'Print a Super-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 by phone or via the patient portal and a member of our team can assist you in navigating the system.

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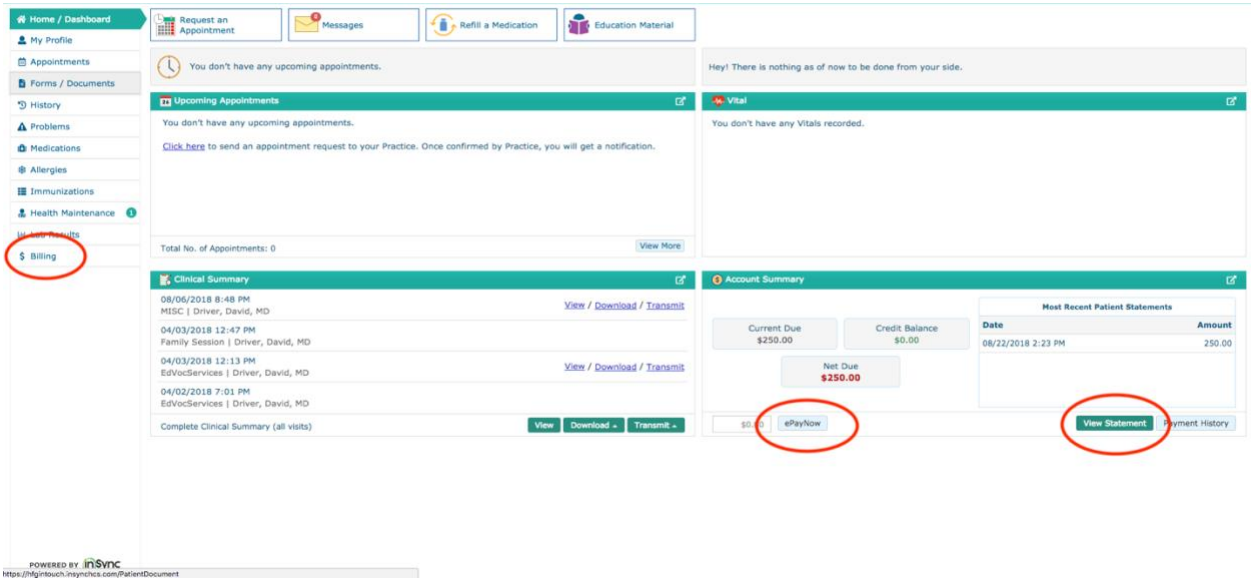
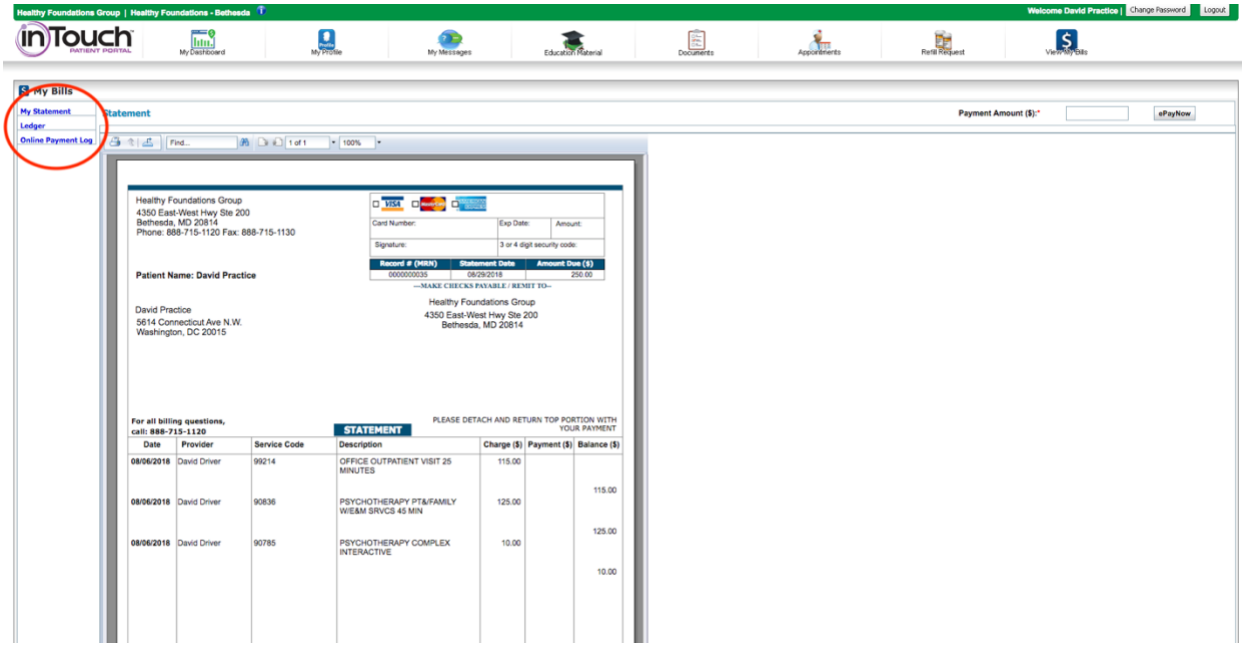
1. Log into the Patient Portal at https://hfgintouch.insynchcs.com/

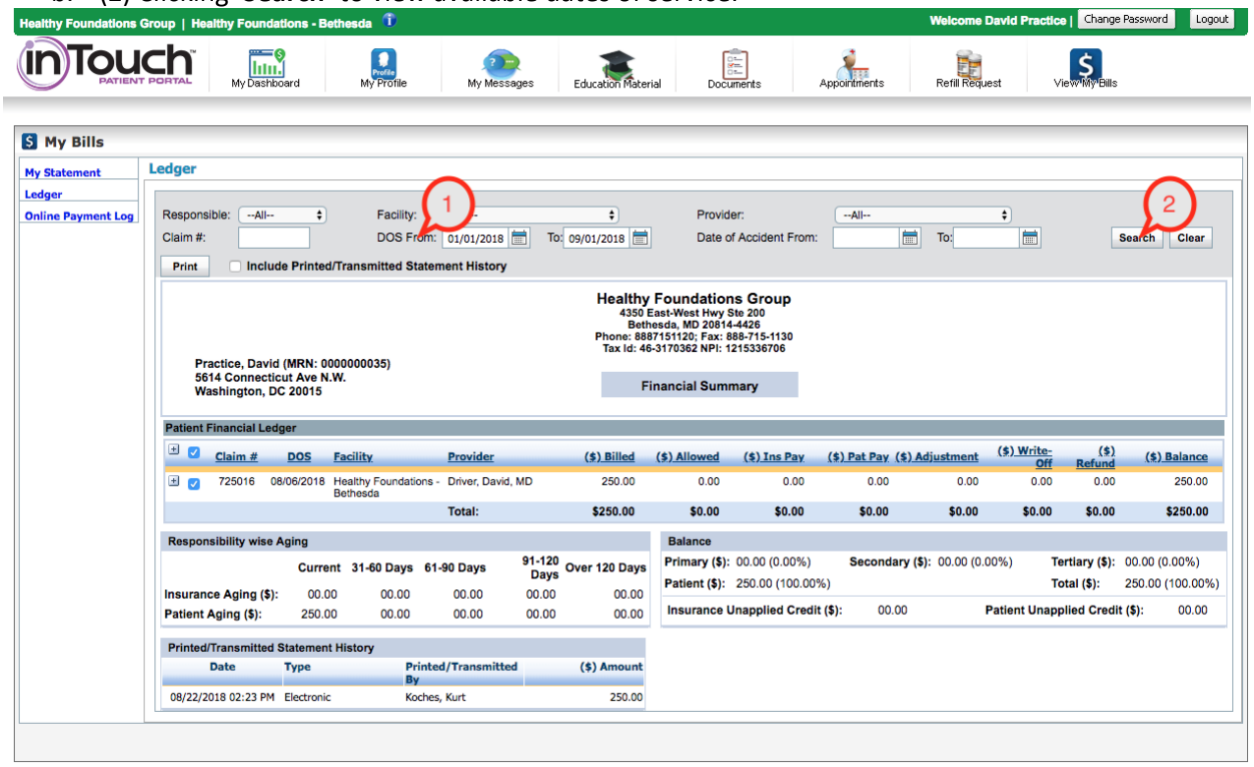
2. Once you are at the home screen, you have three billing options. By clicking either '**Billing'** in the left menu, or '**View Statement**' on the bottom right, you will be directed to the 'Billing' homepage. You also have the option to quick-pay your bill by clicking '**ePayNow**.'



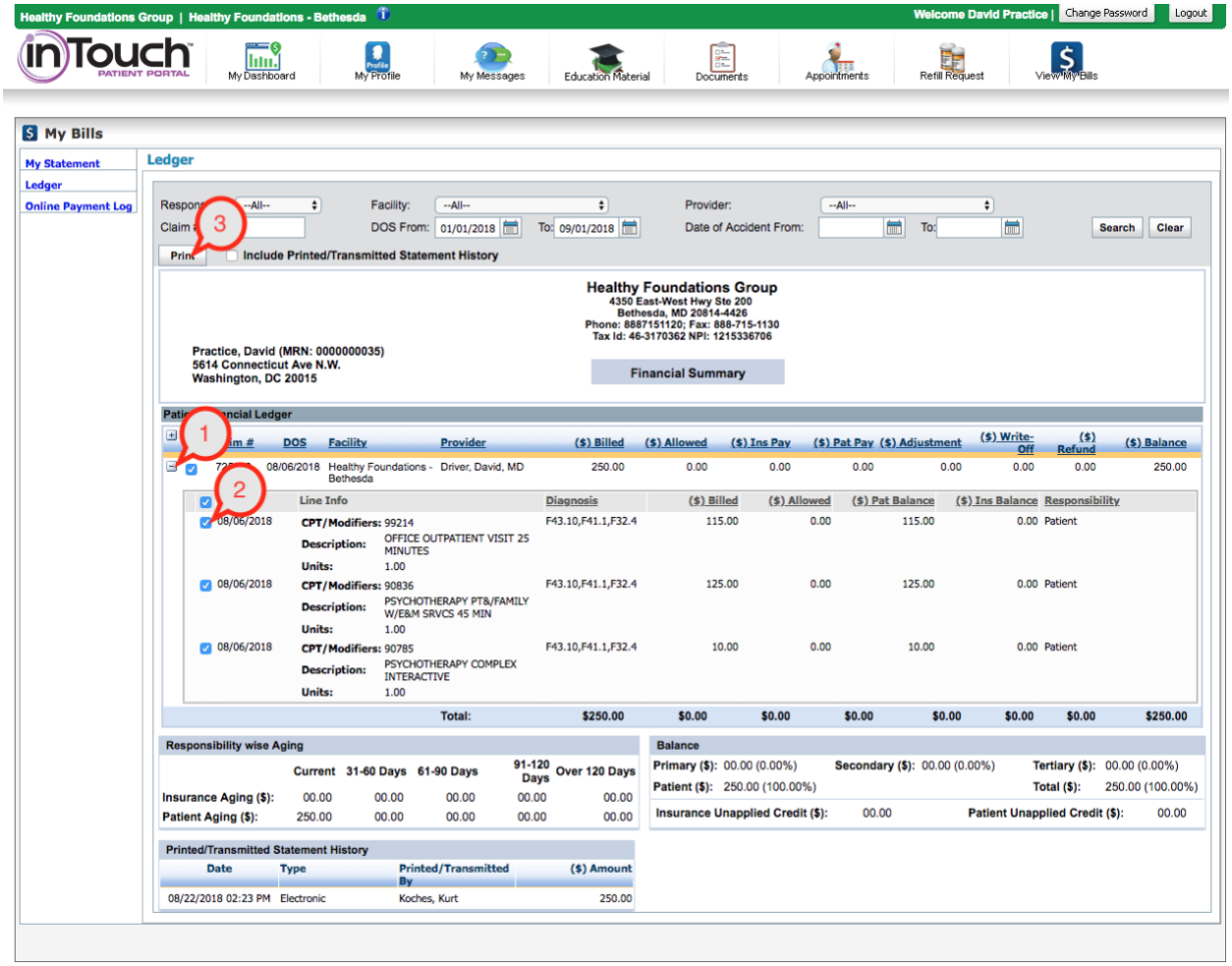
3. The billing homepage will automatically start with a copy of your most recent statement. This is the main statement, and for the purpose of protecting your privacy, this statement does not include diagnoses codes. You have three options in the left menu: '**My Statement**' will give you the most recent 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.



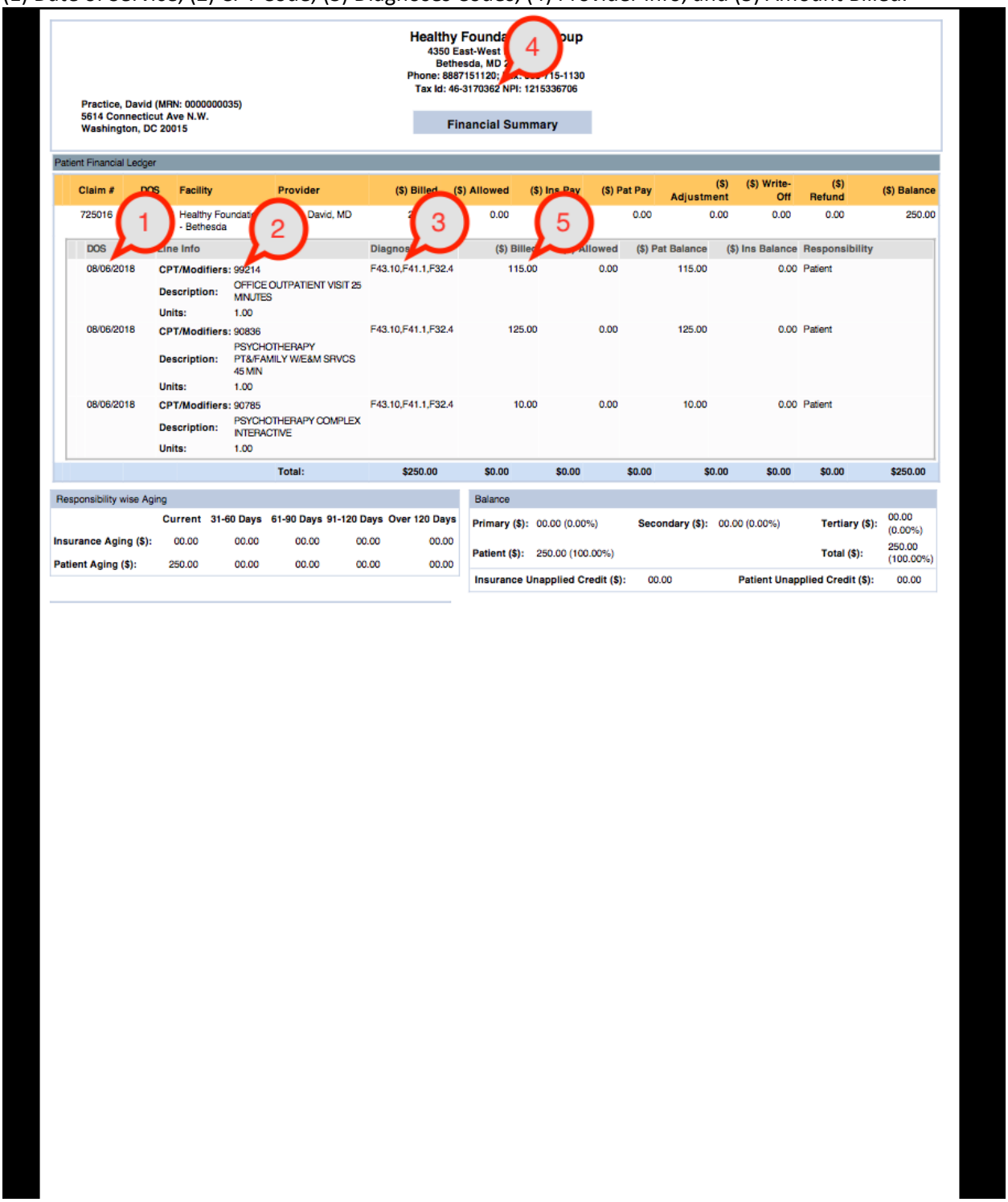
4. Selecting '**Ledger**' will take you to a page where you will be able to view a customizable statement that includes diagnoses codes.
    a. (1) Select the service dates that you would like to view.
    b. (2) Clicking '**Search**' to view available dates of service.



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.


Healthy Foundations Group | Healthy Foundations - Bethesda
Welcome David Practice |
Change Password
Logout
inTouch PATIENT PORTAL
My Dashboard
My Profile
My Messages
Education Material
Documents
Appointments
Refill Request
View My Bills
My Bills
My Statement
Ledger
Online Payment Log
Ledger
Facility:
--All--
Provider:
DOS From:
01/01/2018
To:
09/01/2018
Date of Accident From:
Search
Clear
Include Printed/Transmitted Statement History
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
Practice, David (MRN: 0000000035)
5614 Connecticut Ave N.W.
Washington, DC 20015
Financial Summary
Patient Financial Ledger
DOS
Facility
Provider
($) Billed
($) Allowed
($) Ins Pay
($) Pat Pay
($) Adjustment
($) Write-Off
($) Refund
($) Balance
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
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 W/E&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
$250.00
Responsibility wise Aging
Current
31-60 Days
61-90 Days
91-120 Days
Over 120 Days
Insurance Aging ($):
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
1
2
3

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.



Healthy Founda oup
4350 East-West
Bethesda, MD
Phone: 8887151120; 715-1130
Tax Id: 46-3170362 NPI: 1215336706

Practice, David (MRN: 0000000035)
5614 Connecticut Ave N.W.
Washington, DC 20015

Financial Summary

Patient Financial Ledger

Claim #	DOS	Facility	Provider	($) Billed	($) Allowed	($) Ins Pay	($) Pat Pay	($) Adjustment	($) Write-Off	($) Refund	($) Balance
725016		Healthy Foundati - Bethesda	David, MD	2	0.00		0.00	0.00	0.00	0.00	250.00

DOS	Line Info		Diagnos	($) Billed	($) Allowed	($) Pat Balance	($) Ins Balance	Responsibility
08/06/2018	CPT/Modifiers:	99214	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	CPT/Modifiers:	90836	F43.10,F41.1,F32.4	125.00	0.00	125.00	0.00	Patient
	Description:	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN						
	Units:	1.00						
08/06/2018	CPT/Modifiers:	90785	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