

# Patient Cost Estimator Screen

Last Modified on 05/30/2024 8:59 am EDT

### 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	<span>✖</span> <span>✎</span>
<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	\$80.00 - \$30.00 = \$50.00
Deductible Individual	\$50.00	\$50.00 - \$50.00 = \$0.00
Deductible Family	\$0.00	\$0.00 - \$0.00 = \$0.00
Co-Insurance	\$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	1	\$50.00	\$113.00 - \$50.00 = \$63.00	Insurance Coverage \$0.00
Deductible		2	\$63.00	\$63.00 - \$63.00 = \$0.00	
Individual	\$6,000.00 / \$7,500.00				
Family	\$0.00 / \$0.00				
Co-insurance	0%	3	\$0.00	\$0.00 - \$0.00 = \$0.00	Patient Cost \$113.00
<b>Total for Now</b>		4	\$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.