



See What's New from PayDC!

Here's what's in this Release (October 28th, 2022)

We've added the capability to print the background image of the CMS 1500 form along with the claim data when you print claims in our Native Billing platform.

Please Note: This will not replace a claim printed on a standard CMS 1500 form if submitted via USPS, but is meant to be faxed or emailed through secure channels.

In the Generated Queue of the claims grid, select claims to print and click Print Paper Claims button as usual.

PayDC (STAGING) - Boston Chiro Clinic (4092) - Pro PayDC - v3919

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
 - Availability
 - Other Reports
 - Security Report
 - Archive
 - EClaims Reports

Primary Claims

Generated On Hold Submitted Rejected Completed All

Claim Search

Patient Name: ALL Claim No.: Service Date From: 9/27/2022 Service Date To: 10/27/2022

Search

Results

Claim No.	Carrier	Patient Name	Provider Name	Service Date	Claim Status	Total Charges(\$)	Submission Method	Update
KrAl1850021935	AETNA	A. Krishna f LCA	PayDC Pro	10/26/2022	Generated	600.02	☐ Electronic-EClaims	☐ Update
KrAl1850021934	AETNA	A. Krishna f LCA	PayDC Pro	10/26/2022	Generated	600.02	☐ Electronic-EClaims	☐ Update
JaTe1850021927	zedy test	Test, John	PayDC Pro	10/13/2022	Generated	66.02	☒ Paper	☐ Update
JaTe1850021926	zedy test	Test, John	PayDC Pro	10/04/2022	Generated	66.02	☒ Paper	☐ Update
ICCh1850021924	First Attorney	Chndr, ICD Ten T "ICD10CC" J	PayDC Pro	10/21/2022	Generated	318.00	☒ Paper	☐ Update
BRRR1850021919	ABC Insurance	ck, Chndr DOB C	PayDC Pro	10/21/2022	Generated	5100	☒ Paper	☐ Update
KrAl1850021908	AETNA	A. Krishna f LCA	PayDC Pro	09/29/2022	Generated	50.02	☐ Electronic-EClaims	☐ Update
KrAl1850021907	AETNA	A. Krishna f LCA	PayDC Pro	09/29/2022	Generated	50.02	☐ Electronic-EClaims	☐ Update
SeRe1850021906	ABC Insurance	Regression, September	PayDC Pro	09/29/2022	Generated	450.00	☐ Electronic-EClaims	☐ Update
SeRe1850021905	ABC Insurance	Regression, September	PayDC Pro	09/29/2022	Generated	323.99	☐ Electronic-EClaims	☐ Update
ChSa1850021903	ABC Insurance	Sandanam, Chandan	PayDC Pro	09/28/2022	Generated	337.99	☐ Electronic-EClaims	☐ Update
ReTe1850021899	Aetna	Testing, Regression T "ROCK" C	PayDC Pro	09/28/2022	Generated	200.00	☐ Electronic-EClaims	☐ Update

Update Download HCFA Forms Submit E-Claims **Print Paper Claims**



Then in the following Generate SOAP Notes for Printed Claims window, simply check the new checkbox labeled “Print claim with background image” (this will be unchecked by default) before clicking the Generate SOAP Note Narrative button OR Print Claims Only button.

The screenshot shows the PAYDC software interface with the 'Generate SOAP Notes for Printed Claims' window open. The window displays a list of claims with columns for Claim No., Carrier, Patient Name, and Status. A checkbox labeled 'Print claim with background image' is visible. Red arrows point to the 'Generate SOAP Note Narrative' and 'Print Claims Only' buttons, and another red arrow points to the 'Print claim with background image' checkbox.

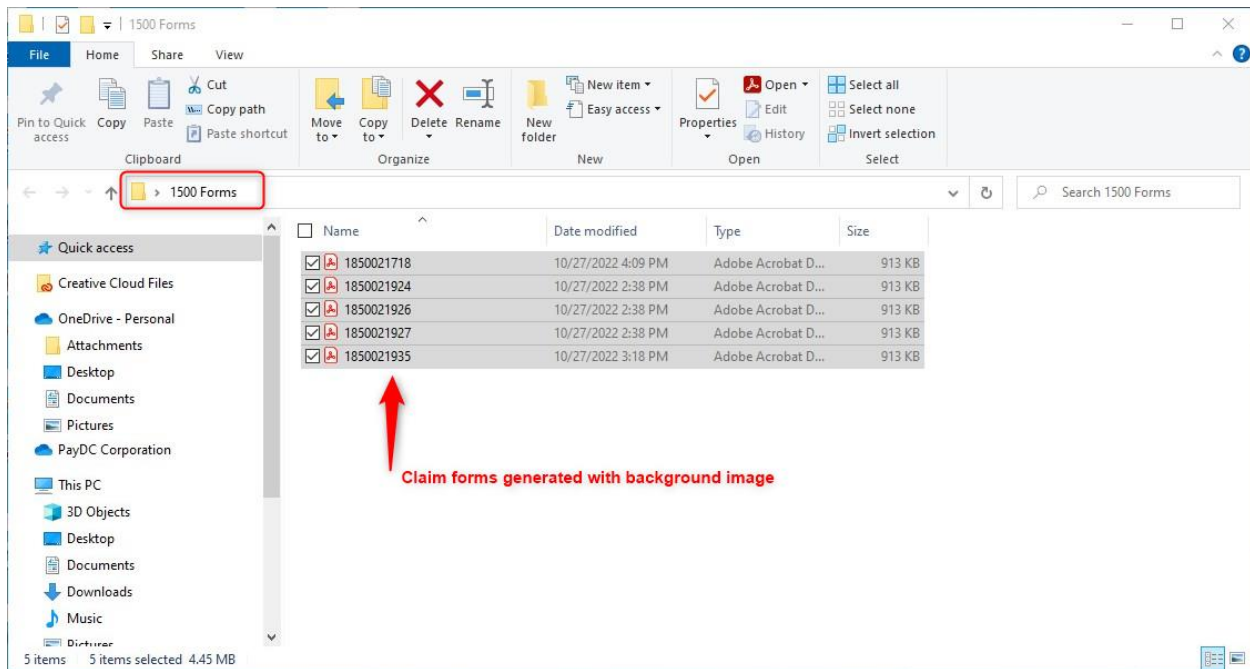
Claim No.	Carrier	Patient Name	Status
KIAL1850021925	AETNA	A. Krishna F LCA	Generated
KIAL1850021924	AETNA	A. Krishna F LCA	Generated
JoTe1850021927	zedy test	Test, John	Generated
JoTe1850021926	zedy test	Test, John	Generated
ICCH1850021924	First Attorney -- Chndn, ICD Ten T "ICD10CK" Jr (10/23/1982)		Generated



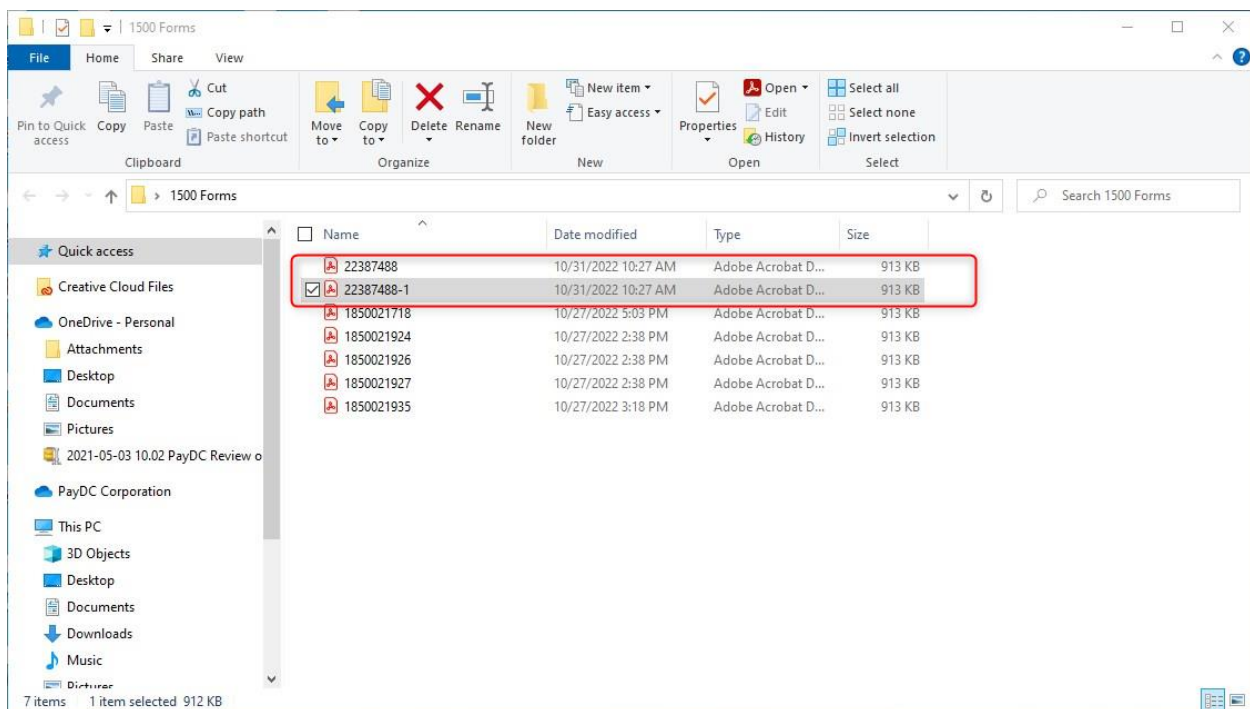
Then choose a Folder to generate the claim forms or “Make New Folder”. We suggest making a folder that’s easy to find with a name like 1500 Forms or CMS 1500 in an easily accessible area such as your Desktop or Documents Folder. The claim forms will be generated as .pdf files with the background image and the claim number will be the file name. Click Yes in the Confirmation dialogue box to confirm that All Claims have printed generated properly, which will mark the claims as Submitted and remove them from the Generated queue, OR press No, to keep the claims in the Generated queue.

The screenshot displays the PAYDC software interface. On the left, a navigation menu includes options like 'Billing', 'Claims', 'Posting', and 'Reports'. The main window shows a 'Generate' process with a 'Browse For Folder' dialog box open, highlighting a folder named '1500 Forms' on the Desktop. A 'Confirmation' dialog box is also open, asking for confirmation to mark claims as submitted. The background shows a table of claims with columns for Provider Name, Service Date, Claim Status, Total Charges, and Submission Method.

Provider Name	Service Date	Claim Status	Total Charges(\$)	Submission Method	Update
PayDC Pro	10/26/2022	Generated	600.00	Electronic-EClaims	☐
PayDC Pro	10/26/2022	Generated	600.00	Electronic-EClaims	☐
PayDC Pro	10/13/2022	Generated	66.00	Paper	☒
PayDC Pro	10/04/2022	Generated	66.00	Paper	☒
PayDC Pro	10/21/2022	Generated	318.00	Paper	☒
PayDC Pro	10/21/2022	Generated	53.00	Electronic-EClaims	☐
PayDC Pro			50.00	Electronic-EClaims	☐
PayDC Pro			50.00	Electronic-EClaims	☐
PayDC Pro			50.00	Electronic-EClaims	☐
PayDC Pro			450.00	Electronic-EClaims	☐
PayDC Pro			323.99	Electronic-EClaims	☐
PayDC Pro			337.99	Electronic-EClaims	☐
PayDC Pro			200.00	Electronic-EClaims	☐



Claim forms with more than 6 service lines will be created as multiple files as necessary and labeled with the original file number followed by a "-1, -2, -3," etc.





 AETNA
THIS IS NOT REAL

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

NOTACITY, AL 27559

PICA ☐ PICA ☐

1. MEDICARE ☒ (Medicare#) MEDICAID ☐ (Medicaid#) TRICARE ☐ (ID#/DoD#) CHAMPVA ☐ (Member ID#) GROUP HEALTH PLAN ☐ (ID#) FECA BLK LUNG ☐ (ID#) OTHER ☐ (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 34538	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) A LCA, KRISHNA, FD		4. INSURED'S NAME (Last Name, First Name, Middle Initial) A, KRISHNA, FD	
3. PATIENT'S BIRTH DATE MM DD YY 12 31 1979 SEX M ☒ F ☐		7. INSURED'S ADDRESS (No., Street) NEAR CIVIL LINE SECOND TIME E	
5. PATIENT'S ADDRESS (No., Street) NEAR CIVIL LINE SECOND TIME		6. PATIENT RELATIONSHIP TO INSURED Self ☒ Spouse ☐ Child ☐ Other ☐	
CITY CHICAGO STATE ME		CITY CHICAGO STATE ME	
ZIP CODE 23424-4567 TELEPHONE (Include Area Code) (123) 4567890		ZIP CODE 23424-4567 TELEPHONE (Include Area Code) (123) 4567890	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) AED, ABC		11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER 3453		a. INSURED'S DATE OF BIRTH MM DD YY 12 31 1979 SEX M ☒ F ☐	
b. RESERVED FOR NUCC USE		b. OTHER CLAIM ID (Designated by NUCC)	
c. RESERVED FOR NUCC USE		c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☒ YES ☐ NO <i>If yes, complete items 9, 9a, and 9d.</i>	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 10/26/2022		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 12 10 17 QUAL		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
15. OTHER DATE QUAL MM DD YY		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI		20. OUTSIDE LAB? ☐ YES ☒ NO \$ CHARGES 0.00	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		22. RESUBMISSION CODE ORIGINAL REF. NO.	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 A. A01.04 B. A01.05 C. A02.21 D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z. AA. AB. AC. AD. AE. AF. AG. AH. AI. AJ. AK. AL. AM. AN. AO. AP. AQ. AR. AS. AT. AU. AV. AW. AX. AY. AZ. BA. BB. BC. BD. BE. BF. BG. BH. BI. BJ. BK. BL. BM. BN. BO. BP. BQ. BR. BS. BT. BU. BV. BW. BX. BY. BZ. CA. CB. CC. CD. CE. CF. CG. CH. CI. CJ. CK. CL. CM. CN. CO. CP. CQ. CR. CS. CT. CU. CV. CW. CX. CY. CZ. DA. DB. DC. DD. DE. DF. DG. DH. DI. DJ. DK. DL. DM. DN. DO. DP. DQ. DR. DS. DT. DU. DV. DW. DX. DY. DZ. EA. EB. EC. ED. EE. EF. EG. EH. EI. EJ. EK. EL. EM. EN. EO. EP. EQ. ER. ES. ET. EU. EV. EW. EX. EY. EZ. FA. FB. FC. FD. FE. FF. FG. FH. FI. FJ. FK. FL. FM. FN. FO. FP. FQ. FR. FS. FT. FU. FV. FW. FX. FY. FZ. GA. GB. GC. GD. GE. GF. GG. GH. GI. GJ. GK. GL. GM. GN. GO. GP. GQ. GR. GS. GT. GU. GV. GW. GX. GY. GZ. HA. HB. HC. HD. HE. HF. HG. HH. HI. HJ. HK. HL. HM. HN. HO. HP. HQ. HR. HS. HT. HU. HV. HW. HX. HY. HZ. IA. IB. IC. ID. IE. IF. IG. IH. II. IJ. IK. IL. IM. IN. IO. IP. IQ. IR. IS. IT. IU. IV. IW. IX. IY. IZ. JA. JB. JC. JD. JE. JF. JG. JH. JI. JJ. JK. JL. JM. JN. JO. JP. JQ. JR. JS. JT. JU. JV. JW. JX. JY. JZ. KA. KB. KC. KD. KE. KF. KG. KH. KI. KJ. KK. KL. KM. KN. KO. KP. KQ. KR. KS. KT. KU. KV. KW. KX. KY. KZ. LA. LB. LC. LD. LE. LF. LG. LH. LI. LJ. LK. LL. LM. LN. LO. LP. LQ. LR. LS. LT. LU. LV. LW. LX. LY. LZ. MA. MB. MC. MD. ME. MF. MG. MH. MI. MJ. MK. ML. MN. MO. MP. MQ. MR. MS. MT. MU. MV. MW. MX. MY. MZ. NA. NB. NC. ND. NE. NF. NG. NH. NI. NJ. NK. NL. NM. NO. NP. NQ. NR. NS. NT. NU. NV. NW. NX. NY. NZ. OA. OB. OC. OD. OE. OF. OG. OH. OI. OJ. OK. OL. OM. ON. OO. OP. OQ. OR. OS. OT. OU. OV. OW. OX. OY. OZ. PA. PB. PC. PD. PE. PF. PG. PH. PI. PJ. PK. PL. PM. PN. PO. PP. PQ. PR. PS. PT. PU. PV. PW. PX. PY. PZ. QA. QB. QC. QD. QE. QF. QG. QH. QI. QJ. QK. QL. QM. QN. QO. QP. QQ. QR. QS. QT. QU. QV. QW. QX. QY. QZ. RA. RB. RC. RD. RE. RF. RG. RH. RI. RJ. RK. RL. RM. RN. RO. RP. RQ. RR. RS. RT. RU. RV. RW. RX. RY. RZ. SA. SB. SC. SD. SE. SF. SG. SH. SI. SJ. SK. SL. SM. SN. SO. SP. SQ. SR. SS. ST. SU. SV. SW. SX. SY. SZ. TA. TB. TC. TD. TE. TF. TG. TH. TI. TJ. TK. TL. TM. TN. TO. TP. TQ. TR. TS. TT. TU. TV. TW. TX. TY. TZ. UA. UB. UC. UD. UE. UF. UG. UH. UI. UJ. UK. UL. UM. UN. UO. UP. UQ. UR. US. UT. UU. UV. UW. UX. UY. UZ. VA. VB. VC. VD. VE. VF. VG. VH. VI. VJ. VK. VL. VM. VN. VO. VP. VQ. VR. VS. VT. VU. VV. VW. VX. VY. VZ. WA. WB. WC. WD. WE. WF. WG. WH. WI. WJ. WK. WL. WM. WN. WO. WP. WQ. WR. WS. WT. WU. WV. WW. WX. WY. WZ. XA. XB. XC. XD. XE. XF. XG. XH. XI. XJ. XK. XL. XM. XN. XO. XP. XQ. XR. XS. XT. XU. XV. XW. XX. XY. XZ. YA. YB. YC. YD. YE. YF. YG. YH. YI. YJ. YK. YL. YM. YN. YO. YP. YQ. YR. YS. YT. YU. YV. YW. YX. YY. YZ. ZA. ZB. ZC. ZD. ZE. ZF. ZG. ZH. ZI. ZJ. ZK. ZL. ZM. ZN. ZO. ZP. ZQ. ZR. ZS. ZT. ZU. ZV. ZW. ZX. ZY. ZZ.			

Thank you for trusting us as your software vendor!

Questions? You can always ask our Service Desk.

- If you are a PayDC customer, the phone number is **(888) 306-1257**; please choose option 4 for Service Desk.
- If you are an Advanced Provider Solutions customer, the phone number is **(855) 283-4940**; please choose option 4 for Service Desk.
- If you would like to contact the Service Desk via **e-mail**, please use the [Contact Us form on our website](#). Please note: The Contact Us form is now secure, so you can include PHI in your description.