

# Practice Management 2012 User Manual



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# **Practice Management Maintenance-Setup Steps**

## Important Setup Information for SOAPware Practice Management

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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](#)

## Getting Setup with Gateway EDI -- What to Expect

---

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 AND 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](http://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 AFTER 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.

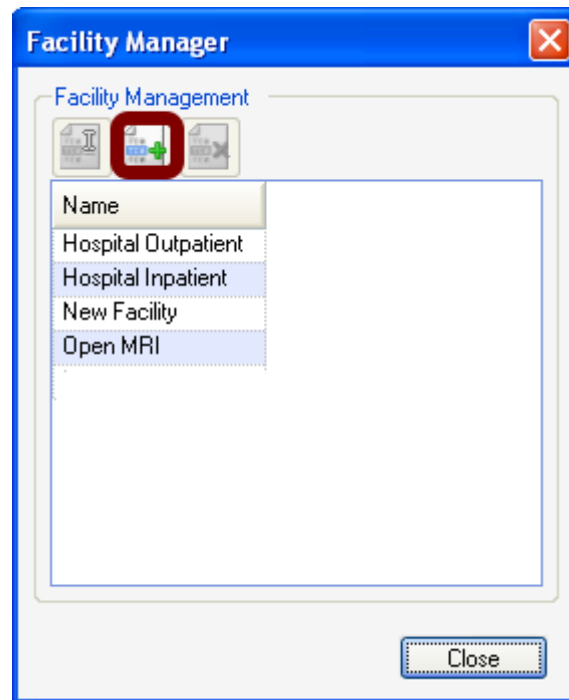


## 1. Manage Facilities (Block 24B and Block 32)

---

Tools -> Manage Facilities

### Facility Manager



Click the **Create New Facility** button.

The screenshot shows a 'Facility' window with the following fields and callouts:

- 1. Facility: Family Clinic
- 2. Full Legal Name: Family Clinic
- 3. Street: 123 Some St
- 4. City: Any City, St: Ar, Zip: 72701-1234
- 5. Phone #: (479) 555-5555
- 6. NPI #: 1345678923
- 7. Place of Service: Office - 11
- 8. Billing Inquiry #: (479) 555-4444
- 9. CLIA Number: 04D123456
- 10. State License Number: 123456
- 11. Update button

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. You must include 9 digit Zip Code (**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. Clinic CLIA number

10. State License Number

11. Press Update to save

## Facility Scheduler Tab

Facility: Family Clinic

Details Scheduler Additional IDs

Provider/Resource Management

Providers Resources

Name	Visible
James R. Bolinger	No
Slim Shady	No

Business Hours Management

Day	Open Time	Close Time	Open
Monday	7:30 AM	6:00 PM	Yes
Tuesday	8:00 AM	5:00 PM	Yes
Wednesday	8:00 AM	5:00 PM	Yes

Facility Closings

Closings	Start Time	End Time
Christmas Eve	12/24/2010	12/24/2010

Update Cancel

This is the location for the functional details of facilities in the Scheduler. Three main sections here: Provider/Resource Management, Business Hours Management, and Facility Closings.

### Provider/Resource Management

In this area, should be a list of licensed providers for the site. If a provider is not already in this list,

the provider likely does not have a license to the Scheduler. This area is the location to actually activate the providers/resources that will be using the Facility.

## **Business Hours Management**

This section allows the working hours for the Provider/Resource to be set for the facility. If the user has multiple facilities, among which a Providers/Resource travel, set the days and hours that each will be working at each facility each week. These times that are set up will then be available for scheduling for each Provider/Resource.

## **Facility Closings**

Block off the days the clinic will not be open to see patients, or is closed entirely for holidays, etc. Notice this section applies to the overall facility regardless of the provider. To set up a new closing, Click the Add Closing button (with the green plus sign).

[See Scheduler Setup steps](#)

## Facility Additional IDs Tab

Facility: Family Clinic

Details Scheduler Additional IDs

+ - ✕

Insurance Company	
Arkansas Medicaid	
Aetna	
✕ Medicare	

5 ✎

Edit Additional IDs for Medicare

Electronic

Location Number 12345

Provider Commercial Number 654321

State License Number D12345 +

Paper

Legacy Id

4 Okay Cancel

6 Update Cancel

Add ID numbers for Service Facility if Insurance company requires these in addition to Facility NPI.

1. Click on Additional IDs tab.
2. Click Add icon (green plus) and select the insurance company from the list (Tools->Insurance Companies)
3. Enter additional ID numbers.
4. Click Okay.

Repeat for additional Insurance companies.

5. Click to edit information.

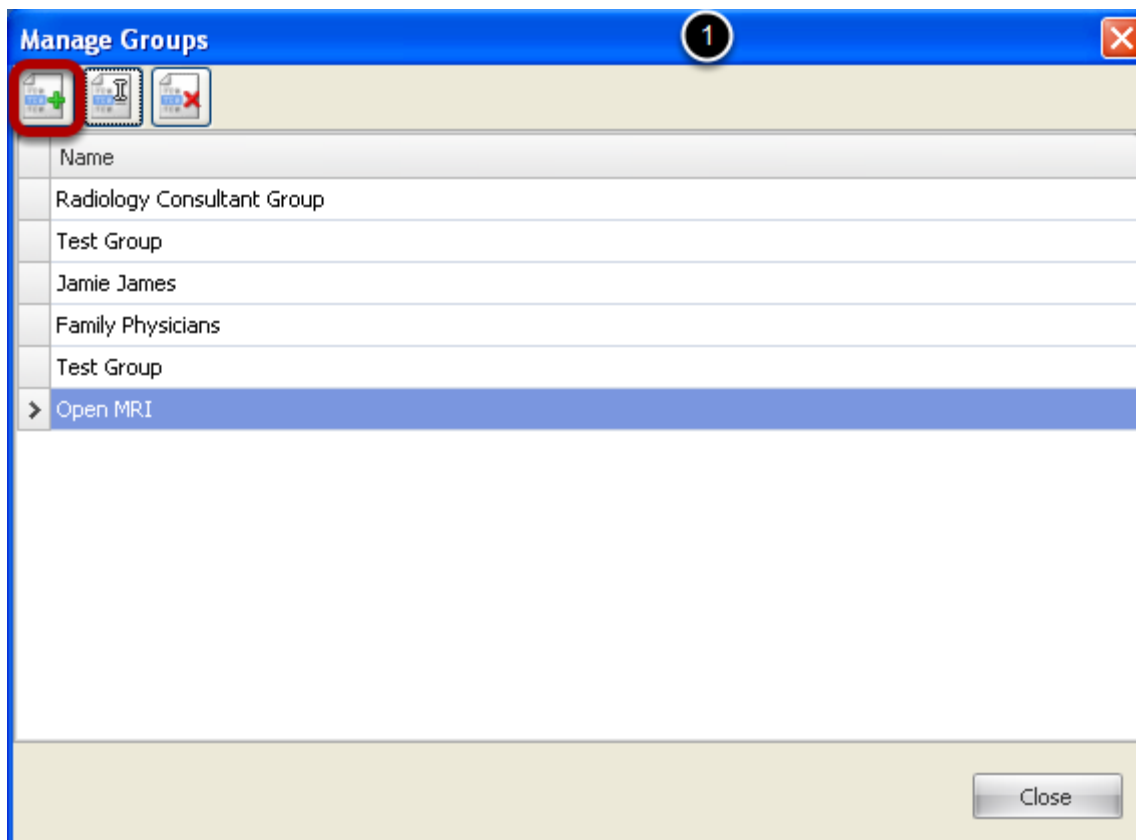
6. Update

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

---

Tools menu -> Manage Groups

### Manage Groups/Pay To Information



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

## Add a Group

The screenshot shows the 'Edit Group' dialog box with the following sections and callouts:

- 1 Contact Information:** Fields for Name (Professional Groups, Inc.), Street (123 Elm St.), Street 2, City (Springdale), State (AR), Zip (72764-1234), Phone ((479)555-1234), and Entity Type (Person/Non Person).
- 2 Non Person:** Radio button selected for 'Non Person'.
- 3 Id Numbers:** Fields for Tax ID (EIN/SSN), NPI, and Electronic.
- 4 Electronic:** Fields for Submitter ID (Mutually Defined - ZZ), ID (V2AB), UPIN (F12345), and State License (A1234).
- 5 Pay-To Address:** Fields for Street (PO Box 12345), Street 2, City (Springdale), State (AR), and Zip (72765-2345).
- 6 Paper:** Fields for Legacy ID and ID.
- 7 Insurance Information:** A list of insurance companies with 'Test Insurance' selected.
- 8 Save/Cancel:** Buttons at the bottom right.

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) Include 9 digit Zip Code. Note: Address must be a street address. If Pay-To address is a PO Box, etc., that information will be entered in section 5

2. Select Person or Non Person Entity type

3. **ID Numbers:** Enter the appropriate ID for the group.  
Indicate either the EIN or social security number and add the number.  
Enter Billing NPI number.

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

Enter Billing UPIN

Enter Billing State License

5. **Pay-To Address:** If payment is sent to an address other than the street address in Contact Information, enter that address here. Include 9 digit Zip Code.

6. **Paper Claims 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.

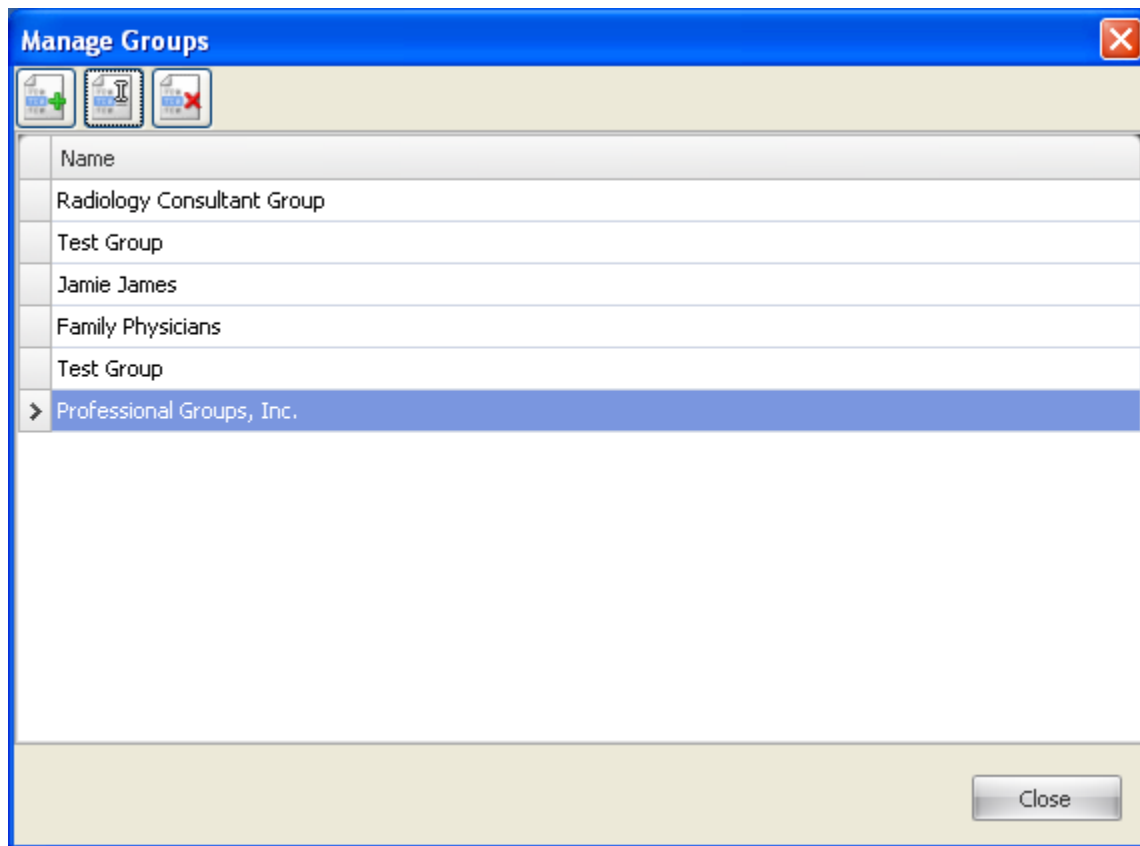
7. **Additional IDs:** When setting up a brand new system, you can ignore the Insurance Information section, initially. You will have to have your insurance companies setup first, before you can really take advantage of this field. Once you have finished the setup process, and need to add additional IDs required for a particular insurance company, you can change that information here at the group level, if needed.

- To create an additional 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.

**Electronic Claims:** Add the additional ID required by the selected insurance company. If UPIN or State License is required, you can click on the '+' to automatically add the ID from step 2.

**Paper Claims:** If a legacy ID is required in addition to referring provider NPI for paper claims, use the drop down to select the legacy ID Qualifier followed by the number and then Click **Save**.

8. Click **Save** when done.



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.

### 3. Provider Manager (Blocks 24J and 31)

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**

The screenshot shows the 'Providers' window in SOAPware. The left pane lists providers, with 'Randall Oates, MD' selected (indicated by a circled '1'). The right pane shows the 'General' tab (indicated by a circled '2') for the selected provider. The 'Misc' tab (indicated by a circled '3') is also visible. The form contains the following information:

Name				
Title	First	M	Last	Suffix
Dr.	Randall		Oates	MD

Address				
Clinic	Street	City	State	Zip Code
DOCS Clinic	4220 N Crossover Rd	Fayetteville	AR	72203-

Contact Information	
Phone #	Fax #
(479) 555-4444	(479) 555-5555
Email: roates@email.com	

Physician Numbers	
DEA #	State ID
89416351	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.

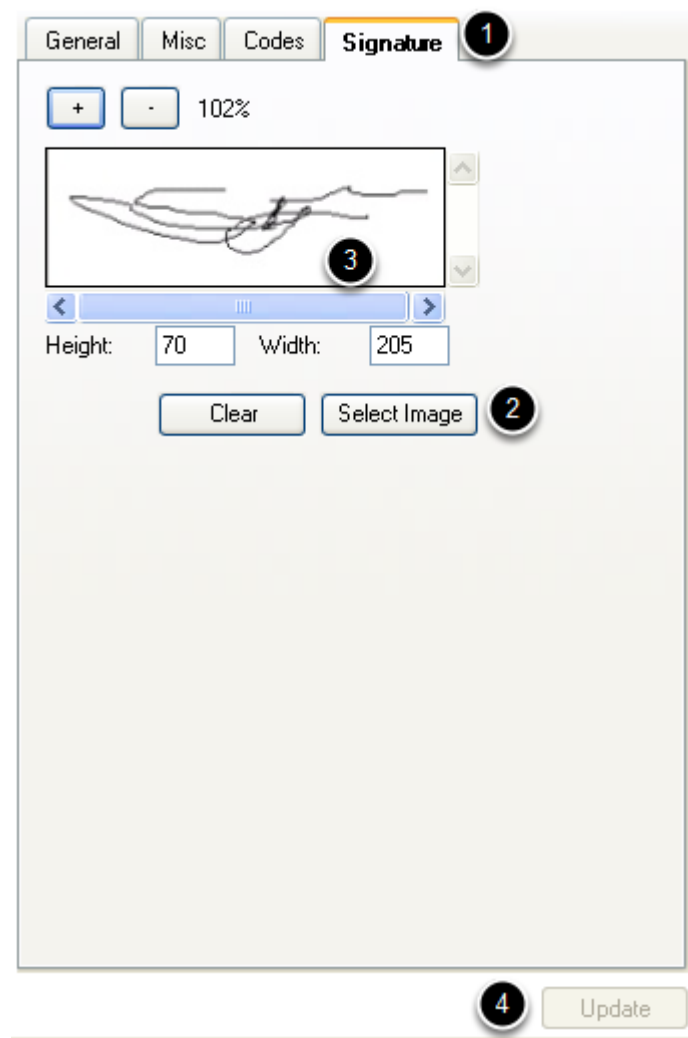
2. Enter the Provider's demographic information, including his/her DEA, NPI and Taxonomy numbers.

3. Click the Misc Tab to assign the Provider to a specific Group.

The screenshot shows a web interface with four tabs: 'General', 'Misc', 'Codes', and 'Signature'. The 'Misc' tab is active. Below the tabs is a section titled 'Associated User' containing two text boxes: 'LoginID' with the value 'randalloates' and 'Name' with the value 'Randall Oates, MD'. Below this is a 'Group' dropdown menu currently showing 'Family Physicians'. A black circle with the number '4' is positioned over the dropdown arrow. At the bottom right of the form is an 'Update' button, with a black circle containing the number '5' positioned over it.

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.



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

The screenshot shows the 'Claims Options' dialog box. The 'Paper Options' section is highlighted with a red box. It contains a 'Default Printer' dropdown menu (labeled 1) and a 'Print Full CMS Form' checkbox (labeled 2). Below this are sections for 'Electronic Options' and 'Clearinghouse Options'.

**Paper Options**

Default Printer: Xerox Phaser 3250 (from DELLPC1Q2010-PC) in s...  
Print Full CMS Form: ☐

**Electronic Options**

Office Contact: Tammy  
Office Contact Phone: (479)555-5555 Ex:   
Office Contact Fax: (479)555-4444  
Office Contact Email: tt@email.com  
Output Path: U:\Tammy\Gateway EDI ...  
Auto Submit: ☒  
Save Local Copy: ☒

**Clearinghouse Options**

Name: Gateway EDI  
Clearinghouse ID: 431420764  
Receiver Qualifier: Mutually Defined - ZZ  
Receiver ID: 431420764000000  
User Name: V123  
Password: \*\*\*\*\*  
Server: sftp.gatewayedi.com  
Testing: ☐  
Accept Assignment: Yes

OK 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).

**Claims Options**

**Paper Options**

Default Printer: Xerox Phaser 3250 (from DELLPC1Q2010-PC) in s... ☐ Print Full CMS Form

**Electronic Options**

Office Contact: Tammy **1**

Office Contact Phone: (479)555-5555 **2** Ex: **3**

Office Contact Fax: (479)555-4444 **4**

Office Contact Email: tt@email.com **5**

Output Path: U:\Tammy\Gateway EDI **6** ... **7**

☒ Auto Submit **8**

☒ Save Local Copy **9**

**Clearinghouse Options**

Name: Gateway EDI ☐ Testing

Clearinghouse ID: 431420764

Receiver Qualifier: Mutually Defined - ZZ

Receiver ID: 431420764000000

User Name: V123

Password: \*\*\*\*\*

Server: sftp.gatewayedi.com

Accept Assignment: Yes

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

4. **Office Contact Email:** Enter the Contact email address for the person in the office who will be the Gateway EDI contact.

5. **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.

6. **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.

7. **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: Xerox Phaser 3250 (from DELLPC1Q2010-PC) in s... ☐ Print Full CMS Form

**Electronic Options**

Office Contact: Tammy ☒ Auto Submit  
Office Contact Phone: (479)555-5555 Ex:  ☒ Save Local Copy  
Office Contact Fax: (479)555-4444  
Office Contact Email: tt@email.com  
Output Path: U:\Tammy\Gateway EDI ...

**Clearinghouse Options**

Name: Gateway EDI ☐ Testing  
Clearinghouse ID: 431420764  
Receiver Qualifier: Mutually Defined - ZZ  
Receiver ID: 431420764000000  
User Name: V123  
Password: \*\*\*\*\*  
Server: sftp.gatewayedi.com

Accept Assignment: Yes  
OK 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 overridden at the Insurance Company and claim level, if needed.

10. Click **Okay** to save.

## 5. PM Security Administration

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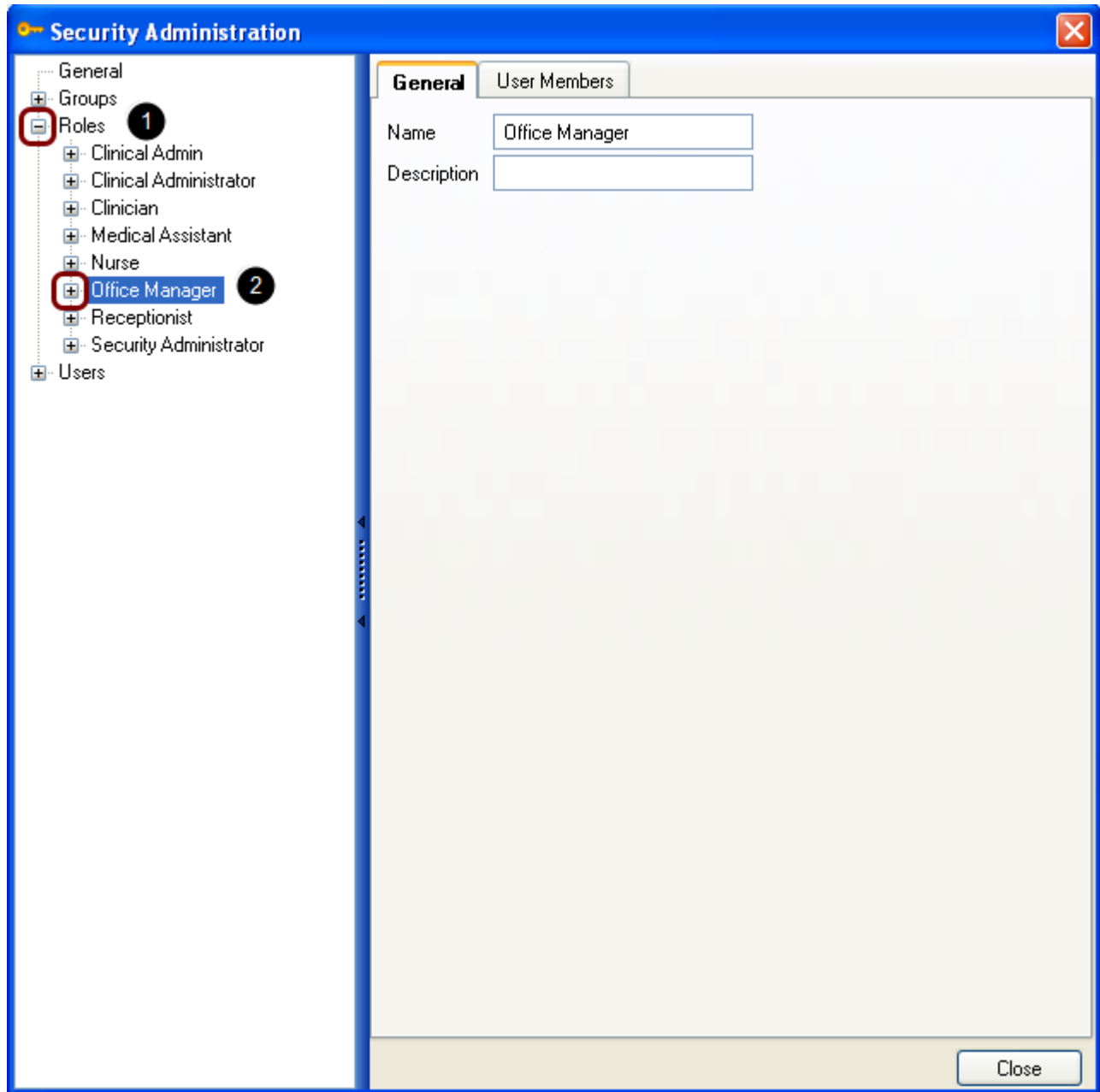
Tools -> Security

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

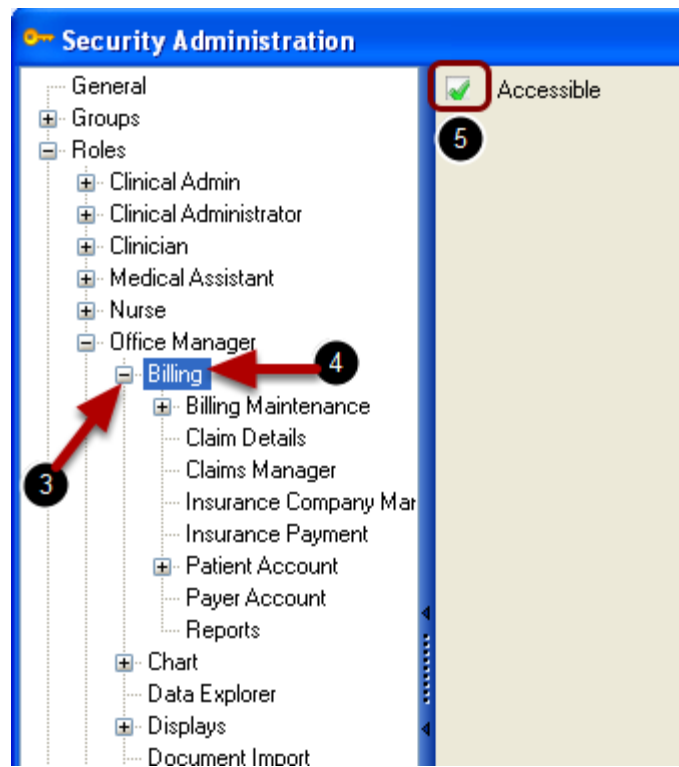
## Assign Billing Security Privileges to Roles



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.

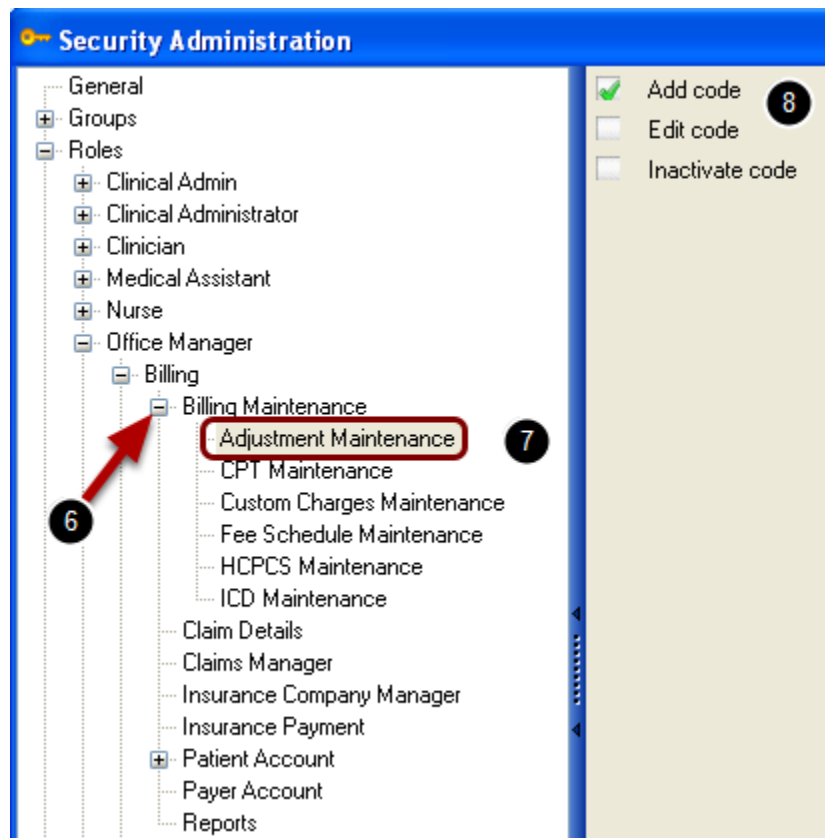
1. Click on the expander node next to **Roles**.
2. Click on the expander node next to one of the Roles in the list. (Screenshot shows Office Manager selected)



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**

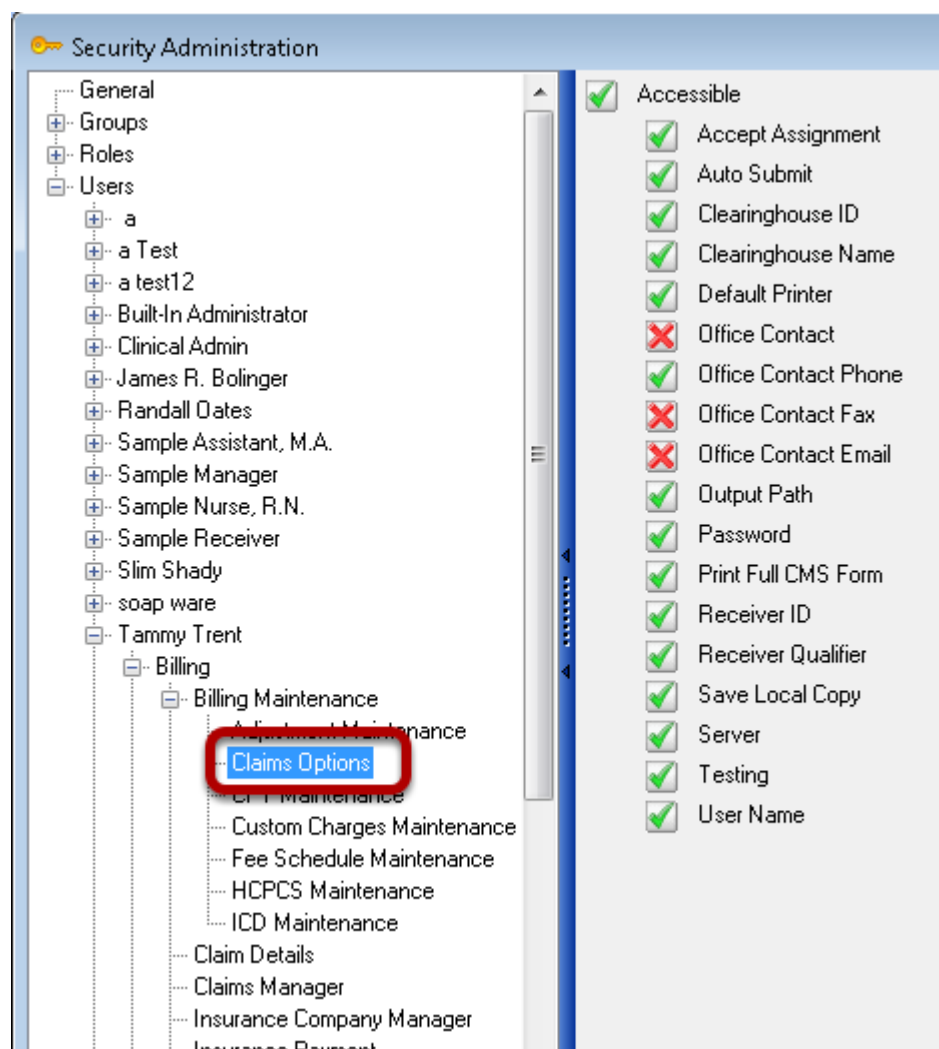
8. Click on a specified action to **allow access** (green check mark), **deny access** (red X) or default to the **user's individual privileges** (leave blank ). Clicking on **Allow All** button will place a check in all boxes and Clicking on **Deny All** will place a red X in all boxes.

**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



**Accept Assignment**-Deny access or allow user to Accept Assignment on claims

**Auto Submit**-Deny access or allow user to Auto Submit claims

**Clearinghouse ID**-Deny access or allow user to edit Clearinghouse ID

**Clearinghouse Name**-Deny access or allow user to edit Clearinghouse name

**Default Printer**-Deny access or allow user to set default printer for claims

**Office Contact**-Deny access or allow user to edit Office Contact

**Office Contact Phone**-Deny access or allow user to edit Office Contact Phone

**Office Contact Fax**-Deny access or allow user to edit Office Contact Fax

**Office Contact Email**-Deny access or allow user to edit Office Contact Email

**Output Path**-Deny access or allow user to change output path

**Password**-Deny access or allow user to edit password

**Print Full CMS Form**-Deny access or allow user to select to print Full CMS Form

**Receiver ID**-Deny access or allow user to edit Receiver ID

**Receiver Qualifier**-Deny access or allow user to edit Receiver Qualifier

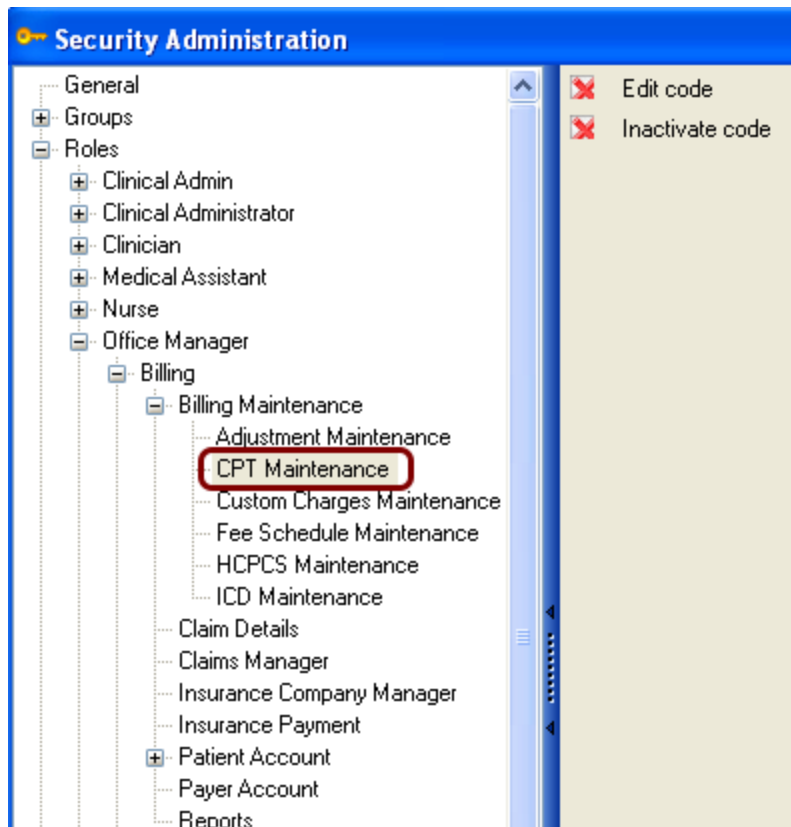
**Save Local Copy**-Deny access or allow user to Save Local Copy of claim files

**Server**-Deny access or allow user to edit Receiver Server

**Testing**-Deny access or allow user to change claim file to Test file

**User Name**-Deny access or allow user to edit User Name

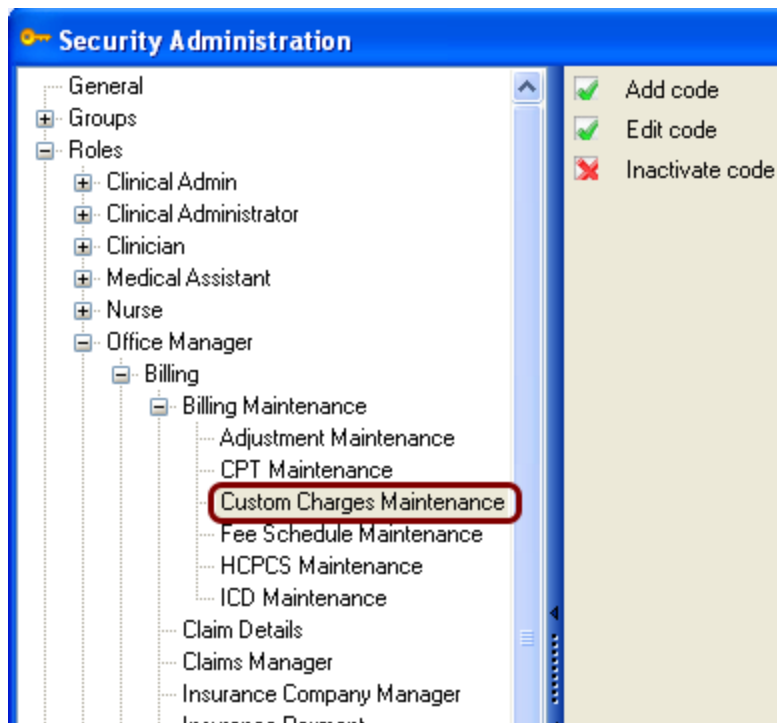
## CPT Maintenance



**Edit code**-Deny access or allow user to Edit CPT Maintenance

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

## Custom Charges Maintenance

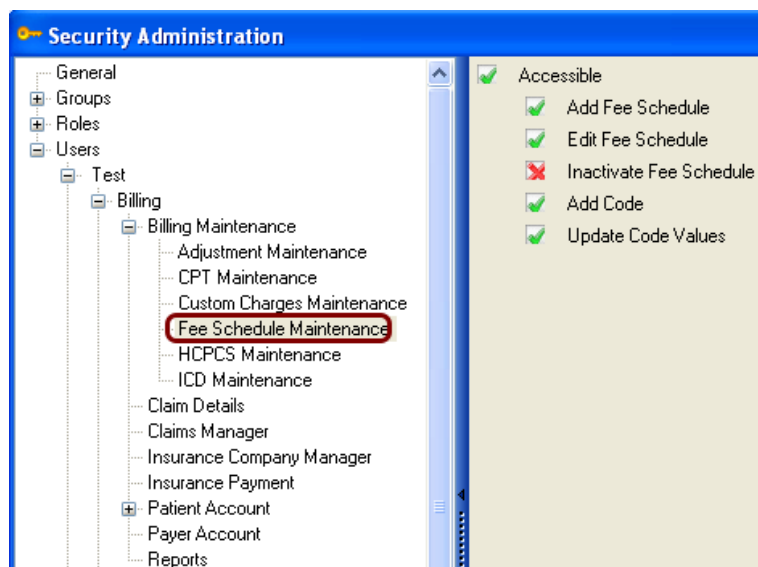


**Add code**-Deny access or allow user to add a Custom Charge code

**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

## Fee Schedule Maintenance



**Accessible**-Deny access or allow user access to the Fee Schedule menu option

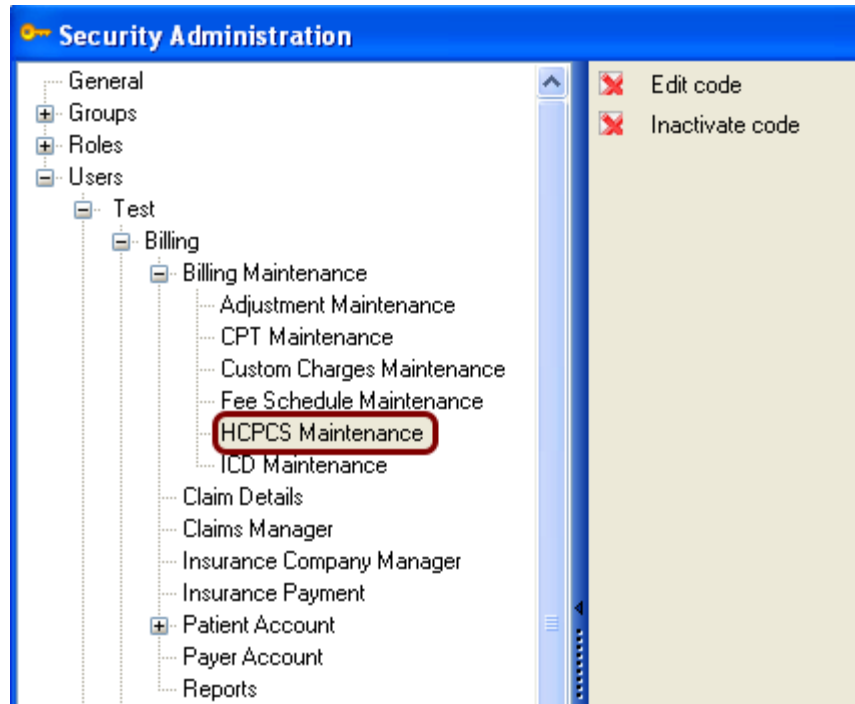
**Add Fee Schedule**-Deny access or allow user ability to Add a new Fee Schedule

**Edit Fee Schedule**-Deny access or allow user ability to make edits within the Fee Schedules



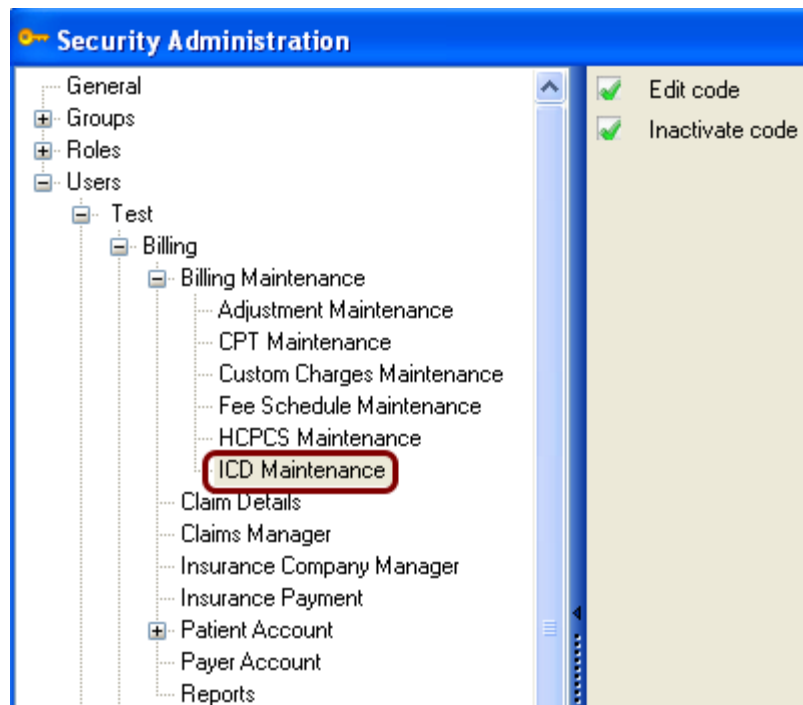
**Inactivate Fee Schedule**-Deny access or allow user the ability to make a Fee Schedule Inactive  
**Add Code**-Deny access or allow user the ability to Add a new Code from the HCPCS/CPT list to a Fee Schedule  
**Update Code Values**-Deny access or allow user to Update Code amounts

## 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

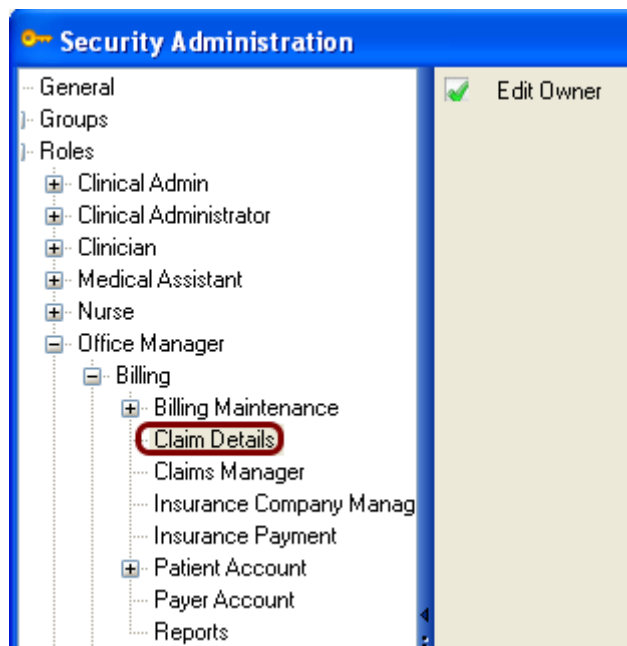
## ICD Maintenance



**Edit code**-Deny access or allow user to edit a Diagnosis code in ICD Maintenance

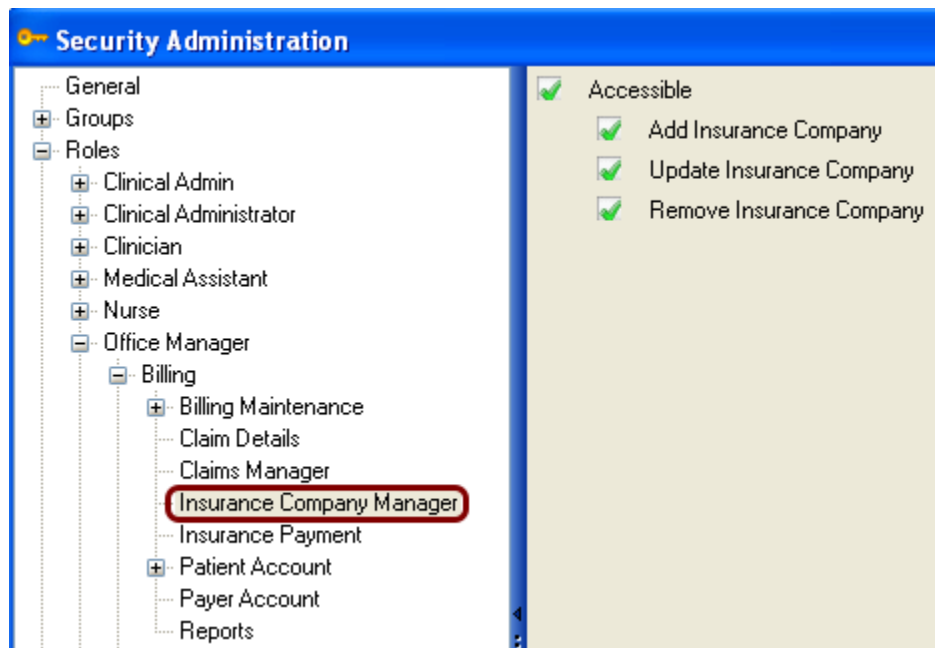
**Inactivate code**-Deny access or allow user to change a Diagnosis code to Inactive

## Claim Details



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

## Insurance Company Manager



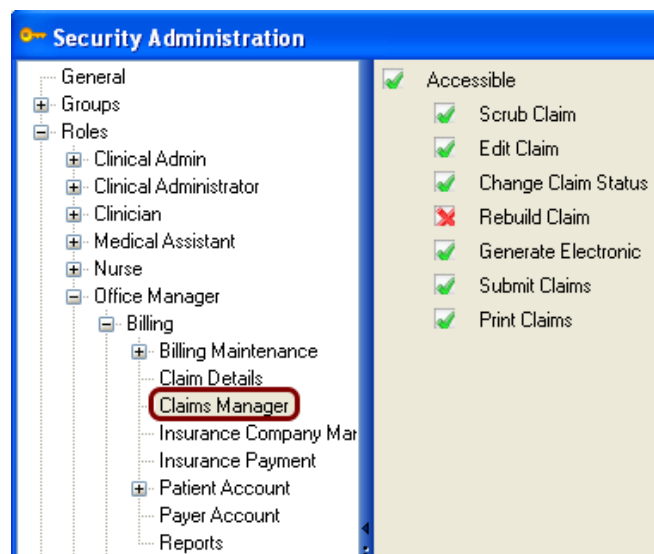
**Accessible**-Allow/Deny user access to the Insurance Company Master files/Maintenance

**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

## Claims Manager



**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

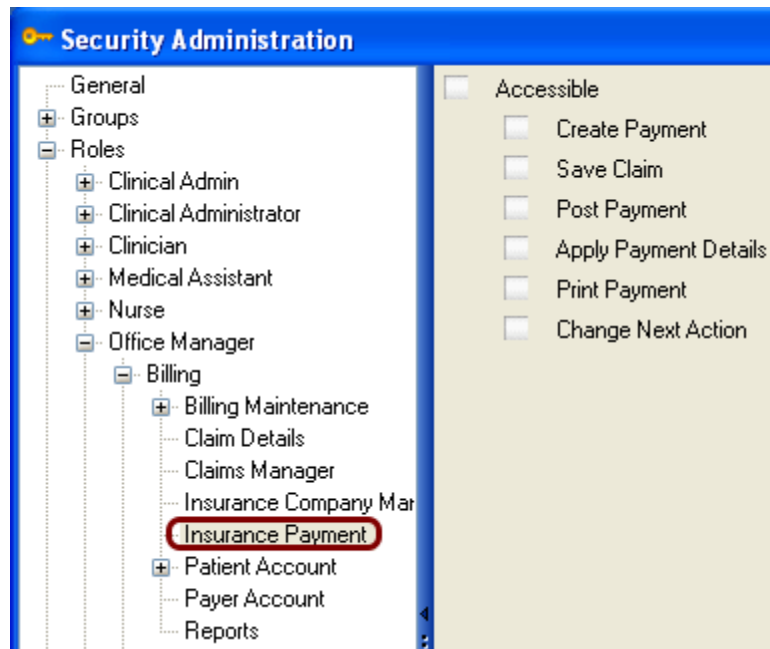
**Rebuild Claim**-Deny access or allow user to Rebuild a claim in the Claims Manager

**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

## Insurance Payment



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

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

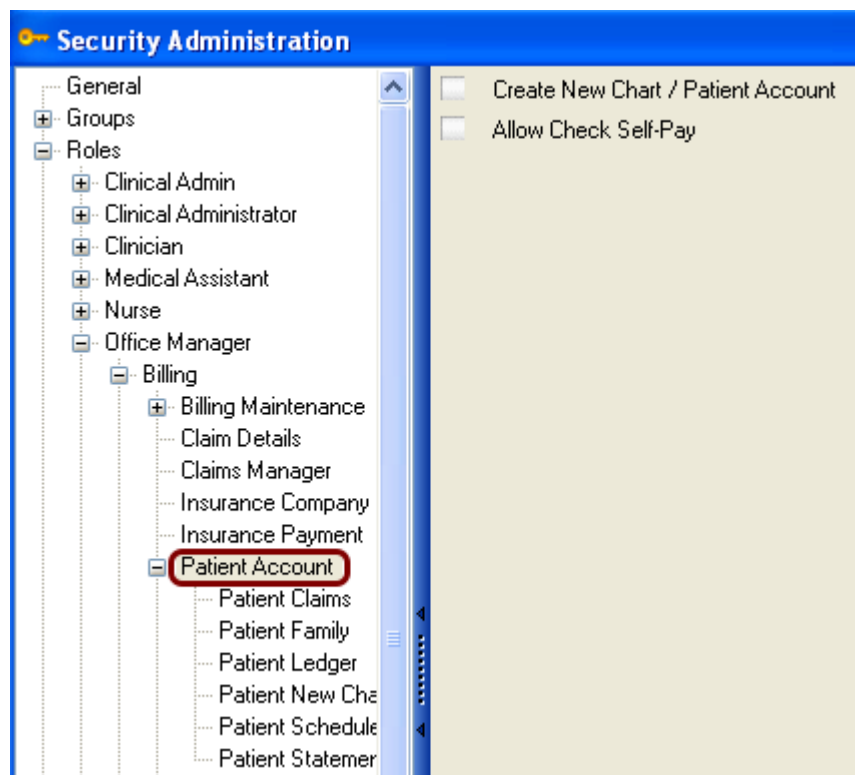
**Save Claim**-Deny access or allow user to apply a payment and save that payment in Insurance Payment Posting

**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

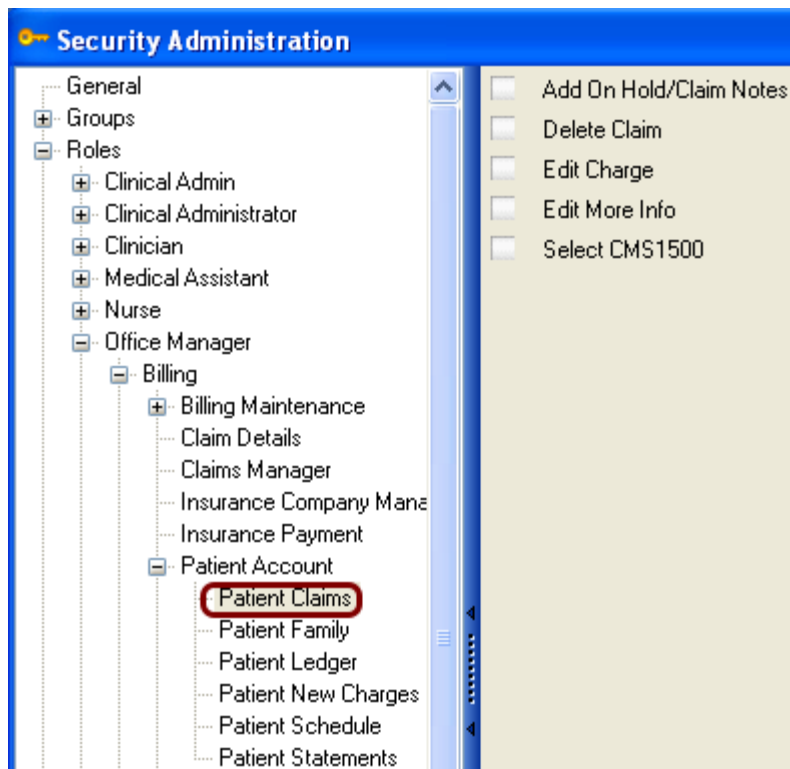
**Print Payment**-Deny access or allow user access to Print Payment in Insurance Payment dialog

**Change Next Action**-Deny access or allow user to edit the NextAction 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



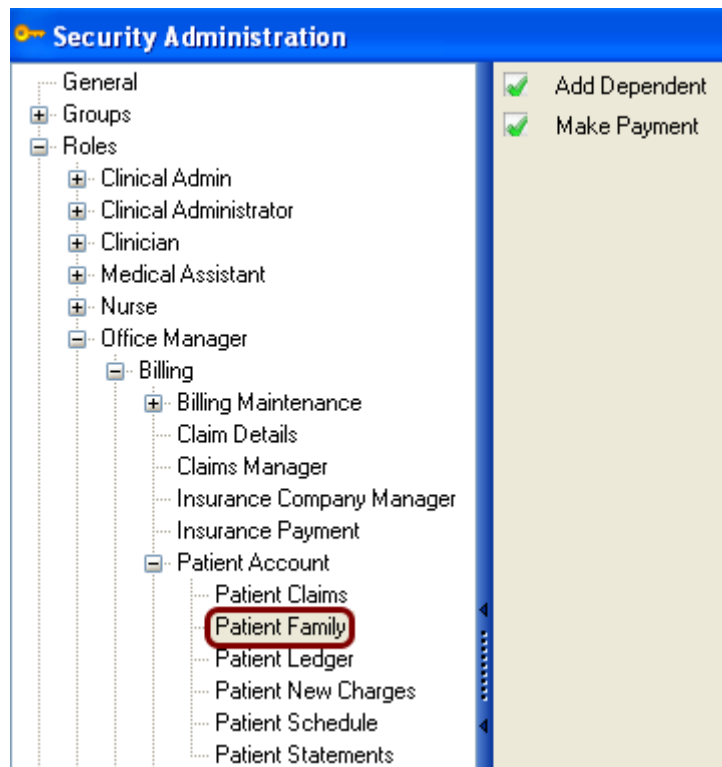
**Add On Hold/Claim Notes**-Deny access or allow user access to comment in the On Hold notes section or the Claims Notes section in the Claims Tab

**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

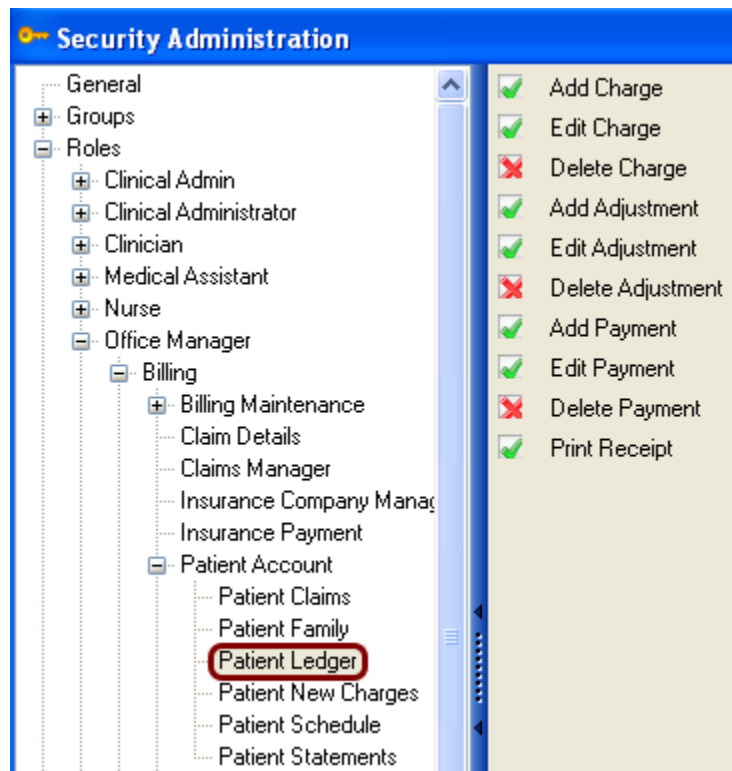
**Edit More Info**-Deny access or allow user to edit More Info dialog in the Claims Tab

**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



**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

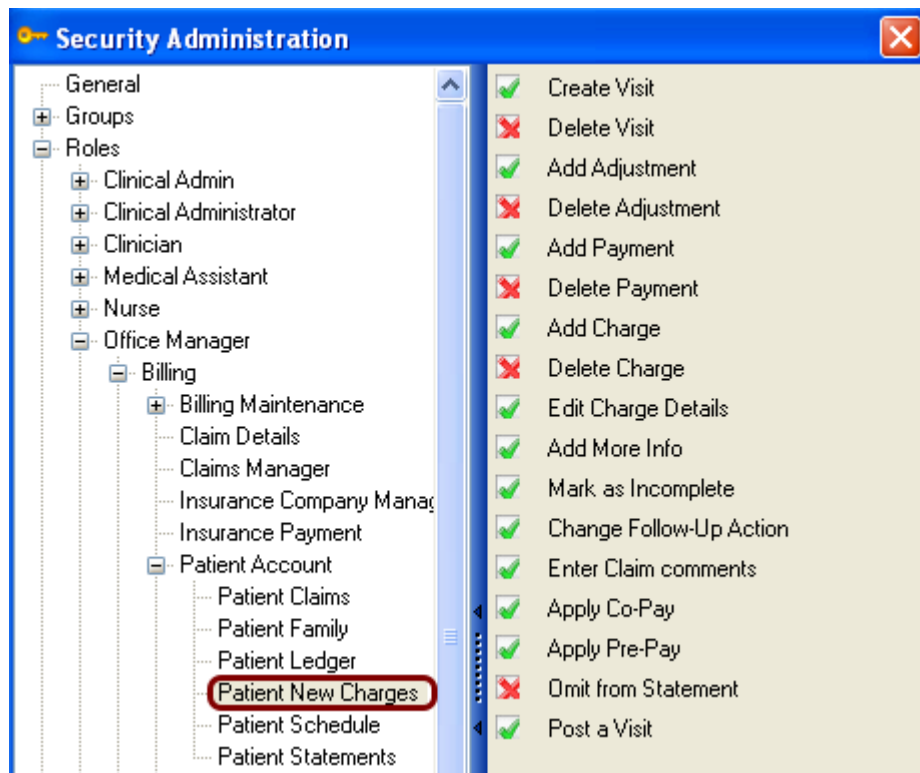
**Add Payment**-Deny access or allow user to add a payment from Patient Ledger

**Edit Payment**-Deny access or allow user to edit a payment from Patient Ledger

**Delete 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

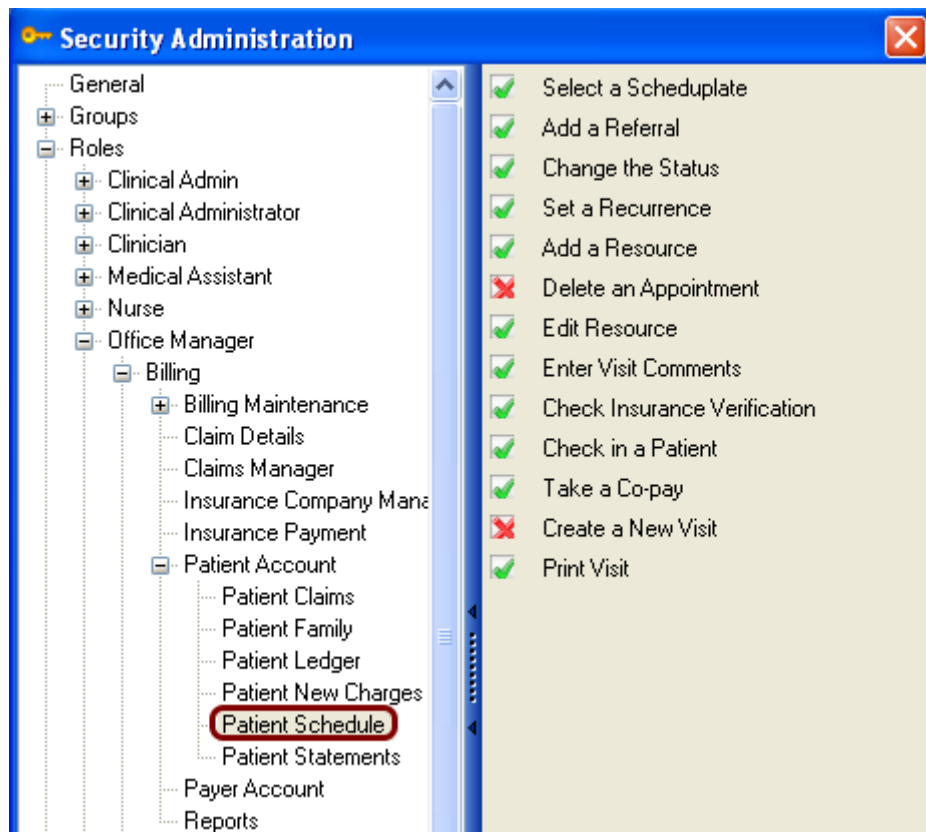
**Enter Claim Comments**-Deny access or allow user to enter claim comments to a charge in New Charges tab

**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



**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

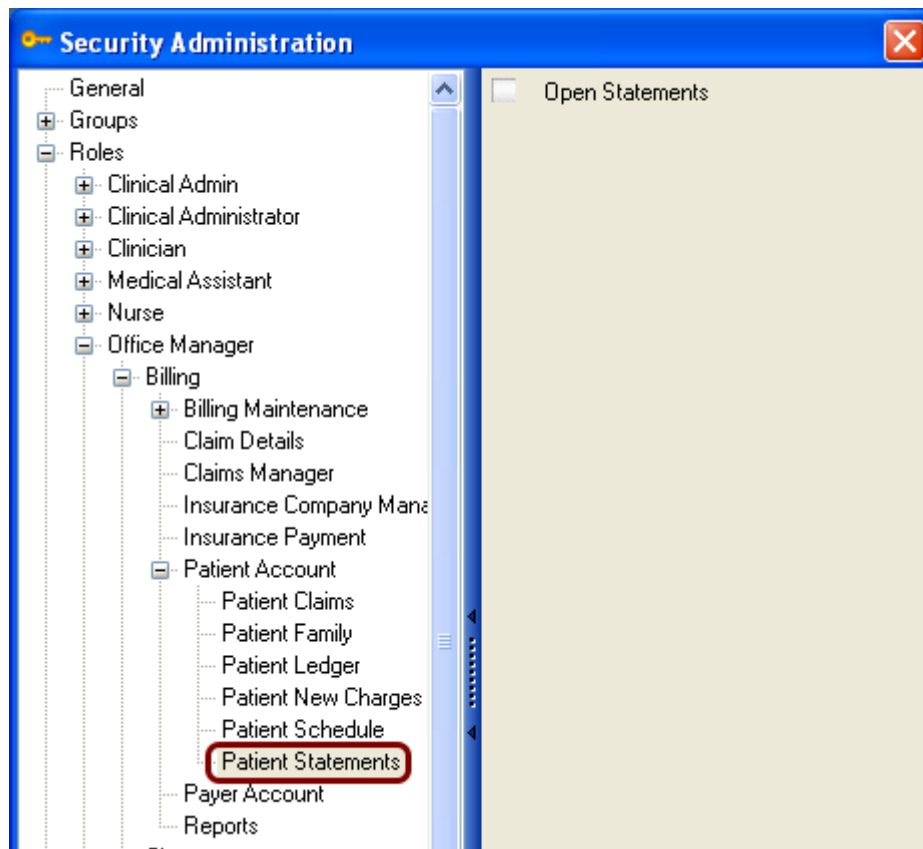
**Check in a Patient**-Deny access or allow user to check in a patient in Schedule tab

**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

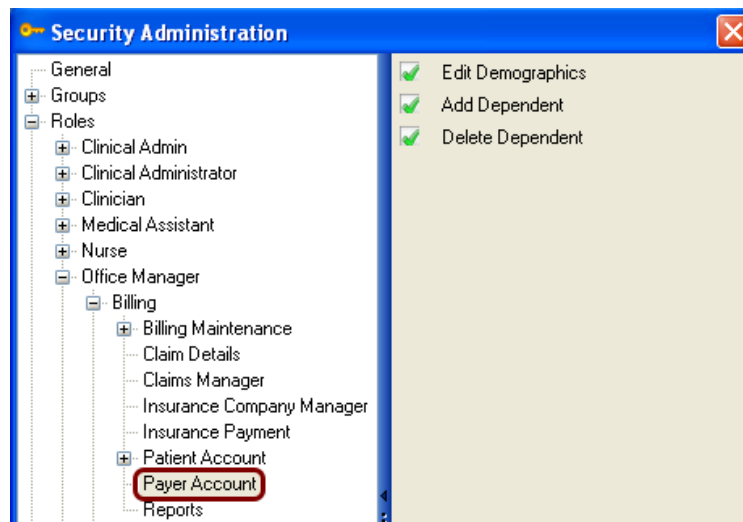
**Print a Visit**-Deny access or allow user to print a visit in Schedule tab

## Patient Statements



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

## Payer 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

## Reports



**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**

## 6. CPT Code Maintenance (Block 24D)

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

### CPT Code Maintenance

CPT Code Maintenance

Code Details

CPT Lookup

0001F

Short Description Lookup

HEART FAILURE COMPOSITE

☐ Inactive

Medium Description

HRT FAILURE ASSESSED

Long Description

Heart failure assessed (includes assessment of all the following components) (CAD, HF): Blood pressure measured (2000F) Level of activity assessed (1003F) Clinical symptoms of volume overload

☒ Use Custom Descriptions

Custom Short Description

CAD

Custom Medium Description

Custom Long Description

Save

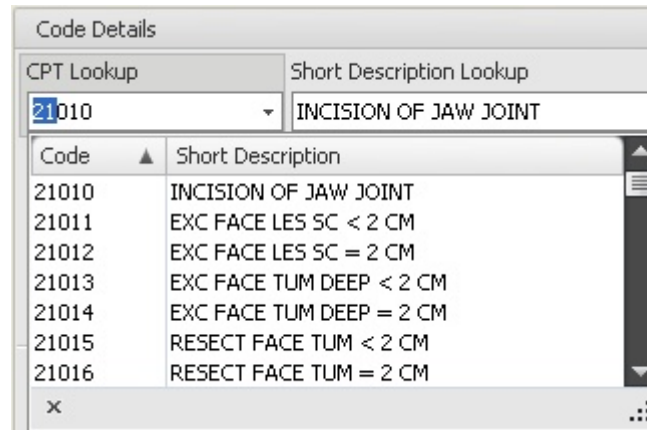
Code List

☒ Standard View ☐ Full View ☒ Hide Inactive Codes

CPT Code ▲	Description	Effective Date	Modified Date	Deactivation Date
0001F	HEART FAILURE COMPOSITE	2/3/2010	3/19/2010	
0005F	OSTEOARTHRITIS COMPOSITE	2/3/2010		
00100	ANESTH, SALIVARY GLAND	2/3/2010		
00102	ANESTH, REPAIR OF CLEFT LIP	2/3/2010		
00103	ANESTH, BLEPHAROPLASTY	2/3/2010		
00104	ANESTH, ELECTROSHOCK	2/3/2010		
00120	ANESTH, EAR SURGERY	2/3/2010		
00124	ANESTH, EAR EXAM	2/3/2010		

Close

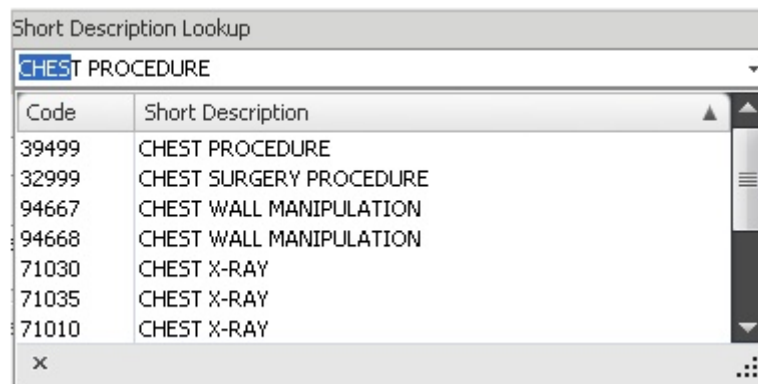
## CPT Search by Code



Code	Short Description
21010	INCISION OF JAW JOINT
21011	EXC FACE LES SC < 2 CM
21012	EXC FACE LES SC = 2 CM
21013	EXC FACE TUM DEEP < 2 CM
21014	EXC FACE TUM DEEP = 2 CM
21015	RESECT FACE TUM < 2 CM
21016	RESECT FACE TUM = 2 CM

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

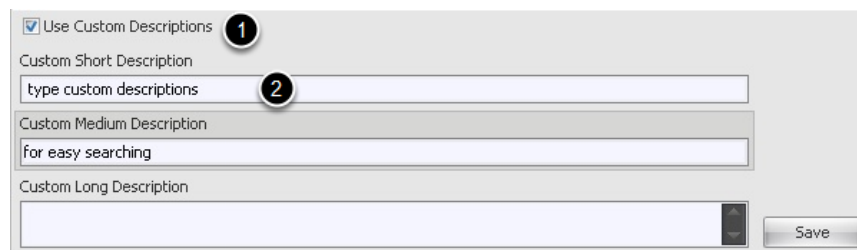
## CPT Search by Description



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

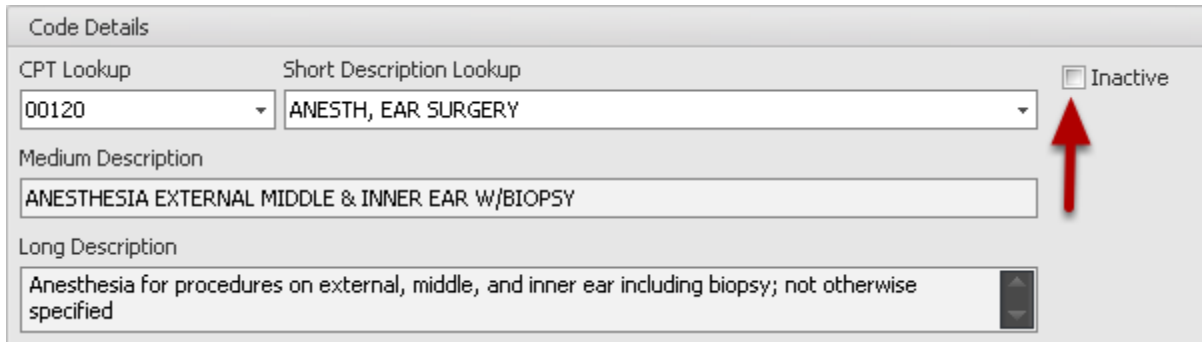


1. After selecting a CPT code, Place a check mark if you wish to use the custom descriptions when searching for this code.

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

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

## Inactivate a CPT code



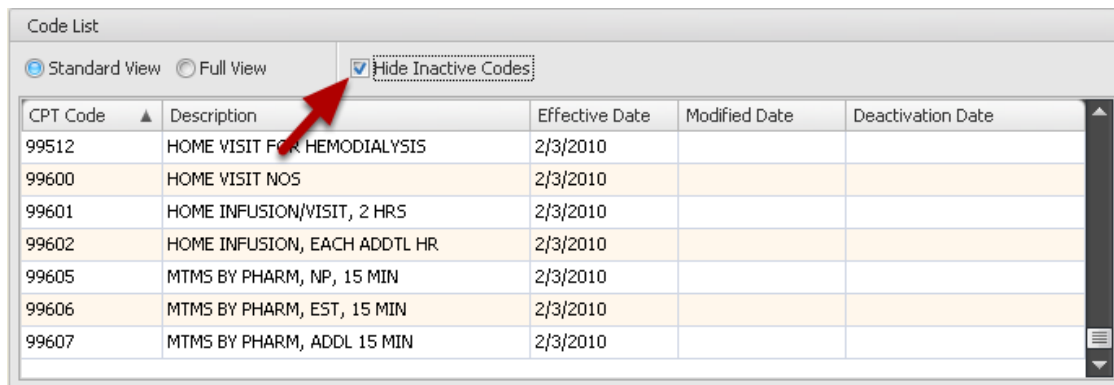
The 'Code Details' window displays the following information:

- CPT Lookup:** 00120
- Short Description Lookup:** ANESTH, EAR SURGERY
- Medium Description:** ANESTHESIA EXTERNAL MIDDLE & INNER EAR W/BIOPSY
- Long Description:** Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified

On the right side of the window, there is an **Inactive** checkbox. A red arrow points to this checkbox, indicating it should be checked to inactivate the code.

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

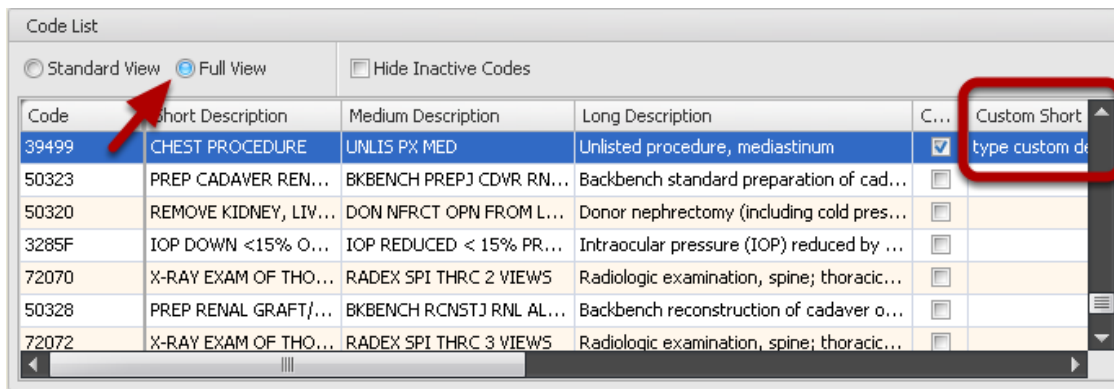


The 'Code List' window shows a table of CPT codes. Above the table, there are two view options: **Standard View** (selected) and **Full View**. To the right of these options is a checkbox labeled **Hide Inactive Codes**, which is currently checked. A red arrow points to this checkbox.

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



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

## CPT Effective, Modified or Deactivation Date

The screenshot shows the 'Code List' window with the 'Full View' tab selected. The table displays CPT codes and their descriptions. Three numbered circles (1, 2, 3) are placed above the Effective Date, Modified Date, and Deactivation Date columns respectively.

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/OUTPATIENT 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

Note: The dates are automatically inserted.



## 7. HCPCS Maintenance (Block 24D)

Tools -> Billing Maintenance -> HCPCS Maintenance

### HCPCS Maintenance

HCPCS Code Maintenance

Code Details

HCPCS Lookup

A0021

Short Description Lookup

Outside state ambulance serv

☐ Inactive

Long Description

AMBULANCE SERVICE, OUTSIDE STATE PER MILE, TRANSPORT (MEDICAID ONLY)

☒ Use Custom Descriptions

Custom Short Description

OOS

Custom Long Description

Save

Code List

☒ Standard View ☐ Full View

☒ Hide Inactive Codes

Code	Description	Add Date	Effective...	Inactiv...
A0021	Outside state ambulance serv	2/3/2010	2/3/2010	
A0080	Noninterest escort in non er	2/3/2010	2/3/2010	
A0090	Interest escort in non er	2/3/2010	2/3/2010	
A0100	Nonemergency transport taxi	2/3/2010	2/3/2010	
A0110	Nonemergency transport 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	Short Description
L1000	Ct Iso milwauke initial model
L1001	CTLSO infant immobilizer
L1005	Tension based scoliosis orth
L1010	Ct Iso axilla sling
L1020	Kyphosis pad
L1025	Kyphosis pad floating
L1030	Lumbar 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 by Description

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 6x6
S2152	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

☒ Use Custom Descriptions 1

Custom Short Description

Ins w/o lock 2

Custom Long Description

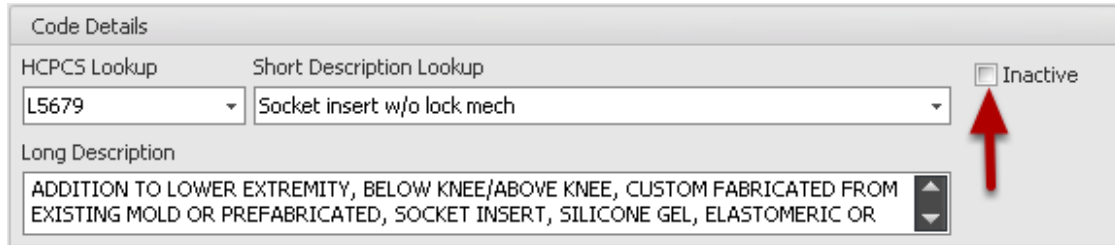
Save

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.

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

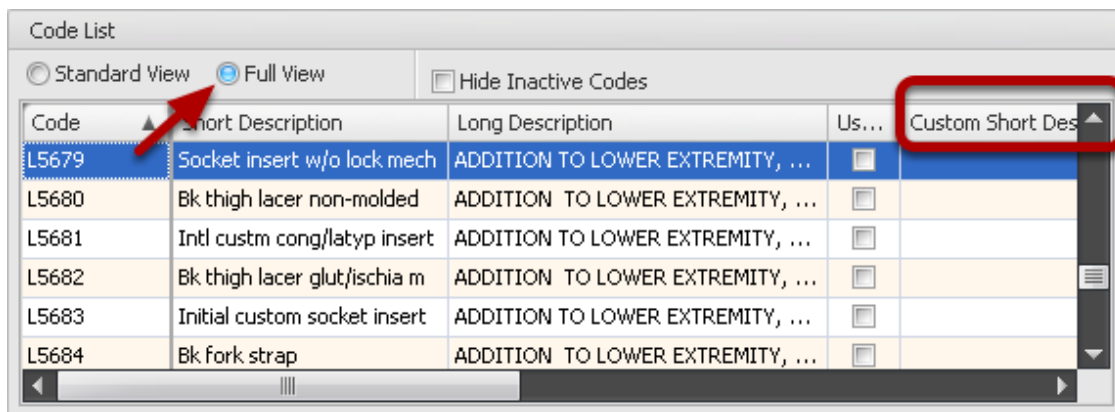
### Inactivate a HCPCS code



The screenshot shows the 'Code Details' window. It has two dropdown menus: 'HCPCS Lookup' with 'L5679' selected and 'Short Description Lookup' with 'Socket insert w/o lock mech' selected. Below these is a 'Long Description' text area containing 'ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR'. To the right of the text area is an 'Inactive' checkbox, which is currently unchecked. A red arrow points to this checkbox.

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 Hide Inactive Codes option.

### View all HCPCS Descriptions

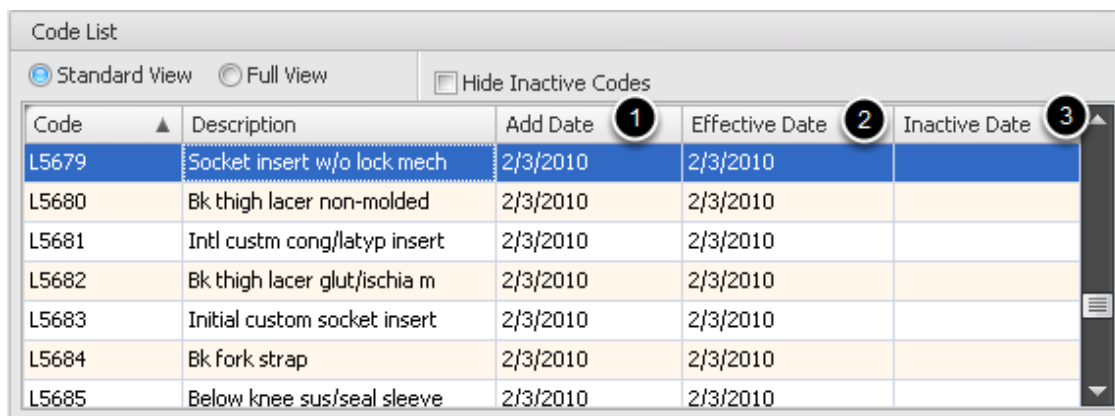


The screenshot shows the 'Code List' window. It has two radio buttons: 'Standard View' and 'Full View', with 'Full View' selected. To the right of the radio buttons is a 'Hide Inactive Codes' checkbox, which is unchecked. Below these is a table with columns: 'Code', 'Short Description', 'Long Description', 'Us...', and 'Custom Short Des'. The first row is highlighted in blue and contains the code 'L5679', the short description 'Socket insert w/o lock mech', and the long description 'ADDITION TO LOWER EXTREMITY, ...'. A red arrow points to the 'Full View' radio button, and a red box highlights the 'Custom Short Des' column header.

Code	Short Description	Long Description	Us...	Custom Short Des
L5679	Socket insert w/o lock mech	ADDITION TO LOWER EXTREMITY, ...	<input type="checkbox"/>	
L5680	Bk thigh lacer non-molded	ADDITION TO LOWER EXTREMITY, ...	<input type="checkbox"/>	
L5681	Intl custm cong/latyp insert	ADDITION TO LOWER EXTREMITY, ...	<input type="checkbox"/>	
L5682	Bk thigh lacer glut/ischia m	ADDITION TO LOWER EXTREMITY, ...	<input type="checkbox"/>	
L5683	Initial custom socket insert	ADDITION TO LOWER EXTREMITY, ...	<input type="checkbox"/>	
L5684	Bk fork strap	ADDITION TO LOWER EXTREMITY, ...	<input type="checkbox"/>	

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

## HCPCS Add, Effective and Inactive Date



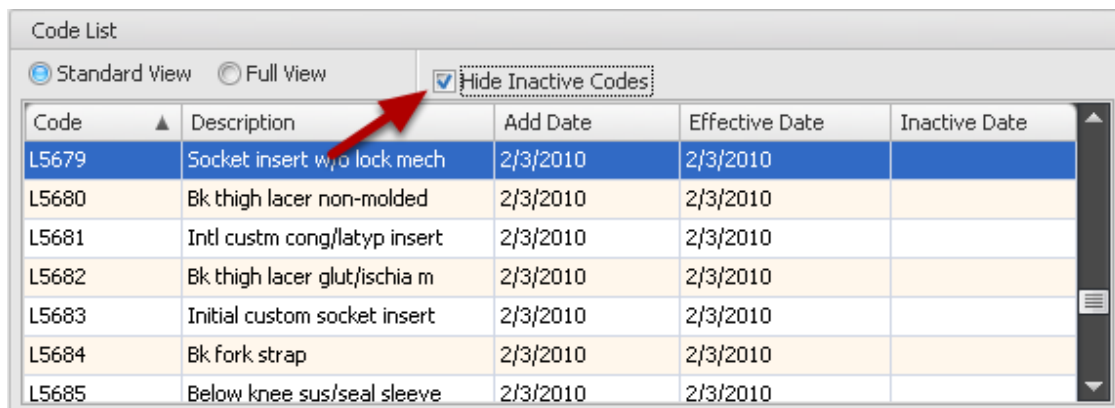
Code List

☒ Standard View ☐ Full View ☐ Hide Inactive Codes

Code ▲	Description	Add Date 1	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	
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 View ☐ Full View ☒ Hide Inactive Codes

Code ▲	Description	Add Date	Effective Date	Inactive Date
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	
L5684	Bk fork strap	2/3/2010	2/3/2010	
L5685	Below knee sus/seal sleeve	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.

## 8. ICD Maintenance (Block 21)

Tools menu -> Billing Maintenance -> ICD Maintenance

### ICD Maintenance

**ICD Code Maintenance**

Code Details

Code Lookup: 001.0 Description Lookup: Cholera due to Vibrio cholerae

☐ Use Custom Custom Short Description:

☐ Inactive Save

Code List

☒ Hide Inactive Codes

Code	Description	Custom Description	Us...	Effective	Modified
001.0	Cholera due to Vibrio cholerae		<input type="checkbox"/>	2/3/2010	
001.1	Vibrio cholerae el tor		<input type="checkbox"/>	2/3/2010	
001.1	Cholera due to Vibrio cholerae el tor		<input type="checkbox"/>	2/3/2010	
001.1	El Tor cholera		<input type="checkbox"/>	2/3/2010	
001.9	Cholerae		<input type="checkbox"/>	2/3/2010	
001.9	Cholera NOS		<input type="checkbox"/>	2/3/2010	
001.9	Asiatic cholera		<input type="checkbox"/>	2/3/2010	
001.9	Cholera, unspecified		<input type="checkbox"/>	2/3/2010	
002.0	Ileotyphus		<input type="checkbox"/>	2/3/2010	
002.0	Infection by Salmonella typhi		<input type="checkbox"/>	2/3/2010	

Close

### ICD Search by code

**Code Details**

Code Lookup: 789.00 Description Lookup: Abdominal pain, unspecified site

Code	Description
789.00	Abdominal pain, unspecified site
789.01	Abdominal pain, right upper quadrant
789.02	Abdominal pain, left upper quadrant
789.03	Abdominal pain, right lower quadrant
789.04	Abdominal pain, left lower quadrant
789.05	Abdominal pain, periumbilic
789.06	Abdominal pain, epigastric

x

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

The screenshot shows a window titled "Code Details" with two main sections: "Code Lookup" and "Description Lookup". In the "Code Lookup" section, the code "338.12" is selected. In the "Description Lookup" section, the description "Pain following thoracotomy, acute" is entered. Below these sections is a table with two columns: "Code" and "Description". The table lists several codes and their corresponding descriptions.

Code	Description
338.12	Pain following thoracotomy, acute
338.28	Pain following surgery, chronic
577.1	Painless pancreatitis
338.18	Pain following surgery, acute
984.9	Painters' colic
780.96	Pain, not otherwise specified
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

The screenshot shows the "Code Details" window with the "Code Lookup" section set to "338.12" and the "Description Lookup" section set to "Pain following thoracotomy, acute". The "Use Custom" checkbox is checked. Below this is a text input field labeled "Custom Short Description" with the placeholder text "Type a custom short description to quickly find code". To the right of the input field is a "Save" button. There are three numbered circles (1, 2, 3) indicating the steps to create a custom description.

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 an ICD code

The screenshot shows the 'Code Details' window. It has two main sections: 'Code Lookup' and 'Description Lookup'. Under 'Code Lookup', the code '338.12' is selected. Under 'Description Lookup', the description 'Pain following thoracotomy, acute' is selected. Below these, there is a checkbox labeled 'Use Custom' which is checked. To its right is a text field for 'Custom Short Description' with the placeholder text 'Type a custom short description to quickly find code'. At the bottom right, there is an 'Inactive' checkbox (labeled with a circled '1') and a 'Save' button (labeled with a circled '2').

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**.

Note: 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

The screenshot shows the 'Code List' window. At the top, there is a checkbox labeled 'Hide Inactive Codes' which is checked. Below this is a table with the following columns: Code, Description, Custom Description, Us..., Effective, Modified, and Deactivation. The table contains several rows of ICD codes. The 'Effective' column (labeled with a circled '1') shows dates like 2/3/2010. The 'Modified' column (labeled with a circled '2') is empty for most rows. The 'Deactivation' column (labeled with a circled '3') is empty for all rows. The 'Us...' column contains checkboxes, with one checked for the row with code 338.19 and description 'Acute pain, not elsewhere classified'.

Code	Description	Custom Description	Us...	Effective	Modified	Deactivation
338.12	Post-thoracotomy pain, not otherwise...		<input type="checkbox"/>	2/3/2010		
338.18	Pain following surgery, acute		<input type="checkbox"/>	2/3/2010		
338.18	Postoperative pain, acute, not elsew...		<input type="checkbox"/>	2/3/2010		
338.18	Postoperative pain, not otherwise sp...		<input type="checkbox"/>	2/3/2010		
338.18	Acute postoperative pain, not elsewh...		<input type="checkbox"/>	2/3/2010		
338.19	Pain, acute, not elsewhere classified		<input type="checkbox"/>	2/3/2010		
338.19	Acute pain, not elsewhere classified	sample description	<input checked="" type="checkbox"/>	2/3/2010		
338.21	Chronic pain due to trauma		<input type="checkbox"/>	2/3/2010		
338.21	Pain due to trauma, chronic		<input type="checkbox"/>	2/3/2010		

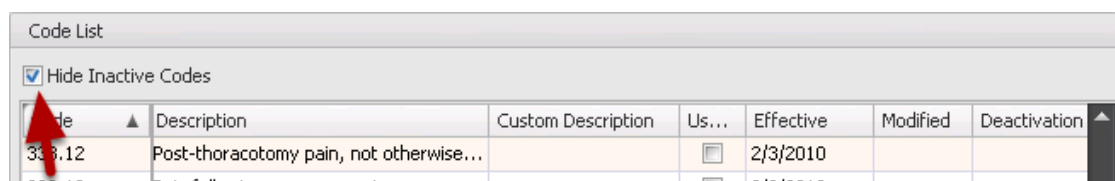
1. Effective date column lists the year the code is in effect.

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



The screenshot shows a window titled "Code List". Inside, there is a checkbox labeled "Hide Inactive Codes" which is checked. Below this is a table with the following columns: Code, Description, Custom Description, Us..., Effective, Modified, and Deactivation. A red arrow points to the "Hide Inactive Codes" checkbox.

Code	Description	Custom Description	Us...	Effective	Modified	Deactivation
33.8.12	Post-thoracotomy pain, not otherwise...		<input type="checkbox"/>	2/3/2010		
33.8.13	Pain following thoracotomy, code...		<input type="checkbox"/>	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.



## 9. Adjustment Maintenance

Tools menu -> Billing Maintenance -> Adjustment Maintenance

### Adjustment Maintenance

The Adjustment Code Maintenance window is titled "Adjustment Code Maintenance". It features a "Custom Codes" section at the top with a "Code Search" dropdown (containing "300"), a "Description Search" dropdown (containing "Medicaid Adjustment"), and an "Inactive" checkbox. Below this is a "Note" text area and a "Save" button. The main section is a "Code List" with a "Hide Inactive" checkbox. It contains a table with the following data:

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/...	

At the bottom right of the window is a "Close" button.

### Add an Adjustment

This image shows a close-up of the "Custom Codes" section of the Adjustment Code Maintenance window. A red circle with the number "1" highlights the green "+" button next to the "Code Search" dropdown. The "Description Search" dropdown is also visible, along with the "Inactive" checkbox and the "Save" button.

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

The screenshot shows the 'Custom Codes' dialog box. It has two input fields at the top: 'New Code' (containing '90000') and 'New Description' (containing 'Sample Adjustment Code'). Below these is a 'Note' text area. On the right side, there is an 'Add' button. Numbered callouts are present: '2' points to the 'New Code' field, '3' points to the 'New Description' field, and '4' points to the 'Add' button.

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 Adjustment

The screenshot shows the 'Custom Codes' dialog box. It features 'Code Search' and 'Description Search' dropdown menus. To the right of these is an 'Inactive' checkbox, which is currently unchecked. A red arrow points to this checkbox. Below the search fields is a 'Note' text area and a 'Save' button.

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

The screenshot shows the 'Custom Codes' dialog box. The 'Code Search' dropdown menu is open, showing a list of codes. The code '90000' is highlighted in blue. The 'Description Search' dropdown menu is also open, showing 'Sample Adjustment 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
<div></div>	

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

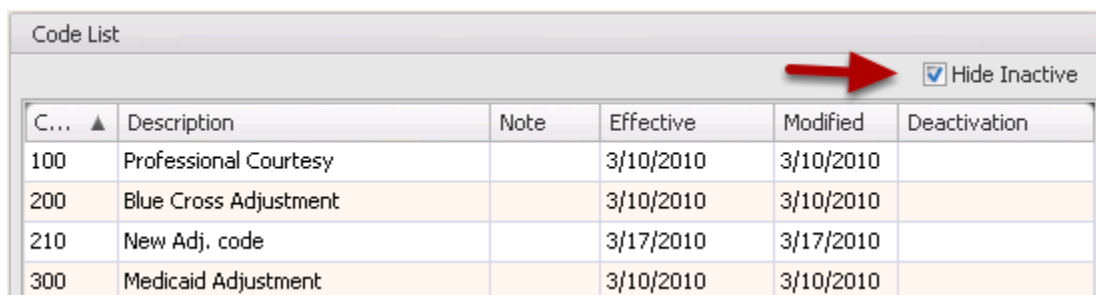
## Adjustment Effective, Modified or Deactivation Date

Code List					
			1	2	<input checked="" type="checkbox"/> 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



The screenshot shows a window titled "Code List". In the top right corner, there is a checkbox labeled "Hide Inactive" which is checked. A red arrow points to this checkbox. Below the checkbox is a table with the following columns: "C...", "Description", "Note", "Effective", "Modified", and "Deactivation". The table contains four rows of data.

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.

## 10. Custom Charges Maintenance

Tools menu -> Billing Maintenance -> Custom Charges Maintenance

### Custom Charges Maintenance

**Custom Charges Maintenance**

Search

Code Search: 99999 + Description Search: No show Fee

Code Details

Short Description: No show Fee

Medium Description:

Long Description:

☐ Taxable ☐ Inactive

Custom Charges List

☒ Hide Inactive

Code ▲	Short Description	...	Effec...	Modif...	Deacti...
99998	Returned Check Fee	<input type="checkbox"/>	3/22/...	3/22/...	
99999	No show Fee	<input type="checkbox"/>	3/12/...	3/12/...	

### Add a Custom Charge

Search

Code Search: Search + Description Search: Search

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

The screenshot shows a 'Search' window with a 'New Code Name' field containing '99998'. Below this is the 'Code Details' section with three text areas: 'Short Description' containing 'Returned Check Fee', 'Medium Description' containing 'Insufficient Funds Fee', and 'Long Description' containing 'Check returned by Bank; Account Closed'. At the bottom, there are checkboxes for 'Taxable' and 'Inactive', and an 'Add' button. Numbered callouts are placed as follows: 1. New Code Name field, 2. Short Description field, 3. Medium Description field, 4. Long Description field, 5. Taxable checkbox, and 6. Add button.

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**.

Note: 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.

## 11. Fee Schedule Maintenance (Block 24F)

Tools menu -> Billing Maintenance -> Fee Schedule Maintenance

### Fee Schedule Maintenance

The screenshot shows the 'Fee Schedule Maintenance' window. The 'Fee Schedule Details' section at the top has a 'Name' dropdown set to 'Medicare'. It includes radio buttons for 'Manual Entry' and 'Based On Existing' (selected), and an 'Inactive' checkbox. Below these are 'Based On' and 'Amount' dropdowns set to 'Default' and '99 %' respectively, with a 'Preview' button. A 'Notes' text area and a 'Save' button are also present. The 'Code List' section below features a 'Hide Inactive Items' checkbox, a 'Code Search' dropdown, and an 'Add Code' button. A table displays fee schedule data with columns for 'Active', 'Code', 'Default', 'Aetna', 'BCBS AR', and 'Medicare'. The table lists codes 14302 through 73010 with their respective fee amounts.

Active	Code	Default	Aetna	BCBS AR	Medicare
<input checked="" type="checkbox"/>	14302	\$800.00	\$800.00	\$800.00	\$792.00
<input checked="" type="checkbox"/>	72020	\$250.00	\$250.00	\$250.00	\$247.50
<input checked="" type="checkbox"/>	99204	\$140.00	\$140.00	\$140.00	\$138.60
<input checked="" type="checkbox"/>	99218	\$120.00	\$120.00	\$120.00	\$118.80
<input checked="" type="checkbox"/>	99217	\$99.00	\$99.00	\$99.00	\$98.01
<input checked="" type="checkbox"/>	99215	\$90.00	\$90.00	\$90.00	\$89.10
<input checked="" type="checkbox"/>	71040	\$90.00	\$90.00	\$90.00	\$89.10
<input checked="" type="checkbox"/>	71100	\$80.00	\$80.00	\$80.00	\$79.20
<input checked="" type="checkbox"/>	73010	\$80.00	\$80.00	\$80.00	\$79.20

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

This close-up shows the 'Name' dropdown menu in the 'Fee Schedule Details' section. The menu is open, showing 'Default' as the selected option. A red circle with the number '1' highlights the dropdown arrow, and another red circle with the number '2' highlights the 'Default' option in the list.

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 Default in the Drop Down list.

Fee Schedule Details

Name: Default

☒ Manual Entry ☐ Based On Existing ☐ Inactive

Update Codes

Notes

Save

Code List

☒ Hide Inactive Items Code Search Search

3 + Add Code

Active	Code	Default
--------	------	---------

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

Code Search

Code Search 4 Description Search

73000 X-RAY EXAM OF COLLAR BONE

Code

- 73000
- 73020
- 73030
- 73040
- 73050
- 73060
- 73070
- x

5 Okay Cancel

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 Okay button.

Code List

☒ Hide Inactive Items    Code Search     **6**   

Active	Code	Default
<input checked="" type="checkbox"/>	73000	\$0.00

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

## Create a Fee Schedule by Manual Entry

Fee Schedule Details

Name:  ☒ **Manual Entry** ☐ Based On Existing ☐ Inactive

**1**

Notes

**2** **Default Codes Update**

Update Codes for Default Fee Schedule **3**

Code:  Amount:  **4**

**5**

Code List

☒ Hide Inactive Items

Active	Code
<input checked="" type="checkbox"/>	73000
<input checked="" type="checkbox"/>	99211
<input checked="" type="checkbox"/>	99212
<input checked="" type="checkbox"/>	99213
<input checked="" type="checkbox"/>	99214
<input checked="" type="checkbox"/>	99215

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 Update Codes 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 Close button.

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

## Create a Fee Schedule Based on an Existing Schedule

**Fee Schedule Maintenance**

Fee Schedule Details

New Name: Medicare Advantage

Based On: ☐ Manual Entry ☒ Based On Existing ☐ Inactive

Based On: Default Amount: 95 % Preview

Notes:   
 Add

Code List

Hide Inactive Items Code Search Search Add Code

Active	Code	Default	AARP	Aetna	BCBS AR	Cigna	Medicaid
<input checked="" type="checkbox"/>	90471	\$15.00	\$0.00	\$15.00	\$15.00	\$14.70	\$12.00
<input checked="" type="checkbox"/>	73540	\$75.00	\$0.00	\$75.00	\$75.00	\$73.50	\$60.00
<input checked="" type="checkbox"/>	G8571	\$60.00	\$0.00	\$60.00	\$60.00	\$58.80	\$48.00
<input checked="" type="checkbox"/>	73630	\$99.00	\$0.00	\$99.00	\$99.00	\$97.02	\$79.20
<input checked="" type="checkbox"/>	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.

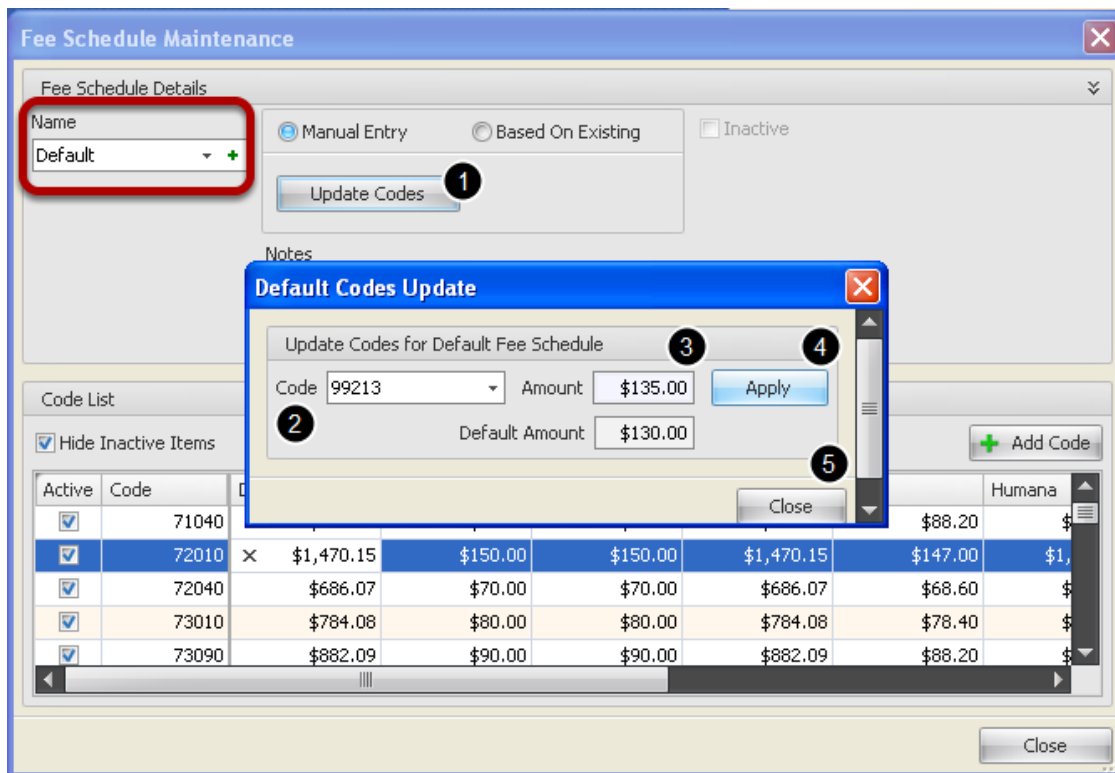
Code List

Hide Inactive Items Code Search Search Add Code

Active	Code	Default	AARP	Aetna	BCBS AR	Medicare Advant...	Cigna
<input checked="" type="checkbox"/>	90471	\$15.00	\$0.00	\$15.00	\$15.00	\$14.25	\$14.25
<input checked="" type="checkbox"/>	73540	\$75.00	\$0.00	\$75.00	\$75.00	\$71.25	\$73.50
<input checked="" type="checkbox"/>	G8571	\$60.00	\$0.00	\$60.00	\$60.00	\$57.00	\$58.80
<input checked="" type="checkbox"/>	73630	\$99.00	\$0.00	\$99.00	\$99.00	\$94.05	\$97.02
<input checked="" type="checkbox"/>	99212	\$120.00	\$0.00	\$120.00	\$120.00	\$114.00	\$117.60

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



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 Update Codes 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 Close button.

## Update codes with fees Based on Existing Fee Schedules

**Fee Schedule Details**

Name: Cigna

☐ Manual Entry ☒ Based On Existing ☐ Inactive

Based On: Default Amount: 100 %

Preview

Notes:

Save

**Code List**

Hide Inactive Items Code Search: 99213 Add Code

Active	Code	Default	AARP	Aetna	BCBS AR	Cigna	Humana
<input checked="" type="checkbox"/>	99218	\$1,176.12	\$1,176.12	\$1,176.12	\$1,176.12	\$1,176.12	\$1,176.12
<input checked="" type="checkbox"/>	14301	\$1,078.11	\$1,078.11	\$1,078.11	\$1,078.11	\$1,078.11	\$1,078.11
<input checked="" type="checkbox"/>	72052	\$980.10	\$980.10	\$980.10	\$980.10	\$980.10	\$980.10
<input checked="" type="checkbox"/>	73630	\$970.30	\$970.30	\$970.30	\$970.30	\$970.30	\$970.30
<input checked="" type="checkbox"/>	99217	\$970.30	\$970.30	\$970.30	\$970.30	\$970.30	\$970.30

Prior to updating fees that have been added using Based on Existing Fee Schedule option, the Based On 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	BCBS AR	Cigna	Humana
<input checked="" type="checkbox"/>	14302	\$7,448.76	\$7,448.76	\$7,448.76	\$7,448.76
<input checked="" type="checkbox"/>	21554	\$2,940.30	\$2,940.30	\$2,940.30	\$2,940.30
<input checked="" type="checkbox"/>	67875	\$150.00	\$150.00	\$150.00	\$150.00
<input checked="" type="checkbox"/>	71010	\$588.06	\$588.06	\$588.06	\$588.06
<input checked="" type="checkbox"/>	71015	\$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 Inactive Fee Schedule(s)

Code List

☒ Hide Inactive Items      Code Search      

Ad	Code	Default	Aetna	BCBS AR	Medicare
<input checked="" type="checkbox"/>	14302	\$800.00	\$800.00	\$800.00	× \$792.00
<input checked="" type="checkbox"/>	72020	\$250.00	\$250.00	\$250.00	\$247.50
<input checked="" type="checkbox"/>	99204	\$140.00	\$140.00	\$140.00	\$138.60
<input checked="" type="checkbox"/>	99218	\$120.00	\$120.00	\$120.00	\$118.80
<input checked="" type="checkbox"/>	99217	\$99.00	\$99.00	\$99.00	\$98.01
<input checked="" type="checkbox"/>	99215	\$90.00	\$90.00	\$90.00	\$89.10
<input checked="" type="checkbox"/>	71040	\$90.00	\$90.00	\$90.00	\$89.10
<input checked="" type="checkbox"/>	71100	\$80.00	\$80.00	\$80.00	\$79.20
<input checked="" type="checkbox"/>	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

Name: Medicare

☐ Manual Entry      ☒ Based On Existing

Based On: Default      Amount: 99 %     

Notes:

☒ Inactive

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**.

Note: 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.

## 12. Insurance Company Manager

Tools -> Insurance Companies

### Insurance Company Maintenance

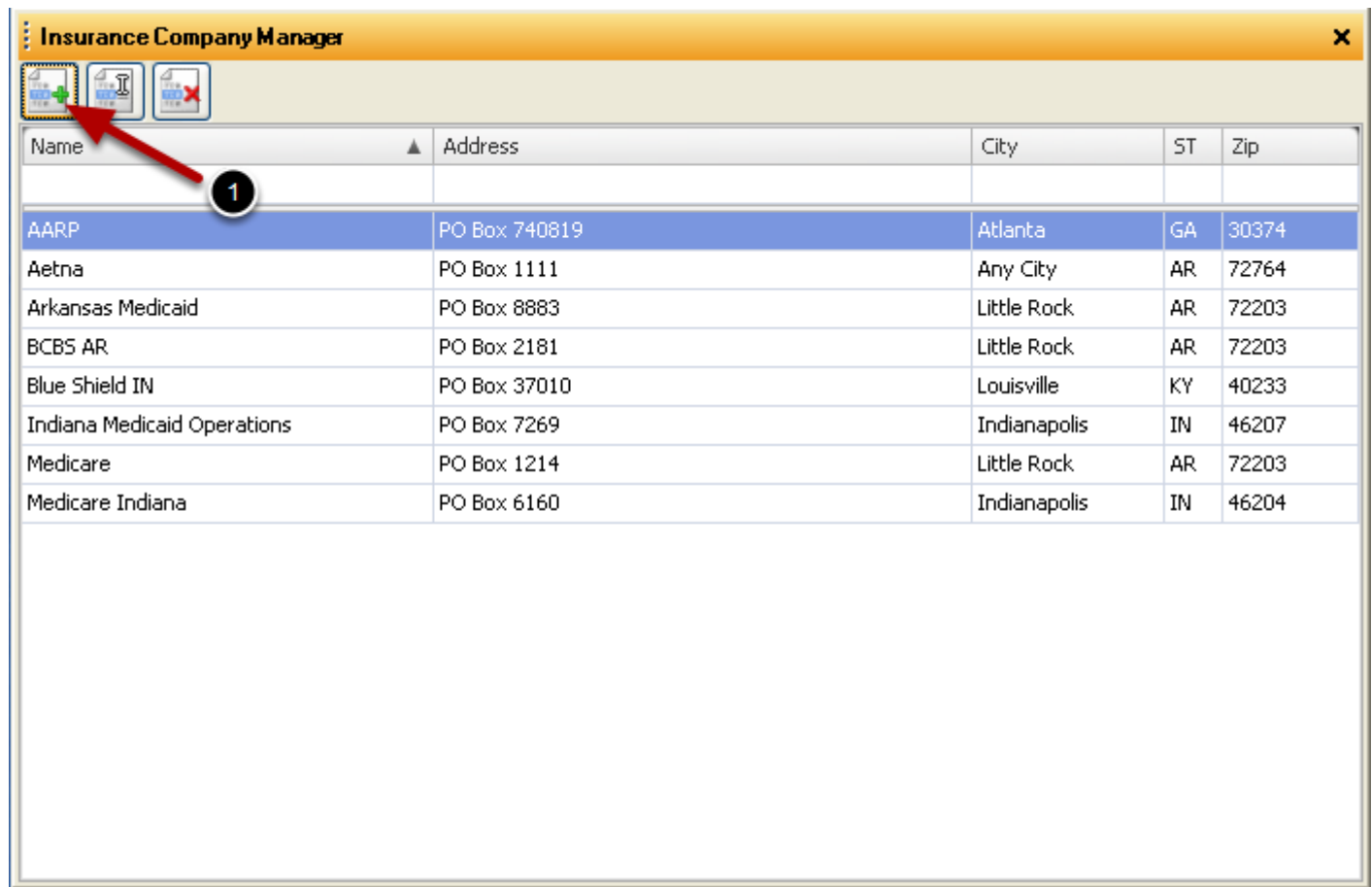
The screenshot shows a software window titled "Insurance Company Manager" with a close button (X) in the top right corner. Below the title bar is a toolbar with three icons: a green plus sign (Add), a blue pencil (Edit), and a red X (Delete). Below the toolbar are three numbered callouts: 1 (Add), 2 (Edit), and 3 (Delete). The main area contains a table with the following columns: Name, Address, City, ST, and Zip. A fourth numbered callout (4) with a red double-headed arrow points to the blank row directly below the column headers, indicating where to click to search.

	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



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



**Edit Insurance Company**

Company Name	BCBS AR		
Address	PO Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-____
Phone	(501)378-1111	ext	____
Fax	(____)____-____		
NPI			
Type (CMS 1500)	Group Health Plan		
Eligibility ID Qualifier			
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	BCBS AR		

Electronic Submission Info

Payer Qualifier	Mutually Defined - ZZ
Payer ID	00181
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

**Provider Setup**

Name	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Randall Oates	1234567890	TAXXNGRP	1234567890	over
Terrie S. Treat, MD	1234567893		1234567893	

OK Cancel

**2. Insurance Company Information:** Add Insurance Company Name, mailing address, phone and fax (optional)

**NPI:** Payer NPI, if required.

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

**Eligibility ID Qualifier:** This will be used to identify the type of Receiver ID used for checking insurance eligibility for patients. Payers that require a legacy ID need to have the 'Prior Identifier Number - Q4' option selected in the Eligibility ID Qualifier drop down on the Insurance Company dialog. Payers that require a tax ID need to have the 'Federal Taxpayer Identification Number TJ' option selected; the field can be left empty for all other payers. There are several other options in the drop down but they're currently not used. If the tax ID option is selected then the Receiver ID field is automatically populated from the group's tax ID info.

**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

**Edit Insurance Company**

Company Name	BCBS AR		
Address	PO Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-____
Phone	(501)378-1111	ext	____
Fax	(____)____-____		
NPI			
Type (CMS 1500)	Group Health Plan		
Eligibility ID Qualifier			
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	BCBS AR		

Active ☒ Show Legacy IDs ☒ Default Electronic ☒




**Electronic Submission Info**

Payer Qualifier	Mutually Defined - ZZ
Payer ID	00181
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

**Additional IDs**

EIN	
Claim Office #	
NAIC Code	

**Provider Setup**

				
Name	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Randall Oates	1234567890	TAXXNGRP	1234567890	over
> Terrie S. Treat, MD	1234567893		1234567893	

OK Cancel

4. Electronic Submission Info is inserted into the Electronic Insurance files to identify Payer, Clearinghouse and Type of claim. To automatically populate some of this information, it is recommended that the [Claims Options](#) section be completed prior to setting up the Insurance companies.

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

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

**Clearinghouse Name**-Identifies the Clearinghouse (Info entered in Claims Options )

**Clearinghouse ID**-Identifies the Clearinghouse. (Info entered in Claims Options)

**Type** - Identifies the Type of Claim

**Receiver Qualifier**-Identies the Receiver ID. (Info entered in Claims Options)

**Receiver ID**-Identifies the Receiver of the Electronic file submitted. (Info entered in Claims Options)

## Additional IDs

Edit Insurance Company

Company Name	BCBS AR		
Address	PO Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-____
Phone	(501)378-1111	ext	____
Fax	(____)____-____		
NPI			
Type (CMS 1500)	Group Health Plan		
Eligibility ID Qualifier			
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	BCBS AR		

Electronic Submission Info

Payer Qualifier	Mutually Defined - ZZ
Payer ID	00181
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000




Additional IDs

5

EIN	
Claim Office #	
NAIC Code	

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

Provider Setup

				
Name	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Randall Oates	1234567890	TAXXNGRP	1234567890	over
> Terrie S. Treat, MD	1234567893		1234567893	

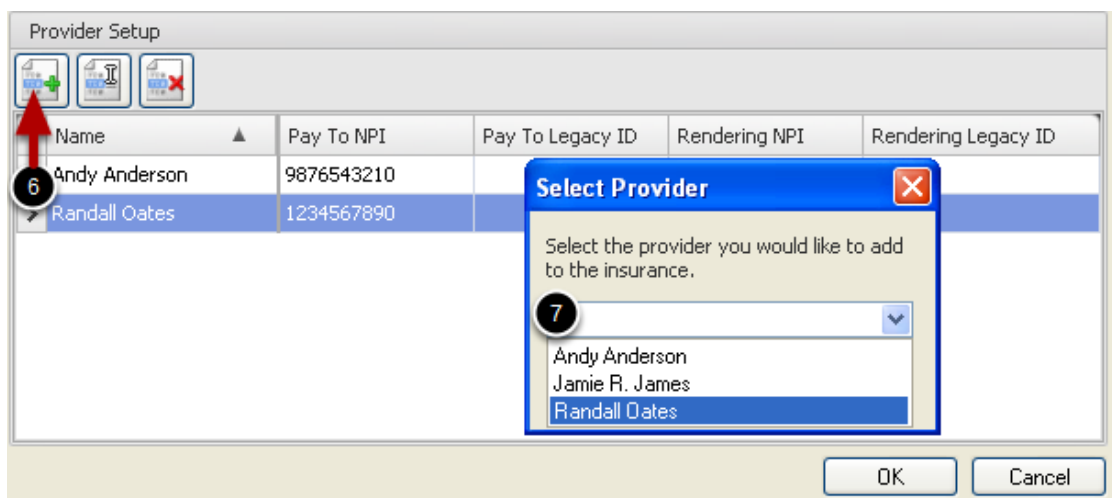
OK Cancel

5. Enter additional ID numbers if necessary for the claim processor to identify the entity.

**EIN:** Payer EIN

**Claim Office #:** Payer Claim Office Number

## Rendering Provider Setup for Insurance Company



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

6. Click the New Provider Mapping button (Green +) to add Providers of Service to this Insurance Company.
7. Click to highlight a Provider and Click the Add button to open the Edit Billing Information dialog.

## Edit Billing/Pay To Information for Payer-Additional IDs

**Edit Billing Information**

**Insurance Payment To**

☒ Override Group Values **8**

Name: Professional Groups, Inc.

Street: 123 Any Street

Street 2:

City: Springdale State: AR

Zip: 72764-1234

Phone: (479)555-1234

Entity Type: ☐ Person ☒ Non Person

Tax ID **9**: ☒ EIN ☐ SSN 70-1111111

**Paper**

NPI: 1234567893

Legacy ID **10**:

**Electronic**

Submitter ID **11**: Mutually Defined - ZZ V2AB

Location #:

Provider Commercial #:

UPIN: D1234 +

State License:  +

**Pay-To Address** **12**

Street: POB 1234

Street 2:

City: Springdale State: AR

Zip: 72765-1234

**Eligibility Request Info** **13**

Receiver ID: D1234

**Provider Information**

**Paper** **14**

Legacy ID:

**Electronic** **15**

Location #:

Provider Commercial #:

UPIN: R1234 +

State License: 123123 +

**16** 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.

**8. Insurance Payment To:** This section is populated with data used when setting up Manage Groups. Verify that this is the correct Pay To information. To edit information or add additional IDs required for this payer, click to place a check mark in the Override Group Values box.

**9. Tax ID:** 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**)

**10. Legacy ID for paper claims:** When filing paper claims, if payer requires a Billing legacy number in addition to the Billing NPI, select legacy qualifier from the drop down list and enter the legacy ID.

11. **Electronic Claims-Additional IDs:** Add additional ID numbers, if required for selected payer.
12. **Pay-To Address:** If Pay-To address is different than Billing Provider street address, enter that information here.
13. **Eligibility Request Info:** Some payers require a Tax ID or a legacy ID to be sent with an eligibility request. If a payer does not require one, this section can be left blank. Below is a list of some that do require this information:

**Payers requiring Legacy ID**

- BCBS of Arkansas
- BCBS Michigan
- California Medicaid
- Maine Medicaid
- Mercy Health Plan of Arizona
- Ohio Medicaid
- University Family Care of Maricopa
- Wisconsin Medicaid Well Woman Program

**Payers requiring Tax ID**

- AFTRA
- American Postal Workers Union
- American Republic Insurance
- Amerigroup, Carefirst BCBS
- Cariten Healthcare
- Cariten Senior Healthcare
- Fallon Health Plan
- Keystone Mercy Health
- Kaiser Foundation Health Plan of Northwest
- Lovelace Health Plan
- Mayo Management Services
- Mega Life
- Midwest National Life
- Physicians Mutual Insurance
- Preferred Health Systems
- Significa Benefit Services
- Texas CHIP
- Trustmark Insurance
- Writers Guild

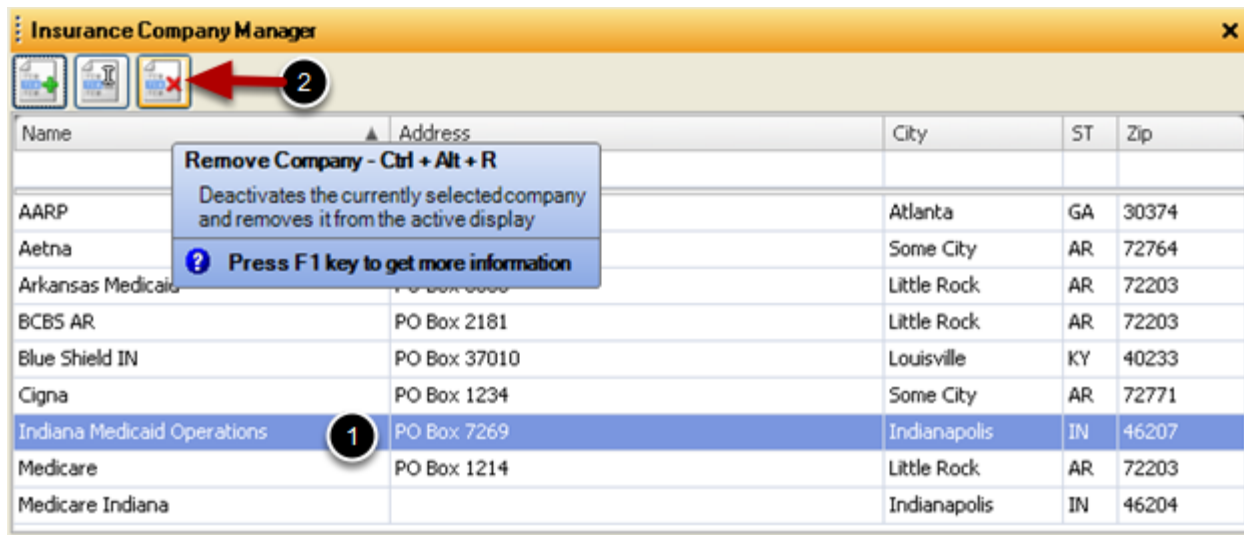
14. **Provider Information:** This section is populated with data used when setting up **Provider Manager** . If this insurance requires a Rendering Provider Legacy number in addition to the NPI, use the drop down arrow to select an identifier for the ID and then type the ID into the field. **(Block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

15. **Electronic:** Enter any additional IDs to be included on electronic claims, if required by this payer for Rendering Provider.

16. Click **Save**.

## Delete Insurance Company

Tools -> Insurance Companies



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.

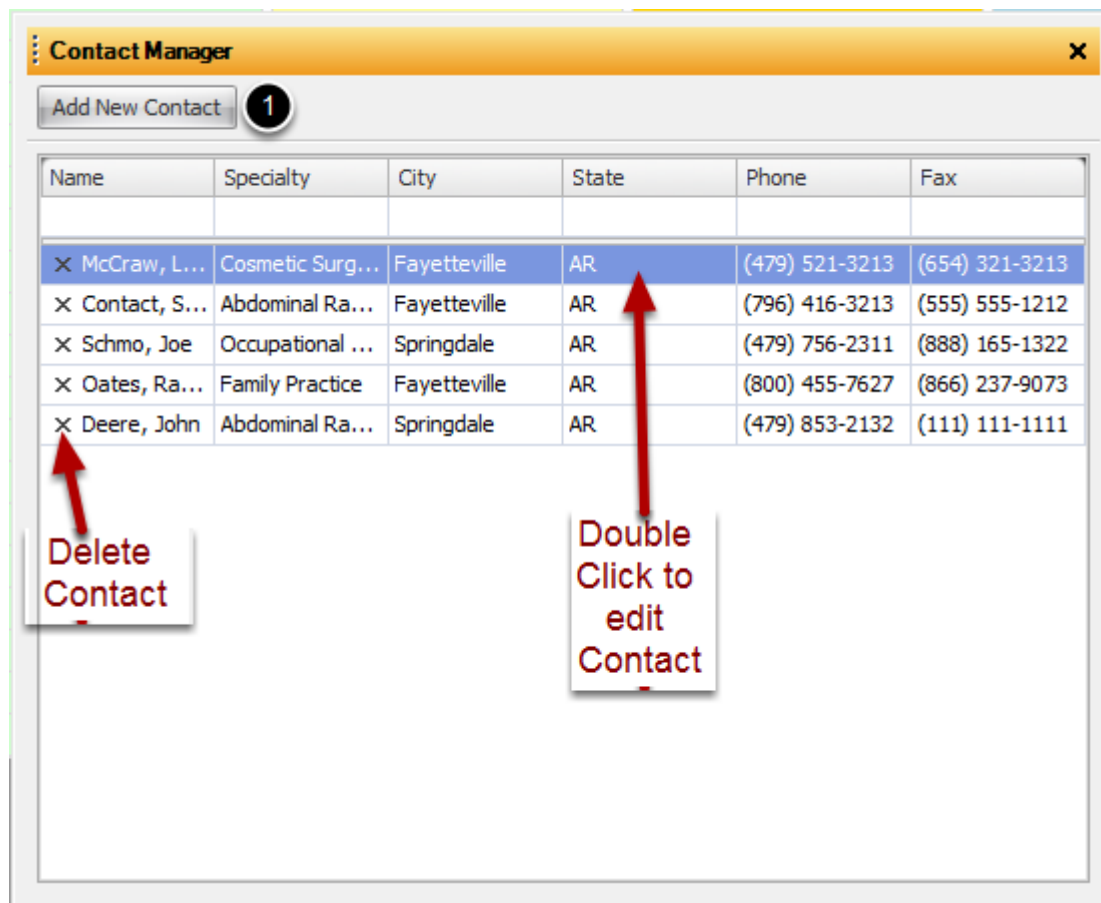


### 13. Contacts/Referring Physicians (Block 17)

Tools -> Contacts

Additional information in [SOAPedia](#)

#### Add a new Contact/Referring Physician



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** 1

Name				
Title	First Name	Middle	Last Name	Suffix
MD	Randall	NMN	Oates	

Address			Notes
422 N Crossover			
City	St	Zip	
Fyv	AR	72703-____	

Phone		
Office	Home	Cell
(479)555-5555	(479)555-5555	(479)555-5555
Fax	Pager	
(479)554-4444	(479)555-4444	




Online	
Email	ro@email.com
Website	www.soapware.com

**Provider Information** 2

NPI	UPIN	State License
1234567893	D12345	A1234

Specialty	Taxonomy
Family Practice	207Q00000X

**Insurance Information** 3

Company
Arkansas Medicaid
Shelter
Aetna

OK Cancel

**1. Contact Information:** Complete the Contact's basic demographic information.

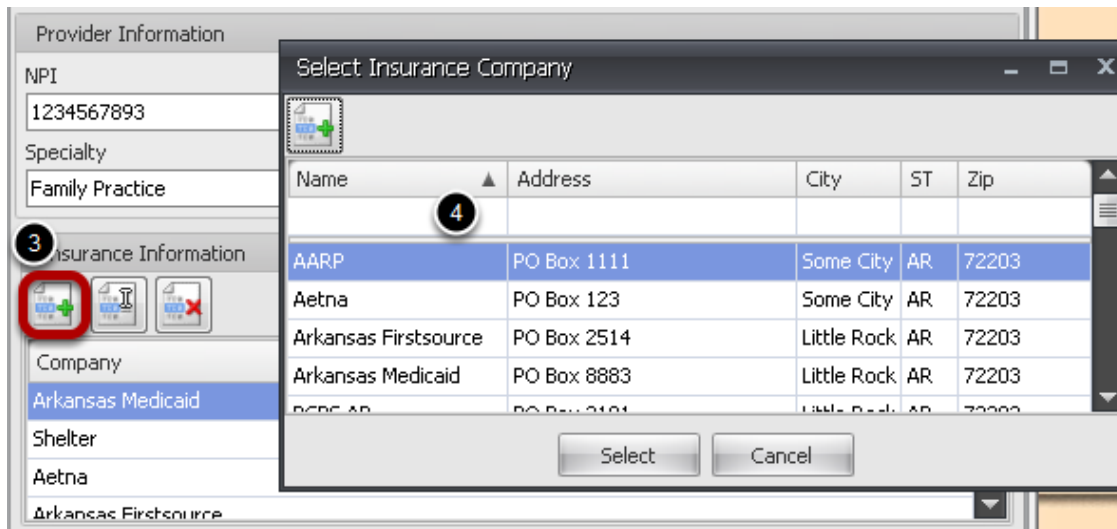
**2. Provider Information:** Enter the contact/referring physician's NPI, UPIN, State License, Specialty and Taxonomy code. To access the list of Taxonomy Codes, Click on the link <http://www.wpc-edi.com/content/view/793/1>

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

adding additional IDs.

Note: Most insurance companies require only the NPI number of the Referring Provider. If the selected insurance company requires additional IDs, proceed to step 5. If not, the Contact setup is complete for this Referring Provider.

## Referring Provider Additional IDs



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

4. Begin typing the insurance company name in the field or click on a name from the list, and click Select to open Edit Contact ID dialog.

Note: Most insurance companies require only the NPI number of the Referring Provider. If the selected insurance company requires additional IDs, proceed to step 5. If not, the Contact setup is complete for this Referring Provider.

The screenshot shows a window titled "Edit Contact Insurance IDs". It is divided into two main sections: "Electronic" and "Paper".

**Electronic Section (Step 5):**

- Location #
- Provider Commercial #
- UPIN: D12345 (+)
- State License: A1234 (+)

**Paper Section (Step 6):**

- Legacy ID: Medicaid Provider Number - 1D (dropdown menu)
- 1234567001 (text field)

Buttons: Save, Cancel

**5. Electronic Claims:** Add the additional ID required by the selected insurance company. If UPIN or State License is required, you can click on the '+' to automatically add the ID from step 2.

**6. Paper Claims:** If a legacy ID is required in addition to referring provider NPI for paper claims, use the drop down to select the legacy ID Qualifier followed by the number and then Click **Save**.

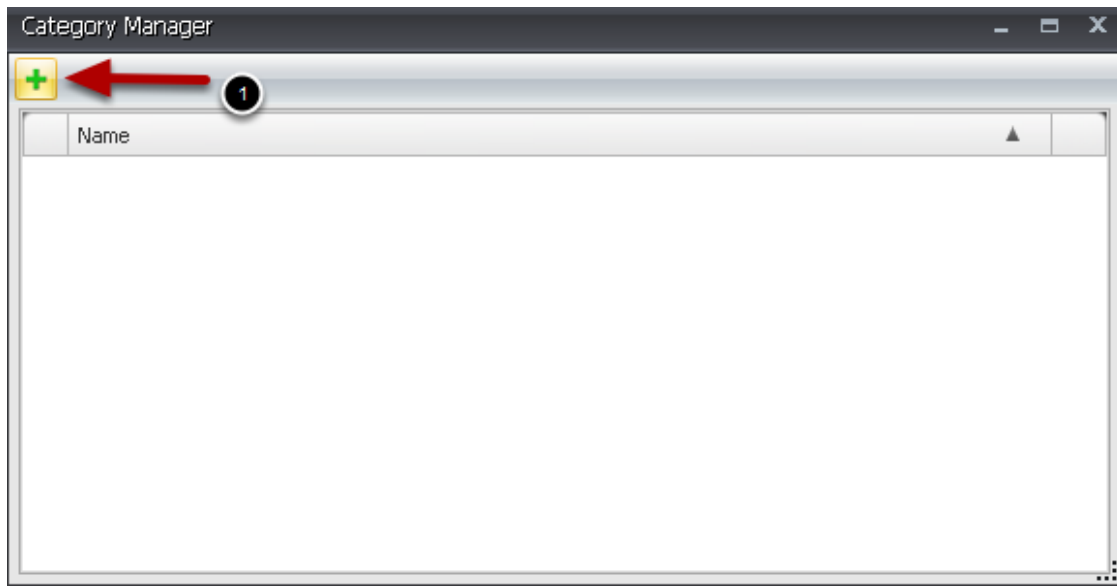
## 14. Flags/Notes Category Manager

---

Tools->Flags/Notes Category Manager

Add Notes and Flag patient accounts to alert user when scheduling or opening account.

### Add Category



1. Click the Add Category button

## Add Category Name, Description and Access

The screenshot shows the 'Category Editor' dialog box. At the top, there are two text input fields: 'Category Name' containing 'In Collections' (callout 2) and 'Category Description' containing 'Bad Debt Account' (callout 3). Below these are three checkboxes: 'Select All Users' (checked, callout 4), 'Select All Roles' (unchecked), and 'Select All Groups' (unchecked). The dialog is divided into three main sections: 'Users', 'Roles', and 'Groups'. The 'Users' section contains a list of users with checkboxes, including 'a' (checked), 'a Test', 'a test12', 'Built-In Administrator', 'Clinical Admin', 'James R. Bolinger', 'Randall Oates', 'Sample Receiver', 'Sample Nurse', 'Sample Assistant', 'Sample Manager', 'Slim Shady', 'soap ware', 'Tammy Trent', and 'Terrie S Treat'. The 'Roles' section contains a list of roles with checkboxes, including 'Clinical Admin', 'Clinical Administrator', 'Clinician', 'Medical Assistant', 'Nurse', 'Office Manager' (checked, callout 5), 'Receptionist', and 'Security Administrator'. The 'Groups' section contains a list of groups with checkboxes, including 'Administrator' (callout 6). At the bottom right, there are 'Cancel' and 'OK' buttons (callout 7).

2. Enter a Name for the Category.

3. Add Category Description.

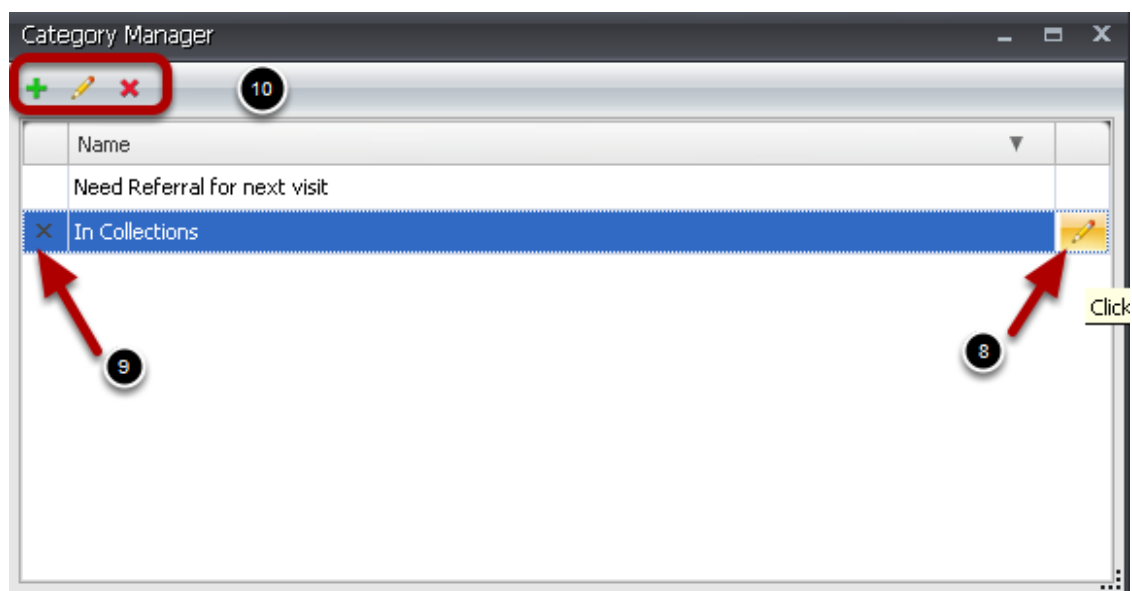
4. To alert users with a pop up message when opening the patient account or chart, select those individual users or click the **Select All Users** box to alert all users.

5. To alert users by assigned Roles to be alerted by a pop up message when opening the patient account or chart, you can select that Role or click the **Select All Roles** box to alert all users assigned to the selected Role.

6. To alert users by assigned Groups to be alerted by a pop up message when opening the patient account or chart, you can select that Group or click the **Select All Groups** box to alert all users assigned to the selected Group.

7. Click OK to save the Category.

## Edit or Remove Flags/Notes Category



- 8. Click to edit selected category
- 9. Click to remove selected category
- 10. Icons can be used to edit, delete or add categories.

## 15. Custom Demographic Titles

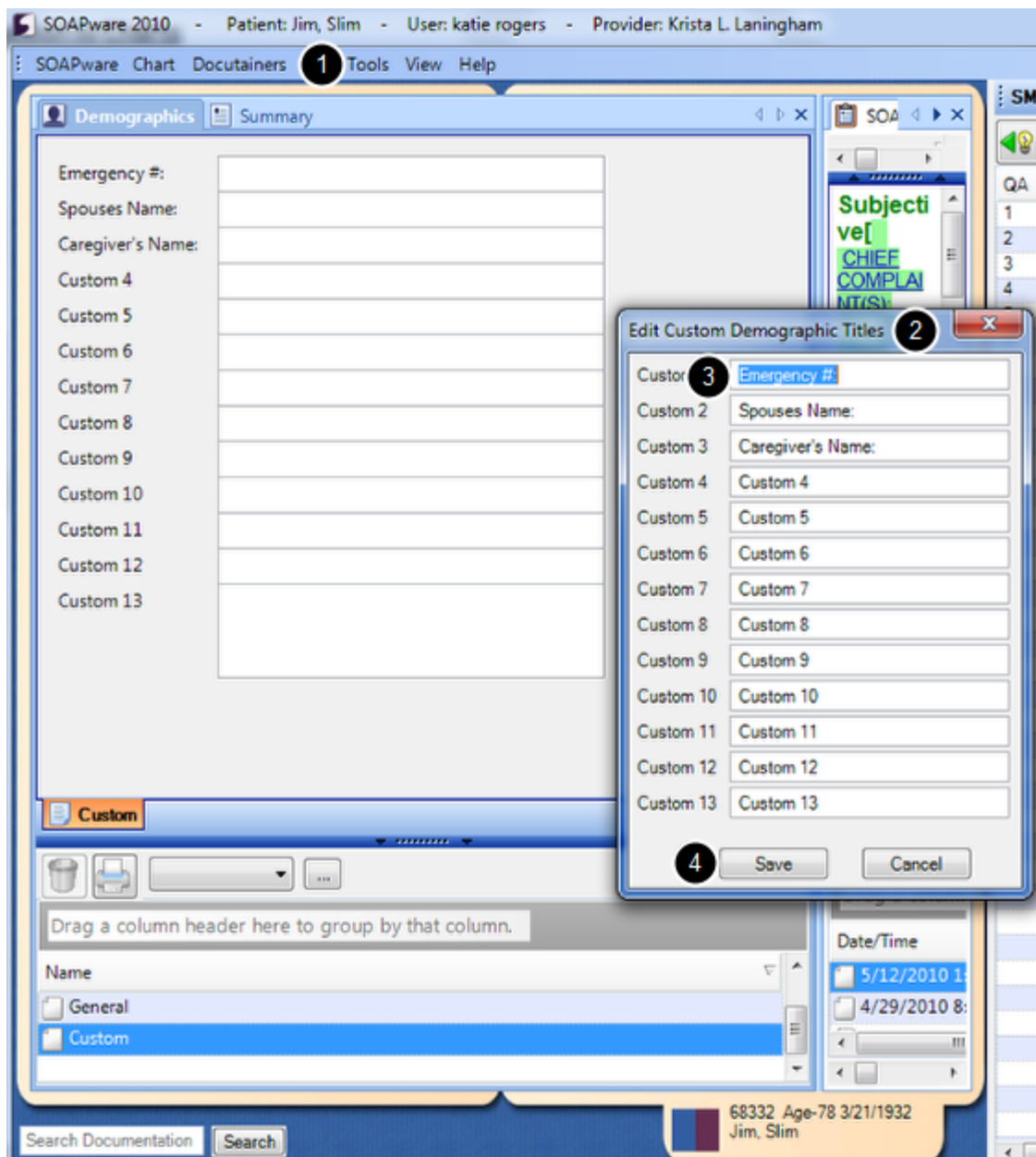
---

Tools -> Custom Demographic Titles

The screenshot shows the 'Demographics' window in SOAPware. The 'Summary' tab is active, and the 'Custom' section is selected. The 'Custom' section contains a list of fields: Emergency #, Spouses Name, Caregiver's Name, Custom 4, Custom 5, Custom 6, Custom 7, Custom 8, Custom 9, Custom 10, Custom 11, Custom 12, and Custom 13. Each field has a corresponding text box. Below the list, there is a 'Name' field and a 'General' tab. The 'Custom' tab is selected, and the 'Custom' section is highlighted in blue. The 'Custom' section is a large text box for entering custom demographic information.

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.





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:

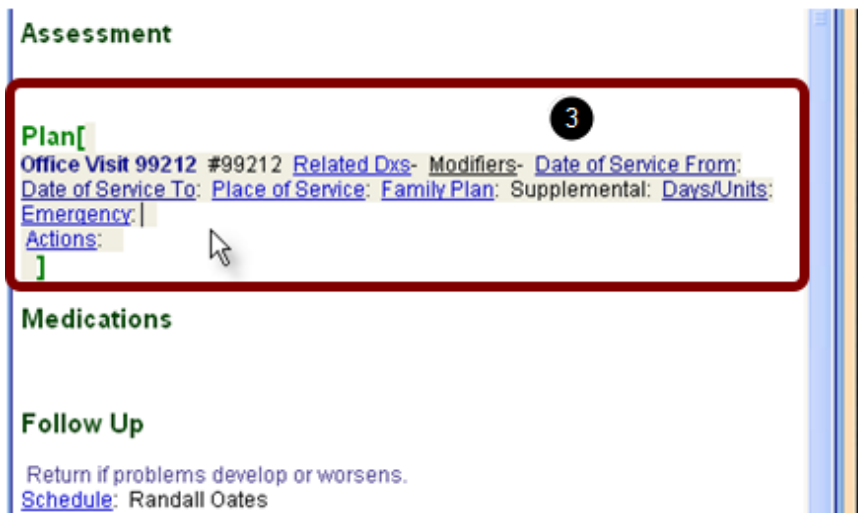
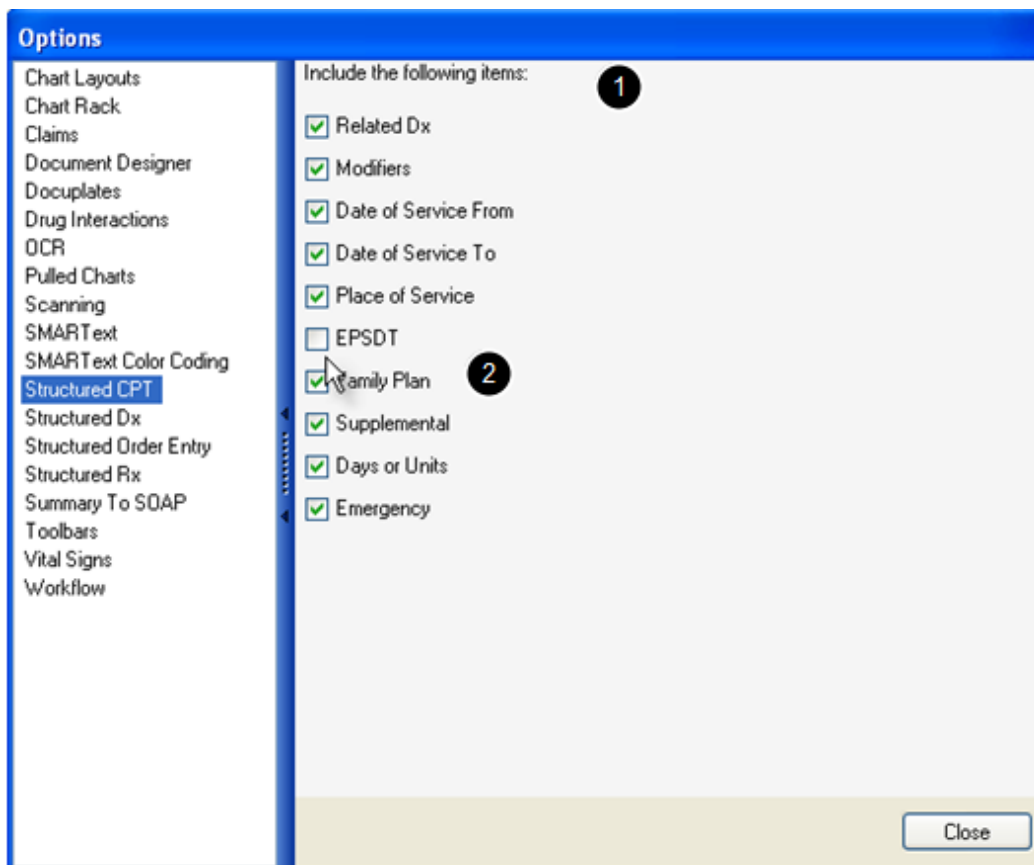
1. Click Tools-Custom Demographic Titles
2. You will see a list of custom demographics text boxes. The current name of each field is shown in an edit box where you can enter the new name.
3. Fill in as many of these fields as you wish, then click Save to save your changes.
4. Click Save, then close SOAPware 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.

## 16. Set Structured CPT Options

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 SMARTText item within the SOAP note using the select options above.

# Updating CPT, HCPCS, and ICD-9 codes

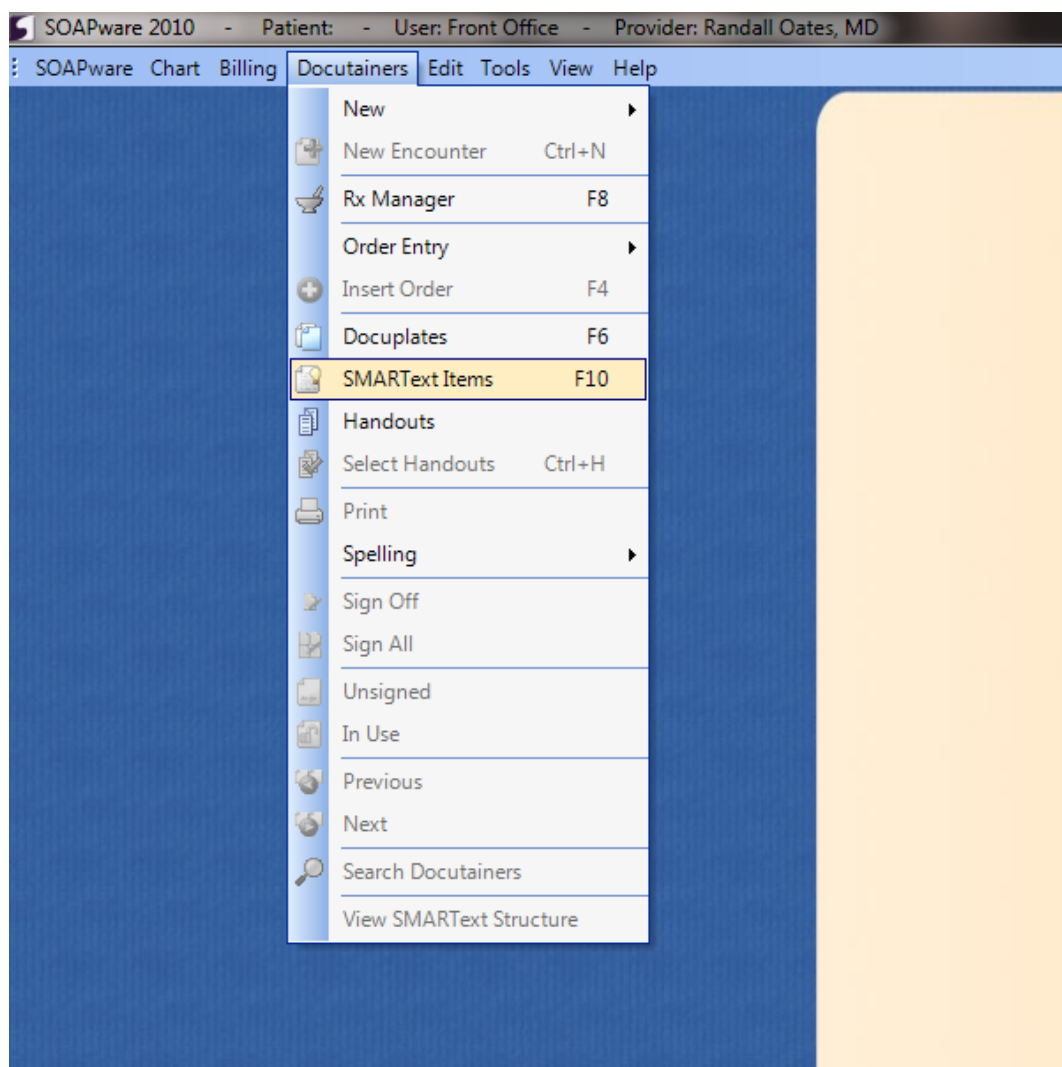
## 1. Download new quarterly/annual codes

---

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. Deleted codes will have to be inactivated manually.

### Download new codes in the SMARText Items dialog



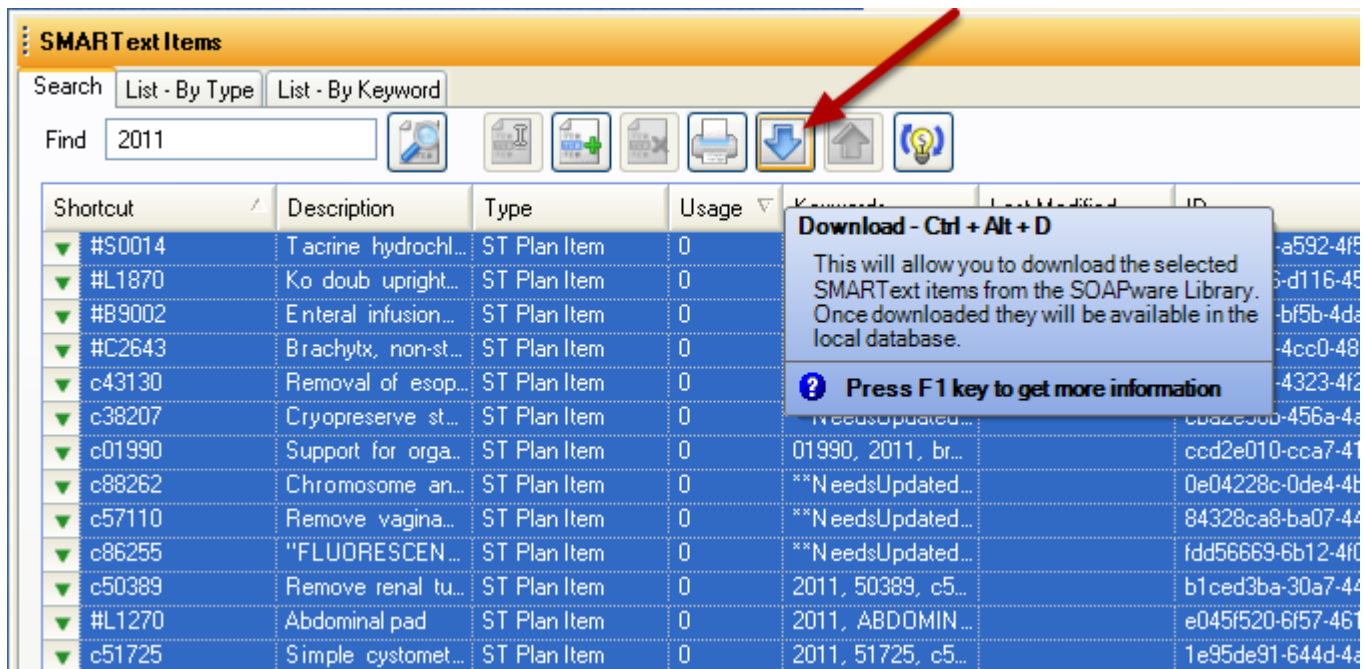
1. Click on the **SOAPware menu** and select **Chart**.
2. When in the Chart domain, go to the **Docutainers menu** and select **SMARText Items** (or hit **F10** on your keyboard).

## Find the new code set on the SMARText Online Library

The screenshot shows the 'SMARText Items' window. At the top, there are two tabs: 'List - By Type' and 'List - By Keyword'. Below the tabs is a 'Find' box with a magnifying glass icon (labeled 2) and a 'Search' button (labeled 3). To the right of the 'Find' box is a row of icons: a magnifying glass, a document with a plus sign, a document with a minus sign, a document with a checkmark, a document with a cross, a document with a star, a document with a heart, and a lightbulb. Below the icons is a table with the following columns: 'Shortcut', 'Description', 'Type', 'Usage', 'Keywords', 'Last Modified', and 'ID'. The table is currently empty. At the bottom left, there is a checkbox labeled 'Include Online Library Items' (labeled 1) which is checked. To the right of the checkbox are two buttons: 'Insert' and 'Filter'. At the very bottom, there is a footer that reads 'CPT copyright 2008 American Medical Association. All rights reserved.'

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



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)

ICD Code Maintenance

Code Details

Code Lookup

001.9

Description Lookup

Asiatic cholera

☒ Use Custom
 

Custom Short Description

☐ Inactive
 

Save

Code List

☒ Hide Inactive Codes

Code	Description	Custom Description		Effective	Modified	Deactivation
001.9	Cholera, unspecified		<input type="checkbox"/>	2/3/2010		
001.9	Asiatic cholera		<input checked="" type="checkbox"/>	2/3/2010	11/4/2010	
002.0	Infection by Salmonella typhi		<input type="checkbox"/>	2/3/2010		
002.0	Typhoperitonitis		<input type="checkbox"/>	2/3/2010		
002.0	Post-typhoid abscess		<input type="checkbox"/>	2/3/2010		
002.0	Typhoenteritis		<input type="checkbox"/>	2/3/2010		
002.0	Typhoid fever		<input type="checkbox"/>	2/3/2010		
002.0	Eberth's disease		<input type="checkbox"/>	2/3/2010		
002.0	Typhoid		<input type="checkbox"/>	2/3/2010		
002.0	Typhomania		<input type="checkbox"/>	2/3/2010		
002.0	Typhogastric fever		<input type="checkbox"/>	2/3/2010		
002.1	Paratyphoid A fever		<input type="checkbox"/>	2/3/2010		
002.1	Paratyphoid fever A		<input type="checkbox"/>	2/3/2010		
002.2	Paratyphoid B fever		<input type="checkbox"/>	2/3/2010		
002.2	Paratyphoid fever B		<input type="checkbox"/>	2/3/2010		
002.3	Paratyphoid C fever		<input type="checkbox"/>	2/3/2010		
002.3	Paratyphoid fever C		<input type="checkbox"/>	2/3/2010		

Close

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 Code Procedure

---

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

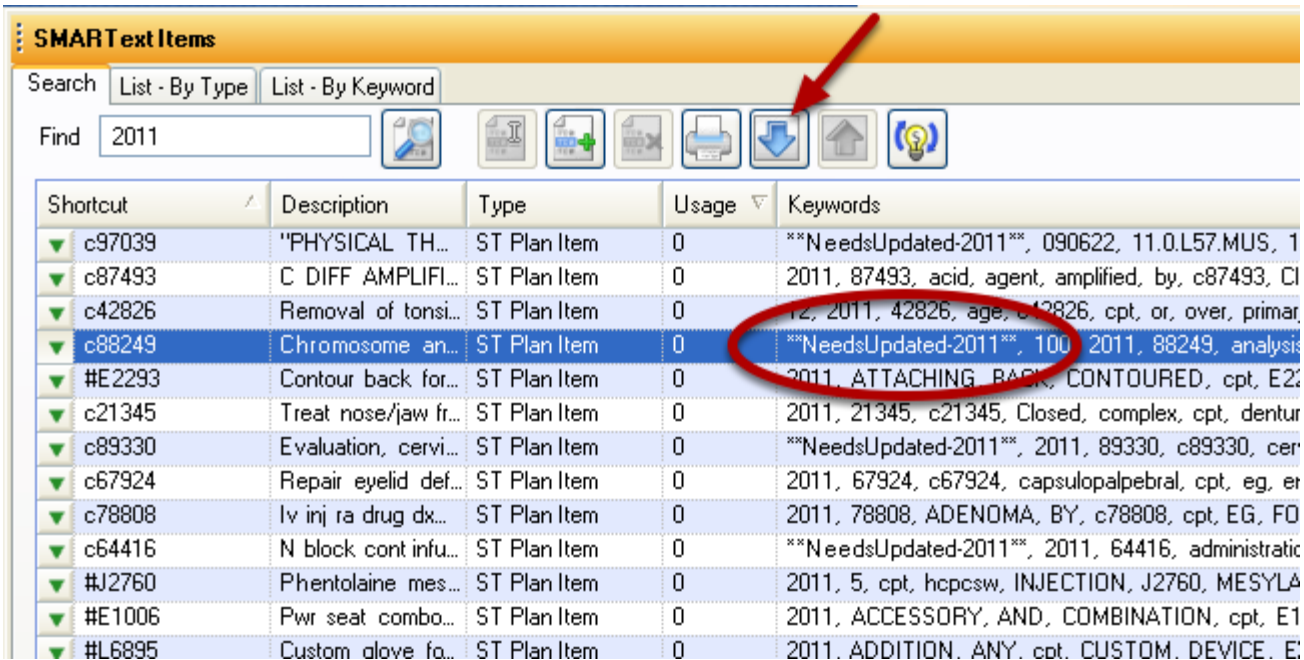
### Download new CPT codes

Download SMARTText 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



SMARText Items

Search  List - By Type List - By Keyword

Find

Icons: [Search] [Add] [Delete] [Print] [Download] [Upload] [Help]

Shortcut	Description	Type	Usage	Keywords
▼ c97039	"PHYSICAL TH...	ST Plan Item	0	**NeedsUpdated-2011**, 090622, 11.0.L57.MUS, 1
▼ c87493	C DIFF AMPLIFI...	ST Plan Item	0	2011, 87493, acid, agent, amplified, by, c87493, CI
▼ c42826	Removal of tonsi...	ST Plan Item	0	12, 2011, 42826, age, c42826, cpt, or, over, primar
▼ c88249	Chromosome an...	ST Plan Item	0	**NeedsUpdated-2011**, 100, 2011, 88249, analysis
▼ #E2293	Contour back for...	ST Plan Item	0	2011, ATTACHING, BACK, CONTOURED, cpt, E2
▼ c21345	Treat nose/jaw fr...	ST Plan Item	0	2011, 21345, c21345, Closed, complex, cpt, dentur
▼ c89330	Evaluation, cervi...	ST Plan Item	0	**NeedsUpdated-2011**, 2011, 89330, c89330, cer
▼ c67924	Repair eyelid def...	ST Plan Item	0	2011, 67924, c67924, capsulopalpebral, cpt, eg, er
▼ c78808	Iv inj ra drug dx...	ST Plan Item	0	2011, 78808, ADENOMA, BY, c78808, cpt, EG, FO
▼ c64416	N block cont infu...	ST Plan Item	0	**NeedsUpdated-2011**, 2011, 64416, administratic
▼ #J2760	Phentolaine mes...	ST Plan Item	0	2011, 5, cpt, hcpcsw, INJECTION, J2760, MESYLA
▼ #E1006	Pwr seat combo...	ST Plan Item	0	2011, ACCESSORY, AND, COMBINATION, cpt, E1
▼ #L6895	Custom glove fo...	ST Plan Item	0	2011, ADDITION, ANY, cpt, CUSTOM, DEVICE, E

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

The screenshot shows the 'CPT Code Maintenance' window. The 'Code Details' section is active, showing the CPT Lookup '93511' and its Short Description 'LEFT HEART CATHETERIZATION'. The Medium Description is 'L HRT CATHETERIZATION RETROGRAD BRACHIAL CUTDOWN' and the Long Description is 'Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; by cutdown'. A circled '1' points to the 'Inactive' checkbox, which is checked. A circled '2' points to the 'Save' button. Below the descriptions are fields for 'Custom Short Description', 'Custom Medium Description', and 'Custom Long Description'. At the bottom, the 'Code List' section shows 'Standard View' selected and 'Hide Inactive Codes' checked. The table below has columns for Code, Description, Effective, Modified, and Deactivation.

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

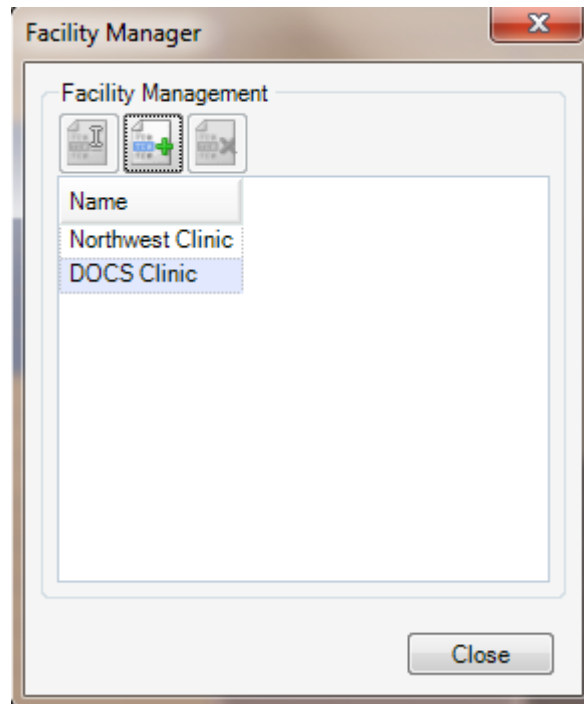
## Activate Providers/Resources for a Facility

---

Steps on how to set scheduling defaults.

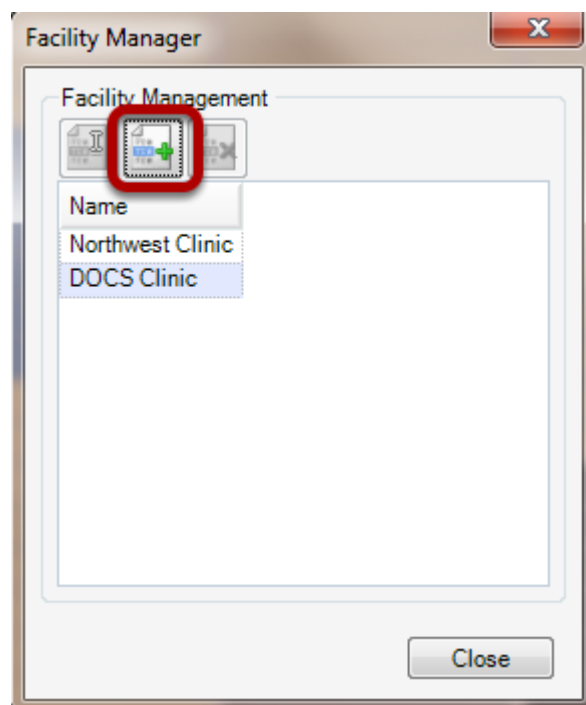
To access the Scheduler, go to the SOAPware menu and click Schedule.

### Add a Facility

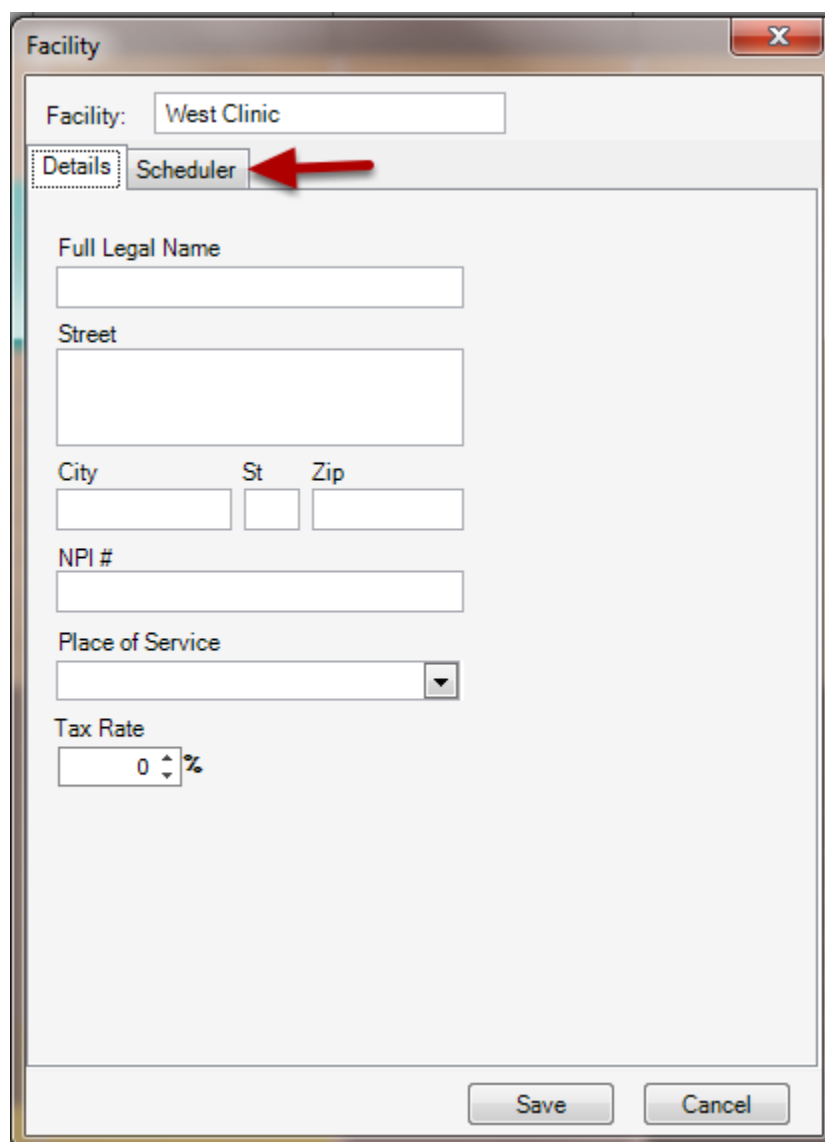


1. Click on the Tools menu.
2. Select Manage Facilities.

## Create a New Facility



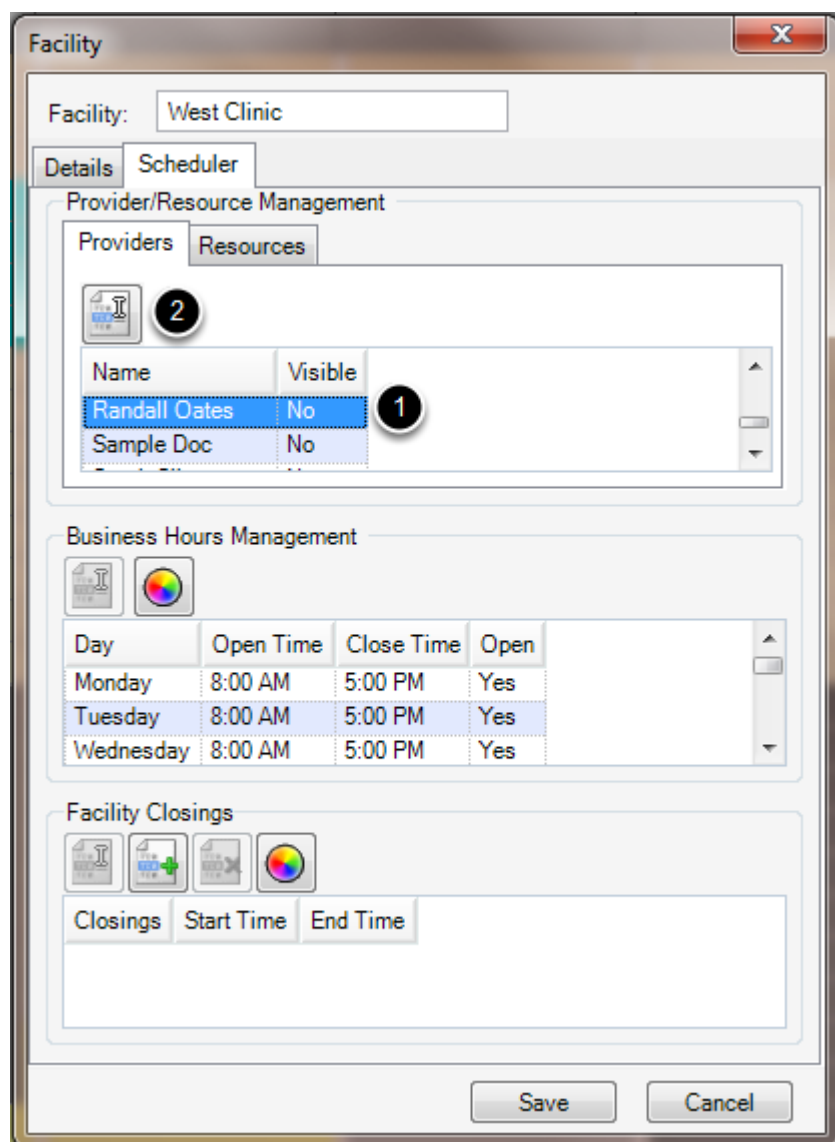
Click the Create New Facility button, to setup a new facility. If you already have a facility setup, skip this lesson.



The image shows a software window titled "Facility" with a close button (X) in the top right corner. Inside the window, there is a text field labeled "Facility:" containing the text "West Clinic". Below this, there are two tabs: "Details" and "Scheduler". A red arrow points to the "Scheduler" tab. The "Scheduler" tab is active and contains several input fields: "Full Legal Name" (a single-line text box), "Street" (a single-line text box), "City" (a single-line text box), "St" (a single-line text box), "Zip" (a single-line text box), "NPI #" (a single-line text box), "Place of Service" (a dropdown menu), and "Tax Rate" (a spinner box showing "0" followed by a percentage sign). At the bottom right of the window are two buttons: "Save" and "Cancel".

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

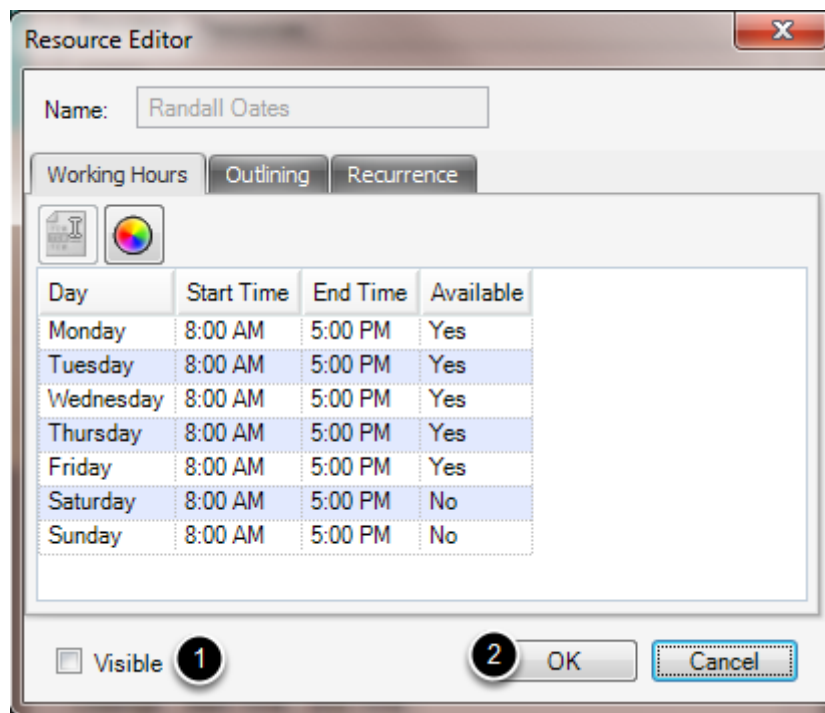
## Opening the Provider's Schedule Defaults



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

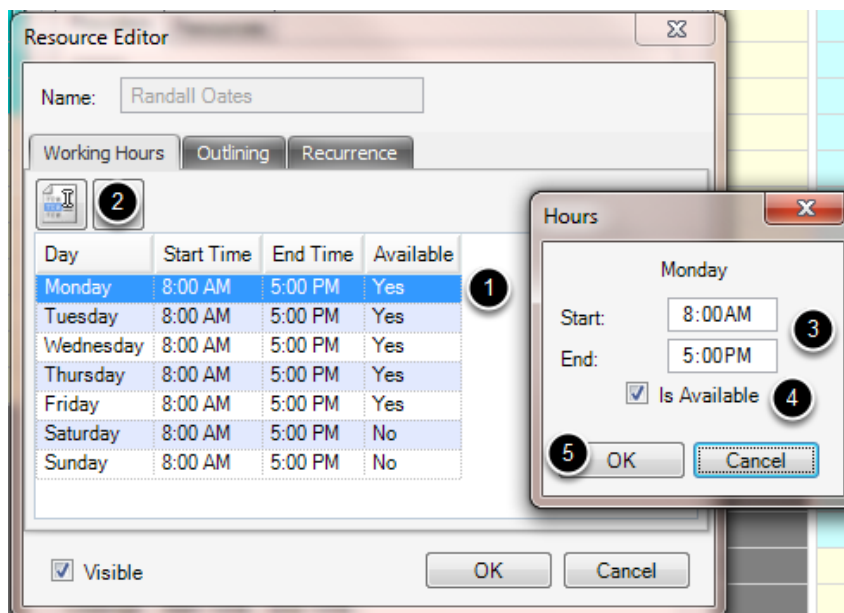


## Making a Provider visible for the Clinic



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

## Set Working Hours for the Provider



1. Click on a day.
2. Click Edit.
3. Enter the Start and End Times.

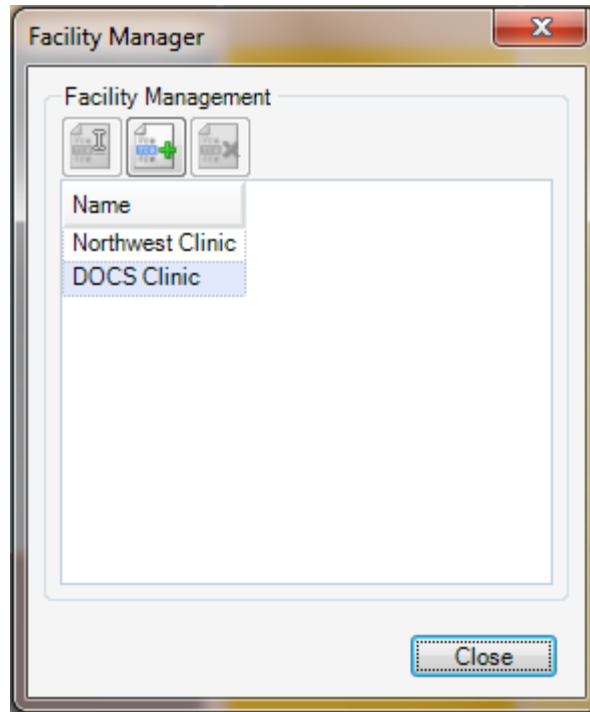
4. Check to make the Provider Available for that day, in the select clinic, if needed.
5. Click OK.

## Provider/Resource Outlining

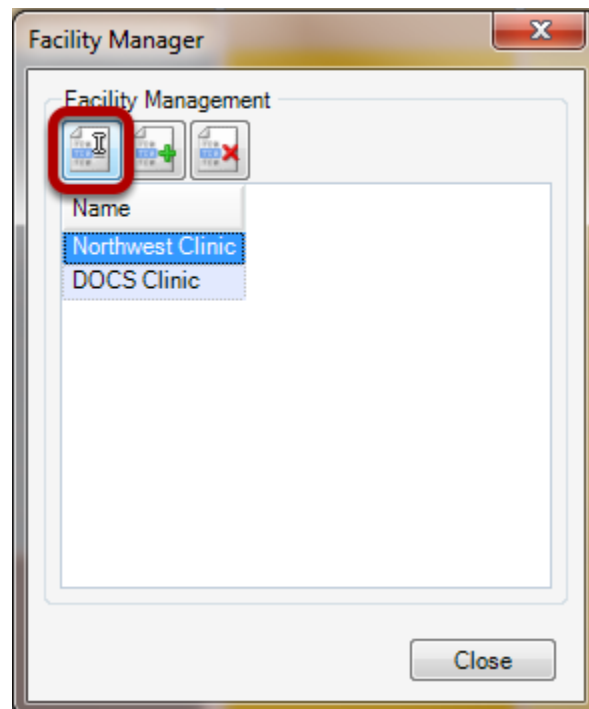
---

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

### Open the Facility Manager

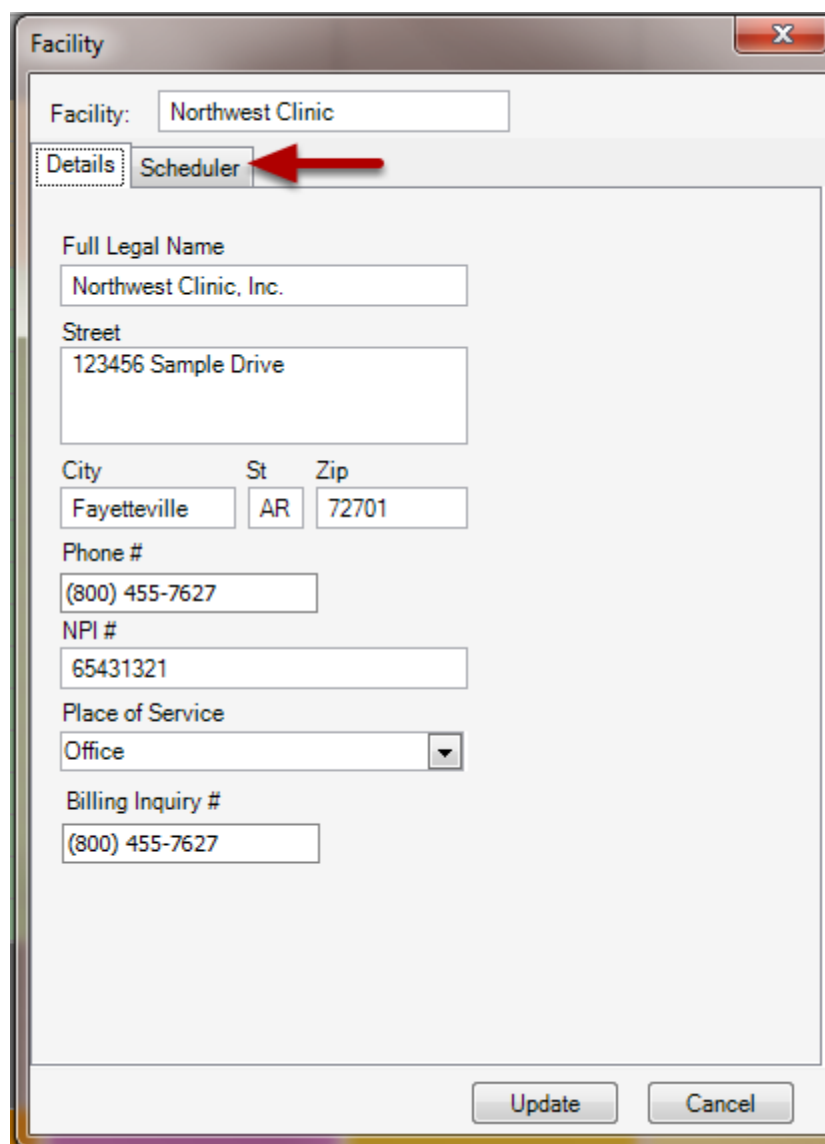


1. Click on the **Tools** menu.
2. Select **Manage Facilities**.



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

## Select the Scheduler Tab



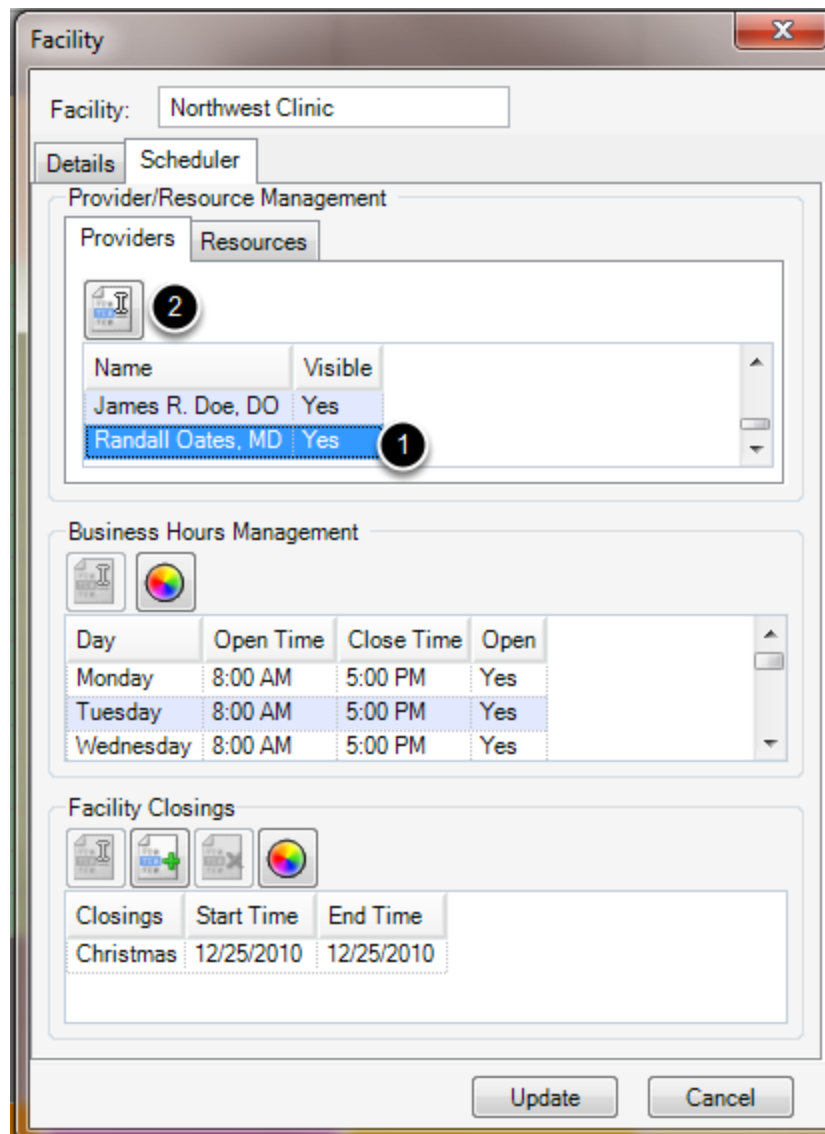
The image shows a software window titled "Facility" with a close button (X) in the top right corner. Inside the window, there are two tabs: "Details" and "Scheduler". A red arrow points to the "Scheduler" tab, indicating it should be selected. The "Details" tab is currently active, showing various input fields for facility information. The fields are as follows:

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

At the bottom right of the window, there are two buttons: "Update" and "Cancel".

Click on the **Scheduler Tab**.

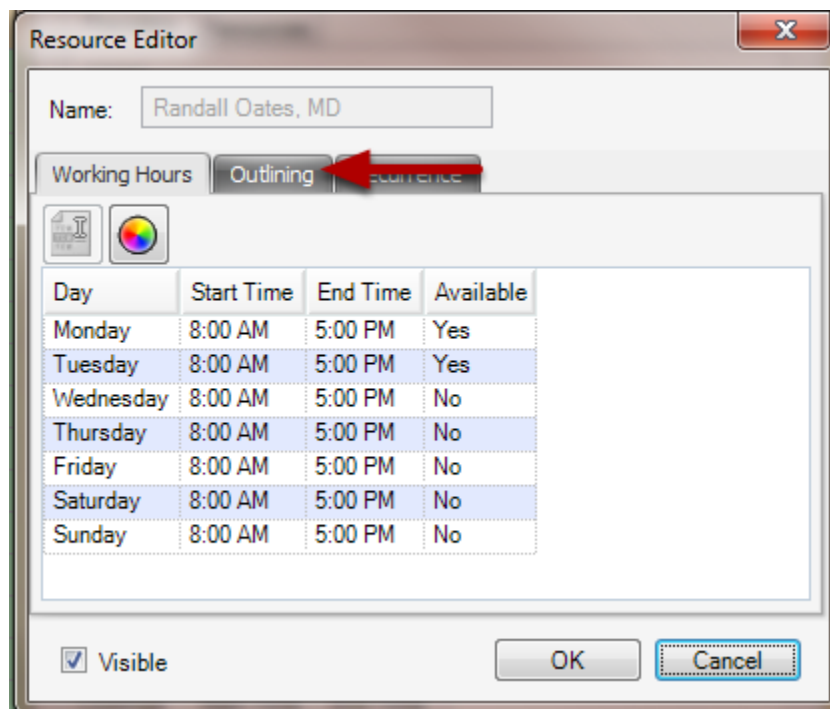
## Select a Provider or Resource to Edit



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

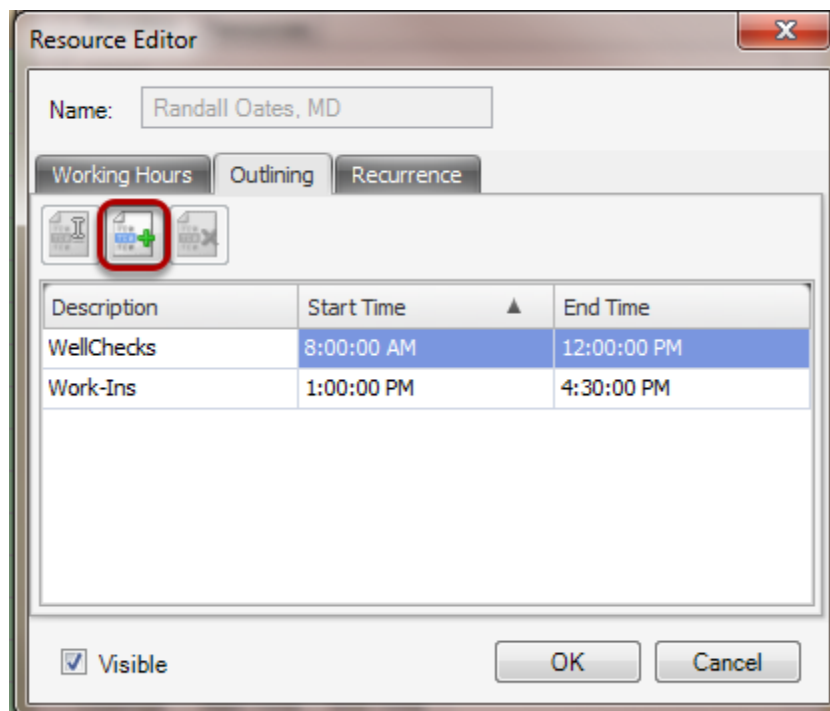
Note: This is the same process for Resources. To Edit a Resource, just click the tab **Resources** and follow the above steps.

## Open Outlining



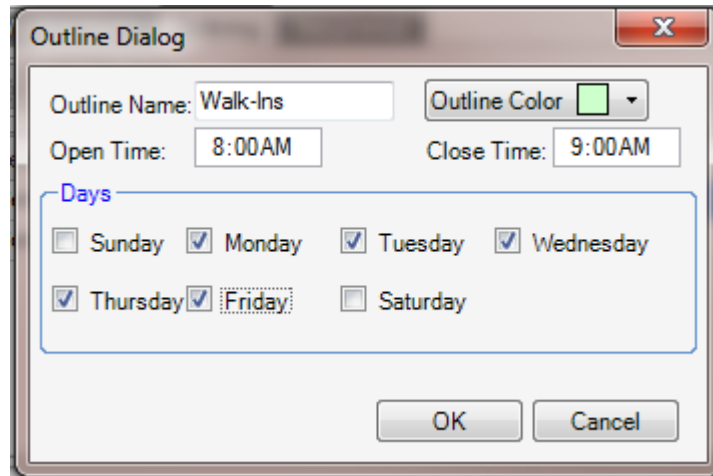
Click on the **Outlining** tab.

## Create an Outline



Click the Add Outline

## Set the Outline



**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.

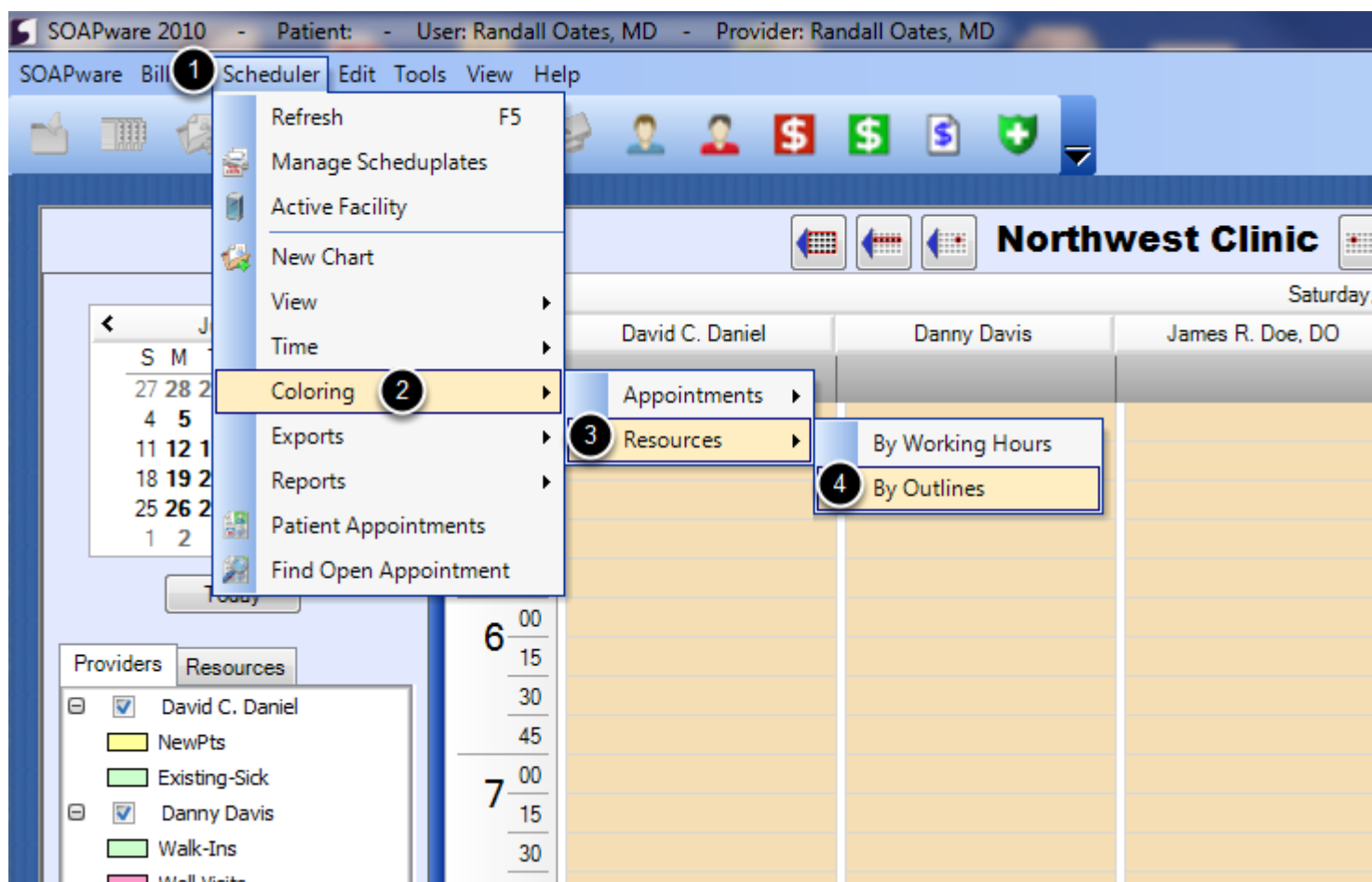
**Days:** Check all days that this outline and selected time will be in effect.

**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**.

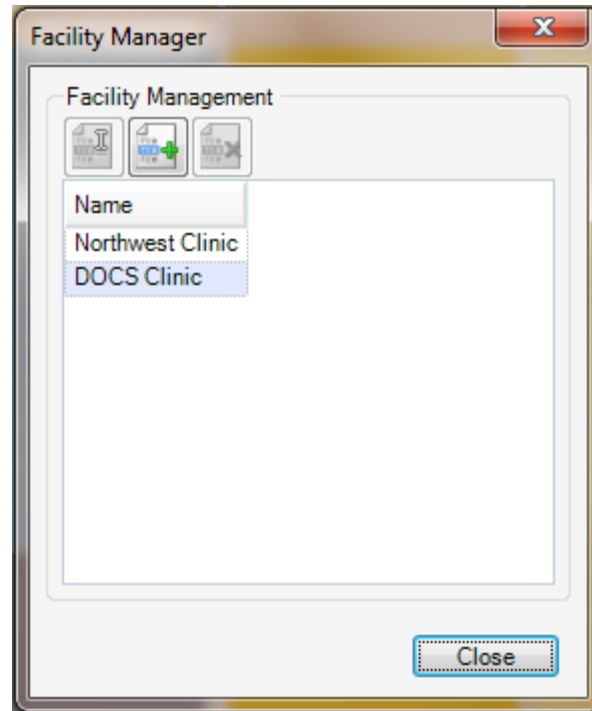
You should then see the coloring change on the Schedule and see the outline blocks you set up.

## Provider/Resource Recurrences

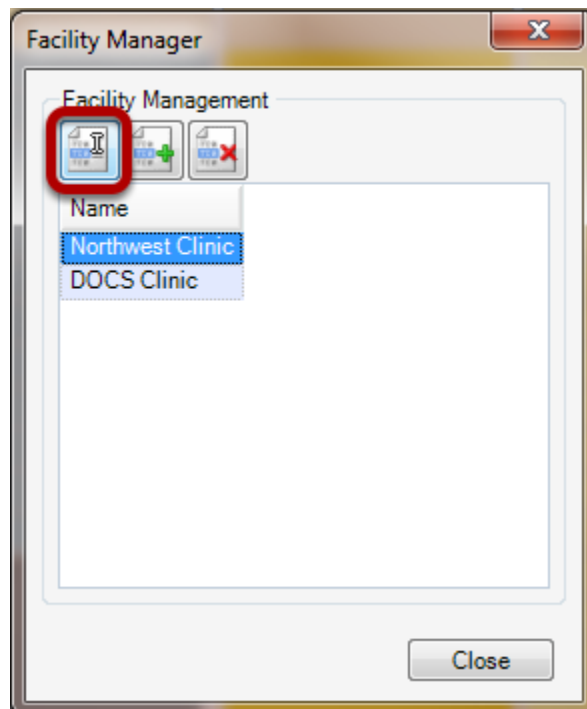
---

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

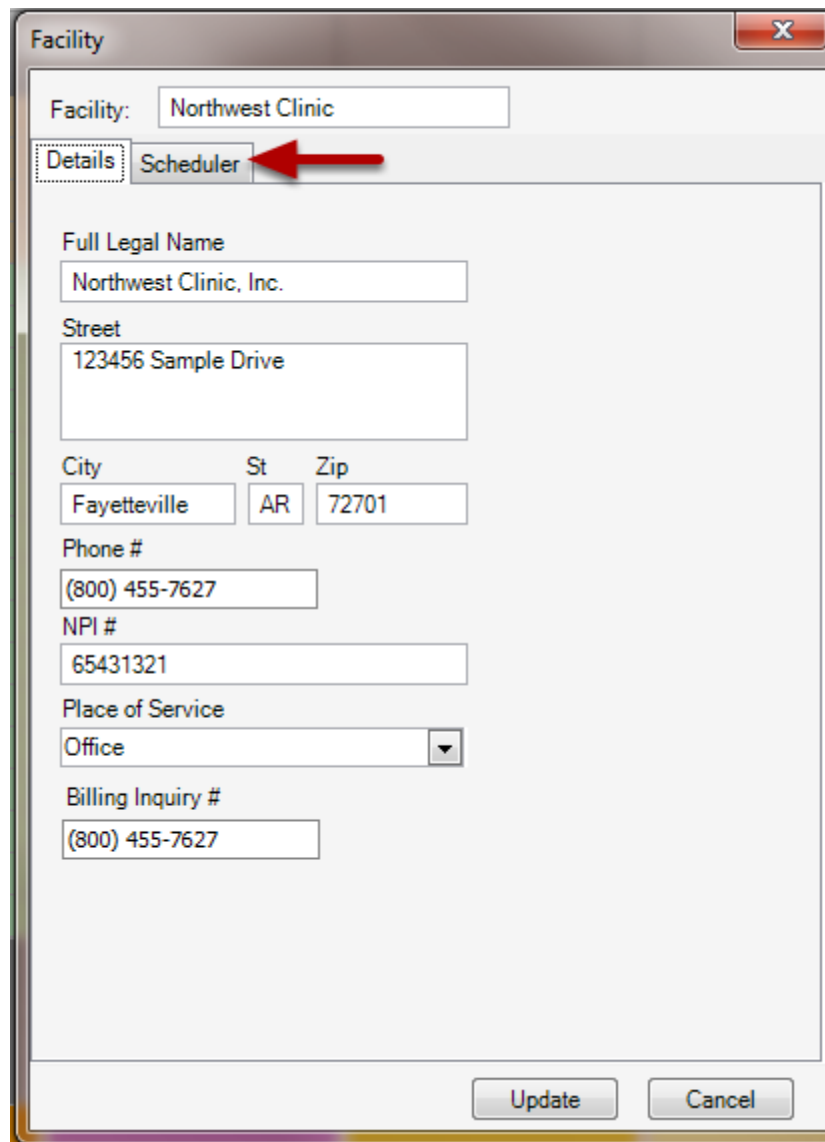


1. Click on the **Tools** menu.
2. Select **Manage Facilities**.



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

## Select the Scheduler Tab



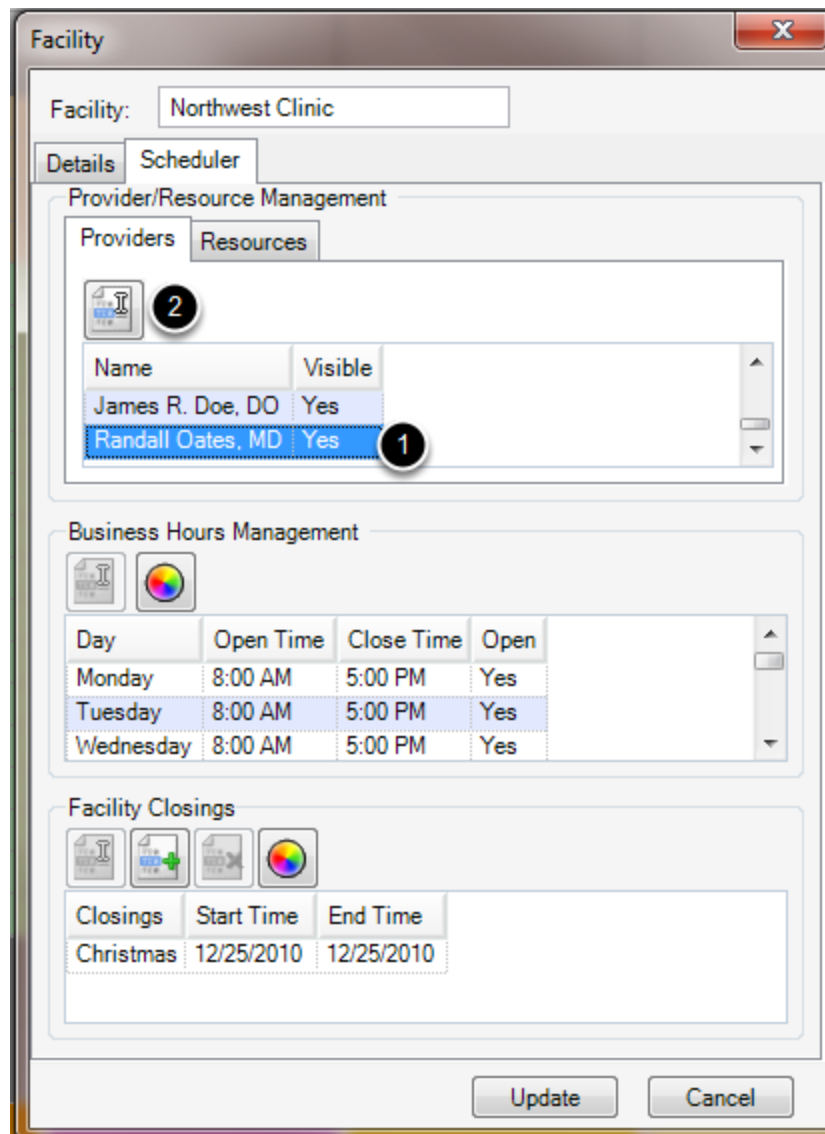
The image shows a software window titled "Facility" with a close button (X) in the top right corner. Inside the window, there are two tabs: "Details" and "Scheduler". A red arrow points to the "Scheduler" tab, indicating it should be selected. The "Details" tab is currently active, showing various input fields for facility information. The fields are as follows:

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

At the bottom of the window, there are two buttons: "Update" and "Cancel".

Click on the **Scheduler Tab**.

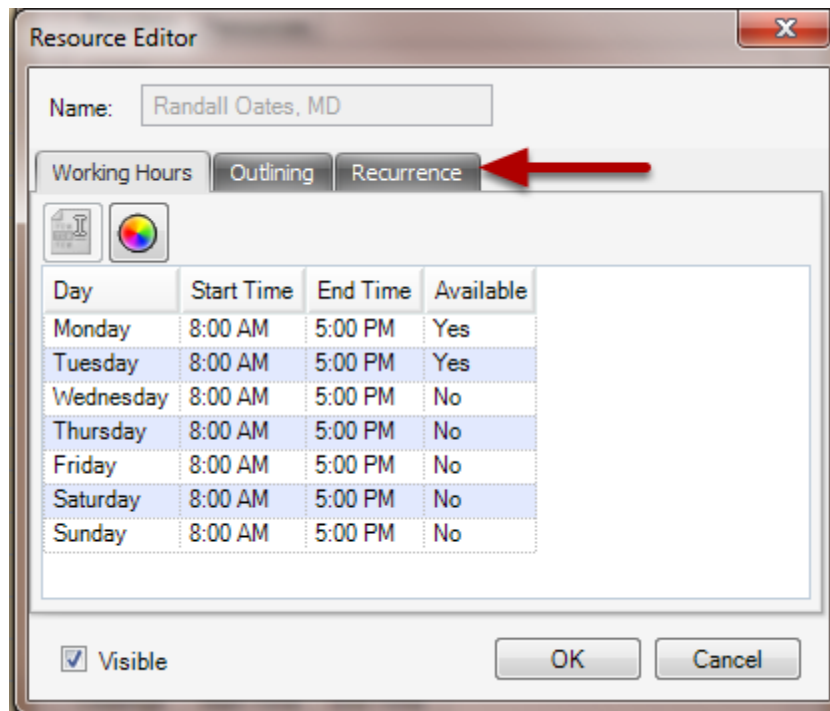
## Select a Provider or Resource to Edit



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

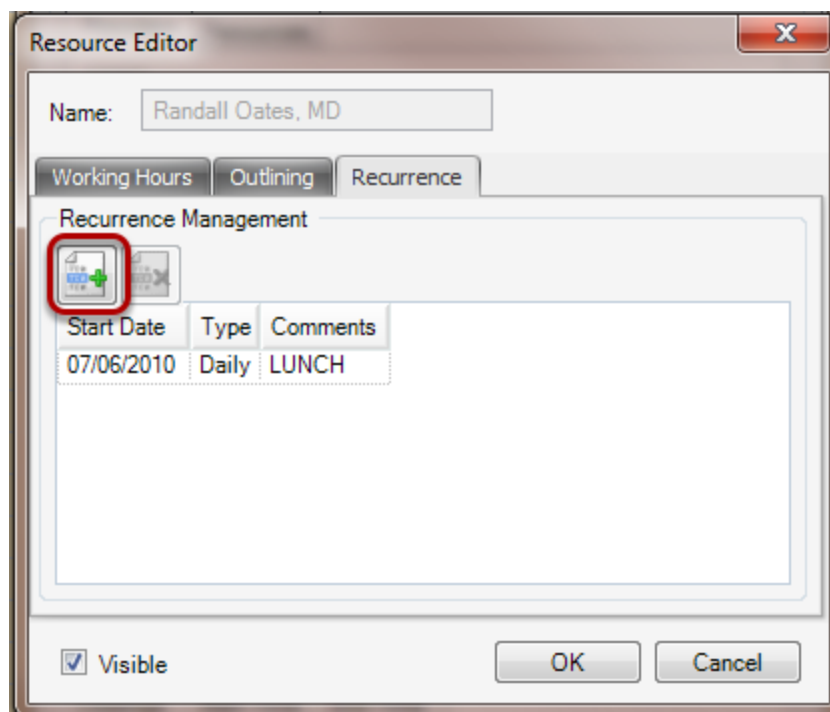
Note: This is the same process for Resources. To Edit a Resource, just click the tab **Resources** and follow the above steps.

## Open Recurrence Tab



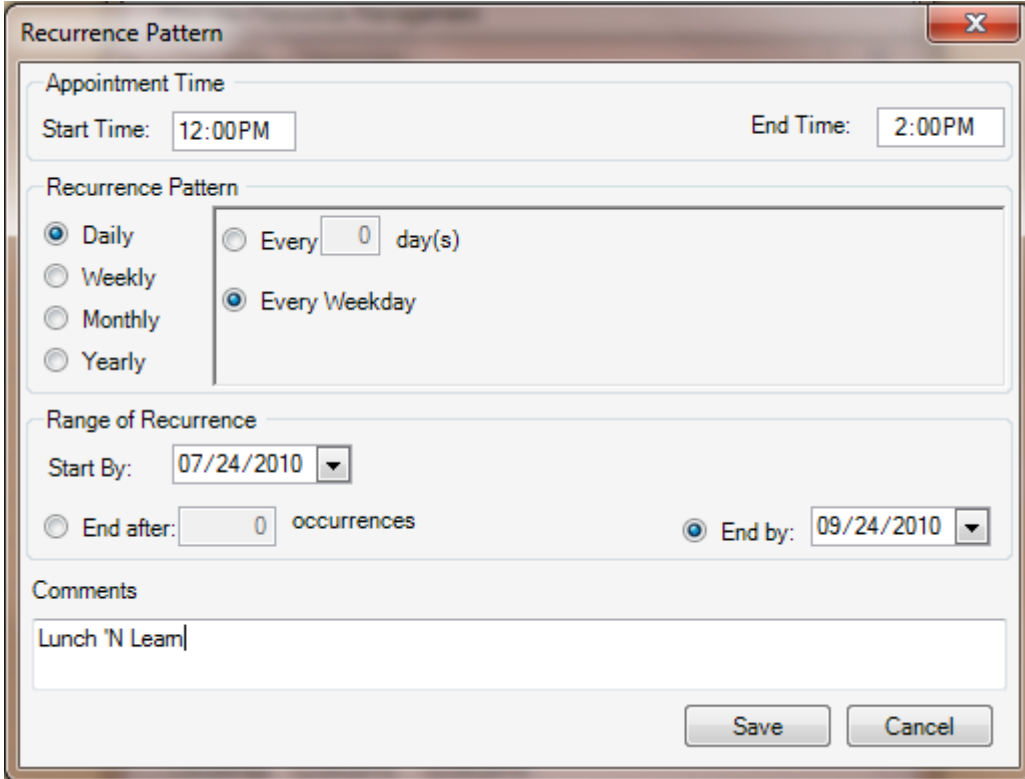
Click on the **Recurrence** tab.

## Create a Recurrence



Click the **Add Recurrence**.

## Setup the Recurrence.



The image shows a 'Recurrence Pattern' dialog box with the following sections:

- Appointment Time:** Start Time: 12:00PM, End Time: 2:00PM.
- Recurrence Pattern:** Radio buttons for Daily, Weekly, Monthly, and Yearly. The 'Daily' section is expanded, showing 'Every 0 day(s)' and 'Every Weekday' (selected).
- Range of Recurrence:** Start By: 07/24/2010. Radio buttons for 'End after: 0 occurrences' and 'End by: 09/24/2010' (selected).
- Comments:** A text field containing 'Lunch 'N Learn'.
- Buttons:** Save and 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 options:

**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.



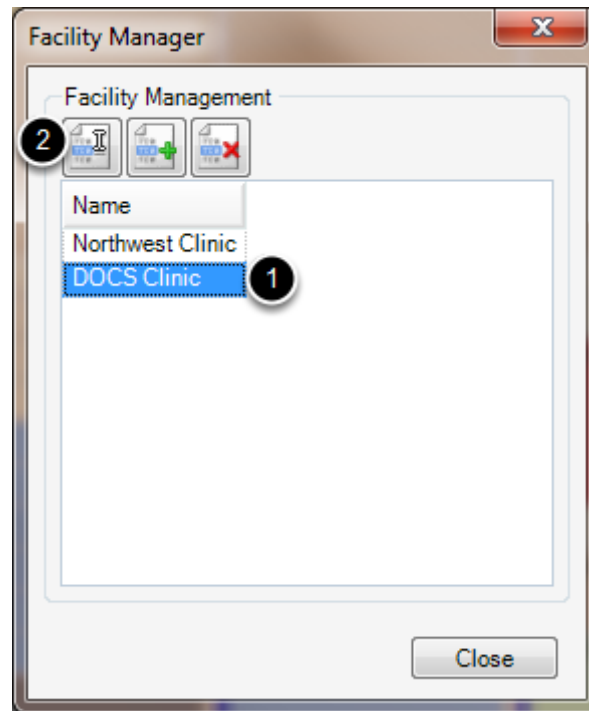
## Entering Facility Business Hours

---

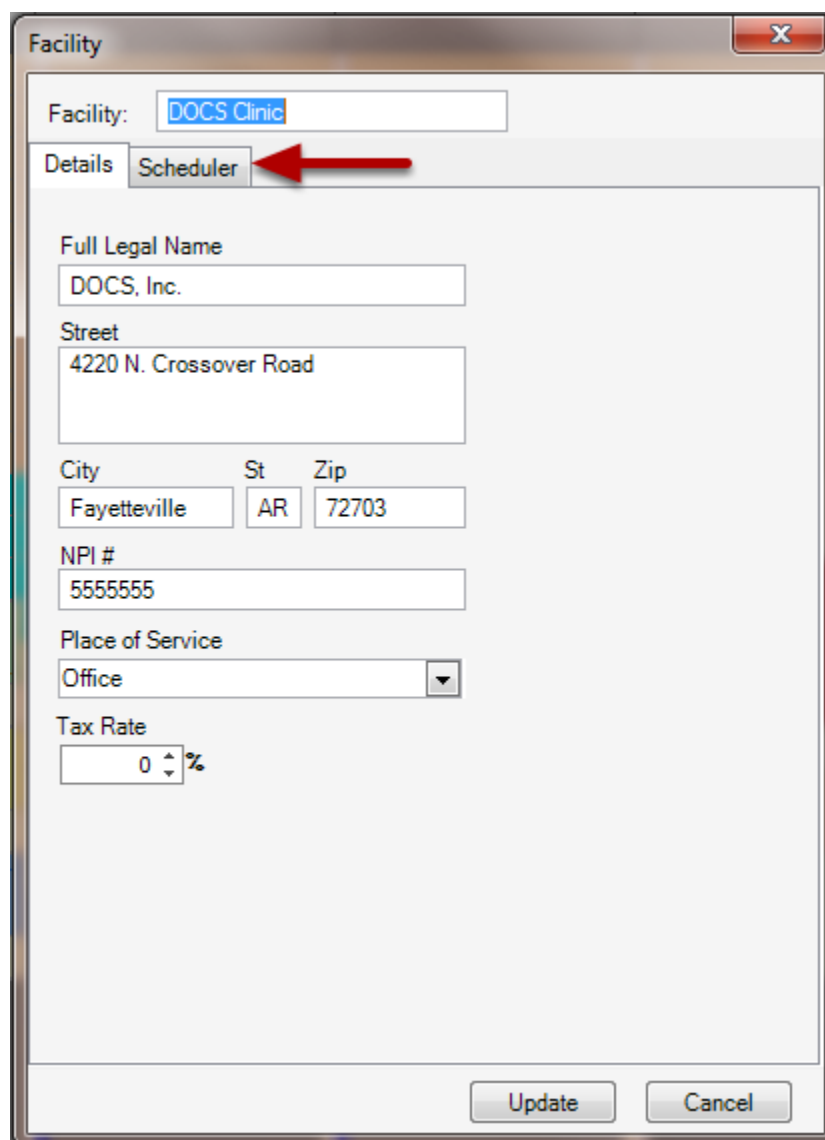
Set up the hours of operation for a facility.

Tools > Manage Facilities

### Open the Facility



1. Select the Facility.
2. Click Edit.



The image shows a software window titled "Facility" with a close button (X) in the top right corner. Inside the window, there is a tabbed interface with two tabs: "Details" and "Scheduler". A red arrow points to the "Scheduler" tab, indicating it should be selected. The "Details" tab is currently active, showing the following information:

- Facility: DOCS Clinic
- Full Legal Name: DOCS, Inc.
- Street: 4220 N. Crossover Road
- City: Fayetteville
- St: AR
- Zip: 72703
- NPI #: 5555555
- Place of Service: Office (dropdown menu)
- Tax Rate: 0 %

At the bottom of the window, there are two buttons: "Update" and "Cancel".

Click the Scheduler Tab.

## Edit Business Hours

The image shows a 'Facility' window with the 'Scheduler' tab selected. The 'Business Hours Management' section is highlighted with a red box. It contains a table with columns: Day, Open Time, Close Time, and Open. The 'Tuesday' row is selected and has a circled '1' next to it. Below this is the 'Facility Closings' section with a table containing one row: 'WINTER STORM' from '01/29/2010' to '01/29/2010'. At the bottom are 'Update' and 'Cancel' buttons.

Day	Open Time	Close Time	Open
Monday	8:00 AM	5:00 PM	Yes
<b>Tuesday</b>	6:00 AM	6:00 PM	Yes
Wednesday	8:00 AM	5:00 PM	Yes

Closings	Start Time	End Time
WINTER STORM	01/29/2010	01/29/2010

1. Click on a day of the week.

## Edit the day

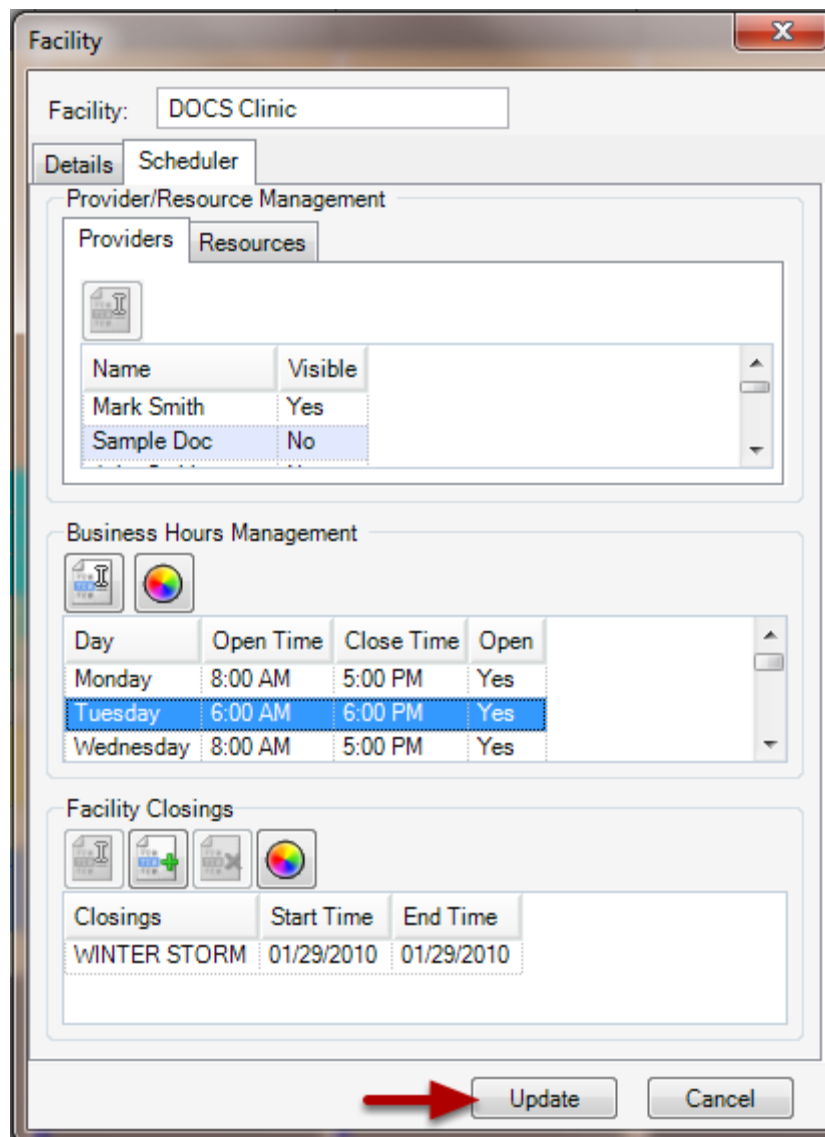
The image shows a 'Hours' dialog box for 'Tuesday'. It has fields for 'Open Time' (6:00AM) and 'Close Time' (6:00PM), both with circled numbers 1 and 2 respectively. There is a checkbox labeled 'Is Open' with a circled '3' and a checked box. At the bottom are 'OK' and 'Cancel' buttons, with 'OK' having a circled '4'.

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



The screenshot shows a 'Facility' window with a title bar containing a close button. The 'Facility' field is set to 'DOCS Clinic'. The 'Scheduler' tab is active, showing 'Provider/Resource Management' and 'Business Hours Management' sections. The 'Providers' sub-tab is selected, displaying a table of providers. The 'Resources' sub-tab is also visible. The 'Business Hours Management' section shows a table of business hours for Monday, Tuesday, and Wednesday. The 'Facility Closings' section shows a table with one closing event: 'WINTER STORM' on 01/29/2010. At the bottom, there are 'Update' and 'Cancel' buttons. A red arrow points to the 'Update' button.

Facility: DOCS Clinic

Details Scheduler

Provider/Resource Management

Providers Resources

Name	Visible
Mark Smith	Yes
Sample Doc	No

Business Hours Management

Day	Open Time	Close Time	Open
Monday	8:00 AM	5:00 PM	Yes
Tuesday	6:00 AM	6:00 PM	Yes
Wednesday	8:00 AM	5:00 PM	Yes

Facility Closings

Closings	Start Time	End Time
WINTER STORM	01/29/2010	01/29/2010

Update Cancel

Click the Update button to update the Schedule.

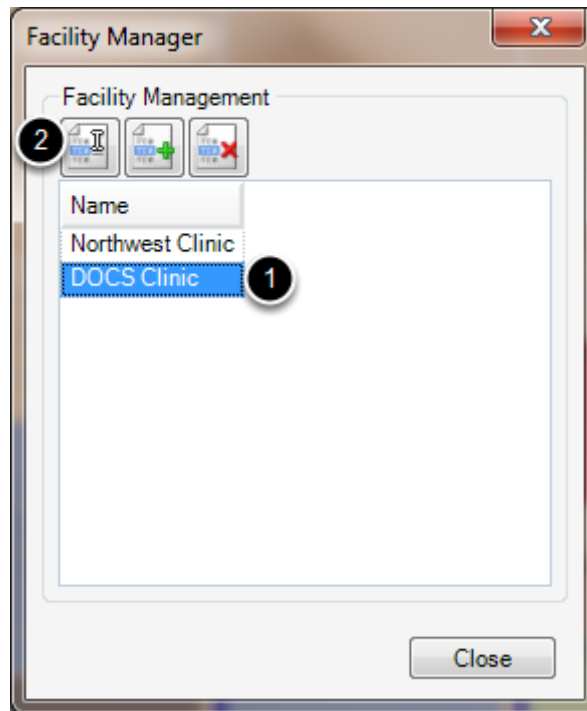
## Creating Holidays/Closings

---

Set up the days the facility will be closed.

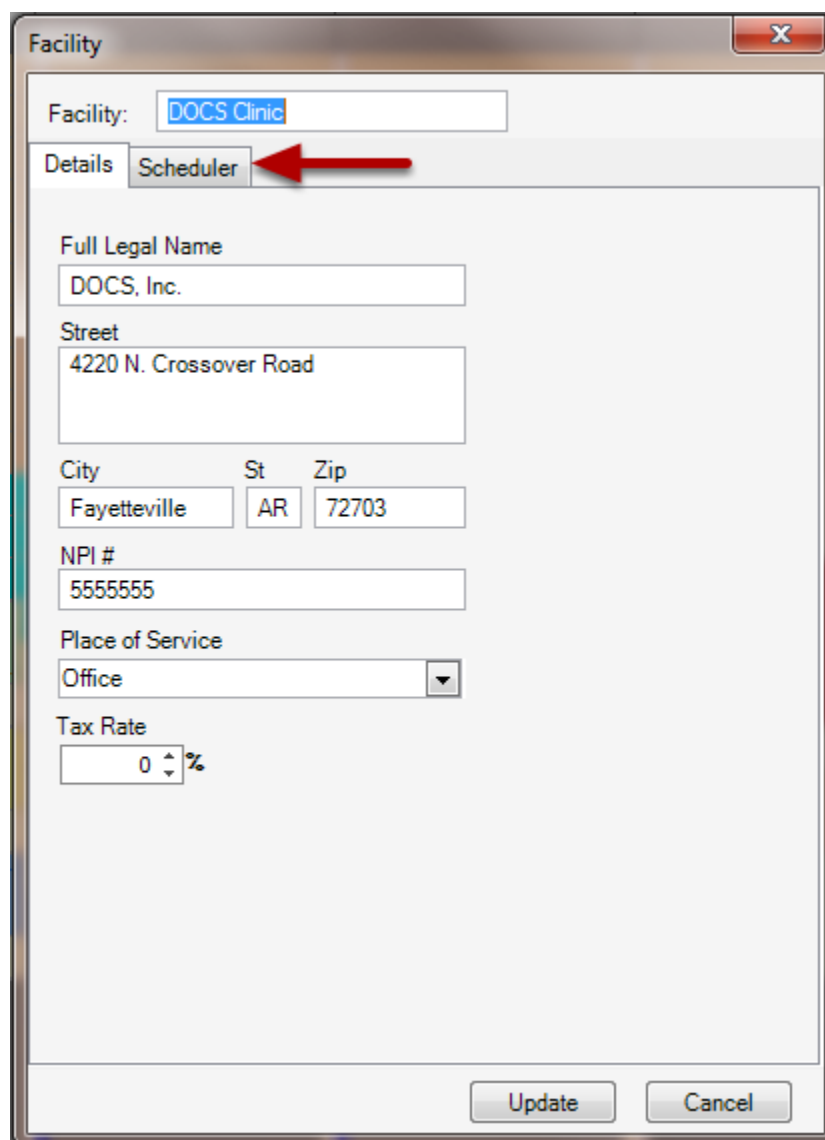
Tools -> Manage Facilities

**Open the facility.**



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

Click Scheduler.

A screenshot of a software window titled "Facility". At the top, there is a text field labeled "Facility:" containing the text "DOCS Clinic". Below this, there are two tabs: "Details" and "Scheduler". A red arrow points to the "Scheduler" tab. The "Scheduler" tab is active and contains several form fields: "Full Legal Name" with the value "DOCS, Inc."; "Street" with the value "4220 N. Crossover Road"; "City" with the value "Fayetteville", "St" with the value "AR", and "Zip" with the value "72703"; "NPI #" with the value "5555555"; "Place of Service" with a dropdown menu showing "Office"; and "Tax Rate" with a spinner box showing "0" and a percentage sign. At the bottom right of the window are two buttons: "Update" and "Cancel".

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  
0 %

Update Cancel

Click the **Scheduler Tab**.

## Create Facility Closings.

The screenshot shows the 'Facility' window with the 'Scheduler' tab selected. The 'Facility' field is set to 'DOCS Clinic'. The 'Provider/Resource Management' section shows a list of providers with 'Mark Smith' and 'Sample Doc' listed. The 'Business Hours Management' section shows a table of business hours for Monday through Thursday. The 'Facility Closings' section is highlighted with a red box around the 'Add Closing' button (a document icon with a green plus sign). Below this, a table shows a closing event named 'WINTER STORM' on 01/29/2010.

Day	Open Time	Close Time	Open
Monday	8:00 AM	5:00 PM	Yes
Tuesday	6:00 AM	6:00 PM	Yes
Wednesday	8:00 AM	5:00 PM	Yes
Thursday	9:00 AM	5:00 PM	Yes

Closings	Start Time	End Time
WINTER STORM	01/29/2010	01/29/2010

1. Click the **Add Closing** button.

## Edit the day.

The screenshot shows the 'Closing' dialog box. It has fields for 'Name', 'Start Date', and 'End Date'. The 'Name' field is set to 'Christmas Day'. The 'Start Date' and 'End Date' are both set to '12/25/2010'. There are three numbered callouts: 1 points to the 'Name' field, 2 points to the 'Start Date' and 'End Date' fields, and 3 points to the 'OK' button.

Name	Start Date	End Date
Christmas Day	12/25/2010	12/25/2010

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: DOCS Clinic

Details Scheduler

Provider/Resource Management

Providers Resources

Name	Visible
Mark Smith	Yes
Sample Doc	No

Business Hours Management

Day	Open Time	Close Time	Open
Monday	8:00 AM	5:00 PM	Yes
Tuesday	6:00 AM	6:00 PM	Yes
Wednesday	8:00 AM	5:00 PM	Yes
Thursday	8:00 AM	5:00 PM	Yes

Facility Closings

Closings	Start Time	End Time
WINTER STORM	01/29/2010	01/29/2010
Christmas Day	12/25/2010	12/25/2010

Update Cancel

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



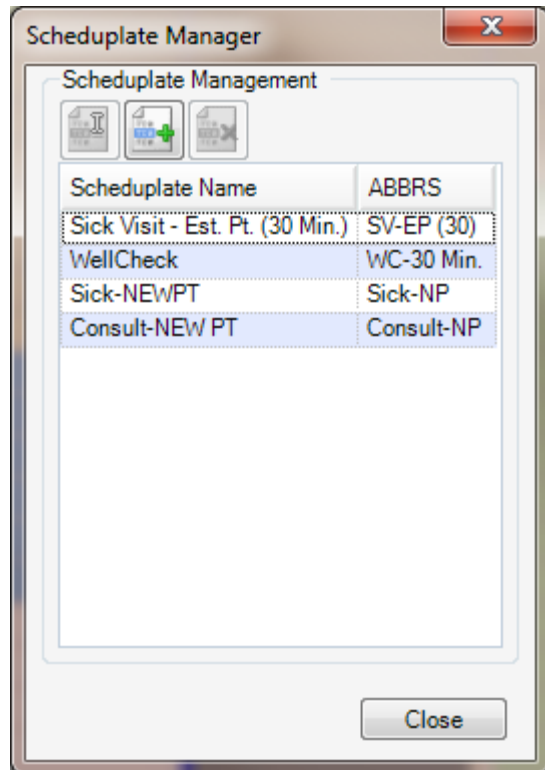
## Creating Scheduplates

---

*Set up facility appointment types.*

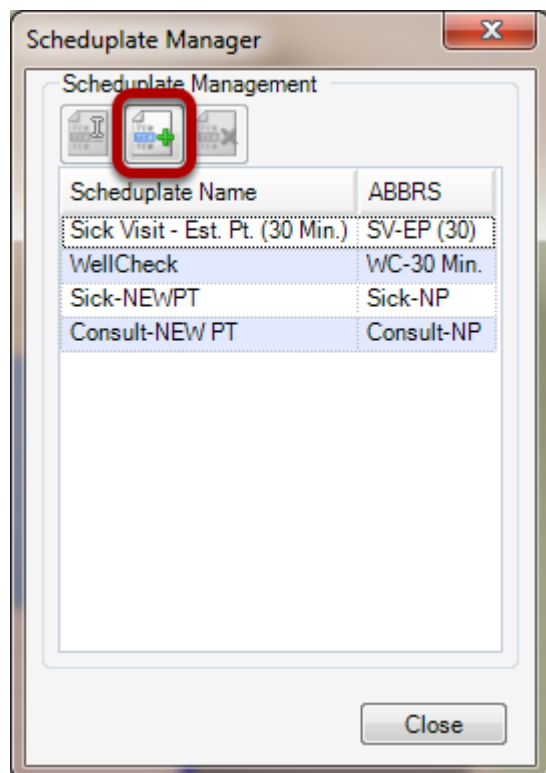
*Tools -> Scheduplates*

**Open the Scheduplate Manager.**



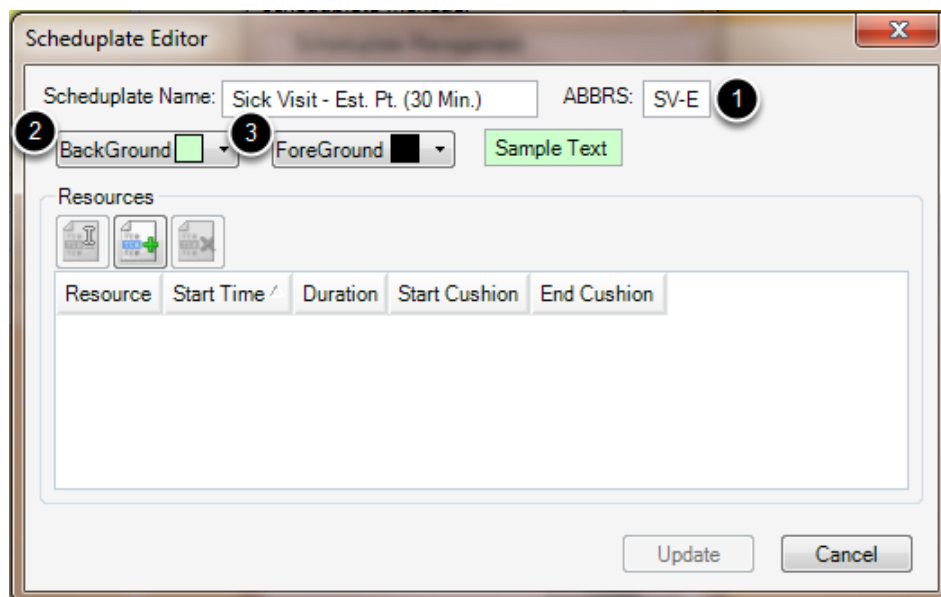
1. Click on the **Scheduler** menu.
2. Select **Manage Scheduplates**.

## Add a Scheduplate.



Click the **Create New Template** button.

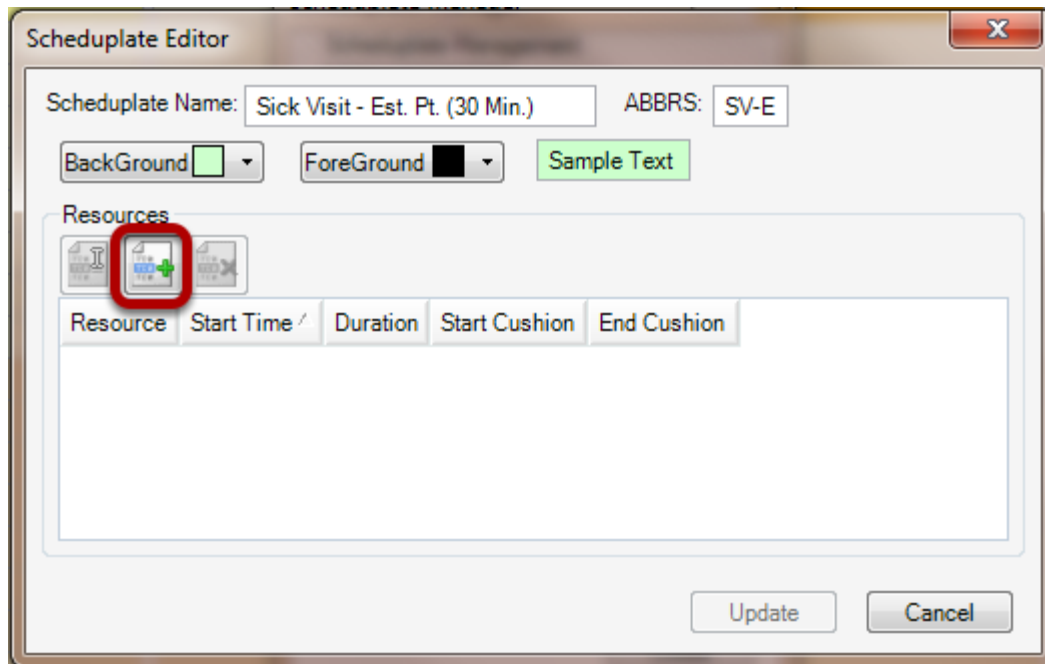
## Enter Scheduplate information.



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.

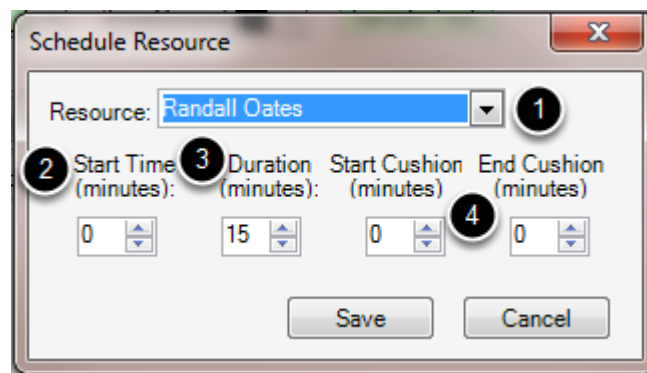
2. Select a **Background** color to show on the appointment.
3. Select a **Foreground** color for the text displayed. (After selecting the background and foreground colors, the sample text will display what the appointment will look like on the Schedule.)

### Adding a Resource.



Click the **Add Resource** button.

### Entering Resource time.



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.

## Update Scheduplates.

Resource	Start Time	Duration	Start Cushion	End Cushion
Randall Oates	00:00:00	00:15:00	00	00

Click **Update** to save the scheduplate.

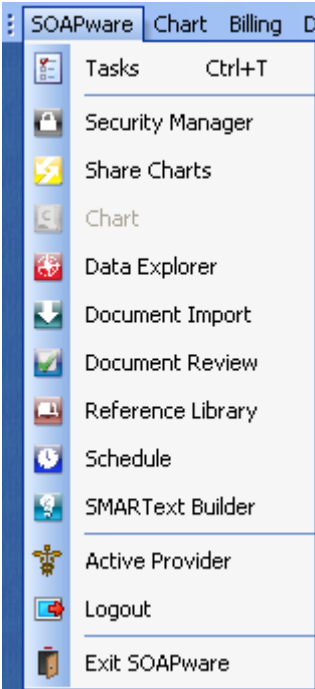
# Menus and Toolbars

# SOAPware Menu

---

Provide orientation and descriptions of the SOAPware menus.

## SOAPware Menu



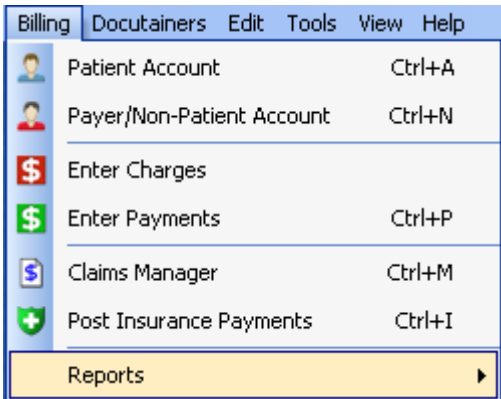
Displays the various workspaces in SOAPware.

# Billing Menu

---

Provide a description and orientation of the Billing menu.

Billing Menu



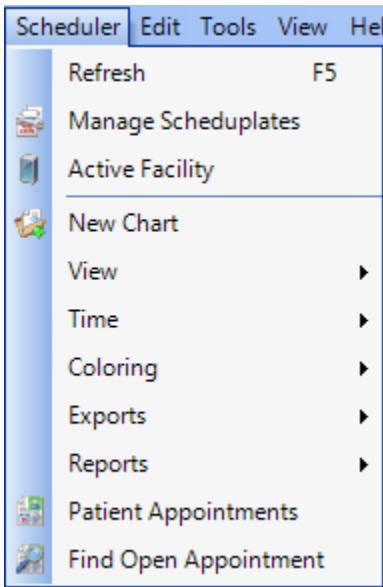
Provides access to the most commonly used billing related activities.

# Scheduler Menu

---

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.

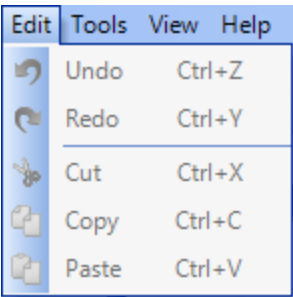


# Edit Menu

---

Provide a description of the Edit menu.

## Edit Menu

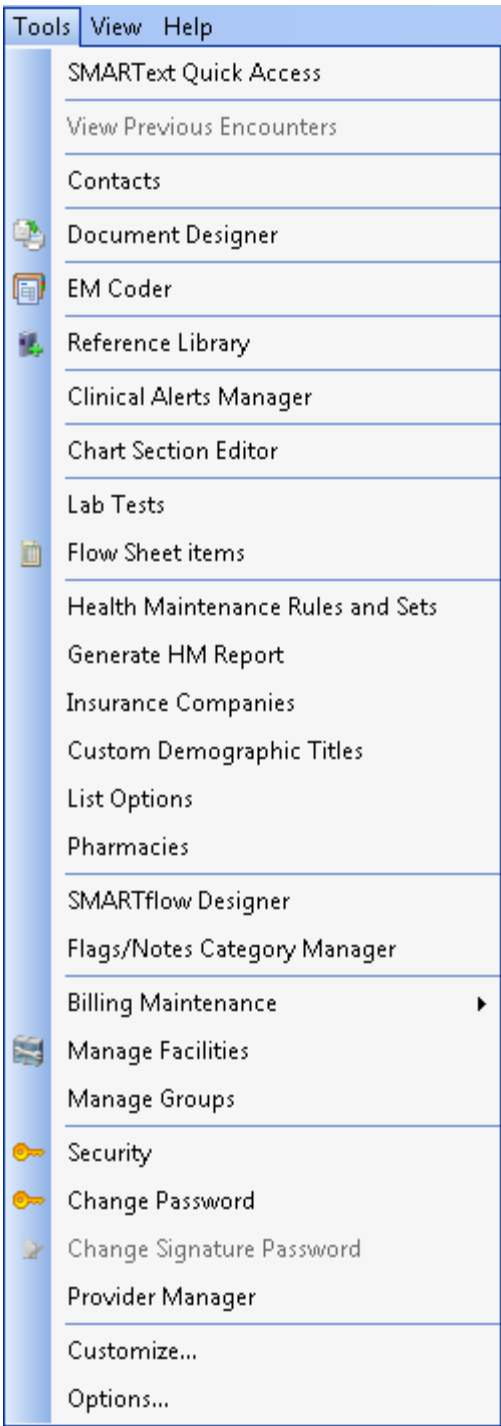


Provides common editing tools.

# Tools Menu

Provide a description and orientation of the Tools menu.

## Tools Menu



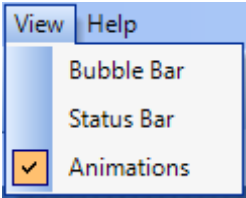
Displays all of the master dialogs for setting up and customizing the SOAPware EMR and PMS.

# View Menu

---

Provide a description of the View menu.

## View Menu



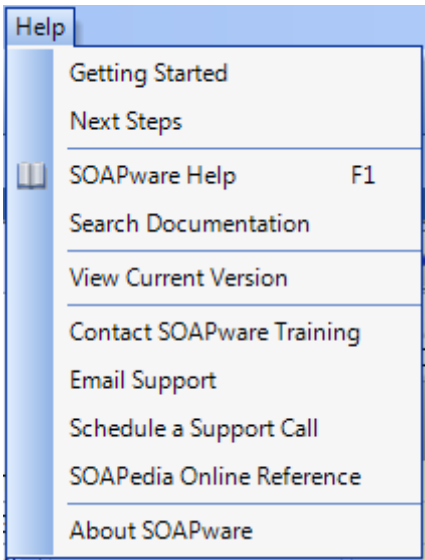
Provides various navigation tools to help with more quickly moving between workspaces.

# 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.

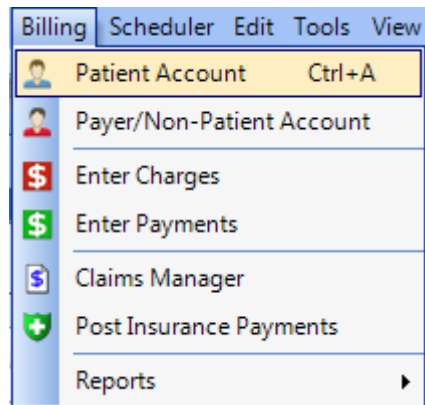
# Patient Account Overview

## Looking Up a Patient Account

---

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 **Ctrl + A** on the keyboard.

## Search for a Patient

Chart Rack

Search 2 Type 1

Account #  
Birth Date  
Chart #  
Name  
Phone #  
Social Security #

Name Chart Number Account Number Provider

Provider All Providers Total Active Patients: 88

Select 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.

The screenshot shows a software window titled "Chart Rack". At the top, there is a search bar with the text "45" and a dropdown menu labeled "Type" with "Account #" selected. To the right of the search bar is a small icon of a folder with a green plus sign. Below the search bar is a horizontal row of alphabet buttons from A to W, with an asterisk button on the left. Below this is a table with the following data:

Name	Chart Number	Account Number /	SSN	Birth Date
Winters, Somer F.	11111	45	111-22-3333	04/19/1985

Below the table is a horizontal scrollbar. At the bottom of the window, there is a "Provider" dropdown menu set to "All Providers" and a label "Total Active Patients: 88". At the very bottom are two buttons: "Select" and "Cancel".

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

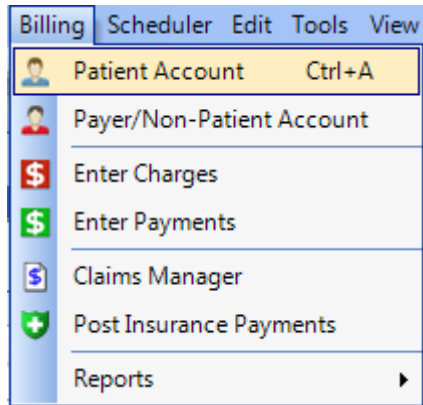


## Creating a New Patient

---

How to create a new Patient Account.

### Pull up the Chart Rack

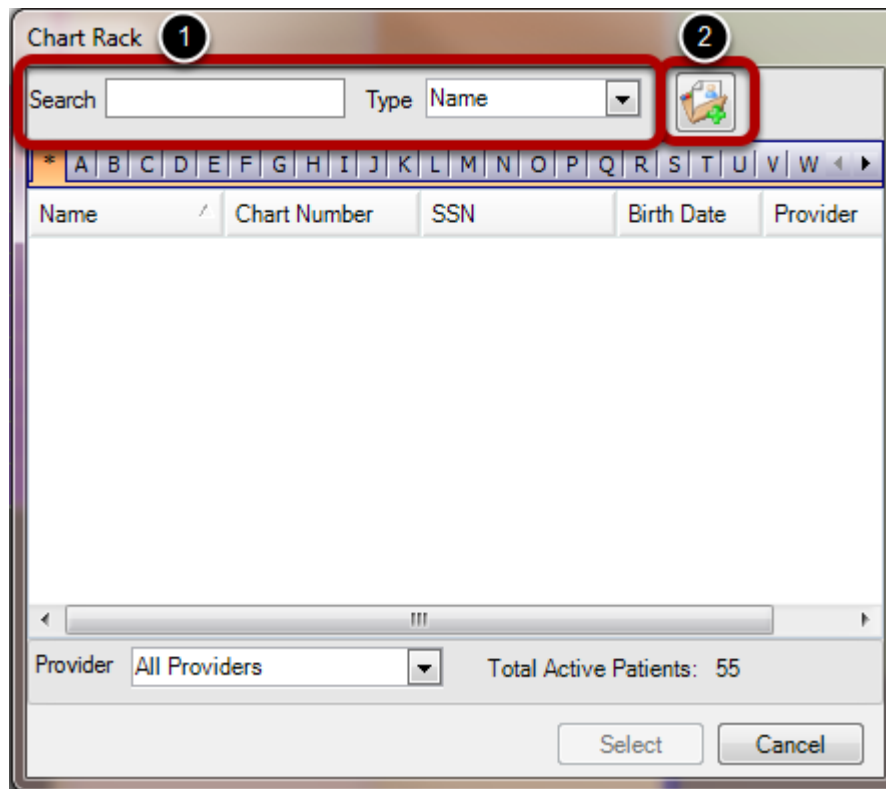


1. Click on the **Billing** menu.
2. Select **Patient Account**.

OR

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

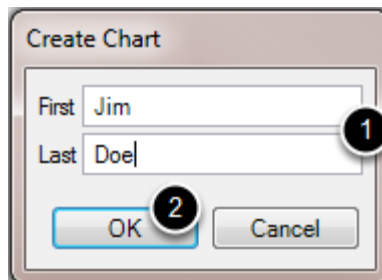
## Create a New Patient



The screenshot shows the 'Chart Rack' window. A red box labeled '1' highlights the search area at the top, which includes a 'Search' text field, a 'Type' dropdown menu set to 'Name', and a 'Create Chart' button (represented by a folder icon with a green plus sign). Another red box labeled '2' highlights the 'Create Chart' button. Below the search area is a horizontal alphabetical index from A to W. Underneath is a table with columns: Name, Chart Number, SSN, Birth Date, and Provider. The table is currently empty. At the bottom of the window, there is a 'Provider' dropdown menu set to 'All Providers', a 'Total Active Patients: 55' label, and 'Select' and 'Cancel' buttons.

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.



The screenshot shows the 'Create Chart' dialog box. It has two text input fields: 'First' with the text 'Jim' and 'Last' with the text 'Doe'. A red box labeled '1' highlights the 'Last' field. Below the fields are 'OK' and 'Cancel' buttons. A red box labeled '2' highlights the 'OK' button.

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

## Enter Demographics

**Doe, Jim**

**Account 79**

**Chart**

**Date of Birth** 5/27/1970 **Age** 39 **Sex** Male **Status** Unknown

**Address** 432 Test Drive Some City, AR 72701

**Home** (479) 111-1111 **Work** (800) 555-5555 **Cell** (479) 222-2222

**Email** jdoe@email.com

**Balances**

Family \$0.00

Personal \$0.00

**Total** \$0.00

☐ Self Pay Co-Pay \$0.00

**Schedule** **Demographics** **Insurance** **Custom** **Ledger** **Family** **Claims** **Statements** **New Charges**

**Patient Information**

Title First Middle Last Suffix

SSN Birth Date Age Chart

Marital Status Gender

Race Ethnicity Language

Address

Street

City State Zip

Contact Information

Home Phone Work Phone Cell Phone

Email

☒ Exclude From Data Explorer

**Patient Picture**

No image data

Load Clear

**Primary Provider**

Randall Oates

**Referring Provider**

Schmo, Joe ... X

**PCP**

Oates, Randall ... X

**Preferred Pharmacy**

Wal-Mart Neighb... + X

**Billing Information**

Guarantor

+ Self

**Financial Class**

Self Pay

**Student Status**

Non-student

**General**

Add Scan

Enter demographic information as provided.

## Patient Information Bar

Show the highlights of the Patient Account Information bar.

### Patient Information At-A-Glance

**Winters, Somer F.** Account 45 Chart 11111

Date of Birth 4/19/1985 Age 26 Sex Female Status Single

Address 2700 Edison Springdale, AR 72703-1234

Home (479) 555-4444 Work (479) 555-7777 Cell (479) 555-5555

Email somerwinters@email.com

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$308.00	\$1,661.00	\$1,969.00
<b>Totals</b>	<b>\$308.00</b>	<b>\$1,661.00</b>	<b>\$1,969.00</b>

☐ Self Pay Co-Pay \$10.00

**Patient Information**

Title First Middle Last Suffix

SSN Birth Date Age Chart

Marital Status Gender

Race Ethnicity Language

Address

Street

City State Zip

Contact Information

Home Phone Work Phone Cell Phone

Email

Primary Contact Secondary Contact

☒ Exclude From Data Explorer ☐ Enroll for Online Access

**Notes -**

**General**

**Patient Picture**

Primary Provider

Referring Provider

PCP

Preferred Pharmacy

Billing Information

Guarantor

Financial Class

Student Status

Print Add Scan

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


## Schedule Tab

---

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

## Schedule Tab - Patient Appointments

Jim, Slim T.



**Jim, Slim T.**

Account 34  
Chart 68332

Date of Birth 3/21/1970 Age 40 Sex Male Status Unknown

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 111-1111 Work (501) 555-9000 Cell (479) 987-6543

Email jslim@email.com

**Balances**

Family \$25.00  
Personal \$454.00  
**Total \$479.00**

☐ Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Ledger Family Claims Statements New Charges

**Visit Detail for 4/27/2010 7:45 AM - 8:00 AM (0:15)**

Scheduplate SV-EP (30) - Sick Visit - Est. Pt. ... Referral Joe Schmo Facility DOCS Clinic Status Confirmed Recurrence

Resources

Date	Start	End	Name
4/27/2010	7:45 AM	8:00 AM	Randall Oates

Visit Comments  
Patient has fever and chills. Bringing updated insurance cards. LO

Verification Insurance Verified Date 4/27/2010 User randalloates

Check In Check In Take Co-Pay

Visit List

Date	Start	End	Facility	Resource Name	Scheduplate
4/30/2010	11:30 AM	12:15 PM	DOCS Clinic	David C. Smith	
4/27/2010	7:45 AM	8:00 AM	DOCS Clinic	Randall Oates	Sick Visit - Est. ...
4/23/2010	8:45 AM	9:15 AM	DOCS Clinic	Randall Oates	Sick Visit - Est. ...
4/22/2010	2:00 PM	2:15 PM	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. ...
4/20/2010	10:15 AM	10:30 AM	DOCS Clinic	Ben Jim	


Today Print Visit New Visit

- 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.



**Jim, Slim T.**

Account 34  
Chart 68332

Date of Birth 3/21/1970 Age 40 Sex Male Status Unknown

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 111-1111 Work (501) 555-9000 Cell (479) 987-6543

Email jslim@email.com

**Balances**

Family \$25.00  
Personal \$454.00  
**Total \$479.00**

☐ Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Ledger Family Claims Statements **New Charges**

**Visit Detail for 4/27/2010 7:45 AM - 8:00 AM (0:15)**

Scheduplate SV-EP (30) - Sick Visit - Est. Pt. ... + Referral Joe Schmo ... Facility DOCS Clinic Status Confirmed Recurrence

Resources

Date	Start	End	Name
4/27/2010	7:45 AM	8:00 AM	Randall Oates

Visit Comments

Patient has fever and chills. Bringing updated insurance cards. LO

Verification Insurance Verified Date 4/27/2010 User randalloates

Check In Check In Take Co-Pay

Visit List

Date	Start	End	Facility	Resource Name	Scheduplate
4/30/2010	11:30 AM	12:15 PM	DOCS Clinic	David C. Smith	
4/27/2010	7:45 AM	8:00 AM	DOCS Clinic	Randall Oates	Sick Visit - Est. ...
4/23/2010	8:45 AM	9:15 AM	DOCS Clinic	Randall Oates	Sick Visit - Est. ...
4/22/2010	2:00 PM	2:15 PM	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. ...
4/20/2010	10:15 AM	10:30 AM	DOCS Clinic	Ben Jim	

Today Print Visit New Visit

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.




**Demographics Tab**

---

Patient Demographic Information

## Patient Demographics

Winters, Somer



**Winters, Somer F.**

Account 45  
Chart 11111

Date of Birth 4/19/1985 Age 26 Sex Female Status Single

Address 2700 Edison Springdale, AR 72703-1234

Home (479) 555-4444 Work (479) 555-7777 Cell (479) 555-5555

Email somerwinters@email.com

Balances			
	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$308.00	\$1,661.00	\$1,969.00
<b>Totals</b>	<b>\$308.00</b>	<b>\$1,661.00</b>	<b>\$1,969.00</b>

☐ Self Pay Co-Pay \$10.00

[Schedule](#)
[Demographics](#)
[Insurance](#)
[Custom](#)
[Flags/Notes](#)
[Ledger](#)
[Family](#)
[Claims](#)
[Statements](#)
[New Charges](#)

**Patient Information**

Title 1 First Middle Last Suffix

SSN 2 Birth Date 3 Age Chart

Marital Status 4 Gender 5

Race 6 Ethnicity 7 Language 8

Address 9

City State Zip

Contact Information 10

Home Phone Work Phone Cell Phone


Email

Primary Contact Secondary Contact

☒ Exclude From Data Explorer ☐ Enroll for Online Access

Notes - 18

**Patient Picture**



Load Clear

Primary Provider 11

Referring Provider 12

PCP 13

Preferred Pharmacy 14

Billing Information

Guarantor 15

Financial Class 16

Student Status 17

**General**

Print 19 Add Scan 20

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. Notes:** Enter Internal notes pertaining to patient account

**19. Print:** Print patient demographics

**20. 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.)

**Insurance Demographics Tab**

---

Display of the patient's insurance policies

## Patient Insurance Policies

Winters, Somer F.

**Winters, Somer F.** Account 45  
Chart 11111

Date of Birth 4/19/1985 Age 26 Sex Female Status Single

Address 2700 Edison Springdale, AR 72703-1234

Home (479) 555-4444 Work (479) 555-7777 Cell (479) 555-5555

Email somerwinters@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$308.00	\$1,661.00	\$1,969.00
<b>Totals</b>	<b>\$308.00</b>	<b>\$1,661.00</b>	<b>\$1,969.00</b>

☐ Self Pay Co-Pay \$10.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

**Primary** 1

Company BCBS AR Primary

Insured Somer F Winters

Effective 11/1/2011 to 11/1/2012

Policy # 1234567890 Co-Pay \$10 View

**Secondary** 2

Company Medicare Secondary

Insured Somer Winters

Effective to

Policy # 323131 Co-Pay \$0.00 View 3

+ New Insurance ☐ Show Inactive

Insurance Card Copy 4

Print Check Eligibility Add Scan

### 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.

## Adding a New Insurance Policy

The screenshot displays a software interface for managing insurance policies. At the top, there is a navigation bar with tabs: Schedule, Demographics, Insurance (selected), Custom, Flags/Notes, and Ledger. The main content area is divided into two sections: Primary and Secondary. The Primary section shows details for a policy from AARP, insured by Somer Winters, with an effective date from 11/1/2011 to 11/1/2012, policy number 1234567890, and a co-pay of \$10. A 'View' button is present. The Secondary section shows details for a policy from Medicare, insured by Somer Winters, with an effective date field, policy number 323131, and a co-pay of \$0.00. A 'View' button is also present. At the bottom left, a '+ New Insurance' button is highlighted with a red rectangle. To its right is a 'Show Inactive' checkbox. Below these buttons is a blue bar with the word 'Insurance' and a printer icon with the word 'Print'.

Primary	
Company	AARP
Insured	Somer Winters
Effective	11/1/2011 to 11/1/2012
Policy #	1234567890
Co-Pay	\$10
<a href="#">View</a>	

Secondary	
Company	Medicare
Insured	Somer Winters
Effective	to
Policy #	323131
Co-Pay	\$0.00
<a href="#">View</a>	

[+ New Insurance](#) ☐ Show Inactive

[Insurance](#)

[Print](#)

Click the **Add New Policy** button.

## Required Fields if Relation to Insured is Self

Insurance Policy

Type: Primary Health Insurance

Company: AARP  
PO Box 1111  
Some City, AR 72203  
(479) 555-5555 x212

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 1234567890 Plan Name:   
Group #: DY123 Group Name: Amber Stone  
Effective: 11/1/2011 Expires: 11/1/2012

Payment Options

☒ Co-Pay: \$10.00 ☐ Co-Ins: 0 %

Status: Primary Fee Sched: Default

Notes

Insured Information

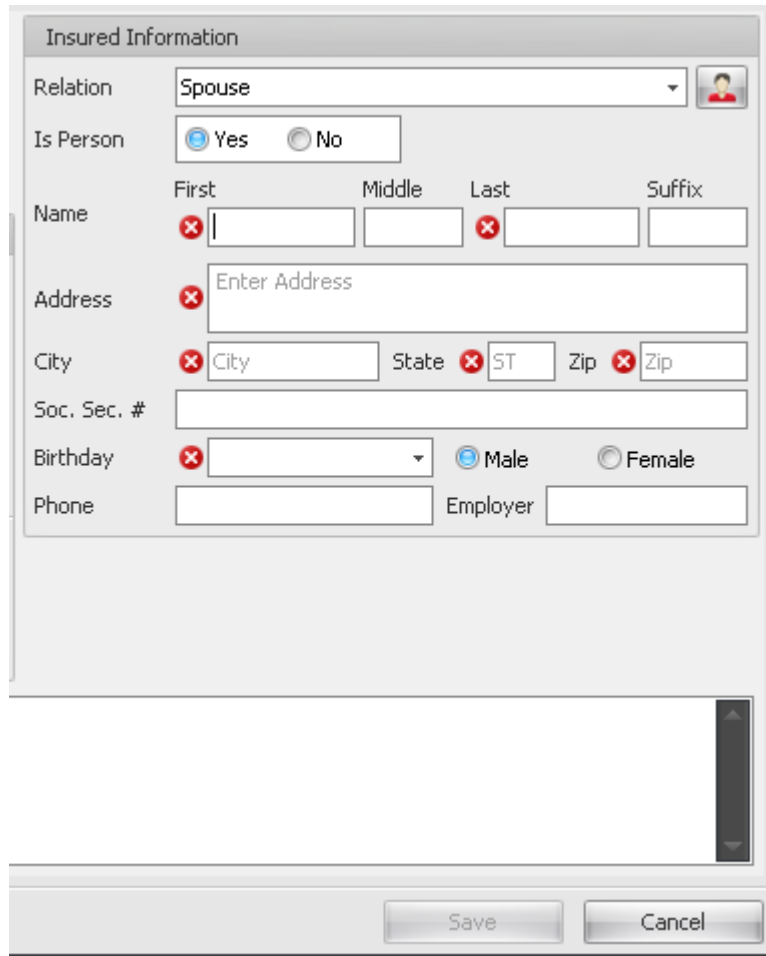
Relation: Self

Is Person: ☒ Yes ☐ No


Name: First: Somer Middle: Last: Winters Suffix:   
Address: 2700 Edison  
City: Springdale State: AR Zip: 72703-1234  
Soc. Sec. #:   
Birthday: 4/19/1985 ☐ Male ☒ Female  
Phone: (479)555-4444 Employer:   
Save Cancel

Insured Information Relation to insured will default to Self, with most information automatically populated with data from patient demographics. Complete the remaining policy information as it appears on insureds ID card and click **Save**.

## Relation to Insured is other than Self



The image shows a software window titled "Insured Information". It contains several fields for entering personal data. The "Relation" dropdown is set to "Spouse" and has a small person icon to its right. The "Is Person" section has two radio buttons, "Yes" (selected) and "No". The "Name" section has four input boxes labeled "First", "Middle", "Last", and "Suffix", each with a red "X" icon to its left. The "Address" section has a single input box with a red "X" icon to its left. The "City" section has three input boxes labeled "City", "State", and "Zip", each with a red "X" icon to its left. The "Soc. Sec. #" section has a single input box. The "Birthday" section has a dropdown menu with a red "X" icon to its left and two radio buttons, "Male" (selected) and "Female". The "Phone" section has a single input box. The "Employer" section has a single input box. At the bottom right of the window are "Save" and "Cancel" buttons.

Relation	Spouse				
Is Person	<input checked="" type="radio"/> Yes <input type="radio"/> No				
Name	First	Middle	Last	Suffix	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Soc. Sec. #	<input type="text"/>				
Birthday	<input type="text"/>	<input checked="" type="radio"/> Male <input type="radio"/> Female			
Phone	<input type="text"/>		Employer	<input type="text"/>	

If Relation to insured is changed, all data from patient demographics is cleared and information can be manually added or can be added by clicking on the Select Guarantor icon, if the insured has been added to [Payer/Non-Patient Accounts](#). Complete policy information exactly as it appears on insureds ID card.



## Medicare Secondary Payer Insurance Policy Setup

The screenshot shows the 'Insurance Policy' window. The 'Type' is set to 'Supplemental Health Insurance' and the 'Company' is 'Medicare'. The 'Policy # Type' is set to 'Member ID'. The 'Medicare Secondary Type' dropdown menu is open, showing the following options: Black Lung - 41, Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP) - 43, End-Stage Renal Disease Beneficiary in the Mandated Coordination Period with an Employer's Group Health Plan - 13, No-fault Insurance including Auto is Primary - 14, Other Liability Insurance is Primary - 47, and Public Health Service (PHS) or Other Federal Agency - 16. The 'Insured Information' section shows 'Relation' as 'Self', 'Is Person' as 'Yes', 'Name' as 'Somer', 'Address' as '2700 Edison', and 'City' as 'Springdale'. The 'Payment Options' section shows 'Co-Pay' as '\$0.00' and 'Co-Ins' as '0 %'. The 'Notes' section is empty. The 'Save' and 'Cancel' buttons are at the bottom right.


Policy Information	
Type	Supplemental Health Insurance
Company	Medicare
PO Box 1122 Some City, AR 72203 (479) 378-1111	
Policy # Type	<input checked="" type="radio"/> Member ID <input type="radio"/> Unique Health ID
Medicare Secondary Type	Black Lung - 41 Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP) - 43 End-Stage Renal Disease Beneficiary in the Mandated Coordination Period with an Employer's Group Health Plan - 13 No-fault Insurance including Auto is Primary - 14 Other Liability Insurance is Primary - 47 Public Health Service (PHS) or Other Federal Agency - 16
Policy #	323131
Group #	
Effective	
Payment Options	
<input checked="" type="radio"/> Co-Pay	\$0.00
<input type="radio"/> Co-Ins	0 %
Notes	
Save Cancel	

If patient has Medicare as a secondary policy, the Medicare Secondary Type must be specified. This option will be added to the Secondary Policy in patient Insurance demographics tab.

Click the drop down arrow to select the appropriate code/reason Medicare is not the primary payer

## Check Insurance Eligibility

Winters, Somer F.



**Winters, Somer F.**  
**Account** 45  
**Chart** 11111  
**Date of Birth** 4/19/1985 **Age** 26 **Sex** Female **Status** Single  
**Address** 2700 Edison Springdale, AR 72703-1234  
**Home** (479) 555-4444 **Work** (479) 555-7777 **Cell** (479) 555-5555  
**Email** somerwinters@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$308.00	\$1,661.00	\$1,969.00
<b>Totals</b>	<b>\$308.00</b>	<b>\$1,661.00</b>	<b>\$1,969.00</b>

☐ Self Pay Co-Pay \$10.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

**Primary**

Company BCBS AR Primary  
Insured Somer F Winters  
Effective 11/1/2011 to 11/1/2012  
Policy # 1234567890 Co-Pay \$10 View

**Secondary**

Company Medicare Secondary  
Insured Somer Winters  
Effective to  
Policy # 323131 Co-Pay \$0.00 View

+ New Insurance ☐ Show Inactive

Insurance Card Copy.pdf

Print Check Eligibility Add Scan

Click Check Eligibility Button to download patient insurance eligibility. Download will begin automatically

## Custom Demographics Tab

### Custom Demographics

#### Customizable Demographics

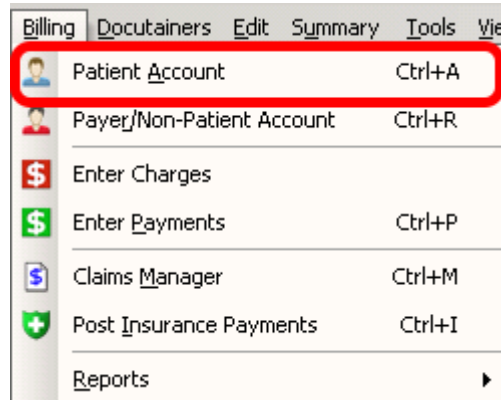
The screenshot shows the SOAPware software interface for a patient named Jim, Slim T. The window title is "Jim, Slim T.". The interface is divided into several sections:

- Header:** Displays the patient's name "Jim, Slim T." and a small portrait photo.
- Account Information:** Includes "Account 34" and "Chart 68332".
- Demographics:** Fields for "Date of Birth 3/21/1970", "Age 40", "Sex Male", and "Status Unknown".
- Address:** "1539 COUNTY LINE RD Home Town, AR 72711".
- Phone Numbers:** "Home (501) 111-1111", "Work (501) 555-9000", and "Cell (479) 987-6543".
- Email:** "jslim@email.com".
- Balances:** A section on the right showing "Family \$25.00", "Personal \$454.00", and a "Total \$479.00".
- Payment Options:** Checkboxes for "Self Pay" and "Co-Pay \$20.00".
- Navigation Tabs:** A row of tabs at the bottom includes "Schedule", "Demographics", "Insurance", "Custom" (which is highlighted), "Ledger", "Family", "Claims", "Statements", and "New Charges".
- Custom Fields:** A large area below the tabs for entering custom information. It includes a list of fields: "Emergency #:" (with value "987-654-3210"), "Custom 2" through "Custom 13", each with an adjacent input box.
- Footer:** A "Custom" button and an "Add Scan" button are located at the bottom right.

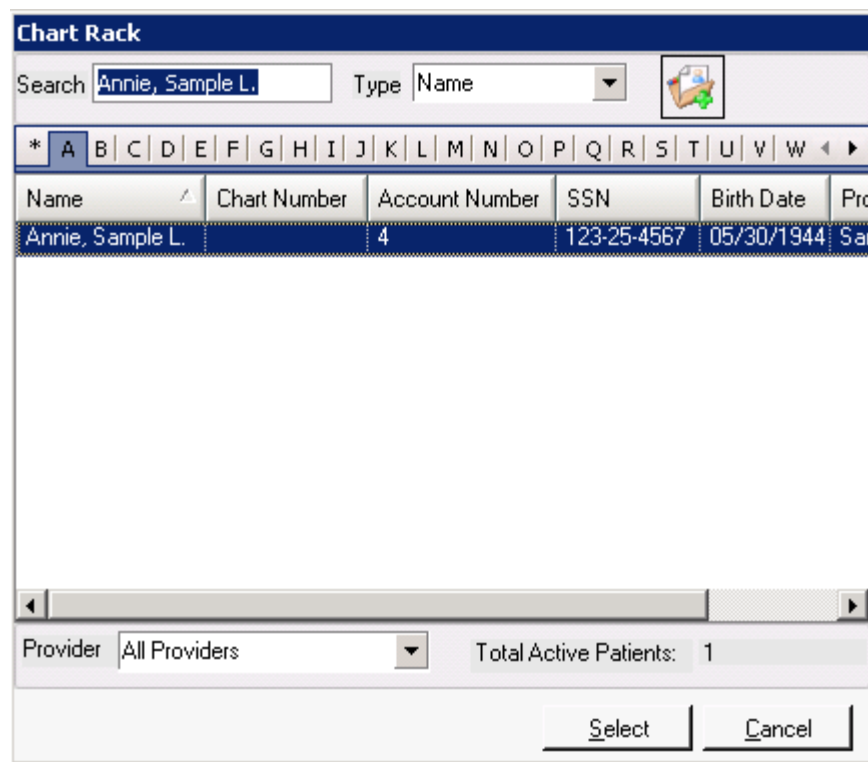
Allows unique patient information to be tracked and entered based on the clinic's preferences.

## Flags/Notes Tab

### Patient Account: Flags/Notes




Flags/Notes can also be created, edited and viewed within the Patient Account (for Clinical Suite customers). To open the Patient Account, Click Billing > Patient Account.



Select the desired chart from the Chart Rack and click the Select button to open the Patient Account.

Annie, Sample L.



**Annie, Sample L.**  
**Account 4**  
**Chart**  
**Date of Birth** 5/30/1944 **Age** 67 **Sex** Female **Status** Widowed  
**Address** 4220 N. Elm Marysville, AR 72777  
**Home** (555) 555-5555 **Work** (555) 444-4444 **Cell** (555) 666-6666  
**Email** alc@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$0.00	\$0.00
<b>Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

☐ Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements **\$ New Charges**

+ New Visit

Patient Visit for 11/1/2011

Charges From

Omit	Posted	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	11/1/2011

+ Primary

Policy Medicaid

Route ☐ Paper

Paper Fill ☐ Fewest

Follow Up Action Submit to Insurance ☐ Incomplete ☒ Print Receipt After Post Post

Doctor Comments

Claim Comments

Add Payment

Patient Flags!

Date Created	Category	Message	Created By
11/1/2011	HIV Positive Patient	Patient has been diagnosed as HIV Positi...	Sample Provider

Apply Co-Pay

Apply Pre-Pay

Add Charge


Balance \$0.00

\$0.00

When the Patient Account is opened, the Patient Flag! alerts window will display for authorized Users/Roles/Groups.

Click the X in the top right corner of the Patient Flags! window to close the window.

Annie, Sample L.



**Annie, Sample L.**

**Account 4**  
**Chart**

**Date of Birth** 5/30/1944 **Age** 67 **Sex** Female **Status** Widowed

**Address** 4220 N. Elm Marysville, AR 72777

**Home** (555) 555-5555 **Work** (555) 444-4444 **Cell** (555) 666-6666

**Email** alc@email.com

\$ Balances			
	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$0.00	\$0.00
<b>Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

☐ Self Pay Co-Pay \$20.00

Schedule
Demographics
Insurance
Custom
**Flags/Notes**
Ledger
Family
Claims
Statements
New Charges

Date Created	Category	Message	Created By
X 11/1/2011	Billing: Overdue Balance	Balance overdue 90+ days. 10/27/2011.	Sample Provider
11/1/2011	HIV Positive Patient	Patient has been diagnosed as HIV Positive. Follow ...	Sample Provider


**4** Add Note

1. Click the **Flags/Notes** tab to view the patient's list.
2. The **X** button will allow you to remove/delete an existing flag/note from the patient's chart/account.
3. The **Pencil icon** will allow you to edit the existing flag/note.
4. The **Add Note** button will allow the user to add a new flag/note to the patient's chart/account.

## Ledger Tab

A summary of the patient's financial activity.

### Ledger Tab - Financial Summary



Jim, Slim T.

Account 34  
Chart 68332

Date of Birth 3/21/1970   Age 40   Sex Male   Status Unknown

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 111-1111   Work (501) 555-9000   Cell (479) 987-6543

Email jslim@email.com

\$ Balances

Family \$25.00  
Personal \$454.00

Total \$479.00

☐ Self Pay   Co-Pay \$20.00

Schedule   Demographics   Insurance   Custom   Ledger   Family   Claims   Statements   New Charges

Unapplied Co-Pay \$0.00   Unapplied Pre-Pay \$0.00

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustm...	Chrg Bal	Balance
3/22/2010	3/22/2010	Randall Oates	99201	OFFICE/OUTPA...	\$1,000.00	1.0	\$1,000.00	\$1,000.00		\$0.00	\$0.00
3/27/2010	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: 65321				\$25.00			
					\$2,510.00		\$2,950.00	\$2,321.00	\$175.00	\$454.00	\$454.00

Print Receipt 4

1 Add Adjustment   2 Add Charge   3 Add Payment

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

The screenshot shows the 'Charge Details' window with the following fields and sections:

- Service From:** 4/1/2010 (1)
- Service To:** 4/1/2010
- Provider:** Mark Smith (2)
- Code:** 73530
- Description:** X-RAY EXAM OF HIP
- Units:** 1.0 (3)
- Charge:** \$80.00 (4)
- Diagnosis Codes:** (5)
  - DX: E807.3 RR ACC NOS-PED CYCLIST
- Modifiers:** (6)
- Charge Notes:** (7)
- Amounts Details:** (8)
  - Payments/Adjustments:**

Date	Name/Description	Amount
4/1/2010	Jim, Slim T.	\$50.00
  - Totals:** (9)
    - Charges: \$80.00
    - Pay/Adjust: \$50.00
    - Balance: \$30.00
- Misc Details:** (10)
  - Facility: DOCS Clinic
  - EPSTD:
  - ☐ Emergency
  - ☐ Family Plan
  - Supplemental:
- Insurance Details:** (11)

Buttons: 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

The screenshot shows a 'Payment Detail' window with the following sections:

- Payer Details (1):** Name: Jim, Slim T.; Birthday: 3/21/1970; Age: 40; Address: 1539 COUNTY LINE RD, Home Town, AR 72711.
- Payment Details (2):** Type: Payment; Date: 4/22/2010; Method: Check; Reference: 4651; Amount: \$81.00.
- Comments (3):** A large text area for notes.
- Applied Charges (4):** A table showing how the payment was applied to charges.

Date	Patient	Provider	Code	Description	Charge	Applied
4/1/2010	Slim T Jim	Randall Oates	99203	OFFICE/OUTPATIENT VISIT, NEW	\$65.00	\$65.00
4/5/2010	Slim T Jim	David C. Smith	99203	OFFICE/OUTPATIENT VISIT, NEW	\$65.00	\$16.00

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

The 'Adjustment Detail' window displays the following information:

**Adjustment**

Date	Code	Description	Amount
3/27/2010	A265	Write off	\$175.00

Note: [Empty text area]

**Applied Charges**

Date	Patient	Provider	Code	Description	Charge	Applied
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



**Green, Heather**

Account 67  
Chart HG123456

Date of Birth 9/16/1994   Age 15   Sex Female   Status Unknown

Address 151 W College Ave Any Town, AR 72703-2121

Home (479) 655-5555   Work   Cell

Email

\$ Balances

Family \$235.00  
Personal \$0.00  
**Total \$235.00**

☐ Self Pay   Co-Pay \$0.00

Schedule   Demographics   Insurance   Custom   Ledger   Family   Claims   Statements   New Charges

Guarantor Lane, Penny **1**   **+** Add Dependent **2**

Dependents

Patient	Relation	Pending Claims	Balance
✕ Mark Markson			\$235.00

**\$ 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



**Winters, Somer F.**  
**Account 45**  
**Chart 11111**  
**Date of Birth** 4/19/1985 **Age** 26 **Sex** Female **Status** Single  
**Address** 2700 Edison Springdale, AR 72703-1234  
**Home** (479) 555-4444 **Work** (479) 555-7777 **Cell** (479) 555-5555  
**Email** somerwinters@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$308.00	\$1,661.00	\$1,969.00
<b>Totals</b>	<b>\$308.00</b>	<b>\$1,661.00</b>	<b>\$1,969.00</b>

☐ Self Pay
 Co-Pay \$10.00

Schedule

Demographics

Insurance

Custom

Flags/Notes

Ledger

Family

Claims

Statements

New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	8/25/2011	9/9/2011	807	Randall Oates	Arkansas Firstsou...	E	Aetna	P	\$250.00	\$250.00	Primary	Submitted
×	8/25/2011	9/16/2011	808	Randall Oates	BCBS AR	E	Arkansas Me...	P	\$135.00	\$105.00	Primary	On Hold
×	9/9/2011	9/9/2011	810	Randall Oates	BCBS AR	P	Arkansas Me...	P	\$150.00	\$150.00	Primary	On Hold
×	9/14/2011	9/14/2011	814	Randall Oates	BCBS AR	E	Arkansas Me...	P	\$50.00	\$50.00	Primary	On Hold
×	9/21/2011	9/21/2011	816	Randall Oates	BCBS AR	E	Arkansas Me...	P	\$120.00	\$120.00	Primary	Submitted

Claim Details

Details for Claim 816

More Info

Post Date

9/21/2011

Member ID

Patient Group Number

Process Date

9/21/2011

Rendering Provider

Randall Oates

Routing

E

Rendering NPI

1234567890

Primary

Policy

BCBS AR

Route

Paper

Electronic

Paper Fill

Fewest Pages

Maintain Order

Secondary

Policy

BCBS AR

Route

Paper

Electronic

Paper Fill

Fewest Pages

Maintain Order

Processed

On Hold

Claim Notes

Submitted on 9/21/2011

Submitted on 9/21/2011

File With

Primary

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	9/21/2011	Randall Oates	99212	Office Visit Limited/10mn.	\$120.00	\$120.00	\$120.00

\$120.00

\$120.00

- Claims:** A listing of all of the patient claims, both pending and submitted.
- Claim Details:** The claim details listed in this section represent the claim that is selected in the Claims list above.
- Double click** the line item to further view the specific charge details.
- View **additional claim info**.
- Patient's **Primary** insurance Policy.
- Patient's **Secondary** insurance Policy
- Change the Status of a claim.

**On Hold:** If making changes, place a check mark in the On Hold box to move a claim to that

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SOAPware, Inc.

section in the Claims Manager. The claim must be Rebuilt to include changes on the the visit.

**Processed:** If you want to make the balance on a claim the patient's responsibility, you can place a check mark in Processed box. If a claim is in the Processed status, but you want to resubmit to insurance and make it Insurance pending status, you can click to take the check mark out and resubmit claim.

8. **File With:** Drop down to select Primary or Secondary policy.

9. **Route:** Select the routing to submit claim **Paper** or **Electronic**.

10. **Paper Fill:** Paper claims only allow for four diagnosis codes per visit. If you have more than 4 codes per visit, you will need to make a selection if you want to uses the primary 4 codes and use the fewest pages or if you want to use more than four diagnosis codes and maintain order.

## Statements Tab

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

### Statements Tab

Jim, Slim T.

**Account** 34  
**Chart** 68332

**Date of Birth** 3/21/1970 **Age** 40 **Sex** Male **Status** Unknown

**Address** 1539 COUNTY LINE RD Home Town, AR 72711

**Home** (501) 111-1111 **Work** (501) 555-9000 **Cell** (479) 987-6543

**Email** jslim@email.com

**Balances**  
Family \$25.00  
Personal \$454.00  
**Total** \$479.00

☐ Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Ledger Family Claims Statements **New Charges**

Date	Mailed To	Amount
4/8/2010	Slim Jim	0

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

Winters, Somer F.

Account 45  
Chart 11111

Date of Birth 4/19/1985 Age 26 Sex Female Status Single

Address 2700 Edison Springdale, AR 72703-1234

Home (479) 555-4444 Work (479) 555-7777 Cell (479) 555-5555

Email somerwinters@email.com

**Balances**

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$308.00	\$1,661.00	\$1,969.00
<b>Totals</b>	<b>\$308.00</b>	<b>\$1,661.00</b>	<b>\$1,969.00</b>

☐ Self Pay Co-Pay \$10.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements **New Charges**

+ New Visit

Unapplied Co-Pay \$10.00 Apply Co-Pay

Unapplied Pre-Pay \$0.00 Apply Pre-Pay

Patient Visit for 10/20/2011 2:46 PM

x Charges From 10/20/2011 2:46 PM

More Info Add Adjustment Add Charge

Omit	Posted	Provider	Code	Modifi...	Description	DX	Charge	Unit	Tota...	Co-Ins	Pay...	Adju...	Balance
<input type="checkbox"/>	x 10/20/2011	Randall O...	99213		OFFICE/OUTPATIENT VI...	E819.9	\$135...	1.0	\$135...	\$0.00	\$0.00	\$0.00	\$135.00

\$135... \$135... \$0.00 \$0.00 \$0.00 \$135.00

**Primary**

Policy BCBS AR

Route ☐ Paper ☒ Electronic

Paper Fill ☐ Fewest Pages ☐ Maintain Order

Follow Up Action Submit to Insurance Incomplete

Doctor Comments

**Secondary**

Policy Medicare

Route ☐ Paper ☐ Electronic

Paper Fill ☐ Fewest Pages ☐ Maintain Order

Print Receipt After Post

Claim Comments

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. Select Route to file claim-Paper or Electronic. (Defaults to option selected in Insurance Company setup)
6. Any **provider Follow-up Comments** or instructions entered by the provider on the billing

statement will show up here.

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

**8. Add an Adjustment** at the time of posting.

**9. Paper Fill:** Paper claims only allow for four diagnosis codes per visit. If you have more than 4 codes per visit, you will need to make a selection if you want to use the primary 4 codes and use the fewest pages or if you want to use more than four diagnosis codes and maintain order.

**10.** Check box to Print a receipt after posting, or click to remove check mark if no receipt is required.

**11. 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

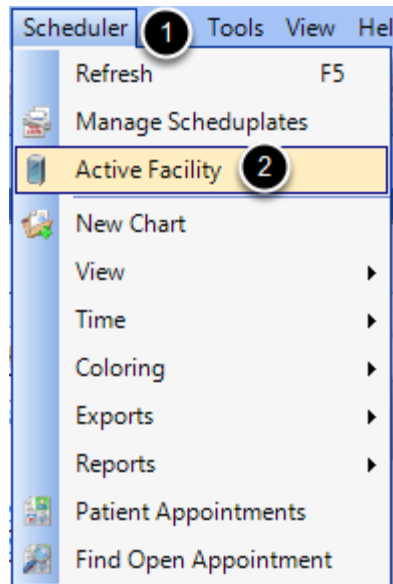
## Changing Active Facility

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Changing the active facility, if a multiple site practice.

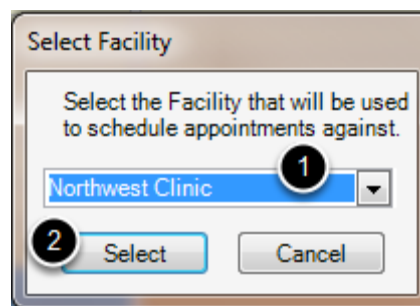
Scheduler menu -> Active Facility

### 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

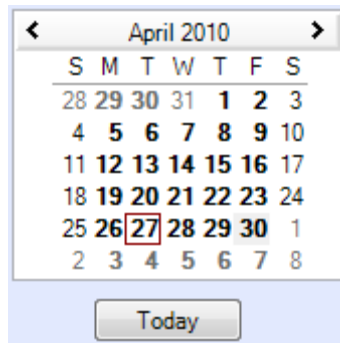
Show the various ways to move around in the Schedule.

### Move Quickly between Days, Weeks, Months

The screenshot displays the SOAPware 2010 scheduler interface. At the top, the title bar shows 'SOAPware 2010 - Patient: - User: Randall Oates - Provider: Randall Oates'. Below the title bar is a menu bar with 'SOAPware', 'Billing', 'Scheduler', 'Edit', 'Tools', 'View', and 'Help'. A toolbar with various icons is located below the menu bar. The main interface features a navigation bar with six numbered buttons (1-6) and a central header area displaying 'DOCS Clinic' and 'Friday, April 30, 2010'. On the left side, there is a calendar for April 2010 and a list of providers with checkboxes. The main area shows a weekly schedule grid with columns for each provider: Randall Oates, David C. Smith, Sarah Slim, Joe Schmo, JAMES DOE, DO, and Ben Jim. The grid displays appointments for various times throughout the day, including '8:00 AM-9:00 AM Test, Timmy -', '8:00 AM-8:30 AM Doe, M.', '8:00 AM-8:45 AM Smith, Bob -', 'Bee, Sarah -', 'Jay, Jesse -', 'McCraw, Ron -', 'Mitchell, Sadie -', 'Sam, Sammity -', 'Doe, John -', 'LUNCH', 'Fox, Fire -', 'Jo, Betty -', 'Bob, Jim -', 'Dee, Kara -', 'Toon, Tina -', and 'Boy, Tim -'. A facility legend at the bottom left indicates 'Open' (yellow), 'Closed' (orange), and 'Unique Closings' (purple).

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.

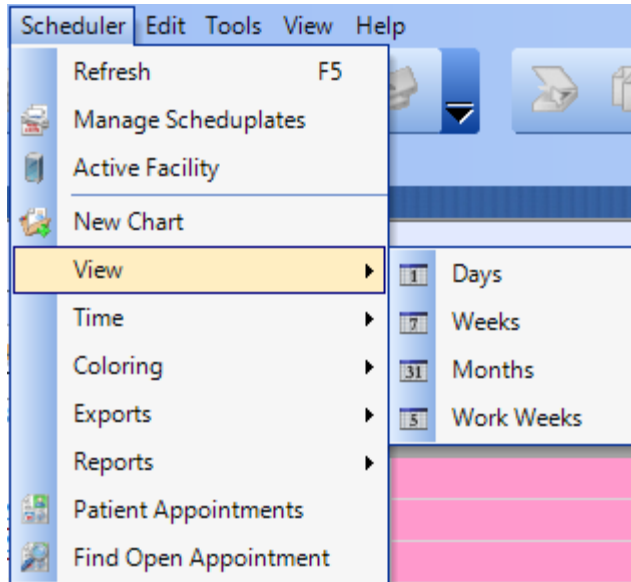
## Views

---

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.



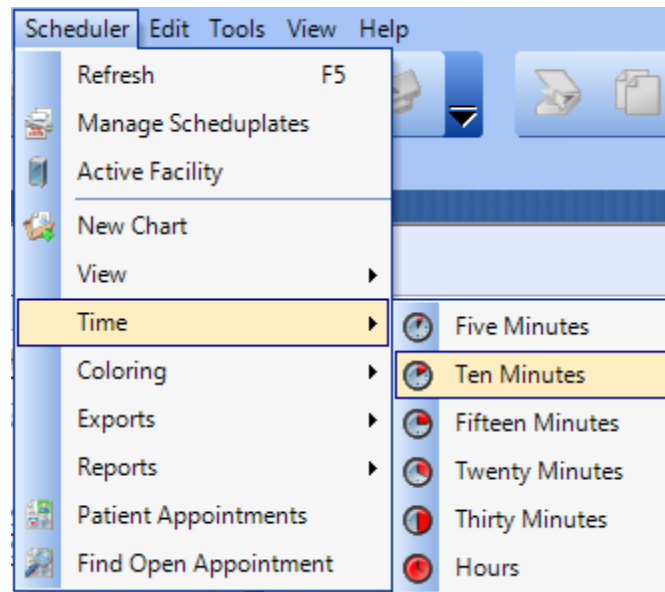
## Time Increments

---

Set the time increments shown on the Schedule.

Scheduler menu -> Time

### Select the Time Increment



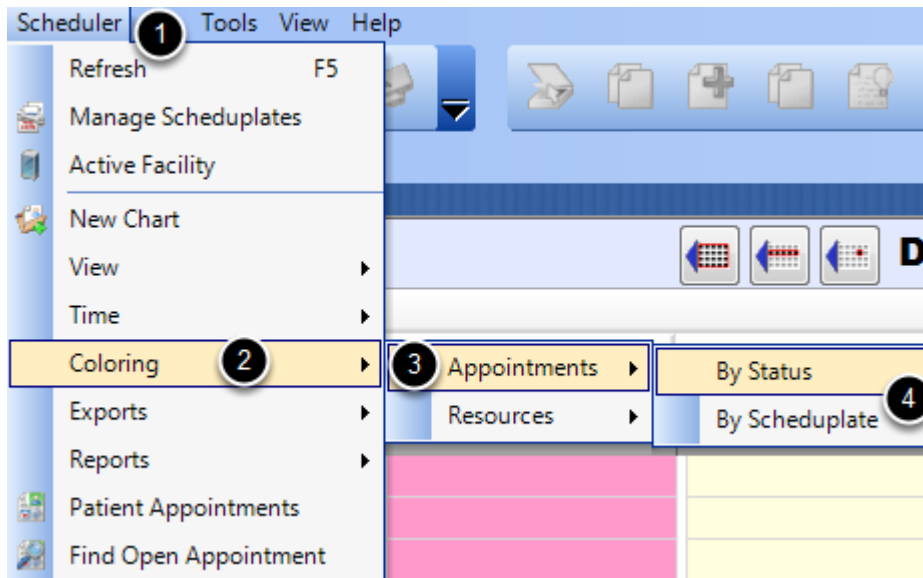
Choose the option that best fits your practice's scheduling needs. The time increment selected here will be displayed to the left of your schedule.

## Coloring

---

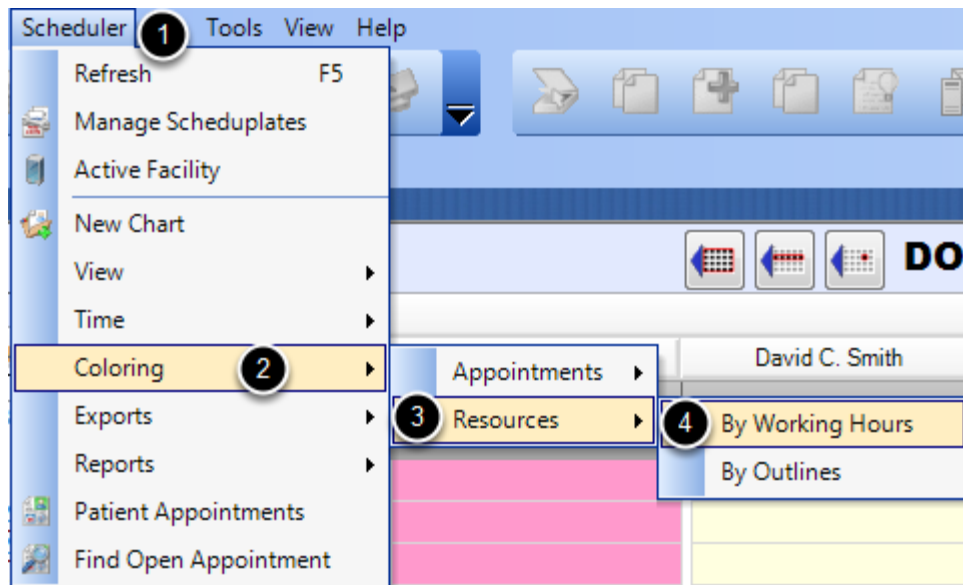
Set the coloring for Appointments and Resources.

### 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



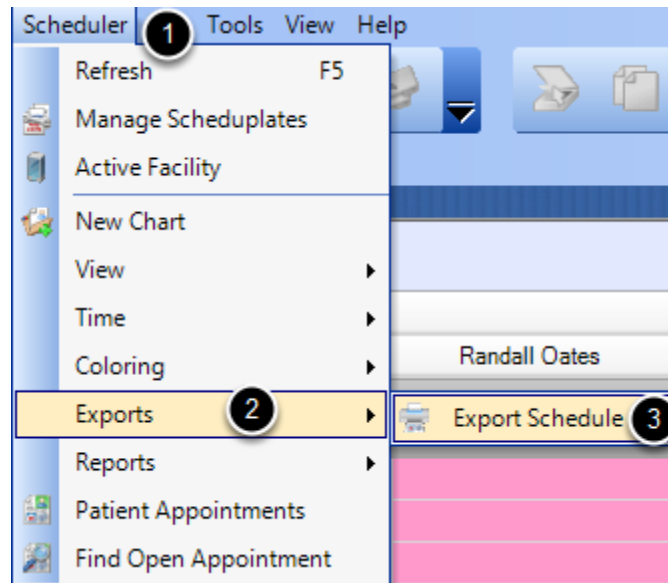
1. Click on the **Scheduler** menu.
2. Select **Coloring**.
3. Select **Resources**.
4. Select either **By Working Hours** or **By Outlines**. By Working Hours will only show the hours the Provider is available to see patients in the clinic. By Outlines will show the outline shading associated with how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

## Export the Schedule

---

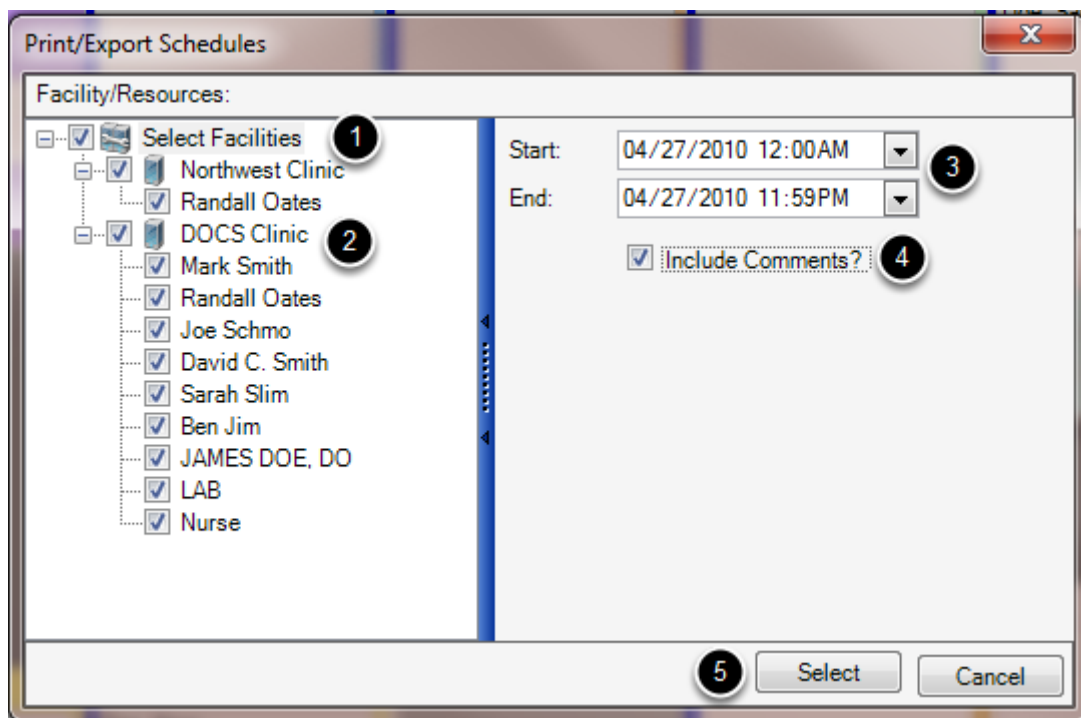
Export the clinic schedule.

### Export the Schedule.



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

## Select the Facilities/Resources to Export



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.

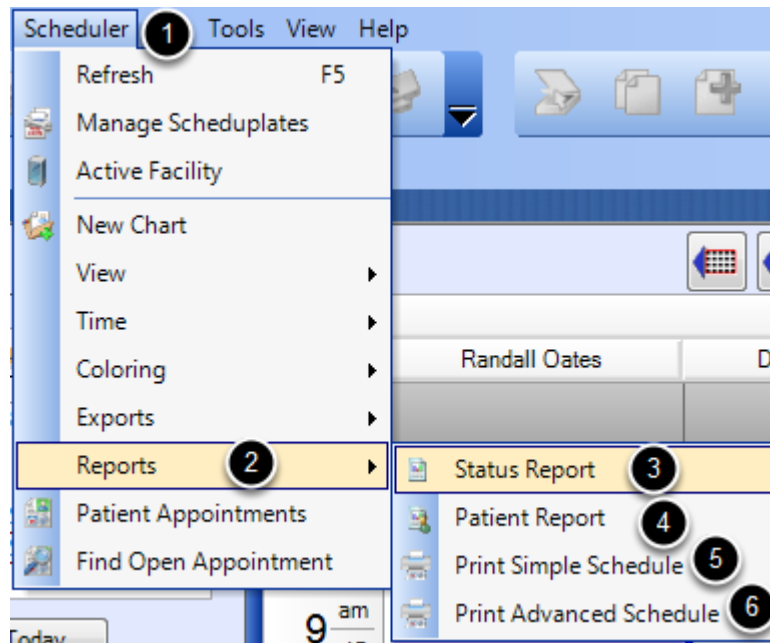
## Schedule Reports

---

Access reports on the Schedule data.

Scheduler -> Reports

### Print various Schedule Reports



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.

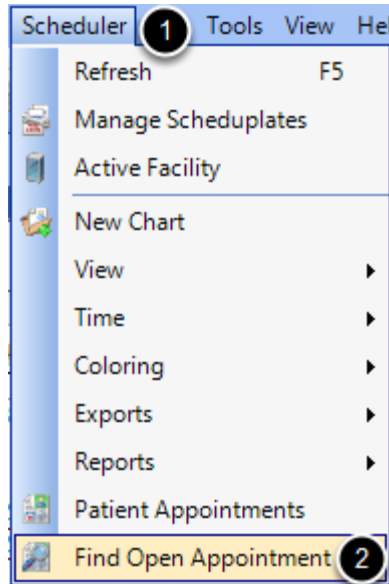
## Searching for Available Appointments

---

Find Open Appointments

Scheduler menu -> Find Open Appointment

### Find Open Appointment



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

Find Open Appointment

**Facility: DOCS Clinic**

Search Criteria

Resource: Randall Oates **1**

Start Time: 04/27/2010 12:00AM **2**

End Time: 05/11/2010 11:59PM

Start Cushion: 0 **3** Duration: 15 **4** End Cushion: 0

Advanced Search **5**

Open Appointments

Date	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

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**.



The image shows a 'Find Open Appointment' dialog box. It has a 'Search Criteria' section with a 'Facilities' list containing 'Northwest Clinic' (unchecked) and 'DOCS Clinic' (checked, with a circled 1). Below this are 'Start Time' (04/27/2010 12:00AM, with a circled 2) and 'End Time' (05/11/2010 11:59PM, with a circled 2) dropdowns. To the right is a 'Scheduplicate' dropdown (with a circled 3). Below these are four icons: a calendar, a plus sign, a minus sign (with a circled 4), and a document. Below the icons are five tabs: 'Resource', 'Start Time', 'Duration', 'Start Cushion', and 'End Cushion'. At the bottom left is a 'Basic' tab. At the bottom right is a 'Search' button. Below the 'Search' button is an 'Open Appointments' section with a table header: 'Date', 'Time', 'Facility'. At the very bottom are 'Select' and 'Cancel' buttons.

1. Check the **Facility** needed for the appointment.
2. Enter the **date ranges** for the possible appointment.
3. Select a preferred **Scheduplicate** 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**.

## Scheduling an Appointment

---

### Schedule a Patient Appointment


Double Click on a Needed Time Slot

The screenshot shows a window titled "Chart Rack". At the top, there is a "Search" text box and a "Type" dropdown menu set to "Name". To the right of these is a small icon of a folder with a green plus sign. Below this is a horizontal row of buttons labeled with letters from A to W, with an asterisk on the left and a right-pointing arrow on the right. Underneath the letters is a table with five columns: "Name", "Chart Number", "SSN", "Birth Date", and "Provider". The table is currently empty. At the bottom of the window, there is a "Provider" dropdown menu set to "All Providers", a "Total Active Patients: 57" label, and two buttons: "Select" and "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.



**Jim, Slim T.**

Account 34  
Chart 68332

Date of Birth 3/21/1970 Age 40 Sex Male Status Unknown

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 111-1111 Work (501) 555-9000 Cell (479) 987-6543

Email jslim@email.com

**Balances**

Family \$25.00  
Personal \$454.00  
**Total \$479.00**

☐ Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Ledger Family Claims Statements **New Charges**

**Visit Detail for 4/27/2010 7:45 AM - 8:00 AM (0:15)**

Scheduplate SV-EP (30) - Sick Visit - Est. Pt. ... Referral Joe Schmo Facility DOCS Clinic Status Confirmed Recurrence

Resources

Date	Start	End	Name
4/27/2010	7:45 AM	8:00 AM	Randall Oates

Visit Comments  
Patient has fever and chills. Bringing updated insurance cards. LO

Verification Insurance Verified Date 4/27/2010 User randalloates

Check In Check In Take Co-Pay

Visit List

Date	Start	End	Facility	Resource Name	Scheduplate
4/30/2010	11:30 AM	12:15 PM	DOCS Clinic	David C. Smith	
4/27/2010	7:45 AM	8:00 AM	DOCS Clinic	Randall Oates	Sick Visit - Est. ...
4/23/2010	8:45 AM	9:15 AM	DOCS Clinic	Randall Oates	Sick Visit - Est. ...
4/22/2010	2:00 PM	2:15 PM	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. ...
4/20/2010	10:15 AM	10:30 AM	DOCS Clinic	Ben Jim	

Today Print Visit New Visit

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.)

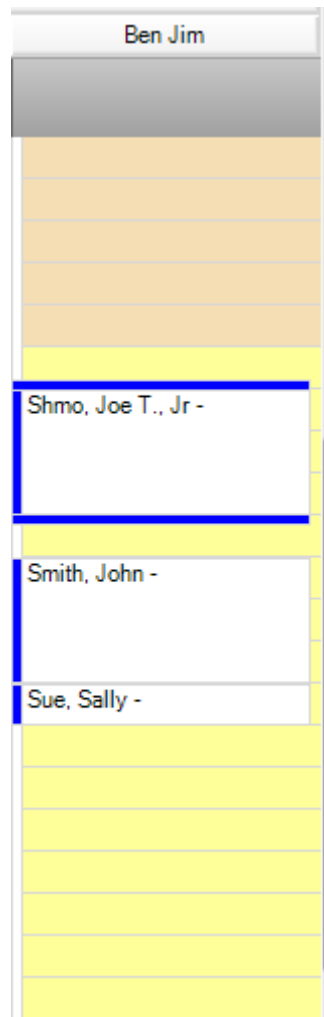
- 6. Recurrence:** Sets recurrences of the visit, if needed.
- 7. Resources:** Allows the scheduling of one to multiple resources for one visit
- 8. Visit Comments:** Allows miscellaneous information and visit details to be entered and stored for the visit.
- 9. Verification:** Indicates the date and 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

---

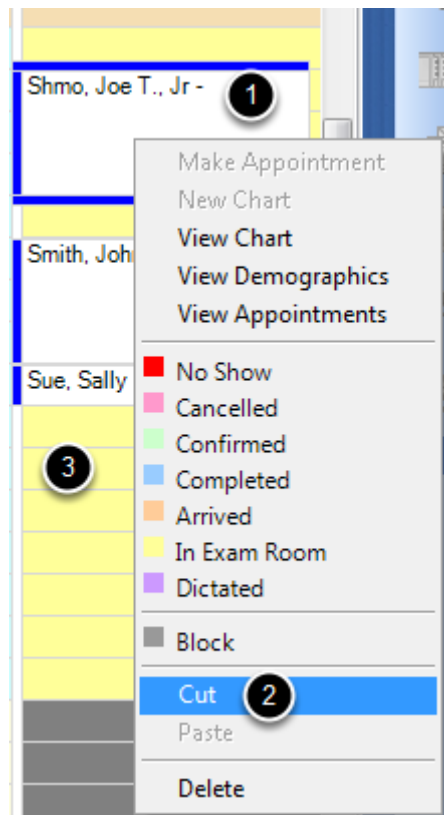
Moving an Appointment to a different time slot

### Dragging and Dropping



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**.

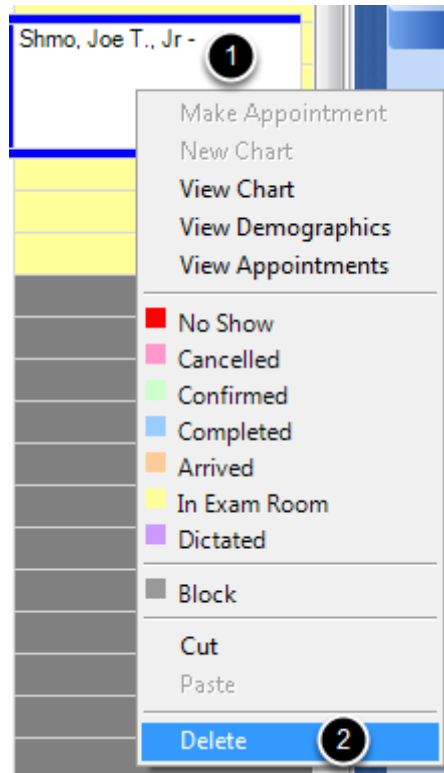
**3. Click the desired time slot. Right click** on the mouse and select **Paste**. The appointment should then be placed at a new time, and the patient's appointment details updated automatically.

## Deleting an Appointment

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Delete a patient appointment

### Delete an Appointment



**1. Click to select the appointment.**

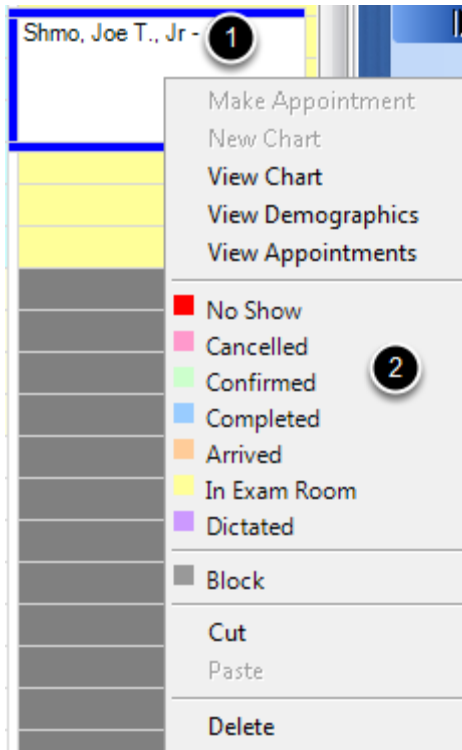
**2. Right click** the mouse and select **Delete**, or hit **Delete** on the keyboard. (A warning will pop up to make sure the appointment is to be deleted. Click Yes to continue or No to cancel.)

## Changing Appointment Status

---

### 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.)



## Scheduling Repeat Appointments

Setting up repeat appointments.

### Open the Patient Account

**Jim, Slim T.**

**Account** 34  
**Chart** 68332

**Date of Birth** 3/21/1970 **Age** 40 **Sex** Male **Status** Unknown

**Address** 1539 COUNTY LINE RD Home Town, AR 72711

**Home** (501) 111-1111 **Work** (501) 555-9000 **Cell** (479) 987-6543

**Email** jslim@email.com

**Balances**  
Family \$25.00  
Personal \$454.00  
**Total** \$479.00

☐ Self Pay ☐ Co-Pay \$20.00

**Schedule** **Demographics** **Insurance** **Custom** **Ledger** **Family** **Claims** **Statements** **New Charges**

**Visit Detail for 4/27/2010 7:45 AM - 8:00 AM (0:15)**

**Scheduplate** SV-EP (30) - Sick Visit - Est... **Referral** Joe Schmo **Facility** DOCS Clinic **Status** Confirmed **Recurrence**

**Resources**

Date	Start	End	Name
4/27/2010	7:45 AM	8:00 AM	Randall Oates

**Visit Comments**  
Patient has fever and chills. Bringing updated insurance cards. LO

**Verification**  
☒ Insurance Verified  
Date 4/27/2010  
User randalloates

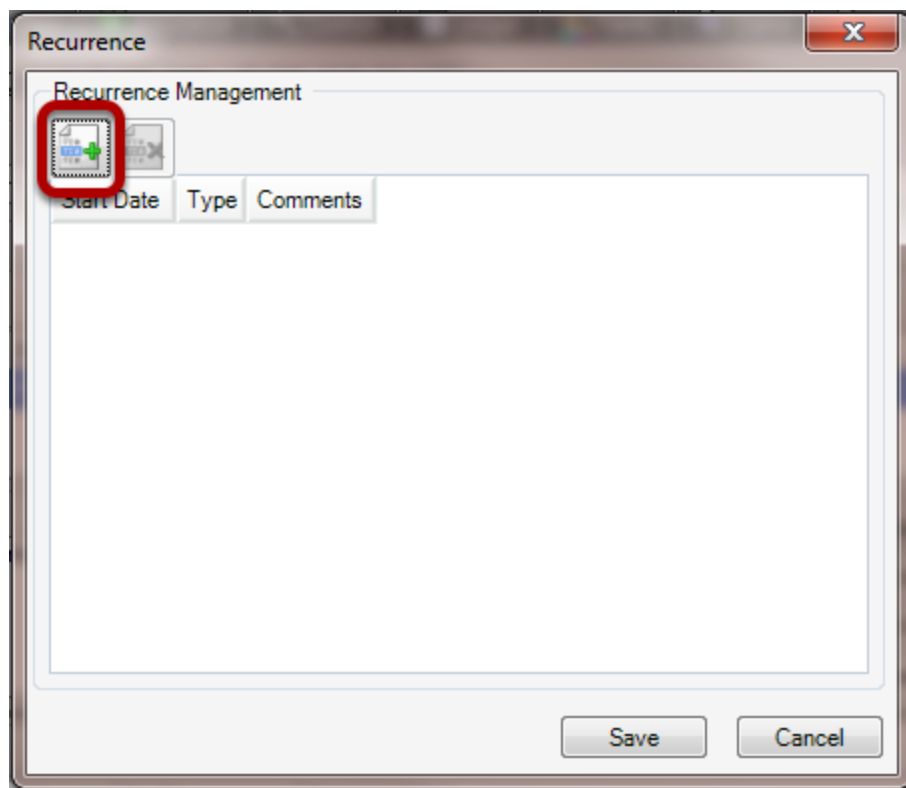
**Check In**

**Visit List**

Date	Start	End	Facility	Resource Name	Scheduplate
4/30/2010	11:30 AM	12:15 PM	DOCS Clinic	David C. Smith	
4/27/2010	7:45 AM	8:00 AM	DOCS Clinic	Randall Oates	Sick Visit - Est. ...
4/23/2010	8:45 AM	9:15 AM	DOCS Clinic	Randall Oates	Sick Visit - Est. ...
4/22/2010	2:00 PM	2:15 PM	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**.



Click the **Create Recurrence** button.

## Set the Recurrence Pattern

The image shows a 'Recurrence Pattern' dialog box with the following fields and controls:

- Appointment Time (1):** Start Time: 7:45AM, End Time: 8:00AM.
- Recurrence Pattern (2):** Radio buttons for Daily, Weekly (selected), Monthly, and Yearly. A text box shows 'Recurs every 2 week(s) on'. Below are checkboxes for days of the week: Sunday, Monday, Tuesday, Wednesday, Thursday (checked), Friday, and Saturday.
- Range of Recurrence (3):** Start By: 04/27/2010 (dropdown). Radio buttons for 'End after: 2 occurrences' (selected) and 'End by: 04/28/2010' (dropdown).
- Comments:** A text area for notes.
- Buttons (4):** Save and Cancel buttons at the bottom right.

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 Superbill/Billing Statement from Patient Chart

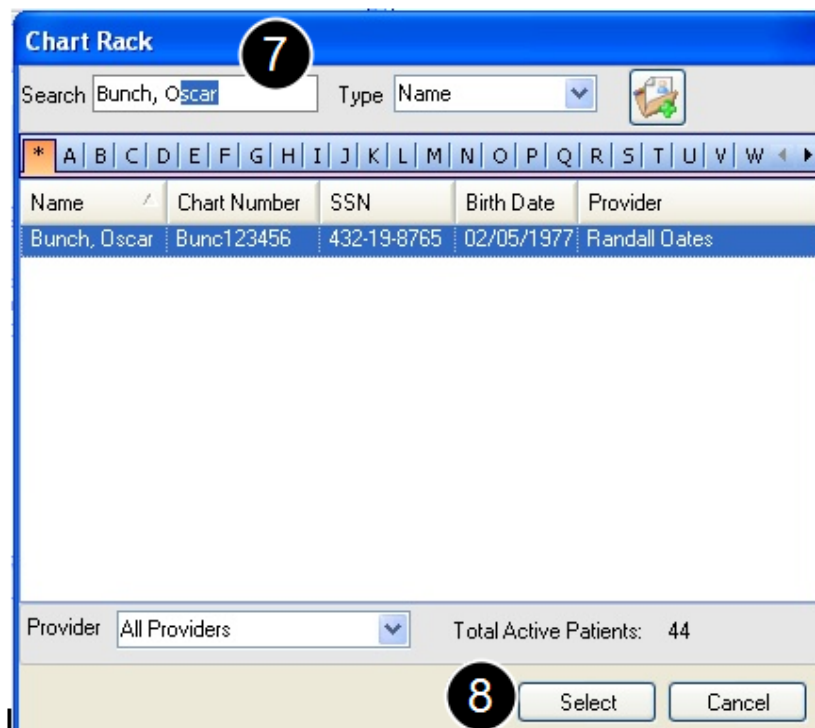
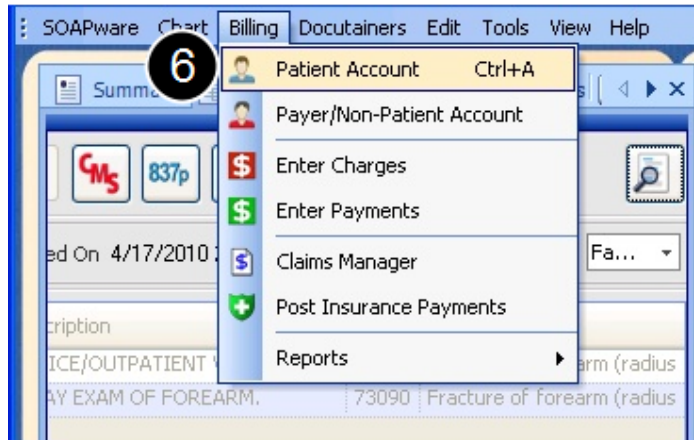
### Post a Superbill/Billing Statement from Chart

The screenshot displays the SOAPware 2010 interface for Patient: Bunch, Oscar, User: Tammy Trent, and Provider: Randall Oates. The 'Billing' menu is highlighted with a red circle and the number 5. The 'Billing Statements' tab is active, showing a table of billing statements with columns for Description, CPT, Diagnoses, and Modifier. A 'Post Superbill' dialog box is open, displaying the message 'The superbill was successfully posted.' and an 'OK' button, which is highlighted with a red circle and the number 4. The 'SOAP Notes' section is visible on the right, showing an 'Assessment' and 'Plan' section. The 'SOAP Note' tab is highlighted with a red circle and the number 2. The 'Assessment' section contains the text 'Fracture of forearm (radius or ulna) ICD#813.80' and 'MACHINERY ACCIDENT NEC ICD#E919.8'. The 'Plan' section contains the text 'OFFICE/OUTPATIENT VISIT, NEW. #99202 Related 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: Days/Units: 1 Emergency: True X-RAY EXAM OF FOREARM. #73090 Related 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: Days/Units: 1 Emergency: True Misc Info - Accept Assignment: True Type: AR - Auto Accident Unable to Work From: 3/10/2010 Unable to Work To: 3/15/2010 Hospital From: 3/10/2010 Hospital To: 3/12/2010 Current IIP: 3/10/2010 Same Or Similar Illness Date: 3/22/1988 Last Seen: 3/22/1988'. The 'SOAP Note' tab is highlighted with a red circle and the number 2. The 'SOAP Note' section contains a table with columns for Date/Time, Owner, Status, and Description. The table has two rows: one for 3/30/2010 9:10:27 AM by Randall Oates with Status 'Fracture', and another for 3/23/2010 9:45:12 AM by Jamie R. James with Status 'Fracture'. The 'SOAP Note' section also contains a 'Post Superbill' button, which is highlighted with a red circle and the number 3. The 'SOAP Note' section also contains a 'SOAP Note' button, which is highlighted with a red circle and the number 1. The 'SOAP Note' section also contains a 'SOAP Note' button, which is highlighted with a red circle and the number 2. The 'SOAP Note' section also contains a 'SOAP Note' button, which is highlighted with a red circle and the number 3. The 'SOAP Note' section also contains a 'SOAP Note' button, which is highlighted with a red circle and the number 4. The 'SOAP Note' section also contains a 'SOAP Note' button, which is highlighted with a red circle and the number 5.

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 Plan and Assessment 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



6. From the Billing menu Click PatientAccount to open the Chart Rack
7. Search Chart Rack for PatientAccount. 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** Account 19  
Chart Bunc123456

Date of Birth 2/5/1977 Age 34 Sex Male Status Widowed

Address 1122 Elm St Some City, AR 72765-1122

Home (479) 555-5555 Work (479) 555-4444 Cell (479) 555-3333

Email ob@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$0.00	\$0.00
<b>Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

☐ Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements **New Charges**

+ New Visit

Unapplied Co-Pay \$0.00 Apply Co-Pay

Unapplied Pre-Pay \$0.00 Apply Pre-Pay

Patient Visit for 11/6/2011 8:22 PM

x Charges From 11/6/2011 8:22 PM More Info Add Adjustment Add Charge

Omit	Posted	Provider	Code	Modifi...	Description	DX	Charge	Unit	Tota...	Co-Ins	Pay...	Adju...	Balance
<input checked="" type="checkbox"/>	11/6/2011	Randall O...	99202		OFFICE/OUTPATIENT VI...	E919.8, 813.80	\$200...	1.0	\$200...	\$0.00	\$0.00	\$0.00	\$200.00
<input checked="" type="checkbox"/>	11/6/2011	Randall O...	73090		X-RAY EXAM OF FOREARM	E919.8, 813.80	\$100...	1.0	\$100...	\$0.00	\$0.00	\$0.00	\$100.00

\$300... \$300... \$0.00 \$0.00 \$0.00 \$300.00

**Primary** **Secondary**

Policy Arkansas Firstsource Policy Medicare

Route ☒ Paper ☒ Electronic ☐ Paper ☐ Electronic

Paper Fill ☐ Fewest Pages ☐ Maintain Order ☐ Fewest Pages ☐ Maintain Order

Follow Up Action Submit to Insurance Incomplete ☐ Print Receipt After Post ☒ Post

Doctor Comments Claim Comments

**8** **\$ 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. Verify **Insurance policy** information for patient
2. **Set follow up action** for the claim. If insurance information is entered in the Patient Demographics, this will default to Submit to Insurance.
3. Select Routing for claim-**Paper** or **Electronic**. This will default to option selected in the Insurance Company setup for the selected insurance.
4. Check as **Incomplete**, allowing the user to close out of the account and come back later to finish the check out process.
5. **Print a Receipt** when the visit is posted to the ledger.
6. Displays **Doctor Comments** typed in Billing Statement Tab.
7. Type free text **Comments** pertaining to the claim (informational only)
8. Add personal **Payment** to account
9. **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**

Account 99  
Chart JJack1212

Date of Birth 5/25/1960 Age 50 Sex Male Status Single

Address 789 Ave Blvd Some City, AR 72774

Home (479) 555-4444 Work Cell (479) 555-5555

Email jj@yahoo.com

**Balances**

Family \$0.00

Personal \$114.00

**Total \$114.00**

☐ Self Pay Co-Pay \$30.00

Schedule Demographics Insurance Custom Ledger **1** Family Claims Statements New Charges

Unapplied Co-Pay \$0.00 Unapplied Pre-Pay \$0.00

Posted ▲	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustments	Chrg Bal	Balance
8/30/2010	8/30/2010	Randall Oates	99213	OFFICE/OUTPATI...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
9/14/2010			Pymt	Credit Card:				\$25.00			
9/14/2010	9/14/2010	Randall Oates	99213	OFFICE/OUTPATI...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
9/22/2010	9/22/2010	Randall Oates	99213	OFFICE/OUTPATI...	\$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	9/23/2010	Randall Oates	88153	CYTOPATH, C/V, ...	\$150.00	1.0	\$150.00	\$152.00		(\$2.00)	(\$2.00)
10/18/2010			Pymt	Credit Card: ***...				\$425.90			
10/18/2010	10/18/2...	Randall Oates	99214	OFFICE/OUTPATI...	\$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 Add Adjustment Add Charge 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.

**Apply Adjustment** ✕

Code **4** Description Amount  
 700 Transfer credit balance (\$2.00)

Advanced Code Search

Charges for Jackson, Jack ☐ Show Zero Balance Charges **5**

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) <b>5</b>
10/18/2010	Randall Oates	99214	OFFICE/OUTPATIENT VISI...	\$116.00	\$0.00	\$116.00	\$0.00

Click

\$266.00 \$152.00 \$114.00 (\$2.00)

**6** Save 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 Adjustment

Code

700

Description

Transfer credit balance

Amount

\$2.00

Advanced Code Search

Charges for Jackson, Jack

☐ Show Zero Balance Charges

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

\$116.00

\$0.00

\$116.00

\$2.00

Save


Cancel

Practice Management 2012 User Manual - 217

SOAPware, Inc.

## Apply Credit

**Jackson, Jack**



**Jackson, Jack**

Account 99  
Chart JJack1212

Date of Birth 5/25/1960 Age 50 Sex Male Status Single

Address 789 Ave Blvd Some City, AR 72774

Home (479) 555-4444 Work Cell (479) 555-5555

Email jj@yahoo.com

**Balances**

Family \$0.00

Personal \$116.00

**Total \$116.00**

☐ Self Pay Co-Pay \$30.00

Schedule Demographics Insurance Custom Ledger Family Claims Statements New Charges

Unapplied Co-Pay \$0.00 Unapplied Pre-Pay \$0.00

Posted ▲	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustments	Chrg Bal	Balance
8/30/2010	8/30/2010	Randall Oates	99213	OFFICE/OUTPATI...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
9/14/2010			Pymt	Credit Card:				\$25.00			
9/14/2010	9/14/2010	Randall Oates	99213	OFFICE/OUTPATI...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
9/22/2010	9/22/2010	Randall Oates	99213	OFFICE/OUTPATI...	\$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	9/23/2010	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	10/18/2...	Randall Oates	99214	OFFICE/OUTPATI...	\$116.00	1.0	\$116.00			\$116.00	<b>7</b> \$116.00
10/18/2010			700	Transfer credit b...					(\$2.00)		

\$595.90 \$595.90 \$481.90 (\$2.00) \$116.00 **\$116.00**

Print Receipt **8** Add Adjustment Add Charge Add Payment

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

8. Click **Add Adjustment** button.

**Apply Adjustment**

Code: 700 9 Description: Transfer credit balance Amount: \$2.00

Advanced Code Search

Charges for Jackson, Jack ☐ Show Zero Balance Charges

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 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">10</span>

\$116.00 \$0.00 \$116.00 \$2.00

11

9. Type adjustment code for balance transfer.
10. Type credit amount as shown in the Applied column. **2.00**
11. Click Save.

[Schedule](#)
[Demographics](#)
[Insurance](#)
[Custom](#)
[Ledger](#)
[Family](#)
[Claims](#)
[Statements](#)
[New Charges](#)

Unapplied Co-Pay	\$0.00	Unapplied Pre-Pay	\$0.00
------------------	--------	-------------------	--------

Posted ▲	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustments	Chrg Bal	Balance
8/30/2010	8/30/2010	Randall Oates	99213	OFFICE/OUTPATI...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
9/14/2010			Pymt	Credit Card:				\$25.00			
9/14/2010	9/14/2010	Randall Oates	99213	OFFICE/OUTPATI...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
9/22/2010	9/22/2010	Randall Oates	99213	OFFICE/OUTPATI...	\$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	9/23/2010	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	10/18/2...	Randall Oates	99214	OFFICE/OUTPATI...	\$116.00	1.0	\$116.00		\$2.00	\$114.00	\$114.00
10/18/2010			700	Transfer credit b...					(\$2.00)		
10/18/2010			700	Transfer credit b...					\$2.00		

		\$595.90	\$595.90	\$481.90	\$0.00	\$114.00	<b>\$114.00</b>
--	--	----------	----------	----------	--------	----------	-----------------

[Print Receipt](#)
[Add Adjustment](#)
[Add Charge](#)
[Add Payment](#)




## Add Charges Manually from New Charges Tab

---

Billing -> Patient Account -> New Charges Tab

## Add a New Visit

Bert, Ernie



**Bert, Ernie**

**Account** 94  
**Chart** 12345

**Date of Birth** 5/15/1976   **Age** 35   **Sex** Male   **Status** Married

**Address** 112 Oak St Fayetteville, AR 72703

**Home** (479) 555-4444   **Work** (479) 555-5555   **Cell** (479) 555-7777

**Email**

**\$ Balances**

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$0.90	\$144.93	\$145.83
<b>Totals</b>	<b>\$0.90</b>	<b>\$144.93</b>	<b>\$145.83</b>

☐ Self Pay   Co-Pay \$20.00

ScheduleDemographicsInsuranceCustomFlags/NotesLedgerFamilyClaimsStatementsNew Charges

New Visit

1


Unapplied Co-Pay\$0.00Apply Co-Pay

Unapplied Pre-Pay\$0.00Apply Pre-Pay

Add Payment

## More Info

Bert, Ernie



**Bert, Ernie**

Account 94  
Chart 12345

Date of Birth 5/15/1976 Age 35 Sex Male Status Married

Address 112 Oak St Fayetteville, AR 72703

Home (479) 555-4444 Work (479) 555-5555 Cell (479) 555-7777

Email

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$0.90	\$144.93	\$145.83
<b>Totals</b>	<b>\$0.90</b>	<b>\$144.93</b>	<b>\$145.83</b>

☐ Self Pay Co-Pay \$20.00

[Schedule](#)
[Demographics](#)
[Insurance](#)
[Custom](#)
[Flags/Notes](#)
[Ledger](#)
[Family](#)
[Claims](#)
[Statements](#)
[New Charges](#)

[+ New Visit](#)

Unapplied Co-Pay  [Apply Co-Pay](#)

Unapplied Pre-Pay  [Apply Pre-Pay](#)

Patient Visit for 11/6/2011 9:20 PM

[x Charges From 11/6/2011 9:20 PM](#) [More Info](#) [Add Adjustment](#) [Add Charge](#)

Omit	Posted	Provider	Code	Modifi...	Description	DX	Charge	Unit	Tota...	Co-Ins	Pay...	Adju...	Balance
							\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Primary**

Policy

Route ☒ Paper ☐ Electronic

Paper Fill ☐ Fewest Pages ☐ Maintain Order

Follow Up Action  ☐ Incomplete

Doctor Comments

**Secondary**

Policy

Route ☒ Paper ☐ Electronic

Paper Fill ☐ Fewest Pages ☐ Maintain Order

☒ Print Receipt After Post [Post](#)

Claim Comments

[Add Payment](#)

New Visit dialog opens to begin adding charges.

2. Click the **More Info** button to open Edit Claim Details dialog and add Rendering Provider and Place of Service. (Owner and Facility)

## More Info-Rendering Provider, Place of Service (See following Lesson on additional More Info details)

Owner: Randall Oates (3) Facility: Family Clinic (4)

Type: ☐ Employment, ☐ Auto Accident, ☐ Other Accident, ☒ None

Special Program Codes: Special Program, Delay Reason: <None>

Primary: ☒ Release of Information Signature, ☐ Signature Executed For Patient, Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature, ☐ Signature Executed For Patient, Benefits Assignment: Yes

Tabs: Ambulance, Contract, Dates, File Information, Misc Details, Patient, Property And Casualty, Providers, Referral / Authorization, Supplemental Information, Vision

Providers Tab:

- Illness, Injury or Pregnancy: Current IIP, Accident, Onset of Current, Last Menstrual Period
- Patient, Treatment Dates: Last Seen Date, Referral Date, Similar Illness Date, Initial Treatment, Acute Manifestation, Hearing/Vision Rx, Last X-Ray, Order Date
- Hospital, Disability Dates: Not Work From, Disability From, Hospital From, Care From (each with To date)

Accept Assignment: Yes

5 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. Click Save.

## Add Charge in New Charges Tab

1

More Info Add Adjustment \$ Add Charge

idifi... Description DX Charge Unit Tota... Co-Ins Pay... Adju... Bal...

Select Charge

Code 99214 Short Description OFFICE/OUTPATIENT VISIT, EST Clear Filters

Advanced Search

Select Cancel

\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Electronic

Maintain Order

Secondary

Policy BCBS AR

Route Paper Electronic

Paper Fill Fewest Pages Maintain Order

6. Click the Add Charge button to Open the Select Charge dialog
7. 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 field
8. 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	Unit	Charge
11/8/2011	11/8/2011	Randall Oates	99214	OFFICE/OUTPATIENT VISI...	1.0	\$145.00

**Diagnosis Codes** Add Code 9

DX	Description

**Modifiers** Add Code 11

Code	Description

☐ Omit from Claim 12

**Select Diagnosis** 10

Code	Description
781.0	Kathisophobia
785.1	
789.36	
782.1	
784.49	
784.51	
783.21	
780.31	
786.52	
787.91	
780.59	
784.69	
781.3	
783.5	

**Totals**

Charges	\$145.00
Pay/Adjust	\$0.00
Balance	\$145.00

**Quick Misc Details**

Facility: Family Clinic

EPSTD: ☐ Emergency ☐ Family Plan

Supplemental:

13 Save Cancel

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

9. 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

10. 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.

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


12. 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.

13. Click the Save button to save data.

Repeat Steps 6.-13. to add more charges

## Post New Charges to Patient Ledger

Bert, Ernie



**Bert, Ernie**

Account 94  
Chart 12345

Date of Birth 5/15/1976 Age 35 Sex Male Status Married

Address 112 Oak St Fayetteville, AR 72703

Home (479) 555-4444 Work (479) 555-5555 Cell (479) 555-7777

Email

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$0.90	\$144.93	\$145.83
<b>Totals</b>	<b>\$0.90</b>	<b>\$144.93</b>	<b>\$145.83</b>

☐ Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements **New Charges**

+ New Visit

Unapplied Co-Pay \$0.00

Unapplied Pre-Pay \$0.00

Patient Visit for 11/6/2011 9:20 PM

x Charges From 11/6/2011 9:20 PM

Omit	Posted	Provider	Code	Modifi...	Description	DX	Charge	Unit	Tota...	Co-Ins	Pay...	Adju...	Balance
<input checked="" type="checkbox"/>	11/8/2011	Randall O...	99214		OFFICE/OUTPATIENT VI...	786.52	\$145...	1.0	\$145...	\$0.00	\$0.00	\$0.00	\$145.00

\$145... \$145... \$0.00 \$0.00 \$0.00 \$145.00

**Primary**

Policy Medicare

Route ☒ Paper ☒ Electronic

Paper Fill ☐ Fewest Pages ☐ Maintain Order

Follow Up Action Submit to Insurance

Doctor Comments

**Secondary**

Policy BCBS AR

Route ☒ Paper ☐ Electronic

Paper Fill ☐ Fewest Pages ☐ Maintain Order

☐ Incomplete ☒ Print Receipt After Post

Claim Comments

If patient has insurance primary and/or secondary set up in Insurance demographics, those policies can be viewed in the lower section of the new charges tab, and the Follow Up Action will default to Submit to Insurance. This can be changed to **Do Not File-Patient Responsibility**, if you do not want to send the charges to insurance.

The route for the primary insurance will default to the route specified in the [Insurance Companies setup](#). If you want to change the route, you can do that at this time.



You can [add a payment](#) prior to posting charges, or [apply a co-pay](#)

13. Mark as Incomplete to save changes and come back at a later time to edit or post charges.
14. Enter any claim comments for internal use. (Will not print on claims)
15. Place a check mark to print a receipt, or leave blank.
16. 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.

## More Visit Information Claim Level

Billing -> PatientAccount -> New Charges Tab ->More Info

or

Billing->PatientAccount->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim.

For charge level only information, you can add information in the Charge Details by double clicking on a specific charge in New Charges tab or when editing charges in the patient Claims tab.

### More Info Dialog

**Edit Claim Details**

Owner: Randall Oates Facility: Family Clinic

**Type**

☐ Employment State:

☐ Auto Accident

☐ Other Accident

☒ None

**Special Program Codes**

Special Program:

Delay Reason:

**Primary**

☒ Release of Information Signature

☐ Signature Executed For Patient

Benefits Assignment: Yes

**Secondary**

☒ Release of Information Signature

☐ Signature Executed For Patient

Benefits Assignment: Yes

**Tabs:** Ambulance, Contract, Dates, File Information, Misc Details, Patient, Property And Casualty, Providers, Referral / Authorization, Supplemental Information, Vision

**Illness, Injury or Pregnancy**

Current IIP:

Accident:

Onset of Current:

Last Menstrual Period:

**Patient, Treatment Dates**

Last Seen Date:

Referral Date:

Similar Illness Date:

Initial Treatment:

Acute Manifestation:

Hearing/Vision Rx:

Last X-Ray:

Order Date:

**Hospital, Disability Dates**

Not Work From:  To:

Disability From:  To:

Hospital From:  To:

Care From:  To:

Accept Assignment: Yes

Save Cancel

### 1. Type

If claim is related to an accident, place a check mark in box next to appropriate type of accident. Electronic claims allow for up to two types, CMS 1500 paper claims allow for only one type. If two

boxes are checked for paper claims, the first type checked will print on claim.

## 2. Special Program Codes

**Special Program:** Code indicating the Special Program under which the services rendered to the patient were performed

**Delay Reason:** Code indicating the reason a request was delayed

## 3. Primary

**Release of Information Signature:** Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations

**Signature Executed for Patient:** Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider

## 4. Secondary

**Release of Information Signature:** Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations

**Signature Executed for Patient:** Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider

## More Info Ambulance

**Edit Claim Details**

Owner: Randall Oates Facility: Family Clinic

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <span>05 - Disability</span> Delay Reason: <span>&lt;None&gt;</span>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <span>Yes</span>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <span>Yes</span>

Ambulance Contract Dates File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision

Pick-Up Address	Ambulance Certification
Street: <span>&lt;None&gt;</span> Street 2: <span>&lt;None&gt;</span> City: <span>&lt;None&gt;</span> State: <span></span> Zip Code: <span>&lt;None&gt;</span>	Admitted to a hospital: <span>Do Not Send</span> <span>No</span> <span>Yes</span> Moved by stretcher: <span>Do Not Send</span> <span>No</span> <span>Yes</span> Unconscious or in shock: <span>Do Not Send</span> <span>No</span> <span>Yes</span> Transported in an emergency situation: <span>Do Not Send</span> <span>No</span> <span>Yes</span> Physically restrained: <span>Do Not Send</span> <span>No</span> <span>Yes</span> Visible hemorrhaging: <span>Do Not Send</span> <span>No</span> <span>Yes</span> Medically necessary: <span>Do Not Send</span> <span>No</span> <span>Yes</span> Confined to a bed or chair: <span>Do Not Send</span> <span>No</span> <span>Yes</span>

Drop-Off Address:

Street: <None>  
 Street 2: <None>  
 City: <None>

Accept Assignment: Yes

Save Cancel

- 1. Pick Up Address:** Enter full address
- 2. Drop Off Address:** Enter full address
- 3. Ambulance Certification:** Check Y or N if applicable

## More Info Ambulance (Continued)

**Edit Claim Details**

Owner: Randall Oates Facility: Family Clinic

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment State: <input type="text"/>	Special Program: 05 - Disability	<input checked="" type="checkbox"/> Release of Information Signature	<input checked="" type="checkbox"/> Release of Information Signature
<input type="checkbox"/> Auto Accident State: <input type="text"/>	Delay Reason: <None>	<input type="checkbox"/> Signature Executed For Patient	<input type="checkbox"/> Signature Executed For Patient
<input type="checkbox"/> Other Accident		Benefits Assignment: Yes	Benefits Assignment: Yes
<input checked="" type="checkbox"/> None			

**Ambulance** Contract Dates File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision

Drop-Off

Street: <None>

Street 2: <None>

City: <None>

State:

Zip Code: <None>

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Visible hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes

Medically necessary: ☒ Do Not Send ☐ No ☐ Yes

Confined to a bed or chair: ☒ Do Not Send ☐ No ☐ Yes

Transport Reason: 4 <None>

Transport Distance (Miles): <None>

Round Trip Description:

Stretcher Purpose:

Patient Weight (Pounds): <None>

Accept Assignment: Yes

Save Cancel

### 4. Reason for Ambulance

## More Info Contract Type Information

**Edit Claim Details**

Owner: Randall Oates Facility: Family Clinic

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment State: <input type="text"/>	Special Program: 05 - Disability	<input checked="" type="checkbox"/> Release of Information Signature	<input checked="" type="checkbox"/> Release of Information Signature
<input type="checkbox"/> Auto Accident	Delay Reason: <None>	<input type="checkbox"/> Signature Executed For Patient	<input type="checkbox"/> Signature Executed For Patient
<input type="checkbox"/> Other Accident		Benefits Assignment: Yes	Benefits Assignment: Yes
<input checked="" type="checkbox"/> None			

**Contract** | Ambulance | Dates | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Type: <None>

Amount: <None>

Percentage: <None>

Code: <None>

Discount Percentage: <None>

Version: <None>

Accept Assignment: Yes

**Save** **Cancel**

**Contract Type:** Select Contract Type from drop down list and complete remaining fields, as required by payer

## More Info Dates Tab

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text" value="05 - Disability"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tab Navigation:** Ambulance | Contract | **Dates** | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/> Accident: <input type="text"/> Onset of Current: <input type="text"/> Last Menstrual Period: <input type="text"/>	Last Seen Date: <input type="text"/> Referral Date: <input type="text"/> Similar Illness Date: <input type="text"/> Initial Treatment: <input type="text"/> Acute Manifestation: <input type="text"/> Hearing/Vision Rx: <input type="text"/> Last X-Ray: <input type="text"/> Order Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/> Disability From: <input type="text"/> To: <input type="text"/> Hospital From: <input type="text"/> To: <input type="text"/> Care From: <input type="text"/> To: <input type="text"/>

Accept Assignment:

1. Illness, Injury or Pregnancy
2. Patient Treatment Dates
3. Hospital, Disability Dates

## More Info File Information Tab

**Edit Claim Details**

Owner:  Facility:

**Type**

☐ Employment

☐ Auto Accident

☐ Other Accident

☒ None

**Special Program Codes**

Special Program:

Delay Reason:

**Primary**

☒ Release of Information Signature

☐ Signature Executed For Patient

Benefits Assignment:

**Secondary**

☒ Release of Information Signature

☐ Signature Executed For Patient

Benefits Assignment:

**File Information**

LOOP 2300 K3 File Information

Accept Assignment:

### File Information:

#### Fixed Format Information

Data in fixed format agreed upon by sender and receiver

**At the time of publication of this implementation, K3 segments have no specific use. The K3 segment is expected to be used only when necessary to meet the unexpected data requirement of a legislative authority.**



## More Info Misc Details-Medicaid Resubmission Number

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text" value="05 - Disability"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Misc Details**

Medicaid Resub Num:

Original Reference Number

Number	Policy Id

EPSDT

Code:   
Code (2):   
Code (3):

Mammography

Accept Assignment:

Enter Medicaid Resubmission number

## More Info Misc Details-Claim Notes

**Edit Claim Details**

Owner:  Facility:

**Type**

☐ Employment   
☐ Auto Accident   
☐ Other Accident  
☒ None

**Special Program Codes**

Special Program:   
Delay Reason:

**Primary**

☒ Release of Information Signature  
☐ Signature Executed For Patient  
Benefits Assignment:

**Secondary**

☒ Release of Information Signature  
☐ Signature Executed For Patient  
Benefits Assignment:

**Medicaid Resub Num**

**Note**

Text:   
Type:

Code	Description
ADD	Additional Information
CER	Certification Narrative
DCP	Goals, Rehabilitation Potential, or Discharge Plans
DGN	Diagnosis Description
TPO	Third Party Organization Notes

**Original Reference Number**

Number	Policy Id

**EPSDT**

Code:   
Code (2):   
Code (3):

**Mammography**

Accept Assignment:

To transmit information in a free-form format, if necessary, for comment or special instruction

**Text:** Type free text

**Type:** Select type of note from drop down list

## More Info Misc Details-Original Reference Number

**Edit Claim Details**

Owner:  Facility:

**Type**

☐ Employment   
☐ Auto Accident   
☐ Other Accident  
☒ None

**Special Program Codes**

Special Program:   
Delay Reason:

**Primary**

☒ Release of Information Signature  
☐ Signature Executed For Patient  
Benefits Assignment:

**Secondary**

☒ Release of Information Signature  
☐ Signature Executed For Patient  
Benefits Assignment:

**Tabs:** Ambulance | Contract | Dates | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Medicaid Resub Num:

**Note**

Text:   
Type:

**Lab**

☐ Outside Lab Charges:   
Lab:   
☐ Homebound

**Spinal Manipulation**

Nature of Condition:   
Description:

**Original Reference Number**

Number	Policy Id
1234567801	

**Company Name** | **Policy Status** | **Insured Name**

Medicare	Primary	Ernie Bert
BCBS AR	Secondary	Ernie Bert
Arkansas Firstso...	Inactive	Ernie Bert
Missouri Medicaid	Inactive	Ernie Bert

EPST  
Code:   
Code (2):   
Code (3):

Mammography:

Accept Assignment:

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Number:** Enter original ID

**Policy ID:** Select payer from list of patient insurance from Insurance Tab

## More Info Misc Details-Lab

The screenshot shows the 'Edit Claim Details' window. At the top, 'Owner' is 'Randall Oates' and 'Facility' is 'Family Clinic'. The 'Type' section has 'None' selected. 'Special Program Codes' shows '05 - Disability' and '<None>'. 'Primary' and 'Secondary' sections both have 'Release of Information Signature' checked and 'Benefits Assignment' set to 'Yes'. A tabbed interface at the bottom includes 'Ambulance', 'Contract', 'Dates', 'File Information', 'Misc Details' (active), 'Patient', 'Property And Casualty', 'Providers', 'Referral / Authorization', 'Supplemental Information', and 'Vision'. The 'Medicaid Resub Num' field is empty. The 'Note' section has 'Text' and 'Type' set to '<None>'. The 'Lab' dropdown menu is open, showing a list of facility options: 'Inpatient Hospital', 'Outpatient Hospital', 'Rehab Facility', 'Family Clinic', 'Inpatient Rehab', 'Happy Acres', 'Home', and 'x'. The 'Original Reference Number' section shows 'Number' as '1234567801' and 'Policy Id' as 'LOOP 2300 / 2330B REF with F8'. The 'EPSDT' section has 'Code', 'Code (2)', and 'Code (3)' fields. The 'Mammography' section is empty. The 'Accept Assignment' field is set to 'Yes'. 'Save' and 'Cancel' buttons are at the bottom right.

**Lab:** Select Facility where lab services are performed from the drop down list. The CLIA number will be included in the claim file and pulled from the [Facility Manager](#).

## More Info Misc Details-EPSTD

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text" value="05 - Disability"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

Medicaid Resub Num:

Note

Text:   
 Type:

Lab

☐ Outside Lab Charges:   
 Lab:

☐ Homebound

Spinal Manipulation

Nature of Condition:   
 Description:

Original Reference Number

Number	Policy Id
LOOP 2300 / 23306 REF with F8	
<input type="text" value="1234567801"/>	

EPSTD

Code:

Code (2):

Code (3):

Mammog:

AV - Available  
 ST - New Service Requested  
 S2 - Under Treatment  
 NU - Not Used

**Code:** If services are EPSTD related, use drop down list and select appropriate code for visit.

## More Info Misc Details-Spinal Manipulation

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text" value="Q5 - Disability"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Spinal Manipulation**

Nature of Condition:

Description:

Additional Description:

Anesthesia Related Procedure:

Procedure 1:   
 Procedure 2:

Condition Information:

Code (3):

Mammography

Certification Number:

Service Authorization Exemption

Code:

Investigational Device

Exemption Number:

Medical Record

Number:

Demonstration Project

Identifier:

Accept Assignment:

**Nature of Condition:** Select condition from drop down list

**Description:** Type description

**Additional Description:** Type additional description

## More Info Misc Details-Mammography

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text" value="05 - Disability"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Spinal Manipulation**

Nature of Condition:   
Description:   
Additional Description:

**Anesthesia Related Procedures**

Procedure 1:   
Procedure 2:

**Condition Information**

**Mammography**

Code (3):   
Certification Number:   
Service Authorization Exemption:   
Investigational Device:   
Exemption Number:   
Medical Record:   
Number:   
Demonstration Project:   
Identifier:

Accept Assignment:

**Certification Number:** Type Mammography certification number

## More Info Misc Details-Service Authorization Exemption

**Edit Claim Details**

Owner: Randall Oates Facility: Family Clinic

**Type**

☐ Employment State:   
☐ Auto Accident   
☐ Other Accident   
☒ None

**Special Program Codes**

Special Program: 05 - Disability   
Delay Reason: <None>

**Primary**

☒ Release of Information Signature   
☐ Signature Executed For Patient   
Benefits Assignment: Yes

**Secondary**

☒ Release of Information Signature   
☐ Signature Executed For Patient   
Benefits Assignment: Yes

**Misc Details**

**Spinal Manipulation**

Nature of Condition: None   
Description:   
Additional Description:

**Anesthesia Related Procedures**

Procedure 1: <None>   
Procedure 2:

**Condition Information**

LOOP 2300 HI

**Service Authorization Exemption**

Code: <None>

**Mammography**

Certification Number: <None>

**Investigational Device**

Exemption Number: <None>

**Medical Record**

Number: <None>

**Demonstration Project**

Identifier: <None>

Accept Assignment: Yes

Save Cancel

**Code:** Enter Exemption code, if applicable.

**Allowable values for this element are:**

- 1 Immediate/Urgent Care**
- 2 Services Rendered in a Retroactive Period**
- 3 Emergency Care**
- 4 Client has Temporary Medicaid**
- 5 Request from County for Second Opinion to Determine if Recipient Can Work**
- 6 Request for Override Pending**
- 7 Special Handling**



## More Info Misc Details-Investigational Device

**Edit Claim Details**

Owner: Randall Oates Facility: Family Clinic

**Type**

☐ Employment State:   
☐ Auto Accident   
☐ Other Accident   
☒ None

**Special Program Codes**

Special Program: 05 - Disability   
Delay Reason: <None>

**Primary**

☒ Release of Information Signature   
☐ Signature Executed For Patient   
Benefits Assignment: Yes

**Secondary**

☒ Release of Information Signature   
☐ Signature Executed For Patient   
Benefits Assignment: Yes

**Ambulance Contract Dates File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision**

**Spinal Manipulation**

Nature of Condition: None   
Description:   
Additional Description:

**Anesthesia Related Procedures**

Procedure 1: <None>   
Procedure 2:

**Condition Information**

LOOP 2300 HI

**Code (3)**

**Mammography**

Certification Number: <None>

**Service Authorization Exemption**

Code: <None>

**Investigational Device**

Exemption Number: <None>

**Medical Record**

Number: <None>

**Demonstration Project**

Identifier: <None>

Accept Assignment: Yes

Save Cancel

**Exemption Number:** Enter exemption number.

**Required when claim involves a Food and Drug Administration (FDA) assigned investigational device exemption (IDE) number. When more than one IDE applies, they must be split into separate claims.**

## More Info Misc Details-Medical Record Number

The screenshot shows the 'Edit Claim Details' window with the 'Misc Details' tab selected. The 'Medical Record' section is highlighted with a red box. The form includes the following fields and sections:

- Owner:** Randall Oates
- Facility:** Family Clinic
- Type:** ☐ Employment, ☐ Auto Accident, ☐ Other Accident, ☒ None
- Special Program Codes:** Special Program: 05 - Disability, Delay Reason: <None>
- Primary:** ☒ Release of Information Signature, ☐ Signature Executed For Patient, Benefits Assignment: Yes
- Secondary:** ☒ Release of Information Signature, ☐ Signature Executed For Patient, Benefits Assignment: Yes
- Spinal Manipulation:** Nature of Condition: None, Description: , Additional Description:
- Anesthesia Related Procedures:** Procedure 1: <None>, Procedure 2:
- Condition Information:** LOOP 2300 HI
- Code (3):**
- Mammography:** Certification Number: <None>
- Service Authorization Exemption:** Code: <None>
- Investigational Device:** Exemption Number: <None>
- Medical Record:** Number: <None> (highlighted with a red box)
- Demonstration Project:** Identifier: <None>
- Accept Assignment:** Yes
- Buttons:** Save, Cancel

**Number:** Enter Medical Record number, if applicable.

**Required when the provider needs to identify for future inquiries, the actual medical record of the patient identified for this episode of care.**

## More Info Misc Details-Anesthesia Related Procedures

The screenshot shows the 'Edit Claim Details' window with the 'Misc Details' tab selected. The 'Anesthesia Related Procedures' section is highlighted with a red box. A red circle highlights the ellipsis button next to 'Procedure 1'. A 'Select Charge' dialog box is open, showing a search for procedure code 1.

**Owner:** Randall Oates **Facility:** Family Clinic

**Type:** ☐ Employment ☐ Auto Accident ☐ Other Accident ☒ None

**Special Program Codes:** Special Program:  Delay Reason:

**Primary:** ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment:

**Secondary:** ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment:

**Service Authorization Exemption:** Code:  Investigational Device:  Exemption Number:

**Procedure 1:**  **Procedure 2:**

**Condition Information:**

**Select Charge Dialog:** Code:  Short Description:

**Accept Assignment:**

**Procedure 1:** Click to open Select Charge dialog, and search for procedure code 1.

**Procedure Code 2:** Click to open Select Charge dialog, and search for procedure code 2.

## More Info Misc Details-Condition Information

The screenshot shows the 'Edit Claim Details' window with the 'Misc Details' tab selected. The 'Condition Information' section is highlighted with a red box and contains the text 'LOOP 2300 HI'. The window also displays various other fields and tabs.

**Edit Claim Details**

Owner: Randall Oates Facility: Family Clinic

**Type**

- ☐ Employment
- ☐ Auto Accident
- ☐ Other Accident
- ☒ None

State: [Dropdown]

**Special Program Codes**

Special Program: [Dropdown]

Delay Reason: <None>

**Primary**

- ☒ Release of Information Signature
- ☐ Signature Executed For Patient
- Benefits Assignment: Yes

**Secondary**

- ☒ Release of Information Signature
- ☐ Signature Executed For Patient
- Benefits Assignment: Yes

**Tabs:** Ambulance, Contract, Dates, File Information, Misc Details, Patient, Property And Casualty, Providers, Referral / Authorization, Supplemental Information, Vision

**Anesthesia Related Procedures**

Procedure 1: [Dropdown]

Procedure 2: <None>

**Condition Information**

LOOP 2300 HI

**Service Authorization Exemption**

Code: <None>

**Investigational Device**

Exemption Number: <None>

**Medical Record**

Number: <None>

**Demonstration Project**

Identifier: <None>

**Care Plan Oversight**

Number: <None>

Accept Assignment: Yes

**Buttons:** Save, Cancel

To supply information related to the delivery of health care

**Required when condition information applies to the claim.**

## More Info Misc Details-Demonstration Project

The screenshot shows the 'Edit Claim Details' window with the 'Misc Details' tab selected. The 'Owner' is 'Randall Oates' and the 'Facility' is 'Family Clinic'. The 'Type' section has 'None' selected. The 'Special Program Codes' section has 'Special Program' and 'Delay Reason' both set to '<None>'. The 'Primary' section has 'Release of Information Signature' checked and 'Benefits Assignment' set to 'Yes'. The 'Secondary' section also has 'Release of Information Signature' checked and 'Benefits Assignment' set to 'Yes'. The 'Anesthesia Related Procedures' section has 'Procedure 1' and 'Procedure 2' both set to '<None>'. The 'Condition Information' section has 'LOOP 2300 HI'. The 'Service Authorization Exemption' section has 'Code' set to '<None>'. The 'Investigational Device' section has 'Exemption Number' set to '<None>'. The 'Medical Record' section has 'Number' set to '<None>'. The 'Demonstration Project' section is highlighted with a red box and has 'Identifier' set to '<None>'. The 'Care Plan Oversight' section has 'Number' set to '<None>'. The 'Accept Assignment' dropdown is set to 'Yes'. The 'Save' and 'Cancel' buttons are at the bottom right.

Code qualifying the Reference Identification

**Identifier:** Enter Reference Identification Qualifier

**Required when it is necessary to identify claims which are atypical in ways such as content, purpose, and/or payment, as could be the case for a demonstration or other special project, or a clinical trial.**

## More Info Misc Details-Care Plan Oversight

The screenshot shows the 'Edit Claim Details' window with the 'Misc Details' tab selected. The 'Care Plan Oversight' section is highlighted with a red box. The form includes various fields for claim details, including Owner, Facility, Type, Special Program Codes, Primary/Secondary information, and various checkboxes and dropdowns. The 'Care Plan Oversight' section contains a 'Number' field with a '<None>' value.

Owner: Randall Oates Facility: Family Clinic

Type: ☐ Employment ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program:  Delay Reason:

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Service Authorization Exemption: Code:

Investigational Device: Exemption Number:

Medical Record: Number:

Demonstration Project: Identifier:

Care Plan Oversight: Number:

Accept Assignment: Yes

Save Cancel

**Number:** Enter number

**Required when the physician is billing Medicare for Care Plan Oversight (CPO).**

## More Info Patient Tab

**Edit Claim Details**

Owner: Randall Oates Facility: Family Clinic

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: Delay Reason: <None>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: Yes	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: Yes

Ambulance Contract Dates File Information Misc Details **Patient** Property And Casualty Providers Referral / Authorization Supplemental Information Vision

Date of Death: <None>  
 Weight: <None>  
☐ Pregnant

Accept Assignment: Yes

Save Cancel

Required when patient is known to be deceased and the date of death is available to the provider billing system.

**Date of Death:** Enter date of death.

Required when claims involve Medicare Durable Medical Equipment Regional Carriers Certificate of Medical Necessity (DMERC CMN)

**Weight:** Enter Patients weight.

Required when mandated by law. The determination of pregnancy shall be completed in compliance with applicable law. The "Y" code indicates that the patient is pregnant.

**Pregnant:** Place a check mark in box if Yes.

## More Info Property and Casualty Tab

**Edit Claim Details**

Owner:  Facility:

**Type**

☐ Employment   
☐ Auto Accident   
☐ Other Accident  
☒ None

**Special Program Codes**

Special Program:   
Delay Reason:

**Primary**

☒ Release of Information Signature  
☐ Signature Executed For Patient  
Benefits Assignment:

**Secondary**

☒ Release of Information Signature  
☐ Signature Executed For Patient  
Benefits Assignment:

**Property And Casualty**

Claim Number:   
Contact Name:   
Contact Phone:  Ex:   
Patient ID Type: ☒ Do Not Send ☐ Member Id Number ☐ Social Security Number  
Patient ID:   
First Contact Date:

**Service Facility**

Contact:   
Phone:  Extension:

Accept Assignment:

**Claim Number:** This is a property and casualty payer-assigned claim number. Providers receive this number from the property and casualty payer during eligibility determinations or some other communication with that payer.

**Contact Name:** Required when the Subscriber contact is a person other than the person identified in the Subscriber Name.

**Contact Phone:** Required when this information is deemed necessary by the submitter.

**Patient ID Type:** Select Patient ID Type or Do not Send

**Patient ID:** Enter Patient ID

**First Contact Date:** This is the date the patient first consulted the service provider for this condition. The date of first contact is the date the patient first consulted the provider by any means. It is not necessarily the Initial Treatment Date.

### Service Facility



**Contact:** Service Facility Contact Information  
**Phone:** Service Facility Contact Phone

More Info Providers Tab

Edit Claim Details

Owner Randall Oates

Facility Family Clinic

Type

☐ Employment

State

☐ Auto Accident

☐ Other Accident

☒ None

Special Program Codes

Special Program

Delay Reason <None>

Primary

☒ Release of Information Signature

☐ Signature Executed For Patient

Benefits Assignment Yes

Secondary

☒ Release of Information Signature

☐ Signature Executed For Patient

Benefits Assignment Yes

Ambulance

Contract

Dates

File Information

Misc Details

Patient

Property And Casualty

Providers

Referral / Authorization

Supplemental Information

Vision

Rendering Provider

Referring Provider

Primary Care Provider

Service Facility

Supervising Provider

Accept Assignment Yes

Save

Cancel

Use drop down options to overwrite existing Providers/Facilities at the Claim level.

## More Info Referral/Authorization Info

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Referral Numbers**

Number	Policy
1234567890	

**Prior Authorization**

Number	Policy
Click here to add a new row	

Company Name	Policy Status	Insured Name	Plan Name	Policy Number
Medicare	Primary	Ernie Bert	sdfs	112345678
BCBS AR	Secondary	Ernie Bert		12313
Arkansas Firstso...	Inactive	Ernie Bert		2132131
Missouri Medicaid	Inactive	Ernie Bert		654654645654

Accept Assignment:

Add Referral and Prior Authorization numbers at the claim level for select payers

**Referral Numbers:** Enter referral number and select payer from drop down list from patient insurance demographics.

**Prior Authorization:** Enter prior authorization number and select payer from drop down list from patient insurance demographics.

## More Info Referral/Supplemental Information-Report Type Code And Transmission Type

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

Control Number	Report Type Code	Transmission Type																		
1231321	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>03</td><td>Report Justifying Treatment Beyond ...</td></tr> <tr><td>04</td><td>Drugs Administered</td></tr> <tr><td>05</td><td>Treatment Diagnosis</td></tr> <tr><td>06</td><td>Initial Assessment</td></tr> <tr><td>07</td><td>Functional Goals</td></tr> <tr><td>08</td><td>Plan of Treatment</td></tr> <tr><td>09</td><td>Progress Report</td></tr> <tr><td>x</td><td></td></tr> </tbody> </table>	Code	Description	03	Report Justifying Treatment Beyond ...	04	Drugs Administered	05	Treatment Diagnosis	06	Initial Assessment	07	Functional Goals	08	Plan of Treatment	09	Progress Report	x		
Code	Description																			
03	Report Justifying Treatment Beyond ...																			
04	Drugs Administered																			
05	Treatment Diagnosis																			
06	Initial Assessment																			
07	Functional Goals																			
08	Plan of Treatment																			
09	Progress Report																			
x																				

Accept Assignment:

**Control Number:** Enter the control number

**Report Type Code:** Select from the drop down list.

**Transmission Type:** Select from the drop down list.

**Required when there is a paper attachment following this claim.**

**OR**

**Required when attachments are sent electronically but are transmitted in another functional group rather than by paper.**

**OR**

**Required when the provider deems it necessary to identify additional information that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but the information is not being submitted with the claim.**

## More Info Vision Tab

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

Spectacle Lenses	Contact Lenses
Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Patient Preference <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Patient Preference <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Medical Reason <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Medical Reason <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
General Standard of 20 Degree OR .5 Diopter Sphere OR Cylinder Change Met <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	General Standard of 20 Degree OR .5 Diopter Sphere OR Cylinder Change Met <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes

Spectacle Frames
Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes

Accept Assignment:

**Spectacle Lenses:** Select Yes or No for applicable options.

**Spectacle Frames:** Select Yes or No for applicable options.

**Contact Lenses:** Select Yes or No for applicable options.

**More Visit Information Charge Level**

---

Additional Charge information in Charge Details Dialog

## Additional charge Information Dialysis Related

**Winters, Somer F.**  
**Account 45**  
**Chart 11111**  
**Date of Birth** 4/19/1985 **Age** 26 **Sex** Female **Status** Single  
**Address** 2700 Edison Springdale, AR 72703-1234  
**Home** (479) 555-4444 **Work** (479) 555-7777 **Cell** (479) 555-5555  
**Email** somerwinters@e

**Balances**

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$298.00	\$1,706.00	\$2,004.00

**Charge Details**

Service From: 6/23/2011 Service To: 6/23/2011 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

**Diagnosis Codes**

DX	Description
X E819.9	Motor vehicle accident

**Modifiers**

Code	Description
------	-------------

**File Information** **Misc Details** **Providers** **Referral / Authorization** **Supplemental Information** **Supporting Documentation**

**Dialysis**

**Dates**

Most Recent Serum Creatine: <None>  
Most Recent Hemoglobin/Hematocrit: <None>

**Results**

Creatine Result: <None>  
Hemoglobin Result: <None>  
Hematocrit Result: <None>  
Epoetin Starting Dosage: <None>

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
6/23/2011	Randall Oates, MD	\$0.00

**Totals**

	Charges	Pay/Adjust	Balance
	\$135.00	\$0.00	\$135.00

**Quick Misc Details**

Facility: Family Clinic  
EPSDT:   
☐ Emergency  
☐ Family Plan  
Supplemental:

1. Double Click on a charge line item to open Charge Details.
2. Click on tabs to add required information. These tabs will add information to each individual charge.
3. Click Save.

For information that will apply to all charges within the claim, see [More Info](#).

## Additional charge information DME (Durable Medical Equipment) Related

**Winters, Somer F.**

**Winters, Son**

Date of Birth 4/19/2000  
Address 2700 Edison  
Home (479) 555-4444  
Email somerwinters@

**Claims**

Post Date	Processed	Claim ID
8/25/2011	9/9/2011	807
8/25/2011	9/16/2011	808
9/9/2011	9/9/2011	810
9/14/2011	9/14/2011	814
9/21/2011	9/21/2011	816
10/20/2011	11/10/2011	847

**Claim Details**

Details for Claim 847

Post Date 10/20/2011  
Process Date 11/10/2011  
Routing E

**Primary**

Policy BCBS AR  
Route Paper ☒ Electronic ☐  
Paper Fill Fewest Pages ☐ Maintenance ☐

**Charges**

Omit	Date	Provider
<input checked="" type="checkbox"/>	6/23/2011	Randall Oates, MD

**Charge Details**

Service From 6/23/2011 Service To 6/23/2011 Provider Randall Oates, MD Code 99213 Description OFFICE/OUTPATIENT VISI... Unit 1.0 Charge \$135.00

Diagnosis Codes  
DX E819.9 Motor vehicle accident

Modifiers

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

**DME**

Length of Medical Necessity (Days) <None>  
Rental Price <None>  
Purchase Price <None>  
Payment Frequency <None>  
Att. Transmission Code <None>  
Begin Therapy <None>  
Last Certification <None>

Certification  
Certification Type <None>  
Length of Need (Months) <None>  
Revision/Recertification <None>  
Certification Condition  
☒ Do Not Send ☐ No ☐ Yes  
☐ Signed certification on file with supplier  
☐ Replacement item

**Amounts Details**

Date	Name/Description	Amount
		\$0.00

Totals  
Charges \$135.00  
Pay/Adjust \$0.00  
Balance \$135.00

**Quick Misc Details**

Facility Family Clinic  
EPSDT  
☐ Emergency  
☐ Family Plan  
Supplemental

Insurance Details

Save Cancel

1. Double Click on a charge line item to open Charge Details.
2. Click on tabs to add required information. These tabs will add information to each individual charge.
3. Click Save.

For information that will apply to all charges within the claim, see [More Info](#).

## Additional charge information Drug Related

**Winters, Somer F.**

**Date of Birth** 4/19/1980  
**Address** 2700 Edison  
**Home** (479) 555-4444  
**Email** somerwinters@...

**Charges**

Omit	Date	Provider
<input type="checkbox"/>	6/23/2011	Randall Oates, MD

**Charge Details**

**Service From** 6/23/2011 **Service To** 6/23/2011 **Provider** Randall Oates, MD **Code** 99213 **Description** OFFICE/OUTPATIENT VISI... **Unit** 1.0 **Charge** \$135.00

**Diagnosis Codes** **Add Code**

DX	Description
X E819.9	Motor vehicle accident

**Modifiers** **Add Code**

Code	Description
------	-------------

**Supporting Documentation**

**File Information** **Misc Details** **Providers** **Referral / Authorization** **Supplemental Information** **Supporting Documentation**

**Prescription Date** <None> **Prescription Number** ☒ None ☐ Pharmacy Prescription Number ☐ Link Sequence

**Drug Code** <None> **Drug Amount** <None> **Drug Unit** <None>

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
		\$0.00

**Totals**

Charges	\$135.00
Pay/Adjust	\$0.00
Balance	\$135.00

**Quick Misc Details**

**Facility** Family Clinic  
**EPSTD**  
☐ Emergency  
☐ Family Plan  
**Supplemental**

**Insurance Details**

**Save** **Cancel**

1. Double Click on a charge line item to open Charge Details.
2. Click on tabs to add required information. These tabs will add information to each individual charge.
3. Click Save.

For information that will apply to all charges within the claim, see [More Info](#).



## Additional charge information Supporting Documentation

The screenshot shows the SOAPware Charge Details window for a patient named Winters, Soner F. The window is divided into several sections:

- Top Section:** Contains fields for Service From (6/23/2011), Service To (6/23/2011), Provider (Randall Oates, MD), Code (99213), Description (OFFICE/OUTPATIENT VISI...), Unit (1.0), and Charge (\$135.00).
- Diagnosis Codes:** A table with columns DX and Description. It shows a single entry: E819.9 Motor vehicle accident.
- Modifiers:** A table with columns Code and Description. It is currently empty.
- Notes:** A text area for additional notes, indicated by callout 2.
- Form Code Section:** A table with columns Form Code and Form Code Type. It shows two entries: AS and UT. The description for UT is "Form Type Code CMS DMERC CMN", indicated by callout 3.
- Amounts Details:** A table with columns Date, Name/Description, and Amount. It shows a single entry: 6/23/2011, Randall Oates, MD, \$0.00, indicated by callout 1.
- Totals:** A summary section showing Charges (\$135.00), Pay/Adjust (\$0.00), and Balance (\$135.00).
- Quick Misc Details:** A section for Facility (Family Clinic), EPSDT, and other miscellaneous details.
- Bottom Section:** Contains an Insurance Details section and a Save/Cancel button, indicated by callout 4.

1. Double Click on a charge line item to open Charge Details.
2. Click on tabs to add required information. These tabs will add information to each individual charge.
3. Select from drop down listing.
4. Click Save.

For information that will apply to all charges within the claim, see [More Info](#).

**Edit/Update Charges**

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Update/Edit Charges

## Edit/Update Charges

Bert, Ernie

Account 94  
Chart 12345

Date of Birth 5/15/1976 Age 35 Sex Male Status Married

Address 112 Oak St Fayetteville, AR 72703

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$0.90	\$144.93	\$145.83

**Charge Details**

Service From: 11/8/2011 Service To: 11/8/2011 Provider: Randall Oates Code: 99214 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$145.00

Diagnosis Codes

DX	Description
X 786.52	Painful respiration

Modifiers

Code	Description
2	

Omit from Claim

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract 3

Pick-Up Address

Street <None> Street 2 <None> City <None> State <None> Zip Code <None> Drop-Off

Ambulance Certification

Admitted to a hospital ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation ☒ Do Not Send ☐ No ☐ Yes

Physically restrained ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
		\$0.00

Totals

Charges	\$145.00
Pay/Adjust	\$0.00
Balance	\$145.00

Insurance Details

Quick Misc Details

Facility: Family Clinic

EPSDT

☐ Emergency ☐ Family Plan

Supplemental

4 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 on any of the tabs to edit information for the selected charge.

4. Click the **Save** button to save changes

## Edit Diagnosis Code

DX	Description
<input checked="" type="checkbox"/>	TRAFFIC ACC NOS-PERS NOS
	813.80 Fracture of forearm (radius or ulna)
	724.2 Lumbalgia

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 Modifiers

Code	Description
<input checked="" type="checkbox"/>	25 Significant, Separately Identif...
	51 Multiple Procedures

Code: 50 Description: Bilateral Procedure

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

The screenshot shows the 'Charge Details' window with a 'Select Charge' dialog box open. The dialog box has a 'Code' field with '73092' and a 'Short Description' field with 'X-RAY EXAM OF ARM, INFANT'. The 'Select' button is highlighted. Numbered callouts indicate the steps: 1. Click the ellipsis button next to the 'Code' field in the 'Charge Details' window. 2. Click inside the 'Short Description' field in the 'Select Charge' dialog box. 3. Click the 'Select' button in the 'Select Charge' dialog box.

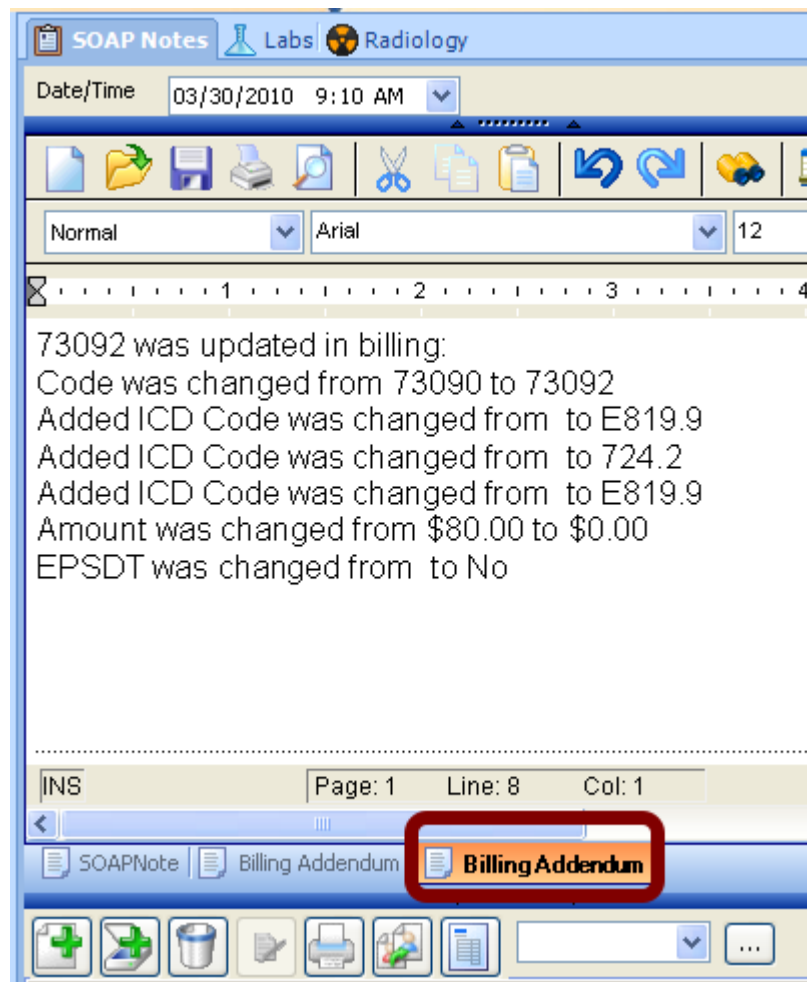
Service From	Service To	Provider	Code	Description	Units	Charge
3/10/2010	3/10/2010	Randall Oates	73090	X-RAY EXAM OF FOR...	1.0	\$80.00

DX	Description
X E819.9	TRAFFIC ACC N
813.80	Fracture of fore
724.2	Lumbalgia

Code	Short Description
73092	X-RAY EXAM OF ARM, INFANT

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 Patient Account in New Charges Tab**

---

Apply Payment to New Charges

Bunch, Oscar

**Bunch, Oscar** Account 19  
Chart Bunc123456

Date of Birth 2/5/1977 Age 34 Sex Male Status Widowed

Address 1122 Elm St Some City, AR 72765-1122

Home (479) 555-5555 Work (479) 555-4444 Cell (479) 555-3333

Email ob@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$0.00	\$0.00
<b>Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements **New Charges**

+ New Visit

Unapplied Co-Pay \$0.00 Apply Co-Pay

Unapplied Pre-Pay \$0.00 Apply Pre-Pay

Patient Visit for 4/20/2010 7:46 PM

x Charges From 4/20/2010 7:46 PM More Info Add Adjustment Add Charge

Omit	Posted	Provider	Code	Modifi...	Description	DX	Charge	Unit	Tota...	Co-Ins	Pay...	Adju...	Balance
<input checked="" type="checkbox"/>	4/20/2010	Randall O...	99215		OFFICE/OUTPATIENT VI...	786.50	\$175...	1.0	\$175...	\$0.00	\$0.00	\$0.00	\$175.00

\$175... \$175... \$0.00 \$0.00 \$0.00 \$175.00

**Primary**

Policy Arkansas Firstsource

Route ☐ Paper ☒ Electronic

Paper Fill ☐ Fewest Pages ☐ Maintain Order

Follow Up Action Submit to Insurance ☐ Incomplete ☒ Print Receipt After Post Post

Doctor Comments Claim Comments

**\$ 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**

**Payer Details**

X Bunch, Oscar

Account # 19 Chart # DOB 2/5/1977 Age 33  
1122 Elm St  
Some City AR 72765-1122

Comments  
Type free text comments if needed for additional information about this payment

**Payment Details** 1

Payment Type Payment  
Facility Family Clinic  
Pay Date 4/22/2010  
Pay Method Credit Card  
Reference \*\*\*\*\*6789  
Amount \$100.00  
Remaining \$100.00

**Apply Charges** Add Dependent No Dependents + Add Patient 2

X Bunch, Oscar  
Acct # 19 DOB 2/5/1977  
Chart # inc123456 Age 33

Co-Pay \$0.00 Disburse \$0.00  
Pre Pay Disburse \$0.00

**Charges**

☐ Show Zero Balance Charges 3

DOS	Provider	Code	Description	Charge	Paym...	Balance	Applied
Visit Id: 177							
4/20/2010	Randall O...	99215	OFFICE/OUTPATIENT ...	\$175.00	\$0.00	\$175.00	\$0.00 4
Visit Id: 172							
4/17/2010	Randall O...	99218	OBSERVATION CARE	\$220.00	\$30.00	\$190.00	\$0.00
Visit Id: 167							
				\$2,02...	\$1,22...	\$799.61	\$0.00

Clear Applied Print Receipt 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 PaymentAmount 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 PayAll 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

### Apply Payment to Visits/Charges

**Make Payment**

**Payer Details**

X Bunch, Oscar

Account # 19 Chart # DOB 2/5/1977 Age 33

1122 Elm St

Some City AR 72765-1122

**Comments**

Type free text comments if needed for additional information about this payment

**Payment Details**

Payment Type Payment

Facility Family Clinic

Pay Date 4/22/2010

Pay Method Credit Card

Reference \*\*\*\*\*6789

Amount \$100.00

Remaining \$0.00

**Apply Charges**

Add Dependent No Dependents

+ Add Patient

Disburse

Co-Pay \$0.00 Disburse \$0.00

Pre Pay Disburse \$0.00

**Charges**

Show Zero Balance Charges

Pay All

DOS	Provider	Code	Description	Charge	Paym...	Balance	Applied
Visit Id: 177							
4/20/2010	Randall O...	99215	OFFICE/OUTPATIENT ...	\$175.00	\$0.00	\$175.00	\$50.00
Visit Id: 172							
4/17/2010	Randall O...	99218	OBSERVATION CARE	\$220.00	\$30.00	\$190.00	\$50.00
Visit Id: 167							
				\$2,02...	\$1,22...	\$799.61	\$100.00

Click to apply to charge

Clear Applied

Print Receipt After Saving

Save

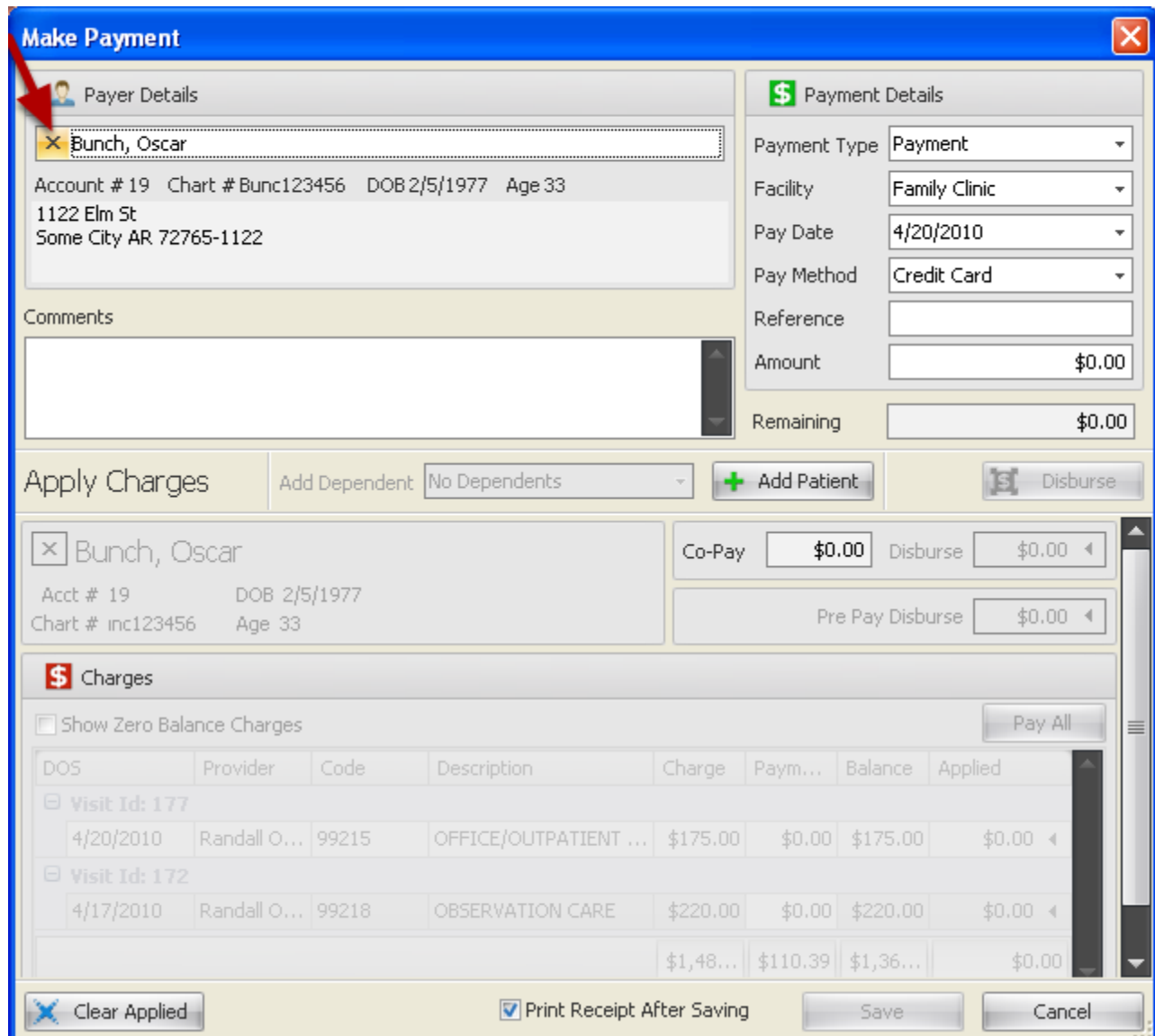
Cancel

**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 Remaining 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

## Change Payer



**Make Payment**

**Payer Details**

X Bunch, Oscar

Account # 19 Chart # Bunc123456 DOB 2/5/1977 Age 33  
1122 Elm St  
Some City AR 72765-1122

Comments

**Payment Details**

Payment Type: Payment  
Facility: Family Clinic  
Pay Date: 4/20/2010  
Pay Method: Credit Card  
Reference:  
Amount: \$0.00  
Remaining: \$0.00

Apply Charges Add Dependent: No Dependents + Add Patient Disburse

X Bunch, Oscar Co-Pay: \$0.00 Disburse: \$0.00  
Acct # 19 DOB 2/5/1977  
Chart # inc123456 Age 33 Pre Pay Disburse: \$0.00

**Charges**

☐ Show Zero Balance Charges Pay All

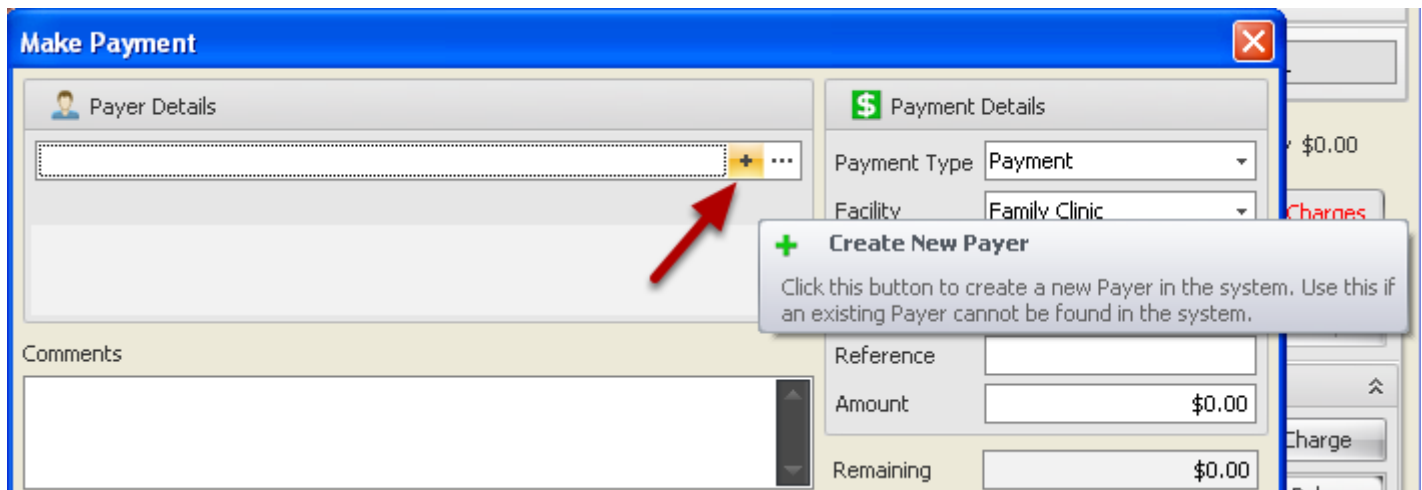
DOS	Provider	Code	Description	Charge	Paym...	Balance	Applied
Visit Id: 177							
4/20/2010	Randall O...	99215	OFFICE/OUTPATIENT ...	\$175.00	\$0.00	\$175.00	\$0.00
Visit Id: 172							
4/17/2010	Randall O...	99218	OBSERVATION CARE	\$220.00	\$0.00	\$220.00	\$0.00
				\$1,48...	\$110.39	\$1,36...	\$0.00

Clear Applied ☒ Print Receipt After Saving Save Cancel

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**

**Payer Details**

Payment Type: **Payment**

Facility: **Family Clinic**

Reference:

Amount:

Remaining:

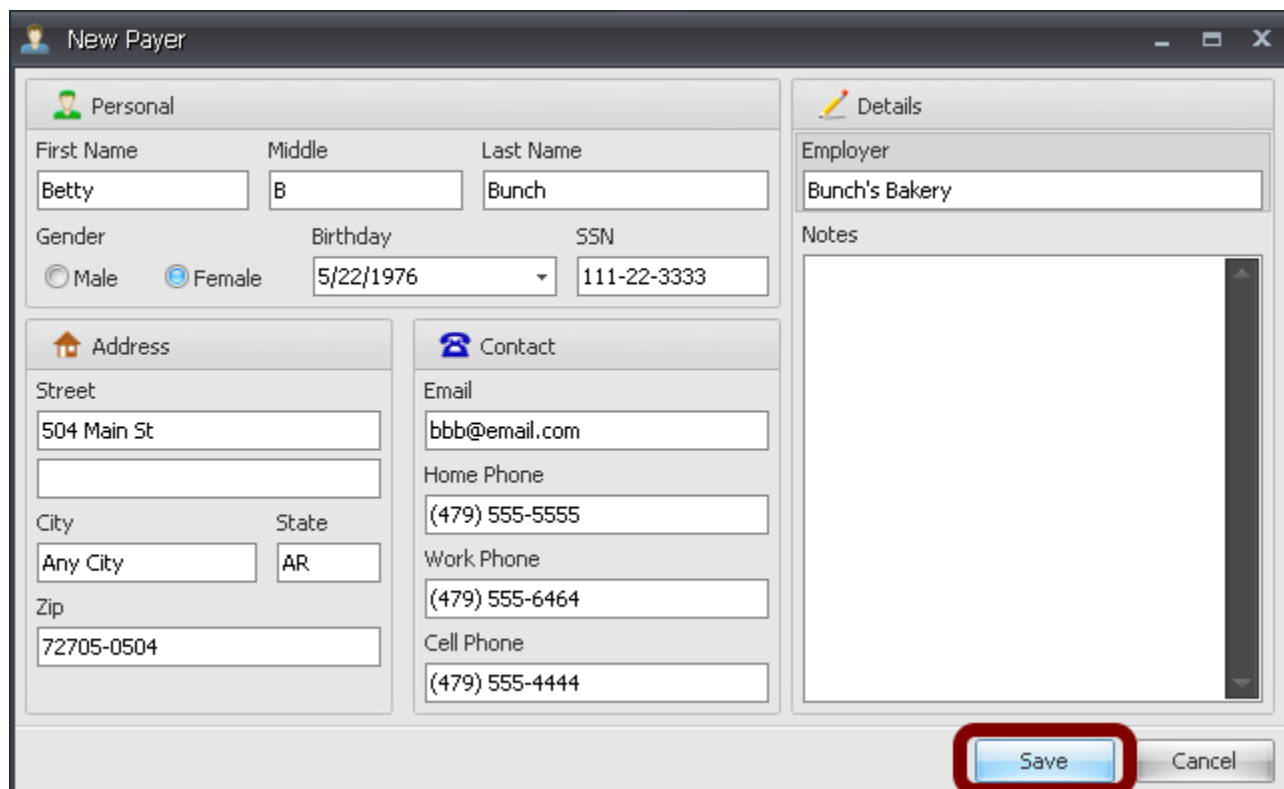
**Comments**

**Create New Payer**

Click this button to create a new Payer in the system. Use this if an existing Payer cannot be found in the system.

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

## New Payer details



**New Payer**

**Personal**

First Name:  Middle:  Last Name:

Gender: ☐ Male ☒ Female Birthday:  SSN:

**Address**

Street:

City:  State:  Zip:

**Contact**

Email:  Home Phone:  Work Phone:  Cell Phone:

**Details**

Employer:

Notes:

**Save** **Cancel**

Enter Payer details and then Click the Save button

## Add Payment Details

**Make Payment**

**Payer Details**

X Bunch, Betty B.

Account # 65 Chart # DOB 5/22/1976 Age 34

504 Main St  
Any City AR 72705-0504

Comments

**Payment Details** 1

Payment Type Payment

Facility Family Clinic

Pay Date 4/20/2010

Pay Method Credit Card

Reference \*\*\*\*\*4567

Amount \$100.00

Remaining \$100.00

2 + Add Patient

3 Disburse

Apply Charges Add Dependent Select Dependent

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

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

Unapplied Co-Pay \$30.00 Apply Co-Pay 1

Unapplied Pre-Pay \$0.00 Apply Pre-Pay

Patient Visit for 5/5/2010 2:43 PM

Charges From 5/5/2010 2:43 PM

...	Posted	Provider	Code	Modi...	Description	DX	Ch...	Unit	Tot...	Co-Ins	Pa...	Adj...	Balance
<input type="checkbox"/>	5/5/2010	Randall ...	99212		OFFICE/OUTPATIEN...	7...	\$12...	1.0	\$12...	\$0.00	\$0.00	\$0.00	\$120.00

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.

Unapplied Co-Pay

Winters, Somer Charges

Unapplied Co-Pay \$30.00

☐ Show Zero Balance Charges

2 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	\$120.00	\$0.00

\$415.00 \$0.00

Save Cancel

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

**Unapplied Co-Pay** X

Winters, Somer Charges Unapplied Co-Pay

☐ 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.

+ New Visit

Unapplied Co-Pay  Apply Co-Pay  
 Unapplied Pre-Pay  Apply Pre-Pay

Patient Visit for 5/5/2010 2:43 PM

x Charges From 5/5/2010 2:43 PM More Info Add Adjustment Add Charge

O...	Posted	Provider	Code	Modif...	Description	DX	Cha...	Unit	Tot...	Co-Ins	Pay...	Adj...	Balance
<input checked="" type="checkbox"/>	5/5/2010	Randall ...	99212		OFFICE/OUTPATIENT ...	7...	\$120...	1.0	\$120...	\$0.00	\$30.00	\$0.00	\$90.00
<input checked="" type="checkbox"/>	5/5/2010		Pymt		Credit Card:						\$30.00		

\$12...    \$12...    \$0.00    \$30.00    \$0.00    **\$90.00**

Follow Up Action Submit to Insurance ☐ Incomplete ☐ Print Receipt After Post **4** Post

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

Winters, Somer F.

Account 45  
Chart 11111

Date of Birth 4/19/1985 Age 26 Sex Female Status Single

Address 2700 Edison Springdale, AR 72703-1234

Home (479) 555-4444 Work (479) 555-7777 Cell (479) 555-5555

Email somerwinters@email.com

Unapplied Co-Pay \$10.00 Unapplied Pre-Pay \$0.00

Posted DOS Provider Code Description Charge Units Total Payments Adjustme... Chrg Bal Balance

5/20/2011			Pymt	Credit Card: 465...			\$30.00			
5/24/2011			Ins Pymt	Indiana Medicaid...			\$50.00			
6/1/2011	5/13/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00
6/1/2011	5/13/2011	Randall Oates								\$90.00
6/1/2011	6/1/2011	Randall Oates								\$100.00
6/3/2011	6/3/2011	Randall Oates								\$135.00
6/3/2011	6/3/2011	Randall Oates								\$50.00
6/3/2011	6/3/2011	Randall Oates								\$70.00
6/17/2011	6/17/2011	Randall Oates								\$1,069.00
6/21/2011										
6/21/2011										
7/12/2011										
7/26/2011										
7/26/2011										
8/24/2011										
8/25/2011	7/19/2011	Randall Oates								\$200.00
8/25/2011	7/19/2011	Randall Oates	J3303	Triamcinolone he...	\$50.00	1.0	\$50.00			\$50.00
8/25/2011	8/25/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$30.00		\$105.00
8/25/2011			Pymt	Credit Card:				\$30.00		
9/9/2011	9/9/2011	Randall Oates	99212	Office Visit Limite...	\$150.00	1.0	\$150.00			\$150.00
9/14/2011	9/14/2011	Randall Oates	99214	OFFICE/OUTPAT...	\$50.00	1.0	\$50.00			\$50.00
9/21/2011	9/21/2011	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00			\$120.00
10/4/2011	9/30/2011	Terrie S. Tre...	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$10.00		\$110.00
10/4/2011	10/4/2011	Randall Oates	81002	URINALYSIS NO...		1.0				\$0.00
11/6/2011	6/23/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00
11/8/2011			Pymt	Credit Card:				\$10.00		

Unapplied Co-Pay \$10.00 Unapplied Pre-Pay \$0.00

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

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.

or

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

**Winkle, Perry**

Account 91  
Chart pw123456

Date of Birth 2/1/5050 Age Sex Male Status Single

Address 112 Elm St Any City, AR 72703

Home (479) 555-1234 Work (479) 555-5678 Cell (479) 555-7890

Email pw@email.com

Balances  
Family \$0.00  
Personal \$895.00  
Total \$895.00

Self Pay Co-Pay \$30.00

Unapplied Co-Pay \$0.00 Unapplied Pre-Pay \$0.00

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustments	Chrg Bal	Balance
6/11/10						.0	\$120.00	\$115.00		\$5.00	\$5.00
6/11/10						.0	\$160.00	\$150.00		\$10.00	\$15.00
6/11/10						.0	\$120.00			\$120.00	\$135.00
6/24/10						.0				\$0.00	\$135.00
6/24/10						.0	\$145.00			\$145.00	\$280.00
6/28/10						.0		\$150.00			
6/29/10						.0	\$120.00			\$120.00	\$400.00
6/29/10						.0	\$120.00			\$120.00	\$520.00
7/2/2010	7/2/2010	Randall Oates	99213	OFFICE/OUTPATIENT...	\$135.00	1.0	\$135.00			\$135.00	\$655.00
7/7/2010	7/7/2010	Randall Oates	99213	OFFICE/OUTPATIENT...	\$135.00	1.0	\$135.00	\$30.00		\$105.00	\$760.00
7/19/2010	7/19/2010	Randall Oates	99213	OFFICE/OUTPATIENT...	\$135.00	1.0	\$135.00			\$135.00	\$895.00
7/20/2010			Pymt	Credit Card:				\$30.00			

Move Payment back to Co-Pay Unapplied Amount?

You are about to delete a Co-Pay Payment.  
Do you want to place this amount back into the Unapplied Co-Pay Amount?

Click 'Yes' to put the payment back into the Co-Pay Unapplied Amount.  
Click 'No' to remove the payment from the system.  
Click 'Cancel' to cancel this action and do nothing.

Yes No Cancel

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.

## Spread One Payment to Multiple Dependents

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.

### Select Dependents for Payment

**Make Payment**

**Payer Details**

X Bunch, Betty B.  
Account # 65 Chart # DOB 5/22/1976 Age 34  
504 Main St  
Any City AR 72705-0504

Comments

**Payment Details**

Payment Type: Payment  
Facility: Family Clinic  
Pay Date: 4/21/2010  
Pay Method: Credit Card  
Reference:  
Amount: \$100.00  
Remaining: \$100.00

**Apply Charges** Add Dependent Select Dependent 1 + Add Patient Disburse

X Bunch, Oscar  
Acct # 19 DOB 2/5/1977  
Chart # inc123456 Age 33

Active Patient Account

**Charges**

☐ Show Zero Balance Charges Pay All

DOS	Provider	Code	Description	Charge	Paym...	Balance	Applied
<b>Visit Id: 177</b>							
4/20/2010	Randall O...	99215	OFFICE/OUTPATIENT ...	\$175.00	\$0.00	\$175.00	\$0.00
<b>Visit Id: 172</b>							
4/17/2010	Randall O...	99218	OBSERVATION CARE	\$220.00	\$30.00	\$190.00	\$0.00
<b>Visit Id: 167</b>							
3/10/2010	Randall O...	73092	X-RAY EXAM OF ARM, ...	\$100.00	\$20.00	\$80.00	\$0.00
3/10/2010	Randall O...	99202	OFFICE/OUTPATIENT ...	\$160.00	\$0.00	\$160.00	\$0.00
<b>Visit Id: 166</b>							
4/17/2010	Randall O...	99218	OBSERVATION CARE	\$220.00	\$0.00	\$220.00	\$0.00
				\$1,54...	\$260.39	\$1,27...	\$0.00

Clear Applied ☒ Print Receipt After Saving Save Cancel

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 Add Dependent 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.

## Apply Payment to Dependent(s)

**Make Payment**

**Payer Details**

X Bunch, Betty B.  
Account # 65 Chart # DOB 5/22/1976 Age 34  
504 Main St  
Any City TX 72705-0504

**Payment Details**

Payment Type: Payment  
Facility: Family Clinic  
Pay Date: 4/23/2010  
Pay Method: Credit Card  
Reference:  
Amount: \$100.00  
Remaining: \$0.00

Comments

Apply Charges Add Dependent: Select Dependent + Add Patient Disburse

X Bunch, Oscar  
Acct # 19 DOB 2/5/1977  
Chart # inc123456 Age 33

Co-Pay: \$0.00 Disburse: \$0.00  
Pre Pay Disburse: \$0.00

**Charges**

☐ Show Zero Balance Charges Pay All

DOS	Provider	Code	Description	Charge	Paym...	Balance	Applied
Visit Id: 177							
4/20/2010	Randall O...	99215	OFFICE/OUTPATIENT ...	\$175.00	\$0.00	\$175.00	\$50.00
Visit Id: 172							
4/17/2010	Randall O...	99218	OBSERVATION CARE	\$220.00	\$0.00	\$220.00	\$0.00
				\$4,91...	\$0.00	\$4,91...	\$50.00

X Clark, Mark  
Acct # 42 DOB 5/12/1980  
Chart # 12323 Age 29

Co-Pay: \$30.00 Disburse: \$0.00  
Pre Pay Disburse: \$0.00

**Charges**

☐ Show Zero Balance Charges Pay All

DOS	Provider	Code	Description	Charge	Paym...	Balance	Applied
4/9/2010	Randall O...	72010	X-RAY EXAM OF SPINE	\$120.00	\$0.00	\$120.00	\$50.00
4/9/2010	Randall O...	71020	CHEST X-RAY	\$90.00	\$0.00	\$90.00	\$0.00

Clear Applied Print Receipt After Saving Save Cancel

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 Remaining 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 prior to Saving the transaction

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

# Patient Ledger


**View Charges in Ledger**

---

View charge details in patient account ledger



## Select a Charge to View



**Tester, Lester A.**

**Account** 15  
**Chart** LTE5454

**Date of Birth** 2/19/1979 **Age** 32 **Sex** Male **Status** Single

**Address** generates an error Fayetteville, AR 72703-0123

**Home** **Work** **Cell**

**Email** lt@email.com

**Balances**

	Personal	Insurance	Totals
Family	\$0.00	\$1,830.00	\$1,830.00
Patient	\$5,000.00	\$250.00	\$5,250.00
<b>Totals</b>	<b>\$5,000.00</b>	<b>\$2,080.00</b>	<b>\$7,080.00</b>

☐ Self Pay Co-Pay \$0.00

[Schedule](#)
[Demographics](#)
[Insurance](#)
[Custom](#)
[Flags/Notes](#)
[Ledger](#)
[Family](#)
[Claims](#)
[Statements](#)
[New Charges](#)

Unapplied Co-Pay **\$0.00** Unapplied Pre-Pay **\$0.00**

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
3/11/2010	3/11/2010	Terrie S. Tre...	99213	OFFICE/OUTPAT...	\$70.00	1.0	\$70.00	\$70.00		\$0.00	\$0.00
3/11/2010	3/11/2010	Terrie S. Tre...	27130	TOTAL HIP ARTH...	\$3,600.00	1.0	\$3,600.00	\$3,600.00		\$0.00	\$0.00
3/31/2010	12/18/2...	Randall Oates	99215	OFFICE/OUTPAT...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$0.00
3/31/2010	1/12/2010	Randall Oates	99215	OFFICE/OUTPAT...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$0.00
3/31/2010	1/12/2010	Randall Oates	73630	X-RAY EXAM OF ...	\$150.00	1.0	\$150.00	\$150.00		\$0.00	\$0.00
3/31/2010	12/17/2...	Randall Oates	73562	X-RAY EXAM OF ...	\$140.00	1.0	\$140.00	\$140.00		\$0.00	\$0.00
3/31/2010	3/31/2010	Randall Oates	99211	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
4/1/2010	4/1/2010	Randall Oates	99212	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
4/1/2010	4/1/2010	Randall Oates	99212	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
4/1/2010	4/1/2010	Randall Oates	99212	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
4/1/2010	4/1/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
4/5/2010	4/5/2010	James R. Boli...	99215	OFFICE/OUTPAT...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$0.00
4/5/2010	4/5/2010	James R. Boli...	72110	X-RAY EXAM OF ...	\$90.00	1.0	\$90.00	\$90.00		\$0.00	\$0.00
4/7/2010	12/18/2...	Randall Oates	99215	OFFICE/OUTPAT...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$0.00
4/21/2010	4/5/2010	Randall Oates	99215	OFFICE/OUTPAT...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$0.00
4/21/2010	4/5/2010	Randall Oates	72110	X-RAY EXAM OF ...	\$90.00	1.0	\$90.00	\$90.00		\$0.00	\$0.00
4/26/2010	4/20/2010	Randall Oates	99215	OFFICE/OUTPAT...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$0.00
4/26/2010	4/20/2010	Randall Oates	71020	CHEST X-RAY	\$40.00	1.0	\$40.00	\$40.00		\$0.00	\$0.00
4/26/2010		Pymt		Check: 5445				\$30.00			
4/27/2010	4/27/2010	Randall Oates	99215	OFFICE/OUTPAT...	\$50.00	1.0	\$50.00	\$50.00		\$0.00	\$0.00
5/14/2010	5/14/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
5/14/2010	5/14/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
5/25/2010		Ins Pymt		BCBS AR Pymt: 2...				\$75.00			
5/25/2010		Ins Pymt		Aetna Pymt: 899...				\$70.00			
6/8/2010	6/8/2010	Randall Oates	72010	X-RAY EXAM OF ...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
6/8/2010	6/8/2010	Randall Oates	99212	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
6/8/2010		Pymt		Check: 8923				\$6,230.00			
					\$14,131.00		\$14,277.00	\$8,922.00	\$135.00	\$5,220.00	<b>\$5,220.00</b>

[Print Receipt](#)
[Create Claim](#)
[Add Adjustment](#)
[Add Charge](#)
[Add Payment](#)

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

## Charge Details

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
3/31/2010	3/31/2010	Randall Oates	99211	OFFICE/OUTPATIENT VISI...	1.0	\$120.00

Diagnosis Codes: **Add Code**

DX	Description
X 722.10	Displacement of lumbar intervert...

Modifiers: **Add Code**

Code	Description
X 25	Significant, Separately Identifiable E...

☐ Omit from Claim

Notes

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File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DME | Drug

Pick-Up Address

Street: <None>  
 Street 2: <None>  
 City: <None>  
 State:   
 Zip Code: <None>  
 Drop-Off:

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes  
 Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes  
 Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes  
 Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes  
 Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

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Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
6/8/2010	Tester, Lester A.	\$120.00

Totals

Charges	\$120.00
Pay/Adjust	\$120.00
Balance	\$0.00

Quick Misc Details

Facility: Family Clinic  
 EPSDT:   
☐ Emergency  
☐ Family Plan  
 Supplemental:

---

Insurance Details

Save Cancel

2. View details for selected claim including Service dates, codes used when charging the service and miscellaneous
3. View additional claim information by clicking on the tabs
4. Summary of Payments and Adjustments applied to selected Charge. You can open payment

details by double clicking on the payment line


5. 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 4. This will open the Insurance Payment details dialog

## 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.

Burnett, Gage D.



**Burnett, Gage D.**  
**Account** 84  
**Chart** GB1234  
**Date of Birth** 8/4/2008 **Age** 3 **Sex** Male **Status** Single  
**Address** 234 Some St Any City, AR 72703  
**Home** (479) 555-7777 **Work** (479) 555-8888 **Cell** (479) 555-9999  
**Email** TB@email.com

**\$ Balances**  

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$490.00	\$195.00	\$685.00
<b>Totals</b>	<b>\$490.00</b>	<b>\$195.00</b>	<b>\$685.00</b>

☐ Self Pay Co-Pay \$0.00

Schedule Demographics Insurance Custom Flags/Notes **Ledger** Family Claims Statements New Charges

Unapplied Co-Pay \$30.00 Unapplied Pre-Pay \$0.00

Posted ▲	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustments	Chrg Bal	Balance
6/25/2010	6/3/2010	Randall Oates	99392	PREV VISIT, EST, ...	\$90.00	1.0	\$90.00			\$90.00	\$90.00
6/25/2010	6/25/2010	Randall Oates	99212	Office Visit 99212	\$120.00	1.0	\$120.00			\$120.00	\$210.00
6/25/2010	6/25/2010	Randall Oates	99212	Office Visit 99212	\$120.00	1.0	\$120.00			\$120.00	\$330.00
10/26/2010	10/26/2...	Randall Oates	99202	OFFICE/OUTPAT...	\$160.00	1.0	\$160.00			\$160.00	\$490.00
10/26/2010	10/26/2...	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$625.00
10/26/2010	10/26/2...	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$60.00		\$60.00	\$685.00
✕ 1/14/2011			Ins Pymt	Arkansas Medical...				\$60.00			

\$745.00

\$745.00

\$60.00

\$0.00

\$685.00

**\$685.00**

Print Receipt **2** Create Claim Add Adjustment Add 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

Id	Date Of Service	More Info
476	6/25/2010	▶
477	6/25/2010	▶
343	6/3/2010	▶
751	10/26/2010	▶

**Primary**

Policy: Cigna

Route: ☒ Paper ☐ Electronic

Paper Fill: ☒ Fewest Pages ☐ Maintain Order

**Secondary**

Policy: Select Secondary...

Route: ☐ Paper ☐ Electronic

Paper Fill: ☒ Fewest Pages ☐ Maintain Order

**Claim Comments**

☐ Open Claims Manager after create

**Create** **Cancel**

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. Click to highlight and **select the payer** responsible for the selected visit.
5. The Routing for the claim will default to the option selected in Insurance Companies setup. You can change that routing here if you prefer to print a paper claim instead of filing an electronic claim.
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 Personal Payments in Ledger**

---

View details of personal payments from the Patient Ledger

**Doe, Jenny S.** Account 50 Chart JED987654

**Date of Birth** 6/22/1999 **Age** 12 **Sex** Female **Status** Single

**Address** 123 Oak St Springdale, AR 72764

**Home** (479) 555-6666 **Work** (479) 555-7777 **Cell** (479) 555-8899

**Email** jendoe@email.com

**Balances**

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$135.00	\$0.00	\$135.00
<b>Totals</b>	<b>\$135.00</b>	<b>\$0.00</b>	<b>\$135.00</b>

☐ Self Pay Co-Pay \$0.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Unapplied Co-Pay \$0.00 Unapplied Pre-Pay \$0.00

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustments	Chrg Bal	Balance
4/12/2010	4/12/2010	Randall Oates	99215	OFFICE/OUTPAT...	\$175.00	1.0	\$175.00	\$135.00	\$40.00	\$0.00	\$0.00
4/20/2010	4/20/2010	Randall Oates	99215	OFFICE/OUTPAT...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$0.00
4/20/2010	4/20/2010	Randall Oates	73610	X-RAY EXAM OF ...	\$90.00	1.0	\$90.00	\$90.00		\$0.00	\$0.00
5/8/2010	5/8/2010	Randall Oates	99212	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00	\$100.00	\$20.00	\$0.00	\$0.00
5/8/2010	5/8/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$100.00	\$35.00	\$0.00	\$0.00
5/8/2010			Ins Adj	Insurance Adjust...					\$20.00		
5/8/2010			Ins Adj	Insurance Adjust...					\$35.00		
5/8/2010			Ins Pymt	AARP Pymt: 123...				\$160.00			
5/13/2010	5/13/2010	Randall Oates	99212	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00	\$115.00	\$5.00	\$0.00	\$0.00
5/13/2010			Ins Adj	Insurance Adjust...					\$40.00		
5/13/2010			Ins Pymt	Aetna Pymt: 22222				\$60.00			
5/13/2010			Ins Adj	Insurance Adjust...					\$5.00		
5/13/2010			Ins Pymt	BCBS AR Pymt: 6...				\$60.00			
5/24/2010	5/24/2010	Randall Oates	99212	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
6/23/2010	6/23/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
6/23/2010	6/23/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
6/23/2010			Ins Pymt	Aetna Pymt: 121...				\$100.00			
6/23/2010			Ins Pymt	Cigna Pymt: 987...				\$110.00			
6/28/2010			Ins Pymt	Aetna Pymt: 654...				\$200.00			
9/15/2010	9/15/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$121.50	1.0	\$121.50	\$121.50		\$0.00	\$0.00
10/11/2010			Pymt	Money Order: 45...				\$536.50			
10/28/2010	10/28/2...	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$135.00

1

\$1,461.50 \$1,461.50 \$1,226.50 \$100.00 \$135.00 **\$135.00**

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

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



Payment Detail

Payer Details

Doe, Jenny S.

**Birthday** 6/22/1999   **Age** 12  
123 Oak St  
Springdale, AR 72764

Payment Details

Type

Payment

Date

10/11/2010

Method

Money Order

Reference

456456465465

Amount

\$536.50

Comments

Applied Charges

Date ▲	Patient	Provider	Code	Description	Charge	Applied
4/12/2010	Jenny S Doe	Randall Oates	99215	OFFICE/OUTPATIENT VISIT, EST	\$175.00	\$75.00
4/20/2010	Jenny S Doe	Randall Oates	99215	OFFICE/OUTPATIENT VISIT, EST	\$175.00	\$95.00
4/20/2010	Jenny S Doe	Randall Oates	73610	X-RAY EXAM OF ANKLE	\$90.00	\$90.00
5/8/2010	Jenny S Doe	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	\$135.00	\$40.00
5/13/2010	Jenny S Doe	Randall Oates	99212	OFFICE/OUTPATIENT VISIT, EST	\$120.00	\$55.00
6/23/2010	Jenny S Doe	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	\$135.00	\$35.00
6/23/2010	Jenny S Doe	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	\$135.00	\$25.00
9/15/2010	Jenny S Doe	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	\$121.50	\$121.50

2

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

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SOAPware, Inc.

**View Insurance Payment Details from Ledger**

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View Insurance Payment Details from the Ledger Tab

Winters, Somer F.

**Winters, Somer F.** Account 45 Chart 11111

Date of Birth 4/19/1985 Age 26 Sex Female Status Single

Address 2700 Edison Springdale, AR 72703-1234

Home (479) 555-4444 Work (479) 555-7777 Cell (479) 555-5555

Email somerwinters@email.com

**Balances**

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$298.00	\$1,706.00	\$2,004.00
<b>Totals</b>	<b>\$298.00</b>	<b>\$1,706.00</b>	<b>\$2,004.00</b>

Self Pay Co-Pay \$10.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Unapplied Co-Pay \$10.00 Unapplied Pre-Pay \$0.00

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
6/1/2011	5/13/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$624.00
6/1/2011	5/13/2011	Randall Oates	72110	X-RAY EXAM OF ...	\$90.00	1.0	\$90.00			\$90.00	\$714.00
6/1/2011	6/1/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$100.00	1.0	\$100.00			\$100.00	\$814.00
6/3/2011	6/3/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$949.00
6/3/2011	6/3/2011	Randall Oates	71020	CHEST X-RAY	\$100.00	1.0	\$100.00	\$50.00		\$50.00	\$999.00
6/3/2011			Ins Pymt	Shelter Pymt: 45...				\$120.00			
6/17/2011	6/17/2011	Randall Oates	99202	OFFICE/OUTPAT...	\$160.00	1.0	\$160.00	\$90.00		\$70.00	\$1,069.00
6/21/2011			Ins Pymt	Arkansas Medical...				\$50.00			
6/21/2011			Ins Pymt	Blue Shield IN Py...							
7/12/2011			Pymt	Credit Card:				\$90.00			
7/26/2011			Ins Pymt	Indiana Medicaid...				\$40.00			
7/26/2011			Ins Pymt	Blue Shield IN Py...				\$50.00			
8/24/2011			Ins Pymt	Blue Shield IN Py...				\$40.00			
8/25/2011	7/19/2011	Randall Oates	99202	OFFICE/OUTPAT...	\$200.00	1.0	\$200.00			\$200.00	\$1,269.00
8/25/2011	7/19/2011	Randall Oates	J3303	Triamcinolone he...	\$50.00	1.0	\$50.00			\$50.00	\$1,319.00
8/25/2011	8/25/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$30.00		\$105.00	\$1,424.00
8/25/2011			Pymt	Credit Card:				\$30.00			
9/9/2011	9/9/2011	Randall Oates	99212	Office Visit Limite...	\$150.00	1.0	\$150.00	\$60.00	\$30.00	\$60.00	\$1,484.00
9/14/2011	9/14/2011	Randall Oates	99214	OFFICE/OUTPAT...	\$50.00	1.0	\$50.00			\$50.00	\$1,534.00
9/21/2011	9/21/2011	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00			\$120.00	\$1,654.00
10/4/2011	9/30/2011	Terrie S. Tre...	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$10.00		\$110.00	\$1,764.00
10/4/2011	10/4/2011	Randall Oates	81002	URINALYSIS NO...		1.0				\$0.00	\$1,764.00
11/6/2011	6/23/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$1,899.00
11/8/2011			Pymt	Credit Card:				\$10.00			
11/9/2011			Ins Adj	Insurance Adjust...					\$30.00		
11/9/2011			Ins Pymt	BCBS AR Pymt: 4...				\$60.00			

\$8,779.00 \$9,159.00 \$7,140.00 \$120.00 \$1,899.00 **\$1,899.00**

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

1. Double Click on the Insurance Payment line item.

Insurance Payment Details for Winters, Somer F.

<b>Payer</b> BCBS AR PO Box 2181 Little Rock, AR 72203 (501) 378-1111		<b>Group</b> Professional Groups, Inc. 123 Any Street Springdale, AR 727641234 (479) 555-1234		NPI 1234567893	Check Number 4556546
				Production Date 9/9/2011	Check Date 9/6/2011
				Check Amount \$120.00	Remaining \$0.00

**Claims**

Post Date	Processed	Claim ID	Provider	Primary	Secondary	SRT	Amount	Balance	File With
9/9/2011	9/9/2011	810	Randall Oates, MD	BCBS AR	Arkansas Medicaid	P	\$150.00	\$60.00	Secondary

**Claim Details**

**Details for Claim 810**

Post Date: 9/9/2011    Member ID: 1234567890    Patient Group Number: Grp##

Process Date: 9/9/2011    Rendering Provider: Randall Oates, MD

Routing: P    Rendering NPI: 1234567890

Primary			Secondary		
Policy	BCBS AR		Policy	Arkansas Medicaid	
Route	<input checked="" type="radio"/> Paper <input type="radio"/> Electronic		Route	<input checked="" type="radio"/> Paper <input type="radio"/> Electronic	
Paper Fill	<input checked="" type="radio"/> Fewest Pages <input type="radio"/> Maintain Order		Paper Fill	<input checked="" type="radio"/> Fewest Pages <input type="radio"/> Maintain Order	

☐ Processed  
 Claim Notes  
 Submitted on 9/9/2011

File With: Secondary

**Charges**

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other Adj	...	Provider	...	Notes
<input checked="" type="checkbox"/>	9/9/2011	9/9/2011	1.0	99212	\$150.00	\$120.00		\$60.00			\$30.00		\$60.00		a
					\$150.00	\$120.00	\$0.00	\$60.00	\$0.00	\$0.00	\$30.00		\$60.00		

Close


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

## **Print Receipt/Statement by date range from Ledger**

---

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

Tester, Lester A.



**Tester, Lester A.**

**Account 15**  
**Chart LTE5454**

**Date of Birth** 2/19/1979 **Age** 32 **Sex** Male **Status** Single

**Address** inates an error Fayetteville, AR 72703-0123

**Home** **Work** **Cell**

**Email** lt@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$0.00	\$1,830.00	\$1,830.00
Patient	\$5,000.00	\$250.00	\$5,250.00
<b>Totals</b>	<b>\$5,000.00</b>	<b>\$2,080.00</b>	<b>\$7,080.00</b>

☐ Self Pay Co-Pay \$0.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements **New Charges**

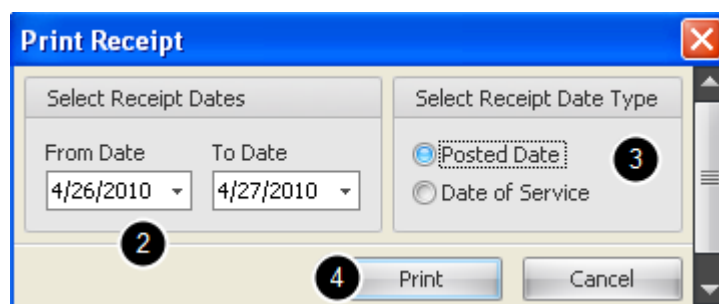
Unapplied Co-Pay \$0.00 Unapplied Pre-Pay \$0.00

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
12/9/2010	12/6/2010	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
12/14/2010	12/14/2...	Randall Oates	A0080	Noninterest esco...	\$320.00	1.0	\$320.00	\$320.00		\$0.00	\$0.00
12/14/2010	12/14/2...	Randall Oates	A0021	OOS	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
12/14/2010	12/14/2...	Randall Oates	A0080	Noninterest esco...		1.0				\$0.00	\$0.00
12/14/2010	12/14/2...	Randall Oates	A0021	OOS		1.0				\$0.00	\$0.00
12/21/2010	12/14/2...	Randall Oates	A0080	Noninterest esco...		1.0				\$0.00	\$0.00
1/31/2011	1/31/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
2/1/2011			Pymt	Check: 45646				\$1,932.00			
3/2/2011	3/2/2011	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00		\$120.00	\$0.00	\$0.00
4/26/2011			Collects	Write off to colle...					\$120.00		
5/23/2011	5/23/2011	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
5/23/2011	5/23/2011	Randall Oates	72100	X-RAY EXAM OF ...	\$30.00	1.0	\$30.00	\$30.00		\$0.00	\$0.00
5/23/2011	5/23/2011	Randall Oates	71010	CHEST X-RAY	\$70.00	1.0	\$70.00	\$70.00		\$0.00	\$0.00
5/23/2011	5/23/2011	Randall Oates	70100	X-RAY EXAM OF ...	\$50.00	1.0	\$50.00	\$50.00		\$0.00	\$0.00
5/23/2011			Ins Pymt	Blue Shield IN Py...				\$70.00			
5/24/2011			Ins Pymt	Indiana Medicaid...				\$10.00			
6/17/2011			Pymt	Credit Card:				\$190.00			
6/21/2011			Ins Pymt	Aetna Pymt: 5465							
6/21/2011			Ins Pymt	Missouri Medicaid...							
7/8/2011	7/8/2011	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$50.00		\$70.00	\$70.00
7/8/2011			Ins Pymt	Arkansas Firstso...				\$50.00			
7/8/2011			Ins Pymt	Missouri Medicaid...							
7/22/2011	1/1/1999	Randall Oates	2000	Balance Forward	\$5,000.00	1.0	\$5,000.00			\$5,000.00	\$5,070.00
7/26/2011	7/26/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$120.00		\$15.00	\$5,085.00
8/1/2011	8/1/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$5,220.00
8/19/2011			Ins Pymt	Arkansas Medical...				\$120.00			
					\$14,131.00		\$14,277.00	\$8,922.00	\$135.00	\$5,220.00	<b>\$5,220.00</b>

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

1. Click the Print Receipt button

## Select Receipt From Date/To Date



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 Print Options Find Bookmarks First Page Previous Page Next Page Last Page Navigation Many Pages Zoom Out Zoom Zoom In Page Color Watermark Page Background Export To E-Mail As Close Print Preview Export

Document Map

- Statement Report
  - Professional Group, Inc.

**Professional Group, Inc.**  
PO Box 1234  
Springdale, AR 72764

Statement Date: 12/28/2010  
Account Number: 15  
Pay This Amount: \$1,797.00

For Billing Questions call (479) 555-4444  
Tax ID: 333221111  
Page 1 of 1

**Tester, Lester**  
2700 Eidson  
Fayetteville, AR 72703-0123

**Professional Group, Inc.**  
PO Box 1234  
Springdale, AR 72764

☐ If Address or Insurance information has changed, please check box and add updated information.

Please detach and return top portion with payment.

**Statement**

Patient: Tester, Lester Chart: LTE5454

Date	Provider	Procedure	Mod	Description	DX	Units	Charges	Pymt/Adj	Balance
				Balance Forward					\$0.00
4/26/10	Randall Oates	71020	26	CHEST X-RAY	786.50	1	\$40.00		\$40.00
4/26/10	Randall Oates	99215		PYMT	786.50	1	\$175.00	\$30.00	\$145.00
4/26/10				Check: 5445					\$50.00
4/27/10	Randall Oates	99215			789.00	1	\$50.00		\$50.00
Current Balance									\$235.00
Current		30 - 60 Days Due		60+ Days Due		Balance Due			
\$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 Custom Charges to patient account from within the Ledger Tab. Select Patient Account from Chart Rack and Click on the Ledger Tab

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

## Add Charges in Ledger Tab

Lane, Penny P.



**Lane, Penny P.**

**Account** 43

**Chart**

**Date of Birth** 5/20/1968 **Age** 43 **Sex** Female **Status** Married

**Address** 544 Oak Fayetteville, Ar 12345-6789

**Home** (501) 555-2222 **Work** (501) 555-5555 **Cell** (123) 456-7890

**Email**

		Personal	Insurance	Totals
Family		\$0.00	\$0.00	\$0.00
Patient		\$505.00	\$2,277.45	\$2,782.45
<b>Totals</b>		<b>\$505.00</b>	<b>\$2,277.45</b>	<b>\$2,782.45</b>

☐ Self Pay Co-Pay \$0.00

Unapplied Co-Pay \$0.00 Unapplied Pre-Pay \$0.00

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
8/16/2010	8/16/2010	Randall Oates	99211	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00	\$70.00		\$50.00	\$1,520.00
8/16/2010	8/13/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$1,655.00
8/16/2010			Pymt	Credit Card: 121...				\$40.00			
8/20/2010	8/20/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	3.0	\$405.00			\$405.00	\$2,060.00
8/24/2010	8/24/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$50.00		\$85.00	\$2,145.00
8/24/2010			Pymt	Credit Card: ***...				\$50.00			
8/30/2010	10/1/2010	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$50.00		\$70.00	\$2,215.00
8/30/2010			Pymt	Check: 12544				\$50.00			
8/31/2010			Ins Adj	Insurance Adjust...					\$5.00		
8/31/2010			Ins Pymt	Medicare Pymt: ...							
9/14/2010	9/14/2010	Terrie S. Tre...	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$54.00		\$81.00	\$2,296.00
9/14/2010			Ins Pymt	Indiana Medicaid...				\$54.00			
9/14/2010			Pymt	Credit Card:				\$30.00			
10/13/2010	10/13/2...	Randall Oates	99214	OFFICE/OUTPAT...	\$116.00	1.0	\$116.00	\$98.55	\$6.00	\$11.45	\$2,307.45
10/27/2010			Ins Pymt	AARP Pymt: 123				\$90.00			
11/9/2010	11/9/2010	Randall Oates	72265	CONTRAST X-RA...	\$56.00	1.0	\$56.00			\$56.00	\$2,363.45
11/9/2010	11/9/2010	Randall Oates	71110	X-RAY EXAM OF ...	\$60.00	1.0	\$60.00			\$60.00	\$2,423.45
11/9/2010	11/9/2010	Randall Oates	72110	X-RAY EXAM OF ...	\$90.00	1.0	\$90.00			\$90.00	\$2,513.45
11/9/2010	11/9/2010	Randall Oates	71100	X-RAY EXAM OF ...	\$88.00	1.0	\$88.00			\$88.00	\$2,601.45
11/9/2010	11/9/2010	Randall Oates	99212	Office Visit Limite...	\$96.00	1.0	\$96.00			\$96.00	\$2,697.45
12/9/2010			Ins Adj	Insurance Adjust...					\$6.00		
12/9/2010			Ins Pymt	Medicare Pymt: ...				\$40.60			
12/14/2010	12/14/2...	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$50.00		\$85.00	\$2,782.45
12/14/2010			Pymt	Credit Card: 555...				\$30.00			
12/28/2010			Pymt	Credit Card: ***...				\$20.00			
3/2/2011			Pymt	Credit Card:				\$57.95			

\$3,951.00    \$4,221.00    \$1,147.55    \$291.00    \$2,782.45    **\$2,782.45**

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

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

3. Click the Select button to add charge to ledger

## View Charge in Ledger

11/9/2010	11/9/2010	Randall Oates	72110	X-RAY EXAM OF ...	\$90.00	1.0	\$90.00			\$90.00
11/9/2010	11/9/2010	Randall Oates	71100	X-RAY EXAM OF ...	\$88.00	1.0	\$88.00			\$88.00
11/9/2010	11/9/2010	Randall Oates	99212	Office Visit Limite...	\$96.00	1.0	\$96.00			\$96.00
12/9/2010			Ins Adj	Insurance Adjust...					\$6.00	
✕ 12/9/2010			Ins Pymt	Medicare Pymt: ...				\$40.60		
12/14/2010	12/14/2...	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$50.00		\$85.00
12/14/2010			Pymt	Credit Card: 555...				\$30.00		
12/28/2010			Pymt	Credit Card: ***...				\$20.00		
3/2/2011			Pymt	Credit Card:				\$57.95		
11/9/2011	11/9/2011	Randall Oates	99999	No show Fee	\$25.00	1.0	\$25.00			\$25.00

\$3,976.00

\$4,246.00

\$1,147.55

\$291.00

\$2,807.45

Print Receipt

Create Claim

Add Adjustment


Add Charge

**Add Payment in Patient Ledger**

---

## Apply Payment to Patient Ledger

Lane, Penny P.



**Lane, Penny P.**

Account 43  
Chart

Date of Birth 5/20/1968 Age 43 Sex Female Status Married

Address 544 Oak Fayetteville, Ar 12345-6789

Home (501) 555-2222 Work (501) 555-5555 Cell (123) 456-7890

Email

**\$ Balances**

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$535.00	\$2,277.45	\$2,812.45
<b>Totals</b>	<b>\$535.00</b>	<b>\$2,277.45</b>	<b>\$2,812.45</b>

☐ Self Pay Co-Pay \$0.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Unapplied Co-Pay \$0.00 Unapplied Pre-Pay \$0.00

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
8/16/2010	8/13/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$1,655.00
8/16/2010			Pymt	Credit Card: 121...				\$40.00			
8/20/2010	8/20/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	3.0	\$405.00			\$405.00	\$2,060.00
8/24/2010	8/24/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$50.00		\$85.00	\$2,145.00
8/24/2010			Pymt	Credit Card: ***...				\$50.00			
8/30/2010	10/1/2010	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$50.00		\$70.00	\$2,215.00
8/30/2010			Pymt	Check: 12544				\$50.00			
8/31/2010			Ins Adj	Insurance Adjust...					\$5.00		
8/31/2010			Ins Pymt	Medicare Pymt: ...							
9/14/2010	9/14/2010	Terrie S. Tre...	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$54.00		\$81.00	\$2,296.00
9/14/2010			Ins Pymt	Indiana Medicaid...				\$54.00			
9/14/2010			Pymt	Credit Card:				\$30.00			
10/13/2010	10/13/2...	Randall Oates	99214	OFFICE/OUTPAT...	\$116.00	1.0	\$116.00	\$98.55	\$6.00	\$11.45	\$2,307.45
10/27/2010			Ins Pymt	AARP Pymt: 123				\$90.00			
11/9/2010	11/9/2010	Randall Oates	72265	CONTRAST X-RA...	\$56.00	1.0	\$56.00			\$56.00	\$2,363.45
11/9/2010	11/9/2010	Randall Oates	71110	X-RAY EXAM OF ...	\$60.00	1.0	\$60.00			\$60.00	\$2,423.45
11/9/2010	11/9/2010	Randall Oates	72110	X-RAY EXAM OF ...	\$90.00	1.0	\$90.00			\$90.00	\$2,513.45
11/9/2010	11/9/2010	Randall Oates	71100	X-RAY EXAM OF ...	\$88.00	1.0	\$88.00			\$88.00	\$2,601.45
11/9/2010	11/9/2010	Randall Oates	99212	Office Visit Limite...	\$96.00	1.0	\$96.00			\$96.00	\$2,697.45
12/9/2010			Ins Adj	Insurance Adjust...					\$6.00		
12/9/2010			Ins Pymt	Medicare Pymt: ...				\$40.60			
12/14/2010	12/14/2...	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$50.00		\$85.00	\$2,782.45
12/14/2010			Pymt	Credit Card: 555...				\$30.00			
12/28/2010			Pymt	Credit Card: ***...				\$20.00			
3/2/2011			Pymt	Credit Card:				\$57.95			
11/9/2011	11/9/2011	Randall Oates	99999	No show Fee	\$30.00	1.0	\$30.00			\$30.00	\$2,812.45

\$3,981.00 \$4,251.00 \$1,147.55 \$291.00 \$2,812.45 **\$2,812.45**

Print Receipt Create Claim Add Adjustment Add Charge **Add Payment**

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

**Make Payment**

**Payer Details**

X Lane, Penny

Account # 43 Chart # DOB 5/6/1968 Age 42

544 Oak  
Fayetteville Ar 72703

Comments

**Payment Details**

Payment Type Payment

Facility **2** Family Clinic

Pay Date 6/7/2010

Pay Method Credit Card

Reference \*\*\*\*\*1234

Amount \$75.00

Remaining \$0.00

Apply Charges

Add Dependent No Dependents

+ Add Patient

Disburse

X Lane, Penny

Acct # 43 DOB 5/6/1968

Chart # Age 42

Co-Pay \$0.00 Store as Co-Pay \$0.00

**3** Store as Pre-Pay \$0.00

**Charges**

☐ Show Zero Balance Charges

Pay All

DOS	Provider	Code	Description	Charge	Paym...	Balance	Applied
4/5/2010	Randall O...	99215	OFFICE/OUTPATIENT ...	\$175.00	\$0.00	\$175.00	\$75.00
4/5/2010	Randall O...	71020	CHEST X-RAY	\$90.00	\$0.00	\$90.00	\$0.00
5/25/2010	Randall O...	99213	OFFICE/OUTPATIENT ...	\$135.00	\$0.00	\$135.00	\$0.00
5/25/2010	Randall O...	72010	X-RAY EXAM OF SPINE	\$120.00	\$0.00	\$120.00	\$0.00
				\$520.00	\$0.00	\$520.00	\$75.00

Clear Applied

☒ Print Receipt After Saving **4** Save 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 check mark in the box next to Print Receipt and Click Save.

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


## **Print Receipt for Payment in Ledger**

---

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.

## Apply Payment to multiple dependents from ledger

Flintstone, Frank F., Sr



**Flintrock, Fred F., Sr**

Account 23  
Chart FLI1950

Date of Birth 3/9/1958 Age 53 Sex Male Status Married

Address 145 Boulder Hwy Bedrock, AR 72702

Home (479) 555-4444 Work (479) 555-9999 Cell (479) 555-5555

Email ff@email.com

**Balances**

	Personal	Insurance	Totals
Family	\$140.00	\$135.00	\$275.00
Patient	\$0.00	\$30.00	\$30.00
<b>Totals</b>	<b>\$140.00</b>	<b>\$165.00</b>	<b>\$305.00</b>

☐ Self Pay Co-Pay \$0.00

1

Schedule Demographics Insurance Custom Flags/Notes **Ledger** Family Claims Statements New Charges

Unapplied Co-Pay \$50.00 Unapplied Pre-Pay \$0.00

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
6/21/2010	6/21/2010	Randall Oates	99212	Office Visit 99212		1.0				\$0.00	\$0.00
6/29/2010	6/29/2010	Randall Oates	99211	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
7/7/2010	7/7/2010	Randall Oates	99214	OFFICE/OUTPAT...	\$145.00	1.0	\$145.00		\$145.00	\$0.00	\$0.00
7/23/2010	7/23/2010	Terrie S. Tre...	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$90.00	\$30.00	\$0.00	\$0.00
8/4/2010	8/4/2010	Randall Oates	99211	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00	\$25.00	\$95.00	\$0.00	\$0.00
8/4/2010			Pymt	Credit Card:				\$25.00			
8/4/2010	8/4/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$20.00	\$115.00	\$0.00	\$0.00
8/4/2010			Pymt	Credit Card:				\$20.00			
8/16/2010			Ins Pymt	Cigna Pymt: 321...				\$60.00			
8/16/2010			Ins Pymt	Medicare Pymt: ...				\$30.00			
8/31/2010			Ins Pymt	Medicare Pymt: ...				\$240.00			
9/10/2010			Ins Adj	Insurance Adjust...					\$10.00		
9/10/2010			Ins Pymt	BCBS AR Pymt: 5...				\$225.00			
12/3/2010	12/3/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$120.00	\$15.00	\$0.00	\$0.00
12/21/2010			Ins Adj	Insurance Adjust...					\$5.00		
12/21/2010			Ins Pymt	Arkansas Medical...				\$100.00			
12/28/2010			Pymt	Credit Card: ***...				\$20.00			
1/5/2011	1/5/2011	Randall Oates	99214	OFFICE/OUTPAT...	\$145.00	1.0	\$145.00	\$20.00	\$125.00	\$0.00	\$0.00
1/5/2011	1/5/2011	Randall Oates	72010	X-RAY EXAM OF ...	\$120.00	1.0	\$120.00		\$120.00	\$0.00	\$0.00
1/5/2011			Pymt	Cash:				\$20.00			
1/25/2011	1/17/2011	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$20.00	\$100.00	\$0.00	\$0.00
1/25/2011			Pymt	Credit Card:				\$20.00			
3/10/2011	1/27/2011	Randall Oates	99212	Office Visit Limite...	\$60.00	1.0	\$60.00		\$60.00	\$0.00	\$0.00
7/6/2011	7/6/2011	Randall Oates	71020	CHEST X-RAY	\$50.00	1.0	\$50.00	\$20.00	\$30.00	\$0.00	\$0.00
7/6/2011			Pymt	Credit Card:				\$20.00			
9/19/2011			Collects	Write off to colle...					\$1,205.00		
					\$2,000.00		\$2,000.00	\$780.00	\$1,220.00	\$0.00	<b>\$0.00</b>

2

Print Receipt Create Claim Add Adjustment Add Charge **Add Payment**

1. Click on Ledger tab in patient account.

2. Click on Add Payment.



### Select multiple dependent accounts

Payer Details					Payment Details		
X Flintrock, Wilma S. <span style="float: right;">3</span> Account # 55   Chart #   DOB 5/19/1930   Age 80 5432 Boulder Blvd Bedrock AR 727035432					Payment Type: Payment Facility: Family Clinic Pay Date: 1/3/2011 Pay Method: Credit Card Reference: *****1234  Amount: \$60.00 Remaining: \$60.00		
Comments: <div style="border: 1px solid black; height: 40px;"></div>							
Apply Charges   Add Dependent: Select Dependent   + Add Patient <span style="float: right;">5</span> Disburse							
X Flintrock, Fred F., Sr. Acct # 23   DOB 5/19/1950 Chart # FLI1950   Age 60					Co-Pay: \$0.00   Store as Co-Pay: \$0.00 Store as Pre-Pay: \$0.00		
<b>\$ Charges</b>							
<input type="checkbox"/> Show Zero Balance 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 ◀
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
☒ Print Receipt After 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.



## Print a receipt for personal payment made in patient ledger

### Family Clinic

123 Any St  
Any City, Ar 72703

For Billing Questions call  
(479) 555-3333

Payment Date: 1/3/2011

Payer Name: Flintrock,  
Wilma S.

Type: 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
<b>Total</b>		<b>\$60.00</b>

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.

## Delete Personal Payment

Patient Account -> Ledger Tab

 Lane, Penny P.

**Lane, Penny P.** Account 43  
Chart


Date of Birth 5/20/1968 Age 43 Sex Female Status Married  
Address 544 Oak Fayetteville, Ar 12345-6789  
Home (501) 555-2222 Work (501) 555-5555 Cell (123) 456-7890  
Email

**Balances**  
Personal  
Family \$0.00  
Patient \$535.00  
**Totals** \$535.00

☐ Self Pay

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New

Unapplied Co-Pay \$0.00 Unapplied

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal
8/16/2010	8/13/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00
	8/16/2010		Pynt	Credit Card: 121...				\$40.00		
8/20/2010	8/20/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	3.0	\$405.00			\$405.00
8/24/2010	8/24/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$50.00		\$85.00
8/24/2010			Pynt	Credit Card: ***...				\$50.00		
8/30/2010	10/1/2010	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$50.00		\$70.00
8/30/2010			Pynt	Check: 12544				\$50.00		

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.

## **Delete an insurance payment from visit**

---

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

Lane, Penny P.

**Account 43**  
**Chart**

**Date of Birth** 5/20/1968 **Age** 43 **Sex** Female **Status** Married

**Address** 544 Oak Fayetteville, Ar 12345-6789

**Home** (501) 555-2222 **Work** (501) 555-5555 **Cell** (123) 456-7890

**Email**

**Balances**

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$535.00	\$2,277.45	\$2,812.45
<b>Totals</b>	<b>\$535.00</b>	<b>\$2,277.45</b>	<b>\$2,812.45</b>

☐ Self Pay **Co-Pay \$0.00**

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Unapplied Co-Pay \$0.00 Unapplied Pre-Pay \$0.00

Posted	DO5	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
8/16/2010	8/13/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$1,655.00
8/16/2010			Pymt	Credit Card: 121...				\$40.00			
8/20/2010	8/20/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	3.0	\$405.00			\$405.00	\$2,060.00
8/24/2010	8/24/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$50.00		\$85.00	\$2,145.00
8/24/2010			Pymt	Credit Card: ***...				\$50.00			
8/30/2010	10/1/2010	Randall Oates								\$70.00	\$2,215.00
8/30/2010											
8/31/2010											
8/31/2010											
9/14/2010	9/14/2010	Terrie S. Tre..								\$81.00	\$2,296.00
X 9/14/2010											
9/14/2010											
10/13/2010	10/13/2...	Randall Oates								\$11.45	\$2,307.45
10/27/2010											
11/9/2010	11/9/2010	Randall Oates	72265	CONTRAST X-RA...	\$56.00	1.0	\$56.00			\$56.00	\$2,363.45
11/9/2010	11/9/2010	Randall Oates	71110	X-RAY EXAM OF ...	\$60.00	1.0	\$60.00			\$60.00	\$2,423.45
11/9/2010	11/9/2010	Randall Oates	72110	X-RAY EXAM OF ...	\$90.00	1.0	\$90.00			\$90.00	\$2,513.45
11/9/2010	11/9/2010	Randall Oates	71100	X-RAY EXAM OF ...	\$88.00	1.0	\$88.00			\$88.00	\$2,601.45
11/9/2010	11/9/2010	Randall Oates	99212	Office Visit Limite...	\$96.00	1.0	\$96.00			\$96.00	\$2,697.45
12/9/2010			Ins Adj	Insurance Adjust...					\$6.00		
12/9/2010			Ins Pymt	Medicare Pymt: ...				\$40.60			
12/14/2010	12/14/2...	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$50.00		\$85.00	\$2,782.45
12/14/2010			Pymt	Credit Card: 555...				\$30.00			
12/28/2010			Pymt	Credit Card: ***...				\$20.00			
3/2/2011			Pymt	Credit Card:				\$57.95			
11/9/2011	11/9/2011	Randall Oates	99999	No show Fee	\$30.00	1.0	\$30.00			\$30.00	\$2,812.45
					\$3,981.00		\$4,251.00	\$1,147.55	\$291.00	\$2,812.45	<b>\$2,812.45</b>

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

**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 be prompted a

second time to confirm Delete.

3. Click No to Cancel the deleting process.

# Add Adjustment in Ledger

---

Located in Billing -> Patient Account -> Ledger Tab



## Add an Adjustment to Patient Account from the Ledger

Clark, Jack

**Clark, Jack** Account 60 Chart JC123456

Date of Birth 9/18/1960 Age 51 Sex Male Status Married

Address 456 Elm Springdale, AR 72765-0456

Home (479) 555-1234 Work (479) 555-3214 Cell (479) 555-7890

Email

**\$ Balances**

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$183.75	\$183.75
<b>Totals</b>	<b>\$0.00</b>	<b>\$183.75</b>	<b>\$183.75</b>

☐ Self Pay Co-Pay \$0.00

Schedule Demographics Insurance Custom Flags/Notes **Ledger** Family Claims Statements New Charges

Unapplied Co-Pay \$20.00 Unapplied Pre-Pay \$200.00

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
4/14/2010	4/14/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
4/14/2010	4/14/2010	Randall Oates	99212	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
4/27/2010	4/27/2010	Randall Oates	99215	OFFICE/OUTPAT...	\$150.00	1.0	\$150.00	\$150.00		\$0.00	\$0.00
4/27/2010	4/27/2010	Randall Oates	72010	X-RAY EXAM OF ...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
4/28/2010	4/28/2010	Randall Oates	T1002	RN services up t...	\$600.00	1.0	\$600.00	\$600.00		\$0.00	\$0.00
5/5/2010	5/5/2010	Randall Oates	99215	OFFICE/OUTPAT...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$0.00
5/19/2010	5/19/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
5/27/2010		Randall Oates	99202	OFFICE/OUTPAT...	\$160.00	1.0	\$160.00	\$160.00		\$0.00	\$0.00
5/27/2010	3/19/2010	Randall Oates	99215	OFFICE/OUTPAT...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$0.00
5/27/2010	5/27/2010	Randall Oates	71010	CHEST X-RAY	\$70.00	1.0	\$70.00	\$70.00		\$0.00	\$0.00
5/27/2010	5/27/2010	Randall Oates	72142	MRI NECK SPINE...	\$450.00	1.0	\$450.00	\$450.00		\$0.00	\$0.00
5/27/2010	5/27/2010	Randall Oates	72020	X-RAY EXAM OF ...	\$130.00	1.0	\$130.00	\$130.00		\$0.00	\$0.00
5/27/2010	5/27/2010	Randall Oates	71010	CHEST X-RAY	\$70.00	1.0	\$70.00	\$70.00		\$0.00	\$0.00
5/27/2010	5/27/2010	Randall Oates	99212	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
6/14/2010	6/14/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
6/15/2010		Pymt		Credit Card: ***...				\$2,745.00			
6/18/2010	6/18/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
6/18/2010	6/18/2010	Randall Oates	99214	OFFICE/OUTPAT...	\$145.00	1.0	\$145.00	\$145.00		\$0.00	\$0.00
6/23/2010	9/23/2010	Randall Oates	99214	OFFICE/OUTPAT...	\$145.00	1.0	\$145.00	\$145.00		\$0.00	\$0.00
6/28/2010	6/28/2010	Randall Oates	74247	CONTRST X-RAY...	\$250.00	1.0	\$250.00	\$250.00		\$0.00	\$0.00
6/28/2010	6/9/2010	Randall Oates	99202	OFFICE/OUTPAT...	\$160.00	1.0	\$160.00	\$160.00		\$0.00	\$0.00
6/28/2010	6/28/2010	Randall Oates	74247	CONTRST X-RAY...	\$250.00	1.0	\$250.00	\$250.00		\$0.00	\$0.00
6/28/2010	6/28/2010	Randall Oates	74247	CONTRST X-RAY...	\$300.00	1.0	\$300.00	\$300.00		\$0.00	\$0.00
7/30/2010	7/30/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
9/20/2010	9/20/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$33.75	1.0	\$33.75	\$80.00		(\$46.25)	(\$46.25)
2/3/2011		Pymt		Credit Card: ***...				\$1,600.00			
3/10/2011	3/10/2011	Randall Oates	88305	TISSUE EXAM BY...	\$60.00	1.0	\$60.00	\$50.00	\$10.00	\$0.00	(\$46.25)
					\$4,613.75		\$4,613.75	\$4,420.00	\$10.00	\$183.75	<b>\$183.75</b>

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

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: Search  
Advanced Code Search

Description: 2  
Description Filter

Amount: \$0.00

☒ Show Zero Balance Charges

Charges for Clark, Jack

DOS	Provider
4/14/2010	Randall Oates
4/14/2010	Randall Oates

Payments	Balance	Applied
\$110.00	\$25.00	\$0.00
\$0.00	\$120.00	\$0.00

Professional Courtesy  
Blue Cross Adjustment  
Medicaid Adjustment  
Medicare Adjustment  
Refund to Patient  
New Adj. code  
Sample Adjustment Code  
Insurance Adjustment  
Refund Adjustment  
Aetna Adjustment  
**Charged in Error** 3

\$255.00 \$110.00 \$145.00 \$0.00

Okay 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 Adjustment** ✕

Code: 89CE      Description: Charged in Error      Amount: \$120.00

Advanced Code Search ⌵

Charges for Clark, Jack ☐ Show Zero Balance 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

5

Click to apply amount

6

Okay      Cancel

\$255.00    \$110.00    \$145.00    \$120.00

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

# **Payer/Non-Patient Accounts**

## Add a Payer/Non-Patient Account

Go to Billing -> Payer/Non-Patient Account

### Create a New Payer/Guarantor

The screenshot shows the 'Non Patient Accounts' window. At the top, there is a search bar and a 'Type' dropdown menu set to 'Name'. To the right of the search bar is a green plus icon in a yellow box, which is highlighted by a red arrow and a black circle with the number '1'. Below the search bar is a row of letters from A to S, each in a separate box. Below the letters is a table with columns for 'Name', 'Chart Number', 'SSN', and 'Birth Date'. At the bottom of the window, there is a 'Provider' dropdown menu set to 'All Providers' and a 'Total Active Patients' label with the value '80'. There are 'Select' and 'Cancel' buttons at the bottom right. A tooltip titled 'Create New Payer' is displayed over the plus icon, containing the text: 'This creates a new Payer. A Payer is a not a Patient, but has demographic information saved in your system.' and a button that says '? Press F1 key to get more information'.

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.

**Create New Payer**

**Personal**

First: Fred Middle: R. Last: Fredrick

Gender: ☐ Unknown ☒ Male ☐ Female Birthday: 2/3/1968 SSN: 111-22-3333

**Address**

Street: 123 Some St  
City: Any City  
State: AR  
Zip: 72703-0123

**Contact**

Email: ff@email.com  
Home Phone: (479)555-5555  
Work Phone: (479)555-6666  
Cell Phone: (479)555-5554

Notes: Type free text notes/additional information here.

**2** Save Cancel

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

## Add Payer/Non-Patient Account in Demographics

Billing -> PatientAccount -> Demographics Tab

**Lane, Penny** Account 43

**Chart**

Date of Birth 5/6/1968 Age 42 Sex Female Status Unknown

Address 544 Oak Fayetteville, Ar 72703

Home Work Cell

Email

**Balances**

Family \$0.00

Personal \$0.00

**Total \$0.00**

☐ Self Pay Co-Pay \$0.00

**Demographics** Insurance Custom Ledger Family Claims Statements New Charges

**Patient Information**

Title First Middle Last Suffix

SSN 456-78-9132 Birth Date 5/6/1968 Age 42 Chart

Marital Status Married Gender Female Related To...

Race Ethnicity Language

**Address**

Street 544 Oak

City Fayetteville State Ar Zip 72703-

**Contact Information**

Home Phone Work Phone Cell Phone

Email

☐ Exclude From Data Explorer

**Notes -**

**Patient Picture**

Load Clear

**Primary Provider** Randall Oates

**Referring Provider** ... X

**PCP** ... X

**Preferred Pharmacy** +

**Billing Information**

**Guarantor** + ...

**Finance** 2

**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.

**Payer Account**

Lane, Perry P.

**Birthdate** 1/7/1962    **Age** 48    **Sex** Male

**Address** 544 Oak St, Fayetteville AR, 72701-0544

**Email** ppl@email.com

**Contact Information**

**Home** (479) 555-4444

**Cell** (479) 555-5555

**Work** (479) 555-6666

**Demographics**    **Family**

**Personal**

First: Perry    Middle: P    Last: Lane

Gender: ☐ Unknown    ☒ Male    ☐ Female

Birthdate: 1/7/1962    SSN: 123-45-6789

**Address**

Street: 544 Oak St

City: Fayetteville

State: AR

Zip: 72701-0544

**Contact**

Email: ppl@email.com

Home Phone: (479)555-4444

Work Phone: (479)555-6666

Cell Phone: (479)555-5555

**Notes** free text notes

Save    Close

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



## Add Dependents to Payer Account

**Payer Account**

**Lane, Penny P.**

**Demographics**  
 Birthday 1/7/1962 Age 48 Sex Male  
 Address 544 Oak St, Fayetteville AR, 72701-0544  
 Email ppl@email.com

**Contact Information**  
 Home (479) 555-4444  
 Cell (479) 555-5555  
 Work (479) 555-6666

**Family** (4)

**Add Dependent** (5)

Patient	Relation	Pending	Balance
× Penny Lane			\$1,445.00
× Mollie Turner			\$3,440.00

**Billing Information**

Guarantor  
 × Lane, Penny P. (3)

Financial Class

Student Status

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/Non-Patient Account

### Add Dependents to Payer Account

**Payer Account**

Lane, Penny P.

Birthdate 1/7/1962 Age 48 Sex Male

Address 544 Oak St, Fayetteville AR, 72701-0544

Email ppl@email.com

Contact Information

Home (479) 555-4444

Cell (479) 555-5555

Work (479) 555-6666

Demographics Family

+ Add Dependent

Dependent List

Patient	Relation	Pending	Balance
x Penny Lane			\$1,445.00
x Mollie Turner			\$3,440.00

Save Close

Billing Information

Guarantor x Lane, Penny P.

Financial Class

Student Status

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.


## Change Payer/Guarantor in Make Payment dialog

---

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

## Add Payer from Patient Ledger

**Lane, Penny**



**Lane, Penny**

Account 43  
Chart

Date of Birth 5/6/1968 Age 42 Sex Female Status Unknown

Address 544 Oak Fayetteville, Ar 72703

Home Work Cell

Email

**\$ Balances**

Family \$0.00

Personal \$0.00

**Total \$0.00**

☐ Self Pay Co-Pay \$0.00

Schedule Demographics Insurance Custom Ledger Family Claims Statements New Charges

Unapplied Co-Pay \$0.00 Unapplied Pre-Pay \$0.00

Posted ▲	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustments	Chrg Bal	Balance
4/8/2010	4/5/2010	Randall Oates	99215	OFFICE/OUTPATI...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$0.00
4/8/2010	4/5/2010	Randall Oates	71020	CHEST X-RAY	\$90.00	1.0	\$90.00	\$90.00		\$0.00	\$0.00
5/25/2010	5/25/2010	Randall Oates	99213	OFFICE/OUTPATI...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
5/25/2010	5/25/2010	Randall Oates	72010	X-RAY EXAM OF ...	\$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:				\$10.00			
6/8/2010			Pymt	Credit Card: ***...				\$455.00			
6/8/2010			600	Refund to Patient					(\$20.00)		

\$520.00 \$520.00 \$540.00 (\$20.00) \$0.00 **\$0.00**

Print Receipt Add Adjustment Add Charge 1 Add Payment

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

**Make Payment**

**Payer Details**

X Lane, Penny

Account # 43 Chart # DOB 5/6/1968 Age 42

**2** Remove Payer

Click to remove this selected Payer and add a new one. Note, a Payer is required for a payment.

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**

+ ...

**3** Select Payer

Click this button to select an existing Payer.

**Payment Details**

Payment Type Payment

Facility Family Clinic

Payment Method Credit Card

Reference

Comments

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

# Enter Charges


## Enter Charges from Billing Menu

---

Billing -> Enter Charges

## Add a New Visit

Bert, Ernie



**Bert, Ernie**

**Account** 94  
**Chart** 12345

**Date of Birth** 5/15/1976   **Age** 35   **Sex** Male   **Status** Married

**Address** 112 Oak St Fayetteville, AR 72703

**Home** (479) 555-4444   **Work** (479) 555-5555   **Cell** (479) 555-7777

**Email**

**\$ Balances**

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$0.90	\$144.93	\$145.83
<b>Totals</b>	<b>\$0.90</b>	<b>\$144.93</b>	<b>\$145.83</b>

☐ Self Pay   Co-Pay \$20.00

ScheduleDemographicsInsuranceCustomFlags/NotesLedgerFamilyClaimsStatementsNew Charges

New Visit

1

Unapplied Co-Pay\$0.00Apply Co-Pay


Unapplied Pre-Pay\$0.00Apply Pre-Pay

Add Payment



## More Info

Bert, Ernie



**Bert, Ernie**

Account 94  
Chart 12345

Date of Birth 5/15/1976 Age 35 Sex Male Status Married

Address 112 Oak St Fayetteville, AR 72703

Home (479) 555-4444 Work (479) 555-5555 Cell (479) 555-7777

Email

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$0.90	\$144.93	\$145.83
<b>Totals</b>	<b>\$0.90</b>	<b>\$144.93</b>	<b>\$145.83</b>

☐ Self Pay Co-Pay \$20.00

[Schedule](#)
[Demographics](#)
[Insurance](#)
[Custom](#)
[Flags/Notes](#)
[Ledger](#)
[Family](#)
[Claims](#)
[Statements](#)
[New Charges](#)

[+ New Visit](#)

Unapplied Co-Pay  [Apply Co-Pay](#)

Unapplied Pre-Pay  [Apply Pre-Pay](#)

Patient Visit for 11/6/2011 9:20 PM

[x Charges From 11/6/2011 9:20 PM](#) [More Info](#) [Add Adjustment](#) [Add Charge](#)

Omit	Posted	Provider	Code	Modifi...	Description	DX	Charge	Unit	Tota...	Co-Ins	Pay...	Adju...	Balance

\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

**Primary**

Policy

Route ☒ Paper ☐ Electronic

Paper Fill ☐ Fewest Pages ☐ Maintain Order

Follow Up Action  ☐ Incomplete

Doctor Comments

**Secondary**

Policy

Route ☒ Paper ☐ Electronic

Paper Fill ☐ Fewest Pages ☐ Maintain Order

☒ Print Receipt After Post [Post](#)

Claim Comments

[Add Payment](#)

New Visit dialog opens to begin adding charges.

2. Click the **More Info** button to open Edit Claim Details dialog and add Rendering Provider and Place of Service. (Owner and Facility)

## More Info-Rendering Provider, Place of Service (See following Lesson on additional More Info details)

**Edit Claim Details**

Owner: Randall Oates 3 Facility: Family Clinic 4

**Type**

☐ Employment State:  

☐ Auto Accident  

☐ Other Accident

☒ None

**Special Program Codes**

Special Program:  

Delay Reason: <None>

**Primary**

☒ Release of Information Signature

☐ Signature Executed For Patient

Benefits Assignment: Yes

**Secondary**

☒ Release of Information Signature

☐ Signature Executed For Patient

Benefits Assignment: Yes

**Tabs:** Ambulance | Contract | Dates | File Information | Misc Details | Patient | Property And Casualty | **Providers** | Referral / Authorization | Supplemental Information | Vision

**Illness, Injury or Pregnancy**

Current IIP:  

Accident:  

Onset of Current:  

Last Menstrual Period:  

**Patient, Treatment Dates**

Last Seen Date:  

Referral Date:  

Similar Illness Date:  

Initial Treatment:  

Acute Manifestation:  

Hearing/Vision Rx:  

Last X-Ray:  

Order Date:  

**Hospital, Disability Dates**

Not Work From:   To:  

Disability From:   To:  

Hospital From:   To:  

Care From:   To:  

Accept Assignment: Yes

5 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. Click Save.

## Add Charge in New Charges Tab

6. Click the Add Charge button to Open the Select Charge dialog
7. 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 field
8. 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	Unit	Charge
11/8/2011	11/8/2011	Randall Oates	99214	OFFICE/OUTPATIENT VISI...	1.0	\$145.00

**Diagnosis Codes** Add Code 9

DX	Description

**Modifiers** Add Code 11

Code	Description

☐ Omit from Claim 12

**Select Diagnosis** 10

Code	Description
781.0	Kathisophobia
785.1	
789.36	
782.1	
784.49	
784.51	
783.21	
780.31	
786.52	
787.91	
780.59	
784.69	
781.3	
783.5	

**Totals**

Charges	\$145.00
Pay/Adjust	\$0.00
Balance	\$145.00

**Quick Misc Details**

Facility: Family Clinic

EPSTD: ☐ Emergency ☐ Family Plan

Supplemental:

13 Save Cancel

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

9. 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

10. 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.

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


12. 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.

13. Click the Save button to save data.

Repeat Steps 6.-13. to add more charges

## Post New Charges to Patient Ledger

Bert, Ernie



**Bert, Ernie**

Account 94  
Chart 12345

Date of Birth 5/15/1976 Age 35 Sex Male Status Married

Address 112 Oak St Fayetteville, AR 72703

Home (479) 555-4444 Work (479) 555-5555 Cell (479) 555-7777

Email

		Personal	Insurance	Totals
Family		\$0.00	\$0.00	\$0.00
Patient		\$0.90	\$144.93	\$145.83
<b>Totals</b>		<b>\$0.90</b>	<b>\$144.93</b>	<b>\$145.83</b>

☐ Self Pay Co-Pay \$20.00

[Schedule](#)
[Demographics](#)
[Insurance](#)
[Custom](#)
[Flags/Notes](#)
[Ledger](#)
[Family](#)
[Claims](#)
[Statements](#)
[\\$ New Charges](#)

[+ New Visit](#)

Unapplied Co-Pay \$0.00 [Apply Co-Pay](#)

Unapplied Pre-Pay \$0.00 [Apply Pre-Pay](#)

Patient Visit for 11/6/2011 9:20 PM

[x](#) Charges From 11/6/2011 9:20 PM [More Info](#) [Add Adjustment](#) [\\$ Add Charge](#)

Omit	Posted	Provider	Code	Modifi...	Description	DX	Charge	Unit	Tota...	Co-Ins	Pay...	Adju...	Balance
<input checked="" type="checkbox"/>	11/8/2011	Randall O...	99214		OFFICE/OUTPATIENT VI...	786.52	\$145...	1.0	\$145...	\$0.00	\$0.00	\$0.00	\$145.00

\$145... \$145... \$0.00 \$0.00 \$0.00 \$145.00

**Primary**

Policy Medicare

Route ☐ Paper ☒ Electronic

Paper Fill ☐ Fewest Pages ☐ Maintain Order

Follow Up Action Submit to Insurance

Doctor Comments

**Secondary**

Policy BCBS AR

Route ☐ Paper ☐ Electronic

Paper Fill ☐ Fewest Pages ☐ Maintain Order

☐ Incomplete **13** **15** ☒ Print Receipt After Post **16** [Post](#)

Claim Comments **14**

[\\$ Add Payment](#)

If patient has insurance primary and/or secondary set up in Insurance demographics, those policies can be viewed in the lower section of the new charges tab, and the Follow Up Action will default to Submit to Insurance. This can be changed to **Do Not File-Patient Responsibility**, if you do not want to send the charges to insurance.

The route for the primary insurance will default to the route specified in the [Insurance Companies setup](#). If you want to change the route, you can do that at this time.

You can [add a payment](#) prior to posting charges, or [apply a co-pay](#)

13. Mark as Incomplete to save changes and come back at a later time to edit or post charges.
14. Enter any claim comments for internal use. (Will not print on claims)
15. Place a check mark to print a receipt, or leave blank.
16. 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

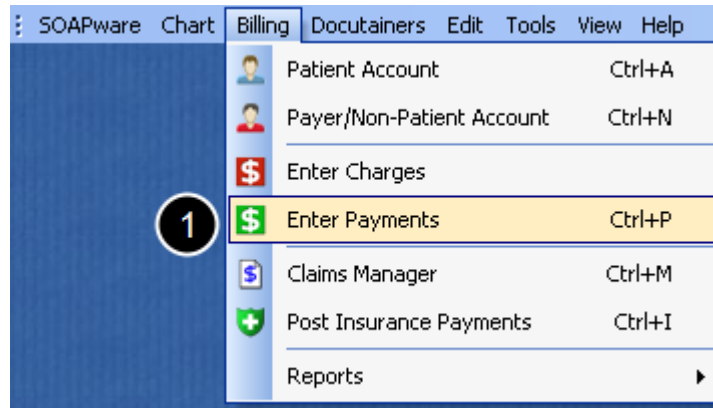


## Add Personal Payments from Billing Menu

---

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**

X Lane, Penny

Account # 43 Chart # DOB 5/6/1968 Age 42

544 Oak  
Fayetteville Ar 72703

Comments

**Payment Details**

Payment Type Payment

Facility **2** Family Clinic

Pay Date 6/7/2010

Pay Method Credit Card

Reference \*\*\*\*\*1234

Amount \$75.00

Remaining \$0.00

Apply Charges

Add Dependent No Dependents

+ Add Patient

Disburse

X Lane, Penny

Acct # 43 DOB 5/6/1968

Chart # Age 42

Co-Pay \$0.00 Store as Co-Pay \$0.00

**3** Store as Pre-Pay \$0.00

**Charges**

☐ Show Zero Balance Charges

Pay All

DOS	Provider	Code	Description	Charge	Paym...	Balance	Applied
4/5/2010	Randall O...	99215	OFFICE/OUTPATIENT ...	\$175.00	\$0.00	\$175.00	\$75.00
4/5/2010	Randall O...	71020	CHEST X-RAY	\$90.00	\$0.00	\$90.00	\$0.00
5/25/2010	Randall O...	99213	OFFICE/OUTPATIENT ...	\$135.00	\$0.00	\$135.00	\$0.00
5/25/2010	Randall O...	72010	X-RAY EXAM OF SPINE	\$120.00	\$0.00	\$120.00	\$0.00
				\$520.00	\$0.00	\$520.00	\$75.00

Clear Applied

☒ Print Receipt After Saving **4** Save 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 check mark in the box next to Print Receipt and Click Save.

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

# Claims Manager

## General Work flow-Claims Manager

---

Billing -> Claims Manager

An Insurance Claim cannot be created unless insurance information has been entered in Patient Account Insurance Demographics tab.

Claims Manager

Working

Submitted

All

On Hold

	Posted ▲	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Hold N...
	5/20/2010	238	Randall ...	Mark Clark	Arkans...	E			\$270.00	Primary	Original	On Hold	At leas...
	5/24/2010	256	Randall ...	Jack Clark	Arkans...	E			\$160.00	Primary	Original	On H...	A Char...
	5/27/2010	260	Randall ...	Ron Denver	Medicare	P			\$175.00	Primary	Original	On Hold	
	6/1/2010	262	Randall ...	Bob Denver	BCBS AR	P	Aetna		\$235.00	Primary	Original	On Hold	
	6/1/2010	267	Randall ...	Bob Denver	BCBS AR	P	Aetna		\$135.00	Primary	Original	On Hold	
	6/2/2010	268	Randall ...	Bob Denver	BCBS AR	P	Aetna		\$235.00	Primary	Original	On Hold	

3

Rebuild

Pending

	Posted ▲	Cl...	Phys...	Patient	Pri...	PRT	Se...	SRT	Amount	File ...	Submission	Status	Claim Notes
	5/25/2010	245	Rand...	Mark Clark	Ark...	E			\$120.00	Primary	Original	Pending ...	
	5/26/2010	249	Rand...	Curley Doe	Aetna	P			\$120.00	Primary	Original	Pending ...	
	5/27/2010	251	Rand...	Fred Ferguson	Med...	E	Aetna		\$135.00	Primary	Original	Pending ...	
	5/27/2010	252	Rand...	Darrell Farrell	Ark...	E			\$175.00	Primary	Original	Pending ...	
	5/27/2010	255	Jame...	Mark Clark	Ark...	E			\$120.00	Primary	Original	Pending ...	
	5/27/2010	258	Rand...	Jack Clark	Ark...	E			\$840.00	Primary	Original	Pending ...	
	6/2/2010	263	Rand...	Fred Flintrock	Aetna	P	Me...		\$120.00	Primary	Original	Pending ...	Rebuilt on ...
	6/2/2010	265	Rand...	Marlin Martin	BCB...	E	Aetna		\$120.00	Primary	Original	Pending	

2

Scrub

Ready To Submit

	Posted ▲	Cl...	Physi...	Patient	Primary	PRT	Seco...	SRT	Amount	File With	Submission	Status	Claim Notes
	4/14/2010	235	Randal...	Buddy ...	Aetna	P			\$120.00	Primary	Original	Ready	
	5/11/2010	213	Randal...	Mary ...	Medica...	E	BCBS...		\$375.00	Primary		Ready	Rebuilt on 5/27...
	5/13/2010	220	Randal...	Larry ...	BCBS AR	E	AARP		\$145.00	Primary		Ready	Rebuilt on 5/27...
	5/18/2010	264	Alan A...	Marlin ...	BCBS AR	E	Aetna		\$235.00	Primary	Original	Ready	
	5/19/2010	250	Randal...	Larry ...	BCBS AR	E	AARP		\$265.00	Primary	Original	Ready	Rebuilt on 5/27...
	5/19/2010	257	Randal...	Jack Cl...	Arkans...	E			\$175.00	Primary	Original	Ready	
	5/24/2010	239	Randal...	Mark C...	Arkans...	E			\$120.00	Primary	Original	Ready	
	5/24/2010	241	Randal...	Mark C...	Arkans...	E			\$145.00	Primary	Original	Ready	
	5/24/2010	242	Randal...	Jenny ...	BCBS AR	E			\$120.00	Primary	Original	Ready	Rebuilt on 5/24...

4

Generate Electronic

Print Claims

Submit Selected

**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.

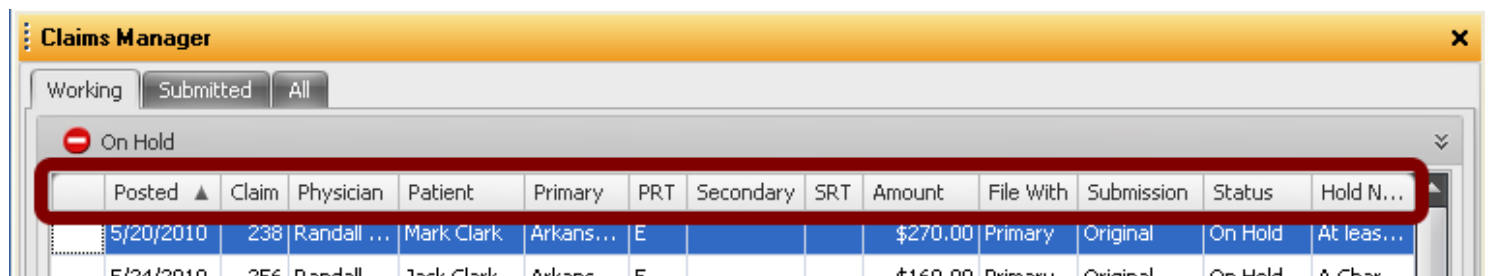
2. Claims are **Scrubbed** and placed in the Ready to Process section. If the claim needs to be corrected or edited, the claim will be placed in the On Hold section with a reason for rejection.

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.

Note: 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



The screenshot shows the 'Claims Manager' window with tabs for 'Working', 'Submitted', and 'All'. A red box highlights the column headers of the 'On Hold' section. The headers are: Posted, Claim, Physician, Patient, Primary, PRT, Secondary, SRT, Amount, File With, Submission, Status, and Hold N... The first two rows of data are visible below the headers.

Posted	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Hold N...
5/20/2010	238	Randall ...	Mark Clark	Arkans...	E			\$270.00	Primary	Original	On Hold	At leas...
5/24/2010	256	Randall	Mark Clark	Arkans...	E			\$160.00	Primary	Original	On Hold	At leas...

**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 patients Primary Payer

**PRT:** Primary Payer Routing (Paper claim or Electronically sent)

**Secondary:** Identifies patients Secondary Payer

**SRT:** Secondary Payer Routing (Paper claim or Electronically sent)

**Amount:** 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	
	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			\$120.00	Primary	Original	Pending Scrub	
	5/19/2010	257	Randall ...	Jack Clark	Arkansas Medic...	E			\$175.00	Primary	Original	Pending Scrub	
	5/27/2010	258	Randall ...	Jack Clark	Arkansas Medic...	E			\$140.00	Primary	Original	Pending Scrub	

Scrub

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 one at a time or random claims or all 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 Shift 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.



**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	Randall ...	Jack Clark	Arkansas M...	E			\$175.00	Primary	Original	O...	At least 1 diagnosis mus...
5/27/2010	260	Randall ...	Ron Denver	Medicare	P			\$175.00	Primary	Original	On ...	
6/1/2010	262	Randall ...	Bob Denver	BCBS AR	P	Ae...		\$235.00	Primary	Original	On ...	
6/1/2010	267	Randall ...	Bob Denver	BCBS AR	P	Ae...		\$135.00	Primary	Original	On ...	
6/2/2010	268	Randall ...	Bob Denver	BCBS AR	P	Ae...		\$235.00	Primary	Original	On ...	

**Scrub Errors**

At least 1 diagnosis must be entered for the charges: No Diagnosis entered.

OK

**3**

**Pending**

Posted	Cl...	Physi	...	Submission	Status	Claim ...					
6/3/2010	272	Randall ...			Pending Scrub						
6/2/2010	265	Randall ...	Marlin Martin	BCBS AR	E	Aetna	\$120.00	Primary	Original	Pending Scrub	
6/2/2010	263	Randall ...	Fred Flintr...	Aetna	P	Medic...	\$120.00	Primary	Original	Pending Scrub	Rebuilt ...
5/27/2010	258	Randall ...	Jack Clark	Arkansas Medic...	E		\$840.00	Primary	Original	Pending Scrub	
5/24/2010	256	Randall ...	Jack Clark	Arkansas Medic...	E		\$160.00	Primary	Original	Pending Scrub	
5/25/2010	245	Randall ...	Mark Clark	Arkansas Medic...	E		\$120.00	Primary	Original	Pending Scrub	
5/25/2010	244	Alan And...	Mark Clark	Arkansas Medic...	E		\$120.00	Primary	Original	Pending Scrub	
5/25/2010	243	Randall ...	Penny Lane	Aetna	P		\$255.00	Primary	Original	Pending Scrub	

Rebuild

Scrub

Claims will be moved to the Ready To Process section unless the scrubber finds error(s) on a claim as shown in this screen shot. Claims with errors will be moved to the On Hold 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.

## Scrubber Errors-How to Correct and Rebuild Claim

---

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.

## Scrub Errors

The screenshot shows the 'Claims Manager' window with three tabs: 'Working', 'Submitted', and 'All'. The 'On Hold' section is active, displaying a table of claims. Claim #841 is highlighted with a red circle and a red arrow pointing to it. A red circle with the number '2' is placed over the claim line, and a red arrow points from it to the 'OK' button in the 'Scrub Errors' dialog box. The dialog box contains the message: 'At least one diagnosis must be entered for the charges: No Diagnosis entered for 99215'. The 'Ready To Submit' section is also visible below the 'On Hold' section.

Posted	Claim	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Hold Notes
10/5/2011	823	Randall ...	Rosema...	Medicare	P			\$145.00	Primary	Original	On Hold	The Pay To is missing part o...
10/6/2011	825	Randall ...	Mary M...	Indiana ...	E	BCBS AR	P	\$120.00	Primary	Original	On Hold	
10/13/2...	841	Randall ...	Tom Sam...	Medicare	E	Arkansa...		\$218.75	Primary	Original	On Hold	At least one diagnosis must ...
10/17/2...	843	Randall ...	Joe Joh...	Arkansa...	E			\$150.00	Primary	Original	On Hold	

Posted	Claim	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Claim Notes
10/11/2...	832	Randall ...	Delaney ...	Cigna	E			\$60.00	Primary	Original	Pending Scrub	Rebuilt on 10/27/2011 :
10/11/2...	834	Randall ...	Mary Me...	Arkansas...	E			\$120.00	Primary	Original	Pending Scrub	Rebuilt on 10/27/2011 :
10/12/2...	835	Randall ...	Ronnie R...	Medicare	E	BCBS AR	P	\$220.00	Primary	Original	Pending Scrub	Rebuilt on 10/28/2011 :
10/13/2...	838	Randall ...	Terry Berry	Aetna								

Posted	Claim	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Notes
8/26/2010	844	Randall O...	Barry Ros...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	
12/16/2...	845	Randall O...	Barry Ros...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	
9/13/2011	811	Terrie S. ...	Strawberr...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	
10/5/2011	821	Randall O...	Bobby Ro...	Humana	E			\$181.25	Primary	Original	Ready	Submitted on 10/5/2011
10/5/2011	822	Randall O...	Strawberr...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	Rebuilt on 10/28/2011 :
10/6/2011	826	Randall O...	Sam Sam...	Arkansas ...	E			\$120.00	Primary	Original	Ready	Rebuilt on 10/28/2011 :
10/6/2011	828	Randall O...	Heather ...	Medicare	E			\$135.00	Primary	Original	Ready	Rebuilt on 10/27/2011 :
10/6/2011	829	Randall O...	Strawberr...	Medicare	E	Arkansa...	P	\$120.00	Primary	Original	Ready	Rebuilt on 10/27/2011 :

Claim #841 was scrubbed and rejected because it was missing a diagnosis code for CPT code 99215.

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**.

Patient account will open to the Claims tab with the active claim shown in the bottom section. Corrections can be made by clicking on any of the tabs, depending on what the scrub error indicates.

After corrections are made, Close the **Patient Account**, return to **Claims Manager** and **Rebuild** claim to apply changes.

## At least one diagnosis must be entered for the charges: No Diagnosis entered for 99215

Burnett, Tom
Account 77  
Chart 456456

**Burnett, Tom**  
**Date of Birth** 8/21/1970 **Age** 41 **Sex** Male **Status** Married  
**Address** 111 Black Oak Springdale, AR 72762-0111  
**Home** (479) 555-7777 **Work** (479) 555-6666 **Cell** (479) 555-4444  
**Email** tb@email.com

**\$ Balances**  

	Personal	Insurance	Totals
Family	\$490.00	\$195.00	\$685.00
Patient	\$175.00	\$2,282.50	\$2,457.50
<b>Totals</b>	<b>\$665.00</b>	<b>\$2,477.50</b>	<b>\$3,142.50</b>

☐ Self Pay      Co-Pay \$0.00

Schedule
Demographics
Insurance
Custom
Flags/Notes
Ledger
Family
Claims
Statements
New Charges

**Claims**

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	5/25/2010	5/25/2010	246	Randall Oates	Aetna	P	Medicare	P	\$275.00	\$125.00	Crossover	Submitted
×	6/29/2010	7/27/2010	391	Randall Oates	Aetna	P		E	\$800.00	\$800.00	Primary	Submitted
×	6/29/2010	12/14/2010	372	Randall Oates	Shelter	E	Arkansas Me...	P	\$920.00	\$920.00	Primary	Submitted
×	10/13/2011	10/13/2011	840	Randall Oates	Shelter	E	Arkansas Me...	P	\$218.75	\$218.75	Primary	Ready
×	10/13/2011	10/13/2011	841	Randall Oates	Medicare	E	Arkansas Me...	P	\$218.75	\$218.75	Primary	On Hold

**Claim Details**

Details for Claim 841
More Info

**Post Date** 10/13/2011    **Member ID** 777889999A    **Patient Group Number**   
**Process Date** 10/13/2011    **Rendering Provider** Randall Oates  
**Routing** E    **Rendering NPI** 1234567890

☐ Processed  
☒ On Hold    **Notes** At least one diagnosis m...  
**Claim Notes**

**Primary**  
**Policy** Medicare  
**Route** ☐ Paper ☒ Electronic  
**Paper Fill** ☐ Fewest Pages ☐ Maintain Order

**Secondary**  
**Policy** Arkansas Medicaid  
**Route** ☐ Paper ☐ Electronic  
**Paper Fill** ☒ Fewest Pages ☐ Maintain Order

**Charges**

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	10/13/2...	Randall Oates	99215	OFFICE/OUTPATIENT VISIT, EST	\$218.75	\$218.75	\$218.75

1

2

1. Double click on the line item that's missing info to open Charge Details dialog

**At least one diagnosis must be entered for the charges: No Diagnosis entered for 99215 (continued)**

The screenshot shows the 'Charge Details' window. At the top, there are fields for 'Service From' (10/13/2011), 'Service To' (10/13/2011), 'Provider' (Randall Oates), 'Code' (99215), and 'Description' (OFFICE/OUTPATIENT VI). Below this is the 'Diagnosis Codes' section with an 'Add Code' button. A 'Select Diagnosis' dialog box is open, showing a search for code 789.00 with the description 'Abdominal pain, unspecified site'. Red arrows and numbered circles (2, 3, 4) indicate the steps: 2. Click 'Add Code' in the Diagnosis Codes section; 3. Type code or use drop down to search by code or description; 4. Click 'Select' and 'Save'.

2. Click Add Code in Diagnosis Codes section
3. Type code or use drop down to search by code or description
4. Click **Select** and **Save**

Close patient account and return to Claims Manager. Select claim from On Hold section and click Rebuild.

## The Primary insured is missing part or all of their demographics

Insurance Policy

Type: Primary Health Insurance

Company: Aetna

PO Box 123  
Some City, AR 72203  
(479) 555-5555

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 1654654 Plan Name:

Group #: 654654 Group Name:

Effective: Expires:

Payment Options

☒ Co-Pay: \$30.00 ☐ Co-Ins: 0 %

Status: Primary Fee Sched: Default

Insured Information

Relation: Spouse

Is Person: ☒ Yes ☐ No

Name: First: Hesther Middle: Last: Tester Suffix:

Address: Enter Address

City: Fayetteville State: AR Zip: 72703-1234

Soc. Sec. #:

Birthday: 2/25/1985 ☐ Male ☒ Female

Phone: Employer:

Notes:

Save Cancel

### 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	Arkansas BCBS		
Address	P.O. Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-2181
Phone	(800)338-2312	ext	
Fax	( ) -		
NPI			
Type (CMS 1500)	Group Health Plan		
Eligibility ID Qualifier	Prior Identifier Number - Q4		
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	Default		

Active ☒ Show Legacy IDs ☒ Default Electronic ☒




**Electronic Submission Info**

Payer Qualifier	Mutually Defined - ZZ
Payer ID	00181
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

**Additional IDs**

EIN	
Claim Office #	
NAIC Code	

**Provider Setup**

				
Name	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Robert B. Wilson, Jr	1700188117	E4912	1518900984	55767
> William C. Kendrick, MD	1700188117	E4912	1346282290	52841

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.
4. Add missing info.
5. Click OK

For step by step Insurance Company setup instructions, [click here](#)



Return to Claims Manager and **Rebuild** claim to apply changes.

## Secondary Insurance Company Missing Data

**Edit Insurance Company**

Company Name:

Address:

Address 2:

City:

State:  Zip:

Phone:  ext:

Fax:

NPI:

Type (CMS 1500):

Eligibility ID Qualifier:

Group Provider (Legacy):

Fee Schedule (Legacy):

Fee Schedule:

**Electronic Submission Info**

Payer Qualifier:

Payer ID:

Clearinghouse Name:

Clearinghouse ID:

Type:

Receiver Qualifier:

Receiver ID:

**Additional IDs**

EIN:

Claim Office #:

NAIC Code:

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

**Provider Setup**

Name	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Robert B. Wilson, Jr	1700188117	E4912	1518900984	55767
> William C. Kendrick, MD	1700188117	E4912	1346282290	52841

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 Go to **Tools** -> **Insurance Company**.
2. Find Insurance Company in Insurance Company Manager and Click the **Edit** Icon.
3. Add missing info.
4. Click OK

For step by step Insurance Company setup instructions, [click here](#)

Return to Claims Manager and **Rebuild** claim to apply changes.

## The line items are missing part or all of their detail-Units

Winkle, Perry P.

Account 91  
Chart 91

Date of Birth 2/1/1960 Age 51 Sex Male Status Single

Address 112 Elm St Any City, AR 72703

Home (479) 555-1234 Work (479) 555-5678 Cell (479) 555-7890

Email pw@email.com

**Charge Details**

Service From 5/29/2010 Service To 6/29/2010 Provider Randall Oates Code 99211 Description OFFICE/OUTPATIENT VISI... Unit 1.0 \$120.00

Diagnosis Codes

DX	Description
X 786.52	Pleurodynia

Modifiers

Code	Description
------	-------------

Omit from Claim ☐

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Pick-Up Address

Street <None>

Street 2 <None>

City <None>

State <None>

Zip Code <None>

Drop-Off

Ambulance Certification

Admitted to a hospital ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation ☒ Do Not Send ☐ No ☐ Yes

Physically restrained ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/8/2010	Jonesy, John	\$120.00

Totals

Charges \$120.00

Pay/Adjust \$120.00

Balance \$0.00

Quick Misc Details

Facility Select Facility

EPSTD

☐ Emergency ☐ Family Plan

Supplemental

Insurance Details

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 PatientAccount.
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 of units in the field.
5. Click Save.
6. Repeat for each line item in Claim Details section.

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 P.**  
**Account 91**  
**Chart 91**  
**Date of Birth** 2/1/1960 **Age** 51 **Sex** Male **Status** Single  
**Address** 112 Elm St Any City, AR 72703  
**Home** (479) 555-1234 **Work** (479) 555-5678 **Cell** (479) 555-7890  
**Email** pw@email.com

**Balances**

	Personal	Insurance	Totals
Family	\$298.00	\$1,706.00	\$2,004.00
Patient	\$866.20	\$3,104.75	\$3,970.95
<b>Totals</b>	<b>\$1,164.20</b>	<b>\$4,810.75</b>	<b>\$5,974.95</b>

**Charge Details**

Service From: 5/29/2010 Service To: 6/29/2010 Provider: Randall Oates Code: 99211 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$120.00

Diagnosis Codes: DX 786.52 Pleurodynia

Modifiers: Code Description

Notes

**Claim Details**

Post Date: 6/29/2010 Processed: 7/27/2010 Claim ID: 370

Routing: P

**Charges**

Omit	Date	Provider
<input type="checkbox"/>	6/29/2010	Randall Oates

**Payments/Adjustments**

Date	Name/Description	Amount
9/8/2010	Jonesy, John	\$120.00

**Totals**

Charges	\$120.00
Pay/Adjust	\$120.00
Balance	\$0.00

**Insurance Details**

**Quick Misc Details**

Facility: Select Facility

EPSTD:

☐ Emergency ☐ Family Plan

Supplemental:

**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 PatientAccount.
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 code in the field.
5. Click Save.
6. Repeat for each line item in Claim Details section.

Return to Claims Manager and **Rebuild** claim to apply changes.

### The Provider is missing part or all of their information

**Providers**

Providers

- James R. Bolinger
- Randall Oates, MD**
- Slim Shady
- Terrie S. Treat, MD

**General** Misc Codes Signature

Name

Title	First	M	Last	Suffix
	Randall		Oates	MD

Address

Clinic Family Clinic

Street 4220 N Crossover

City Fayetteville State AR Zip Code 72701-1234

Contact Information

Phone # (479) 555-5555

Fax # (866) 237-9073

Email roates@email.com

Physician Numbers

DEA # State ID 123123

NPI# 1234567890 UPIN# R1234

Taxonomy

☒ Is Supervisor

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.

4. Verify Provider is linked to [Billing/Group](#) information.

5. Verify Signature is added.

6. 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 P.

Account 91  
Chart 91

Date of Birth 2/1/1960 Age 51 Sex Male Status Single

Address 112 Elm St Any City, AR 72703

Home (479) 555-1234 Work (479) 555-5678 Cell (479) 555-7890

Email pw@email.com

**Charge Details**

Service From 5/29/2010 Service To 6/29/2010 Provider Randall Oates Code 99211 Description OFFICE/OUTPATIENT VISI... Unit 1.0 Charge \$120.00

Diagnosis Codes

DX	Description
X 786.52	Pleurodynia

Modifiers

Code	Description
------	-------------

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Pick-Up Address

Street <None>

Street 2 <None>

City <None>

State <None>

Zip Code <None>

Drop-Off

Ambulance Certification

Admitted to a hospital ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation ☒ Do Not Send ☐ No ☐ Yes

Physically restrained ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/8/2010	Jonesy, John	\$120.00

Totals

Charges \$120.00

Pay/Adjust \$120.00

Balance \$0.00

Quick Misc Details

Facility Select Facility

EPSTD

☐ Emergency ☐ Family Plan

Supplemental

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. Click **Save**.

Repeat for each line item in Claim Details.

Return to Claims Manager and **Rebuild** claim to apply changes.



## The Referring provider is missing part or all of the information

**Edit Contact Information**

**Name**

Title	First Name	Middle	Last Name	Suffix
DR.	Sam	R	Iam	Jr.

**Address**

123 Main St

City: Any City St: AR Zip: 72764-

**Phone**

Office: (479)555-5555 Home: ( ) - Cell: ( ) -

Fax: (479)555-4444 Pager: ( ) -

**Online**

Email: sam@email.com Website:

**Provider Information**

NPI: REFNPI123 UPIN: ReferUPIN State License: Ref St License

Specialty: Adolescent Medicine Taxonomy: 55XXXREFTXONY

**Insurance Information**

Company: Arkansas Medicaid, Humana Gold Choice, Cigna, Blue Shield TM

**Notes**

**Contact Manager**

Add New Contact

Name	Specialty
X Trent, Ta...	
X Garrison, ...	
X Johnson, ...	Adolescent
X Rico, Ron,...	Diagnostic
X Jackson, J...	Abdominal
X Kimbell, Ri...	Gastroente
X Iam, Sam ...	Adolescent
X Oates, Ra...	Family Prac
X Jameson, ...	General Pr
X Bunch, Ja...	
X Joe, Jessie	

OK Cancel

### Verify Referring Physician info is entered correctly in Contacts

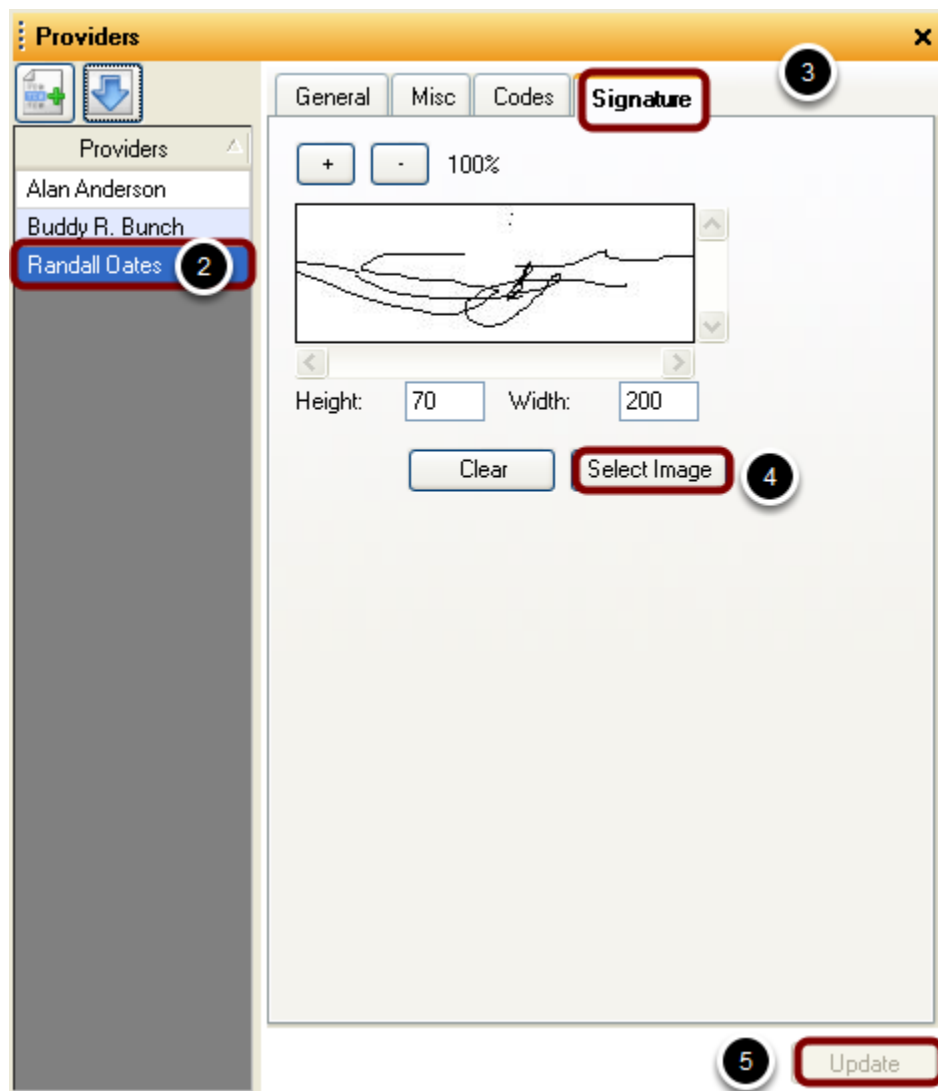
1. Find the claim getting rejected in the On Hold section of Claims Manager and Double Click inside the grid to open **Patient account**. Click the **Demographics tab**.
2. Check the name of the Referring Provider.
3. Go to **Tools -> Contacts** and select the Referring Provider from the list. Double click to **Edit**

### Contact Information.

4. Verify Provider information is included in each required field.
5. If **additional provider IDs** are required, add the insurance company requiring the ID and enter that information.
6. Click OK to save information.

Return to Claims Manager and **Rebuild** claim to apply changes.

### The Provider is missing all or part of the signature



### 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 P.**  
**Account 91**  
**Chart 91**  
**Date of Birth** 2/1/1960 **Age** 51 **Sex** Male **Status** Single  
**Address** 112 Elm St Any City, AR 72703  
**Home** (479) 555-1234 **Work** (479) 555-5678 **Cell** (479) 555-7890  
**Email** pw@email.com

**Balances**

	Personal	Insurance	Totals
Family	\$298.00	\$1,706.00	\$2,004.00
Patient	\$866.20	\$3,104.75	\$3,970.95
<b>Totals</b>	<b>\$1,164.20</b>	<b>\$4,810.75</b>	<b>\$5,974.95</b>

**Charge Details**

Service From: 5/29/2010 Service To: 6/29/2010 Provider: Randall Oates Code: 99211 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$120.00

**Diagnosis Codes**

DX	Description
X 786.52	Pleurodynia

**Modifiers**

Code	Description
------	-------------

**File Information** **Misc Details** **Providers** **Referral / Authorization** **Supplemental Information** **Supporting Documentation**

**Ambulance** **Contract** **Dialysis** **DME** **Drug**

**Pick-Up Address**

Street: <None> Street 2: <None> City: <None> State: Zip Code: <None> Drop-Off:

**Ambulance Certification**

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes  
 Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes  
 Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes  
 Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes  
 Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
9/8/2010	Jonesy, John	\$120.00

**Totals**

Charges	\$120.00
Pay/Adjust	\$120.00
Balance	\$0.00

**Quick Misc Details**

**Facility**  
 Select Facility  
 EPSDT  
☐ Emergency  
☐ Family Plan  
 Supplemental

**Charges**

Omit	Date	Provider
<input checked="" type="checkbox"/>	6/29/2010	Randall Oates

**Details for Claim 370**

Post Date: 6/29/2010 Process Date: 7/27/2010 Routing: P

**Primary**

Policy: Route: ☒ Paper ☐ Electron Paper Fill: ☒ Fewest Pages ☐ Maintain

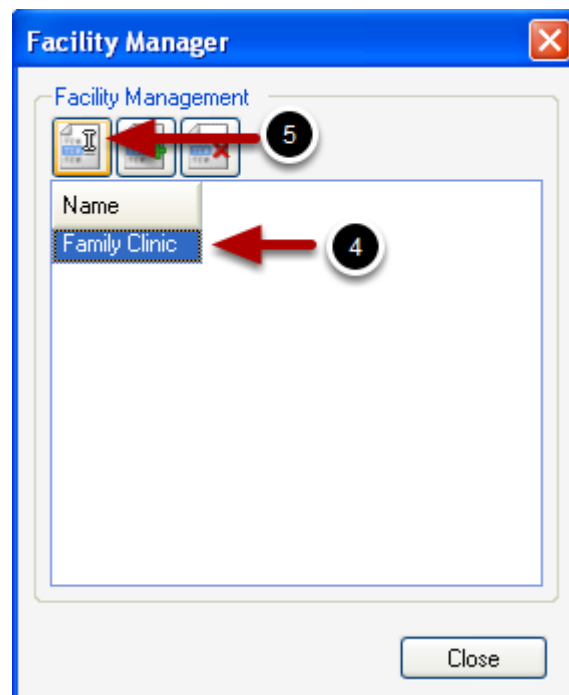
**Save** **Cancel**

### 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 Facility. If Facility is already added, check the [Facility Setup](#) to verify information is correct.
4. Click **Save**.
5. Repeat for each line item on the claim.

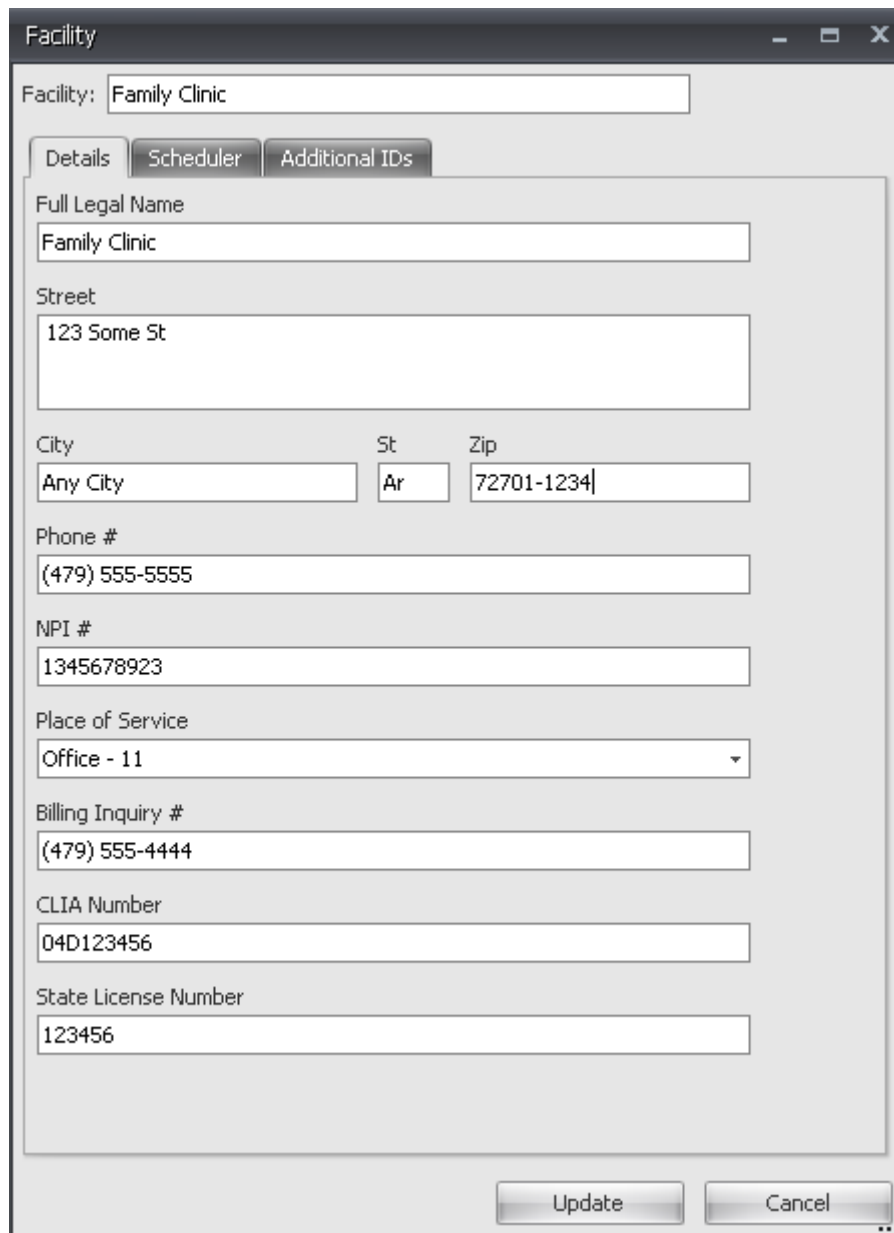
Return to Claims Manager and **Rebuild** claim to apply changes.

### 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.



The image shows a software window titled "Facility" with a standard Windows-style title bar (minimize, maximize, close buttons). Inside the window, there is a "Facility:" label followed by a text box containing "Family Clinic". Below this are three tabs: "Details" (which is selected), "Scheduler", and "Additional IDs". The "Details" tab contains several form fields: "Full Legal Name" (text box with "Family Clinic"), "Street" (text box with "123 Some St"), "City" (text box with "Any City"), "St" (text box with "Ar"), "Zip" (text box with "72701-1234"), "Phone #" (text box with "(479) 555-5555"), "NPI #" (text box with "1345678923"), "Place of Service" (dropdown menu showing "Office - 11"), "Billing Inquiry #" (text box with "(479) 555-4444"), "CLIA Number" (text box with "04D123456"), and "State License Number" (text box with "123456"). At the bottom right of the window are two buttons: "Update" and "Cancel".

6. Verify required information is included in each field. (Include 9 digit Zip Code)
7. If Additional IDs are required, click the [Additional IDs](#) tab and enter required information.
7. Click **Update** to save changes.

Return to Claims Manager and **Rebuild** claim to apply changes.

## When auto accident is selected a state must be selected

**Claim Details**  
Details for Claim 772

Post Date: 5/12/2011  
Process Date: 7/13/2011  
Routing: E

**Primary**  
Policy: Medicare  
Route: Paper  
Paper Fill: Fewest Pages

**Charges**

Omit	Date	Provider
<input type="checkbox"/>	5/12/2011	Randall C

**Edit Claim Details**  
Owner: Randall Oates, MD  
Type: ☒ Auto Accident  
☐ Employment  
☐ Other Accident  
☐ None

**More Info**  
Facility: Family Clinic  
Special Program Codes  
Special Program:   
Delay Reason: <None>

**Illness, Injury or Pregnancy**  
Current IIP:   
Accident:   
Onset of Current:   
Last Menstrual Period:

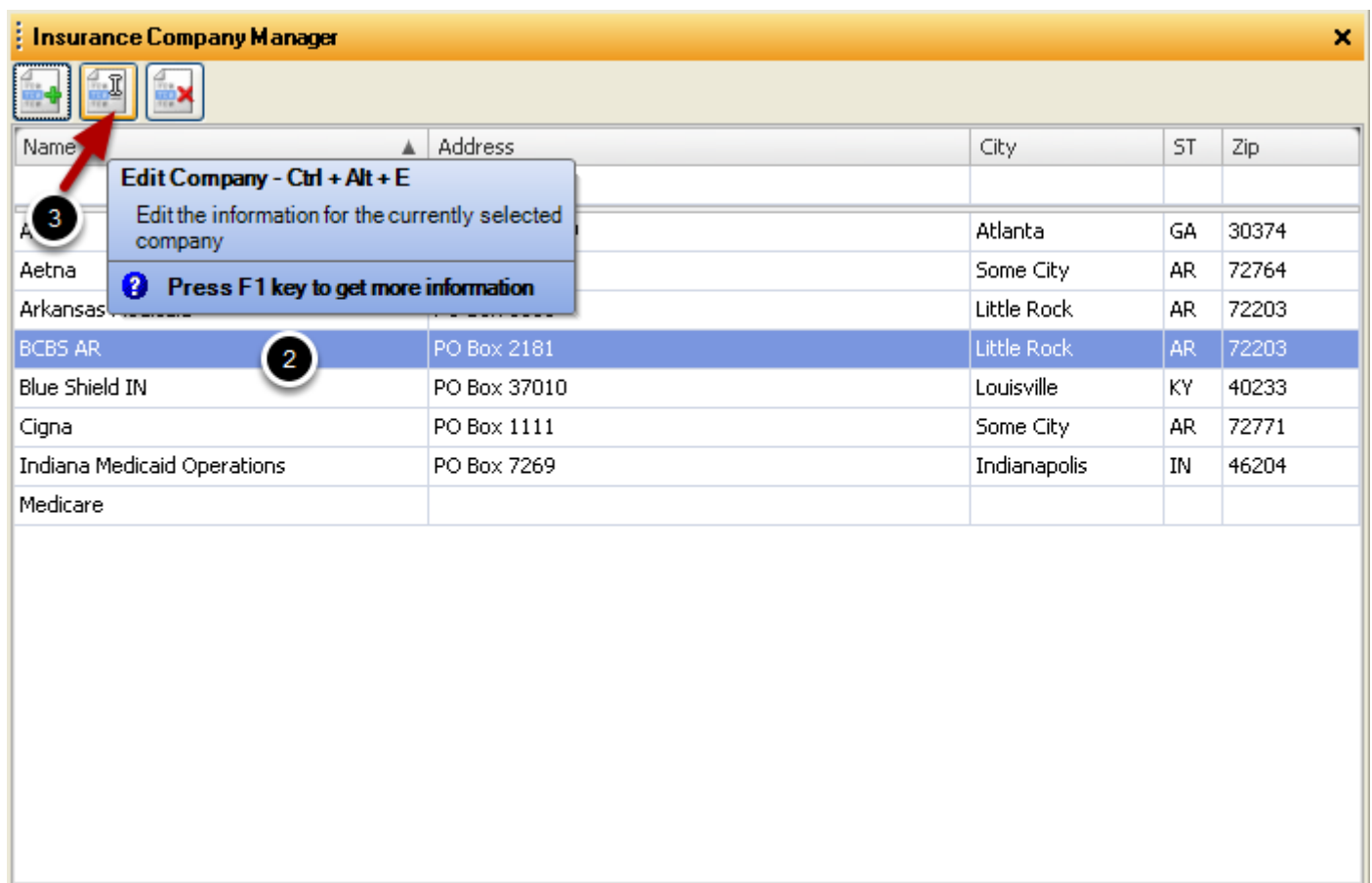
**Patient, Treatment Dates**  
Last Seen Date:   
Referral Date:   
Similar Illness Date:   
Initial Treatment:   
Acute Manifestation:

### 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**.

Return to Claims Manager and **Rebuild** claim to apply changes.

## Missing/Invalid Taxonomy Code



### 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



Company Name

BCBS AR

Address

PO Box 2181

Address 2

City

Little Rock

State

AR

Zip

72203-\_\_\_\_

Phone

(501)378-1111

ext

\_\_\_\_

Fax

(\_\_\_\_)\_\_\_\_-\_\_\_\_

NPI

Type (CMS 1500)

Group Health Plan

Eligibility ID Qualifier

Group Provider (Legacy)

Fee Schedule (Legacy)

Fee Schedule

BCBS AR

Electronic Submission Info

Payer Qualifier

Mutually Defined - ZZ

Payer ID

00181

Clearinghouse Name

Gateway EDI

Clearinghouse ID

431420764

Type

Blue Cross/Blue Shield - BL

Receiver Qualifier

Mutually Defined - ZZ

Receiver ID

431420764000000

Additional IDs

EIN

Claim Office #

NAIC Code

Active

☒

Show Legacy IDs

☒

Default Electronic

☒

Provider Setup

+

+

+

+

+

+

+

+

+

4

Name

Pay To NPI

Pay To Legacy ID

Rendering NPI

Rendering Legacy ID

▶

Randall Oates, MD

1234567893

456X000004

1234567890

456X000004

Terrie S. Treat, MD

1234567893

1234567893

3

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 Payment To**

☒ Override Group Values

Name: Professional Groups, Inc.

Street: 123 Any Street

Street 2:

City: Springdale State: AR

Zip: 72764-1234

Phone: (479)555-1234

Entity Type: ☐ Person ☒ Non Person

Tax ID: ☒ EIN ☐ SSN 70-1111111

**Paper**

NPI: 1234567893

Legacy ID: Provider Taxonomy - ZZ 456X000004

**5**

**Provider Information**

**Paper**

Legacy ID: Provider Taxonomy - ZZ 456X000004

**6**

**Electronic**

Submitter ID: Mutually Defined - ZZ V2AB

Location #:

Provider Commercial #:

UPIN: +

State License: +

**Pay-To Address**

Street: POB 1234

Street 2:

City: Springdale State: AR

Zip: 72765-1234

**Eligibility Request Info**

Receiver ID:

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.

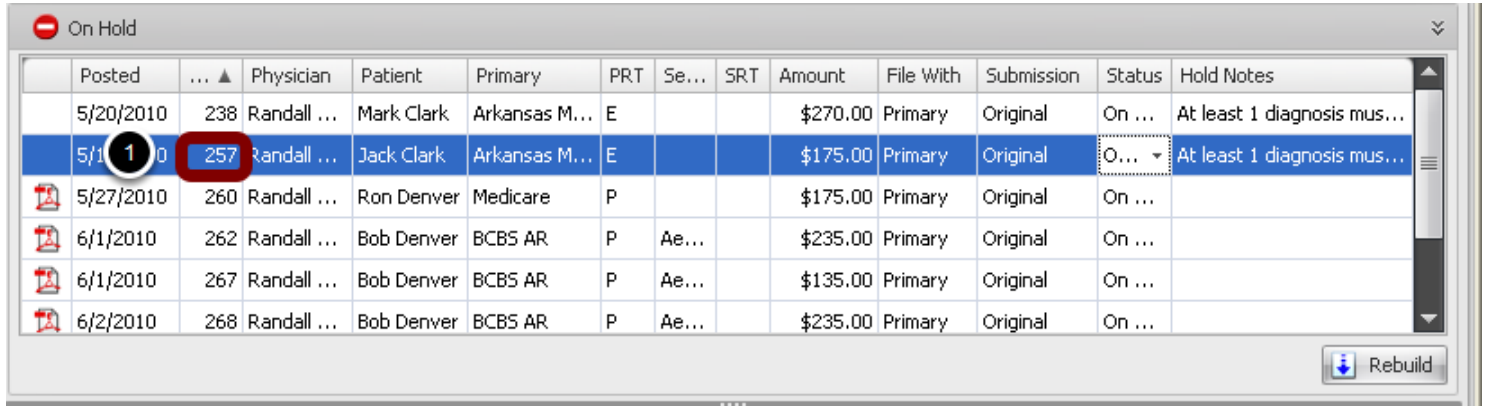
6. For the **Rendering Provider** rejection, verify that the **Legacy ID** is **Provider Taxonomy-ZZ** and that the correct Taxonomy Code is entered in the **Rendering Information** section. For a list of Taxonomy Codes Click on the link below.

<http://www.wpc-edi.com/content/view/793/1>

Return to Claims Manager and **Rebuild** claim to apply changes.

## On Hold

### Select Claim 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...
5/11/10	257	Randall ...	Jack Clark	Arkansas M...	E			\$175.00	Primary	Original	O...	At least 1 diagnosis mus...
5/27/2010	260	Randall ...	Ron Denver	Medicare	P			\$175.00	Primary	Original	On ...	
6/1/2010	262	Randall ...	Bob Denver	BCBS AR	P	Ae...		\$235.00	Primary	Original	On ...	
6/1/2010	267	Randall ...	Bob Denver	BCBS AR	P	Ae...		\$135.00	Primary	Original	On ...	
6/2/2010	268	Randall ...	Bob Denver	BCBS AR	P	Ae...		\$235.00	Primary	Original	On ...	

Rebuild

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

Clark, Jack

**Clark, Jack**  
**Account** 60  
**Chart** JC123456  
**Date of Birth** 9/18/1960 **Age** 51 **Sex** Male **Status** Married  
**Address** 456 Elm Springdale, AR 72765-0456  
**Home** (479) 555-1234 **Work** (479) 555-3214 **Cell** (479) 555-7890  
**Email**

**Balances**  

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$295.00	\$4,113.75	\$4,408.75
<b>Totals</b>	<b>\$295.00</b>	<b>\$4,113.75</b>	<b>\$4,408.75</b>

☐ Self Pay
 Co-Pay \$0.00

Schedule

Demographics

Insurance

Custom

Flags/Notes

Ledger

Family

Claims

Statements

New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	4/27/2010	6/3/2010	169	Randall Oates	Arkansas Medicaid	P			\$270.00	\$270.00		Submitted
X	4/28/2010	4/28/2010	173	Randall Oates	Arkansas Medicaid	P			\$600.00	\$600.00		Submitted
X	5/5/2010	5/26/2010	194	Randall Oates	Arkansas Medicaid	P			\$175.00	\$175.00		Submitted
X	5/19/2010	6/15/2010	257	Randall Oates	Arkansas Medicaid	E			\$175.00	\$175.00	Primary	Submitted
X	5/27/2010	6/14/2010	258	Randall Oates	Arkansas Medicaid	E			\$840.00	\$840.00	Primary	Submitted
X	6/14/2010	6/14/2010	298	Randall Oates	Arkansas Medicaid	E			\$135.00	\$135.00	Primary	Submitted

Claim Details

Details for Claim 257

More Info

☐ Processed  
☐ On Hold  
 Claim Notes  
 Submitted on 6/15/2010  
 Rebuilt on 6/15/2010 :  
 Submitted on 6/11/2010  
 Rebuilt on 6/4/2010 : add modifier-refile  
 Submitted on 6/4/2010

Primary

Secondary

Policy  
 Route ☐ Paper ☒ Electronic  
 Paper Fill ☐ Fewest Pages ☐ Maintain Order

Policy  
 Route ☐ Paper ☐ Electronic  
 Paper Fill ☐ Fewest Pages ☐ Maintain Order

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	3/19/2010	Randall Oates	2	99215 OFFICE/OUTPATIENT VISIT, EST	\$175.00	\$175.00	\$175.00

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 **257**. 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 for claim information or by Double Clicking on the line of the Charge for charge/line

item corrections.

## 2. Double Click on the charge to access Charge Details

### Charge Details

The screenshot shows the 'Charge Details' dialog box with the following components and numbered callouts:

- 1**: Title bar with a red '\$' icon and the text 'Charge Details'.
- 2**: Tabbed interface with tabs for File Information, Misc Details, Providers, Referral / Authorization, Supplemental Information, and Supporting Documentation. The 'Contract' sub-tab is active.
- 3**: Service header fields including Service From (3/19/2010), Service To (5/19/2010), Provider (Randall Oates), Code (99215), Description (OFFICE/OUTPATIENT VISI...), Unit (1.0), and Charge (\$175.00).
- 4**: 'Add Code' button in the Diagnosis Codes section.
- 5**: 'Add Code' button in the Modifiers section.
- 6**: 'Contract' sub-tab in the Providers section.
- 7**: 'Quick Misc Details' section containing Facility (Family Clinic), EPSDT, Emergency, Family Plan, and Supplemental fields.
- 8**: 'Save' button at the bottom right.

**Diagnosis Codes:**

DX	Description
x 786.50	Chest pain, unspecified

**Modifiers:**

Code	Description
------	-------------

**Ambulance Certification:**

Field	Do Not Send	No	Yes
Admitted to a hospital	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moved by stretcher	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unconscious or in shock	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transported in an emergency situation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physically restrained	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Totals:**

Charges	Pay/Adjust	Balance
\$175.00	\$0.00	\$175.00

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. Edit Procedure codes, dates of service, units or charges.
4. To add a Diagnosis code, Click the Add Code button.
5. Delete/Add Modifiers
6. Click on tabs to enter additional charge information
7. Add misc. details
8. After making changes, click Save

## More Info

**Edit Claim Details**

Owner:  Facility:

**Type**

☐ Employment

☐ Auto Accident

☐ Other Accident

☒ None

**Special Program Codes**

Special Program:

Delay Reason:

**Primary**

☒ Release of Information Signature

☐ Signature Executed For Patient

Benefits Assignment:

**Secondary**

☒ Release of Information Signature

☐ Signature Executed For Patient

Benefits Assignment:

**Tabs:** Ambulance | Contract | **Dates** | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

**Illness, Injury or Pregnancy**

Current IIP:

Accident:

Onset of Current:

Last Menstrual Period:

**Patient, Treatment Dates**

Last Seen Date:

Referral Date:

Similar Illness Date:

Initial Treatment:

Acute Manifestation:

Hearing/Vision Rx:

Last X-Ray:

Order Date:

**Hospital, Disability Dates**

Not Work From:  To:

Disability From:  To:

Hospital From:  To:

Care From:  To:

Accept Assignment:

Tabs included in the More Info dialog allow for entering many specialty specific required items. For details, please see [More Visit Information](#)

## Rebuild Claims

Claims Manager

Working Submitted All

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	Randall ...	Jack Clark	Arkansas M...	E	9		\$175.00	Primary	Original	O...	At least 1 diagnosis mus...
	5/27/2010	260	Randall ...	Ron Denver	Medicare	P			\$175.00	Primary	Original	On ...	
	6/1/2010	262	Randall ...	Bob Denver	BCBS AR	P	Ae...		\$235.00	Primary	Original	On ...	
	6/1/2010	267	Randall ...	Bob Denver	BCBS AR	P	Ae...		\$135.00	Primary	Original	On ...	
	6/2/2010	268	Randall ...	Bob Denver	BCBS AR	P	Ae...		\$235.00	Primary	Original	On ...	

10 Rebuild

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.

## Ready To Submit

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

Ready To Submit

	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	
	5/27/2010	253	James R...	Steve S...	Aetna	P			\$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...
	5/26/2010	249	Randall ...	Curley ...	Aetna	P			\$120.00	Primary	Original	Ready	
	5/24/2010	242	Randall ...	Jenny Doe	BCBS AR	E			\$120.00	Primary	Original	Ready	Rebuilt on 5/24/20...

2

Generate Electronic

3

Print Claims

4

Submit Selected

When claims have passed the Scrubbing Process, have no errors and are moved to the Ready to Submit section, they are ready to submit to the Payer.

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.

**Note:** To automatically upload claims to Gateway EDI, you must have the required information setup in [Claims Options](#) .



## Submitted Tab

**Claims Manager**

Working Submitted All

Filter Posted Date 5/5/2010 to 6/4/2010

Sort columns by clicking on any of the Column Headers

Posted	Submitted	Claim ▲	Physi...	Primary	PRT	Sec...	SRT	Patient	Amount	File With	Submission	Status
5/6/2010	5/13/2010	216	Rand...	Aetna	P			Jimmy Ja...	\$120.00	Primary	Original	Submitted
5/12/2010	5/12/2010	217	Rand...	Medic...	P	AARP		Will Bill	\$0.00	Primary	Original	Submitted
5/12/2010	5/13/2010	218	Rand...	Medic...	P	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...	P	AARP	E	Elizabeth...	\$145.00	Secondary		Submitted
5/13/2010	5/26/2010	222	Rand...	BCBS AR	P			Larry Barry	\$600.00	Secondary		Submitted
5/13/2010	5/13/2010	223	Rand...	BCBS AR	P			Jenny Doe	\$120.00	Secondary	Corrected	Submitted
5/13/2010	5/13/2010	225	Rand...	Aetna	P			Justin Doe	\$175.00	Secondary		Submitted
5/13/2010	5/26/2010	226	Rand...	BCBS AR	P	Aetna	P	Bob Denver	\$120.00	Secondary		Submitted
5/14/2010	5/19/2010	227	Rand...	Medic...	P	Aetna		Fred Fer...	\$120.00	Primary		Submitted
5/14/2010	5/20/2010	230	Rand...	Medic...	P	AARP		Joe Blow	\$120.00	Primary		Submitted
5/14/2010	5/20/2010	231	Rand...	BCBS AR	P			Ronnie R...	\$325.00	Primary		Submitted
5/13/2010	5/20/2010	232	Rand...	Aetna	P	BCB...		Mark Clark	\$435.00	Secondary		Submitted
5/13/2010	5/20/2010	233	Rand...	Aetna	P			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...	P	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	P	Medi...		Tom Burn...	\$275.00	Crossover		Submitted
5/26/2010	5/26/2010	248	Rand...	Arkan...	P			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...	E			Jack Clark	\$175.00	Primary	Original	Submitted
6/1/2010	6/2/2010	261	Rand...	Medic...	P	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

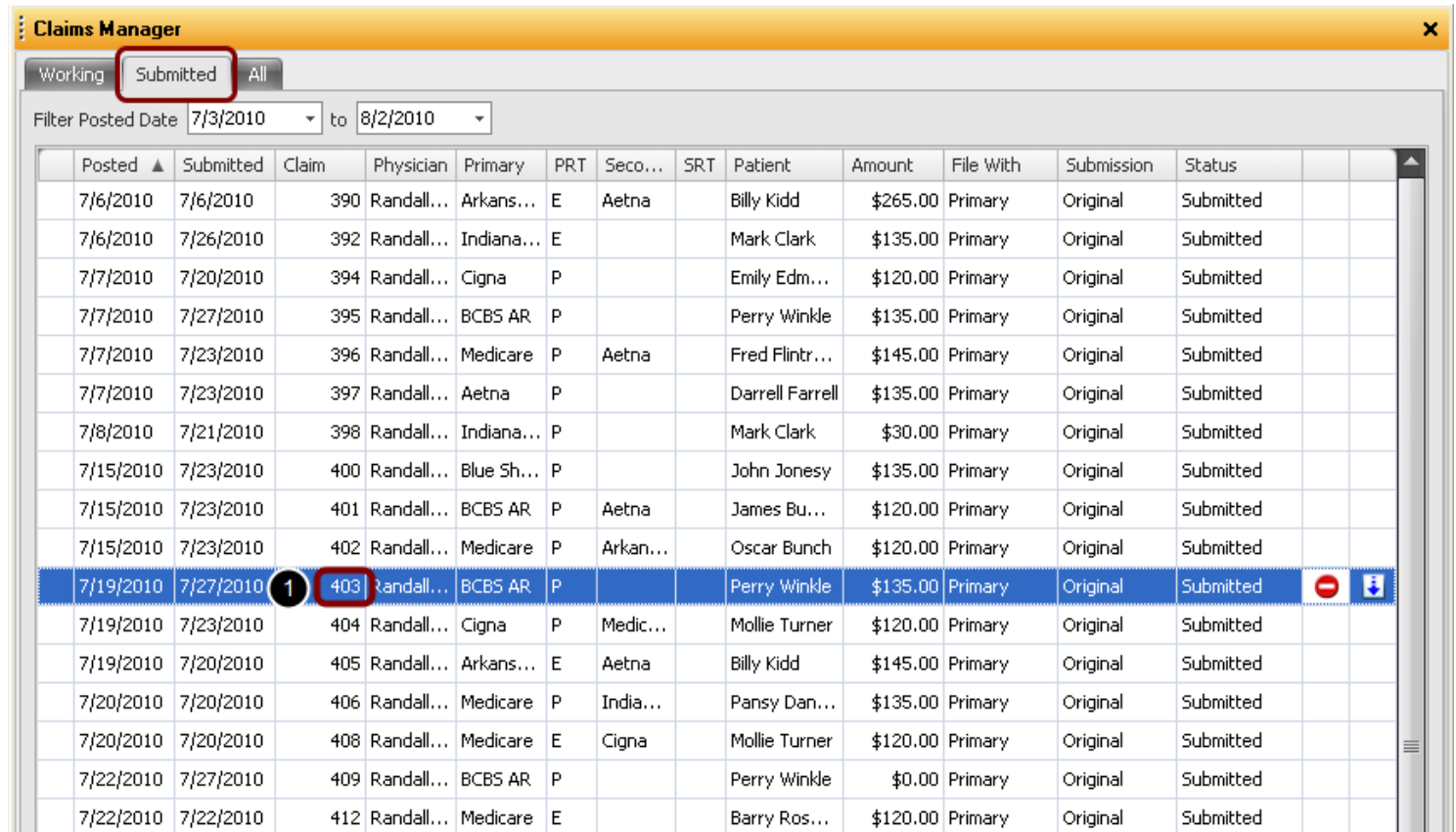
The Submitted Tab lists all Claims that have been Submitted to Payers. Claims can be searched by Date Range and the information listed in the columns can be sorted by clicking on the column headers.

## Resubmit Rejected Claims

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




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...	E			Mark Clark	\$135.00	Primary	Original	Submitted
7/7/2010	7/20/2010	394	Randall...	Cigna	P			Emily Edm...	\$120.00	Primary	Original	Submitted
7/7/2010	7/27/2010	395	Randall...	BCBS AR	P			Perry Winkle	\$135.00	Primary	Original	Submitted
7/7/2010	7/23/2010	396	Randall...	Medicare	P	Aetna		Fred Flintr...	\$145.00	Primary	Original	Submitted
7/7/2010	7/23/2010	397	Randall...	Aetna	P			Darrell Farrell	\$135.00	Primary	Original	Submitted
7/8/2010	7/21/2010	398	Randall...	Indiana...	P			Mark Clark	\$30.00	Primary	Original	Submitted
7/15/2010	7/23/2010	400	Randall...	Blue Sh...	P			John Jonesy	\$135.00	Primary	Original	Submitted
7/15/2010	7/23/2010	401	Randall...	BCBS AR	P	Aetna		James Bu...	\$120.00	Primary	Original	Submitted
7/15/2010	7/23/2010	402	Randall...	Medicare	P	Arkan...		Oscar Bunch	\$120.00	Primary	Original	Submitted
7/19/2010	7/27/2010	403	Randall...	BCBS AR	P			Perry Winkle	\$135.00	Primary	Original	Submitted
7/19/2010	7/23/2010	404	Randall...	Cigna	P	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	P	India...		Pansy Dan...	\$135.00	Primary	Original	Submitted
7/20/2010	7/20/2010	408	Randall...	Medicare	E	Cigna		Mollie Turner	\$120.00	Primary	Original	Submitted
7/22/2010	7/27/2010	409	Randall...	BCBS AR	P			Perry Winkle	\$0.00	Primary	Original	Submitted
7/22/2010	7/22/2010	412	Randall...	Medicare	E			Barry Ros...	\$120.00	Primary	Original	Submitted

1. Click the **Submitted** tab, double click a claim to open Claims tab in PatientAccount..

## Edit Claim

Winkle, Perry P.



**Winkle, Perry P.**  
**Account** 91  
**Chart** 91  
**Date of Birth** 2/1/1960 **Age** 51 **Sex** Male **Status** Single  
**Address** 112 Elm St Any City, AR 72703  
**Home** (479) 555-1234 **Work** (479) 555-5678 **Cell** (479) 555-7890  
**Email** pw@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$298.00	\$1,706.00	\$2,004.00
Patient	\$866.20	\$3,144.75	\$4,010.95
<b>Totals</b>	<b>\$1,164.20</b>	<b>\$4,850.75</b>	<b>\$6,014.95</b>

☐ Self Pay Co-Pay \$0.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	7/7/2010	8/6/2010	395	Randall Oates	Medicare	E			\$135.00	\$0.00	Primary	Submitted
X	7/19/2010	7/27/2010	403	Randall Oates	BCB5 AR	P			\$135.00	\$0.00	Primary	Submitted
X	7/22/2010	7/27/2010	409	Randall Oates	BCB5 AR	P				\$0.00	Primary	Submitted
X	7/27/2010	7/27/2010	432	Randall Oates	Medicare	E			\$200.00	\$0.00	Primary	Submitted
X	8/10/2010	11/11/2010	462	Randall Oates	Palmetto GBA	E			\$160.00	\$0.00	Primary	Submitted
X	8/10/2010	11/11/2010	463	Randall Oates	Palmetto GBA	E			\$160.00	\$0.00	Primary	Submitted

Claim Details

Details for Claim 403

**More Info**

Post Date: 7/19/2010 Member ID: Patient Group Number: Rendering Provider: Randall Oates Rendering NPI: 1234567890

Routing: P

**Primary**

Policy: Route: ☒ Paper ☐ Electronic Paper Fill: ☒ Fewest Pages ☐ Maintain Order

**Secondary**

Policy: Route: ☐ Paper ☐ Electronic Paper Fill: ☐ Fewest Pages ☐ Maintain Order

Processed ☐ On Hold ☐ Claim Notes: Submitted on 7/27/2010 File With: Primary

**\$ Charges**

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	7/19/2010	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	\$135.00	\$135.00	\$0.00

\$135.00 \$0.00

1. If rejection is for **Visit** information, click the More Info button.
2. If rejection is connected to **Charge** details, double click the line item in Charges section of the Claims tab.

For additional instructions on making corrections to claims, please see [On Hold](#) lesson

## Rebuild Claims

**Claims Manager**

Working Submitted All

Filter 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	P			Emily Edm...	\$120.00	Primary	Original	Submitted
7/7/2010	7/27/2010	395	Randa...	BCBS AR	P			Perry Win...	\$135.00	Primary	Original	Submitted
7/7/2010	7/23/2010	396	Randa...	Medicare	P	Aetna		Fred Flint...	\$145.00	Primary	Original	Submitted
7/7/2010	7/23/2010	397	Randa...	Aetna	P			Darrell Fa...	\$135.00	Primary	Original	Submitted
7/8/2010	7/21/2010	398	Randa...	Indian...	P			Mark Clark	\$30.00	Primary	Original	Submitted
7/15/2010	7/23/2010	400	Randa...	Blue S...	P			John Jon...	\$135.00	Primary	Original	Submitted
7/15/2010	7/23/2010	401	Randa...	BCBS AR	P	Aetna		James Bu...	\$120.00	Primary	Original	Submitted
7/15/2010	7/23/2010	402	Randa...	Medicare	P	Arka...		Oscar Bu...	\$120.00	Primary	Original	Submitted
7/19/2010	7/27/2010	403	Randa...	BCBS AR	P			Perry Win...	\$135.00	Primary	Original	Submitted
7/19/2010	7/23/2010	404	Randa...	Cigna	P	Medi...		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	P	India...		Pansy Da...	\$135.00	Primary	Original	Submitted
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	P			Perry Win...	\$0.00	Primary	Original	Submitted

6

Click to rebuild this claim

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

**Claims Manager**

Working Submitted All

On Hold

	Posted ▲	Cl...	Physic...	Patient	Primary	PRT	Secon...	SRT	Amount	File With	Submission	Status	Hold Notes
	7/29/2010	443	Randal...	Somer ...	BCBS AR	P			\$275.00	Primary	Original	On Hold	

Rebuild

Pending

	Posted ▲	Claim	Physician	Patient	Primary	PRT	Secon...	SRT	Amount	File With	Submission	Status	Claim Notes
	7/19/2010	404	Randall...	Mollie T...	Medicare	E	Cigna		\$120.00	Primary	Original	Pending Scrub	Rebuilt on 8/2/2010 :
	7/19/2010	405	Randall...	Billy Kidd	Arkans...	E	Aetna		\$145.00	Primary	Original	Pending Scrub	Rebuilt on 8/2/2010 :
	7/20/2010	406	Ran	Pansy ...	Medicare	E	Indian...		\$135.00	Primary	Original	Pending Scrub	Rebuilt on 8/2/2010 :
	7/28/2010	437	Randall...	Will Bill	Aetna	E	Medicare		\$145.00	Primary	Original	Pending Scrub	
	7/28/2010	436	Randall...	Will Bill	Aetna	E	Medicare		\$145.00	Primary	Original	Pending Scrub	
	7/28/2010	441	Randall...	Lester ...	Medicare	E			\$175.00	Primary	Original	Pending Scrub	Rebuilt on 7/28/2010 :
	7/29/2010	444	Randall...	Mike Mi...	Aetna	E			\$98.01	Primary	Original	Pending Scrub	

8 Scrub

7. Click to highlight the corrected claims.

8. Click **Scrub**.

## Submit Corrected Claims

**Claims Manager**

Working Submitted All

On Hold

	Posted ▲	Cl...	Physic...	Patient	Primary	PRT	Secon...	SRT	Amount	File With	Submission	Status	Hold Notes
	7/29/2010	443	Randal...	Somer ...	BCBS AR	P			\$275.00	Primary	Original	On Hold	

Rebuild

Pending

	Posted ▲	Claim	Physician	Patient	Primary	PRT	Secon...	SRT	Amount	File With	Submission	Status	Claim Notes
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Scrub

Ready To Submit

	Posted ▲	Claim	Physician	Patient	Primary	PRT	Secon...	SRT	Amount	File With	Submission	Status	Claim Notes
	7/19/2010	404	Randall ...	Mollie Tu...	Medicare	E	Cigna		\$120.00	Primary	Original	Ready	Rebuilt on 8/2/2010 :
	7/19/2010	405	Randall ...	Billy Kidd	Arkansa...	E	Aetna		\$145.00	Primary	Original	Ready	Rebuilt on 8/2/2010 :
	7/20/2010	406	Randall ...	Pansy D...	Medicare	E	Indian...		\$135.00	Primary	Original	Ready	Rebuilt on 8/2/2010 :
	7/28/2010	437	Randall ...	Will Bill	Aetna	E	Medicare		\$145.00	Primary	Original	Ready	
	7/28/2010	436	Randall ...	Will Bill	Aetna	E	Medicare		\$145.00	Primary	Original	Ready	
	7/28/2010	441	Randall ...	Lester T...	Medicare	E			\$175.00	Primary	Original	Ready	Rebuilt on 7/28/2010 :
	7/29/2010	444	Randall ...	Mike Mic...	Aetna	E			\$98.01	Primary	Original	Ready	

9

Generate Electronic Print Cl. 10 Submit Selected

9. Click to highlight Corrected claims.

10. Click **Submit Selected**. To submit all claims in Ready To Submit section, just click the

Generate **Electronic button**.

## **Rebuild Multiple Claims at one time**

---

Rebuild an entire claim file or multiple claims at one time to resubmit to payers.



## Rebuild Selected Claims

**Claims Manager**

Working Submitted All

Filter Posted Date 11/30/2010 to 12/30/2010

Posted	Submitted	Claim	Physician	Primary	PRT	Seco...	SRT	Patient	Amount	File With	Submission	Statu
12/9/2010	12/9/2010	644	Randall ...	Palmett...	E	Arkans...	E	Perry Winkle	\$275.00	Primary	Original	Subm
12/6/2010	12/21/2...	647	Randall ...	Medicare	E			Lester Tester	\$120.00	Primary	Original	Subm
12/9/2010	12/9/2010	649	Randall ...	Aetna	E			Emily Edmond	\$120.00	Primary	Original	Subm
12/9/2010	12/17/2...	651	Randall ...	Arkansa...	E			Mary Perry	\$60.00	Primary	Original	Subm
12/10/2...	12/21/2...	652	Randall ...	Indiana ...	E	BCBS AR	E	Mary Merri...	\$135.00	Primary	Original	Submitted
12/10/2...	12/17/2...	653	Randall ...	Arkansa...	E			Elizabeth M...	\$60.00	Primary		Submitted
12/10/2...	12/16/2...	654	Randall ...	Arkansa...	E	Health...	E	Nancy Drew	\$120.00	Primary	Original	Submitted
12/10/2...	12/16/2...	655	Randall ...	Arkansa...	E	Health...	E	Nancy Drew	\$120.00	Primary		Submitted
12/13/2...	12/13/2...	656	Randall ...	Arkansa...	E	Woods...		Mary Perry	\$67.50	Secondary		Submitted
12/13/2...	12/13/2...	659	Randall ...	Arkansa...	E			Buddy Boy	\$120.00	Primary	Original	Submitted
12/13/2...	12/17/2...	660	Randall ...	BCBS AR	E			Rosemary ...	\$120.00	Primary	Original	Submitted
12/13/2...	12/13/2...	661	Randall ...	Cigna	E			Delaney Del...	\$145.00	Primary	Original	Submitted
12/13/2...	12/13/2...	662	Randall ...	Medicare	E	BCBS AR	E	Ernie Bert	\$135.00	Primary	Original	Submitted
12/14/2...	12/14/2...	663	Randall ...	Cigna	E	Indian...	E	Penny Lane	\$135.00	Primary	Original	Submitted
12/14/2...	12/14/2...	665	Randall ...	Medicare	E			Lester Tester	\$440.00	Primary	Original	Submitted
12/14/2...	12/17/2...	666	Randall ...	Medicare	E			Lester Tester	\$0.00	Primary	Original	Submitted
12/14/2...	12/17/2...	667	Randall ...	Medicare	E			Heather Gr...	\$0.00	Primary	Original	Submitted
12/14/2...	12/17/2...	669	Randall ...	Aetna	E			Emily Edmond	\$450.00	Primary	Original	Submitted
12/14/2...	12/17/2...	670	Randall ...	Arkansa...	E	Woods...	E	Mary Perry	\$0.00	Primary	Original	Submitted
12/15/2...	12/17/2...	672	Randall ...	Medicare	E	Cigna	E	Mollie Turner	\$135.00	Primary	Original	Submitted
12/15/2...	12/15/2...	673	Randall ...	Arkansa...	E	Champus	E	Loco Ono	\$150.00	Primary	Original	Submitted
12/13/2...	12/15/2...	675	Randall ...	Humana...	P	Arkans...		Daniel Daniels	\$280.00	Secondary		Submitted
12/3/2010	12/16/2...	676	Randall ...	BCBS AR	E	Aetna	E	Marlin Martin	\$120.00	Primary	Original	Submitted
12/16/2...	12/16/2...	677	Randall ...	BCBS AR	E	Aetna	E	Marlin Martin	\$290.00	Primary	Original	Submitted
12/17/2...	12/17/2...	682	Randall ...	Aetna	E			Terry Berry	\$145.00	Primary	Original	Submitted
12/17/2...	12/17/2...	684	Tammy ...	Aetna	E			Terry Berry	\$135.00	Primary	Original	Submitted
12/17/2...	12/17/2...	685	Randall ...	Arkansa...	E	Human...	P	Harry Harri...	\$87.50	Primary	Original	Submitted
12/17/2...	12/21/2...	686	Randall ...	Arkansa...	E	Cigna	E	Perry Winkle	\$145.00	Primary	Original	Submitted
12/27/2...	12/27/2...	688	Randall ...	BCBS AR	E			Tom Thomp...	\$430.00	Primary	Original	Submitted

Rebuild Selected

Rebuild Note

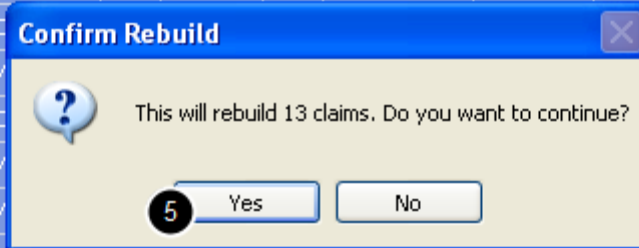
1. Click on the **Submitted** tab.

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.

4	Randall ...	Arkansa...	E	Health...	E	Nancy Drew	\$120.00	Primary	O
5	Randall ...	Arkansa...	E	Health...	E	Nancy Drew	\$120.00	Primary	
6	Randall ...	Arkansa...	E	Woods...		Mary Perry	\$67.50	Secondary	
9	Randall ...	Arkansa...	E			Buddy Boy	\$120.00	Primary	O
0	Randall ...	BCBS AR	E			Rosemary ...	\$120.00	Primary	O
1	Randall ...	C						ry	O
2	Randall ...	M						ry	O
3	Randall ...	C						ry	O
5	Randall ...	M						ry	O
6	Randall ...	M						ry	O
7	Randall ...	Medicare	E			Heather Gr...	\$0.00	Primary	O
9	Randall ...	Aetna	E			Emily Edmond	\$450.00	Primary	O
0	Randall ...	Arkansa...	E	Woods...	E	Mary Perry	\$0.00	Primary	O



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

On Hold

	Posted ▲	Claim	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Hold Notes
	12/6/2010	631	Randall ...	Bobby ...	Humana	P			\$145.00	Primary		On Hold	The Pay To is missing part ...
	12/6/2010	632	Randall ...	Harry H...		P			\$20.00	Primary		On Hold	The primary insured is missi...

Rebuild

Pending

	Posted ▲	Claim	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Claim Notes
	12/13/2...	661	Randall ...	Delaney...	Cigna	E			\$145.00	Primary	Original	Pending Scrub	Rebuilt on 12/30/2010 : ...
	12/13/2...	662	Randall ...	Ernie Bert	Medicare	P	BCBS AR	E	\$135.00	Primary	Original	Pending Scrub	Rebuilt on 12/30/2010 : ...
	12/14/2...	663	Randall ...	Penny L...	Cigna	E	Indiana ...	E	\$135.00	Primary	Original	Pending Scrub	Rebuilt on 12/30/2010 : ...
	12/14/2...	665	Randall ...	Lester T...	Medicare	P			\$440.00	Primary	Original	Pending Scrub	Rebuilt on 12/30/2010 : ...
	12/14/2...	666	Randall ...	Lester T...	Medicare	P			\$0.00	Primary	Original	Pending Scrub	Rebuilt on 12/30/2010 : ...
	12/14/2...	687	Randall ...	Lester T...	Medicare	E			\$0.00	Primary	Original	Pending Scrub	
	12/14/2...	667	Randall ...	Heather...	Medicare	P			\$0.00	Primary	Original	Pending Scrub	Rebuilt on 12/30/2010 : ...
	12/14/2...	669	Randall ...	Emily Ed...	Aetna	E			\$450.00	Primary	Original	Pending Scrub	Rebuilt on 12/30/2010 : ...
	12/14/2...	670	Randall ...	Mary Perry	Arkansa...	E	Woods...	E	\$0.00	Primary	Original	Pending Scrub	Rebuilt on 12/30/2010 : ...
	12/15/2...	672	Randall ...	Mollie Tu...	Medicare	P	Cigna	E	\$135.00	Primary	Original	Pending Scrub	Rebuilt on 12/30/2010 : ...
	12/16/2...	678	Randall ...	Marlin M...	BCBS AR	E	Aetna	P	\$120.00	Secondary		Pending Scrub	
	12/20/2...	693	Tammy ...	Delaney...	Cigna	E			\$120.00	Primary	Original	Pending Scrub	
	12/27/2...	695	Randall ...	Somer ...	Medicare	E	Aetna	E	\$135.00	Primary	Original	Pending Scrub	
	12/28/2...	691	Randall ...	Mike Mic...	Medicare	E			\$250.00	Primary	Original	Pending Scrub	
	12/30/2...	696	Randall ...	Somer ...	Medicare	P	Aetna	E	\$230.00	Primary	Original	Pending Scrub	

6 Scrub

Ready To Submit

	Posted ▲	Claim	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Claim Notes
	8/10/2010	472	Randall O...	Joe Schmoe	AARP	P			\$135.00	Primary	Original	Ready	
	8/13/2010	487	Randall O...	Mary Perry	Arkansas...	E	Woods...	P	\$120.00	Secondary	Original	Ready	Submitted on 11/11/2010
	8/26/2010	506	Randall O...	Sam Stev...	AARP	P			\$155.25	Primary	Original	Ready	Rebuilt on 11/11/2010 :
	8/27/2010	507	Randall O...	George J...	Aetna	E			\$33.75	Secondary		Ready	Rebuilt on 11/11/2010 :
	8/27/2010	508	Randall O...	Will Bill	Aetna	E			\$20.00	Secondary		Ready	Submitted on 8/27/2010

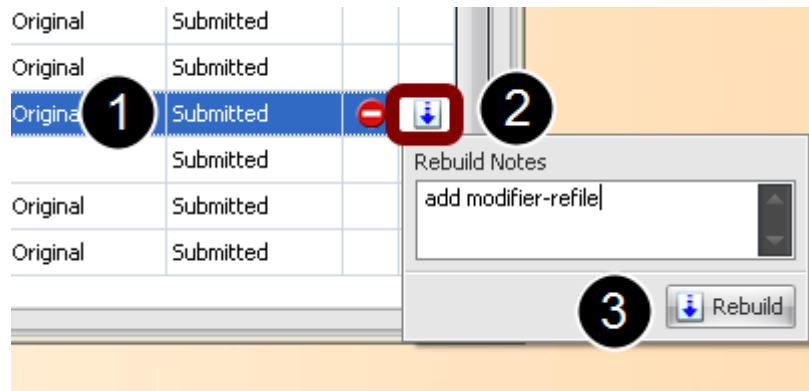
Generate Electronic Print Claims Submit Selected 7

6. Select claims to scrub and Click Scrub.

7. Select claims to Submit and Click Submit Selected, or to submit all claims in the Ready to Submit section, click Generate Electronic

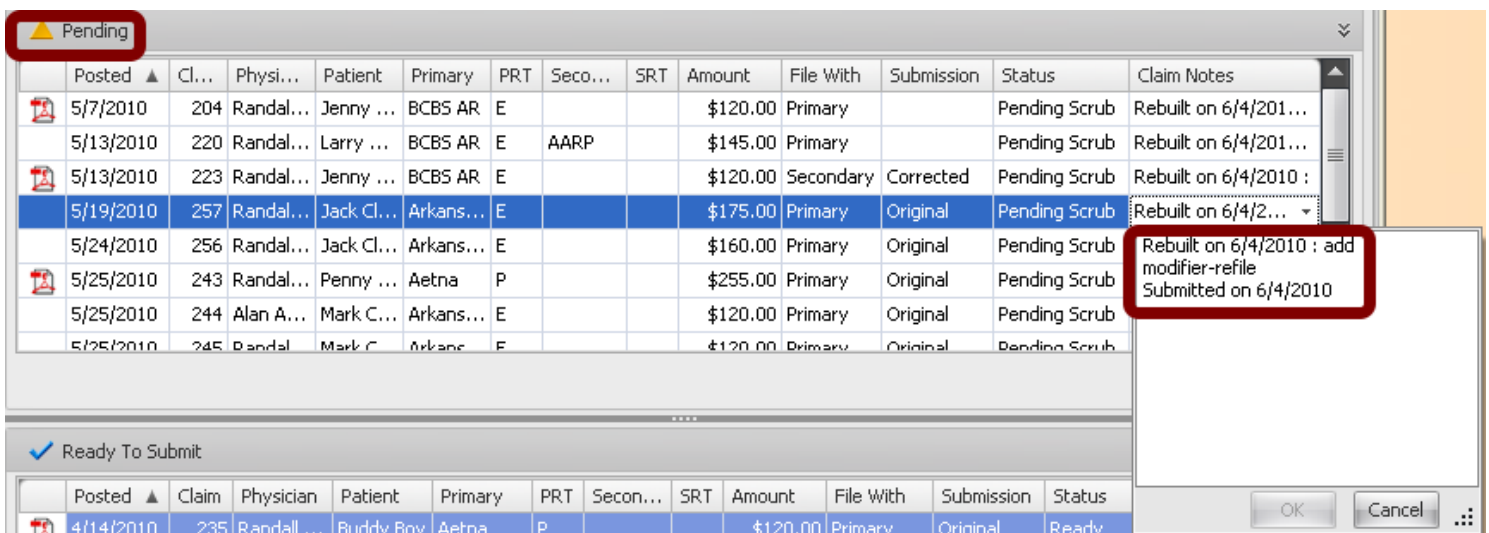
## Refile a Claim

### Refile a Claim from Submitted Tab



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 Pending Scrub section of the Claims Manager.



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 charge when refiling from Insurance Payment Posting**

---

Omit a paid procedure from a claim when resubmitting unpaid charges to insurance.

Billing -> Post Insurance Payments

**Refile only denied charges to Insurance**

## Omit Paid Charges

**\$ Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
12/9/2010	12/9/2010	Randall Oates	72040	X-RAY EXAM OF NECK SPINE	1.0	\$80.00

Diagnosis Codes		Modifiers	
DX	Description	Code	Description
X 922.1	Chest Wall Contusion		

Ambulance Certification	
Code	Description
<input checked="" type="checkbox"/>	Omit from Claim

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DME | Drug

Pick-Up Address

Street: <None>

Street 2: <None>

City: <None>

State: <None>

Zip Code: <None>

Drop-Off

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

5. Place a check mark to **Omit from Claim**. Click **Save**.

## Post Payment to ledger

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other Adj	...	Provider	...	Notes
<input type="checkbox"/>	12/9/2010	12/9/2010	1.0	99213	\$135.00										A
<input checked="" type="checkbox"/>	12/9/2010	12/9/2010	1.0	72040	\$80.00	\$70.00	\$30.00				\$10.00		\$40.00		a
					\$215.00	\$70.00	\$30.00	\$0.00	\$0.00	\$0.00	\$10.00		\$40.00		

Next Action: Refile

Buttons: Print Payment, Save Claim, Cancel, Post Payment

Check mark will be placed in the Omit column. When claim is Rebuilt, this charge will not be refilled to insurance.

6. Select Route for refiling claim (Paper or Electronic)

7. Select the File With from drop down option

8. Save Claim and then Post Payment to ledger. Claim will move to **On Hold** section of Claims Manager.



## Rebuild Claim

**Claims Manager**

Working Submitted All

**On Hold**

	Posted	...	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Hold Notes
	6/11/2010	284	Randall ...	Perry W...	Arkansa...	P	Cigna	P	\$120.00	Primary		On Hold	The Pay To is missing part o...
	6/15/2010	307	Randall ...	Will Bill	Aetna	E	Medicare	P	\$270.00	Crossover		On Hold	Claim with crossover File Wi...
	12/9/2010	645	Randall ...	Perry W...	Palmett...	E	Arkansa...	P	\$135.00	Primary		On Hold	
	12/13/2...	657	Randall ...	Perry W...	Arkansa...	P	Cigna	P	\$60.00	Secondary		On Hold	Claim has not be rebuilt sinc...
	12/17/2...	686	Randall ...	Perry W...	Arkansa...	E	Cigna	P	\$145.00	Secondary		On Hold	

10 Rebuild

**Pending**

	Posted	Claim	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Claim Notes
	10/11/2...	832	Randall ...	Delaney ...	Cigna	E			\$60.00	Primary	Original	Pending Scrub	Rebuilt on 10/27/2011 :
	10/11/2...	834	Randall ...	Mary Me...	Arkansas...	E			\$120.00	Primary	Original	Pending Scrub	Rebuilt on 10/27/2011 :
	10/12/2...	835	Randall ...	Ronnie R...	Medicare	E	BCBS AR	P	\$220.00	Primary	Original	Pending Scrub	Rebuilt on 10/28/2011 :
	10/13/2...	838	Randall ...	Terry Berry	Aetna	E			\$120.00	Primary	Original	Pending Scrub	

Scrub

**Ready To Submit**

	Posted	Claim	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Claim Notes
	8/26/2010	844	Randall O...	Barry Ros...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	
	12/16/2...	845	Randall O...	Barry Ros...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	
	9/13/2011	811	Terrie S. ...	Strawberr...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	
	10/5/2011	821	Randall O...	Bobby Ro...	Humana	E			\$181.25	Primary	Original	Ready	Submitted on 10/5/2011
	10/5/2011	822	Randall O...	Strawberr...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	Rebuilt on 10/28/2011 :
	10/6/2011	826	Randall O...	Sam Sam...	Arkansas ...	E			\$120.00	Primary	Original	Ready	Rebuilt on 10/28/2011 :
	10/6/2011	828	Randall O...	Heather ...	Medicare	E			\$135.00	Primary	Original	Ready	Rebuilt on 10/27/2011 :
	10/6/2011	829	Randall O...	Strawberr...	Medicare	E	Arkansa...	P	\$120.00	Primary	Original	Ready	Rebuilt on 10/27/2011 :

Generate Electronic Print Claims Submit Selected

Go to Billing -> Claims Manager

9. Locate claim in **On Hold** section

10. **Rebuild** Claim to save claim changes and **Scrub** claim

Claim is now **Ready to Submit**

## Secondary Claims

When posting a primary insurance payment of a patient that has a secondary insurance policy set up in Insurance Demographics, the Next Action will default to File Secondary-Paper.

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.

### Set Secondary Claims to process

Claim Details

Details for Claim 819

Payment Amount: \$170.00 Claim Control #: Patient Responsibility: \$0.00

Post Date: 10/5/2011 Member ID: 545445454 Patient Group Number: 65478

Process Date: 10/5/2011 Rendering Provider: Randall Oates

Routing: E Rendering NPI: 1234567890 Remaining Balance: \$0.00

Primary

Policy: Arkansas Medicaid

Route: ☐ Paper ☒ Electronic

Paper Fill: ☐ Fewest Pages ☐ Maintain Order

Secondary

Policy: BCBS AR

Route: ☐ Paper ☐ Electronic

Paper Fill: ☒ Fewest Pages ☐ Maintain Order

File With: Primary

Charges

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other Adj	...	Provider	...	Notes
<input type="checkbox"/>	10/5/2011	10/5/2011	1.0	A0429	\$300.00	\$300.00							\$170.00		a

Next Action: File Secondary - Paper

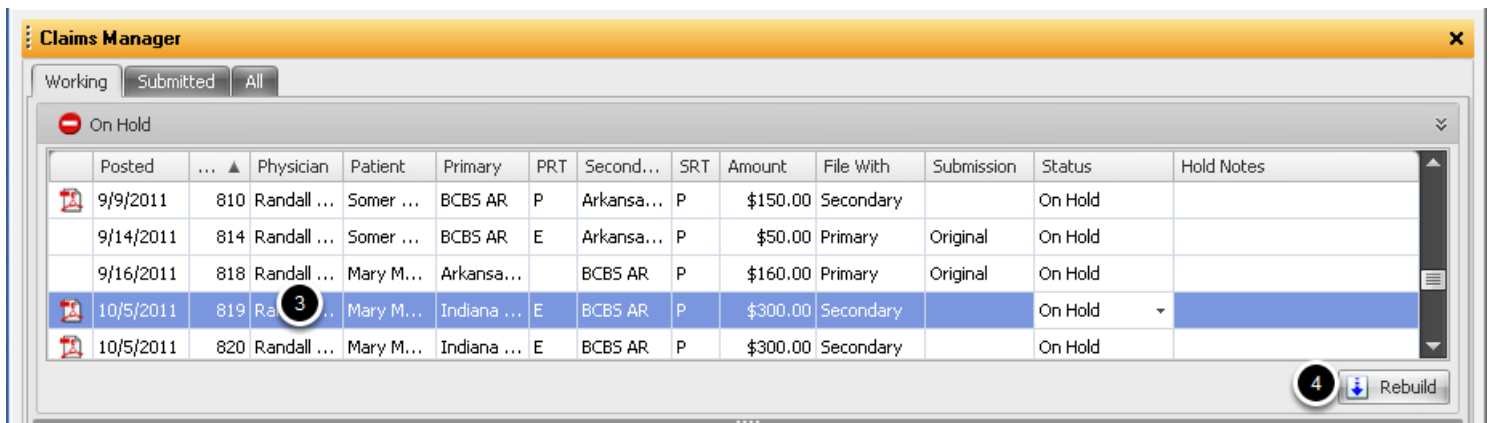
Save Claim

Cancel

1. When **posting primary insurance** to a visit, verify the Next Action selected is **File Secondary-Paper**.
2. **Save Claim**.

When the entire remit is applied to charges and Posted, the secondary claims will be located in the **On Hold** section and ready to process in the Claims Manager.

## Rebuild Secondary Claim



**Claims Manager**

Working Submitted All

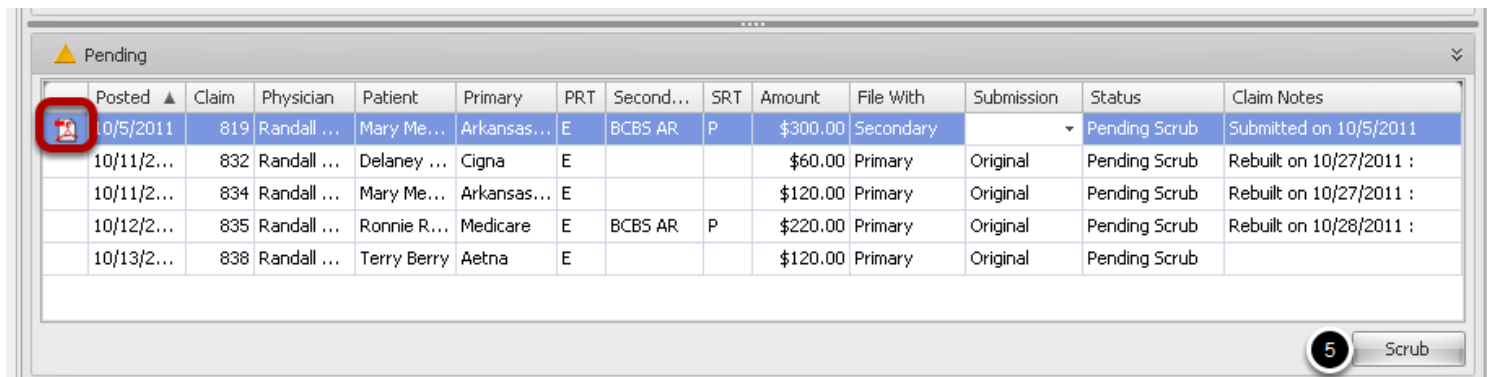
On Hold

	Posted	...	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Hold Notes
	9/9/2011	810	Randall ...	Somer ...	BCBS AR	P	Arkansa...	P	\$150.00	Secondary		On Hold	
	9/14/2011	814	Randall ...	Somer ...	BCBS AR	E	Arkansa...	P	\$50.00	Primary	Original	On Hold	
	9/16/2011	818	Randall ...	Mary M...	Arkansa...		BCBS AR	P	\$160.00	Primary	Original	On Hold	
	10/5/2011	819	Ra...	Mary M...	Indiana ...	E	BCBS AR	P	\$300.00	Secondary		On Hold	
	10/5/2011	820	Randall ...	Mary M...	Indiana ...	E	BCBS AR	P	\$300.00	Secondary		On Hold	

4 Rebuild

3. Locate the secondary claim. Click to highlight.
4. Click **Rebuild**. Claim is moved to Pending Scrub section.
5. Click the **Scrub** button. Claim is moved to Ready to Submit.

## Scrub Secondary Claim



**Pending**

	Posted	Claim	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Claim Notes
	10/5/2011	819	Randall ...	Mary Me...	Arkansas...	E	BCBS AR	P	\$300.00	Secondary		Pending Scrub	Submitted on 10/5/2011
	10/11/2...	832	Randall ...	Delaney ...	Cigna	E			\$60.00	Primary	Original	Pending Scrub	Rebuilt on 10/27/2011 :
	10/11/2...	834	Randall ...	Mary Me...	Arkansas...	E			\$120.00	Primary	Original	Pending Scrub	Rebuilt on 10/27/2011 :
	10/12/2...	835	Randall ...	Ronnie R...	Medicare	E	BCBS AR	P	\$220.00	Primary	Original	Pending Scrub	Rebuilt on 10/28/2011 :
	10/13/2...	838	Randall ...	Terry Berry	Aetna	E			\$120.00	Primary	Original	Pending Scrub	

5 Scrub

5. Click the **Scrub** button. Claim is moved to Ready to Submit.

Note: Paper claims can be previewed by clicking on the PDF icon in the Pending Scrub section

## Print Secondary Claim

✓ Ready To Submit

	Posted ▲	Claim	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Claim Notes
	8/26/2010	844	Randall O...	Barry Ros...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	
	12/16/2...	845	Randall O...	Barry Ros...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	
	9/13/2011	811	Terrie S. ...	Strawberr...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	
	10/5/2011	819	Randall O...	Mary Mer...	Arkansas ...	E	BCBS AR	P	\$300.00	Secondary		Ready	Submitted on 10/5/2011
	10/5/2011	821	Randall O...	Bobby Ro...	Humana	E			\$181.25	Primary	Original	Ready	Submitted on 10/5/2011
	10/5/2011	822	Randall O...	Strawberr...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	Rebuilt on 10/28/2011 :
	10/6/2011	826	Randall O...	Sam Sam...	Arkansas ...	E			\$120.00	Primary	Original	Ready	Rebuilt on 10/28/2011 :
	10/6/2011	828	Randall O...	Heather ...	Medicare	E			\$135.00	Primary	Original	Ready	Rebuilt on 10/27/2011 :

Generate Electron **6**
 Print Claims **7**
 Submit Selected

6. Click the Print Claims button. All paper claims in the Ready to Submit section will print.

7. Click to highlight a single claim and then click the Submit Selected button. Only the highlighted claim will print.

## All Tab

Claims Manager										
Working		Submitted		All		Claims Manager				
Filter Date of Service		3/12/2010		to		4/7/2010				
DOS	Processed	Claim	Physician	Payer	Secon...	Patient	Amount	Routing	Status	
3/29/2010	4/5/2010	55	Randall ...	Aetna		Sam Smith	\$285.00	P	Submitted	
3/29/2010	4/5/2010	56	Randall ...	Aetna		Sam Smith	\$285.00	P	Submitted	
3/29/2010	4/5/2010	57	Randall ...	Aetna		Sam Smith	\$821.07	P	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	P	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	P	Submitted	
4/5/2010	4/5/2010	79	Randall ...	Aetna		Buddy Boy	\$255.00	P	Submitted	
4/5/2010	4/5/2010	80	Randall ...	BCBS AR	Aetna	Lester T...	\$265.00	P	Submitted	
4/5/2010	4/6/2010	92	Randall ...	Aetna		Buddy Boy	\$135.00	P	Submitted	
4/5/2010	4/5/2010	81	Randall ...	Aetna		Mark Clark	\$435.00	P	Submitted	
4/5/2010	4/5/2010	83	Randall ...	Aetna		Mark Clark	\$435.00	P	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	P	Submitted	
4/6/2010	1/1/0001	86	Randall ...	BCBS AR		Larry Ba...	\$20.00	P	On Hold	
4/6/2010	4/6/2010	87	Randall ...	BCBS AR		Somer ...	\$275.00	P	Submitted	
4/6/2010	4/6/2010	88	Randall ...	Aetna	BCBS AR	Jimmy B...	\$145.00	P	Submitted	
4/6/2010	4/6/2010	91	Randall ...	Aetna		Buddy Boy	\$135.00	P	Submitted	
4/6/2010	4/6/2010	89	Randall ...	Medicare		Oscar B...	\$145.00	P	Submitted	
4/6/2010	4/6/2010	90	Randall ...	Medicare	AARP	Will Bill	\$135.00	P	Submitted	
4/6/2010	4/6/2010	93	Randall ...	BCBS AR		Bob Den...	\$125.00	P	Submitted	
4/6/2010	4/6/2010	95	Randall ...	Arkansa...		Darrell F...	\$145.00	P	Submitted	
4/6/2010	4/6/2010	96	Randall ...	Aetna		Jane Doe	\$125.00	P	Submitted	
4/6/2010	4/6/2010	97	Randall ...	Aetna	Medicare	Jane Doe	\$135.00	P	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

The screenshot displays the 'Insurance Payment' window with several sections:

- Create/Load Payment:** Includes fields for Payer (Blue Shield IN), Group (Professional Groups, Inc.), NPI (1234567893), Check Number (123455), Production Date (11/1/2011), Check Date (11/1/2011), Check Amount (\$325.00), and Remaining (\$325.00).
- Patient Details:** Shows patient information for Terry nmi. Berry, including Birthday (2/5/1960), Age (51), Sex (Male), Account (139), and Chart (32131). It also displays a Balances table.
- Claims:** A table listing insurance claims with columns for Post Date, Processed, Claim ID, Provider, Primary, PRT, Secondary, SRT, Amount, Balance, File With, and Status.
- Claim Details:** Provides detailed information for Claim 839, including Payment Amount (\$0.00), Claim Control #, Patient Responsibility (\$0.00), Post Date (10/13/2011), Member ID (32313123131321), Patient Group Number, Process Date (11/10/2011), Rendering Provider (Randall Oates, MC), Routing (E), Rendering NPI (1234567890), and Remaining Balance (\$0.00). It also shows Primary and Secondary policy details and a Claim Notes section.
- Charges:** A table showing billed charges for 10/13/2011, including Billed (\$120.00), Allowed (\$0.00), Deduct (\$0.00), CoIns (\$0.00), Co Pay (\$0.00), Late (\$0.00), Other Adj (\$0.00), and Provider Paid (\$0.00).

Navigation buttons at the bottom include 'Print Payment', 'Post Payment', and 'Next Action' (File Secondary - Paper).

**Create/Load Payment** Detail is manually entered using information from the Remittance/EOB.

**Patient Details** Displays patient information from the General Demographics section and Patient/Family Balances from the Patient Ledger

**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 [Charge Details](#)

## Select Claim/Visit for Payment

Create/Load Payment

Select Patient

Payer

Blue Shield IN

PO Box 37010  
Louisville, KY 40233  
(800) 470-9630

Group

Professional Groups, Inc.

123 Any Street  
Springdale, AR 727641234  
(479) 555-1234

NPI

1234567893

Production Date

11/1/2011

Check Number

123455

Check Date

11/1/2011

Check Amount

\$325.00

Remaining

\$325.00

Patient Details

Berry, Terry nmi.

Birthdate

2/5/1960

Age

51

Sex

Male

Account

139

Chart

32131

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$500.00	\$676.00	\$1,176.00
<b>Totals</b>	<b>\$500.00</b>	<b>\$676.00</b>	<b>\$1,176.00</b>

Schedule

Claims

Ledger

Insurance

Demographics

Custom

Claims

Show All Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	1/4/2011	1/11/2011	700	Randall Oates, MD	Aetna	E			\$120.00	\$95.00	Primary	Submitted
×	5/13/2011	6/3/2011	774	Randall Oates, MD	Aetna	E	Arkansas Firstsource	P	\$225.00	\$216.00	Primary	Submitted
×	10/13/2011	11/10/2011	839	Randall Oates, MD	Arkansas Medicaid	E	Arkansas Firstsource	P	\$120.00	\$120.00	Primary	Submitted

Claim Details

Details for Claim 839

More Info

Processed

Claim Notes

Submitted on 11/10/2011

Submitted on 10/13/2011

Submitted on 10/13/2011

Payment Amount

\$0.00

Claim Control #

Patient Responsibility

\$0.00

Post Date

10/13/2011

Member ID

32313123131321

Patient Group Number

Process Date

11/10/2011

Rendering Provider

Randall Oates, MD

Routing

E

Rendering NPI

1234567890

Remaining Balance

\$0.00

Primary

Policy

Arkansas Medicaid

Route

Paper

Electronic

Paper Fill

Fewest Pages

Maintain Order

Secondary

Policy

Arkansas Firstsource

Route

Paper

Electronic

Paper Fill

Fewest Pages

Maintain Order

Charges

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other Adj	...	Provider Paid	...	Notes
	10/13/2011	10/13/2011	1.0	99212	\$120.00										a
					\$120.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		

Next Action

File Secondary - Paper

Save Claim

Cancel

Print Payment

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

Details for Claim 839				<a href="#">More Info</a>	
Payment Amount	\$100.00	Claim Control #	123123123	Patient Responsibility	\$0.00
Post Date	10/13/2011	Member ID	323131231321	Patient Group Number	
Process Date	11/10/2011	Rendering Provider	Randall Oates, MD		
Routing	E	Rendering NPI	1234567890	Remaining Balance	\$100.00

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

## Apply Payment to Charges

**Claim Details**

Details for Claim 839

Payment Amount: \$100.00 Claim Control #: 123123123 Patient Responsibility: \$0.00

Post Date: 10/13/2011 Member ID: 323131231321 Patient Group Number:

Process Date: 11/10/2011 Rendering Provider: Randall Oates, MD

Routing: E Rendering NPI: 1234567890 Remaining Balance: \$0.00

**Primary Insurance:** Policy: Arkansas Medicaid Route: ☒ Paper ☐ Electronic Paper Fill: ☐ Fewest Pages ☐ Maintain Order

**Secondary Insurance:** Policy: Arkansas Firstsource Route: ☐ Paper ☐ Electronic Paper Fill: ☒ Fewest Pages ☐ Maintain Order

File With: Primary

**Charges Table:**

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	Coins	Co Pay	Late	Other Adj	Provider Paid	Notes
<input checked="" type="checkbox"/>	10/13/2011	10/13/2011	1.0	99212	\$120.00	\$100.00					\$20.00	\$100.00	
					\$120.00	\$100.00	\$0.00	\$0.00	\$20.00	\$0.00	\$0.00	\$100.00	

Next Action: File Secondary - Paper

Buttons: Print Payment, Save Claim, Cancel, Post Payment

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, Coinsurance**, etc.

9. Enter the contractual adjustment amount in **Other Adjustment** column, and Payment amount in **Provider Paid** column. 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.

10. **Verify the Next Action.** This will determine whether a secondary claim is generated, If the Primary insurance crossed the claim over to the Secondary payer, and no secondary claim is needed, or if the balance is patient responsibility.

**Patient Responsibility:** Claim status will change to Processed and the balance for this visit will be moved to patient responsibility.

**Crossover-Pending Secondary:** A secondary paper claim will not be generated and the balance will remain showing as pending insurance payment.

**File Secondary-Paper:** A secondary paper claim will be generated and placed in the On Hold

section of the Claims Manager ready to Rebuild, Scrub and Print.

**Refile:** If claim is partially paid and you need to refile any unpaid charges, this option will place the claim in the On Hold section of the Claims Manager ready to Rebuild, Scrub and Print.

**Wait for Additional Payment:** Claim will remain in the insurance pending status until additional payment is applied.

11. Click **Save Claim**. A pop up message will verify payment was saved. Click **OK**.

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: A payment can be edited after Save Claim, but cannot be edited if the remit has been Posted to ledger.

## Post Insurance Payment to Patient Ledger

**Insurance Payment** ✕

Create/Load Payment

Payer

Aetna

PO Box 1111  
Any City, AR 72764  
(479) 555-5555

Group

Professional Group, I...

123 Any St  
Any City, AR 72703  
(479) 555-5555

NPI

1234567890

Production Date

4/14/2010

Check Number

123456

Check Date

4/8/2010

Check Amount

\$405.00

Remaining

\$0.00

Select Patient

Print Payment

1

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). generate 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. Payment will not be reflected in Patient ledger until it is Posted

## Create Insurance Payment

---

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**

**Create Insurance Payment**

Create New Insurance Payment

Payer: [Dropdown] Check Number: [Text Field] [Create] [Cancel]

Blue Shield IN	PO Box 37010	Louisville
Medicare Indiana	PO Box 6160	Indianapolis
Aetna 1	PO Box 1111	Any City
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

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

The screenshot shows the 'Insurance Payment' window. It contains several fields and buttons. Callout 4 points to the 'Group' dropdown menu, which is open and shows a list of providers including 'Professional Group, Inc.'. Callout 5 points to the 'Production Date' field, which is set to '4/14/2010'. Callout 6 points to the 'Check Number' field, which is '123456'. Callout 7 points to the 'Check Amount' field, which is '\$150.00'. Callout 8 points to the 'Select Patient' button. Callout 9 points to the 'Create/Load Payment' button. The 'Payer' field is set to 'Aetna' and the 'Check Date' is '4/8/2010'.

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

The screenshot shows the 'Select Patient' dialog box. It has a 'Patient Number' text field with a cursor. Callout 9 points to the 'Chart Rack' button. Callout 10 points to the 'Select' button. There is also a 'Cancel' button.

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

Create/Load Payment

Select Patient

Payer

Blue Shield IN

PO Box 37010  
Louisville, KY 40233  
(800) 470-9630

Group

Professional Groups, Inc.

123 Any Street  
Springdale, AR 727641234  
(479) 555-1234

NPI

1234567893

Production Date

11/1/2011

Check Number

123455

Check Date

11/1/2011

Check Amount

\$325.00

Remaining

\$325.00

Patient Details

Bill, Will

Birthdate

2/17/1945

Age

66

Sex

Male

Account

35

Chart

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$3,931.00	\$3,931.00
<b>Totals</b>	<b>\$0.00</b>	<b>\$3,931.00</b>	<b>\$3,931.00</b>

Schedule

Claims

Ledger

Insurance

Demographics

Custom

Claims

Show All Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	3/30/2010	4/27/2010	58	Randall Oates, MD	Medicare	E			\$375.00	\$375.00		Submitted
X	4/6/2010	6/3/2011	90	Randall Oates, MD	Medicare	P			\$135.00	\$135.00		Submitted
X	4/8/2010	6/3/2011	103	Randall Oates, MD	Medicare	E			\$535.00	\$15.00		Submitted

Claim Details

Details for Claim 58

Payment Amount

\$0.00

Post Date

3/30/2010

Process Date

4/27/2010

Routing

E

Claim Control #

Member ID

Rendering Provider

Randall Oates, MD

Rendering NPI

1234567890

Patient Responsibility

\$0.00

Patient Group Number

Remaining Balance

\$0.00

Primary

Policy

Route

Paper

Electronic

Paper Fill

Fewest Pages

Maintain Order

Secondary

Policy

Route

Paper

Electronic

Paper Fill

Fewest Pages

Maintain Order

Charges

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other Adj	...	Provider Paid	...	Notes
	3/30/2010	3/30/2010	2.0	73510	\$240.00										a
					\$375.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		

Next Action

Patient Responsibility

Save Claim

Cancel

Print Payment

Post Payment

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.

After all payments have been applied and the Remaining amount is zero, the **Print Payment** button will create a report listing payments applied for reference. The report can be displayed or printed, or can be exported and saved to a file on your computer.

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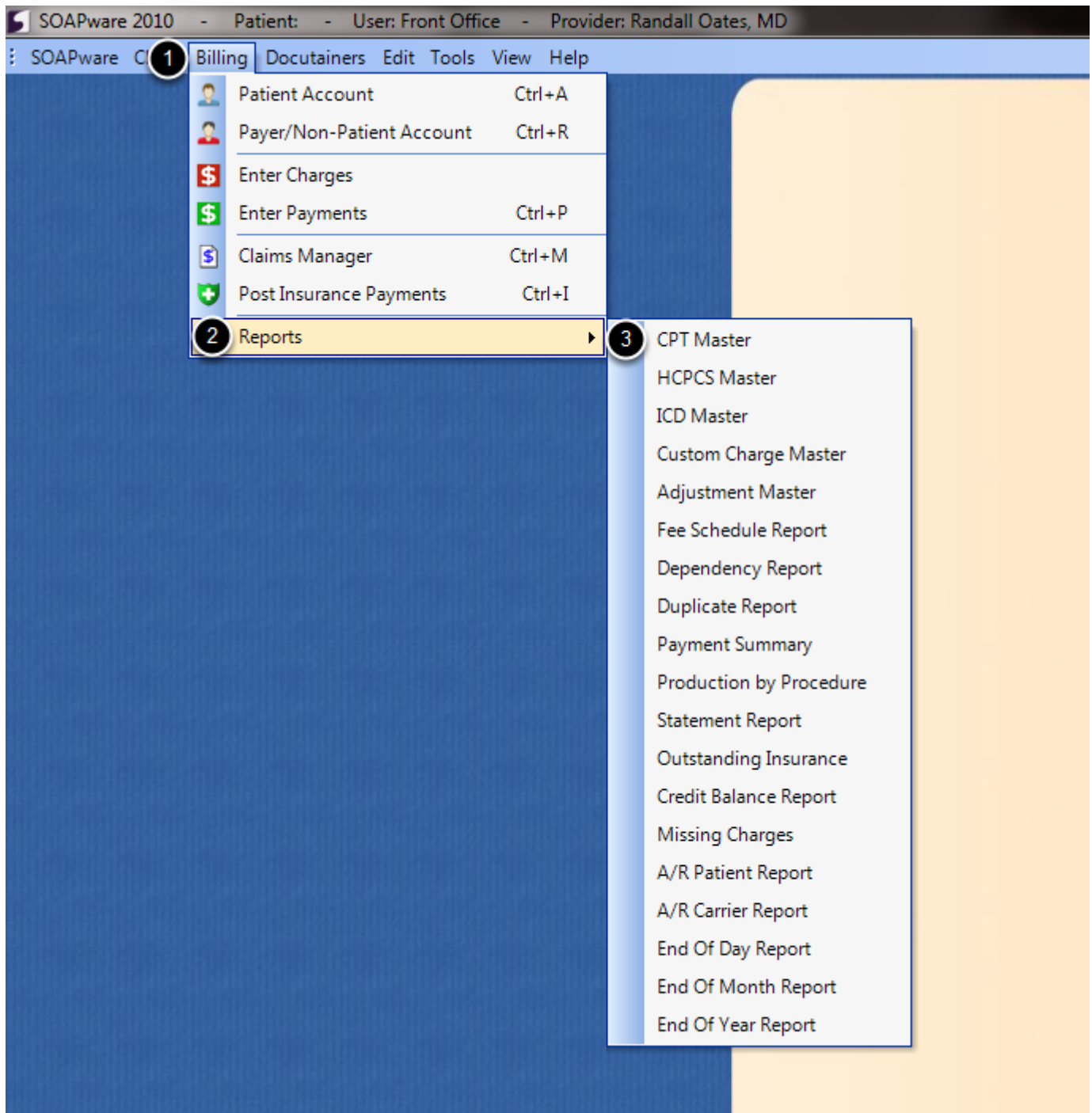
SOAPware, Inc.

# Reports

## Accessing the Report List

Billing menu -> Reports

### Accessing the Report List



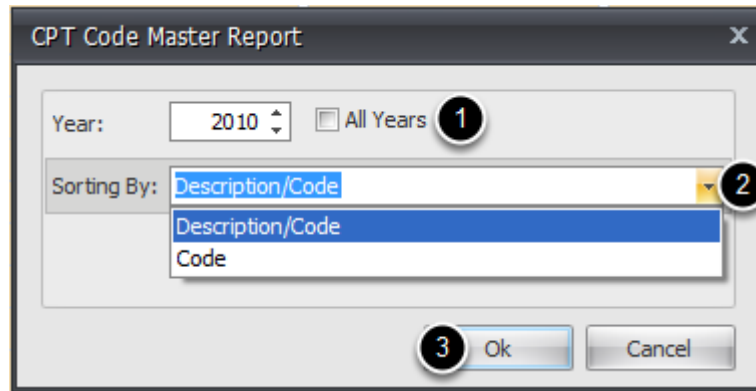
1. Click on the **Billing** menu.
2. Select **Reports**.
3. Select the report needed.

## CPT Master Report

---

A report showing all CPT codes in the database for a specified year or all years combined.

### CPT Master Options



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 Code Master Report 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
00320	ANESTH, NECK ORGAN 1 & OVER	00620	ANESTH, SPINE, CORD SURGERY

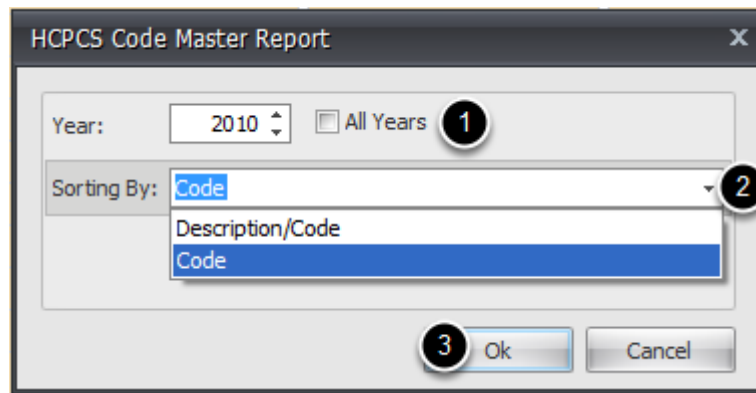
Sample CPT Master Report for the year 2010, sorted by Code.

## HCPCS Master Report

---

A report showing all HCPCS codes in the database for a specified year or all years combined.

### HCPCS Master Options



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 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	Alkaline 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	Silver oxide batt glucose mon
A0382	Basic support routine suppl	A4244	Alcohol or peroxide per pint
A0384	Bls defibrillation supplies	A4245	Alcohol wipes per box
A0390	Advanced life support mileag	A4246	Betadine/physohex solution
A0392	Als defibrillation supplies	A4247	Betadine/iodine swabs/wipes
A0394	Als IV drug therapy supplies	A4248	Chlorhexidine antisept
A0396	Als esophageal intub suppl	A4250	Urine reagent strips/tablets
A0398	Als routine disposable suppl	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	PI 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 attachmnt
A0998	Ambulance response/treatment	A4281	Replacement breastpump tube

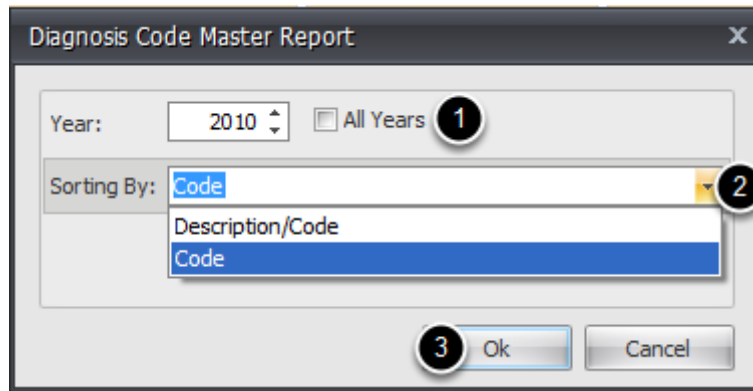
Sample HCPCS Master Report for the year 2010, sorted by Code.

## ICD Master Report

---

A report showing all ICD codes in the database for a specified year or all years combined.

### ICD Master Options



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**.



### Diagnosis Code Master Report 2010

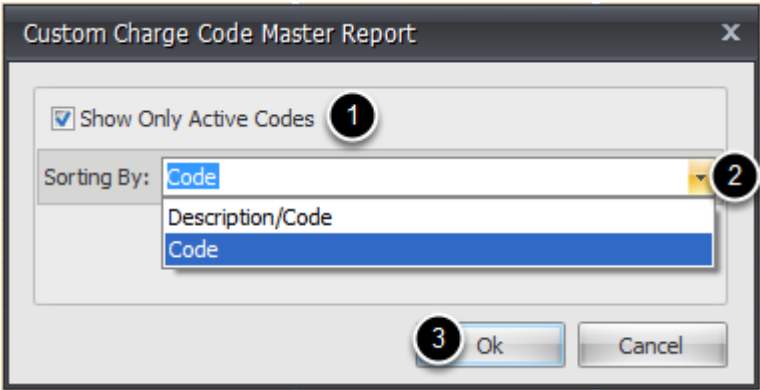
Diagnosis Code	Description	Diagnosis Code	Description
001.0	Cholera due to <i>Vibrio cholerae</i>	003.8	Salmonella infections, other, specified
001.1	El Tor cholera	003.9	Salmonella infection NOS
001.1	<i>Vibrio cholerae</i> el tor	003.9	Salmonellosis NOS (except human typhoid & paratyphoid)
001.1	Cholera due to <i>Vibrio cholerae</i> el tor	003.9	<i>Suipestifer</i> infection
001.9	Asiatic cholera	003.9	Salmonella infection, unspecified
001.9	Cholerae	003.9	Salmonella
001.9	Cholera NOS	004.0	Infection due to Group A <i>Shigella</i>
001.9	Cholera, unspecified	004.0	<i>Shigella</i> group A infection
002.0	Eberth's disease	004.0	<i>Shigella dysenteriae</i> infection
002.0	Typhomania	004.0	Schmitz-Stutzer dysentery
002.0	Typhogastric fever	004.0	Group A <i>Shigella</i> infection
002.0	Typhoperitonitis	004.0	Shigellosis due to <i>Shigella dysenteriae</i>
002.0	Post-typhoid abscess	004.1	Shigellosis due to <i>Shigella flexneri</i>
002.0	Ileotyphus	004.1	<i>Shigella</i> group B infection
002.0	Infection by <i>Salmonella typhi</i>	004.1	<i>Shigella flexneri</i> infection
002.0	Typhoenteritis	004.1	Hiss-Russell dysentery
002.0	Typhoid	004.1	Group B <i>Shigella</i> infection
002.0	Typhoid fever	004.1	Infection due to Group B <i>Shigella</i>
002.1	Paratyphoid fever A	004.2	Shigellosis due to <i>Shigella boydii</i>
002.1	Paratyphoid A fever	004.2	<i>Shigella boydii</i> infection
002.2	Paratyphoid B fever	004.2	Infection due to Group C <i>Shigella</i>
002.2	Paratyphoid fever B	004.2	Flexner-Boyd dysentery
002.3	Paratyphoid fever C	004.2	<i>Shigella</i> group C infection
002.3	Paratyphoid C fever	004.2	Group C <i>Shigella</i> infection
002.9	Paratyphoid fever NOS	004.2	Boyd's dysentery
002.9	Brion-Kayser disease	004.3	Infection due to Group D <i>Shigella</i>
002.9	Schottmuller's syndrome	004.3	<i>Shigella sonnei</i> infection
002.9	Paratyphoid fever, unspecified	004.3	<i>Shigella</i> group D infection
003.0	Salmonellosis	004.3	Group D <i>Shigella</i> infection
003.0	Salmonella food poisoning	004.3	Sonne dysentery
003.0	Salmonella gastroenteritis	004.3	Shigellosis due to <i>Shigella sonnei</i>
003.0	Gastroenteritis, <i>Salmonella</i>	004.8	<i>Shigella</i> infections, other, specified
003.1	Salmonella septicemia	004.8	Russell's dysentery
003.1	Septicemia, <i>Salmonella</i>	004.8	Other specified <i>Shigella</i> infections
003.20	Localized <i>Salmonella</i> infection NOS	004.9	Shigellosis NOS
003.20	<i>Salmonella</i> infection, localized, unspecified	004.9	Shigellosis, unspecified
003.20	Localized salmonella infection, unspecified	004.9	Chinese dysentery
003.21	Meningitis, <i>Salmonella</i>	004.9	<i>Shigella</i>
003.21	<i>Salmonella</i> meningitis	004.9	Bacillary dysentery
003.22	Pneumonia, <i>Salmonella</i>	005.0	Staphylococcal food poisoning
003.22	<i>Salmonella pneumoniae</i>		

Sample ICD Master Report for the year 2010, sorted by Code.

# Custom Charges Master Report

A report showing all custom codes in the database.

## Custom Charges Master Options



- 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**.

## Custom Charges Master Sample

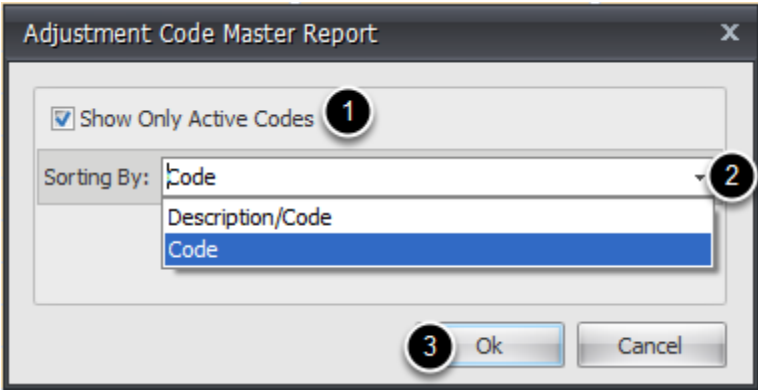
Custom Charge Code Master Report			
Active Codes Only			
Custom Code	Description	Custom Code	Description
HS333	Herbal Supplements		

Sample Custom Charges Master Report with only active codes showing.

# Adjustment Code Master Report

A report showing all adjustment codes in the database.

## Adjustment Master Options



- 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**.

## Adjustment Code Master Sample

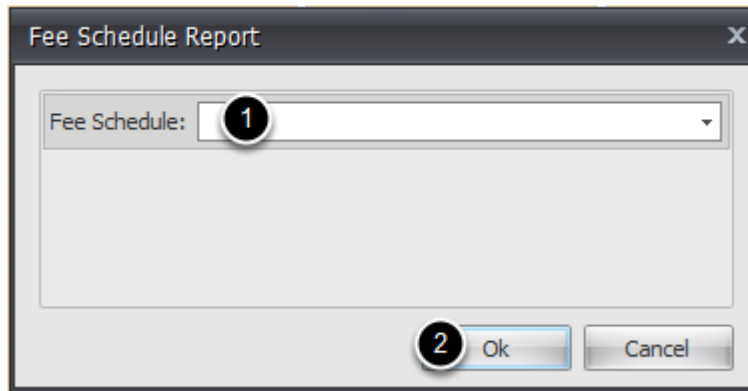
Adjustment Code Master Report			
Active Codes Only			
Adjustment Code	Description	Adjustment Code	Description
A123	Test Adjustment		
B1234	Charity Care		
S111	Sample Adjustment		
W001	Writeoff		
inspay	Insurance Adjustment		
refund	Refund Adjustment		

Sample Adjustment Code Master Report with only active codes showing.

## Fee Schedule Report

A report showing the fees set for each code, according to the selected Fee Schedule.

### Fee Schedule Report Options



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 dependencies on them, and the percentage that is being calculated for each.

### Dependency Report Sample

Fee Schedule Dependency Report			
Fee Schedule Group	Fee Schedule	Percentage	Fee Schedule Group
Fee Schedule			Percentage
<b>Aetna</b>			
	BCBS12	200.00%	
	BCBS2010	200.00%	
<b>Aetna10</b>			
	Aetna11	200.00%	
<b>BCBS2010</b> <sup>1</sup>			
	Default	110.00%	<sup>3</sup>
<b>Cigna</b>			
	Cigna10	150.00%	
<b>Default</b>			
	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%	
<b>Medicare</b>			
	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

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.

## Patient Duplicate Sample

Patient Duplicate Report						
Patient Name	Chart #	SSN	Date of Birth	Home Phone	Work Phone	Cell Phone
Slim, Jim			1/1/0001			
Slim, John		111-11-1111	5/5/1980	(479)555-5555	(479)333-3333	(479)444-4444
Slim, Sarah	89161	654-16-5132	10/1/1980	(479)984-9656	(951)651-6351	(651)651-3210

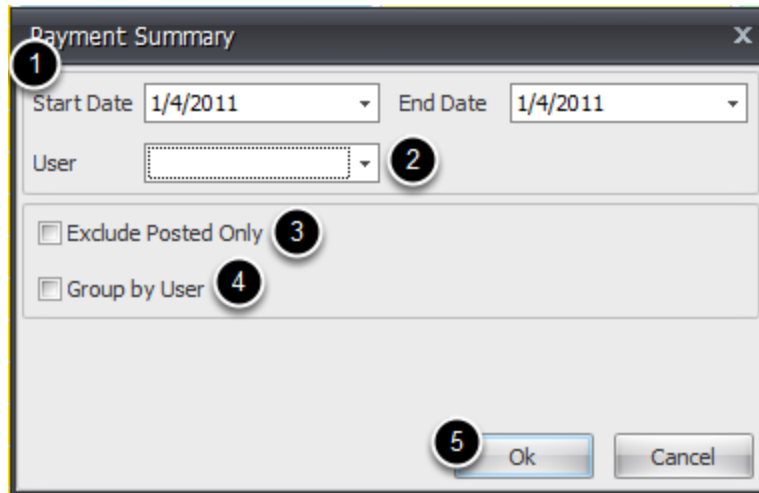
Sample Patient Duplicate Report searching by last name, Slim.

## Payment Summary Report

---

A report for showing the payments by payment type that have been entered during a specified time period.

### Payment Summary Report Options

The image shows a screenshot of a software window titled "Payment Summary". The window has a close button (X) in the top right corner. It contains several input fields and checkboxes. Callout 1 points to the "Start Date" field, which is set to "1/4/2011". Callout 2 points to the "End Date" field, which is also set to "1/4/2011". Callout 3 points to the "User" dropdown menu, which is currently empty. Callout 4 points to the "Exclude Posted Only" checkbox, which is unchecked. Callout 5 points to the "Group by User" checkbox, which is also unchecked. At the bottom right, there are "Ok" and "Cancel" buttons. The "Ok" button is highlighted with a blue border.

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).

## Payment Summary Sample for all Users

Payment Summary for 1/4/2011							
Date Run: 1/4/2011							
All Users							
<b>Cash</b>							
Status	Date Entered	Date Posted	Type	Patient Name	Account No.	Reference Number	Amount
Posted	1/4/2011	1/4/2011	Payment	Slim, Sarah	88		\$30.00
Cash Total							
Total Unapplied							\$0.00
Total Nonposted							\$0.00
Total Posted							\$30.00
Total							\$30.00
<b>Check</b>							
Status	Date Entered	Date Posted	Type	Patient Name	Account No.	Reference Number	Amount
Unapplied	1/4/2011		Co-Pay	Jim, Slim T.	34	1234	\$20.00
Nonposted	1/4/2011		Payment	Patient, Test	91	9854	\$25.00
Check Total							
Total Unapplied							\$20.00
Total Nonposted							\$25.00
Total Posted							\$0.00
Total							\$45.00
<b>Credit Card</b>							
Status	Date Entered	Date Posted	Type	Patient Name	Account No.	Reference Number	Amount
Posted	1/4/2011	1/4/2011	Payment	Jim, Slim T.	34	Visa 9876	\$55.00
Posted	1/4/2011	1/4/2011	Payment	Patient, Test	91	MC 8943	\$40.00

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.



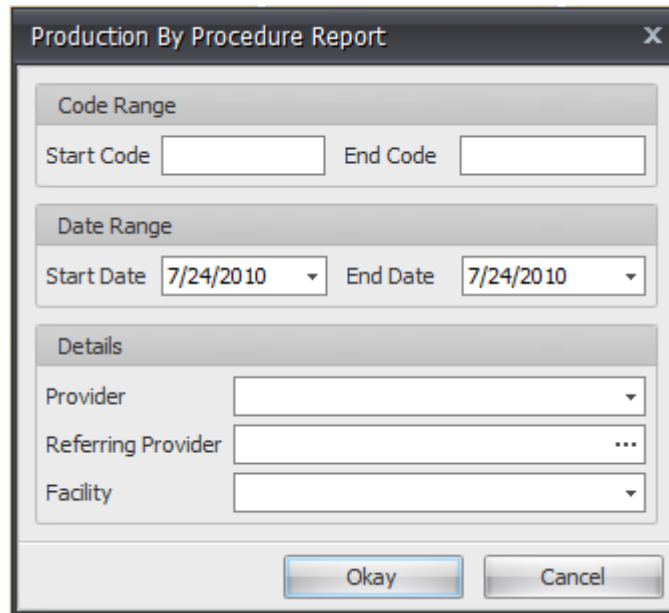
9. **Payment Status (Nonposted):** Indicates any payments that have been entered into the system, applied to charges, but have not been posted to the patient's ledger. These payments will be found in the patient's New Charges tab of their patient account. This status will show an Entered Date, but no 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.

## Production by Procedure Report (by Provider, Referring Provider and/or Facility)

---

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



The screenshot shows a dialog box titled "Production By Procedure Report" with a close button (X) in the top right corner. The dialog is divided into three sections: "Code Range", "Date Range", and "Details".

- Code Range:** Contains two text input fields labeled "Start Code" and "End Code".
- Date Range:** Contains two date selection fields labeled "Start Date" and "End Date". Both fields show the date "7/24/2010" and have a dropdown arrow on the right.
- Details:** Contains three selection fields:
  - "Provider": A dropdown menu.
  - "Referring Provider": A text input field with a search icon (three dots) on the right.
  - "Facility": A dropdown menu.

At the bottom of the dialog are two buttons: "Okay" and "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

Provider Oates, Randall, MD Referring Provider  
Facility

Code	Description	# Proc.	Amount	Total Billed	Adj.	Total Paid by 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	640.00
99203	OFFICE/OUTPATIENT VISIT, NEW	7	86.00	476.00	10.00	0.00	247.00	247.00
99205	OFFICE/OUTPATIENT VISIT, NEW	2	114.00	189.00	60.00	114.00	84.00	198.00
99211	OFFICE/OUTPATIENT VISIT, EST	2	125.00	875.00	5.00	0.00	60.00	60.00

Provider Oates, Randall, MD Referring Provider  
Facility DOCS Clinic

Code	Description	# Proc.	Amount	Total Billed	Adj.	Total Paid by Insurance	Patient	Total Paid
00103	ANESTH, BLEPHAROPLASTY	1	0.00	65.00	0.00	0.00	0.00	0.00
00124	ANESTH, EAR EXAM	1	0.00	72.00	0.00	60.00	920.00	980.00
65210	REMOVE FOREIGN BODY FROM EYE	1	0.00	50.00	0.00	0.00	50.00	50.00
70355	PANORAMIC X-RAY OF JAWS	1	0.00	0.00	0.00	0.00	0.00	0.00
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	1	0.00	0.00	0.00	0.00	0.00	0.00
92961	CARDIOVERSION, ELECTRIC, INT	1	0.00	26.00	0.00	0.00	0.00	0.00
94725	MEMBRANE DIFFUSION CAPACITY	1	0.00	50.00	0.00	0.00	50.00	50.00
95860	MUSCLE TEST, ONE LIMB	1	0.00	0.00	0.00	0.00	0.00	0.00
96151	ASSESS HLTH/BEHAVE, SUBSEQ	2	0.00	0.00	0.00	0.00	0.00	0.00
97010	HOT OR COLD PACKS THERAPY	1	0.00	35.00	0.00	0.00	25.00	25.00
99201	OFFICE/OUTPATIENT VISIT, NEW	14	75.00	1,038.20	175.00	0.00	860.00	860.00
99203	OFFICE/OUTPATIENT VISIT, NEW	2	86.00	130.00	0.00	0.00	0.00	0.00
99205	OFFICE/OUTPATIENT VISIT, NEW	4	114.00	300.00	0.00	0.00	165.00	165.00
99211	OFFICE/OUTPATIENT VISIT, EST	5	125.00	2,550.00	730.00	0.00	1,820.00	1,820.00
99213	OFFICE/OUTPATIENT VISIT, EST	1	135.00	112.00	0.00	0.00	100.00	100.00
99218	OBSERVATION CARE	3	0.00	65.00	0.00	0.00	65.00	65.00
99252	INPATIENT CONSULTATION	1	0.00	35.00	0.00	0.00	0.00	0.00
HS111	herbal supplements	1	0.00	60.00	0.00	0.00	0.00	0.00
HS333	Herbal Supplements	2	374.00	170.00	0.00	0.00	225.00	225.00
S3333	Herbal supplements	1	440.00	100.00	0.00	0.00	100.00	100.00

Sample Production by Procedure Report searching by year to date by provider Randall Oates.

## Statement Report

This Statement manager allows reports to be run both in group or individually by patient or guarantor.

### Sample Statement

<b>Professional Group, Inc.</b> PO Box 1234 Springdale, AR 72764  For Billing Questions call (479) 555-3333  Tax ID: 333221111 Page 1 of 1  <b>Charles, Chuck C.</b> 123 Elm Elm City, AR				<b>Statement Date</b> 12/21/2010	<b>Account Number</b> 122	<b>Pay This Amount</b> \$58.00
---	--	--	--	-------------------------------------	------------------------------	-----------------------------------

☐ If Address or Insurance information has changed, please check box and add updated information.

Please detach and return top portion with payment.

Statement									
Patient: Charles, Chuck C.				Chart:					
Date	Provider	Procedure	Mod	Description	DX	Units	Charges	Pymt/Adj	Balance
				Balance Forward					\$0.00
10/27/10	Randall Oates	99212		OFFICE/OUTPATIENT VISIT, EST	724.2	1	\$108.00		
12/10/10		INS PYMT		BCBS AR Pymt				\$50.00	\$58.00
<b>Current Balance</b>									\$58.00
<b>Current</b>		<b>30 - 60 Days Due</b>		<b>60+ Days Due</b>		<b>Balance Due</b>			
		\$58.00				\$58.00			

Testing printed messages on Statements

### 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.

# Credit Balance Report

A report showing all patients with credits on their accounts.

## Credit Report Sample

Credit Balance Report							
Account Number	Patient Name	Insurance Processing	30 Days	60 Days	90 Days	120+ Days	Account Balance
15	Smith Bob	Yes	(993.00)	(993.00)	(993.00)	(908.00)	(838.00)

Sample Credit Report

## Missed Charges Report

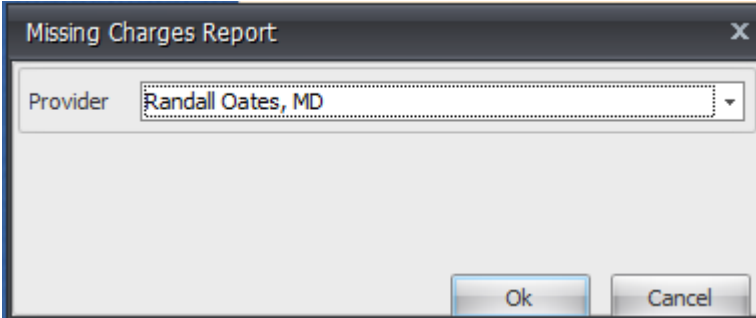
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A report showing any possibly missed charges within SOAPware, by Provider. The report will display 3 specific areas where charges could be being missed:

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

A screenshot of a software dialog box titled "Missing Charges Report" with a close button (X) in the top right corner. Inside the dialog, there is a label "Provider" followed by a dropdown menu. The dropdown menu is open, showing the text "Randall Oates, MD". At the bottom right of the dialog, there are two buttons: "Ok" and "Cancel".

Select the Provider from the drop down.

## Missed Charges Report Sample showing Encounters without a Superbill

### Missing Charges Report

12/27/2010  
Randall Oates, MD

Encounters **1**

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 Dx- 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).



## Missing Charges Report

12/27/2010  
Randall Oates, MD

### Superbills

2

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 Report Options

The screenshot shows a dialog box titled "Guarantor Accounts Receivable Report". It contains several input fields and radio button options. Numbered callouts are placed over the following elements:

- 1**: The "Guarantor" text input field.
- 2**: The "Search Name Range" button.
- 3**: The "Account Number" text input field under the "Patient" section.
- 4**: The "Balance Filter" section, which includes radio buttons for "Type" (Patient, Insurance, Both) and "Aging" (Current, 30 Days, 60 Days, 90 Days, 120 Days, All).
- 5**: The "Okay" button at the bottom right.

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.

### A/R Patient Report Sample

Doe, Mister, Home: (564) 165-1316, Cell: (651) 946-5032

Guarantor

Name	Account	Last Payment		Current	30 Days	60 Days	90 Days	120 Days	Totals
1 Blue, Big	92	6/28/2010	Patient	\$80.00	\$1,295.15				\$1,375.15
			Insurance	\$526.00	\$998.00				\$1,524.00
Patient Balance			\$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.

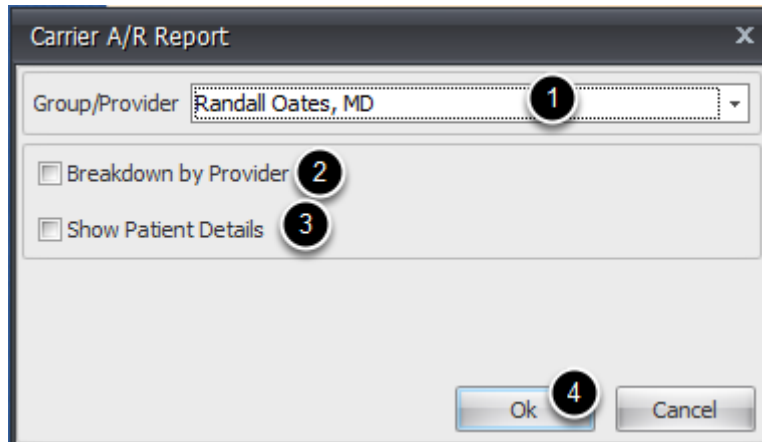
3. At the bottom, there will be a total Family Balance which is a total of both the overall Patient A/R balance and the overall Insurance A/R balance.

## 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).

### A/R Carrier Report Options

A screenshot of a software dialog box titled "Carrier A/R Report". The dialog box has a close button (X) in the top right corner. It contains a dropdown menu labeled "Group/Provider" with the text "Randall Oates, MD" selected. Below the dropdown are two checkboxes: "Breakdown by Provider" and "Show Patient Details". At the bottom right are two buttons: "Ok" and "Cancel". Numbered callouts (1, 2, 3, 4) are placed over the dropdown, the two checkboxes, and the "Ok" button respectively.

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)

### Carrier A/R

Date Run: 1/4/2011

Provider/Group: Family Physicians

Summary

Breakdown by Provider

#### 1 Group: Family Physicians

#### 2 Provider: Doe, James R., DO

#### 3 BCBS, P.O. Box 2181, Little Rock, AR 72203-2181, (800) 827-4814

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
4 Primary					\$180.00	\$180.00

#### Medicare of AR, P.O. Box 1418, Little Rock, AR 72203, (866) 582-3247

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary					\$50.00	\$50.00

#### UHC, 4544 Dickson Street, Fayetteville, AR 72701, (479) 521-3213

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary					\$645.00	\$645.00

#### 5 Provider Summary - Doe, James R., DO

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary					\$875.00	\$875.00
6 Totals					\$875.00	\$875.00
7 Percentages	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%

#### Provider: Oates, Randall, MD

#### Aetna, 6513 Ins. St., Fayetteville, AR 72703, (651) 321-3213

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary		\$94.15	\$234.47		\$95.00	\$423.62

#### BCBS, P.O. Box 2181, Little Rock, AR 72203-2181, (800) 827-4814

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary					\$3,210.00	\$3,210.00
Secondary		\$98.44				\$98.44

To Run the above report:

- 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 A/R

Date Run: 1/4/2011  
 Provider/Group: Family Physicians  
 Patient Detail  
 Breakdown by Provider

#### Group: Family Physicians

Provider: Doe, James R., DO

BCBS, P.O. Box 2181, Little Rock, AR 72203-2181, (800) 827-4814

Patient: Marley, B - 59

File With	CPT	Date of Service	Submitted	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
P	00120	5/14/2010	5/15/2010					\$90.00

	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Total					\$90.00	\$90.00

#### Patient: Mitchell, Sadie - 47

File With	CPT	Date of Service	Submitted	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
P	99201	5/12/2010	5/15/2010					\$90.00

	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Total					\$90.00	\$90.00

#### Insurance Summary - BCBS

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary					\$180.00	\$180.00

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/R

Date Run: 1/4/2011  
 Provider/Group: Randall Oates, MD  
 Summary

1

#### Group: Family Physicians

Aetna, 6513 Ins. St., Fayetteville, AR 72703, (651) 321-3213

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary		\$94.15	\$234.47		\$95.00	\$423.62

2 BCBS, P.O. Box 2181, Little Rock, AR 72203-2181, (800) 827-4814

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
3 Primary					\$3,210.00	\$3,210.00
4 Secondary		\$98.44				\$98.44

BCBS of New York, Rochester, P.O. Box 9, Kearney, NE 68848, (888) 576-0800

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary					\$555.00	\$555.00

Medicaid - CSC, P.O. Box 65501, New York, NY 12204, (888) 980-6676

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary					\$85.00	\$85.00

Medicare of AR, P.O. Box 1418, Little Rock, AR 72203, (866) 582-3247

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary					\$334.00	\$334.00

UHC, 4544 Dickson Street, Fayetteville, AR 72701, (479) 521-3213

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary				\$332.00	\$30.00	\$362.00

#### Group Summary - Family Physicians

5 File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary		\$94.15	\$234.47	\$332.00	\$4,309.00	\$4,969.62
Secondary		\$98.44				\$98.44
6 Totals		\$192.59	\$234.47	\$332.00	\$4,309.00	\$5,068.06
7 Percentages	0.00%	3.80%	4.63%	6.55%	85.02%	100.00%

To Run the above report:

- 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

### Carrier A/R

Date Run: 1/4/2011  
 Provider/Group: Randall Oates, MD  
 Patient Detail

#### Group: Family Physicians

Aetna, 6513 Ins. St., Fayetteville, AR 72703, (651) 321-3213

Patient: Doe, Peter D. - 90

File With	CPT	Date of Service	Submitted	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
P	99201	10/12/2010	11/24/2010			\$30.00		
P	99201	10/28/2010	11/23/2010			\$94.15		
P	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 Days	Total
Total		\$94.15	\$159.15			\$253.30

Patient: Doe, Sarah - 67

File With	CPT	Date of Service	Submitted	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
P	99201	10/27/2010	11/24/2010			\$75.32		

	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Total			\$75.32			\$75.32

Patient: Smith, Bob - 15

File With	CPT	Date of Service	Submitted	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
P	99213	8/6/2010	8/16/2010					\$95.00

	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Total					\$95.00	\$95.00

#### Insurance Summary - Aetna

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary		\$94.15	\$234.47		\$95.00	\$423.62

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.

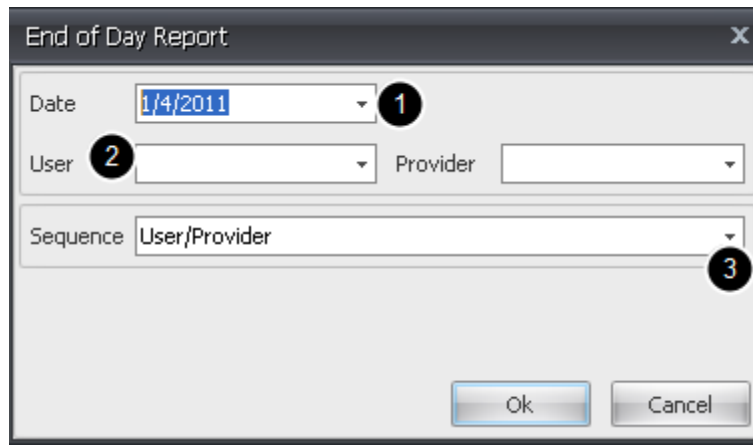
5. **Total:** Provides the Total Carrier A/R for the patient, with the specific Insurance Company listed above.

## End of Day Report

---

Report the charges, payments and adjustments entered each day, filterable by User or Provider.

### End of Day Report Options

A screenshot of a software dialog box titled "End of Day Report" with a close button (X) in the top right corner. The dialog contains three main input areas: a "Date" dropdown menu showing "1/4/2011" with a circled "1" next to it; a "User" dropdown menu and a "Provider" dropdown menu, with a circled "2" next to the "User" dropdown; and a "Sequence" dropdown menu showing "User/Provider" with a circled "3" next to it. At the bottom right, there are "Ok" and "Cancel" buttons.

End of Day Report

Date 1/4/2011 1

User 2 Provider

Sequence User/Provider 3

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 - 1/4/2011

Trent, Tammy on 1/4/2011, Provider: Oates, Randall

Chart #	Patient Name <sup>1</sup>	DOS	Procedure	Charge <sup>2</sup>	Payment <sup>3</sup>	Ins Payment <sup>4</sup>	Adjustment <sup>5</sup>
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 <sup>6</sup>	\$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
			<sup>7</sup> Provider Total	\$495.00	\$243.00	\$366.00	\$4.50
			<sup>8</sup> 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 report 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 report and look for the list of Visits.

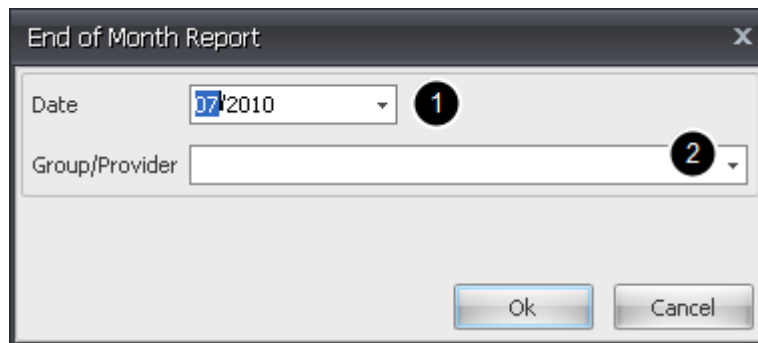
## Details shown on End of Day Reporting:

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.

## End of Month Report

---

Aging report of number of procedures, total charges, payments and adjustments by provider/group per month



The image shows a software dialog box titled "End of Month Report". It contains two main input fields: "Date" and "Group/Provider". The "Date" field is a dropdown menu currently showing "07/2010", with a circled "1" next to it. The "Group/Provider" field is a text box with a dropdown arrow, with a circled "2" next to it. At the bottom right of the dialog are "Ok" and "Cancel" buttons.

1. Select month to report.
2. Filter by Group/Provider. Leave blank to show all, select individual provider or group.

## End of Month - July 2010

Professional Group, Inc.

**Bunch, James R.**

0-30 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
	<b>1</b> Units	<b>2</b> Charges	<b>3</b> Payments	<b>4</b> Adjustments		
MTD	0					
YTD	20	\$2,174.03	\$285.00			\$10.00

**Oates, Randall**

0-30 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	Payments	Adjustments		
MTD	11	\$1,545.00				
YTD	466	\$66,114.07	\$18,620.21			\$2,679.00

**Trent, Tammy**

0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Unapplied/Credit	Balance
		\$240.00	\$4,285.00			\$4,525.00
	Units	Charges	Payments	Adjustments		
MTD	0					
YTD	9	\$4,545.00	\$3,730.00			

Professional Group, Inc. **Summary**

0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Unapplied/Credit	Balance
\$12,177.30	\$7,358.49	\$15,743.03	\$16,205.07		\$405.00	\$51,078.89
	Units	Charges	Payments	Adjustments		
MTD	11	\$1,545.00				
YTD	495	\$72,833.10	\$22,635.21			\$2,689.00

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:

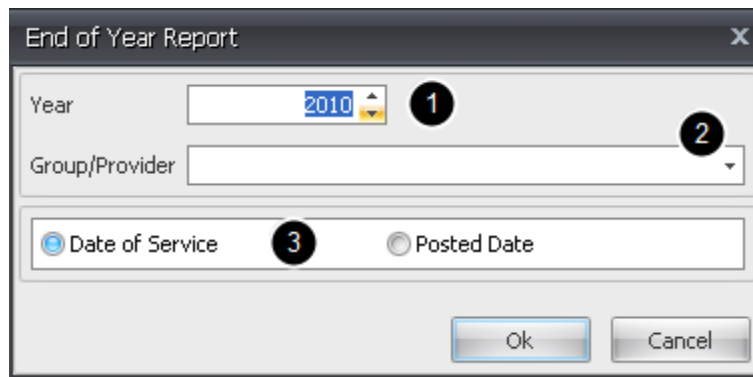


1. Month to date and year to date number of procedures/units
2. Month to date and year to date number of charges
3. Month to date and year to date number of payments
4. Month to date and year to date number of adjustments.

## End of Year Report

---

Report number of procedures, total charges, payments and adjustments by provider/group per year.



The image shows a software dialog box titled "End of Year Report". It contains three main input areas: a "Year" dropdown menu set to "2010" (marked with a circled 1), a "Group/Provider" dropdown menu (marked with a circled 2), and a section with two radio buttons: "Date of Service" (selected, marked with a circled 3) and "Posted Date". At the bottom right are "Ok" and "Cancel" buttons.

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	Totals	Units		Charges		Payments		Adjustments
	January	2		\$275.00				
	February	0						
	March	5		\$4,030.00		\$20.00		
	April	1		\$120.00				
	May	1		\$120.00		\$40.00		
	June	0				\$3,670.00		
	July	7		\$870.00				
	August	0				\$90.00		
	September	1		\$135.00		\$54.00		
	October	2		\$120.00				
	November	4		\$360.00				
	December	1		\$120.00		\$10.00		\$60.00
3	YTD	24		\$6,150.00		\$3,884.00		\$60.00

1. Accounts receivable by month
2. Total procedures, charges, payments and adjustments broken down by month
3. Year to date totals

## Custom Patient Reporting

---

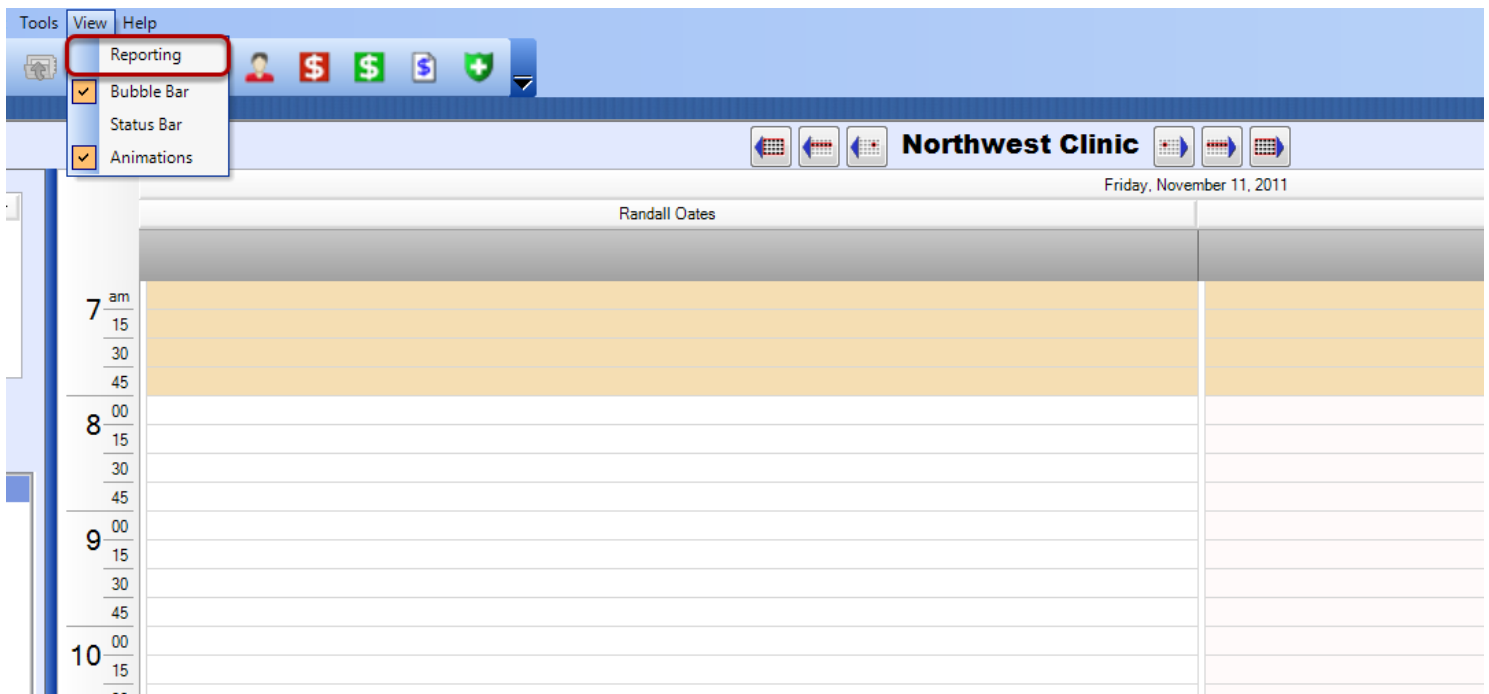
Generate reports on your patients, based on multiple criteria including demographics, appointment/scheduling information, billing/claim data, etc. Each selection made within any of the categories creates an AND statement. This will mean it will only pull up patients that meet ALL of the criteria selected, as opposed to only meeting one of the criteria selected.

Default Output Information (in Columns):

- Account Number
- First Name
- Last Name
- Address
- City
- State
- Zip Code
- Home Phone

Note: If you select multiple criteria for the report, those additional selections will be added as columns to the output you receive, to allow you to see the values for each patient row. If you select Unique Patients Only, you will only see the above columns listed, without the additional criteria as columns.

## Access the Custom Patient Report



1. Click on View menu.
2. Select Reporting.

The screenshot shows a software window titled "Custom Patient Report" with a close button (X) in the top right corner. The "Demographic Info" section is expanded and highlighted with a red rectangle. It contains the following fields:

- Last Name: From [ ] To [ ]
- Birth Date: From [ ] To [ ]
- Age: From [ ] To [ ]
- Marital Status: [ ]
- Gender: [ ]
- Race: [ ]
- Ethnicity: [ ]
- Language: [ ]
- City: [ ]
- State: [ ]
- Zip: From [ ] To [ ]
- Primary Provider: [ ] ☐ Show All
- Referring Provider: [ ]
- PCP: [ ]
- Preferred Pharmacy: [ ]
- Guarantor: [ ] ...
- Financial Class: [ ]
- Student Status: [ ]

Below the demographic fields are three collapsed sections:

- Scheduling Info
- Insurance Policy Info
- Billing Info

At the bottom of the window, there is a checkbox for "Unique Patients Only" and two buttons: "View Report" and "Close".

Enter values for any of the demographic fields needing to be searched. Be aware that each selection that is made creates an **AND** statement. (For instance, if you select a specific gender such as female, and select an ethnicity of Hispanic or Latino, the report will pull all females in the system that are Hispanic or Latino.) You may enter selections in any of the categories to search multiple parameters.

The screenshot shows a 'Custom Patient Report' dialog box. It contains several sections of filters. The 'Scheduling Info' section is highlighted with a red rectangle. Below this section are 'Insurance Policy Info' and 'Billing Info' sections, both collapsed. At the bottom, there is a 'Unique Patients Only' checkbox and 'View Report' and 'Close' buttons.

Field	Type
Gender	Dropdown
Race	Dropdown
Ethnicity	Dropdown
Language	Dropdown
City	Text
State	Text
Zip	From/To Text
Primary Provider	Dropdown
Referring Provider	Dropdown
PCP	Dropdown
Preferred Pharmacy	Dropdown
Guarantor	Text
Financial Class	Dropdown
Student Status	Dropdown
<b>Scheduling Info</b>	
Appointment Facility	Dropdown
Appointment Provider/Resource	Dropdown
Appointment Scheduplate	Dropdown
Appointment Date	From/To Text
Appointment Status	Dropdown
<b>Insurance Policy Info</b>	
<b>Billing Info</b>	

☐ Unique Patients Only    [View Report](#)    [Close](#)

Search on any of the parameters available under Scheduling Info. Select a Facility from the drop down before selecting a Provider/Resource and/or a Scheduplate.

The screenshot shows a software window titled "Custom Patient Report" with a close button (X) in the top right corner. The window contains several sections of filters for patient reports:

- Demographics:** Fields for City, State, Zip (with "From" and "To" sub-fields), Primary Provider (dropdown with "Show All" checkbox), Referring Provider (dropdown), PCP (dropdown), Preferred Pharmacy (dropdown), Guarantor (dropdown with "..."), Financial Class (dropdown), and Student Status (dropdown).
- Scheduling Info:** Fields for Appointment Facility (dropdown), Appointment Provider/Resource (dropdown with "Show All" checkbox), Appointment Schedule (dropdown), Appointment Date (with "From" and "To" sub-fields), and Appointment Status (dropdown).
- Insurance Policy Info:** This section is highlighted with a red rectangle. It includes:
  - Primary Insurance Company (dropdown with "...")
  - Secondary Insurance Company (dropdown with "...")
  - Tertiary Insurance Company (dropdown with "...")
  - Insurance Policy Type (dropdown)
- Billing Info:** A section header with a downward arrow icon.

At the bottom of the window, there is a checkbox labeled "Unique Patients Only", a "View Report" button, and a "Close" button.

Select an insurance company from one of the fields available. Enter a policy type to search for any insurance policy with a specific type assigned.



Custom Patient Report

Secondary Insurance Company

Tertiary Insurance Company

Insurance Policy Type

⌵ Billing Info

⌵ Account Balance Info

Family Total Balance From  To

Family-Personal Balance From  To

Family-Insurance Balance From  To

Patient Total Balance From  To

Patient-Personal Balance From  To

Patient-Insurance Balance From  To

⌵ Charges Info

Date of Service From  To

Rendering Provider  ☐ Show All

CPT Code(s) From  To

HCPCS Code(s) From  To

Diagnosis Code(s) From  To

Custom Code(s) From  To

Modifier(s) From  To

Adjustment

Adjustment Posted Date From  From

⌵ Claims Info

☐ Unique Patients Only

View Report Close

Account Balance Info will enable searching patient balances.

The screenshot shows a 'Custom Patient Report' dialog box. At the top, there are three input fields: 'Secondary Insurance Company', 'Tertiary Insurance Company', and 'Insurance Policy Type'. Below these is a section titled 'Billing Info' with a sub-section 'Account Balance Info' containing six rows of 'From' and 'To' date pickers for Family and Patient Total, Personal, and Insurance balances. The 'Charges Info' section is highlighted with a red rectangle and contains: 'Date of Service' (From/To date pickers), 'Rendering Provider' (dropdown with 'Show All' checkbox), 'CPT Code(s)', 'HCPCS Code(s)', 'Diagnosis Code(s)', 'Custom Code(s)', 'Modifier(s)' (all with From/To date pickers), 'Adjustment' (dropdown), and 'Adjustment Posted Date' (From/To date pickers). At the bottom is a 'Claims Info' section. The footer includes a 'Unique Patients Only' checkbox and 'View Report' and 'Close' buttons.

The Charges Info will be searching for any codes , adjustments or visit detail that is entered within the Patient Account. The search of these codes does not search the SMARText within the SOAPnote. It is only a search of the billing data that is billed on the patient's ledger.

Custom Patient Report

Family-Insurance Balance From To

Patient Total Balance From To

Patient-Personal Balance From To

Patient-Insurance Balance From To

Charges Info

Date of Service From To

Rendering Provider Show All

CPT Code(s) From To

HCPCS Code(s) From To

Diagnosis Code(s) From To

Custom Code(s) From To

Modifier(s) From To

Adjustment

Adjustment Posted Date From From

Claims Info

Primary Payer

Primary Route

Secondary Payer

File With

Claim Status

Last Submitted Date From To

Claim Balance From To

☐ Unique Patients Only

View Report Close

Enter any criteria to pull up patients based on their claim detail.

## Selecting Unique Patients Only

Custom Patient Report

Family Insurance Balance

Family-Insurance Balance From To

Patient Total Balance From To

Patient-Personal Balance From To

Patient-Insurance Balance From To

Charges Info

Date of Service From To

Rendering Provider Show All

CPT Code(s) From To

HCPCS Code(s) From To

Diagnosis Code(s) From To

Custom Code(s) From To

Modifier(s) From To

Adjustment

Adjustment Posted Date From To

Claims Info

Primary Payer

Primary Route

Secondary Payer

File With

Claim Status

Last Submitted Date From To

Claim Balance From To

☒ Unique Patients Only

View Report Close

If you have entered criteria that generates multiple entries per patient (for example, running a search on patients with appointments within a particular date range), there is an option to only see the unique list of patients that fit that criteria. To do that, check Unique Patients Only. This option allows you to get a true count of the number of different patients that meet the criteria. **Note:** When Unique Patients Only is checked, your report will only show the default columns for the report and will not add on the additional search criteria as additional columns.

Print Preview

Print Preview

Print Quick Print Options

Find Bookmarks

First Page Previous Page Next Page Last Page

Many Pages

Zoom Out

Zoom

Zoom In

Page Color Watermark

Export To E-Mail As

Close Print Preview

Custom Report

Parameter

Value

Primary Insurance Company

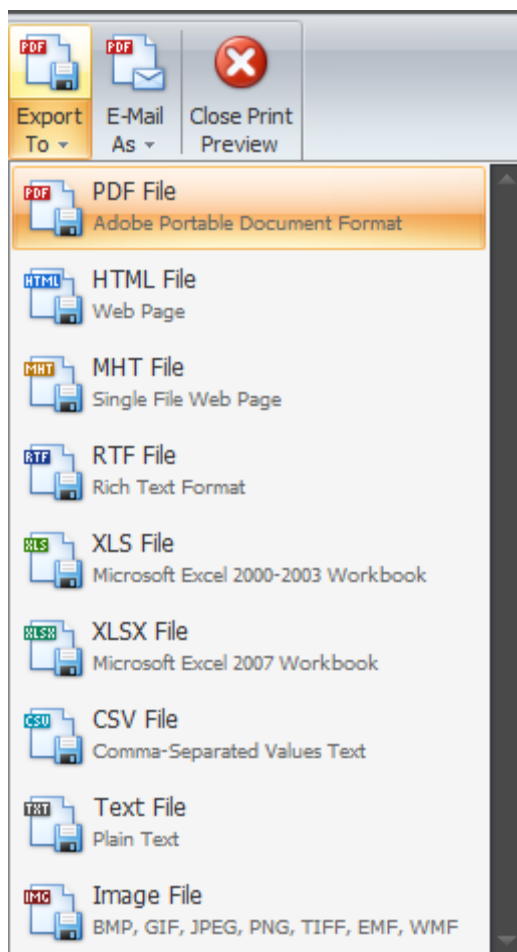
BCBS

Account Number	First Name	Last Name	Address	City	State	Zip Code
92	Big	Blue	8971 Courtyard Drive	Fayetteville	AR	72701
81	Don	Butcher	321365 Street	Bella Vista	AR	72516
24	Suzie	Carmichael	105 N. Platinum Drive	Fayetteville	AR	72701
112	Annie	Clyde	315 Maple Ave	Springdale	AR	72764
37	Brook	Criner	66465 Old Wire	Fayetteville	AR	72701
126	Ben	Darling	89681 Soapware Hwy	Fayetteville	AR	72701
14	Daffy	Duck				
34	Slim	Jim	123 Mulberry Lane	Home Town	AR	72703
59	B	Marley	1010 Mission Blvd	Fayetteville	AR	72701
49	B.	Marley	4444 Spring Street	Fayetteville	AR	72701
61	Joe	Shmo	asdj;fkasdj	awedfopa	AR	72735
89	Jim	Slim	4226 N Crossover Road	Fayetteville	AR	72701
88	Sarah	Slim	222 South Street	Springdale	AR	72762
97	Liz	Taylor	8961 Drama Way	Fayetteville	AR	72701

Page 1 of 2

The preview of the report will be shown first and will allow you to export the data in multiple formats.

## Reporting Export options



Any of the options listed above will be available for export. Feel free to export the patient information to use to merge with other documents, create graphs, spreadsheets, etc.

# Security Manager/Audit Log

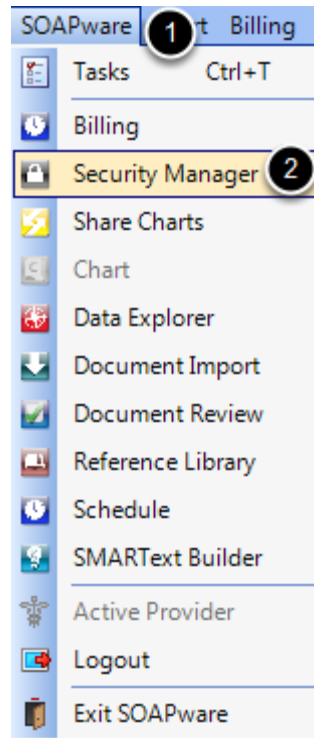
## Security Manager

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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

SOAPware 2010 - Patient: - User: Randall Oates - Provider: Randall Oates

SOAPware Billing Secure Edit Tools View Help

Audit Log

Start Date: 4/27/2010 12:00 AM End Date: 4/29/2010 11:59 PM User Name: Location: IP Address: Section: All Patient: X Jim, Slim T.

Clear Filters Include Inactive Users Search

Drag a column header here to group by that column

Date Time	User Name	Location	IP Address	Section	Patient	Description
4/28/2010 1:58 PM	Front Office (frontoffice)	LAURA-HP7000 (192.168.2...		DocumentAdded	Slim Jim	Document Added
4/28/2010 1:57 PM	Front Office (frontoffice)	LAURA-HP7000	192.168.200.51	Payments	Slim Jim	Co-Pay Applied to 99201
4/28/2010 1:57 PM	Front Office (frontoffice)	LAURA-HP7000 (192.168.2...		AppointmentModified	Slim Jim	Appointment has been updated.
4/28/2010 1:57 PM	Front Office (frontoffice)	LAURA-HP7000 (192.168.2...		DocumentModified	Slim Jim	Strep Throat ICD#034.0 saved in section SOAP Notes
4/28/2010 1:57 PM	Front Office (frontoffice)	LAURA-HP7000 (192.168.2...		DocumentAdded	Slim Jim	Document Added
4/28/2010 1:56 PM	Front Office (frontoffice)	LAURA-HP7000 (192.168.2...		AppointmentModified	Slim Jim	Appointment has been updated.
4/28/2010 1:56 PM	Front Office (frontoffice)	LAURA-HP7000 (192.168.2...		DocutainerDisplayed	Slim Jim	Strep Throat ICD#034.0 displayed in section SOAP Notes
4/28/2010 1:56 PM	Front Office (frontoffice)	LAURA-HP7000 (192.168.2...		DocutainerDisplayed	Slim Jim	General displayed in section Demographics
4/28/2010 1:55 PM	Randall Oates (randalloates)	LAURA-HP7000 (192.168.2...		DocumentModified	Slim Jim	Strep Throat ICD#034.0 saved in section SOAP Notes
4/28/2010 1:55 PM	Randall Oates (randalloates)	LAURA-HP7000 (192.168.2...		DocumentModified	Slim Jim	Superbill saved in section Billing Statements
4/28/2010 1:54 PM	Randall Oates (randalloates)	LAURA-HP7000	192.168.200.51	Charges	Slim Jim	Inserted Charge: OFFICE/OUTPATIENT VISIT, NEW
4/28/2010 1:54 PM	Randall Oates (randalloates)	LAURA-HP7000	192.168.200.51	Charges	Slim Jim	Posted SuperBill For Jim, Slim T.
4/28/2010 1:54 PM	Randall Oates (randalloates)	LAURA-HP7000 (192.168.2...		DocumentModified	Slim Jim	Superbill saved in section Billing Statements
4/28/2010 1:51 PM	Randall Oates (randalloates)	LAURA-HP7000 (192.168.2...		DocutainerDisplayed	Slim Jim	Superbill displayed in section Billing Statements
4/28/2010 1:51 PM	Randall Oates (randalloates)	LAURA-HP7000 (192.168.2...		DocutainerCreated	Slim Jim	Superbill created in section Billing Statements
4/28/2010 1:51 PM	Randall Oates (randalloates)	LAURA-HP7000 (192.168.2...		DocumentModified	Slim Jim	Strep Throat ICD#034.0 saved in section SOAP Notes
4/28/2010 1:51 PM	Randall Oates (randalloates)	LAURA-HP7000 (192.168.2...		Field_Updated	Slim Jim	Updated
4/28/2010 1:49 PM	Randall Oates (randalloates)	LAURA-HP7000 (192.168.2...		Field_Updated	Slim Jim	Updated

Audit Details

Value	Before	After
Added ICD Code		034.0
Added Modifier Code		23
Amount	\$0.00	\$90.00
Charge Type		CPT
Code		99201
Date of Service Begin		4/28/2010 1:51:23 PM
Date of Service End		4/28/2010 1:51:25 PM
Insurance Schedule Amount	0	\$651.00
Long Description		Office or other outpatient visit for the evaluation and management of a new p...
Medium Description		OFFICE OUTPT NEW 10 MIN
Short Description		OFFICE/OUTPATIENT VISIT, NEW
Supplemental		

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.