

# Patient Cost Estimator

Last Modified on 05/30/2024 6:11 pm EDT

## 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

Test, Drew Born: Apr 13, 1998 (26y) Gender: Male

**New Estimation Lines**

Date of Service\* 05/30/2024 Provider\* Cool MD, Carly  
Payer\* Primary - Aetna Medicare - 1265421 Service Location\* Choice - Main Office

Date of Service	Procedure	Diagnosis	Modifiers	Units	Billed per Unit	Allowed per Unit	Billed Total	Allowed Total	Action
05/30/2024	99213 OFFICE OUTPT EST15 MIN			1	\$100.00	\$80.00	\$100.00	\$80.00	
<b>Total</b>							<b>\$100.00</b>	<b>\$80.00</b>	

[Add Line By Appt Type](#) [Add Line By Manual Entry](#)

**Patient Benefits**

Insurance Plan Aetna Medicare - 1265421 [Check Eligibility](#) [Manual Entry](#)

Network [In Network](#) [Out of Network](#)

Coverage Category Health Benefit Plan Coverage (30)

Last Eligibility Check [Calculate](#) [Accept](#)

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**Summary**

	Patient	Insurance
Copay	\$30.00	\$80.00 - \$30.00 = \$50.00
Deductible	\$50.00	\$50.00 - \$50.00 = \$0.00
Co-insurance	\$0.00	\$0.00 - \$0.00 = \$0.00
<b>Total for Now</b>	<b>\$80.00</b>	<b>\$0.00</b>

**Insurance Coverage**  
\$0.00

**Patient Cost**  
\$80.00

# Patient Cost Estimator Overview Video

## Patient Cost Estimator Screen

### Patient Cost Estimator

Test, Drew Born: Apr 13, 1998 (26y) Gender: Male

**New Estimation Lines**

Date of Service\* 05/30/2024 Provider\* Cool MD, Carly  
Payer\* Primary - Aetna Medicare - 1265421 Service Location\* Choice - Main Office

Date of Service	Procedure	Diagnosis	Modifiers	Units	Billed per Unit	Allowed per Unit	Billed Total	Allowed Total	Action
05/30/2024	99213 OFFICE OUTPT EST15 MIN			1	\$100.00	\$80.00	\$100.00	\$80.00	X
<b>Total</b>							<b>\$100.00</b>	<b>\$80.00</b>	

[Add Line By Appt Type](#) [Add Line By Manual Entry](#)

**Patient Benefits**

Insurance Plan Aetna Medicare - 1265421 [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 \$30.00	\$30.00	\$80.00 - \$30.00 = \$50.00
Deductible Individual \$1,250.00 / \$2,000.00	\$50.00	\$50.00 - \$50.00 = \$0.00
Family \$3,250.00 / \$4,000.00		
Co-Insurance 0%	\$0.00	\$0.00 - \$0.00 = \$0.00
<b>Total for Now</b>	<b>\$80.00</b>	<b>\$0.00</b>

**Insurance Coverage**  
\$0.00

**Patient Cost**  
\$80.00

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:** Accepts the current estimate locking the estimate and making it available to the patient in their MML and Intake (if applicable).
- **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
<b>Total</b>							<b>\$180.00</b>	<b>\$113.00</b>	

Summary			
	Patient	Insurance	
Copay	\$50.00	\$113.00 - \$50.00 = \$63.00	
Deductible			
Individual	\$63.00	\$63.00 - \$63.00 = \$0.00	
Family	\$0.00 / \$0.00		
Co-insurance	0%	\$0.00 - \$0.00 = \$0.00	
<b>Total for Now</b>	<b>\$113.00</b>	<b>\$0.00</b>	<b>\$113.00</b>

- **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

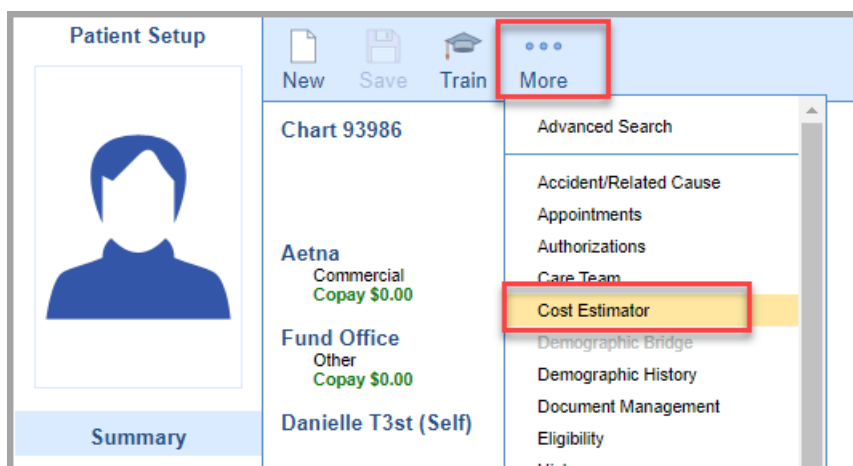
**Patient and Insurance Columns:** These are calculated line by line, it should not be interpreted as a duplicate entry or as a calculation of Insurance responsibility for that specific category. \*For Line 1 Copay calculation, the red box does not indicate the insurance has a copay responsibility, it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

## Accessing Patient Cost Estimator

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

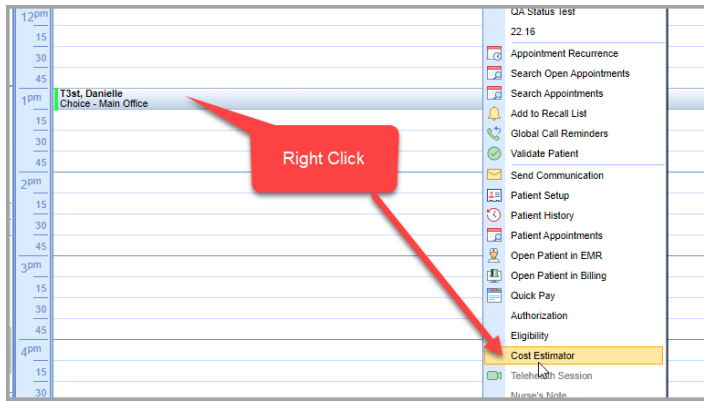
### Patient Setup screen

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

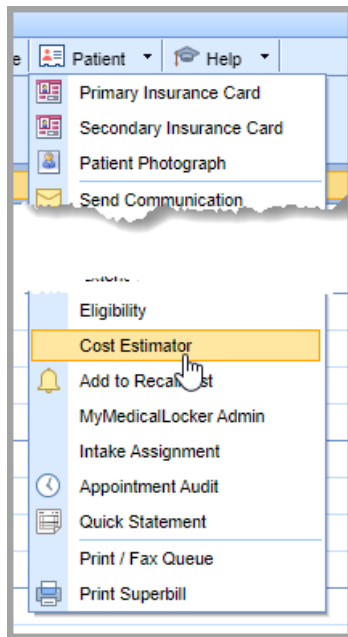


### iScheduler screen

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

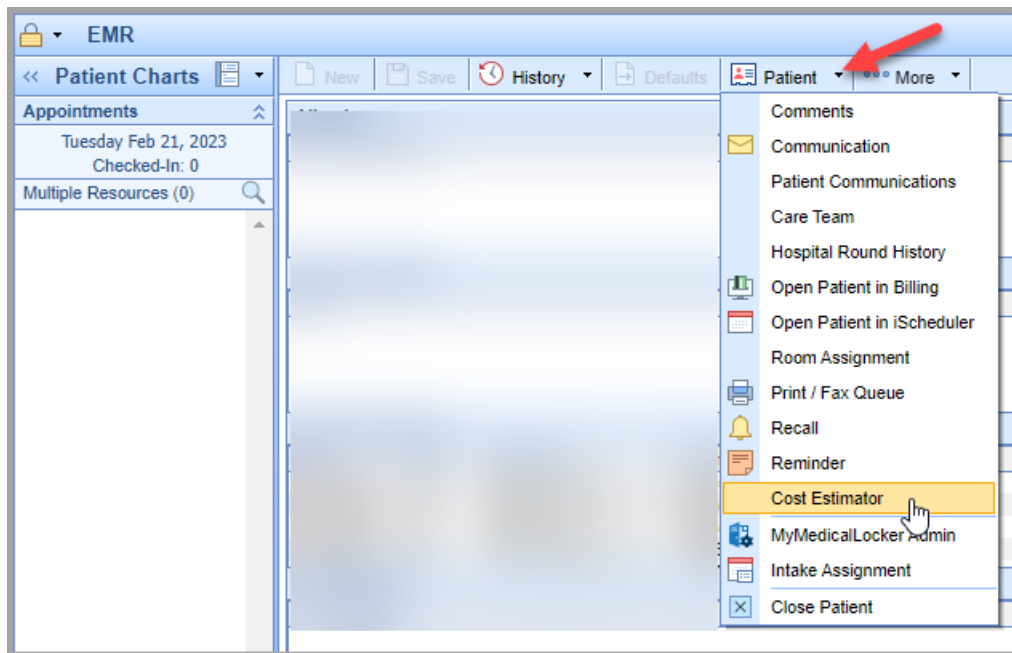


- The Patient drop down on the toolbar may also be used



## EMR

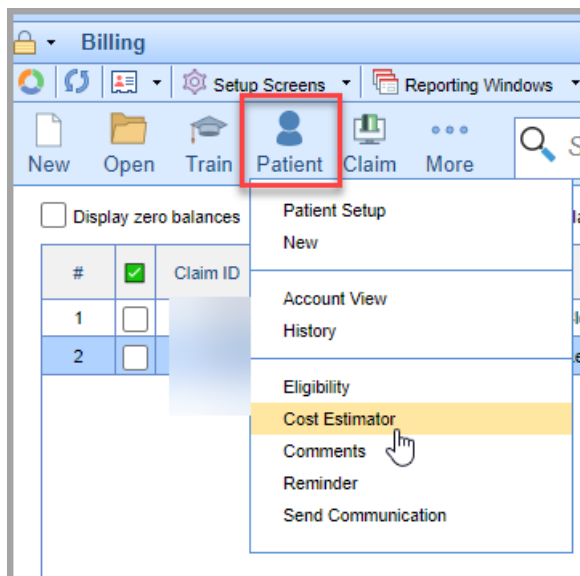
- In EMR, use the Patient drop down and select **Cost Estimator**



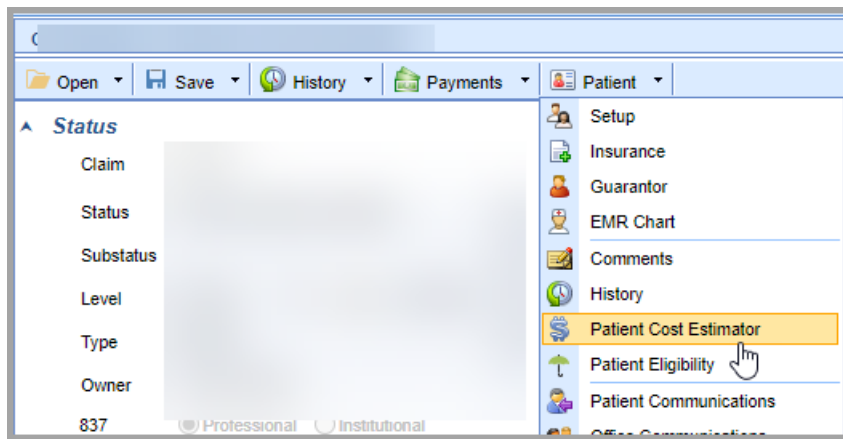
## Billing

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
<b>Total</b>							<b>\$0.00</b>	<b>\$0.00</b>

**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

The screenshot shows a dialog box titled "Add Line By Appointment Type" with a close button (X) in the top right corner. Below the title is a search section labeled "Appt Type" with a text input field containing "Search Appt Type" and a blue "Search" button. Below the search field is a table with three columns: "Appt Type Id", "Appt Type Name", and "Appt Type Duration". The table contains three rows of data:

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

Below the table, it says "All Results Displayed (3)" and there is a blue "Close Search" button. At the bottom of the dialog box is a blue "Save Line(s)" button.

**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.

The screenshot shows a dialog box titled "Add Line By Manual Entry" with a close button (X) in the top right corner. The form contains the following fields:

- CPT Code\***: Input field with "11100 BX SKN SUBQ/MUC MEMB 1 LESION" and a blue "Search" button.
- Diagnosis Code**: Input field with "Search Diagnosis Code" and a blue "Search" button.
- Modifier**: Empty input field.
- Unit\***: Input field with "# 1".
- Charge per Unit\***: Input field with "\$ 180.00".
- Allowed per Unit\***: Input field with "\$ 0.00".
- Allowed Amount Usage**: Two buttons, "Aggregate" (selected) and "Fee Schedule".
- Days to Aggregate**: Input field with "365".
- Records Used in Aggregate**: Input field with "0" and a blue "Update Allowed Amount" button.

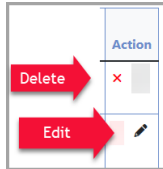
At the bottom right of the dialog box is a blue "Save Line" button.

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	✕ ✎
<b>Total</b>								<b>\$480.00</b>	<b>\$213.00</b>	

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

Note: If the eligibility response has multiple copays for a patient, you will receive a warning informing you that multiple copays were returned allowing the user to select the appropriate copay for the estimate from a drop-down.

Patient Benefit Manual Entry ✕

**In Network**

CoPay	\$	CoPay			
Deductible Individual	\$	Deductible Individual	Remaining	\$	Deductible Remaining
Deductible Family	\$	Deductible Family	Remaining	\$	Deductible Remaining
Co-Insurance (%)		Co-Insurance			
Out of Pocket Individual	\$	Out of Pocket Individual	Remaining	\$	Out of Pocket Remaining
Out of Pocket Family	\$	Out of Pocket Family	Remaining	\$	Out of Pocket Remaining

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**Out of Network**

CoPay	\$	CoPay			
Deductible Individual	\$	Deductible Individual	Remaining	\$	Deductible Remaining
Deductible Family	\$	Deductible Family	Remaining	\$	Deductible Remaining
Co-Insurance (%)		Co-Insurance			
Out of Pocket Individual	\$	Out of Pocket Individual	Remaining	\$	Out of Pocket Remaining
Out of Pocket Family	\$	Out of Pocket Family	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.

**Patient Benefits**

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

**Network** In Network Out of Network

**Coverage Category** Health Benefit Plan Coverage (30) ▾

**Last Eligibility Check**  
You need to run a new eligibility check or manually enter benefits.

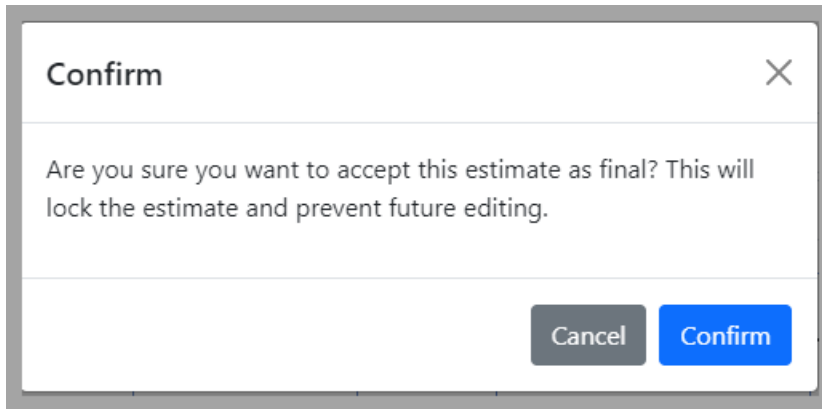
5. Select **Calculate** to run the estimate

[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**.

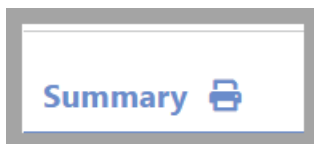
Calculate
Accept

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.



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## 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\***  **Provider\***

**Payer\***  **Service Location\***

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	<input type="button" value="X"/> <input type="button" value="Edit"/>
<b>Total</b>							<b>\$88.01</b>	<b>\$35.57</b>	

**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\***  ✕ Search

**Diagnosis Code**  Search

**Modifier**

**Unit\***

**Charge per Unit\***

**Allowed per Unit\***

**Allowed Amount Usage** Aggregate Fee Schedule

**Days to Aggregate**   
Update Allowed Amount

**Records Used in Aggregate** 0

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
<span style="border: 1px solid blue; padding: 2px;">Add Line By Appt Type</span> →	02/15/2023	99203 OFFICE OUTPT NEW 30 MIN			1	\$180.00	\$113.00	\$180.00	\$113.00	✕ ✎
<span style="border: 1px solid blue; padding: 2px;">Add Line By Manual Entry</span> →	02/15/2023	11100 BX SKN SUBQ/MUC MEMB 1 LESION			1	\$300.00	\$100.00	\$300.00	\$100.00	✕ ✎
<b>Total</b>								<b>\$480.00</b>	<b>\$213.00</b>	

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.


**Confirm** X

Are you sure you want to accept this estimate as final? This will lock the estimate and prevent future editing.

Cancel Confirm

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.

Summary 

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[Auto Generate Self-Pay Estimates Workflow](#)

[Auto Generate Self-Pay Cost Estimates Workflow](#)

The auto generate self-pay patient cost estimates will allow practice to take advantage of the automated process to generate estimates for the scheduled appointments for their self-pay patients. In order for the automated process to take place on a nightly basis the company setting for "Patient Cost Estimator - Enable Auto Generate Self-Pay Patient Cost Estimates" needs to be enabled along with the setup criteria applicable to this process.

The Self-Pay Estimates Auto Generate Setup can be found [here](#).

After setup and review of the setup criteria has been completed estimates will be auto generated on the next nightly run. All estimates that are created as part of the nightly process will be placed in a proposed status and can be viewed with the Estimate Approval window for review and approval. Once the estimate has been accepted it will be added to the patient MML and Intake (if applicable based on the specific Intake setup).

## Estimate Approval window:

Estimate ID	Estimate Status	Estimate Date	Provider Name	Service Location	Payer Name	Chart	Patient Name	Charge Amount	Allowed Amount	Patient Estimate	Insurance Estimate
12	Proposed	02/09/2023	Blake, Centricity	AAOE 3	Self Pay	93951	Test, Ellen	180.00	160.50	0.00	0.00
39	Proposed	02/22/2023	Cool MD, Carly	AAOE 1	Self Pay	93986	T3st, Danielle	3200.00	2830.00	0.00	0.00
41	Proposed	02/23/2023	Clark NP-C, Katelyn C.	Choice - Main Office	Self Pay	93940	Inman, Beverly W.	180.00	113.00	113.00	0.00
57	Proposed	03/07/2023	Smith NP, Alice R.	Choice - ASC	Self Pay	93848	David Senior, Clifford G. (Sakus)	23.08	24.01	0.00	0.00
65	Proposed	03/09/2023	Goldsmith, Clarence	Choice - Main Office	Self Pay	9376	Blake, BOBBY G. (BOBBY)	180.00	113.00	113.00	0.00
250	Proposed	05/31/2024	Goldsmith, Clarence	AAOE 1	Self Pay	93847	Test, Chris	280.00	0.00	0.00	0.00
251	Proposed	05/31/2024	Davis MD, Gordon M.	AAOE 2	Self Pay	93950	Test, Colt	500.00	0.00	0.00	0.00

The Estimate Approval window is accessible from the Reports portal > General > Estimate Approval.

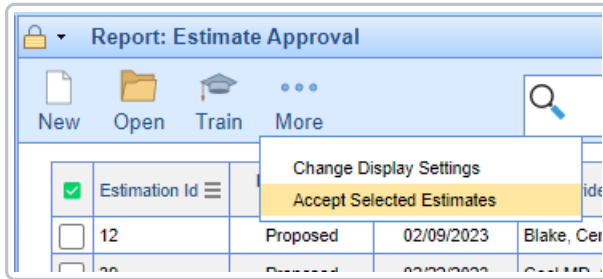
## Fields

These are found under **More > Change Display Settings**

- **Estimate ID:** The entity identification number assigned to the Estimate.
- **Estimate Status:** The status the estimate is currently under.
- **Estimate Date:** The date of service for the estimate.
- **Provider Name:** The rendering provider utilized to generate the estimate.
- **Service Location:** The service location utilized to generate the estimate.
- **Payer Name:** The payer utilized for the estimate.
- **Chart:** Unique patient account number.
- **Patient Name:** Patient's full name.
- **First Name:** Patient's first name.
- **Middle Name:** Patient's middle name.
- **Last Name:** Patient's last name.
- **Charge Amount:** The total charge amount for the estimate.

- **Allowed Amount:** The total allowed amount for the estimate.
- **Patient Estimate:** The expected out of pocket amount for the patient.
- **Insurance Estimate:** The expected insurance payment amount.

## Toolbar



- **New:** Allows the creation of a new estimate.
- **Open:** Opens the details of the selected estimate.
- **Train:** Opens link to iSalus' Help Center
- **More:** Provides access to the Change Display Settings and the Accept Selected Estimates option (option to update the estimate status on multiple estimates to accepted status).

## Advanced Search Fields

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

- Commonly Used
    - **Estimate Status:** N/A, Accepted or Proposed
    - **Estimate Date:** Date range for the date of service for the estimate.
    - **Provider Name:** Rendering provider utilized on the estimate.
    - **Service Location:** service location utilized on the estimate.
    - **Payer Name:** Payer utilized for the estimate.
  - Patient
    - **Chart:** Unique patient account number.
    - **First:** Patient's first name.
    - **Middle:** Patient's middle name.
    - **Last:** Patient's last name.
  - Procedure
    - **Procedure Codes:** Procedure code(s) utilized on the estimate.
-