

# VertexDr

OPTIMIZE YOUR REVENUE CYCLE

MAY 3, 2018 | VERTEXDR CLIENT FORUM

Presented by Debbie Ricci, Donna Russo, and Pat Perrotta

a MERIDIAN MEDICAL MANAGEMENT company

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electronic devices at this time.

**THANK YOU**

# Agenda

- 1. Key Performance Indicators**
- 2. VertexDr Eligibility Tools**
- 3. E-Statements and Payment Portal**

***“If you can’t measure it, you can’t improve it”***

Peter Drucker, the man who invented modern business management. He wrote 39 books on the subject and is widely regarded as one of the greatest management thinkers of all times.

# Key Performance Indicators

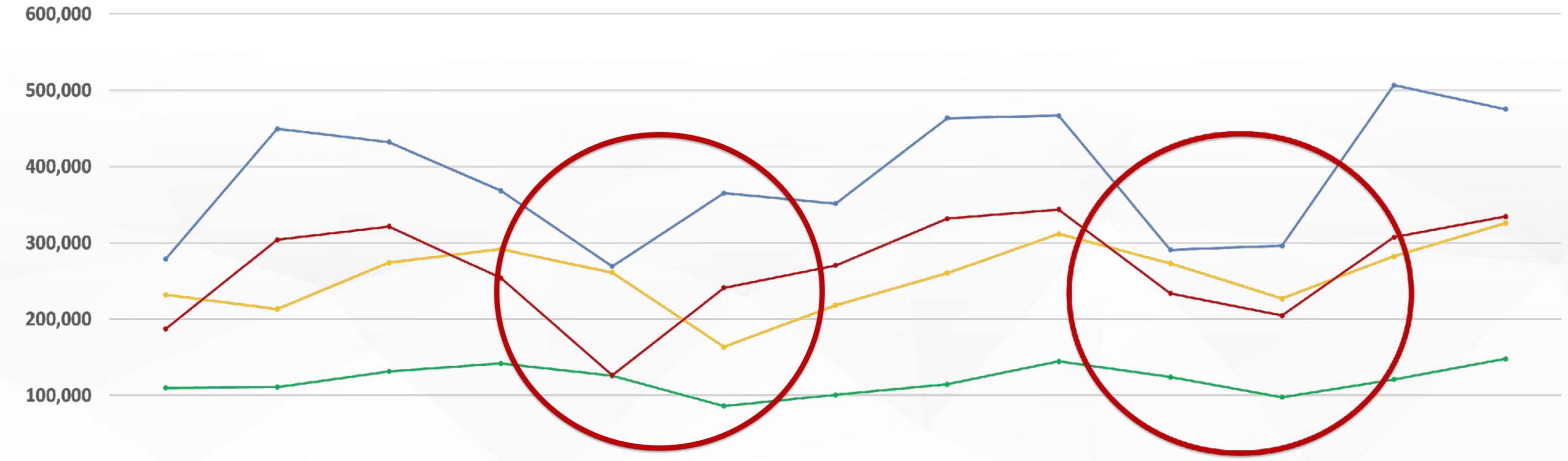
Measure the financial health of your practice

- **Charge Lag**
- **Days in Account Receivable (DAR)**
- **Gross Collection Ratio (GCR)**
- **Matching Payments to Charges**

# Statistics – Chart

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
<b>Charges</b>	<b>278,638</b>	<b>449,496</b>	<b>431,867</b>	<b>368,377</b>	<b>269,268</b>	<b>365,001</b>	<b>351,600</b>	<b>463,774</b>	<b>466,838</b>	<b>290,916</b>	<b>296,176</b>	<b>506,649</b>	<b>475,383</b>
<b>Payments</b>	<b>110,113</b>	<b>111,052</b>	<b>131,512</b>	<b>141,917</b>	<b>125,786</b>	<b>86,192</b>	<b>100,760</b>	<b>114,740</b>	<b>144,620</b>	<b>124,163</b>	<b>97,795</b>	<b>121,134</b>	<b>147,953</b>
<b>6 Mo Gross Coll %</b>	<b>31%</b>	<b>32%</b>	<b>33%</b>	<b>34%</b>	<b>35%</b>	<b>32%</b>	<b>32%</b>	<b>32%</b>	<b>32%</b>	<b>31%</b>	<b>30%</b>	<b>30%</b>	<b>30%</b>
<b>Cont Adjs</b>	<b>231,791</b>	<b>213,306</b>	<b>273,936</b>	<b>291,816</b>	<b>261,131</b>	<b>163,461</b>	<b>218,147</b>	<b>260,571</b>	<b>311,832</b>	<b>273,208</b>	<b>226,984</b>	<b>282,317</b>	<b>325,849</b>
<b>Total A/R</b>	<b>187,203</b>	<b>303,941</b>	<b>321,499</b>	<b>254,062</b>	<b>126,746</b>	<b>241,050</b>	<b>270,552</b>	<b>331,746</b>	<b>343,635</b>	<b>233,771</b>	<b>204,577</b>	<b>307,233</b>	<b>334,642</b>
<b>A/R &gt; 120 - %</b>	<b>12%</b>	<b>6%</b>	<b>5%</b>	<b>6%</b>	<b>12%</b>	<b>7%</b>	<b>7%</b>	<b>6%</b>	<b>6%</b>	<b>8%</b>	<b>9%</b>	<b>8%</b>	<b>7%</b>
<b>A/R &gt; 120 - \$</b>	<b>23,132</b>	<b>17,141</b>	<b>16,159</b>	<b>14,596</b>	<b>15,101</b>	<b>18,065</b>	<b>19,419</b>	<b>18,877</b>	<b>19,959</b>	<b>19,540</b>	<b>18,386</b>	<b>23,580</b>	<b>24,576</b>
<b>90 Days in A/R</b>	<b>17</b>	<b>25</b>	<b>25</b>	<b>19</b>	<b>11</b>	<b>22</b>	<b>25</b>	<b>26</b>	<b>25</b>	<b>18</b>	<b>17</b>	<b>26</b>	<b>24</b>

# Statistics Trends



	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Charges	278,638	449,496	431,867	368,377	269,268	365,001	351,600	463,774	466,838	290,916	296,176	506,649	475,383
Payments	110,113	111,052	131,512	141,917	125,786	86,192	100,760	114,740	144,620	124,163	97,795	121,134	147,953
Cont Adjs	231,791	213,306	273,936	291,816	261,131	163,461	218,147	260,571	311,832	273,208	226,984	282,317	325,849
Total A/R	187,203	303,941	321,499	254,062	126,746	241,050	270,552	331,746	343,635	233,771	204,577	307,233	334,642

# Charge Entry Lag

The number of days from date of service to date of charge posting.

The greater the lag time the greater the impact on your revenue.

## *Common Contributing factors*

- Missing or unclear documentation resulting in physician coding or data entry queries
- Missing CPT codes, ICD.10 codes, modifiers
- Unsigned or incomplete medical records
- Incomplete operative/procedural notes or discharge summaries
- Data entry/claim scrubbing delays – staffing concerns

# Charge Entry Lag

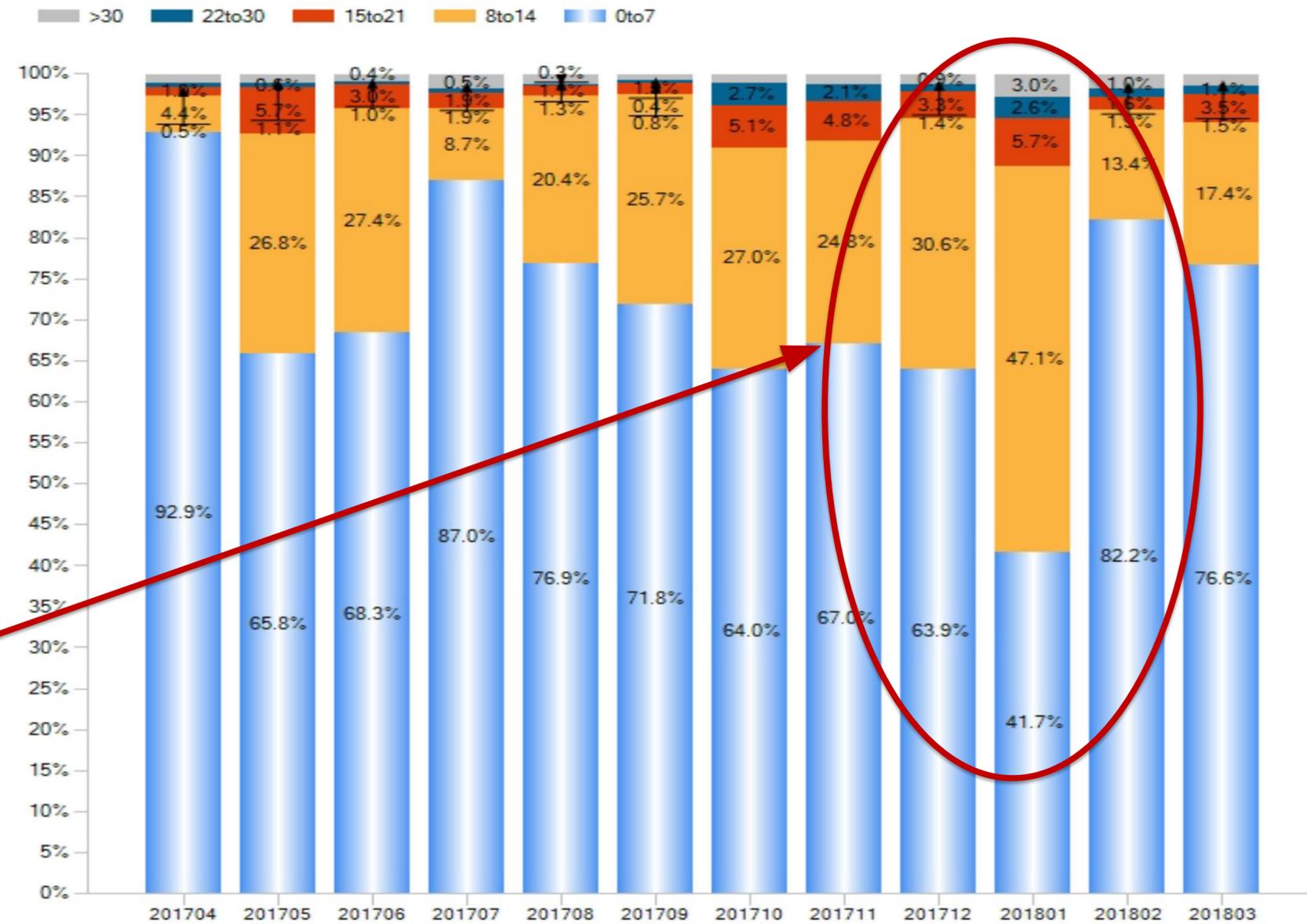
## *Action Steps*

1. Daily reconciliation of scheduled patients verses patients seen
2. Report missing or incomplete encounters to providers daily for prompt resolution
3. Run missing charge report on a daily, weekly or bi-monthly schedule to identify missing charges
4. Increase training of staff and/or outsource your data entry to your billing company

# Charge Entry Lag

Months	0-7 days	8-14 days	15-21 days	22-30 days	>30 days	Monthly Total
October	5,800	2,448	464	241	113	9,066
Nov	6,218	2,300	442	191	128	9,279
Dec	4,654	2,225	237	65	102	7,283
Jan, 2018	3,525	3,983	481	218	252	8,459
Feb. 2018	7,319	1,190	144	85	171	8,909

Posting Lag Days Percentage



# Days in AR (DAR)

- Days in AR – Average number of days it takes to collect a payment; may also be referred to as a turnover ratio.

## *Calculation:*

Step 1 - Take 3 months of charges/total # of days in the three months = Average Daily Charges.

Step 2 - Take the Ending AR/Average daily charge amount calculated in Step 1.

*The lower the number of days the faster the money is being collected for the practice!*

# Key Indicator - Days In AR

3 Months of Charges	\$1,093,741
# of Days in 3 Month	90 days
<b>Calculation</b>	<b><math>\\$1,093,741/90 = \\$12,153</math></b>

Ending AR	\$370,233
Average Daily Charge	\$12,153
<b>Calculation</b>	<b><math>\\$370,233/\\$12,153 = 25.28</math></b>

<b>Charges</b>	290,916	296,176	506,649
<b>Payments</b>	124,163	97,795	121,134
<b>6 mo GCR</b>	31%	30%	30%
<b>Cont Adj</b>	273,208	226,984	282,317
<b>Ending AR</b>	233,771	204,577	370,233
<b>AR&gt;120%</b>	8%	9%	8%
<b>AR&gt;120\$</b>	19,540	18,386	23,580
<b>90 Days in AR</b>	18	17	25
<b># of days in Mo</b>	31	28	31

# Days in AR (DAR)

## Events that effect Days in AR calculation:

1. Worker's Compensation
2. Auto or liability claims
3. Letters of protection
4. Pending Provider Credentialing
5. Patient budget payments/Large self-pay balances

***If the days in AR trend is increasing, you must ask why...***

# Gross Collection Ratio (GCR)

**GCR - This number represents the percent collected on billed charges.**

***Calculation:*** X Month Payments/X Months Charges

*Number of months used for the calculation can vary by preference and practice but, for trending purposes, should be consistent.*

# Key Indicators – Gross Collections

## GCR Calculation

6 Months Payments	<u>703,212</u>	
6 Months Charges	2,375,953	30%

6 Month Payments/6 Months Charges

Note: If days in AR are higher than 30 a lag may be appropriate

Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
351,600	463,774	466,838	290,916	296,176	506,649
100,760	114,740	144,620	124,163	97,795	121,134
32%	32%	32%	31%	30%	30%
218,147	260,571	311,832	273,208	226,984	282,317
270,552	331,746	343,635	233,771	204,577	307,233
7%	6%	6%	8%	9%	8%
19,419	18,877	19,959	19,540	18,386	23,580
25	26	25	18	17	26

# Events That Affect GCR

## ***Lower GCR :***

- High fees – creating large adjustments
- High volume carriers with low reimbursement rates e.g. State Medicaid

## ***Higher GCR:***

- Low fees – creating smaller adjustments
- Collection of payments at time of service

## ***Other factors:***

- Overall payer mix will impact GCR
- Change in charge fees

# Matching Report – Gross Collection Percentage

The percent collected on specific billed charges as each payment is mapped back to the actual charge

## *Benefits*

- Easy identification of remaining receivable to be collected on a per month basis
- Ability to determine the actual collection percentage on the resolved receivable

# Matching Report – Gross Collection Percentage

From Service Yr Month	Charges	Total Pmts	AmountRemaining	% Remaining	Actual GCR collected MTD
201703	785,570	308,983	3,681	0.47%	39.33%
201704	650,192	265,311	739	0.11%	40.81%
201705	699,133	310,855	4,030	0.58%	44.46%
201706	693,604	300,018	2,497	0.36%	43.25%
201707	549,469	251,123	6,290	1.14%	45.70%
201708	712,343	291,749	15,538	2.18%	40.96%
201709	658,054	272,665	8,506	1.29%	41.43%
201710	697,105	280,585	8,075	1.16%	40.25%
201711	685,798	290,341	14,368	2.10%	42.34%
201712	685,228	280,880	25,151	3.67%	40.99%
201801	850,579	313,679	65,018	7.64%	36.88%
201802	585,619	227,223	83,308	14.23%	38.80%
201803	752,330	226,690	194,978	25.92%	30.13%
<b>Grand Total</b>	<b>9,021,835</b>	<b>3,620,102</b>	<b>399,282</b>	<b>4.43%</b>	<b>40.13%</b>

# Eligibility

# Facts About Patient Collections

- 2 to 4 times more expensive to collect from the patient
- Trend: 20 Million people have high deductible plans
- Average deductible increase to 5,200 individual and 10k for family
- Medical Debt is the highest contributing factor for bankruptcy – 78% had insurance
- Average patient medical bill is paid more than 60 days out
- Premium raising faster than inflation

# Importance of Running Eligibility

- Verification of Insurance information safeguards claims getting processed timely
- Obtain patient's deductible information so office could request payment at time of service
- Decrease patient balances

# Eligibility Verification Options

There are several ways and options to run eligibility:

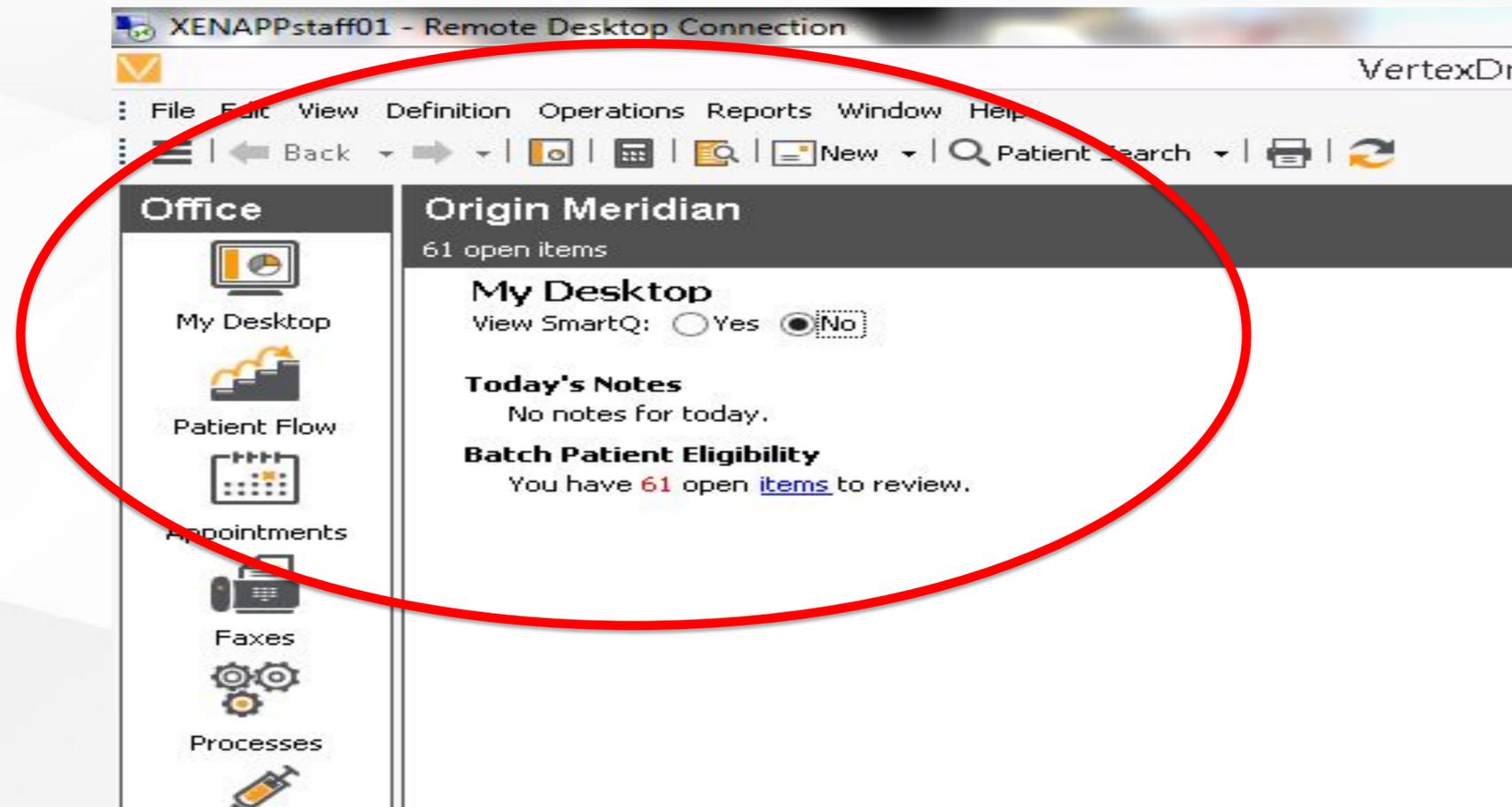
- Automatically from the appointment schedule.
- On the check-in screen
- When booking the patient for an appointment
- Eligibility can run in the practice management side
- An Eligibility report can run on demand

# Running Eligibility Automatically

- Eligibility can run automatically from the appointment schedule. There is a system setting that is turned on.
- Standard setting is to run 48 hours in advance of the patient's appointment.
- The service runs 3 times, on day 2 prior to the appointment, on day 1 prior to the appointment and on the day of the appointment

# Running Eligibility Automatically

- Once the system setting is turned on, the report can be set up on your desktop to review and correct errors



# Eligibility Report Review

- Choose View All Button
- Click on the (+) sign to expand the results
- *Not Networked* – Not all carriers will allow eligibility to be run. You will need to verify using carrier website or IVR
- *Results* – Insurance has been verified and is eligible

# Patient Eligibility Report

✓
Patient Eligibility Collection
— □ ×

### Patient Eligibility Review

View the collection of Eligibility data recently retrieved.

Service Date ▼ 04/10/2018 ▼ to 04/13/2018 ▼

Provider: ▼

Service Location: ▼

Insurance: ▼

Appointments Only

Insured Errors    Results Only    Errors and Results    View All

Status : Insured Errors Patient Related (1 item)									
Date of Service	Account	Patient	Insurance	Provider	Service Location	Plan	Date Requested	E-Status	

Status : No Insurance (4 items)									
Date of Service	Account	Patient	Insurance	Provider	Service Location	Plan	Date Requested	E-Status	

Status : Not Networked (2 items)									
Date of Service	Account	Patient	Insurance	Provider	Service Location	Plan	Date Requested	E-Status	

Status : Results (4 items)									
Date of Service	Account	Patient	Insurance	Provider	Service Location	Plan	Date Requested	E-Status	

No items located

# Running Eligibility on Demand

There are several ways to run on demand:

- When making an appointment for a patient.
- When checking in a patient on the check in screen.
- On the Insurance Screen in the Practice Manager side.
- On demand report.

Eligibility screen shows three colors, Red, Yellow and Green

- **Red** = Eligibility has not been run
- **Yellow** = Eligibility means an error needs to be corrected
- **Green** = Eligibility was run, with a valid response

# Eligibility Response

Green Eligibility Flag = Active Coverage

Insurance Controls ✔ Eligibility Insured Information

✔ Patient Eligibility Information

### Eligibility Details

 **Eligibility Response**  
AETNA HEALTH PLANS

---

Trace Number: [REDACTED]  
Service Date: 4/27/2018

Patient	Insured
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

---

[Active Coverage](#) [Deductible](#) [Copay](#) [Co-Insurance](#) [Out of Pocket](#) [Other Benefits](#)

---

Plan Begin: 5/1/2017  
Group Number: [REDACTED]

**Active Coverage**  
Health Benefit Plan Coverage  
Employee and Children  
Active Coverage - Point of Service (POS) - Open Access MC  
Medical Care / Chiropractic / Hospital / Hospital -Inpatient / Hospital - Outpatient /  
Emergency Services / Professional (Physician) Visit - Office / Urgent Care / Vision  
(Optometry) / Mental Health / Pharmacy  
Employee and Children  
Active Coverage - Open Access MC

---

**Deductible**  
Health Benefit Plan Coverage  
Family

Disclaimer: Request was performed on 4/27/2018 1:06:30 PM and is valid for 24 hours.

Run Again View Chart Print Top Exit

# Eligibility Response

- Yellow = Ran but found an error
- Errors include: Inactive coverage, Subscriber ID invalid and not the Primary Payor

**Insurance Controls** ! Eligibility

Priority	Insurance	Description	Case
1	MC	MEDICARE	0
2	TRI	TRICARE FOR LIFE-SX176	0

**Patient Eligibility Information**

**Eligibility Details**

 **Eligibility Response**  
**TRICARE FOR LIFE-SX176**

Trace Number: 941980100  
Service Date: 4/16/2019

[Active Coverage](#) [Deductible](#) [Copay](#) [Co-Insurance](#) [Out of Pocket](#) [Other Benefits](#)

**Invalid Participant Identification**

[Active Coverage](#) [Deductible](#) [Copay](#) [Co-Insurance](#) [Out of Pocket](#) [Other Benefits](#)

# Eligibility Response

Red = Will be visible if eligibility was not run or the service failed.

**Eligibility Response**  
**UNITED HEALTHCARE-87726**

Trace Number: c9bb1aaf-838e-4d73-82ad-9bdde787eabb  
Service Date: 4/16/2018

**Unable to respond at current time**

[Active Coverage](#) [Deductible](#) [Copay](#) [Co-Insurance](#) [Out of Pocket](#) [Other Benefits](#)

# Running Eligibility When Making An Appointment

- Note the eligibility flag lower right side, red means it has not been run or it has failed for this appointment.

VertexDr Appointment - Insert Patient Appointment

File View Activities Forms Processing  
Save & Exit View Chart Wait List Reschedule List Current

### Appointment for Teddy T Test

Definition information for a system appointment.

**Appointment Details**

Visit Type: [blurred]  
Date: [blurred]  
Time: [blurred]  
Location: [blurred]  
Status: Active

**Resource**

Resource: [blurred]  
RMD: [blurred]

**Appointment Notes (Required)**

[blurred text area]

**Instructions**

**Contact Information**

Type:  Patient  Non-Patient  
Patient: Test, Teddy T (20269-1) [Search] [Dropdown]  
Account: 20269-1 Sex: Male  
Birth Date: 1/1/1990 Age: 28 Year Old  
Home Phone: (203) 773-8560  
Work Phone:  
Other Phone:  
PMD:  
PCMD:  
Balance: 0.00 0.00(P) 0.00(I)  
Data Release: [1/29/2008 - Data Release Permitted](#)

**Insurance Information**

Active Case: DEFAULT CASE (0) [Dropdown]  
Co-Pay: 0.00

**Eligibility** [Red Flag]

# Running Eligibility on Check-in Screen

VertexDr Patient Check-In

File View Action Forms

Save and Close Print and Close Print Check-In Receipt Print Face Sheet Ink Form Posting

**Patient Check-In for** [Patient Name]

**Contact Information** [Edit](#)

Name: [Redacted]  
Address: [Redacted]  
E-Mail Address: [Redacted]

Home Phone: [Redacted]  
Work Phone: [Redacted]  
PMD: [Redacted]  
RMD: [Redacted]  
PCMD: [Redacted]  
Pharmacy: [Redacted]

**Consent Status** [Edit](#)

Data Release: 4/12/2018 - Data Release Permitted  
Privacy Notice: 4/12/2018 - Privacy Notice Signed

**Encounter Information** [Edit](#)

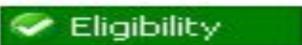
[Redacted]

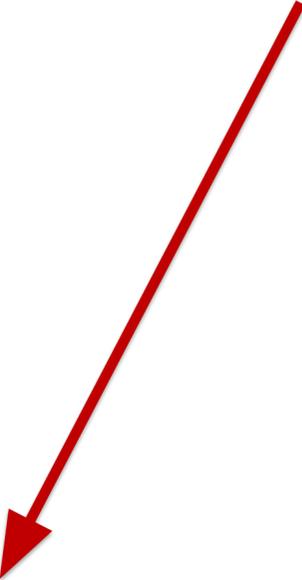
**Billing Information**

Active Case: DEFAULT CASE (0)

Priority /	Insurance Name	Membership	Group	Insured Name	CoPay
1	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
2	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

**Insurance Link:** [Go to website](#)

 Eligibility



# Running Eligibility On Demand in Insurance Screen

File View Activities Reports Forms  
Back Save Save & Exit Save & Locate New Transaction Update...

## Patient Definition

Sections

- Personal
- Guarantor
- Insurance**
- Status
- Inquiry
- Billing Notes
- Dated Notes
- Billing Alerts (0)
- Pharmacies (0)
- Documents (18)
  - Insurance Cards
    - Insurance Cards (13)
  - Photo Id
    - Photo ID (5)
- Specialty Providers (0)
- Correspondence (31)
- Messages (0)
- Tasks (0)

Birth Date: 1/1/1990 28 Year Old Cases: 1 Balance: 0.00 Next Visit: None

### Insurance Data

Insurance Controls **Eligibility**

Priority	Insurance	Description	Case
1	MERIT	MERITAIN HEALTH	0

Insurance Code: MERITAIN HEALTH (MERIT)

Plan Code:  [Show Plan](#)

Remit Address: PO BOX 853921, RICHARDSON, TX (2)

Membership Id: 999180162A

Group Id:

Effective From:  Effective To:

Eligibility:

Priority Rank: 1  Accept Assignment:  Yes  No

Website Link: No Website Defined

Medication Link: No Website Defined

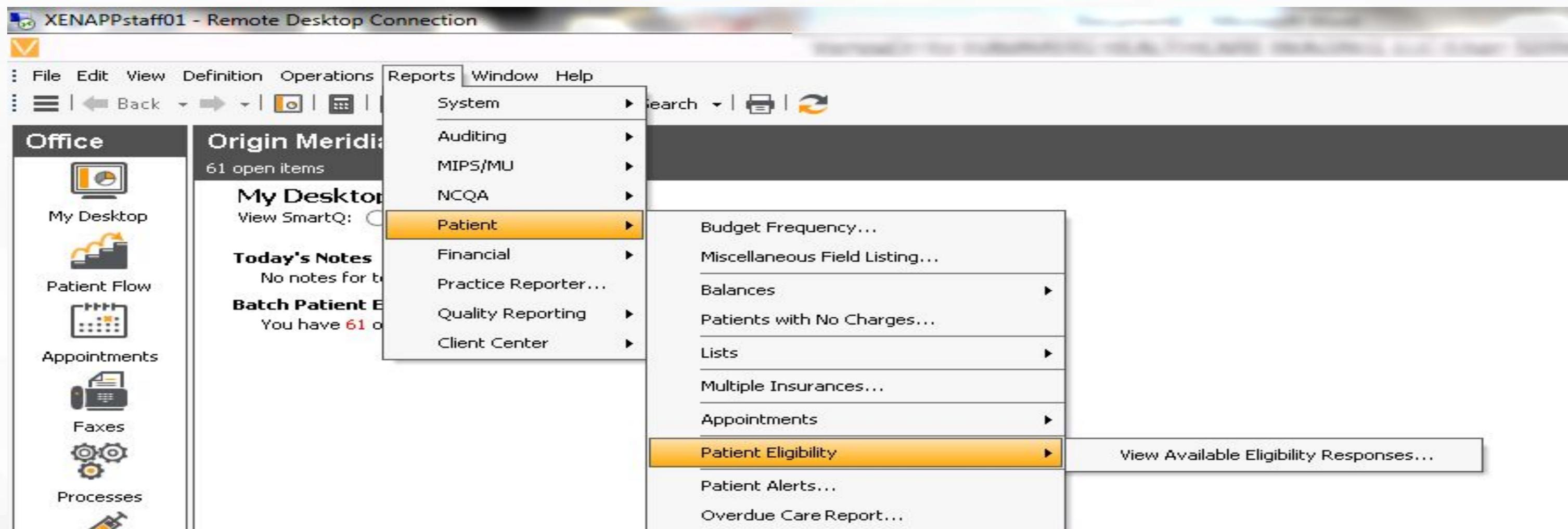
Co-Pay Amount: 0.00

Financial Code: (MERIT) MERITAIN



# Running Eligibility on Demand

Under reports, eligibility can be run on demand



# Insurance Eligibility History

On the patients account under Activities

The screenshot shows a software interface with a menu structure. The 'Activities' menu is open, and the 'Eligibility' option is highlighted. A sub-menu is visible, showing 'Insurance Eligibility History' as the selected option. The interface also displays a 'Patient Information' sidebar and a main content area with a table header.

File View Activities Reports Forms

Back

Patient Information

Sections

- Personnel
- Guarantee
- Insurance
- Status
- Inquiry

Check-Out

Reminders

Patient Account Auditing...

**Eligibility**

Patient Privacy...

Information Release History...

Patient Miscellaneous... F7

Locate New | Transact

DA)

Year Old Cases: 1 Balance: 0.00 Next Vi

- Insurance Eligibility
- Medication Eligibility
- Insurance Eligibility History**

Description

# Running Eligibility History

Select the date requested to view response details

- Patient Total: 0.00, Insurance Total: 0.00, Today's Activity: 0.00

Insurance Eligibility History for: [Patient ID]

### Insurance Eligibility History

Listed is a history of eligibility requests.

Date Requested: [ ] to [ ] Search...

Date Requested	Trace ID	Attempt	Insurance Description	User ID

Select Exit

# **E-Statements & Patient Portal**

# E-Statements & Payment Portal

- Together with Medfusion, practices can now have patients receive their statements and pay their balances on-line through their Portal Account
- Electronic Statements can be turned on for all Patients or on a Patient by Patient basis

medfusion

# E-Statements Benefits

- Patients have a secure and convenient way to review and make an on-line payment.
- Patient receives an e-mail notification the day their statement is available.
- Safer Than Paper - An E-Statement can't be stolen from your mailbox, delivered to the wrong house, or taken from your trash.
- Patient can access previous account statements and payments
- Good for the Earth, if your practice signs up for E-Statements, you're extending the life of our natural resources

# Send Statements Electronically

- Monthly statements are generated and sent to patients who have an Active Portal Account.
- Practices can send Statements to patients on Demand

VertexDr Statement (Open Transaction Selection)

**Open Transactions**  
Select the open transactions you would like to print.

Select Date Range: 06/16/2011 to 06/16/2016

Transactions to view:  Open  History

Include payments on the statement  Statement paper  
 Include insurance adjustments  Include patient adjustments

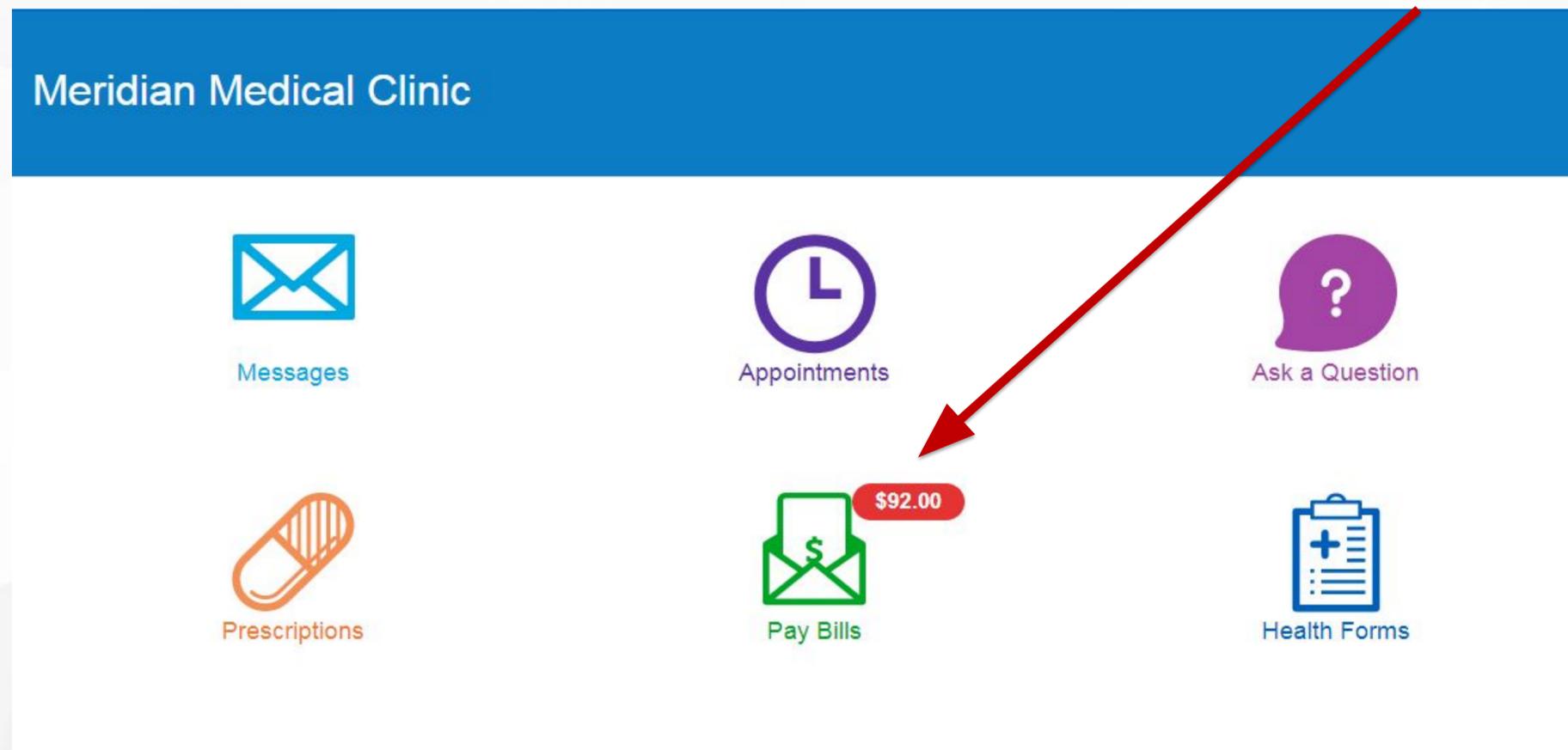
Guarantor:

Service Date	CPT Code	Trn Code	Type	Amount	Remaining	Units	Provider	Location	Case	Descrip
06/02/2016	99215	99215	Charge	204.00		1	MILLER, JAMES MD	BLOOMFIELD O...	0	DEFAU
06/06/2016	99213	99213	Charge	92.00	92.00 *P	1	MILLER, JAMES MD	BLOOMFIELD O...	0	DEFAU
06/10/2016	99213	99213	Charge	92.00	92.00 *P	1	MILLER, JAMES MD	BLOOMFIELD O...	0	DEFAU

No items located

# View Account

- Log Into Account
- Click on Pay Bills to see their Statement



# Accessing Statements

Patients may view prior or current statements by clicking on Previous Statements

The screenshot shows a patient portal interface for Meridian Medical Clinic. The top navigation bar includes 'Home', 'Messages', 'Appointments', 'Ask a Question', 'Prescriptions', 'Pay Bills', and 'Health Forms'. The main content area is titled 'Previous Statements' and features a sub-navigation bar with 'Pay a Bill', 'Payment History', and 'Statements'. A red arrow points to the 'Statements' button. Below this, a sample statement is shown for 'Origin Medical Clinic - Q/A'. The statement includes the following details:

ACCOUNT NUMBER	DUE DATE	AMOUNT DUE
00000	06/21/2016	204

**Origin Medical Clinic - Q/A**  
Enhancing your financial performance!  
12

**06/07/2016 Statement**

Total Charges	\$204
Insurance covered	\$0
Insurance is reviewing	\$0
As of 06/07/2016 you paid	\$0
<b>Please pay</b>	<b>\$204</b>

*Billing questions? Call us at 860-688-0033 Monday-Friday 9-6*

**Your Payment Options**

**PAY BY PHONE:** 860-688-0033 Monday-Friday 9-5

**PAY BY MAIL:** Mail below form and payment to  
ORIGIN MEDICAL CLINIC - Q/A  
REMITTANCE  
835 BLOOMFIELD AVENUE  
WINDSOR, CT 06095

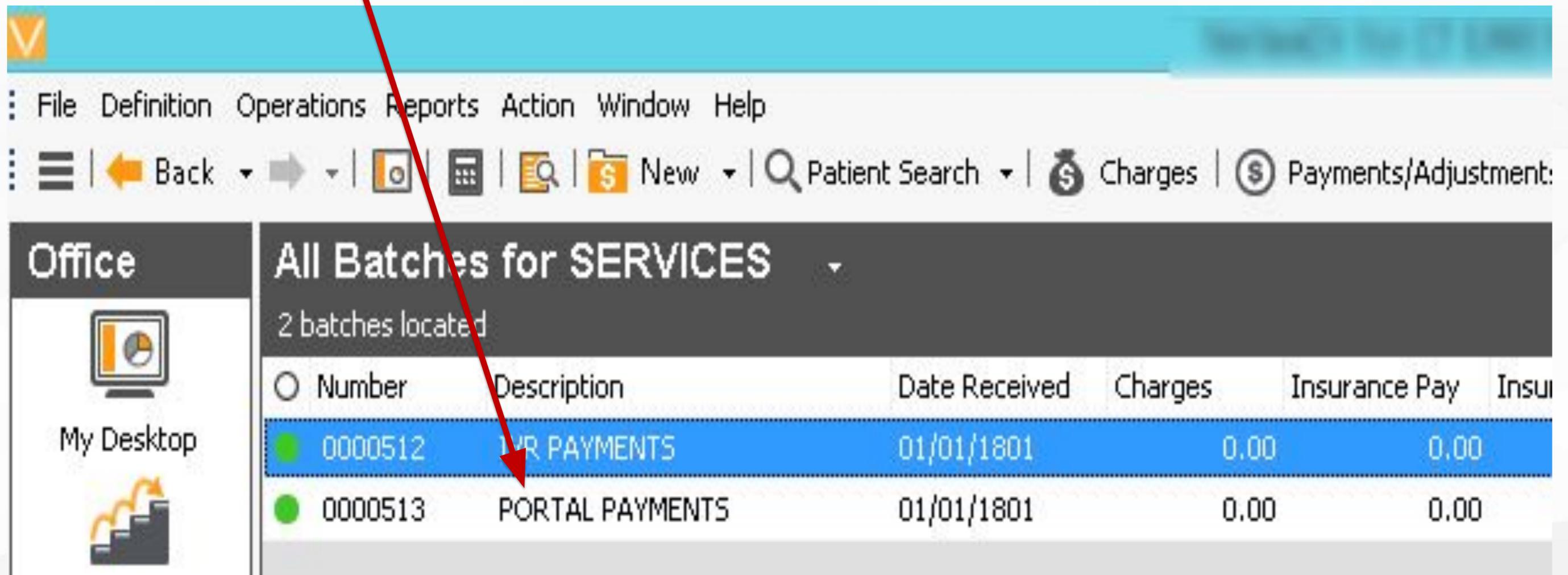
# Make a Payment

- Enter Credit Card information
- May be stored for future payments

The screenshot displays the 'Pay a Bill' section of a patient portal. A dark grey sidebar on the left contains navigation options: Home, Messages, Appointments, Ask a Question, Prescriptions, Pay Bills (highlighted with a green bar), and Health Forms. The main content area has a blue header with 'Welcome, Sandra Laclair'. Below the header, there are tabs for 'Pay a Bill', 'Payment History', and 'Statements'. The 'Pay a Bill' tab is active, showing a 'Send a new payment' section with a due amount of '\$92.00 due as of 07/13/2016 4:48 PM' and a 'View details' link. The payment form includes fields for 'Payment amount' (containing '\$ 92.00') and 'Account number' (containing '00000228901'). A 'Payment method' section shows a red error message 'Please select a credit card.' and a green 'Add New Card' button.

# Accessing Payments

Payments drop into a Batch in VertexDr Posting



The screenshot displays the VertexDr software interface. At the top, there is a menu bar with options: File, Definition, Operations, Reports, Action, Window, and Help. Below the menu bar is a toolbar with icons for Back, Home, Calculator, Search, and New. The main content area is titled "All Batches for SERVICES" and shows "2 batches located". A table lists the batches with columns for Number, Description, Date Received, Charges, Insurance Pay, and Insurance. The first row, "0000512 DR PAYMENTS", is highlighted in blue and has a red arrow pointing to it from the text above. The second row is "0000513 PORTAL PAYMENTS".

Number	Description	Date Received	Charges	Insurance Pay	Insurance
0000512	DR PAYMENTS	01/01/1801	0.00	0.00	
0000513	PORTAL PAYMENTS	01/01/1801	0.00	0.00	

# Presentation Available Post Forum



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# THANK YOU!

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