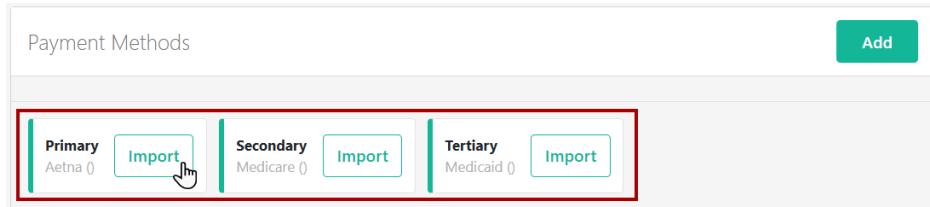


ENTERING PAYMENT METHODS

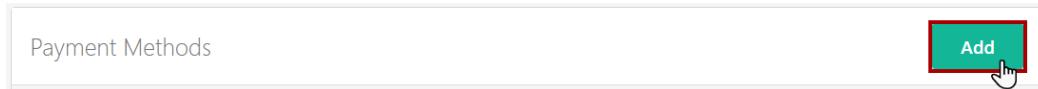
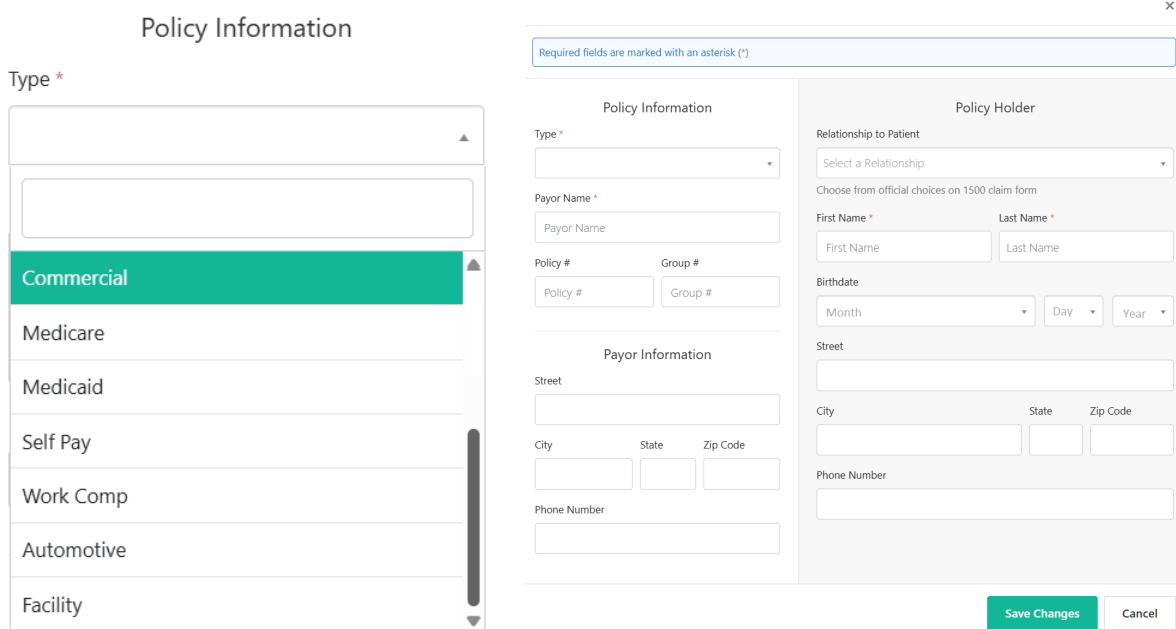
MotionMD allows users to enter payment information for Primary, Secondary, and Tertiary insurance in addition to Medicare, Medicaid, Self-Pay, Work Comp, Automotive, and Facility. These may be added manually or imported depending upon if the account is integrated or non-integrated.

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
-

Date of Injury

Date of Surgery

Length of Need

Edit 

Edit Medical Information 

Provider

Sample Provider - [1306807466]

Date of Injury

Date of Surgery

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

▼

Decline Payment **Actions** 

Self Pay
Joe Test

Name: Joe Test (Self)
Birthdate: 1957-06-11

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

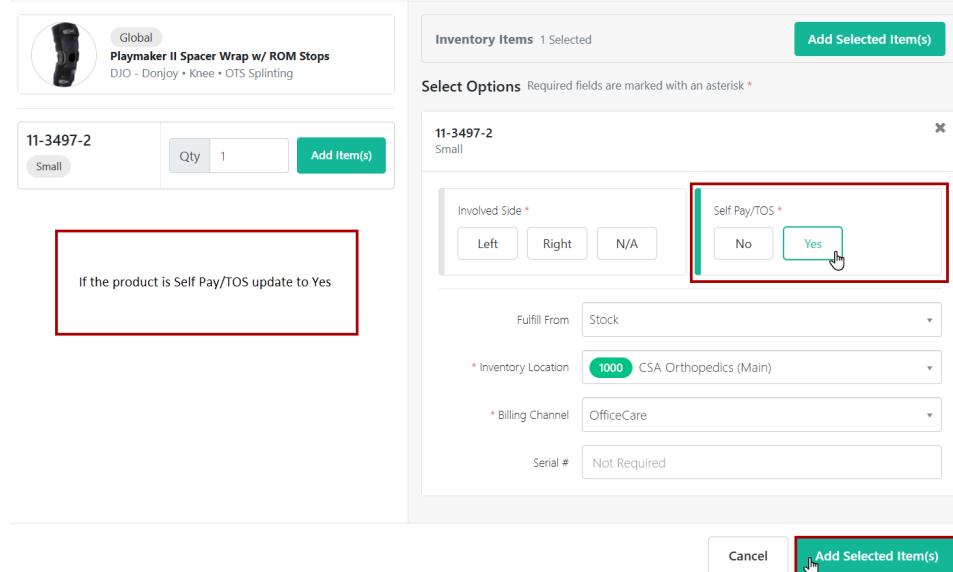
Contact	Contact Phone
<input style="width: 100%; height: 30px; border: 1px solid #ccc; border-radius: 5px; padding: 5px;" type="text"/>	<input style="width: 100%; height: 30px; border: 1px solid #ccc; border-radius: 5px; padding: 5px;" type="text"/>
Employer	Employer Phone
<input style="width: 100%; height: 30px; border: 1px solid #ccc; border-radius: 5px; padding: 5px;" type="text"/>	<input style="width: 100%; height: 30px; border: 1px solid #ccc; border-radius: 5px; padding: 5px;" type="text"/>

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.

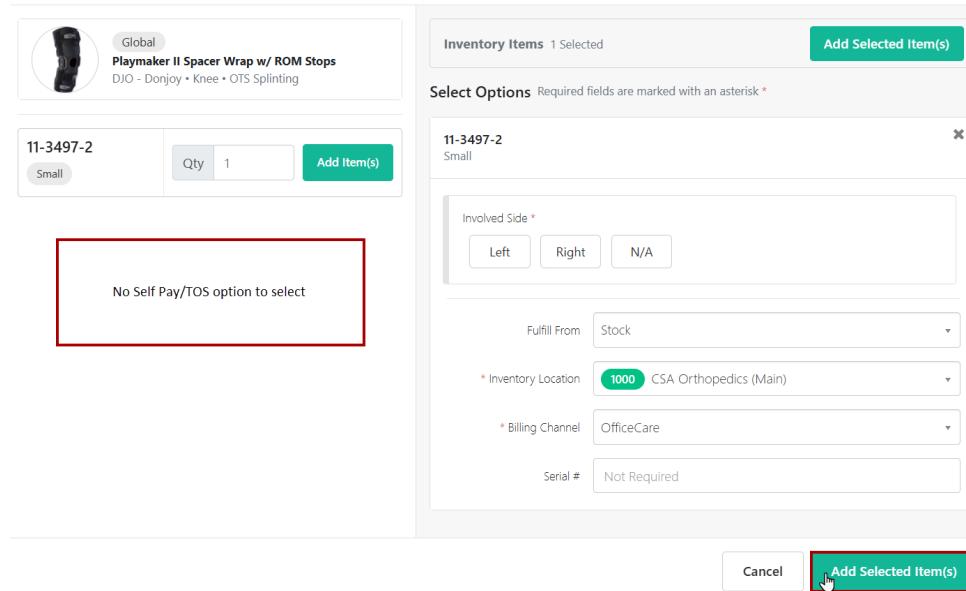
Add Playmaker II Spacer Wrap w/ ROM Stops



If the product is Self Pay/TOS update to Yes

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

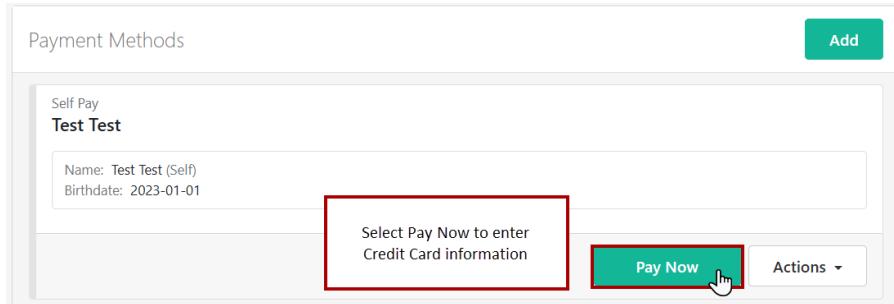
Add Playmaker II Spacer Wrap w/ ROM Stops



No Self Pay/TOS option to select

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

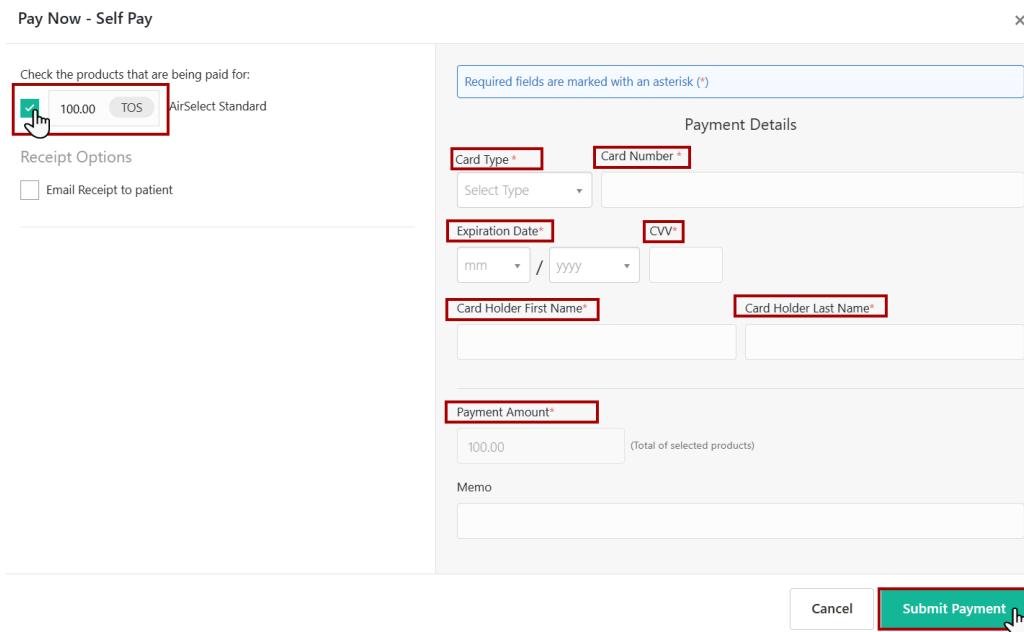
Name: Test Test (Self)
Birthdate: 2023-01-01

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.