

- Search PACE by Acct#, then click on the underlined visit hyperlink for the account.

Home Person > Reports > AdvocatePro > Admin Batch Updates >

Jump to: Acct# Go Help and Support

Prather, Jemara Pace#17420347 SSN:254-69-5743 DOB: 12/17/85 Age: 39 Gender: M	CH NOT LISTED AS REP WITH SSA	5501 Glenwood Dr ATLANTA, GA 30342 County: FULTON	470-658-9296 (P) noemail@northside.com Language: English (P)	<input type="checkbox"/> Opted Out of Texts
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Adobe eSignature
Text/Email
Person
- Edit
- Financial
Other Applicant
- Add
- Link
Visits
- Add
- Link
Applications
- Add
Contacts
- Add PE
- Add TP
- Add AG

Additional Information

Applications and Visits Recap				
Type	Status - Reason	Work	Applied for Dates	Next Process
T-16-11/06/24 (I)	Approved - Eligibility Found	Work	11/01/24 & ongoing	
Visit: 11/21/24 (IP)	Northside	2432606099	\$0.00	Billing List
Visit: 10/04/24 (IP)	Northside	2427808235	\$0.00	Billing List
T-2-11/06/24 (I)	Closed - Applicant Covered	Work	11/01/24 & ongoing	

Person Summary		Status Applicant History	
Conditions	Restart Date	Activity	
How Conditions Impact Ability to Work	12/19/24	470-658-9296 - No Answer	
Outstanding Evidence (0)	12/19/24	Contact Initiated	
Appointments (0)			

- Enter the discharge date and total charges from the fields below in PACE, and click SAVE.

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Pace#17420347
SSN:254-69-5743
DOB: 12/17/85
Age: 39
Gender: M

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Edit Visit for Jemara Prather

Hospital Account #*	2432606099	Admitting Signs & Symptoms:	R51.9-Headache, Unspecified
Medical Record #:	A4172515	PreCert CaseID:	<input type="text" value="NSH 125012101860"/>
Hospital:	NH-Northside Hospital	Assigned workqueue is accurate as of COB of previous day	
HCR:	Barber, Clara	PreCert Assigned Workqueue:	
Medical Service Category:	Patient General	PreCert DSS:	<input type="button" value="Choose..."/>
Visit Type:	In-Patient	PreCert Nurse:	<input type="button" value="Hughes, Bridgitte"/>
Visit Result:	Billing List	PreCert Approval Begin Date:	<input type="text" value="11/21/2024"/>
Visit Result Detail:		PreCert Approval End Date:	<input type="text" value="2/19/2025"/>
Room:	237	PreCert Days Approved:	<input type="text" value="1"/>
Floor Number:		PreCert Carve Out Dates:	
Nursing Station:	IFECHUKWUDE,NNEAMAKA	PreCert Followup Dates:	
Building:	MD	PreCert Submitted:	
Admit Date:	11/21/2024	PreCert Entered:	<input type="text" value="02/26/25"/>
Referral Date:	11/23/2024	PreCert Due Date:	<input type="text" value="02/26/25"/>
Discharge Date:	<input type="button" value=""/>	Targeted Billing List:	<input type="text" value="02/22/25"/>
Was the Patient screened?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	Sec Targeted Billing List:	
Screen Date:	11/25/2024	Committed Billing List:	<input type="text" value="02/28/25"/>
Discharged Prior to Referral:	<input type="checkbox"/>	Sec Committed Billing List:	
Is Pregnant (OB):	<input type="checkbox"/>	*** Do Not Use For PreCert. Billing Dept Use Only ***	
Is Incarcerated:	<input type="checkbox"/>	Billing Status:	<input type="button" value="Choose..."/>
Hospital Archived:	<input type="checkbox"/>	Biller Requested Meds:	
Financial Class:	S	Biller Submitted Meds:	
Patient Class:		Total Charges: \$0.00	
PreCert Status:	<input type="button" value="The #"/>	Balance: \$	
PreCert Number:	<input type="text" value="125012101860"/>		

Save **Cancel**