

Claim Query Overview and Screens

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Claim Query Overview

In the Billing portal, there is a category for Insurance. Within that category is found the Claim Query screen and the Claim Account Query screen. Users will use these screens to submit claims to insurance, modify claim information, print letters, and work rejections and denials.

The Claim Query is a claim search screen. This screen displays results that are claim based. On this screen the user can select from a large number of fields what to display in the search results. The list of results can then be sorted and filtered even further directly on the screen using the headings bar. Users are also able to Advanced Search based on every field that is available for display. Once results are displayed there are a number of actions that can be performed based on the search list.

The Claim Account Query is also a claim search screen but this screen displays the results by account. On this screen the user is given account based fields for the search results. Users can still use the the Advanced Search with the full list of options as in the Claim Query. Additional actions are available on this screen that are Account based.

Training Video

[Claim Query & Claim Account Query Introduction](#)

Claim Query Screen

Billing

Setup Screens

Reporting Windows

Claim Info

Web Searches

Choice

Insurance - Claim Query

New

Open

Train

Patient

Claim

More

Search by Claim ID, Chart, Patient Name

Advanced Search

Claim Query

☐ Display zero balances

☒ Show Recent Year only

☐ Display Claim Validation

#		Claim ID	Claim DOS	Claim Submission (EST)	Claim Status	Claim Level	Claim Owner	Patient Chart	Patient Name	Claim Billing	Claim Charge \$	Claim Balance \$	Primary Payer Name	Secondary Payer Name	Tertiary Payer Name	Provider Rendering Name	Provider Referring Name	LC
1	☒	32395	01/01/2022		Closed - Electronic Superbill	Primary	Iamanda	9364	Cardio, Charles	E	65.00	65.00	Aetna			Dietzen, Chuck MD		Alverno
2	☒	32395	04/02/2022		Closed - Electronic Superbill	Statement	Ichandler	9797	cod-john, test cod	P	195.00	195.00	Self Pay			Hynes, Patrick MD		A2255 St
3	☒	32310	02/02/2022		Closed - Electronic Superbill	Statement	Icdaoud	9797	cod-john, test cod	P	50.00	50.00	Self Pay			Lynch, Stephanie MD		A1106 La
4	☒	32106	01/01/2200		Closed - Electronic Superbill	Statement	Icdaoud	9797	cod-john, test cod	P	120.00	120.00	Self Pay			Lynch, Stephanie MD		A1106 La
5	☒	32376	03/09/2022		Closed - Electronic Superbill	Primary	Iwicheil	24974	Dan, Test	E	120.00	120.00	Anthem BCBS	Tricare For Life		Armstrong, Stephen PT	Anstak, Elizabeth D PT	Alverno
6	☒	32300	01/31/2022		Closed - Electronic Superbill	Primary	Ivcassady	24974	Dan, Test	E	85.00	85.00	Anthem BCBS	Tricare For Life		Lynch, Stephanie MD	Anstak, Elizabeth D PT	Alverno
7	☒	32293	12/16/2021		Closed - Electronic Superbill	Primary	Iellen	25075	Decker, Chloe	E	125.00	125.00	United Health Care		Blue Cross and Blue S...	Kildare, Richard MD	Dietzen, Chuck MD	iSalus He
8	☒	32397	04/08/2022		Closed - Electronic Superbill	Primary	epatterson	9723	Doe, Gail	P	200.00	200.00	First Health (NALC)	Medicare Part B		Kildare, Richard MD	Kildare, Richard MD	iSalus He
9	☒	32225	07/21/2021		Closed - Electronic Superbill	Primary	epatterson	9449	Doe, Jes J	E	140.00	140.00	Principal Life Ins		Illinois Medicaid	Kildare, Richard MD	Sprunger, Jason K MD	iSalus He
10	☒	32220	07/08/2021		Closed - Electronic Superbill	Primary	epatterson	9449	Doe, Jes J	E	125.00	125.00	Principal Life Ins		Illinois Medicaid	Kildare, Richard MD	Sprunger, Jason K MD	iSalus He
11	☒	32290	11/23/2021		Closed - Electronic Superbill	Primary	epatterson	24794	Doe, TC	E	175.00	175.00	Principal Life Insurance			Kildare, Richard MD		iSalus He
12	☒	32348	02/15/2022		Closed - Electronic Superbill	Primary	epatterson	9402	Hall, Michael J	E	110.00	110.00	TEST BCBS			Sloan, Mark MD	Burger, Mary FNP	iSalus He
13	☒	32168	05/04/2021		Closed - Electronic Superbill	Primary	Iamanda	9388	Head, Blake Aaron	E	85.00	85.00	Health Net Plan	TEST BCBS		Dietzen, Chuck MD	Chapman, Ann PT	Fishers
14	☒	32332	02/07/2022		Closed - Electronic Superbill	Primary	Iheather	24798	nula, test	E	25.00	25.00	TEST BCBS	Advantage		TestS, Bobbie		Communi
15	☐	32331	02/07/2022		Closed - Electronic Superbill	Primary	Ibbarnes	26134	Hula, Test	E	70.00	70.00	* Unassigned			Adams, Blaine ARNP		*DME, H...
16	☐	32320	02/07/2022	04/12/2022 02:00:06	Closed - Electronic Superbill	Statement	Ibbarnes	24814	Hula, Test	P	150.00	150.00	Self Pay			Adams, Blaine ARNP		A1106 La
17	☐	32200	06/07/2021	04/12/2022 02:00:06	Closed - Electronic Superbill	Statement	Ichandler	24814	Hula, Test	P	1497.30	1497.30	Self Pay			Hynes, Patrick MD		A2255 St
18	☒	32195	05/21/2021		Closed - Electronic Superbill	Primary	Ivcassady	26121	Jones, Indiana	E	325.00	325.00	Administrative Concep...			Lynch, Stephanie MD	Adams, Gregory MD	TEST
19	☒	32194	05/21/2021		Closed - Electronic Superbill	Primary	Ivcassady	26121	Jones, Indiana	E	65.00	50.00	Administrative Concep...			Lynch, Stephanie MD	Adams, Gregory MD	ChoiceM
20	☒	32204	06/10/2021		Closed - Electronic Superbill	Primary	Icarly	9562	Kalkasueff, Carly A	E	125.00	125.00	United Health Care			Hynes, Patrick MD	Provider, Automated Fax	iSalus He
21	☒	32193	05/21/2021		Closed - Electronic Superbill	Primary	Ichandler	9562	Kalkasueff, Carly A	E	440.00	440.00	United Health Care			Hynes, Patrick MD	Provider, Automated Fax	A2255 St
22	☒	32374	03/03/2022		Closed - Electronic Superbill	Primary	Iamack	25000	Mack, Amanda	E	226.00	216.00	Anthem BCBS			Dariko, John OT		Communi
23	☐	32207	06/21/2021		Closed - Electronic Superbill	Primary	Icdaoud	24912	McTest, Ashley M	E	480.00	480.00	* Unassigned			Fiech, Adam MD		Assisted i
24	☐	32206	06/19/2021		Closed - Electronic Superbill	Primary	Icdaoud	24912	McTest, Ashley M	E	480.00	480.00	* Unassigned			Fiech, Adam MD		Assisted i
25	☒	32301	01/01/2022		Closed - Electronic Superbill	Primary	Ivcassady	9796	Patient, Test	E	125.00	125.00	Anthem Blue Cross	AETNA		Lynch, Stephanie MD	Provider, Automated Fax	TEST
71 records displayed																		
Totals		Count	Charge \$	Balance \$														
Selected		59	9,111.00	9,063.78														
Displayed		71	12,456.30	12,408.08														

Page

1

of 1

The Claim Query screen can be found in the Billing portal under the Insurance category on the navigation bar. This screen by default will open with the advanced search menu open unless it is being opened from a selection from the Revenue Cycle wheel. This screen will display details from the claim screen of the claims populated from the search.

The Claim Query screen is a powerful claim search screen which has two main purposes:

- New Claim Creation:** If claims aren't being entered from EMR Documentation or mobile entry, you can use this screen to manually create a claim.
- Review, Correct and Submit Claims:** This will allow you to review a set of claims based on the search performed or a queue selected on the [Billing Dashboard](#). On this screen you can correct claims for processing, individually or with batch processing, with the end goal of allowing you to submit claims in a paper, electronic, or electronic statement format.

Fields

- Claim ID:** The unique system ID assigned to your claim when it's created.
- Claim DOS:** The date of service of the claim.
- Claim Submission:** the last submission date of the claim.
- Claim Status:** The current status queue the claim is in.
- Claim Level:** The route the claim will take when next submitted. This can be set to *primary*, *secondary*, or *tertiary* insurance level, *statement* if going to patient, or *completed* if the claim no longer needs to be sent.
- Claim Owner:** The user who created the claim or is assigned on the claim.
- Patient Chart:** The unique patient account number for the patient on the claim.
- Patient Name:** The patient the claim belongs to.
- Claim Billing:** How the claim is set to be processed, whether electronically or paper format.
- Claim Charge \$:** The total claim charge amount.
- Claim Balance \$:** The current outstanding balance of the claim.
- Primary Payer Name:** The patient's primary insurance as it is listed on the specific claim.
- Secondary Payer Name:** The patient's secondary insurance as it is listed on the specific claim.
- Tertiary Payer Name:** The patient's tertiary insurance as it is listed on the specific claim.
- Provider Rendering Name:** The rendering provider listed on the claim.
- Provider Referring Name:** The referring provider listed on the claim.

- **Location Service Name:** The service location listed on the claim.
- **Resp. Party Full Name:** The patient's guarantor as it is listed on the claim.

Advanced search fields

The Advanced Search feature allows a user to enter one or many specific criteria to find the exact claim or claims that meet the specified criteria(s).

- Commonly Used
 - **Claim ID:** Unique ID assigned to each claim created.
 - **Claim Xref:** Unique submission ID assigned to each submission made with a claim (PCN, or ICN # on ERA/EOB).
 - **Date of Service:** Date of claim date of service.
 - **Submission:** Date claim has been submitted.
 - **Created:** Date claim has been created.
 - **Status List:** Current status queue the claim is under.
 - **Level List:** Route the claim will be processed when processed for submission next.
 - **Owner:** User who created the claim or is assigned to the claim.
- Patient
 - **Missing:** Claims that are missing a patient account. This is only applicable to practices with a third-party interface where the interface sends data over for claim creation (typically lab interface).
 - **Chart:** Unique patient account number.
 - **First:** Patient's first name.
 - **Middle:** Patient's middle name.
 - **Last:** Patient's last name.
 - **DOB:** Patient's date of birth.
 - **Name Range:** Patient's last name range (enter only the first letter of the last name).
 - **Balance:** Patient's outstanding balance.
 - **Gender:** Patient's gender.
 - **Code Qualifier List:** Patient's primary ID qualifier (typically SSN).
 - **ID Code:** Patient's ID listed under the primary field in the demographics (typically SSN).
 - **Employer:** Patient's employer field.
 - **ID1:** Patient's Old ID # 1 field.
 - **ID2:** Patient's Old ID # 2 field.
 - **ID3:** Patient's Old ID # 3 field.
 - **User Defined:** Patient's user defined field.
 - **Is Living:** Patient's with RHC (resuscitation has ceased) date documented.
 - **Address 1:** Patient's address 1.
 - **Address 2:** Patient's address 2.
 - **City:** Patient's city.
 - **State:** Patient's state.
 - **Zip Code:** Patient's zip code.
- Claim
 - **Billing:** Claim processing method.
 - **Substatus List:** Current substatus queue the claim is under
 - **837:** Type of 837 claim.
 - **Dialysis Batch #:** Dialysis billing batch generation number.
 - **Modality List:** Dialysis billing claim modality.
- Claim Comments
 - **Biller Action:** Claim current biller action.

- **Follow-up Date:** Claim follow-up date.
- **Biller Action Completed:** Claim biller action completed (Yes, No, or N/A).
- **Assigned To:** User or Group assigned to.
- Claim Amounts
 - **Charges \$:** Claim charge amount.
 - **Balances \$:** Claim current outstanding balance.
 - **Billing \$:** Claim amount for billable procedures.
 - **Non-Billing \$:** Claim amount for non-billable procedures.
 - **Patient \$:** Claim amount for patient balance claims.
 - **Insurance \$:** Claim amount for insurance balance claims.
 - **Unsubmitted \$:** Claim amount for unsubmitted balance claims.
- Procedures
 - **Code Group:** Code class for CPT code(s).
 - **Codes (All):** CPT code(s) that must be on the claim. For instance, when entering "99213,81003," both codes must be on the claim to yield results.
 - **Codes (Any):** CPT code(s) that can be on a claim. Example: "99213,81003" either code need to be on the claim to yield results.
 - **MU:** CPT codes with the Meaningful Use flag set.
 - **Charge:** CPT code charge amount.
 - **POS:** Place of Service code where the service was rendered.
 - **DX Codes: (All):** Diagnosis code(s) that must be on the claim.
 - **DX Codes: (Any):** Diagnosis code(s) that can be on a claim.
 - **Diagnosis:** Diagnosis code(s) on the primary position field of the claim.
 - **#2 Code(s):** Diagnosis code(s) on the second position field of the claim.
 - **#3 Code(s):** Diagnosis code(s) on the third position field of the claim.
 - **#4 Code(s):** Diagnosis code(s) on the fourth position field of the claim.
 - **#5 Code(s):** Diagnosis code(s) on the fifth position field of the claim.
 - **#6 Code(s):** Diagnosis code(s) on the sixth position field of the claim.
 - **#7 Code(s):** Diagnosis code(s) on the seventh position field of the claim.
 - **#8 Code(s):** Diagnosis code(s) on the eighth position field of the claim.
 - **#9 Code(s):** Diagnosis code(s) on the ninth position field of the claim.
 - **#10 Code(s):** Diagnosis code(s) on the tenth position field of the claim.
 - **#11 Code(s):** Diagnosis code(s) on the eleventh position field of the claim.
 - **#12 Code(s):** Diagnosis code(s) on the twelfth position field of the claim.
 - **Immunization:** Immunization batch number documented for the procedure.
 - **Mammography:** Mammography number documented on for the procedure.
 - **Modifier (All):** Modifier code(s) that must be on the claim.
 - **Modifier (Any):** Modifier code(s) that can be on a claim.
- Any Insurance
 - **SysID:** Unique system ID assigned to the payer, for any payer on the claim.
 - **Payer List:** Payer name multiselect list, for any payer on the claim.
 - **Payer Name:** Payer name text field, for any payer on the claim.
 - **Financial Class List:** Financial Class assigned to a group of payers, for any payer on the claim.
 - **Source of Pay List:** Payer type assigned to the payer(s), for any payer on the claim.
- Primary Insurance
 - **SysID:** Unique system ID assigned to the payer, based on the primary payer of the claim.
 - **Payer List:** Payer name multiselect list, based on the primary payer of the claim.
 - **Payer Name:** Payer name text field, based on the primary payer of the claim.
 - **Financial Class List:** Financial Class assigned to a group of payers, based on the primary payer of the claim.

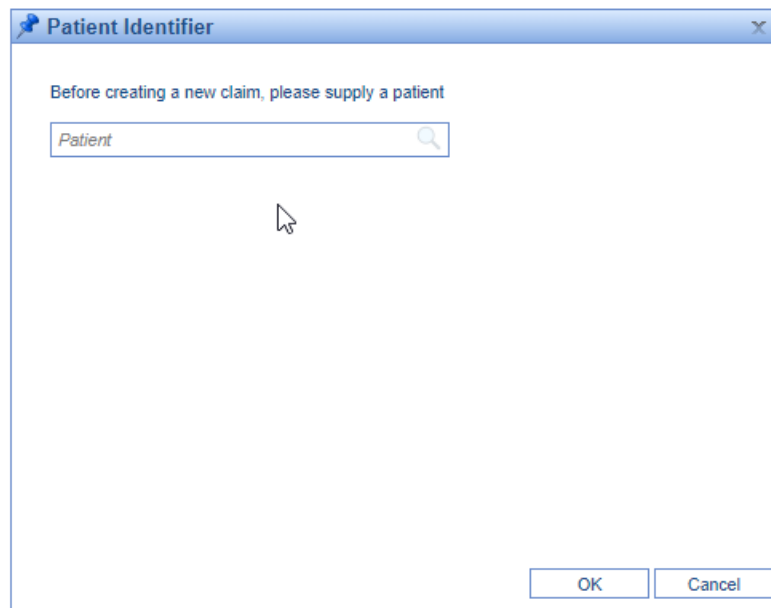
- **Source of Pay List:** Payer type assigned to the payer(s), based on the primary payer of the claim.
- **ID Code:** Patient member ID of the patient, based on the primary payer of the claim.
- **Policy:** Patient policy number, based on the primary payer of the claim.
- **Group:** Patient group name, based on the primary payer of the claim.
- **Plan:** Patient plan number, based on the primary payer of the claim.
- Secondary Insurance
 - **SysID:** Unique system ID assigned to the payer, based on the secondary payer of the claim.
 - **Payer List:** Payer name multiselect list, based on the secondary payer of the claim.
 - **Payer Name:** Payer name text field, based on the secondary payer of the claim.
 - **Financial Class List:** Financial Class assigned to a group of payers, based on the secondary payer of the claim.
 - **Source of Pay List:** Payer type assigned to the payer(s), based on the secondary payer of the claim.
 - **ID Code:** Patient member ID of the patient, based on the secondary payer of the claim.
 - **Policy:** Patient policy number, based on the secondary payer of the claim.
 - **Group:** Patient group name, based on the secondary payer of the claim.
 - **Plan:** Patient plan number, based on the secondary payer of the claim.
- Tertiary Insurance
 - **SysID:** Unique system ID assigned to the payer, based on the tertiary payer of the claim.
 - **Payer List:** Payer name multiselect list, based on the tertiary payer of the claim.
 - **Payer Name:** Payer name text field, based on the tertiary payer of the claim.
 - **Financial Class List:** Financial Class assigned to a group of payers, based on the tertiary payer of the claim.
 - **Source of Pay List:** Payer type assigned to the payer(s), based on the tertiary payer of the claim.
 - **ID Code:** Patient member ID of the patient, based on the tertiary payer of the claim.
 - **Policy:** Patient policy number, based on the tertiary payer of the claim.
 - **Group:** Patient group name, based on the tertiary payer of the claim.
 - **Plan:** Patient plan number, based on the tertiary payer of the claim.
- Clearinghouse Submissions
 - **Submission ID:** Unique trace number assigned to the claim after submission.
 - **Submission:** Date of submission to the clearinghouse.
 - **Request:** Date of submission creation in the database.
 - **Count:** Numbers of submissions.
 - **Type:** Type of submission.
- Statement Submissions
 - **Statement ID:** Unique ID assigned to the statement.
 - **Statement:** Date of statement.
 - **Submission:** Date statement was submitted.
 - **Count:** Number of statements sent.
 - **Submission ID:** Unique ID of statement batch submission.
- Providers
 - **ID:** Unique ID assigned to providers.
 - **Rendering NPI:** NPI of the rendering provider on claim(s).
 - **Rendering List:** List of rendering providers.
 - **Rendering Name:** Name of rendering provider on the claim.
 - **Referring Name:** Name of referring provider on the claim.
 - **Alternate Name:** Name of alternate provider on the claim.
 - **Attending Name:** Name of attending provider on the claim.
 - **Ordering Name:** Name of ordering provider on the claim.
 - **Supervisor Name:** Name of supervising provider on the claim.
- Locations

- **Service Sys ID:** Unique ID assigned to the service location.
- **Service List:** List of service locations.
- **Service Name:** Name of service location.
- **Patient Sys ID:** Unique ID assigned to the service location documented on the patient demographics.
- **Patient List:** List of service locations documented on the patient demographics.
- **Patient Name:** Name of the service location documented on the patient demographics.
- Claim Validations
 - **Entities:** Primary insurance missing or primary insurance missing info.
 - **SOF:** Signature on file date missing.
 - **Guarantor:** Responsible party missing or responsible party missing info.
 - **Location:** Location missing or not set to billable.
 - **Rendering:** Rendering provider missing or incomplete.
 - **Referring:** Referring provider missing or invalid NPI.
 - **Primary:** Primary insurance missing on the claim.
 - **Secondary:** Secondary insurance missing on the claim.
 - **Tertiary:** Tertiary insurance missing on the claim.
 - **Dx Record:** Claim(s) with missing procedure and diagnosis.
 - **Dx Procedure:** Claim(s) where the procedure code has been erased and left blank.
 - **Dx Code:** Diagnosis code missing on the claim.
 - **Submission:** Claim(s) with no submission.
 - **Rejection:** Claim(s) with a rejection message.
- Claim Aging
 - **Type:** Claim aging type.
 - **Ins. 1:** Primary insurance aging date.
 - **Ins. 2:** Secondary insurance aging date.
 - **Ins. 3:** Tertiary insurance aging date.
 - **Statement:** Statement aging date.
 - **Latest:** Date of latest submission.
 - **Days:** Days in aging.
 - **Service:** Days in aging since date of service.
- Guarantor
 - **First:** Responsible party first name.
 - **Middle:** Responsible party middle name.
 - **Last:** Responsible party last name.
 - **Employer:** Responsible party employer name.
 - **Qualifier List:** Responsible party ID Type (member ID, mutually def., health ID).
 - **ID Code:** Responsible party ID value.
 - **Is Company:** Responsible party set to company.
 - **Is Patient:** Responsible party set to patient.
 - **Name Range:** Responsible party last name range (enter only the first letter of the last name).
- Claim IDs/Codes
 - **Demonstration:** Demonstration project ID documented on the claim.
 - **Investigational:** Investigational device ID documented on the claim.
 - **Mammography:** Mammography ID documented on the claim.
 - **Medicaid Code:** Medicaid code documented on the claim.
 - **Medical Record:** Medical record ID documented on the claim.
 - **Orig. Reference:** Claim original reference number documented on the claim.
 - **Resub. Code:** Resubmission code documented on the claim.
- Claim Dates
 - **Accident:** Accident date documented on the claim.

- **Acute:** Acute date documented on the claim.
- **Assumed Start:** Assumed care start date documented on the claim.
- **Assumed End:** Assumed care end date documented on the claim.
- **Disability Start:** Disability begin date documented on the claim.
- **Disability End:** Disability end date documented on the claim.
- **Document:** Document sent date documented on the claim.
- **Estimated:** Estimated date of birth date that is documented on the claim.
- **Followup:** Follow-up date documented on the claim.
- **HVP:** Hearing, Vision, Prescription date documented on the claim.
- **Admission:** Admission date documented on the claim.
- **Discharge:** Discharge date documented on the claim.
- **Treatment:** Initial treatment date documented on the claim.
- **Menstrual:** Last menstrual cycle date documented on the claim.
- **Last Seen:** Last seen date documented on the claim.
- **Last Work:** Last work date documented on the claim.
- **Last Xray:** Last Xray date documented on the claim.
- **Onset:** Onset date documented on the claim.
- **Order:** Ordered date documented on the claim.
- **Property:** Property casualty date documented on the claim.
- **Referral:** Referral date documented on the claim.
- **Relinquished:** Relinquished care date documented on the claim.
- **Repricer:** Repricer received date documented on the claim.
- **Similar:** Similar illness date documented on the claim.
- **Work From:** Out of work from date documented on the claim.
- **Work To:** Out of work to date documented on the claim.
- **Procedure Dates**
 - **Posted:** Procedure posted date.
 - **Arterial Blood:** Arterial blood date documented on the procedure code.
 - **Begin Therapy:** Begin therapy date documented on the procedure code.
 - **Cert. Revision:** Cert. Revision date documented on the procedure code.
 - **Hb, HCT:** Most recent Hb,HCT date documented on the procedure code.
 - **Initial Treatment:** Initial treatment date documented on the procedure code.
 - **Last Certification:** Last certification date documented on the procedure code.
 - **Last Seen:** Last seen date documented on the procedure code.
 - **Last Xray:** Last Xray date documented on the procedure code.
 - **Manifestation:** Manifestation date documented on the procedure code.
 - **o2 Saturation:** o2 Saturation date documented on the procedure code.
 - **Onset:** Onset date documented on the procedure code.
 - **Property Casualty:** Property casualty date documented on the procedure code.
 - **Repricer:** Repricer received date documented on the procedure code.
 - **Serum, Creatine:** Most recent serum, creatine date documented on the procedure code.
 - **Shipped:** Shipped date documented on the procedure code.
 - **Similar Illness:** Similar illness date documented on the procedure code.
 - **Test Performed:** Test performed date documented on the procedure code.

Buttons at the top of screen

- **New**
 - This option will open the patient search allowing you to search for a patient to create a new claim for or create a new patient.



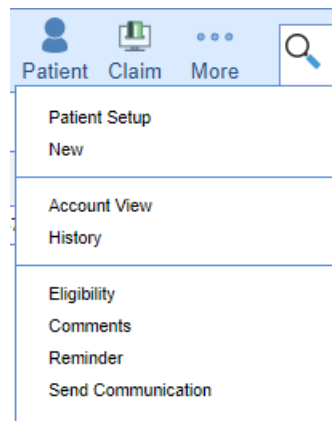
Patient Identifier

Before creating a new claim, please supply a patient

Patient

OK Cancel

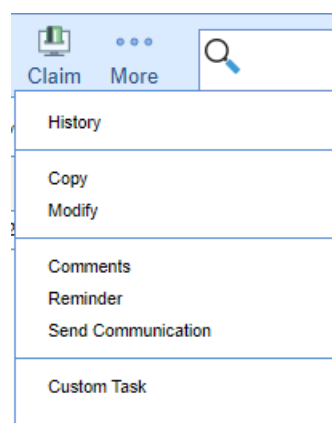
- **Open:** This button will open the claim for the selected claim.
- **Patient:** This button will open a menu of all the patient options you can do with the selected claim.



Patient Claim More

- Patient Setup
 - New
- Account View
 - History
- Eligibility
 - Comments
 - Reminder
 - Send Communication

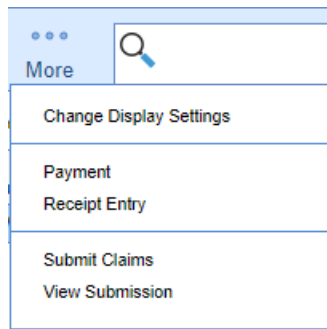
- **Claim:** This button will open a menu of all the claim options you can do with the selected claim.



Claim More

- History
- Copy
 - Modify
- Comments
 - Reminder
 - Send Communication
- Custom Task

- **More:** This button will open a menu with additional options for the selected claim or checked claim(s), including batching claims with the Submit Claims option.



- **More > Change Display Settings:** This button will allow the user to update the displayed fields on the Claim Query screen as well as set the default number of records to display (200 is the suggested default).

Display Settings

Select the data fields you would like to see in the search display. Items marked with an asterisk (*) are used in the search box.

Number of records per page: 200

Save Settings

Claim Account Query Screen

Billing | **Insurance - Claim Account Query**

Search by Chart, Patient Name

Advanced Search

Display zero balances

#	Patient Chart	Patient Name	Patient DOB	Patient SSN	Patient Address	Patient Balance	Insurance Balance	Unsubmitted Balance	Do not Bill Balance	Total Balance
1	9442	Barber, Terry	08/29/1967		123 Main Street Noblesville, IN 46060	225.00	300.00	0.00	0.00	525.00
2	9339	Black, Alberta	01/10/1973		1234 West St Carmel, IN 46032	50.00	133.00	335.00	0.00	518.00
3	9747	Builder, Robert	10/10/1994	555-66-7777	234 Anytown Way Indianapolis, IN 46202	0.00	420.00	0.00	0.00	420.00
4	9364	Cardio, Charles	01/01/1956	555-55-5555	4229 Rookwood Ave Indianapolis, IN 46206	75.00	43.00	343.00	0.00	461.00
5	25039	Cassidy, Vies	11/10/1967		123 Test Dr. Oak Ridge, TN 37830	0.00	0.00	335.00	0.00	335.00
6	24937	David, Cliff	09/23/2018		1234 SHONE Indianapolis, IN 46202	0.00	20.00	0.00	0.00	20.00
7	9376	Davis, Mark	06/01/1940	123-12-1234	200 Main Street Indianapolis, IN 46202	40.00	1279.00	396.00	0.00	1715.00
8	24009	Doe, Jennifer	05/09/2006		212 W 10th Street Indianapolis, IN 46202	0.00	115.00	0.00	0.00	115.00
9	24095	Doe, Samson	04/19/2009		123 Main Street Noblesville, IN 46060	0.00	730.00	250.00	0.00	980.00
10	24865	John, Adam	09/02/1988			0.00	0.00	75.00	0.00	75.00
11	9481	Jones, Michael S	01/06/1972		123 Happy Street Florence, KY 41042	0.00	0.00	172.00	0.00	172.00
12	26083	Kramer, Cosmo	01/01/1970		123 Test St Oak Ridge, TN 37830	0.00	0.00	45.00	0.00	45.00
13	9609	Lisa, Mona	01/29/1987		212 W 10th Street Indianapolis, IN 46202	240.00	0.00	45.00	0.00	285.00
14	9377	McCormick, Robert	06/01/1940	999-88-7777	212 W 10 ST Indianapolis, IN 46202	0.00	40.00	322.00	0.00	362.00
15	9535	Mosley, Brad A	01/06/1973		123 Main St Indianapolis, IN 46202	0.00	40.00	0.00	0.00	40.00
16	9683	Poland, KSOSN	01/05/1978		123 Tess St Smith, MA 13451	0.00	80.00	450.00	0.00	510.00
17	24005	Smith, Adam	11/14/2016		555 Test Street Indianapolis, IN 46202	0.00	0.00	550.00	0.00	550.00
18	9709	Smith, Amy	01/02/2014		123 Test Street Indianapolis, IN 46202	0.00	0.00	355.60	0.00	355.60
19	9465	Smith, Chandler	01/06/2007		14077 Athens Pl Westfield, IN 46074	0.00	55.00	90.00	0.00	145.00
20	9702	Smith, Jane	10/14/1967			0.00	0.00	-10.00	0.00	-10.00
21	9577	Smith, Joe F	01/06/1972			0.00	0.00	90.00	0.00	90.00
22	9553	Smith, William	05/05/2005		235 Elm Court Florence, KY 40404	0.00	0.00	90.00	0.00	90.00
23	9550	Test, Annette	06/08/2014	123-45-6789	789 West 10th Street Indianapolis, IN 46202	3.00	180.00	527.00	0.00	710.00
24	9687	Test, Authorization	10/14/1997		212 W 10th Street Indianapolis, IN 46202	0.00	97.50	250.00	0.00	347.50
25	9441	Test, Christopher	06/04/1983		212 W 10th Street Suite B120 Indianapolis, IN 46202	0.00	135.00	460.00	0.00	595.00
26	9615	Test, Gaila	12/03/1954		125 Morse Landing Drive Cicero, IN 46034	30.00	445.00	425.00	0.00	900.00

32 records displayed

Totals	Count	Patient Balance	Insurance Balance	Unsubmitted Balance	Do not Bill Balance
Selected	32	1,342.00	4,297.50	8,603.38	220.00
Displayed	32	1,342.00	4,297.50	8,603.38	220.00

Page 1 of 1

The Claim Account Query screen can be found in the Billing portal under the Insurance category on the navigation bar. This screen will display patient account details of the patients populated from the search.

The Claim Account Query screen is a powerful patient search screen which will allow you to review any patient's

account financial responsibilities.

Fields

- **Patient Chart:** The unique patient account number for the patient.
- **Patient Name:** The patient's last and first name.
- **Patient DOB:** The patient's date of birth.
- **Patient SSN:** The patient's social security number.
- **Patient Address:** The patient's full address.
- **Patient Balance:** The balance outstanding to the patient.
- **Insurance Balance:** The balance outstanding to insurance for the patient.
- **Unsubmitted Balance:** The outstanding balance that has not yet been submitted to insurance or patient.
- **Do not Bill Balance:** The balance of the procedure codes that are marked as Do not Bill (claims where the Collection Indicator is set to "N").
- **Collection Balance** The balance on claims where the claim status has a Collection Indicator set to "Y."
- **Total Balance:** The overall outstanding balance including patient, insurance, unsubmitted, and do not bill balance.

Advanced search fields

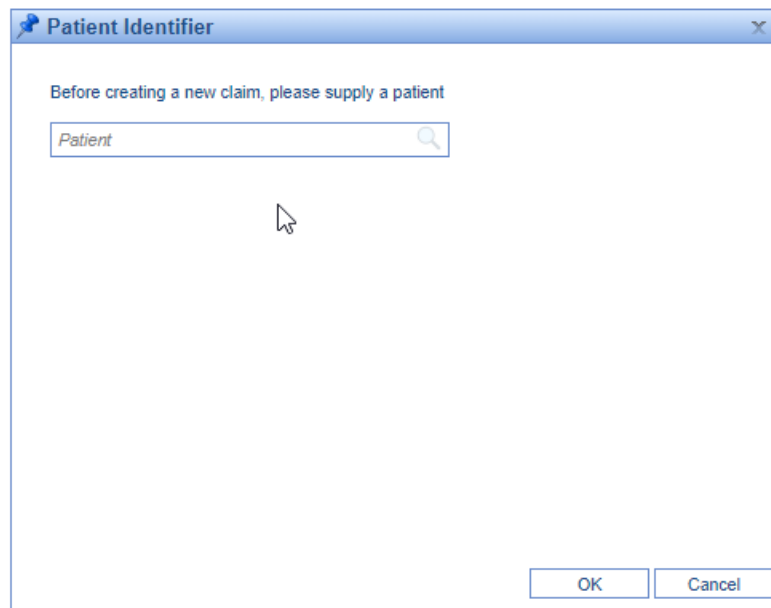
The Advanced Search feature allows a user to enter one or many specific criteria to find an exact patient or patients that meet the specified criteria(s).

- Commonly Used
 - **Chart:** Unique patient account number for the patient.
 - **DOB:** Patient's date of birth.
 - **SSN:** Patient's social security number.
- Patient
 - **Missing:** Patient missing first and last name. This is only applicable to practices with a third-party interface where the interface sends data over for claim creation (typically lab interface).
 - **Primary ID:** ID listed in the Primary ID field of the demographics.
 - **First:** Patient's first name.
 - **Middle:** Patient's middle name.
 - **Last:** Patient's last name.
 - **PCP:** Patient's PCP provider as listed in their demographics.
 - **Referring:** Patient's referring provider as listed in their demographics.
 - **Doctor:** Patient's doctor as listed in their demographics.
 - **Home Phone:** Patient's home phone number.
 - **Work Phone:** Patient's work phone number.
 - **Other Phone:** Patient's other phone number.
- Address
 - **Address 1:** Patient's address 1 field.
 - **Address 2:** Patient's address 2 field.
 - **City:** Patient's city.
 - **State:** Patient's state.
 - **Zip Code:** Patient's zip code.
- Guarantor
 - **Name:** Responsible party first and/or last name.
- Primary Insurance
 - **SysID:** Unique system ID assigned to the payer, based on the primary payer of the patient.
 - **Payer List:** Payer name multiselect list, based on the primary payer of the patient.

- **Payer Name:** Payer name text field, based on the primary payer of the patient.
- **Financial Class List:** Financial Class assigned to a group of payers, based on the primary payer of the patient.
- **Source of Pay List:** Payer type assigned to the payer(s), based on the primary payer of the patient.
- **ID Code:** Patient member ID of the patient, based on the primary payer of the patient.
- **Policy:** Patient policy number, based on the primary payer of the patient.
- **Group:** Patient group name, based on the primary payer of the patient.
- **Plan:** Patient plan number, based on the primary payer of the patient.
- Secondary Insurance
 - **SysID:** Unique system ID assigned to the payer, based on the secondary payer of the patient
 - **Payer List:** Payer name multiselect list, based on the secondary payer of the patient.
 - **Payer Name:** Payer name text field, based on the secondary payer of the patient.
 - **Financial Class List:** Financial Class assigned to a group of payers, based on the secondary payer of the patient.
 - **Source of Pay List:** Payer type assigned to the payer(s), based on the secondary payer of the patient.
 - **ID Code:** Patient member ID of the patient, based on the secondary payer of the patient.
 - **Policy:** Patient policy number, based on the secondary payer of the patient.
 - **Group:** Patient group name, based on the secondary payer of the patient.
 - **Plan:** Patient plan number, based on the secondary payer of the patient.
- Tertiary Insurance
 - **SysID:** Unique system ID assigned to the payer, based on the tertiary payer of the patient.
 - **Payer List:** Payer name multiselect list, based on the tertiary payer of the patient.
 - **Payer Name:** Payer name text field, based on the tertiary payer of the patient.
 - **Financial Class List:** Financial Class assigned to a group of payers, based on the tertiary payer of the patient.
 - **Source of Pay List:** Payer type assigned to the payer(s), based on the tertiary payer of the patient.
 - **ID Code:** Patient member ID of the patient, based on the tertiary payer of the patient.
 - **Policy:** Patient policy number, based on the tertiary payer of the patient.
 - **Group:** Patient group name, based on the tertiary payer of the patient.
 - **Plan:** Patient plan number, based on the tertiary payer of the patient.
- Balance
 - **Patient Balance:** Patient balance range.
 - **Insurance Balance:** Insurance balance range.
 - **Unsubmitted Balance:** Unsubmitted balance range.
 - **Do not Bill Balance:** Do not bill balance range (claims where the Collection Indicator is set to "N").
 - **Collection Balance:** claims with a status Collection Indicator set to "Y."
 - **Total Balance:** Total balance range.

Buttons at the top of screen

- **New**
 - This option will open the patient search allowing you to search for a patient to create a new claim for or create a new patient.

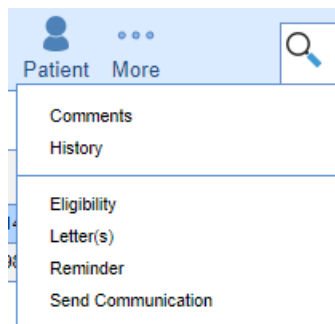


Patient Identifier

Before creating a new claim, please supply a patient

OK Cancel

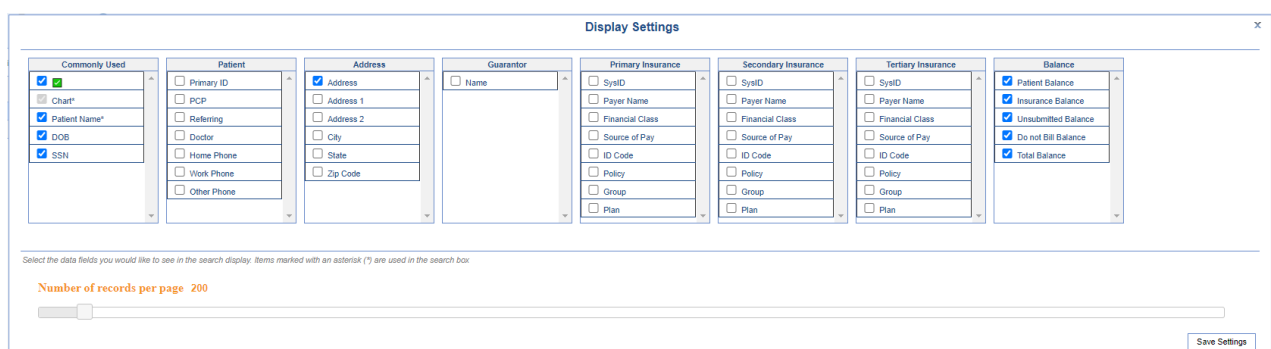
- **Open:** This button will open the patient setup for the selected patient.
- **Patient:** This button will open a menu of all the patient options you can do with the selected patient.



Patient More

- Comments
- History
- Eligibility
- Letter(s)
- Reminder
- Send Communication

- **More > Change Display Settings:** This button will allow the user to update the displayed fields on the Claim Account Query screen as well as set the default number of records to display (200 is the suggested default).



Display Settings

Commonly Used	Patient	Address	Guarantor	Primary Insurance	Secondary Insurance	Tertiary Insurance	Balance
☒ Chart*	☐ Primary ID	☒ Address	☐ Name	☐ SysID	☐ SysID	☐ SysID	☒ Patient Balance
☒ Patient Name*	☐ PCP	☐ Address 1		☐ Payer Name	☐ Payer Name	☐ Payer Name	☒ Insurance Balance
☒ DOB	☐ Referring	☐ Address 2		☐ Financial Class	☐ Financial Class	☐ Financial Class	☒ Unsubmitted Balance
☒ SSN	☐ Doctor	☐ City		☐ Source of Pay	☐ Source of Pay	☐ Source of Pay	☒ Do not Bill Balance
	☐ Home Phone	☐ State		☐ ID Code	☐ ID Code	☐ ID Code	☒ Total Balance
	☐ Work Phone	☐ Zip Code		☐ Policy	☐ Policy	☐ Policy	
	☐ Other Phone			☐ Group	☐ Group	☐ Group	
				☐ Plan	☐ Plan	☐ Plan	

Select the data fields you would like to see in the search display. Items marked with an asterisk (*) are used in the search box.

Number of records per page 200

Save Settings