Check Claim Status

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Claim Status provides the capability for users to submit status requests and receive responses in real-time regarding their claims. The claim status response provides information about your claim within the payer's adjudication process, including how much is being paid on the claim once approved. Users can retrieve this information within the CollaborateMD application without having to contact the payer. There are no additional fees for this service.

Claim status can be verified for any claim that meets the following criteria:

1. The payer supports electronic Real-Time Claim Status (RTCS).
2. The claim was submitted electronically to the payer.
3. The claim status must not be set to any the following restricted statuses:
    - **Standard & custom statuses listed as "Not Billed"**
    - **Balance Due Patient**
    - **Collection**
    - **Paid**
    - **Denied at Insurance**
    - **Rejected at Clearinghouse**
    - **Rejected at Insurance**

⚠ Depending on the payer, an agreement may need to be filled out prior to checking claim status. Please refer to our Payer Agreements Help Article for more information.

Follow the steps below to verify the status of the Claim.

1. Select **Claim** > **Follow Up Management**.
2. Enter your **Search Criteria** or **Load** a Search Filter.
3. Place a check in the box next to the claims you wish to check the status for.
4. Select the **Check Claim Status** button.
5. One of the following actions can occur:
    1. If the payer participates in providing Claim Status, claim status results will be returned. Review

the response from the payer and choose to **View Printable Version.** Or **Close** your results once satisfied.

2. You will be notified that the payer does not currently support this feature.
3. You will be notified that the claim status cannot be checked if the claim(s) is currently in one of the restricted statuses.

6. Click **Close**.