



## ePACES – Replicating a Claim for a New Client

Submitters now have the ability to replicate a claim and change the Client ID if they are billing for the same services on the same date of service. This is very helpful when it comes time to bill for the Flu shot. If a claim is in a Sent or Complete status, the user can replicate the claim and change the Client ID. The provider clicks on FIND CLAIMS from their left-hand menu and finds the claim that they want to replicate.

**Find Claims**

Claim(s) by User ID:

Records 1 - 25 of 659 | [Next Page>>](#)

Find Claim By:

Patient Control #	Entry Status	Client ID	Client Name	Type of Claim	Begin Date
<a href="#">TEST1</a>	Complete	LL12345X	FLINSTONE, FRED	Dental	5/12/2011
<a href="#">TEST2</a>	Sent	LL12345X	FLINSTONE, FRED	Institutional	
<a href="#">TEST</a>	Draft	LL12345X	FLINSTONE, FRED	Institutional	
<a href="#">TEST</a>	Sent	LL12345X	FLINSTONE, FRED	Institutional	
<a href="#">TEST</a>	Draft	LL12345X	FLINSTONE, FRED	Institutional	5/3/2011
<a href="#">TEST</a>	Voided	LL12345X	FLINSTONE, FRED	Institutional	

Once the user clicks on the claim, they will see the GENERAL CLAIM INFORMATION tab with a box next to the client ID that states "Replicate Claim For New Client".

**General Claim Information**

Submission Reason: Original      NPI Number:

\* Patient Control Number: TEST1

**Location Information**

Address Line 1:

Address Line 2:

City:

State: NY

Zip Code: 12065 - 1234

**Client Information**

\* Enter a Client ID: LL12345X

FRED FLINSTONE  
1 DINO WAY  
BEDROCK, NY  
12123

\* DOB: 01/01/0001

\* Gender: M

\* Type of Claim: Dental



## ePACES – Replicating a Claim for a New Client

After the submitter clicks on the Replicate button, they will have the ability to change the Client ID and the Patient Control number.

General Claim Information | Dental Claim Information | Provider Information | Diagnosis | Other Payers | Service Line(s)

\* Indicates required field(s)

Submission Reason: Original      NPI Number:

\* Patient Control Number:

**Location Information**

Address Line 1:

Address Line 2:

City:

State: NY

Zip Code: 12065 - 1234

**Client Information**

\* Enter a Client ID:

BARNEY RUBBLE  
3 DINO WAY  
BEDROCK, NY  
12123

\* DOB:

\* Gender:

\* Type of Claim: Dental

Enter the new Client ID Number (CIN) and click “GO” next to the CIN. Change the patient control number if applicable. The user then has the ability to click on the rest of tabs to make any other changes needed on their claim. After the submitter is satisfied with the changes in the claim, they may submit the claim just as they did with the original claim.