

Insurance Handbook For The Medical Office 14e

Insurance Handbook, Chapter 4 Flashcards | Quizlet
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According to the administrative provision of HIPAA (1996), all medical insurance claims must be sent electronically to Medicare except under which one of the following conditions? Secondary Insurance submission, Dental claims, the provider sends less than 10 claims per year

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a. billing intentionally for unnecessary services
b. billing incorrectly for services of physician extenders (NPP)
c. billing for diagnostic tests w/o separate report in health record

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The first legal term in the business of handling medical insurance is the insurance contract or insurance policy. Coordination of Benefits (COB) Coordination of benefits refers to two insurance carriers working together and coordinating the payment of their benefits so that there is no duplication of benefits paid between the primary and ...

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M-1 This handbook is the Summary Plan Description (SPD) for the ConocoPhillips health and welfare plans. Additionally if you are enrolled in a plan that's insured and provides you an insurance contract and Certificate of Coverage, that insurance contract and the Certificate of Coverage will be considered a part of the SPD for that insured plan.

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Q. I am self-employed and file a Schedule C with my Form 1040. I also have a

group medical insurance plan for my employees and my family. Can I deduct the medical insurance premiums from my busines...

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Insurance Handbook for the Medical Office by Marilyn T ...

Insurance Handbook for the Medical Office, 14th Ed., Chapter 7, The Paper Claim CMS-1500 (02-12)

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3. Basics of Health Insurance. 4. Medical Documentation and the Electronic Health Record. 5. Diagnostic Coding. 6. Procedural Coding. 7. The Paper Claim CMS-1500 (02-12) 8. The Electronic Claim. 9. Receiving Payments and Insurance Problem-Solving. 10. Office and Insurance Collection Strategies. Unit 3: Health Care Payers. 11. The Blue Plans ...

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