

**Form Checklist****Form In Folder**

<input type="checkbox"/> Preauthorization Form Completed	<input type="checkbox"/>
<input type="checkbox"/> Preauthorization Obtained	<input type="checkbox"/>
<input type="checkbox"/> Permission for Treatment	<input type="checkbox"/>
<input type="checkbox"/> Insurance/Office Policies/HIPAA	<input type="checkbox"/>
<input type="checkbox"/> Encounter Form	<input type="checkbox"/>
<input type="checkbox"/> Child/Adult Intake Complete	<input type="checkbox"/>
<input type="checkbox"/> Contact Form	<input type="checkbox"/>
<input type="checkbox"/> Treatment Plan Complete	<input type="checkbox"/>
<input type="checkbox"/> Copy of Insurance Card	<input type="checkbox"/>
<input type="checkbox"/> Clinical Note	<input type="checkbox"/>
<input type="checkbox"/> Copy of Preauth form	<input type="checkbox"/>

**Enter New Patient into Billing System**

- 1) Under View, click Clients, click Clients name to open Client Setup
- 2) Click on Insurance Tab (click Secondary in the Policy Explorer for a client's Secondary insurance)
- 3) Don't put an end date for insurance
- 4) Make sure File Claims is checked
- 5) Gateway requires the Claim Filing Ind (use BL, CI, MB or MC only)
- 6) Gateway requires the Insur Type (Use C1, MB or MC only)
- 7) Check Accept Assignment Box-means send money to you not patient
- 8) Click Diagnosis – add Axis I-V and ICD
- 9) Click HCFA/Details 837 Button
- 10) Box 17-Enter Referring Physician Info (and NPI in field labeled ID and choose National Provider ID from the picklist in the ID type field
- 11) Box 14- Make sure date of Current Illness is ON or BEFORE the first date of service
- 12) Make sure copy HCFA box #33 is checked
- 13) Complete any additional information and click ok to save.