Insurance Verification Frequently Asked Questions

What is IVES™?

Insurance Verification & Eligibility System (IVES™) is a HIPAA secure 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 online 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/routine benefit coverage under the medical insurance plan. In addition, we verify for the specific provider to determine if they are in or out of network with the patient's medical 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 complete Ophthalmic benefit information to you regarding the patient's active coverage. This allows your staff to perform tasks that can focus on increasing your revenue.

When is IVES™ available?

The IVES™ system is available to you 24 hours per day. The Insurance Companies are 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 IVES™?

- To educate your staff and patients on what medical benefits their insurance plan covers for Ophthalmic care.
- We verify insurance and make the calls for your practice at a cost LESS and greater accuracy than your staff.
- We outline the patient's full Ophthalmic benefits available under their medical insurance plan.
- We identify credentialing issues. Know if a provider is in or out of network with a specific plan.
- No claim remains unpaid because of ineligibility issues increasing your clean claim rate.
- An IVES report offers support in appealing denied claims with specific benefit details.
- A HIPAA compliant platform ensuring PHI protecting using 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.
IVES™ reports captures the information the insurance carrier provides for the patients benefits at the time of the call.