Practice Management 2010.3 User Manual

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Practice Management Maintenance-Setup Steps

Important Setup Information for SOAPware Practice Management

1. Contact GatewayEDI to begin Enrollment Process for submitting electronic claims

2. Each Lesson should be completed in the order they are listed

3. Current users of SOAPware that have already setup maintenance files should check each one for additional billing information required to complete the setup.

4. Lessons in this Chapter containing information used on the CMS 1500 form will have the block number from the CMS 1500 form shown in parentheses in the title.

5. If a section of Billing is inaccessible to a user, go to Security setup and check the Billing section for the User. Security is accessible by logging in to SOAPware as Administrator.

For complete instructions for security settings click the link to Security Setup Charts: Workshop Pre-Requisite Manual: Security

Steps for setting up billing section of security can be found by clicking the link: Billing Security Administration

A brief description of the Provider Enrollment process.

(Color coding is used to denote participant roles and associated activities.)

Blue = Office Teal = SOAPware Black = Gateway EDI (GEDI)

1. Office purchases and installs SOAPware Clinical Suite and signs up for the following training sessions in exact order:

- A. SOAPware Billing Setup
- B. Transaction Entry and Workflow
- C. Claims Processing

2. Office contacts Gateway EDI (GEDI) and signs a contract with Gateway. (Note: This can happen before installing SOAPware CS.)

3. Office completes SOAPware master setup and begins practicing with the software in preparation for live use. (Note: This step can be done in conjunction with the steps shown below.)

4. GEDI will contact the Office to complete a Provider Enrollment online. GEDI will request provider ID numbers and Master Insurance List (MIL) from Office; provider enrollment process will begin within two days of signed contract.

5. GEDI will generate the Enrollment packet, and the Office is given payer enrollment packet to complete.

6. Office returns enrollment packet originals to GEDI and production date is estimated based upon projected payer approval time frames.

Estimated average payer approval times, (by state), can be viewed on the attached spreadsheet.

The Office can begin sending commercial claims as each payer approval is granted, followed by governmental approvals.)

- 7. GEDI verifies accuracy and forwards payer enrollment agreements to Carriers.
- 8. GEDI contacts Carriers to obtain approval dates and records dates on addendum.

9. BCBS, Medicare, and Medicaid payer approvals are obtained. The training packet, which includes a copy of the Providers Addendum (list of Provider ID numbers and payer approvals), training CD, and MIL is sent to the Office.

10. GEDI will contact the Office to schedule an "install appointment."

IMPORTANT: BEFORE scheduling install appointment with GEDI, the Office MUST have attended and completed the training sessions listed in #1 above <u>AND</u> have completed setup of SOAPware system.

HIGHLY RECOMMENDED: When the Office is ready to send the first live claim file, (with real patient claims), SOAPware recommends that the office use a **one-on-one training session** to provide assistance from SOAPware PM experts for this first filing. A SOAPware representative will inspect the setup of the system to ensure everything looks correct, and will also assist the Office with creating, scrubbing and troubleshooting the first claim file. SOAPware will also help the office prepare for their setup call with GEDI.

11. Office sends first file with live claims to GEDI; file is tested (two day turnaround) before GEDI production begins.

12. Once the Office is installed and is sending claims, the Office will be contacted to schedule initial report training.

13. Report training is completed.

14. Two weeks after production begins, a second report/web training is offered to the Office.

15. Two week-stage web training is completed.

16. Each office is assigned to a GEDI New Accounts Rep who will monitor their claims for first 30-60 day period in production to ensure that the claims acceptance rate is above 85%.

17. Office may request additional phone training with GEDI and/or call/email with Support questions at any time.

18. GEDI Customer Service will work with the Office to correct any errors on claims submitted. GEDI will always be available for any insurance questions, or other questions about the reports or errors. Anything related to the generation of claims files or errors on the software side will be handled by SOAPware Tech Support via www.soapware.com/ticket

NOTE: For an estimate on the average amount of time it will take to get approvals with the payers in your state, please see the attached Excel spreadsheet.

PLEASE NOTE THAT THIS TIME ESTIMATE BEGINS <u>AFTER</u> GATEWAY HAS RECEIVED YOUR COMPLETED PROVIDER ENROLLMENT PAPERWORK.

To help expedite the setup process, Office should submit completed GEDI enrollment forms as soon as possible.

Tools -> Manage Facilities

Facility Manager

Facility Manager	X
Facility Management	
Name	
Hospital Outpatient	
Hospital Inpatient	
New Facility	
Open MRI	
Close	

Click the Create New Facility button.

Setup Facility Details

Facility	\mathbf{X}
Facility: Family Clinic	
Details Scheduler	
Full Legal Name Family Clinic 2 Street 123 Any St 3	
City St Zip	
Any City Ar 72703 4	
Phone #	
(479) 555-1111 5	
NPI #	
1112223330	
Place of Service	
Office 🔽 🔽	
Billing Inquiry #	
(479) 555-3333	
9 Update Cancel	

Steps 1-5 identifies the Place of Service-Block 32

- 1. The commonly known Facility Name.
- 2. Legal Name of the facility. (block 32)
- 3. Physical address of the facility. (block 32)
- 4. City, State and Zip of the facility. (Block 32)
- 5. Clinic Phone number.
- 6. NPI number assigned to the facility. (Block 32a)
- 7. Place of Service this selection specifies the code that is placed on claims (Block 24B) identifying

the type of facility.

8. Phone number for Billing Inquiries. This number will appear on Patient Statements, Receipts,

etc. for billing questions

9. Press Update to save

2. Manage Groups/Billing Provider/ Pay To Information (Block 33)

Tools menu -> Manage Groups

Manage Groups/Pay To Information	
Manage Groups	X
Name	
>	×.
	Close

Click Add Group button to add a new Group/Pay to information.

Add a Group

Edit Group	Trange Strage							
Contact Info	ormation 1				Insurance Information			
Name	Family Physicians				🛃 🔜 🚯			
Address	4220 N Crossover Rd			ľ	Company V			
City	Fayetteville	5	State AR 👻		UHC			
Zip	72703				Medicare of AR			
Phone	(800)455-7627			Ш,	Medicaid - CSC			
Id Numbers				L P	Cigna			
Tax ID	● EIN ○ SSN 65-1351321 2]	Шŀ	BCBS of New York, Rochester BCBS			
	Mutually Defined - ZZ	ID	V2AB 3	11	Aetna			
				- 1		1		
Legacy ID	Provider Taxonomy - ZZ 🔹	ID	9646513 4	- 1				
NPI	123456789		5	_1				
CLIA ID	987654321 6							
					Cancel	1		
		_						

Enter Pay To/Billing Provider information for the Clinic. Creating a Group and associating a provider with a Group, will cause the group information to default as the Provider's Pay To/Billing Provider information, with each insurance company. If there a specific Insurance Company that recognizes a different Pay To (or Group) for a particular Provider, the Group information can be overridden in the Insurance Company dialog, as needed.

It is highly recommended that you set up your Groups after your Facilities, as it will greatly streamline your setup of insurance companies later in the setup process. Note: It is recommended that even if a Provider in the clinic is his/her own group, you can setup a single provider as a group. The Group information will be the default Pay To Provider for the Provider. All in all, a group can represent a single doctor or a group of doctors. It is really just who the billing entity is for the Provider.

1. **Contact Information:** Enter the basic demographic information for the group. (Name, Address and Phone)

2. **Tax ID:** Enter the appropriate ID for the group. You can indicate either the EIN or social security number.

3. **Submitter ID:** Select **Mutually Defined - ZZ** for the identifier for the Submitter ID. This ID is how Gateway EDI knows who is submitting the claim file. The ID field will be your **4 digit Site ID code provided to you by Gateway EDI**.

4. Legacy ID: (Optional) Select from the drop down to indicate a particular ID/number, if your state requires a particular ID on every claim. For instance, if your state requires the Taxonomy Code, you can enter the taxonomy identifier and code, and the information will go in the legacy field of every claim, along with the NPI number. If you are not aware that a particular ID is required for every claim for your state and payer base, other than the NPI, you may be able to ignore this field.

5. **NPI:** Enter the NPI number that has been assigned to the Group.

6. CLIA ID: (Optional) Enter the CLIA ID into this field, if one has been assigned to your clinic.

7. Click **Save** when finished.

8. **Insurance Information:** When setting up a brand new system, you can ingnore the Insurance Information section, initially. You will have to have your insurance companies setup first, before you can really take advantage of this field. Once you have finished the setup process, and need to change a legacy ID to be used for the group, with a particualr insurance company, you can change that information here at the group level, if needed.

- To create a new legacy ID for a specific insurance company (for your group), you will click the Create New button (with the green + sign). Search for the needed Insurance

Company. Click Select. Select the Legacy identifier from the drop down box, and enter the associated code. Click Save when done.

Manage Groups	×
Name	
Pediatric Clinic	
Family Physicians	
	Close

Newly added Group/Pay to Provider is added to the List. Most often there will only be a single Provider or a single group listed here per clinic. A Group can contain one to many Providers, but a Provider can only be associated with one group.

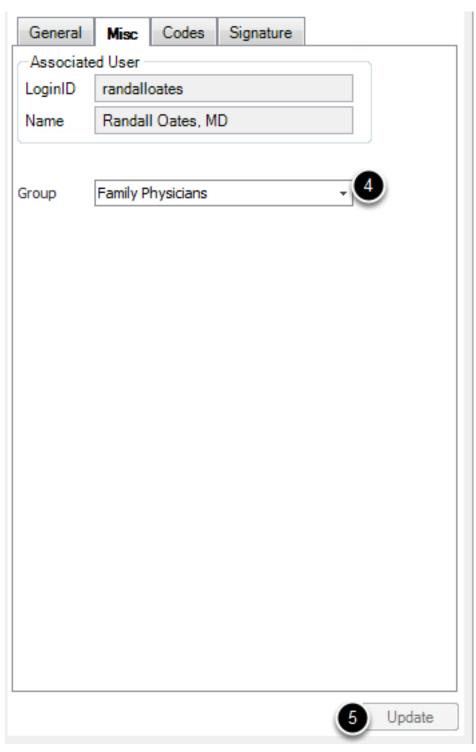
Tools -> Provider Manager

Enter/edit Rendering Provider information, Link Provider to a Group. The Misc. tab will indicate to Payers that the Selected Group is the Billing/Pay To Provider

Providers	2 3
	2 3 General Misc Codes Signature
Providers	Name
Danny Davis	Title First M Last Suffix
David C. Daniel	Dr. Randall Oates MD
Jack Jackson, MD	
James R. Doe, DO	Address
Randall Oates, MD	Clinic DOCS Clinic
Test Eight	Street 4220 N Crossover Rd
Test Five	
Test Seven	
Test Six	City State Zip Code
	Fayetteville AR 72203-
	Contact Information
	Phone # (479) 555-4444
	Fax # (479) 555-5555
	Email roates@email.com
	Email
	Physician Numbers
	DEA # 89416351 State ID 65165
	NPI# 6651651 UPIN# 616516
	Taxonomy 5661563178
	✓ Is Supervisor
	Update

1. Click to highlight and Select a Provider from the list. Providers should have been added when SOAPware was initially installed and licenses were activated.

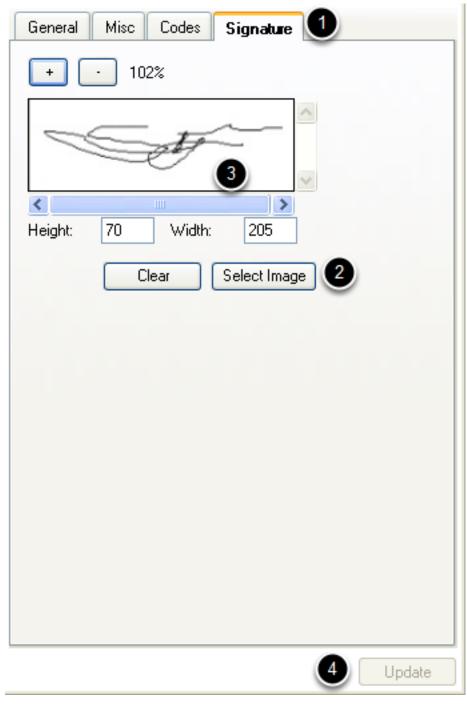
- 2. Enter the Provider's demographic information, including his/her DEA, NPI and Taxonomy numbers.
- 3. Click the Misc Tab to assign the Provider to a specific Group.



4. Click the drop down arrow to display a list of available Groups. Select the appropriate Group from the dropdown.

5. Click the Update button to save details.

Signature Tab (Block 31)



The clinician's signature will need to be captured via a signature capture device, scanning in a hand written signature as a picture, or even using Microsoft Paint. Save the signature in a picture format.

1. Click the Signature tab to insert a signature for the Provider

2. Click the **Select Image** button to capture the image. Find the location of the stored signature image and Click on the image. Click **Open**.

3. The signature will appear within the box provided to preview. If the image needs to be increased in size, click the + button to zoom in. If the image needs to be made smaller, click the - sign to zoom out. When first displayed, the image will default to 100% of its actual size.

4. Click Update to save signature.

4. Setting Default Claim Options/Base Export Path

Setup how paper and electronic claims are exported from the system.

Tools -> Billing Maintenance -> Claims Options

Paper Claim Options

Claims Options X		
Paper Options		2
Default Printer 1	RICOH Aficio SP C430DN PCL 6	Print Full CMS Form
Electronic Options		
Office Contact	Laura Oates	🔽 Auto Submit
Office Contact Phone	(800)455-7627	Save Local Copy
Output Path	C:\Users\Joates\Desktop ····	
Clearinghouse Options		
Name	Gateway EDI	Testing
Clearinghouse ID	431420764	
Receiver Qualifier	Mutually Defined - ZZ 🔹	
Receiver ID	431420764000000	
User Name	V2AB	
Password	*******	
Server	sftp.gatewayedi.com	
		Accept Assignment
	Okay	Cancel

1. Default Printer: Select from the dropdown to set the default printer when printed paper claims.

2. **Print Full CMS Form:** If not using preprinted CMS 1500 form, check Print Full CMS form to print the entire claim form, including the red lines (must have color printer).

Electronic Claim Options

Claims Options		x
Paper Options		
Default Printer	RICOH Aficio SP C430DN PCL 6	Print Full CMS Form
Electronic Options		
Office Contact	Laura Oates	🔽 Auto Submit 🔮
Office Contact Phone	(800)455-7627 2	Save Local Copy 5
Output Path	C:\Users\Joates\Desktop 3 ····	Ŭ
Clearinghouse Option	าร	
Name	Gateway EDI	Testing
Clearinghouse ID	431420764	
Receiver Qualifier	Mutually Defined - ZZ 🔹	
Receiver ID	431420764000000	
User Name	V2AB	
Password	*******	
Server	sftp.gatewayedi.com	
		Accept Assignment
	Okay	Cancel

1. *Office Contact: Enter the Contact Name for the person in the office who will be the contact for Gateway EDI, if any issues arise.

2. *Office Contact Phone: Enter the Contact Phone Number for the person in the office who will be the Gateway EDI contact.

3. **Output Path:** Specify a file location to which claims will be exported. Note: Make sure that the Save Local Copy box is checked to save your claim files to a local file. If more than one person in the office works with claims, it is recommended that this file path be stored in a shared file/drive to allow multiple people to access the claim files.

4. Auto Submit: If this box is checked, electronic claim files will be automatically uploaded to the clinic

Gateway EDI site. You will have to have the correct information entered in the Clearinghouse fields in the section below to ensure this will work correctly. If you would like to manually save and upload claim files to Gateway EDI, uncheck this box.

5. **Save Local Copy:** Check this box if you would like to store a copy of your claim files on a local drive/file location. If you have Auto Submit and Save Local Copy checked, you will be able to both auto submit your files to Gateway EDI, and you will have the claim file stored in a local drive, in case any discrepancy comes up, and the file needs to be re-uploaded.

Claims Options		×
Paper Options		
Default Printer	RICOH Aficio SP C430DN PCL 6	Print Full CMS Form
Electronic Options		
Office Contact	Laura Oates	🔽 Auto Submit
Office Contact Phone	(800)455-7627	Save Local Copy
Output Path	C: \Users \loates \Desktop	
Clearinghouse Option	IS	
Name 1	Gateway EDI	Testing 8
Clearinghouse ID 2	431420764	<u> </u>
Receiver Qualifier	Mutually Defined - ZZ 🔹	
Receiver ID 4	431420764000000	
User Name 5	V2AB	
Password 6	*******	
Server 7	sftp.gatewayedi.com	
Ŭ	9	Accept Assignment
	10 Okay	Cancel

1. Name: Indicates the name of the Clearinghouse.

2. Clearinghouse ID: If using Gateway EDI as your clearinghouse, enter the following number in this field: **431420764**

3. Receiver Qualifier: If using Gateway EDI as your clearinghouse, select Mutually Defined - ZZ from the dropdown list.

4. **Receiver ID:** If using Gateway EDI as your clearinghouse, enter the following number: **431420764000000**

5. User Name: Enter the 4 digit site ID assigned to your clinic by Gateway EDI.

6. **Password:** This password will be given to you by Gateway EDI. This will be the needed password to auto submit your claim files using their sftp site.

7. Server: If using Gateway EDI as your clearinghouse, enter the following: sftp.gatewayedi.com

8. **Testing:** Only check this box if you are wanting to send a test file to Gateway EDI. IMPORTANT: For your first claim submission to Gateway EDI, do not check this box. Gateway prefers to have live claims sent to them. They will manually review the file first, and if everything looks good, they will forward on to payers.

9. Accept Assignment: Check this box if you would like to default to Accept Assignment on all claims. It can be overriden at the Insurance Company and claim level, if needed.

10. Click Okay to save.

5. PM Security Administration

Tools -> Security

Billing Security options have been added for Groups, Roles and Users. Each section will have to be completed to allow Users access to assigned areas of Billing. Click on a specified action to **allow access** (green check mark), **deny access** (red X) or default to the **user's individual privileges** (leave blank). Clicking on **Allow All** button will place a check in all boxes and Clicking **Deny All** will place a red X in all boxes.

Users should be added to Security Prior to assigning privileges to Billing

Security changes made will not take effect until you log out. For additional documentation on Security see SOAPedia online manual

Assign Billing Security Privileges to Roles

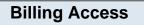
Security Administration		X
General Roles Clinical Administrator Clinical Admin	General Name Description	User Members Office Manager
		Close

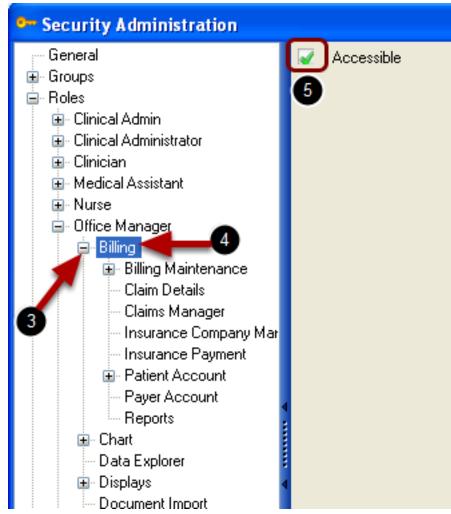
Access to specified sections can be manually allowed or denied for each user.

Another way to assign security privileges to users is to select or create a **Role**, assign accessibility to the role, and then assign that **Role** to a **User**. This will eliminate the need to go into every section of billing for each user and repeat the process.

1. Click on the expander node next to Roles.

2. Click on the expander node next to one of the Roles in the list. (Screenshot shows Office Manager selected)

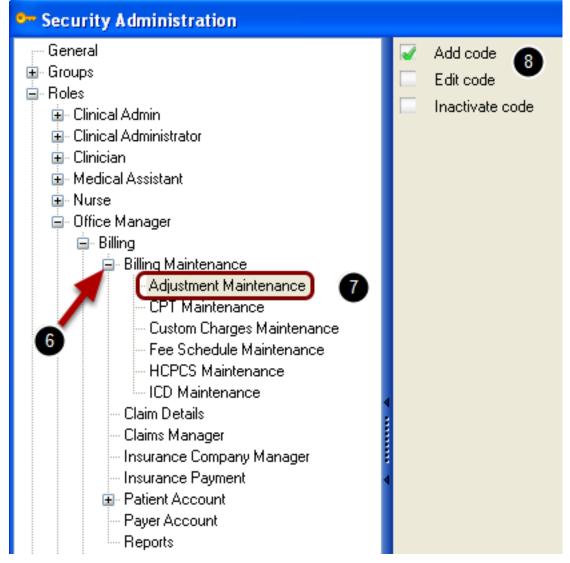




3. Click the expander node next to Billing

4. Click on Billing

5. Click inside the box next to **Accessible-**This will allow any user assigned the Role of Office Manager to access the **Billing Menu option**



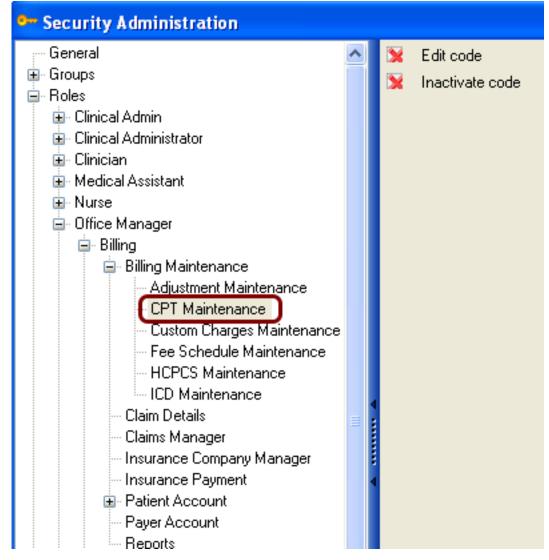
- 6. Click the expander node next to Billing Maintenance
- 7. Double Click Adjustment Maintenance

8. Click on a specified action to **allow access** (green check mark), **deny access** (red X) or default to the **user's individual privileges** (leave blank). Clicking on **Allow All** button will place a check in all boxes and Clicking on **Deny All** will place a red X in all boxes.

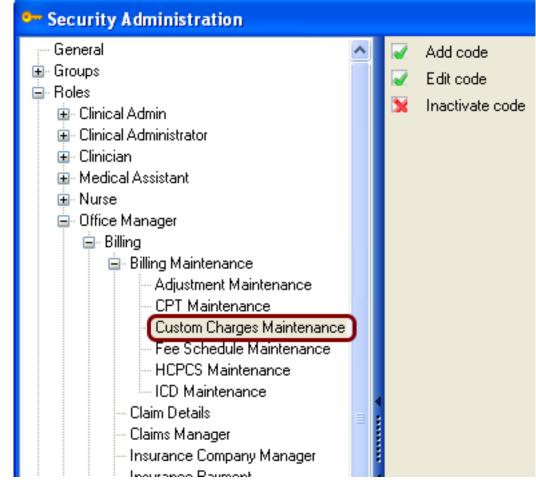
Add code-Allows user to add new adjustment codes in Adjustment Maintenance dialog Edit code-Allows user to edit adjustment codes Inactivate code-Allows user to mark an adjustment code Inactive.

Repeat Steps 7 and 8 for each section/action under Billing

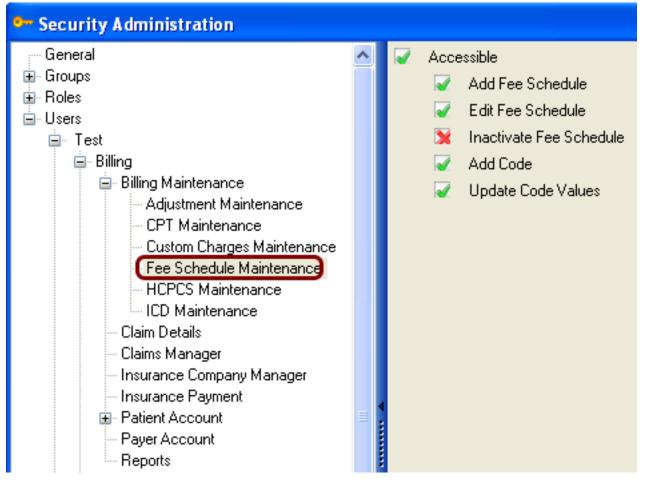
CPT Maintenance



Edit code-Deny access or allow user to Edit CPT Maintenance Inactivate code-Deny access or allow user to mark a CPT code Inactive



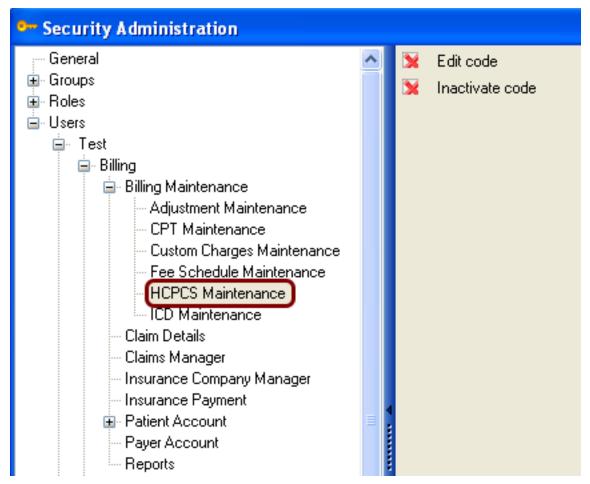
Add code-Deny access or allow user to add a Custom Charge code Edit code-Deny access or allow user to edit a Custom Charge code Inactivate code-Deny access or allow user to mark a Custom charge Inactive



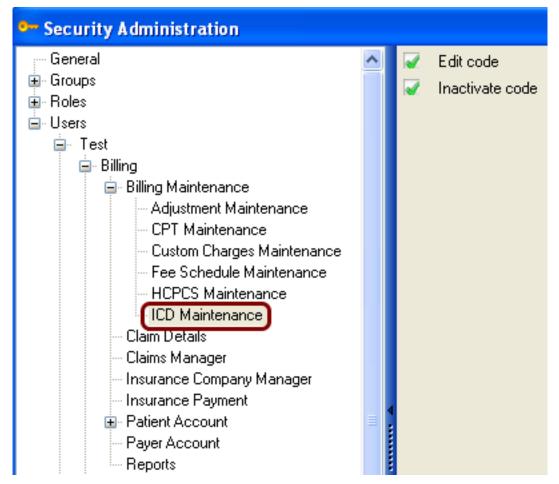
Accessible-Deny access or allow user access to the Fee Schedule menu option Add Fee Schedule-Deny access or allow user ability to Add a new Fee Schedule Edit Fee Schedule-Deny access or allow user ability to make edits within the Fee Schedules Inactivate Fee Schedule-Deny access or allow user the ability to make a Fee Schedule Inactive Add Code-Deny access or allow user the ability to Add a new Code from the HCPCS/CPT list to a Fee Schedule

Update Code Values-Deny access or allow user to Update Code amounts

HCPCS Maintenance

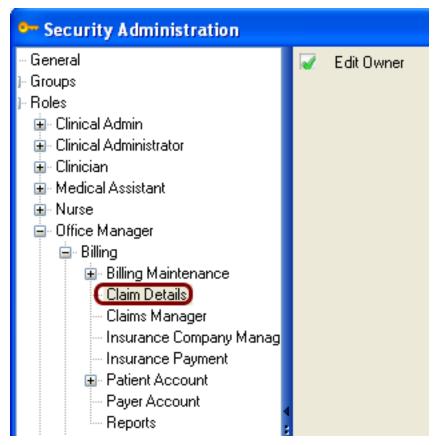


Edit code-Deny access or allow user to edit a HCPCS code in Maintenance Inactivate code-Deny access or allow user to change a HCPCS code to Inactive

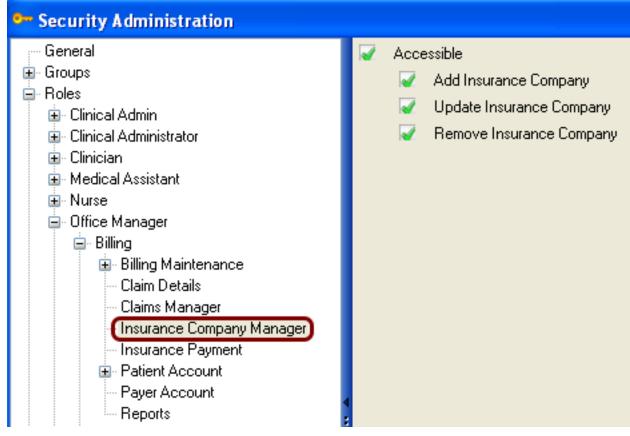


Edit code-Deny access or allow user to edit a Diagnosis code in ICD Maintenance Inactivate code-Deny access or allow user to change a Diagnosis code to Inactive

Claim Details



Edit Owner-Deny access or allow user to change Owner/Provider in Charge Details



Accessible-Allow/Deny user access to the Insurance Company Master files/Maintenance Add Insurance Company-Allow/Deny user to add new insurance companies Update Insurance Company-Allow/Deny user to update/save insurance companies Remove Insurance Company-Allow/Deny user to delete/remove an insurance company from Insurance company Maintenance



Accessible-Deny access or allow user access to the Claims Manager

Scrub Claim-Deny access or allow user to scrub claims in the Claims Manager

Edit Claim-Deny access or allow user to edit claims in the Claims Manager

Change Claim Status-Deny access or allow user to change the claim status in the Claims Manager **Rebuild Claim**-Deny access or allow user to Rebuild a claim in the Claims Manager

Generate Electronic-Deny access or allow user to generate an electronic claims file in the Claims Manager

Submit Claims-Deny access or allow user to submit claims in the Claims Manager Print Claims-Deny access or allow user to print claim forms in the Claims Manager



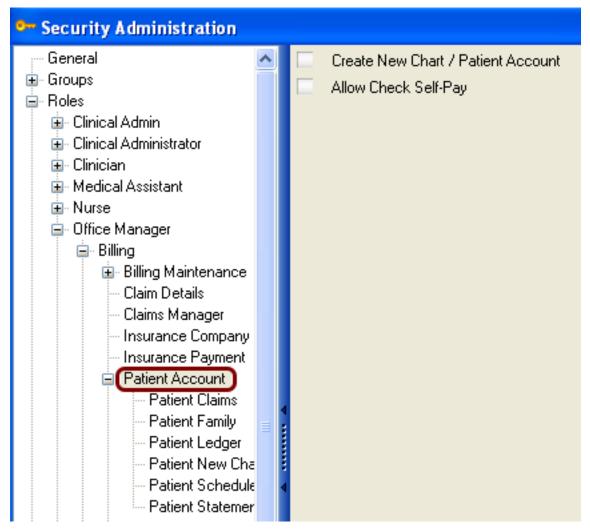
Accessible-Deny access or allow user access to Insurance Payment Posting

Create Payment-Deny access or allow user to Create a new Insurance Payment

Save Claim-Deny access or allow user to apply a payment and save that payment in Insurance Payment Posting

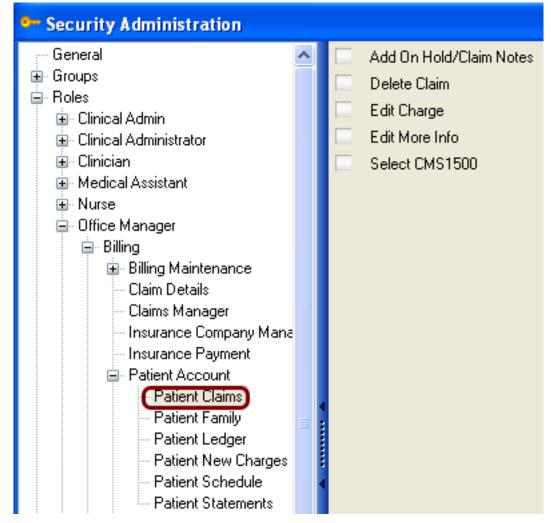
Post Payment-Deny access or allow user to post a payment in Insurance Payment Posting **Apply Payment Details**-Deny access or allow user access to add/edit Payment/Remit details in Insurance Payment dialog

Print Payment-Deny access or allow user access to Print Payment in Insurance Payment dialog **Change Next Action**-Deny access or allow user to edit the Next Action option in Insurance Payment dialog



Create New Chart/Patient Account-Deny access or allow user to create a new chart or patient account Allow Check Self Pay-Deny access or allow user to check the box next to self pay option on patient account information bar

Patient Claims



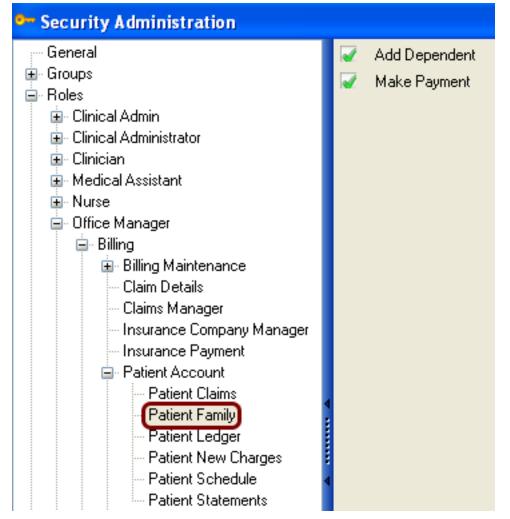
Add On Hold/Claim Notes-Deny access or allow user access to comment in the On Hold notes section or the Claims Notes section in the Claims Tab

Delete Claim-Deny access or allow user to remove/delete claims in the Claims Tab

Edit Charge-Deny access or allow user to edit charges in the Claims Tab

Edit More Info-Deny access or allow user to edit More Info dialog in the Claims Tab

Select CMS1500-Deny access or allow user to select/view the CMS 1500 claim form from the Claims Tab



Add Dependent-Deny access or allow user to add a dependent to a Patient Account Family tab Make Payment-Deny access or allow user to make a payment in the Patient Account Family tab

Patient Ledger



Add Charge-Deny access or allow user to add a charge from Patient Ledger Edit Charge-Deny access or allow user to edit a charge from Patient Ledger Delete Charge-Deny access or allow user to delete a charge from Patient Ledger Add Adjustment-Deny access or allow user to apply an adjustment from Patient Ledger Edit Adjustment-Deny access or allow user to edit an adjustment from Patient Ledger Delete Adjustment-Deny access or allow user to delete an adjustment from Patient Ledger Add Payment-Deny access or allow user to add a payment from Patient Ledger Edit Payment-Deny access or allow user to edit a payment from Patient Ledger Edit Payment-Deny access or allow user to edit a payment from Patient Ledger Pelete Payment-Deny access or allow user to delete a payment from Patient Ledger Print Receipt-Deny access or allow user to print a receipt from Patient Ledger



Create Visit- user to create a new visit in New Charges tab

Delete Visit-Deny access or allow user to delete a visit in New Charges tab Add Adjustment-Deny access or allow user to add an adjustment to a charge in New Charges tab Delete Adjustment-Deny access or allow user to delete an adjustment in New Charges tab Add Payment-Deny access or allow user to add a payment to a charge in New Charges tab Delete Payment-Deny access or allow user to delete a payment in New Charges tab Add Charge-Deny access or allow user to add a charge to a visit in New Charges tab Delete Charge-Deny access or allow user to delete a charge in New Charges tab Edit Charge Details-Deny access or allow user to edit charge details

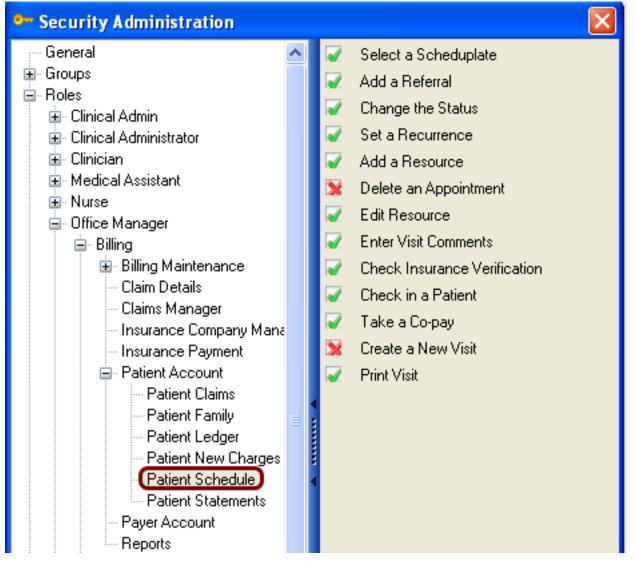
Add More Info-Deny access or allow user access to the More Info dialog in New Charges tab Mark as Incomplete-Deny access or allow user to mark a charge as Incomplete in New Charges tab Change Follow-Up Action-Deny access or allow user to change the Follow Up action in New Charges tab

Enter Claim Comments-Deny access or allow user to enter claim comments to a charge in New Charges tab

Apply Co-Pay-Deny access or allow user to apply a Co-Pay to a charge in New Charges tab

Apply Pre-Pay-Deny access or allow user to Apply a Pre-Pay to a charge in New Charges tab Omit from Statement -Deny access or allow user to omit a charge from a claim in New Charges tab Post a Visit-Deny access or allow user to Post a Visit to the Ledger from the New Charges tab

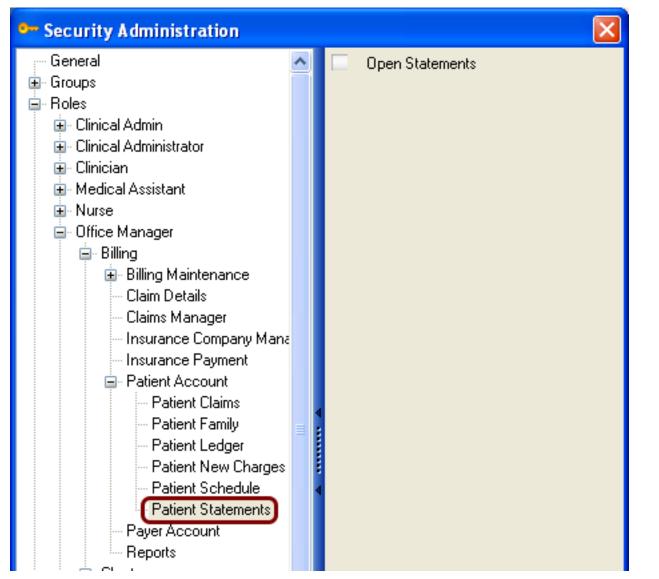
Patient Schedule



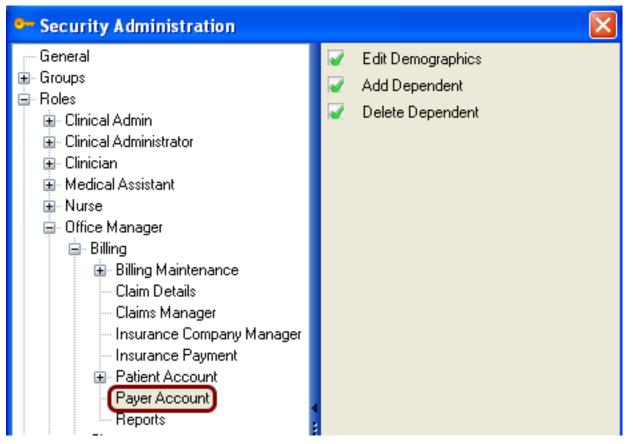
Select a Scheduplate-Deny access or allow user access to scheduplates in Schedule tab Add a Referral-Deny access or allow user to add a referral to an appointment in Schedule tab Change the Status-Deny access or allow user to change an appointment status in Schedule tab Set a Recurrence-Deny access or allow user to set a recurring appointment for a patient in Schedule tab

Add a Resource-Deny access or allow user to add a Resource in Schedule tab Delete an Appointment-Deny access or allow user to delete a scheduled appointment in Schedule tab Edit Resource-Deny access or allow user to edit a resource in Schedule tab Enter Visit Comments-Deny access or allow user to enter visit comments in Schedule tab Check Insurance Verification-Deny access or allow user to check Insurance Verified in Schedule tab Check in a Patient-Deny access or allow user to check in a patient in Schedule tab Take a Co-Pay-Deny access or allow user to take a co-pay in Schedule tab Create a New Visit-Deny access or allow user to create a new visit in Schedule tab Print a Visit-Deny access or allow user to print a visit in Schedule tab

Patient Statements



Open Statements-Deny access or allow user access to the Statements tab in Patient Account



Edit Demographics-Deny access or allow user to edit demographics in Payer/Non-Patient Account Add Dependent-Deny access or allow user to add a dependent to a Payer/Non-Patient Account Delete Dependent-Deny access or allow user to delete a dependent in a Payer/Non-Patient Account



CPT Master-Deny or allow user access to view/print the following reports from Billing -> Reports menu **HCPCS Master**

ICD Master

- Custom Charge Master
- Adjustment Master
- Fee Schedule Report
- Dependency Report
- Duplicate Report
- Payment Summary
- Production By Procedure
- Daily Receivable Summary
- Statement Report
- **Outstanding Insurance**
- Credit Balance Report
- SOAPnote Audit Report

Located in the Tools menu -> Billing Maintenance -> CPT Maintenance

CPT Code Maintenance

Color D. J. M.								
Code Details								
CPT Lookup	Short Descri	· · · · ·				🔲 Inactive		
0001F	+ HEART FAIL	HEART FAILURE COMPOSITE						
Medium Description								
HRT FAILURE A	ASSESSED							
ong Descriptio	n							
	ssessed (includes assess sured (2000F) Level of ac							
Vuse Custom	Descriptions							
Custom Short D	escription							
CAD								
Lustom Medium	Description							
Custom Long De	escription							
					A			
						Save		
Code List						bave		
	ew 🔘 Full View	🔽 Hide Ina	ctive Codes			Save		
🖲 Standard Vi	ew 🔘 Full View Description	💟 Hide Ina	ctive Codes Effective Date	Modified Date	Deactivation Da			
) Standard Vi CPT Code ▲	1			Modified Date 3/19/2010	Deactivation Da			
© Standard Vi CPT Code ▲ 0001F	Description	OSITE	Effective Date		Deactivation Da			
🔘 Standard Vi	Description HEART FAILURE COMP	DSITE	Effective Date 2/3/2010		Deactivation Da			
 Standard Vi CPT Code A 0001F 0005F 00100 	Description HEART FAILURE COMPO OSTEOARTHRITIS COM	DSITE IPOSITE AND	Effective Date 2/3/2010 2/3/2010		Deactivation Da			
Standard Vi CPT Code 0001F 0005F 00100 00102	Description HEART FAILURE COMPO OSTEOARTHRITIS COM ANESTH, SALIVARY GLA	DSITE IPOSITE AND LEFT LIP	Effective Date 2/3/2010 2/3/2010 2/3/2010		Deactivation Da			
Standard Vi CPT Code 0001F 0005F 00100 00102 00102 00103	Description HEART FAILURE COMPO OSTEOARTHRITIS COM ANESTH, SALIVARY GLA ANESTH, REPAIR OF CL	DSITE IPOSITE AND LEFT LIP	Effective Date 2/3/2010 2/3/2010 2/3/2010 2/3/2010		Deactivation Da			
 Standard Vi CPT Code A 0001F 0005F 	Description HEART FAILURE COMPO OSTEOARTHRITIS COM ANESTH, SALIVARY GLA ANESTH, REPAIR OF CL ANESTH, BLEPHAROPLA	DSITE IPOSITE AND LEFT LIP ASTY CK	Effective Date 2/3/2010 2/3/2010 2/3/2010 2/3/2010 2/3/2010		Deactivation Da			

CPT Search by Code

CPT Look	up		Short Description Lookup	
<mark>21</mark> 010		-	INCISION OF JAW JOINT	
Code		Short Desc	ription	14
21010		INCISION C	F JAW JOINT	E
21011		EXC FACE L	ES SC < 2 CM	
21012		EXC FACE L	ES SC = 2 CM	
21013		EXC FACE T	UM DEEP < 2 CM	
21014		EXC FACE T	UM DEEP = 2 CM	
21015		RESECT FAG	EE TUM < 2 CM	
21016		RESECT FAG	E TUM = 2 CM	-
х				

Begin typing the CPT code in the CPT Look up and as you type, the codes and short descriptions are listed.

CPT Search by Description

	ROCEDURE		-
	(OCEDBINE		_
Code	Short Description	*	
39499	CHEST PROCEDURE		
32999	CHEST SURGERY PROCEDURE		=
94667	CHEST WALL MANIPULATION		
94668	CHEST WALL MANIPULATION		
71030	CHEST X-RAY		
71035	CHEST X-RAY		
71010	CHEST X-RAY		-
×			

Begin typing the CPT description in the Short Description Look up and as you type, the codes and short descriptions are listed.

Create a Custom CPT Description

•	
Use Custom Descriptions	
Custom Short Description	
type custom descriptions 2	
Custom Medium Description	
for easy searching	
Custom Long Description	
	Save

1. After selecting a CPT code, Place a check mark if you wish to use the custom descriptions when searching for this code.

2. Begin typing a short description of your choice for this selected CPT code.

<u>Note:</u> Only complete this section if using descriptions other than the original short descriptions for the CPT code.

Inactivate a CPT code	
Code Details	
CPT Lookup Short Description Lookup	Inactive
00120 - ANESTH, EAR SURGERY -	Ā
Medium Description	T
ANESTHESIA EXTERNAL MIDDLE & INNER EAR W/BIOPSY	
Long Description	
Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified	

To inactivate a CPT Code, place a check mark in the **Inactive** box. This will not completely remove it from the data base, but will remove it from the list. See Hide/Show Inactive CPT Codes.

Hide/Show Inactive CPT Codes

Code List						
Itandard View ○ Full View Italia Inactive Codes						
CPT Code 🛛 🔺	Description	Effective Date	Modified Date	Deactivation Date		
99512	HOME VISIT FOR HEMODIALYSIS	2/3/2010				
99600	HOME VISIT NOS	2/3/2010				
99601	HOME INFUSION/VISIT, 2 HRS	2/3/2010				
99602	HOME INFUSION, EACH ADDTL HR	2/3/2010				
99605	MTMS BY PHARM, NP, 15 MIN	2/3/2010				
99606	MTMS BY PHARM, EST, 15 MIN	2/3/2010				
99607	MTMS BY PHARM, ADDL 15 MIN	2/3/2010				

If a code had been Inactivated and is no longer going to be used, it can be hidden when viewing the Code List by placing a check mark in the Hide Inactive Codes box.

View All CPT Descriptions						
Code List						
🔘 Standard Vi	ew 💿 Full View	Hide Inactive Codes				
Code	hort Description	Medium Description	Long Description	C	Custom Short 🔺	
39499 🧹	CHEST PROCEDURE	UNLIS PX MED	Unlisted procedure, mediastinum		type custom de	
50323	PREP CADAVER REN	BKBENCH PREPJ CDVR RN	Backbench standard preparation of cad			
50320	REMOVE KIDNEY, LIV	DON NERCT OPN FROM L	Donor nephrectomy (including cold pres			
3285F	IOP DOWN <15% O	IOP REDUCED < 15% PR	Intraocular pressure (IOP) reduced by \ldots			
72070	X-RAY EXAM OF THO	RADEX SPI THRC 2 VIEWS	Radiologic examination, spine; thoracic			
50328	PREP RENAL GRAFT/	BKBENCH RCNSTJ RNL AL	Backbench reconstruction of cadaver o		E	
72072	X-RAY EXAM OF THO	RADEX SPI THRC 3 VIEWS	Radiologic examination, spine; thoracic			
•					► T	

To view all descriptions associated with CPT codes in the Code List, Click the radio button next to <u>Full</u> <u>View</u>. Included in the list will be any Custom Short, Medium or Long descriptions if the Use Custom Descriptions is selected when <u>Creating a Custom CPT Description</u>.

CPT Effective, Modified or Deactivation Date

Code List						
💿 Standard View	© Full View	Hide Inactive Codes	; 1	2	3	
CPT Code 🔺	Description		Effective Date	Modified Date	Deactivation Date	
99201	OFFICE/OUTPATIENT	VISIT, NEW	2/3/2010	3/12/2010		
99202	OFFICE/OUTPATIENT	VISIT, NEW	2/3/2010			
99203	OFFICE/OUTPATIENT	VISIT, NEW	2/3/2010			
99204	OFFICE/OUTPATIENT	VISIT, NEW	2/3/2010			
99205	OFFICE/OUTPATIENT	VISIT, NEW	2/3/2010			
99211	OFFICE/OUTPATIENT	VISIT, EST	2/3/2010			
99212	OFFICE/OUTPATIENT	VISIT, EST	2/3/2010			
99213	OFFICE/OLITPATIENT	VISIT EST	2/3/2010			

1. Effective date column lists the year the code is in effect.

2. Modified Date column lists the date the code was last modified.

3. When a CPT code is discontinued Deactivation Date column will list the date it was discontinued <u>Note:</u> The dates are automatically inserted.

7. HCPCS Maintenance (Block 24D)

Tools -> Billing Maintenance -> HCPCS Maintenance

HCPCS Maintenance

ICPCS Code M	aintenance				E
Code Details					
HCPCS Lookup	Short Description	Lookup			Inactive
A0021					
Long Description					
AMBULANCE SE	RVICE, OUTSIDE STATE F	PER MILE, TRANSPORT (MEDIC	AID ONLY)	-	
😨 Use Custom 🛙	Descriptions				
Custom Short De	scription				
005					
Custom Long Des	scription				
				^	
					Save
Code List					
🔘 Standard View	w 🔘 Full View	V Hide Inactive Codes			
Code 🔺	Description		Add Date	Effective	Inactiv 🔺
A0021	Outside state ambulance	serv	2/3/2010	2/3/2010	
A0080	Noninterest escort in nor	n er	2/3/2010	2/3/2010	
A0090	Interest escort in non er		2/3/2010	2/3/2010	
A0100	Nonemergency transport	t taxi	2/3/2010	2/3/2010	
A0110	Nonemergency transport	t bus	2/3/2010	2/3/2010	
A0120	Noner transport mini-bus	;	2/3/2010	2/3/2010	
A0130	Noner transport wheelch) van	2/3/2010	2/3/2010	•
					Close

HCPCS Search by Code

Code Details			
HCPCS Lookup		Short Description Lookup	
L1000	•	Ctlso milwauke initial model	
Code	S	hort Description	•
L1000 L1001 L1005 L1010 L1020 L1025 L1030	C1 Te Ct Ky Ky	Iso milwauke initial model ILSO infant immobilizer ension based scoliosis orth Iso axilla sling phosis pad phosis pad floating imbar bolster pad	
×			:

Begin typing the HCPCS code in the HCPCS Look up and as you type, the codes and short descriptions are listed.

HCPCS Search	h by Description
--------------	------------------

Short Description	n Lookup	
Socket insert w/	o lock mech	*
Code	Short Description	^
L5679	Socket insert w/o lock mech	=
L5668	Socket insert w/o lock lower	
E1636	Sorbent cartridges per 10	
A5122	Solid skin barrier 8x8	
A5121	Solid skin barrier 6×6	
52152	Solid organ transpl pkg	
C9220	Sodium hyaluronate	-
×		:

Begin typing the HCPCS description in the HCPCS Short Description Look up, and as you type, the codes and short descriptions are listed.

Create a Custom HCPCS Description

_	
Vise Custom Descriptions	
Custom Short Description	
Ins w/o lock 2	
Custom Long Description	
	Save

1. After selecting a HCPCS code, Place a check mark if you wish to Use the Custom Descriptions when searching for this code.

2. Begin typing a short description of your choice for this selected HCPCS code.

<u>Note:</u> Only complete this section if using descriptions other than the original short descriptions for the HCPCS code.

Inactivate a HCPCS code

Code Details		
HCPCS Lookup	Short Description Lookup	Inactive
L5679	Socket insert w/o lock mech	
Long Description		т
	R EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR	· .

To inactivate a HCPCS and delete it from the HCPCS Code List, Place a check mark in the Inactive box. This will not completely remove it from the data base, but will hide it from view if there is also a check mark in the <u>Hide Inactive Codes</u> option.

View all HCPCS Descriptions

Code List						
🔘 Standard V	iew 💿 Full View	Hide Inactive Codes				
Code 🔺	Short Description	Long Description	Us	Custom Short Des 🔺		
L5679	Socket insert w/o lock mech	ADDITION TO LOWER EXTREMITY,				
L5680	Bk thigh lacer non-molded	ADDITION TO LOWER EXTREMITY,				
L5681	Intl custm cong/latyp insert	ADDITION TO LOWER EXTREMITY,				
L5682	Bk thigh lacer glut/ischia m	ADDITION TO LOWER EXTREMITY,				
L5683	Initial custom socket insert	ADDITION TO LOWER EXTREMITY,				
L5684	Bk fork strap	ADDITION TO LOWER EXTREMITY,		-		
•				• • •		

To view all descriptions associated with the HCPCS codes in the Code list, Click the radio button next to <u>Full View</u>. Included in the list will be any Custom descriptions that have been assigned to HCPCS codes.

HCPCS Add, Effective and Inactive Date

Code List				
🔘 Standard Vie	w 🔘 Full View	Hide Inactive Codes		•
Code 🔺	Description	Add Date 🕕	Effective Date 2	Inactive Date 3
L5679	Socket insert w/o lock mech	2/3/2010	2/3/2010	
L5680	Bk thigh lacer non-molded	2/3/2010	2/3/2010	
L5681	Intl custm cong/latyp insert	2/3/2010	2/3/2010	
L5682	Bk thigh lacer glut/ischia m	2/3/2010	2/3/2010	_
L5683	Initial custom socket insert	2/3/2010	2/3/2010	E
L5684	Bk fork strap	2/3/2010	2/3/2010	
L5685	Below knee sus/seal sleeve	2/3/2010	2/3/2010	

1. Add Date column lists the date the code is added to the data base.

2. Effective Date lists the date the code is in effect.

3. Inactive Date lists the date a code is discontinued or deleted.

Hide/Show Inactive HCPCS Codes

Code List					
💿 Standard Vie	w 🔘 Full View	, 🔽 Hid	e Inactive Codes		
Code 🔺	Description		Add Date	Effective Date	Inactive Date
L5679	Socket insert w/o lock me	ech	2/3/2010	2/3/2010	
L5680	Bk thigh lacer non-molde	d	2/3/2010	2/3/2010	
L5681	Intl custm cong/latyp ins	ert	2/3/2010	2/3/2010	
L5682	Bk thigh lacer glut/ischia	m	2/3/2010	2/3/2010	
L5683	Initial custom socket inse	ert	2/3/2010	2/3/2010	E
L5684	Bk fork strap		2/3/2010	2/3/2010	
L5685	Below knee sus/seal slee	ve	2/3/2010	2/3/2010	

If a code had been Inactivated and is no longer going to be used it can be removed from the Code List by placing a check mark in the Hide Inactive Codes box.

Tools menu -> Billing Maintenance -> ICD Maintenance

ICD Maintenance

CD Code Mai	ntenar	nce				D
Code Details						
Code Lookup		Description Lookup				
001.0	-	Cholera due to Vibrio cholerae				*
Use Custom	1	Custom Short Description				
				📃 Ina	ctive	Save
Code List						
V Hide Inactiv	ve Codes	5				
Code 🔺	Descr	iption	Custom Description	Us	Effective	Modifie:
001.0	Choler	ra due to Vibrio cholerae			2/3/2010	
001.1	Vibrio	cholerae el tor			2/3/2010	
001.1	Choler	ra due to Vibrio cholerae el tor			2/3/2010	
001.1	El Tor	cholera			2/3/2010	
001.9	Choler	rine			2/3/2010	
001.9	Choler	ra NOS			2/3/2010	
001.9	Asiatio	: cholera			2/3/2010	
001.9	Choler	ra, unspecified			2/3/2010	
002.0	Ileoty	phus			2/3/2010	
002.0	Infect	ion by Salmonella typhi			2/3/2010	
		111				
						Close

ICD Search by code

Code Details		
Code Lookup		Description Lookup
<mark>789</mark> .00		 Abdominal pain, unspecified site
Code		Description
789.00		Abdominal pain, unspecified site
789.01	ł	Abdominal pain, right upper quadrant
789.02	1	Abdominal pain, left upper quadrant
789.03	ł	Abdominal pain, right lower quadrant
789.04	ł	Abdominal pain, left lower quadrant
789.05	1	Abdominal pain, periumbilic
789.06	ł	Abdominal pain, epigastric 📃 🔽
×		.::

Begin typing the ICD code in the ICD Look up and as you type, the codes and short descriptions are listed.

ICD Search by description

Code Details			
Code Lookup	Description Looku	p	
338.12	 Pain following the 	pracotomy, acute	-
🔲 Use Custom	Code	Description	
	338.12	Pain following thoracotomy, acute	
	338.28	Pain following surgery, chronic	
	577.1	Painless pancreatitis	
	338.18	Pain following surgery, acute	
Code List	984.9	Painters' colic	
CODELISC	780.96	Pain, not otherwise specified	
🔽 Hide Inactive Co	_{des} 529.6	Painful tongue	-
	×		.:

Begin typing the ICD description in the Short Description lockup and as you type, the codes and short descriptions are listed.

Create a Custom ICD Description

Code Details			
Code Lookup		Description Lookup	
338.12	-	Pain following thoracotomy, acute	-
🔽 Use Custom	_	Custom Short Description	
	2	Type a custom short description to quickly find code	
1	-	Inactive	3 Save

1. After selecting a ICD code, Place a check mark if you wish to use the custom descriptions when searching for this code.

2. Begin typing a short description of your choice for this selected ICD code.

3. Click Save.

Note: Only complete this section if using descriptions other than the original short descriptions for the ICD code.

Inactivate a	an ICD code	
Code Details		
Code Lookup	Description Lookup	
338.12	 Pain following thoracotomy, acute 	-
🔽 Use Custom	Custom Short Description	
	Type a custom short description to quickly find code	
		ive 2 Save

1. To inactivate a ICD code and delete it from the ICD Code List, Place a check mark in the Inactive box.

2. Click Save.

<u>Note:</u> This will not completely remove it from the data base, but will hide it from view if there is also a check mark in

the Hide Inactive Codes option.

ICD Effective, Modified and Deactivation Date

Code 🔺	Description	Custom Description	Us	Effective	Modified	Deactivation
338.12	Post-thoracotomy pain, not otherwise			2/3/2010		
338.18	Pain following surgery, acute			2/3/2010		
338.18	Postoperative pain, acute, not elsew			2/3/2010		
338.18	Postoperative pain, not otherwise sp			2/3/2010		
338.18	Acute postoperative pain, not elsewh			2/3/2010		
338.19	Pain, acute, not elsewhere classified			2/3/2010		
338.19	Acute pain, not elsewhere classified	sample description	V	2/3/2010		
338.21	Chronic pain due to trauma			2/3/2010		
338.21	Pain due to trauma, chronic			2/3/2010		

1. Effective date column lists the year the code is in effect.

2. Modified Date column lists the date the code was last modified.

3. When an ICD code is discontinued Deactivation Date column will list the date it was discontinued.

Note: The dates are automatically inserted when modified or updated

Hide/Show Inactive ICD Codes								
Code List								
V Hide Inactive	e Codes							
de ▲ 33.9.12	Description	Custom Description	Us	Effective	Modified	Deactivation 📤		
333.12	Post-thoracotomy pain, not otherwise			2/3/2010				
220.10	nata Callanda a marine a suba			2/2/2010				

If a code had been Inactivated and is no longer going to be used it can be removed from the Code List by placing a check mark in the Hide Inactive Codes box.

9. Adjustment Maintenance

Tools menu -> Billing Maintenance -> Adjustment Maintenance

Adjustment Maintenance

A	djus	tme	ent Code Maintenance				
[Custo	om (Iodes				
ľ	Code Search Description Search Inactiv						
	300		👻 🔸 Medicaid Adjustment			-	
	Note						
							Save
	Code	: List					
ľ						🔽 Hide :	Inactive
	C		Description	Note	Effect	Modif	Deac
	100		Professional Courtesy		3/10/2	3/10/	
	200		Blue Cross Adjustment		3/10/2	3/10/	
	210		New Adj. code		3/17/2	3/17/	
	300		Medicaid Adjustment		3/10/2	3/10/	
	400		Medicare Adjustment		3/10/2	3/10/	
	600		Refund to Patient		3/10/2	3/10/	
							Close

Add an Adjustment		
Custom Codes		
Code Search 🛛 🚺	Description Search	Inactive
Search 🔹 🔸	Search	_
Note		
		Save

1. Click on the Green + to open the New Code Section.

Custom Codes	
New Code 2 New Description 3	
90000 × Sample Adjustment Code	
Note	
	4
	Add

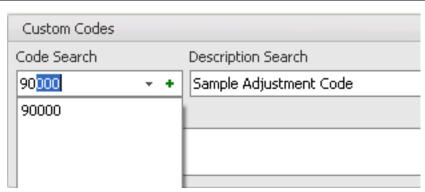
- 2. Type Numeric and/or Alpha Code.
- 3. Give the new Code a Description.
- 4. Click the Add button. The new Custom Adjustment code is now added to the Code List.

Inactivate an A	Inactivate an Adjustment					
Custom Codes						
Code Search	Description Search	Inactive				
		Save				

To inactivate an Adjustment Code and delete it from the Code List, Place a check mark in the Inactive box. This

will not completely remove it from the data base, but will hide it from view if there is also a check mark in the Hide Inactive Codes option.

Adjustment Search by Code



Begin typing the Custom Adjustment code in the Code Search and as you type, the codes and short descriptions are

listed.

Adjustment Search by Description

Custom Codes	
Code Search	Description Search
90000 - +	Sample Adjustment Code
Note	Sample Adjustment Code
	-

Begin typing the Adjustment description in the Short Description Search and as you type, the codes and short

descriptions are listed.

Adjustment Effective, Modified or Deactivation Date

Code Lis	t				
			1	2	🔽 Hide Inactive
C 🛦	Description	Note	Effective	Modified	Deactivation 3
100	Professional Courtesy		3/10/2010	3/10/2010	
200	Blue Cross Adjustment		3/10/2010	3/10/2010	
210	New Adj. code		3/17/2010	3/17/2010	
300	Medicaid Adjustment		3/10/2010	3/10/2010	
400	Medicare Adjustment		3/10/2010	3/10/2010	
600	Refund to Patient		3/10/2010	3/10/2010	
90000	Sample Adjustment Code		3/22/2010	3/22/2010	

1. Effective date column lists the year the code is in effect.

2. Modified Date column lists the date the code was last modified.

3. When an Adjustment code is discontinued Deactivation Date column will list the date it was discontinued.

Note: The dates are automatically inserted when modified or updated

Hide/Show Inactive Adjustment Codes

Code List					
				-	🔽 Hide Inactive
C 🔺	Description	Note	Effective	Modified	Deactivation
100	Professional Courtesy		3/10/2010	3/10/2010	
200	Blue Cross Adjustment		3/10/2010	3/10/2010	
210	New Adj. code		3/17/2010	3/17/2010	
300	Medicaid Adjustment		3/10/2010	3/10/2010	

If a code had been Inactivated and is no longer going to be used it can be removed from the Code List by placing a check mark in the Hide Inactive Codes box.

Tools menu -> Billing Maintenance -> Custom Charges Maintenance

Custom Charges Maintenance

Custom C	Charges Mainten	ance				×
Search						
Code Sear	rch	Description Search				
99999	- +	No show Fee				-
Code Del	tails					
Short Des	cription					
No show	Fee					
Medium D	escription					
Long Desc	cription					
						-
🔲 Taxab	le] Ina	ctive		Save
Custom (Charges List					
					💟 Hide I	nactive
Code 🔺	Short Description			Effec	Modif	Deacti
99998	Returned Check Fe	e		3/22/		
99999	No show Fee			3/12/	3/12/	
L						
						Close

Add a Custom Charge

Search			
Code Search	1	Description Search	
Search	• +	Search -	

1. Click the Green + to open the New Code dialog.

Search		
New Code Name 🚺		
99998 ×		
Code Details		
Short Description 2		
Returned Check Fee		
Medium Description 3		
Insufficient Funds Fee		
Long Description		
Check returned by Bank-Account Closed		^
6		6
Taxable	Inactive	Add

- 1. Type new Code using numeric and/or alpha characters.
- 2. Type a Short Description for the code.
- 3. Type a Medium Description. (optional)
- 4. Type a Long Description. (optional)
- 5. Place a check mark in the box if item or service is taxable.
- 6. Click Add. New Custom Charge is now added to the Custom Charges List.

Inactivate a Custom Charge

1. To inactivate a Custom Code and delete it from the Code List, Place a check mark in the Inactive box.

2. Click Save.

<u>Note:</u> This will not completely remove it from the data base, but will hide it from view if there is also a check mark in the Hide Inactive Codes option.

Custom Charge Search by Code

Begin typing the Custom Charge code in the Code Search and as you type, the codes and short descriptions are listed.

Custom Charge Search by Description

Begin typing the Custom Charge description in the Short Description Search and as you type, the codes and short descriptions are listed.

Custom Charge Effective, Modified and Deactivation Date

1. Effective date column lists the year the code is in effect.

2. Modified Date column lists the date the code was last modified.

3. When a Custom Charge code is discontinued Deactivation Date column will list the date it was discontinued.

Note: The dates are automatically inserted when the code is modified or updated.

Hide/Show inactive Custom Charges

If a code had been Inactivated and is no longer going to be used it can be removed from the Code List by placing a check mark in the Hide Inactive Codes box.

Tools menu -> Billing Maintenance -> Fee Schedule Maintenance

Fee So	Fee Schedule Maintenance						
Fee Sch	edule Mainte	nance				X	
Fee Sch	nedule Details					*	
Name Medicar	e - 4	Manual En Based On Default Notes	Amour	ed On Existing nt 19 % Preview	Inactive		
					Save		
Code Li	st						
🔳 Hide	Inactive Items	Code Search	Search	*		+ Add Code	
Active	Code	Default	Aetna	BCBS AR	Medicare 🛛 🔻	^	
	14302	\$800.00	\$800.00	\$800.00	\$792.00	=	
V	72020	\$250.00	\$250.00	\$250.00	\$247.50		
v	99204	\$140.00	\$140.00	\$140.00	\$138.60		
V	99218	\$120.00	\$120.00	\$120.00	\$118.80		
v	99217	\$99.00	\$99.00	\$99.00	\$98.01		
V	99215	\$90.00	\$90.00	\$90.00	\$89.10		
~	71040	\$90.00	\$90.00	\$90.00	\$89.10		
V	71100	\$80.00	\$80.00	\$80.00	\$79.20		
~	73010	\$80.00	\$80.00	\$80.00	\$79.20	-	
						Close	

This screen shot shows the Maintenance screen after building 4 different Fee Schedules. The Default Fee Schedule amounts will have to be manually entered, and other Fee Schedules can be based on those fees. Aetna and BCBS AR are based on 100% of the existing Default fee schedule. Medicare is Based on 99% of the Default Fee Schedule for this example.

Adding Codes to a Fee Schedule

Fee Schedule Details			*
Name	🔘 Manual Entry	Based On Existing	Inactive
Search 🔍 💽+	Based On	Amount	-
Default 2	Search	0 % Preview	
	Notes		
		<u>+</u>	Save

Begin by adding Procedure and HCPCS codes to the Default Fee schedule.

- 1. Click on the Drop Down Arrow in the Name field to open the Name(s) of existing fee schedules.
- 2. Double Click on <u>Default</u> in the Drop Down list.

Fee Schedule Details				×
Name Default -	Manual Entry Update Codes	© Based On Existing	Inactive	
	Notes			
		~	Save	
Code List				
V Hide Inactive Items	Code Search Search	h 🔻	3	+ Add Code
Active Code	Default			1

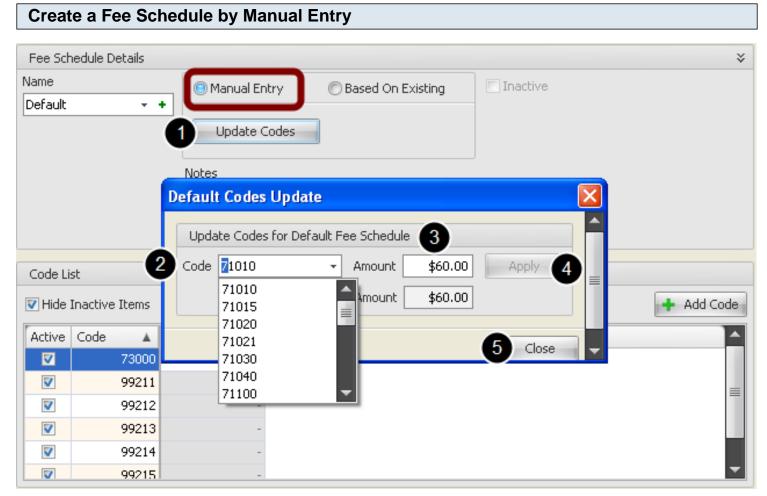
3. Click the Add Code button to open the Code Search dialog.

Co	de Search				
	Code Search 73000	4	Description Search X-RAY EXAM OF CO	LLAR BONE -	
	Code 73000 73020			Okay Cancel	-
	73030 73040 73050				
	73060 73070		-		
	×		.::		

- 4. Begin typing the code and as you type, a list of codes and the Description of the codes will display.
- 5. When the correct CPT/HCPCS is in the Code and Description search field, Click the <u>Okay</u> button.

1	Code Li:	st			
☑ Hide Inactive Items Code Search				Code Search	Search - Add Code
1	Active	Code		Default	
	V		73000	\$0.00	
L					
L					
L					

6. Click the <u>Add Code</u> button and repeat steps 4-5 until Code list is complete with Procedure codes and HCPCS codes most commonly used in your practice



Use the newly created list of codes to add a charge for each code in the Default Fee Schedule. Make sure the **Manual Entry** option is selected

1. With Default Fee Schedule still selected, Click the <u>Update Codes</u> button in the Fee Schedule Details to open the Default Codes Update dialog.

2. Begin typing the code.

3. Type a charge amount for the code. The Default Amount field will automatically populate when applied.

4. Click the Apply button.

5. Repeat steps 2-4 until all codes have a fee applied and Click the <u>Close</u> button.

<u>Note:</u> Codes will have to be added to the <u>Code List</u> before they can be found in the Codes Update dialog list.

Create a Fee Schedule Based on an Existing Schedule

Fee Sch	edule Mainte	nance						×	
Fee Sch	nedule Details		2					¥	
New Name		🔘 Manual En		d On Existing	🔲 Inactive				
Medicare	e Advantage 🔅	× Based On	Amour	nt					
		3 Default	▼ 9	95 % Preview					
		Notes			_				
					4				
					Add				
Code Li:	st								
✓ Hide 1	Inactive Items	Code Sea	rch Search				+	Add Code	
Active	Code	Default	AARP	Aetna	BCBS AR	Cigna	Medicaid	· · · · · · · · · · · · · · · · · · ·	
V	90471	\$15.00	\$0.00	\$15.00	\$15.00	\$14.70		\$12.00	
V	73540	\$75.00	\$0.00	\$75.00	\$75.00	\$73.50		\$60.00	
V	G8571	\$60.00	\$0.00	\$60.00	\$60.00	\$58.80		\$48.00	
							×	\$79.20	
V	99212	\$120.00	\$0.00	\$120.00	\$120.00	\$117.60		\$96.00 🔽	
								Close	

A Fee Schedule can be automatically priced based on a percentage of any of the existing fee schedules.

- 1. Add a new fee schedule and Type a name for the schedule.
- 2. Click Based On Existing.
- 3. Select Default from the Drop down list and Type a percentage of the Default fee schedule amount to base the new fee schedule charge.
- 4. Click the Add button.

Code List											
Image: Wide Inactive Items Code Search Search ✓											
Active	Code	Default	AARP	Aetna	BCBS AR	Medicare Advant	Cigna 🔺				
	90471	\$15.00	\$0.00	\$15.00	\$15.00	× \$14.25	\$14.				
V	73540	\$75.00	\$0.00	\$75.00	\$75.00	\$71.25	\$73.				
V	G8571	\$60.00	\$0.00	\$60.00	\$60.00	\$57.00	\$58.				
V	73630	\$99.00	\$0.00	\$99.00	\$99.00	\$94.05	\$97.0				
V	99212	\$120.00		\$120.00	\$120.00	\$114.00	\$117.(🔽				
•							•				

5. Scroll over to the column to verify the new Fee Schedule has been added to the Code List.

Update fees for codes added using the Manual Entry Option

Fee Schedule Mainte	enance					×
Fee Schedule Details						*
Name	🕘 Manual Entr	y 🔘 Based i	On Existing	Inactive		
Default -	Update Coo					
	Notes Default Codes					
	Update Codes	for Default Fee Scl	hedule	3 4	Ĥ	
Code List	Code 99213	✓ Amo	ount \$135.00	Apply		
V Hide Inactive Items	2	Default Amo	ount \$130.00			Add Code
Active Code				5		Humana 🔼
71040	- <u> </u>			Close	\$88.20	\$
72010	× \$1,470.15	\$150.00	\$150.00	\$1,470.15	\$147.00	\$1,
72040	4	\$70.00	\$70.00	\$686.07	\$68.60	\$
73010	\$784.08	\$80.00	\$80.00	\$784.08	\$78.40	\$
73090	\$882.09	\$90.00	\$90.00	\$882.09	\$88.20	\$-
	111					
						Close

Update all Fee Schedules that have been added using the Manual Entry option. If a Fee Schedule has been added using the Based on Existing option, those steps will follow.

1. With Default Fee Schedule selected, Click the <u>Update Codes</u> button in the Fee Schedule Details to open the Default Codes Update dialog.

2. Begin typing the code.

3. Type the updated fee for the code. The Default Amount field will automatically update when Applied and Closed.

4. Click the Apply button.

5. Repeat steps 2-4 until all codes have been updated, and then Click the <u>Close</u> button.

Update codes with fees Based on Existing Fee Schedules

Eee Sch	edule D	etails						*		
Name			💭 Manual Er	ntry 💿 Bas	ed On Existing	Inactive	Inactive			
Cigna 🗸 🕇			+ Based On Default			2				
			Notes							
						Save	3			
Code Lis	Code List									
🔽 Hide I	Inactive	Items	Code Searc	:h 99213	Ŧ			+ Add Code		
Active	Code		Default	AARP	Aetna	BCBS AR	Cigna 🔻	Humana 🔺		
		99218	\$1,176.12	\$1,176.12	\$1,176.12	\$1,176.12	× \$1,176.12	\$1,:		
V		14301	\$1,078.11	\$1,078.11	\$1,078.11	\$1,078.11	\$1,078.11	\$1,0		
V		72052	\$980.10	\$980.10	\$980.10	\$980.10	\$980.10	\$9		
~		73630	\$970.30	\$970.30	\$970.30	\$970.30	\$970.30	\$9		
V		99217	\$970.30	\$970.30	\$970.30	\$970.30	\$970.30	\$9 🔽		
•								►		

Prior to updating fees that have been added using <u>Based on Existing</u> Fee Schedule option, the <u>Based</u> <u>On</u> Fee Schedule will have to be updated by following steps in the **Update fees for codes added using the Manual Entry Option** section of this manual.

1. Scroll to find the fee schedule to update and then Click anywhere inside the column. In this example Cigna is the fee schedule selected.

2. With the Fee Schedule in the Name field of the Details section, Click on the Preview button. The fees will change according to the percentage amount.

3. Click on Save.

Searching for a fee by code

Code List										
🔽 Hide :	Inactive Items	Code Search	71010 -			+	Add Code			
Active	Code 🔺	Default	71010 71015		BCBS AR	Cigna	Humar 🔺			
V	14302	\$7,448.76		\$7,448.76	\$7,448.76	\$7,448.76				
V	21554	\$2,940.30		\$2,940.30	\$2,940.30	\$2,940.30				
V	67875	\$150.00	71030 71040	\$150.00	\$150.00	\$150.00	\$			
	71010	× \$588.06	71100	\$588.06	\$588.06	\$588.06				
V	71015	\$686.07	\$686.07	\$686.07	\$686.07	\$686.07				
•							• •			

Search all Fee Schedules for fees applied to codes by code number.

1. Click inside the Code Search field in the Code list section and begin typing the Code. The code is highlighted for each fee schedule displaying the fee.

Hide	Hide Inactive Fee Schedule(s)										
Code Li:	st										
📃 Hide I	Inactive Items	Code Search	Search	*		+ Add Code					
Ac	Code	Default	Aetna	BCBS AR	Medicare 🛛 🔻						
	14302	\$800.00	\$800.00	\$800.00	× \$792.00	=					
V	72020	\$250.00	\$250.00	\$250.00	\$247.50						
V	99204	\$140.00	\$140.00	\$140.00	\$138.60						
V	99218	\$120.00	\$120.00	\$120.00	\$118.80						
V	99217	\$99.00	\$99.00	\$99.00	\$98.01						
V	99215	\$90.00	\$90.00	\$90.00	\$89.10						
~	71040	\$90.00	\$90.00	\$90.00	\$89.10						
V	71100	\$80.00	\$80.00	\$80.00	\$79.20						
V	73010	\$80.00	\$80.00	\$80.00	\$79.20	-					

If a Fee Schedule has been Inactivated and is no longer going to be used it can be removed from the Fee Schedule List

by placing a check mark in the Hide Inactive Items box.

Inactivating a Fee Schedule										
Fee Schedule Details			1	¥						
Name Medicare • •	🔘 Manual Entry	Based On Existing	Inactive							
	Based On Default	Amount 99 % Preview								
	Notes									
		-	2 Save							

1. To inactivate a Fee Schedule and delete it from the Fee Schedule List, Place a check mark in the Inactive box.

2. Click Save.

<u>Note:</u> This will not completely remove it from the data base, but will hide it from view if there is also a check mark in the Hide Inactive Codes option.

Tools -> Insurance Companies

Insurance Company Maintenance

1 2 3	Address	City	ST	Zip
AARP	PO Box 740819	Atlanta	GA	30374
Aetna	PO Box 1111	Any City	AR	72764
Arkansas Medicaid	PO Box 8883	Little Rock	AR	72203
BCBS AR	PO Box 2181	Little Rock	AR	72203
Blue Shield IN	PO Box 37010	Louisville	KY	40233
Indiana Medicaid Operations	PO Box 7269	Indianapolis	IN	46207
Medicare	PO Box 1214	Little Rock	AR	72203
Medicare Indiana	PO Box 6160	Indianapolis	IN	46204

Add new Insurance Companies, Edit existing Insurance Companies and Associate Providers to Insurance Companies when submitting Insurance Claims.

- 1. Add a new Insurance Company.
- 2. Edit an existing Insurance Company.
- 3. Delete an Insurance Company.

4. Click inside the blank grid directly below column headers and begin typing to search by name, City, State, etc.

Add a New Insurance Company

Name	 Address	City	ST	Zip
AARP	PO Box 740819	Atlanta	GA	30374
Aetna	PO Box 1111	Any City	AR	72764
Arkansas Medicaid	PO Box 8883	Little Rock	AR	72203
BCBS AR	PO Box 2181	Little Rock	AR	72203
Blue Shield IN	PO Box 37010	Louisville	KY	40233
Indiana Medicaid Operations	PO Box 7269	Indianapolis	IN	46207
Medicare	PO Box 1214	Little Rock	AR	72203
Medicare Indiana	PO Box 6160	Indianapolis	IN	46204

1. Click Add New Company icon to open Edit Insurance Company dialog.

Edit Insurance	Company							
Company Name	BCBS AR			Electron	ic Submission Ir	nfo		
Address	PO Box 218	1		Payer Qu	alifier	Mutual	ly Defined - ZZ 🛛 👻	
2				Payer ID		00181		
City	Little Rock			Clearingh	ouse Name	GEDI		
State	AR Zip 72203			Clearingh	ouse ID	431420764		
Phone	(501)378-1111 ext			Type (If F	Primary)	Blue Cross/Blue Shield - BL 🔹 👻		
Fax	(501)555-4444					Group	oup Policy - GP 👻	
Type (CMS 1500) Group Health Plan 👻			•	Receiver Qualifier Mu		Mutual	ly Defined - ZZ 🔹 👻	
Group Provider (L		Receiver :	ID	431420	0764000000			
Fee Schedule (Leo	gacy)							
Fee Schedule	BCBS AR		Ŧ			_		
		Active 🔽 Show	/Legacy ID	os 📃 🛛 D	efault Electron	ic 🔽	3	
Provider Setup	_							
	×							
Name		Pay To NPI	Pay To Le	gacy ID	Rendering NP	I	Rendering Legacy ID	
> Alan Anderso	on	123344556			3333333333			
Randall Oate	s	1234567890			1122334455			
							OK Cancel	

2. Add Insurance Company information including:

Type-This will be used to determine which box to check in **Block 1.** on the CMS 1500 form.

Group Provider (Legacy)- If the Insurance Company requires a Legacy number in addition to a NPI number, Type the Group/Pay To number here.

Fee Schedule (Legacy)- This is for information purposes only, any Legacy Fee Schedules previously assigned to this Payer.

Fee Schedule- Use the Drop Down option to select a Fee Schedule from the list in Fee Schedule Maintenance, or leave blank and it will use the Default fee schedule

3. Check the box if applicable:

Active This box will default to active. Click to remove check mark if the Company becomes inactive/no longer a valid Insurance Company.

Show Legacy ID If checked, the Legacy numbers entered in the Company information will be included on all claims.

Default Electronic Check box if claims for this insurance company will go to the payer electronically. If

not checked, claims will be printed on a CMS 1500 form.

Note: If a Payer/Insurance Company normally accepts only paper claims, but claims will be sent to GatewayEDI to drop to paper and forward to the Payer, see next step for setup information.

Electronic Insurance Submission Setup

Electronic Submission Info							
Payer Qualifier	Mutually Defined - ZZ	•					
Payer ID	00181						
Clearinghouse Name	GEDI						
Clearinghouse ID	431420764						
Type (If Primary)	Blue Cross/Blue Shield - BL	-					
Type (If Secondary)	Group Policy - GP	,					
Receiver Qualifier	Mutually Defined - ZZ	•					
Receiver ID	431420764000000						

4. Electronic Submission Info is inserted into the Electronic Insurance files to identify Payer, Clearinghouse and Type of claim.

Note: <u>All fields are required when submitting electronic claims</u>. <u>Payer ID and Receiver ID</u>.<u>will be</u> <u>provided by your Clearinghouse</u>.

Payer Qualifier-Identifies type of Payer ID. (For most Payers, this will be **ZZ-Mutually Defined**) **Payer ID**-Identifies the Payer of claims submitted for this Insurance Company. (**GatewayEDI** will provide a list of your Payer IDs)

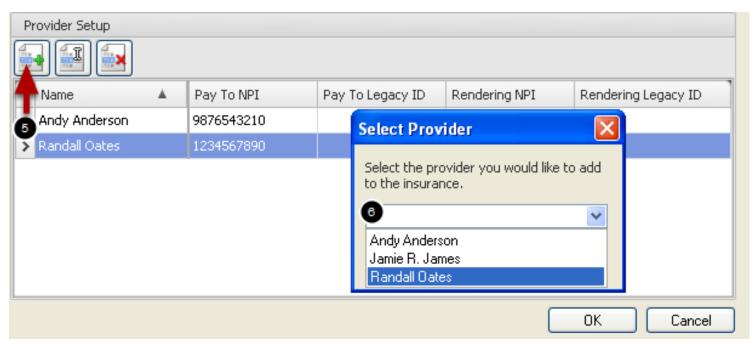
Note: <u>All payers that will be sent electronically to GatewayEDI and then dropped to paper claim by</u> <u>Gateway, will be **Payer ID 00010**</u>

Clearinghouse Name-Identifies the Clearinghouse. (GatewayEDI) Clearinghouse ID-Identifies the Clearinghouse. (GatewayEDI ID shown in example) Type (If Primary) - Identifies the Type of claim/insurance company. For Primary, the most common types will be: CI - commercial BL - BCBS MC - Medicaid MB - Medicare **Type (If Secondary)**-Identifies the Type of claim/insurance company. For Secondary, the most common types will be: SP-Supplemental Policy

GP - Group Policy

MI - Medigap Part B

Receiver Qualifier-Identies the Receiver ID. (For most Receivers, this will be ZZ-Mutually Defined) Receiver ID-Identifies the Receiver of the Electronic file submitted. (GatewayEDI Receiver ID shown in example)



<u>The information in Provider Setup section is required when filing claims</u>, and is used to file to identify the Rendering Provider of Service, The Pay To Group/Provider and other identifiers.

5. Click the New Provider Mapping button (Green +) to add Providers of Service to this Insurance Company.

6. Click to highlight a Provider and Click the Add button to open the Edit Billing Information dialog.

Edit Billing/Pay To Information for Payer-Add Taxonomy Code/Legacy IDs

Edit Billing	Information								
Insurance P	Payment To 🕜								
Verride 🗸	Group Values								
Name	Professional Groups, Inc.								
Address 123 Any St									
City	Any City State AR								
Zip	72703								
Phone	(479)555-5555								
Tax ID	● EIN ● SSN ⑧ 71-111111								
NPI	1234567890								
Legacy ID	9 -								
Submitter ID	Mutually Defined - ZZ 10 - ID X123								
Clinic CLIA N	Number								
CLIA ID	05D1234444								
Rendering I	nformation								
NPI	1122334455 11								
Legacy ID	12 -								
	13 Save Cancel								

Edit Billing Information dialog is used to identify Billing/Pay To information (top portion) and Rendering Provider of service (bottom portion). This information will be included on all claims submitted to this Insurance Company.

7. This section is populated with data used when setting up <u>Manage Groups</u>. Verify that this is the correct Pay To information. To edit information and Add a Submitter Id for Electronic claims, Click to place a check mark in the Override Group Values box.

8. If the Pay To provider is an individual and payments are reported to his Social Security number, Click SSN and type social security (Block 25)

9. Use drop down to select type of ID number to include in the file-Billing Legacy number, Billing

Taxonomy code, etc. and enter the number in the next field. T

10. For Electronic claims, use the drop down arrow to select an identifier for the **Submitter ID** and then Type the ID into the ID field. This information is provided by your Clearinghouse or Receiver of electronic files. For paper claims, leave blank.

10. This section is populated with data used when setting up **Provider Manager**. If this insurance requires a **Rendering Provider Legacy** number or a **Rendering ProviderTaxonomy Code** for the Rendering Provider, in addition to the NPI, use the drop down arrow to select an identifier for the ID and then type the ID into the field. **(Block 24j)**

11. Click the Save button. Save Mapping dialog asks if you would like to link this insurance company to the specified group, Click <u>Yes.</u>

Delete Insurance Company Tools -> Insurance Companies

.					
Name		Address	City	ST	Zip
	Remove Company -	Ctrl + Alt + R			
AARP	Deactivates the curre and removes it from t	ently selected company he active display	Atlanta	GA	30374
Aetna			Some City	AR	72764
Arkansas Medicais		-	Little Rock	AR	72203
BCBS AR		PO Box 2181	Little Rock	AR	72203
Blue Shield IN		PO Box 37010	Louisville	KY	40233
Cigna		PO Box 1234	Some City	AR	72771
Indiana Medicaid Operations		PO Box 7269	Indianapolis	IN	46207
Medicare		PO Box 1214	Little Rock	AR	72203
Medicare Ind	iana		Indianapolis	IN	46204



Tools -> Insurance Companies

1. Click on the Insurance Company to be deleted.

2. Click on the **Remove Company** Icon (Red X). You will be prompted to verify that you want to remove the selected insurance company.

3. You will be prompted to verify that you want to remove the selected insurance company. Yes to delete, No to cancel

Note: Users must have security privileges to delete an Insurance company. Insurance demographics will have to be updated for any patients that have the deleted insurance company in their information.

Tools -> Contacts

Additional information in SOAPedia

Add New Contact										
Name	Specialty	City	State	Phone	Fax					
× McCraw, L	Cosmetic Surg	Fayetteville	AR	(479) 521-3213	(654) 321-3213					
× Contact, S	Abdominal Ra	Fayetteville	AR	(796) 416-3213	(555) 555-1212					
× Schmo, Joe	Occupational	Springdale	AR	(479) 756-2311	(888) 165-1322					
× Oates, Ra	Family Practice	Fayetteville	AR	(800) 455-7627	(866) 237-9073					
X Deere, John	Abdominal Ra	Springdale	AR	(479) 853-2132	(111) 111-1111					
Delete Contact			Double Click to edit Contact							

1. Click Add New Contact button to create a new contact.

Note: To edit an existing Contact, double click on contact name to open Edit Contact Information dialog. To delete a contact, click on the **X** next to contact name.

Edit Contact Information
Title First Name Middle Last Name Suffix Randall Oates Image: Suffix state
Address Notes
4220 N. Crossover Rd.
City St Zip Code
Fayetteville AR 72701-
Office Phone Home Phone Cell Phone
(800) 455-7627 () - () -
Fax Pager
(866) 237-9073 () -
Email
roates@docs.com
Website
www.soapware.com
Provider Information 2
NPI UPIN Specialty Taxonomy
1215067822 Family Practice 207Q00000X
Insurance Information 3
Company
BCBS
Okay Cancel

- 1. **Contact Information:** Complete the Contact's basic demographic information.
- 2. Provider Information: Enter the referring physician's NPI, Specialty and Taxonomy code.

3. **Insurance Information:** If any legacy IDs are needed for referrals when filing with certain insurance companies, you can enter these IDs under Insurance Information. See below steps for adding a legacy ID.

Insurance Information

Insurance Information	Select Insurance Company
Company	
 Blue Cross Blue Shield 	Insurance Company Indiana Medicaid Operations Medicare Indiana
Aetna Medicare	Blue Shield IN
	Medicare Blue Cross Blue Shield Arkansas Medicaid
1	×:
	OK Cancel

3. Click the New Insurance Mapping button in the Insurance Information section to open the Select Insurance Company dialog.

4. Click the Drop Down button to display a list of available Insurance companies.

Note: <u>Most insurance companies require only the NPI number of the Referring Provider. If the selected</u> <u>insurance company requires a legacy number or Taxonomy Code, proceed to step 5. If not, the Contact</u> <u>setup is complete for this Referring Provider.</u>

Add Legacy IDs/Taxonomy Codes

Edit Cont	act Information	
Legacy ID	5 	8
	ID Type	^
	Health Maintenance Organization Code Numb	
THE STREET	Location Number - LU	TRACTOR AND
	Medicaid Provider Number - 1D	
	Medicare Provider Number - 1C	
	Preferred Provider Organization Number - B3	
	Provider Commercial Number - G2	111918644
and the state	Provider Site Number - G5	▼
i sa si k	х	

To access the list of Taxonomy Codes, Click on the link http://www.wpc-edi.com/content/view/793/1

5. Click the Drop-down button to display the list of different types of legacy numbers, including Taxonomy Codes followed by the legacy number <u>ID Qualifier.</u>

6. Type the Legacy number and then Click **Save.**

Tools -> Custom Demographic Titles

		↓ ×
Demographics	Summary	N P A
Emergency #:		
Spouses Name:		
Caregiver's Name:		
Custom 4		
Custom 5		
Custom 6		
Custom 7		
Custom 8		
Custom 9		
Custom 10		
Custom 11		
Custom 12		
Custom 13		
Custom 15		
Custom		4 Þ
	▼ ▼	N P
	▼	
Drag a column hea	der here to group by that column.	
Name		√ ▲
🔄 General		
🛄 Custom		E
		Ψ.

The Custom Demographics section of the chart contains the information not otherwise contained elsewhere in the demographics area, but which may be needed in most patients' charts. Setting the custom demographics titles has changed slightly from SOAPware 4.x. Custom field 13 is a note or

memo text box; it is used to store more information than the other fields.

SOAPware Chart Docutainers 1 Tools View Help Demographics Summary Emergency #: Spouses Name: Caregiver's Name: Custom 4	X ₫ ▷	Subjecti
Custom 4 Custom 5 Custom 6 Custom 7 Custom 8 Custom 9 Custom 10 Custom 11 Custom 12 Custom 13 Custom 13	Edit Custom Demograph Custor 3 Energency 2 Custom 2 Spouses Na Custom 3 Caregiver's Custom 4 Custom 4 Custom 5 Custom 5 Custom 6 Custom 6 Custom 7 Custom 7 Custom 8 Custom 8 Custom 9 Custom 9 Custom 10 Custom 10 Custom 11 Custom 11 Custom 12 Custom 12 Custom 13 Custom 13	ame:
Custom	4 Sove	Cancel Date/Time 5/12/2010 1: 4/29/2010 8:

By editing custom demographics titles, you can add additional demographic fields to SOAPware, with names that you assign them. To modify the custom demographics headings:

- 1. Click Tools-Custom Demographic Titles
- 2. You will see a list of custom demographics text boxes. The current name of each field is shown in an

edit box where you can enter the new name.

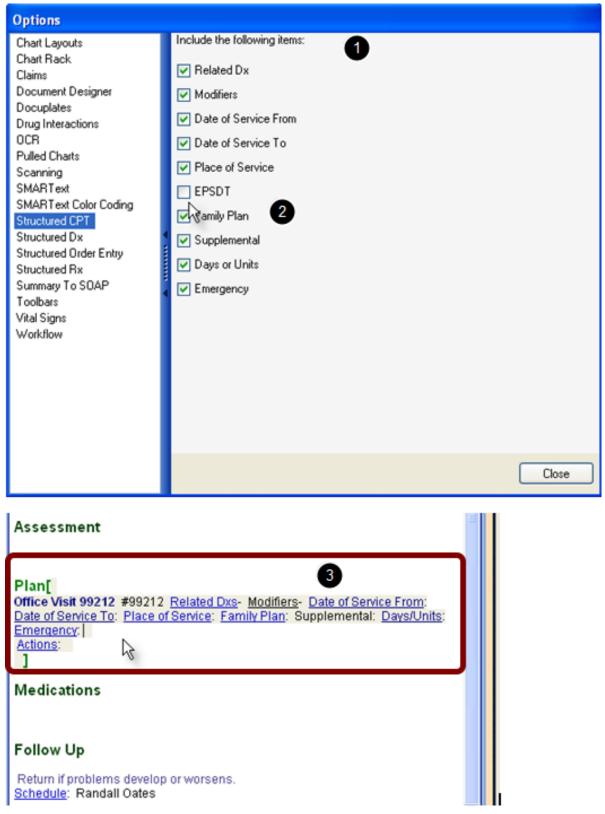
3. Fill in as many of these fields as you wish, then click Save to save your changes.

4. Click Save, then close SOAPware and restart to see the new titles displayed.

Note: This setting will change the titles of all custom demographic fields on all patients in the database.

Tools -> Options -> Structured CPT

Select Structured CPT Sub items



1. Select Sub items for the Structured CPT items when inserted in the Plan Section of the SOAP note for documenting Encounters/Visits.

2. To exclude a sub item, click the box to remove the check mark.

3. Screenshot of Structured SMARText item within the SOAP note using the select options above.

Updating CPT, HCPCS, and ICD-9 codes

1. Download new quarterly/annual codes

Steps to download the latest database of CPT, HCPCS or ICD codes - When the below steps are followed and completed, any new or revised codes will be downloaded on your local database, and any newly inactivated codes for the coming year will no longer be available on SMARText Online database.

Clinical Suite Only: New codes will be automatically added to the Billing Maintenance databases, and revised codes, when downloaded on the SMARText Online library, will be updated in the Billing Maintenance databases. <u>Deleted codes will have to be inactivated manually.</u>

OAPware 2010 - Pat DAPware Chart Billing	ient: - User: Front Office - Provider: Randall Oates, MD Docutainers Edit Tools View Help
APware Chart billing	New
	New Encounter Ctrl+N
	Rx Manager F8
	Order Entry
	 Insert Order F4
	Docuplates F6
	SMARText Items F10
	Handouts
	Select Handouts Ctrl+H
	Print Distance in the second s
	Spelling +
	Sign Off
	Sign All
	Unsigned
	In Use
	V Previous
	Mext
	Search Docutainers
	View SMARText Structure

1. Click on the **SOAPware menu** and select **Chart**.

2. When in the Chart domain, go to the **Docutainers menu** and select **SMARText Items** (or hit **F10** on your keyboard).

Find the new code set on the SMARText Online Library

SMA	RText Items							×
Searc	h List - By Type	List - By Keyword						
Find	2				5 🕐 🚱			
Sho	rtcut 🗠	Description	Туре	Usage ∇	Keywords	Last Modified	ID	
	iclude Online Libra	ary Items.						Insert Filter
CPT c	opyright 2008 Ame	rican Medical Assoc	iation. All rights res	erved.				

1. Make sure that you have the Include Online Library Items box checked.

2. Enter the code needing to be downloaded into the Find box to access the new codes. NOTE: If there is a group of codes that start with the same few numbers or letters, you can enter those into the find box, and it will pull up all of the codes with that beginning set of numbers/letters. (For example, if you were wanting to pull up the grouping of office visit codes, you could enter 992 into the find box, and it will find all the office visits with those numbers. You can also type in a general description word, such as knee, xray, etc to search for groupings of codes.)

3. Click the **Search button** to search the entire online library for the new codes.

Download a new code set

	RTextItems	L'ER K L					
earcl Find	2011	List - By Keyword					
Sho	rtcut 🗠	Description	Туре	Usage V	Download - Ctrl + Alt + D	ко-д пъ	1
•	#S0014	Tacrine hydrochl	ST Plan Item	0	This will allow you to down	load the colocted	-a592-4
•	#L1870	Ko doub upright	ST Plan Item	0	SMARText items from the		6-d116-
•	#B9002	Enteral infusion	ST Plan Item	0	Once downloaded they will	be available in the	-bf5b-4
•	#C2643	Brachytx, non-st	ST Plan Item	0	local database.		-4cc0-
•	c43130	Removal of esop	ST Plan Item	0	Press F1 key to get m	ore information	-4323-
•	c38207	Cryopreserve st	ST Plan Item	0		; CDazego	b-456a
•	c01990	Support for orga	ST Plan Item	0	01990, 2011, br	ccd2e01	0-cca7
•	c88262	Chromosome an	ST Plan Item	0	**N eedsUpdated	0e04228	c-Ode4
•	c57110	Remove vagina	ST Plan Item	0	**NeedsUpdated	84328ca	8-ba07
v I	c86255	"FLUORESCEN	ST Plan Item	0	**NeedsUpdated	fdd56669	Э-6Ь1 <u>2</u> -
v I	c50389	Remove renal tu	ST Plan Item	0	2011, 50389, c5	b1ced3b	a-30a7
•	#L1270	Abdominal pad	ST Plan Item	0	2011, ABDOMIN	e045f520)-6f57-4
-	c51725	Simple cystomet	ST Plan Item	0	2011, 51725, c5	1e95de9	1-644d

1. Once the list appears, click on the first line shown.

2. Press down the Shift key on your keyboard.

3. Using your mouse scroll all the way to the bottom of the list and click on the last item shown (while still having the Shift key held down).

4. You should see every line item selected in blue.

5. Let up on the Shift key and click the downward facing Blue Arrow to update, as indicated in the image above.

PM Code database updated (Clinical Suite Only)

Code Details						-	
Code Lookup Description Lookup							
001.9 Asiatic cholera							
Curtan	Custom Short Description	1					
Use Custom							
					Inactive	Save	
Code List							
					V H	lide Inactive Cod	
Code 🔺 Desc	iption	Custom Description		Effective	Modified	Deactivation	
	ra, unspecified			2/3/2010	, iounicu	Dedearcation	
	c cholera			2/3/2010	11/4/2010		
002.0 Infec	ion by Salmonella typhi			2/3/2010			
002.0 Typho	peritonitis			2/3/2010			
002.0 Post-	yphoid abscess			2/3/2010			
002.0 Typho	enteritis			2/3/2010			
002.0 Typho	id fever			2/3/2010			
002.0 Ebert	n's disease			2/3/2010			
002.0 Typho	id			2/3/2010			
002.0 Typho	omania			2/3/2010			
002.0 Typho	gastric fever			2/3/2010			
002.1 Parat	yphoid A fever			2/3/2010			
002.1 Parat	yphoid fever A			2/3/2010			
	yphoid B fever			2/3/2010			
	yphoid fever B			2/3/2010			
	yphoid C fever			2/3/2010			
	yphoid fever C			2/3/2010			
					1		

As soon as items are downloaded locally from the SMARText online library, the codes are brought over and made available in the Billing Maintenance Code databases. The updated and/or new codes will show a modified date as the date that the codes were downloaded and brought over.

New codes will automatically be placed in the PM databases (CPT, HCPCS, ICDs) when they are downloaded from the SMARText Online Library as shown in the lesson Download new quarterly/annual codes

Download new CPT codes

Download SMARText items from the SOAPware Library by typing the appropriate keyword(s) and updating all codes as shown in previous lesson **Download new quarterly/annual codes**.

Revised Code Procedure

Update Revised CPT, HCPCS and ICD-9 codes. When the steps are followed and completed in the lesson **Download new quarterly/annual codes**, the revised codes will be updated automatically in the PM Code Database. NOTE: Any custom descriptions that were entered prior to the download of the new codes will remain intact during the update. Revised codes can be identified in SMARText Items by the keyword ****NeedsUpdated-2011****

Update Revised Codes

SMARTextItems					
) ear	ch List - By Type	List - By Keyword			
Find 2011					
Sh	ortcut 🗠	Description	Туре	Usage 🛡	Keywords
V	c97039	"PHYSICAL TH	ST Plan Item	0	**NeedsUpdated-2011**, 090622, 11.0.L57.MUS, 1
V	c87493	C DIFF AMPLIFI	ST Plan Item	0	2011, 87493, acid, agent, amplified, by, c87493, 0
V	c42826	Removal of tonsi	ST Plan Item	0 🥒	12, 2011, 42826, age, 012826, cpt, or, over, prima
•	c88249	Chromosome an	ST Plan Item	0	**NeedsUpdated-2011**, 100 2011, 88249, analys
V	#E2293	Contour back for	ST Plan Item	0	2011, ATTACHING, BACK, CONTOURED, cpt, EX
V	c21345	Treat nose/jaw fr	ST Plan Item	0	2011, 21345, c21345, Closed, complex, cpt, dente
V	c89330	Evaluation, cervi	ST Plan Item	0	**NeedsUpdated-2011**, 2011, 89330, c89330, ce
V	c67924	Repair eyelid def	ST Plan Item	0	2011, 67924, c67924, capsulopalpebral, cpt, eg, (
V	c78808	lv inj ra drug dx	ST Plan Item	0	2011, 78808, ADENOMA, BY, c78808, cpt, EG, F
V	c64416	N block cont infu	ST Plan Item	0	**NeedsUpdated-2011**, 2011, 64416, administrat
V	#J2760	Phentolaine mes	ST Plan Item	0	2011, 5, cpt, hopesw, INJECTION, J2760, MESYL
V	#E1006	Pwr seat combo	ST Plan Item	0	2011, ACCESSORY, AND, COMBINATION, cpt, E
V	#L6895	Custom alove fa	ST Plan Item	0	2011. ADDITION. ANY. cpt. CUSTOM. DEVICE. I

Follow the steps as shown in Download new quarterly/annual codes to automatically update the revised codes.

Deleted Code Procedure

When a CPT, HCPCS or ICD-9 code is deleted or no longer a valid code, it will be removed from the SMARText database but will have to be inactivated in Tools ->Billing Maintenance-> **CPT Maintenance**, **HCPCS Maintenance** and **ICD Maintenance for the PM Code Databases.**

Inactivate a code			
CPT Code Maintenance			×
Code Details CPT Lookup Short Description Lookup 93511 LEFT HEART CATHETERIZATION Medium Description L HRT CATHETERIZATION RETROGRAD BRACHIAL CUTDOWN			
Long Description Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; by cu	utdown		
Use Custom Descriptions Custom Short Description			
Custom Medium Description			
Custom Long Description		1	2 Save
Standard View Full View		🔽 Hic	de Inactive Codes
Code 🔺 Description	Effective	Modified	Deactivation

- 1. To inactivate a CPT Code, place a check mark in the **Inactive** box.
- 2. Click Save and repeat for each code on your list.

This will not completely remove it from the database, but will archive it and hide it from view.

Schedule Setup

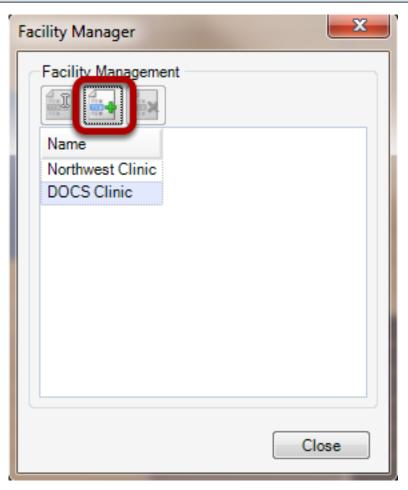
Steps on how to set scheduling defaults.

To access the Scheduler, go to the SOAPware menu and click Schedule.

Add a Facility	
	Facility Manager
	Facility Management

- 1. Click on the Tools menu.
- 2. Select Manage Facilities.

Create a New Facility



Click the Create New Facility button, to setup a new facility. If you already have a facility setup, skip this lesson.

Scheduler

Facility	×
Facility: West Clinic	
Details Scheduler	
Full Legal Name	
Street	
City St Zip	
NPI #	
Place of Service	
Tax Rate	
0 ‡%	
Save Can	icel

Click the Scheduler tab to setup the clinic's defaults.

Opening the Provider's Schedule Defaults

Facility						×
Facility: We	st Clinic					
Details Sched	uler					
	ource Manage	ment				
	Resources					
2)					
Name	Visit	ble				*
Randall Oa						_
Sample Do	c No					-
Business Hou	urs Manageme	ent				
Day	Open Time	Close Time	Open			<u>^</u>
<u> </u>	8:00 AM	•	Yes			
	8:00 AM					_
Wednesday	8:00 AM	5:00 PM	res			
Facility Closi	ngs					
Closings S	tart Time En	d Time				
cicolingo o						
			Sav	ve	Can	cel

- 1. Click on a provider name.
- 2. Click Edit.

Making a Provider visible for the Clinic

Resource Edite	or			×
Name: Ra	andall Oates			
Working Hour	rs Outlinin	g Recurre	ence	
Day	Start Time	End Time	Available	
Monday	8:00 AM	5:00 PM	Yes	
Tuesday	8:00 AM	5:00 PM	Yes	
Wednesday	8:00 AM	5:00 PM	Yes	
Thursday	8:00 AM	5:00 PM	Yes	
Friday	8:00 AM	5:00 PM	Yes	
Saturday	8:00 AM	5:00 PM	No	
Sunday	8:00 AM	5:00 PM	No	
Visible	1		2	OK Cancel

- 1. Check the box next to Visible to activate the provider for the clinic.
- 2. Click OK.

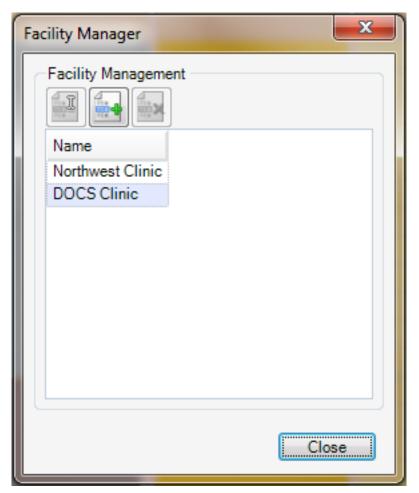
Set Working Hours for the Provider

Name: Ra	indall Oates					
Working Hour	rs Outlinin	g Recurre	ence			
2					Hours	×
Day	Start Time	End Time	Available			Maaday
Monday	8:00 AM	5:00 PM	Yes	1		Monday
Tuesday	8:00 AM	5:00 PM	Yes	$\overline{}$	Start:	8:00AM
Wednesday	8:00 AM	5:00 PM	Yes		End.	5:00PM
Thursday	8:00 AM	5:00 PM	Yes		End:	
Friday	8:00 AM	5:00 PM	Yes			ls Available 4
Saturday	8:00 AM	5:00 PM	No			
Sunday	8:00 AM	5:00 PM	No		🧕 ок	Cancel

- 1. Click on a day.
- 2. Click Edit.
- 3. Enter the Start and End Times.
- 4. Check to make the Provider Available for that day, in the select clinic, if needed.
- 5. Click OK.

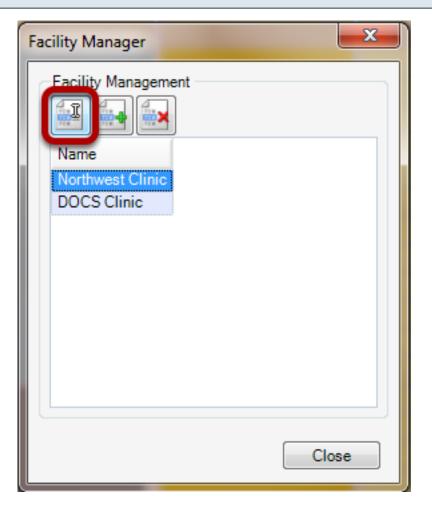
Setup outlining blocks for Providers and Resources to streamline their time in the office.

Open the Facility Manager



- 1. Click on the **Tools** menu.
- 2. Select Manage Facilities.

Edit a Facility



- 1. Select a Facility.
- 2. Click the Edit Facility button.

Select the Scheduler Tab

Facility
Facility: Northwest Clinic
Details Scheduler
Full Legal Name
Northwest Clinic, Inc.
Street
123456 Sample Drive
City St Zip
Fayetteville AR 72701
Phone #
(800) 455-7627
NPI#
65431321
Place of Service
Office
Billing Inquiry #
(800) 455-7627
Update Cancel

Click on the **Scheduler Tab**.

Select a Provider or Resource to Edit

Facility						×
Facility: No	rthwest Clinic					
Details Sched	uler					
Provider/Res	ource Manage	ment				
Providers	Resources					
2						
Name	Vis	ible				*
	Doe, DO Yes					_
Randall Oa	ates, MD Yes					-
		<u> </u>				
-Business Hou	urs Manageme	ent				
Day	Open Time	Close Time	Open			<u> </u>
Monday	8:00 AM	5:00 PM	Yes			
Tuesday		5:00 PM	Yes			
Wednesday	8:00 AM	5:00 PM	Yes			-
-Facility Closi	ngs					
Closings S	Start Time E	End Time				
Christmas 1	12/25/2010 1	2/25/2010				
			Upd	late	Can	icel

- 1. Click to **select a Physician**.
- 2. Click the Edit Provider Information button.

Note: This is the same process for Resources. To Edit a Resource, just click the tab **Resources** and follow the above steps.

Open Outlining

Resource Edite	or			X
Name: Ra	indall Oates,	MD		
Working Hour	rs Outlinin	g	ince	
Day	Start Time	End Time	Available	
Monday	8:00 AM	5:00 PM	Yes	
Tuesday	8:00 AM	5:00 PM	Yes	
Wednesday	8:00 AM	5:00 PM	No	
Thursday	8:00 AM	5:00 PM	No	
Friday	8:00 AM	5:00 PM	No	
Saturday	8:00 AM	5:00 PM	No	
Sunday	8:00 AM	5:00 PM	No	
Visible				OK Cancel

Click on the **Outlining** tab.

Create an Outline

Resource Editor		×					
Name: Randall Oates, MD							
Working Hours Outlinin	ng Recurrence						
Description	Start Time 🔺	End Time					
WellChecks	8:00:00 AM	12:00:00 PM					
Work-Ins	1:00:00 PM	4:30:00 PM					
✓ Visible		OK Cancel					

Click the Add Outline

Set the Outline

Outline Dialog	×
Outline Name: Walk-Ins Open Time: 8:00AM	Outline Color - Close Time: 9:00AM
	✓ Tuesday✓ Wednesday✓ Saturday
	OK Cancel

Outline Name: Name the type of appointments that should be scheduled in the designated time slot. (This name will show up to the left of the Schedule with the associated color, for schedulers to have a reference for the shading.)

Outline Color: Click the drop down and select a desired color to associate with the outline and be shown on the Schedule.

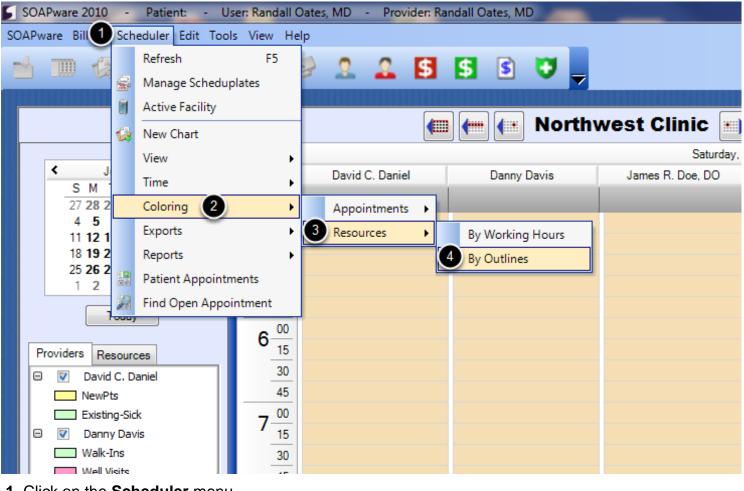
Open Time: Set the time period for the outline.

Days: Check all days that this outline and selected time will be in effect.

Note: When scheduling, these outline blocks will not prevent any other appointments from being scheduled during the block. They are merely referential for front office staff to aid as a guide when scheduling. You can override, if needed.

Click **OK** when done. Repeat this for each outline for each Provider/Resource needed.

Activate and view the Outline shading



- 1. Click on the **Scheduler** menu.
- 2. Click on Coloring.
- 3. Select Resources.
- 4. Click By Outlines.

You should then see the coloring change on the Schedule and see the outline blocks you set up.

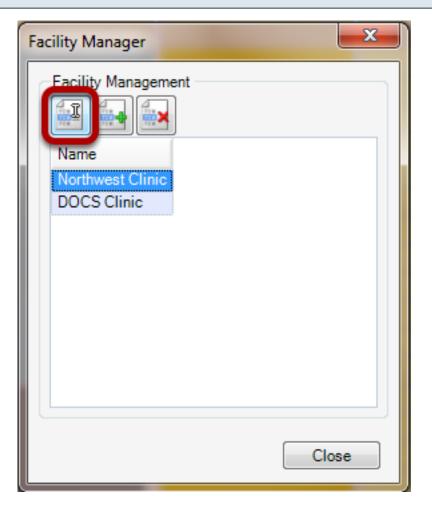
Setup recurring appointments for Providers and Resources to block out their schedule in the intervals selected and not allow any other appointments to be scheduled.

Open the Facility Manager

Facility Manager
Facility Management
Name Northwest Clinic DOCS Clinic
Close

- 1. Click on the **Tools** menu.
- 2. Select Manage Facilities.

Edit a Facility



- 1. Select a Facility.
- 2. Click the Edit Facility button.

Select the Scheduler Tab

Facility
Facility: Northwest Clinic
Details Scheduler
Full Legal Name
Northwest Clinic, Inc.
Street
123456 Sample Drive
City St Zip
Fayetteville AR 72701
Phone #
(800) 455-7627
NPI#
65431321
Place of Service
Office
Billing Inquiry #
(800) 455-7627
Update Cancel

Click on the **Scheduler Tab**.

Select a Provider or Resource to Edit

Facility						×
Facility: No	rthwest Clinic					
Details Sched	uler					
Provider/Res	ource Manage	ement				
Providers	Resources					
2						
Name	Vis	ible				*
James R. D	Doe, DO Yes	5				_
Randall Oa	ates, MD Yes					-
-Business Hou	urs Manageme	ent				
Day	Open Time	Close Time	Open			<u> </u>
Monday	8:00 AM	5:00 PM	Yes			
Tuesday	8:00 AM	5:00 PM	Yes			
Wednesday	8:00 AM	5:00 PM	Yes			T
-Facility Closi	nas					
Closings S	Start Time E	End Time				
Christmas 1	12/25/2010 1	2/25/2010				
			Upd	ate	Can	icel

- 1. Click to **select a Physician**.
- 2. Click the Edit Provider Information button.

Note: This is the same process for Resources. To Edit a Resource, just click the tab **Resources** and follow the above steps.

Open Recurrence Tab

Resource Edite	or			x		
Name: Randall Oates, MD						
Working Hour	rs Outlinin	g Recurre	ence 🧲			
Day	Start Time	End Time	Available			
Monday	8:00 AM	5:00 PM	Yes			
Tuesday	8:00 AM	5:00 PM	Yes			
Wednesday	8:00 AM	5:00 PM	No			
Thursday	8:00 AM	5:00 PM	No			
Friday	8:00 AM	5:00 PM	No			
Saturday	8:00 AM	5:00 PM	No			
Sunday	8:00 AM	5:00 PM	No			
Visible				OK Cancel		

Click on the **Recurrence** tab.

Create a Recurrence

Resource Editor
Name: Randall Oates, MD
Working Hours Outlining Recurrence
Recurrence Management
Start Date Type Comments 07/06/2010 Daily LUNCH
Visible OK Cancel

Click the Add Recurrence.

Setup the Recurrence.

Recurrence Pattern	×
Appointment Time	
Start Time: 12:00 PM	End Time: 2:00 PM
Recurrence Pattern	
Daily	
Weekly	
Monthly Every Weekday	
Yearly	
Range of Recurrence	
Start By: 07/24/2010 -	
End after: 0 occurrences	End by: 09/24/2010
Comments	
Lunch 'N Leam	
	Save Cancel

Appointment Time: Set the Start Time and End Time for the specific recurrence.

Recurrence Pattern: You can set the intervals for the recurrence in this area. Below are the option:

Daily: Setup the number of day intervals between occurrences or select to have the appointment set for every weekday (Monday - Friday).

Weekly: Setup the number of week intervals between occurrences and check the specific days of the week for the appointment to occur.

Monthly: Create the appointment on a particular day in month intervals (for example, every 5th day of every 3rd month, with the numbers being able to be customized by you). You can also indicate a particular day of every month for the appointment to occur.

Yearly: Indicate every Month and Day for the year year or indicate the (first, second, third, fourth or last) (day, weekday, weekend day, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday or Saturday) of a select Month.

Range of Recurrences: Set recurrence to start by a certain date and end either after a set number of occurrences or by a set end date.

Comments: Name the recurrence in this field. The text entered here will be what is shown on the Recurrence from the Schedule.

Click Save. Repeat this for each recurrence needed for each Provider/Resource needed.

Set up the hours of operation for a facility.

Tools > Manage Facilities

Open the Facility

Facility Manager	
Facility Management	
Name Northwest Clinic DOCS Clinic	
Close	

- 1. Select the Facility.
- 2. Click Edit.

Scheduler

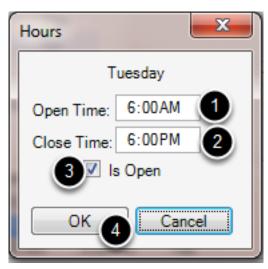
Facility	x
Facility: DOCS Clinic	
Details Scheduler	
Full Legal Name DOCS, Inc. Street	
4220 N. Crossover Road	
City St Zip	
Fayetteville AR 72703	
NPI # 5555555	
Place of Service	
Office Vice	
Tax Rate	
Update Cance	:

Click the Scheduler Tab.

Edit Business Hours

Facility		×		
Facility: DOC	S Clinic			
Details Schedul	er			
Provider/Resou	rce Management			
Providers Re	sources			
Name	Visible	<u>^</u>		
Mark Smith	Yes			
Sample Doc	No	-		
-Business Hours	Management			
Day (Open Time Close Time Open	<u> </u>		
	:00 AM 5:00 PM Yes			
1 S	:00 AM 6:00 PM Yes 1	-		
Wednesday 8	:00 AM 5:00 PM Yes			
Facility Closings Image: Closings Start Time End Time WINTER STORM 01/29/2010 01/29/2010				
	Update	Cancel		

1. Click on a day of the week.



- 1. Enter the Open Time of the clinic for the specific day.
- 2. Enter the Close Time of the clinic for the specific day.

3. Check the box next to Is Open if the facility will be open for business on the specified day of the week.

4. Click OK to save.

Update the Schedule

Facility		X			
Facility: DO	CS Clinic				
Details Sched	uler				
Provider/Reso	ource Manag	ement			
Providers	Resources				
I					
Name	Visi				
Mark Smith	n Yes				
Sample Do	c No	-			
Business Hou	irs Managem	ent			
Day		Close Time Open			
Monday	8:00 AM	5:00 PM Yes			
Tuesday Wednesday	6:00 AM 8:00 AM	6:00 PM Yes 5:00 PM Yes ▼			
Facility Closin	ngs				
	ii: 🖌				
Closings	Start 1	Time End Time			
WINTER STORM 01/29/2010 01/29/2010					
		Update Cancel			

Click the Update button to update the Schedule.

Set up the days the facility will be closed.

Tools -> Manage Facilities

Open the facility.

Facility Manager	ſ
Facility Management	
Name Northwest Clinic DOCS Clinic	
Close	

- 1. Select the Facility.
- 2. Click Edit.

Click Scheduler.

Facility
Facility: DOCS Clinic
Details Scheduler
Full Legal Name
DOCS, Inc.
Street
4220 N. Crossover Road
City St Zip
Fayetteville AR 72703
NPI #
5555555
Place of Service Office
Tax Rate
Update Cancel

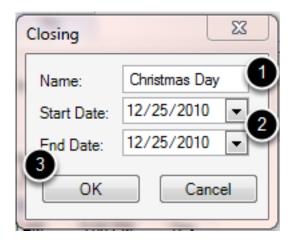
Click the Scheduler Tab.

Create Facility Closings.

Facility					×	J	
Facility: DOCS Clinic							
Dotano	Provider/Resource Management						
	Resources						
Name	Visit	ble			*		
Mark Smith	n Yes						
Sample Do	c No				-		
Business Hou	urs Manageme	ent					
Day	Open Time	Close Time	Open		<u>_</u>		
Monday	8:00 AM	5:00 PM	Yes				
		6:00 PM	Yes				
Wednesday	8:00 AM	5:00 PM	Yes		-		
		B-OT DM	¥ 00				
Facility Closi	ngs						
	in 🖌						
Closings	Start T	ime End Tir	me				
	WINTER STORM 01/29/2010 01/29/2010						
5ð							
				Update	Cancel		

1. Click the Add Closing button.

Edit the day.



- 1. Enter the **Name** of the closing.
- 2. Enter the Start and End Dates of the closing.
- 3. Click **OK** to save.

Update the Schedule.

Facility					-		×
Facility: DO	CS Clinic						
Details Sched	uler						
Provider/Reso	ource Manage	ment					
Providers	Resources						
	· · ·						
Name	Visit	le					<u>*</u>
Mark Smith	n Yes						
Sample Do	c No						-
-Business Hou	urs Manageme	ent					
					_		
Day	Open Time	Close	Time	Open			<u> </u>
Monday	8:00 AM	5:00 P	:	Yes			
		6:00 P		Yes			
Wednesday	8:00 AM	5:00 P		Yes			-
Facility Closi	ngs						
	<u> </u>						
Closings	Start T	ime I	End Tin	ne			
	WINTER STORM 01/29/2010 01/29/2010						
Christmas D	ay 12/25/.	2010 1	12/25/2	010			
					Update	Can	cel

Click the **Update** button to update the Schedule.

Creating Scheduplates

Set up facility appointment types.

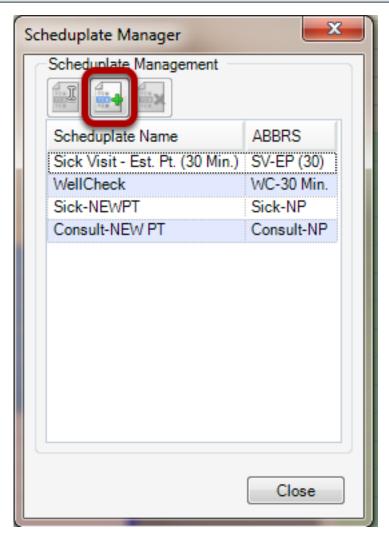
Tools -> Scheduplates

Open the Scheduplate Manager.

s	cheduplate Manager	×
	Scheduplate Management	
	Scheduplate Name	ABBRS
	Sick Visit - Est. Pt. (30 Min.)	SV-EP (30)
	WellCheck	WC-30 Min.
	Sick-NEWPT	Sick-NP
	Consult-NEW PT	Consult-NP
		Close

- 1. Click on the **Scheduler menu**.
- 2. Select Manage Scheduplates.

Add a Scheduplate.



Click the Create New Template button.

Enter Scheduplate information.

Sche	eduplate E	ditor	Sec. 1	-			×		
Scl	heduplate I	Name: Sick V			ABBRS: S	SV-E			
2 BackGround - Sample Text									
R	Resources								
F	Resource	Start Time 🛆	Duration	Start Cushion	End Cushion				
						Jpdate	Cancel		

1. Type in a **Scheduplate Name** and **Abbreviation**. The abbreviation will be shown on the appointment at a glance, and the full scheduplate name will be helpful in selecting the correct appointment type.

2. Select a **Background** color to show on the appointment.

3. Select a **Foreground** color for the text displayed. (After selecting the background and foreground colors, the sample text will display what the appointment will look like on the Schedule.)

Adding a Resource.

Scheduplate Editor
Scheduplate Name: Sick Visit - Est. Pt. (30 Min.) ABBRS: SV-E
BackGround ForeGround Sample Text Resources
Resource Start Time Duration Start Cushion End Cushion
Update Cancel

Click the Add Resource button.

Schedule Resource Resource: Randall Oates Cart Time O Duration Start Cushion End Cushion (minutes): (minutes): (minutes) O I I I O I I	Entering Resource	e time.
Save Cancel		Schedule Resource Resource: Randall Oates 2 Start Time Ouration Start Cushion End Cushion (minutes): (minutes): (minutes) 0 0 15 0 0 0 0 0 0

- 1. **Select the Resource** to whom the scheduplate will apply.
- 2. Enter the number of minutes needed, prior to the patient being seen by the Provider/Resource.

3. Enter the **Duration** of the appointment with the resource selected. This indicates the length of time needed with the Resource.

4. The Start Cushion indicates the amount of time needed to prepare the patient for the

Provider/Resource's time. **Enter the number of minutes** by typing the number or clicking the arrows.* 5. The End Cushion allows for any follow up work related to the appointment to be indicated and accounted. **Enter the number of minutes** by typing the number or clicking the arrows.* 6. Click **Save**.

*Both the Start and the End Cushion are designed to help prepare for the full length of the appointment. These fields are not necessary to create a scheduplate.

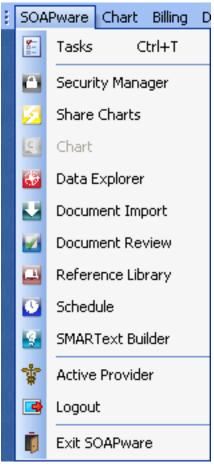
cheduplate Edito Scheduplate Nam		Est Pt (3)	0 Min)	ABBRS: SV-E			
BackGround			Sample				
Resources							
Resource	Start Time 🗠	Duration	Start Cushion	End Cushion			
Randall Oates	00:00:00	00:15:00	00	00			

Click **Update** to save the scheduplate.

Menus and Toolbars

Provide orientation and descriptions of the SOAPware menus.

SOAPware Menu

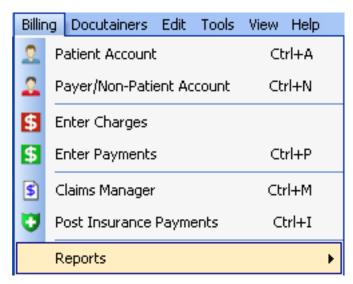


Displays the various workspaces in SOAPware.

Billing Menu

Provide a description and orientation of the Billing menu.

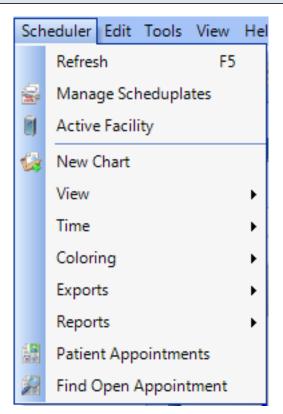
Billing Menu



Provides access to the most commonly used billing related activities.

Provide a description an orientation of the Scheduler menu.

Scheduler Menu



Provides all of the Scheduling options and functionality needed for everyday use of the Schedule.

Edit Menu

Provide a description of the Edit menu.

Edit Menu

Edit	Tools	View Help
9	Undo	Ctrl+Z
6	Redo	Ctrl+Y
-30	Cut	Ctrl+X
2	Сору	Ctrl+C
2	Paste	Ctrl+V

Provides common editing tools.

Tools Menu

Provide a description and orientation of the Tools menu.

Tools Menu

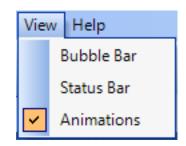
Тоо	ls View Help
	Eligibility Download
	Contacts
	Insurance Companies
	Custom Demographic Titles
	List Options
	Pharmacies
	Billing Maintenance
8	Manage Facilities
	Manage Groups
0	Security
0 -	Change Password
2	Change Signature Password
	Provider Manager
	Customize
	Options

Displays all of the master dialogs for setting up and customizing the SOAPware EMR and PMS.

View Menu

Provide a description of the View menu.

View Menu

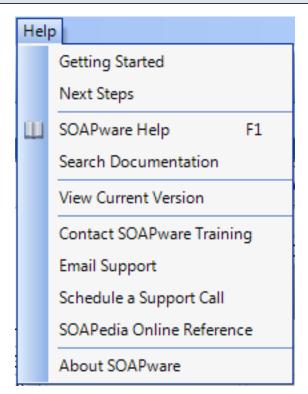


Provides various navigation tools to help with more quickly moving between workspaces.

Help Menu

Provide a description and orientation of the Help menu.

Help Menu

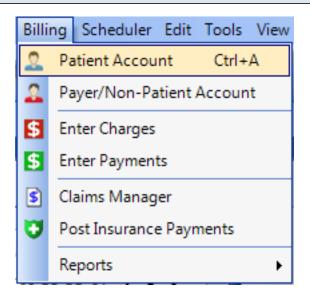


Provides links to all of the available SOAPware resources to help with training and support of SOAPware.

Patient Account Overview

Learn how to search for an existing patient from the Chart Rack.

Pull up the Chart Rack



- 1. Click on the **Billing** menu.
- 2. Select Patient Account.

OR

Hit **Ctl + A** on the keyboard.

Search for a Patient

Chart Ra	ck		1	
Name	Type C D E F G H I J K Chart Number	Birth Date Chart # Name Phone # Social Security #	k S T U	V W
	I	11		- • I
Provider	All Providers	 Total Active Pa 	tients: 55	
		Sel	ect (Cancel

1. **Select the type of information** to search. The options are Birth Date, Chart #, Name, Phone # and Social Security #. The default option will be Name if nothing is selected.

2. **Type in a name or number** to search. If looking for a patient name, the system will search by last name.

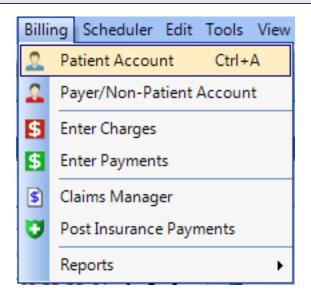
Select the Patient.

Chart Rac	k			
Search Jir	m <mark>, Slim</mark>	Type N	lame	■ 44
* A B	C D E F G	Н I J К L	M N O F	P Q R S T U V W 🔺 🕨
Name /	Chart Number	SSN	Birth Date	Provider
Jim, Slim	68332	999-99-9999	03/21/1932	Randall Oates
Provider	All Providers		Total Ac	tive Patients: 55
				Select Cancel

When the patient needed has been pulled up, **click on the name** and hit **Select**; or hit **Enter** on the keyboard.

How to create a new Patient Account.

Pull up the Chart Rack



1. Click on the **Billing** menu.

2. Select Patient Account.

OR

Hit **Ctl + A** on the keyboard.

Chart Ra						2	
Search		Ţ	ype Name	e			
* A B	C D E F	G H I J	KLM	NO	PQRS	TU	v w 🛛
Name	Cł	nart Number	SSN		Birth D	ate	Provide
•			III				
∢ Provider	All Providers	\$		Total Ac	tive Patients:	: 55	

1. **ALWAYS** search the existing patient database for a patient BEFORE creating a new chart. This helps prevent duplicate charts from being created.

2. Click the Create Chart button.

Enter First and Last Name.	
	Create Chart First Jim Last Doel OK Cancel

- 1. Type in First and Last Name.
- 2. Click OK.

Enter Demographics

🙎 Doe, Jim	-			-	Cilles in a	-					
	Dec. line					Account 79	S Balances				
	Doe, Jim					Chart	Family \$0.00				
	Date of Birth 5/2	27/1970	Personal \$0.00								
	Address 432 Tes	t Drive So	me City, AR	72701		·					
	Home (479) 111-	1111 W	Total \$0.00								
	Email jdoe@email	Self Pay Co-Pay \$0.00									
iiiii Schedule 🙎 i	Demographics	Insuranc	e 🔨 Cu	stom	Ledger 🛛 🌆 Fai	nily 🛛 🞒 Claims 📄 🛱 S	tatements SNew Charges				
Patient Information	ı						Patient Picture				
Title Firs			Middle	Last		Suffix					
Jim	1			Doe							
SSN	Birth Date		Age			Chart					
555-55-5555	5/27/1970	-	39				No image data				
Marital Status			Gender			Related To					
Married		*	Male		*						
Race		Ethnicity			Language						
	• • •				• • •	* *	Load Clear				
Address							Primary Provider				
Street							Randall Oates 👻				
432 Test Drive							Referring Provider				
					~		Schmo, Joe ···· ×				
City Some City				State AR	Zip 72701		PCP Oates, Randall X				
							Oates, Randall ···· ×				
Contact Informatio	n						Wal-Mart Neighb + ×				
Home Phone (479) 111-1111		Work Pho			Cell Phone (479) 222-2	222	Billing Information				
		(800) 55	5-5555		(4/9) 222-		Guarantor				
Email							+ Self				
jdoe@email.com							Financial Class				
Exclude From Dat	ta Explorer						Self Pay 👻				
							▲ Student Status				
							Non-student -				
General							4 b				
Garaa											
							Add Scan				

Enter demographic information as provided.

Patient Information Bar

Show the highlights of the Patient Account Information bar.

Patient	Information	At-A-Glance
---------	-------------	--------------------

🧕 Jim, Slim	-	-	-		_				
	Jim, Slim T.				Account 34 Chart 68332	\$ Balances Family \$25.00			
000	Date of Birth 3/21/197	0 Age 40	Sex Male	Stat	us Unknown	Personal \$454.00			
	Address 1539 COUNTY LINE RD Home Town, AR 72711								
	Home (501) 111-1111	Total \$479.00							
	Email jslim@gmail.com					Self Pay Co-Pay \$20.00			
🛄 Schedule 🙎 🛛	Demographics 💽 Insura	ance 🏹 🔧 Custor	n 📔 Ledger	Samily 🔒	Claims 📔 Statement	s S New Charges			
Patient Information	1					Patient Picture			
Title Firs		Middle	Last		Suffix				
Sli	m	Т	Jim						
SSN	Birth Date	Age		Ch	art				
999-99-9999	3/21/1970	+ 40		68	3332				
Marital Status		Gender				a laine			
Single		✓ Male			Related To				
Race	Eth	nicity		Language					
	• • •	,	* *			Load Clear			
Address						Primary Provider			
Street 1539 COUNTY LINE						Randall Oates -			
1339 COONTELINE					Ţ	Referring Provider Schmo, Joe ···· ×			
City			State	Zip		PCP			
Home Town			AR	72711		Oates, Randall ···· ×			
Contract Information	_					Preferred Pharmacy			
Contact Informatio Home Phone				Cell Phone		Wal-Mart Neighb 👻 + 🗙			
(501) 111-1111		rk Phone 1) 555-9000		(479) 987-6543		Billing Information			
	(50	1, 333-9000				Guarantor			
Email jslim@email.com						+ Self			
Jann@email.com						Financial Class			
Exclude From Dat	a Explorer					•			
Notes - [
						Non-student 🔹			
General						4 Þ			
						Add Scan			
						Aud Scan			

Allows demographic and balance information to be easily seen without having to search.

Schedule Tab

An overview of the patent's appointment details and history displayed on the Schedule tab.

im, Slim T.			-	-	-	-	-				
	Jin	n, Slim	Т.					Account 3	-	\$ Bala	nces
		-		1	1			Chart 6	8332	Family	\$25.00
C C IS	Dat	te of Birth 3	/21/1970	Age 40	Sex Mal	le	Status	Unknown		Personal	\$454.00
B	Add	lress 1539 C	COUNTY LIN	E RD Home Town, A	R 72711					Total	\$479.00
	Hon	ne (501) 111	1-1111 W	ork (501) 555-9000	Cell (4	479) 987-6543				Total	<i>φ175.</i> 00
	Ema	ail jslim@ema	ail.com							🔳 Self Pa	y Co-Pay \$20.0
Schedule	🧘 Demog	graphics	🛃 Insuranc	e 🔧 Custom	Ledger	r 🎦 Family	S Claims	🗎 Statemen	ts 🚺 💲 Ne	w Charges	
it Detail	for 4/27	/2010 7:	:45 AM ·	- 8:00 AM (0:	15) 1)					
eduplate 2			Referral	3	-	Facility		Status 5			6
		Pt + +				DOCS Clinic		Confirmed		•	Recurrence
		End 8:00 AM	Name Randall O	ates							Add Resourc
: 4/27/2010 Comments	7:45 AM	8:00 AM	Randall O	ates nce cards. LO						fication 9 nce Verified 7/2010	Check In Check In
Comments	8 er and chills.	8:00 AM	Randall O						V Insura	nce Verified	Check In Check In
Comments tient has feve	7:45 AM 8 er and chills.	8:00 AM	Randali O	nce cards. LO					✓ Insura Date 4/2	nce Verified 7/2010 dalloates	Check In Check In Take Co-Pay
Comments tient has feve	8 er and chills.	8:00 AM	Randali O dated insura	nce cards. LO Resou	rce Name C. Smith				✓ Insura Date 4/2	nce Verified 7/2010 dalloates	Check In Check In Take Co-Pay
Comments tient has feve Visit List ate V 30/2010	8 er and chills. Start 11:30 AM	8:00 AM	Randali O dated insura Facility DOCS Clini	nce cards. LO Resou c David	rce Name C. Smith				✓ Insura Date 4/2	nce Verified 7/2010 dalloates	Check In Take Co-Pay Scheduplate
 4/27/2010 Comments tient has feve Visit List ate 30/2010 27/2010 	8 er and chills. Start 11:30 AM 7:45 AM	8:00 AM	Randali O dated insura Facility DOCS Clini DOCS Clini	nce cards. LO Resou c David c c Randa	C. Smith				✓ Insura Date 4/2	nce Verified 7/2010 dalloates	Check In Check In Take Co-Pay
 4/27/2010 Comments tient has feve Visit List ate 30/2010 27/2010 23/2010 	8 er and chills. Start 11:30 AM	8:00 AM	Randali O dated insura Facility DOCS Clini	nce cards, LO Resou c David (c Randa c Randa	C. Smith Il Oates				✓ Insura Date 4/2	nce Verified 7/2010 dalloates	Check In Check In Take Co-Pay Scheduplate
 < 4/27/2010 t Comments tient has feve Visit List (30/2010) (27/2010) (23/2010) (22/2010) 	8 er and chills. Start 11:30 AM 7:45 AM 8:45 AM	8:00 AM Bringing upd End 12:15 PM 8:00 AM 9:15 AM	Randall O dated insura Facility DOCS Clini DOCS Clini	nce cards. LO Resou c David c Randa c Randa c David	C. Smith Il Oates Il Oates C. Smith				✓ Insura Date 4/2	nce Verified 7/2010 dalloates	Check In Check In Take Co-Pay Scheduplate
 × 4/27/2010 t Comments tient has feve visit List visit List visit 23/2010 visit 23/2010 visit 22/2010 visit 22/2010 	8 er and chills. 2 Start 11:30 AM 7:45 AM 8:45 AM 2:00 PM	8:00 AM Bringing upd End 12:15 PM 8:00 AM 9:15 AM 2:15 PM	Randali O Randali O dated insura Facility DOCS Clinic DOCS Clinic DOCS Clinic	nce cards. LO Resou c David c Randa c Randa c David c Sarah	C. Smith Il Oates Il Oates C. Smith				✓ Insura Date 4/2	nce Verified 7/2010 dalloates	Check In Check In Take Co-Pay Scheduplate

- 1. Visit Detail: Summary of the overall length of the appointment
- 2. Scheduplate: The appointment type
- 3. Referral: Referring Provider
- 4. Facility: Place of Service
- 5. Status: The status of the patient visit within the clinic's work flow. (This list is completely

customizable by clinic.)

6. Recurrence: Sets recurrences of the visit, if needed.

7. Resources: Allows the scheduling of one to multiple resources for one visit

8. Visit Comments: Allows miscellaneous information and visit details to be entered and stored for the visit.

9. Verification: Indicates the date and user who verified the patient's insurance benefits and eligibility.

10. Check-In: Allows a patient to be checked in with the click of a button.

11. Take Co-Pay: Allows a patient's co-pay to be taken at the beginning of the visit.

12. Visit List: Displays all of the patient's past, current and future appointments to be displayed in one place, to help prevent double booking an appointment.

13. Today: Immediately selects the current day's visit.

- **14. Print Visit:** Prints out the selected visit.
- **15. New Visit:** Creates a new appointment for the patient.

Confirming Patient Appointments

🧕 Jim, Slim T.		-	-	-	-	-	-		-	
	lim	Jim, Slim T.								Salances
	JIII,	5111, 51111						Chart 68332		Family \$25.00
\$ 9 C.	Date o	Date of Birth 3/21/1970 Age 40 Sex Male Status Unknown								Personal \$454.00
(A)	Addre	Address 1539 COUNTY LINE RD Home Town, AR 72711								
14	Home	Home (501) 111-1111 Work (501) 555-9000 Cell (479) 987-6543								Total \$479.00
	Email jslim@email.com								Self Pay Co-Pay \$20.00	
📖 Schedule 🔔 Demographics 😽 Insurance 📉 Custom 🛛 🏢 Ledger 🔒 Family 🚯 Claims 📄 Statements 🚺 New Charges										
Visit Detail for	4/27/2	2010 7:	45 AM -	8:00 AM (0	:15)					
Scheduplate			Referral			Facility	5	Status		
SV-EP (30) - Sick Vis	it - Est. Pt.	• •	Joe Schmo	0		DOCS Clinic		Confirmed		
Resources										
										+ Add Resource
Date 🔺 St	art	End	Name							
,		8:00 AM	Randall Oa	ates						
Visit Comments										
Patient has fever a	nd chills. Br	ringing upda	ated insurar	nce cards. LO					Verificat	
										Verified Check In
								Date	4/27/2	010 Take Co-Pay
								User	randallo	pates
Visit List										
Date 🔻 Sta	art E	ind	Facility	Reso	urce Name					Scheduplate
4/30/2010 11:	30 AM 1	2:15 PM	DOCS Clinic	: David	C. Smith					
4/27/2010 7:4	5 AM 8	:00 AM	DOCS Clinic	: Rand	all Oates					Sick Visit - Est
			DOCS Clinic		all Oates					Sick Visit - Est
			DOCS Clinic		C. Smith					
			DOCS Clinic		Slím					Cicle Visit Est
			DOCS Clinic DOCS Clinic		im					Sick Visit - Est
-1/20/2010 10:	13 API 1	0.30 AM	· ·	. Den J						
Today									G	Print Visit 🕂 New Visit
L										

By clicking the **left and right arrows** for a Resource, you can move to the previous or next appointment for that resource to confirm appointments, without ever having to go out and back in of each appointment on the Schedule.

When you want to mark a patient as Confirmed, you can select that status from the Status dropdown as shown above and make a note in the visit columns, if you like.

Patient Demographic Information

Patient Demographics

🧕 Jim, Slim T.		-	-	-		
	Jim, Slim T.				Account 34	\$ Balances
					Chart 68332	Family \$25.00
§ 2 6,	Date of Birth 3/21/1970	Age 40	Sex Male	Statu	us Unknown	Personal \$454.00
(A)	Address 1539 COUNTY L	INE RD Home Town, AF	2 72711			Total \$479.00
	Home (501) 111-1111	Work (501) 555-9000	0 Cell (479) 987-6543			Total \$479.00
	Email jslim@email.com	Self Pay Co-Pay \$20.00				
💷 Schedule 🙎	Demographics 😯 Insurar	nce 🔨 Custom	📕 Ledger 🛛 🤱 F	amily 🚺 Claims	s 📄 Statements 🚺 🤱 Ne	w Charges
Patient Information	n					Patient Picture
	First	Middle	Last		Suffix	
	Slim	Т	Jim			
2 SSN	Birth Date	Age		d	hart	
999-99-9999	3/21/1970	40		6	i8332	
4 Marital Status		Gender 5			D-late d T-	(pink)
Single		✓ Male			Related To	Carl
Race 6	E	Ethnicity 7		Language 8		
	• • •		* *		• • •	Load Clear
Address 9						Primary Provider
Street						Randall Oates
1539 COUNTY LIN	E RD				<u>^</u>	Referring Provider 12
Ciby			State	7in		Schmo, Joe ···· ×
City Home Town			State AR	Zip 72711		PCP 13 Oates, Randall ···· ×
						Preferred Pharmacy 14
Contact Informati				- 11-11		Wal-Mart Neighb + ×
Home Phone (501) 111-1111		/ork Phone		Cell Phone (479) 987-6543		Billing Information
	[501) 555-9000		(473) 387-0343		Guarantor
Email						+ Self
jslim@email.com						Financial Class
Exclude From Da	ata Explorer					- 1 6
Notes -						Student Status
						Non-student - 17
					•	4 Þ
General						N P
						18 Add Scan

- 1. Patient Name: Title, First Name, Middle Initial, Last Name, Suffix
- 2. SSN: Social Security Number
- 3. Birth Date: Date of Birth is entered manually, and Age is automatically calculated.
- 4. Marital Status
- 5. Gender: Patient sex

- 6. Race: Important for meaningful use guidelines
- 7. Ethnicity: Important for meaningful use guidelines
- 8. Language: Important for meaningful use guidelines

9. Patient Address

- 10. Contact Information: Phone and Email
- 11. Primary Provider: Provider within the Clinic that is treating the patient
- 12. Referring Provider: External provider who referred the patient to the clinic
- 13. Primary Care Physician
- 14. Preferred Pharmacy: Default pharmacy for sending the patient's prescriptions
- **15. Guarantor:** Person/Entity that is financially responsible for the patient's account and balance.
- **16. Financial Class:** Indication of the patient's financial position.
- 17. Student Status: Indicates whether the student is an active student
- 18. Add Scan: Allows documents and forms to be scanned in as part of the patient's demographic

profile. (The scanned document goes next to the General tab as a reference document.)

Display of the patient's insurance policies

Patient Insurance Policies

🚨 Jim , Slim						
	Jim, Slim				Account 13	\$ Balances
	()				Chart 68332	Family \$1,512.07
1218	Date of Birth 3/21/1932	Age 78	Sex Male	Status Unknow	'n	Personal \$30.00
5	Address 1539 COUNTY I	INE RD Home Town, I	ME 72711			Total \$1,542.07
	Home (501) 555-7110	Work (501) 555-900	0 Cell			
	Email					Self Pay Co-Pay \$25.00
Schedule	2 Demographics 😯 Insura	nce 🔨 Custom	🛄 Ledger 🛛 🤱 Family	🧕 Claims 📄 Statemer	nts 🚺 🥵 New Charges	
Primary —						
Company:	BCBS AR	Primary	⊻ 1			
Insured:	Slim Jim		-			
Effective:	6/7/2010 to 6/7/2011		_			
Policy #:	XCY123 \$25	Vi	ew 3			
Secondary						
Company:	Aetna	Secondary	2			
Insured:	Shauna Jim		•			
Effective:	6/1/2010 to 6/1/2011					
Policy #:	456456465 \$0.00	Vi	W			
	Show Inactive					
Insurance	🛃 Insurance Card [4					4 Þ
						Add Scan
						Audustall

- **1. Primary Insurance Policy**
- 2. Secondary Insurance Policy
- 3. View: Displays details of the patient's insurance policy
- 4. Scanned Insurance Card(s): Display as tabs on the Insurance tab for reference.

ig a New Insurance	Policy		
Schedule	2 Demographics	😯 Insurance	Custom
Primary —			
Company:	BCBS AR		Primary 🗸
Insured:	Slim Jim		
Effective:	6/7/2010 to	6/7/2011	
Policy #:	XCY123	\$25	View
Secondary			
Company:	Aetna		Secondary 🗸
Insured:	Shauna Jim		
Effective:	6/1/2010 to	6/1/2011	
Policy #:	456456465	\$0.00	View
	Show Inactive		
	Show mactive		

Click the Add New Policy button.

Required Fields if Relation to Insured is Self

Insurance	Policy 🛛 🔀								
Туре:	Primary Health Insurance 🛛 🗸								
Company:	BCBS AR ····								
	PO Box 2181 Little Rock, AR 72203 (501) 378-1111								
Insured Inf	formation (as it appears on policy)								
Relation to	insured: Self								
Name: (F M	1 L) Slim Middle Jim								
Address:	1539 COUNTY LINE RD								
City:	Home Town State: ME Zip: 72711								
Birth Date:	3/21/1932 - Phone: (501)555-7110								
Employer:	Male ○ <u>F</u> emale								
Policy #:	XCY123 Plan Name:								
Group #:	R123 Grp Name:								
Effective:	6/7/2010 - Expires: 6/7/2011 -								
Payment	Status: Primary V								
⊙ Co-P	'ay: \$25.00								
O Co-Ir	ns: 0 %								
Notes:									
	Save Cancel								

Relation to insured will default to Self with most information automatically populated with data from patient demographics, and only the **Company** and **Policy #** will be required.

Relation to Ins	ured is other than Self
	Insurance Policy
	Type:
	Company: 😢 Choose Company
	Insured Information (as it appears on policy)
	Relation to insured: Spouse
	Name: (FML) 😣 Middle 😣 Last
	Address: 🙁 Enter Address
	City: 🛛 City State: 🏵 ST Zip: 😒 Zip
	Birth Date: 🔇 🚽 Phone:
	Employer: O <u>M</u> ale O <u>F</u> emale
	Policy #: 8 Policy Number Plan Name:
	Group #: Grp Name:
	Effective: Expires:
	Payment Options Status: Tertiary
	• Co-Pay: \$0.00
	Co-Ins: 0%
	Notes:
	Save Close

If Relation to insured is changed, all data from patient demographics is cleared and users are alerted to required fields as shown in this screenshot.

Note: Data cannot be saved until all required fields are completed.

Entering Insurance Policy Details

Insuranc	e Policy			
Туре:	Primary Health Insura	nce		▼ 1
Company:	BCBS AR			2
	PO Box 2181 Little Rock, AR 722 (501) 378-1111	03		
	formation (as it appear:	s on policy)		
Relation to	insured: Self			
Name: (F N	1 L) Slim	Middle	Jim	
Address:	1539 COUNTY LINE R	:D		3
City:	Home Town	State: AR	Zip: 72711-	<u> </u>
Birth Date:	3/21/1932 -	Phone:	(501)555-7110	
Employer:			⊙ <u>M</u> ale ○ .	<u>F</u> emale
Policy #:	XCY123	Plan Name:		
Policy #: Group #:	ХСҮ123 R123	Plan Name: Grp Name:		
Group #:	R123	Grp Name: Expires:	Primaru	_ 4
Group #: Effective:	R123	Grp Name:	Primary	 ↓ ↓
Group #: Effective: Payment	R123	Grp Name: Expires:	Primary	_ 4
Group #: Effective: Payment ⓒ Co-F	R123	Grp Name: Expires:	Primary	_ 4
Group #: Effective: Payment O Co-P	R123	Grp Name: Expires:	Primary	_ 4
Group #: Effective: Payment O Co-P	R123	Grp Name: Expires:	Primary	_ 4
Group #: Effective: Payment O Co-P	R123	Grp Name: Expires:	Primary	_ 4
Group #: Effective: Payment O Co-P	R123	Grp Name: Expires:	Primary	_ 4

- 1. Type of Insurance Policy
- 2. Insurance Company
- 3. Insured Information
- 4. Policy Details

Custom Demographics

Customizable Demographics

🤦 Jim, Slim T.		Citation		
	Jim, Slim T.		Account 34 Chart 68332	\$ Balances Family \$25.00
6 30.	Date of Birth 3/21/1970 Age 40 5	Status Unknown	Personal \$454.00	
	Address 1539 COUNTY LINE RD Home Town,	AR 72711		
121	Home (501) 111-1111 Work (501) 555-900	00 Cell (479) 987-6	5543	Total \$479.00
	Email jslim@email.com		Self Pay Co-Pay \$20.00	
IIII Schedule	Demographics 💽 Insurance 🔨 Custom	📃 Ledger 🛛 🤰 F	amily 👌 Claims 📄 S	tatements SNew Charges
Emergency #: 9	187-654-3210			
Custom 2				
Custom 3				
Custom 4				
Custom 5				
Custom 6				
Custom 7				
Custom 8				
Custom 9				
Custom 10				
Custom 11				
Custom 12				
Custom 13				
Custom				4 ⊳
				Add Scan

Allows unique patient information to be tracked and entered based on the clinic's preferences.

Ledger Tab

A summary of the patient's financial activity.

lim, Slim T.		-	-	BOARD OF	The lot of		-			l		2
	lin	n, Slim T.						Account 34		\$ Balances		
		, S iin 1.						Chart 683	332	Family \$25.0	00	
20	Date	e of Birth 3/21	/1970	ge 40 Sex	k Male		Status	Unknown		Personal \$454	.00	
(A)	Add	ress 1539 COU	NTY LINE RI	D Home Town, AR 72	2711							
14	Hom	e (501) 111-11	11 Work	(501) 555-9000	Cell (479) 987	-6543				Total \$47	9.00	_
	Ema	il jslim@email.co	om							Self Pay	Co-Pay \$20.0	00
🖩 Schedule 🔔 Demographics 💽 Insurance 🔨 Custom 🔲 Ledger 🤰 Family 🚇 Claims 📄 Statements 🚺 New Charges												
	- Deinogi		iser en rec	Custom		- unity						_
							Unapplied	Co-Pay	\$0.00 Ur	napplied Pre-Pay	/ <u>\$</u> 0	0.0
Posted 🔺	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustm	Chrg Bal	Balance	Î
		Randall Oates		OFFICE/OUTPA		1.0	\$1,000.00	\$1,000.00		\$0.00	\$0.00	
	3/24/2010	David C. S	99214	OFFICE/OUTPA		1.0				\$0.00	\$0.00	
3/27/2010			Pymt	Check: 12346				\$20.00				
3/27/2010			A265	Write off					\$175.00			
3/29/2010	3/27/2010		54316	RECONSTRUCTI	\$50.00	1.0	\$50.00	\$50.00		\$0.00	\$0.00	
3/29/2010	3/29/2010	Randall Oates	99218	OBSERVATION		1.0				\$0.00	\$0.00	
3/29/2010			Pymt	Credit Card: Visa				\$20.00				
3/29/2010			Pymt	Credit Card: VIS				\$100.00				
3/29/2010	3/29/2010	Randall Oates	99201	OFFICE/OUTPA	\$55.00	1.0	\$55.00	\$55.00		\$0.00	\$0.00	
3/29/2010			Pymt	Credit Card: VIS				\$25.00				
3/29/2010			Pymt	Credit Card: visa				\$100.00				
3/29/2010	3/29/2010	Randall Oates	99201	OFFICE/OUTPA	\$55.00	1.0	\$55.00	\$55.00		\$0.00	\$0.00	
3/30/2010	3/30/2010	Randall Oates	99211	OFFICE/OUTPA	\$750.00	1.0	\$750.00	\$475.00		\$275.00	\$275.00	
3/30/2010			Pymt	Credit Card: 1234				\$100.00				
4/1/2010	4/1/2010	Mark Smith	73530	X-RAY EXAM OF	. \$80.00	1.0	\$80.00	\$50.00		\$30.00	\$305.00	
4/1/2010			Pymt	Credit Card: 1234				\$50.00				
4/1/2010	4/1/2010	Mark Smith	96921	LASER TX, SKIN	. \$60.00	1.0	\$60.00			\$60.00	\$365.00	
4/1/2010	4/1/2010	Mark Smith	99252	INPATIENT CON	\$65.00	1.0	\$65.00			\$65.00	\$430.00	
4/1/2010	4/1/2010	Randall Oates	99203	OFFICE/OUTPA	\$65.00	1.0	\$65.00	\$65.00		\$0.00	\$430.00	
4/6/2010	4/1/2010	Randall Oates	99203	OFFICE/OUTPA	\$65.00	1.0	\$65.00	\$65.00		\$0.00	\$430.00	
4/6/2010	4/5/2010	David C. S	99203	OFFICE/OUTPA	\$65.00	1.0	\$65.00	\$41.00		\$24.00	\$454.00	
4/6/2010			Pymt	Credit Card: 6532	1			\$25.00				
					\$2,510.00		\$2,950.00	\$2,321.00	\$175.00	\$454.00	\$454.00	,

Double click on any line item to drill down and get more details.

1. Add Adjustment: Add an adjustment for the individual patient account, as needed.

2. Add Charge: Add a non-billable charge to the patient. Charges entered from the ledger will not be billed to insurance. (All charges to be submitted to Insurance must be processed in New Charges.)

3. Add Payment: Add a Payment on the patient's account and apply across all charges.

4. Print Receipt: Print a patient receipt on demand

Charge Details		
Charge Details	- COLUMN TWO IS NOT	
Service From Service To Provider 4/1/2010 4/1/2010 Mark Smith	Code Description Value Value Value Value Value Value Value Value	Units 3 Charge 4
Diagnosis Codes 5 Add Code DX Description X E807.3 RR ACC NOS-PED CYCLIST	Modifiers 6 Add Code Code A Description	Omit from Statement Charge Notes
Amounts Details Payments/Adjustments	Totals	Misc Details 10 Facility
Date A Name/Description 4/1/2010 Jim, Slim T.	Amount Charges \$50.00 \$8 Pay/Adjust \$5	DOCS Clinic DOCS Clinic EPSDT EDSDT Energency Energency Family Plan
	\$50.00 \$3	30.00 Supplemental
Insurance Details 11		*
		Save Cancel

Double click any charge line item from the ledger to view the above details:

- 1. Dates of Service
- 2. Rendering Provider
- 3. Units of the Charge
- 4. Fee for the Charge
- 5. Associated Diagnosis codes
- 6. Associated Modifiers
- 7. Miscellaneous notes applying to the charge
- 8. Payments or Adjustments that have been applied towards the charge.
- 9. Totals for the Charges, Personal or Insurance Payments, Adjustments and Related Balance
- 10. Miscellaneous details pertaining to the charge
- 11. **Insurance Payments** that have been applied to the charge.

Personal Payment Details

Payment Detail		-		-	×
Payer Details	Payment De	tails 2	Comments 3		
Jim, Slim T.	Type P	ayment			^
Birthday 3/21/1970 Age 40	Date 4	/22/2010			
1539 COUNTY LINE RD Home Town, AR 72711	Method C	heck			
	Reference 4	651			
	Amount	\$81.00			-
Applied Charges					
Date 🔺 Patient Provide	r Coo	le Descriptio	n	Charge	Applied 4
4/1/2010 Slim T Jim Randall	Oates 992	03 OFFICE/O	UTPATIENT VISIT, NEW	\$65.0	\$65.00
4/5/2010 Slim T Jim David C	Smith 992	03 OFFICE/O	UTPATIENT VISIT, NEW	\$65.00	\$16.00
					Close

Double click any personal payment line item from the ledger to view the above details:

- 1. Payer: The person making the payment
- 2. Payment Details: Payment method and amount
- 3. Comments: Any miscellaneous information pertaining to the payment
- 4. Applied: Shows how the payment was applied across charges

Adjustment Details

Adju	istment D	etail			and the second sec	-	×
Ac	djustment						
Dat		Code 2		3			Amount 4
	27/2010	A265	Write off			*	\$175.00
Not	te						*
Ap	oplied Char	ges					
Da	ate 🔺	Patient	Provider	Code	Description	Charge	Applied 5
3/	10/2010	Slim T Jim	Randall Oates	99201	OFFICE/OUTPATIENT VISIT, NEW	\$275.00	\$175.00
							Close

Double click any adjustment line item from the ledger to view the above details:

- 1. Date: Date the adjustment was entered
- 2. Adjustment code
- 3. Adjustment Description
- 4. Amount: Total adjustment amount applied to the patient's charges
- 5. Applied: The line item view of how the adjustment was applied to each charge.

Family Tab

View a patient's family balance and pending claims.

Family Balance

🚨 Green, Heather							
a Green, rieather	Green, Heather				Account 67	\$ Balance	
		Chart HG123456	Family \$23	35.00			
	Date of Birth 9/16/1994	Age 15	Sex Female	Status Unkno	WD	Personal \$0.	.00
	Address 151 W College Ave		1			Total \$2	235.00
	Home (479) 655-5555 W	ork	Cell				
	Email					🔳 Self Pay	Co-Pay \$0.00
🛄 Schedule 🛛 🔔 🛙	Demographics 💽 👽 Insuranc	e 🔨 Custom	Ledger 💁 Family	🛐 Claims 📄 Stateme	ents 🤱 💲 New Charge:	5	
Guarantor Lane, Penr	iy 1	+ Add Dependent	2				
Dependents			Ŭ				
Patient			Relation			Pending Claims	Balance
× Mark Markson							\$235.00
						5	Make Payment

1. Guarantor: View the patient's guarantor

2. Add Dependents: Add dependents under the active patient to be included in the patient's family balance.

Claims Tab

View all of the patient's claims and any related claim details.

Patient Claims View

🧕 Jim, Slim T.	-		-	-	Cilmin	-	_	_	ŀ	- 0 X	
	Jim, S	lim T.					Account 34 Chart 683	32	\$ Balances		
	Date of Bi	irth 3/21/1970	Age 40	5	iex Male	Status	Unknown	52	Family \$25.0		
120		1539 COUNTY LI		Personal \$454	.00						
				Total \$47	9.00						
	Home (501) 111-1111 Work (501) 555-9000 Cell (479) 987-6543 Email jslim@email.com Email jslim@email.com										
	Email jsim@email.com										
🛄 Schedule 🛛 🔔 🛛	💷 Schedule 📃 Demographics 🛛 🐨 Insurance 🥂 Custom 🛛 🏢 Ledger 🛛 🤽 Family 🔯 Claims 📄 Statements 🛛 🕵 New Charges										
🔮 Claims 🚺										*	
Post Date 🔺 P	rocessed	Claim ID	Provider	Payer	Second	Amount	Balance	Route	Status		
× 3/22/2010		10	Randall Oates	Aetna		\$1,000.00	\$0.00	Р	On Hold		
× 3/24/2010		12	Randall Oates	Aetna	Medicare		\$0.00	Р	On Hold		
× 3/27/2010		13	Randall Oates	Aetna	Medicare	\$50.00	\$0.00	E	On Hold		
× 3/29/2010 4/	/3/2010	15	Randall Oates	Aetna		\$55.00	\$0.00	E	Submitted		
× 3/29/2010 3/	/29/2010	16	Randall Oates	Aetna		\$55.00	\$0.00	Р	Submitted		
× 3/30/2010		18	Randall Oates	Aetna	Medicare	\$750.00	\$275.00	Р	On Hold	_	
S Claim Details						Mor		On Hold m Notes		*	
Post Date 3/2	29/2010	Member ID	54641		Patient Group Nu	mber				<u></u>	
Process Date 4/3	3/2010	Rendering Provi	ider Randall Oa	tes							
Routing E		Rendering NPI	121506782	2						~	
S Charges											
Date Provider	r	Proced	Description		-			Charges	Amount	Balance	
3/29/2010 Randall (Oates	99201	OFFICE/OUTPA	TIENT	VISIT, NEW 3			\$5	5.00 \$55.0	\$0.00	
									\$55.00	\$0.00	
									\$55.00	, , , , , , , , , , , , , , , , , , , ,	

- 1. Claims: A listing of all of the patient claims, both pending and submitted.
- **2. Claim Details:** The claim details listed in this section represent the claim that is selected in the Claims list above.
- 3. Double click the line item to further view the specific charge details.
- 4. View additional claim info.

Statements Tab

View any patient statements that have been sent out and reproduce with the click of a button.

Statements Tab

🧟 Jim, Slim T.									
		Jim, Slim T.				Account 34	\$ Balances		
					1	Chart 68332 Family \$25.00		5.00	
		Date of Birth 3/21/1970		Sex Male	Status	; Unknown	Personal \$45	54.00	
5		Address 1539 COUNTY LINE RD Home Town, AR 72711					Total \$479.00		
		Home (501) 111-1111 Work (501) 555-9000 Cell (479) 987-6543							
		Email jslim@email.com					Self Pay	Co-Pay \$20.00	
💷 Schedule 🔍 Demographics 😽 Insurance 🔨 Custom 🔠 Ledger 🔝 Family 🗿 Claims 📄 Statements 🚺 New Charges									
Date		ed To						Amount	
4/8/2010	4/8/2010 Slim Jim 1								
		-							
	_								

1. Double click on any statement listed to see the original statement sent.

New Charges Tab

Transaction entry for patient charges, payments and adjustments

New Charges Tab

Jim, Slim T. Account 34 \$ Balances Date of Birth 3/21/1970 Age 40 Sex Male Status Unknown									
Date of Birth 3/21/1970 Age 40 Sex Male Status Unknown	-								
	Personal \$454.00								
Address 1539 COUNTY LINE RD Home Town, AR 72711	Total \$479.00								
Home (501) 111-1111 Work (501) 555-9000 Cell (479) 987-6543									
Email jslim@email.com	SelfPay Co-Pay \$20.00								
💷 Schedule 🐊 Demographics 🔖 Insurance 🔨 Custom 📗 Ledger 🔝 Family 🔕 Claims 🖹 Statements 🚺 New Charges									
Vnapplied Co-Pay \$0.00 Applied Co-Pay	y Co-Pay								
	y Pre-Pay								
Patient Visit for 4/9/2010 8:57 AM									
Charges From 4/9/2010 8:57 AM	dd Charge 👤								
	Balance								
3 X 4/9/2010 Randall O 99201 OFFICE/OUTPATIENT \$90.00 1.0 \$90.00 \$0.0	\$90.00 \$65.00								
\$155 \$155 \$0.00 \$0.00	\$155.00								
Follow Up Action Submit to Insurance									
Doctor Comments 5 Claim Comments 6									
	* *								
S Add Payment									

1. Add Charges for the patient account quickly.

2. Add Payment across charges for the active patient and dependents or other patients, if needed, all from one screen.

- 3. Edit Charge Details by double clicking the line item.
- 4. Specify the Follow-up Action for the charges posted.

5. Any provider Follow-up Comments or instructions entered by the provider on the billing statement will show up here.

6. Enter any Claim Comments to the billing staff when processing claims.

7. Add an Adjustment at the time of posting.

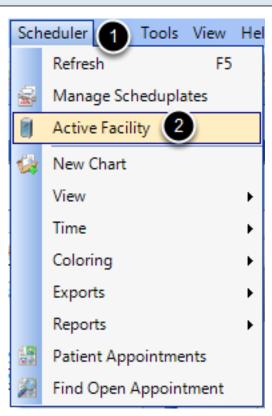
8. Post charges, payments and adjustments to the patient's ledger. If Submit to Insurance is selected and there is an active insurance policy for the patient, a claim will be automatically generated.

Scheduling

Changing the active facility, if a multiple site practice.

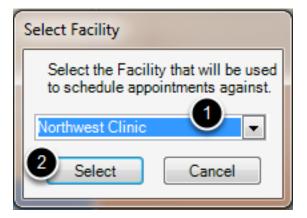
Scheduler menu -> Active Facility

Open Active Facility



- 1. Click on the **Scheduler menu**.
- 2. Select Active Facility.

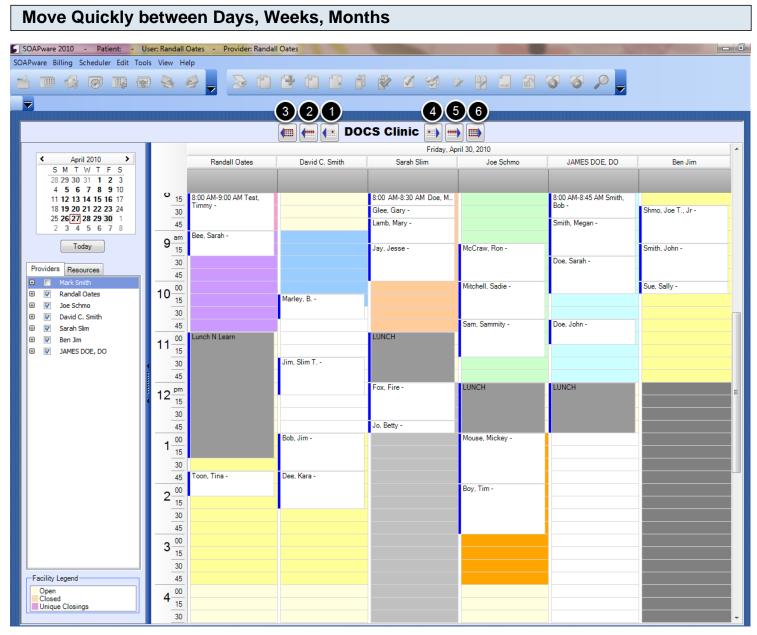
Select the new Active Facility



- 1. Click the drop down **menu** to find the correct facility.
- 2. Click Select.

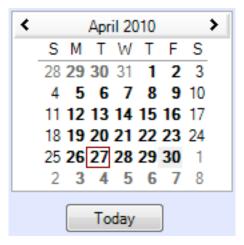
Navigation

Show the various ways to move around in the Schedule.



- 1. Move back 1 day.
- 2. Move back 1 week.
- 3. Move back 1 month.
- 4. Move ahead 1 day.
- 5. Move ahead 1 week.
- 6. Move ahead **1 month**.

Monthly Calendar

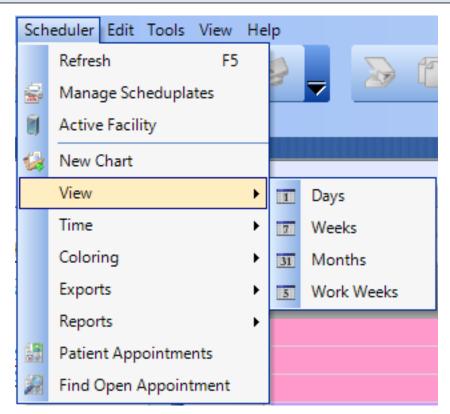


Click the arrows to move quickly to the date needed.

View the Schedule as Days, Weeks, Months, or Work Weeks.

Scheduler menu -> View

Select the appropriate Schedule View.

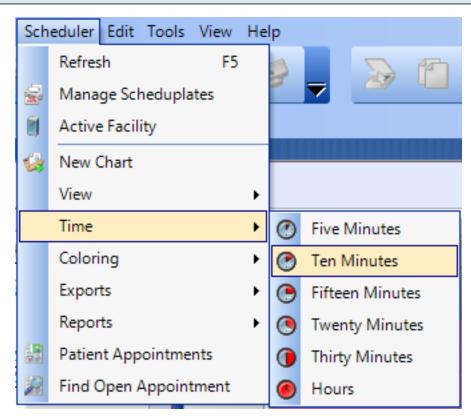


Select the view that allows the easiest and clearest view of the Schedule.

Set the time increments shown on the Schedule.

Scheduler menu -> Time

Select the Time Increment

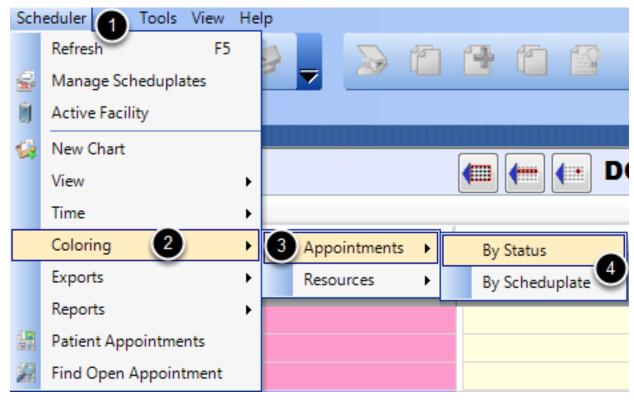


Choose the option that best fits your practice's scheduling needs. The time increment selected here will be displayed to the left of your schedule.

Coloring

Set the coloring for Appointments and Resources.

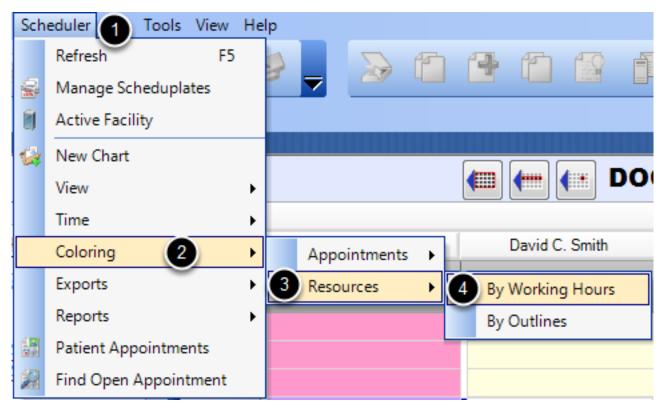
Coloring for Appointments



- 1. Click on the **Scheduler menu**.
- 2. Select Coloring.
- 3. Select Appointments.

4. Select either **By Status** or **By Scheduplate**. By Status will show the shading of the status as it changes, and not show the Scheduplate coloring. By Scheduplate will the shading associated with the Scheduplate and not show the status color changes.

Coloring for Resources

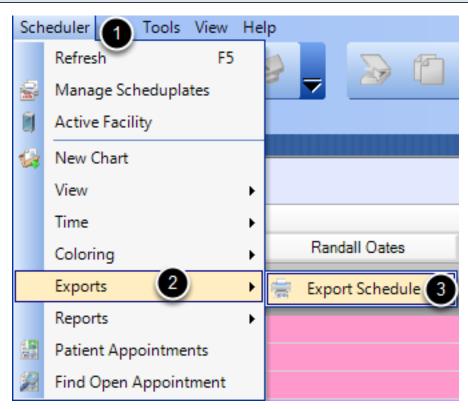


- 1. Click on the Scheduler menu.
- 2. Select Coloring.
- 3. Select Resources.

4. Select either **By Working Hours** or **By Outlines**. By Working Hours will only show the hours the Provider is available to see patients in the clinic. By Outlines will show the outline shading associated with how the providers have indicated they want their days scheduled.

Export the clinic schedule.

Export the Schedule.



- 1. Select the **Scheduler menu**.
- 2. Click on **Exports**.
- 3. Select Export Schedule.

Select the Facilities/Resources to Export

Print/Export Schedules			×
Facility/Resources:			
Select Facilities	Start: End: ◀	04/27/2010 12:00AM 04/27/2010 11:59PM Include Comments?	• 3 •
		5 Select	Cancel

- 1. Check the boxes of the Facilities to be shown.
- 2. Select the **Resources** whose schedules need to be exported.
- 3. Enter the **range of dates** to be exported.
- 4. Check to **include the Visit Comments** on the report as reference, if needed.
- 5. Click **Select**. The file will be exported as a CSV file.

Access reports on the Schedule data.

Scheduler -> Reports

Print various Schedule Reports

Sch	eduler 1 Tools View	He	lp			
	Refresh F5		5		P	4
	Manage Scheduplates		2	▼	4	
	Active Facility					
6	New Chart					
	View	F				
	Time	F				
	Coloring	F		Randall Oates		Da
	Exports	F				
	Reports 2	۲		Status Report	3	
	Patient Appointments		3	Patient Report	4	
	Find Open Appointment			Print Simple So	hedule	5
Foday	9 ^{an}	n	÷	Print Advance	d Scheo	lule 🙆

- 1. Go to the Scheduler menu.
- 2. Click on Reports.

3. Status Report: View a summary of patients based on their appointment status.

4. Patient Report: Provides both a summary of the specified patient's appointments, but also provides a breakdown of the time spent at each status of each appointment.

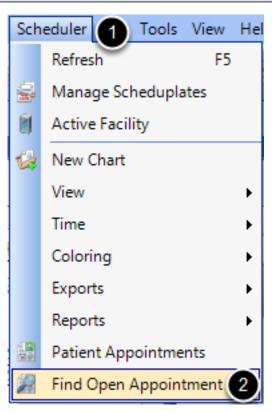
5. Print Simple Schedule: Provides a summary of the appointments scheduled by Provider. Indicates the Time, Patient Name, Phone Number, Scheduplate, Status and visit Comments.

6. Print Advanced Schedule: Provides a summary of appointments scheduled across Facilities and Resources. Time, Patient Name, Phone Number, Scheduplate, Status and visit Comments.

Find Open Appointments

Scheduler menu -> Find Open Appointment

Find Open Appointment



- 1. Click on the **Scheduler menu**.
- 2. Select Find Open Appointments.

Enter Basic Search Criteria

Find Open Ap	Find Open Appointment							
Facility: DOCS Clinic								
-Search Crite	Search Criteria							
Resource:	Randall O	ates 1		-				
		$\mathbf{}$						
Start Time:	04/27/20	10 12:00AM	6	-				
End Time:	05/11/20	10 11:59PM	2	-				
	Start Cushi	on Duration: En	d Cushion					
	0 🌲	3 15 🚔 🕘	0 🌲					
Advanced	i		Sear	:h				
Open Appoi	ntments							
Date 스	Time	Resource Name	Facility	*				
4/27/2010	8:30 AM	Randall Oates	DOCS Clinic					
4/27/2010	8:45 AM	Randall Oates	DOCS Clinic					
4/27/2010	9:00 AM	Randall Oates	DOCS Clinic					
4/27/2010	9:15 AM	Randall Oates	DOCS Clinic					
4/27/2010	9:30 AM	Randall Oates	DOCS Clinic					
4/27/2010	9:45 AM	Randall Oates	DOCS Clinic					
4/27/2010	10:00 AM	Randall Oates	DOCS Clinic					
4/27/2010	10:15 AM	Randall Oates	DOCS Clinic					
4/27/2010	10:30 AM	Randall Oates	DOCS Clinic					
4/27/2010	10:45 AM	Randall Oates	DOCS Clinic					
4/27/2010	1:30 PM	Randall Oates	DOCS Clinic					
4/27/2010	1:45 PM	Randall Oates	DOCS Clinic					
4/27/2010	2:00 PM	Randall Oates	DOCS Clinic					
4/27/2010	2:15 PM	Randall Oates	DOCS Clinic					
4/27/2010	2:30 PM	Randall Oates	DOCS Clinic	Ŧ				
Select Cancel								
		-						

- 1. Select the **Resource** needed from the drop down menu.
- 2. Enter the date ranges for the possible appointment.
- 3. Enter the Start and End Cushions that the appointment will need to have.

- 4. Enter the **Duration** for the appointment needed.
- 5. Click Search.
- 6. If a suitable appointment has been found, select the appointment time.
- 7. Click Select.

Find Open Appointment
Search Criteria Facilities:
Start Time: 04/27/2010 12:00AM 💌 2
End Time: 05/11/2010 11:59PM 🗸 Scheduplate:
Resource Start Time / Duration Start Cushion End Cushion
Basic Search
Open Appointments
Date Time Facility
Select Cancel

- 1. Check the Facility needed for the appointment.
- 2. Enter the date ranges for the possible appointment.
- **3.** Select a preferred **Scheduplate** that the appointment will need to have.

- 4. Add a Provider/Resource to search.
- 5. Click Search.
- 6. If a suitable appointment has been found, select the appointment time.
- 7. Click Select.

Double Click on a Needed Time Slot

Schedule a Patient Appointment

Chart Ra	ck	
Search	Type Name 💌 🙀	
* A B	C D E F G H I J K L M N O P Q R S T U	v w ∢ ►
Name	Chart Number SSN Birth Date	Provider
<	111	•
Provider	All Providers Total Active Patients: 57	
	Select	Cancel

- 1. The Chart Rack will be pulled up.
- 2. Type in the Patient Name.
- 3. When the correct patient is pulled up, click **Select** or **double click** the patient.

Schedule Tab - Patient Appointments

🧕 Jim, Slim T.		-	-	-	-			_	_		_ D _X
	1	Cline -	T					Account 34	ł	S Bala	ances
	JIII	Jim, Slim T.						Chart 68	3332	Eamily	\$25.00
30.	Date	Date of Birth 3/21/1970 Age 40 Sex Male Status						nknown		Personal	
1 And	Address 1539 COUNTY LINE RD Home Town, AR 72711										
12		Home (501) 111-1111 Work (501) 555-9000 Cell (479) 987-6543 Total \$479.00									
		il jslim@ema									
	Lina	n jaim@ena								Self Pa	ay Co-Pay \$20.00
Schedule	Demogr	aphics 🛛 🏹	Insurance	e 🔨 Custom	Ledge	er 🚺 🌆 Family 🚯	Claims	🗎 Statement	s 🚺 Nev	v Charges	
Visit Detail for	- A/27	/2010 7:	45 AM	8.00 AM (0.	15\			_			
-	1 4/Z//	2010 7.		-	15)			_			-
Scheduplate			Referral			Facility 4		Status 😏			
SV-EP (30) - Sick Vis	sit - Est. P	°t + +	Joe Schm	D		DOCS Clinic		Confirmed			Recurrence
Resources	7										
											+ Add Resource
Date A S		Fed	Manua								1
,	tart :45 AM	End 8:00 AM	Name Randall O	ates			_				4.5
× 1/2//2010		0.00 AM		1023							
Visit Comments									😈 Verifi	cation ᠑	🗸 Check In
Patient has fever a	nd chills.	Bringing upd	ated insura	nce cards. LO					🔽 Insuran	ce Verified	Check In
									Date 4/27	/2010	
								_	User rand		Take Co-Pay
									User l'and	alloates	
Visit List 12)										
Date v Sta		End	Facility	Resou	rce Name						Scheduplate
		12:15 PM	DOCS Clini	: David (C. Smith						
4/27/2010 7:4	15 AM	8:00 AM	DOCS Clini	: Randal	Oates						Sick Visit - Est
4/23/2010 8:4	45 AM	9:15 AM	DOCS Clini	: Randal	Oates						Sick Visit - Est
4/22/2010 2:0	00 PM	2:15 PM	DOCS Clini	CS Clinic David C. Smith							
4/22/2010 8:4	45 AM	9:00 AM	DOCS Clini	: Sarah !	Slim						
4/21/2010 1:4	45 AM	12:00 PM	DOCS Clini	-							Sick Visit - Est
4/20/2010 10	:15 AM	10:30 AM	DOCS Clini	: Ben Jin	ı						1 4 1
Today 13									ĺ	👜 Print Vis	
le louay											

Enter the below Appointment information, as needed:

- 1. Visit Detail: Summary of the overall length of the appointment
- 2. Scheduplate: The appointment type
- 3. Referral: Referring Provider
- 4. Facility: Place of Service
- **5. Status:** The status of the patient visit within the clinic's work flow. (This list is completely customizable by clinic.)
- 6. Recurrence: Sets recurrences of the visit, if needed.

7. Resources: Allows the scheduling of one to multiple resources for one visit

8. Visit Comments: Allows miscellaneous information and visit details to be entered and stored for the visit.

9. Verification: Indicates the date and user who verified the patient's insurance benefits and eligibility.

10. Check-In: Allows a patient to be checked in with the click of a button.

11. Take Co-Pay: Allows a patient's co-pay to be taken at the beginning of the visit.

12. Visit List: Displays all of the patient's past, current and future appointments to be displayed in one place, to help prevent double booking an appointment.

13. Today: Immediately selects the current day's visit.

- **14. Print Visit:** Prints out the selected visit.
- **15. New Visit:** Creates a new appointment for the patient.

Moving an Appointment to a different time slot

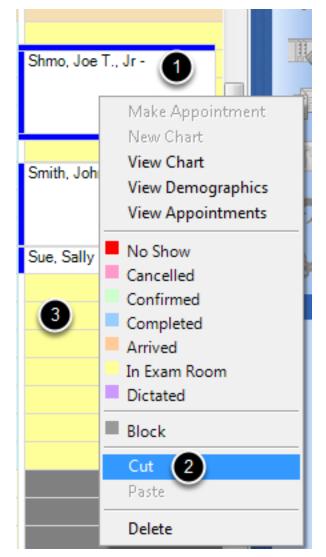
Dragging and Dropping

Ben Jim	1
	ł
Shmo, Joe T., Jr -	
Smith, John -	
Sue, Sally -	
	l

1. Click to select the appointment.

2. With the left mouse button held down, **drag the appointment** to the desired time slot. The appointment should then be placed at a new time, and the patient's appointment details updated automatically.

Cutting and Pasting

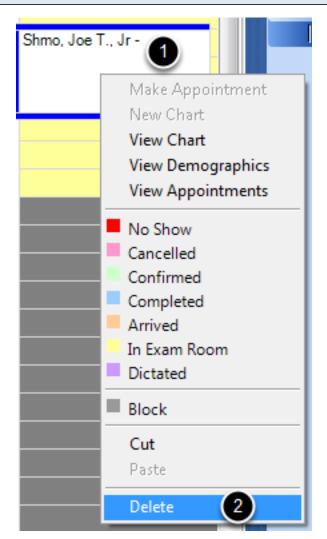


- **1. Click to select the appointment.**
- 2. Right click on the mouse and select Cut.

3. Click the desired time slot. Right click on the mouse and select **Paste**. The appointment should then be placed at a new time, and the patient's appointment details updated automatically.

Delete a patient appointment

Delete an Appointment

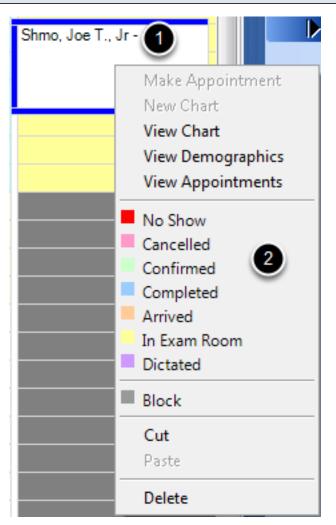


1. Click to select the appointment.

2. Right click the mouse and select **Delete**, or hit **Delete** on the keyboard. (A warning will pop up to make sure the appointment is to be deleted. Click Yes to continue or No to cancel.)

Changing an Appointment Status

Right Click to Change Appointment Status



1. Click to select the appointment.

2. Select the needed status for the appointment. (The status should be updated automatically on the Schedule and in the patient account.)

Setting up repeat appointments.

Open the Patient Account

🙎 Jim, Slim T.			BOCS Clinic					
		3/21/1970 Age	\$ BalancesFamily \$25.00Personal \$454.00Total \$479.00					
Home (501) 111-1111 Work (501) 555-9000 Cell (479) 987-6543 Email jslim@email.com Self Pay Co-Pay \$20.00								
Visit Detail for	Demographics 4/27/2010		Custom Ledger ,	🚂 Family 🛛 🧕 Claims 📄	Statements \$ New Charges			
Scheduplate		eferral	Facility	Status				
SV-EP (30) - Sick Visit	- <u>LSU</u> ¥ +	oe Schmo		Confirmed	▼			
Date A Sta		Name			+ Add Resource			
× 4/27/2010 7:4	5 AM 8:00 AM	Randall Oates			< >			
Visit Comments Patient has fever and	Visit Comments Patient has fever and chills. Bringing updated insurance cards. LO Patient has fever and chills. Bringing updated insurance cards. LO Visit Comments Verification Verificati							
Visit List								
Date 🔻 Star		Facility	Resource Name		Scheduplate			
	AM 8:00 AM	DOCS Clinic DOCS Clinic	David C. Smith Randall Oates		≡ Sick Visit - Est			
4/23/2010 8:45		DOCS Clinic	Randall Oates		Sick Visit - Est			
4/22/2010 2:00		DOCS Clinic	David C. Smith					
4/22/2010 8:45	AM 9:00 AM	DOCS Clinic	Sarah Slim					
4/21/2010 1:45	AM 12:00 PM	DOCS Clinic	Sick Visit - Est					
Today Print Visit + New Visit								

- **1. Double Click the appointment**, needing to be repeated.
- 2. The **Schedule Tab** will open.
- 3. Click Recurrence.

Recurrence Management

Recurrence	
Recurrence Management	
Stant Date Type Comments	
	Save Cancel

Click the **Create Recurrence** button.

Set the Recurrence Pattern

Recurrence Patter	n	
Appointment Tim Start Time: 7:		End Time: 8:00 AM
-Recurrence Patte	ern 🕐	
Daily	Recurs every 2 week(s) on	
 Weekly Monthly 	🔲 Sunday 🔲 Monday 🔲 Tues	sday 🔲 Wednesday
C Yearly	Thursday Friday Satu	rday
Range of Recurr Start By: 04/	ence 3 /27/2010 -	
End after:	2 occurrences	◎ End by: 04/28/2010
Comments		
		4 Save Cancel

1. Enter the appointment time.

2. Select whether the appointment will be on a Daily, Weekly, Monthly or Yearly basis.

3. Indicate how long the recurrence will take place. Select the Start Date, as well as either the number of occurrences for the appointment or an End Date for the recurrence.

4. Click **Save**. The recurring appointments should be scheduled, and the patient account updated automatically.

Transaction Entry

Post a Supe	erbill/Billing S	Statement from (Chart	t
SOAPware	20 <u>10 - Pati</u>	ent: Bunch, Oscar	Use	er: Tammy Trent - Provider: Randall Oates
SOAPware Ch	hart Billing D 5	rs Edit Tools View H	Help	
Summary	/ 📳 Billing Stater	ments 🔤 Vital Signs (4) x	📋 SOAP Notes 🧘 Labs 😵 Radiology 🛛 🕔 🗙
			-	Date/Time 03/30/2010 9:10 AM 🗸
E %	837p	3		Assessment
Posted On N	N/A	Owner Ran Facili	ty Fa	Fracture of forearm (radius or ulna) ICD#813.80 MACHINERY ACCIDENT NEC ICD#E919.8
Description	СРТ	Diagnoses	Modifier	Plan 1
OFFICE/OU	ITPA 99202	Fracture of fore		OFFICE/OUTPATIENT VISIT, NEW. #99202 Related
X-RAY EXA	M O 73090	Fracture of fore		Dxs- Fracture of forearm (radius or ulna) , MACHINERY ACCIDENT NEC Modifiers- Date of
				Service From: 3/10/2010 Date of Service To:
<				3/10/2010 Place of Service: Family Clinic Supplemental: <u>Days/Units</u> : 1 <u>Emergency</u> : True
Assessment	t Misc. Info			X-RAY EXAM OF FOREARM. #73090 Related Dxs-
	forearm (radius or uln	a) #813.80		Fracture of forearm (radius or ulna) , MACHINERY ACCIDENT NEC Modifiers- Date of Service From:
	ACCIDENT NEC #E			3/10/2010 Date of Service To: 3/10/2010 Place of
Post	Superbill			Service: Family Clinic Supplemental: Days/Units: 1 Emergency: True
				Misc Info - Accept Assignment: True Type: AR - Auto Accident Unable to Work From: 3/10/2010 Unable to
l (i	The superbill w	as successfully posted.		Work To: 3/15/2010 Hospital From: 3/10/2010
	r			Hospital To: 3/12/2010 Current IIP: 3/10/2010 Same Or Similar Illness Date: 3/22/1988 Last Seen:
	ОК	4		3/22/1988
Notes				SOAPNote 🗐 Billing Addendum 🗐 Billing Adde 🗸 🕨
Follow up x-	-ray 3 weeks			
				Drag a column header here to group by that Sumn.
			_	Date/Time $ abla$ Owner Status Descripti
				🔚 3/30/2010 9:10:27 AM 🛛 Randall Oates 👘 🛛 Fracture
		····· ·	N P	3/23/2010 9:45:12 AM Jamie R. James Fracture
		▼ …	-	
Search Docume	entation Search			Bunch, Oscar Bunc123456 Age 33 2
🚺 Tasks 🛄) Chart Rack 🛛 🥌 F	Pulled Charts 🛛 📑 Docup	olates	

1. An encounter/visit should already be documented in the SOAP note section of the Patient Chart. Structured SMARText items must be used in the <u>Plan</u> and <u>Assessment</u> fields as shown in the screenshot.

- 2. Click to view **Billing Statement**.
- 3. Click the **Post Superbill** icon.
- 4. Dialog will display with message The superbill was successfully posted. Click the **OK** button
- 5. Go to the main menu and Click Billing

Open Patient Account in Billing

	Help		
Summ 6 2 Patient Account Ctrl+A			
Payer/Non-Patient Account			
GMc 837p S Enter Charges	ē		
Enter Payments			
ed On 4/17/2010: 🛐 Claims Manager 🛛 🗛	э т		
ription V Post Insurance Payments			
	(radius		
AY EXAM OF FOREARM. 73090 Fracture of forearm	(radius		

Chart Rack 7			
Search Bunch, O <mark>scar</mark>	Type Name		- 🐼
A B C D E F G H 1	[]]K L M	N O P Q	R S T U V W 🔹 🕨
Name 🗠 Chart Number	SSN	Birth Date	Provider
Bunch, Oscar Bunc123456	432-19-8765	02/05/1977	Randall Oates
Provider All Providers	*	Total Active F	Patients: 44
		8 s	elect Cancel

6. From the Billing menu Click Patient Account to open the Chart Rack

7. Search Chart Rack for Patient Account. This example shows search by Name. Begin Typing patient last name until the patient is visible in the list of patients

8. Click to highlight Patient from the Chart Rack list and then Click Select. Patient account will open

View Posted charges in New Charges Tab
Bunch Oscar

🌲 Bunch, Oscar														
	Bunch, Osca	r						Account		5	Balances			
2.5									Bunc123456	Far	Family \$0.00			
E P	Date of Birth 2/5/19			Sex Male		-	status	Unknown		Perso	inal \$3,73	5.00		
Address 1122 Elm St Some City, AR 72765-1122											Total \$3,735.00			
	Home (479) 555-5555 Work (479) 555-4444 Cell (479) 555-3333													
Email ob@email.com												Co-Pay \$0.00		
🏢 Schedule 🔔 Demographics 🕒 Insurance 🔨 Custom 🔠 Ledger 🥵 Family 🔕 Claims 📄 Statements 🚺 New Charges														
+ New Visit								Unapplied C	o-Pay	\$0.0	DA	pply Co-Pay		
							I	Unapplied Pi	re-Pay	\$0.0		pply Pre-Pay		
Patient Visit for 4/17/	2010 2:27 PM											×		
× Charges From	m 4/17/2010 2:27	' PM					Mo	re Info	+ Add A	djustment	+	Add Charge		
Omit Posted	Provider Code	Modifiers	Desc	ription	DX	Charge	Unit	Total	Co-Ins	Pay	Adju	Balance		
	.0 Randall 0 99202		OFFICE/OUT	IPATIENT V	8	\$160.00	1.0	\$160.00	\$0.00	\$0.00	\$0.00	\$160.00		
E × 4/17/201	.0 Randall O 73090		X-RAY EXAM	OF FOREA	8	\$80.00	1.0	\$80.00	\$0.00	\$0.00	\$0.00	\$80.00		
1				6	2	\$240		\$240	\$0.00	\$0.00	\$0.00	\$240.00		
Follow Up Action Subr	nit to Insurance				Incomp	olete		3	🗖 Print	Receipt Al	fter Post	Post		
Doctor Comments					Claim	Comments	6					1		
Follow up x-ray 3 wee	eks 🖪			^										
				-								-		
											6 🖪	Add Payment		

Patient account will open to the New Charges Tab when a Superbill has been posted to Billing. The upper section displays Patient demographic details and Personal/Family account balances.

The Center section lists Visit details as documented in the SOAP note section of the patient chart. Charges are added for the Procedure Codes and can be edited by Double Clicking on the line of the charge as described in the Edit/Update Charges lesson. Payments, Adjustments and Additional Charges can be added manually, as needed. The bottom section allows the user to:

1. **Set follow up action** for the claim. If insurance information is entered in the Patient Demographics, this will default to <u>Submit to Insurance</u>.

2. Check as **Incomplete**, allowing the user to close out of the account and come back later to finish the check out process.

3. Print a Receipt when the visit is posted to the ledger.

- 4. Displays **Doctor Comments** typed in Billing Statement Tab.
- 5. Type free text Comments pertaining to the claim (informational only)
- 6. Add personal Payment to account
- 7. Post transactions to Patients Ledger

Transfer Credit Balance

Transfer a credit on one visit and apply to another visit.

Note: Adjustment codes will have to be set up in Adjustment Maintenance before this can be done.

Adjust Credit

🌲 Jackson, Jack												
	1	:kson, Jack							Acco	ount 99	S Ba	lances
	Jac	кзоп, јаск							C	hart JJack121	2 Family	/ \$0.00
K 26,	Date	e of Birth 5/25/19	60 Age	50	Sex №	1ale		Status	; Single			l \$114.00
Address 789 Ave Blvd Some City, AR 72774												
Home (479) 555-4444 Work Cell (479) 555-5555												\$114.00
	Email jj@yahoo.com											
💷 Schedule 🔔 Demographics 📑 Insurance 🔨 Custom 🔛 Ledger 🔩 Family 🧕 Claims 📄 Statements 🚺 New Charges												
								U	Inapplied Co-P	ay \$0	.00 Unapplied I	Pre-Pay \$0.00
Posted 🔺 🛛	DOS	Provider	Code	Descripti	on	Charge	Units	Total	Payments	Adjustments	Chrg Bal	Balance
8/30/2010 8/30	0/2010	Randall Oates	99213	OFFICE/OUT	PATI	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
9/14/2010			Pymt	Credit Card:					\$25.00			
9/14/2010 9/14			99213	OFFICE/OUT			1.0	\$135.00	\$135.00		\$0.00	\$0.00
9/22/2010 9/22	2/2010		99213	OFFICE/OUT	PATI	\$59.90	1.0	\$59.90	\$59.90		\$0.00	\$0.00
9/22/2010			Pymt	Credit Card:					\$30.00			
9/22/2010			Pymt	Credit Card:					\$1.00			
× 9/23/2010 9/23	3/2010		88153	CYTOPATH, C		\$150.00	1.0	\$150.00	\$152.00	2	(\$2.00)	(\$2.00)
10/18/2010			Pymt	Credit Card: *					\$425.90			
10/18/2010 10/1	18/2	Randall Oates	99214	OFFICE/OUT	PATI	\$116.00	1.0	\$116.00			\$116.00	\$114.00
						\$595.90		\$595.90	\$481.90	3\$0.00	\$114.00	\$114.00
👜 Print Receipt								1	Add Adjustn		Add Charge	S Add Payment

- 1. Open the Ledger tab.
- 2. Select the visit with a credit and click to **highlight**.
- 3. Click on the Add Adjustment button.

Annly Addin										
Apply Adjust Code		Description						<u> </u>	ount	X
700			redit balance							.00)
			cuit balance					_	(#Z.	
Advanced C	ode Search									Š
Charges fo	Charges for Jackson, Jack									
DOS 🔺	Provider		Code		Description	Charge	Payments	Balance	Applied	
9/23/2010	Randall Oates		88153		CYTOPATH, C/V, REDO	\$150.00	\$152.00	(\$2.00)	(\$2.00)	-
10/18/2010	Randall Oates		99214		OFFICE/OUTPATIENT VISI	\$116.00	\$0.00	\$116.00	\$0.00) 4 Clic
									_	
						\$266.00	\$152.00	\$114.00	(\$2,1	00)
							6 s	ave	Cancel	

4. Type adjustment code .

5. Click the arrow on the line with the credit and type '-' and then the amount to transfer. In our example we typed **-2.00**

The total amount in the Applied column will display in parentheses (2.00)

6. Click Save.

Apply Adjus	stment										×
Code		Description							Am	ount	
700	•	Transfer c	redit balance						-	\$	2.00
Advanced C	ode Search										∻
Charges fo	Charges for Jackson, Jack										s
DOS 🔺	Provider		Code		Description		Charge	Payments	Balance	Applied	
10/18/2010	Randall Oates		99214		OFFICE/OUTPATIENT	VISI	\$116.00	\$0.00	\$116.00	\$2.00	0 🔸
											Clic
							\$116.00	\$0.00	\$116.00	\$2	2.00
								S	ave	Cance	*

Apply Credit

💄 Jackson, Jack	s													
	120	kson, Jack							Acco	unt 99	💲 Ba	lances		
	Jac	KSON, JACK				Chart JJack1212					,	Family \$0.00		
\$ 3 C.	Date	of Birth 5/25/19	60 Age 5	0	Sex M	x Male Status Single						Personal \$116.00		
(A)	Addr	ess 789 Ave Blvd	Some City, A	R 72774										
	Hom	e (479) 555-4444	Work		Cell (47	9) 555-5555					Total	\$116.00		
		il jj@yahoo.com									E c-Ko		+00.00	
											Self P	ау со-Ра	iy \$30.00	
🛄 Schedule 🛛 🤰	🏢 Schedule 🙎 Demographics 😽 Insurance 🔧 Custom 🛄 Ledger 🧟 Family 🧕 Claims 📄 Statements 🚺 New Charges													
									napplied Co-Pa	ay \$0.0	0 Unapplied P	re-Pay	\$0.00	
	D 0.0	D 11												
Posted 8/30/2010 8/3	DOS	Provider Papdall Oates	Code 99213	Descripti		Charge \$135.00	Units	Total \$135.00	Payments \$135.00	Adjustments	Chrg Bal \$0.00	Balan	s0.00	
9/14/2010	30/2010		Pymt	Credit Card:	- MII	\$155.00	1.0	\$133.00	\$25.00		\$0.00		\$0.00	
9/14/2010 9/:	14/2010		99213	OFFICE/OUT	PATI	\$135.00	1.0	\$135.00	\$135.00		\$0.00		\$0.00	
9/22/2010 9/2			99213	OFFICE/OUT		\$59.90		\$59.90	\$59.90		\$0.00		\$0.00	
9/22/2010			Pymt	Credit Card:		+		4	\$30.00		1			
9/22/2010			Pymt	Credit Card:					\$1.00					
9/23/2010 9/:	23/2010	Randall Oates	88153	CYTOPATH, C	:/V,	\$150.00	1.0	\$150.00	\$152.00	(\$2.00)	\$0.00		\$0.00	
10/18/2010			Pymt	Credit Card: *	***				\$425.90			-		
× 10/18/2010 10	0/18/2	Randall Oates	99214	OFFICE/OUT	PATI	\$116.00	1.0	\$116.00			\$116.00	(7)	\$116.00	
10/18/2010			700	Transfer cred	lit b					(\$2.00)				
						\$595.90		\$595.90	\$481.90	(\$2.00)	\$116.00	:	\$116.00	
Print Receipt								8 1	Add Adjustm	ient <u>s</u> A	Add Charge	S Add I	Payment	

7. Click to highlight the visit to which the credit will be applied.

8. Click Add Adjustment button.

Apply Adjus	stment								×
Code		Description						Am	ount
700	-9-	Transfer cr	redit balance					-	\$2.00
Advanced C	ode Search								¥
Charges fo	or Jackson, Ja	ck					🔳 Sho	w Zero Balan	
DOS 🔺	Provider		Code	De	escription	Charge	Payments	Balance	Applied 10
10/18/2010	Randall Oates		99214	OF	FICE/OUTPATIENT VISI	\$116.00	\$0.00	\$116.00	\$2.00 🔺
						\$116.00	\$0.00	\$116.00	\$2.00
						1	1	iave	Cancel

9. Type adjustment code for balance transfer.

10. Type credit amount as shown in the Applied column. 2.00

11. Click Save.

🌲 Jackson, Jack											
	Jackson, Jack						Acco	unt 99	💲 Ва	lances	
	Jackson, Jack	•					Ch	art JJack121:	2 Family	\$0.00	
K 3 6.	Date of Birth 5/25/1960 Age Sex Male Status Single								· \$114.00		
E .	Address 789 Ave Blvd	Some City, AR 727	74								
	Home (479) 555-4444	Work	Cell (4	179) 555-5555					Tota	\$114.0)0
	Email jj@yahoo.com	1							Salf D	av Co.	.Dav ¢30.00
	Email jj@yanoo.com										
💷 Schedule 🔔 Demographics 📑 Insurance 🔨 Custom 🔛 Ledger 🤽 Family 🙆 Claims 📄 Statements 🚺 New Charges											
						U	napplied Co-Pa	iy \$0.	00 Unapplied P	Pre-Pay	\$0.00
Posted A DO	OS Provider	Code I	Description	Charge	Units	Total	Payments	Adjustments	Chrg Bal	Ba	lance
			CE/OUTPATI	\$135.00		\$135.00	\$135.00		\$0.00		\$0.00
9/14/2010		Pymt Cred	it Card:				\$25.00				
9/14/2010 9/14/	2010 Randall Oates	99213 OFFI	ICE/OUTPATI	\$135.00	1.0	\$135.00	\$135.00		\$0.00		\$0.00
9/22/2010 9/22/	2010 Randall Oates	99213 OFFI	ICE/OUTPATI	\$59.90	1.0	\$59.90	\$59.90		\$0.00		\$0.00
9/22/2010		Pymt Cred	lit Card:				\$30.00				
0/22/2010		Durant Croad	in Canal.				#1.00				_
9/23/2010 9/23/	2010 Randall Oates	88153 CYTC	оратн, с/V,	\$150.00	1.0	\$150.00	\$152.00	(\$2.00)	\$0.00		\$0.00
10/18/2010		Pymt Cred	it Card: ***				\$425.90				
10/18/2010 10/18	3/2 Randall Oates	99214 OFFI	ICE/OUTPATI	\$116.00	1.0	\$116.00		\$2.00	\$114.00		\$114.00
10/18/2010		700 Tran:	sfer credit b					(\$2.00)			
× 10/18/2010		700 Tran:	sfer credit b					\$2.00			
				\$595,90		\$595.90	\$481.90	10.00	4114.00		
				p393,90				\$0.00	\$114.00		\$114.00
Print Receipt							Add Adjustm	ent 💲	Add Charge	S Ac	dd Payment

Billing -> Patient Account -> New Charges Tab

Add a New Visit

🧘 Bunch, Oscar							
	Bunch, Oscar			Account 19 Chart Bunc123456	\$ Balan Family \$		
250	Date of Birth 2/5/1977	Age 33	Sex	Male	Status Unknown	Personal \$	
	Address 1122 Elm St Som	e City, AR 7276	5-1122				
	Home (479) 555-5555	Work (479) 555	-4444	Cell (479) 55	5-3333	lotal §	3,975.00
	Email ob@email.com					🔲 Self Pay	Co-Pay \$0.00
📖 Schedule 🛛 🔔 I	Demographics 🛛 😯 Insurar	nce 🔍 Custo	m	Ledger 🧕	Family 🗿 Claims 📄	Statements	S New Charges
	1				Unapplied Co-Pay	\$0.00	Apply Co-Pay
+ New Visit					Unapplied Pre-Pay	\$0.00	Apply Pre-Pay
							C Add Daumash
							S Add Payment

Charges can be manually added by creating a New Visit from the New Charges Tab or they can be manually added to a visit/encounter posted from the Billing Statements Tab in the Patient Chart. This example will be Creating a New Visit

1. Click the New Visit button

Add Rendering Provider of Service and Location/Place of Service to New Visit

	Bunch, Oscar			Account 19	\$ Balar	ICes
201	-			Chart Bunc12	Family \$	0.00
Co P		ige 33 Sex	Male S	Status Unknown	Personal \$	3,975.00
	Address 1122 Elm St Some Cit				Total	\$3,975.00
		k (479) 555-4444	Cell (479) 555-3	333		
	Email ob@email.com				📄 Self Pay	Co-Pay \$0.00
💷 Schedule 🛛 🔔 D	emographics 📑 Insurance	🔧 Custom 📗	🛛 Ledger 🔰 🔝 Fa	amily 🚺 😫 Claims	🗎 Statements	S New Charges
+ New Visit				Unapplied Co-Pay	\$0.00	Apply Co-Pay
				Unapplied Pre-Pay	\$0.00	Apply Pre-Pay
Patient Visit for 4/17/	2010 3:48 PM			2		*
× Charges From	m 4/17/2010 3:48 PM		8		Add Adjustment	+ Add Charge
Posted	Provider Code Modif	Description	DX Cha	_	information Needer ot set. Facility is not s \$0,00 \$0,00 \$	et.
				\$0.00	\$0.00	\$0.00 \$0.00
Follow Up Action Subr	nit to Insurance	•	Incomplete		Print Receipt After P	ost Post
Doctor Comments			Claim Comment:	s		
		▲ ▼				* *
						S Add Payment

New Visit dialog opens to begin adding charges.

Prior to adding the charge/Procedure Codes, the Rendering Provider and the Location/Place of Service will have to be selected.

2. Click the More Info button to add Provider of Service and Place of Service

Add Other Info to Visit details including Workers Comp, Accident, Hospitalization and Prior Authorization information

8	More Info 🧊 Add Adjustment 🚺 Add Charge
Edit Claim Details	×
Owner Randall Oates 3	- Facility Rehab Facility -
Туре	Hospital, Disability Dates
© Employment State	Not Work From 🔹 To 🔹
💿 Auto Accident 🛛 🗛 🚽	Disability From 🔽 To 🔽
Other	Hospital From 🗸 To 🗐
© None	Care From 🔻 To 🔫
Illness, Injury or Pregnancy	Datiant Tractment Dates
Current IIP	Patient, Treatment Dates
Accident 🗸 🗸	5 Estimated DOB
Last Menstrual Period 🛛 🗸 🗸	Last Seen Date
Onset of Current	Referral Date
Outside Lab	Similar Illness Date
	Initial Treatment
Outside Lab Charges \$0.00	Acute Manifestation
Codes	
Original Reference	Hearing/Vision Rx
Prior Authorization	Last X-Ray
Medicaid Resub Num	Order Date
	Accept Assignment
	6 Save Cancel

3. Using the Drop Down Arrow to display list of Providers that have been setup in SOAPware, Select the Rendering Provider of Services.

4. Using the Drop Down Arrow to display the list of Facilities that have been setup in SOAPware, Select the Place of Service from the list.

5. If the New Charges are Accident related, require prior authorization, are related to a hospital visit, etc., Type that information in the appropriate fields and enter dates that apply.

6. Click the Save button to save information

Add Charge in New Charg	ges Tab		
PM	More Info	+ Add Adjustment	Add Charge 7
Description DX	Ch Unit Tot	Co-Ins Pa Adj	Balance
Select Charge			X
Code 8 99218	Short Description OBSERVATION CARE	*	Clear Filters
🔍 Advanced Search			*
		9 Select	Cancel

7. Click the Add Charge button to Open the Select Charge dialog

8. Begin typing the Charge code in the box or Click inside the Description to Search the code data base. Click on the code from the list to insert it into the fields

9. Click on the Select button

Add New Charge Details, including ICD-9/Diagnosis codes and Modifiers

Charge Details				×
Service From Service To	Provider	Code	Description	Units Charge
4/17/2010 - 4/17/2010	▼ Randall Oates	▼ 99218	OBSERVATION CARE	· · 1.0 \$220.00
Diagnosis Codes DX Description	10 Add Code	Modifiers	Add Code	Omit from Claim
				*
Additional Providers				
Purchasing Service Provider	Ordering Pro	ovider	Supervising Pr	ovider •
Amounts Details				Misc Details
Payments/Adjustments			Totals	Facility 13
Date 🔺 Name/Description		Amount	Charges	Family Clinic 🔹
			\$220.00	:PSDT
			\$0.00	Emergency Family Plan
		\$0.0		Supplemental
Insurance Details				*
			14	Save Cancel

Charge Details dialog will open for adding/editing New Charge. If a field is not grey/inavtivated, it can be edited for corrections or changes

10. Click the Add Code button to Add a Diagnosis/ICD-9 code to the New Charge. Begin Typing the code or Click to search. When the correct code is in the field, Click the Select button or use the Enter key on the keyboard to select a Diagnosis. Repeat as needed

11. To Add a Modifier to the New Charge, Click the Add Code button. Begin Typing the code or Click to search. When the correct code is in the field, Click the Select button or use the Enter key on the keyboard to select a Modifier and Enter again to add another code. Repeat as needed.

12. Check this box if this charge is not going to be submitted to insurance.

13. Enter additional Charge information if applicable in the Misc Details section. The Facility field will be populated with the Facility selected in the More Info dialog.

14. Click the Save button to save data.

Repeat Steps 7.-13. to add more charges

Post New Ch	arges to	o Patier	t Ledger							
	Bunch, Oscar					_	: Bunc123456	\$ Balances Family \$0.00		
A B	Date of Bir	Date of Birth 2/5/1977 Age 33 Sex Male			Male	Status Ur	iknown	Personal	\$3,975.00	
	Address 1	Address 1122 Elm St Some City, AR 72765-1122						Total	\$3,975.00	
	Home (479	9) 555-5555	Work (479) 555	5-4444	Cell (479) 55	5-3333			+0,000	
	Email ob@	email.com						🔳 Self Pa	y Co-Pay :	\$0.00
🛄 Schedule 🛛 🔔 I	Demographics	💽 Insur	ance 🔍 Custo	om	Ledger 🙎	Family) Claims 📄	Statements	S New C	harges
Alauri 16aik						Unapplied	Co-Pay	\$0.00	Apply Co-	Pay
+ New Visit						Unapplied	Pre-Pay	\$0.00	Apply Pre-	Pay
Patient Visit for 4/17/	/2010 3:48 PM	1								\$
× Charges Fro			M			More Info	+ Add Ad	justment	+ Add Ch	harge
Posted	Provider	Code Mo.	Descriptio	n	DX	Cha	Total Co	-Ins Paym	Ba	alance
				4		\$22	\$220.00	\$0.00	00 \$ \$	220.00
Follow Up Action Sub	mit to Insuran	ce		•	Incomplete		📝 Print R	eceipt After		ost
Doctor Comments					Claim Comm	ents			15	
										-
									S Add Pa	ayment

14. If the patient is Self Pay and no insurance will be filed, Click the Drop Down arrow and select **Do** Not File-Patient Responsibility.

15. The Follow Up Action will default to **Submit to Insurance**. Click the Post button to apply charges to

the Patient Ledger and automatically Create a claim for the new charges.

The Patient Ledger Tab will open and the New charge(s) will be shown in the ledger.

Billing -> Patient Account -> New Charges Tab ->More Info

Additional visit information is entered here including accident information, prior authorization numbers, hospitalization dates, etc.

0 0	More Info 1 Add Adjustment 5 Add Charge
Edit Claim Details	
Owner Randall Oates	✓ Facility Rehab Facility ✓
Туре	Hospital, Disability Dates
© Employment State	Not Work From 👻 To 👻
Auto Accident AR +	Disability From 🔹 To 👻
Other	Hospital From 👻 To 👻
© None	Care From 🔹 To 👻
Illness, Injury or Pregnancy	Patient, Treatment Dates
Current IIP	2 Estimated DOB
Accident 🗸 🗸	Last Seen Date
Last Menstrual Period 🗾 👻	Referral Date
Onset of Current 🗾 👻	
Outside Lab	Similar Illness Date
Outside Lab Charges \$0.00	Initial Treatment
	Acute Manifestation -
Codes	Hearing/Vision Rx
Original Reference	Last X-Ray
Prior Authorization	Order Date
Medicaid Resub Num	Accept Assignment

- 1. Click the More button in New Charges Tab.
- 2. Enter information in the appropriate fields

3. Click Save

Note: <u>Current IIP will auto populate with the date selected for Accident, Last Menstrual Period or Onset</u> of Current. Billing -> Patient Account -> New Charges Tab ->Add Charge -> Charge Details

Assign Ordering, Purchasing Service and Supervising Providers to charges/visits.

Assign Additional Providers

010 9:08 AM			More In	nfo 👔 Add Ad	djustr. 1 🛐 Add Charge	
Charge Details						×
	Provider Randall Oates Add Code	Code 99213 Modifiers Code]	Description OFFICE/OUTPATIE Add Code		
Additional Providers Purchasing Service Provider Amounts Details Payments/Adjustments Date Name/Description	Ordering Pr	rovider	Amount C	Supervising R Totals Totals Charges \$135.00 Pay/Adjust \$0.00 Balance \$135.00	Provider Misc Details Facility Rehab Facility EPSDT Emergency Family Plan Supplemental	* *
Insurance Details						¥
				3	Save Cance	:

1. Click Add Charge button and enter charge code and double Click on the added charge to open Charge Details dialog.

2. Click the drop down arrow and select from the available list of Contacts to assign the Purchasing Service, Ordering or Supervising Provider.

3. Click Save.

Edit/Update Charges

Edit/Update Charges

🛄 Schedi	ule 🚺 🔔 Demographics	💽 Insurance 🔍	Custom 🚺 🛄 Ledge	er 🚺 🎦 Family	🔊 Claims	🖹 Statements	S New Charges
- New	Visit			Unapplie	ed Co-Pay	\$0.00	Apply Co-Pay
- nom	, visit			Unapplie	ed Pre-Pay	\$0.00	Apply Pre-Pay
Patient Vis	sit for 4/17/2010 3:48 PM						\$
× Char	rges From 4/17/201	0 3:48 PM		More Info	🕂 Add	Adjustment	+ Add Charge
P		Code Modif 9218 1 OBSE	Description D	X Cha Unit \$22 1.0	Tot Co-1 \$22 \$		dj Balance \$0.00 \$220.00
CI	harge Details						
	ervice From Service To #/17/2010 + 4/17/2010		Code 5 👻 99218		ription ERVATION CAR	Units E 🔻 1.0	Charge 📤
	iagnosis Codes DX Description	Add Code		Description	Add Code	Charge Notes	
Eollow	Amounts Details					Misc De	tails
Darken E	ayments/Adjustments Date 🔺 Name/Descripti	on		Amount	Totals Charges \$220 Pay/Adjust		
				\$0.00		.00 Emeru Famil Suppleme	y Plan
	Insurance Details				•		*
					3	Save	Cancel 🚽

Charges can be Corrected/Edited from several different locations within SOAPware Billing. This example shows a new charge in the **New Charges Tab**

- 1. Double Click anywhere on the line item to Open the Charge Details dialog.
- 2. Click inside any editable field and make changes/corrections, as needed.
- 3. Click the Save button to save changes

Edit Diagnosis Code

Charge De	tails			
Service From 3/10/2010	n Service To → 3/10/2010	Provider Randall Oates	Code - 73090	D >
Diagnosis Co	odes	1 Add Code	Modifiers	
DX 👩	Description		3 ^{nde} ▲ I	Description
×	TRAFFIC ACC NOS	5-PERS NOS 🛛 🔺 🔫 🐂		
813.80	Fracture of forear	m (radius or ulna)		
724.2	Lumbalgia	Click	< to move this code	: down

1. To add a Diagnosis Code, Click the Add Code button and begin Typing the ICD-9 code or Click in the Description search field and begin typing description. Click the Select button

2. Delete a code from the list by Clicking the X in front of the ICD-9 code

3. Change order of importance for diagnosis codes by Clicking on the Up and Down arrows to the right of the code description.

Edit Modifi	iers			
	ode	Modifiers	Add Code	Comit from Statemer
		Code 🔺	Description	Charge Notes
	- (3	× 25	Significant, Separately Identif	
		51	Multiple Procedures	
	Selec	t Modifier		
	Code		Description	A
	50	+	Bilateral Procedure 👻	🗙 Clear Filters
	٩	Advanced Code	: Search	*
			2 Select	Cancel

1. To add a Modifier, Click the Add Code button and begin Typing the Modifier code or Click in the Description search field and begin typing description.

- 2. Click the Select button
- 3. Delete a Modifier from the list by Clicking the X in front of the Modifier

Edit Procedure Codes

Charge Det	tails		(1			(×
Service From 3/10/2010	Service To	Provider - Randall Oates	Code 73090		Description X-RAY EXAM OF FO	Units R 1.0	Charge \$80.00	^
Diagnosis Co	des	Add Code	Modifiers		Add Code	Omit from St	atement	
DX	Description		Code 🔺	Description		Charge Notes		Ц
× E819.9	TRAFFIC ACC N	Select Charge					Þ	×
813.80	Fracture of fore	Code	Short De	scription				
724.2	Lumbalgia	73092		XAM OF ARM,	INFANT	- 🗙	Clear Filters	
		🔍 Advanced Search	2				*	=
Amounts De	etails	ъ			3		Canad	
Payments/Ac	djustments				Sele Sele		Cancel	▼
r	1			1	-	Eamily C	linia –	

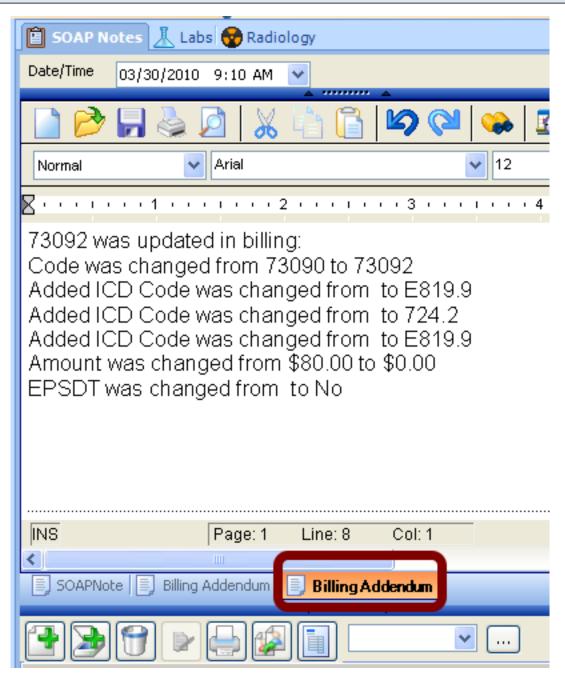
1. To change or add, Click to open the Select Charge dialog

2. Begin Typing the CPT code or Click inside the Description field and begin Typing a description for

the Code and select code from the list

3. Click the Select button

Addendum added to Patient Chart when Visits are Edited in Billing



When a visit is created in a Patient Chart and has been edited in Billing, an Addendum is created and attached to the SOAP note section of the Patient Chart with a description of the changes

Apply Payment to New Charges

🚨 Bunch, Oscar									
	Bunch, Oscar				Account 19 Chart Bun	c123456	\$ Balanc		
0.00	Date of Birth 2/5/1977	Age 33	Sex Male		Status Unknow	in .	Family \$0 Personal \$4		
	Address 1122 Elm St So	ne City, AR 72765	-1122						
	Home (479) 555-5555	Work (479) 555-	4444 Cell (479) 555-3	3333		Total \$4,669.61		
	Email ob@email.com						Self Pay Co-Pay \$0.00		
🛄 Schedule 🛛 🔔 D	emographics 🛛 당 Insura	nce 🔍 Custor	n 🚺 Ledge	er 🛛 🌆 F	amily 🚺 🚺 Cla	ims 📄 S	itatements	S New Charges	
+ New Visit					Unapplied Co-P	ay	\$0.00	Apply Co-Pay	
					Unapplied Pre-F	ay 📃	\$0.00	Apply Pre-Pay	
Patient Visit for 4/20/2	2010 5:57 PM							\$	
× Charges From	n 4/20/2010 5:57 P	М		M	ore Info	🕂 Add Adju	ustment	Add Charge	
		escription DX CE/OUTP 786.5		Unit 1.0	Total Ch 🔺 \$175.00	Co-Ins	Paym	A Balance	
Follow Up Action Subm	it to Insurance		\$175.00		\$175.00		0.00 \$0.00) \$0 \$175.00 st Post	
Doctor Comments				n Commen	ts			4	
								S Add Payment	

Apply Payment to charges in the New Charges Tab at Checkout. Payments should be applied prior to Posting new Charges to ledger. Payments can be applied to current charges and/or previous visits from the Make Payment dialog. After current Charges are edited and verified for accuracy, Click the Add Payment button to open **Make Payment** dialog.

Apply Payment to New Charge

Make Payment	<u> </u>
🙎 Payer Details	S Payment Details
× Bunch, Oscar	Payment Type Payment 👻
Account #19 Chart # DOB 2/5/1977 Age 33	Facility Family Clinic -
1122 Elm St Some City AR 72765-1122	Pay Date 4/22/2010 -
	Pay Method Credit Card -
Comments	Reference ******6789
Type free text comments if needed for additional information abou payment	t this Amount \$100.00
payment	Demaining (\$100.00)
	Remaining \$100.00
Apply Charges Add Dependent No Dependents	 Add Patient 2 1 2 1 5 5 6 6 7 7 8 7 8 8 9 <l< td=""></l<>
🗵 Bunch, Oscar	Co-Pay \$0.00 Disburse \$0.00 ◀
Acct # 19 DOB 2/5/1977	Pre Pay Disburse \$0.00
Chart # inc123456 Age 33	
S Charges	
Show Zero Balance Charges	3 Pay All
DOS Provider Code Description	Charge Paym Balance Applied
⊖ Visit Id: 177	
4/20/2010 Randall O 99215 OFFICE/OUTPATIE	NT \$175.00 \$0.00 \$175.00 \$0.00 ∢
 □ Visit Id: 172 4/17/2010 Randall O 99218 OBSERVATION CAN 	RE \$220.00 \$30.00 \$190.00 \$0.00 4
□ Yisit Id: 167	C \$220.00 \$00.00 \$190.00 \$0.00 \$
	\$2,02 \$1,22 \$799.61 \$0.00
	\$0.00 \$1,22 \$755.01 \$0.00 \$
Clear Applied	eipt After Saving Save Cancel

Payer Details Payer defaults to the Guarantor information, and can be edited to select a different payer

1. Payment Details Manual entry. Visits are inactivated until a Payment Amount is entered. Once an amount is typed into the field, the payment can be applied to the charges

Select method to apply Payment:

2. Disburse To automatically apply this payment, Click the Disburse button. This will post to the oldest

outstanding charge in the patient account and continue with the next oldest account until the entire Payment amount is exhausted.

3. Pay All To apply payment to all outstanding charges on account at one time, Click the Pay All button.

4. Pay Individual line item Charge To apply payment to current charge or selected charges, Click the Arrow in the Applied Column. The payment amount will automatically populate the field, and can be edited to spread the payment to other charges

lake Payment									4
🙎 Payer Details					S Payment	Details			
× Bunch, Oscar					Payment Type	Paymer	ıt	•	
Account #19 Charl	t#	DOB 2	2/5/1977 Age 33		Facility	Family (Ilinic	-	
1122 Elm St Some City AR 72765	5-1122				Pay Date	4/22/20	10	-	
					Pay Method	Credit C	lard	-	
Iomments					Reference	*****	**6789		
	ents if need	led for additio	onal information about this		Amount		\$	\$100.00	
payment					-				
					Remaining			\$0.00	
Apply Charges	Add	Dependent	No Dependents	- +	Add Patient		🗾 Di	isburse	
Apply Charges		Dependent	No Dependents	со-Р		0 Disb		isburse 0.00 ◀	
			No Dependents		ay \$0.0)0 Disb Pay Disb	urse \$		
Bunch, Osc	саг DOB 2/5,		No Dependents		ay \$0.0		urse \$	0.00 4	
Bunch, Osc Acct # 19 Chart # inc123456	Car DOB 2/5, Age 33		No Dependents		ay \$0.0		urse \$	0.00 4	
Bunch, Osc Acct # 19 Chart # inc123456 Charges Show Zero Balanc	Car DOB 2/5, Age 33		No Dependents		ay \$0.0 Pre		urse \$	0.00 0.00	
Bunch, Osc Acct # 19 Chart # inc123456 Charges Show Zero Balanc	Car DOB 2/5, Age 33 ce Charges	/1977		Co-P	ay \$0.0 Pre	Pay Disb	urse \$	0.00 4	
Bunch, Osc Acct # 19 Chart # inc123456 Charges Charges Show Zero Balance DOS P Visit Id: 177 4/20/2010 R	Car DOB 2/5, Age 33 ce Charges	/1977		Co-P	ay \$0.0 Pre	Pay Disb	urse \$	0.00 0.00 ay All	
Bunch, Osc Acct # 19 Chart # inc123456 Charges Show Zero Balance DOS	Car DOB 2/5, Age 33 ce Charges Provider	/1977 Code 99215	Description OFFICE/OUTPATIENT	Co-P Charge \$175.0	'ay \$0.0 Pre Paym E	Pay Disb Balance \$175.00	urse \$	0.00 4 0.00 4 ay All 5	
 Bunch, Osc Acct # 19 Chart # inc123456 Charges Show Zero Balance DOS F Visit Id: 177 4/20/2010 R Visit Id: 172 4/17/2010 R 	CAL DOB 2/5, Age 33 ce Charges Provider	/1977 Code 99215	Description	Co-P Charge	'ay \$0.0 Pre Paym E	Pay Disb Balance \$175.00	urse \$	0.00 4 0.00 4 ay All 5	
Bunch, Osc Acct # 19 Chart # inc123456 Charges Show Zero Balance DOS	Car DOB 2/5, Age 33 ce Charges Provider	/1977 Code 99215	Description OFFICE/OUTPATIENT	Co-P Charge \$175.0 \$220.0	'ay \$0.0 Pre Paym E	Pay Disb Balance \$175.00 \$190.00	urse \$	0.00 0.00 ay All 5 0	o apply to charg

5. Apply Payment to Charges. This is a screenshot of one payment applied to two different charges. By Clicking on the arrows in the **applied column**, \$50 was applied to each charge. As the Payment is applied, the <u>Remaining</u> amount is reduced by the applied amount.

To make corrections, the **Clear Applied** button will remove current payments applied and reset the Amount.

6. Click Save to return to the New Charges Tab and Post transaction to patients Ledger

CI	hange Paye	er										
Ma	ke Payment											X
7	🙎 Payer Detai	ls					S Pay	ment Det	ails			
ß	Karan Bunch, Oscar						Payment	Type Pay	Payment			
		hart # Bur	nc123456	DOB 2	/5/1977 Age 33		Facility		nily Clir	nic		-
	122 Elm St ome City AR 727	765-1122					Pay Date	4/2	0/2010)		•
							Pay Meth	od Cre	dit Car	′d		•
Cor	mments						Reference	e 🗌				
							Amount				\$0	.00
						-	Remaining	,			\$0	.00
Ap	oply Charge	es	Add Depe	ndent	No Dependents	-	Add Patie	ent		3	Disburs	se
	Bunch, C)scar				Co-Pay	\$0	.00 Dist	ourse [\$0.	00 🔳	Î
			3 2/5/1977 9 33				Pr	e Pay Dist	ourse [\$0.	.00 4	
	S Charges											٦I
	Show Zero Bala	ance Chai	rges							Pay	All	≡
	005	Provide	r Code)	Description	Charge	Paym	Balance	Appl	ied	-	Í 📗
e												
_	4/20/2010		0 9921	5	OFFICE/OUTPATIENT	\$175.00	\$0.00	\$175.00		\$0.00	4	
e	Visit Id: 172 4/17/2010		0 9921		OBSERVATION CARE	\$220.00	\$0.00	\$220.00		\$0.00	4	
	.,						\$110.39			\$0.1	- 84	_
	e						_					
	Clear Applied				🔽 Print Receipt A	irter Saving		Save			ancel	;

In the Make Payment dialog, Payer will Default to the Patient information. If someone other than the patient is remitting payment for the account, that information can be entered here for tracking payments/refund information, etc.

To remove the payer and add a new one, Click the X next to the Payer name.

Create a New Payer

Make Payment			X		
🧟 Payer Details		S Payment	Details	Ì	
••••		Payment Type	Payment -	ľ	\$0.00
4		Facility	Family Clinic 🚽	l	hardes
+	I	Create New Pa	ayer		
Clic	:k I ex	this button to cr xisting Payer car	reate a new Payer in the syste mot be found in the system.	em.	Use this if
Comments	T	Reference		T	
×		Amount	\$0.00		*
		Remaining	\$0.00		harge

Click + to add a new Payer or ... to search existing list of Payer/Non Patient accounts

New Payer details		
2 New Payer		_ = X
Personal First Name Middle Betty B Gender Birthd Male Female 5/22/ Address Street 504 Main St	1976 • 111-22-3333 Contact Email bbb@email.com	Details Employer Bunch's Bakery Notes
City State Any City AR Zip 72705-0504	Home Phone (479) 555-5555 Work Phone (479) 555-6464 Cell Phone (479) 555-4444] Save Cancel

Enter Payer details and then Click the Save button

Add Payment Details

Make Payment					
🙎 Payer Details			S Payment	Details 1	
× Bunch, Betty B.]	Payment Type	Payment	-
Account #65 Chart #	DOB 5/22/1976 Age 34		Facility	Family Clinic	-
504 Main St Any City AR 72705-0504			Pay Date	4/20/2010	*
			Pay Method	Credit Card	*
Comments		_	Reference	*******4567	
	A		Amount		\$100.00
	-		Pemaining		\$100.00
Apply Charges	Add Dependent Select Dependent	+	Add Patient	3 其	Disburse

1. Enter Payment details including Payment method and amount of payment. As you type the payment amount, the lower portion listing the patient visits is activated.

2. If a Guarantor/Payer payment is to be applied to additional patients in the system, Click the **Add Patient** button or select a dependent from the **Add Dependent** list

3. Apply payment amount to several charges with one click. Payment will be applied to charges beginning with the oldest outstanding balance

Apply Co-Pay/Pre-Pay to visit at check in

2	Winters, Somer													
	1	Winter	rs, So	omer					Account Chart		\$ Bala			
	2 2	Date of B	irth 4/1	9/1985	Age 25	Sex	Female		Status Unk	nown	Personal		10	
	Ch Zh	Address	111 Elm	Fayettev	ille, AR 72703							Total \$510.00		
		Home (47	79) 555-4	1444 W	ork		Cell				Total	.00		
		Email									Self Pa	iy C	o-Pay \$0.00	
1	🛄 Schedule 🛛 🤶 I	Demographic		Insuranc	e 🔍 Custor		Ledg	-r 0	Family 🛐	Claims 📄 📑	Statements	•	New Charges	
ľ		somographic	-	Instruction		·· =	Ecod.	ſ			\$30.00			
	🕂 New Visit							Ľ	Unapplied C		_		ply Co-Pay	
-									Unapplied P	re-Pay	\$0.00	Ар	ply Pre-Pay	
-	Patient Visit for 5/5/2							_					*	
	└╳ Charges Fro	m 5/5/20	10 2:4	13 PM					More Info	1 Add A	djustment	\$	Add Charge	
	Posted 🔺	Provider		Modi	Descriptio		DX	Ch	Unit Tot	Co-Ins	Pa Adj		Balance	
	E × 5/5/2010	Randall	99212		OFFICE/OUTPA	ATIEN	. 7	\$12	1.0 \$12	\$0.00	\$0.00 \$0	.00]	\$120.00	
								\$12	\$12	\$0.00	\$0.00 \$0.	00	\$120.00	
	Follow Up Action Sub	mit to Insura	nce			-	🔲 Inco	omplete		🔳 Print I	Receipt After	Post	Post	
	Doctor Comments						Clair	m Comme	ents					
						ļ							<u></u>	
												\$	Add Payment	
L														

When a Co-Pay is taken by the front desk at the time a patient checks in and saves it in the Make Payment Dialog, it will be saved in the **Unapplied Co-Pay** section in the New Charges Tab. The Screenshot in this step is how the New Charges Tab will appear at Checkout after the Visit has been posted to billing from the Chart section.

1. Click the **Apply Co-Pay** button to open Unapplied Co-Pay dialog.

Inapplied (
Vinters, So	omer Ch	arges				L	Inapplied Co-	Pay \$30		
Show Zero Balance Charges										
DOS 🔺	Provider	Pro	Description	Amount	Payments	Adjust	Balance	Applied		
5/3/2010	Randal	99212	OFFICE/OUTPATI	\$120.00	\$85.00	\$20.00	\$15.00	\$0.00		
5/3/2010	Randal	99212	OFFICE/OUTPATI	\$120.00	\$75.00	\$20.00	\$25.00	\$0.00		
5/3/2010	Randal	71020	CHEST X-RAY	\$180.00	\$75.00	\$30.00	\$75.00	\$0.00		
5/3/2010	Randal	71020	CHEST X-RAY	\$180.00	\$0.00	\$0.00	\$180.00	\$0.00		
5/5/2010	Randal	99212	OFFICE/OUTPATI	\$120.00	\$0.00	\$0.00	\$120.00	\$0.00		
							\$415.00	\$0.		
							Save	Cancel		

2. Click the **Disburse** button. <u>Co-Pay amount must be included in the patient Insurance Demographics</u> to activate the Disburse button.

Jnapplied Co-Pay 🔀										
Winters, Somer Charges Unapplied Co-Pay \$0.00										
Show Zero Balance Charges Disburse										
DOS 🔺	Provider	Pro	Description	Amount	Payments	Adjust	Balance	Applied		
5/3/2010	Randal	99212	OFFICE/OUTPATI	\$120.00	\$85.00	\$20.00	\$15.00	\$0.00 ∢		
5/3/2010	Randal	99212	OFFICE/OUTPATI	\$120.00	\$75.00	\$20.00	\$25.00	\$0.00 ∢		
5/3/2010	Randal	71020	CHEST X-RAY	\$180.00	\$75.00	\$30.00	\$75.00	\$0.00 ∢		
5/3/2010	Randal	71020	CHEST X-RAY	\$180.00	\$0.00	\$0.00	\$180.00	\$0.00 🛛		
5/5/2010	Randal	99212	OFFICE/OUTPATI	\$120.00	\$0.00	\$0.00	\$90.00	\$30.00 🔺		
\$385.00 \$30.00										
						3	Save	Cancel		

The amount in the Unapplied Co-Pay box should automatically populate the current visit. This can be edited to place the payment on any outstanding visit, if needed.

3. When the Co-Pay amount is applied to the selected visit, Click the **Save** button.

2 Winters, Somer												
(m)	Winters, So	mer						Accoun	t 45	S Bal	ances	
								Char	t 12345	Family	\$0.00	
25)	Date of Birth 4/1	9/1985	Age 25	Sex F	=emale		Stat	us Unkno	ΝΠ	Personal	\$305.00)
AL AN	Address 111 Elm	_								Total	\$305.0	וח
	Home (479) 555-	4444 V	Vork	C	ell						+	
	Email									E Self P	ay Co	-Pay \$0.00
💷 Schedule 🛛 🔔 D	emographics 🛛 💽	Insuran	ice 🔨 Custom	L	edger	🧕 Famil	y 👂	Claims	🗎 Stateme	ents 🚺 New	/ Charge:	,
							C	Unapplied	Co-Pay	\$0.00	Арр	ly Co-Pay
+ New Visit								Unapplied	Pre-Pay	\$0.00	App	y Pre-Pay
Patient Visit for 5/5/2	010 2:43 PM											*
	m 5/5/2010 2:4	13 PM					M	ore Info	1 Add	Adjustment	S A	dd Charge
O Posted	Provider Code			ion:	DX	Cha	Unit	Tot	Co-Ins	Pay Adj		Balance
E × 5/5/2010	Randall 99213		OFFICE/OUTP	ATIENT	7	\$120	1.0	\$120	\$0.00	\$30.00 \$0.0	00	\$90.00
× 5/5/2010	Pymt		Credit Card:							\$30.00		
						440		440	10.00			100.00
						\$12		\$12	\$0.00	\$30.00 \$0.0		\$90.00
Follow Up Action Subn	nit to Insurance			*	🔳 Inc	omplete			🔲 Prin	nt Receipt After	Post	4 Post
Doctor Comments					Cla	im Comme	ints					
					* •							
											\$	Add Payment

New Charges dialog opens. The Unapplied Co-Pay is zero, the payment is applied to the new charge and the Balance reflects the Payment.

4. Click the **Post** button to post transaction to the Patients Ledger.

Delete Co-Pay From Patient Ledger

	W	inkle, Perry	/						unt 91 hart pw123456		alances v \$0.00
a	Da	te of Birth 2/1/50	50 Age	9	Sex Male		Status	Single			y \$0.00 al \$895.00
2	Ad	dress 112 Elm St /	Any City, AR	72703							
	Ho	me (479) 555-123	4 Work (4	79) 555-5678	ell (479) 555-7890					Tota	l \$895.00
	Em	ail pw@email.com			•					Self F	Pay Co-Pay \$30.
Schedule	🔹 🔔 Demo	graphics 📔 😯 Ins	surance 🛛 🌂	Custom	edger 🧕 🧕 Family	🛛 😫 🗆	ilaims 📄 🗎 St	atements	💲 New Charg	es	
							Ur	applied Co-Pa	ay \$0.0	0 Unapplied	Pre-Pay \$0
Posted	▲ DOS	Provider	Code	Description	n Charge	Units	Total	Payments	Adjustments	Chrg Bal	Balance
6/11					5	. 0	\$120.00	\$115.00		\$5.00	\$5
6/11	Nove Payme	nt back to Co-	Pay Unapp	lied Amount?	2	1		\$115.00			
6/11/		u are about to dele				.0	\$160.00	\$150.00		\$10.00	\$15
6/11/	V Do	you want to place	this amount b	back into the Unapp	blied Co-Pay Amount	.0	\$120.00			\$120.00	\$135
6/24/				into the Co-Pay Ur	napplied Amount.	.0				\$0.00	\$135
6/24/		:k 'No' to remove th :k 'Cancel' to cance				.0	\$145.00			\$145.00	\$280
6/28/								\$150.00			
6/29/		Yes	No	Cancel		.0	\$120.00			\$120.00	\$400
6/29/			-4	6_	_	.0	\$120.00			\$120.00	\$520
7/2/20	10 7/2/2010	Randall Cates	99213	OFFICE/OUTPA	TI \$135.00	1.0	\$135.00			\$135.00	\$655
7/7/20	10 7/7/2010	Randall Oates	99213	OFFICE/OUTPA	TI \$135.00	1.0	\$135.00	\$30.00		\$105.00	\$760
7/19/20	10 7/19/2010) Randall Oates	99213	OFFICE/OUTPA	TI \$135.00	1.0	\$135.00			\$135.00	\$895
7/20/20	10		Pymt	Credit Card:				\$30.00			

- 1. Click Ledger Tab.
- 2. Locate the payment line item and Click the X next to the Posted date.

3. Click **Yes** to put the payment back into the Co-Pay Unapplied Amount and allow the user to reapply the Co-Pay to the correct visit/charge.

- 4. Click No to remove the payment from the system.
- 5. Click **Cancel** to cancel the delete process and return to Ledger details.

Note: Only users with security privileges will be allow to delete a payment.

Delete a Co-Pay from visit

	Wi	nkle, Perry	/						ount 91 hart pw123456	6 Salances		
2 2	Dat	e of Birth 2/1/50	50 Age		iex Male		Status	Sinale				
9		ress 112 Elm St /		70700						Persona	al \$895.00	
			1 12							Tota	l \$895.00	
	Hon	ne (479) 555-123	Work (4	79) 555-5678	ell (479) 555-7890							
	Ema	iil pw@email.com			•					📃 Self P	ay Co-Pay \$30.	
	-								-	_		
Schedule 🛛	👤 Demog	raphics 🛛 😯 In:	surance 🏻	Custom	edger 📔 🤱 Family	🗏 🧕 C	laims 📋 St	atements	💲 New Charg	es		
							Un	applied Co-P	ay \$0.0	00 Unapplied I	Pre-Pay \$	
osted 🔺	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustments	Chrg Bal	Balance	
6/11/						0.0	\$120.00	\$115.00		\$5.00	\$5	
6/11 Move	Payme	nt back to Co-	Pay Unapp	lied Amount?	<u> </u>			\$115.00				
6/11/ ?	You	are about to dele	te a Co-Pay F	Payment.		.0	\$160.00	\$150.00		\$10.00	\$15	
6/11/ 👒	/ Do y	ou want to place	this amount t	back into the Unapp	lied Co-Pay Amount?	.0	\$120.00			\$120.00	\$13	
6/24/				into the Co-Pay Un	applied Amount.	.0				\$0.00	\$135	
6/24 <mark>/</mark>		: 'No' to remove th : 'Cancel' to cance				.0	\$145.00			\$145.00	\$280	
6/28 <mark>/</mark>				ing go nothing.				\$150.00				
6/29/		Yes	No	Cancel		.0	\$120.00			\$120.00	\$400	
6/29/		3	-4		.	.0	\$120.00			\$120.00	\$520	
7/2/2010 7	/2/2010	Andall Oates	99215	OFFICE/OUTH	\$135.00	1.0	\$135.00			\$135.00	\$655	
7/7/2010 7	/7/2010	Randall Oates	99213	OFFICE/OUTPA	TI \$135.00	1.0	\$135.00	\$30.00		\$105.00	\$760	
7/19/2010 7	/19/2010	Randall Oates	99213	OFFICE/OUTPA	TI \$135.00	1.0	\$135.00			\$135.00	\$895	
7/20/2010			Pymt	Credit Card:				\$30.00				

- 1. Click Ledger Tab.
- 2. Locate the payment line item and Click the X next to the Posted date.

3. Click **Yes** to put the payment back into the Co-Pay Unapplied Amount and allow the user to reapply the Co-Pay to the correct visit/charge.

- 4. Click **No** to remove the payment from the system.
- 5. Click **Cancel** to cancel the delete process and return to Ledger details.

Note: Only users with security privileges will be allow to delete a payment.

Pay multiple patient/dependent accounts from an Active Patient Account in the **Make Payment** dialog . Click on the Make Payment button found in several sections within the Patient Account.

Make Paymen	<u>.</u>									
🙎 Payer Deta	ails				S Paymer	nt Details				
× Bunch, Bett	у В.			P	ayment Typ	e Paymen	it			
Account #65 (:hart #	DOB	5/22/1976 Age 34	F	acility	Family (Family Clinic			
504 Main St Any City AR 727	05-0504		P	ay Date	4/21/20	4/21/2010				
	00-0004			ay Method		Credit Card				
Comments				eference						
commentes										
					mount		\$	100.0		
				- R	emaining		\$	100.		
Apply Charg	100	ld Dependent	Select Dependent		dd Patient		🛐 Dis	burs		
אין ערומי א	jes ad	ia Dependenc			iuu Patient	9		Durs		
			Oscar Bunch							
× Bunch (Oscar		Oscar Bunch Mark Clark	Co-Pa	v \$0	.00 Disbr	urse \$0	.00		
🗵 Bunch, (Co-Pa	y \$0	.00 Disb	urse \$0	.00		
Acct # 19	DOB 2/	5/1977		Co-Pa]		.00		
	DOB 2/	· ·	Mark Clark	Co-Pa		.00 Disbu				
Acct # 19	DOB 2/	· ·		Co-Pa]				
Acct # 19 Chart # inc1234	DOB 2/ 56 Age 33		Mark Clark	Co-Pa]	urse \$0			
Acct # 19 Chart # inc1234 \$ Charges	DOB 2/ 56 Age 33		Mark Clark	Co-Pa]	urse \$0	.00		
Acct # 19 Chart # Inc1234 S Charges	DOB 2/ 56 Age 33 alance Charges		Mark Clark Active Patient Account		Pr	e Pay Disbi	urse \$0	.00		
Acct # 19 Chart # inc1234 S Charges Show Zero Ba	DOB 2/ 56 Age 33 alance Charges	; Code	Mark Clark Active Patient Account		Pr Paym	e Pay Disbi Balance	urse \$0	.00 y All		
Acct # 19 Chart # inc1234 S Charges Show Zero Ba DOS Visit Id: 17	DOB 2/ 56 Age 33 alance Charges Provider 7 Randall O.,	; Code	Mark Clark Active Patient Account Description	Charge	Pr Paym	e Pay Disbi Balance	urse \$0 Pa Applied	.00 y All		
Acct # 19 Chart # inc1234 Charges Charges Show Zero Ba DOS Visit Id: 17 4/20/2010	DOB 2/ 56 Age 33 alance Charges Provider 7 Randall O.,	Code 99215	Mark Clark Active Patient Account Description	Charge	Pr Paym \$0.00	e Pay Disbi Balance	urse \$0 Pa Applied	.00 y All		
Acct # 19 Chart # inc1234 Charges Charges Show Zero Ba DOS Visit Id: 17 4/20/2010	DOB 2/ Age 33 alance Charges Provider Randall O 2 Randall O	Code 99215	Mark Clark Active Patient Account Description OFFICE/OUTPATIENT	Charge \$175.00	Pr Paym \$0.00	e Pay Disb Balance \$175.00	urse \$0 Par Applied \$0.00	.00 y All		
Acct # 19 Chart # inc1234 Charges Charges Show Zero Ba DOS Visit Id: 17 4/20/2010 Visit Id: 17 4/17/2010 Visit Id: 16 3/10/2010	DOB 2/ Age 33 alance Charges Provider Randall O 2 Randall O	Code 99215 99218	Mark Clark Active Patient Account Description OFFICE/OUTPATIENT	Charge \$175.00	Paym \$0.00 \$30.00	e Pay Disb Balance \$175.00	urse \$0 Pa Applied \$0.00 \$0.00	.00 y All		
Acct # 19 Chart # inc1234 Charges Charges Show Zero Ba DOS Visit Id: 17 4/20/2010 Visit Id: 17 4/17/2010 Visit Id: 16	DOB 2/ 56 Age 33 alance Charges Provider 7 Randall O 2 Randall O 7	Code 99215 99218 73092	Mark Clark Active Patient Account Description OFFICE/OUTPATIENT OBSERVATION CARE	Charge \$175.00 \$220.00	Paym \$0.00 \$30.00	e Pay Disb Balance \$175.00 \$190.00	urse \$0 Par Applied \$0.00	.00 y All		
Acct # 19 Chart # incl234 Charges Charges Charges Charges DOS Visit Id: 17 4/20/2010 Visit Id: 17 4/17/2010 Visit Id: 16 3/10/2010 Visit Id: 16	DOB 2/ Age 33 Age 33 Provider Randall 0 Randall 0 Randall 0 Randall 0	Code 99215 99218 99218 73092 99202	Mark Clark Active Patient Account Description OFFICE/OUTPATIENT OBSERVATION CARE X-RAY EXAM OF ARM, OFFICE/OUTPATIENT	Charge \$175.00 \$220.00 \$100.00 \$160.00	Paym \$0.00 \$30.00 \$20.00 \$0.00	e Pay Disbi Balance \$175.00 \$190.00 \$80.00 \$160.00	urse \$0 Pa Applied \$0.00 \$0.00 \$0.00	.00 y All		
Acct # 19 Chart # inc1234 Charges Charges Show Zero Ba DOS Visit Id: 17 4/20/2010 Visit Id: 17 4/17/2010 Visit Id: 16 3/10/2010 3/10/2010	DOB 2/ Age 33 Age 33 Provider Randall O Randall O Randall O Randall O	Code 99215 99218 99218 73092 99202	Mark Clark Active Patient Account Description OFFICE/OUTPATIENT OBSERVATION CARE X-RAY EXAM OF ARM,	Charge \$175.00 \$220.00 \$100.00	Paym \$0.00 \$30.00 \$20.00 \$0.00	e Pay Disbi Balance \$175.00 \$190.00 \$80.00 \$160.00	urse \$0 Pa Applied \$0.00 \$0.00	.00 y All		

If the Payer shown in the **Payer Details** section wants to pay additional patient/dependent accounts within the system, those payments can be applied from one dependent's account in the Make Payment dialog. If the Payer has dependents set up in the Family Tab, they will be in the drop down <u>Add</u> <u>Dependent</u> list. If not, the patient can be accessed by Clicking the Add Patient button and selecting a

patient from the Chart Rack.

1. Click the Drop down option to select another patient/dependent from the Payer's Family Tab.

🙎 Payer Del							
	tails				S Payment	Details	
🛛 🗙 Bunch, Bet	ty B.				Payment Type	Payment	
Account # 65 504 Main St Any City TX 72		DC	085/22/1976 Age 34		Facility Pay Date Pay Method	Family Clinic 4/23/2010 Credit Card	
Comments					Reference		
				^	Amount	\$100.0	
					Remaining	\$0,1	
Apply Char	ges Add	l Dependen	Select Dependent	- 🕂 A	dd Patient	🛐 Disburs	
Bunch, Acct # 19 Chart # inc123	DOB 2/5	/1977		Co-Pay		Disburse \$0.00 4 Disburse \$0.00 4	
S Charges						Dev. All	
DOS	Provider	Code	Description	Charge	Paym Balar	Pay All	
4/20/2010 Visit Id: 1	Randall O	99215	OFFICE/OUTPATIENT	\$175.00	\$0.00 \$17	5.00 \$50.00 4	
4/17/2010	Randall O	99218	OBSERVATION CARE	\$220.00 \$4,91	\$0.00 \$22 \$0.00 \$4,9	0.00 \$0.00 ∢ 91 \$50.00 ↓	
🗵 Clark, N	Mark	1		Co-Pay	, \$30.00	Disburse \$0.00 •	
Acct # 42 Chart # 12323	DOB 5/1 Age 29	2/1980			Pre Pay	Disburse \$0.00 4	
S Charges							
Show Zero E	alance Charges					Pav All	
DOS	Provider	Code	Description	Charge	Paym Balar	nce Applied 3	
4/9/2010	Randall O	72010	X-RAY EXAM OF SPINE	\$120.00	\$0.00 \$12	0.00\$50.00 •	

This example shows a \$100.00 Payment to be distributed between 2 Patient Accounts. The active patient will be listed first and the additional dependent(s) will be listed next.

2. Click the arrow in the Applied column on the charge line item, and type payment amount for the first

patient listed.

3. Repeat for the next patient listed.

As payments are applied, the <u>Remaining</u> amount is reduced until all has been distributed and then the remaining will be zero. The **Clear Applied** button will remove all applied amounts allowing corrections to be made <u>prior to Saving</u> the transaction

4. Click Save to return to the New Charges Tab and Post transaction to Ledger

Patient Ledger

View charge details in patient account ledger

Select a Charge to View

		Te	ster, Les	ster				Account		\$	Balances		
-	100					1		Chart LTE5454			amily \$335.0	C	
	A P	Date	e of Birth 2/	19/1979	9 Age 31	Sex Male	St	Status Unknown			Personal \$5,265.00		
	-	Add	ress 123 Oa	k St Any	/ City, AR 72703-01				tal to co	0.00			
	5.1	Hon	ne (479) 555-	4444	Work (479) 555-6	6666 Cell (4	79) 555-7777				otal \$5,60	J.UU	
		Ema	iil It@email.co	m						 	elf Pay Co)-Pay \$0.00	
												,	
🛛 Sch	hedule	🙎 Demog	raphics 🛛 🕓	Insura	ance 🛛 🔨 Custom	📕 🔲 Ledger	🔝 Family	🚺 😫 Claims	🗌 📄 State	ments	<u>§</u> New Ch	arges	
							Unapplie	ed Co-Pay	\$0.00	Unappli	ed Pre-Pay [\$0.0	
Post	ted 🔺	DOS	Provider	Code	e Description	Charge	Total Charge	Units	Paym	Adjus	Chrg Bal	Balance	
3/	/11/2010	3/11/2010	Alan And	99213	OFFICE/O	\$70.00	\$70.0	0 1.0			\$70.00	\$70.0	
3/	/11/2010	3/11/2010	Alan And	27130	TOTAL HIP	\$3,600.00	\$3,600.0	0 1.0			\$3,600	\$3,670.0	
3/	/31/2010	12/18/2	Randall	99215	OFFICE/O	\$175.00	\$175.0	0 1.0	\$175.00		\$0.00	\$3,670.0	
3/	/31/2010	1/12/2010	Randall	99215	OFFICE/O	\$175.00	\$175.0	0 1.0	\$175.00		\$0.00	\$3,670.0	
3/	/31/2010	1/12/2010	Randall	73630	X-RAY EXA	\$150.00	\$150.0	0 1.0			\$150.00	\$3,820.0	
3/	/31/2010	12/17/2	Randall	73562	X-RAY EXA	\$140.00	\$140.0	0 1.0			\$140.00	\$3,960.0	
× 3/	/31/2010	3/31/2010	Randall	99211	OFFICE/O	\$120.00	\$120.0	0 1.0	\$50.00		\$70.00	\$4,030.0	
4	4/1/2010	4/1/2010	Randall	99212	FFICE/O	\$120.00	\$120.0	0 1.0			\$120.00	\$4,150.0	
4	4/1/2010	4/1/2010	Randall	99212	OFFICE/O	\$120.00	\$120.0	0 1.0			\$120.00	\$4,270.0	
4	4/1/2010	4/1/2010	Randall	99212	OFFICE/O	\$120.00	\$120.0	0 1.0			\$120.00	\$4,390.0	
4	4/1/2010	4/1/2010	Randall	99213	OFFICE/O	\$135.00	\$135.0	0 1.0			\$135.00	\$4,525.0	
4	4/5/2010	4/5/2010	James R	99215	OFFICE/O	\$175.00	\$175.0	0 1.0	\$25.00		\$150.00	\$4,675.0	
4	4/5/2010	4/5/2010	James R	72110	X-RAY EXA	\$90.00	\$90.0	0 1.0			\$90.00	\$4,765.0	
4	4/7/2010	12/18/2	Randall	99215	OFFICE/O	\$175.00	\$175.0	0 1.0	\$175.00		\$0.00	\$4,765.0	
4/	/16/2010			Pymt	28282828				\$350.00				
4/	/19/2010			Pymt	5555555				\$250.00				
		4/5/2010	Randall	99215	OFFICE/O	\$175.00	\$175.0	0 1.0			\$175.00	\$4,940.0	
4/	/21/2010	4/5/2010	Randall	72110	X-RAY EXA	\$90.00	\$90.0	0 1.0			\$90.00	\$5,030.0	
		4/20/2010	Randall	99215	OFFICE/O	\$175.00	\$175.0		\$30.00		\$145.00	\$5,175.0	
		4/20/2010	Randall	71020	CHEST X-RAY	\$90.00	\$90.0	0 1.0			\$90.00	\$5,265.0	
4/	/26/2010			Pymt	Check: 5445				\$30.00				
						\$5,895.00	\$5,895.0	0	\$630.00	\$0.00	\$5,265	\$5,265.00	

1. Double Click on the Charge line item to open the Charge Detail dialog

Charge Details

Charge Detai	ls (2)								×
Service From	Service To	Provider	Code	4		iption		nits Charge	
3/31/2010	 ▼ 3/31/2010 	▼ Randall Oates	₹ 9921	1	··· OFFI	CE/OUTPATIENT	+ 1.	.0 \$120.0	
Diagnosis Codes	s	Add Code	Modifiers			Add Code	🔲 Omit fi	rom Statement	
DX D	escription		Code	▲ Descrip	tion		Charge	Notes	
× 722.10 Di	isplacement of lumb	bar inter 🔺 🔻	× 25	Significa	int, Separate	ely Identif			
									-
Amounts Detai	ils						M	lisc Details	
Payments/Adjus	stments	3				Totals	Fac	cility	
Date 🔺 Na	ame/Description			An	nount	Charges	Fa	amily Clinic	- I
	ayment				\$50.00	\$120.0	0 EPS	SDT	1
						Pay/Adjust			-
						\$50.0	UIII	Emergency	
						Balance		Family Plan pplemental	
					\$50.00	\$70.0		ppiementai	
Insurance Deta	ails 4								*
Payer	Begii	n Service En	d Service	Units	Claim Id		Claim St	atus	
BCBS AR	3/3:	1/2010 3/	31/2010	1	66		Submitt	ted	
Billed All	lowed Deduct	CoIns	CoPay L	ate	Notes				
\$120.00	\$0.00 \$	0.00 \$0.00	\$0.00	\$0.00					
Adjusts Ad	ljust Codes	Paid	Remark Codes						
\$0.00		\$50.00							
						9	ōave	Cancel	

2. View details for selected claim including Service dates, codes used when charging the service and miscellaneous

3. Summary of Payments and Adjustments applied to selected Charge

4. Details of Insurance payments and adjustments applied to selected Charge. If insurance has not processed the claim this section will be closed. To view additional Insurance Payment details, Double Click the Payment as shown in step 3. This will open the Insurance Payment details dialog

🔜 Insurar	ce Payment D	etails for	Tester, Le	ster						
Payer			Group				NPI	1234567890	Check Number	5555555
BCBS AR			Professiona	al Group, Ind		-	Production Date	4/19/2010	Check Date	4/16/2010
PO Box 218 Little Rock,	AR 72203		123 Any St Any City, AR 72703						Check Amount	\$250.00
(501) 378-	.111		(479) 555-5555						Remaining	\$0.00
🗿 Claims										*
Post Date		Claim ID		Provider		Payer		Secondary Pay	/er Amount	Balance
3/31/2010	4/5/2010			Randall Oa		BCBS A			\$325.00	
3/31/2010	4/5/2010			Randall Oa		BCBS /			\$120.00	
4/5/2010	4/5/2010		80	Randall Oa	tes	BCBS A	AR .		\$265.00	\$240.00
🔰 Claim	Details									*
Details f	or Claim 66)						More Info	aim Notes	
Post Date Process Dat	3/31/2010 e 4/5/2010	=		XYZ12345 Randall Oa		itient Gro	oup Number R55	44		
Routing	E	Render	ring NPI	112233445	5					-
S Charge	s									
Begin	End U	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late Other	Provider	Notes
3/31/2010	3/31/2010 1.0	99211	\$120.00						\$50.00	a
					·					
			\$120.00	\$0.00	\$0.00	\$0.0	\$0.00	\$0.00 \$0.	\$50.00	
										Close

The Insurance Payment Details dialog displays additional Remittance/Insurance payment details

Create a Claim from Ledger

If a claim has never been created for charges and insurance information is later added to patient demographics, create a claim from the patient ledger to submit to the payer.

🚨 Michaels , Mike											
	Mishaala Mil						Acco	unt 38	\$ Balance	s	
	Michaels, Mik	e					Ch	art MM1234	Family \$20		
253	Date of Birth 6/5/1970 Age 40 Sex Male Status Single								Personal \$25		
	Address 5432 Sunny	Ln Fayetteville	e, AR 72764								
	Home (479) 555-444	479) 555-4444 Work (479) 555-6644 Cell (479) 555-8888								55.00	
	🗖 Self Pay	Co-Pay \$0.00									
🛄 Schedule 🛛 🔔 🛛	5										
						U	napplied Co-Pa	y \$0.00	O Unapplied Pre-P	ay \$0.00	
Posted 🔺 D	OS Provider	Code	Description	Charge	Units	Total	Payments	Adjustments	Chrg Bal	Balance	
4/30/2010 4/30/	/2010 Randall Oates	99215	OFFICE/OUTPATI	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$0.00	
	2010 Randall Oates	99212	OFFICE/OUTPATI	-		\$120.00	\$120.00		\$0.00	\$0.00	
	2010 Randall Oates	J1040	Methylprednisolo	\$98.01	1.0	\$98.01	\$98.01		\$0.00	\$0.00	
	2010 James R. Bunch		OFFICE/OUTPATI	\$33.75	1.0	\$33.75	\$33.75		\$0.00	\$0.00	
10/6/2010		Pymt	Credit Card: 133				\$426.76				
	3/2 Randall Oates	99212	Office Visit Limite	\$120.00		\$120.00			\$120.00	\$120.00	
× 12/28/2010 12/20	3/2 Randall Oates	71030	CHEST X-RAY	\$130.00	1.0	\$130.00			\$130.00	\$250.00	
				\$676.76		\$676.76	\$426.76	\$0.00	\$250.00	\$250.00	
👜 Print Receipt				2 5	Creat	e Claim 👔	Add Adjustme	ent 🚺 A	dd Charge 🚺	Add Payment	

- 1. Open patient account and Click on the Ledger tab.
- 2. Click the Create Claim button to open Create Claim dialog.

Select Charges to create a claim

C	reate Claim							
ſ	🙎 Visits							
	Id	Date Of Service					More Info	
		5/13/2010					• • • • • • • • • • • • • • • • • • •	
	⊕ 3 891	12/28/2010					• • • • •	
ì	😇 Insurance	\$					S Claim Comments	
ľ	Primary					4		
	Medicare					Ţ		
	Company Nam	e Policy S	tatus .	Plan Name	Policy Number			
	Medicare	5	Primary M		123456789A			
-	Aetna Arkansas First:		Inactive M Inactive M		1321 3213213			1
	Arkansas Hirsu	source	Inactive M		3213213	- 1	6 Open Claims Manager after create Create Cancel	:
						1		-
	х					.::		

- 3. Click to highlight and **select the visit** for which you wish to create a claim.
- 4. Click the drop down arrow to open listing of all insurance companies associated with the patient, including active or inactive policies.
- 5. Click to highlight and **select the payer** responsible for the selected visit.
- 6. If you wish to open the Claims Manager after creating claim, place a check in the box.
- 7. Click Create button.

Claim(s) will be transferred to the Claims Manager Pending Scrub section to be scrubbed and then submitted to the payers.

View details of personal payments from the Patient Ledger

		1	ester	, Lest	ter						Ac	count 15 Chart LTES	454	💲 Balan	ces
	a 6		. (1)					_					9454	Family \$	335.00
	3/		ate of Bi	rth 2/19	9/19/9	P	ige 31 9	5ех	Male		Status	Unknown		Personal \$	5,265.00
	~	A	ddress :	123 Oak !	St Any	City,	AR 72703-0123	_						Total \$	5,600.00
4		E H	ome (47	9) 555-4	444	Work	((479) 555-6666	6	Cell (479)	555-77	77			- Total 4	.0,000.00
		E	mail It@e	email.com	n									🔲 Self Pay	Co-Pay \$0.0
1	Schedule	🙎 Der	ographics		Insurar	nce	Custom		Ledger	2 ₅ Fa	mily 🛐 (Iaims 📑	Statements	S New	Charges
										ι	Jnapplied Co	-Pay	\$0.00 Ur	napplied Pre-	-Pay \$0
P	osted 🔺	DOS	Pro	ovider	Cod	le	Description		Charge	Units	Total	Payments	Adjustm	Chrg Bal	Balance
	3/11/2010	3/11/20	10 Alan	Ande	27130	I	TOTAL HIP AR.		\$3,600.00	1.0	\$3,600.00			\$3,60	\$3,670.00
	3/31/2010) 12/18/2	Rand	all Oa…	99215	i	OFFICE/OUTP		\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$3,670.00
	3/31/2010	0 1/12/20	10 Rand	all Oa…	99215	i	OFFICE/OUTP		\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$3,670.00
	3/31/2010	0 1/12/20	10 Rand	all Oa…	73630	I	X-RAY EXAM O.		\$150.00	1.0	\$150.00			\$150.00	\$3,820.00
	3/31/2010	0 12/17/2	Rand	all Oa…	73562	:	X-RAY EXAM O.		\$140.00	1.0	\$140.00			\$140.00	\$3,960.00
	3/31/2010	3/31/20	10 Rand	all Oa…	99211		OFFICE/OUTP		\$120.00	1.0	\$120.00	\$50.00		\$70.00	\$4,030.00
	4/1/2010	0 4/1/201	0 Rand	all Oa…	99212	:	OFFICE/OUTP		\$120.00	1.0	\$120.00			\$120.00	\$4,150.00
	4/1/2010	0 4/1/201	0 Rand	all Oa…	99212		OFFICE/OUTP		\$120.00	1.0	\$120.00			\$120.00	\$4,270.00
	4/1/2010	0 4/1/201	0 Rand	all Oa…	99212		OFFICE/OUTP		\$120.00	1.0	\$120.00			\$120.00	\$4,390.00
	4/1/2010	0 4/1/201	0 Rand	all Oa…	99213	i	OFFICE/OUTP		\$135.00	1.0	\$135.00			\$135.00	\$4,525.00
	4/5/2010	0 4/5/201	0 Jame	s R	99215	i	OFFICE/OUTP		\$175.00	1.0	\$175.00	\$25.00		\$150.00	\$4,675.00
	4/5/2010	0 4/5/201	0 Jame	s R	72110	I	X-RAY EXAM O.		\$90.00	1.0	\$90.00			\$90.00	\$4,765.00
	4/7/2010	0 12/18/2	Rand	all Oa…	99215	i	OFFICE/OUTP		\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$4,765.00
	4/16/2010)			Pymt		28282828					\$350.00			
	4/19/2010)			Pymt		5555555					\$250.00			
	4/21/2010	0 4/5/201	0 Rand	all Oa…	99215	i	OFFICE/OUTP		\$175.00	1.0	\$175.00			\$175.00	\$4,940.00
	4/21/2010	0 4/5/201	0 Rand	all Oa…	72110	I	X-RAY EXAM O.		\$90.00	1.0	\$90.00			\$90.00	\$5,030.00
	4/26/2010	0 4/20/20	10 Rand	all Oa…	99215	i	OFFICE/OUTP		\$175.00	1.0	\$175.00	\$30.00		\$145.00	\$5,175.00
	4/26/2010	0 4/20/20	10 Rand	all Oa…	71020	I	CHEST X-RAY		\$40.00	1.0	\$40.00			\$40.00	\$5,215.00
	4/26/2010	0			Pymt		Check: 5445	(1				\$30.00			
-	4/27/2010	0 4/27/20	10 Rand	all Oa…	99215	i	OFFICE/OUTP	_	\$50.00	1.0	\$50.00			\$50.00	\$5,265.00
								-	\$5,895.00		\$5,895.00	\$630.00	\$0.00	\$5,26	\$5,265.00

1. Double Click on the Personal Payment line item to open the payment dialog details

Payment Detail						×
Payer Details	Paymer	nt Details		Comments		
Tester, Lester	Туре	Co-Pay				^
Birthday 2/19/1979 Age 31	Date	3/31/2010				
123 Oak St Any City, AR 72703-0123	Method	Check				
	Reference	ce 5445				
	Amount		\$30.00			-
Applied Charges						
Date A Patient Provid	ər	Code	Description		Charge	Applied
	Oates	99215	-	ITPATIENT VISIT, EST	\$175.00	
					1	Close

Payment Detail dialog opens showing all the details of the selected payment, including the charge to which the payment was applied.

2. Click the Close button

View Insurance Payment Details from the Ledger Tab

	Tes	ter, Lest	er				Ac	count 15		💲 Balanc	es
2.2	103							Chart LTES	5454	Family \$3	35.00
25 8	Date	of Birth 2/19	9/1979	Age 31	Sex Male		Status	Unknown		Personal \$5	,265.00
	Addr	ess 123 Oak:	5t Any Ci	ity, AR 72703-0123	3				_	Tabal di	F (00 00
	Home	e (479) 555-4	444 W	ork (479) 555-666	6 Cell (479	9) 555-77	777			Total \$	5,600.00
	Emai	l lt@email.com	1							Self Pay	Co-Pay \$0.0
										E Doir i dy	
🛚 Schedule 🕺 🙎	Demogra	aphics 📔 😈 i	Insuranc	e 🔨 Custom	Ledger	🔒 🔁 Fa	mily 📔 🗐 🤇	Iaims 📔 🗎	Statements	🛛 🚺 New	Charges
						ι	Jnapplied Co	-Pay	\$0.00 Ur	napplied Pre-I	Pay \$0
Posted 🔺 I	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustm	Chrg Bal	Balance
3/11/2010 3/11		Alan Ande		TOTAL HIP AR	-	_	\$3,600.00	, symones	najasemm	\$3,60	\$3,670.00
3/31/2010 12/:		Randall Oa		OFFICE/OUTP.		_	\$175.00	\$175.00		\$0.00	\$3,670.00
3/31/2010 1/12		Randall Oa	99215	OFFICE/OUTP.		_	\$175.00	\$175.00		\$0.00	\$3,670.00
3/31/2010 1/1:		Randall Oa	73630	X-RAY EXAM O		_	\$150.00			\$150.00	\$3,820.00
3/31/2010 12/3		Randall Oa	73562	X-RAY EXAM O		_	\$140.00			\$140.00	\$3,960.00
3/31/2010 3/3		Randall Oa	99211	OFFICE/OUTP.	\$120.0	0 1.0	\$120.00	\$50.00		\$70.00	\$4,030.00
4/1/2010 4/1		Randall Oa	99212	OFFICE/OUTP.		_	\$120.00			\$120.00	\$4,150.00
4/1/2010 4/1	/2010	Randall Oa	99212	OFFICE/OUTP.	\$120.0	0 1.0	\$120.00			\$120.00	\$4,270.00
4/1/2010 4/1	/2010	Randall Oa	99212	OFFICE/OUTP.	\$120.0	0 1.0	\$120.00			\$120.00	\$4,390.00
4/1/2010 4/1,	/2010	Randall Oa	99213	OFFICE/OUTP.	\$135.0	0 1.0	\$135.00			\$135.00	\$4,525.00
4/5/2010 4/5/	/2010	James R	99215	OFFICE/OUTP.	\$175.0	0 1.0	\$175.00	\$25.00		\$150.00	\$4,675.00
4/5/2010 4/5/	/2010	James R	72110	X-RAY EXAM O	\$90.0	0 1.0	\$90.00			\$90.00	\$4,765.00
4/7/2010 12/3	18/2	Randall Oa	99215	OFFICE/OUTP.	\$175.0	0 1.0	\$175.00	\$175.00		\$0.00	\$4,765.00
4/16/2010			Pymt	28282828				\$350.00			
4/19/2010			Pymt	5555555	\mathbf{U}			\$250.00			
4/21/2010 4/5/	/2010	Randall Oa	99215	OFFICE/OUTP.	\$175.0	0 1.0	\$175.00			\$175.00	\$4,940.00
4/21/2010 4/5/	/2010	Randall Oa	72110	X-RAY EXAM O	\$90.0	0 1.0	\$90.00			\$90.00	\$5,030.00
4/26/2010 4/20	0/2010	Randall Oa	99215	OFFICE/OUTP.	\$175.0	0 1.0	\$175.00	\$30.00		\$145.00	\$5,175.00
4/26/2010 4/20	0/2010	Randall Oa	71020	CHEST X-RAY	\$40.0	0 1.0	\$40.00			\$40.00	\$5,215.00
4/26/2010			Pymt	Check: 5445				\$30.00			
4/27/2010 4/2	7/2010	Randall Oa	99215	OFFICE/OUTP.	\$50.0	0 1.0	\$50.00			\$50.00	\$5,265.00
					\$5,895.0	D	\$5,895.00	\$630.00	\$0.00	\$5,26	\$5,265.00

1. Double Click on the Insurance Payment line item.

🔡 Insurance	Payment D	etails for	Tester, Le	ster						
Payer			Group				NPI	1234567890	Check Number	5555555
BCBS AR		~	Professiona	al Group, In	с.	-	Production Date	4/19/2010	Check Date	4/16/2010
PO Box 2181 Little Rock, AF	72203		123 Any St Any City, A						Check Amount	\$250.00
(501) 378-111			(479) 555-						Remaining	\$0.00
🗐 Claims										*
Post Date 🛦	Processed	Claim ID		Provider		Payer		Secondary Paye	Amount	Balance
3/31/2010	4/5/2010	2	63	Randall Oa	ites	BCBS #	AR .		\$325.00	\$150.00
3/31/2010	4/5/2010			Randall Oa	ites	BCBS A	AR		\$120.00	\$70.00
4/5/2010	4/5/2010		80	Randall Oa	ites	BCBS A	AR		\$265.00	\$240.00
💲 Claim De	tails									*
Details for	Claim 63						P	Aore Info	n Notes	
Post Date	3/31/2010	Membe	r ID	XYZ12345	Pat	ient Gro	oup Number R554	4		
Process Date	4/5/2010		-	Randall Oa						_
Routing	E	Render	ing NPI	112233445	55					
S Charges										
Begin	End U	Proc.Mod	Billed	Allowed	Deduct	CoIns 🖌	Co Pay L	ate Other	Provider	, Notes
1/12/2010 1/		99215	\$175.00						\$175.00	
1/12/2010 1/	12/2010 1.0	73630	\$150.00							a
			\$325.00	\$0.00	\$0.00	\$0.0	0 \$0.00	\$0.00 \$0.00	\$175.00	
									6	Close
										0.000

Insurance Payment details dialog opens listing all patient claims to which this payment was applied.

2. Click on the first Claim line item. The Claim details section breaks down the charges that make up the claim and list the amount paid to the Provider.

3. Click Close.

4. Repeat for each item listed in the Claims section as needed

Print a Receipt/Statement from the Patient Ledger Tab. Select by date or a date range. Select by Posted Date or Date of Service. This report can be Previewed and/or Printed

	Те	ster, Les	ter				_	ount 15		\$ Balances	ş
251							C	hart LTE54	54	Family \$335	5.00
15 P	Date	e of Birth 2/1	9/1979	Age 31	5ex Male		Status	Unknown		Personal \$5,2	65.00
	Add	r ess 123 Oak	St Any C	ity, AR 72703-012	3					7 . .	
	Hon	e (479) 555-4	1444 W	ork (479) 555-666	66 Cell (47	79) 555	-7777			Total \$5,	500.00
	Ema	il It@email.com	n							Self Pay	Co-Pay \$0.00
Schedule	🔔 Demog	ranhics	Insuran	ce 🔍 Custom	Ledger		Family S	Claims	🗎 Stateme	ents 🖪 Ne	ew Charges
	- Domog				- El codgor		applied Co-P			applied Pre-Pa	
Posted 🔺	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustm	Chrg Bal	Balance
		Alan Ande		TOTAL HIP A	-		\$3,600.00			\$3,600	\$3,670.00
3/31/2010		Randall O	99215	OFFICE/OUT	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$3,670.00
3/31/2010	1/12/2010	Randall O	99215	OFFICE/OUT	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$3,670.00
3/31/2010	1/12/2010	Randall O	73630	X-RAY EXAM	. \$150.00	1.0	\$150.00			\$150.00	\$3,820.00
3/31/2010	12/17/2	Randall O	73562	X-RAY EXAM	. \$140.00	1.0	\$140.00			\$140.00	\$3,960.00
3/31/2010	3/31/2010	Randall O	99211	OFFICE/OUT	\$120.00	1.0	\$120.00	\$50.00		\$70.00	\$4,030.00
4/1/2010	4/1/2010	Randall O	99212	OFFICE/OUT	\$120.00	1.0	\$120.00			\$120.00	\$4,150.00
4/1/2010	4/1/2010	Randall O	99212	OFFICE/OUT	\$120.00	1.0	\$120.00			\$120.00	\$4,270.00
4/1/2010	4/1/2010	Randall O	99212	OFFICE/OUT	\$120.00	1.0	\$120.00			\$120.00	\$4,390.00
4/1/2010	4/1/2010	Randall O	99213	OFFICE/OUT	\$135.00	1.0	\$135.00			\$135.00	\$4,525.00
4/5/2010	4/5/2010	James R	99215	OFFICE/OUT	\$175.00	1.0	\$175.00	\$25.00		\$150.00	\$4,675.00
4/5/2010	4/5/2010	James R	72110	X-RAY EXAM	. \$90.00	1.0	\$90.00			\$90.00	\$4,765.00
4/7/2010	12/18/2	Randall O	99215	OFFICE/OUT	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$4,765.00
4/16/2010			Pymt	28282828				\$350.00			
4/19/2010			Pymt	5555555				\$250.00			
4/21/2010	4/5/2010	Randall O	99215	OFFICE/OUT	\$175.00	1.0	\$175.00			\$175.00	\$4,940.00
4/21/2010	4/5/2010	Randall O	72110	X-RAY EXAM	. \$90.00	1.0	\$90.00			\$90.00	\$5,030.00
4/26/2010	4/20/2010	Randall O	99215	OFFICE/OUT	\$175.00	1.0	\$175.00	\$30.00		\$145.00	\$5,175.00
4/26/2010	4/20/2010	Randall O	71020	CHEST X-RAY	\$40.00	1.0	\$40.00			\$40.00	\$5,215.00
4/26/2010			Pymt	Check: 5445				\$30.00			
4/27/2010	4/27/2010	Randall O	99215	OFFICE/OUT	\$50.00	1.0	\$50.00			\$50.00	\$5,265.00
	-				\$5,895.00		\$5,895.00	\$630.00	\$0.00	\$5,26	\$5,265.00
	-1					_		nent 🚺	1		

1. Click the Print Receipt button

Select Receipt From Date/To Date

Print Receipt		X
Select Receipt Dates	Select Receipt Date Type	
From Date To Date 4/26/2010 - 4/27/2010 -	Posted Date O Date of Service	=
2 4	Print Cancel	-

- 2. Select a Date or Range of dates from the Print Receipt dialog.
- 3. Choose to generate the receipt by the date the transaction was Posted or by the Date of Service.
- 4. Click the Print button to open Print Preview

Print Receipt/Statement

Print Preview											
-											
Print Preview											
Print Quick Options Find Bookmarks	First Previou Page Page Navigation	US Next Last Page Page	Many Po Many Po	ages Zoor	*	ge Color Wal		Export E-Ma To + As + Exp	Preview		
Document Map 🗜 🗙											
- Statement Report											
		fessional Gro Box 1234	oup, Inc.		Statement Date	Ac		umber	Pay This An		
	1	igdale, AR 7276	4		12/28/2010		15		\$1,797.0	0	
	For Bil	ling Questions call									
		555-4444			Deef						
	Tax ID Page 1	: 333221111 I of 1				fessiona lox 1234	Grou	ip, inc.			
	Tes	ter, Lester				gdale, AR	72764				
		Eidson									
	Faye	tteville, AR 7270)3-0123								
		Address or Insurance	information has ch	anged,							
	P	lease check box and a	d updated inform	ation.			Plea	ase detach and ret	um top portion with	i payment.	
		T	,		Statement						
	Patient: Date	Tester, Lester	Procedure	Chart: L Mod	Description	DX	Units	Charges	Pymt/Adj	Balance	
	Date	FIGNICE	Frocedure	MOU	Balance Forward	UA	onits	charges	FyniuAuj	\$0.00	
	4/26/10	Randall Oates	71020	26	CHEST X-RAY	786.50	1	\$40.00		\$40.00	
	4/26/10 4/26/10	Randall Oates	99215 PYMT		Check: 5445	786.50	1	\$175.00	\$30.00		
	4.07.40	Dendell Octor	00045			700.00		***		\$145.00	
	4/27/10	Randall Oates	99215			789.00	1	\$50.00 Cur	rent Balance	\$50.00 \$235.00	
										1200.00	
		Current		30 - 60	Days Due	60+ Days	Due		Balance D		
									\$1,797.00	1	
		\$1,797.00							41,101.00		
		\$1,797.00							•••••		
		\$1,797.00							•••••		

5. Click the printer icon to print or select one of the other options shown on the ribbon bar.

Add Charges in Ledger

Add Charges in Ledger Tab

Add Custom Charges to patient account from within the Ledger Tab. Select Patient Account from Chart Rack and Click on the Ledger Tab

Note: <u>Charges entered from the Ledger Tab will not be sent to the Claims Manager and submitted to</u> <u>Insurance. This option is for miscellaneous items unrelated to CPT or HCPCS charges</u>

		Cla	rk, Jack						Accoun Char	t 60 t JC123456	;		Balances nily \$0.00	
		Date	of Birth 9/1	8/1960	Age 49	Sex	Male		Status Un	known		Perso	nal \$25.00	
		Addr	'ess 456 Elm 9	5prnigdal	le, AR 72765-045	i6						Tot	tal \$25.00	
		Hom	e (479) 555-1	.234 W	/ork (479) 555-3	3214	Cell (479) 555-78	390		L	101	tai [p23.00	
		Emai	il								[🔳 Sel	lf Pay Co-P	ay \$0.00
🎟 Schedule 🛛 🤶 Demographics 🛛 😽 Insurance 🏾 🔧 Custom 📗						Distant		ulu 💽	Claims 1	B) Chaba			-Lawrence -	
Schedule	📥 Di	emogr	aphics 🛛 🐨	Insuranc			Ledger	🎦 Fa			🗎 State	_		
								Unappli	ed Co-Pay	\$0.	00 Un	applie	d Pre-Pay	\$0.0
Posted 🔺	DC		Provider	Code			Charge	Units	Total	Payments	Adjustr	n	Chrg Bal	Balance
4/14/2010			Randall O	99213	OFFICE/OUT		\$135.00	1.0	\$135.00	\$110.00			\$25.00	\$25.0
4/14/2010	4/14/2	2010	Randall O	99212	OFFICE/OUT	'Р	\$120.00	1.0	\$120.00		\$120	0.00	\$0.00	\$25.0
4/14/2010				Pymt	2121222					\$40.00				
4/22/2010 × 4/22/2010				Pymt 89CE	Credit Card: Charged in E					\$70.00	\$120			

1. Click the Add Charge button. Select Charge dialog opens

Select Charge						×
Code 2	Short Description			_		1
79999 •	No show Fee			-	🗙 Clear Filters	
Advanced Search					*	
		3	Select		Cancel	Ŧ

2. Begin Typing Charge Code or Search by Code number or Description. Search includes Custom Charge Maintenance codes and CPT/HCPCS codes and <u>must be included in the Default Fee Schedule to populate the Charge amount.</u>

3. Click the Select button to add charge to ledger

View Charge in Ledger

🚨 Clark, Jack												
	Clark, Jack						Accoun			\$ E	Balances	
								t JC123456		Fam	ily \$0.00	
	Date of Birth 9/1	8/1960	Age 49	Sex	Male		Status Un	known		Person	al \$25.00	
	Address 456 Elm	Sprnigdale	e, AR 72765-045	6						Tet		
	Home (479) 555-1	1234 W	ork (479) 555-3	214	Cell (479) 555-78	890			100	al \$25.00	
	Email									💽 Self	Pay Co-P	ay \$0.00
								-1.1				
🛄 Schedule 🛛 🔔 🛙)emographics 🛛 💽	Insurance	e 🛛 🔨 Custom			🎝 Fa			_	ements		
						Unappli	ed Co-Pay	\$0.0	00 Ur	napplied	I Pre-Pay	\$0.00
	OS Provider	Code	Descriptio		Charge	Units	Total	Payments	Adjust	m	Chrg Bal	Balance
4/14/2010 4/14/		99213	OFFICE/OUT		\$135.00		\$135.00	\$110.00			\$25.00	\$25.00
4/14/2010 4/14/	2010 Randall O	99212	OFFICE/OUT	P	\$120.00	1.0	\$120.00		\$12	0.00	\$0.00	\$25.00
4/14/2010		Pymt	2121222					\$40.00				
4/22/2010		Pymt 89CE	Credit Card: Charged in E					\$70.00	¢12	0.00		
× 4/22/2010 4/22/	/2010	99999	No show Fee			1.0			\$12	0.00	\$0.00	\$25.00
						110					40100	20100
					\$255.00		\$255.00	\$110.00	\$12	0.00	\$25.00	\$25.00
Print Receipt]				Į	\$ A	dd Charge	1 Ad	ld Adjus	stment	S Add	Payment

New Charge is added to ledger. If the Charge amount is blank, the code has not been setup in the default fee schedule amount. You can manually add the amount by Double Clicking on the line item and Typing the charge amount in the Charge Details dialog

Apply Payment to Patient Ledger

2	Lane, Penny	/													
			Lane, Penny								unt 43		💲 Balan	ces	
			Lane, Fenny							Cł	nart		Family \$	0.00	
			Date of Birth 5/6/19	68 Age	42	Sex F	emale		Status U	Inknown			Personal \$	520.00	
			Address 544 Oak Fa	yetteville, Ar	72703								Total \$:520 Of	1
			Home	Work		Cell							Total 4	,520,00	
			Email										🔲 Self Pay	Co-F	ay \$0.00°
	Schedule	🔹 De	emographics 🛛 💽 Ins	urance 🔍	Custom	Ledger	🔉 Family	Sh	Claims 📄 Sta	tements	S New Charg	les			
						l roago,				applied Co-Pa		_	happlied Pre-	Pay	\$0.00
Ir	Posted 🔺	DO	S Provider	Code	Descripti	on	Charge	Units			Adjustments		g Bal		ance
	4/8/2010			99215	OFFICE/OUT		\$175.00		\$175.00	aymones	najasementes		\$175.00	Dak	\$175.00
	4/8/2010			71020	CHEST X-RAY	,	\$90.00	1.0	\$90.00				\$90.00		\$265.00
			010 Randall Oates	99213	OFFICE/OUT		\$135.00		\$135.00			\$	\$135.00		\$400.00
:	× 5/25/2010	5/25/2	010 Randall Oates	72010	X-RAY EXAM	OF	\$120.00	1.0	\$120.00			\$	\$120.00		\$520.00
							\$520.00		\$520.00	\$0.00	\$0.00	\$	520.00	1	\$520.00
	Print Rece	int								Add Adjustm		Add Ch			
	Print Kece	ιpt						_	4	nda najastm		MUU Ch		ADA	d Payment

1. Click the **Add Payment** button to open <u>Make Payment</u> dialog.

Make Payment								×
🙎 Payer Details						S Paymer	nt Details	
× Lane, Penny					F	ayment Typ	e Paymen	t 👻
Account #43 Chart #		DOB 5/	/6/1968 Age 42		F	acility 👩	Family C	Ilinic 👻
544 Oak Fayetteville Ar 72703					F	ay Date	6/7/201	0 -
					F	ay Method	Credit C	ard 🚽
Comments					F	eference	*****	**1234
					A	mount		\$75.00
						emaining		\$0.00
Apply Charges	Add	Dependent 🛛	lo Dependents		+	Add Patient		🛐 Disburse
🗵 Lane, Penny				Co-Pay	\$0	.00 Store	as Co-Pay	\$0.00
)OB 5/6 Ige 42	/1968			3	Store	as Pre-Pay	\$0.00 4
S Charges								
🔲 Show Zero Balance C	harges							Pay All
DOS Prov	ider	Code	Description		Charge	Paym	Balance	Applied
4/5/2010 Rand	all O	99215	OFFICE/OUTPAT	IENT	\$175.00	\$0.00	\$175.00	\$75.00
4/5/2010 Rand	all O	71020	CHEST X-RAY		\$90.00	\$0.00	\$90.00	\$0.
5/25/2010 Rand	all O	99213	OFFICE/OUTPAT	IENT	\$135.00	\$0.00	\$135.00	\$0_00 •
5/25/2010 Rand	all 0	72010	X-RAY EXAM OF S	5PINE	\$120.00	\$0.00	\$120.00	\$0.00 4
					\$520.00	\$0.00	\$520.00	\$75.00
🔀 Clear Applied			🔽 Print Re	ceipt Afte	r Saving	4 •	iave	Cancel

2. Type payment details.

3. Apply payment to charges:

Disburse: Will auto disburse payment (older to most current charges).

Pay all: Will auto apply Amount to all outstanding charges.

Or you can **manually** apply payment to selected charge by clicking on the arrow in the Applied column (Red Arrow).

When entire amount is applied, Remaining balance will be \$0.00

4. If receipt is requested place a checkmark in the box next to Print Receipt and Click Save.

If errors are made, click **Clear Applied** to remove applied amount(s).

Apply a personal payment from patient ledger and print a receipt. Receipt for payment now showing more details. For this lesson, we will apply a payment made by a Payer/Non-Patient to three separate dependents accounts from one dependent account.

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Flir	ntrock, Fre	d E 9	Sr						ount 23	\$ Ba	alances
				51					C	hart FLI1950	- Family	/ \$0.00
	Date	of Birth 5/19/1	950 A g	je 60	Sex M	ale		Status	Married		Persona	l \$670.00
	Add	r ess 145 Boulder	Hwy Bedr	ock, AR 72702							Tota	I \$670.00
	Hom	e (479) 555-4444	+ Work	(479) 555-6666	Cell (47	9) 555-5555					TULA	\$070.00
	Ema	il ff@email.com									🔲 Self P	Pay Co-Pay \$0.00
Schedule	🧕 Demogr	aphics 🛛 😯 Ins	urance	く Custom	Ledger	25 Family	5	Claims 🛛 🗎 S	itatements	S New Charge	•5	
					1			U	napplied Co-P	ay \$20.0	0 Unapplied I	Pre-Pay \$0.0
Posted 🔺	DOS	Provider	Code	Descripti	ion	Charge	Units	Total	Payments	Adjustments	Chrg Bal	Balance
3/10/2010 3	8/10/2010	Randall Oates	99202	OFFICE/OUT	PATI	\$160.00	1.0	\$160.00	\$150.00	\$10.00	\$0.00	\$0.0
3/10/2010 3	8/10/2010	Randall Oates	73540	X-RAY EXAM	OF	\$75.00	1.0	\$75.00	\$75.00		\$0.00	\$0.0
3/17/2010 3	8/17/2010	Randall Oates	99213	OFFICE/OUT	PATI	\$70.00	1.0	\$70.00			\$70.00	\$70.0
4/30/2010 4	/30/2010		93226	ECG MONITO	R/R	\$50.00	1.0	\$50.00			\$50.00	\$120.0
4/30/2010 3	3/22/2010	Randall Oates	99214	OFFICE/OUT	PATI	\$80.00	1.0	\$80.00			\$80.00	\$200.0
5/4/2010 4	/30/2010	James R. Bunch	99215	OFFICE/OUT	PATI	\$175.00	1.0	\$175.00	\$50.00		\$125.00	\$325.0
6/2/2010 6	5/2/2010	Randall Oates	99211	OFFICE/OUT	PATI	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$325.0
6/21/2010 6	5/21/2010	Randall Oates	99212	Office Visit 99	9212		1.0				\$0.00	\$325.0
6/29/2010 6	5/29/2010	Randall Oates	99211	OFFICE/OUT	PATI	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$325.0
7/7/2010 7	7/7/2010	Randall Oates	99214	OFFICE/OUT	PATI	\$145.00	1.0	\$145.00			\$145.00	\$470.0
7/23/2010 7	/23/2010	Tammy Trent	99212	Office Visit Lir	mite	\$120.00	1.0	\$120.00	\$90.00		\$30.00	\$500.0
8/4/2010 8	8/4/2010	Randall Oates	99211	OFFICE/OUT	PATI	\$120.00	1.0	\$120.00	\$25.00		\$95.00	\$595.0
8/4/2010			Pymt	Credit Card:					\$25.00			
8/4/2010 8	3/4/2010	Randall Oates	99213	OFFICE/OUT	PATI	\$135.00	1.0	\$135.00	\$70.00		\$65.00	\$660.0
8/4/2010			Pymt	Credit Card:					\$20.00			
8/16/2010			Ins Pymt	Cigna Pymt: 3	3213				\$60.00			
8/16/2010			Ins Pymt	Medicare Pyr	nt: 7				\$30.00			
8/31/2010			Ins Pymt	Medicare Pyrr	nt: 7				\$240.00			
9/10/2010			Ins Adj	Insurance Ad	ljust					\$10.00		
9/10/2010			Ins Pymt	BCBS AR Pym	nt: 5				\$225.00			
12/3/2010 1	2/3/2010	Randall Oates	99213	OFFICE/OUT	PATI	\$135.00	1.0	\$135.00	\$120.00	\$5.00	\$10.00	\$670.0
12/10/2010			Ins Pymt	BCBS AR Pym	nt: 8				\$100.00			
12/21/2010			Ins Adj	Insurance Ad	ljust					\$5.00		
12/21/2010			Ins Pymt	Arkansas Med	dicai				\$100.00			
			Pymt	Credit Card: *	***				\$20.00			

Apply Payment to multiple dependents from ledger

- 1. Click on Ledger tab in patient account.
- 2. Click on Add Payment.

Select multiple dependent accounts

Make Payment							
🙎 Payer Detai	ls				S Pa	ayment Details	4
× Flintrock, Wilr	na 5. 3				Paymen	t Type Paym	ent 👻
Account # 55 Ch	hart #		DOB 5/19/1930 Age 80		Facility	Family	Clinic 👻
5432 Boulder Blvo Bedrock AR 7270					Pay Dat	e 1/3/2	
bodi ocivnik v zvok	50102				Pay Mel		
Comments					Referen		****1234
					Amount		\$60.00
					Remaini	ng	\$60.00
Apply Charge	ES Add Dep	endent Sele	ect Dependent 👻 🕂 Add Pa	atient 5			🛐 Disburse
🗵 Flintrock,	, Fred F., Sr			Co-Pa	y \$0.00	Store as Co	o-Pay \$0.00 ◀
Acct # 23 Chart # FLI1950	DOB 5/19/19 Age 60	50				Store as Pr	e-Pay \$0.00 4
S Charges							
🔲 Show Zero Bala	ance Charges						Pay All
DOS	Provider	Code	Description	Charge	Payments	Balance	Applied
3/17/2010	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	\$70.00	\$0.00	\$70.00	\$0.00 ∢
4/30/2010		93226	ECG MONITOR/REPORT, 24 HRS	\$50.00	\$0.00	\$50.00	\$0.00 ∢
3/22/2010	Randall Oates	99214	OFFICE/OUTPATIENT VISIT, EST	\$80.00	\$0.00	\$80.00	\$0.00 ∢
4/30/2010	James R. Bunch	99215	OFFICE/OUTPATIENT VISIT, EST	\$175.00	\$50.00	\$125.00	\$0.00 ∢
7/7/2010	Randall Oates	99214	OFFICE/OUTPATIENT VISIT, EST	\$145.00	\$0.00	\$145.00	\$0.00 ∢
7/23/2010	Tammy Trent	99212	Office Visit Limited/10mn.	\$120.00	\$90.00	\$30.00	\$0.00 4
8/4/2010	Randall Oates	99211	OFFICE/OUTPATIENT VISIT, EST	\$120.00	\$25.00	\$95.00	\$0.00 ∢
8/4/2010	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	\$135.00	\$70.00	\$65.00	\$0.00 ∢
12/3/2010	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	\$135.00	\$120.00	\$10.00	\$0.00 ∢
				\$1,030.00	\$355.00	\$670.00	\$0.00
Clear Applied			V Print	Receipt After S	Saving	Save	Cancel

3. Verify payer name.

- 4. Enter payment details.
- 5. Click Add Patient. Select dependent from chart rack and repeat for each dependent.

Apply payment to each dependent visit

				1			
DOS	Provider	Code	Description	Charge	Payments	Balance	Applied
3/17/2010	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	\$70.00	\$0.00	\$70.00	\$0.00 4
4/30/2010		93226	ECG MONITOR/REPORT, 24 HRS	\$50.00	\$0.00	\$50.00	\$0.00 4
3/22/2010	Randall Oates	99214	OFFICE/OUTPATIENT VISIT, EST	\$80.00	\$0.00	\$80.00	\$0.00 ∢
4/30/2010	James R. Bunch	99215	OFFICE/OUTPATIENT VISIT, EST	\$175.00	\$50.00	\$125.00	\$20.00 <
				\$1,030.00	\$355.00	\$670.00	\$20.00
× Birdie, B	Big				Co-Pay	, \$0.00 s	ore as Co-Pay \$0.00
Acct # 95 Thart #	DOB 5/5/1980 Age 30					s	tore as Pre-Pay \$0.00
S Charges						/	
Show Zero Ba	alance Charges				6		Pay All
DOS	Provider	Code	Description	Charge	Payments	Balance	Applied
11/10/2010	Randall Oates	99202	OFFICE/OUTPATIENT VISIT, NEW	\$144.00	\$0.00	\$144.00	\$0.00 4
11/10/2010	Randall Oates	71020	CHEST X-RAY	\$81.00	\$0.00	\$81.00	\$0.00 4
11/10/2010	Randall Oates	99202	OFFICE/OUTPATIENT VISIT, NEW	\$144.00	\$49.50	\$50.50	\$20.00 4
11/24/2010		99999	No show Fee	\$30.00	\$0.00	\$30.00	\$0.00 ┥ 🗏
				\$850.00	\$199.50	\$591,50	\$20.00
× Lane, Pe	enny P.				Co-Pay	/ \$0.00	ore as Co-Pay \$0.00
Acct # 43 Thart #	DOB 5/20/1968 Age 42					s	tore as Pre-Pay \$0.00
S Charges							
🔲 Show Zero Ba	alance Charges						Pay All
DOS	Provider	Code	Description	Charge	Payments	Balance	Applied
11/9/2010	Randall Oates	72110	X-RAY EXAM OF LOWER SPINE	\$90.00	\$0.00	\$90.00	₹0.00 ∢
11/9/2010	Randall Oates	71100	X-RAY EXAM OF RIBS	\$88.00	\$0.00	\$88.00	\$16.00 ∢
11/9/2010	Randall Oates	99212	Office Visit Limited/10mn.	\$96.00	\$0.00	\$96.00	\$0.00 ∢
12/14/2010	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	\$135.00	\$50.00	\$85.00	\$0.00 ∢
				\$3,306.00	\$484.60	\$2,810.40	\$16.00

6. Click inside the grid in **Applied** column to apply payment to charge and repeat for each dependent account.

Family Clini	C			
123 Any St Any City Ar 71	7702			
Any City, Ar 72	2703			
For Billing Question	ns call			
(479) 555-3333				
Payment Date:	1/3/2011			
Payer Name:	Flintrock,			
-	Wilma S.			
Туре:	Regular			
Method:	Credit Card			
Reference:	*********1234			
	Patient Name	Account Number	Amount	
	Flintrock, Fred F., Sr	23	\$20.00	
	Birdie, Big	95	\$20.00	
	Lane, Penny P.	43	\$20.00	
		Total	\$60.00	

When a payment is applied to an account from the ledger, the Print Receipt after Saving will be checked by default. If a printed receipt is not necessary, click inside the box and leave blank.

Patient Account -> Ledger Tab

0	Lane, Penny	/										
Γ		lar	ne, Penny								Acco	ount 43
		Lai	ie, reiniy								C	hart
l		Date	e of Birth 5/6/196	58 Age 4	2	Sex F	⁼ emale		Statu	is Unknow	'n	
		Add	r ess 544 Oak Fay	etteville, Ar 7	2703							
l		Hom	e	Work		Cell						
Ŀ		Ema	il									
	Posted A 4/8/2010	Demogr DOS 4/5/2010	Provider Randall Oates	urance 🔍 Code 99215	Custom		Charge \$175.00	Units	Claims	Statemen Unapplied Payme	Co-P	S New C ay Adjustme
	4/8/2010		Randall Oates	71020	CHEST X-RAY		\$90.00	1.0	\$90.00			
	5/25/2010		Randall Oates	99213	OFFICE/OUT		\$135.00		\$135.00	-		
	5/25/2010	5/25/2010	Randall Oates	72010	X-RAY EXAM	OF	\$120.00	1.0	\$120.00	1		
	× 6/7/2010			Pymt	Credit Card:	***				\$7	75.00	
	Click to remov	<mark>e item</mark>										

Open the Patient Ledger Tab and click the X on the payment line. You will be required to Confirm Delete. Yes will Delete and No will Cancel.

Note: Users must have security privileges to delete a payment.

Deleting an insurance payment from a patient ledger will also delete all other payments included on the remit, and will produce two prompts to confirm that you wish to delete.

Deleting an insurance payment from a patient visit

	Dei	rry, Mary						Acco	ount 25	💲 Bal	ances
	10	, i i ui j						C	hart PEM123		\$0.00
	Date	e of Birth 5/21/1	945 Age	65	Sex Female		Status	Married		Personal	\$1,732.28
	Add	ress 456 Elm St f	ayetteville, i	AR 72703						Tatal	tt 700.00
	Hom	ie (479) 555-654	3 Work	0	Tell					Total	\$1,732.28
	Ema	il								Self P	ay Co-Pay \$0.00
											ay - Co-ray po.oo
Schedule	🙎 Demog	raphics 🛛 😲 Ins	urance 🏹	Custom	Ledger 🛛 🌆 Family	5	Claims 📄 🗎	Statements	😫 New Charg	es	
							L	Inapplied Co-P	ay \$0.0	0 Unapplied P	re-Pay \$0.
Dealed (DOG	Dura dalar	Co do	Description	Channes -	1.1=34=			·		· ·
Posted ▲ 4/8/2010	DOS 4/8/2010	Provider Randall Oates	Code 99214	Description OFFICE/OUTP4	-	Units 1.0	Total \$145.00	Payments	Adjustments	Chrg Bal \$145.00	Balance \$145.
4/8/2010		Randall Oates	74185	MRI ANGIO, AB			\$250.00			\$250.00	\$395.
6/10/2010		Randall Oates	99213	OFFICE/OUTP4			\$135.00	\$125.12		\$9.88	\$404.
		Randall Oates	99213	OFFICE/OUTPA			\$135.00			\$135.00	\$539.
6/21/2010	6/21/2010		99213	OFFICE/OUTPA	ATI \$135.00	1.0	\$135.00			\$135.00	\$674.
6/21/2010	6/21/2010		99213	OFFICE/OUTPA	ATI \$135.00	1.0	\$135.00			\$135.00	\$809.
7/26/2010			Ins Pymt	Aetna Pymt: 45	54			\$125.12			
8/10/2010		Randall Oates		OFFICE/OUTR	ATT \$145.00	1.0	¢145.00			¢145.00	\$954.
8/10/201	Delete Ins	urance Paym	ent								\$1,099.
8/10/201		This is an insuranc	e navment.	Deleting it will dele	te the payment for a	all natier	ots include on it	This action o	annot be undor	e. You will be pr	\$1,219.
8/10/201				o you wish to conti		an pacioi		. This decisitie		ioi 100 milioo pi	\$1,327.
8/10/201											\$1,447.
8/13/201					Yes	No					\$1,468.
10/13/201		D 1101	0004.0	off: 15 3 15 3		-6				tor oo	\$1,576.
10/28/2010		Randall Oates	99212 99212	Office Visit Limi	4		\$96.00 \$60.00			\$96.00 \$60.00	\$1,672.
12/9/2010	12/9/2010	Randall Oates	99212 Ins Adj	Insurance Adju		1.0	\$00.00		\$10.00	\$00.00	\$1,732.
12/13/2010			Ins Pymt	Arkansas Firsts				\$89.60			
/13/2010	12/13/2	Randall Oates	99213	OFFICE/OUTP4		1.0	\$67.50	\$65.00	\$2.50	\$0.00	\$1,732.
12/13/2010			Ins Adj	Insurance Adju					\$2.50		
			Ins Pymt	Arkansas Firsts				\$50.00			
12/17 1											
12/17 1			Ins Pymt	Woodsman of A	Am			\$15.00			

Warning! Deleting an insurance payment will delete payment for all patients included on the posted remit. This action cannot be undone.

1. Click the X next to the Post date for the payment that will be deleted.

2. Click Yes to continue deleting the payment. A message box will warn that deleting an insurance payment will delete all payments for all patients included in the remittance. You will prompted a second time to confirm Delete.

3. Click No to Cancel the deleting process.

Located in Billing -> Patient Account -> Ledger Tab

							Accoun	t 60		*	Balanasa	
	Cla	rk, Jack						t JC123456			Balances	
	Date	of Birth 9/18	8/1960	Age 49	Sex Male		Status Un				nily \$0.00	
				le, AR 72765-045					_	Perso	nal \$145.00	
				ork (479) 555-3			2000		_	Tot	tal \$145.00)
			234 1	UFK (479) 555-5	214 Cell (47	9) 000-7	090		_			
	Emai	1				_				📃 Sel	f Pay Co-F	Pay \$0.00
Schedule	Demogra	aphics 💽	Insuranc	e 🔍 Custom	Ledger		amily 🛐	Claims) Stati	ements	; 🚺 New	Charges
							lied Co-Pay	\$0.0			d Pre-Pay	\$0.00
Posted 🔺 🛛	DOS	Provider	Code	e Descriptio	n Charge	Units	Total	Payments	Adjust	tm	Chrg Bal	Balance
4/14/2010 4/1	4/2010	Randall O	99213	OFFICE/OUT	P \$135.00		\$135.00	\$110.00			\$25.00	\$25.00
4/14/2010 4/1	4/2010	Randall O	99212	OFFICE/OUT	P \$120.00	1.0	\$120.00				\$120.00	\$145.00
4/14/2010			Pymt	2121222				\$40.00				
4/22/2010			Pymt	Credit Card:				\$70.00				

Add an Adjustment to Patient Account from the Ledger

Select Patient from the Chart Rack and Click on the Ledger Tab to View Account Details

1. Click the Add Adjustment button to Open the Select Adjustment dialog

Select Adjustment Code

Select Adjustment					×
Code	Description		An	nount	
Search 👻		_	2 -	\$0,	.00
Advanced Code Search	Description Filter				×
Charges for Clark, Jack	Professional Courtesy	nce Charges			
DOS A Provider	Blue Cross Adjustment	ayments	Balance	Applied	
4/14/2010 Randall Oates	Medicaid Adjustment	\$110.00	\$25.00	\$0.00	•
4/14/2010 Randall Oates	Medicare Adjustment	\$0.00	\$120.00	\$0.00	•
	Refund to Patient				
	New Adj. code				
	Sample Adjustment Code				
	Insurance Adjustment				
	Refund Adjustment				
	Aetna Adjustment				
	Charged in Error 3				
		1			
	\$255.00	\$110.00	\$145.00	\$0.	00
)kay	Cancel	

2. Access the list of Adjustment Codes and descriptions in Adjustment Maintenance by Clicking the Code or Description drop down arrow

3. Click to Select the applicable Adjustment in the list. This will activate the account details in the lower section

Apply Adjustment to Charge

Select Adju	stment						X	
Code		Description				An	nount	1
89CE	-	Charged in Error				•	\$120.00	
Advanced Co	ode Search						*	
Charges fo	r Clark, Jack				💽 Sho	w Zero Balan	ice Charges	
DOS 🔺	Provider	Code	Description	Charge	Payments	Balance	Applied	
4/14/2010	Randall Oates	99213	OFFICE/OUTPATIE	\$135.00	\$110.00	\$25.00	\$0.00 🛛	
4/14/2010	Randall Oates	99212	OFFICE/OUTPATIE	\$120.00	\$0.00	\$120.00	\$120.00 🔫	4
				\$255.00	\$110.00	\$145.00	\$120.00	
					6	kay	Cancel	

4. Click the arrow on the line item to select charge to apply adjustment. The amount will default to the charge balance amount, but can be edited

5. Type Adjustment amount in field.

6. Click the Okay button

View Applied Adjustment

		Cla	rk, Jack					Accoun	t 60	\$	Balances			
		Cia	IN, JACK					Char	t JC123456	Fa	mily \$0.00			
		Date of Birth 9/18/1960 Age 49 Sex Male Status Unknown							Perso	onal \$25.00				
		Add	ress 456 Elm Sprniadale, AR 72765-0456											
		Hom	e (479) 555-1	234 Wo	rk (479) 555-32	14 Cell (479) 555-78	390		Total \$25.00				
		Ema	il							Se	lf Pay Co-F	ay \$0.00		
🔲 Schedu	ule	🧘 Demogr	aphics 🛛 🕃	Insurance	Custom	Ledger	🤰 Fa	mily 🛐	Claims	👌 Statement	s 🚺 S New 🛛	Charges		
🔲 Schedu	ule	🔔 Demogr	aphics 💽 😯	Insurance	Custom	Ledger		mily 💽 ed Co-Pay	Claims (\$0,1		s SNew o ed Pre-Pay			
Schedu	ule A	Lemogr	aphics 💽	Insurance Code	Custom Description									
Posted	*	DOS		1		Charge	Unappli Units	ed Co-Pay	\$0.1	00 Unapplie	ed Pre-Pay	\$0.0		
Posted 4/14/:	▲ 2010	DOS 4/14/2010	Provider	Code	Description	Charge	Unappli Units 1.0	ed Co-Pay Total	\$0,1 Payments	00 Unapplie	ed Pre-Pay	\$0.0 Balance \$25.0		
Posted 4/14/:	▲ 2010 2010	DOS 4/14/2010	Provider Randall O	Code 99213	Description OFFICE/OUTP	Charge	Unappli Units 1.0	ed Co-Pay Total \$135.00	\$0,1 Payments	DO Unapplie Adjustm	ed Pre-Pay Chrg Bal \$25.00	\$0.0 Balance		
Posted 4/14/3 4/14/3	2010 2010 2010	DOS 4/14/2010	Provider Randall O	Code 99213 99212	Description OFFICE/OUTP OFFICE/OUTP	Charge	Unappli Units 1.0	ed Co-Pay Total \$135.00	\$0. Payments \$110.00	DO Unapplie Adjustm	ed Pre-Pay Chrg Bal \$25.00	\$0.0 Balance \$25.0		

Adjustment Code, Description and amount is added to the Ledger and the Charge/Service line item that the adjustment was applied to with the new charge and account balance reflecting the Adjustment amount.

Payer/Non-Patient Accounts

Go to Billing -> Payer/Non-Patient Account

Create	a New Payer/Guarar	ntor				
Non Pat	ient Accounts					
Search	Ту	pe Name	· · · · · · · · · · · · · · · · · · ·	E,	1	
* A B	C D E F G H I J	K L M	N 0 P Q R S	Cre	ate New Pay	er
Name	Chart Number	SSN	Birth D	Pa		new Payer. A Payer is a not a demographic information /stem.
				0	Press F1 k	ey to get more information
< Provider	All Providers		Total Active Patients:	80		
TOMOGI	AILFIOMOEIS	Y	Total Active Patients:	80		
			Select		Cancel	

Click on Billing from the main menu and Click Payer/Non-Patient Account to open Non Patient Accounts Lookup.

1. Click on the Create New Payer icon.

🙎 Crea	ate New Payer				-		x			
🙎 F	Personal									
First		Middle	Last							
Fred		R.	Fredrick	(
Gende	r		Birthday	SSI	V					
OUn	iknown 💿 Male	🔘 Female	2/3/1968	- 11	1-22-3333	3				
📅 🕂	Address		🕿 Contact							
Street			Email							
123 S	ome St		ff@email.com							
City			Home Phone							
Any C	lity		(479)555-5555							
State			Work Phone							
AR	*		(479)555-6666							
Zip			Cell Phone							
72703	3-0123		(479)555-5554							
Notes	Type free text note	s/additional inf	formation here.				-			
			5 Save	•	Car	icel				

2. Complete payer information and Click **Save**.

Billing -> Patient Account -> Demographics Tab

🧘 Lane, Penny								
	Lane, Penny						Account 43	\$ Balances
	Lane, renny						Chart	Family \$0.00
	Date of Birth 5/6/1968	Age 42		Sex Female		Status Unkno	wn	Personal \$0.00
	Address 544 Oak Fayet	teville, Ar 7270	3					
	Home	Work		Cell				Total \$0.00
	Email							Self Pay Co-Pay \$0.00
	1							
🛄 Schedule 🙎 🛛	Demographics 🛛 😯 Insura	ance 🛛 🔧 Cu:	stom	🛛 Ledger 🗍 🔽 F	'amily 📔 Clair	ms 📄 📄 Stateme	ents 🛛 💲 New Charge	jes
Patient Information	ı							Patient Picture
Title	First		Middle	Last			Suffix	
	Penny			Lane				
SSN	Birth Date		Age			Chart		
456-78-9132	5/6/1968	•] 42					- Cast -
Marital Status			Gender				Related To	
Married		•	Female			• L	Noideed Toth	
Race		Ethnicity			Lang	juage		
		•			•			Load Clear
Address								Primary Provider
Street								Randall Oates 🔹
544 Oak								Referring Provider
City				State	Zip		I	··· ×
Fayetteville				Ar	72703			PCP X
								Preferred Pharmacy
Contact Informatio	n				Cell Ph			· +
		Work Phone)			-		Billing Information
Email								Guarantor
								Financia 2:
Exclude From Dat	ta Explorer							
Notes -								Student Status

- 1. Open Patient account and Click on the Demographics tab.
- 2. Click Create a Non Patient Guarantor to open the New Payer dialog.

2 Payer Account								
Lane, Perry P.		Contact Information						
Birthday 1/7/1962 Age 48	Sex Male	Home (479) 555-4444						
Address 544 Oak St, Fayetteville AR, 727		Cell (479) 555-5555						
Email ppl@email.com	01-0344	Work (479) 555-6666						
Demographics Family								
🙎 Personal								
First Middle	e Last							
Perry	Lane							
Gender	Birthday	SSN						
🔿 Unknown 💿 Male 🛛 🔿 Fema	ale 1/7/1962	▼ 123-45-6789						
Address	🕿 Contact							
Street	Email							
544 Oak St	ppl@email.com							
City	Home Phone							
Fayetteville	(479)555-4444	(479)555-4444						
State	Work Phone							
AR 🔻	(479)555-6666							
Zip	Cell Phone							
72701-0544	(479)555-5555							
Notes free text notes								
		Save						

Enter Payer information and click Save. Guarantor/Payer name will populate the Guarantor field.

Add Dependents to Payer Account

	Lana B	oppy			Account 43		\$ Balances
	Lane, P	enny			Chart		Family \$0.00
1231	Date of Birl	th 5/20/1968 Age 42	Sex Female	Status Marrie	d		Personal \$1,445.00
	Address 54	4 Oak Fayetteville, Ar 12345-(5789				
	Home (501)) 555-2222 Work (501) 555	-5555 Cell (123) 456-7890				Total \$1,445.00
	Email	2 Payer Account					Self Pay Co-Pay \$0.00
📰 Schedule 🔍 🛙	Demographics	Lane, Perry P.			nformation	narges	
		Birthday 1/7/1962 Age	: 48 Sex Male		/9) 555-4444	larges	
Patient Information	ı	Address 544 Oak St, Fayet	teville AR, 72701-0544	Cell (4	79) 555-5555		Patient Picture
Title	First	Email ppl@email.com		Work (4	79) 555-6666		
	Penny	Demographics 💁 Fi	amily				
SSN 456-78-9132	Birth I		anny 4				
	5/20	+ Add Dependent					
Marital Status Married		Dependent List	·				
		Patient	Relation	Pending	Balance		
Race		× Penny Lane			\$1,445.00		
		× Mollie Turner			\$3,440.00		Load Clear
Address						F	Primary Provider
Street							Randall Oates 👻
544 Oak							Referring Provider
City							
Fayetteville							
Contact Informatio	D					F	Preferred Pharmacy
Home Phone						[- +
(501) 555-2222							Billing Information
Email							Guarantor
							× Lane, Perry P.
Exclude From Dat	a Explorer						
_	- Lopici of						Student Status
Notes -							
				Save	Close		

- 3. Click the arrow next to Guarantor name to open Guarantor Demographics.
- 4. Click the Family Tab. The active patient will display in the Dependent list.
- 5. Click Add Dependent to add additional patients to this payer if needed.

Add Dependents to Payer Account

Colta	Lane, P	ennv			Account 43	\$ Balances
16					Chart	Family \$0.00
125	Date of Bir	th 5/20/1968 Ag	e 42 Sex Female	Status Marrie	ed	Personal \$1,445.00
C 1	Address 54	14 Oak Fayetteville, A	r 12345-6789			Total \$1,445.00
137	Home (501) 555-2222 Work ((501) 555-5555 Cell (123) 456-7890			Total \$1,445.00
	Email	🧘 Payer Accou	nt			Self Pay Co-Pay \$0.00
🖩 Schedule 🛛 🤶	Demographics	Lane, Perry P		Contact I	Information Charo	
	Demographics	Birthday 1/7/1962	2 Age 48 Sex Male	Home (4	79) 555-4444	
Patient Informatio	n		St, Fayetteville AR, 72701-0544	Cell (4	79) 555-5555	Patient Picture
Title	First	Email ppl@ema		Work (4	79) 555-6666	
	Penny	Demographics	Family			
55N	Birth					- (20)
456-78-9132	5/20,	+ Add Depende	ent 6			
Marital Status Married		Dependent List				
Marrieu		Patient	Relation	Pending	Balance	
Race		× Penny Lane			\$1,445.00	
		× Mollie Turner			\$3,440.00	Load Clear
Address						Primary Provider
Street						Randall Oates
544 Oak						Referring Provider
Tity						PCP
Fayetteville						
Contact Informati	on					Preferred Pharmacy
Home Phone						* *
(501) 555-2222						Billing Information
Email						Guarantor
						Lane, Perry P. Financial Class
Exclude From Da	ata Explorer					
Notes -						Student Status
				Save	Close	
				save	Close	

- 3. Click the arrow next to Guarantor name to open Guarantor Demographics.
- 4. Click the Family Tab. The active patient will display in the Dependent list.
- 5. Click Add Dependent to add additional patients to this payer if needed.

Billing -> Patient Account -> Ledger tab -> Add Payment **or** Billing -> Patient Account -> New Charges tab-> Add Payment

Add Payer from Patient Ledger

🧘 Lane, Penny													
RENACLH		Dommu							Acco	ount 43	\$ в	alances	
	Lai	ne, Penny							C	hart		y \$0.00	
122)	Date of Birth 5/6/1968 Age 42 Sex Female Status Unknown								al \$0.00				
	Add	ress 544 Oak Fay	yetteville, Ar 7	2703									
	Hon	ne	Work		Cell						Iota	l \$0.00	
	Ema	il									Self I	Pay Co-	Pay \$0.00
💷 Schedule 🔔 Demographics 😽 Insurance 🔨 Custom 🔲 Ledger 🕵 Family 😫 Claims 📄 Statements 🚺 New Charges													
🛄 Schedule 🛛 🤰	👤 Demog	raphics 📔 😏 Ins	surance	Custom	Ledger	2 Family		Claims 📔 🗎 S	Statements				
								U	Inapplied Co-P	ay \$0.	00 Unapplied	Pre-Pay	\$0.00
Posted 🔺	DOS	Provider	Code	Descripti	on	Charge	Units	Total	Payments	Adjustments	Chrg Bal	Ba	lance
4/8/2010 4/		Randall Oates	99215	OFFICE/OUT		\$175.00		\$175.00	\$175.00		\$0.00		\$0.00
4/8/2010 4/		Randall Oates	71020	CHEST X-RAY		\$90.00		\$90.00	\$90.00		\$0.00		\$0.00
		Randall Oates	99213	OFFICE/OUT		\$135.00		\$135.00	\$135.00	(1.5.5.5.5)	\$0.00		\$0.00
	125/2010	Randall Oates	72010	X-RAY EXAM		\$120.00	1.0	\$120.00	\$140.00	(\$20.00)	\$0.00		\$0.00
6/7/2010			Pymt	Credit Card: *					\$75.00				
6/7/2010			Pymt	Credit Card: Credit Card: 3	4:*:*				\$10.00				
6/8/2010 × 6/8/2010			Pymt 600	Refund to Pa					\$455.00	(\$20.00)			
						\$520.00		\$520.00	\$540.00	(\$20.00)	\$0.00		\$0.00
👜 Print Receipt	t							1	Add Adjustn	nent 💲	Add Charge 1	S Ac	id Payment

1. Click the Add Payment button to open Make Payment dialog.

Make Payment		
🙎 Payer Details		
X Lane, Penny		
Act int #43 Chart #	DOB 5/6/1968	Age 42
5 - Remove Payer	2	
	ected Payer and add a new one. Note, a	
Comments		
Apply Charges	Add Dependent No Dependents	- Add Patient

Payer name will default to Patient unless a Guarantor has been specified in Patient Demographics.

2. Click **X** next to current Payer name in Payer Details section of Make Payment Dialog. The field will be cleared.

Make Payment		
Payer Details	S Payment	Details
	Payment Type	Payment
	Eacility	Family Clinic
3 2	Select Paye	
	ick this button to	select an existing Payer.
	Fay Methou	Credit Card
Comments	Reference	

3. Click button to select a different payer from Select Payer dialog.

Enter Charges

Main menu -> Billing -> Enter Charges

; SOAPware Chart	Billing	Docutainers	Edit	Tools	View	Help	
	<u>.</u> Р	atient Account	:		Ct	rl+A	
	2 P	'ayer/Non-Patie	ent Ac	count	Ct	rl+N	
	\$ E	Enter Charges					
Ŭ	\$ E	inter Payments		Ct	rl+P		
	S	laims Manager			Ctr	l+M	
植植物的原	V P	ost Insurance	Payme	ents	Ct	rl+I	
	R	leports				+	

1. Click Enter Charges to open the Chart Rack. Select a patient from the chart rack and the patient account will open to the New Charges tab

Add a New Visit

🚨 Bunch, Oscar						
	Bunch, Oscar Date of Birth 2/5/1977 Age 3 Address 1122 Elm St Some City, AR	2 72765-1122		Account 19 Chart Bunc123456 Status Unknown	Personal s	\$0.00
	Email ob@email.com	9) 555-4444 Custom	Cell (479) 555-		Self Pay	
+ New Visit 2				Unapplied Co-Pay	\$0.00	Apply Co-Pay Apply Pre-Pay
						S Add Payment

Charges can be manually added by creating a New Visit from the New Charges Tab or they can be manually added to a visit/encounter posted from the Billing Statements Tab in the Patient Chart. For this example, a New Visit will be created in the Patient Account-New Charges Tab

2. Click the New Visit button

Add Rendering Provider of Service and Location/Place of Service to New Visit

				Account 19	C Pulsaura
	Bunch, Oscar			Chart Bunc123456	S Balances
000	Date of Birth 2/5/1977	Age 33 S	iex Male	Status Unknown	Family \$0.00
-	Address 1122 Elm St Som	-			Personal \$3,975.00
		Vork (479) 555-44		EEE.0000	Total \$3,975.00
	Email ob@email.com	TOLK (179) 333-11			
					Self Pay Co-Pay \$0.00
🛄 Schedule 🛛 🔔 🛙	emographics 📔 💽 Insuran	ce 🔨 Custom	Ledger	🤱 Family 🚺 Claims 📔	Statements SNew Charges
+ New Visit				Unapplied Co-Pay	\$0.00 Apply Co-Pay
				Unapplied Pre-Pay	\$0.00 Apply Pre-Pay
Patient Visit for 4/17/	2010 3:48 PM			•	\$
× Charges From	m 4/17/2010 3:48 P№	1		3 More Info + Add A	Adjustment 🕂 Add Charge
Posted 🔺	Provider Code Modif	Descriptio	on DX C	ha	Balance
					mation Needed
				Provider is not set	. Facility is not set.
				\$0.00 \$0.00 \$0	0.00 \$0.00 \$0.00 \$0.00
Follow Up Action Subr	mit to Insurance		- 🔲 Incomple	te 🗖 Print	Receipt After Post
Doctor Comments			Claim Co	mments	
			A		<u>^</u>
			-		+
					S Add Payment
					- Haar aymone

New Visit dialog opens to begin adding charges.

Prior to adding the charge/Procedure Codes, the Rendering Provider and the Location/Place of Service will have to be selected.

3. Click the More Info button to add Provider of Service and Place of Service

Add Other Info to Visit details including Workers Comp, Accident, Hospitalization and Prior Authorization information

	🛛 More Info 🕂 Add Adjustment 🕂 Add Charge
Description D	Cha Unit Tot Co-Ins Pay Adj Balance
Edit Claim Details	
Owner Randall Oates	4 Facility Family Clinic
Туре	Dates
© Employment Stat	
	• Hospital From 4/2/2010 • To 4/5/2010 •
© None	Outside Lab
Illness, Injury or Pregna	ancy Outside Lab Charges \$0.00
Date 4/2/	2010 - Codes
Similar Illness Date	Original Reference
Last Seen Date	Prior Authorization
•	
	7 Save Cancel

4. Using the Drop Down Arrow to display list of Providers that have been setup in SOAPware, Select the Rendering Provider of Services.

5. Using the Drop Down Arrow to display the list of Facilities that have been setup in SOAPware, Select the Place of Service from the list.

6. If the New Charges are Accident related, require prior authorization, are related to a hospital visit, etc., Type that information in the appropriate fields and enter dates that apply.

7. Click the Save button to save information

Add Charge in New Charg	jes Tab	
PM	More Info + Add Adjustment + Add Charge 8	
Description DX	Ch Unit Tot Co-Ins Pa Adj Balance	
Select Charge		
Code 9 99218	Short Description OBSERVATION CARE Clear Filters	
🔍 Advanced Search	*	
	10 Select Cancel	-

8. Click the Add Charge button to Open the Select Charge dialog

9. Begin typing the Charge code in the box or Click inside the Description to Search the code data base. Click on the code from the list to insert it into the fields

10. Click on the Select button

Add New Charge Details, including ICD-9/Diagnosis codes and Modifiers

Charge Details						
Service From Service To	Provider	Code		Description	Units	Charge
4/17/2010 - 4/17/2010		▼ 99218		OBSERVATION CAR	₹E + 1.0	\$220.00
Diagnosis Codes DX Description	Add Code	Modifiers	Description	Add Code	Charge Notes	
Additional Providers Purchasing Service Provider	Ordering Pro	vider		Supervising F	Provider	
Amounts Details					Misc Details	
Payments/Adjustments				Totals	Facility	
Date 🔺 Name/Description		An		harges \$220.00 ay/Adjust	Family Clinic EPSDT	• •
				\$0.00 alance \$220.00	Emergency Family Plan Supplemental	
Insurance Details						*
				14	Save	Cancel

Charge Details dialog will open for adding/editing New Charge. If a field is not grey/inavtivated, it can be edited for corrections or changes

11. Click the Add Code button to Add a Diagnosis/ICD-9 code to the New Charge. Begin Typing the code or Click to search. When the correct code is in the field, Click the Select button or use the Enter key on the keyboard to select a Diagnosis. Repeat as needed

12. To Add a Modifier to the New Charge, Click the Add Code button. Begin Typing the code or Click to search. When the correct code is in the field, Click the Select button or use the Enter key on the keyboard to select a Modifier and Enter again to add another code. Repeat as needed.

13. Enter additional Charge information if applicable in the Misc Details section. The Facility field will be populated with the Facility selected in the More Info dialog.

14. Click the Save button to save data.

Post New Charges to Patient Ledger

	Bunch	, Osc	ar					_	ount hart	19 Bunc12345	56	-	Balanco ily \$0.		
	Date of Bi	rth 2/5/	1977	Age 33	Sex	Male		Statu	s Unk	nown				975.00	
	Address 1	122 Elm	St Some	e City, AR 72765	-1122										_
	Home (47	9) 555-5	555 V	Vork (479) 555-4	4444	Cell (479)	555	-3333				Tota	al \$3),975.0	0
	Email ob@	email.co	m									🔲 Self	Pay	Co-Pa	y \$0.00
💷 Schedule 🙎	emographics)		Insuran	ce 🔨 Custon	۱ [Ledger	2.	Family	5	Claims	E S	tatemen	lts	S New	Charges
+ New Visit								Unapp	plied C	io-Pay		\$0.00		Apply	Co-Pay
T NOW VISIC								Unapp	plied P	re-Pay		\$0.00		Apply F	re-Pay
Patient Visit for 4/17/	2010 3:48 PM	1													\$
× Charges From	m 4/17/20	010 3:	48 PM	1			P	More Inf	fo	🕂 Ada	l Adju	stment	+	Add	Charge
Posted 🔺	Provider	Code	Мо	Description		DX		Cha		Total	Co-I	ins Pa	ym		Balance
🔲 🗙 4/17/2010	Randall	99218		OBSERVATION	c 7	22.10, E819.	9	\$220	1.0	\$220.00	\$0	0.00	\$0.00	\$	\$220.00
					15			\$22		\$220.00	\$0	0.00	\$0.00	\$	\$220.00
Follow Up Action Subr	mit to Insurar	ice			•	Incomple	te			🔽 Pri	nt Rea	ceipt Aft	er Pos	t 16	Post
Doctor Comments					_	Claim Cor	nmer	nts							
															<u> </u>
														S Ado	Payment

15. If the patient is Self Pay and no insurance will be filed, Click the Drop Down arrow and select **Do** Not File-Patient Responsibility.

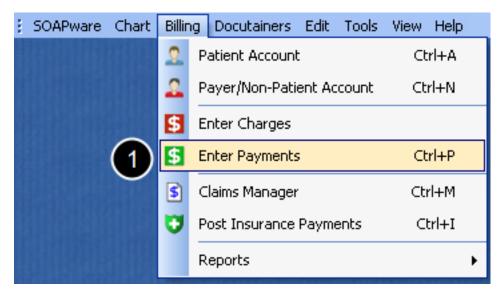
16. The Follow Up Action will default to **Submit to Insurance**. Click the Post button to apply charges to the Patient Ledger and automatically Create a claim for the new charges.

The Patient Ledger Tab will open and the New charge(s) will be shown in the ledger.

Enter Payments

Main Menu -> Billing -> Enter Payments

Apply personal payments to patient accounts. Make Payment dialog can also be accessed in the New Charges tab and the patient account Ledger. To apply Insurance Payments to accounts, see Post Insurance Payments.



1. Click on the Enter Payments menu option to open the Chart Rack. **Select** a Patient from the Chart Rack and the Make Payment dialog will open.

Make Payment								×
🙎 Payer Details						S Paymer	nt Details	
× Lane, Penny					F	ayment Typ	e Paymen	t 👻
Account #43 Chart #		DOB 5/	/6/1968 Age 42		F	acility 👩	Family C	Ilinic 👻
544 Oak Fayetteville Ar 72703					F	ay Date	6/7/201	0 -
					F	ay Method	Credit C	ard 🚽
Comments					F	eference	*****	**1234
					A	mount		\$75.00
						emaining		\$0.00
Apply Charges	Add	Dependent 🛛	lo Dependents		+	Add Patient		🛐 Disburse
🗵 Lane, Penny				Co-Pay	\$0	.00 Store	as Co-Pay	\$0.00
)OB 5/6 Ige 42	/1968			3	Store	as Pre-Pay	\$0.00 4
S Charges								
🔲 Show Zero Balance C	harges							Pay All
DOS Prov	ider	Code	Description		Charge	Paym	Balance	Applied
4/5/2010 Rand	all O	99215	OFFICE/OUTPAT	IENT	\$175.00	\$0.00	\$175.00	\$75.00
4/5/2010 Rand	all O	71020	CHEST X-RAY		\$90.00	\$0.00	\$90.00	\$0.
5/25/2010 Rand	all O	99213	OFFICE/OUTPAT	IENT	\$135.00	\$0.00	\$135.00	\$0_00 •
5/25/2010 Rand	all 0	72010	X-RAY EXAM OF S	5PINE	\$120.00	\$0.00	\$120.00	\$0.00 4
					\$520.00	\$0.00	\$520.00	\$75.00
🔀 Clear Applied			🔽 Print Re	ceipt Afte	r Saving	4 •	iave	Cancel

2. Type payment details.

3. Apply payment to charges:

Disburse: Will auto disburse payment (older to most current charges).

Pay all: Will auto apply Amount to all outstanding charges.

Or you can **manually** apply payment to selected charge by clicking on the arrow in the Applied column (Red Arrow).

When entire amount is applied, Remaining balance will be \$0.00

4. If receipt is requested place a checkmark in the box next to Print Receipt and Click Save.

If errors are made, click **Clear Applied** to remove applied amount(s).

Claims Manager

Billing -> Claims Manager

An Insurance Claim cannot be created unless insurance information has been entered in Patient Account Insurance Demographics tab.

orki	ng Submit	ted	All														
•	On Hold																
	Posted 🔺	Claim	Physician	n Patient	Prim	ary	PRT	Seconda	ry SF	RT Am	ount	File \	With Su	ıbmiss	ion	Status	Hold N
	5/20/2010	238	Randall .	Mark Clar	k Arka	ns ł	E				\$270.0)0 Prima	iry Or	iginal		On Hole	d At leas
	5/24/2010	256	Randall .	Jack Clark	k Arka	ns I	E				\$160.0	0 Prima	iry Or	iginal		On H…	🝷 A Char
2	5/27/2010	260	Randall .	Ron Denv	ver Medi	care l	P				\$175.0)0 Prima	iry Or	iginal		On Hole	±
4	6/1/2010	262	Randall .	Bob Denv	er BCBS	AR I	P /	Aetna			\$235.0)0 Prima	iry Or	iginal		On Hole	£
2	6/1/2010	267	Randall .	Bob Denv	er BCBS	AR I	P /	Aetna			\$135.0)0 Prima	iry Or	iginal		On Hole	£
	6/2/2010	268	Randall .	Bob Denv	er BCBS	AR I	P /	Aetna			\$235.0)0 Prima	iry Or	iginal		On Hole	±
														-		6	🚺 🚺 Reb
																•	
	Pending																
_	Posted 🔺	Cl	Phys	Patient		Pri	PRT	Se	SRT	Amou	nt	File	Submis	sion	Stat	us	Claim Notes
	5/25/2010			Mark Clark		Ark	E					Primary	Origina			ling	
À	5/26/2010	249	Rand	Curley Doe		Aetna	Р			\$12	20.00	Primary	Origina		Penc	ling	
	5/27/2010	251	Rand I	Fred Ferguso	on	Med	Е	Aetna		\$13	35.00	Primary	Origina	I	Penc	ling	
	5/27/2010	252	Rand I	Darrell Farre	1	Ark	Е			\$17	5.00	Primary	Origina	I	Penc	ling	
	5/27/2010	255	Jame I	Mark Clark		Ark	Е	1		\$12	20.00	Primary	Origina	I	Penc	ling	
	5/27/2010	258	Rand	Jack Clark		Ark	Е			\$84	10.00	Primary	Origina	I	Penc	ling	
4	6/2/2010			Fred Flintroc	k	Aetna	Р	Ме		\$12	20.00	Primary	Origina	I	Penc	ling	Rebuilt on
	6/2/2010	265	Dand I	Marlin Martin		RCR	F	Aetna		¢10		Drimary	Origina		Denr	lina	
/	Ready To Su	bmit															2 Scrub
	Posted 🔺	Cl	Physi		Primary	PRT	Seco.	SRT	Amo		File V		ubmissio	n St	atus	Cla	im Notes
4	4/14/2010		Randal		Aetna	P				120.00			iginal	_	ady		
	5/11/2010		Randal		Medica	-	BCBS.			375.00					ady		ouilt on 5/27
	5/13/2010		Randal			E	AARP			145.00			:_:	_	ady	Ret	ouilt on 5/27
	5/18/2010 5/19/2010		Alan A Randal		BCBS AR BCBS AR	E E	Aetna			235.00			iginal iginal	_	ady adv	Dek	ouilt on 5/27
	5/19/2010		Randal		Arkans	-	MARP			265.00 175.00		·	iginal iginal		ady ady	Ret	aiit on 5/27
	5/24/2010			Mark C /		-				120.00			iginal		ady		
	5/24/2010		Randal		Arkans					145.00			iginal	_	ady:		
	5/24/2010			Jenny E						120.00			iginal	_	ady.	Ret	ouilt on 5/24
_	· · ·			· · ·		_			-				-	_	· ·		

Paper claims are identified by the Icon in the first column. Electronic claims are blank.

1. When a charge is posted to the Ledger from the New Charges tab, an insurance claim is created.

The claim is automatically inserted into the Pending Scrub section of the Claims Manager.

2. Claims are **Scrubbed** and placed in the Ready to Process section. If the claim needs to be corrected or edited, the claim will be placed in the On Hold section with a reason for rejection.

3. Once the claims are corrected and **reprocessed/rebuilt** to apply changes, they are Scrubbed again and moved to the Ready to Process section. If a claim is still getting placed in the On Hold section when Scrubbed, this will have to be repeated until the claim is error free and moved to the Ready to Process section.

4. When the Claims are **Ready to Process**, they are exported to the designated file for submission to the Receiver or Printed to a CMS 1500 claim form to be mailed to the Payer.

<u>Note:</u> Select a single Claim by Clicking the claim to highlight. To select random claims, Click on a Claim and while holding down the Ctrl key, left click on other claims to highlight. To Select all claims in a section, Click on the first claim to highlight and while holding down the Shift key, Click on the last claim to highlight those two and all the claims in between.

Column Headers Claims Manager × Working Submitted All 😑 On Hold Posted 🛦 Claim Physician Patient Primary PRT Secondary SRT Amount File With Submission Status Hold N... 5/20/201<u>0 |</u> 238 Randall ... | Mark Clark | Arkans... | E Original \$270.00 | Primary | On Hold At leas 5/24/2010 256 Dandall Jack Clark Orkane Original ¢160.00 Primary On Hold

Posted: Date Claim was posted to the patient ledger and claim was created

Claim: Claim number used for identification and tracking. This number is automatically assigned when the claim is created

Physician: Performing Provider

Patient: Patient name

Primary: Identifies patient's Primary Payer

PRT: Primary Payer Routing (Paper claim or Electronically sent)

Secondary: Identifies patient's Secondary Payer

SRT: Secondary Payer Routing (Paper claim or Electronically sent)

Amont: Total amount of claim

File With: Filing claim with (Primary or Secondary)

Submission: Indicates to Payer if the claim is Original claim, Corrected claim, Replacement claim or a Voided claim

Status: Status of claim (On Hold, Pending Scrub or Ready to Submit)

Hold Notes: Hold notes gives a short explanation of why the claim is being placed in the On Hold section. This note will be attached if the claim is rejected in the **Scrub** process. It can also be typed by clicking in the grid if the claim is **manually** placed on hold by user

Claim Notes: Claim notes are automatically added when a claim is set to Refile, has been Rebuilt, etc. It can also be typed by clicking in the grid if needed.

Hold notes and Claim notes are for user reference only. Notes are not included on claims

Scrubbing Claims

	Posted	Cl 🔺	Physician	Patient	Primary	PRT	Seco	SRT	Amount	File	Submission	Status	Claim
	5/25/2010	244	Alan And	Mark Clark	Arkansas Medic	E			\$120.00	Primary	Original	Pending Scrub	
	5/25/2010	245	Randall	Mark Clark	Arkansas Medic	E			\$120.00	Primary	Original	Pending Scrub	
1	5/26/2010	249	Randall	Curley Doe	Aetna	P			\$120.00	Primary	Original	Pending Scrub	
	5/27/2010	251	Randall	Fred Ferg	Medicare	E	Aetna		\$135.00	Primary	Original	Pending Scrub	
	5/27/2010	252	Randall	Darrell Far	Arkansas Medic	E			\$175.00	Primary	Original	Pending Scrub	
	5/27/2010	255	James R	Mark Clark	Arkansas Medic	E		ש	\$120.00	Primary	Original	Pending Scrub	
	5/19/2010	257	Randall	Jack Clark	Arkansas Medic	E			\$175.00	Primary	Original	Pending Scrub	Ŧ
	5/27/2010	258	Dandall	Jack Clark	Arkonsos Madis	F			¢840.00	Drimaru	Original	Dending Sauth	

Patient accounts with Insurance information entered into the Insurance Demographics section of the Chart will automatically produce a claim when new charges are Posted to the Patient Ledger, and those claims will be placed in the Pending section of the Claims Manager. Claims can be selected for Scrubbing <u>one at a time</u> or <u>random</u> claims or <u>all</u> claims.

1. Click on the claim line to highlight.

To select random claims, Click on a Claim and while holding down the Ctrl key, left click on other claims to highlight. To Select all claims in a section, Click on the first claim to highlight and while holding down the Shilft key, Click on the last claim to highlight those two and all the claims in between. This example shows all claims selected

2. Click the Scrub button. Claims will be moved to the Ready To Process section. If the scrubber finds an error on any claims, those claims will be moved to the On Hold section with a description of the error.

Note the Claim number **257** in the red box. This lesson will track that claim from Pending Scrub to Submitting claim.

Insurance remittance/response will use this claim number in the Patient Account section of the EOB to identify the patient.

	Posted	··· 🔺	Physician	Patient	Primary	PRT	Se	SRT /	Amount	File With	Submiss	ion	Status	Hold Notes		
	5/20/2010	238	Randall	Mark Clark	Arkansas M	E			\$270.00	Primary	Original		0n	At least 1 diagn	iosis mus	
	5/19/2010	257	landall	Jack Clark	Arkansas M	E			\$175.00	Primary	Original		o 🗸	At least 1 diagn	iosis mus	
2	5/27/2010	260	Randall	Ron Denver	Medicare	Р			\$175.00	Primary	Original		0n			1
4	6/1/2010	262	Randall	Bob Denver	BCBS AR	Р	Ae		\$235.00	Primary	Original	1	On			
4	6/1/2010	267	Randall	Bob Denver	BCBS AR	Р	Ae		\$135.00	Primary	Original	1	0n			
2	6/2/2010	268	Randall 👝		D.CDC 10	-			HOOT OO	.			Qn			
	Pending			At I	s least 1 diagnosi:	s must	be ent	ered for	r the charge	es: No Diag	nosis ente	red.			🚺 Reb	
	Pending Posted	Cl '				s must			r the charge	es: No Diag	nosis ente		ission	Status	Claim	
	-					s must		ered for K	r the charge	es: No Diag	nosis ente		iission ial	Status Pending Scrub		
	Posted	27	Physi	🔀 At I		s must			3	s: No Diag \$120,00			ıal			
▲ 1	Posted 6/3/2010	27 26	Physi 72 Randa	At I	least 1 diagnosi: rtin BCBS AR	s must	0	к	3	-	Primary	red.	ial nal	Pending Scrub	Claim	
	Posted 6/3/2010 6/2/2010	27 26 26	Physi 72 Randa 55 Randall	. Marlin Ma	least 1 diagnosi: rtin BCBS AR r Aetna	(E P	K Aetna	3	\$120.00	Primary Primary	red. Origi	ial nal nal	Pending Scrub Pending Scrub	Claim	
	Posted 6/3/2010 6/2/2010 6/2/2010	27 26 26 25	Physi 2 Randa 35 Randall 33 Randall	Marlin Ma Marlin Ma Fred Flint	least 1 diagnosi: rtin BCBS AR r Aetna < Arkansas M	(Medic	0 E P . E	K Aetna	3	\$120.00 \$120.00	Primary Primary Primary	red. Origi Origi	ial nal nal	Pending Scrub Pending Scrub Pending Scrub	Claim	
	Posted 6/3/2010 6/2/2010 6/2/2010 5/27/2010	27 26 26 25 25	Physi 2 Randa 5 Randal 3 Randall 8 Randall	At I Marlin Ma Fred Flint Jack Clarl Jack Clarl	rtin BCBS AR r Aetna < Arkansas M	(Medic	0 E P . E	K Aetna	3	\$120.00 \$120.00 \$840.00	Primary Primary Primary Primary	origi Origi Origi	nal nal nal nal -	Pending Scrub Pending Scrub Pending Scrub Pending Scrub	Claim	
	Posted 6/3/2010 6/2/2010 6/2/2010 5/27/2010 5/24/2010	27 26 26 25 25 25	Physi 2 Randa 55 Randall 33 Randall 36 Randall	 Marlin Ma Fred Flint Jack Clarl Jack Clarl Mark Clarl 	east 1 diagnosi: rtin BCB5 AR r Aetna < Arkansas M < Arkansas M k Arkansas M	(Medic Medic	0 E P E E	K Aetna	3	\$120.00 \$120.00 \$840.00 \$160.00	Primary Primary Primary Primary Primary	Origi Origi Origi Origi	nal nal nal nal - nal -	Pending Scrub Pending Scrub Pending Scrub Pending Scrub Pending Scrub	Claim	

Claims will be moved to the Ready To Process section unless the scrubber finds error(s) on a claim as shown in this screenshot. Claims with errors will be moved to the <u>On Hold</u> section to be edited/corrected, with a description of the error as seen in this screen shot.

3. Click Ok. The error dialog will continue to prompt you to click OK for each claim that has errors until all selected claims have been scrubbed.

If the Scrubbing process finds a claim with errors/incomplete information, a Scrub Error message will pop up and the claim will automatically be moved to the **On Hold** section of Claims Manager.

This lesson will describe the errors and list the steps to correct the error(s). The Claim will then have to be **Rebuilt** to apply the corrections, and **Scrubbed** again. When the claim has passed the scrubbing process, it will be automatically moved to the **Ready to Submit** section.

Note: Edits/Corrections will not be applied to claims unless the Rebuild process is performed.

	s Manager		_										
'kir	ng Submit	tted All	·										
	On Hold												
	Posted	Claim	Physician	Patient 🔺	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Hold Notes
	7/1/2010	382	Randall Oates	Michael Den	Arkansas M	Е	AARP		\$120.00	Primary	Original	On Hold	When a diagnosis is between 800 an
Ì	6/29/2010	374	Randall Oates	Mollie Turner	Cigna	Ρ	Medicare		\$120.00	Primary	Original	On Hold	The Bill To is missing part \boldsymbol{o} all of the $i\ldots$
Ì	6/24/2010	353	Randall Oates	Perry Winkle	BCBS AR	Ρ			\$145.00	Primary	Original	On Hold	sdfsThe primary insured is missing pa
Ì,	6/29/2010	370	Randall Oates	Perry Winkle	BCBS AR	P			\$120.00	Primary	Original	On Hold	 The patient is missing part or all of th
Ì	6/29/2010	372	Randall Oates	Tom Burnett	Aetna 🐆	Р	Medicare		\$920.00	Primary	Original	On Hold	The patient is missing part or all of th
Ì	6/28/2010	366	Randall Oates	Tommy Bunch	BCBS A	crub	Errors					X	The provider is missing all or part of t
						_							
					2	$\mathbf{\Sigma}$	The patien	t is missi	ing part or al	l of their demo	graphics Invalid Dat	e of Birth	🔳 Rebu
		_			_	-			_				
1	Pending									ж			
	Posted 🔺	Claim	Physician	Patient	Primary		TTT Deconder	, .			000000000		Claim Notes

1. Click the **OK** button in the message box.

2. In the **On Hold** section of the Claims Manager, **Double Click** anywhere on the claim line to open **Patient Account** and make corrections as listed in the following steps.

After corrections are made, Close the **Patient Account**, return to **Claims Manager** and **Rebuild** claim to apply changes.

Patient is missing part of their demographics- Invalid Date of Birth

🚨 Winkle, Perry					
	Winkle, Perry				Account 91
	winkie, reny				Chart pw123456
200	Date of Birth 5/6/1980	Age 30	Sex Male	Status	Single
	Address 112 Elm St Any Cit	y, AR 72703			
	Home (479) 555-1234	ork (479) 555-5678	Cell (479) 555-7890		
	Email pw@email.com				
📖 Schedule 🛛 🧕 🕻	Demographics 💽 Insurance	e 🔨 Custom 🗌	Ledger 🤱 Family 🔒	Claims 📔 S	itatements S New Charges
Patient Information					
Title	First	Middle	Last		Suffix
	Perry		Winkle		
SSN	Birth Date	4 Age		c	hart
112-33-4556	5/6/1980	- 30		E	w123456
Marital Status		Gender			D-l-L-JT-
Single		✓ Male		- L	Related To
		materia a			

Verify patients demographics are correct: date of birth, address, phone, etc.

- 3. Click the **Demographics** Tab.
- 4. Correct the **Birth Date**.

The Primary insured is missing part or all of their demographics

2 Winkle, Perry	
	Winkle, Perry
250	Date of Birth 5/6/1980 Age 30 Sex Male
	Address 112 Elm St Any City, AR 72703
	Home (479) 555-1234 Work (479) 555-5678 Cell (479) 555-7890
	Email pw@email.com
Schedule	Demographics 💙 Insurance 🔨 Custom 📗 Ledger 🔒 Family
Primary	
	BS AR Primary
	rry Winkle
	11/2009 to 6/11/2011 2
Policy #: 11	12233 \$30
	.0
Insurance Polic	y 🛛 🔀
Type: Primary	Health Insurance
Company: BCBS A	R
	x 2181
	lock, AR 72203 978-1111
Insured Information	n (as it appears on policy)
Relation to insured:	Self 🔹 🖌 🔎
Name: (FML) Per	rry Middle Winkle 3
Address: 112 Elm	n St
City: Any Cit	y State: AR Zip: 72703
Birth Date: 5/6/198	80 • Phone: (479)555-1234
Employer:	Male ○ Female Emale

Verify insured info

1. Find the claim getting rejected in the On Hold section of Claims Manager and Double Click inside the grid to open **Patient account**. Click the **Insurance tab**.

2. Click View next to the insurance company getting the error

3. Check each field in the Insured Information section and verify that it matches information exactly as it appears on insurance card, including the Patients relation to insured.

Return to Claims Manager and Rebuild claim to apply changes.

Primary Insurance Company Missing Data

Edit Insurance	Company							
Company Name	BCBS AR				Electronic Submission Info			
Address	PO Box 218;	L			Payer Qu	ualifier	Mutua	lly Defined - ZZ 🔹 👻
					Payer ID		00181	
City	Little Rock				Clearingh	nouse Name	GEDI	
State	AR	Zip	72203	_	Clearingh	nouse ID	43142	0764
Phone	(501)378-11	11 ext			Type (If	Primary)	Blue C	ross/Blue Shield - BL 🛛 👻
Fax	(501)555-44	44			Type (If	Secondary)	Supple	mental Policy - SP 🛛 👻
Type (CMS 1500)	Group Healt	h Plan		-	Receiver	Qualifier	Mutua	lly Defined - ZZ 🔹 👻
Group Provider (Legacy)					Receiver ID 431420764000000			
Fee Schedule (Leo	gacy)							
Fee Schedule	Default			•				
		Active 🔽	Shov	V Legacy IC)s 📃 🕴	Default Electron	icj 🔽	
Provider Setup	_				4	Complete	a all ra	avirad fields
	×				<u> </u>	Complete	e all re	quired fields
Name		Pay To NPI		Pay To Le	gacy ID	Rendering NP	I	Rendering Legacy ID
Alan Anderso	on	1234567890				5554443332		
Randall Oate	es	1234567890				1122334455		
							6	OK Cancel

Check Insurance Company setup

- 1. Find the claim getting rejected in On Hold section of Claims Manager and find the Payer name-Primary column or Secondary column, depending on filing status
- 2. Go to **Tools -> Insurance Company**.
- 3. Find the Insurance Company/Payer within the list and Click the **Edit** Icon.

- Add missing info. 4.
- 5. Click OK

Return to Claims Manager and Rebuild claim to apply changes.

Secondary I	nsurance	Company Miss	ing Data	a			
Edit Insurance	Company						
Company Name	BCBS AR			Electronic Submission Info			
Address	PO Box 2181			Payer Qu	alifier	Mutua	lly Defined - ZZ 🔹 👻
			Payer ID		00181		
City	Little Rock			Clearingh	ouse Name	GEDI	
State	AR	Zip 72203-		Clearingh	ouse ID	43142	0764
Phone	(501)378-11	111 ext		Type (If F	Primary)	Blue C	ross/Blue Shield - BL 🛛 👻
Fax	(501)555-44	144		Type (If S	Secondary)	Supple	emental Policy - SP 🛛 👻
Type (CMS 1500)	Group Healt	h Plan	+	Receiver	Receiver Qualifier Mutually Defined - ZZ		
Group Provider (L	.egacy)			Receiver ID 431420764000000			0764000000
Fee Schedule (Le	gacy)						
Fee Schedule	Default		÷				
		Active 🗹 Show	v Legacy ID)s 🔳 D	efault Electron	icj 🔽	
Provider Setup				- 3	Comple	te all	required fields
	•			•	Compie		
Name	*	Pay To NPI	Pay To Le	gacy ID	Rendering NP	Ί	Rendering Legacy ID
Alan Anders	on	1234567890			5554443332		
> Randall Oate	es	1234567890			1122334455		
						_	
						4	OK Cancel

Check Insurance Company setup

Find the claim getting rejected in On Hold section of Claims Manager and find the Payer 1. name-Primary column or Secondary column, depending on filing status Go to Tools -> Insurance Company.

- 2. Find Insurance Company in Insurance Company Manager and Click the Edit Icon.
- Add missing info. 3.

4. Click OK

Return to Claims Manager and Rebuild claim to apply changes.

The line items are missing part or all of their detail-CPT/HCPCS Code

👤 Winkle, Perry									
w	inkle, Perry				Ac	count 91	\$ Balances		
	inde, reny					Chart pw123456	Family \$0.00		
Dal	e of Birth 2/1/5050	Age	Sex Male		Status Single		Personal \$925.	00	
Add	dress 112 Elm St Any Ci	ty, AR 72703					Total \$925	: 00	
Ho	me (479) 555-1234 🛛 ₩	ork (479) 555-5678	Cell (479) 555-78	90			Total \$920	,	
Em	ail pw@email.com						🗖 Self Pay 🛛 🤇	Co-Pay \$30.00	
Schedule Demo	Charge Details	ר							
	Service From	Service To F	Provider	Code	De	escription	Units	Charge	
Claims	6/29/2010 -	6/29/2010 -	Randall Oates	▼ 99211	4 o	FFICE/OUTPATIENT VI	ISIT + 1.0	\$120.00	
Post Date A Proces			Add Code	Modifiers		Add Code	Omit from Clain	n	
× 6/11/2010 6/11/2 × 6/11/2010 6/14/2		cription	Had Code		Description	Had Code	Charge Notes		
× 6/11/2010 6/11/2		rodynia	A T		Description		Charge Notes		
× 6/24/2010									
× 6/29/2010									
× 6/29/2010 7/20/2	010							_	
× 7/2/2010 7/2/20]			
	Amounts Details						Misc Deta	ils	
Claim Details						Totals	Select Fac	ility 👻	
Details for Claim 3	Z∩ Date ▲ Nan	ne/Description			Amount	Charges			
						\$120		-	
Post Date 6/29/20						Pay/Adjust		ncy	
Process Date						· · ·	Family I		
Routing P					\$0.	.00 Balance \$120		tal	
S Charges]	
Date Provider	Insurance Detail	s						×	
6/29/2010 Randall Oates	1					6 (Save	Cancel	
3 🦯						(cancor	

Edit Charge Details

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click inside the Grid to open Patient Account.

- 2. From the Claims tab, click the claim getting the error to open it in **Claim Details.**
- 3. Double Click on the line item to open the **Charge Details**.
- 4. Add appropriate Codes in the **Code** field. Repeat for each line item in Claim Details section.
- 5. Click Save.

The line items are missing part or all of their detail-Units

👤 Winkle, Perry									
Wi	nkle, Perry					Account 91	\$ E	Balances	
	Cha						Chart pw123456 Family \$0.00		
Dat	e of Birth 2/1/5050	Age	Sex Male		Status Single		Person	nal \$925.0	0
Add	ress 112 Elm St Any C	iity, AR 72703					Tot	al \$925.	00
Hon	ne (479) 555-1234 🛛 🛛	Vork (479) 555-5678	Cell (479) 555-789	90				аг рэсэ.	.00
Ema	il pw@email.com						🗖 Self	Pay C	o-Pay \$30.00
iiiii Schedule 📃 🔔 Demog	Charge Details	5							
	Service From	Service To P	rovider	Code		Description	(Units	Charge
Claims	6/29/2010	• 6/29/2010 • F	Randall Oates	÷ 99211		OFFICE/OUTPATIENT	VISIT	1.0	\$120.00
Post Date 🔺 Proces:			Add Code	Modifiers		Add Code	4	from Claim	
× 6/11/2010 6/11/20 × 6/11/2010 6/14/20	10		Mud Code	-	Description	Mdd Code	Charge		
× 6/11/2010 6/14/20 × 6/11/2010 6/11/20		scription urodypia	A T	Code 🔺	Description		Charge	Notes	
× 6/24/2010		3/00//110							
× 6/29/2010									
× 6/29/2010 7/20/20	10								
× 7/2/2010 7/2/201	o [
	Amounts Details	;						Misc Detail	s
S Claim Details	Payments/Adjust	ments				Totals		acility	
Details for Claim 3	Date 🔺 Na	me/Description			Amou			ielect Facil PSDT	ity 🝷
						\$1	20.00		
Post Date 6/29/201	0					Pay/Adjust		Emerger	
Process Date							30.00	Family P	
Routing P						\$0.00 dt1		upplement	al
S Charges						\$1	20.00		
Date Provider	Insurance Detai	ils							×
6/29/2010 Randall Oates						6			Course 1
3 4							Save		Cancel

Edit Charge Details

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click inside the Grid to open Patient Account.

- 2. From the Claims tab, click the claim getting the error to open it in **Claim Details**.
- 3. Double Click on the line item to open the Charge Details.
- 4. Add appropriate number in the **Units** field. Repeat for each line item in Claim Details section.
- 5. Click Save.

The Provider is missing part or all of their information

Providers	×
	General Misc Codes Signature 2
Providers 🛆	Name
Alan Anderson	Title First M Last Suffix
Buddy R. Bunch	Randall Oates
Randall Oates	
	Clinic Family Clinic
	Street 4220 Crossover Rd.
	City State Zip Code
	Fayetteville AR 72703-
	Contact Information
	Phone # (479) 555-5555
	Fax # (479) 555-4444
	Email
	Physician Numbers
	DEA # 11223344 State ID C1111
	NPI# 1122334455 UPIN# R1234
	V Is Supervisor
	3 Update

Verify Rendering Provider information in Provider Manager

1. Find the claim getting rejected in the **On Hold** section of Claims Manager and Check for Provider name in the **Provider column**.

- 2. Go to **Tools** -> **Provider Manager** and verify correct info is entered in all fields.
- 3. Add missing data and Click Update.

If there is not a Provider shown in the Provider Column, see next step

The Provider is missing part or all of their information-No Provider selected

🙎 Winkle, Perry										
	Wink	le, Perry					Accoun	it 91	\$ Balances	
2.5	VVINK	le, Perry					Char	Chart pw123456 Family \$0.00		
250	Date of	Birth 2/1/5050	Age	Sex Male		Status Single			Personal \$925.0	0
	Address	s 112 Elm St Any Ci	ity, AR 72703						Total \$925	00
	Home (479) 555-1234 🛛 ₩	ork (479) 555-5678	Cell (479) 555-789	0				10tal \$925	.00
	Email p	w@email.com							🗖 Self Pay 🛛 🔿	o-Pay \$30.00
		Charge Details								
	Demograpi	Service From	Service To	Provider 3	Code		Descript	ion	Units	Charge
Claims		6/29/2010 -	· 6/29/2010 -	Randall Oates	- 99211		• OFFICE	OUTPATIENT VIS	5IT 1.0	\$120.00
	Processed	Diagnosis Codes		Add Code	Modifiers			Add Code	🗖 Omit from Claim	
	/11/2010 /14/2010	-	cription	Hdd Code		Description			Charge Notes	
· · ·	/11/2010	× 786.52 Pleu		* *		Description			Charge Notes	
× 6/24/2010										
× 6/29/2010										
	/20/2010									-
× 7/2/2010 7,	/2/2010	L. Datala							Line Date:	
		Amounts Details Payments/Adjusti						Totals	Misc Detai Facility	IS
💲 Claim Details			ne/Description			Amo	unt	Charges	Select Faci	lity 👻
Details for Clair	m 370		noyboochpoon			11110		\$120.0	DO EPSDT	
Post Date 6/2	29/2010							Pay/Adjust		
Process Date	-							\$0.0	00 Emerger	
Routing P	-2-							Balance	Supplement	
S Charges							\$0.00	\$120.0		
Date Provider	r 🔰	Insurance Detail	s							×
6/29/2010								4 🕞		
									Save	Cancel

- 1. Double Click on the line of the claim getting the error to open the Charge Details.
- 2. From the **Claim Details**, double click on the claim getting the error to open the **Charge Details**.
- 3. Use the drop down list to add the Rendering Provider in the **Provider** field.
- 4. Repeat for each line item on the claim.

The Referring provider is missing part or all of the information

	Edit Contact Information
	Title First Name Middle Last Name Suffix
	Sam Iam
	Address Notes
	123 Main St
Contact Manager	
	City St Zip Code
na column header here to gro	
	Office Phone Home Phone Cell Phone
Name Specialty	(479) 555-5555 () - () - 5
8	Fax Pager
Kimbell, Richard Gastroenter	(475) 555 4444 ()
Iam, Sam 3 Adolescent 1	Linai
Johnson, Joe Adolescent I	
Joe, Jessie	Website
Jackson, Jack Abdominal R	
Jameson, Ja General Prac	Provider Information
	NPI UPIN Specialty
	Adolescent Med 💌
	Insurance Information
	Company
	> Blue Shield IN
	Indiana Medicaid Operations
	Aetna
	BCBS AR
	Medicare
	OK Cancel

Verify Referring Physician info is entered correctly in Contacts

1. Find the claim getting rejected in the On Hold section of Claims Manager and Double Click inside the grid to open **Patient account**. Click the **Demographics tab**.

- 2. Check the name of the Referring Provider.
- 3. Go to **Tools** -> **Contacts** and Click to highlight/select Referring Provider from the list.
- 4. Click the Edit icon to Edit Contact Information.
- 5. Verify Provider information is included in each required field. Name and NPI numbers are required

Return to Claims Manager and Rebuild claim to apply changes.

The Provider is missing all or part of the signature

Providers	×
I	General Misc Codes Signature
Providers 🛆 🔺	+ • 100%
Buddy R. Bunch	
Randall Oates 2	
	Keight: 70 Width: 200
	Clear Select Image 4
	5 Update

Verify Rendering Provider Signature is loaded

1. Find the claim getting rejected in the On Hold section of Claims Manager and check the Physician

column to find the name of the Rendering Physician.

- 2. Go to **Tools -> Provider Manager** and select that physician from the list of Providers.
- 3. Click on the **Signature tab** and make sure signature is selected. (See Provider Manager setup in Billing Maintenance)
- 4. Click Update.

Return to Claims Manager and Rebuild claim to apply changes.

The Facility is missing part or all of its address information

🙎 Winkle, Perry										
	Wink	Vinkle, Perry Account 91						\$ Balances		
2.21		ie, i eii,		Chart pw123456			Family \$0.00			
25 B	Date of	Birth 2/1/5050	Age	Sex Male		Status Single			Personal \$925.	00
	Address	s 112 Elm St Any C	lity, AR 72703]
	Home (479) 555-1234 🛛 🛛	York (479) 555-5678	Cell (479) 555-78	90				Total \$925	5.00
	Email p	w@email.com							🗖 Self Pay 🕠	Co-Pay \$30.00
📖 Schedule 🛛 🔔 D	Demograph	Charge Detail	s							
	semegrapi	Service From	Service To	Provider	Code		Descrip	tion	Units	Charge
🗐 Claims		6/29/2010	• 6/29/2010 •	Randall Oates	- 99211		·· OFFICE	E/OUTPATIENT VI	ISIT 1.0	\$120.00
Post Date 🔺 Pi	rocessed				16					
	/11/2010	Diagnosis Codes		Add Code	Modifiers			Add Code	Omit from Clair	n
	/14/2010		scription		Code 🔺	Description			Charge Notes	
	/11/2010	× 786.52 Ple	urodynia	▲ ▼						~
× 6/24/2010										
× 6/29/2010										
	/20/2010									-
× 7/2/2010 7/	/2/2010									3
		Amounts Detail:							Misc Deta	ails
S Claim Details		Payments/Adjus	tments					Totals	Facility Select Fac	dite .
Dataila far Clair	270	Date 🔺 Na	me/Description			Amo	unt	Charges		
Details for Clair	m 370							\$120	0.00 EPSD1	
Post Date 6/2	29/2010							Pay/Adjust		
Process Date								\$0	0.00 Emerge	· ·
Routing P								Balance	Supplemen	
S Charges							\$0.00	\$120		
Date Provider										
5/29/2010 Randall C	_	Insurance Deta	ils							*
A CONCOLOR INCOLOR	2							4	Save	Cancel
	9							-		

Verify POS/Place of service

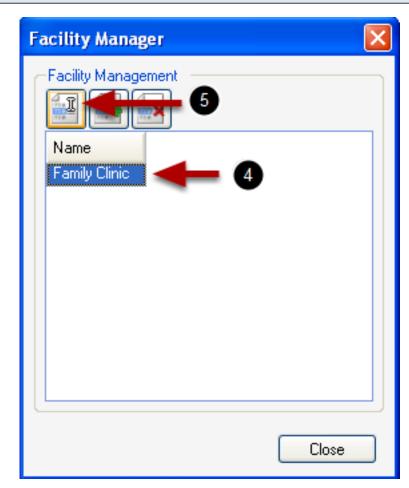
1. Find the claim getting rejected in **On Hold** section of Claims Manager and Double Click inside the Grid to open **Patient Account**.

2. From the Claims tab, make sure the rejected claim is displayed in **Claim Details** and Double Click to open the **Charge Details**.

3. Add the correct Facility in the Misc. Details section of Charge Details dialog.

- 4. Click Save.
- 5. Repeat for each line item on the claim.

Return to Claims Manager and Rebuild claim to apply changes.



The Facility is missing part or all of its information

Check Facility Setup

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click inside the Grid to open Patient Account.

2. From the Claims tab, make sure the rejected claim is displayed in Claim Details and Double Click to open the Charge Details.

3. Check the Facility in the Misc. Details section of Charge Details dialog as shown in the previous step.

4. Go to Tools -> Manage Facilities and select the Facility from the list.

5. Click the Edit icon.

Facility	
Facility: Family Clinic	
Details Scheduler	
Full Legal Name Family Clinic Street 123 Any St	
CityStZipAny CityAr72703Phone #	6
(479) 555-3333	Update Cancel

- 6. Verify required information, including Facility NPI# is in facility Details tab.
- 7. Click **Update** to save changes.

When a diagnosis is between 800 and 999.9, Accident info is needed

S Claim Details					
Details for Claim 387				3 More Info 🔁	Claim Notes
Post Date 7/2/2010		Edit Claim Details			· · · · · · · · · · · · · · · · · · ·
Process Date 7/2/2010 Routing P	Rendering F Rendering I	Owner Randall Oates	5	Facility Family Clinic	1
S Charges	Rondoning	Туре		Dates	
Date Provider 7/2/2010 Randall Oates	Proced. 99213	 Employment Auto Accident Other None Illness, Injury or Pre Date Date Similar Illness Date Last Seen Date V Accept Assignme 	 ✓ July ✓ M T W 27 28 29 30 4 5 6 7 11 12 13 14 18 19 20 21 25 26 27 28 	Not Work From To	

Add accident information to More Info dialog

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click to open Patient Account.

- 2. Verify the rejected claim is displayed in Claim Details (bottom section) of the Claims tab.
- 3. Click the More Info button.
- 4. Add the Type of Accident in Edit Claim Details dialog
- 5. Add the Date of Illness, Injury or Pregnancy.
- 6. Click Save.

When auto accident is sel	ected a state	must be se	lected	
	dall Oates BCBS AF	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · ·	00 Primary Submitte
S Claim Details Details for Claim 284 Post Date 6/11/2010 Member			3 More Info	
	g Provide Owner Randa		Facility Family Clinic	×
Charges Date Provider Proced 6/11/2010 99212	Des Offic Offic None		Dates Not Work From To Hospital From To Outside Lab	
			Original Reference Prior Authorization	
	Ccept Ass	ignment	Medicaid Resub Num 5 Save	Cancel \$120.00

Add accident State and/or Date of Current to More Info dialog

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click inside the Grid to open Patient Account.

2. Verify the rejected claim is displayed in **Claim Details** (bottom section) of the Claims tab.

- 3. Click the More Info button.
- 4. Click on the drop down list and select **State** in which the accident occurred.
- 5. Click Save.

At least one diagnosis must be entered for the charges.

👤 Winkle, Perry									
Win	Winkle, Perry Account 91						\$ Balances		
							Family \$0.00		
Date o	of Birth 2/1/5050 Age Sex Male Status Single						Personal \$925.00		
Addre	Address 112 Elm St Any City, AR 72703								
Home	e (479) 555-1234 Work (479) 555-5678 Cell (479) 555-7890				10tal \$523.00				
Email	pw@email.com							🗖 Self Pay 🛛 🤇	Io-Pay \$30.00
📖 Schedule 🛛 🔔 Demograf	Charge Details								
	Service From	Service To P	rovider	Code		Description		Units	Charge
Claims	6/29/2010 -	6/29/2010 - F	Randall Oates	÷ 99211		OFFICE/OL	JTPATIENT VIS	5IT + 1.0	\$120.00
Post Date ▲ Processed × 6/11/2010 6/11/2010		8	Add Code	Modifiers		A	dd Code	Omit from Clain	n
× 6/11/2010 6/14/2010	-				Description			Charge Notes	
× 6/11/2010 6/11/2010		DX Description Code Description Charge Notes							
× 6/24/2010									
× 6/29/2010									
× 6/29/2010 7/20/2010									-
× 7/2/2010 7/2/2010][
	Amounts Details							Misc Deta Facility	ils
🖻 Claim Details	Payments/Adjustr					-	lotals	Select Fac	ility 🚽
Details for Claim 370	Date 🔺 Nan	ne/Description			Amou		harges \$120.0	EPSDT	
Post Date 6/29/2010	4						ay/Adjust		.
Drasas Data							\$0.1	00 Emerge	
	=					Ba	alance .		
						\$0.00	\$120.0	Supplemen	
S Charges	-								
Date Provid 6/29/2010 Randall Oates	Insurance Detail	s							×
							4	Save	Cancel

Add diagnosis code(s) to claim

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click inside the Grid to open Patient Account.

2. From the Claims tab, verify the rejected claim is displayed in Claim Details (bottom section) and Double Click the claim to open Charge Details dialog.

3. Click Add Code in the Diagnosis Codes section.

- 4. Click Save.
- 5. Repeat for each line item on the claim.

A Charge information is missing or incorrect

👤 Winkle, Perry									
Winkl	Winkle, Perry Account 91					\$ Balances			
2 2	- Chart pw125450						Family \$0.00		
Date of I	f Birth 2/1/5050 Age Sex Male Status Single					Personal \$925.	Personal \$925.00		
Address	Address 112 Elm St Any City, AR 72703 Total \$925.00						:00		
Home (4	(479) 555-1234 Work (479) 555-5678 Cell (479) 555-7890								
Email pw	nail pw@email.com						Co-Pay \$30.00		
📰 Schedule 🔔 Demograpi	Charge Details	3							
	Service From	Service To	Provider	Code		Descript	ion	Units	Charge
Claims	6/29/2010 🔹	6/29/2010 -	Randall Oates	▼ 99211		·· OFFICE	OUTPATIENT V	ISIT 1.0	\$120.00
Post Date ▲ Processed × 6/11/2010 6/11/2010	Diagnosis Codes		Add Code	Modifiers			Add Code	🔲 Omit from Clain	n
× 6/11/2010 6/14/2010	DX Des	cription	1	Code 🔺	Description			Charge Notes	
× 6/11/2010 6/11/2010	× 786.52 Pleu	•	× •						
× 6/24/2010									
× 6/29/2010									
× 6/29/2010 7/20/2010									-
× 7/2/2010 7/2/2010	-		'						
	Amounes Decails mise Decails Example 2							lls	
🕏 Claim Details	Totals					ility 🔹			
Details for Claim 370		leybeschpdon			And	June	Charges \$120	.00 EPSDT	
Post Date 6/29/2010							Pay/Adjust		
Process Date								.00 Emerge	· ·
Routing 2 P							Balance	Supplemen	
S Charges						\$0.00	\$120		
Date Provider	Insurance Details	5							*
6/29/2010 Randall Oates	a the arrest process						4		
								Save	Cancel

Verify correct date of service is associated with charges

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click inside the Grid to open Patient Account.

2. From the Claims tab, verify the rejected claim is displayed in Claim Details (bottom section) and Double Click the claim to open Charge Details dialog.

- 3. Edit/Add the correct date of service in the **Service From** and **Service To** fields.
- 4. Click Save.
- 5. Repeat for each line item on the claim.

The line item is missing all or part of their information

Providers	×
3	General Misc Codes Signature
2 Providers 🛆 Alan Anderson Buddy R. Bunch Randall Oates	Name Title First M Last Suffix Alan Anderson
	Springdale AR 72762-
	Contact Information Phone # (479) 236-0441
	Fax # (866) 237-9073 Email
	Physician Numbers
	DEA # State ID
	NPI# 1234567890 UPIN# E1234
	✓ Is Supervisor
	Update

Verify Rendering Provider setup includes NPI information

- 1. Find the claim getting rejected in the On Hold section of Claims Manager and check the **Physician** column to find the name of the **Rendering Physician**.
- 2. Go to **Tools -> Provider Manager** and select the physician from the list of **Providers**.
- 3. Click the General tab and verify correct **NPI** is entered in the **Physician numbers** section.

Return to Claims Manager and Rebuild claim to apply changes.

Zip	CT			1	
	ST	City	11001000	▲ Edit Company - Ctrl + Alt + E	Name
0374	GA	Atlanta		Edit Company - Ctr + Ait + E Edit the information for the curr company	3
2764	AR	Some City	e information	Press F1 key to get more	Aetna
2203	AR	Little Rock			Arkansasl
2203	AR	Little Rock	PO Box 2181	2	BCBS AR
0233	KY	Louisville	PO Box 37010	d IN	Blue Shield
2771	AR	Some City	PO Box 1111		Cigna
6204	IN	Indianapolis	PO Box 7269	ledicaid Operations	Indiana M
					Medicare
				•	Indiana Me

Verify Taxonomy Code in setup

In the **On Hold** section of the Claims Manager, find the claim with the error and check the **Physician** column to find the name of the **Rendering Physician**

- 1. Go to **Tools -> Insurance Companies**.
- 2. Highlight the Insurance company rejecting the claim.
- 3. Click the Edit Insurance Company icon

Edit Insurance	Company									
Company Name	BCBS AR				Electron	ic Submission Ir	nfo			
Address	PO Box 2181	l			Payer Qua	alifier	Mutual	lly Defined - ZZ 🔹		
					Payer ID		00181			
City	Little Rock				Clearingh	ouse Name	GEDI			
State	AR	Zip	72203		Clearingh	ouse ID	43142	0764		
Phone	(501)378-11	11 ext			Type (If P	ross/Blue Shield - BL 🛛 👻				
Fax	(_			Type (If Secondary) Supplemental			mental Policy - SP 🔹		
Type (CMS 1500)	Group Health	n Plan		*	Receiver	Qualifier	Mutually Defined - ZZ			
Group Provider (L	egacy)				Receiver I	ID	431420764000000			
Fee Schedule (Leo	gacy)									
Fee Schedule	BCBS AR			+						
		Active 🔽	Shov	v Legacy ID)s 📃 🛛 D	efault Electron	ic 📃			
Provider Setup										
Name		Pay To NPI		Pay To Le	gacy ID	Rendering NP	I	Rendering Legacy ID		
Alan Anderso	n	123456789	D			1234567890				
> Randall Oate	s (3)	123456789	D			1122334455				
								OK Cancel		

- 3. Click the Rendering/Performing **Provider** from the list in the **Provider Setup** section.
- 4. Click the Edit icon to open the Edit Billing Information dialog.

Edit Billing	Information	×
Insurance P	ayment To	
🔽 Override (Group Values	
Name	Professional Group, Inc.	
Address	123 Any St	
City	Any City Sta	ate 🗚 🔽
Zip	72703	
Phone	(479)555-5555	
Tax ID	EIN OSSN 71	-1111111
NPI	1234567890	
Legacy ID	Provider Taxonomy - ZZ 5	- 207Q00000X
Submitter ID	Mutually Defined - ZZ	• ID V000
Clinic CLIA N	lumber	
CLIA ID	05D1234444	
Rendering Ir	nformation	
NPI	1122334455	
Legacy ID	Provider Taxonomy - ZZ 6	▼ 207Q00000X
		Save Cancel

5. If the Group Taxonomy is missing, make sure the **Legacy ID** in the **insurance Payment To** section has **Provider Taxonomy-ZZ** and that the correct Taxonomy Code is entered.

6. For the **Rendering Provider** rejection, verify that the **Legacy ID** is **Provider Taxonomy-ZZ** and that the correct Taxonomy Code is entered in the **Rendering Information** section. For a list of Taxonomy Codes Click on the link below.

http://www.wpc-edi.com/content/view/793/1

Return to Claims Manager and Rebuild claim to apply changes.

On Hold

	Posted	🛦	Physician	Patient	Primary	PRT	Se	SRT	Amount	File With	Submission	Status	Hold Notes
	5/20/2010	238	Randall	Mark Clark	Arkansas M	E			\$270.00	Primary	Original	On	At least 1 diagnosis mus
	5(1)	257	Randall	Jack Clark	Arkansas M	E			\$175.00	Primary	Original	0 +	At least 1 diagnosis mus
2	5/27/2010	260	Randall	Ron Denver	Medicare	Ρ			\$175.00	Primary	Original	On	
4	6/1/2010	262	Randall	Bob Denver	BCBS AR	Ρ	Ae		\$235.00	Primary	Original	On	
1	6/1/2010	267	Randall	Bob Denver	BCBS AR	Ρ	Ae		\$135.00	Primary	Original	On	
	6/2/2010	268	Randall	Bob Denver	BCBS AR	Р	Ae		\$235.00	Primary	Original	On	

After the Scrubbing Process, Claims that have error(s) will be placed in the On Hold section of the Claims Manager where they can be edited and then Scrubbed again for any further errors prior to Submitting to the Payer. This example lists three claims that are missing diagnosis codes.

1. Double click on the first claim to open the Claim Details in Patient Account.

Edit Claim

		JACK .						Account 6		🔰 💲 Balai	nces
	,	Jack						Chart J	C123456	Family \$	\$0.00
	Date of B	irth 9/18/196	50 Age 49	Sex Male			Status Unkr	IOWN		Personal \$	\$2,520.00
	Address	456 Elm Sprni	gdale, AR 72765-045	6						Total	\$2,520.00
	Home (4)	79) 555-1234	Work (479) 555-3	214 Cell (479) 555-78	390					Total	ρ2,020.00
	Email									🔳 Self Pay	/ Co-Pay \$0,
						🔿 et i					
	Demographic	s 🛛 🔂 Insur	ance 🛛 🔨 Custom	📔 Ledger 🛛 🤱 Fa	mily	🛐 Claims	📄 Staten	nents 🛛 🚺 Ne	w Charges		
Claims											
Post Date 🛦	Processed	Claim ID	Provider	Primary	PRT	Seconda	y SRT	Amount	Balance	File With	Status
4/14/2010	4/14/2010	143	Randall Oates	Arkansas Medicaid	Р			\$255.00	\$135.00		Submitted
4/27/2010 (6/3/2010	169 8	Randall Oates	Arkansas Medicaid	Р			\$270.00	\$270.00		Submitted
4/28/2010 (4/28/2010	173	Randall Oates	Arkansas Medicaid	Р			\$600.00	\$600.00		Submitted
5/5/2010 \$	5/26/2010	194	Randall Oates	Arkansas Medicaid	Р			\$175.00	\$175.00		Submitted
5/19/2010		257	Randall Oates	Arkansas Medicaid	E			\$175.00	\$175.00	Primary	On Hold
5/24/2010		256	Randall Oates	Arkansas Medicaid	Е			\$160.00	\$160.00	Primary	Pending Scrub
5/27/2010		258	Randall Oates	Arkansas Medicaid	Е			\$840.00	\$840.00	Primary	Pending Scrub
ails for Cla Date 5/ ess Date E	19/2010	Rend	ering Provider Rand	465465 Patient (all Oates 334455	āroup N	umber 🗌	More Info	Claim Notes	Notes A	t least 1 dia <u>c</u>	inosis must be
Charges											
e Provide			ced Description						Charges	Amount	
9/2010 Randall	Oates	992	15 OFFICE/OUT	PATIENT VISIT, EST		2			\$175	5.00 \$1	75.00 \$175

The Claim Details section allows access to all details of the claim in error to correct and Rebuild the claim before repeat the Scrubbing process. Note the Claim number in the screenshot is **86**. A number is assigned to each claim as the claim is created for identification. That number can be found in the Claim ID column in the Claims Manager. Editing can be done by Clicking on the More Info button or by Double Clicking on the line of the Charge.

2. Double Click on the charge to access Charge Details

Charge Details				×
Service From Service To 3/19/2010 - 5/19/2010	Provider Randall Oates	Code • 99215 ····	Description	Units Charge /ISIT 1.0 \$175.00
Diagnosis Codes	3 Add Code	Modifiers	Add Code	Omit from Claim
DX Description	Select Diagnosis	Code 🔺 Description		Charge Notes
Amounts Details		cription est pain, unspecified	 Clear Filters 	Misc Details
Payments/Adjustments Date Name/Description	Advanced Search	4 Select	Cancel	Facility Family Clinic Family Clinic Famil
			Balance	0.00 Emergency Family Plan Supplemental
Insurance Details			\$17	\$.00
			5	Save Cancel

The Charge Details dialog allows for editing most charge related errors. Fields can be edited by clicking on the drop down arrows or Clicking the buttons.

3.To add a Diagnosis code, Click the Add Code button.

4. Select diagnosis code from Select Diagnosis dialog that opens

5. Click Save

💲 Claim De	tails		
Details for	Claim 257		More Info V On Hold Notes
Post Date	5/19/2010	Edit Claim Details	
Process Date Routing	E	Owner Randall Oates	Facility Family Clinic
💲 Charges		Туре 5	Dates 6
	Provider Randall Oates	 Employment State Auto Accident Other None Illness, Injury or Pregnancy Date Similar Illness Date Last Seen Date Accept Assignment 	Not Work From To Hospital From To Outside Lab Outside Lab Codes 8 Original Reference Prior Authorization Medicaid Resub Num
			Save Cancel

To add or edit additional information needed to correct a claim Click the More Info button.

- 5. Add accident type
- 6. Edit Workers Compensation dates, Hospitalization dates
- 7. Date of Illness, Injury or Pregnancy
- 8. Original Reference/Prior Authorization/Medicaid Resubmission numbers

Click the **Save** button to save changes. After completing the corrections/editing, Close out of the Patient Account Claims Tab

'orki	ng Submil	ted	All										
0	On Hold												
	Posted	🛦	Physician	Patient	Primary	PRT	Se	SRT	Amount	File With	Submission	Status	Hold Notes
	5/20/2010	238	Randall	Mark Clark	Arkansas M	E			\$270.00	Primary	Original	On	At least 1 diagnosis mus
	5/19/2010	257	tandall	Jack Clark	Arkansas M	E	(9		\$175.00	Primary	Original	0 +	At least 1 diagnosis mus
	5/27/2010	260	Randall	Ron Denver	Medicare	Р			\$175.00	Primary	Original	On	
	6/1/2010	262	Randall	Bob Denver	BCBS AR	Р	Ae		\$235.00	Primary	Original	On	
	6/1/2010	267	Randall	Bob Denver	BCBS AR	Р	Ae		\$135.00	Primary	Original	On	
	6/2/2010	268	Randall	Bob Denver	BCBS AR	Р	Ae		\$235.00	Primary	Original	On	

After closing out of the Claims Tab, the Claims Manager will open. Repeat steps 5-8, or those steps applicable to the errors, until all claims you wish to correct/edit are completed.

9. Click to Select one or more corrected claim(s)

10. Click the **Rebuild** button. The claim(s) are moved to the Pending Scrub section to Scrub after corrections.

Claims in the Claim Manager that have been scrubbed and are ready to submit to the Payer will be moved to the Ready to Process section

	Posted	▼	Physician	Patient	Primary	PRT	Secon	SRT	Amount	File With	Submission	Status	Claim Notes
	5/18/2010	264	Alan An	Marlin M	BCBS AR	E	Aetna		\$235.00	Primary	Original	Ready	
	5/19/2010	257	Randall	Jack Clark	Arkansa	E	1		\$175.00	Primary	Original	Ready 🛛 👻	
	5/27/2010	255	James R	Mark Clark	Arkansa	E	-•		\$120.00	Primary	Original	Ready	
1	5/27/2010	253	James R	Steve S	Aetna	Р			\$265.00	Primary	Corrected	Ready	
	5/27/2010	252	Randall	Darrell F	Arkansa	E			\$175.00	Primary	Original	Ready	
	5/27/2010	251	Randall	Fred Fe	Medicare	E	Aetna		\$135.00	Primary	Original	Ready	
	5/19/2010	250	Randall	Larry Ba	BCBS AR	E	AARP		\$265.00	Primary	Original	Ready	Rebuilt on 5/27/20
Ì,	5/26/2010	249	Randall	Curley	Aetna	Р			\$120.00	Primary	Original	Ready	
	5/24/2010	242	Randall	Jenny Doe	BCBS AR	Е			\$120.00	Primary	Original	Ready	Rebuilt on 5/24/20

When a claim has passed the Scrubbing Process, has no errors and is moved to the Ready to Process section, it is ready to submit to the Payer.

New in SOAPware 2010.3: Clicking the Generate Electronic or Submit Selected buttons will automatically upload electronic claims to the specified clearinghous/receiver.

1. Select one or more claims to submit to Payer.

2. To submit only the Electronic claims in the Ready to Process section, Click the Generate Electronic button

3. To Print only the Paper Claims in the Ready to Process section, Click the Print Claims button

4. To submit some but not all claims, click to highlight the claims and then click the Submit Selected button.

Submitted Tab

king Subr	nitted All				-	of the Col								
Posted Dat	e 5/5/2010	▼ to	6/4/2010	-	6			X .						
Posted	Submitted	Claim 🛦	Physi	Primary	PRT	Sec	SRT	Patient	Amount	File With	Submission	Status		
5/6/2010	5/13/2010	216	Rand	Aetna	Р			Jimmy Ja	\$120.00	Primary	Original	Submitted		
5/12/2010	5/12/2010	217	Rand	Medic	Р	AARP		Will Bill	\$0.00	Primary	Original	Submitted		
5/12/2010	5/13/2010	218	Rand	Medic	Ρ	AARP		Elizabeth	\$120.00	Primary		Submitted		
5/13/2010	6/4/2010	220	Rand	BCBS AR	E	AARP		Larry Barry	\$145.00	Primary		Submitted		
5/13/2010	5/26/2010	221	Rand	Medic	Р	AARP	Е	Elizabeth	\$145.00	Secondary		Submitted		
5/13/2010	5/26/2010	222	Rand	BCBS AR	Р			Larry Barry	\$600.00	Secondary		Submitted		
5/13/2010	5/13/2010	223	Rand	BCBS AR	Р			Jenny Doe	\$120.00	Secondary	Corrected	Submitted		
5/13/2010	5/13/2010	225	Rand	Aetna	Р			Justin Doe	\$175.00	Secondary		Submitted		
5/13/2010	5/26/2010	226	Rand	BCBS AR	Р	Aetna	Р	Bob Denver	\$120.00	Secondary		Submitted		
5/14/2010	5/19/2010	227	Rand	Medic	Р	Aetna		Fred Fer	\$120.00	Primary		Submitted		
5/14/2010	5/20/2010	230	Rand	Medic	Р	AARP		Joe Blow	\$120.00	Primary		Submitted		
5/14/2010	5/20/2010	231	Rand	BCBS AR	Р			Ronnie R	\$325.00	Primary		Submitted		
5/13/2010	5/20/2010	232	Rand	Aetna	Р	всв		Mark Clark	\$435.00	Secondary		Submitted		
5/13/2010	5/20/2010	233	Rand	Aetna	Р			Mark Clark	\$145.00	Primary	Original	Submitted		
5/20/2010	5/20/2010	237	Rand	Arkan	E			Darrell F	\$135.00	Primary		Submitted		
5/24/2010	6/4/2010	239	Rand	Arkan	E			Mark Clark	\$120.00	Primary	Original	Submitted		
5/18/2010	5/26/2010	240	Rand	Medic	Р	AARP		Oscar Bu	\$240.00	Primary		Submitted		
5/24/2010	6/4/2010	241	Rand	Arkan	E			Mark Clark	\$145.00	Primary	Original	Submitted		
5/24/2010	6/4/2010	242	Rand	BCBS AR	E			Jenny Doe	\$120.00	Primary	Original	Submitted		
5/25/2010	5/25/2010	246	Rand	Aetna	Р	Medi		Tom Burn	\$275.00	Crossover		Submitted		
5/26/2010	5/26/2010	248	Rand	Arkan	Р			Larry Doe	\$120.00	Primary		Submitted		
5/19/2010	6/4/2010	250	Rand	BCBS AR	E	AARP		Larry Barry	\$265.00	Primary	Original	Submitted		
5/27/2010	6/4/2010	251	Rand	Medic	E	Aetna		Fred Fer	\$135.00	Primary	Original	Submitted		
5/27/2010	6/4/2010	252	Rand	Arkan	E			Darrell F	\$175.00	Primary	Original	Submitted		
5/27/2010	6/4/2010	255	James	Arkan	E			Mark Clark	\$120.00	Primary	Original	Submitted		
5/19/2010	6/4/2010	257	Rand	Arkan	Е			Jack Clark	\$175.00	Primary	Original	Submitted	0	i
6/1/2010	6/2/2010	261	Rand	Medic	Р	AARP		Will Bill	\$335.00	Primary		Submitted		
5/18/2010	6/4/2010	264	Alan	BCBS AR	E	Aetna		Marlin Ma	\$235.00	Primary	Original	Submitted		
6/3/2010	6/3/2010	269	Rand	Medic	P	AARP		Will Bill	\$270.00	Primary	Original	Submitted		

The Submitted Tab lists all Claims that have been Submitted to Payers. Claims can be searched by Date Range and the information listed in the columns can be sorted by clicking on the column headers.

Billing -> Claims Manager -> Submitted Tab

Edit claims that have been submitted to Clearinghouse or Receiver and rejected with errors prior to submission to Payers.

Select Claim for Correction

king Subr	nitted All													
Posted Date	e 7/3/2010	🔹 to	8/2/2010	•										
Posted 🔺	Submitted	Claim	Physician	Primary	PRT	Seco	SRT	Patient	Amount	File With	Submission	Status		
7/6/2010	7/6/2010	390	Randall	Arkans	E	Aetna		Billy Kidd	\$265.00	Primary	Original	Submitted		
7/6/2010	7/26/2010	392	Randall	Indiana	Е			Mark Clark	\$135.00	Primary	Original	Submitted		
7/7/2010	7/20/2010	394	Randall	Cigna	Р			Emily Edm	\$120.00	Primary	Original	Submitted		
7/7/2010	7/27/2010	395	Randall	BCBS AR	Р			Perry Winkle	\$135.00	Primary	Original	Submitted		
7/7/2010	7/23/2010	396	Randall	Medicare	Р	Aetna		Fred Flintr	\$145.00	Primary	Original	Submitted		
7/7/2010	7/23/2010	397	Randall	Aetna	Р			Darrell Farrell	\$135.00	Primary	Original	Submitted		
7/8/2010	7/21/2010	398	Randall	Indiana	Р			Mark Clark	\$30.00	Primary	Original	Submitted		
7/15/2010	7/23/2010	400	Randall	Blue Sh	Р			John Jonesy	\$135.00	Primary	Original	Submitted		
7/15/2010	7/23/2010	401	Randall	BCBS AR	Р	Aetna		James Bu	\$120.00	Primary	Original	Submitted		
7/15/2010	7/23/2010	402	Randall	Medicare	Р	Arkan		Oscar Bunch	\$120.00	Primary	Original	Submitted		
7/19/2010	7/27/2010	1 403	Randall	BCBS AR	Р			Perry Winkle	\$135.00	Primary	Original	Submitted	0	i
7/19/2010	7/23/2010	404	Randall	Cigna	Р	Medic		Mollie Turner	\$120.00	Primary	Original	Submitted		
7/19/2010	7/20/2010	405	Randall	Arkans	E	Aetna		Billy Kidd	\$145.00	Primary	Original	Submitted		
7/20/2010	7/20/2010	406	Randall	Medicare	Р	India		Pansy Dan	\$135.00	Primary	Original	Submitted		
	7/20/2010			Medicare	-	Cigna		Mollie Turner	\$120.00	Duine	Original	Submitted		

1. Click the **Submitted** tab, double click a claim to open Claims tab in Patient Account..

Edit Claim

	Winkl	e, Perry								unt 91 hart pw12345(5	\$ Balances	
a a	Date of I	Birth 2/1/196	0 Age 50		Sex Male			Status			_	Family \$0.00	
-			y City, AR 727	03								ersonal \$1,125.	00
		79) 555-1234			Cell (479)	555-7900					_	Total \$1,12	5.00
	- ·	· ·	HOIK (475)	333-3070	Cell (473)	333-7090						_	
	Email pw	/@email.com										Self Pay Co)-Pay \$30.0
🔲 Schedule 📃	🕽 Demographi	cs 💽 Insu	rance 🔍 C	ustom	Ledger	🔉 Family	Claim:		itatements	S New Charg	es		
Claims										-			
_													
Post Date × 6/11/2010	Processed 6/14/2010		Provider Randall Oates	Prima BCBS		PRT	Secondary	SRT	Amount	Balance	File With	Statu Proces	5
× 6/11/2010	6/11/2010		Randall Oates	BCBS		P			\$160.00 \$120.00		Primary	Submi	
× 6/29/2010	7/27/2010		Randall Oates	BCBS		P			\$120.00			Submi	
× 6/29/2010	7/20/2010		Randall Oates	BCBS		P			\$120.00			Submi	
× 7/2/2010	7/27/2010	387	Randall Oates	Media	are	E			\$135.00			Submi	tted
× 7/7/2010	7/27/2010	395	Randall Oates	BCBS	AR	P			\$135.00	\$135.00	Primary	Submi	tted
× 7/19/2010	7/27/2010	403	Randall Oates	BCBS	AR	P			\$135.00	\$135.00	Primary	Submi	tted
V 7/22/2010	010015010	400	Dandall Oator	D/DC	AD	n				<i>*</i> ∩ ∩∩	Deiro per r	Submi	Head
💈 Claim Details													
_	-1 100								📆 🗆 On				
Petails for Cl	aim 403							re Info	Claim I				
ost Date	7/19/2010	Memi	ber ID	112233	Pa	atient Grou	ıp Number		Subm	itted on 7/27/2	2010		
rocess Date	7/27/2010	Rend	ering Provider	Randall Oat	es								
outing	Р	Rend	ering NPI	112233445	5								
Charges													
Date Prov	ider	2 Pro	ced Descr	iption						Cha	arges	Amount	Balance
7/19/2010 Rand		992			NT VISIT, ES	5T					\$135.00		\$135.0

1. If rejection is for Visit information, <u>click the More Info button</u>.

2. If rejection is connected to **Charge** details, <u>double click the line item</u> in Claim Details section of the Claims tab.

Edit Charge Details

Charge Details				
Service From Service To Provider	Code	Descript		Units Charge
7/19/2010 - 7/19/2010 - Randall Oates	→ 99213	··· OFFICE	OUTPATIENT VISIT	1.0 \$135.00
Diagnosis Codes Add Code	Modifiers		Add Code	Omit from Claim
DX Description	Code 🔺 Descripti	ion		harge Notes
305.1 4 obacco use disorder				
V65.3 DIETARY SURVEIL/COUNSEL				
× V65.41 EXERCISE COUNSELING 3				
V65.9 REASON FOR CONSULT NOS				_
Click to remove this Diagnosis Code][_	
Amounts Details				Misc Details
Payments/Adjustments			Totals	Facility
Date 🔺 Name/Description		Amount	Charges	Family Clinic -
			\$135.00	EPSDT
			Pay/Adjust	
			\$0.00	
			Balance	J E Family Plan Supplemental
		\$0.00	\$135.00	
Insurance Details				¥
			5	Save Cancel

This is an example of a claim rejected for having more than four diagnosis codes per Procedure Code. Other edits/corrections can be made by clicking inside the applicable fields/sections.

- 3. Click to highlight the Diagnosis Code that is to be deleted.
- 4. Click the X to delete the code. Repeat for any additional diagnosis code to be deleted.
- 5. Click **Save** and then Close patient account to return to Claims Manager.

Repeat steps 1-5 for each claim that has been rejected.

Rebuild Claims

	nitted All												
Posted Date	7/3/2010	▼ to	8/2/2010	•									
Posted 🔺	Submitted	Claim	Physi	Primary	PRT	Sec	SRT	Patient	Amount	File With	Submission	Status	
7/6/2010	7/6/2010	390	Randa	Arkan	E	Aetna		Billy Kidd	\$265.00	Primary	Original	Submitted	
7/6/2010	7/26/2010	392	Randa	Indian	E			Mark Clark	\$135.00	Primary	Original	Submitted	
7/7/2010	7/20/2010	394	Randa	Cigna	Р			Emily Edm	\$120.00	Primary	Original	Submitted	
7/7/2010	7/27/2010	395	Randa	BCBS AR	Р			Perry Win	\$135.00	Primary	Original	Submitted	
7/7/2010	7/23/2010	396	Randa	Medicare	Р	Aetna		Fred Flint	\$145.00	Primary	Original	Submitted	
7/7/2010	7/23/2010	397	Randa	Aetna	Р			Darrell Fa	\$135.00	Primary	Original	Submitted	
7/8/2010	7/21/2010	398	Randa	Indian	Р			Mark Clark	\$30.00	Primary	Original	Submitted	
7/15/2010	7/23/2010	400	Randa	Blue S	Р			John Jon	\$135.00	Primary	Original	Submitted	
7/15/2010	7/23/2010	401	Randa	BCBS AR	Р	Aetna		James Bu	\$120.00	Primary	Original	Submitted	
7/15/2010	7/23/2010	402	Randa	Medicare	Р	Arka		Oscar Bu	\$120.00	Primary	Original	Submitted	
7/19/2010	7/27/2010	403	Randa	BCBS AR	Р			Perry Win	\$135.00	Primary	Original	Submitted	
7/19/2010	7/23/2010	404	Randa	Cigna	Р	Medi	Ì	Mollie Tur	\$120.00	Primary	Original	Submitted 📮 👪	
7/19/2010	7/20/2010	405	Randa	Arkan	E	Aetna		Billy Kidd	\$145.00	Primary	Original	Submitted	
7/20/2010	7/20/2010	406	Randa	Medicare	Р	India		Pansy Da	\$135.00	Primary	Original	Submitted	ebuild
7/20/2010	7/20/2010	408	Randa	Medicare	E	Cigna		Mollie Tur	\$120.00	Primary	Original	Submitted	
7/22/2010	7/27/2010	409	Randa	BCBS AR	Р			Perry Win	\$0.00	Primary	Original	Submitted	

6. After all claims have been edited/corrected, Click the **Rebuild** button for each to apply changes to the claim.

This process will automatically move the claim to the Pending Scrub section in the Working tab.

Scrub Corrected Claims

		-1	-1				-			and sound			
2	Posted 🔺	Cl	Physic	Patient	Primary		Secon	SRT	Amount	File With	Submission	Status	Hold Notes
2	7/29/2010	443	Randal	Somer	BCBS AR	P			\$275.00	Primary	Original	On Hold	
													D . D . L
													🚺 Reb
_													🚺 Reb
<u> </u>	Pending								••				🚺 Reb
<u> </u>	Pending	Claim	Physician	Patient	Primary	PRT	Secon	SRT	Amount	File With	Submission	Status	Claim Notes
\ 1			Physician Randall				Secon	SRT		File With	Submission Original •	-	Claim Notes
	Posted 🔺	404		Mollie T		E	_	SRT	\$120.00		_		Claim Notes Rebuilt on 8/2/2010
	Posted ▲ 7/19/2010	404 405	Randall Randall	Mollie T Billy Kidd	Medicare	E E	Cigna	SRT	\$120.00 \$145.00) Primary	Original 🔻	Pending Scrub	
	Posted 7/19/2010 7/19/2010 7/20/2010	404 405 406	Randall Randall Rar 7.	Mollie T Billy Kidd Pansy	Medicare Arkans Medicare	E E E	Cigna Aetna Indian		\$120.00 \$145.00 \$135.00) Primary) Primary) Primary	Original Original Original	Pending Scrub Pending Scrub Pending Scrub	Claim Notes Rebuilt on 8/2/2010 Rebuilt on 8/2/2010
	Posted A 7/19/2010 7/19/2010 7/20/2010 7/28/2010	404 405 406 437	Randall Randall Ranoon Randall	Mollie T Billy Kidd Pansy Will Bill	Medicare Arkans Medicare Aetna	E E E E	Cigna Aetna Indian Medicare		\$120.00 \$145.00 \$135.00 \$145.00) Primary) Primary) Primary) Primary	Original Original Original Original Original	Pending Scrub Pending Scrub Pending Scrub Pending Scrub	Claim Notes Rebuilt on 8/2/2010 Rebuilt on 8/2/2010
	Posted A 7/19/2010 7/19/2010 7/20/2010 7/28/2010 7/28/2010	404 405 406 437 436	Randall Randall Randall Randall	Mollie T Billy Kidd Pansy Will Bill Will Bill	Medicare Arkans Medicare Aetna Aetna	E E E E E	Cigna Aetna Indian		\$120.00 \$145.00 \$135.00 \$145.00 \$145.00) Primary) Primary) Primary) Primary) Primary	Original Original Original Original Original Original	Pending Scrub Pending Scrub Pending Scrub Pending Scrub Pending Scrub	Claim Notes Rebuilt on 8/2/2010 Rebuilt on 8/2/2010 Rebuilt on 8/2/2010
	Posted A 7/19/2010 7/19/2010 7/20/2010 7/28/2010	404 405 406 437 436 441	Randall Randall Randall Randall Randall	Mollie T Billy Kidd Pansy Will Bill Will Bill	Medicare Arkans Medicare Aetna Aetna Medicare	E E E E E	Cigna Aetna Indian Medicare		\$120.00 \$145.00 \$135.00 \$145.00 \$145.00 \$175.00) Primary) Primary) Primary) Primary	Original Original Original Original Original	Pending Scrub Pending Scrub Pending Scrub Pending Scrub	Claim Notes Rebuilt on 8/2/2010 Rebuilt on 8/2/2010

- 7. Click to highlight the corrected claims.
- 8. Click Scrub.

Submit Corrected Claims

	Claim	s Manage	er														×
ſ	Worki	ing Subr	mitted	All													
	0	On Hold															¥
	r –	Posted	🛦 (d	Physic	Patient	Primary	PRT Se	econ S	RT A	mount	File W	аны с.	ubmission	Status	iold Notes		٦
	12	7/29/201		3 Randal			P P	.com 5		\$275.00			iginal	On Hold	 iola Noces		
	1	729201	0 1		Domor III		' .			\$270.00		7 01	iginar	CITTIOID			
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		Posted	Clain	n Physician	Patient	Primary	PRT 3	Secon	SRT	Amount	File \	With S	5ubmission	Status	Claim No	tes	
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i		Ready To:	Submit	1													×
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		Posted	_	n Physician)4 Randall		Primary		T Secon.	SR	T Amour	_	ile With	Submis		Claim No	tes n 8/2/2010	
		7/19/201)5 Randall				Cigna Aetna			0.00 Pi 5.00 Pi		Original Original	Rea Rea		n 8/2/2010	
		7/20/201)6 Randall				Indian.			5.00 Pi		Original	Rea		n 8/2/2010	
		7/28/201		87 Randall		Aetna	E	Medicar			5.00 Pi		Original				
		7/28/201		6 Randall		Aetna	E	Medicar			5.00 Pi		Original				
		7/28/201	_	1 Randall							5.00 Pi		Original	Rea	Rebuilt o	n 7/28/201	.0 :
		7/29/201		H4 Randall			E				8.01 P		Original				
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	L							-									
												_1					
										eG	enerate	e Electror	nic	Print C	笃 Su	ıbmit Selec	ted
															-		_

9. Click to highlight Corrected claims.

10. Click Submit Selected.

After claims have been exported, follow the usual procedure to Upload claims to Clearinghouse or Receiver.

Rebuild an entire claim file or multiple claims at one time to resubmit to payers.

Rebuild Selected Claims

ing Subr	nitted All																
Posted Date	11/30/201	0 🔻 to 1	2/30/2010	-								4	👪 Rebuild S	ieleo	ted :	-	
Posted	Submitted	Claim 🔺	Physician	Primary	PRT	Secon	SRT	Patient	Amount	File With	Submission	Stati	Rebuild Note				
12/9/2010	12/9/2010	644	Randall	Palmett	E	Arkans	Е	Perry Winkle	\$275.00	Primary	Original	Subm					
12/6/2010	12/21/2	647	Randall	Medicare	Е			Lester Tester	\$120.00	Primary	Original	Subm	3)			
12/9/2010	12/9/2010	649	Randall	Aetna	Е			Emily Edmond	\$120.00	Primary	Original	Subm					
12/9/2010	12/17/2	651	Randall	Arkansa	Е			Mary Perry	\$60.00	Primary	Original	Subm					
12/10/2	12/21/2	652	Randall	Indiana	Е	BCBS AR	Е	Mary Merri	\$135.00	Primary	Original	Subm	itted				
12/10/2	12/17/2	653	Randall	Arkansa	Е			Elizabeth M	\$60.00	Primary		Subm	itted				
12/10/2	12/16/2	654	Randall	Arkansa	Е	Health	E	Nancy Drew	\$120.00	Primary	Original	Subm	itted				
12/10/2	12/16/2	655	Randall	Arkansa	Е	Health	E	Nancy Drew	\$120.00	Primary		Subm	itted 🧲				
12/13/2	12/13/2	656	Randall	Arkansa	E	Woods		Mary Perry	\$67.50	Secondary		Subm	itted				
12/13/2	12/13/2	659	Randall	Arkansa				Buddy Boy	\$120.00	Primary	Original	Subm					
12/13/2	12/17/2	660	Randall	BCBS AR				Rosemary	\$120.00	Primary	Original	Subm					
12/13/2	12/13/2	661	Randall	Cigna				Delaney Del	\$145.00	Primary	Original	Subm					
12/13/2	12/13/2		Randall	Medicare		BCBS AR	E	Ernie Bert	\$135.00	Primary	Original	Subm	itted				
12/14/2	12/14/2	2 663	Randall	Cigna		Indian	E	Penny Lane	\$135.00	Primary	Original	Subm					
12/14/2	12/14/2	665	Randall	Medicare				Lester Tester	\$440.00	Primary	Original	Subm					
12/14/2	12/17/2	666	Randall	Medicare				Lester Tester	\$0.00	Primary	Original	Subm	itted				
12/14/2	12/17/2	667	Randall	Medicare				Heather Gr	\$0.00	Primary	Original	Subm	itted				
12/14/2	12/17/2	669	Randall	Aetna				Emily Edmond	\$450.00	Primary	Original	Subm	itted				
12/14/2	12/17/2	670	Randall	Arkansa		Woods	E	Mary Perry	\$0.00	Primary	Original	Subm					
12/15/2	12/17/2	672	Randall	Medicare	E	Cigna	E	Mollie Turner	\$135.00	Primary	Original	Subm	itted				
12/15/2	12/15/2	673	Randall	Arkansa	Е	Champus	Е	Loco Ono	\$150.00	Primary	Original	Subm	itted				
12/13/2	12/15/2	675	Randall	Humana	Р	Arkans		Daniel Daniels	\$280.00	Secondary		Subm	itted				
12/3/2010	12/16/2	676	Randall	BCBS AR	E	Aetna	E	Marlin Martin	\$120.00	Primary	Original	Subm	itted				
12/16/2	12/16/2	677	Randall	BCBS AR	E	Aetna	Е	Marlin Martin	\$290.00	Primary	Original	Subm	itted				
12/17/2	12/17/2	682	Randall	Aetna	E			Terry Berry	\$145.00	Primary	Original	Subm	itted				
12/17/2	12/17/2	684	Tammy	Aetna	E			Terry Berry	\$135.00	Primary	Original	Subm	itted				
12/17/2	12/17/2	685	Randall	Arkansa	Е	Human	Р	Harry Harri	\$87.50	Primary	Original	Subm	itted				
12/17/2	12/21/2	686	Randall	<u>Arkansa</u>	F	Cigna	Е	Perry Winkle	\$145.00	Drimary	Original	Subm	itted				

1. Click on the **Submitted** tab.

2. Select claims by Clicking on the first one and while holding down the Shift key Click on the last claim. This will highlight those claims and all claims in between. Or hold down the Ctrl key and select multiple claims one at a time.

3. Click the drop down arrow next to Rebuild Selected button and add a note for rebuild reason, if needed. The comment will display in claim details for reference.

4. Click Rebuild Selected button.



5. You will be prompted to confirm rebuilding the number of claims selected. Click Yes to continue or No to cancel. Claims will be transferred to the **Pending Scrub** section in the **Working** tab.

Scrub and Submit Rebuilt claims

Claims Manager

Working Submitted All

	Posted 🔺	Claim	Physician	Patient P	Primary	PRT	Second	SRT	Amount	File	e With	Submission	Status		Hold Notes
ļ	12/6/2010	631	Randall	Bobby H	lumana	P			\$145.	00 Prin	nary		On Hold		The Pay To is missing part
)	12/6/2010	632	Randall	Harry H	1	P			\$20.	00 Prin	nary		On Hold	l	The primary insured is missi
															🚺 Reb
F	Pending														
	Posted 🔺	Claim	Physician	Patient	Primary	PRT	Second	. SR1	F Amoun	t F	ile With	Submission	Statu	IS	Claim Notes
	12/13/2	661	Randall	Delaney	Cigna	E			\$145	5.00 Pr	rimary	Original	Pendi	ng Scrub	Rebuilt on 12/30/2010 :
ļ	12/13/2	662	Randall	Ernie Bert	Medicare	Р	BCBS AR	Е	\$13	5.00 Pr	rimary	Original	Pendi	ng Scrub	Rebuilt on 12/30/2010 :
	12/14/2	663	Randall	Penny L	Cigna	Е	Indiana .	E	\$135	5.00 Pr	rimary	Original	Pendi	ng Scrub	Rebuilt on 12/30/2010 :
ļ	12/14/2	665	Randall	Lester T	Medicare	Р			\$440	0.00 Pr	rimary	Original	Pendi	ng Scrub	Rebuilt on 12/30/2010 :
ļ	12/14/2	666	Randall	Lester T	Medicare	Р			\$0	0.00 Pr	rimary	Original	Pendi	ng Scrub	Rebuilt on 12/30/2010 :
	12/14/2	687	Randall	Lester T	Medicare	Е			\$0	0.00 Pr	rimary	Original	Pendi	ng Scrub	
ļ	12/14/2	667	Randall	Heather	Medicare	Р			\$0	0.00 Pr	rimary	Original	Pendi	ng Scrub	Rebuilt on 12/30/2010 :
	12/14/2	669	Randall	Emily Ed	Aetna	E			\$450	0.00 Pr	rimary	Original	Pendi	ng Scrub	Rebuilt on 12/30/2010 :
	12/14/2	670	Randall	Mary Perry	Arkansa	E	Woods	E	\$0	0.00 Pr	rimary	Original	Pendi	ng Scrub	Rebuilt on 12/30/2010 :
Ļ	12/15/2	672	Randall	Mollie Tu	Medicare	P	Cigna	E	\$135	5.00 Pr	rimary	Original	 Pendi 	ng Scrub	Rebuilt on 12/30/2010 :
ļ	12/16/2	678	Randall	Marlin M	BCBS AR	Е	Aetna	Р	\$120).00 Se	econdary		Pendi	ng Scrub	
	12/20/2	693	Tammy	Delaney	Cigna	Е			\$120	0.00 Pr	rimary	Original	Pendi	ng Scrub	
	12/27/2	695	Randall	Somer	Medicare	Е	Aetna	Е	\$135	5.00 Pr	rimary	Original	Pendi	ng Scrub	
	12/28/2	691	Randall	Mike Mic…	Medicare	Е			\$250	0.00 Pr	rimary	Original	Pendi	ng Scrub	
ļ	12/30/2	696	Randall	Somer	Medicare	Ρ	Aetna	Е	\$230	0.00 Pr	rimary	Original	Pendi	ng Scrub	
F	Ready To Sul	omit													6 Scrut
	Posted 🔺	Claim	Physician	Patient	Primary	ł	PRT Seco	nd	SRT Am	ount	File With	n Submis	sion !	Status	Claim Notes
Ļ	8/10/2010	472	Randall O.	Joe Schmoe	e AARP	F)		4	135.00	D Primary	Origina	F	leady	
ļ	8/13/2010	487	Randall O.	. Mary Perry	Arkansa	s E	: Wood	s	P \$	120.00	D Seconda	ry Original	F	leady	Submitted on 11/11/2010
ļ	8/26/2010	506	Randall O.	Sam Stev	. AARP	F)		4	155.25	5 Primary	Origina	F	leady	Rebuilt on 11/11/2010 :
	8/27/2010	507	Randall O.	George J	. Aetna	E	:			\$33.75	5 Seconda	ry	F	leady	Rebuilt on 11/11/2010 :
	0/07/2010	EUO	Disadell O	wall ball	Actor					400 OC	n Corrondo		- r	landu -	Submitted on 0/27/2010

×

6. Select claims to scrub and Click Scrub.

7. Select claims to Submit and Click Submit Selected.

Refile a Claim

Refile a Cla	aim from Sub	mitted Tab		
	Original	Submitted		
	Original	Submitted		
	Origina 1	Submitted	0	3 2
		Submitted		Rebuild Notes
	Original	Submitted		add modifier-refile
	Original	Submitted		-
				3 👪 Rebuild

Claims can be refiled or placed on hold from the Submitted Tab within the Claims Manager

1. Double Click on the claim to open Claim Details dialog. Follow the steps to edit claims as instructed in the On Hold lesson.

2. After editing claim, click the Rebuild button to open Rebuild notes dialog. Type notes pertaining to the refile, if applicable.

3. Click on the Rebuild button within the notes dialog. Changes will be added to claim and the claim will be placed in the <u>Pending Scrub</u> section of the Claims Manager.

	Pending														*
	Posted 🔺	Cl	Physi	Patient	Primary	PRT	Seco	SRT	Amou	unt	File With	Submission	n Stati	JS	Claim Notes
1	5/7/2010	204	Randal	Jenny	BCBS AR	E			\$1	20.00	Primary		Pend	ing Scrub	Rebuilt on 6/4/201
	5/13/2010	220	Randal	Larry	BCBS AR	E	AARP		\$1	45.00	Primary		Pend	ing Scrub	Rebuilt on 6/4/201
1	5/13/2010	223	Randal	Jenny	BCBS AR	E			\$1	20.00	Secondary	Corrected	Pend	ing Scrub	Rebuilt on 6/4/2010 :
	5/19/2010	257	Randal	Jack Cl	Arkans	E			\$1	75.00	Primary	Original	Pend	ing Scrub	Rebuilt on 6/4/2 👻
	5/24/2010	256	Randal	Jack Cl	Arkans	E			\$1	60.00	Primary	Original	Pend	ing Scrub	Rebuilt on 6/4/2010 : add
1	5/25/2010	243	Randal	Penny	Aetna	Р			\$2	55.00	Primary	Original	Pend	ing Scrub	modifier-refile Submitted on 6/4/2010
	5/25/2010	244	Alan A	Mark C	Arkans	E			\$1	20.00	Primary	Original	Pend	ing Scrub	
	5/25/2010	245	Dandal	Mark C	Arkane	F			¢1	20.00	Drimaru	Original	Dand	ina Scrub	
															-
~	Ready To Su	bmit													
	Posted 🔺	Claim	Physician	Patient	Primar	'Y	PRT Se	:on	SRT	Amour	nt 🛛 File V	Vith Sub	mission	Status	OK Cancel
1	4/14/2010	235	Randall	. Buddy B	Boy Aetna	F				\$12	0.00 Prima	ry Orig	inal	Ready	Cancer

Claim Notes will reflect the date the claim was rebuilt and any notes. Rebuilt claim is ready to be **Scrubbed** and **Submitted** to Payer. See Scrubbing Claims and Ready to Submit

Omit a paid procedure from a claim when resubmitting unpaid charges to insurance.

Billing -> Post Insurance Payments

Refile only denied charges to Insurance

nsurance Payment														
reate/Load Payment	Payer				Group				N	ы	Group NPI#	Check N	lumber	5466546
	Arkansas Fir	stsourc	в	•	Profession	al Group, Inc.			• Pt	oduction Date	12/30/2010	- Check D)ate	12/30/2010
	PO Box 251		_		PO Box 12							 Check A	mount	\$70.
Select Patient	Little Rock, <i>i</i> (501) 555-5		13		Springdale, (479) 555-							Remaini	ng	\$70.
Patient Details														
	kle, Perry	p											Balano	es
	day 2/1/1960		e 50									_	Family	
Sex M		ny	2 30										Patient	\$517.25
	unt 91	Chart	pw123456										Total	\$517.2
Schedule 🚯 Clai	ims 🚺 Led	1er	Insurance	🔹 Den	nographics	Custom								
 Claims 		301			nographics	Cascom								;
e clams													Show A	
Post Date 🔺 Proc	cessed Clai	n ID	Provider		Primary		PRT	Secondary	SRT	Amount	Balance	File With		Status
× 12/9/2010 12/9	9/2010	644	Randall Oates		Palmetto Gi	BA	E	Arkansas Medicai	i E	\$275.00	\$152.25	Primary		Submitted
× 12/9/2010 12/9	9/2010	645	Randall Oates		Palmetto G	BA	Е	Arkansas Medicai	i E	\$215.00	\$215.00	Primary		Submitted
× 12/17/2010 12/2	21/2010	686	Randall Oates		Arkansas Fi	irstsource	E	Cigna	E	\$145.00	\$130.00	Primary		Submitted
S Claim Details		686	Randall Oates		Arkansas Fi	irstsource	E	Cigna More Info	Clain	n Notes		Primary		Submitted
		1	Randall Oates		·	irstsource		More Info	Clain			Primary		
S Claim Details Details for Claim Payment Amount	645 \$70.00	1	Control #	1122337	P		sibility	More Info	Clain	n Notes		Primary		
Claim Details Details for Claim Payment Amount Post Date	645 \$70.00 2010	Claim	Control #		Р 89А Р	'atient Respor	sibility	More Info	Clain	n Notes		Primary		
Claim Details Details for Claim Payment Amount Post Date 12/9/2 Process Date 12/9/2	645 \$70.00 2010	Claim Memb	Control # per ID	1122337	89A P Pates	'atient Respor	nsibility Numbe	More Info	Clain	n Notes		Primary		
Claim Details Details for Claim Payment Amount Post Date Process Date 12/9/2	645 \$70.00 2010 2010	Claim Memb	Control # ber ID ering Provider ering NPI	1122337 Randall O ROatesN	P 89A P Pates PI# R	'atient Respor 'atient Group I	nsibility Numbe alance	More Info	Clain	n Notes		Primary		
Claim Details Details for Claim Payment Amount Post Date 12/9/2 Process Date 12/9/2 Routing E	645 \$70.00 2010 2010	Claim Memb	Control # ber ID ering Provider ering NPI	1122337 Randall O ROatesN	P 89A P Pates PI# R	'atient Respor 'atient Group I .emaining B -	nsibility Numbe alance	More Info	Clain	n Notes		Primary		
Claim Details Details for Claim Payment Amount Post Date 12/9/2 Process Date 12/9/2 Routing E Primary Insurance Palme	645 \$70.00 2010 2010	Claim Memb Rend	Control # ber ID ering Provider ering NPI	1122337 Randall O ROatesN	P 89A P Pates PI# R	'atient Respor 'atient Group I .emaining B -	isibility Numbe alance licaid	More Info	Clain	n Notes mitted on 12/9		Primary		
Claim Details Details for Claim Payment Amount Post Date 12/9/2 Process Date 12/9/2 Routing E Primary Insurance Palme Charges Omit Begin	645 \$70.00 2010 2010 etto GBA End U	Claim Memb Rend	Control # ber ID ering Provider ering NPI	1122337 Randall Q ROatesNi Secondary	Pates PI# R	'atient Respor 'atient Group I temaining B Arkansas Mec	isibility Numbe alance licaid	More Info \$0.00 r 2 \$0.00	Clain	n Notes mitted on 12/9	/2010			
Claim Details Details for Claim Payment Amount Post Date 12/9/2 Process Date 12/9/2 Routing E Primary Insurance Charges Omit Begin 12/9/2010 12/	645 \$70.00 2010 2010 etto GBA End U [9/2010 1.	Claim Memb Rend Rend	Control # ber ID ering Provider ering NPI 	I1122337 Randall O ROatesNI Secondary Billed	Pates PI# R	'atient Respor 'atient Group I temaining B Arkansas Mec	isibility Numbe alance licaid	More Info \$0.00 r 2 \$0.00	Clain	n Notes mitted on 12/9	/2010	Provider		Notes 1
Claim Details Details for Claim Payment Amount Post Date 12/9/2 Process Date 12/9/2 Routing E Primary Insurance Charges Omit Begin 12/9/2010 12/	645 \$70.00 2010 2010 etto GBA End U [9/2010 1.	Claim Memb Rend Rend Rend	Control # ber ID ering Provider ering NPI	I122337 Randall O ROatesNi Secondary Billed \$135.00	PI# R Allowed	'atient Respor 'atient Group I temaining B Arkansas Mec	isibility Numbe alance licaid	More Info \$0.00 r 2 \$0.00	Clain	n Notes mitted on 12/9	/2010	Provider \$0.00		Notes 1
Claim Details Details for Claim Payment Amount Post Date 12/9/2 Process Date 12/9/2 Routing E Primary Insurance Charges Omit Begin 12/9/2010 12/	645 \$70.00 2010 2010 etto GBA End U [9/2010 1.	Claim Memb Rend Rend Rend	Control # ber ID ering Provider ering NPI bc.Mod E 3 0 4	1122337 Randall O ROatesNI Secondary Billed \$135.00 \$80.00	PI# R Allowed \$70.00	atient Respor atient Group I temaining B Arkansas Mec	isibility Numbe licaid	More Info \$0.00 r a \$0.00 DIns Co Pay		Notes mitted on 12/9	/2010 ther Adj \$10.00	Provider \$0.00 \$70.00		Notes 1
Claim Details Details for Claim Payment Amount Post Date 12/9/2 Process Date 12/9/2 Routing E Primary Insurance Charges Omit Begin 12/9/2010 12/	645 \$70.00 2010 2010 etto GBA End U [9/2010 1.	Claim Memb Rend Rend Rend	Control # ber ID ering Provider ering NPI bc.Mod E 3 0 4	I122337 Randall O ROatesNi Secondary Billed \$135.00	PI# R Allowed	atient Respor atient Group I temaining B Arkansas Mec	isibility Numbe licaid	More Info \$0.00 r 2 \$0.00		n Notes mitted on 12/9	/2010	Provider \$0.00		Notes 1
Claim Details Details for Claim Payment Amount Post Date 12/9/2 Process Date 12/9/2 Routing E Primary Insurance Charges Omit Begin 12/9/2010 12/	645 \$70.00 2010 2010 etto GBA End U [9/2010 1.	Claim Memb Rend Rend Rend	Control # ber ID ering Provider ering NPI bc.Mod E 3 0 4	1122337 Randall O ROatesNI Secondary Billed \$135.00 \$80.00	PI# R Allowed \$70.00	atient Respor atient Group I emaining B Arkansas Mec Deduct \$0.00	isibility Numbe licaid	More Info \$0.00 r a \$0.00 DIns Co Pay		Late OI	/2010 ther Adj \$10.00 \$10.00	Provider \$0.00 \$70.00		Notes 1

1. Comment Reason for denial

2. Apply payment amount to paid charge(s).

3. Set Next Action to Refile.

4. Double Click on line of paid charge(s) to open Charge Details.

Omit Paid Charges

Charge Details					
Service From Service To	Provider	Code		Description	Units Charge
12/9/2010 - 12/9/2010	✓ Randall Oates	▼ 72040		·· X-RAY EXAM OF N	VECK SPINE - 1.0 \$80.00
Diagnosis Codes DX Description × 922.1 Chest Wall Contusion	Add Code	Modifiers Code	. Description	Add Coo	de Omit from Claim 5 Charge Notes
Additional Providers]				
Purchasing Service Provider	Ordering P	rovider		Supervising) Provider
	•			•	•
Amounts Details					Misc Details
Payments/Adjustments				Totals	Facility
Date 🔺 Name/Description			Amount		Family Clinic 🔹
				Charges \$80.00	EPSDT
				Pay/Adjust	Emergency
				\$0.00	E Family Plan
				Balance	Supplemental
			\$0.00	\$80.00	
Insurance Details					*
					6 Save Cancel

5. Place a check mark to **Omit from Claim**.

6. Click Save.

Post Payment to ledger

Late	Other Adj	 Provider	 Notes
			A
	\$10.00	\$70.00	а
	\$10.00	\$70.00	

7. Save Claim and then Post Payment to ledger. Claim will move to Pending Scrub section of Claims Manager.

Rebuild Claim

rkir	ng 📔 Submit	ted 🛛 All															
	On Hold																
	Posted 🔺	Claim	Physician	Patient F	Primary	PRT	Second	lary S	RT	Amount	File \	Vith	Submission	Status		Hold Notes	
)	12/6/2010	631	Randall O	Bobby Ro H	lumana	Р				\$145.	00 Prima	ry		On Hol	н ·	The Pay To is missi	ng part or all of
1	12/6/2010	632	Randall O	Harry Har		Р				\$20.	00 Prima	ry		On Hol	ł ł	The primary insure	d is missing par
1	12/8/2010	642	Randall O	Sonny Ra H	lumana	Р				\$318.	75 Prima	ry		On Hol	E	The primary insure	d is missing par
	12/14/2	671	Randall O	Scotty Scott	hampus	E				\$175.	00 Prima	iry		On Hol	i -		
	12/15/2	674	Randall O	Sam Stevens I	ndiana M					\$625.	00 Prima	ry (Original	On Hol	1		
	12/30/2	697	Randall O	Joan Jones B	lue Cross	E	Comme	rcia E		\$120.	00 Prima	rv (Original	On Hol		The primary insure	d is missing par
_	10072111	0,71				-				4120			original	0111101	-		a is missing partit
																	9 🚺 Reb
F	Pending																
	Posted 🔺	Claim	Physician	Patient	Primary	PR	T Sec	ondarv	SR	T Amou	int Fi	le With	Submission	Sta	atus	Claim Notes	
	4/30/2010			Mike Michaels		E				_	75.00 Pri	imary	Original	Per	nding Scrub		
	5/13/2010	692	Randall Oa	Mike Michaels	Medicare	Е				\$1	20.00 Pri	imary	Original	Per	nding Scrub		
1	11/24/2	622	Randall Oa	Marlin Martin	BCBS AR	E	Aetr	na	Р	\$1	44.00 Se	condary		Per	nding Scrub	Submitted on 12	2/17/2010
	12/9/2010	645	Randall Oa	Perry Winkle	Palmetto G	BA E	Arka	insas	Е	\$2	15.00 Pri	imary		Per	nding Scrub	- 8 hitted on 12	2/9/2010
	12/14/2	687	Randall Oa	Lester Tester	Medicare	E					\$0.00 Pri	imary	Original		Hold		
1	12/16/2	678	Randall Oa	Marlin Martin	BCBS AR	E	Aetr	na	Ρ	\$1	20.00 Se	condary		Pe	nding Scrub		
	12/20/2	693	Tammy Trent	Delaney D	Cigna	Е				\$1	20.00 Pr	imary	Original	Per	nding Scrub		
	12/27/2		Randall Oa		Medicare	E	Aetr	na	Е		35.00 Pr		Original		nding Scrub		
-	10/00/0	201	n	Radio Racillo di	ear doorne	-				+			Autor of	D	alta a channa		
/	Ready To Sul						1										
	Posted	Claim	Physician	Patient	Primary			Seconda	ary		mount	File With	Submi	ssion	Status	Claim Note	
<i>a</i>	5/4/2010 7/28/2010		5 Randall Oate 8 Randall Oate		r Humana Aetna		E	Cigna		E	\$240.0) D Secondary	,		Ready Ready		11/5/2010 : on 8/10/2010
	7/28/2010 8/10/2010		2 Randall Oate				P				•) Secondary) Primary	/ Origin	- l	Ready	Sabilitad	0110/2010
	8/13/2010		7 Randall Oate		Arkansa	as Fir.		Woodsm	a	Р	•) Secondary	-		Ready	Submitted	on 11/11/2010
	8/26/2010		6 Randall Oate				P			·	•	5 Primary	y Origin		Ready		11/11/2010 :
	8/27/2010		7 Randall Oate				E				•	5 Secondary	-		Ready		11/11/2010 :
	8/27/2010		Randall Oate	-	Aetna		E				•) Secondary			Ready		on 8/27/2010
_	12/3/2010) Randall Oate			e		Aetna		P	•) Secondary			Ready		on 12/17/2010
4	12/9/2010	650) Randall Oate	s Somer Wint	ers Medicar	е	Е	Aetna		Р) Secondary			Ready		on 12/9/2010
	12/9/2010																

Go to Billing -> Claims Manager

- 8. Locate claim in Claims manager. Change Claim Status to On Hold
- 9. Rebuild Claim to save claim changes.
- 10. Submit Selected to Resubmit claim.

Note: If not ready to resubmit claim, it can be put On Hold, Rebuild, Scrub and leave in Ready to Submit section until time to upload file.

Secondary Claims

Set Secondary Claims to process

Secondary claims will automatically be moved to the Pending Scrub section if the Claims Manager once the primary insurance payment is applied to the visit and File Secondary-paper is selected for the Next Action.

New for SOAPware 2010.3: When a secondary claim is printed, it will now be populated with the information from the secondary insurance demographics instead of a duplicate of the primary insurance claim.

001 000														
													 	_
🚺 Claim Details	;													×
Details for C	laim 630							More Info	Cla	im Notes				
Payment Amount	\$1	00.00	Claim Control	#		Patient Re	sponsibility	\$0.00		bmitted on 12 built on 12/6/;		10	1	
Post Date	12/3/2010		Member ID	-	1223333A	1	oup Number	4		ibmitted on 12		0		
Process Date	12/17/2010		Rendering Pro		andall Oates									
Routing														
-	mary Insurance Medicare Secondary Insurance Aetna													
	medicare				contuar y tristirario	Actila								
S Charges														
Omit Begin	End	U	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other Ac		Provider	 Notes	
12/3/2010	12/3/2010	1.0	99213	\$135.0	\$130.00					\$5.	00	\$100.00	a	
				\$135.0	\$130.00	\$0.00	\$0.00	\$0.00	\$0	.00 \$5.0	00	\$100.00		
														3
						Next .	Action File S	iecondary - Pap	er	<u> </u>	Sav	e Claim	Cancel	

1. When posting primary insurance to a visit, make sure the Next Action selected is File Secondary-Paper.

2. Save Claim.

Scrub Secondary Claim

Posted 🔺	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes
11/24/2	622	Randall O	Marlin Ma	BCBS AR	Е	Aetna	Р	\$144.00	Secondary		Pending Scrub	Submitted on 12/17/2010
12/3/2010	630	Randall O	Fred Flint	Medicare	E	Aetna	Р	\$135.00	Secondary	Ţ,	Pending Scrub	Submitted on 12/17/2010
12/14/2	687	Randall O	Lester Te	Medicare	E			\$0.00	Primary	Original	Pending Scrub	
12/17/2	686	Randall O	Perry Winkle	Arkansas	E	Cigna	Е	\$145.00	Primary	Original	Pending Scrub	

- 2. Locate the secondary claim highlight.
- 3. Click on the PDF icon if you wish to view the claim.
- 4. Click the Scrub button to check for errors.

Print Secondary Claim

	Posted 🔺	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes
4	8/27/2010	508	Randall O	Will Bill	Aetna	E			\$30.00	Secondary		Ready	Submitted on 8/27/2010
2	12/3/2010	630	Randall O	Fred Flintr	Medicare	E	Aetna	Р	\$135.00	Secondary		Ready	 Submitted on 12/17/2010
	12/6/2010	647	Randall O	Lester Tes	Medicare	Е			\$120.00	Primary	Original	Ready	
	12/9/2010	650	Randall O	Somer Win	Medicare	Е	Aetna	Р	\$135.00	Secondary		Ready	Submitted on 12/9/2010
	12/10/2	652	Randall O	Mary Merri	Indiana M	Е	BCBS AR	Е	\$135.00	Primary	Original	Ready	4 6

4. Click the Print Claims button. All paper claims in the Ready to Submit section will print.

5. Click to highlight a single claim and then click the Submit Selected button. Only the highlighted claim will print.

All Tab

king Subr Date of Ser	mitted All vice 3/12/20		ims Manage 4/7/2010	r - M	<u></u>					
DOS 🔺	Processed	Claim	Physician	Payer	Secon	Patient	Amount	Routing	Status	
3/29/2010	4/5/2010	55	Randall	Aetna		Sam Smith	\$285.00	Р	Submitted	
3/29/2010	4/5/2010	56	Randall	Aetna		Sam Smith	\$285.00	Р	Submitted	
3/29/2010	4/5/2010	57	Randall	Aetna		Sam Smith	\$821.07	Р	Submitted	
3/30/2010	4/5/2010	58	Randall	Medicare		Will Bill	\$375.00	E	Submitted	
3/31/2010	4/5/2010	62	Randall	BCBS AR		Lester T	\$175.00	Р	Submitted	
3/31/2010	4/5/2010	63	Randall	BCBS AR		Lester T	\$325.00	E	Submitted	
3/31/2010	4/5/2010	66	Randall	BCBS AR	Aetna	Lester T	\$120.00	E	Submitted	
3/31/2010	4/5/2010	67	Randall	BCBS AR		Nester	\$120.00	E	Submitted	
4/1/2010	1/1/0001	102	Randall	BCBS AR	Aetna	Lester T	\$175.00	E	Ready	
4/2/2010	4/5/2010	77	Jamie R	BCBS AR		Nester	\$50.00	Р	Submitted	
4/5/2010	4/5/2010	79	Randall	Aetna		Buddy Boy	\$255.00	Р	Submitted	
4/5/2010	4/5/2010	80	Randall	BCBS AR	Aetna	Lester T	\$265.00	Р	Submitted	
4/5/2010	4/6/2010	92	Randall	Aetna		Buddy Boy	\$135.00	Р	Submitted	
4/5/2010	4/5/2010	81	Randall	Aetna		Mark Clark	\$435.00	Р	Submitted	
4/5/2010	4/5/2010	83	Randall	Aetna		Mark Clark	\$435.00	Р	Submitted	
4/5/2010	4/5/2010	84	Randall	BCBS AR		Larry Ba	\$945.00	P	Submitted	
4/5/2010	4/6/2010	85	Randall	Aetna		Mark Clark	\$170.00	Р	Submitted	
4/6/2010	1/1/0001	86	Randall	BCBS AR		Larry Ba	\$20.00	Р	On Hold	
4/6/2010	4/6/2010	87	Randall	BCBS AR		Somer	\$275.00	Р	Submitted	
4/6/2010	4/6/2010	88	Randall	Aetna	BCBS AR	Jimmy B	\$145.00	Р	Submitted	
4/6/2010	4/6/2010	91	Randall	Aetna		Buddy Boy	\$135.00	Р	Submitted	
4/6/2010	4/6/2010	89	Randall	Medicare		Oscar B	\$145.00	Р	Submitted	
4/6/2010	4/6/2010	90	Randall	Medicare	AARP	Will Bill	\$135.00	Р	Submitted	
4/6/2010	4/6/2010	93	Randall	BCBS AR		Bob Den	\$125.00	Р	Submitted	
4/6/2010	4/6/2010	95	Randall	Arkansa		Darrell F	\$145.00	Р	Submitted	
4/6/2010	4/6/2010	96	Randall	Aetna		Jane Doe	\$125.00	Р	Submitted	

The All Tab lists all claims in the Working and Submitted tabs and the current status of the claim. Claims can be searched by Date Range and the information listed in the columns can be sorted by clicking on the column headers.

Posting Insurance Payments

Introduction to Insurance Payment Posting

	ent												
Create/Load Paym	nent Payer				Group				NPI	123	34567890	Check Numb	er 123456
	Aetna			-	Professional G	roup, Inc.			- Produ	uction Date 4/1	4/2010	 Check Date 	4/8/2010
	PO Bo	× 1111			123 Any St							Check Amou	
Select Patient	Any C (479)	ty, AR 7276 555-5555	64		Any City, AR 7 (479) 555-555							Remaining	\$405.0
_													
🙎 Patient Detai	is												
1	Bill, Will												ances
	Birthday 2/13	7/1945 A	ige 65										nily \$0.00
2	Sex Male												ent \$1,570.00
	Account 35	Cha	rt									101	al \$1,570.00
Schedule	🗐 Claims 🔳	Ledger	💽 Insurance	🔍 Demographi	cs 🔍 Custom								
I Claims						-							*
e ciains												E Sho	∾ ∧ All Claims
Post Date	Processed	Claim ID	De	ovider	Payer		Secondary Payer	Amount	Balance F	Route Status		DI10	
× 3/30/2010	4/5/2010	Cidim 1D		ndall Oates	Medicare	е	Socondary rayer	\$375.00	\$20.00 E				
× 4/6/2010	4/6/2010			ndall Oates	Medicare			\$135.00	\$30.00 P		ted		
× 4/8/2010	4/8/2010		103 Ra	ndall Oates	Medicare	e		\$535.00	\$535.00 P	Submit	ted		
× 4/8/2010	4/12/2010		113 Ra	ndall Oates	Medicare	в		\$375.00	\$0.00 P	Submit	ted		
× 4/12/2010	4/14/2010		134 Ra	ndall Oates	Medicare	e		\$375.00	\$375.00 P	Submit	ted		
							•						
🔰 Claim Detail:	s												*
Details for C	Claim 58									More I	nfo Cl	aim Notes	
Payment Amount		\$0.00	Claim Control #			Patient	Responsibility			\$	0.00		
Post Date	3/30/2010		Member ID	333224444A		Patient	: Group Number						
Process Date	4/5/2010		Rendering Provider	Randall Oate:	5								
TTOLESS Date										4	0.00		-
Routing	E		Rendering NPI	1122334455		Rema	ining Balance			+	0.00		
Routing	E		Rendering NPI	1122334455		Rema	ining Balance			+			
Routing					Allowed			Co Pay	Late			rovider Paid	Notes
Routing	E End 3/30/2010	U 1.0 99	Proc.Mod	1122334455 Billed \$135.00	Allowed	Deduct	CoIns	Co Pay	Late	• Other Adj		rovider Paid	Notes
Routing Charges Begin	End		Proc.Mod	Billed	Allowed			Co Pay	Late			rovider Paid	
Routing Charges Begin 3/30/2010	End 3/30/2010	1.0 99	Proc.Mod	Billed \$135.00	Allowed			Co Pay	Late			rovider Paid	a
Routing Charges Begin 3/30/2010	End 3/30/2010	1.0 99	Proc.Mod	Billed \$135.00	Allowed			Co Pay	Late			rovider Paid	a
Routing Charges Begin 3/30/2010	End 3/30/2010	1.0 99	Proc.Mod	Billed \$135.00	Allowed			Co Pay	Late			rovider Paid	a
Routing Charges Begin 3/30/2010	End 3/30/2010	1.0 99	Proc.Mod	Billed \$135.00 \$240.00		Deduct	CoIns			Other Adj	P		a
Routing Charges Begin 3/30/2010	End 3/30/2010	1.0 99	Proc.Mod	Billed \$135.00	Allowed \$0.00			Co Pay 6	Late \$0.00		P	sound for the second se	a
Routing Charges Begin 3/30/2010	End 3/30/2010	1.0 99	Proc.Mod	Billed \$135.00 \$240.00	\$0.00	Deduct \$0.00	CoIns			Other Adj		\$0.00	a
Routing Charges Begin 3/30/2010	End 3/30/2010	1.0 99	Proc.Mod	Billed \$135.00 \$240.00	\$0.00	Deduct	CoIns			Other Adj			a

Create/Load Payment Detail is manually entered using information from the Remittance/EOB.

Patient Details Displays patient information from the <u>General Demographics</u> section and Patient/Family Balances from the Patient <u>Ledger</u>

Claims Lists Outstanding/Unpaid insurance claims for the Patient, the status of the Claim and details pertaining to the claim. To include paid claims in the list, place a check mark in the box next to **Show All Claims**

Claim Details Populated with information pertaining to the claim. Payment information is manually added with information from the remit/EOB

Charges Breaks down the individual charges/services that are included in the selected visit/claim. Double Click on a line item to view <u>Charge Details</u>

Select Claim/Visit for Payment

Insurance Paym	ent														×
Create/Load Paym	ient Paye	r			Group					NE	ы	12345678	390 Check	Number	123456
	Aetn	3		•	Professi	onal Group, Ind				→ Pr	oduction Date	4/14/201	0 - Check	Date	4/8/2010 -
	PO B	ox 1111			123 Any									Amount	
Select Patient	Any (Eity, AR 727 555-5555	764		Any City (479) 55	, AR 72703							Remai		\$405.00
Select Patient					(115700								Kennar	ining	\$100.00
🙎 Patient Detail	s														
ALC: NO	Bill, Will													Balan	ces
- and	Birthday 2/1	17/1945	Age 65												\$0.00
0	Sex Male													Patient	\$1,570.00
	Account 35	Cha	art											Tota	\$1,570.00
Schedule	🛐 Claims 📗	Ledger	💽 Insurance 🛛 🤰	Demographic	s 🔨 C	ustom									
🗐 Claims															*
													[Show /	All Claims
Post Date	Processed	Claim ID	Pro	vider	P	ayer		Secondary Payer	Amount	Balance	Route S	Status			
× 3/30/2010	4/5/2010			dall Oates		edicare			\$375.00			ubmitted			
× 4/6/2010	4/6/2010			dall Oates		edicare			\$135.00			ubmitted			
× 4/8/2010	4/8/2010			dall Oates		edicare			\$535.00			ubmitted			
× 4/8/2010	4/12/2010			dall Oates		edicare		-	\$375.00			ubmitted			
× 4/12/2010	4/14/2010		134 Rar	dall Oates	M	edicare			\$375.00	\$375.00	DP S	ubmitted]
🚺 Claim Details															*
Details for C	laim 103										More In	fo 🔼	Claim Notes		
Payment Amount		\$405.00	Claim Control #				Patient	Responsibility				\$0.00			
Post Date	4/8/2010		Member ID	333224444A			Patient	Group Number							
Process Date	4/8/2010		Rendering Provider	Randall Oates			1								
Routing	P		Rendering NPI	1122334455			Remair	ning Balance				\$0.00			-
S Charges															
Begin	End	U	Proc.Mod	Billed	Allowed	l Dedi	uct	CoIns	Co Pay	Late	Other A	vdj	Provider Pai	d	Notes
4/8/2010	4/8/2010	1.0 9		\$135.00		0.00			\$10.00			15.00	\$105		a
4/8/2010	4/8/2010	1.0 7	4185	\$400.00	\$40	0.00	\$50.00	\$50.00					\$300	.00	a
						-		· · · · · ·							
						\mathbf{O}									
						9									
						1	. 1				l.			_	
				\$535.00	\$53	0.00	\$50.00	\$50.00	\$10.00	\$0.0	1 10	15.00	\$405	00	
					N	Next Action						•	Save Claim		Cancel
-															
👜 Print Paymen	t														Post Payment

Outstanding claims are listed in the Claims section of the Posting window. If a claim is highlighted, the lower section of the window displays each line item/charge that makes up the selected claim. Details in both the **Claims** and **Charges** sections can be sorted by Clicking on the column headers.

- 1. Click inside the Claim grid to select a claim for payment.
- 2. Details of the selected claim will display in the **Charges** section of the window.

Enter Claim Details using Remit/EOB

Apply Payment to Charges

🚺 Claim Details	5					*
Details for C	laim 103				More Info	Claim Notes
Payment Amount	3 \$40	5.00 Claim Control #	11223344556677	Patient Responsibility	5 \$125.00	<u>^</u>
Post Date	4/8/2010	Member ID	333224444A	Patient Group Number		
Process Date	4/8/2010	Rendering Provider	Randall Oates]		
Routing	P	Rendering NPI	1122334455	Remaining Balance	\$0.00	

The Claim Details section displays various details entered when charging the selected claim, including miscellaneous accident/illness info. This information cannot be edited. Payment information is entered using details from the Insurance Remittance.

3. Type Total Payment amount for the selected claim. An alert will show if an amount more than the remaining amount of the check is entered

4. Type Claim Control number from Remit for informational/tracking purposes

5. Enter total amount that is the responsibility of the insured/patient as shown on Remit

Claim D	Details																¥
Details fo	or Cla	aim	103									ſ	Nore In	fo 🚺	Claim	Notes	
Payment Am	ount		\$405.00	Claim C	ontro	ol #	1122334	14556	677	Pa	tient Respo	onsibility (\$125.00			
Post Date	4	1/8/20	010	Membe	r ID		3332244	144A		Pa	tient Group	Number [
Process Date	ess Date 4/8/2010 Rendering Provider Randall Oates																
Routing	iting P Rendering NPI 1122334455 Remaining Balance \$105.00																
S Charges							6										
Begin	End	ł	Units	Proc.Mod		Billed	Allov	ved	Deduc	t	CoIns	Co Pay	Late	Other	Adjust	Provider	 Notes
	4/8/20			74185		\$400.		0.00	\$50.	00	\$50.00				,	\$300.00	a
4/8/2010	4/8/20	10	1.0	99213		\$135.	00 \$13	0.00				\$10.00		\$15.00	35		a
												8					
												•					
						\$535.0	\$530	0.00	\$50.	00	\$50.00	\$10.00	\$0	\$15.00		\$300.00	
	Next Action Save Clair 9 Cancel																

The payment is ready to be applied to the charges. Note that the **Remaining Balance** amount is the same as the Payment Amount and will decrease as payments are applied to the line items. When the last payment is applied to the final charge, the Remaining Balance should be zero.

6. Match the remit payment to the correct charge by verifying **Begin** and **End** dates, **Procedure** code

and Amount Billed.

7. Click on the line of the charge inside the Allowed Column and enter the amount shown on the EOB as the Allowed amount.

8. Tab to the next column and enter any amount that was applied to the deductible, Colnsurance, etc and then finally enter the payment amount that was paid for the line item charge and repeat until the remaining Balance is zero, all charges for the selected claim have the correct information applied and the Save Claim button is activated

9. Click Save Claim. A pop up message will verify payment was saved. Click OK.

10. If Cancel is clicked, a confirmation box asks if you want to close the Patient and lose changes. If Yes, the patient window will cancel all data entered for the active patient and close the account If an amount is remaining on the remit, Select Patient dialog displays to choose a new patient.

Note: <u>A payment can be edited after Save Claim, but cannot be edited if the remit has been Posted to</u> <u>ledger.</u>

Post insurance	e Payment to Patien	t Leager				
Insurance Payment						×
Create/Load Payment	Payer	Group	NPI	1234567890	Check Number	123456
	Aetna 🔹	Professional Group, I 👻	Production Date	4/14/2010 -	Check Date	4/8/2010 -
	PO Box 1111 Any City, AR 72764	123 Any St Any City, AR 72703			Check Amount	\$405.00
Select Patient	(479) 555-5555	(479) 555-5555			Remaining	\$0.00
					1	
Print Payment						Post Payment

If the Insurance EOB is for a single patient payment, and the Remaining Balance in the upper section/Remit details is zero, the Remit/EOB will need to be posted to the patient ledger and closed. If the Remit/EOB is for multiple patients/payments, you will be prompted to select another patient and will repeat the previous steps until the entire check is applied.

1. Print Payment (optional). Generata a report to verify all payments and how they were applied for the active remit/check. Make any corrections/edits prior to Posting to remit.

2. Click the Post Payment button to Apply payment(s) to Patient Ledger. <u>Payment will not be reflected</u> <u>in Patient ledger until it is Posted</u> Access from the main menu -> Billing -> Post Insurance Payments

Select Payer/Insurance Company from Drop Down list of existing Payers in the Insurance Company Maintenance

C	reate Insurance	Payment		
ſ	Create New Insurar	nce Payment		<u>^</u>
I	Payer	C	heck Number 📀	
		-		Create 🔮 🔳
Ч	Blue Shield IN	PO Box 37010	Louisville	
	Medicare Indiana	PO Box 6160	Indianapolis	Cancel
	Aetna 🚹	PO Box 1111	Any City	Statistics and
	AARP	PO Bpx 740819	Atlanta	
	Medicare	PO Box 1214	Little Rock	
	Arkansas Medicaid	PO Box 8883	Little Rock	
	Indiana Medicaid	PO Box 7269	Indianapolis	
	BCBS AR	PO Box 2181	Little Rock	经合并非保持

- 1. Use Drop Down to Select a Payer from the list
- 2. Type Check number shown on the Remit
- 3. Click the Create button

Add Remit Information as shown on EOB

Insurance Payment						×
Create/Load Payment	Payer	Group	NPI	1234567890	Check Number	123456
	Aetna 🔹	Professional Group, Inc. 🔹	Production Date	4/14/2010 -	Check Date	4/8/2010
	PO Box 1111	Andy Anderson		5	Check Amount	7 \$150.00
3 Select Patient	Any City, AR 72764 (479) 555-5555	Jamie R. James		•	Remaining	\$150.00
		Randall Oates				
		New Group added				
		Jamie James				
		Randall Oates, MD				
		Professional Group, Inc.				
		Radiology Inc.				
9						
Ŭ						

- 4. Select Billing Provider/Pay to Information from the drop down list in the Group Section
- 5. Enter Production/Posting/Deposit date
- 6. Type Check number as shown on the check, and Enter Check Date
- 7. Type Check amount shown on the check
- 8. Click the Select Patient button

Select the Patient account for Payment

Select Patient	
Patient Number	
Chart Rack	10 Select Cancel

9. Type the Patient account number shown on the Remit or Click on the Chart Rack button to search for the Patient.

10. Click Select to Open the Patient account

View of Payment Posting window with Patient Selected for Payment

	ent														3
Create/Load Paym	ent Payer				Group					NP		12345678	B90 Check M	Number	123456
	Aetna			*	Professional	Group, Inc.				▼ Pro	duction Date	4/14/201	0 🗸 Check 🛙	Date	4/8/2010 -
	PO Box				123 Any St								 Check #	Amount	\$405.00
Colorb Dollard		y, AR 72764 55-5555			Any City, AF (479) 555-55	R 72703							Remain		\$405.00
Select Patient	(475)3	55-5555			(473) 333-3.	555							Kenidin	ing	\$405.00
🙎 Patient Detail:	s														
	Bill, Will													Balanc	es
	Birthday 2/17	/1945 Age 6	5											Family	\$0.00
100 m	Sex Male	, i / i / i / i / i / i / i / i / i / i	5											Patient	\$1,570.00
-	Account 35	Chart												Total	\$1,570.00
Schedule	🗿 Claims 📗	Ledger 🛛 😲 1	insurance 🛛	👤 Demographi	cs 🛛 🔨 Custo	m									
🗐 Claims															¥
														Show A	ll Claims
Post Date 🛦	Processed	Claim ID	Pr	ovider	Payer	,		Secondary Payer	Amount	Balance	Route 9	Status			1
× 3/30/2010	4/5/2010		58 Ra	ndall Oates	Medica	are			\$375.00	\$20.00	E S	iubmitted			
× 4/6/2010	4/6/2010		90 Ra	ndall Oates	Medica	are			\$135.00	\$30.00	P S	Submitted			
× 4/8/2010	4/8/2010		103 Ra	ndall Oates	Medica	are			\$535.00	\$535.00	P S	Submitted			
× 4/8/2010	4/12/2010			ndall Oates	Medica				\$375.00	\$0.00		Submitted			
× 4/12/2010	4/14/2010		134 Ra	ndall Oates	Medica	are			\$375.00	\$375.00	P S	Submitted			
🔰 Claim Details	;														*
Details for C	laim 58										P	More Info	Claim Notes		
Payment Amount		Claim	Control #				Patient	Responsibility				\$0.00			^
Post Date	3/30/2010		ber ID	333224444A				Group Number				+			
Process Date	4/5/2010		lering Provider				- actorne								
Process Date			lering NPI	1122334455	,		Domai								-
Deutien	F	L Dono		CCFFCU3211			remail	ning Balance					Ľ		
	E	Rend	iening tari												
Routing			_								1		1		
S Charges Begin	End	U Pro	:.Mod	Billed	Allowed	Deduc	t	CoIns	Co Pay	Late	Other A	Adj	Provider Paid		Notes
Charges Begin 3/30/2010	End 3/30/2010	U Prod	_	\$135.00	Allowed	Deduc	t	CoIns	Co Pay	Late	Other A	Adj	Provider Paid	· · · ·	a
S Charges Begin 3/30/2010	End	U Pro	_		Allowed	Deduct	t	CoIns	Co Pay	Late	Other A	idj	Provider Paid		
S Charges Begin 3/30/2010	End 3/30/2010	U Prod	_	\$135.00	Allowed	Deduct	t	CoIns	Co Pay	Late	Other A	Adj	Provider Paid		a
S Charges Begin 3/30/2010	End 3/30/2010	U Prod	_	\$135.00	Allowed	Deduc	t	CoIns	Co Pay	Late	Other A	idj	Provider Paid		a
S Charges Begin 3/30/2010	End 3/30/2010	U Prod	_	\$135.00	Allowed	Deduct	t	CoIns	Co Pay	Late	Other A	idj	Provider Paid		a
S Charges Begin 3/30/2010	End 3/30/2010	U Prod	_	\$135.00	Allowed \$0.00		t \$0.00	CoIns	Co Pay 6	Late \$0.00		4dj	Provider Paid		a
S Charges Begin 3/30/2010	End 3/30/2010	U Prod	_	\$135.00 \$240.00											a
S Charges Begin 3/30/2010	End 3/30/2010	U Prod	_	\$135.00 \$240.00	\$0.00		\$0.00								a
Charges Begin 3/30/2010	End 3/30/2010	U Prod	_	\$135.00 \$240.00	\$0.00		\$0.00					\$0.00	\$0.0		a

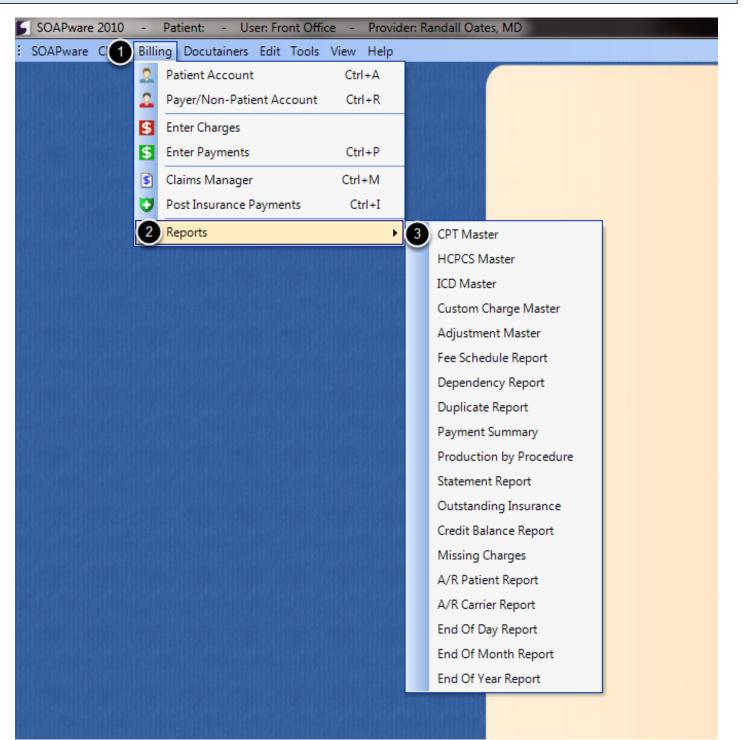
When selecting a patient, the account number shown on the remit is the Claim number assigned to the visit. When patient is opened, the grid will go directly to the claim number that was entered.

The **Print Payment** button will create a report listing payments applied for reference. The report can be displayed or printed

Reports

Billing menu -> Reports

Accessing the Report List



- 1. Click on the Billing menu.
- 2. Select Reports.
- 3. Select the report needed.

A report showing all CPT codes in the database for a specified year or all years combined.

CPT Master Options

C	PT Code M	aster Report	×
	Year:	2010 🗘 🔲 All Years 1	
	Sorting By:	Description/Code	2)
		Description/Code	
		Code	
		3 Ok Cancel	

- 1. Select the year of the CPT codes or check to see All Years' codes.
- 2. Select to sort by either the code or the description and the code.
- 3. Click Ok.

CPT Master Sample

СР	Т	Co	de	Mas	ter	Rep	port	2010	

CPT Code	Short Description	CPT Code	Short Description
0001F	HEART FAILURE COMPOSITE	00410	ANESTH, CORRECT HEART RHYTHM
0005F	OSTEOARTHRITIS COMPOSITE	0042T	CT PERFUSION W/CONTRAST, CBF
00100	ANESTH, SALIVARY GLAND	00450	ANESTH, SURGERY OF SHOULDER
00102	ANESTH, REPAIR OF CLEFT LIP	00452	ANESTH, SURGERY OF SHOULDER
00103	ANESTH, BLEPHAROPLASTY	00454	ANESTH, COLLAR BONE BIOPSY
00104	ANESTH, ELECTROSHOCK	00470	ANESTH, REMOVAL OF RIB
00120	ANESTH, EAR SURGERY	00472	ANESTH, CHEST WALL REPAIR
00124	ANESTH, EAR EXAM	00474	ANESTH, SURGERY OF RIB(S)
00126	ANESTH, TYMPANOTOMY	0048T	IMPLANT VENTRICULAR DEVICE
0012F	CAP BACTERIAL ASSESS	00500	ANESTH, ESOPHAGEAL SURGERY
00140	ANESTH, PROCEDURES ON EYE	0050T	REMOVAL CIRCULATION ASSIST
00142	ANESTH, LENS SURGERY	0051T	IMPLANT TOTAL HEART SYSTEM
00144	ANESTH, CORNEAL TRANSPLANT	00520	ANESTH, CHEST PROCEDURE
00145	ANESTH, VITREORETINAL SURG	00522	ANESTH, CHEST LINING BIOPSY
00147	ANESTH, IRIDECTOMY	00524	ANESTH, CHEST DRAINAGE
00148	ANESTH, EYE EXAM	00528	ANESTH, CHEST PARTITION VIEW
0014F	COMP PREOP ASSESS CAT SURG	00529	ANESTH, CHEST PARTITION VIEW
0015F	MELAN FOLLOW-UP COMPLETE	0052T	REPLACE COMPONENT HEART SYST
00160	ANESTH, NOSE/SINUS SURGERY	00530	ANESTH, PACEMAKER INSERTION
00162	ANESTH, NOSE/SINUS SURGERY	00532	ANESTH, VASCULAR ACCESS
00164	ANESTH, BIOPSY OF NOSE	00534	ANESTH, CARDIOVERTER/DEFIB
0016T	THERMOTX CHOROID VASC LESION	00537	ANESTH, CARDIAC ELECTROPHYS
00170	ANESTH, PROCEDURE ON MOUTH	00539	ANESTH, TRACH-BRONCH RECONST
00172	ANESTH, CLEFT PALATE REPAIR	0053T	REPLACE COMPONENT HEART SYST
00174	ANESTH, PHARYNGEAL SURGERY	00540	ANESTH, CHEST SURGERY
00176	ANESTH, PHARYNGEAL SURGERY	00541	ANESTH, ONE LUNG VENTILATION
0017T	PHOTOCOAGULAT MACULAR DRUSEN	00542	ANESTH, RELEASE OF LUNG
00190	ANESTH, FACE/SKULL BONE SURG	00546	ANESTH, LUNG, CHEST WALL SURG
00192	ANESTH, FACIAL BONE SURGERY	00548	ANESTH, TRACHEA, BRONCHI SURG
0019T	EXTRACORP SHOCK WV TX, MS NOS	0054T	BONE SURGERY USING COMPUTER
00210	ANESTH, CRANIAL SURG NOS	00550	ANESTH, STERNAL DEBRIDEMENT
00211	ANESTH, CRAN SURG, HEMOTOMA	0055T	BONE SURGERY USING COMPUTER
00212	ANESTH, SKULL DRAINAGE	00560	ANESTH, HEART SURG W/O PUMP
00214	ANESTH, SKULL DRAINAGE	00561	ANESTH, HEART SURG < AGE 1
00215	ANESTH, SKULL REPAIR/FRACT	00562	ANESTH HRT SURG W/PMP AGE 1+
00216	ANESTH, HEAD VESSEL SURGERY	00563	ANESTH, HEART SURG W/ARREST
00218	ANESTH, SPECIAL HEAD SURGERY	00566	ANESTH, CABG W/O PUMP
00220	ANESTH, INTRCRN NERVE	00567	ANESTH, CABG W/PUMP
00222	ANESTH, HEAD NERVE SURGERY	00580	ANESTH, HEART/LUNG TRANSPLNT
00300	ANESTH, HEAD/NECK/PTRUNK	00600	ANESTH, SPINE, CORD SURGERY
0030T	ANTIPROTHROMBIN ANTIBODY	00604	ANESTH, SITTING PROCEDURE

Sample CPT Master Report for the year 2010, sorted by Code.

A report showing all HCPCS codes in the database for a specified year or all years combined.

HCPCS Master Options

H	ICPCS Code	Master Report	x
	Year:	2010 🗘 🔲 All Years 1	
	Sorting By:	Code 👻	2
		Description/Code	ř
		Code	
		3 Ok Cancel	

- 1. Select the year of the HCPCS codes or check to see All Years' codes.
- 2. Select to sort by either the code or the description and the code.
- 3. Click Ok.

HCPCS Master Sample

HCPCS Code Master Report 2010

HCPCS Code	Description	HCPCS Code	Description
A0021	Outside state ambulance serv	A4213	20+ CC syringe only
A0080	Noninterest escort in non er	A4215	Sterile needle
A0090	Interest escort in non er	A4216	Sterile water/saline, 10 ml
A0100	Nonemergency transport taxi	A4217	Sterile water/saline, 500 ml
A0110	Nonemergency transport bus	A4218	Sterile saline or water
A0120	Noner transport mini-bus	A4220	Infusion pump refill kit
A0130	Noner transport wheelch van	A4221	Maint drug infus cath per wk
A0140	Nonemergency transport air	A4222	Infusion supplies with pump
A0160	Noner transport case worker	A4223	Infusion supplies w/o pump
A0170	Transport parking fees/tolls	A4230	Infus insulin pump non needl
A0180	Noner transport lodgng recip	A4231	Infusion insulin pump needle
A0190	Noner transport meals recip	A4232	Syringe w/needle insulin 3cc
A0200	Noner transport lodgng escrt	A4233	Alkalin batt for glucose mon
A0210	Noner transport meals escort	A4234	J-cell batt for glucose mon
A0225	Neonatal emergency transport	A4235	Lithium batt for glucose mon
A0380	Basic life support mileage	A4236	Silvr oxide batt glucose mon
A0382	Basic support routine suppls	A4244	Alcohol or peroxide per pint
A0384	Bls defibrillation supplies	A4245	Alcohol wipes per box
A0390	Advanced life support mileag	A4246	Betadine/phisohex solution
A0392	Als defibrillation supplies	A4247	Betadine/iodine swabs/wipes
A0394	Als IV drug therapy supplies	A4248	Chlorhexidine antisept
A0396	Als esophageal intub suppls	A4250	Urine reagent strips/tablets
A0398	Als routine disposble suppls	A4252	Blood ketone test or strip
A0420	Ambulance waiting 1/2 hr	A4253	Blood glucose/reagent strips
A0422	Ambulance 02 life sustaining	A4255	Glucose monitor platforms
A0424	Extra ambulance attendant	A4256	Calibrator solution/chips
A0425	Ground mileage	A4257	Replace Lensshield Cartridge
A0426	Als 1	A4258	Lancet device each
A0427	ALS1-emergency	A4259	Lancets per box
A0428	bls	A4261	Cervical cap contraceptive
A0429	BLS-emergency	A4262	Temporary tear duct plug
A0430	Fixed wing air transport	A4263	Permanent tear duct plug
A0431	Rotary wing air transport	A4264	Intratubal occlusion device
A0432	Pl volunteer ambulance co	A4265	Paraffin
A0433	als 2	A4266	Diaphragm
A0434	Specialty care transport	A4267	Male condom
A0435	Fixed wing air mileage	A4268	Female condom
A0436	Rotary wing air mileage	A4269	Spermicide
A0800	Amb trans 7pm-7am	A4270	Disposable endoscope sheath
A0888	Noncovered ambulance mileage	A4280	Brst prsths adhsv attchmnt
A0000	Ambulance response/treatment	A4200 A4281	Replacement breastnump tube

Sample HCPCS Master Report for the year 2010, sorted by Code.

A report showing all ICD codes in the database for a specified year or all years combined.

ICD Master Options

0)iagnosis Co	de Master Report X
	Year:	2010 1 All Years
	Sorting By:	Code 2
		Description/Code
		Code
		3 Ok Cancel

- 1. Select the year of the CPT codes or check to see All Years' codes.
- 2. Select to sort by either the code or the description and the code.
- 3. Click Ok.

ICD Master Sample

Diagnosis Code Master Report 2010

)iagnosis Code	Description	Diagnosis Code	Description
001.0	Cholera due to Vibrio cholerae	003.8	Salmonella infections, other, specified
001.1	El Tor cholera	003.9	Salmonella infection NOS
001.1	Vibrio cholerae el tor	003.9	Salmonellosis NOS (except human typhoid &
001.1	Cholera due to Vibrio cholerae el tor		paratyphoid)
001.9	Asiatic cholera	003.9	Suipestifer infection
001.9	Cholerine	003.9	Salmonella infection, unspecified
001.9	Cholera NOS	003.9	Salmonella
001.9	Cholera, unspecified	004.0	Infection due to Group A Shigella
002.0	Eberth's disease	004.0	Shigella group A infection
002.0	Typhomania	004.0	Shigella dysenteriae infection
002.0	Typhogastric fever	004.0	Schmitz-Stutzer dysentery
002.0	Typhoperitonitis	004.0	Group A Shigella infection
002.0	Post-typhoid abscess	004.0	Shigellosis due to Shigella dysenteriae
002.0	lleotyphus	004.1	Shigellosis due to Shigella flexneri
002.0	Infection by Salmonella typhi	004.1	Shigella group B infection
002.0	Typhoenteritis	004.1	Shigella flexneri infection
002.0	Typhoid	004.1	Hiss-Russell dysentery
002.0	Typhoid fever	004.1	Group B Shigella infection
002.1	Paratyphoid fever A	004.1	Infection due to Group B Shigella
002.1	Paratyphoid A fever	004.2	Shigellosis due to Shigella boydii
002.2	Paratyphoid B fever	004.2	Shigella boydii infection
002.2	Paratyphoid fever B	004.2	Infection due to Group C Shigella
002.3	Paratyphoid fever C	004.2	Flexner-Boyd dysentery
002.3	Paratyphoid C fever	004.2	Shigella group C infection
002.9	Paratyphoid fever NOS	004.2	Group C Shigella infection
002.9	Brion-Kayser disease	004.2	Boyd's dysentery
002.9	Schottmuller's syndrome	004.3	Infection due to Group D Shigella
002.9	Paratyphoid fever, unspecified	004.3	Shigella sonnei infection
003.0	Salmonellosis	004.3	Shigella group D infection
003.0	Salmonella food poisoning	004.3	Group D Shigella infection
003.0	Salmonella gastroenteritis	004.3	Sonne dysentery
003.0	Gastroenteritis, Salmonella	004.3	Shigellosis due to Shigella sonnei
003.1	Salmonella septicemia	004.8	Shigella infections, other, specified
003.1	Septicemia, Salmonella	004.8	Russell's dysentery
003.20	Localized Salmonella infection NOS	004.8	Other specified Shigella infections
003.20	Salmonella infection, localized, unspecified	004.9	Shigellosis NOS
003.20	Localized salmonella infection, unspecified	004.9	Shigellosis, unspecified
003.21	Meningitis, Salmonella	004.9	Chinese dysentery
003.21	Salmonella meningitis	004.9	Shigella
003.22	Pneumonia, Salmonella	004.9	Bacillary dysentery
003.22	Salmonella pneumonia	005.0	Staphylococcal food poisoning

Sample ICD Master Report for the year 2010, sorted by Code.

A report showing all custom codes in the database.

Custom Charges Master Options

C	ustom Chai	rge Code Master Report X	
	Show Or	nly Active Codes	
	Sorting By:	Code 2)
		Description/Code	1
		Code	
			I
		3 Ok Cancel	

- **1.** Check if you want to show all active codes.
- 2. Select to sort by either the code or the description and the code.
- 3. Click Ok.

Cust	Custom Charges Master Sample							
		Custom	Charge Code Maste Active Codes Only	r Report				
	Custom Code	Description	Custom Code	Description				
	HS333	Herbal Supplements						

Sample Custom Charges Master Report with only active codes showing.

A report showing all adjustment codes in the database.

Adjustment Master Options

A	djustment	Code Master Report X
	Show Or	nly Active Codes
	Sorting By:	¢ode •2
		Description/Code
		Code
		3 Ok Cancel

- 1. Check if you want to show all active codes.
- 2. Select to sort by either the code or the description and the code.
- 3. Click Ok.

Adj	Adjustment Code Master Sample						
		Adjustn	nent Code Master R Active Codes Only	eport			
	Adjustment Code	Description	Adjustment Code	Description			
	A123 B1234 S111 W001 inspay refund	Test Adjustment Charity Care Sample Adjustment Writeoff Insurance Adjustment Refund Adjustment					

Sample Adjustment Code Master Report with only active codes showing.

A report showing the fees set for each code, according to the selected Fee Schedule.

Fee Schedule Report Options

Fee Schedule Report	x
Fee Schedule:	-
	2 Ok Cancel

1. Select the desired fee schedule from the drop down.

2. Click Ok.

Fee Schedule Report Sample

Fee Schedule Report Default							
Code	Description	Active	Amount				
0001F	HEART FAILURE COMPOSITE	Yes	35.00				
12001	REPAIR SUPERFICIAL WOUND(S)	Yes	95.00				
78315	BONE IMAGING, 3 PHASE	No	0.00				
80061	LIPID PANEL	Yes	71.00				
83721	ASSAY OF BLOOD LIPOPROTEIN	Yes	44.00				
99000	SPECIMEN HANDLING	Yes	60.00				
99201	Level 1 NP Use DX 250.00	Yes	75.00				
99203	Level 3 New Pt SHORT DESC	Yes	86.00				
99205	OFFICE/OUTPATIENT VISIT, NEW	Yes	114.00				
99211	OFFICE/OUTPATIENT VISIT, EST	Yes	125.00				
99213	OFFICE/OUTPATIENT VISIT, EST	Yes	135.00				
HS333	Herbal Supplements	No	374.00				
S3333	Herbal supplements	No	440.00				

Sample Fee Schedule Report for the Default fee schedule.

Dependency Report

A report showing the fee schedules that have dependies on them, and the percentage that is being calculated for each.

Dependency Report Sample Fee Schedule Dependency Report Fee Schedule Group Fee Schedule Group Fee Schedule Fee Schedule Percentage Percentage Aetna BCBS12 200.00% BCBS2010 200.00% Aetna10 Aetna11 200.00% BCBS2010 110.00% Default 2 3 Cigna Cigna10 150.00% Default Aetna 200.00% Aetna12 200.00% BCBS10 200.00% HA10 200.00% Medicaid 200.00% Test 90.00% Test02 25.00% UHC10 150.00% UHC12 200.00% Medicare BCBS 120.00%

- 1. The base Fee Schedule. The fee schedule(s) listed below are based on the top fee schedule.
- 2. The calculated fee schedule, based on a percentage of the above fee schedule.
- **3.** The percentage of #1 fee schedule to calculate the #2 fee schedule.

Duplicate Report

A report showing any duplicate patients in the database. Searchable by First, Middle or Last Name, SSN, Date of Birth, or Phone Number.

Patient Duplicate Options

Patient Duplicate Report	x
Patient Name	
First Name Middle Last Name	
SSN Date of Birth	*
Phone Number	
	Ok Cancel

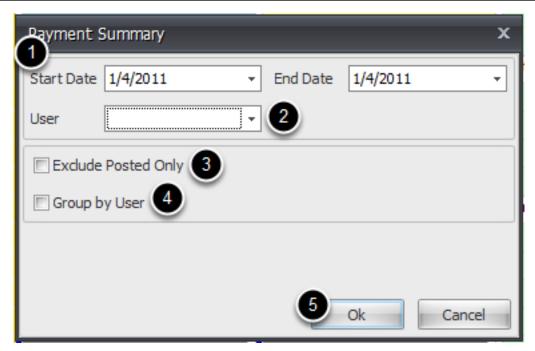
Search by any of the above criteria to find duplicate patients.

		Pati	ient Duplic	ate Report		
	<u> </u>		Dete of Dist.			C. II DI.
		SSN	Date of Birth	Home Phone	Work Phone	Cell Phone
Patient Name	Chart #	0011				
Patient Name Slim, Jim	Chart #		1/1/0001			
	Chart#	111-11-1111	1/1/0001 5/5/1980	(479)555-5555	(479)333-3333	(479)444-4444

Sample Patient Duplicate Report searching by last name, Slim.

A report for showing the payments by payment type that have been entered during a specified time period.

Payment Summary Report Options



1. Start Date and End Date: Select a date range in which to see all of the payments entered.

2. **User:** If wanting to run the Payment summary for a particular user, select the appropriate user from the drop down.

3. **Exclude Posted Only:** Posted Only refers to payments that were only officially posted on the current date, but have a different (previous) Entered Date. This situation would occur if you took a pre-payment for a patient, but did not officially post the payment to their account that day (and it remained in the patient's Pre-Pay bank), but you did deposit the check at the bank. On the day that you do post those charges to the patient's account, if you do not want that payment on your payment summary report (because it has already been deposited), you can check the Exclude Posted Only box. If you would like to see those items on your Payment summary, if you leave the Exclude Posted Only checkbox UNchecked, you will see those items listed as Posted in their status. In addition, you will be able to see both the Entered Date and the Posted Date, should any confusion arise.

4. **Group by User:** Checking this box will show payments entered by user (unless a specific user has been selected already).

		P	aymen	t Summary for Date Run: 1/4/2011 All Users			
Cash			-				
Status	Date Entered	Date Posted	Туре	Patient Name	Account No.	Reference Number	Amount
Posted	1/4/2011	1/4/2011	Payment	Slim, Sarah	88		\$30.00
					Cash To	otal	
					То	tal Unapplied	\$0.00
					Tot	al Nonposted	\$0.00
						Total Posted	\$30.00
						Total	\$30.00
							\$00.00
Check	10 Date Entered		12 Type		14 Account No	15 Reference Number	
Status	Date Entered		Туре	Patient Name	Account No.	Reference Number	Amount
Status Unapplied	Date Entered		Type Co-Pay	Patient Name Jim, Slim T.	34	Reference Number 1234	Amount \$20.00
Status	Date Entered		Type Co-Pay	Patient Name		Reference Number 1234 9854	Amoun \$20.00
Status Unapplied	Date Entered		Type Co-Pay	Patient Name Jim, Slim T.	34 91 Check 1	Reference Number 1234 9854 Total	Amoun \$20.00 \$25.00
Status Unapplied	Date Entered		Type Co-Pay	Patient Name Jim, Slim T.	34 91 Check 1 To	Reference Number 1234 9854	Amoun \$20.00 \$25.00 \$20.00
Status Unapplied	Date Entered		Type Co-Pay	Patient Name Jim, Slim T.	34 91 Check 1 To	Reference Number 1234 9854 Total tal Unapplied	Amoun \$20.00 \$25.00 \$20.00 \$20.00 \$25.00
Status Unapplied	Date Entered		Type Co-Pay	Patient Name Jim, Slim T.	34 91 Check 1 To	Reference Number 1234 9854 Fotal Ital Unapplied al Nonposted	Amoun \$20.00 \$25.00 \$25.00 \$20.00 \$25.00 \$0.00
Status Unapplied	Date Entered 1/4/2011 1/4/2011		Type Co-Pay	Patient Name Jim, Slim T.	34 91 Check 1 To	Reference Number 1234 9854 Total tal Unapplied tal Nonposted Total Posted	Amount \$20.00 \$25.00 \$20.00 \$20.00 \$25.00 \$0.00
Status Unapplied Nonposted	Date Entered 1/4/2011 1/4/2011	Date Posted	Type Co-Pay	Patient Name Jim, Slim T.	34 91 Check 1 To	Reference Number 1234 9854 Total tal Unapplied tal Nonposted Total Posted	
Status Unapplied Nonposted Credit Card	Date Entered 1/4/2011 1/4/2011	Date Posted	Type Co-Pay Payment	Patient Name Jim, Slim T. Patient, Test	34 91 Check 1 To Tot	Reference Number 1234 9854 Total tal Unapplied tal Nonposted Total Posted Total	Amount \$20.00 \$25.00 \$20.00 \$25.00 \$0.00 \$45.00

1. The **Date Range** for the Payment Summary data.

- 2. Date Run: The date the report is generated
- 3. Indicates how the report is run: By User or All Users

4, 5 & 6: Payment Types: Cash, Check, Credit Card, Insurance payment, etc.

7. Payment Status (**Posted**): Indicates that the payment was officially posted to the patient's ledger during the date range specified. Refer to the Date Posted column for the item to see the specific post date. This status will have both an Entered Date and a Posted Date. Depending on the circumstances, in some cases, these 2 dates may not be the same.

8. Payment Status **(Unapplied)**: Indicates any payments that were taken from the patient and entered, but not officially applied toward any charges. (Will pertain to Co-Pays and Pre-Pays). This status will show an Entered Date, but no Posted Date.

9. Payment Status (Nonposted): Indicates any payments that have been entered into the system, applied to charges, but have not been posted to the patient's ledger. These payments will be found in the patient's New Charges tab of their patient account. This status will show an Entered Date, but no Posted Date.

10. Date Entered: The date that the payment was entered and saved for a particular patient.

11. Date Posted: The date that the payment was posted to the patient's ledger.

12. **Type:** Indicates the type of payment (will be a Co-Pay, Pre-Pay, or Payment).

13. Patient Name: The patient to whom the payment was saved.

14. Account No.: The account number for the patient indicated.

15. **Reference Number:** Will indicate any information that was typed in as a reference for the payment when it was taken. (Could be a check number, credit card type, etc.)

16. **Amount:** The amount of the payment that was stored for the patient indicated.

A report for showing the production by code for a specified date range and searchable by Provider, Referring Provider, and/or Facility.

Production by Procedure Report Options

Production By Proc	edure Report X
Code Range	
Start Code	End Code
Date Range	
Start Date 7/24/20	10 • End Date 7/24/2010 •
Details	
Provider	•
Referring Provider	
Facility	
	Okay Cancel

Search for payments entered by Date Range, Provider, Referring Provider, and/or Facility.

Production By Procedure Report

Period: 1/1/2010 to 7/24/2010

C 1	Desertedes		•	Tetel Dilled	A .11	Total Pa	aid by	T-(-1.D-1
Code	Description	# Proc.	Amount	Total Billed	Adj.	Insurance	Patient	Total Paid
70355	PANORAMIC X-RAY OF JAWS	1	0.00	0.00	0.00	0.00	0.00	0.00
71010	CHEST X-RAY	1	0.00	0.00	0.00	0.00	0.00	0.00
99201	OFFICE/OUTPATIENT VISIT, NEW	8	75.00	720.00	0.00	0.00	640.00	640.0
99203	OFFICE/OUTPATIENT VISIT, NEW	7	86.00	476.00	10.00	0.00	247.00	247.0
99205	OFFICE/OUTPATIENT VISIT, NEW	2	114.00	189.00	60.00	114.00	84.00	198.0
99211	OFFICE/OUTPATIENT VISIT, EST	2	125.00	875.00	5.00	0.00	60.00	60.0
Provide	r Oates, Randall, MD Referrin	g Provid	ler					
Facility	DOCS Clinic							
Code	Description	# Proc.	Amount	Total Billed	Adj.	Total Pa Insurance	aid by Patient	Total Paie
00103	ANESTH, BLEPHAROPLASTY	1	0.00	65.00	0.00	0.00	0.00	0.0
00124	ANESTH, EAR EXAM	1	0.00	72.00	0.00	60.00	920.00	980.0
65210	REMOVE FOREIGN BODY FROM EY	E 1	0.00	50.00	0.00	0.00	50.00	50.0
70355	PANORAMIC X-RAY OF JAWS	1	0.00	0.00	0.00	0.00	0.00	0.0
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	1	0.00	0.00	0.00	0.00	0.00	0.0
92961	CARDIOVERSION, ELECTRIC, INT	1	0.00	26.00	0.00	0.00	0.00	0.0
94725	MEMBRANE DIFFUSION CAPACITY	1	0.00	50.00	0.00	0.00	50.00	50.0
95860	MUSCLE TEST, ONE LIMB	1	0.00	0.00	0.00	0.00	0.00	0.0
96151	ASSESS HLTH/BEHAVE, SUBSEQ	2	0.00	0.00	0.00	0.00	0.00	0.0
97010	HOT OR COLD PACKS THERAPY	1	0.00	35.00	0.00	0.00	25.00	25.0
99201	OFFICE/OUTPATIENT VISIT, NEW	14	75.00	1,038.20	175.00	0.00	860.00	860.0
99203	OFFICE/OUTPATIENT VISIT, NEW	2	86.00	130.00	0.00	0.00	0.00	0.0
99205	OFFICE/OUTPATIENT VISIT, NEW	4	114.00	300.00	0.00	0.00	165.00	165.0
99211	OFFICE/OUTPATIENT VISIT, EST	5	125.00	2,550.00	730.00	0.00	1,820.00	1,820.0
99213	OFFICE/OUTPATIENT VISIT, EST	1	135.00	112.00	0.00	0.00	100.00	100.0
33213	OBSERVATION CARE	3	0.00	65.00	0.00	0.00	65.00	65.0
99218			0.00	35.00	0.00	0.00	0.00	0.0
99218	INPATIENT CONSULTATION	1	0.00	33.00	0.00			
99218 99252		1	0.00	60.00	0.00	0.00	0.00	
	INPATIENT CONSULTATION herbal supplements Herbal Supplements							0.0 225.0

Sample Production by Procedure Report searching by year to date by provider Randall Oates.

This Statement manager allows reports to be run both in group or individually by patient or guarantor.

Statement Report Options

Statement Rep	ort Options 🛛 🔀
Search Options	
Minimum Balance	<u>\$0.00</u>
Group	Select Group 2 -
Patient	Select Patient 3 ···
Guarantor	Select Guarantor 4 ····
Search Guaranto	or Last Name Range 5
Start	End
(6 🔲 Do not show pending insurance items.
	Enter Notes
Notes	
	Top Margin (in 100th of inch) 100 8
	9 Okay Cancel

1. Set a minimum balance by which to send statements out. This will not allow any statement to print if the balance is less than the minimal set here.

- 2. Print batch statements by Group.
- **3.** Print individual statements for a select Patient.
- 4. Print individual statements by a select Guarantor.
- 5. Run batch statements alphabetically by Patient Last Name Range.
- 6. Check to not include charges that are pending insurance.

7. Type a free text message for the statements. This message will print at the bottom of each statement included in the process.

- 8. Adjust printing line up as need.
- 9. Click Okay when finished.

Sample Statement

1101	essional Gro	oup, inc.		Statement	Date Ac	count N	umber	Pay This Am	ount
PO B	ox 1234			12/21/201	n	122		\$58.00	
Sprin	gdale, AR 7276	4		12/21/201	0	122		ψ00.00	
	ing Questions call 555-3333								
Tax ID: Page 1	333221111 of 1				Professiona PO Box 1234	l Grou	p, Inc.		
Cha	rles, Chuck (C.			Springdale, AR	72764			
123 E	Im								
Elm (City, AR								
	Address or Insurance i	nformation has ob							
	ease check box and ac					Plea	ise detach and re	turn top portion with	payment.
				Ctatama	**	Plea	ise detach and re	tum top portion with	payment.
L pi	ease check box and a	ld updated informa	ation.	Stateme	nt	Plea	ise detach and re	tum top portion with	payment.
L pi		ld updated informa		_	nt	Plea			
L pi	ease check box and a	ld updated informa	ation.	Stateme	nt DX	Plea Units	charges	tum top portion with Pymt/Adj	payment. Balance
atient: Date	ease check box and ac Charles, Chuck Provider	dd updated informa C. C Procedure	tion.	Description Balance Forward	DX	Units	Charges		
atient: Date	ease check box and a Charles, Chuck	dd updated informa	tion.	Description Balance Forward OFFICE/OUTPATIEN	DX				Balance
atient: Date 0/27/10	ease check box and ac Charles, Chuck Provider	dd updated informa C. C Procedure 99212	tion.	Description Balance Forward OFFICE/OUTPATIEN VISIT, EST	DX	Units	Charges	Pymt/Adj	Balance
atient: Date 0/27/10	ease check box and ac Charles, Chuck Provider	dd updated informa C. C Procedure	tion.	Description Balance Forward OFFICE/OUTPATIEN	DX	Units	Charges		Balance
atient: Date 0/27/10	ease check box and ac Charles, Chuck Provider	dd updated informa C. C Procedure 99212	tion.	Description Balance Forward OFFICE/OUTPATIEN VISIT, EST	DX	Units	Charges \$108.00	Pymt/Adj	Balance \$0.00
atient:	ease check box and ad Charles, Chuck Provider Randall Oates	dd updated informa C. C Procedure 99212 INS PYMT	tion. Chart: Mod	Description Balance Forward OFFICE/OUTPATIEN VISIT, EST BCBS AR Pymt	DX T 724.2	Units 1	Charges \$108.00	Pymt/Adj \$50.00	Balance \$0.00 \$58.00 \$58.00
atient: Date 0/27/10	ease check box and ac Charles, Chuck Provider	dd updated informa C. C Procedure 99212 INS PYMT	tion. Chart: Mod 30 - 60 I	Description Balance Forward OFFICE/OUTPATIEN VISIT, EST	DX	Units 1	Charges \$108.00	Pymt/Adj \$50.00	Balance \$0.00 \$58.00 \$58.00

Sample Statement Report

New in 2010.3:

Statements now show insurance payments as "INS PYMT" and insurance adjustments as "INS ADJ".

Added insurance company name to insurance payment line items.

Statements now preview in bulk before printing.

Statements are grouped by guarantor.

Users may now add a note to all statements run in a batch.

Statements will not run for a provider if he is not linked to a group.

When generating batch statements, users can set the top margin between 1/10th of an inch to 3 inches.

A report showing the outstanding aging by Insurance Carrier by Provider.

Outstanding Insurance Report Options

Outstand	ding Insurance Report	x
Provider		J
	Ok Cancel	

Search for outstanding aging amounts for each carrier by Provider.

	Outst	anding Ins	urance F	Report					
	Outstanding Insurance Report								
#Claims	Insurance Company	0-30	31-60	61-90	91-120	120 +	Total		
14	Aetna	0.00	1,034.00	560.00	281.00	0.00	1,875.00		
8	BCBS	75.00	1,230.20	65.00	90.00	0.00	1,460.20		
15	BCBS of New York, Rochester	2,849.00	58.00	120.00	155.00	0.00	3,182.00		
1	Medicaid - CSC	0.00	545.00	0.00	0.00	0.00	545.00		
		985.00	966.00	75.00	75.00	0.00	2,101.00		

Sample Outstanding Insurance Report searching by Provider.

A report showing all patients with credits on their accounts.

Credit Report Sample

		Credit Bala	ance Rep	oort			
Account Number	Patient Name	Insurance Processing	30 Days	60 Days	90 Days	120+ Days	Accour Balanc
	Smith Bob	Yes	(993.00)	(993.00)	(993.00)	(908.00)	(838.00

Sample Credit Report

Missed Charges Report

A report showing any possibly missed charges within SOAPware, by Provider. The report will display 3 specific areas where charges could be being missed:

1. Encounters: Any patients with encounters that do not have an associated billing statement will be shown.

2. Superbills: Any patients with superbills that have never been posted will be shown.

3. Visits: Any patients with visits that are in the patient's New Charges tab of their Patient Account that have not been posted to the patient ledger will be shown.

(Previously known as SOAP Audit Report)

Missed Charges Report Options	
-------------------------------	--

Missing C	harges Report	x
Provider	Randall Oates, MD	•
	Ok Cancel	

Select the Provider from the drop down.

Missed Charges Report Sample showing Encounters without a Superbill

Missing Charges Report									
		IVI	12/27/2010	роп					
			Randall Oates, MD						
	nters 1								
icour	Date	Patient Name	Account Number	Encounter Name					
	7/30/2008	Clyde Annie	112	Acute pharyngitis ICD#462					
	9/17/2008	Clyde Annie	112	Benign hypertension ICD#401.1 Atrial fibrill					
	9/18/2008	Clyde Annie	112	GENERAL MEDICAL EXAM NOS ICD#V70.9					
	11/5/2008	Jim Slim T	34						
	11/19/2008	Smith Bob	15	Immunization admin #90471 Related Dxs- Modifi					
	12/10/2008	Jim Slim T	34	Shortness of breath ICD#786.05 Throat pain					
	2/26/2009	Clyde Annie	112	Anticoagulant Use ICD#V58.61 Comment-					
	3/22/2009	Clyde Annie	112	Anticoagulant Use ICD#V58.61 Comment-					
	4/29/2009	Clyde Annie	112	Anticoagulant Use ICD#V58.61 Comment-					
	4/29/2009	Clyde Annie	112	Benign hypertension ICD#401.1					
	7/1/2009	Clyde Annie	112	Chronic obstructive pulmonary disease ICD#496					
	7/22/2009	Jim Slim T	34	Dx					
	10/28/2009	Clyde Annie	112						
	10/29/2009	Clyde Annie	112	Viral Gastroenteritis ICD#008.8					
	10/29/2009	Clyde Annie	112	Influenza NOS ICD#487.1					
	11/13/2009	Jim Slim T	34	Strep Throat (streptococcal tonsillitis) ICD#03					
	12/8/2009	Jim Slim T	34	Gastroesophageal reflux disease or GERD ICD#530					
	1/20/2010	Jim Slim T	34	Diabetes - Type 2					

1. Encounters with no Superbill created. Will indicate Encounter Date, Patient Name, Account Number, and the associated reason for the visit (Encounter Name).

Missed Charges Report Sample showing Non-Posted Superbills and Visits

		Mis	ssing Charges Report	
			12/27/2010 Randall Oates, MD	
	-			
Superbills	s 🕐			
	Date	Patient Name	Account Number	
	7/26/2010	Hassell, Randon	43	
	7/28/2010	Sue, Sally A., Jr.	54	
	7/28/2010	Sue, Sally A., Jr.	54	
	8/16/2010	Slim, Sarah	88	
	8/27/2010	Slim, Sarah	88	
	9/7/2010	Slim, Sarah	88	
	9/23/2010	Clyde, Annie	112	
	10/13/2010	Jim, Slim T.	34	
	10/20/2010	Smith, Tom A.	32	
	11/3/2010	Jim, Slim T.	34	
	11/4/2010	Doe, John	52	
	11/11/2010	Bee, Sarah	66	
	11/22/2010	Doe, Peter D.	90	
	12/3/2010	Jim, Slim T.	34	
	12/3/2010	Osmond, Donnie	82	
Visits 3				
	Date	Patient Name	Account Number	
	3/10/2010	Smith, Megan	28	
	5/18/2010	Marley, B	59	
	6/1/2010	Mitchell, Sadie	47	
	6/1/2010	Marley, B.	49	
	6/1/2010	Lowe, Kim	57	
	6/23/2010	Taylor, Liz	97	
	6/23/2010	Rone, Megan	60	
	7/26/2010	Criner, Brook	37	
	7/28/2010	Sue, Sally A., Jr.	54	
	7/28/2010	Sue, Sally A., Jr.	54	
	9/1/2010	Slim, John	64	
	11/4/2010	Doe, John	52	

2. Superbills that have not been posted. Will indicate Superbill Date of Creation, associated Patient Name and Account Number.

3. Missed Visits found in the New Charges tab of the patient account. Will indicate the Visit Date, associated Patient Name and Account number.

A/R Patient Report

A report showing all patient A/R, searchable by selecting a specific Guarantor or Patient, Patient Account Number, and Filtered by either Patient or Insurance amount or Both. Also filterable by Aging Category of Current, 30, 60, 90, 120 days or All, as well as setting a particular dollar range for the Type or Aging.

A/R Patient Re	eport Op	otions			
	Guaran	tor Accounts F	Receivable Report	x	
	Select	t <u>G</u> uarantor	Search <u>N</u> ame Range	2	
	Guara	ntor			
	Patier	nt			
	Accour	nt Number		3	
	Balan	ce Filter 🕘			
	Туре	© Patient	© Insurance	🖲 Both	
	Aging	© Current © 90 Days	© 30 Days © 120 Days		
	Balance	e Range Start	E	ind	
			5 Oka	y Cancel	

- 1. Create an A/R Patient report for a particular Guarantor.*
- 2. Create an A/R Patient Report for a selected Patient. *

3. Create an A/R Patient Report for a particular patient, by entering their Account Number.*

4. Filter your report by any or all of the below options. These categories build on one another. The range at the bottom will search based on the specific options that are selected in both Type and Aging.

Type - Patient, Insurance, Both: Select one of these options to filter. Filter just the Patient balance or the Insurance balance or Both together.

Aging - Current, 30 Days, 60 Days, 90 Days, 120 Days, All: Select an aging category to filter. Balance Range Start and End: The amount range entered here will apply to the options selected in Type and Aging. For example, if you wanted to filter for any Insurance balance that has been outstanding for 120+ days that is greater than \$1,000, you would select Insurance for Type, 120 Days for Aging and enter 1,000 for the Balance Range Start.

NOTE: You MUST have a Start and End Balance entered to run the report.

5. Click Okay when finished.

* If these fields are left blank, the report engine will search the entire patient database, based on the criteria entered at the bottom.

Doe, Mister,	Home: (564) 1	65-1316, Cell:	(651) 946-5032	₂ ◀━	Guar	rantor			
Name	Account	Last Payment		Current	30 Days	60 Days	90 Days	120 Days	Totals
Blue, Big	92	6/28/2010	Patient	\$80.00	\$1,295.15				\$1,375.15
			Insurance	\$526.00	\$998.00				\$1,524.00
		Pat	ientBalance	\$80.00	\$1,295.15				\$1,375.15
	Insurance Balance			\$526.00	\$998.00				\$1,524.00
	Family Balance			\$606.00	\$2,293.15				\$2,899.15

1. Each patient shown will indicate the Patient A/R breakdown with totals and the Insurance A/R breakdown with Totals.

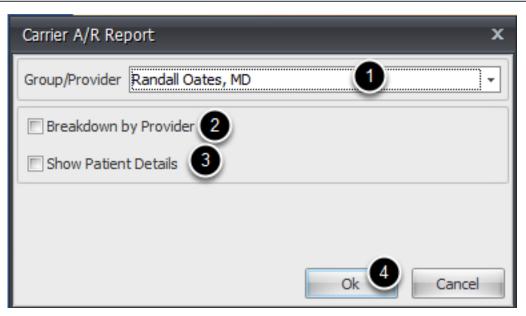
2. For each Guarantor (Family), there will be a total of all of the dependent's Patient A/R, as well as the totals of all of the dependent's Insurance A/R.

3. At the bottom, there will be a total Family Balance which is a total of both the overall Patient A/R balance and the overal Insurance A/R balance.

A/R Carrier Report

Provides both a summary and detailed report (by patient) showing the amount of accounts receivable pending with each insurance company (carrier).





1. Group/Provider: Select a specific provider or group by which to run the report.

2. **Breakdown by Provider:** If a Group is selected from the drop down and Breakdown by Provider is checked, the report will show the group activity, broken down by the individual providers within the Group.

3. **Show Patient Details:** Will provide the specific patient charges that make up each Carrier A/R. If you are wanting a summary report of the total A/R for each carrier, leave the box unchecked.

4. Click **Ok** to run the report.

Sample Carrier A/R report, for a Group, broken down by Provider (Summary Report)

		Provide	Carrier A/F Date Run: 1/4/20 r/Group: Family F Summary eakdown by Prov	11 hysicians		
		D	Cardown by Prov	lidel		
Group: Fam	ily Physicians					
Provider: D	oe, James R., I	00				
3 BCBS, P.O). Box 2181, Litt	le Rock, AR 722	03- <mark>2181, (800) 8</mark>	27-4814		
File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary					\$180.00	\$180.00
Medicare	of AR, P.O. Box	1418, Little Roc	k, AR 72203, (86	6) 582-3247		
File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary					\$50.00	\$50.00
File With Primary	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days \$645.00	Total \$645.00
Description Or						
	mmary - Doe, J Current		C4 00 Davis	04 400 Davia	Ourse 420 Davis	Tatal
File With	Cullent	31-60 Days	61-90 Days	91-120 Days	Over 120 Days \$875.00	Total
Primary Totals					\$875.00 \$875.00	\$875.00 \$875.00
Percentages	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%
	0.0070	0.007.0	0.007.0	0.0070	10010070	100.007
Provider: O	ates, Randall, I 3 Ins. St., Fayet	teville, AR 7270				
-			04.00.0	01 120 Dave	Over 120 Days	Total
-	Current	-	-	31-120 Days	-	Total
-	Current	31-60 Days \$94.15	\$234.47	31-120 Days	\$95.00	\$423.62
File With Primary	Current D. Box 2181, Litt	\$94.15	\$234.47	_	-	
File With Primary		\$94.15	\$234.47	_	-	
File With Primary BCBS, P.C). Box 2181, Litt	\$94.15 le Rock, AR 722	\$234.47 03-2181, (800) 8	27-4814	\$95.00	\$423.62

-Select a specific Group from the Group/Provider dropdown.

-Check Breakdown by Provider.

-Leave Show Patient Details unchecked.

1. Provider/Group: The Group selected for the report.

- 2. The Provider Summary within the Group.
- 3. The Insurance Company (Carrier) A/R.

4. Indicating the total amount of A/R by aging category for claims that are filed as Primary claims with the Insurance Company.

5. Summary data for the **Provider's total Carrier A/R**, being held in Primary claim submissions and Secondary claim submissions.

6. Totals for the Provider's Carrier A/R for both Primary and Secondary Claim submissions (when both are applicable).

7. Percentages of the Total Carrier A/R for the Provider, broken down by aging category.

Sample Carrier A/R Report by Group, broken down by Provider and showing Patient Details.

				Carrier Date Run: 1/ Jer/Group: Fan Patient D Breakdown by	4/2011 hily Physicians etail	1			
Group	: Famil	y Physicia	าร						
Provi	der: Do	e, James R	, DO						
-			ttle Rock, AR 72	203-2181, (80	00) 827-4814				
4 P	atient: Ma	rley, B - 59							
File With	СРТ	Date of Service	Submitted	Current	31-60 Days	61-90 Days	91-120 Days	Over 1	20 Days
Р	00120	5/14/2010	5/15/2010						\$90.00
		Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Da	ays	Total	
Tota	l					\$90	.00 9	690.00	
File	atient: Mi CPT 99201	tchell, Sadie - Date of Service 5/12/2010	47 Submitted	Current	31-60 Days	61-90 Days	91-120 Days	Over 1	20 Days
With				C1 00 Davia	01 120 Davia	Quer 120 D		Tatal	
P			31-60 Days	61-90 Days	91-120 Days	Over 120 Da \$90	-	Total 690.00	
Р	1	Current						00.00	
P	urance S	Current ummary - BC	BS 31-60 Days	61-90 Day	ys 91-120 [120 Days		Tota

To run the above report,

-Select a Group from the Group/Provider dropdown.

-Check Breakdown by Provider.

-Check Show Patient Details.

1. **Provider/Group:** Indicates the Group that was selected for the report.

2. **Provider:** Information is broken down by Provider, and indicates who the below A/R is referencing. (Shown due to Breakdown by Provider being checked.)

3. Carrier: The Insurance Company Name that the A/R is referencing.

4. **Patient:** The Patient charge detail that is comprising the total A/R.

- File With: (P for Primary or S for Secondary) Will indicate whether the insurance company above was being filed with as Primary or Secondary for the particular procedure code.

(For Example, the above sample report would indicate that BCBS was filed with as Primary for the code 00120 and \$90 is 120 days past due.)

- **CPT:** the procedure code included in the claim
- Date of Service: Date of Service for the procedure code
- Submitted: The date that the procedure was last submitted/filed with insurance.
- A/R breakdown: by Current (0-30), 31-60 Days, 61-90 Days, 91-120 Days, and Over 120 Days.

5. **Total:** Provides the Total Carrier A/R for the patient, with the specific Insurance Company listed above.

Sample Carrier A/R report for a Single Provider with No Patient Details (Summary Report)

			Carrier A/F Date Run: 1/4/20 r/Group: Randall Summary	11		
Group: Fami	ly Physicians					
-	3 Ins. St., Fayet	-				
File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Tota
Primary		\$94.15	\$234.47		\$95.00	\$423.6
BCBS, P.C). Box 2181, Litt	le Rock, AR 722	203- <mark>2181, (800)</mark> 8	327-4814		
File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Tota
Primary					\$3,210.00	\$3,210.00
Secondary		\$98.44				\$98.4
Medicaid -	CSC, P.O. Box	65501. New Yo	rk. NY 12204. (8	88) 980-6676		
Madicaid		65501 New You	-L NV 12204 /9	99) 090 6676		
File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Tota
Primary					\$85.00	\$85.0
	of AR, P.O. Box					
File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Tota
Primary					\$334.00	\$334.00
UHC, 4544	Dickson Street,	Fayetteville, A	R 72701, (479) 5	21-3213		
File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Tota
Primary				\$332.00	\$30.00	\$362.00
Group Summ	nary - Family I	Physicians				
File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Tota
- ·		\$94.15	\$234.47	\$332.00	\$4,309.00	\$4,969.62
Primary		\$98.44				\$98.4
Secondary		+				
-		\$192.59	\$234.A7	\$332.00	\$4,309.00	\$5,068.0

-Select a specific Provider from the Group/Provider dropdown.

- Leave other checkboxes blank (unchecked).
- 1. Provider/Group: The Provider selected for the report.

2. The Insurance Company (Carrier)

3. Indicating the total amount of A/R by aging category for claims that are filed as Primary claims with the Insurance Company.

4. Indicating the total amount of A/R by aging category for claims that are files as Secondary claims with the Insurance Company.

5. Summary data for the **Provider's total Carrier A/R, being held in Primary claim submissions** and **Secondary claim submissions**.

6. Totals for the Provider's Carrier A/R for both Primary and Secondary Claim submissions.

7. Percentages of the Total Carrier A/R for the Provider, broken down by aging category.

Sample Carrier A/R report by Provider, with Patient Detail

			Provid	Carrier Date Run: 1/ er/Group: Ran Patient De	4/2011 Idall Oates, MD	1			
Group	: Famil	y Physicia	ıs						
		Ins. St., Fay e, Peter D 90	vetteville, AR 72	703, (651) 3 2 1	-3213				
File With	СРТ	Date of Service	Submitted	Current	31-60 Days	61-90 Days	91-120 Days	Over 1	20 Day
Р	99201	10/12/2010	11/24/2010			\$30.00			
Р	99201	10/28/2010	11/23/2010			\$94.15			
Р	81003	10/28/2010	11/23/2010			\$35.00			
P	99201	11/15/2010	11/24/2010		\$94.15				
		Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Day	/8	Total	
Tota	il i		\$94.15	\$159.15				253.30	
File With P	CPT 99201	Date of Service 10/27/2010	Submitted 11/24/2010	Current	31-60 Days	61-90 Days \$75.32	91-120 Days	Over 1	20 Day
	00201								
Tota		Current	31-60 Days	61-90 Days \$75.32	91-120 Days	Over 120 Day		Total 375.32	
100		ith, Bob - 15		010.02				10.02	
P		Date of	Submitted	Current	31-60 Days	61-90 Days	91-120 Days	Over 1	20 Day
Pa File With	СРТ	Service	Submitted	ounon	51-00 Duy5				
File	CPT 99213		8/16/2010		on ou buyo	,.			\$95.00
File With		Service		61-90 Days	91-120 Days		/8	Total	\$95.00
File With	99213	Service 8/6/2010	8/16/2010					Total 95.00	\$95.00
File With P Tota	99213	Service 8/6/2010 Current	8/16/2010 31-60 Days			Over 120 Day			\$95.00
File With P Tota	99213 Il urance S	Service 8/6/2010	8/16/2010 31-60 Days		91-120 Days	Over 120 Day \$95.0			\$95.00 Tota

To run the above report,

-Select a Provider from the Group/Provider dropdown.

-Leave Breakdown by Provider unchecked.

-Check Show Patient Details.

1. **Provider/Group:** Indicates the Provider that was selected for the report.

2. Carrier: The Insurance Company Name that the A/R is referencing.

3. **Patient:** The Patient charge detail that is comprising the total A/R.

- File With: (P for Primary or S for Secondary) Will indicate whether the insurance company above was being filed with as Primary or Secondary for the particular procedure code. (For Example, the above sample report would indicate that BCBS was filed with as Primary for the code 00120 and \$90 is 120 days past due.)

- **CPT:** the procedure code included in the claim
- Date of Service: Date of Service for the procedure code
- Submitted: The date that the procedure was last submitted/filed with insurance.
- A/R breakdown: by Current (0-30), 31-60 Days, 61-90 Days, 91-120 Days, and Over 120 Days.

5. **Total:** Provides the Total Carrier A/R for the patient, with the specific Insurance Company listed above.

Report the charges, payments and adjustments entered each day, filterable by User or Provider.

End of Day Report Options

End of Da	y Report ×
Date	1/4/2011 - 1
User 2	✓ Provider ✓
Sequence	User/Provider
	Ok Cancel

- **1.** Select the date to view the transactions that took place on that day.
- 2. View transaction data by User or Provider.

3. Select from the dropdown whether you want data broken down and displayed by User first and then by Provider, or by Provider first, and then by User. Or leave blank to show all.

End of Day Report Sample

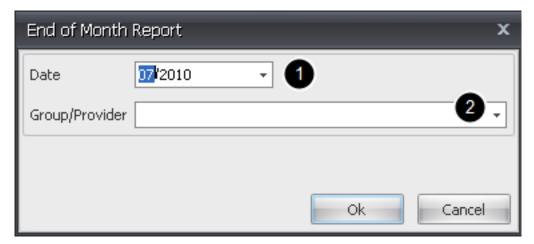
Ch + +	Patient Name	DOC	Deservations	2	Channel	3	4	5
Chart #		DOS	Procedure		Charge	Payment	Ins Payment	Adjustment
MT1234	Turner, Mollie N.	10/26/2010	99212		\$0.00	\$88.00	\$88.00	\$0.00
				Patient Total	\$0.00	\$88.00	\$88.00	\$0.00
12345	Winters, Somer F.	12/8/2010	99213		\$0.00	\$100.00	\$100.00	\$0.00
				Patient Total	\$0.00	\$100.00	\$100.00	\$0.00
	Harrison, Harry H.	12/8/2010	99213		\$0.00	\$0.00	\$63.00	\$4.50
	. ,	12/8/2010	72010		\$0.00	\$0.00	\$60.00	\$0.00
				Patient Total	\$0.00	\$0.00	\$123.00	\$4.50
32131	Berry, Terry	1/4/2011	99212		\$120.00	\$25.00	\$25.00	\$0.00
				Patient Total	\$120.00	\$25.00	\$25.00	\$0.00
pw12345 6	Winkle, Perry P.	1/4/2011	99213		\$135.00	\$0.00	\$0.00	\$0.00
		1/4/2011	72010		\$120.00	\$0.00	\$0.00	\$0.00
		1/4/2011	Co Pay 6		\$0.00	\$20.00	\$0.00	\$0.00
				Patient Total	\$255.00	\$0.00	\$0.00	\$0.00
123123	Scott, Scotty K	1/4/2011	99212		\$120.00	\$30.00	\$30.00	\$0.00
			-	Patient Total	\$120.00	\$30.00	\$30.00	\$0.00
			1	Provider Total	\$495.00	\$243.00	\$366.00	\$4.50
			8	Grand Total	\$495.00	\$243.00	\$366.00	\$4.50

Note: The End of Day report is designed to only show Posted charges and payments for the current day. If there are any payments that are Unapplied, they will show up with a gray background shading and italics. Any charges/payments pending in a Patient's New Charges tab will not be indicated on this End of Day report. For a view of payments that are holding in the New Charges tab, view the Payment Summary eport and look for Non-Posted in the status column. For a list of charges that are holding in the New Charges tab, run the Missing Charges eport and look for the list of Visits.

Details shown on End of Day Reporting:

- 1. Patient Name and date of service.
- 2. Procedure and Charge for procedure.
- 3. Personal payments.
- 4. Insurance payments.
- 5. Adjustments on account.
- 6. Co Pay taken for patient. The gray shaded grid indicates that the co pay was received but not yet applied to the patient account and posted to ledger.
- 7. Totals by provider.
- 8. Grand total.

Aging report of number of procedures, total charges, payments and adjustments by provider/group per month



- 1. Select month to report.
- 2. Filter by Group/Provider. Leave blank to show all, select individual provider or group.

			End of	Month - July	y 2010		
Professio	nal Grou	p, Inc.					
	ames R.						
-	30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Unapplied/Credit	Balance
	-	\$235.00	\$1,264.03	\$645.00			\$2,144.03
		1 Units	2	Charges	3 Paymo	ents 4	Adjustments
MTD		0					
YTD		20		\$2,174.03	\$285	5.00	\$10.00
						I	
)ates, Ra	ndall						
0-3	30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Unapplied/Credit	Balance
\$12,	,177.30	\$7,123.49	\$14,239.00	\$11,275.07		\$405.00	\$44,409.86
		Units		Charges	Paymo	ents	Adjustments
MTD		11		\$1,545.00			
YTD		466	g	66,114.07	\$18,620	1 21	£2,670,00
		400	4	100,114.07	φ10,0Zi	5.21	\$2,679.00
		400	4	.00,114.07	φ10,020	5.21	\$2,679.00
rent, Ta	mmy	400	<u> </u>		φ10,02t	5.21	\$Z,679.00
	mmy 30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Unapplied/Credit	
	_						Balance
	_		61-90 Days	91-120 Days		Unapplied/Credit	\$2,879.00 Balance \$4,525.00 Adjustments
	_	31-60 Days	61-90 Days	91-120 Days \$4,285.00	Over 120 Days	Unapplied/Credit	Balance \$4,525.00
0-3	_	31-60 Days Units	61-90 Days \$240.00	91-120 Days \$4,285.00	Over 120 Days	Unapplied/Credit ents	Balance \$4,525.00
0.3 MTD	_	31-60 Days Units	61-90 Days \$240.00	91-120 Days \$4,285.00 Charges	Over 120 Days Paymo	Unapplied/Credit ents	Balance \$4,525.00
0.: MTD YTD	30 Days	31-60 Days Units	61-90 Days \$240.00	91-120 Days \$4,285.00 Charges	Over 120 Days Paymo	Unapplied/Credit ents	Balance \$4,525.00
0-: MTD YTD Professio	30 Days	31-60 Days Units 0 9 p, Inc. Summary	61-90 Days \$240.00	91-120 Days \$4,285.00 Charges \$4,545.00	Over 120 Days Paymo \$3,730	Unapplied/Credit	Balance \$4,525.00 Adjustments
0-: MTD YTD Professio 0-:	30 Days nal Grou 30 Days	31-60 Days Units 0 9	61-90 Days \$240.00	91-120 Days \$4,285.00 Charges	Over 120 Days Paymo \$3,730	Unapplied/Credit ents	Balance \$4,525.00 Adjustments Balance
0-: MTD YTD Professio 0-:	30 Days	31-60 Days Units 0 9 p, Inc. Summary 31-60 Days	61-90 Days \$240.00	91-120 D y \$4,285 0 Charges 2 \$4,545.00 2 \$4,545.00 2 \$16,205.07 5	Over 120 Days Paymo \$3,730 Over 120 Days	Unapplied/Credit	Balance \$4,525.00 Adjustments Balance
0-: MTD YTD Professio 0-:	30 Days nal Grou 30 Days	31-60 Days Units 0 9 p, Inc. Summary 31-60 Days \$7,358.49	61-90 Days \$240.00	91-120 Days \$4,285.00 Charges \$4,545.00	Over 120 Days Paymo \$3,730	Unapplied/Credit	Balance \$4,525.00 Adjustments Balance \$51,078.89

Details shown on report

By Provider(s) within a group:

- 1. Month to date and year to date number of procedures/units
- 2. Month to date and year to date number of charges
- 3. Month to date and year to date number of payments
- 4. Month to date and year to date number of adjustments.

Total Summary for group:

1. Month to date and year to date number of procedures/units

- 2. Month to date and year to date number of charges
- 3. Month to date and year to date number of payments
- 4. Month to date and year to date number of adjustments.

Report number of procedures, total charges, payments and adjustments by provider/group per year.

End of Year Repor	ţ	×
Year	2010 🔔 🚺	2
Group/Provider		
Oate of Service	3 O Posted Date	
	Ok Car	ncel

- 1. Select year to report
- 2. Filter by Group/Provider. Leave blank to show all, select individual provider or group
- 3. Choose to run by date of service or by date posted to ledger

Example of End of Year report by date of service by Provider

End of Year - 2010

Professional Group, Inc.

Trent, Tammy

1 AR	0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Unapplied/Credit	Balance
January	\$275.00						\$275.00
February		\$275.00					\$275.00
March	\$4,010.00		\$275.00				\$4,285.00
April	\$120.00	\$4,010.00		\$275.00			\$4,405.00
May	\$80.00	\$120.00	\$4,010.00		\$275.00		\$4,485.00
June		\$80.00	\$120.00	\$4,010.00	\$275.00		\$4,485.00
July	\$870.00		\$80.00	\$120.00	\$4,285.00		\$5,355.00
August		\$870.00		\$80.00	\$4,405.00		\$5,355.00
September	\$81.00		\$870.00		\$4,485.00		\$5,436.00
October	\$120.00	\$81.00		\$870.00	\$815.00		\$1,886.00
November	\$360.00	\$120.00	\$81.00		\$1,685.00		\$2,246.00
December	\$50.00	\$264.00	\$216.00	\$81.00	\$1,595.00	\$30.00	\$2,176.00
2 Tot	als	Units		Charges	Paym	ents	Adjustments
Janu	ary	2		\$275.00			
Febru	ary	0					
Ma	rch	5	\$	4,030.00	\$20	D.00	
A	pril	1		\$120.00			
N	1ay	1		\$120.00	\$40	0.00	
Ju	Jne	0			\$3,670	0.00	
J	uly	7		\$870.00			
Aug	-	0			\$90	0.00	
Septem		1		\$135.00		4.00	
Octo		2		\$120.00	•-		
		4		\$360.00			
Novem		,					*~~ ~~
Novem Decem	ber	1		\$120.00	511	D.00	\$60.00

1. Accounts receivable by month

2. Total procedures, charges, payments and adjustments broken down by month

3. Year to date totals

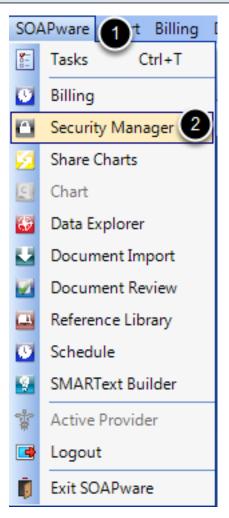
Security Manager/Audit Log

Security Manager

How to view and monitor user activity.

SOAPware menu -> Security Manager

Accessing the Security Manager



- 1. Go to the SOAPware menu.
- 2. Select Security Manager.

Viewing system activity

APware Billing Se	cure Edit Tools View He	elp				
	0 1 8 3					
-						
udit Log						
Start Date	End Date	User Name	Location	IP Ad	fress Section	Patient
4/27/2010 12:00 AM	• 4/29/2010 11:59 PM •		-		All	→ X Jim, Slim T.
🗙 Clear Filters						Indude Inactive Users
Drag a column header	here to group by that column	2				
Date Time 🛛 🔻	User Name	Location	IP Address	Section	Patient	Description
/28/2010 1:58 PM	Front Office (frontoffice)	LAURA-HP7000 (192.168.2		DocumentAdded	Slim Jim	Document Added
/28/2010 1:57 PM	Front Office (frontoffice)	LAURA-HP7000	192.168.200.51	Payments	Slim Jim	Co-Pay Applied to 99201
/28/2010 1:57 PM	Front Office (frontoffice)	LAURA-HP7000 (192.168.2		AppointmentModified	Slim Jim	Appointment has been updated.
/28/2010 1:57 PM	Front Office (frontoffice)	LAURA-HP7000 (192.168.2		DocumentModified	Slim Jim	Strep Throat ICD#034.0 saved in section SOAP Notes
/28/2010 1:57 PM	Front Office (frontoffice)	LAURA-HP7000 (192.168.2		DocumentAdded	Slim Jim	Document Added
/28/2010 1:56 PM	Front Office (frontoffice)	LAURA-HP7000 (192.168.2		AppointmentModified	Slim Jim	Appointment has been updated.
/28/2010 1:56 PM	Front Office (frontoffice)	LAURA-HP7000 (192.168.2		AppointmentModified	Slim Jim	Appointment has been updated.
/28/2010 1:56 PM	Front Office (frontoffice)	LAURA-HP7000 (192.168.2		DocutainerDisplayed	Slim Jim	Strep Throat ICD#034.0 displayed in section SOAP Notes
/28/2010 1:56 PM	Front Office (frontoffice)	LAURA-HP7000 (192.168.2		DocutainerDisplayed	Slim Jim	General displayed in section Demographics
/28/2010 1:55 PM	Randall Oates (randalloates)	LAURA-HP7000 (192.168.2		DocumentModified	Slim Jim	Strep Throat ICD#034.0 saved in section SOAP Notes
/28/2010 1:55 PM	Randall Oates (randalloates)	LAURA-HP7000 (192.168.2		DocumentModified	Slim Jim	Superbill saved in section Billing Statements
/28/2010 1:54 PM		LAURA-HP7000	192.168.200.51	-	Slim Jim	Inserted Charge: OFFICE/OUTPATIENT VISIT, NEW
/28/2010 1:54 PM		LAURA-HP7000	192.168.200.51	Charges	Slim Jim	Posted SuperBill For Jim, Slim T.
/28/2010 1:54 PM	Randall Oates (randalloates)	LAURA-HP7000 (192.168.2		DocumentModified	Slim Jim	Superbill saved in section Billing Statements
/28/2010 1:51 PM	Randall Oates (randalloates)	LAURA-HP7000 (192.168.2		DocutainerDisplayed	Slim Jim	Superbill displayed in section Billing Statements
/28/2010 1:51 PM	Randall Oates (randalloates) Randall Oates (randalloates)	LAURA-HP7000 (192.168.2 LAURA-HP7000 (192.168.2		DocutainerCreated DocumentModified	Slim Jim Slim Jim	Superbill created in section Billing Statements Strep Throat ICD#034.0 saved in section SOAP Notes
/28/2010 1:51 PM /28/2010 1:51 PM	Randall Oates (randalloates)	LAURA-HP7000 (192.168.2		Field Updated	Slim Jim	Updated
/28/2010 1:49 PM	Randall Oates (randalloates)	LAURA-HP7000 (192.168.2		Field Updated	Slim Jim	Updated
Audit Details			1			
/alue		.▲ Bet	fore			After
dded ICD Code						034.0
dded Modifier Code						23
mount		\$0.	00			\$90.00
harge Type						CPT
ode						99201
ate of Service Begin						4/28/2010 1:51:23 PM
ate of Service End						4/28/2010 1:51:25 PM
nsurance Schedule An	nount	0				\$651.00
ong Description						Office or other outpatient visit for the evaluation and management of a new p
ledium Description						OFFICE OUTPT NEW 10 MIN
						OFFICE/OUTPATIENT VISIT, NEW

The Audit Log is designed to show the specific activity throughout the system and allow it to be displayed by Date, User, Location in the system, IP Address, Section in SOAPware, or by Patient. It will show the basic activity that was done, and if an item is clicked on, the Audit Details will show the specific changes that were made.

- **1. Query** the specific information that is needed.
- 2. A display of the line item activity performed.

3. When a line item is selected, the **Audit Details** will show the specific activity performed and exactly what the changes were.