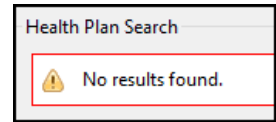


Health Plan or Health Plan Address Not Found for Clerical Staff

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Health Plan Not Found

1. If “No results found.” is returned during a Health Plan Search, search for **generic**.
2. Double click on the appropriate Miscellaneous Generic Health Plan.
3. Select **<Unspecified Address>**.
4. Click on **Select Health Plan**.



Health Plan Search

Search By: Starts With Contains

Plan Name: Search Clear

Health Plan	Insurance Office	Type	Address	Payer	Financial Class
Miscellaneous Generic Auto				Miscellaneous Generic Auto	AUTO/A
Miscellaneous Generic Care Caid MI Hlth				Gen Care Caid MI Hlth	MEDICA
Miscellaneous Generic Cofinity				Cofinity	COMME
Miscellaneous Generic Commercial			<Unspecified Address>	Miscellaneous Generic Commercial	COMME
Miscellaneous Generic Community Mental Health				Medicaid	OTHER C
Miscellaneous Generic Copay Assistance				Miscellaneous Generic Copay Assistance	
Miscellaneous Generic Medicare Advantage				Medicare	MEDICA

Select Health Plan

5. Complete the required fields and click **OK**.
 - a. All fields with a yellow highlight and red asterisk are required.

Note: The Begin Date needs to be at least one day prior to the encounter/appointment date to bill out correctly.

Health Plan Business Address

Other Health Plan: Address Line 1:

Country: Zip Code: City:

Plan Details

Begin Date: End Date:

Subscriber Member Number: Group Number: Medicare HIC#:

Additional Plan Details

Insured Name on Card

OK Cancel

Health Plan Address Not Found

1. If the address on the patient’s insurance card is not listed in the Health Plan Search box, select **<Unspecified Address>**.
2. Click on **Select Health Plan**.

Health Plan Search

Search By: Starts With Contains

Plan Name: Search Clear

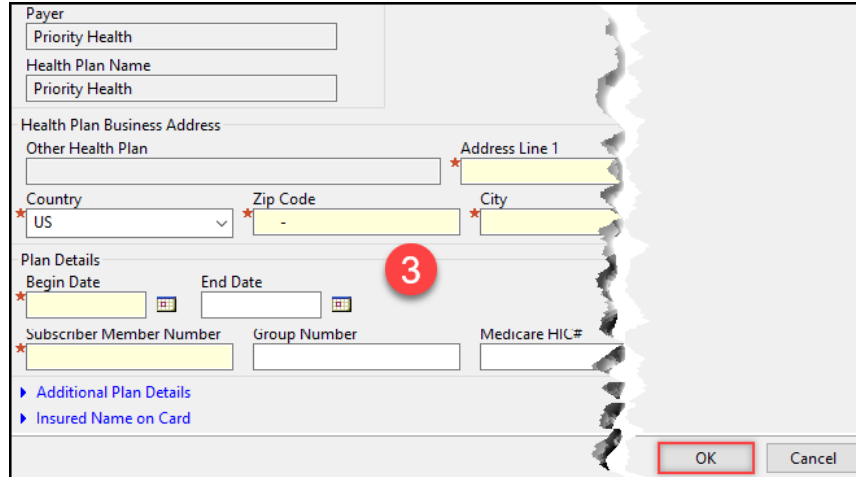
Health Plan	Insurance Office	Type	Address	Payer	Financial Class	Plan
> Priority Caid HMP				Priority Health	MEDICAID HMO HMP	Heat
> Priority Health			Business: PO Box 232 Grand Rapids MI 49501 (800) 942-4765	Priority Health	PRIORITY HEALTH	Heat
> Priority Health Caid			<Unspecified Address>	Priority Health	MEDICAID HMO HMP	Heat
> Priority Health HRA				Priority Health	PRIORITY HEALTH	Heat
> YYPriority Medicare 1500 Plan				Priority Health	MEDICARE HMO	Heat
> YYPriority Medicare CAH				Priority Health	MEDICARE ADVANTAGE	Heat

Select Health Plan

Health Plan or Health Plan Address Not Found for Clerical Staff

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3. Complete the required fields and click **OK**.
 - a. All fields with a yellow highlight and red asterisk are required.



The screenshot shows a form with the following sections and fields:

- Payer:** Priority Health
- Health Plan Name:** Priority Health
- Health Plan Business Address:**
 - Other Health Plan: [Empty]
 - Address Line 1: [Empty]
 - Country: US
 - Zip Code: -
 - City: [Empty]
- Plan Details:**
 - Begin Date: [Empty]
 - End Date: [Empty]
 - Subscriber Member Number: [Empty]
 - Group Number: [Empty]
 - Medicare HIC#: [Empty]
- Additional Plan Details:** [Expandable]
- Insured Name on Card:** [Expandable]

Required fields (yellow highlight and red asterisk): Address Line 1, Country, Zip Code, City, Begin Date, End Date, Subscriber Member Number, Group Number, Medicare HIC#.

A red circle with the number 3 is positioned over the End Date field.

Note: The Begin Date needs to be at least one day prior to the encounter/appointment date to bill out correctly.