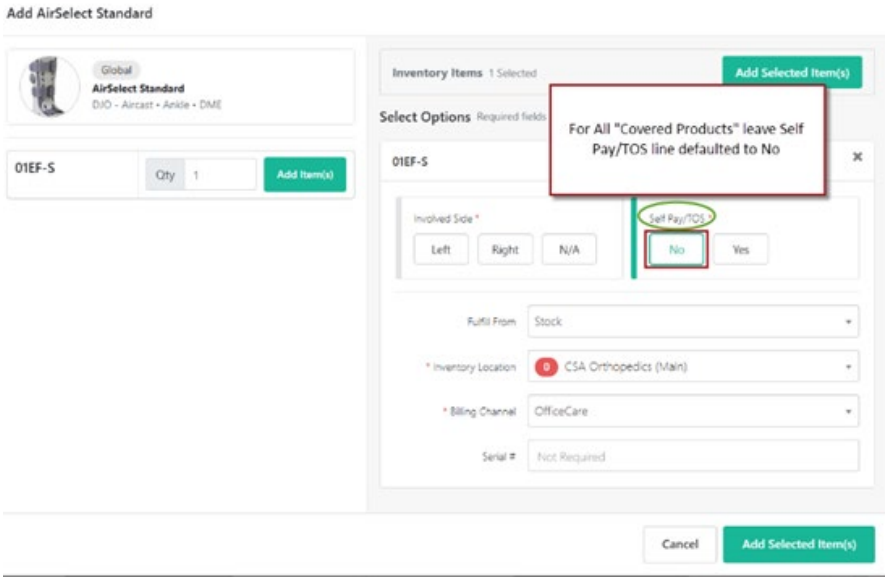
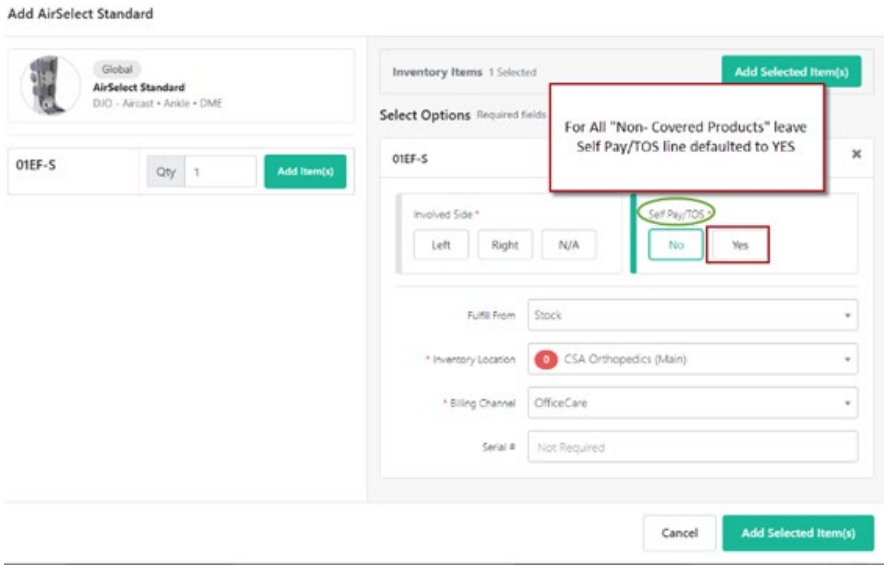
The VeriPro verification process is part of the PA creation workflow. The VeriPro process occurs on the Payment Method section of the PA. Within this training document whenever information is mandatory for verifying patient's benefits those details will be called out in **RED** text.

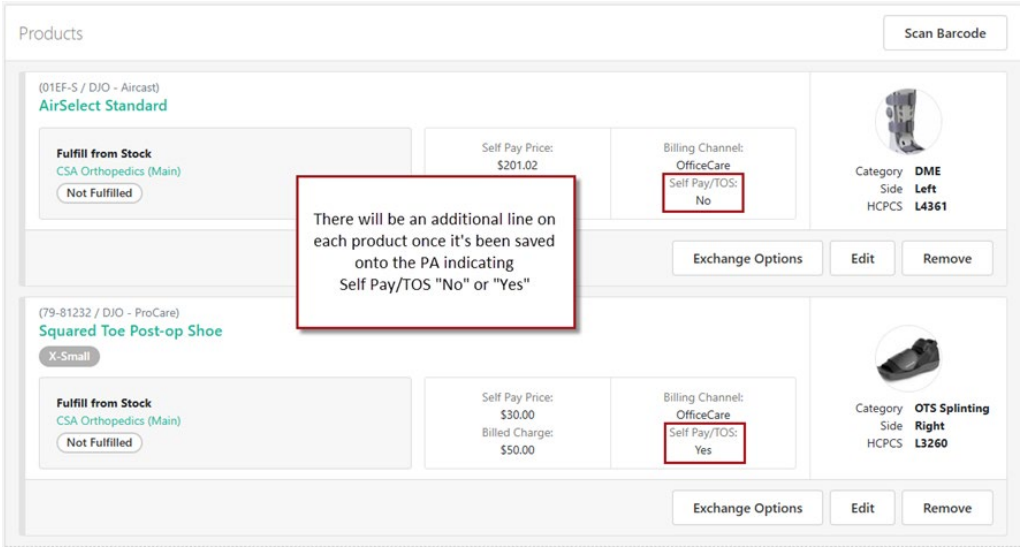
1. **Create new Patient Agreement for patient**
2. **Add Diagnosis Code (not mandatory)**
3. **Add Product**

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.





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:



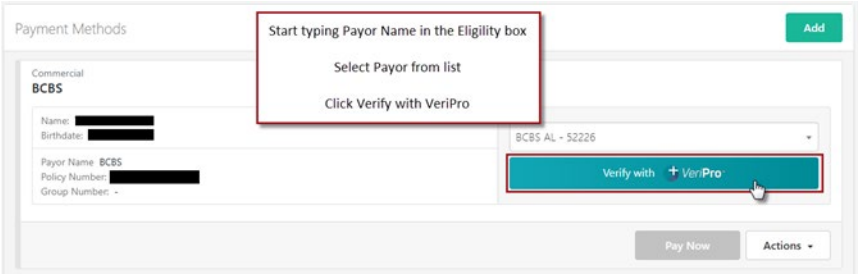
4. **Import Primary Insurance** OR **Add Payment Method to PA**

   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

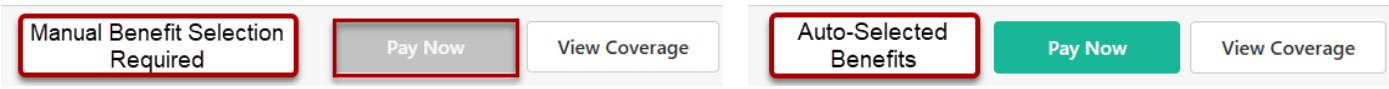
   Select Payment Method
   Enter Payor Name
   Enter Policy #
   Group #

5. **Select Payor Name & Verify with VeriPro®**

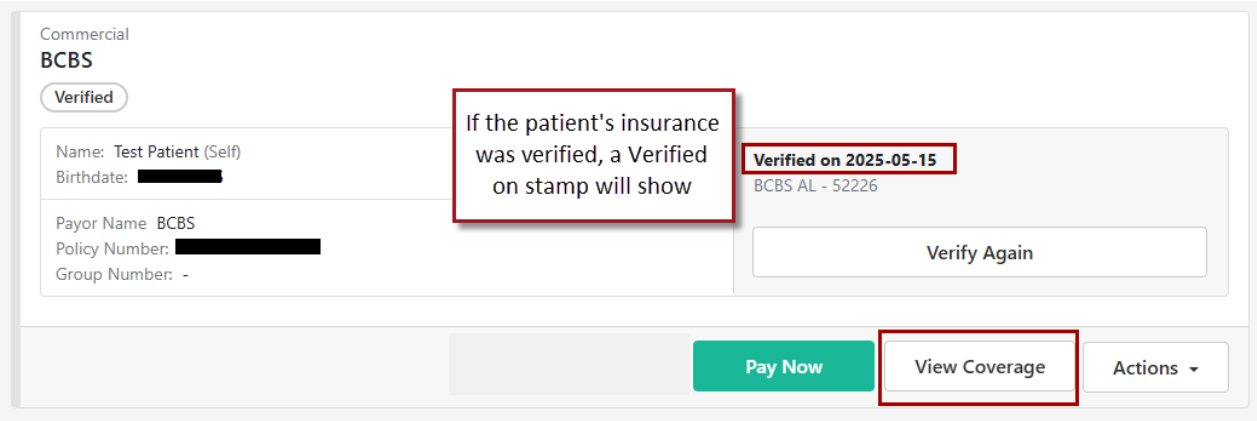


6. **View Coverage button**

   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.



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:

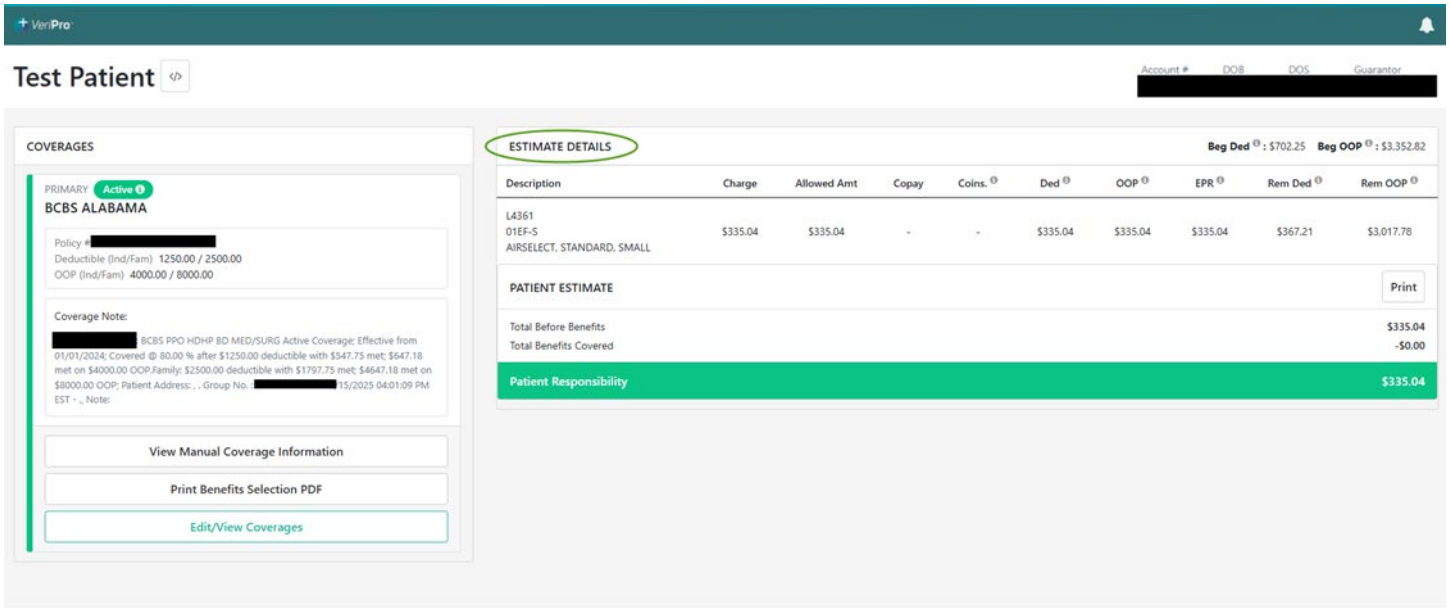


7. VeriPro Visit Page

Auto-Selected Benefits:

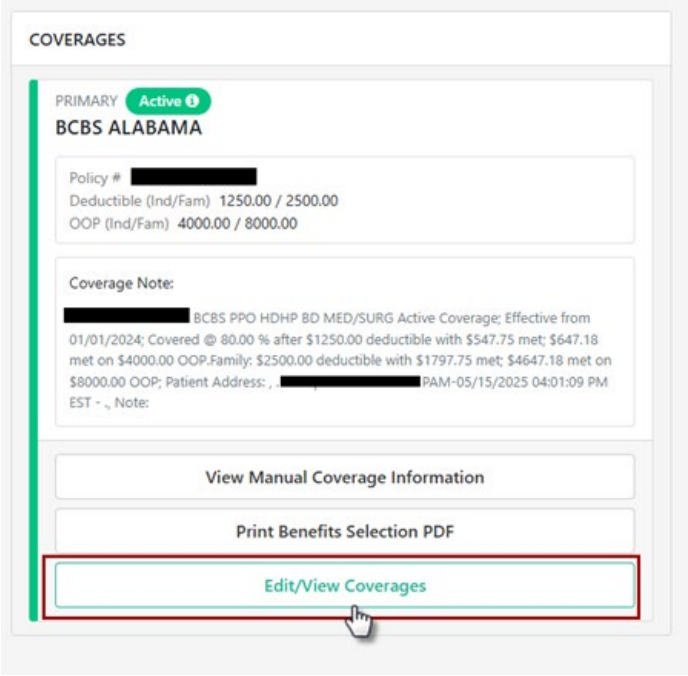
If the payor has auto-selection benefits set up, the Patient Estimate will populate with the Estimate details including - Product Code, Description, Charge, Allowed, Coinsurance, Deductible, Out-of-Pocket Max and Patient Responsibility.

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

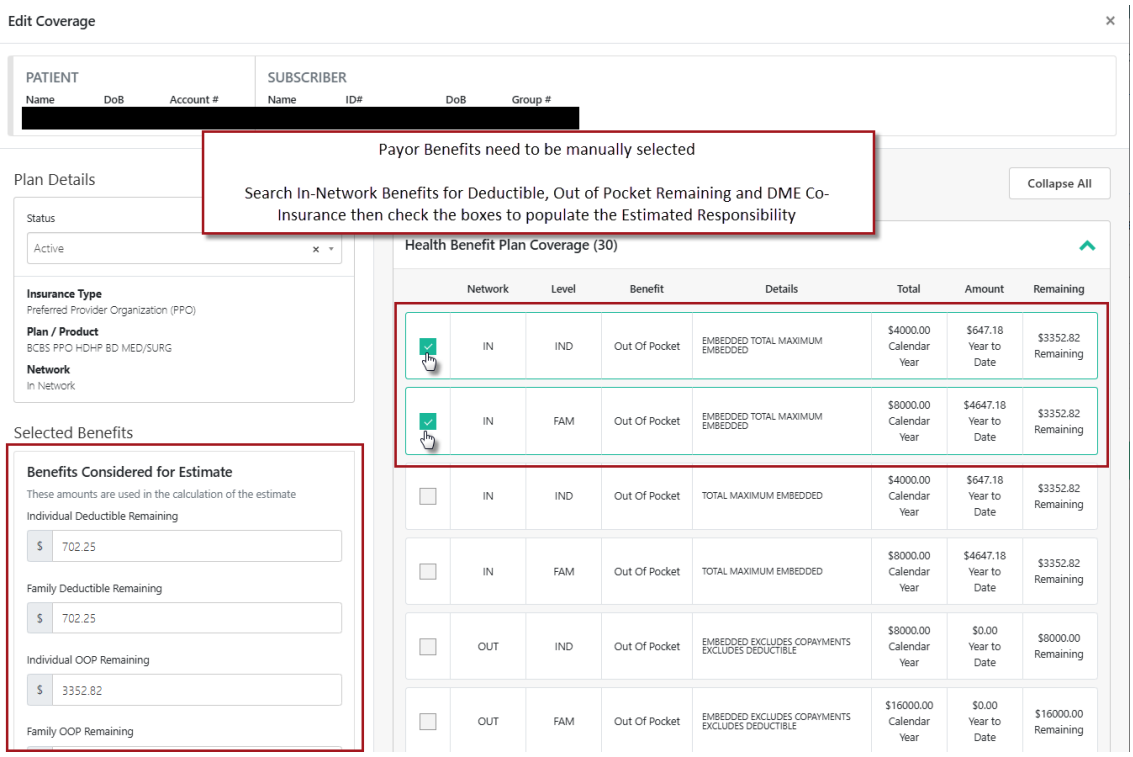


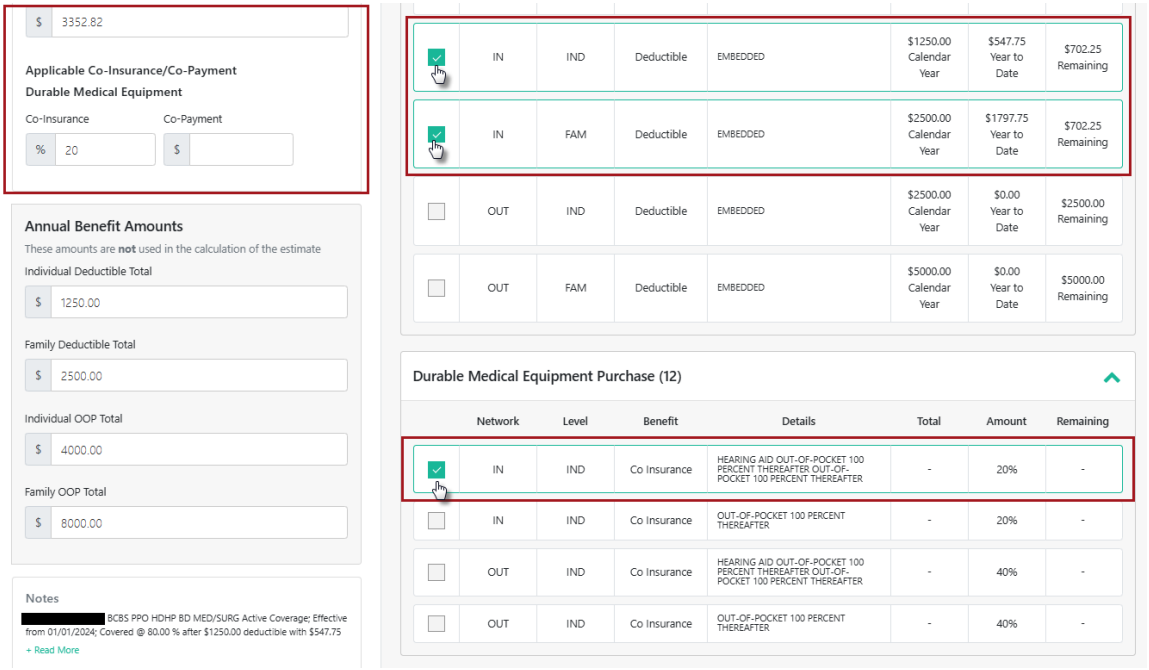
Manually Selected Benefits

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



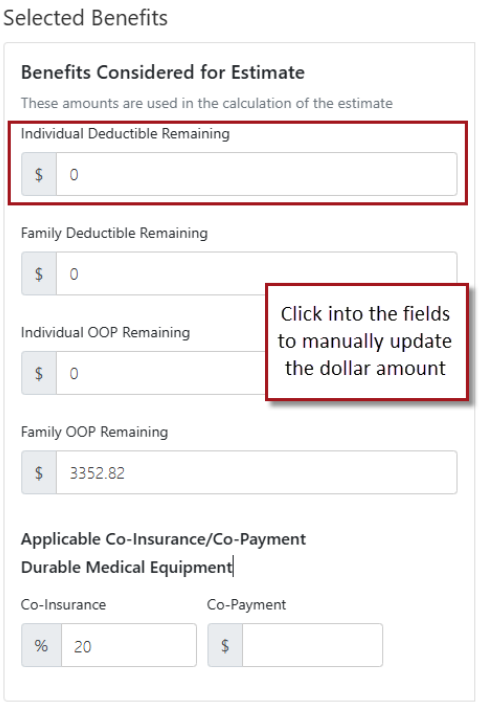
8. **When viewing plan benefits, select In-Network benefits under Payor Returned Benefits section to populate for estimated cost calculations. For example: Remaining Deductible, Remaining Out of Pocket and DME Coinsurance (if applicable).**



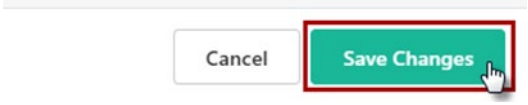


9. Manually Override Auto-Selected benefits

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.

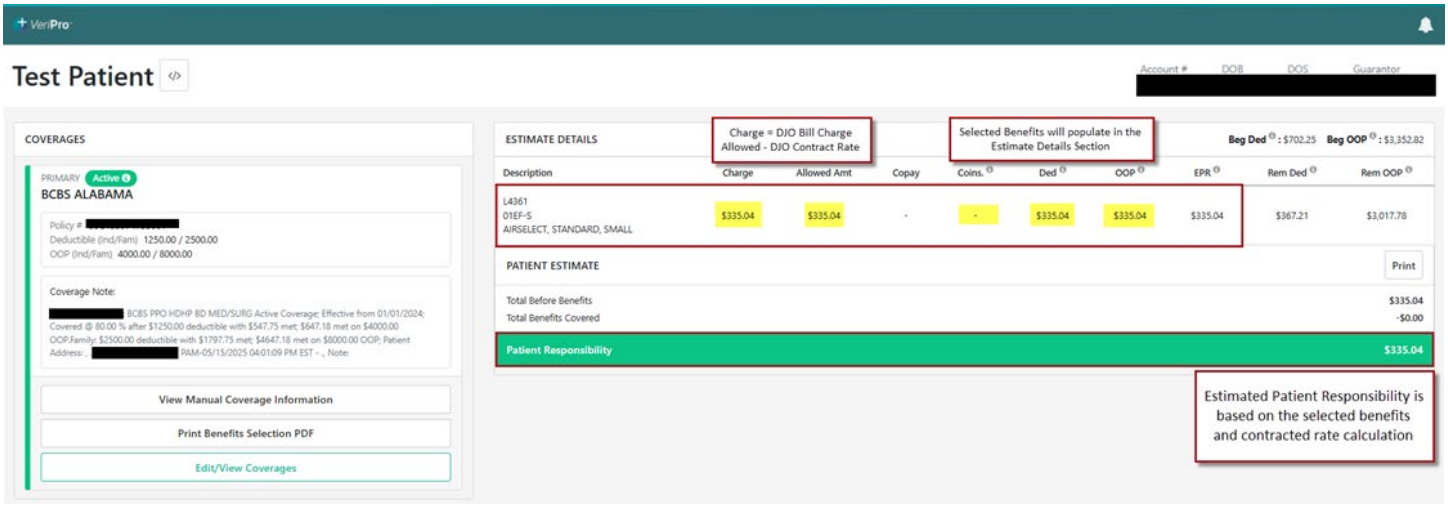


10. **Select Save Changes** after benefits are manually updated to calculate an estimate:



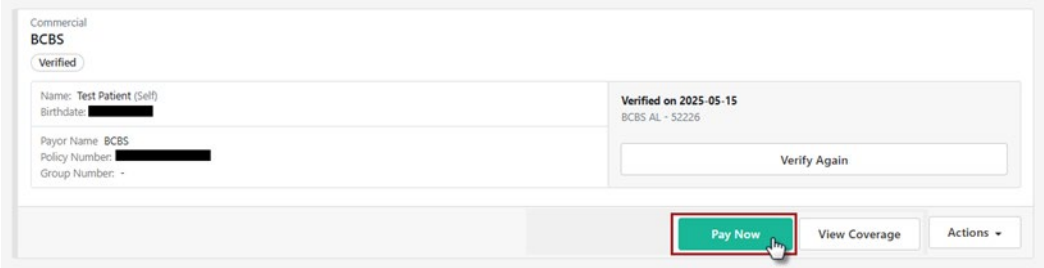
11. **Review Selected Benefits details, Bill Charge & Contracted Rate**

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

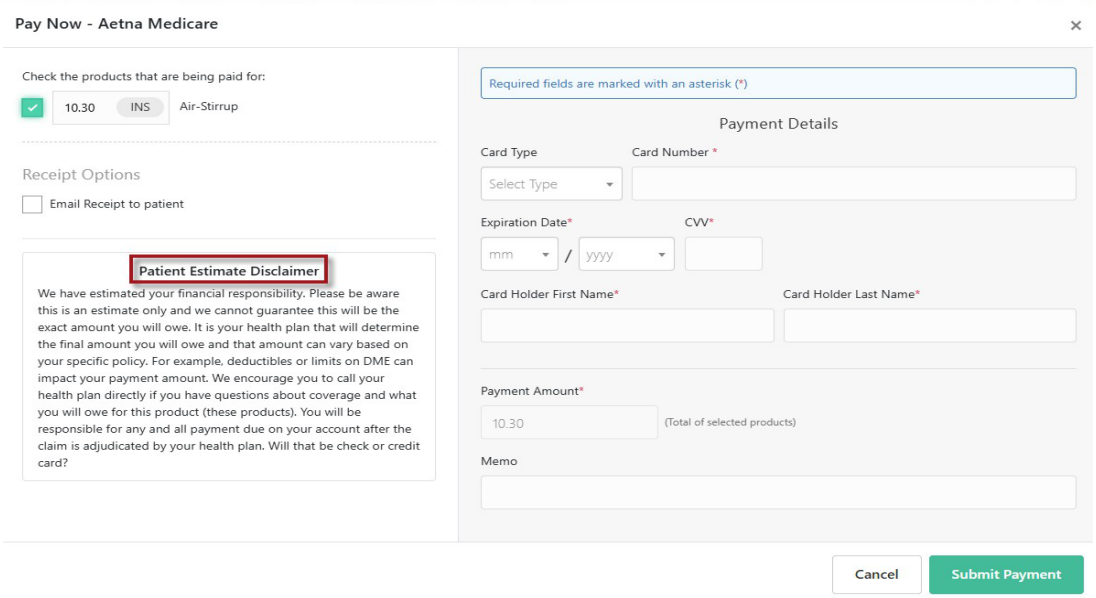


12. **Read Patient Estimated Responsibility Script**

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

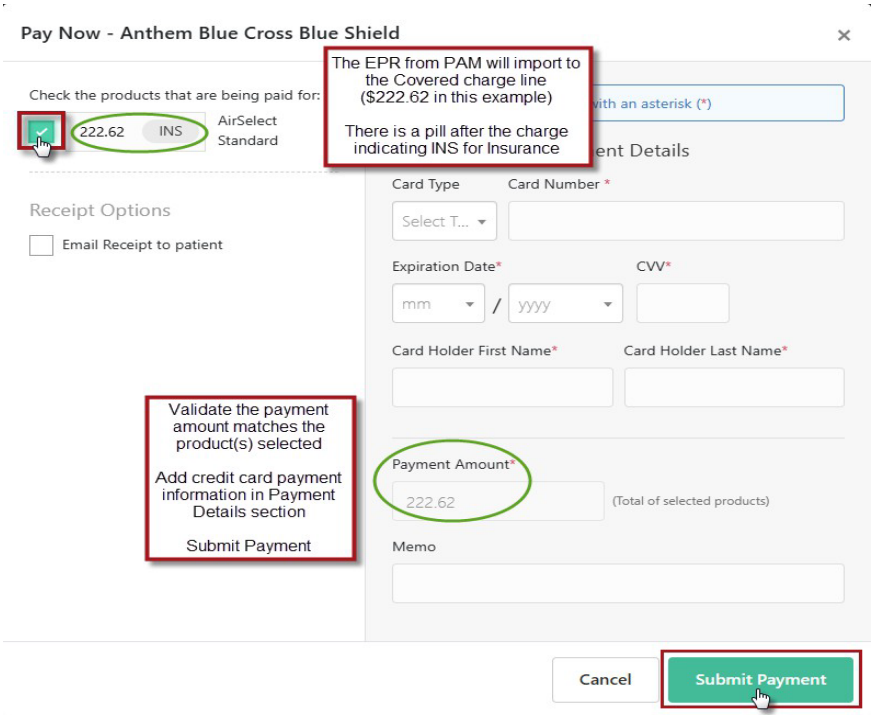


The **Patient Estimate Disclaimer is visible** to the left of the Payment Details section. **Note:** It is mandatory to read the script provided to each patient. This provides consistent messaging to all patients and clarity around this payment being an **estimate** of their responsibility.

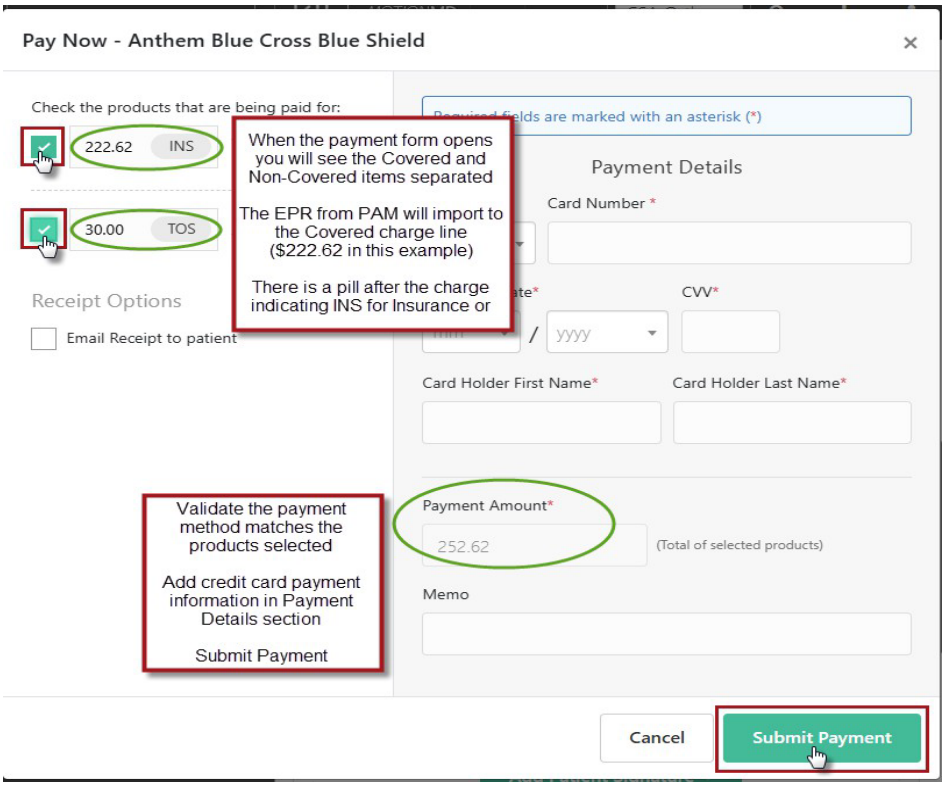


13. Patient Agrees to Payment - Processing Estimated Patient Responsibility in MotionMD®

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

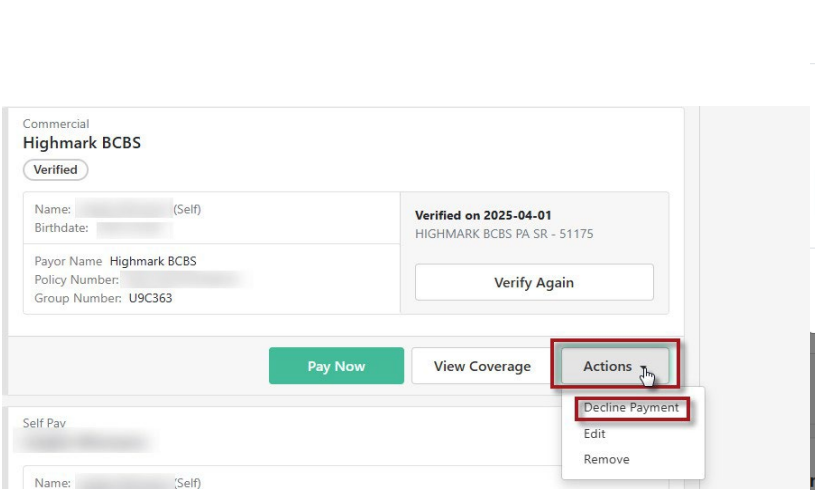


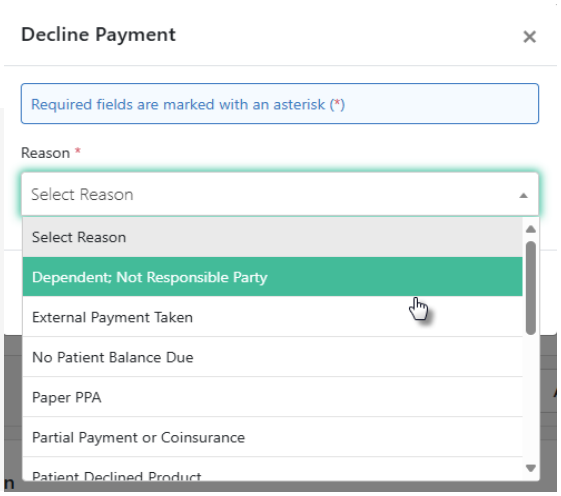
If patient is receiving both a Covered and Non-Covered product the system will separate them in the payment section. The EPR from VeriPro will be automatically imported into the patient agreement. There will be a pill next to the charge to indicate **INS for Insurance** and **TOS for Time of Service**. 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.



14. Patient Declines the Payment

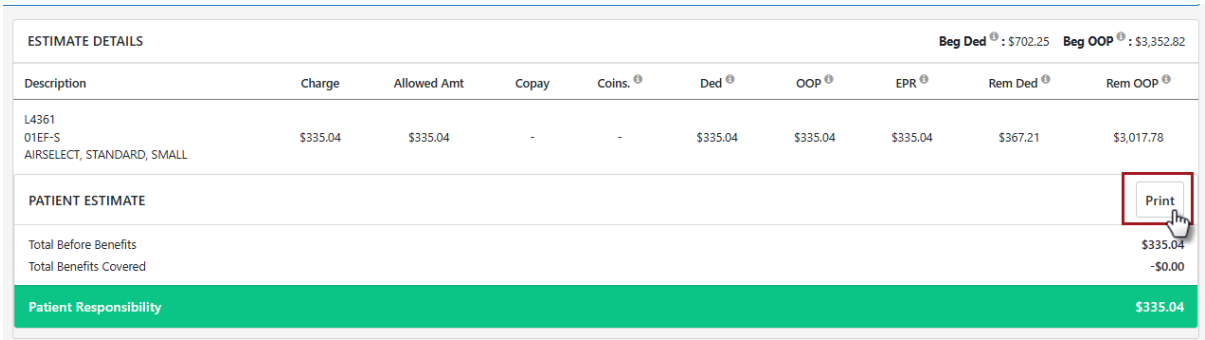
After reading the script and patient says they decline to pay, navigate back into Patient Agreement and click the **Decline Payment** button on the Commercial Payment Method line.





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.



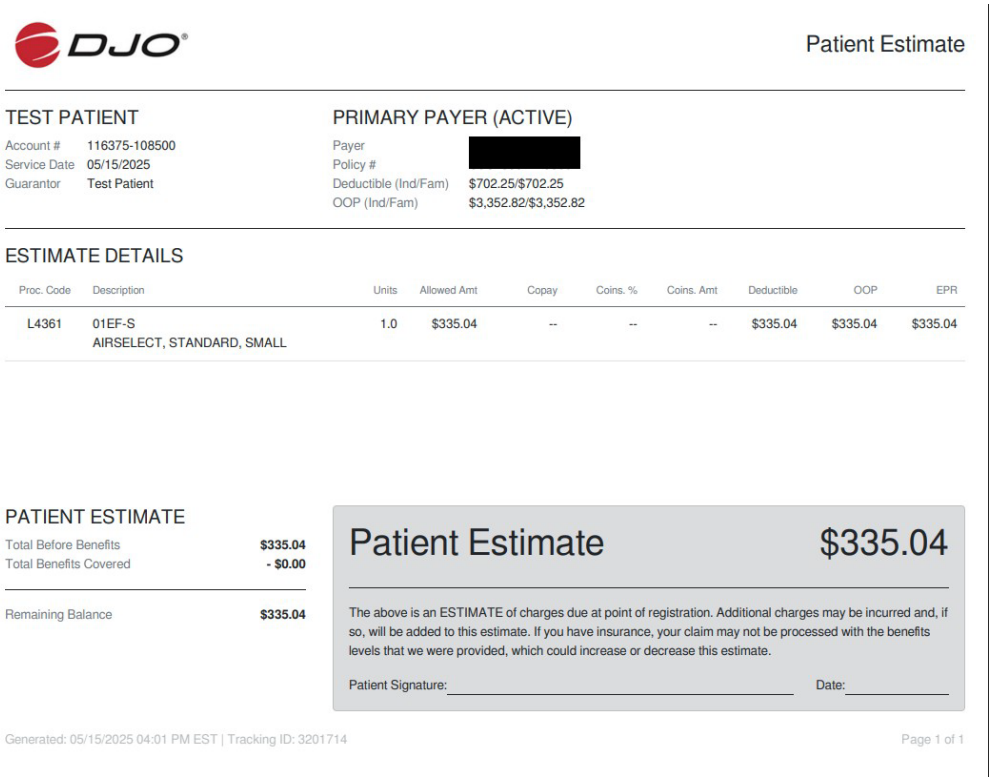
ESTIMATE DETAILS — Beg Ded : $702.25 Beg OOP : $3,352.82

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:



DJO — Patient Estimate

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

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

ESTIMATE DETAILS

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

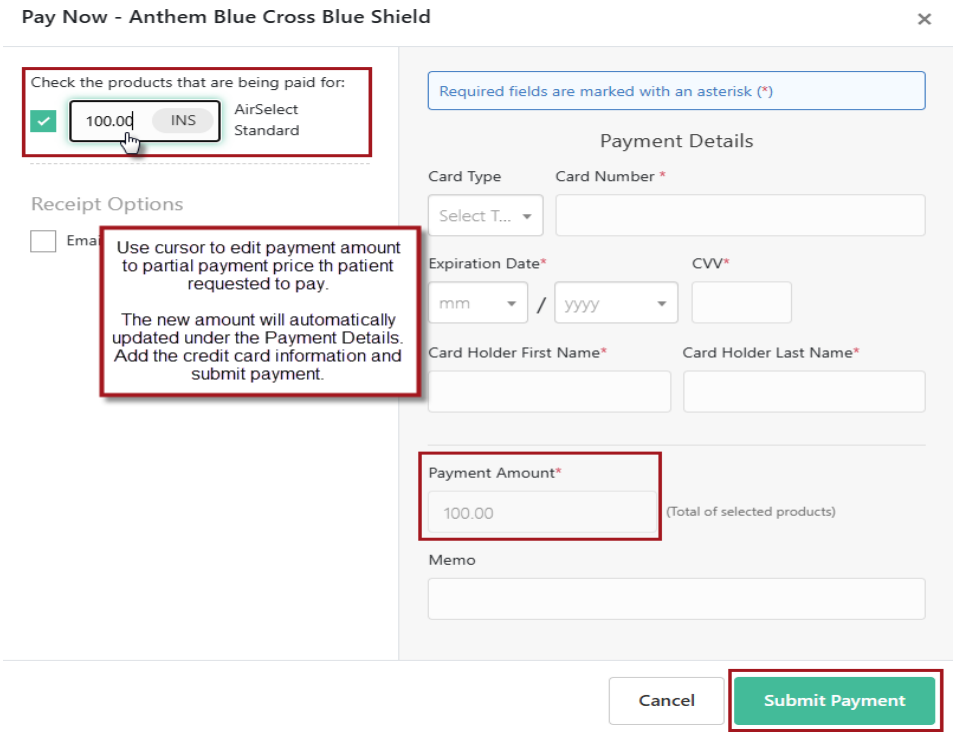
The above is an ESTIMATE of charges due at point of registration. Additional charges may be incurred and, if so, will be added to this estimate. If you have insurance, your claim may not be processed with the benefits levels that we were provided, which could increase or decrease this estimate.

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.

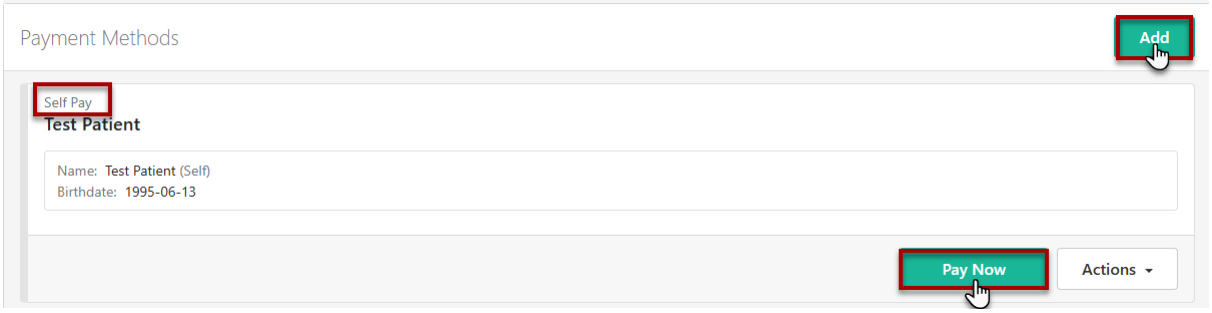


NOTE: On the Patient Agreement add a patient visible note stating a partial payment was processed

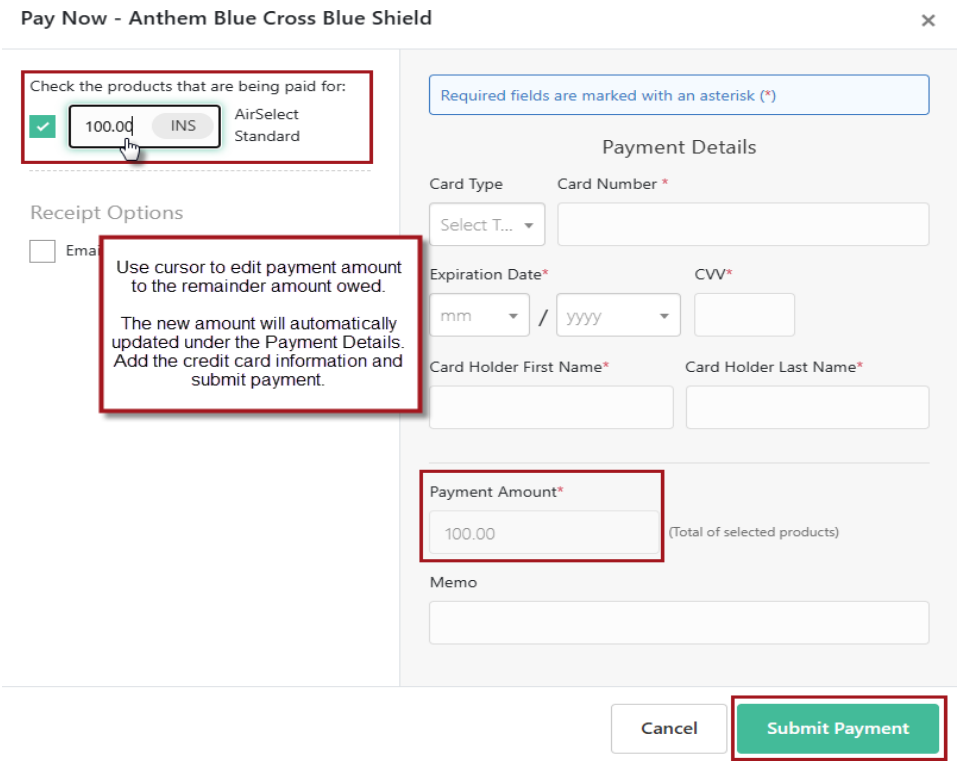
17. **Multiple Credit Cards – Processing a payment on two separate credit card transactions**

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:



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.



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-aa52-7dbccef93418&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."