



Electronic Insurance Claims



ChartMaker® Go sends insurance claims electronically to Medicare, Medicaid and most commercial carriers for professional, facility, ambulance and anesthesia via Change Healthcare. There is a charge for Electronic Data Interchange (EDI) per billing provider for these services.

First, electronically submitted claims are scrubbed for errors by ChartMaker® Go's Practice Manager. They are not keypunched or manually reviewed at the insurance carrier and, therefore, less likely to be rejected. Studies show that practices that bill electronically experience 21% fewer rejections.¹

Second, within 24-48 hours you will be electronically notified that the submitted claims have been accepted or rejected. If rejected they can be corrected and resubmitted the same day.

Third, electronically submitted claims are typically paid faster. "By law, Medicare must pay an electronic claim in 14 days. The same paper claim wouldn't be paid until day 26." *

Fourth, electronically submitted claims are automatically tracked with ChartMaker® Practice Manager. If a claim is not paid within the agreed to time, a report can be generated, the carrier contacted and the charge reviewed, and ChartMaker® Practice Manager can automatically resubmit the claim.

The screenshot shows the CHARTMAKER software interface for Central Medical Associates (CM). The window is titled 'Edit a Charge' and displays various fields for patient information, insurance details, and billing status. The patient's name is Jane Doe, and the account number is 565538. The insurance carrier is AETNA, and the status is 'B'. The date billed is 07/12/2006. The procedure is 95213, Office Visit - Level III. The charge is 210.00. The window also includes fields for approval, denial, and reprinting.

¹ Speed up payments with electronic transmissions, by Kristie Perry Dolan, Medical Economics Magazine, October 27, 1997, p59-60.