

VERIPro® INSTRUCTION GUIDE MOTIONMMD®

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

01EF-S Qty 1 Add Item(s)

Inventory Items 1 Selected Add Selected Item(s)

Select Options Required fields

01EF-S

Involvement Side *

Left
Right
N/A

Self Pay/TOS

No
Yes

Fulfill From: Stock

* Inventory Location: CSA Orthopedics (Main)

* Billing Channel: OfficeCare

Serial #: Not Required

Cancel
Add Selected Item(s)

For All "Covered Products" leave Self Pay/TOS line defaulted to No

Add AirSelect Standard

Global
AirSelect Standard
DJO - Aircast - Ankle - DME

01EF-S Qty 1 Add Item(s)

Inventory Items 1 Selected Add Selected Item(s)

Select Options Required fields

01EF-S

Involvement Side *

Left
Right
N/A

Self Pay/TOS

No
Yes

Fulfill From: Stock

* Inventory Location: CSA Orthopedics (Main)

* Billing Channel: OfficeCare

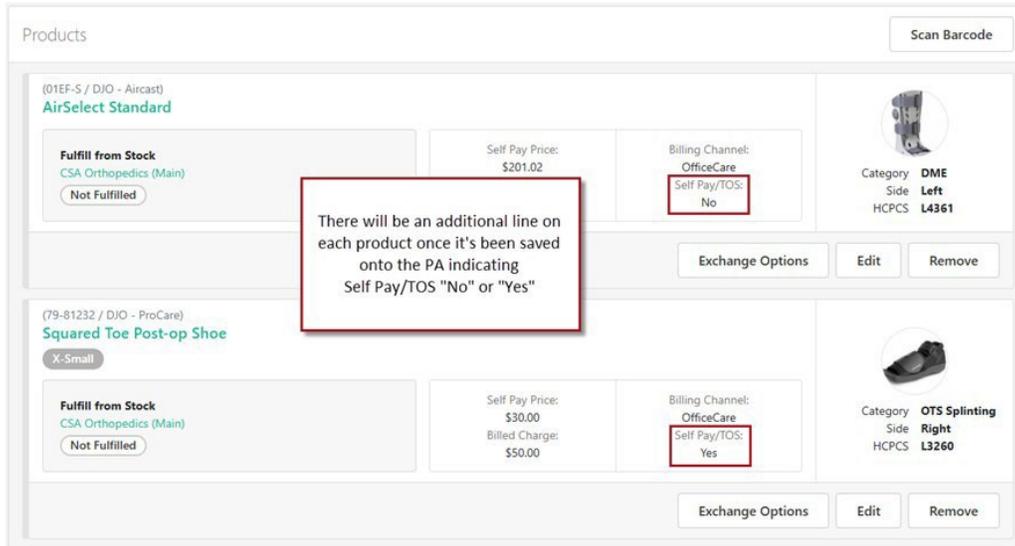
Serial #: Not Required

Cancel
Add Selected Item(s)

For All "Non-Covered Products" leave Self Pay/TOS line defaulted to YES

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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

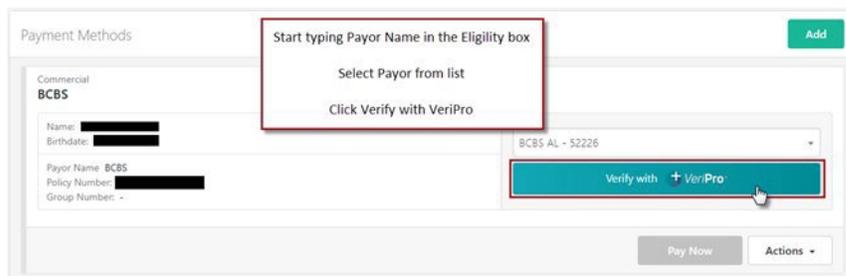
Select Payment Method

Enter Payor Name

Enter Policy #

Group #

5. Select Payor Name & Verify with VeriPro®



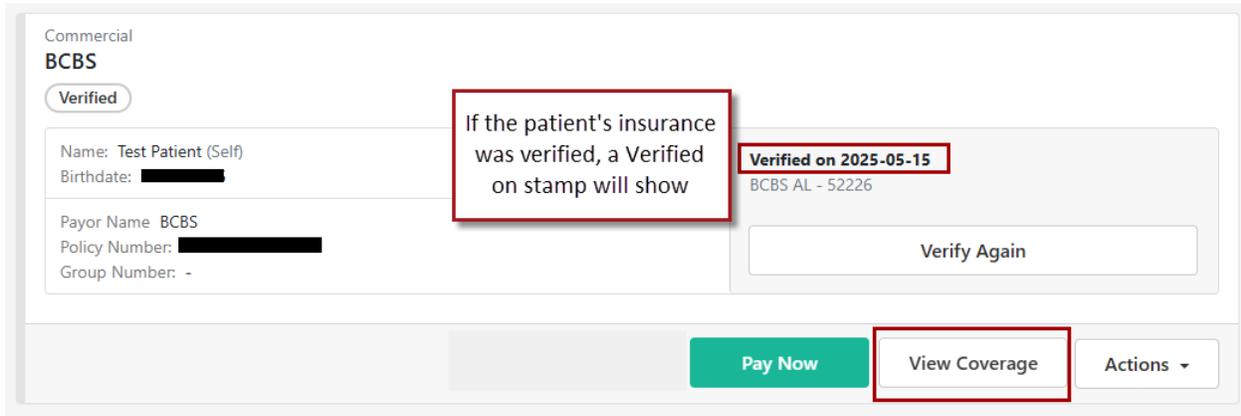
6. View Coverage button

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.



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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:

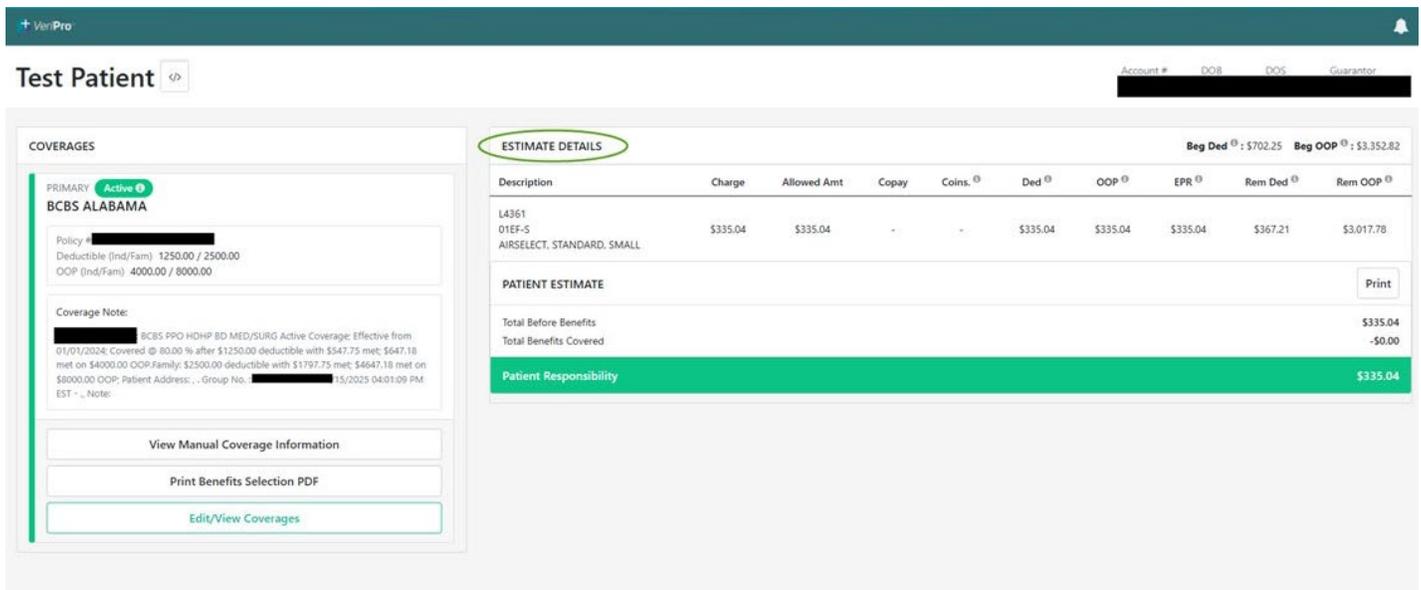


7. VeriPro Visit Page

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.

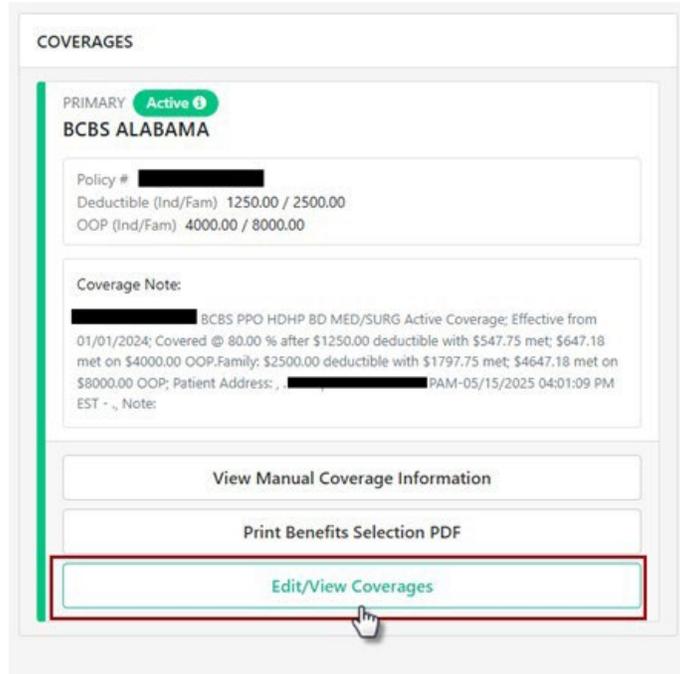
If these details are auto-populated skip to **Section 11** of the training document.



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Manually Selected Benefits

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



- 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			SUBSCRIBER			
Name	DoB	Account #	Name	ID#	DoB	Group #

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

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: \$ 3352.82

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

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\$ 3352.82

Applicable Co-Insurance/Co-Payment
Durable Medical Equipment

Co-Insurance: % 20 Co-Payment: \$

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

9CBS 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: % 20 Co-Payment: \$

Click into the fields to manually update the dollar amount

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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] DOS [REDACTED] Guarantor [REDACTED]

COVERAGES

PRIMARY **Active**
BCBS ALABAMA
 Policy # [REDACTED]
 Deductible (Ind/Fam) 1250.00 / 2500.00
 OOP (Ind/Fam) 4000.00 / 8000.00

ESTIMATE DETAILS

Charge = DJO Bill Charge Allowed - DJO Contract Rate Selected Benefits will populate in the Estimate Details Section Beg Ded⁰¹: \$702.25 Beg OOP⁰¹: \$3,352.82

Description	Charge	Allowed Amt	Copay	Coins. ⁰¹	Ded ⁰¹	OOP ⁰¹	EPR ⁰¹	Rem Ded ⁰¹	Rem OOP ⁰¹
L4361 D1EF-S AIRSELECT, STANDARD, SMALL	\$335.04	\$335.04	-	-	\$335.04	\$335.04	\$335.04	\$367.21	\$3,017.78

PATIENT ESTIMATE

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 - 52226

Verify Again

Pay Now View Coverage Actions

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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

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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.

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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.

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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

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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... [Input Field]

Expiration Date* CVV*

mm / yyyy [Input Field]

Card Holder First Name* Card Holder Last Name*

[Input Field] [Input Field]

Payment Amount* (Total of selected products)

100.00

Memo

[Input Field]

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”.

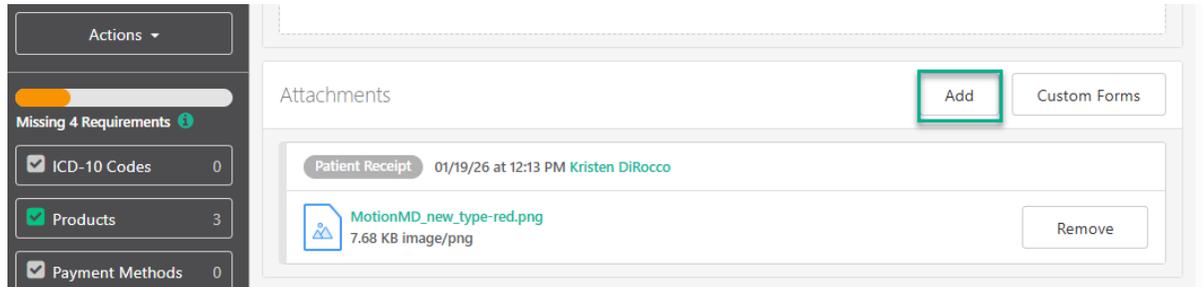
18. Check Payment – Processing a check payment

A patient may elect to pay their EPR using a check. Please follow the instructions below to process a check payment.

- Once the MotionMD Patient Agreement is created, navigate to the Enovis1PayNow Portal webpage: [ENOVIS1PAYNOW PORTAL](#).
- Reference the PDF [Check Processing in MotionMD](#) for the step-by-step process on processing the Check Payment in the Enovis1PayNow Portal.

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- After successfully processing the check payment, save a copy of the receipt and upload as an attachment to the MotionMD PA.



- Add a Patient Visible Note on the PA stating TOS/EPR payment was paid via Enovis1PayNow portal.

