

## How to set up a patient's insurance record with Tricare

1. From the patient's profile, go to the vertical tool bar on the left and click on payment info.

The screenshot shows the 'Patient Record' window for 'DUMMY, PATIENT'. The 'Payment Info' section in the left-hand navigation bar is highlighted with a red arrow. The main form area contains the following fields:

**Patient Info** (Status: Normal)

Last Name: DUMMY | First Name: PATIENT | MI:   
In Care Of: | Title: | Full Name:   
Address: | Alternate: Create  
City: | State: | Zip: -  
Phone (H): ( ) - | SSN: 123456789 | Sex: Male  
Phone (W): ( ) - | HIC ID: | Birth Date: 01/01/1970  
Cell Phone: ( ) - | E-mail: |  
Alternate Phone: ( ) - | Doctor: |  
YTD Rx Amount: .00 | Price Plan: AARBIS PLATINUM

**Additional Information**

Medical Record: | Location: 00 - Not Specified | Group: |  
Driver's License: | Status: Normal | Weight: |  
Patient ID: | Qualifier: | Last Rx: 6001006  
Discount Schedule: | Tax Schedule: | Visually Impaired:   
Undeliverable Address:  Pregnant:  Last Changed By Q51, Q51 on 03/22/2011 at 11:05:54

2. Click on New in the tool bar at the top.

The screenshot shows the 'Patient Record' window for 'DUMMY, PATIENT'. The 'New' button in the top toolbar is highlighted with a red arrow. The main form area displays a table with columns for 'Price Plan/Policy Number', 'Bin #/Group #', and 'PCN/Effective Dates'. On the right side of the table, there are buttons for 'Move To Top', 'Move Up', 'Move Down', and 'Move To End'.

3. Click the double arrows next to Payment Plan.

Insurance Record: PATIENT DUMMY

Patient Insurance Record

Information for: PATIENT DUMMY      Payment Plan: [ ] [▶▶]

Effective Date: [ / / ]      Expiration Date: [ / / ]      Help Desk #:

Policy ID Number: [ ]      Person Code: [ ]      Group Number: [ ]

Birth Date: [ / / ]

Card Holder Name: [ ] [▶▶]      Relationship: 0 - Not Specified [▼]

Employer: [ ] [▶▶]

Insurance Company: [ ] [▶▶]

Carrier E-mail: [ ] [✉]      Copay Table: [ ] [▶▶]

Plan ID: [ ]      Other ID: [ ]      Other ID Qualifier: Not Specified [▼]

Clinic ID: [ ]      Second Other ID: [ ]      Other ID Qualifier: Not Specified [▼]

Eligibility Code: [ ]      Home Plan: [ ]      Location: Transmit Blank (clear field) [▼]

Accept Assignment:       Other Coverage: Transmit Blank (clear field) [▼]

Med Limit Amount: [ ]      Med Remaining Amount: [ ]      Total Rx's: [ ]

Benefit Amount: [ ]      Family Benefit Amount: [ ]      Family Total Rx's: [ ]

Claim YTD Amount: [ ]      Family YTD Amount: [ ]      Number Deductibles Met: [ ]

4. Search for and select (by double clicking) Tri-Care DOD

Price Plan Scan

Search Criteria

[ ] Description [▼] Find

Opt	Stat	Description	Type	Alternate Plan	Bin #	PCN	Price Table
F3		TRI-CARE DOD	Third Party		003858	A1	Specified Table ' Dc
F4		TRI-COUNTIES WEL	Third Party		610494	9999	Specified Table ' Dc
F5		TRICAST	Third Party		603286		Specified Table ' Dc
F6		TRIPLE B SERVICE	Third Party		603286		Specified Table ' Dc
F7		TRIPLE-S INC	Third Party		603286	01410000	Specified Table ' Dc
F8		TRISCRIPTS	Third Party		603286	01410000	Specified Table ' Dc
F9		TYSON FOODS	Third Party		610029	TYSRX	Specified Table ' Dc
F10		U&C	Retail				U&C
F11		UA - MEDICARE PA	Third Party		610014	MEDDPRIME	Specified Table ' Dc
F12		UBC ST. LOUIS EM	Third Party		610014	MEDDPRIME	Specified Table ' Dc

5. Add in the policy ID number. If the patient is the cardholder/military personnel you will enter in the patient's Social Security Number. If the patient is the spouse of the cardholder/military personnel then enter in the spouse's Social Security Card which is located under Sponser SSN on the Tricare card.

Insurance Record: PATIENT DUMMY

Patient Insurance Record

Information for: PATIENT DUMMY Payment Plan: TRI-CARE DOD

Effective Date: // Expiration Date: // Help Desk #:

Policy ID Number: 123456789 Person Code: Group Number:

Birth Date: //

Card Holder Name: Relationship: 0 - Not Specified

Employer:

Insurance Company:

Carrier E-mail: Copay Table:

Plan ID: Other ID: Other ID Qualifier: Not Specified

Clinic ID: Second Other ID: Other ID Qualifier: Not Specified

Eligibility Code: Home Plan: Location: Transmit Blank (clear field)

Accept Assignment: Other Coverage: Transmit Blank (clear field)

Med Limit Amount: .00 Med Remaining Amount: .00 Total Rx's: 0

Benefit Amount: .00 Family Benefit Amount: .00 Family Total Rx's: 0

Claim YTD Amount: .00 Family YTD Amount: .00 Number Deductibles Met: 0

6. Then enter in the person code. For the cardholder that will be 01, for the spouse that will be 02.

Insurance Record: PATIENT DUMMY

Patient Insurance Record

Information for: PATIENT DUMMY Payment Plan: TRI-CARE DOD

Effective Date: // Expiration Date: // Help Desk #:

Policy ID Number: 123456789 Person Code: 01 Group Number:

Birth Date: //

Card Holder Name: Relationship: 0 - Not Specified

Employer:

Insurance Company:

Carrier E-mail: Copay Table:

Plan ID: Other ID: Other ID Qualifier: Not Specified

Clinic ID: Second Other ID: Other ID Qualifier: Not Specified

Eligibility Code: Home Plan: Location: Transmit Blank (clear field)

Accept Assignment: Other Coverage: Transmit Blank (clear field)

Med Limit Amount: .00 Med Remaining Amount: .00 Total Rx's: 0

Benefit Amount: .00 Family Benefit Amount: .00 Family Total Rx's: 0

Claim YTD Amount: .00 Family YTD Amount: .00 Number Deductibles Met: 0

7. Then enter in the group number. For Tricare, this will be DODA.

The screenshot shows the 'Patient Insurance Record' form for 'PATIENT DUMMY'. The 'Payment Plan' is 'TRI-CARE DOD'. The 'Group Number' field is set to 'DODA', with a red arrow pointing to it. Other fields include 'Policy ID Number: 123456789', 'Person Code: 01', and 'Relationship: 0 - Not Specified'. Financial fields like 'Med Limit Amount' and 'Benefit Amount' are all set to '.00'.

8. Then enter in the Relationship code. This will be 1-cardholder for the cardholder and will be 2-spouse for the spouse of the military personnel.

The screenshot shows the 'Patient Insurance Record' form for 'PATIENT DUMMY'. The 'Payment Plan' is 'TRI-CARE DOD'. The 'Group Number' is 'DODA'. The 'Relationship' dropdown menu is now set to '1 - Cardholder', with a red arrow pointing to it. The 'Med Limit Amount' and 'Benefit Amount' fields are now set to '.00'.

- Then enter in the Cardholder Name (this field is always required for Tricare patients). Click on the double arrows next to Cardholder Name, then search for and select (by double clicking) the cardholder name. \*If the patient is the spouse of the cardholder then you will need to add the cardholder in as a patient in QS/1 so that their name appears in the patient scan when you do the search.

**Insurance Record: PATIENT DUMMY**


**Patient Insurance Record**

Information for: **PATIENT DUMMY** Payment Plan: TRI-CARE DOD

Effective Date: / / Expiration Date: / / Help Desk #:

Policy ID Number: 123456789 Person Code: 01 Group Number: DODA

Birth Date: / /

Card Holder Name: [ ] >>  Relationship: 1 - Cardholder

Employer: [ ] >>

Insurance Company: [ ] >>

Carrier E-mail: [ ] Copay Table: [ ]

Plan ID: [ ] Other ID: [ ] Other ID Qualifier: Not Specified


**Card Holder Scan**

**Search Results**

[ ] Patient Name Find

Opt	Stat	Group	Patient Name	Address	Date of Birth	Phone Number
F3			DUMMY, PATIENT		01/01/1970	

- Then click Save in the tool bar at the top.

Log Out Rx Tasks  Next Documents

**Insurance Record: PATIENT DUMMY**

**Patient Insurance Record**

Information for: **PATIENT DUMMY** Payment Plan: TRI-CARE DOD

Effective Date: / / Expiration Date: / / Help Desk #:

Policy ID Number: 123456789 Person Code: 01 Group Number: DODA

Birth Date: / /

Card Holder Name: DUMMY, PATIENT >> Relationship: 1 - Cardholder

Employer: [ ] >>

Insurance Company: [ ] >>

Carrier E-mail: [ ] Copay Table: [ ] >>

Plan ID: [ ] Other ID: [ ] Other ID Qualifier: Not Specified

Clinic ID: [ ] Second Other ID: [ ] Other ID Qualifier: Not Specified

Eligibility Code: [ ] Home Plan: [ ] Location: Transmit Blank (clear field)

Accept Assignment:  Other Coverage: Transmit Blank (clear field)

Med Limit Amount: .00 Med Remaining Amount: .00 Total Rx's: 0

Benefit Amount: .00 Family Benefit Amount: .00 Family Total Rx's: 0

Claim YTD Amount: .00 Family YTD Amount: .00 Number Deductibles Met: 0