

# Phase 2 Introduction

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Phase 2 provides an overview of the [Interface](#) section followed by training in the [Patient](#), [Claim](#), and [Appointment](#) sections (If Applicable). We will check the status of [Payer Agreements](#), and confirm if there are any questions in regards to payer agreements.

In addition, [Included service features](#) will be reviewed along with the current account pricing and we will discuss how to configure the settings of the included service features. For example, our [Integrated Payer Processing](#) is a [feature](#) that is included with all plans and customers that will help drive increased revenue.

In Phase 2 when going over the [Interface Section](#), we will confirm if notification was received by the customer for submitting the integration request within [CollaborateMD](#) and/or on the Interface vendor's website ([Practice Fusion](#) ex.) (if Applicable). We will review how the [interface functions](#) along with setup and confirm if they are submitting encounters/charges. The [Patient Section](#) will then be reviewed and discussed on how to add patients, add insurance information, check eligibility, patient billing information/utilization, print patient ledger/statements, and claims defaults.

We will transition over to the [Claim section](#) and discuss [Real-Time Claim Submissions](#) including [Claim Settings](#) at the customer level, how to add a claim, discuss How invoicing is affected by the [Rendering Provider Name](#) on the claim, point out the COPAY field needed when utilizing the [Unapplied Copay](#) feature, Claim fields and their functionality, How [Claim Scrubbing/Review](#) works (If Applicable), and [Batch Printing](#) of claims. We will then turn our attention to the [Claim Control](#) section where we will go over reviewing and submitting [interface claims](#), submitting a batch of claims in test, and lastly reviewing [appointments](#) (if applicable).

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