



TPS Simple Claim Overview

2016

SimpleClaim-Manage Claim Submission List

Manage Claim Submission List tab is used to enter patient information or find patient information.

Manual Claims

Manage Claim Submission List | Create Professional Claim | Create Institutional Claim | Manage Patient Profiles | New Patient Profile | Claim Archives

Manage Claim Submission List

Find the status of a saved claim or group of claims

Patient Last Name: Patient Account Number: Date of Service: From:

Patient First Name: Payer Name: To:

[Create Report](#) [Clear Fields](#)

[Show Rejection Details](#) [Submit Selected Claims](#)

<input type="checkbox"/>	Type	Patient Name	Payer	Provider	Date of Service	Charge	Patient Number	Status	Saved Date	
1	<input type="checkbox"/> P	Tester, Bob	Cigna	Dennis Crabb	1/27/2016	\$250.00	0000294	Valid	1/27/2016	Edit Delete
2	<input type="checkbox"/> P	Tester, Bob	Cigna	Dennis Crabb	1/27/2016	\$250.00	0000294	Valid	1/27/2016	Edit Delete
3	<input type="checkbox"/> P	Tester, Bob	Cigna	Crabb, Dennis	1/21/2016	\$250.00	0000294	Valid	1/21/2016	Edit Delete

SimpleClaim-Create Professional Claim

The Create Professional Claim tab is the place where your claim information will be entered. There are 5 parts to the claim (Patient Information, Payer Information, Provider Information, Claim Information, and Service Line Information) shown under the 5 green tabs on this page.

Manual Claims

Manage Claim Submission List | **Create Professional Claim** | Create Institutional Claim | Manage Patient Profiles | New Patient Profile | Claim Archives

Create Professional Claim Test Claim Cancel Save Claim

Patient Information | Payer Information | Provider Information | Claim Information | Service Line Information

Patient Information Clear Fields

Search Patient

Patient Account #: Auto Generated Account * = Required Fields

Patient Name: First Last MI Suffix

Patient Address: Street City State ZIP

Patient DOB:

Patient Sex: Male Female

Phone #: Relation to Insured

Release of Information Code: Yes, Provider has a Signed Statement

Manual Claims

Manage Claim Submission List

Create Professional Claim

Create Institutional Claim

Manage Patient Profiles

New Patient Profile

Claim Archives

Create Professional Claim



Test Claim Cancel Save Claim

Patient Information

Payer Information

Provider Information

Claim Information

Service Line Information

Payer Information

Clear Fields

*Required Fields

▼ Primary Insurance Information

Search Primary Payer

Payer ID: Payer Name:

Payer Address - Optional: Street City State ZIP

Insured ID: Group ID #:

Insured Name: Last First

Insured Address: Street City State ZIP

Insured DOB:

Insured Sex: Male Female

▶ Secondary Insurance Information

Manual Claims

Manage Claim Submission List | Create Professional Claim | Create Institutional Claim | Manage Patient Profiles | New Patient Profile | Claim Archives

Create Professional Claim

Test Claim | Cancel | Save Claim

Patient Information | Payer Information | **Provider Information** | Claim Information | Service Line Information

Provider Information

Clear Fields

* = Required Fields

▼ Billing Provider

Search Billing Provider | Provider Name | Organization Name

Organization Name:

Address 1:

Address 2:

City:

State:

ZIP:

Taxonomy Code:

Primary Identifier: NPI

Secondary Identifier: Employer's Identification Number

► Pay To Provider

► Rendering Provider

► Referring Provider

► Service Facility

On this page, you will enter all provider information. Note the bottom of the page offers a place for Pay To, Rendering, Referring, and Service Facility.

Manual Claims

Manage Claim Submission List | Create Professional Claim | Create Institutional Claim | Manage Patient Profiles | New Patient Profile | Claim Archives

Create Professional Claim

Test Claim | Cancel | Save Claim

Patient Information | Payer Information | Provider Information | Claim Information | Service Line Information

Claim Information Clear Fields

▼ General Information

Place of Service:

Provider Signature On File:

Provider Accepts Assignment Code:

Benefits Assignment Certification Indicator:

Parent Signature Executed on Patient's Behalf?: Yes No

Related Causes Code1: State:

Related Causes Code2:

Special Program Code:

EPSDT Referral:

Delay Reason Code:

Additional Dates:

Additional Reference Numbers:

Prior Authorization Number:

Resubmission Code:

Note:

► Ambulance Information

► Attachments

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This page is used for the pieces of information that a claim may need in terms of additional information. This includes additional dates and reference numbers. Please note that there is a place for ambulance information and attachments at the bottom of this page.

Manual Claims

Manage Claim Submission List Create Professional Claim Create Institutional Claim Manage Patient Profiles New Patient Profile Claim Archives

Create Professional Claim

Test Claim Cancel Save Claim

Patient Information Payer Information Provider Information Claim Information Service Line Information

Service Line Information

Total Amount: \$ 0

Diagnosis Codes

ICD Version Indicator: --Choose-- [View ICD Codes](#)

1. [] 3. [] 5. [] 7. [] 9. [] 11. []
 2. [] 4. [] 6. [] 8. [] 10. [] 12. []

Service Line 1 [+ Add Service Line](#) [+ Move Service Line](#) [- Delete Service Line](#)

Date of Service: From: [] To: []

Place of Service: []

CPT/HCPCS Code: [] Modifiers: [] [] []

Diagnosis Pointer(s): [1] [] [] []

Line Charges: \$ []

Measurement: [1]

Units: []

Emergency indicator: Yes No

▶ Additional Information
 ▶ Ambulance Information

[+ Add Service Line](#)

* = Required Fields

[Clear Fields](#)

You will enter service line information on this tab. Please note that there at the bottom of the page there is a place to “Add Service Line”. This option will allow you to add additional service lines to your claim as needed. There is also an option for additional information (such as dates and reference numbers) and ambulance information.

SimpleClaim-Create Institutional Claim

The Create Institutional Claim tab is the place where your claim information will be entered. There are 5 parts to the claim (Patient Information, Payer Information, Provider information, Claim Information, and Service line Information) shown under the 5 green tabs on this page.

Manual Claims

Manage Claim Submission List | Create Professional Claim | **Create Institutional Claim** | Manage Patient Profiles | New Patient Profile | Claim Archives

Create Institutional Claim

Test Claim | Cancel | Save Claim

Patient Information | Payer Information | Provider Information | Claim Information | Service Line Information

Patient Information

Search Patient

Patient Account #: Auto Generated Account

Patient Name: First Last MI Suffix

Patient Address: Street City State ZIP

Patient DOB:

Patient Sex: Male Female

Phone #:

Relation to Insured:

Release of Information Code: Yes, Provider has a Signed Statement

* = Required Fields

Clear Fields

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Manual Claims

Manage Claim Submission List

Create Professional Claim

Create Institutional Claim

Manage Patient Profiles

New Patient Profile

Claim Archives

Create Institutional Claim



Test Claim Cancel Save Claim

- Patient Information
- Payer Information
- Provider Information
- Claim Information
- Service Line Information

Payer Information

Clear Fields

*=Required Fields

Primary Insurance Information

Search Primary Payer

Payer ID: Payer Name:

Payer Address - Optional: Street City State ZIP

Insured ID: Group ID #:

Insured Name: Last First

Insured Address: Street City State ZIP

Insured DOB:

Insured Sex: Male Female

Secondary Insurance Information

Search Secondary Payer

Secondary Payer ID: Secondary Payer Name:

Manual Claims

Manage Claim Submission List Create Professional Claim **Create Institutional Claim** Manage Patient Profiles New Patient Profile Claim Archives

Create Institutional Claim Test Claim Cancel Save Claim

Patient Information Payer Information **Provider Information** Claim Information Service Line Information

Provider Information Clear Fields

* = Required Fields

▼ Billing Provider

Search Billing Provider

Organization Name: *

Address 1: *

Address 2:

City: *

State: *

ZIP: *

Taxonomy Code:

Primary Identifier: NPI *

Secondary Identifier: Tax Identification Number *

► Pay To Provider

► Attending Provider

► Operating Provider

► Other Operating Physician

► Rendering Provider

► Service Facility

► Referring Provider

On this page, you will enter all provider information. Note the bottom of the page offers a place for Pay To, Attending, Operating, Other Operating, Rendering, Referring, and Service Facility.

Manual Claims

Manage Claim Submission List Create Professional Claim **Create Institutional Claim** Manage Patient Profiles New Patient Profile Claim Archives

Create Institutional Claim ?

Test Claim Cancel Save Claim

Patient Information Payer Information Provider Information **Claim Information** Service Line Information

Claim Information Clear Fields

* = Required Fields

▼ Claim Info

Medical Record Number:

Facility Code ▼ * Frequency Code ▼ *

Type Of Bill

Statement Date: Start End *

► Diagnosis Codes

► ICD Procedure Codes

► Other Codes

► Additional Info

► Attachments

The Institutional Claim Information page is a bit different from the professional. This page has places for the Type of Bill, diagnosis codes, procedure codes, attachments, etc.

Manual Claims

Manage Claim Submission List

Create Professional Claim

Create Institutional Claim

Manage Patient Profiles

New Patient Profile

Claim Archives

Create Institutional Claim



Test Claim Cancel Save Claim

Patient Information

Payer Information

Provider Information

Claim Information

Service Line Information

Service Line Information

Clear Fields

* = Required Fields

Service Line 1

+ Add Service Line - Move Service Line - Delete Service Line

Service Date	Revenue Code	HCPCS/HIPPS Code	Modifiers	Procedure Code Description	Line Charges	Measurement Code
From: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> Units <input type="text"/>
To: <input type="text"/>						

Additional Information

+ Add Service Line

Manage Patient Profiles

Manual Claims

Manage Claim Submission List | Create Professional Claim | Create Institutional Claim | **Manage Patient Profiles** | New Patient Profile | Claim Archives

Manage Patient Profiles

Patient Last Name: Insured ID:

Patient First Name: Patient Account Number:

Show Archived Patients

[Create Report](#) [Clear Fields](#)

Patient Account #	Patient Name	Date of Birth	Insured Id	Payer	Provider	
1 0000437	TestLast, TestFirst	02/01/2016				Edit
2 0000437	TestLast, TestFirst	02/01/2016				Edit
3 LetterA	Dupe, Test	02/01/2012	12345A	Cigna		Edit
4 0000421	Dupe, Test	02/01/2012	12345	Cigna		Edit
5 0000412	Tester, Tom	01/01/1982	123456	1-888-OHIOCOMP	Doe	Edit
6 0000408	Tester, Tom	01/01/1980				Edit
7 0000405	Test, Tom	06/18/1950		Abrazo Advantage Health Plan - UB		Edit
8 0000394	TEST, BART	02/15/1978	55523456	VA Financial Services Center dialysis claims only	Doe	Edit
9 0000149	SMITH, JOHN	02/05/1989	987654321	Cigna	Doe	Edit
10 0000369	Tester, TomInst	01/01/1980	123456	Absolute Total Care - UB REMITS ONLY		Edit



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This tab is where you can locate patient profiles. When you enter a claim, the patient information will automatically be saved in a patient profile. You can come out to the patient profiles to save some time when creating a claim.

New Patient Profile

Manual Claims

Manage Claim Submission List Create Professional Claim Create Institutional Claim Manage Patient Profiles **New Patient Profile** Claim Archives

New Patient Profile  

Archive Patient

Patient Information **Payer Information**


Patient Information

* = Required Fields

Patient Account #: Auto Generated Account

Patient Name: First Last MI Suffix

Patient Address: Street City State ZIP

Patient DOB: 

Patient Sex: Male Female

Phone #: Relation to Insured

Provider Information

Rendering Provider:

Referring Provider Name: Last First

Referring Provider NPI:

This tab is for adding new patients to the system to create a profile. There are two tabs-Patient Information and Payer Information.

New Patient Profile



Archive Patient

- Patient Information
- Payer Information**

Payer Information

▼ Primary Insurance Information

Payer ID:	<input type="text"/>	Payer Name <input type="text"/>		
Payer Address - Optional :	Street <input type="text"/>	City <input type="text"/>	State <input type="text" value="▼"/>	ZIP <input type="text"/>
Insured ID :	<input type="text"/>	Group ID # <input type="text"/>		
Insured Name :	Last <input type="text"/>	First <input type="text"/>		
Insured Address :	Street <input type="text"/>	City <input type="text"/>	State <input type="text" value="▼"/>	ZIP <input type="text"/>
Insured DOB:	<input type="text"/>	<input type="button" value="Calendar"/>		
Insured Sex:	<input type="radio"/> Male <input type="radio"/> Female			

▶ Secondary Insurance Information

Claim Archives

Manual Claims

Manage Claim Submission List | Create Professional Claim | Create Institutional Claim | Manage Patient Profiles | New Patient Profile | **Claim Archives**

Search Claim

Find a previously submitted claim or group of claims

Patient Last Name: Patient Account Number:
Patient First Name: Payer Name:
Date of Service: From: To: Submission Date: From: To:

[Create Report](#) [Clear Fields](#)

Type	Patient Name	Payer	Provider	Date of Service	Charge	PatientNumber	Status	Submission Date	
1 P	Tester, Bob	Cigna	Crabb, Dennis	12/30/2015	\$150.00	0000234	Valid	02/18/2016	View
2 P	TEST, JIM	Affinity Medical Solutions	Mobile Audiology Associates PC	12/17/2015	\$25.00	0000149	Valid	02/18/2016	View
3 P	Tester, Bob	Cigna	Dennis Crabb	12/17/2015	\$400.00	0000234	Valid	02/18/2016	View
4 P	TEST, JIM	Affinity Medical Solutions	Mobile Audiology Associates PC	12/09/2015	\$25.00	0000149	Valid	02/18/2016	View
5 I	LAHIVE, MARY	Blue Cross of California	OZ Dynamic Therapy	12/03/2015	\$5,720.00	0000146	Valid	02/18/2016	View
6 I	LAHIVE, MARY	Blue Cross of California	OZ Dynamic Therapy	12/02/2015	\$5,720.00	0000146	Valid	02/18/2016	View
7 P	TEST, JIM	Affinity Medical Solution	Mobile Audiology Associates PC	11/19/2015	\$25.00	0000149	Valid	02/18/2016	View
8 I	LAHIVE, MARY	Blue Cross of California	OZ Dynamic Therapy	11/18/2015	\$5,720.00	0000146	Valid	02/18/2016	View
9 I	LAHIVE, MARY	Blue Cross of California	OZ Dynamic Therapy	11/05/2015	\$5,720.00	0000146	Valid	02/18/2016	View
10 I	LAHIVE, MARY	Blue Cross of California	OZ Dynamic Therapy	10/23/2015	\$5,720.00	0000146	Valid	02/18/2016	View

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This tab is where all claims entered are archived.