Practice Management 2010.3 User Manual

1 Practice Management Maintenance-Setup Steps

| | 1.1 | Important Setup Information for SOAPware Practice Management | 9 |
|---|------|--|-----|
| | 1.2 | Getting Setup with Gateway EDI What to Expect | 10 |
| | 1.3 | 1. Manage Facilities (Block 24B and Block 32) | 13 |
| | 1.4 | 2. Manage Groups/Billing Provider/ Pay To Information (Block 33) | 16 |
| | 1.5 | 3. Provider Manager (Blocks 24J and 31) | 20 |
| | 1.6 | 4. Setting Default Claim Options/Base Export Path | 24 |
| | 1.7 | 5. PM Security Administration | 28 |
| | 1.8 | 6. CPT Code Maintenance (Block 24D) | 50 |
| | 1.9 | 7. HCPCS Maintenance (Block 24D) | 55 |
| | 1.10 | 8. ICD Maintenance (Block 21) | 60 |
| | 1.11 | 9. Adjustment Maintenance | 64 |
| | 1.12 | 10. Custom Charges Maintenance | 68 |
| | 1.13 | 11. Fee Schedule Maintenance (Block 24F) | 71 |
| | 1.14 | 12. Insurance Company Manager | 80 |
| | 1.15 | 13. Contacts/Referring Physicians (Block 17) | 88 |
| | 1.16 | 14. Custom Demographic Titles | 92 |
| | 1.17 | 15. Set Structured CPT Options | 95 |
| 2 | Upda | ating CPT, HCPCS, and ICD-9 codes | |
| | 2.1 | 1. Download new quarterly/annual codes | 99 |
| | 2.2 | New Code Procedure | 104 |
| | 2.3 | Revised Code Procedure | 105 |
| | 2.4 | Deleted Code Procedure | 106 |
| 3 | Sche | edule Setup | |
| | 3.1 | Activate Providers/Resources for a Facility | 108 |
| | 3.2 | Provider/Resource Outlining | 114 |

| | 3.3 | Provider/Resource Recurrences | 122 |
|---|-------|----------------------------------|-----|
| | 3.4 | Entering Facility Business Hours | 130 |
| | 3.5 | Creating Holidays/Closings | 135 |
| | 3.6 | Creating Scheduplates | 140 |
| 4 | Menu | is and Toolbars | |
| | 4.1 | SOAPware Menu | 146 |
| | 4.2 | Billing Menu | 147 |
| | 4.3 | Scheduler Menu | 148 |
| | 4.4 | Edit Menu | 149 |
| | 4.5 | Tools Menu | 150 |
| | 4.6 | View Menu | 151 |
| | 4.7 | Help Menu | 152 |
| 5 | Patie | nt Account Overview | |
| | 5.1 | Looking Up a Patient Account | 154 |
| | 5.2 | Creating a New Patient | 157 |
| | 5.3 | Patient Information Bar | 160 |
| | 5.4 | Schedule Tab | 161 |
| | 5.5 | Demographics Tab | 164 |
| | 5.6 | Insurance Demographics Tab | 166 |
| | 5.7 | Custom Demographics Tab | 171 |
| | 5.8 | Ledger Tab | 172 |
| | 5.9 | Family Tab | 176 |
| | 5.10 | Claims Tab | 177 |
| | 5.11 | Statements Tab | 178 |
| | 5.12 | New Charges Tab | 179 |

Scheduling

| 6.1 | Changing Active Facility | 182 |
|--|--|---|
| 6.2 | Navigation | 183 |
| 6.3 | Views | 185 |
| 6.4 | Time Increments | 186 |
| 6.5 | Coloring | 187 |
| 6.6 | Export the Schedule | 189 |
| 6.7 | Schedule Reports | 191 |
| 6.8 | Searching for Available Appointments | 192 |
| 6.9 | Scheduling an Appointment | 196 |
| 6.10 | Moving an Appointment | 199 |
| 6.11 | Deleting an Appointment | 201 |
| 6.12 | Changing Appointment Status | 202 |
| 6.13 | Scheduling Repeat Appointments | 203 |
| | | |
| Tran | saction Entry | |
| Tran 7.1 | saction Entry Post a Superbill/Billing Statement from Patient Chart | 207 |
| | | 207 212 |
| 7.1 | Post a Superbill/Billing Statement from Patient Chart | |
| 7.1 7.2 | Post a Superbill/Billing Statement from Patient Chart Transfer Credit Balance | 212 |
| 7.1 7.2 7.3 | Post a Superbill/Billing Statement from Patient Chart Transfer Credit Balance Add Charges Manually from New Charges Tab | 212 218 |
| 7.1 7.2 7.3 7.4 | Post a Superbill/Billing Statement from Patient Chart Transfer Credit Balance Add Charges Manually from New Charges Tab More Visit Information | 212 218 225 |
| 7.1 7.2 7.3 7.4 7.5 | Post a Superbill/Billing Statement from Patient Chart Transfer Credit Balance Add Charges Manually from New Charges Tab More Visit Information Other Provider Information | 212 218 225 227 |
| 7.1 7.2 7.3 7.4 7.5 7.6 | Post a Superbill/Billing Statement from Patient Chart Transfer Credit Balance Add Charges Manually from New Charges Tab More Visit Information Other Provider Information Edit/Update Charges | 212 218 225 227 228 |
| 7.1 7.2 7.3 7.4 7.5 7.6 7.7 | Post a Superbill/Billing Statement from Patient Chart Transfer Credit Balance Add Charges Manually from New Charges Tab More Visit Information Other Provider Information Edit/Update Charges Apply Payment to Patient Account in New Charges Tab | 212 218 225 227 228 232 |
| 7.1 7.2 7.3 7.4 7.5 7.6 7.7 7.8 | Post a Superbill/Billing Statement from Patient Chart Transfer Credit Balance Add Charges Manually from New Charges Tab More Visit Information Other Provider Information Edit/Update Charges Apply Payment to Patient Account in New Charges Tab Apply Co-Pay/Pre-Pay to Visit | 212 218 225 227 228 232 238 |

| 8.1 | View Charges in Ledger | |
|-----|------------------------|--|
|-----|------------------------|--|

| | 8.2 | Create a Claim from Ledger | 251 | |
|----|------------------|---|-----|--|
| | 8.3 | View Personal Payments in Ledger | 253 | |
| | 8.4 | View Insurance Payment Details from Ledger | 255 | |
| | 8.5 | Print Receipt/Statement by date range from Ledger | 258 | |
| | 8.6 | Add Charges in Ledger | 261 | |
| | 8.7 | Add Payment in Patient Ledger | 264 | |
| | 8.8 | Print Receipt for Payment in Ledger | 267 | |
| | 8.9 | Delete Personal Payment | 271 | |
| | 8.10 | Delete an insurance payment from visit | 272 | |
| | 8.11 | Add Adjustment in Ledger | 274 | |
| 9 | Paye | /Non-Patient Accounts | | |
| | 9.1 | Add a Payer/Non-Patient Account | 279 | |
| | 9.2 | Add Payer/Non-Patient Account in Demographics | 281 | |
| | 9.3 | Add Dependents to Payer/Non-Patient Account | 284 | |
| | 9.4 | Change Payer/Guarantor in Make Payment dialog | 285 | |
| 10 | Enter | er Charges | | |
| | 10.1 | Enter Charges from Billing Menu | 288 | |
| 11 | Enter | Payments | | |
| | 11.1 | Add Personal Payments from Billing Menu | 297 | |
| 12 | 2 Claims Manager | | | |
| | 12.1 | General Work flow-Claims Manager | 301 | |
| | 12.2 | Scrubbing Claims | 304 | |
| | 12.3 | Scrubber Errors-How to Correct and Rebuild Claim | 306 | |
| | 12.4 | On Hold | 328 | |
| | 12.5 | Ready To Submit | 333 | |

| | 12.6 Submitted Tab | | 334 |
|----|------------------------|---|-----|
| | 12.7 Resubmit Reject | ted Claims | 335 |
| | 12.8 Rebuild Multiple | Claims at one time | 342 |
| | 12.9 Refile a Claim | | 345 |
| | 12.10 Omit a charge f | rom claim when refiling | 346 |
| | 12.11 Secondary Clair | ns | 350 |
| | 12.12 All Tab | | 352 |
| 13 | Posting Insurance Pa | ayments | |
| | 13.1 Introduction to I | nsurance Payment Posting | 354 |
| | 13.2 Create Insurance | e Payment | 359 |
| 14 | Reports | | |
| | 14.1 Accessing the F | Report List | 363 |
| | 14.2 CPT Master Re | port | 364 |
| | 14.3 HCPCS Master | Report | 366 |
| | 14.4 ICD Master Rep | port | 368 |
| | 14.5 Custom Charge | s Master Report | 370 |
| | 14.6 Adjustment Coc | le Master Report | 371 |
| | 14.7 Fee Schedule R | Report | 372 |
| | 14.8 Dependency Re | eport | 373 |
| | 14.9 Duplicate Repo | rt | 374 |
| | 14.10 Payment Summ | ary Report | 375 |
| | 14.11 Production by P | rocedure Report (by Provider, Referring Provider and/or Facility) | 378 |
| | 14.12 Statement Repo | ort | 380 |
| | 14.13 Outstanding Ins | urance Report | 383 |
| | 14.14 Credit Balance | Report | 384 |
| | 14.15 Missed Charges | s Report | 385 |

| Security Manager/Audit Log | |
|----------------------------|-----|
| 14.20 End of Year Report | 404 |
| 14.19 End of Month Report | 401 |
| 14.18 End of Day Report | 399 |
| 14.17 A/R Carrier Report | 390 |
| 14.16 A/R Patient Report | 388 |

| 15.1 | Security Manager | | |
|------|------------------|--|--|
|------|------------------|--|--|

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.

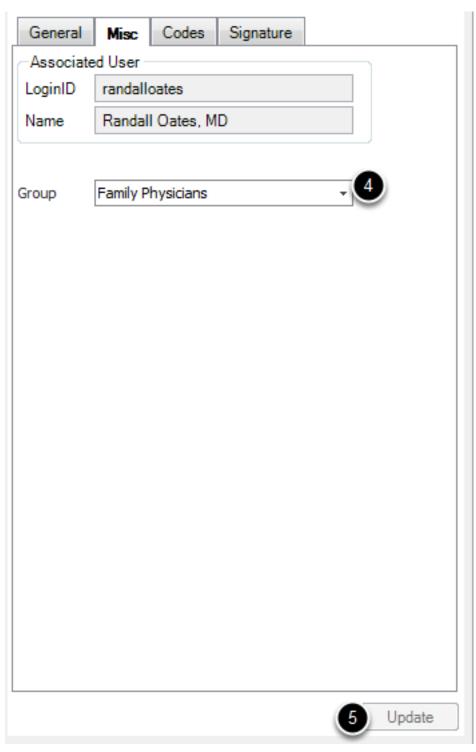
Tools -> Provider Manager

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.

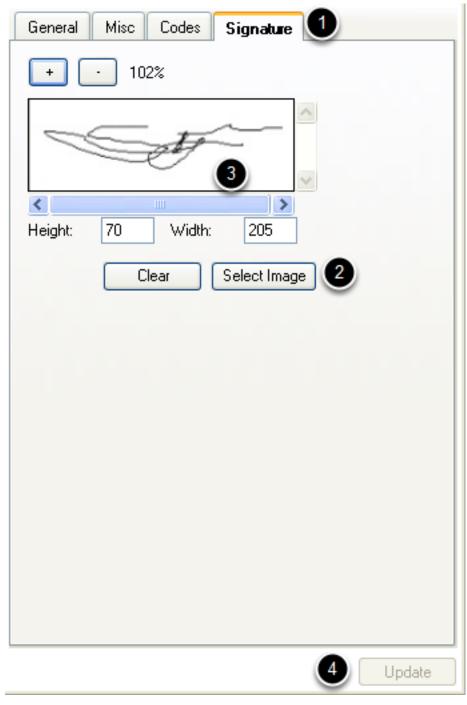
- 2. Enter the Provider's demographic information, including his/her DEA, NPI and Taxonomy numbers.
- 3. Click the Misc Tab to assign the Provider to a specific Group.



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 |

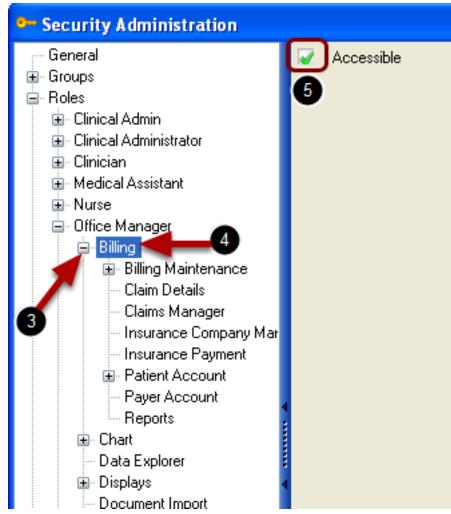
Access to specified sections can be manually allowed or denied for each user.

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)

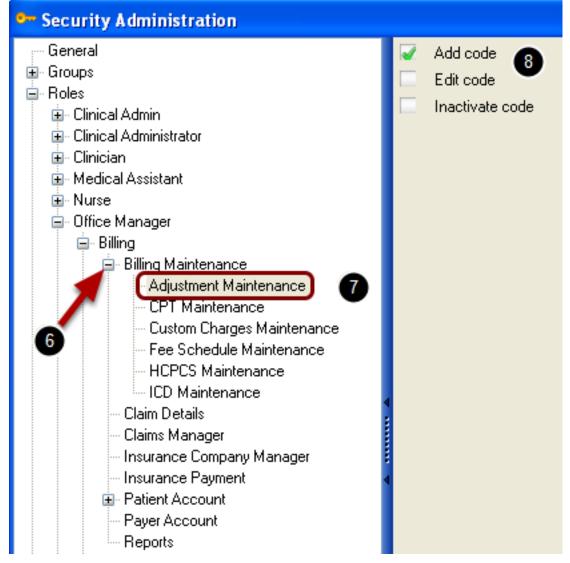




3. Click the expander node next to Billing

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**



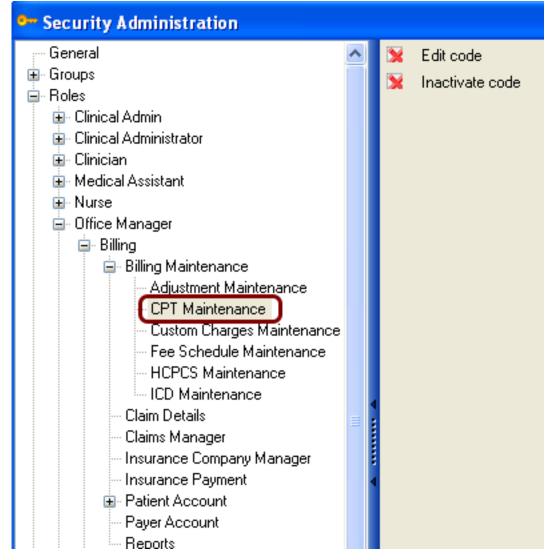
- 6. Click the expander node next to Billing Maintenance
- 7. Double Click Adjustment Maintenance

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.

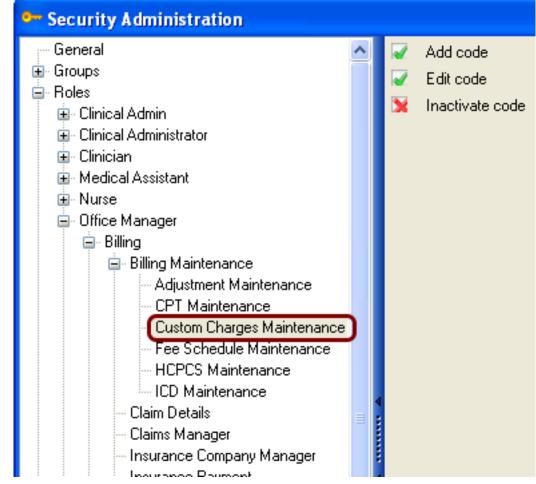
Add code-Allows user to add new adjustment codes in Adjustment Maintenance dialog Edit code-Allows user to edit adjustment codes Inactivate code-Allows user to mark an adjustment code Inactive.

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

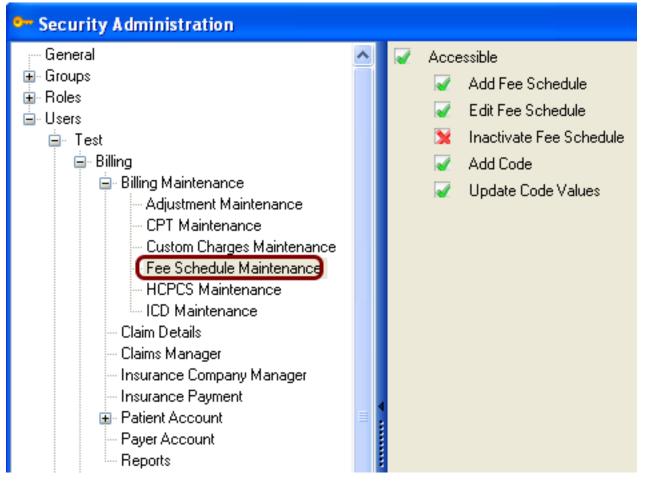
CPT Maintenance



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



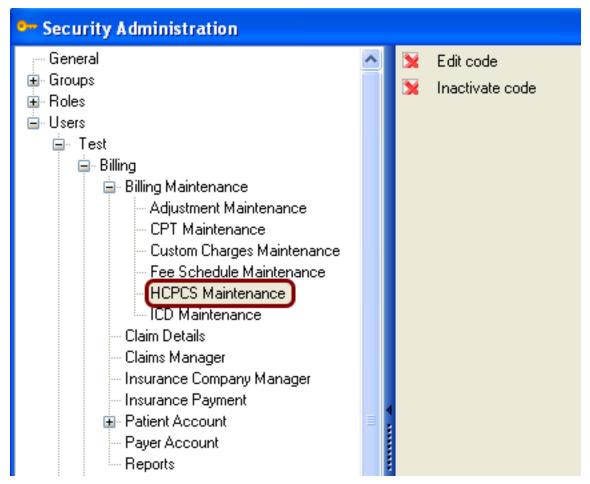
Add code-Deny access or allow user to add a Custom Charge code Edit code-Deny access or allow user to edit a Custom Charge code Inactivate code-Deny access or allow user to mark a Custom charge Inactive



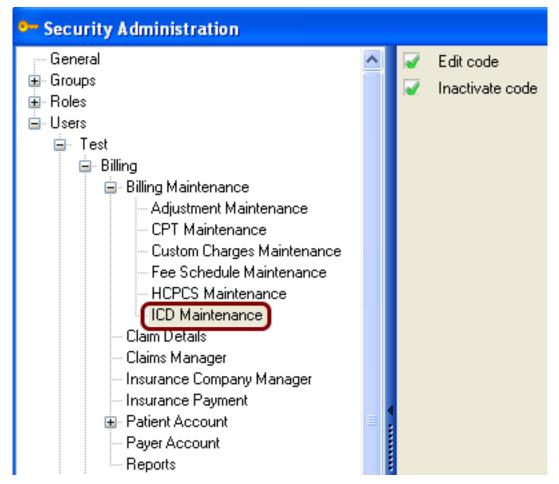
Accessible-Deny access or allow user access to the Fee Schedule menu option Add Fee Schedule-Deny access or allow user ability to Add a new Fee Schedule Edit Fee Schedule-Deny access or allow user ability to make edits within the Fee Schedules Inactivate Fee Schedule-Deny access or allow user the ability 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

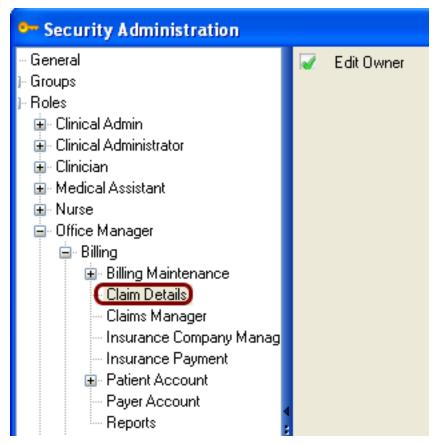


Edit code-Deny access or allow user to edit a HCPCS code in Maintenance Inactivate code-Deny access or allow user to change a HCPCS code to Inactive

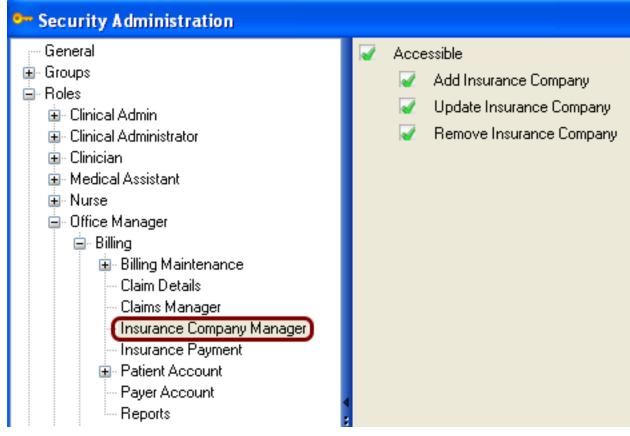


Edit code-Deny access or allow user to edit a Diagnosis code in ICD Maintenance Inactivate code-Deny access or allow user to change a Diagnosis code to Inactive

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



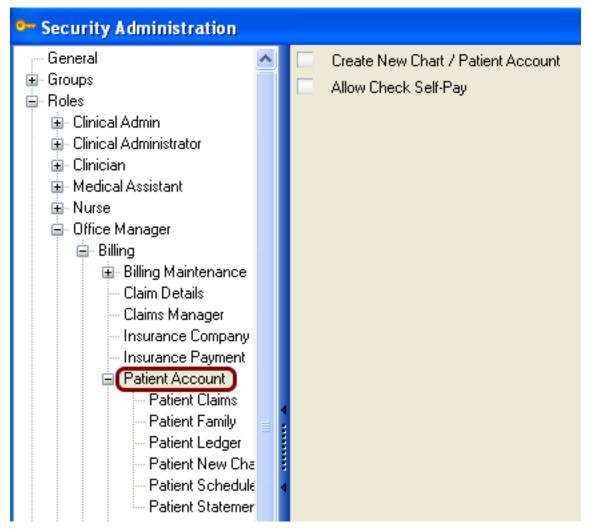
Accessible-Deny access or allow user access to Insurance Payment Posting

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

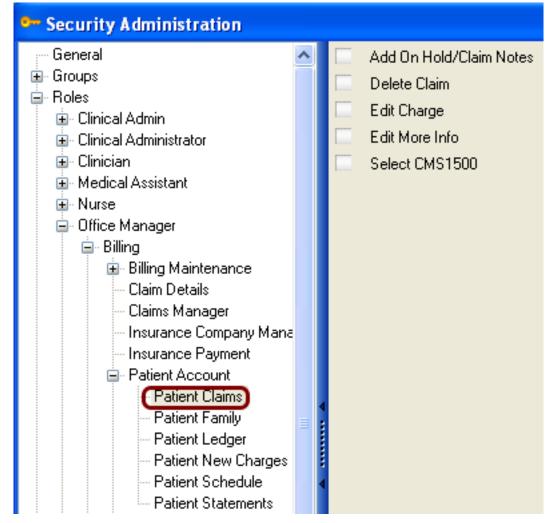
Post Payment-Deny access or allow user to post a payment in Insurance Payment Posting **Apply Payment Details**-Deny access or allow user access to add/edit Payment/Remit details in Insurance Payment dialog

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



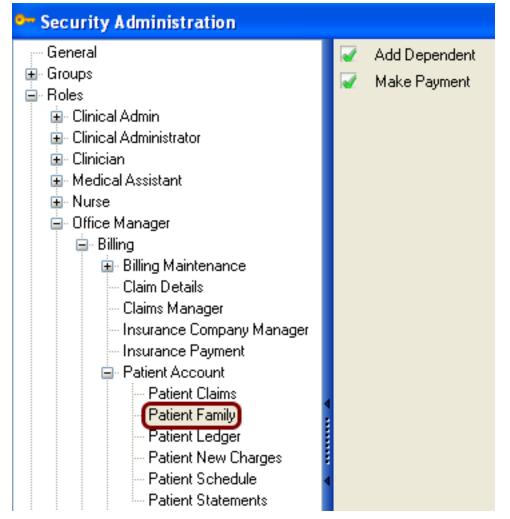
Add On Hold/Claim Notes-Deny access or allow user access to comment in the On Hold notes section or the Claims Notes section in the Claims Tab

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

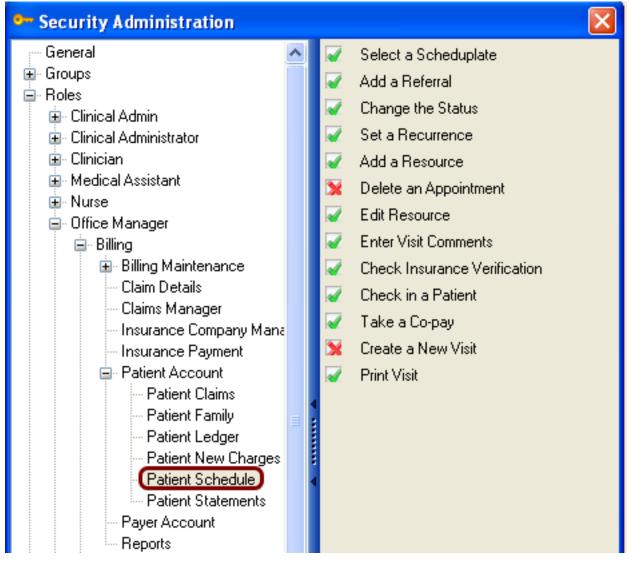
Add More Info-Deny access or allow user access to the More Info dialog in New Charges tab Mark as Incomplete-Deny access or allow user to mark a charge as Incomplete in New Charges tab Change Follow-Up Action-Deny access or allow user to change the Follow Up action in New Charges tab

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

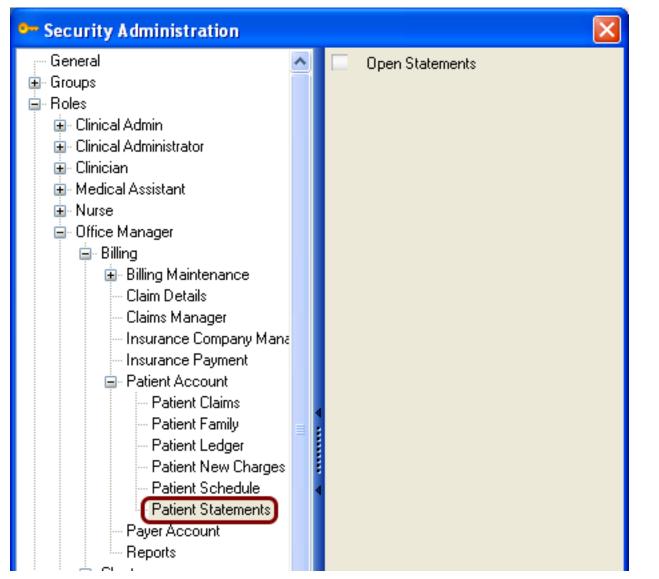
Patient Schedule



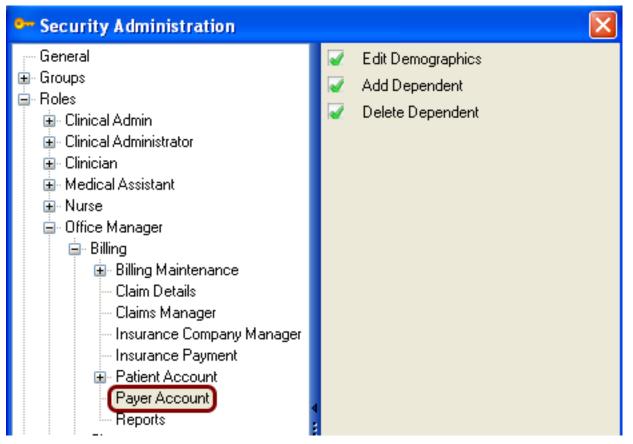
Select a Scheduplate-Deny access or allow user access to scheduplates in Schedule tab Add a Referral-Deny access or allow user to add a referral to an appointment in Schedule tab Change the Status-Deny access or allow user to change an appointment status in Schedule tab Set a Recurrence-Deny access or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

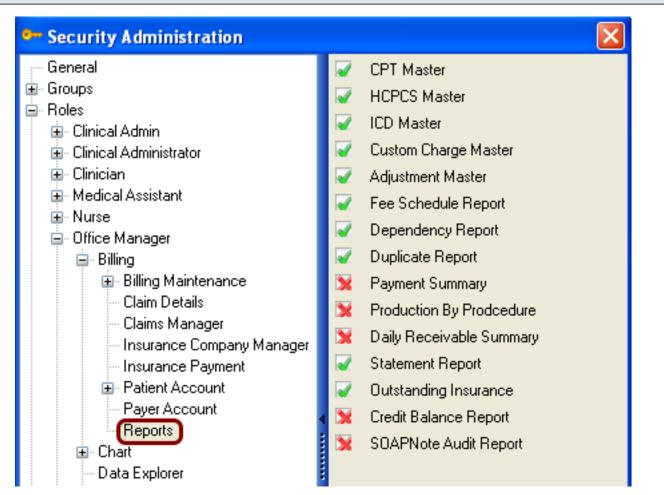
Patient Statements



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 |

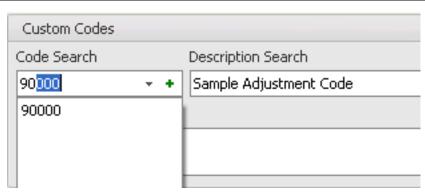
- 2. Type Numeric and/or Alpha Code.
- 3. Give the new Code a Description.
- 4. Click the Add button. The new Custom Adjustment code is now added to the Code List.

| 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 |
| | | | | |

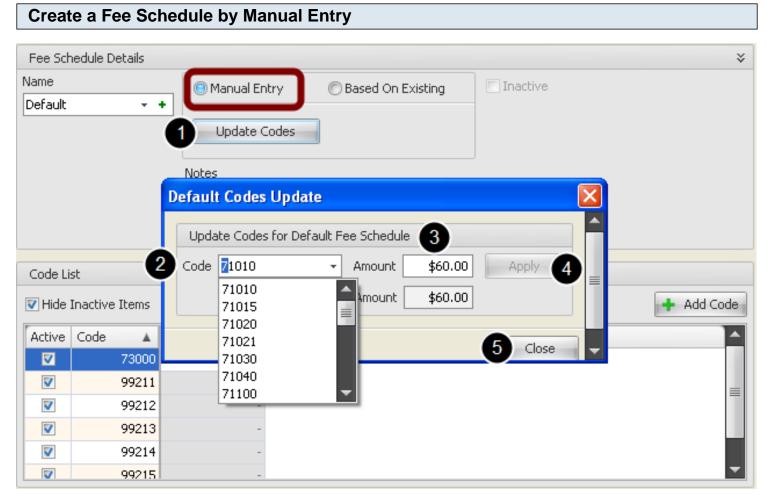
3. Click the Add Code button to open the Code Search dialog.

| 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)

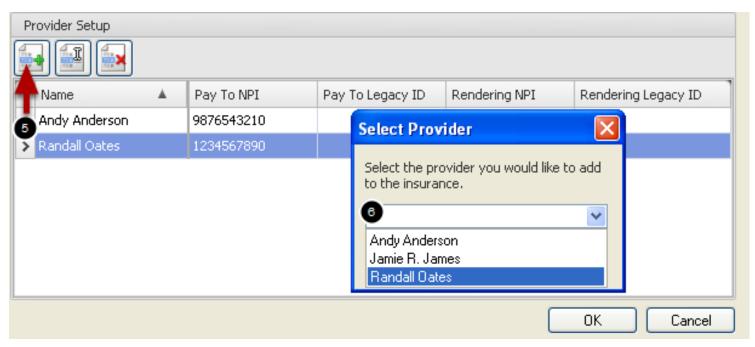
Note: <u>All payers that will be sent electronically to GatewayEDI and then dropped to paper claim by</u> <u>Gateway, will be **Payer ID 00010**</u>

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.

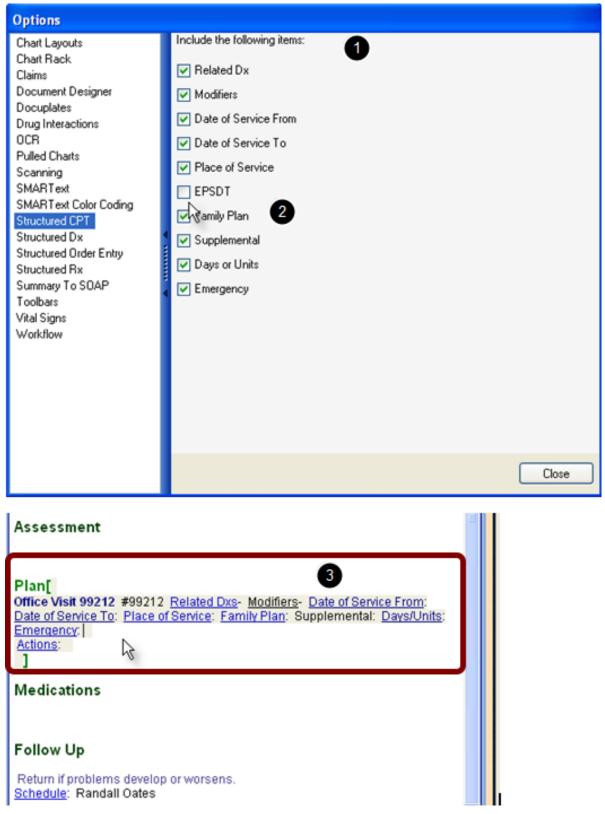
3. Fill in as many of these fields as you wish, then click Save to save your changes.

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

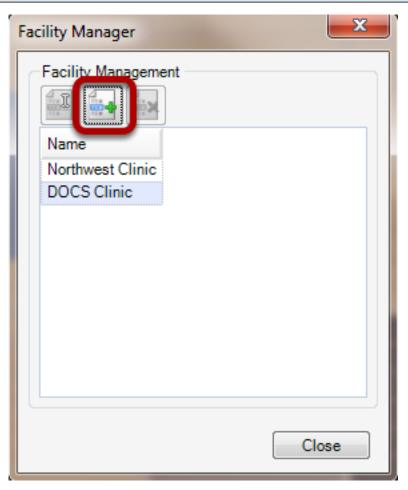
Steps on how to set scheduling defaults.

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.

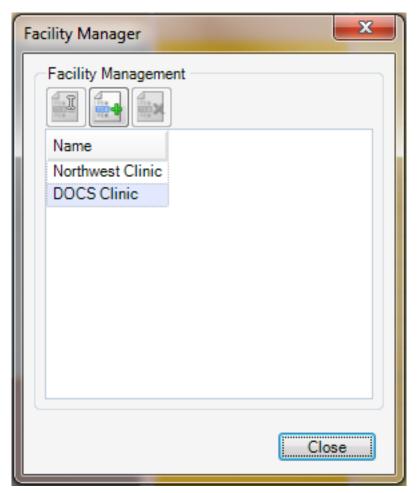
Set Working Hours for the Provider

| 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.

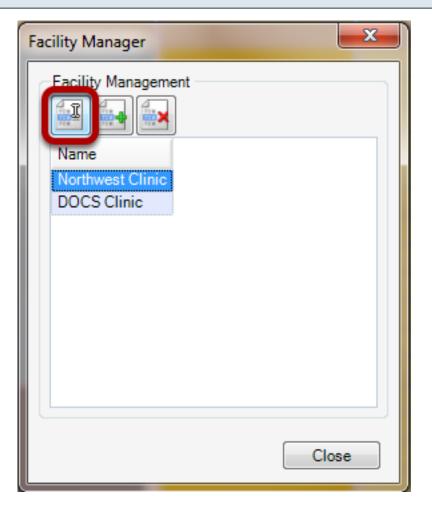
Setup outlining blocks for Providers and Resources to streamline their time in the office.

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.

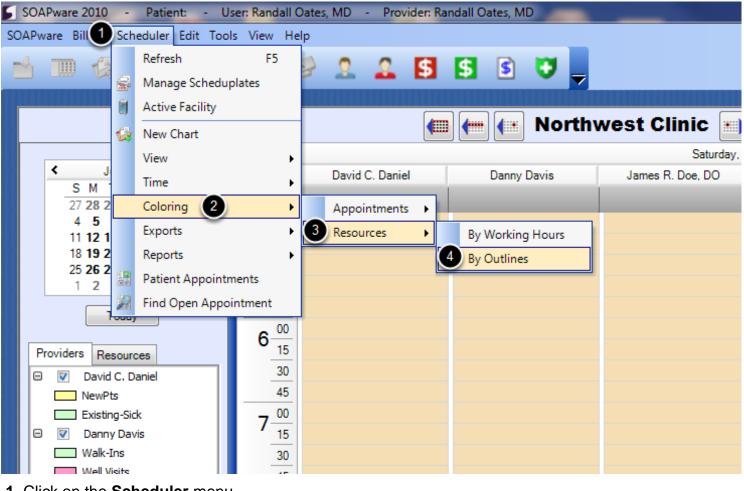
Open Time: Set the time period for the outline.

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.

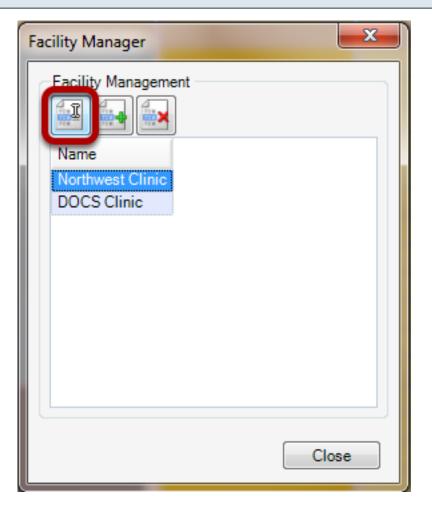
Setup recurring appointments for Providers and Resources to block out their schedule in the intervals selected and not allow any other appointments to be scheduled.

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

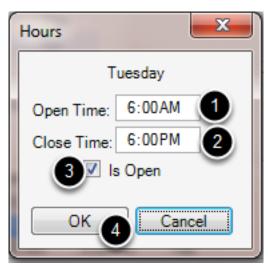
| Facility | x |
|---|---|
| Facility: DOCS Clinic | |
| Details Scheduler | |
| Full Legal Name DOCS, Inc. Street | |
| 4220 N. Crossover Road | |
| City St Zip | |
| Fayetteville AR 72703 | |
| NPI # 5555555 | |
| Place of Service | |
| Office Vice | |
| Tax Rate | |
| | |
| Update Cance | : |

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 |
| |

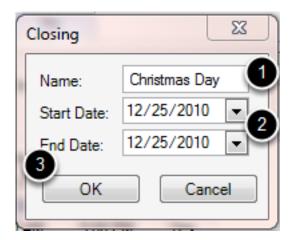
Click the Scheduler Tab.

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.

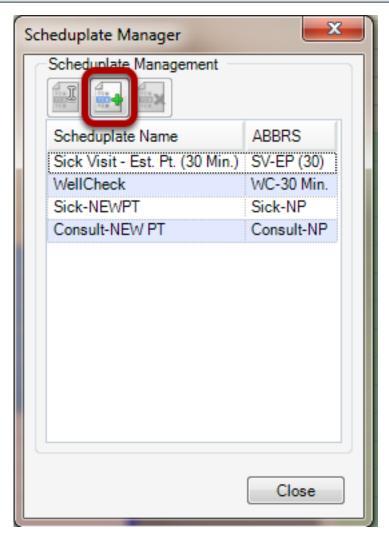
Tools -> Scheduplates

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.

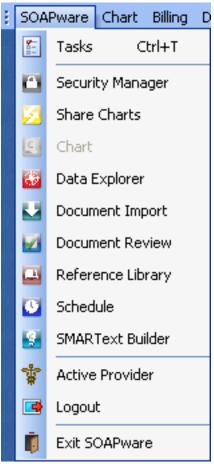
| cheduplate Edito Scheduplate Nam | | Est Pt (3) | 0 Min) | ABBRS: SV-E | | | |
|-------------------------------------|--------------|------------|---------------|-------------|--|--|--|
| BackGround | | | Sample | | | | |
| Resources | | | | | | | |
| | | | | | | | |
| Resource | Start Time 🗠 | Duration | 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

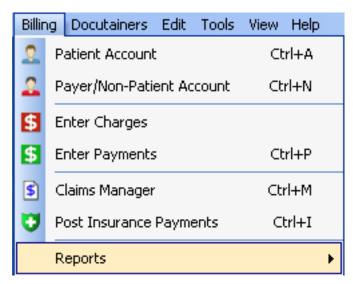


Displays the various workspaces in SOAPware.

Billing Menu

Provide a description and orientation of the Billing menu.

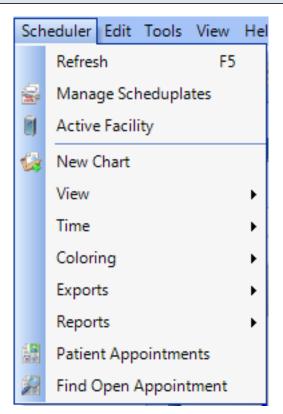
Billing Menu



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

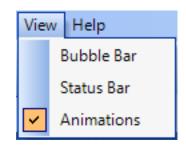
| Тоо | ls View Help |
|----------------|---------------------------|
| | Eligibility Download |
| | Contacts |
| | Insurance Companies |
| | Custom Demographic Titles |
| | List Options |
| | Pharmacies |
| | Billing Maintenance |
| 8 | Manage Facilities |
| | Manage Groups |
| 0 | Security |
| 0 - | 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

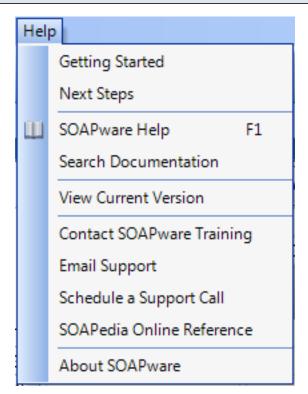


Provides various navigation tools to help with more quickly moving between workspaces.

Help Menu

Provide a description and orientation of the Help menu.

Help Menu

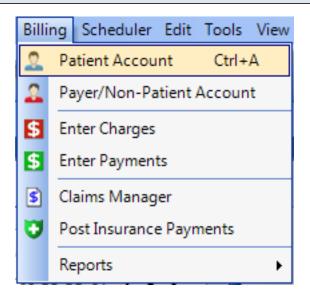


Provides links to all of the available SOAPware resources to help with training and support of SOAPware.

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.

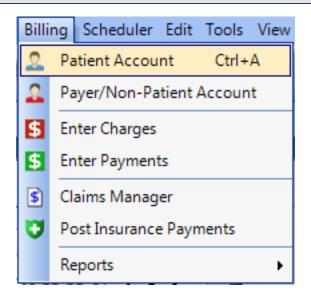
Select the Patient.

| 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.

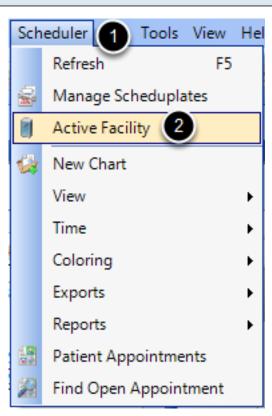
8. Post charges, payments and adjustments to the patient's ledger. If Submit to Insurance is selected and there is an active insurance policy for the patient, a claim will be automatically generated.

Scheduling

Changing the active facility, if a multiple site practice.

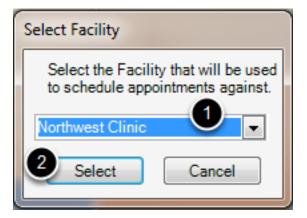
Scheduler menu -> Active Facility

Open Active Facility



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

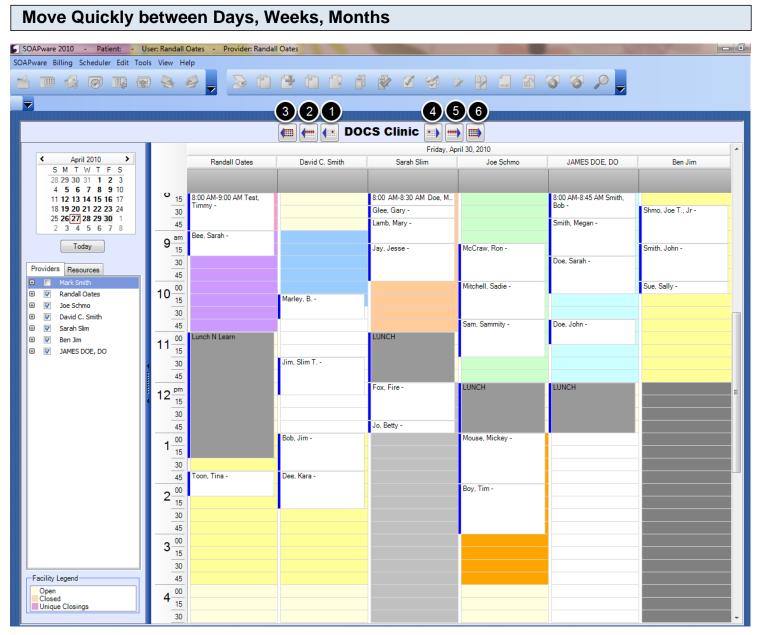
Select the new Active Facility



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

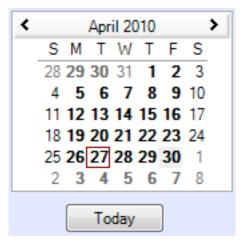
Navigation

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

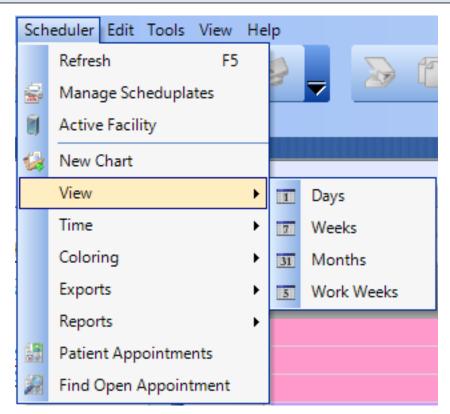


Click the arrows to move quickly to the date needed.

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

Scheduler menu -> View

Select the appropriate Schedule View.

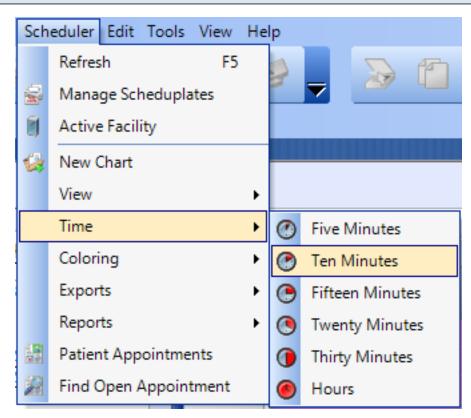


Select the view that allows the easiest and clearest view of the Schedule.

Set the time increments shown on the Schedule.

Scheduler menu -> Time

Select the Time Increment

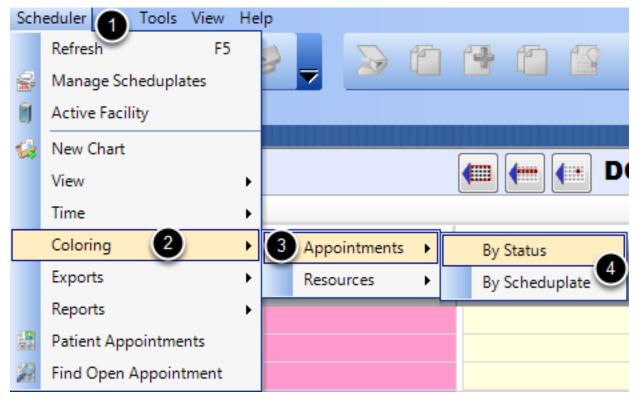


Choose the option that best fits your practice's scheduling needs. The time increment selected here will be displayed to the left of your schedule.

Coloring

Set the coloring for Appointments and Resources.

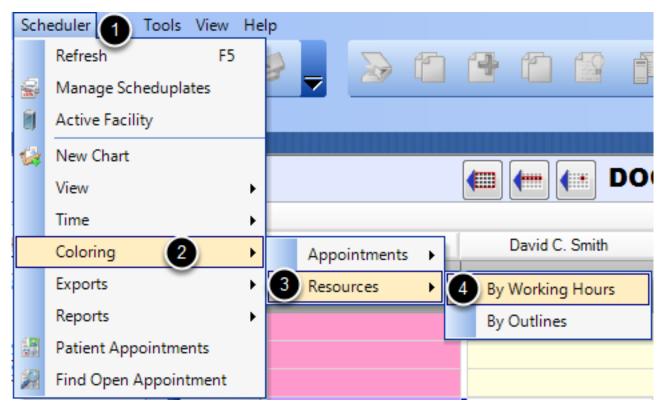
Coloring for Appointments



- 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

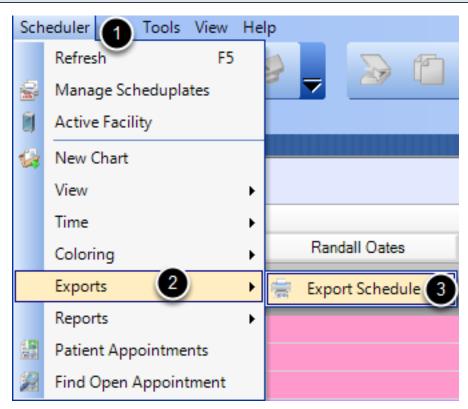


- 1. Click on the Scheduler menu.
- 2. Select Coloring.
- 3. Select Resources.

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.

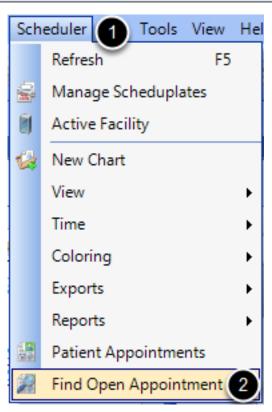
5. Print Simple Schedule: Provides a summary of the appointments scheduled by Provider. Indicates the Time, Patient Name, Phone Number, Scheduplate, Status and visit Comments.

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

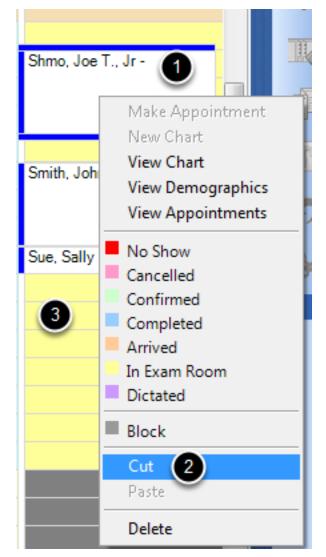
Dragging and Dropping

| 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

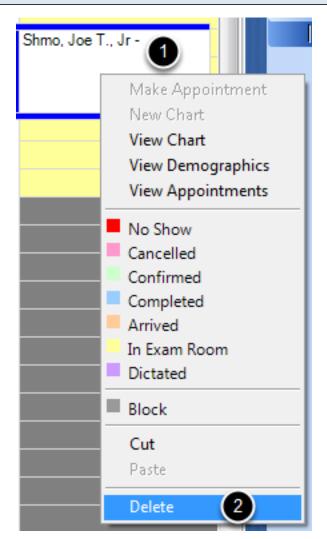


- **1. Click to select the appointment.**
- 2. Right click on the mouse and select Cut.

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

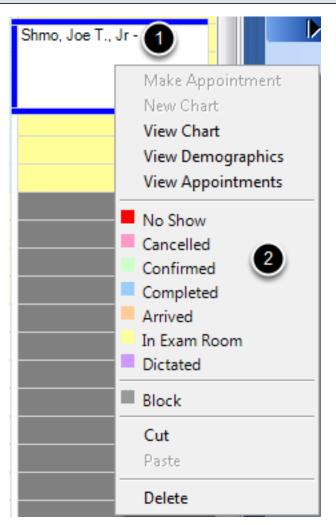


1. Click to select the appointment.

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 – | |

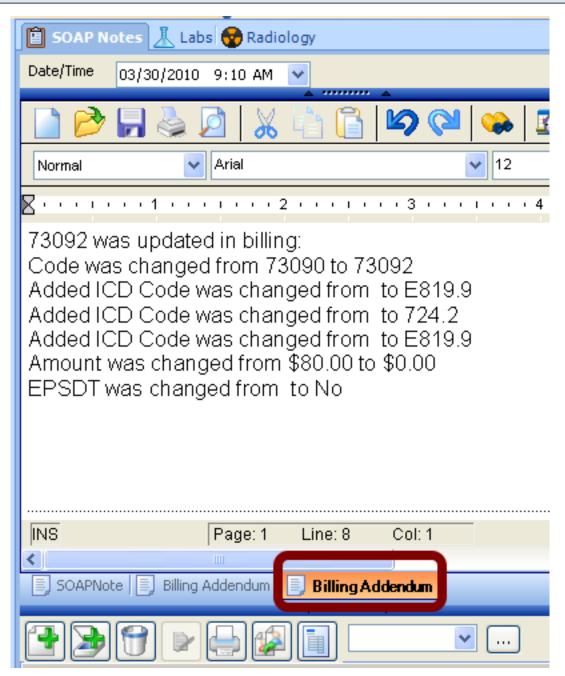
1. To change or add, Click to open the Select Charge dialog

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

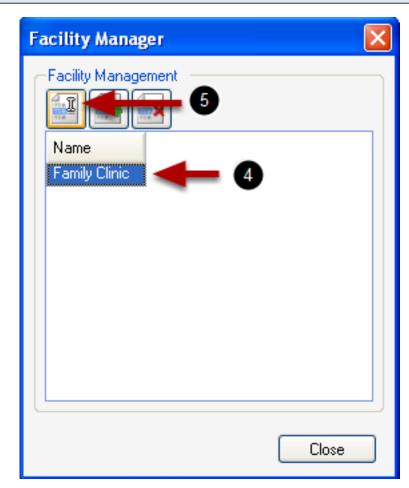
1. Find the claim getting rejected in **On Hold** section of Claims Manager and Double Click inside the Grid to open **Patient Account**.

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 | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | - 11 |
| | | | | | | | | | | | | | | | | | - 11 |
| | | | | | | | | | | | | | | | | | - 11 |
| | | | | | | | | | | | | | | | | | - 11 |
| | | | | | | | | | | | | | | | | 🚺 Ret | ouild |
| | | | | | | | | | | | | | | | | | |
| | | Pending | | | | | | | | | | | | | | | × |
| | | Posted | Clain | n Physician | Patient | Primary | PRT 3 | Secon | SRT | Amount | File \ | With S | 5ubmission | Status | Claim No | tes | |
| | | | | | | | | | | | | | | | | | - 11 |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | - 11 |
| | | | | | | | | | | | | | | | | | - 11 |
| | | | | | | | | | | | | | | | | | - 11 |
| | | | | | | | | | | | | | | | | | - 11 |
| | | | | | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | | | Scrut | |
| i | | Ready To: | Submit | 1 | | | | | | | | | | | | | × |
| ļ | - | | | J | | | | | | | | | | | | | - |
| | | 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 | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | (| 9 | | | | | | | | | |
| | 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 |

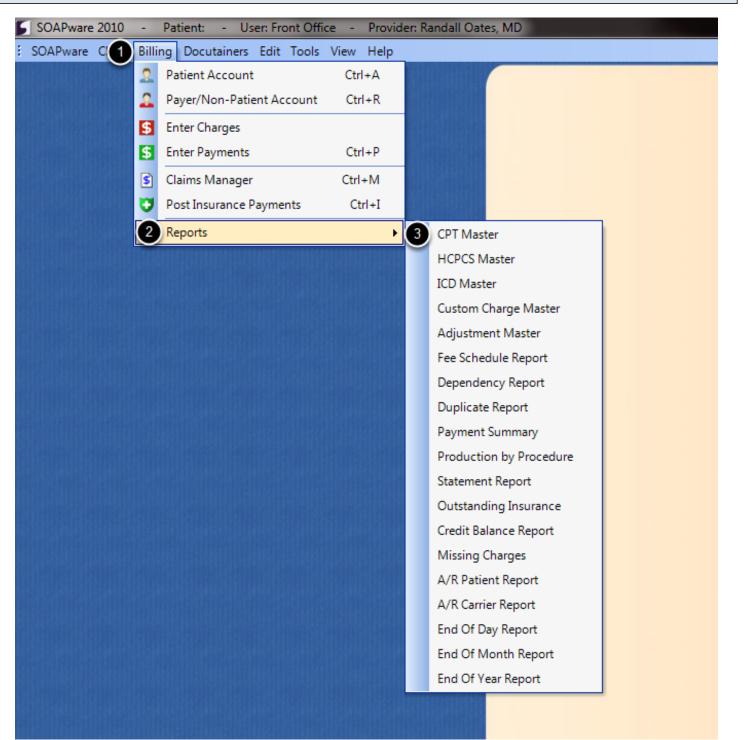
When selecting a patient, the account number shown on the remit is the Claim number assigned to the visit. When patient is opened, the grid will go directly to the claim number that was entered.

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 |

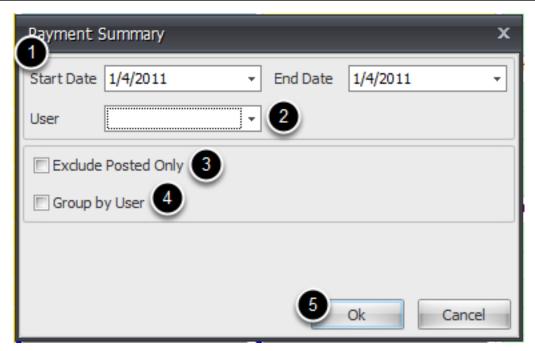
Search by any of the above criteria to find duplicate patients.

| | | 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.

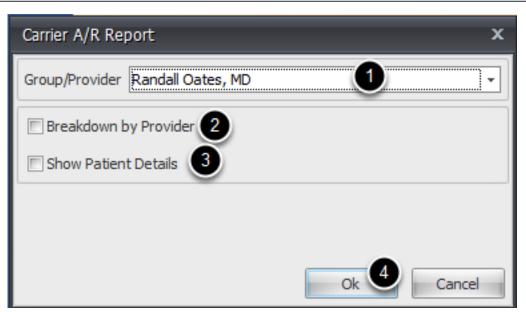
2. For each Guarantor (Family), there will be a total of all of the dependent's Patient A/R, as well as the totals of all of the dependent's Insurance A/R.

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

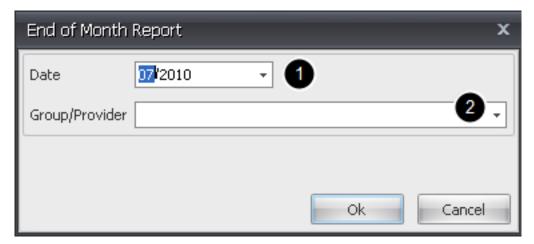
| Ch + + | Patient Name | DOC | Deservations | 2 | Channel | 3 | 4 | 5 |
|----------------|--------------------|------------|--------------|----------------|----------|----------|-------------|------------|
| Chart # | | DOS | Procedure | | Charge | Payment | Ins Payment | Adjustment |
| MT1234 | Turner, 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

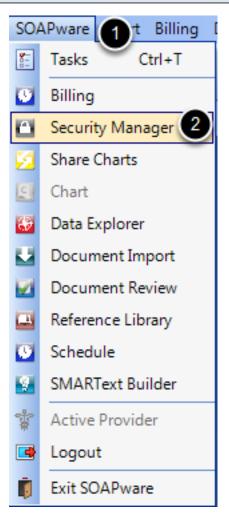
Security Manager/Audit Log

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.