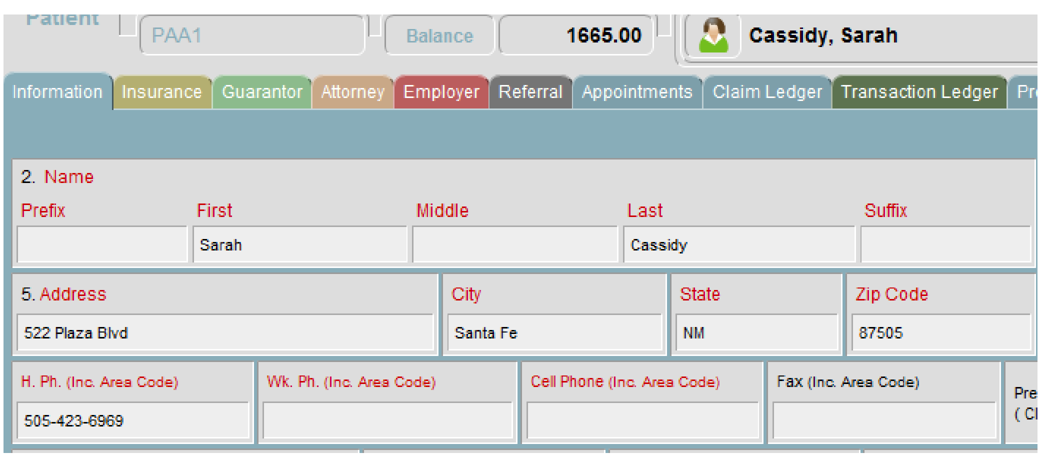
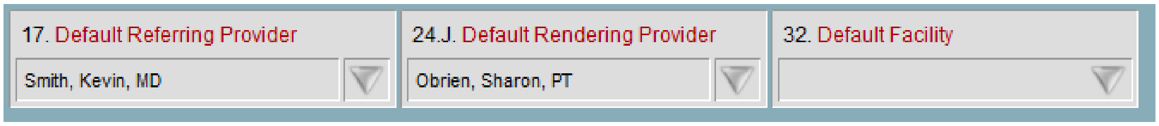
Entering a New Patient

- Select the **Patients** menu.
- Click the **All** button on the Patient Status box.
- Click the **All** button on Keyword Search, or do a search to see if the patient is already in the system.
- If the patient is already entered, click the blue arrow next to the patient's name to go to that patient's account.
- If they are not, then click the green plus icon labeled "**New Patient**."

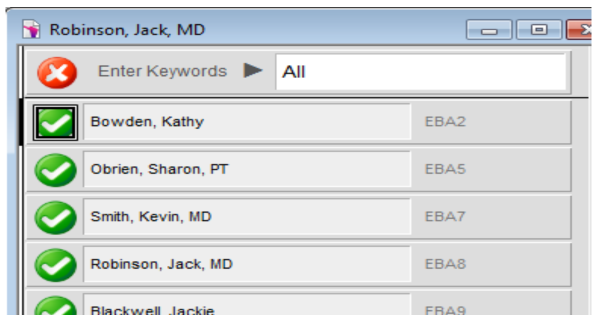
- Enter patient demographics in the **Information** tab for the patient.



- Enter a Default Referring Provider, Rendering Provider or Facility to auto-fill on a new claim. Click the grey down arrow to get a search screen.



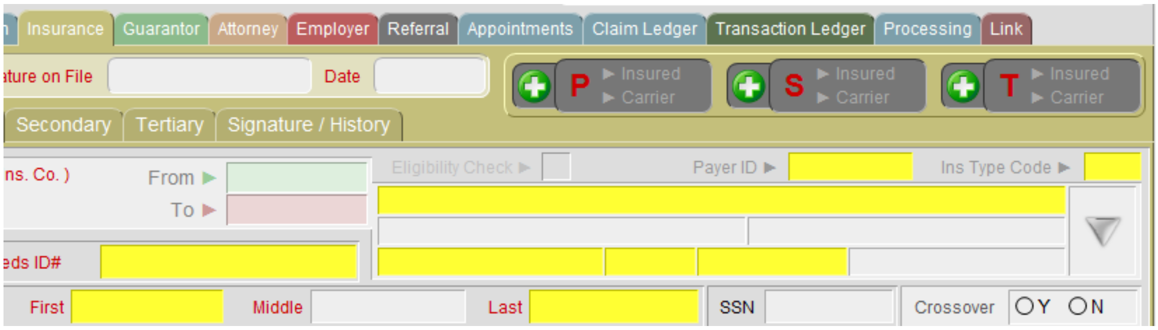
- Enter "ALL" to bring the entire list forward or, part of the name, then click the green arrow next to the name to select.

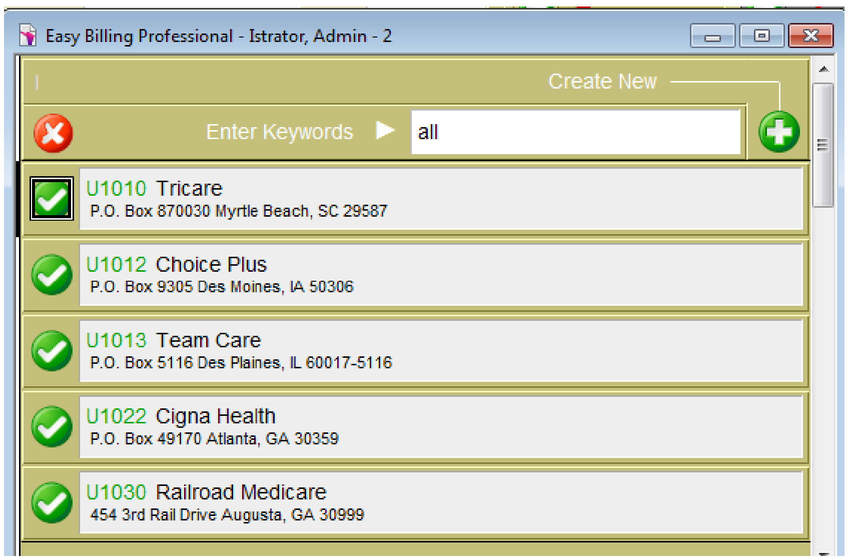


Entering Patient Insured's Information and Carriers

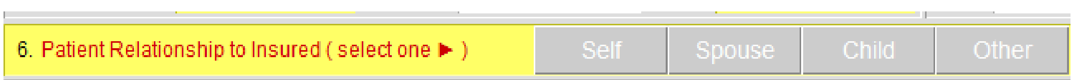
- Click the **Insurance** tab.
- Click the green button next to "**P**" to enter the Primary Insurance Carrier.

- Choose the Insurance Company (previously entered in the Carrier screen) using the grey down arrow. (Use All to get the entire list.)

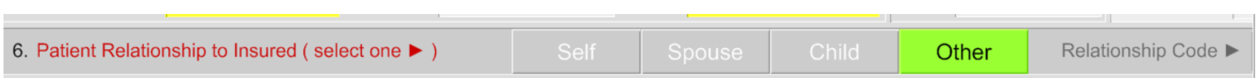




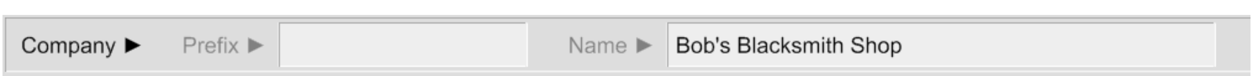
- Choose if the insured is the self, spouse, child or other for auto-fill.



- **Workman's Comp**
  - When entering a Workman's Comp patient, go to the **Insurance** tab of the patient screen. Select "Other" for "Patient Relationship to Insured".



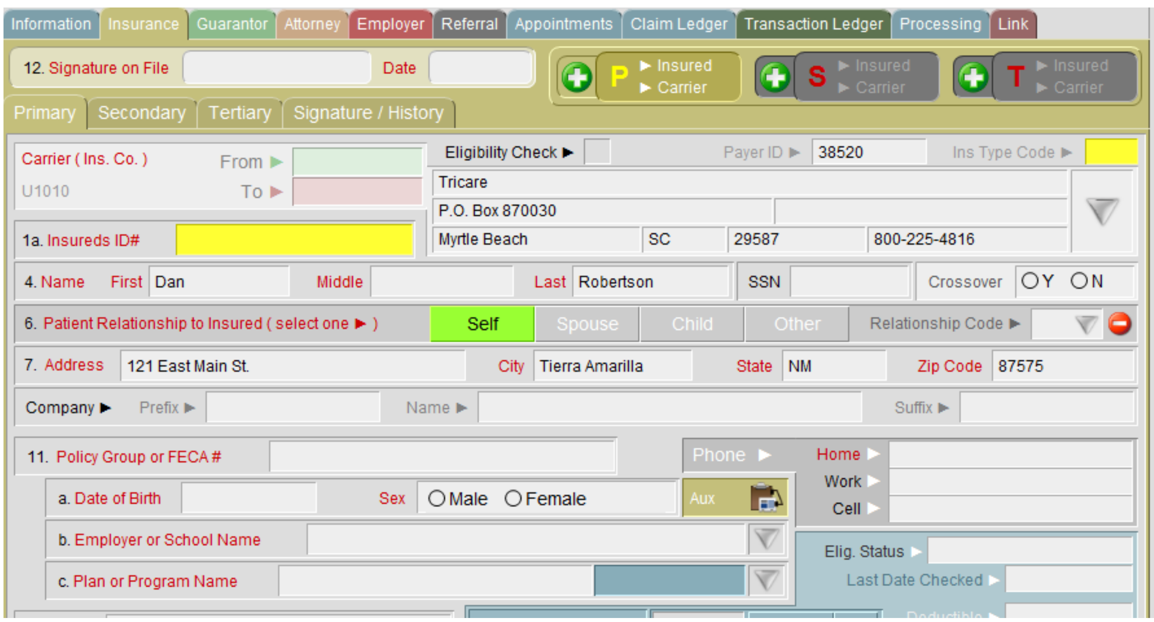
  - Enter a "Company Name".



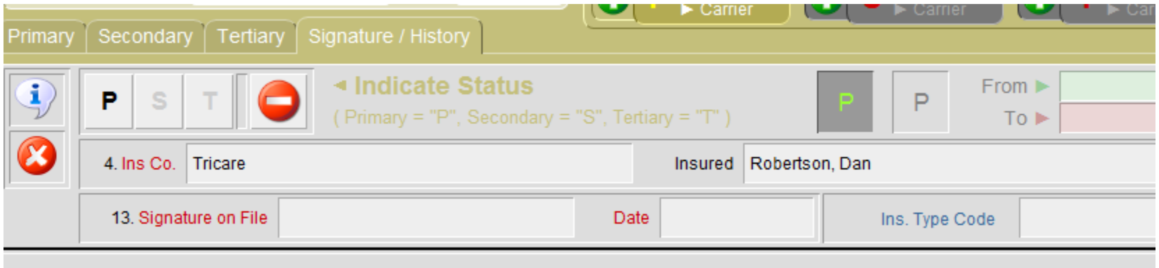
  - Set the "Relationship Code" to "20".

Leave the “Relationship Code” blank for anything other than Workman’s Comp. To clear the “Relationship Code”, click the red minus icon next to it.

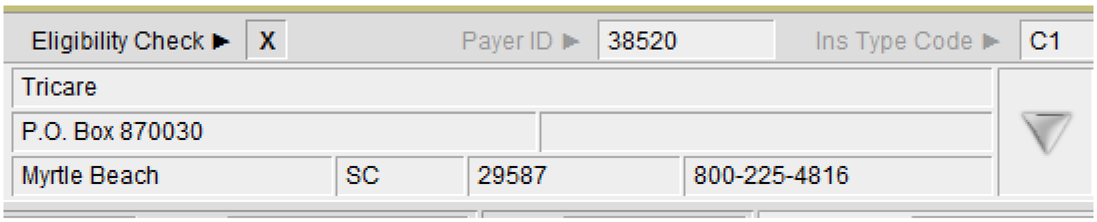
- Enter fields that are in yellow, indicating that they are required from the insurance company. Other fields are optional.



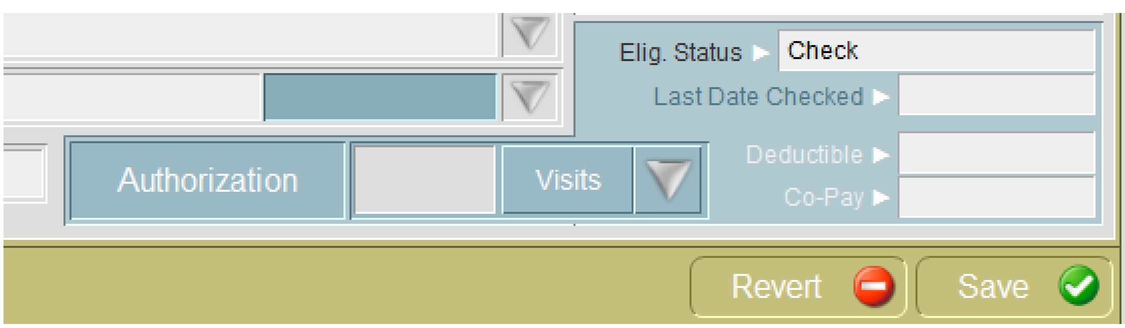
- The “From” field (green field at top) is the date that the patient started insurance coverage with this carrier. The “To” field is when the coverage expired.
- Repeat if the patient has a Secondary Insurance by clicking on the green button next to “**S**” for Secondary.
- Enter “Signature on File” at the top for (box 12 1500 form). Once entered, you will be able to choose it in a drop down list. Enter the date of patient's signature.
- **Signature/History** tab is to enter “Signature on File” for box 13 and also the history of all insurance companies.



- “Eligibility Checkable” auto-fills from the Carrier to show that the Carrier has been marked as being checkable.



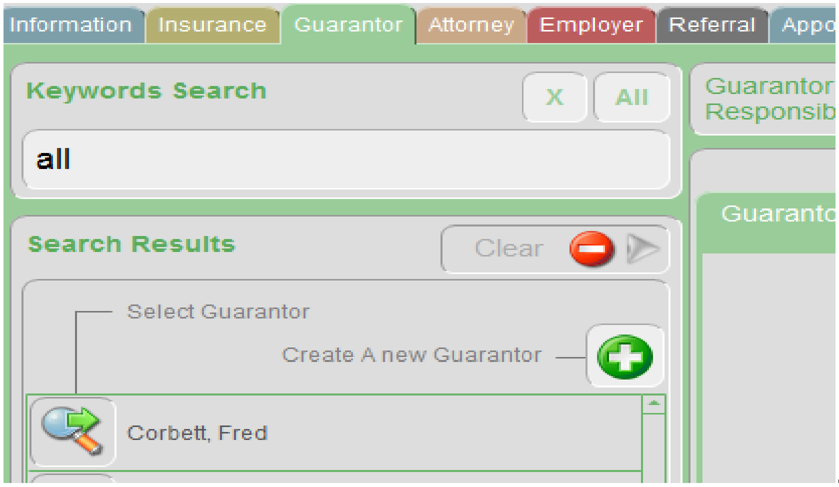
- “Payer ID” is entered in the Carrier file and automatically fills.
- “Ins Type Code” is used when there is secondary insurance.
- “Authorization” is entered manually according to an authorization # or CPT code for the number of maximum visits allowed within a date range. The visits will count down as the CPT code is used on a patient's claims. Status, Last Date Checked, Deductible Amount and CoPay amounts are entered manually.



Entering a Guarantor

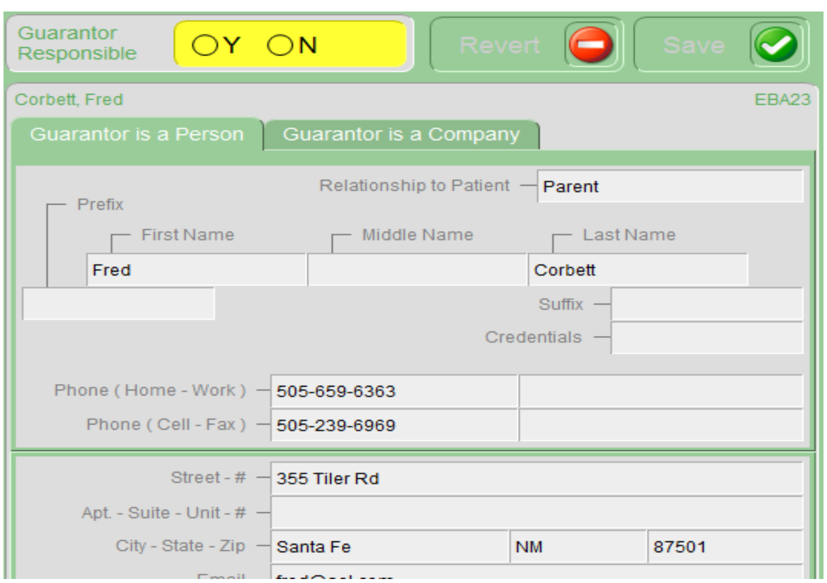
- Click the **Guarantor** tab.

- Search to see if the Guarantor has been previously entered for another patient, or click the green plus icon labeled "**Create A New Guarantor**."

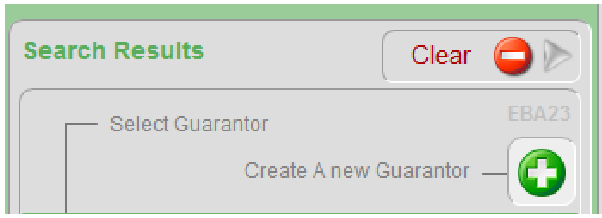


.

- Enter the "Relationship to Patient" from the drop down list.
- Enter the name and contact information.
- If the Guarantor is a Company, click the **Guarantor is a Company** tab and enter the Company Name.
- Click "Y" or "N" in the "Guarantor Responsible" field to have the guarantor information go onto the Patient Statement instead of the patient information.



- If the red minus icon labeled “Clear" is clicked, the information will be removed from that patient's account.

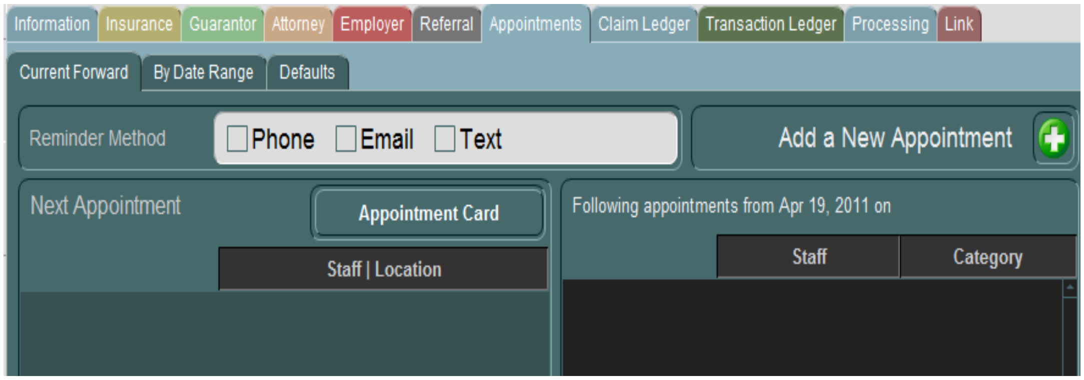


Entering a new Attorney, Employer and Referral for a Patient

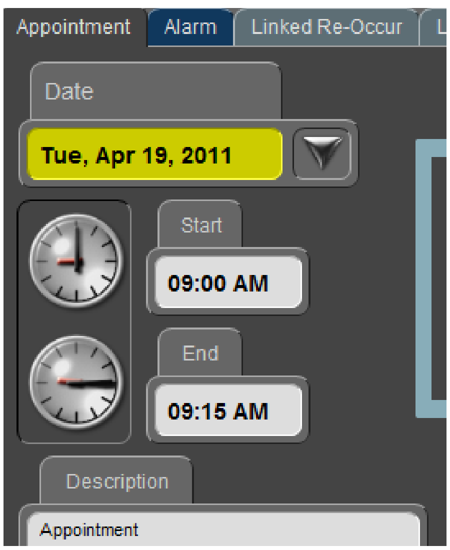
- These are entered the same as the Guarantor except Referral also has the ability to enter a Campaign which can be searched later for marketing and creating letters.

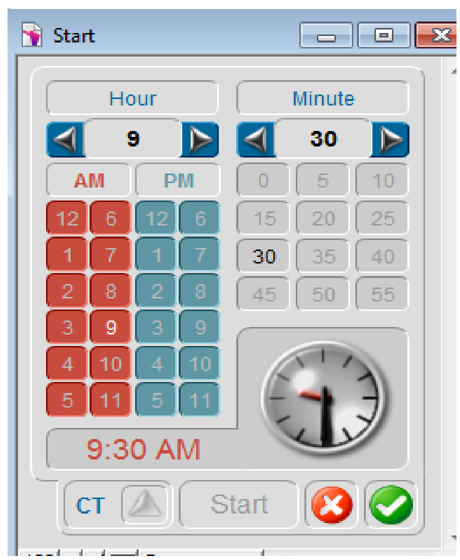
Entering an Appointment

- Click the **Appointments** tab to create a new appointment, view or search for future appointments, or print an appointment card.
- The Default Provider will auto fill from the Patient Information screen, or can be added from the drop down search.
- Click the green plus icon labeled "**Add a New Appointment**" to create a new appointment for that patient.

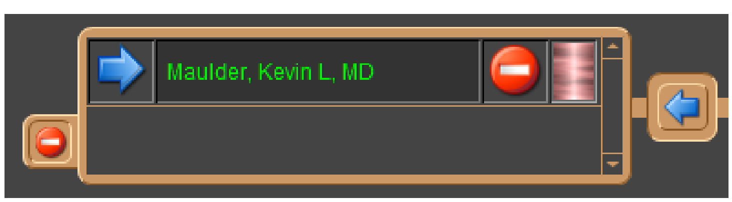


- Click the clock to the left of the "Start" and "End" times to choose the correct appointment times. Choose the Hour and Minute and if AM or PM, then click the green check button to set.



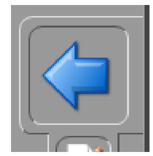


- The provider will default or choose from the Team Search list.



- Choose the Criteria, Category, set an Alarm, enter Comments and Link additional appointments if they are recurring.

- Click the blue Back Arrow on the left of the screen to return to the patient's account.



Click the Claim Ledger tab to view claim information or go to a claim

Information | Insurance | Guarantor | Attorney | Employer | Referral | Appointments | Claim Ledger | Transaction Ledger | Processing | Link

Status | General | Details | Unapplied | Open | Ready Statement | Aging All | Aging PT

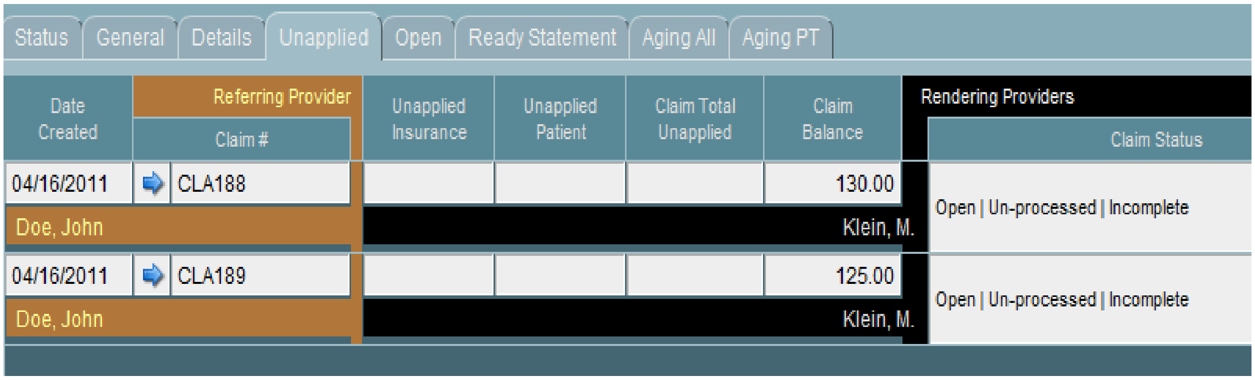
Go to Claim Ledger	Go to Claim Entry	CL Date	Claim #	Claim Status (Open | Processed | Verified)			Status Insurance (P = Primary | S = Secondary | T = Tertiary)	Total Charges	Total Adjust.	Total Payments	Insurance Balance	Patient Balance	Crossover	Balance Due
		04/16/2011	CLA188	Y		N	P	130.00			130.00			130.00
		04/16/2011	CLA189	Y		N	P	125.00			125.00			125.00

- Click the blue arrow to go directly to the Claim Entry screen or Claim Ledger from the **General** tab.
- The **General** tab shows claim totals and what balances are due.
- Go to the **Details** tab for additional information on charges, payments, refunds and adjustments.

Status | General | Details | Unapplied | Open | Ready Statement | Aging All | Aging PT

CL Date	Claim #	Diagnosis Codes 1	2	3	4	Accession #	Date First Symptom	Date Ini. Treatment	Date Last Seen	Date Sim. Illness	Date Last X-Ray	Age
04/16/2011	CLA188	123.4				S08-00002						51
04/16/2011	CLA189	123.40	456.70			SP09-00001						53

- The **Unapplied** tab will show unapplied payments.



Apply Patient Refunds and View Source Payments

- See Patient Refunds

Processing tab

- The **Processing** tab will show dates that a CMS 1500 form, Statement, Superbill Receipt or Letter that was processed for the specific patient. Simply click on the icon to view each.