

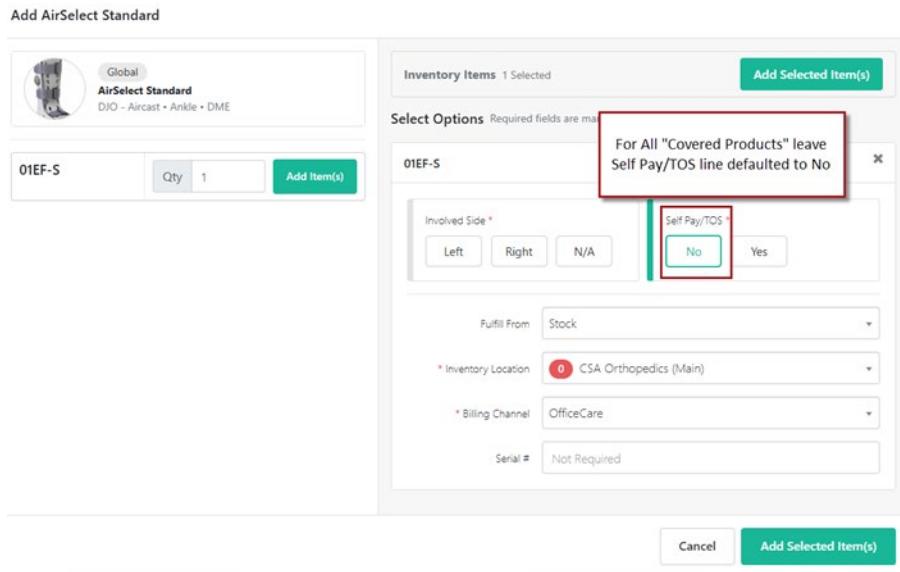
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The VeriPro verification process is part of the PA creation workflow. The VeriPro process occurs on the Payment Method section of the PA. Within this training document whenever information is mandatory for verifying patient's benefits those details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



Inventory Items 1 Selected Add Selected Item(s)

Select Options Required fields are marked with an asterisk (*)

01EF-S

Involved Side *: Left, Right, N/A

Self Pay/TOS *: **No** (highlighted with a red box), Yes

Fulfill From: Stock

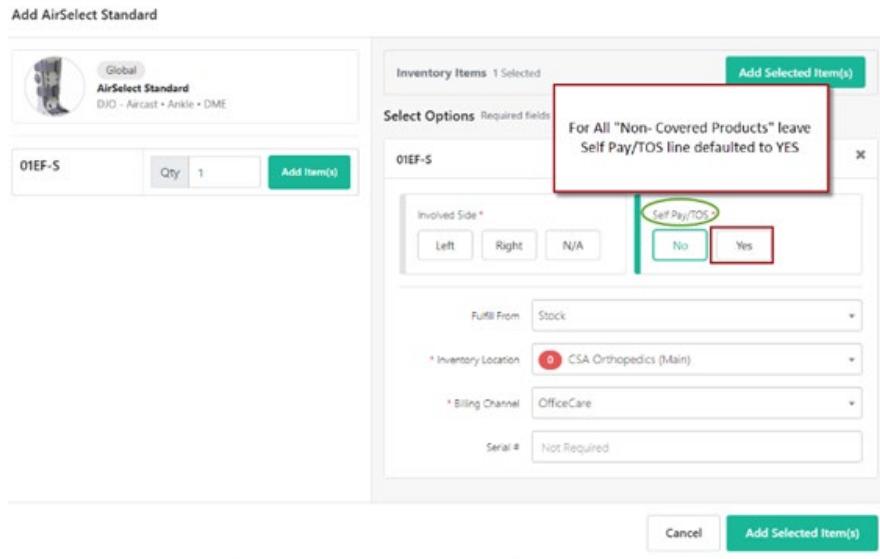
* Inventory Location: 0 CSA Orthopedics (Main)

* Billing Channel: OfficeCare

Serial #: Not Required

Cancel Add Selected Item(s)

Add AirSelect Standard



Inventory Items 1 Selected Add Selected Item(s)

Select Options Required fields are marked with an asterisk (*)

01EF-S

Involved Side *: Left, Right, N/A

Self Pay/TOS *: **No** (highlighted with a green oval), **Yes** (highlighted with a red box)

Fulfill From: Stock

* Inventory Location: 0 CSA Orthopedics (Main)

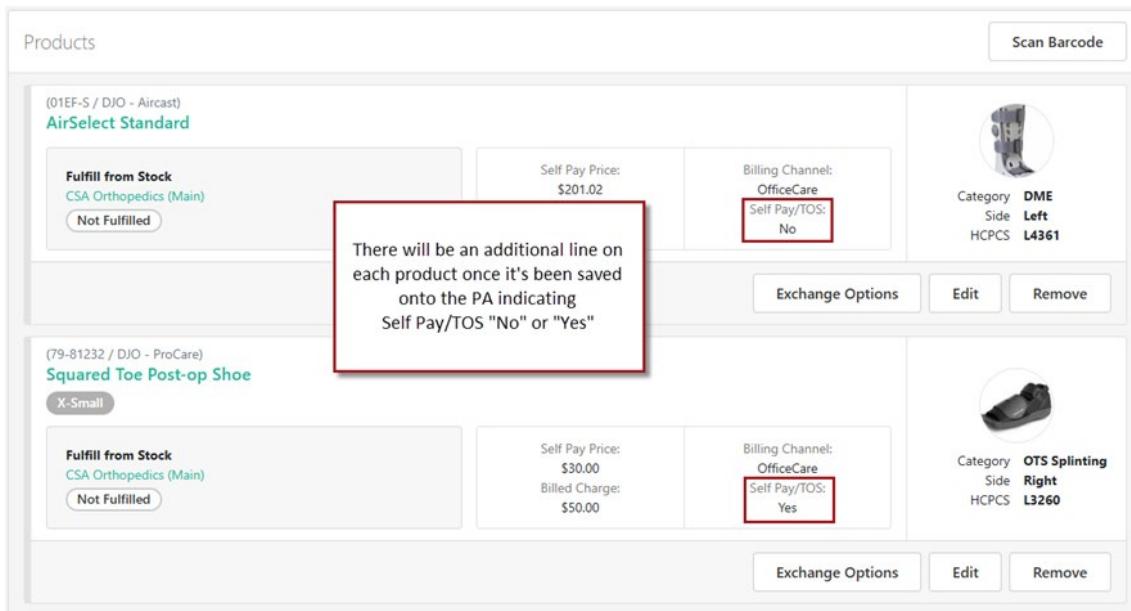
* Billing Channel: OfficeCare

Serial #: Not Required

Cancel Add Selected Item(s)

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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:



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

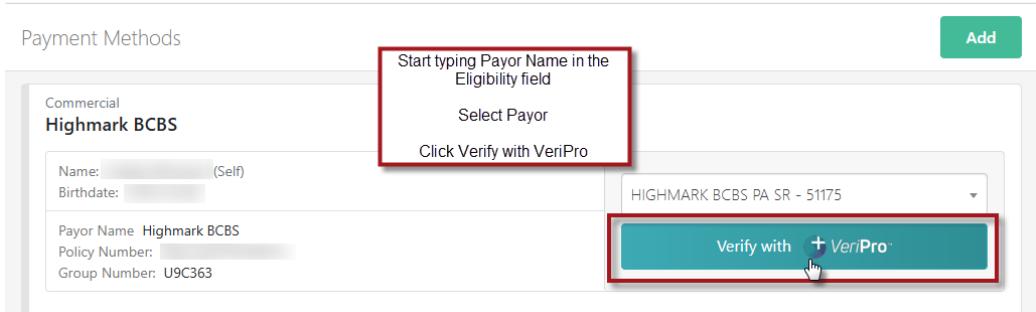
Select Payment Method

Enter Payor Name

Enter Policy #

Group #

4. Select Payor Name & Verify with VeriPro[®]



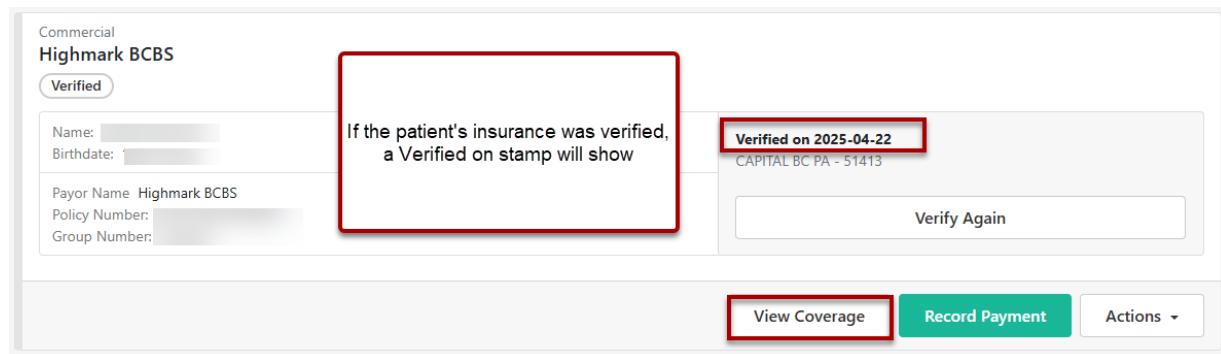
VERI[®]PRO INSTRUCTION GUIDE MOTIONMD[®]

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.**



Select **View Coverage** to view the patient's benefits and expanded details on estimated costs:

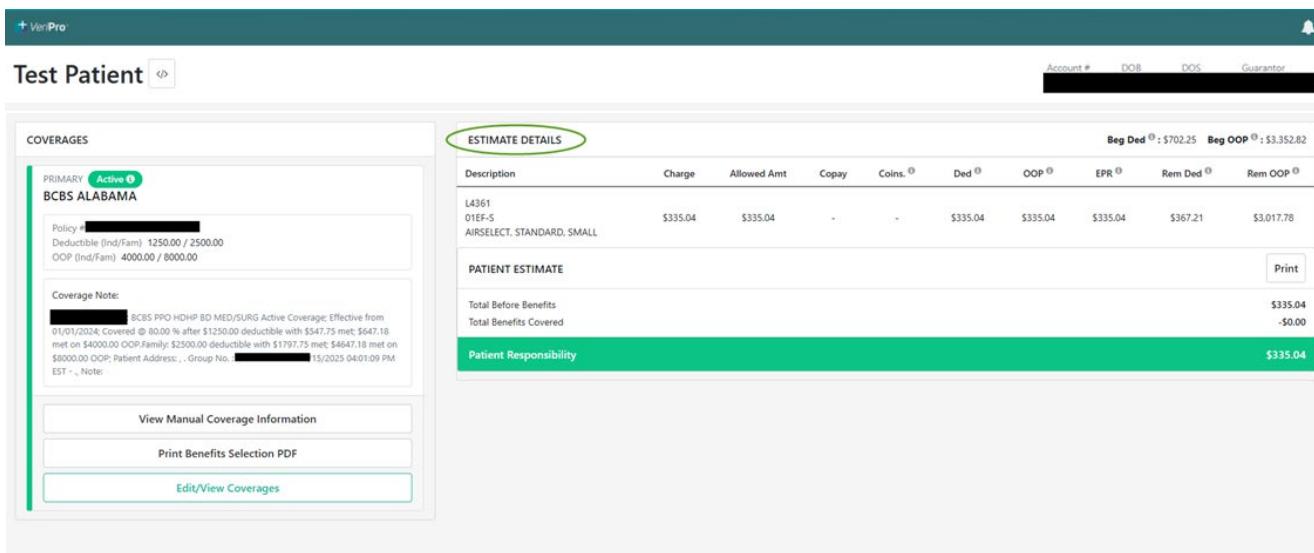


6. VeriPro Visit Page

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.

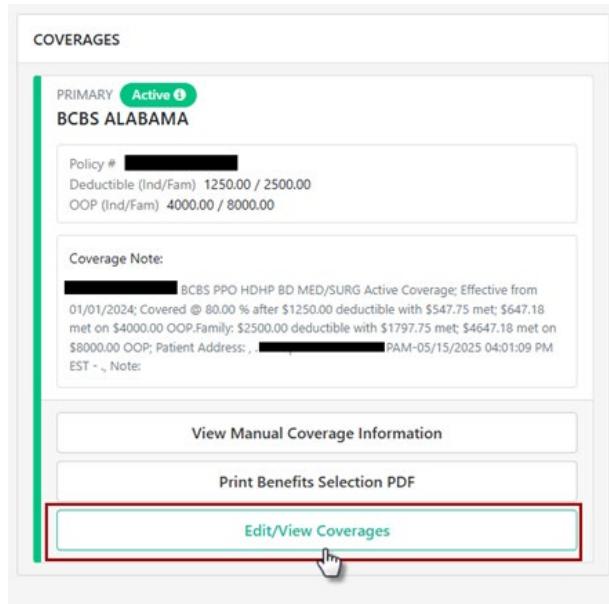
If these details are auto-populated skip to **section 10** of the training document.



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Manually Selected Benefits:

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



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		SUBSCRIBER																																																																										
Name	DoB	Account #	Name	ID#	DoB	Group #																																																																						
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																																																																												
Collapse All																																																																												
<table border="1"> <thead> <tr> <th colspan="7">Health Benefit Plan Coverage (30)</th> </tr> <tr> <th></th> <th>Network</th> <th>Level</th> <th>Benefit</th> <th>Details</th> <th>Total</th> <th>Amount</th> <th>Remaining</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>IN</td> <td>IND</td> <td>Out Of Pocket</td> <td>EMBEDDED TOTAL MAXIMUM EMBEDDED</td> <td>\$4000.00 Calendar Year</td> <td>\$647.18 Year to Date</td> <td>\$3352.82 Remaining</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>IN</td> <td>FAM</td> <td>Out Of Pocket</td> <td>EMBEDDED TOTAL MAXIMUM EMBEDDED</td> <td>\$8000.00 Calendar Year</td> <td>\$4647.18 Year to Date</td> <td>\$3352.82 Remaining</td> </tr> <tr> <td><input type="checkbox"/></td> <td>IN</td> <td>IND</td> <td>Out Of Pocket</td> <td>TOTAL MAXIMUM EMBEDDED</td> <td>\$4000.00 Calendar Year</td> <td>\$647.18 Year to Date</td> <td>\$3352.82 Remaining</td> </tr> <tr> <td><input type="checkbox"/></td> <td>IN</td> <td>FAM</td> <td>Out Of Pocket</td> <td>TOTAL MAXIMUM EMBEDDED</td> <td>\$8000.00 Calendar Year</td> <td>\$4647.18 Year to Date</td> <td>\$3352.82 Remaining</td> </tr> <tr> <td><input type="checkbox"/></td> <td>OUT</td> <td>IND</td> <td>Out Of Pocket</td> <td>EMBEDDED EXCLUDES COPAYMENTS EXCLUDES DEDUCTIBLE</td> <td>\$8000.00 Calendar Year</td> <td>\$0.00 Year to Date</td> <td>\$8000.00 Remaining</td> </tr> <tr> <td><input type="checkbox"/></td> <td>OUT</td> <td>FAM</td> <td>Out Of Pocket</td> <td>EMBEDDED EXCLUDES COPAYMENTS EXCLUDES DEDUCTIBLE</td> <td>\$16000.00 Calendar Year</td> <td>\$0.00 Year to Date</td> <td>\$16000.00 Remaining</td> </tr> </tbody> </table>							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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Applicable Co-Insurance/Co-Payment	\$ 3352.82
Durable Medical Equipment	
Co-Insurance	Co-Payment
% 20	\$
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	

	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

Click into the fields
 to manually update
 the dollar amount

Applicable Co-Insurance/Co-Payment

Durable Medical Equipment

Co-Insurance	Co-Payment
% 20	\$

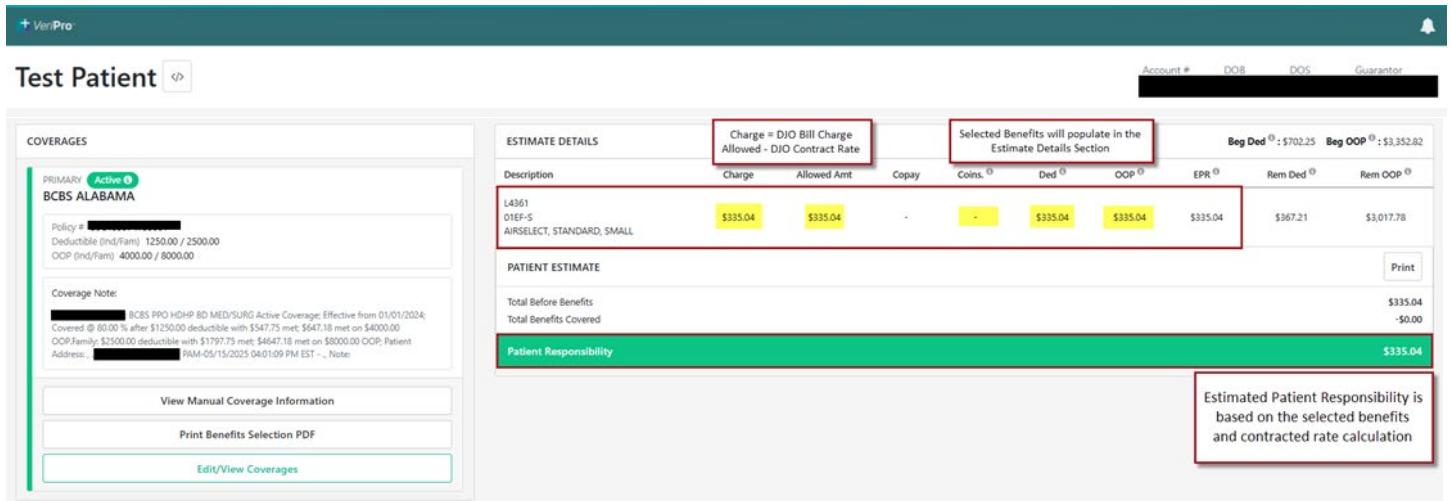
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9. Select **Save Changes** after benefits are manually updated to calculate an estimate:



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



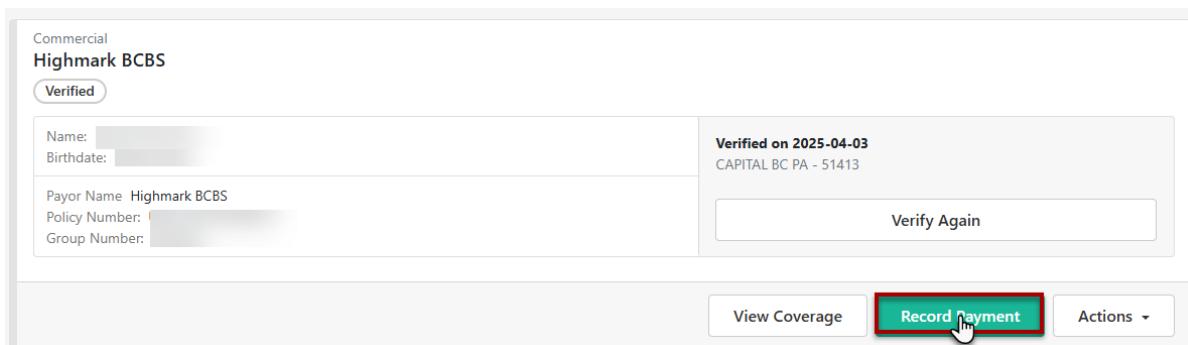
Estimate Details:

Description		Charge	Allowed Amt	Copay	Coins.	Ded	OOP	EPR	Rem Ded	Rem OOP	Beg Ded	Beg OOP
L4361	01EF-S	\$335.04	\$335.04	-	-	\$335.04	\$335.04	\$335.04	\$367.21	\$3,017.78	\$702.25	\$3,352.82
AIRSELECT, STANDARD, SMALL												

Patient Responsibility: \$335.04

Estimated Patient Responsibility: \$335.04

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

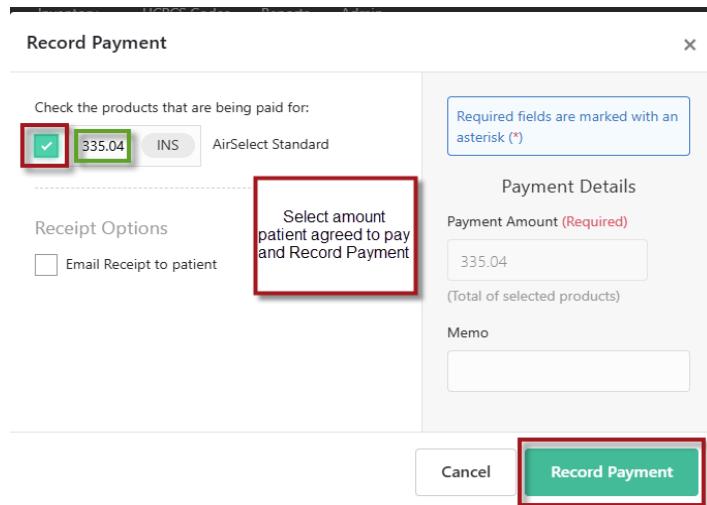
Verify Again

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

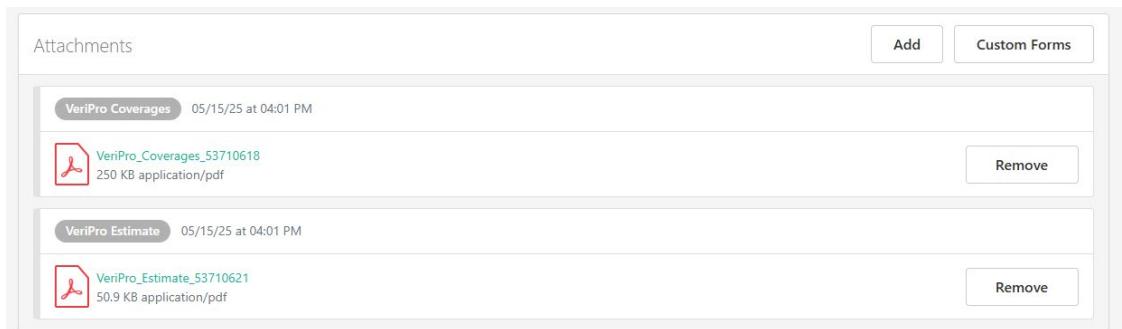
(Total of selected products)

Memo:

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

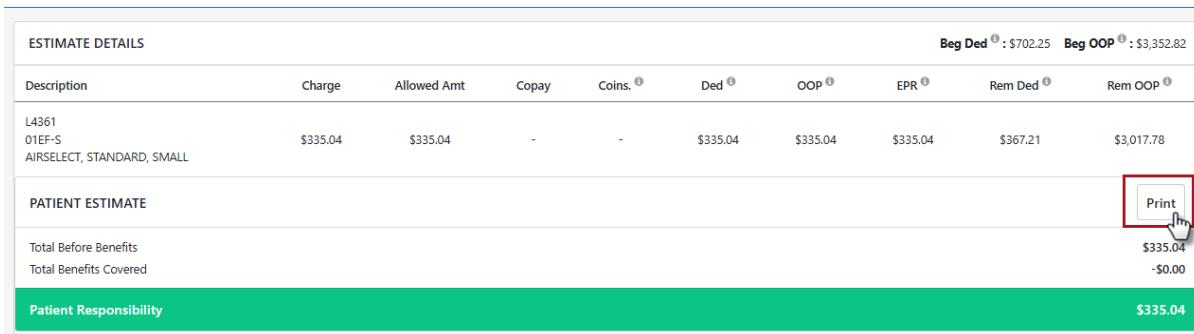
VeriPro_Coverages_53710618 250 KB application/pdf Remove

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 <small>①</small>	\$702.25	Beg OOP <small>①</small>	\$3,352.82
Description	Charge	Allowed Amt	Copay	Coin. <small>①</small>	Ded <small>①</small>	OOP <small>①</small>	EPR <small>①</small>	Rem Ded <small>①</small>	Rem OOP <small>①</small>		
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 Total Benefits Covered											
Patient Responsibility										\$335.04	

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



TEST PATIENT

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

Patient Estimate

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	Coin. %	Coin. 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