

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."

The image contains two screenshots from a medical software interface. The left screenshot shows the 'Setup: Company Settings' window. The 'Setting' is 'Default Benefit Type for Patient Eligibility'. The 'Value' is '30'. The 'Rule' is 'Text Area between 1 and 2 characters'. The 'Tool Tip' states: 'This will default the benefit type selection when performing a patient eligibility check. For example, enter 30 to default it to Health Benefit Plan Coverage, or MH for Mental Health, etc.' The right screenshot shows the 'Eligibility Request' window for a patient named Wes Test. The 'Benefit' dropdown is set to 'Health Benefit Plan Coverage (30)'. The 'Member ID' is 0121212, 'First Name' is Wes, 'Last Name' is Test, 'Birth Date' is 04/14/1990, and 'SSN' is 099-88-2222.

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.