Automated Eligibility Verification

Improve Billing by Using Electronic Eligibility Verification

Today, more than ever before, practices are responsible for ensuring that they receive payment for the services they provide. This is a trend that will continue to grow as programs like Pay-for-Performance become the norm. As a result, the livelihood of a practice is dependent on its communication with insurance payers. Sage provides solutions that enable you to contact payers directly to verify patient eligibility before services are rendered, reducing the risk of denials resulting from lack of coverage. Additionally, you can provide your patients with the information they need about their financial responsibility up-front before services are rendered.

Eliminate Tedious Manual Collections Processes

The likelihood of collecting payment decreases dramatically if you don’t discover that a patient is uninsured until after they leave the office. Before electronic eligibility, the only alternative was to spend valuable time on the phone—often as much as 20 minutes per call to verify eligibility—an arduous and time-consuming task. Many practices are only able to call when they have the time and resources—not a good situation when you consider the added costs associated with billing and collections when a patient is not covered for services.

Access Eligibility Automatically

Sage offers a fully integrated system that allows you to automatically view current eligibility as soon as the patient record is opened.* The Automated Eligibility Verification system automatically checks scheduled patients’ eligibility prior to their appointment without requiring any extra time from the staff. When patients arrive, the information is presented in seconds as staff members retrieve the patient record. For walk-in patients, an immediate response directly from the payer is also an available option. Additionally, staff can access the exact same eligibility information again when responding to queries from patients and payers.

Reduce Claim Rejections and Improve Cash Flow

By utilizing this service, you can reduce the number of unnecessary phone calls and the time required to contact payers. More importantly, you can reduce the number of rejected claims and improve cash flow. Best of all, most of the work to verify eligibility is automatically done after hours, resulting in little or no disruption to the daily workflow of your busy practice.

**BENEFITS**

- Virtually eliminate calls to payers to check patient coverage
- Automatically check eligibility prior to scheduled appointments
- Check eligibility on the fly for walk-ins
- Save the coverage information to the patient record
- View or print the exact same eligibility information when responding to inquiries

* The data received from individual payers may vary, and not all insurance payers have electronic eligibility capabilities.