



INSURANCE TRAINING

WHERE TO SEND CLAIMS
HOW TO READ INSURANCE CARDS
INSURANCE SUBSCRIBER
COPAYMENT AMOUNTS





Tips to Remember:

- Verify insurance at every visit and scan in insurance card if updated insurance card.
- All insurances must have an ID number and Group Number (if applicable).
- Do not enter prescription insurance in the Information Screen.
- If insurance is terminated, be sure to check the terminated box and enter terminated date.
- If patient has Tricare, use the Benefits number not the DOD number. The sponsor name needs to be the subscriber.
- If the patient has an authorization from the VA, enter only that insurance (specified on the authorization). Health insurance should not be billed





**A L W A Y S F I L E W I T H T H E
A D D R E S S O N T H E B A C K O R
F R O N T O F C A R D T H A T
S A Y S M A I L C L A I M S T O**

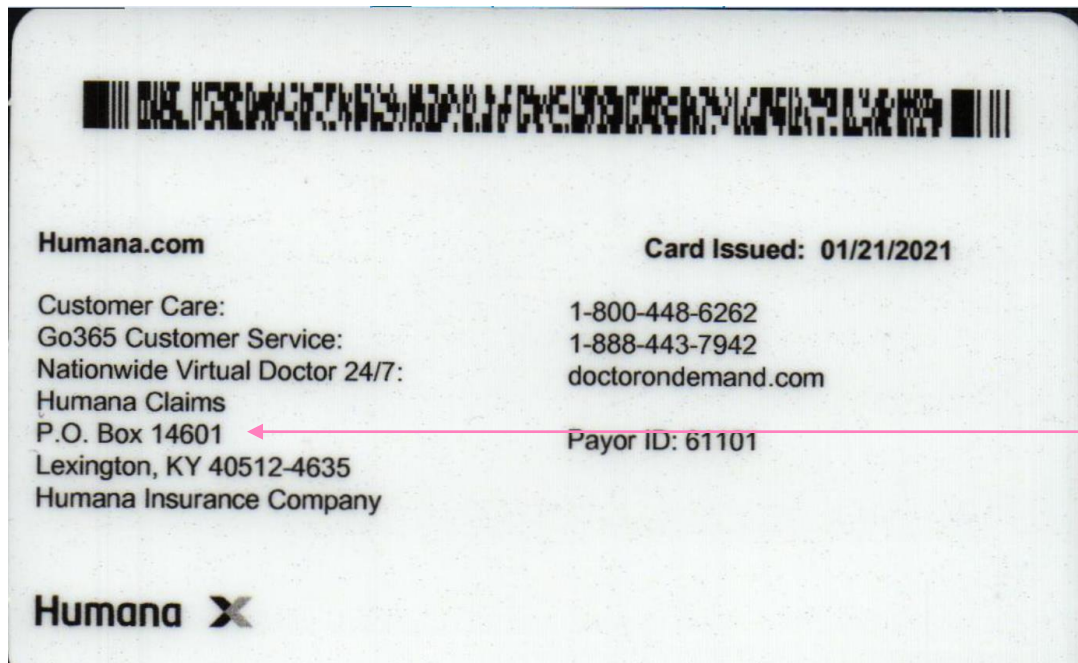
**P L E A S E R E V I E W B O T H S I D E S O F T H E C A R D
A N D S E L E C T T H E I N S U R A N C E B A S E D O N
T H E M A I L C L A I M S T O A D D R E S S N O T T H E
N A M E S O R L O G O S O N T H E C A R D .**



○ To find the correct insurance search by name, then find the correct address or by address.


Most insurances have more than one in eCW. This Humana gets filed with
PO Box 14601
Lexington, KY 40512

There are more than one Humana listed in eCW. Make sure to pick the correct one.



Insurance Lookup							
Insurance	Name	Ins.Group	Insurance Group Name	Active			
Hum					New (Copy)	New	Logs
Id	Name	Address Line	City	State	ZIP	Phone	Payer Id
75	HUMANA	PO BOX 14635	LEXINGTON	KY	40512	800-448-6262	61101
73	HUMANA	PO BOX 14601	LEXINGTON	KY	40512-4600	800-558-4444	61101
76	HUMANA MEDICARE	PO BOX 14601	LEXINGTON	KY	40512	800-733-9064	61101
508	Humana Medicare	PO BOX 14678	LEXINGTON	KY	40512	800-448-6262	61101





MEDICARE VS MEDICARE REPLACEMENT

SOME INSURANCES HAVE THE SAME ADDRESS FOR
MEDICARE REPLACEMENT AND NON-MEDICARE BUT THE
NAME IS DIFFERENT

THERE ARE SEVERAL PLANS, UHC, AETNA, HUMANA ETC
WHO HAVE A REPLACEMENT OR DUAL PLAN

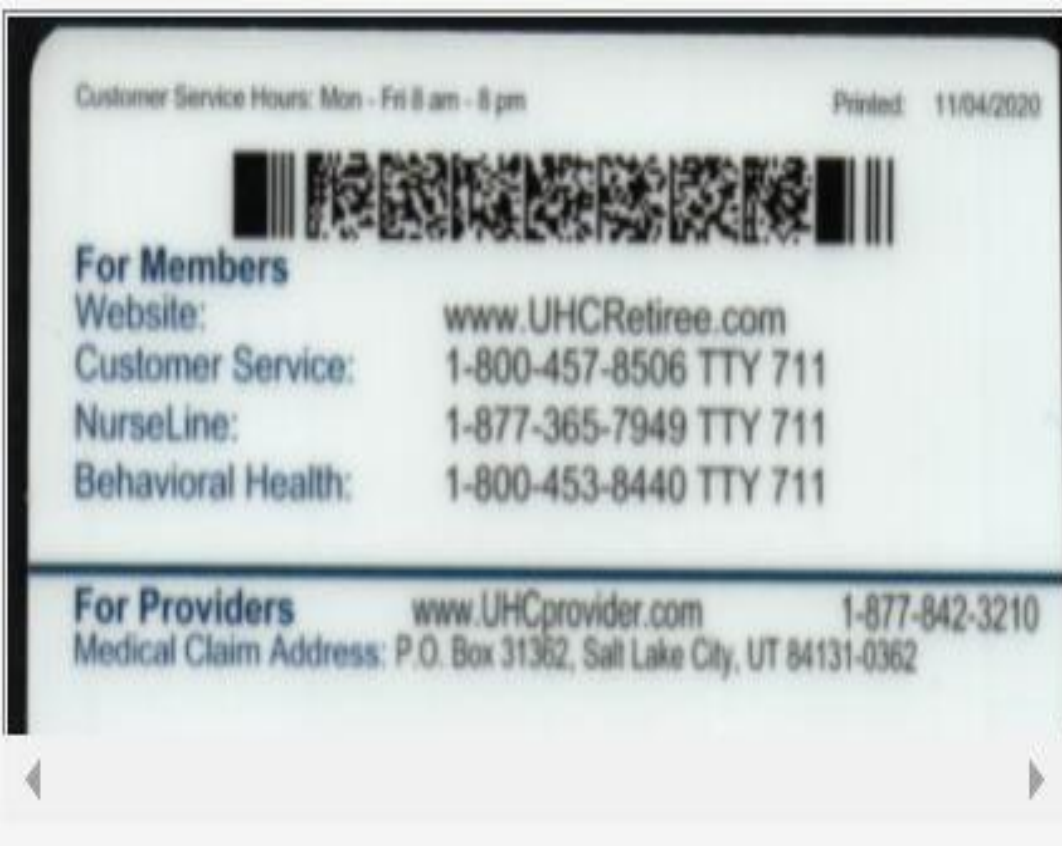
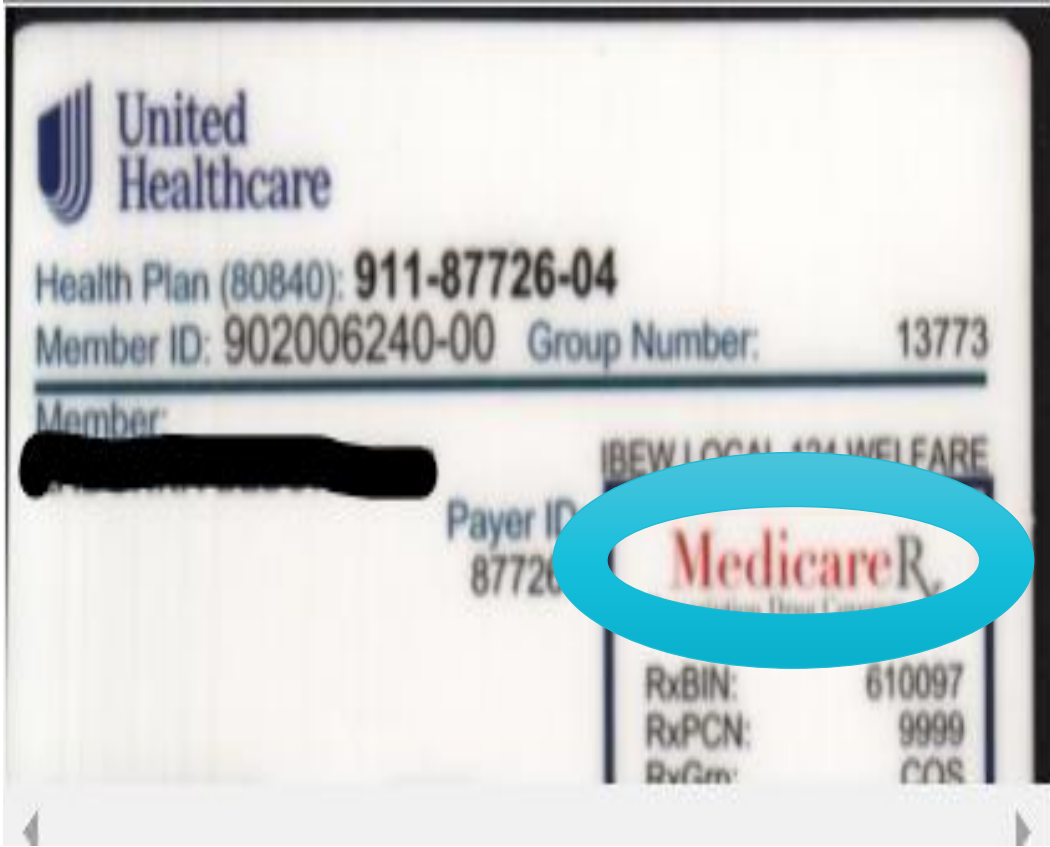


Insurance Lookup

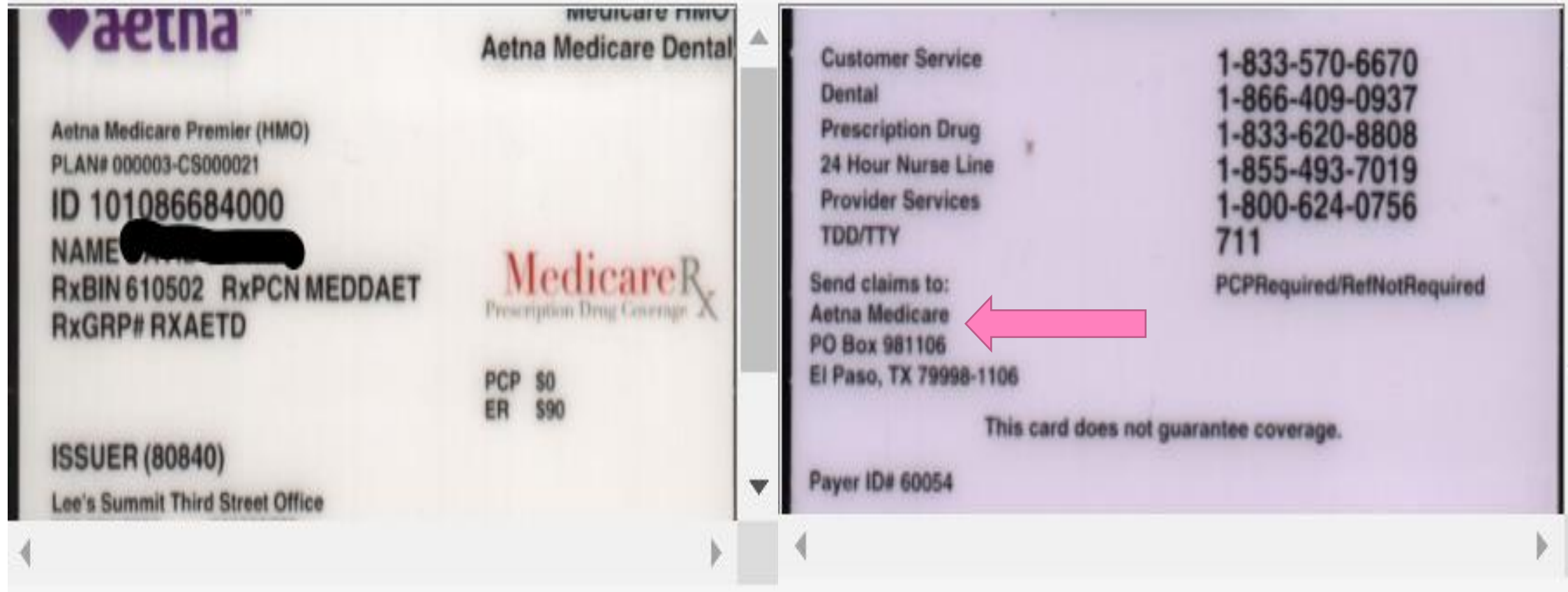


Insurance Address Insurance Group Name

Id	Name	Address Line	City	State	ZIP	Phone	Payer Id	
756	United Healthcare	PO BOX 31362	SALT LAKE CITY	UT	84131-0295		87726	
	UNITED HEALTHCARE MEDICARE	PO BOX 31362	SALT LAKE CITY	UT	84131	877-842-3210	87726	



- Some cards will say Medicare on the back. Some will say Medicare on the front.



Aetna vs Aetna Medicare in eCW

Insurance Lookup							
Id	Name	Address Line	City	State	ZIP	Phone	Payer Id
634	AETNA	PO BOX 30259	TAMPA	FL	33630		60054
5	AETNA	PO BOX 981106	EL PASO	TX	79998-1106	888-632-3862	60054
854	AETNA BETTER HEALTH OF KS	PO BOX 61838	PHOENIX	AZ	85082-1838	855-221-5656	128KS
590	AETNA BETTER HEALTH OF MO	PO BOX 65855	PHOENIX	AZ	85082-5851	800-566-6444	00010
46	Aetna Coventry Advantra	PO BOX 7370	LONDON	KY	40742	800-727-9712	25133
774	Aetna International	PO BOX 981543	EL PASO	TX	79998-1106	800-231-7729	60054
482	AETNA LIFE INSURANCE	PO BOX 14079	LEXINGTON	KY	40512-4079	888-632-3862	60054
933	AETNA MEDICARE	PO BOX 981106	EL PASO	TX	79998-1106	800-624-0756	60054
577	Aetna Pharmacy Management	PO BOX 52446	PHOENIX	AZ	85072-2400	844-233-1938	
785	Aetna Senior Supplemental	PO Box 14226	Lexington	KY	40512	855-323-8914	10897
579	Aetna Senior Supplemental Ins	PO Box 14770	Lexington	KY	40512	800-264-4000	00010
494	Coresource/Aetna Signature/W...	PO BOX 25938	OVERLAND PARK	KS	66225	800-990-9058	48117
856	Medicaid Aetna Better Health ...	PO BOX 61838	PHOENIX	AZ	85082-1838	855-221-5656	128KS





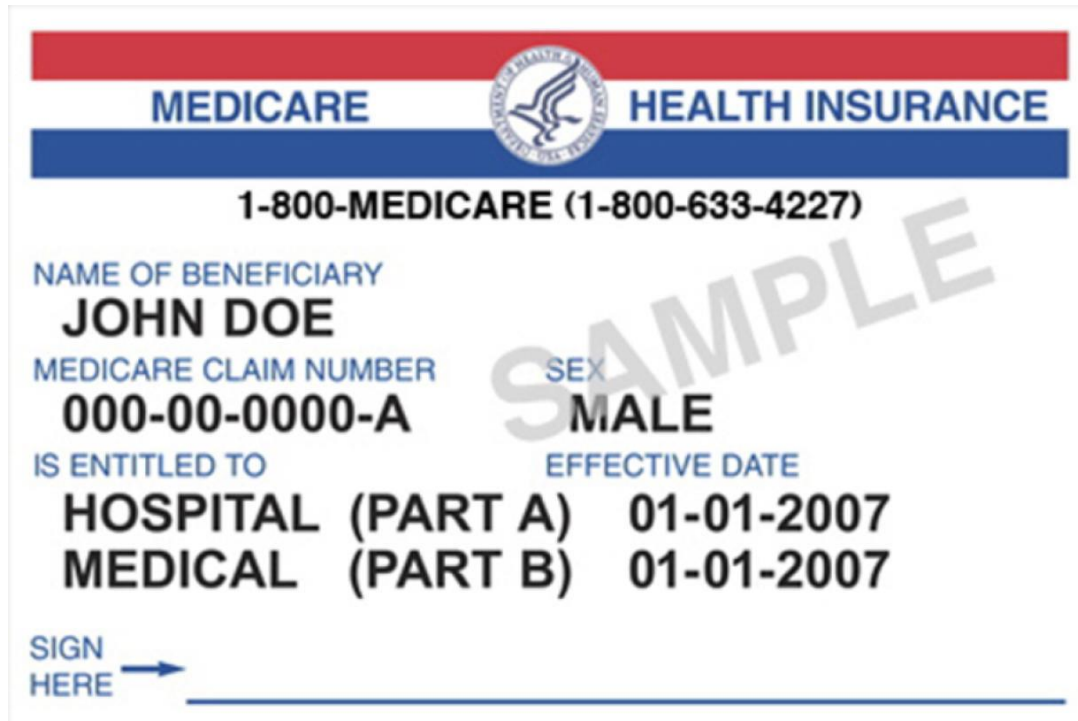
MEDICARE TIPS

- Entering Medicare ID numbers
 - DO NOT use DASHES
- If patient has a Medicare Advantage plan
 - DO NOT enter Medicare as an active insurance
- KMC has an agreement with CARE (Consolidated Association of Railroad Employees)
 - When RR Medicare or Medicare is the primary insurance and CARE is secondary to submit claims directly to CARE. CARE will process either the RR Medicare or Medicare and CARE portion. Do not enter RR Medicare or Medicare as an active insurance



- Medicare- Old vs New
- Old has SSN and a letter
- New has a mix of letters and numbers

Old Medicare Card



MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

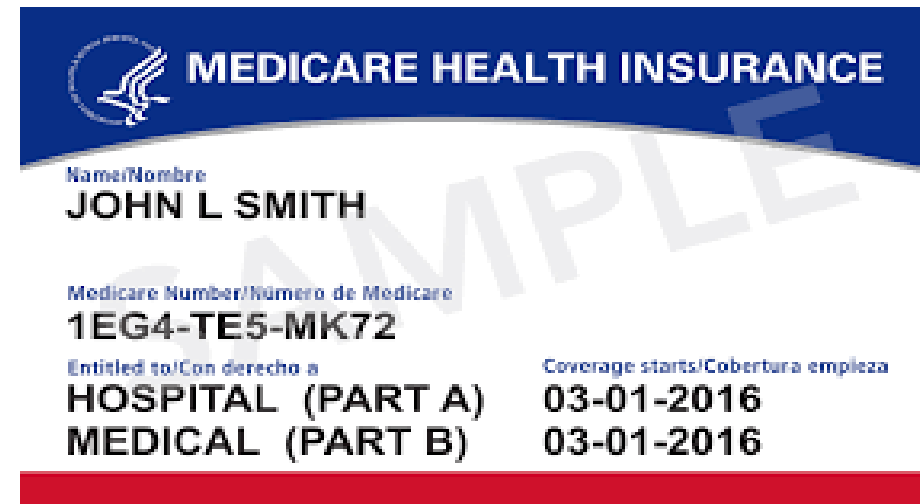
NAME OF BENEFICIARY
JOHN DOE

MEDICARE CLAIM NUMBER **000-00-0000-A** SEX **MALE**

IS ENTITLED TO **HOSPITAL (PART A)** EFFECTIVE DATE **01-01-2007**
MEDICAL (PART B) **01-01-2007**

SIGN HERE → _____

New Medicare Card



MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

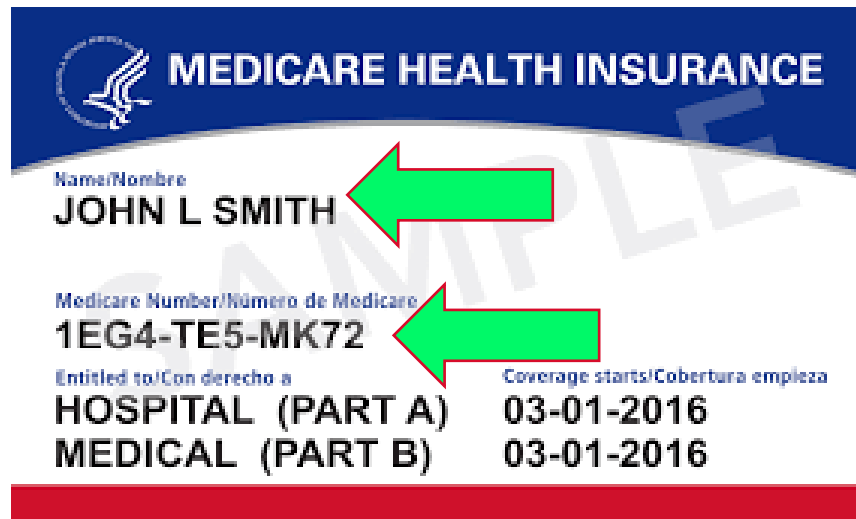




Medicare Health Insurance:

Claims to Medicare Part B
Subscriber is John L Smith
Sub Number 1EG4TEMK72

Front of Medicare Card



Back of Medicare Card







Medicare Railroad Card:

Claims to Medicare Railroad

Subscriber Name-Jane Doe

Subscriber Number-A000000000 (no dashes)

Front of card

MEDICARE			HEALTH INSURANCE	
RAILROAD RETIREMENT BOARD				
NAME OF BENEFICIARY				
JANE DOE				
MEDICARE CLAIM NUMBER		SEX		
A-000-00-0000		FEMALE		
IS ENTITLED TO		EFFECTIVE DATE		
HOSPITAL (PART A)		7-1-86		
MEDICAL (PART B)		7-1-86		
SIGN HERE 		_____		

Back of card

1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical or health services under "Medicare".
3. Get in touch with your Railroad Retirement Board office if you have any questions about your rights under "Medicare".
4. Your card is good wherever you live in the United States. For benefits in Canada, write to the Railroad Retirement Board.

WARNING: Issued for the sole use of the holder designated hereon. Intentional misuse of this card is unlawful and will make the offender liable to penalty.

PROPERTY OF THE UNITED STATES GOVERNMENT,
IF FOUND DROP IN NEAREST U.S. MAIL BOX.
Return to: RAILROAD RETIREMENT BOARD
844 N Rush Street, Chicago, Illinois 60611

Form 6-43

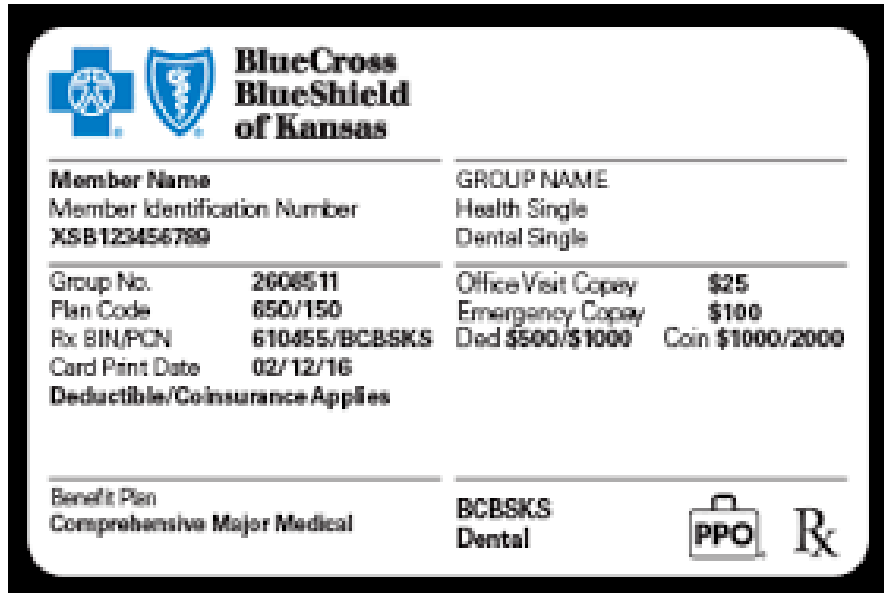


Blue Cross Blue Shields-File with Local BCBS:


BCBS of Kansas-Topeka, Manhattan, Emporia, Lawrence, Hunters Ridge
 BCBS of Kansas City- Mission, KCK, Olathe, Leawood, Independence

There are different BCBS cards


Remember to file with local BCBS



BCBS Federal- still file with local BCBS



Government-Wide
Service Benefit Plan



Federal Employee Program.

Member Name	www.fepblue.org		
Member ID			
R99999999			
Enrollment Code	112	RxMIN	610239
Effective Date	01/01/2008	RxPCN	FEPRX
		RxGrp	65006500



Federal Employee Program.

www.fepblue.org

This card is used to obtain covered benefits under the Blue Cross and Blue Shield Service Benefit Plan Basic Option. You MUST use Preferred providers to get benefits.

Pre-certification is required for all hospital admissions and is ultimately your responsibility. Benefits are reduced by \$500 if pre-certification is not obtained. For instructions, call the local Blue Cross and Blue Shield Plan serving the area where you are treated. In some areas, Preferred hospitals will obtain pre-certification for you. Certain other services require prior approval. Please consult your benefit brochure for more information.

Use of this card constitutes acceptance of the terms and conditions in the Service Benefit Plan Brochure (R1 71-055) for the applicable contract year, which is the only legal description of benefits.

Customer Service:	1-800-522-5566
Pre-certification:	1-800-255-2042
Mental Health/ Substance Abuse:	1-800-554-9504
Retail Pharmacy:	1-800-626-5060
Blue Health Connection:	1-888-258-3432
Assistance Overseas (Call collect):	1-804-673-1678

BlueCross and BlueShield of Geography
An independent licensee of the BlueCross and BlueShield Association.





Insurance Subscriber Information

- Insured's name is the policy holder of the insurance.
- This could be the patient, spouse, parent, guardian, etc.
- When entering someone other than the patient as the subscriber to an insurance, be sure to enter complete information, DOB (01/01/1900, if unknown) and address.
- Use the ellipses to change insured if not patient

Patient-Insurance Detail ROUSSELO, Sammi Mar 24, 1977 (44 yo F) Acc No. 74565

Info Insurance Detail (BC BS of KANSAS CITY)

Insurance BC BS Of KANSAS CIT Insurance Billing Info

BC BS of KANSAS CITY
PO BOX 419169
KANSAS CITY, MO- 64141-6169
Tel: 888-989-8842
Payor Id: 00041 Medigap Id:

Primary
 Secondary
 Tertiary
 Terminated

Source of Payment BL ANSI-Blue Cross/Blue Shield

Insurance Class for Reports

Coverage Dates* 04/16/2021 To

Subscriber Additional Information Benefits Notes

Sub No * XSB888483937

Co-pay 70.00 \$

Insured's name Rousselo, Sammi ...

Patient Relationship to Insured 1 Self - patient is th...

Group No 24833

Group Name

Medicaid ID No.

Supplemental Insurance Indicator

Patient's Alternate Name

Insured's Alternate Name

Last Name

First Name

MI

OK Cancel

BlueCross BlueShield Kansas BlueChoice Preferred-Care Blue Networks

SAMMI J ROUSSELO
Identification Number XSB888483937

KANSAS MEDICAL CLINIC PA
Health Individual
Dental Individual

Group No: 24833
Plan Code: 650/150
Rx BIN/PCN: 610455/BCBSKS
Card Print Date: 08/27/20
Deductible/Coinsurance Applies

Office Visit Copay \$35
Specialist Copay \$70
Emergency Copay \$250
Ded \$3500 Coin 20%



- When you click on the ellipses it will pop up this screen. Click on the circle that applies. You may need to create a new guarantor if not in the system. Must have complete address

The screenshot shows a software interface with a dialog box titled "Patient Relationship to Insured". The dialog box has a light blue background and contains the following elements:

- A header bar with a blue square icon and the text "Insured is".
- Three radio button options: "Self" (selected), "Another Patient", and "Guarantor".
- Two search sections:
 - The first section is for "Another Patient" and includes a search input field with the placeholder "Search By Name", a dropdown menu set to "Name", and an "Info" button.
 - The second section is for "Guarantor" and includes a search input field with the placeholder "Both", an ellipsis button "...", a dropdown menu set to "Name", and an "Info" button.
- At the bottom right, there are two buttons: "OK" and "Cancel".



○ Reading Insurance Card

- Insurance name

- Subscriber number

- Group number

- Insured name

- Copayment





Sub No- auto populates when insurance card is scanned

REMEMBER TO ALWAYS DOUBLE CHECK AND MAKE SURE IT PUT THE CORRECT LETTERS AND NUMBERS IN THE SYSTEM

Patient-Insurance Detail ROUSSELO, Sammi Mar 24, 1977 (44 yo F) Acc No. 74565

Info Insurance Detail (BC BS of KANSAS CITY)

Insurance BC BS Of KANSAS CIT Insurance Billing Info

BC BS of KANSAS CITY
PO BOX 419169
KANSAS CITY, MO- 64141-6169
Tel: 888-989-8842
Payor Id: 00041 Medigap Id:

Primary
 Secondary
 Tertiary
 Terminated

Source of Payment BL ANSI-Blue Cross/Blue Shield

Insurance Class for Reports

Coverage Dates* 04/16/2021 To

Subscriber Additional Information Benefits Notes

Sub No * XSB888483937

Co-pay 70.00 \$

Insured's name Roussel, Sammi

Group No 24833

Medicaid ID No.

Patient Relationship to Insured 1 Self - patient is th...

Group Name

Supplemental Insurance Indicator

Patient's Alternate Name

Last Name

First Name

MI

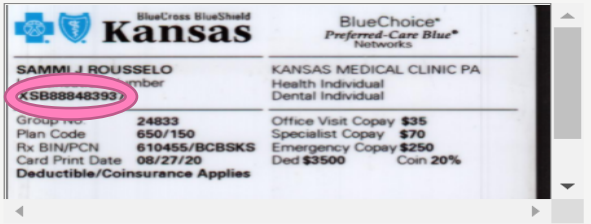
Insured's Alternate Name

Last Name

First Name

MI

OK Cancel



BlueCross BlueShield Kansas		BlueChoice [®] Preferred-Care Blue [®] Networks	
SAMMI J ROUSSELO Member		KANSAS MEDICAL CLINIC PA Health Individual Dental Individual	
Group no	24833	Office Visit Copay	\$35
Plan Code	650/150	Specialist Copay	\$70
Rx BIN/PCN	610455/BCBSKS	Emergency Copay	\$250
Card Print Date	08/27/20	Ded \$3500	Coin 20%
Deductible/Coinsurance Applies			



○ Back of card

- Coverage date

- Where to mail the claims

ALWAYS USE THE MEDICAL CLAIMS ADDRESS NOT JUST THE NAME OF THE INSURANCE

- If you need to check benefits- number to call

Printed: 03/27/20

Members: We're here to help. Check benefits, view claims, find a doctor, ask a question and more.

Web: myuhc.com

Phone: 888-555-4444

Providers: 877-842-3210 or UHCprovider.com
Medical Claims: PO Box 740800, Atlanta GA 30374-0800

Pharmacists: 888-290-5416
Pharmacy Claims: OptumRx PO Box 650540 Dallas, TX 75265-0540





ADDRESS MUST MATCH

Info ▶ Insurance Detail (UNITED HEALTHCARE)

Insurance ...

UNITED HEALTHCARE
PO BOX 740800
ATLANTA, GA- 30374
Tel: 877-842-3210
Payor Id: 87726 Medigap Id:

Primary
 Secondary
 Tertiary
 Terminated

Source of Payment: ... ANSI-Commercial Insurance Co.
Insurance Class for Reports: ...
Coverage Dates*: 12/06/2018 To

Subscriber | Additional Information | Benefits | *Notes

Sub No * **Co-pay** \$

Insured's name: ... Patient Relationship to Insured: ... Self - patient is th...

Group No: Group Name:

Medicaid ID No.: Supplemental Insurance Indicator:

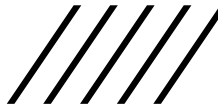
Patient's Alternate Name | **Insured's Alternate Name**

Last Name: Last Name:
First Name: First Name:
MI: MI:

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.
For Members: myuhc.com 866-230-5739

For Providers: UHCprovider.com 877-842-3210
Medical Claims: PO Box 740800, Atlanta GA 30374-0800

MultiPlan
Pharmacy Claims: OptumRx PO Box 29044 Hot Springs, AR 71903
For Pharmacists: 888-290-5416



- Each insurance card will have a different copay amount. Make sure when scanning insurance cards, it populates the correct copay amount. eCW normally populates the Office Visit not the Specialist copay. You will need to update to specialist copay

UnitedHealthcare
Health Plan (90840) 911-87726-04
Member ID: 123456789 Group Number: 98765
Member: EMPLOYEE SMITH
Dependents: SPOUSE SMITH, CHILD1 SMITH, CHILD2 SMITH, CHILD3 SMITH
Office: \$25 ER: \$100
UrgCare: \$50 Spec: \$50
OPTUMRx
Rx Bin: 610279
Rx PCN: 9999
Rx Grp: UHEALTH

BlueCross BlueShield
Member Name: XYZ123456789
Group No. 023457
BIN 987654
Benefit Plan HIOPT
Effective Date 00/00/00
TDI
Dependents: Dependent One, Dependent Two, Dependent Three
Plan PPO
Office Visit \$15
Specialist Copay \$15
Emergency \$75
Deductible \$50



- eCW will populate the PCP/Office visit copay. Make sure to change to Specialist copay

AARP MedicareComplete
Member Through UnitedHealthcare

UNITED HEALTHCARE
PASSPORT

Health Plan (80840): **911-87726-04**
Member ID: **999999999-00** Group Number: **82950**

Member:
JOHN A SAMPLE

UHC Dental Benefits

PCP Name: **SMITH, M.D., JAMES ANDREW**
PCP Phone: **(888) 555-1212**

Payer ID: **87726**

MedicareRx
Prescription Drug Coverage

RxBIN: **610097**
RxPCN: **9999**
RxGrp: **COS**

Copay: PCP \$0 **FR \$90**
Spec \$30

H1045 PBP# 032

Referral Required
AARP MedicareComplete (HMO)

aetna NAP

NAP Vendor Logo or Network Logo

Customer Logo

CUSTOMER NAME LINE ONE
CUSTOMER NAME LINE TWO

Issuer (88840) 0140860054
GRP: 111111-011-00101

ID W1234 56789

NAME

01 JOSEPH Q SAMPLE
02 JANE Q SAMPLE
03 JACKSON Q SAMPLE
04 JESSE Q SAMPLE
05 JEFFERY Q SAMPLE

Managed Choice Open
Access ANF Aexcel Plus

PCP: ABC Family Practice
PCP: ABC Family Practice
PCP: ABC Family Practice
PCP: ABC Family Practice
PCP: ABC Family Practice

RX BIN# 610502

PCP \$ 25.00
SPC \$ 40.00





INSURANCE ELIGIBILITY- IE

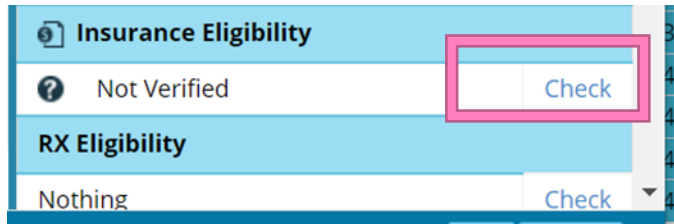
To be able to verify the insurance the following must be correct in the system:

- Patient name
- Patient DOB
- Insurance name
- Where to mail the claims to
- ID number
- Group number- if applies
- Name of subscriber
- Subscriber's DOB- if not the patient and unknown use- 01/01/1900



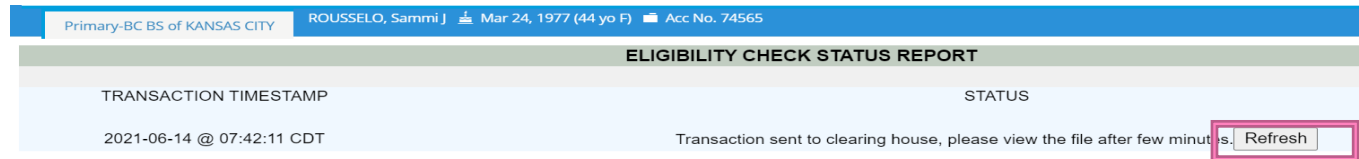
Insurance Eligibility

Click on Check



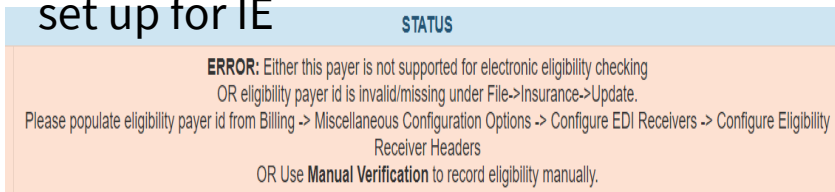
The screenshot shows a software interface for insurance eligibility. It has a blue header with a question mark icon and the text "Insurance Eligibility". Below the header, there are two rows. The first row has a question mark icon, the text "Not Verified", and a "Check" button. The second row has the text "RX Eligibility" and a "Check" button. The "Check" button in the first row is highlighted with a pink rectangular box.

Click on Resubmit and Refresh



The screenshot shows a software interface for an eligibility check status report. It has a blue header with the text "Primary-BC BS of KANSAS CITY", "ROUSSELO, Sammi", "Mar 24, 1977 (44 yo F)", and "Acc No. 74565". Below the header, there is a green bar with the text "ELIGIBILITY CHECK STATUS REPORT". Below the green bar, there is a table with two columns: "TRANSACTION TIMESTAMP" and "STATUS". The first row of the table has the values "2021-06-14 @ 07:42:11 CDT" and "Transaction sent to clearing house, please view the file after few minutes". A "Refresh" button is located at the end of the second row of the table and is highlighted with a pink rectangular box.

This error means the insurance is not set up for IE



The screenshot shows an error message box with a light blue header and an orange body. The header has the text "STATUS". The body contains the following text: "ERROR: Either this payer is not supported for electronic eligibility checking OR eligibility payer id is invalid/missing under File->Insurance->Update. Please populate eligibility payer id from Billing -> Miscellaneous Configuration Options -> Configure EDI Receivers -> Configure Eligibility Receiver Headers OR Use Manual Verification to record eligibility manually."



The screenshot shows a toolbar with several buttons. From left to right, the buttons are: "ReSubmit", "Print", a dropdown menu with "270 Data Format" selected, and "View". The "ReSubmit" button is highlighted with a pink rectangular box.





Insurance Eligibility

Insurance is Eligible

Primary-BC BS of KANSAS CITY ROUSSELO, Sammi | Mar 24, 1977 (44 yo F) | Acc No. 74565

Payer Information
 Payer Name: BCBS OF KANSAS CITY
 Payer ID: 47171
 Information Contact: CUSTOMER SERVICE CENTER
 Telephone: 8004323990

Eligibility Provider Information
 Provider Name: AREMU,OLUBUKOLA
 Provider NPI: 1508877523

Insured or Subscriber Information
 Insured or Subscriber Name: ██████████
 Member Identification Number: XSB888483937
 Group Number: 24833
 Address: ██████████
 Address2: ██████████
 Birth Date: ██████████
 Gender: Female
 Relationship with Insured: Self
 Insured Relationship: Subscriber
 Service Date: 06/15/2021
 Plan Date: 09/01/2020 to 08/31/2021
 Policy Effective Date: 09/01/2018

Primary Care Provider
 PCP Name:
 PCP NPI:

Trace Information
 Time: 04:38 PM
 Trace Number: ECW-74565-2327889
 Date: 06/15/2021
 Payer Trace Number #: 3261119511

Category: All Keyword:

Benefit	Service Description	Network (Y/N)	Coverage Type	Insurance Type	Benefit Amount (\$)	Time Period	Product/Service ID
Chiropractic							
Co-Payment	Chiropractic	Not Applicable	Individual		35.00	Visit	
Details: PRIMARY CARE PROVIDER							
Details: APPLIES TO SPINAL MANIPULATIONS, EXAMS AND OTHER MANIPULATIONS							
Co-Payment	Chiropractic	Not Applicable	Individual		70.00	Visit	
Details: SPECIALIST							
Details: APPLIES TO SPINAL MANIPULATIONS, EXAMS AND OTHER MANIPULATIONS							
Emergency and Urgent Care							
Co-Payment	Urgent Care	Not Applicable	Individual		35.00	Visit	
Co-Payment	Emergency Services	Not Applicable	Individual		250.00	Visit	
Details: THE COPAY IS IN ADDITION TO ANY APPLICABLE DEDUCTIBLE AND COINSURANCE							
Hospital - Inpatient and Outpatient							
Co-Payment	Hospital - Emergency Accident	Not Applicable	Individual		250.00	Visit	
Details: THE COPAY IS IN ADDITION TO ANY APPLICABLE DEDUCTIBLE AND COINSURANCE							
Co-Payment	Hospital - Emergency Medical	Not Applicable	Individual		250.00	Visit	
Details: THE COPAY IS IN ADDITION TO ANY APPLICABLE DEDUCTIBLE AND COINSURANCE							

ReSubmit Print 270 Data Format View

Something is incorrect: Insurance is not Eligible

Primary-BC BS of KANSAS CITY ROUSSELO,

Payer Information
 Payer Name: BCBS OF KANSAS CITY
 Payer ID: 47171
 Information Contact: BLUECARD ELIGIBILITY
 Telephone: 8006762583

Eligibility Provider Information
 Provider Name: AREMU,OLUBUKOLA
 Provider NPI: 1508877523

Subscriber Request Validation
 Reject Reason Code: Invalid/Missing Subscriber/Insured ID
 Follow-up Action Code: Please Correct and Resubmit
 Is Eligibility Request Valid? : No

Primary Care Provider
 PCP Name:
 PCP NPI:

Trace Information
 Time: 04:54 PM
 Trace Number: ECW-74565-2327891
 Date: 06/15/2021
 Payer Trace Number #: 3261147530





ISSUES WITH INSURANCE ELIGIBILITY

- **After trying all the tips and tricks for Eligibility and it is still not going through:**
 - **Some smaller insurance companies are not set up with TriZetto- so they will not IE**
 - **Contact Whitney in Billing- if insurance is not going through- send a bean asking if that insurance should go through**



○ SELF PAY

If patient does not have insurance or has an insurance we are not in network with- they will be Self Pay.

Self Pay charges must be collected at time of service.





SELF-PAY

- ADD SELF PAY AS INSURANCE
- SUBSCRIBER NUMBER WILL BE 00
- CHECK MARK SELF PAY

Insurance Detail (SELF PAY)

Insurance: SELF PAY

Subscriber No: 00

Co-pay: \$

Patient Relationship to Insured: 1

Self-patient is th...

Insurance (1) Pharmacies (1) Contacts Attorneys Case Management Circle of Care

Insurance

Self Pay IE New Case Add Update

Name	State	Subscriber No	Rel	Insured	Co Pay	Group No
SELF PAY		00	1	Testtest, Indy		



○ PATIENT PRESENTS WITH 2 INSURANCES

- **IT IS ALWAYS BEST TO ASK THE PATIENT**
- IF MEDICARE AND COMMERCIAL MAKE SURE TO ASK IF POLICY HOLDER IS WORKING. IF THEY ARE, MEDICARE IS SECONDARY.
- ALWAYS BEST TO ASK PATIENT WHICH ONE IS PRIMARY!



- Any Questions





THANK
YOU
FOR
ALL
YOU
DO!

