  
 Reset Printing

Claims on Hold  
 Check for No Diag  
 C4 Narrative Follow-up Not filled out  
 Claims Ready For Printing  
 NF3 type NF3 by Ins.

Click the Claims No Payer id's and get the list then either print out the list or hit the Magnifying Glass to go to payers and update the Carisk Payer ID then Close

Workers Comp Billing

Go Back Save

Print HCFA NYWC  
 Print Pre View  
 PDF Create a PDF  
 Export/Upload Claims  
 Export Documentation  
 Export Claim History  
 Click below to view links  
 1 Claims No Payer Id's  
 1 Claims No Carrier Case #'s  
 1 Claims with NO Notes  
 View 1 Claim(s) to Print  
 Go to Carisk Clearing House  
 Set Default Printer  
 HP LaserJet Pro M402-M403 n-dne PCL6  
 Export/Upload Test

Record: 14 of 1

### Insurance without Carisk Payer Id Chosen

View Claim Id Carisk-Payers ID Pat# Fname Lname Ins Code PAYER

5120212121342	Missing Payer ID	Duc2431	Donald	Duck	Sta39	State Farm Ins. Co.
---------------	------------------	---------	--------	------	-------	---------------------

De-Select Claims to Send

Insurance Information

State Farm Ins. Co.—Sta39

If you Don't See Insurance Co in List above Click button Below  
 Click me to Add New Insurance Co.

Company: State Farm Ins. Co.  
 Street: 100 Meridian Ctr Suite 200A  
 City: Rochester  
 State: NY  
 ZipCode: 14618  
 Phone: (800) 795-7895  
 Fax: Ext:  
 Electronic ID: WC/NF Elec ID lookup: WC/NF Elec ID lookup: Lookup by Name  
 Carrier Code W:  
 WebLink1:  
 WebLink2:  
 WebLink3:  
 Notes:

HCFA Box 1: Other  
 Medigap?:  
 Show Primary Card holder Info on HCFA Form  
 Exclude Box 9 For Secondary Billing  
 Billing Type: Edit  
 Click me to update Billing Type for this Insurance Co.  
 Print Pin in Box k  
 Print Address On Left of HCFA  
 Don't Print Address on HCFA  
 Set Defaults  
 Max Amount to Charge Per Day \$0.00  
 Update/Active In-Activate  
 Pin Rep Description:

Dr # 3 Choose Doctor Num and the click >>> Add Pin#  
 Box 33B for WC has to be the 6 digit license # NO X's or -1 etc

Dr. #	Box 33A	Box 32A	J Box Top	J Box Bottom	Over Write Tax Id#	Box 19 Overwrite	Box 33B	Box 32B	De
1							1		

Warning: make sure you do not use duplicate Dr. #'s

Close  
 Print List of All Ins. Co.  
 Print This Payers Patients  
 Print All Payers List  
 Update to Primary  
 Back to Patient Info  
 Change Diag Pointer Options for Payer

Click on the Claims No Carrier Case # and get the list then either print out the list or hit the Magnifying Glass to go to Primary Card Holder and put in the Carrier Case # then **Close**

The screenshot shows the 'Workers Comp Billing' interface. On the left, a sidebar contains various actions like 'Print HCFA NYWC', 'Print Pre View', 'Create a PDF', and 'Export/Upload Claims'. The main area displays a table titled 'Patients without Carrier Case #'. A magnifying glass icon is highlighted with a green circle, and a red arrow points from it to the 'Primary Card Holder Info' form. The table has columns for 'View Claim Id', 'Pat#', 'Fname', 'Lname', 'Ins Code', and 'Carrier Case#'. The first row shows '5120212121542', 'Duc2431', 'Donald', 'Duck', 'Sta39', and 'Missing Carrier Case #'. The 'Primary Card Holder Info' form is divided into sections: 'Primary Card Holder Information' (with fields for relationship, name, address, and DOB), 'Billing Information' (with fields for ID number, group, and copay), and 'Injury Employer Information and WC Billing Info' (with fields for employer, address, and WCB case number). A 'Close' button is visible at the bottom of the form.

First step to fix missing Notes are Click on the Claims with not notes then hit the Magnifying Glass and go to the EMR system.

If you are using different Notes, please disregard this section.

The screenshot shows the 'Workers Comp Billing' interface with a table titled 'Claims with No Notes'. The table has columns for 'View Claim Id', 'Note ID', 'Pat#', 'Fname', 'Lname', 'First Date', and 'Last Date'. The first row shows '5120212121542', 'Missing Note', 'Duc2431', 'Donald', 'Duck', '2/3/2021', and '2/20/2021'. A magnifying glass icon is highlighted with a red circle, and a red arrow points from it to the 'Missing Note' text. The sidebar on the left is similar to the previous screenshot, but the '1 Claims with NO Notes' link is highlighted with a red circle. A yellow message box at the bottom states: 'You will either have to manually upload a Note for these claims or go to the EMR and Create and Attach a note there.'

Double click on the Note date that goes with the Claim. You may have many Notes that go with the claim make sure you go through them all in the next couple steps.

Duck, Donald (NYWC) PatBal: \$0.00 InsBal: \$135.00 OnAcct: \$0.00 TotalBal: \$135.00

**Duck, Donald (NYWC)** Patient Case

Patient # Duc2431

Default Report: Chiroshort InjuryDate: 12/16/2020

**Default Injury :** Quack Pain

Ins. Co.: State Farm Ins. Co.--Sta39

Doctor: 3 Robert S. Davis

DOB: 11/11/1960

Ins Card: 123456

Report/Macro Chooser: Chiroshort

History (Double Click)

NoteDate	Name
1/20/2021	Chiroshort
1/20/2021	No Show
1/20/2021	No Show
12/16/2020	Chiroshort
12/16/2020	ProgressReport
12/16/2020	NFAccidentReport
12/16/2020	Chiroshort
12/16/2020	Chiroshort

Default Injury Chooser

Injury	InjuryDate
Quack Pain	12/16/2020

Count Based on >= to Dates Chosen

Emr Counter 0 N/A Today

Visit Counter 5 12/16/2020 Today

Buttons: Add New Visit, All patients notes, NYWC Initial, Unfinished Notes, NYWC Progress, Reset EMR on Appt Book, Exercise Pro, Printable Forms, Appointment, Patient Info, Update Diag Codes, Deleted Notes

Multiple Printing Close

Buttons: Setup/Edit Q/A, New Blank Q/A Note, Create/Edit Note, Edit/Setup Note, Click for New Note, Add Images, View Images

Save Changes

Save

If you want to use the answers from your last note double click on last note date under the history list then hit the button New Note

Click the drop-down Visit Date Link to connect this visit date/Claim with this Note. Repeat until you have all the Notes associated with this claim

Duck, Donald Quack Pain

Quick Note Xpress Onset Date 12/16/2020 Provider 3 Robert S. Davis Note Date 1/20/2021

Soap Name: Chiroshort

Subjective: Mr. Duck presented himself today complaining of Neck Pain on the right side. Mr. Duck states his symptoms are worse in the Morning, during work, while sitting, and while standing. Patient states quality is mild with aching, burning, sharp, and shooting. Patient States Frequency is intermittent (26%-50%). Patient States prognosis is Unchanged. Donald stated his pain level today on a numeric

Description: Chiroshort

Visit Date Link: Attach to Claim using dropdown

Visit From	Names	CptCode	Fee	DiagDes
2/20/2021	3 - Robert S. Davis DC	99213	\$27.00	E08.41 E09.41 G43.01 G43.111 E09.41
2/20/2021	3 - Robert S. Davis DC	99213	\$27.00	E08.41 E09.41 G43.01 G43.111 E09.41
2/20/2021	3 - Robert S. Davis DC	99213	\$27.00	E08.41 E09.41 G43.01 G43.111 E09.41
2/20/2021	3 - Robert S. Davis DC	99213	\$27.00	E08.41 E09.41 G43.01 G43.111 E09.41
2/18/2021	3 - Robert S. Davis DC	99213	\$27.00	E08.41 E09.41 G43.01 G43.111 E09.41
2/9/2021	3 - Robert S. Davis DC	99213	\$27.00	E08.41 E09.41 G43.01 G43.111 E09.41
2/3/2021	3 - Robert S. Davis DC	99213	\$27.00	E08.41 E09.41 G43.01 G43.111 E09.41
12/16/2020	3 - Robert S. Davis DC	99213	\$27.00	E08.41 E09.41 G43.01 G43.111 E09.41

Treatment: Treatment consisted of CMT, EMIS, US, HVLP.

Plan: Treat once a week.

Save

Buttons: Save, Save Not Finished, Open Image in other program for Edit/Resize, Add Image, View Image, Close/Cancel, Spell Check, Refresh, Settings, Clear Image, Edit Image



Also you can attach notes to claim by clicking on

WC/NF E Billing

Go Back Save

Click to Read Disclaimer

Prints on White Paper

Print (White Paper)

Create a PDF

Pre View HCFA

Upload to Clearing House FTP

Step 1 Export Upload Claims

Step 2 Add Files then Upload Documentation

Only Use if you have Just Notes

1 Step Upload Both Claims and Notes

Export Claim History

Click below to view links

0 Claims No Payer Id's

0 Claims No Carrier Case #'s

**1 Claims with NO Notes**

Go to Carisk Clearing House

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

W012009  
All State Insurance Co.  
425 Essjay Rd.  
Buffalo NY 14240-

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN OTHER 14. INSURED'S I.D. NUMBER (For Program Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Duck, Don

3. PATIENT'S BIRTH DATE 11-24-1966 M X

4. INSURED'S NAME (Last Name, First Name, Middle Initial) Payfast

5. PATIENT'S ADDRESS (No. Street) 126 Main Street

CITY Geneseo STATE NY

ZIP CODE 14454 TELEPHONE (Include Area Code) (555) 5555555

6. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) Duck, Don

7. OTHER INSURED'S POLICY OR GROUP NUMBER

8. RESERVED FOR NUCC USE Duck Don

9. RESERVED FOR NUCC USE

10. INSURANCE PLAN NAME OR PROGRAM NAME AAA Insurance

11. READ BACK OF FORM BEFORE COMPLETING TO PROCESS THIS CLAIM. I also request payment of government benefits after 90 days.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE, AUTHORIZES THE PROCESSING OF THIS CLAIM.

13. NAME OF REFERRING PROVIDER OR OTHER SOURCE REFSXXXXXXXXXXXX DC

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) 03/02/2022 QUAL 431

15. DATE OF SERVICE FROM MM/DD/YY TO MM/DD/YY

16. PLACE OF SERVICE (EMG, OPTANC)

17. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Reimburse to patient)

A. E11.41 B. G43.00

18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

19. DATE OF SERVICE FROM MM/DD/YY TO MM/DD/YY

20. PLACE OF SERVICE (EMG, OPTANC)

01 02 22 05 02 22 11 0 97260

Click Claims with not notes

Click the magnifying glass

Get list of notes

Put visit date on claims needed

WC/NF E Billing

Go Back Save

Click to Read Disclaimer

Prints on White Paper

Print (White Paper)

Create a PDF

Pre View HCFA

Upload to Clearing House FTP

Step 1 Export Upload Claims

Step 2 Add Files then Upload Documentation

Only Use if you have Just Notes

1 Step Upload Both Claims and Notes

Export Claim History

Click below to view links

0 Claims No Payer Id's

0 Claims No Carrier Case #'s

**1 Claims with NO Notes**

Go to Carisk Clearing House

**Claims with No Notes** De-Select Claims to Send

View	Claim Id	Note ID	Pat#	Fname	Lname	First Date	Last Date
<input type="checkbox"/>	1222022918362	Missing Note	Duc15	Don	Duck	5/2/2022	5/2/2022

Note List Form

VDate = Visit Date Link Note List Form Refresh Claim Number 1222022918362

NDate = Note Date

VDate	PNum - Provider	Note (You can double click on the note to edit or keyboard or just type in field)	Note Name	Not Finished	Signature
5/2/2022	1 Robert S. Davis	Subjective: Mr. Duck presented himself today complaining of Headache. Mr. Duck states his symptoms are worse in the Evening. Patient states quality is mild with dull/ache, and numb. Patient States Frequency is occasional (0%-25%). Patient States prognosis is	Chiroshort	Finished	Signature On File
3/25/2022	1 Robert S. Davis	Subjective: Mr. Duck presented himself today complaining of Headache. Mr. Duck states his symptoms are worse in the Evening. Patient states quality is mild with dull/ache, and numb. Patient States Frequency is occasional (0%-25%). Patient States prognosis is	Chiroshort	Finished	Signature On File
3/23/2022	1 Robert S. Davis	Subjective: Mr. Duck presented himself today complaining of Headache. Mr. Duck states his symptoms are worse in the Afternoon. Patient states quality is moderate. Patient States Frequency is intermittent (26%-50%). Patient States prognosis is	Chiroshort	Finished	Signature On File
3/8/2022	1 Robert S. Davis	SUBJECTIVE COMPLAINT: The patient entered today feeling better than the last visit by 10%. His primary symptom is Right Mid Back. The Patient states the symptom(s) radiate to the Right Low Back. The patient further	FastNote	Finished	Signature On File
3/8/2022	1 Robert S. Davis	SUBJECTIVE COMPLAINT: The patient entered today feeling better than the last visit by 10%. His primary symptom is Right Mid Back. The Patient states the symptom(s) radiate to the Right Low Back. The patient further	FastNote	Finished	Signature On File
3/8/2022	1 Robert S. Davis	Work Status Has Mr. Don Duck (The Patient) missed work because of the injury/illness? No. Is the patient working? No.	WC Reports	Finished	Signature On File

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