

4350 East-West Highway Suite 200 Bethesda, MD 20814

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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/
- 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.'

Home / Dashboard	Request an Appointment	Messages	Refill a Medication	Education Material				
Appointments	D You don't have an	r upcoming appointments.			Hey! There is nothing as of no	w to be done from your side		
Forms / Documents	Q				They make is noting as a m	in to be done nom your side		
History	Upcoming Appointmen	ta		C'	😨 Vital			
Problems	You don't have any upco	ming appointments.			You don't have any Vitals rec	orded.		
Medications	Click here to send an app	ointment request to your Pra	actice. Once confirmed by Practice, yo	ou will get a notification.				
Allergies								
Immunizations								
Health Maintenance	0							
Billing	Total No. of Appointments:	0		View More				
	Clinical Summary			ഭ	Account Summary			
	08/06/2018 8:48 PM MISC Driver, David, MD			View / Download / Transmit			Most Recent Patient	t Statements
	04/03/2018 12:47 PM Family Session Driver, I	David, MD			Current Due \$250.00	Credit Balance \$0.00	Date 08/22/2018 2:23 PM	Amo 250
				View / Download / Transmit		Due		
	04/03/2018 12:13 PM EdVocServices Driver, D	avid, MD			\$2:			
					\$2:			~

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.

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statement										Payment Amou	nt (5):*
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	oundations Group t-West Hwy Ste 20	10	o 1854. o 🎫 📬	88							
Bethesd	, MD 20814 88-715-1120 Fax: 8		Card Number: Signature:	Exp Dat	te: Amount Sigit security code:						
Patient	ame: David Pract	ice	Record # (MRN) Stat		Amount Due	(\$)					
			MAKE CHECKS		MIT TO-						
David Pri 5614 Co Washing	necticut Ave N.W. on, DC 20015		4350 East-W Bethese	lest Hwy Ste a, MD 20814	200	- 11					
						- 11					
						- 11					
For all bill call: 888-3	ng questions,		PLEASE DE	TACH AND RE	TURN TOP PORT	ION WITH PAYMENT					
Date	Provider	Service Code	Description	Charge (\$)	Payment (\$)	Balance (\$)					
08/06/2018	David Driver	99214	OFFICE OUTPATIENT VISIT 25 MINUTES	115.00							
08/06/2018	David Driver	90836	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN	125.00		115.00					
08/06/2018	David Driver	90785	PSYCHOTHERAPY COMPLEX	10.00		125.00					
			INTERACTIVE			10.00					
4.1					1 1						

- 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.

Salthy Foundations G	iroup Healthy Founda		hesda 🛈							Welcollie	David Practic	e Change	Password Log	
Touc		1	My Profile	2 My Messa	iges	Education Mater		uments	Appointments	Refill Req	uest ∖	S iew My Bills		
My Bills														
Statement	Ledger													
dger				\bigcirc										
line Payment Log	Responsible:All	\$	Facility:	S. ' J.		\$	Provid	er:	All		\$		S^2	
	Claim #:		DOS Fr	m: 01/01/2018	To:	09/01/2018 🚞	Date of	of Accident From	c -	📅 To:		5	Search Clear	
	Print Include Printed/Transmitted Statement History													
	Practice, David	(MRN: 000	10000035)			Beth Phone: 888	4350 East-West Hwy Ste 200 Bethosda, MD 20514-426 one: 8887151120; Fax: 888-715-1130 ax id: 46-3170362 NPI: 1215336706							
	5614 Connectic Washington, DO		v.			F	inancial Sum	mary						
		C 20015	v.			F	inancial Sum	mary						
	Washington, DO	C 20015 ger	acility	Provider	_	Fi (<u>\$) Billed</u>	inancial Sum (<u>\$) Allowed</u>	mary (<u>\$) Ins Pay</u>	<u>(\$) Pat Pay</u>	(\$) <u>Adjustment</u>	(<u>\$) Write-</u>	(\$) Refund	(\$) Balance	
	Washington, DO Patient Financial Ledg Claim #	C 20015 ger DOS F 3/06/2018 H	acility	Provider ns - Driver, David,	MD		_		(\$) Pat Pay 0.00	(\$) Adjustment 0.00	(\$) <u>Write-</u> <u>Off</u> 0.00	(\$) <u>Refund</u> 0.00	(\$) Balance 250.00	
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	Washington, DG Patient Financial Ledg Claim #	C 20015 ger DOS F 3/06/2018 H B	acility fealthy Foundation	ns - Driver, David,	MD	(<u>\$) Billed</u> 250.00	(\$) <u>Allowed</u> 0.00	(\$) Ins Pay 0.00	0.00	0.00	<u>Off</u> 0.00	Refund 0.00	250.00	
	Washington, DO Patient Financial Ledg Claim # Claim # 725016 08	C 20015 ger DOS F 3/06/2018 H B Aging	f <mark>acility</mark> Healthy Foundatic Sethesda	ns - Driver, David, Total:	91-120	(\$) <u>Billed</u> 250.00 \$250.00	(\$) Allowed 0.00 \$0.00 Balance	(\$) Ins Pay 0.00	0.00 \$0.00	0.00	0.00 \$0.00	<u>Refund</u> 0.00 \$0.00	250.00	
	Washington, DC Patient Financial Ledg Claim # C Claim # C 725016 08 Responsibility wise A	C 20015 ger DOS F 3/06/2018 H B Aging Current	t <mark>acility</mark> teathy Foundatic tethesda t 31-60 Days	Total: 61-90 Days	91-120 Days	(\$) <u>Billed</u> 250.00 \$250.00 Over 120 Days	(\$) <u>Allowed</u> 0.00 \$0.00 Balance Primary (\$):	(\$) <u>Ins Pay</u> 0.00 \$0.00	0.00 \$0.00 Seconda	0.00 \$0.00	0.00 \$0.00 \$0.00	<u>Refund</u> 0.00 \$0.00 ertiary (\$):	250.00 \$250.00 00.00 (0.00%)	
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(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.

	PORTAL My Dashb	Ň	Profile Iv Profile	My Messag	es	Education Mater		ments	Appo	intments	Refill Req	uest V	/iew/My/Bills	
My Bills														
Ay Statement	Ledger													
edger														
nline Payment Log	ResponsAll	\$	Facility:	All	_	\$	Provide	er:		All		\$		
	Claim 3		DOS From	01/01/2018	То	09/01/2018 🚞	Date of	Accident	From:		To:		S	earch Clear
	Print Include Printed/Transmitted Statement History													
	Healthy Foundations Group 430 East-West Hwy Ste 200 Bethesd, MD 20814-422 Phone: 8827151120 Fax: 88-715-1130 Tax Id: 46-3170362 NPI: 1215336706 5614 Connecticut Ave N.W. Washington, DC 2015 Financial Summary													
	a 1					(4) =:!!	(A) A11 - 1	(4) -				(\$) Write-	(\$)	
		DOS Facili 08/06/2018 Health		Provider s - Driver, David, M		(\$) Billed 250.00	(\$) Allowed 0.00	(\$) Ins	D.00	0.00	(\$) Adjustment 0.00	0.00	Refund 0.00	(\$) Balance 250.00
		Bethe		s - Driver, David, M	U	250.00	0.00		0.00	0.00	0.00	0.00	0.00	250.00
		Line Info				Diagnosis	(\$) Bil		(\$) Allowed) Ins Balance		<u>ity</u>
	08/06/2018		OFFICE	OUTPATIENT VISIT		43.10,F41.1,F32.4	115	.00	0.00		115.00	0.00	Patient	
		Description	" MINUTE 1.00											
	08/06/2018				F	43.10,F41.1,F32.4	125	.00	0.00		125.00	0.00	Patient	
		Description	PSYCHO	THERAPY PT&/FAM SRVCS 45 MIN	ILY									
		Units:	1.00											
	08/06/2018		DOMOLIO .	THERAPY COMPLEX		43.10,F41.1,F32.4	10	.00	0.00		10.00	0.00	Patient	
		Description	INTERAC											
		Units:	1.00	Total:		\$250.00	\$0.00	**	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$250.00
				Total:		\$250.00		30		\$0.00	\$0.00	\$0.00	\$0.00	\$250.00
	Responsibility wise				91-120		Balance Primary (\$):	00.00.00.0	00%)	Seconde	iry (\$): 00.00 (0	00%) T	ertiary (\$)	00.00 (0.00%)
		Current 31		1-50 Days	Days	Over 120 Days	Patient (\$):			Coontac				250.00 (100.00%)
	Insurance Aging (\$):	: 00.00 250.00	00.00	00.00	00.00	00.00	Insurance U			00.	00	Patient Unap		
	Patient Aging (\$):	200.00	00.00	00.00	00.00	00.00				50.				
	Printed/Transmitted		-											
	Date	Туре	Print	ed/Transmitted	_	(\$) Amount								
	08/22/2018 02:23 PM	Electronic	Koche	es, 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.

Practice, David (5614 Connecticu Washington, DC	it Ave N.W.	35)		4350 Bet Phone: 88 Tax Id: 4	y Founda East-West hesda, MD 2 187151120; 46-3170362 NPI: 1	215336706					
tient Financial Ledger											
Claim # DOS	Facility		Provider	(S) Billed	(\$) Allowed	(\$) Ins Pay	(\$) P	at Pay Adjustn	(\$) (\$) Write- nent Off	(\$) Refund	(\$) Balance
725016 1	Healthy Fou - Bethesda	indati	2 David, MD	3	0.00	(5)		0.00	0.00 0.00	0.00	250.00
DOS	ane Info	と		Diagnos	(\$) Bill	er All	lowed	(\$) Pat Balance	(\$) Ins Balance	Responsibility	
	CPT/Modifiers Description:		OUTPATIENT VISIT 25	F43.10,F41.1,F32.4	115.	00	0.00	115.00	0.00	Patient	
	Units:	1.00									
	CPT/Modifiers Description: Units:	PSYCHO	THERAPY IILY W/E&M SRVCS	F43.10,F41.1,F32.4	125.	00	0.00	125.00	0.00	Patient	
	CPT/Modifiers			F43.10.F41.1.F32.4	10.	00	0.00	10.00	0.00	Patient	
	Description:	INTERAC	THERAPY COMPLEX								
	Units:	1.00									
			Total:	\$250.00	\$0.00	\$0.00		\$0.00 \$	\$0.00 \$0.00	\$0.00	\$250.00
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neur Aging (a).	200.00	00.00	00.00 0	0.00		Unapplied Cre	edit (\$)	: 00.00	Patient Una	oplied Credit (\$):	00.00