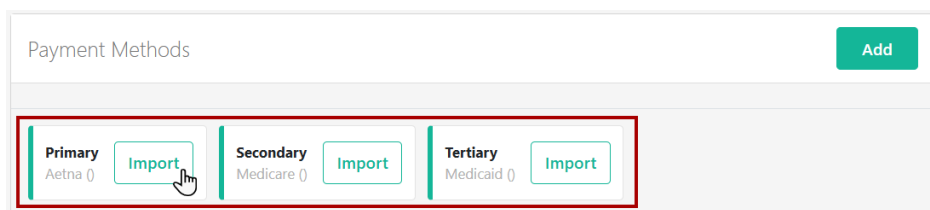


## ENTERING PAYMENT METHODS

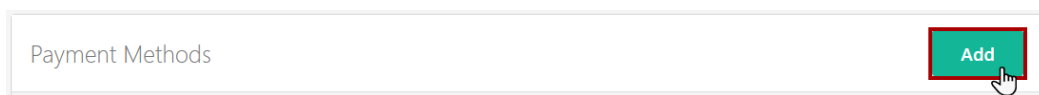
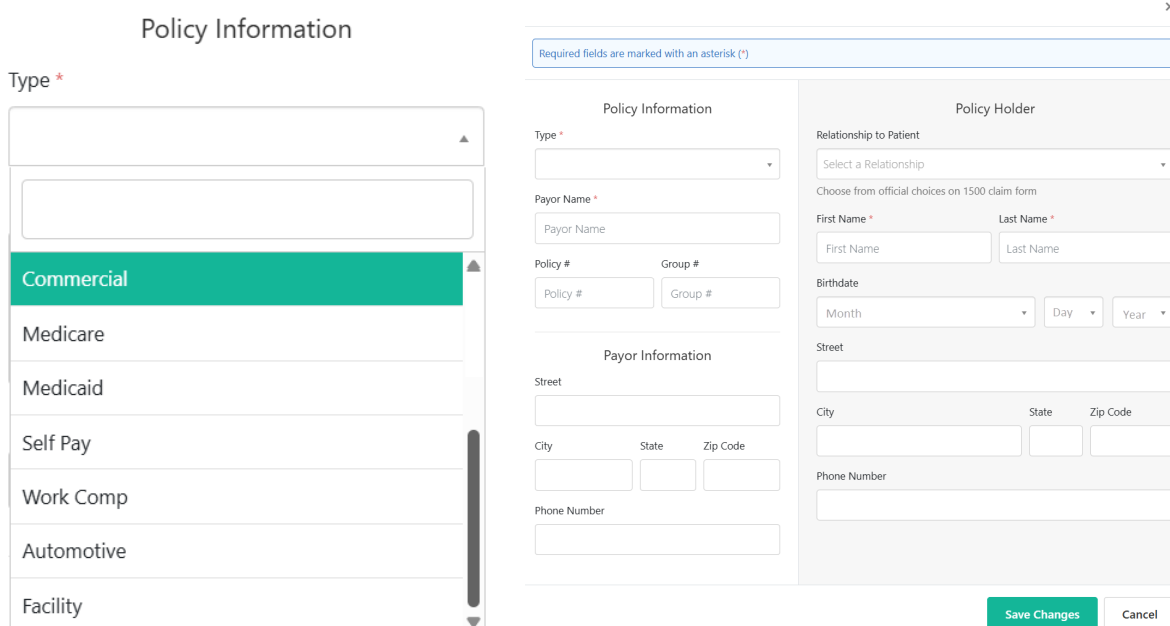
MotionMD allows users to enter payment information for Primary, Secondary, and Tertiary insurance in addition to Medicare, Medicaid, Self-Pay, Work Comp, Automotive, and Facility. These may be added manually or imported depending upon if the account is integrated or non-integrated.

### Adding Payment Method:

**Integrated Account (Import):** An integrated account will have the option to import insurance under Payment Methods. A user may import Primary, Secondary, or Tertiary insurance dependent upon each patient's insurance.



**Non-Integrated Account (Manual):** A non-integrated account will have the option to add insurance under Payment Methods. Click Add and select the appropriate payment method from the list provided. Add required fields marked with an asterisk.

## ENTERING PAYMENT METHODS

### Work Comp/Automotive Claims:

A Patient Agreement created with Work Comp or Automotive as the Payment Method will require additional fields to be completed.

**Adding Date of Injury:** Add the date of injury under Medical Information:

Medical Information

**Provider**  
Sample Provider  
**NPI**  
1306807466  
**Order Date**  
2025-03-12  
**Product Dispense Date**  
-  
**Injury Date**  
-  
**Surgery Date**  
-  
**Length of Need**  
-

Edit

Edit Medical Information

Provider  
Sample Provider - [1306807466]

Date of Injury  
Month Day Year

Date of Surgery  
Month Day Year

Length of Need  
Select Length of Need

Cancel Save Changes

**If Available Add Adjuster Information:** Edit payment method to add adjuster contact information:

Work Comp  
**Worker's Comp Insurance**  
Name: Test Patient (Self)  
Birthdate: 1957-06-11  
Payor Name: Worker's Comp Insurance  
Policy Number: -  
Group Number: -  
Select a Payor  
Verify with + VeriPro

Decline Payment

Actions

Edit  
Remove

Policy Information  
Type \*  
Work Comp  
Payor Name \*  
Worker's Comp Insurance  
Policy #  
Group #

Payor Information  
Street  
City  
State  
Zip Code  
Phone Number

Policy Holder  
Relationship to Patient  
Self  
Choose from official choices on 1500 claim form  
First Name \*  
Last Name \*  
Test  
Patient  
Birthdate  
6 - Jun  
11  
1957  
Street  
5 Smith St.  
City  
State  
Zip Code  
Englewood  
OH  
45322  
Phone Number


Adjuster Information Work Comp  
Contact  
Contact Phone  
Employer  
Employer Phone

## ENTERING PAYMENT METHODS

### Self-Pay/TOS Claims:

**VeriPro Enabled Account:** The Self-Pay/TOS option on the product should be selected for a self-pay or a time of service (TOS) patient. Prior to processing the payment, navigate to the Products section on the Patient Agreement and confirm the Self Pay/TOS section is set to Yes.

Add Playmaker II Spacer Wrap w/ ROM Stops



Global  
**Playmaker II Spacer Wrap w/ ROM Stops**  
DJO - Donjoy • Knee • OTS Splinting

11-3497-2  
Small

Qty 1

Add Item(s)

If the product is Self Pay/TOS update to Yes

Inventory Items 1 Selected Add Selected Item(s)

Select Options Required fields are marked with an asterisk \*

11-3497-2  
Small

Involved Side \*  
Left Right N/A

Self Pay/TOS \*  
No Yes

Fulfill From Stock

\* Inventory Location 1000 CSA Orthopedics (Main)


\* Billing Channel OfficeCare

Serial # Not Required

Cancel Add Selected Item(s)

**Non-VeriPro Accounts:** There will be no Self Pay/TOS option to select.

Add Playmaker II Spacer Wrap w/ ROM Stops



Global  
**Playmaker II Spacer Wrap w/ ROM Stops**  
DJO - Donjoy • Knee • OTS Splinting

11-3497-2  
Small

Qty 1

Add Item(s)

No Self Pay/TOS option to select

Inventory Items 1 Selected Add Selected Item(s)

Select Options Required fields are marked with an asterisk \*

11-3497-2  
Small

Involved Side \*  
Left Right N/A

Fulfill From Stock

\* Inventory Location 1000 CSA Orthopedics (Main)

\* Billing Channel OfficeCare

Serial # Not Required

Cancel Add Selected Item(s)

## ENTERING PAYMENT METHODS

In the Self-Pay Payment Method, select Pay Now to enter the credit card information.

Payment Methods Add

Self Pay  
**Test Test**

Name: Test Test (Self)  
Birthdate: 2023-01-01

Select Pay Now to enter Credit Card information

Pay Now Actions ▾

Select the box next to the product that the patient is making the payment on. Add details to all remaining required fields and Submit Payment.

Pay Now - Self Pay ×

Check the products that are being paid for:

☒ 100.00 TOS AirSelect Standard

Receipt Options

☐ Email Receipt to patient

Required fields are marked with an asterisk (\*)

Payment Details

Card Type\* Card Number\*

Select Type ▾

Expiration Date\* CVV\*

mm ▾ / yyyy ▾

Card Holder First Name\* Card Holder Last Name\*

Payment Amount\*

100.00 (Total of selected products)

Memo

Cancel Submit Payment

**NOTE:** There may be instances when the product pricing is blank. If the pricing hasn't been loaded, users can manually add the pricing by selecting the check box to modify the charge amount.