

Signature on File

Controlling how the Signature on File (SOF) is handled on Insurance claims:

1) On the Patient's Insurance Detail Screen you can specify the Signature on File Date.

Insurance Detail Information

Menu Help Undo Clear Find Print Tools Window

Acct No 2 Last Name FLINTSTONE First FRED Initial N

Insurance Detail Info

Signature On File Date 04 23 1998 Full Time Student Y Part Time Student ABC UNIVERSITY

Place of Service Off. Hospital ECF Other College Name

Other Plan No Yes Xray/Models No Yes Occ Injury/Illness No Yes Accident Date

Pros. Init Placement No Yes Date Prior Prost. 01 01 1998 Auto Accident No Yes

Ortho Treatment No Yes Date Appl Placed 03 03 1998 Other Accident No Yes State

2) We highly recommend you always fill in the SOF. But, if you wish to be able to leave the Signature on File Date field blank you will have to set a special option. To do this start from the top of the Insurance Detail screen select the top toolbar "Tools" then "Options Setup" then Check the option called "DeActivate Automatic Signature On File", save and exit the Options screen and then exit the Insurance Detail screen for the change to take effect.

3) Next you can control SOF from the Insurance Carriers definition screens.

Insurance Carrier Definitions

Carrier Number 00013 Active Active or In-Active

Carrier Name CONNECTICUT GENERAL LIFE

Address P.O. BOX 1869 SHERRY JOHNSON

KANSAS MO 64141 Contact Person Blue

City State Zip Code Color Pay Profile Num

Telephone 1 816 531-1741 Fax 816 555-1212 Fee Sched Num

Telephone 2 Payer ID#

EMAIL Addr YES Submit Electronic Claims Yes/No?

Web Site YES Force sending SOF on Elec Claims?

NO Send SOF based on Patient Ins Detail Screen.

A. Mark "Force Sending SOF on Elec Claims" as **Yes** to always send SOF on eClaims.
 B. Mark "Send SOF Based on Patient Ins Detail screen" as **Yes** to send SOF depending upon if the SOF is filled in or not on the Patients Detailed Insurance screen.

4) You can also control SOF from the Employer screen. The setting on the **Employer screen takes precedence** over any setting on the Insurance Carrier definition.

Employer Definitions

Employer Number: **0001**

Employer Name: ABC COMPANY MARY MARTIN

Address: 2900 GRAND AVE Contact Person

STE 2310

KANSAS CITY MO 64108

City StateZip Code

Telephone: 816 531-3057 Fax: 816 555-1212

EMAIL Addr: _____

Signature On File

No Special Processing

Never Send SOF

Marking the “**Never Send SOF**” option means that even if there is a SOF on the Patients Detail Insurance screen, and even if their Insurance Carrier is marked to send the SOF, the SOF won't be send. Remember you would have to specify the patient's employer number on their Primary and/or Secondary Insurance screens.

Acct No: 2 Last: FLINTSTONE First: FRED Initial: N

Patient DOB: 11181970

Primary Coverage

M FLINTSTONE FRED N 333 88 8444 11 18 1970 M

Resp Acct# Relationship Insured Persons Name (Last, First, I) Soc Sec No Birthdate Sex

Policy or ID #: 12340893753C Group: 734987A0398Q Anniversary: MMYY

Carrier Num: 13 Update CONNECTICUT GENERAL LIFE, P.O. BOX 1869, KANSAS CITY, MO 64141

CarPayProfile#: Phone(816)531-1741 Fax(816)555-1212

Pay Profile #: 3 List

Employer #: 1 ABC COMPANY Life Time Max

Address: 2900 GRAND AVE Yearly Max

City: KANSAS CITY State: MO Zip Code: 64108

Ins Det 2 Coverage

Expanded