ayment FAQs

t Modified on 07/31/2026 4:51 pm EDT

Vhen posting a co-pay that will result in a credit, will the system set the credit o the right credit source?

'es, if the payment being entered is causing an overpayment on the account, the system will set the credit ue to the respective credit source; whomever made the over payment (i.e., the patient or insurance). You an always change who the credit is due to within the Manage Credits tab. The system will create a credit ue to within the Manage Credits screen or within the Payment window while the payment is being posted

:an secondary claims be sent electronically vs. paper claim through ERA?

:laims can be submitted to the secondary insurance electronically by simply changing the status of the laim to "Send to Payer via Clearinghouse" within the Payment window. For more information please eference how to send claims to secondary or tertiary insurance.

f an ERA indicates that the claim was forwarded to the secondary payer, will :MD automatically forward the claim?

Vhen the Payer has indicated on the Explanation of Benefits (EOB) that the claim has been forwarded as a ross-over claim, CollaborateMD will set the claim status to "Claim at Secondary Payer." If the application ets the status to "Send to the next Payer", the claim would deny for duplication as it was already received. or more information please reference how to send claims to secondary or tertiary insurance.

s there a way to delete a check that was posted via ERA and re-apply it?

'ou're able to delete checks; however, once it has been deleted you are not able to re-apply it automaticall : will need to be manually posted to the insurance payment.

:an an Inactive Provider in CMD receive ERAs?

lo. If a Provider (submitter) is inactive in CollaborateMD, it will no longer receive ERAs in the application.

:an I Process a Credit Card Payment for an EOB with Multiple Payers?

ome payment processors and vendors combine payments from multiple different payers into a single heck or credit card payment. Because the system does not currently support applying a single EOB or ERA cross multiple payers, these combined payments require a manual workaround to ensure they're entered nd reconciled correctly. Follow these steps as a workaround:

. Enter Each EOB or ERA Individually

tart by entering all of the individual EOBs, or applying the corresponding ERAs, exactly as you normally ould for each payer involved in the combined payment.

. Reconcile the Total

)nce all of the individual EOBs/ERAs have been entered, add up the amounts applied across all of them an(ompare that total against the full amount of the combined payment you received.

- If the totals **match**, proceed to the next step.
- If the totals **don't match**, investigate the discrepancy before proceeding, as something may be missing or entered incorrectly.

. Create a Placeholder Insurance Payment for the Combined Amount

)nce reconciled, create a new insurance payment for the **full combined payment amount**. Set it up as ɔllows:

- Apply it as an **EOB**
- Leave it **fully unapplied** (don't allocate it to specific charges)
- Enter the credit card (or payment) information used for the combined payment
- Process the payment

'his step creates a record of the actual payment received, separate from the individual EOBs/ERAs you lready entered in Step 1.

. (Optional) Delete the Placeholder After Reconciliation

ince all of your reports are driven by credits entered (from the individual EOBs/ERAs in Step 1), not by the aw insurance payment/check itself, it's safe to leave this unapplied placeholder payment in the system. lowever, if you prefer a cleaner record, you can delete this placeholder once you've confirmed everything econciles correctly.

nportant Note

.egardless of which approach you take, it will be difficult to trace the original combined credit card payme ack to each individual EOB it was associated with. This process ensures your financials and reporting stay ccurate, but it does not create a direct, traceable link between the combined payment and each underlyin OB.