


VERiPRO® INSTRUCTION GUIDE MOTIONMD®

The VeriPro verification process is part of the PA creation workflow. The VeriPro process occurs on the Payment Method section of the PA. Within this training document whenever information is mandatory for verifying patient's benefits those details will be called out in **RED** text.

1. Create new Patient Agreement for patient
2. Add Diagnosis Code (not mandatory)
3. Add Product

Add all products – **Covered & Non-Covered** to PA prior to verifying benefits if product is **Covered**, leave **Self Pay/TOS** line set to **NO**. It's **VERY** important that you change the **Self Pay/TOS** line to **YES** for the **Non-Covered** products.

Add AirSelect Standard



Global
AirSelect Standard
DJO - Aircast • Ankle • DME

O1EF-S Qty 1 Add Item(s)

Inventory Items 1 Selected Add Selected Item(s)

Select Options Required fields

O1EF-S

Involved Side *

Self Pay/TOS

No

Yes

Fulfill From: Stock


* Inventory Location: CSA Orthopedics (Main)

* Billing Channel: OfficeCare

Serial #: Not Required

Cancel
Add Selected Item(s)

Add AirSelect Standard



Global
AirSelect Standard
DJO - Aircast • Ankle • DME

O1EF-S Qty 1 Add Item(s)

Inventory Items 1 Selected Add Selected Item(s)

Select Options Required fields

O1EF-S

Involved Side *

Self Pay/TOS

No

Yes

Fulfill From: Stock

* Inventory Location: CSA Orthopedics (Main)

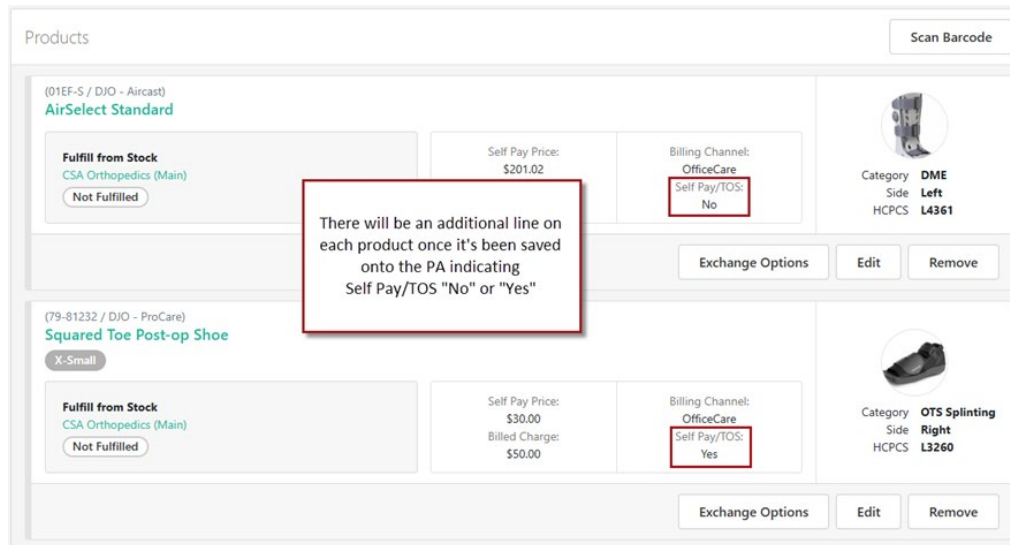
* Billing Channel: OfficeCare

Serial #: Not Required

Cancel
Add Selected Item(s)

VERIPRO® INSTRUCTION GUIDE MOTIONMD®

After saving each product the Self Pay/TOS indication will show as **NO** or **YES** on PA page. Only the products set to **NO** will be sent through VeriPro for verification:



Products

(01EF-S / DJO - Aircast)
AirSelect Standard

Fulfill from Stock
CSA Orthopedics (Main)
Not Fulfilled

Self Pay Price: \$201.02

Billing Channel: OfficeCare
Self Pay/TOS: No

Category: DME
Side: Left
HCPCS: L4361

Exchange Options Edit Remove

(79-81232 / DJO - ProCare)
Squared Toe Post-op Shoe

X-Small

Fulfill from Stock
CSA Orthopedics (Main)
Not Fulfilled

Self Pay Price: \$30.00
Billed Charge: \$50.00

Billing Channel: OfficeCare
Self Pay/TOS: Yes

Category: OTS Splinting
Side: Right
HCPCS: L3260

Exchange Options Edit Remove

Scan Barcode

4. Import Primary Insurance OR Add Payment Method to PA

Importing Payor – if patient name, DOB and payor ID are populated proceed to Verifying benefits

Adding Payment Method – if manually adding the payment method these fields are mandatory

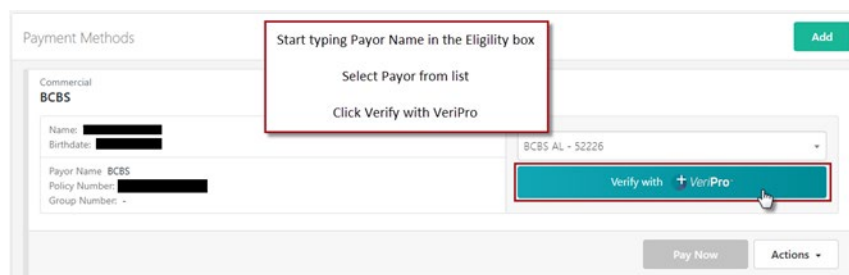
Select Payment Method

Enter Payor Name

Enter Policy #

Group #

5. Select Payor Name & Verify with VeriPro®



Payment Methods

Commercial
BCBS

Name: [Redacted]
Birthdate: [Redacted]
Payor Name: BCBS
Policy Number: [Redacted]
Group Number: -

Start typing Payor Name in the Eligibility box
Select Payor from list
Click Verify with VeriPro

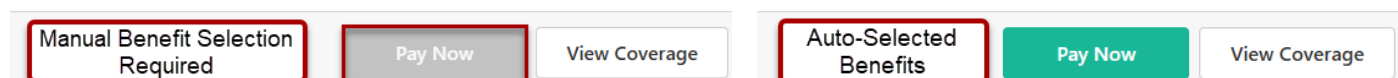
BCBS AL - 52226

Verify with + VeriPro

Pay Now Actions

6. View Coverage button

Patient benefits are available to view once the View Coverage button enables and is clickable. Utilize the Pay Now button as an indicator as to whether benefits need to be manually selected. The Pay Now button will be grey for Manual Selection versus a green for Auto-Selected benefits.



Manual Benefit Selection Required

Pay Now View Coverage

Auto-Selected Benefits

Pay Now View Coverage

VERIPRO® INSTRUCTION GUIDE MOTIONMD®

Select **View Coverage** to view the patient's benefits and the expanded details on estimated costs. You will automatically be redirected into the VeriPro visit page:

Commercial
BCBS
Verified

Name: Test Patient (Self)
Birthdate: ████████

Payor Name: BCBS
Policy Number: ██████████
Group Number: -

Verified on 2025-05-15
BCBS AL - 52226

Verify Again

Pay Now

View Coverage

Actions ▾

7. VeriPro Visit Page

Auto-Selected Benefits:

If the payor has auto-selection benefits set up, the Patient Estimate will populate with the Estimate details including - Product Code, Description, Charge, Allowed, Coinsurance, Deductible, Out-of-Pocket Max and Patient Responsibility.

If these details are auto-populated skip to **Section 11** of the training document.

+ VeriPro

Test Patient

Account # ████████ DOB ████████ OOS ████████ Guarantor ████████

COVERAGES

PRIMARY **Active**

BCBS ALABAMA
Policy # ██████████
Deductible (Ind/Fam) 1250.00 / 2500.00
OOP (Ind/Fam) 4000.00 / 8000.00

Coverage Note:
██████████ BCBS PPO HDHP BD MED/SURG Active Coverage; Effective from 01/01/2024; Covered @ 80.00 % after \$1250.00 deductible with \$547.75 met; \$647.18 met on \$4000.00 OOP Family; \$2500.00 deductible with \$1197.75 met; \$4847.18 met on \$8000.00 OOP; Patient Address: , , Group No: ██████████ 15/2025 04:01:09 PM EST - , Note:

View Manual Coverage Information

Print Benefits Selection PDF

Edit/View Coverages

ESTIMATE DETAILS

Description

Charge

Allowed Amt

Copay

Coins.

Ded

OOP

EPR

Rem Ded

Rem OOP

L4361
01EF-S
AIRSELECT, STANDARD, SMALL

\$335.04

\$335.04

-

-

\$335.04

\$335.04

\$335.04

\$367.21

\$3,017.78

PATIENT ESTIMATE

Total Before Benefits

Total Benefits Covered

Patient Responsibility

\$335.04

-\$0.00

\$335.04

Beg Ded

Beg OOP

\$702.25

\$3,352.82

Print

Page 3 of 11

VERIPRO® INSTRUCTION GUIDE MOTIONMD®

Manually Selected Benefits

If the benefits have not been auto-selected, click the **Edit/View Coverages** option.

COVERAGES

PRIMARY Active ⓘ

BCBS ALABAMA

Policy # [REDACTED]

Deductible (Ind/Fam) 1250.00 / 2500.00

OOP (Ind/Fam) 4000.00 / 8000.00

Coverage Note:

[REDACTED] BCBS PPO HDHP BD MED/SURG Active Coverage; Effective from 01/01/2024; Covered @ 80.00 % after \$1250.00 deductible with \$547.75 met; \$647.18 met on \$4000.00 OOP.Family: \$2500.00 deductible with \$1797.75 met; \$4647.18 met on \$8000.00 OOP; Patient Address: [REDACTED] PAM-05/15/2025 04:01:09 PM EST - , Note:

View Manual Coverage Information

Print Benefits Selection PDF

Edit/View Coverages

- When viewing plan benefits, select In-Network benefits under Payor Returned Benefits section to populate for estimated cost calculations. For example: Remaining Deductible, Remaining Out of Pocket and DME Coinsurance (if applicable).

Edit Coverage

PATIENT

Name

DoB

Account #

SUBSCRIBER

Name

ID#

DoB

Group #

Plan Details

Status

Active

Insurance Type

Preferred Provider Organization (PPO)

Plan / Product

BCBS PPO HDHP BD MED/SURG

Network

In Network

Selected Benefits

Benefits Considered for Estimate

These amounts are used in the calculation of the estimate

Individual Deductible Remaining

\$ 702.25

Family Deductible Remaining

\$ 702.25

Individual OOP Remaining

\$ 3352.82

Family OOP Remaining

Payor Benefits need to be manually selected

Search In-Network Benefits for Deductible, Out of Pocket Remaining and DME Co-Insurance then check the boxes to populate the Estimated Responsibility

Health Benefit Plan Coverage (30)

	Network	Level	Benefit	Details	Total	Amount	Remaining
<input checked="" type="checkbox"/>	IN	IND	Out Of Pocket	EMBEDDED TOTAL MAXIMUM EMBEDDED	\$4000.00 Calendar Year	\$647.18 Year to Date	\$3352.82 Remaining
<input checked="" type="checkbox"/>	IN	FAM	Out Of Pocket	EMBEDDED TOTAL MAXIMUM EMBEDDED	\$8000.00 Calendar Year	\$4647.18 Year to Date	\$3352.82 Remaining
<input type="checkbox"/>	IN	IND	Out Of Pocket	TOTAL MAXIMUM EMBEDDED	\$4000.00 Calendar Year	\$647.18 Year to Date	\$3352.82 Remaining
<input type="checkbox"/>	IN	FAM	Out Of Pocket	TOTAL MAXIMUM EMBEDDED	\$8000.00 Calendar Year	\$4647.18 Year to Date	\$3352.82 Remaining
<input type="checkbox"/>	OUT	IND	Out Of Pocket	EMBEDDED EXCLUDES COPAYMENTS EXCLUDES DEDUCTIBLE	\$8000.00 Calendar Year	\$0.00 Year to Date	\$8000.00 Remaining
<input type="checkbox"/>	OUT	FAM	Out Of Pocket	EMBEDDED EXCLUDES COPAYMENTS EXCLUDES DEDUCTIBLE	\$16000.00 Calendar Year	\$0.00 Year to Date	\$16000.00 Remaining

VERIPRO® INSTRUCTION GUIDE MOTIONMD®

\$ 3352.82

Applicable Co-Insurance/Co-Payment
Durable Medical Equipment

Co-Insurance Co-Payment

% 20 \$

Annual Benefit Amounts

These amounts are not used in the calculation of the estimate

Individual Deductible Total

\$ 1250.00

Family Deductible Total

\$ 2500.00

Individual OOP Total

\$ 4000.00

Family OOP Total

\$ 8000.00

Notes

BCBS PPO HDHP BD MED/SURG Active Coverage; Effective from 01/01/2024; Covered @ 80.00 % after \$1250.00 deductible with \$547.75

[+ Read More](#)

<input checked="" type="checkbox"/>	IN	IND	Deductible	EMBEDDED	\$1250.00 Calendar Year	\$547.75 Year to Date	\$702.25 Remaining
<input checked="" type="checkbox"/>	IN	FAM	Deductible	EMBEDDED	\$2500.00 Calendar Year	\$1797.75 Year to Date	\$702.25 Remaining
<input type="checkbox"/>	OUT	IND	Deductible	EMBEDDED	\$2500.00 Calendar Year	\$0.00 Year to Date	\$2500.00 Remaining
<input type="checkbox"/>	OUT	FAM	Deductible	EMBEDDED	\$5000.00 Calendar Year	\$0.00 Year to Date	\$5000.00 Remaining

Durable Medical Equipment Purchase (12)

Network	Level	Benefit	Details	Total	Amount	Remaining	
<input checked="" type="checkbox"/>	IN	IND	Co Insurance	HEARING AID OUT-OF-POCKET 100 PERCENT THEREAFTER OUT-OF-POCKET 100 PERCENT THEREAFTER	-	20%	-
<input type="checkbox"/>	IN	IND	Co Insurance	OUT-OF-POCKET 100 PERCENT THEREAFTER	-	20%	-
<input type="checkbox"/>	OUT	IND	Co Insurance	HEARING AID OUT-OF-POCKET 100 PERCENT THEREAFTER OUT-OF-POCKET 100 PERCENT THEREAFTER	-	40%	-
<input type="checkbox"/>	OUT	IND	Co Insurance	OUT-OF-POCKET 100 PERCENT THEREAFTER	-	40%	-

9. Manually Override Auto-Selected benefits

In the event a patient disputes the out-of-pocket estimate based on having already met benefits from recent medical visits that may not have adjudicated, users have the option to manually override benefits. Navigate into coverages and Selected Benefits to update calculation amounts.

Selected Benefits

Benefits Considered for Estimate

These amounts are used in the calculation of the estimate

Individual Deductible Remaining

\$ 0

Family Deductible Remaining

\$ 0

Individual OOP Remaining

\$ 0

Family OOP Remaining

\$ 3352.82

Applicable Co-Insurance/Co-Payment
Durable Medical Equipment

Co-Insurance Co-Payment

% 20 \$

Click into the fields to manually update the dollar amount

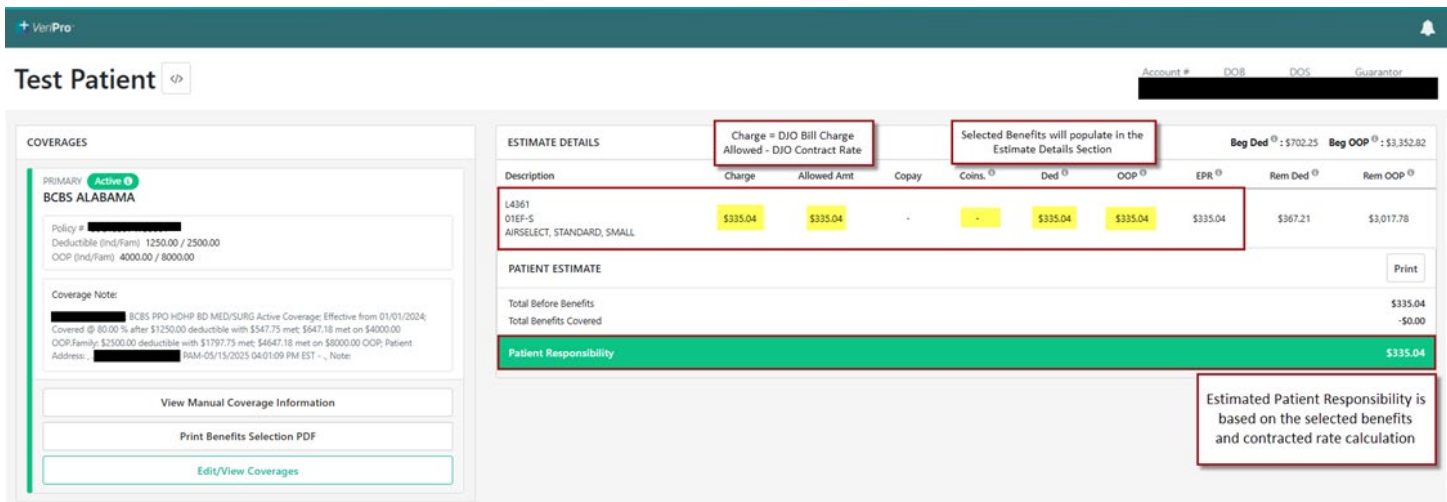
VERIPRO® INSTRUCTION GUIDE MOTIONMD®

10. Select **Save Changes** after benefits are manually updated to calculate an estimate:



11. Review Selected Benefits details, Bill Charge & Contracted Rate

On the VeriPro Visit Page, the estimated patient out of pocket responsibility will be displayed in the green bar.



Test Patient </>

Account # [REDACTED] DOB [REDACTED] DOB [REDACTED] Guarantor [REDACTED]

COVERAGES

PRIMARY **Active**

BCBS ALABAMA

Policy # [REDACTED]
Deductible (Ind/Fam) 1250.00 / 2500.00
OOP (Ind/Fam) 4000.00 / 8000.00

Coverage Note:
BCBS PPO HDHP BD MED/SURG Active Coverage; Effective from 01/01/2024;
Covered @ 80.00 % after \$1250.00 deductible with \$547.75 met; \$647.18 met on \$4000.00
OOP Family: \$2100.00 deductible with \$1797.75 met; \$4647.18 met on \$8000.00 OOP; Patient
Address: [REDACTED] RRM-05/15/2025 04:01:09 PM EST - , Note:

[View Manual Coverage Information](#)

[Print Benefits Selection PDF](#)

[Edit/View Coverages](#)

ESTIMATE DETAILS

Charge = DIO Bill Charge Allowed - DIO Contract Rate

Selected Benefits will populate in the Estimate Details Section

Reg Ded ^①: \$702.25 Reg OOP ^②: \$3,352.82

Description	Charge	Allowed Amt	Copay	Coins. ^③	Ded ^④	OOP ^⑤	EPR ^⑥	Rem Ded ^⑦	Rem OOP ^⑧
L4361 O1EF-S AIRSELECT, STANDARD, SMALL	\$335.04	\$335.04	-	-	\$335.04	\$335.04	\$335.04	\$367.21	\$3,017.78

PATIENT ESTIMATE [Print](#)

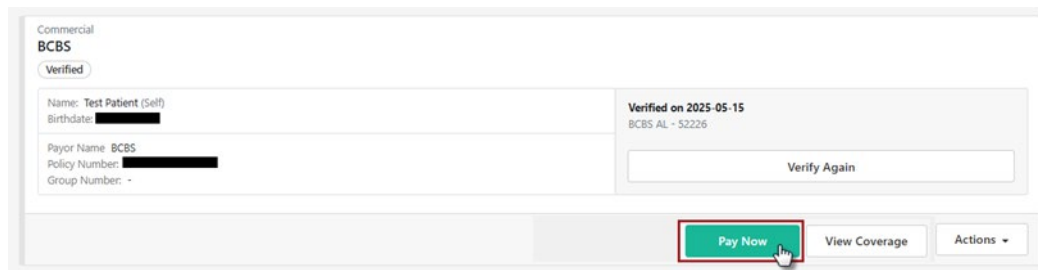
Total Before Benefits \$335.04
Total Benefits Covered -\$0.00

Patient Responsibility **\$335.04**

Estimated Patient Responsibility is based on the selected benefits and contracted rate calculation

12. Read Patient Estimated Responsibility Script

Navigate to the Patient Agreement and click **PAY NOW**



Commercial
BCBS

Verified

Name: Test Patient (Self)
Birthdate: [REDACTED]

Payor Name: BCBS
Policy Number: [REDACTED]
Group Number: -

Verified on 2025-05-15
BCBS AL - S2226

[Verify Again](#)

[Pay Now](#) [View Coverage](#) [Actions](#)

VERIPRO[®] INSTRUCTION GUIDE MOTIONMD[®]

The **Patient Estimate Disclaimer is visible** to the left of the Payment Details section. **Note:** It is mandatory to read the script provided to each patient. This provides consistent messaging to all patients and clarity around this payment being an **estimate** of their responsibility.

Pay Now - Aetna Medicare

Check the products that are being paid for:

☒ 10.30 ☐ INS Air-Stirrup

Receipt Options

☐ Email Receipt to patient

Patient Estimate Disclaimer

We have estimated your financial responsibility. Please be aware this is an estimate only and we cannot guarantee this will be the exact amount you will owe. It is your health plan that will determine the final amount you will owe and that amount can vary based on your specific policy. For example, deductibles or limits on DME can impact your payment amount. We encourage you to call your health plan directly if you have questions about coverage and what you will owe for this product (these products). You will be responsible for any and all payment due on your account after the claim is adjudicated by your health plan. Will that be check or credit card?

Payment Details

Required fields are marked with an asterisk (*)

Card Type Card Number *

Expiration Date* / CVV*

Card Holder First Name* Card Holder Last Name*

Payment Amount* (Total of selected products)

Memo

Cancel Submit Payment

13. Patient **Agrees to Payment** - Processing Estimated Patient Responsibility in MotionMD[®]

After reading script and patient says they will pay, click the checkbox next to the product being paid for and complete the credit card form and select **Submit Payment** button

Pay Now - Anthem Blue Cross Blue Shield

Check the products that are being paid for:

☒ 222.62 ☐ INS AirSelect Standard

Receipt Options

☐ Email Receipt to patient

The EPR from PAM will import to the Covered charge line (\$222.62 in this example)
There is a pill after the charge indicating INS for Insurance

Payment Details

Required fields are marked with an asterisk (*)

Card Type Card Number *

Expiration Date* / CVV*

Card Holder First Name* Card Holder Last Name*

Payment Amount* (Total of selected products)

Memo

Validate the payment amount matches the product(s) selected
Add credit card payment information in Payment Details section
Submit Payment

Cancel Submit Payment

VERIPRO[®] INSTRUCTION GUIDE MOTIONMD[®]

If patient is receiving both a Covered and Non-Covered product the system will separate them in the payment section. The EPR from VeriPro will be automatically imported into the patient agreement. There will be a pill next to the charge to indicate **INS for Insurance** and **TOS for Time of Service**. Click the checkbox next to the Covered product and click the checkbox next to the Non-Covered item, complete the credit card form and click **Submit Payment** button.

Pay Now - Anthem Blue Cross Blue Shield

Check the products that are being paid for:

- ☒ 222.62 INS
- ☒ 30.00 TOS

Receipt Options

☐ Email Receipt to patient

Payment Details

Card Number *

CVV *

Card Holder First Name *

Card Holder Last Name *

Payment Amount *

252.62 (Total of selected products)

Memo

Cancel **Submit Payment**

When the payment form opens you will see the Covered and Non-Covered items separated

The EPR from PAM will import to the Covered charge line (\$222.62 in this example)

There is a pill after the charge indicating INS for Insurance or

Validate the payment method matches the products selected

Add credit card payment information in Payment Details section

Submit Payment

14. Patient Declines the Payment

After reading the script and patient says they decline to pay, navigate back into Patient Agreement and click the **Decline Payment** button on the Commercial Payment Method line.

Decline Payment

Required fields are marked with an asterisk (*)

Reason *

Select Reason

Dependent: Not Responsible Party

External Payment Taken

No Patient Balance Due

Paper PPA

Partial Payment or Coinsurance

Patient Declined Product

Commercial
Highmark BCBS

Verified

Name: (Self)

Birthdate:

Verified on 2025-04-01
HIGHMARK BCBS PA SR - 51175

Payor Name: Highmark BCBS

Policy Number:

Group Number: U9C363

Verify Again

Pay Now View Coverage **Actions**

Decline Payment

Edit

Remove

VERIPRO® INSTRUCTION GUIDE MOTIONMD®

15. Patient Estimate Document

If an EPR is calculated the Patient Estimate PDF package will automatically attach to the Patient Agreement. The patient will receive a copy in the Patient Agreement Receipt, or it can be printed from the visit.

ESTIMATE DETAILS								Beg Ded [®] : \$702.25 Beg OOP [®] : \$3,352.82	
Description	Charge	Allowed Amt	Copay	Coins. [®]	Ded [®]	OOP [®]	EPR [®]	Rem Ded [®]	Rem OOP [®]
L4361 01EF-S AIRSELECT, STANDARD, SMALL	\$335.04	\$335.04	-	-	\$335.04	\$335.04	\$335.04	\$367.21	\$3,017.78
PATIENT ESTIMATE								Print	
Total Before Benefits								\$335.04	
Total Benefits Covered								-\$0.00	
Patient Responsibility								\$335.04	

The Patient Estimate opens in new tab and can be printed:



Patient Estimate

TEST PATIENT
Account # 116375-108500
Service Date 05/15/2025
Guarantor Test Patient

PRIMARY PAYER (ACTIVE)
Payer [REDACTED]
Policy # [REDACTED]
Deductible (Ind/Fam) \$702.25/\$702.25
OOP (Ind/Fam) \$3,352.82/\$3,352.82

Proc. Code	Description	Units	Allowed Amt	Copay	Coins. %	Coins. Amt	Deductible	OOP	EPR
L4361	01EF-S AIRSELECT, STANDARD, SMALL	1.0	\$335.04	--	--	--	\$335.04	\$335.04	\$335.04

PATIENT ESTIMATE
Total Before Benefits \$335.04
Total Benefits Covered - \$0.00

Remaining Balance \$335.04

Patient Estimate
\$335.04

The above is an ESTIMATE of charges due at point of registration. Additional charges may be incurred and, if so, will be added to this estimate. If you have insurance, your claim may not be processed with the benefits levels that we were provided, which could increase or decrease this estimate.

Patient Signature: _____ Date: _____

Generated: 05/15/2025 04:01 PM EST | Tracking ID: 3201714
Page 1 of 1

16. Partial Payment – Processing a partial payment

A patient may elect to pay a partial payment amount vs. the total estimated patient responsibility. To process a partial payment, click the **PAY NOW** button on the Commercial Payment Method line as you would for a standard payment. There will be a pill next to the charge to indicate **INS for Insurance**. Click the checkbox next to the product options marked INS. This will open the box with the dollar amount. Place your cursor in the box to manually edit the pricing. Complete the remaining steps to enter credit card details and submit payment.

VERIPRO[®] INSTRUCTION GUIDE MOTIONMD[®]

Pay Now - Anthem Blue Cross Blue Shield

Check the products that are being paid for:

☒ 100.00 ☐ INS AirSelect Standard

Receipt Options

☐ Email

Use cursor to edit payment amount to partial payment price th patient requested to pay.

The new amount will automatically updated under the Payment Details. Add the credit card information and submit payment.

Required fields are marked with an asterisk (*)

Payment Details

Card Type Card Number *

Expiration Date * CVV *

Card Holder First Name * Card Holder Last Name *

Payment Amount * 100.00 (Total of selected products)

Memo

Cancel Submit Payment

NOTE: On the Patient Agreement add a patient visible note stating a partial payment was processed

17. Multiple Credit Cards – Processing a payment on two separate credit card transactions

A patient may elect to pay their EPR using multiple credit cards. When processing the first credit card for a partial payment amount, follow the guidance provided under **Section 16: Partial Payment – Processing a partial payment.**

To process the second credit card for the remaining EPR amount, select Add under Payment Method and Self Pay to process the second payment with the **Pay Now** button:

Payment Methods

Add

Self Pay

Test Patient

Name: Test Patient (Self)
Birthdate: 1995-06-13

Pay Now Actions

Click the checkbox next to the product options marked TOS. This will open the box with the dollar amount. Place your cursor in the box and manually edit the pricing to the remainder amount of EPR owed. Complete the remaining steps for adding the credit card details and submit payment.

Pay Now - Anthem Blue Cross Blue Shield ×

Check the products that are being paid for:

☒ 100.00 INS AirSelect Standard

Receipt Options

☐ Email

Use cursor to edit payment amount to the remainder amount owed.

The new amount will automatically update under the Payment Details. Add the credit card information and submit payment.

Required fields are marked with an asterisk (*)

Payment Details

Card Type Card Number *

Select T...

Expiration Date* CVV*

mm / yyyy

Card Holder First Name* Card Holder Last Name*

Payment Amount* (Total of selected products)

100.00

Memo

Cancel **Submit Payment**

Include a Patient Visible note on the PA stating, “XXX was collected towards patient remaining EPR under Self Pay as patient made 2 partial payments towards EPR on separate credit cards”.

18. Check Payment – Processing a check payment

A patient may elect to pay their EPR using a check. To process a check payment, use the Revenue Advantage portal and follow the steps below:

- Open a new tab on your web browser and navigate to the Revenue Advantage web page:
<https://m.usapaymentexchange.com/?sUID=e7bdccba-decf-40fd-aa52-7dbcccf93418&aid=>
- Follow the steps on the [Check Processing](#) article to collect the payment.
- Once the check payment has been processed via Revenue Advantage, attach the Payment Receipt to the PA.
- Include a Patient Visible note on the PA stating “XXX was collected towards patient EOB via Revenue Advantage on XX-XX-XXXX (date). See attached Payment Receipt.”