



Remove a Secondary Insurance from the Encounter

Clerks

If a patient no longer has an insurance there are 2 ways to remove the insurance from the file.

1. You can go to the additional Insurances tab and clear the **Relationship to Patient** field.

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Images

* Last Name: ZZTEST * First Name: TAYLOR LEE Middle Name: Preferred First Name: Maiden Name: Previous Last Name: Previous First Name: What was your sex assigned at birth... Female

* What is your current sex?: Female * What pronoun(s) do you use?: Not Listed, Please Specify * Pronouns Other: test * Birth Date (DD-MMM-YYYY): 16/Sep/1981 Age: 43Y Medical Record Number: 11000330 FNI:

Provincial Health Card Information

* Health Card Available?: Yes * Health Card Number: ON 1111-111-166 Version Code: Health Card Expiry Date: HCV Response Code: Visit Response Code: Visit Validation Date:

Patient Information Social Contacts Primary Insurance **Additional Insurances** Insurance Summary Encounter Information Risk Questions Alerts

Additional Insurance 1

Relationship To Patient: Self Last Name: ZZTEST First Name: TAYLOR LEE

Health Plan Information

Search For Health Plan...

Health Plan Name: GREAT WEST LIFE ASSURANCE CO Health Plan Financial Class: Commercial Insurance Policy Number: 222222222 Certificate/ID Number: Effective Date (DD-MMM-YYYY): 10/Jan/2025 Expiry Date (DD-MMM-YYYY): 10/Apr/2025

Search For Employer...

Employer Name: Country: Street Address: Street Address 2: City: Province: Postal Code: Phone Number:

Extension:

Additional Insurance 2

Relationship To Patient: Spouse Last Name: ZZTEST First Name: SPOUSE

Health Plan Information

Search For Health Plan...

Health Plan Name: SUN LIFE OF CANADA Health Plan Financial Class: Commercial Insurance Policy Number: 444444444444 Certificate/ID Number: Effective Date (DD-MMM-YYYY): 10/Jan/2025 Expiry Date (DD-MMM-YYYY): 10/Apr/2025

Search For Employer...

Ready OK Cancel

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2. A pop-up will appear **“Changing the relation type will remove all information for this related person. Do you want to continue?”** Select **YES**. This will remove the insurance from the encounter.

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Changing the relation type will remove all information for this related person. Do you want to continue?

Yes No



3. The other option to remove an insurance is to go to the **Insurance Summary** tab, highlight the insurance you wish to remove, and right click.

4. In the menu select **Remove Person and Plan**. This will remove the insurance.

Member Number	Encntr Plan Beg. Dt	Encntr Plan End Dt	Plan Type	Subscriber
			No OHIP (Uninsured Canadian)	ZZTEST, TAYLOR
	10/Jan/2025		Commercial Insurance	ZZTEST, TAYLOR
44	10/J			ZZTEST, SPOUSE



- If you need to move the secondary insurances around, you can highlight the insurance you want to move, right click and select **Swap Plan**.

ber Number	Encntr Plan Beg. Dt	Encntr Plan End Dt	Plan Type	Subscriber
			No OHIP (Uninsured Canadian)	ZZTEST, TAYLOR
	10/Jan/2025		Commercial Insurance	ZZTEST, TAYLOR
144	10/J			ZZTEST, SPOUSE

Swap Plan ...

Remove Plan Only

Remove Person and Plan

Remove Expired Plan

Update Effective Dates ...

Submit Eligibility Verification

Submit Eligibility Verification with Override

Submit All for Eligibility Verification

View Eligibility Details

Quick Entry

Submit Alternate Eligibility Verification

Submit Alternate Eligibility Verification with Override

View Alternate Eligibility Details

Cancel

- In the pop-up select the new position number (2-4) you would like this insurance to move to. This is applicable for secondary insurances.

Health Plan	Carrier	Patient Member Number	Encntr Plan Beg. Dt	Encntr Plan End Dt	Plan Type	Subscriber	Relation	Eligible	Eligibility Subm
NO OHIP (UNINSURED RESIDENT)	NO OHIP (UNINSURED CANADIAN)				No OHIP (Uninsured Canadian)	ZZTEST, TAYLOR LEE	Self		
GREAT WEST LIFE ASSURANCE CO	GREAT WEST LIFE ASSURANCE CO	222222222	10/Jan/2025		Commercial Insurance	ZZTEST, TAYLOR LEE	Self		
SUN LIFE OF CANADA	SUN LIFE OF CANADA	4444444444444	10/Jan/2025		Commercial Insurance	ZZTEST, SPOUSE	Spouse		

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Enter new priority number for the highlighted row:

2

OK Cancel

NOTE: If the secondary insurance belongs to the patient it should be the first secondary insurance listed in the number 2 spot in the **Insurance Summary** tab or Additional Insurance 1 section of the **Additional Insurances** tab. In the case of a child that has multiple secondary insurances, whichever subscriber's (usually parent) birthday falls first in the year should be listed as the first secondary insurance.