

Practice Management 2011 User Manual

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Practice Management Maintenance-Setup Steps

Important Setup Information for SOAPware Practice Management

1. Contact [GatewayEDI](#) to begin Enrollment Process for submitting electronic claims
2. Each Lesson should be completed in the order they are listed
3. Current users of SOAPware that have already setup maintenance files should check each one for additional billing information required to complete the setup.
4. Lessons in this Chapter containing information used on the CMS 1500 form will have the block number from the CMS 1500 form shown in parentheses in the title.
5. If a section of Billing is inaccessible to a user, go to Security setup and check the Billing section for the User. Security is accessible by logging in to SOAPware as Administrator.

For complete instructions for security settings click the link to Security Setup Charts: [Workshop Pre-Requisite Manual: Security](#)

Steps for setting up billing section of security can be found by clicking the link: [Billing Security Administration](#)

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

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.

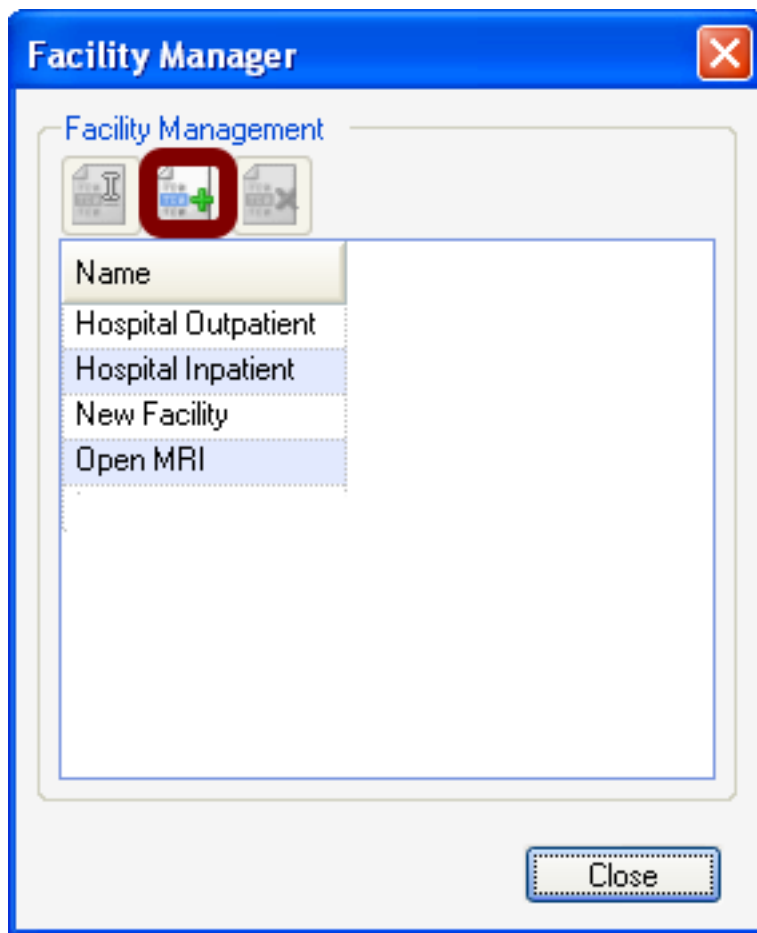
PLEASE NOTE THAT THIS TIME ESTIMATE BEGINS AFTER GATEWAY HAS RECEIVED YOUR COMPLETED PROVIDER ENROLLMENT PAPERWORK.

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.

Setup Facility Details

The screenshot shows a 'Facility' dialog box with a title bar and a close button. It contains two tabs: 'Details' (selected) and 'Scheduler'. The 'Details' tab has several input fields and a dropdown menu, each with a numbered callout (1-10) indicating the steps for setup. The fields are: Facility (1), Full Legal Name (2), Street (3), City (4), St (4), Zip (4), Phone # (5), NPI # (6), Place of Service (7), Billing Inquiry # (8), and CLIA Number (9). The 'Update' and 'Cancel' buttons are at the bottom right, with a '10' callout near the 'Update' button.

Facility: 1

Details | Scheduler

Full Legal Name
 2

Street
 3

City St Zip 4

Phone #
 5

NPI #
 6

Place of Service
 7

Billing Inquiry #
 8

CLIA Number
 9

10 Update Cancel

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

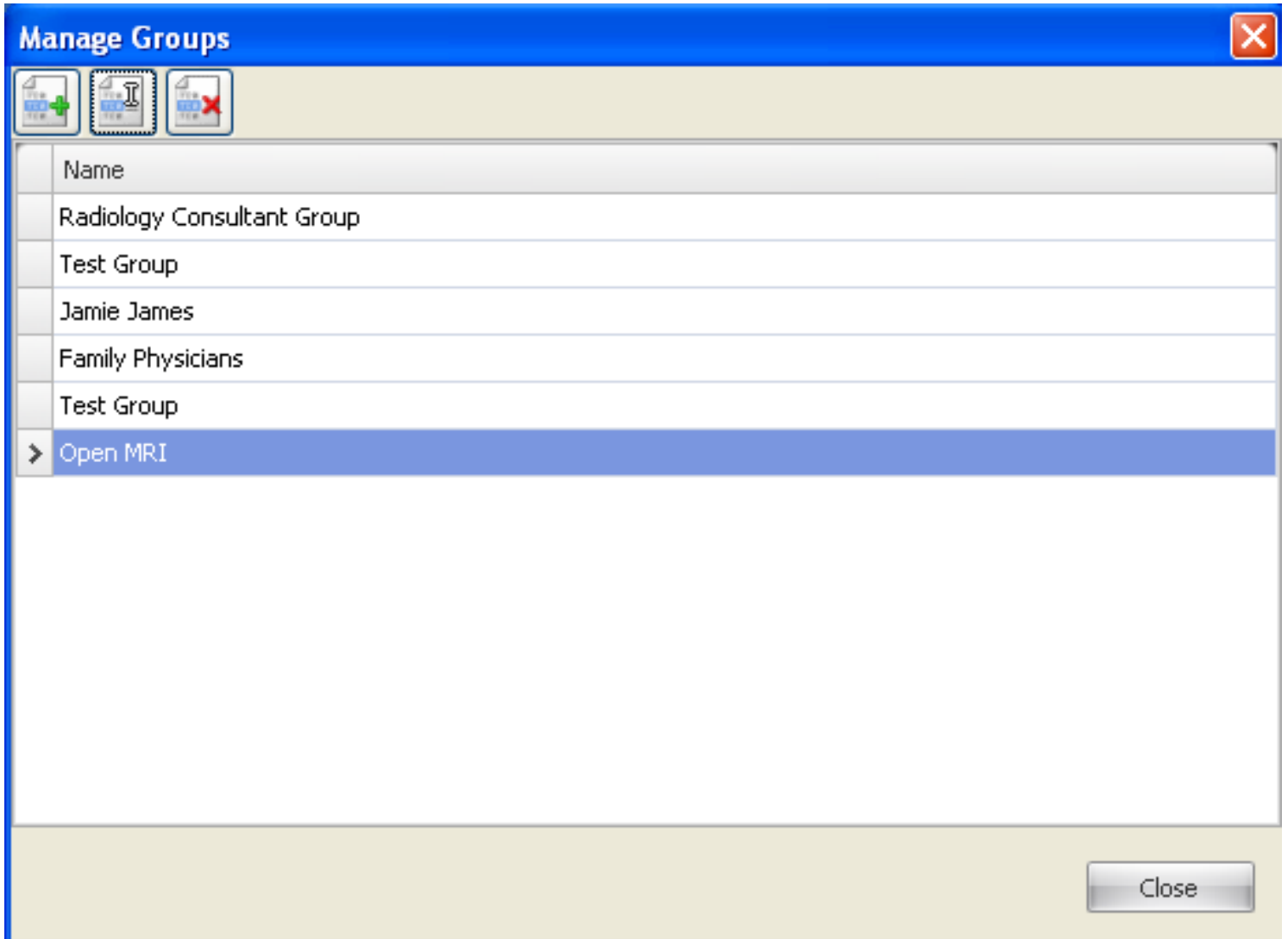
1. The commonly known **Facility Name**.
2. **Legal Name** of the facility. (**block 32**)
3. **Physical address** of the facility. (**block 32**)
4. **City, State and Zip** of the facility. (**Block 32**)

5. Clinic Phone number.
6. **NPI** number assigned to the facility. **(Block 32a)**
7. **Place of Service** this selection specifies the code that is placed on claims **(Block 24B)** identifying the type of facility.
8. Phone number for Billing Inquiries. **This number will appear on Patient Statements, Receipts, etc. for billing questions**
9. Clinic CLIA number
10. Press Update to save

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

Tools menu -> Manage Groups

Manage Groups/Pay To Information



The screenshot shows a window titled "Manage Groups" with a blue header bar and a close button (X) in the top right corner. Below the header is a toolbar with three icons: a document with a green plus sign, a document with a blue 'I' (representing a group), and a document with a red 'X' (representing a delete action). The main area of the window contains a list of groups, each with a small square checkbox on the left. The groups listed are: "Radiology Consultant Group", "Test Group", "Jamie James", "Family Physicians", "Test Group", and "Open MRI". The "Open MRI" group is currently selected, highlighted in blue, and has a small right-pointing arrow icon to its left. At the bottom right of the window is a "Close" button.

	Name
<input type="checkbox"/>	Radiology Consultant Group
<input type="checkbox"/>	Test Group
<input type="checkbox"/>	Jamie James
<input type="checkbox"/>	Family Physicians
<input type="checkbox"/>	Test Group
<input checked="" type="checkbox"/>	> Open MRI

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 fields and callouts:

- 1** Contact Information: Name (Professional Groups, Inc.), Address (PO Box 1234), City (Springdale), State (AR), Zip (72764-1234), Phone ((479)555-1234).
- 2** Entity Type: ☐ Person, ☒ Non Person.
- 3** Id Numbers: Tax ID (EIN, 33-3222111).
- 4** Submitter ID: Mutually Defined - ZZ, ID (V123).
- 5** Legacy ID: Provider Taxonomy - ZZ, ID (GRPTAX000NMY).
- 6** NPI: 123456789.
- 7** Insurance Information: Company list (Zenith Administrators, William C Earhart Co Inc., Wells Fargo Ins. Services, Wellcare, USAA Trust Services, US Dept. of Labor, US Benefits, UPREHS, Unitrin Direct, United World Life Ins. Co.).
- 8** Save and Cancel buttons.

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

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

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

2. Person or Non Person Entity type

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

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

provided to you by Gateway EDI.

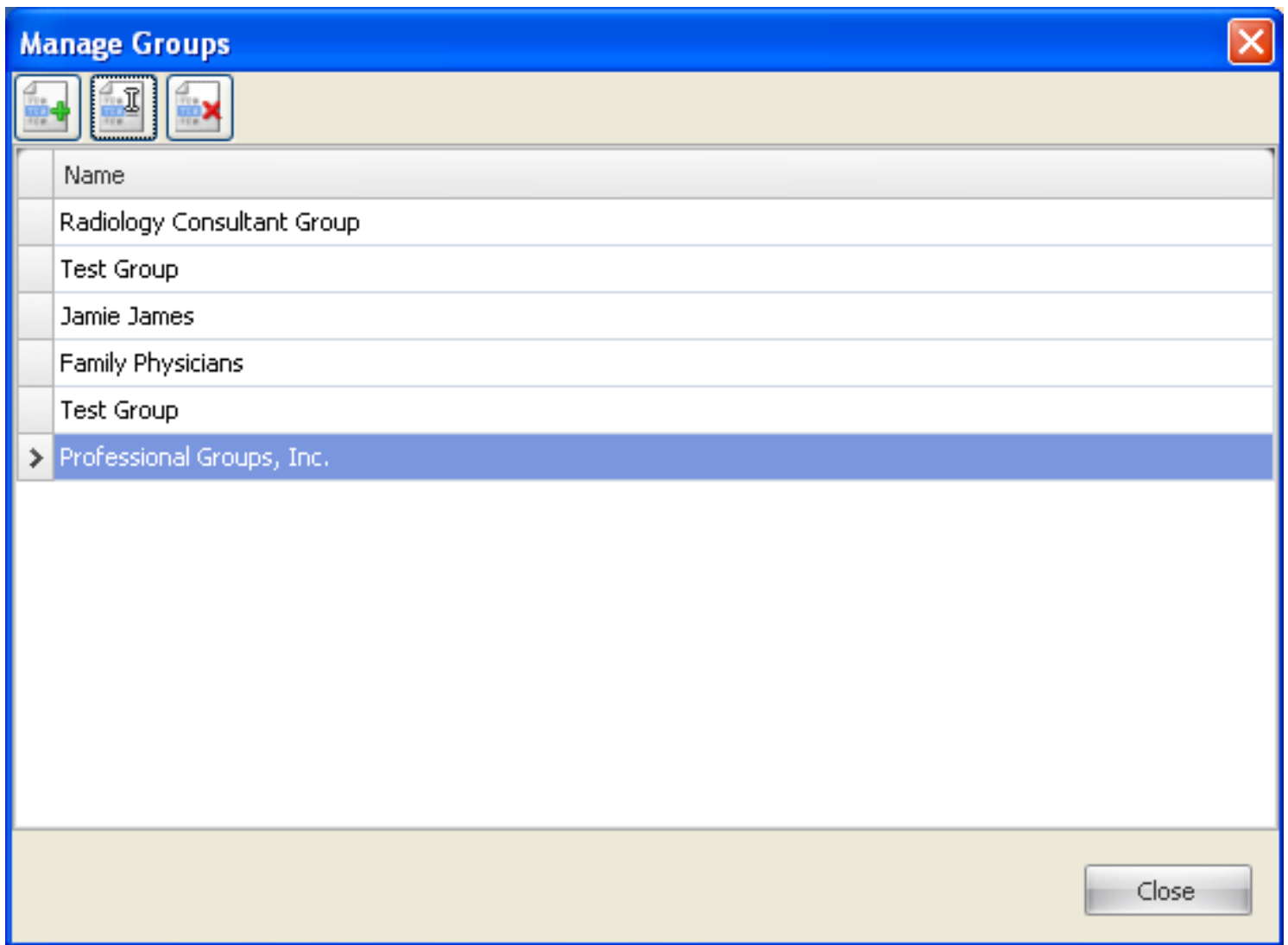
5. Legacy ID: (Optional) Select from the drop down to indicate a particular ID/number, if your state requires a particular ID on every claim. For instance, if your state requires the Taxonomy Code, you can enter the taxonomy identifier and code, and the information will go in the legacy field of every 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.

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

7. Insurance Information: 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 change a legacy ID to be used for the group, with a particular insurance company, you can change that information here at the group level, if needed.

- To create a new legacy ID for a specific insurance company (for your group), you will click the Create New button (with the green + sign). Search for the needed Insurance Company. Click Select. Select the Legacy identifier from the drop down box, and enter the associated code.

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 with a list of providers on the left and a detailed form on the right. The list includes Danny Davis, David C. Daniel, Jack Jackson, MD, James R. Doe, DO, Randall Oates, MD (highlighted with a circled '1'), Test Eight, Test Five, Test Seven, and Test Six. The form on the right has tabs for General, Misc (circled '2'), Codes, and Signature. The General tab is active, showing fields for Name (Title, First, M, Last, Suffix), Address (Clinic, Street, City, State, Zip Code), Contact Information (Phone #, Fax #, Email), and Physician Numbers (DEA #, State ID, NPI#, UPIN#, Taxonomy). The 'Is Supervisor' checkbox is checked. An 'Update' button is at the bottom right.

Name				
Title	First	M	Last	Suffix
Dr.	Randall		Oates	MD

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

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

Physician Numbers			
DEA #	89416351	State ID	65165
NPI#	6651651	UPIN#	616516
Taxonomy	5661563178		

☒ Is Supervisor

Update

1. Click to highlight and Select a Provider from the list. Providers should have been added when SOAPware was initially installed and licenses were activated.
2. Enter the Provider's demographic information, including his/her DEA, NPI and Taxonomy numbers.
3. Click the Misc Tab to assign the Provider to a specific Group.

General **Misc** Codes Signature

Associated User

LoginID

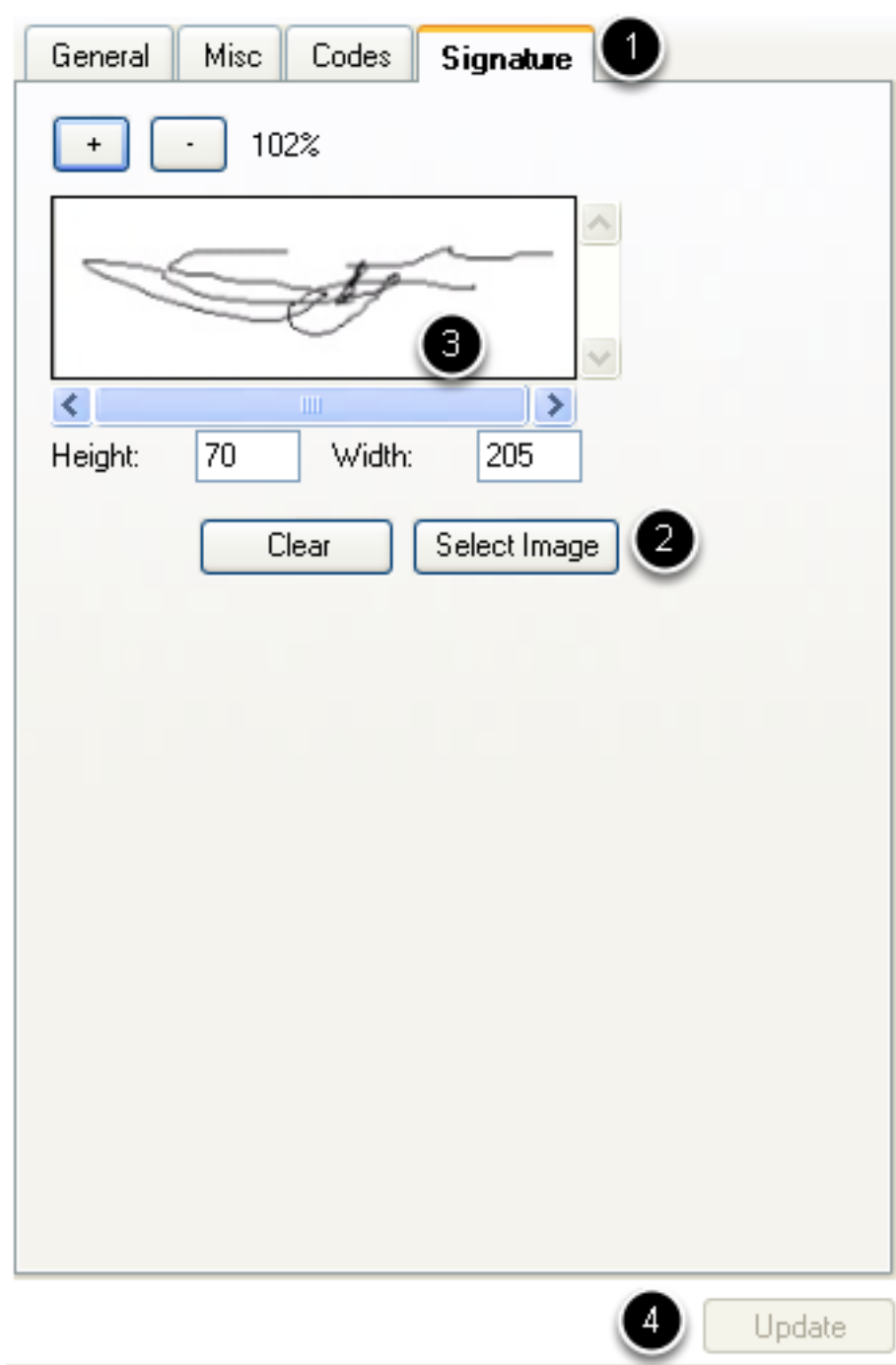
Name

Group 4

5 Update

4. Click the drop down arrow to display a list of available Groups. Select the appropriate Group from the dropdown.
5. Click the Update button to save details.

Signature Tab (Block 31)



General Misc Codes **Signature** 1

+ - 102%

3

Height: 70 Width: 205

Clear Select Image 2

4 Update

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 **1** RICOH Aficio SP C430DN PCL 6 **2** ☐ Print Full CMS Form

Electronic Options

Office Contact Laura Oates ☒ Auto Submit

Office Contact Phone (800)455-7627 ☒ Save Local Copy

Output Path C:\Users\loates\Desktop ...

Clearinghouse Options

Name Gateway EDI ☐ Testing

Clearinghouse ID 431420764

Receiver Qualifier Mutually Defined - ZZ

Receiver ID 431420764000000

User Name V2AB

Password *****

Server sftp.gatewayedi.com

☒ Accept Assignment

Okay Cancel

- 1. Default Printer:** Select from the dropdown to set the default printer when printed paper claims.
- 2. Print Full CMS Form:** If not using preprinted CMS 1500 form, check Print Full CMS form to print the entire claim form, including the red lines (must have color printer).

Electronic Claim Options

Claims Options

Paper Options

Default Printer: RICOH Aficio SP C430DN PCL 6 | ☐ Print Full CMS Form

Electronic Options

Office Contact: Laura Oates (1) ☒ Auto Submit (4)

Office Contact Phone: (800)455-7627 (2) ☒ Save Local Copy (5)

Output Path: C:\Users\loates\Desktop (3) ...

Clearinghouse Options

Name: Gateway EDI ☐ Testing

Clearinghouse ID: 431420764

Receiver Qualifier: Mutually Defined - ZZ

Receiver ID: 431420764000000

User Name: V2AB

Password: *****

Server: sftp.gatewayedi.com

☒ Accept Assignment

Okay Cancel

1. ***Office Contact:** Enter the Contact Name for the person in the office who will be the contact for Gateway EDI, if any issues arise.
2. ***Office Contact Phone:** Enter the Contact Phone Number for the person in the office who will be the Gateway EDI contact.
3. **Output Path:** Specify a file location to which claims will be exported. Note: Make sure that the Save Local Copy box is checked to save your claim files to a local file. If more than one person in the office works with claims, it is recommended that this file path be stored in a shared file/drive to allow multiple people to access the claim files.
4. **Auto Submit:** If this box is checked, electronic claim files will be automatically uploaded to the clinic

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

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

Claims Options

Paper Options

Default Printer: RICOH Aficio SP C430DN PCL 6 | ☐ Print Full CMS Form

Electronic Options

Office Contact: Laura Oates | ☒ Auto Submit
Office Contact Phone: (800)455-7627 | ☒ Save Local Copy
Output Path: C:\Users\loates\Desktop | ...

Clearinghouse Options

Name: Gateway EDI | ☐ Testing
Clearinghouse ID: 431420764
Receiver Qualifier: Mutually Defined - ZZ
Receiver ID: 431420764000000
User Name: V2AB
Password: *****
Server: sftp.gatewayedi.com
☒ Accept Assignment
Okay Cancel

1. **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

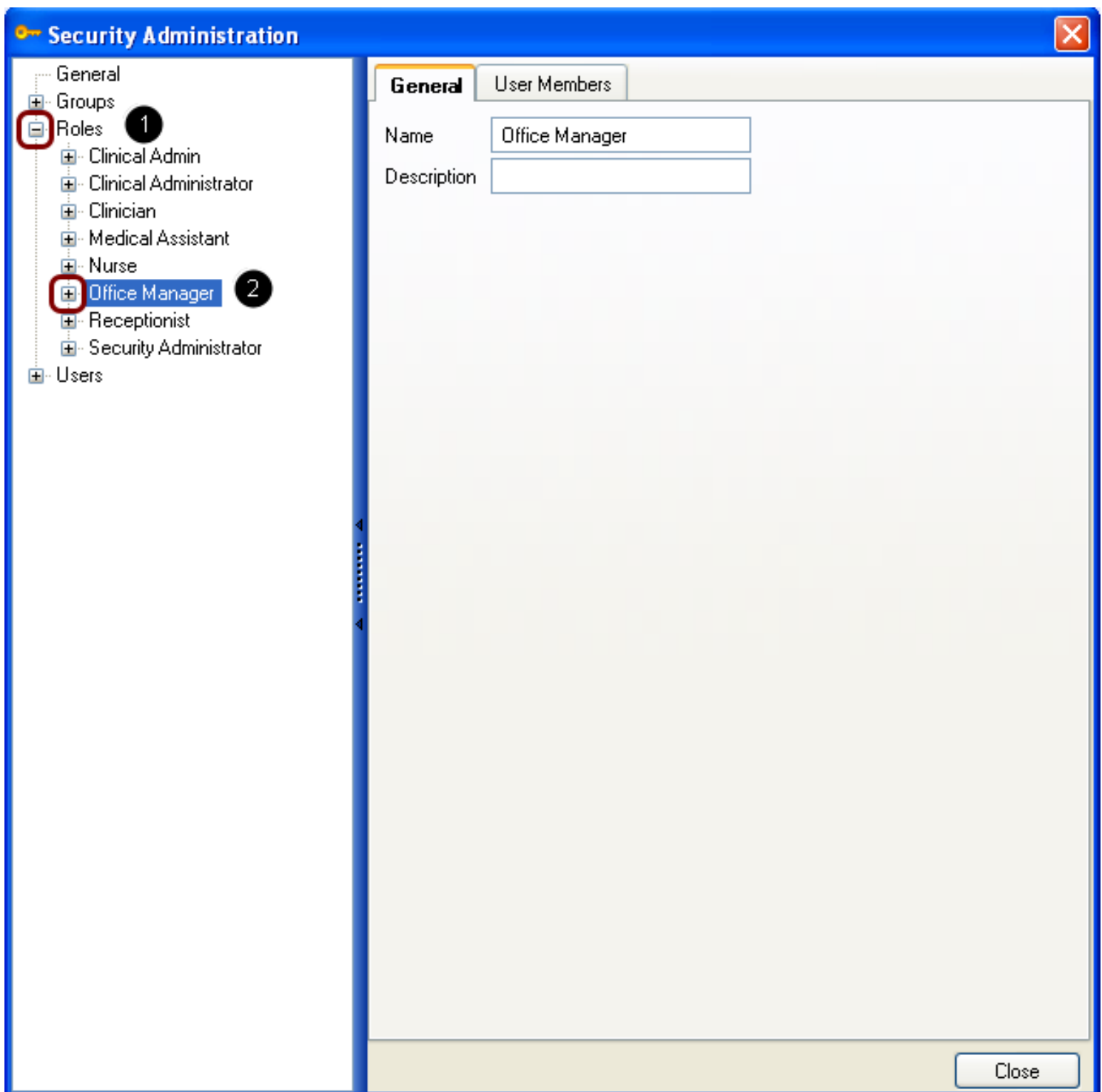
Tools -> Security

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



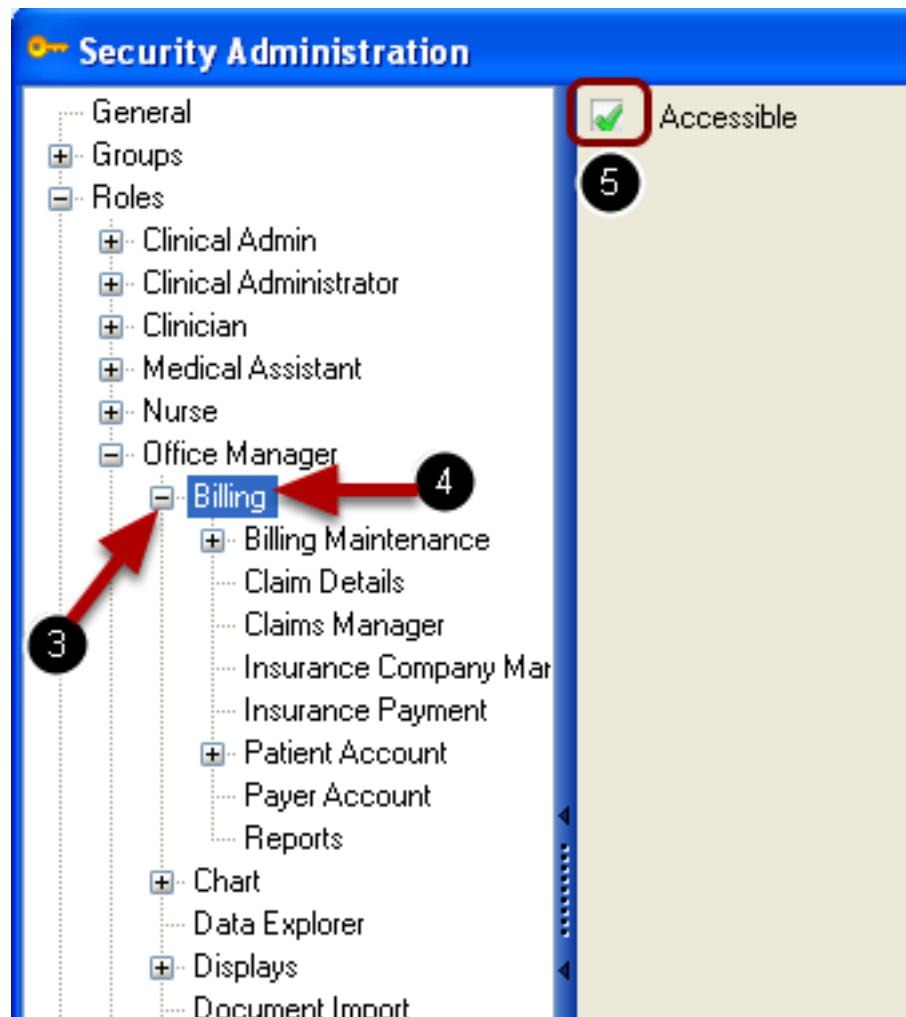
Access to specified sections can be manually allowed or denied for each user.

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)

Billing Access

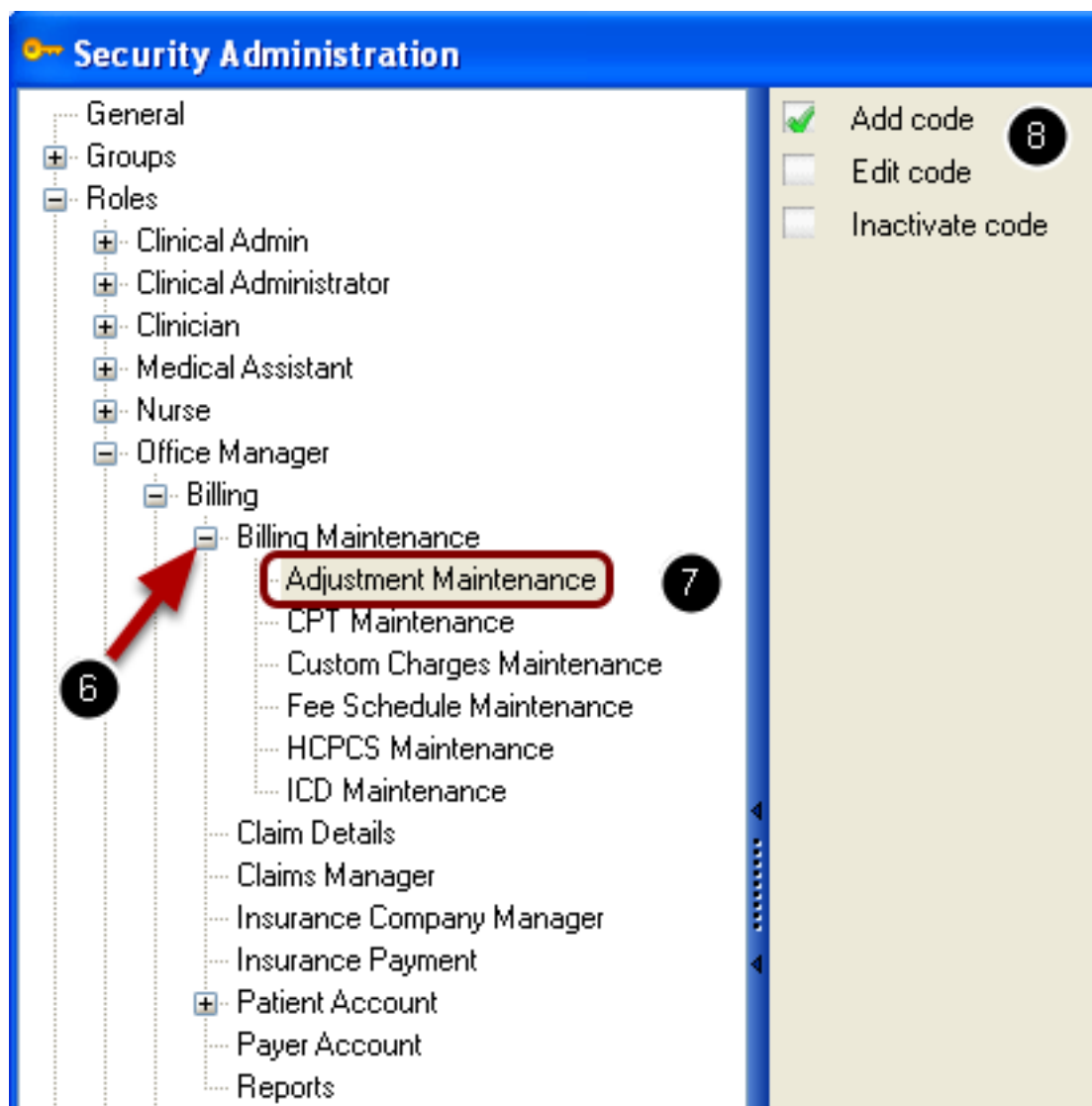


3. Click the expander node next to Billing

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**

Adjustment Maintenance



6. Click the expander node next to **Billing Maintenance**

7. Double Click **Adjustment Maintenance**

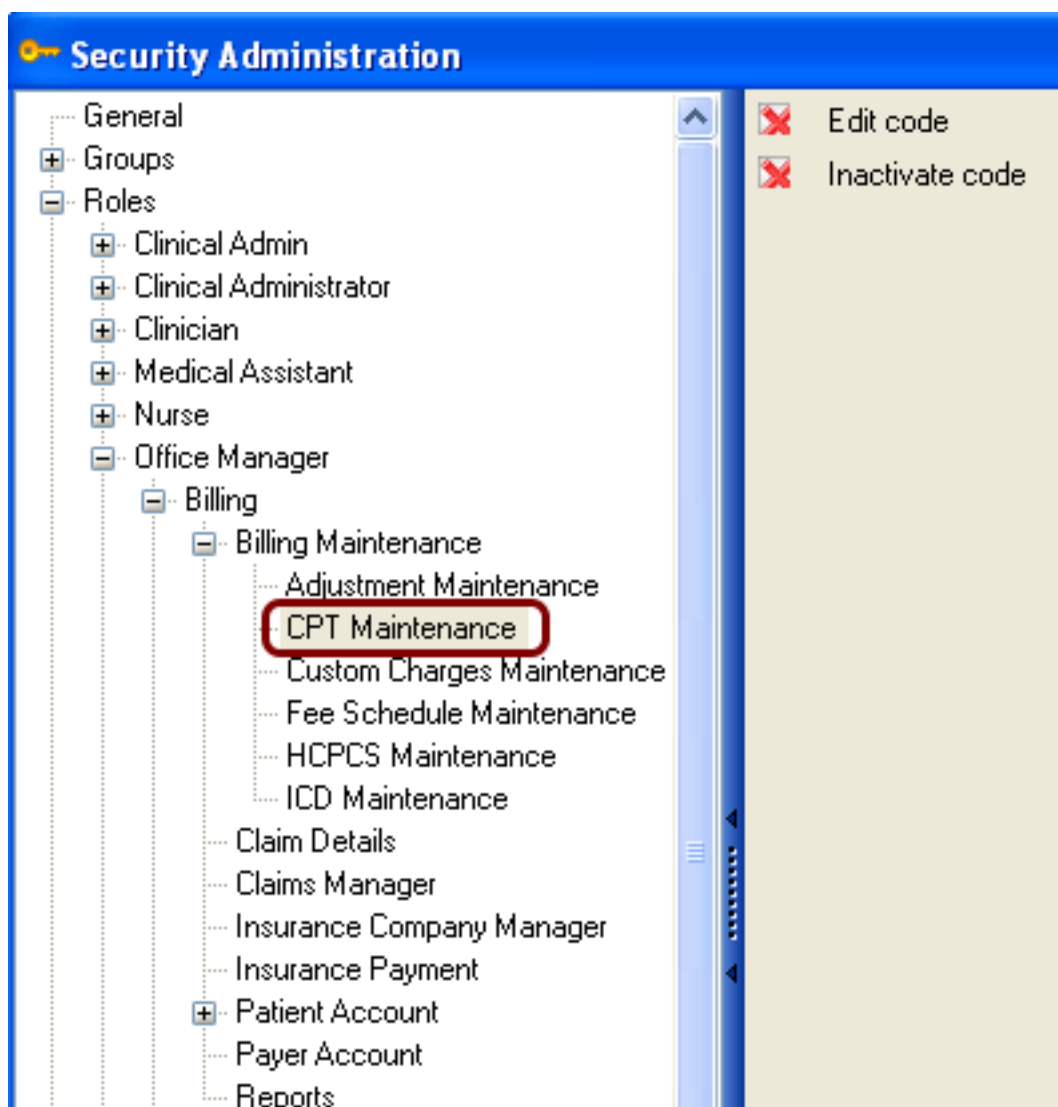
8. Click on a specified action to **allow access** (green check mark), **deny access** (red X) or default to the **user's individual privileges** (leave blank). Clicking on **Allow All** button will place a check in all boxes and Clicking on **Deny All** will place a red X in all boxes.

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.

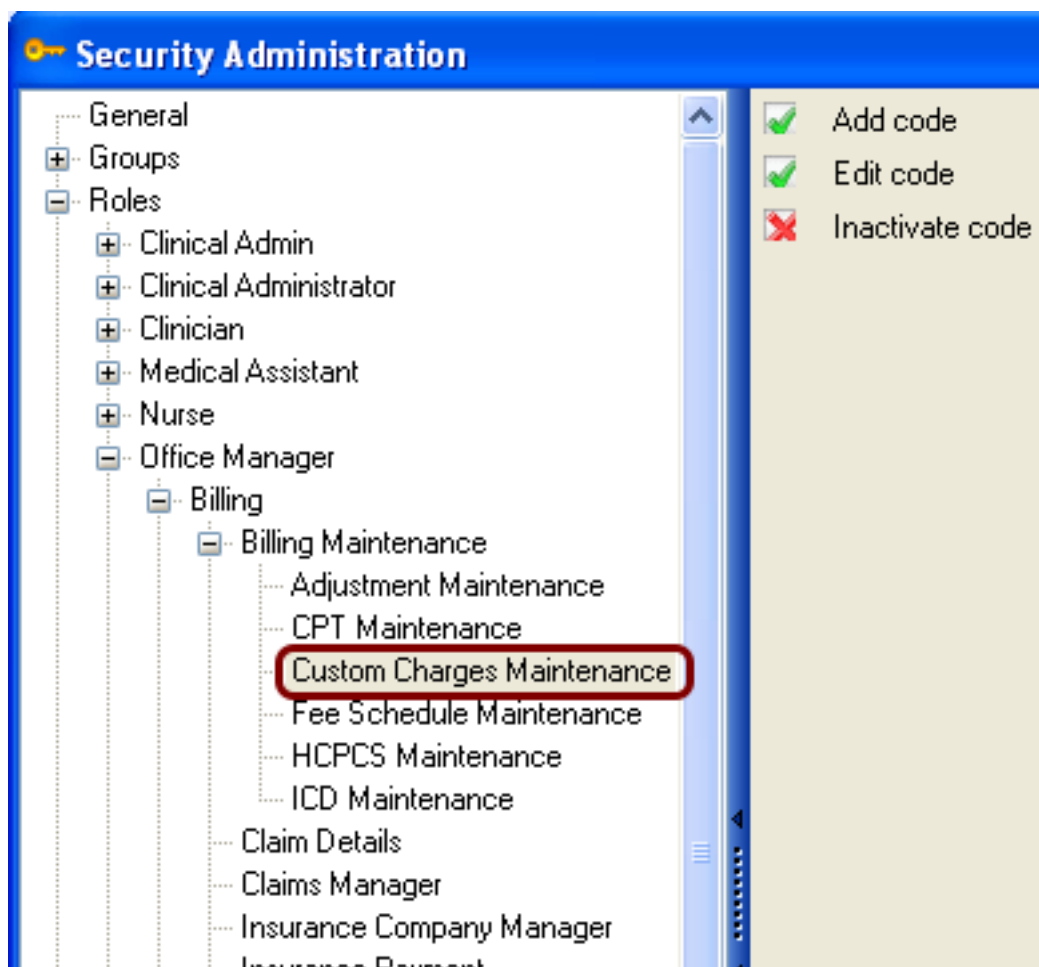
Repeat Steps 7 and 8 for each section/action under Billing



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

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

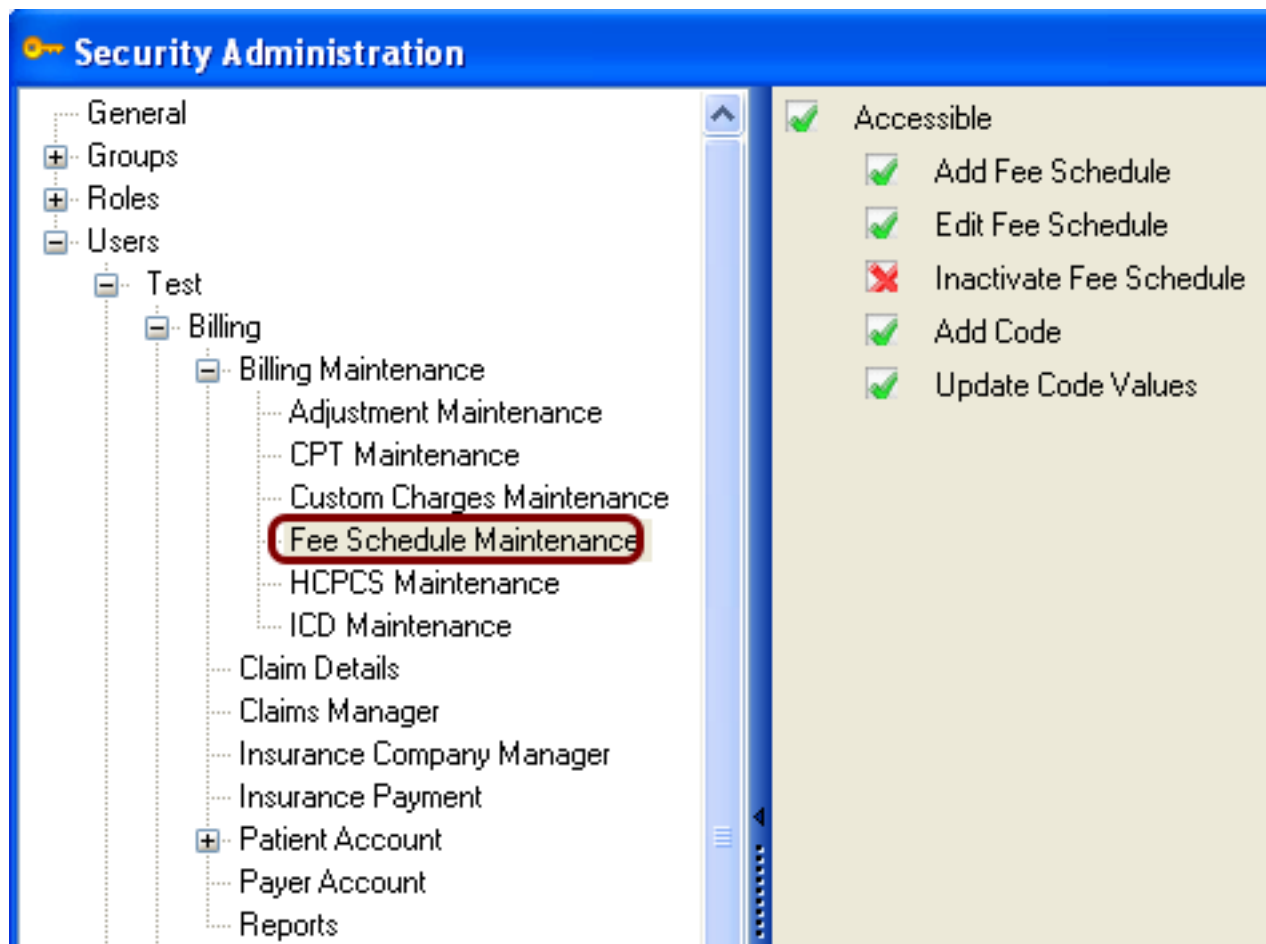
Custom Charges Maintenance



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



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

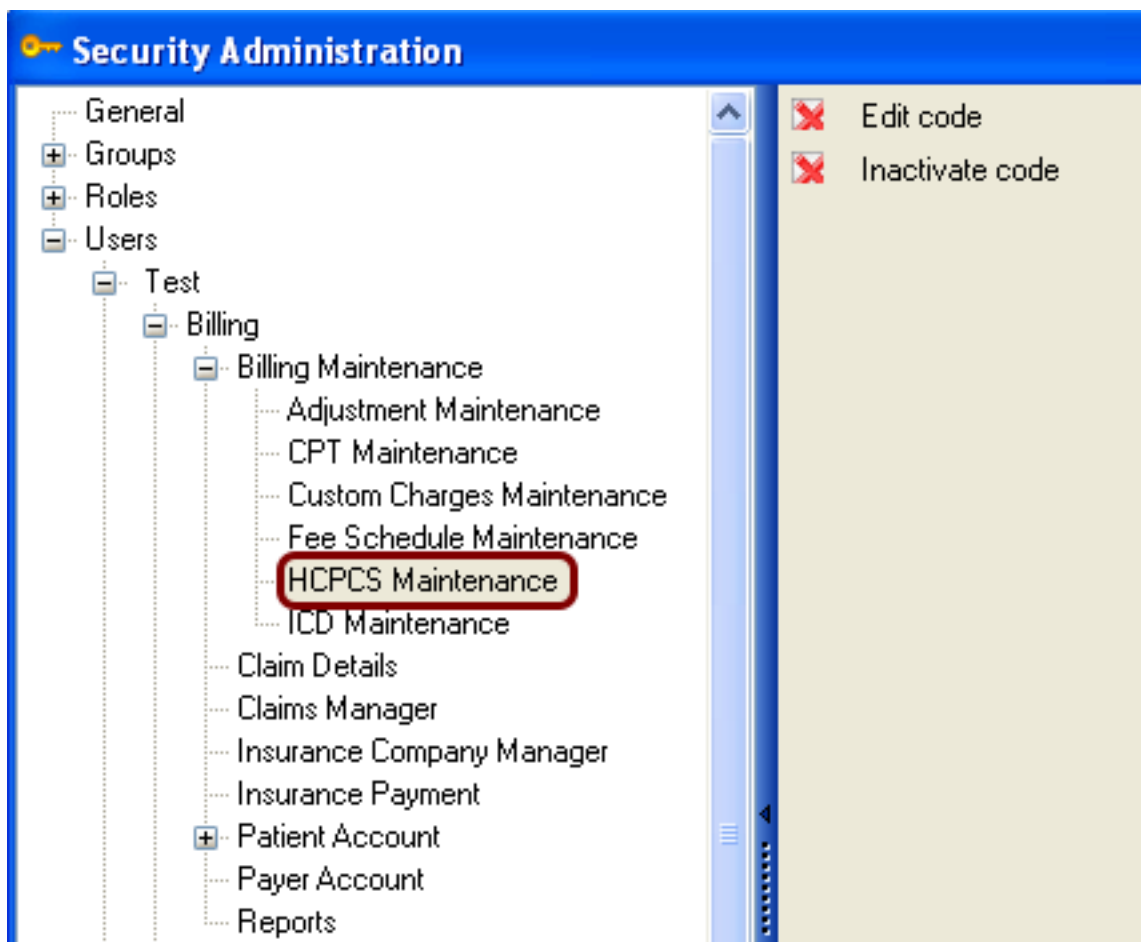
Add Fee Schedule-Deny access or allow user ability to Add a new Fee Schedule

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

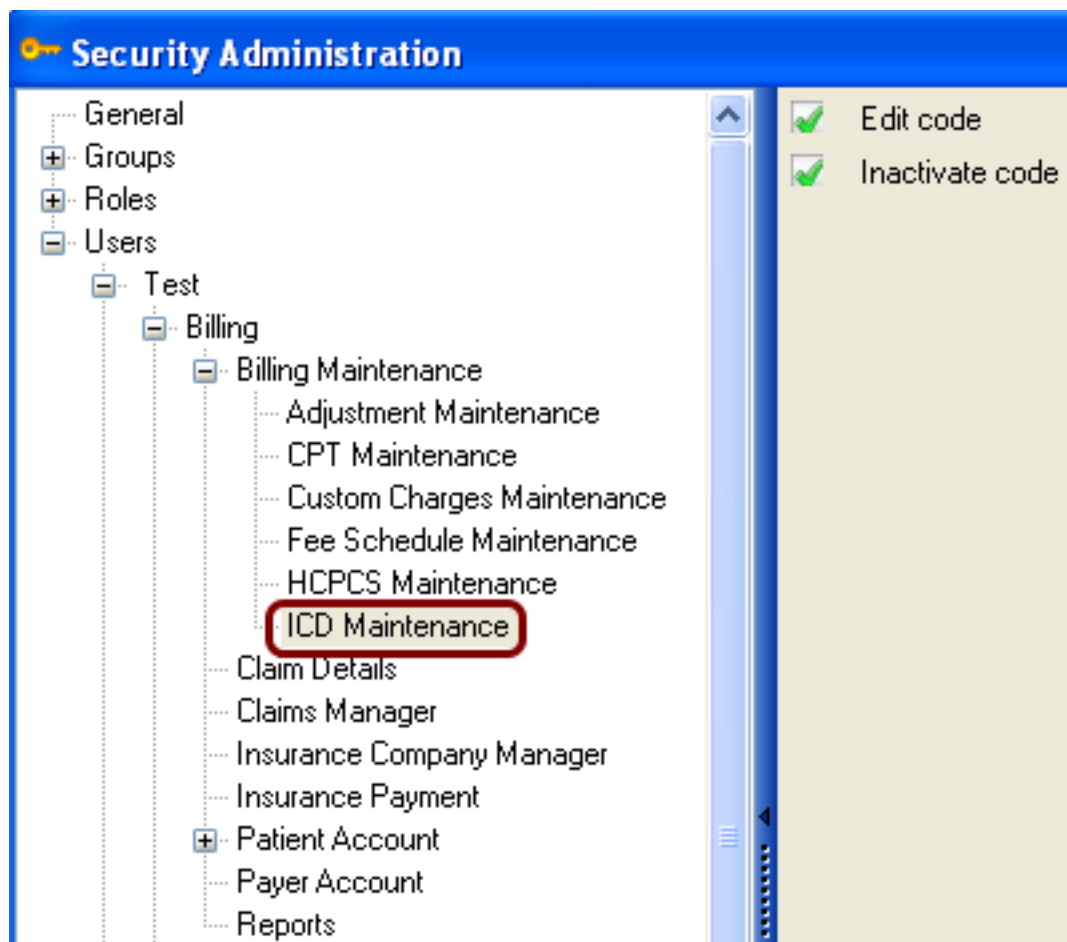
Add Code-Deny access or allow user the ability to Add a new Code from the HCPCS/CPT list to a Fee Schedule

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



Edit code-Deny access or allow user to edit a HCPSC code in Maintenance

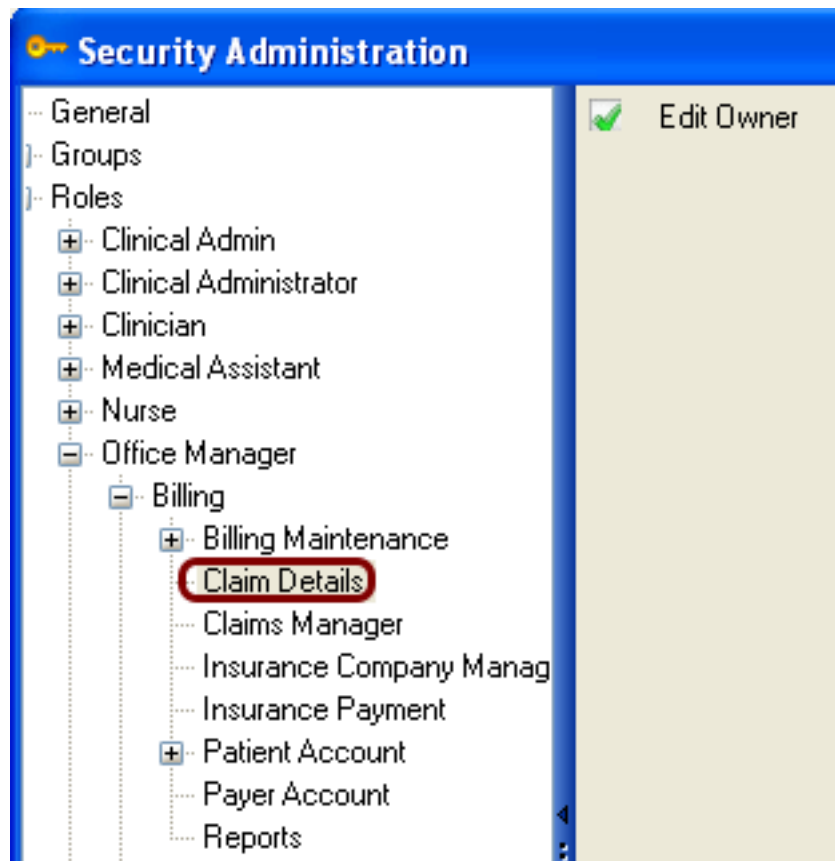
Inactivate code-Deny access or allow user to change a HCPSC code to Inactive



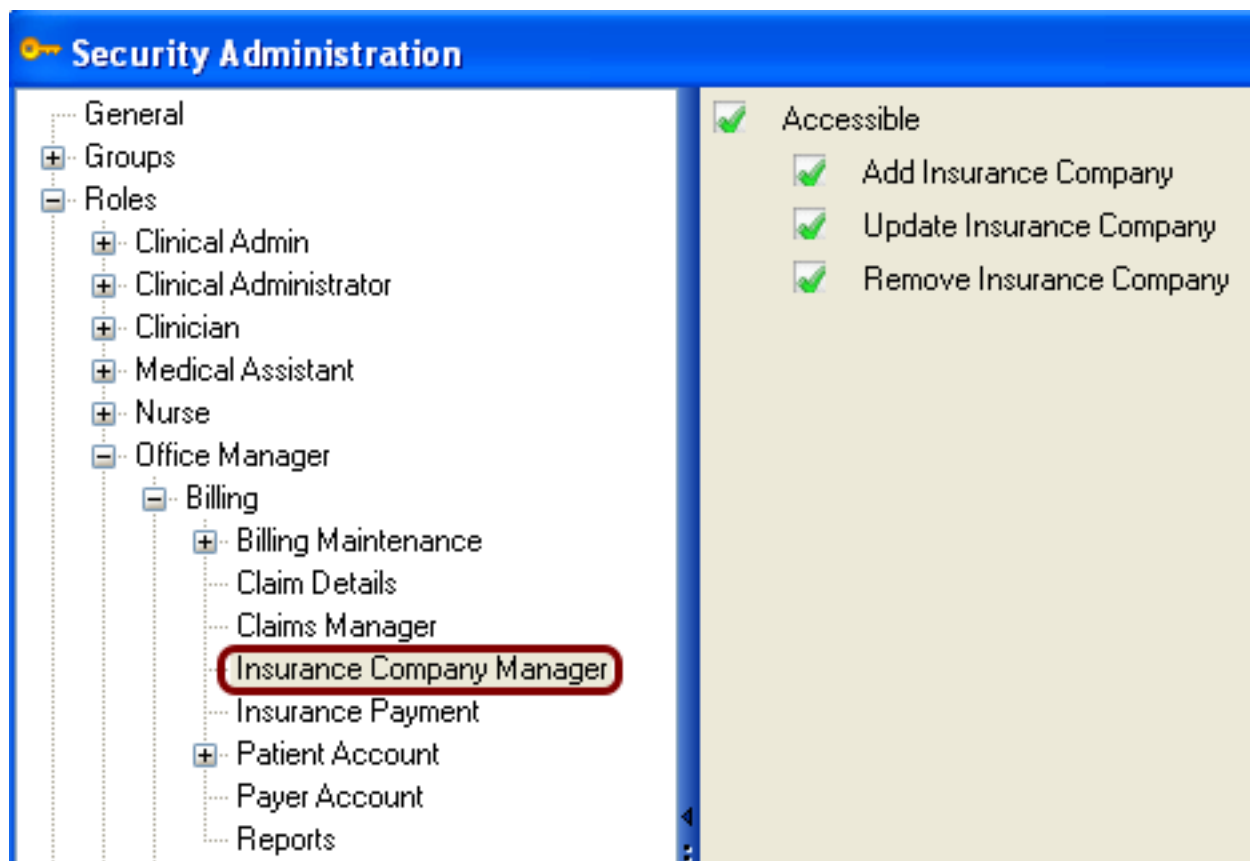
Edit code-Deny access or allow user to edit a Diagnosis code in ICD Maintenance

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

Claim Details



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

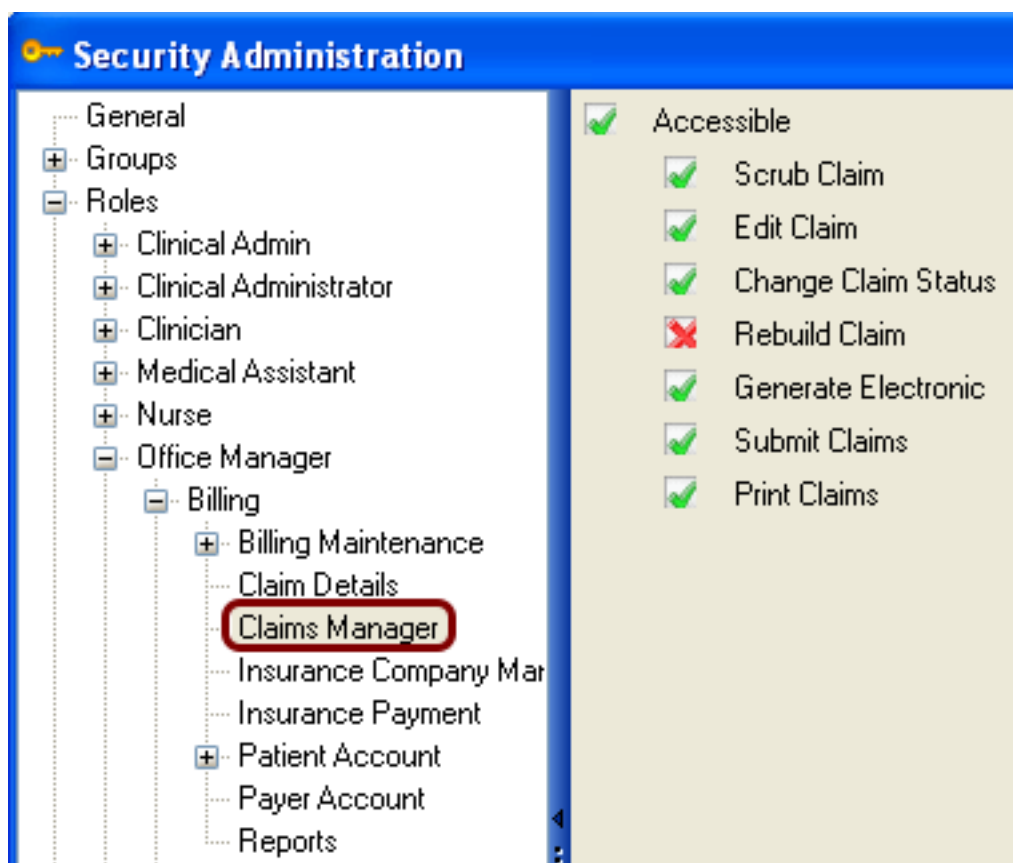


Accessible-Allow/Deny user access to the Insurance Company Master files/Maintenance

Add Insurance Company-Allow/Deny user to add new insurance companies

Update Insurance Company-Allow/Deny user to update/save insurance companies

Remove Insurance Company-Allow/Deny user to delete/remove an insurance company from Insurance company Maintenance



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

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

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

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

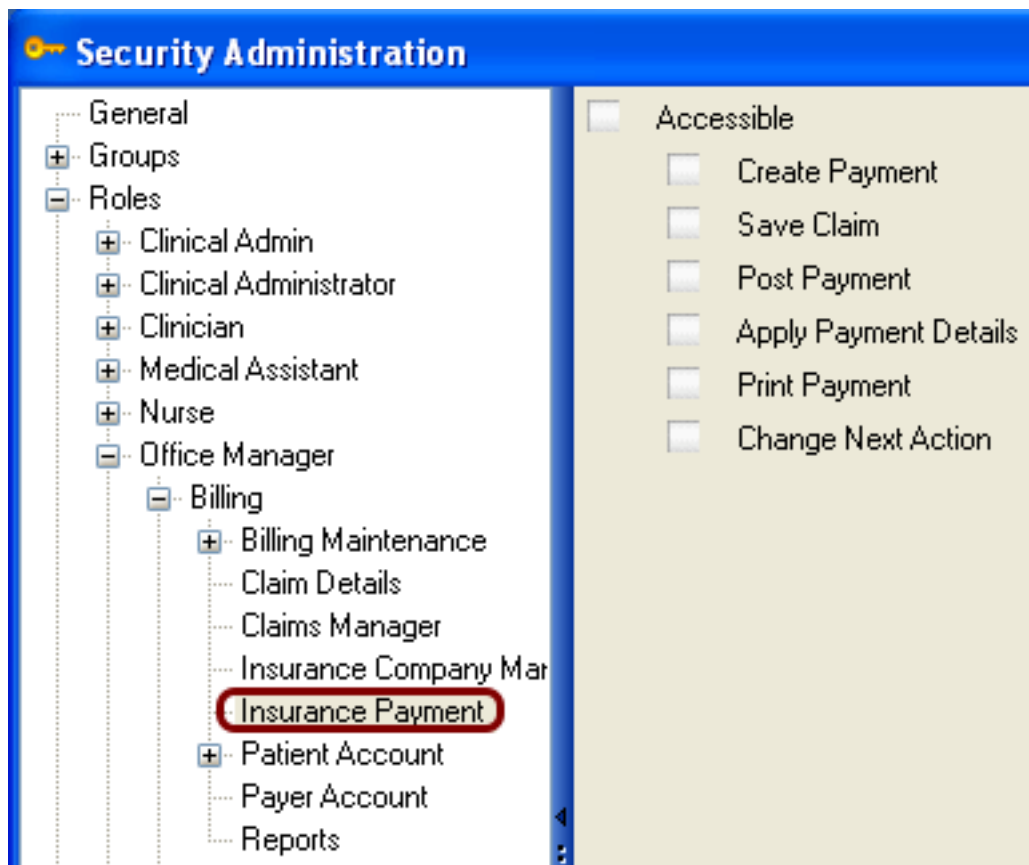
Rebuild Claim-Deny access or allow user to Rebuild a claim in the Claims Manager

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

Submit Claims-Deny access or allow user to submit claims in the Claims Manager

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

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

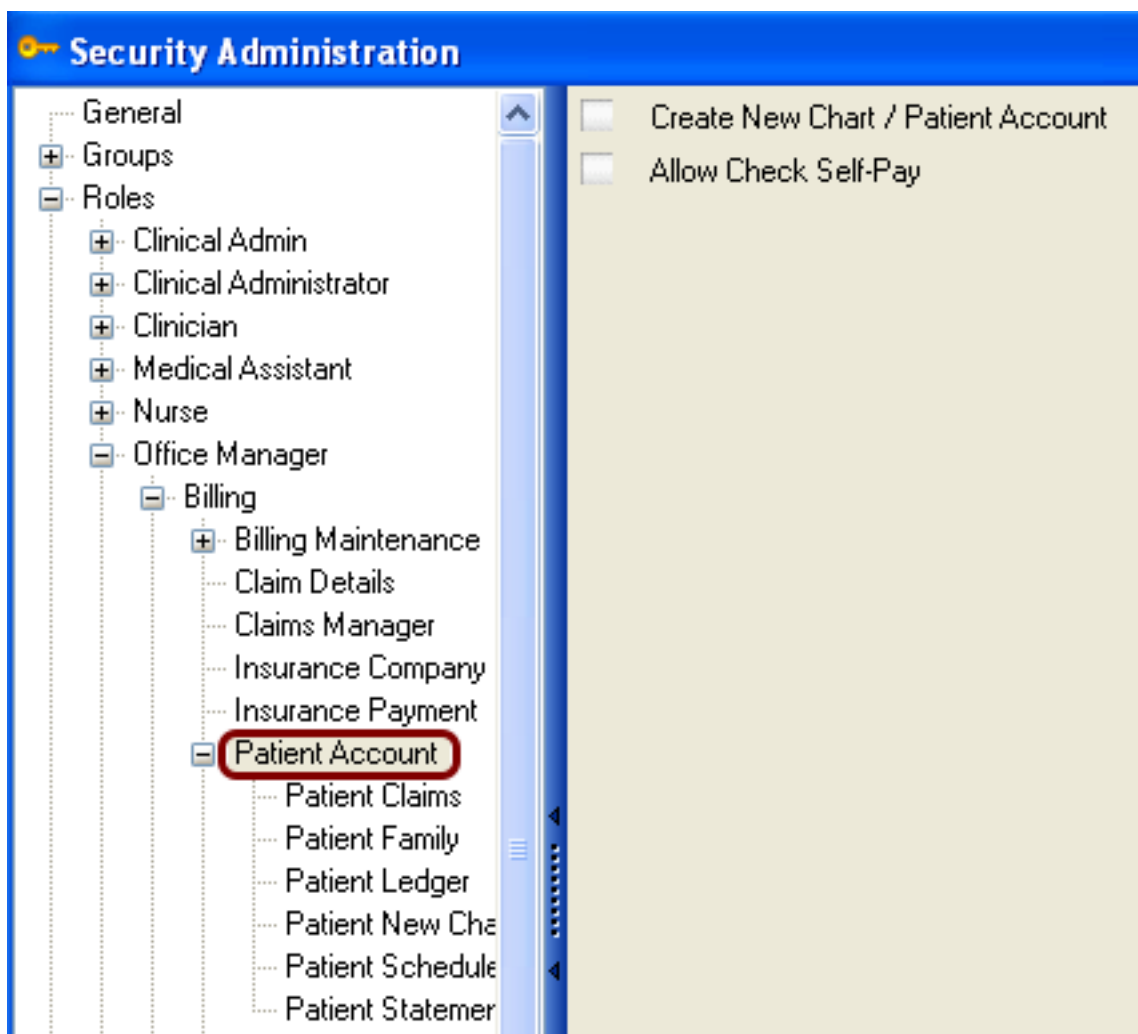
Save Claim-Deny access or allow user to apply a payment and save that payment in Insurance Payment Posting

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

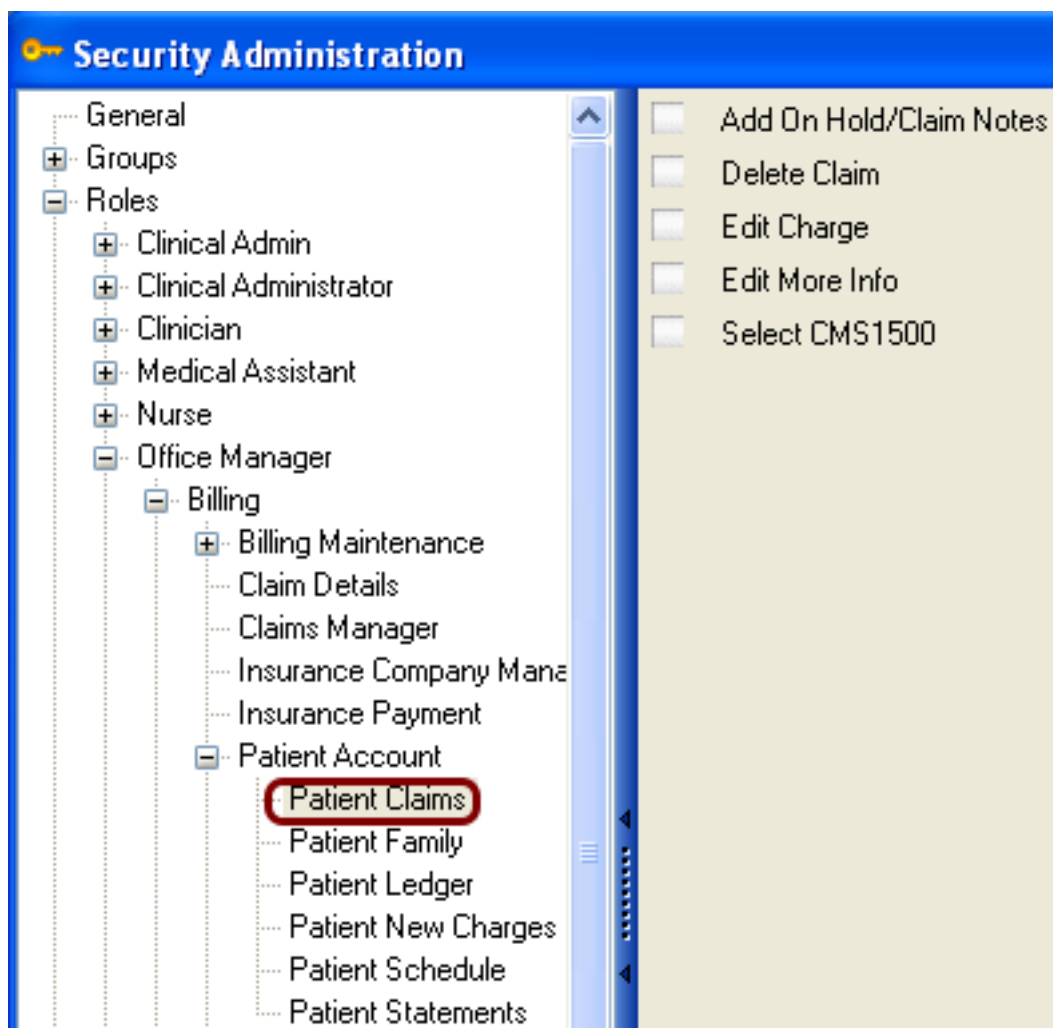
Print Payment-Deny access or allow user access to Print Payment in Insurance Payment dialog

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



Create New Chart/Patient Account-Deny access or allow user to create a new chart or patient account

Allow Check Self Pay-Deny access or allow user to check the box next to self pay option on patient account information bar



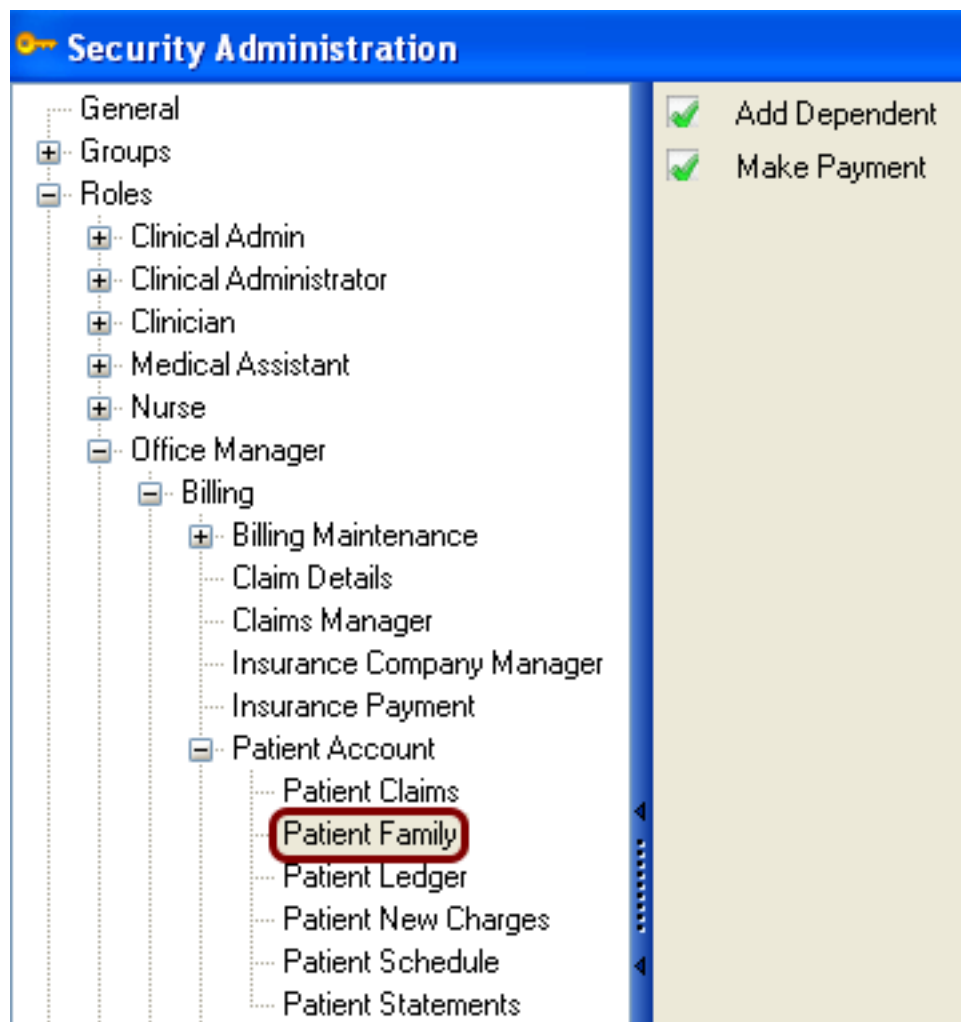
Add On Hold/Claim Notes-Deny access or allow user access to comment in the On Hold notes section or the Claims Notes section in the Claims Tab

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

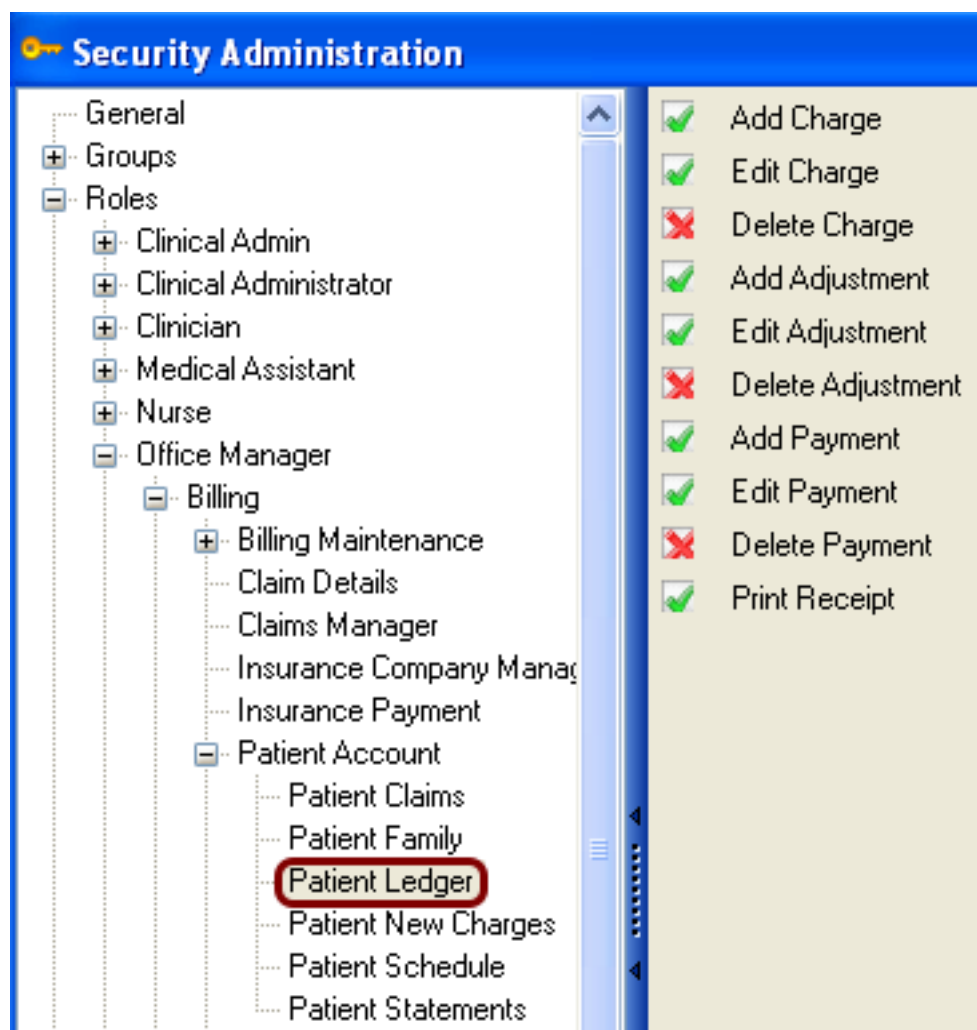
Edit More Info-Deny access or allow user to edit More Info dialog in the Claims Tab

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

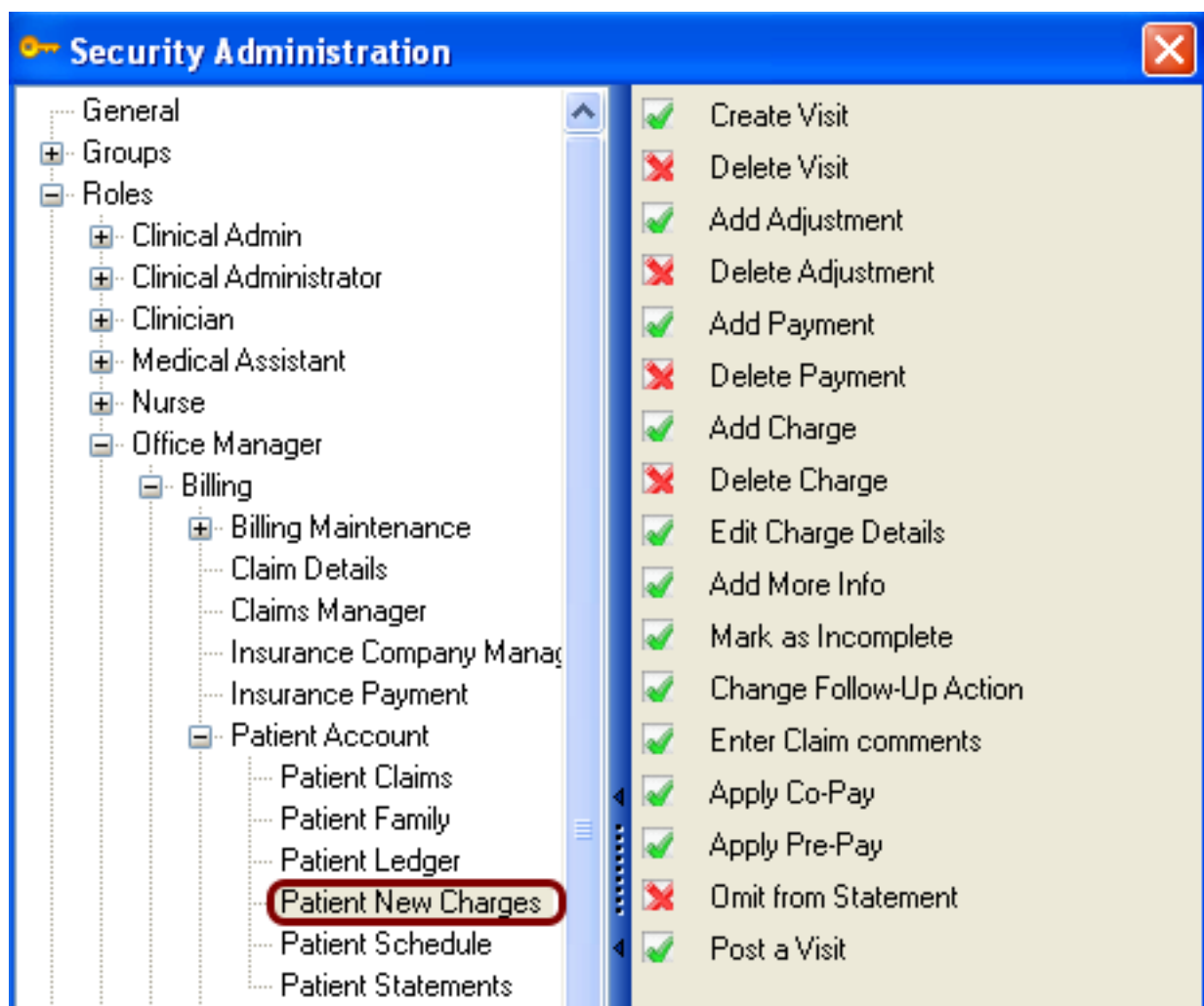
Add Payment-Deny access or allow user to add a payment from Patient Ledger

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

Patient New Charges



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

Delete Visit-Deny access or allow user to delete a visit in New Charges tab

Add Adjustment-Deny access or allow user to add an adjustment to a charge in New Charges tab

Delete Adjustment-Deny access or allow user to delete an adjustment in New Charges tab

Add Payment-Deny access or allow user to add a payment to a charge in New Charges tab

Delete Payment-Deny access or allow user to delete a payment in New Charges tab

Add Charge-Deny access or allow user to add a charge to a visit in New Charges tab

Delete Charge-Deny access or allow user to delete a charge in New Charges tab

Edit Charge Details-Deny access or allow user to edit charge details

Add More Info-Deny access or allow user access to the More Info dialog in New Charges tab

Mark as Incomplete-Deny access or allow user to mark a charge as Incomplete in New Charges tab

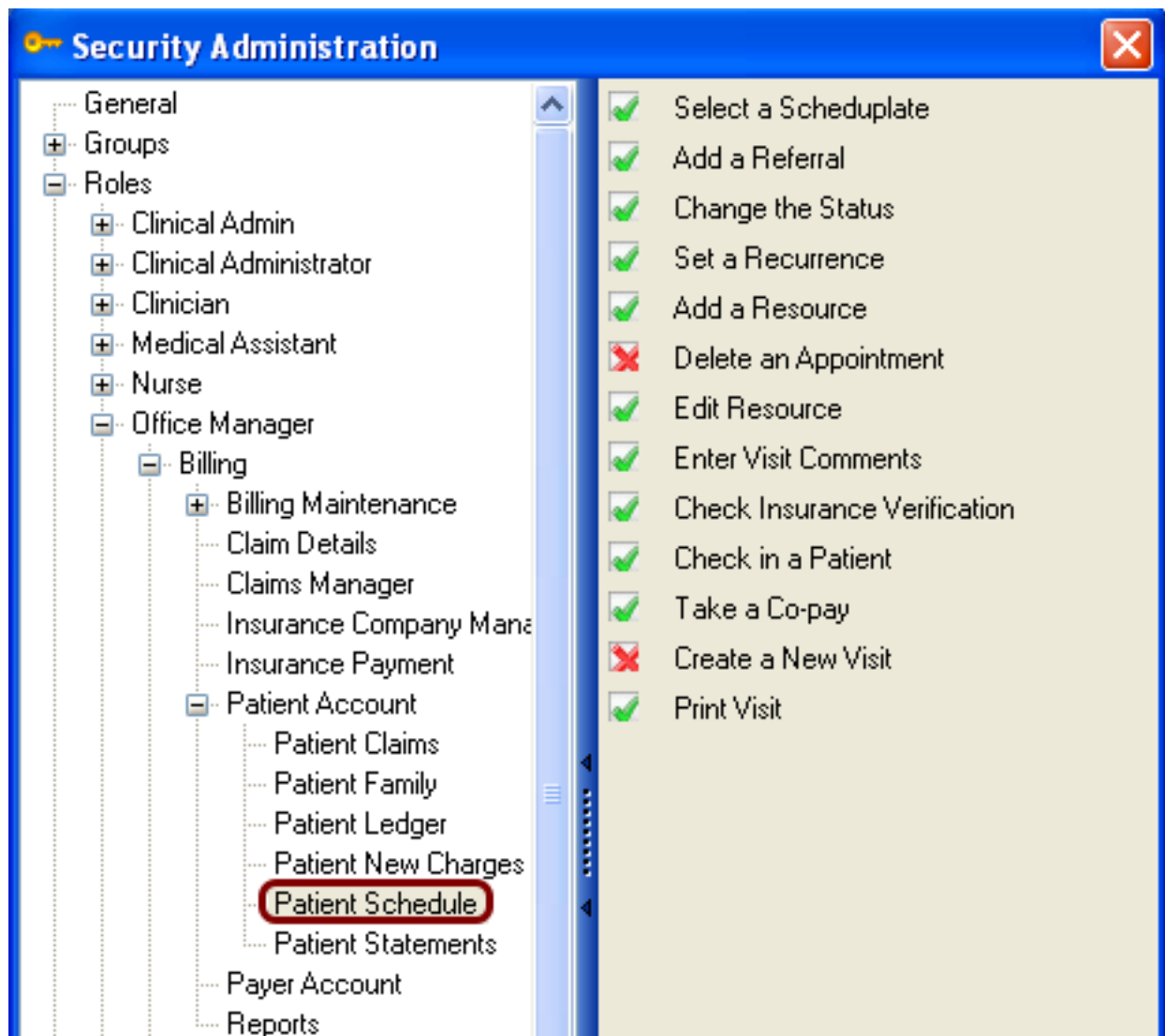
Change Follow-Up Action-Deny access or allow user to change the Follow Up action in New Charges tab

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

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

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

Patient Schedule



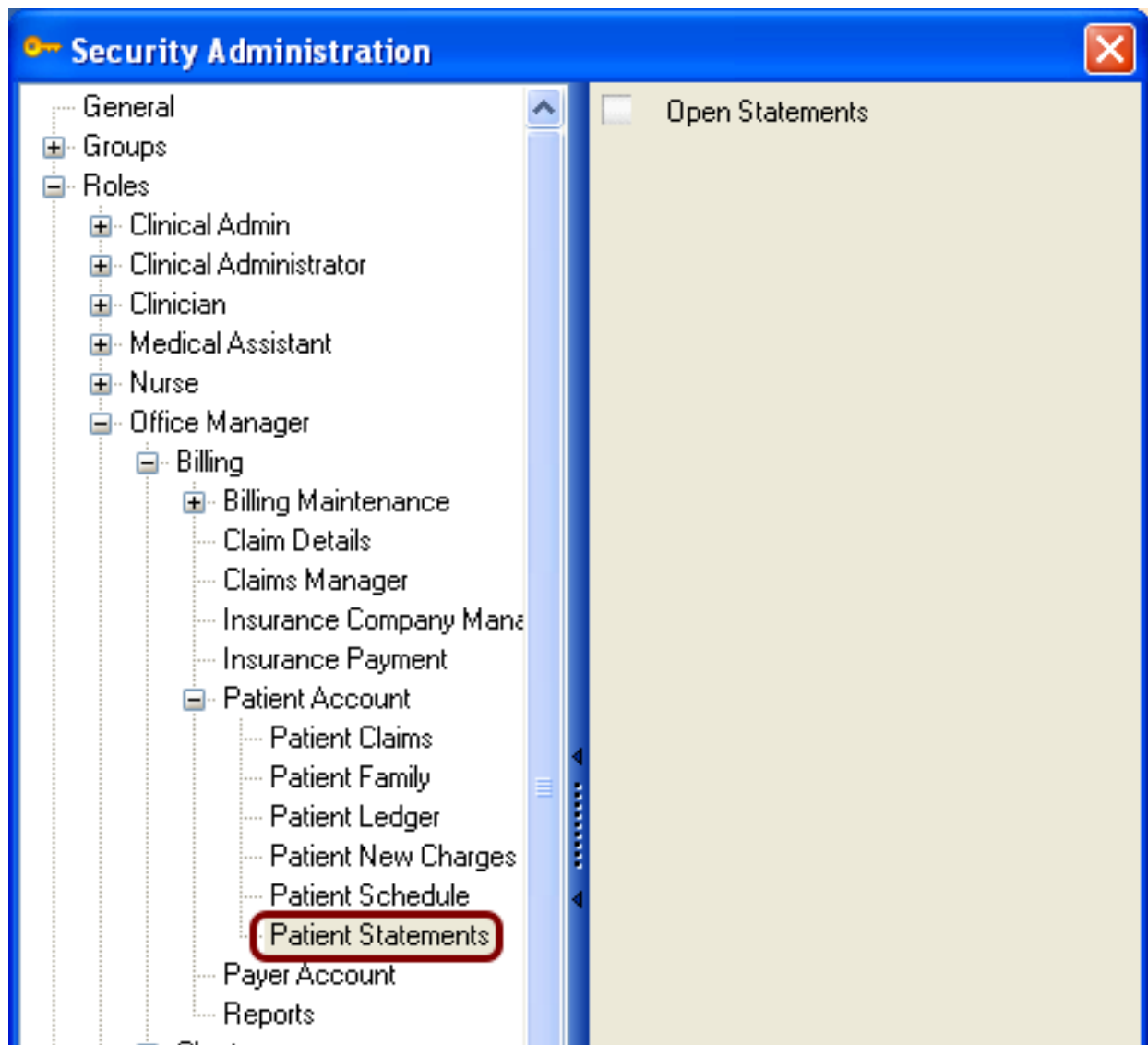
Select a Scheduplate-Deny access or allow user access to scheduplates in Schedule tab
Add a Referral-Deny access or allow user to add a referral to an appointment in Schedule tab
Change the Status-Deny access or allow user to change an appointment status in Schedule tab
Set a Recurrence-Deny access or allow user to set a recurring appointment for a patient in Schedule tab
Add a Resource-Deny access or allow user to add a Resource in Schedule tab
Delete an Appointment-Deny access or allow user to delete a scheduled appointment in Schedule tab
Edit Resource-Deny access or allow user to edit a resource in Schedule tab
Enter Visit Comments-Deny access or allow user to enter visit comments in Schedule tab
Check Insurance Verification-Deny access or allow user to check Insurance Verified in Schedule tab
Check in a Patient-Deny access or allow user to check in a patient in Schedule tab

Take a Co-Pay-Deny access or allow user to take a co-pay in Schedule tab

Create a New Visit-Deny access or allow user to create a new visit in Schedule tab

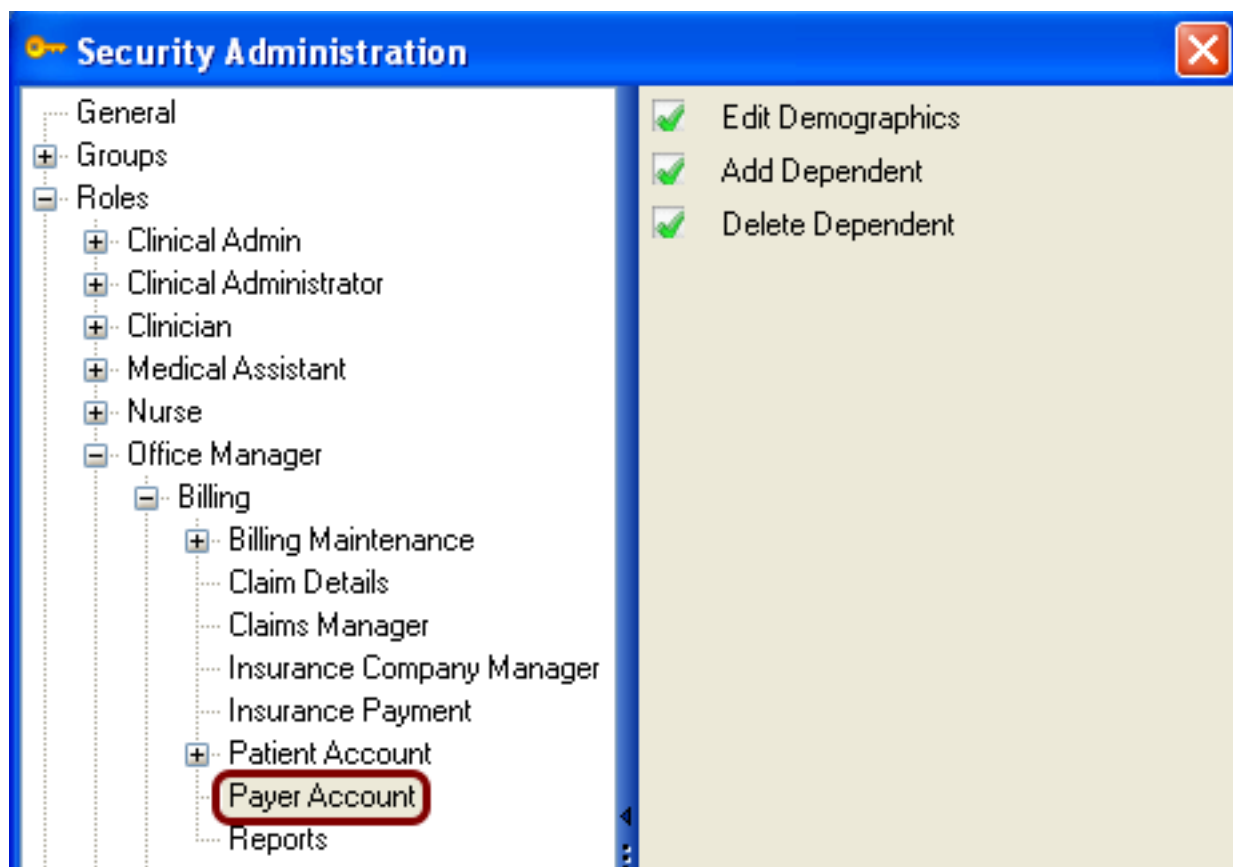
Print a Visit-Deny access or allow user to print a visit in Schedule tab

Patient Statements



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

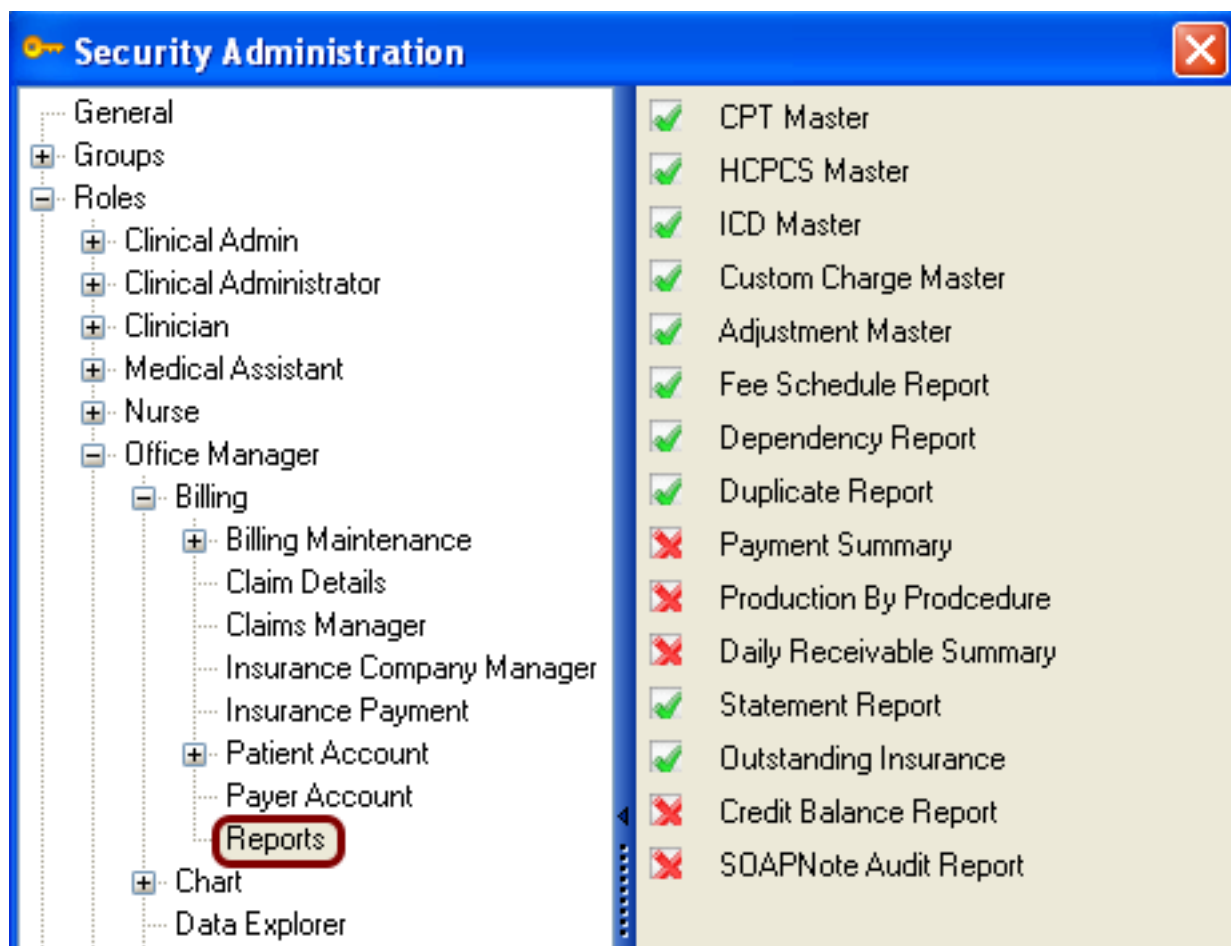
Payer Account



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 Account



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

HCPCS Master

ICD Master

Custom Charge Master

Adjustment Master

Fee Schedule Report

Dependency Report

Duplicate Report

Payment Summary

Production By Procedure

Daily Receivable Summary

Statement Report

Outstanding Insurance

Credit Balance Report

SOAPnote Audit Report

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

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

☐ Inactive

Save

Code List

☒ Standard View ☐ Full View

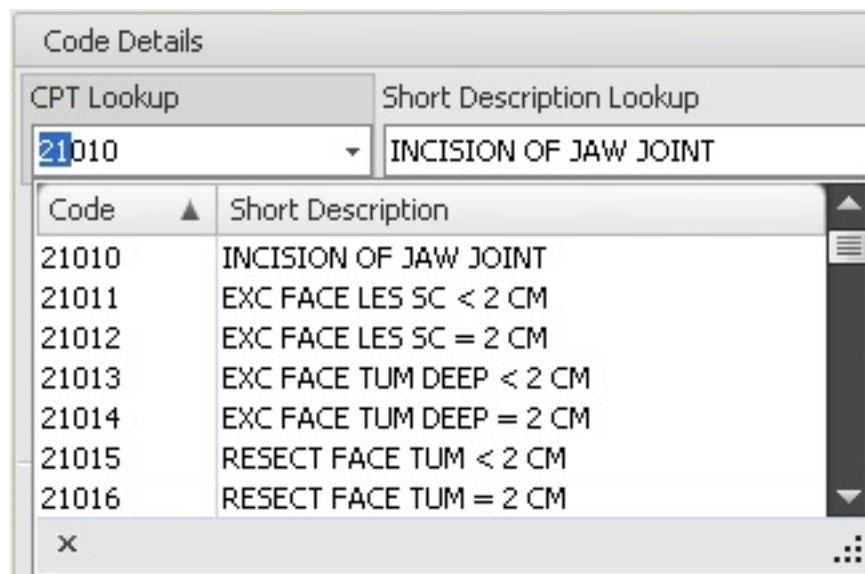
☒ Hide Inactive Codes

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

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CPT Search by Code



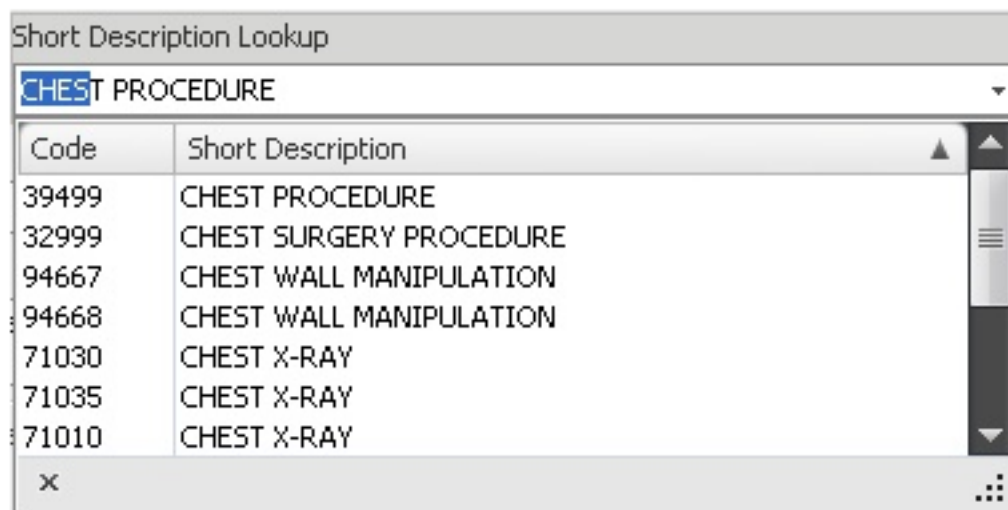
Code Details

CPT Lookup: 21010 Short Description Lookup: INCISION OF JAW JOINT

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



Short Description Lookup: CHEST PROCEDURE

Code	Short Description
39499	CHEST PROCEDURE
32999	CHEST SURGERY PROCEDURE
94667	CHEST WALL MANIPULATION
94668	CHEST WALL MANIPULATION
71030	CHEST X-RAY
71035	CHEST X-RAY
71010	CHEST X-RAY

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

Create a Custom CPT Description

☒ Use Custom Descriptions 1

Custom Short Description

type custom descriptions 2

Custom Medium Description

for easy searching

Custom Long Description

Save

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

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

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

Inactivate a CPT code

Code Details

CPT Lookup Short Description Lookup

00120 ANESTH, EAR SURGERY

☐ Inactive

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

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

Hide/Show Inactive CPT Codes

Code List

☒ Standard View
 ☐ Full View
 ☒ Hide Inactive Codes

CPT Code ▲	Description	Effective Date	Modified Date	Deactivation Date
99512	HOME VISIT FOR HEMODIALYSIS	2/3/2010		
99600	HOME VISIT NOS	2/3/2010		
99601	HOME INFUSION/VISIT, 2 HRS	2/3/2010		
99602	HOME INFUSION, EACH ADDTL HR	2/3/2010		
99605	MTMS BY PHARM, NP, 15 MIN	2/3/2010		
99606	MTMS BY PHARM, EST, 15 MIN	2/3/2010		
99607	MTMS BY PHARM, ADDL 15 MIN	2/3/2010		

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

View All CPT Descriptions

Code List

☐ Standard View
 ☒ Full View
 ☐ Hide Inactive Codes

Code	Short Description	Medium Description	Long Description	C...	Custom Short
39499	CHEST PROCEDURE	UNLIS PX MED	Unlisted procedure, mediastinum	<input checked="" type="checkbox"/>	type custom de
50323	PREP CADAVER REN...	BKBENCH PREPJ CDVR RN...	Backbench standard preparation of cad...	<input type="checkbox"/>	
50320	REMOVE KIDNEY, LIV...	DON NFRCT OPN FROM L...	Donor nephrectomy (including cold pres...	<input type="checkbox"/>	
3285F	IOP DOWN <15% O...	IOP REDUCED < 15% PR...	Intraocular pressure (IOP) reduced by ...	<input type="checkbox"/>	
72070	X-RAY EXAM OF THO...	RADEX SPI THRC 2 VIEWS	Radiologic examination, spine; thoracic...	<input type="checkbox"/>	
50328	PREP RENAL GRAFT/...	BKBENCH RCNSTJ RNL AL...	Backbench reconstruction of cadaver o...	<input type="checkbox"/>	
72072	X-RAY EXAM OF THO...	RADEX SPI THRC 3 VIEWS	Radiologic examination, spine; thoracic...	<input type="checkbox"/>	

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

Code List

Standard View

Full View

Hide Inactive Codes

1

2

3


CPT Code ▲	Description	Effective Date	Modified Date	Deactivation Date
99201	OFFICE/OUTPATIENT VISIT, NEW	2/3/2010	3/12/2010	
99202	OFFICE/OUTPATIENT VISIT, NEW	2/3/2010		
99203	OFFICE/OUTPATIENT VISIT, NEW	2/3/2010		
99204	OFFICE/OUTPATIENT VISIT, NEW	2/3/2010		
99205	OFFICE/OUTPATIENT VISIT, NEW	2/3/2010		
99211	OFFICE/OUTPATIENT VISIT, EST	2/3/2010		
99212	OFFICE/OUTPATIENT VISIT, EST	2/3/2010		
99213	OFFICE/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

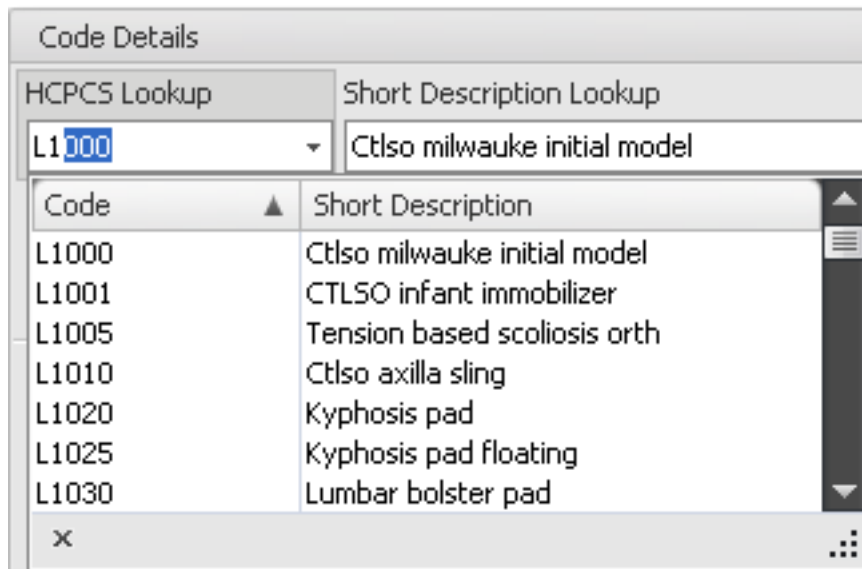
☒ Standard View ☐ Full View

☒ 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 Details

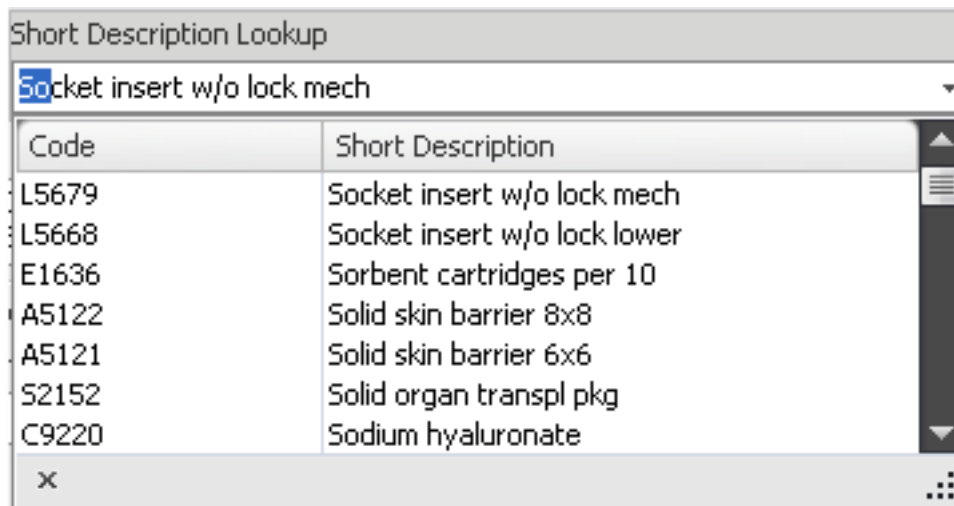
HCPCS Lookup: L1000

Short Description Lookup: Ctlso milwauke initial model

Code	Short Description
L1000	Ctlso milwauke initial model
L1001	CTLSO infant immobilizer
L1005	Tension based scoliosis orth
L1010	Ctlso 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

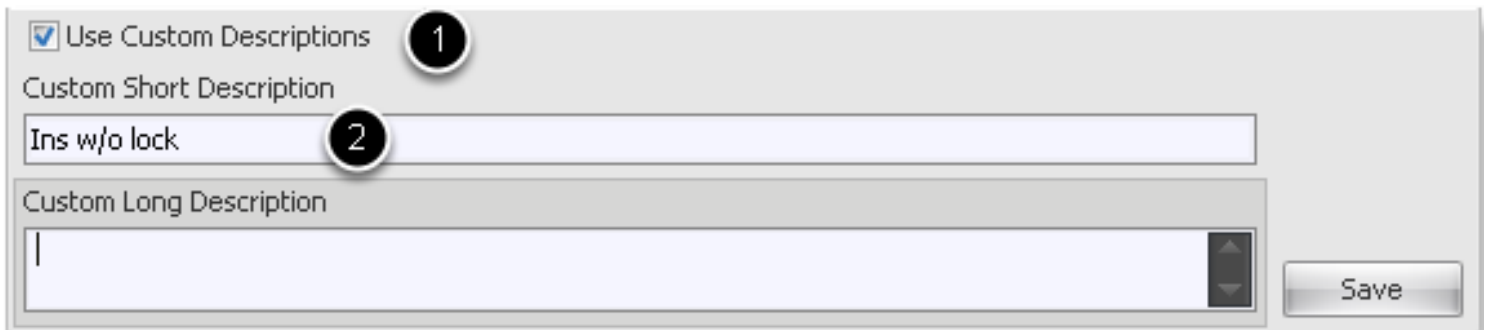


Short Description Lookup: Socket insert w/o lock mech

Code	Short Description
L5679	Socket insert w/o lock mech
L5668	Socket insert w/o lock lower
E1636	Sorbent cartridges per 10
A5122	Solid skin barrier 8x8
A5121	Solid skin barrier 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

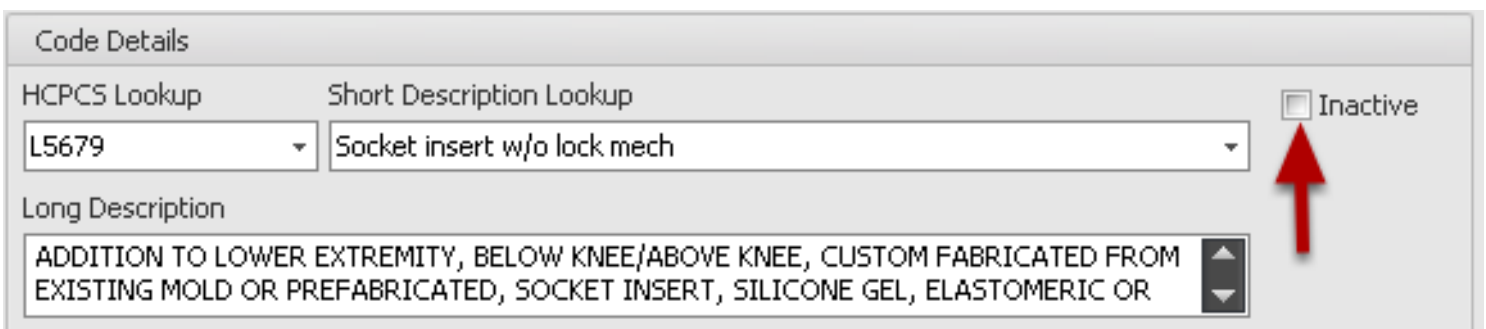
Save

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



Code Details

HCPCS Lookup Short Description Lookup

L5679 Socket insert w/o lock mech

☐ Inactive

Long Description

ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR

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

View all HCPCS Descriptions

Code List

☐ Standard View
 ☒ Full View
 ☐ Hide Inactive Codes

Code	Short Description	Long Description	Us...	Custom Short Des
L5679	Socket insert w/o lock mech	ADDITION TO LOWER EXTREMITY, ...	<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	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

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

ICD Search by description

Code	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

Code Details

Code Lookup: 338.12

Description Lookup: Pain following thoracotomy, acute

☒ Use Custom

Custom Short Description: Type a custom short description to quickly find code

☐ Inactive

Save

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

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

3. Click **Save**.

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

Inactivate an ICD code

Code Details

Code Lookup: 338.12

Description Lookup: Pain following thoracotomy, acute

☒ Use Custom

Custom Short Description: Type a custom short description to quickly find code

☒ Inactive

Save

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

2. Click **Save**.

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

Code List							
<input checked="" type="checkbox"/> Hide Inactive Codes				1	2	3	
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


Code List							
<input checked="" type="checkbox"/> Hide Inactive Codes							
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			

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

Adjustment Code Maintenance 

Custom Codes

Code Search

Description Search

☐ Inactive

300

Medicaid Adjustment

Note

Save

Code List

☒ Hide Inactive

C...	Description	Note	Effect...	Modif...	Deac...
100	Professional Courtesy		3/10/2...	3/10/...	
200	Blue Cross Adjustment		3/10/2...	3/10/...	
210	New Adj. code		3/17/2...	3/17/...	
300	Medicaid Adjustment		3/10/2...	3/10/...	
400	Medicare Adjustment		3/10/2...	3/10/...	
600	Refund to Patient		3/10/2...	3/10/...	

Close

Add an Adjustment

Custom Codes

Code Search 1 Description Search ☐ Inactive

Search Search

Note

Save

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

Custom Codes

New Code 2 New Description 3 ☐ Inactive

90000 x Sample Adjustment Code

Note

4 Add

2. Type Numeric and/or Alpha Code.

3. Give the new Code a Description.

4. Click the Add button. The new Custom Adjustment code is now added to the Code List.

Inactivate an Adjustment

Custom Codes

Code Search Description Search ☐ Inactive

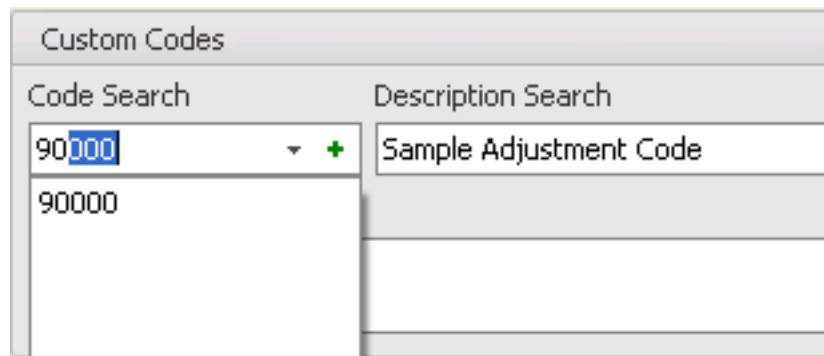
| Search

Note

Save

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

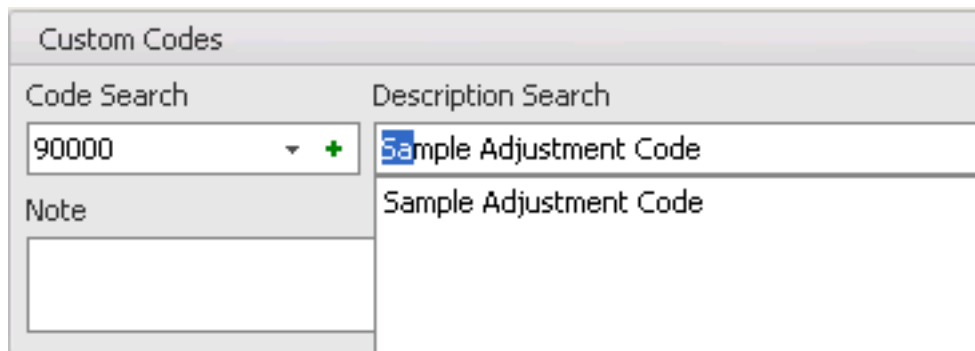
Adjustment Search by Code



Custom Codes	
Code Search	Description Search
90000	Sample Adjustment Code
90000	

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

Adjustment Search by Description



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

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

Adjustment Effective, Modified or Deactivation Date

Code 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

Code List					
					<input checked="" type="checkbox"/> Hide Inactive
C... ▲	Description	Note	Effective	Modified	Deactivation
100	Professional Courtesy		3/10/2010	3/10/2010	
200	Blue Cross Adjustment		3/10/2010	3/10/2010	
210	New Adj. code		3/17/2010	3/17/2010	
300	Medicaid Adjustment		3/10/2010	3/10/2010	

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

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

Save

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/...	

Close

Add a Custom Charge

Search

Code Search Description Search

Search Search

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

Search

New Code Name

99998 x

Code Details

Short Description

Returned Check Fee

Medium Description

Insufficient Funds Fee

Long Description

Check returned by Bank, Account Closed

☐ Taxable ☐ Inactive Add

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

Inactivate a Custom Charge

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

2. Click **Save**.

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

Fee Schedule Maintenance

Fee Schedule Details

Name

Medicare

☐ Manual Entry

☒ Based On Existing

☐ Inactive

Based On

Default

Amount

99 %

Preview

Notes

Save

Code List

☐ Hide Inactive Items

Code Search

Search

+ Add Code

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

Close

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

Adding Codes to a Fee Schedule

Fee Schedule Details

Name: Search (1) [Dropdown Arrow] (2) [Default]

☐ Manual Entry ☒ Based On Existing ☐ Inactive

Based On: Search Amount: 0 % Preview

Notes: [Text Area]

Save

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

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

Fee Schedule Details

Name: Default [Dropdown Arrow]

☒ Manual Entry (circled in red) ☐ Based On Existing ☐ Inactive

Update Codes

Notes: [Text Area]

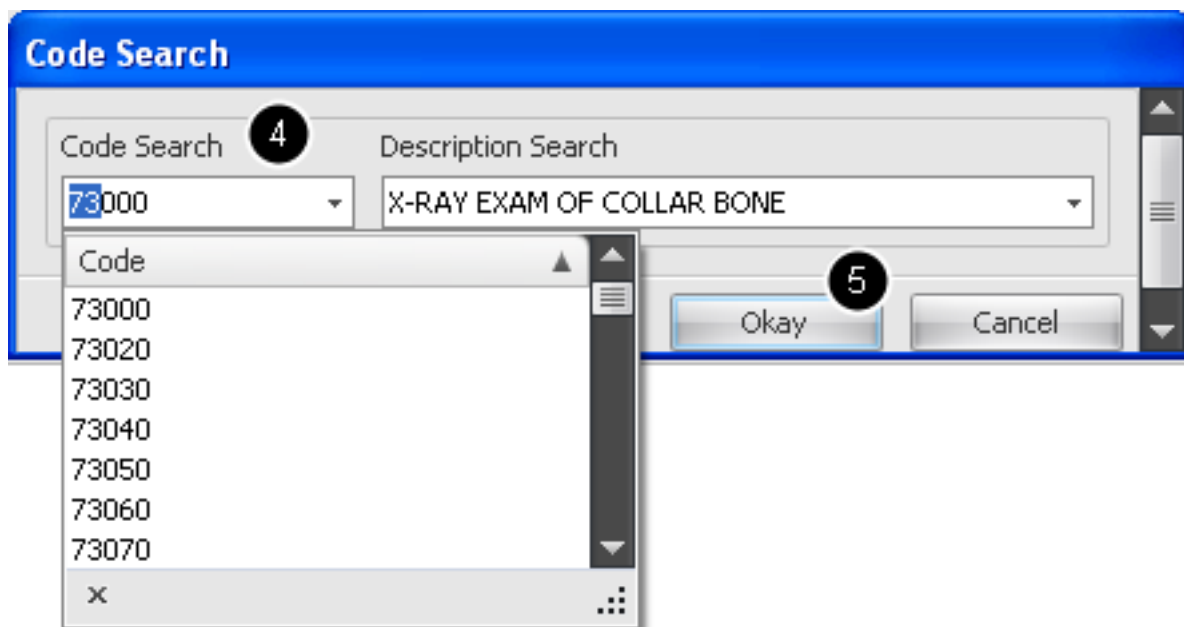
Save

Code List

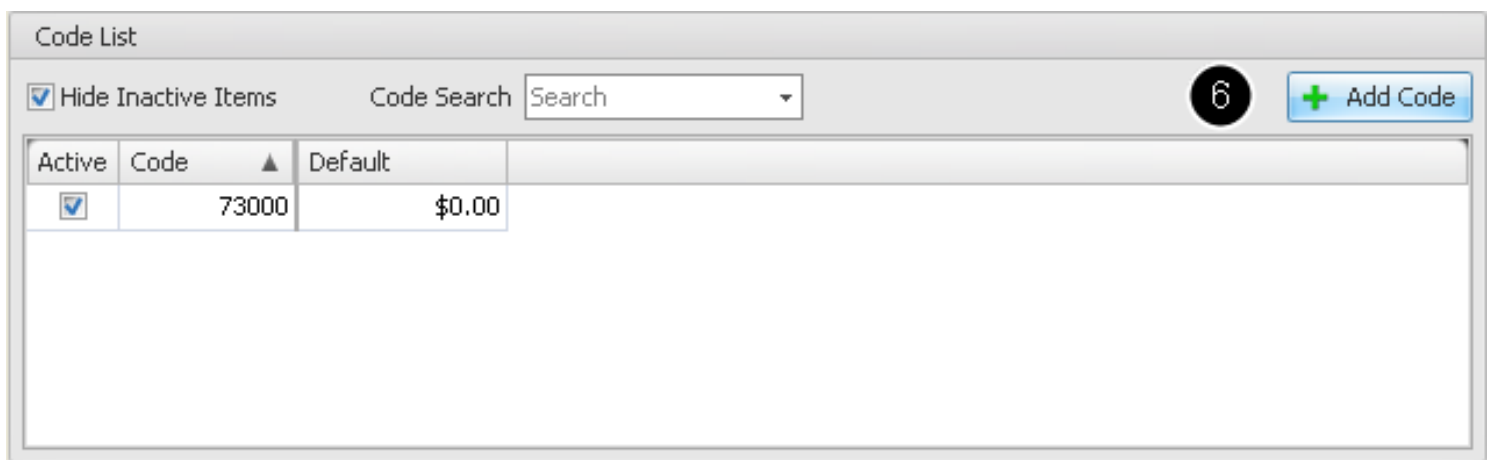
☒ Hide Inactive Items Code Search: Search (3) [Add Code]

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

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



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.



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: Default +

☒ Manual Entry ☐ Based On Existing ☐ Inactive

1 Update Codes

Notes

Default Codes Update

Update Codes for Default Fee Schedule 3

Code: 71010 Amount: \$60.00 Apply 4

Amount: \$60.00

5 Close

+ Add Code

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 **1** Medicare Advantage x

2 ☐ Manual Entry ☒ Based On Existing ☐ Inactive

Based On Amount

3 Default 95 % Preview

Notes

4 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 x	\$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	x \$14.25	\$14.70
<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

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

Update fees for codes added using the Manual Entry Option

Fee Schedule Maintenance

Fee Schedule Details

Name: **Default** +

☒ Manual Entry ☐ Based On Existing ☐ Inactive

Update Codes 1

Notes

Default Codes Update

Update Codes for Default Fee Schedule

Code: **99213** 2 Amount: **\$135.00** 3 **Apply** 4

Default Amount: **\$130.00**

Close 5

Code List

☒ Hide Inactive Items

Active	Code	Amount
<input checked="" type="checkbox"/>	71040	
<input checked="" type="checkbox"/>	72010	\$1,470.15
<input checked="" type="checkbox"/>	72040	\$686.07
<input checked="" type="checkbox"/>	73010	\$784.08
<input checked="" type="checkbox"/>	73090	\$882.09

Humana

Close

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

1. With Default Fee Schedule selected, Click the 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 \$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 1

+ Add Code

Active	Code	Default	Aetna	BCBS AR	Cigna	Human
<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	\$588.06
<input checked="" type="checkbox"/>	71015	\$686.07	\$686.07	\$686.07	\$686.07	\$686.07

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

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

Hide Inactive Fee Schedule(s)

Code List

☐ Hide Inactive Items Code Search

+ Add Code

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

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

The screenshot shows the 'Fee Schedule Details' window. The 'Name' dropdown is set to 'Medicare'. The 'Based On' dropdown is set to 'Default' and the 'Amount' is '99 %'. The 'Manual Entry' radio button is selected, and the 'Based On Existing' radio button is also selected. The 'Inactive' checkbox is checked, indicated by a yellow square. The 'Notes' field is empty. The 'Save' button is highlighted with a red circle and the number '2'.

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 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 is a table with the following columns: "Address", "City", "ST", and "Zip". The table contains several rows of data, including AARP, Aetna, Arkansas Medicaid, BCBS AR, Blue Shield IN, Indiana Medicaid Operations, Medicare, and Medicare Indiana. A red double-headed arrow labeled "4" points to the empty row below the table headers, indicating where to click to add a new company.




	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

Insurance Company Manager ✕

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

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

Edit Insurance Company

Company Name

BCBS AR

Address

PO Box 2181

City

Little Rock

State

AR

Zip

72203-____

Phone

(501)378-1111

ext

Fax

(501)555-4444

Type (CMS 1500)

Group Health Plan

Group Provider (Legacy)

Fee Schedule (Legacy)

Fee Schedule

BCBS AR

Electronic Submission Info

Payer Qualifier

Mutually Defined - ZZ

Payer ID

00181

Clearinghouse Name

GEDI

Clearinghouse ID

431420764

Type (If Primary)

Blue Cross/Blue Shield - BL

Type (If Secondary)

Group Policy - GP

Receiver Qualifier

Mutually Defined - ZZ

Receiver ID

431420764000000

Active ☒

Show Legacy IDs ☐

Default Electronic ☒

Provider Setup

+

-

x

Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Alan Anderson	123344556		333333333	
Randall Oates	1234567890		1122334455	

OK

Cancel

2. Add Insurance Company information including:

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

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

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

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

3. Check the box if applicable:

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

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

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

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

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

Electronic Insurance Submission Setup

Electronic Submission Info 4	
Payer Qualifier	Mutually Defined - ZZ
Payer ID	00181
Clearinghouse Name	GEDI
Clearinghouse ID	431420764
Type (If Primary)	Blue Cross/Blue Shield - BL
Type (If Secondary)	Group Policy - GP
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	4314207640000000

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

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. (GatewayEDI)

Clearinghouse ID-Identifies the Clearinghouse. (**GatewayEDI ID shown in example**)

Type (If Primary) - Identifies the Type of claim/insurance company. For Primary, the most common types will be:

CI - commercial

BL - BCBS

MC - Medicaid

MB - Medicare

Type (If Secondary)-Identifies the Type of claim/insurance company. For Secondary, the most common types will be:

SP-Supplemental Policy

GP - Group Policy

MI - Medigap Part B

Receiver Qualifier-Identifies the Receiver ID. (For most Receivers, this will be **ZZ-Mutually Defined**)

Receiver ID-Identifies the Receiver of the Electronic file submitted. (**GatewayEDI Receiver ID shown in example**)

Provider Setup

Name	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
5 Andy Anderson	9876543210			
> Randall Oates	1234567890			

Select Provider

Select the provider you would like to add to the insurance.

6

Andy Anderson
Jamie R. James
Randall Oates

OK Cancel

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.

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

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

Edit Billing Information

Insurance Payment To **7**

☒ Override Group Values

Name Professional Groups, Inc.

Address 123 Any St

City Any City State AR

Zip 72703-____

Phone (479)555-5555

Tax ID ☒ EIN ☐ SSN **8** 71-1111111

NPI 1234567890

Legacy ID **9**

Submitter ID Mutually Defined - ZZ **10** ID X123

Clinic CLIA Number

CLIA ID 05D1234444

Rendering Information

NPI 1122334455 **11**

Legacy ID **12**

13 Save Cancel

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

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

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

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

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

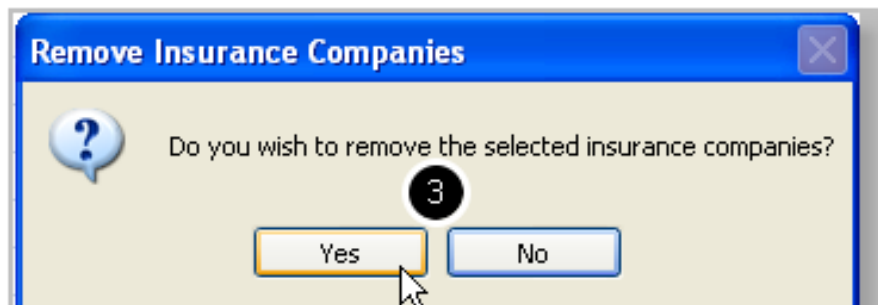
10. For Electronic claims, use the drop down arrow to select an identifier for the **Submitter ID** and then Type the ID into the ID field. This information is provided by your Clearinghouse or Receiver of electronic files. For paper claims, leave blank.

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

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

Delete Insurance Company Tools -> Insurance Companies

Name	Address	City	ST	Zip
AARP		Atlanta	GA	30374
Aetna		Some City	AR	72764
Arkansas Medicaid		Little Rock	AR	72203
BCBS AR	PO Box 2181	Little Rock	AR	72203
Blue Shield IN	PO Box 37010	Louisville	KY	40233
Cigna	PO Box 1234	Some City	AR	72771
Indiana Medicaid Operations	PO Box 7269	Indianapolis	IN	46207
Medicare	PO Box 1214	Little Rock	AR	72203
Medicare Indiana		Indianapolis	IN	46204



Tools -> Insurance Companies

1. Click on the Insurance Company to be deleted.

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

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

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

13. Contacts/Referring Physicians (Block 17)

Tools -> Contacts

Additional information in [SOAPedia](#)

Add a new Contact/Referring Physician

The screenshot shows the 'Contact Manager' window with a yellow header bar. Below the header is a button labeled 'Add New Contact' with a circled '1' next to it. Below the button is a table with the following columns: Name, Specialty, City, State, Phone, and Fax. The table contains five rows of contact information. A red arrow points to the 'X' icon next to the first row, with a callout box that says 'Delete Contact'. Another red arrow points to the 'AR' in the 'State' column of the second row, with a callout box that says 'Double Click to edit Contact'.

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

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.

1

Edit Contact Information

Title

First Name

Middle

Last Name

Suffix

Randall

Oates

Address

4220 N. Crossover Rd.

Notes

City

St

Zip Code

Fayetteville

AR

72701-

Office Phone

Home Phone

Cell Phone

(800) 455-7627

() -

() -

Fax

Pager

(866) 237-9073

() -

Email

roates@docs.com

Website

www.soapware.com

2

Provider Information

NPI

UPIN

Specialty

Taxonomy

1215067822

Family Practice

207Q00000X

3

Insurance Information

+

I

-

Company

BCBS

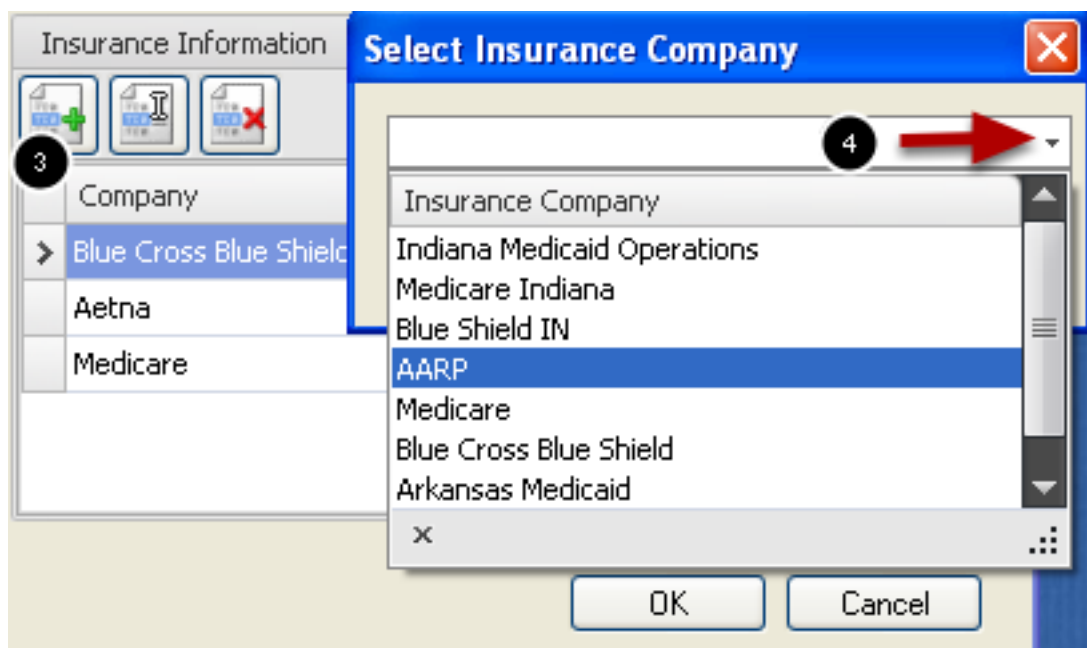
Okay

Cancel

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

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

Insurance Information

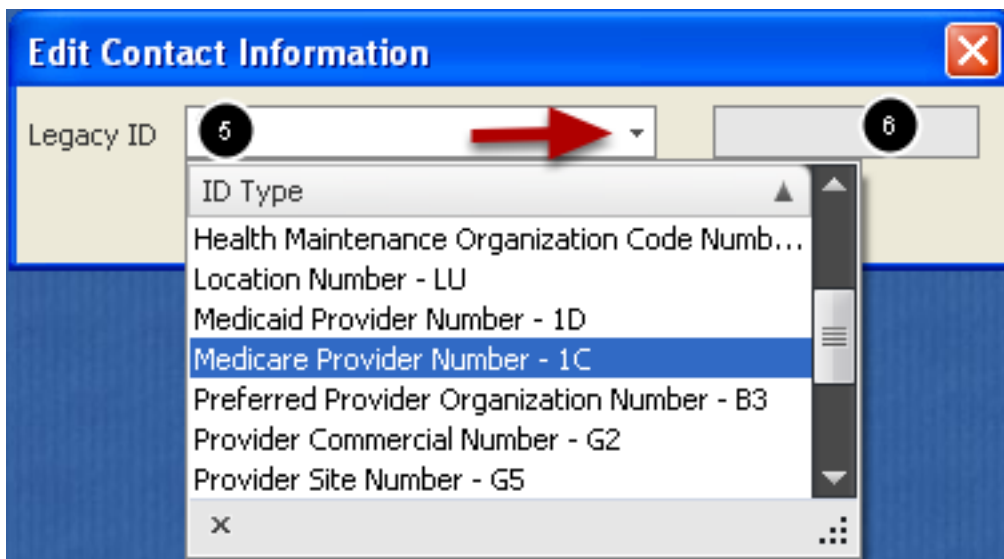


3. Click the New Insurance Mapping button in the Insurance Information section to open the Select Insurance Company dialog.

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

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

Add Legacy IDs/Taxonomy Codes



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

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

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

14. Custom Demographic Titles

Tools -> Custom Demographic Titles

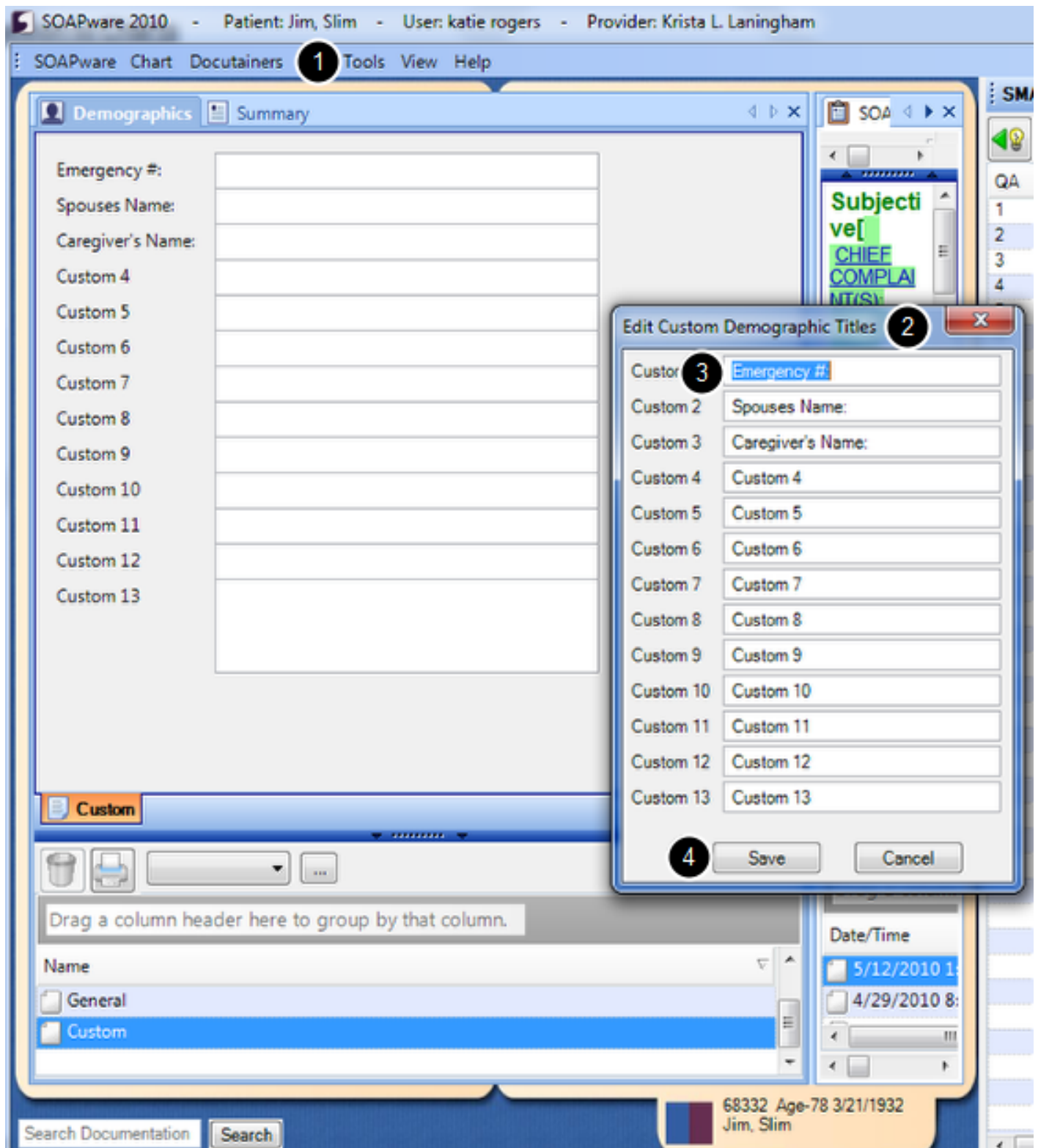
The screenshot shows a software window titled "Demographics" with a "Summary" tab. The main area contains a list of demographic fields on the left and corresponding input boxes on the right:

Field Name	Input Box
Emergency #:	
Spouses Name:	
Caregiver's Name:	
Custom 4	
Custom 5	
Custom 6	
Custom 7	
Custom 8	
Custom 9	
Custom 10	
Custom 11	
Custom 12	
Custom 13	

Below the main area is a "Custom" tab. Under this tab, there is a toolbar with icons for a trash can, a printer, a dropdown menu, and a button with three dots. Below the toolbar is a text box that says "Drag a column header here to group by that column." Below that is a list of column headers: "Name", "General", and "Custom". The "Custom" header is currently selected and highlighted in blue.

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.

15. Set Structured CPT Options

Tools -> Options -> Structured CPT

Select Structured CPT Sub items

The 'Options' dialog box is shown with a list of categories on the left and a list of sub items on the right. The 'Structured CPT' category is selected. The sub items listed are: Related Dx, Modifiers, Date of Service From, Date of Service To, Place of Service, EPSDT, Family Plan, Supplemental, Days or Units, and Emergency. The 'Family Plan' sub item is highlighted with a mouse cursor. A 'Close' button is at the bottom right.

Options

Chart Layouts
Chart Rack
Claims
Document Designer
Docuplates
Drug Interactions
OCR
Pulled Charts
Scanning
SMARText
SMARText Color Coding
Structured CPT
Structured Dx
Structured Order Entry
Structured Rx
Summary To SOAP
Toolbars
Vital Signs
Workflow

Include the following items:

- ☒ Related Dx
- ☒ Modifiers
- ☒ Date of Service From
- ☒ Date of Service To
- ☒ Place of Service
- ☐ EPSDT
- ☒ Family Plan
- ☒ Supplemental
- ☒ Days or Units
- ☒ Emergency

Close

The 'Assessment' section of a SOAP note is shown. The 'Plan' section is highlighted with a red box. The 'Plan' section contains the following text: 'Office Visit 99212 #99212 Related Dx- Modifiers- Date of Service From: Date of Service To: Place of Service: Family Plan: Supplemental: Days/Units: Emergency: Actions:'. The 'Medications' and 'Follow Up' sections are also visible. The 'Follow Up' section contains the text: 'Return if problems develop or worsens. Schedule: Randall Oates'.

Assessment

Plan

Office Visit 99212 #99212 [Related Dx-](#) [Modifiers-](#) [Date of Service From:](#)
[Date of Service To:](#) [Place of Service:](#) [Family Plan:](#) [Supplemental:](#) [Days/Units:](#)
[Emergency:](#)
[Actions:](#)

Medications

Follow Up

Return if problems develop or worsens.
[Schedule:](#) Randall Oates

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

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

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

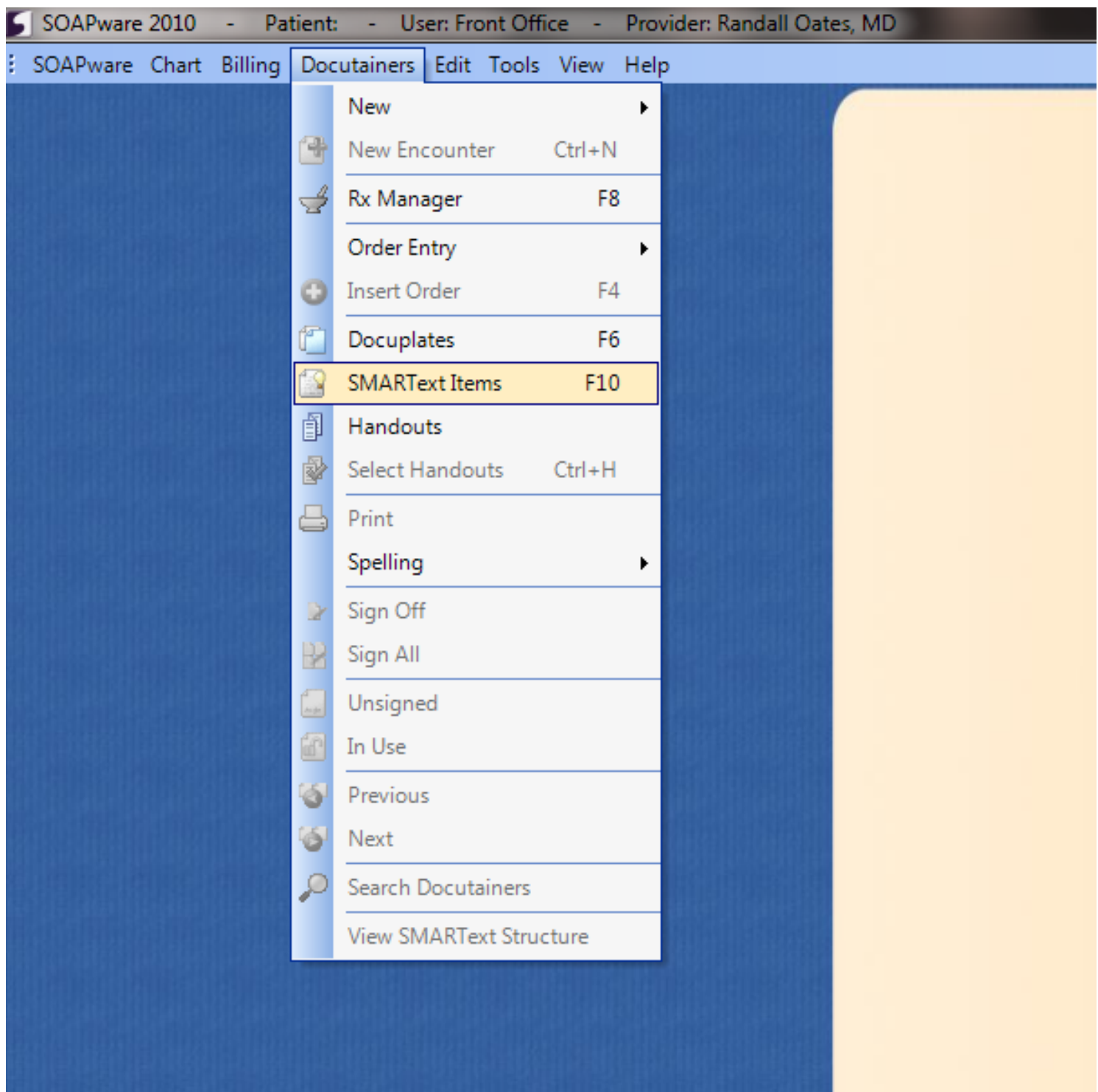
Updating CPT, HCPCS, and ICD-9 codes

1. Download new quarterly/annual codes

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

Clinical Suite Only: New codes will be automatically added to the Billing Maintenance databases, and revised codes, when downloaded on the SMARText Online library, will be updated in the Billing Maintenance databases. 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 tabs for 'List - By Type' and 'List - By Keyword'. Below these is a 'Find' text box with a magnifying glass icon to its right. A search bar is also present at the bottom left. A table with columns 'Shortcut', 'Description', 'Type', 'Usage', 'Keywords', 'Last Modified', and 'ID' is in the center. At the bottom right, there are 'Insert' and 'Filter' buttons. Numbered callouts 1, 2, and 3 point to the 'Include Online Library Items' checkbox, the 'Find' box, and the search bar respectively.

SMARText Items

Search List - By Type List - By Keyword

Find

Shortcut / Description Type Usage Keywords Last Modified ID

☒ Include Online Library Items

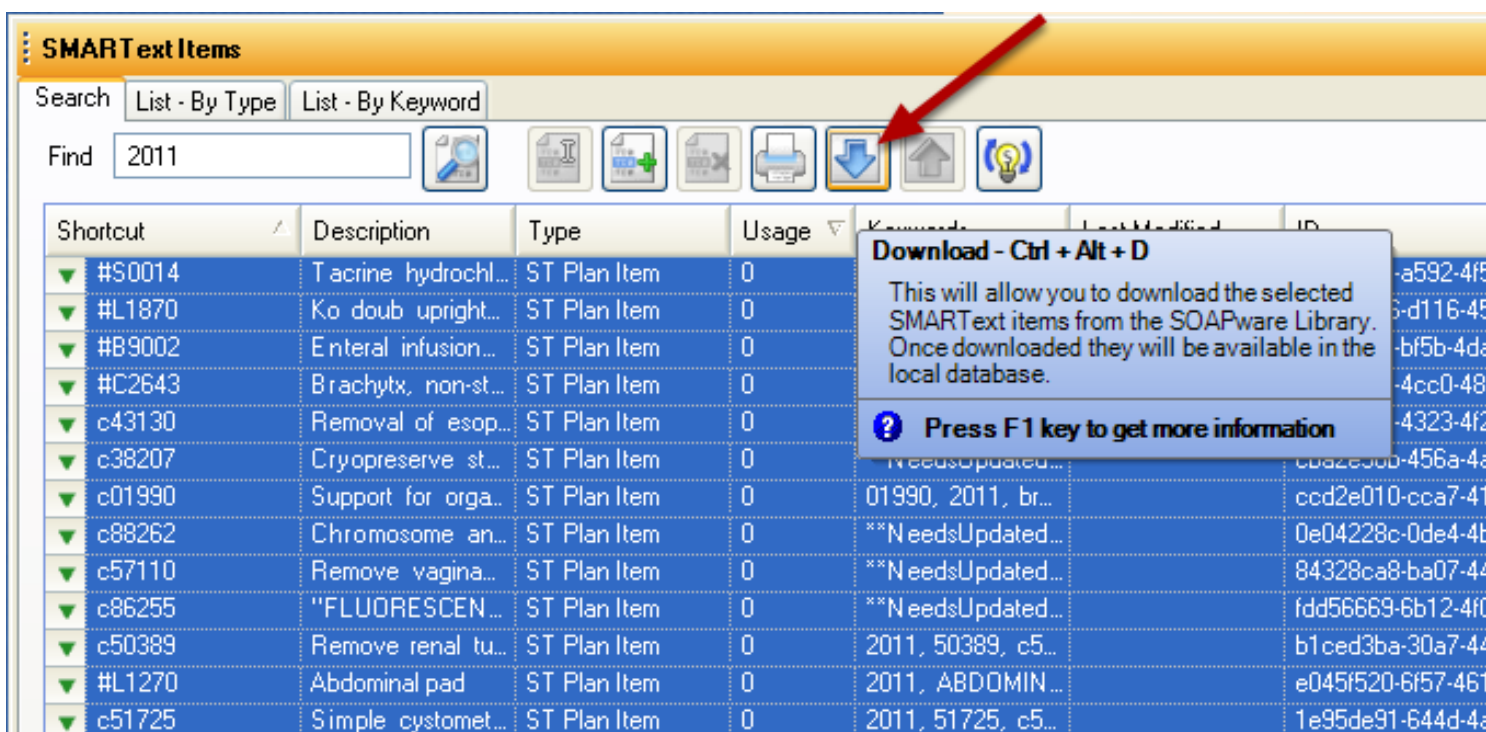
Insert

Filter

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



SMARTText Items

Search List - By Type List - By Keyword

Find 2011

Icons: Search, Add, Print, Download (highlighted with a red arrow), Home, Help

Shortcut	Description	Type	Usage	Keywords	Last Modified	ID
▼ #S0014	Tacrine hydrochl...	ST Plan Item	0			-a592-4f5
▼ #L1870	Ko doub upright...	ST Plan Item	0			3-d116-45
▼ #B9002	Enteral infusion...	ST Plan Item	0			-bf5b-4da
▼ #C2643	Brachytx, non-st...	ST Plan Item	0			-4cc0-48
▼ c43130	Removal of esop...	ST Plan Item	0			-4323-4f2
▼ c38207	Cryopreserve st...	ST Plan Item	0			cbaze00b-456a-4a
▼ c01990	Support for orga...	ST Plan Item	0	01990, 2011, br...		ccd2e010-cca7-47
▼ c88262	Chromosome an...	ST Plan Item	0	**NeedsUpdated...		0e04228c-0de4-4b
▼ c57110	Remove vagina...	ST Plan Item	0	**NeedsUpdated...		84328ca8-ba07-44
▼ c86255	"FLUORESCEN...	ST Plan Item	0	**NeedsUpdated...		fdd56669-6b12-4f0
▼ c50389	Remove renal tu...	ST Plan Item	0	2011, 50389, c5...		b1ced3ba-30a7-44
▼ #L1270	Abdominal pad	ST Plan Item	0	2011, ABDOMIN...		e045f520-6f57-467
▼ c51725	Simple cystomet...	ST Plan Item	0	2011, 51725, c5...		1e95de91-644d-4a

Download - Ctrl + Alt + D
 This will allow you to download the selected SMARTText items from the SOAPware Library. Once downloaded they will be available in the local database.
 ? Press F1 key to get more information

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](#)

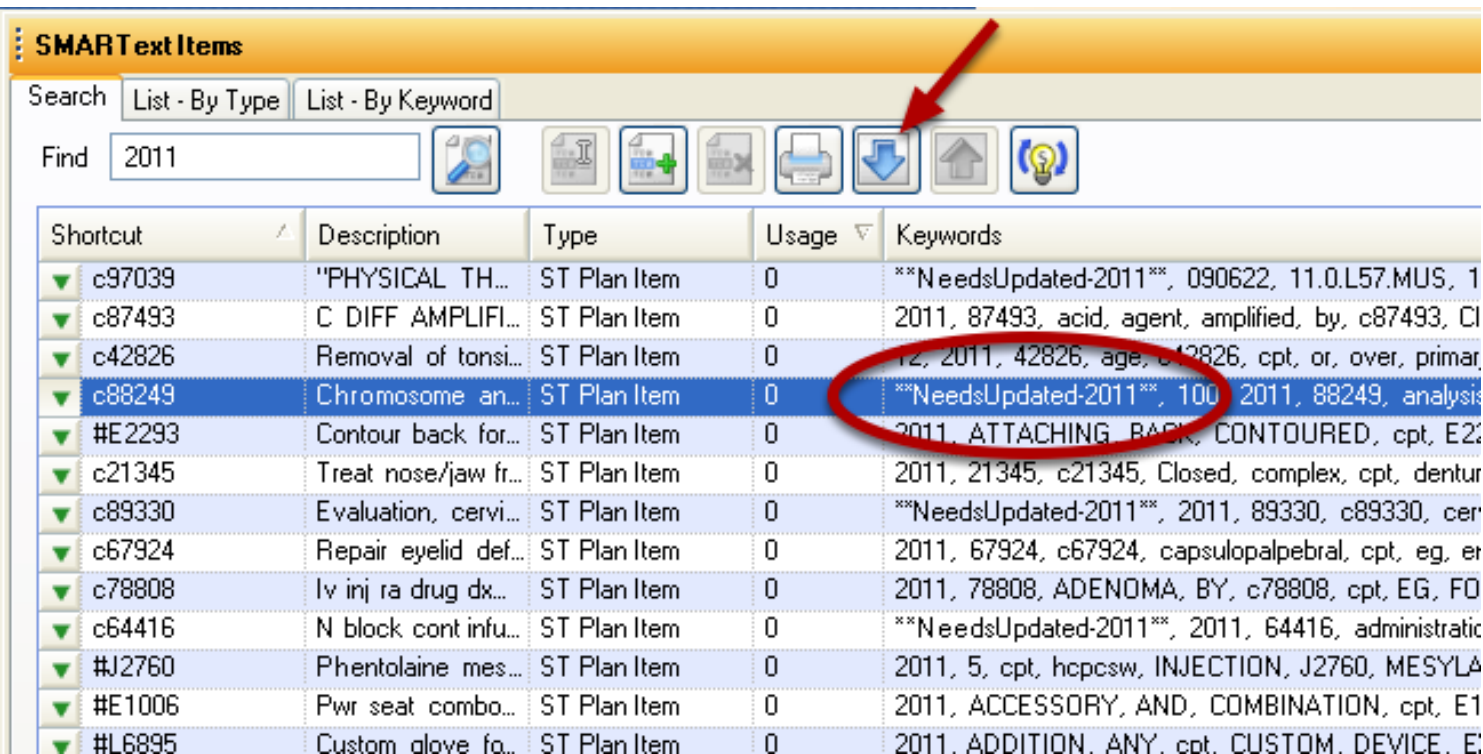
Download new CPT codes

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



The screenshot shows the SMARText Items interface. At the top, there is a search bar with the text "2011" and a "Find" button. Below the search bar is a toolbar with several icons, including a download icon (a blue square with a white downward arrow) which is highlighted by a red arrow. The main area displays a table of items with columns: Shortcut, Description, Type, Usage, and Keywords. The item #E2293 is selected, and its keyword field contains "**NeedsUpdated-2011**", which is circled in red.

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 SMARTtext 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 code details 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 a 'Hide Inactive Codes' checkbox checked. The table headers are '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.

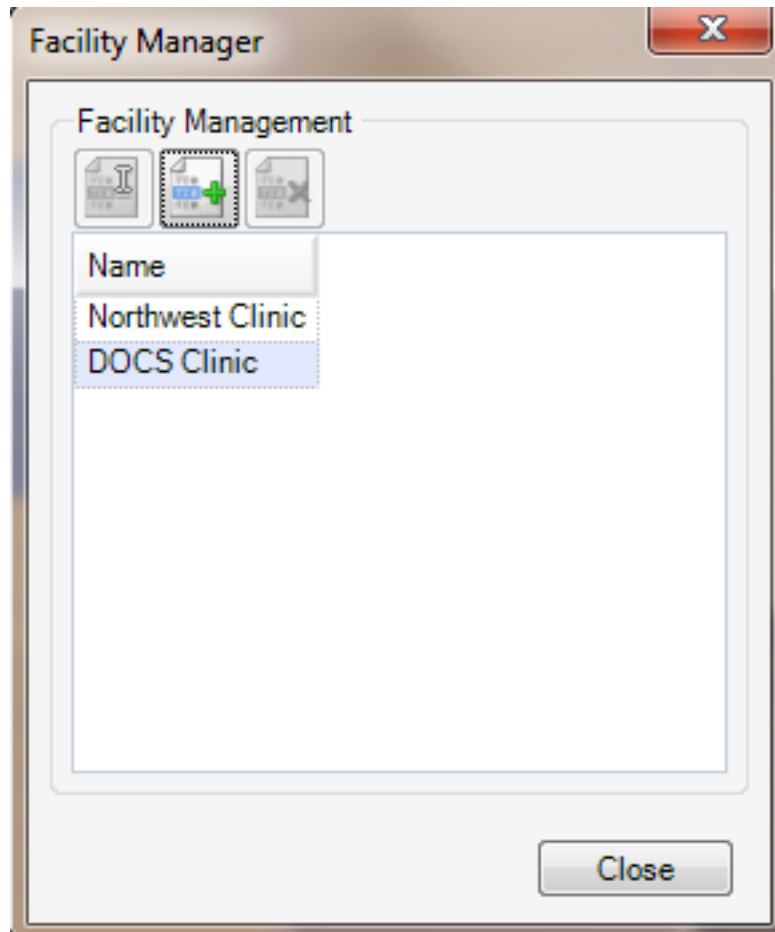
Schedule Setup

Activate Providers/Resources for a Facility

Steps on how to set scheduling defaults.

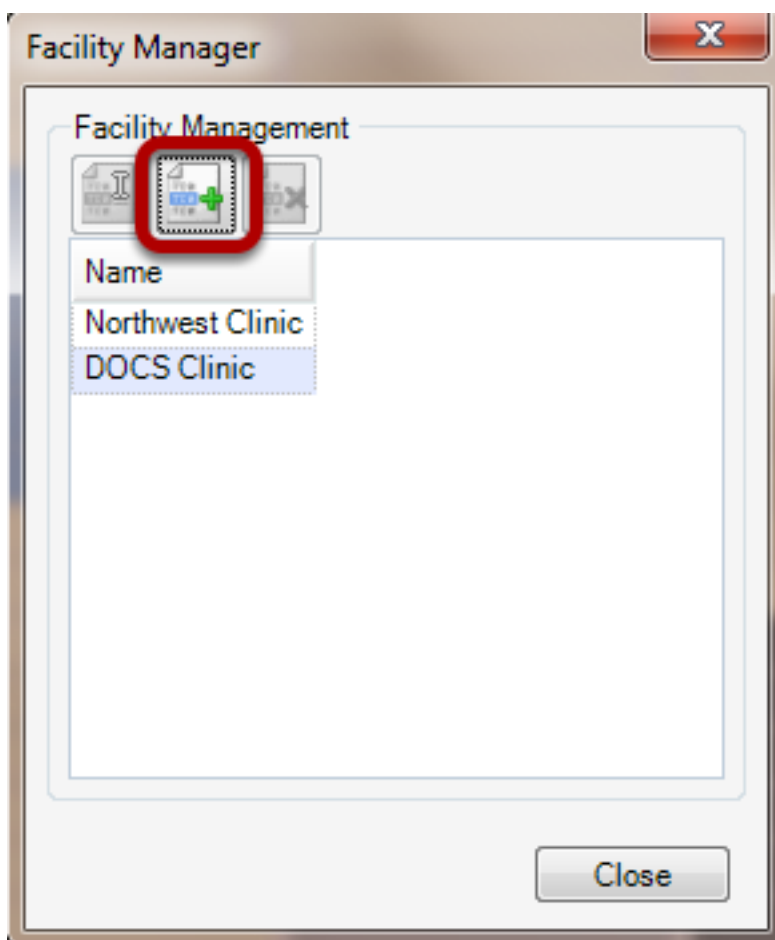
To access the Scheduler, go to the SOAPware menu and click Schedule.

Add a Facility



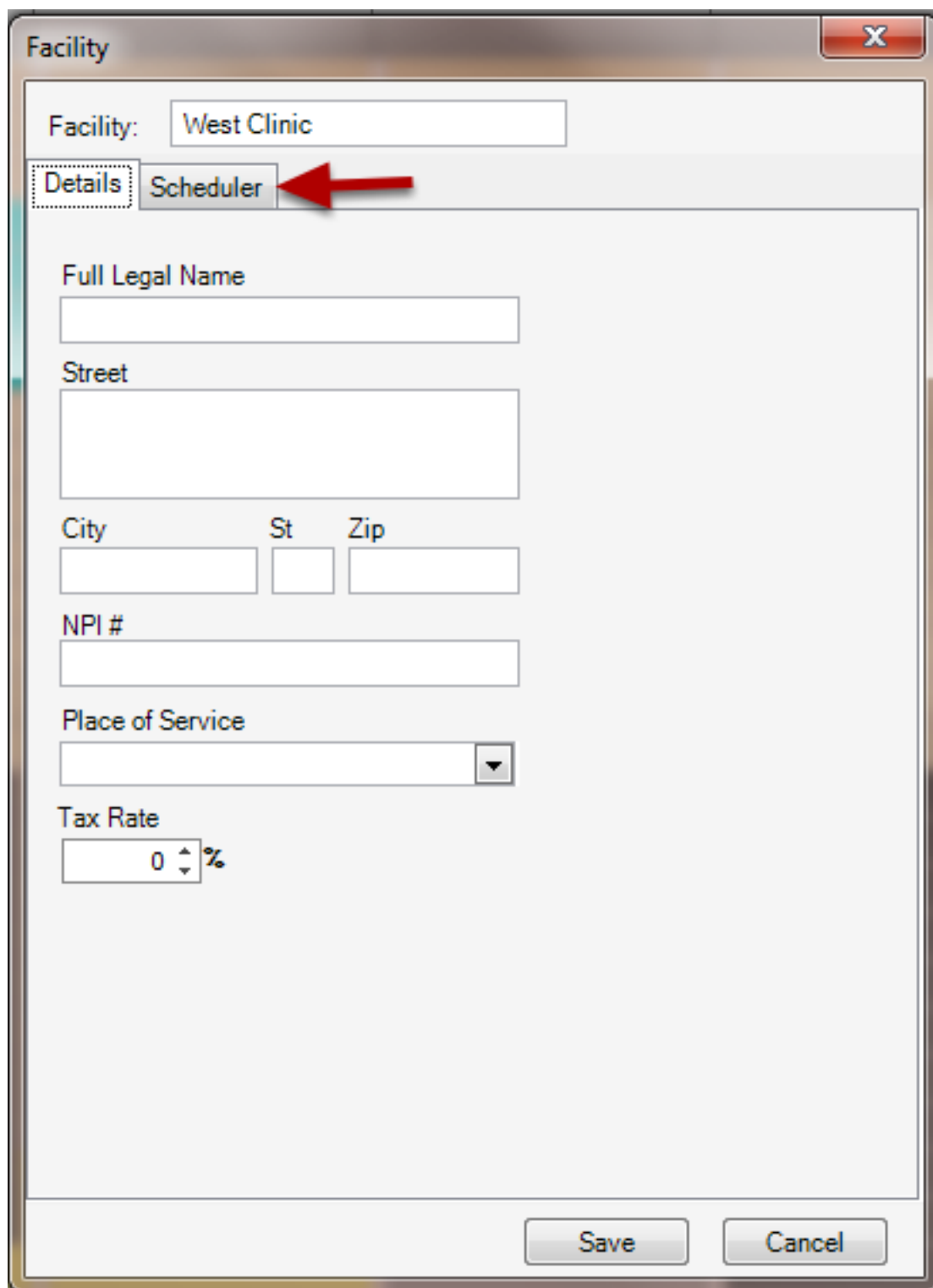
1. Click on the Tools menu.
2. Select Manage Facilities.

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.

Scheduler



The image shows a software dialog box titled "Facility" with a close button (X) in the top right corner. At the top, there is a label "Facility:" followed by a text input field containing "West Clinic". Below this, there are two tabs: "Details" and "Scheduler". A red arrow points to the "Scheduler" tab. The "Details" tab is currently selected, showing several input fields: "Full Legal Name" (a single-line text box), "Street" (a multi-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 dialog are "Save" and "Cancel" buttons.

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

Opening the Provider's Schedule Defaults


Facility

Facility: West Clinic

Details Scheduler

Provider/Resource Management



Providers Resources

 2

Name	Visible
Randall Oates	No
Sample Doc	No





1

Business Hours Management

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

Facility Closings

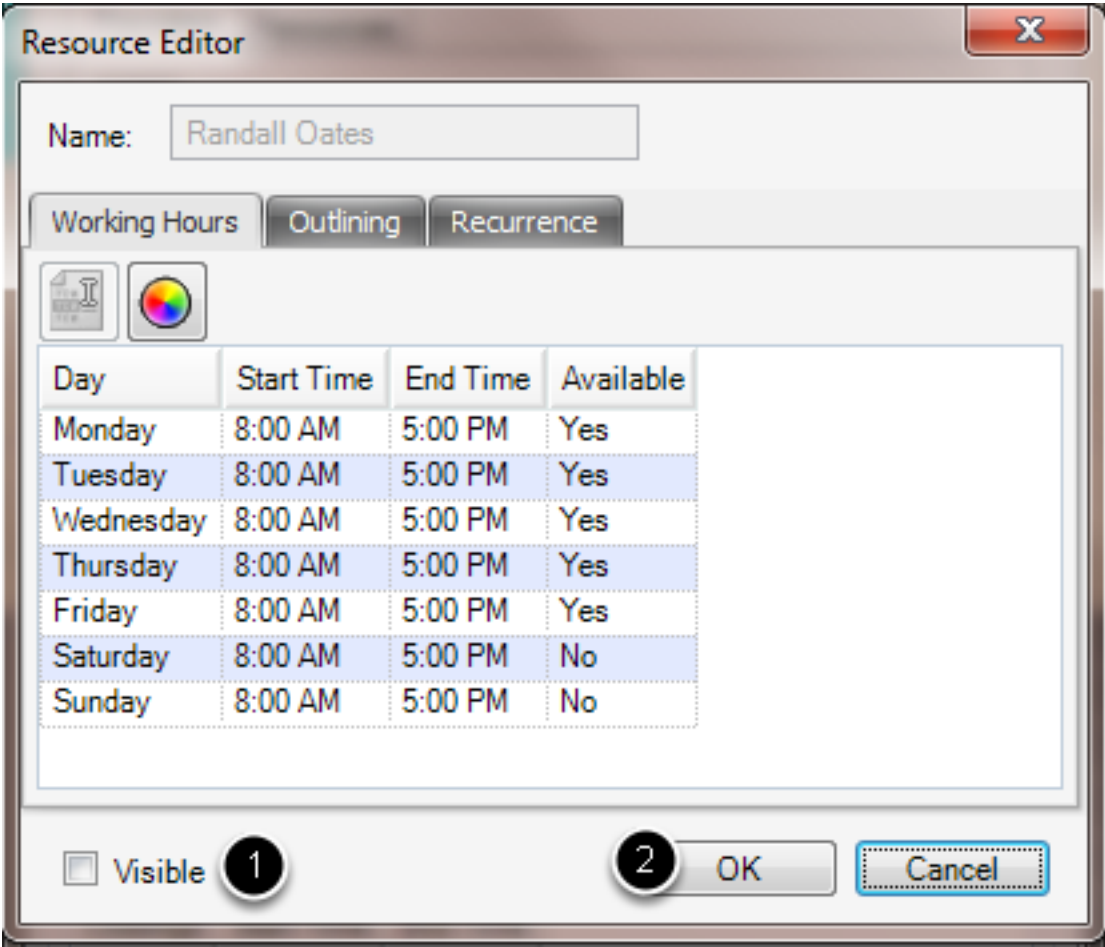
   

Closings	Start Time	End Time
----------	------------	----------

Save Cancel

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

Making a Provider visible for the Clinic



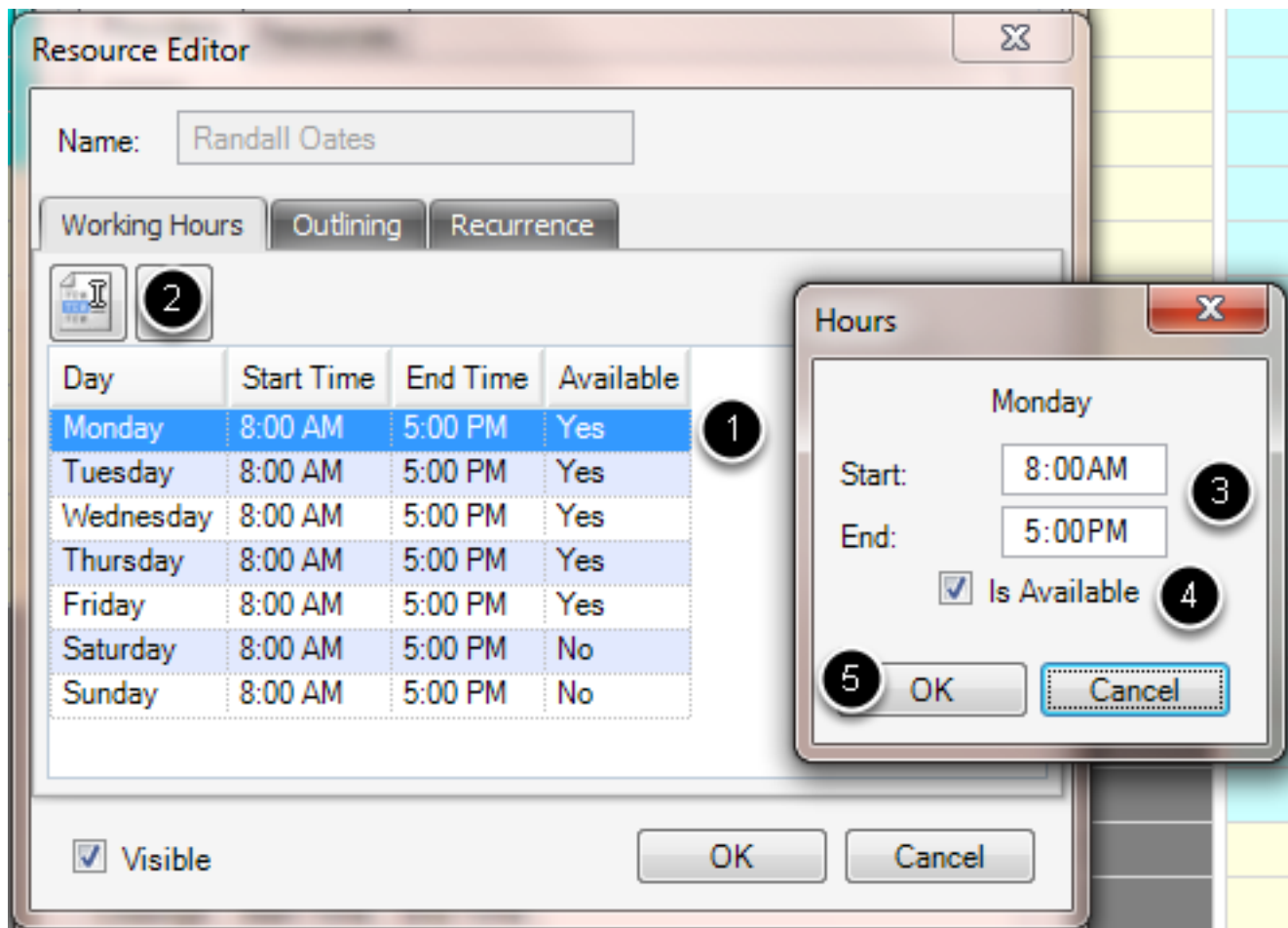
The Resource Editor dialog box is titled "Resource Editor" and has a close button (X) in the top right corner. It contains a "Name:" field with the text "Randall Oates". Below this are three tabs: "Working Hours", "Outlining", and "Recurrence". The "Working Hours" tab is selected. Below the tabs are two icons: a document with a pencil and a color wheel. Below the icons is a table with the following data:

Day	Start Time	End Time	Available
Monday	8:00 AM	5:00 PM	Yes
Tuesday	8:00 AM	5:00 PM	Yes
Wednesday	8:00 AM	5:00 PM	Yes
Thursday	8:00 AM	5:00 PM	Yes
Friday	8:00 AM	5:00 PM	Yes
Saturday	8:00 AM	5:00 PM	No
Sunday	8:00 AM	5:00 PM	No

At the bottom of the dialog box, there is a checkbox labeled "Visible" with a circled "1" next to it. To the right of the checkbox are two buttons: "OK" with a circled "2" next to it, and "Cancel".

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

Set Working Hours for the Provider

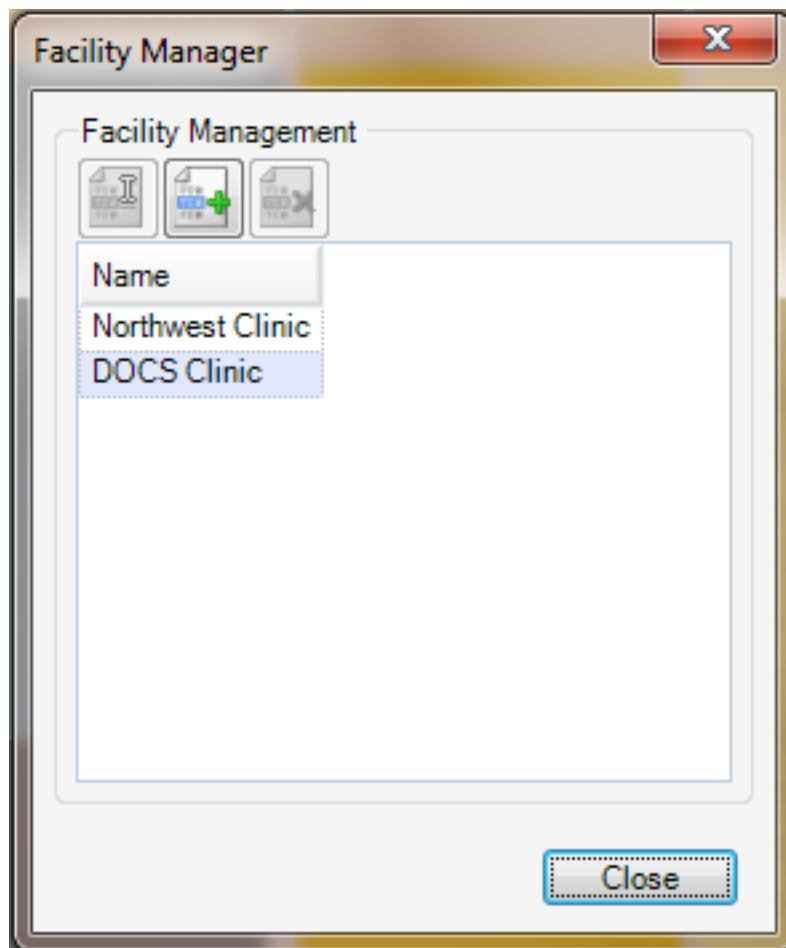


1. Click on a day.
2. Click Edit.
3. Enter the Start and End Times.
4. Check to make the Provider Available for that day, in the select clinic, if needed.
5. Click OK.

Provider/Resource Outlining

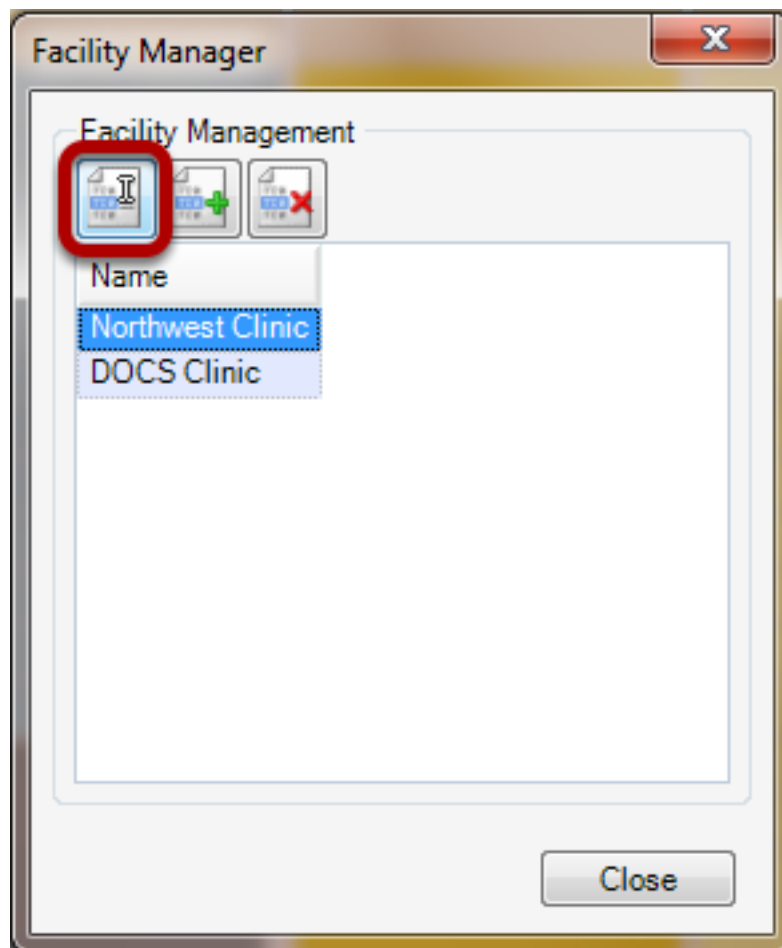
Setup outlining blocks for Providers and Resources to streamline their time in the office.

Open the Facility Manager



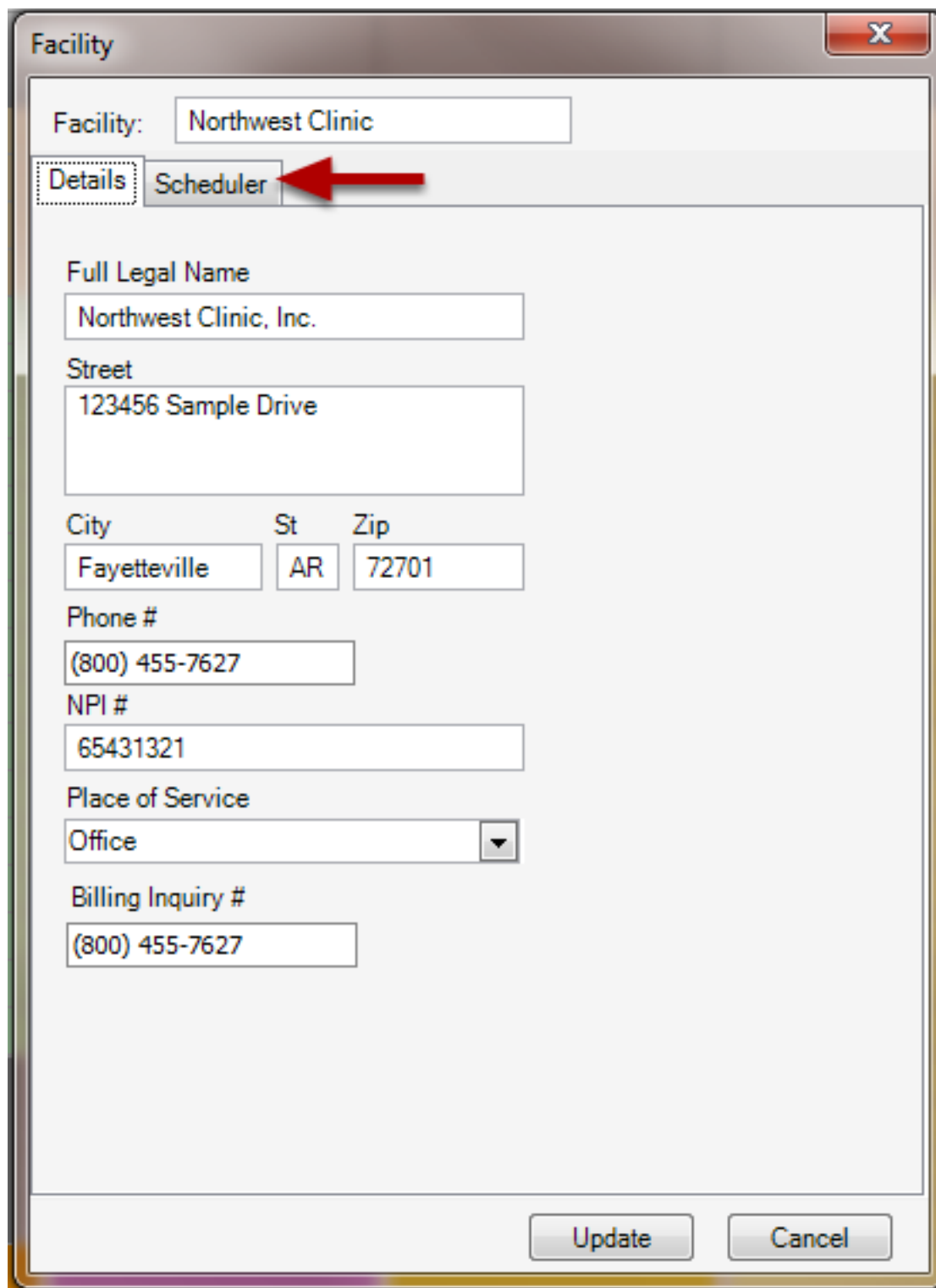
1. Click on the **Tools** menu.
2. Select **Manage Facilities**.

Edit a Facility



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

Select the Scheduler Tab



The screenshot shows a 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. The "Facility:" label is followed by a text box containing "Northwest Clinic". Below the tabs, the "Scheduler" tab is active, displaying the following fields:

- 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 (dropdown menu)
- 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

Facility: Northwest Clinic

Details Scheduler

Provider/Resource Management



Providers Resources

 2

Name	Visible
James R. Doe, DO	Yes
Randall Oates, MD	Yes





1

Business Hours Management

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

Facility Closings

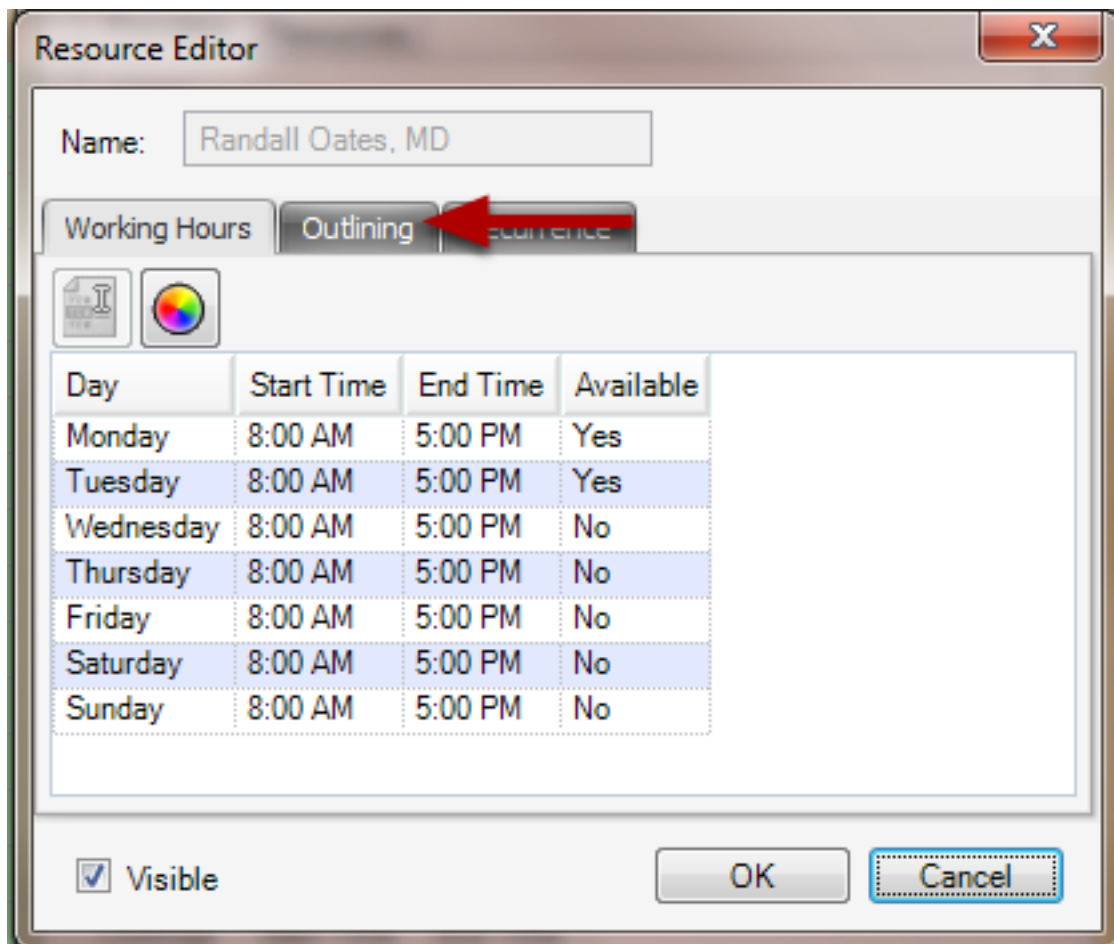
Closings	Start Time	End Time
Christmas	12/25/2010	12/25/2010

Update Cancel

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

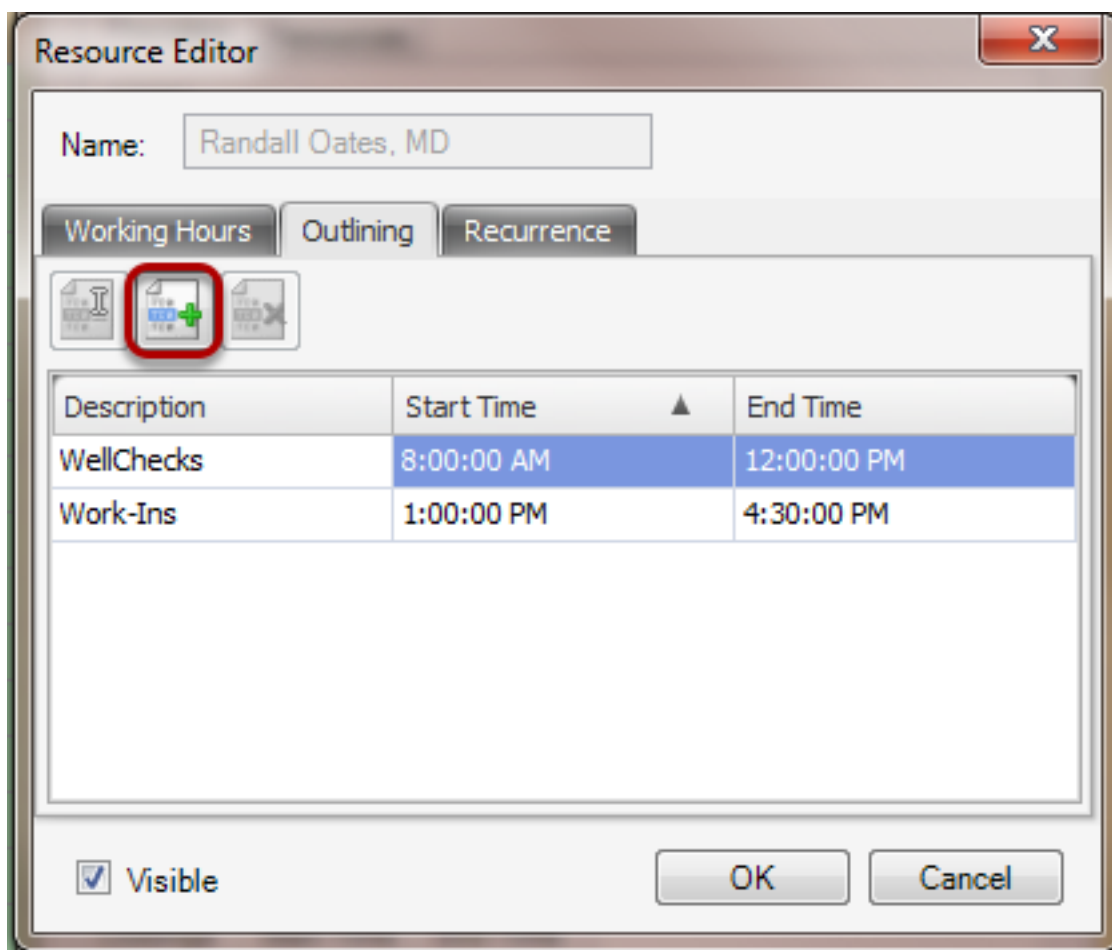
Note: This is the same process for Resources. To Edit a Resource, just click the tab **Resources** and follow the above steps.

Open Outlining



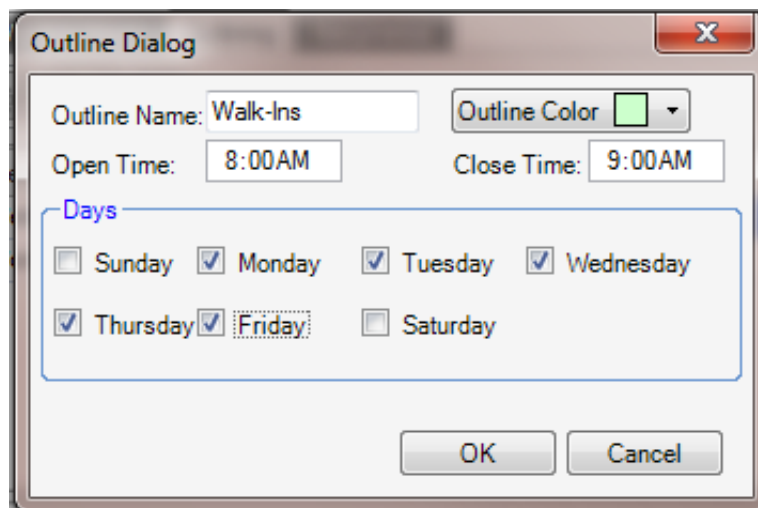
Click on the **Outlining** tab.

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.

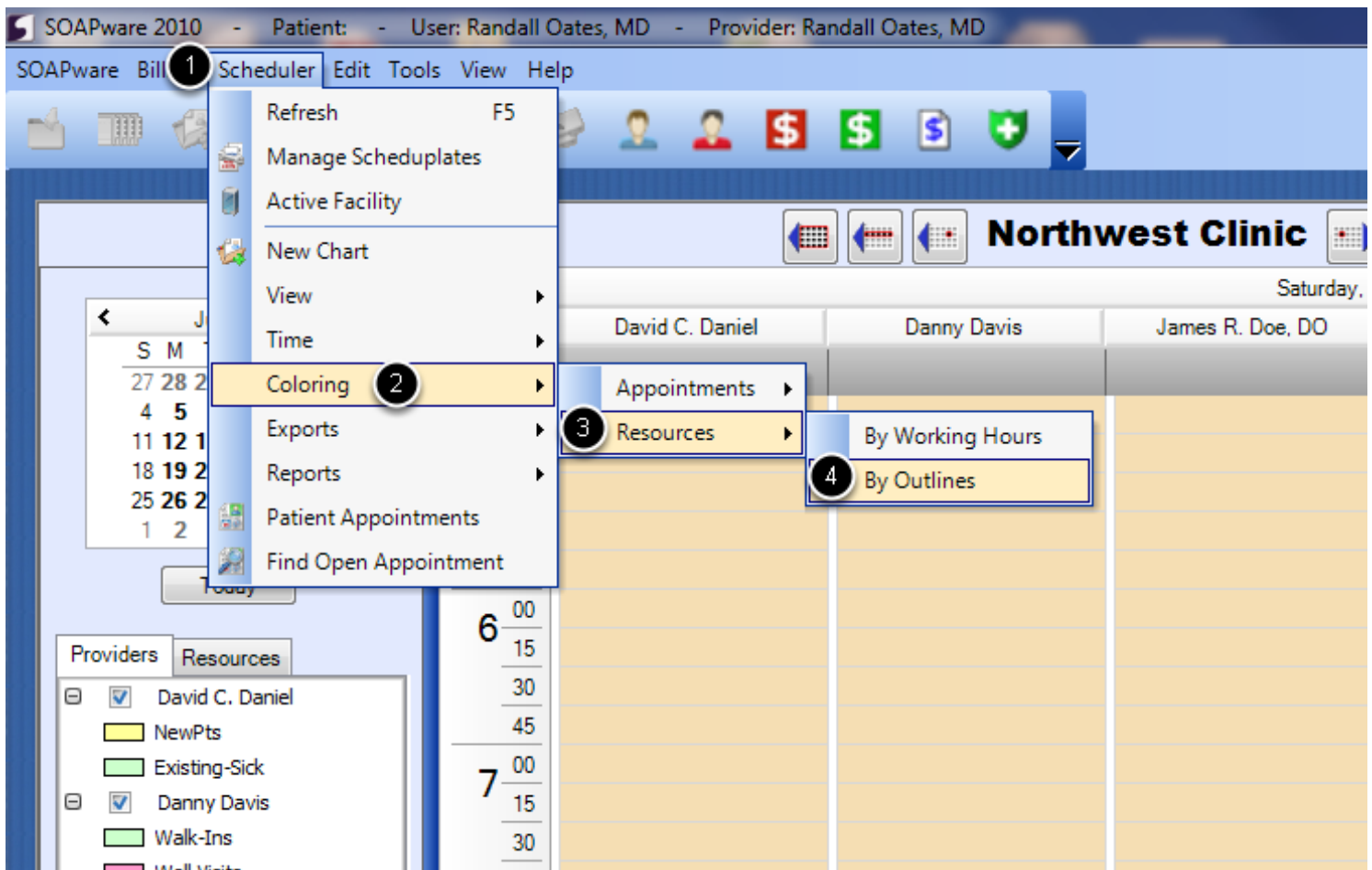
Open Time: Set the time period for the outline.

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



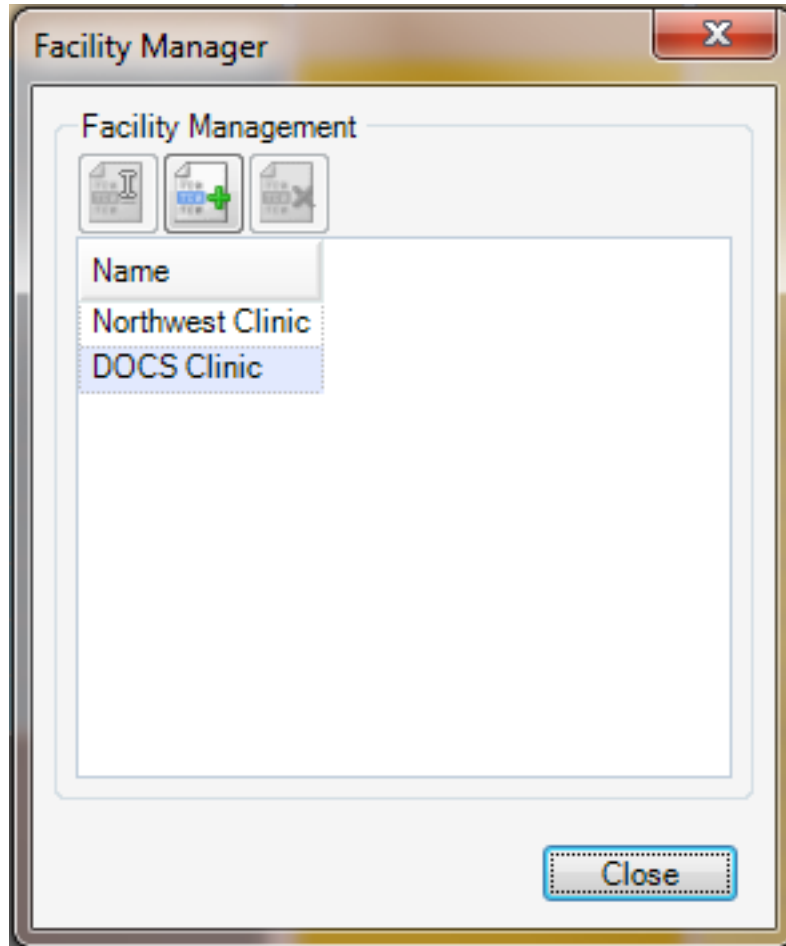
1. Click on the **Scheduler** menu.
2. Click on **Coloring**.
3. Select **Resources**.
4. Click **By Outlines**.

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

Provider/Resource Recurrences

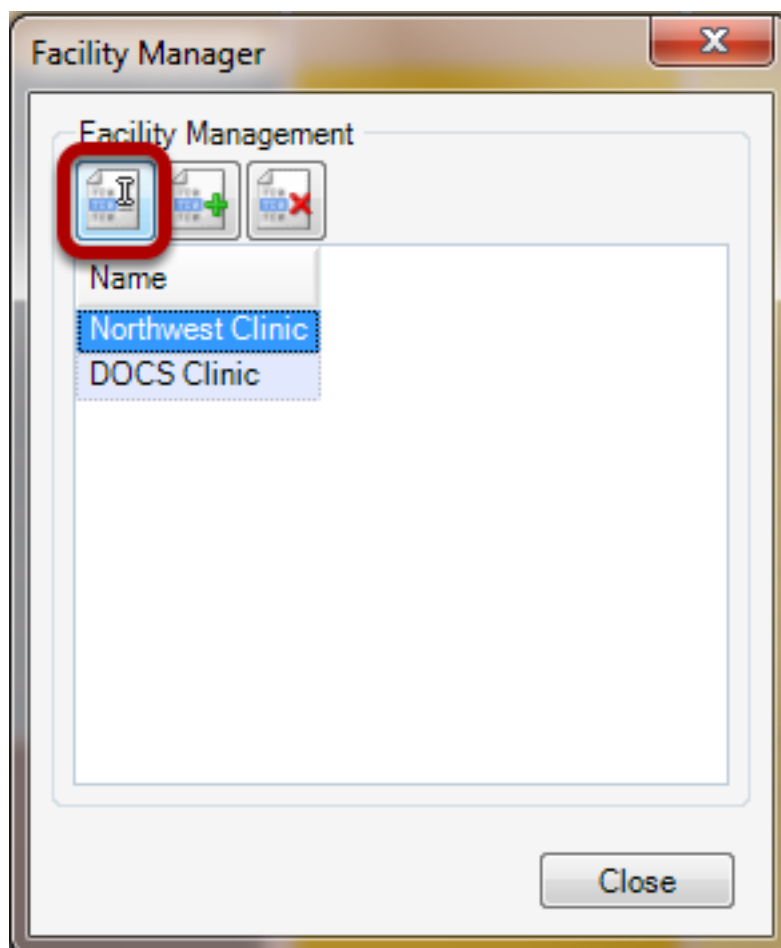
Setup recurring appointments for Providers and Resources to block out their schedule in the intervals selected and not allow any other appointments to be scheduled.

Open the Facility Manager



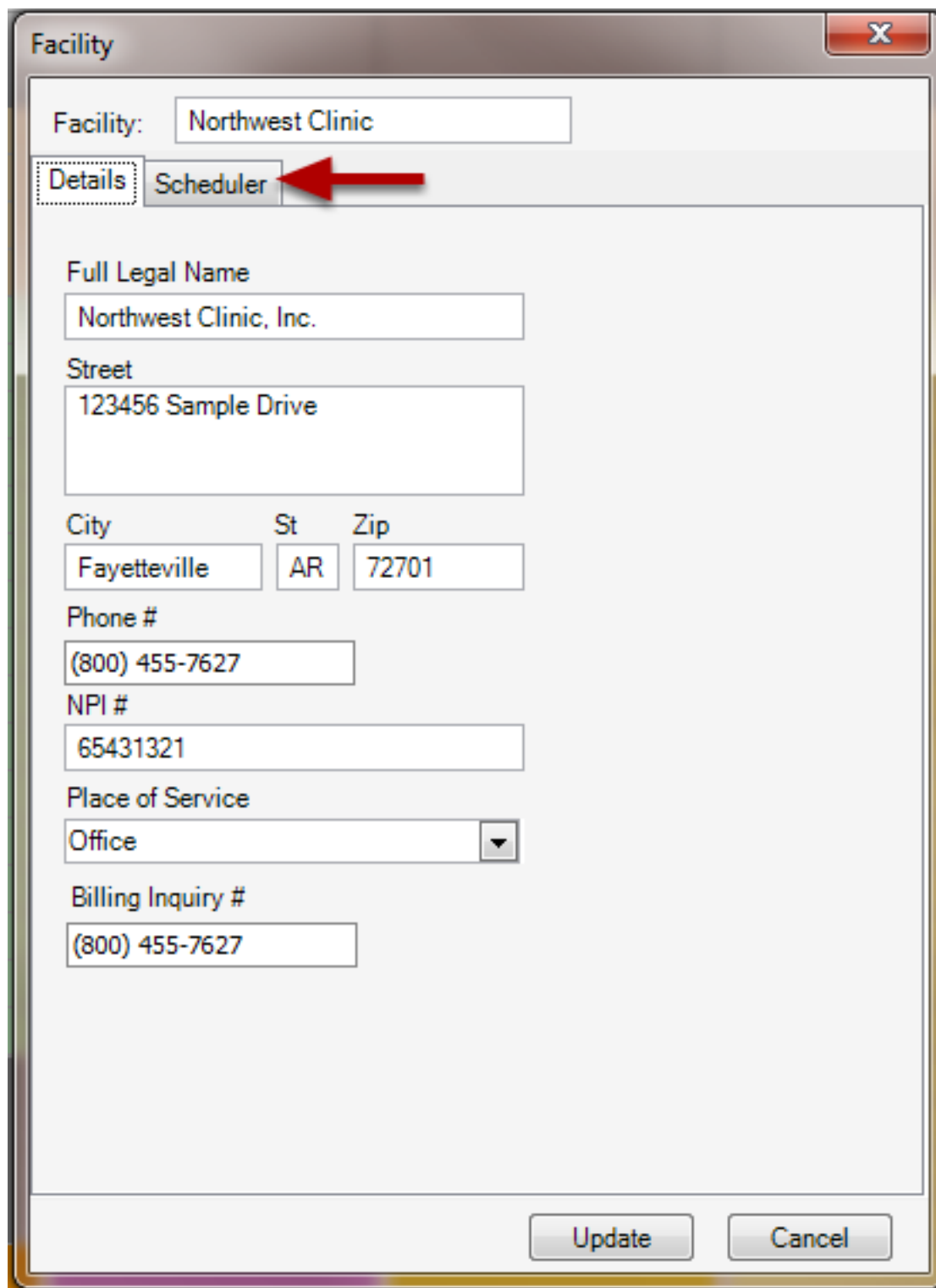
1. Click on the **Tools** menu.
2. Select **Manage Facilities**.

Edit a Facility



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

Select the Scheduler Tab



The screenshot shows a window titled "Facility" with a close button (X) in the top right corner. Below the title bar, there is a text field labeled "Facility:" containing the text "Northwest 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 the following fields:

- 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 (dropdown menu)
- 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

Facility: Northwest Clinic

Details Scheduler

Provider/Resource Management

Providers Resources

 2

Name	Visible
James R. Doe, DO	Yes
Randall Oates, MD	Yes

1

Business Hours Management

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

Facility Closings

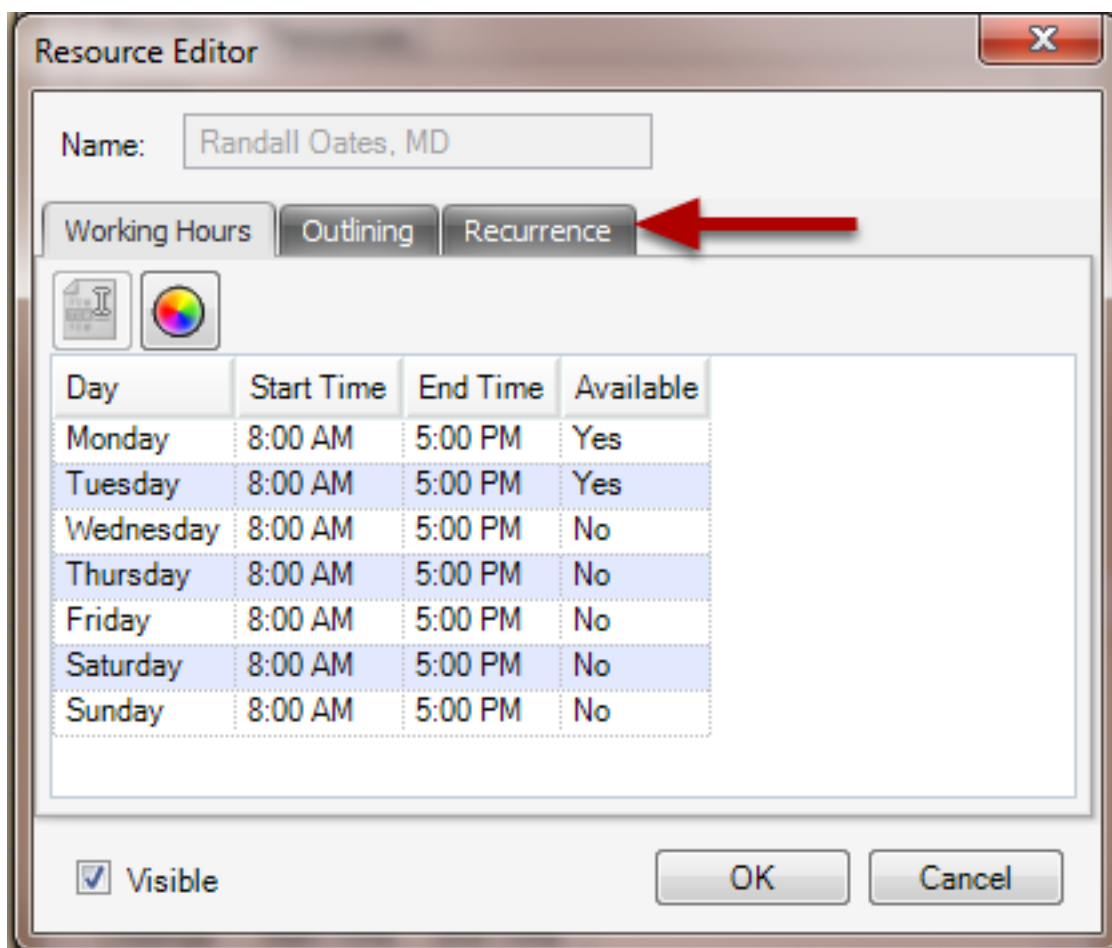
Closings	Start Time	End Time
Christmas	12/25/2010	12/25/2010

Update Cancel

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

Resource Editor

Name:

Working Hours Outlining **Recurrence**

Recurrence Management

Start Date	Type	Comments
07/06/2010	Daily	LUNCH

☒ Visible

OK Cancel

Click the **Add Recurrence**.

Setup the Recurrence.

Recurrence Pattern

Appointment Time

Start Time: 12:00PM End Time: 2:00PM

Recurrence Pattern

☒ Daily ☐ Every 0 day(s)
☐ Weekly ☒ Every Weekday
☐ Monthly
☐ Yearly

Range of Recurrence

Start By: 07/24/2010

☐ End after: 0 occurrences ☒ End by: 09/24/2010

Comments

Lunch 'N Learn

Save Cancel

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

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

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

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

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

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

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

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

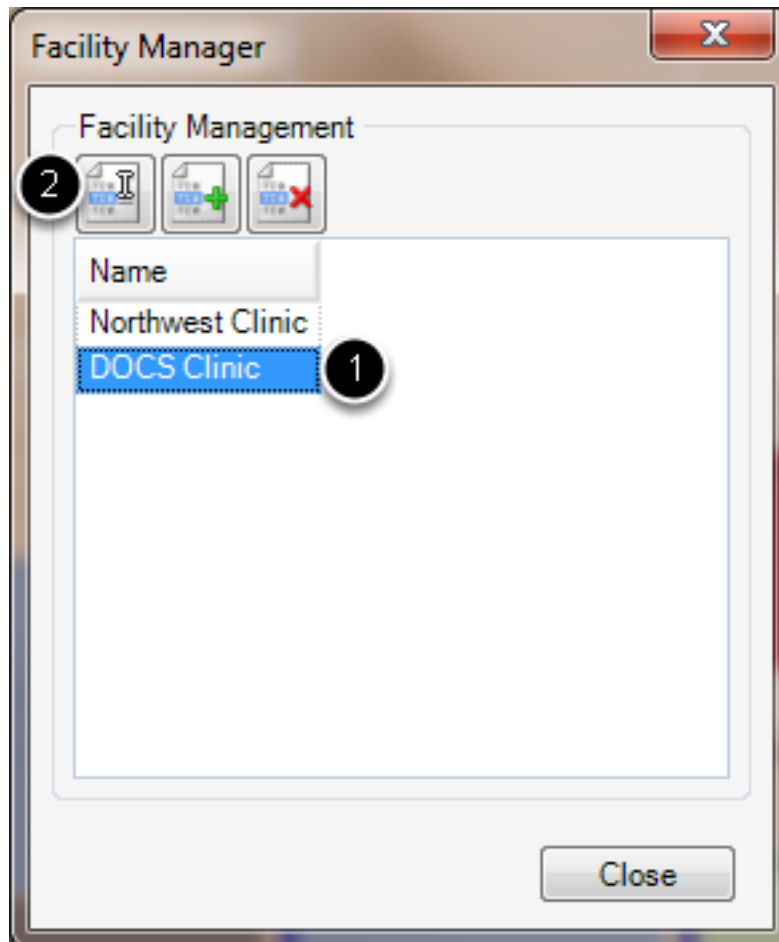
Click **Save**. Repeat this for each recurrence needed for each Provider/Resource needed.

Entering Facility Business Hours

Set up the hours of operation for a facility.

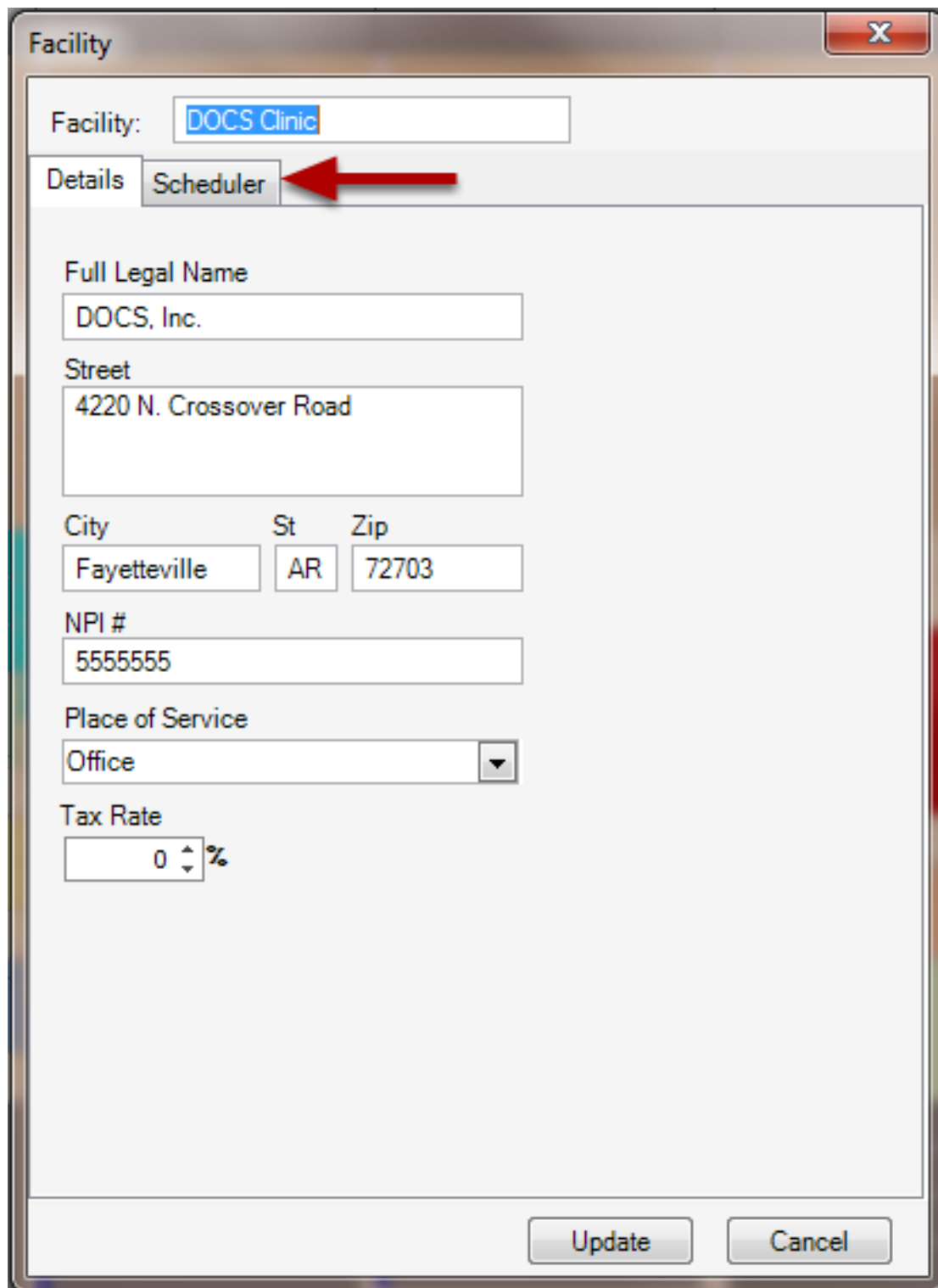
Tools > Manage Facilities

Open the Facility



1. Select the Facility.
2. Click Edit.

Scheduler



The image shows a software dialog box titled "Facility" with a close button (X) in the top right corner. Inside the dialog, there is a tabbed interface with two tabs: "Details" and "Scheduler". A red arrow points to the "Scheduler" tab. The "Facility:" label is followed by a text box containing "DOCS Clinic". Below the tabs, the "Scheduler" tab is active, showing several input fields: "Full Legal Name" with "DOCS, Inc.", "Street" with "4220 N. Crossover Road", "City" with "Fayetteville", "St" with "AR", "Zip" with "72703", "NPI #" with "5555555", "Place of Service" with a dropdown menu showing "Office", and "Tax Rate" with a spinner box set to "0" and a percentage symbol. At the bottom right of the dialog are "Update" and "Cancel" buttons.

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.

Edit Business Hours

Facility:

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

1. Click on a day of the week.

Edit the day

The screenshot shows a dialog box titled "Hours" with a close button (X) in the top right corner. The dialog is for "Tuesday". It contains two time input fields: "Open Time:" with the value "6:00AM" and "Close Time:" with the value "6:00PM". Below these is a checkbox labeled "Is Open" which is checked. At the bottom are "OK" and "Cancel" buttons. Numbered callouts 1 through 4 point to the Open Time field, Close Time field, Is Open checkbox, and OK button respectively.

1. Enter the Open Time of the clinic for the specific day.
2. Enter the Close Time of the clinic for the specific day.
3. Check the box next to Is Open if the facility will be open for business on the specified day of the week.
4. Click OK to save.

Update the Schedule

Facility

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

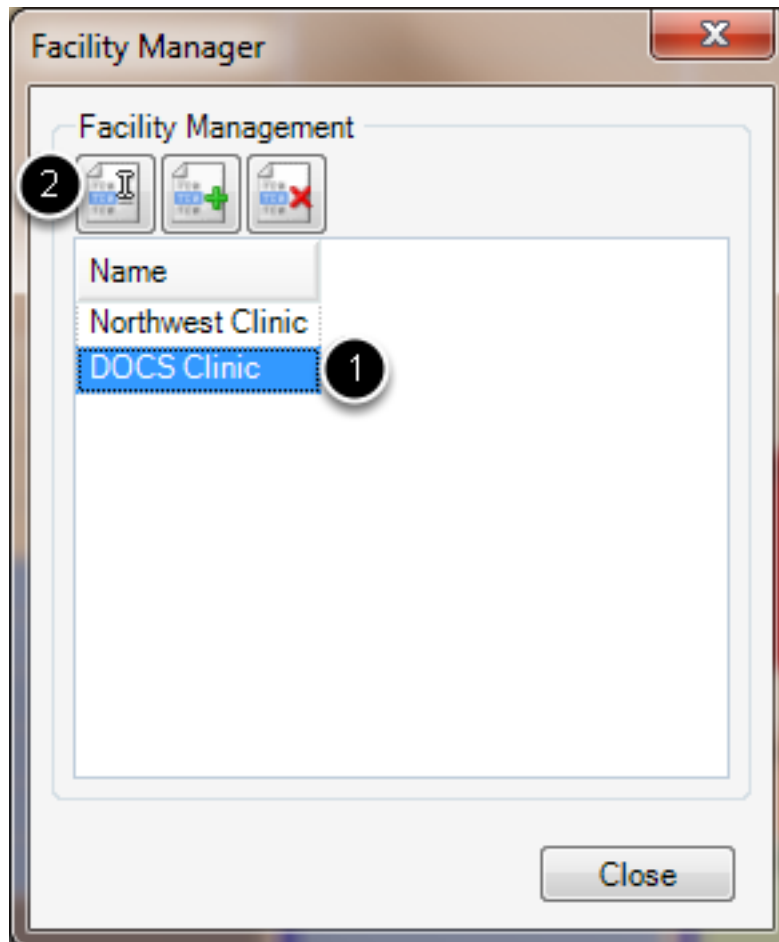
Click the Update button to update the Schedule.

Creating Holidays/Closings

Set up the days the facility will be closed.

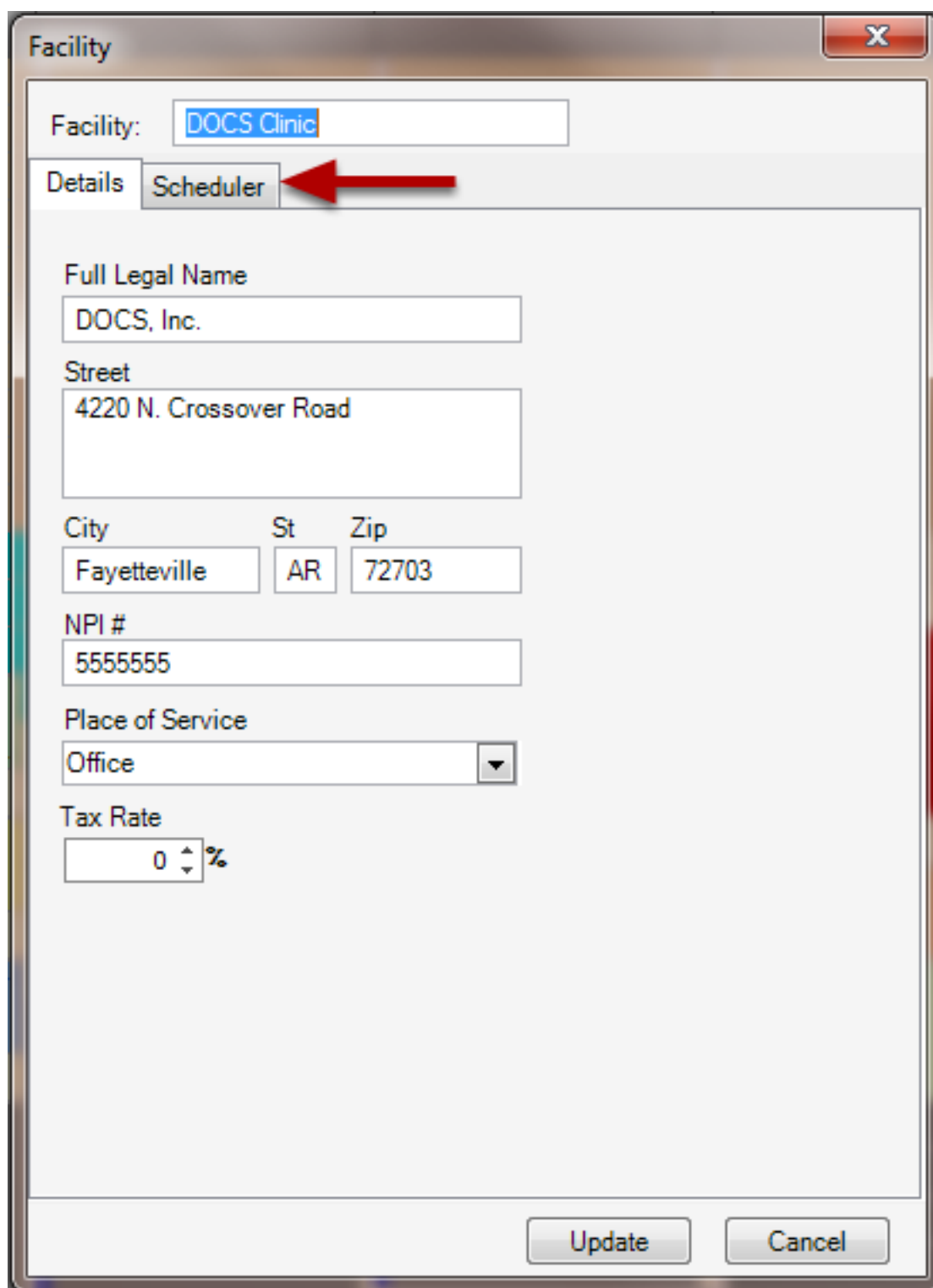
Tools -> Manage Facilities

Open the facility.



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

Click Scheduler.

A screenshot of a software window titled "Facility" with a close button (X) in the top right corner. The window contains a "Facility:" label followed by a text box containing "DOCS Clinic". Below this is a tabbed interface with 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 a text box containing "DOCS, Inc."; "Street" with a text box containing "4220 N. Crossover Road"; "City" with a text box containing "Fayetteville", "St" with a text box containing "AR", and "Zip" with a text box containing "72703"; "NPI #" with a text box containing "5555555"; "Place of Service" with a dropdown menu showing "Office"; and "Tax Rate" with a spinner box showing "0" and a percentage symbol. At the bottom right of the window are "Update" and "Cancel" buttons.

Facility

Facility: DOCS Clinic

Details Scheduler

Full Legal Name
DOCS, Inc.

Street
4220 N. Crossover Road

City St Zip
Fayetteville AR 72703

NPI #
5555555

Place of Service
Office

Tax Rate
0 %

Update Cancel

Click the **Scheduler Tab**.

Create Facility Closings.

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

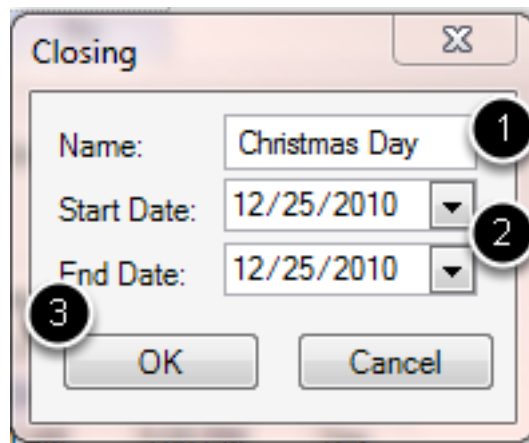
Facility Closings

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

Update Cancel

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

Edit the day.



The image shows a 'Closing' dialog box with a close button (X) in the top right corner. It contains three input fields: 'Name' with the text 'Christmas Day', 'Start Date' with the date '12/25/2010', and 'End Date' with the date '12/25/2010'. Each field has a small downward arrow on its right side. At the bottom are 'OK' and 'Cancel' buttons. Three numbered callouts are present: '1' points to the 'Name' field, '2' points to the 'Start Date' and 'End Date' fields, and '3' points to the 'OK' button.

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

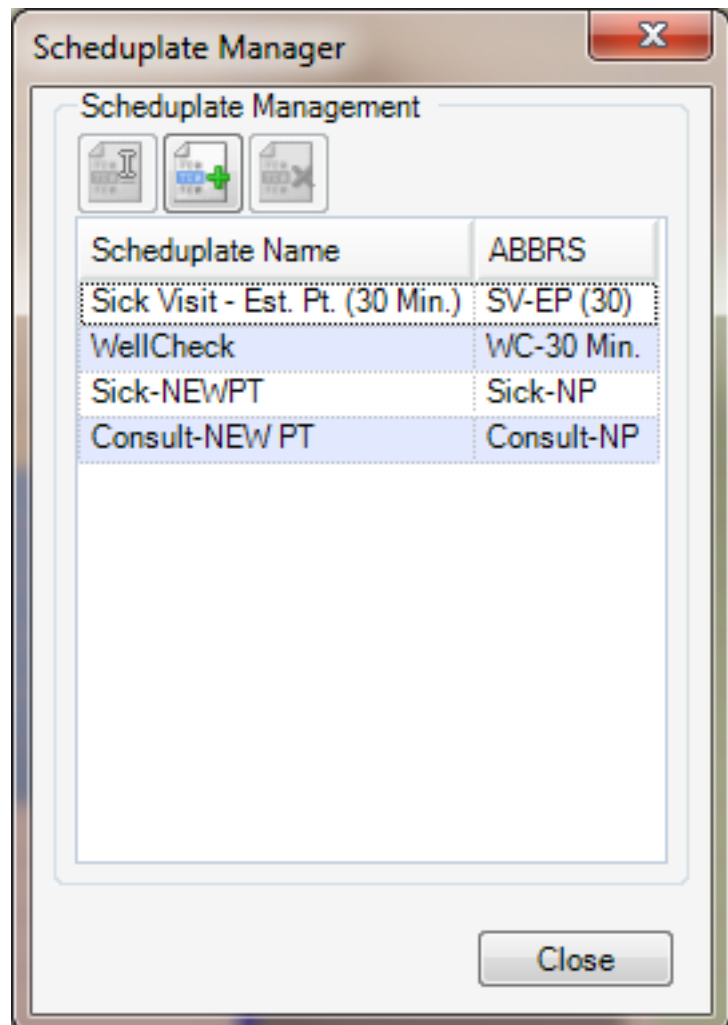
Click the **Update** button to update the Schedule.

Creating Scheduplates

Set up facility appointment types.

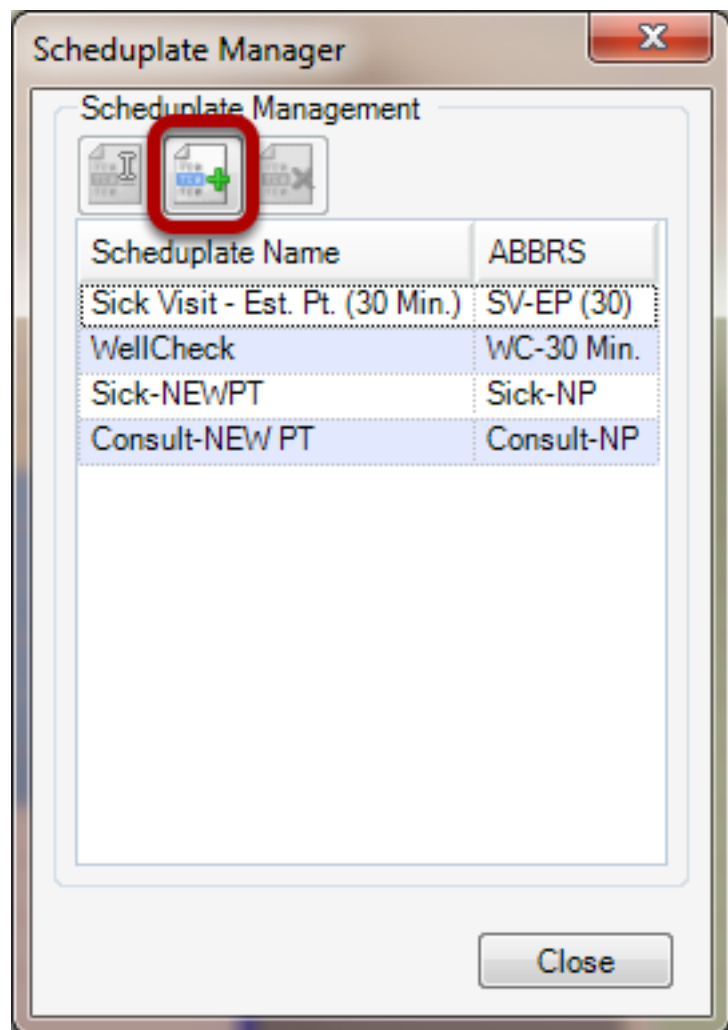
Tools -> Scheduplates

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.

Scheduplate Editor

Scheduplate Name: Sick Visit - Est. Pt. (30 Min.) ABBRS: SV-E

BackGround ForeGround Sample Text

Resources

Resource	Start Time /	Duration	Start Cushion	End Cushion
----------	--------------	----------	---------------	-------------

Update Cancel

1. Type in a **Scheduplate Name** and **Abbreviation**. The abbreviation will be shown on the appointment at a glance, and the full scheduplate name will be helpful in selecting the correct appointment type.
2. Select a **Background** color to show on the appointment.
3. Select a **Foreground** color for the text displayed. (After selecting the background and foreground colors, the sample text will display what the appointment will look like on the Schedule.)

Adding a Resource.

Scheduplate Editor

Scheduplate Name: Sick Visit - Est. Pt. (30 Min.) ABBRS: SV-E

BackGround ForeGround Sample Text

Resources

[Add Resource Icon] [Remove Resource Icon]

Resource	Start Time /	Duration	Start Cushion	End Cushion
----------	--------------	----------	---------------	-------------

Update Cancel

Click the **Add Resource** button.

Entering Resource time.

Schedule Resource

Resource: Randall Oates 1

2 Start Time (minutes): 3 Duration (minutes): Start Cushion (minutes) 4 End Cushion (minutes)

0 15 0 0

Save Cancel

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.

Scheduplate Editor

Scheduplate Name: Sick Visit - Est. Pt. (30 Min.) ABRS: SV-E

BackGround ForeGround Sample Text

Resources

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

Update Cancel

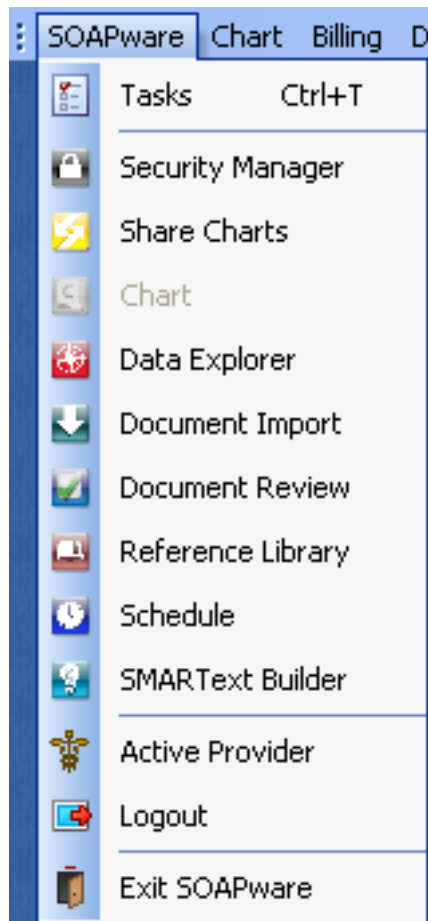
Click **Update** to save the scheduplate.

Menus and Toolbars

SOAPware Menu

Provide orientation and descriptions of the SOAPware menus.

SOAPware Menu

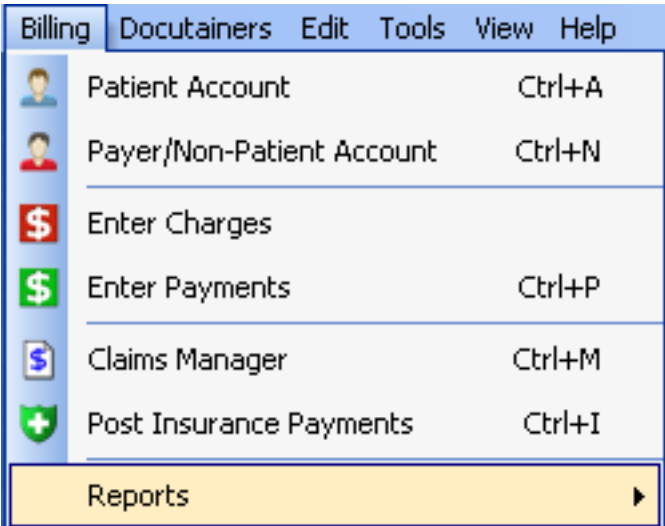


Displays the various workspaces in SOAPware.

Billing Menu

Provide a description and orientation of the Billing menu.

Billing Menu

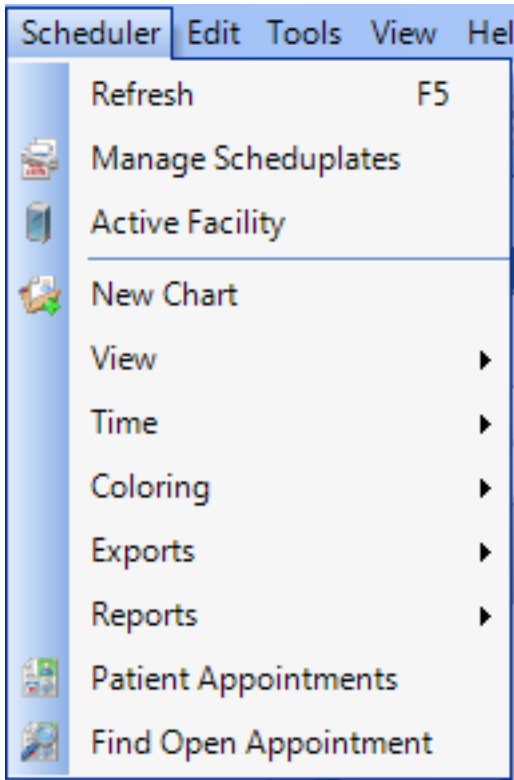


Provides access to the most commonly used billing related activities.

Scheduler Menu

Provide a description an orientation of the Scheduler menu.

Scheduler Menu

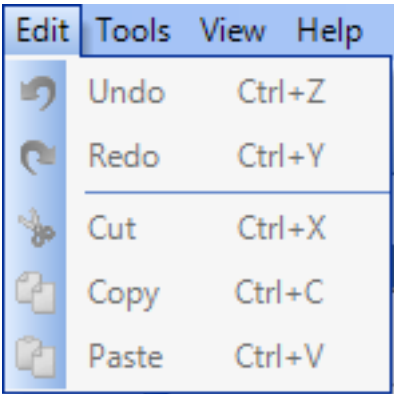


Provides all of the Scheduling options and functionality needed for everyday use of the Schedule.

Edit Menu

Provide a description of the Edit menu.

Edit Menu

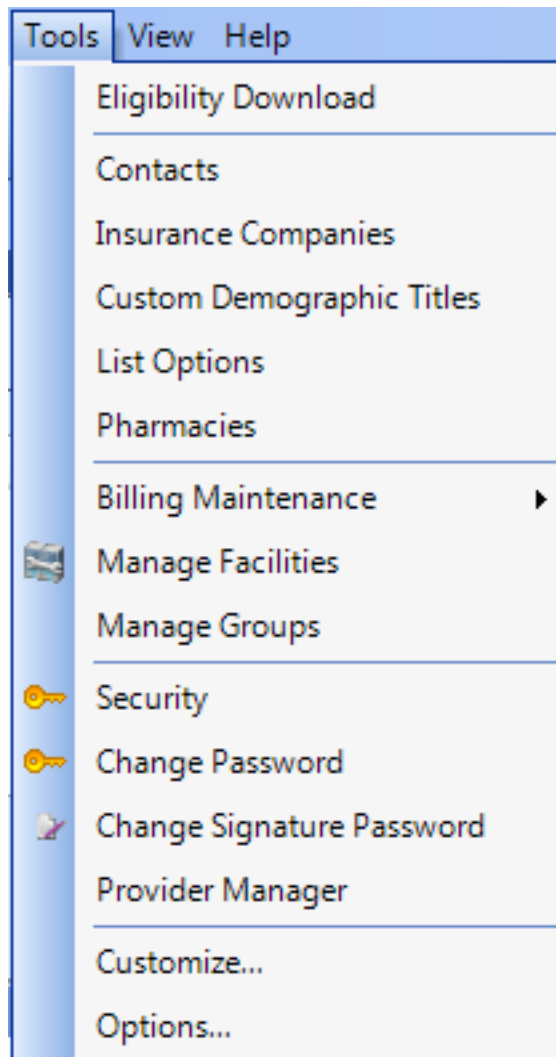


Provides common editing tools.

Tools Menu

Provide a description and orientation of the Tools menu.

Tools Menu

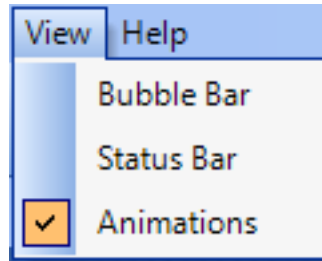


Displays all of the master dialogs for setting up and customizing the SOAPware EMR and PMS.

View Menu

Provide a description of the View menu.

View Menu

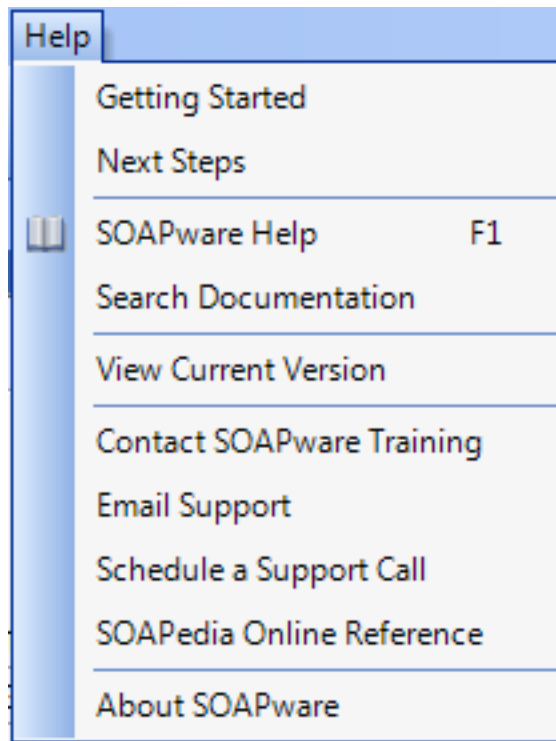


Provides various navigation tools to help with more quickly moving between workspaces.

Help Menu

Provide a description and orientation of the Help menu.

Help Menu



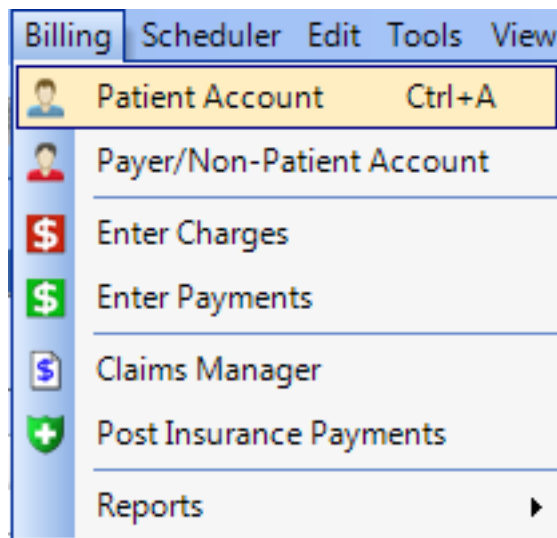
Provides links to all of the available SOAPware resources to help with training and support of SOAPware.

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 Type

☒ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K

☐ R ☐ S ☐ T ☐ U ☐ V ☐ W

Name / Chart Number Birth Date Provider


Provider Total Active Patients: 55

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.


Chart Rack

Search Type 

☒ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐ O ☐ P ☐ Q ☐ R ☐ S ☐ T ☐ U ☐ V ☐ W ☐ < ☐ >

Name /	Chart Number	SSN	Birth Date	Provider
Jim, Slim	68332	999-99-9999	03/21/1932	Randall Oates

Provider

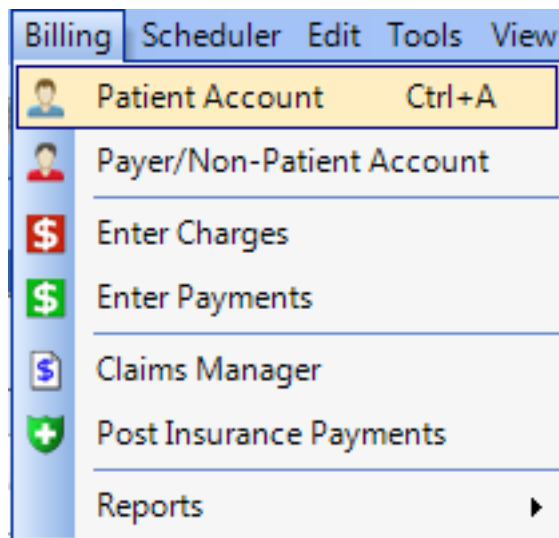


When the patient needed has been pulled up, **click on the name** and hit **Select**; or hit **Enter** on the keyboard.

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 rectangle labeled '1' encloses the search area, which includes a 'Search' text box, a 'Type' dropdown menu set to 'Name', and a 'Create Chart' button (represented by a document icon with a green plus sign). A circle labeled '2' is placed over the 'Create Chart' button. Below the search area is an alphabetical index bar with letters A through W. Underneath is a table with columns: Name, Chart Number, SSN, Birth Date, and Provider. The table is currently empty. At the bottom, 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 circle labeled '1' is positioned over the 'Last' field. Below the fields are 'OK' and 'Cancel' buttons. A circle labeled '2' is positioned over 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

Primary Provider

Referring Provider

PCP

Preferred Pharmacy

Billing Information

Guarantor

Financial Class

Student Status

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

The screenshot shows a software window titled "Jim, Slim" with a red border. The window is divided into several sections. On the left, there is a patient photo of a man with a beard. To the right of the photo, the patient's name "Jim, Slim T." is displayed. Below the name, there are fields for "Date of Birth" (3/21/1970), "Age" (40), "Sex" (Male), and "Status" (Unknown). Further down, the "Address" is listed as "1539 COUNTY LINE RD Home Town, AR 72711". Below the address, there are fields for "Home" (501) 111-1111, "Work" (501) 555-9000, "Cell" (479) 987-6543, and "Email" jslim@gmail.com. To the right of these fields, there is a section for "Balances" showing "Family \$25.00", "Personal \$454.00", and a "Total" of \$479.00. Below the balances, there are checkboxes for "Self Pay" and "Co-Pay \$20.00".

Below the patient information, there is a navigation bar with tabs: "Schedule", "Demographics", "Insurance", "Custom", "Ledger", "Family", "Claims", "Statements", and "New Charges". The "Demographics" tab is selected. The main content area is divided into two columns. The left column contains a "Patient Information" form with fields for "Title", "First", "Middle", "Last", "Suffix", "SSN", "Birth Date", "Age", "Chart", "Marital Status", "Gender", "Race", "Ethnicity", "Language", "Address", "City", "State", "Zip", "Contact Information", "Home Phone", "Work Phone", "Cell Phone", "Email", and a "Notes" section. The right column contains a "Patient Picture" section with a photo of the patient and "Load" and "Clear" buttons. Below the photo, there are sections for "Primary Provider" (Randall Oates), "Referring Provider" (Schmo, Joe), "PCP" (Oates, Randall), "Preferred Pharmacy" (Wal-Mart Neighb...), "Billing Information", "Guarantor" (+ Self), "Financial Class", "Student Status" (Non-student), and an "Add Scan" button.

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.

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

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	

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

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**

Patient Information

1 Title First Middle Last Suffix
2 SSN 999-99-9999 Birth Date 3/21/1970 3 Age 40 Chart 68332
4 Marital Status Single Gender 5 Male Related To...
6 Race 7 Ethnicity 8 Language
9 Address
Street 1539 COUNTY LINE RD
City Home Town State AR Zip 72711-____
10 Contact Information
Home Phone (501) 111-1111 Work Phone (501) 555-9000 Cell Phone (479) 987-6543
Email jslim@email.com
☐ Exclude From Data Explorer

Notes -

Patient Picture
Load Clear
11 Primary Provider Randall Oates
12 Referring Provider Schmo, Joe
13 PCP Oates, Randall
14 Preferred Pharmacy Wal-Mart Neighb...
15 Billing Information
Guarantor + Self
16 Financial Class
17 Student Status Non-student
18 Add Scan

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

- 6. Race:** Important for meaningful use guidelines
- 7. Ethnicity:** Important for meaningful use guidelines
- 8. Language:** Important for meaningful use guidelines
- 9. Patient Address**
- 10. Contact Information:** Phone and Email
- 11. Primary Provider:** Provider within the Clinic that is treating the patient
- 12. Referring Provider:** External provider who referred the patient to the clinic
- 13. Primary Care Physician**
- 14. Preferred Pharmacy:** Default pharmacy for sending the patient's prescriptions
- 15. Guarantor:** Person/Entity that is financially responsible for the patient's account and balance.
- 16. Financial Class:** Indication of the patient's financial position.
- 17. Student Status:** Indicates whether the student is an active student
- 18. Add Scan:** Allows documents and forms to be scanned in as part of the patient's demographic profile. (The scanned document goes next to the General tab as a reference document.)

Insurance Demographics Tab

Display of the patient's insurance policies

Patient Insurance Policies

Jim, Slim

Account 13
Chart 68332

Date of Birth 3/21/1932 **Age** 78 **Sex** Male **Status** Unknown

Address 1539 COUNTY LINE RD Home Town, ME 72711

Home (501) 555-7110 **Work** (501) 555-9000 **Cell**

Email

Balances
Family \$1,512.07
Personal \$30.00
Total \$1,542.07

☒ Self Pay Co-Pay \$25.00

Primary
Company: BCBS AR Primary
Insured: Slim Jim
Effective: 6/7/2010 to 6/7/2011
Policy #: XCY123 \$25 View






Secondary
Company: Aetna Secondary
Insured: Shauna Jim
Effective: 6/1/2010 to 6/1/2011
Policy #: 456456465 \$0.00 View

☐ Show Inactive

Insurance Insurance Card 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

 Schedule  Demographics  Insurance  Custom  Ledger

Primary

Company:

Insured:

Effective: to

Policy #:


Secondary



Company:

Insured:

Effective: to

Policy #:

 ☐ Show Inactive

 Insurance  Insurance Card

Click the **Add New Policy** button.

Required Fields if Relation to Insured is Self

The screenshot shows an "Insurance Policy" form with a blue title bar and a close button. The form contains several sections: "Type" (Primary Health Insurance), "Company" (BCBS AR), "Insured Information (as it appears on policy)", "Policy #", "Group #", "Effective", "Expires", "Payment Options", and "Notes". The "Relation to insured" dropdown is set to "Self". The "Policy #" field is highlighted with a red box. The "Company" field is also highlighted with a red box. The "Insured Information" section is highlighted with a red box. The "Payment Options" section is highlighted with a red box. The "Notes" section is a large text area at the bottom. The "Save" and "Cancel" buttons are at the bottom right.

Insurance Policy

Type: Primary Health Insurance

Company: BCBS AR
PO Box 2181
Little Rock, AR 72203
(501) 378-1111

Insured Information (as it appears on policy)

Relation to insured: Self

Name: (F M L) Slim Middle Jim

Address: 1539 COUNTY LINE RD

City: Home Town State: ME Zip: 72711-____

Birth Date: 3/21/1932 Phone: (501)555-7110

Employer: ☒ Male ☐ Female

Policy #: XCY123 Plan Name:

Group #: R123 Grp Name:

Effective: 6/7/2010 Expires: 6/7/2011

Payment Options

☒ Co-Pay: \$25.00 ☐ Co-Ins: 0 %

Status: Primary

Notes:

Save Cancel

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

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

Relation to Insured is other than Self

The screenshot shows the 'Insurance Policy' window. The 'Type' field is empty. The 'Company' field has a red 'x' and the text 'Choose Company...'. The 'Insured Information (as it appears on policy)' section is highlighted with a red border. Within this section, the 'Relation to insured' dropdown is set to 'Spouse' and is also highlighted with a red border. Other fields in this section include 'Name' (First, Middle, Last), 'Address', 'City', 'State' (set to 'ST'), 'Zip', 'Birth Date', 'Phone', 'Employer', and 'Gender' (Male/Female). Below this section are fields for 'Policy #', 'Plan Name', 'Group #', 'Grp Name', 'Effective', and 'Expires'. The 'Payment Options' section has 'Co-Pay' set to '\$0.00' and 'Co-Ins' set to '0 %'. The 'Status' dropdown is set to 'Tertiary'. A 'Notes' text area is at the bottom. 'Save' and 'Close' buttons are at the bottom right.

Insurance Policy

Type:

Company:

Insured Information (as it appears on policy)

Relation to insured:

Name: (F M L) Last

Address:

City: State: Zip:

Birth Date: Phone:

Employer: ☐ Male ☐ Female

Policy #: Plan Name:

Group #: Grp Name:

Effective: Expires:

Payment Options

☒ Co-Pay:

☐ Co-Ins:

Status:

Notes:

Save Close

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

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

Entering Insurance Policy Details

The form is titled "Insurance Policy" and includes a close button (X) in the top right corner. It is divided into several sections:

- Type:** A dropdown menu showing "Primary Health Insurance" (callout 1).
- Company:** A dropdown menu showing "BCBS AR" (callout 2). Below it is the company address: "PO Box 2181, Little Rock, AR 72203, (501) 378-1111".
- Insured Information (as it appears on policy):** A section containing:
 - Relation to insured:** A dropdown menu showing "Self" (callout 1).
 - Name:** Three text boxes for "F M L" with values "Slim", "Middle", and "Jim".
 - Address:** A text box with "1539 COUNTY LINE RD" (callout 3).
 - City:** "Home Town", **State:** "AR", **Zip:** "72711-____".
 - Birth Date:** "3/21/1932", **Phone:** "(501)555-7110".
 - Employer:** An empty text box, followed by radio buttons for ☒ **Male** and ☐ **Female**.
- Policy Details:** A section containing:
 - Policy #:** "XCY123", **Plan Name:** An empty text box.
 - Group #:** "R123", **Grp Name:** An empty text box.
 - Effective:** A dropdown menu, **Expires:** A dropdown menu (callout 4).
 - Payment Options:** Radio buttons for ☒ **Co-Pay:** "\$25.00" and ☐ **Co-Ins:** "0 %".
 - Status:** A dropdown menu showing "Primary".
 - Notes:** A large empty text area.

At the bottom right are "Save" and "Cancel" buttons.

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

Custom Demographics Tab

Custom Demographics

Customizable Demographics

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**

Emergency #: 987-654-3210

Custom 2
Custom 3
Custom 4
Custom 5
Custom 6
Custom 7
Custom 8
Custom 9
Custom 10
Custom 11
Custom 12
Custom 13


Custom **Add Scan**

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

Ledger Tab

A summary of the patient's financial activity.

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

Service From1

Service To

Provider2

Code

Description

Units3

Charge4

4/1/2010

4/1/2010

Mark Smith

73530

X-RAY EXAM OF HIP

1.0

\$80.00

Diagnosis Codes5

Add Code

Modifiers6

Add Code

☐ Omit from Statement

Charge Notes7

DXDescription

X E807.3RR ACC NOS-PED CYCLIST

CodeDescription

Amounts Details8

Payments/Adjustments8

Totals9

Misc Details10

DateName/DescriptionAmount

4/1/2010Jim, Slim T.\$50.00

\$50.00

Charges\$80.00

Pay/Adjust\$50.00

Balance\$30.00

FacilityDOCS Clinic

EPSDT

☐ Emergency

☐ Family Plan

Supplemental

Insurance Details11

Save

Cancel

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

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

Personal Payment Details

Payment Detail

Payer Details 1

Jim, Slim T.

Birthday 3/21/1970 **Age** 40

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

Applied 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

Close

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

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

Adjustment Details

The screenshot shows a software window titled "Adjustment Detail". It contains two main sections: "Adjustment" and "Applied Charges".

Adjustment Section:

- Date (1):** 3/27/2010
- Code (2):** A265
- Description (3):** Write off
- Amount (4):** \$175.00
- Note:** A text area for additional notes.

Applied Charges Section:

Date	Patient	Provider	Code	Description	Charge	Applied (5)
3/10/2010	Slim T Jim	Randall Oates	99201	OFFICE/OUTPATIENT VISIT, NEW	\$275.00	\$175.00

A red box highlights the "Applied" column header and the value "\$175.00" in the first row of the "Applied Charges" table.

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

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



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

ScheduleDemographicsInsuranceCustomLedgerFamilyClaimsStatementsNew Charges

Claims

	Post Date	Processed	Claim ID	Provider	Payer	Second...	Amount	Balance	Route	Status
×	3/22/2010		10	Randall Oates	Aetna		\$1,000.00	\$0.00	P	On Hold
×	3/24/2010		12	Randall Oates	Aetna	Medicare...		\$0.00	P	On Hold
×	3/27/2010		13	Randall Oates	Aetna	Medicare...	\$50.00	\$0.00	E	On Hold
×	3/29/2010	4/3/2010	15	Randall Oates	Aetna		\$55.00	\$0.00	E	Submitted
×	3/29/2010	3/29/2010	16	Randall Oates	Aetna		\$55.00	\$0.00	P	Submitted
×	3/30/2010		18	Randall Oates	Aetna	Medicare...	\$750.00	\$275.00	P	On Hold

Claim Details

Details for Claim 15

More Info

☐ On Hold

Claim Notes

Post Date

3/29/2010

Member ID

54641

Patient Group Number

Process Date

4/3/2010

Rendering Provider

Randall Oates

Routing

E

Rendering NPI

1215067822

Charges

Date	Provider	Proced...	Description	Charges	Amount	Balance
3/29/2010	Randall Oates	99201	OFFICE/OUTPATIENT VISIT, NEW	\$55.00	\$55.00	\$0.00

1. Claims: A listing of all of the patient claims, both pending and submitted.

2. Claim Details: The claim details listed in this section represent the claim that is selected in the Claims list above.

3. Double click the line item to further view the specific charge details.

4. View additional claim info.

Statements Tab

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

Statements Tab

The screenshot shows a software window titled "Jim, Slim T." with a patient photo and a tabbed interface. The "Statements" tab is selected, displaying a table of sent statements. A tooltip with the number "1" is shown over the first row of the table.

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

Patient Information:

- Name:** 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

Navigation Tabs: Schedule, Demographics, Insurance, Custom, Ledger, Family, Claims, Statements (selected), New Charges

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

New Charges Tab

Transaction entry for patient charges, payments and adjustments

New Charges Tab

Jim, Slim T.

Account 34
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**

New Visit

Unapplied Co-Pay \$0.00 Apply Co-Pay

Unapplied Pre-Pay \$0.00 Apply Pre-Pay

Patient Visit for 4/9/2010 8:57 AM

Charges From 4/9/2010 8:57 AM

O...	Posted	Provider	Code	Modifi...	Description	DX	Cha...	Unit	Tota...	Co-Ins	Pay...	Adju...	Balance
<input checked="" type="checkbox"/>	4/9/2010	Randall O...	99201		OFFICE/OUTPATIENT ...		\$90.00	1.0	\$90.00	\$0.00	\$0.00	\$0.00	\$90.00
<input checked="" type="checkbox"/>	4/19/2010	Randall O...	99203		OFFICE/OUTPATIENT ...		\$65.00	1.0	\$65.00	\$0.00	\$0.00	\$0.00	\$65.00

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

Doctor Comments 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. Any **provider Follow-up Comments** or instructions entered by the provider on the billing statement will show up here.
6. Enter any **Claim Comments** to the billing staff when processing claims.
7. **Add an Adjustment** at the time of posting.
8. **Post charges, payments and adjustments** to the patient's ledger. If Submit to Insurance is selected and there is an active insurance policy for the patient, a claim will be automatically generated.

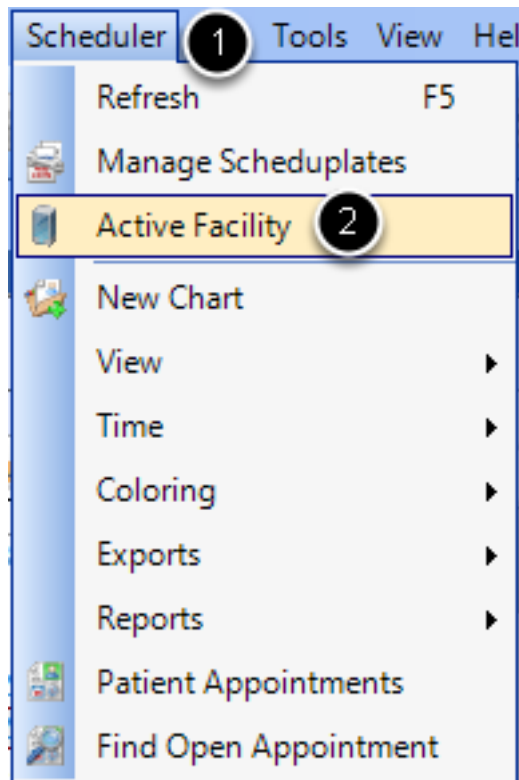
Scheduling

Changing Active Facility

Changing the active facility, if a multiple site practice.

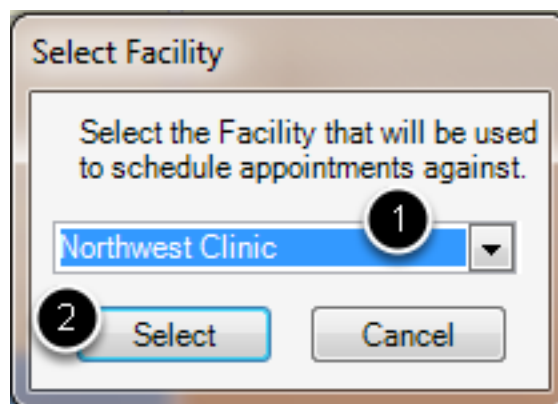
Scheduler menu -> Active Facility

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.

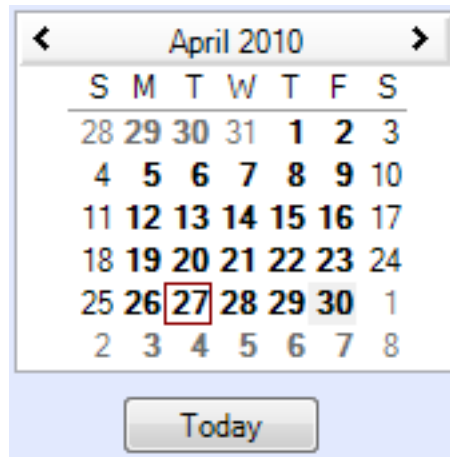
Move Quickly between Days, Weeks, Months

The screenshot displays the SOAPware 2010 scheduler interface. At the top, the title bar shows 'SOAPware 2010' and the user 'User: 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 is divided into several sections:

- Navigation Controls:** A set of six numbered buttons (1-6) is positioned above the schedule grid. These buttons are used for navigating between days, weeks, and months.
- Calendar View:** On the left side, there is a calendar view for April 2010, showing the days of the week and the dates. A 'Today' button is also present.
- Providers List:** Below the calendar, there is a list of providers with checkboxes next to their names: Mark Smith, Randall Oates, Joe Schmo, David C. Smith, Sarah Slim, Ben Jim, and JAMES DOE, DO.
- Facility Legend:** At the bottom left, there is a legend for facility status: Open (white), Closed (grey), and Unique Closings (pink).
- Schedule Grid:** The main part of the interface is a large grid showing the schedule for Friday, April 30, 2010. The grid is organized by time slots (from 8:00 AM to 4:30 PM) and by provider. The providers listed in the grid are Randall Oates, David C. Smith, Sarah Slim, Joe Schmo, JAMES DOE, DO, and Ben Jim. The grid shows various appointments, 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 N Learn', 'LUNCH', 'Fox, Fire -', 'Jo, Betty -', 'Bob, Jim -', 'Dee, Kara -', 'Toon, Tina -', and 'Boy, Tim -'.

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



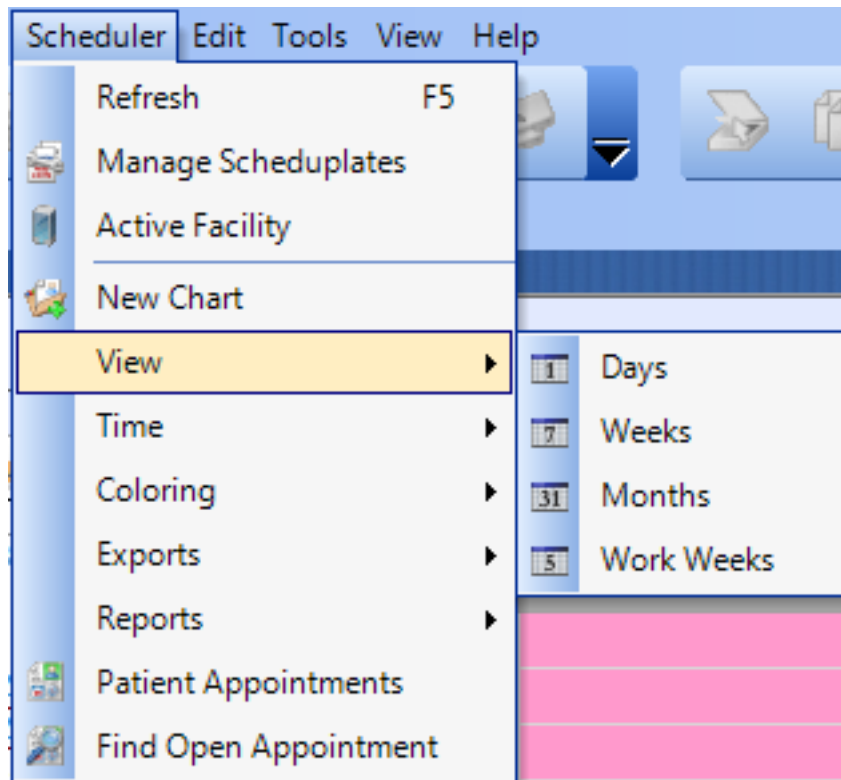
Click the arrows to move quickly to the date needed.

Views

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

Scheduler menu -> View

Select the appropriate Schedule View.



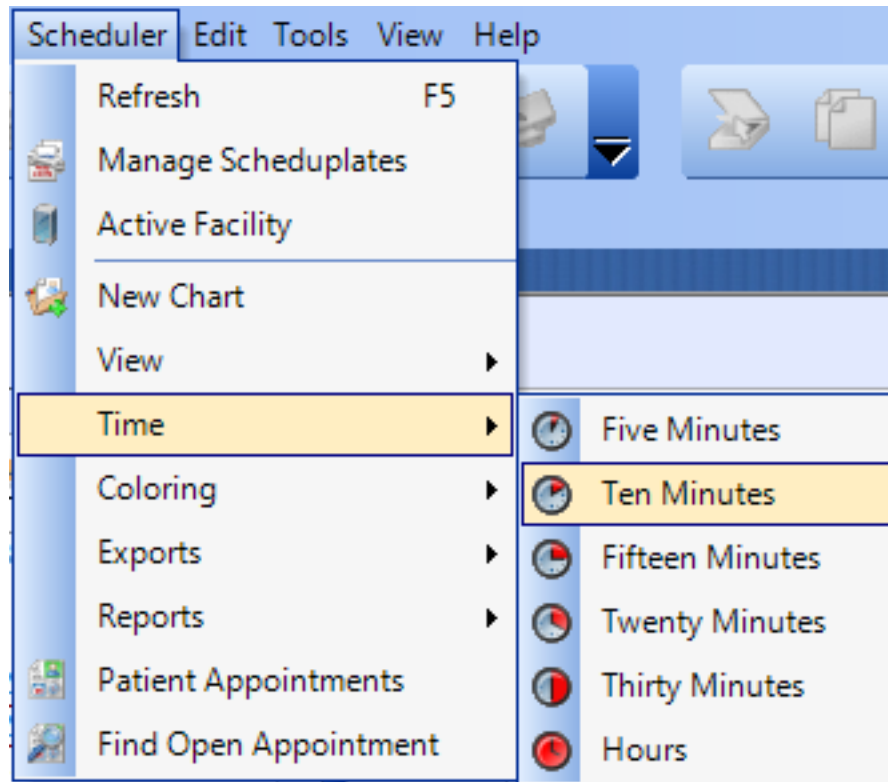
Select the view that allows the easiest and clearest view of the Schedule.

Time Increments

Set the time increments shown on the Schedule.

Scheduler menu -> Time

Select the Time Increment

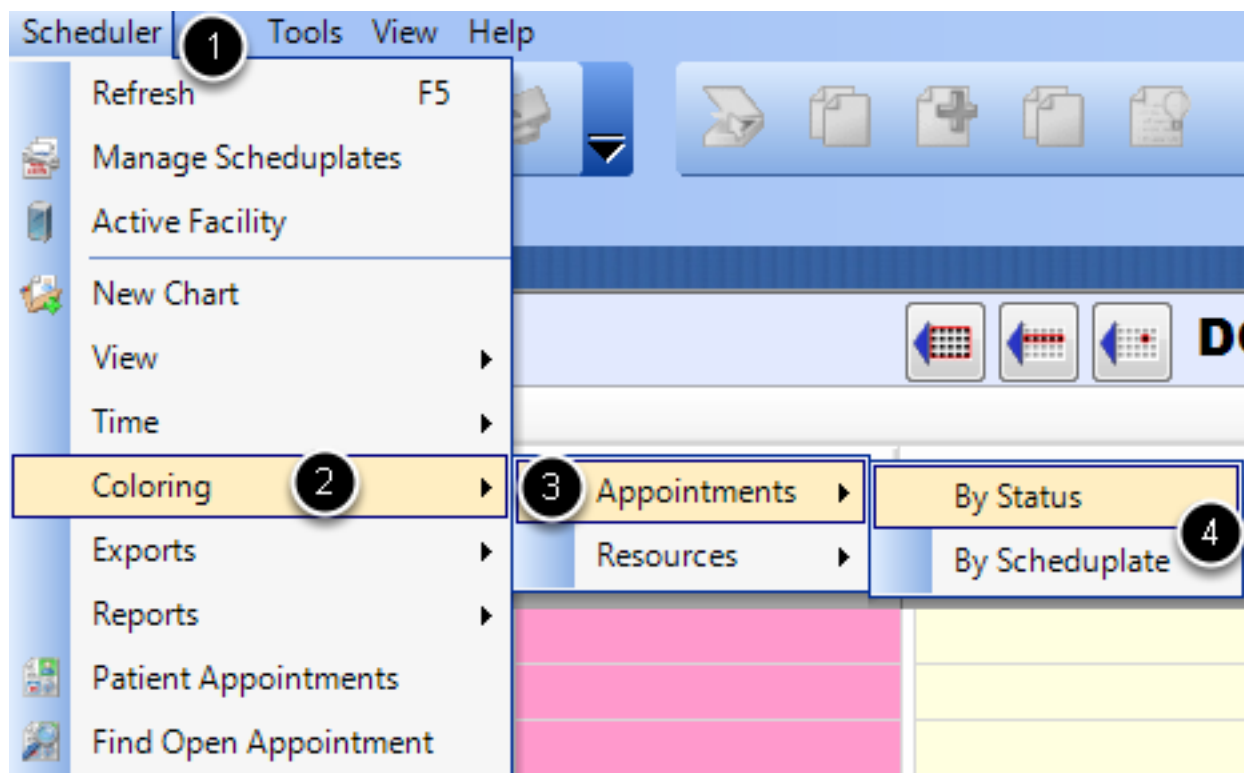


Choose the option that best fits your practice's scheduling needs. The time increment selected here will be displayed to the left of your schedule.

Coloring

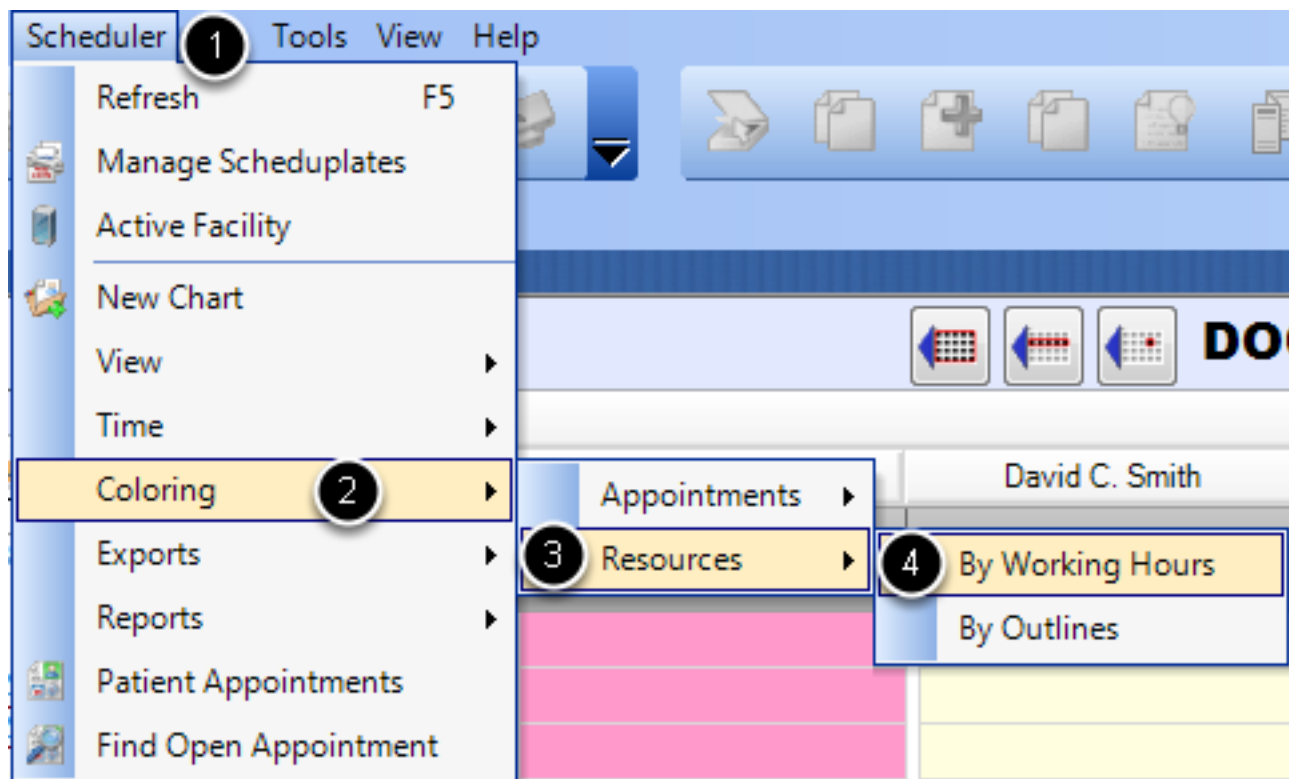
Set the coloring for Appointments and Resources.

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

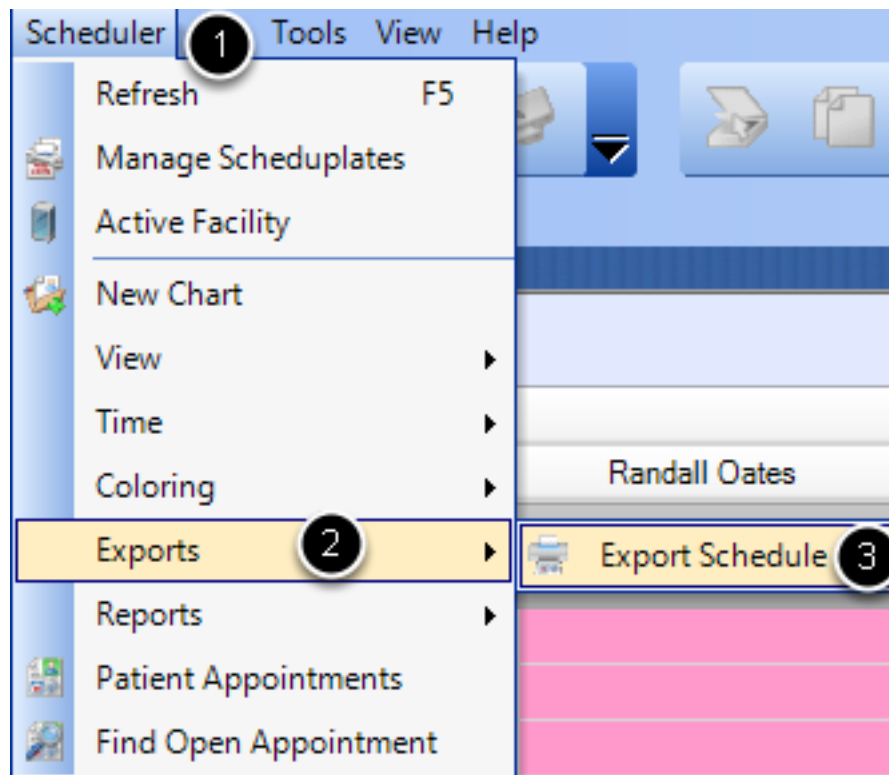


1. Click on the **Scheduler** menu.
2. Select **Coloring**.
3. Select **Resources**.
4. Select either **By Working Hours** or **By Outlines**. By Working Hours will only show the hours the Provider is available to see patients in the clinic. By Outlines will show the outline shading associated with how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

Export the Schedule

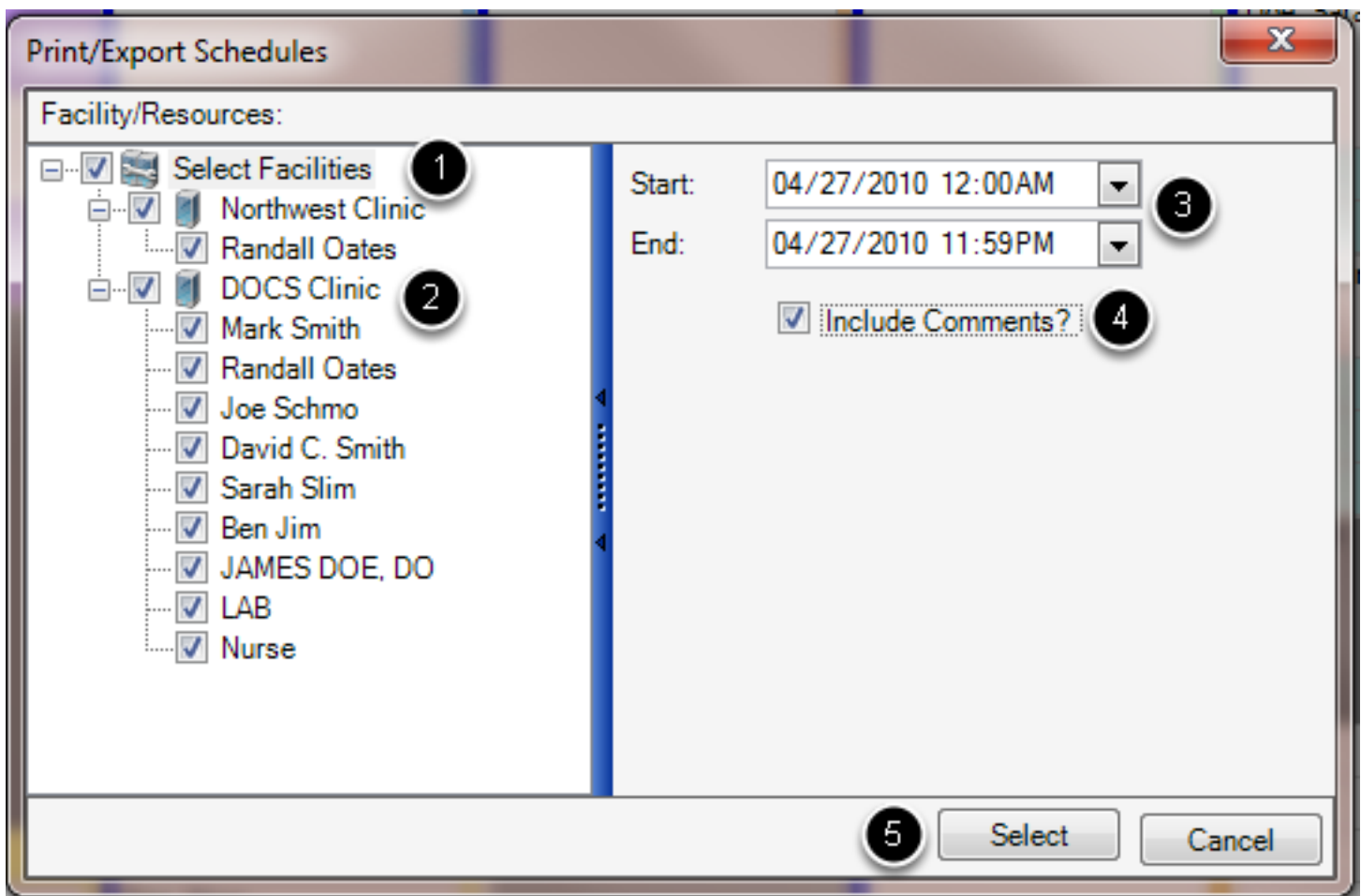
Export the clinic schedule.

Export the Schedule.



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

Select the Facilities/Resources to Export



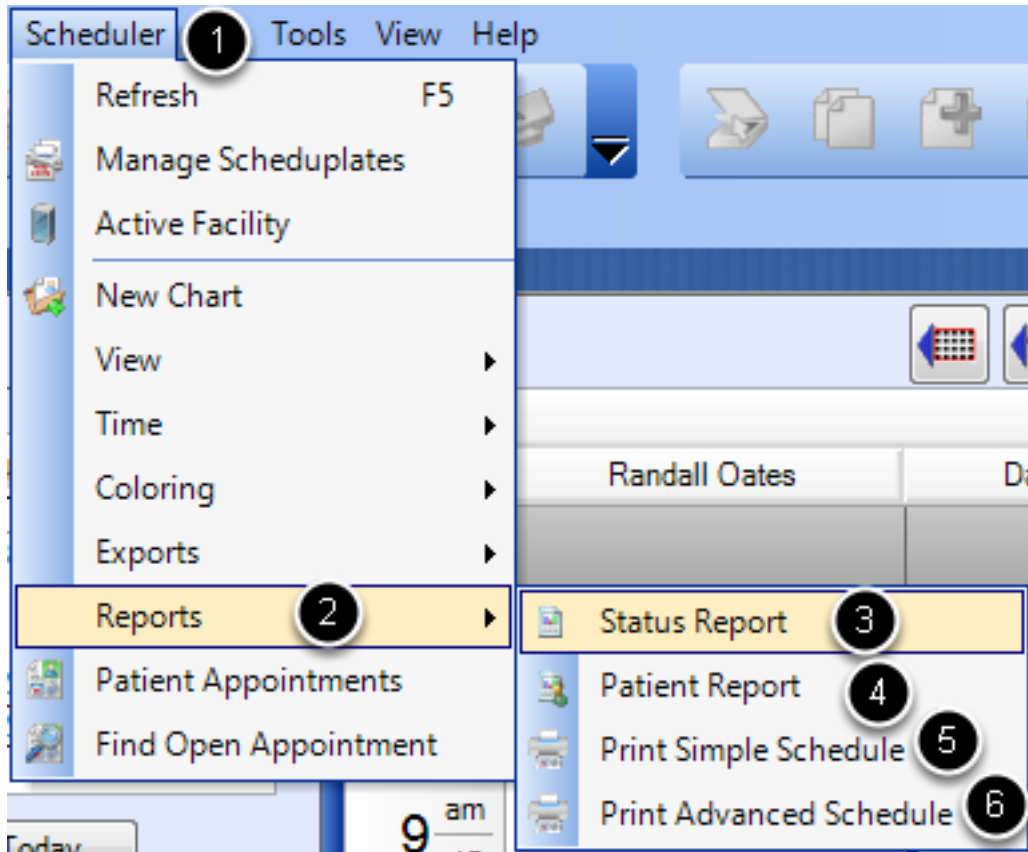
1. Check the boxes of the **Facilities** to be shown.
2. Select the **Resources** whose schedules need to be exported.
3. Enter the **range of dates** to be exported.
4. Check to **include the Visit Comments** on the report as reference, if needed.
5. Click **Select**. The file will be exported as a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

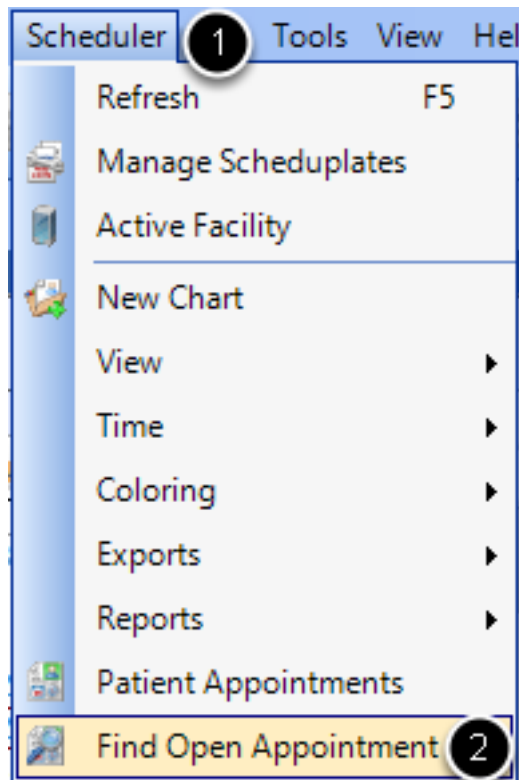
6. **Print Advanced Schedule:** Provides a summary of appointments scheduled across Facilities and Resources. Time, Patient Name, Phone Number, Schedupdate, Status and visit Comments.

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**.

Enter Basic Search Criteria

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**.

Enter Advanced Search Criteria

The screenshot shows the 'Find Open Appointment' dialog box. It has a title bar and a main content area. The 'Search Criteria' section includes a 'Facilities:' list with 'Northwest Clinic' (unchecked) and 'DOCS Clinic' (checked, marked with a circled 1). Below this are 'Start Time' (04/27/2010 12:00AM, marked with a circled 2) and 'End Time' (05/11/2010 11:59PM) dropdowns. A 'Scheduplate:' dropdown is set to a blue bar (marked with a circled 3). Below these are four icons: a document with a pin, a document with a plus sign (marked with a circled 4), a document with a minus sign, and a document with a magnifying glass. A table with headers 'Resource', 'Start Time /', 'Duration', 'Start Cushion', and 'End Cushion' is visible. At the bottom, there is a 'Basic' tab, a 'Search' button, and an 'Open Appointments' section with a table header 'Date', 'Time', and 'Facility'. At the very bottom are 'Select' and 'Cancel' buttons.

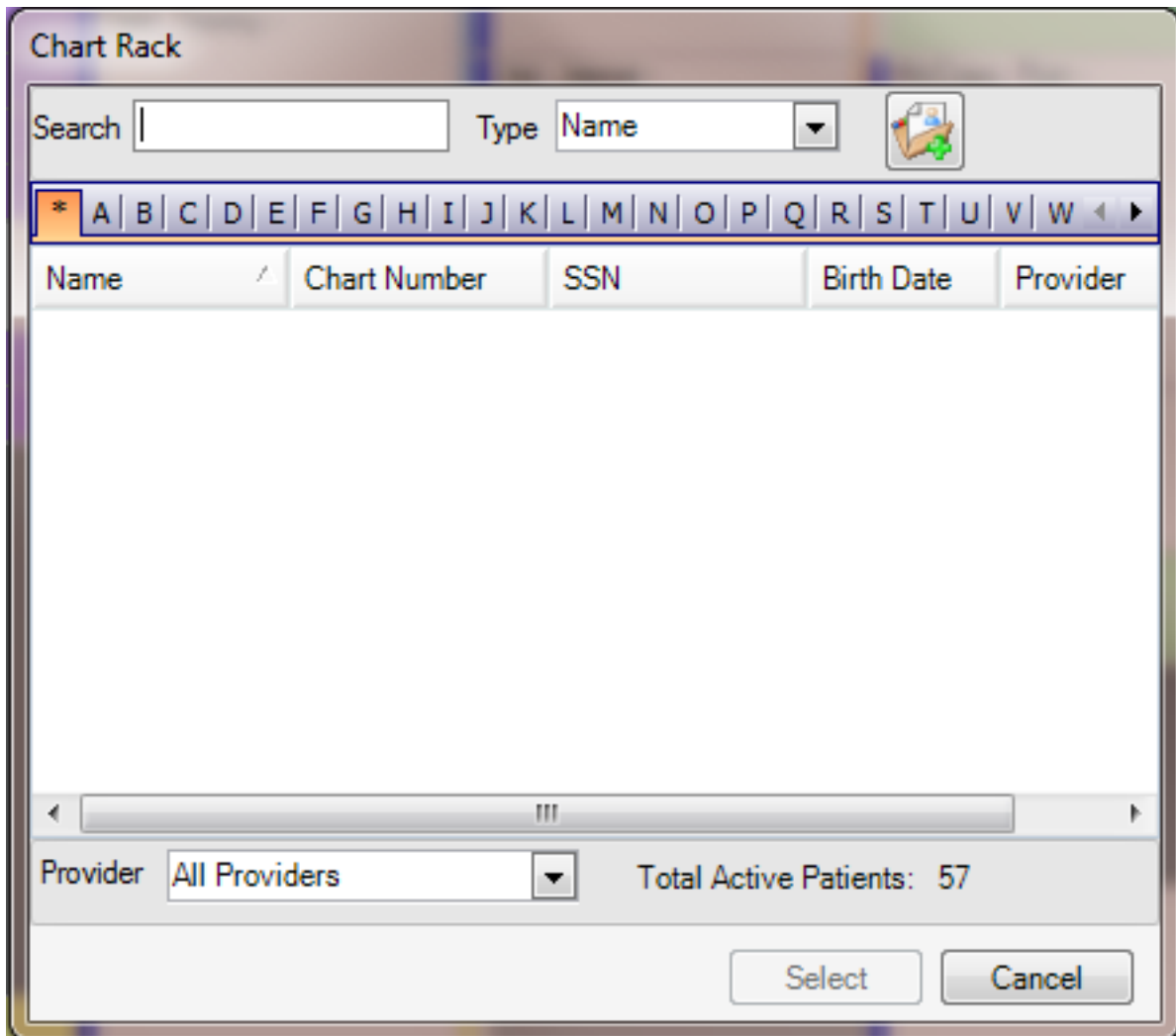
1. Check the **Facility** needed for the appointment.
2. Enter the **date ranges** for the possible appointment.
3. Select a preferred **Scheduplate** that the appointment will need to have.

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

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 the dropdown is a small icon of a folder with a green plus sign. Below this is a horizontal list of letters from A to W, each in its own box, with a small asterisk in the first box (A). Below the letters is a large empty rectangular area, likely a list of patient results. At the bottom of the window, there is a "Provider" dropdown menu set to "All Providers" and a label "Total Active Patients: 57". At the very bottom right are 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

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	

Enter the below Appointment information, as needed:

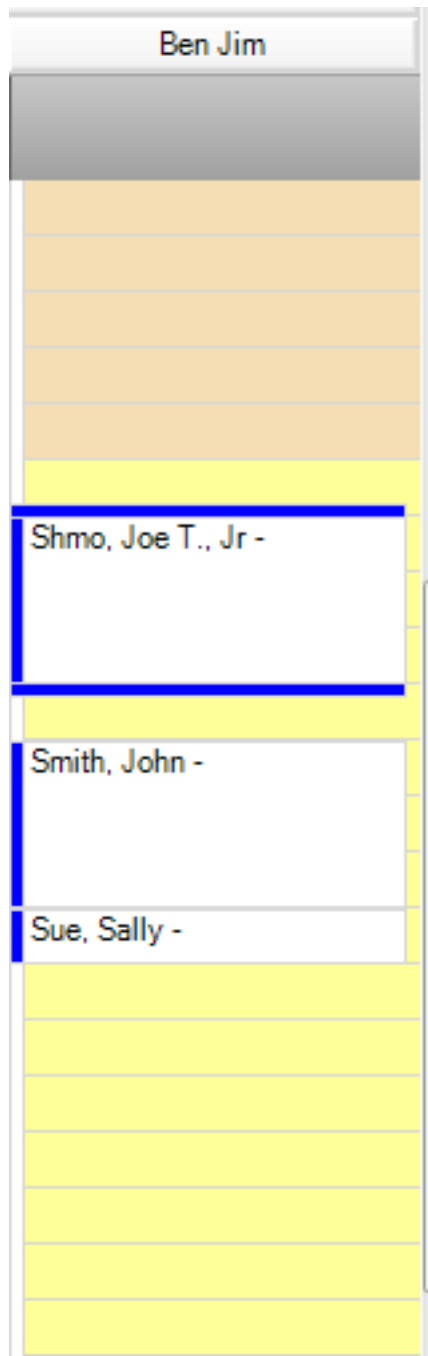
- 1. Visit Detail:** Summary of the overall length of the appointment
- 2. Scheduplate:** The appointment type
- 3. Referral:** Referring Provider
- 4. Facility:** Place of Service
- 5. Status:** The status of the patient visit within the clinic's work flow. (This list is completely customizable by clinic.)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

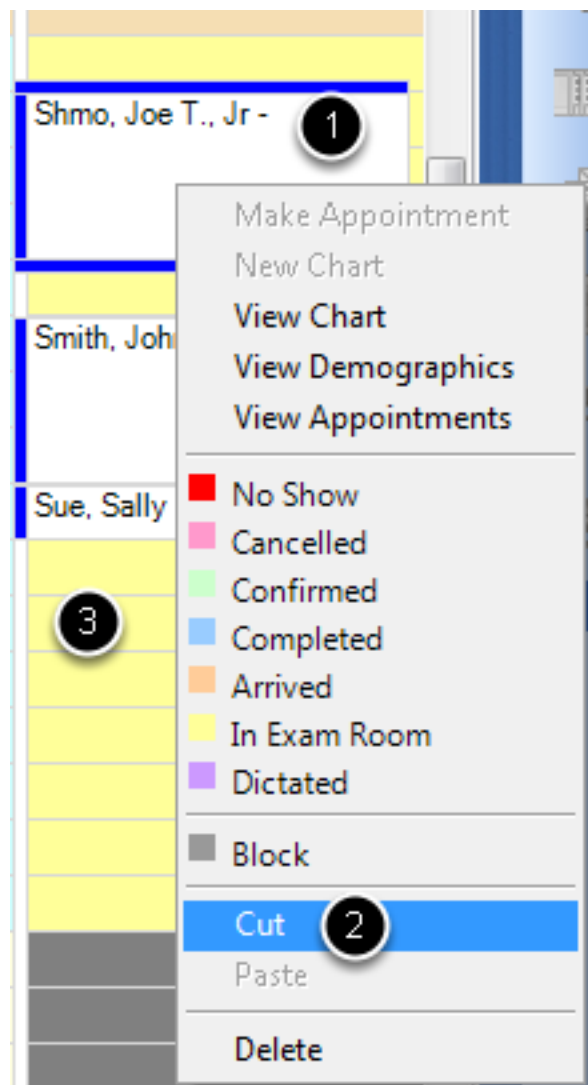
Dragging and Dropping



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.

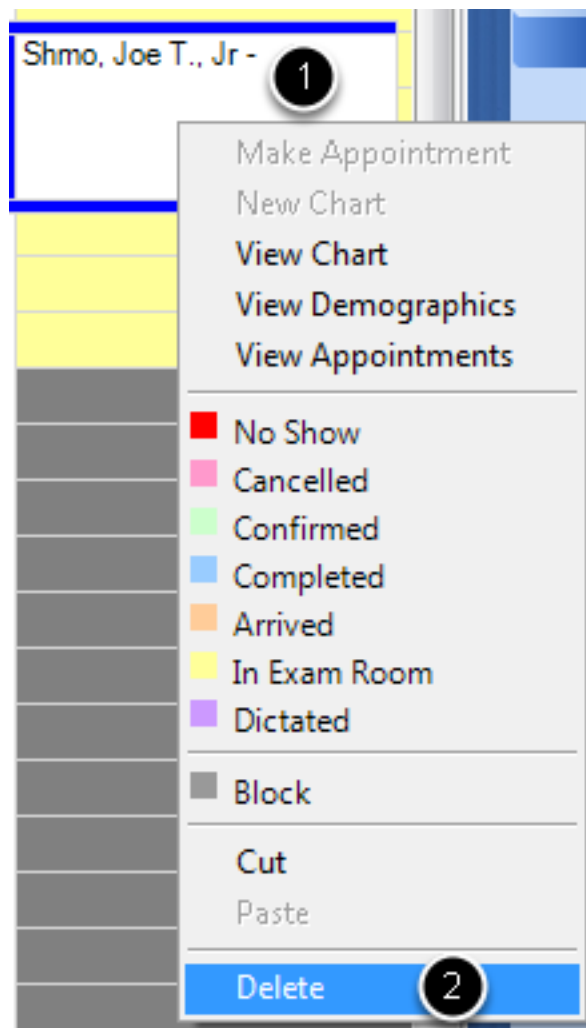
2. Right click on the mouse and select **Cut**.

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

Delete a patient appointment

Delete an Appointment



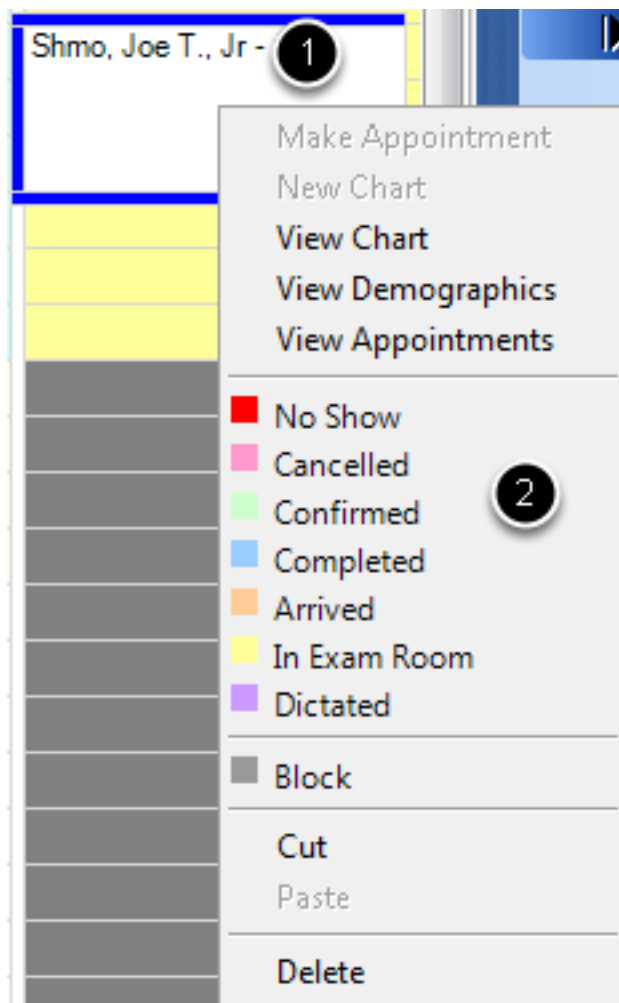
1. Click to select the appointment.

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

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
+ Add Resource

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

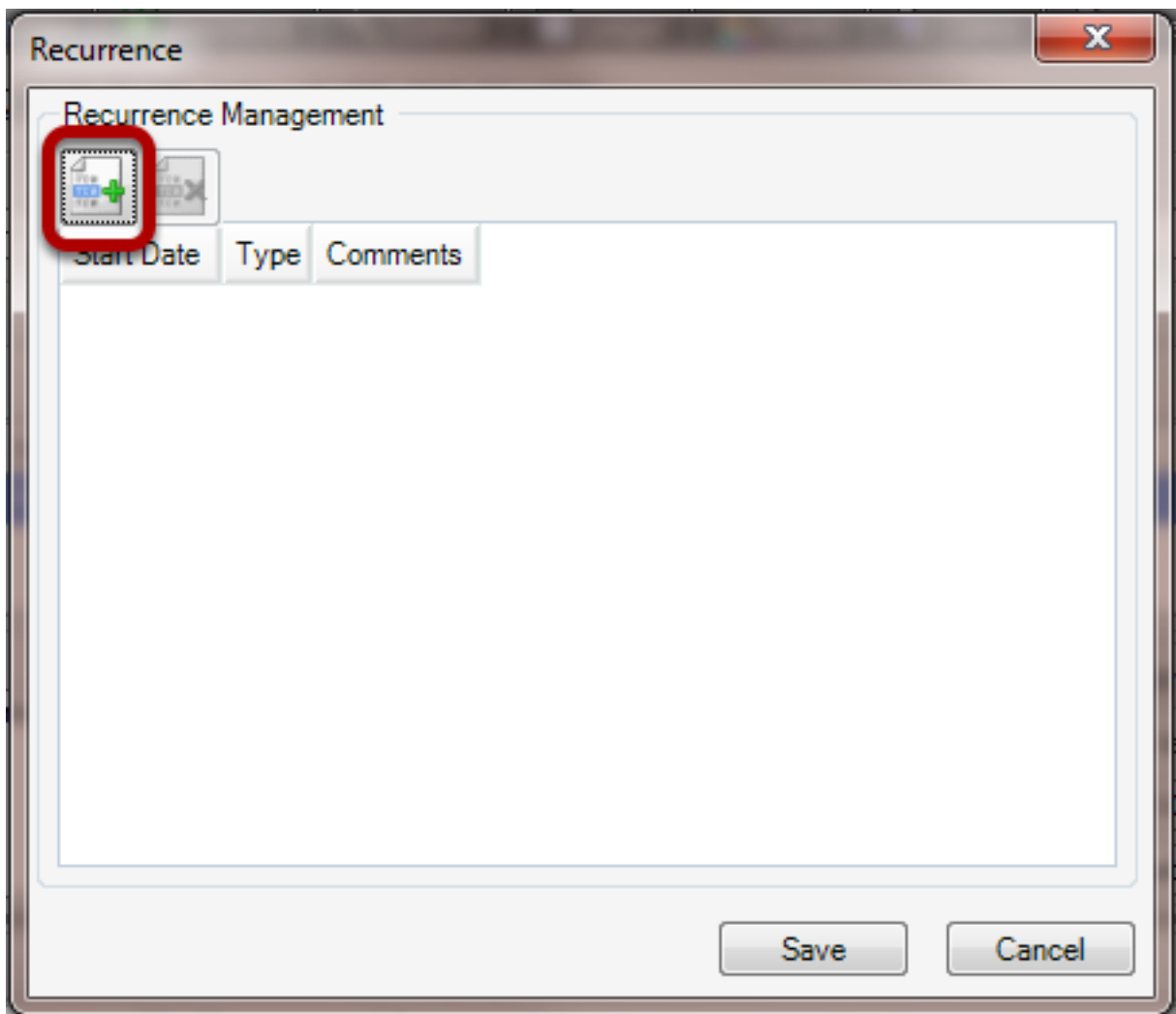
Visit List

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. ...

Today **Print Visit** **New Visit**

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

Recurrence Management



Click the **Create Recurrence** button.

Set the Recurrence Pattern

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

- Appointment Time** (1): A section containing 'Start Time' (7:45AM) and 'End Time' (8:00AM).
- Recurrence Pattern** (2): A section with radio buttons for 'Daily', 'Weekly' (selected), 'Monthly', and 'Yearly'. To the right, it says 'Recurs every 2 week(s) on' followed by checkboxes for 'Sunday', 'Monday', 'Tuesday', 'Wednesday', 'Thursday' (checked), 'Friday', and 'Saturday'.
- Range of Recurrence** (3): A section with 'Start By' (04/27/2010) and two options: 'End after: 2 occurrences' (selected) and 'End by: 04/28/2010'.
- 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

SOAPware 2010 - Patient: Bunch, Oscar - User: Tammy Trent - Provider: Randall Oates

SOAPware Chart Billing 5 rs Edit Tools View Help

Summary Billing Statements Vital Signs SOAP Notes Labs Radiology

Date/Time 03/30/2010 9:10 AM

Assessment

Fracture of forearm (radius or ulna) ICD#813.80
MACHINERY ACCIDENT NEC ICD#E919.8

Plan

1
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

Post Superbill

The superbill was successfully posted.

OK 4

Notes

Follow up x-ray 3 weeks

SOAPNote Billing Addendum Billing Adde

2

Drag a column header here to group by that column.

Date/Time	Owner	Status	Descripti
3/30/2010 9:10:27 AM	Randall Oates		Fracture
3/23/2010 9:45:12 AM	Tamie R. James		Fracture

Bunch, Oscar Bunc123456 Age 33 2/

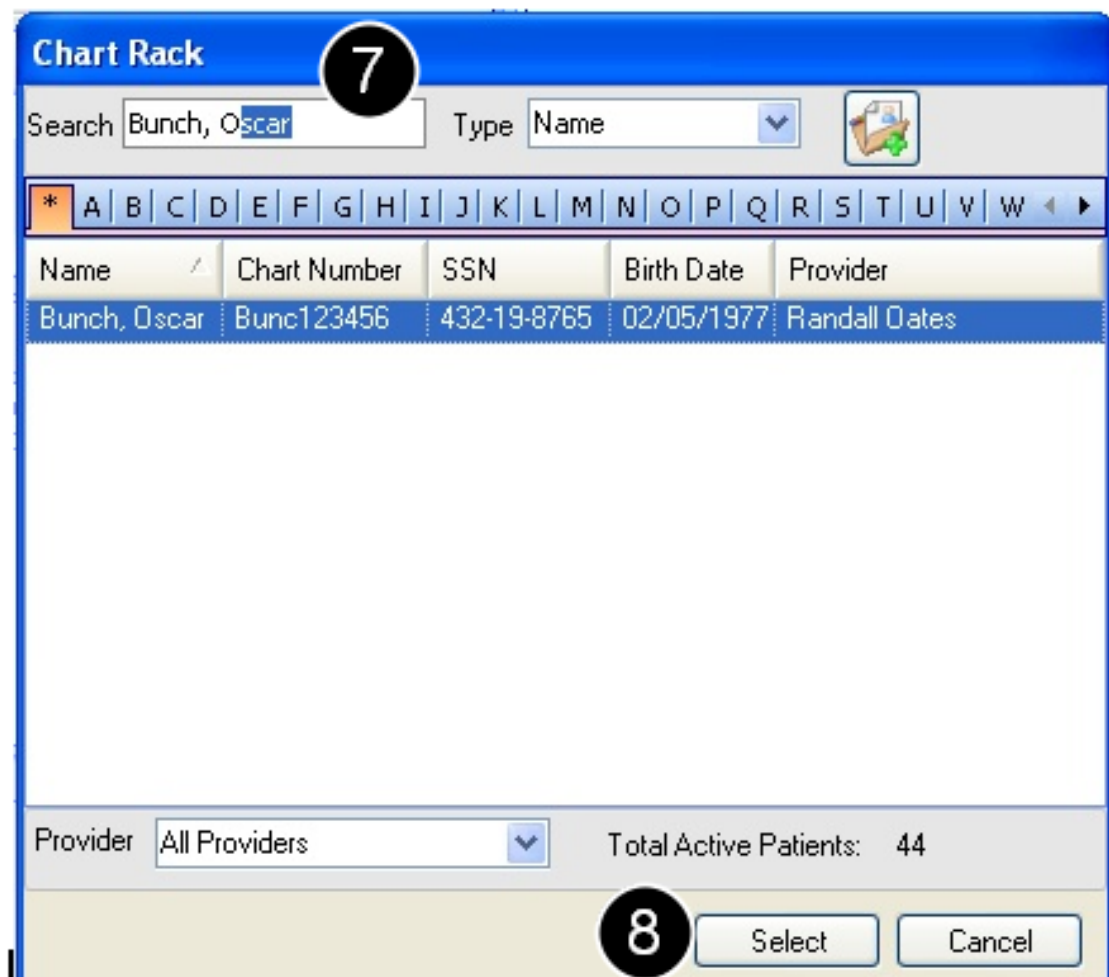
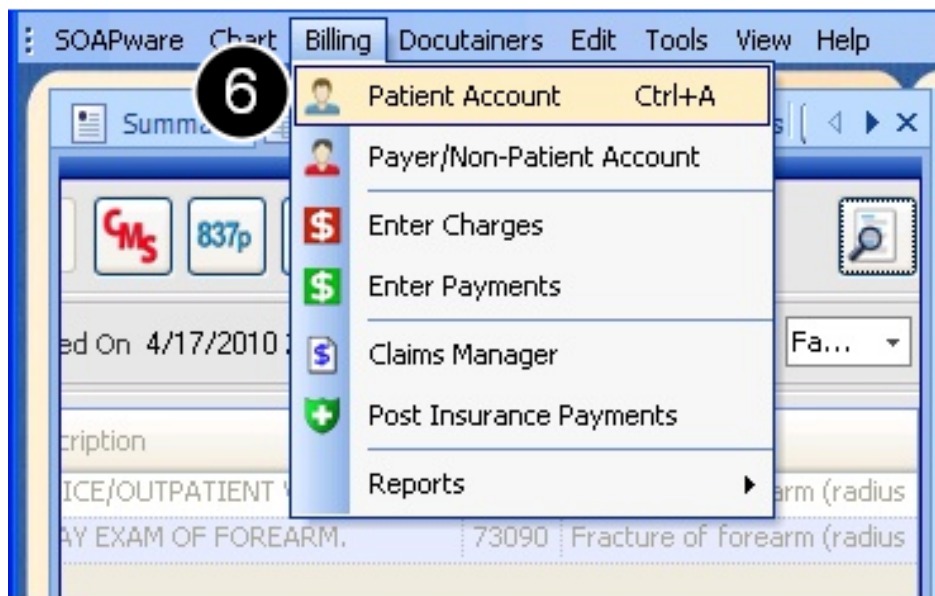
Search Documentation Search

Tasks Chart Rack Pulled Charts Docuplates

1. An encounter/visit should already be documented in the SOAP note section of the Patient Chart. Structured SMARTText 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 Patient Account to open the Chart Rack

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

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

View Posted charges in New Charges Tab

Bunch, Oscar

Bunch, Oscar
Account 19
Chart Bunc123456

Date of Birth 2/5/1977 Age 33 Sex Male Status Unknown
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
Family \$0.00
Personal \$3,735.00
Total \$3,735.00

Self Pay Co-Pay \$0.00

Schedule Demographics Insurance Custom 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 4/17/2010 2:27 PM

x Charges From 4/17/2010 2:27 PM More Info + Add Adjustment + Add Charge

Omit	Posted	Provider	Code	Modifiers	Description	DX	Charge	Unit	Total...	Co-Ins	Pay...	Adju...	Balance
<input checked="" type="checkbox"/>	4/17/2010	Randall O...	99202		OFFICE/OUTPATIENT V...	8...	\$160.00	1.0	\$160.00	\$0.00	\$0.00	\$0.00	\$160.00
<input checked="" type="checkbox"/>	4/17/2010	Randall O...	73090		X-RAY EXAM OF FOREA...	8...	\$80.00	1.0	\$80.00	\$0.00	\$0.00	\$0.00	\$80.00

1 2 \$240... \$240... \$0.00 \$0.00 \$0.00 \$240.00

Follow Up Action: Submit to Insurance Incomplete 3 Print Receipt After Post Post

Doctor Comments: Follow up x-ray 3 weeks 4 Claim Comments 5 7

6 Add Payment

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

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

The bottom section allows the user to:

1. **Set follow up action** for the claim. If insurance information is entered in the Patient Demographics, this will default to Submit to Insurance.
2. Check as **Incomplete**, allowing the user to close out of the account and come back later to finish the check out process.
3. **Print a Receipt** when the visit is posted to the ledger.
4. Displays **Doctor Comments** typed in Billing Statement Tab.
5. Type free text **Comments** pertaining to the claim (informational only)
6. Add personal **Payment** to account
7. **Post** transactions to Patients Ledger

Transfer Credit Balance

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

Note: Adjustment codes will have to be set up in [Adjustment Maintenance](#) before this can be done.

Adjust Credit

Jackson, Jack

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

1

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)	(\$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

Print Receipt

Add Adjustment Add Charge Add Payment

3

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: 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
9/23/2010	Randall Oates	88153	CYTOPATH, C/V, REDO	\$150.00	\$152.00	(\$2.00)	(\$2.00)
10/18/2010	Randall Oates	99214	OFFICE/OUTPATIENT VISI...	\$116.00	\$0.00	\$116.00	\$0.00

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

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

Apply 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 \$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	\$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

- Click to **highlight the visit** to which the credit will be applied.
- 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 10

\$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.

Add Charges Manually from New Charges Tab

Billing -> Patient Account -> New Charges Tab

Add a New Visit



Bunch, Oscar

Account 19

Chart Bunc123456

Date of Birth 2/5/1977 **Age** 33 **Sex** Male **Status** Unknown

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

Family \$0.00

Personal \$3,975.00

Total \$3,975.00

☐ Self Pay **Co-Pay** \$0.00

Schedule

Demographics

Insurance

Custom

Ledger

Family

Claims

Statements

New Charges

+ New Visit

1

Unapplied Co-Pay

Apply Co-Pay

Unapplied Pre-Pay

Apply Pre-Pay

\$ Add Payment

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

1. Click the **New Visit** button

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

Bunch, Oscar Account 19
Chart Bunc123456

Date of Birth 2/5/1977 Age 33 Sex Male Status Unknown
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
Family \$0.00
Personal \$3,975.00
Total \$3,975.00

☐ Self Pay Co-Pay \$0.00

Navigation: Schedule Demographics Insurance Custom 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 4/17/2010 3:48 PM

Charges From 4/17/2010 3:48 PM

More Information Needed
Provider is not set. Facility is not set.

...	Posted	Provider	Code	Modif...	Description	DX	Cha...	Balance
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00

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

Doctor Comments Claim Comments

Add Payment

New Visit dialog opens to begin adding charges.

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

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

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

Edit Claim Details

Owner: Randall Oates (3) Facility: Rehab Facility (4)

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

Hospital, Disability Dates: Not Work From: To: Disability From: To: Hospital From: To: Care From: To:

Illness, Injury or Pregnancy: Current IIP: Accident: Last Menstrual Period: Onset of Current:

Outside Lab: ☐ Outside Lab Charges: \$0.00

Codes: Original Reference: Prior Authorization: Medicaid Resub Num:

Patient, Treatment Dates: Estimated DOB: Last Seen Date: Referral Date: Similar Illness Date: Initial Treatment: Acute Manifestation: Hearing/Vision Rx: Last X-Ray: Order Date:

☒ Accept Assignment

Save (6) Cancel

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

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

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

6. Click the Save button to save information

Add Charge in New Charges Tab

The screenshot shows a software interface for adding charges. At the top, there is a tab labeled 'PM'. Below the tab, there are three buttons: 'More Info', '+ Add Adjustment', and '+ Add Charge'. The '+ Add Charge' button is highlighted with a black circle containing the number 7. Below these buttons is a table with columns: '...', 'Description', 'DX', 'Ch...', 'Unit', 'Tot...', 'Co-Ins', 'Pa...', 'Adj...', and 'Balance'. Below the table, there is a 'Select Charge' dialog box. The dialog box has a blue header with the title 'Select Charge' and a red 'X' button. Inside the dialog box, there are two input fields: 'Code' and 'Short Description'. The 'Code' field contains the text '99218' and is highlighted with a black circle containing the number 8. The 'Short Description' field contains the text 'OBSERVATION CARE'. To the right of these fields is a button labeled 'Clear Filters'. Below the input fields is a search bar with a magnifying glass icon and the text 'Advanced Search'. At the bottom of the dialog box, there are two buttons: 'Select' and 'Cancel'. The 'Select' button is highlighted with a black circle containing the number 9.

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

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

9. Click on the Select button

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

The screenshot shows the 'Charge Details' dialog box with the following sections and callouts:

- Top Section:** Service From (4/17/2010), Service To (4/17/2010), Provider (Randall Oates), Code (99218), Description (OBSERVATION CARE), Units (1.0), Charge (\$220.00).
- Diagnosis Codes (10):** A table with columns 'DX' and 'Description'. An 'Add Code' button is next to it.
- Modifiers (11):** A table with columns 'Code' and 'Description'. An 'Add Code' button is next to it.
- Omit from Claim (12):** A checkbox labeled 'Omit from Claim'.
- Charge Notes (12):** A text area for notes.
- Additional Providers:** Purchasing Service Provider, Ordering Provider, and Supervising Provider dropdowns.
- Amounts Details:**
 - Payments/Adjustments:** A table with columns 'Date', 'Name/Description', and 'Amount'.
 - Totals:**
 - Charges: \$220.00
 - Pay/Adjust: \$0.00
 - Balance: \$220.00
- Misc Details (13):**
 - Facility: Family Clinic
 - EPSTD: [Dropdown]
 - Emergency: [Checkbox]
 - Family Plan: [Checkbox]
 - Supplemental: [Text field]
- Insurance Details (14):** A section at the bottom with a 'Save' and 'Cancel' button.

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

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

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

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

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

14. Click the Save button to save data.

Repeat Steps 7.-13. to add more charges

Post New Charges to Patient Ledger

Bunch, Oscar Account 19 Chart Bunc123456

Date of Birth 2/5/1977 Age 33 Sex Male Status Unknown

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

Family \$0.00

Personal \$3,975.00

Total \$3,975.00

☐ Self Pay Co-Pay \$0.00

Schedule Demographics Insurance Custom 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 4/17/2010 3:48 PM

x Charges From 4/17/2010 3:48 PM More Info + Add Adjustment + Add Charge

...	Posted	Provider	Code	Mo...	Description	DX	Cha...	...	Total ...	Co-Ins	Paym...	...	Balance
<input checked="" type="checkbox"/>	4/17/2010	Randall ...	99218		OBSERVATION C...	722.10, E819.9	\$220...	1.0	\$220.00	\$0.00	\$0.00	\$...	\$220.00

14

Follow Up Action Submit to Insurance ☐ Incomplete ☒ Print Receipt After Post 15 Post

Doctor Comments Claim Comments

\$ Add Payment

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

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

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

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

More Visit Information

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

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

More Info

1. More Info

2. Estimated DOB

3. Save

1. Click the More button in New Charges Tab.

2. Enter information in the appropriate fields

3. Click Save

Note: Current IIP will auto populate with the date selected for Accident, Last Menstrual Period or Onset of Current.

Other Provider Information

Billing -> Patient Account -> New Charges Tab ->Add Charge -> Charge Details

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

Assign Additional Providers

010 9:08 AM More Info Add Adjust. 1 **\$ Add Charge**

Charge Details

Service From	Service To	Provider	Code	Description	Units	Charge
12/21/2010	12/21/2010	Randall Oates	99213	OFFICE/OUTPATIENT VISIT...	1.0	\$135.00

Diagnosis Codes

DX	Description
----	-------------

Add Code

Modifiers

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

Add Code

☐ Omit from Claim

Charge Notes

Additional Providers

Purchasing Service Provider	Ordering Provider	Supervising Provider

Amounts Details
Payments/Adjustments

Date	Name/Description	Amount
------	------------------	--------

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

Misc Details
Facility
Rehab Facility
EPSDT
☐ Emergency
☐ Family Plan
Supplemental

Insurance Details

3 Save Cancel

1. Click Add Charge button and enter charge code and double Click on the added charge to open Charge Details dialog.
2. Click the drop down arrow and select from the available list of Contacts to assign the Purchasing Service, Ordering or Supervising Provider.
3. Click Save.

Edit/Update Charges

Edit/Update Charges

The screenshot shows the SOAPware Billing interface with the 'New Charges' tab selected. The 'Charge Details' dialog box is open, displaying the following information:

- Service From:** 4/17/2010
- Service To:** 4/17/2010
- Provider:** Randall Oates
- Code:** 99218
- Description:** OBSERVATION CARE
- Units:** 1.0
- Charge:** \$220.00

The dialog box also includes sections for:

- Diagnosis Codes:** A table with columns 'DX' and 'Description'. A callout '2' points to the 'Add Code' button.
- Modifiers:** A table with columns 'Code' and 'Description'. A callout '2' points to the 'Add Code' button.
- Charge Notes:** A text area for notes.
- Amounts Details:** A table for 'Payments/Adjustments' with columns 'Date', 'Name/Description', and 'Amount'. A callout '3' points to the 'Save' button.
- Totals:** A summary of charges, payments, and balance.
- Misc Details:** Fields for 'Facility' (Family Clinic), 'EPSDT', 'Emergency', 'Family Plan', and 'Supplemental'.

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

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

Edit Diagnosis Code

Charge Details

Service From: 3/10/2010 Service To: 3/10/2010 Provider: Randall Oates Code: 73090

Diagnosis Codes (1) Add Code

DX (2)	Description
X	TRAFFIC ACC NOS-PERS NOS
813.80	Fracture of forearm (radius or ulna)
724.2	Lumbalgia

Modifiers

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

Click to move this code down

1. To add a Diagnosis Code, Click the Add Code button and begin Typing the ICD-9 code or Click in the Description search field and begin typing description. Click the Select button
2. Delete a code from the list by Clicking the X in front of the ICD-9 code
3. Change order of importance for diagnosis codes by Clicking on the Up and Down arrows to the right of the code description.

Edit Modifiers

Edit Modifiers

Code: 50 Description: Bilateral Procedure

Clear Filters

Advanced Code Search

Select (2) Cancel

Modifiers

Code	Description
X 25	Significant, Separately Identif...
51	Multiple Procedures

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'. A 'Select' button is at the bottom right of the dialog. Numbered callouts indicate the steps: 1 points to the '...' button next to the 'Code' field in the 'Charge Details' window; 2 points to the 'Advanced Search' button in the 'Select Charge' dialog; 3 points to the 'Select' button in the 'Select Charge' dialog.

Charge Details

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

Diagnosis Codes

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

Modifiers

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

Select Charge

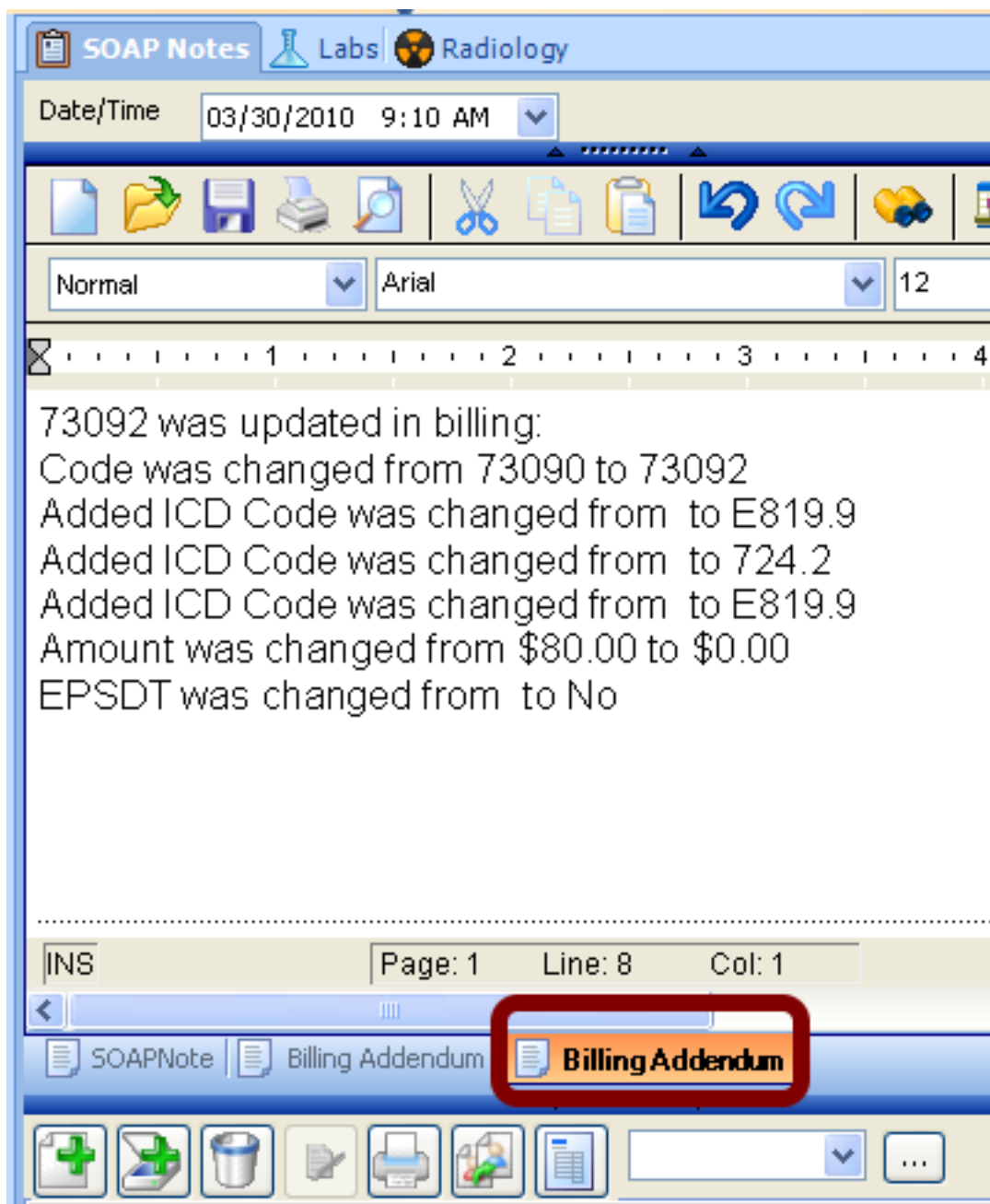
Code	Short Description
73092	X-RAY EXAM OF ARM, INFANT

Advanced Search

Select Cancel

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 33 Sex Male Status Unknown

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
Family \$0.00
Personal \$4,669.61
Total \$4,669.61

☐ Self Pay Co-Pay \$0.00

Schedule Demographics Insurance Custom 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 5:57 PM

x Charges From 4/20/2010 5:57 PM More Info + Add Adjustment + Add Charge

...	Posted	Provider	Code	...	Description	DX	Charge	Unit	Total Ch...	Co-Ins	Paym...	A...	Balance
x	4/20/2010	Randall...	99...		OFFICE/OUTP...	786.50	\$175.00	1.0	\$175.00	\$0.00	\$0.00	\$0...	\$175.00

\$175.00 \$175.00 \$0.00 \$0.00 \$0... \$175.00

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	
1	Apply Payment to New Charge

<h3>Make Payment</h3>							
Payer Details				\$ Payment Details			
X Bunch, Oscar				Payment Type: Payment			
Account # 19 Chart # DOB 2/5/1977 Age 33 1122 Elm St Some City AR 72765-1122				Facility: Family Clinic			
				Pay Date: 4/22/2010			
				Pay Method: Credit Card			
				Reference: *****6789			
				Amount: \$100.00			
				Remaining: \$100.00			
Comments							
Type free text comments if needed for additional information about this payment							
Apply Charges				Add Patient			
Add Dependent No Dependents				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							
<input type="checkbox"/> Show Zero Balance Charges							
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	\$30.00	\$190.00	\$0.00
Visit Id: 167							
				\$2,02...	\$1,22...	\$799.61	\$0.00
<input checked="" type="button" value="Clear Applied"/>				<input checked="" type="checkbox"/> Print Receipt After Saving			
<input type="button" value="Save"/>				<input type="button" value="Cancel"/>			

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

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

Select method to apply Payment:

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

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

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

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

Apply Payment to Visits/Charges

The screenshot shows the 'Make Payment' window with the following sections:

- Payer Details:** Bunch, Oscar; Account # 19; Chart # 1122 Elm St; DOB 2/5/1977; Age 33; Some City AR 72765-1122.
- 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.
- Charges:** A table with columns: DOS, Provider, Code, Description, Charge, Paym..., Balance, Applied. It lists three visits: 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), and Visit Id: 167 (empty row). A red box highlights the 'Applied' column with a callout 'Click to apply to charge'.
- Buttons:** Clear Applied, Print Receipt After Saving, Save, Cancel.

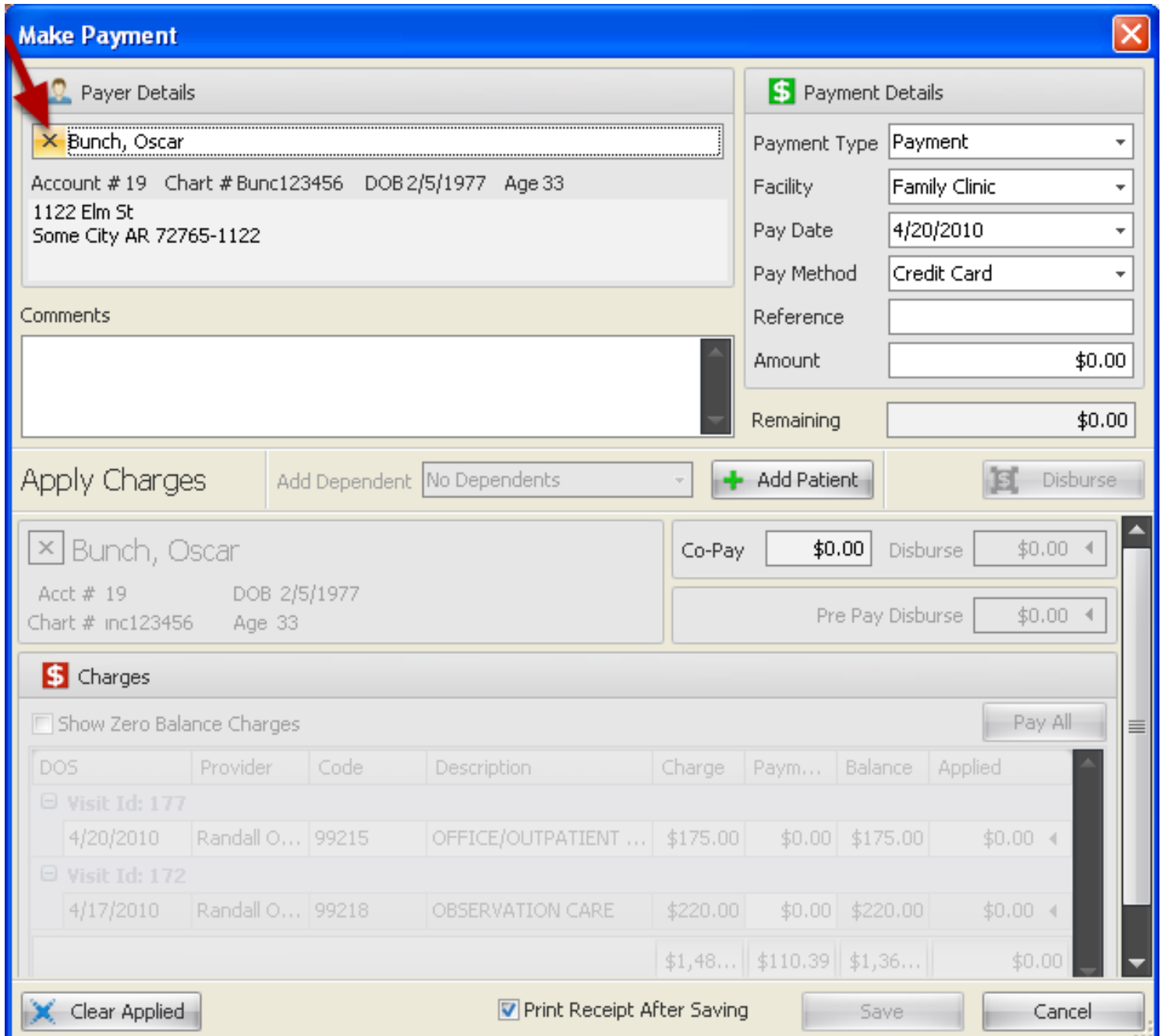
DOS	Provider	Code	Description	Charge	Paym...	Balance	Applied
Visit Id: 177							
4/20/2010	Randall O...	99215	OFFICE/OUTPATIENT ...	\$175.00	\$0.00	\$175.00	\$50.00
Visit Id: 172							
4/17/2010	Randall O...	99218	OBSERVATION CARE	\$220.00	\$30.00	\$190.00	\$50.00
Visit Id: 167							
				\$2,02...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

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

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

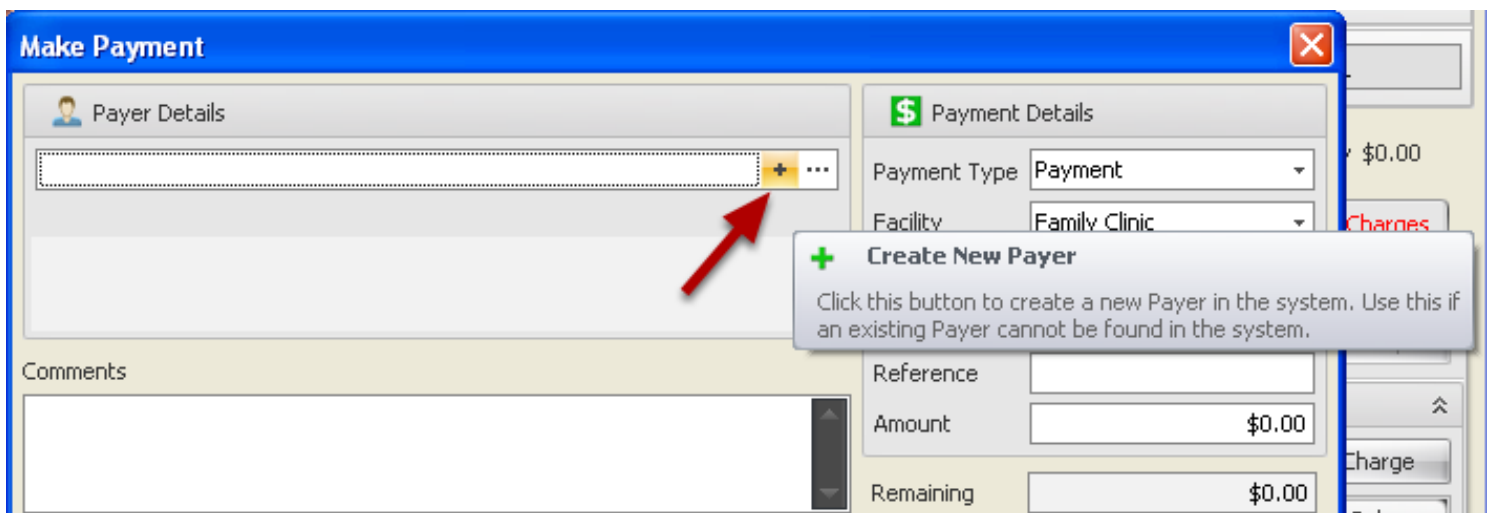
DOS	Provider	Code	Description	Charge	Paym...	Balance	Applied
Visit Id: 177							
4/20/2010	Randall O...	99215	OFFICE/OUTPATIENT ...	\$175.00	\$0.00	\$175.00	\$0.00
Visit Id: 172							
4/17/2010	Randall O...	99218	OBSERVATION CARE	\$220.00	\$0.00	\$220.00	\$0.00
				\$1,48...	\$110.39	\$1,36...	\$0.00

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.

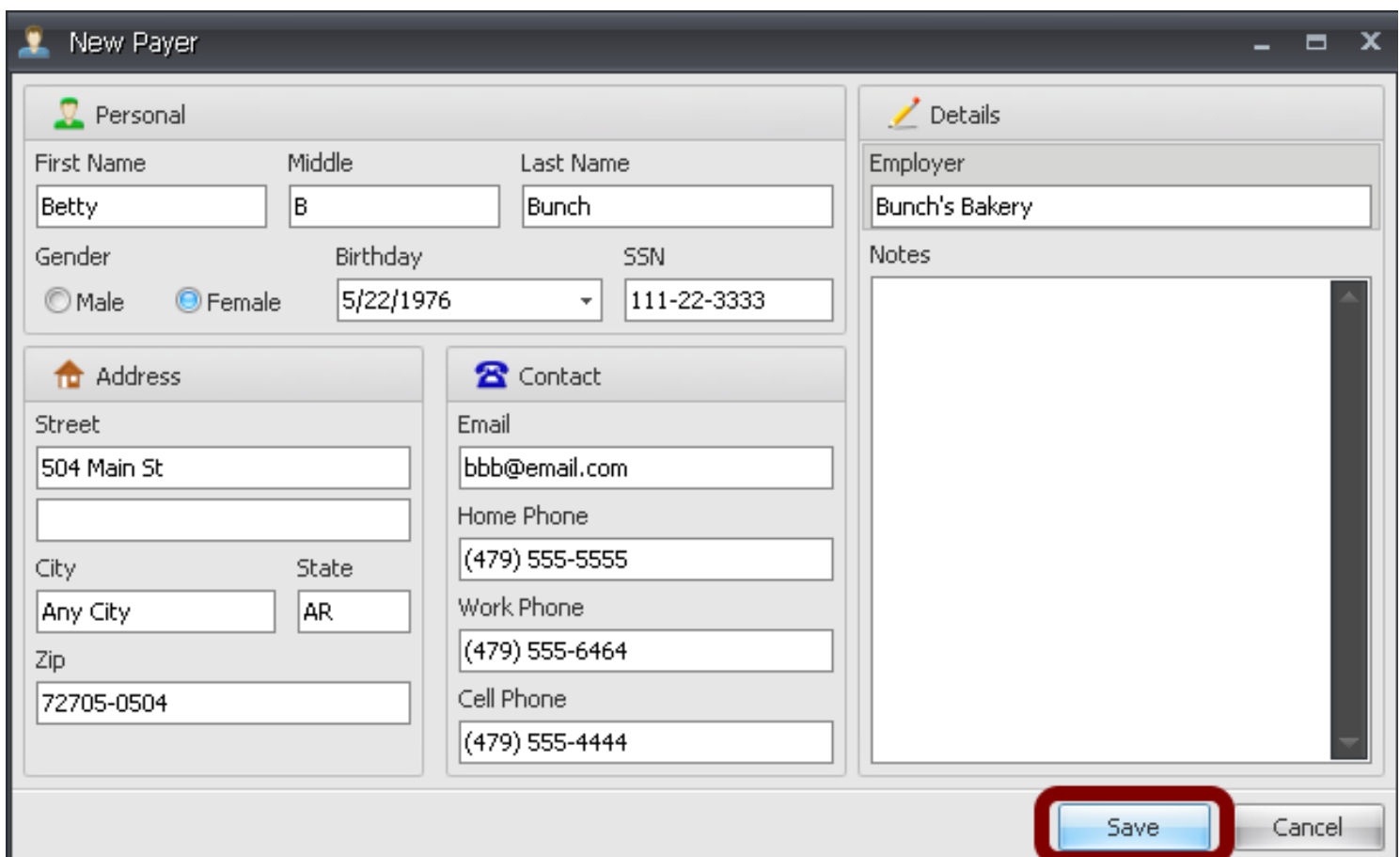
Create a New Payer



The screenshot shows the 'Make Payment' window. On the left, the 'Payer Details' section has a search bar with a '+' button and a dropdown arrow. A red arrow points to the '+' button. A tooltip titled 'Create New Payer' is displayed over the '+' button, containing the text: 'Click this button to create a new Payer in the system. Use this if an existing Payer cannot be found in the system.' The 'Payment Details' section on the right includes fields for 'Payment Type' (set to 'Payment'), 'Facility' (set to 'Family Clinic'), 'Reference', 'Amount' (\$0.00), and 'Remaining' (\$0.00). A 'Comments' text area is at the bottom left.

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

New Payer details



The screenshot shows the 'New Payer' window. It is divided into two main sections: 'Personal' and 'Details'. The 'Personal' section includes fields for 'First Name' (Betty), 'Middle' (B), 'Last Name' (Bunch), 'Gender' (Female selected), 'Birthday' (5/22/1976), and 'SSN' (111-22-3333). The 'Address' section includes 'Street' (504 Main St), 'City' (Any City), 'State' (AR), and 'Zip' (72705-0504). The 'Contact' section includes 'Email' (bbb@email.com), 'Home Phone' ((479) 555-5555), 'Work Phone' ((479) 555-6464), and 'Cell Phone' ((479) 555-4444). The 'Details' section includes 'Employer' (Bunch's Bakery) and a 'Notes' text area. At the bottom right, the 'Save' button is highlighted with a red rectangular box, and a 'Cancel' button is next to it.

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

Payment Type Payment
Facility Family Clinic
Pay Date 4/20/2010
Pay Method Credit Card
Reference *****4567
Amount \$100.00
Remaining \$100.00

Apply Charges Add Dependent Select Dependent + Add Patient 3 Disburse

1. Enter Payment details including Payment method and amount of payment. As you type the payment amount, the lower portion listing the patient visits is activated.
2. If a Guarantor/Payer payment is to be applied to additional patients in the system, Click the **Add Patient** button or select a dependent from the **Add Dependent** list
3. Apply payment amount to several charges with one click. Payment will be applied to charges beginning with the oldest outstanding balance

Apply Co-Pay/Pre-Pay to Visit

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

Winters, Somer

Account 45
Chart 12345

Date of Birth 4/19/1985 **Age** 25 **Sex** Female **Status** Unknown

Address 111 Elm Fayetteville, AR 72703

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

Email

Balances
Family \$0.00
Personal \$510.00
Total \$510.00

☐ Self Pay **Co-Pay** \$0.00

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

\$12... \$12... \$0.00 \$0.00 \$0.00 \$120.00

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

Doctor Comments Claim Comments

Add Payment

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.

The dialog box is titled "Unapplied Co-Pay" and contains the following elements:

- Header: "Winters, Somer Charges" and "Unapplied Co-Pay \$30.00".
- Checkbox: "Show Zero Balance Charges" (unchecked).
- Numbered callout: A circle with the number "2" points to the "Disburse" button.
- Table of transactions:

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

Summary Totals: \$415.00 (Total Balance) and \$0.00 (Total Applied).

Buttons: 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

Winters, Somer Charges

Unapplied Co-Pay \$0.00

☐ Show Zero Balance Charges

Disburse

DOS ▲	Provider	Pro...	Description	Amount	Payments	Adjust...	Balance	Applied
5/3/2010	Randal...	99212	OFFICE/OUTPATI...	\$120.00	\$85.00	\$20.00	\$15.00	\$0.00 ◀
5/3/2010	Randal...	99212	OFFICE/OUTPATI...	\$120.00	\$75.00	\$20.00	\$25.00	\$0.00 ◀
5/3/2010	Randal...	71020	CHEST X-RAY	\$180.00	\$75.00	\$30.00	\$75.00	\$0.00 ◀
5/3/2010	Randal...	71020	CHEST X-RAY	\$180.00	\$0.00	\$0.00	\$180.00	\$0.00 ◀
5/5/2010	Randal...	99212	OFFICE/OUTPATI...	\$120.00	\$0.00	\$0.00	\$90.00	\$30.00 ◀

\$385.00

\$30.00


3 Save

Cancel

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

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

Winters, Somer



Winters, Somer

Account 45
Chart 12345

Date of Birth 4/19/1985 Age 25 Sex Female Status Unknown

Address 111 Elm Fayetteville, AR 72703

Home (479) 555-4444 Work Cell

Email

Balances

Family \$0.00
Personal \$305.00
Total \$305.00

☐ Self Pay Co-Pay \$0.00

Schedule Demographics Insurance Custom 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 5/5/2010 2:43 PM

Charges From 5/5/2010 2:43 PM

O...	Posted	Provider	Code	Modif...	Description	DX	Cha...	Unit	Tot...	Co-Ins	Pay...	Adj...	Balance
x	5/5/2010	Randall ...	99212		OFFICE/OUTPATIENT ...	7...	\$120...	1.0	\$120...	\$0.00	\$30.00	\$0.00	\$90.00
x	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**

Doctor Comments Claim Comments

Add Payment

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

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

Delete Co-Pay From Patient Ledger

Winkle, Perry

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

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
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	\$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/OUTPATI...	\$135.00	1.0	\$135.00			\$135.00	\$655.00
7/7/2010	7/7/2010	Randall Oates	99213	OFFICE/OUTPATI...	\$135.00	1.0	\$135.00	\$30.00		\$105.00	\$760.00
7/19/2010	7/19/2010	Randall Oates	99213	OFFICE/OUTPATI...	\$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.

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

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
6/11/10						0.0	\$120.00	\$115.00		\$5.00	\$5.00
6/11/10						0.0	\$120.00	\$115.00			
6/11/10						0.0	\$160.00	\$150.00		\$10.00	\$15.00
6/11/10						0.0	\$120.00			\$120.00	\$135.00
6/24/10						0.0				\$0.00	\$135.00
6/24/10						0.0	\$145.00			\$145.00	\$280.00
6/28/10								\$150.00			
6/29/10						0.0	\$120.00			\$120.00	\$400.00
6/29/10						0.0	\$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

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
Oscar Bunch
Mark Clark

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

Active Patient Account

Charges

Show Zero Balance Charges

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	\$30.00	\$190.00	\$0.00
Visit Id: 167							
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
Visit Id: 166							
4/17/2010	Randall O...	99218	OBSERVATION CARE	\$220.00	\$0.00	\$220.00	\$0.00
				\$1,54...	\$260.39	\$1,27...	\$0.00

Pay All

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

× 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

Apply Charges

Add Dependent: Select Dependent + Add Patient Disburse

× 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

× 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

Date of Birth 2/19/1979Age 31Sex MaleStatus Unknown

Address 123 Oak St Any City, AR 72703-0123

Home (479) 555-4444Work (479) 555-6666Cell (479) 555-7777

Email lt@email.com

Account 15

Chart LTE5454

Balances

Family \$335.00

Personal \$5,265.00

Total \$5,600.00

☐ Self Pay Co-Pay \$0.00

ScheduleDemographicsInsuranceCustomLedgerFamilyClaimsStatementsNew Charges

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

Posted	DOS	Provider	Code	Description	Charge	Total Charge	Units	Paym...	Adjus...	Chrg Bal	Balance
3/11/2010	3/11/2010	Alan And...	99213	OFFICE/O...	\$70.00	\$70.00	1.0			\$70.00	\$70.00
3/11/2010	3/11/2010	Alan And...	27130	TOTAL HIP...	\$3,600.00	\$3,600.00	1.0			\$3,600...	\$3,670.00
3/31/2010	12/18/2...	Randall ...	99215	OFFICE/O...	\$175.00	\$175.00	1.0	\$175.00		\$0.00	\$3,670.00
3/31/2010	1/12/2010	Randall ...	99215	OFFICE/O...	\$175.00	\$175.00	1.0	\$175.00		\$0.00	\$3,670.00
3/31/2010	1/12/2010	Randall ...	73630	X-RAY EXA...	\$150.00	\$150.00	1.0			\$150.00	\$3,820.00
3/31/2010	12/17/2...	Randall ...	73562	X-RAY EXA...	\$140.00	\$140.00	1.0			\$140.00	\$3,960.00
3/31/2010	3/31/2010	Randall ...	99211	OFFICE/O...	\$120.00	\$120.00	1.0	\$50.00		\$70.00	\$4,030.00
4/1/2010	4/1/2010	Randall ...	99212	OFFICE/O...	\$120.00	\$120.00	1.0			\$120.00	\$4,150.00
4/1/2010	4/1/2010	Randall ...	99212	OFFICE/O...	\$120.00	\$120.00	1.0			\$120.00	\$4,270.00
4/1/2010	4/1/2010	Randall ...	99212	OFFICE/O...	\$120.00	\$120.00	1.0			\$120.00	\$4,390.00
4/1/2010	4/1/2010	Randall ...	99213	OFFICE/O...	\$135.00	\$135.00	1.0			\$135.00	\$4,525.00
4/5/2010	4/5/2010	James R....	99215	OFFICE/O...	\$175.00	\$175.00	1.0	\$25.00		\$150.00	\$4,675.00
4/5/2010	4/5/2010	James R....	72110	X-RAY EXA...	\$90.00	\$90.00	1.0			\$90.00	\$4,765.00
4/7/2010	12/18/2...	Randall ...	99215	OFFICE/O...	\$175.00	\$175.00	1.0	\$175.00		\$0.00	\$4,765.00
4/16/2010			Pymt	28282828				\$350.00			
4/19/2010			Pymt	5555555				\$250.00			
4/21/2010	4/5/2010	Randall ...	99215	OFFICE/O...	\$175.00	\$175.00	1.0			\$175.00	\$4,940.00
4/21/2010	4/5/2010	Randall ...	72110	X-RAY EXA...	\$90.00	\$90.00	1.0			\$90.00	\$5,030.00
4/26/2010	4/20/2010	Randall ...	99215	OFFICE/O...	\$175.00	\$175.00	1.0	\$30.00		\$145.00	\$5,175.00
4/26/2010	4/20/2010	Randall ...	71020	CHEST X-RAY	\$90.00	\$90.00	1.0			\$90.00	\$5,265.00
4/26/2010			Pymt	Check: 5445				\$30.00			
					\$5,895.00	\$5,895.00		\$630.00	\$0.00	\$5,265...	\$5,265.00

Print Receipt

Add ChargeAdd AdjustmentAdd Payment

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

Charge Details	
----------------	--

Charge Details

2

Service From	Service To	Provider	Code	Description	Units	Charge
3/31/2010	3/31/2010	Randall Oates	99211	OFFICE/OUTPATIENT...	1.0	\$120.00

Diagnosis Codes

Add Code

DX	Description
X 722.10	Displacement of lumbar inter...

Modifiers

Add Code

Code	Description
X 25	Significant, Separately Identif...

☐ Omit from Statement

Charge Notes

Amounts Details

3

Payments/Adjustments

Date	Name/Description	Amount
4/16/2010	Payment	\$50.00
		\$50.00

Totals

Charges

\$120.00

Pay/Adjust

\$50.00

Balance

\$70.00

Misc Details

Facility

Family Clinic

EPSDT

☐ Emergency
 ☐ Family Plan

Supplemental

Insurance Details

4

Payer

BCBS AR

Begin Service

3/31/2010

End Service

3/31/2010

Units

1

Claim Id

66

Claim Status

Submitted

Billed	Allowed	Deduct	CoIns	CoPay	Late
\$120.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Adjusts	Adjust Codes	Paid	Remark Codes
\$0.00		\$50.00	

Notes

Save

Cancel

2. View details for selected claim including Service dates, codes used when charging the service and miscellaneous
3. Summary of Payments and Adjustments applied to selected Charge
4. Details of Insurance payments and adjustments applied to selected Charge. If insurance has not processed the claim this section will be closed. To view additional Insurance Payment details, Double Click the Payment as shown in step 3. This will open the Insurance Payment details dialog

Insurance Payment Details for Tester , Lester

Payer

BCBS AR

PO Box 2181
Little Rock, AR 72203
(501) 378-1111

Group

Professional Group, Inc.

123 Any St
Any City, AR 72703
(479) 555-5555

NPI

1234567890

Check Number

5555555

Production Date

4/19/2010

Check Date

4/16/2010

Check Amount

\$250.00

Remaining

\$0.00

Claims

Post Date ▲	Processed	Claim ID	Provider	Payer	Secondary Payer	Amount	Balance
3/31/2010	4/5/2010		63 Randall Oates	BCBS AR		\$325.00	\$150.00
3/31/2010	4/5/2010		66 Randall Oates	BCBS AR		\$120.00	\$70.00
4/5/2010	4/5/2010		80 Randall Oates	BCBS AR		\$265.00	\$240.00

Claim Details

Details for Claim 66

More Info

Claim Notes

Post Date

3/31/2010

Member ID

XYZ12345

Patient Group Number

R5544

Process Date

4/5/2010

Rendering Provider

Randall Oates

Routing

E

Rendering NPI

1122334455

Charges

Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other	...	Provider	...	Notes
3/31/2010	3/31/2010	1.0	99211	\$120.00								\$50.00		a

\$120.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$50.00

Close

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

Create a Claim from Ledger

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

Michael's, Mike

Account 38
Chart MM1234

Date of Birth 6/5/1970 **Age** 40 **Sex** Male **Status** Single

Address 5432 Sunny Ln Fayetteville, AR 72764

Home (479) 555-4444 **Work** (479) 555-6644 **Cell** (479) 555-8888

Email

Balances

Family \$205.00
Personal \$250.00
Total \$455.00

☐ Self Pay Co-Pay \$0.00

1

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

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustments	Chrg Bal	Balance
4/30/2010	4/30/2010	Randall Oates	99215	OFFICE/OUTPATI...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$0.00
5/13/2010	5/13/2010	Randall Oates	99212	OFFICE/OUTPATI...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
7/29/2010	7/29/2010	Randall Oates	J1040	Methylprednisolo...	\$98.01	1.0	\$98.01	\$98.01		\$0.00	\$0.00
8/11/2010	8/11/2010	James R. Bunch	99213	OFFICE/OUTPATI...	\$33.75	1.0	\$33.75	\$33.75		\$0.00	\$0.00
10/6/2010			Pymt	Credit Card: 133...				\$426.76			
12/28/2010	12/28/2...	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00			\$120.00	\$120.00
12/28/2010	12/28/2...	Randall Oates	71030	CHEST X-RAY	\$130.00	1.0	\$130.00			\$130.00	\$250.00

2

Print Receipt **Create Claim** **Add Adjustment** **Add Charge** **Add Payment**

\$676.76 **\$676.76** **\$426.76** **\$0.00** **\$250.00** **\$250.00**

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

The screenshot shows the 'Create Claim' window with the following components:

- Visits Table:**


Id	Date Of Service	More Info
253	5/13/2010	▶
891	12/28/2010	▶
- Insurance Section:**
 - Primary: Medicare
 - Company Name: Medicare (highlighted)
 - Policy Status: Primary
 - Plan Name: M...
 - Policy Number: 123456789A
 - Aetna: Inactive M...
 - Arkansas Firstsource: Inactive M...
- Claim Comments:** A text area for adding comments.
- Options and Buttons:**
 - ☒ Open Claims Manager after create
 - Create button
 - Cancel button

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

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

View Personal Payments in Ledger

View details of personal payments from the Patient Ledger



Tester, Lester

Account 15
Chart LTE5454

Date of Birth 2/19/1979Age 31Sex MaleStatus Unknown

Address 123 Oak St Any City, AR 72703-0123

Home (479) 555-4444Work (479) 555-6666Cell (479) 555-7777

Email lt@email.com

Balances

Family \$335.00
Personal \$5,265.00
Total \$5,600.00

☐ Self Pay Co-Pay \$0.00

ScheduleDemographicsInsuranceCustomLedgerFamilyClaimsStatementsNew Charges

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

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustm...	Chrg Bal	Balance
3/11/2010	3/11/2010	Alan Ande...	27130	TOTAL HIP AR...	\$3,600.00	1.0	\$3,600.00			\$3,60...	\$3,670.00
3/31/2010	12/18/2...	Randall Oa...	99215	OFFICE/OUTP...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$3,670.00
3/31/2010	1/12/2010	Randall Oa...	99215	OFFICE/OUTP...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$3,670.00
3/31/2010	1/12/2010	Randall Oa...	73630	X-RAY EXAM O...	\$150.00	1.0	\$150.00			\$150.00	\$3,820.00
3/31/2010	12/17/2...	Randall Oa...	73562	X-RAY EXAM O...	\$140.00	1.0	\$140.00			\$140.00	\$3,960.00
3/31/2010	3/31/2010	Randall Oa...	99211	OFFICE/OUTP...	\$120.00	1.0	\$120.00	\$50.00		\$70.00	\$4,030.00
4/1/2010	4/1/2010	Randall Oa...	99212	OFFICE/OUTP...	\$120.00	1.0	\$120.00			\$120.00	\$4,150.00
4/1/2010	4/1/2010	Randall Oa...	99212	OFFICE/OUTP...	\$120.00	1.0	\$120.00			\$120.00	\$4,270.00
4/1/2010	4/1/2010	Randall Oa...	99212	OFFICE/OUTP...	\$120.00	1.0	\$120.00			\$120.00	\$4,390.00
4/1/2010	4/1/2010	Randall Oa...	99213	OFFICE/OUTP...	\$135.00	1.0	\$135.00			\$135.00	\$4,525.00
4/5/2010	4/5/2010	James R. ...	99215	OFFICE/OUTP...	\$175.00	1.0	\$175.00	\$25.00		\$150.00	\$4,675.00
4/5/2010	4/5/2010	James R. ...	72110	X-RAY EXAM O...	\$90.00	1.0	\$90.00			\$90.00	\$4,765.00
4/7/2010	12/18/2...	Randall Oa...	99215	OFFICE/OUTP...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$4,765.00
4/16/2010			Pymt	28282828				\$350.00			
4/19/2010			Pymt	5555555				\$250.00			
4/21/2010	4/5/2010	Randall Oa...	99215	OFFICE/OUTP...	\$175.00	1.0	\$175.00			\$175.00	\$4,940.00
4/21/2010	4/5/2010	Randall Oa...	72110	X-RAY EXAM O...	\$90.00	1.0	\$90.00			\$90.00	\$5,030.00
4/26/2010	4/20/2010	Randall Oa...	99215	OFFICE/OUTP...	\$175.00	1.0	\$175.00	\$30.00		\$145.00	\$5,175.00
4/26/2010	4/20/2010	Randall Oa...	71020	CHEST X-RAY	\$40.00	1.0	\$40.00			\$40.00	\$5,215.00
4/26/2010			Pymt	Check: 5445				\$30.00			
4/27/2010	4/27/2010	Randall Oa...	99215	OFFICE/OUTP...	\$50.00	1.0	\$50.00			\$50.00	\$5,265.00

\$5,895.00

\$5,895.00

\$630.00

\$0.00

\$5,26...

\$5,265.00

Print Receipt

Add Adjustment

Add Charge


Add Payment

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

Close

View Insurance Payment Details from Ledger

View Insurance Payment Details from the Ledger Tab



Tester, Lester

Date of Birth 2/19/1979 **Age** 31 **Sex** Male **Status** Unknown

Address 123 Oak St Any City, AR 72703-0123

Home (479) 555-4444 **Work** (479) 555-6666 **Cell** (479) 555-7777

Email lt@email.com

Account 15
Chart LTE5454

Balances

Family \$335.00
Personal \$5,265.00
Total \$5,600.00

☐ 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	Adjustm...	Chrg Bal	Balance
3/11/2010	3/11/2010	Alan Ande...	27130	TOTAL HIP AR...	\$3,600.00	1.0	\$3,600.00			\$3,60...	\$3,670.00
3/31/2010	12/18/2...	Randall Oa...	99215	OFFICE/OUTP...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$3,670.00
3/31/2010	1/12/2010	Randall Oa...	99215	OFFICE/OUTP...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$3,670.00
3/31/2010	1/12/2010	Randall Oa...	73630	X-RAY EXAM O...	\$150.00	1.0	\$150.00			\$150.00	\$3,820.00
3/31/2010	12/17/2...	Randall Oa...	73562	X-RAY EXAM O...	\$140.00	1.0	\$140.00			\$140.00	\$3,960.00
3/31/2010	3/31/2010	Randall Oa...	99211	OFFICE/OUTP...	\$120.00	1.0	\$120.00	\$50.00		\$70.00	\$4,030.00
4/1/2010	4/1/2010	Randall Oa...	99212	OFFICE/OUTP...	\$120.00	1.0	\$120.00			\$120.00	\$4,150.00
4/1/2010	4/1/2010	Randall Oa...	99212	OFFICE/OUTP...	\$120.00	1.0	\$120.00			\$120.00	\$4,270.00
4/1/2010	4/1/2010	Randall Oa...	99212	OFFICE/OUTP...	\$120.00	1.0	\$120.00			\$120.00	\$4,390.00
4/1/2010	4/1/2010	Randall Oa...	99213	OFFICE/OUTP...	\$135.00	1.0	\$135.00			\$135.00	\$4,525.00
4/5/2010	4/5/2010	James R. ...	99215	OFFICE/OUTP...	\$175.00	1.0	\$175.00	\$25.00		\$150.00	\$4,675.00
4/5/2010	4/5/2010	James R. ...	72110	X-RAY EXAM O...	\$90.00	1.0	\$90.00			\$90.00	\$4,765.00
4/7/2010	12/18/2...	Randall Oa...	99215	OFFICE/OUTP...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$4,765.00
4/16/2010			Pymt	28282828				\$350.00			
4/19/2010			Pymt	5555555				\$250.00			
4/21/2010	4/5/2010	Randall Oa...	99215	OFFICE/OUTP...	\$175.00	1.0	\$175.00			\$175.00	\$4,940.00
4/21/2010	4/5/2010	Randall Oa...	72110	X-RAY EXAM O...	\$90.00	1.0	\$90.00			\$90.00	\$5,030.00
4/26/2010	4/20/2010	Randall Oa...	99215	OFFICE/OUTP...	\$175.00	1.0	\$175.00	\$30.00		\$145.00	\$5,175.00
4/26/2010	4/20/2010	Randall Oa...	71020	CHEST X-RAY	\$40.00	1.0	\$40.00			\$40.00	\$5,215.00
4/26/2010			Pymt	Check: 5445				\$30.00			
4/27/2010	4/27/2010	Randall Oa...	99215	OFFICE/OUTP...	\$50.00	1.0	\$50.00			\$50.00	\$5,265.00

\$5,895.00

\$5,895.00

\$630.00

\$0.00

\$5,26...

\$5,265.00

Print Receipt

Add Adjustment

Add Charge

Add Payment

1. Double Click on the Insurance Payment line item.

Insurance Payment Details for Tester, Lester

Payer BCBS AR PO Box 2181 Little Rock, AR 72203 (501) 378-1111	Group Professional Group, Inc. 123 Any St Any City, AR 72703 (479) 555-5555	NPI 1234567890	Check Number 5555555
		Production Date 4/19/2010	Check Date 4/16/2010
			Check Amount \$250.00
			Remaining \$0.00

Claims

Post Date	Processed	Claim ID	Provider	Payer	Secondary Payer	Amount	Balance
3/31/2010	4/5/2010	2	63 Randall Oates	BCBS AR		\$325.00	\$150.00
3/31/2010	4/5/2010		66 Randall Oates	BCBS AR		\$120.00	\$70.00
4/5/2010	4/5/2010		80 Randall Oates	BCBS AR		\$265.00	\$240.00

Claim Details

Details for Claim 63

Post Date: 3/31/2010 Member ID: XYZ12345 Patient Group Number: R5544

Process Date: 4/5/2010 Rendering Provider: Randall Oates

Routing: E Rendering NPI: 1122334455

Charges

Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other	Provider	Notes
1/12/2010	1/12/2010	1.0	99215	\$175.00							\$175.00	
1/12/2010	1/12/2010	1.0	73630	\$150.00								

\$325.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$175.00

3 Close

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

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

3. Click **Close**.

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

Print 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

Account 15
Chart LTE5454

Date of Birth 2/19/1979 **Age** 31 **Sex** Male **Status** Unknown

Address 123 Oak St Any City, AR 72703-0123

Home (479) 555-4444 **Work** (479) 555-6666 **Cell** (479) 555-7777

Email lt@email.com

Balances

Family \$335.00

Personal \$5,265.00

Total \$5,600.00

☐ 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	Adjustm...	Chrg Bal	Balance
3/11/2010	3/11/2010	Alan Ande...	27130	TOTAL HIP A...	\$3,600.00	1.0	\$3,600.00			\$3,600...	\$3,670.00
3/31/2010	12/18/2...	Randall O...	99215	OFFICE/OUT...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$3,670.00
3/31/2010	1/12/2010	Randall O...	99215	OFFICE/OUT...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$3,670.00
3/31/2010	1/12/2010	Randall O...	73630	X-RAY EXAM ...	\$150.00	1.0	\$150.00			\$150.00	\$3,820.00
3/31/2010	12/17/2...	Randall O...	73562	X-RAY EXAM ...	\$140.00	1.0	\$140.00			\$140.00	\$3,960.00
3/31/2010	3/31/2010	Randall O...	99211	OFFICE/OUT...	\$120.00	1.0	\$120.00	\$50.00		\$70.00	\$4,030.00
4/1/2010	4/1/2010	Randall O...	99212	OFFICE/OUT...	\$120.00	1.0	\$120.00			\$120.00	\$4,150.00
4/1/2010	4/1/2010	Randall O...	99212	OFFICE/OUT...	\$120.00	1.0	\$120.00			\$120.00	\$4,270.00
4/1/2010	4/1/2010	Randall O...	99212	OFFICE/OUT...	\$120.00	1.0	\$120.00			\$120.00	\$4,390.00
4/1/2010	4/1/2010	Randall O...	99213	OFFICE/OUT...	\$135.00	1.0	\$135.00			\$135.00	\$4,525.00
4/5/2010	4/5/2010	James R. ...	99215	OFFICE/OUT...	\$175.00	1.0	\$175.00	\$25.00		\$150.00	\$4,675.00
4/5/2010	4/5/2010	James R. ...	72110	X-RAY EXAM ...	\$90.00	1.0	\$90.00			\$90.00	\$4,765.00
4/7/2010	12/18/2...	Randall O...	99215	OFFICE/OUT...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$4,765.00
4/16/2010			Pymt	28282828				\$350.00			
4/19/2010			Pymt	5555555				\$250.00			
4/21/2010	4/5/2010	Randall O...	99215	OFFICE/OUT...	\$175.00	1.0	\$175.00			\$175.00	\$4,940.00
4/21/2010	4/5/2010	Randall O...	72110	X-RAY EXAM ...	\$90.00	1.0	\$90.00			\$90.00	\$5,030.00
4/26/2010	4/20/2010	Randall O...	99215	OFFICE/OUT...	\$175.00	1.0	\$175.00	\$30.00		\$145.00	\$5,175.00
4/26/2010	4/20/2010	Randall O...	71020	CHEST X-RAY	\$40.00	1.0	\$40.00			\$40.00	\$5,215.00
4/26/2010			Pymt	Check: 5445				\$30.00			
4/27/2010	4/27/2010	Randall O...	99215	OFFICE/OUT...	\$50.00	1.0	\$50.00			\$50.00	\$5,265.00

1

Print Receipt

Add Adjustment

Add Charge

Add Payment

1. Click the Print Receipt button

Select Receipt From Date/To Date

The image shows a 'Print Receipt' dialog box with a blue title bar and a red close button. It contains two main sections: 'Select Receipt Dates' and 'Select Receipt Date Type'. The 'Select Receipt Dates' section has 'From Date' and 'To Date' dropdown menus, both showing '4/26/2010' and '4/27/2010' respectively. A callout '2' points to the 'From Date' dropdown. The 'Select Receipt Date Type' section has two radio buttons: 'Posted Date' (selected) and 'Date of Service'. A callout '3' points to the 'Posted Date' radio button. At the bottom, there are 'Print' and 'Cancel' buttons. A callout '4' points to the 'Print' button.

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 Many Pages Zoom Out Zoom Zoom In Page Color Watermark Export To E-Mail As Close Print Preview

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			786.50	1	\$175.00		
4/26/10		PYMT		Check: 5445				\$30.00	\$145.00
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

Clark, Jack

Account 60
Chart JC123456

Date of Birth 9/18/1960 Age 49 Sex Male Status Unknown

Address 456 Elm Sprngdale, AR 72765-0456

Home (479) 555-1234 Work (479) 555-3214 Cell (479) 555-7890

Email

Balances
Family \$0.00
Personal \$25.00
Total \$25.00

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	Adjustm...	Chrg Bal	Balance
4/14/2010	4/14/2010	Randall O...	99213	OFFICE/OUTP...	\$135.00	1.0	\$135.00	\$110.00		\$25.00	\$25.00
4/14/2010	4/14/2010	Randall O...	99212	OFFICE/OUTP...	\$120.00	1.0	\$120.00		\$120.00	\$0.00	\$25.00
4/14/2010			Pymt	2121222				\$40.00			
4/22/2010			Pymt	Credit Card:				\$70.00			
x 4/22/2010			89CE	Charged in Error					\$120.00		

\$255.00 \$255.00 \$110.00 \$120.00 \$25.00 **\$25.00**

Print Receipt 1 Add Charge Add Adjustment Add Payment

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

Select Charge

Code: 99999 (2)

Short Description: No show Fee

Clear Filters

Advanced Search

Select (3) Cancel

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

Clark, Jack

Account 60

Chart JC123456

Date of Birth 9/18/1960

Age 49

Sex Male

Status Unknown

Address 456 Elm Sprngdale, AR 72765-0456

Home (479) 555-1234

Work (479) 555-3214

Cell (479) 555-7890

Email

\$ Balances

Family \$0.00

Personal \$25.00

Total \$25.00

☐ 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	Adjustm...	Chrg Bal	Balance
4/14/2010	4/14/2010	Randall O...	99213	OFFICE/OUTP...	\$135.00	1.0	\$135.00	\$110.00		\$25.00	\$25.00
4/14/2010	4/14/2010	Randall O...	99212	OFFICE/OUTP...	\$120.00	1.0	\$120.00		\$120.00	\$0.00	\$25.00
4/14/2010			Pymt	2121222				\$40.00			
4/22/2010			Pymt	Credit Card:				\$70.00			
4/22/2010			89CE	Charged in Error					\$120.00		
✕ 4/22/2010	4/22/2010		99999	No show Fee		1.0				\$0.00	\$25.00

\$255.00

\$255.00

\$110.00

\$120.00

\$25.00

\$25.00

Print Receipt

Add Charge

Add Adjustment

Add Payment




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

Add Payment in Patient Ledger

Apply Payment to 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 \$520.00
Total \$520.00
☐ 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	\$175.00
4/8/2010	4/5/2010	Randall Oates	71020	CHEST X-RAY	\$90.00	1.0	\$90.00			\$90.00	\$265.00
5/25/2010	5/25/2010	Randall Oates	99213	OFFICE/OUTPATI...	\$135.00	1.0	\$135.00			\$135.00	\$400.00
✕ 5/25/2010	5/25/2010	Randall Oates	72010	X-RAY EXAM OF ...	\$120.00	1.0	\$120.00			\$120.00	\$520.00

\$520.00

\$520.00

\$0.00

\$0.00

\$520.00

1 \$520.00

Print Receipt

Add Adjustment

Add Charge

Add Payment

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

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

Flintrock, Fred F., Sr

Account 23
Chart FLI1950

Date of Birth 5/19/1950 Age 60 Sex Male Status Married

Address 145 Boulder Hwy Bedrock, AR 72702

Home (479) 555-4444 Work (479) 555-6666 Cell (479) 555-5555

Email ff@email.com

Balances
Family \$0.00
Personal \$670.00
Total \$670.00

Self Pay Co-Pay \$0.00

Navigation: Schedule Demographics Insurance Custom Ledger Family Claims Statements New Charges

Unapplied Co-Pay \$20.00 Unapplied Pre-Pay \$0.00

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustments	Chrg Bal	Balance
3/10/2010	3/10/2010	Randall Oates	99202	OFFICE/OUTPATI...	\$160.00	1.0	\$160.00	\$150.00	\$10.00	\$0.00	\$0.00
3/10/2010	3/10/2010	Randall Oates	73540	X-RAY EXAM OF ...	\$75.00	1.0	\$75.00	\$75.00		\$0.00	\$0.00
3/17/2010	3/17/2010	Randall Oates	99213	OFFICE/OUTPATI...	\$70.00	1.0	\$70.00			\$70.00	\$70.00
4/30/2010	4/30/2010		93226	ECG MONITOR/R...	\$50.00	1.0	\$50.00			\$50.00	\$120.00
4/30/2010	3/22/2010	Randall Oates	99214	OFFICE/OUTPATI...	\$80.00	1.0	\$80.00			\$80.00	\$200.00
5/4/2010	4/30/2010	James R. Bunch	99215	OFFICE/OUTPATI...	\$175.00	1.0	\$175.00	\$50.00		\$125.00	\$325.00
6/2/2010	6/2/2010	Randall Oates	99211	OFFICE/OUTPATI...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$325.00
6/21/2010	6/21/2010	Randall Oates	99212	Office Visit 99212		1.0				\$0.00	\$325.00
6/29/2010	6/29/2010	Randall Oates	99211	OFFICE/OUTPATI...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$325.00
7/7/2010	7/7/2010	Randall Oates	99214	OFFICE/OUTPATI...	\$145.00	1.0	\$145.00			\$145.00	\$470.00
7/23/2010	7/23/2010	Tammy Trent	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$90.00		\$30.00	\$500.00
8/4/2010	8/4/2010	Randall Oates	99211	OFFICE/OUTPATI...	\$120.00	1.0	\$120.00	\$25.00		\$95.00	\$595.00
8/4/2010			Pymt	Credit Card:				\$25.00			
8/4/2010	8/4/2010	Randall Oates	99213	OFFICE/OUTPATI...	\$135.00	1.0	\$135.00	\$70.00		\$65.00	\$660.00
8/4/2010			Pymt	Credit Card:				\$20.00			
8/16/2010			Ins Pymt	Cigna Pymt: 3213...				\$60.00			
8/16/2010			Ins Pymt	Medicare Pymt: 7...				\$30.00			
8/31/2010			Ins Pymt	Medicare Pymt: 7...				\$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/OUTPATI...	\$135.00	1.0	\$135.00	\$120.00	\$5.00	\$10.00	\$670.00
12/10/2010			Ins Pymt	BCBS AR Pymt: 8...				\$100.00			
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			

Summary: \$1,505.00 \$1,505.00 \$820.00 \$15.00 \$670.00 **\$670.00**

Buttons: 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

Make Payment																																																																																															
<p>Payer Details</p> <div style="border: 1px solid gray; padding: 2px; margin-bottom: 5px;"> × Flintrock, Wilma S. </div> <p>Account # 55 Chart # DOB 5/19/1930 Age 80 5432 Boulder Blvd Bedrock AR 727035432</p> <p>Comments</p> <div style="border: 1px solid gray; height: 40px;"></div>				<p>Payment Details</p> <p>Payment Type: Payment</p> <p>Facility: Family Clinic</p> <p>Pay Date: 1/3/2011</p> <p>Pay Method: Credit Card</p> <p>Reference: *****1234 </p> <p>Amount: \$60.00</p> <p>Remaining: \$60.00</p>																																																																																											
<p>Apply Charges</p> <p>Add Dependent: Select Dependent + Add Patient</p>																																																																																															
<div style="border: 1px solid gray; padding: 2px; margin-bottom: 5px;"> × Flintrock, Fred F., Sr </div> <p>Acct # 23 DOB 5/19/1950 Chart # FLI1950 Age 60</p>				<p>Co-Pay: \$0.00 Store as Co-Pay: \$0.00</p> <p>Store as Pre-Pay: \$0.00</p>																																																																																											
<p>\$ Charges</p> <p><input type="checkbox"/> Show Zero Balance Charges Pay All</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #f2f2f2;"> <th>DOS</th> <th>Provider</th> <th>Code</th> <th>Description</th> <th>Charge</th> <th>Payments</th> <th>Balance</th> <th>Applied</th> </tr> </thead> <tbody> <tr> <td>3/17/2010</td> <td>Randall Oates</td> <td>99213</td> <td>OFFICE/OUTPATIENT VISIT, EST</td> <td>\$70.00</td> <td>\$0.00</td> <td>\$70.00</td> <td>\$0.00 ◀</td> </tr> <tr> <td>4/30/2010</td> <td></td> <td>93226</td> <td>ECG MONITOR/REPORT, 24 HRS</td> <td>\$50.00</td> <td>\$0.00</td> <td>\$50.00</td> <td>\$0.00 ◀</td> </tr> <tr> <td>3/22/2010</td> <td>Randall Oates</td> <td>99214</td> <td>OFFICE/OUTPATIENT VISIT, EST</td> <td>\$80.00</td> <td>\$0.00</td> <td>\$80.00</td> <td>\$0.00 ◀</td> </tr> <tr> <td>4/30/2010</td> <td>James R. Bunch</td> <td>99215</td> <td>OFFICE/OUTPATIENT VISIT, EST</td> <td>\$175.00</td> <td>\$50.00</td> <td>\$125.00</td> <td>\$0.00 ◀</td> </tr> <tr> <td>7/7/2010</td> <td>Randall Oates</td> <td>99214</td> <td>OFFICE/OUTPATIENT VISIT, EST</td> <td>\$145.00</td> <td>\$0.00</td> <td>\$145.00</td> <td>\$0.00 ◀</td> </tr> <tr> <td>7/23/2010</td> <td>Tammy Trent</td> <td>99212</td> <td>Office Visit Limited/10mn.</td> <td>\$120.00</td> <td>\$90.00</td> <td>\$30.00</td> <td>\$0.00 ◀</td> </tr> <tr> <td>8/4/2010</td> <td>Randall Oates</td> <td>99211</td> <td>OFFICE/OUTPATIENT VISIT, EST</td> <td>\$120.00</td> <td>\$25.00</td> <td>\$95.00</td> <td>\$0.00 ◀</td> </tr> <tr> <td>8/4/2010</td> <td>Randall Oates</td> <td>99213</td> <td>OFFICE/OUTPATIENT VISIT, EST</td> <td>\$135.00</td> <td>\$70.00</td> <td>\$65.00</td> <td>\$0.00 ◀</td> </tr> <tr style="background-color: #d9eaf7;"> <td>12/3/2010</td> <td>Randall Oates</td> <td>99213</td> <td>OFFICE/OUTPATIENT VISIT, EST</td> <td>\$135.00</td> <td>\$120.00</td> <td>\$10.00</td> <td>\$0.00 ◀</td> </tr> <tr> <td colspan="4"></td> <td>\$1,030.00</td> <td>\$355.00</td> <td>\$670.00</td> <td>\$0.00</td> </tr> </tbody> </table>								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
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				\$1,030.00	\$355.00	\$670.00	\$0.00																																																																																								
<p>✕ Clear Applied</p>				<p><input checked="" type="checkbox"/> Print Receipt After Saving Save Cancel</p>																																																																																											

3. Verify payer name.
4. Enter payment details.
5. Click Add Patient. Select dependent from chart rack and repeat for each dependent.

Apply payment to each dependent visit

DO5	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	\$20.00
				\$1,030.00	\$355.00	\$670.00	\$20.00

☐ Birdie, Big
 Acct # 95 DOB 5/5/1980
 Chart # Age 30

Co-Pay \$0.00 Store as Co-Pay \$0.00
 Store as Pre-Pay \$0.00

\$ Charges
☐ Show Zero Balance Charges Pay All

DO5	Provider	Code	Description	Charge	Payments	Balance	Applied
11/10/2010	Randall Oates	99202	OFFICE/OUTPATIENT VISIT, NEW	\$144.00	\$0.00	\$144.00	\$0.00
11/10/2010	Randall Oates	71020	CHEST X-RAY	\$81.00	\$0.00	\$81.00	\$0.00
11/10/2010	Randall Oates	99202	OFFICE/OUTPATIENT VISIT, NEW	\$144.00	\$49.50	\$50.50	\$20.00
11/24/2010		99999	No show Fee	\$30.00	\$0.00	\$30.00	\$0.00
				\$850.00	\$199.50	\$599.50	\$20.00

☐ Lane, Penny P.
 Acct # 43 DOB 5/20/1968
 Chart # Age 42

Co-Pay \$0.00 Store as Co-Pay \$0.00
 Store as Pre-Pay \$0.00

\$ Charges
☐ Show Zero Balance Charges Pay All

DO5	Provider	Code	Description	Charge	Payments	Balance	Applied
11/9/2010	Randall Oates	72110	X-RAY EXAM OF LOWER SPINE	\$90.00	\$0.00	\$90.00	\$0.00
11/9/2010	Randall Oates	71100	X-RAY EXAM OF RIBS	\$88.00	\$0.00	\$88.00	\$16.00
11/9/2010	Randall Oates	99212	Office Visit Limited/10mn.	\$96.00	\$0.00	\$96.00	\$0.00
12/14/2010	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	\$135.00	\$50.00	\$85.00	\$0.00
				\$3,306.00	\$484.60	\$2,810.40	\$16.00

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

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
Total		\$60.00

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

Delete Personal Payment

Patient Account -> Ledger 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

Schedule

Demographics

Insurance

Custom

Ledger

Family

Claims

Statements

New C

Unapplied Co-Pay

Posted ▲	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme
4/8/2010	4/5/2010	Randall Oates	99215	OFFICE/OUTPATI...	\$175.00	1.0	\$175.00	\$75.00	
4/8/2010	4/5/2010	Randall Oates	71020	CHEST X-RAY	\$90.00	1.0	\$90.00		
5/25/2010	5/25/2010	Randall Oates	99213	OFFICE/OUTPATI...	\$135.00	1.0	\$135.00		
5/25/2010	5/25/2010	Randall Oates	72010	X-RAY EXAM OF ...	\$120.00	1.0	\$120.00		
X 6/7/2010			Pymt	Credit Card: ***...				\$75.00	

Click to remove item

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

Perry, Mary

Account 25
Chart PEM123

Date of Birth 5/21/1945 Age 65 Sex Female Status Married
Address 456 Elm St Fayetteville, AR 72703
Home (479) 555-6543 Work Cell
Email

Balances
Family \$0.00
Personal \$1,732.28
Total \$1,732.28
☐ 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	4/8/2010	Randall Oates	99214	OFFICE/OUTPATI...	\$145.00	1.0	\$145.00			\$145.00	\$145.00
4/8/2010	4/8/2010	Randall Oates	74185	MRI ANGIO, ABD...	\$250.00	1.0	\$250.00			\$250.00	\$395.00
6/10/2010	6/10/2010	Randall Oates	99213	OFFICE/OUTPATI...	\$135.00	1.0	\$135.00	\$125.12		\$9.88	\$404.88
6/21/2010	6/21/2010	Randall Oates	99213	OFFICE/OUTPATI...	\$135.00	1.0	\$135.00			\$135.00	\$539.88
6/21/2010	6/21/2010		99213	OFFICE/OUTPATI...	\$135.00	1.0	\$135.00			\$135.00	\$674.88
6/21/2010	6/21/2010		99213	OFFICE/OUTPATI...	\$135.00	1.0	\$135.00			\$135.00	\$809.88
7/26/2010			Ins Pymt	Aetna Pymt: 454...				\$125.12			
8/10/2010		Randall Oates	99214	OFFICE/OUTPATI...	\$145.00	1.0	\$145.00			\$145.00	\$954.88
8/10/2010											\$1,099.88
8/10/2010											\$1,219.88
8/10/2010											\$1,327.88
8/10/2010											\$1,447.88
8/13/2010											\$1,468.28
10/13/2010											\$1,576.28
10/28/2010	10/28/2...	Randall Oates	99212	Office Visit Limite...	\$96.00	1.0	\$96.00			\$96.00	\$1,672.28
12/9/2010	12/9/2010	Randall Oates	99212	Office Visit Limite...	\$60.00	1.0	\$60.00			\$60.00	\$1,732.28
12/13/2010			Ins Adj	Insurance Adjust...					\$10.00		
12/13/2010			Ins Pymt	Arkansas Firstsou...				\$89.60			
12/13/2010	12/13/2...	Randall Oates	99213	OFFICE/OUTPATI...	\$67.50	1.0	\$67.50	\$65.00	\$2.50	\$0.00	\$1,732.28
12/13/2010			Ins Adj	Insurance Adjust...					\$2.50		
12/13/2010			Ins Pymt	Arkansas Firstsou...				\$50.00			
12/13/2010			Ins Pymt	Woodsman of Am...				\$15.00			
12/14/2010	12/14/2...	Randall Oates	00100	ANESTH, SALIVA...		1.0				\$0.00	\$1,732.28

Delete Insurance Payment

This is an insurance payment. Deleting it will delete the payment for all patients include on it. This action cannot be undone. You will be prompted again to confirm the delete. Do you wish to continue?

Yes No

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

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

3. Click No to Cancel the deleting process.

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** 49 **Sex** Male **Status** Unknown

Address 456 Elm Sprngdale, AR 72765-0456

Home (479) 555-1234 **Work** (479) 555-3214 **Cell** (479) 555-7890

Email

Balances

Family \$0.00
Personal \$145.00
Total \$145.00

☐ 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	Adjustm...	Chrg Bal	Balance
4/14/2010	4/14/2010	Randall O...	99213	OFFICE/OUTP...	\$135.00	1.0	\$135.00	\$110.00		\$25.00	\$25.00
4/14/2010	4/14/2010	Randall O...	99212	OFFICE/OUTP...	\$120.00	1.0	\$120.00			\$120.00	\$145.00
4/14/2010			Pymt	2121222				\$40.00			
4/22/2010			Pymt	Credit Card:				\$70.00			

\$255.00 \$255.00 \$110.00 \$0.00 \$145.00 **\$145.00**

Print Receipt **Add Charge** **Add Adjustment** **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 [v] Description: [v] Amount: \$0.00

Advanced Code Search

Charges for Clark, Jack

DOS	Provider	Description	Payments	Balance	Applied
4/14/2010	Randall Oates	Professional Courtesy			
4/14/2010	Randall Oates	Blue Cross Adjustment	\$110.00	\$25.00	\$0.00
		Medicaid Adjustment			
		Medicare Adjustment			
		Refund to Patient			
		New Adj. code			
		Sample Adjustment Code			
		Insurance Adjustment			
		Refund Adjustment			
		Aetna Adjustment			
		Charged in Error			

☐ Show Zero Balance Charges

Payments	Balance	Applied
\$110.00	\$25.00	\$0.00
\$0.00	\$120.00	\$0.00

\$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

Click to apply amount

\$255.00 \$110.00 \$145.00 \$120.00

Okay Cancel

4. Click the arrow on the line item to select charge to apply adjustment. The amount will default to the charge balance amount, but can be edited
5. Type Adjustment amount in field.
6. Click the Okay button

View Applied Adjustment

Clark, Jack

Clark, Jack
Account 60
Chart JC123456
Date of Birth 9/18/1960 **Age** 49 **Sex** Male **Status** Unknown
Address 456 Elm Sprngdale, AR 72765-0456
Home (479) 555-1234 **Work** (479) 555-3214 **Cell** (479) 555-7890
Email

\$ Balances
 Family \$0.00
 Personal \$25.00
Total \$25.00
☐ 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	Adjustm...	Chrg Bal	Balance
4/14/2010	4/14/2010	Randall O...	99213	OFFICE/OUTP...	\$135.00	1.0	\$135.00	\$110.00		\$25.00	\$25.00
4/14/2010	4/14/2010	Randall O...	99212	OFFICE/OUTP...	\$120.00	1.0	\$120.00		\$120.00	\$0.00	\$25.00
4/14/2010			Pymt	2121222				\$40.00			
4/14/2010			Pymt	Credit Card:				\$70.00			
× 4/22/2010			89CE	Charged in Error					\$120.00		

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

Payer/Non-Patient Accounts

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 buttons labeled with letters A through S, with an asterisk on the left. Below this 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' field showing '80'. There are 'Select' and 'Cancel' buttons at the bottom right. A tooltip box is overlaid on the right side of the window, pointing to the plus icon. The tooltip has a title 'Create New Payer' and contains the text: 'This creates a new Payer. A Payer is a not a Patient, but has demographic information saved in your system.' Below the text is a blue question mark icon followed by the text 'Press F1 key to get more information'.

Non Patient Accounts

Search Type

+

1

Create New Payer

This creates a new Payer. A Payer is a not a Patient, but has demographic information saved in your system.

? Press F1 key to get more information


Name Chart Number SSN Birth Date


Provider Total Active Patients: 80

Select Cancel

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


1. Click on the Create New Payer icon.

 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 -> Patient Account -> Demographics Tab

The screenshot shows a patient account for Lane, Penny. The top section displays patient details: Name (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, and Email fields. A red circle with the number 1 highlights the 'Demographics' tab in the navigation bar. Below the navigation bar, the 'Patient Information' section contains fields for Title, First, Middle, Last, and Suffix; SSN (456-78-9132), Birth Date (5/6/1968), Age (42), and Chart; Marital Status (Married), Gender (Female), and a 'Related To...' button; Race, Ethnicity, and Language dropdowns; Address (Street: 544 Oak, City: Fayetteville, State: Ar, Zip: 72703-); and Contact Information (Home Phone, Work Phone, Cell Phone, and Email). A 'Notes -' section is at the bottom left. On the right, the 'Balances' section shows Family (\$0.00), Personal (\$0.00), and Total (\$0.00) with checkboxes for Self Pay and Co-Pay (\$0.00). Below this is the 'Patient Picture' section with a photo of an older woman and 'Load' and 'Clear' buttons. Further down are fields for Primary Provider (Randall Oates), Referring Provider, PCP, and Preferred Pharmacy. The 'Billing Information' section includes Guarantor, Financial (with a red circle and number 2 and a red arrow pointing to a '+' button), and Student Status dropdowns.

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

Middle

Last

Perry

P

Lane

Gender

☐ Unknown
☒ Male
☐ Female

Birthdate

SSN

1/7/1962

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.

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Add Dependents to Payer Account

Patient Information

Title: [] First: Penny

SSN: 456-78-9132 Birth: 5/20/1968

Marital Status: Married

Race: []

Address: 544 Oak Fayetteville

Contact Information: Home Phone (501) 555-2222 Email: []

☐ Exclude From Data Explorer

Notes -

Account 43

Chart

Date of Birth 5/20/1968 Age 42 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

Family \$0.00

Personal \$1,445.00

Total \$1,445.00

☐ Self Pay Co-Pay \$0.00

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**

Add Dependent

Dependent List

Patient	Relation	Pending	Balance
X Penny Lane			\$1,445.00
X Mollie Turner			\$3,440.00

Billing Information

Guarantor: X Lane, Perry 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.

Add Dependents to Payer/Non-Patient Account

Add Dependents to Payer Account

Payer Account

Lane, Penny P.

Account 43
Chart

Date of Birth 5/20/1968 Age 42 Sex Female Status Married

Address 544 Oak Fayetteville, Ar 12345-6789

Home (501) 555-2222 Work (501) 555-5555 Cell (123) 456-7890

Email

Family

Demographics

Birth 1/7/1962 Age 48 Sex Male

Address 544 Oak St, Fayetteville AR, 72701-0544

Email ppl@email.com

Home (479) 555-4444

Cell (479) 555-5555

Work (479) 555-6666

Charges

Patient Picture

Load Clear

Primary Provider Randall Oates

Referring Provider

PCP

Preferred Pharmacy

Billing Information

Guarantor X Lane, Penny P.

Financial Class 3

Student Status

Dependent List

Patient	Relation	Pending	Balance
x Penny Lane			\$1,445.00
x Mollie Turner			\$3,440.00

Save Close

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

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 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

Remove Payer 2

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

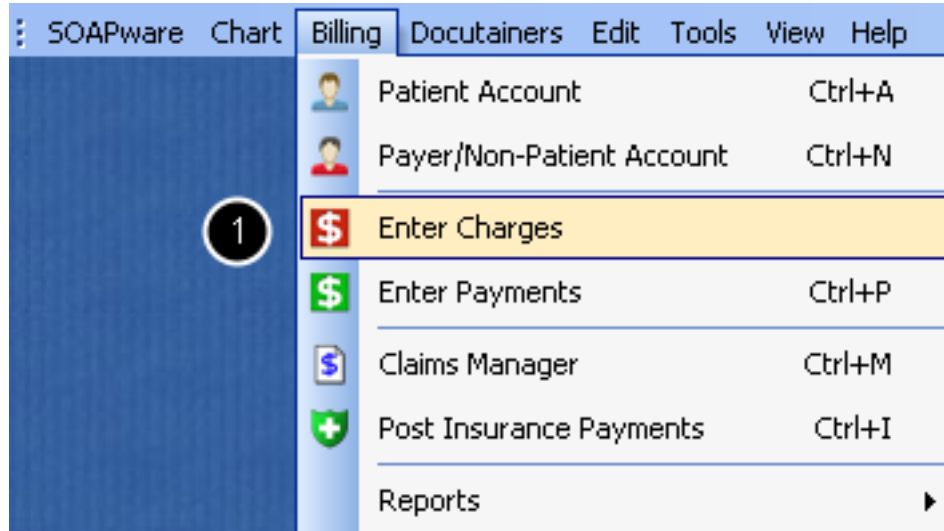
Reference

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

Enter Charges


Enter Charges from Billing Menu

Main menu -> Billing -> Enter Charges



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

Add a New Visit



Bunch, Oscar

Account 19

Chart Bunc123456

Date of Birth 2/5/1977

Age 33

Sex Male

Status Unknown

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

Family \$0.00

Personal \$3,975.00

Total \$3,975.00

☐ Self Pay
 Co-Pay \$0.00

Schedule

Demographics

Insurance

Custom

Ledger

Family

Claims

Statements

New Charges

+ New Visit

2

Unapplied Co-Pay

Apply Co-Pay

Unapplied Pre-Pay


Apply Pre-Pay

\$ Add Payment

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

2. Click the **New Visit** button

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



Bunch, Oscar
Account 19
Chart Bunc123456
Date of Birth 2/5/1977 **Age** 33 **Sex** Male **Status** Unknown
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
 Family \$0.00
 Personal \$3,975.00
Total \$3,975.00
☐ Self Pay Co-Pay \$0.00


Schedule Demographics Insurance Custom 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 4/17/2010 3:48 PM

× Charges From 4/17/2010 3:48 PM
 More Info + Add Adjustment + Add Charge

...	Posted	Provider	Code	Modif...	Description	DX	Cha...	Balance
<div>  More Information Needed Provider is not set. Facility is not set. </div>								
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00

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

Doctor Comments Claim Comments

Add Payment

New Visit dialog opens to begin adding charges.

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

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

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

The screenshot shows the 'Edit Claim Details' window. At the top, there are buttons for 'More Info' (circled in red), 'Add Adjustment', and 'Add Charge'. Below these are columns for 'Description', 'DX', 'Cha...', 'Unit', 'Tot...', 'Co-Ins', 'Pay...', 'Adj...', and 'Balance'. The main form area is divided into several sections:

- Owner:** Randall Oates (Callout 4 points to the dropdown arrow).
- Facility:** Family Clinic (Callout 5 points to the dropdown arrow).
- Type:** Radio buttons for Employment, Auto Accident (selected), Other, and None. A 'State' dropdown is set to AR (Callout 6 points to the dropdown arrow).
- Dates:** 'Not Work From' and 'Hospital From' (4/2/2010) with 'To' dates (4/5/2010).
- Outside Lab:** A checkbox for 'Outside Lab' and a 'Charges' field set to \$0.00.
- Codes:** 'Original Reference' and 'Prior Authorization' text boxes.
- Illness, Injury or Pregnancy:** 'Date' (4/2/2010), 'Similar Illness Date', and 'Last Seen Date' dropdowns.

At the bottom right, there are 'Save' and 'Cancel' buttons (Callout 7 points to the 'Save' button).

4. Using the Drop Down Arrow to display list of Providers that have been setup in SOAPware, Select the Rendering Provider of Services.
5. Using the Drop Down Arrow to display the list of Facilities that have been setup in SOAPware, Select the Place of Service from the list.
6. If the New Charges are Accident related, require prior authorization, are related to a hospital visit, etc., Type that information in the appropriate fields and enter dates that apply.
7. Click the Save button to save information

Add Charge in New Charges Tab

The screenshot shows a software interface for adding charges. At the top, a tab labeled 'PM' is active. Below it, a table with columns: '...', 'Description', 'DX', 'Ch...', 'Unit', 'Tot...', 'Co-Ins', 'Pa...', 'Adj...', and 'Balance'. Above the table are three buttons: 'More Info', '+ Add Adjustment', and '+ Add Charge' (labeled with a circled 8). The '+ Add Charge' button is highlighted. Below the table, a 'Select Charge' dialog box is open. The dialog has a blue header with a close button (X). It contains two input fields: 'Code' (with a dropdown arrow, labeled with a circled 9) and 'Short Description' (with a dropdown arrow). The 'Code' field contains '99218' and the 'Short Description' field contains 'OBSERVATION CARE'. To the right of these fields is a 'Clear Filters' button. Below the fields is an 'Advanced Search' section with a magnifying glass icon and an upward arrow. At the bottom of the dialog are 'Select' (labeled with a circled 10) and 'Cancel' buttons.

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

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

10. Click on the Select button

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

Charge Details

Service From	Service To	Provider	Code	Description	Units	Charge
4/17/2010	4/17/2010	Randall Oates	99218	OBSERVATION CARE	1.0	\$220.00

Diagnosis Codes (11)

DX	Description

Modifiers (12)

Code	Description

☐ Omit from Claim

Charge Notes

Additional Providers

Purchasing Service Provider:
Ordering Provider:
Supervising Provider:

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount

Totals

Charges: \$220.00
Pay/Adjust: \$0.00
Balance: \$220.00

Misc Details (13)

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

Insurance Details

(14)

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

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


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

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

14. Click the Save button to save data.

Repeat Steps 8-14 to add more charges

Post New Charges to Patient Ledger



Bunch, Oscar
Account 19
Chart Bunc123456
Date of Birth 2/5/1977 **Age** 33 **Sex** Male **Status** Unknown
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
Family \$0.00
Personal \$3,975.00
Total \$3,975.00
☐ Self Pay Co-Pay \$0.00

ScheduleDemographicsInsuranceCustomLedgerFamilyClaimsStatements**New Charges**

+ New Visit

Unapplied Co-Pay \$0.00 Apply Co-Pay

Unapplied Pre-Pay \$0.00 Apply Pre-Pay

Patient Visit for 4/17/2010 3:48 PM

Charges From 4/17/2010 3:48 PM

More InfoAdd AdjustmentAdd Charge

...	Posted	Provider	Code	Mo...	Description	DX	Cha...	...	Total ...	Co-Ins	Paym...	...	Balance
<input checked="" type="checkbox"/>	4/17/2010	Randall ...	99218		OBSERVATION C...	722.10, E819.9	\$220...	1.0	\$220.00	\$0.00	\$0.00	\$...	\$220.00

15

\$22...

\$220.00

\$0.00

\$0.00

\$...

\$220.00

Follow Up Action Submit to Insurance

☐ Incomplete

☒ Print Receipt After Post

Post

Doctor Comments

Claim Comments

Add Payment

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

16. The Follow Up Action will default to **Submit to Insurance**. Click the Post button to apply charges to the Patient Ledger and automatically Create a claim for the new charges.

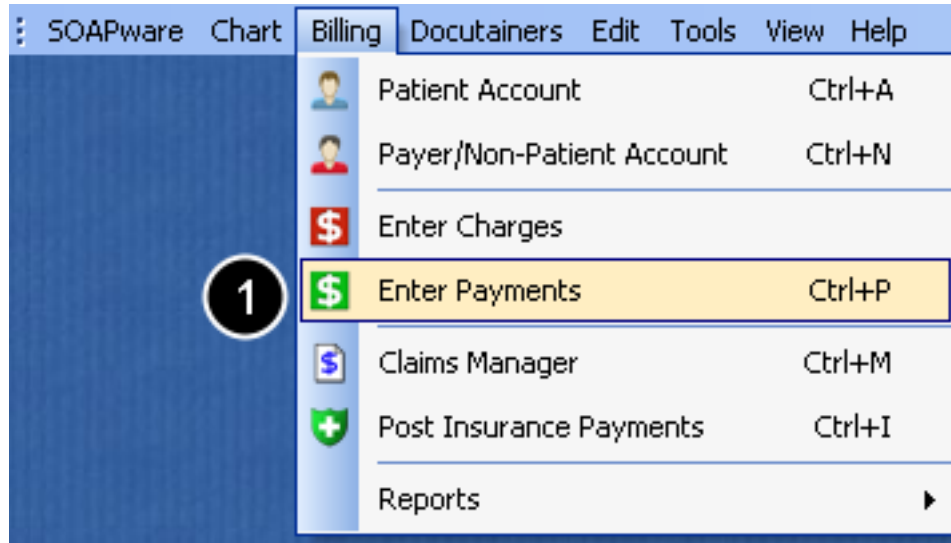
The Patient **Ledger** Tab will open and the New charge(s) will be shown in the ledger.

Enter Payments

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.

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.

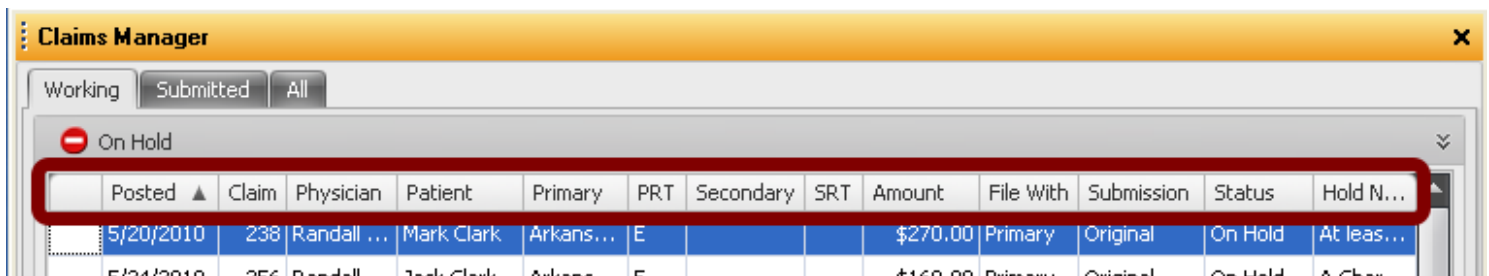
2. Claims are **Scrubbed** and placed in the Ready to Process section. If the claim needs to be corrected or edited, the claim will be placed in the On Hold section with a reason for rejection.

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 sub-section titled 'On Hold' contains a table. A red rectangle highlights the column headers of this table.

	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 patient's Primary Payer

PRT: Primary Payer Routing (Paper claim or Electronically sent)

Secondary: Identifies patient's Secondary Payer

SRT: Secondary Payer Routing (Paper claim or Electronically sent)

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

▲ Pending ▼

	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			\$840.00	Primary	Original	Pending Scrub	

1

2

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	...	...	...	...	...	...	...	...	...	...
6/3/2010	272	Randa										
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 ...	Benny 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 screenshot. 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' application window. At the top, there are tabs for 'Working', 'Submitted', and 'All'. Below these, there is a section for 'On Hold' claims. A table lists several claims, including one with ID 370, dated 6/29/2010, for Randall Oates, Perry Winkle, BCBS AR, with a status of 'On Hold'. A red box highlights this claim, and a red arrow points to a 'Scrub Errors' dialog box. The dialog box has a red 'X' icon and the message 'The patient is missing part or all of their demographics Invalid Date of Birth'. Below the message is an 'OK' button, which is also highlighted with a red box. A red circle with the number '1' is next to the 'OK' button, and a red circle with the number '2' is next to the 'Rebuild' button in the bottom right corner of the 'On Hold' section.

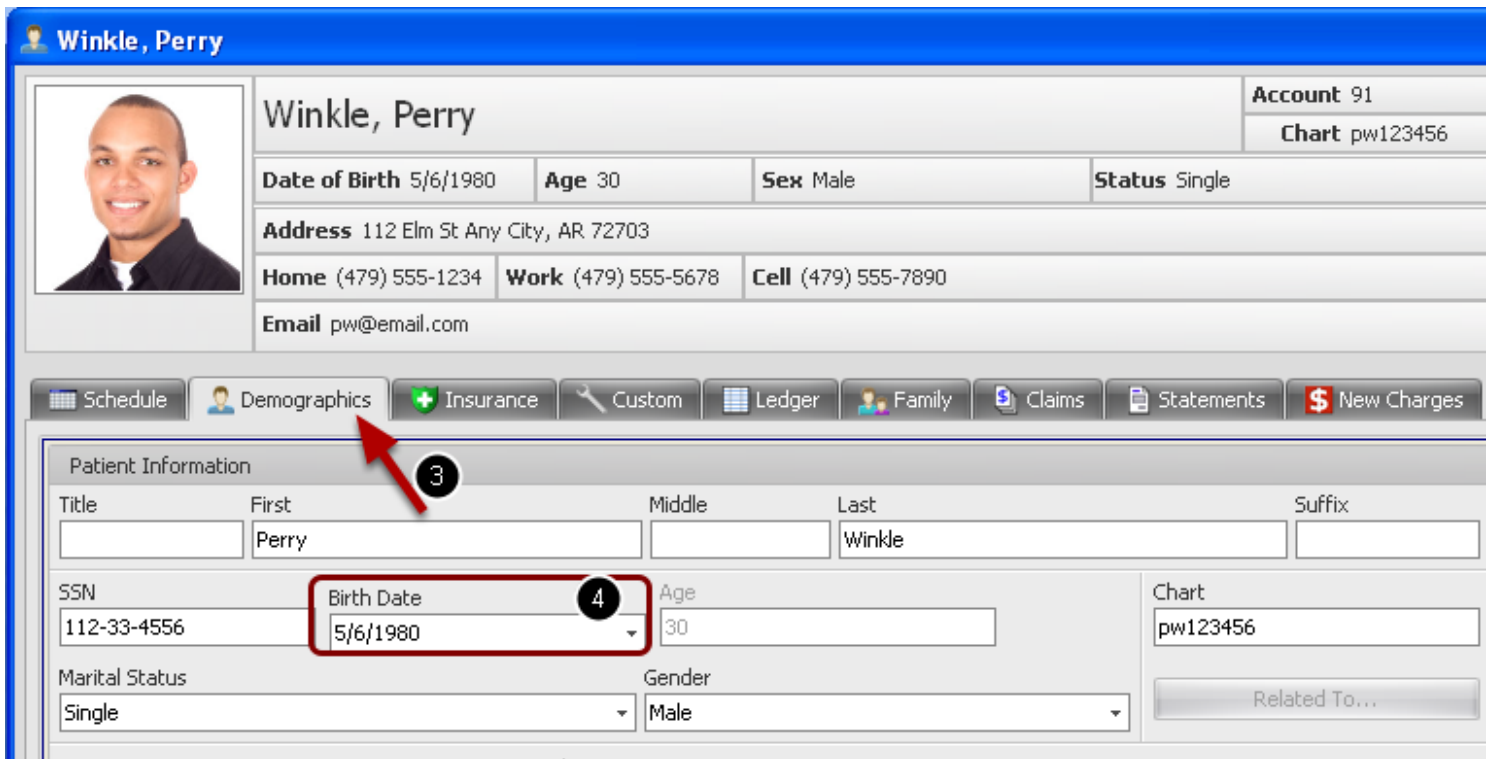
Posted	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Hold Notes
7/1/2010	382	Randall Oates	Michael Den...	Arkansas M...	E	AARP		\$120.00	Primary	Original	On Hold	When a diagnosis is between 800 an...
6/29/2010	374	Randall Oates	Mollie Turner	Cigna	P	Medicare		\$120.00	Primary	Original	On Hold	The Bill To is missing part o all of the i...
6/24/2010	353	Randall Oates	Perry Winkle	BCBS AR	P			\$145.00	Primary	Original	On Hold	sdfsThe primary insured is missing pa...
6/29/2010	370	Randall Oates	Perry Winkle	BCBS AR	P			\$120.00	Primary	Original	On Hold	The patient is missing part or all of th...
6/29/2010	372	Randall Oates	Tom Burnett	Aetna	P	Medicare		\$920.00	Primary	Original	On Hold	The patient is missing part or all of th...
6/28/2010	366	Randall Oates	Tommy Bunch	BCBS AR								The provider is missing all or part of t...

1. Click the **OK** button in the message box.

2. In the **On Hold** section of the Claims Manager, **Double Click** anywhere on the claim line to open **Patient Account** and make corrections as listed in the following steps.

After corrections are made, Close the **Patient Account**, return to **Claims Manager** and **Rebuild** claim to apply changes.

Patient is missing part of their demographics- Invalid Date of Birth



Winkle, Perry

Account 91
Chart pw123456

Date of Birth 5/6/1980 **Age** 30 **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

Demographics Insurance Custom Ledger Family Claims Statements New Charges

Patient Information

Title First Middle Last Suffix

SSN Birth Date Age Chart

112-33-4556 5/6/1980 30 pw123456

Marital Status Gender

Single Male

Related To...

Verify patients demographics are correct: date of birth, address, phone, etc.

3. Click the **Demographics** Tab.
4. Correct the **Birth Date**.

Return to Claims Manager and **Rebuild** claim to apply changes.

The Primary insured is missing part or all of their demographics

Winkle, Perry

Winkle, Perry

Date of Birth 5/6/1980 Age 30 Sex Male

Address 112 Elm St Any City, AR 72703

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

Email pw@email.com

Schedule Demographics **Insurance** Custom Ledger Family

Primary

Company: BCBS AR Primary

Insured: Perry Winkle

Effective: 6/11/2009 to 6/11/2011

Policy #: 112233 \$30 View

Insurance Policy

Type: Primary Health Insurance

Company: BCBS AR

PO Box 2181
Little Rock, AR 72203
(501) 378-1111

Insured Information (as it appears on policy)

Relation to insured: Self

Name: (F M L) Perry Middle Winkle

Address: 112 Elm St

City: Any City State: AR Zip: 72703-__

Birth Date: 5/6/1980 Phone: (479)555-1234

Employer: Male Female

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**.

- Return to Claims Manager and **Rebuild** claim to apply changes.

Edit Insurance Company

Check Insurance Company setup

- Practice Management 2011 User Manual - 309

- Return to Claims Manager and **Rebuild** claim to apply changes.

Edit Insurance Company

Company Name

BCBS AR

Address

PO Box 2181

City

Little Rock

State

AR

Zip

72203-____

Phone

(501)378-1111

ext

Fax

(501)555-4444

Type (CMS 1500)

Group Health Plan

Group Provider (Legacy)

Fee Schedule (Legacy)

Fee Schedule

Default

Electronic Submission Info

Payer Qualifier

Mutually Defined - ZZ

Payer ID

00181

Clearinghouse Name

GEDI

Clearinghouse ID

431420764

Type (If Primary)

Blue Cross/Blue Shield - BL

Type (If Secondary)

Supplemental Policy - SP

Receiver Qualifier

Mutually Defined - ZZ

Receiver ID

431420764000000

Active ☒

Show Legacy IDs ☐

Default Electronic ☒

Provider Setup

+

I

×

3

Complete all required fields

Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Alan Anderson	1234567890		5554443332	
▶ Randall Oates	1234567890		1122334455	

4

OK

Cancel

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

Return to Claims Manager and **Rebuild** claim to apply changes.

The line items are missing part or all of their detail-CPT/HCPCS Code

The screenshot displays a software interface for managing patient claims. At the top, a patient profile for 'Winkle, Perry' is shown with fields for Date of Birth (2/1/5050), Age, Sex (Male), Status (Single), Address (112 Elm St Any City, AR 72703), Home, Work, and Cell phone numbers, and Email (pw@email.com). To the right, a 'Balances' section shows Family (\$0.00), Personal (\$925.00), and a Total (\$925.00). Below the patient profile, a 'Claims' tab is active, showing a list of claims with columns for Post Date and Processed. A specific claim is highlighted. To the right of the claims list, a 'Charge Details' window is open, showing a table with columns for Service From, Service To, Provider, Code, Description, Units, and Charge. The 'Code' field is highlighted with a red box and a circled '4'. Below the table, there are sections for 'Diagnosis Codes' and 'Modifiers'. At the bottom of the 'Charge Details' window, there are 'Totals' and 'Misc Details' sections. A red box and a circled '5' highlight the 'Save' button. A red arrow points to the 'Charge Details' window, and a circled '3' highlights the 'Claim Details' tab.

Edit Charge Details

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click inside the Grid to open Patient Account.
2. From the Claims tab, click the claim getting the error to open it in **Claim Details**.
3. Double Click on the line item to open the **Charge Details**.
4. Add appropriate Codes in the **Code** field. Repeat for each line item in Claim Details section.
5. Click Save.

Return to Claims Manager and **Rebuild** claim to apply changes.

The line items are missing part or all of their detail-Units

Winkle, Perry

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 \$925.00

Total \$925.00

☐ Self Pay Co-Pay \$30.00

Charge Details

Service From	Service To	Provider	Code	Description	Units	Charge
6/29/2010	6/29/2010	Randall Oates	99211	OFFICE/OUTPATIENT VISIT...	1.0	\$120.00

Diagnosis Codes

DX	Description
786.52	Pleurodynia

Modifiers

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

Charge Notes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
------	------------------	--------

Totals

Charges \$120.00

Pay/Adjust \$0.00

Balance \$120.00

Misc Details

Facility Select Facility

EPSDT

☐ 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 Patient Account.
2. From the Claims tab, click the claim getting the error to open it in **Claim Details**.
3. Double Click on the line item to open the **Charge Details**.
4. Add appropriate number in the **Units** field. Repeat for each line item in Claim Details section.
5. Click Save.

Return to Claims Manager and **Rebuild** claim to apply changes.

The Provider is missing part or all of their information

Providers

Providers

- Alan Anderson
- Buddy R. Bunch
- Randall Dates**

General Misc Codes Signature 2

Name

Title First M Last Suffix

Randall Dates

Address

Clinic

Street

City State Zip Code

Contact Information

Phone #

Fax #

Email

Physician Numbers

DEA # State ID

NPI# UPIN#

☒ Is Supervisor

3 Update

Verify Rendering Provider information in Provider Manager

1. Find the claim getting rejected in the **On Hold** section of Claims Manager and Check for Provider name in the **Provider** column.
2. Go to **Tools -> Provider Manager** and verify correct info is entered in all fields.
3. Add missing data and Click **Update**.

If there is not a Provider shown in the Provider Column, see next step

The Provider is missing part or all of their information-No Provider selected

Winkle, Perry

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 \$925.00
Total \$925.00

Self Pay Co-Pay \$30.00

Charge Details

Service From 6/29/2010 Service To 6/29/2010 **Provider Randall Oates** Code 99211 Description OFFICE/OUTPATIENT VISIT... Units 1.0 Charge \$120.00

Diagnosis Codes
DX 786.52 Pleurodynia

Modifiers

Charge Notes

Claim Details

Details for Claim 370

Post Date 6/29/2010
Process Date
Routing P

Charges

Date 6/29/2010 Provider

Totals

Charges \$120.00
Pay/Adjust \$0.00
Balance \$120.00

Misc Details

Facility Select Facility
EPSDT
Emergency
Family Plan
Supplemental

Payments/Adjustments

Date Name/Description Amount

Insurance Details

Save **Cancel**

1. Double Click on the line of the claim getting the error to open the Charge Details.
2. From the **Claim Details**, double click on the claim getting the error to open the **Charge Details**.
3. Use the drop down list to add the Rendering Provider in the **Provider** field.
4. Repeat for each line item on the claim.

Return to Claims Manager and **Rebuild** claim to apply changes.

The Referring provider is missing part or all of the information

Edit Contact Information

Title	First Name	Middle	Last Name	Suffix
	Sam		Iam	

Address: 123 Main St

City: Any City St: AR Zip Code: 72764

Office Phone: (479) 555-5555 Home Phone: () - Cell Phone: () -

Fax: (479) 555-4444 Pager: () -

Email:

Website:

Notes: 5

Provider Information

NPI	UPIN	Specialty
		Adolescent Med

Insurance Information

Company: Blue Shield IN

Indiana Medicaid Operations

Aetna

BCBS AR

Medicare

OK Cancel

Contact Manager

4 a column header here to gro

Name	Specialty
Kimbell, Richard	Gastroenter
> Iam, Sam	Adolescent M
Johnson, Joe	Adolescent M
Joe, Jessie	
Jackson, Jack	Abdominal R
Jameson, Ja...	General Prac

3

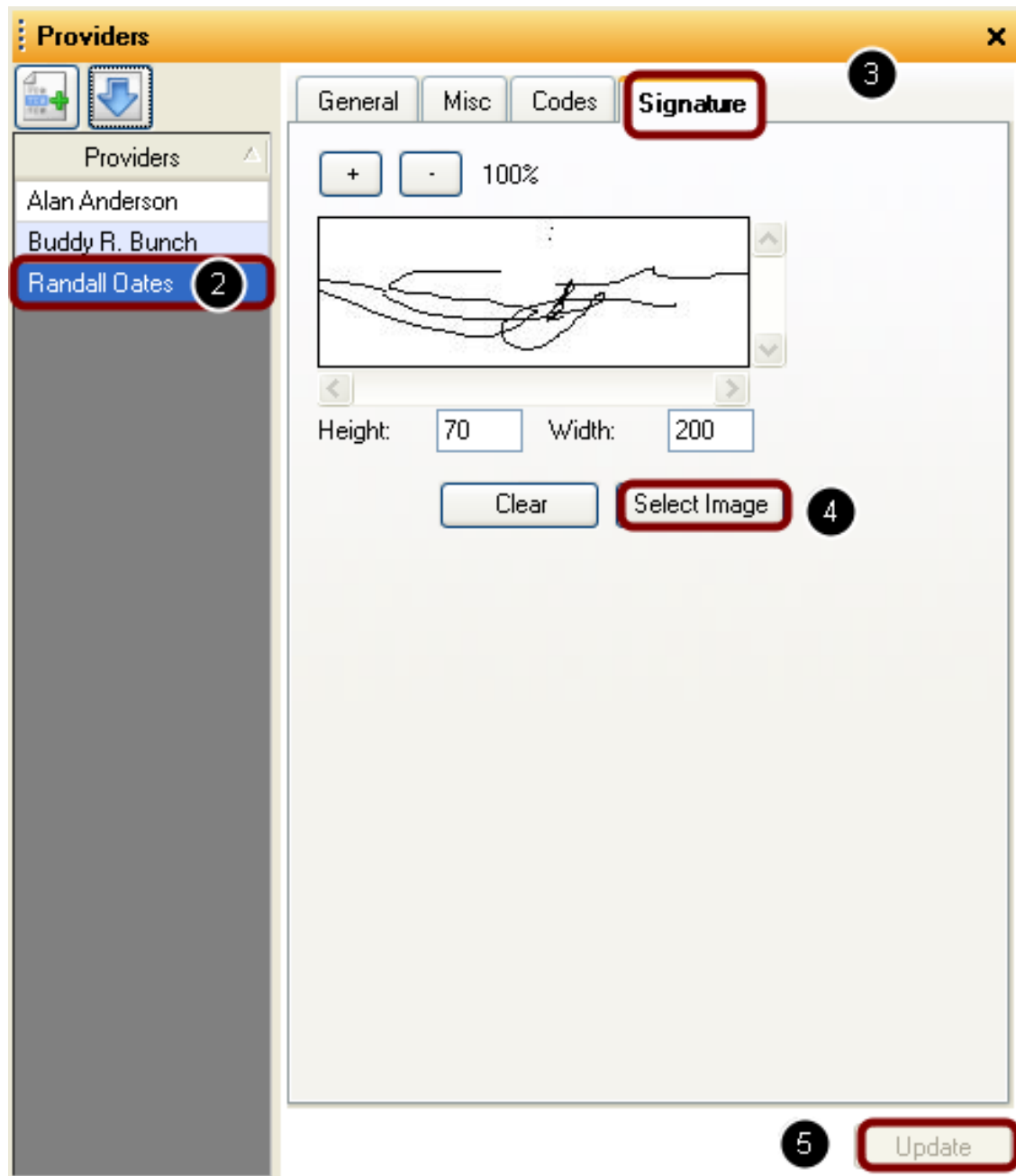
Verify Referring Physician info is entered correctly in Contacts

1. Find the claim getting rejected in the On Hold section of Claims Manager and Double Click inside the grid to open **Patient account**. Click the **Demographics** tab.

2. Check the name of the Referring Provider.
3. Go to **Tools -> Contacts** and Click to highlight/select Referring Provider from the list.
4. Click the Edit icon to **Edit Contact Information**.
5. Verify Provider information is included in each required field. **Name** and **NPI** numbers are required

Return to Claims Manager and **Rebuild** claim to apply changes.

The Provider is missing all or part of the signature



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

The screenshot displays a software interface for managing patient claims. The top section shows patient information for Winkle, Perry, including a photo, date of birth (2/1/5050), age, sex (Male), status (Single), address (112 Elm St Any City, AR 72703), and contact information (Home, Work, Cell phones and email). To the right, a 'Balances' section shows Family (\$0.00), Personal (\$925.00), and Total (\$925.00) amounts, with checkboxes for Self Pay and Co-Pay (\$30.00).

Below the patient information is a 'Claims' tab with a table of claim history. The table has columns for Post Date and Processed. The claim for 6/29/2010 is highlighted. To the left of this table is a 'Schedule' tab and a 'Demograph' tab.

The 'Charge Details' dialog box is open, showing service details for 6/29/2010, provider Randall Oates, code 99211, and description OFFICE/OUTPATIENT VISIT... The charge amount is \$120.00. The 'Diagnosis Codes' section shows DX 786.52 Pleurodynia. The 'Modifiers' section is empty. The 'Charge Notes' section is empty. The 'Amounts Details' section shows Payments/Adjustments with a table of Date, Name/Description, and Amount. The 'Totals' section shows Charges (\$120.00), Pay/Adjust (\$0.00), and Balance (\$120.00). The 'Misc Details' section shows Facility (Select Facility), EPST, Emergency, Family Plan, and Supplemental checkboxes. The 'Insurance Details' section is empty. The 'Save' button is highlighted with a red box and a circled number 4.

Numbered callouts: 1 points to the 'Facility' dropdown in the 'Misc Details' section. 2 points to the 'Charges' table in the 'Charge Details' dialog. 3 points to the 'EPST' checkbox in the 'Misc Details' section. 4 points to the 'Save' button.

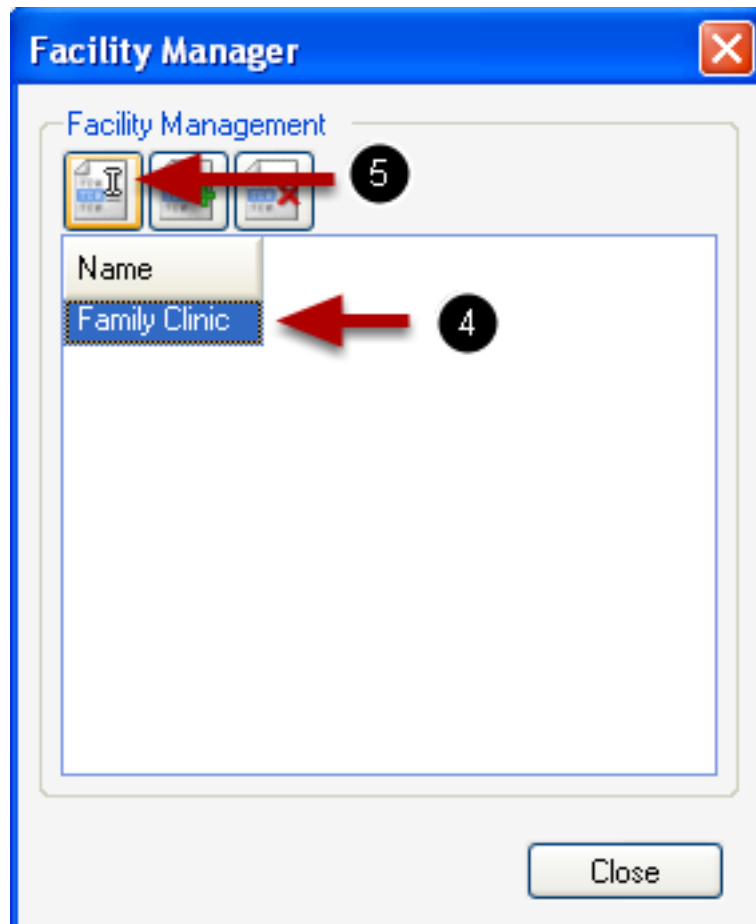
Verify POS/Place of service

1. Find the claim getting rejected in **On Hold** section of Claims Manager and Double Click inside the Grid to open **Patient Account**.
2. From the Claims tab, make sure the rejected claim is displayed in **Claim Details** and Double Click to open the **Charge Details**.
3. Add the correct Facility in the Misc. Details section of Charge Details dialog.

4. Click **Save**.
5. Repeat for each line item on the claim.

Return to Claims Manager and **Rebuild** claim to apply changes.

The Facility is missing part or all of its information



Check Facility Setup

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click inside the Grid to open Patient Account.
2. From the Claims tab, make sure the rejected claim is displayed in Claim Details and Double Click to open the Charge Details.
3. Check the Facility in the Misc. Details section of Charge Details dialog as shown in the previous step.
4. Go to **Tools -> Manage Facilities** and select the Facility from the list.
5. Click the Edit icon.

The image shows a software window titled "Facility" with a close button in the top right corner. Inside the window, there is a "Facility:" label followed by a text box containing "Family Clinic". Below this is a tabbed interface with two tabs: "Details" and "Scheduler". The "Details" tab is selected and highlighted with a red rectangle. Inside the "Details" tab, there is a large red-bordered box containing several form fields: "Full Legal Name" (text box with "Family Clinic"), "Street" (text box with "123 Any St"), "City" (text box with "Any City"), "St" (text box with "Ar"), "Zip" (text box with "72703"), "Phone #" (text box with "(479) 555-1111"), "NPI #" (text box with "1112223330"), "Place of Service" (dropdown menu with "Office" selected), and "Billing Inquiry #" (text box with "(479) 555-3333"). A black circle with the number "6" is positioned to the right of the "NPI #" field. At the bottom of the window, there is a black circle with the number "7" and two buttons: "Update" (highlighted with a red rectangle) and "Cancel".

6. Verify required information, including Facility NPI# is in facility Details tab.

7. Click **Update** to save changes.

Return to Claims Manager and **Rebuild** claim to apply changes.

When a diagnosis is between 800 and 999.9, Accident info is needed

Claim Details

Details for Claim 387

Post Date: 7/2/2010 Member ID: Rendering: Submitted on 7/2/2010

Process Date: 7/2/2010 Rendering: Claim Notes

Routing: P Rendering: On Hold

Charges

Date	Provider	Proced.
7/2/2010	Randall Oates	99213

Edit Claim Details

Owner: Randall Oates Facility: Family Clinic

Type

☐ Employment ☐ Auto Accident ☒ Other ☐ None

Illness, Injury or Pregnancy

Date: July 21, 2010

Similar Illness Date: July 21, 2010

Last Seen Date: July 21, 2010

☒ Accept Assignment

Dates

Not Work From: To: Hospital From: To: Outside Lab: Charges: \$0.00

Codes

Reference: Organization: Lab Num:

Save **Cancel**

Add accident information to More Info dialog

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click to open Patient Account.
2. Verify the rejected claim is displayed in Claim Details (bottom section) of the Claims tab.
3. Click the More Info button.
4. Add the Type of Accident in Edit Claim Details dialog
5. Add the Date of Illness, Injury or Pregnancy.
6. Click **Save**.

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 284

Post Date: 6/11/2010 Member ID: 387 Randall Oates BCBS AR P \$135.00 \$135.00 Primary Submitted

Process Date: 6/11/2010 Rendering Provider: 305 Randall Oates BCBS AR P \$135.00 \$135.00 Primary Ready

Routing: P Rendering NPI:

Charges

Date	Provider	Proced...	Des...
6/11/2010		99212	Offic...

Edit Claim Details

Owner: Randall Oates Facility: Family Clinic

Type

☐ Employment ☒ Auto Accident ☐ Other ☐ None

State: Select...

Dates

Not Work From: To:

Hospital From: To:

Outside Lab

☐ Outside Lab Charges: \$0.00

Codes

Original Reference:

Prior Authorization:

Medicaid Resub Num:

Illness, Injury or Pregnancy

Date:

Similar Illness Date:

Last Seen Date:

☒ Accept Assignment

Save Cancel

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.

At least one diagnosis must be entered for the charges.

The screenshot displays a medical software interface for a patient named Winkle, Perry. The top section shows patient demographics: 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, and Email pw@email.com. The Account number is 91 and the Chart number is pw123456. A Balances section shows Family \$0.00, Personal \$925.00, and a Total of \$925.00. Below this is a Claims Manager table with columns for Post Date and Processed. A claim for 6/29/2010 is highlighted. The Charge Details dialog box is open, showing Service From 6/29/2010, Service To 6/29/2010, Provider Randall Oates, Code 99211, Description OFFICE/OUTPATIENT VISIT..., Units 1.0, and Charge \$120.00. The Diagnosis Codes section shows DX 786.52 Pleurodynia. The Amounts Details section shows Payments/Adjustments with a total of \$0.00. The Totals section shows Charges \$120.00, Pay/Adjust \$0.00, and Balance \$120.00. The Misc Details section shows Facility Select Facility, EPSDT, Emergency, Family Plan, and Supplemental. The bottom of the dialog box has a Save button and a Cancel button. Numbered callouts 1 through 4 are present: 1 points to the 'Add Code' button in the Diagnosis Codes section; 2 points to the 'Details for Claim 370' link in the Claims Manager; 3 points to the 'Add Code' button in the Amounts Details section; and 4 points to the 'Save' button.

Add diagnosis code(s) to claim

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click inside the Grid to open Patient Account.
2. From the Claims tab, verify the rejected claim is displayed in Claim Details (bottom section) and Double Click the claim to open Charge Details dialog.
3. Click **Add Code** in the Diagnosis Codes section.
4. Click **Save**.
5. Repeat for each line item on the claim.

Return to Claims Manager and **Rebuild** claim to apply changes.

A Charge information is missing or incorrect

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

Charges

Post Date	Processed
6/11/2010	6/11/2010
6/11/2010	6/14/2010
6/11/2010	6/11/2010
6/24/2010	
6/29/2010	
6/29/2010	7/20/2010
7/2/2010	7/2/2010
7/7/2010	

Charge Details

Service From 6/29/2010 Service To 6/29/2010 Provider Randall Oates Code 99211 Description OFFICE/OUTPATIENT VISIT... Units 1.0 Charge \$120.00

Diagnosis Codes: DX 786.52 Pleurodynia

Modifiers: Code Description

Charge Notes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
		\$0.00

Totals

Charges	\$120.00
Pay/Adjust	\$0.00
Balance	\$120.00

Insurance Details

Misc Details

Facility Select Facility

EPSTD

Emergency

Family Plan

Supplemental

Save **Cancel**

Verify correct date of service is associated with charges

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click inside the Grid to open Patient Account.
2. From the Claims tab, verify the rejected claim is displayed in Claim Details (bottom section) and Double Click the claim to open Charge Details dialog.
3. Edit/Add the correct date of service in the **Service From** and **Service To** fields.
4. Click **Save**.
5. Repeat for each line item on the claim.

Return to Claims Manager and **Rebuild** claim to apply changes.

The line item is missing all or part of their information

Providers

2 Providers

- Alan Anderson
- Buddy R. Bunch
- Randall Oates

3 **General** Misc Codes Signature

Name

Title	First	M	Last	Suffix
	Alan		Anderson	

Address

Clinic: Brandon Dorsey

Street: 4081 Aesop Ave.

City: Springdale State: AR Zip Code: 72762-

Contact Information

Phone #: (479) 236-0441

Fax #: (866) 237-9073

Email:

Physician Numbers

DEA #		State ID	
NPI#	1234567890	UPIN#	E1234

☒ Is Supervisor

Update

Verify Rendering Provider setup includes NPI information

1. Find the claim getting rejected in the On Hold section of Claims Manager and check the **Physician column** to find the name of the **Rendering Physician**.
2. Go to **Tools -> Provider Manager** and select the physician from the list of **Providers**.
3. Click the General tab and verify correct **NPI** is entered in the **Physician numbers** section.

Return to Claims Manager and **Rebuild** claim to apply changes.

Missing/Invalid Taxonomy Code

Insurance Company Manager

3

Edit Company - Ctrl + Alt + E
Edit the information for the currently selected company
? Press F1 key to get more information

Name	Address	City	ST	Zip
Aetna		Atlanta	GA	30374
Arkansas		Some City	AR	72764
BCBS AR	PO Box 2181	Little Rock	AR	72203
Blue Shield IN	PO Box 37010	Louisville	KY	40233
Cigna	PO Box 1111	Some City	AR	72771
Indiana Medicaid Operations	PO Box 7269	Indianapolis	IN	46204
Medicare				

2

Verify Taxonomy Code in setup

In the **On Hold** section of the Claims Manager, find the claim with the error and check the **Physician column** to find the name of the **Rendering Physician**

1. Go to **Tools -> Insurance Companies**.
2. Highlight the Insurance company rejecting the claim.
3. Click the **Edit Insurance Company** icon

Edit Insurance Company

Company Name	BCBS AR			Electronic Submission Info	
Address	PO Box 2181			Payer Qualifier	Mutually Defined - ZZ
				Payer ID	00181
City	Little Rock			Clearinghouse Name	GEDI
State	AR	Zip	72203-____	Clearinghouse ID	431420764
Phone	(501)378-1111	ext	____	Type (If Primary)	Blue Cross/Blue Shield - BL
Fax	(____)____-____			Type (If Secondary)	Supplemental Policy - SP
Type (CMS 1500)	Group Health Plan			Receiver Qualifier	Mutually Defined - ZZ
Group Provider (Legacy)				Receiver ID	431420764000000
Fee Schedule (Legacy)					
Fee Schedule	BCBS AR				
Active <input checked="" type="checkbox"/>			Show Legacy IDs <input type="checkbox"/>		
			Default Electronic <input type="checkbox"/>		

4

Name	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Alan Anderson	1234567890		1234567890	
> Randall Oates	1234567890		1122334455	

3

OK

Cancel

- Click the Rendering/Performing **Provider** from the list in the **Provider Setup** section.
- Click the Edit icon to open the Edit Billing Information dialog.

Edit Billing Information

Insurance Payment To

☒ Override Group Values

Name: Professional Group, Inc.

Address: 123 Any St

City: Any City State: AR

Zip: 72703-____

Phone: (479)555-5555

Tax ID: ☒ EIN ☐ SSN 71-1111111

NPI: 1234567890

Legacy ID: Provider Taxonomy - ZZ **5** 207Q00000X

Submitter ID: Mutually Defined - ZZ ID: V000

Clinic CLIA Number

CLIA ID: 05D1234444

Rendering Information

NPI: 1122334455

Legacy ID: Provider Taxonomy - ZZ **6** 207Q00000X

Save Cancel

5. If the Group Taxonomy is missing, make sure the **Legacy ID** in the **insurance Payment To** section has **Provider Taxonomy-ZZ** and that the correct Taxonomy Code is entered.

6. For the **Rendering Provider** rejection, verify that the **Legacy ID** is **Provider Taxonomy-ZZ** and that the correct Taxonomy Code is entered in the **Rendering Information** section. For a list of Taxonomy Codes Click on the link below.

<http://www.wpc-edi.com/content/view/793/1>

Return to Claims Manager and **Rebuild** claim to apply changes.

On Hold

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...
	5/25/2010	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 ...	


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 49 Sex Male Status Unknown

Address 456 Elm Sprngdale, AR 72765-0456

Home (479) 555-1234 Work (479) 555-3214 Cell (479) 555-7890

Email

Balances

Family \$0.00

Personal \$2,520.00

Total \$2,520.00

☐ Self Pay Co-Pay \$0.00

Schedule Demographics Insurance Custom Ledger Family Claims Statements New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	4/14/2010	4/14/2010	143	Randall Oates	Arkansas Medicaid	P			\$255.00	\$135.00		Submitted
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		257	Randall Oates	Arkansas Medicaid	E			\$175.00	\$175.00	Primary	On Hold
X	5/24/2010		256	Randall Oates	Arkansas Medicaid	E			\$160.00	\$160.00	Primary	Pending Scrub
X	5/27/2010		258	Randall Oates	Arkansas Medicaid	E			\$840.00	\$840.00	Primary	Pending Scrub

Claim Details

Details for Claim 257

Post Date 5/19/2010 Member ID 4654465465 Patient Group Number

Process Date Rendering Provider Randall Oates

Routing E Rendering NPI 1122334455

☒ On Hold Notes At least 1 diagnosis must be ...

Claim Notes

Charges

Date	Provider	Proced...	Description	Charges	Amount	Balance
5/19/2010	Randall Oates	99215	OFFICE/OUTPATIENT VISIT, EST	\$175.00	\$175.00	\$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 **86**. A number is assigned to each claim as the claim is created for identification. That number can be found in the Claim ID column in the Claims Manager. Editing can be done by Clicking on the More Info button or by Double Clicking on the line of the Charge.

2. Double Click on the charge to access Charge Details

Charge Details

Service From	Service To	Provider	Code	Description	Units	Charge
3/19/2010	5/19/2010	Randall Oates	99215	OFFICE/OUTPATIENT VISIT...	1.0	\$175.00

Diagnosis Codes

DX	Description

Modifiers

Code	Description

Charge Notes

Amounts Details

Payments/Adjustments

Date	Name/Description

Insurance Details

Misc Details

Facility: Family Clinic

EPSTD:

☐ Emergency

☐ Family Plan

Supplemental:

Pay/Adjust

\$0.00

Balance

\$175.00

Select Diagnosis

Code: 786.50 Description: Chest pain, unspecified

The Charge Details dialog allows for editing most charge related errors. Fields can be edited by clicking on the drop down arrows or Clicking the buttons.

3.To add a Diagnosis code, Click the Add Code button.

4. Select diagnosis code from Select Diagnosis dialog that opens

5. Click Save

Claim Details

Details for Claim 257

Post Date: 5/19/2010
 Process Date:
 Routing: E

Charges

Date	Provider
3/19/2010	Randall Oates

Edit Claim Details

Owner: Randall Oates Facility: Family Clinic

Type 5

☐ Employment
☐ Auto Accident
☐ Other
☒ None

State:

Dates 6

Not Work From: To:

Hospital From: To:

Illness, Injury or Pregnancy 7

Date:

Similar Illness Date:

Last Seen Date:

☒ Accept Assignment

Outside Lab

☐ Outside Lab Charges: \$0.00

Codes 8

Original Reference:

Prior Authorization:

Medicaid Resub Num:

Save Cancel

To add or edit additional information needed to correct a claim Click the More Info button.

5. Add accident type
6. Edit Workers Compensation dates, Hospitalization dates
7. Date of Illness, Injury or Pregnancy
8. Original Reference/Prior Authorization/Medicaid Resubmission numbers

Click the **Save** button to save changes. After completing the corrections/editing, Close out of the Patient Account Claims Tab

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			\$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 a claim has passed the Scrubbing Process, has no errors and is moved to the Ready to Process section, it is ready to submit to the Payer.

New in SOAPware 2010.3: Clicking the Generate Electronic or Submit Selected buttons will automatically upload electronic claims to the specified clearinghouse/receiver.

1. Select one or more claims to submit to Payer.
2. To submit only the Electronic claims in the Ready to Process section, Click the Generate Electronic button
3. To Print only the Paper Claims in the Ready to Process section, Click the Print Claims button
4. To submit some but not all claims, click to highlight the claims and then click the Submit Selected button.

Submitted Tab

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

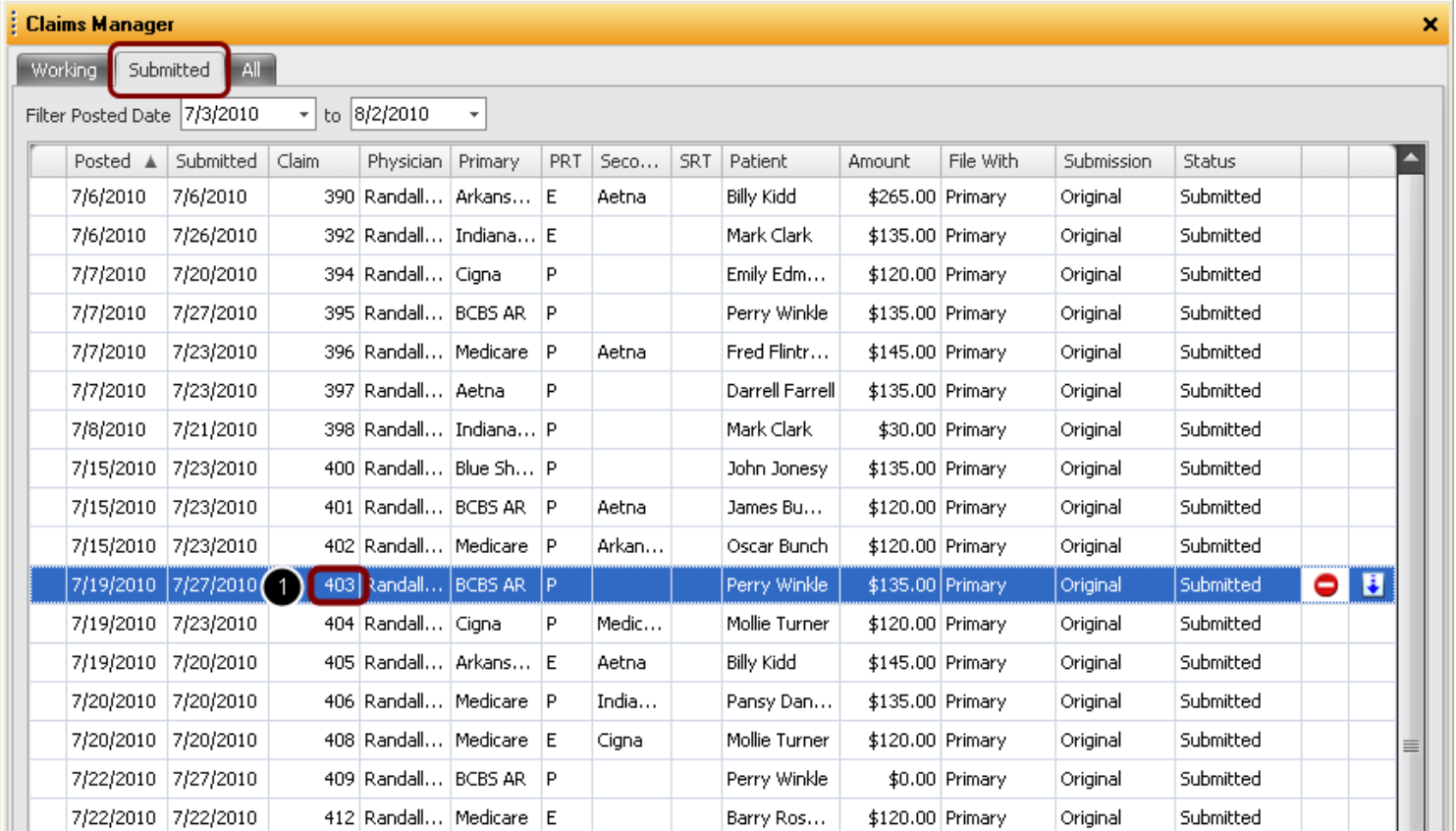
The Submitted Tab lists all Claims that have been Submitted to Payers. Claims can be searched by Date Range and the information listed in the columns can be sorted by clicking on the column headers.

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 Patient Account..

Edit Claim

Winkle, Perry



Winkle, Perry

Account 91
Chart pw123456

Date of Birth 2/1/1960 Age 50 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 \$1,125.00

Total \$1,125.00

☐ Self Pay Co-Pay \$30.00

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

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	6/11/2010	6/14/2010	285	Randall Oates	BCBS AR	P			\$160.00	\$10.00	Primary	Processed
×	6/11/2010	6/11/2010	286	Randall Oates	BCBS AR	P			\$120.00	\$120.00	Primary	Submitted
×	6/29/2010	7/27/2010	370	Randall Oates	BCBS AR	P			\$120.00	\$120.00	Primary	Submitted
×	6/29/2010	7/20/2010	371	Randall Oates	BCBS AR	P			\$120.00	\$120.00	Primary	Submitted
×	7/2/2010	7/27/2010	387	Randall Oates	Medicare	E			\$135.00	\$135.00	Primary	Submitted
×	7/7/2010	7/27/2010	395	Randall Oates	BCBS AR	P			\$135.00	\$135.00	Primary	Submitted
×	7/19/2010	7/27/2010	403	Randall Oates	BCBS AR	P			\$135.00	\$135.00	Primary	Submitted
×	7/23/2010	7/23/2010	400	Randall Oates	BCBS AR	P			\$135.00	\$135.00	Primary	Submitted

Claim Details

Details for Claim 403

1 **More Info**

Post Date 7/19/2010 Member ID 112233 Patient Group Number

Process Date 7/27/2010 Rendering Provider Randall Oates

Routing P Rendering NPI 1122334455

☐ On Hold

Claim Notes

Submitted on 7/27/2010

Charges

Date	Provider	Proced...	Description	Charges	Amount	Balance
7/19/2010	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	\$135.00	\$135.00	\$135.00

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 Claim Details section of the Claims tab.

Edit Charge Details

Charge Details

Service From	Service To	Provider	Code	Description	Units	Charge
7/19/2010	7/19/2010	Randall Oates	99213	OFFICE/OUTPATIENT VISIT...	1.0	\$135.00

Diagnosis Codes

DX	Description
305.1	tobacco use disorder
V65.2	DIETARY SURVEIL/COUNSEL
X V65.41	EXERCISE COUNSELING
V65.9	REASON FOR CONSULT NOS

Click to remove this Diagnosis Code

Modifiers

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

☐ Omit from Claim

Charge Notes

Amounts Details

Date	Name/Description	Amount
		\$0.00

Totals

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

Misc Details

Facility: Family Clinic

EPSDT:

☐ Emergency

☐ Family Plan

Supplemental:

Insurance Details

5 Save Cancel

This is an example of a claim rejected for having more than four diagnosis codes per Procedure Code. Other edits/corrections can be made by clicking inside the applicable fields/sections.

- Click to highlight the Diagnosis Code that is to be deleted.
- Click the X to delete the code. Repeat for any additional diagnosis code to be deleted.
- Click **Save** and then Close patient account to return to Claims Manager.

Repeat steps 1-5 for each claim that has been rejected.

Rebuild Claims

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

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 7	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
--	----------	-------	-----------	---------	---------	-----	----------	-----	--------	-----------	------------	--------	-------------

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**.

After claims have been exported, follow the usual procedure to Upload claims to Clearinghouse or Receiver.

Rebuild Multiple Claims at one time

Rebuild an entire claim file or multiple claims at one time to resubmit to payers.

Rebuild Selected Claims

The screenshot shows the 'Claims Manager' application window. The 'Submitted' tab is selected. The 'Filter Posted Date' is set to '11/30/2010' to '12/30/2010'. A table of claims is displayed with columns: Posted, Submitted, Claim, Physician, Primary, PRT, Secon..., SRT, Patient, Amount, File With, Submission, and Status. Claims 655 through 672 are highlighted in blue. A red double-headed arrow points to the first and last claim of this selection. A red circle with the number '2' is placed over the first claim (655). A red circle with the number '4' is placed over the 'Rebuild Selected' button. A dropdown arrow next to the button is open, showing a 'Rebuild Note' text area with a red circle and the number '3' inside it.

Posted	Submitted	Claim	Physician	Primary	PRT	Secon...	SRT	Patient	Amount	File With	Submission	Status
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

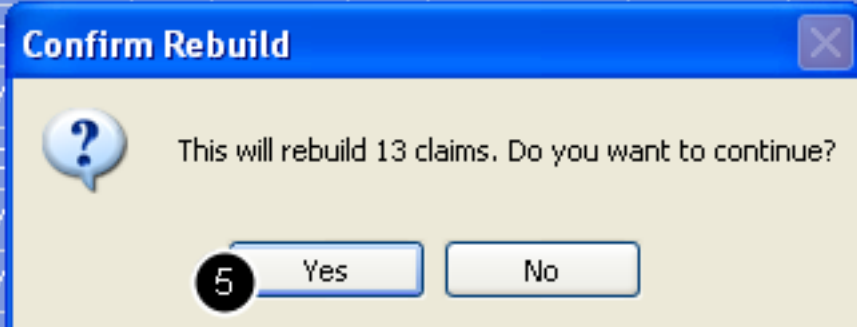
1. Click on the **Submitted** tab.

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

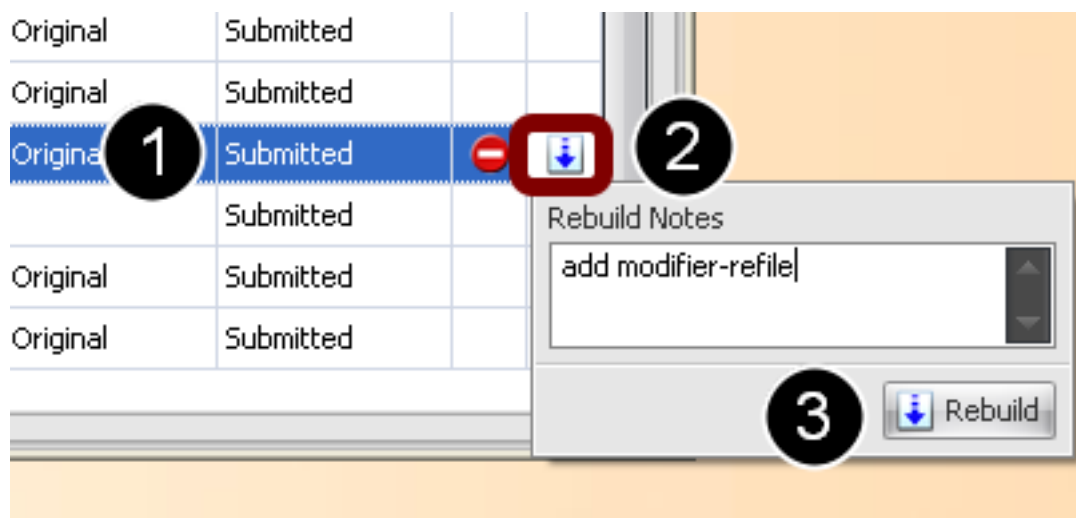
Generate Electronic Print Claims Submit Selected 7

6. Select claims to scrub and Click Scrub.

7. Select claims to Submit and Click Submit Selected.

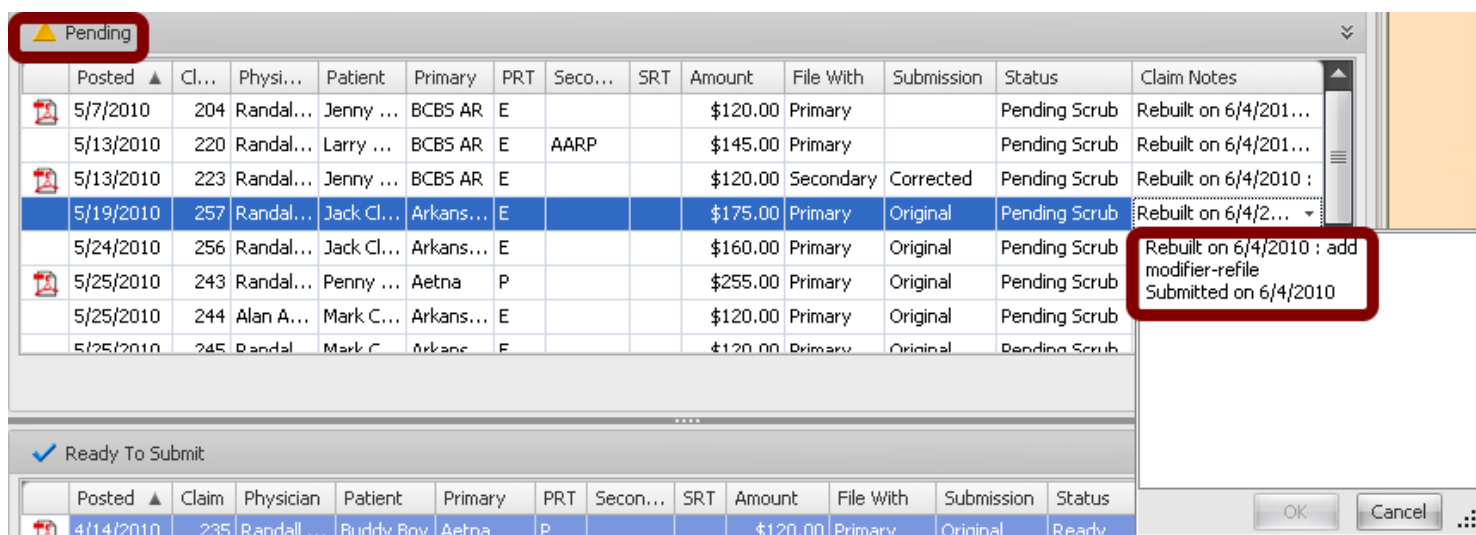
Refile a Claim

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 charge from claim when refiling

Omit a paid procedure from a claim when resubmitting unpaid charges to insurance.

Billing -> Post Insurance Payments

Refile only denied charges to Insurance

Insurance Payment

Create/Load Payment

Payer: Arkansas Firstsource
PO Box 2514
Little Rock, AR 72203
(501) 555-5555

Group: Professional Group, Inc.
PO Box 1234
Springdale, AR 72764
(479) 555-1234

NPI: [] Group NPI#: [] Check Number: 5466546
Production Date: 12/30/2010 Check Date: 12/30/2010
Check Amount: \$70.00
Remaining: \$70.00

Select Patient

Patient Details

Winkle, Perry P.
Birthday: 2/1/1960 Age: 50
Sex: Male
Account: 91 Chart: pw123456

Schedule Claims Ledger Insurance Demographics Custom

Claims

Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
12/9/2010	12/9/2010	644	Randall Oates	Palmetto GBA	E	Arkansas Medicaid	E	\$275.00	\$152.25	Primary	Submitted
12/9/2010	12/9/2010	645	Randall Oates	Palmetto GBA	E	Arkansas Medicaid	E	\$215.00	\$215.00	Primary	Submitted
12/17/2010	12/21/2010	686	Randall Oates	Arkansas Firstsource	E	Cigna	E	\$145.00	\$130.00	Primary	Submitted

Claim Details

Details for Claim 645

Payment Amount: \$70.00 Claim Control #: [] Patient Responsibility: \$0.00
Post Date: 12/9/2010 Member ID: 112233789A Patient Group Number: []
Process Date: 12/9/2010 Rendering Provider: Randall Oates
Routing: E Rendering NPI: ROatesNPI# Remaining Balance: \$0.00
Primary Insurance: Palmetto GBA Secondary Insurance: Arkansas Medicaid

Claim Notes: Submitted on 12/9/2010

Charges

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other Adj	...	Provider	...	Notes
<input checked="" type="checkbox"/>	12/9/2010	12/9/2010	1.0	99213	\$135.00								\$0.00		1
<input type="checkbox"/>	12/9/2010	12/9/2010	1.0	72040	\$80.00	\$70.00					\$10.00		\$70.00		2
					\$215.00	\$70.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.00		\$70.00		

Next Action: Refile 3 Save Claim Cancel

1. Comment Reason for denial

2. Apply payment amount to paid charge(s).

3. Set **Next Action** to **Refile**.

4. Double Click on line of paid charge(s) to open Charge Details.

Omit Paid Charges

Charge Details

Service From: 12/9/2010 Service To: 12/9/2010 Provider: Randall Oates Code: 72040 Description: X-RAY EXAM OF NECK SPINE Units: 1.0 Charge: \$80.00

Diagnosis Codes: Add Code

DX	Description
X 922.1	Chest Wall Contusion

Modifiers: Add Code

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

☒ Omit from Claim **5**

Charge Notes

Additional Providers

Purchasing Service Provider: Ordering Provider: Supervising Provider:

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
------	------------------	--------

Totals

Charges	\$80.00
Pay/Adjust	\$0.00
Balance	\$80.00

Misc Details

Facility: Family Clinic

EPSTD:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

6 Save Cancel

5. Place a check mark to **Omit from Claim**.

6. Click **Save**.

Post Payment to ledger

Late	Other Adj	...	Provider	...	Notes
					A
	\$10.00		\$70.00		a

\$0.00	\$10.00	\$70.00
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7 Save Claim Cancel

7. Save Claim and then Post Payment to ledger. Claim will move to Pending Scrub section of Claims Manager.

Rebuild Claim

Claims Manager

Working Submitted All

On Hold

Posted	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Hold Notes
12/6/2010	631	Randall O...	Bobby Ro...	Humana	P			\$145.00	Primary		On Hold	The Pay To is missing part or all of...
12/6/2010	632	Randall O...	Harry Har...		P			\$20.00	Primary		On Hold	The primary insured is missing par...
12/8/2010	642	Randall O...	Sonny Ra...	Humana	P			\$318.75	Primary		On Hold	The primary insured is missing par...
12/14/2...	671	Randall O...	Scotty Scott	Champus	E			\$175.00	Primary		On Hold	
12/15/2...	674	Randall O...	Sam Stevens	Indiana M...				\$625.00	Primary	Original	On Hold	
12/30/2...	697	Randall O...	Joan Jones	Blue Cross	E	Commercia...	E	\$120.00	Primary	Original	On Hold	The primary insured is missing par...

9 Rebuild

Pending

Posted	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes
4/30/2010	690	Randall Oa...	Mike Michaels	Medicare	E			\$175.00	Primary	Original	Pending Scrub	
5/13/2010	692	Randall Oa...	Mike Michaels	Medicare	E			\$120.00	Primary	Original	Pending Scrub	
11/24/2...	622	Randall Oa...	Marlin Martin	BCBS AR	E	Aetna	P	\$144.00	Secondary		Pending Scrub	Submitted on 12/17/2010
12/9/2010	645	Randall Oa...	Perry Winkle	Palmetto GBA	E	Arkansas ...	E	\$215.00	Primary		Pending Scrub	Submitted on 12/9/2010
12/14/2...	687	Randall Oa...	Lester Tester	Medicare	E			\$0.00	Primary	Original	On Hold	
12/16/2...	678	Randall Oa...	Marlin Martin	BCBS AR	E	Aetna	P	\$120.00	Secondary		Pending Scrub	
12/20/2...	693	Tammy Trent	Delaney D...	Cigna	E			\$120.00	Primary	Original	Pending Scrub	
12/27/2...	695	Randall Oa...	Somer Win...	Medicare	E	Aetna	E	\$135.00	Primary	Original	Pending Scrub	

11 Scrub

Ready To Submit

Posted	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes
5/4/2010	185	Randall Oates	Mollie Turner	Humana	P	Cigna	E	\$240.00			Ready	Rebuilt on 11/5/2010 :
7/28/2010	438	Randall Oates	Will Bill	Aetna	E			\$270.00	Secondary		Ready	Submitted on 8/10/2010
8/10/2010	472	Randall Oates	Joe Schmoe	AARP	P			\$135.00	Primary	Original	Ready	
8/13/2010	487	Randall Oates	Mary Perry	Arkansas Fir...	E	Woodsma...	P	\$120.00	Secondary	Original	Ready	Submitted on 11/11/2010
8/26/2010	506	Randall Oates	Sam Stevens	AARP	P			\$155.25	Primary	Original	Ready	Rebuilt on 11/11/2010 :
8/27/2010	507	Randall Oates	George Jetson	Aetna	E			\$33.75	Secondary		Ready	Rebuilt on 11/11/2010 :
8/27/2010	508	Randall Oates	Will Bill	Aetna	E			\$30.00	Secondary		Ready	Submitted on 8/27/2010
12/3/2010	630	Randall Oates	Fred Flintrock	Medicare	E	Aetna	P	\$135.00	Secondary		Ready	Submitted on 12/17/2010
12/9/2010	650	Randall Oates	Somer Winters	Medicare	E	Aetna	P	\$135.00	Secondary		Ready	Submitted on 12/9/2010

10

Generate Electronic Print Claims Submit Selected

Go to Billing -> Claims Manager

8. Locate claim in Claims manager. Change Claim Status to **On Hold**

9. **Rebuild** Claim to save claim changes.

10. **Submit Selected** to Resubmit claim.

Note: If not ready to resubmit claim, it can be put On Hold, Rebuild, Scrub and leave in Ready to Submit section until time to upload file.

Secondary Claims

Secondary claims will automatically be moved to the Pending Scrub section if the Claims Manager once the primary insurance payment is applied to the visit and File Secondary-paper is selected for the Next Action.

New for SOAPware 2010.3: When a secondary claim is printed, it will now be populated with the information from the secondary insurance demographics instead of a duplicate of the primary insurance claim.

Set Secondary Claims to process

Claim Details

Details for Claim 630

Payment Amount: \$100.00 Claim Control #: Patient Responsibility: \$0.00

Post Date: 12/3/2010 Member ID: 111223333A Patient Group Number:

Process Date: 12/17/2010 Rendering Provider: Randall Oates

Routing: E Rendering NPI: ROatesNPI# Remaining Balance: \$0.00

Primary Insurance: Medicare Secondary Insurance: Aetna

Claim Notes

Submitted on 12/17/2010
Rebuilt on 12/6/2010 :
Submitted on 12/3/2010

Charges

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other Adj	...	Provider	...	Notes
	12/3/2010	12/3/2010	1.0	99213	\$135.00	\$130.00					\$5.00		\$100.00		

Next Action: File Secondary - Paper

Save Claim Cancel

1. When **posting primary insurance** to a visit, make sure the Next Action selected is File Secondary-Paper.

2. Save Claim.

Scrub Secondary Claim

▲ Pending

	Posted ▲	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes
2	11/24/2...	622	Randall O...	Marlin Ma...	BCBS AR	E	Aetna	P	\$144.00	Secondary	1	Pending Scrub	Submitted on 12/17/2010
	12/3/2010	630	Randall O...	Fred Flint...	Medicare	E	Aetna	P	\$135.00	Secondary		Pending Scrub	Submitted on 12/17/2010
	12/14/2...	687	Randall O...	Lester Te...	Medicare	E			\$0.00	Primary	Original	Pending Scrub	
	12/17/2...	686	Randall O...	Perry Winkle	Arkansas ...	E	Cigna	E	\$145.00	Primary	Original	Pending Scrub	

3 Scrub

2. Locate the secondary claim highlight.
3. Click on the PDF icon if you wish to view the claim.
4. Click the Scrub button to check for errors.

Print Secondary Claim

✓ Ready To Submit

	Posted ▲	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes
	8/27/2010	508	Randall O...	Will Bill	Aetna	E			\$30.00	Secondary		Ready	Submitted on 8/27/2010
	12/3/2010	630	Randall O...	Fred Flintr...	Medicare	E	Aetna	P	\$135.00	Secondary		Ready	Submitted on 12/17/2010
	12/6/2010	647	Randall O...	Lester Tes...	Medicare	E			\$120.00	Primary	Original	Ready	
	12/9/2010	650	Randall O...	Somer Win...	Medicare	E	Aetna	P	\$135.00	Secondary		Ready	Submitted on 12/9/2010
	12/10/2...	652	Randall O...	Mary Merri...	Indiana M...	E	BCBS AR	E	\$135.00	Primary	Original	Ready	

4 5

Generate Electronic Print Claims Submit Selected

4. Click the Print Claims button. All paper claims in the Ready to Submit section will print.
5. Click to highlight a single claim and then click the Submit Selected button. Only the highlighted claim will print.

All Tab

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

Introduction to Insurance Payment Posting

The screenshot displays the 'Insurance Payment' window with several sections:

- Create/Load Payment:** Includes fields for Payer (Aetna), Group (Professional Group, Inc.), NPI (1234567890), Check Number (123456), Production Date (4/14/2010), Check Date (4/8/2010), Check Amount (\$405.00), and Remaining (\$405.00).
- Patient Details:** Shows a patient photo, name (Bill, Will), Birthday (2/17/1945), Age (65), Sex (Male), Account (35), and Chart. A 'Balances' summary on the right shows Family \$0.00, Patient \$1,570.00, and Total \$1,570.00.
- Claims:** A table listing insurance claims with columns for Post Date, Processed, Claim ID, Provider, Payer, Secondary Payer, Amount, Balance, Route, and Status.
- Claim Details:** Provides a detailed view for Claim 58, including Payment Amount (\$0.00), Post Date (3/30/2010), Process Date (4/5/2010), Routing (E), Claim Control #, Member ID (333224444A), Rendering Provider (Randall Oates), Rendering NPI (1122334455), Patient Responsibility (\$0.00), Patient Group Number, and Remaining Balance (\$0.00).
- Charges:** A table showing billed charges with columns for Begin, End, U..., Proc.Mod, Billed, Allowed, Deduct, CoIns, Co Pay, Late, Other Adj, Provider Paid, and Notes.

At the bottom, there are buttons for 'Print Payment', 'Post Payment', and a 'Next Action' dropdown set to 'Refile'.

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

Payer

Aetna

PO Box 1111
Any City, AR 72764
(479) 555-5555

Group

Professional Group, Inc.

123 Any St
Any City, AR 72703
(479) 555-5555

NPI

1234567890

Check Number

123456

Production Date

4/14/2010

Check Date

4/8/2010

Check Amount

\$405.00

Remaining

\$405.00

Select Patient

Patient Details

Bill, Will

Birthdate

2/17/1945

Age

65

Sex

Male

Account

35

Chart

Schedule

Claims

Ledger

Insurance

Demographics

Custom

Balances

Family

\$0.00

Patient

\$1,570.00

Total

\$1,570.00

Claims

Show All Claims

	Post Date	Processed	Claim ID	Provider	Payer	Secondary Payer	Amount	Balance	Route	Status
X	3/30/2010	4/5/2010		58 Randall Oates	Medicare		\$375.00	\$20.00	E	Submitted
X	4/6/2010	4/6/2010		90 Randall Oates	Medicare		\$135.00	\$30.00	P	Submitted
X	4/8/2010	4/8/2010	103	Randall Oates	Medicare		\$535.00	\$535.00	P	Submitted
X	4/8/2010	4/12/2010	113	Randall Oates	Medicare		\$375.00	\$0.00	P	Submitted
X	4/12/2010	4/14/2010	134	Randall Oates	Medicare		\$375.00	\$375.00	P	Submitted

Claim Details

Details for Claim 103

Payment Amount

\$405.00

Claim Control #

Patient Responsibility

\$0.00

Post Date

4/8/2010

Member ID

333224444A

Patient Group Number

Process Date

4/8/2010

Rendering Provider

Randall Oates

Routing

P

Rendering NPI

1122334455

Remaining Balance

\$0.00

Claim Notes

Charges

Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other Adj	...	Provider Paid	...	Notes
4/8/2010	4/8/2010	1.0	99213	\$135.00	\$130.00			\$10.00		\$15.00		\$105.00		a
4/8/2010	4/8/2010	1.0	74185	\$400.00	\$400.00	\$50.00	\$50.00					\$300.00		a
				\$535.00	\$530.00	\$50.00	\$50.00	\$10.00	\$0.00	\$15.00		\$405.00		

Next Action

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

Claim Details

Details for Claim 103

Payment Amount **3** \$405.00 Claim Control # 11223344556677 **4** Patient Responsibility **5** \$125.00

Post Date 4/8/2010 Member ID 333224444A Patient Group Number

Process Date 4/8/2010 Rendering Provider Randall Oates

Routing P Rendering NPI 1122334455 Remaining Balance \$0.00

More Info Claim Notes

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 103

Payment Amount \$405.00 Claim Control # 11223344556677 Patient Responsibility \$125.00

Post Date 4/8/2010 Member ID 333224444A Patient Group Number

Process Date 4/8/2010 Rendering Provider Randall Oates

Routing P Rendering NPI 1122334455 Remaining Balance \$105.00

More Info Claim Notes

Charges **7**

Begin 6	End	Units	Proc.Mod ▲	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other	Adjust	Provider	...	Notes
4/8/2010	4/8/2010	1.0	74185	\$400.00	\$400.00	\$50.00	\$50.00					\$300.00		a
4/8/2010	4/8/2010	1.0	99213	\$135.00	\$130.00			\$10.00		\$15.00	35			a

8

\$535.00 \$530.00 \$50.00 \$50.00 \$10.00 \$0... \$15.00 \$300.00

Next Action Save Claim **9** Cancel **10**

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 and then finally enter the payment amount that was paid for the line item charge and repeat until the remaining Balance is zero, all charges for the selected claim have the correct information applied and the Save Claim button is activated

9. Click **Save Claim**. A pop up message will verify payment was saved. Click **OK**.

10. If Cancel is clicked, a confirmation box asks if you want to close the Patient and lose changes. If Yes, the patient window will cancel all data entered for the active patient and close the account. If an amount is remaining on the remit, Select Patient dialog displays to choose a new patient.

Note: 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

Check Number

123456

Production Date

4/14/2010

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 Check Number

1 2 3

Blue Shield IN	PO Box 37010	Louisville
Medicare Indiana	PO Box 6160	Indianapolis
Aetna	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

Create Cancel

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. On the left, there is a 'Create/Load Payment' button and a 'Select Patient' button (labeled 8). The 'Payer' section shows 'Aetna' with address 'PO Box 1111, Any City, AR 72764, (479) 555-5555'. The 'Group' dropdown menu (labeled 4) is open, showing a list of providers: 'Professional Group, Inc.', 'Andy Anderson', 'Jamie R. James', 'Randall Oates', 'New Group added', 'Jamie James', 'Randall Oates, MD', 'Professional Group, Inc.', and 'Radiology Inc.'. The 'Professional Group, Inc.' option is highlighted. On the right, the 'NPI' is '1234567890', 'Check Number' is '123456' (labeled 6), 'Production Date' is '4/14/2010' (labeled 5), 'Check Date' is '4/8/2010', 'Check Amount' is '\$150.00' (labeled 7), and 'Remaining' is '\$150.00'. A small '9' is visible in the bottom left area of the window.

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 title bar with a close button. Inside, there is a 'Patient Number' text box (labeled 9) and a 'Chart Rack' button. Below the text box are three buttons: 'Chart Rack', 'Select' (labeled 10), and 'Cancel'.

9. Type the Patient account number shown on the Remit or Click on the Chart Rack button to search for the Patient.
10. Click Select to Open the Patient account

View of Payment Posting window with Patient Selected for Payment

When selecting a patient, the account number shown on the remit is the Claim number assigned to the

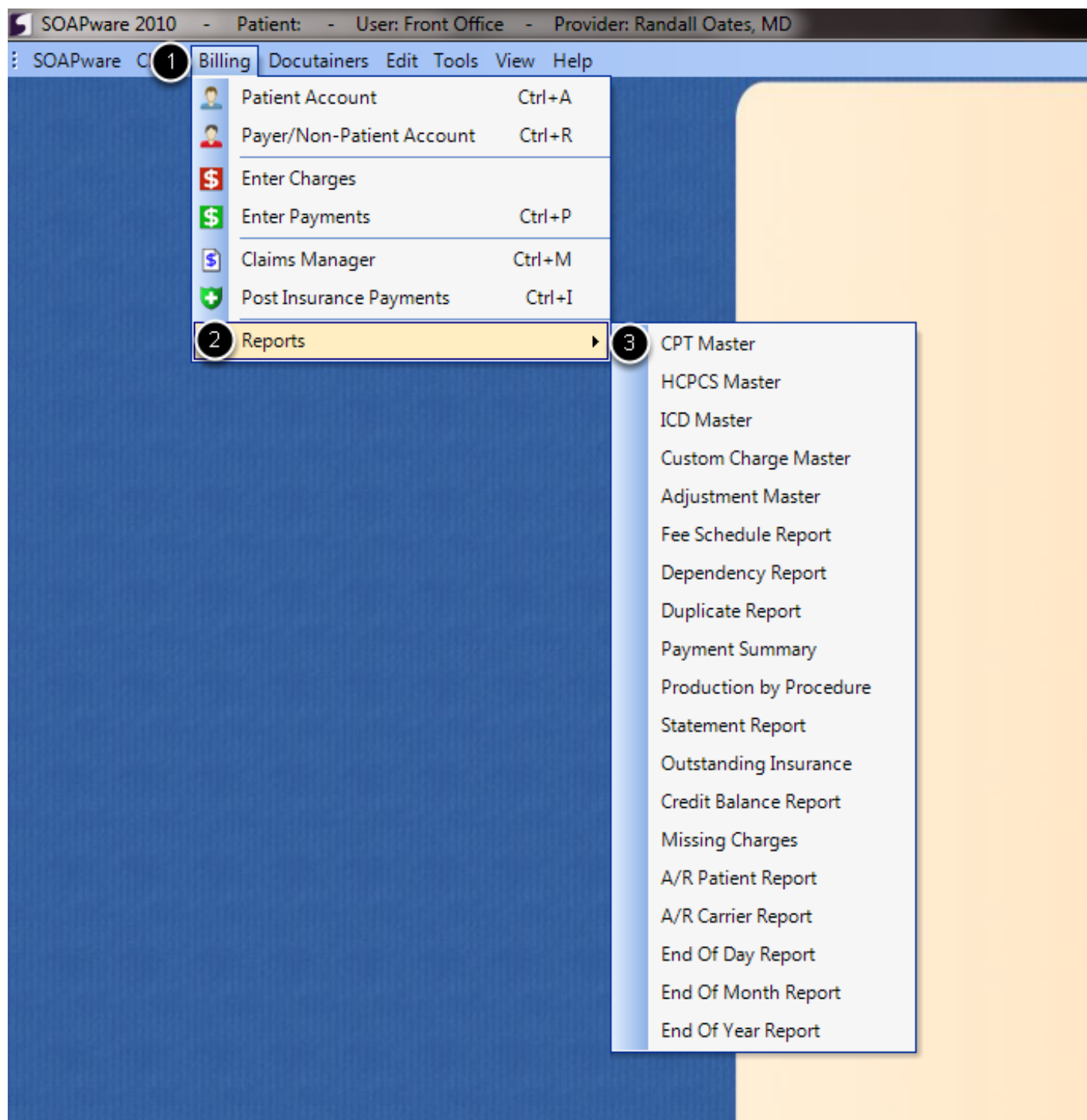
When patient is opened, the grid will go directly to the claim number that was entered.

Reports

Accessing the Report List

Billing menu -> Reports

Accessing the Report List

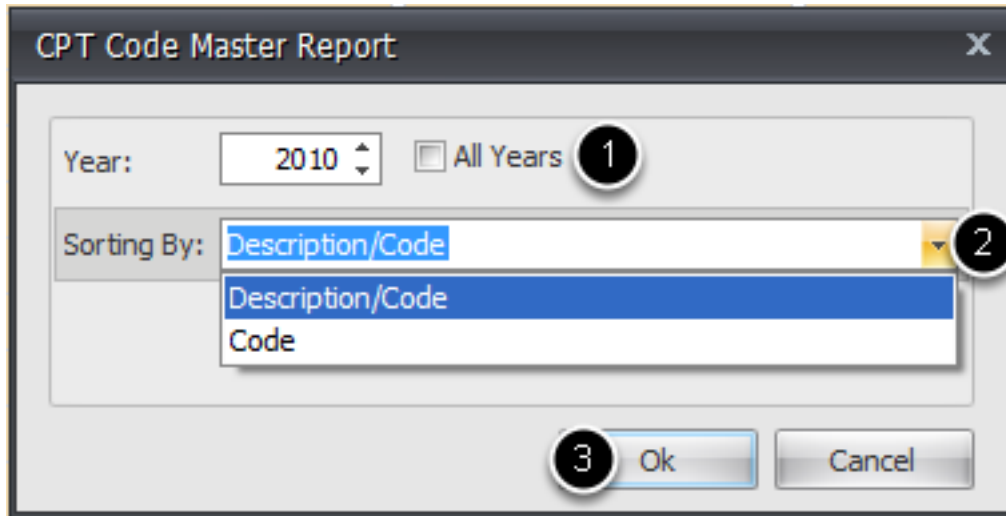


1. Click on the **Billing** menu.
2. Select **Reports**.
3. Select the report needed.

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

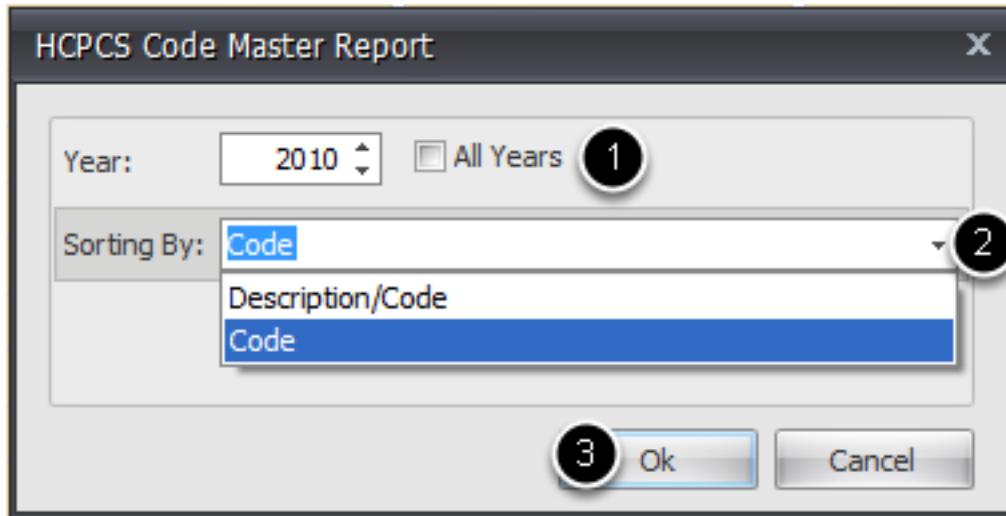
CPT Code	Short Description	CPT Code	Short Description
0001F	HEART FAILURE COMPOSITE	00410	ANESTH, CORRECT HEART RHYTHM
0005F	OSTEOARTHRITIS COMPOSITE	0042T	CT PERFUSION W/CONTRAST, CBF
00100	ANESTH, SALIVARY GLAND	00450	ANESTH, SURGERY OF SHOULDER
00102	ANESTH, REPAIR OF CLEFT LIP	00452	ANESTH, SURGERY 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	ANTI PROTHROMBIN ANTIBODY	00604	ANESTH, SITTING PROCEDURE
00300	ANESTH, NECK ORGAN 1 & OVER	00600	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



HCPCS Code Master Report

Year: 2010 ☐ All Years 1

Sorting By: Code 2

3 Ok Cancel

1. Select the **year** of the HCPCS codes or check to see **All Years'** codes.
2. Select to sort by either the **code** or the **description and the code**.
3. Click **Ok**.

HCPCS Master Sample

HCPCS Code Master Report 2010

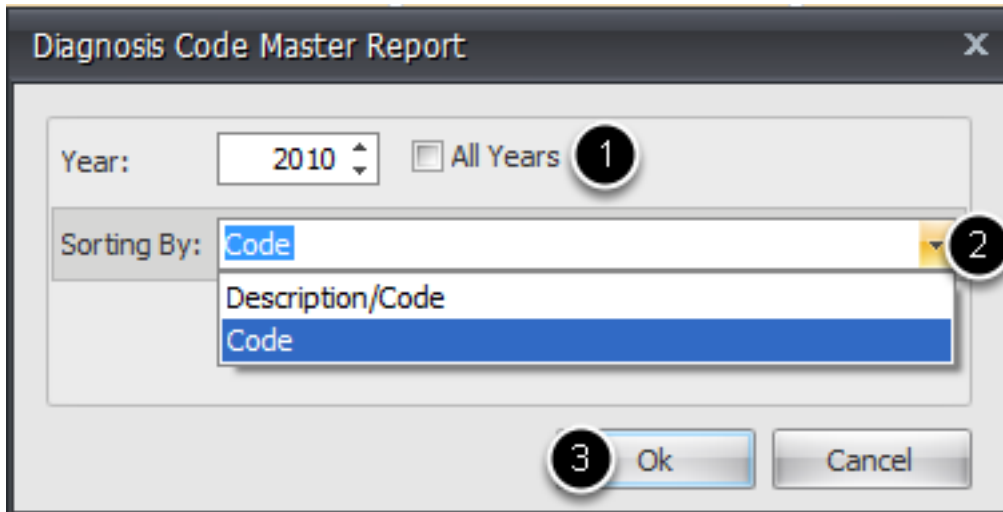
HCPCS Code	Description	HCPCS Code	Description
A0021	Outside state ambulance serv	A4213	20+ CC syringe only
A0080	Noninterest escort in non er	A4215	Sterile needle
A0090	Interest escort in non er	A4216	Sterile water/saline, 10 ml
A0100	Nonemergency transport taxi	A4217	Sterile water/saline, 500 ml
A0110	Nonemergency transport bus	A4218	Sterile saline or water
A0120	Noner transport mini-bus	A4220	Infusion pump refill kit
A0130	Noner transport wheelch van	A4221	Maint drug infus cath per wk
A0140	Nonemergency transport air	A4222	Infusion supplies with pump
A0160	Noner transport case worker	A4223	Infusion supplies w/o pump
A0170	Transport parking fees/tolls	A4230	Infus insulin pump non needl
A0180	Noner transport lodgng recip	A4231	Infusion insulin pump needle
A0190	Noner transport meals recip	A4232	Syringe w/needle insulin 3cc
A0200	Noner transport lodgng esct	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 attchmnt
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	Suipestifer 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	Salmonella 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	Salmonella meningitis	004.9	Bacillary dysentery
003.22	Pneumonia, <i>Salmonella</i>	005.0	Staphylococcal food poisoning
003.22	<i>Salmonella pneumonia</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

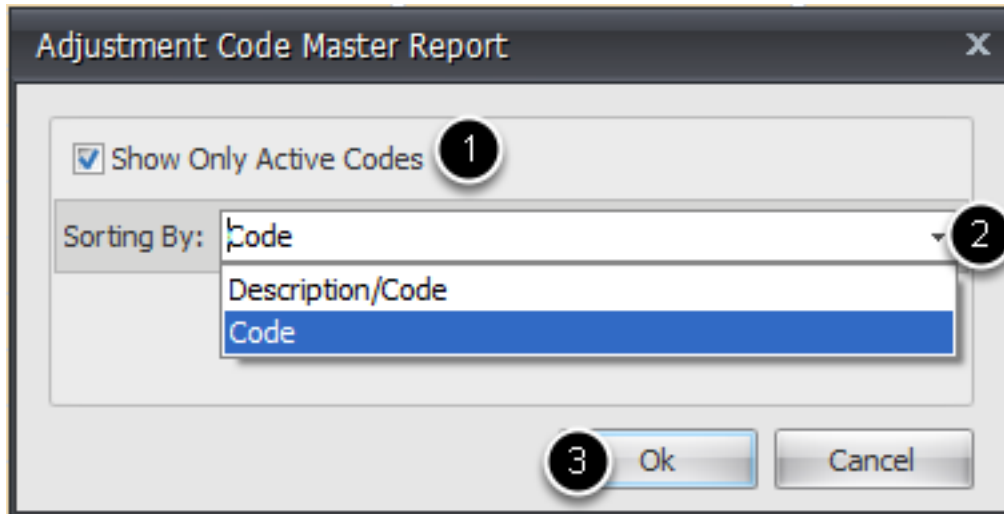
Custom Charge Code Master Report			
Active Codes Only			
Custom Code	Description	Custom Code	Description
HS333	Herbal Supplements		

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

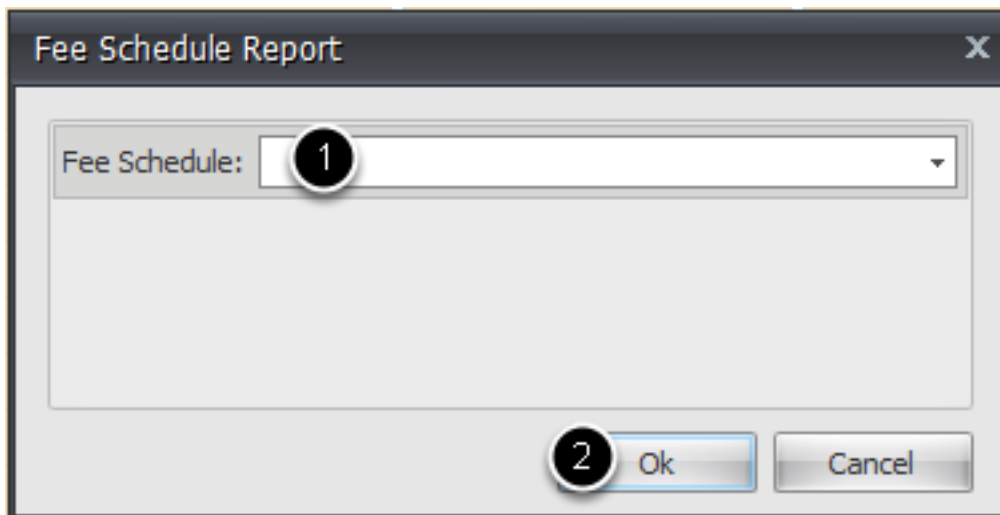
Adjustment Code Master Report			
Active Codes Only			
Adjustment Code	Description	Adjustment Code	Description
A123	Test Adjustment		
B1234	Charity Care		
S111	Sample Adjustment		
W001	Writeoff		
inspay	Insurance Adjustment		
refund	Refund Adjustment		

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	
Aetna			
	BCBS12	200.00%	
	BCBS2010	200.00%	
Aetna10			
	Aetna11	200.00%	
	BCBS2010 ¹		
	Default ²	110.00% ³	
Cigna			
	Cigna10	150.00%	
Default			
	Aetna	200.00%	
	Aetna12	200.00%	
	BCBS10	200.00%	
	HA10	200.00%	
	Medicaid	200.00%	
	Test	90.00%	
	Test02	25.00%	
	UHC10	150.00%	
	UHC12	200.00%	
Medicare			
	BCBS	120.00%	

1. The base Fee Schedule. The fee schedule(s) listed below are based on the top fee schedule.
2. The calculated fee schedule, based on a percentage of the above fee schedule.
3. The percentage of #1 fee schedule to calculate the #2 fee schedule.

Duplicate Report

A report showing any duplicate patients in the database. Searchable by First, Middle or Last Name, SSN, Date of Birth, or Phone Number.

Patient Duplicate Options

Patient Duplicate Report

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

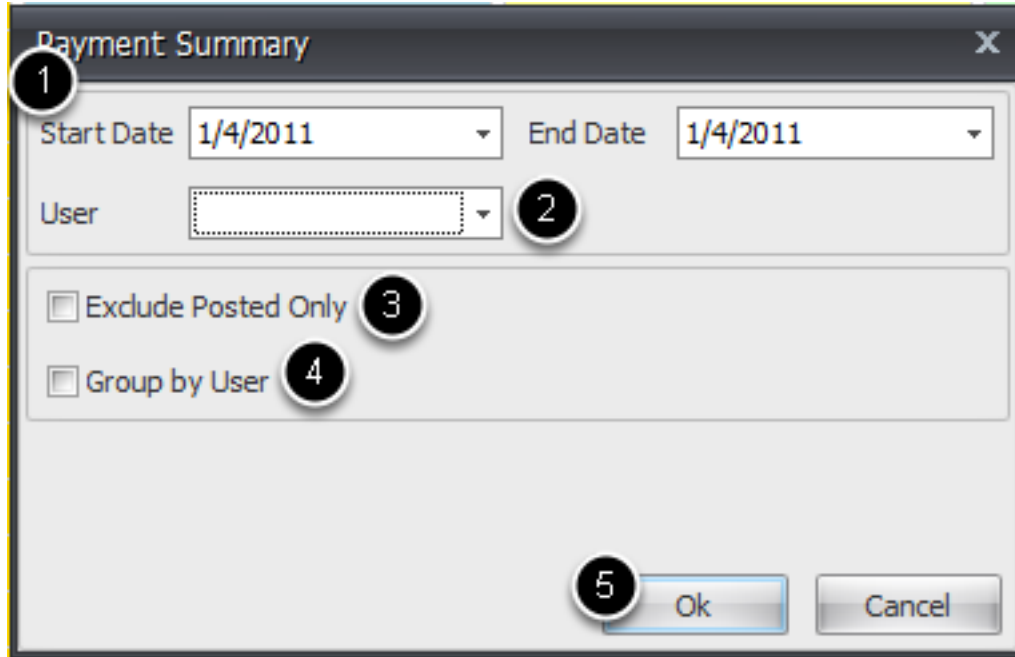
Patient Duplicate Report						
Patient Name	Chart #	SSN	Date of Birth	Home Phone	Work Phone	Cell Phone
Slim, Jim			1/1/0001			
Slim, John		111-11-1111	5/5/1980	(479)555-5555	(479)333-3333	(479)444-4444
Slim, Sarah	89161	654-16-5132	10/1/1980	(479)984-9656	(951)651-6351	(651)651-3210

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



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 1

Date Run: 1/4/2011 2

All Users 3

4 Cash

7 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

5 Check

8 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

6 Credit Card

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.

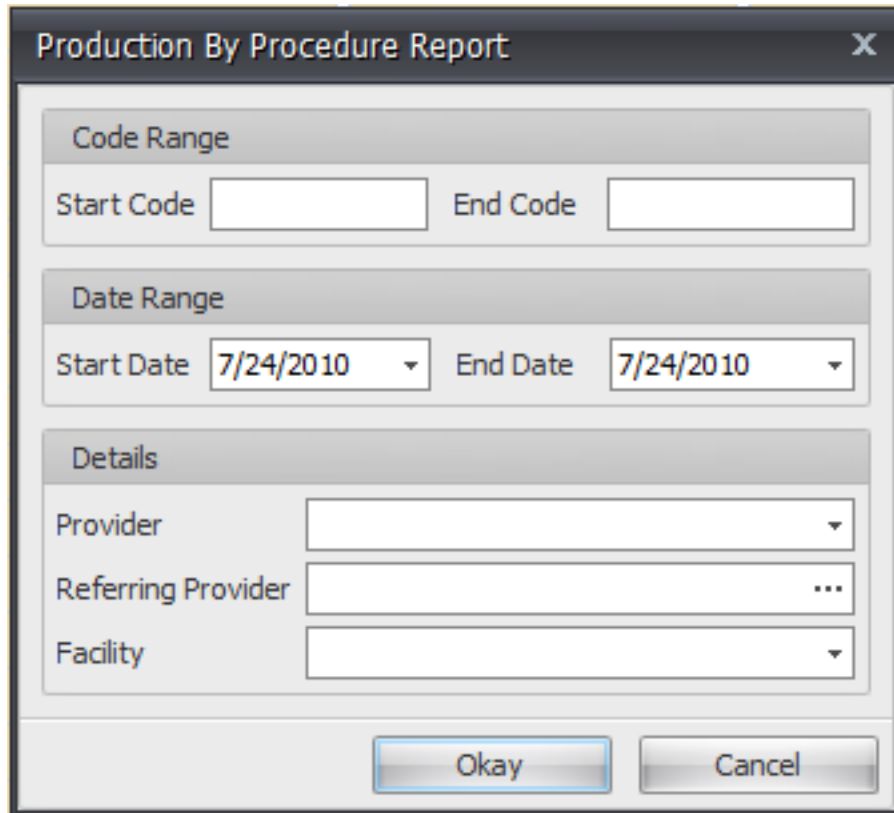
8. Payment Status (**Unapplied**): Indicates any payments that were taken from the patient and entered, but not officially applied toward any charges. (Will pertain to Co-Pays and Pre-Pays). This status will show an Entered Date, but no Posted Date.

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 three-dot menu icon 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.

Payment Summary Sample

Production By Procedure Report

Period: 1/1/2010 to 7/24/2010

Provider Oates, Randall, MD
Facility

Referring Provider

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
Facility DOCS Clinic

Referring Provider

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.

Statement Report Options

The screenshot shows the 'Statement Report Options' dialog box. It has a blue title bar with a close button. The main area is divided into several sections. The first section, 'Search Options', contains four fields: 'Minimum Balance' (text box with '\$0.00'), 'Group' (dropdown menu with 'Select Group...'), 'Patient' (dropdown menu with 'Select Patient...'), and 'Guarantor' (dropdown menu with 'Select Guarantor...'). The second section, 'Search Guarantor Last Name Range', contains two text boxes for 'Start' and 'End'. The third section contains a checkbox labeled 'Do not show pending insurance items.' and a large text area for 'Enter Notes'. The fourth section contains a text box for 'Top Margin (in 100th of inch)' with the value '100'. At the bottom are 'Okay' and 'Cancel' buttons. Numbered callouts 1 through 9 point to specific elements: 1 points to the Minimum Balance field, 2 to the Group dropdown, 3 to the Patient dropdown, 4 to the Guarantor dropdown, 5 to the Search Guarantor Last Name Range section, 6 to the checkbox, 7 to the Enter Notes text area, 8 to the Top Margin field, and 9 to the Okay button.

1. Set a minimum balance by which to send statements out. This will not allow any statement to print if the balance is less than the minimal set here.
2. Print batch statements by Group.
3. Print individual statements for a select Patient.
4. Print individual statements by a select Guarantor.
5. Run batch statements alphabetically by Patient Last Name Range.
6. Check to not include charges that are pending insurance.
7. Type a free text message for the statements. This message will print at the bottom of each statement included in the process.

8. Adjust printing line up as need.
9. Click Okay when finished.

Sample Statement

Professional Group, Inc.

PO Box 1234
Springdale, AR 72764

For Billing Questions call
(479) 555-3333

Tax ID: 333221111
Page 1 of 1

Charles, Chuck C.

123 Elm
Elm City, AR

Statement Date

12/21/2010

Account Number

122

Pay This Amount

\$58.00

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: 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
Current Balance									\$58.00

Current	30 - 60 Days Due	60+ Days Due	Balance Due
	\$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.

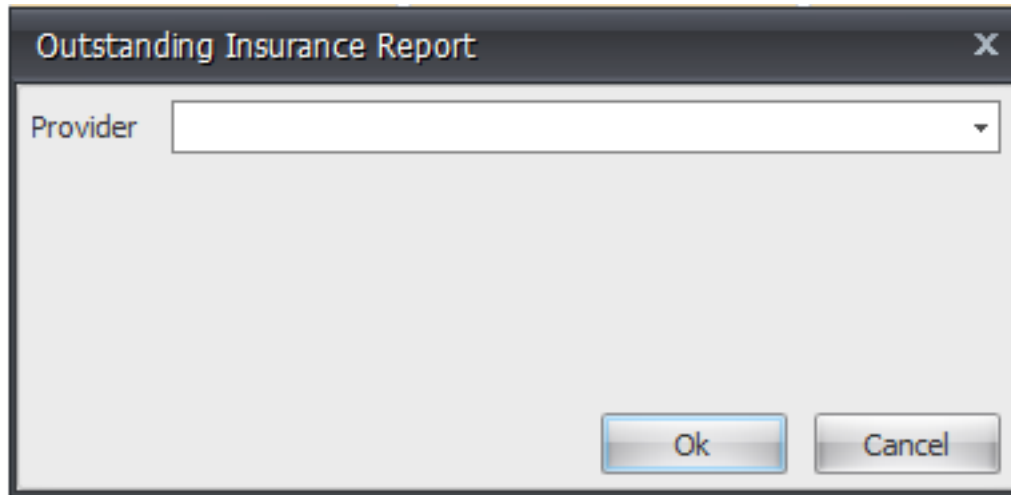
Statements will not run for a provider if he is not linked to a group.

When generating batch statements, users can set the top margin between 1/10th of an inch to 3 inches.

Outstanding Insurance Report

A report showing the outstanding aging by Insurance Carrier by Provider.

Outstanding Insurance Report Options



Search for outstanding aging amounts for each carrier by Provider.

Outstanding Insurance Report Sample

Outstanding Insurance Report							
#Claims	Insurance Company	0-30	31-60	61-90	91-120	120 +	Total
14	Aetna	0.00	1,034.00	560.00	281.00	0.00	1,875.00
8	BCBS	75.00	1,230.20	65.00	90.00	0.00	1,460.20
15	BCBS of New York, Rochester	2,849.00	58.00	120.00	155.00	0.00	3,182.00
1	Medicaid - CSC	0.00	545.00	0.00	0.00	0.00	545.00
11	Medicare of AR	985.00	966.00	75.00	75.00	0.00	2,101.00

Sample Outstanding Insurance Report searching by Provider.

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

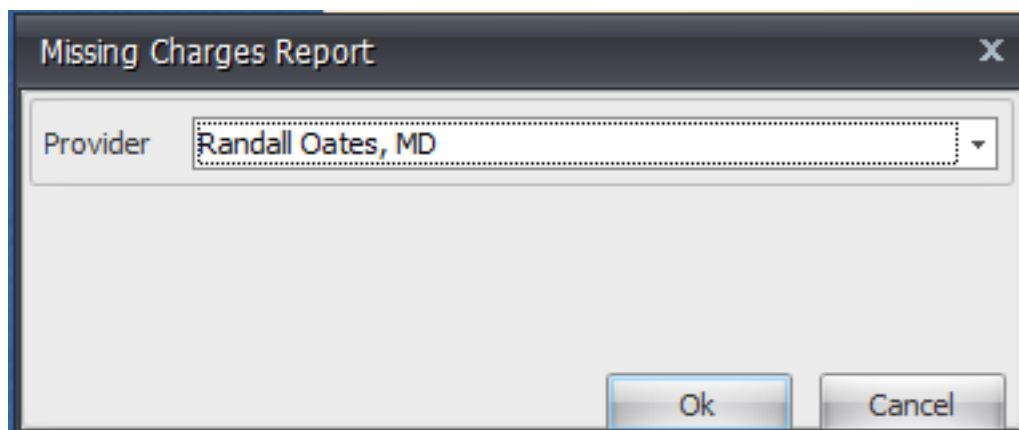
Missed Charges Report

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" and a small downward arrow on the right side. 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 Dxs- Modifi
12/10/2008	Jim Slim T	34	Shortness of breath ICD#786.05 Throat pain
2/26/2009	Clyde Annie	112	Anticoagulant Use ICD#V58.61 Comment-
3/22/2009	Clyde Annie	112	Anticoagulant Use ICD#V58.61 Comment-
4/29/2009	Clyde Annie	112	Anticoagulant Use ICD#V58.61 Comment-
4/29/2009	Clyde Annie	112	Benign hypertension ICD#401.1
7/1/2009	Clyde Annie	112	Chronic obstructive pulmonary disease ICD#496
7/22/2009	Jim Slim T	34	Dx
10/28/2009	Clyde Annie	112	
10/29/2009	Clyde Annie	112	Viral Gastroenteritis ICD#008.8
10/29/2009	Clyde Annie	112	Influenza NOS ICD#487.1
11/13/2009	Jim Slim T	34	Strep Throat (streptococcal tonsillitis) ICD#03
12/8/2009	Jim Slim T	34	Gastroesophageal reflux disease or GERD ICD#530
1/20/2010	Jim Slim T	34	Diabetes - Type 2

1. Encounters with no Superbill created. Will indicate Encounter Date, Patient Name, Account Number, and the associated reason for the visit (Encounter Name).

Missed Charges Report Sample showing Non-Posted Superbills and Visits

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" with a close button (X) in the top right corner. The dialog contains several input fields and radio button options. Numbered callouts are placed over the following elements:

- 1**: Points to the "Guarantor" text input field.
- 2**: Points to the "Search Name Range" button.
- 3**: Points to the "Account Number" text input field.
- 4**: Points to the "Balance Filter" section header.
- 5**: Points to the "Okay" button.

The "Balance Filter" section includes two groups of radio buttons: "Type" with options "Patient", "Insurance", and "Both" (selected); and "Aging" with options "Current", "30 Days", "60 Days", "90 Days", "120 Days", and "All" (selected). At the bottom of the filter section are two text input fields labeled "Balance Range Start" and "End".

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

The screenshot shows a dialog box titled "Carrier A/R Report". It features a "Group/Provider" dropdown menu currently showing "Randall Oates, MD". Below the dropdown are two unchecked checkboxes: "Breakdown by Provider" and "Show Patient Details". At the bottom right are "Ok" and "Cancel" buttons. Numbered callouts indicate the following steps: 1. Select a provider from the dropdown; 2. Check "Breakdown by Provider"; 3. Check "Show Patient Details"; 4. Click "Ok".

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

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
5 Primary		\$94.15	\$234.47	\$332.00	\$4,309.00	\$4,969.62
6 Secondary		\$98.44				\$98.44
7 Totals		\$192.59	\$234.47	\$332.00	\$4,309.00	\$5,068.06
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

2 Aetna, 6513 Ins. St., Fayetteville, AR 72703, (651) 321-3213

3 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
4 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
5 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.

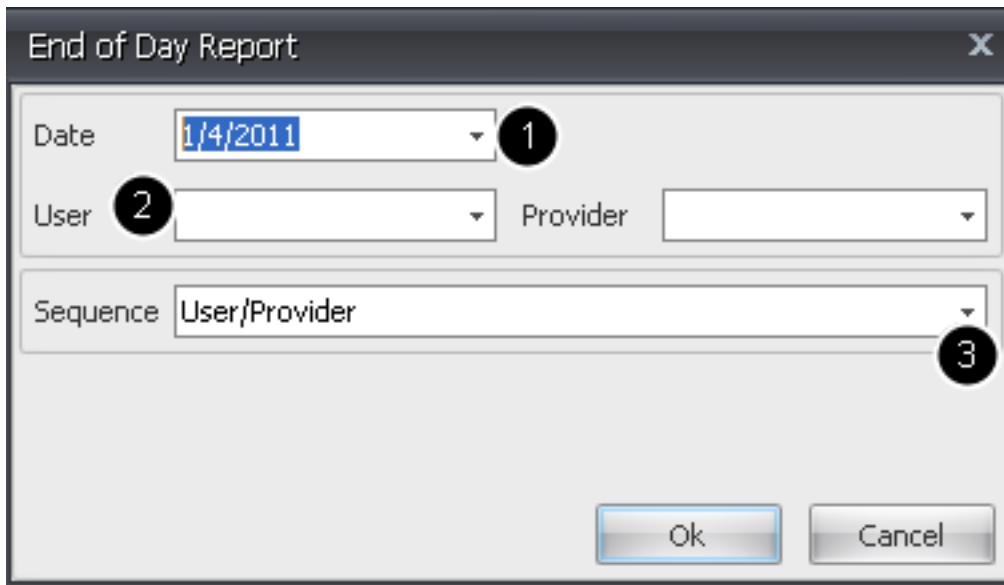
- **A/R breakdown:** by Current (0-30), 31-60 Days, 61-90 Days, 91-120 Days, and Over 120 Days.

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



The screenshot shows a software dialog box titled "End of Day Report". It features three primary input areas: a "Date" dropdown menu currently set to "1/4/2011", a "User" dropdown menu, and a "Provider" dropdown menu. A "Sequence" dropdown menu is also present, currently showing "User/Provider". Each of these three dropdown menus is accompanied by a black circle containing a white number (1, 2, and 3 respectively) indicating a step in the process. At the bottom right of the dialog are "Ok" and "Cancel" buttons.

1. Select the date to view the transactions that took place on that day.
2. View transaction data by User or Provider.
3. Select from the dropdown whether you want data broken down and displayed by User first and then by Provider, or by Provider first, and then by User. Or leave blank to show all.

End of Day Report Sample

End of Day - 1/4/2011

Trent, Tammy on 1/4/2011, Provider: Oates, Randall

Chart #	Patient Name ¹	DOS	Procedure ²	Charge	Payment ³	Ins Payment ⁴	Adjustment ⁵
MT1234	Turner, Mollie N.	10/26/2010	99212	\$0.00	\$88.00	\$88.00	\$0.00
			Patient Total	\$0.00	\$88.00	\$88.00	\$0.00
12345	Winters, Somer F.	12/8/2010	99213	\$0.00	\$100.00	\$100.00	\$0.00
			Patient Total	\$0.00	\$100.00	\$100.00	\$0.00
	Harrison, Harry H.	12/8/2010	99213	\$0.00	\$0.00	\$63.00	\$4.50
		12/8/2010	72010	\$0.00	\$0.00	\$60.00	\$0.00
			Patient Total	\$0.00	\$0.00	\$123.00	\$4.50
32131	Berry, Terry	1/4/2011	99212	\$120.00	\$25.00	\$25.00	\$0.00
			Patient Total	\$120.00	\$25.00	\$25.00	\$0.00
pw12345 6	Winkle, Perry P.	1/4/2011	99213	\$135.00	\$0.00	\$0.00	\$0.00
		1/4/2011	72010	\$120.00	\$0.00	\$0.00	\$0.00
		1/4/2011	Co Pay ⁶	\$0.00	\$20.00	\$0.00	\$0.00
			Patient Total	\$255.00	\$0.00	\$0.00	\$0.00
123123	Scott, Scotty K.	1/4/2011	99212	\$120.00	\$30.00	\$30.00	\$0.00
			Patient Total	\$120.00	\$30.00	\$30.00	\$0.00
			⁷ Provider Total	\$495.00	\$243.00	\$366.00	\$4.50
			⁸ Grand Total	\$495.00	\$243.00	\$366.00	\$4.50

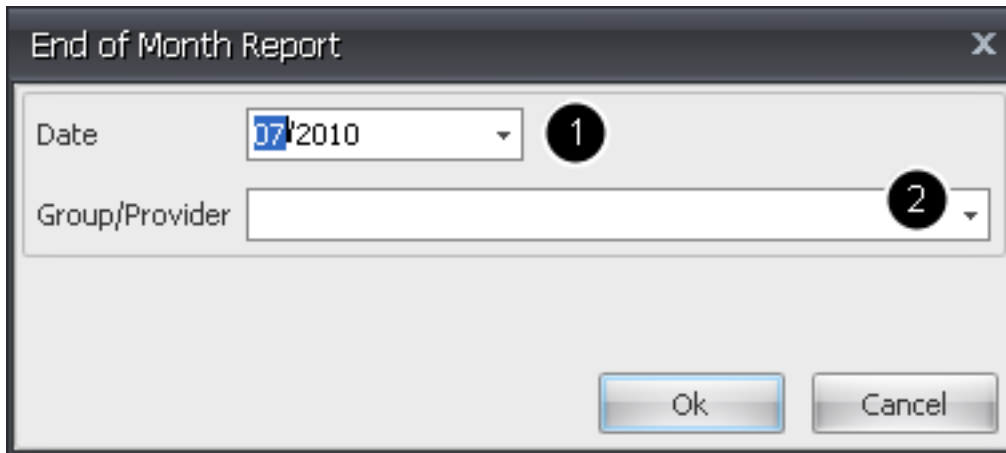
Note: The End of Day report is designed to only show Posted charges and payments for the current day. If there are any payments that are Unapplied, they will show up with a gray background shading and italics. Any charges/payments pending in a Patient's New Charges tab will not be indicated on this End of Day report. For a view of payments that are holding in the New Charges tab, view the Payment Summary 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

A screenshot of a software dialog box titled "End of Month Report". The dialog box has a standard Windows-style title bar with a close button (X) in the top right corner. Inside the dialog, there are two main input fields. The first field is labeled "Date" and contains a dropdown menu showing "07/2010". A black circle with the number "1" is placed to the right of this field. The second field is labeled "Group/Provider" and is currently empty. A black circle with the number "2" is placed to the right of this field. At the bottom right of the dialog, there are two buttons: "Ok" and "Cancel".

End of Month Report

Date 07/2010 1

Group/Provider 2

Ok Cancel

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
	1 Units	2 Charges	3 Payments	4 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.

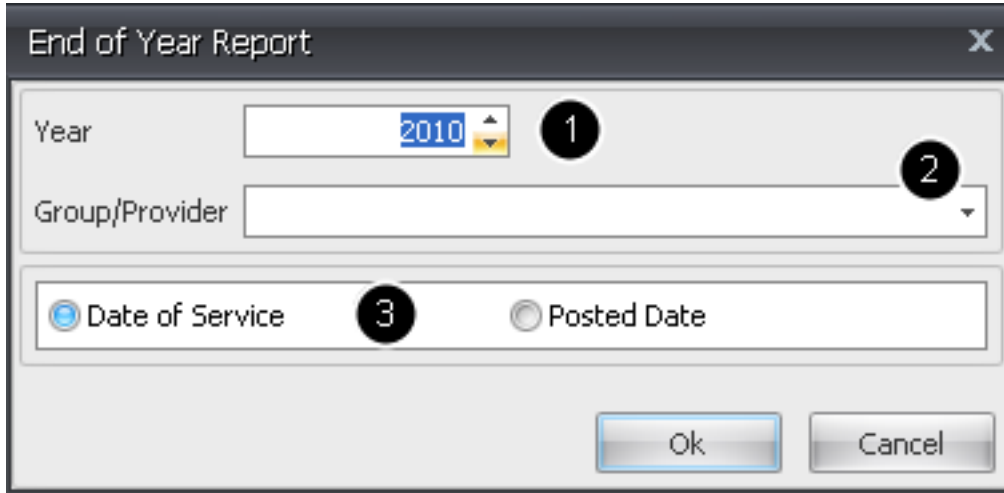
Total Summary for group:

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 currently showing "2010", a "Group/Provider" dropdown menu which is empty, and a section with two radio buttons labeled "Date of Service" (which is selected) and "Posted Date". Each of these three input areas is marked with a black circle containing a white number (1, 2, and 3 respectively). At the bottom right of the dialog 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

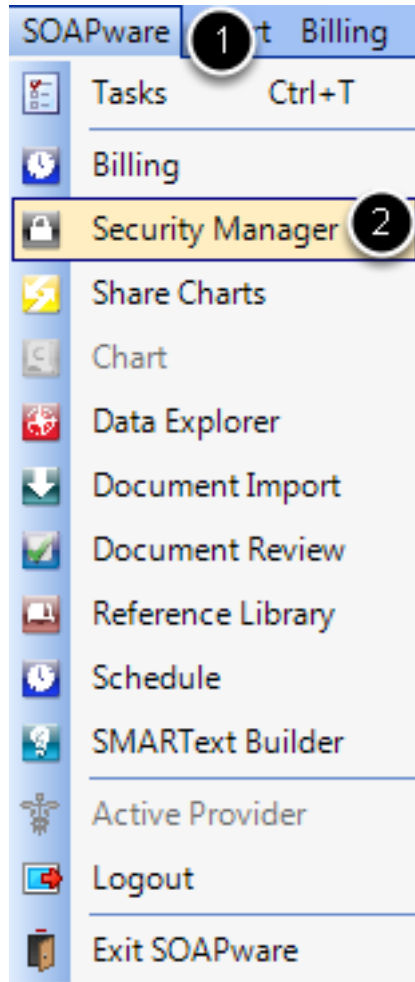
Security Manager/Audit Log

Security Manager

How to view and monitor user activity.

SOAPware menu -> Security Manager

Accessing the Security Manager



1. Go to the **SOAPware** menu.
2. Select **Security Manager**.

Viewing system activity

SOAPware 2010 - Patient: - User: Randall Oates - Provider: Randall Oates

SOAPware Billing Secure Edit Tools View Help

Audit Log

Start Date **1** 4/27/2010 12:00 AM End Date 4/29/2010 11:59 PM User Name Location IP Address Section Patient X Jim, Slim T.

Clear Filters Include Inactive Users Search

Drag a column header here to group by that column **2**

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...		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 **3**

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.
- A display of the **line item activity** performed.
- When a line item is selected, the **Audit Details** will show the specific activity performed and exactly what the changes were.