

PAYD-6804: Billing: Added a pop-up warning upon entering an amount to apply that is greater than the amount of the total payment.

Advanced Provider Solutions (STAGING) - PayDC: Staging Subscription(4092) - Pro PayDC - v3602

File View Forms Tools Help

Home Appointments Patient Account Find Patient Billing Inbox

Billing

- Claims
 - Primary Claims
 - Secondary Claims
 - Self-Pay Claims
 - Miscellaneous Charges
- Posting
 - Insurance Payment
 - Patient Payment
 - Card Transactions - Patient
 - Card Transactions - Insurance
 - Recurring Payments
 - Find Payment
 - Find Refund
 - ERA Worklist
 - Patient Ledger
- Reports
 - Aging Report
 - Insurance Aging Report
 - Patient Aging Report
 - Availability
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 - Billing Payment Status F
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 - Monthly AR Report
 - Practice Analysis Report
 - Other Reports

Insurance Payment Insurance Splitup Details Patient Payment

Claim No.: Roy, Jason - 11/22/2021 - JaRo1850024894 Search Payer: (Par) Total Amount: 20.00 Unapplied Amount: 0.00

Patient Name: Roy Jason Claim No.: JaRo1850024894 Claim Status: Primary - Submitted To P Remittance Status: Processed as Primary

Date Of Service	Procedure Code	Charges	Allowed Amt	Paid Amt	Adjustment 1	Adjustment 2	Copay	Ded	Coins	Tax	Patient Pymt	Ins Balance	Patient Balance	Total Balance
11/22/2021	72040	47.00	30.00	21.00	17.00	45 - Contractual	0.00	0.00	0.00	0.00	0.00	10.00	0.00	10.00
Totals:		47.00	30.00	20.00							0.00	10.00	0.00	10.00

Apply Insurance Payment

The applied amount exceeds the total amount for this payment. Do you want to continue?

Yes No

Transaction

Description	Amount	Balance
11/22/2021 7:50:09 AM Adjustment	0.00	17.00
45 - Contractual Allowance	0.00	20.00
11/22/2021 7:50:11 AM Insurance Payment		10.00
Payment from primary insurance		

Claim payment note:

Save Print Statement Back

On the Pop-up, if yes is clicked, it will continue with the apply payment and Unapplied amount will be highlighted in Red and amount will show in negative.

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Insurance Payment Insurance Splitup Details Patient Payment

Claim No.: Roy, Jason - 11/22/2021 - JaRo1850024894 Search Payer: (Par) Total Amount: 20.00 Unapplied Amount: -10.00

Patient Name: Roy Jason Claim No.: JaRo1850024894 Claim Status: Primary - Submitted To P Remittance Status: Processed as Primary

Date Of Service	Procedure Code	Charges	Allowed Amt	Paid Amt	Adjustment 1	Adjustment 2	Copay	Ded	Coins	Tax	Patient Pymt	Ins Balance	Patient Balance	Total Balance
11/22/2021	72040	47.00	30.00	21.00	17.00	45 - Contractual	0.00	0.00	0.00	0.00	0.00	9.00	0.00	9.00
Totals:		47.00	30.00	21.00		17.00					0.00	9.00	0.00	9.00

Transaction

Description	Prev. Amount	Amount	Balance
11/22/2021 7:50:09 AM Adjustment	0.00	17.00	30.00
45 - Contractual Allowance			
11/22/2021 7:52:10 AM Insurance Payment	0.00	21.00	10.00
Payment from primary insurance			

Claim payment note:

Save Print Statement Back

On the Pop-up, if No is clicked, it will revert the amount from the line-item cell.

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Insurance Payment Insurance Splitup Details Patient Payment

Claim No.: Roy, Jason - 11/22/2021 - JaRo1850024894 Search Payer: (Par) Total Amount: 20.00 Unapplied Amount: 20.00

Patient Name: Roy Jason Claim No.: JaRo185002489 Claim Status: Primary - Submitted To P Remittance Status: Processed as Primary

Date Of Service	Procedure Code	Charges	Allowed Amt	Paid Amt	Adjustment 1	Adjustment 2	Copay	Ded	Coins	Tax	Patient Pymt	Ins Balance	Patient Balance	Total Balance
11/22/2021	72040	47.00	30.00	0.00	17.00	45 - Contractual	0.00	0.00	0.00	0.00	0.00	30.00	0.00	30.00
Totals:		47.00	30.00	0.00	17.00		0.00	0.00	0.00	0.00	0.00	30.00	0.00	30.00

Transaction Description Prev. Amount Amount Balance

11/22/2021 7:50:09 AM Adjustment 0.00 17.00 30.00

45 - Contractual Allowance

11/22/2021 7:56:51 AM Insurance Payment 0.00 0.00 10.00

Payment from primary insurance

Claim payment note:

Save Print Statement Back

This Pop-up will show Regardless of regular or when takeback column is involved.

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Insurance Payment Insurance Splitup Details Patient Payment

Claim No.: Search Payer: Medicare (Par) Total Amount: 20.00 Unapplied Amount: 20.00

Patient Name: Roy Jason Claim No.: JaRo185002489 Claim Status: Primary - Submitted To P Remittance Status: Processed as Primary

Date Of Service	Procedure Code	Charges	Allowed Amt	Paid Amt	Adjustment 1	Adjustment 2	Take Back	Copay	Ded	Coins	Tax	Patient Pymt	Ins Balance	Patient Balance	Total Balance
11/22/2021	72040	47.00	30.00	24.00	17.00	45 - Contractual	0.00	10.00	0.00	0.00	0.00	0.00	30.00	0.00	30.00
Totals:		47.00	30.00	24.00	17.00		0.00	10.00	0.00	0.00	0.00	0.00	30.00	0.00	30.00

Transaction Description Prev. Amount Amount Balance

11/22/2021 8:01:01 AM Insurance Payment 0.00 10.00 20.00

Payment from primary insurance

11/22/2021 8:01:38 AM TakeBack 0.00 10.00 30.00

Take Back \$10.00

Claim payment note:

Save Bill to Secondary Print Statement Back

Apply Insurance Payment

The applied amount exceeds the total amount for this payment. Do you want to continue?

Yes No

For patient payments, when trying to apply the payment which is greater than Total amount then we are showing this pop-up. "Applied amount exceeds payment amount". This is an existing pop-up before Emma wood beach release.

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Apply Payment [Roy, Jason - 1/1/1980]

Patient Payment

☐ Bulk Apply **Total Amount:** 10.00 **Unapplied Amount:** 10.00

	Service Date	Claim No.	Claim Status	Proc Code	Charges	Copay	Ded	Coins	This Pymt	Adj	Admin Discount	Balance
1	11/22/2021	JaRo18500	Primary - Submitted To Primary	72040	47.00	11	0.00	0.00	0.00	0.00		20.00

Apply Patient Payment

Applied amount exceeds payment amount!

OK

Transaction	Amount	Balance
11/22/2021 7:50:09 AM Adjustment 45 - Contractual Allowance	0.00	30.00
11/22/2021 8:01:01 AM Insurance Payment Payment from primary insurance	0.00	20.00

Claim payment note:

Save Print Statement Back