

Clerks

If a patient no longer has an insurance there are 2 ways to remove the insurance from the file.

1. You can go to the additional Insurances tab and clear the **Relationship to Patient** field.

Images								
Last Name:	First Name:	Middle Name:	Preferred First Name:	Maiden Name:	Previous Last Name:	Previous First Name:	What was your sex assigned at birt	
ZTEST	TAYLOR LEE						Female	
What is your current sex?:	• What pronoun(s) do you use?:	*Pronouns Other:	* Birth Date (DD-MMM-YYYY):	Age	Medical Record Number:	FIN:		
emale	✓ Not Listed, Please Specify ✓	test	16/Sep/1981	43Y	11000330	•		
rovincial Health Card Information								
Health Card Available?:	* Health Card Number:	Version Code:	Health Card Expiry Date:	HCV Response Code:	Visit Response Code:	Visit Validation Date:		
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	Additional laws							
tient Information Social Conta	acts Primary Insurance Additional Insuran	nces Insurance Summary Encounter I	nformation Risk Questions Alerts					
Additional Insurance 1								
Relationship To Patient:	Last Name:	First Name:						
Self	 ZZTEST 	TAYLOR LEE						
			_					
Health Plan Information								
Search For Health Plan								
Health Plan Name:	Health Plan Financial Class:	Policy Number:	Certificate/ID Number:	Effective Date (DD-MMM-YYYY):	Expiry Date (DD-MMM-YYYY):			
GREAT WEST LIFE ASSURANCE CI	0 Commercial Insurance	2222222222		10/Jan/2025	10/Apr/2025			
Search For Employer								
Employer Name:	Country:	Street Address:	Street Address 2:	City:	Province:	Postal Code:	Phone Number:	_
	~				·			
Extension:								
Additional Insurance 2	-							
Relationship To Patient:	*Last Name:	* First Name:						
spouse	~ ZZTEST	SPOUSE						
Health Plan Information								
Search For Health Plan								
Health Plan Name:	Health Plan Financial Class:	Policy Number:	Certificate/ID Number:	Effective Date (DD-MMM-YYYY):	Expiry Date (DD-MMM-YYYY):			
SOIN LIFE OF CANADA	Commercial insurance			10/Jen/ 2025	10/30/2025			
Search For Employer								
								OK

2. A pop-up will appear "Changing the relation type will remove all information for this related person. Do you want to continue?" Select YES. This will remove the insurance from the encounter.







3. The other option to remove an insurance is to go to the **Insurance Summary** tab, highlight the insurance you wish to remove, and right click.

P Ambulatory Registration							- 0
Images							
Leet Name 27157 Illust is your current seals emale w	*Fest Name TAULOR LEE *What pronoun(s) do you use!! Not Exted. Paron Specify w	Middle Name Pronouns Other Set	Perferred First Name Partnered	Maiden Name	Previous Last Name: Intellical Record Plamber (11000530	Previous First Name:	What was prove too assigned at bet fermule
houincial Health Card Information	"Health-Card Number: DN	Version Code	Health Card Dapity Date	HCV Reporce Colle	Walt Response Code:	Visit Validation Date:	
oversje Summary 100 - Por Por All All A	Cantar	Patient Mamber Number Exc	to Plan Bay. Ot - Eacoto Plan End Dt	Pan Type Subscribe	n Antoine Digible Digib	ing Submit Data - Eligibility Carina Data	Bigbille, Cache Lipev Date
1 NO: CHIP (UNINSURED RE) 2 CREAT INFET LIFE ASSUMD 3 SUNLIFE OF CAMINON	SEIDNE) IND DHAP (LARMALAED CANAD INCE CO: GRIAF WEST LIFE ASSUMING SUN LIFE OF CANADA	2007 222117222022 00 222117222022 01:000100000000	(mapi Pian Remove Pian (Remove Peno Remove Expire	No GRE (Ininound Canadian) 279157, 1 Iniu Iniu Iniu Iniu Iniu	GULORUEE SAR MULORUEE SAR NOUSE Spover		
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4. In the menu select **Remove Person and Plan.** This will remove the insurance.

per Number	Encntr Pla	an Beg. Dt	Encntr Plan End Dt	Plan Type	Subscriber
				No OHIP (Uninsured Canadi	an) ZZTEST, TAYLOR
	10/Jan/20	125		Commercial Insurance	ZZTEST, TAYLOR
44	10/Ji	Swap Pla	n	ZZTEST, SPOUSE	
		Remove	Plan Only		
		Remove	Person and Plan		
		Remove	Expired Plan		
		Update E	ffective Dates		
		Submit E	ligibility Verification		
		Submit E	ligibility Verification		
		Submit A	II for Eligibility Verific		
		View Elig			
		Quick En			
		Submit A	lternate Eligibility Ve		
		Submit A			
		View Alte	rnate Eligibility Detai		
		Cancel			
					-



5. If you need to move the secondary insurances around, you can highlight the insurance you want to move, right click and select **Swap Plan.**

ber Number	Encntr Pl	an Beg. Dt	Encntr Plan End Dt	Plan Type	Subscriber
				No OHIP (Uninsured Canadian	ZZTEST, TAYLOR
	10/Jan/20	125		Commercial Insurance	ZZTEST, TAYLOR
144	10/Ji	Swap Pla	ZZTEST, SPOUSE		
		Remove			
		Remove			
	_	Remove	Expired Plan		
		Update E	ffective Dates	-	
		Submit E	ligibility Verification		
		Submit E	ligibility Verification	with Override	
		Submit A	II for Eligibility Verific	ation	
		View Elig	ibility Details		
		Quick Ent	try		
		Submit A	lternate Eligibility Ve	rification	
		Submit A	lternate Eligibility Ve	rification with Override	
		View Alte	rnate Eligibility Detai	ls	
		Cancel			

6. In the pop-up select the new position number (2-4) you would like this insurance to move to. This is applicable for secondary insurances.

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Health Plan	Carrier	Patient Member Number	Encntr Plan Beg. Dt	Encntr Plan End Dt	Plan Type	Subscriber	Relation Eligible	Eligibility Submit
NO OHIP (UNINSURED RESIDENT)	NO OHIP (UNINSURED CANADIAN)				No OHIP (Uninsured Canadian)	ZZTEST, TAYLOR LEE	Self	
GREAT WEST LIFE ASSURANCE CO	GREAT WEST LIFE ASSURANCE CO	222222222	10/Jan/2025		Commercial Insurance	ZZTEST, TAYLOR LEE	Self	
SUN LIFE OF CANADA	SUN LIFE OF CANADA	444444444444	10/Jan/2025		Commercial Insurance	ZZTEST, SPOUSE	Spouse	
			OP Ambu Enter new	latory Registration v priority number for the l	X highlighted row: OK Cancel			

NOTE: If the secondary insurance belongs to the patient it should be the first secondary insurance listed in the number 2 spot in the **Insurance Summary** tab or <u>Additional Insurance 1</u> section of the **Additional Insurances** tab. In the case of a child that has multiple secondary insurances, whichever subscriber's (usually parent) birthday falls first in the year should be listed as the first secondary insurance.