



Eligibility Statuses and Their Meaning

Symbol	Eligibility Status	What it means	What to do
!	Patient Not Eligible	As entered, the patient does not have an active policy.	Ask for another insurance
			Recheck patient's name and DOB for typos
			Recheck patient's Member ID and Group ID number for typos
			Make patient self pay
			Bill patient
X	Request Rejected	Some incorrect information has been entered or some correction needs to be made and the request resubmitted.	Recheck patient's name and DOB for typos
			Recheck patient's Member ID and Group ID number for typos
			Make sure correct payer is entered in patient's Insurance Profile (Payer ID should match the one that's on the insurance card)
			If rejection states "Invalid/Missing Provider Identification" or "Provider Note on File, Please Correct and Resubmit" try running eligibility as Group or Individual provider
			Make sure there's no punctuation marks (hyphens, #, periods, comas) in the patient demographics, policy Member ID and Group Number.
✓	Patient Eligible	The patient has an active insurance policy! This does not mean your office accepts this insurance, only that the patient has an active policy with this payer.	Please verify network participation and precertification/authorization/referral requirements. Once verified, please proceed with the appointment
			Sometimes payer can reject a claim because the member can't be identified, even if eligibility report showed green check mark. In such case, double check Member ID on the eligibility report and on the patient profile, because some payers accept old member IDs for eligibility checks and return new ones on the report.
...	Request Pending	The request has been sent but we are waiting for a response from the clearinghouse.	Try refreshing the page to see if the symbol has updated to one of the above.
			If the problem persists, it could be an issue with the clearinghouse or that payer, so please contact EZDERM Support at 877-443-9337 or techsupport@ezderm.com.