



4350 EAST-WEST HIGHWAY
SUITE 200
BETHESDA, MD 20814

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HEALTHYFOUNDATIONSGROUP.COM

HFG 'Print Your Bill' Tutorial

There are times when statements that include diagnoses are needed, such as when submitting to an insurance company for out of network reimbursement; and there are times when including diagnoses provides unnecessary detail, such as when maintaining statements for tax purposes. We are pleased to be able to provide you with both options, accessible to you 24/7, 365 days a year (something that can be helpful at the end of the year when preparing your taxes).

Below are instructions with screen shots of a sample patient to help guide you through the process. If you have any questions, please do not hesitate to reach out to us at (888) 715-1120 and a member of our team can assist you in navigating the system.

1. Log into the Patient Portal at <https://hfgintouch.insynchcs.com/>
2. Once you are at the home screen, you have three billing options. By clicking either '**Billing**' in the left menu, or '**View Statement**' on the bottom right, you will be directed to the 'Billing' homepage. You also have the option to quick-pay your bill by clicking '**ePayNow**'.

The screenshot displays the patient portal interface. On the left, a navigation menu includes 'Billing', which is highlighted with a red circle. The main dashboard area contains several sections: 'Upcoming Appointments' (showing no appointments), 'Clinical Summary' (listing recent visits), and 'Account Summary'. The 'Account Summary' section shows a 'Current Due' amount of \$250.00 and a 'Net Due' of \$250.00. Below this, there are three buttons: 'ePayNow' (circled in red), 'View Statement' (circled in red), and 'Payment History'. The 'View Statement' button is located next to a table of 'Most Recent Patient Statements'.

Date	Amount
08/22/2018 2:23 PM	250.00

3. The billing homepage will automatically start with a copy of your most recent statement. This is the main statement, and for the purpose of protecting your privacy, this statement does not include diagnoses codes. You have three options in the left menu: '**My Statement**' will give you the most recent statement; '**Ledger**' gives you the option to both view previous statements as well as print customizable statements with the diagnoses codes; and '**Online Payment Log**' will show you your payment history.

Healthy Foundations Group | Healthy Foundations - Bethesda | Welcome David Practice | Change Password | Logout

inTouch PATIENT PORTAL

My Dashboard My Profile My Messages Education Material Documents Appointments Refill Request View My Bills

My Bills

My Statement
Ledger
Online Payment Log

Payment Amount (\$): ePayNow

Find: 1 of 1 100%

Healthy Foundations Group
4350 East-West Hwy Ste 200
Bethesda, MD 20814
Phone: 888-715-1120 Fax: 888-715-1130

Patient Name: David Practice

David Practice
5614 Connecticut Ave N.W.
Washington, DC 20015

Healthy Foundations Group
4350 East-West Hwy Ste 200
Bethesda, MD 20814

For all billing questions, call: 888-715-1120

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Provider	Service Code	Description	Charge (\$)	Payment (\$)	Balance (\$)
08/06/2018	David Driver	99214	OFFICE OUTPATIENT VISIT 25 MINUTES	115.00		115.00
08/06/2018	David Driver	90836	PSYCHOTHERAPY PTA/FAMILY WEEM SVCS 45 MIN	125.00		125.00
08/06/2018	David Driver	90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	10.00		10.00

4. Selecting 'Ledger' will take you to a page where you will be able to view a customizable statement that includes diagnoses codes.
 - a. (1) Select the service dates that you would like to view.
 - b. (2) Clicking 'Search' to view available dates of service.

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inTouch PATIENT PORTAL

My Dashboard My Profile My Messages Education Material Documents Appointments Refill Request View My Bills

My Bills

My Statement
Ledger
Online Payment Log

Response: --All-- Facility: (1) Provider: --All--

Claim #: DOS From: 01/01/2018 To: 09/01/2018 Date of Accident From: To: (2) Search Clear

☐ Include Printed/Transmitted Statement History

Healthy Foundations Group
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Bethesda, MD 20814-4426
Phone: 888-715-1120; Fax: 888-715-1130
Tax Id: 46-3170362 NPI: 1215336706

Practice, David (MRN: 0000000035)
5614 Connecticut Ave N.W.
Washington, DC 20015

Financial Summary

Patient Financial Ledger

Claim #	DOS	Facility	Provider	(\$ Billed)	(\$ Allowed)	(\$ Ins Pay)	(\$ Pat Pay)	(\$ Adjustment)	(\$ Write-Off)	(\$ Refund)	(\$ Balance)
725016	08/06/2018	Healthy Foundations - Bethesda	Driver, David, MD	250.00	0.00	0.00	0.00	0.00	0.00	0.00	250.00
Total:				\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$250.00

Responsibility wise Aging

	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
Insurance Aging (\$):	00.00	00.00	00.00	00.00	00.00
Patient Aging (\$):	250.00	00.00	00.00	00.00	00.00

Balance

Primary (\$):	Secondary (\$):	Tertiary (\$):
00.00 (0.00%)	00.00 (0.00%)	00.00 (0.00%)
Patient (\$): 250.00 (100.00%)		Total (\$): 250.00 (100.00%)
Insurance Unapplied Credit (\$): 00.00		Patient Unapplied Credit (\$): 00.00

Printed/Transmitted Statement History

Date	Type	Printed/Transmitted By	(\$ Amount)
08/22/2018 02:23 PM	Electronic	Koches, Kurt	250.00

5. (1) Expand the available selections to see the diagnoses codes for a particular statement (you may print the statement without expanding the selection if you prefer to not have diagnoses codes on your statement). (2) Select the line items you would like to print. (3) Print the statement.



My Bills

[My Statement](#)[Ledger](#)[Online Payment Log](#)

Ledger

Response: 3 --All-- Facility: --All-- Provider: --All--
Claim: 725 DOS From: 01/01/2018 To: 09/01/2018 Date of Accident From: To: Search Clear
☐ Print ☐ Include Printed/Transmitted Statement History

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Financial Summary

Patient Financial Ledger

Line #	DOS	Facility	Provider	(\$) Billed	(\$) Allowed	(\$) Ins Pay	(\$) Pat Pay	(\$) Adjustment	(\$) Write-Off	(\$) Refund	(\$) Balance
725	08/06/2018	Healthy Foundations - Bethesda	Driver, David, MD	250.00	0.00	0.00	0.00	0.00	0.00	0.00	250.00
Line Info				Diagnosis	(\$) Billed	(\$) Allowed	(\$) Pat Balance	(\$) Ins Balance	Responsibility		
08/06/2018	CPT/Modifiers: 99214			F43.10,F41.1,F32.4	115.00	0.00	115.00	0.00	Patient		
Description:				OFFICE OUTPATIENT VISIT 25 MINUTES							
Units:				1.00							
08/06/2018	CPT/Modifiers: 90836			F43.10,F41.1,F32.4	125.00	0.00	125.00	0.00	Patient		
Description:				PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN							
Units:				1.00							
08/06/2018	CPT/Modifiers: 90785			F43.10,F41.1,F32.4	10.00	0.00	10.00	0.00	Patient		
Description:				PSYCHOTHERAPY COMPLEX INTERACTIVE							
Units:				1.00							
Total:				\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$250.00

Responsibility wise Aging

	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
Insurance Aging (\$):	00.00	00.00	00.00	00.00	00.00
Patient Aging (\$):	250.00	00.00	00.00	00.00	00.00

Balance

Primary (\$):	00.00 (0.00%)	Secondary (\$):	00.00 (0.00%)	Tertiary (\$):	00.00 (0.00%)
Patient (\$):	250.00 (100.00%)	Total (\$):		250.00 (100.00%)	
Insurance Unapplied Credit (\$):	00.00	Patient Unapplied Credit (\$):		00.00	

Printed/Transmitted Statement History

Date	Type	Printed/Transmitted By	(\$)
08/22/2018 02:23 PM	Electronic	Koches, Kurt	250.00

6. You now have a statement that includes everything needed to submit to insurance for out of network benefits – (1) Date of Service, (2) CPT Code, (3) Diagnoses Codes, (4) Provider info, and (5) Amount Billed.

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Financial Summary

Patient Financial Ledger

Claim #	DOS	Facility	Provider	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)
				Billed	Allowed	Ins Pay	Pat Pay	Adjustment	Write-Off	Refund	Balance
725016	1	Healthy Foundations - Bethesda	2	3	0.00	5	0.00	0.00	0.00	0.00	250.00
DOS	Line Info			Diagnosis	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	Responsibility
08/06/2018	CPT/Modifiers: 99214 Description: OFFICE OUTPATIENT VISIT 25 MINUTES Units: 1.00			F43.10,F41.1,F32.4	115.00	0.00	115.00	0.00	0.00	0.00	Patient
08/06/2018	CPT/Modifiers: 90836 Description: PSYCHOTHERAPY PT&FAMILY WIE&M SRVCS 45 MIN Units: 1.00			F43.10,F41.1,F32.4	125.00	0.00	125.00	0.00	0.00	0.00	Patient
08/06/2018	CPT/Modifiers: 90785 Description: PSYCHOTHERAPY COMPLEX INTERACTIVE Units: 1.00			F43.10,F41.1,F32.4	10.00	0.00	10.00	0.00	0.00	0.00	Patient
Total:					\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$250.00

Responsibility wise Aging

	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
Insurance Aging (\$):	00.00	00.00	00.00	00.00	00.00
Patient Aging (\$):	250.00	00.00	00.00	00.00	00.00

Balance

Primary (\$):	00.00 (0.00%)	Secondary (\$):	00.00 (0.00%)	Tertiary (\$):	00.00 (0.00%)
Patient (\$):	250.00 (100.00%)	Total (\$):	250.00 (100.00%)		
Insurance Unapplied Credit (\$):	00.00	Patient Unapplied Credit (\$):	00.00		