

Eligibility verification

Reduce claim rejections and denials by verifying patient insurance coverage and co-payments up front

Ineligible patient insurance coverage is the leading cause of claim rejections and denials by payers. Waystar Eligibility Verification provides the flexibility to determine patient coverage—including co-pays, deductibles, inpatient days used and other pertinent benefit data—and if necessary make other payment arrangements available prior to rendering services. Customizable, easy-to-read responses put the most important information at the top and highlight it, while providing additional information below.

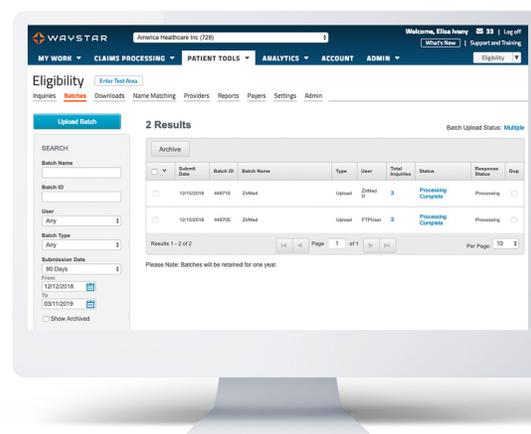
Waystar's application is cloud-based, so your staff can enter the patient's information by keyboard or card-swipe device on any computer with internet access. In addition to individual verification of eligibility, Waystar Eligibility Verification also offers powerful, time-saving batch processing. It's easy to run eligibility inquiries for your next day's patients overnight based on the scheduling file in your supported practice management system or health information system.

The smartest way to check patients' insurance coverage

- **Shortens the patient check-in process** by providing access to benefit information from thousands of insurance companies/plans in seconds.
- **Increases point-of-service (POS) collections** by delivering co-payment and deductible information up front. Add the Waystar Patient Payments application, and your staff can even collect credit card, ACH and cash payments right from the inquiry.
- **Saves staffing costs and time** spent calling, faxing and searching for benefits information from individual payers. Proprietary service code mapping yields richer and more accurate eligibility responses. All responses arrive in a single easy-to-read format regardless of payer—that can be easily saved, archived and searched.
- **Reduces bad debt** from HSA and high-deductible plans.
- **Helps minimize rejections** by checking to see whether any information submitted in the

inquiry differs from what's in the payer's system, then automatically corrects it.

- **Provides “same or similar” verification for DME providers** to help determine whether the patient is eligible for reimbursement by Medicare.
- **Improves efficiency** by allowing staff to obtain eligibility within their workflow. Our application program interface (API) provides eligibility integration within your practice management or health information system. Staff can also press an action button within Waystar Claims Management or Waystar Denial and Appeal Management to immediately confirm patient eligibility.



Get in touch.
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