MARI Billing Processes

Front End/Clinics

Client questions:
How much is my balance?
Has my deductible been met?
How much is my deductible?
What is my copay?

Clinician questions:
My client's insurance changed, now what?
How many session remain?
When does my auth expire?
Who can see this client?

Registration/Authorization
Verify Insurance
Collect documents
Determine deductible
Establish Copay
Request Authorization
Update address and insurance information

Billing Rule and Exception Quick Reference Guide
(Available on the MARI Intranet)
Answers questions like:
Who can see this client?
Is an authorization necessary?
Which insurance is accepted?

Appointment
Collect Copay
Create Encounter

Back End/Central Office

Client Questions:
Why is my balance so high?
Why didn't my insurance pay?
Why is there a missed session fee?

Clinician questions:
How do I correct a CPT code?
The session was entered as arrived but it was a missed session, how do I correct?
Client has a large balance, how do we establish a payment plan?

Insurance

Remit Denials
No Auth or expired
Not eligible
COB

Remit Denials
Not a covered service
Not a covered diagnosis

Remit Payment
Applied to Deductible
Payment Applied

Billing
Transition encounter
Apply payments

Billing
Generate Claims
Create Statements

Billing
Balance Adjustment
Correct Claim

Statement Requests
Financial Assistance Applications

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