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HFG 'Print Your Bill' Tutorial

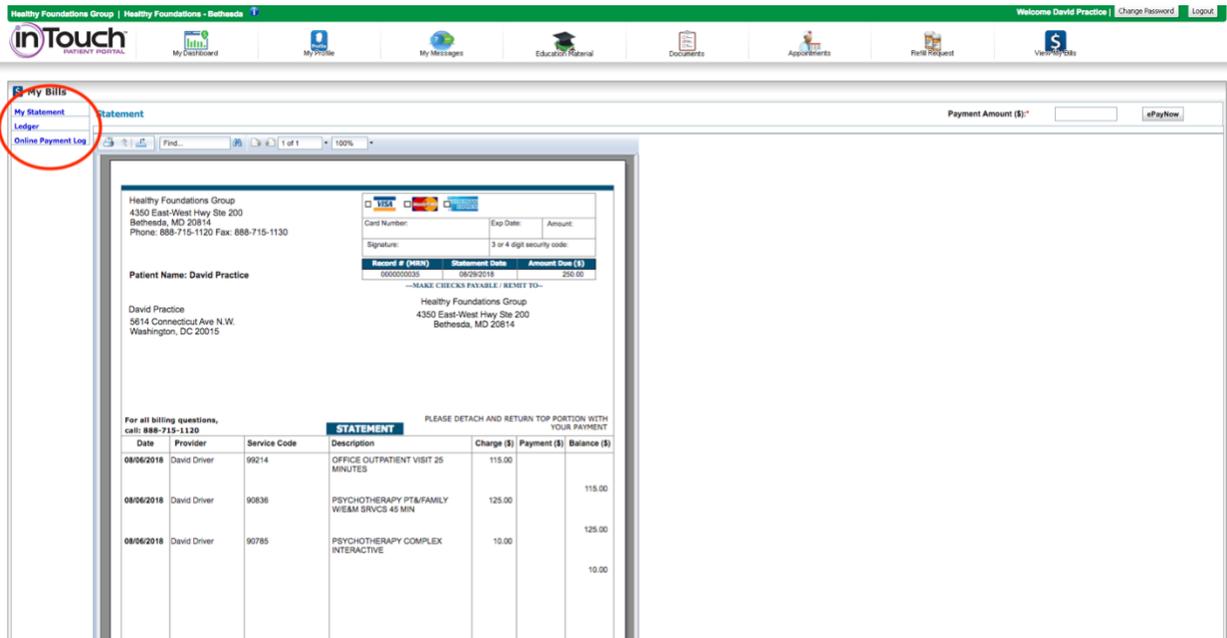
There are times when statements that include diagnoses are needed, such as when submitting to an insurance company for out of network reimbursement; and there are times when including diagnoses provides unnecessary detail, such as when maintaining statements for tax purposes. We are pleased to be able 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.

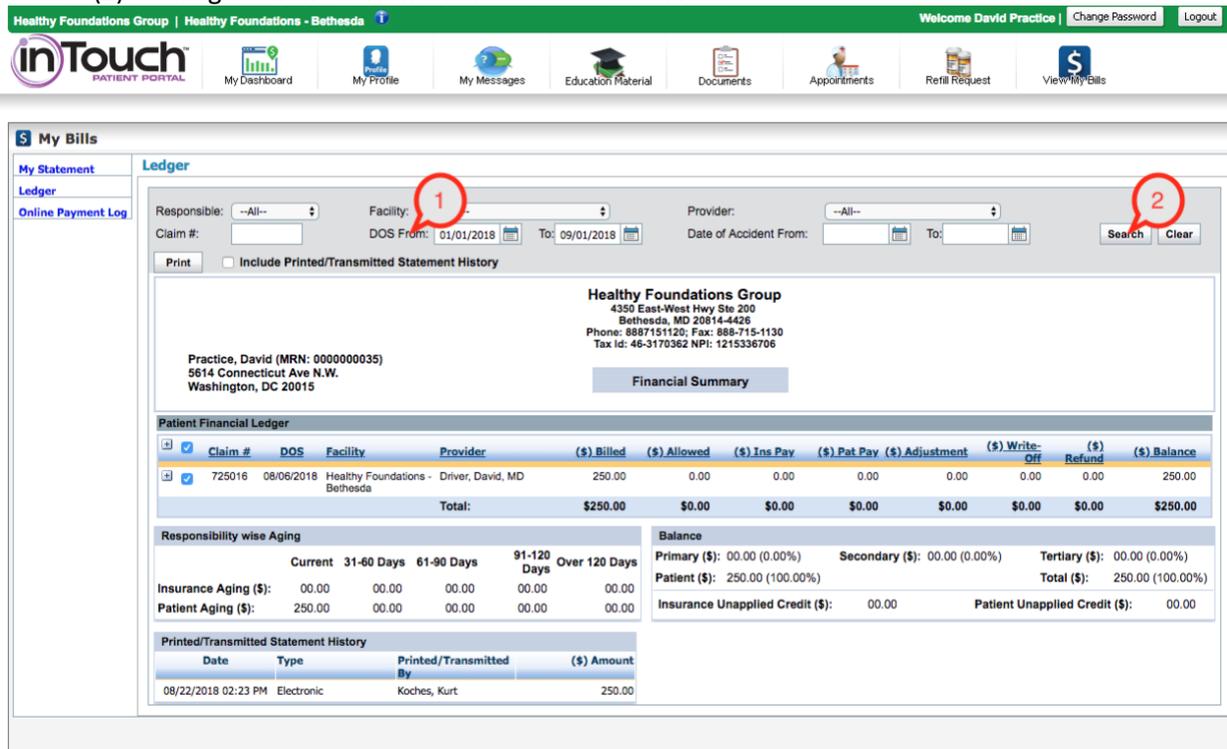
1. Log into the Patient Portal at <https://hfgintouch.insynchcs.com/>
2. Once you are at the home screen, you have three billing options. By clicking either '**Billing**' in the left menu, or '**View Statement**' on the bottom right, you will be directed to the 'Billing' homepage. You also have the option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

The screenshot shows the patient portal interface. On the left, a navigation menu includes 'Billing' which is circled in red. The main content area is divided into several sections: 'Upcoming Appointments' (empty), 'Vital' (empty), 'Clinical Summary' (listing recent visits), and 'Account Summary'. The 'Account Summary' section displays 'Current Due \$250.00', 'Credit Balance \$0.00', and 'Net Due \$250.00'. Below this, there are three buttons: 'ePayNow' (circled in red), 'View Statement' (circled in red), and 'Payment History'. A table titled 'Most Recent Patient Statements' shows a statement for 08/22/2018 with an amount of 250.00. The footer indicates the system is powered by inSync.

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.



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.



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: --All-- Facility: --All-- Provider: --All--
 Claim: DOS From: 01/01/2018 To: 09/01/2018 Date of Accident From: To: Search Clear

Print Include Printed/Transmitted Statement History

Practice, David (MRN: 000000035)
 5614 Connecticut Ave N.W.
 Washington, DC 20015

Healthy Foundations Group
 4350 East-West Hwy Ste 200
 Bethesda, MD 20814-4426
 Phone: 8887151120; Fax: 888-715-1130
 Tax Id: 46-3170362 NPI: 1215336706

Financial Summary

Patient Financial Ledger

Line #	DOS	Facility	Provider	(\$ Billed)	(\$ Allowed)	(\$ Ins Pay)	(\$ Pat Pay)	(\$ Adjustment)	(\$ Write-Off)	(\$ Refund)	(\$ Balance)
720	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				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				F43.10,F41.1,F32.4	125.00	0.00	125.00	0.00	Patient		
Description: PSYCHOTHERAPY PT&/FAMILY W/EBM SRVCS 45 MIN											
Units: 1.00											
08/06/2018				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	(\$ Amount)
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.

Claim #	DOS	Facility	Provider	(\$ Billed)	(\$ Allowed)	(\$ Ins Pay)	(\$ Pat Pay)	(\$ Adjustment)	(\$ Write-Off)	(\$ Refund)	(\$ Balance)
725016	1	Healthy Founda - Bethesda	2 David, MD	3	0.00	5	0.00	0.00	0.00	0.00	250.00
DOS	Line Info	Diagnosis	(\$ Billed)	(\$ Allowed)	(\$ Pat Balance)	(\$ Ins Balance)	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	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	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	Patient				
Total:				\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$250.00

Responsibility wise Aging						Balance		
	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Primary (\$):	Secondary (\$):	Tertiary (\$):
Insurance Aging (\$):	00.00	00.00	00.00	00.00	00.00	00.00 (0.00%)	00.00 (0.00%)	00.00 (0.00%)
Patient Aging (\$):	250.00	00.00	00.00	00.00	00.00	250.00 (100.00%)		250.00 (100.00%)
Insurance Unapplied Credit (\$):						00.00	Patient Unapplied Credit (\$): 00.00	