Company Setting: Default Benefit Type for Patient Eligibility

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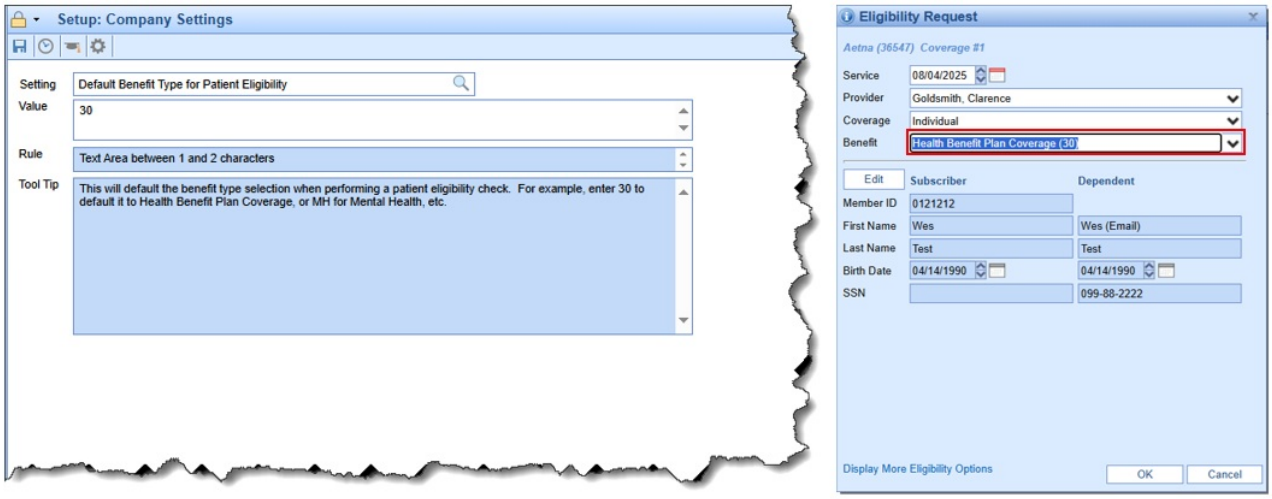
The "*Default Benefit Type for Patient Eligibility*" company setting allows a practice to default the benefit type selection when performing a patient eligibility check. For instance, entering "30" will default to "Health Benefit Plan Coverage," while "MH" will default to "Mental Health."



Default Value: Off (no value)

Options:

- Off (no value) - no default benefit type selection for eligibility check.
- On (2 character value entered) - a benefit type is entered and defaulted for eligibility check.