


VERIPRO® INSTRUCTION GUIDE MOTIONMD®

The VeriPro verification process is part of the PA creation workflow. The VeriPro process occurs on the Payment Method section of the PA. Within this training document whenever information is mandatory for verifying patient's benefits those details will be called out in **RED** text.

1. Create new Patient Agreement for the patient
2. Add Product

Add all products – **Covered & Non-Covered** to PA prior to verifying benefits if product is **Covered**, leave Self Pay/TOS line set to **NO**. It's **VERY** important that you change the Self Pay/TOS line to **YES** for the **Non-Covered** products.

Add AirSelect Standard



Global
AirSelect Standard
DJO - Aircast • Ankle • DME

01EF-S

Qty 1

Add Item(s)

Inventory Items 1 Selected Add Selected Item(s)

Select Options Required fields are marked *

01EF-S

Involved Side *

Left Right N/A

Self Pay/TOS *

No Yes

Fulfill From Stock

* Inventory Location CSA Orthopedics (Main)


* Billing Channel OfficeCare

Serial # Not Required

Cancel Add Selected Item(s)

For All "Covered Products" leave Self Pay/TOS line defaulted to No

Add AirSelect Standard



Global
AirSelect Standard
DJO - Aircast • Ankle • DME

01EF-S

Qty 1

Add Item(s)

Inventory Items 1 Selected Add Selected Item(s)

Select Options Required fields are marked *

01EF-S

Involved Side *

Left Right N/A

Self Pay/TOS *

No Yes

Fulfill From Stock

* Inventory Location CSA Orthopedics (Main)

* Billing Channel OfficeCare

Serial # Not Required

Cancel Add Selected Item(s)

For All "Non-Covered Products" leave Self Pay/TOS line defaulted to YES

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After saving each product the Self Pay/TOS indication will show as **NO** or **YES** on PA page. Only the products set to **NO** will be sent through VeriPro for verification:

Products

Scan Barcode

(01EF-S / DJO - Aircast)
AirSelect Standard

Fulfill from Stock
CSA Orthopedics (Main)
Not Fulfilled

Self Pay Price: \$201.02

Billing Channel: OfficeCare
Self Pay/TOS: No

Category: DME
Side: Left
HCPCS: L4361

Exchange Options Edit Remove

(79-81232 / DJO - ProCare)
Squared Toe Post-op Shoe

X-Small

Fulfill from Stock
CSA Orthopedics (Main)
Not Fulfilled

Self Pay Price: \$30.00
Billed Charge: \$50.00

Billing Channel: OfficeCare
Self Pay/TOS: Yes

Category: OTS Splinting
Side: Right
HCPCS: L3260

Exchange Options Edit Remove

There will be an additional line on each product once it's been saved onto the PA indicating Self Pay/TOS "No" or "Yes"

3. Import Primary Insurance OR Add Payment Method to PA

Importing Payor – if patient name, DOB and payor ID are populated proceed to Verifying benefits

Adding Payment Method – if manually adding the payment method these fields are mandatory

Select Payment Method

Enter Payor Name

Enter Policy #

Group #

4. Select Payor Name & Verify with VeriPro®

Payment Methods

Add

Commercial
Highmark BCBS

Name: (Self)
Birthdate:

Payor Name: Highmark BCBS
Policy Number:
Group Number: U9C363

Eligibility field: HIGHMARK BCBS PA SR - 51175

Verify with + VeriPro

Start typing Payor Name in the Eligibility field
Select Payor
Click Verify with VeriPro

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5. View Coverage button

Patient benefits are available to view once the **View Coverage** button enables and is clickable. Utilize the Record Payment button as an indicator as to whether benefits need to be manually selected. The Record Payment button will be grey for Manual Selection versus a green for Auto-Selected benefits. **Users can navigate directly to Record Payment to quote patient estimate for Auto-Selected benefits once available.**

Manual Benefit Selection Required	View Coverage	Record Payment	Auto-Selected Benefits	View Coverage	Record Payment
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Select **View Coverage** to view the patient's benefits and expanded details on estimated costs:

Commercial
Highmark BCBS
Verified

Name:
Birthdate:
Payor Name: Highmark BCBS
Policy Number:
Group Number:

If the patient's insurance was verified,
a Verified on stamp will show

Verified on 2025-04-22
CAPITAL BC PA - 51413
Verify Again

View Coverage
Record Payment
Actions

6. VeriPro Visit Page

Auto-Selected Benefits:

If the payor has auto-selection benefits set up, the Patient Estimate will populate with the Estimate details including - Product Code, Description, Charge, Allowed, Coinsurance, Deductible, Out-of-pocket Max and Patient Responsibility.

If these details are auto-populated skip to **section 10** of the training document.

VeriPro
Test Patient

COVERAGES

PRIMARY Active
BCBS ALABAMA
Policy:
Deductible (Ind/Fam): 1250.00 / 2500.00
OOP (Ind/Fam): 4000.00 / 8000.00
Coverage Note:
BCBS PPO HDHP 80 MED/SURG Active Coverage Effective from 01/01/2024. Covered @ 80.00 % after \$1250.00 deductible with \$547.75 met; \$647.18 met on \$4000.00 OOP Family; \$2500.00 deductible with \$1797.75 met; \$4647.18 met on \$8000.00 OOP; Patient Address: ., Group No: 15/2025 04:01:09 PM EST - . Note:
View Manual Coverage Information
Print Benefits Selection PDF
Edit/View Coverages

ESTIMATE DETAILS

Description	Charge	Allowed Amt	Copay	Coins. (%)	Ded. (\$)	OOP (\$)	EPR (%)	Rem Ded (\$)	Rem OOP (\$)
L4361 01EF-S AIRSELECT, STANDARD, SMALL	\$335.04	\$335.04	-	-	\$335.04	\$335.04	\$335.04	\$367.21	\$3,017.78

PATIENT ESTIMATE

Total Before Benefits	\$335.04
Total Benefits Covered	-\$0.00
Patient Responsibility	\$335.04

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Manually Selected Benefits:

If the benefits have not been auto selected, click the **Edit/View Coverages** option

COVERAGES

PRIMARY Active

BCBS ALABAMA

Policy #

Deductible (Ind/Fam) 1250.00 / 2500.00

OOP (Ind/Fam) 4000.00 / 8000.00

Coverage Note:

BCBS PPO HDHP BD MED/SURG Active Coverage; Effective from 01/01/2024; Covered @ 80.00 % after \$1250.00 deductible with \$547.75 met; \$647.18 met on \$4000.00 OOP; Family: \$2500.00 deductible with \$1797.75 met; \$4647.18 met on \$8000.00 OOP; Patient Address: PAM-05/15/2025 04:01:09 PM EST - Note:

View Manual Coverage Information

Print Benefits Selection PDF

Edit/View Coverages

7. When viewing plan benefits, select In-Network benefits under Payer Returned Benefits section to populate for estimated cost calculations. For example: Remaining Deductible, Remaining Out of Pocket and DME Coinsurance (if applicable).

Edit Coverage

PATIENT

Name

DoB

Account #

SUBSCRIBER

Name

ID#

DoB

Group #

Plan Details

Status

Active

Insurance Type

Preferred Provider Organization (PPO)

Plan / Product

BCBS PPO HDHP BD MED/SURG

Network

In Network

Selected Benefits

Benefits Considered for Estimate

These amounts are used in the calculation of the estimate

Individual Deductible Remaining

\$ 702.25

Family Deductible Remaining

\$ 702.25

Individual OOP Remaining

\$ 3352.82

Family OOP Remaining

Payor Benefits need to be manually selected

Search In-Network Benefits for Deductible, Out of Pocket Remaining and DME Co-Insurance then check the boxes to populate the Estimated Responsibility

Health Benefit Plan Coverage (30)

	Network	Level	Benefit	Details	Total	Amount	Remaining
<input checked="" type="checkbox"/>	IN	IND	Out Of Pocket	EMBEDDED TOTAL MAXIMUM EMBEDDED	\$4000.00 Calendar Year	\$647.18 Year to Date	\$3352.82 Remaining
<input checked="" type="checkbox"/>	IN	FAM	Out Of Pocket	EMBEDDED TOTAL MAXIMUM EMBEDDED	\$8000.00 Calendar Year	\$4647.18 Year to Date	\$3352.82 Remaining
<input type="checkbox"/>	IN	IND	Out Of Pocket	TOTAL MAXIMUM EMBEDDED	\$4000.00 Calendar Year	\$647.18 Year to Date	\$3352.82 Remaining
<input type="checkbox"/>	IN	FAM	Out Of Pocket	TOTAL MAXIMUM EMBEDDED	\$8000.00 Calendar Year	\$4647.18 Year to Date	\$3352.82 Remaining
<input type="checkbox"/>	OUT	IND	Out Of Pocket	EMBEDDED EXCLUDES COPAYMENTS EXCLUDES DEDUCTIBLE	\$8000.00 Calendar Year	\$0.00 Year to Date	\$8000.00 Remaining
<input type="checkbox"/>	OUT	FAM	Out Of Pocket	EMBEDDED EXCLUDES COPAYMENTS EXCLUDES DEDUCTIBLE	\$16000.00 Calendar Year	\$0.00 Year to Date	\$16000.00 Remaining

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\$ 3352.82

Applicable Co-Insurance/Co-Payment
Durable Medical Equipment

Co-Insurance

% 20

Co-Payment

\$

Annual Benefit Amounts

These amounts are **not** used in the calculation of the estimate

Individual Deductible Total

\$ 1250.00

Family Deductible Total

\$ 2500.00

Individual OOP Total

\$ 4000.00

Family OOP Total

\$ 8000.00

Notes

BCBS PPO HDHP BD MED/SURG Active Coverage; Effective from 01/01/2024; Covered @ 80.00 % after \$1250.00 deductible with \$547.75

[+ Read More](#)

<input checked="" type="checkbox"/>	IN	IND	Deductible	EMBEDDED	\$1250.00 Calendar Year	\$547.75 Year to Date	\$702.25 Remaining
<input checked="" type="checkbox"/>	IN	FAM	Deductible	EMBEDDED	\$2500.00 Calendar Year	\$1797.75 Year to Date	\$702.25 Remaining
<input type="checkbox"/>	OUT	IND	Deductible	EMBEDDED	\$2500.00 Calendar Year	\$0.00 Year to Date	\$2500.00 Remaining
<input type="checkbox"/>	OUT	FAM	Deductible	EMBEDDED	\$5000.00 Calendar Year	\$0.00 Year to Date	\$5000.00 Remaining

Durable Medical Equipment Purchase (12)

Network	Level	Benefit	Details	Total	Amount	Remaining	
<input checked="" type="checkbox"/>	IN	IND	Co Insurance	HEARING AID OUT-OF-POCKET 100 PERCENT THEREAFTER OUT-OF-POCKET 100 PERCENT THEREAFTER	-	20%	-
<input type="checkbox"/>	IN	IND	Co Insurance	OUT-OF-POCKET 100 PERCENT THEREAFTER	-	20%	-
<input type="checkbox"/>	OUT	IND	Co Insurance	HEARING AID OUT-OF-POCKET 100 PERCENT THEREAFTER OUT-OF-POCKET 100 PERCENT THEREAFTER	-	40%	-
<input type="checkbox"/>	OUT	IND	Co Insurance	OUT-OF-POCKET 100 PERCENT THEREAFTER	-	40%	-

8. Manually Override Auto-Selected benefits

In the event a patient disputes the out-of-pocket estimate based on having already met benefits from recent medical visits that may not have adjudicated, users have the option to manually override benefits. Navigate into coverages and Selected Benefits to update calculation amounts.

Selected Benefits

Benefits Considered for Estimate

These amounts are used in the calculation of the estimate

Individual Deductible Remaining

\$ 0

Family Deductible Remaining

\$ 0

Individual OOP Remaining

\$ 0

Family OOP Remaining

\$ 3352.82

Applicable Co-Insurance/Co-Payment
Durable Medical Equipment

Co-Insurance

% 20

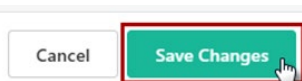
Co-Payment

\$

Click into the fields to manually update the dollar amount

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9. Select **Save Changes** after benefits are manually updated to calculate an estimate:



10. Review Selected Benefits details, Bill Charge & Contracted Rate

On the VeriPro Visit Page, the estimated patient out of pocket responsibility will be displayed in the green bar

Test Patient Account # [REDACTED] DOB [REDACTED] DOS [REDACTED] Guarantor [REDACTED]

COVERAGES

PRIMARY Active
BCBS ALABAMA
 Policy # [REDACTED]
 Deductible (Ind/Fam) 1250.00 / 2500.00
 OOP (Ind/Fam) 4000.00 / 8000.00

Coverage Note:
 [REDACTED] BCBS PRO HDHP 80 MED/SURG Active Coverage Effective from 01/01/2024;
 Covered @ 80:00 % after \$1250.00 deductible with \$547.75 met; \$647.18 met on \$4000.00
 OOP Family: \$2500.00 deductible with \$1797.75 met; \$4647.18 met on \$8000.00 OOP; Patient
 Address: [REDACTED] PAM-05/13/2023 04:01:09 PM EST - , Note:

[View Manual Coverage Information](#)
[Print Benefits Selection PDF](#)
[Edit/View Coverages](#)

ESTIMATE DETAILS

Charge = DIO Bill Charge Allowed - DIO Contract Rate
 Selected Benefits will populate in the Estimate Details Section

Description	Charge	Allowed Amt	Copay	Coins. ^①	Ded ^②	OOP ^③	EPR ^④	Rem Ded ^⑤	Rem OOP ^⑥
14361 01EF-S AIRSELECT, STANDARD, SMALL	\$335.04	\$335.04	-	-	\$335.04	\$335.04	\$335.04	\$367.21	\$3,017.78

PATIENT ESTIMATE

Total Before Benefits \$335.04
 Total Benefits Covered -\$0.00

Patient Responsibility **\$335.04**

Estimated Patient Responsibility is based on the selected benefits and contracted rate calculation

11. Read Patient Estimated Responsibility script if available and Navigate to the Patient Agreement and click **Record Payment**.

Commercial
Highmark BCBS
 Verified

Name: [REDACTED]
 Birthdate: [REDACTED]

Payor Name: Highmark BCBS
 Policy Number: [REDACTED]
 Group Number: [REDACTED]

Verified on 2025-04-03
 CAPITAL BC PA - 51413

[Verify Again](#)

[View Coverage](#) **Record Payment** [Actions](#)

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12. Patient **Agrees to Payment** - Processing Estimated Patient Responsibility in MotionMD®

After the patient agrees to pay, click the checkbox next to the product being paid for and **Record Payment**.

Record Payment

Check the products that are being paid for:

☒ 335.04 ☐ INS AirSelect Standard

Required fields are marked with an asterisk (*)

Payment Details

Payment Amount (Required)
335.04
(Total of selected products)

Memo

Receipt Options
☐ Email Receipt to patient

Cancel **Record Payment**

13. Patient Estimate Document

If an EPR is calculated the patient estimate will be automatically attached to the Patient Agreement and Billing Doc PDF package.

Attachments

Add Custom Forms

VeriPro Coverages 05/15/25 at 04:01 PM

VeriPro_Coverages_53710618
250 KB application/pdf Remove

VeriPro Estimate 05/15/25 at 04:01 PM

VeriPro_Estimate_53710621
50.9 KB application/pdf Remove

14. Printing Patient Estimate document – if requested

The patient will receive a copy in the Patient Agreement Receipt, however, if needed it can also be printed from the visit.

ESTIMATE DETAILS								Beg Ded [®] : \$702.25 Beg OOP [®] : \$3,352.82	
Description	Charge	Allowed Amt	Copay	Coins. [®]	Ded [®]	OOP [®]	EPR [®]	Rem Ded [®]	Rem OOP [®]
L4361 01EF-S AIRSELECT, STANDARD, SMALL	\$335.04	\$335.04	-	-	\$335.04	\$335.04	\$335.04	\$367.21	\$3,017.78
PATIENT ESTIMATE								Print	
Total Before Benefits								\$335.04	
Total Benefits Covered								-\$0.00	
Patient Responsibility								\$335.04	

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The Patient Estimate opens in new tab and can be printed:



Patient Estimate

TEST PATIENT

Account # 116375-108500
Service Date 05/15/2025
Guarantor Test Patient

PRIMARY PAYER (ACTIVE)

Payer [REDACTED]
Policy # [REDACTED]
Deductible (Ind/Fam) \$702.25/\$702.25
OOP (Ind/Fam) \$3,352.82/\$3,352.82

ESTIMATE DETAILS

Proc. Code	Description	Units	Allowed Amt	Copay	Coins. %	Coins. Amt	Deductible	OOP	EPR
L4361	01EF-S AIRSELECT, STANDARD, SMALL	1.0	\$335.04	--	--	--	\$335.04	\$335.04	\$335.04

PATIENT ESTIMATE

Total Before Benefits **\$335.04**
Total Benefits Covered **- \$0.00**

Remaining Balance **\$335.04**

Patient Estimate

\$335.04

The above is an ESTIMATE of charges due at point of registration. Additional charges may be incurred and, if so, will be added to this estimate. If you have insurance, your claim may not be processed with the benefits levels that we were provided, which could increase or decrease this estimate.

Patient Signature: _____ Date: _____

Generated: 05/15/2025 04:01 PM EST | Tracking ID: 3201714 Page 1 of 1

15. Partial Payment – Processing a partial payment

A patient may elect to pay a partial payment amount vs. the total estimated patient responsibility. To process a partial payment, click the **Record Payment** button once the claim has been successfully verified. Before recording payment, the user may edit the payment amount as needed.

Record Payment ✕

Check the products that are being paid for:

☒

335.04

INS

AirSelect Standard

Receipt Options

☐ Email Receipt to patient

Required fields are marked with an asterisk (*)

Payment Details

Payment Amount (Required)

335.04

(Total of selected products)

Memo

Cancel

Record Payment

Select the check box which will open up the box to edit the payment amount to the price agreed to pay

The new amount will update in payment details to record