


Quality and Training Tips 03/07/2025

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Quality and Training Tips!

Gathering Insurance Information:

Plan*	HUMANA COMMERICAL		Type	Commercial		
Carrier	HUMANA COMMERICAL					
Zip Code	40512	Address	PO BOX 14601			
City	LEXINGTON	State	Kentucky	Country United States		
Work Phone	(800) 457-4708	Fax				
Policy No.*	H2489438	Group No.	43848	Member No.		
Insured Name	ZTEST, THANG - (Self)		Status	Active		
Start Date (MM/dd/yyyy)		End Date (MM/dd/yyyy)	Rank	4		
Special Program Code		Release Signed	Release Date			
Copay	\$0.00	Deductible	\$0.00	Coinsurance 0		
ADD						
Plan	Carrier	Rank	Policy No.	Effective Date	Group No.	Default
HUMANA COMMERICAL	HUMANA COMMERICAL	4	H2489438		43848	<input type="checkbox"/>
CIGNA PPO	CIGNA PPO 	5	W1437945		585	<input type="checkbox"/>

- - **Policy Number and Group Number:** When you enter this information in, you do not need to include the dashes.
 - **Policy Holder/Guarantor:** This information is found in the Insured Name field. This should be kept as "Self". When entering insurance information, it defaults to this information. Please do not change this information to anything else.



Patient Communication - Confirmation/Reminder Emails:

Please remember our patients with an email address on file will receive a confirmation email and reminder emails. However, the emails will only list the appointment time and address. It does not list prep instructions, or the exam type scheduled.

This is why it is **required** that at the time of scheduling, you are to provide the following when going over the appointment confirmation details:

- Exam Type
- Date
- Time
- Location (Address)
- Prep Instructions

An example of an appointment confirmation email can be found in the Playbook.

Playbook: <https://washington-radiology-contact-center.knowledgeowl.com/help/patient-communications>

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