

# Add Eligibility Details

1. From the patient's Insurance Details, click Add Eligibility

**PAYDC** Home / Patients / Garlic, Gregory Dave Klein PAYDC DBA Spinal Hea... - 4092

**Garlic, Gregory - 01/01/2001**

Patient Dashboard Insurance Details File Cabinet Payment Details Health History Questionnaire Pre-Filled Forms

Payment Method: ☐ Self Pay ☒ Insurance

Self Pay Insurance

**Carriers** Add Carrier

**Blue Cross Blue Shield (Payer ID: 00403)** Add Eligibility Edit Primary

| Member ID No. | Group No. | Insured Name    | DOB        | Sex  |
|---------------|-----------|-----------------|------------|------|
| 12345         |           | Garlic, Gregory | 01/01/2001 | Male |
| Relation      |           |                 |            |      |
| Self          |           |                 |            |      |

Cancel Save

2. Complete fields based on results of the benefits inquiry and click Save.

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**Garlic, Gregory - 01/01/2001**

Patient Dashboard Insurance Details File Cabinet Paym

Payment Method: ☐ Self Pay ☒ Insurance

Self Pay Insurance

**Carriers**

**Blue Cross Blue Shield (Payer ID: 00403)**

| Member ID No. | Group No. | Insured Name    |
|---------------|-----------|-----------------|
| 12345         |           | Garlic, Gregory |
| Relation      |           |                 |
| Self          |           |                 |

**Add Eligibility Details**

**Blue Cross Blue Shield (Insured ID: 12345)**

Eligibility Details

Effective Date: 11/24/2024 End Date: mm/dd/yyyy

Co-Pay(\$): 15.00

Co-Insurance (%): 0

Deductible Amount(\$): 0.00 Met(\$): 0.00 Not Met(\$): 0

Number of Allowed Visits: 20 Visits Remaining: 18

Out-Of-Pocket Max(\$): 6000.00 Amount Remaining(\$): 5820.00

Prior Authorization Number: Daily Max Amt: 0.00

Referring Provider Name: --Select Provider-- Date of Injury/Current Illness: mm/dd/yyyy

Is Patient's Condition Related To Employment?(Current or Previous)

Cancel Save

3. Benefits can be modified or removed by clicking on the Edit or Delete buttons.

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**Garlic, Gregory - 01/01/2001**

Patient Dashboard **Insurance Details** File Cabinet Payment Details Health History Questionnaire Pre-Filled Forms

Payment Method: ☐ Self Pay ☒ Insurance

☐ Self Pay ☒ Insurance

**Carriers** [Add Carrier](#)

**Blue Cross Blue Shield (Payer ID: 00403)** [Edit](#) **Primary**

|               |           |                 |            |      |
|---------------|-----------|-----------------|------------|------|
| Member ID No. | Group No. | Insured Name    | DOB        | Sex  |
| 12345         |           | Garlic, Gregory | 01/01/2001 | Male |
| Relation      |           |                 |            |      |
| Self          |           |                 |            |      |

**Eligibility Details** [Edit](#) [Delete](#)

|                 |               |                |                     |                   |
|-----------------|---------------|----------------|---------------------|-------------------|
| Co-Pay:         | Co-Insurance: | Deductible:    | Out-Of-Pocket Max:  | Daily Max amount: |
| \$15.00         | 0.00%         | Met Amount     | Amount Remaining    | \$0               |
|                 |               | \$0.00 \$0.00  | \$6000.00 \$5820.00 |                   |
| Effective Date: | End Date:     | Prior Auth No: | Visit:              |                   |
| 11/24/2024      |               |                | Allowed Remaining   |                   |
|                 |               |                | 20 18               |                   |

[Cancel](#) [Save](#)