

Patient Cost Estimator

Last Modified on 02/20/2024 9:26 am EST

Introduction to Patient Cost Estimator

This tool will assist the practice in giving patients an estimate of charges they'll be responsible for prior to receiving services and filing claims. Estimates can be created using insurance benefits as well as self-pay services.

Patient Cost Estimator Overview

The Patient Cost Estimator feature allows practices to generate [Good Faith Estimates](#) for patients. However it does not end there, the Patient Cost Estimator also allows practices to provide insured patients with an out of pocket cost estimate for services to be rendered. This is done utilizing our real-time eligibility, or batch eligibility check. With the eligibility information on hand and the expected services documented it is then able to calculate what the out of pocket cost will be for the patient. The estimate will be available to be shared with the patient by printing it or from the patients MyMedicalLocker account.

The Patient Cost Estimator screen is accessible from multiple locations in your database. From the schedule, more under patient setup, and claim window to name a few places.

The Patient Cost Estimator setup can be found [here](#).

Patient Cost Estimator

Patient, Test Born: Jan 1, 2002 (21y) Gender: Male

New Estimation Lines

Date of Service*

02/03/2023

Provider*

Andrew MD, Jones S.

Search

Payer*

Primary - Medicare - Illinois - 123ABC

Service Location*

ISALUS Healthcare

Search

Date of Service	Procedure	Diagnosis	Modifiers	Units	Billed per Unit	Allowed per Unit	Billed Total	Allowed Total	Action
02/03/2023	99213 ESTABLISHED OFFICE VISIT Test			1	\$75.00	\$75.00	\$75.00	\$75.00	<div>✖✎</div>
Total							\$75.00	\$75.00	

Add Line By Appt Type

Add Line By Manual Entry

Patient Benefits

Insurance Plan

Medicare - Illinois - 123ABC

Check Eligibility

Manual Entry

Network

In Network

Out of Network

Coverage Category

Health Benefit Plan Coverage (30)

Last Eligibility Check

Calculate

Accept

Summary

	Patient	Insurance
Copay	\$10.00	\$75.00 - \$10.00 = \$65.00
Deductible		
Individual	\$50.00 / \$1,000.00	\$65.00 - \$50.00 = \$15.00
Family	\$1,400.00 / \$2,000.00	
Co-insurance	0%	\$15.00 - \$0.00 = \$15.00
Total for Now	\$60.00	\$15.00

Insurance Coverage

\$15.00

Patient Cost

\$60.00

Patient Cost Estimator Overview Video

Patient Cost Estimator Screen

Patient Cost Estimator

T3st, Danielle Born: Jan 1, 1975 (48y) Gender: Female

Last Estimate

Appt Type	Provider	Insurance	Allowed	Patient	Insurance	Quote Date
New Patient	Baird, Nancy R	Aetna - 123456	\$213.00			02/15/2023 8:46:16 AM

New Estimation Lines

Date of Service*

02/20/2023

Provider*

Baird M.D., Nancy R.

Search

Payer*

Primary - Aetna - 123456

Service Location*

Choice - Main Office

Search

Date of Service	Procedure	Diagnosis	Modifiers	Units	Billed per Unit	Allowed per Unit	Billed Total	Allowed Total	Action
02/20/2023	99203 OFFICE OUTPT NEW 30 MIN			1	\$180.00	\$113.00	\$180.00	\$113.00	<div></div>
Total							\$180.00	\$113.00	

Add Line By Appt Type

Add Line By Manual Entry

Patient Benefits

Insurance Plan

Aetna - 123456

Check Eligibility

Manual Entry

Network

In Network

Out of Network

Coverage Category

Health Benefit Plan Coverage (3C)

Last Eligibility Check

Calculate

Accept

Summary

	Patient	Insurance
Copay \$50.00	\$50.00	\$113.00 - \$50.00 = \$63.00
Deductible Individual \$6,000.00 / \$7,500.00	\$63.00	\$63.00 - \$63.00 = \$0.00
Family \$0.00 / \$0.00		
Co-insurance 20%	\$0.00	\$0.00 - \$0.00 = \$0.00
Total for Now	\$113.00	\$0.00

Insurance Coverage \$0.00

Patient Cost \$113.00

The Patient Cost Estimator is accessible from:

- **iScheduler**
 - Select patient in search tool, select index card drop down on Patient
 - Right click on appointment
- **Patient Setup** under More
- **Claim** window
 - Dropdown on Patient, select Cost Estimator
- **Billing** Portal
 - Index card drop down on the toolbar
 - Claim Query, Patient drop down on the toolbar
 - Claim Account Query, Patient drop down on the toolbar
- **EMR**
 - Index card drop down on Patient

Fields

Last Estimate

*This field isn't visible until an estimate has been created

- **Appt Type:** The type of appointment used to build this estimate
- **Provider:** The clinician assigned to the estimate
- **Insurance:** The insurance company assigned to the estimate
- **Allowed:** The amount assigned under CPT setup
- **Patient:** The patient assigned to the estimate
- **Quote Date:** The date this estimate was created

New Estimation Lines

- **Date of Service:** The expected service date for the estimate
- **Payer:** The insurance payer used for services
- **Provider:** The clinician to perform services
- **Service Location:** The location where services are expected to be performed

Lines

- **Date of Service:** The expected service date for the estimate
- **Procedure:** CPT for this estimate
- **Diagnosis:** Diagnosis code for this estimate
- **Modifiers:** Any modifiers that need to be included affecting charge such as -50 (bilateral)
- **Units:** Quantity of procedures included in estimate for that line
- **Billed per Unit:** Fee schedule in CPT Setup
- **Allowed per Unit:** Allowed amount in CPT setup
- **Billed Total:** Total of Billed per Unit amounts
- **Allowed Total:** Total of Allowed per Unit amounts
- **Action:** Allows user to remove or edit line

Add Line by Appt Type: Use this to add a service line for estimation by the type of appointment. Dependent on being fees being added in the Appt Type setup

Add Line by Manual Entry: Allows user to enter a line by CPT code for estimate

Patient Benefits

- **Insurance Plan:** The Insurance benefits that will be used for this estimate
 - **Check Eligibility:** To run verification of benefits against the payer
 - **Manual Entry:** Allows user to manually enter benefit information
- **Network:** This setting will be used to look at In or Out of Network benefits by category
 - **In Network:** The provider accepts this insurance plan
 - **Out of Network:** The provider does not accept this insurance plan
- **Coverage Category:** Determines the insurance benefit category to look at such as Health coverage, Durable Medical Equipment, Allergy
- **Last Eligibility Check:** The last time a verification of benefits was ran within the software
- **Calculate:** Run the Patient Cost Estimator with the data displayed
- **Accept:** Save the current estimate
- **Summary:** This is a detailed lay out of the estimate. Click the print icon to print

Summary

This area calculates line by line based on information received or entered in the Patient Benefits section. It lists in order benefits are prioritized by the payer.

Date of Service	Procedure	Diagnosis	Modifiers	Units	Billed per Unit	Allowed per Unit	Billed Total	Allowed Total	Action
05/22/2023	99203 OFFICE/OP VISIT, NEW PT, 3 KEY COMPONENTS: DETAILED HX; DETAILED EXAM; MED DECISION LOW COMPLEXITY			1	\$180.00	\$113.00	\$180.00	\$113.00	X
Total							\$180.00	\$113.00	

Summary

		Patient	Insurance	
Copay	\$50.00	\$50.00	\$113.00 - \$50.00 = \$63.00	Insurance Coverage \$0.00
Deductible				
Individual	\$6,000.00 / \$7,500.00	\$63.00	\$63.00 - \$63.00 = \$0.00	
Family	\$0.00 / \$0.00			
Co-insurance	0%	\$0.00	\$0.00 - \$0.00 = \$0.00	Patient Cost \$113.00
Total for Now		\$113.00	\$0.00	

- **Copay: 1st Calculation-** This line subtracts the Copay from the Allowed Total
- **Deductible: 2nd Calculation-** This line takes the remainder from the Copay line and subtracts that from the deductible remaining
 - **Individual:** Displays remaining deductible from met deductible in this category
 - **Family:** Displays remaining deductible from met deductible in this category
- **Co-insurance: 3rd Calculation-** This line takes the remainder from the deductible line and subtracts the coinsurance
- **Total for Now: 4th line Final Total-** Estimate of the patient and insurance responsibilities

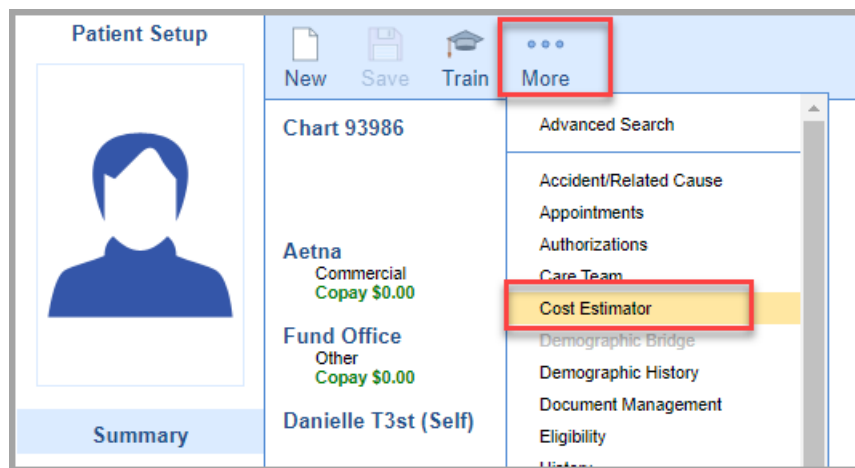
Patient and Insurance Columns: These are calculated line by line, it should not be interpreted as a duplicate entry or as a calculation of Insurance responsibility for that specific category. *For Line 1 Copay calculation, the red box does not indicate the insurance has a copay responsibility, it merely shows the calculation for that line.

Accessing Patient Cost Estimator

Access Patient Cost Estimator from any of the areas noted below.

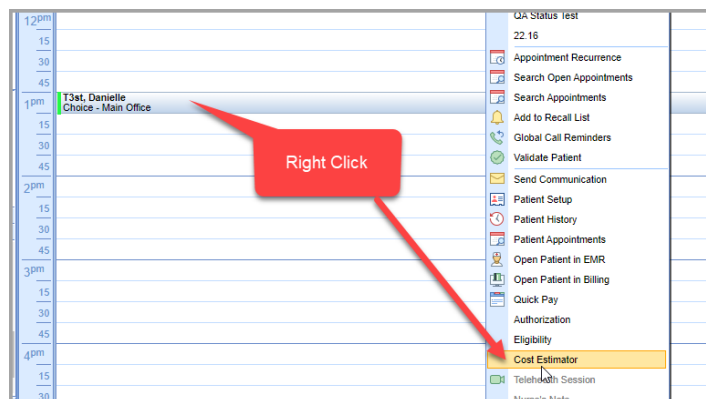
Patient Setup screen

- Select the More button at the top of the screen. Navigate to the **Cost Estimator**.

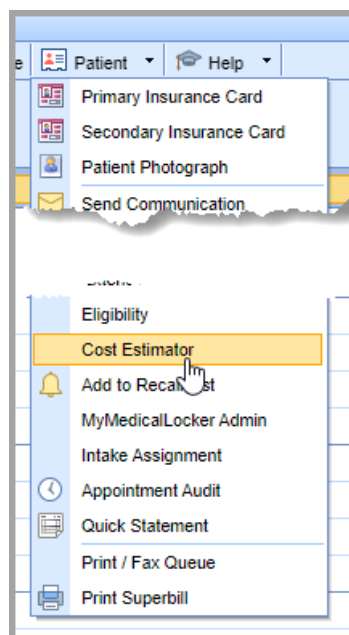


iScheduler screen

- Right click on the appointment you want to run the Cost Estimator on. Navigate to the **Cost Estimator**.

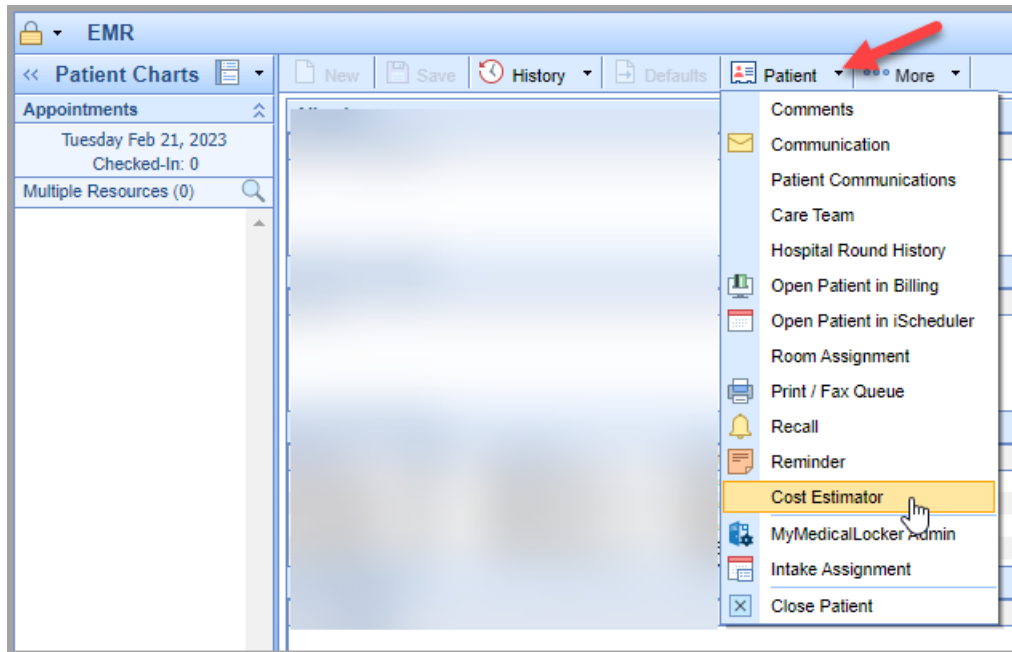


- The Patient drop down on the toolbar may also be used



EMR

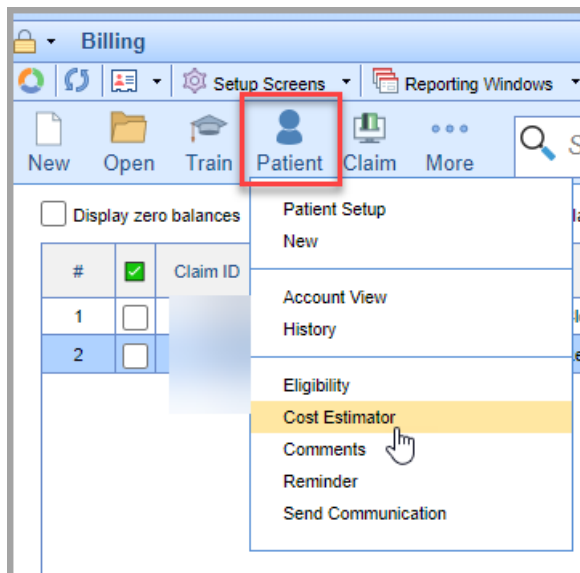
- In EMR, use the Patient drop down and select **Cost Estimator**



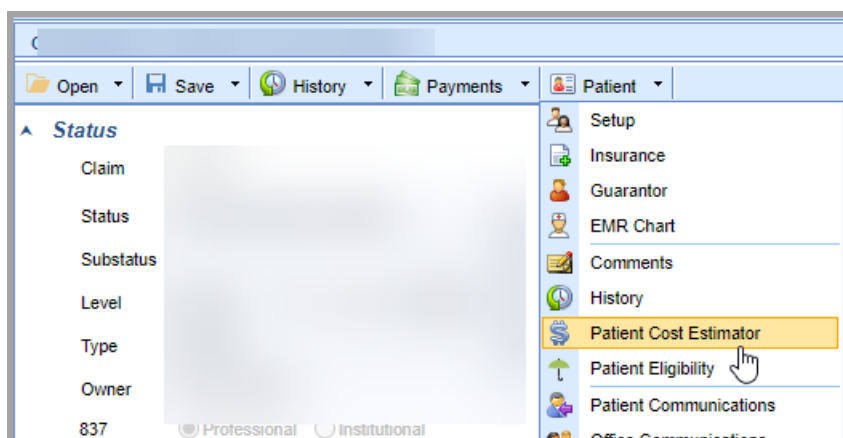
Billing

In Billing portal

- Use the Patient icon and select **Cost Estimator**. This is available from Claim Query or Claim Account Query as well.



- From an open claim use Patient drop down and select **Cost Estimator**



Patient Cost Estimator Insurance Workflow

Insurance Workflow

1. **Payer, Provider** and **Service Location** are required fields and must be entered to proceed with **Cost Estimator**. Type into the field and select Search or select Search first to view a complete list, then select.

Patient Cost Estimator

New Estimation Lines

Date of Service* Provider*

Payer* Service Location*

Date of Service	Procedure	Diagnosis	Modifiers	Units	Billed per Unit	Allowed per Unit	Billed Total	Allowed Total
Total							\$0.00	\$0.00

Patient Benefits

Insurance Plan

Network

Coverage Category

Last Eligibility Check

You need to run a new eligibility check or manually enter benefits.

When initiating a Cost Estimator from the Patient Setup screen, certain fields may not be pre-filled. Payer will load based on the patients primary payer in Patient Setup screen.

2. Add a line by **Appt Type** or **Manual Entry**

Add Line by Appt Type – Use this to add a service line for estimation by the type of appointment

This will search appointment types specific to your practice. Associating CPTs with Appointment Types is required to utilize this feature

Add Line By Appointment Type

Appt Type

Search Appt Type

Search

Appt Type Id	Appt Type Name	Appt Type Duration
28	New Patient	15
61	Telehealth - Established	30
62	Telehealth Visit	30

All Results Displayed (3)

Close Search

Save Line(s)

Add Line by Manual Entry – Use this to manually add a CPT for estimate

This allows the user to enter a specific CPT code as well as Diagnosis code and modifier if needed.

Note required fields specified with the *. Depending on your CPT setup **Unit**, **Charge per Unit** and **Allowed per Unit** may populate with the CPT selection. However, this screen allows manual entry as well as override.

If your company setting is set to use the "Payment Aggregated Allowed Amount" the Allowed Amount Usage will be defaulted to Aggregate and below it you will see Days to Aggregate which will display the default number of days but also allowing a manual override. You will also see a Records Used in Aggregate which will show how many payment records were used for the allowed amount payment aggregation. If your company setting is set to use the "Fee Schedule Allowed Amount" you will not see the additional aggregate fields.

Add Line By Manual Entry

CPT Code*

11100 BX SKN SUBQ/MUC MEMB 1 LESION

×

Search

Diagnosis Code

Search Diagnosis Code

Search

Modifier

Unit*

1

Charge per Unit*

\$ 180.00

Allowed per Unit*

\$ 0.00

Allowed Amount Usage

Aggregate Fee Schedule

Days to Aggregate

365

Records Used in Aggregate

0

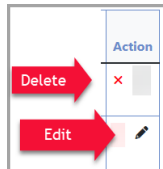
Update Allowed Amount

Save Line

Below is an example of both entries in a single estimate

	Date of Service	Procedure	Diagnosis	Modifiers	Units	Billed per Unit	Allowed per Unit	Billed Total	Allowed Total	Action
Add Line By Appt Type	02/15/2023	99203 OFFICE OUTPT NEW 30 MIN			1	\$180.00	\$113.00	\$180.00	\$113.00	✕ ✎
Add Line By Manual Entry	02/15/2023	11100 BX SKN SUBQ/MUC MEMB 1 LESION			1	\$300.00	\$100.00	\$300.00	\$100.00	✕ ✎
Total								\$480.00	\$213.00	

Note the Action column which allows a line to be deleted or edited.



3. Once line(s) have been added, choose whether you need to run a new eligibility check or manually enter benefits.

Patient Benefits

Insurance Plan
Aetna - 123456
[Check Eligibility](#)
[Manual Entry](#)

Check Eligibility - Opens Patient Eligibility screen to select insurance to run

Manual Entry - Opens a screen allowing user to hand key items

Patient Benefit Manual Entry

In Network

CoPay

\$ CoPay

Deductible Individual

\$ Deductible Individual

Deductible Family

\$ Deductible Family

Co-Insurance (%)

Co-Insurance %

Out of Pocket Individual

\$ Out of Pocket Individual

Out of Pocket Family

\$ Out of Pocket Family

Remaining

\$ Deductible Remaining

Remaining

\$ Deductible Remaining

Remaining

\$ Out of Pocket Remaining

Remaining

\$ Out of Pocket Remaining

Out of Network

CoPay

\$ CoPay

Deductible Individual

\$ Deductible Individual

Deductible Family

\$ Deductible Family

Co-Insurance (%)

Co-Insurance %

Out of Pocket Individual

\$ Out of Pocket Individual

Out of Pocket Family

\$ Out of Pocket Family

Remaining

\$ Deductible Remaining

Remaining

\$ Deductible Remaining

Remaining

\$ Out of Pocket Remaining

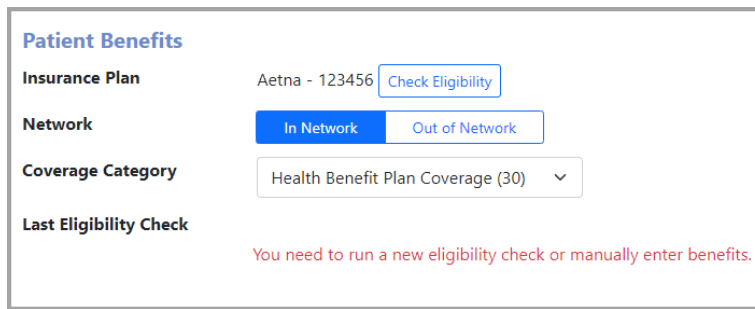
Remaining

\$ Out of Pocket Remaining

Save & Exit

4. Choose whether you'll need to use In Network benefits or Out of Network benefits

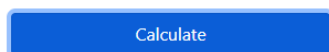
5. Coverage Category can be changed to run benefits for different care such as Durable Medical Equipment (DME), Allergy testing, etc.



The form is titled "Patient Benefits" and contains the following fields and controls:

- Insurance Plan:** A text field with the value "Aetna - 123456" and a "Check Eligibility" button.
- Network:** Two buttons: "In Network" (highlighted in blue) and "Out of Network".
- Coverage Category:** A dropdown menu with the selected value "Health Benefit Plan Coverage (30)".
- Last Eligibility Check:** A red text message that reads "You need to run a new eligibility check or manually enter benefits."

5. Select **Calculate** to run the estimate



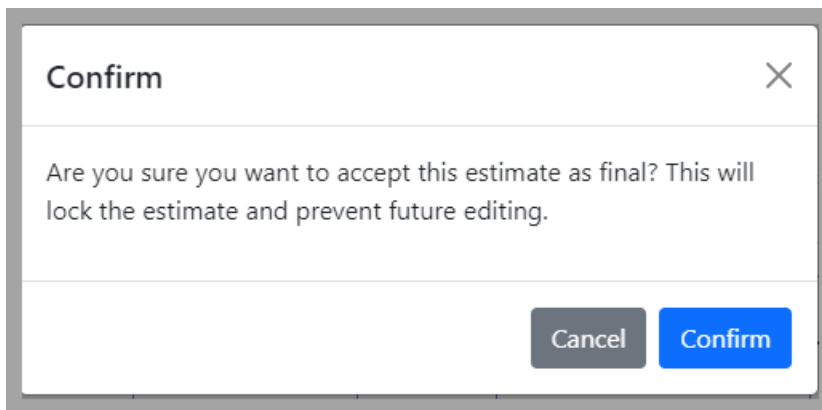
A blue button with the text "Calculate".

6. Once estimate has been created and reviewed for accuracy, click **Accept** to lock and save this estimate. If changes need to be made, make those then select **Calculate** before **Accept**.



Two blue buttons side-by-side: "Calculate" on the left and "Accept" on the right.

7. When Accept has been selected, a pop up message will alert the locking of this estimate.



A modal dialog box titled "Confirm" with a close button (X) in the top right corner. The text inside reads: "Are you sure you want to accept this estimate as final? This will lock the estimate and prevent future editing." At the bottom right, there are two buttons: "Cancel" (grey) and "Confirm" (blue).

Cancel will return to the previous screen for editing. Confirm will lock this estimate.

8. The summary of the estimate will be visible on the lower part of the screen. Click the print icon to print the summary.


Patient Cost Estimator Self Pay Workflow

Self Pay Workflow



1. **Payer, Provider** and **Service Location** are required fields and must be entered to proceed with **Cost Estimator**. Type into the field and select Search or select Search first to view a complete list, then select. For Self Pay estimates, it will be necessary to add **Self Pay** as a payer in the Patient Setup Insurance area.


Patient Cost Estimator


Dummy2, Test Born: Apr 28, 2005 (17y) Gender: Male



New Estimation Lines 

Date of Service*
02/23/2023

Provider*
Andrew MD, Jones S.  

Payer*
Primary - Self Pay - abc123 

Service Location*
AAOE 1 

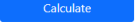
Date of Service	Procedure	Diagnosis	Modifiers	Units	Billed per Unit	Allowed per Unit	Billed Total	Allowed Total	Action
02/23/2023	99213 ESTABLISHED OFFICE VISIT Test	I41 Myocarditis in diseases classified elsewhere	zz	1	\$88.01	\$35.57	\$88.01	\$35.57	 
Total							\$88.01	\$35.57	

Add Line By Appt Type

Add Line By Manual Entry

Patient Benefits

Insurance Plan
Self Pay - abc123
The insured is Self Pay and will be responsible for 100% of the cost



When initiating a Cost Estimator from the Patient Setup screen, certain fields may not be pre-filled. Payer will load based on the patients primary payer in Patient Setup screen.

2. Add a line by **Appt Type** or **Manual Entry**

Add Line by Appt Type – Use this to add a service line for estimation by the type of appointment

This will search appointment types specific to your practice. Associating CPTs with Appointment Types is required to utilize this feature

Add Line By Appointment Type

Appt Type

Appt Type Id	Appt Type Name	Appt Type Duration
28	New Patient	15
61	Telehealth - Established	30
62	Telehealth Visit	30

All Results Displayed (3)

Add Line by Manual Entry – Use this to manually add a CPT for estimate

This allows the user to enter a specific CPT code as well as Diagnosis code and modifier if needed.

Note required fields specified with the *. Depending on your CPT setup **Unit**, **Charge per Unit** and **Allowed per Unit** may populate with the CPT selection. However, this screen allows manual entry as well as override.

If your company setting is set to use the "Payment Aggregated Allowed Amount" the Allowed Amount Usage will be defaulted to Aggregate and below it you will see Days to Aggregate which will display the default number of days but also allowing a manual override. You will also see a Records Used in Aggregate which will show how many payment records were used for the allowed amount payment aggregation. If your company setting is set to use the "Fee Schedule Allowed Amount" you will not see the additional aggregate fields.

Add Line By Manual Entry

CPT Code*

Diagnosis Code

Modifier

Unit*

#

Charge per Unit*

\$

Allowed per Unit*

\$

Allowed Amount Usage

Aggregate

Fee Schedule

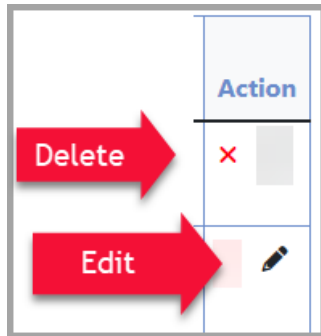
Days to Aggregate

Records Used in Aggregate
0

Below is an example of both entries in a single estimate

	Date of Service	Procedure	Diagnosis	Modifiers	Units	Billed per Unit	Allowed per Unit	Billed Total	Allowed Total	Action
Add Line By Appt Type →	02/15/2023	99203 OFFICE OUTPT NEW 30 MIN			1	\$180.00	\$113.00	\$180.00	\$113.00	✕ ✎
Add Line By Manual Entry →	02/15/2023	11100 BX SKN SUBQ/MUC MEMB 1 LESION			1	\$300.00	\$100.00	\$300.00	\$100.00	✕ ✎
								Total	\$480.00	\$213.00

Note the Action column which allows a line to be deleted or edited.



3. Select **Calculate** to run the estimate

Patient Benefits

Insurance Plan Self Pay - abc123

The insured is Self Pay and will be responsible for 100% of the cost

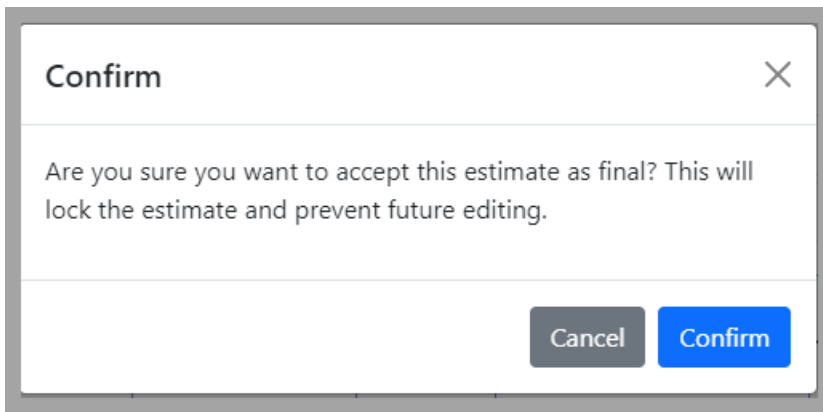
Calculate

6. Once estimate has been created and reviewed for accuracy, click **Accept** to lock and save this estimate. If changes need to be made, make those then select **Calculate** before **Accept**.

Calculate

Accept

7. When Accept has been selected, a pop up message will alert the locking of this estimate.



Cancel will return to the previous screen for editing. Confirm will lock this estimate.

8. The summary of the estimate will be visible on the lower part of the screen. Click the print icon to print the summary.

