

Practice Management 2012 User Manual

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1 Practice Management Maintenance-Setup Steps

1.1	Important Setup Information for SOAPware Practice Management	10
1.2	Getting Setup with Gateway EDI -- What to Expect	11
1.3	1. Manage Facilities (Block 24B and Block 32)	14
1.4	2. Manage Groups/Billing Provider/ Pay To Information (Block 33)	21
1.5	3. Provider Manager (Blocks 24J and 31)	25
1.6	4. Setting Default Claim Options/Base Export Path	29
1.7	5. PM Security Administration	34
1.8	6. CPT® Code Maintenance (Block 24D)	53
1.9	7. HCPCS Maintenance (Block 24D)	58
1.10	8. ICD Maintenance (Block 21)	64
1.11	9. Adjustment Maintenance	68
1.12	10. Custom Charges Maintenance	72
1.13	11. Fee Schedule Maintenance (Block 24F)	75
1.14	12. Insurance Company Manager	82
1.15	13. Contacts/Referring Physicians (Block 17)	93
1.16	14. Flags/Notes Category Manager	97
1.17	15. Custom Demographic Titles	100
1.18	16. Set Structured CPT Options	102
1.19	17. List Options	104

2 Updating CPT®, HCPCS, and ICD-9 codes

2.1	Download new quarterly/annual codes	110
2.2	Deleted Code Procedure	115

3 Schedule Setup

3.1	Activate Providers/Resources for a Facility	117
3.2	Provider/Resource Outlining	123
3.3	Provider/Resource Recurrences	130
3.4	Entering Facility Business Hours	137
3.5	Creating Holidays/Closings	141
3.6	Creating Schedupdates	145
3.7	Confirm Scheduled Appointments	149

4 Menus and Toolbars

4.1	SOAPware Menu	153
4.2	Billing Menu	154
4.3	Scheduler Menu	155
4.4	Edit Menu	156
4.5	Tools Menu	157
4.6	View Menu	158
4.7	Help Menu	159

5 Patient Account Overview

5.1	Looking Up a Patient Account	161
5.2	Creating a New Patient	164
5.3	Patient Information Bar	167
5.4	Schedule Tab	169
5.5	Demographics Tab	173
5.6	Insurance Demographics Tab	176
5.7	Custom Demographics Tab	184
5.8	Flags/Notes Tab	185

5.9	Ledger Tab	188
5.10	Family Tab	193
5.11	Claims Tab	195
5.12	Statements Tab	198
5.13	New Charges Tab	201
5.14	Locked Tabs	204
6	Scheduling	
6.1	Changing Active Facility	209
6.2	Navigation	210
6.3	Views	212
6.4	Time Increments	213
6.5	Coloring	214
6.6	Export the Schedule	216
6.7	Schedule Reports	218
6.8	Searching for Available Appointments	219
6.9	Scheduling an Appointment	222
6.10	Moving an Appointment	225
6.11	Deleting an Appointment	227
6.12	Changing Appointment Status	228
6.13	Scheduling Repeat Appointments	229
7	Transaction Entry	
7.1	Workflow - Clinical Documentation to Claim Creation	233
7.2	Post a Superbill/Billing Statement from Patient Chart	247
7.3	Transfer Credit Balance	253
7.4	More Visit Information Claim Level	260
7.5	More Info Ambulance-Claim Level	262

7.6	More Info Contract-Claim Level	265
7.7	More Info Dates-Claim Level	266
7.8	More Info File Information-Claim Level	268
7.9	More Info Reserved for Local Use (Box 19)-Claim Level	270
7.10	More Info Medicaid Resubmission Number for CMS 1500 paper claim	272
7.11	More Info Misc Details-Claim Notes	274
7.12	More Info Misc Details-Original Reference Number/ICN	276
7.13	More Info Misc Details-Lab CLIA number	278
7.14	More Info Misc Details-EPSDT	280
7.15	More Info Misc Details-Spinal Manipulation	282
7.16	More Info Misc Details-Mammography	284
7.17	More Info Misc Details-Service Authorization Exemption	286
7.18	More Info Misc Details-Investigational Device	288
7.19	More Info Misc Details-Medical Record Number	290
7.20	More Info Misc Details-Anesthesia Related Procedures	292
7.21	More Info Misc Details-Condition Information	294
7.22	More Info Misc Details-Demonstration Project	296
7.23	More Info Misc Details-Care Plan Oversight	298
7.24	More Info Patient Tab-Claim Level	300
7.25	More Info Property and Casualty Tab-Claim Level	302
7.26	More Info Providers Tab-Claim Level	305
7.27	More Info Referral/Authorization-Claim Level	307
7.28	More Info Supplemental Information Tab-Claim Level	309
7.29	More Info Vision-Claim Level	311
7.30	More Visit Information Charge Level-Dialysis and DME	313
7.31	Additional Information-Charge Level Drug Tab	316
7.32	Add Description to NOC codes	319
7.33	Additional Information Supporting Documentation-Charge Level	321

7.34	Edit/Update Charges	324
7.35	Apply Payment to Patient Account in New Charges Tab	329
7.36	Apply Co-Pay/Pre-Pay to Visit	336
7.37	Delete a Co-Pay from visit	341
7.38	Spread One Payment to Multiple Dependents	342

8 Patient Ledger

8.1	View Charges in Ledger	346
8.2	Create a Claim from Ledger	350
8.3	View Personal Payments in Ledger	353
8.4	View Insurance Payment Details from Ledger	356
8.5	Print Receipt/Statement by date range from Ledger	359
8.6	Add Charges in Ledger	363
8.7	Add Payment in Patient Ledger	366
8.8	Print Receipt for Payment in Ledger	369
8.9	Delete Personal Payment	374
8.10	Delete an insurance payment from visit	375
8.11	Add Adjustment in Ledger	384
8.12	Refund Overpayment	388

9 Payer/Non-Patient Accounts

9.1	Add a Payer/Non-Patient Account	394
9.2	Add Payer/Non-Patient Account in Demographics	396
9.3	Add Dependents to Payer/Non-Patient Account	399
9.4	Change Payer/Guarantor in Make Payment dialog	400

10 Enter Charges

10.1	Enter Charges from Billing Menu	404
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11	Enter Payments	
11.1	Add Personal Payments from Billing Menu	414
12	Claims Manager	
12.1	General Work flow-Claims Manager	417
12.2	Enhanced Claims Manager	420
12.3	Pending Scrub	423
12.4	Scrubber Errors-How to Correct and Rebuild Claim	425
12.5	On Hold	450
12.6	Ready To Submit	455
12.7	Submitted Tab	459
12.8	Resubmit Claims Rejected by Clearinghouse	461
12.9	Resubmit Claims Rejected by Payer/Insurance Company	467
12.10	Rebuild Multiple Claims at one time	471
12.11	Refile a Claim	475
12.12	Omit a paid charge when refiling from Insurance Payment Posting	476
12.13	Secondary Claims	481
12.14	All Tab	484
13	Posting Insurance Payments	
13.1	Introduction to Insurance Payment Posting	486
13.2	Create Insurance Payment	495
14	Reports	
14.1	Accessing the Report List	500
14.2	CPT® Master Report	501
14.3	HCPCS Master Report	503

14.4	ICD Master Report	505
14.5	Custom Charges Master Report	507
14.6	Adjustment Code Master Report	508
14.7	Fee Schedule Report	509
14.8	Dependency Report	510
14.9	Duplicate Report	511
14.10	Payment Summary Report	512
14.11	Production by Procedure Report (by Provider, Referring Provider and/or Facility)	515
14.12	Statement Report	517
14.13	Credit Balance Report	520
14.14	Missed Charges Report	521
14.15	AR Patient Report	524
14.16	AR Carrier Report	526
14.17	End of Day Report	535
14.18	End of Month Report	537
14.19	End of Year Report	539
14.20	Custom Patient Reporting	541
15	Security Manager/Audit Log	
15.1	Security Manager	553

Practice Management Maintenance-Setup Steps

Important Setup Information for SOAPware Practice Management

Before you begin

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.

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.

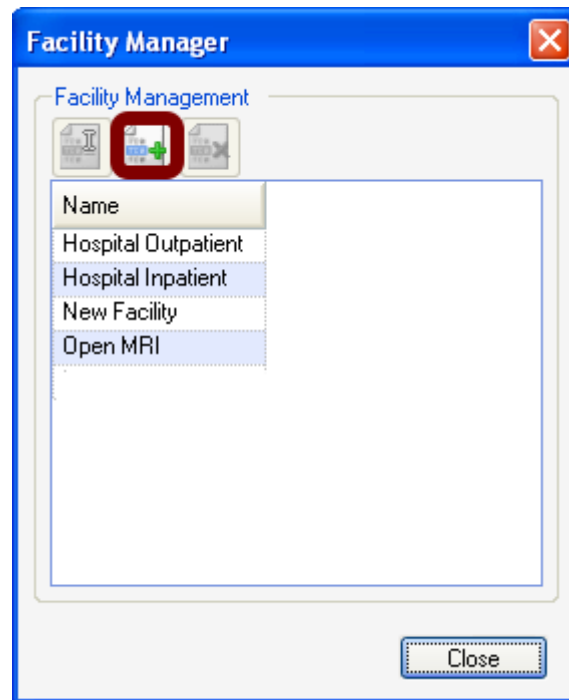
PLEASE NOTE THAT THIS TIME ESTIMATE BEGINS AFTER GATEWAY HAS RECEIVED YOUR COMPLETED PROVIDER ENROLLMENT PAPERWORK.

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' window with the following fields and callouts:

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

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

1. The commonly known **Facility Name**.
2. **Legal Name** of the facility. (**block 32**)
3. **Physical address** of the facility. (**block 32**)
4. **City, State and Zip** of the facility. You must include 9 digit Zip Code (**Block 32**)
5. Clinic Phone number.
6. **NPI** number assigned to the facility. (**Block 32a**)
7. **Place of Service** this selection specifies the code that is placed on claims (**Block 24B**) identifying the type of facility.
8. Phone number for Billing Inquiries. **This number will appear on Patient Statements, Receipts,**

etc. for billing questions

9. Clinic CLIA number

10. State License Number

11. Press Update to save

Home visits

The screenshot shows a software window titled "Facility" with three tabs: "Details", "Scheduler", and "Additional IDs". The "Details" tab is active. The "Facility:" text box contains the word "Home" and is highlighted with a red rectangle and a circled "1". Below this are fields for "Full Legal Name", "Street", "City", "St", "Zip", "Phone #", "NPI #", "Place of Service", "Billing Inquiry #", "CLIA Number", and "State License Number". The "Place of Service" dropdown menu is set to "Home - 12" and is highlighted with a red rectangle and a circled "2". At the bottom, there is an "Update" button circled with a "3" and a "Cancel" button.

When filing electronic claims for home visits, the new 5010 format requires the patient's address as the Place of service. If you set up a facility name **Home** and select Place of Service **Home-12**, and leave everything else blank, Gateway EDI will plug the patient's address into the file when they see that Place of Service code **12**.

1. Type Home or any name for the Facility. (This name will be listed in the drop down options for

- facility selection)
2. Select Home-12 from the drop down list of POS codes.
 3. Click Update.

Facility Scheduler Tab

Facility: Family Clinic

Details Scheduler Additional IDs

Provider/Resource Management

Providers Resources

Name	Visible
James R. Bolinger	No
Slim Shady	No

Business Hours Management

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

Facility Closings

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

Update Cancel

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

Provider/Resource Management

In this area, should be a list of licensed providers for the site. If a provider is not already in this list, the provider likely does not have a license to the Scheduler. This area is the location to actually

activate the providers/resources that will be using the Facility.

Business Hours Management

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

Facility Closings

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

Facility Additional IDs Tab

The screenshot shows a software window titled "Facility" with a tabbed interface. The "Additional IDs" tab is selected, indicated by a circled "1". The "Facility" dropdown menu shows "Family Clinic". Below the tabs are three buttons: "Tools" (circled "2"), "Scheduler", and "Additional IDs". A list of insurance companies is displayed, including "Insurance Company", "Arkansas Medicaid", "Aetna", and "Medicare" (circled "5"). A green plus icon is next to the list. An "Edit Additional IDs for Medicare" dialog box is open, showing fields for "Electronic" information: "Location Number" (12345), "Provider Commercial Number" (654321, circled "3"), and "State License Number" (D12345). The "Paper" section has a "Legacy Id" field. At the bottom of the dialog are "Okay" (circled "4") and "Cancel" buttons. At the bottom of the main window are "Update" (circled "6") and "Cancel" buttons.

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

Note: Leave blank unless specific payers require this information.

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

Repeat for additional Payers only if required.

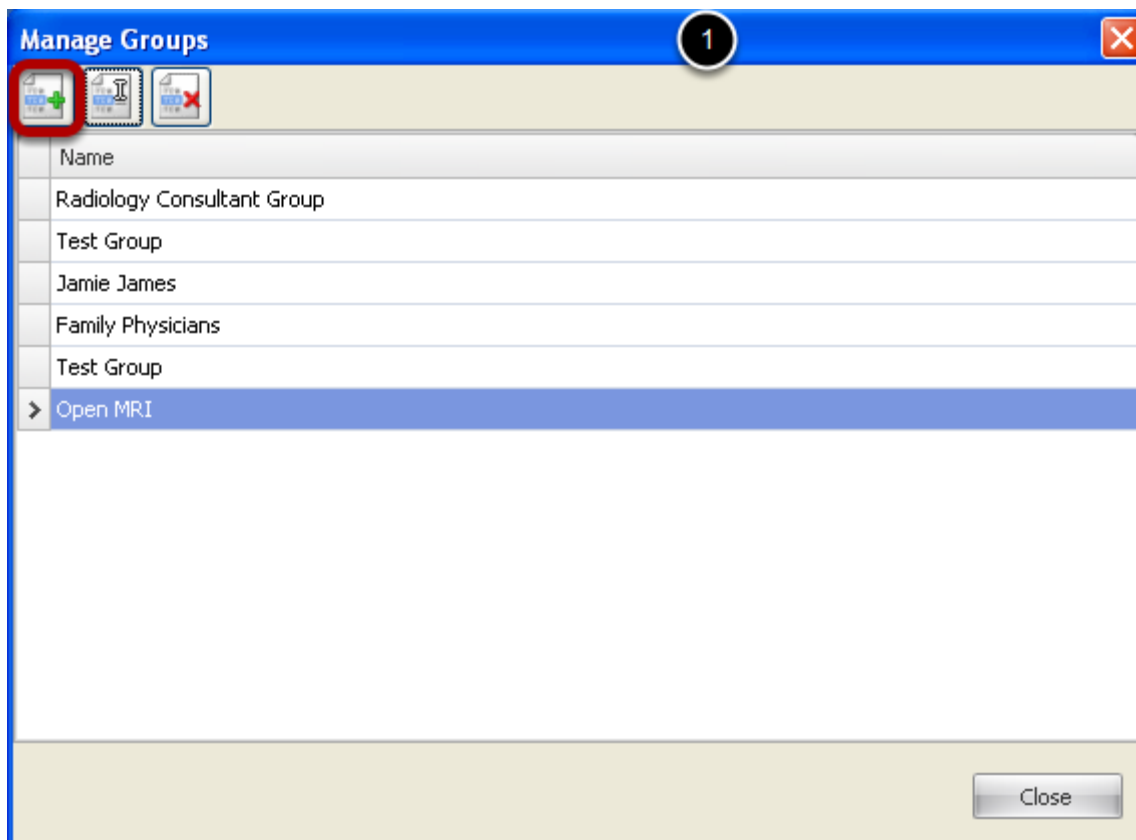
5. Click to edit information.

6. Update

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

Tools menu -> Manage Groups

Manage Groups/Pay To Information



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

Add a Group

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

- 1 Contact Information:** Fields for Name (Professional Groups, Inc.), Street (123 Elm St.), Street 2, City (Springdale), State (AR), Zip (72764-1234), Phone ((479)555-1234), and Entity Type (Person, Non Person).
- 2 Non Person:** Radio button selected for Entity Type.
- 3 Id Numbers:** Fields for Tax ID (EIN, SSN) with value 71-1111111 and NPI (1234567893).
- 4 Electronic:** Fields for Submitter ID (Mutually Defined - ZZ), ID (V2AB), UPIN (F12345), and State License (A1234).
- 5 Pay-To Address:** Fields for Street (PO Box 12345), Street 2, City (Springdale), State (AR), and Zip (72765-2345).
- 6 Paper:** Fields for Legacy ID and ID.
- 7 Insurance Information:** A list of insurance companies with 'Test Insurance' selected. The list includes: Woodsman of America, Shelter, Palmetto GBA, New Test, Missouri Medicaid, Medicare, Indiana Medicaid Operations, Humana Gold Choice, Humana, Health Choice, Farmers Insurance, Commercial Insurance, Cigna, Cigna, Champus, Blue Shield IN, Blue Cross, BCBS AR, Arkansas Medicaid, Arkansas Firstsource, Aetna, and AARP.
- 8 Save/Cancel:** Buttons at the bottom right.

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

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

1. **Contact Information:** Enter the basic demographic information for the group. (Name, Address and Phone) Include 9 digit Zip Code. Note: Address must be a street address. If Pay-To address is a PO Box, etc., that information will be entered in section 5

2. Select Person or Non Person Entity type

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

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

Enter Billing UPIN

Enter Billing State License

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

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

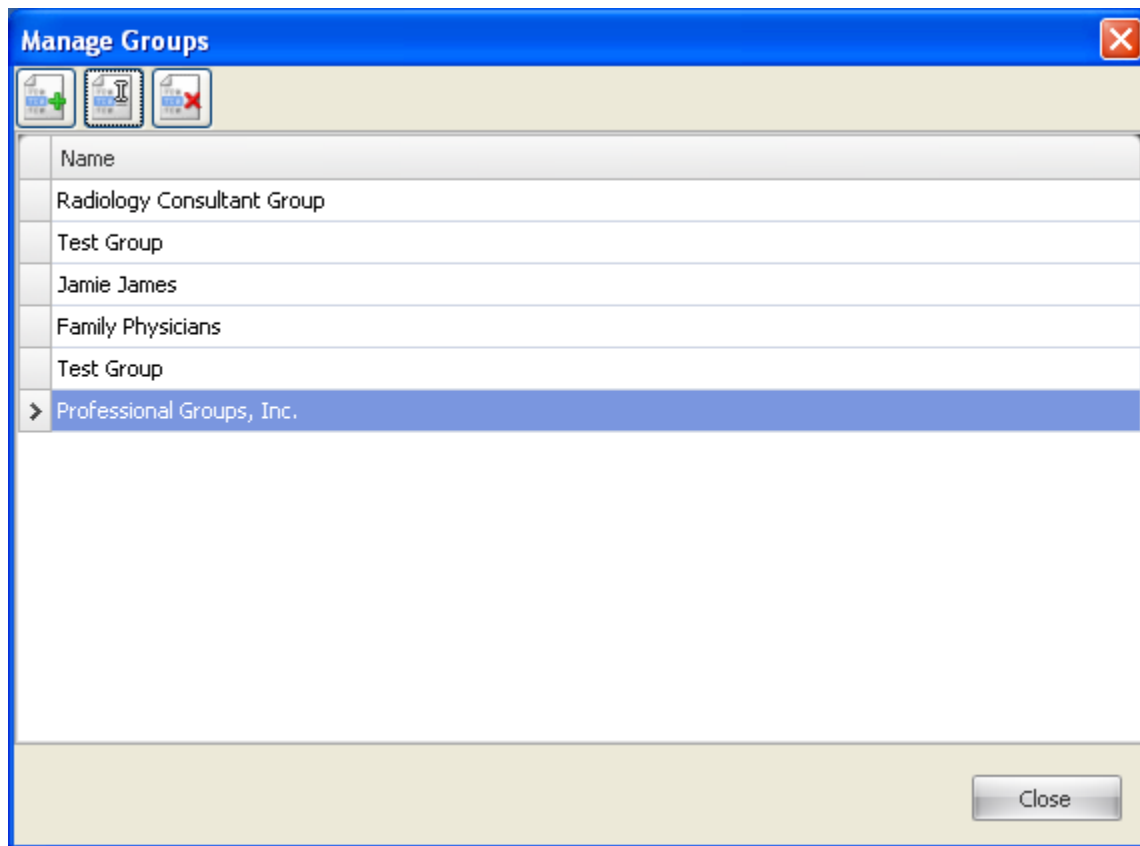
7. **Additional IDs:** When setting up a brand new system, you can ignore the Insurance Information section, initially. You will have to have your insurance companies setup first, before you can really take advantage of this field. Once you have finished the setup process, and need to add additional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

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

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

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

8. Click **Save** when done.



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

3. Provider Manager (Blocks 24J and 31)

Tools -> Provider Manager

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

The screenshot shows the 'Providers' application window. On the left is a list of providers: Danny Davis, David C. Daniel, Jack Jackson, MD, James R. Doe, DO, Randall Oates, MD (highlighted with a blue bar and a circled '1'), Test Eight, Test Five, Test Seven, and Test Six. On the right is a form for the selected provider, Randall Oates, MD. The form has four tabs: General (selected), Misc, Codes, and Signature. The General tab contains the following fields: Name (Title: Dr., First: Randall, M: [checkbox], Last: Oates, Suffix: MD), Address (Clinic: DOCS Clinic, Street: 4220 N Crossover Rd, City: Fayetteville, State: AR, Zip Code: 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), and a checkbox for 'Is Supervisor' which is checked. An 'Update' button is at the bottom right. Circled numbers 2 and 3 point to the 'General' and 'Misc' tabs respectively.

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

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

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

The screenshot shows a software window with a yellow title bar and a close button (X). It contains four tabs: 'General', 'Misc' (which is selected), 'Codes', and 'Signature'. Below the tabs, there are two main sections. The first section, titled 'Associated User', contains two text input fields: 'LoginID' with the value 'randalloates' and 'Name' with the value 'Randall Oates'. The second section, titled 'Billing', contains three items: a 'Group' dropdown menu currently showing 'Family Physicians' (with a circled number 4 next to it), a 'Superbill Task User' dropdown menu currently showing 'Front Office' (with a circled number 5 next to it), and a checkbox labeled 'Auto-Create Post Superbill Task' which is checked (with a circled number 6 next to it). At the bottom right of the window is an 'Update' button.

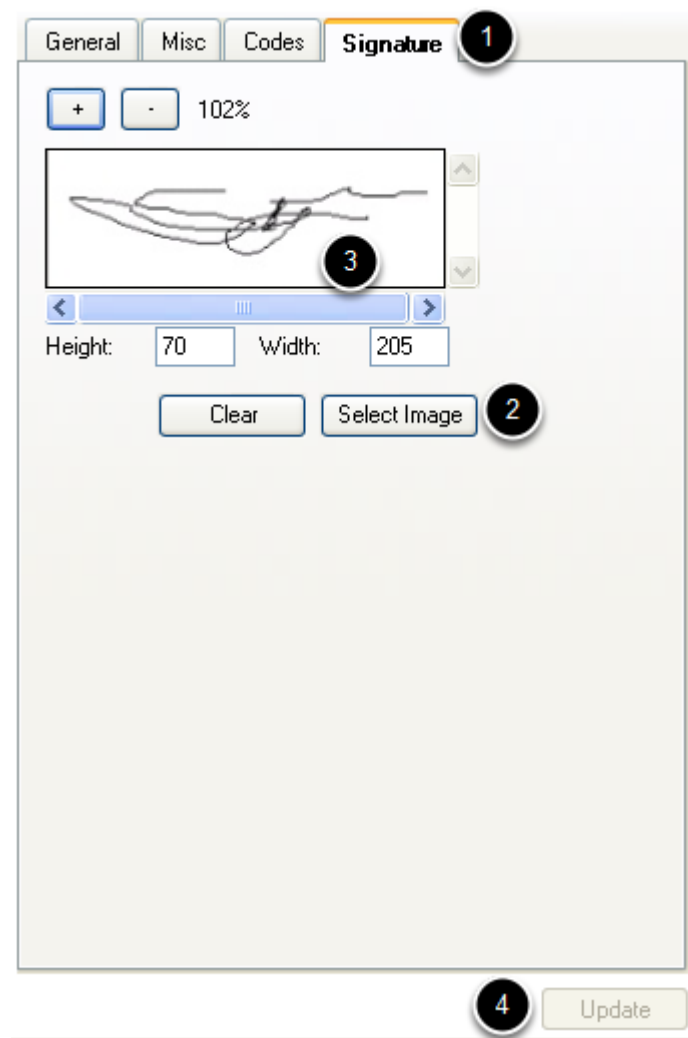
4. **Group:** Click the drop down arrow to display a list of available Groups. Select the appropriate Group to associate to the Provider.

5. **Superbill Task User*:** The user selected in this dropdown box will be the default user assigned tasks from the selected physician when superbills are posted.

6. Checking this checkbox will allow a task to be autocreated and automatically assigned (to the user selected in step 5 above) everytime a superbill is posted, without requiring the physician to manually click to add the task each time.

*Until a specific user is selected in this dropdown box, the physician will be listed as the default user for the task created when a superbill is posted. If a group of staff members within the clinic process superbills, post charges and create claims for each provider, and there is not one designated person who does this for a specific provider, a generic user can be set up under Security to which to assign these tasks. Staff members needing to see the newly posted superbills can then simply pull up the task list for the generic user created.

Signature Tab (Block 31)



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

1. Click the Signature tab to insert a signature for the Provider
2. Click the **Select Image** button to capture the image. Find the location of the stored signature image and Click on the image. Click **Open**.
3. The signature will appear within the box provided to preview. If the image needs to be

increased in size, click the + button to zoom in. If the image needs to be made smaller, click the - sign to zoom out. When first displayed, the image will default to 100% of its actual size.

4. Click Update to save signature.

4. Setting Default Claim Options/Base Export Path

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

Tools -> Billing Maintenance -> Claims Options

Paper Claim Options

The screenshot shows the 'Claims Options' dialog box. The 'Paper Options' section is highlighted with a red border. It contains a 'Default Printer' dropdown menu (labeled 1) and a 'Print Full CMS Form' checkbox (labeled 2). The 'Electronic Options' section contains fields for Office Contact, Office Contact Phone, Office Contact Fax, Office Contact Email, and Output Path, along with checkboxes for 'Auto Submit' and 'Save Local Copy'. The 'Clearinghouse Options' section contains fields for Name, Clearinghouse ID, Receiver Qualifier, Receiver ID, User Name, Password, and Server, along with a 'Testing' checkbox. At the bottom, there is an 'Accept Assignment' dropdown set to 'Yes' and 'OK' and 'Cancel' buttons.

1. **Default Printer:** Select from the drop down to set the default printer when printing paper claims.
2. **Print Full CMS Form:** If not using preprinted CMS 1500 forms, check Print Full CMS form to print the entire claim form, including the red lines (must have color printer).
3. If using preprinted CMS 1500 forms, leave blank. Only text will print.

Please Note:

Most printer manufacturers install a PCL (Printer Command Language) driver by default. This works well if printing documents in just plain text and with very little formatting, for example a word document on a home computer. However with the complexity of forms and page layouts, it is recommend, printing these documents on a PS (Post Script) Print Driver instead of a PCL driver. This type of printer driver will handle the forms information most efficiently. SOAPware recommends using any **business grade** printer, or a **color laser jet printer**, if selecting **Print Full CMS Form**.

Note: Selecting Print Full CMS Form will print the front of the CMS 1500 only, and will not include the print on the back of the form. If a payer requires the standard front and back of the CMS 1500 form, the claim will not be acceptable.

SOAPware **does not** support printers/scanners. Meaning that SOAPware does not install printer drivers or set printer configurations. Please contact an IT person for additional hardware matters. However, it is recommend to download the most recent printer drivers needed from the manufacturer's website. **It is usually a FREE DOWNLOAD**. If there is trouble locating the driver needed, please contact the manufacturer directly. Be cautious of downloading drives from an alternate source other than the printer manufacturer.

Thank you,
SOAPware Support

Electronic Claim Options

The screenshot shows the 'Claims Options' dialog box. The 'Electronic Options' section is highlighted with a red border and numbered 1 through 7. The 'Paper Options' section includes 'Default Printer' and 'Print Full CMS Form'. The 'Clearinghouse Options' section includes fields for Name, ID, Qualifier, ID, User Name, Password, and Server, along with a 'Testing' checkbox. The 'Accept Assignment' dropdown is set to 'Yes'.

Section	Field	Value	Number
Electronic Options	Office Contact	Tammy	1
	Office Contact Phone	(479)555-5555	2
	Office Contact Fax	(479)555-4444	3
	Office Contact Email	tt@email.com	4
	Output Path	U:\Tammy\Gateway EDI	5
Electronic Options	Auto Submit	<input checked="" type="checkbox"/>	6
	Save Local Copy	<input checked="" type="checkbox"/>	7
Clearinghouse Options	Name	Gateway EDI	
	Clearinghouse ID	431420764	
	Receiver Qualifier	Mutually Defined - ZZ	
	Receiver ID	431420764000000	
	User Name	V123	
	Password	*****	
	Server	sftp.gatewayedi.com	
Paper Options	Default Printer	Xerox Phaser 3250 (from DELLPC1Q2010-PC) in s...	
	Print Full CMS Form	<input type="checkbox"/>	
Accept Assignment		Yes	

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

6. **Auto Submit:** If this box is checked, electronic claim files will be automatically uploaded to the clinic Gateway EDI site. You will have to have the correct information entered in the Clearinghouse fields in the section below to ensure this will work correctly. If you would like to manually save and upload claim files to Gateway EDI, uncheck this box.

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

Claims Options

Paper Options

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

Electronic Options

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

Clearinghouse Options

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

Accept Assignment: Yes
OK Cancel

1. **Name:** Indicates the name of the Clearinghouse.

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

3. **Receiver Qualifier:** If using Gateway EDI as your clearinghouse, select **Mutually Defined - ZZ** from the drop down 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 claim level, if needed.

10. Click **Okay** to save.

5. PM Security Administration

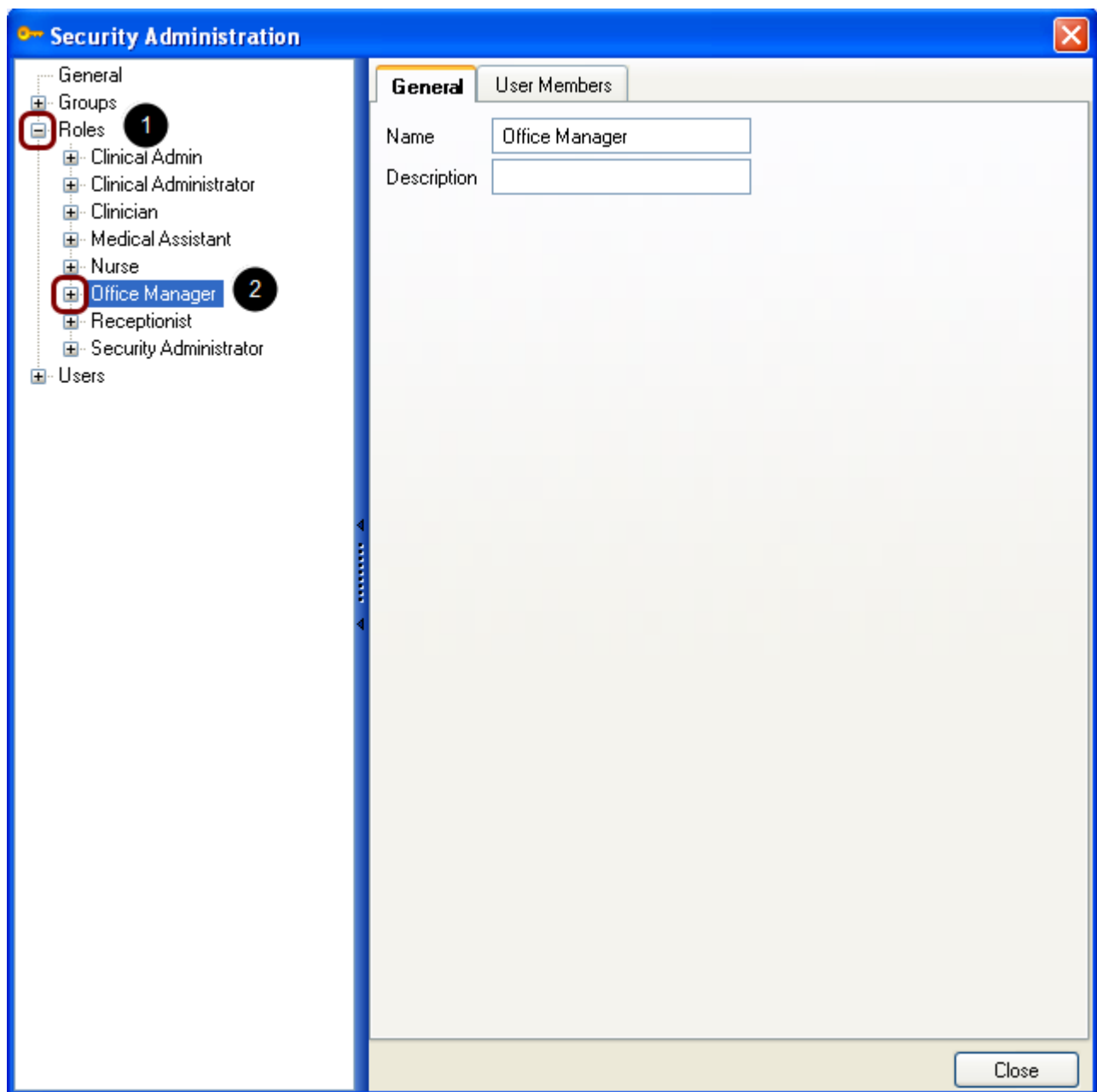
Tools -> Security

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 online manual

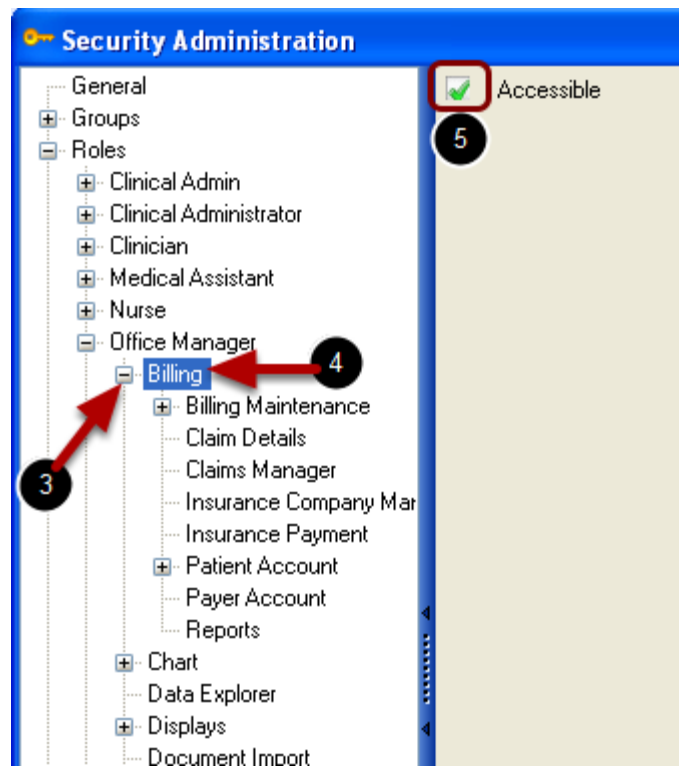
Assign Billing Security Privileges to Roles



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

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

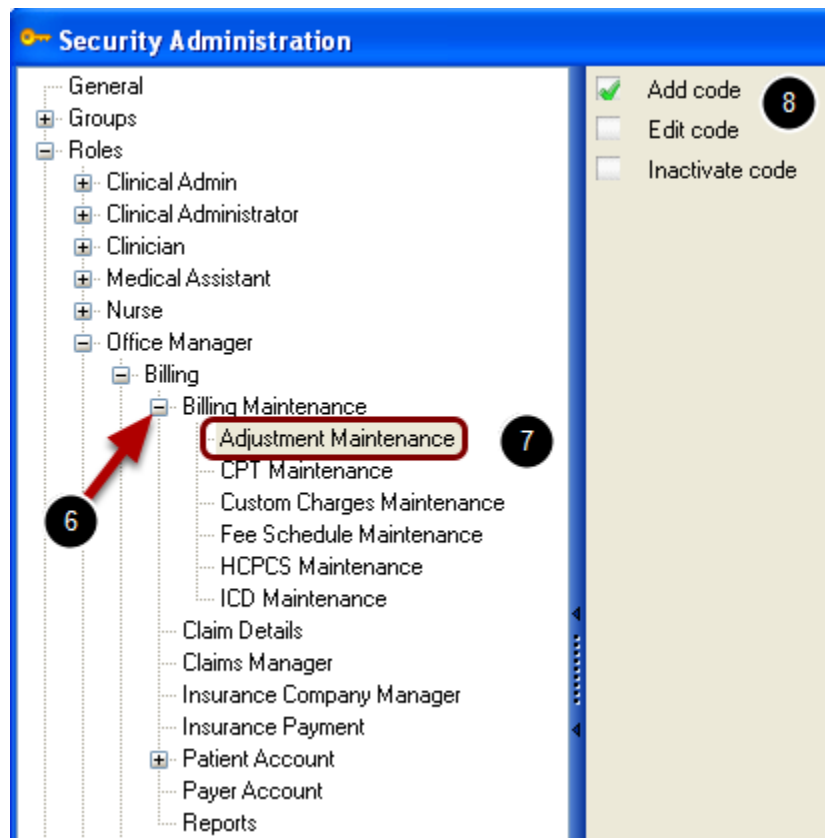
1. Click on the expander node next to **Roles**.
2. Click on the expander node next to one of the Roles in the list. (Screenshot shows Office Manager selected)



3. Click the expander node next to Billing

4. Click on Billing

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



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

7. Double Click **Adjustment Maintenance**

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

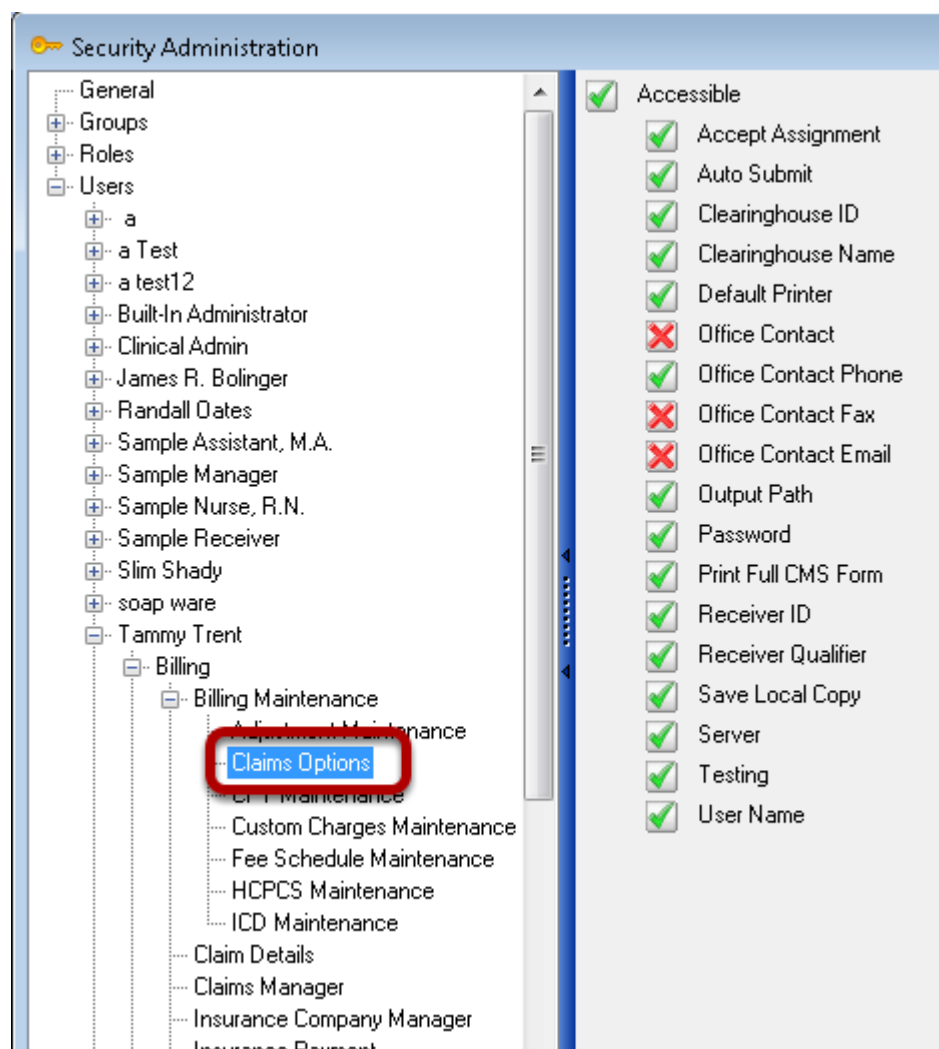
Add code-Allows user to add new adjustment codes in Adjustment Maintenance dialog

Edit code-Allows user to edit adjustment codes

Inactivate code-Allows user to mark an adjustment code Inactive.

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

Claims Options



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

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

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

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

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

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

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

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

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

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

Password-Deny access or allow user to edit password

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

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

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

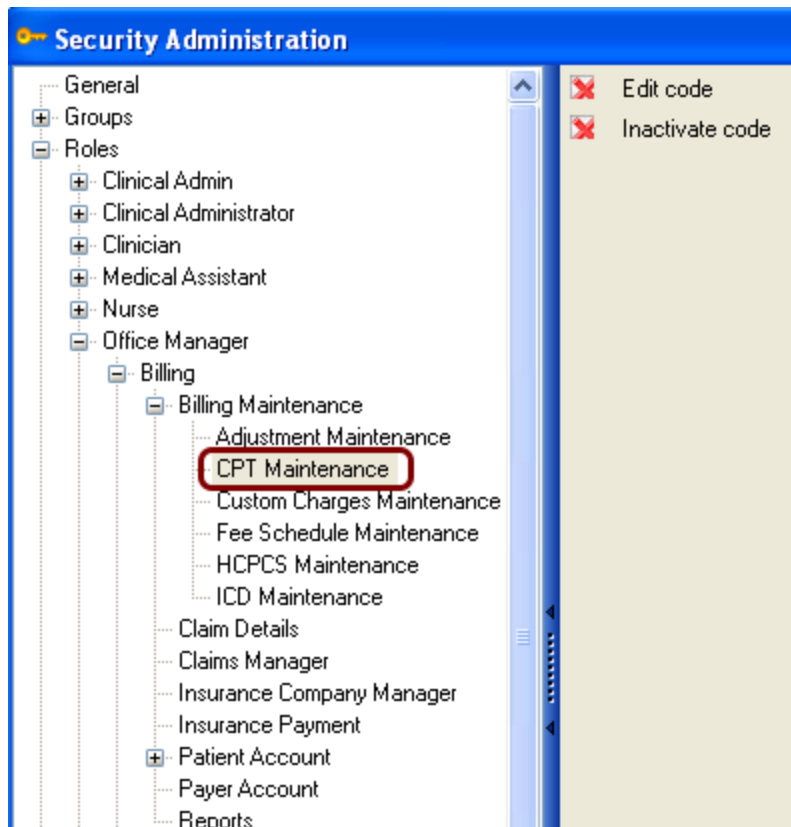
Save Local Copy-Deny access or allow user to Save Local Copy of claim files

Server-Deny access or allow user to edit Receiver Server

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

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

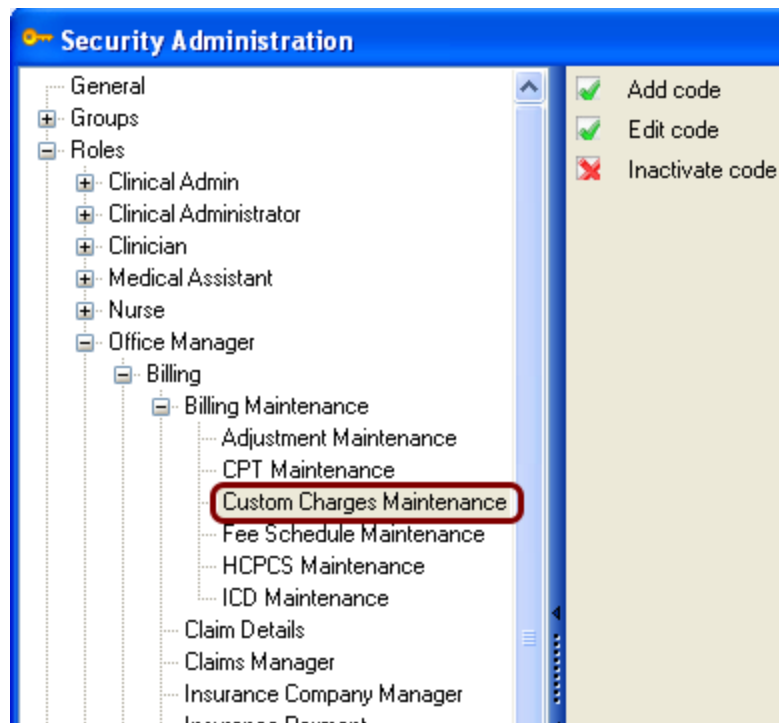
CPT Maintenance



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

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

Custom Charges Maintenance

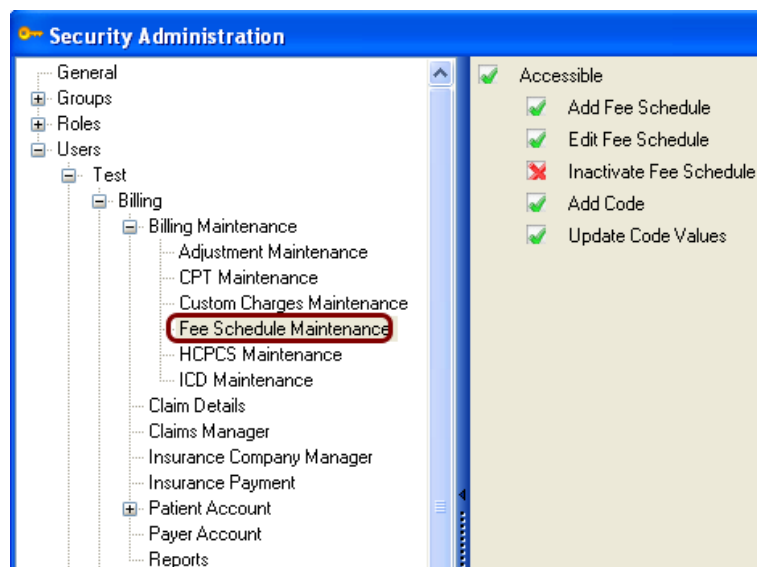


Add code-Deny access or allow user to add a Custom Charge code

Edit code-Deny access or allow user to edit a Custom Charge code

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

Fee Schedule Maintenance



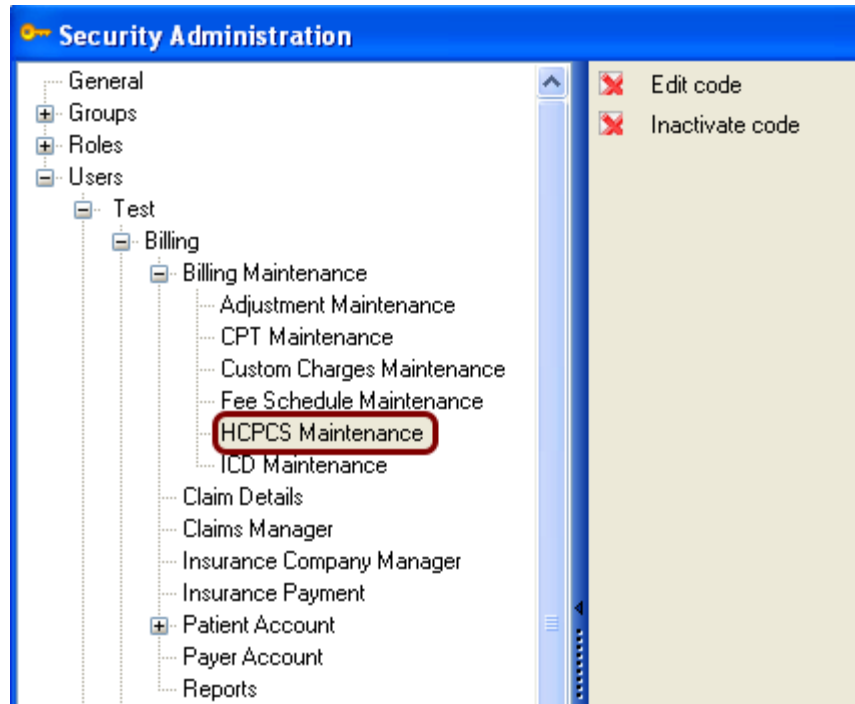
Accessible-Deny access or allow user access to the Fee Schedule menu option

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

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

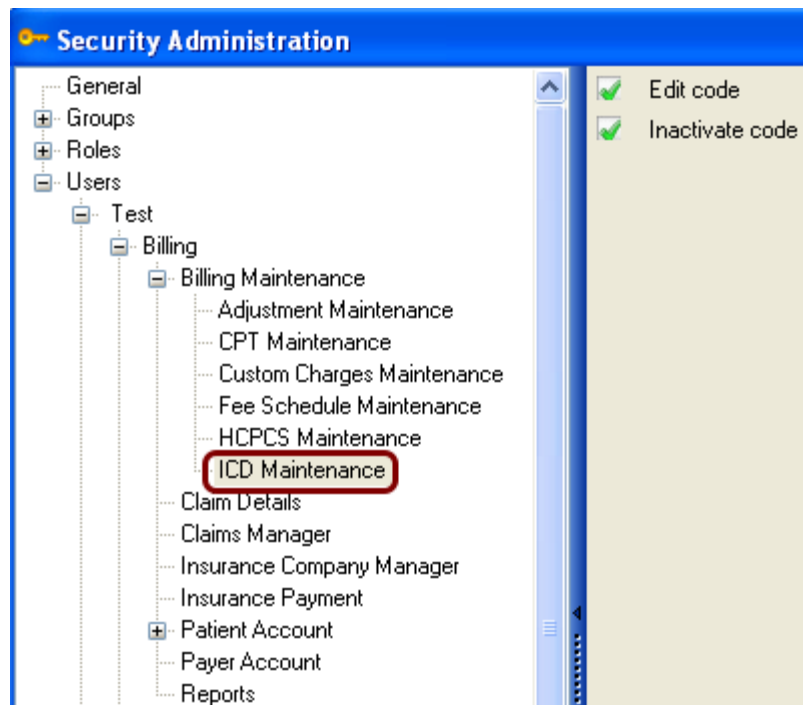
Inactivate Fee Schedule-Deny access or allow user the ability to make a Fee Schedule Inactive
Add Code-Deny access or allow user the ability to Add a new Code from the HCPCS/CPT list to a Fee Schedule
Update Code Values -Deny access or allow user to Update Code amounts

HCPCS Maintenance



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

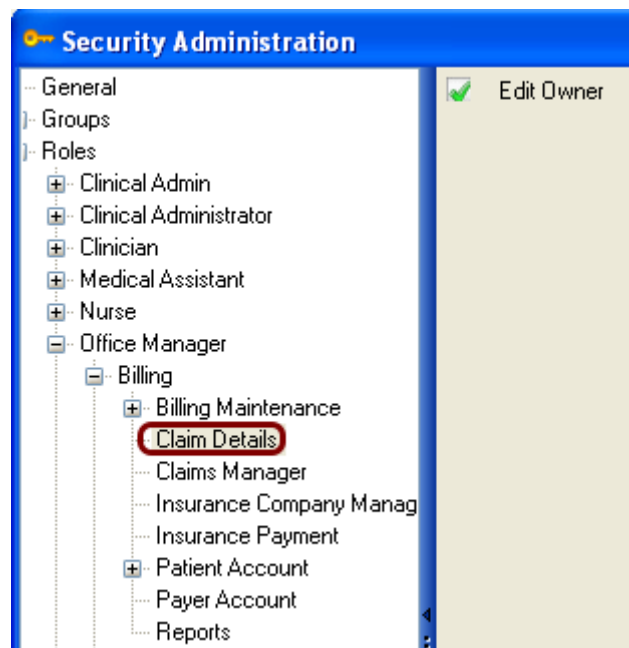
ICD Maintenance



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

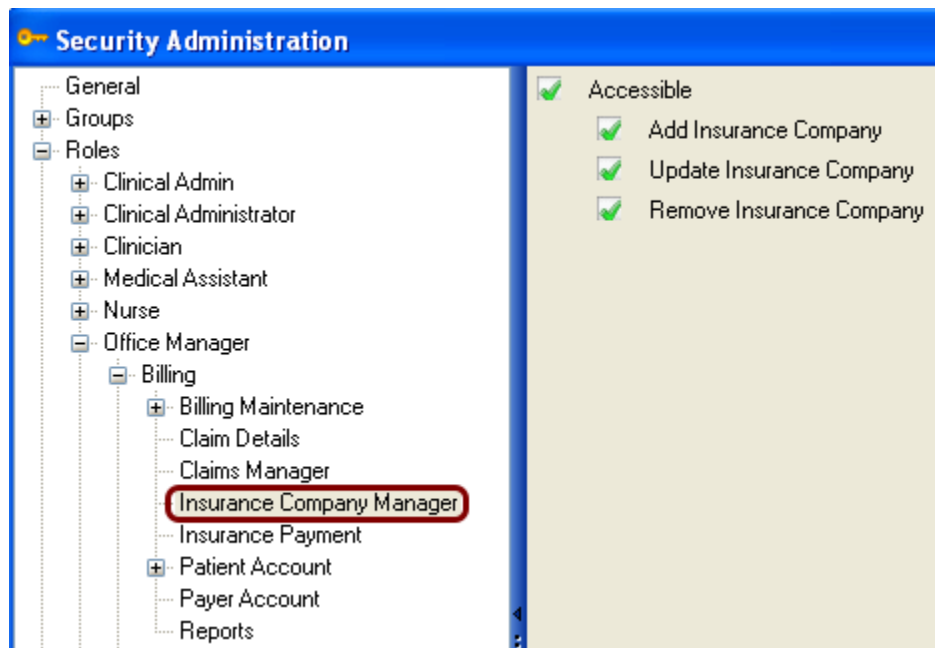
Inactivate code-Deny access or allow user to change a Diagnosis code to Inactive

Claim Details



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

Insurance Company Manager



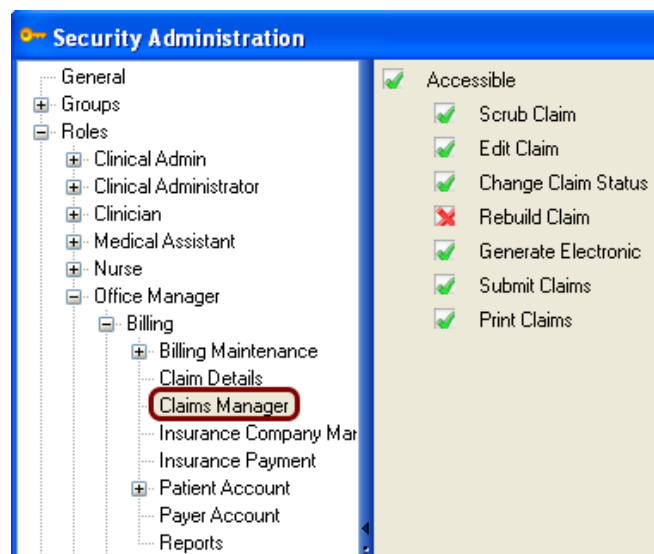
Accessible-Allow/Deny user access to the Insurance Company Master files/Maintenance

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

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

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

Claims Manager



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

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

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

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

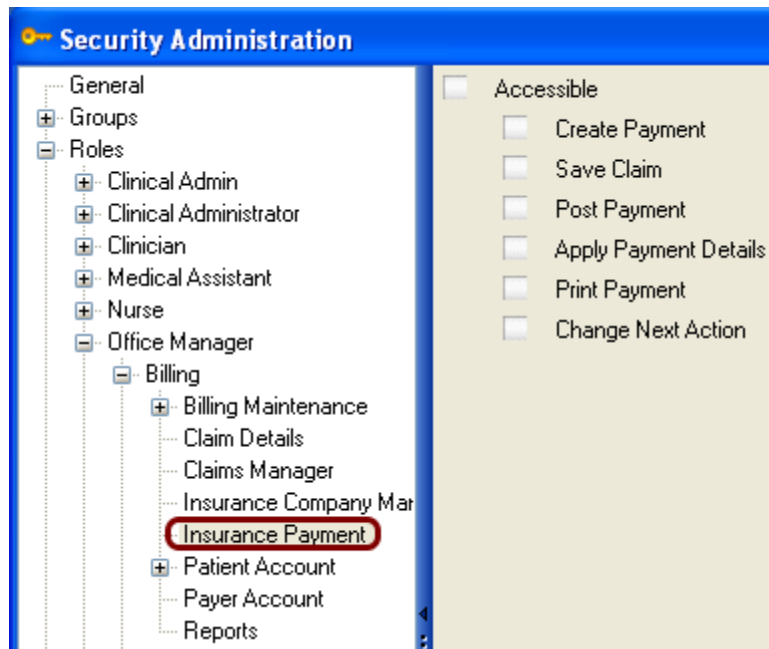
Rebuild Claim-Deny access or allow user to Rebuild a claim in the Claims Manager

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

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

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

Insurance Payment



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

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

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

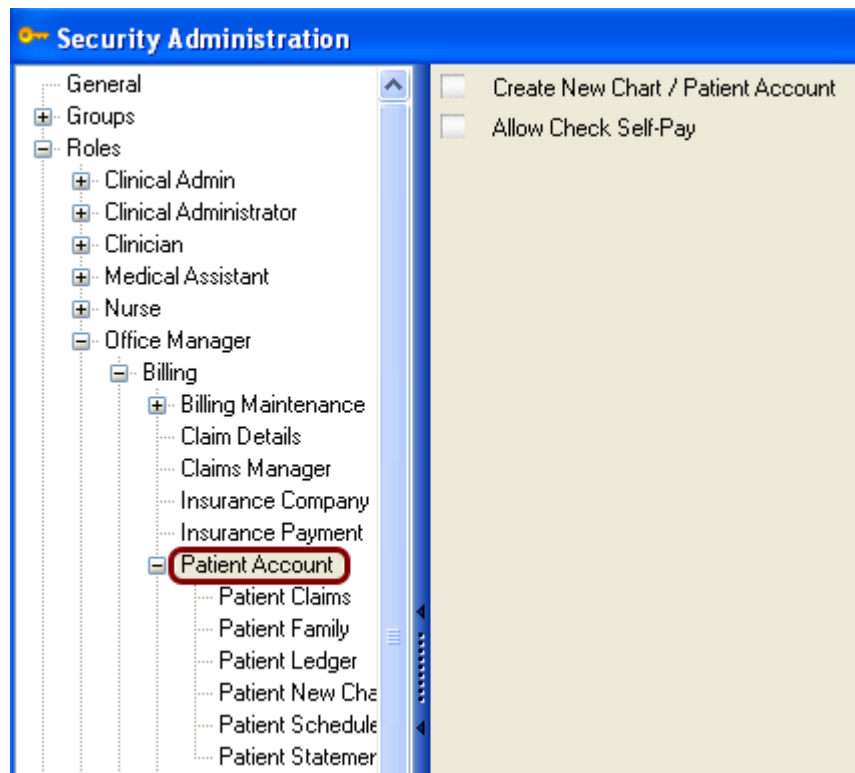
Post Payment-Deny access or allow user to post a payment in Insurance Payment Posting

Apply Payment Details-Deny access or allow user access to add/edit Payment/Remit details in Insurance Payment dialog

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

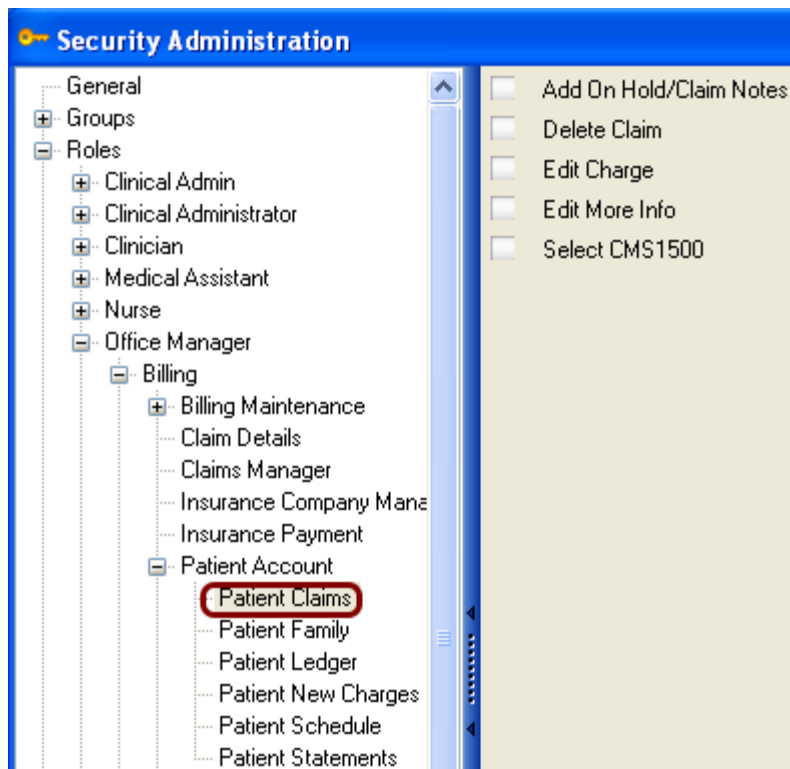
Change Next Action-Deny access or allow user to edit the NextAction option in Insurance Payment dialog

Patient Account



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



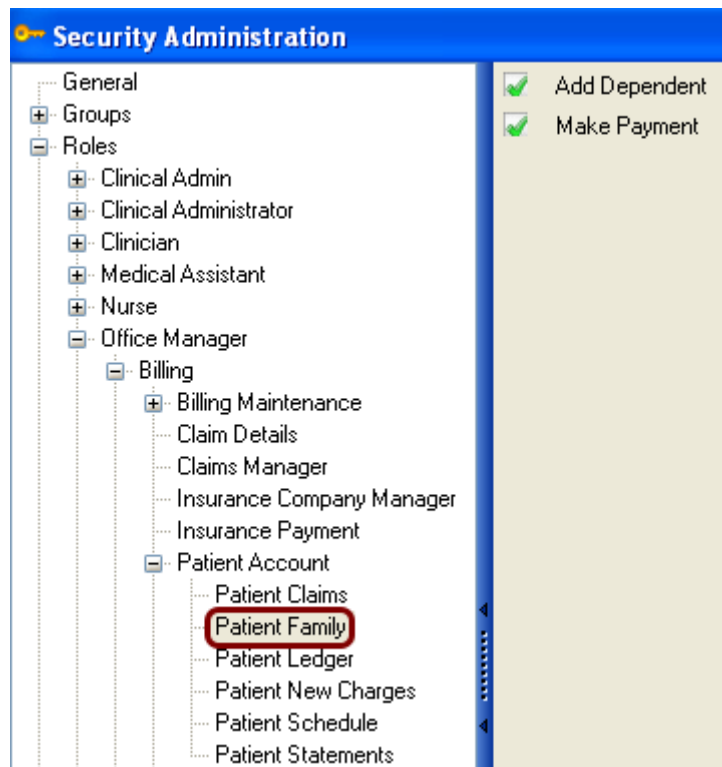
Add On Hold/Claim Notes-Deny access or allow user access to comment in the On Hold notes section or the Claims Notes section in the Claims Tab

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

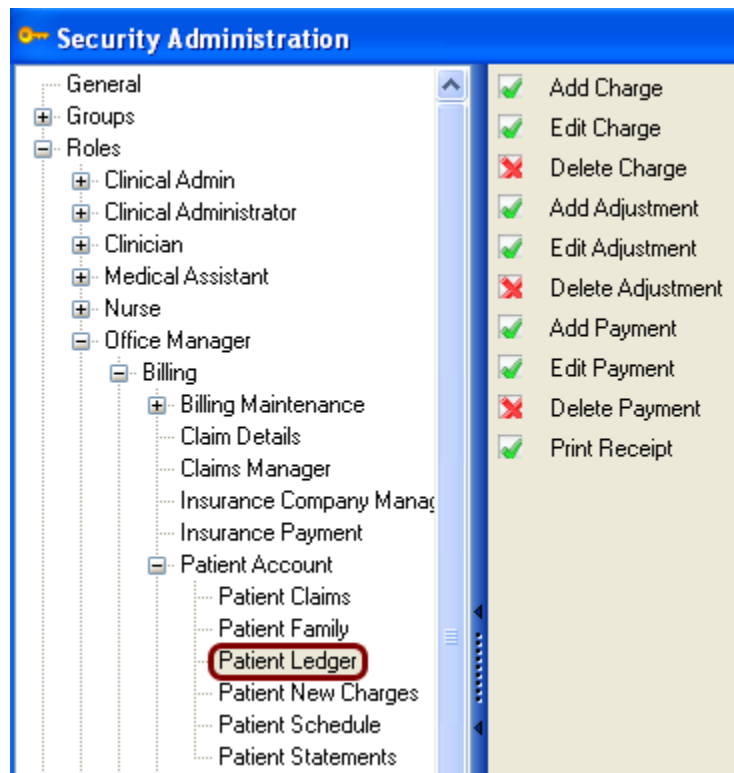
Edit More Info-Deny access or allow user to edit More Info dialog in the Claims Tab

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

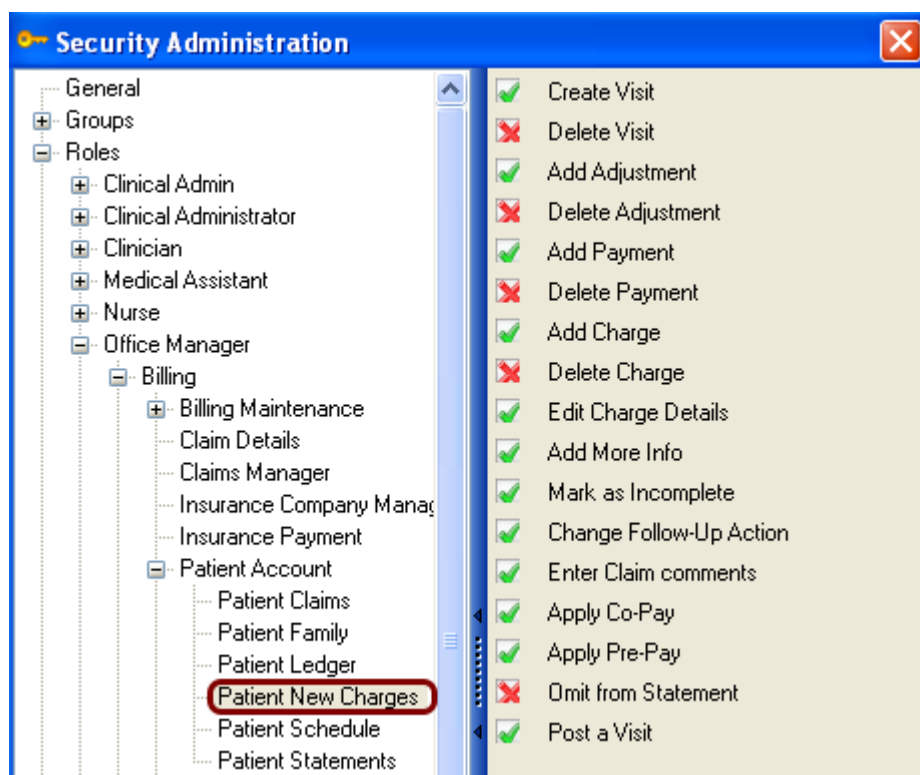
Add Payment-Deny access or allow user to add a payment from Patient Ledger

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

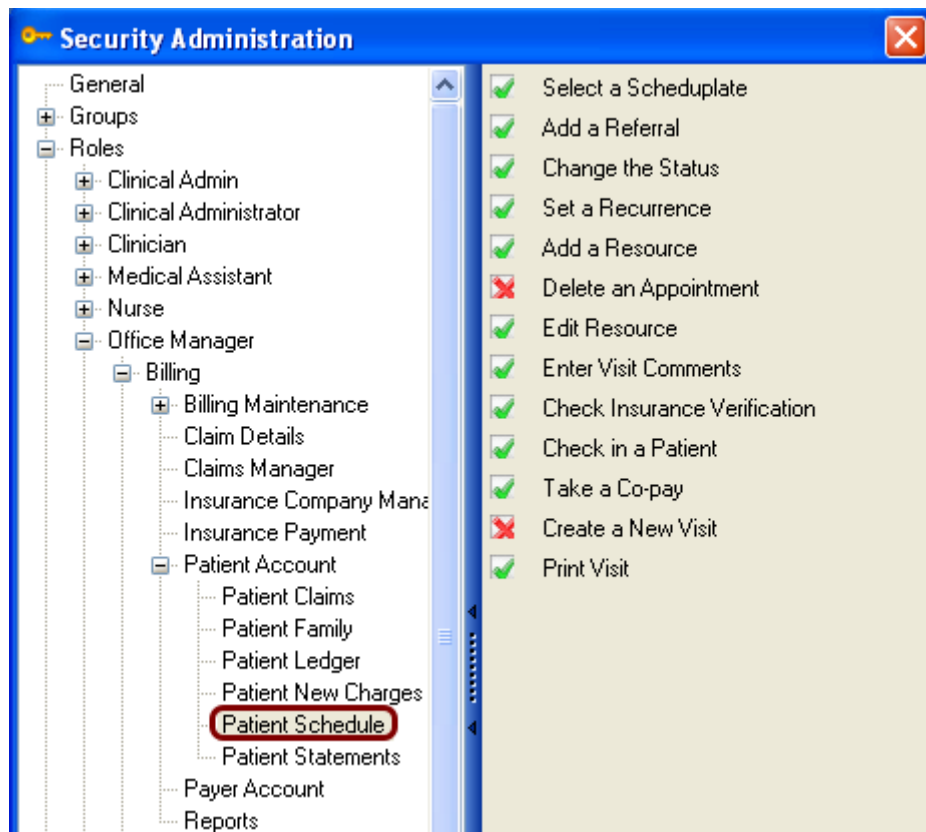
Enter Claim Comments-Deny access or allow user to enter claim comments to a charge in New Charges tab

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



Select a Scheduplate-Deny access or allow user access to scheduplates in Schedule tab

Add a Referral-Deny access or allow user to add a referral to an appointment in Schedule tab

Change the Status-Deny access or allow user to change an appointment status in Schedule tab

Set a Recurrence-Deny access or allow user to set a recurring appointment for a patient in Schedule tab

Add a Resource-Deny access or allow user to add a Resource in Schedule tab

Delete an Appointment-Deny access or allow user to delete a scheduled appointment in Schedule tab

Edit Resource-Deny access or allow user to edit a resource in Schedule tab

Enter Visit Comments-Deny access or allow user to enter visit comments in Schedule tab

Check Insurance Verification-Deny access or allow user to check Insurance Verified in Schedule tab

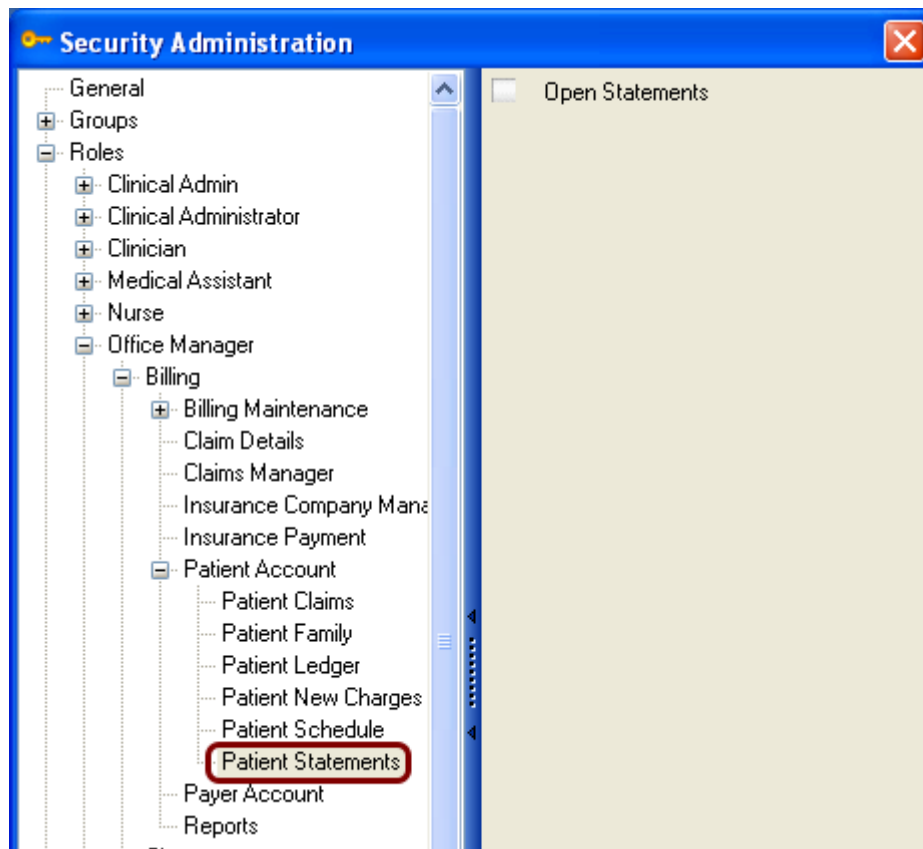
Check in a Patient-Deny access or allow user to check in a patient in Schedule tab

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

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

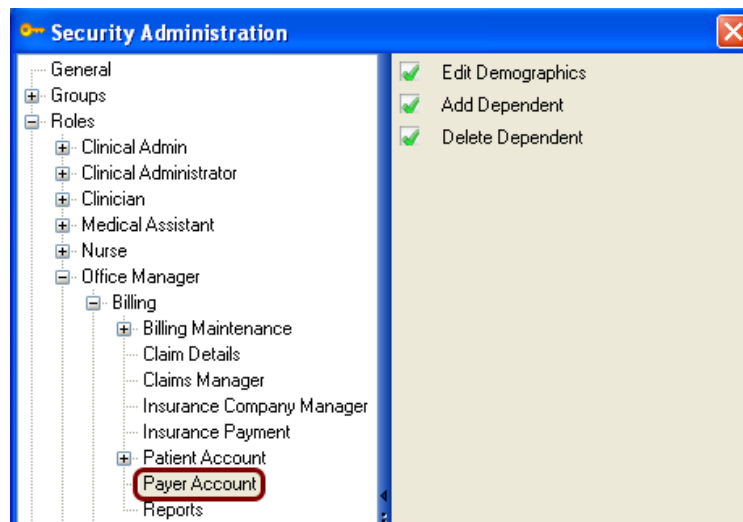
Print a Visit-Deny access or allow user to print a visit in Schedule tab

Patient Statements



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

Payer Account



Edit Demographics-Deny access or allow user to edit demographics in Payer/Non-Patient Account

Add Dependent-Deny access or allow user to add a dependent to a Payer/Non-Patient Account

Delete Dependent-Deny access or allow user to delete a dependent in a Payer/Non-Patient

Reports



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

HCPCS Master

ICD Master

Custom Charge Master

Adjustment Master

Fee Schedule Report

Dependency Report

Duplicate Report

Payment Summary

Production By Procedure

Daily Receivable Summary

Statement Report

Outstanding Insurance

Credit Balance Report

SOAPnote Audit Report

6. CPT® Code Maintenance (Block 24D)

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

CPT® Code Maintenance

CPT Code Maintenance

Code Details

CPT Lookup: 80047 Short Description Lookup: METABOLIC PANEL IONIZED CA ☐ Inactive

Medium Description: BASIC METABOLIC PANEL CALCIUM IONIZED

Long Description: Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN)

☐ Use Custom Descriptions NDC Number: ☒ Include CLIA Number

Custom Short Description:

Custom Medium Description:

Code List

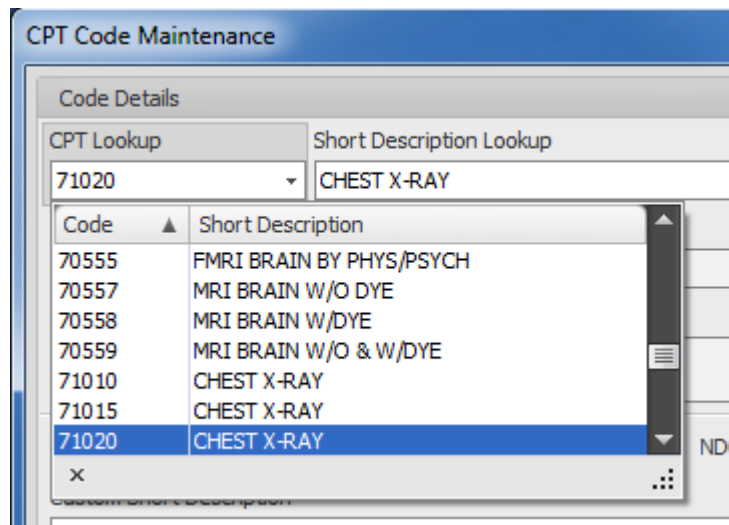
☒ Standard View ☐ Full View ☒ Hide Inactive Codes

Code	Description	NDC	CLIA	Effective	Modified	Deactivation
80047	METABOLIC PANEL IONIZED CA		<input checked="" type="checkbox"/>	2/3/2010	2/21/2013	
80048	METABOLIC PANEL TOTAL CA		<input checked="" type="checkbox"/>	2/3/2010	3/13/2013	
80050	GENERAL HEALTH PANEL		<input checked="" type="checkbox"/>	2/3/2010	3/13/2013	
80051	ELECTROLYTE PANEL		<input checked="" type="checkbox"/>	2/3/2010	3/5/2013	
80053	COMPREHEN METABOLIC PANEL		<input checked="" type="checkbox"/>	2/3/2010	3/13/2013	
80055	OBSTETRIC PANEL		<input checked="" type="checkbox"/>	2/3/2010	3/13/2013	
80061	LIPID PANEL		<input checked="" type="checkbox"/>	2/3/2010	3/21/2013	
80069	RENAL FUNCTION PANEL		<input checked="" type="checkbox"/>	2/3/2010	3/13/2013	
80074	ACUTE HEPATITIS PANEL		<input checked="" type="checkbox"/>	2/3/2010	3/13/2013	
80076	HEPATIC FUNCTION PANEL		<input checked="" type="checkbox"/>	2/3/2010	3/13/2013	
80100	DRUG SCREEN, QUALITATE/MULTI		<input checked="" type="checkbox"/>	2/3/2010	3/13/2013	
80101	DRUG SCREEN, SINGLE		<input type="checkbox"/>	2/3/2010		
80102	DRUG CONFIRMATION		<input type="checkbox"/>	2/3/2010		

CPT copyright 2012 American Medical Association. All rights reserved. Close

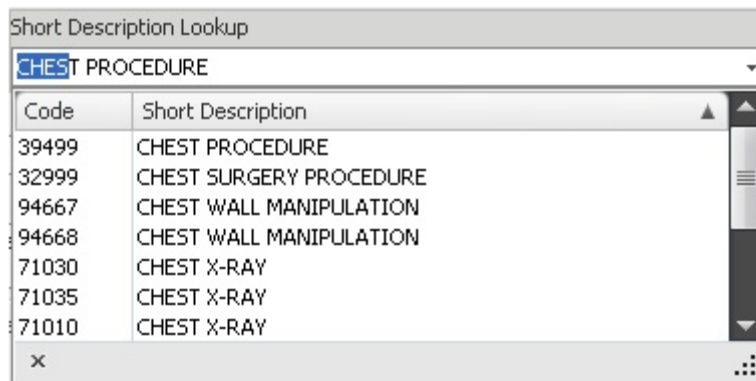
Maintain CPT codes. Assign NDC codes, CLIA numbers to CPT codes.

CPT® Search by Code



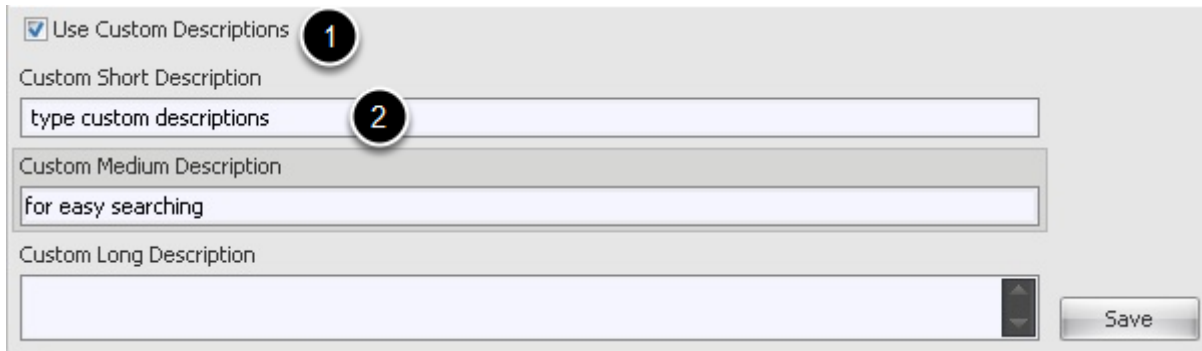
Begin typing the CPT code in the CPT Look up and as you type, the codes and short descriptions are listed.

CPT® Search by Description



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

Create a Custom CPT® Description

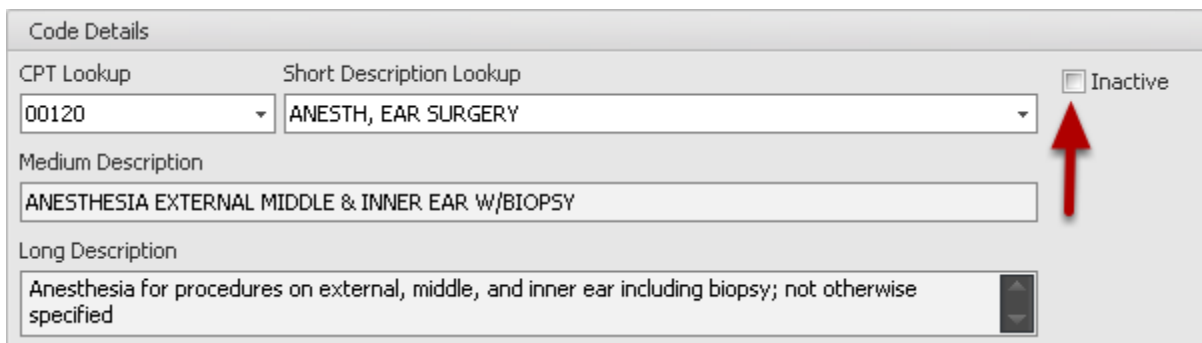


1. After selecting a CPT code, Place a check mark if you wish to use the custom descriptions when searching for this code.

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

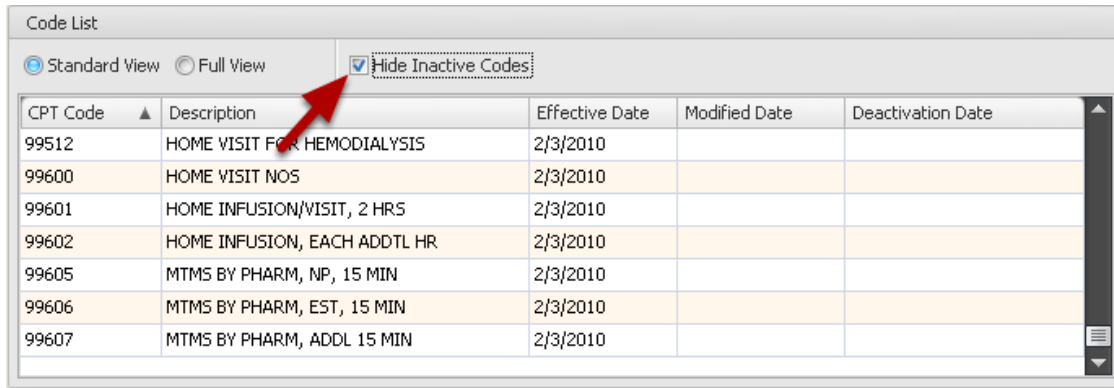
Note: Only complete this section if using descriptions other than the original short descriptions for the CPT code.

Inactivate a CPT® code



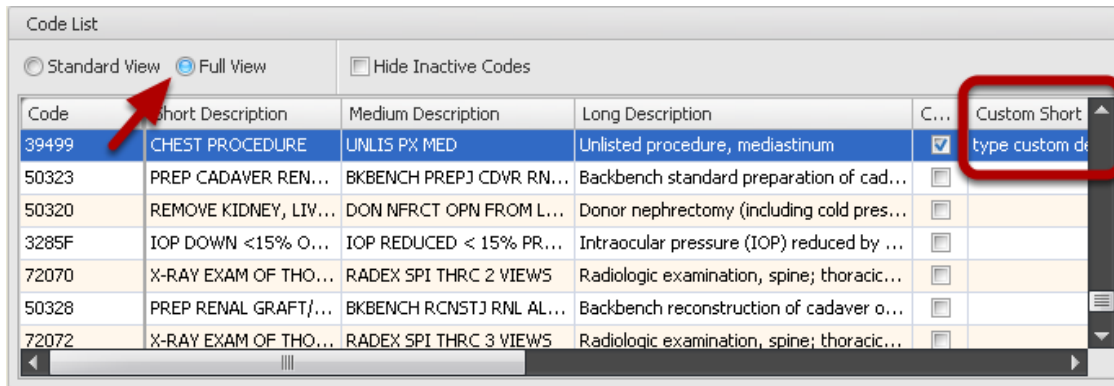
To inactivate a CPT Code, place a check mark in the **Inactive** box. This will not completely remove it from the data base, but will remove it from the list. See Hide/Show Inactive CPT Codes.

Hide/Show Inactive CPT® Codes



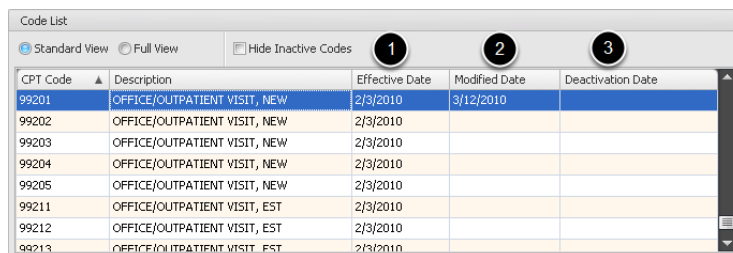
If a code had been Inactivated and is no longer going to be used, it can be hidden when viewing the Code List by placing a check mark in the Hide Inactive Codes box.

View All CPT® Descriptions



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

CPT® Effective, Modified or Deactivation Date



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

Code Details

HCPCS Lookup: J0128
Short Description Lookup: Abarelax injection
☐ Inactive

Long Description: INJECTION, ABARELIX, 10 MG

☐ Use Custom Descriptions
NDC Number: NDC12345678

Custom Short Description:
Custom Long Description:
Save

Code List

☒ Standard View ☐ Full View ☒ Hide Inactive Codes

Code	Description	NDC	Added	Effective	Deactivation
J0120	Tetracyclin injection	NDC12345678	2/3/2010	2/3/2010	
J0128	Abarelax injection	NDC12345678	2/3/2010	2/3/2010	
J0129	Abatacept injection	NDC12345678	2/3/2010	2/3/2010	
J0130	Abciximab injection	NDC12345678	2/3/2010	2/3/2010	
J0132	Acetylcysteine injection	NDC12345678	2/3/2010	2/3/2010	
J0133	Acydovir injection	NDC12345678	2/3/2010	2/3/2010	
J0135	Adalimumab injection	NDC 1234567	2/3/2010	2/3/2010	
J0150	Injection adenosine 6 MG	NDC12345678	2/3/2010	2/3/2010	
J0152	Adenosine injection		2/3/2010	2/3/2010	

Close

Maintain HCPCS codes. Assign NDC number to specific codes to automatically populate when the code is charged.

HCPCS Search by Code

Code	Short Description
L1000	Ct Iso milwauke initial model
L1001	CTLSO infant immobilizer
L1005	Tension based scoliosis orth
L1010	Ct Iso axilla sling
L1020	Kyphosis pad
L1025	Kyphosis pad floating
L1030	Lumbar bolster pad

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

HCPCS Search by Description

Code	Short Description
L5679	Socket insert w/o lock mech
L5668	Socket insert w/o lock lower
E1636	Sorbent cartridges per 10
A5122	Solid skin barrier 8x8
A5121	Solid skin barrier 6x6
S2152	Solid organ transpl pkg
C9220	Sodium hyaluronate

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

Create a Custom HCPCS Description

☒ Use Custom Descriptions 1

Custom Short Description
Ins w/o lock 2

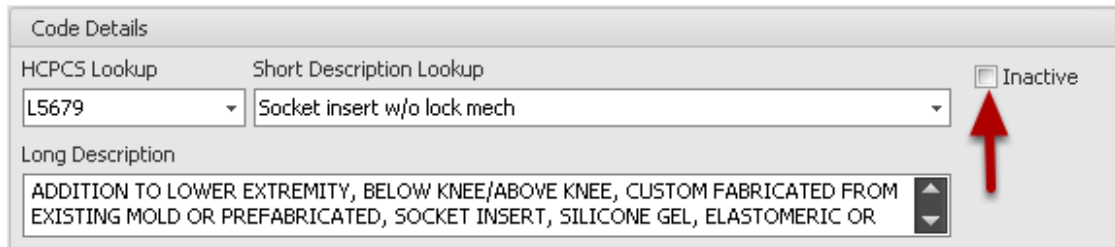
Custom Long Description

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

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

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

Inactivate a HCPCS code



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

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

Assign NDC Number to specific HCPCS

☐ Inactive

NDC Number

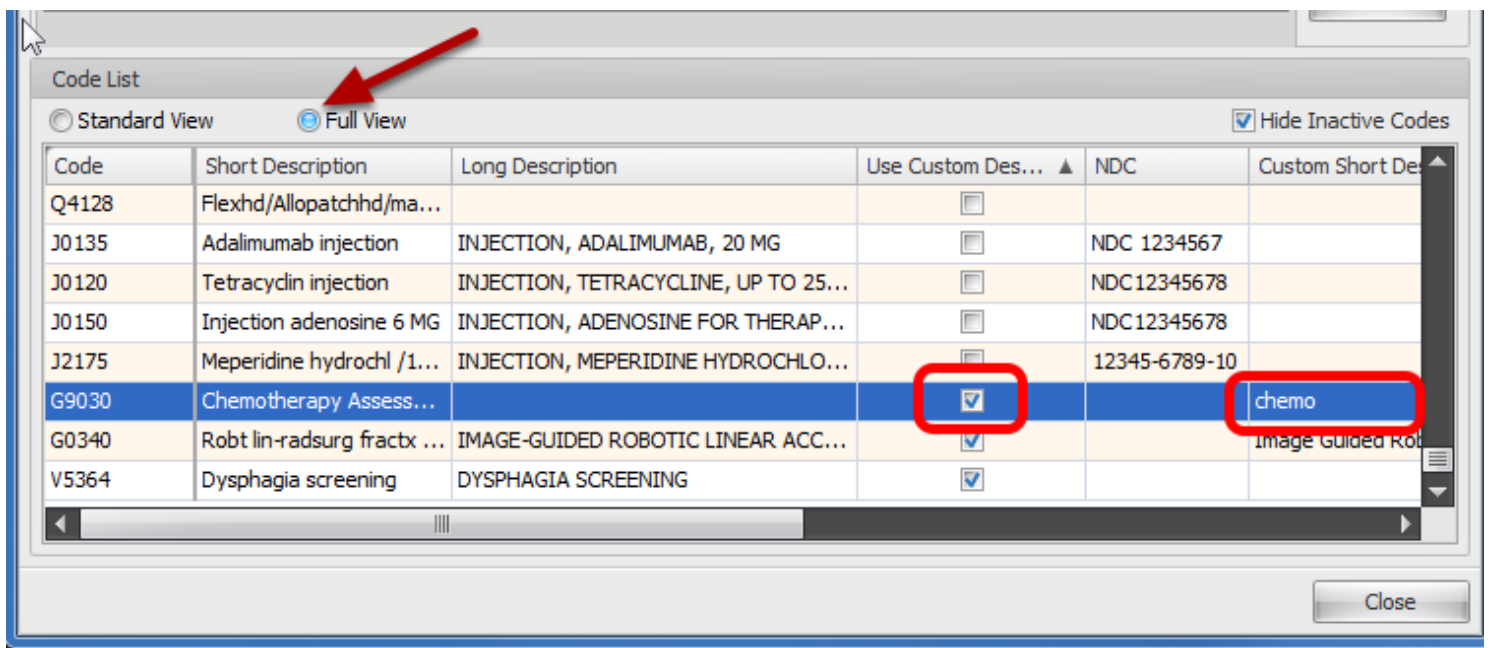
Save

☒ Hide Inactive Codes

NDC	Added	Effective	Deactivation
NDC12345678	2/3/2010	2/3/2010	
NDC12345678	2/3/2010	2/3/2010	
NDC12345678	2/3/2010	2/3/2010	
NDC12345678	2/3/2010	2/3/2010	
NDC12345678	2/3/2010	2/3/2010	
NDC12345678	2/3/2010	2/3/2010	
NDC1234567	2/3/2010	2/3/2010	
NDC12345678	2/3/2010	2/3/2010	
	2/3/2010	2/3/2010	

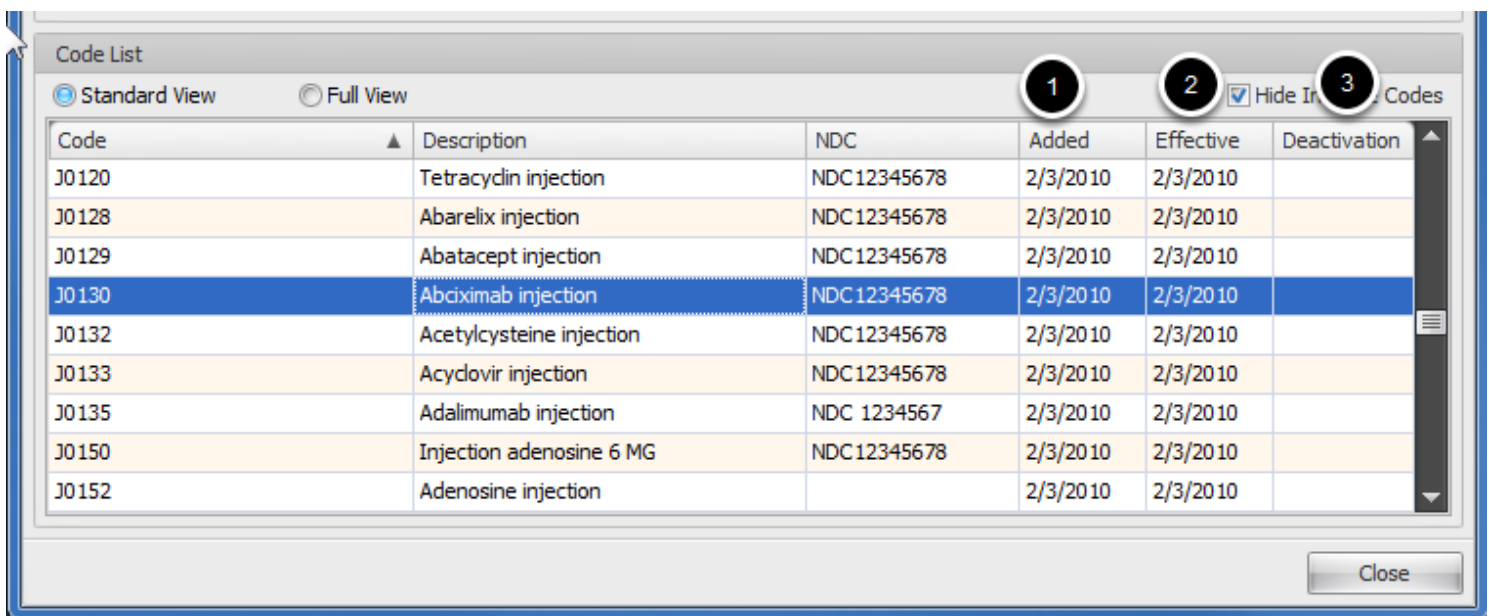
1. If a HCPCS requires NDC numbers, type the numbers into the NDC Number field.
2. Determine which codes have NDC numbers assigned to them at a glance. If there is a number in the NDC column, that number will be included on paper and electronic claims whenever that code is charged in a patient account.

View all HCPCS Descriptions



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

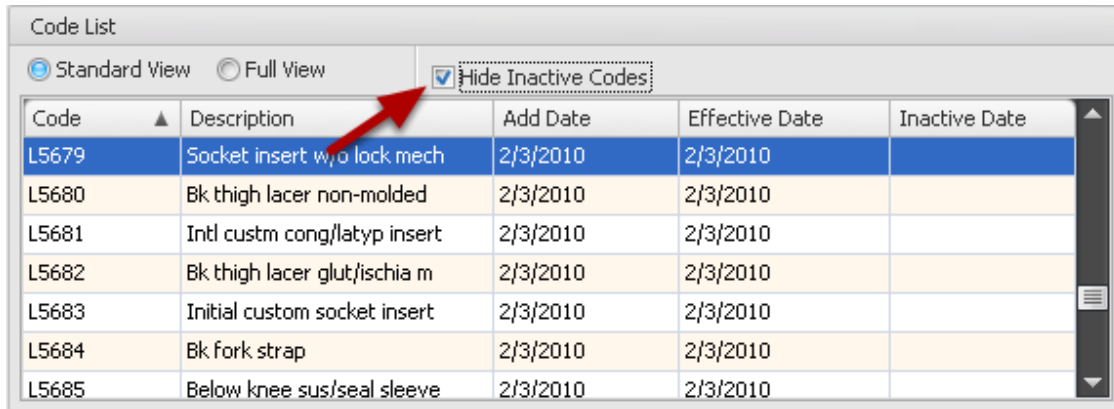


1. Add Date column lists the date the code is added to the data base.

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



The screenshot shows a window titled 'Code List' with two radio buttons: 'Standard View' (selected) and 'Full View'. To the right is a checked checkbox labeled 'Hide Inactive Codes'. Below these is a table with five columns: 'Code', 'Description', 'Add Date', 'Effective Date', and 'Inactive Date'. The table contains seven rows of data, all with 'Add Date' and 'Effective Date' as '2/3/2010'. The 'Inactive Date' column is empty for all rows.

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 Inactive Date 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 checked="" type="checkbox"/>	2/3/2010	
001.1	Vibrio cholerae el tor		<input type="checkbox"/>	2/3/2010	
001.1	Cholera due to Vibrio cholerae el tor		<input type="checkbox"/>	2/3/2010	
001.1	El Tor cholera		<input type="checkbox"/>	2/3/2010	
001.9	Cholerae		<input type="checkbox"/>	2/3/2010	
001.9	Cholera NOS		<input type="checkbox"/>	2/3/2010	
001.9	Asiatic cholera		<input type="checkbox"/>	2/3/2010	
001.9	Cholera, unspecified		<input type="checkbox"/>	2/3/2010	
002.0	Ileotyphus		<input type="checkbox"/>	2/3/2010	
002.0	Infection by Salmonella typhi		<input type="checkbox"/>	2/3/2010	

Close

ICD Search by code

Code Details

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

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

x

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

ICD Search by description

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

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

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

Create a Custom ICD Description

The screenshot shows the same "Code Details" window as before, but with the "Use Custom" checkbox checked. Below the "Description Lookup" section is a new section titled "Custom Short Description". It contains a text input field with the placeholder text "Type a custom short description to quickly find code". To the right of the input field are two buttons: "Inactive" and "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

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

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

2. Click **Save**.

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

ICD Effective, Modified and Deactivation Date

The screenshot shows the 'Code List' window. It has a 'Hide Inactive Codes' checkbox (labeled with a circled '1') which is checked. Below it is a table with the following columns: Code, Description, Custom Description, Us..., Effective, Modified, and Deactivation. The table contains several rows of ICD codes. The 'Effective' column (labeled with a circled '2') and 'Modified' column (labeled with a circled '3') both show the date '2/3/2010'. The 'Deactivation' column is empty for all rows. The 'Us...' column contains checkboxes, with the one for code '338.19' checked.

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

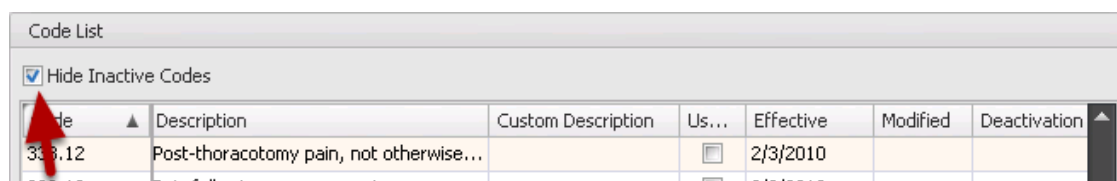
1. Effective date column lists the year the code is in effect.

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

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

Note: The dates are automatically inserted when modified or updated

Hide/Show Inactive ICD Codes



The screenshot shows a window titled 'Code List'. At the top, there is a checkbox labeled 'Hide Inactive Codes' which is checked. Below this is a table with the following columns: Code, Description, Custom Description, Us..., Effective, Modified, and Deactivation. A red arrow points to the 'Hide Inactive Codes' checkbox. The table contains two rows of data.

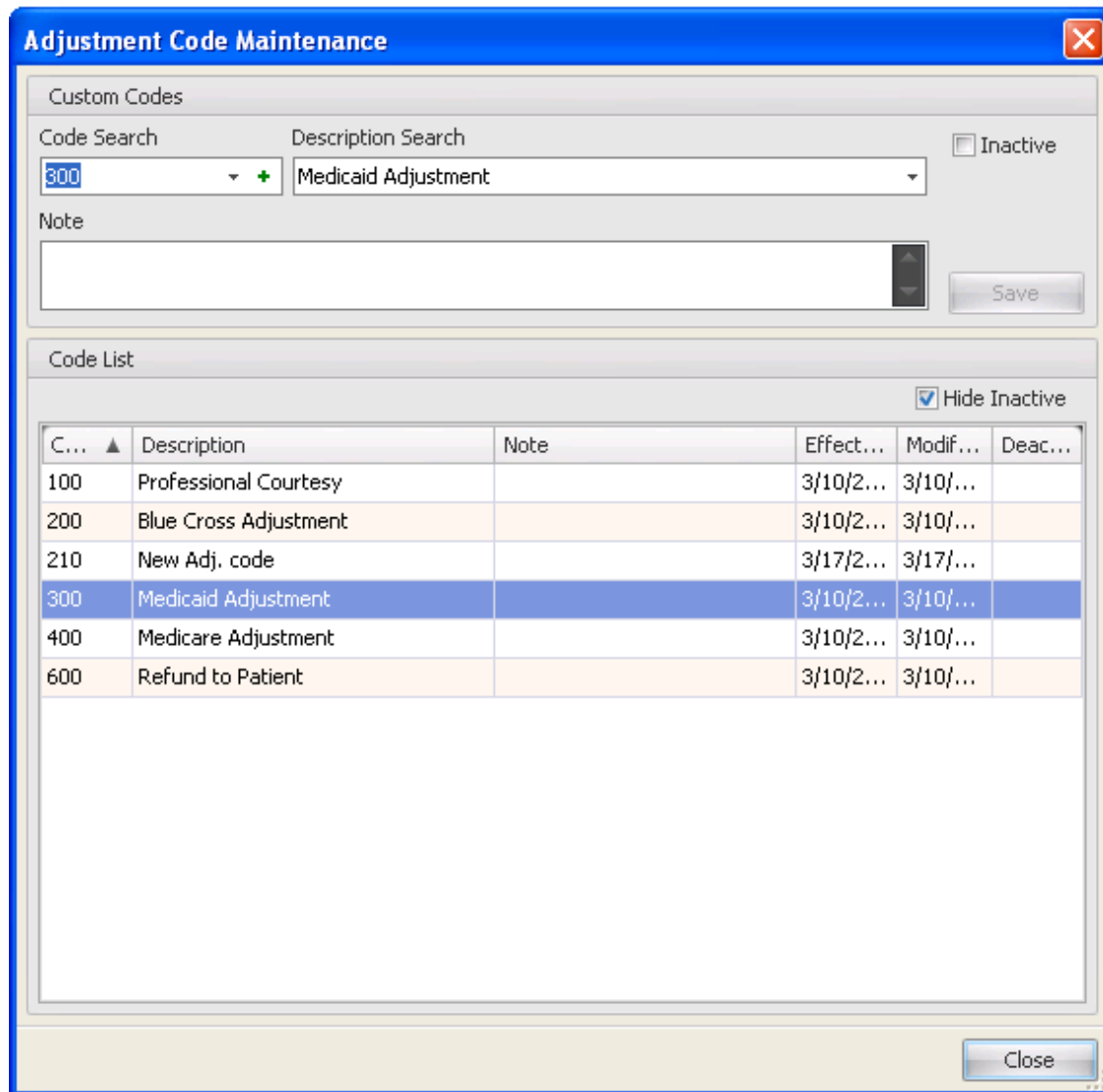
Code	Description	Custom Description	Us...	Effective	Modified	Deactivation
333.12	Post-thoracotomy pain, not otherwise...		<input type="checkbox"/>	2/3/2010		
333.12	Pain following thoracotomy, code...		<input type="checkbox"/>	2/3/2010		

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

9. Adjustment Maintenance

Tools menu -> Billing Maintenance -> Adjustment Maintenance

Adjustment Maintenance



The Adjustment Code Maintenance window is divided into two main sections: Custom Codes and Code List.

Custom Codes Section:

- Code Search:** A dropdown menu with the value "300" selected.
- Description Search:** A dropdown menu with the value "Medicaid Adjustment" selected.
- Inactive:** A checkbox that is currently unchecked.
- Note:** A text area for entering notes.
- Save:** A button to save the new code.

Code List Section:

- Hide Inactive:** A checkbox that is currently checked.
- Table:** A table listing existing adjustment codes.

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: A button to close the window.

Add an Adjustment



This image shows a close-up of the Custom Codes section of the Adjustment Code Maintenance window. A red circle with the number "1" highlights the green "+" button next to the Code Search dropdown menu.

Custom Codes Section:

- Code Search:** A dropdown menu with the value "Search" selected.
- Description Search:** A dropdown menu with the value "Search" selected.
- Inactive:** A checkbox that is currently unchecked.
- Note:** A text area for entering notes.
- Save:** A button to save the new code.

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

The screenshot shows the 'Custom Codes' dialog box. It has two input fields at the top: 'New Code' (labeled with a circled 2) containing '90000' and 'New Description' (labeled with a circled 3) containing 'Sample Adjustment Code'. Below these is a 'Note' text area. At the bottom right is an 'Add' button (labeled with a circled 4).

2. Type Numeric and/or Alpha Code.

3. Give the new Code a Description.

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

Inactivate an Adjustment

The screenshot shows the 'Custom Codes' dialog box. It has 'Code Search' and 'Description Search' dropdown menus. To the right of the 'Description Search' dropdown is an 'Inactive' checkbox, which is highlighted with a red arrow. Below the search fields is a 'Note' text area and a 'Save' button.

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

Adjustment Search by Code

The screenshot shows the 'Custom Codes' dialog box. The 'Code Search' dropdown menu is open, showing a list of codes. The code '90000' is selected and highlighted. The 'Description Search' dropdown menu is also open, showing 'Sample Adjustment Code'.

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

Adjustment Search by Description

Custom Codes	
Code Search	Description Search
90000 ▾ +	Sample Adjustment Code
Note	Sample Adjustment Code
<div></div>	

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

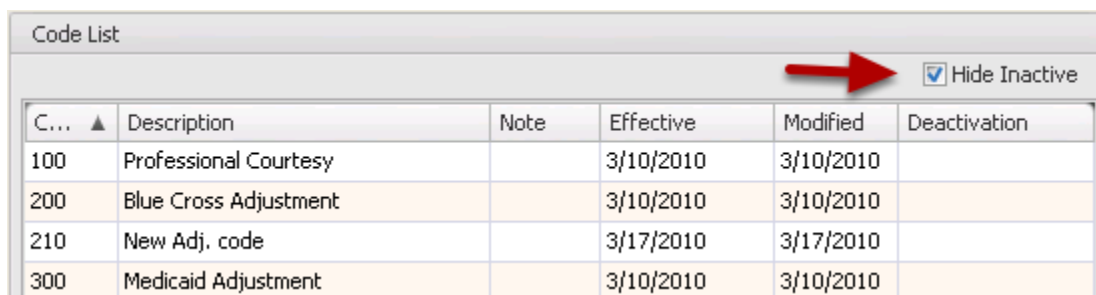
Adjustment Effective, Modified or Deactivation Date

Code List					
			1	2	<input checked="" type="checkbox"/> Hide Inactive
C...	Description	Note	Effective	Modified	Deactivation 3
100	Professional Courtesy		3/10/2010	3/10/2010	
200	Blue Cross Adjustment		3/10/2010	3/10/2010	
210	New Adj. code		3/17/2010	3/17/2010	
300	Medicaid Adjustment		3/10/2010	3/10/2010	
400	Medicare Adjustment		3/10/2010	3/10/2010	
600	Refund to Patient		3/10/2010	3/10/2010	
90000	Sample Adjustment Code		3/22/2010	3/22/2010	

1. Effective date column lists the year the code is in effect.
2. Modified Date column lists the date the code was last modified.
3. When an Adjustment code is discontinued Deactivation Date column will list the date it was discontinued.

Note: The dates are automatically inserted when modified or updated

Hide/Show Inactive Adjustment Codes



The screenshot shows a window titled 'Code List'. At the top right, there is a checkbox labeled 'Hide Inactive' which is checked. A red arrow points to this checkbox. Below the checkbox is a table with the following data:

C...	Description	Note	Effective	Modified	Deactivation
100	Professional Courtesy		3/10/2010	3/10/2010	
200	Blue Cross Adjustment		3/10/2010	3/10/2010	
210	New Adj. code		3/17/2010	3/17/2010	
300	Medicaid Adjustment		3/10/2010	3/10/2010	

If a code had been Inactivated and is no longer going to be used it can be removed from the Code List

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

10. Custom Charges Maintenance

Tools menu -> Billing Maintenance -> Custom Charges Maintenance

Custom Charges Maintenance

Custom Charges Maintenance

Search

Code Search: 99999 + Description Search: No show Fee

Code Details

Short Description: No show Fee

Medium Description:

Long Description:

☐ Taxable ☐ Inactive

Custom Charges List

☒ Hide Inactive

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

Add a Custom Charge

Search

Code Search: Search + Description Search: Search

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

The screenshot shows a 'New Code' form with the following fields and controls:

- Search** section:
 - New Code Name** (1): A text input field containing '99998' and a clear button (x).
- Code Details** section:
 - Short Description** (2): A text input field containing 'Returned Check Fee'.
 - Medium Description** (3): A text input field containing 'Insufficient Funds Fee'.
 - Long Description** (4): A text input field containing 'Check returned by Bank; Account Closed'.
- 5**: A checkbox labeled 'Taxable'.
- 6**: A checkbox labeled 'Inactive'.
- Add**: A blue button to add the new code.

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

Inactivate a Custom Charge

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

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

Custom Charge Search by Code

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

Custom Charge Search by Description

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

Custom Charge Effective, Modified and Deactivation Date

1. Effective date column lists the year the code is in effect.
2. Modified Date column lists the date the code was last modified.
3. When a Custom Charge code is discontinued Deactivation Date column will list the date it was discontinued.

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

Hide/Show inactive Custom Charges

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

11. Fee Schedule Maintenance (Block 24F)

Tools menu -> Billing Maintenance -> Fee Schedule Maintenance

Fee Schedule Maintenance

The screenshot shows the 'Fee Schedule Maintenance' window. The 'Name' dropdown is set to 'Medicare'. The 'Based On' dropdown is set to 'Default' and the 'Amount' is set to '99 %'. The 'Inactive' checkbox is unchecked. The 'Notes' field is empty. The 'Code List' table shows the following data:

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

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

Adding Codes to a Fee Schedule

The screenshot shows the 'Fee Schedule Details' window. The 'Name' dropdown is set to 'Default'. The 'Based On' dropdown is set to 'Search' and the 'Amount' is set to '0 %'. The 'Inactive' checkbox is unchecked. The 'Notes' field is empty. The 'Code List' table is empty. Annotations 1 and 2 are present: 1 points to the 'Name' dropdown arrow, and 2 points to the 'Default' text in the 'Name' field.

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

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

2. Double Click on Default in the Drop Down list.

Fee Schedule Details

Name: Default

☒ Manual Entry ☐ Based On Existing ☐ Inactive

Update Codes

Notes

Save

Code List

☒ Hide Inactive Items Code Search Search

3 + Add Code

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

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

Code Search

Code Search 4 Description Search

73000 X-RAY EXAM OF COLLAR BONE

Code

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

5 Okay Cancel

4. Begin typing the code and as you type, a list of codes and the Description of the codes will display.

5. When the correct CPT/HCPCS is in the Code and Description search field, Click the Okay button.

Code List

☒ Hide Inactive Items Code Search

6

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

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

Create a Fee Schedule by Manual Entry

Fee Schedule Details

Name:

☒ Manual Entry ☐ Based On Existing ☐ Inactive

1

Notes

2

3 Code: Amount:

4

5

Code List

☒ Hide Inactive Items

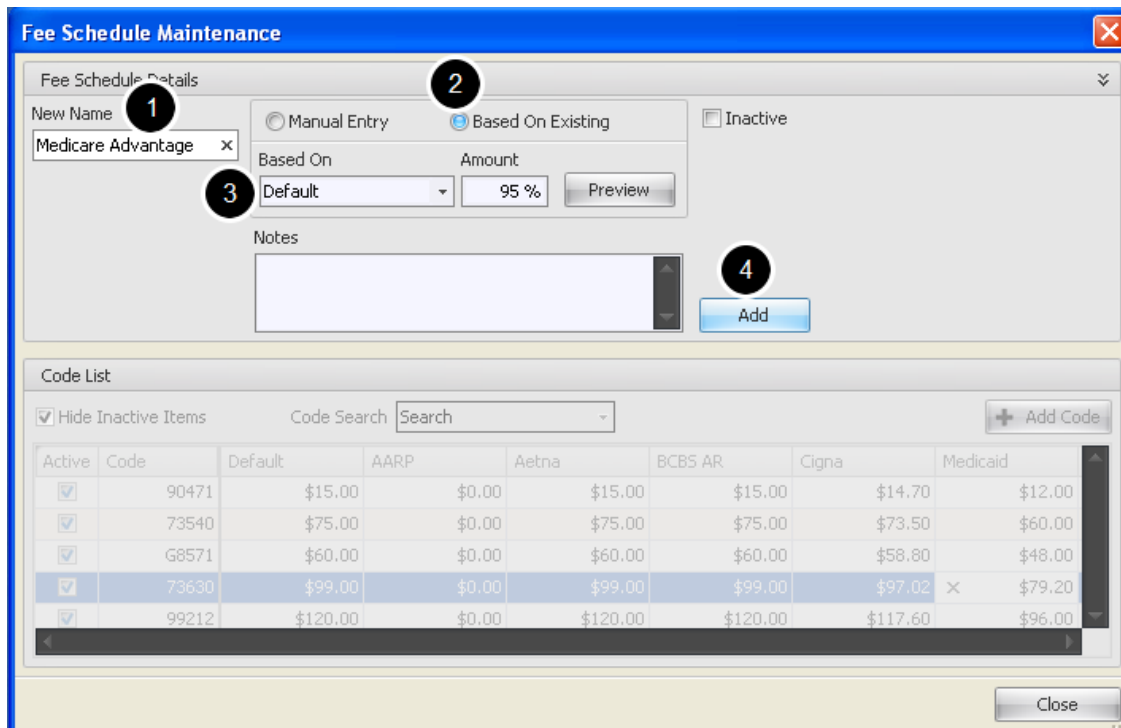
Active	Code	Default
<input checked="" type="checkbox"/>	73000	
<input checked="" type="checkbox"/>	99211	
<input checked="" type="checkbox"/>	99212	
<input checked="" type="checkbox"/>	99213	
<input checked="" type="checkbox"/>	99214	
<input checked="" type="checkbox"/>	99215	

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

1. With Default Fee Schedule still selected, Click the Update Codes button in the Fee Schedule Details to open the Default Codes Update dialog.
2. Begin typing the code.
3. Type a charge amount for the code. The Default Amount field will automatically populate when applied.
4. Click the Apply button.
5. Repeat steps 2-4 until all codes have a fee applied and Click the Close button.

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

Create a Fee Schedule Based on an Existing Schedule



Fee Schedule Maintenance

Fee Schedule Details

New Name: Medicare Advantage

Based On: ☒ Manual Entry ☒ Based On Existing

Based On: Default Amount: 95 %

Notes:

Add

Code List

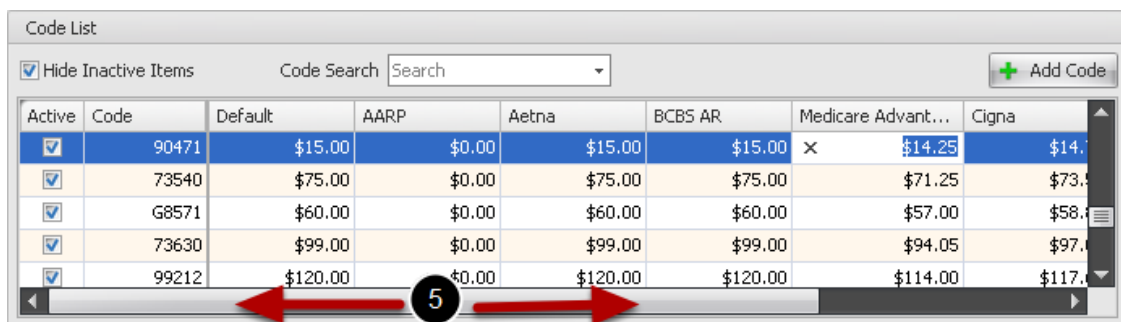
Hide Inactive Items: ☒ Code Search: Search

Active	Code	Default	AARP	Aetna	BCBS AR	Cigna	Medicaid
<input checked="" type="checkbox"/>	90471	\$15.00	\$0.00	\$15.00	\$15.00	\$14.70	\$12.00
<input checked="" type="checkbox"/>	73540	\$75.00	\$0.00	\$75.00	\$75.00	\$73.50	\$60.00
<input checked="" type="checkbox"/>	G8571	\$60.00	\$0.00	\$60.00	\$60.00	\$58.80	\$48.00
<input checked="" type="checkbox"/>	73630	\$99.00	\$0.00	\$99.00	\$99.00	\$97.02	\$79.20
<input checked="" type="checkbox"/>	99212	\$120.00	\$0.00	\$120.00	\$120.00	\$117.60	\$96.00

Close

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

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



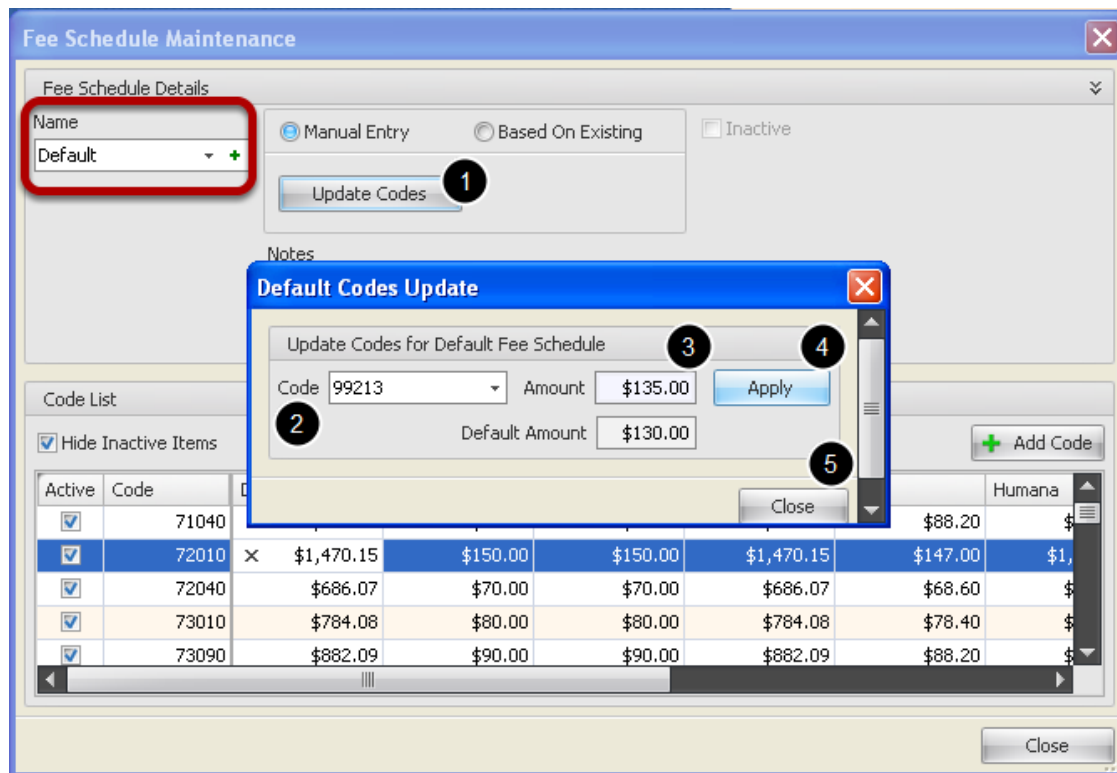
Code List

Hide Inactive Items: ☒ Code Search: Search

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

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

Update fees for codes added using the Manual Entry Option



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

1. With Default Fee Schedule selected, Click the Update Codes button in the Fee Schedule Details to open the Default Codes Update dialog.
2. Begin typing the code.
3. Type the updated fee for the code. The Default Amount field will automatically update when Applied and Closed.
4. Click the Apply button.
5. Repeat steps 2-4 until all codes have been updated, and then Click the Close button.

Update codes with fees Based on Existing Fee Schedules

Fee Schedule Details

Name: Cigna

☐ Manual Entry ☒ Based On Existing ☐ Inactive

Based On: Default Amount: 100 % Preview

Notes:

Save

Code List

☒ Hide Inactive Items Code Search: 99213 + Add Code

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

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

1. Scroll to find the fee schedule to update and then Click anywhere inside the column. In this example Cigna is the fee schedule selected.
2. With the Fee Schedule in the Name field of the Details section, Click on the Preview button. The fees will change according to the percentage amount.
3. Click on Save.

Searching for a fee by code

Code List

☒ Hide Inactive Items Code Search: 71010 + Add Code

Active	Code	Default	BCBS AR	Cigna	Humana
<input checked="" type="checkbox"/>	14302	\$7,448.76	\$7,448.76	\$7,448.76	\$7,448.76
<input checked="" type="checkbox"/>	21554	\$2,940.30	\$2,940.30	\$2,940.30	\$2,940.30
<input checked="" type="checkbox"/>	67875	\$150.00	\$150.00	\$150.00	\$150.00
<input checked="" type="checkbox"/>	71010	\$588.06	\$588.06	\$588.06	\$588.06
<input checked="" type="checkbox"/>	71015	\$686.07	\$686.07	\$686.07	\$686.07

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

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

Hide Inactive Fee Schedule(s)

Code List

☒ Hide Inactive Items Code Search

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

If a Fee Schedule has been Inactivated and is no longer going to be used it can be removed from the Fee Schedule List by placing a check mark in the Hide Inactive Items box.

Inactivating a Fee Schedule

Fee Schedule Details

Name: Medicare

☐ Manual Entry ☒ Based On Existing

Based On: Default Amount: 99 %

Notes:

☒ Inactive

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

2. Click **Save**.

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

12. Insurance Company Manager

Tools -> Insurance Companies

Insurance Company Maintenance




	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 ✕

1

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

Electronic Submission Info

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

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

Provider Setup

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

OK Cancel

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

NPI: National Plan Identifier/Pay-To Plan secondary Identification (Not Implemented. Leave blank)

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

Eligibility ID Qualifier: This will identify the type of Receiver ID used for checking insurance eligibility for patients. Add Eligibility ID in each provider's billing information (See Step 6) For payers requiring a Legacy ID, select 'Prior Identifier Number - Q4' For payers requiring a Tax ID, select 'Federal Taxpayer Identification Number-TJ'. If the tax ID option is selected, the Receiver ID field is automatically populated from the Group/Billing tax ID setup in Manage Groups. There are several other options in the drop down but they're currently not used. If not required by the payer, leave blank.

Group Provider (Legacy)- This is for information purposes only, any Legacy Fee Schedules previously assigned to this Payer from earlier versions of SOAPware.

Fee Schedule (Legacy)- This is for information purposes only, any Legacy Fee Schedules

previously assigned to this Payer from earlier versions of SOAPware.

Fee Schedule- Use the Drop Down option to select a Fee Schedule from the list in Fee Schedule Maintenance, or leave blank and charges will be the amount specified in 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 Gateway EDI to drop to paper and forward to the Payer, see next step for setup

Electronic Insurance Submission Setup

Edit Insurance Company

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

Active ☒ Show Legacy IDs ☒ Default Electronic ☒




Electronic Submission Info

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

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Provider Setup

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

OK Cancel

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

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

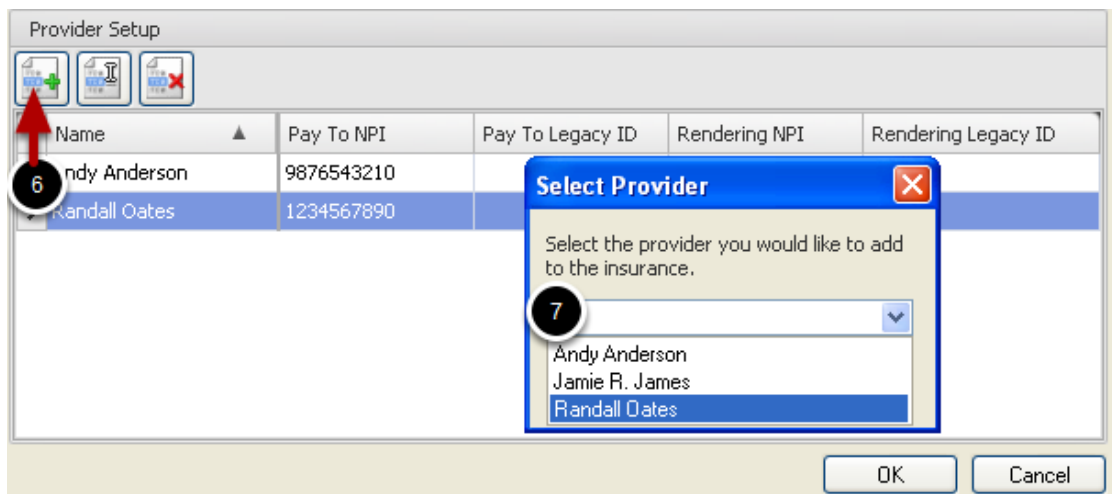
Payer Qualifier-Identifies type of Payer ID. (For most Payers, this will be **ZZ-Mutually Defined**)

Payer ID-Identifies the Payer of claims submitted for this Insurance Company. (**GatewayEDI** will provide a list of your Payer IDs)

NAIC Code: Payer National Association of Insurance Commissioners Code

Note: Most Payers will not require this info, and if it's added into the claim when not required, the claim will deny.

Rendering Provider Setup for Insurance Company



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

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

Edit Billing/Pay To Information for Payer-Additional IDs

The screenshot shows the 'Edit Billing Information' dialog box, which is divided into two main sections: 'Insurance Payment To' (top) and 'Provider Information' (bottom). The 'Insurance Payment To' section includes fields for Name, Street, City, State, Zip, Phone, Entity Type, Tax ID, and various electronic identifiers. The 'Provider Information' section includes fields for Paper and Electronic identifiers. Numbered callouts (8-17) highlight specific fields and controls.

Insurance Payment To

8 ☒ Override Group Values

Name: Professional Groups, Inc.

Street: 456 Test St

Street 2:

City: Springdale State: AR

Zip: 72764-1234

Phone: (479)555-1234

Entity Type: ☐ Person ☒ Non Person

9 Tax ID: ☒ EIN ☐ SSN 70-1111111

Paper

NPI: PaytoNPI

10 Legacy ID: [Dropdown]

Electronic

Submitter ID: Mutually Defined - ZZ V2AB

Location #:

Provider Commercial #:

11

UPIN: [Field] +

State License: [Field] +

Pay-To Address

12

Street: POB 1234

Street 2:

City: Springdale State: AR

Zip: 72765-1234

Eligibility Request Info

13 Receiver ID: [Field]

14 Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

Provider Information

Paper

15 Legacy ID: [Dropdown]

Electronic

Location #:

Provider Commercial #:

UPIN: [Field] +

16

State License: [Field] +

Taxonomy:

17 [Save] [Cancel]

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

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

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

10. **Legacy ID for paper claims:** When filing paper claims, if payer requires a Billing legacy number in addition to the Billing NPI, select legacy qualifier from the drop down list and enter the legacy ID. If not required, leave blank.

11. **Electronic Claims-Additional IDs:** Add additional ID numbers, if required for selected payer. Note: Most payers will not require this information, and if it's added to this setup when not required, the claim will reject.

12. **Pay-To Address:** If Pay-To address is different than Billing Provider street address, enter that information here. If group does not have a P.O. or lock box, leave blank.

13. **Eligibility Request Info:** Some payers require a Tax ID or a legacy ID to be sent with an eligibility request. You will get a message alerting you when you are checking eligibility, if this is required. Enter those IDs in the Receiver ID field. If a payer does not require one, this section should be left blank.

14. Select to check eligibility using the Group/Billing NPI or the Individual/Rendering provider ID.

Below is a list of some payers that do require a Legacy ID or a Tax ID in step 13:

Payers requiring Legacy ID

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

Payers requiring Tax ID

- AFTRA
- American Postal Workers Union
- American Republic Insurance
- Amerigroup, Carefirst BCBS
- Cariten Healthcare
- Cariten Senior Healthcare
- Fallon Health Plan
- Keystone Mercy Health
- Kaiser Foundation Health Plan of Northwest

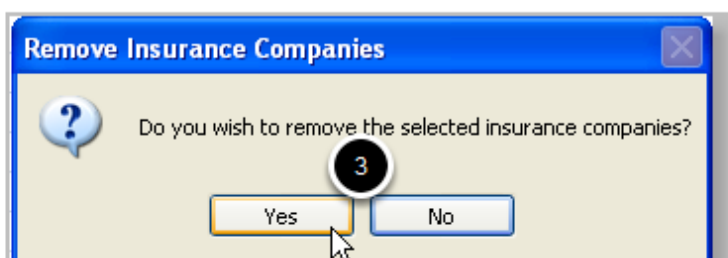
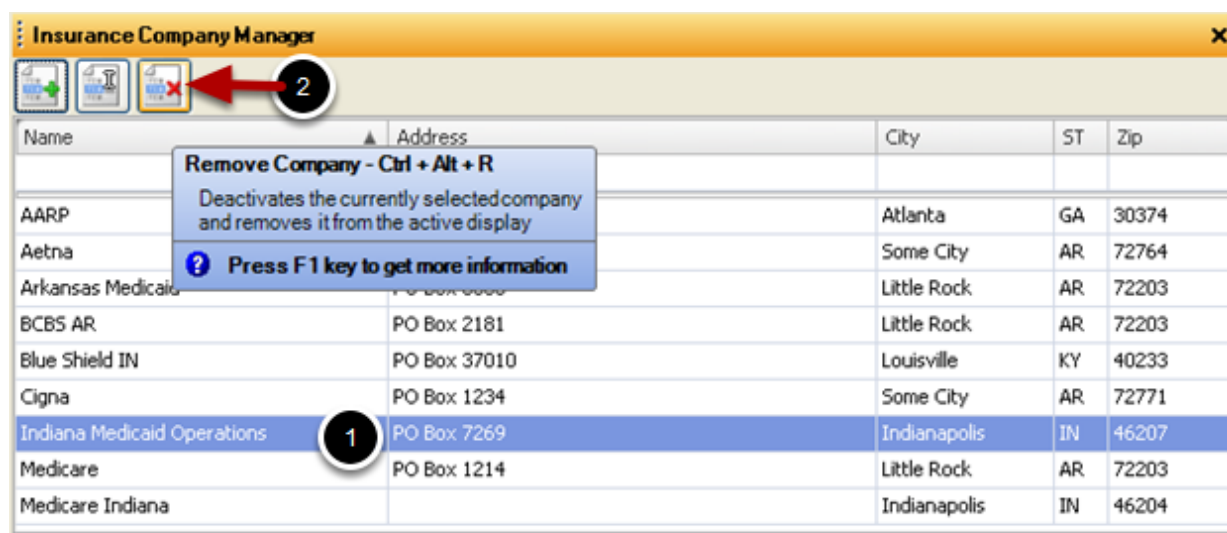
- Lovelace Health Plan
- Mayo Management Services
- Mega Life
- Midwest National Life
- Physicians Mutual Insurance
- Preferred Health Systems
- Significa Benefit Services
- Texas CHIP
- Trustmark Insurance
- Writers Guild

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

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

17. Click **Save**.

Delete Insurance Company Tools -> Insurance Companies



Tools -> Insurance Companies

1. Click on the Insurance Company to be deleted.

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

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

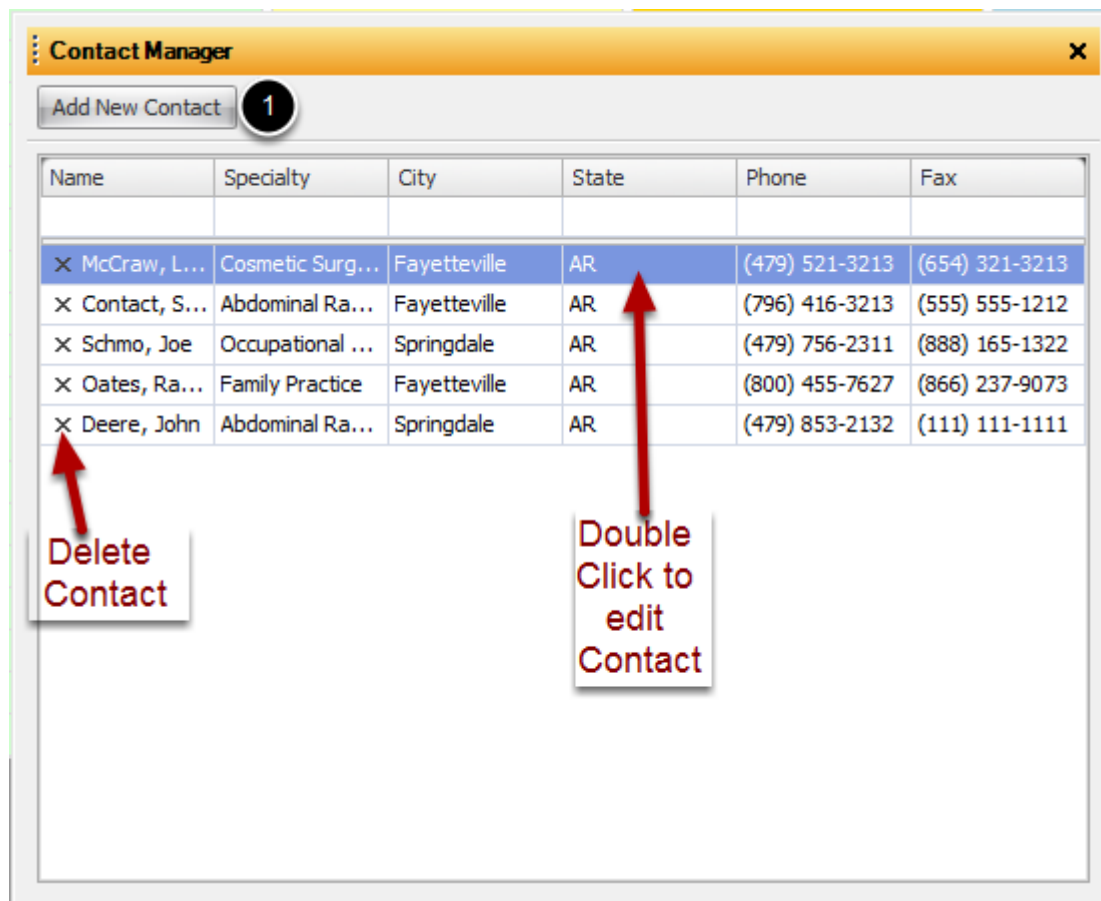
Note: Users must have security privileges to delete an Insurance company. Insurance demographics will have to be updated for any patients that have the deleted insurance company in their information.

13. Contacts/Referring Physicians (Block 17)

Tools -> Contacts

Additional information in [SOAPedia](#)

Add a new Contact/Referring Physician



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

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

Edit Contact Information 1

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

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

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

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

Provider Information 2

NPI	UPIN	State License
1234567893	D12345	A1234

Specialty	Taxonomy
Family Practice	207Q00000X

Insurance Information 3

Company

- Arkansas Medicaid
- Shelter
- Aetna

OK Cancel

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

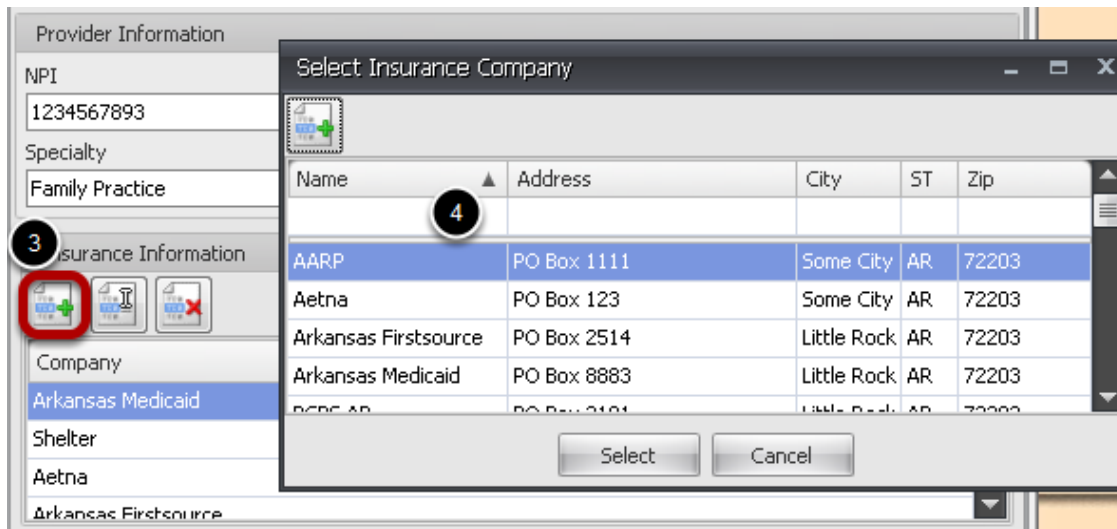
2. Provider Information: Enter the contact/referring physician's NPI, UPIN, State License, Specialty and Taxonomy code. To access the list of Taxonomy Codes, Click on the link <http://www.wpc-edi.com/content/view/793/1>

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

adding additional IDs.

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

Referring Provider Additional IDs



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

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

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

Add additional IDs

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

Electronic Section (Step 5):

- Location #
- Provider Commercial #
- UPIN: D12345 (with a "+" button)
- State License: A1234 (with a "+" button)

Paper Section (Step 6):

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

At the bottom of the window are "Save" and "Cancel" buttons.

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

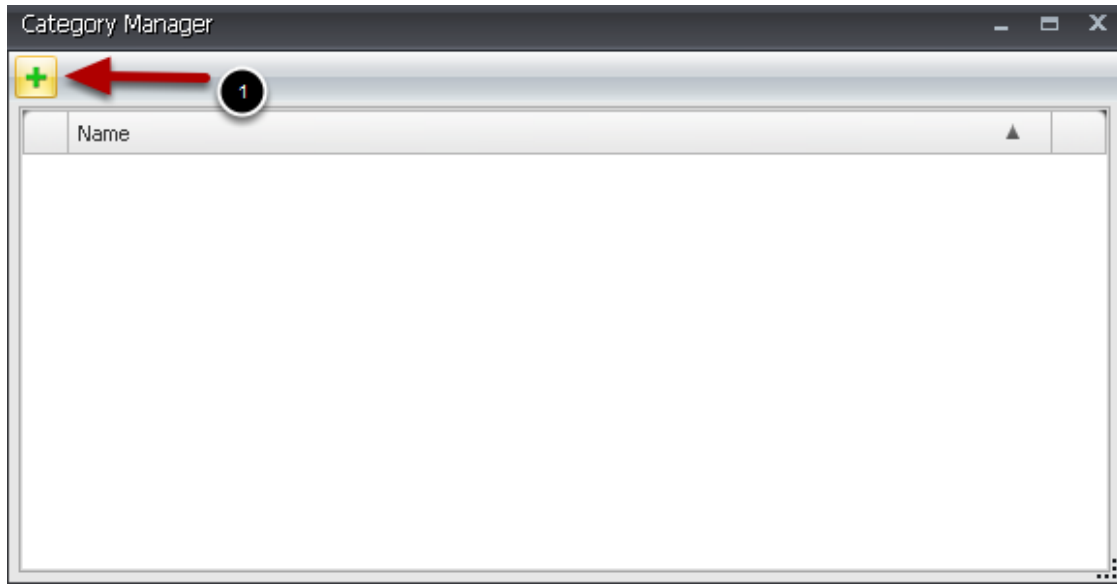
6. Paper Claims: If a legacy ID is required in addition to referring provider NPI for paper claims, use the drop down to select the legacy ID Qualifier followed by the number and then Click **Save**.

14. Flags/Notes Category Manager

Tools->Flags/Notes Category Manager

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

Add Category



1. Click the Add Category button

Add Category Name, Description and Access

The screenshot shows the 'Category Editor' dialog box. At the top, there are two text input fields: 'Category Name' containing 'In Collections' (callout 2) and 'Category Description' containing 'Bad Debt Account' (callout 3). Below these are three checkboxes: 'Select All Users' (checked, callout 4), 'Select All Roles' (unchecked), and 'Select All Groups' (unchecked). The dialog is divided into three columns: 'Users', 'Roles', and 'Groups'. The 'Users' column has a list of users with checkboxes, the first of which is checked (callout 4). The 'Roles' column has a list of roles with checkboxes, the fifth of which is checked (callout 5). The 'Groups' column has a list of groups with checkboxes, the first of which is checked (callout 6). At the bottom right, there are 'Cancel' and 'OK' buttons, with the 'OK' button highlighted by callout 7.

2. Enter a Name for the Category.

3. Add Category Description.

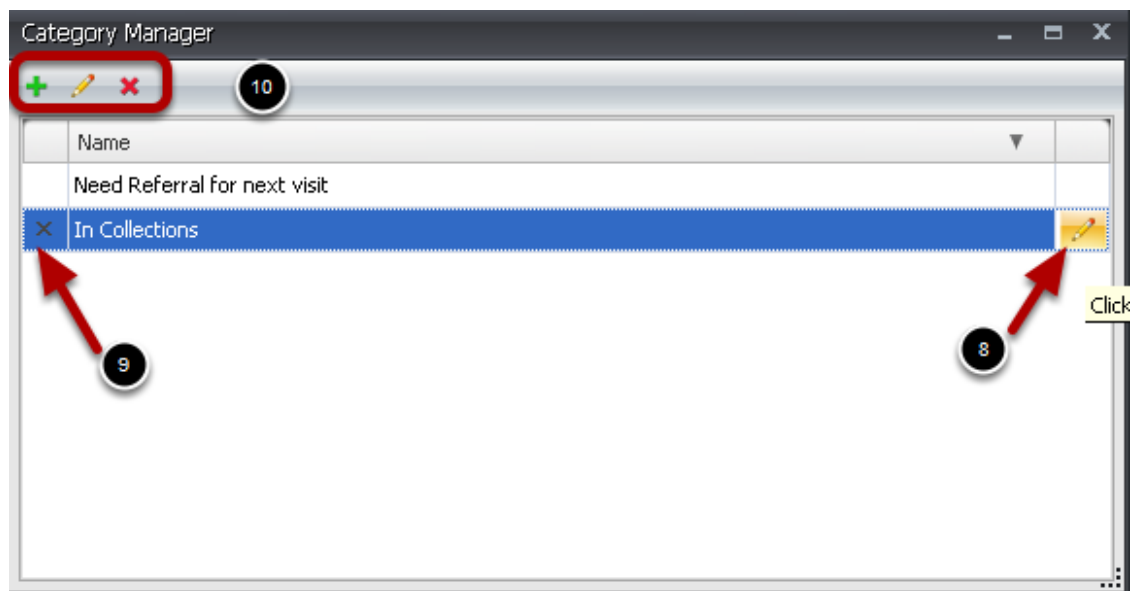
4. To alert users with a pop up message when opening the patient account or chart, select those individual users or click the **Select All Users** box to alert all users.

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

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

7. Click OK to save the Category.

Edit or Remove Flags/Notes Category



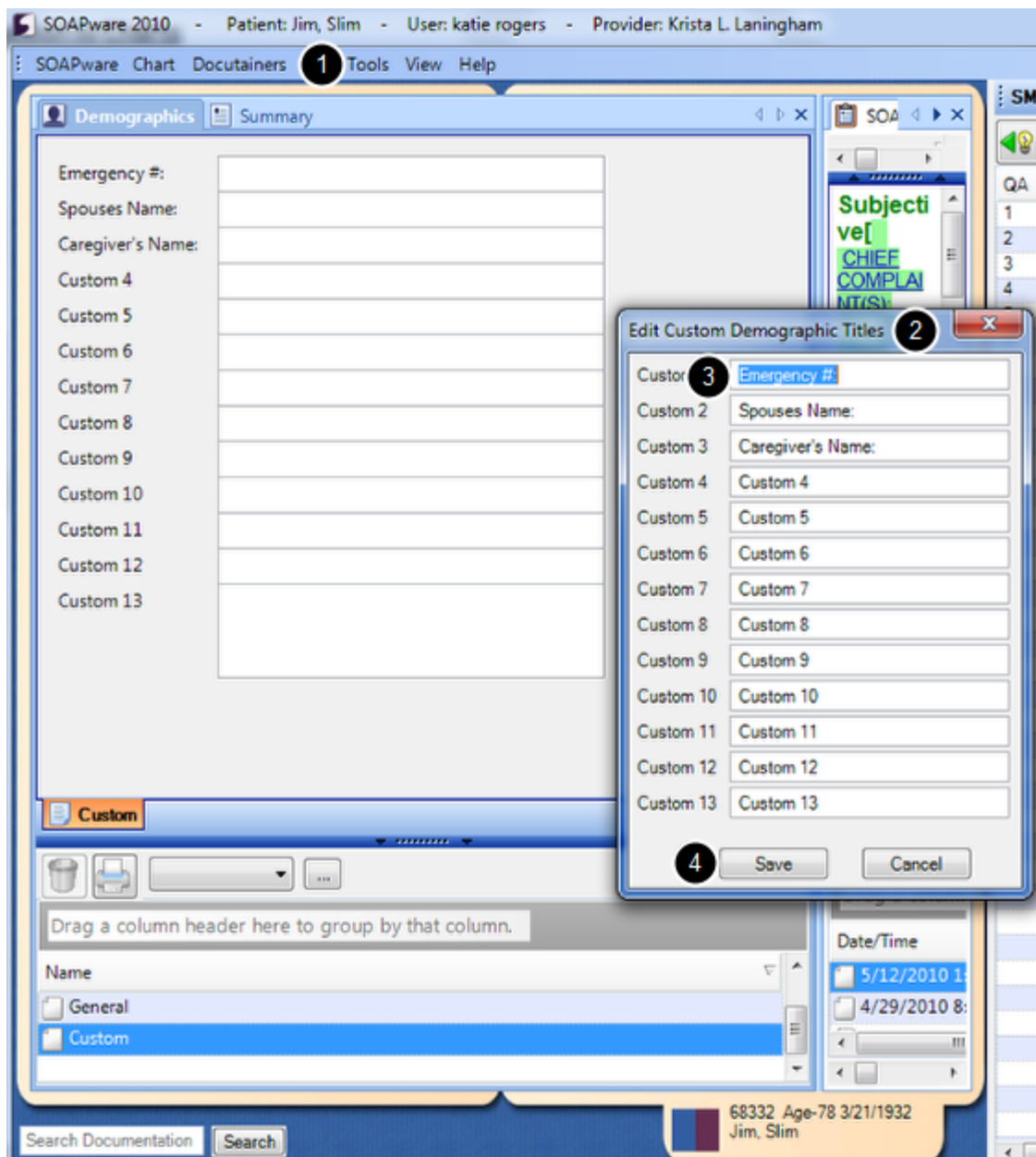
- 8. Click to edit selected category
- 9. Click to remove selected category
- 10. Icons can be used to edit, delete or add categories.

15. Custom Demographic Titles

Tools -> Custom Demographic Titles

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

The Custom Demographics section of the chart contains the information not otherwise contained elsewhere in the demographics area, but which may be needed in most patients' charts. Setting the custom demographics titles has changed slightly from SOAPware 4.x. Custom field 13 is a note or memo text box; it is used to store more information than the other fields.



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

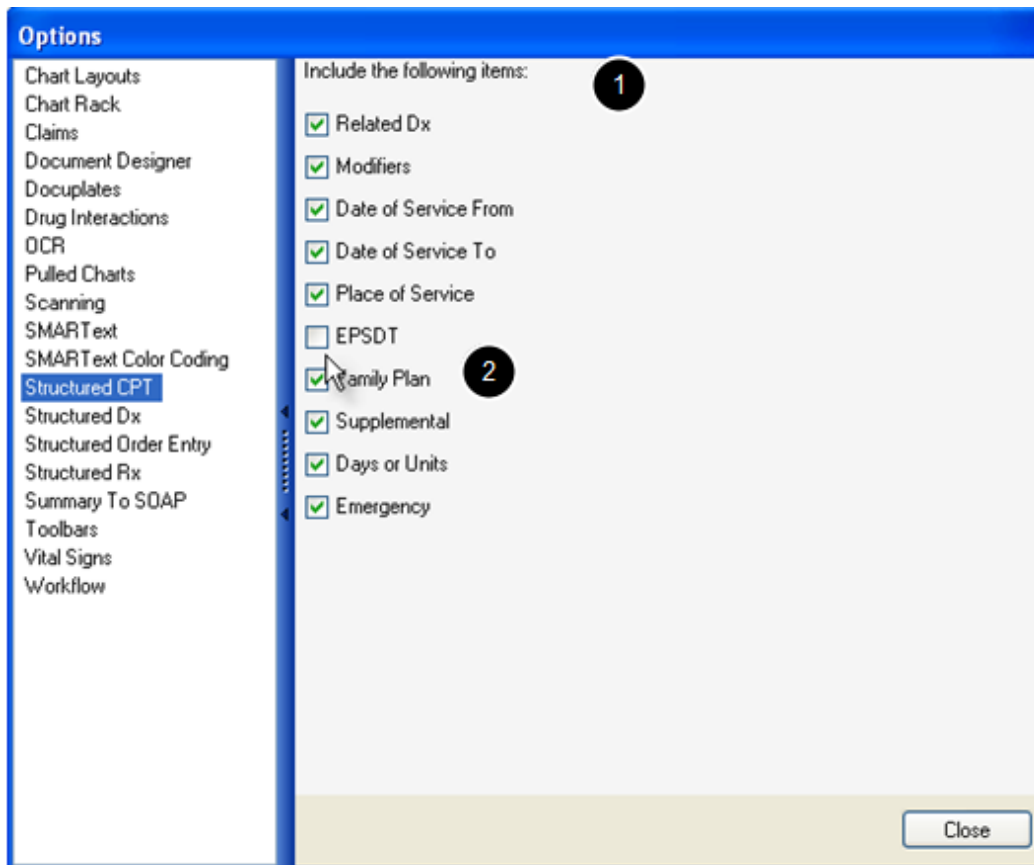
1. Click Tools-Custom Demographic Titles
2. You will see a list of custom demographics text boxes. The current name of each field is shown in an edit box where you can enter the new name.
3. Fill in as many of these fields as you wish, then click Save to save your changes.
4. Click Save, then close SOAPware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

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

16. Set Structured CPT Options

Tools -> Options -> Structured CPT

Select Structured CPT Sub items



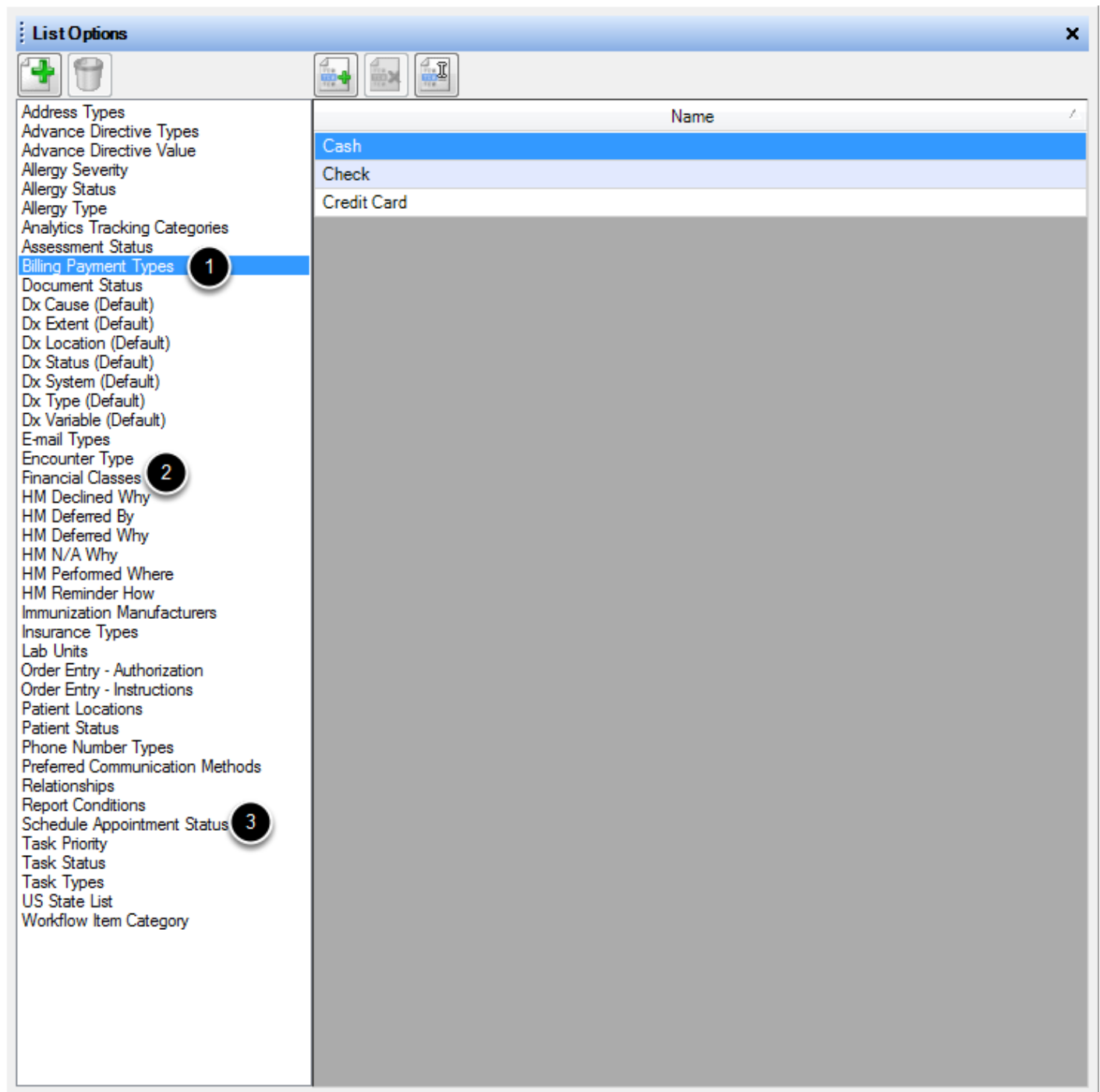
1. Select Sub items for the Structured CPT items when inserted in the Plan Section of the SOAP note for documenting Encounters/Visits.

2. To exclude a sub item, click the box to remove the check mark.
3. Screenshot of Structured SMARTText item within the SOAP note using the select options above.

17. List Options

Tools menu -> List Options

Edit Billing Related Lists (As Needed)



1. Billing Payment Types: Create the types of payments that are accepted in the clinic. Add any as needed.
2. Financial Classes: Edit/Add any needed Financial Classes to use for tracking patients.

3. Schedule Appointment Status: Create any desired appointment statuses to match your clinic work flow.

Billing Payment Types

List Options

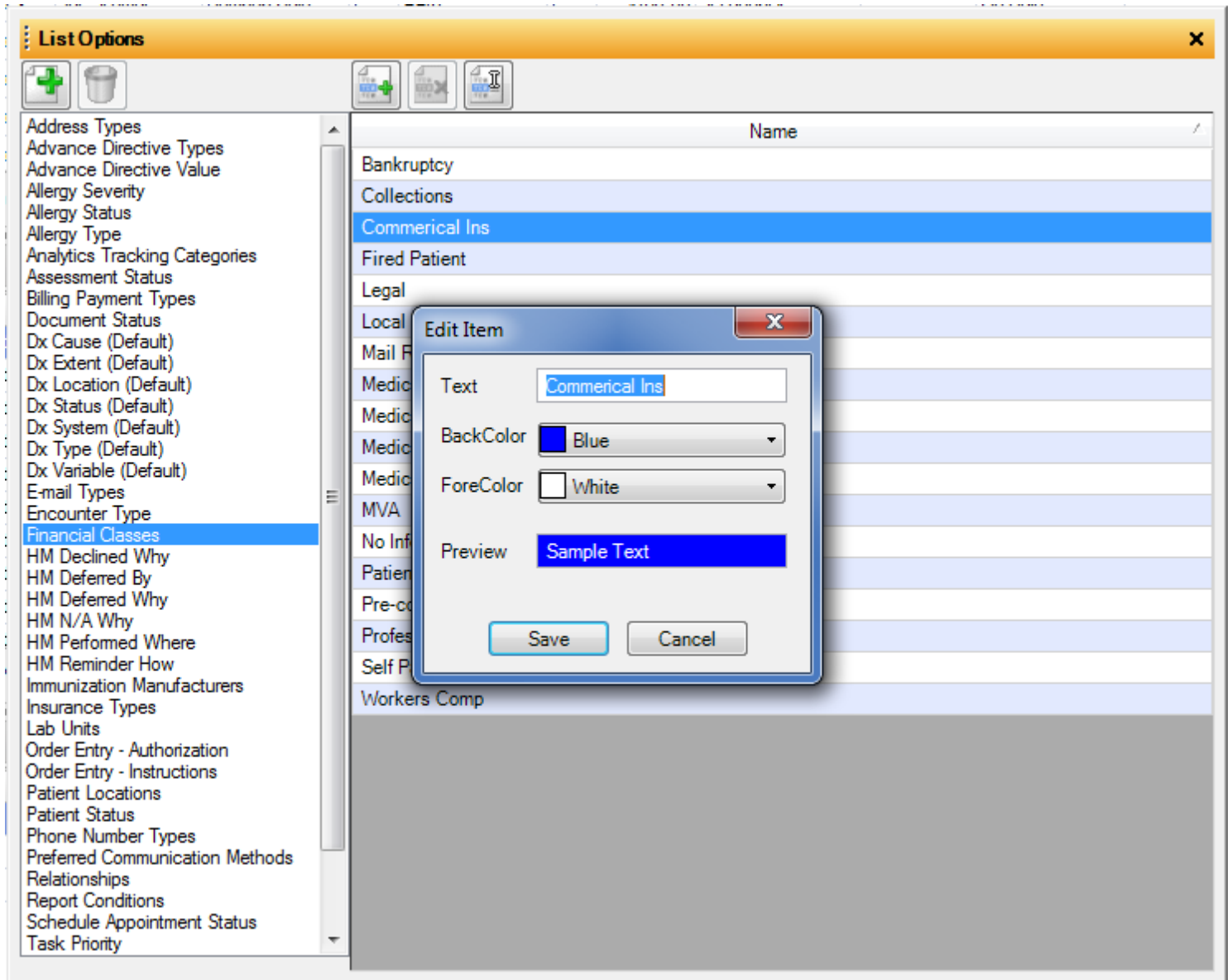
Address Types
Advance Directive Types
Advance Directive Value
Allergy Severity
Allergy Status
Allergy Type
Analytics Tracking Categories
Assessment Status
Billing Payment Types 1
Document Status
Dx Cause (Default)
Dx Extent (Default)
Dx Location (Default)
Dx Status (Default)
Dx System (Default)
Dx Type (Default)
Dx Variable (Default)
E-mail Types
Encounter Type 2
Financial Classes
HM Declined Why
HM Deferred By
HM Deferred Why
HM N/A Why
HM Performed Where
HM Reminder How
Immunization Manufacturers
Insurance Types
Lab Units
Order Entry - Authorization
Order Entry - Instructions
Patient Locations
Patient Status
Phone Number Types
Preferred Communication Methods
Relationships
Report Conditions
Schedule Appointment Status 3
Task Priority
Task Status
Task Types
US State List
Workflow Item Category

Toolbar: Add (Red Circle), Edit, Delete, Print

Name
Cash
Check
Credit Card

1. Billing Payment Types: Create the types of payments that are accepted in the clinic. Add any as needed.

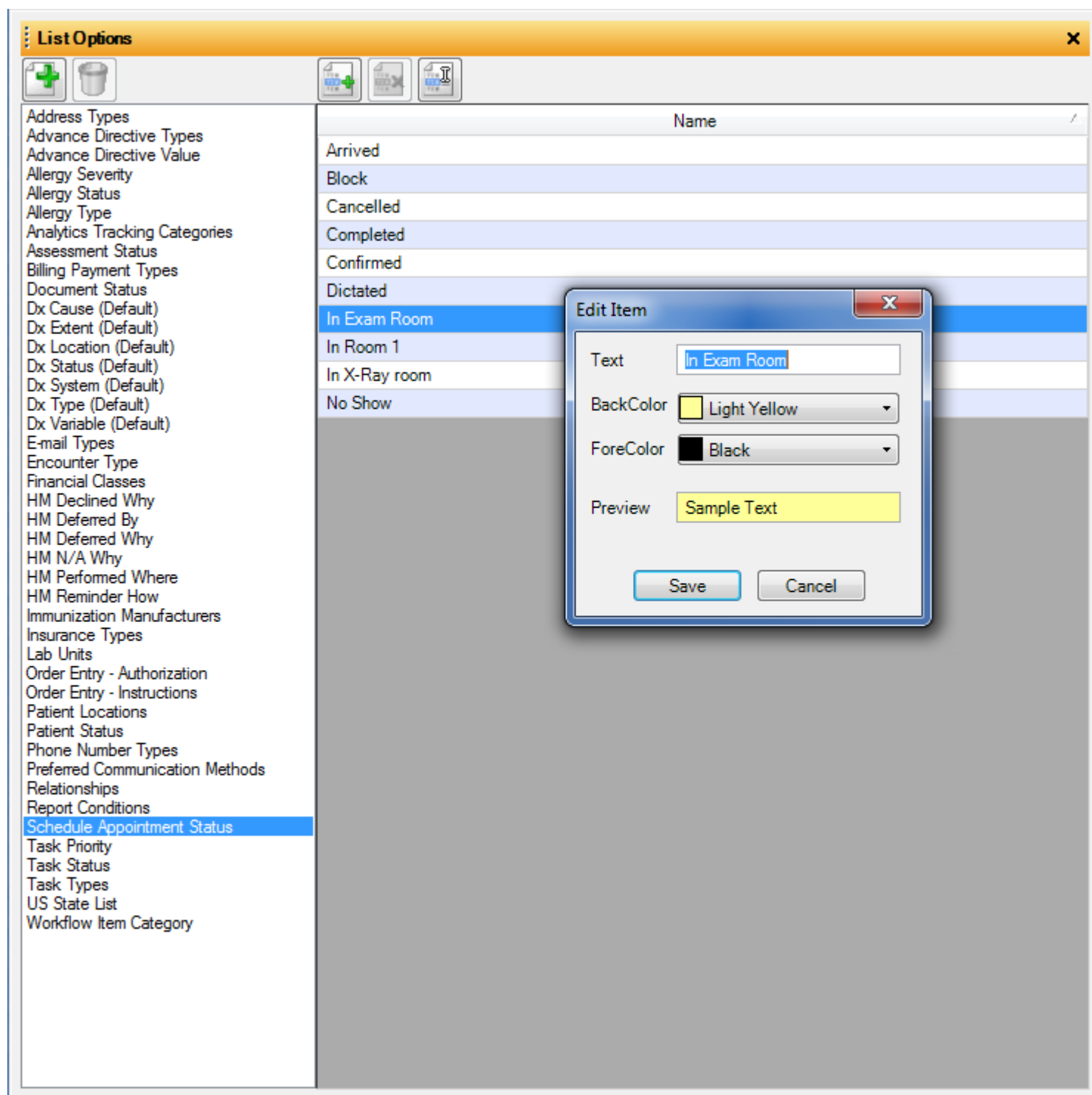
Financial Classes



Add any financial classes that you need to track patients. Determine what type of financial class a patient has at a glance.

1. Double click on a financial class item in the list, or click the Create List Item button to add a new financial class.
2. Click Back Color and **select a preset color**, or click More Colors and choose a custom color.
3. Click on the Fore Color drop down and **select a preset color**, or click More Colors and choose a custom color. This will edit the font of the appointment. **Preview** shows how the Patient's name will display in the Patient Account Information Bar when this financial class is selected in Demographics tab.
4. Click **Save** when done.

Schedule Appointment Status



Add any appointment statuses that you would like to use when tracking patient appointments.

1. Double click on an appointment status item in the list, or click the Create List Item button to add a new status.
2. Edit the Text as needed.

3. Click Back Color and **select a preset color**, or click More Colors and choose a custom color.
4. Click on the Fore Color drop down and **select a preset color**, or click More Colors and choose a custom color. This will edit the font of the appointment.
5. Click **Save** when done.

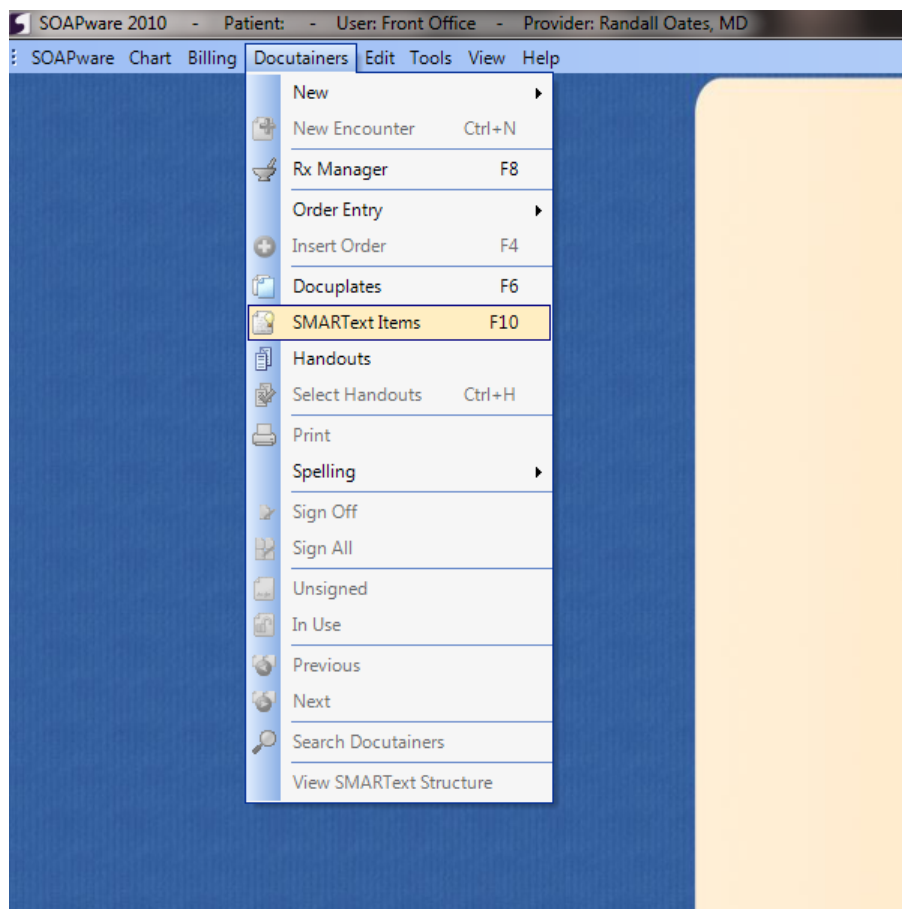
Updating CPT®, HCPCS, and ICD-9 codes

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.

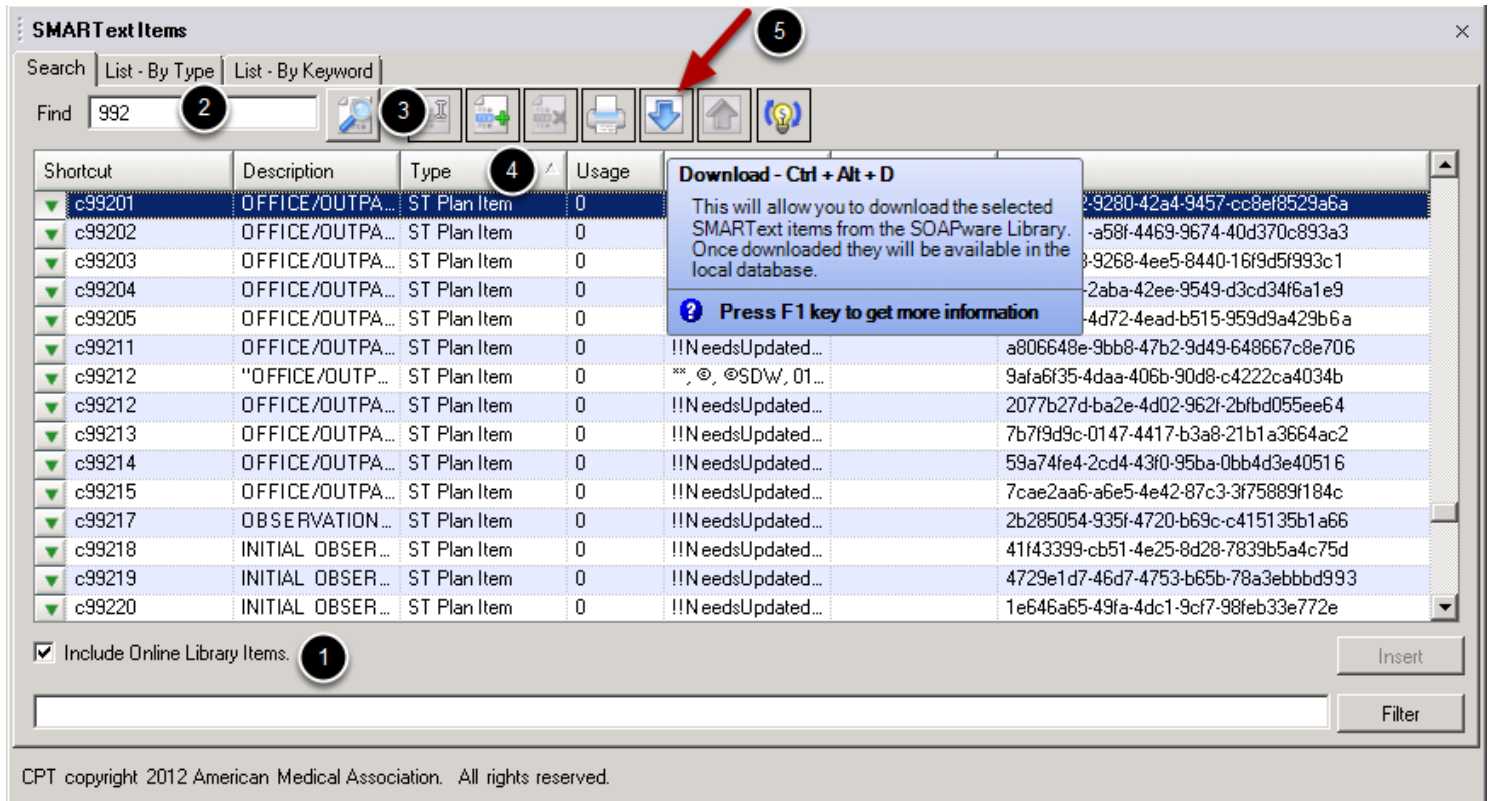
Clinical Suite Only: New codes will be automatically added to the Billing Maintenance databases, and revised codes, when downloaded on the SMARText Online library, will be updated in the Billing Maintenance databases. Deleted codes will have to be inactivated manually.

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



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

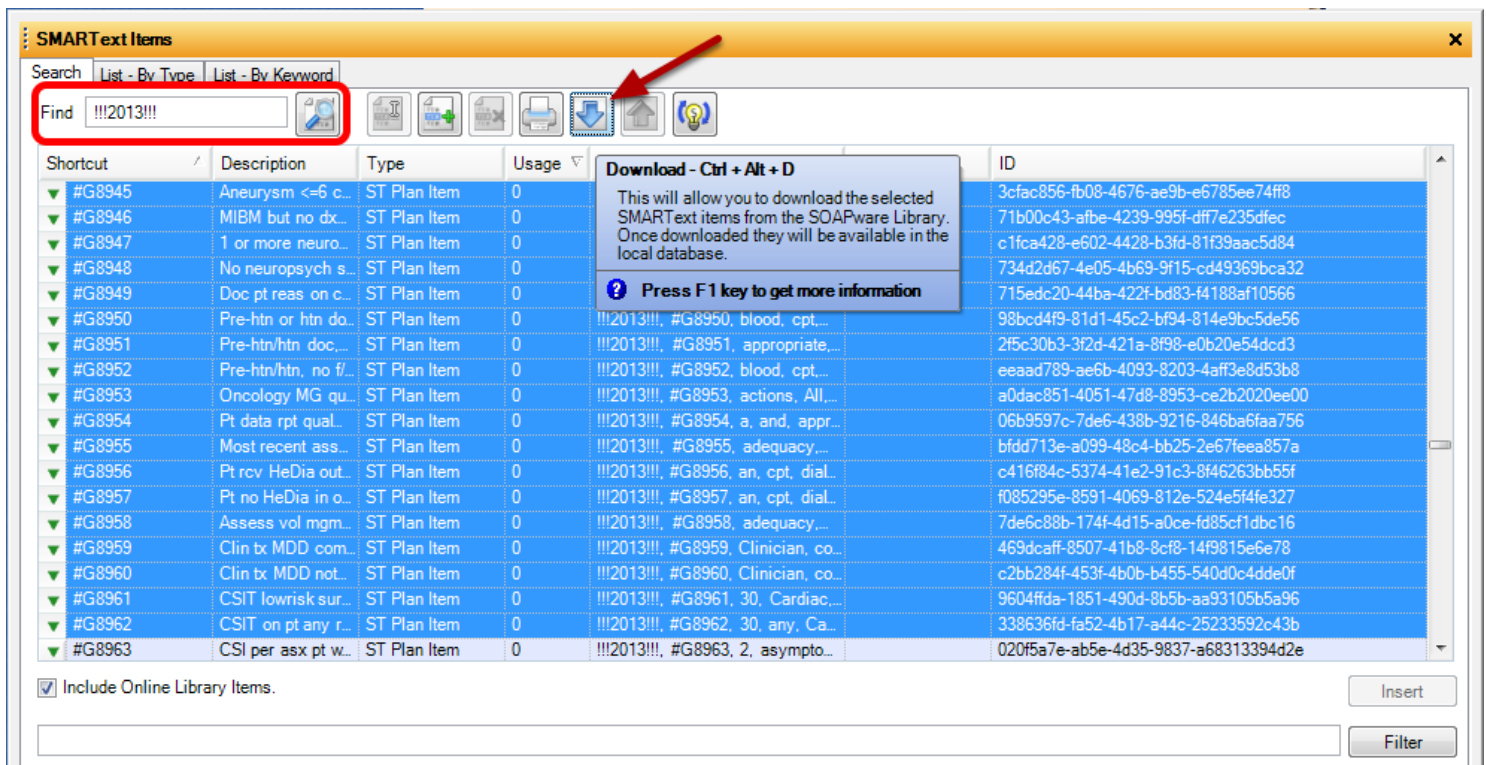
2. **Enter the code** needing to be downloaded into the Find box to access the new codes. NOTE: If there is a group of codes that start with the same few numbers or letters, you can enter those into the find box, and it will pull up all of the codes with that beginning set of numbers/letters. (For example, 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.

4. Click the column header to sort Type. For Clinical Suite users, download ST Plan Item type. These codes will be entered in the Plan section of the SOAP note for billing purposes.

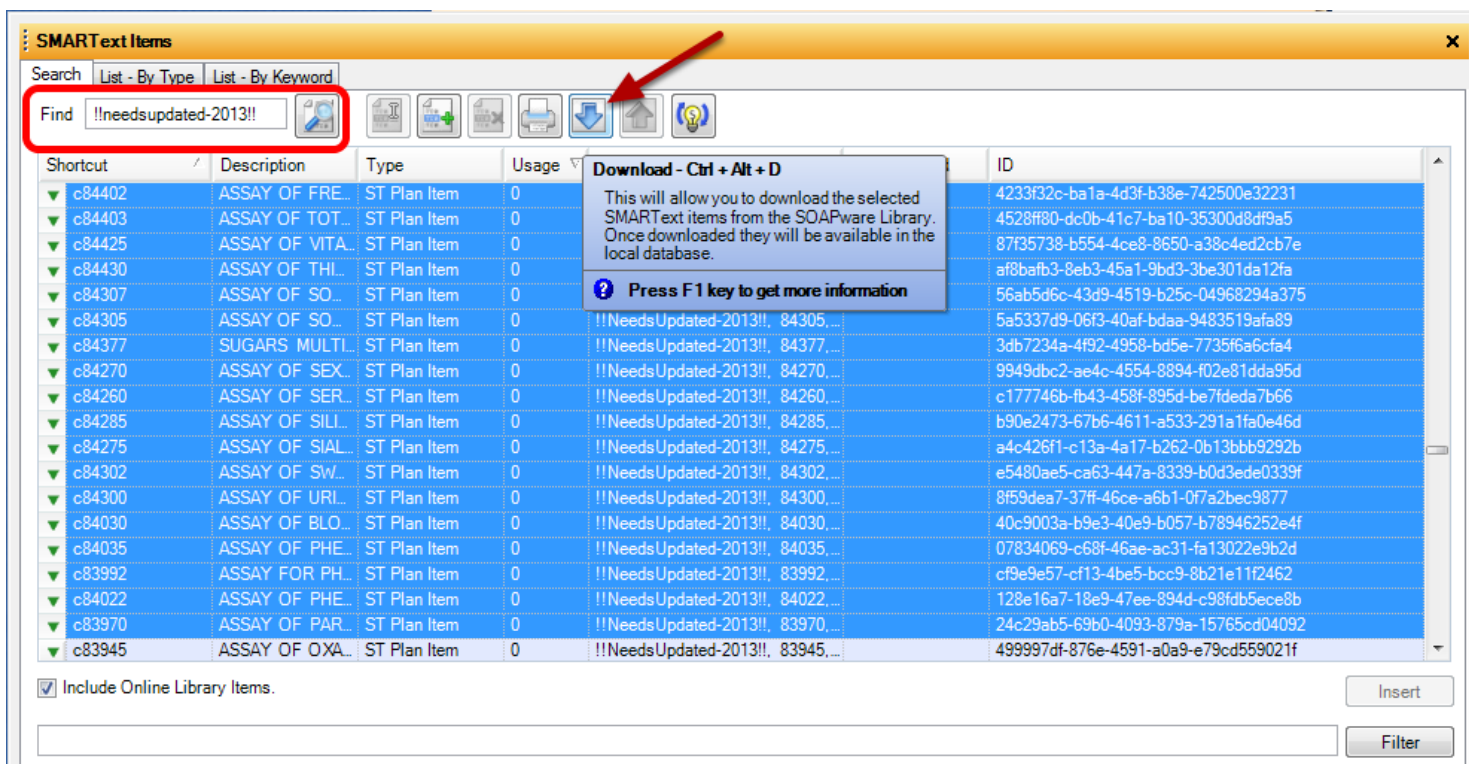
5. Click the downward facing Blue Arrow to update, as indicated in the image above.

Download New Codes for 2013



1. Type **!!!2013!!!** into the Find field and click on the magnifying glass. 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.

Update Revised Codes for 2013



1. Type **!!needsupdated-2013!!** into the Find field and click on the magnifying glass to search. 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)

CPT Code Maintenance

Code Details

CPT Lookup

84402

Short Description Lookup

ASSAY OF TESTOSTERONE

☐ Inactive

Medium Description

TSTOSTERONE FR

Long Description

Testosterone; free

☐ Use Custom Descriptions

Custom Short Description

Custom Medium Description

Custom Long Description

Save

Code List

☒ Standard View
 ☐ Full View
 ☒ Hide Inactive Codes

Code	Description	Effective	Modified	Deactivation
84402	ASSAY OF TESTOSTERONE	2/3/2010		
84403	ASSAY OF TOTAL TESTOSTERONE	2/3/2010		
84425	ASSAY OF VITAMIN B-1	2/3/2010		
84430	ASSAY OF THIOCYANATE	2/3/2010		
84431	THROMBOXANE, URINE	2/3/2010		
84432	ASSAY OF THYROGLOBULIN	2/3/2010		
84436	ASSAY OF TOTAL THYROXINE	2/3/2010		
84437	ASSAY OF NEONATAL THYROXINE	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.

Deleted Code Procedure

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

Inactivate a code

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

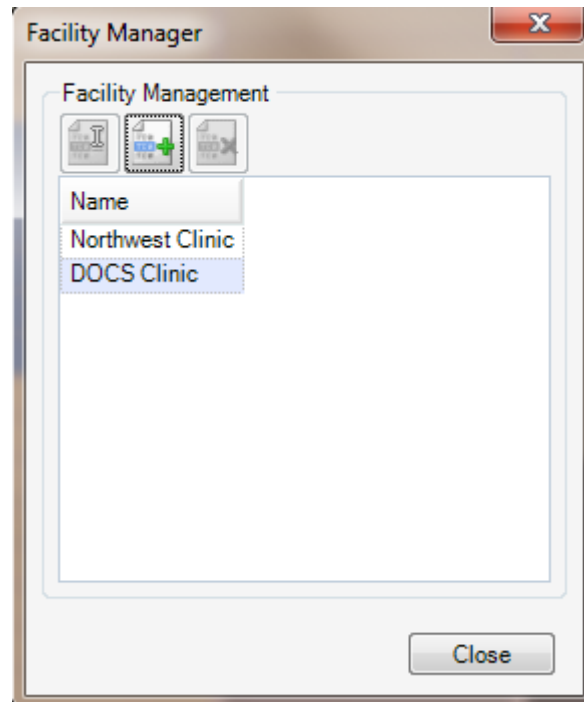
Schedule Setup

Activate Providers/Resources for a Facility

Steps on how to set scheduling defaults.

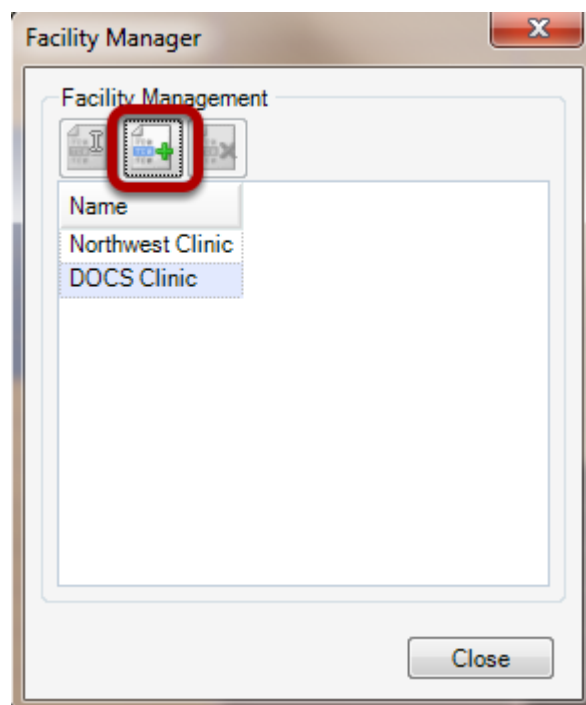
To access the Scheduler, go to the SOAPware menu and click Schedule.

Add a Facility



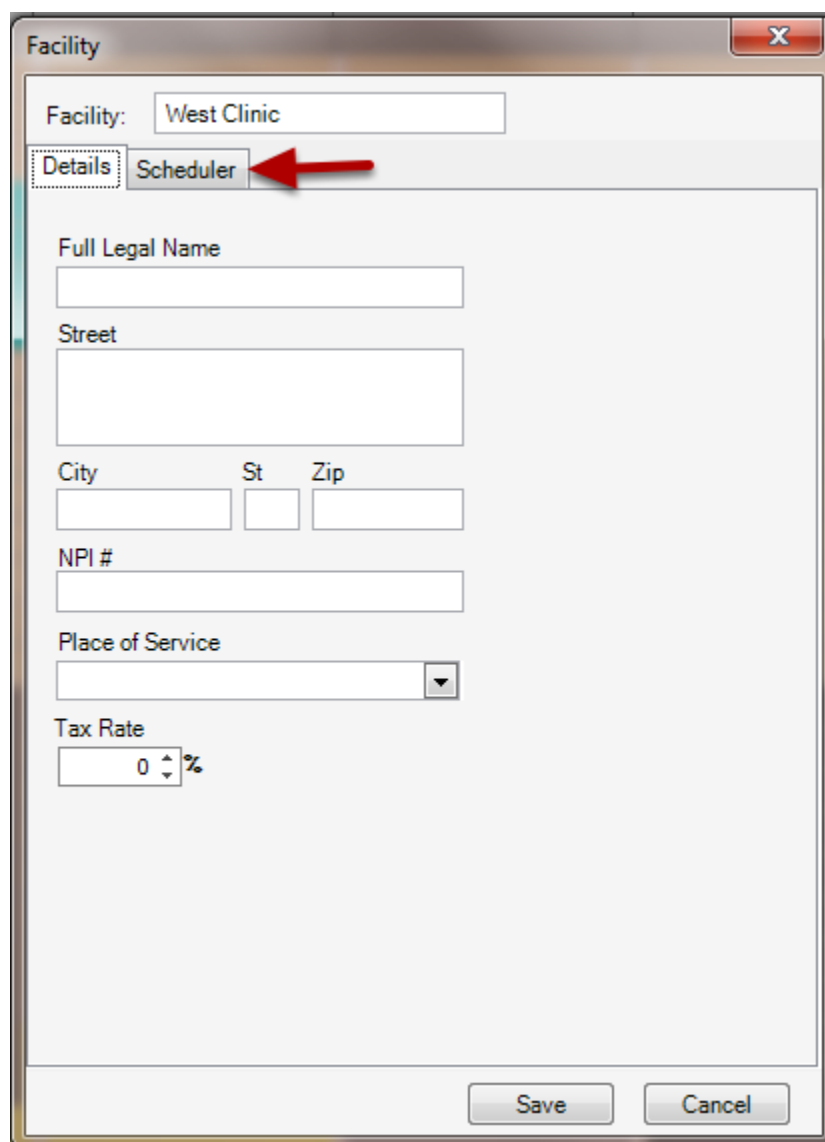
1. Click on the Tools menu.
2. Select Manage Facilities.

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.

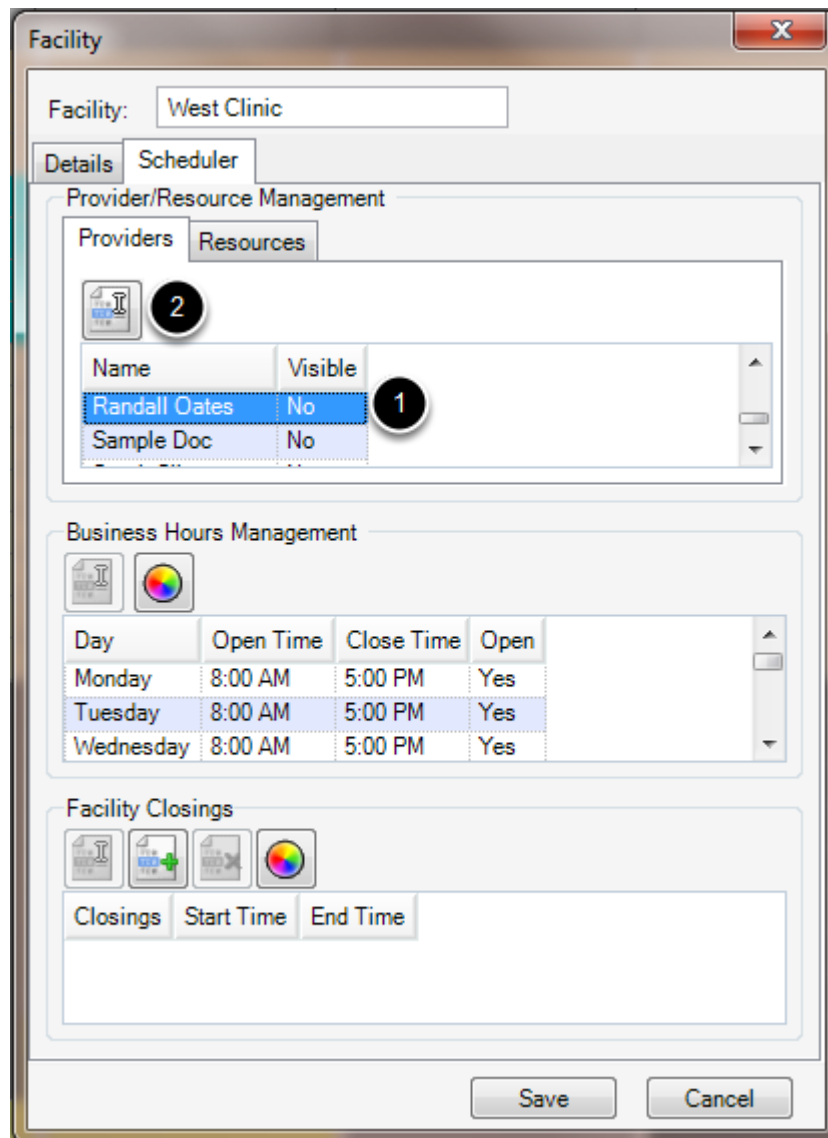
Scheduler



The image shows a software 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 "West Clinic". Below the tabs, the "Scheduler" tab is active, showing several input fields: "Full Legal Name" (text box), "Street" (text box), "City" (text box), "St" (text box), "Zip" (text box), "NPI #" (text box), "Place of Service" (dropdown menu), and "Tax Rate" (text box with a spinner and a percentage symbol). At the bottom right of the window are "Save" and "Cancel" buttons.

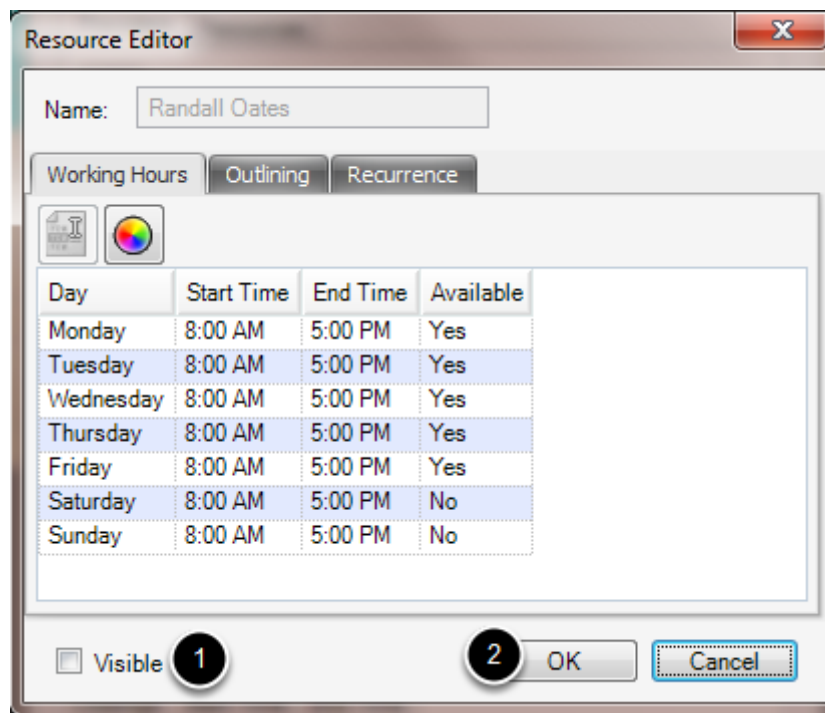
Click the Scheduler tab to setup the clinic's defaults.

Opening the Provider's Schedule Defaults



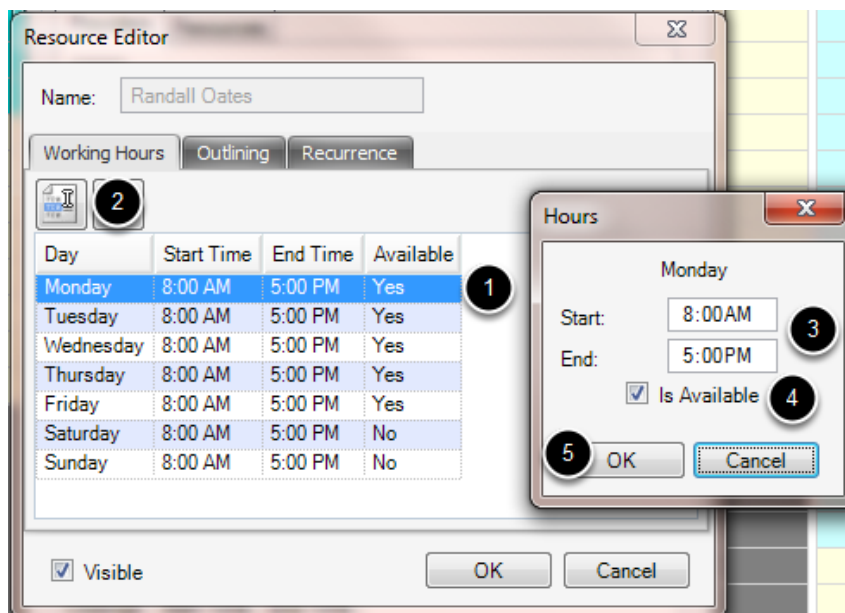
1. Click on a provider name.
2. Click Edit.

Making a Provider visible for the Clinic



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

Set Working Hours for the Provider



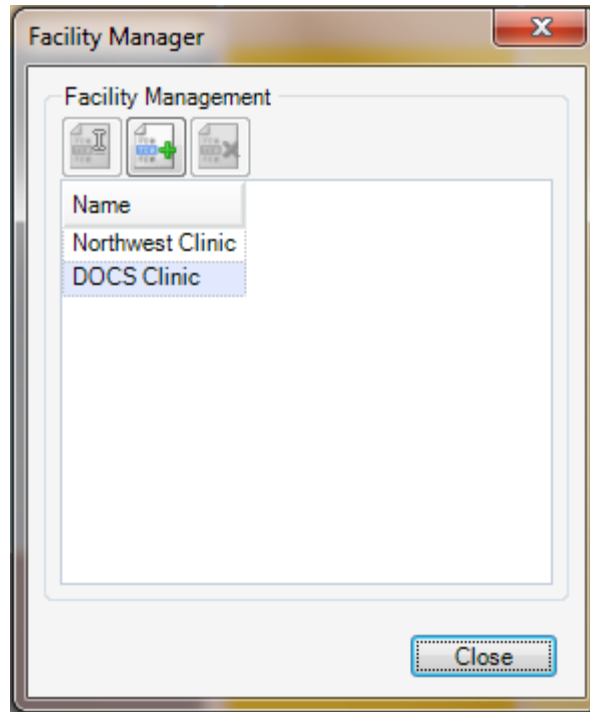
1. Click on a day.
2. Click Edit.
3. Enter the Start and End Times.

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

Provider/Resource Outlining

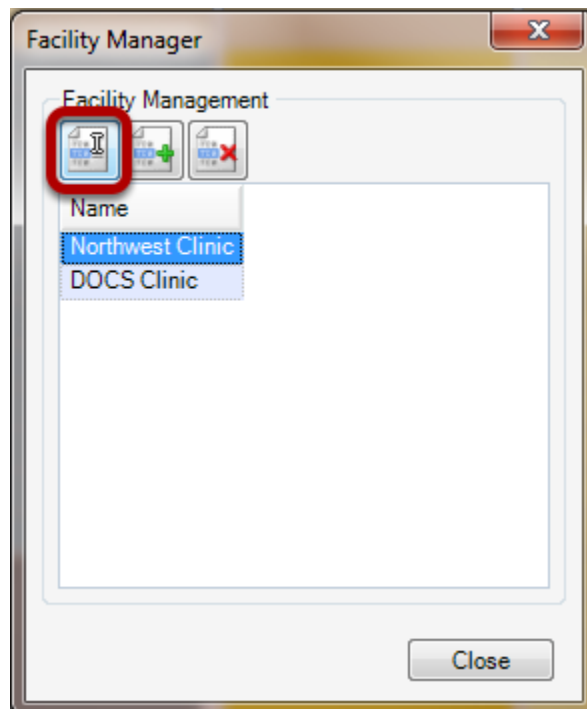
Setup outlining blocks for Providers and Resources to streamline their time in the office.

Open the Facility Manager



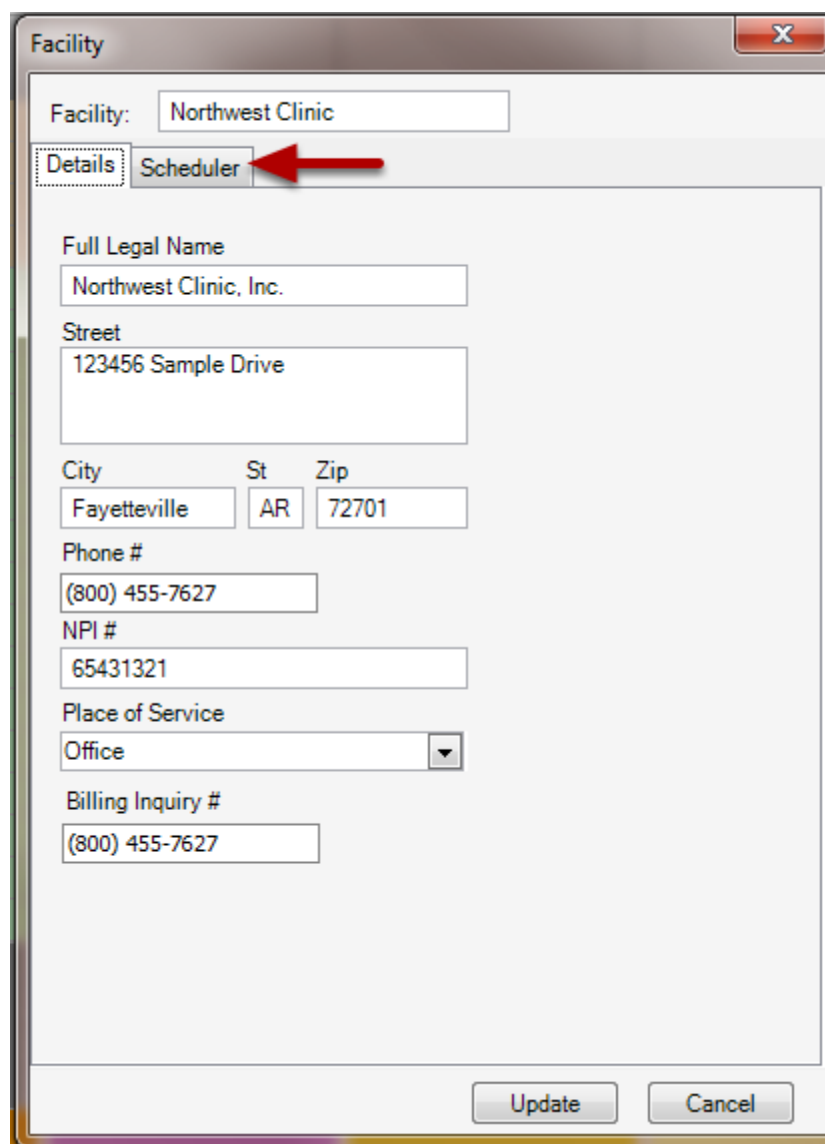
1. Click on the **Tools** menu.
2. Select **Manage Facilities**.

Edit a Facility



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

Select the Scheduler Tab



The image shows a 'Facility' dialog box with a red 'X' in the top right corner. At the top, there is a text field labeled 'Facility:' containing 'Northwest Clinic'. Below this are two tabs: 'Details' and 'Scheduler'. A red arrow points to the 'Scheduler' tab. The 'Scheduler' tab is active and contains several text fields and a dropdown menu. The fields are labeled as follows: '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), and 'Billing Inquiry #' ((800) 455-7627). At the bottom right of the dialog are 'Update' and 'Cancel' buttons.

Facility: Northwest Clinic

Details Scheduler

Full Legal Name
Northwest Clinic, Inc.

Street
123456 Sample Drive

City St Zip
Fayetteville AR 72701

Phone #
(800) 455-7627

NPI #
65431321

Place of Service
Office

Billing Inquiry #
(800) 455-7627

Update Cancel

Click on the **Scheduler Tab**.

Select a Provider or Resource to Edit

Facility: Northwest Clinic

Details Scheduler

Provider/Resource Management

Providers Resources

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

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

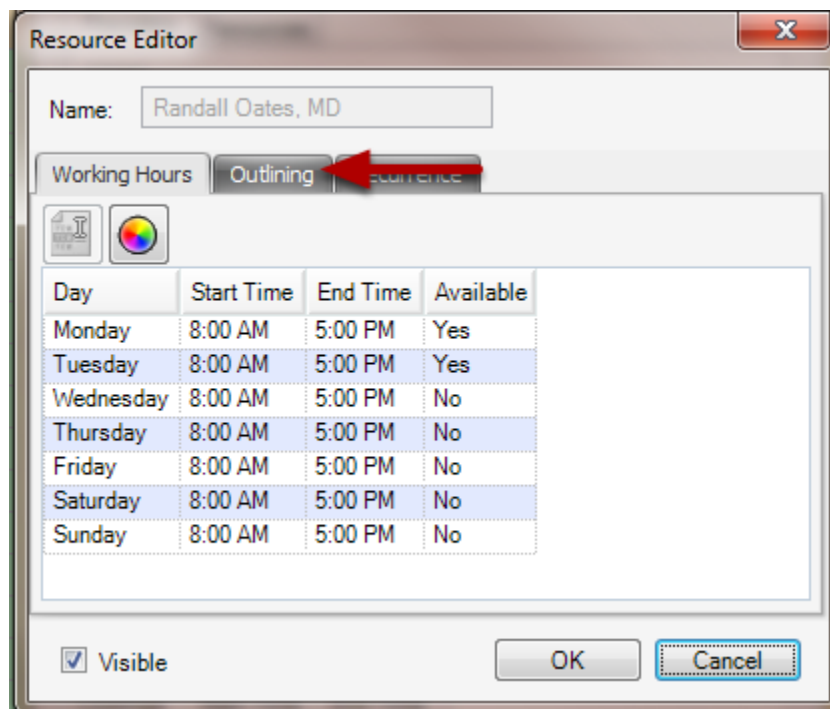
Closings	Start Time	End Time
Christmas	12/25/2010	12/25/2010

Update Cancel

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

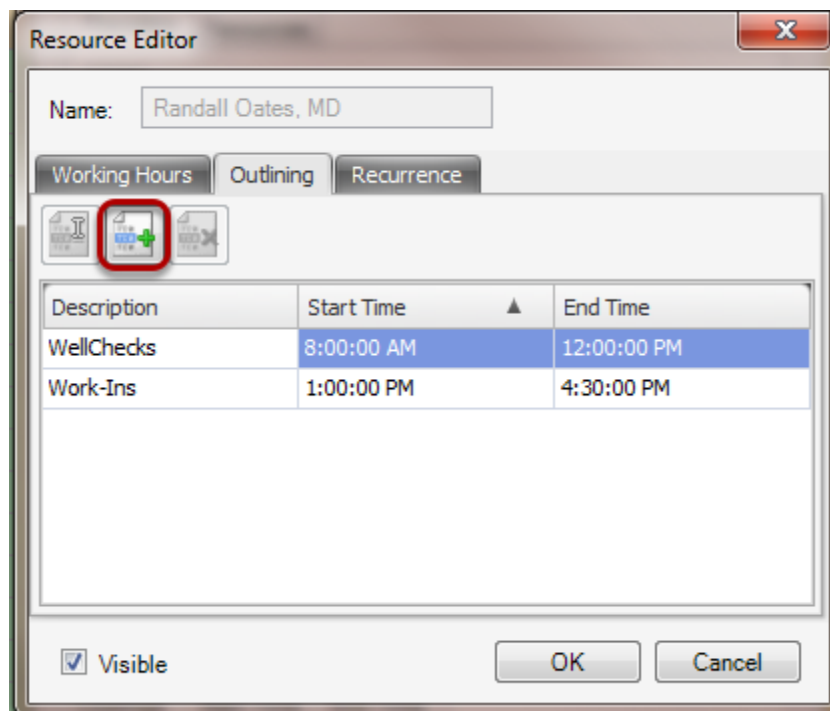
Note: This is the same process for Resources. To Edit a Resource, just click the tab **Resources** and follow the above steps.

Open Outlining



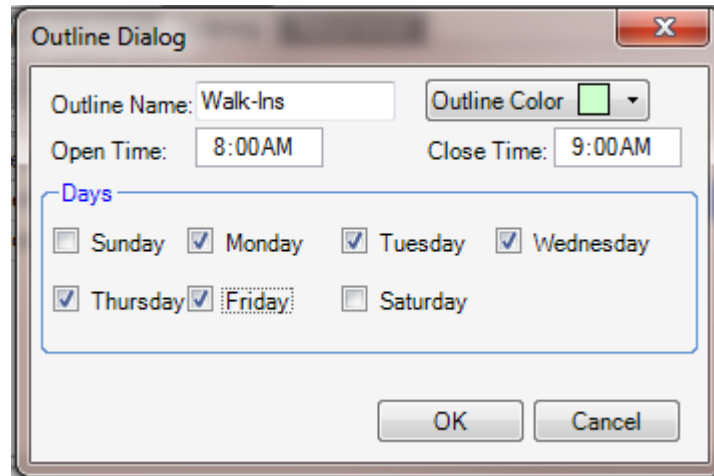
Click on the **Outlining** tab.

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.

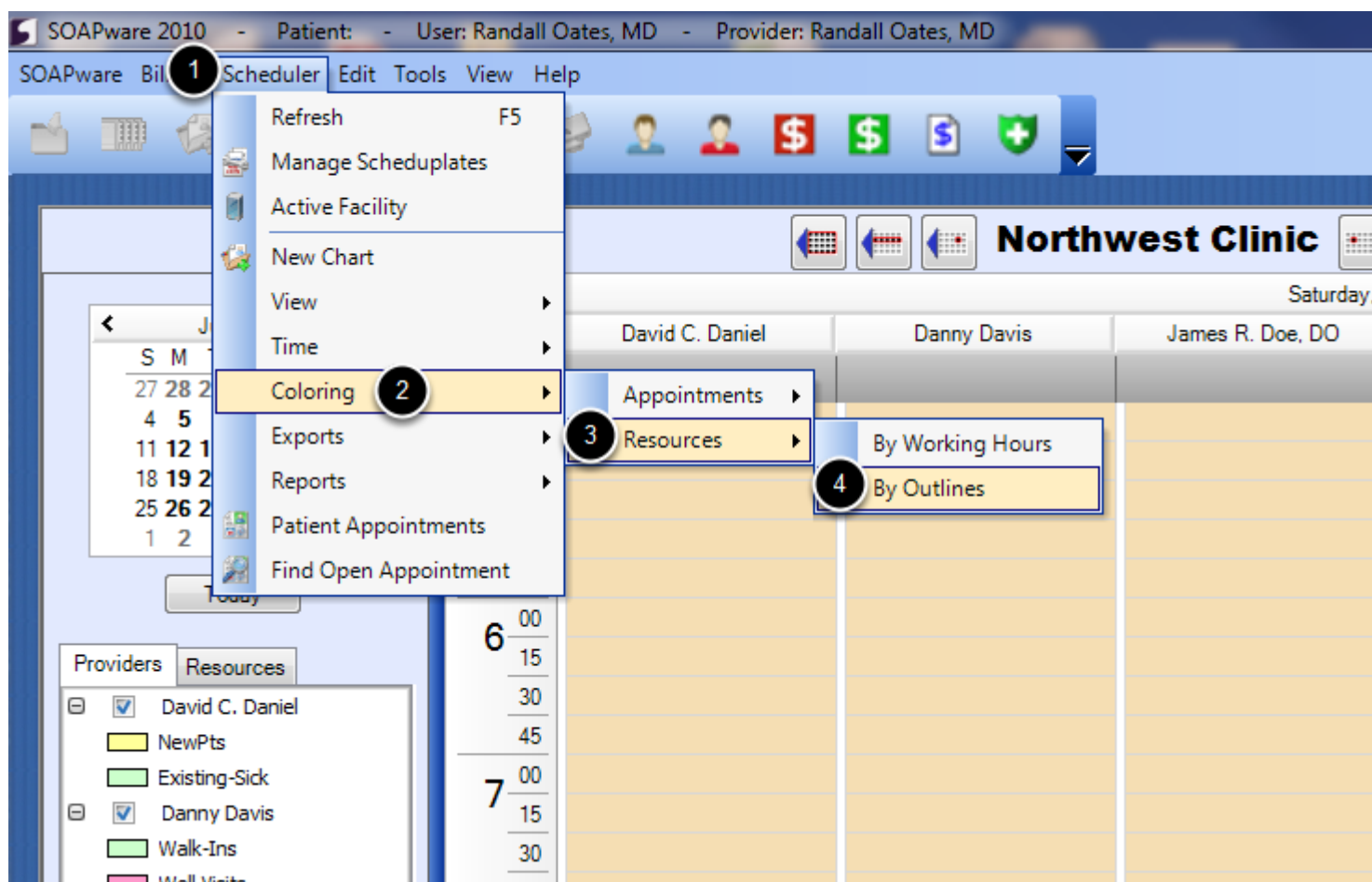
Open Time: Set the time period for the outline.

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



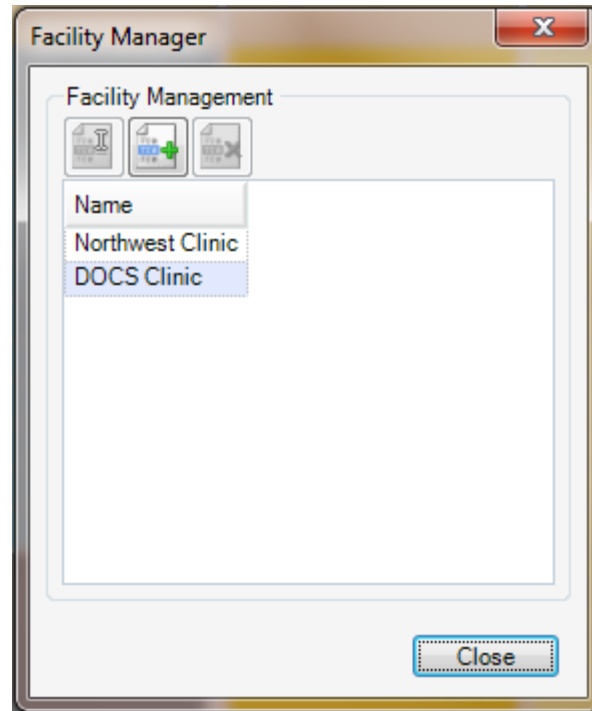
1. Click on the **Scheduler** menu.
2. Click on **Coloring**.
3. Select **Resources**.
4. Click **By Outlines**.

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

Provider/Resource Recurrences

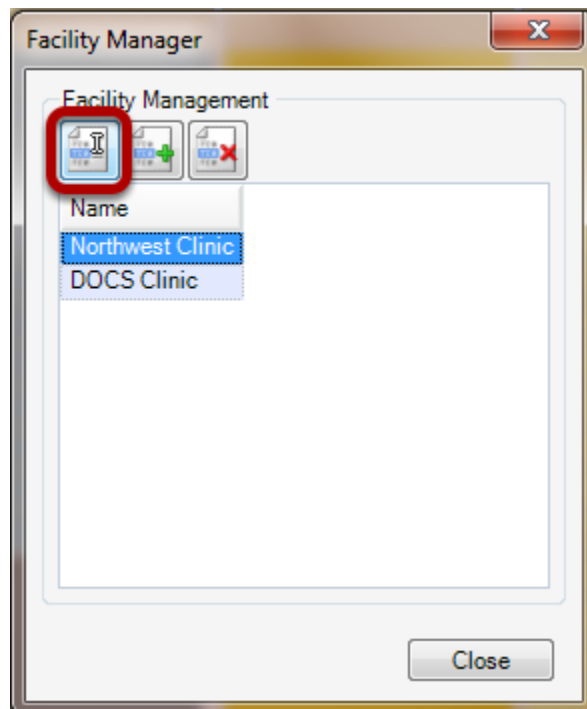
Setup recurring appointments for Providers and Resources to block out their schedule in the intervals selected and not allow any other appointments to be scheduled.

Open the Facility Manager



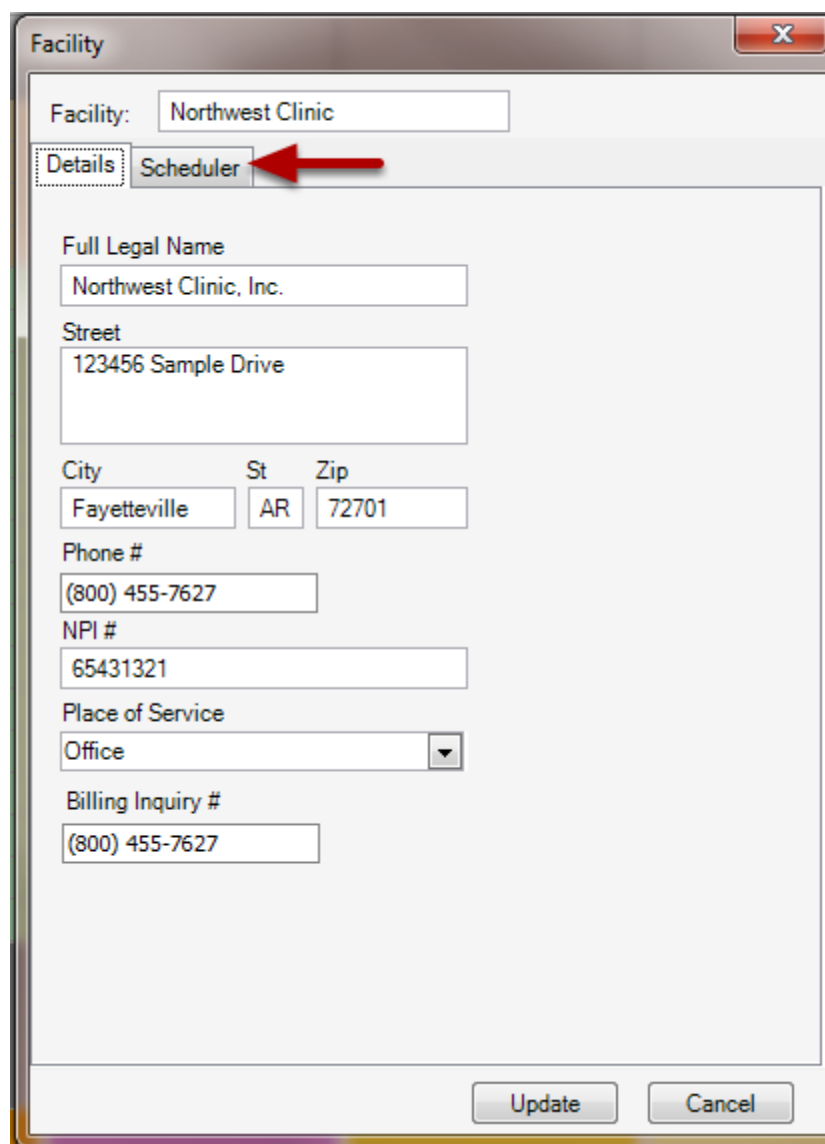
1. Click on the **Tools** menu.
2. Select **Manage Facilities**.

Edit a Facility



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

Select the Scheduler Tab



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

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

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

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

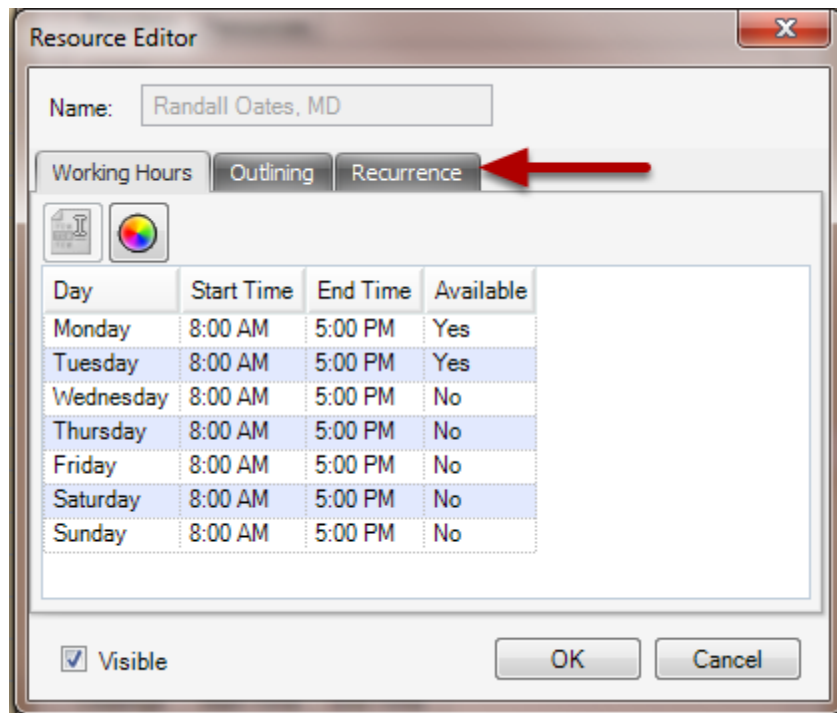
Closings	Start Time	End Time
Christmas	12/25/2010	12/25/2010

Update Cancel

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

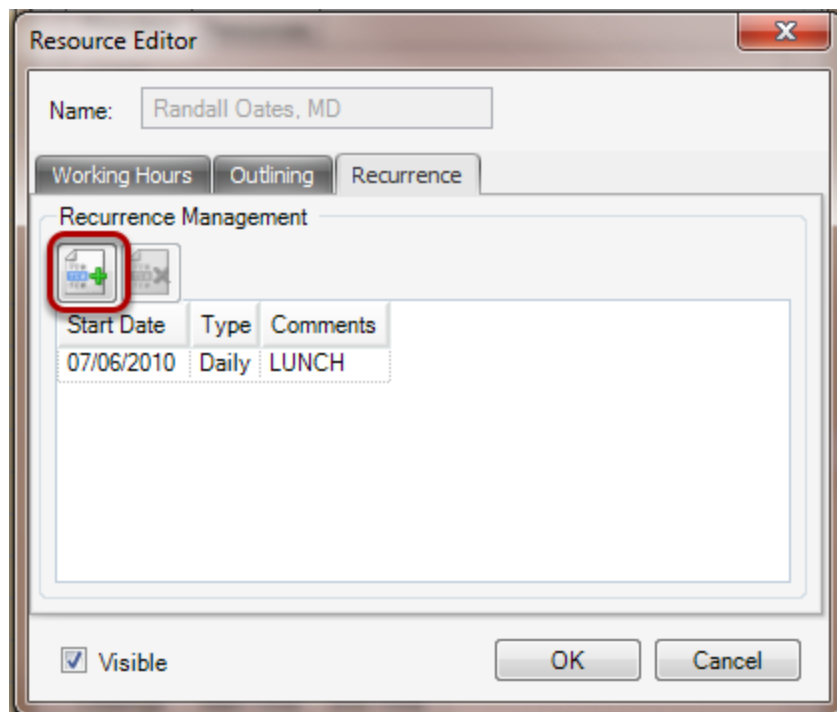
Note: This is the same process for Resources. To Edit a Resource, just click the tab **Resources** and follow the above steps.

Open Recurrence Tab



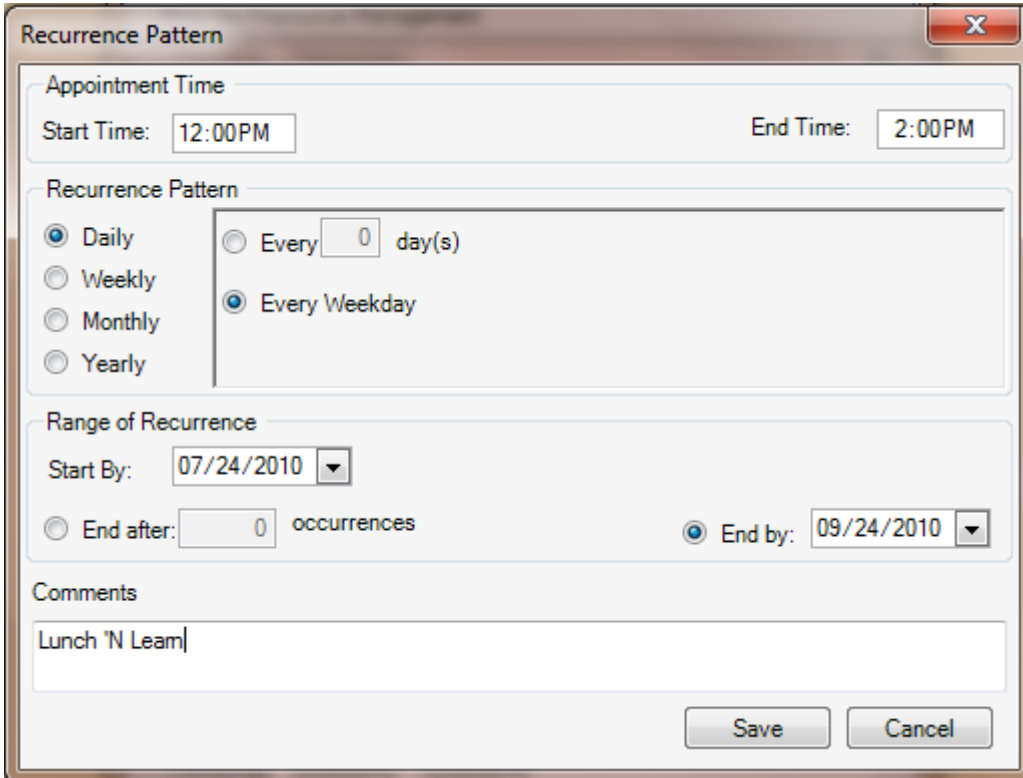
Click on the **Recurrence** tab.

Create a Recurrence



Click the **Add Recurrence**.

Setup the Recurrence.



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

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

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

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

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

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

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

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

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

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

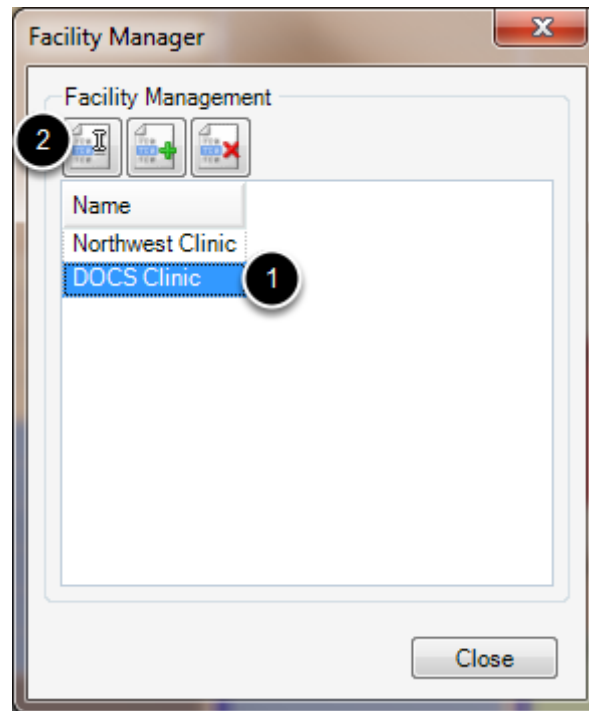
Click **Save**. Repeat this for each recurrence needed for each Provider/Resource needed.

Entering Facility Business Hours

Set up the hours of operation for a facility.

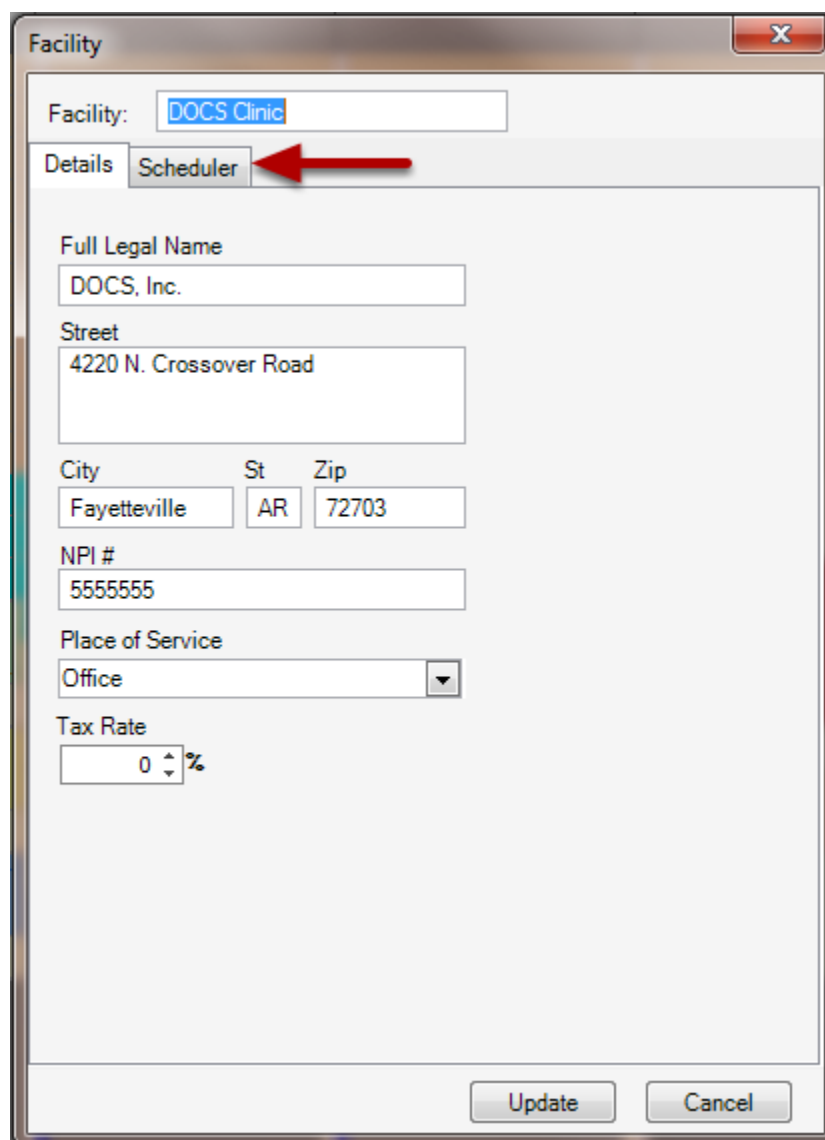
Tools > Manage Facilities

Open the Facility



1. Select the Facility.
2. Click Edit.

Scheduler

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

Facility: DOCS Clinic

Details Scheduler

Full Legal Name
DOCS, Inc.

Street
4220 N. Crossover Road

City St Zip
Fayetteville AR 72703

NPI #
5555555

Place of Service
Office

Tax Rate
0 %

Update Cancel

Click the Scheduler Tab.

Edit Business Hours

The screenshot shows the 'Facility' window with the 'Scheduler' tab selected. The 'Business Hours Management' section is highlighted with a red box. It contains a table with columns: Day, Open Time, Close Time, and Open. The 'Tuesday' row is selected, and a callout '1' points to the 'Open' column for Tuesday. Below this is the 'Facility Closings' section with a table for closings.

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

1. Click on a day of the week.

Edit the day

The screenshot shows the 'Hours' dialog box for 'Tuesday'. It has fields for 'Open Time' (6:00AM), 'Close Time' (6:00PM), and a checkbox for 'Is Open' which is checked. Callouts 1, 2, 3, and 4 point to these elements respectively. The 'OK' and 'Cancel' buttons are at the bottom.

Hours

Tuesday

Open Time: 6:00AM

Close Time: 6:00PM

☒ Is Open

OK Cancel

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: DOCS Clinic

Details Scheduler

Provider/Resource Management

Providers Resources

Name	Visible
Mark Smith	Yes
Sample Doc	No

Business Hours Management

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

Facility Closings

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

Update Cancel

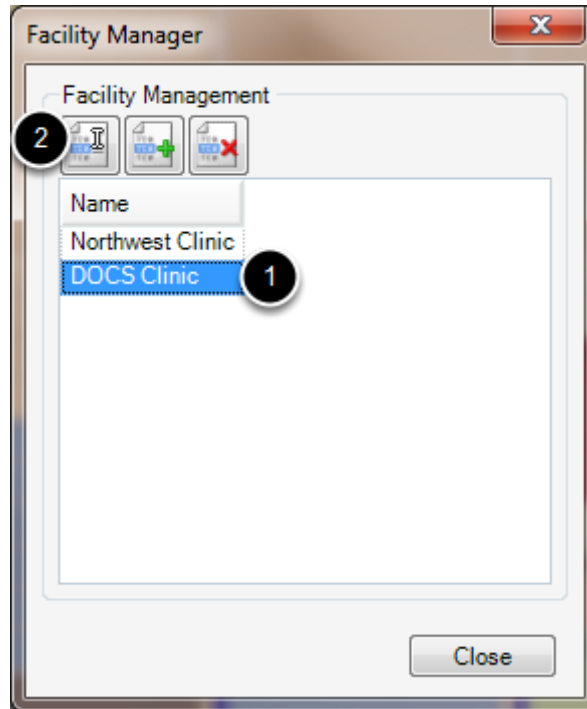
Click the Update button to update the Schedule.

Creating Holidays/Closings

Set up the days the facility will be closed.

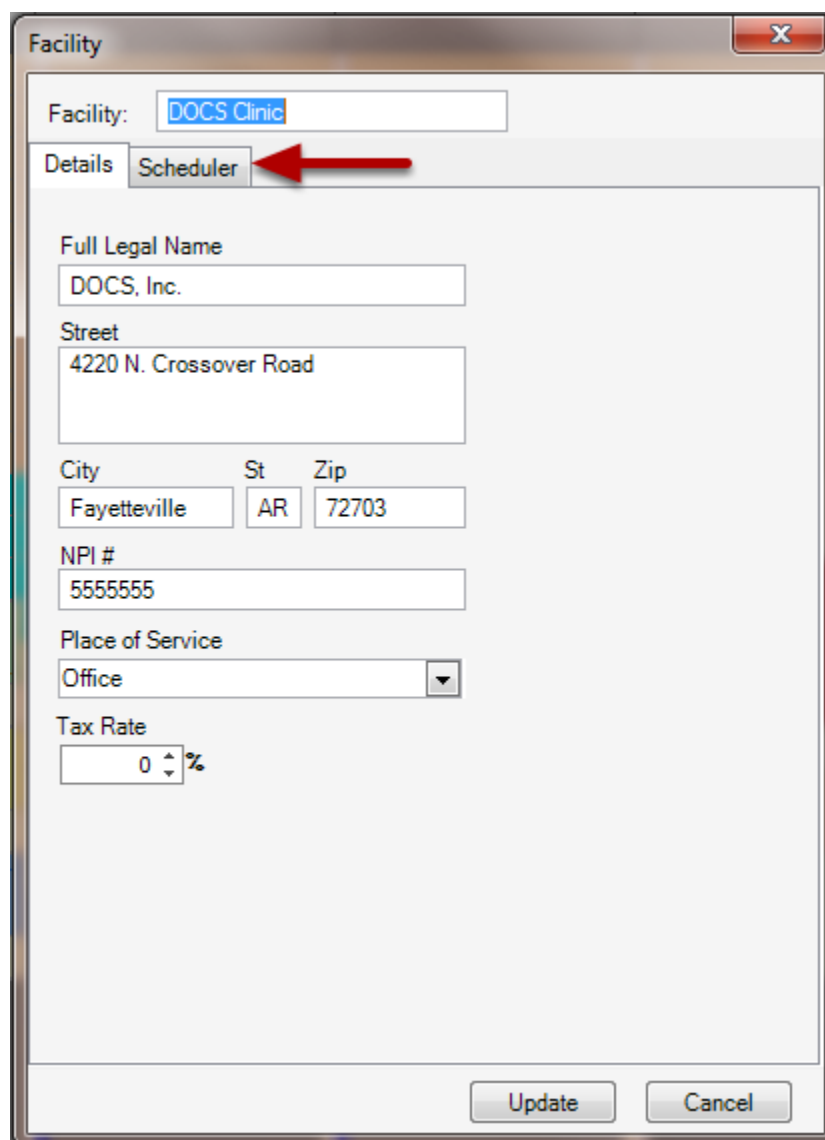
Tools -> Manage Facilities

Open the facility.



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

Click Scheduler.

A screenshot of a software window titled "Facility". At the top, there is a text field labeled "Facility:" containing the text "DOCS Clinic". Below this 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 the value "DOCS, Inc."; "Street" with the value "4220 N. Crossover Road"; "City" with the value "Fayetteville", "St" with the value "AR", and "Zip" with the value "72703"; "NPI #" with the value "5555555"; "Place of Service" with a dropdown menu showing "Office"; and "Tax Rate" with a spinner box set to "0" and a percentage sign. At the bottom right of the window are two buttons: "Update" and "Cancel".

Facility: DOCS Clinic

Details Scheduler

Full Legal Name
DOCS, Inc.

Street
4220 N. Crossover Road

City St Zip
Fayetteville AR 72703

NPI #
5555555

Place of Service
Office

Tax Rate
0 %

Update Cancel

Click the **Scheduler Tab**.

Create Facility Closings.

The screenshot shows the 'Facility' window with the 'Scheduler' tab selected. The 'Facility' dropdown is set to 'DOCS Clinic'. The 'Provider/Resource Management' section has the 'Resources' sub-tab selected, showing a list of resources: Mark Smith (Visible: Yes) and Sample Doc (Visible: No). The 'Business Hours Management' section shows a table of business hours for Monday through Thursday. The 'Facility Closings' section has a red circle around the 'Add Closing' button (a document icon with a green plus sign). Below this button is a table with one row: 'WINTER STORM' with a start time of '01/29/2010' and an end time of '01/29/2010'. The 'Update' and 'Cancel' buttons are at the bottom right.

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

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

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

Edit the day.

The screenshot shows the 'Closing' dialog box. It has three numbered steps: 1. The 'Name' field is set to 'Christmas Day'. 2. The 'Start Date' and 'End Date' fields are both set to '12/25/2010'. 3. The 'OK' button is highlighted. The 'Cancel' button is also visible.

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

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

Update the Schedule.

Facility

Facility: DOCS Clinic

Details Scheduler

Provider/Resource Management

Providers Resources

Name	Visible
Mark Smith	Yes
Sample Doc	No

Business Hours Management

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

Facility Closings

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

Update Cancel

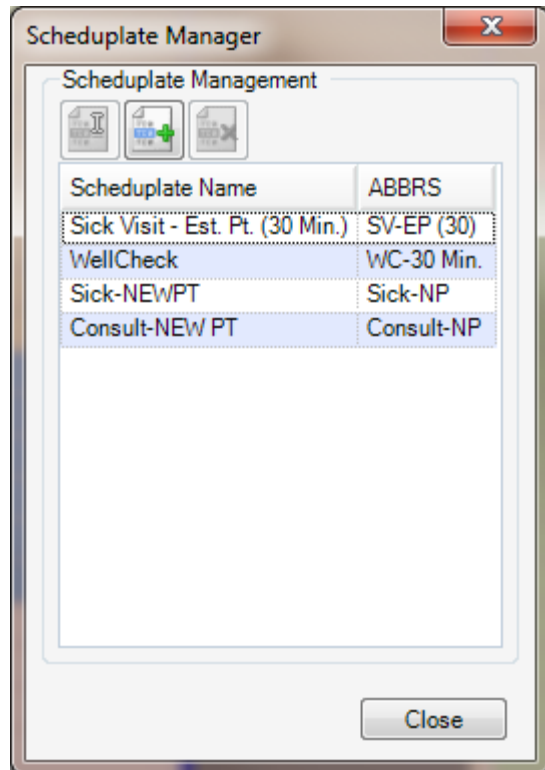
Click the **Update** button to update the Schedule.

Creating Scheduplates

Set up facility appointment types.

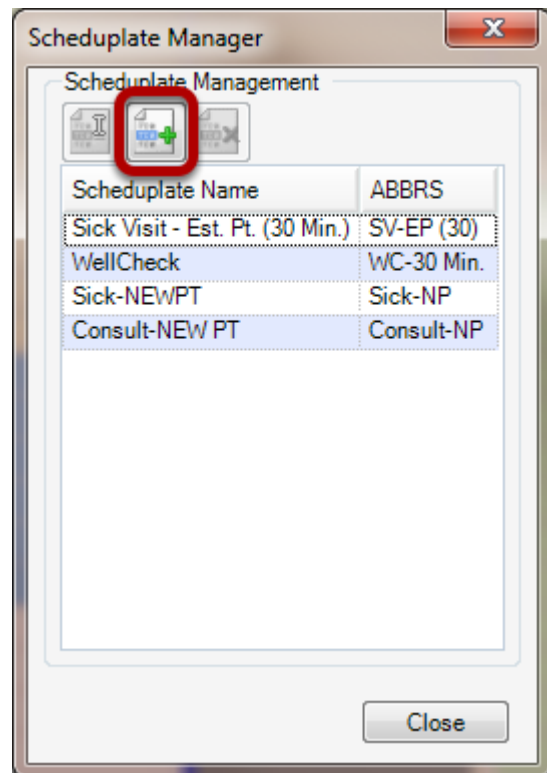
Tools -> Scheduplates

Open the Scheduplate Manager.



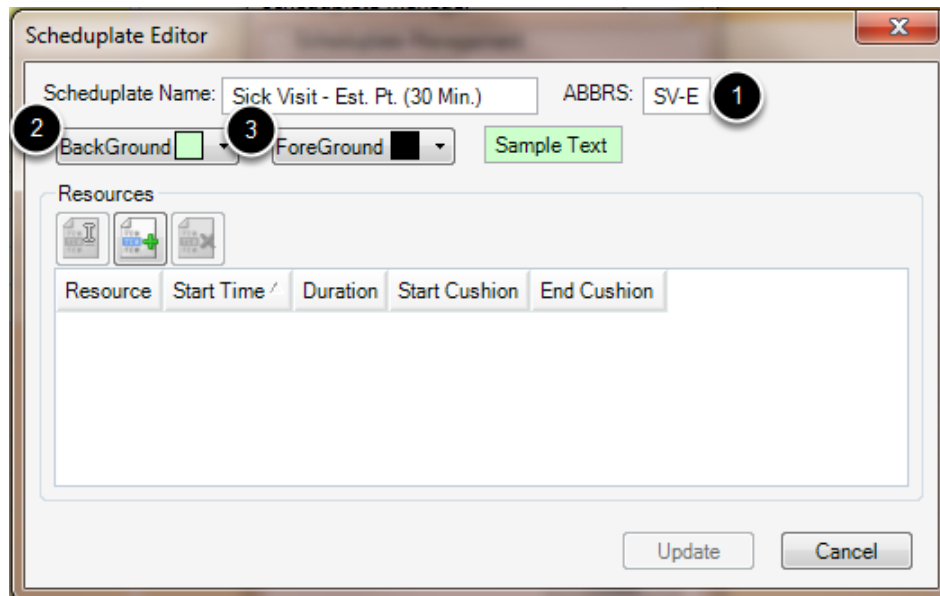
1. Click on the **Scheduler** menu.
2. Select **Manage Scheduplates**.

Add a Scheduplate.



Click the **Create New Template** button.

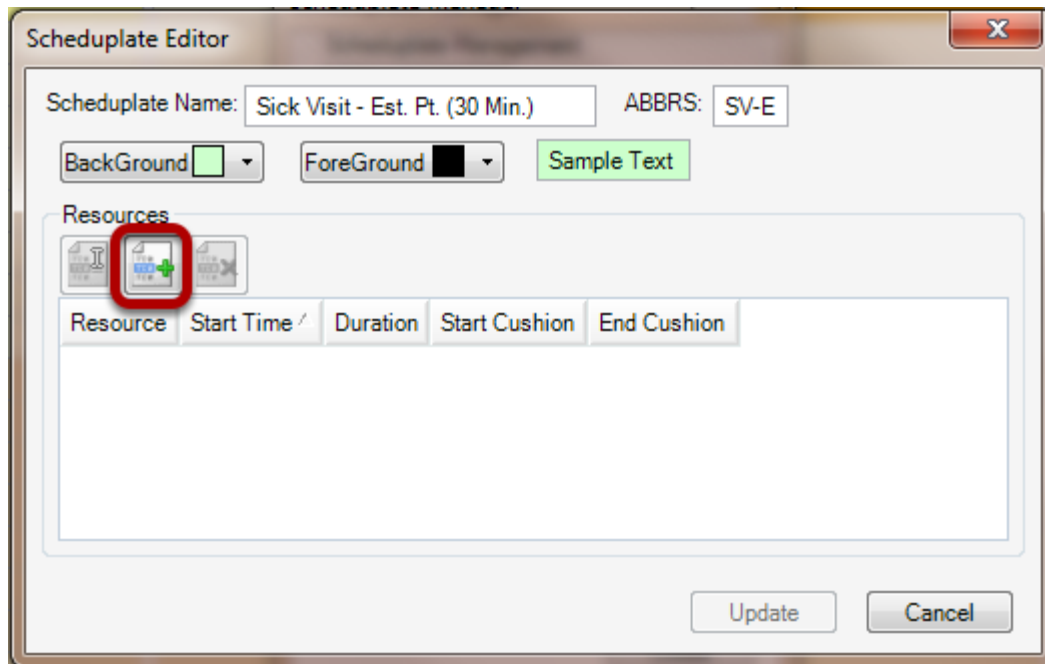
Enter Scheduplate information.



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

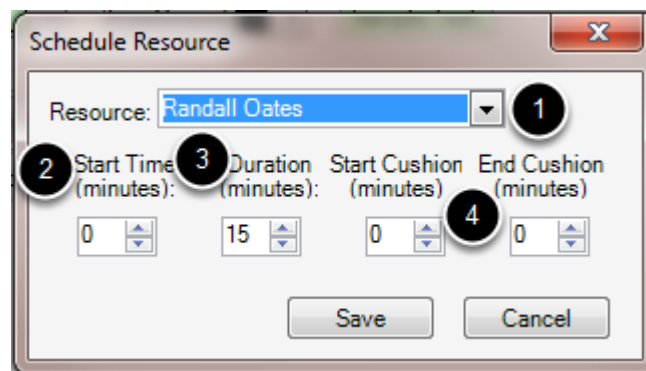
2. Select a **Background** color to show on the appointment.
3. Select a **Foreground** color for the text displayed. (After selecting the background and foreground colors, the sample text will display what the appointment will look like on the Schedule.)

Adding a Resource.



Click the **Add Resource** button.

Entering Resource time.



1. **Select the Resource** to whom the scheduplate will apply.
2. Enter the number of minutes needed, prior to the patient being seen by the Provider/Resource.
3. Enter the **Duration** of the appointment with the resource selected. This indicates the length of time needed with the Resource.
4. The Start Cushion indicates the amount of time needed to prepare the patient for the Provider/Resource's time. **Enter the number of minutes** by typing the number or clicking the

arrows.*

5. The End Cushion allows for any follow up work related to the appointment to be indicated and accounted. **Enter the number of minutes** by typing the number or clicking the arrows.*

6. Click **Save**.

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

Update Scheduplates.

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

Click **Update** to save the scheduplate.

Confirm Scheduled Appointments

Confirm Appointments from Scheduler


Select Patient

The screenshot displays the SOAPware Family Clinic scheduler interface. On the left, a calendar for August 2012 is shown with the 30th day selected. Below the calendar is a 'Today' button and a 'Providers' list with checkboxes for Tammy S. Trent and Randall Oates. The main area shows a schedule for Thursday, August 30, 2012, with columns for Tammy S. Trent and Randall Oates. The schedule is divided into time slots (7 am to 3 pm) with various patient appointments. A red box highlights the first patient appointment, 'OV-25 - Tester, Lester A. -', which is circled with a red line and labeled with a '2'. A '1' is placed above the calendar, and a '2' is placed above the highlighted patient appointment.

1. Select day using the calendar.
2. Double click on first patient to open account.

Change Status

Tester, Lester A.



Tester, Lester A.

Account 15
Chart LTE5454

Date of Birth 2/19/1979 Age 33 Sex Female Status Single

Address 2700 Edison Fayetteville, AR 72703-0123

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

Email lt@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$5,085.00	\$350.00	\$5,435.00
Totals	\$5,085.00	\$350.00	\$5,435.00

Self Pay Co-Pay \$0.00

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

Visit Detail for 8/30/2012 8:30 AM - 8:45 AM (0:15)

Scheduleplate Referral Facility Status

OV-25 - OV-25 min ... Family Clinic

Resources

Date	Start	End	Name
8/30/2012	8:30 AM	8:45 AM	Tammy S. Trent
8/30/2012	8:30 AM	8:45 AM	Nurse Ratched

Voice mail confirmation
Arrived
Cancelled
Completed
No Show
Confirmed

Recurrence Add Resource

Visit Comments

Verification

Insurance Verified

Date

User

Check In

Check In

Take Co-Pay

Visit List

Date	Start	End	Facility	Resource Name	Scheduleplate
8/30/2012	8:30 AM	8:45 AM	Family Clinic	Nurse Ratched, Tammy S. Trent	OV-25 min
7/26/2012	1:30 PM	1:45 PM	Family Clinic	Tammy S. Trent	
6/27/2011	4:00 PM	4:15 PM	Family Clinic	Randall Oates, MD	
2/14/2011	9:00 AM	9:15 AM	Family Clinic	Terrie S. Treat, MD	Well
2/1/2011	9:45 AM	10:00 AM	Family Clinic	Randall Oates, MD	Established Pa...
7/12/2010	11:00 AM	11:30 AM	Family Clinic	Terrie S. Treat, MD, Randall Oates, MD, Nurse Ratched	Established Pa...
6/23/2010	9:45 AM	10:00 AM	Family Clinic	Randall Oates, MD	Established Pa...
3/31/2010	11:15 AM	11:30 AM	Family Clinic	Randall Oates, MD	Established Pa...

Today Print Visit New Visit

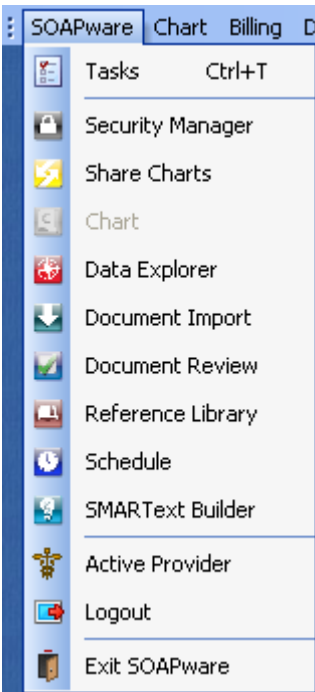
2. Call Patient using information in Patient Info Bar.
3. Change Status.
4. Use arrows to navigate to next or previous account in the schedule for selected day.

Menus and Toolbars

SOAPware Menu

Provide orientation and descriptions of the SOAPware menus.

SOAPware Menu

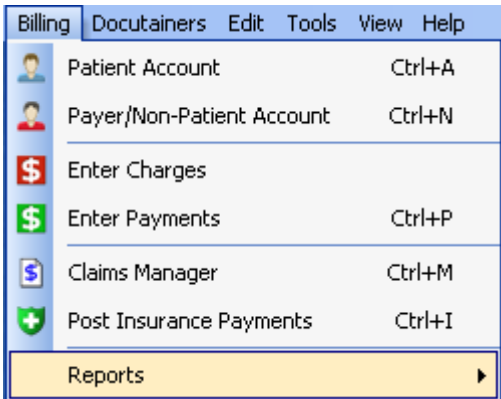


Displays the various workspaces in SOAPware.

Billing Menu

Provide a description and orientation of the Billing menu.

Billing Menu

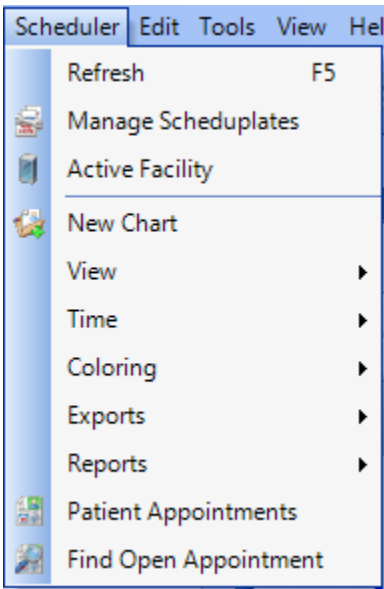


Provides access to the most commonly used billing related activities.

Scheduler Menu

Provide a description an orientation of the Scheduler menu.

Scheduler Menu

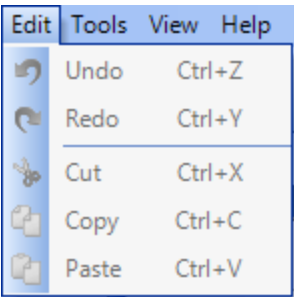


Provides all of the Scheduling options and functionality needed for everyday use of the Schedule.

Edit Menu

Provide a description of the Edit menu.

Edit Menu

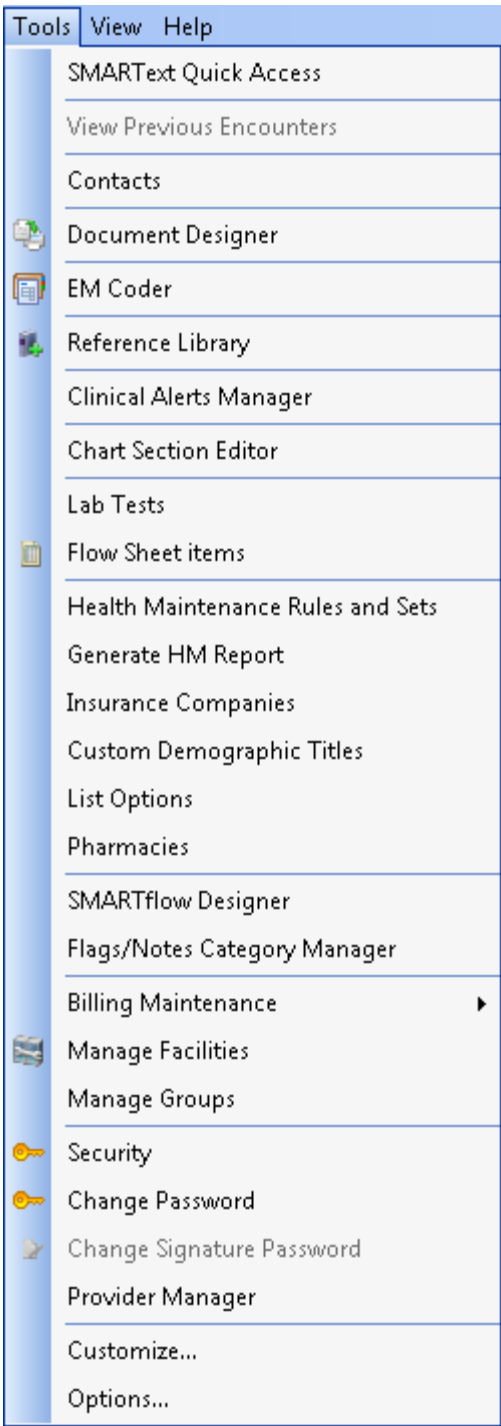


Provides common editing tools.

Tools Menu

Provide a description and orientation of the Tools menu.

Tools Menu

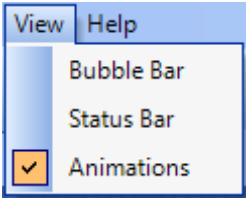


Displays all of the master dialogs for setting up and customizing the SOAPware EMR and PMS.

View Menu

Provide a description of the View menu.

View Menu

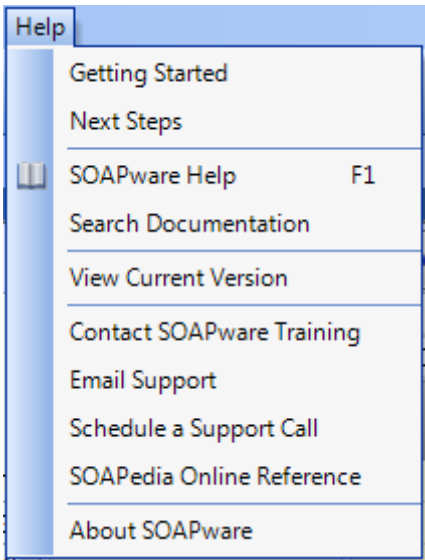


Provides various navigation tools to help with more quickly moving between workspaces.

Help Menu

Provide a description and orientation of the Help menu.

Help Menu



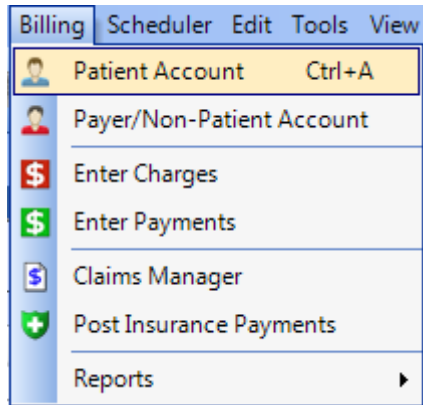
Provides links to all of the available SOAPware resources to help with training and support of SOAPware.

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

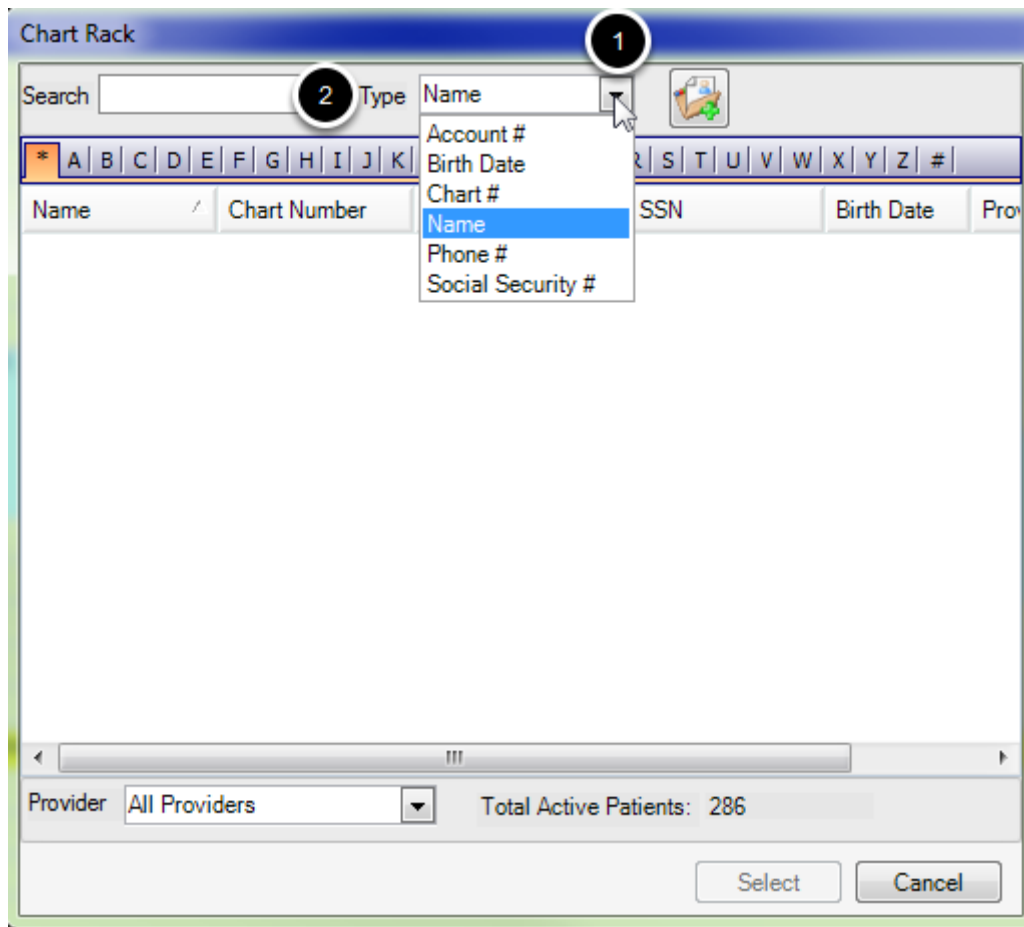


1. Click on the **Billing** menu.
2. Select **Patient Account**.

OR

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

Search for a Patient




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.

Chart rack is re-sizable. Hover over the edge or corner of the chart rack and drag your mouse to re-size.

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

< >

Provider Total Active Patients: 88

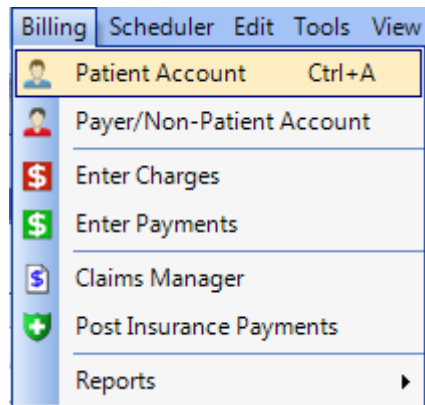
Select Cancel

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

Creating a New Patient

How to create a new Patient Account.

Pull up the Chart Rack

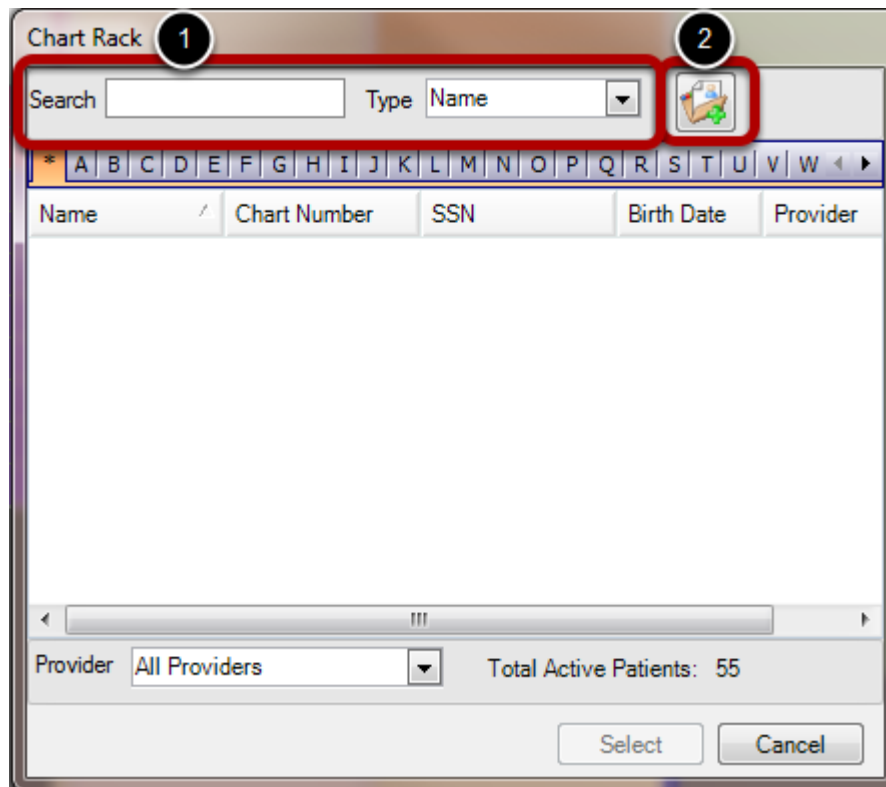


1. Click on the **Billing** menu.
2. Select **Patient Account**.

OR

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

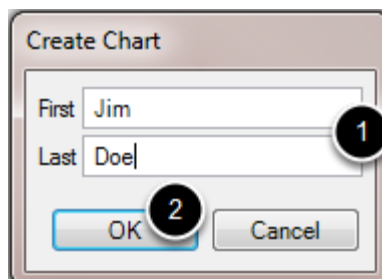
Create a New Patient



The screenshot shows the 'Chart Rack' window. At the top, there is a search bar with a 'Search' label and a 'Type' dropdown menu set to 'Name'. To the right of the search bar is a 'Create Chart' button, which is a green icon with a plus sign. Both the search bar and the 'Create Chart' button are circled in red. Below the search bar is a horizontal list of letters from A to W, each in a small box. Below the letters is a table with columns: Name, Chart Number, SSN, Birth Date, and Provider. The table is currently empty. At the bottom of the window, there is a 'Provider' dropdown menu set to 'All Providers' and a 'Total Active Patients: 55' label. At the very bottom are 'Select' and 'Cancel' buttons. Two callout boxes with numbers 1 and 2 are present: callout 1 points to the search bar, and callout 2 points to the 'Create Chart' button.

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' and 'Last'. The 'First' field contains the text 'Jim' and the 'Last' field contains the text 'Doe'. Below the input fields are two buttons: 'OK' and 'Cancel'. The 'OK' button is highlighted with a blue border. Two callout boxes with numbers 1 and 2 are present: callout 1 points to the 'Last' input field, and callout 2 points to 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
Jim

SSN Birth Date Age Chart
555-55-5555 5/27/1970 39

Marital Status Gender
Married Male

Race Ethnicity Language

Address
Street
432 Test Drive

City State Zip
Some City AR 72701-____

Contact Information

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

Email
jdoe@email.com

☒ Exclude From Data Explorer

Patient Picture
No image data
Load Clear

Primary Provider
Randall Oates

Referring Provider
Schmo, Joe ... X

PCP
Oates, Randall ... X

Preferred Pharmacy
Wal-Mart Neighb... + X

Billing Information

Guarantor
+ Self

Financial Class
Self Pay

Student Status
Non-student

General

Add Scan


Enter demographic information as provided.

Patient Information Bar

Show the highlights of the Patient Account Information bar.

Patient Information At-A-Glance

Winkle, Perry B.



Winkle, Perry B.

Account 91
Chart 91

Date of Birth 3/31/1970 Age 42 Sex Male Status Single

Address 199 Elm St Springdale, AR 72764

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

Email pw@email.com

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$30.00	\$1,910.00	\$1,940.00
Totals	\$30.00	\$1,910.00	\$1,940.00

☐ Self Pay Co-Pay \$30.00

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

Patient Information

Title First Middle Last Suffix

SSN Birth Date Age Chart

112-33-4556 3/31/1970 42 91

Marital Status Gender

Single Male

Race Ethnicity Language

Unknown Unknown X Abkhaz

Address

Street

199 Elm St

City State Zip

Springdale AR 72764

Contact Information

Home Phone Work Phone Cell Phone

(479) 555-1234 (479) 555-5678 (479) 555-7890

Email

pw@email.com

Primary Contact Method Secondary Contact Method


☐ Exclude From Data Explorer ☐ Enroll for Online Access

myHEATHware ID

Notes -

General

Patient Picture



Load Clear

Primary Provider

Randall Oates

Referring Provider

X Iam, Sam R., Jr.

PCP

X Iam, Sam R., Jr.

Preferred Pharmacy

Billing Information

Guarantor

Financial Class

Commerical Ins

Student Status

Print Add Scan


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

Schedule Tab

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

Schedule Tab - Patient Appointments

Jim, Slim T.



Jim, Slim T.

Account 34
Chart 68332

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

Address 1539 COUNTY LINE RD Home Town, AR 72711

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

Email jslim@email.com

Balances

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

☐ Self Pay Co-Pay \$20.00

Schedule Demographics Insurance Custom Ledger Family Claims Statements New Charges

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

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

Resources

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

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

Verification Insurance Verified Date 4/27/2010 User randalloates

Check In Check In Take Co-Pay

Visit List

Date	Start	End	Facility	Resource Name	Scheduplate
4/30/2010	11:30 AM	12:15 PM	DOCS Clinic	David C. Smith	
4/27/2010	7:45 AM	8:00 AM	DOCS Clinic	Randall Oates	Sick Visit - Est. ...
4/23/2010	8:45 AM	9:15 AM	DOCS Clinic	Randall Oates	Sick Visit - Est. ...
4/22/2010	2:00 PM	2:15 PM	DOCS Clinic	David C. Smith	
4/22/2010	8:45 AM	9:00 AM	DOCS Clinic	Sarah Slim	
4/21/2010	1:45 AM	12:00 PM	DOCS Clinic		Sick Visit - Est. ...
4/20/2010	10:15 AM	10:30 AM	DOCS Clinic	Ben Jim	

Today Print Visit New Visit

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

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

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

Note: If appointment is moved, or rescheduled, the verification will have to be rechecked

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

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

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


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

14. Print Visit: Prints out the selected visit.

15. New Visit: Creates a new appointment for the patient.

Confirming Patient Appointments

Jim, Slim T.



Jim, Slim T.

Account 34
Chart 68332

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

Address 1539 COUNTY LINE RD Home Town, AR 72711

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

Email jslim@email.com

Balances

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

☐ Self Pay Co-Pay \$20.00

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

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

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

Resources

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

Visit Comments

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

Verification Insurance Verified Date 4/27/2010 User randalloates

Check In Check In Take Co-Pay

Visit List

Date	Start	End	Facility	Resource Name	Scheduplate
4/30/2010	11:30 AM	12:15 PM	DOCS Clinic	David C. Smith	
4/27/2010	7:45 AM	8:00 AM	DOCS Clinic	Randall Oates	Sick Visit - Est. ...
4/23/2010	8:45 AM	9:15 AM	DOCS Clinic	Randall Oates	Sick Visit - Est. ...
4/22/2010	2:00 PM	2:15 PM	DOCS Clinic	David C. Smith	
4/22/2010	8:45 AM	9:00 AM	DOCS Clinic	Sarah Slim	
4/21/2010	1:45 AM	12:00 PM	DOCS Clinic		Sick Visit - Est. ...
4/20/2010	10:15 AM	10:30 AM	DOCS Clinic	Ben Jim	

Today Print Visit New Visit

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


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

Demographics Tab

Patient Demographic Information

Patient Demographics

Winters, Somer



Winters, Somer F.

Account 45
Chart 11111

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

Address 2700 Edison Springdale, AR 72703-1234

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

Email somerwinters@email.com

Balances			
	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$308.00	\$1,661.00	\$1,969.00
Totals	\$308.00	\$1,661.00	\$1,969.00

☐ Self Pay Co-Pay \$10.00

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

Patient Information

Title 1 First Middle Last Suffix

SSN 2 Birth Date 3 Age Chart

Marital Status 4 Gender 5

Race 6 Ethnicity 7 Language 8

Address 9

City State Zip

Contact Information 10

Home Phone Work Phone Cell Phone


Email

Primary Contact Secondary Contact

☒ Exclude From Data Explorer ☐ Enroll for Online Access

Notes - 18

Patient Picture



Load Clear

Primary Provider 11

Referring Provider 12

PCP 13

Preferred Pharmacy 14

Billing Information

Guarantor 15

Financial Class 16

Student Status 17

General

Print 19 Add Scan 20

1. **Patient Name:** Title, First Name, Middle Initial, Last Name, Suffix
2. **SSN:** Social Security Number
3. **Birth Date:** Date of Birth is entered manually, and Age is automatically calculated.
4. **Marital Status**
5. **Gender:** Patient sex
6. **Race:** Important for meaningful use guidelines
7. **Ethnicity:** Important for meaningful use guidelines
8. **Language:** Important for meaningful use guidelines

9. Patient Address

10. Contact Information: Phone and Email

11. Primary Provider: Provider within the Clinic that is treating the patient

12. Referring Provider: External provider who referred the patient to the clinic

13. Primary Care Physician

14. Preferred Pharmacy: Default pharmacy for sending the patient's prescriptions

15. Guarantor: Person/Entity that is financially responsible for the patient's account and balance

16. Financial Class: Indication of the patient's financial position.

17. Student Status: Indicates whether the student is an active student

18. Notes: Enter Internal notes pertaining to patient account

19. Print: Print patient demographics

20. Add Scan: Allows documents and forms to be scanned in as part of the patient's demographic profile. (The scanned document goes next to the General tab as a reference document.)

Insurance Demographics Tab

Add patient insurance information to account

Patient Insurance Policies

Winters, Somer F.

Winters, Somer F. Account 45 Chart 11111

Date of Birth 4/19/1985 Age 27 Sex Female Status Married

Address 2700 Edison Springdale, AR 72703-1234

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

Email somerwinters@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$15.00	\$594.50	\$609.50
Totals	\$15.00	\$594.50	\$609.50

Self Pay Co-Pay \$0.00

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

Primary

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

Primary Primary Secondary Tertiary Inactive

Secondary

Company Arkansas Medicaid Insured Somer Winters Effective to Policy # 5321321 Co-Pay \$0.00

View

+ New Insurance Show Inactive

Insurance Copy of card

Print Check Eligibility Add Scan

1. Primary Insurance Policy

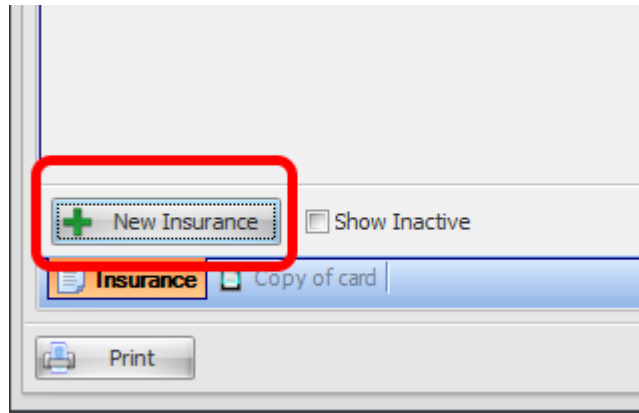
2. Secondary Insurance Policy

3. Change filing status: Change the policy to Primary, Secondary, Tertiary or Inactivate a policy by dropping down and selecting from the list.

4. View: Displays details of the patient's insurance policy

5. Scanned Insurance Card(s): Display as tabs on the Insurance tab for reference

Adding a New Insurance Policy



Click the **Add New Policy** button

Primary Insurance Policy Information

The screenshot shows the 'Insurance Policy' form with the following sections highlighted by red boxes:

- Type/Company Section:** Includes 'Type' (Primary Health Insurance), 'Company' (AARP), and company address/phone details.
- Policy Information Section:** Includes 'Policy # Type' (Member ID), 'Policy #', 'Group #', 'Effective' date, 'Plan Name', 'Group Name', and 'Expires' date.
- Payment Options Section:** Includes 'Co-Pay' (\$10.00), 'Co-Ins' (0%), 'Status' (Primary), and 'Fee Sched' (Default).

The **Insured Information** section on the right includes fields for 'Relation', 'Is Person', 'Name' (First, Middle, Last, Suffix), 'Address', 'City', 'State', 'Zip', 'Soc. Sec. #', 'Birthday', 'Gender' (Male/Female), and 'Phone'.

At the bottom is a 'Notes' text area and 'Save' and 'Cancel' buttons.

Type-Select policy type from drop down list. (For informational purposes only)

Company-Select from list of insurance companies. This is the listing created when setting up insurance companies from Tools->Insurance Companies.

Policy Information

Policy # Type-Select **Member ID**-the subscriber's identification number as assigned by the payer. (For example, Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.) Or select **Unique Health ID**-Required if the HIPAA Individual Patient Identifier is mandated use. If not required, select Member ID.

Policy #-Enter insurance information exactly as shown on patient's insurance card.

Payment Options

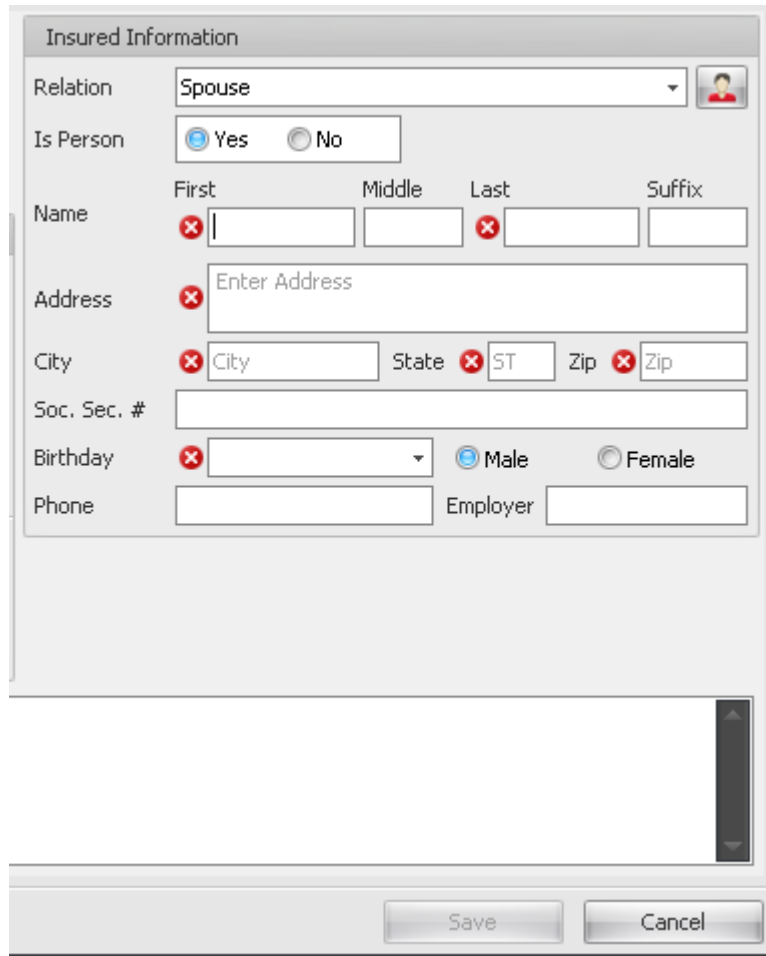
Co-Pay or **Co-Insurance** amounts. The amount entered in the Co-Pay can be viewed at a glance in the patients information bar for reference. **Status**-Primary, Secondary, Tertiary or Inactive.

Fee Schedule-Defaults to the fee schedule selected in the Insurance Company setup.


Insured Information

This section defaults to the patient information entered in the demographics tab. If the patient is the insured, no changes are necessary. If the insured is someone other than the patient, you will need to enter that info here. Please see next step.

Relation to Insured is other than Self



The image shows a software window titled "Insured Information". It contains several fields for entering data about an insured person. The "Relation" dropdown is set to "Spouse". The "Is Person" section has "Yes" selected. The "Name" section has four fields: "First", "Middle", "Last", and "Suffix", each with a red "X" icon. The "Address" field has a red "X" icon and the text "Enter Address". The "City" field has a red "X" icon and the text "City". The "State" field has a red "X" icon and the text "ST". The "Zip" field has a red "X" icon and the text "Zip". The "Soc. Sec. #" field is empty. The "Birthday" field has a red "X" icon and a dropdown arrow. The "Gender" section has "Male" selected. The "Phone" and "Employer" fields are empty. At the bottom right are "Save" and "Cancel" buttons.

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

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

Relation-Choose the patient's relationship to the insured from the drop down list.

Is Person- Select Yes if the insured is a person or No if the insured is a non-person entity.

Name-Enter the insured information in the fields provided.

Medicare Secondary Payer Insurance Policy Setup

The screenshot shows the 'Insurance Policy' window with the 'Medicare' company selected. The 'Medicare Secondary Type' dropdown menu is open, displaying a list of options. The options are:

- Black Lung - 41
- Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP) - 43
- End-Stage Renal Disease Beneficiary in the Mandated Coordination Period with an Employer's Group Health Plan - 13
- No-fault Insurance including Auto is Primary - 14
- Other Liability Insurance is Primary - 47
- Public Health Service (PHS) or Other Federal Agency - 16


The 'Medicare Secondary Type' dropdown is highlighted with a red box. The 'Insured Information' section shows the patient's name as 'Somer Winters' and address as '2700 Edison'. The 'Policy # Type' is set to 'Member ID'.

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

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

Check Insurance Eligibility

Winters, Somer F.



Winters, Somer F.
Account 45
Chart 11111
Date of Birth 4/19/1985 **Age** 27 **Sex** Female **Status** Married
Address 2700 Edison Springdale, AR 72703-1234
Home (479) 555-4444 **Work** (479) 555-7777 **Cell** (479) 555-5555
Email somerwinters@email.com

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$15.00	\$594.50	\$609.50
Totals	\$15.00	\$594.50	\$609.50

☐ Self Pay Co-Pay \$0.00

Schedule

Demographics

Insurance

Custom

Flags/Notes

Ledger

Family

Claims

Statements

New Charges

Primary

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

Secondary

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

+ New Insurance

☐ Show Inactive

Insurance

Copy of card

Print

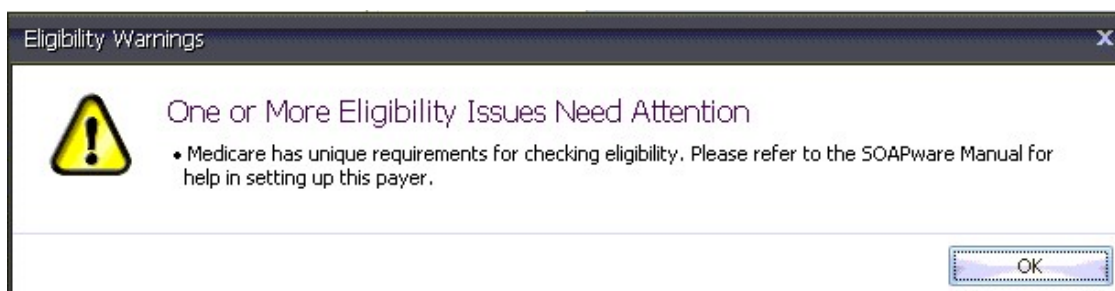
Check Eligibility

Add Scan

1. Click Check Eligibility Button to download patient insurance eligibility. Download will begin automatically.
2. Click to Add Scan. For information on adding scanners, please click on the link. [Scanning Set-Up & Options.](#)

Practice Management 2012 User Manual - 182

Eligibility Warnings



Some payers require a legacy ID or Tax ID for checking eligibility. If this message pops up when checking eligibility, please click on link and refer to step 13 in the Insurance Company Setup.

[Setup Insurance Company](#)

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

Custom Fields:

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	

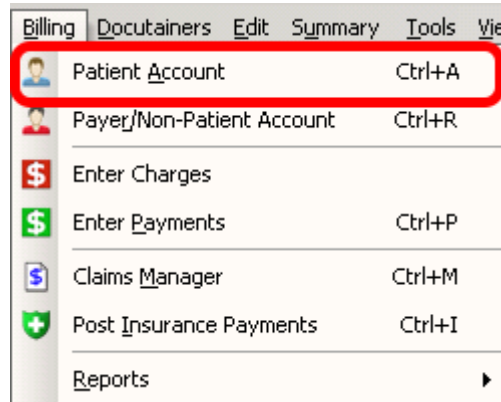
Custom

Add Scan

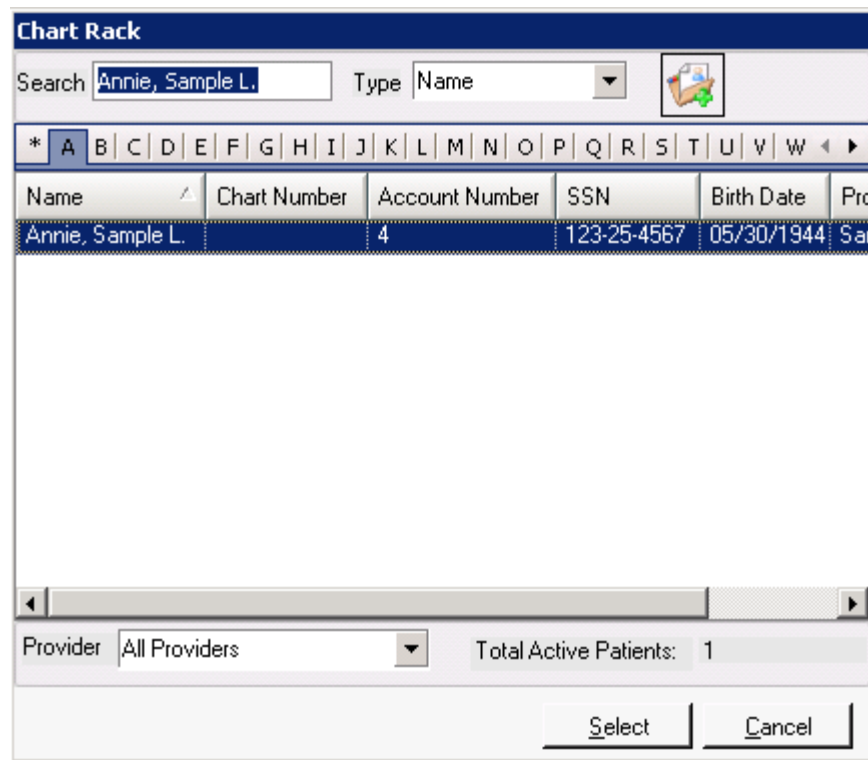
Allows unique patient information to be tracked and entered based on the clinic's preferences.

Flags/Notes Tab

Patient Account: Flags/Notes




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



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

Annie, Sample L.



Annie, Sample L.

Account 4
Chart

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

Address 4220 N. Elm Marysville, AR 72777

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

Email alc@email.com

\$ Balances			
	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$0.00	\$0.00
Totals	\$0.00	\$0.00	\$0.00

☐ Self Pay Co-Pay \$20.00

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

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


4 Add Note

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

Ledger Tab

A summary of the patient's financial activity.

Ledger Tab - Financial Summary



Turner, Mollie R.

Account 26
Chart MT1234

Date of Birth 1/13/2004 Age 9 Sex Female Status Single

Address 987 Seventh St Springdale, AR 72764

Home (479) 555-5555 Work (479) 555-6666 Cell (479) 555-7777

Email mt@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$170.00	\$2,462.25	\$2,632.25
Totals	\$170.00	\$2,462.25	\$2,632.25

☐ Self Pay Co-Pay \$30.00

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

Unapplied Co-Pay \$0.00 Unapplied Pre-Pay \$100.00

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
3/26/2013	3/26/2013	Randall Oates	0012F	CAP BACTERIAL ...	\$20.00	1.0	\$20.00			\$20.00	\$20.00
3/18/2013	3/18/2013	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00			\$120.00	\$140.00
3/18/2013	3/18/2013	Randall Oates	99201	New Pt 10mn	\$150.00	1.0	\$150.00			\$150.00	\$290.00
3/18/2013	1/1/2013	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$30.00		\$90.00	\$380.00
3/18/2013			Co-Pay	Credit Card:				\$30.00			
2/25/2013			Ins Adj	Insurance Adjust...					\$25.00		
2/21/2013	2/21/2013	Randall Oates	99214	OFFICE/OUTPAT...	\$145.00	1.0	\$145.00			\$145.00	\$525.00
2/21/2013	1/31/2013	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00			\$120.00	\$645.00
1/31/2013			Pre-Pay	Credit Card:				\$400.00			
1/31/2013	1/31/2013	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$780.00
1/31/2013	1/31/2013	Randall Oates	71020	CHEST X-RAY	\$100.00	5.0	\$500.00			\$500.00	\$1,280.00
1/28/2013			Co-Pay	Cash:				\$30.00			
1/28/2013	1/28/2013	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$30.00		\$105.00	\$1,385.00
1/28/2013	1/28/2013	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00			\$120.00	\$1,505.00
1/24/2013	1/24/2013	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$1,640.00
1/24/2013	1/24/2013	Randall Oates	71020	CHEST X-RAY	\$100.00	1.0	\$100.00			\$100.00	\$1,740.00
1/7/2013	10/22/2...	Tammy Test	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$1,875.00
1/7/2013	11/1/2012	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00			\$120.00	\$1,995.00
10/31/2012			Ins Pymt	Blue Shield IN Py...				\$50.00			
10/29/2012			700	Transfer credit b...					\$20.00		
10/29/2012	10/29/2...	Randall Oates	99214	OFFICE/OUTPAT...	\$181.25	1.0	\$181.25		\$20.00	\$161.25	\$2,156.25
10/22/2012			Ins Pymt	Met Advantage ...				\$30.00			
10/22/2012	10/22/2...	Randall Oates	99212	Office Visit Limite...	\$150.00	1.0	\$150.00	\$30.00		\$120.00	\$2,276.25
10/22/2012	10/22/2...	Randall Oates	99212	Office Visit Limite...	\$150.00	1.0	\$150.00	\$150.00		\$0.00	\$2,276.25
10/22/2012	10/22/2...	Randall Oates	99212	Office Visit Limite...	\$150.00	1.0	\$150.00			\$150.00	\$2,426.25
10/22/2012	10/22/2...	Randall Oates	99212	Office Visit Limite...	\$150.00	1.0	\$150.00	\$90.00		\$60.00	\$2,486.25
9/10/2012	9/10/2012	Tammy Test	99212	Office Visit Limite...	\$150.00	1.0	\$150.00	\$150.00		\$0.00	\$2,486.25
					\$13,250.25		\$13,810.25	\$11,318.00	(\$140.00)	\$2,632.25	\$2,632.25

Print Receipt 4

5 Create Claim 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

5. Create Claim: Create a Claim for visits posted prior to insurance information received. If a visit has already had claims produced, see Claims tab.

Payment lines are displayed in green shading, Adjustment lines in blue.

Charge Details

Charge Details

Service From: 3/19/2013 Service To: 3/19/2013 Provider: Randall Oates Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: 6 Add Code
DX: 786.50 Description: Chest pain, unspecified

Modifiers: 7 Add Code
Code: Description

Omit from Claim: ☐ Notes: 8

File Information 9 Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Pick-Up Address: Street: <None> Street 2: <None> City: <None> State: Zip Code: <None> Drop-Off: Street: <None>

Ambulance Certification: Admitted to a hospital: Do Not Send No Yes Moved by stretcher: Do Not Send No Yes Unconscious or in shock: Do Not Send No Yes Transported in an emergency situation: Do Not Send No Yes Physically restrained: Do Not Send No Yes Visible Hemorrhaging: Do Not Send No Yes

Amounts Details: 10 Payments/Adjustments: 10

Date	Name/Description	Amount
3/19/2013	Winters, Somer F.	\$25.00
3/19/2013	Testing Adjustment description	\$23.00
		\$48.00

Totals: 11 Charges: \$135.00 Pay/Adjust: \$48.00 Balance: \$87.00

Quick Misc Details: 12 Facility: Professional Group EPSDT: Emergency Family Plan Supplemental

Save Cancel

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

1. Dates of Service

2. Rendering Provider

3. Procedure Code
4. Units billed
5. Charge per Unit
6. Associated Diagnosis Codes
7. Associated Modifiers
8. Miscellaneous notes applying to the charge
9. Additional/Situational details relating to the procedure/charge at the charge level (Loop 2400)
10. Payments or Adjustments that have been applied towards the charge.
11. Totals for the Charges, Personal or Insurance Payments, Adjustments and Related Balance
12. Miscellaneous details pertaining to the charge

Personal Payment Details

Payment Detail

Payer Details 1 Winters, Somer F. Birthday 4/19/1985 Age 27 2700 Edison Springdale, AR 72703-1234	Payment Details 2 Type: Payment Date: 3/19/2013 Method: Credit Card Reference: Amount: \$25.00	Comments 3 <div style="border: 1px solid gray; height: 100px;"></div>
--	--	---

Applied Charges

Date	Patient	Provider	Code	Description	Charge	Applied
3/19/2013	Somer F Winters	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	\$135.00	\$25.00 4

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):** 3/19/2013
- Code (2):** 800
- Description (3):** Testing Adjustment description
- Amount (4):** \$23.00
- Note:** (Empty text area)

Applied Charges Section:

Date	Patient	Provider	Code	Description	Charge	Applied (5)
3/19/2013	Winters, Somer F	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	\$135.00	\$23.00

A red box highlights the "Applied" column header and the value "\$23.00" in the first row. A "Close" button is located at the bottom right of the window.

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** **2** Add Dependent

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 patients claims and any related claim details.

Patient Claims View

Winters, Somer F.



Winters, Somer F.

Account 45
Chart 11111

Date of Birth 4/19/1985 Age 27 Sex Female Status Married

Address 2700 Edison Springdale, AR 72703-1234

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

Email somerwinters@email.com

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$24.50	\$1,422.00	\$1,446.50
Totals	\$24.50	\$1,422.00	\$1,446.50

☐ Self Pay Co-Pay \$30.00

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

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	3/1/2013	3/8/2013	1148	Randall Oates	BCBS AR	E	Medicare	P	\$150.00	\$150.00	Primary	Submitted
X	3/13/2013	4/1/2013	1154	Randall Oates	BCBS AR	E	Medicare	P	\$300.00	\$300.00	Primary	Submitted
X	3/19/2013	4/1/2013	1167	Randall Oates	BCBS AR	E	Medicare	P	\$135.00	\$87.00	Primary	Submitted
X	3/26/2013	4/1/2013	1168	Randall Oates	BCBS AR	E	Medicare	P	\$160.00	\$160.00	Primary	Submitted
X	3/29/2013	3/29/2013	1181	Tammy Test	BCBS AR	E	Medicare	P	\$160.00	\$160.00	Primary	Submitted
X	3/29/2013	3/29/2013	1182	Tammy Test	BCBS AR	E	Medicare	P	\$120.00	\$120.00	Primary	Submitted

Claim Details

Details for Claim 1148

Post Date 3/1/2013 Member ID 1234567890 Patient Group Number DY123

Process Date 3/8/2013 Rendering Provider Randall Oates

Routing E Rendering NPI 1215067822

Primary

Policy BCBS AR

Route ☒ Paper ☐ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

Secondary

Policy Medicare

Route ☒ Paper ☐ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

☐ Processed ☐ On Hold

Claim Notes

Submitted on 3/8/2013

File With Primary

\$ Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	3/1/2013	Randall Oates	00124	ANESTH, EAR EXAM	\$150.00	\$150.00	\$150.00

\$150.00 \$150.00

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**.

5. Patients **Primary** insurance Policy.

6. Patients **Secondary** insurance Policy

7. To change the Status of a claim:

On Hold: If making changes, place a check mark in the On Hold box to move a claim to that section in the Claims Manager. The claim must be Rebuilt to include changes on the the visit.

Processed: If you want to make the balance on a claim the patients responsibility, place a check mark in Processed box.

If the claim is in the Claims Manager, this will also remove it from the Claims Manager.

If a claim is in the Processed status, but you want to resubmit to insurance and make it Insurance pending status, you can click to take the check mark out and resubmit claim.

8. **File With:** Drop down to select Primary or Secondary policy. If a secondary claim has been generated, and the primary payer has automatically forwarded it to the secondary payer, remove the claim from the Claims Manager by selecting the Crossover option from the list.

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

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

Statements Tab

View any patient statements that have been sent out and reproduce with the click of a button. Hold patient statements if you do not want a patient to receive monthly statements.

Statements Tab

Perry, Larry

Account 68
Chart

Date of Birth 7/25/1995 **Age** 16 **Sex** Male **Status** Single

Address 45454 East Ave Some City, AR 72703

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

Email

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$275.00	\$130.00	\$405.00
Totals	\$275.00	\$130.00	\$405.00

☐ Self Pay **Co-Pay** \$0.00

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

☒ Do Not Send Statements **2**

Date	Mailed To	Amount
12/21/2010	Barry Perry	\$125.00
1/6/2011	Barry Perry	\$125.00
1/10/2011	Barry Perry	\$125.00
1/12/2011	Barry Perry	\$125.00
5/23/2011	Barry Perry	\$125.00
5/23/2011	Barry Perry	\$125.00
5/24/2011	Barry Perry	\$125.00
6/3/2011	Barry Perry	\$160.00
6/6/2011	Barry Perry	\$275.00
6/14/2011	Barry Perry	\$150.00
6/20/2011	Barry Perry	\$150.00
6/20/2011	Barry Perry	\$150.00
6/20/2011	Barry Perry	\$150.00
7/15/2011	Barry Perry	\$150.00
8/19/2011	Barry Perry	\$275.00
8/19/2011	Barry Perry	\$275.00
9/14/2011	Barry Perry	\$275.00
9/14/2011	Barry Perry	\$150.00
9/14/2011	Barry Perry	\$150.00
9/14/2011	Barry Perry	\$150.00
9/14/2011	Barry Perry	\$275.00
9/14/2011	Barry Perry	\$275.00
10/5/2011	Barry Perry	\$125.00
10/5/2011	Barry Perry	\$150.00
2/1/2012	Barry Perry	\$275.00
2/3/2012	Barry Perry	\$275.00
2/17/2012	Larry Perry	\$275.00
3/15/2012	Larry Perry	\$405.00
3/15/2012	Larry Perry	\$405.00

Sending Statements

Allow Patient to Receive Statements?

By unchecking Do Not Send Statements, this patient will now be included in statement batches that are run from this point forward. Are you sure you want this patient to begin receiving statements?

3

1. Double click on any statement listed to see the original statement sent.
2. If you do not want a patient to receive a statement when processing bulk statements, place a check mark in the box.
3. Click No to continue holding statements, click Yes to uncheck the box and patient will begin receiving statements.


Note: If this patient is a guarantor and has dependents listed in the Family tab, go to each dependent's account and repeat steps 1-3 to hold those statements.

New Charges Tab

Transaction entry for patient charges, payments and adjustments

New Charges Tab

Winters, Somer F.



Winters, Somer F.

Account 45
Chart 11111

Date of Birth 4/19/1985 Age 27 Sex Female Status Married

Address 2700 Edison Springdale, AR 72703-1234

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

Email somerwinters@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$24.50	\$10,272.00	\$10,296.50
Totals	\$24.50	\$10,272.00	\$10,296.50

Self Pay ☐ Co-Pay \$30.00

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

+ New Visit

Unapplied Co-Pay \$0.00

Unapplied Pre-Pay \$0.00

Patient Visit for 3/29/2013 3:30 PM

Charges From 3/29/2013 3:30 PM

Omit	Posted	Provider	Code	Modifiers	Description	DX	Charge	Unit	Total...	Co-Ins	Payments	Adjustments	Balance
<input checked="" type="checkbox"/>	3/29/2013	Tammy Test	99213		OFFICE/OUTPATIENT V...	786.50	\$135.00	1.0	\$135.00	\$0.00	\$0.00	\$0.00	\$135.00

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

Primary

Policy BCBS AR

Route ☒ Paper ☐ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

Follow Up Action Submit to Insurance ☒ Print Receipt After Post

Doctor Comments

Secondary

Policy Medicare

Route ☒ Paper ☐ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

Claim Comments

1. **Add Charges** for the patient account quickly.
2. **Add Payment** across charges for the active patient and dependents or other patients, if needed, all from one screen.
3. **Edit Charge Details** by double clicking the line item.
4. Specify the **Follow-up Action** for the charges posted.
5. Select Route to file claim-Paper or Electronic. (Defaults to option selected in Insurance Company setup)

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

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

8. Add an Adjustment and apply to visit.

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

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


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

Locked Tabs

Unlocking Patient Account Tabs

Locked Tabs due to Patient Account and Patient Chart In Use at the same time

Winkle, Perry B.



Winkle, Perry B.

Account 91
Chart 91

Date of Birth 3/31/1970 Age 42 Sex Male Status Single

Address 199 Elm St Springdale, AR 72764

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

Email pw@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$60.00	\$345.00	\$405.00
Totals	\$60.00	\$345.00	\$405.00

☐ Self Pay Co-Pay \$0.00

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

Visit Detail for 10/21/2011 2:45 PM - 3:45 PM (1:0)

Scheduplate Well Chk - well check Referral Facility Family Clinic Status Recurrence

Resources

Date	Start	End	Name
10/21/2011	2:45 PM	3:15 PM	Terrie S. Treat, MD
10/21/2011	2:45 PM	3:45 PM	Terrie S. Treat, MD

Visit Comments

Verification Insurance Verified Date User Check In Check In Take Co-Pay

Visit List


Date	Start	End	Facility	Resource Name	Scheduplate
10/21/2011	2:45 PM	3:45 PM	Family Clinic	Terrie S. Treat, MD	well check
10/20/2011	2:45 PM	3:45 PM	Family Clinic	Terrie S. Treat, MD	well check
10/18/2011	2:45 PM	3:45 PM	Family Clinic	Terrie S. Treat, MD	well check
10/17/2011	2:45 PM	3:45 PM	Family Clinic	Terrie S. Treat, MD	well check
10/13/2011	2:45 PM	3:45 PM	Family Clinic	Terrie S. Treat, MD	well check
10/12/2011	2:45 PM	3:45 PM	Family Clinic	Terrie S. Treat, MD	well check
10/11/2011	2:45 PM	3:45 PM	Family Clinic	Terrie S. Treat, MD	well check
10/10/2011	2:45 PM	3:45 PM	Family Clinic	Terrie S. Treat, MD	well check

Today Print Visit New Visit

When a patient chart is open, and a user tries to access the same patient's account while the chart is still open, certain tabs will be locked, as shown in the screen shot here. This will prevent any updates or changes made by one user from getting overwritten by another user. To unlock the tabs, the patient chart will have to be closed.

Tab/View is currently locked by another user

Winkle, Perry B.



Winkle, Perry B.

Account 91
Chart 91

Date of Birth 3/31/1970 Age 42 Sex Male Status Single

Address 199 Elm St Springdale, AR 72764

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

Email pw@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$60.00	\$705.00	\$765.00
Totals	\$60.00	\$705.00	\$765.00

Self Pay Co-Pay \$0.00

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

This view is currently locked by another user.

Unapplied Co-Pay \$30.00 Unapplied Pre-Pay \$340.00

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
1/5/2012			Pymt	Credit Card:				\$20.00			
1/12/2012	1/12/2012	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	(\$60.00)
1/27/2012			Ins Pymt	Blue Shield IN Py...				\$100.00			
4/13/2012			Ins Pymt	Indiana Medicaid...				\$60.00			
4/23/2012	4/23/2012	Randall Oates	72040	X-RAY EXAM OF ...		3.0				\$0.00	(\$60.00)
4/23/2012	4/23/2012	Randall Oates	99202	OFFICE/OUTPAT...	\$160.00	1.0	\$160.00	\$160.00		\$0.00	(\$60.00)
4/23/2012	4/23/2012	Randall Oates	74010	X-RAY EXAM OF ...	\$160.00	2.0	\$320.00	\$320.00		\$0.00	(\$60.00)
4/23/2012	4/23/2012	Randall Oates	73500	X-RAY EXAM OF ...		2.0				\$0.00	(\$60.00)
5/31/2012	5/31/2012	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00			\$120.00	\$60.00
5/31/2012			Pymt	Credit Card:				\$4,720.95			
7/17/2012	7/17/2012	Tammy Trent	98929	OSTEOPATHIC M...	\$10.00	6.0	\$60.00			\$60.00	\$120.00
7/17/2012	7/17/2012	Tammy Trent	98925	OSTEOPATHIC M...		5.0				\$0.00	\$120.00
7/24/2012	8/21/2012	Tammy Trent	99212	Office Visit Limite...	\$120.00	2.0	\$240.00	\$390.00		(\$150.00)	(\$30.00)
8/28/2012			Ins Pymt	BCBS AR Pymt: 1...				\$300.00			
8/28/2012			ref pt	Refund Patient					(\$168.75)		
8/28/2012			Pymt	Credit Card:				\$90.00			
12/10/2012	12/10/2...	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00			\$120.00	\$90.00
12/14/2012	12/14/2...	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$225.00
12/29/2012	12/29/2...	Randall Oates	G8417	Calc BMI abv up ...	\$30.00	1.0	\$30.00			\$30.00	\$255.00
12/29/2012	12/29/2...	Randall Oates	90836	PSYTX PT&/FAM ...	\$80.00	1.0	\$80.00			\$80.00	\$335.00
12/29/2012	12/29/2...	Randall Oates	90791	PSYCH DIAGNOS...	\$70.00	1.0	\$70.00			\$70.00	\$405.00
1/9/2013	1/9/2013	Randall Oates	72010	X-RAY EXAM OF ...	\$120.00	1.0	\$120.00			\$120.00	\$525.00
1/9/2013	1/9/2013	Randall Oates	99213	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00			\$120.00	\$645.00
X 1/9/2013	1/9/2013	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00			\$120.00	\$765.00
					\$9,659.50		\$9,998.70	\$9,247.45	(\$13.75)	\$765.00	\$765.00

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

If a patient account is in use, and another user accesses the same patient account, you will get an alert that the view is currently locked by another user, and certain tabs will be locked, as shown in this screen shot.

Unlocking a Locked Tab

The screenshot shows a patient record for Winkle, Perry B. The interface includes a header with the patient's name and a sub-header with account and chart numbers. Below this is a section for patient demographics, including date of birth, age, sex, status, address, and contact information. A navigation bar at the bottom contains tabs for Schedule, Demographics, Insurance, Custom, Flags/Notes, Ledger, and Family. A red box highlights a lock icon in the top left corner of the main content area, with a message stating: "This view is currently locked by another user." Below this message is a "Lock Information" dialog box. The dialog box contains a table with columns for User, Machine, and Date/Time. The table shows that the view was locked by Tammy Trent on machine TAMMYTRENTSYX on 1/9/2013 at 3:17 PM. A red box highlights the "Unlock" button in the bottom right corner of the dialog box.

Winkle, Perry B.

Account 91
Chart 91

Date of Birth 3/31/1970 Age 42 Sex Male Status Single

Address 199 Elm St Springdale, AR 72764

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

Email pw@email.com

Schedule Demographics Insurance Custom Flags/Notes Ledger Family

This view is currently locked by another user.

Lock Information

User	Machine	Date/Time
Tammy Trent	TAMMYTRENTSYX	1/9/2013 3:17 PM

Unlock

To unlock a locked tab, Click on the lock icon. Lock Information dialog will display the User, Machine and Date/Time another user was viewing this account, causing it to lock. Verify that nobody else is currently trying to edit/add information to the patient account, and click the Unlock button. Removing a lock may cause data loss. You will be prompted to verify that you want to unlock the view. Click Yes or No.

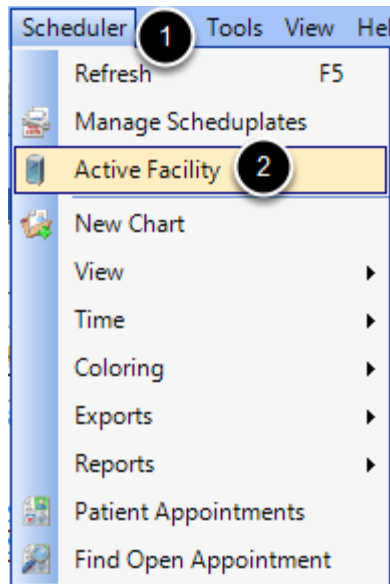
Scheduling

Changing Active Facility

Changing the active facility, if a multiple site practice.

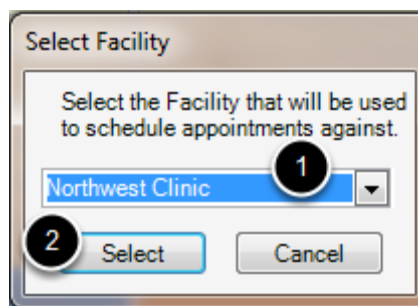
Scheduler menu -> Active Facility

Open Active Facility



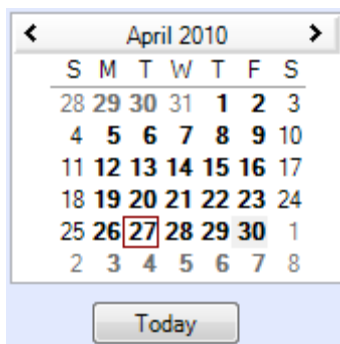
1. Click on the **Scheduler menu**.
2. Select **Active Facility**.

Select the new Active Facility



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

Monthly Calendar



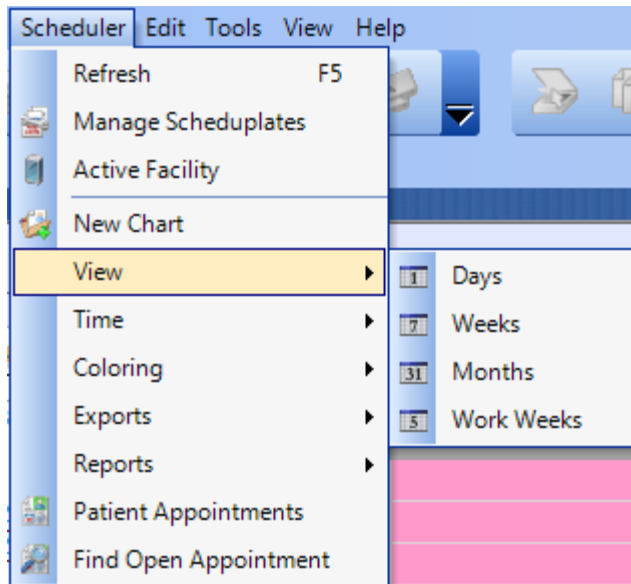
Click the arrows to move quickly to the date needed.

Views

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

Scheduler menu -> View

Select the appropriate Schedule View.



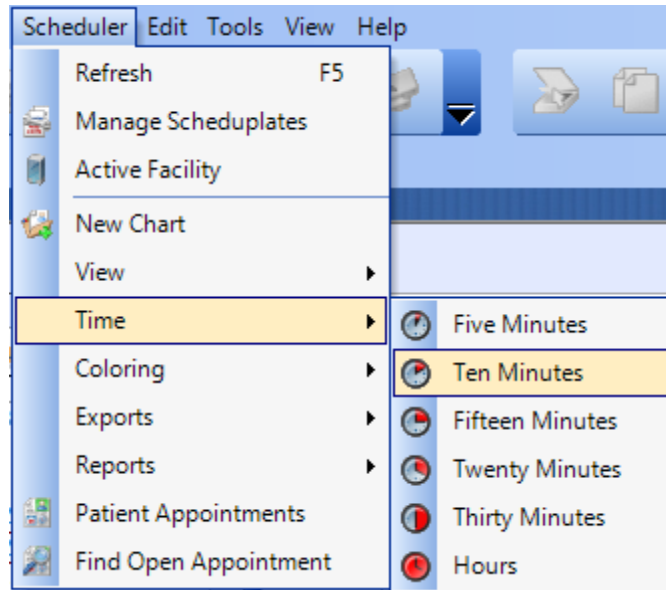
Select the view that allows the easiest and clearest view of the Schedule.

Time Increments

Set the time increments shown on the Schedule.

Scheduler menu -> Time

Select the Time Increment

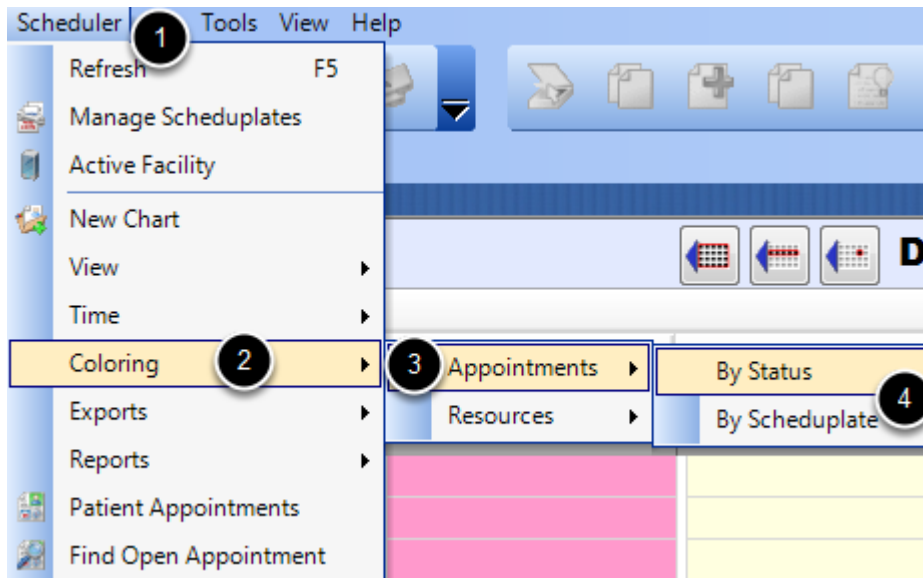


Choose the option that best fits your practice's scheduling needs. The time increment selected here will be displayed to the left of your schedule.

Coloring

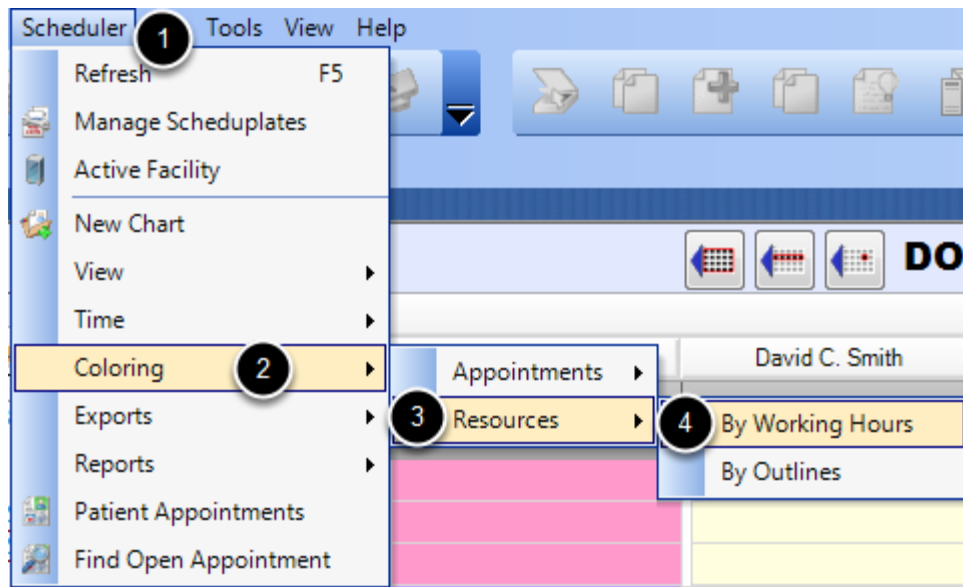
Set the coloring for Appointments and Resources.

Coloring for Appointments



1. Click on the **Scheduler** menu.
2. Select **Coloring**.
3. Select **Appointments**.
4. Select either **By Status** or **By Scheduplate**. By Status will show the shading of the status as it changes, and not show the Scheduplate coloring. By Scheduplate will the shading associated with the Scheduplate and not show the status color changes.

Coloring for Resources

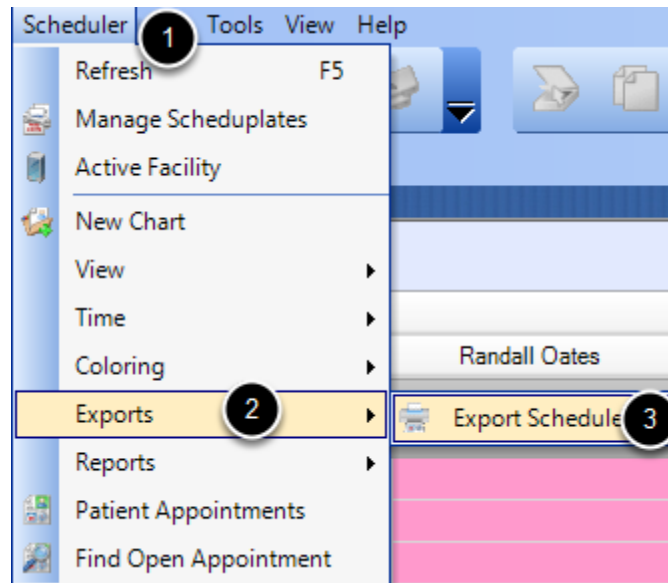


1. Click on the **Scheduler** menu.
2. Select **Coloring**.
3. Select **Resources**.
4. Select either **By Working Hours** or **By Outlines**. By Working Hours will only show the hours the Provider is available to see patients in the clinic. By Outlines will show the outline shading associated with how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

Export the Schedule

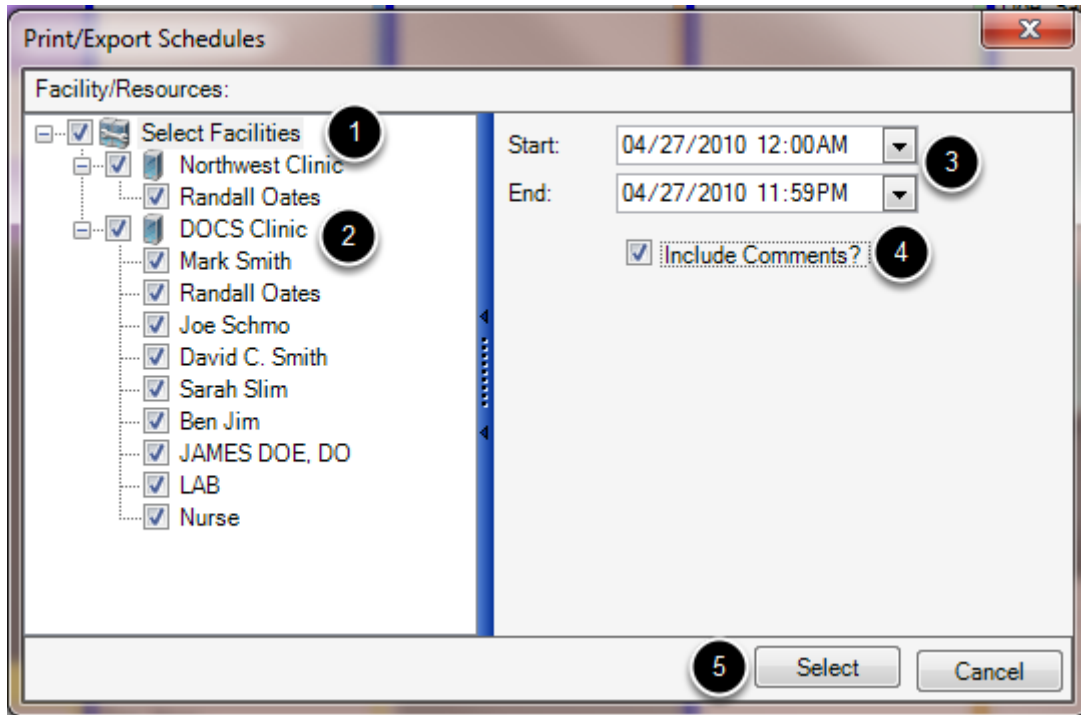
Export the clinic schedule.

Export the Schedule.



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

Select the Facilities/Resources to Export



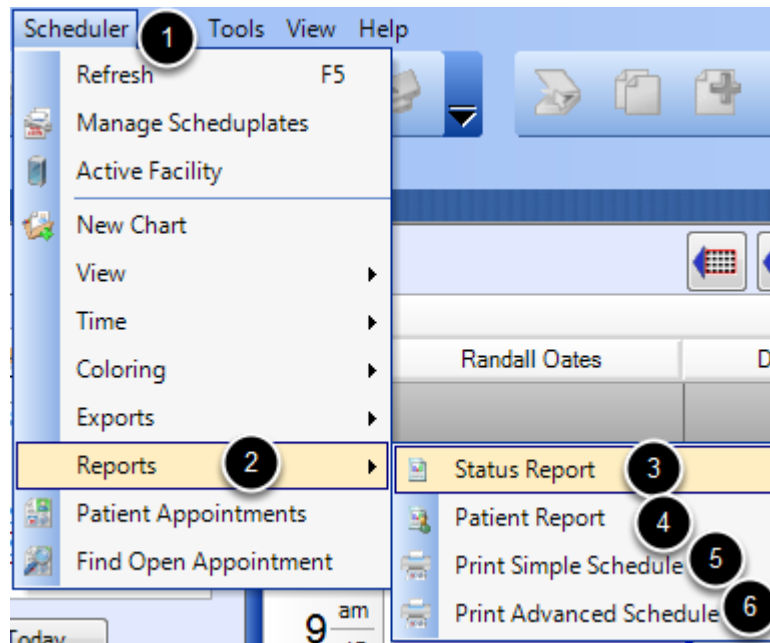
1. Check the boxes of the **Facilities** to be shown.
2. Select the **Resources** whose schedules need to be exported.
3. Enter the **range of dates** to be exported.
4. Check to **include the Visit Comments** on the report as reference, if needed.
5. Click **Select**. The file will be exported as a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

Schedule Reports

Access reports on the Schedule data.

Scheduler -> Reports

Print various Schedule Reports



1. Go to the **Scheduler** menu.

2. Click on **Reports**.

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

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

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

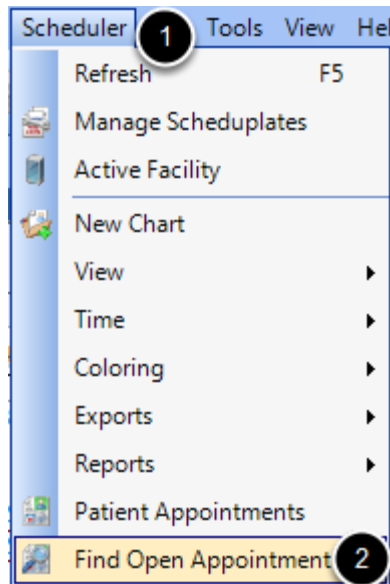
6. **Print Advanced Schedule:** Provides a summary of appointments scheduled across Facilities and Resources. Time, Patient Name, Phone Number, Scheduplate, Status and visit Comments.

Searching for Available Appointments

Find Open Appointments

Scheduler menu -> Find Open Appointment

Find Open Appointment



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

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 a software window titled "Find Open Appointment". It contains several input fields and buttons. Numbered callouts are placed over the interface as follows:

- 1**: Points to the "Facilities" section, which has two checkboxes: "Northwest Clinic" (unchecked) and "DOCS Clinic" (checked).
- 2**: Points to the "Start Time" dropdown menu, which is set to "04/27/2010 12:00AM".
- 3**: Points to the "Scheduplicate" dropdown menu, which is set to a blue bar.
- 4**: Points to a row of icons (a document with a pin, a document with a plus, and a document with an X) located below the date/time fields.

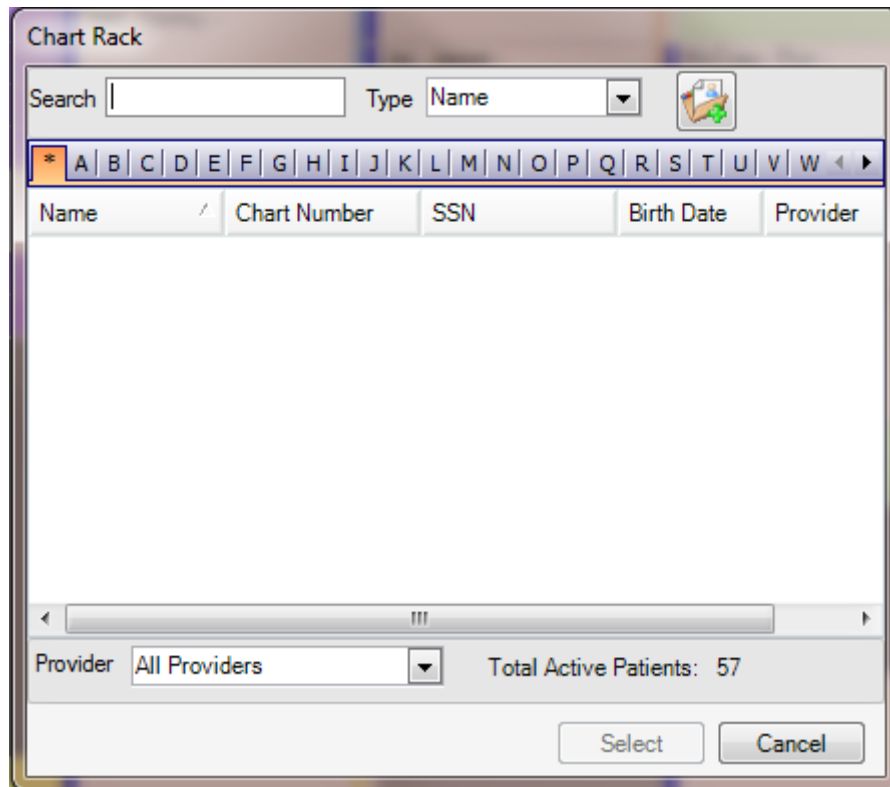
Below the callouts, there is a table with the following headers: "Resource", "Start Time", "Duration", "Start Cushion", and "End Cushion". The table body is empty. At the bottom of the dialog, there are buttons for "Basic", "Search", "Open Appointments", "Date", "Time", "Facility", "Select", and "Cancel".

1. Check the **Facility** needed for the appointment.
2. Enter the **date ranges** for the possible appointment.
3. Select a preferred **Scheduplicate** that the appointment will need to have.
4. Add a **Provider/Resource** to search.
5. Click **Search**.
6. If a suitable appointment has been found, **select the appointment time**.
7. Click **Select**.

Scheduling an Appointment

Schedule a Patient Appointment

Double Click on a Needed Time Slot




The screenshot shows a window titled "Chart Rack". At the top, there is a "Search" text box and a "Type" dropdown menu set to "Name". To the right of the search box is a small icon of a folder with a green plus sign. Below the search box is a horizontal list of letters from A to W, each in a small box, with an asterisk in the first box (A). Below this list is a table with five columns: "Name", "Chart Number", "SSN", "Birth Date", and "Provider". The table is currently empty. At the bottom of the window, there is a "Provider" dropdown menu set to "All Providers" and a label "Total Active Patients: 57". At the very bottom 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 2 Referral 3 Facility 4 Status 5 Recurrence 6

SV-EP (30) - Sick Visit - Est. Pt. ... + Joe Schmo ... DOCS Clinic Confirmed

Resources 7

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

+ Add Resource

Visit Comments 8

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

Verification 9

☒ Insurance Verified

Date 4/27/2010 User randalloates

Check In 10

Take Co-Pay 11

Visit List 12

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 13

Print Visit 14 New Visit 15

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.

Note: *If appointment is moved, or rescheduled, the verification will have to be rechecked*

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.

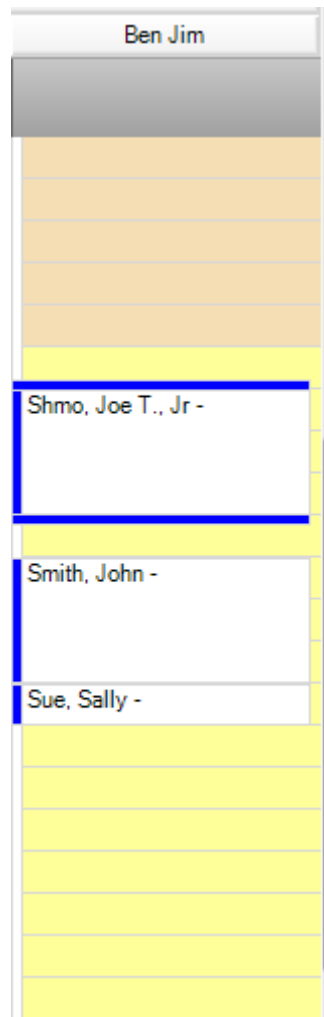
14. Print Visit: Prints out the selected visit.

15. New Visit: Creates a new appointment for the patient.

Moving an Appointment

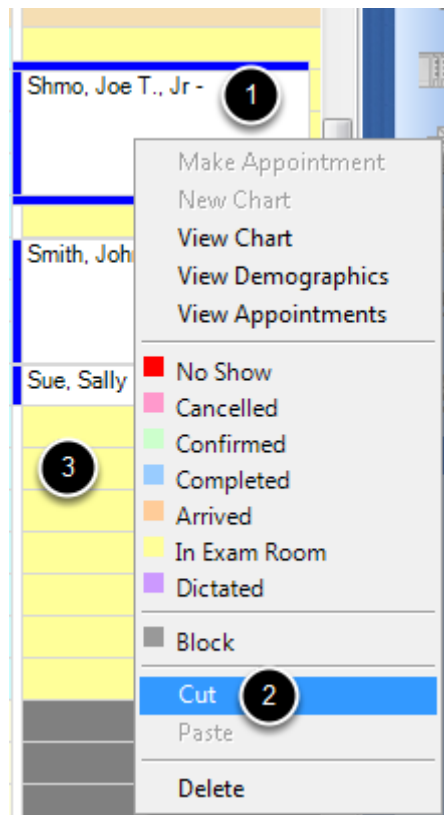
Moving an Appointment to a different time slot

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.

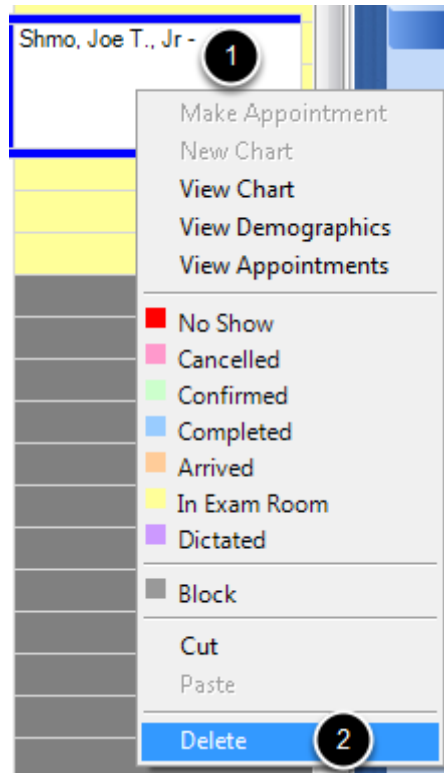
2. Right click on the mouse and select **Cut**.

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



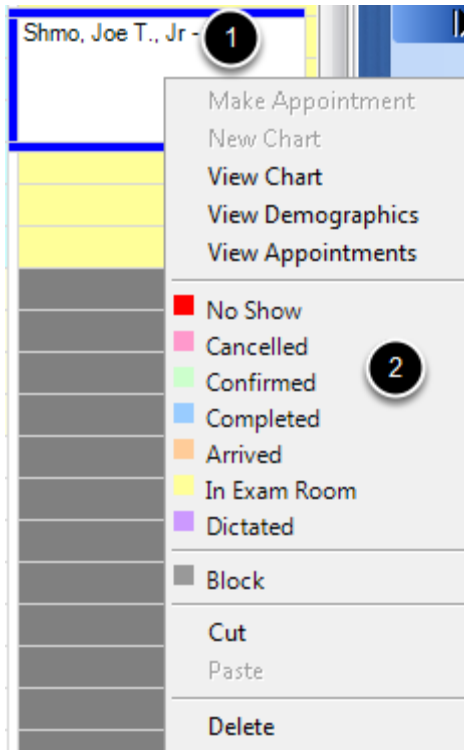
1. Click to select the appointment.

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

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

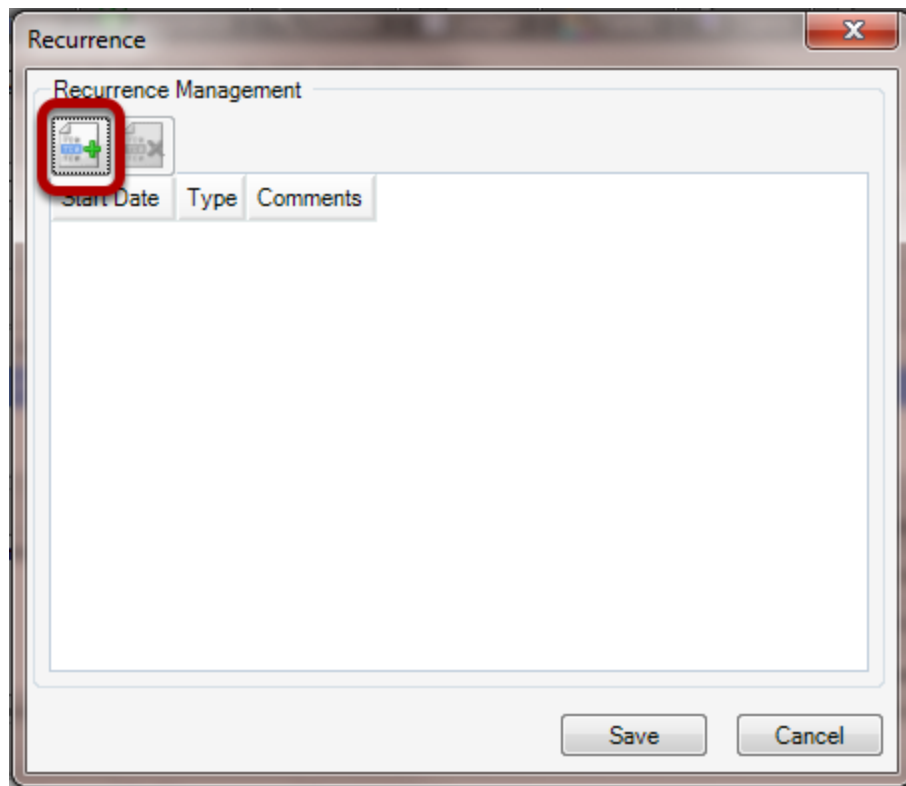
Check In

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. ...

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 options:

- Appointment Time:** Labeled with a circled '1'. It contains 'Start Time: 7:45AM' and 'End Time: 8:00AM'.
- Recurrence Pattern:** Labeled with a circled '2'. It includes 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:** Labeled with a circled '3'. It has a 'Start By:' dropdown set to '04/27/2010'. Below it are two options: 'End after: 2 occurrences' (selected) and 'End by: 04/28/2010'.
- Comments:** A text area at the bottom.
- Buttons:** 'Save' and 'Cancel' buttons at the bottom right. The 'Save' button is labeled with a circled '4'.

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

Workflow - Clinical Documentation to Claim Creation

This lesson provides a recommended workflow for

- Documenting the clinical visit and entering diagnosis and charge (CPT/HCPCS) codes
- Creating a billing statement
- Posting the billing statement to front office/billers
- Processing charges
- Creating a claim, as needed.

Note: This lesson will not be covering all of the steps/processes needed to fully document a clinical encounter in the SOAPnote. The 2 sections in the SOAPNote that will be highlighted will be the Assessment section and the Plan section. Diagnosis codes will be entered into the Assessment section, and CPT/HCPCS codes will be entered into the Plan section. These 2 sections will be the two key areas that will transfer to the SW Practice Management system and primarily affect the billing/claims.

Create the SOAPnote

The screenshot displays the SOAPware interface. On the left, the 'SOAP Notes' tab is selected and highlighted with a red box and a circled '1'. Below the tab, the patient's chart is visible, showing fields for Date/Time (12/30/2011 9:49 AM) and Type (Face to Face). The chart content includes sections for Objective, Assessment (Bronchitis, acute ICD#466.0), Plan (OFFICE/OUTPATIENT VISIT, EST. #99211), and Medications. At the bottom of the chart, a red box and a circled '2' highlight the 'Create Doccontainer' button, which is represented by a green plus sign icon. To the right of the chart, the 'SMARTText Quick Access' window is open, displaying a table with three rows of QA items and their descriptions. The table has columns for 'QA' and 'Description'. The first row is '1' with description '"Alprazolam (Xanax) 0.25mg., #90, 1 tid R-O F-\$"'. The second row is '2' with description '"Alprazolam (Xanax) 0.5mg. #30, q8h, R-O"'. The third row is '3' with description '"Systane Ophthalmic Drops, #OTC, 2 drops in ey"'. The right side of the interface features a vertical toolbar with various icons, including a magnifying glass, a printer, a plus sign, and a minus sign.

SOAP Notes Labs Radiology Health M: < > x

Date/Time 12/30/2011 9:49 AM Type Face to Face

Objective

Exam: GENERAL: Appearance: General appearance can be described as well-nourished, well-developed, and in no acute distress.

Assessment

Bronchitis, acute ICD#466.0

Plan

OFFICE/OUTPATIENT VISIT, EST. #99211 Related
Dxs- Bronchitis, acute Modifiers- 51

Actions:

Medications

SOAPNote Billing Addendum Billing Addendu < >

Drag a column header here to group by that column.

Date/Time Owner Sta

Clyde, Annie NMI. Age-64 5/21/1947

SMARTText Quick Access

QA	Description
1	"Alprazolam (Xanax) 0.25mg., #90, 1 tid R-O F-\$"
2	"Alprazolam (Xanax) 0.5mg. #30, q8h, R-O"
3	"Systane Ophthalmic Drops, #OTC, 2 drops in ey"

With the patient's chart open, in the Charts workspace of SOAPware:

1. Click on the **SOAPNotes** tab,
2. Click the **Create Doccontainer** button to create a new encounter.

Enter the Diagnosis Codes for the visit (Assessment Section)

The screenshot displays the SOAPware interface. The main window is titled 'SOAP Notes' and shows a patient record for 'Clyde, Annie NMI. Age-64 5/21/1947'. The 'Assessment' section is highlighted with a red box and contains the following text:

Assessment[
Bronchitis, acute ICD#466.0
Throat pain ICD#784.1
]

The 'SMARTText Quick Access' window is open on the right side of the screen, showing a list of diagnosis codes. The list is organized into two columns: 'QA' and 'Description'. The 'QA' column contains numbers 1 through 10, and the 'Description' column contains the corresponding diagnosis codes and their ICD numbers. The list includes:

- 1 "Bronchitis, acute" (ICD#466.0)
- 2 "Cancer" (nonspecific - ICD#199.1)
- 3 "Throat pain" (ICD#784.1)
- 4 "Hand Tendonitis" (ICD#727.05)
- 5 diagnosis code samples
- 6 diagnosis codes for cough, flu, sore throat
- 7 "Depression" (ICD-311.00)
- 8 "Strep Throat" (streptococcal tonsillitis - ICD#
- 9 "Tracheopharyngitis" (ICD#465.8)
- 0
- "Hearing loss, conductive, external ear" (ICD
- "Diabetes - Type 2 - with gangrene" (ICD#2
- "Diabetes - Type 2 " (nonspecific - ICD#250.
- "Carpal Tunnel syndrome" (ICD#354.0)
- "Coronary Artery Disease" (nonspecific - ICD
- "Dangle Foot Deformity" (ICD#736.79)
- "Dehydration" (ICD#276.51)
- "Diabetes - Type 1 - with ketoacidosis, uncontr
- "Diabetes - Type 2 - uncontrolled" (with ot
- "Diabetes - Type 2 - with complications " (r
- "Gastroesophageal reflux disease or GERD"
- "Hydrocele" (ICD#603.9)
- "Hypertension, benign" (ICD#401.1)
- "Hyphema" (ICD#364.41)
- "Infectious Mononucleosis" (ICD#075)
- "Jaw problems" (ICD#796.4)
- "Laryngopharyngitis, acute" (ICD#465.0)
- "Lumbar Strain" (nonspecific - #847.2)
- "Mental Illness" (nonspecific - ICD#v40.2)
- "Nose/nasal problems" (not sneezing or bloc
- Closed fracture of thoracic vertebra without spi
- Open fracture of patella
- Open wound of ear drum without complication
- WATER-SKIING ACCIDENT
- "Administration of Influenza Virus Vaccine" (I

1. Click into the **Assessment** section to activate.
2. There are several methods in which to enter diagnosis codes into the Assessment section. Some of the most common methods are:
 - Selecting from the **SMARTText Quick Access list** (This list will auto-populate with the most common diagnosis codes used by the user logged into SOAPware. To access this window, click on the Tools menu and click SMARTText Quick Access. You can drag and drop that window to pin

to an area of the chart, if desired. The list will begin populating as you begin to use the system. The most commonly used codes will default towards the top.)

- **Typing in a descriptive word and searching the database** by hitting F10 on your keyboard.
- **Creating a custom picklist** of your most common diagnosis codes.
- **Defaulting the codes needed into a specific template** that is associated with the type of visit.

3. Enter the needed diagnosis codes into the Assessment Section. (Sample shown in above image.)

Enter the CPT/HCPCS Codes for the visit (Plan section)

The screenshot displays the SOAPware interface. The main window is titled 'SOAP Notes' and shows a patient record for 'Clyde, Annie NMI. Age-64 5/21/1947'. The 'Plan' section is highlighted with a red box, showing the text: 'OFFICE/OUTPATIENT VISIT, NEW #99203', 'Related Dx- Bronchitis, acute , Throat pain', and 'Modifiers-'. To the right, the 'SMARTText Quick Access' window is open, displaying a list of CPT/HCPCS codes and descriptions. The list includes codes such as 99201, 99202, 99203, 99204, 99205, 99206, 99207, 99208, 99209, 99210, 99211, 99212, 99213, 99214, 99215, 99216, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99224, 99225, 99226, 99227, 99228, 99229, 99230, 99231, 99232, 99233, 99234, 99235, 99236, 99237, 99238, 99239, 99240, 99241, 99242, 99243, 99244, 99245, 99246, 99247, 99248, 99249, 99250, 99251, 99252, 99253, 99254, 99255, 99256, 99257, 99258, 99259, 99260, 99261, 99262, 99263, 99264, 99265, 99266, 99267, 99268, 99269, 99270, 99271, 99272, 99273, 99274, 99275, 99276, 99277, 99278, 99279, 99280, 99281, 99282, 99283, 99284, 99285, 99286, 99287, 99288, 99289, 99290, 99291, 99292, 99293, 99294, 99295, 99296, 99297, 99298, 99299, 99300, 99301, 99302, 99303, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99311, 99312, 99313, 99314, 99315, 99316, 99317, 99318, 99319, 99320, 99321, 99322, 99323, 99324, 99325, 99326, 99327, 99328, 99329, 99330, 99331, 99332, 99333, 99334, 99335, 99336, 99337, 99338, 99339, 99340, 99341, 99342, 99343, 99344, 99345, 99346, 99347, 99348, 99349, 99350, 99351, 99352, 99353, 99354, 99355, 99356, 99357, 99358, 99359, 99360, 99361, 99362, 99363, 99364, 99365, 99366, 99367, 99368, 99369, 99370, 99371, 99372, 99373, 99374, 99375, 99376, 99377, 99378, 99379, 99380, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99388, 99389, 99390, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99398, 99399, 99400, 99401, 99402, 99403, 99404, 99405, 99406, 99407, 99408, 99409, 99410, 99411, 99412, 99413, 99414, 99415, 99416, 99417, 99418, 99419, 99420, 99421, 99422, 99423, 99424, 99425, 99426, 99427, 99428, 99429, 99430, 99431, 99432, 99433, 99434, 99435, 99436, 99437, 99438, 99439, 99440, 99441, 99442, 99443, 99444, 99445, 99446, 99447, 99448, 99449, 99450, 99451, 99452, 99453, 99454, 99455, 99456, 99457, 99458, 99459, 99460, 99461, 99462, 99463, 99464, 99465, 99466, 99467, 99468, 99469, 99470, 99471, 99472, 99473, 99474, 99475, 99476, 99477, 99478, 99479, 99480, 99481, 99482, 99483, 99484, 99485, 99486, 99487, 99488, 99489, 99490, 99491, 99492, 99493, 99494, 99495, 99496, 99497, 99498, 99499, 99500, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99508, 99509, 99510, 99511, 99512, 99513, 99514, 99515, 99516, 99517, 99518, 99519, 99520, 99521, 99522, 99523, 99524, 99525, 99526, 99527, 99528, 99529, 99530, 99531, 99532, 99533, 99534, 99535, 99536, 99537, 99538, 99539, 99540, 99541, 99542, 99543, 99544, 99545, 99546, 99547, 99548, 99549, 99550, 99551, 99552, 99553, 99554, 99555, 99556, 99557, 99558, 99559, 99560, 99561, 99562, 99563, 99564, 99565, 99566, 99567, 99568, 99569, 99570, 99571, 99572, 99573, 99574, 99575, 99576, 99577, 99578, 99579, 99580, 99581, 99582, 99583, 99584, 99585, 99586, 99587, 99588, 99589, 99590, 99591, 99592, 99593, 99594, 99595, 99596, 99597, 99598, 99599, 99600, 99601, 99602, 99603, 99604, 99605, 99606, 99607, 99608, 99609, 99610, 99611, 99612, 99613, 99614, 99615, 99616, 99617, 99618, 99619, 99620, 99621, 99622, 99623, 99624, 99625, 99626, 99627, 99628, 99629, 99630, 99631, 99632, 99633, 99634, 99635, 99636, 99637, 99638, 99639, 99640, 99641, 99642, 99643, 99644, 99645, 99646, 99647, 99648, 99649, 99650, 99651, 99652, 99653, 99654, 99655, 99656, 99657, 99658, 99659, 99660, 99661, 99662, 99663, 99664, 99665, 99666, 99667, 99668, 99669, 99670, 99671, 99672, 99673, 99674, 99675, 99676, 99677, 99678, 99679, 99680, 99681, 99682, 99683, 99684, 99685, 99686, 99687, 99688, 99689, 99690, 99691, 99692, 99693, 99694, 99695, 99696, 99697, 99698, 99699, 99700, 99701, 99702, 99703, 99704, 99705, 99706, 99707, 99708, 99709, 99710, 99711, 99712, 99713, 99714, 99715, 99716, 99717, 99718, 99719, 99720, 99721, 99722, 99723, 99724, 99725, 99726, 99727, 99728, 99729, 99730, 99731, 99732, 99733, 99734, 99735, 99736, 99737, 99738, 99739, 99740, 99741, 99742, 99743, 99744, 99745, 99746, 99747, 99748, 99749, 99750, 99751, 99752, 99753, 99754, 99755, 99756, 99757, 99758, 99759, 99760, 99761, 99762, 99763, 99764, 99765, 99766, 99767, 99768, 99769, 99770, 99771, 99772, 99773, 99774, 99775, 99776, 99777, 99778, 99779, 99780, 99781, 99782, 99783, 99784, 99785, 99786, 99787, 99788, 99789, 99790, 99791, 99792, 99793, 99794, 99795, 99796, 99797, 99798, 99799, 99800, 99801, 99802, 99803, 99804, 99805, 99806, 99807, 99808, 99809, 99810, 99811, 99812, 99813, 99814, 99815, 99816, 99817, 99818, 99819, 99820, 99821, 99822, 99823, 99824, 99825, 99826, 99827, 99828, 99829, 99830, 99831, 99832, 99833, 99834, 99835, 99836, 99837, 99838, 99839, 99840, 99841, 99842, 99843, 99844, 99845, 99846, 99847, 99848, 99849, 99850, 99851, 99852, 99853, 99854, 99855, 99856, 99857, 99858, 99859, 99860, 99861, 99862, 99863, 99864, 99865, 99866, 99867, 99868, 99869, 99870, 99871, 99872, 99873, 99874, 99875, 99876, 99877, 99878, 99879, 99880, 99881, 99882, 99883, 99884, 99885, 99886, 99887, 99888, 99889, 99890, 99891, 99892, 99893, 99894, 99895, 99896, 99897, 99898, 99899, 99900, 99901, 99902, 99903, 99904, 99905, 99906, 99907, 99908, 99909, 99910, 99911, 99912, 99913, 99914, 99915, 99916, 99917, 99918, 99919, 99920, 99921, 99922, 99923, 99924, 99925, 99926, 99927, 99928, 99929, 99930, 99931, 99932, 99933, 99934, 99935, 99936, 99937, 99938, 99939, 99940, 99941, 99942, 99943, 99944, 99945, 99946, 99947, 99948, 99949, 99950, 99951, 99952, 99953, 99954, 99955, 99956, 99957, 99958, 99959, 99960, 99961, 99962, 99963, 99964, 99965, 99966, 99967, 99968, 99969, 99970, 99971, 99972, 99973, 99974, 99975, 99976, 99977, 99978, 99979, 99980, 99981, 99982, 99983, 99984, 99985, 99986, 99987, 99988, 99989, 99990, 99991, 99992, 99993, 99994, 99995, 99996, 99997, 99998, 99999.

1. Click into the **Plan** section to activate.
2. There are several methods in which to enter CPT/HCPCS codes into the Plan section. Some of the most common methods are:
 - Selecting from the **SMARTText Quick Access list** (This list will auto-populate with the most common CPT/HCPCS codes used by the user logged into SOAPware. To access this window, click on the Tools menu and click SMARTText Quick Access. You can drag and drop that window to

pin to an area of the chart, if desired. The list will begin populating as you begin to use the system. The most commonly used codes will default towards the top.)

- **Typing in a descriptive word and searching the database** by hitting F10 on your keyboard.
- **Creating a custom picklist** of your most common CPT/HCPCS codes.
- **Defaulting the codes needed into a specific template** that is associated with the type of visit.

3. Enter the needed CPT/HCPCS codes into the Plan Section. (Sample shown in above image.)

Associate diagnosis codes with each CPT/HCPCS code

SOAP Notes | Labs | Radiology | Health Ma

Date/Time: 01/06/2012 5:00 AM | Type: Face to Face

Objective

Exam: GENERAL: Appearance: General appearance can be described as well-nourished, well-developed, and in no acute distress.

Assessment

Bronchitis, acute ICD#466.0
Throat pain ICD#784.1

Plan

OFFICE/OUTPATIENT VISIT, NEW #99203
Related Dx: [1] Bronchitis, acute , Throat pain
Modifiers-

Medications

SMARTText Quick Access

Order	ICD	Description
1	466.0	Bronchitis, acute
2	784.1	Throat pain

Drag a column header here to group by that column.

Date/Time: Owner: Sta

Clyde, Annie NMI. Age-64 5/21/1947

Comments

1. Click the **Related Dx** wording for each procedure (CPT/HCPCS) code entered.
2. Check the applicable diagnosis codes that relate to the procedure, as shown in the SMARTText Quick Access window.
3. Optional: If you would like to specifically order the diagnosis codes at this point, click the cell in the Order column to indicate the number order for each diagnosis. If the order is not specifically selected in this column, the order will default to the order in which the diagnosis

are checked.

- Optional: Click on the **Modifiers** wording to associate any modifiers as needed for the procedure.

Create the Billing Statement

The screenshot displays a medical software interface. On the left, a 'SOAP Notes' window is open for a patient named 'Clyde, Annie NMI. Age-64 5/21/1947'. The note is dated '01/06/2012 5:00 AM' and is a 'Face to Face' type. The note content includes:

- Objective**
Exam: GENERAL: Appearance: General appearance can be described as well-nourished, well-developed, and in no acute distress.
- Assessment**
Bronchitis, acute ICD#466.0
Throat pain ICD#784.1
- Plan**
OFFICE/OUTPATIENT VISIT, NEW #99203
Related Dx- [Bronchitis, acute , Throat pain]
Modifiers-
- Medications**

At the bottom of the SOAP Note window, there is a toolbar with several icons. The icon representing a document with a dollar sign (the 'View Billing Statement' button) is highlighted with a red rectangle.

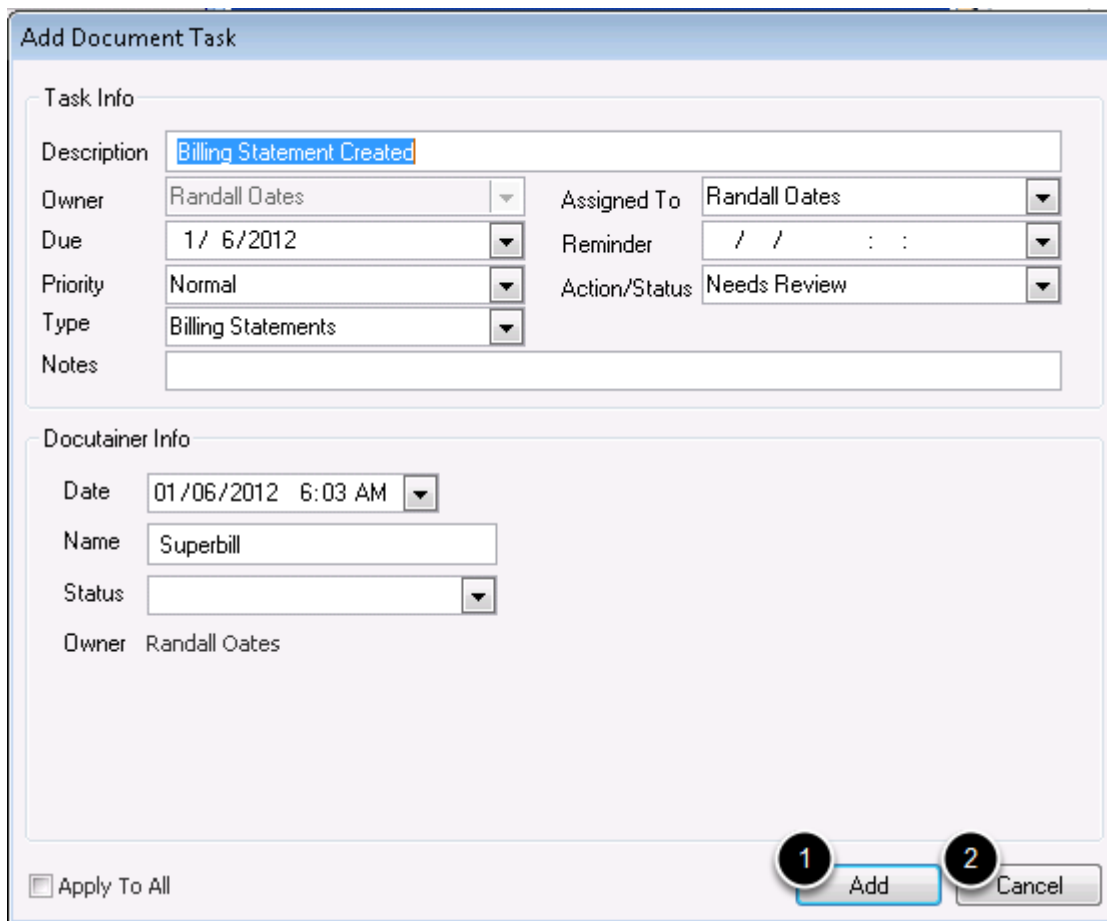
On the right, a 'SMARTText Quick Access' panel is visible. It contains a table with the following data:

S	Order	ICD	Description
<input checked="" type="checkbox"/>	1	466.0	Bronchitis, acute
<input checked="" type="checkbox"/>	2	784.1	Throat pain

Below the table is a 'Comments' section with a text input field.

Click the **View Billing Statement** button.

Optional: Add Document task for Superbill Creation



Add Document Task

Task Info

Description:

Owner: Assigned To:

Due: Reminder:

Priority: Action/Status:

Type:

Notes:

Docutainer Info

Date:

Name:

Status:

Owner:

☐ Apply To All

1 Add **2** Cancel

When a billing statement is created, a window will pop up to associate a task with the new billing statement created. If you have a user in your clinic that will post these at a later time, this task can be assigned to them at this time, if desired. The purpose of this task box is to facilitate a method of tracking superbills that have been created and ensure that they get posted and not overlooked, resulting in lost revenue.

1. Click **Add** to add the task.
2. Click **Cancel** to not add a task.

IMPORTANT: Once the Billing Statement has been posted, this task will automatically be removed from the assigned user's task list.

Review the Billing Statement

The screenshot shows the SOAPware Billing Statement interface. At the top, there are tabs for Summary, Vital Signs, Demographics, and Flags/Note. Below the tabs, there are icons for CMS, a green checkmark, and a magnifying glass. The main form contains fields for Posted On (N/A), Owner (Rand...), and Facility (DOCS ...). Below these fields is a table with columns: Description, CPT, Diagnosis, and Modifiers. The first row in the table is highlighted in blue and contains the text: OFFICE/OUTPATIENT VI..., 99203, Bronchitis..., and an 'X' icon. Below the table are tabs for Assessment and Misc. Info. The Assessment tab is active, showing a list of diagnoses: Bronchitis, acute #466.0 and Throat pain #784.1. Below the diagnoses is a Notes section with the text: Professional courtesy discount. At the bottom of the form, there is a toolbar with icons for adding, deleting, and printing. Below the toolbar is a table with columns: Date, Name, Status, and Owner. The table contains two rows of data: 1/6/2012 6:03:12 AM, Superbill, Randall Oates, and 12/30/2011 9:49:55 AM, Superbill.

Date	Name	Status	Owner
1/6/2012 6:03:12 AM	Superbill		Randall Oates
12/30/2011 9:49:55 AM	Superbill		

1. Procedure codes are listed.
2. Associated diagnosis codes are displayed next to the procedure code.
3. Associated modifiers are displayed next to the procedure code.
4. Optional: If you need to remove a procedure from being billed, you can click the X to the left to remove the item from the billing statement.
5. Notes can be typed in to relay any specific information to front office/biling staff, pertaining to the visit.
6. Click the **Post Superbill** button to post the billing statement.

Note: The Owner listed at the top of the billing statement will be the active provider in SOAPware

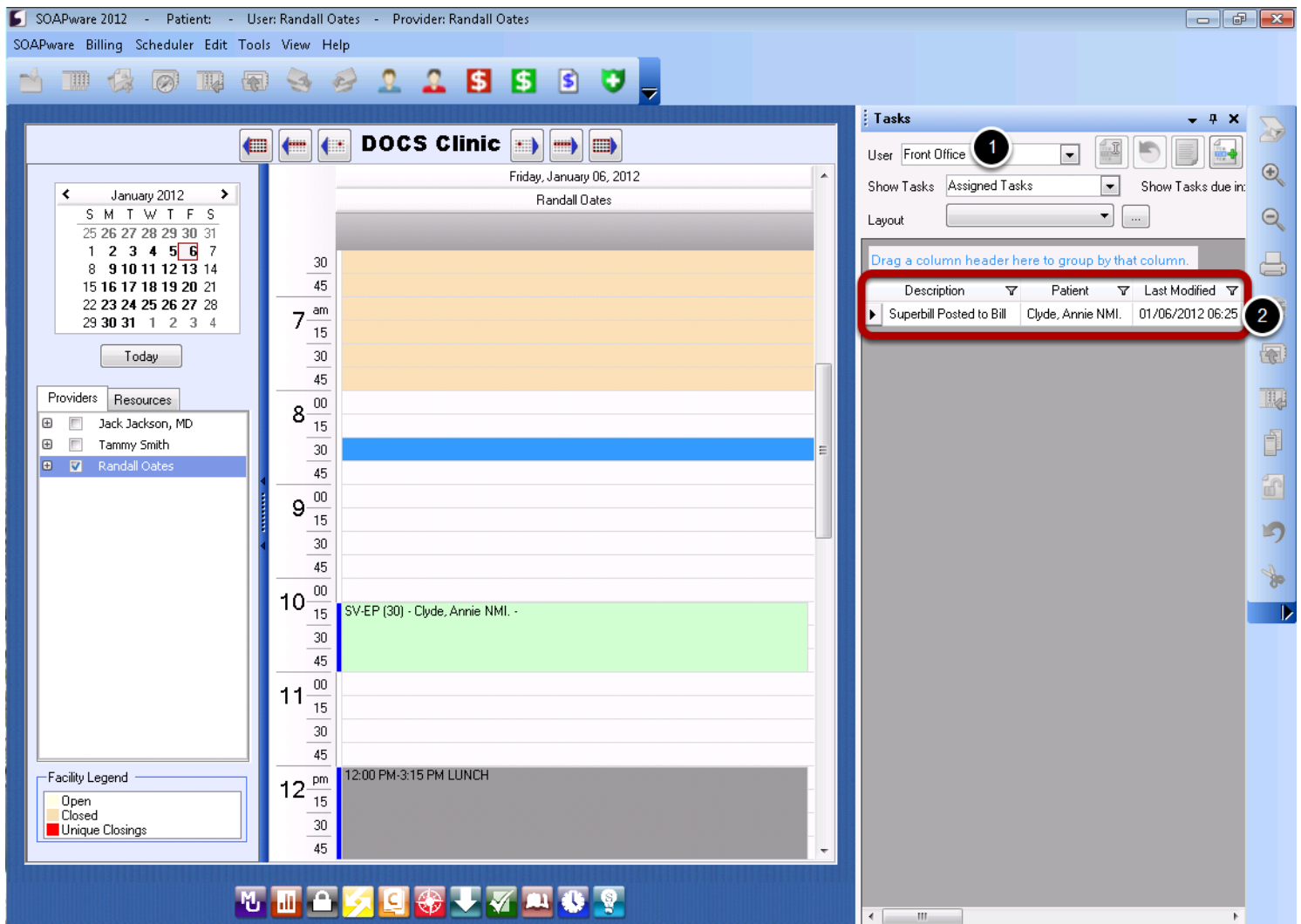
when the billing statement was created. The Facility that is displayed will be the Active Facility on the Scheduler. Both Owner and Facility can be changed on the billing statement as needed by clicking each dropdown.

Add Document Task for Superbill Posted

1. The User selected (in the Superbill Task User field) in the Misc tab of Provider Manager will default to be assigned this task. (Until a user has been set in Provider Manager, the task will default to the physician's name, but can be changed from this dialog as needed.)
2. Click **Create** to add the task for the specified user.

Note: If, under the Misc Tab in the Provider Manager, the checkbox has been checked to Auto-Create Post Superbill Task, this pop-up window will not be displayed. This task will automatically be sent to the designated staff member, who is set up as the Superbill Task User in the Misc Tab of the Provider Manager.

Processing the Posted Billing Statement




From any location in SOAPware, the Task list can be displayed by going to the SOAPware menu and clicking Tasks. If front office staff are processing the posted billing statements/superbills and checking out patients, the task list can be docked within the Scheduler to allow for easy viewing of newly posted superbills/charges. If a back office billing staff member is processing these superbills, they can simply pull up their task list wherever it is convenient for them within SOAPware.

1. With the appropriate user selected at the top of the task list, the newly posted superbill will be displayed in the list.
2. To process the visit, **double click the line item** to open the patient's New Charges tab.

If you would like for your Task list to display the description, patient name and time modified to the left (as is shown in the above screen), drag and drop any of the columns around as needed.

Process/Post Visit Charges and Create Claim (As Needed)

Clyde, Annie NMI.



Clyde, Annie NMI.

Account 112
Chart

Date of Birth 5/21/1947 Age 64 Sex Female Status Married

Address 315 Maple Ave Springdale, AR 72764

Home (555) 223-5656 Work (555) 223-6677 Cell (479) 236-5846

Email aclyde@email.com

	Personal	Insurance	Totals
Family	\$319.00	\$589.47	\$908.47
Patient	\$215.00	\$1,632.08	\$1,847.08
Totals	\$534.00	\$2,221.55	\$2,755.55

☐ Self Pay Co-Pay \$20.00

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

[+ New Visit](#)

Unapplied Co-Pay \$20.00 [Apply Co-Pay](#) 3

Unapplied Pre-Pay \$50.00 [Apply Pre-Pay](#)

Patient Visit for 1/6/2012 6:21 AM

[x](#) Charges From 1/6/2012 6:21 AM 2 [More Info](#) [Add Adjustment](#) [Add Charge](#)

Omit	Posted	Provider	Code	Modifi...	Description	DX	Charge	Unit	Tota...	Co-Ins	Pay...	Adju...	Balance	
<input checked="" type="checkbox"/>	x	1/6/2012	Randall O...	99203	1	Level 3 New Pt SHORT ...	466.0, 784.1	\$200...	1.0	\$200...	\$0.00	\$0.00	\$0.00	\$200.00

\$200... \$200... \$0.00 \$0.00 \$0.00 \$200.00

[+ Primary](#)

Policy [BCBS](#) 6

Route ☒ Paper 7 ☐ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

Follow Up Action [Submit to Insurance](#) 5 ☐ Incomplete

Doctor Comments
Professional courtesy discount

[+ Secondary](#)

Policy [UHC](#) 8

Route ☒ Paper ☐ Electronic

Paper Fill ☒ Fewest Pages 9 ☐ Maintain Order

☒ Print Receipt After Post [Post](#) 10

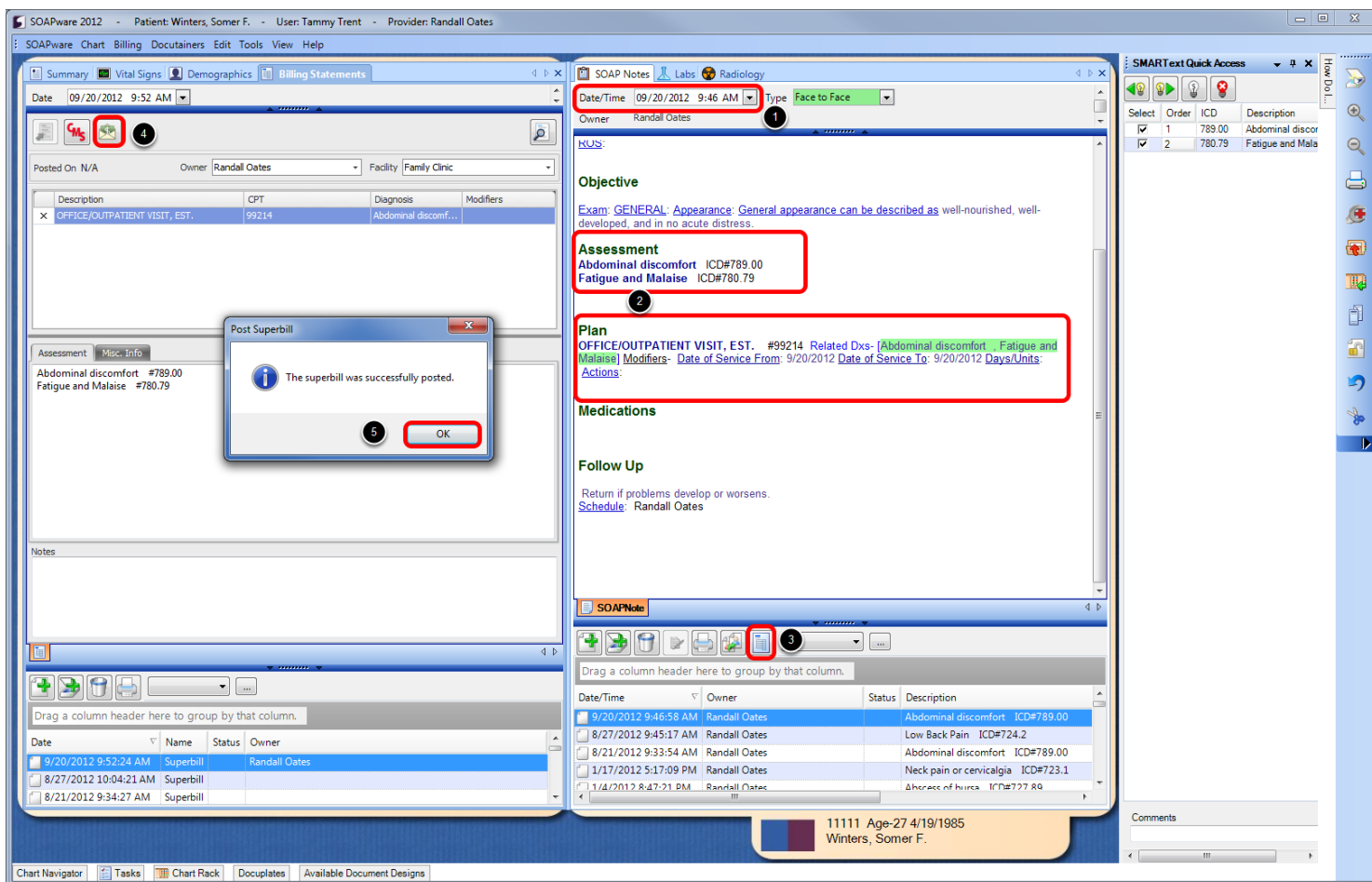
Claim Comments

[\\$ Add Payment](#) 4

1. Double click on the charge to review for any changes.
2. To change claim level information, click on More Info and edit as needed.
3. If a co-pay was taken when the patient checked in, you can manually apply that co-pay to the newly posted charges by clicking Apply Co-Pay and distributing as needed.
4. If you need to take a new payment, click Add Payment.
5. If the patient has an active insurance policy, the Follow-Up Action will default to Submit to Insurance. **If Submit to Insurance is selected as the Follow-Up Action, a claim will be created when the visit is posted. If you do not want to create a claim, select Do Not File. Patient Responsibility from the Follow Up Action drop down.**

6. If there is a Primary Insurance policy for the patient, it will be listed here. The policy can be changed/switched to another policy if needed by clicking the drop down and changing.
7. The route of the claim will be defaulted from the Default Electronic option that was selected in the master Insurance Company setup. If Default Electronic was checked at the Insurance Company level, electronic claim submission will default here. If Default electronic was NOT checked, the default claim submission method will be paper. However, the claim route can be changed from the default at any time.
8. If there is a Secondary Insurance policy for the patient, it will be listed here. The policy can be changed/switched to another policy if needed by clicking the drop down and changing.
9. If submitting an electronic claim for Primary and Secondary, and the claim is being sent to Gateway EDI, Gateway will try to send the secondary electronically, if possible. If you need to generate a secondary claim directly out of SOAPware without going through Gateway EDI, the claim will be sent as a paper claim.
10. Post the visit to the ledger, when finalized. If a claim is generated, it will show in the patient's Claims tab, as well as in the SOAPware Claims Manager for scrubbing and further processing. Once the visit has been posted, the Post Superbill task will be marked as completed on the user's task list.

Post a Superbill/Billing Statement from Chart



1. An encounter/visit should already be documented in the SOAP note section of the Patient Chart. The date of service will default to the encounter date unless you change the date in the sub-items in the Structured Plan item.
2. Structured SMARText items must be used in the Plan and Assessment fields as shown in the screenshot.
3. Click to view **Billing Statement**.
4. Click the **Post Superbill** icon.
5. Dialog will display with message The superbill was successfully posted. Click **OK**.

Open Patient Account in Billing using Task Manager

Tasks

User: Tammy S. Trent

Show Tasks: Assigned Tasks

Layout: [Dropdown]

How Tasks due in: --Show All--

Drag a column header here to group by that column.

Patient	Description	Notes	Priority	Action/Status	Due Date	Assigned To
Winters, Somer F.	Superbill Posted to Billing		High		09/20/2012	Tammy S. Trent
Denver, Michael	Superbill Posted to Billing		High		09/14/2012	Tammy S. Trent
Edmond, Emily E.	Superbill Posted to Billing		High		09/10/2012	Tammy S. Trent
Wu, James M.	Superbill Posted to Billing		High		08/29/2012	Tammy S. Trent
Winkle, Perry P.	Superbill Posted to Billing		High		08/27/2012	Tammy S. Trent

If a user has been assigned as the [Superbill Task User](#) in Provider Manager, that user can access the list of Posted Superbills to complete the billing workflow from the Task Manager.

Go to SOAPware in the main menu and click on Tasks to open the Task Manager.

1. Use the drop down option to select user.
2. Use the drop down option to Show Assigned Tasks.
3. Double Click on Patient name to open the patient account.

You can also open the patient account by following the next step.

Open Patient Account in Billing using Chart Rack

The screenshot shows the 'Chart Rack' window. At the top, there is a search bar with the text 'Winters, Somer F.' and a dropdown menu set to 'Name'. A red circle with the number '1' is around the search bar. Below the search bar is a table with columns: Name, Chart Number, Account Number, SSN, Birth Date, and Patient Status. The table contains two rows: 'Winkle, Perry P.' and 'Winters, Somer F.'. The row for 'Winters, Somer F.' is highlighted in blue. At the bottom of the window, there is a 'Provider' dropdown set to 'All Providers' and a 'Total Active Patients: 285' label. A red circle with the number '2' is around the 'Select' button, which is also highlighted with a red rectangle. A 'Cancel' button is next to it.


Name	Chart Number	Account Number	SSN	Birth Date	Patient Status
Winkle, Perry P.	91	91	112-33-4556	02/01/1960	R
Winters, Somer F.	11111	45	111-22-3333	04/19/1985	R

Go to the Billing menu, then click Patient Account

1. 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.
2. Click to highlight Patient from the Chart Rack list and then Click Select. Patient account will open.

View Posted charges in New Charges Tab

Winters, Somer F.



Winters, Somer F.

Account 45
Chart 11111

Date of Birth 4/19/1985 Age 27 Sex Female Status Single

Address 2700 Edison Springdale, AR 72703-1234

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

Email somerwinters@email.com

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$913.00	\$3,536.00	\$4,449.00
Totals	\$913.00	\$3,536.00	\$4,449.00

☐ Self Pay Co-Pay \$0.00

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

+ New Visit

Unapplied Co-Pay \$0.00

Unapplied Pre-Pay \$0.00

Patient Visit for 9/20/2012 9:52 AM

x Charges From 9/20/2012 9:52 AM

Omit	Posted	Provider	Code	Modifi...	Description	DX	Charge	Unit	Tota...	Co-Ins	Pay...	Adju...	Balance	
<input type="checkbox"/>	x	9/20/2012	Randall O...	99214		OFFICE/OUTPATIENT VI...	789.00, 780.79	\$145...	1.0	\$145...	\$0.00	\$0.00	\$0.00	\$145.00

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

☒ Primary

Policy Medicare

Route ☒ Paper ☐ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

Follow Up Action Submit to Insurance

Doctor Comments

☒ Secondary

Policy Arkansas Medicaid

Route ☒ Paper ☐ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

Claim Comments

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

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

The bottom section allows the user to:

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

Transfer Credit Balance

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

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

Adjust Credit

Jackson, Jack

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

2

\$595.90 \$595.90 \$481.90 \$0.00 \$114.00 **\$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 **4** 700

Description Transfer credit balance

Amount (\$2.00)

Advanced Code Search

Charges for Jackson, Jack Show Zero Balance Charge. **5**

DOS	Provider	Code	Description	Charge	Payments	Balance	Applied
9/23/2010	Randall Oates	88153	CYTOPATH, C/V, REDO	\$150.00	\$152.00	(\$2.00)	(\$2.00) 5
10/18/2010	Randall Oates	99214	OFFICE/OUTPATIENT VISI...	\$116.00	\$0.00	\$116.00	\$0.00

\$266.00

\$152.00

\$114.00

6 (\$2.00)

6 Save

Cancel

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

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

- 6. Click Save.

Apply Adjustment

Code

700

Description

Transfer credit balance

Amount

\$2.00

Advanced Code Search

Charges for Jackson, Jack

☐ Show Zero Balance Charges

DOS	Provider	Code	Description	Charge	Payments	Balance	Applied
10/18/2010	Randall Oates	99214	OFFICE/OUTPATIENT VISI...	\$116.00	\$0.00	\$116.00	\$2.00

\$116.00

\$0.00

\$116.00

\$2.00

Save

Cancel

Practice Management 2012 User Manual - 256

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

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

8. Click **Add Adjustment** button.

Apply Adjustment

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

Advanced Code Search

Charges for Jackson, Jack ☐ Show Zero Balance Charges

DOS	Provider	Code	Description	Charge	Payments	Balance	Applied
10/18/2010	Randall Oates	99214	OFFICE/OUTPATIENT VISI...	\$116.00	\$0.00	\$116.00	\$2.00 (10)

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

(11) Save Cancel

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

Jackson, Jack

Account 99
Chart JJack1212

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

Address 789 Ave Blvd Some City, AR 72774

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

Email jj@yahoo.com

Balances

Family \$0.00

Personal \$114.00

Total \$114.00

☐ Self Pay Co-Pay \$30.00

[Schedule](#) [Demographics](#) [Insurance](#) [Custom](#) [Ledger](#) [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			
9/23/2010	9/23/2010	Randall Oates	88153	CYTOPATH, C/V, ...	\$150.00	1.0	\$150.00	\$152.00	(\$2.00)	\$0.00	\$0.00
10/18/2010			Pymt	Credit Card: ***...				\$425.90			
10/18/2010	10/18/2...	Randall Oates	99214	OFFICE/OUTPATI...	\$116.00	1.0	\$116.00		\$2.00	\$114.00	\$114.00
10/18/2010			700	Transfer credit b...					(\$2.00)		
10/18/2010			700	Transfer credit b...					\$2.00		

\$595.90 \$595.90 \$481.90 \$0.00 \$114.00 **\$114.00**

More Visit Information Claim Level

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

or

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

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Dialog

Edit Claim Details

Owner: Randall Oates Facility: Family Clinic

Type

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

State: [Dropdown]

Special Program Codes

Special Program: [Dropdown]

Delay Reason: [None]

Primary

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

Secondary

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

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

Illness, Injury or Pregnancy

Current IIP: [Dropdown]

Accident: [Dropdown]

Onset of Current: [Dropdown]

Last Menstrual Period: [Dropdown]

Patient, Treatment Dates

Last Seen Date: [Dropdown]

Referral Date: [Dropdown]

Similar Illness Date: [Dropdown]

Initial Treatment: [Dropdown]

Acute Manifestation: [Dropdown]

Hearing/Vision Rx: [Dropdown]

Last X-Ray: [Dropdown]

Order Date: [Dropdown]

Hospital, Disability Dates

Not Work From: [Dropdown] To: [Dropdown]

Disability From: [Dropdown] To: [Dropdown]

Hospital From: [Dropdown] To: [Dropdown]

Care From: [Dropdown] To: [Dropdown]

Accept Assignment: Yes

Save Cancel

1. Type

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

boxes are checked for paper claims, the first type checked will print on claim. To add Illness, Injury, or Pregnancy dates, please see **Dates** tab

2. Special Program Codes

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

Delay Reason: Code indicating the reason a request was delayed

3. Primary

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

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

4. Secondary

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

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

More Info Ambulance-Claim Level

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info for Ambulance Claims

Edit Claim Details

Owner: Facility:

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

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

Pick-Up Address	Ambulance Certification
Street: <input type="text" value="<None>"/> Street 2: <input type="text" value="<None>"/> City: <input type="text" value="<None>"/> State: <input type="text" value=""/> Zip Code: <input type="text" value="<None>"/>	Admitted to a hospital: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes Moved by stretcher: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes Unconscious or in shock: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes Transported in an emergency situation: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes Physically restrained: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes Visible hemorrhaging: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes Medically necessary: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes Confined to a bed or chair: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes

Drop-Off Address:

Street:
 Street 2:
 City:

Accept Assignment:

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

More Info Ambulance (Continued)

Edit Claim Details

Owner: Facility:

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

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

Drop-Off

Street:
Street 2:
City:
State:
Zip Code:

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes
Visible hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes
Medically necessary: ☒ Do Not Send ☐ No ☐ Yes
Confined to a bed or chair: ☒ Do Not Send ☐ No ☐ Yes

Transport Reason: **4**
Transport Distance (Miles):
Round Trip Description:
Stretcher Purpose:
Patient Weight (Pounds):

Accept Assignment:

4. Reason for Ambulance

More Info Contract-Claim Level

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Contract Type Information

Edit Claim Details

Owner: Randall Oates Facility: Family Clinic

Type

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

Special Program Codes

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

Primary

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

Secondary

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

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

Type: <None>
Amount: <None>
Percentage: <None>
Code: <None>
Discount Percentage: <None>
Version: <None>

Accept Assignment: Yes

Save Cancel

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

More Info Dates-Claim Level

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info

1. Illness, Injury or Pregnancy

2. Patient, Treatment Dates

3. Hospital, Disability Dates

- 1. Illness, Injury or Pregnancy**-Select date from drop down calendar for Accident, Onset of Current illness or Last Menstrual period. This will automatically add the date for **Current IIP**
- 2. Patient Treatment Dates**-Add dates as required by payers for your specialty

3. **Hospital , Disability Dates**-Select dates from drop down calendars for **Workers Comp**- Not Work From, **Disability**-Disability From/To, **Hospital admit and discharge**-Hospital From/To **Care**-Care From/To dates

More Info File Information-Claim Level

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info File Information Tab

Edit Claim Details

Owner: Randall Oates Facility: Family Clinic

Type

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

Special Program Codes

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

Primary

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

Secondary

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

File Information

LOOP 2300 K3 File Information

Accept Assignment: Yes

Save Cancel

File Information:

Fixed Format Information

Data in fixed format agreed upon by sender and receiver

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

More Info Reserved for Local Use (Box 19)-Claim Level

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Misc Details-Reserved for Local Use (CMS 1500 Block 19)

Edit Claim Details

Owner: Randall Oates Facility: Family Clinic

Type

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

Special Program Codes

Special Program: 01 - EPSDT or CHAP - Obsole
Delay Reason: <None>

Primary

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

Secondary

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

Paper Claim Info

Reserved For Local Use (Box 19)
Medicaid Resubmission Number:

Note

Text: <None>
Type: <None>

Lab

☐ Outside Lab Charges: \$0.00
Lab:
☐ Homebound
Spinal Manipulation

Original Reference Number

Number: Policy Id:
LOOP 2300 / 2330B REF with F8

EPSDT

Code:
Code (2):

Accept Assignment: Yes

Save Cancel

Please refer to the most current instructions from the applicable public or private payer regarding the use of this field. Some payers ask for certain identifiers in this field. If identifiers are reported in this field, enter the appropriate qualifiers describing the identifier. Do not enter a space, hyphen, or other separator between the qualifier code and the number.

More Info Medicaid Resubmission Number for CMS 1500 paper claim

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

Medicaid Resubmission Number

Edit Claim Details

Owner: Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text" value="01 - EPSDT or CHAP - Obsole"/> Delay Reason: <input type="text" value="<None>"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

Paper Claim Info

Reserved For Local Use (Box 19)

Medicaid Resubmission Number

Note

Text:
Type:

Lab

☐ Outside Lab Charges:
Lab:

☐ Homebound

Original Reference Number

Number	Policy Id
LOOP 2300 / 2330B REF with F8	

EPSDT

Code:
Code (2):

Accept Assignment:

Enter Medicaid Resubmission number to appear in block 22 on the CMS 1500 claim form

More Info Misc Details-Claim Notes

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

Claim Notes (Loops 2300 NTE01, NTE02)

The screenshot shows the 'Edit: Claim Details' window. At the top, there are dropdowns for 'Owner' (Select Owner) and 'Facility' (Family Clinic). Below these are several tabs: Ambulance, Contract, Dates, File Information, Misc Details (selected), Patient, Property And Casualty, Providers, Referral / Authorization, Supplemental Information, and Vision. The 'Misc Details' tab is active, showing a 'Paper Claim Info' section with fields for 'Reserved For Local Use (Box 19)' and 'Medicaid Resubmission Number'. A 'Note' section is highlighted with a red box, containing a 'Text' field with '<None>' and a 'Type' dropdown with '<None>'. To the right of the 'Note' section is the 'Original Reference Number' section, which includes a table with columns 'Number' and 'Policy Id', and a row containing 'LOOP 2300 / 23308 REF with F8'. Below this is the 'EPSTD' section with 'Code' and 'Code (2)' dropdowns. At the bottom right, there is an 'Accept Assignment' dropdown set to 'Yes' and 'Save' and 'Cancel' buttons.

To transmit information in a free-form format, if necessary, for comment or special instruction at the **Claim Level**.

Text: Type free text

Type: Select type of note from drop down list

More Info Misc Details-Original Reference Number/ICN

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Misc Details-Original Reference Number/ICN

Edit Claim Details

Owner: Facility:

Type

☐ Employment
☐ Auto Accident
☐ Other Accident
☒ None

Special Program Codes

Special Program:
Delay Reason:

Primary

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

Secondary

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

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

Medicaid Resub Num:

Note

Text:
Type:

Lab

☐ Outside Lab Charges:
Lab:
☐ Homebound

Spinal Manipulation

Nature of Condition:
Description:

Original Reference Number

Number: Policy Id:

Company Name	Policy Status	Insured Name	PI
Medicare	Primary	Ernie Bert	sd
BCBS AR	Secondary	Ernie Bert	
Arkansas Firstso...	Inactive	Ernie Bert	
Missouri Medicaid	Inactive	Ernie Bert	

EPST1
Code:
Code (2):
Code (3):

Mammography:

Accept Assignment:

If claim submission is Replacement claim, the ICN or Original reference number will be entered here.

- 1. Number:** Enter ICN/Original Reference Number as shown on explanation of benefits or rejection report
- 2. Policy ID:** Select payer from drop down list. This list is pulled from the insurance policy information in patient Insurance demographics

More Info Misc Details-Lab CLIA number

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Misc Details-Lab CLIA number (Loop 2300 REF02 with X4 Qualifier)

The screenshot shows the 'Edit Claim Details' window. The 'Lab' section is highlighted with a red box. It contains a dropdown arrow (1) and a list of facilities (2). The 'Original Reference Number' section shows 'LOOP 2300 / 2330B REF with F8' and '1234567801'. The 'EPSTD' section shows 'Code' and 'Code (2)' dropdowns. The 'Mammography' section is also visible. The 'Accept Assignment' dropdown is set to 'Yes'. The 'Save' and 'Cancel' buttons are at the bottom right.

Lab: The Lab will default to the Active Facility if the lab codes have been selected to add the CLIA number to the claims during the system setup. If visits/charges are created for facilities outside the main facility (physical address indicated in [Manage Groups](#)), those facilities will still have to be selected in Providers tab->Service Facility, and the lab will need to be added in Misc Details tab, as in previous versions. The CLIA number will be included in the claim file and pulled from the [Facility Manager](#).

1. Click on the drop down arrow
2. Select the facility where the labs are performed from the list
3. Click Save

More Info Misc Details-EPSDT

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Misc Details-EPSTD

Edit Claim Details

Owner: Facility:

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

Medicaid Resub Num:

Note

Text:
 Type:

Lab

☐ Outside Lab Charges:
 Lab:

☐ Homebound

Spinal Manipulation

Nature of Condition:
 Description:

Original Reference Number

Number	Policy Id
LOOP 2300 / 23306 REF with F8	
1234567801	

EPSTD

Code:

Code (2):

Code (3):

Mammog:

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

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

More Info Misc Details-Spinal Manipulation

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Misc Details-Spinal Manipulation

Edit Claim Details

Owner: Facility:

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

Spinal Manipulation

Nature of Condition:

Description:

Additional Description:

Anesthesia Related Procedure:

Procedure 1:
 Procedure 2:

Condition Information:

Code (3):

Mammography

Certification Number:

Service Authorization Exemption

Code:

Investigational Device

Exemption Number:

Medical Record

Number:

Demonstration Project

Identifier:

Accept Assignment:

Nature of Condition: Select condition from drop down list

Description: Type description

Additional Description: Type additional description

More Info Misc Details-Mammography

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Misc Details-Mammography

Edit Claim Details

Owner: Facility:

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

Spinal Manipulation

Nature of Condition:
Description:
Additional Description:

Anesthesia Related Procedures

Procedure 1:
Procedure 2:

Condition Information

Mammography

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

Accept Assignment:

Certification Number: Type Mammography certification number

More Info Misc Details-Service Authorization Exemption

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Misc Details-Service Authorization Exemption

Edit Claim Details

Owner: Randall Oates Facility: Family Clinic

Type

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

Special Program Codes

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

Primary

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

Secondary

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

Misc Details

Spinal Manipulation

Nature of Condition: None
Description:
Additional Description:

Anesthesia Related Procedures

Procedure 1: <None>
Procedure 2:

Condition Information

LOOP 2300 HI

Service Authorization Exemption

Code: <None>

Mammography

Certification Number: <None>

Investigational Device

Exemption Number: <None>

Medical Record

Number: <None>

Demonstration Project

Identifier: <None>

Accept Assignment: Yes

Save Cancel

Code: Enter Exemption code, if applicable.

Allowable values for this element are:

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

More Info Misc Details-Investigational Device

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Misc Details-Investigational Device

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

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

Exemption Number: Enter exemption number.

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

More Info Misc Details-Medical Record Number

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Misc Details-Medical Record Number

Edit Claim Details

Owner: Facility:

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

Spinal Manipulation

Nature of Condition:
Description:
Additional Description:

Anesthesia Related Procedures

Procedure 1:
Procedure 2:

Condition Information

Medical Record

Number:

Demonstration Project Identifier:

Accept Assignment:

Number: Enter Medical Record number, if applicable.

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

More Info Misc Details-Anesthesia Related Procedures

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Misc Details-Anesthesia Related Procedures

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

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

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

Special Program Codes: Special Program: Delay Reason:

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

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

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

Procedure 1: **Procedure 2:**

Condition Information:

Select Charge Dialog: Code: Short Description: Type to Search: Clear Filters: Advanced Search: Select: Cancel:

Accept Assignment:

Buttons: Save Cancel

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

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

More Info Misc Details-Condition Information

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Misc Details-Condition Information

Edit Claim Details

Owner: Facility:

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

Condition Information

Procedure
Procedure 1: <input type="text"/>
Procedure 2: <input type="text" value="<None>"/>

Condition Information

Condition
LOOP 2300 HI

Service Authorization Exemption

Code:

Investigational Device

Exemption Number:

Medical Record

Number:

Demonstration Project

Identifier:

Care Plan Oversight

Number:

Accept Assignment:

To supply information related to the delivery of health care

Required when condition information applies to the claim.

More Info Misc Details-Demonstration Project

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Misc Details-Demonstration Project

The screenshot shows the 'Edit Claim Details' window with the 'Misc Details' tab selected. The 'Demonstration Project' section is highlighted with a red box. The form includes various fields for claim details, including Owner, Facility, Type, Special Program Codes, Primary/Secondary Release of Information Signature, Benefits Assignment, Ambulance, Contract, Dates, File Information, Patient, Property And Casualty, Providers, Referral / Authorization, Supplemental Information, and Vision. The 'Demonstration Project' section contains a 'Number' field and an 'Identifier' field, both currently set to '<None>'. The 'Accept Assignment' field is set to 'Yes'.

Owner: Randall Oates Facility: Family Clinic

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

Special Program Codes: Special Program: Delay Reason:

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

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

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

Anesthesia Related Procedures: Procedure 1: Procedure 2:

Condition Information: LOOP 2300 HI

Service Authorization Exemption: Code:

Investigational Device: Exemption Number:

Medical Record: Number:

Demonstration Project: Identifier:

Care Plan Oversight: Number:

Accept Assignment: Yes

Save Cancel

Code qualifying the Reference Identification

Identifier: Enter Reference Identification Qualifier

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

More Info Misc Details-Care Plan Oversight

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Misc Details-Care Plan Oversight

Edit Claim Details

Owner: Facility:

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

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

Anesthesia Related Procedures

Procedure 1:
Procedure 2:

Condition Information

LOOP 2300 HI

Service Authorization Exemption

Code:

Investigational Device

Exemption Number:

Medical Record

Number:

Demonstration Project

Identifier:

Care Plan Oversight

Number:

Accept Assignment:

Number: Enter number

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

More Info Patient Tab-Claim Level

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Patient Tab

Edit Claim Details

Owner: Randall Oates Facility: Family Clinic

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

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

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

Accept Assignment: Yes

Save Cancel

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

Date of Death: Enter date of death.

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

Weight: Enter Patients weight.

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

Pregnant: Place a check mark in box if Yes.

More Info Property and Casualty Tab-Claim Level

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Property and Casualty Tab

Edit Claim Details

Owner: Facility:

Type

☐ Employment ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes

Special Program: Delay Reason:

Primary

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

Secondary

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

Property And Casualty

Claim Number: Contact Name: Contact Phone: Ex:

Patient ID Type: ☒ Do Not Send ☐ Member Id Number ☐ Social Security Number

Patient ID: First Contact Date:

Service Facility

Contact: Phone: Extension:

Accept Assignment:

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

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

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

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

Patient ID: Enter Patient ID

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

Service Facility

Contact: Service Facility Contact Information

Phone: Service Facility Contact Phone

More Info Providers Tab-Claim Level

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Providers Tab (Use only to override Default Info)

Edit Claim Details

Owner: Facility:

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

Providers Tab

Rendering Provider:
Referring Provider:
Primary Care Provider:
Service Facility:
Supervising Provider:

Accept Assignment:

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

Rendering Provider-Select only if rendering provider is other than the provider indicated in the Owner field at the top. Otherwise, leave blank.

Referring Provider-If a referring provider is set up in patient demographics, it will automatically default to the Referring Provider tab.

Primary Care Provider-Select from the drop down list only if required by patients insurance company for the services provided. Otherwise, leave blank.

Service Facility-Select from drop down list only if services are performed in a facility other than clinic's physical location indicated in Manage Groups setup. Otherwise, leave blank.

Supervising Provider-Select from the drop down list only if required by patients insurance company for the services provided. Otherwise, leave blank.

Accept Assignment-To change Accept Assignment to something other than default selected in Claims Options, select from the drop down list.

More Info Referral/Authorization-Claim Level

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Referral/Prior Authorization Tab-Claim Level

Edit: Claim Details

Owner: Facility:

Type
☐ Employment
☐ Auto Accident
☐ Other Accident
☒ None

Special Program Codes
Special Program:
Delay Reason:

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

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

Referral Numbers

Number	Policy
1234567890	Met Advantage

Prior Authorization

Number	Policy
9876543210	Champus

Company Name	Policy Status	Insured Name	Plan Name	Policy Number
Met Advantage	Primary	Daniel D Danie...	11c	1234567001
Champus	Inactive	Daniel D Danie...		12313

Accept Assignment:

Referral Numbers-Required when a referral number is assigned by the payer or Utilization Management Organization (UMO)

Prior Authorization-Required when an authorization number is assigned by the payer or UMO, and the services on this claim were preauthorized.

1. Click and type referral number below the Number column header.
2. Click on the drop down arrow and select primary, secondary or tertiary policy associated with the number.
3. Click Save.

More Info Supplemental Information Tab-Claim Level

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Supplemental Information Tab

Edit Claim Details

Owner: Facility:

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

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

Accept Assignment:

- Control Number:** Enter the control number
- Report Type Code:** Select from the drop down list.
- Transmission Type:** Select from the drop down list.
- Click Save.

Required when there is a paper attachment following this claim.

OR

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

OR

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

More Info Vision-Claim Level

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

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim. Unless this additional information is required by the payer for your specialty, do not add any additional information.

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

More Info Vision Tab-Claim Level

Edit Claim Details

Owner: Facility:

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

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

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

Accept Assignment:

Spectacle Lenses: Select Yes or No for applicable options.

Spectacle Frames: Select Yes or No for applicable options.

Contact Lenses: Select Yes or No for applicable options.

More Visit Information Charge Level-Dialysis and DME

You can add additional information on a charge level by double clicking on the Procedure in Claim Details. This will open the Charge Details dialog. some of the tabs are duplicates of the ones seen in the More Info section, only at the charge level instead of the Claim level. There are other tabs that are not found in the More Info dialog because they are only used at the charge level. The tabs found in the charge level and in More Info should only be used for one or the other, but not both. Those will most often be required at the claim level and entered in the More Info section.

Additional charge Information Dialysis Related

Winters, Somer F.

Winters, Somer F. Account 45 Chart 11111

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

Address 2700 Edison Springdale, AR 72703-1234

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

Email somerwinters@e

\$ Balances

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

\$ Charge Details

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

Diagnosis Codes Add Code

DX	Description
X E819.9	Motor vehicle accident

Modifiers Add Code

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

☐ Omit from Claim

Notes

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

Ambulance Contract **Dialysis** DME Drug

Dates

Most Recent Serum Creatine <None>

Most Recent Hemoglobin/Hematocrit <None>

Results

Creatine Result <None>

Hemoglobin Result <None>

Hematocrit Result <None>

Epoetin Starting Dosage <None>

Amounts Details

Payments/Adjustments

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

Totals

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

Quick Misc Details

Facility Family Clinic

EPSTD

☐ Emergency

☐ Family Plan

Supplemental

Save **Cancel**

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

For information that will apply to all charges within the claim, see More Info.

Additional charge information DME (Durable Medical Equipment) Related

Winters, Somer F.

Winters, Son

Date of Birth 4/19/2011

Address 2700 Edison

Home (479) 555-444

Email somerwinters@

Schedule Demographics In

Claims

Post Date	Processed	Claim ID
8/25/2011	9/9/2011	801
8/25/2011	9/16/2011	808
9/9/2011	9/9/2011	810
9/14/2011	9/14/2011	814
9/21/2011	9/21/2011	816
10/20/2011	11/10/2011	847

Claim Details

Details for Claim 847

Post Date 10/20/2011

Process Date 11/10/2011

Routing E

Primary

Policy BCBS AR

Route Paper Electron

Paper Fill Fewest Pages Maint

Charges

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

Charge Details

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

Diagnosis Codes Add Code

DX	Description
E819.9	Motor vehicle accident

Modifiers Add Code

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

Omit from Claim

Notes

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

Ambulance Contract Dialysis DME Drug

Length of Medical Necessity (Days) <None>

Rental Price <None>

Purchase Price <None>

Payment Frequency <None>

Att. Transmission Code <None>

Begin Therapy <None>

Last Certification <None>

Certification

Certification Type <None>

Length of Need (Months) <None>

Revision/Recertification <None>

Certification Condition

☒ Do Not Send ☐ No ☐ Yes

☐ Signed certification on file with supplier

☐ Replacement item

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
		\$0.00

Totals

Charges \$135.00

Pay/Adjust \$0.00

Balance \$135.00

Quick Misc Details

Facility Family Clinic

EPSDT

☐ Emergency ☐ Family Plan

Supplemental

Save Cancel

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

For information that will apply to all charges within the claim, see More Info.

Additional Information-Charge Level Drug Tab

The NDC code can be added from the new charges tab, prior to posting a new visit to the patient ledger, or added from the Claims tab when editing an existing claim/visit. Double Click on a charge line item to open Charge Details, and enter additional information at the charge level. Click on the Drug tab.

For information that will apply to all charges within the claim, see More Info.

Additional charge information Drug Related

\$ Charge Details

Service From	Service To	Provider	Code	Description	Unit	Charge
9/14/2012	9/14/2012	Randall Oates	90663	FLU VACC PANDEMIC	1.0	\$30.00

Diagnosis Codes		Modifiers		Omit from Claim
DX	Description	Code	Description	
				<input type="checkbox"/>

File Information	Misc Details	Providers	Referral / Authorization	Supplemental Information	Supporting Documentation
Ambulance	Contract	Dialysis	DME	Drug	

Prescription Date	Drug Code	Drug Quantity	Drug Unit	Prescription Number
<None>	<None>	<None>	<None>	<input checked="" type="radio"/> None <input type="radio"/> Pharmacy Prescription Number <input type="radio"/> Link Sequence
				<None>

Amounts Details			Totals		Quick Misc Details	
Payments/Adjustments			Charges		Facility	Family Clinic
Date	Name/Description	Amount	Pay/Adjust	\$0.00	EPSDT	
			Balance	\$30.00	<input type="checkbox"/> Emergency	
					<input type="checkbox"/> Family Plan	
					Supplemental	

Insurance Details

Save Cancel

Prescription Date-Required when a drug is billed for this line and a prescription was written (or otherwise communicated by the prescriber if not written).

Drug Code-The NDC number is used for reporting prescribed drugs and biologics when required by government regulation, or as deemed by the provider to enhance claim reporting or adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410 only.

The FDA issues their numbers in either a 9 or 10 digit format. **CMS requires the number to be in the 11 digit format to be compliant with the new 5010 HIPAA standards.** If the code you find on your vial is shorter in length (i.e., 9 or 10 digits), add one or more zeros to the code to create a longer code. A majority of them only have 10 digits.

Here is where to place the extra zero:

- If the NDC code is formatted as 4-4-2, then the extra 0 goes in first position.
####-####-## becomes 0####-####-##
- If the NDC code is formatted as 5-3-2, then the extra 0 goes in the 6th position.
#####-###-## becomes #####0-###-##
- If the NDC code is formatted as 5-4-1, then the extra 0 goes in the 10th position.
#####-####-# becomes #####-#####-0#

Drug Quantity-The dispensing quantity, based upon the unit of measure as defined by the National Drug Code.

Drug Unit-Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken.

Prescription Number-Required when dispensing of the drug has been done with an assigned prescription number.

OR

Required when the provided medication involves the compounding of two or more drugs being reported and there is no prescription number.

1. In cases where a compound drug is being billed, the components of the compound will all have the same prescription number. Payers receiving the claim can relate all the components by matching the prescription number.

2. For cases where the drug is provided without a prescription (for example, from a physician's office), the value provided in this segment is a "link sequence number". The link sequence number is a

provider assigned number that is unique to this claim. Its purpose is to enable the receiver to piece together the components of the compound.

Add Description to NOC codes

New changes have been added to the Charge level for documentation of NOC NDC Codes.

Additional Description for NOC Codes (Loop 2400 Segment SV101-7)

Winters, Somer F.

Account 45
Chart 11111

Winters, Somer F.
Date of Birth 4/19/19...
Address 2700 Edison...
Home (479) 555-4444
Email somerwinters@...

Charge Details

Service From	Service To	Provider	Code	Description	Unit	Charge
10/11/2012	10/11/2012	Randall Oates	J3301	Triamcinolone acet inj NOS	1.0	\$50.00

Diagnosis Codes

DX	Description
X 696.1	Acrodermatitis continua (Hallopeau)

Modifiers

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

Omit from Claim ☐

Notes

File Information

Misc Details

Hospice

Rendering Provider is Hospice Employee

☒ Do Not Send ☐ No ☐ Yes

Labs

Lab

Referring Lab

Charge Breakdown

Tax

Additional Description

KENALOG N412345678900 QT4 BMME

Notes

Note

Type

Spinal Manipulation

Last X-Ray

Amounts Details

Date	Name/Description	Amount
		\$0.00

Payments/Adjustments

Totals

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

Quick Misc Details

Facility

Family Clinic

EPSTD

☐ Emergency

☐ Family Plan

Supplemental

Save Cancel

Add Payment

Additional Description - The 5010 professional claim transaction (837P) requires that when a non-specific or Not Otherwise Classified (NOC) procedure code is used (in the 2400/SV101-2), then a description is required in the 2400/SV101-7.

Here's the link to the NOC codes list from CMS:

<http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Downloads/CMSNOCcodes.zip>

Here's the main link--once here you can scroll to the bottom to get to the zip file that has all the codes: <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/FFSEditing.html>

Additional Information Supporting Documentation-Charge Level

Add Supporting Documentation to charge, if applicable

Additional charge information Supporting Documentation

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

Claims

Post Date	Processed	Claim ID
8/25/2011	9/9/2011	801
8/25/2011	9/16/2011	802
9/9/2011	9/9/2011	810
9/14/2011	9/14/2011	814
9/21/2011	9/21/2011	816
10/20/2011	11/10/2011	847

Claim Details
 Details for Claim 847
 Post Date 10/20/2011
 Process Date 11/10/2011
 Routing E

Primary
 Policy BCBS AR
 Route Paper
 Paper Fill Fewest Pages

Charges

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

Charge Details

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

Diagnosis Codes
 Add Code
 DX Description
 X E819.9 Motor vehicle accident

Modifiers
 Add Code
 Code Description

Notes
 2

Supporting Documentation
 Form Code Form Code Type
 Code Description
 AS Form Type Code
 UT CMS DMERC CMN
 3

Amounts Details
 Payments/Adjustments
 Date Name/Description Amount
 \$0.00

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

Quick Misc Details
 Facility Family Clinic
 EPSDT
 Emergency
 Family Plan
 Supplemental

Insurance Details

Save **Cancel**
 4

Form Code-

Form Type Code-Required when adjudication is known to be impacted by one of the types of supporting documentation (standardized paper forms) listed in LQ01.

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

3. Select from drop down listing.
4. Click Save.

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

Edit/Update Charges

Update/Edit Charges

Edit/Update Charges

Bert, Ernie

Account 94
Chart 12345

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

Address 112 Oak St Fayetteville, AR 72703

Balances

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

Charge Details

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

Diagnosis Codes: DX 786.52 Painful respiration

Modifiers: Code 2

File Information: Ambulance Contract 3

Pick-Up Address: Street <None> Street 2 <None> City <None> State <None> Zip Code <None> Drop-Off

Ambulance Certification: Admitted to a hospital Do Not Send No Yes Moved by stretcher Do Not Send No Yes Unconscious or in shock Do Not Send No Yes Transported in an emergency situation Do Not Send No Yes Physically restrained Do Not Send No Yes

Amounts Details: Payments/Adjustments Date Name/Description Amount Totals Charges \$145.00 Pay/Adjust \$0.00 Balance \$145.00

Quick Misc Details: Facility Family Clinic EPSDT Emergency Family Plan Supplemental

Insurance Details

Save Cancel

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

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

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

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

Edit Diagnosis Code

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

1. To add a Modifier, Click the Add Code button and begin Typing the Modifier code or Click in the Description search field and begin typing description.
2. Click the Select button
3. Delete a Modifier from the list by Clicking the X in front of the Modifier

Edit Procedure Codes

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

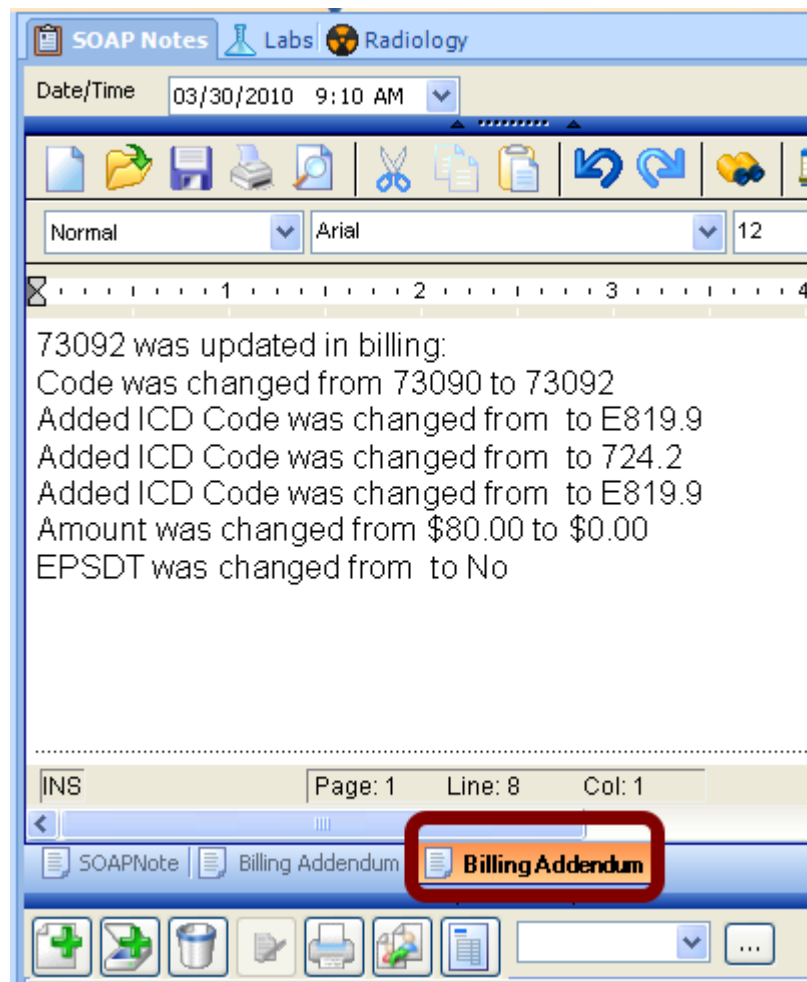
Service From	Service To	Provider	Code	Description	Units	Charge
3/10/2010	3/10/2010	Randall Oates	73090	X-RAY EXAM OF FOR...	1.0	\$80.00

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

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

1. To change or add, Click to open the Select Charge dialog
2. Begin Typing the CPT code or Click inside the Description field and begin Typing a description for the Code and select code from the list
3. Click the Select button

Addendum added to Patient Chart when Visits are Edited in Billing



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

Apply Payment to Patient Account in New Charges Tab

Apply Payment to New Charges

Bunch, Oscar

Bunch, Oscar Account 19
Chart Bunc123456

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

Address 1122 Elm St Some City, AR 72765-1122

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

Email ob@email.com

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$0.00	\$0.00
Totals	\$0.00	\$0.00	\$0.00

Self Pay Co-Pay \$20.00

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

+ New Visit

Unapplied Co-Pay \$0.00 Apply Co-Pay

Unapplied Pre-Pay \$0.00 Apply Pre-Pay

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

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

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

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

Primary

Policy Arkansas Firstsource

Route ☐ Paper ☒ Electronic

Paper Fill ☐ Fewest Pages ☐ Maintain Order

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

Doctor Comments Claim Comments

\$ Add Payment

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

Apply Payment to New Charge

Make Payment

Payer Details

X Bunch, Oscar

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

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

Payment Details 1

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

Apply Charges Add Dependent No Dependents + Add Patient 2

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

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

Charges

☐ Show Zero Balance Charges 3

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

Clear Applied Print Receipt After Saving Save Cancel

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

1. Payment Details Manual entry. Visits are inactivated until a 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 PayAll button.

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

Apply Payment to Visits/Charges

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

- Payer Details:** Oscar Bunch, Account # 19, Chart # 1122 Elm St, Some City AR 72765-1122, DOB 2/5/1977, Age 33.
- 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 Table:**

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

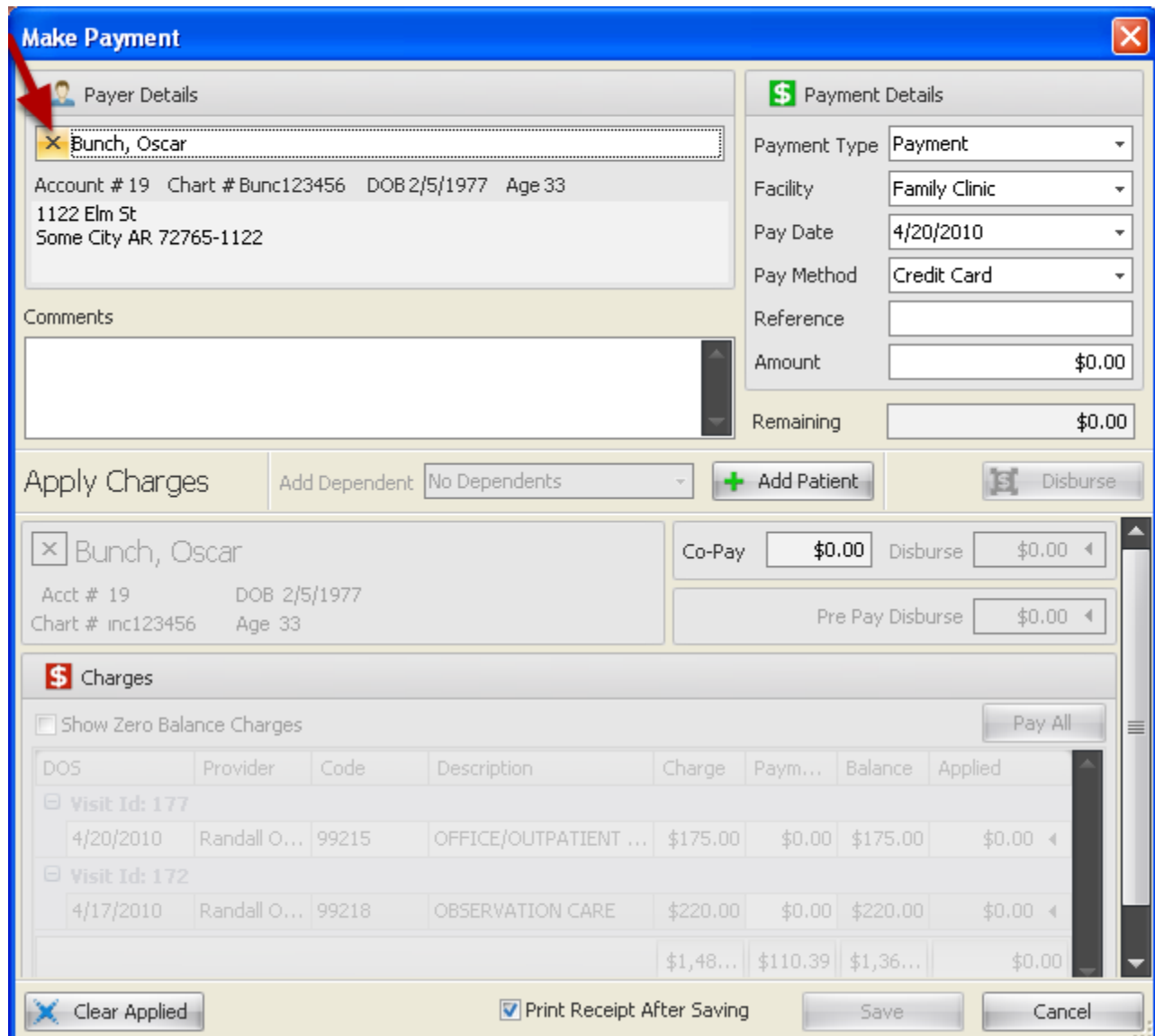
Buttons: Clear Applied, Print Receipt After Saving, Save, Cancel. A tooltip 'Click to apply to charge' points to the arrow in the Applied column.

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

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

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

Change Payer



Make Payment

Payer Details

X Bunch, Oscar

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

Comments

Payment Details

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

Apply Charges Add Dependent: No Dependents + Add Patient Disburse

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

Charges

☐ Show Zero Balance Charges Pay All

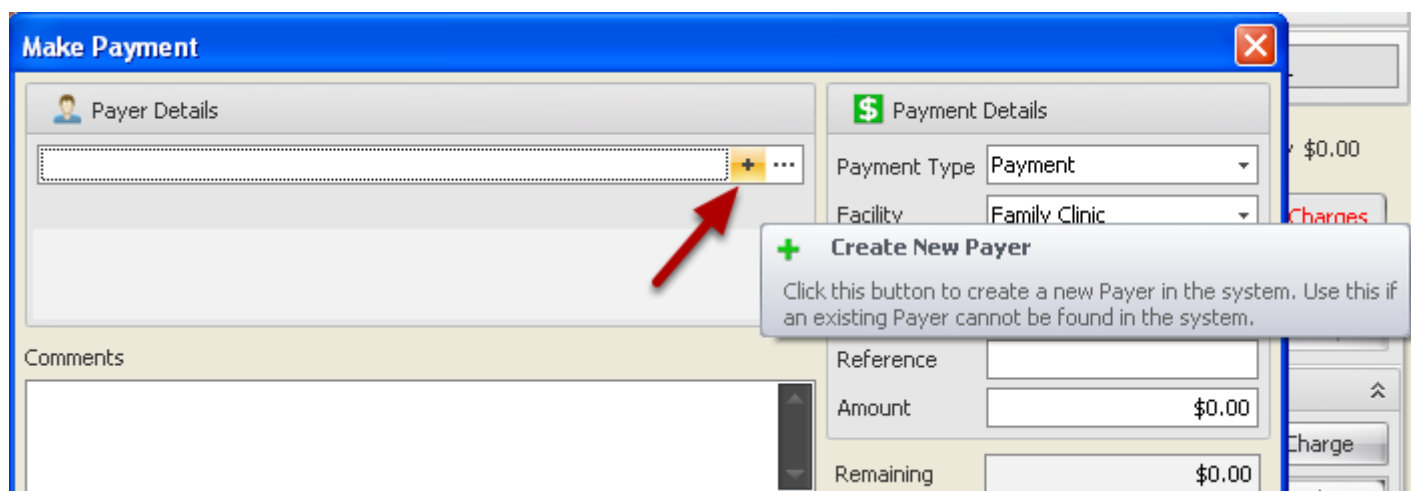
DOS	Provider	Code	Description	Charge	Paym...	Balance	Applied
Visit Id: 177							
4/20/2010	Randall O...	99215	OFFICE/OUTPATIENT ...	\$175.00	\$0.00	\$175.00	\$0.00
Visit Id: 172							
4/17/2010	Randall O...	99218	OBSERVATION CARE	\$220.00	\$0.00	\$220.00	\$0.00
				\$1,48...	\$110.39	\$1,36...	\$0.00

Clear Applied ☒ Print Receipt After Saving Save Cancel

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

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

Create a New Payer



Make Payment

Payer Details

Payment Type: Payment
Facility: Family Clinic

Payment Details

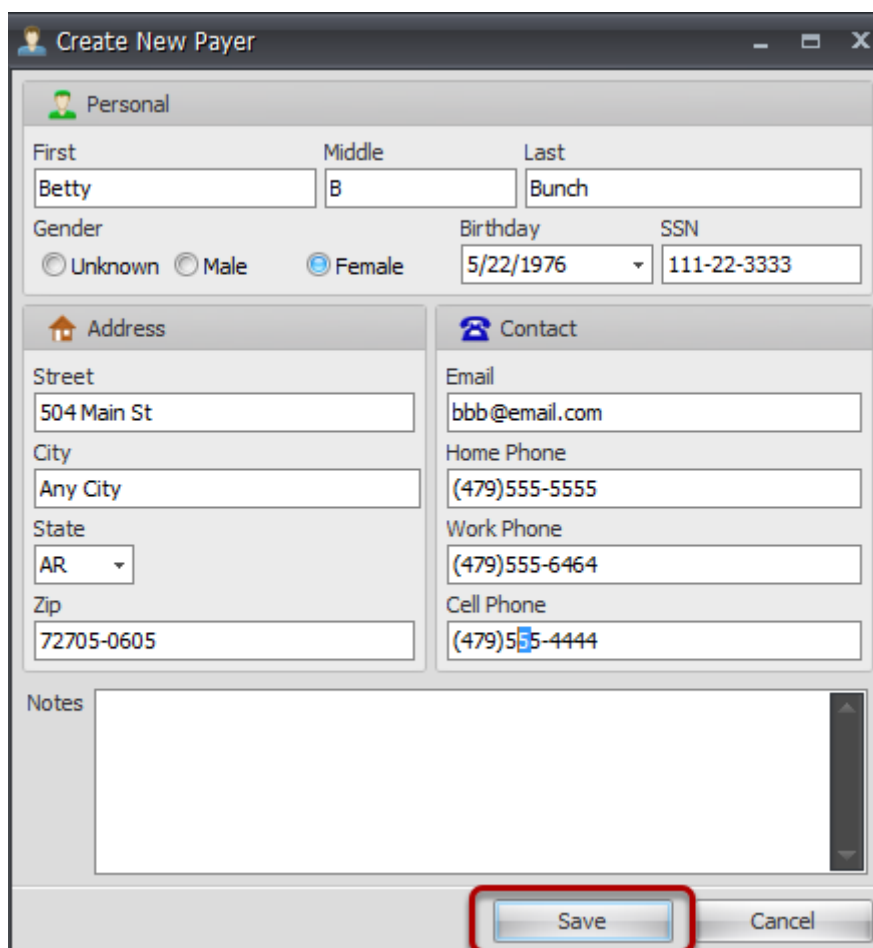
Reference:
Amount: \$0.00
Remaining: \$0.00

Comments

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

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

New Payer details



Create New Payer

Personal

First: Betty, Middle: B, Last: Bunch
Gender: ☐ Unknown ☐ Male ☒ Female
Birthday: 5/22/1976, SSN: 111-22-3333

Address

Street: 504 Main St
City: Any City
State: AR
Zip: 72705-0605

Contact

Email: bbb@email.com
Home Phone: (479)555-5555
Work Phone: (479)555-6464
Cell Phone: (479)555-4444

Notes:

Save **Cancel**

Enter Payer details and then Click the Save button

Add Payment Details

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

Apply Co-Pay/Pre-Pay to Visit

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

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

Unapplied Pre-Pay \$0.00 Apply Pre-Pay

Patient Visit for 1/22/2013 11:58 AM

Charges From 1/22/2013 11:58 AM

Omit	Posted	Provider	Code	Modifi...	Description	DX	Charge	Unit	Tota...	Co-Ins	Pay...	Adju...	Balance
<input checked="" type="checkbox"/>	1/22/2013	Randall O...	99212		Office Visit Limited/10mn.	789.00	\$120...	1.0	\$120...	\$0.00	\$0.00	\$0.00	\$120.00

\$120... \$120... \$0.00 \$0.00 \$0.00 \$120.00

When a Co-Pay is taken at the time a patient checks in, it will be saved in the **Unapplied Co-Pay** section in the New Charges Tab. The Screen shot in this step is how the New Charges Tab will appear at Checkout after the Visit has been posted to the New Charges tab from the Chart section.

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

Select Unapplied Co-Pay

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

Unapplied Pre-Pay: \$0.00
Apply Pre-Pay

OK Cancel

1. Select the Co-Pay from the list of Co-Pays to be applied, by clicking to highlight.

2. Click Ok

Unapplied Co-Pay: \$0.00

Show Zero Balance Charges

DOS	Provider	Procedure	Description	Amount	Payments	Adjust...	Balance	Applied
9/9/2010	Randall Oates, MD	99212	Office Visit Limited/10mn.	\$120.00	\$10.00		\$110.00	\$0.00
10/28/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISIT, EST	\$135.00	\$30.00		\$105.00	\$0.00
6/17/2011	Randall Oates	99202	OFFICE/OUTPATIENT VISIT, NEW	\$160.00	\$59.60		\$91.31	\$0.00
8/9/2012	Randall Oates	G0348	IV Infusion	\$600.00	\$20.00		\$580.00	\$0.00
8/9/2012	Randall Oates	G9030	chemo	\$200.00	\$0.00		\$200.00	\$0.00
8/9/2012	Randall Oates	G9021	Chemotherapy Assessment Nausea/Vomiting, Le...	\$400.00	\$0.00		\$400.00	\$0.00
10/10/2012	Randall Oates	99212	Office Visit Limited/10mn.	\$120.00	\$0.00		\$120.00	\$0.00
10/10/2012	Randall Oates	99212	Office Visit Limited/10mn.	\$120.00	\$30.00		\$90.00	\$0.00
1/7/2013	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	\$135.00	\$30.00		\$105.00	\$0.00
1/22/2013	Randall Oates	99212	Office Visit Limited/10mn.	\$120.00	\$0.00		\$90.00	\$30.00

\$1,891.31 \$30.00 Click

Save Cancel

1. Select the visit to which the Co-Pay will be applied by clicking to highlight.

2. Double click on the arrow inside the Applied column to insert the co-pay amount. To undo any

applied amount before saving, simply double click again.

3. Click the Save button to save, or Cancel to exit without saving.

If the Disburse button is clicked, the Co-Pay will be disbursed to the oldest visit with a balance.

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

Patient Visit for 1/22/2013 11:58 AM

Charges From 1/22/2013 11:58 AM

Omit	Posted	Provider	Code	Modif...	Description	DX	Charge	Unit	Total Charge	Co-Ins	Payments	Adjustments	Balance
<input checked="" type="checkbox"/>	1/22/2013	Randall O...	99212		Office Visit Limited/10mn.	789.00	\$120.00	1.0	\$120.00	\$0.00	\$30.00	\$0.00	\$90.00
<input checked="" type="checkbox"/>	1/22/2013		Pymt		Credit Card: 654654						\$30.00		

\$120.00 \$120.00 \$0.00 \$30.00 \$0.00 \$90.00

Primary: Policy: Humana Gold Choice, Route: Paper, Paper Fill: Fewest Pages
Secondary: Policy: AARP, Route: Paper, Paper Fill: Fewest Pages


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

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

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

Delete Co-Pay From Patient Ledger

Schmoe, Joe J.



Schmoe, Joe J.

Account 39
Chart

Date of Birth 1/2/1980 Age 33 Sex Male Status Single

Address 123 Any St Springdale, AR 72764

Home (479) 555-8888 Work (479) 556-8888 Cell (479) 557-8888

Email

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$211.31	\$1,680.00	\$1,891.31
Totals	\$211.31	\$1,680.00	\$1,891.31

Self Pay Co-Pay \$0.00

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

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

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
1/22/2013	1/22/2013	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$30.00		\$90.00	\$90.00
1/22/2013			Pymt	Credit Card: 654...				\$30.00			
1/7/2013	1/7/2013	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$30.00		\$105.00	\$195.00
10/22/2012											
10/18/2012	10/1/2012	Randall Oates								\$0.00	\$195.00
10/10/2012	10/10/2...	Randall Oates								\$90.00	\$285.00
10/10/2012	10/10/2...	Randall Oates								\$120.00	\$405.00
9/12/2012											
9/12/2012											
8/9/2012	8/9/2012	Randall Oates								\$400.00	\$805.00
8/9/2012	8/9/2012	Randall Oates								\$580.00	\$1,385.00
8/9/2012	8/9/2012	Randall Oates								\$200.00	\$1,585.00
6/17/2011	6/17/2011	Randall Oates								\$91.31	\$1,676.31
1/14/2011											
10/28/2010			Pymt	Credit Card:				\$30.00			
10/28/2010	10/28/2...	Randall Oate...	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$30.00		\$105.00	\$1,781.31
10/28/2010			refund	Refund Adjustment					(\$130.00)		
9/20/2010			Ins Pymt	Medicare Pymt: ...				\$125.00			
9/20/2010			Ins Adj	Insurance Adjust...					\$5.00		
9/9/2010			Pymt	Cash:				\$10.00			
9/9/2010	9/9/2010	Randall Oate...	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$10.00		\$110.00	\$1,891.31
9/8/2010			Pymt	Credit Card:				\$1,245.00			
8/10/2010	8/10/2010	Randall Oate...	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$1,891.31
8/10/2010	8/10/2010	Randall Oate...	99215	OFFICE/OUTPAT...	\$175.00	5.0	\$875.00	\$875.00		\$0.00	\$1,891.31
7/26/2010	7/26/2010	Randall Oate...	71020	CHEST X-RAY	\$100.00	1.0	\$100.00	\$100.00		\$0.00	\$1,891.31
					\$1,996.00		\$3,596.00	\$1,820.60	(\$115.91)	\$1,891.31	\$1,891.31

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

1. Click Ledger Tab.

2. Locate the payment line item and Click the X next to the Posted date.

3. Click **Yes** to put the payment back into the Co-Pay Unapplied Amount and allow the user to reapply the Co-Pay to the correct visit/charge.
No will remove the payment from the system.

Cancel will cancel the delete process and return to Ledger details.

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

Delete a Co-Pay from visit

Winkle, Perry

Account 91
Chart pw123456

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

Address 112 Elm St Any City, AR 72703

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

Email pw@email.com

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

Self Pay Co-Pay \$30.00

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

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustments	Chrg Bal	Balance
6/11/10						.0	\$120.00	\$115.00		\$5.00	\$5.00
6/11/10						.0	\$160.00	\$150.00		\$10.00	\$15.00
6/11/10						.0	\$120.00			\$120.00	\$135.00
6/24/10						.0				\$0.00	\$135.00
6/24/10						.0	\$145.00			\$145.00	\$280.00
6/28/10						.0		\$150.00			
6/29/10						.0	\$120.00			\$120.00	\$400.00
6/29/10						.0	\$120.00			\$120.00	\$520.00
7/2/2010	7/2/2010	Randall Oates	99213	OFFICE/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.

Spread One Payment to Multiple Dependents

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

Select Dependents for Payment

Make Payment

Payer Details

X Bunch, Betty B.

Account # 65 Chart # DOB 5/22/1976 Age 34
504 Main St
Any City AR 72705-0504

Comments

Payment Details

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

Apply Charges Add Dependent Select Dependent 1 + Add Patient Disburse

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

Active Patient Account

Charges

☐ Show Zero Balance Charges Pay All

DOS	Provider	Code	Description	Charge	Paym...	Balance	Applied
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

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)

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

- 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.
- Charges (Patient 1):** 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 table shows Visit Id: 177 with a charge of \$175.00 and a balance of \$175.00. A red circle with the number 2 highlights the 'Applied' column for this charge.
- Charges (Patient 2):** 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 table shows two charges: X-RAY EXAM OF SPINE (\$120.00) and CHEST X-RAY (\$90.00). A red circle with the number 3 highlights the 'Applied' column for the X-RAY EXAM OF SPINE charge.
- Buttons:** Clear Applied, Print Receipt After Saving (checked), 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

Winters, Somer F.



Winters, Somer F.

Account 45
Chart 11111

Date of Birth 4/19/1985 Age 27 Sex Female Status Married

Address 2700 Edison Springdale, AR 72703-1234

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

Email somerwinters@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$24.50	\$10,272.00	\$10,296.50
Totals	\$24.50	\$10,272.00	\$10,296.50

Self Pay Co-Pay \$30.00

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

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

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
3/29/2013	3/29/2013	Tammy Test	99212	Office Visit Limite...	\$120.00	1.0	\$120.00			\$120.00	\$120.00
3/29/2013	3/29/2013	Tammy Test	99202	OFFICE/OUTPAT...	\$160.00	1.0	\$160.00			\$160.00	\$280.00
3/26/2013	3/26/2013	Randall Oates	99202	OFFICE/OUTPAT...	\$160.00	1.0	\$160.00			\$160.00	\$440.00
3/19/2013			89CE	Charged in Error					\$135.00		
3/19/2013			refund	Refund Adjustment					(\$24.50)		
3/19/2013			800	Testing Adjustm...					\$23.00		
3/19/2013	3/19/2013	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$25.00	\$23.00	\$87.00	\$527.00
3/19/2013			Pymt	Credit Card:				\$25.00			
3/13/2013	3/13/2013	Randall Oates	80069	RENAL FUNCTIO...	\$300.00	1.0	\$300.00			\$300.00	\$827.00
3/1/2013	3/1/2013	Randall Oates	00124	ANESTH, EAR EX...	\$150.00	60.0	\$9,000.00			\$9,000.00	\$9,827.00
2/14/2013	2/14/2013	Tammy Test	99215	OFFICE/OUTPAT...	\$175.00	1.0	\$175.00	\$30.00		\$145.00	\$9,972.00
2/14/2013			Co-Pay	Money Order:				\$30.00			
2/12/2013	2/6/2013	Randall Oates	3014F	SCREEN MAMMO...	\$20.00	1.0	\$20.00			\$20.00	\$9,992.00
1/29/2013	1/29/2013	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$10,127.00
1/29/2013	1/28/2013	Randall Oates	99214	OFFICE/OUTPAT...	\$145.00	1.0	\$145.00			\$145.00	\$10,272.00
12/6/2012	12/6/2012	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00		\$135.00	\$0.00	\$10,272.00
11/29/2012			Transfer	Transfer balance					\$20.00		
11/29/2012			Transfer	Transfer balance					(\$20.00)		
11/29/2012			refund	Refund Adjustment					(\$35.50)		
11/19/2012			Pymt	Credit Card: ***...				\$165.00			
11/19/2012			Ins Pymt	Blue Shield IN Py...				\$480.00			
11/16/2012			Pymt	Credit Card:				\$4,150.00			
11/5/2012			Ins Pymt	Health Choice Py...				\$159.65			
11/5/2012			Ins Adj	Insurance Adjust...					\$0.35		
10/25/2012			Ins Pymt	Health Choice Py...				\$119.25			
10/25/2012			Ins Adj	Insurance Adjust...					\$200.00		
10/25/2012			Ins Adj	Insurance Adjust...					\$60.00		
					\$13,579.00		\$23,584.00	\$12,754.15	\$533.35	\$10,296.50	\$10,296.50

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

1. Double click on a Charge to view charge details

Charge Details

The screenshot shows the 'Charge Details' window with several red boxes and callouts highlighting specific features:

- Red Box 1:** Encloses the top section containing service dates, provider, code, description, unit, and charge.
- Red Box 2:** Encloses the 'Diagnosis Codes' and 'Modifiers' sections.
- Red Box 3:** Encloses the tabbed interface for additional claim information.
- Red Box 4:** Encloses the 'Amounts Details' section, including the 'Payments/Adjustments' table and the 'Totals' summary.

Callouts:

- 2:** Points to the 'Modifiers' section.
- 3:** Points to the 'Referral / Authorization' tab.
- 4:** Points to the 'Payments/Adjustments' table.

Form Fields and Data:

Service Information:

Service From	Service To	Provider	Code	Description	Unit	Charge
3/26/2013	3/26/2013	Randall Oates	99202	OFFICE/OUTPATIENT VISI...	1.0	\$160.00

Diagnosis Codes:

DX	Description
786.50	Chest pain

Modifiers:

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

File Information:

Ambulance:

Pick-Up Address:

Street: <None>

Street 2: <None>

City: <None>

State: <None>

Zip Code: <None>

Drop-Off:

Street: <None>

Ambulance Certification:

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

Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes

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

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

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Visible Hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details:

Payments/Adjustments:

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

Totals:

Charges: \$160.00

Pay/Adjust: \$0.00

Balance: \$160.00

Quick Misc Details:

Facility: Professional Group

EPSTD: <None>

☐ Emergency

☐ Family Plan

Supplemental: <None>

Buttons: Save, Cancel

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


3. View additional claim information by clicking on the tabs

4. Summary of Payments and Adjustments applied to selected Charge. You can open payment details by double clicking on the payment line

Create a Claim from Ledger

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

Burnett, Gage D.



Burnett, Gage D.

Account 84
Chart GB1234

Date of Birth 8/4/2008 Age 3 Sex Male Status Single

Address 234 Some St Any City, AR 72703

Home (479) 555-7777 Work (479) 555-8888 Cell (479) 555-9999

Email TB@email.com

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$490.00	\$195.00	\$685.00
Totals	\$490.00	\$195.00	\$685.00

☐ Self Pay Co-Pay \$0.00

1

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

Unapplied Co-Pay \$30.00 Unapplied Pre-Pay \$0.00

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustments	Chrg Bal	Balance
6/25/2010	6/3/2010	Randall Oates	99392	PREV VISIT, EST, ...	\$90.00	1.0	\$90.00			\$90.00	\$90.00
6/25/2010	6/25/2010	Randall Oates	99212	Office Visit 99212	\$120.00	1.0	\$120.00			\$120.00	\$210.00
6/25/2010	6/25/2010	Randall Oates	99212	Office Visit 99212	\$120.00	1.0	\$120.00			\$120.00	\$330.00
10/26/2010	10/26/2...	Randall Oates	99202	OFFICE/OUTPAT...	\$160.00	1.0	\$160.00			\$160.00	\$490.00
10/26/2010	10/26/2...	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$625.00
10/26/2010	10/26/2...	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$60.00		\$60.00	\$685.00
1/14/2011			Ins Pymt	Arkansas Medical...				\$60.00			

\$745.00 \$745.00 \$60.00 \$0.00 \$685.00 **\$685.00**

2

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

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

Select Charges to create a claim

The screenshot shows the 'Create Claim' window. At the top, there's a 'Visits' section with a table of visits. The first row is highlighted in blue. Below the table, there are two main sections: 'Primary' and 'Secondary'. The 'Primary' section has a 'Policy' dropdown menu, a 'Route' section with 'Paper' and 'Electronic' radio buttons, and a 'Paper Fill' section with 'Fewest Pages' and 'Maintain Order' radio buttons. The 'Secondary' section has similar fields but the 'Policy' dropdown is set to 'Select Secondary...'. To the right of these sections is a 'Claim Comments' text area. At the bottom right, there is a checkbox labeled 'Open Claims Manager after create' and two buttons: 'Create' and 'Cancel'.

Id	Date Of Service	More Info
476	6/25/2010	▶
477	6/25/2010	▶
343	6/3/2010	▶
751	10/26/2010	▶

Primary

Policy: Cigna

Route: ☐ Paper ☒ Electronic

Paper Fill: ☒ Fewest Pages ☐ Maintain Order

Secondary

Policy: Select Secondary...

Route: ☐ Paper ☐ Electronic

Paper Fill: ☒ Fewest Pages ☐ Maintain Order

Claim Comments

☐ Open Claims Manager after create

Create **Cancel**

3. Click to highlight and **select the visit** for which you wish to create a claim.
4. Click the drop down arrow to open listing of all insurance companies associated with the patient, including active or inactive policies. Click to highlight and **select the payer** responsible for the selected visit.
5. The Routing for the claim will default to the option selected in Insurance Companies setup. You can change that routing here if you prefer to print a paper claim instead of filing an electronic claim.
6. If you wish to open the Claims Manager after creating claim, place a check in the box.
7. Click **Create** button.

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

View Personal Payments in Ledger

View details of personal payments from the Patient Ledger

Select a Payment to View

Winters, Somer F.

Winters, Somer F. Account 45 Chart 11111

Date of Birth 4/19/1985 Age 27 Sex Female Status Married

Address 2700 Edison Springdale, AR 72703-1234

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

Email somerwinters@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$24.50	\$9,992.00	\$10,016.50
Totals	\$24.50	\$9,992.00	\$10,016.50

☐ Self Pay Co-Pay \$30.00

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

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

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
10/16/2012	2/9/2012	Randall Oates	74010	X-RAY EXAM OF ...	\$160.00	1.0	\$160.00	\$100.00	\$60.00	\$0.00	\$9,992.00
10/16/2012	10/10/2...	Randall Oates	99202	OFFICE/OUTPAT...	\$160.00	1.0	\$160.00	\$160.00		\$0.00	\$9,992.00
10/16/2012	10/10/2...	Randall Oates	99202	OFFICE/OUTPAT...	\$160.00	1.0	\$160.00	\$159.65	\$0.35	\$0.00	\$9,992.00
10/15/2012			Pymt	Check: 12345				\$200.00			
9/21/2012	9/20/2012	Randall Oates	99214	OFFICE/OUTPAT...	\$145.00	1.0	\$145.00	\$145.00		\$0.00	\$9,992.00
7/24/2012			Ins Pymt	Charges				\$30.00			
7/24/2012			Ins Adj	DOS Proc Billed Paid					\$10.00		
5/31/2012	5/31/2012	Tammy Test	99212	9/20/2012 99214	\$120.00 \$55.00			\$30.50	\$20.00	\$69.50	\$10,061.50
3/12/2012	3/12/2012	Randall Oates	99212	Office Visit Limite...	\$120.00	4.0	\$480.00	\$480.00		\$0.00	\$10,061.50
2/23/2012	2/23/2012	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$85.00	\$10.00	\$25.00	\$10,086.50
2/20/2012	2/20/2012	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$10,086.50
2/20/2012	2/20/2012	Randall Oates	99999	No show Fee		1.0				\$0.00	\$10,086.50
2/15/2012	2/15/2012	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$10,086.50
2/10/2012	2/10/2012	Randall Oates	99348	HOME VISIT, ES...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$10,086.50
12/27/2011	12/27/2...	Randall Oate...	99212	Office Visit Limite...	\$120.00	3.0	\$360.00	\$360.00		\$0.00	\$10,086.50
12/26/2011	12/16/2...	Randall Oate...	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$10,086.50
12/11/2011			Ins Pymt	Aetna Pymt: 312...							
12/11/2011			Ins Pymt	Blue Cross Pymt:...				\$50.00			
12/11/2011			Ins Adj	Insurance Adjust...					\$50.00		
12/9/2011	12/9/2011	Randall Oate...	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$10,086.50
11/30/2011			Pymt	Credit Card:				\$20.00			
11/18/2011	11/18/2...	Randall Oate...	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$10,086.50
11/14/2011			Co-Pay	Credit Card:				\$10.00			
11/14/2011	3/3/2011	Randall Oate...	73610	X-RAY EXAM OF ...	\$90.00	1.0	\$90.00	\$90.00		\$0.00	\$10,086.50
11/14/2011	3/3/2011	Randall Oate...	27130	TOTAL HIP ARTH...		1.0				\$0.00	\$10,086.50
11/14/2011	3/3/2011	Randall Oate...	72040	X-RAY EXAM OF ...		1.0				\$0.00	\$10,086.50
11/14/2011	3/3/2011	Randall Oate...	71020	CHEST X-RAY	\$100.00	1.0	\$100.00	\$100.00		\$0.00	\$10,086.50
					\$13,299.00		\$23,304.00	\$12,754.15	\$533.35	\$10,016.50	\$10,016.50

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

1. Hover the mouse over a Payment or Adjustment line for 2 seconds in the patient Ledger to view where the payment or adjustment was applied.
2. Double click on a Payment line to view details of the transaction.

Payment Detail [X]

Payer Details	Payment Details	Comments
<input type="text" value="Winkle, Perry B."/> Birthday 3/31/1970 Age 42 199 Elm St Springdale, AR 72764	Type: <input type="text" value="Co-Pay"/> Date: <input type="text" value="10/19/2011"/> Method: <input type="text" value="Credit Card"/> Reference: <input type="text"/> Amount: <input type="text" value="\$10.00"/>	<input type="text"/>

Applied Charges

Date ▲	Patient	Provider	Code	Description	Charge	Applied
3/3/2011	Somer F Winters	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISIT, EST	\$135.00	\$10.00

[Close]

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

2. Click the Close button

View Insurance Payment Details from Ledger

View Insurance Payment Details from the Ledger Tab

Winters, Somer F.

Winters, Somer F. Account 45 Chart 11111

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

Address 2700 Edison Springdale, AR 72703-1234

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

Email somerwinters@email.com

Balances

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

Self Pay Co-Pay \$10.00

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

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

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
6/1/2011	5/13/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$624.00
6/1/2011	5/13/2011	Randall Oates	72110	X-RAY EXAM OF ...	\$90.00	1.0	\$90.00			\$90.00	\$714.00
6/1/2011	6/1/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$100.00	1.0	\$100.00			\$100.00	\$814.00
6/3/2011	6/3/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$949.00
6/3/2011	6/3/2011	Randall Oates	71020	CHEST X-RAY	\$100.00	1.0	\$100.00	\$50.00		\$50.00	\$999.00
6/3/2011			Ins Pymt	Shelter Pymt: 45...				\$120.00			
6/17/2011	6/17/2011	Randall Oates	99202	OFFICE/OUTPAT...	\$160.00	1.0	\$160.00	\$90.00		\$70.00	\$1,069.00
6/21/2011			Ins Pymt	Arkansas Medical...				\$50.00			
6/21/2011			Ins Pymt	Blue Shield IN Py...							
7/12/2011			Pymt	Credit Card:				\$90.00			
7/26/2011			Ins Pymt	Indiana Medicaid...				\$40.00			
7/26/2011			Ins Pymt	Blue Shield IN Py...				\$50.00			
8/24/2011			Ins Pymt	Blue Shield IN Py...				\$40.00			
8/25/2011	7/19/2011	Randall Oates	99202	OFFICE/OUTPAT...	\$200.00	1.0	\$200.00			\$200.00	\$1,269.00
8/25/2011	7/19/2011	Randall Oates	J3303	Triamcinolone he...	\$50.00	1.0	\$50.00			\$50.00	\$1,319.00
8/25/2011	8/25/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$30.00		\$105.00	\$1,424.00
8/25/2011			Pymt	Credit Card:				\$30.00			
9/9/2011	9/9/2011	Randall Oates	99212	Office Visit Limite...	\$150.00	1.0	\$150.00	\$60.00	\$30.00	\$60.00	\$1,484.00
9/14/2011	9/14/2011	Randall Oates	99214	OFFICE/OUTPAT...	\$50.00	1.0	\$50.00			\$50.00	\$1,534.00
9/21/2011	9/21/2011	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00			\$120.00	\$1,654.00
10/4/2011	9/30/2011	Terrie S. Tre...	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$10.00		\$110.00	\$1,764.00
10/4/2011	10/4/2011	Randall Oates	81002	URINALYSIS NO...		1.0				\$0.00	\$1,764.00
11/6/2011	6/23/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$1,899.00
11/8/2011			Pymt	Credit Card:				\$10.00			
11/9/2011			Ins Adj	Insurance Adjust...					\$30.00		
11/9/2011			Ins Pymt	BCBS AR Pymt: 4...				\$60.00			
					\$8,779.00		\$9,159.00	\$7,140.00	\$120.00	\$1,899.00	\$1,899.00

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

1. Double Click on the Insurance Payment line item.

Insurance Payment Details for Winters, Somer F.

Payer BCBS AR PO Box 2181 Little Rock, AR 72203 (501) 378-1111		Group Professional Groups, Inc. 123 Any Street Springdale, AR 727641234 (479) 555-1234		NPI 1234567893	Check Number 4556546
				Production Date 9/9/2011	Check Date 9/6/2011
				Check Amount \$120.00	Remaining \$0.00

Claims

Post Date	Processed	Claim ID	Provider	Primary	Secondary	SRT	Amount	Balance	File With
9/9/2011	9/9/2011	810	Randall Oates, MD	BCBS AR	Arkansas Medicaid	P	\$150.00	\$60.00	Secondary

Claim Details

Details for Claim 810

Post Date: 9/9/2011 Member ID: 1234567890 Patient Group Number: Grp##

Process Date: 9/9/2011 Rendering Provider: Randall Oates, MD

Routing: P Rendering NPI: 1234567890

Primary			Secondary		
Policy	BCBS AR		Policy	Arkansas Medicaid	
Route	<input checked="" type="radio"/> Paper <input type="radio"/> Electronic		Route	<input checked="" type="radio"/> Paper <input type="radio"/> Electronic	
Paper Fill	<input checked="" type="radio"/> Fewest Pages <input type="radio"/> Maintain Order		Paper Fill	<input checked="" type="radio"/> Fewest Pages <input type="radio"/> Maintain Order	

☐ Processed
 Claim Notes
 Submitted on 9/9/2011

File With: Secondary

Charges

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other Adj	...	Provider	...	Notes
<input checked="" type="checkbox"/>	9/9/2011	9/9/2011	1.0	99212	\$150.00	\$120.00		\$60.00			\$30.00		\$60.00		a
					\$150.00	\$120.00	\$0.00	\$60.00	\$0.00	\$0.00	\$30.00		\$60.00		


Close

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

Print Receipt/Statement by date range from Ledger

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

Tester, Lester A.



Tester, Lester A.

Account 15
Chart LTE5454

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

Address inerates an error Fayetteville, AR 72703-0123

Home **Work** **Cell**

Email lt@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$1,830.00	\$1,830.00
Patient	\$5,000.00	\$250.00	\$5,250.00
Totals	\$5,000.00	\$2,080.00	\$7,080.00

☐ Self Pay Co-Pay \$0.00

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

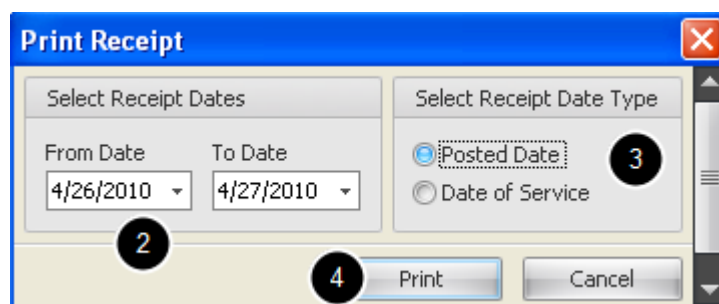
Unapplied Co-Pay \$0.00 Unapplied Pre-Pay \$0.00

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
12/9/2010	12/6/2010	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
12/14/2010	12/14/2...	Randall Oates	A0080	Noninterest esco...	\$320.00	1.0	\$320.00	\$320.00		\$0.00	\$0.00
12/14/2010	12/14/2...	Randall Oates	A0021	OOS	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
12/14/2010	12/14/2...	Randall Oates	A0080	Noninterest esco...		1.0				\$0.00	\$0.00
12/14/2010	12/14/2...	Randall Oates	A0021	OOS		1.0				\$0.00	\$0.00
12/21/2010	12/14/2...	Randall Oates	A0080	Noninterest esco...		1.0				\$0.00	\$0.00
1/31/2011	1/31/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
2/1/2011			Pymt	Check: 45646				\$1,932.00			
3/2/2011	3/2/2011	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00		\$120.00	\$0.00	\$0.00
4/26/2011			Collects	Write off to colle...					\$120.00		
5/23/2011	5/23/2011	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
5/23/2011	5/23/2011	Randall Oates	72100	X-RAY EXAM OF ...	\$30.00	1.0	\$30.00	\$30.00		\$0.00	\$0.00
5/23/2011	5/23/2011	Randall Oates	71010	CHEST X-RAY	\$70.00	1.0	\$70.00	\$70.00		\$0.00	\$0.00
5/23/2011	5/23/2011	Randall Oates	70100	X-RAY EXAM OF ...	\$50.00	1.0	\$50.00	\$50.00		\$0.00	\$0.00
5/23/2011			Ins Pymt	Blue Shield IN Py...				\$70.00			
5/24/2011			Ins Pymt	Indiana Medicaid...				\$10.00			
6/17/2011			Pymt	Credit Card:				\$190.00			
6/21/2011			Ins Pymt	Aetna Pymt: 5465							
6/21/2011			Ins Pymt	Missouri Medicaid...							
7/8/2011	7/8/2011	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$50.00		\$70.00	\$70.00
7/8/2011			Ins Pymt	Arkansas Firstso...				\$50.00			
7/8/2011			Ins Pymt	Missouri Medicaid...							
7/22/2011	1/1/1999	Randall Oates	2000	Balance Forward	\$5,000.00	1.0	\$5,000.00			\$5,000.00	\$5,070.00
7/26/2011	7/26/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$120.00		\$15.00	\$5,085.00
8/1/2011	8/1/2011	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$5,220.00
8/19/2011			Ins Pymt	Arkansas Medical...				\$120.00			
					\$14,131.00		\$14,277.00	\$8,922.00	\$135.00	\$5,220.00	\$5,220.00

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

1. Click the Print Receipt button

Select Receipt From Date/To Date



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

Print Receipt/Statement

Print Preview

Print Preview

Print Quick Print Options Find Bookmarks First Page Previous Page Next Page Last Page Navigation Many Pages Zoom Out Zoom Zoom In Page Color Watermark Page Background Export To E-Mail As Close Print Preview Export

Document Map

- Statement Report
 - Professional Group, Inc.

Professional Group, Inc.
PO Box 1234
Springdale, AR 72764

For Billing Questions call
(479) 555-4444

Tax ID: 333221111
Page 1 of 1

Tester, Lester
2700 Eidson
Fayetteville, AR 72703-0123

☐ If Address or Insurance information has changed, please check box and add updated information.

Statement Date 12/28/2010 **Account Number** 15 **Pay This Amount** \$1,797.00

Professional Group, Inc.
PO Box 1234
Springdale, AR 72764

Please detach and return top portion with payment.

Statement

Patient: Tester, Lester **Chart:** LTE5454

Date	Provider	Procedure	Mod	Description	DX	Units	Charges	Pymt/Adj	Balance
				Balance Forward					\$0.00
4/26/10	Randall Oates	71020	26	CHEST X-RAY	786.50	1	\$40.00		\$40.00
4/26/10	Randall Oates	99215		PYMT	786.50	1	\$175.00	\$30.00	\$145.00
4/26/10				Check: 5445					\$50.00
4/27/10	Randall Oates	99215			789.00	1	\$50.00		\$50.00
Current Balance									\$235.00
Current		30 - 60 Days Due		60+ Days Due		Balance Due			
\$1,797.00						\$1,797.00			

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


Add Charges in Ledger

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

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

Add Charges in Ledger Tab

Lane, Penny P.



Lane, Penny P.

Account 43

Chart

Date of Birth 5/20/1968 **Age** 43 **Sex** Female **Status** Married

Address 544 Oak Fayetteville, Ar 12345-6789

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

Email

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$505.00	\$2,277.45	\$2,782.45
Totals	\$505.00	\$2,277.45	\$2,782.45

☐ Self Pay Co-Pay \$0.00

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

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

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
8/16/2010	8/16/2010	Randall Oates	99211	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00	\$70.00		\$50.00	\$1,520.00
8/16/2010	8/13/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$1,655.00
8/16/2010			Pymt	Credit Card: 121...				\$40.00			
8/20/2010	8/20/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	3.0	\$405.00			\$405.00	\$2,060.00
8/24/2010	8/24/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$50.00		\$85.00	\$2,145.00
8/24/2010			Pymt	Credit Card: ***...				\$50.00			
8/30/2010	10/1/2010	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$50.00		\$70.00	\$2,215.00
8/30/2010			Pymt	Check: 12544				\$50.00			
8/31/2010			Ins Adj	Insurance Adjust...					\$5.00		
8/31/2010			Ins Pymt	Medicare Pymt: ...							
9/14/2010	9/14/2010	Terrie S. Tre...	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$54.00		\$81.00	\$2,296.00
9/14/2010			Ins Pymt	Indiana Medicaid...				\$54.00			
9/14/2010			Pymt	Credit Card:				\$30.00			
10/13/2010	10/13/2...	Randall Oates	99214	OFFICE/OUTPAT...	\$116.00	1.0	\$116.00	\$98.55	\$6.00	\$11.45	\$2,307.45
10/27/2010			Ins Pymt	AARP Pymt: 123				\$90.00			
11/9/2010	11/9/2010	Randall Oates	72265	CONTRAST X-RA...	\$56.00	1.0	\$56.00			\$56.00	\$2,363.45
11/9/2010	11/9/2010	Randall Oates	71110	X-RAY EXAM OF ...	\$60.00	1.0	\$60.00			\$60.00	\$2,423.45
11/9/2010	11/9/2010	Randall Oates	72110	X-RAY EXAM OF ...	\$90.00	1.0	\$90.00			\$90.00	\$2,513.45
11/9/2010	11/9/2010	Randall Oates	71100	X-RAY EXAM OF ...	\$88.00	1.0	\$88.00			\$88.00	\$2,601.45
11/9/2010	11/9/2010	Randall Oates	99212	Office Visit Limite...	\$96.00	1.0	\$96.00			\$96.00	\$2,697.45
12/9/2010			Ins Adj	Insurance Adjust...					\$6.00		
12/9/2010			Ins Pymt	Medicare Pymt: ...				\$40.60			
12/14/2010	12/14/2...	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$50.00		\$85.00	\$2,782.45
12/14/2010			Pymt	Credit Card: 555...				\$30.00			
12/28/2010			Pymt	Credit Card: ***...				\$20.00			
3/2/2011			Pymt	Credit Card:				\$57.95			

\$3,951.00 \$4,221.00 \$1,147.55 \$291.00 \$2,782.45 **\$2,782.45**

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

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

Select Charge

Code 2 Short Description

99999 No show Fee X Clear Filters

Advanced Search ^

3 Select 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										
11/9/2010	11/9/2010	Randall Oates	72110	X-RAY EXAM OF ...	\$90.00	1.0	\$90.00			\$90.00
11/9/2010	11/9/2010	Randall Oates	71100	X-RAY EXAM OF ...	\$88.00	1.0	\$88.00			\$88.00
11/9/2010	11/9/2010	Randall Oates	99212	Office Visit Limite...	\$96.00	1.0	\$96.00			\$96.00
12/9/2010			Ins Adj	Insurance Adjust...					\$6.00	
X 12/9/2010			Ins Pymt	Medicare Pymt: ...				\$40.60		
12/14/2010	12/14/2...	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$50.00		\$85.00
12/14/2010			Pymt	Credit Card: 555...				\$30.00		
12/28/2010			Pymt	Credit Card: ***...				\$20.00		
3/2/2011			Pymt	Credit Card:				\$57.95		
11/9/2011	11/9/2011	Randall Oates	99999	No show Fee	\$25.00	1.0	\$25.00			\$25.00
					\$3,976.00		\$4,246.00	\$1,147.55	\$291.00	\$2,807.45
Print Receipt					\$ Create Claim		Add Adjustment		\$ Add Charge	

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 P.



Lane, Penny P.

Account 43
Chart

Date of Birth 5/20/1968 Age 43 Sex Female Status Married

Address 544 Oak Fayetteville, Ar 12345-6789

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

Email

Balances			
	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$535.00	\$2,277.45	\$2,812.45
Totals	\$535.00	\$2,277.45	\$2,812.45

☐ Self Pay Co-Pay \$0.00

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

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

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
8/16/2010	8/13/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$1,655.00
8/16/2010			Pymt	Credit Card: 121...				\$40.00			
8/20/2010	8/20/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	3.0	\$405.00			\$405.00	\$2,060.00
8/24/2010	8/24/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$50.00		\$85.00	\$2,145.00
8/24/2010			Pymt	Credit Card: ***...				\$50.00			
8/30/2010	10/1/2010	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$50.00		\$70.00	\$2,215.00
8/30/2010			Pymt	Check: 12544				\$50.00			
8/31/2010			Ins Adj	Insurance Adjust...					\$5.00		
8/31/2010			Ins Pymt	Medicare Pymt: ...							
9/14/2010	9/14/2010	Terrie S. Tre...	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$54.00		\$81.00	\$2,296.00
9/14/2010			Ins Pymt	Indiana Medicaid...				\$54.00			
9/14/2010			Pymt	Credit Card:				\$30.00			
10/13/2010	10/13/2...	Randall Oates	99214	OFFICE/OUTPAT...	\$116.00	1.0	\$116.00	\$98.55	\$6.00	\$11.45	\$2,307.45
10/27/2010			Ins Pymt	AARP Pymt: 123				\$90.00			
11/9/2010	11/9/2010	Randall Oates	72265	CONTRAST X-RA...	\$56.00	1.0	\$56.00			\$56.00	\$2,363.45
11/9/2010	11/9/2010	Randall Oates	71110	X-RAY EXAM OF ...	\$60.00	1.0	\$60.00			\$60.00	\$2,423.45
11/9/2010	11/9/2010	Randall Oates	72110	X-RAY EXAM OF ...	\$90.00	1.0	\$90.00			\$90.00	\$2,513.45
11/9/2010	11/9/2010	Randall Oates	71100	X-RAY EXAM OF ...	\$88.00	1.0	\$88.00			\$88.00	\$2,601.45
11/9/2010	11/9/2010	Randall Oates	99212	Office Visit Limite...	\$96.00	1.0	\$96.00			\$96.00	\$2,697.45
12/9/2010			Ins Adj	Insurance Adjust...					\$6.00		
12/9/2010			Ins Pymt	Medicare Pymt: ...				\$40.60			
12/14/2010	12/14/2...	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$50.00		\$85.00	\$2,782.45
12/14/2010			Pymt	Credit Card: 555...				\$30.00			
12/28/2010			Pymt	Credit Card: ***...				\$20.00			
3/2/2011			Pymt	Credit Card:				\$57.95			
11/9/2011	11/9/2011	Randall Oates	99999	No show Fee	\$30.00	1.0	\$30.00			\$30.00	\$2,812.45

\$3,981.00 \$4,251.00 \$1,147.55 \$291.00 \$2,812.45 **\$2,812.45**

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

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

Make Payment

Payer Details

X Lane, Penny

Account # 43 Chart # DOB 5/6/1968 Age 42

544 Oak
Fayetteville Ar 72703

Comments

Payment Details

Payment Type Payment

Facility **2** Family Clinic

Pay Date 6/7/2010

Pay Method Credit Card

Reference *****1234

Amount \$75.00

Remaining \$0.00

Apply Charges

Add Dependent No Dependents

+ Add Patient

Disburse

X Lane, Penny

Acct # 43 DOB 5/6/1968

Chart # Age 42

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

3 Store as Pre-Pay \$0.00

Charges

☐ Show Zero Balance Charges

Pay All

DOS	Provider	Code	Description	Charge	Paym...	Balance	Applied
4/5/2010	Randall O...	99215	OFFICE/OUTPATIENT ...	\$175.00	\$0.00	\$175.00	\$75.00
4/5/2010	Randall O...	71020	CHEST X-RAY	\$90.00	\$0.00	\$90.00	\$0.00
5/25/2010	Randall O...	99213	OFFICE/OUTPATIENT ...	\$135.00	\$0.00	\$135.00	\$0.00
5/25/2010	Randall O...	72010	X-RAY EXAM OF SPINE	\$120.00	\$0.00	\$120.00	\$0.00
				\$520.00	\$0.00	\$520.00	\$75.00

Clear Applied

☒ Print Receipt After Saving **4** Save Cancel

2. Type payment details.

3. Apply payment to charges:

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

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

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

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

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


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

Print Receipt for Payment in Ledger

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

Apply Payment to multiple dependents from ledger

Flintstone, Frank F., Sr



Flintrock, Fred F., Sr

Account 23
Chart FLI1950

Date of Birth 3/9/1958 Age 53 Sex Male Status Married

Address 145 Boulder Hwy Bedrock, AR 72702

Home (479) 555-4444 Work (479) 555-9999 Cell (479) 555-5555

Email ff@email.com

Balances

	Personal	Insurance	Totals
Family	\$140.00	\$135.00	\$275.00
Patient	\$0.00	\$30.00	\$30.00
Totals	\$140.00	\$165.00	\$305.00

Self Pay Co-Pay \$0.00

Unapplied Co-Pay \$50.00 Unapplied Pre-Pay \$0.00

Posted	DO5	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
6/21/2010	6/21/2010	Randall Oates	99212	Office Visit 99212		1.0				\$0.00	\$0.00
6/29/2010	6/29/2010	Randall Oates	99211	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
7/7/2010	7/7/2010	Randall Oates	99214	OFFICE/OUTPAT...	\$145.00	1.0	\$145.00		\$145.00	\$0.00	\$0.00
7/23/2010	7/23/2010	Terrie S. Tre...	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$90.00	\$30.00	\$0.00	\$0.00
8/4/2010	8/4/2010	Randall Oates	99211	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00	\$25.00	\$95.00	\$0.00	\$0.00
8/4/2010			Pymt	Credit Card:				\$25.00			
8/4/2010	8/4/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$20.00	\$115.00	\$0.00	\$0.00
8/4/2010			Pymt	Credit Card:				\$20.00			
8/16/2010			Ins Pymt	Cigna Pymt: 321...				\$60.00			
8/16/2010			Ins Pymt	Medicare Pymt: ...				\$30.00			
8/31/2010			Ins Pymt	Medicare Pymt: ...				\$240.00			
9/10/2010			Ins Adj	Insurance Adjust...					\$10.00		
9/10/2010			Ins Pymt	BCBS AR Pymt: 5...				\$225.00			
12/3/2010	12/3/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$120.00	\$15.00	\$0.00	\$0.00
12/21/2010			Ins Adj	Insurance Adjust...					\$5.00		
12/21/2010			Ins Pymt	Arkansas Medical...				\$100.00			
12/28/2010			Pymt	Credit Card: ***...				\$20.00			
1/5/2011	1/5/2011	Randall Oates	99214	OFFICE/OUTPAT...	\$145.00	1.0	\$145.00	\$20.00	\$125.00	\$0.00	\$0.00
1/5/2011	1/5/2011	Randall Oates	72010	X-RAY EXAM OF ...	\$120.00	1.0	\$120.00		\$120.00	\$0.00	\$0.00
1/5/2011			Pymt	Cash:				\$20.00			
1/25/2011	1/17/2011	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$20.00	\$100.00	\$0.00	\$0.00
1/25/2011			Pymt	Credit Card:				\$20.00			
3/10/2011	1/27/2011	Randall Oates	99212	Office Visit Limite...	\$60.00	1.0	\$60.00		\$60.00	\$0.00	\$0.00
7/6/2011	7/6/2011	Randall Oates	71020	CHEST X-RAY	\$50.00	1.0	\$50.00	\$20.00	\$30.00	\$0.00	\$0.00
7/6/2011			Pymt	Credit Card:				\$20.00			
9/19/2011			Collects	Write off to colle...					\$1,205.00		
					\$2,000.00		\$2,000.00	\$780.00	\$1,220.00	\$0.00	\$0.00

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

1. Click on Ledger tab in patient account.

2. Click on Add Payment.

Select multiple dependent accounts

Payer Details								\$ Payment Details																																																																																									
<div style="display: flex; justify-content: space-between; align-items: center;"> X Flintrock, Wilma S. 3 </div> <p>Account # 55 Chart # DOB 5/19/1930 Age 80 5432 Boulder Blvd Bedrock AR 727035432</p>								<div style="display: flex; justify-content: space-between; align-items: center;"> \$ Payment Details 4 </div> <p>Payment Type: Payment Facility: Family Clinic Pay Date: 1/3/2011 Pay Method: Credit Card Reference: *****1234 Amount: \$60.00 Remaining: \$60.00</p>																																																																																									
Comments <div style="border: 1px solid black; height: 40px;"></div>																																																																																																	
Apply Charges		Add Dependent Select Dependent		+ Add Patient		5		\$ Disburse																																																																																									
<div style="display: flex; justify-content: space-between; align-items: center;"> X Flintrock, Fred F., Sr </div> <p>Acct # 23 DOB 5/19/1950 Chart # FLI1950 Age 60</p>						Co-Pay \$0.00 Store as Co-Pay \$0.00		Store as Pre-Pay \$0.00																																																																																									
<div style="display: flex; justify-content: space-between; align-items: center;"> \$ Charges </div> <p><input type="checkbox"/> Show Zero Balance Charges Pay All</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <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> <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
DOS	Provider	Code	Description	Charge	Payments	Balance	Applied																																																																																										
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<div style="display: flex; justify-content: space-between; align-items: center;"> X Clear Applied <input checked="" type="checkbox"/> Print Receipt After Saving Save Cancel </div>																																																																																																	

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

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

Birdie, Big				Co-Pay \$0.00 Store as Co-Pay \$0.00			
Acct # 95		DOB 5/5/1980					
Chart #		Age 30		Store as Pre-Pay \$0.00			
\$ Charges							
<input type="checkbox"/> Show Zero Balance Charges							
DOS	Provider	Code	Description	Charge	Payments	Balance	Applied
11/10/2010	Randall Oates	99202	OFFICE/OUTPATIENT VISIT, NEW	\$144.00	\$0.00	\$144.00	\$0.00
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

Patient Information:

X Lane, Penny P.		Co-Pay \$0.00		Store as Co-Pay \$0.00	
Acct # 43	DOB 5/20/1968				
Chart #	Age 42	Store as Pre-Pay \$0.00			

\$ Charges

☐ Show Zero Balance Charges Pay All

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

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

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 P.

Lane, Penny P. Account 43
Chart

Date of Birth 5/20/1968 Age 43 Sex Female Status Married

Address 544 Oak Fayetteville, Ar 12345-6789

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

Email


Balances

Personal	
Family	\$0.00
Patient	\$535.00
Totals	\$535.00

☐ Self Pay

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

Unapplied Co-Pay \$0.00 Unapplied

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal
8/16/2010	8/13/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00
	8/16/2010		Pymt	Credit Card: 121...				\$40.00		
8/20/2010	8/20/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	3.0	\$405.00			\$405.00
8/24/2010	8/24/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$50.00		\$85.00
8/24/2010			Pymt	Credit Card: ***...				\$50.00		
8/30/2010	10/1/2010	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$50.00		\$70.00
8/30/2010			Pymt	Check: 12544				\$50.00		

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

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

Delete an insurance payment from visit

Delete and reapply a previously posted insurance payment from the patient's ledger

Deleting an insurance payment from a patient visit

Winters, Somer F.

Winters, Somer F. Account 45 Chart 11111

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

Address 2700 Edison Springdale, AR 72703-1234

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

Email somerwinters@email.com

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$708.00	\$3,756.00	\$4,464.00
Totals	\$708.00	\$3,756.00	\$4,464.00

☐ Self Pay Co-Pay \$0.00

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

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

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
6/3/2011	6/3/2011	Randall Oate...	71020	CHEST X-RAY	\$100.00	1.0	\$100.00	\$50.00		\$50.00	\$999.00
6/3/2011			Ins Pymt	Shelter Pymt: 45...				\$120.00			
6/17/2011	6/17/2011	Randall Oate...	99202	OFFICE/OUTPAT...	\$160.00	1.0	\$160.00	\$90.00		\$70.00	\$1,069.00
6/21/2011			Ins Pymt	Arkansas Medical...				\$50.00			
6/21/2011			Ins Pymt	Blue Shield IN Py...							
7/12/2011			Pymt	Credit Card:				\$90.00			
7/26/2011											
7/26/2011											
8/24/2011											
8/25/2011	7/19/2011	Randall O								\$200.00	\$1,269.00
8/25/2011	7/19/2011	Randall O								\$50.00	\$1,319.00
8/25/2011	8/25/2011	Randall O								\$105.00	\$1,424.00
8/25/2011											
9/9/2011	9/9/2011	Randall O								\$50.00	\$1,474.00
9/14/2011	9/14/2011	Randall Oate...	99211	OFFICE/OUTPAT...	\$50.00	1.0	\$50.00			\$50.00	\$1,524.00
9/21/2011	9/21/2011	Randall Oate...	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$20.00		\$100.00	\$1,624.00
10/4/2011	9/30/2011	Terrie S. Tre...	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$10.00		\$110.00	\$1,734.00
10/4/2011	10/4/2011	Randall Oate...	81002	URINALYSIS NO...		1.0				\$0.00	\$1,734.00
11/6/2011	6/23/2011	Randall Oate...	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$1,869.00
11/8/2011			Pymt	Credit Card:				\$10.00			
11/14/2011	3/3/2011	Randall Oate...	99214	OFFICE/OUTPAT...	\$145.00	1.0	\$145.00			\$145.00	\$2,014.00
11/14/2011	3/3/2011	Randall Oate...	99202	OFFICE/OUTPAT...	\$160.00	1.0	\$160.00			\$160.00	\$2,174.00
11/14/2011	3/3/2011	Randall Oate...	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$10.00		\$125.00	\$2,299.00
11/14/2011	3/3/2011	Randall Oate...	74010	X-RAY EXAM OF ...	\$160.00	1.0	\$160.00			\$160.00	\$2,459.00
11/14/2011	3/3/2011	Randall Oate...	99212	Office Visit Limite...	\$120.00	1.0	\$120.00			\$120.00	\$2,579.00
11/14/2011	3/3/2011	Randall Oate...	71020	CHEST X-RAY	\$100.00	1.0	\$100.00			\$100.00	\$2,679.00
11/14/2011	3/3/2011	Randall Oate...	72040	X-RAY EXAM OF ...		1.0				\$0.00	\$2,679.00
					\$10,784.00		\$11,764.00	\$7,160.00	\$140.00	\$4,464.00	\$4,464.00

Remove Insurance Payment

? Would you like to unpost this insurance payment?

Removing this insurance payment from the patient account will allow you to edit and reapply the payment details or delete the payment from the Insurance Payment posting screen. This will be done for all claims on the insurance payment, and the insurance payment will not show on any claims, statements, or reports until reposted. Would you like to continue with unposting this payment?

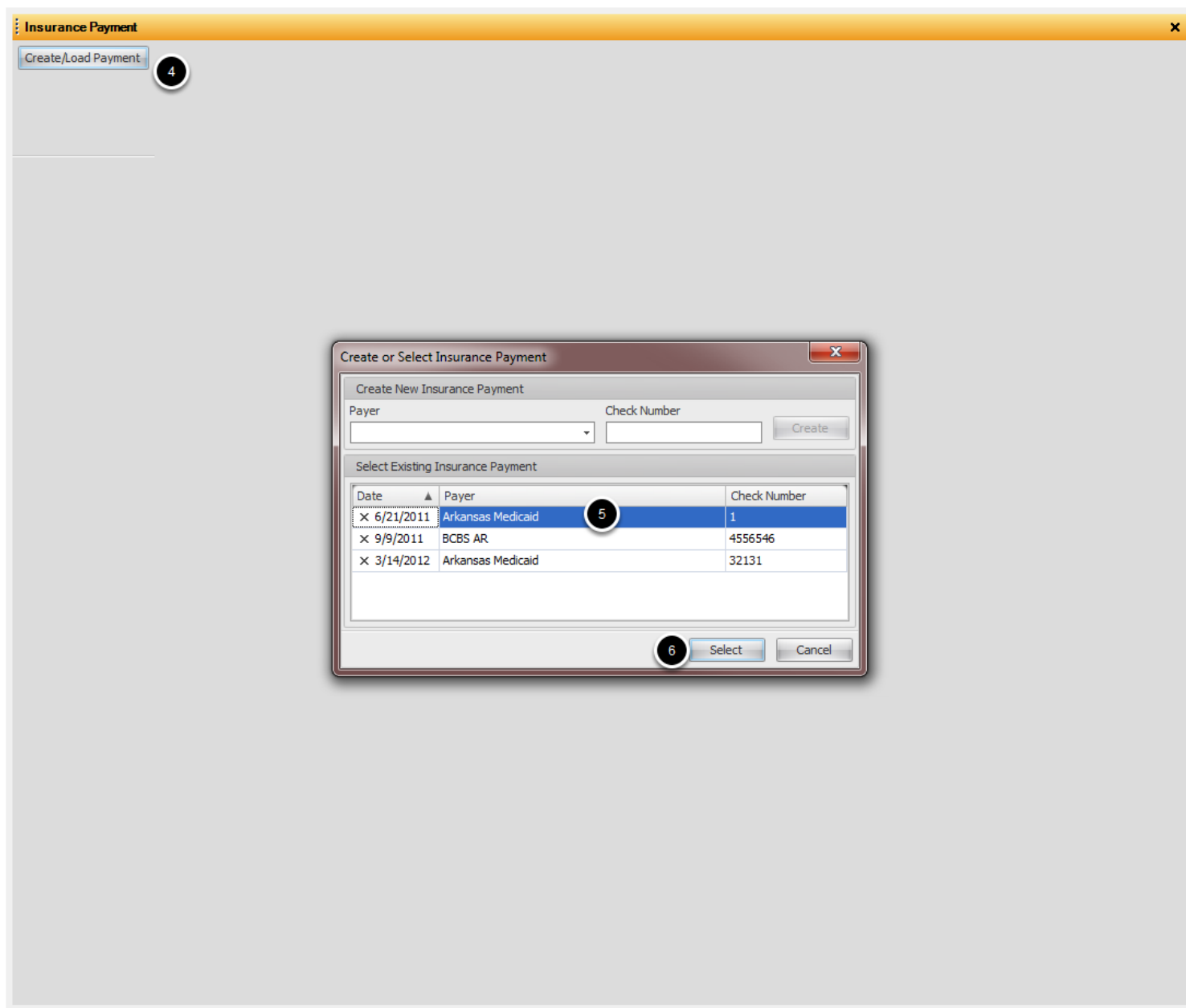
Yes No

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

Prior to deleting payment, double click on the payment line and make note of the **Claim** number for reference.

1. Click the X next to the Post date for the payment that will be deleted.
2. Click Yes to continue deleting the payment, or No to cancel.
3. Close the patient account

Select Remit to edit



4. Click Create/Load Payment to view list of open remits.
5. Click on the remit/post date containing the deleted claim.
6. Click Select to open the remit.

Select Claim to edit

The screenshot displays the 'Insurance Payment' window. At the top, there's a yellow header bar. Below it, the 'Create/Load Payment' section contains several fields: 'Payer' (Arkansas Medicaid), 'Group' (Professional Groups, Inc.), 'NPI', 'PaytoNPI', 'Production Date' (6/21/2011), 'Check Number' (1), 'Check Date' (6/21/2011), 'Check Amount' (\$100.00), and 'Remaining' (\$0.00). A red box highlights the 'Check Number', 'Check Date', 'Check Amount', and 'Remaining' fields. On the left, a 'Select Patient' button is circled with a black circle containing the number 7. In the center, a 'Select Patient' dialog box is open, showing a 'Claim Number' field with '781' entered, circled with a black circle containing the number 8. Below the field are 'Chart Rack', 'Select', and 'Cancel' buttons. The 'Select' button is circled with a black circle containing the number 9. At the bottom of the main window, there are 'Print Payment' and 'Post Payment' buttons.

Field	Value
Payer	Arkansas Medicaid
Group	Professional Groups, Inc.
NPI	
PaytoNPI	
Production Date	6/21/2011
Check Number	1
Check Date	6/21/2011
Check Amount	\$100.00
Remaining	\$0.00

7. Click Select Patient button.

8. Enter Claim number.

9. Click Select to open payment details.

Note the Check amount and Remaining balance is showing as it was prior to Posting payment previously.

7. Click Select Patient button.
8. Enter Claim number.
9. Click Select to open payment details.

View Payment details

Insurance Payment

Create/Load Payment

Payer

Arkansas Medicaid

PO Box 8883

Little Rock, AR 72203

(479) 555-5555

Group

Professional Groups, Inc.

456 Test St

Springdale, AR 727641234

(479) 555-1234

NPI

PaytoNPI

Check Number

1

Production Date

6/21/2011

Check Date

6/21/2011

Check Amount

\$100.00

Remaining

\$0.00

Select Patient

Patient Details

Winters, Somer F.

Birthday

4/19/1985

Age

26

Sex

Female

Account

45

Chart

11111

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$708.00	\$3,806.00	\$4,514.00
Totals	\$708.00	\$3,806.00	\$4,514.00

Schedule

Claims

Ledger

Insurance

Demographics

Custom

Claims

Show All Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
x	6/3/2011	7/13/2011	781	Randall Oates, MD	Cigna	E	Aetna	P	\$235.00	\$100.00	Primary	Submitted
x	8/25/2011	9/9/2011	807	Randall Oates, MD	Arkansas Firstsource	E	Aetna	P	\$250.00	\$250.00	Primary	Submitted
x	9/21/2011	9/21/2011	816	Randall Oates, MD	BCBS AR	E	Arkansas Medicaid	P	\$120.00	\$100.00	Primary	Submitted

Claim Details

Details for Claim 781

Payment Amount

\$50.00

Post Date

6/3/2011

Process Date

7/13/2011

Routing

E

Claim Control #

Member ID

Rendering Provider

Randall Oates, MD

Rendering NPI

1234567890

Patient Responsibility

\$0.00

Patient Group Number

Remaining Balance

\$0.00

Processed

Claim Notes

Submitted on 7/13/2011

Omitted 99213 on 7/13/2011

Submitted on 6/3/2011

File With

Primary

Charges

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other Adj	Provider Paid	Notes
	6/3/2011	6/3/2011	1.0	71020	\$100.00							\$50.00	a
					\$235.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00	

Next Action

Patient Responsibility

Save Claim

Cancel

Post Payment

[View details of previously applied payment.](#)

10. Click to highlight Payment Amount and hit the delete key on your keyboard.
11. Click to highlight Provider Paid amount and hit the delete key on your keyboard.
12. Select Next Action for the claim. Note: If the claim was set to patient responsibility from previous posting, the claim status will remain as Processed, and patient will receive a statement on this charge, if there is a balance due. To prevent a statement from generating, you will need to select Refile, Wait for Additional Payment, File Secondary-Paper or Crossover-Pending

Secondary. This will change the claim status to Submitted, Pending Scrub or On Hold.
13. Click Save Claim

Select correct Patient/Claim number to reapply payment

The screenshot shows the 'Insurance Payment' window. At the top, there are fields for 'Payer' (Arkansas Medicaid), 'Group' (Professional Groups, Inc.), 'NPI', 'PaytoNPI', and 'Production Date' (6/21/2011). A 'Select Patient' button is visible. In the top right corner, a summary box shows: Check Number 1, Check Date 6/21/2011, Check Amount \$100.00, and Remaining \$50.00. A 'Select Patient' dialog box is open in the center, showing 'Claim Number' 871. A callout '15' points to the 'Claim Number' field. The dialog has 'Chart Rack', 'Select', and 'Cancel' buttons. A callout '16' points to the 'Select' button. At the bottom of the main window are 'Print Payment' and 'Post Payment' buttons.

Field	Value
Check Number	1
Check Date	6/21/2011
Check Amount	\$100.00
Remaining	\$50.00

Field	Value
Claim Number	871

Note the remaining balance is the amount that was deleted.

15. Enter Claim/Patient account to reapply payment.

16. Click the Select button.

Reapply payment to correct claim

Insurance Payment

Create/Load Payment

Payer

Arkansas Medicaid

Group

Professional Groups, Inc.

NPI

PaytoNPI

Check Number

1

PO Box 8883
Little Rock, AR 72203
(479) 555-5555

456 Test St
Springdale, AR 727641234
(479) 555-1234

Production Date

6/21/2011

Check Date

6/21/2011

Check Amount

\$100.00

Remaining

\$50.00

Select Patient

Patient Details

Stevens, Sam

Birthday

8/26/1960

Age

51

Sex

Female

Account

41

Chart

1231313

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$1,022.25	\$285.00	\$1,307.25
Totals	\$1,022.25	\$285.00	\$1,307.25

Schedule

Claims

Ledger

Insurance

Demographics

Custom

Claims

Show All Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	12/20/2011	1/4/2012	887	Randall Oates, MD	Medicare	E			\$120.00	\$120.00	Primary	Submitted
×	11/22/2011	1/3/2012	871	Randall Oates, MD	Medicare	P			\$120.00	\$120.00	Primary	Submitted

Claim Details

Details for Claim 871

More Info

Processed

Payment Amount

\$50.00

Claim Control #

Patient Responsibility

\$0.00

Post Date

11/22/2011

Member ID

32131313

Patient Group Number

Process Date

1/3/2012

Rendering Provider

Randall Oates, MD

Routing

P

Rendering NPI

1234567890

Remaining Balance

\$0.00

Primary

Policy

Medicare

Route

Paper

Electronic

Paper Fill

Fewest Pages

Maintain Order

Secondary

Policy

Route

Paper

Electronic

Paper Fill

Fewest Pages

Maintain Order

Claim Notes

Submitted on 1/3/2012

Text

File With

Primary

Charges

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	Coins	Co Pay	Late	Other Adj	Provider Paid	Notes
<input checked="" type="checkbox"/>	11/22/2011	11/22/2011	1.0	99212	\$120.00							\$50.00	
					\$120.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00	

19

Next Action

Patient Responsibility

20

Save Claim

Cancel

Print Payment

Post Payment

17. Enter payment amount
18. Enter provider paid amount
19. Select Next Action for the claim
20. Save Claim

Print/Export Payment report and re post remit

Insurance Payment

Create/Load Payment

Payer

Arkansas Medicaid

PO Box 8883
Little Rock, AR 72203
(479) 555-5555

Group

Professional Groups, Inc.

456 Test St
Springdale, AR 727641234
(479) 555-1234

NPI

PaytoNPI

Production Date

6/21/2011

Select Patient

Check Number

1

Check Date

6/21/2011

Check Amount

\$100.00

Remaining

\$0.00

Print Payment

21

22

Post Payment

Note the Remaining Balance is zero and the Post Payment button is activated for re posting. Also note that the original post date will remain and this is the date that will be reflected on the corrected patient's payment ledger

21. Print or Export and Save payment posting report.
22. Click Post Payment.

Until the remit is re posted, payments for each claim included in the remit will not appear on the patient ledger as paid.

Add Adjustment in Ledger

Located in Billing -> Patient Account -> Ledger Tab

Add an Adjustment to Patient Account from the Ledger

Clark, Jack

Clark, Jack Account 60 Chart JC123456

Date of Birth 9/18/1960 Age 51 Sex Male Status Married

Address 456 Elm Springdale, AR 72765-0456

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

Email

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$183.75	\$183.75
Totals	\$0.00	\$183.75	\$183.75

☐ Self Pay Co-Pay \$0.00

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

Unapplied Co-Pay \$20.00 Unapplied Pre-Pay \$200.00

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
4/14/2010	4/14/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
4/14/2010	4/14/2010	Randall Oates	99212	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
4/27/2010	4/27/2010	Randall Oates	99215	OFFICE/OUTPAT...	\$150.00	1.0	\$150.00	\$150.00		\$0.00	\$0.00
4/27/2010	4/27/2010	Randall Oates	72010	X-RAY EXAM OF ...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
4/28/2010	4/28/2010	Randall Oates	T1002	RN services up t...	\$600.00	1.0	\$600.00	\$600.00		\$0.00	\$0.00
5/5/2010	5/5/2010	Randall Oates	99215	OFFICE/OUTPAT...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$0.00
5/19/2010	5/19/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
5/27/2010		Randall Oates	99202	OFFICE/OUTPAT...	\$160.00	1.0	\$160.00	\$160.00		\$0.00	\$0.00
5/27/2010	3/19/2010	Randall Oates	99215	OFFICE/OUTPAT...	\$175.00	1.0	\$175.00	\$175.00		\$0.00	\$0.00
5/27/2010	5/27/2010	Randall Oates	71010	CHEST X-RAY	\$70.00	1.0	\$70.00	\$70.00		\$0.00	\$0.00
5/27/2010	5/27/2010	Randall Oates	72142	MRI NECK SPINE...	\$450.00	1.0	\$450.00	\$450.00		\$0.00	\$0.00
5/27/2010	5/27/2010	Randall Oates	72020	X-RAY EXAM OF ...	\$130.00	1.0	\$130.00	\$130.00		\$0.00	\$0.00
5/27/2010	5/27/2010	Randall Oates	71010	CHEST X-RAY	\$70.00	1.0	\$70.00	\$70.00		\$0.00	\$0.00
5/27/2010	5/27/2010	Randall Oates	99212	OFFICE/OUTPAT...	\$120.00	1.0	\$120.00	\$120.00		\$0.00	\$0.00
6/14/2010	6/14/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
6/15/2010		Pymt		Credit Card: ***...				\$2,745.00			
6/18/2010	6/18/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
6/18/2010	6/18/2010	Randall Oates	99214	OFFICE/OUTPAT...	\$145.00	1.0	\$145.00	\$145.00		\$0.00	\$0.00
6/23/2010	9/23/2010	Randall Oates	99214	OFFICE/OUTPAT...	\$145.00	1.0	\$145.00	\$145.00		\$0.00	\$0.00
6/28/2010	6/28/2010	Randall Oates	74247	CONTRST X-RAY...	\$250.00	1.0	\$250.00	\$250.00		\$0.00	\$0.00
6/28/2010	6/9/2010	Randall Oates	99202	OFFICE/OUTPAT...	\$160.00	1.0	\$160.00	\$160.00		\$0.00	\$0.00
6/28/2010	6/28/2010	Randall Oates	74247	CONTRST X-RAY...	\$250.00	1.0	\$250.00	\$250.00		\$0.00	\$0.00
6/28/2010	6/28/2010	Randall Oates	74247	CONTRST X-RAY...	\$300.00	1.0	\$300.00	\$300.00		\$0.00	\$0.00
7/30/2010	7/30/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$0.00
9/20/2010	9/20/2010	Randall Oates	99213	OFFICE/OUTPAT...	\$33.75	1.0	\$33.75	\$80.00		(\$46.25)	(\$46.25)
2/3/2011		Pymt		Credit Card: ***...				\$1,600.00			
3/10/2011	3/10/2011	Randall Oates	88305	TISSUE EXAM BY...	\$60.00	1.0	\$60.00	\$50.00	\$10.00	\$0.00	(\$46.25)
					\$4,613.75		\$4,613.75	\$4,420.00	\$10.00	\$183.75	\$183.75

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

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

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

Select Adjustment Code

Select Adjustment

Code: Search
Advanced Code Search

Description: 2
Description Filter

Amount: \$0.00

☐ Show Zero Balance Charges

Charges for Clark, Jack

DOS	Provider
4/14/2010	Randall Oates
4/14/2010	Randall Oates

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

Professional Courtesy
Blue Cross Adjustment
Medicaid Adjustment
Medicare Adjustment
Refund to Patient
New Adj. code
Sample Adjustment Code
Insurance Adjustment
Refund Adjustment
Aetna Adjustment
Charged in Error 3

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

Okay Cancel

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

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

Apply Adjustment to Charge

Select Adjustment

Code: 89CE Description: Charged in Error Amount: \$120.00

Advanced Code Search

Charges for Clark, Jack ☐ Show Zero Balance Charges

DOS	Provider	Code	Description	Charge	Payments	Balance	Applied
4/14/2010	Randall Oates	99213	OFFICE/OUTPATIE...	\$135.00	\$110.00	\$25.00	\$0.00
4/14/2010	Randall Oates	99212	OFFICE/OUTPATIE...	\$120.00	\$0.00	\$120.00	\$120.00

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

Refund Overpayment

Refund to Patient/Insurance

Patient Overpayment

Patient, Test



Patient, Test 1

Account 132
Chart

Date of Birth 5/2/1935 **Age** 77 **Sex** Female **Status** Widowed

Address 123 Some St Any City, NY 63232

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

Email

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	(\$200.00)	\$0.00	(\$200.00)
Totals	(\$200.00)	\$0.00	(\$200.00)

☐ Self Pay Co-Pay \$30.00

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

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

Posted ▲	DOS	Provider	Code	Description	Charge	Units	Total Charge	Payments	Adjustments	Chrg Bal	Balance
12/15/2010	12/15/2...	Randall Oates, MD	99201	New Pt 10mn	\$150.00	1.0	\$150.00	\$150.00		\$0.00	\$0.00
✖ 2/1/2011	2/1/2011	Randall Oates, MD	1000	Credit Balance Forw...	(\$200.00)	1.0	(\$200.00)			(\$200.00)	(\$200.00)
2/1/2011			Pymt	Credit Card: 21312				\$150.00			

((\$50.00)) ((\$50.00)) \$150.00 \$0.00 (\$200.00) **(\$200.00)**

Print Receipt Create Claim 3 Add Adjustment Add Charge Add Payment

1. Open patient account.
2. Click the Ledger tab to view credit.
3. Click the Add Adjustment button

Select Adjustment Type

Patient, Test

Patient, Test Account 132 Chart

Date of Birth 5/2/1935 Age 77 Sex Female Status Widowed

Address 123 Some St Any City, NY 63232

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

Email

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	(\$200.00)	\$0.00	(\$200.00)
Totals	(\$200.00)	\$0.00	(\$200.00)

☐ Self Pay Co-Pay \$30.00

Apply Adjustment

Code Description Amount

1 \$0.00

Code Filter

89CE

inspay

refund 2

600

700

INS ADJ

NSF Check

PYM ERROR

Bal Forwar

ADJ ERROR

Collects

Transfer

100

☐ Show Zero Balance Charges

Description	Charge	Payments	Balance	Applied
Credit Balance Forward	(\$200.00)	\$0.00	(\$200.00)	\$0.00

(\$200.00) \$0.00 (\$200.00) \$0.00

Save Cancel

Print Receipt

Create Claim Add Adjustment Add Charge Add Payment

(\$50.00) (\$50.00) \$150.00 \$0.00 (\$200.00) **(\$200.00)**

1. Click on the drop down for list of adjustments.
2. Select Refund from adjustment list.

Apply Refund Amount

Patient, Test

Account 132

Chart

Date of Birth 5/2/1935 Age 77 Sex Female Status Widowed

Address 123 Some St Any City, NY 63232

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

Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	(\$200.00)	\$0.00	(\$200.00)
Totals	(\$200.00)	\$0.00	(\$200.00)

Self Pay Co-Pay \$30.00

Apply Adjustment

Code refund Description Refund Adjustment Amount (\$200.00)

Advanced Code Search

Charges for Patient, Test

DOS	Provider	Code	Description	Charge	Payments	Balance	Applied
2/1/2011	Randall Oates, MD	1000	Credit Balance Forward	(\$200.00)	\$0.00	(\$200.00)	(\$200.00)

Click to apply amount

1

2 Save Cancel


(\$50.00) (\$50.00) \$150.00 \$0.00 (\$200.00) (\$200.00)

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

1. Double click to apply the amount of the refund. Amount will default to the amount of the overpayment. You can also click inside the grid and manually type the refund amount. (Refund amount will be in parentheses) You will need to press the "-" / dash key before entering the amount to add the amount back to the account. For example the amount as shown in the screenshot would be entered as **-200.00**.

2. Click Save.

Ledger view after refund



Patient, Test

Account 132

Chart

Date of Birth 5/2/1935

Age 77

Sex Female

Status Widowed

Address 123 Some St Any City, NY 63232

Home (479) 555-5555

Work (479) 555-6666

Cell (479) 555-4444

Email

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$0.00	\$0.00
Totals	\$0.00	\$0.00	\$0.00

☐ Self Pay
 Co-Pay \$30.00

Schedule

Demographics

Insurance

Custom

Flags/Notes

Ledger

Family

Claims

Statements

New Charges

Unapplied Co-Pay \$0.00

Unapplied Pre-Pay \$0.00

Posted ▲	DOS	Provider	Code	Description	Charge	Units	Total Charge	Payments	Adjustments	Chrg Bal	Balance
12/15/2010	12/15/2...	Randall Oates, MD	99201	New Pt 10mn	\$150.00	1.0	\$150.00	\$150.00		\$0.00	\$0.00
2/1/2011	2/1/2011	Randall Oates, MD	1000	Credit Balance Forw...	(\$200.00)	1.0	(\$200.00)		(\$200.00)	\$0.00	\$0.00
2/1/2011			Pymt	Credit Card: 21312				\$150.00			
X 6/12/2012			refund	Refund Adjustment					(\$200.00)		

(\$50.00)

(\$50.00)

\$150.00

(\$200.00)

\$0.00

\$0.00

Print Receipt

Create Claim

Add Adjustment

Add Charge

Add Payment

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 grid of letters A through S. The main area of the window is a table with columns for 'Name', 'Chart Number', 'SSN', and 'Birth Date'. At the bottom, 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 titled 'Create New Payer' is displayed over the plus icon, stating: 'This creates a new Payer. A Payer is a not a Patient, but has demographic information saved in your system.' and 'Press F1 key to get more information'.

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

1. Click on the Create New Payer icon.

Create New Payer

Personal

First: Fred Middle: R. Last: Fredrick

Gender: ☐ Unknown ☒ Male ☐ Female Birthday: 2/3/1968 SSN: 111-22-3333

Address

Street: 123 Some St

City: Any City

State: AR

Zip: 72703-0123

Contact

Email: ff@email.com

Home Phone: (479)555-5555

Work Phone: (479)555-6666

Cell Phone: (479)555-5554

Notes: Type free text notes/additional information here.

2 Save Cancel

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

Add Payer/Non-Patient Account in Demographics

Billing -> PatientAccount -> Demographics Tab

Lane, Penny Account 43

Chart

Date of Birth 5/6/1968 Age 42 Sex Female Status Unknown

Address 544 Oak Fayetteville, Ar 72703

Home Work Cell

Email

Balances

Family \$0.00

Personal \$0.00

Total \$0.00

☐ Self Pay Co-Pay \$0.00

Demographics Insurance Custom Ledger Family Claims Statements New Charges

Patient Information

Title First Middle Last Suffix

SSN 456-78-9132 Birth Date 5/6/1968 Age 42 Chart

Marital Status Married Gender Female Related To...

Race Ethnicity Language

Address

Street 544 Oak

City Fayetteville State Ar Zip 72703-

Contact Information

Home Phone Work Phone Cell Phone

Email

☐ Exclude From Data Explorer

Notes -

Patient Picture

Load Clear

Primary Provider Randall Oates

Referring Provider ... X

PCP ... X

Preferred Pharmacy +

Billing Information

Guarantor + ...

Financial 2

Student Status

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

Payer Account

Lane, Perry P.

Birthday 1/7/1962 **Age** 48 **Sex** Male

Address 544 Oak St, Fayetteville AR, 72701-0544

Email ppl@email.com

Contact Information

Home (479) 555-4444

Cell (479) 555-5555

Work (479) 555-6666

Demographics **Family**

Personal

First: Perry Middle: P Last: Lane

Gender: ☐ Unknown ☒ Male ☐ Female

Birthday: 1/7/1962 SSN: 123-45-6789

Address

Street: 544 Oak St

City: Fayetteville

State: AR

Zip: 72701-0544

Contact

Email: ppl@email.com

Home Phone: (479)555-4444

Work Phone: (479)555-6666

Cell Phone: (479)555-5555

Notes free text notes

Save Close

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

Add Dependents to Payer Account

Patient Information

Title First
Penny

SSN 456-78-9132 Birth 5/20

Marital Status Married

Race

Address
Street 544 Oak
City Fayetteville

Contact Information
Home Phone (501) 555-2222
Email

☐ Exclude From Data Explorer

Notes -

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

Balances

Family \$0.00

Personal \$1,445.00

Total \$1,445.00

Self Pay Co-Pay \$0.00

Charges

Patient Picture

Primary Provider Randall Oates

Referring Provider

PCP

Preferred Pharmacy

Billing Information

Guarantor X Lane, Penny P.

Financial Class 3

Student Status

Demographics

Family

Add Dependent

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



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 Chrg](#)
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

Billing -> Enter Charges

Add a New Visit

Turner, Mollie R.



Turner, Mollie R.

Account 26
Chart MT1234

Date of Birth 1/13/2004

Age 9

Sex Female

Status Single

Address 987 Seventh St Springdale, AR 72764

Home (479) 555-5555

Work (479) 555-6666

Cell (479) 555-7777

Email mt@email.com

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$170.00	\$2,462.25	\$2,632.25
Totals	\$170.00	\$2,462.25	\$2,632.25

☐ Self Pay

Co-Pay \$30.00

Schedule

Demographics

Insurance

Custom

Flags/Notes

Ledger

Family

Claims

Statements

New Charges

+ New Visit

Unapplied Co-Pay \$0.00

Apply Co-Pay

Unapplied Pre-Pay \$100.00

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

More Info-Owner Information for Manual Charge Entry

The screenshot displays the SOAPware PM interface for manual charge entry. The top navigation bar includes tabs for Schedule, Demographics, Insurance, Custom, Flags/Notes, Ledger, Family, Claims, Statements, and New Charges. The 'New Charges' tab is active, showing 'Unapplied Co-Pay' at \$0.00 and 'Unapplied Pre-Pay' at \$340.00. Below this, a 'Patient Visit for 3/15/2013 2:36 PM' is listed. A 'Charges From 3/15/2013 2:36 PM' window is open, with a 'More Info' button highlighted by a red box. The 'Edit Claim Details' window is also open, showing the 'Owner' field set to 'Randall Oates' and the 'Facility' set to 'Family Clinic'. The 'Providers' tab is selected, showing the 'Rendering Provider' field. A red box highlights the 'Owner' dropdown in the 'Edit Claim Details' window. A red box highlights the 'Providers' tab in the 'Edit Claim Details' window. A red arrow points to the 'Rendering Provider' dropdown. A black box with white text says: 'Override only if Rendering Provider is different than Owner, NP, PA, etc.'

Manually posting visits in previous versions of SOAPware PM required clicking on More Info and adding the Owner and Facility for each visit. This will now default to automatically populate the Owner with the [Active Provider](#).

If the Rendering Provider of service is anyone other than the Active Provider, you can override this by clicking on the Providers tab and selecting that provider from the drop down list. If the rendering provider is the same as the active provider, leave this field blank.

More Info-Facility Information for Manual Charge Entry

The screenshot displays the SOAPware PM interface. On the left is a calendar for March 2013. The main window shows patient information for Perry, Barry O. (DOB 6/20/1965, Age 47, Sex Male, Status Single). A red box labeled '1' highlights the 'Professional Group' button in the top navigation bar. Below the patient info, a red box labeled '2' highlights the 'New Charges' button. A third red box labeled '3' highlights the 'Facility' dropdown menu in the 'Edit Claim Details' window, which is currently set to 'Professional Group'. The 'Edit Claim Details' window also shows various tabs like Ambulance, Contract, Dates, File Information, Misc Details, Patient, Property And Casualty, Providers, Referral / Authorization, Supplemental Information, and Vision.

Manually posting visits in previous versions of SOAPware PM required clicking on More Info and adding the Owner and Facility for each visit. More Info->Facility will now automatically populate with the Active Facility selected in the Scheduler. For single facility users, the work flow will not change. If visits or charges are created for facilities outside the main facility (physical address indicated in [Manage Groups](#)), those facilities will still have to be selected in [Providers tab->Service Facility](#).

1. Select Active Facility in Scheduler.
2. New Charges->More Info button is not alerting user that information is missing.
3. Claim Details->Facility is automatically populated with Active Facility.

Enter Charges from Billing Menu

6. Click the Add Charge button to Open the Select Charge dialog
7. Begin typing the Charge code in the box or Click inside the Description to Search the code data base. Click on the code from the list to insert it into the field
8. Click on the Select button

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

Charge Details

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

Diagnosis Codes 9 **Add Code**

DX	Description

Modifiers 11 **Add Code**

Code	Description

☐ Omit from Claim 12

Select Diagnosis 10

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

File Information

Ambulance

Pick-Up Address

Street <None>

Street 2 <None>

City <None>

State

Zip Code <None>

Drop-Off

Amounts Details

Payments/Adjustments

Date	Name/Des

Totals

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

Quick Misc Details 13

Facility: Family Clinic

EPSTD

☐ Emergency

☐ Family Plan

Supplemental

Insurance Details

Save 14 **Cancel**

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

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

10. Type ICD 9 code or Search by description.

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 6-14 to add more charges

Post New Charges to Patient Ledger

Perry, Barry O.



Perry, Barry O.

Account 27
Chart PE123

Date of Birth 6/20/1965 Age 47 Sex Male Status Single

Address 111 Oak St Any City, AR 72764

Home (479) 555-5555 Work (479) 555-6666 Cell (479) 555-7777

Email

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$679.80	\$2,800.00	\$3,479.80
Totals	\$679.80	\$2,800.00	\$3,479.80

☐ Self Pay Co-Pay \$30.00

Unapplied Co-Pay \$0.00

Unapplied Pre-Pay \$0.00

Patient Visit for 3/28/2013 10:22 AM

Charges From 3/28/2013 10:22 AM

Omit	Posted	Provider	Code	Modifi...	Description	DX	Charge	Unit	Tota...	Co-Ins	Pay...	Adju...	Balance
<input type="checkbox"/>	3/29/2013	Randall O...	99214		OFFICE/OUTPATIENT VI...	781.0	\$145...	1.0	\$145...	\$0.00	\$0.00	\$0.00	\$145.00

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

Primary

Policy Arkansas Firstsource

Route ☐ Paper ☒ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

Secondary

Policy Arkansas Firstsource

Route ☐ Paper ☒ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

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

Doctor Comments Claim Comments

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

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

You can add a payment prior to posting charges , or apply a co-pay

15. Mark as Incomplete to save changes and come back at a later time to edit or post charges.
16. Enter any claim comments for internal use. (Will not print on claims)
17. Place a check mark to print a receipt, or leave blank.
18. 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.

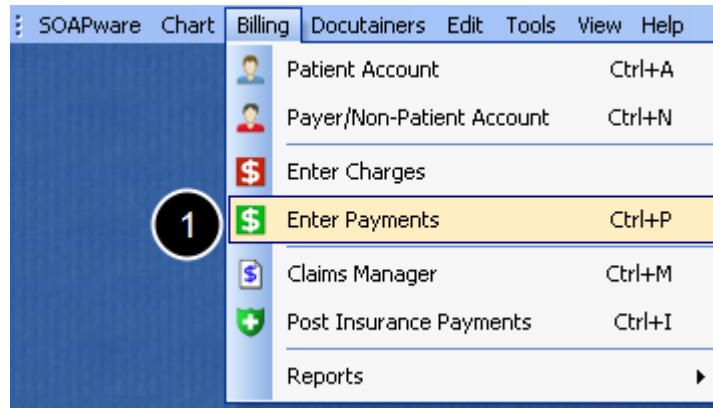
Note: The insurance claim is created at this point. If any changes are made to the charge(s) while the claim is in the Pending Scrub section, and prior to uploading the claim to the payer, the claim must be placed into the On Hold section and rebuilt before the changes will be applied to the claim. Otherwise, it will be submitted the way it was at the time of posting and creating the claim.

Enter Payments

Add Personal Payments from Billing Menu

Main Menu -> Billing -> Enter Payments

Apply personal payments to patient accounts. Make Payment dialog can also be accessed in the New Charges tab and the patient account Ledger. To apply Insurance Payments to accounts, see Post Insurance Payments.



1. Click on the Enter Payments menu option to open the Chart Rack. **Select** a Patient from the Chart Rack and the Make Payment dialog will open.

Make Payment

Payer Details

X Lane, Penny

Account # 43 Chart # DOB 5/6/1968 Age 42

544 Oak
Fayetteville Ar 72703

Comments

Payment Details

Payment Type Payment

Facility **2** Family Clinic

Pay Date 6/7/2010

Pay Method Credit Card

Reference *****1234

Amount \$75.00

Remaining \$0.00

Apply Charges

Add Dependent No Dependents

+ Add Patient

Disburse

X Lane, Penny

Acct # 43 DOB 5/6/1968

Chart # Age 42

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

3 Store as Pre-Pay \$0.00

Charges

☐ Show Zero Balance Charges

Pay All

DOS	Provider	Code	Description	Charge	Paym...	Balance	Applied
4/5/2010	Randall O...	99215	OFFICE/OUTPATIENT ...	\$175.00	\$0.00	\$175.00	\$75.00
4/5/2010	Randall O...	71020	CHEST X-RAY	\$90.00	\$0.00	\$90.00	\$0.00
5/25/2010	Randall O...	99213	OFFICE/OUTPATIENT ...	\$135.00	\$0.00	\$135.00	\$0.00
5/25/2010	Randall O...	72010	X-RAY EXAM OF SPINE	\$120.00	\$0.00	\$120.00	\$0.00
				\$520.00	\$0.00	\$520.00	\$75.00

Clear Applied

☒ Print Receipt After Saving **4** Save Cancel

2. Type payment details.

3. Apply payment to charges:

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

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

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

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

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

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

Claims Manager

General Work flow-Claims Manager

Billing -> Claims Manager

An Insurance Claim cannot be created unless insurance information has been entered in Patient Account Insurance Demographics tab.

Claims Manager

Find Claim By Number

Working Submitted All

On Hold

Posted	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Hold Notes
3/8/2013	1151	Randall Oates	Billy Kidd	Arkansas M...	E	Humana Gol...	E	\$0.00	Primary	Original	On Hold	
3/15/2013	1157	Randall Oates	Barry Perry	Arkansas Fir...	E			\$120.00	Primary	Original	On Hold	
3/18/2013	1159	Randall Oates	Perry Winkle	Arkansas M...	E	AARP	E	\$120.00	Primary	Original	On Hold	
3/18/2013	1166	Randall Oates	Sam Samson	AARP	P			\$120.00	Primary	Original	On Hold	The Pay To is missing part or all of their ...
3/26/2013	1173	Randall Oates	Mollie Turner	Farmers Ins...	P	Medicare	P	\$20.00	Primary	Original	On Hold	The Pay To is missing part or all of their ...

Total Claims On Hold: 5 Total Amount On Hold: \$380.00 3 Rebuild

Pending

Posted	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes
3/13/2013	1154	Randall Oates	Somer Winters	BCBS AR	E	Medicare	P	\$300.00	Primary	Original	Pending Scrub	Rebuilt on 3/27/2013 :
3/14/2013	1155	Randall Oates	Rosemary Cat...	Farmers Insur...	E	Aetna	P	\$180.00	Primary	Original	Pending Scrub	Rebuilt on 3/27/2013 :
3/27/2013	1176	Randall Oates	Perry Winkle	Arkansas Med...	E	AARP	E	\$135.00	Primary	Original	Pending Scrub	

Total Claims Pending: 3 Total Amount Pending: \$615.00 2 Scrub

Ready To Submit

Posted	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes
3/18/2013	1160	Randall Oates	Bobby Roberts	Medicare	E	Aetna	P	\$120.00	Primary	Original	Ready	Rebuilt on 3/27/2013 :
3/18/2013	1161	Randall Oates	Jerry Carey	Arkansas Medic...	E			\$120.00	Primary	Original	Ready	Rebuilt on 3/27/2013 :
3/18/2013	1164	Randall Oates	Mollie Turner	Farmers Insura...	E	Medicare	P	\$120.00	Primary	Original	Ready	Rebuilt on 3/27/2013 :
3/18/2013	1165	Randall Oates	Sam Samson	AARP	E			\$135.00	Primary	Original	Ready	Rebuilt on 3/27/2013 :
3/19/2013	1167	Randall Oates	Somer Winters	BCBS AR	E	Medicare	P	\$135.00	Primary	Original	Ready	
3/26/2013	1168	Randall Oates	Somer Winters	BCBS AR	E	Medicare	P	\$160.00	Primary	Original	Ready	
3/26/2013	1169	Randall Oates	Gayle Hale	Arkansas Firsts...	E			\$175.00	Primary	Original	Ready	Rebuilt on 3/27/2013 :

Total Claims Ready to Submit: 7 Total Amount Ready to Submit: \$965.00 4 Generate Electronic Print Claims Submit Selected

Paper claims are identified by the icon in the first column. **Electronic claims** are blank.

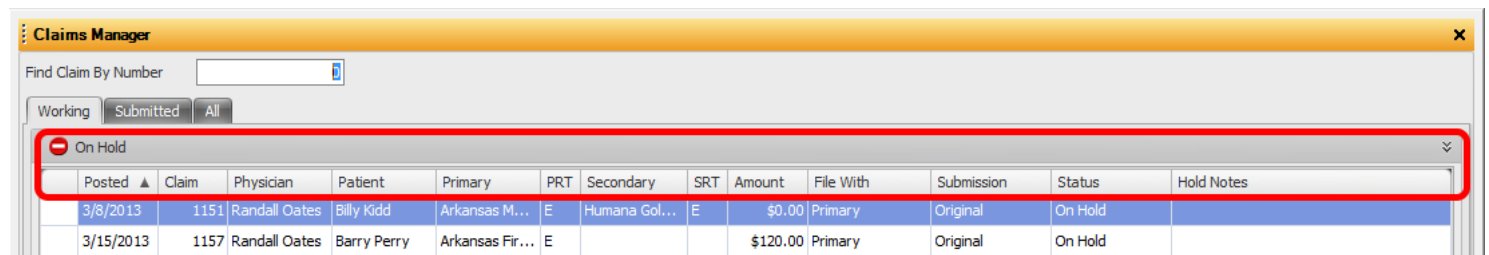
1. When a charge is posted to the Ledger from the New Charges tab, an insurance claim is created and inserted into the Pending Scrub section of the Claims Manager.
2. Claims are **Scrubbed** and placed in the Ready to Submit section. If the claim rejects for scrub errors, the claim will be placed in the On Hold section with a reason for rejection, and will need to be corrected.
3. After a claim is edited/corrected, it must be rebuilt to apply the changes, and scrubbed again. If a claim continues to reject when Scrubbed, this will have to be repeated until the claim is error free and moved to the Ready to Submit section.

4. When the Claims are **Ready to Submit**, they can be generated and uploaded electronically, or printed on a CMS 1500 form.

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.

For details on setting up print options, please see [Paper Claim Options](#).

Column Headers



The screenshot shows the 'Claims Manager' window. At the top, there is a search bar 'Find Claim By Number' and three tabs: 'Working', 'Submitted', and 'All'. Below the tabs, a red box highlights the 'On Hold' section header. Under this header is a table with the following columns: Posted, Claim, Physician, Patient, Primary, PRT, Secondary, SRT, Amount, File With, Submission, Status, and Hold Notes. Two rows of data are visible in the table.

Posted	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Hold Notes
3/8/2013	1151	Randall Oates	Billy Kidd	Arkansas M...	E	Humana Gol...	E	\$0.00	Primary	Original	On Hold	
3/15/2013	1157	Randall Oates	Barry Perry	Arkansas Fir...	E			\$120.00	Primary	Original	On Hold	

Posted: Date Claim was posted to the patient ledger and claim was created

Claim: Claim number used for identification and tracking. This number is automatically assigned when the claim is created

Physician: Performing Provider

Patient: Patient name

Primary: Identifies patients Primary Payer

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

Secondary: Identifies patients Secondary Payer

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

Amount: Total amount of claim

File With: Filing claim with (Primary or Secondary)

Submission: Indicates to Payer if the claim is Original claim, Corrected claim, Replacement claim or a Voided claim

Status: Status of claim (On Hold, Pending Scrub or Ready to Submit)

Hold Notes: Hold notes gives a short explanation why the claim is being placed in the On Hold section. This note will automatically generate 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

Enhanced Claims Manager

Quickly find a claim within the Claims Manager **Working**, **Submitted** or **All** tabs by Claim Number. Also view Total Claims in each section and Total Amount for those claims.

Search for Claim On Hold, Pending or Ready to Submit by Claim Number. View Total Claims in each section or tab, and Total Amount of claims

Claims Manager

Find Claim By Number 1

Working Submitted All

On Hold

Posted	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Hold Notes
3/8/2013	1151	Randall Oates	Billy Kidd	Arkansas Me...	E	Humana Gold ...	E	\$0.00	Primary	Original	On Hold	
3/15/2013	1157	Randall Oates	Barry Perry	Arkansas Firs...	E		E	\$120.00	Primary	Original	On Hold	
3/18/2013	1159	Randall Oates	Perry Winkle	Arkansas Me...	E	AARP	E	\$120.00	Primary	Original	On Hold	
3/18/2013	1166	Randall Oates	Sam Samson	AARP	P			\$120.00	Primary	Original	On Hold	The Pay To is missing part or all of their in...
3/26/2013	1173	Randall Oates	Mollie Turner	Farmers Insu...	P	Medicare	P	\$20.00	Primary	Original	On Hold	The Pay To is missing part or all of their in...

Total Claims On Hold: 5 Total Amount On Hold: \$380.00 2 Rebuild

Pending

Posted	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes
3/13/2013	1154	Randall Oates	Somer Winters	BCBS AR	E	Medicare	P	\$300.00	Primary	Original	Pending Scrub	Rebuilt on 3/27/2013 :
3/14/2013	1155	Randall Oates	Rosemary Cat...	Farmers Insur...	E	Aetna	P	\$180.00	Primary	Original	Pending Scrub	Rebuilt on 3/27/2013 :

Total Claims Pending: 2 Total Amount Pending: \$480.00 Scrub

Ready To Submit

Posted	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes
3/18/2013	1160	Randall Oates	Bobby Roberts	Medicare	E	Aetna	P	\$120.00	Primary	Original	Ready	Rebuilt on 3/27/2013 :
3/18/2013	1161	Randall Oates	Jerry Carey	Arkansas Medicaid	E			\$120.00	Primary	Original	Ready	Rebuilt on 3/27/2013 :
3/18/2013	1164	Randall Oates	Mollie Turner	Farmers Insura...	E	Medicare	P	\$120.00	Primary	Original	Ready	Rebuilt on 3/27/2013 :
3/18/2013	1165	Randall Oates	Sam Samson	AARP	E			\$135.00	Primary	Original	Ready	Rebuilt on 3/27/2013 :
3/19/2013	1167	Randall Oates	Somer Winters	BCBS AR	E	Medicare	P	\$135.00	Primary	Original	Ready	
3/26/2013	1168	Randall Oates	Somer Winters	BCBS AR	E	Medicare	P	\$160.00	Primary	Original	Ready	
3/26/2013	1169	Randall Oates	Gayle Hale	Arkansas Firsts...	E			\$175.00	Primary	Original	Ready	Rebuilt on 3/27/2013 :

Total Claims Ready to Submit: 7 Total Amount Ready to Submit: \$965.00 Generate Electronic Print Claims Submit Selected


1. Locate a claim On Hold, Pending Scrub or Ready to submit by typing the claim number into the **Find Claim By Number** field.
2. View total claims in each section or Tab, and total amount of claims.

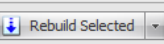
Search for Claim in Submitted and All tabs by Claim Number and Post Date

Claims Manager

Find Claim By Number

Working Submitted **All**

Filter Posted Date 12/1/2012 to 3/27/2013 



Posted	Submitted	Claim	Physician	Primary	PRT	Secondary	SRT	Patient	Amount	File With	Submission	Status
1/28/2013	3/8/2013	1123	Randall Oates	BCBS AR	E	Medicare	P	Somer Winters	\$145.00	Primary	Original	Submitted
1/29/2013	2/6/2013	1124	Randall Oates	BCBS AR	E	Medicare	P	Somer Winters	\$135.00	Primary	Original	Submitted
1/29/2013	1/29/2013	1125	Randall Oates	Arkansas Medicaid	E	Aetna	P	Mark Clark	\$575.00	Primary	Original	Submitted
1/29/2013	2/15/2013	1127	Randall Oates	Arkansas Firstsource	E	Aetna	P	Mark Clark	\$745.00	Primary	Original	Submitted
1/29/2013	1/29/2013	1126	Randall Oates	BCBS AR	E	Arkansas Firstso...	E	Mary Merriman	\$720.00	Primary	Original	Submitted
1/29/2013	2/13/2013	1128	Randall Oates	Arkansas Firstsource	E	Medicare	P	Darrell Farrell	\$181.25	Primary	Original	Submitted
1/31/2013	2/13/2013	1129	Randall Oates	AARP	E			Sam Samson	\$120.00	Primary	Original	Submitted
1/31/2013	2/13/2013	1130	Randall Oates	Arkansas Firstsource	E	Cigna	P	James Wu	\$181.25	Primary	Original	Submitted
1/31/2013	2/13/2013	1132	Randall Oates	Aetna	E			Lester Tester	\$135.00	Primary	Original	Submitted
1/31/2013	2/13/2013	1131	Randall Oates	Aetna	E	Arkansas Firstso...	E	George Gorman	\$120.00	Primary	Original	Submitted
1/31/2013	3/8/2013	1133	Randall Oates	Farmers Insurance	E	Medicare	P	Mollie Turner	\$635.00	Primary	Original	Submitted
1/31/2013	3/8/2013	1142	Randall Oates	Farmers Insurance	E	Medicare	P	Mollie Turner	\$120.00	Primary	Original	Submitted
2/6/2013	2/13/2013	1134	Randall Oates	BCBS AR	E	Medicare	P	Somer Winters	\$20.00	Primary	Original	Submitted
2/12/2013	2/13/2013	1135	Randall Oates	Arkansas Firstsource	E			Barry Perry	\$150.00	Primary	Original	Submitted
2/14/2013	2/15/2013	1136	Randall Oates	Medicare	E	Aetna	E	Barry Rosenberg	\$120.00	Primary	Original	Submitted
2/14/2013	2/14/2013	1137	Tammy Trent	BCBS AR	E	Medicare	P	Somer Winters	\$175.00	Primary	Original	Submitted
2/14/2013	2/14/2013	1138	Randall Oates	Aetna	E	Shelter	P	Strawberry Fields	\$280.00	Primary	Original	Submitted
2/14/2013	2/15/2013	1139	Randall Oates	Arkansas Firstsource	E	Aetna	P	Jerry Penny	\$140.00	Primary	Original	Submitted
2/14/2013	3/8/2013	1149	Randall Oates	Medicare	E	Aetna	P	Bobby Roberts	\$145.00	Primary	Original	Submitted
2/21/2013	2/21/2013	1141	Randall Oates	Arkansas Firstsource	E			Joe Green	\$120.00	Primary	Original	Submitted
2/21/2013	2/21/2013	1143	Randall Oates	Farmers Insurance	E	Medicare	P	Mollie Turner	\$145.00	Primary	Original	Submitted
2/21/2013	3/8/2013	1144	Randall Oates	Aetna	E	Golden Rule	E	Alexandria Abrahamson	\$120.00	Primary	Original	Submitted
2/21/2013	3/8/2013	1145	Randall Oates	Arkansas Medicaid	E	Arkansas Firstso...	E	Terry Berry	\$145.00	Primary	Original	Submitted
2/27/2013	3/8/2013	1146	Randall Oates	Aetna	P	Medicare	P	Jack Clark	\$135.00	Secondary	Original	Submitted
2/27/2013	2/27/2013	1147	Randall Oates	Aetna	E	Medicare	P	Jack Clark	\$405.00	Primary	Original	Submitted
3/1/2013	3/8/2013	1148	Randall Oates	BCBS AR	E	Medicare	P	Somer Winters	\$9,000.00	Primary	Original	Submitted
3/5/2013	3/12/2013	1150	Randall Oates	Cigna	E	BCBS AR	E	Emily Edmond	\$135.00	Primary	Original	Submitted
3/12/2013	3/18/2013	1152	Randall Oates	Medicare	E			Sam Stevens	\$120.00	Primary	Original	Submitted
3/13/2013	3/15/2013	1153	Randall Oates	Arkansas Medicaid	E	AARP	E	Perry Winkle	\$525.00	Primary	Original	Submitted
3/18/2013	3/18/2013	1158	Randall Oates	Arkansas Medicaid	E	AARP	E	Perry Winkle	\$175.00	Primary	Original	Submitted
3/18/2013	3/18/2013	1162	Randall Oates	Farmers Insurance	E	Medicare	P	Mollie Turner	\$120.00	Primary	Original	Submitted
3/18/2013	3/18/2013	1163	Randall Oates	Farmers Insurance	E	Medicare	P	Mollie Turner	\$150.00	Primary	Original	Submitted
3/26/2013	3/26/2013	1170	Randall Oates	Arkansas Firstsource	E			Gayle Hale	\$175.00	Primary	Original	Submitted

Total Claims Submitted: 73 Total Amount Submitted: \$22,366.50

To search for claims that have been submitted to payers, click the Submitted tab in the Claims Manager. (Claims in Submitted tab have been uploaded to payers, but not processed. Any claim created will be in the All tab, regardless of status).

1. Type the claim number into **Find Claim by Number** field.
2. Select date range the for the claim Posted Date.
3. Click the filter button.

Pending Scrub

Claims will need to go through the Scrubbing process to check for missing data. This process will catch claims that are missing some basic information, such as insurance information, patient demographics, charge information, payer information, etc.

Pending Scrub Section

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	

Scrub

Patient accounts with payer information entered into the Insurance Demographics section of the Chart/Patient Account 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 , selected 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.

Scrub Errors

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	Physician	Patient	Primary	PRT	Se...	SRT	Amount	File With	Submission	Status	Claim ...
6/3/2010	272 Randall ...	Marlin Martin	BCBS AR	E	Aetna		\$120.00	Primary	Original	Pending Scrub	
6/2/2010	265 Randall ...	Marlin Martin	BCBS AR	E	Aetna		\$120.00	Primary	Original	Pending Scrub	
6/2/2010	263 Randall ...	Fred Flintr...	Aetna	P	Medic...		\$120.00	Primary	Original	Pending Scrub	Rebuilt ...
5/27/2010	258 Randall ...	Jack Clark	Arkansas Medic...	E			\$840.00	Primary	Original	Pending Scrub	
5/24/2010	256 Randall ...	Jack Clark	Arkansas Medic...	E			\$160.00	Primary	Original	Pending Scrub	
5/25/2010	245 Randall ...	Mark Clark	Arkansas Medic...	E			\$120.00	Primary	Original	Pending Scrub	
5/25/2010	244 Alan And...	Mark Clark	Arkansas Medic...	E			\$120.00	Primary	Original	Pending Scrub	
5/25/2010	243 Randall ...	Penny Lane	Aetna	P			\$255.00	Primary	Original	Pending Scrub	

Rebuild

Scrub

Claims will be moved to the Ready To Process section unless the scrubber finds error(s) on a claim as shown in this screen shot. Claims with errors will be moved to the On Hold section to be edited/corrected, with a description of the error as seen in this screen shot.

3. Click Ok. The error dialog will continue to prompt you to click OK for each claim that has errors until all selected claims have been scrubbed.

Scrubber Errors-How to Correct and Rebuild Claim

If the Scrubbing process finds a claim with errors/incomplete information, a Scrub Error message will pop up and the claim will automatically be moved to the **On Hold** section of Claims Manager.

This lesson will describe the errors and list the steps to correct the error(s). The Claim will then have to be **Rebuilt** to apply the corrections, and **Scrubbed** again. When the claim has passed the scrubbing process, it will be automatically moved to the **Ready to Submit** section.

Note: Edits/Corrections will not be applied to claims unless the **Rebuild** process is performed.

Scrub Errors

Claims Manager

Working Submitted All

On Hold

Posted	Claim	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Hold Notes
10/5/2011	823	Randall ...	Rosema...	Medicare	P			\$145.00	Primary	Original	On Hold	The Pay To is missing part o...
10/6/2011	825	Randall ...	Mary M...	Indiana ...	E	BCBS AR	P	\$120.00	Primary	Original	On Hold	
10/13/2...	841	Randall ...	Tom Sam...	Medicare	E	Arkansa...		\$218.75	Primary	Original	On Hold	At least one diagnosis must ...
10/17/2...	843	Randall ...	Joe Joh...	Arkansa...	E			\$150.00	Primary	Original	On Hold	

Rebuild

Pending

Posted	Claim	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Claim Notes
10/11/2...	832	Randall ...	Delaney ...	Cigna	E			\$60.00	Primary	Original	Pending Scrub	Rebuilt on 10/27/2011 :
10/11/2...	834	Randall ...	Mary Me...	Arkansas...	E			\$120.00	Primary	Original	Pending Scrub	Rebuilt on 10/27/2011 :
10/12/2...	835	Randall ...	Ronnie R...	Medicare	E	BCBS AR	P	\$220.00	Primary	Original	Pending Scrub	Rebuilt on 10/28/2011 :
10/13/2...	838	Randall ...	Terry Berry	Aetna								

Scrub

Ready To Submit

Posted	Claim	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Notes
8/26/2010	844	Randall O...	Barry Ros...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	
12/16/2...	845	Randall O...	Barry Ros...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	
9/13/2011	811	Terrie S. ...	Strawberr...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	
10/5/2011	821	Randall O...	Bobby Ro...	Humana	E			\$181.25	Primary	Original	Ready	Submitted on 10/5/2011
10/5/2011	822	Randall O...	Strawberr...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	Rebuilt on 10/28/2011 :
10/6/2011	826	Randall O...	Sam Sam...	Arkansas ...	E			\$120.00	Primary	Original	Ready	Rebuilt on 10/28/2011 :
10/6/2011	828	Randall O...	Heather ...	Medicare	E			\$135.00	Primary	Original	Ready	Rebuilt on 10/27/2011 :
10/6/2011	829	Randall O...	Strawberr...	Medicare	E	Arkansa...	P	\$120.00	Primary	Original	Ready	Rebuilt on 10/27/2011 :

Generate Electronic Print Claims Submit Selected

Scrub Errors

At least one diagnosis must be entered for the charges: No Diagnosis entered for 99215

OK

Claim #841 was scrubbed and rejected because it was missing a diagnosis code for CPT code 99215.

1. Click the **OK** button in the message box.
2. In the **On Hold** section of the Claims Manager, **Double Click** anywhere on the claim line to open **Patient Account**.

Patient account will open to the Claims tab with the active claim shown in the bottom section. Corrections can be made by clicking on any of the tabs, depending on what the scrub error indicates.

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

At least one diagnosis must be entered for the charges: No Diagnosis entered for 99215

Burnett, Tom

Burnett, Tom Account 77 Chart 456456

Date of Birth 8/21/1970 Age 41 Sex Male Status Married

Address 111 Black Oak Springdale, AR 72762-0111

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

Email tb@email.com

Balances

	Personal	Insurance	Totals
Family	\$490.00	\$195.00	\$685.00
Patient	\$175.00	\$2,282.50	\$2,457.50
Totals	\$665.00	\$2,477.50	\$3,142.50

☐ Self Pay Co-Pay \$0.00

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

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	5/25/2010	5/25/2010	246	Randall Oates	Aetna	P	Medicare	P	\$275.00	\$125.00	Crossover	Submitted
×	6/29/2010	7/27/2010	391	Randall Oates	Aetna	P		E	\$800.00	\$800.00	Primary	Submitted
×	6/29/2010	12/14/2010	372	Randall Oates	Shelter	E	Arkansas Me...	P	\$920.00	\$920.00	Primary	Submitted
×	10/13/2011	10/13/2011	840	Randall Oates	Shelter	E	Arkansas Me...	P	\$218.75	\$218.75	Primary	Ready
×	10/13/2011	10/13/2011	841	Randall Oates	Medicare	E	Arkansas Me...	P	\$218.75	\$218.75	Primary	On Hold

Claim Details

Details for Claim 841

Post Date 10/13/2011 Member ID 777889999A Patient Group Number

Process Date 10/13/2011 Rendering Provider Randall Oates

Routing E Rendering NPI 1234567890

Primary

Policy Medicare

Route ☐ Paper ☒ Electronic

Paper Fill ☐ Fewest Pages ☐ Maintain Order

Secondary

Policy Arkansas Medicaid

Route ☐ Paper ☐ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

File With Primary

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	10/13/2...	Randall Oates	99215	OFFICE/OUTPATIENT VISIT, EST	\$218.75	\$218.75	\$218.75

1 2

\$218.75 \$218.75

1. Double click on the line item that's missing info to open Charge Details dialog

At least one diagnosis must be entered for the charges: No Diagnosis entered for 99215 (continued)

The screenshot shows the 'Charge Details' form with a 'Select Diagnosis' pop-up window. The form has fields for 'Service From' (10/13/2011), 'Service To' (10/13/2011), 'Provider' (Randall Oates), 'Code' (99215), and 'Description' (OFFICE/OUTPATIENT VI). Below these are 'Diagnosis Codes' and 'Modifiers' sections. The 'Diagnosis Codes' section has an 'Add Code' button circled with a '2'. The 'Select Diagnosis' pop-up window has a 'Code' field with '789.00' and a 'Description' field with 'Abdominal pain, unspecified site'. A red arrow points from a '3' to the 'Code' field, and another red arrow points from the '3' to the 'Description' field. The 'Select' button in the pop-up is circled with a '4'.

2. Click Add Code in Diagnosis Codes section
3. Type code or use drop down to search by code or description
4. Click **Select** and **Save**

Close patient account and return to Claims Manager. Select claim from On Hold section and click Rebuild.

The Primary insured is missing part or all of their demographics

The screenshot shows the 'Insurance Policy' window. The 'Type' is 'Primary Health Insurance' and the 'Company' is 'Aetna'. The address listed is 'PO Box 123, Some City, AR 72203, (479) 555-5555'. The 'Policy Information' section shows 'Policy # Type' as 'Member ID' with 'Policy #' 1654654 and 'Group #' 654654. The 'Payment Options' section shows 'Co-Pay' as '\$30.00' and 'Co-Ins' as '0 %'. The 'Status' is 'Primary' and 'Fee Sched' is 'Default'. The 'Insured Information' section shows 'Relation' as 'Spouse', 'Is Person' as 'Yes', 'Name' as 'Hesther' (First), 'Tester' (Last), and 'Address' as 'Enter Address' (highlighted with a red box). The 'City' is 'Fayetteville', 'State' is 'AR', and 'Zip' is '72703-1234'. The 'Birthday' is '2/25/1985' and 'Gender' is 'Female'. The 'Phone' and 'Employer' fields are empty. A circled number '3' is next to the 'Name' field.

Verify insured info

1. Find the claim getting rejected in the On Hold section of Claims Manager and Double Click inside the grid to open **Patient account**. Click the **Insurance tab**.
2. Click **View** next to the insurance company getting the error
3. Check each field in the Insured Information section and verify that it matches information exactly as it appears on insurance card, including the Patients relation to insured.

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

Primary Insurance Company Missing Data

Edit Insurance Company

Company Name

Arkansas BCBS

Address

P.O. Box 2181

Address 2

City

Little Rock

State

AR

Zip

72203-2181

Phone

(800)338-2312

ext

Fax

() -

NPI

Type (CMS 1500)

Group Health Plan

Eligibility ID Qualifier

Prior Identifier Number - Q4

Group Provider (Legacy)

Fee Schedule (Legacy)

Fee Schedule

Default

Electronic Submission Info

Payer Qualifier

Mutually Defined - ZZ

Payer ID

00181

Clearinghouse Name

Gateway EDI

Clearinghouse ID

431420764

Type

Blue Cross/Blue Shield - BL

Receiver Qualifier

Mutually Defined - ZZ

Receiver ID

431420764000000

Additional IDs

EIN

Claim Office #

NAIC Code

Active

☒

Show Legacy IDs

☒

Default Electronic

☒

Provider Setup

Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Robert B. Wilson, Jr	1700188117	E4912	1518900984	55767
▶ William C. Kendrick, MD	1700188117	E4912	1346282290	52841

OK

Cancel

Check Insurance Company setup

1. Find the claim getting rejected in On Hold section of Claims Manager and find the Payer name-Primary column or Secondary column, depending on filing status
2. Go to **Tools -> Insurance Company**.
3. Find the Insurance Company/Payer within the list and Click the **Edit** icon.
4. Add missing info.
5. Click OK

For step by step Insurance Company setup instructions, click [here](#)

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

Secondary Insurance Company Missing Data

Company Name

Arkansas BCBS

Address

P.O. Box 2181

Address 2

City

Little Rock

State

AR

Zip

72203-2181

Phone

(800)338-2312

ext

Fax

() -

NPI

Type (CMS 1500)

Group Health Plan

Eligibility ID Qualifier

Prior Identifier Number - Q4

Group Provider (Legacy)

Fee Schedule (Legacy)

Fee Schedule

Default

Electronic Submission Info

Payer Qualifier

Mutually Defined - ZZ

Payer ID

00181

Clearinghouse Name

Gateway EDI

Clearinghouse ID

431420764

Type

Blue Cross/Blue Shield - BL

Receiver Qualifier

Mutually Defined - ZZ

Receiver ID

431420764000000

Additional IDs

EIN

Claim Office #

NAIC Code

Active

Show Legacy IDs

Default Electronic

Provider Setup

ADD

EDIT

DELETE

Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Robert B. Wilson, Jr	1700188117	E4912	1518900984	55767
> William C. Kendrick, MD	1700188117	E4912	1346282290	52841

4

OK

Cancel

Check Insurance Company setup

1. Find the claim getting rejected in On Hold section of Claims Manager and find the Payer name-Primary column or Secondary column, depending on filing status Go to **Tools -> Insurance Company**.
2. Find Insurance Company in Insurance Company Manager and Click the **Edit** Icon.
3. Add missing info.
4. Click OK

For step by step Insurance Company setup instructions, [click here](#)

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

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

Winkle, Perry P.

Account 91
Chart 91

Date of Birth 2/1/1960 Age 51 Sex Male Status Single

Address 112 Elm St Any City, AR 72703

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

Email pw@email.com

Charge Details

Service From 5/29/2010 Service To 6/29/2010 Provider Randall Oates Code 99211 Description OFFICE/OUTPATIENT VISI... Unit 1.0 \$120.00

Diagnosis Codes

DX	Description
X 786.52	Pleurodynia

Modifiers

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

Omit from Claim ☐

Notes

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

Ambulance Contract Dialysis DME Drug

Pick-Up Address

Street <None>

Street 2 <None>

City <None>

State <None>

Zip Code <None>

Drop-Off

Ambulance Certification

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

Moved by stretcher ☒ Do Not Send ☐ No ☐ Yes

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

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

Physically restrained ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/8/2010	Jonesy, John	\$120.00

Totals

Charges \$120.00

Pay/Adjust \$120.00

Balance \$0.00

Insurance Details

Quick Misc Details

Facility Select Facility

EPSTD

☐ Emergency

☐ Family Plan

Supplemental

5 Save Cancel

Edit Charge Details

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

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

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

Winkle, Perry P.

Account 91
Chart 91

Date of Birth 2/1/1960 Age 51 Sex Male Status Single

Address 112 Elm St Any City, AR 72703

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

Email pw@email.com

Balances

	Personal	Insurance	Totals
Family	\$298.00	\$1,706.00	\$2,004.00
Patient	\$866.20	\$3,104.75	\$3,970.95
Totals	\$1,164.20	\$4,810.75	\$5,974.95

Charge Details

Service From 5/29/2010 Service To 6/29/2010 Provider Randall Oates Code 99211 Description OFFICE/OUTPATIENT VISI... Unit 1.0 Charge \$120.00

Diagnosis Codes

DX	Description
X 786.52	Pleurodynia

Modifiers

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

Omit from Claim ☐

Notes

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

Ambulance Contract

Pick-Up Address

Street <None>

Street 2 <None>

City <None>

State <None>

Zip Code <None>

Drop-Off

Ambulance Certification

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

Moved by stretcher ☒ Do Not Send ☐ No ☐ Yes

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

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

Physically restrained ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/8/2010	Jonesy, John	\$120.00

Totals

Charges \$120.00

Pay/Adjust \$120.00

Balance \$0.00

Quick Misc Details

Facility Select Facility

EPSTD

☐ Emergency ☐ Family Plan

Supplemental

Save Cancel

Edit Charge Details

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

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

The Provider is missing part or all of their information

Providers

Providers

- James R. Bolinger
- Randall Oates, MD**
- Slim Shady
- Terrie S. Treat, MD

General Misc Codes Signature

Name

Title	First	M	Last	Suffix
	Randall		Oates	MD

Address

Clinic Family Clinic

Street 4220 N Crossover

City Fayetteville State AR Zip Code 72701-1234

Contact Information

Phone # (479) 555-5555

Fax # (866) 237-9073

Email roates@email.com

Physician Numbers

DEA # State ID 123123

NPI# 1234567890 UPIN# R1234

Taxonomy

☒ Is Supervisor

Update

Verify Rendering Provider information in Provider Manager

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

4. Verify Provider is linked to Billing/Group information.

5. Verify Signature is added.

6. Click **Update**.

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

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

Winkle, Perry P.
 Account 91
 Chart 91
 Date of Birth 2/1/1960 Age 51 Sex Male Status Single
 Address 112 Elm St Any City, AR 72703
 Home (479) 555-1234 Work (479) 555-5678 Cell (479) 555-7890
 Email pw@email.com

Balances

	Personal	Insurance	Totals
Family	\$298.00	\$1,706.00	\$2,004.00
Patient	\$866.20	\$3,104.75	\$3,970.95
Totals	\$1,164.20	\$4,810.75	\$5,974.95

Charge Details

Service From: 5/29/2010 Service To: 6/29/2010 Provider: Randall Oates Code: 99211 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$120.00

Diagnosis Codes

DX	Description
X 786.52	Pleurodynia

Modifiers

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

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

Ambulance **Contract** **Dialysis** **DME** **Drug**

Pick-Up Address

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

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes
 Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes
 Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes
 Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes
 Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/8/2010	Jonesy, John	\$120.00

Totals

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

Quick Misc Details

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

Charges

Omit	Date	Provider
<input type="checkbox"/>	6/29/2010	Randall Oates

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. Click **Save**.

Repeat for each line item in Claim Details.

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

The Referring provider is missing part or all of the information

Edit Contact Information

Name

Title	First Name	Middle	Last Name	Suffix
DR.	Sam	R	Iam	Jr.

Address

123 Main St

City: Any City St: AR Zip: 72764-

Phone

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

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

Online

Email: sam@email.com Website:

Provider Information

NPI: REFNPI123 UPIN: ReferUPIN State License: Ref St License

Specialty: Adolescent Medicine Taxonomy: 55XXXREFTXONY

Insurance Information

Company: Arkansas Medicaid, Humana Gold Choice, Cigna, Blue Shield TM

Notes

Contact Manager

Add New Contact

Name	Specialty
X Trent, Ta...	
X Garrison, ...	
X Johnson, ...	Adolescent
X Rico, Ron,...	Diagnostic
X Jackson, J...	Abdominal
X Kimbell, Ri...	Gastroente
X Iam, Sam ...	cent
X Oates, Ra...	Family Prac
X Jameson, ...	General Pr
X Bunch, Ja...	
X Joe, Jessie	

OK Cancel

Verify Referring Physician info is entered correctly in Contacts

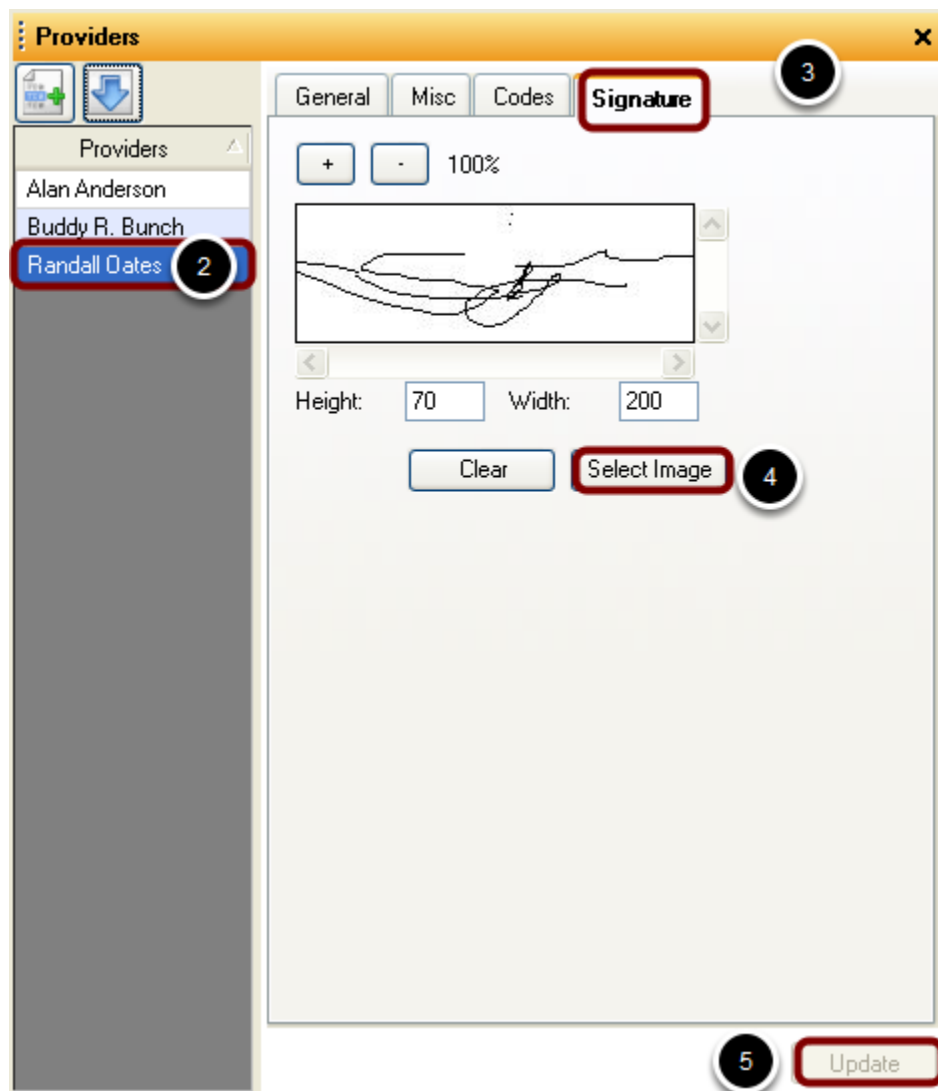
1. Find the claim getting rejected in the On Hold section of Claims Manager and Double Click inside the grid to open **Patient account**. Click the **Demographics tab**.
2. Check the name of the Referring Provider.
3. Go to **Tools -> Contacts** and select the Referring Provider from the list. Double click to **Edit**

Contact Information.

4. Verify Provider information is included in each required field.
5. If additional provider IDs are required, add the insurance company requiring the ID and enter that information.
6. Click OK to save information.

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

The Provider is missing all or part of the signature



Verify Rendering Provider Signature is loaded

1. Find the claim getting rejected in the On Hold section of Claims Manager and check the Physician column to find the name of the **Rendering Physician**.
2. Go to **Tools -> Provider Manager** and select that physician from the list of Providers.
3. Click on the **Signature tab** and make sure signature is selected. (See Provider Manager setup

in Billing Maintenance)

4. Click **Update**.

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

The Facility is missing part or all of its address information

Winkle, Perry P.
Account 91
Chart 91
Date of Birth 2/1/1960 **Age** 51 **Sex** Male **Status** Single
Address 112 Elm St Any City, AR 72703
Home (479) 555-1234 **Work** (479) 555-5678 **Cell** (479) 555-7890
Email pw@email.com

\$ Balances

	Personal	Insurance	Totals
Family	\$298.00	\$1,706.00	\$2,004.00
Patient	\$866.20	\$3,104.75	\$3,970.95
Totals	\$1,164.20	\$4,810.75	\$5,974.95

Charge Details

Service From: 5/29/2010 Service To: 6/29/2010 Provider: Randall Oates Code: 99211 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$120.00

Diagnosis Codes

DX	Description
X 786.52	Pleurodynia

Modifiers

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

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

Ambulance **Contract** **Dialysis** **DME** **Drug**

Pick-Up Address

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

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes
 Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes
 Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes
 Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes
 Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/8/2010	Jonesy, John	\$120.00

Totals

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

Quick Misc Details

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

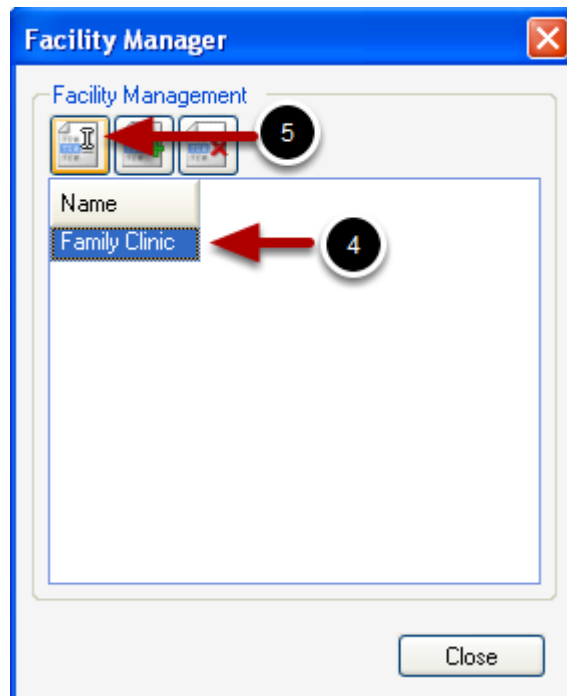
Save **Cancel**

Verify POS/Place of service

1. Find the claim getting rejected in **On Hold** section of Claims Manager and Double Click inside the Grid to open **Patient Account**.
2. From the Claims tab, make sure the rejected claim is displayed in **Claim Details** and Double Click to open the **Charge Details**.
3. Add Facility. If Facility is already added, check the Facility Setup to verify information is correct.
4. Click **Save**.
5. Repeat for each line item on the claim.

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

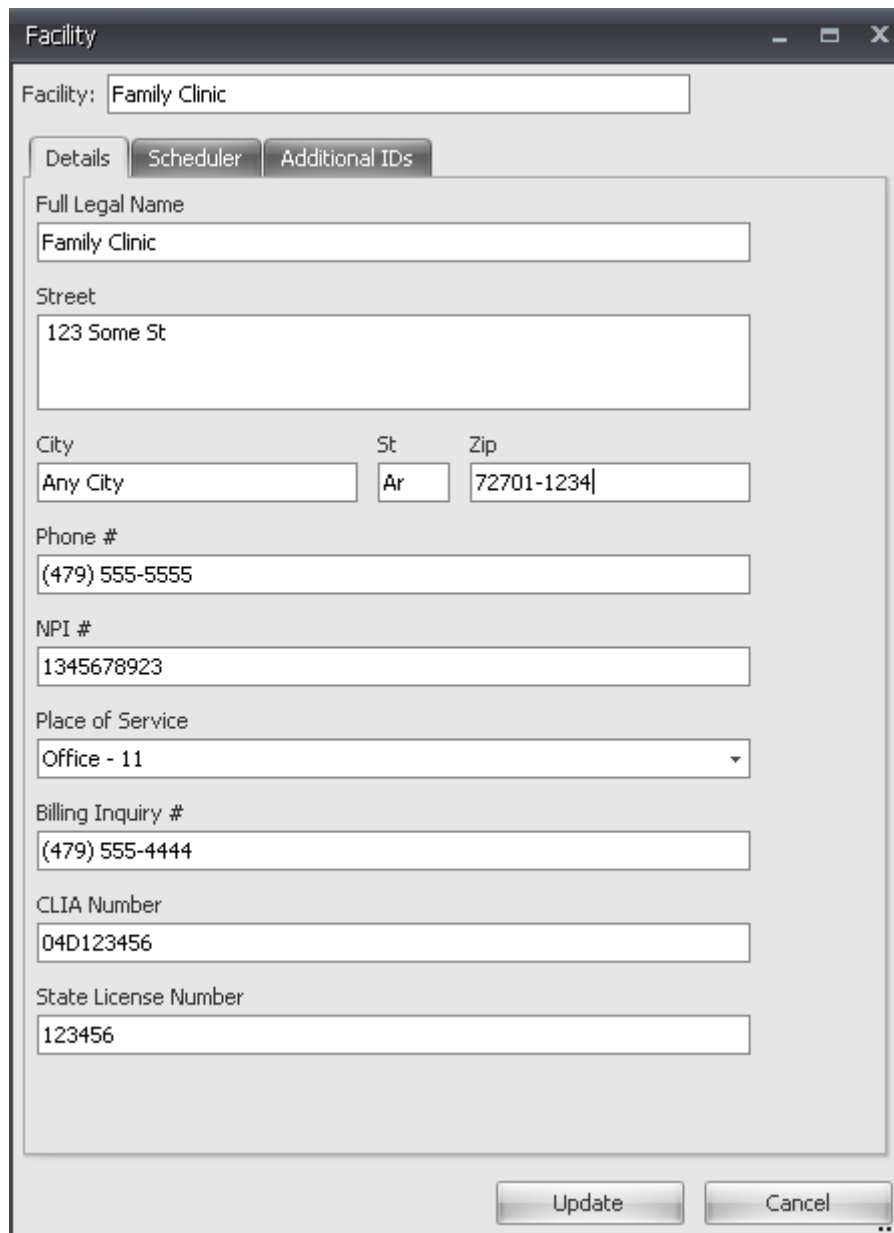
The Facility is missing part or all of its information



Check Facility Setup

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

Facility Information



The image shows a software window titled "Facility" with a standard Windows-style title bar (minimize, maximize, close buttons). Inside the window, there is a text field labeled "Facility:" containing the text "Family Clinic". Below this, there are three tabs: "Details" (which is selected), "Scheduler", and "Additional IDs". The "Details" tab contains several input fields: "Full Legal Name" (containing "Family Clinic"), "Street" (containing "123 Some St"), "City" (containing "Any City"), "St" (containing "Ar"), "Zip" (containing "72701-1234"), "Phone #" (containing "(479) 555-5555"), "NPI #" (containing "1345678923"), "Place of Service" (a dropdown menu showing "Office - 11"), "Billing Inquiry #" (containing "(479) 555-4444"), "CLIA Number" (containing "04D123456"), and "State License Number" (containing "123456"). At the bottom right of the window, there are two buttons: "Update" and "Cancel".

6. Verify required information is included in each field. (Include 9 digit Zip Code)
7. If Additional IDs are required, click the Additional IDs tab and enter required information.
7. Click **Update** to save changes.

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

When auto accident is selected a state must be selected

Claim Details
Details for Claim 772

Post Date: 5/12/2011
Process Date: 7/13/2011
Routing: E

Primary
Policy: Medicare
Route: Paper
Paper Fill: Fewest Pages

Charges

Omit	Date	Provider
<input type="checkbox"/>	5/12/2011	Randall C

Edit Claim Details
Owner: Randall Oates, MD
Type: ☒ Auto Accident
☐ Employment
☐ Other Accident
☐ None

Ambulance **Contract** **Dates** **File Information** **Misc Details** **Patient** **Prope**

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

Patient, Treatment Dates
Last Seen Date:
Referral Date:
Similar Illness Date:
Initial Treatment:
Acute Manifestation:

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

More Info (3)

Select S... (4)

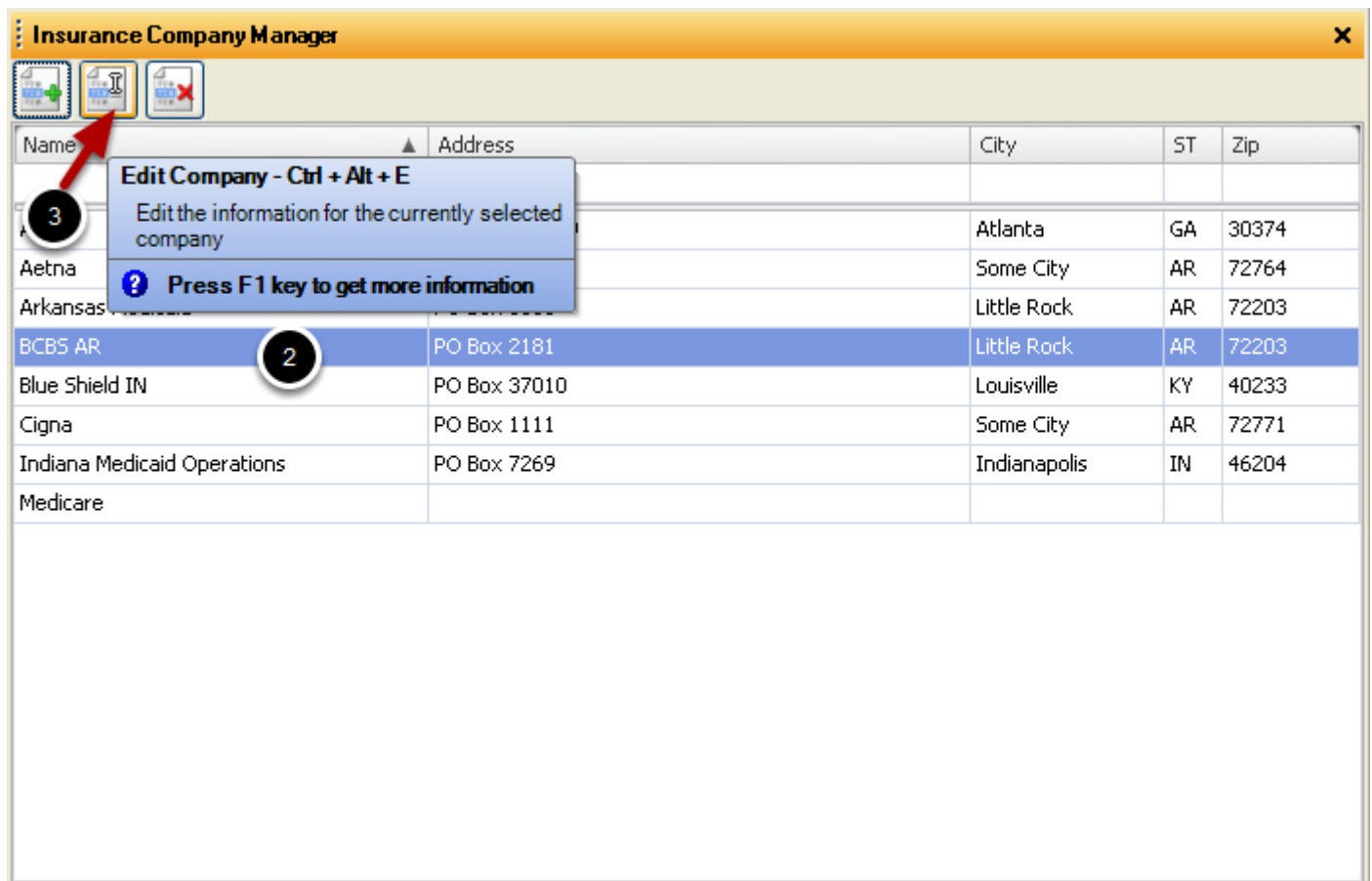
2

Add accident State and/or Date of Current to More Info dialog

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click inside the Grid to open Patient Account.
2. Verify the rejected claim is displayed in **Claim Details** (bottom section) of the Claims tab.
3. Click the **More Info** button.
4. Click on the drop down list and select **State** in which the accident occurred.
5. Click **Save**.

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

Missing/Invalid Taxonomy Code



Verify Taxonomy Code in setup

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

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

Company Name

BCBS AR

Address

PO Box 2181

Address 2

City

Little Rock

State

AR

Zip

72203-____

Phone

(501)378-1111

ext

Fax

(____)____-____

NPI

Type (CMS 1500)

Group Health Plan

Eligibility ID Qualifier

Group Provider (Legacy)

Fee Schedule (Legacy)

Fee Schedule

BCBS AR

Electronic Submission Info

Payer Qualifier

Mutually Defined - ZZ

Payer ID

00181

Clearinghouse Name

Gateway EDI

Clearinghouse ID

431420764

Type

Blue Cross/Blue Shield - BL

Receiver Qualifier

Mutually Defined - ZZ

Receiver ID

431420764000000

Additional IDs

EIN

Claim Office #

NAIC Code

Active

☒

Show Legacy IDs

☒

Default Electronic

☒

Provider Setup

4

Name	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
▶ Randall Oates, MD	1234567893	456X000004	1234567890	456X000004
Terrie S. Treat, MD	1234567893		1234567893	

3

OK

Cancel

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

Practice Management 2012 User Manual - 448

Edit Billing Information

Insurance Payment To

☒ Override Group Values

Name: Professional Groups, Inc.

Street: 123 Any Street

Street 2:

City: Springdale State: AR

Zip: 72764-1234

Phone: (479)555-1234

Entity Type: ☐ Person ☒ Non Person

Tax ID: ☒ EIN ☐ SSN 70-1111111

Paper

NPI: 1234567893

Legacy ID: Provider Taxonomy - ZZ 456X000004

Electronic

Submitter ID: Mutually Defined - ZZ V2AB

Location #:

Provider Commercial #:

UPIN: +

State License: +

Pay-To Address

Street: POB 1234

Street 2:

City: Springdale State: AR

Zip: 72765-1234

Eligibility Request Info

Receiver ID:

Provider Information

Paper

Legacy ID: Provider Taxonomy - ZZ 456X000004

Electronic

Location #:

Provider Commercial #:

UPIN: +

State License: +

Save Cancel

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

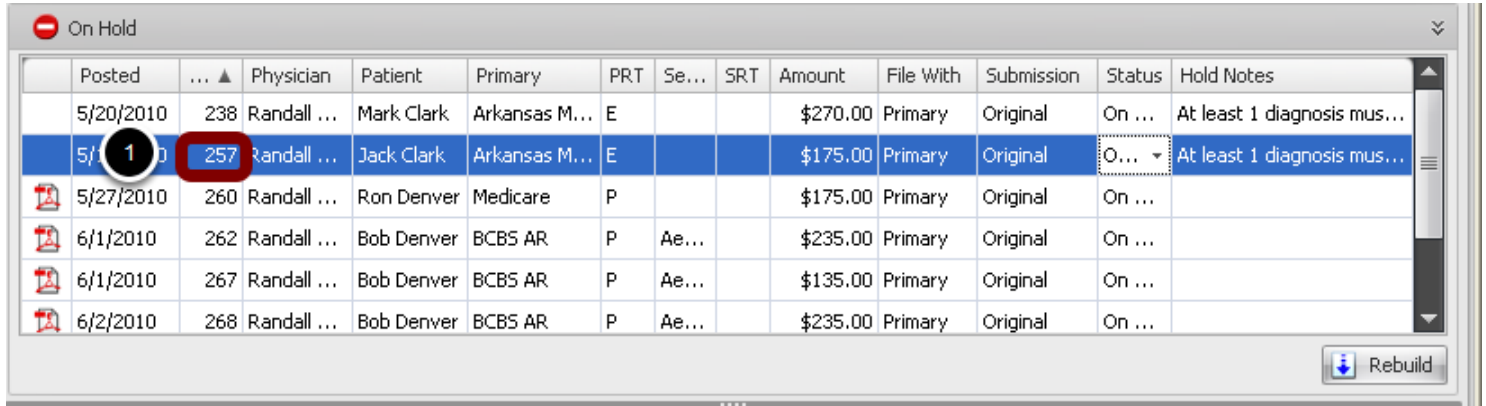
6. For the **Rendering Provider** rejection, verify that the **Legacy ID** is **Provider Taxonomy-ZZ** and that the correct Taxonomy Code is entered in the **Rendering Information** section. For a list of Taxonomy Codes Click on the link below.

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

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

On Hold

Select Claim on Hold



Posted	...	Physician	Patient	Primary	PRT	Se...	SRT	Amount	File With	Submission	Status	Hold Notes
5/20/2010	238	Randall ...	Mark Clark	Arkansas M...	E			\$270.00	Primary	Original	On ...	At least 1 diagnosis mus...
5/20/2010	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

Account 60

Chart JC123456

Date of Birth 9/18/1960

Age 51

Sex Male

Status Married

Address 456 Elm Springdale, AR 72765-0456

Home (479) 555-1234

Work (479) 555-3214

Cell (479) 555-7890

Email

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$295.00	\$4,113.75	\$4,408.75
Totals	\$295.00	\$4,113.75	\$4,408.75

☐ Self Pay

Co-Pay \$0.00

Schedule

Demographics

Insurance

Custom

Flags/Notes

Ledger

Family

Claims

Statements

New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	4/27/2010	6/3/2010	169	Randall Oates	Arkansas Medicaid	P			\$270.00	\$270.00		Submitted
X	4/28/2010	4/28/2010	173	Randall Oates	Arkansas Medicaid	P			\$600.00	\$600.00		Submitted
X	5/5/2010	5/26/2010	194	Randall Oates	Arkansas Medicaid	P			\$175.00	\$175.00		Submitted
X	5/19/2010	6/15/2010	257	Randall Oates	Arkansas Medicaid	E			\$175.00	\$175.00	Primary	Submitted
X	5/27/2010	6/14/2010	258	Randall Oates	Arkansas Medicaid	E			\$840.00	\$840.00	Primary	Submitted
X	6/14/2010	6/14/2010	298	Randall Oates	Arkansas Medicaid	E			\$135.00	\$135.00	Primary	Submitted

Claim Details

Details for Claim 257

More Info

Post Date 5/19/2010

Process Date 6/15/2010

Routing E

Member ID

Rendering Provider Randall Oates

Rendering NPI 1234567890

Patient Group Number

Primary

Policy

Route ☐ Paper ☒ Electronic

Paper Fill ☐ Fewest Pages ☐ Maintain Order

Secondary

Policy

Route ☐ Paper ☐ Electronic

Paper Fill ☐ Fewest Pages ☐ Maintain Order

Claim Notes

Submitted on 6/15/2010
 Rebuilt on 6/15/2010 :
 Submitted on 6/11/2010
 Rebuilt on 6/4/2010 : add modifier-refile
 Submitted on 6/4/2010

File With Primary

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	3/19/2010	Randall Oates	2	99215 OFFICE/OUTPATIENT VISIT, EST	\$175.00	\$175.00	\$175.00

\$175.00

\$175.00

The Claim Details section allows access to all details of the claim in error to correct and Rebuild the claim before repeat the Scrubbing process. Note the Claim number in the screenshot is **257**. A number is assigned to each claim as the claim is created for identification. That number can be found in the Claim ID column in the Claims Manager. Editing can be done by Clicking on the More Info button for claim information or by Double Clicking on the line of the Charge for charge/line

Practice Management 2012 User Manual - 451

2. Double Click on the charge to access Charge Details

\$ Charge Details

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

Diagnosis Codes

DX	Description
X 786.50	Chest pain, unspecified

Modifiers

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

File Information

Ambulance Contract

Pick-Up Address

Street <None>

Street 2 <None>

City <None>

State

Zip Code <None>

Drop-Off

Referral / Authorization

Dialysis

Ambulance Certification

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

Moved by stretcher ☒ Do Not Send ☐ No ☐ Yes

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

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

Physically restrained ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

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

Totals

Charges \$175.00

Pay/Adjust \$0.00

Balance \$175.00

Insurance Details

Quick Misc Details

Facility Family Clinic

EPSTD

☐ Emergency

☐ Family Plan

Supplemental

Save Cancel

Practice Management 2012 User Manual - 452

3. Edit Procedure codes, dates of service, units or charges.
4. To add a Diagnosis code, Click the Add Code button.
5. Delete/Add Modifiers
6. Click on tabs to enter additional charge information
7. Add misc. details
8. After making changes, click Save

More Info

Edit Claim Details

Owner: Facility:

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

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

Accept Assignment:

Tabs included in the More Info dialog allow for entering many specialty specific required items. For details, please see More Visit Information

Rebuild Claims

The screenshot shows the 'Claims Manager' window with a yellow header bar. Below the header are tabs for 'Working', 'Submitted', and 'All'. A red minus icon and 'On Hold' text are visible. The main area contains a table with columns: Posted, Physician, Patient, Primary, PRT, Se..., SRT, Amount, File With, Submission, Status, and Hold Notes. The second row is highlighted in blue, with a red circle around the '257' in the 'Posted' column. A black circle with the number '9' is overlaid on the 'Se...' column of the same row. In the bottom right corner, a circular button with the number '10' and a 'Rebuild' button with a download icon are both highlighted with red rectangles.

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 ...	

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

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			\$175.00	Primary	Original	Ready	
5/27/2010	255 James R...	Mark Clark	Arkansa...	E			\$120.00	Primary	Original	Ready	
5/27/2010	253 James R...	Steve S...	Aetna	P			\$265.00	Primary	Corrected	Ready	
5/27/2010	252 Randall ...	Darrell F...	Arkansa...	E			\$175.00	Primary	Original	Ready	
5/27/2010	251 Randall ...	Fred Fe...	Medicare	E	Aetna		\$135.00	Primary	Original	Ready	
5/19/2010	250 Randall ...	Larry Ba...	BCBS AR	E	AARP		\$265.00	Primary	Original	Ready	Rebuilt on 5/27/20...
5/26/2010	249 Randall ...	Curley ...	Aetna	P			\$120.00	Primary	Original	Ready	
5/24/2010	242 Randall ...	Jenny Doe	BCBS AR	E			\$120.00	Primary	Original	Ready	Rebuilt on 5/24/20...

2 Generate Electronic 3 Print Claims 4 Submit Selected

When claims have passed the Scrubbing Process, have no errors and are moved to the Ready to Submit section, they are ready to submit to the Payer.

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

Note: To automatically upload claims to Gateway EDI, you must have the required information setup in [Claims Options](#) .

Printing CMS 1500 Claims using Plain paper

The screenshot shows the 'Claims Options' dialog box with the following fields and settings:

- Paper Options:**
 - Default Printer: Gestetner SP C430DN PCL 6
 - ☒ Print Full CMS Form
- Electronic Options:**
 - Office Contact: T Trent
 - Office Contact Phone: (479)555-4444
 - Office Contact Fax: (479)555-5555
 - Office Contact Email: ttrent@email.com
 - Output Path: U:\Tammy\Gateway EDI
 - ☒ Auto Submit
 - ☒ Save Local Copy
- Clearinghouse Options:**
 - Name: Gateway EDI
 - Clearinghouse ID: 431420764
 - Receiver Qualifier: Mutually Defined - ZZ
 - Receiver ID: 431420764000000
 - User Name: X123
 - Password: *****
 - Server: sftp.gatewayedi.com
 - ☐ Testing
- Accept Assignment:** Yes
- Buttons:** OK, Cancel

To print claims using plain paper, place a check mark in the Print Full CMS Form box. Using a color printer will print the lines and blocks shaded in red. Printing with black ink only will print the form in black and white.

Printing CMS 1500 Claims using Preprinted forms

The screenshot shows the 'Claims Options' dialog box with the following details:

- Paper Options:**
 - Default Printer: Gestetner SP C430DN PCL 6
 - ☐ Print Full CMS Form (highlighted with a red box)
- Electronic Options:**
 - Office Contact: T Trent
 - Office Contact Phone: (479)555-4444
 - Office Contact Fax: (479)555-5555
 - Office Contact Email: ttrent@email.com
 - Output Path: U:\Tammy\Gateway EDI
 - ☒ Auto Submit
 - ☒ Save Local Copy
- Clearinghouse Options:**
 - Name: Gateway EDI
 - Clearinghouse ID: 431420764
 - Receiver Qualifier: Mutually Defined - ZZ
 - Receiver ID: 431420764000000
 - User Name: X123
 - Password: *****
 - Server: sftp.gatewayedi.com
 - ☐ Testing
- Accept Assignment:** Yes
- Buttons:** OK, Cancel

If using preprinted CMS1500 forms, remove the check mark from Print Full CMS Form box. This will just print the text into the fields.

Please Note:

Most printer manufacturers install a PCL (Printer Command Language) driver by default. This works well if printing documents in just plain text and with very little formatting, for example a word document on a home computer. However with the complexity of forms and page layouts, it is recommend, printing these documents on a PS (Post Script) Print Driver instead of a PCL driver. This type of printer driver will handle the forms information most efficiently. SOAPware recommends using any **business grade** printer, or a **color laser jet printer**, if selecting **Print Full CMS Form**.

Note: Selecting Print Full CMS Form will print the front of the CMS 1500 only, and will not include the print on the back of the form. If a payer requires the standard front and back of the CMS 1500

form, the claim will not be acceptable.

SOAPware **does not** support printers/scanners. Meaning that SOAPware does not install printer drivers or set printer configurations. Please contact an IT person for additional hardware matters. However, it is recommend to download the most recent printer drivers needed from the manufacturer's website. ***It is usually a FREE DOWNLOAD.*** If there is trouble locating the driver needed, please contact the manufacturer directly. Be cautious of downloading drives from an alternate source other than the printer manufacturer.

Thank you,
SOAPware Support

Submitted Tab

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.

Claims Manager: Submitted Tab

Claims Manager

Working Submitted All

Filter Posted Date 1/2/2012 to 3/19/2012

Rebuild Selected

Posted	Submitted	Claim	Physician	Primary	PRT	Secondary	SRT	Patient	Amount	File With	Submission	Status		
2/20/2012	2/23/2012	955	Randall Oates	AARP	E	Medicare	P	Somer Winters	\$120.00	Primary	Original	Submitted		
2/23/2012	3/5/2012	956	Randall Oates	BCBS AR	E	Medicare	P	Somer Winters	\$120.00	Primary	Original	Submitted		
2/27/2012	3/7/2012	957	Randall Oates	Aetna	E			Lester Tester	\$120.00	Primary	Original	Submitted		
3/5/2012	3/5/2012	960	Tammy Trent	Arkansas Firsts...	E	Medicare	P	Oscar Bunch Jr	\$368.75	Primary	Original	Submitted		
3/8/2012	3/8/2012	961	Randall Oates	Arkansas Medic...	E			Mark Clark	\$1.50	Primary	Original	Submitted		
3/13/2012	3/13/2012	963	Randall Oates	Cigna	E	BCBS AR	P	Larry Barry	\$120.00	Primary	Original	Submitted		
3/14/2012	3/14/2012	966	Randall Oates	Arkansas Medic...	E	BCBS AR	P	Larry Barry	\$120.00	Primary	Original	Submitted		
3/14/2012	3/14/2012	968	Randall Oates	BCBS AR	E			Delaney Delaware	\$12,260...	Primary	Original	Submitted		



1. Select a submitted date range
2. Click on the filter button
3. Double click on a claim to open the claim for editing

Resubmit Claims Rejected by Clearinghouse

Billing -> Claims Manager -> Submitted Tab

Edit and resubmit claims that have been rejected by the Clearinghouse.


Select Claim for Correction

Claims Manager													
Working		Submitted		All									
Filter Posted Date		7/3/2010		to		8/2/2010							
Posted	Submitted	Claim	Physician	Primary	PRT	Seco...	SRT	Patient	Amount	File With	Submission	Status	
7/6/2010	7/6/2010	390	Randall...	Arkans...	E	Aetna		Billy Kidd	\$265.00	Primary	Original	Submitted	
7/6/2010	7/26/2010	392	Randall...	Indiana...	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	1 403	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 P.



Winkle, Perry P.

Account 91
Chart 91

Date of Birth 2/1/1960 Age 51 Sex Male Status Single

Address 112 Elm St Any City, AR 72703

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

Email pw@email.com

Balances

	Personal	Insurance	Totals
Family	\$298.00	\$1,706.00	\$2,004.00
Patient	\$866.20	\$3,144.75	\$4,010.95
Totals	\$1,164.20	\$4,850.75	\$6,014.95

☐ Self Pay Co-Pay \$0.00

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

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	7/7/2010	8/6/2010	395	Randall Oates	Medicare	E			\$135.00	\$0.00	Primary	Submitted
X	7/19/2010	7/27/2010	403	Randall Oates	BCB5 AR	P			\$135.00	\$0.00	Primary	Submitted
X	7/22/2010	7/27/2010	409	Randall Oates	BCB5 AR	P				\$0.00	Primary	Submitted
X	7/27/2010	7/27/2010	432	Randall Oates	Medicare	E			\$200.00	\$0.00	Primary	Submitted
X	8/10/2010	11/11/2010	462	Randall Oates	Palmetto GBA	E			\$160.00	\$0.00	Primary	Submitted
X	8/10/2010	11/11/2010	463	Randall Oates	Palmetto GBA	E			\$160.00	\$0.00	Primary	Submitted

Claim Details

Details for Claim 403

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

Process Date 7/27/2010 Rendering Provider Randall Oates

Routing P Rendering NPI 1234567890

Primary

Policy

Route ☒ Paper ☐ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

Secondary

Policy

Route ☐ Paper ☐ Electronic

Paper Fill ☐ Fewest Pages ☐ Maintain Order

☐ Processed ☐ On Hold

Claim Notes

Submitted on 7/27/2010

File With Primary

Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	7/19/2010	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	\$135.00	\$135.00	\$0.00

\$135.00 \$0.00

1. If rejection is for **Visit** information, click the More Info button.
2. If rejection is connected to **Charge** details, double click the line item in Charges section of the Claims tab.

For additional instructions on making corrections to claims, please see On Hold lesson

Rebuild Claims

Claims Manager

Working Submitted All

Filter Posted Date 7/3/2010 to 8/2/2010

Posted	Submitted	Claim	Physi...	Primary	PRT	Sec...	SRT	Patient	Amount	File With	Submission	Status
7/6/2010	7/6/2010	390	Randa...	Arkan...	E	Aetna		Billy Kidd	\$265.00	Primary	Original	Submitted
7/6/2010	7/26/2010	392	Randa...	Indian...	E			Mark Clark	\$135.00	Primary	Original	Submitted
7/7/2010	7/20/2010	394	Randa...	Cigna	P			Emily Edm...	\$120.00	Primary	Original	Submitted
7/7/2010	7/27/2010	395	Randa...	BCBS AR	P			Perry Win...	\$135.00	Primary	Original	Submitted
7/7/2010	7/23/2010	396	Randa...	Medicare	P	Aetna		Fred Flint...	\$145.00	Primary	Original	Submitted
7/7/2010	7/23/2010	397	Randa...	Aetna	P			Darrell Fa...	\$135.00	Primary	Original	Submitted
7/8/2010	7/21/2010	398	Randa...	Indian...	P			Mark Clark	\$30.00	Primary	Original	Submitted
7/15/2010	7/23/2010	400	Randa...	Blue S...	P			John Jon...	\$135.00	Primary	Original	Submitted
7/15/2010	7/23/2010	401	Randa...	BCBS AR	P	Aetna		James Bu...	\$120.00	Primary	Original	Submitted
7/15/2010	7/23/2010	402	Randa...	Medicare	P	Arka...		Oscar Bu...	\$120.00	Primary	Original	Submitted
7/19/2010	7/27/2010	403	Randa...	BCBS AR	P			Perry Win...	\$135.00	Primary	Original	Submitted
7/19/2010	7/23/2010	404	Randa...	Cigna	P	Medi...		Mollie Tur...	\$120.00	Primary	Original	Submitted
7/19/2010	7/20/2010	405	Randa...	Arkan...	E	Aetna		Billy Kidd	\$145.00	Primary	Original	Submitted
7/20/2010	7/20/2010	406	Randa...	Medicare	P	India...		Pansy Da...	\$135.00	Primary	Original	Submitted
7/20/2010	7/20/2010	408	Randa...	Medicare	E	Cigna		Mollie Tur...	\$120.00	Primary	Original	Submitted
7/22/2010	7/27/2010	409	Randa...	BCBS AR	P			Perry Win...	\$0.00	Primary	Original	Submitted

6

Click to rebuild this claim

6. After all claims have been edited/corrected, Click the **Rebuild** button for each to apply changes to the claim.

This process will automatically move the claim to the **Pending Scrub** section in the **Working** tab.

Scrub Corrected Claims

Claims Manager

Working Submitted All

On Hold

	Posted ▲	Cl...	Physic...	Patient	Primary	PRT	Secon...	SRT	Amount	File With	Submission	Status	Hold Notes
	7/29/2010	443	Randal...	Somer ...	BCBS AR	P			\$275.00	Primary	Original	On Hold	

Rebuild

Pending

	Posted ▲	Claim	Physician	Patient	Primary	PRT	Secon...	SRT	Amount	File With	Submission	Status	Claim Notes
	7/19/2010	404	Randall...	Mollie T...	Medicare	E	Cigna		\$120.00	Primary	Original	Pending Scrub	Rebuilt on 8/2/2010 :
	7/19/2010	405	Randall...	Billy Kidd	Arkans...	E	Aetna		\$145.00	Primary	Original	Pending Scrub	Rebuilt on 8/2/2010 :
	7/20/2010	406	Randall...	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 C **10** Submit Selected

9. Click to highlight Corrected claims.

10. Click **Submit Selected**. To submit all claims in Ready To Submit section, just click the

Generate **Electronic button**.

Note: To correct and resubmit a claim that has been rejected by the Payer, see [Resubmit Claims Rejected by Payer/Insurance Company](#).

Resubmit Claims Rejected by Payer/Insurance Company

Resubmit a claim that has been rejected by the payer/insurance company. This requires the Claim Frequency Type Code or Submission Type be changed from Original to another type, and must include an original reference number or ICN.

Billing->Patient Account->Claims tab/Insurance tab/Demographics tab

Open patient account to make corrections prior to rebuilding and resubmitting claim

Burnett, Tom

Account 77
Chart 456456

Date of Birth 8/21/1970 Age 41 Sex Male Status Married

Address 111 Black Oak Springdale, AR 72762-0111

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

Email tb@email.com

\$ Balances

	Personal	Insurance	Totals
Family	\$490.00	\$195.00	\$685.00
Patient	\$175.00	\$2,282.50	\$2,457.50
Totals	\$665.00	\$2,477.50	\$3,142.50

☐ Self Pay Co-Pay \$0.00

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

Claims

	Post Date ▲	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	5/25/2010	5/25/2010	246	Randall Oates	Aetna	P	Medicare	P	\$275.00	\$125.00	Crossover	Submitted
X	6/29/2010	7/27/2010	391	Randall Oates	Aetna	P		E	\$800.00	\$800.00	Primary	Submitted
X	6/29/2010	12/14/2010	372	Randall Oates	Shelter	E	Arkansas Me...	P	\$920.00	\$920.00	Primary	Submitted
X	10/13/2011	10/13/2011	840	Randall Oates	Shelter	E	Arkansas Me...	P	\$218.75	\$218.75	Primary	Ready
X	10/13/2011	10/13/2011	841	Randall Oates	Medicare	E	Arkansas Me...	P	\$218.75	\$218.75	Primary	On Hold

Claim Details

Details for Claim 841

Post Date 10/13/2011 Member ID 777889999A Patient Group Number

Process Date 10/13/2011 Rendering Provider Randall Oates

Routing E Rendering NPI 1234567890

Primary

Policy Medicare

Route Paper Electronic

Paper Fill Fewest Pages Maintain Order

Secondary

Policy Arkansas Medicaid

Route Paper Electronic

Paper Fill Fewest Pages Maintain Order

File With Primary

\$ Charges

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	10/13/2...	Randall Oates	99215	OFFICE/OUTPATIENT VISIT, EST	\$218.75	\$218.75	\$218.75

\$218.75 \$218.75

After making corrections to rejected claim, click on the Claims tab. If the claim is rejected for charge details, corrections can be made while adding the ICN/Original Reference number

1. Find the rejected claim in the Claims list and click to highlight line item and open in Claim Details section.
2. Click the box next to On Hold to move the claim to the On Hold section in the Claims Manager.
3. Click More Info button to Edit Claim Details.

Add Original Reference Number/ICN In Misc Details tab

Edit Claim Details

Owner: Randall Oates Facility: Family Clinic

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

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

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

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

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

Medicaid Resub Num:

Note: Text: <None> Type: <None>

Lab: ☐ Outside Lab Charges: \$0.00 Lab: Homebound ☐ Spinal Manipulation Nature of Condition: None Description:

Original Reference Number

Number: 1 Policy Id: 2

Number: 1234567801

Company Name	Policy Status	Insured Name	PI
Medicare	Primary	Ernie Bert	sd
BCBS AR	Secondary	Ernie Bert	
Arkansas Firstso...	Inactive	Ernie Bert	
Missouri Medicaid	Inactive	Ernie Bert	

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

Mammography:

Accept Assignment: Yes

3 Save Cancel

- 1. Number:** Enter ICN/Original Reference Number as shown on explanation of benefits or rejection report.
- 2. Policy ID:** Select payer from drop down list. This list is pulled from the insurance policy information in patient Insurance demographics.
- 3.** Click Save.

Change Claim Frequency Type/Submission Code

Claims Manager

Working Submitted All

On Hold

Posted	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Hold Notes
11/10/2...	852	Randall Oates,...	Larry Barry	Cigna	E	BCBS AR	P	\$135.00	Primary		On Hold	
11/16/2...	857	Randall Oates,...	Jack Jackson	Aetna	P	Arkansas First...	P	\$120.00	Primary	Original	On Hold	The provider is missing all or part of their sign...
11/21/2...	879	Randall Oates,...	Strawberry Fie...	Aetna	P	Arkansas Medi...	P	\$30.00	Primary	Original	On Hold	The provider is missing all or part of their sign...
11/21/2...	865	Randall Oates,...	Rosemary Ros...	Medicare	P			\$120.00	Primary	Original	On Hold	The provider is missing all or part of their sign...
11/22/2...	870	Randall Oates,...	Perry Winkle	Medicare	P	AARP	P	\$120.00	Primary	Original	On Hold	
12/12/2...	971	Randall Oates,...	Daniel Daniels, Jr	Met Advantage	E			\$120.00	Primary	Original	On Hold	The Bill To is missing part or a... their inform...

Pending

Posted	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes
4/5/2010	84	Randall Oates, ...	Larry Barry	BCBS AR	E	Arkansas Firsts...	P	\$945.00	Secondary		Pending Scrub	Submitted on 1/3/2012
7/19/2010	404	Randall Oates, ...	Mollie Turner	Cigna	E	Medicare	P	\$120.00	Primary	Replacem...	Pending Scrub	Rebuilt on 7/12/2012 :
10/13/2...	980	Randall Oates, ...	George Jetson	Aetna	E	Medicare	P	\$120.00	Primary		Pending Scrub	
12/20/2...	981	Randall Oates, ...	George Jetson	Aetna	E	Medicare	P	\$120.00	Primary	Original	Pending Scrub	
10/6/2011	951	Randall Oates, ...	Sam Sampson	Arkansas Medicaid	E			\$120.00	Primary	Original	Pending Scrub	
10/11/2...	831	Randall Oates, ...	Jack Clark	Aetna	E	Medicare	P	\$120.00	Secondary		Pending S...	Submitted on 10/11/2011
10/13/2...	841	Randall Oates, ...	Tom Burnett	Medicare	E	Arkansas Medi...	P	\$218.75	Primary		Pend...	Submitted on 1/3/2012
1/12/2012	945	Randall Oates	Perry Winkle	Arkansas Medicaid	P			\$120.00	Primary		Pending Scrub	Submitted on 1/13/2012
2/15/2012	1014	Randall Oates	Steve Stevenson	Arkansas Firsts...	P	Medicare	E	\$120.00	Primary		Pending Scrub	
2/15/2012	954	Randall Oates	Somer Winters	AARP	P	Medicare	P	\$120.00	Primarv		Pending Scrub	

Submission dropdown menu options: Original, Corrected, Replacement, Void

7 Scrub

4. Rebuild claim.

5. Click to display drop down list

6. Select **Replacement** for professional claims, **Corrected** for institutional claims, **Void** to submit a voided claim.

These codes are associated with the Claim Frequency type and are indicated in the electronic file:

Original-1

Corrected-6 (Select for corrected Institutional claims)

Replacement-7 (Select for corrected Professional claims)

Void-8

7. Scrub claim to move it to the Ready to Submit section to be resubmitted to payer.

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' window with the 'Submitted' tab selected. The 'Filter Posted Date' is set from 11/30/2010 to 12/30/2010. A list of claims is displayed with columns: Posted, Submitted, Claim, Physician, Primary, PRT, Seco..., SRT, Patient, Amount, File With, Submission, Status, and Rebuild Note. A red arrow points to the 'Submitted' tab (1). Another red arrow points to the date filter (2). A third red arrow points to a range of claims from 655 to 672 (3). A fourth red arrow points to the 'Rebuild Selected' button and its dropdown menu (4).

Posted	Submitted	Claim	Physician	Primary	PRT	Seco...	SRT	Patient	Amount	File With	Submission	Status	Rebuild Note
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		Subm	
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.

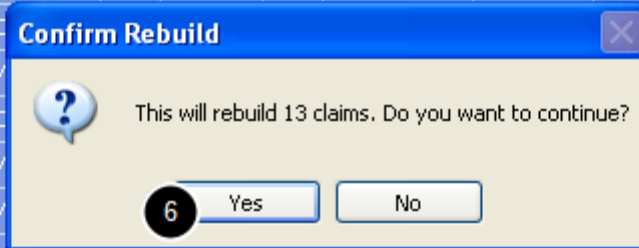
2. Select Filter Posted Date range.

3. 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.

4. 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.

5. 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



6. 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	

7 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

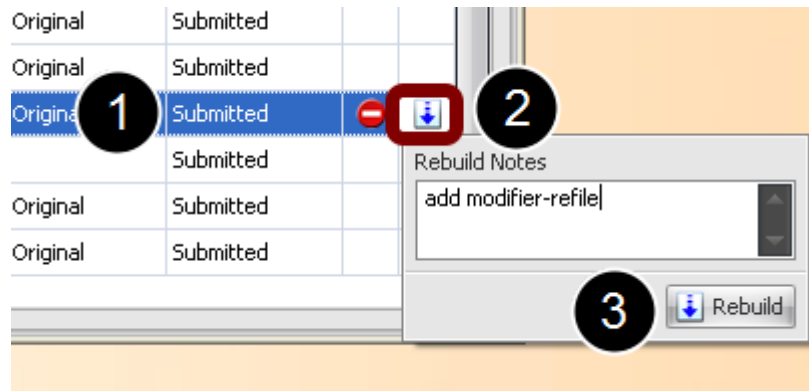
Generate Electronic Print Claims Submit Selected **8**

7. Select claims to scrub and Click Scrub.

8. Select claims to Submit and Click Submit Selected, or to submit all claims in the Ready to Submit section, click Generate Electronic.

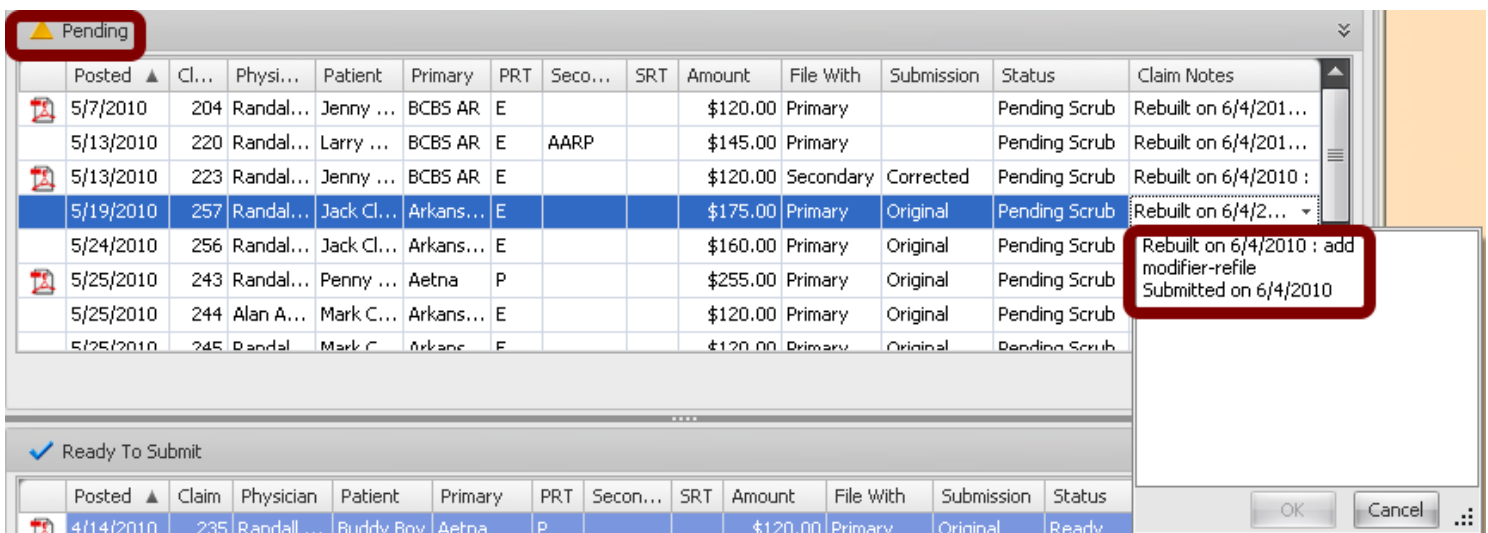
Refile a Claim

Refile a Claim from Submitted Tab



Claims can be refiled or placed on hold from the Submitted Tab within the Claims Manager

1. Double Click on the claim to open Claim Details dialog. Follow the steps to edit claims as instructed in the On Hold lesson.
2. After editing claim, click the Rebuild button to open Rebuild notes dialog. Type notes pertaining to the refile, if applicable.
3. Click on the Rebuild button within the notes dialog. Changes will be added to claim and the claim will be placed in the Pending Scrub section of the Claims Manager.



Claim Notes will reflect the date the claim was rebuilt and any notes. Rebuilt claim is ready to be **Scrubbed** and **Submitted** to Payer. See Scrubbing Claims and Ready to Submit

Omit a paid charge when refiling from Insurance Payment Posting


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

Billing -> Post Insurance Payments

Refile only denied charges to Insurance

Insurance Payment

Patient Details

 Winkle, Perry P.
Birthday 2/1/1960 **Age** 51
Sex Male
Account 91 **Chart** 91

Balances

	Personal	Insurance	Totals
Family	\$298.00	\$1,706.00	\$2,004.00
Patient	\$866.20	\$3,144.75	\$4,010.95
Totals	\$1,164.20	\$4,850.75	\$6,014.95

Claims

☐ Show All Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
x	12/9/2010	7/13/2011	644	Randall Oates	Arkansas Me...	P			\$275.00	\$122.75	Secondary	Submitted
x	12/9/2010	1/11/2011	645	Randall Oates	Palmetto GBA	E	Arkansas...	P	\$215.00	\$48.75	Primary	Submitted

Claim Details

Details for Claim 645 More Info

Payment Amount: \$40.00 Claim Control #: Member ID: Patient Responsibility: \$0.00
 Post Date: 12/9/2010 Member ID: Patient Group Number:
 Process Date: 1/11/2011 Rendering Provider: Randall Oates
 Routing: E Rendering NPI: 1234567890 Remaining Balance: \$0.00

Primary

Policy: Route: ☐ Paper ☒ Electronic
 Paper Fill: ☐ Fewest Pages ☐ Maintain Order

Secondary

Policy: Route: ☐ Paper ☐ Electronic
 Paper Fill: ☒ Fewest Pages ☐ Maintain Order

File With: Primary

Charges

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other Adj	...	Provider	...	Notes
<input type="checkbox"/>	12/9/2010	12/9/2010	1.0	99213	\$135.00										1
<input checked="" type="checkbox"/>	12/9/2010	12/9/2010	1.0	72040	\$80.00	\$70.00	\$30.00				\$10.00			\$40.00	2
					\$215.00	\$70.00	\$30.00	\$0.00	\$0.00	\$0.00	\$10.00			\$40.00	

Next Action: Refile 3 Save Claim Cancel

Print Payment Post Payment

1. Comment Reason for denial
2. Apply payment amount to paid charge(s).
3. Set **Next Action** to **Refile**.
4. Double Click on line of paid charge(s) to open Charge Details.

Omit Paid Charges

\$ Charge Details

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

Diagnosis Codes Add Code

DX	Description
X 922.1	Chest Wall Contusion

Modifiers Add Code

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

☒ Omit from Claim 5

Notes

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

Ambulance | Contract | Dialysis | DME | Drug

Pick-Up Address

Street

Street 2

City

State

Zip Code

Drop-Off

Ambulance Certification

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

Moved by stretcher ☒ Do Not Send ☐ No ☐ Yes

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

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

Physically restrained ☒ Do Not Send ☐ No ☐ Yes

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

Post Payment to ledger

Primary

Policy 6

Route ☐ Paper ☒ Electronic

Paper Fill ☐ Fewest Pages ☐ Maintain Order

Secondary

Policy

Route ☐ Paper ☐ Electronic

Paper Fill ☒ Fewest Pages ☐ Maintain Order

File With 7 Primary

\$ Charges

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other Adj	...	Provider	...	Notes
<input type="checkbox"/>	12/9/2010	12/9/2010	1.0	99213	\$135.00										A
<input checked="" type="checkbox"/> 8	12/9/2010	12/9/2010	1.0	72040	\$80.00	\$70.00	\$30.00				\$10.00		\$40.00		a
					\$215.00	\$70.00	\$30.00	\$0.00	\$0.00	\$0.00	\$10.00		\$40.00		

Next Action Refile 8 Save Claim Cancel

Print Payment Post Payment

Check mark will be placed in the Omit column. When claim is Rebuilt, this charge will not be refilled to insurance.

6. Select Route for refiling claim (Paper or Electronic)

7. Select the File With from drop down option

8. Save Claim and then Post Payment to ledger. Claim will move to **On Hold** section of Claims Manager.

Rebuild Claim

Claims Manager

Working Submitted All

On Hold

	Posted	...	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Hold Notes
	6/11/2010	284	Randall ...	Perry W...	Arkansa...	P	Cigna	P	\$120.00	Primary		On Hold	The Pay To is missing part o...
	6/15/2010	307	Randall ...	Will Bill	Aetna	E	Medicare	P	\$270.00	Crossover		On Hold	Claim with crossover File Wi...
	12/9/2...	645	Randall ...	Perry W...	Palmett...	E	Arkansa...	P	\$135.00	Primary		On Hold	
	12/13/2...	657	Randall ...	Perry W...	Arkansa...	P	Cigna	P	\$60.00	Secondary		On Hold	Claim has not be rebuilt sinc...
	12/17/2...	686	Randall ...	Perry W...	Arkansa...	E	Cigna	P	\$145.00	Secondary		On Hold	

10 Rebuild

Pending

	Posted	Claim	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Claim Notes
	10/11/2...	832	Randall ...	Delaney ...	Cigna	E			\$60.00	Primary	Original	Pending Scrub	Rebuilt on 10/27/2011 :
	10/11/2...	834	Randall ...	Mary Me...	Arkansas...	E			\$120.00	Primary	Original	Pending Scrub	Rebuilt on 10/27/2011 :
	10/12/2...	835	Randall ...	Ronnie R...	Medicare	E	BCBS AR	P	\$220.00	Primary	Original	Pending Scrub	Rebuilt on 10/28/2011 :
	10/13/2...	838	Randall ...	Terry Berry	Aetna	E			\$120.00	Primary	Original	Pending Scrub	

Scrub

Ready To Submit

	Posted	Claim	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Claim Notes
	8/26/2010	844	Randall O...	Barry Ros...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	
	12/16/2...	845	Randall O...	Barry Ros...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	
	9/13/2011	811	Terrie S. ...	Strawberr...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	
	10/5/2011	821	Randall O...	Bobby Ro...	Humana	E			\$181.25	Primary	Original	Ready	Submitted on 10/5/2011
	10/5/2011	822	Randall O...	Strawberr...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	Rebuilt on 10/28/2011 :
	10/6/2011	826	Randall O...	Sam Sam...	Arkansas ...	E			\$120.00	Primary	Original	Ready	Rebuilt on 10/28/2011 :
	10/6/2011	828	Randall O...	Heather ...	Medicare	E			\$135.00	Primary	Original	Ready	Rebuilt on 10/27/2011 :
	10/6/2011	829	Randall O...	Strawberr...	Medicare	E	Arkansa...	P	\$120.00	Primary	Original	Ready	Rebuilt on 10/27/2011 :

Generate Electronic Print Claims Submit Selected

Go to Billing -> Claims Manager

9. Locate claim in **On Hold** section

10. **Rebuild** Claim to save claim changes and **Scrub** claim

Claim is now **Ready to Submit**

Secondary Claims

When posting a primary insurance payment to a patient visit/claim that has a secondary insurance policy set up in Insurance Demographics, the Next Action will default to File Secondary-Paper.

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

Set Secondary Claims to process

Claim Details

Details for Claim 819

Payment Amount: \$170.00 Claim Control #: Patient Responsibility: \$0.00

Post Date: 10/5/2011 Member ID: 545445454 Patient Group Number: 65478

Process Date: 10/5/2011 Rendering Provider: Randall Oates

Routing: E Rendering NPI: 1234567890 Remaining Balance: \$0.00

Primary

Policy: Arkansas Medicaid

Route: ☐ Paper ☒ Electronic

Paper Fill: ☐ Fewest Pages ☐ Maintain Order

Secondary

Policy: BCBS AR

Route: ☐ Paper ☐ Electronic

Paper Fill: ☒ Fewest Pages ☐ Maintain Order

File With: Primary

Charges

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other Adj	...	Provider	...	Notes
<input type="checkbox"/>	10/5/2011	10/5/2011	1.0	A0429	\$300.00	\$300.00							\$170.00		a
					\$300.00	\$300.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$170.00		

Next Action: File Secondary - Paper

Save Claim Cancel

1. When posting primary insurance to a visit, verify the Next Action selected is **File Secondary-Paper**.
2. **Save** Claim.

When the entire remit is applied to charges and Posted, the secondary claims will be located in the **On Hold** section and ready to process in the Claims Manager.

Rebuild Secondary Claim

Claims Manager

Working Submitted All

On Hold

	Posted	...	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Hold Notes
	9/9/2011	810	Randall ...	Somer ...	BCBS AR	P	Arkansa...	P	\$150.00	Secondary		On Hold	
	9/14/2011	814	Randall ...	Somer ...	BCBS AR	E	Arkansa...	P	\$50.00	Primary	Original	On Hold	
	9/16/2011	818	Randall ...	Mary M...	Arkansa...		BCBS AR	P	\$160.00	Primary	Original	On Hold	
	10/5/2011	819	Randall ...	Mary M...	Indiana ...	E	BCBS AR	P	\$300.00	Secondary		On Hold	
	10/5/2011	820	Randall ...	Mary M...	Indiana ...	E	BCBS AR	P	\$300.00	Secondary		On Hold	

4 Rebuild

3. Locate the secondary claim. Click to highlight.
4. Click **Rebuild**. Claim is moved to Pending Scrub section.
5. Click the **Scrub** button. Claim is moved to Ready to Submit.

Scrub Secondary Claim

▲ Pending

	Posted	Claim	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Claim Notes
	10/5/2011	819	Randall ...	Mary Me...	Arkansas...	E	BCBS AR	P	\$300.00	Secondary		Pending Scrub	Submitted on 10/5/2011
	10/11/2...	832	Randall ...	Delaney ...	Cigna	E			\$60.00	Primary	Original	Pending Scrub	Rebuilt on 10/27/2011 :
	10/11/2...	834	Randall ...	Mary Me...	Arkansas...	E			\$120.00	Primary	Original	Pending Scrub	Rebuilt on 10/27/2011 :
	10/12/2...	835	Randall ...	Ronnie R...	Medicare	E	BCBS AR	P	\$220.00	Primary	Original	Pending Scrub	Rebuilt on 10/28/2011 :
	10/13/2...	838	Randall ...	Terry Berry	Aetna	E			\$120.00	Primary	Original	Pending Scrub	

5 Scrub

5. Click the **Scrub** button. Claim is moved to Ready to Submit.

Note: Paper claims can be previewed by clicking on the PDF icon in the Pending Scrub section

Print Secondary Claim

✓ Ready To Submit

Posted ▲	Claim	Physician	Patient	Primary	PRT	Second...	SRT	Amount	File With	Submission	Status	Claim Notes
8/26/2010	844	Randall O...	Barry Ros...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	
12/16/2...	845	Randall O...	Barry Ros...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	
9/13/2011	811	Terrie S. ...	Strawberr...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	
10/5/2011	819	Randall O...	Mary Mer...	Arkansas ...	E	BCBS AR	P	\$300.00	Secondary		Ready	Submitted on 10/5/2011
10/5/2011	821	Randall O...	Bobby Ro...	Humana	E			\$181.25	Primary	Original	Ready	Submitted on 10/5/2011
10/5/2011	822	Randall O...	Strawberr...	Medicare	E	Arkansa...	P	\$135.00	Primary	Original	Ready	Rebuilt on 10/28/2011 :
10/6/2011	826	Randall O...	Sam Sam...	Arkansas ...	E			\$120.00	Primary	Original	Ready	Rebuilt on 10/28/2011 :
10/6/2011	828	Randall O...	Heather ...	Medicare	E			\$135.00	Primary	Original	Ready	Rebuilt on 10/27/2011 :

Generate Electronic **6**
 Print Claims **7**
 Submit Selected

6. Click the Print Claims button. All paper claims in the Ready to Submit section will print.

7. Click to highlight a single claim and then click the Submit Selected button. Only the highlighted claim will print.

All Tab

Claims Manager												
Find Claim By Number			0									
Working Submitted All												
Filter Posted Date			2/27/2013 to 3/29/2013									
Posted	Submitted	Claim	Physician	Primary	PRT	Secondary	SRT	Patient	Amount	File With	Submission	Status
3/1/2013	3/8/2013	1148	Randall Oates	BCBS AR	E	Medicare	P	Somer Winters	\$9,000.00	Primary	Original	Submitted
2/27/2013	3/8/2013	1146	Randall Oates	Aetna	P	Medicare	P	Jack Clark	\$135.00	Secondary	Original	Submitted
3/5/2013	3/12/2013	1150	Randall Oates	Cigna	E	BCBS AR	E	Emily Edmond	\$135.00	Primary	Original	Submitted
3/8/2013	3/12/2013	1151	Randall Oates	Arkansas Medi...	E	Humana Gold...	E	Billy Kidd	\$0.00	Primary	Original	On Hold
2/27/2013	2/27/2013	1147	Randall Oates	Aetna	E	Medicare	P	Jack Clark	\$405.00	Primary	Original	Submitted
3/12/2013	3/18/2013	1152	Randall Oates	Medicare	E			Sam Stevens	\$120.00	Primary	Original	Submitted
3/13/2013	3/15/2013	1153	Randall Oates	Arkansas Medi...	E	AARP	E	Perry Winkle	\$525.00	Primary	Original	Submitted
3/18/2013	3/18/2013	1158	Randall Oates	Arkansas Medi...	E	AARP	E	Perry Winkle	\$175.00	Primary	Original	Submitted
3/18/2013	3/18/2013	1162	Randall Oates	Farmers Insur...	E	Medicare	P	Mollie Turner	\$120.00	Primary	Original	Submitted
3/18/2013	3/18/2013	1160	Randall Oates	Medicare	E	Aetna	P	Bobby Roberts	\$120.00	Primary	Original	Ready
3/13/2013	3/13/2013	1154	Randall Oates	BCBS AR	E	Medicare	P	Somer Winters	\$300.00	Primary	Original	Pending Scrub
3/18/2013	3/18/2013	1161	Randall Oates	Arkansas Medi...	E			Jerry Carey	\$120.00	Primary	Original	Ready
3/18/2013	3/18/2013	1159	Randall Oates	Arkansas Medi...	E	AARP	E	Perry Winkle	\$120.00	Primary	Original	On Hold
3/14/2013	3/14/2013	1155	Randall Oates	Farmers Insur...	E	Aetna	P	Rosemary Cat...	\$180.00	Primary	Original	On Hold
3/18/2013	3/18/2013	1163	Randall Oates	Farmers Insur...	E	Medicare	P	Mollie Turner	\$150.00	Primary	Original	Submitted
3/26/2013	3/26/2013	1170	Randall Oates	Arkansas First...	E			Gayle Hale	\$175.00	Primary	Original	Submitted
3/26/2013	3/26/2013	1171	Randall Oates	Arkansas First...	E			Gayle Hale	\$175.00	Primary	Original	Submitted
3/26/2013	3/26/2013	1172	Randall Oates	Arkansas First...	E			Gayle Hale	\$175.00	Primary	Original	Submitted
3/18/2013	3/18/2013	1164	Randall Oates	Farmers Insur...	E	Medicare	P	Mollie Turner	\$120.00	Primary	Original	Ready
3/18/2013	3/18/2013	1165	Randall Oates	AARP	E			Sam Samson	\$135.00	Primary	Original	Ready
3/19/2013	1/1/0001	1167	Randall Oates	BCBS AR	E	Medicare	P	Somer Winters	\$135.00	Primary	Original	Ready
3/26/2013	1/1/0001	1168	Randall Oates	BCBS AR	E	Medicare	P	Somer Winters	\$160.00	Primary	Original	Ready
3/26/2013	3/26/2013	1169	Randall Oates	Arkansas First...	E			Gayle Hale	\$175.00	Primary	Original	Ready
3/18/2013	1/1/0001	1166	Randall Oates	AARP	P			Sam Samson	\$120.00	Primary	Original	Pending Scrub
3/15/2013	3/15/2013	1157	Randall Oates	Arkansas First...	E			Barry Perry	\$120.00	Primary	Original	On Hold
3/26/2013	3/26/2013	1174	Randall Oates	Arkansas First...	E			Gayle Hale	\$7.00	Primary	Original	Submitted
3/26/2013	3/26/2013	1175	Randall Oates	Arkansas First...	E			Gayle Hale	\$60.00	Primary	Original	Submitted
3/26/2013	3/26/2013	1173	Randall Oates	Farmers Insur...	P	Medicare	P	Mollie Turner	\$20.00	Primary	Original	On Hold
3/28/2013	3/28/2013	1177	Randall Oates	Arkansas First...	E			Barry Perry	\$180.00	Primary	Original	Submitted
3/28/2013	3/28/2013	1178	Randall Oates	Arkansas First...	E			Barry Perry	\$60.00	Primary	Original	Submitted
3/28/2013	3/28/2013	1179	Randall Oates	Arkansas Medi...	E	AARP	E	Perry Winkle	\$120.00	Primary	Original	Submitted
3/29/2013	3/29/2013	1180	Tammy Test	Farmers Insur...	E	Medicare	P	Mollie Turner	\$120.00	Primary	Original	Submitted
3/29/2013	3/29/2013	1181	Tammy Test	BCBS AR	E	Medicare	P	Somer Winters	\$160.00	Primary	Original	Submitted
3/27/2013	1/1/0001	1176	Randall Oates	Arkansas Medi...	E	AARP	E	Perry Winkle	\$135.00	Primary	Original	Ready
3/26/2013	3/26/2013	1172	Randall Oates	Arkansas First...	E			Gayle Hale	\$175.00	Primary	Original	Submitted

The All Tab lists all claims in the Working and Submitted tabs and the current status of the claim. Claims can be searched by Date Range and the information listed in the columns can be sorted by clicking on the column headers.

Posting Insurance Payments

Introduction to Insurance Payment Posting

The screenshot displays the 'Insurance Payment' software interface with several sections highlighted by red boxes:

- Create/Load Payment Detail:** Includes fields for Payer (Blue Shield IN), Group (Professional Groups, Inc.), NPI (1234567893), Check Number (123455), Production Date (11/1/2011), Check Date (11/1/2011), Check Amount (\$325.00), and Remaining (\$325.00).
- Patient Details:** Displays patient information for Terry nmi. Berry, including Birthday (2/5/1960), Age (51), Sex (Male), Account (139), and Chart (32131). It also shows a Balances table:

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$500.00	\$676.00	\$1,176.00
Totals	\$500.00	\$676.00	\$1,176.00

- Claims:** A table listing insurance claims with columns for Post Date, Processed, Claim ID, Provider, Primary, PRT, Secondary, SRT, Amount, Balance, File With, and Status.

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
<input checked="" type="checkbox"/>	1/4/2011	1/11/2011	700	Randall Oates, MD	Aetna	E			\$120.00	\$95.00	Primary	Submitted
<input checked="" type="checkbox"/>	5/13/2011	6/3/2011	774	Randall Oates, MD	Aetna	E	Arkansas Firstsource	P	\$225.00	\$216.00	Primary	Submitted
<input checked="" type="checkbox"/>	10/13/2011	11/10/2011	839	Randall Oates, MD	Arkansas Medicaid	E	Arkansas Firstsource	P	\$120.00	\$120.00	Primary	Submitted

- Claim Details:** Provides detailed information for Claim 839, including Payment Amount (\$0.00), Claim Control #, Patient Responsibility (\$0.00), Post Date (10/13/2011), Member ID (32313123131321), Patient Group Number, Process Date (11/10/2011), Rendering Provider (Randall Oates, MC), Routing (E), Rendering NPI (1234567890), and Remaining Balance (\$0.00). It also shows Primary and Secondary policy details (Arkansas Medicaid and Arkansas Firstsource) and routing options (Paper or Electronic).
- Charges:** A table showing billed charges for the claim.

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other Adj	...	Provider Paid	...	Notes
<input checked="" type="checkbox"/>	10/13/2011	10/13/2011	1.0	99212	\$120.00										a
					\$120.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		

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

Create/Load Payment Detail is manually entered using information from the Remittance/EOB.

Patient Details Displays patient information from the General Demographics section and Patient/Family Balances from the Patient Ledger

Claims Lists Outstanding/Unpaid insurance claims for the Patient, the status of the Claim and details pertaining to the claim. To include paid claims in the list, place a check mark in the box next to **Show All Claims**

Claim Details Populated with information pertaining to the claim. Payment information is manually

added with information from the remit/EOB

Charges Breaks down the individual charges/services that are included in the selected visit/claim.
Double Click on a line item to view [Charge Details](#)

Select Claim/Visit for Payment

Insurance Payment

Create/Load Payment

Payer

Blue Shield IN

PO Box 37010
Louisville, KY 40233
(800) 470-9630

Group

Professional Groups, Inc.

123 Any Street
Springdale, AR 727641234
(479) 555-1234

NPI

1234567893

Production Date

11/1/2011

Check Number

123455

Check Date

11/1/2011

Check Amount

\$325.00

Remaining

\$325.00

Select Patient

Patient Details

Berry, Terry nmi.

Birthday

2/5/1960

Age

51

Sex

Male

Account

139

Chart

32131

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$500.00	\$676.00	\$1,176.00
Totals	\$500.00	\$676.00	\$1,176.00

Schedule

Claims

Ledger

Insurance

Demographics

Custom

Claims

Show All Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	1/4/2011	1/11/2011	700	Randall Oates, MD	Aetna	E			\$120.00	\$95.00	Primary	Submitted
X	5/13/2011	6/3/2011	774	Randall Oates, MD	Aetna	E	Arkansas Firstsource	P	\$225.00	\$216.00	Primary	Submitted
X	10/13/2011	11/10/2011	839	Randall Oates, MD	Arkansas Medicaid	E	Arkansas Firstsource	P	\$120.00	\$120.00	Primary	Submitted

Claim Details

Details for Claim 839

More Info

Payment Amount

\$0.00

Claim Control #

Patient Responsibility

\$0.00

Post Date

10/13/2011

Member ID

32313123131321

Patient Group Number

Process Date

11/10/2011

Rendering Provider

Randall Oates, MD

Routing

E

Rendering NPI

1234567890

Remaining Balance

\$0.00

Primary

Policy

Arkansas Medicaid

Route

Paper

Electronic

Paper Fill

Fewest Pages

Maintain Order

Secondary

Policy

Arkansas Firstsource

Route

Paper

Electronic

Paper Fill

Fewest Pages

Maintain Order

Processed

Claim Notes

Submitted on 11/10/2011
Submitted on 10/13/2011
Submitted on 10/13/2011

File With

Primary

Charges

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other Adj	...	Provider Paid	...	Notes
<input type="checkbox"/>	10/13/2011	10/13/2011	1.0	99212	\$120.00										
					\$120.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		

Next Action

File Secondary - Paper

Save Claim

Cancel

Print Payment

Post Payment

Outstanding claims are listed in the Claims section of the Posting window. If a claim is highlighted, the lower section of the window displays each line item/charge that makes up the selected claim. Details in both the **Claims** and **Charges** sections can be sorted by Clicking on the column headers.

1. Click inside the Claim grid to select a claim for payment.
2. Details of the selected claim will display in the **Charges** section of the window.

Enter Claim Details using Remit/EOB

Claim Details

Details for Claim 839 3 4 More Info

Payment Amount	<input type="text" value="\$100.00"/>	Claim Control #	<input type="text" value="123123123"/>	Patient Responsibility	5 <input type="text" value="\$0.00"/>
Post Date	<input type="text" value="10/13/2011"/>	Member ID	<input type="text" value="32313123131321"/>	Patient Group Number	<input type="text"/>
Process Date	<input type="text" value="11/10/2011"/>	Rendering Provider	<input type="text" value="Randall Oates, MD"/>		
Routing	<input type="text" value="E"/>	Rendering NPI	<input type="text" value="1234567890"/>	Remaining Balance	<input type="text" value="\$100.00"/>

The Claim Details section displays various details entered when charging the selected claim, including miscellaneous accident/illness info. This information cannot be edited. Payment information is entered using details from the Insurance Remittance.

3. Type Total Payment amount for the selected claim. An alert will show if an amount more than the remaining amount of the check is entered
4. Type Claim Control number from Remit for informational/tracking purposes
5. Enter total amount that is the responsibility of the insured/patient as shown on Remit

Apply Payment to Charges

Claim Details
Details for Claim 839

Payment Amount: \$100.00 Claim Control #: 123123123 Patient Responsibility: \$0.00
 Post Date: 10/13/2011 Member ID: 323131231321 Patient Group Number:
 Process Date: 11/10/2011 Rendering Provider: Randall Oates, MD
 Routing: E Rendering NPI: 1234567890 Remaining Balance: \$0.00

Primary Insurance: Arkansas Medicaid, Route: Paper, Paper Fill: Fewest Pages
Secondary Insurance: Arkansas Firstsource, Route: Paper, Paper Fill: Fewest Pages

Charges Table:

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	Coins	Co Pay	Late	Other Adj	Provider Paid	Notes
	10/13/2011	10/13/2011	1.0	99212	\$120.00	\$100.00					\$20.00	\$100.00	
					\$120.00	\$100.00	\$0.00	\$0.00	\$20.00	\$0.00	\$0.00	\$100.00	

Next Action: File Secondary - Paper

Buttons: Save Claim, Cancel, Post Payment

The payment is ready to be applied to the charges. Note that the **Remaining Balance** amount is the same as the Payment Amount and will decrease as payments are applied to the line items. When the last payment is applied to the final charge, the Remaining Balance should be zero.

6. Match the remit payment to the correct charge by verifying **Begin** and **End** dates, **Procedure** code and Amount **Billed**.

7. Click on the line of the charge inside the **Allowed Column** and enter the amount shown on the EOB as the Allowed amount.

8. Tab to the next column and enter any amount that was applied to the **deductible, Coinsurance**, etc.

9. Enter the contractual adjustment amount in **Other Adjustment** column, and Payment amount in **Provider Paid** column. If payment is zero, you must populate one of the other fields (Allowed, Deduct, etc.) in order to activate the Save Claim button. Repeat until the remaining Balance is zero, all charges for the selected claim have the correct information applied and the Save Claim button is activated.

10. **Verify the Next Action.** This will determine whether a secondary claim is generated, If the Primary insurance crossed the claim over to the Secondary payer, and no secondary claim is needed, or if the balance is patient responsibility.

Patient Responsibility: Claim status will change to Processed and the balance for this visit will be moved to patient responsibility.

Crossover-Pending Secondary: A secondary paper claim will not be generated and the balance

will remain showing as pending insurance payment.

File Secondary-Paper: Asecondary paper claim will be generated and placed in the On Hold section of the Claims Manager ready to Rebuild, Scrub and Print.

Refile: If claim is partially paid and you need to refile any unpaid charges, this option will place the claim in the On Hold section of the Claims Manager ready to Rebuild, Scrub and Print.

Wait for Additional Payment: Claim will remain in the insurance pending status until additional payment is applied.

11. Click **Save Claim**. A pop up message will verify payment was saved. Click **OK**.

If Cancel is clicked, a confirmation box asks if you want to close the Patient and lose changes. If Yes, the patient window will cancel all data entered for the active patient and close the account. If an amount is remaining on the remit, Select Patient dialog displays to choose a new patient.

Note: A payment can be edited after a claim is saved and posted as needed.

Post Insurance Payment to Patient Ledger

Insurance Payment ✕

Create/Load Payment

Payer

Aetna

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

Group

Professional Group, I...

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

NPI

1234567890

Production Date

4/14/2010

Check Number

123456

Check Date

4/8/2010

Check Amount

\$405.00

Remaining

\$0.00

Select Patient

Print Payment

1

Post Payment

If the Insurance EOB is for a single patient payment, and the Remaining Balance in the upper section/Remit details is zero, the Remit/EOB will need to be posted to the patient ledger and closed. If the Remit/EOB is for multiple patients/payments, you will be prompted to select another patient and will repeat the previous steps until the entire check is applied.

1. Print Payment (optional). generate a report to verify all payments and how they were applied for the active remit/check. Make any corrections/edits prior to Posting to remit.
2. Click the Post Payment button to Apply payment(s) to Patient Ledger. Payment will not be reflected in Patient ledger until it is Posted

Note: The payment(s) will be included on the **End of Day** report for the **Date Posted**. If the Date Posted is a different month than the Check Date/Date Entered, the ledger and month end reporting will be reported by the Post date. The Payment Posting date cannot be changed.

Create Insurance Payment

Access from the main menu -> Billing -> Post Insurance Payments

Select Payer/Insurance Company from Drop Down list of existing Payers in the Insurance Company Maintenance

Create Insurance Payment

Create New Insurance Payment

Payer: [Dropdown] Check Number: [Text Field] [Create] [Cancel]

Blue Shield IN	PO Box 37010	Louisville
Medicare Indiana	PO Box 6160	Indianapolis
Aetna 1	PO Box 1111	Any City
AARP	PO Bpx 740819	Atlanta
Medicare	PO Box 1214	Little Rock
Arkansas Medicaid	PO Box 8883	Little Rock
Indiana Medicaid...	PO Box 7269	Indianapolis
BCBS AR	PO Box 2181	Little Rock

1. Use Drop Down to Select a Payer from the list
2. Type Check number shown on the Remit
3. Click the Create button

Add Remit Information as shown on EOB

The screenshot shows the 'Insurance Payment' window. It contains several fields and buttons. Callout 4 points to the 'Group' dropdown menu, which is open and shows a list of providers including 'Professional Group, Inc.' (highlighted). Callout 5 points to the 'Production Date' field, which contains '4/14/2010'. Callout 6 points to the 'Check Number' field, which contains '123456'. Callout 7 points to the 'Check Amount' field, which contains '\$150.00'. Callout 8 points to the 'Select Patient' button. Other visible fields include 'Payer' (Aetna), 'NPI' (1234567890), 'Check Date' (4/8/2010), and 'Remaining' (\$150.00).

4. Select Billing Provider/Pay to Information from the drop down list in the Group Section

5. Enter Production date. This is for internal use and will not be used for any reporting date. It can be the check date, date entered, etc.

6. Type date of receipt/deposit. This is the date that will be used to run the Payment Summary and help in balancing deposits for the day.

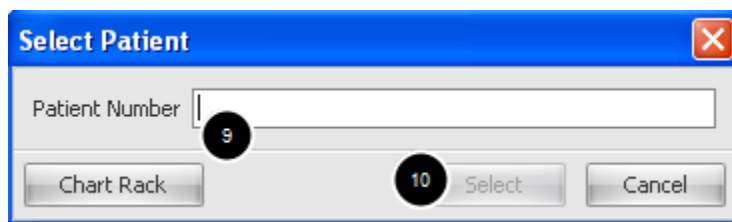
Note: When applying insurance remits that are deposited on a specific day, but not entered into Insurance Payment Posting until a later date, the Check Date can be back dated to the date of deposit so it will print on the Payment Summary for that date, for use in balancing out the days deposits. This example is a remit received and deposited on 4/8/2010, but not entered and applied to visits until 4/14/2010.

The payment(s) will be included on the **End of Day** report for the **Date Posted**. If the Date Posted is in a different month than the Check Date/Date Entered, the ledger and month end reporting will be reported by the Post date. The Payment Posting date cannot be changed.

7. Type Check amount shown on the check

8. Click the Select Patient button

Select the Patient account for Payment



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

Insurance Payment

Create/Load Payment

Payer: Blue Shield IN
PO Box 37010
Louisville, KY 40233
(800) 470-9630

Group: Professional Groups, Inc.
123 Any Street
Springdale, AR 727641234
(479) 555-1234

NPI: 1234567893
Production Date: 11/1/2011

Check Number: 123455
Check Date: 11/1/2011
Check Amount: \$325.00
Remaining: \$325.00

Select Patient

Patient Details

Bill, Will
Birthday: 2/17/1945 Age: 66
Sex: Male
Account: 35 Chart

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$3,931.00	\$3,931.00
Totals	\$0.00	\$3,931.00	\$3,931.00

Schedule Claims Ledger Insurance Demographics Custom

Claims

Show All Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
X	3/30/2010	4/27/2010	58	Randall Oates, MD	Medicare	E			\$375.00	\$375.00		Submitted
X	4/6/2010	4/6/2010	90	Randall Oates, MD	Medicare	P			\$135.00	\$135.00		Submitted
X	4/8/2010	6/3/2011	103	Randall Oates, MD	Medicare	E			\$535.00	\$15.00		Submitted

Claim Details

Details for Claim 58

More Info

Processed

Claim Notes

Payment Amount: \$0.00
Post Date: 3/30/2010
Process Date: 4/27/2010
Routing: E

Claim Control #:
Member ID:
Rendering Provider: Randall Oates, MD
Rendering NPI: 1234567890

Patient Responsibility: \$0.00
Patient Group Number:
Remaining Balance: \$0.00

Primary

Policy:
Route: ☐ Paper ☒ Electronic
Paper Fill: ☐ Fewest Pages ☐ Maintain Order

Secondary

Policy:
Route: ☐ Paper ☐ Electronic
Paper Fill: ☐ Fewest Pages ☐ Maintain Order

File With:
File With:

Charges

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other Adj	...	Provider Paid	...	Notes
<input checked="" type="checkbox"/>	3/30/2010	3/30/2010	2.0	73510	\$240.00										a
					\$375.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		

Next Action: Patient Responsibility

Save Claim Cancel

Print Payment

Post Payment

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

After all payments have been applied and the Remaining amount is zero, the **Print Payment** button will create a report listing payments applied for reference. The report can be displayed or printed, or can be exported and saved to a file on your computer.

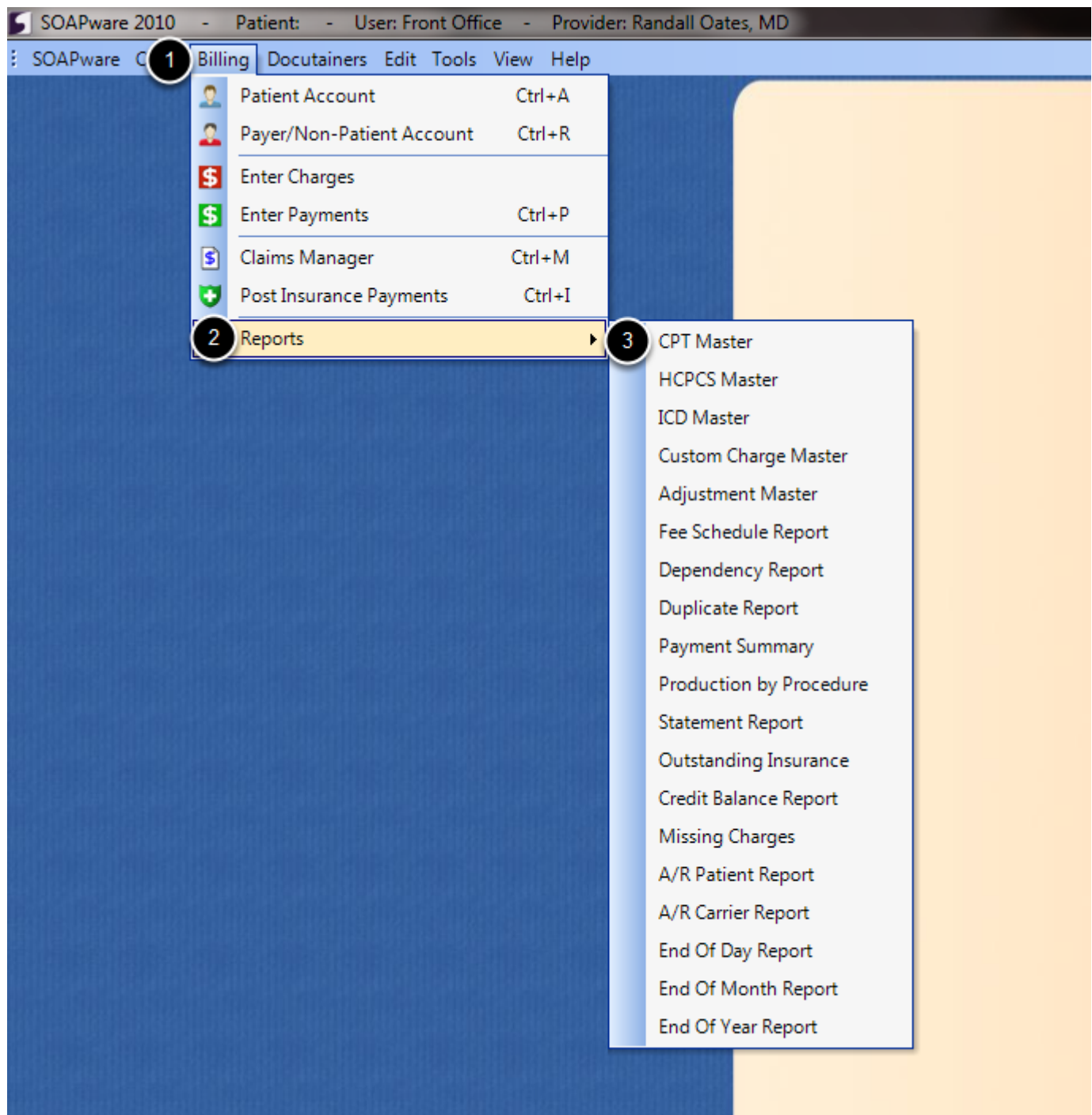
Refer to next lesson for applying payments to visits. [Introduction to Insurance Payment Posting](#)

Reports

Accessing the Report List

Billing menu -> Reports

Accessing the Report List

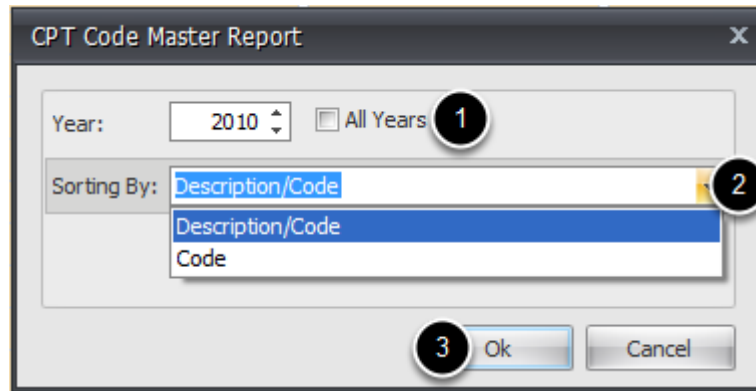


1. Click on the **Billing** menu.
2. Select **Reports**.
3. Select the report needed.

CPT® Master Report

A report showing all CPT codes in the database for a specified year or all years combined.

CPT Master Options



1. Select the **year** of the CPT codes or check to see **All Years'** codes.
2. Select to sort by either the **code** or the **description and the code**.
3. Click **Ok**.

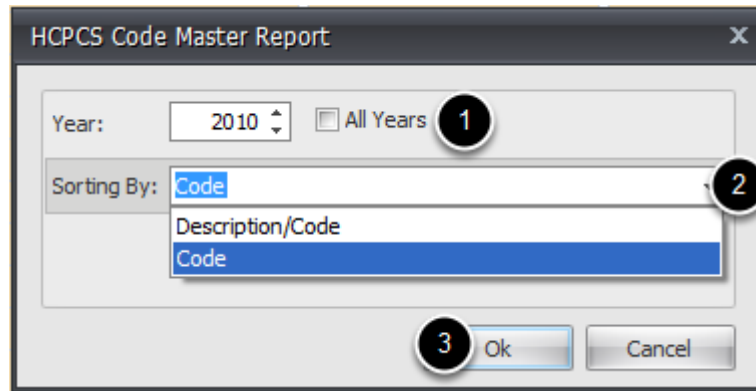
CPT Code Master Report 2010			
CPT Code	Short Description	CPT Code	Short Description
0001F	HEART FAILURE COMPOSITE	00410	ANESTH, CORRECT HEART RHYTHM
0005F	OSTEOARTHRITIS COMPOSITE	0042T	CT PERFUSION W/CONTRAST, CBF
00100	ANESTH, SALIVARY GLAND	00450	ANESTH, SURGERY OF SHOULDER
00102	ANESTH, REPAIR OF CLEFT LIP	00452	ANESTH, SURGERY OF SHOULDER
00103	ANESTH, BLEPHAROPLASTY	00454	ANESTH, COLLAR BONE BIOPSY
00104	ANESTH, ELECTROSHOCK	00470	ANESTH, REMOVAL OF RIB
00120	ANESTH, EAR SURGERY	00472	ANESTH, CHEST WALL REPAIR
00124	ANESTH, EAR EXAM	00474	ANESTH, SURGERY OF RIB(S)
00126	ANESTH, TYMPANOTOMY	0048T	IMPLANT VENTRICULAR DEVICE
0012F	CAP BACTERIAL ASSESS	00500	ANESTH, ESOPHAGEAL SURGERY
00140	ANESTH, PROCEDURES ON EYE	0050T	REMOVAL CIRCULATION ASSIST
00142	ANESTH, LENS SURGERY	0051T	IMPLANT TOTAL HEART SYSTEM
00144	ANESTH, CORNEAL TRANSPLANT	00520	ANESTH, CHEST PROCEDURE
00145	ANESTH, VITREORETINAL SURG	00522	ANESTH, CHEST LINING BIOPSY
00147	ANESTH, IRIDECTOMY	00524	ANESTH, CHEST DRAINAGE
00148	ANESTH, EYE EXAM	00528	ANESTH, CHEST PARTITION VIEW
0014F	COMP PREOP ASSESS CAT SURG	00529	ANESTH, CHEST PARTITION VIEW
0015F	MELAN FOLLOW-UP COMPLETE	0052T	REPLACE COMPONENT HEART SYST
00160	ANESTH, NOSE/SINUS SURGERY	00530	ANESTH, PACEMAKER INSERTION
00162	ANESTH, NOSE/SINUS SURGERY	00532	ANESTH, VASCULAR ACCESS
00164	ANESTH, BIOPSY OF NOSE	00534	ANESTH, CARDIOVERTER/DEFIB
0016T	THERMOTX CHOROID VASC LESION	00537	ANESTH, CARDIAC ELECTROPHYS
00170	ANESTH, PROCEDURE ON MOUTH	00539	ANESTH, TRACH-BRONCH RECONST
00172	ANESTH, CLEFT PALATE REPAIR	0053T	REPLACE COMPONENT HEART SYST
00174	ANESTH, PHARYNGEAL SURGERY	00540	ANESTH, CHEST SURGERY
00176	ANESTH, PHARYNGEAL SURGERY	00541	ANESTH, ONE LUNG VENTILATION
0017T	PHOTOCOAGULAT MACULAR DRUSEN	00542	ANESTH, RELEASE OF LUNG
00190	ANESTH, FACE/SKULL BONE SURG	00546	ANESTH, LUNG,CHEST WALL SURG
00192	ANESTH, FACIAL BONE SURGERY	00548	ANESTH, TRACHEA,BRONCHI SURG
0019T	EXTRACORP SHOCK WV TX,MS NOS	0054T	BONE SURGERY USING COMPUTER
00210	ANESTH, CRANIAL SURG NOS	00550	ANESTH, STERNAL DEBRIDEMENT
00211	ANESTH, CRAN SURG, HEMOTOMA	0055T	BONE SURGERY USING COMPUTER
00212	ANESTH, SKULL DRAINAGE	00560	ANESTH, HEART SURG W/O PUMP
00214	ANESTH, SKULL DRAINAGE	00561	ANESTH, HEART SURG < AGE 1
00215	ANESTH, SKULL REPAIR/FRACT	00562	ANESTH HRT SURG W/PMP AGE 1+
00216	ANESTH, HEAD VESSEL SURGERY	00563	ANESTH, HEART SURG W/ARREST
00218	ANESTH, SPECIAL HEAD SURGERY	00566	ANESTH, CABG W/O PUMP
00220	ANESTH, INTRCRN NERVE	00567	ANESTH, CABG W/PUMP
00222	ANESTH, HEAD NERVE SURGERY	00580	ANESTH, HEART/LUNG TRANSPLNT
00300	ANESTH, HEAD/NECK/PTRUNK	00600	ANESTH, SPINE, CORD SURGERY
0030T	ANTIPROTHROMBIN ANTIBODY	00604	ANESTH, SITTING PROCEDURE
00320	ANESTH, NECK ORGAN 1 & OVER	00620	ANESTH, SPINE, CORD SURGERY

Sample CPT Master Report for the year 2010, sorted by Code.

HCPCS Master Report

A report showing all HCPCS codes in the database for a specified year or all years combined.

HCPCS Master Options



1. Select the **year** of the HCPCS codes or check to see **All Years'** codes.
2. Select to sort by either the **code** or the **description and the code**.
3. Click **Ok**.

HCPCS Code Master Report 2010

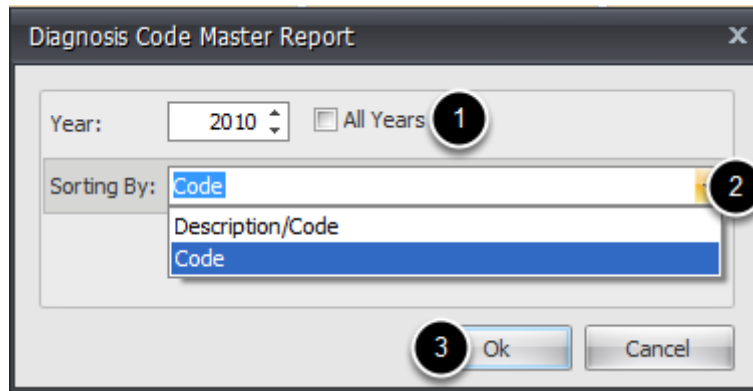
HCPCS Code	Description	HCPCS Code	Description
A0021	Outside state ambulance serv	A4213	20+ CC syringe only
A0080	Noninterest escort in non er	A4215	Sterile needle
A0090	Interest escort in non er	A4216	Sterile water/saline, 10 ml
A0100	Nonemergency transport taxi	A4217	Sterile water/saline, 500 ml
A0110	Nonemergency transport bus	A4218	Sterile saline or water
A0120	Noner transport mini-bus	A4220	Infusion pump refill kit
A0130	Noner transport wheelch van	A4221	Maint drug infus cath per wk
A0140	Nonemergency transport air	A4222	Infusion supplies with pump
A0160	Noner transport case worker	A4223	Infusion supplies w/o pump
A0170	Transport parking fees/tolls	A4230	Infus insulin pump non needl
A0180	Noner transport lodgng recip	A4231	Infusion insulin pump needle
A0190	Noner transport meals recip	A4232	Syringe w/needle insulin 3cc
A0200	Noner transport lodgng escrt	A4233	Alkaline batt for glucose mon
A0210	Noner transport meals escort	A4234	J-cell batt for glucose mon
A0225	Neonatal emergency transport	A4235	Lithium batt for glucose mon
A0380	Basic life support mileage	A4236	Silver oxide batt glucose mon
A0382	Basic support routine suppl	A4244	Alcohol or peroxide per pint
A0384	Bls defibrillation supplies	A4245	Alcohol wipes per box
A0390	Advanced life support mileag	A4246	Betadine/physohex solution
A0392	Als defibrillation supplies	A4247	Betadine/iodine swabs/wipes
A0394	Als IV drug therapy supplies	A4248	Chlorhexidine antisept
A0396	Als esophageal intub suppl	A4250	Urine reagent strips/tablets
A0398	Als routine disposable suppl	A4252	Blood ketone test or strip
A0420	Ambulance waiting 1/2 hr	A4253	Blood glucose/reagent strips
A0422	Ambulance 02 life sustaining	A4255	Glucose monitor platforms
A0424	Extra ambulance attendant	A4256	Calibrator solution/chips
A0425	Ground mileage	A4257	Replace Lensshield Cartridge
A0426	Als 1	A4258	Lancet device each
A0427	ALS1-emergency	A4259	Lancets per box
A0428	bls	A4261	Cervical cap contraceptive
A0429	BLS-emergency	A4262	Temporary tear duct plug
A0430	Fixed wing air transport	A4263	Permanent tear duct plug
A0431	Rotary wing air transport	A4264	Intratubal occlusion device
A0432	PI volunteer ambulance co	A4265	Paraffin
A0433	als 2	A4266	Diaphragm
A0434	Specialty care transport	A4267	Male condom
A0435	Fixed wing air mileage	A4268	Female condom
A0436	Rotary wing air mileage	A4269	Spermicide
A0800	Amb trans 7pm-7am	A4270	Disposable endoscope sheath
A0888	Noncovered ambulance mileage	A4280	Brst prsths adhsv attachmnt
A0998	Ambulance response/treatment	A4281	Replacement breastpump tube

Sample HCPCS Master Report for the year 2010, sorted by Code.

ICD Master Report

A report showing all ICD codes in the database for a specified year or all years combined.

ICD Master Options



1. Select the **year** of the CPT codes or check to see **All Years'** codes.
2. Select to sort by either the **code** or the **description and the code**.
3. Click **Ok**.

Diagnosis Code Master Report 2010

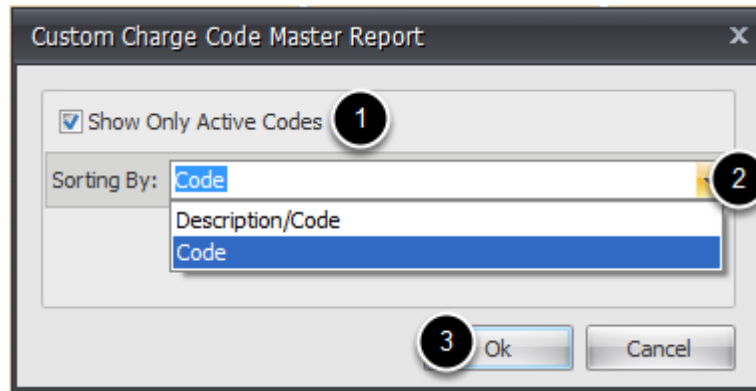
Diagnosis Code	Description	Diagnosis Code	Description
001.0	Cholera due to <i>Vibrio cholerae</i>	003.8	Salmonella infections, other, specified
001.1	El Tor cholera	003.9	Salmonella infection NOS
001.1	<i>Vibrio cholerae</i> el tor	003.9	Salmonellosis NOS (except human typhoid & paratyphoid)
001.1	Cholera due to <i>Vibrio cholerae</i> el tor	003.9	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	<i>Salmonella</i> infection, localized, unspecified	004.9	Shigellosis, unspecified
003.20	Localized salmonella infection, unspecified	004.9	Chinese dysentery
003.21	Meningitis, <i>Salmonella</i>	004.9	<i>Shigella</i>
003.21	<i>Salmonella</i> meningitis	004.9	Bacillary dysentery
003.22	Pneumonia, <i>Salmonella</i>	005.0	Staphylococcal food poisoning
003.22	<i>Salmonella pneumoniae</i>		

Sample ICD Master Report for the year 2010, sorted by Code.

Custom Charges Master Report

A report showing all custom codes in the database.

Custom Charges Master Options



1. Check if you want to show all active codes.
2. Select to sort by either the **code** or the **description and the code**.
3. Click **Ok**.

Custom Charges Master Sample

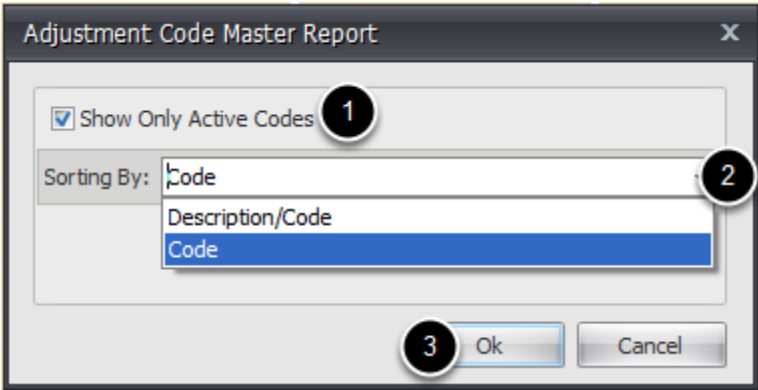
Custom Charge Code Master Report			
Active Codes Only			
Custom Code	Description	Custom Code	Description
HS333	Herbal Supplements		

Sample Custom Charges Master Report with only active codes showing.

Adjustment Code Master Report

A report showing all adjustment codes in the database.

Adjustment Master Options



- 1. Check if you want to show all active codes.
- 2. Select to sort by either the **code** or the **description and the code**.
- 3. Click **Ok**.

Adjustment Code Master Sample

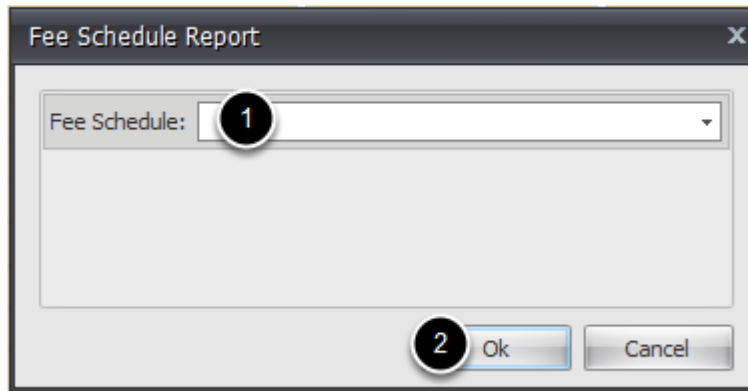
Adjustment Code Master Report			
Active Codes Only			
Adjustment Code	Description	Adjustment Code	Description
A123	Test Adjustment		
B1234	Charity Care		
S111	Sample Adjustment		
W001	Writeoff		
inspay	Insurance Adjustment		
refund	Refund Adjustment		

Sample Adjustment Code Master Report with only active codes showing.

Fee Schedule Report

A report showing the fees set for each code, according to the selected Fee Schedule.

Fee Schedule Report Options



1. Select the desired fee schedule from the drop down.
2. Click **Ok**.

Fee Schedule Report Sample

Fee Schedule Report			
Default			
Code	Description	Active	Amount
0001F	HEART FAILURE COMPOSITE	Yes	35.00
12001	REPAIR SUPERFICIAL WOUND(S)	Yes	95.00
78315	BONE IMAGING, 3 PHASE	No	0.00
80061	LIPID PANEL	Yes	71.00
83721	ASSAY OF BLOOD LIPOPROTEIN	Yes	44.00
99000	SPECIMEN HANDLING	Yes	60.00
99201	Level 1 NP Use DX 250.00	Yes	75.00
99203	Level 3 New Pt SHORT DESC	Yes	86.00
99205	OFFICE/OUTPATIENT VISIT, NEW	Yes	114.00
99211	OFFICE/OUTPATIENT VISIT, EST	Yes	125.00
99213	OFFICE/OUTPATIENT VISIT, EST	Yes	135.00
HS333	Herbal Supplements	No	374.00
S3333	Herbal supplements	No	440.00

Sample Fee Schedule Report for the Default fee schedule.

Dependency Report

A report showing the fee schedules that have dependencies on them, and the percentage that is being calculated for each.

Dependency Report Sample

Fee Schedule Dependency Report			
Fee Schedule Group	Fee Schedule	Percentage	Fee Schedule Group
Fee Schedule			Percentage
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

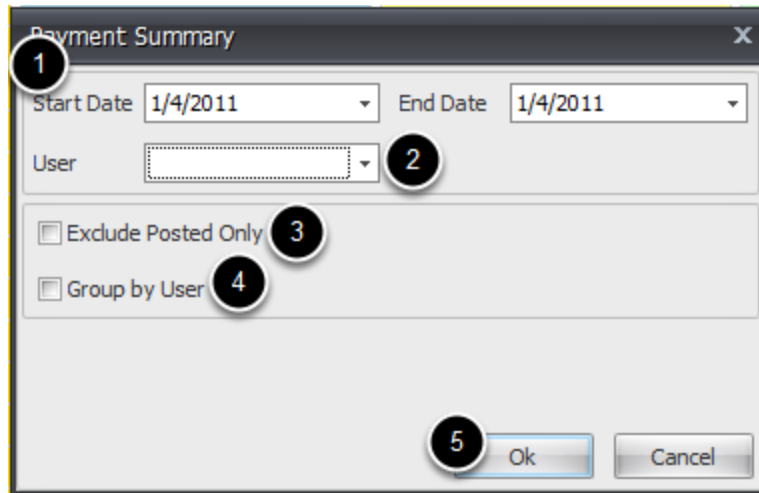
Patient Duplicate Report						
Patient Name	Chart #	SSN	Date of Birth	Home Phone	Work Phone	Cell Phone
Slim, Jim			1/1/0001			
Slim, John		111-11-1111	5/5/1980	(479)555-5555	(479)333-3333	(479)444-4444
Slim, Sarah	89161	654-16-5132	10/1/1980	(479)984-9656	(951)651-6351	(651)651-3210

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

The image shows a software dialog box titled "Payment Summary" with a close button (X) in the top right corner. The dialog contains several input fields and checkboxes. Callout 1 points to the "Start Date" dropdown menu, which is set to "1/4/2011". Callout 2 points to the "End Date" dropdown menu, also set to "1/4/2011". Callout 3 points to the "User" dropdown menu, which is currently empty. Callout 4 points to the "Exclude Posted Only" checkbox, which is unchecked. Callout 5 points to the "Group by User" checkbox, which is also unchecked. At the bottom right of the dialog are "Ok" and "Cancel" buttons.

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 check box 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.

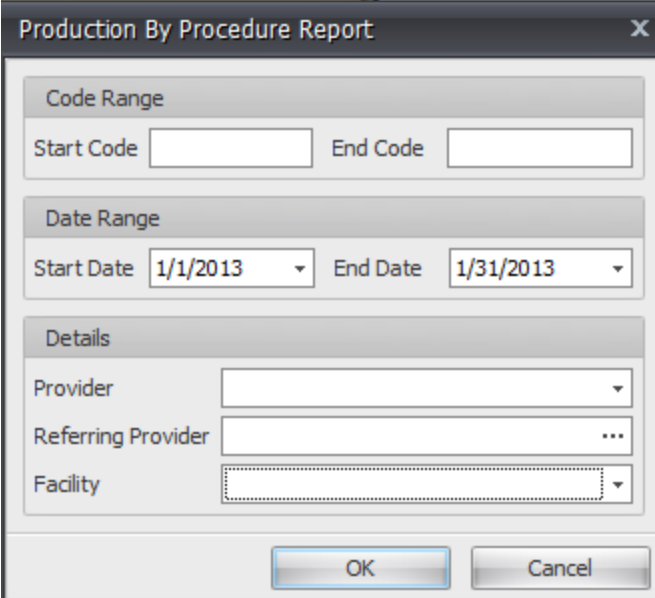
Production by Procedure Report (by Provider, Referring Provider and/or Facility)

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 will include all charges applied to a Visit in the New Charges tab, even if they have not been posted to the Patient ledger. If you are finding discrepancies between this report and the Month or Year end reporting, we recommend running the Missing Charges Report to check for any **Visits** that have not been posted to the Patient account.

The Amount for each Procedure listed is the amount indicated for the code in the Default Fee Schedule. Total Amount Billed will depend on the number of Procedures charged, and any amount that is overridden in the Charge section of Charge Details.

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". The "Start Date" field shows "1/1/2013" and the "End Date" field shows "1/31/2013". Both fields have a dropdown arrow on the right.
- Details:** Contains three selection fields:
 - Provider:** A dropdown menu.
 - Referring Provider:** A text input field followed by an ellipsis (...).
 - Facility:** A dropdown menu.

At the bottom of the dialog are two buttons: "OK" and "Cancel".

Search for payments entered by Date Range, Provider, Referring Provider, and/or Facility. To report all Providers and Facilities, leave blank.

Payment Summary Sample

Production By Procedure Report

Period: 1/1/2013 to 1/31/2013

Provider	Oates, Randall	Referring Provider	Jackson, Jack					
Facility	Family Clinic							
Code	Description	# Proc.	Amount	Total Billed	Adj.	Total Paid by Insurance	Patient	Total Paid
99214	OFFICE/OUTPATIENT VISIT, EST	1	145.00	145.00	0.00	0.00	25.00	25.00
Provider	Oates, Randall	Referring Provider	Kimbell, Richard					
Facility	Family Clinic							
Code	Description	# Proc.	Amount	Total Billed	Adj.	Total Paid by Insurance	Patient	Total Paid
99212	Office Visit Limited/10mn.	2	120.00	240.00	0.00	0.00	55.00	55.00
99213	OFFICE/OUTPATIENT VISIT, EST	1	135.00	168.75	0.00	0.00	60.00	60.00
Provider	Oates, Randall	Referring Provider	Oates, Randall NMN, suffix					
Facility	Family Clinic							
Code	Description	# Proc.	Amount	Total Billed	Adj.	Total Paid by Insurance	Patient	Total Paid
4180F		1	0.00	2.00	0.00	0.00	0.00	0.00
99212	Office Visit Limited/10mn.	2	120.00	240.00	10.00	0.00	15.00	15.00
99213	OFFICE/OUTPATIENT VISIT, EST	2	135.00	303.75	0.00	0.00	75.00	75.00
99214	OFFICE/OUTPATIENT VISIT, EST	1	145.00	181.25	0.00	0.00	60.30	60.30
Provider	Trent, Tammy	Referring Provider	Iam, Sam R, Jr.					
Facility	Family Clinic							
Code	Description	# Proc.	Amount	Total Billed	Adj.	Total Paid by Insurance	Patient	Total Paid
99212	Office Visit Limited/10mn.	1	120.00	120.00	0.00	0.00	0.00	0.00

Sample Production by Procedure Report searching by date range and selecting all providers.

Statement Report

This Statement manager allows statements to be run both in group or individually by patient or guarantor.

Billing menu->Reports->Statement Report

Statement Report Options

The screenshot shows the 'Statement Report Options' dialog box. It has a title bar with a close button (X). The dialog is divided into several sections: 'Search Options', 'Search Guarantor Last Name Range', 'Additional Options', and a bottom section with checkboxes and buttons. Numbered callouts (1-14) point to specific fields and controls: 1. Minimum Balance text box (value: \$0.00); 2. Group dropdown menu (value: Select Group...); 3. Patient dropdown menu (value: Select Patient...); 4. Guarantor dropdown menu (value: Select Guarantor...); 5. Date section with radio buttons for 'Date of Service' (selected) and 'Posted Date'; 6. Search Guarantor Last Name Range section with 'Start' and 'End' text boxes; 7. Remit To dropdown menu (value: DOCS Clinic); 8. Notes text area; 9. 'Do not show tax id.' checkbox; 10. 'Do not show pending insurance items.' checkbox; 11. Top Margin (in 100th of inch) text box (value: 100); 12. 'Submit Via Clearinghouse' checkbox; 13. 'Testing' checkbox; 14. 'Okay' button.

1. **Minimum Balance:** 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. **Group:** Print batch statements by Provider or Group.
3. **Patient:** Print individual statements for a select Patient.
4. **Guarantor:** Print individual statements by a select Guarantor.
5. **Date Range:** Select for aging on statements to calculate based on the Date of Service or the Posted Date of each charge.
6. **Search Guarantor:** Run batch statements alphabetically by Guarantor/Patient Last Name Range. (Statements will be grouped by Guarantor.)
7. **Remit To:** Select the Remit To facility for receiving patient payments.

8. **Notes:** Enter any note that you would like to go on every statement within the batch selected.
9. **Do not show tax id:** Check to not include the Tax ID on patient statements.
10. **Do not show pending insurance items:** Check to NOT include any charges that are pending insurance.
11. **Top Margin:** If using any kind of perforated paper to send out patient statements and need to adjust the margins, enter the number that matches up with your statement paper.
12. **Submit Via Clearinghouse:** If sending statements to Gateway EDI for them to print out and mail for you, check this box to upload the statement batch.
13. **Testing:** If needing to send a test batch of statements to Gateway EDI, check this box prior to sending.
14. Click **Okay** when finished to generate the statement batch.

*Note: If a patient has a personal balance but is not included in the statement batch, verify that the Do Not Send Statements check box is not selected. This is located under the Statements tab in the patient's account.

Sample Statement

Family Physicians

4220 N Crossover Rd
Fayetteville, AR 72703-1234

For Billing Questions call
(800) 455-7627

Tax ID: 651351321
Page 1 of 1

Bob, Billy

65 Sample Avenue
Fayetteville, AR 72701

☐ If Address or Insurance information has changed,
please check box and add updated information.

Statement Date

11/6/2011

Account Number

103

Pay This Amount

\$332.00

DOCS Clinic

4220 N. Crossover Road
Fayetteville, AR 72703

Please detach and return top portion with payment.

Statement

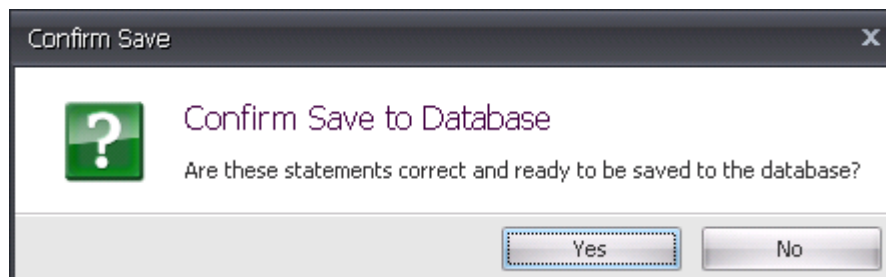
Patient: Bob, Billy

Chart:

Date	Provider	Procedure	Mod	Description	DX	Units	Charges	Pynt/Adj	Balance
				Balance Forward					\$0.00
9/23/10	Randall Oates, MD	65270		REPAIR OF EYE WOUND	E004.2	1.00	\$45.00		\$45.00
9/23/10	Randall Oates, MD	99201			250.93	1.00	\$75.00		\$75.00
9/23/10	Randall Oates, MD	70250		X-RAY EXAM OF SKULL	E001.0	1.00	\$212.00		\$212.00
Current Balance									\$332.00
Current		30 - 60 Days Due		60+ Days Due		Balance Due			
				\$332.00		\$332.00			

For the best fit, use the #9 (3 1/8 in x 8 7/8 in) double window envelope.

Confirm Saving to the Database



Click **Yes** to save a copy of each statement in the associated patient account.

Click **No** to not save a copy of each statement in the associated patient account, and re-run the statement batch.

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

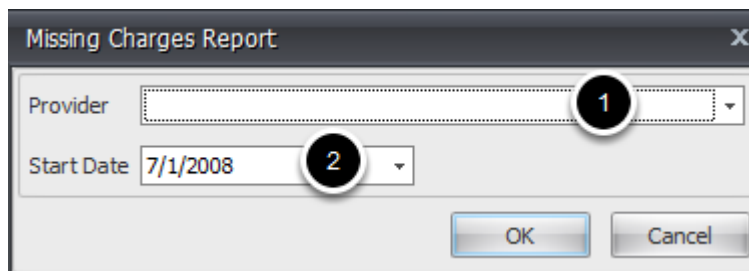
Missed Charges Report

A report showing any possibly missed charges within SOAPware, by Provider. Filter report by Start date. 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. The dialog contains two input fields: "Provider" and "Start Date". The "Provider" field is a dropdown menu with a circular callout containing the number "1" pointing to it. The "Start Date" field contains the text "7/1/2008" and has a circular callout containing the number "2" pointing to its dropdown arrow. At the bottom right of the dialog are two buttons: "OK" and "Cancel".

1. Select the Provider from the drop down.
2. Select a Start Date.

Missed Charges Report Sample showing Encounters without a Superbill

Missing Charges Report

12/27/2010
Randall Oates, MD

Encounters

1

Date	Patient Name	Account Number	Encounter Name
7/30/2008	Clyde Annie	112	Acute pharyngitis ICD#462
9/17/2008	Clyde Annie	112	Benign hypertension ICD#401.1 Atrial fibrill
9/18/2008	Clyde Annie	112	GENERAL MEDICAL EXAM NOS ICD#V70.9
11/5/2008	Jim Slim T	34	
11/19/2008	Smith Bob	15	Immunization admin #90471 Related Dx- Modifi
12/10/2008	Jim Slim T	34	Shortness of breath ICD#786.05 Throat pain
2/26/2009	Clyde Annie	112	Anticoagulant Use ICD#V58.61 Comment-
3/22/2009	Clyde Annie	112	Anticoagulant Use ICD#V58.61 Comment-
4/29/2009	Clyde Annie	112	Anticoagulant Use ICD#V58.61 Comment-
4/29/2009	Clyde Annie	112	Benign hypertension ICD#401.1
7/1/2009	Clyde Annie	112	Chronic obstructive pulmonary disease ICD#496
7/22/2009	Jim Slim T	34	Dx
10/28/2009	Clyde Annie	112	
10/29/2009	Clyde Annie	112	Viral Gastroenteritis ICD#008.8
10/29/2009	Clyde Annie	112	Influenza NOS ICD#487.1
11/13/2009	Jim Slim T	34	Strep Throat (streptococcal tonsillitis) ICD#03
12/8/2009	Jim Slim T	34	Gastroesophageal reflux disease or GERD ICD#530
1/20/2010	Jim Slim T	34	Diabetes - Type 2

1. Encounters with no Superbill created. Will indicate Encounter Date, Patient Name, Account Number, and the associated reason for the visit (Encounter Name).

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". It contains several input fields and radio button options. Numbered callouts are placed over the following elements:

- 1**: The "Guarantor" text input field.
- 2**: The "Search Name Range" button.
- 3**: The "Account Number" text input field under the "Patient" section.
- 4**: The "Balance Filter" section, which includes radio buttons for "Type" (Patient, Insurance, Both) and "Aging" (Current, 30 Days, 60 Days, 90 Days, 120 Days, All).
- 5**: The "Okay" button at the bottom right.

At the bottom of the dialog, there are also "Balance Range Start" and "End" text input fields.

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.

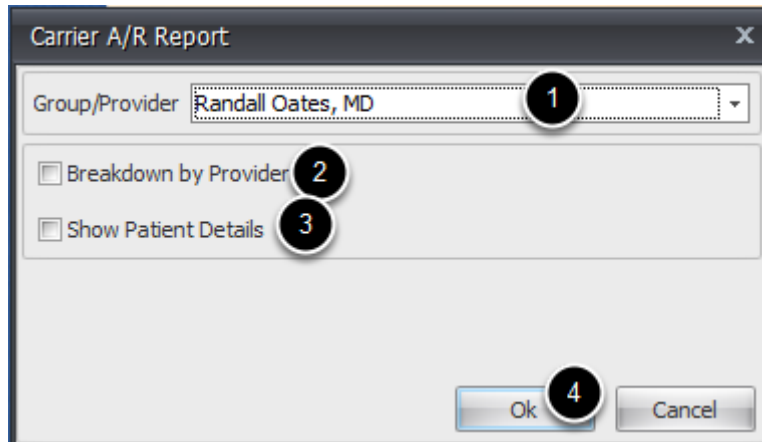
Aging - Current, 30 Days, 60 Days, 90 Days, 120 Days, All: Select an aging category to filter.

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,

A/R Carrier Report

Provides both a summary and detailed report (by patient) showing the amount of accounts receivable pending with each insurance company (carrier).

A/R Carrier Report Options

A screenshot of a software dialog box titled "Carrier A/R Report". The dialog box has a close button (X) in the top right corner. It contains a "Group/Provider" dropdown menu with "Randall Oates, MD" selected. Below this are two checkboxes: "Breakdown by Provider" and "Show Patient Details", both of which are currently unchecked. At the bottom right are "Ok" and "Cancel" buttons. Four numbered callouts (1, 2, 3, 4) are overlaid on the image: 1 points to the dropdown menu, 2 points to the "Breakdown by Provider" checkbox, 3 points to the "Show Patient Details" checkbox, and 4 points to the "Ok" button.

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

2 Provider: Doe, James R., DO

3 BCBS, P.O. Box 2181, Little Rock, AR 72203-2181, (800) 827-4814

4 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
5 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
Primary					\$3,210.00	\$3,210.00
Secondary		\$98.44				\$98.44

3

4

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
Primary		\$94.15	\$234.47	\$332.00	\$4,309.00	\$4,969.62
Secondary		\$98.44				\$98.44
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%

5

6

7

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.

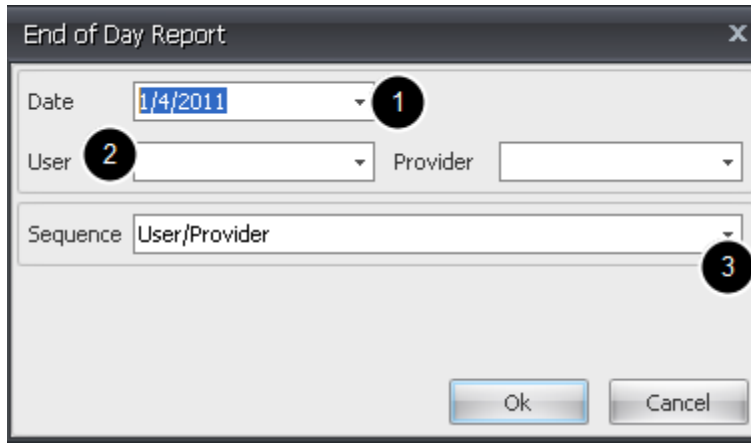
- **A/R breakdown:** by Current (0-30), 31-60 Days, 61-90 Days, 91-120 Days, and Over 120 Days.

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 image shows a software dialog box titled "End of Day Report" with a close button (X) in the top right corner. It contains three main input fields: "Date" with a dropdown menu showing "1/4/2011" (marked with a circled 1), "User" with a dropdown menu (marked with a circled 2), and "Provider" with a dropdown menu. Below these is a "Sequence" dropdown menu showing "User/Provider" (marked with a circled 3). At the bottom right 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	Charge ²	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

The End of Month report calculates based on the following logic:

The report aging is based on all charges that have been posted (for the provider/group selected), and all payments and adjustments that have been posted to those charges, as of the end of the month or the current date, which ever occurs first chronologically. Charges, payments, and adjustments must be posted or applied in the given month to appear in the MTD area and in the given year to appear in the YTD.

End of Month Report

Date: 1 December 2011 2

Group/Provider: Randall Oates 3

Date By: 4 ☒ Date Of Service 5 ☐ Posted Date

OK 6 Cancel

1. Select month to report.
2. Select the appropriate year.
3. Filter by Group/Provider. Leave blank to show all,
4. Select Date of Service to see the aging based on the Date of Service on each charge.
5. Select Posted Date to see the aging based on the Posted Date on each charge.

A/R Calculations (0-30 Days, 61-90 Days, 91-120 Days, Over 120 Days)

	0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Unapplied/Credit	Balance
	\$2,445.51	\$950.04	\$395.00		\$16,441.01	\$2,945.00	\$17,286.56
	Units		Charges		Payments		Adjustments
MTD	21		\$2,465.51		\$177.00		
YTD	74		\$5,977.04		\$1,578.00		\$207.00

The report aging is based on all charges that have been posted (for the provider/group selected), and all payments and adjustments that have been posted to those charges, as of the end of the month or the current date, which ever occurs first chronologically.

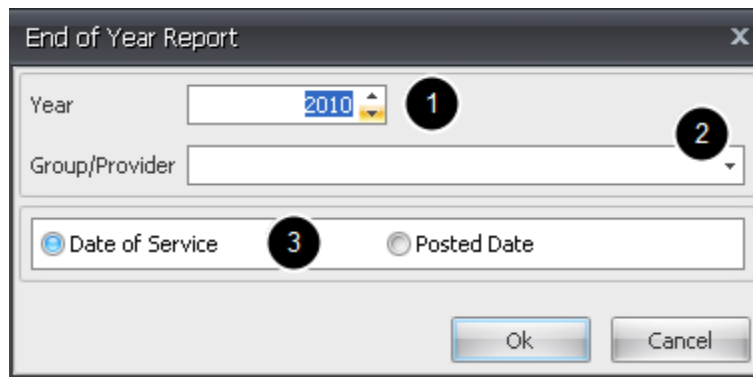
MTD/YTD Units, Charges, Payments and Adjustments

	0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Unapplied/Credit	Balance
	\$2,445.51	\$950.04	\$395.00		\$16,441.01	\$2,945.00	\$17,286.56
	Units	Charges	Payments	Adjustments			
MTD	21	\$2,465.51	\$177.00				
YTD	74	\$5,977.04	\$1,578.00	\$207.00			

Charges, payments, and adjustments must be posted or applied in the given month to appear in the MTD area and in the given year to appear in the YTD.

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, each marked with a black circle containing a white number. The first area, labeled "Year", is a dropdown menu showing "2010" and is marked with a "1". The second area, labeled "Group/Provider", is a text box with a dropdown arrow and is marked with a "2". The third area contains two radio buttons: "Date of Service" (which is selected) and "Posted Date", and is marked with a "3". 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

Custom Patient Reporting

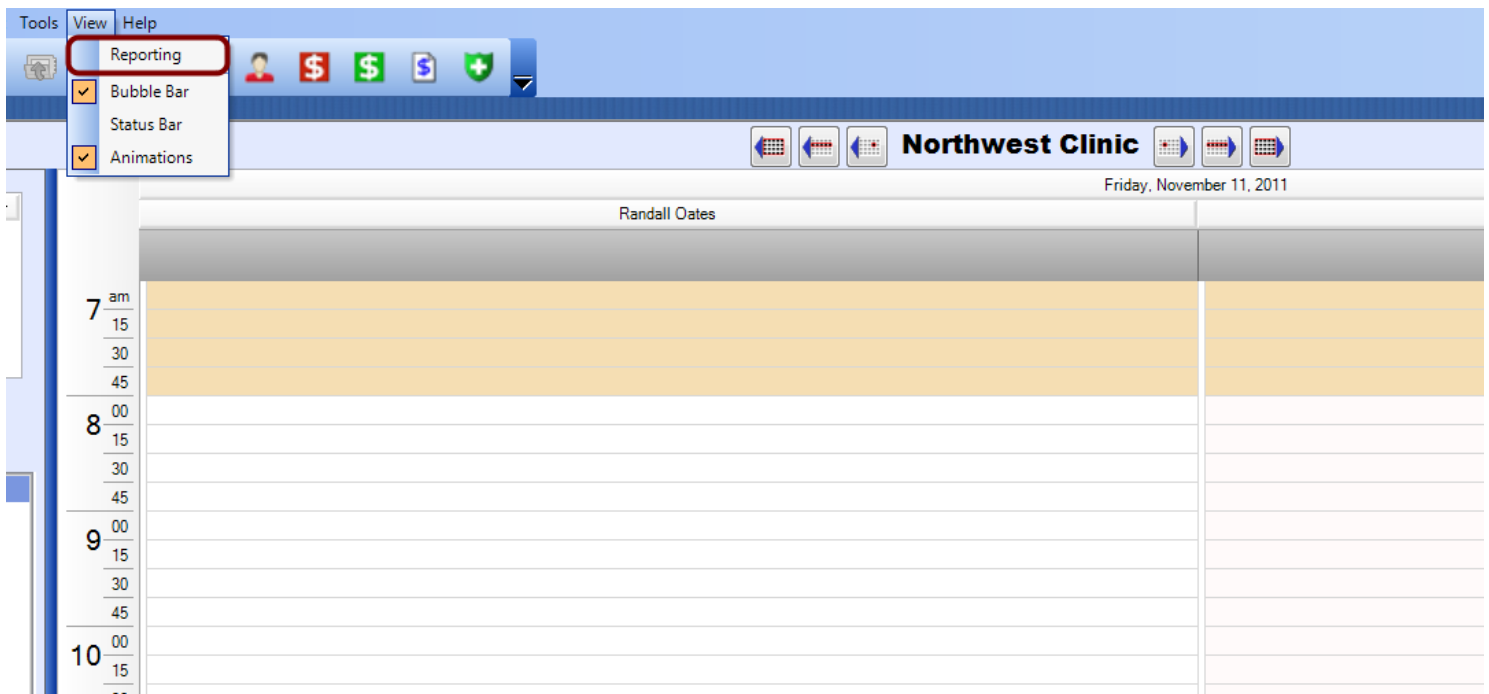
Generate reports on your patients, based on multiple criteria including demographics, appointment/scheduling information, billing/claim data, etc. Each selection made within any of the categories creates an AND statement. This will mean it will only pull up patients that meet ALL of the criteria selected, as opposed to only meeting one of the criteria selected.

Default Output Information (in Columns):

- Account Number
- First Name
- Last Name
- Address
- City
- State
- Zip Code
- Home Phone

Note: If you select multiple criteria for the report, those additional selections will be added as columns to the output you receive, to allow you to see the values for each patient row. If you select Unique Patients Only, you will only see the above columns listed, without the additional criteria as columns.

Access the Custom Patient Report



1. Click on View menu.
2. Select Reporting.

Demographic Info

The screenshot shows a software window titled "Custom Patient Report" with a close button (X) in the top right corner. The "Demographic Info" section is expanded and highlighted with a red rectangle. It contains the following fields:

- Last Name: From [] To []
- Birth Date: From [] To []
- Age: From [] To []
- Marital Status: []
- Gender: []
- Race: []
- Ethnicity: []
- Language: []
- City: []
- State: []
- Zip: From [] To []
- Primary Provider: [] ☐ Show All
- Referring Provider: []
- PCP: []
- Preferred Pharmacy: []
- Guarantor: [] ...
- Financial Class: []
- Student Status: []

The "Include Patient Email" checkbox is also highlighted with a red rectangle and is currently unchecked. Below the demographic fields are three collapsed sections: "Scheduling Info", "Insurance Policy Info", and "Billing Info". At the bottom of the window, there is a checkbox for "Unique Patients Only" and two buttons: "View Report" and "Close".

Enter values for any of the demographic fields needing to be searched. Be aware that each selection that is made creates an **AND** statement. (For instance, if you select a specific gender such as female, and select an ethnicity of Hispanic or Latino, the report will pull all females in the system that are Hispanic or Latino.) You may enter selections in any of the categories to search multiple parameters.

Scheduling Info

The image shows a software window titled "Custom Patient Report" with a close button (X) in the top right corner. The window contains a list of patient demographic and appointment fields. The "Scheduling Info" section is highlighted with a red rectangular box. Below this section are two expandable sections: "Insurance Policy Info" and "Billing Info". At the bottom of the window, there is a checkbox labeled "Unique Patients Only" and two buttons: "View Report" and "Close".

Gender	
Race	
Ethnicity	
Language	
City	
State	
Zip	From <input type="text"/> To <input type="text"/>
Primary Provider	<input type="text"/> <input type="checkbox"/> Show All
Referring Provider	<input type="text"/>
PCP	<input type="text"/>
Preferred Pharmacy	<input type="text"/>
Guarantor	<input type="text"/> ...
Financial Class	<input type="text"/>
Student Status	<input type="text"/>
^ Scheduling Info	
Appointment Facility	<input type="text"/>
Appointment Provider/Resource	<input type="text"/> <input type="checkbox"/> Show All
Appointment Scheduplate	<input type="text"/>
Appointment Date	From <input type="text"/> To <input type="text"/>
Appointment Status	<input type="text"/>
v Insurance Policy Info	
v Billing Info	

☐ Unique Patients Only

Search on any of the parameters available under Scheduling Info. Select a Facility from the drop down before selecting a Provider/Resource and/or a Scheduplate.

Insurance Policy Info

The screenshot shows a software window titled "Custom Patient Report" with a close button (X) in the top right corner. The window contains several sections of input fields:

- City**: A text input field.
- State**: A text input field.
- Zip**: Two text input fields labeled "From" and "To".
- Primary Provider**: A dropdown menu with a "Show All" checkbox to its right.
- Referring Provider**: A dropdown menu.
- PCP**: A dropdown menu.
- Preferred Pharmacy**: A dropdown menu.
- Guarantor**: A text input field with an ellipsis (...) button to its right.
- Financial Class**: A dropdown menu.
- Student Status**: A dropdown menu.
- Scheduling Info**: A section header with a plus icon, containing:
 - Appointment Facility**: A dropdown menu.
 - Appointment Provider/Resource**: A dropdown menu with a "Show All" checkbox to its right.
 - Appointment Scheduplate**: A dropdown menu.
 - Appointment Date**: Two text input fields labeled "From" and "To".
 - Appointment Status**: A dropdown menu.
- Insurance Policy Info**: A section header with a plus icon, which is highlighted with a red rectangle. It contains:
 - Primary Insurance Company**: A text input field with an ellipsis (...) button to its right.
 - Secondary Insurance Company**: A text input field with an ellipsis (...) button to its right.
 - Tertiary Insurance Company**: A text input field with an ellipsis (...) button to its right.
 - Insurance Policy Type**: A dropdown menu.
- Billing Info**: A section header with a minus icon.

At the bottom of the window, there is a checkbox labeled "Unique Patients Only", a "View Report" button, and a "Close" button.

Select an insurance company from one of the fields available. Enter a policy type to search for any insurance policy with a specific type assigned.

Billing Info - Account Balance Info (Clinical Suite customers only)

Custom Patient Report

Secondary Insurance Company

Tertiary Insurance Company

Insurance Policy Type

Billing Info

Account Balance Info

Family Total Balance From To

Family-Personal Balance From To

Family-Insurance Balance From To

Patient Total Balance From To

Patient-Personal Balance From To

Patient-Insurance Balance From To

Charges Info

Date of Service From To

Rendering Provider ☐ Show All

CPT Code(s) From To

HCPCS Code(s) From To

Diagnosis Code(s) From To

Custom Code(s) From To

Modifier(s) From To

Adjustment

Adjustment Posted Date From From

Claims Info

☐ Unique Patients Only

Account Balance Info will enable searching patient balances.

Billing Info - Charges Info (Clingial Suite customers only)

The screenshot shows a 'Custom Patient Report' dialog box. At the top, there are three input fields: 'Secondary Insurance Company', 'Tertiary Insurance Company', and 'Insurance Policy Type'. Below these is a section titled 'Billing Info' which contains a sub-section 'Account Balance Info' with six rows of 'From' and 'To' date pickers for Family and Patient Total, Personal, and Insurance balances. The 'Charges Info' section is highlighted with a red rectangle and contains several search criteria: 'Date of Service' (From/To), 'Rendering Provider' (dropdown with 'Show All' checkbox), 'CPT Code(s)', 'HCPCS Code(s)', 'Diagnosis Code(s)', 'Custom Code(s)', 'Modifier(s)' (all with From/To pickers), 'Adjustment' (dropdown), and 'Adjustment Posted Date' (From/To pickers). At the bottom is a 'Claims Info' section. The footer includes a 'Unique Patients Only' checkbox and 'View Report' and 'Close' buttons.

Custom Patient Report		
Secondary Insurance Company	...	
Tertiary Insurance Company	...	
Insurance Policy Type	▼	
Billing Info		
Account Balance Info		
Family Total Balance	From	To
Family-Personal Balance	From	To
Family-Insurance Balance	From	To
Patient Total Balance	From	To
Patient-Personal Balance	From	To
Patient-Insurance Balance	From	To
Charges Info		
Date of Service	From	To
Rendering Provider	▼ <input type="checkbox"/> Show All	
CPT Code(s)	From	To
HCPCS Code(s)	From	To
Diagnosis Code(s)	From	To
Custom Code(s)	From	To
Modifier(s)	From	To
Adjustment	▼	
Adjustment Posted Date	From	To
Claims Info		
<input type="checkbox"/> Unique Patients Only		
View Report		Close

The Charges Info will be searching for any codes, adjustments or visit detail that is entered within the Patient Account. The search of these codes does not search the SMARText within the SOAPnote. It is only a search of the billing data that is billed on the patient's ledger.

The screenshot shows a software window titled "Custom Patient Report" with a close button (X) in the top right corner. The window is divided into several sections. The first section, "Family - General Balance", contains four rows of "From" and "To" date pickers for "Family-Insurance Balance", "Patient Total Balance", "Patient-Personal Balance", and "Patient-Insurance Balance". Below this is a section header "Charges Info" with a plus icon. This section contains: "Date of Service" (From/To date pickers), "Rendering Provider" (a text field with a "Show All" checkbox), "CPT Code(s)", "HCPCS Code(s)", "Diagnosis Code(s)", "Custom Code(s)", and "Modifier(s)" (each with From/To date pickers), "Adjustment" (a dropdown menu), and "Adjustment Posted Date" (From/To date pickers). Below the "Charges Info" section is the "Claims Info" section, which is highlighted with a red rectangular box. This section contains: "Primary Payer" (a text field with a dropdown arrow), "Primary Route" (a dropdown menu), "Secondary Payer" (a text field with a dropdown arrow), "File With" (a dropdown menu), "Claim Status" (a dropdown menu), "Last Submitted Date" (From/To date pickers), and "Claim Balance" (From/To date pickers). At the bottom of the window, there is a checkbox labeled "Unique Patients Only", a "View Report" button, and a "Close" button.

Family - General Balance	
Family-Insurance Balance	From To
Patient Total Balance	From To
Patient-Personal Balance	From To
Patient-Insurance Balance	From To

Charges Info

Date of Service	From To
Rendering Provider	Show All
CPT Code(s)	From To
HCPCS Code(s)	From To
Diagnosis Code(s)	From To
Custom Code(s)	From To
Modifier(s)	From To
Adjustment	
Adjustment Posted Date	From To

Claims Info

Primary Payer	
Primary Route	
Secondary Payer	
File With	
Claim Status	
Last Submitted Date	From To
Claim Balance	From To

☐ Unique Patients Only View Report Close

Enter any criteria to pull up patients based on their claim detail.

Selecting Unique Patients Only

The screenshot shows a 'Custom Patient Report' dialog box with the following sections:

- Family Insurance Balance:** Four rows with 'From' and 'To' input fields for Family-Insurance Balance, Patient Total Balance, Patient-Personal Balance, and Patient-Insurance Balance.
- Charges Info:** A section with a collapse icon. It includes:
 - Date of Service: 'From' and 'To' dropdown menus.
 - Rendering Provider: A text input field and a 'Show All' checkbox.
 - CPT Code(s): 'From' and 'To' input fields.
 - HCPCS Code(s): 'From' and 'To' input fields.
 - Diagnosis Code(s): 'From' and 'To' input fields.
 - Custom Code(s): 'From' and 'To' input fields.
 - Modifier(s): 'From' and 'To' input fields.
 - Adjustment: A dropdown menu.
 - Adjustment Posted Date: 'From' and 'To' dropdown menus.
- Claims Info:** A section with a collapse icon. It includes:
 - Primary Payer: A text input field with a search icon.
 - Primary Route: A dropdown menu.
 - Secondary Payer: A text input field with a search icon.
 - File With: A dropdown menu.
 - Claim Status: A dropdown menu.
 - Last Submitted Date: 'From' and 'To' dropdown menus.
 - Claim Balance: 'From' and 'To' input fields.

At the bottom, there is a checkbox labeled 'Unique Patients Only' which is highlighted with a red rectangle. To its right are 'View Report' and 'Close' buttons.

If you have entered criteria that generates multiple entries per patient (for example, running a search on patients with appointments within a particular date range), there is an option to only see the unique list of patients that fit that criteria. To do that, check Unique Patients Only. This option allows you to get a true count of the number of different patients that meet the criteria. **Note:** When Unique Patients Only is checked, your report will only show the default columns for the report and will not add on the additional search criteria as additional columns.

Print Preview

Print Preview

Print

Quick Print

Options Print

Find

Bookmarks

First Page

Previous Page

Next Page

Last Page

Many Pages

Zoom Out

Zoom

Zoom In

Page Color

Watermark

Export To

E-Mail As

Close Print Preview

Custom Report

Parameter

Value

Primary Insurance Company

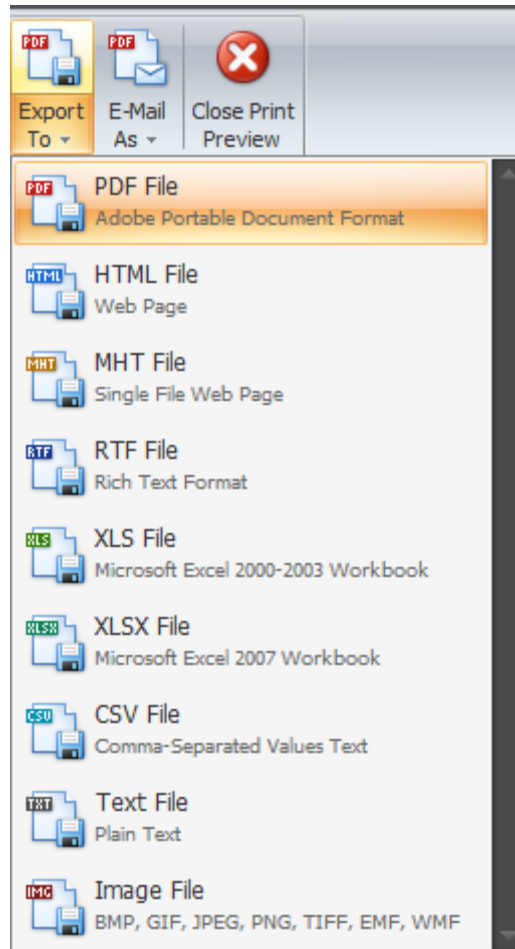
BCBS

Account Number	First Name	Last Name	Address	City	State	Zip Code
92	Big	Blue	8971 Courtyard Drive	Fayetteville	AR	72701
81	Don	Butcher	321365 Street	Bella Vista	AR	72516
24	Suzie	Carmichael	105 N. Platinum Drive	Fayetteville	AR	72701
112	Annie	Clyde	315 Maple Ave	Springdale	AR	72764
37	Brook	Criner	66465 Old Wire	Fayetteville	AR	72701
126	Ben	Darling	89681 Soapware Hwy	Fayetteville	AR	72701
14	Daffy	Duck				
34	Slim	Jim	123 Mulberry Lane	Home Town	AR	72703
59	B	Marley	1010 Mission Blvd	Fayetteville	AR	72701
49	B.	Marley	4444 Spring Street	Fayetteville	AR	72701
61	Joe	Shmo	asdj;fkasdj	awedfopa	AR	72735
89	Jim	Slim	4226 N Crossover Road	Fayetteville	AR	72701
88	Sarah	Slim	222 South Street	Springdale	AR	72762
97	Liz	Taylor	8961 Drama Way	Fayetteville	AR	72701

Page 1 of 2

The preview of the report will be shown first and will allow you to export the data in multiple formats.

Reporting Export options



Any of the options listed above will be available for export. Feel free to export the patient information to use to merge with other documents, create graphs, spreadsheets, etc.

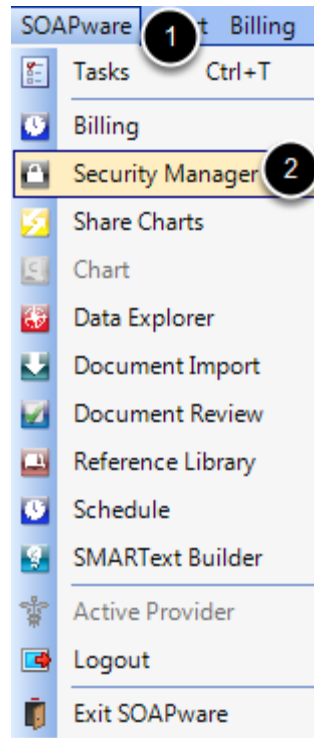
Security Manager/Audit Log

Security Manager

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

1 Start Date: 4/27/2010 12:00 AM End Date: 4/29/2010 11:59 PM User Name: Location: IP Address: Section: All Patient: X Jim, Slim T.

Clear Filters Include Inactive Users Search

Drag a column header here to group by that column 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...		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.
2. A display of the **line item activity** performed.
3. When a line item is selected, the **Audit Details** will show the specific activity performed and exactly what the changes were.