



COUNTY OF SANTA CLARA
Behavioral Health Services

VOID CLAIM ASSIGNMENT

REV.07/26/24

REVISIONS

Date	Slides	Revisions
11/20/23	9	Review Voided Services
11/14/23	3	Form cannot edit services.

VOID CLAIM ASSIGNMENT

Purpose of Form:

The Void Claim Assignment form will void services in MSO. This does NOT edit services.

You will not be able to edit a service. If a service is submitted incorrectly, the service would need to be voided and reentered.

HOW TO ACCESS

After login click on **Search** and type **Void Claim Assignment**.

The screenshot shows a user interface with a header area containing a user profile icon and the text "Welcome, Stephannie Tran" and "Every Day Matters". Below this is a search bar with the text "Void Claim" and a magnifying glass icon. Under the search bar is a link for "Advanced Client Search". Below the search bar is a section titled "Here is what I found:" with a close button (X) on the right. Below this section are four filter buttons: "All 1", "Clients 0", "Staff 0", and "Forms 1". Below the filters is a section titled "Forms" which contains a table with the following data:

Undock	Name	Menu Option
	Void Claim Assignment	/ Avatar MSO / Claims Processing

VOID SERVICES

Complete **From Date of Service**, **Through Date of Service**, and **Client ID**.

Contracting Provider and **Contracting Provider Program** can be completed if results need to be narrowed down.

Click **Select Services to Void** and a list of services that meet the criteria will come up.

The screenshot shows a web application interface for voiding services. It features several input fields and buttons:

- From Date Of Service ***: A date picker field containing "01/01/2023".
- Through Date Of Service ***: A date picker field containing "05/23/2023".
- Client ID ***: A text input field containing "TEST,STEPH, (2790)".
- Contracting Provider**: An empty text input field.
- Contracting Provider Program**: A dropdown menu showing "All - 01/01/2018 - F+C OP Continuum Svcs (OPC)".
- Select Services to Void**: A blue button with a blue arrow pointing to it from the left.
- File**: A blue button located below the "Select Services to Void" button.

LIST OF SERVICES

Select services to void and select 'OK.'

?

Select Service(s) To Void

Client: TEST,STEPH (2790)

Contracting Provider: Contracting Provider Program:

Batch	Contracting Provider	Date Of Service	Claim #	Procedure Code	Charges	Total Disbursement	
<input type="checkbox"/>	<input type="text"/>						
<input type="checkbox"/>	14919	- MH	2023-04-01	668511	T1017:HE	36.70	36.70
<input type="checkbox"/>	14920	- MH	2023-04-02	668512	T1017:HE	73.40	73.40



OK

Cancel

FILE VOID

Once services have been selected, click **File** (1).

When the void has been filed, click **Discard** (2).

VOID CLAIM ASSIGNMENT Submit Discard Add to Favorites

Void Claim Assignment
Online Documentation

From Date Of Service * 01/01/2023 **Through Date Of Service *** 05/23/2023

Client ID * TEST,STEPH, (2790)

Contracting Provider

Contracting Provider Program All - 01/01/2018 - F+C OP Continuum Svcs (OPC)

Select Services to Void

File **1**

2

REVIEW VOIDED SERVICES

The void will appear on the following EOB Report generated after the voided service was updated. For example, if a service was voided on 6/10, and the following EOB Report was generated on 6/12, the voided service will appear on that EOB Report under the Take Back section.

Run Date: 11/2/2022 7:50:35 AM

Page 1 of 1

County of Santa Clara
2425 Enborg Ln
San Jose, CA 95128

EOB SUMMARY - 608

Provider :
Total : \$75.25

Date : 6/9/2022
Check # :

Approved

Member	Date of Svc	Proc Code	A/P/D	Tot Fee Table Amt	Expected Member Disburse	Member Copay	Member Deductible	Auth Number	Amount Billed	Third Party Paid
TEST,STEPH (2790)	6/5/2022	90791:BB	A	51.90	51.90	0.00	0.00	P1195	100.00	0.00
TEST,STEPH (2790)	6/9/2022	T1017:HE	A	40.65	40.65	0.00	0.00	P1195	100.00	0.00
TEST,STEPH (2790)	6/9/2022	H2017:HE:A	A	51.90	51.90	0.00	0.00	P1195	100.00	0.00

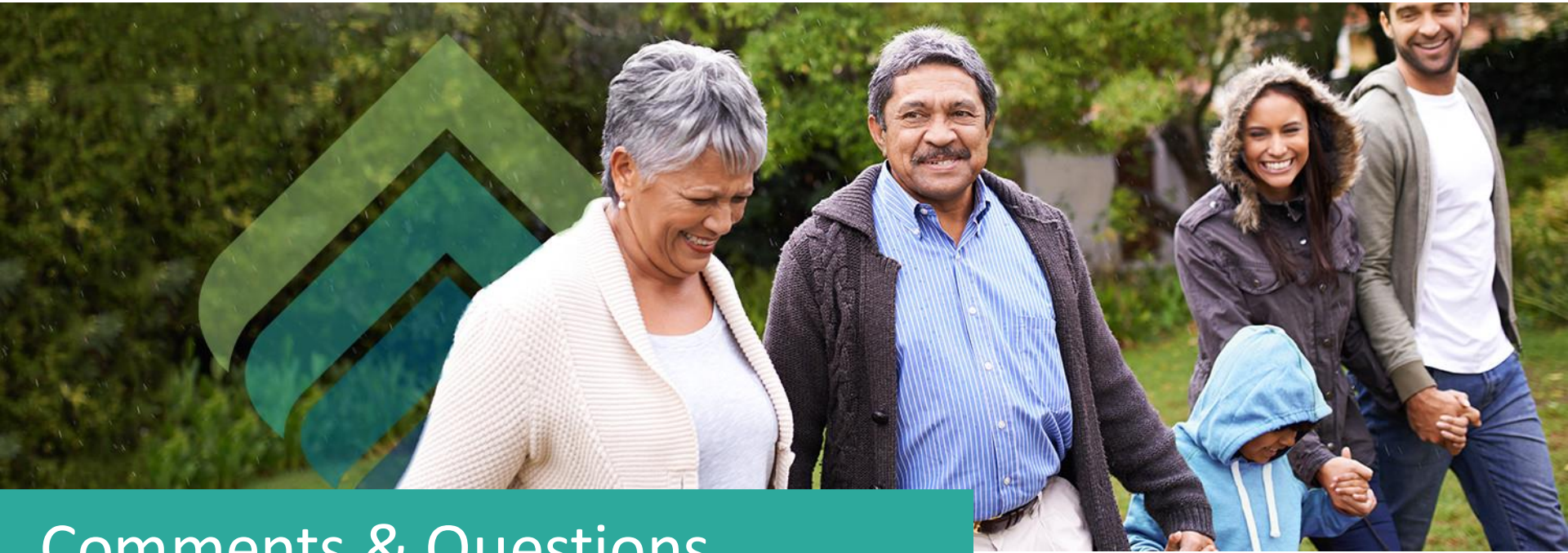
Total Paid To Provider : \$144.45

Take Back

Adjustment Code	Date of Svc	Proc Code	Take Back Date	Take Back Amount	Updated Third Party Paid
177 - Patient has not met the criteria	6/9/2022	90791:BB	6/9/2022	69.20	

** Payment has already been made. No funds withheld.

Total Take Back Amount : \$69.20



Comments & Questions