Insurance Verification Frequently Asked Questions

What is IVES™?

Insurance Verification & Eligibility System (IVES™) is a web-based solution that facilitates the verification of a patient's medical insurance benefit in a time saving and efficient manner providing consistent results in obtaining detailed patient benefits.

How does insurance verification work?

Our staff specializes in making the calls to the insurance payers on your behalf, to get all the details necessary for proper reimbursement. We offer more than just simple eligibility from payer or clearinghouse websites or Interactive Voice Response (IVR). IVES™ specializes in the detailed verifications needed where procedural (CPT) information makes the difference between payment and denial.

Why should I verify patient's medical insurance benefits?

If the insurance is active, the response will display the current status of any deductible as well as any co-pay. If problems are identified they can be corrected immediately. And if it is determined that the patient does not have active insurance, then payment options can be discussed BEFORE the patient has the procedure.

What information do you get when you make a call?

This is a call to verify the procedure and/or diagnosis codes specific to the treatment protocol of a patient or for wellness benefit coverage under the medical insurance plan.

Why do you charge for a phone call?

It takes 15 to 30 minutes to place a call to the medical insurance company to verify benefits. IVES™ saves you staff time and creates a cost savings by freeing up your staff time to provide customer service elsewhere. We are making the call for you and returning specific information to your practice regarding the patients Ophthalmic medical benefit. This allows your staff to perform tasks that can increase your revenue and/or customer service.

What is electronic eligibility through the Portal?

This insurance eligibility portal provides you the needed information to see a patient and bill medically. The Portal will provide: validation of active coverage, identify deductible, identify amount of deductible met, define patient co-pay amount, identify out of pocket thresholds, and provide co-insurance requirements on the plan (as this information is made available from the carrier electronically). This Portal is separate from IVES™.

When is IVES™ available?

The IVES™ system is available to you 24 hours per day. The Insurance Companies are only available Monday through Friday 8 AM to 5 PM CST except on designated national holidays to accept the call from our IVES Team. The turnaround time for a call is 24 hours; a STAT request will be returned in 2 hours.

Why should I use this system?

- No claim remains unpaid because of ineligibility issues.
- Having an IVES report offers support in adjudicating denied claims.
- We verify insurance and make the calls for your practice at a cost LESS than your current staff.
- HIPAA compliant ensuring patient privacy by utilizing state-of-the-art encryption and security technology.
- Streamlines the electronic medical claim submission and claim management process by reducing callbacks with insurers.
- Improves customer service as staff can access previously submitted inquiries when answering patient or insurance company questions.
- *Verification of benefits is not a guarantee of payment from the insurance company. IVES™ reports what the carrier provides for the patients benefits at the time of the call.*