

Anesthesia Practice Manager Manual

a MERIDIAN MEDICAL MANAGEMENT COMPANY

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Patient Search Table

The *Patient Search* Table maintains all demographic and clinical information for all of the patients in the practice's database. Patients registered in the system can be located using a variety of patient information. The *Patient Search* Table allows you to locate patients using eight separate search methods. These methods include: *Account Number, Birth Date, Last Name, First Name, Phone Number, Cross Reference Number, Social Security Number*, and *MRN*.

Accessing the Patient Search Table

The *Patient Search* Table can be accessed directly by selecting the **Patient Search** Button from the Toolbar at the top of any system window.



It can also be accessed by selected the **Patient Search** Icon from the *Charts* Section of the Navigation Pane.



Searching for a Patient

The *Patient Search* Table allows you to locate patients using eight separate search methods. This section will explain each of these methods.

Note: The *Patient Search* Table can be defaulted to any of the search options. For more information on this parameter setting, reference the VertexDr Practice Suite Managers'.

		c tices -											F	Patient Se
		Last Name, Firs	t Name	▼ CARD										9
	ç.	Patient Name	Account	Family	Client Id	MRN	Reference	Social Security	Birth Date	Balance	Financial	Last Service	Phone	Membership
rs	\$ 🛆	CARD, INES - RED FLAG	202	1	1	0000020201		<i>###-##</i> -6788	Jun 01, 1980	\$365.00	СНР	07/17/2013	(860) 684-5	. 123456
arch														
	Patient	Information									Patient Guarante	ur Insurance Bala	nce Appointmen	nts Notes A
P		ame & Address	Provide	≃r Informatio Johnson, Ro		Phone Num (860) 684-		Co-Pay Am 50.00	ount		Patient Guarante	<u>2r Insurance Bala</u>	nce: Appointme	nts Notes A

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- 1. To begin searching for a patient, select a **Locate by** Option from the dropdown menu.
 - Account Number This option will allow the user to search by the system generated account number.
 - **Birth Date** This option will allow the user to search for a patient by entering in their date of birth. Enter the date of the birth in the following format: MM/DD/YYYY.

Note: When searching by **Birth Date**, the system will automatically enter the backslashes. The user can simply type the numbers.

- **Membership Number** If the patient's primary insurance membership ID number is known, it can be used to search for the patient.
- Last Name, First Name When searching by a Last Name, First Name the user can enter a full patient's name if it is known or part of the name. The *Patient Search* Table will display the first 100 patients whose name matches the entered information.
- **Phone Number** This option will search the database of patients using the phone number entered in the *Home Phone* Field on *Personal* Section of Patient Definition.

Note: When searching by **Phone Number**, the system will automatically enter the parenthesis and the dash to format the number. The user can simply type the numbers.

• **Reference** – The **Reference** Option allows the user to search for the patient using the Cross Reference Number if one has been entered on the *Personal* Section of Patient Definition.

Note: For more information on the Cross Reference Number, reference the *Patient Definition* Section of this manual.

 Social Security Number – This option allows the user to search for the patient using the social security number if it has been entered in Patient Definition.

Note: When searching by **Social Security Number**, the system will automatically enter the dashes to format the number. The user can simply type the numbers.

- **MRN** This option can be used to search for the patient using the system generated medical record number.
- 2. After selecting a **Locate by** method and entering the search criteria in the *Search* Field select the **Search** Button or click the **Enter** Key on the keyboard. The first 100 patients whose information matches the entered criteria will display in the *Patient Search Table* Window.

Note: If the patient has a system wide alert note, or if they have been marked to a Status of **Deceased**, this information will display in *red*, directly below the patient's name in the *Patient Search Table* Window.

Wildcard Search

When searching by **Last Name**, **First Name** the Wildcard Feature allows the user to use the **%** Key on the keyboard to search for information that is unknown. The % sign can be used in place of a full first name, a full last name, part of a first name, or part of a last name. The example below shows the Wildcard being used for a full last name and just the vowel *I* is being used as search criteria for the first name.

													_	
	II Prac	c tices - located											P	Patient Se
		Last Name, First Na	me 🛛	▼ %,EL										
K	¢!!	Patient Name	Account	Family	Client Id	MRN	Reference	Social Security	Birth Date	Balance	Financial	Last Service	Phone	Membership
5	Q	AMADON, ELEANOR	49	1	1	0000004901		###-##-5258	May 12, 1935	\$578.00	WC	04/02/2012	(860) 555-8	5069564780
	đ	BEAUPRE, ELDEN	59	1	1	0000005901		###-##-0462	Jan 03, 1965	\$250.00	BCS	02/26/2010	(895) 326-4	HH37787
		JONES, ELIZABETH	186	1	1	0000018601		###-##-5542	Jul 25, 1967	\$75.00	UHC	08/05/2010	(879) 565-7	87UYIU7
		MCCANN, ELIZABETH	162	1	1	0000016201		###-##-7129	May 12, 1975	\$110.00	сом	08/05/2010	(555) 555-5	7786876U
	<u>و</u>	NEGRON, ELBA	108	1	1	0000010801		###-##-0693	Jun 06, 1966	\$180.00	UHC	08/05/2010	(895) 654-2	76878UI
6	<u>و</u>	SANTOMASSO, ELIZ	129	1	1	00000012901		###-##-3669	Jan 06, 1935	\$202.80	MC	10/14/2009	(860) 871-7	044123669A
6	₫	SNORVITZ, ELMER	248	1	1	0000024801			2	\$100.00	sp	06/29/2011	(0.00)	
				-	-	0000024801		###-##-1321	Jun 19, 1962	\$100.00	28	06/29/2011	(203) 774-5	
				-	-	0000024801			Jun 19, 1962	\$100.00		06/29/2011	(203) //+5	
Pa	atient	t Information		-	-	0000024801			Jun 19, 1962					
		t Information										(Insurance Balar		
Pa	atient N	Linformation		r Informatioo Johnson, Rol	n	Phone Num (860) 555-6		Co-Pay Am- \$0.00						

In this case, the *Patient Search* Table found the first 100 patients whose last name was anything (because we used the Wildcard) and whose first name begins with an *I*.

The Patient Information Panel

The Patient Information Panel is located at the bottom of the *Patient Search Table* Window. The Panel displays pertinent patient-related information without forcing the user to enter into the account.

Patient Information	The second second	220.2	and a second sec	Sister, Guerrice Trainion Daimin Gasterments Interal Hors 🜩
Patient Name & Address CARD, IMES 52 OAK HEL RD STAFFORD SPRIMSS, CT 00076	Provider Information PMD: Johnson, Robert MD RMD: PCP:	Phone Numbers (860) 684 5263 (H)	Co-Pay Amount §0.00 Number of Cases Sinde Defailt Case	

Accessing the Patient Information Panel

The Patient Information Panel can be defaulted to either open or closed. To open or close it manually, select the **Up/Down Arrow** Button in the right-hand corner of the Panel.

The Patient Link

The **Patient** Link displays basic patient contact information, including the patient's co-pay if that information was entered on the *Insurance* Section of Patient Definition.

The Guarantor Link

The **Guarantor** Link displays the contact information for the active guarantor (otherwise known as the individual responsible for the patient) on the patient's account.

The Insurance Link

The **Insurance** Link displays the active primary, secondary, and tertiary insurance listed on the *Insurance* Section of Patient Definition.

The Balance Link

The **Balance** Link displays a total account balance for the patient followed by the patient's balance and the insurance balance. Both of those balances are then broken down by ageing category so the user can quickly see how long the patient has had these balances for.

The Appointments Link

The **Appointments** Link displays all of the patient's future appointments in the *Appointments* Table.

Appointments			🧱 🐜 Patient Guarantor Insurance Ba	alance Appointments Notes Alerts 🗘
Date	⊽ Туре	Provider	Location	Status
6/23/2016 10:00:00 AM	OFFICE APPTS EST	ROBERT JOHNSON, MD	WINDSOR OFFICE	ACTIVE

To view the patient's appointment history, select the **Calendar** Icon ¹²⁰. The *Appointment Table* Window will open so that Future and Past appointments can be searched for and viewed.

This list cont Patient Nam Appointmen	e: Ines	appointments Card	forthe p Status:	All 💌	Date:		▼ to	•	Apply Filter		
Date	Time	Week Day	Туре		Units	Location		Status	Providing	Referring	
06/23/2016 FOL	10:00 AM LOW-UP RT A	Thursday NKLE SPRAIN	(OF1)	OFFICE APPTS EST	1	(OFF) W	INDSOR OFFICE	Active	(RJ) JOHNSON, ROBERT		
04/22/2016	10:45 AM	Friday	(OF1)	OFFICE APPTS EST	1	(OFF) W	INDSOR OFFICE	Active	(RJ) JOHNSON, ROBERT		
04/22/2015	9:45 AM	Wednesday	(OF1)	OFFICE APPTS EST	1	(OFF) W	INDSOR OFFICE	Active	(RJ) JOHNSON, ROBERT		
04/01/2015	9:45 AM	Wednesday	(OF1)	OFFICE APPTS EST	1	(OFF) W	INDSOR OFFICE	Active	(RJ) JOHNSON, ROBERT		
03/11/2015	9:45 AM	Wednesday	(OF1)	OFFICE APPTS EST	1	(OFF) W	INDSOR OFFICE	Active	(RJ) JOHNSON, ROBERT		
02/18/2015	9:45 AM	Wednesday	(OF1)	OFFICE APPTS EST	1	(OFF) W	INDSOR OFFICE	Active	(RJ) JOHNSON, ROBERT		
02/11/2015	2:00 PM	Wednesday	(EKG)	EKG	4	(OFF) W	INDSOR OFFICE	Active	(RJ) JOHNSON, ROBERT		
01/28/2015	9:45 AM	Wednesday	(OF1)	OFFICE APPTS EST	1	(OFF) W	INDSOR OFFICE	Active	(RJ) JOHNSON, ROBERT		
01/07/2015	9:45 AM	Wednesday	(OF1)	OFFICE APPTS EST	1	(OFF) W	INDSOR OFFICE	Active	(RJ) JOHNSON, ROBERT		
•				III							•
Note:					Instr	uctions:					

Note: For more information on *Appointment Table* Window, reference the *Patient Definition* Section of this manual.

To view the *Patient Appointment* Window for one of the future appointments listed in the Patient Information Panel, highlight the appointment and then click the

Appointment Book Icon

The Notes Link

The **Notes** Link displays any dated notes which have been entered on *Notes* Section of Patient Definition. For more information on *Notes*, reference the *Patient Definition* Section of this manual.

The Alerts Link

The **Alerts** Link will list the pop-up alerts which have been added to the patient's account.

Patient Definition

Patient Definition houses all patient contact information, billing information, and insurance information. The system requires at a minimum that the *Last Name*, *First Name*, and *Sex*. The practice may choose to require additional information if desired through *System Wide Defaults*. Additional information may be needed to fully register the patient.

This section of the manual will cover all of the Sections within Patient Definition.

Note: The registration process can be made easier by using system codes. In all fields where a **Magnifying Glass** is available, if the code for the data being entered is known, enter the code and then tab off the field. The system will populate the description

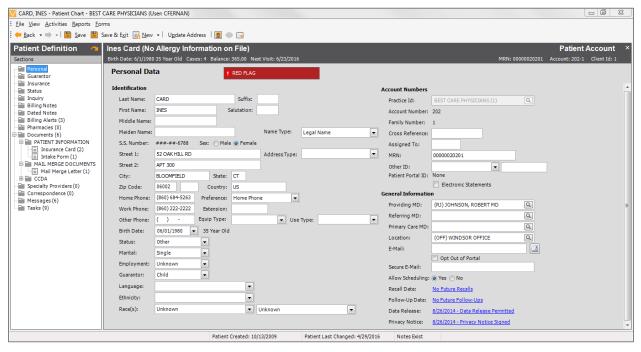
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automatically. If a code is entered incorrectly, the appropriate *Definition Table* Window will open. The entry can then be selected from the table.

Personal Section

The *Personal* Section includes the patient's demographic information. It also includes account information, physician information, and HIPPA related information.



The cursor will appear in the *Last Name* Field when the window opens. The **Tab** Key moves the cursor to the next field.

Note: Pressing the **Shift** and **Tab** Keys together will move the cursor back one field at a time.

Identification

In the *Identification* Area of the *Personal* Section, enter the known patient information by clicking or tabbing to each field.

• Enter the patient's Last Name, First Name, and Address in the appropriate fields. Enter the social security number if the patient provides it.

Note: *Suffix* ("*Sr.*", "*Jr.*", *etc.*), *Middle Initial*, *Salutation* ("*Mr.*", "*Mrs.*", "*Ms.*", *etc.*), and *Maiden Name* Fields are not required by the system. Enter this information if the patient provides it or if your practice requires it.

Note: The system will automatically check for duplicate social security numbers as soon as you tab off the field. When the flag is set, the system compares the new social security number to numbers already in the system. If a match is found, the system displays the matching accounts in a list box for viewing. You then have the option to select the other account to use or ignore the duplicate finding by cancelling out of the window.

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- The **Bad Address** Checkbox can be used to flag accounts where returned mail has been received. A report can be run to view all accounts which have been flagged as **Bad Address**.
- The *Other Phone* Field is a good area to reference a cell phone number. The *Phone Type* Field allows the practice to specify what phone number has been provided.
- The *Status* Field contains specific statuses of impairment or disability. A user can also choose from deceased or normal by selecting from the drop down list.
- The *Marital* Field is the marital status of the patient at the given time.
- The *Employment* Field can be entered if known.

Note: The *Status, Marital*, and *Employment* Fields are not required by the system. Enter the information if it your practice requires it.

• The *Guarantor* Field sets the patient's relationship to the Guarantor and will default to *Self*. If the Guarantor Field is set to self, the system will automatically copy the patient's information to the *Guarantor* Section. If there is another responsible party, please select from the dropdown list.

Note: In general, if the patient is under the age of 18, this field must be set to the appropriate relationship.

Account Numbers

- The *Practice ID* Field is used by practices that have multiple profiles set up. Users can assign patients to selected practices by entering the correct ID. This field cannot be changed once the patient has been saved.
- The *Account Number* is a system generated account number.
- The *Family Billing Number* is used for Family Billing practices only. If your practice is not using Family Billing, this field will be set to *1* for every patient.
- The *Cross Reference* Field is used to track old medical recorder numbers. It can also be used to link patients to hospital numbers. The Cross Reference Number can be used in Patient Search as an additional search option.
- The Assigned To Field allows offices to assign accounts to selected users.
- The *MRN* is the patient's Medical Record Number.
- The *Patient Portal ID* Field links the patient's account number to their Patient Portal Account.

Note: This field only pertains to practices that have purchased the Patient Portal Module by MedFusion.

General Information

• The *Providing MD* should be set to the physician who typically provides service to the patient.

• The *Referring MD* is the physician that referred the patient to the practice.

Note: If you are a primary care practice, this field may not be necessary. Also, the system can be set so that during the posting process, all transaction entries for the patient can be defaulted to the referring physician entered here. This helps to speed up the posting process.

- The *Primary Care MD* is the patient's primary care provider.
- In the Location Field, enter the Service Location where the patient is typically seen.
- In the *E-Mail Address* Field enter the patient's email address.
- The *Allow Scheduling* Field will default to *Yes*. If set to *No*, all future appointments can be cancelled for this patient. The system will also prevent anyone from scheduling any future appointments for this patient.

Note: Any user may set a patient to **No** for *Allow Scheduling*. However, marking a patient back to **Yes** is a User Security setting.

- The *Recall Date* Field is used for patients who need to be seen by a provider at a later date and did not schedule their future appointment at check out. By setting the recall date it allows the practice to send out reminder cards to the patients by running a report.
- The *Follow-up Date* Field is used for billing purposes only. By defining a follow-up date, it allows a billing associate to put in a reminder to the patient's account that a financial follow-up is needed by running a report.

To enter a *Recall Date* or a *Follow-Up Date*, select the appropriate link. The *Patient Recalls and Follow-Up Dates Table* Window will open.

Type to Vie	ew: 💿 Recall Dates 💿 Follow-Up D	ates 🔘 All Types 📃 Vi	ew only future	dates		
Date	Reason	Provider	🛆 Туре	Created	User	Status
02/26/2015	6 MONTH FOLLOW UP	RICHARD SMITH, MD	Recall	08/26/2014	DA	Complete
08/26/2015	1 YEAR PHYSICAL	ROBERT JOHNSON, MD	Recall	08/26/2014	DA	Active
08/22/2015	1 YEAR PHYSICAL -RECALL FOR TRAINING	ROBERT JOHNSON, MD	Recall	08/22/2013	DA	Active
07/28/2015	1 YEAR PHYSICAL	ROBERT JOHNSON, MD	Recall	07/28/2014	DA	Active

To switch between Recall Dates and Follow-Up Dates select the appropriate Radio Button. Select the **All Types** Radio Button to view both Recalls and Follow-ups.

To modify an existing date, highlight the date in the table and the select the **Change** Button. To insert a new Recall or Follow-Up, select the **Insert** Button. The *Patient Recall* Window will open.

Patient	t Recall for Ines Card	
Define the	recall date for the patient.	
Туре:	Recall Follow-Up	
Date:	05/02/2016 + +	
Reason:	+	
Provider:	(RJ) JOHNSON, ROBERT MD	
Notes:		
Status:	Active Inactive Complete Reminder sent via patient preference	
Created:	5/2/2016 Created By: CFERNAN	

The **Type** Radio Buttons will be defaulted to either *Recall* or *Follow-Up* depending on which option you selected to view in the *Patient Recalls and Follow-Up Dates Table* Window.

In the *Date* Field, select the date the patient is due for either an appointment recall or a financial follow-up. Use the **Up** and **Down** Arrows as well as the Dropdown List to help you set the date. For example, if a patient must return in 6 months, select 6 using the **Up** and **Down** Arrows and then select **Months** from the Dropdown List.

Select a **Reason** from the Dropdown List. If the reason needed is not available, select the **Green Plus Sign** Button to enter a new Reason Code.

The *Provider* Field will default to the provider on the patient's demographics. To change the provider this recall or follow-up is linked to, select the **Dropdown** Arrow.

More specific information regarding this patient's recall or follow-up can be entered in the *Notes* Text Box.

The *Status* Field is used to indicate whether the recall or follow-up is currently active, inactive, or complete for this patient. The radio buttons will default to **Active**.

When finished, select the **OK** Button to save the recall or follow-up.

 The Data Release Link opens the Patient Health Information Consents Window. The Signature Tab contains Billing Release of Information and Privacy Notice Information. To enter this information, click the dropdown arrow and select from the list. The Restrictions Tab contains Communication Restrictions and Information Restrictions. The Advanced Directives Tab includes a checkbox indicating if Advanced Directives are on

file. It also allows a practice to scan a document relating to Advanced Directives.

🔽 VertexDr Patient Health Inf	formation Consents						
Signatures Restrictions Adv	vanced Directives						
Billing Release of Informat	Signatures Enter and track the patient's health information consents. Billing Release of Information Indicate if the patient has signed a statement authorizing the practice to release medical datafor billing purposes.						
Release of Information:	Permitted To Release Data						
Signature Source:	Authorization Form						
Date Release Signed:	08/26/2014 💌						
Privacy Notice Information Indicate when the patient was Date Delivered: Date Acknowledged: Date Notice Signed:	first provided access to the practice's privacy notice.						
Related Comments:							
Data Release History	QK Cancel						

• The **Data Release History** Button will open the *Patient Health Information Release History* Window.

🔽 VertexDr	Patient Health	Information Release History			×
Patient This table co	Health Inf	ormation Release Hi e history of health information	story releases for this patient.		
From Date	To Date	Released By	Released To	Reason	Status
Report				Insert Change	<u>D</u> elete Exit
No Releases I	ocated				

When a release of patient information has been performed it can be recorded in this table.

Update Address

The **Update Address** Button in the toolbar will update the patient's information throughout the account. To save a change only in the section you are working in, click the **Save** Button.

Note: The **Update Address** Button can be selected from the *Patient* Section or from the *Guarantor* Section. The changes from whichever section is currently being viewed will be carried forward to the *Patient*, *Guarantor*, and *Insurance* Sections. Be sure to select the **Update Address** Button from the correct section.

Acquire Image

The **Acquire Image** Button can be used to capture a picture of the patient using a web camera. The picture will become a part of the patient's chart.



Guarantor Section

The *Guarantor* Section displays the contact information for the person responsible for the patient.

🔽 CARD, INES - Patient Chart - BEST	CARE PHYSICIANS (User: CFERNAN)		
File View Activities Reports For	ms		
: 🗕 Back 👻 📄 😴 🖪 Save 📕 S	ave & Exit 📑 New 🖌 Update Address 🔟 💿 📷		
Patient Definition 🛛 🔿	Ines Card (No Allergy Information on File)		Patient Guarantor ×
Sections	Birth Date: 6/1/1980 35 Year Old Cases: 4 Balance: 365.00 Next	Visit: 6/23/2016	MRN: 00000020201 Account: 202-1 Client Id: 1
Personal	Guarantor Data PED FLAG		
Guarantor Insurance			
Status	Identification	Optional Mailing Address	
- Inquiry	Last Name: CARD Suffix:	Street 1:	
Billing Notes Dated Notes	First Name: INES	Street 2:	
Billing Alerts (3)	Middle Name:	City: State:	
Pharmacies (0)	S.S. Number: ###-##-6788	Zip Code:	
Documents (6)	Birth Date: 06/01/1980 V Sex: O Male @ Female		
Insurance Card (2)			
Intake Form (1)	Street 1: 52 OAK HILL RD	Attention:	
MAIL MERGE DOCUMENTS	Street 2: APT 300	Nearest Relative	
CCDA	City: BLOOMFIELD State: CT	Mothers Family Name:	
Specialty Providers (0)	Zip Code: 06002	Mothers Given Name:	
Correspondence (0) Messages (6)	Country: US	Relative Name:	
Tasks (9)	Home Phone: (860) 684-5263	Relationship: Phone: () -	
	Work Phone: () - Extension:	Next Of Kin	
	Other Phone: () - Phone Type:		
		nsert	
	Active.	iiacit.	
	Patient Created: 10/1	3/2009 Patient Last Changed: 4/29/2016 Notes Exist	

Identification

If the Guarantor's relationship was set to *Self* on the *Personal* Section, the system will automatically pre-fill the *Identification* Fields with the information from the *Personal* Section. If the Guarantor's relationship was set to something else, the Guarantor information must be entered.

Optional Mailing Address

The *Optional Mailing Address* Fields are used to send a patient's statement and other correspondence to an address other than what is displayed in the *Identification* Area of the *Guarantor* Section. Any information entered in these fields will automatically override the Guarantor address on file.

Nearest Relative

The *Nearest Relative* Fields are used to track the patient's emergency contact information. The data stored in this section is purely informational and is not printed on statements or insurance claims.

Multiple Guarantors

This feature will allow a practice to insert multiple guarantors for a patient and choose one as the *Active* Guarantor. To use this feature, the **Allow for Insertion of multiple Guarantors** Checkbox must be checked. To access this setting, select **Definitions**, **Parameters**, **System Wide Defaults**, and then *Patient*.

The following modifications to Patient Definition will become visible:

Patient Definition

• From the *Guarantor* Section of Patient Definition, an **Active** Dropdown Menu will become available.

atient Definition 🧔	Ines Card (No Allergy Information on File) Birth Date: 6/1/1980 35 Year Old Cases: 4 Balance: 365.00 New	t Visit: 6/23/2016	Patient Guarantor MRN: 00000020201 Account: 202-1 Client Id: 1
Personal Personal Insurance Status Insurance Status Dated Notes Billing Alerts (3) Pharmaces (0) Decuments (6) MALL MERE DOCUMENTS Decuments (6) MALL MERE DOCUMENTS Specially Providers (0) Correspondence (0) Messages (6) Tasks (9)	Guarantor Data PED FLAG Identification	Optional Maling Address Street 1: Street 2: City: Zip Code:	

If a patient only has one guarantor, that guarantor will be the only option in the Dropdown Menu. If a patient has more than one guarantor, another guarantor may be selected as the *Active* guarantor using the Dropdown Menu. Once another guarantor is set to *Active* the information displayed on the *Guarantor* Section will reflect the selected guarantor's information.

- To insert a new guarantor, select the **Insert** Button next to the **Active**Dropdown Menu. Once selected a new guarantor record is inserted. Some
 information will carry over from the previous guarantor; however, the user
 must change or insert all necessary information before saving the record.
 After selecting the **Save** Button, the user may then select the newly inserted
 guarantor from the Dropdown Menu to make it the *Active* guarantor and then
 save the account.
- Once a patient has more than one guarantor the active guarantor will be used for all correspondences (i.e. mail merges, custom forms, letters, labels etc.). The active guarantor will also be used when updating the patient's address from the guarantor screen and when inserting insurance.
- When printing an On-Demand Statement for a patient who has charges associated with multiple guarantors the user has the option to select a guarantor from the *Guarantor* Field on the *Statement Selection* Window. Any statement printed will then display the chosen guarantor regardless of which guarantor is associated with the charge. If no guarantor is selected, then the guarantor associated with the charge will display on the statement when printed. If multiple charges are selected to be printed, then a statement will print for each guarantor's associated charges.

Insurance Section

The *Insurance* Section allows for the patient's Primary, Secondary, and Tertiary insurance information to be entered into the system. The *Insurance Controls* List Box displays all of the patient's current insurances. The highlighted insurance is displayed in the window's fields.

🔽 CARD, INES - Patient Chart - BEST	CARE PHYSICIANS (User: CFERNAN)	
EFile View Activities Reports For	ms	
] <u>B</u>ack → → → 💾 Save 💾 :	Save & Exit 📑 New 🖌 🔳 Transaction Update 💿 🗔	
Patient Definition 🫛 🧖	Ines Card (No Allergy Information on File)	Patient Insurance ×
Sections	Birth Date: 6/1/1980 35 Year Old Cases: 4 Balance: 365.00 Next Visit: 6/23/2016	MRN: 00000020201 Account: 202-1 Client Id: 1
Personal Guarantor	Insurance Data ! RED FLAG	
	Insurance Controls Isingibility Insured Information	
- Inquiry	Priority Insurance Description Case Insured Name: CARD, INES Suffix:	
Billing Notes	1 AHP AETNA HEALTH PLANS-MC/SC/PPO 0 Street: 52 OAK HILL RD	
Billing Alerts (3)	2 BCS BLUE CROSS/BLUE SHIELD 0 City: WATERBURY State: CT	
Pharmacies (0)	3 CHP CIGNA HEALTH PLANS 0 Zip Code: 06706	
PATIENT INFORMATION	Insurance Code: AETNA HEALTH PLANS-MC/SC/PPO (AHP) Q. Country:	
MAIL MERGE DOCUMENTS CCDA	Plan Code: Q Show Plan Phone Number: (860) 684-5263	
Specialty Providers (0)	Remit Address: P O BOX 3013, BLUE BELL, PA (9) Q Birth Date: 06/01/1980 V Sex: Male @ Female	
Correspondence (0) Messages (6)	Membership Id: 123456 Multiple Patterns Insured Relation: Self 🗸	
Tasks (9)	Group Id: Employer Information	
	Effective From: Effective To: Employer Name:	
	Eligibility: Street:	
	Priority Rank: 1 Accept Assignment: Yes No City: State:	
	Website Link: www.aetna.com Zip:	
	Medication Link: No Website Defined Phone Number:	
	Co-Pay Amount 0.00 Professional Co-Pay Amount	
	Financial Code: (CHP) CIGNA HEALTH PLAN	
	Insert Delete Save Case Images	
	Patient Created: 10/13/2009 Patient Last Changed: 5/2/2016 Notes Exist	

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Inserting an Insurance Carrier

- 1. To enter new insurance, in the *Insurance Controls* Section, select the **Insert** Button. The system will automatically fill in the *Insured Information* Fields with the information from the *Identification* Area of the *Guarantor* Section. If the policy holder is not the Guarantor, the information in the *Insured Information* Fields must be changed to reflect the actual policy holder.
- The *Employer Information* Fields are not required by the system. If the policy holder's employer is known, that information can be entered. If specific employers frequently refer their employees to the practice, a table can be created by selecting the **Magnifying Glass**.
- 3. In the *Insurance Code* Field select the **Magnifying Glass**. The *Insurance Carrier Table* Window will open. Enter the criteria and the select the **Search** Button.

CANAL CONCLUS	ce Carrie ontains all of t		rriers that participate with the practice.				
Locate by:	Description	•	AETNA HEALTH PLANS-MC/SC/PPO		Search	Active only	
Code	Active	Description		Submission Typ	pe		
AHP	7	AETNA HEALT	H PLANS-MC/SC/PPO	Electronic			

- 4. Highlight the desired carrier in the list and then click the **Select** Button.
- 5. In the *Remit Address* Field click on the **Magnifying Glass**. The *Insurance Remit Address Table* Window will open. The table will display the remit addresses associated with the selected insurance carrier. Select an address from the list and click the **Select** Button.

Incura	anca: AFT	NA HEALTH PLANS-MC/SC/PPO				
	e by: City		,	Search		
ctive	Code	Address1	Address2	City	State	
V	1	P O BOX 1111		MIDDLETOWN	СТ	
1	2	PO BOX 150437		HARTFORD	СТ	
1	3	PO BOX 150417		HARTFORD	СТ	
1	4	PO BOX 26994	AETNA US HEALTHCARE	MILWAUKEE	WI	
1	5	P O BOX 26994		MILWAUKEE	WI	
1	6	P O BOX 3930	3541 WINCHESTER RD	ALLENTOWN	PA	
1	7	P.O. BOX 31450		TAMPA	FL	
1	8	P.O. BOX 2387		FORT WAYNE	IN	
1	9	P O BOX 3013		BLUE BELL	PA	
						F.

If the remit address listed on the insurance card is not found in the *Insurance Remit Address Table* Window, select the **Insert** Button to add it. The *Remit Address Definition* Window will open.

ermicion mormacion	for an insurance ren	nit address.
emit Address Info	mation	
Insurance Carrier:	AETNA HEALTH PL	ANS-MC/SC/PPO
Contact Person:		
Address 1:		
Address 2:		
City:		State:
Zip Code:	-	
Phone:	() -	Extension:
Fax:	() -	
Medigap Code:		
Active:	(Address is val	id)
Carrier Code:		

Enter the pertinent information for the remit address and then select the **OK** Button.

6. In the *Membership ID* Field enter the patient's insurance membership identification number. This number is a unique pattern customized to each individual insurance carrier. A series of number signs appears to the right of the field indicating how many digits to be entered. Digits can include a combination of letters and numbers.

Membership Id:		#########A ?????????

Insurance carriers in the system can be set up with a maximum of 3 patterns. A # symbol indicates that a number is a required. The letter A indicates that a letter is required. This can be any letter. The '?' indicates that both numbers and letters are possible as long the ID number is the specified number of characters long.

- 7. In the *Group ID* Field enter the group identification number if it is known.
- 8. If the practice wishes to track the effective dates for this insurance payer, they may be entered in the *Effective From* and *Effective To* Fields.

Note: The *Effective From* and *Effective To* Fields are optional. It should be noted that VertexDr Practice Manager tracks insurance at the line-item level. This means that if the insurance information on a patient's account is changed, any transactions created with previous insurance information will correctly retain the past insurance information for inquiry and resubmission purposes. The new insurance information will only be applied to new transactions moving forward unless a Transaction Update is performed.

- 9. The *Priority Rank* Field indicates what priority (Primary, Secondary, or Tertiary) the insurance is in. The system automatically sets the priority based on in which order the insurances were added. Once the insurance information is saved the *Priority Rank* Field can be changed.
- 10. The *Accept Assignment* field will automatically be defaulted based on the Insurance Carrier Definition. This indicates if the practice participates with the insurance carrier or not. If necessary, this can be changed by selecting the appropriate Radio Button.
- 11.If there is a website defined in the system for the insurance carrier it will be displayed in the **Website** *Link* Field.
- 12.In the *Co-Pay Amount* Field enter the amount of the co-payment to be paid by the patient as indicated on the insurance card.
- 13. The *Financial Code* Field will automatically fill in based on the Insurance Carrier Definition of the primary insurance. The Financial Code is used for reporting purposes and should remain as defaulted.

Note: When changing *Priority Rank*, it may also be necessary to adjust the *Financial Code* Field to reflect the appropriate primary insurance.

14. When finished entering the information select the **Save** Button

Inserting Secondary and Tertiary Insurance

To enter a secondary and/or tertiary insurance, select the Insert Button and fill in the information for the payer and the Insured. The *Priority Rank* Field will automatically set itself to the correct rank (i.e. 2 or 3 respectively).

Note: The patient's co-payment is only tracked for the primary insurance. Do not change the co-payment or the Financial Code when entering secondary and tertiary insurance.

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Case Management

Cases contain their own insurance information. This allows offices to maintain one patient account with insurance information for any cases they may have pending. Examples of instances where a case would be needed are Worker's Compensation and automobile accidents. In these examples, the patient has a completely separate set of insurance. Claims are submitted to these carriers and not their normal primary, secondary, and tertiary carriers.

To insert a new case:

1. From the *Insurance* Section select the **Case** Button. The *Patient Case List* Window will open. The *Default Case* is 0. This holds the patient's normal primary, secondary, and tertiary insurance information.

	It Case Table e contains all of the patient's registered cases.	
Case	Description	Status
	DEFAULT CASE	Active
1	W/C 04/01/2014 RT HAND	Active
2	MEDSOLUTIONS XRAYS	Active
3	W/C 2/1/15 RT EYE	Active
	<u>Insert</u> <u>Change</u>	Select

2. Click the **Insert** Button. The *Patient Case* Window will open.

as <u>e</u> Identification	Illness and Diagnosis	Attorney and Condition	Situational		
Case Identifi Specify the case ide		information for the patien	ťs case.		
Case Identificatio	n				
Patient Name:	Ines Card	Account:	202		
Active Case:	4				
Description:	1				
Last Changed:		Date Created:	5/2/2016		
Status:	Active 💌				
General Informat	ion				
Referring MD:		Q	1		
Financial Code:	-	Q	-		
Local Use:			(HCFA box 19)		
Medicaid:					
Reference:					
Authorization:					
Lab Information					
Outside Lab:	🔘 No 🔘 Yes	Lab Charges:	0.00		
		UB04 Information		OK Cancel	_

- On the **Case Identification** Tab, enter the case description and any other information that may be pertinent in the appropriate fields.
- On the **Illness and Diagnosis** Tab, at minimum, specify the date of injury in the *Current Illness* Field. The *Diagnosis Groups* Section can be used to specify the specific diagnosis if it is known or needed.
- On the Attorney and Condition Tab the Attorney Information Section can be filled in if there is an attorney involved and the contact information is known. In the Patient Condition Section, if this is a Worker's Compensation related case, the Employment Button must be set to Yes. If this is related to a motor vehicle accident, the Auto Accident Button must be set to Yes, and the Accident State must be entered.
- The **Situational** Tab specifies the situation and the condition for the patient's case. Fill in and select the appropriate information if needed.
- When finished click the **OK** Button.
- 3. A message box will appear asking if you would like to duplicate the insurance from the default case. By selecting the **Yes** Button, the insurance carrier and their information that are linked to the default case will automatically copy to this case. If you select the **No** Button, there will be no insurance carrier and information linked to the case. You will have to insert that information after creating the case.

- 4. The added case will now appear on the *Patient Case List* Window. Highlight the newly created case and click the **Select** Button.
- 5. Follow the same steps for inserting an insurance carrier. The case number will now be represented on the selected insurance line in the *Insurance Controls* List Box.

Definition 🗠	Ines Card (No Allergy Information on File) Birth Date: 6/1/1980 35 Year Old Cases: 4 Balance: 365.00 Next Visit: 6/23/2015	Patient Insura MRN: 00000020201 Account: 202-1 Clier
inal antor ance s ry g Notes d Notes	Insurance Data Insured FLAG Insurance Controls Insured Information Priority / Insurance Description Case 1 WORK WORKERS COMPENSATION	
g Alerts (3) nacies (0) ments (6) TIENT INFORMATION ALL MERGE DOCUMENTS DDA alty Providers (0) ages (6) 5 (9)	City: BLOOMFIED State: CT Zip Code: 06002 Insurance Code: WORKERS COMPENSATION (WORK) Country: Plan Code: Q Show Plan Remit Address: TRAVELERS, VERNON, CT (1) Birth Date: 06/07/1980 • Sex: Membership Id: 1234566 Insured Relation: Self Group Id: Employer Information	
	Effective From: Effective For: Effective For: Employer Name: CVS Street: 100 MAIN ST Vebsite Link: No Website Defined Website Link: No Website Defined Co-Pay Amount 0.00 Financial Code: (WC) WORKERS COMPENSATION	
	Insert Delete Save Case Imaggs	

There are now two cases associated with this patient.

6. To switch back and forth between the cases to view information regarding them, click the **Case** Button. On the *Patient Case List* Window, highlight the desired case and click the **Select** Button.

Scanning Insurance Cards

Insurance cards can be scanned into the system for reference purposes. The system maintains a copy of all scanned insurance card images in the *Documents* Section of Patient Definition.

To scan an insurance card:

1. Highlight the insurance carrier in the *Insurance Controls* List Box you wish to scan a card for and then select the **Images** Button. The *Insurance Card Reader* Window will open.

👿 VertexDr Primary Insurance Caro	l Images		23
	20092	비율ቤ Q 🚆	<u>o</u> k
			Acquire Image
			Browse
			<u>C</u> lear Image

- 2. Select the **Scan** Button. The *Scan Documents* Window will open.
- 3. The *Insurance Code* Field will automatically default to the *Priority Rank* of the selected Insurance. The *Type* Field will also default to *Insurance Card*.
- 4. Place the insurance card in the card scanner face down, all the way to the right-hand side and then select the **Scan** Button. The card scanner will scan the front of the card. A message box will open asking if there are additional pages to scan. Flip the card over and place it back in the Ambir scanner with the backside down, all the way to the right-hand side and then select the **Yes** Button. The scanner will scan back of the card.
- 5. The same message window will display a second time asking if there are additional pages to scan. Select the **No** Button. The image of the insurance card will display in the *Insurance Card Images* Window.
- To move through the pages, select the single Back Arrow or the single Forward Arrow. You can also select 1 of 2 or 2 of 2 from the Dropdown List.
- 7. To rotate the image clockwise or counterclockwise, select one of the Rotate Icons.



8. To zoom in or out on the image of the card, select the **Plus** or **Minus Magnifying Glass** Icon.

|--|

- 9. To print the image of the card, select the Printer Icon.
- 10.If the insurance card needs to be rescanned, select the **Clear Image** Button to delete the image of the card. To rescan the card, follow the steps above.

- 11.When finished, select the **OK** Button to save the image and any changes and return to the *Insurance* Section of Patient Definition.
- 12.To scan an image of the secondary and/or tertiary insurance cards, repeat steps 1 7 above.

Note: If an insurance card has been scanned, an insurance card icon will display to the left of the Insurance Carrier Code in the *Insurance Controls* List Box.



Status Section

The *Status* Section provides detailed information regarding Budget Settings, Statement and Letter Settings, Posting Defaults, and Patient and Insurance Monetary Responsibilities.

	CARD, INES - Patient Chart - BES	orms								
Patient Created: 10/13/2009 Patient Last Changed: 5/2/2016 Notes Exist	Sections Guarantor G	Ines Card (No Alle Bith Date: 6/1/1980 35 Ye Status Data Budget Settings Frequency: Payment Amount: First Payment Date: Next Payment Date: Statement: Date Last Sent: Use Dunning: Dunning Date: Letter Issue Settings Issue Letters:	rgy Information on A ar Old Cases: 4. Balance: 36 None 0.00 ves ves Reset gam. Yes Ves Reset gam. Yes Reset gam.	5.00 Next Visit: 6/23/201 ED FLAG Posting Defaults Diagnosis 1: Diagnosis 2: Diagnosis 3: Diagnosis 4: Patient Cases Active Case: Status Information Last Service: Last Patient Pay: Last Insurance Pay: Internal Collections: External Collections:	(784.0) HEADACHE DEFAULT CASE (0) 7/17/2013 Amount: 11/30/2011 Amount: Amount: Amount:	(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	Current: Over 30: Over 50: Over 90: Patient Total: Insurance Responsibility Current: Over 30: Over 50: Over 60: Over 60: Over 120: Insurance Total: Today's Activity:	0.00 0.00 170.00 170.00 0.00 0.00 0.00 0	MRN: 6000020201	

Budget Settings

In the *Budget Settings* section, the practice can choose a budget plan for the patient. A budget plan is a contract between the patient and the office on when and how much the patient should pay to meet the patient's monetary obligations.

Statement Issue Settings

The *Statement Issue Settings* Section is where the practice can view the last time the patient received a statement or a dunning message, update whether the patient receives a statement, and whether or not dunning messages are appropriately applied to those statements. This is also where the statement settings can be reset for the patient if necessary.

To reset a statement:

1. Select the **Reset Stmt.** Button. The *Reset Transaction Statement* Window will open.

Reset Transactior The system will only reset parameters.	Statements the transactions that fall within all of the indicated reset
Reset Parameters	
From Date of Service:	
To Date of Service:	
Move Count Back:	0 🗮 🔲 Reset count to zero
Specific Procedure:	(A)
Specific Financial:	Q
Specific Patient Case:	×
Statement Date:	Do not reset the last statement date

- 2. In the *From Date of Service* and *To Date of Service* Fields, enter the dates of service for the transactions where statements need to be reset.
- 3. In the *Move Count Back* Field, use the **Up** and **Down** Arrows to set the statement count back to 1 or 2. To reset the statement count to 0, select the **Reset count to zero** Checkbox.
- 4. If only statements for transactions linked to a *Specific Procedure*, *Financial Class*, or *Specific Patient Case* should be reset, select the appropriate code using the **Magnifying Glass** in the associated field.
- 5. If the patient is currently due for a statement and you would like them to receive that statement before resetting the statement count, then select the **Do not reset the last statement date** Checkbox.
- 6. When finished, select the **OK** Button.

Note: Only some of the fields mentioned may be necessary when resetting statements. At any point, select the **OK** Button to save the settings and reset the statement criteria.

Letter Issue Settings

The *Letter Issue Settings* Section displays whether or not a patient receives letters as well as the last date the patient received a letter. When letters are issued for this patient can also be reset from here. This section is also used to issue a collection letter.

To reset a letter:

1. Select the **Reset Letter.** Button. The *Reset Transaction Letters* Window will open.

Reset Parameters From Date of Service: To Date of Service: Move Count Back: 0 Reset count to zero	
To Date of Service:	
Move Count Back: 0 🚔 🔲 Reset count to zero	
Specific Procedure:	
Specific Financial:	
Specific Patient Case:	

- 2. In the *From Date of Service* and *To Date of Service* Fields, enter the dates of service for the transactions where letters need to be reset.
- 3. In the *Move Count Back* Field, use the **Up** and **Down** Arrows to set the letter count back to 1 or 2. To reset the letter count to 0, select the **Reset count to zero** Checkbox.
- 4. If only letters for transactions linked to a *Specific Procedure*, *Financial Class*, or *Specific Patient Case* should be reset, select the appropriate code using the **Magnifying Glass** in the associated field.
- 5. When finished, select the **OK** Button.

Note: Only some of the fields mentioned may be necessary when resetting statements. At any point, select the **OK** Button to save the settings and reset the letter criteria.

Posting Defaults

The *Posting Defaults* Section stores the patient's most recent diagnoses. Depending on your system settings, these fields may or may not update when new diagnoses are posted. These codes will pull forward to Charge Posting.

Patient Cases

The *Patient Cases* Section will display the active insurance cases. If the patient has more than one case, they can be viewed by clicking the **Magnifying Glass** and selecting which case to view. Navigate back to the *Insurance* Section to view the selected case information.

Status Information

The *Status Information* Section displays the patient's last service date, the last patient and insurance payment dates with the respective amounts, and the amounts that are currently in collections.

Patient Responsibility

The *Patient Responsibility* Section displays the patient's balance and the aging status.

Insurance Responsibility

The *Insurance Responsibility* Section displays the insurance's balance and the aging status.

Today's Activity

The *Today's Activity* Section displays the total amount of posting activity for the present day.

Inquiry Section

The *Inquiry* Section provides a detailed history of the patient's transactions. This includes the service date with the transaction code, any payments, the amount charged, the remaining balance, the Providing and Referring MD's, the service location and the Financial Class. The **Transactions to view** Radio Buttons will default to *Open*. *Open* will display transactions in a batch, transactions with a balance, or transactions with a zero balance that are less than the system-defined number of days old. *History* displays all transactions that were posted to the account, except for transactions still in an open batch. *Suspense* displays transactions that are waiting to be released to a batch from the Import Facility.

Note: Transactions will only be found under *Suspense* if the practice is utilizing specific areas of EMR, such as charge capture and/or the e-superbill.

Personal Guarantor Insurance Status Inquiry Data PreD FLAG Current Transactions All Transactions Inquiry Current Transactions All Transactions Inquiry Current Transactions to view: Open History Status	Personal Inquiry Data I RED FLAG Businance Status Transactions All Transactions Inquiry Data Transactions to view: © Open History Status Building Notes Dated Notes Service Date Action Description Amount Remaining Providing MD Assistant MD Location Submit Type Finance Building Notes Service Date Action Description Amount Remaining Providing MD Referring MD Assistant MD Location Submit Type Finance Building Notes Service Date Action Description Amount Remaining Providing MD Assistant MD Location Submit Type Finance Bootaments (6) Secondary Providers (0) Secondary Provider	Personal Guarantor Insurance Status Status Billing Notes Billing Notes	RED FLAG Description Today's Activity: 0.00 (6 Charges) - Patient Total (6 Charges) - Cigna Health PLAN PMT CIGNA HEALTH PLAN ADJ	Amount F 170.00, Insurance 85.00	Total: 195.00, 1	oday's Activity: (ansactions to view:	💿 Open 🕐 Histo	
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All Transactions Link

The **All Transactions** Link allows users the ability to filter open transactions by specific service dates.

1. Click the **All Transactions** Link. The *Filter Transactions* Window will open. In the *Date Range* Section select the *Start Date* and the *End Date* by clicking the drop down arrows.

	Ictions lect a date range and transaction code for 1
Transaction Date	Anna -
Select Date R	1999. Tot
Start Date:	10/21/2009 💌
End Date:	07/17/2013 💌
) Select All Dat	res
Transaction Code	Filter
- I.	Q
Code:	splay bad debt financial class transactions
	spray bod debermaneiareiass a ansaectoris
Code:	solay had debt financial class transactions

- 2. If a specific transaction code is desired, in the *Transaction Code Filter* Section, click the **Magnifying Glass**. The *Transaction Table* Window will open. Search for and select the desired Transaction Code.
- 3. To view transactions set to the system-defined Bad Debt Financial Class, select the **Display bad debt financial class transactions** Checkbox.
- 4. When finished, select the **OK** Button. The *Current Transactions* List Box will filter to the defined criteria.
- 5. To undo the filter, select the **(Filtered)** Link. The *Filter Transactions* Window will open.
- 6. Click the **Select All Dates** Radio Button and then select the **OK** Button. The *Current Transactions* List Box will re-display all of the patients *Open*, *History*, or *Suspense* Transactions.

Exploding a Transaction for Viewing

To view transaction details:

1. Double-click the transaction line item in the *Current Transactions* List Box. The *Transaction Explosion* Window will open.

	VertexDr	Daily Transaction Explos	sion			
1. This record is in the	daily transaction file. It can be changed prior to the next closing.					
Transaction Explosion for Lindsey Test (426721-1) Birth Date: 3/7/1980						
Insurance Informa	tion	Insurance Informa	ation			
Description:	00124 - OTOSCOPY	Priority:	Primary 🗸			
From Date:	06/28/2018 V To Date: 06/28/2018	 Insurance: 	BANKERS LIFE & CASUALTY (1935)			
Admit Date:	Discharge Date:	✓ Remit Address:	Q			
Amount:	710.00 Number of Units: 5	Contact Phone:	() - Date of Last Submit:			
Check Number:	Deposit Date:	 Insured Name: 				
Providing MD:	(01) STEINMAN, EDWARD MD	Insured Relation:	\checkmark			
Assistant:		۹ Membership Id:	Group Id:			
Referring MD:	(15) EPSTEIN, JOHN	Q Authorization:				
Location:	(CENT) SURG CTR OF CENTRL JERSEY	Q Options:	Accept assignment 🛛 Assign benefits to provider			
Financial Class:	(CO) COMMERICAL	Insured Employer 1	Information			
Patient Case:	DEFAULT CASE (0) Responsibility:	Employer:	Phone: () -			
Active Insurance:	Primary	Address:				
Remaining:	0.00	City:	State: Zip Code:			
Place of Service:	24 Type of Service: 7	Diagnosis and CPT	Code Information Switch to ICD-9			
Transaction 1:		Diagnosis and CPT Diagnosis 1:	Code information Switch to 1CD-9 Q Diagnosis 5: Q			
Transaction 2:			Diagnosis 6:			
Insurance:		Diagnosis 2: Diagnosis 3:	Organisas of Company Oligonosis 7:			
EPSDT:	Type: CHARGE	Diagnosis 4:	Q Diagnosis 8:			
Options:	Emergency Family planning	Diagnosis 4: CPT Code:	(00124) ANESTHESIA FOR EAR EXAM			
	Return HCFA Suppress statement	CPT Code:				
	Insurance paper attachr		Measure			
Additional Informati	on Letters/Stmts Provider Audit		Anesthesia Resubmit OK Cancel			

This window displays specific information regarding the selected transaction.

2. The *Insurance Information* Section displays the transaction description, the charged amount, the amount remaining, the providers that are linked to the transaction, which case this transaction is associated with and any statement or insurance messages which may have gone out with the claim.

Note: To view the Transaction Definition for the attached procedure, select the **Description** Link. The *Transaction Definition* Window will open.

- 3. The *Insurance Information* Section displays the carrier(s) this transaction is currently out to. It also displays what remit address the claim was sent to and on what date.
- 4. The *Insured Employer Information* Section displays the employer information for the insured as it was defined in the *Insurance* Section of Patient Definition at the time the transaction was posted.
- 5. The *Diagnosis and CPT Code Information* Section displays the diagnoses and he procedure associated with the transaction.
- 6. The claim can be resubmitted by clicking the **Resubmit** Button.

- 7. The **Additional Information** Button will display the NDC Code which was submitted with the clam if there was one.
- The Letters/Stmts Button will display the statement and letter count for the selected transaction as well as the last time statement or letter was sent out for the selected transaction.
- 9. The **Provider** Button will open the Provider Definition for the Providing MD associated with this transaction.
- 10. The **Audit** Button will display the user who originally posted the transaction, the batch number this transaction was posted in, the date and time this transaction was posted, and the transaction ageing date.
- 11. The **Anesthesia** Button will display Anesthesia Information along with Concurrency.
- 12.To exit the *Transaction Explosion* Window, select the **OK** Button to save and changes which may have been made or select the **Cancel** Button to exit the window without saving changes.

Inquiry Section Toolbar

Transaction Update... 💿 📺 🔚 🔚 | 🖶 Explode... Resubmit Claim Status Ack History

- Select the **Transaction Update** Button to modify specific details regarding a defined transaction or group of transactions. For more information on performing a Transaction Update, see the *Posting* Section of this manual.
- Select the **Expand List** Button to expand the transactions in the *Current Transactions* List Box.
- Select the **Contrast** List Button to collapse the transactions in the *Current Transactions* List Box.
- Select the **Explode** Button to view details regarding the highlighted transaction.
- Select the **Resubmit** Button to resubmit the highlighted transaction to the responsible insurance. The transaction will go out with the next closing.
- If the carrier associated with the transaction allows electronic claims auditing, select the **Claim Status** Button to view the *Claim Status* Window.

Billing Notes Section

The *Notes* Section contains Dated Notes, internal Billing and Office Notes as well as the System Wide Patient Alert Note.

🔽 CARD, INES - Patient Chart - BEST	CARE PHYSICIANS (User: CFERNAN)			
File View Activities Reports For	rms			
] = B ack 👻 🔿 👻 💾 Save 💾 S	Save & Exit 📑 <u>N</u> ew 🖌 💆 🍥 🖼			
Patient Definition 🛛 🔿	Ines Card (No Allergy Inform	nation on File)		Billing Notes ×
Sections	Birth Date: 6/1/1980 35 Year Old Cases	4 Balance: 365.00 Next Visit: 6/23/2016		MRN: 00000020201 Account: 202-1 Client Id: 1
Personal	Billing Notes	RED FLAG		
Guarantor Insurance	_			
	BILLING			
Billing Notes	I		*	
Dated Notes				
Billing Alerts (3) Pharmacies (0)				
Documents (6)				
PATIENT INFORMATION MAIL MERGE DOCUMENTS				
MAIL MERGE DOCOMENTS CCDA				
Specialty Providers (0)			-	
Correspondence (0) Messages (6)	COLLECTION			
Tasks (9)			*	
			÷	
	System Wide Patient Alert Note			
	Alert Note: RED FLAG	A	Print	
	Alert Note: RED TEAS	4	Elinen	
		Patient Created: 10/13/2009 Patient Last Changed: 5	/2/2016 Notes Exist	

Note: The ability for each user to enter a note of any type is a User Security. For more information on User Securities, see the *User Security* Section of the VertexDr Practice Suite Managers .

Billing & Collection Notes

The *Billing* and *Collection* Areas are two free text boxes provided for general notes. These areas can be renamed by the practice in order to define them for other uses.

To enter a note in either box, simply click in the box with the mouse and begin typing.

Note: *Billing* and *Collection* Notes are not date or user stamped. The practice should consider having users who enter notes in these areas label them so as to define who entered the note and when.

To delete a *Billing* or *Collection* Note, simply highlight the note in the text box and then select the **Delete** Key on the keyboard.

Note: Any user may delete a *Billing* or *Collection* Note. Once the **Delete** Key is selected the note will be permanently deleted. No confirmation window will display to verify the deletion.

Patient Alert Notes

The *Patient Alert Note* is a specific note that displays anytime the patient is selected. The alert note displays in red just below the patient's name when conducting a search. When accessing Patient Definition, the alert will display in red

at the top of the *Personal*, *Guarantor*, *Insurance*, *Status*, *Inquiry*, and *Notes* Sections.

To enter a *System Wide Patient Alert Note*, simply click in the text box and beginning typing.

Note: The text box can hold up to 20 characters, including spaces, numbers, and special characters.

Dated Notes Section

The *Dated Notes* Section displays the context of the note. The list box shown below the *Dated Notes* Section, displays the date the note was created, the user who created the note and the beginning of the note.

To insert a Dated Note:

- 1. Click the **Insert** Button. The cursor will appear in the *Dated Notes* Section.
- 2. Enter the context of the note.
- 3. When finished, click the **Save** Button. The note will be date stamped and user stamped.

Deleting a Dated Note

Dated Notes can be deleted by the original user on the calendar date the note was created.

To delete a Dated Note:

- 1. Highlight the note in the *Dated Notes* List Box and then select the **Delete** Button.
- 2. The Delete Rows Message window will display.
- 3. Select the **Yes** Button to confirm the deletion. Select the **No** Button to return to the *Notes* Section.

Billing Alerts Section

Billing Alerts allows the practice to attach non-clinical, permanent or temporary alerts associated with patient's account. An alert list or pop-up window will appear upon access into the patient's account.

CARD, INES - Patient Chart - BES	CARE DUVSICIANS (Uson CEEP	IAN)		- 0 -
ile View Activities Reports Fo		(AIN)		
∎ <u>B</u> ack • ⇒ • 🖺 Save 📳		🐵 📾 I 😒 I 🚍		
atient Definition	Ines Card (No Allergy			Patient Alerts
ections		:e: 6/1/1980 Next Visit: 6/23/2016		MRN: 0000020201 Account: 202-1 Client Id: 1
Personal Guarantor Insurance	Patient Alerts	ry patient alerts for this patient.	📄 Display future patient aler	
Status	Date Entered	Description	Alert Value	System Note
Inquiry Billing Notes	1/1/2015 (DAWNP)	AETNA FC ALERT	AETNA FC ALERT	MAKE SURE YOU VERIFY ELIGIBILITY
Dated Notes	2/11/2015 (DAWNP)	BAD ADDRESS	NEED NEW ZIP CODE	PLEASE GET CORRECTED ADDRESS FROM PATIENT.
Billing Alerts (3) Pharmacies (0)	A 11/30/2011 (CLF)	HEARING IMPAIRED		PATIENT WILL NEED AN INTERPRETER
iii Speciality Providers (0) Correspondence (0) iii Messages (6) iii Tasks (9)				
][Patient Created: 10/13/2009	Patient Last Changed: 5/2/2016 Notes Exist	

Inserting a Billing Alert

1. Select the **New** Button in the toolbar. The *Patient Alert* Window will open.

Define an alert n	ert nessage for this patient.
Alert Maintena	ance
Identifier:	1
Type:	Temporary
Value:	
User:	CFERNAN Date Created: 5/2/2016
Display:	
Start Date:	05/02/2016 💌
Action Notes (Read-Only)
Display Inform	ation
	nanent/temporary alert list on patient access
er orce peri	t message window on patient access
C Force alert	chessage interve of puteric occess
~	ce on patient access

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2. In the *Identifier* Field select the **Magnifying Glass** to access the *Permanent/Temporary Alerts Table* Window.

This ta	able contains all of th		n be used in the system.
Alert 1		Permanent	Active only Search Show all display locations
Active	Display Location	⊽ Code	Description
V	BILLING	AHP	AETNA FC ALERT
V	BILLING	BA	BAD ADDRESS
V	BILLING	BI	BAD INSURANCE INFORMATION
V	BOTH	BAL	LARGE PATIENT BALANCE ON ACCT
1	BOTH	PREG	PREGNANT
V	BOTH	RESTR	RESTRICTIONS
			Insert Change Select Exit

3. The *Alert Type* will default to *Temporary*. To view permanent alert types, select the **Permanent** Radio Button. The table will display alerts set to a type of *Billing* and *Both*. To view *Clinical* alerts, select the **Show all display locations** Checkbox. Select an alert from the list and click the **Select** Button.

Note: If the necessary alert is not available in the table, select the **Insert** Button to create a new alert. For more information on creating alerts, see the *VertexDr Practice Manager* Section of the VertexDr Practice Suite Managers Manual.

- 4. The *Patient Alert* Window will display with information from the selected alert filled in.
 - The *Identifier* Field will display the selected alert.
 - The *Type* Field will display either *Temporary* or *Permanent* depending on the alert selected.
 - The *Value* Field is a free-text field for additional notes pertaining directly to the patient. The *Value* Field can hold up to 40 characters including spaces, special characters, and numbers.
 - The User and Date Created field will automatically fill in.
 - The *Start Date* will default to today's date. To choose a different date, click the dropdown arrow and select a date from the calendar. If the alert will not begin displaying until the date selected.
 - The Action Notes Section is a read-only section. The notes in this section are attached to the selected *Identifier* and cannot be added to, changed or deleted. These notes are entered at the time of set-up.

- In the *Display Information* Section, choose which display option best relates to the alert. This will determine how the alert opens when the account is accessed.
 - Force permanent/temporary alert list on patient access

 This option will ensure that if there are multiple alerts on the account, all of the alerts will be displayed at the same time, in a table, when the account is accessed.
 - Force alert message window on patient access If there are multiple alerts on the account, this option will force each alert to open in an individual window. The user will have to manually scroll through the alerts.
 - Do not force on patient access If this radio button is selected, the alert will be saved to the account, but it will not display when the account is accessed.
- 5. When finished, click the **OK** Button to save the alert.

Deleting a Billing Alert

1. To delete a Billing Alert, highlight the alert in the Patient Alerts List Box and then select the Red X in the Toolbar.

The *Confirm Patient Alert Deletion* Window will open. Select the **Yes** Button to confirm the deletion or select the **No** Button to return to Patient Definition.

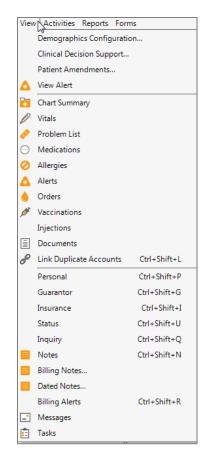
Pharmacies, Documents, Specialty Providers, Correspondence, Messages, & Tasks Sections

For more information on the *Pharmacies*, *Documents*, *Specialty Providers*, *Correspondence*, *Messages*, and *Tasks* Sections, please see the *Patient Chart* Section of this manual.

View Menu

Keyboard Shortcuts

The **View** Menu contains a keyboard short cuts legend.



The shortcut keys can be used to quickly navigate through the Patient Definition without using the mouse.

Demographics Configuration

Demographics Configuration allows the user to decide what areas of the Patient Definition they have access to when a patient account is opened.

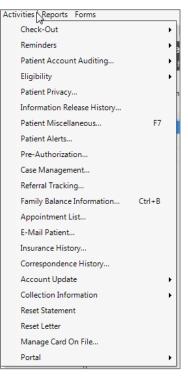
Selecting **Demographics Configuration** will open the *Demographics Summary Configuration* Window. All items will be initially listed in the *Assigned Items* List Box. Use the **Double-Arrow** Buttons to move all items between *Assigned Items* and *Available Items* or use the **Single-Arrow** Buttons to move individual items.

To reset the window to its original configuration, select the *Reset* Link at the bottom of the window. All items will be moved back to the *Assigned* List Box so that all folders are visible.

Note: Certain demographic items are unable to be moved from *Assigned Items*, this is by design. Also, the user must re-open the patient account in order to view the Configuration changes.

Activities Menu

The **Activities** Menu provides access to various areas of Patient Definition as well as other useful account functions. This section will cover the areas which have not already been mentioned.



Check-Out

• Schedule Appointment - The Schedule Appointment Option will open the Locate Available Appointments Window. From this window, a first available appointment can be scheduled. For more information on using the Locate Available Appointments Window, reference the Scheduling Section of this manual.

Note: The **F8** Key may also be selected.

• Account Posting – This option will save the current patient demographics and then open the Charge Posting Area. When first selected, the Current User Batches in Posting Window will open.

This table	t User Batches in Posting - CFERNAN contains all of the user batches currently in posting bst: Charges Payments/Adjustments	
Number	Description	Batch Suspended
0000013	TEST	

Select the appropriate batch or enter a new one by selecting the **Insert** Button. The *Charge Posting* Window for the current patient will open so that charges may be posted.

When finished, select the **Save & Exit** Button to save the transaction and return to Patient Definition.

Note: The **F9** Key may also be selected.

Reminders

- Patient Recalls This option will open the Patient Recalls and Follow-Up Dates Table Window. The Type to View Radio Button will be defaulted to Recall Dates.
- Patient Follow-Ups This option will open the Patient Recalls and Follow-Up Dates Table Window. The Type to View Radio Button will be defaulted to Follow-Up Dates.

Patient Account Auditing

User Access

User Access tracks each time a user has entered into the selected Patient Definition on the specified date.

VertexDr Appointment Scheduler & VertexDr Practice Manager

User Account Audit This table contains a record of each time a use From Date: 05/02/2016 To Date:	has viewed a patient account. 15/02/2016 💌 User: (ALL USERS)	Search	
Date Time 💎 Access Restrictions	User Item Viewed	Machine	Network User
5/2/2016 11:32 AM	CRYSTAL FERNANDES (C	trainlapwin7	Lzannotti
5/2/2016 11:23 AM	CRYSTAL FERNANDES (C Billing Alerts	trainlapwin7	Lzannotti
5/2/2016 11:16 AM	CRYSTAL FERNANDES (C Dated Notes	trainlapwin7	Lzannotti
5/2/2016 11:13 AM	CRYSTAL FERNANDES (C Billing Notes	trainlapwin7	Lzannotti
5/2/2016 11:09 AM	CRYSTAL FERNANDES (C Inquiry	trainlapwin7	Lzannotti
5/2/2016 10:46 AM	CRYSTAL FERNANDES (C Status	trainlapwin7	Lzannotti
5/2/2016 10:44 AM	CRYSTAL FERNANDES (C Insurance	trainlapwin7	Lzannotti
5/2/2016 10:44 AM	CRYSTAL FERNANDES (C Personal	trainlapwin7	Lzannotti
5/2/2016 10:44 AM	CRYSTAL FERNANDES (C Chart Summary	trainlapwin7	Lzannotti
Retrieve only 100 records			Report Exit

Use the *From Date* and *To Date* Fields to adjust the dates. Use the *User* Field to view when a specific user entered into the selected Patient Definition.

Note: The table will only display the first 100 records for the selected date range and user. If you wish to view more than 100, uncheck the Retrieve only 100 records Checkbox.

To print the selected results, select the **Report** Button.

Patient Changes

Selecting **Patient Changes** will open the *Patient Data Audit* Window.

VertexDr Patient Data Audit					x
Patient Data Audit This form displays audit informat Date Created: 10/13/2009	tion about the current patient. Time Created: 12:19 PM	Created By: Deana San Souci	Highlighted records (may be Suspect.	
Data Field	Original Value	New Value	Network User Name	Machine Name	-
Date : 5/2/2016 10:45AM - CFER	RNAN (1 item)				=
FinancialClass	SP	СОМ	Lzannotti	trainlapwin7	
	RNAN (1 item)				
	/NP (2 items)				
Date : 2/11/2015 9:38AM - DAW	/NP (2 items)				
FinancialClass	СНР	WC	traindayback	daytrainwin7-b	
ActiveCase	0	3	traindayback	daytrainwin7-b	
Date : 2/11/2015 9:38AM - DAW	/NP (2 items)				
Date : 2/11/2015 9:38AM - DAW	/NP (1 item)				-
Expand List	t			<u>R</u> eport E <u>x</u> it	
57 items located					

The *Patient Data Audit* Window will display all demographic changes for the selected patient. This includes the date and time of the change, what field(s) was changed and what value it was changed to, the user who made the change, and which computer the change was made from.

To view the entire list of results, click the **Plus Sign** to the left of the *Date* or click the **Expand List** Button. To collapse the results, click the **Minus Sign** to the left of the *Date* or click the **Contract List** Button.

To print the results, click the **Report** Button.

Insurance Changes

Selecting **Insurance Changes** will open the *Insurance Data Audit* Window.

Insurance Data Audi This form displays audit inform	L nation about the current patient's in	isurance.			Highlighted record	ds may be Suspect.	
Data Field	Original Value	New Value	Case	Priority	Network User Name	Machine Name	
▪ Date : 5/2/2016 10:45AM - CF	ERNAN (15 items)						
Date : 5/2/2016 10:44AM - CF	ERNAN (61 items)						
InsuranceCode	AHP		0	1	Lzannotti	trainlapwin7	
InsuranceName	AETNA HEALTH PLANS	-MC/SC	0	1	Lzannotti	trainlapwin7	
SetInsPriority	1		0	1	Lzannotti	trainlapwin7	
MembershipID	123456		0	1	Lzannotti	trainlapwin7	
InsuredLastName	Card		0	1	Lzannotti	trainlapwin7	
InsuredFirstName	Ines		0	1	Lzannotti	trainlapwin7	
InsuredStreet	52 OAK HILL RD		0	1	Lzannotti	trainlapwin7	
InsuredCity	WATERBURY		0	1	Lzannotti	trainlapwin7	
IncuredState	CT		0	1	Lzannotti	trainlanwin7	

The *Insurance Data Audit* Window will display all insurance information changes for the selected patient. This includes the date and time of the change, what field(s) was changed and what value it was changed to, the user who made the change, and which computer the change was made from.

To view the entire list of results, click the **Plus Sign** to the left of the *Date* or click the **Expand List** Button. To collapse the results, click the **Minus Sign** to the left of the *Date* or click the **Contract List** Button.

To print the results, click the **Report** Button.

Active Guarantor Changes

Selecting Active Guarantor Changes will open the Insurance Data Audit Window.

Guarantor Data A This form displays audit in	udit nformation about the active guarantor.			
Data Field	Original Value	New Value	Network User Name	Machine Name
Date : 2/11/2015 9:28AM	1 - DAWNP (1 item)			
Address2	APT 100	APT 300	traindayback	daytrainwin7-b
Date: 8/26/2014 8:58AN	1 - DAWNP (3 items)			
Address2		APT 100	traindayback	daytrainwin7-b
City	WATERBURY	BLOOMFIELD	traindayback	daytrainwin7-b
Zip5	6706	6002	traindayback	daytrainwin7-b
Date : 7/28/2014 10:25A	M - TRAIN4 (2 items)			
Date: 7/28/2014 9:31AN	1 - DAWNP (2 items)			
Date: 7/28/2014 9:29AN	1 - DAWNP (4 items)			
Date: 10/21/2009 9:44A	M - D (1 item)			
Expa <u>n</u> d List	act List			<u>R</u> eport E <u>x</u> it

The *Guarantor Data Audit* Window will display guarantor information changes for the selected patient. This includes the date and time of the change, what field(s) was changed and what value it was changed to, the user who made the change, and which computer the change was made from.

To view the entire list of results, click the **Plus Sign** to the left of the *Date* or click the **Expand List** Button. To collapse the results, click the **Minus Sign** to the left of the *Date* or click the **Contract List** Button.

To print the results, click the **Report** Button.

Patient Case Changes

Selecting **Patient Case Changes** will open the *Patient Case Data Audit* Window.

Patient Case Data This form displays audit in	a Audit formation about the patient's cases.			Highlighted records	may be Suspect.
Data Field	Original Value	New Value	Case	Network User Name	Machine Name
	1 - DAWNP (3 items)				
Date: 7/28/2014 10:25A	M - TRAIN4 (2 items)				
Description		MEDSOLUTIONS XRAYS	2	clienttrainee15	tssa01ct01
Injury Pregnancy Indica	tor		2	clienttrainee15	tssa01ct01
	1 - DAWNP (1 item)				
	1 - DAWNP (4 items)				
Expand List	act List			[Report

The *Patient Case Data Audit* Window will display case information changes for the selected patient. This includes the date and time of the change, what field(s) was

changed and what value it was changed to, the user who made the change, and which computer the change was made from.

To view the entire list of results, click the **Plus Sign** to the left of the *Date* or click the **Expand List** Button. To collapse the results, click the **Minus Sign** to the left of the *Date* or click the **Contract List** Button.

To print the results, click the **Report** Button.

Eligibility

Insurance Eligibility

Insurance Eligibility allows a user to run an on-demand insurance benefit check for the selected patient.

Note: Not all insurance carriers allow the Practice Suite to electronically check benefit eligibility.

For more information on eligibility checking, reference the *Posting* Section of this manual.

Patient Privacy

Selecting **Patient Privacy** will open the *Patient Health Information Consent* Window. For more information on this window, reference the *Personal* Section of Patient Definition in this manual.

Information Release History

The *Patient Health Information Release History* Window allows a practice to track when patient records have been released, by whom, and where to.

To enter a new release record, select the **Insert** Button. The *Patient Health Information Release* Window will open.

	th Information R health information disclosure guidelines for a.	
Release Informat	ion	
Patient Name:	Ines Card	
From Date:	05/02/2016 💌	
To Date:		
Status:	Release is inactive	
Release Type:	Patient	
Released By:	•	
Released To:	PATIENT	
Street 1:	52 OAK HILL RD	
Street 2:	APT 300	
City:	BLOOMFIELD State: CT	
Zip:	06002	
Phone:	(860) 684-5263 Ext:	
Information:	A	
	-	
Reason:		
	-	
Created On:	05/02/2016 11:40AM	
Created By:	Crystal Fernandes	
	05/02/2016 11:40AM	

Fill in the appropriate information and then select the \mathbf{OK} Button to save the changes.

Patient Miscellaneous

Miscellaneous Fields can be used to track practice-defined patient-related information. Once the fields are defined, the corresponding responses can be entered into the *Miscellaneous Field Entry* Window for tracking purposes.

Viscellaneous Field Entry pecify the miscellaneous fields.	·		
atient Miscellaneous Fields			
SMOKER?	•	Miscellaneous 9:	
PREGNANT?	•	Miscellaneous 10:	
MERIDIAN EMPL?	•	Miscellaneous 11:	
Miscellaneous 4:		Miscellaneous 12:	
Miscellaneous 5:		Miscellaneous 13:	
Miscellaneous 6:		Miscellaneous 14:	
Miscellaneous 7:		Miscellaneous 15:	
Miscellaneous 8:		and a second sec	
uarantor Iiscellaneous			
Miscellaneous 1:		Miscellaneous 5:	
Miscellaneous 2:		Miscellaneous 6:	
Miscellaneous 3:		Miscellaneous 7:	
Miscellaneous 4:		Miscellaneous 8:	

The *Miscellaneous Field Listing* Report as well as Ad Hoc Queries can be run in Practice Reporter to retrieve the responses.

Note: The *Miscellaneous Field Entry* Window can also be accessed in the *Patient Appointment* Window by selecting the **F7** Key and the Posting Area from the **Activities** Menu.

Patient Alerts

Selecting **Patient Alerts** will open the *Patient Alerts* Window. From this window, Billing Alerts can be inserted, changed, and deleted.

Pre-Authorization

The *Pre-Authorization Table* Window can be used by the practice to track insurance referrals needed by the office from the patient's insurance.

To insert a new Pre-Authorization:

1. Select the **Insert** Button. The *Pre-Authorization Maintenance* Window will open.

	tion Maintenan		
re-Authorization I	Maintenance		
Insurance Code:	AETNA-COMMERCIAL	(A001)	Q,
Status:	Active		
Authorization:			
Details:			
From Date:	-	To Date:	•
Number of Days:		Number of Visits:	
Maximum Charge:	0.00	Total Charges:	0.00
Provider:			Q
Referring MD:			Q
Referral Number:			
Specialty Code:		Q	
Id:	Ō		
pecified Services			
CPT Code 1:			Q.
CPT Code 2:			Q.
CPT Code 3:			Q,

- 2. The *Insurance Code* Field will default to the Primary Insurance listed on the patient's account. To change the carrier, select the **Magnifying Glass** to access the *Insurance Carrier Table* Window.
- 3. The **Status** Dropdown is used to track the status of the pre-authorization. Upon insert, this field will default to *Active*. It can be changed to *Expired*, *Satisfied*, or *Inactive* if needed.
- 4. Enter the authorization number in the *Authorization* Field.
- 5. The *From Date* and *To Date* Fields can be used to track the effective dates for this authorization if necessary.
- 6. If the pre-authorization is limited to a specific number of days or visits, enter that information in the *Number of Days* and/or *Number of Visits* Fields.
- 7. If the pre-authorization is limited to a maximum charge per transaction or a total charge, enter that information in the *Maximum Charge* and/or *Total Charges* Fields.
- 8. If the pre-authorization is limited to a specific provider, enter that provider in the *Provider* Field.
- 9. If the referring provider should be tracked to this pre-authorization, enter the referring provider in the *Referring MD* Field.

10.If the pre-authorization has an additional referral number, it can be entered in the *Referral* Field if needed.

Note: Only the number entered in the *Authorization* Field will submit with the claim if the pre-authorization is attached at the time of Posting.

11. If the pre-authorization is limited to specific procedures, they can be entered in the *CPT Code* 1 - 3 Fields.

12. When finished, select the **OK** Button to save the pre-authorization.

Note: Only the *Insurance Code*, *Authorization* and *From Date* Fields are required by the system. At any point, select the **OK** Button to save the pre-authorization.

Case Management

Selecting Case Management will open the *Patient Case List* Window. From this window, the active patient case can be changed or a new case be inserted.

Note: To view the changes, select the *Insurance* Section.

Referral Tracking

Referral Tracking allows the practice to track when a patient is referred to another physician.

To insert a referral:

1. Select the **Insert** Button. The *Referral Tracking Form Maintenance* Window will open.

eferral Information	<u>R</u> equested Services	Referral <u>S</u> tatus	Authorization Information	
Referral Track	ing Form Mainte	enance		
orm Identification			Reason for Referral	
Patient Name:	CARD, INES			*
Account:	202-1		1.000	
MRN:	0000020201		the second state of the second second	
Referral Date:	05/02/2016 💌		Pertinent Physical Findings	5
Requested By:			Q	*
Contact Name:				+
Notification:	Referral	•	Past History	
Diagnosis:			Q	*
Urgency:	Routine (within 30 da	ays) 💌		
Encounter:		•		+
ttachments				
Problem list	Medicationli Ives X-Ray report		data ce notes	

2. The **Referral Information** Tab can be used to track when the patient was referred to another physician, by whom, and for what diagnosis.

- 3. The **Requested Services** Tab can be used to indicate to whom the patient is being is being referred and why.
- 4. The **Referral Status** Tab can be used to track whether an appointment was made for the patient as well as whether or not the referral was reviewed.
- 5. The **Authorization Information** Tab can be used to track an insurance authorization if one was needed.
- 6. When finished entering the pertinent information, select the **OK** Button to save the referral.
- 7. To print an authorization, highlight it in the list box and then select the **Print** Button.
- 8. Select the **Audit** Button to view an audit record of when the patient's referrals were entered or changed.

Family Balance

If the practice is utilizing the Family Billing Feature, this option will display the Family Balance as well the account balance for individual member in the family. The *Family Balance Information* Window can also be retrieved by selecting **Ctrl** + **B** on the keyboard.

Appointment List

Selecting **Appointment List** will display the *Appointment Table* Window.

🗸 VertexDr A	ppointment	Table									23
Appointm This list conta Patient Name: Appointment	ins all of the a	appointments Card	forthe p	All	Date:		to		Apply Filter		
Appointment		<u> </u>	Latus:	All	Date:		▼ to				
Date	Time	Week Day	Туре		Units	Location	١	Status	Providing	Referring	
06/23/2016 FOLL	10:00 AM .OW-UP RT AN	Thursday IKLE SPRAIN	(OF1) 0	FFICE APPTS EST	1	(OFF) W	INDSOR OFFICE	Active	(RJ) JOHNSON, ROBERT		
04/22/2016	10:45 AM	Friday	(OF1) 0	FFICE APPTS EST	1	(OFF) W	INDSOR OFFICE	Active	(RJ) JOHNSON, ROBERT		
04/22/2015	9:45 AM	Wednesday	(OF1) 0	FFICE APPTS EST	1	(OFF) W	INDSOR OFFICE	Active	(RJ) JOHNSON, ROBERT		
04/01/2015	9:45 AM	Wednesday	(0F1) 0	FFICE APPTS EST	1	(OFF) W	INDSOR OFFICE	Active	(RJ) JOHNSON, ROBERT		
03/11/2015	9:45 AM	Wednesday	(0F1) 0	FFICE APPTS EST	1	(OFF) W	INDSOR OFFICE	Active	(RJ) JOHNSON, ROBERT		
02/18/2015	9:45 AM	Wednesday	(0F1) 0	FFICE APPTS EST	1	(OFF) W	INDSOR OFFICE	Active	(RJ) JOHNSON, ROBERT		
02/11/2015	2:00 PM	Wednesday	(EKG) E	KG	4	(OFF) W	INDSOR OFFICE	Active	(RJ) JOHNSON, ROBERT		
01/28/2015	9:45 AM	Wednesday	(OF1) 0	FFICE APPTS EST	1	(OFF) W	INDSOR OFFICE	Active	(RJ) JOHNSON, ROBERT		
01/07/2015	9:45 AM	Wednesday	(OF1) 0	FFICE APPTS EST	1	(OFF) W	INDSOR OFFICE	Active	(RJ) JOHNSON, ROBERT		
٠				III							F.
Note:					Instr	uctions:					
<u>R</u> eport										View	anc <u>e</u> l
.03 Appointme	ents located										

The *Appointment Table* Window will display all of the patient's appointments.

To filter the window to view past or future appointments:

- 1. Select **Past** or **Future** from the **Appointment Filter** Dropdown Arrow.
- 2. To view appointments for only a specific date range, select the desired dates from the *Date* and *to* Fields.
- 3. Select the **Apply Filter** Button to view the defined results.
- 4. To print the filtered results, select the **Report** Button.
- 5. To view the *Patient Appointment* Window for a specific appointment date, highlight the appointment in the table and then select the **View** Button.

E-Mail Patient

If your system is set to use the e-mail feature, select **E-Mail Patient** to send the patient an e-mail. If an e-mail address has been entered in the *E-Mail Address* Field on the *Personal* Section, the user's default e-mail program will open a new e-mail with the address already filled in.

Insurance History

The *Insurance History based on Submitted Transactions* Window displays which insurances transactions were submitted to and on what days.

🔽 VertexDr In:	surance History based on Submitted Trans	actions		x
	on Insurance History for Ines lays the insurance history based on submitte		Account/Family: 202/1	
Date	Primary Insuarnce/Plan	Secondary Insuarnce/Plan	Tertiary Insuarnce/Plan	
10/21/2009	CHP - CIGNA HEALTH PLAN5			
03/31/2010	CHP - CIGNA HEALTH PLANS			
03/25/2011	CHP - CIGNA HEALTH PLANS			
01/18/2012	CHP - CIGNA HEALTH PLANS			
07/17/2013	CHP - CIGNA HEALTH PLANS			
Insurance	e <u>A</u> udit		<u>v</u> iew	Exit
5 items located				

To view the insurance information, highlight the line item and then select the **View** Button. The *Insurance History* Window will display for the selected carrier.

Insurance Histo The insurance history bar	ry sed on submitted transactio	ns,				
insurance	Insurance Informa	tion	Insured Infor	mation		
Primary Insurance	Insurance Code:	CHP - CIGNA HEALTH PLANS	Insured:	CARD, INES		
	Plan Code:		Street;	52 OAK HILL RD		
	Remit Address:	PO BOX 7082, BRIDGEPORT	City:	STAFFORD SPRINGS	State:	ст
	Membership Id:	321654987	Zip Code:	06076	Phone:	(860) 684-5263
	Group Id:		Birth:	6/1/1980	Sex:	Female
	Assignment;	Yes	Insured:	Self		
	Employer Inform	ation				
	Employer Name:		Street:			
	Phone Number:		City:		State:	
			Zip Code:	00000		

To view an audit of all insurance changes, select the **Insurance Audit** Button.

Correspondence History

The *Correspondence History* Window will display each time the patient received a statement or a letter.

7/30/2014 9:16:22 AM	STMT ON DEM STMT ON DEM	20.00	CLF CLF	
7/30/2014 9:16:12 AM 7/30/2014 9:16:22 AM	STMT ON DEM			
7/30/2014 9:16:22 AM		20.00		
			DAWNP	
7/20/2014 0:16:47 AM	STMT ON DEM	110.00	DAWNP	
/30/2014 9:10:47 AM	STMT ON DEM	899.99	DAWNP	
7/30/2014 9:17:01 AM	STMT ON DEM	954.99	DAWNP	
7/30/2014 11:06:50 AM	STMT ON DEM	84.99	DAWNP	

The window will display the date generated, the user who generated the statement or letter, and the balance included on the statement or letter.

To view the specific transactions associated with the statement or letter, highlight the line item and then select the **Explode** Button.

Account Update

Account Update allows the user to Update Address from Patient, Update Address from Guarantor, or Update Insurance from Guarantor.

Collection Information

This area is specific to practices using the Collector module. Please reference the Collector manual for more information.

Reset Statement

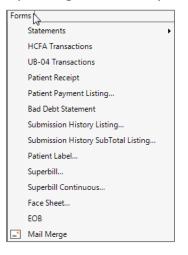
Selecting **Reset Statement** will open the *Reset Transaction Statements* Window.

Reset Letter

Selecting **Reset Letter** will open the *Reset Transaction Letters* Window.

Forms Menu

The **Forms** Menu allows for the printing of various patient-related documents.



Statements Selecting **Statements** will open the *Statement Selection* Window.

				_					
ge:		To clude			Statement paper Include patient a				
					•				
CPT Code	Trn Code	Туре	Amount	Remaining	Units	Provider	Location	Case	Description
99213	99213	Charge	85.00	85.00 *I	1	JOHNSON, ROBERT MD	WINDSOR OFFI	0	DEFAULT CASE
99212	99212	Charge	75.00	55.00 *I	1	JOHNSON, ROBERT MD	WINDSOR OFFI	0	DEFAULT CASE
	 to 05/02/2016 to view: Open CPT Code 99213 	to 05/02/2016 Filter to view: Open History CPT Code Trn Code 99213 99213	to view: © Open © History Guarantor CPT Code Trn Code Type 99213 99213 Charge	Include phylicits of mean to 05/02/2016 Filter Include phylicits of mean V Include phylicits of mean to view: @ Open History Guarantor: CPT Code Trn Code Trn Code Type Amount 99213 Charge 99212 99212 Charge 85.00	to 05/02/2016 Filter Include provincing of the Solution of the Sol	to 05/02/2016 Filter Induce plyments on on statements Induce plyments to 05/02/2016 Filter Induce plyments Induce plyments Induce plyments to 05/02/2016 Filter Induce plyments Induce plyments Induce plyments to 05/02/2016 Filter Guarantor: Induce plyments Induce plyments CPT Code Trn Code Type Amount Remaining Units 99213 99213 Charge 85.00 85.00 *I 1 99212 99212 Charge 75.00 55.00 *I 1	Ito 05/02/2016 Filter Include insurance adjustments Include patient adjustments to view: @ Open History Guarantor: Include patient adjustments CPT Code Tm Code Type Amount Remaining Units Provider 99213 99213 Charge 85.00 85.00 *I 1 JOHNSON, ROBERT MD 99212 99212 Charge 75.00 55.00 *I 1 JOHNSON, ROBERT MD	Ito 05/02/2016 Filter Include insurance adjustments Include patient adjustments to view: @ Open History Guarantor: Image: CPT Code Tm Code Type Amount Remaining Units Provider Location 99213 99213 Charge 85.00 85.00 *1 1 JOHNSON, ROBERT MD WINDSOR OFFI 99212 99212 Charge 75.00 55.00 *1 1 JOHNSON, ROBERT MD WINDSOR OFFI	Indote pynches on obstatements of statements patients dystrements in additional patient adjustments is indote pynches on obstatements if Indude patient adjustments is indote pynches on adjustments. Indote pynches on adjustments is indote pynches on adjustments if Indude patient adjustments is indote pynches on adjustments. It is indote pynches on adjustments is indote pynches on adjustments if Indude patient adjustments is indote pynches on adjustments. It is indote pynches on adjustments is indote pynches on adjustments. It is indote pynches on adjustments is indote pynches on adjustments. It is indote pynches on adjustments is indote pynches on adjustments. It is indote pynches on adjustments is indote pynches on adjustments. It is indote pynches on adjustments is indote pynches on adjustments. It is indote pynches on adjustments is indote pynches on adjustments. It is indote pynches on adjustments is indote pynches on adjustments. It is indote pynches on adjustments is indote pynches on adjustments. It is indote pynches on adjustments is indote pynches on adjustments. It is indote pynches on adjustments is indote pynches on adjustments. It is indote pynches on adjustments in adjustment pynches on adjustments. It is indote pynches on adjustments is indote pynches on adjustment pynches on adjust

This window will allow the user to print on-demand statements for the selected transactions.

To run an on-demand statement:

- 1. Set the desired date range and then select the **Filter** Button.
- 2. Use the **Open** and **History** Radio Buttons to either print open transactions or transactions which have rolled to History.
- 3. Uncheck the **Include Payments on the Statement** Checkbox if you do not wish for payments to be displayed.
- 4. Uncheck the **Include Adjustments on the Statement** Checkbox if you do not wish for adjustments to be displayed.
- 5. If the practice is using multiple guarantors, when printing an On-Demand Statement for a patient who has charges associated with multiple guarantors the user has the option to select a guarantor from the *Guarantor* Field on the *Statement* Window. Any statement printed will then display the chosen guarantor regardless of which guarantor is associated with the charge.

Note: If no guarantor is selected, then the guarantor associated with the charge will display on the statement when printed. If multiple charges are selected to be printed, then a statement will print for each guarantor's associated charges.

- 6. To select transactions, either click the **Select All** Button to highlight all transactions or use the **Ctrl** Key to select specific transactions.
- Click the **Print** Button to run the On-Demand Statement(s). The system will generate a print preview. Click the **Print** Button again to print the statement(s).

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HCFA Transactions Selecting **HCFA Transactions** will open the *HCFA Selection* Window.

VertexDr HCFA (Op	en Transaction S	Selection)					23
HCFA Transact Select the HCFA Trans		neters.					
Use ICD-10 Con							
Select Date Range	D-9 🔘 ICD-10						
-	to 05/02/2016	▼ Fi	lter				
	ctions to view:						
- HCFA Print Param			,				
Type to Print:		urance 🔘 S	econdary Insu	ırance 🔘 Tertiaı	v Insurance		
Ignore form	· ·		ccondury inoc		y insurance		
Include inst	urance payments	Includ	e patient payr	ments 🔽 Inc	lude refunds		
	urance adjustmen						
			-				
Service Date	CPT Code	Trn Code	Туре	Amount	Units	Amt Remaining	Provider
01/18/2012	99213	99213	Charge	85.00	1	85.00 *I	JOHNSON, ROBERT MD
07/17/2013	99212	99212	Charge	75.00	1	55.00 *I	JOHNSON, ROBERT MD
•							4
Select <u>A</u> ll D	eselect All	Align					Print Exit
No items located							

This window will allow the user to print on-demand claims for the selected transactions.

To run on-demand claims:

- 1. Set the date range for the desired transactions in the *Select Date Range*.
- 2. The *HCFA Print Parameters* section is used to define which carrier transactions and which types of transactions should be considered when the claims are run.
 - **Type to Print** select the type of insurance transactions to print by selecting the **Primary Insurance**, **Secondary Insurance**, or **Tertiary Insurance** Radio Button.
 - The following checkboxes can be used to further define which transactions to print:
 - Include Insurance Payments,
 - Include Patient Payments (checked by default),
 - Include Refunds (checked by default),
 - Include Insurance Adjustments,
 - Include Regular Adjustments.

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Check the desired checkboxes.

- 3. To select transactions, either click the **Select All** Button to highlight all transactions or use the **Ctrl** Key to select specific transactions.
- Click the **Print** Button to run the on-demand claims. The system will generate a print preview. Click the **Print** Button again to print the statement(s).

Note: If the transactions need to be aligned to the HCFA paper, select the **Align** Button. 1000 points is equal to 1 inch on the paper HCFA.

Patient Receipt

If a payment was collected and posted today, a receipt can be printed for the patient.

Patient Payment Listing

A list of all patient payments for a specified date range can be printed.

Bad Debt Statement

The *Bad Debt Statement* Report will display a list of all transactions which have been set to a bad debt financial class for the selected patient.

Submission History Listing

The *Submission History Listing* Report will display transactions submitted to insurance. The report includes: the *Service Date*, *Posted Date*, *Submit Type* (NEIC, Electronic, Paper, etc.), insurance carrier the transactions were submitted to, and the date submitted.

Submission History SubTotal Listing

The *Submission History SubTotal Listing* Report provides the same information as the *Submission History Listing* Report with the addition of the charged amount. This report also allows the user to define which Service Dates and Submission Dates to display.

Patient Label Selecting Patient Label will open the *Patient Label* Window.

Patient L Use this form	abel to print address labels for the cu	rrent patient.
Label Layou	t	
Source:	Defined	•
) Free Form Edit Free Form Li	abel
Label Typ	e:	
Page Size		
Print	Page of Same Label	
© Specify	1000	
Starting Pos	ition	
Row:	1 *	
Column:	1 *	
	into your printer's manual feeder b	Accession of

From here, an individual on demand patient label can be printed.

- 1. Select the desired label from the **Defined** Dropdown Arrow. The *Label Type* and *Page Size* will fill in with pre-defined information.
- 2. The Whole Page of Same Label Radio Button will be selected by default. If printing an entire sheet of the same label, leave this selected. Otherwise, select the **Specify Number** Radio Button to print a single label. If printing a single label on a full sheet of labels, specify which *Row* and *Column* to print the label in. If using a label maker, leave the *Row* and *Column* Fields set to 1.
- 3. Insert labels into the printer and then select the **OK** Button to print the label(s).

Superbill/Superbill Continuous

To print a single on demand superbill for the patient, select either **Superbill** or **Superbill Continuous** depending on how the practice's superbill is set up.

Face Sheet

Select **Face Sheet** to print a single on demand face sheet for the patient.

Mail Merge

Selecting **Mail Merge** will open the Mail Merge Tree Window where a document can be created for the selected patient. For more information on creating a Mail Merge document, reference the *Mail Merge* Section of this manual.

Electronic Eligibility Checking

The Practice Suite has several ways of checking insurance eligibility electronically for the insurance carriers that allow the system to do so. This section of the manual will cover electronic eligibility from inside of the Appointment Book.

To run electronic insurance eligibility checking from inside of the Appointment Book:

- 1. Double-click on an appointment to open the Appointment Book.
- 2. Select the **Green Checkmark** Button in the toolbar at the top. The *Search Eligibility by Date* Window will open.

Insura	Eligibility by Date ance Eligibility te of service to retrieve this patient's insurance eligibility.	
Date:	04/25/2016	
Priority:	Primary	
	Include Appointments Include "Day Trans" items (Advanced) Include transactions by posted date (Advanced)	
	<u>R</u> etrieve Done	

- 3. The *Date* Field will default to today's date. It can be left at today.
- 4. The *Priority* Field will allow you to check eligibility for the patient's Primary, Secondary, and Tertiary insurance information.
- 5. Click the **Retrieve** Button to access the patient's insurance eligibility. The *Patient Eligibility Information* Window will open displaying the patient's benefit information.

Trace Number: 181	
Service Date: 7/1	/2018
GLENE, MINUTE	BHET/GL VILLEAL MEDICE
NUTIN, 17 DOM:N	SHELTON, 17 MONRY
ctive Coverage	Deductible Copay Co-Insurance Out of Pocket Other Benefits
ctive Coverage lealth Benefit Plar	-
Active Coverage lealth Benefit Plar Qualified Medical Active Coverage Medicare Coverer The eligibility res	Coverage e Beneficiary Other - Qualified Medicare Beneficiary
Active Coverage lealth Benefit Plar Qualified Medican Active Coverage Medicare Coverage The eligibility res change. Please v Deductible lealth Benefit Plar Qualified Medican	Coverage e Beneficiary Other - Qualified Medicare Beneficiary Services onse is based on current eligibility and is subject to ulidate again on the actual date of service. Coverage

- 6. Click the **Run Again** Button to re-retrieve the information.
- 7. Click the **View Chart** Button to access the *Patient Definition* Section of the Patient's Chart.
- 8. Click the **Exit** Button to exit the *Patient Eligibility Information* Window.
- 9. The *Search Eligibility by Date Window* will remain open allowing you to check eligibility on the patient's secondary and tertiary insurances if needed.
- 10.Click the **Exit** Button to exit the *Search Eligibility by Date* Window.

Posting

VertexDr Practice Manager uses batch posting for all posting activities. Batch posting allows users to easily keep track of the charges, payments, and adjustments they have posted in the system. Users can define expected batch amounts that the system will use to help users reconcile their posting activity.

Note: Prior to conducting any posting activity, at least one batch per user must be established. All posting transactions are assigned to a batch. A user can have multiple batches a day. Multiple batches may make it easier to balance/reconcile the batch.

Creating a Batch

A batch must first be created in order to post any transaction in the system. The following steps will assist in creating a batch.

- 1. From the **Office** Menu in the Navigation Pane, Click the **Posting** Icon.
- 2. The *Posting* Window will open. This list will display all open batches for the user who is logged in.

\mathbf{M}				Verte	Dr for CENT	RAL JERSEY A	ANES ASSO	C (User: SEI	RVICES)				_ 0 ×
File Definition C	Operations Report	ts Action Window Help											
🗄 🗮 🖊 🗕 Back 🕞	• 🔿 • 💽	🖬 🔯 🛐 New 🕞 🔍 Patier	it Search 🔹 🐻	Charges (§	Payments/Adjus	tments Anes	sthesia Charges	🧭 Verify	/ Totals 🦺	Closing Edits	Reports	8	
Office	All Batche	s for SERVICES +											Posting ×
	2 batches locat												
	O Number	Description	Date Received	Charges	Insurance Pay	Insurance Adj	Patient Pay	Patient Adj	Refunds	Reverse Chg	Reverse Pay	Batch Completed	
My Desktop	0000003	CHARGES 7/10/2018 DR SMI	01/01/1801	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0	i i	
<u>_</u>	0000004	PAYMENTS 7/5/2018	01/01/1801	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0		
Patient Flow													
chitte													
Appointments													
1													
Posting													
\$													
Collector													
↓ 📕													
Import Facility													
(\$)													
Remit Facility													
11													

3. To create a new batch, Click the **New** Button.

4. The *Batch Total Definition* Window will open. The batch can be further defined from here. The *Batch Number* is automatically populated by the system. The system keeps track of each user and their last known batch number and increments that accordingly.

Note: The batch does not require any other information to be populated in order for the batch to be valid. It is the decision of the user if they wish to further define the batch. The more information entered into the batch will further help to identify what is in the batch. The other fields may also help in balancing the batch. The rest of the fields are described below. If the user decides to populate these fields, the descriptions of the fields are listed below.

Use this form to define and ma	n Ike changes to	the batch.	
Identification			
Batch Number: 13	U	ser Id: CFERNAN	
Description:			
	completed nd batch and do	o not close	
	0.00	Insurance Payments:	0.00
Patient Payments:			
Patient Payments: Patient Adjustments:	0.00	Insurance Adjustments:	0.00
	0.00	Insurance Adjustments: Refunds:	0.00
Patient Adjustments:			

- The Description Field is used to describe the batch and what it consists of.
- The **Batch completed** Checkbox can be checked to signify that the batch is completed and ready for a closing.

Note: The batch does not have to be marked completed for it to close. Even without marking the batch completed, the transactions will still be processed and closed on during the closing, as long as the batch is not suspended.

• The **Suspend batch and do not close** Checkbox is used to hold a batch. Suspending a batch will prevent any of the transactions in the batch from being processed and closed on. The system will not close the suspended batch as long as the **Suspend batch and do not close** Checkbox is checked.

Note: All batches that are suspended will appear in the *Batch Total Definition* Window with a red light next to the batch number. If the batch is not suspended, it will have a green light next to the batch number.

• The Patient Payments, Patient Adjustment, Charges, Insurance Payments, Insurance Adjustments, Refunds, Charge Reversals and Payment Reversals Fields can be used to define the amount expected in the batch. If the user chooses to define these fields, make sure that the Patient Payments, Patient Adjustments, Insurance Payments, Insurance Adjustments and Charge Reversals Fields have a negative (-) in front of

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the amount. The *Charges, Refunds* and *Payment Reversals* Fields should be a positive amount. If these fields are not populated then the system will just display the actual amount posted in the batch. It will not perform any calculations for balancing.

5. Click the **Ok** Button to save the batch. If you click the **Cancel** Button, the batch will not be saved.

Posting Anesthesia Charges

The following section will explain how to post charges in the system through a batch. Remember that in order to post anything a batch must be created first.

Note: Users may Toggle between Anesthesia Posting and Charge Posting, if they have already entered into either Charge Posting Screen.

- 1. From the *Posting* Window, select the appropriate batch by highlighting the batch.
- 2. Click the **Charges** Button in the Toolbar.
- 3. The Direct Patient Access Window will open.

cess.
Q

4. The Direct Patient Access Window allows you to locate patients by their Name, Account Number, Cross Reference Number, Social Security Number, or Membership ID. The Patient Dropdown Arrow will allow you to select a patient from My Patient History. My Patient History reflects the last fifteen (15) patients whose accounts you have accessed. If additional search options are needed, the Patient Search Window can be accessed by clicking the Magnifying Glass. 5. Once the correct patient is selected, the *Charge Posting to Batch #* Window will open.

Charge Posting to Batch: 3 - CHARG	ES 7/10/2018 DR SMITH				
File Activities Transactions Posting Forms					
: 💾 Save 💾 Save & Exit 🧟 Locate 💿 Payment Posting 🛅 View Chart 🔄 Recall	📕 Message 🚩 Measure 🖌 Clear 🖃 New 👻 🐻 Charge Posting				
Lindsey Test (426721-1) (NKDA) Charge Posting					
Birth Date: 3/7/1980 38 Year Old Cases: 1 Balance Patient: 0.00 Insurance: 710.00 Next Visit: None Account: 426721-1 Client Id: 1					
Billing Information	Charge Information				
Guarantor: TEST, LINDSEY Co-Pay: 0.00	From Date: 08/07/2018 V To Date: 08/07/2018 V				
Financial Class: COMMERICAL Client Id: 1	Admit Date: V Discharge Date: V				
Providing MD: STEINMAN, EDWARD MD	Diagnosis 1: Diagnosis 5:				
Primary Care MD:	Diagnosis 2: Diagnosis 6:				
Insurance 1: BANKERS LIFE_CASUALTY (1935) - 5646548465651	Diagnosis 3: Diagnosis 7:				
Insurance 2:	Diagnosis 4: Diagnosis 8:				
Insurance 3:	Referring MD:				
Patient Case: DEFAULT CASE (0) View Case	Location:				
Authorization: Q EP5DT:	Supervisor				
Claim Status: 🔄 Accept assignment 🗹 Assign benefits to provider	Supervisee				
Patient responsible Return HCFA to office Suppress statement	Transaction:				
Situational: Emergency indicator Family planning Insurance paper attachment	Modifiers: Q Q Q				
Current Transactions All Transactions	Pointers: Misc				
Service Date Action Amount Remaining Providing MD Refe	Base Units 1 A Bonus: 0 Time: 0 Total: 0				
Guarantor: LINDSEY TEST (1 Patient) - Today's Activity: 710.00 Start Time: 🗘 Stop Time: 🗘 Additional					
Patient: 00426721-01 - Lindsey Test (1 Charge) Patient Status: Patient Status: Patient Status Rpt:					
🗐 06/28/2018 00124 (AA) 710.00 710.00 *D 01-STEINMAN, 15-E Type:					
	Tracking Type: Q Bonus: Q				
	Supervisor: 0.00 Minutes/Unit: 0 Charge Amount: 0.00				
	Supervisee: 0.00 Minutes/Unit: 0 Charge Amount: 0.00				
	Adjustment:				
	Amount: 0.00				
Previous Balance: \$0.00 New Charges: \$710.00 New Payments: \$0.00 New A	djustments: \$0.00 Activity Today: \$710.00				

The Charge Posting to Batch # Window

The *Charge Posting to Batch #* Window is where all charges will be manually posted to a patient's account. Directly under the Toolbar, some Patient account information can be viewed in the blue bar. If you hover over the Patient Name, more information will pop-up as additional information for you. Birth Date, Balance Information, Next Visit, and Account Numbers are visible here as well.

The Billing Information Section

The *Billing Information* Section provides information about the patient's account including the primary, secondary and tertiary insurances listed on the account and any cases if they have multiples.

- The Guarantor's information can be displayed by simply clicking on the **Guarantor** Link.
- The Co-pay Amount attached to the account is listed
- The Financial Class attached to the account is listed.
- The Providing MD and Primary Care MD on the account are listed.

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- The Primary, Secondary and Tertiary Insurance information can be viewed by simply clicking on the **Insurance Carrier** Link next to the *Insurance 1, 2, and 3* Field.
- The Active Patient Case information is displayed in the *Patient Case* Field. The link next to this field allows a user to see the details of the selected case. If another case needs to be chosen, click the *Patient Case* Dropdown and select the correct case. The *Patient Case* Field will be Red if there is more than one active case on the account.
- The *Authorization* Field is used to attach an authorization to the charge. The **Magnifying Glass** Button can be used to access the *Pre-Authorization* Table, where the user can select the correct authorization or insert a new authorization.
- The *EPSDT* Field is used for Medicaid and the code would be entered in the field.
- The **Accept assignment** Checkbox defaults from the *Insurance Carrier Definition* Table. If checked, it signifies that you accept the assignment from the carrier.
- The **Assign benefits to provider** Checkbox is used to determine who the check should go to. If the **Assign benefits to provider** Checkbox is checked, it signifies that the reimbursement check should come to the provider. If unchecked, the check will go to the patient.
- The **Patient responsible** Checkbox is used to roll the balance of a charge to a patient responsibility. If the **Patient responsible** Checkbox is checked, the system will roll the balance to patient and bypass sending the claim to insurance.
- The **Return HCFA to office** Checkbox is used to mark a transaction to print out a paper claim.
- The **Emergency indicator** Checkbox is used for Medicaid.
- The Family Planning Checkbox is used for Medicaid.
- The Open Transactions are listed in the bottom left area. The system can be set to alternate colors between green and white for each charge sequence. All items, such as payments, will be linked to the appropriate charge.
- The **All Transactions** Link can be used to filter transactions in the list by Date or Transaction Code.

The Charge Information Section

The system automatically places the cursor in the *From Date* Field of the *Charge Information* Section. The system will also default in today's date. To help speed up the posting process, the system will carry forward the date from charge to charge. Enter the dates using a MM/DD/YYYY format. If the date needs to be changed, it can be typed over with the correct date. The system automatically carries the *From*

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Date to the *To Date* Field after tabbing from the *From Date* Field. If this date needs to be changed, type the new date in the *To Date* Field.

- If the transaction is for an inpatient procedure, the *Admit Date* and *Discharge Date* Fields are available for entry.
- The primary diagnosis (ICD-10) code can be entered in the *Diagnosis 1* Field. Any additional diagnosis codes needed, can be entered in the *Diagnosis 2-8* Fields. If the exact diagnosis code is not known, the *Diagnosis Code* Table can be accessed by clicking the **Magnifying Glass**.
- Depending on the Parameter settings, the *Referring MD, Location* and *Providing MD* Fields can be filled in based on what is on the Patient Definition. If the setting is not on to pull from Patient Definition, then these fields will have to be entered. If the setting was pulling the information in from Patient Definition, but it is incorrect for this transaction, then the information can be changed at this time. The **Magnifying Glass** can be used to access the tables.
- The *Location* Field refers to the location where the service was provided.
- The *Supervisor* Field refers to the *Provider* who performed the service.
- The *Supervisee* Field is used for the *CRNA* performed the service.
- The *Transaction* Field is for the procedure that was performed. The **Magnifying Glass** can be used to access the *Transaction* Table if the code is not known and a search needs to be performed.
- The *Modifiers* Fields are used to enter any valid modifiers for the transaction. The **Magnifying Glass** can be used to access the *CPT Code Modifiers* Table.
- The **Pointers Field** is used to order or eliminate diagnosis codes from the *Diagnosis 1-8* Fields for the specific transaction. When entering in this field, enter the number(s) of the *Diagnosis* Field(s) without any spaces. For example, if the all four diagnosis codes are populated and they are placed in the correct order of importance, then 12345678 should be entered in the *Pointers* Field. No commas, dashes, slashes or spaces should be entered.
- The **MISC Button** allows the user to add the NPI for a Locum Provider. Divisions for separate Billing Area are used for tracking various OR's, also *Claim Delay*. This can be assigned on the individual charge. Lastly it will allow users to enter the Local Box 19 which is additional claim information on a HFCA *ie: Corrected Claim*
- The **Units Field** is used when you are billing multiple units. The correct number of units should be entered in this field.
- The **Use Multiplier** Checkbox is used if you need to multiply the standard charge amount for the transaction code by the number of units.
- The Start Time & Stop Time of the procedure.

- The **Additional Button** is used for Discontinuance or Relief. Discontinuance is used for Multiple Anesthesia procedures in the same day. Relief is used if another Provider relieves the current Provider.
- The **Patient Status** field is used for P1-P5 Modifiers that will be applied to the claim.
- The **Patient Status Rpt** field is used if you need to enter the MIPS Measure pertaining to the patient again this would be the P1-P5 Modifiers.

The Adjustment Information Section

The *Adjustment Information* Section is used if there is an amount that needs to be adjusted off for this transaction.

- The *Adjustment* Field is used for the Adjustment Code used. This can be tracked by this code. The **Magnifying Glass** can be used to access the *Transaction* Table to find the correct adjustment code if the code is not known.
- The Amount Field is used for the amount that will be adjusted off.

Note: In System Wide Parameters, Anesthesia. The system will allow you to set up adjustments per carrier to be adjusted off at the time of charge posting.

Saving a Transaction

To save the transaction, press the **F10** Key or click the **Save** Button. Either of these options will save the transaction and return the cursor to the *Transaction* Field, so that any additional charges may be entered. The **F11** Key will save the transaction and then return the cursor to the *From Date* Field, where the date can easily be changed for the additional charges. Once the transaction has been saved, it will be visible in the Transaction List in the bottom left.

Note: The **Save & Exit** Button will save the current transaction and will also exit the batch. The **F12** Key can also be used to save the current transaction and exit the batch. Either of these 2 options should only be used when the user has posted all of the transactions and there are no more to post.

Note: At any point during posting that all the necessary information is entered, a transaction can be saved. The user does not have to go through each of these items if they do not apply. For instance, if there is no payment, adjustment or message being entered for the charge, the user can Press **F10** after entering the Transaction Code in the *Transaction* Field.

Posting Non-Anesthesia Charges

The following section will explain how to post charges in the system through a batch. Remember that in order to post anything a batch must be created first.

- 6. From the *Posting* Window, select the appropriate batch by highlighting the batch.
- 7. Click the **Charges** Button in the Toolbar.

8. The Direct Patient Access Window will open.

Direct Patient Access	property for access.		
Account Access			
Appointment:			
Patient:		Q	
Cross Reference:			
Membership:			

- The Direct Patient Access Window allows you to locate patients by their Name, Account Number, Cross Reference Number, Social Security Number, or Membership ID. The Patient Dropdown Arrow will allow you to select a patient from My Patient History. My Patient History reflects the last fifteen (15) patients whose accounts you have accessed. If additional search options are needed, the Patient Search Window can be accessed by clicking the Magnifying Glass.
- 10.Once the correct patient is selected, the *Charge Posting to Batch #* Window will open.

Charge Posting to Batch: 3 - CHARGES 7/10/2018 DR SMITH					
File Activities Transactions Posting Forms					
🗄 💾 Save 🖺 Save & Exit 🤱 Locate 🛞 Payment Posting 🔂 View Chart 📴 Recall 🧮 Message 🚏 Measure 🖌 Clear 🖃 New 👻 🚳 Anesthesia Posting					
James K McKeown (35026-1) (NKDA) Charge Posting					
Birth Date: 1/26/1946 72 Year Old Cases: 1 Balance Patient: 0.00 Insurance: 138.30 Next Visit: None Xref: 000035026 Account: 35026-1 Client Id: 1					
Billing Information	Charge Information				
Guarantor: MCKEOWN, JAMES Co-Pay: 0.00	From Date: 07/11/2018 V To Date: 07/11/2018 V				
Financial Class: MEDICARE Client Id: 1	Admit Date: V Discharge Date: V				
Providing MD: CONVERSION, PROVIDER MD	Diagnosis 1: Diagnosis 5: Diagnosis 5:				
Primary Care MD:	Diagnosis 2: Diagnosis 6: Q				
Insurance 1: NJ MEDICARE (CARE) - 089366498A	Diagnosis 3: Diagnosis 7: Q				
Insurance 2: PATIENT BALANCE DUE (PPAY)	Diagnosis 4: Q Diagnosis 8: Q				
Insurance 3:	Referring MD: (15) EPSTEIN, JOHN				
Patient Case: DEFAULT CASE (0) View Case	Location: (CONOF) CONVERSION LOCATION				
Authorization: Q EPSDT:	Providing MD: (CONV) CONVERSION, PROVIDER MD				
Claim Status: 🗌 Accept assignment 🗹 Assign benefits to provider	Assistant:				
Patient responsible Return HCFA to office Suppress statement	Transaction:				
Situational: Emergency indicator Family planning Insurance paper attachment	Modifiers: Q Q Q				
Current Transactions All Transactions	Pointers:				
Service Date Action Amount Remaining Providing MD	Units: 1 🔷 Time Amount: 0.00				
Guarantor: JAMES MCKEOWN (1 Patient) - Today's Activity: 0.00 Payment Information					
Patient: 00035026-01 - James K McKeown (1 Charge)	Payment:				
■-					
-776.20	Reference: Apply To: Copay 🗸				
	Adjustment Information				
	Adjustment:				
	Amount: 0.00				
< 111 >>	>				
Previous Balance: \$138.30 New Charges: \$0.00 New Payments: \$0.00 New Adjustments: \$0.00 Activity Today: \$0.00					

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The Charge Posting to Batch # Window

The *Charge Posting to Batch #* Window is where all charges will be manually posted to a patient's account. Directly under the Toolbar, some Patient account information can be viewed in the blue bar. If you hover over the Patient Name, more information will pop-up as additional information for you. Birth Date, Balance Information, Next Visit, and Account Numbers are visible here as well.

The Billing Information Section

The *Billing Information* Section provides information about the patient's account including the primary, secondary and tertiary insurances listed on the account and any cases if they have multiples.

- The Guarantor's information can be displayed by simply clicking on the **Guarantor** Link.
- The Co-pay Amount attached to the account is listed
- The Financial Class attached to the account is listed.
- The Providing MD and Primary Care MD on the account are listed.
- The Primary, Secondary and Tertiary Insurance information can be viewed by simply clicking on the **Insurance Carrier** Link next to the *Insurance 1, 2, and 3* Field.
- The Active Patient Case information is displayed in the *Patient Case* Field. The link next to this field allows a user to see the details of the selected case. If another case needs to be chosen, click the *Patient Case* Dropdown and select the correct case. The *Patient Case* Field will be Red if there is more than one active case on the account.
- The *Authorization* Field is used to attach an authorization to the charge. The **Magnifying Glass** Button can be used to access the *Pre-Authorization* Table, where the user can select the correct authorization or insert a new authorization.
- The **EPSDT** Field is used for Medicaid and the code would be entered in the field.
- The **Accept assignment** Checkbox defaults from the *Insurance Carrier Definition* Table. If checked, it signifies that you accept the assignment from the carrier.
- The **Assign benefits to provider** Checkbox is used to determine who the check should go to. If the **Assign benefits to provider** Checkbox is checked, it signifies that the reimbursement check should come to the provider. If unchecked, the check will go to the patient.
- The **Patient responsible** Checkbox is used to roll the balance of a charge to a patient responsibility. If the **Patient responsible** Checkbox is checked, the system will roll the balance to patient and bypass sending the claim to insurance.

- The **Return HCFA to office** Checkbox is used to mark a transaction to print out a paper claim.
- The **Emergency indicator** Checkbox is used for Medicaid.
- The Open Transactions are listed in the bottom left area. The system can be set to alternate colors between green and white for each charge sequence. All items, such as payments, will be linked to the appropriate charge.
- The **All Transactions** Link can be used to filter transactions in the list by Date or Transaction Code.

The Charge Information Section

The system automatically places the cursor in the *From Date* Field of the *Charge Information* Section. The system will also default in today's date. To help speed up the posting process, the system will carry forward the date from charge to charge. Enter the dates using a MM/DD/YYYY format. If the date needs to be changed, it can be typed over with the correct date. The system automatically carries the *From Date* to the *To Date* Field after tabbing from the *From Date* Field. If this date needs to be changed, type the new date in the *To Date* Field.

- If the transaction is for an inpatient procedure, the *Admit Date* and *Discharge Date* Fields are available for entry.
- The primary diagnosis (ICD-10) code can be entered in the *Diagnosis 1* Field. Any additional diagnosis codes needed, can be entered in the *Diagnosis 2-8* Fields. If the exact diagnosis code is not known, the *Diagnosis Code* Table can be accessed by clicking the **Magnifying Glass**.
- Depending on the Parameter settings, the *Referring MD, Location* and *Providing MD* Fields can be filled in based on what is on the Patient Definition. If the setting is not on to pull from Patient Definition, then these fields will have to be entered. If the setting was pulling the information in from Patient Definition, but it is incorrect for this transaction, then the information can be changed at this time. The **Magnifying Glass** can be used to access the tables.
- The *Location* Field refers to the location where the service was provided.
- The *Providing MD* Field refers to the Provider who performed the service.
- The Assistant Field is used if a non-credentialed provider performs the procedure, but the claim must be billed out under the supervising provider. The Assistant is tracked as the *Provider of Service* within VertexDr Practice Manager, which means that the revenue will be tracked toward the assistant.
- The *Transaction* Field is for the procedure that was performed. The **Magnifying Glass** can be used to access the *Transaction* Table if the code is not known and a search needs to be performed.
- The *Modifiers* Fields are used to enter any valid modifiers for the transaction. The **Magnifying Glass** can be used to access the *CPT Code Modifiers* Table.

- The *Pointers* Field is used to order or eliminate diagnosis codes from the *Diagnosis 1-8* Fields for the specific transaction. When entering in this field, enter the number(s) of the *Diagnosis* Field(s) without any spaces. For example, if the all four diagnosis codes are populated and they are placed in the correct order of importance, then 1234 should be entered in the *Pointers* Field. No commas, dashes, slashes or spaces should be entered.
- The *Units* Field is used when you are billing multiple units. The correct number of units should be entered in this field.
- The *Time* Field is used for the procedure codes that require the time, but does not fall within Concurrency Check. *For Example: Epidurals*
- The **Use Multiplier** Checkbox is used if you need to multiply the standard charge amount for the transaction code by the number of units.

The Payment Information Section

The *Payment Information* section is used to post any payments that the patient paid toward the visit.

- The *Payment* Field is used to identify how the patient paid. The **Magnifying Glass** can be used to access the *Transaction* Table if the correct code is not known.
- The *Amount* Field is for the amount that the patient paid.
- The *Reference* Field is used for a check number if the patient paid by check.
- The *Apply To* Dropdown Field is used to specify if the payment should be applied as a *Copay* or to *All Charges*, in case there are multiple transactions being posted.

The Adjustment Information Section

The *Adjustment Information* Section is used if there is an amount that needs to be adjusted off for this transaction.

- The *Adjustment* Field is used for the Adjustment Code used. This can be tracked by this code. The **Magnifying Glass** can be used to access the *Transaction* Table to find the correct adjustment code if the code is not known.
- The Amount Field is used for the amount that will be adjusted off.

Saving a Transaction

To save the transaction, press the **F10** Key or click the **Save** Button. Either of these options will save the transaction and return the cursor to the *Transaction* Field, so that any additional charges may be entered. The **F11** Key will save the transaction and then return the cursor to the *From Date* Field, where the date can easily be changed for the additional charges. Once the transaction has been saved, it will be visible in the Transaction List in the bottom left.

Note: The **Save & Exit** Button will save the current transaction and will also exit the batch. The **F12** Key can also be used to save the current transaction and exit the batch. Either of these 2 options should only be used when the user has posted all of the transactions and there are no more to post.

Note: At any point during posting that all the necessary information is entered, a transaction can be saved. The user does not have to go through each of these items if they do not apply. For instance, if there is no payment, adjustment or message being entered for the charge, the user can Press **F10** after entering the Transaction Code in the *Transaction* Field.

Locate another Patient

Once all of the charges for the current patient have been entered, a new patient can be selected by pressing the **F5** Key or the **Locate** Button. The *Direct Patient Access* Window will open. Follow the same steps as above to post the charges for the newly located patient.

Icon Legend

- 📃 Charge that has been posted and closed.
- 🗏 Charge that has been posted and still in a batch.
- Payment that has been posted and closed.
- Payment that has been posted and still in a batch.
- Unidentified payment that has been posted and closed.
- Unidentified Payment that has been posted and still in a batch.
- Adjustment that is posted and could be either in a batch or be closed.
- 😺 Collection Transaction.
- 🥙 Reversal that is posted and could be either in a batch or be closed.
- 🙆 Charge posted with an error.
- Global Transaction that is posted and could be either in a batch or be closed.

Posting a Charge in a Global Period

When posting a charge that has a global period attached, the process is the same as posting a regular charge. The difference is how the charge displays in the Transaction List. Instead of just the piece of paper icon, it also has a globe icon.



The next time this account is accessed in posting, the *Global Billing Days Alert* Window will open. This alerts the user that the account contains transactions with active global billing days and it is still within the global days.

Posting with Appointment Information

All appointments within VertexDr Practice Manager have an Appointment Number attached. VertexDr Practice Manager allows charges to be posted using the patient's appointment information. The system can carry forward:

- Service Location,
- Service Date,
- Provider,
- *Referring Provider,* and the
- Transaction code.

Note: In order for the Transaction Code to carry forward, prior to using the Appointment Posting feature, the Appointment Type must be linked to the appropriate Transaction Code.

There is also a parameter setting that must be turned on to allow posting by appointment number.

Once this setting has been turned on, an *Appointment* Field will be added to the *Direct Patient Access* Window. This field enables the user to enter the *Appointment Number*, instead of *Name* or *Account Number*, to select the patient. Once the patient is located by the *Appointment Number*, the *Charge Information* will load from the appointment.

Direct Patient /		erty for access	
ccount Access			
Appointment:	1		
Patient:			Q
Cross Reference:			
Membership:			

After locating the patient, all the steps for posting are the same as above (see the *Charge Posting to Batch # Window* Section of this manual). If nothing needs to be changed, press **F10**.

Posting Grouped Transaction Codes

During Posting, Grouped Transaction Codes can be utilized to post multiple transaction codes at one time. By creating a Grouped Transaction Code, the posting process can be more efficient. A Grouped Transaction Code is a code that has multiple transaction codes attached to it. When the Grouped Transaction Code is entered in the *Transaction* Field, and the Transaction is saved, all of the attached transaction codes will be billed as their own line item. The benefit is that the user only entered and saved one Transaction but multiple will be posted.

Posting Payments

There are multiple types of payments that can be applied to transactions in the patient's account. At least one batch must be established before any payment posting can begin (see the *Creating a Batch* Section of this manual). All transactions are linked to a specific batch.

Patient Payments

There are three different ways of applying a patient payment: a single charge, a range of charges or as an unidentified payment.

- 1. From the *Posting* Window, select the appropriate batch by highlighting the batch.
- 2. Click the **Payments/Adjustments** Button Select Payments/Adjustments in the Toolbar or right-click on the desired batch and select Payments/Adjustments.
- 3. The Direct Patient Access Window will open.

Direct Patient		for access.	
Account Access			
Patient:	1		Q -
Cross Reference:			
Membership:			

- 4. The Direct Patient Access Window allows you to locate patients by their Name, Account Number, Cross Reference Number, Social Security Number, or Membership ID. The Patient Dropdown Arrow will allow you to select a patient from My Patient History. My Patient History reflects the last fifteen (15) patients whose accounts you have accessed. If additional search options are needed, the Patient Search Window can be accessed by clicking the Magnifying Glass.
- 5. Once the correct patient is selected, the *Payment Posting to Batch #* Window will open.

V Payment Posting to Batch: 13 - TEST				
Eile Activities Transactions Posting	F <u>o</u> rms			
🗄 🛃 Save 🛃 Save & Exit 🔍 Locat	te 禢 Charge Posting	📁 Vie <u>w</u> Chart 🗔 R <u>e</u> call 🍕	ዾ <u>M</u> essage 🥔 <u>C</u> lea	ar ∣ ⊠N <u>e</u> w -
Benjamin Kustesky (156-1) ((No Allergy Informa	ation on File)		Payment Posting
Birth Date: 5/12/1922 93 Year Old Cases	: 1 Balance: 1180.00 Next	Visit: None		MRN: 00000015601 Account: 156-1 Client Id: 1
Billing Information		© IC: 9/20/2011	Payment Type	
Guarantor: KUSTESKY, BENJA	AMIN	Co-Pay: 0.00	Type to Post:	Patient
Financial Class: MEDICARE		Client Id: 1	Patient Payment Info	ormation
Providing MD: JOHNSON, ROBER	RT MD		Payment Code:	
Primary Care MD:			Receipt Date:	
Insurance 1: MEDICARE (MC) -	043014820A		Total Payment:	0.00
Insurance 2:			Reference:	
Insurance 3:			Apply Payment:	Single Charge
Claim Status: 🔲 Suppress seco	ondary		Payment Priority:	Patient 💌
Current Transactions All Transactio	ins		Payment Posting	
Service Date Action	Claim Amount	Remaining Providing MD	Claim Number:	
Guarantor: BENJAMIN KUSTESKY (Standard Charge:	0.00 Amount Remaining: 0.00
Patient: 00000156-01 - Benjami			Payment Amount:	0.00
🖃 🞯 07/12/2007 29863 (LT)	4 4150.00	545.00 *P RS-SMITH, RIC	Responsibility To:	By-pass
11/06/2008 PMC	-2440.00			
2 11/06/2008 AMC	-1100.00			
11/30/2011 CKM	-65.00			
□ 11/01/2008 29863 (RT)		435.00 *P RJ-JOHNSON, F		
	-2000.00			
11/30/2011 CKM	-1650.00 -65.00			
11/06/2008 99214	5 95.00	95.00 *I RJ-JOHNSON, F		
11/06/2008 81002	6 20.00	20.00 *I RJ-JOHNSON, F		
10/22/2009 99213	14 85.00	85.00 *I RJ-JOHNSON, F		
• III		۱. ۲		
Previous Balance: \$1180.00 New Char	rges: \$0.00 Ne	w Payments: \$0.00 New	Adjustments: \$0.00	Activity Today: \$0.00

The Payment Posting to Batch # Window

Directly under the Toolbar, some Patient account information can be viewed in the blue bar. If you hover over the Patient Name, more information will pop-up as additional information for you. Birth Date, Balance Information, Next Visit, and Account Numbers are visible here as well.

The Billing Information Section

The *Billing Information* Section provides information about the patient's account.

- The Guarantor's information can be displayed by simply clicking on the **Guarantor** Link.
- The Co-pay Amount attached to the account is listed.
- The Financial Class attached to the account is listed.
- The Providing MD and Primary Care MD on the account are listed.
- The Primary, Secondary and Tertiary Insurance information can be viewed by simply clicking on the **Insurance** Link next to the *Insurance* 1, 2, and 3 Field.
- The **Suppress Secondary** Checkbox is used to prevent a secondary claim from being produced.
- The **All Transactions** Link can be used to filter transactions in the list by Date or Transaction Code.
- The **Arrow up and down** Icon to the right of the **All Transactions** Link is used to increase the number of transactions that are visible in the list. It will hide the other information and extend the transaction list.
- The Transaction List Box displays all open transactions for the patient. All transactions that are attached together are linked by a tree structure. For instance, the charge and the payments/adjustments that came in for that charge. For easier reading, the system can be set to alternate colors between green and white for each sequence.

The Payment Type Section

This field is used to select which type of transactions will be posted. The *Type to Post* Dropdown Field should be set to *Patient* to post a single patient payment. Based on the different types selected, the system will change the display to accommodate the different fields needed for each Payment Type.

Patient Payment Type

The **Patient** Payment Type is used t post payments received from the patient.

• The system places the cursor in the *Payment Code* Field. The *Payment Code* Field is used to indicate how the patient paid. The **Magnifying Glass** can be used to access the *Transaction* Table to find the correct code if the code is not known.

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• The *Receipt Date* Field is used for the date the payment was received.

Note: In any blank *Date* Field, the **Down** Arrow Key, on your keyboard, will insert Today's date for faster entry.

- The *Total Payment* Field is used for the total dollar amount the patient is paying.
- The *Reference* Field is a free text field and is most commonly used for the check number.
- The *Apply Payment* Dropdown Field is used to specify how the payment should be applied. Payments can be applied to a *Single Charge*, a *Range of Charges*, or *Moved to Unidentified*.
- The *Payment Priority* Dropdown Field is used to identify where the payment is coming from. It will be left on *Patient* for all Patient Payment Types. This field will be used more during Insurance Payment Posting.
- The *Claim Number* Field refers to the claim number of the charge the payment should be attached to. Each Charge is assigned a unique claim number at the time of posting. The claim number can be located in the Transaction List Box, next to the charge in the *Claim* Column. Entering an invalid Claim Number or character in the *Claim Number* Field will result in the *Payment Posting Charge View* Window opening. The correct claim can be selected from this window.
- The *Standard Charge, Amount Remaining,* and *Payment Amount* Fields will be populated. If the Payment is correct, press **F10** to save the transaction.

Note: If you are only posting part of the payment to the existing claim, change the *Payment Amount* Field to the correct amount. The remaining payment balance must be posted to another claim before continuing to another transaction. Please note that a *Payment Remaining* Field will appear with the amount that is left to be posted. In order to continue posting the remaining payment, enter the *Claim Number* in the *Claim Number* Field.

• The *Responsibility To* Dropdown Field refers to who is responsible for the Amount Remaining.

Note: In the *Responsibility To* Dropdown Field throughout the system, *Bypass* means leaving the responsibility where it currently is. *Primary* means primary insurance is responsible, *Secondary* means secondary insurance is responsible. *Tertiary* means tertiary insurance is responsible. *Patient* means the patient will be responsible.

Single Charge

The *Single Charge* payment option is used to post a patient payment to a single transaction at a time.

1. Follow the steps from a Single Charge until the *Apply Payment* Bulleted Section. In the *Apply Payment* Dropdown Field, select *Single Charge*.

- 2. The *Payment Priority* Dropdown Field is used to identify where the payment is coming from. It will be left on Patient for all Patient Payment Types. This field will be used more during Insurance Payment Posting.
- 3. The *From Claim* Field refers to the first Claim Number the payment should be attached to.
- 4. If the Payment is correct, press **F10** to save the transaction.

Range of Charges

The *Range of Charges* payment option is used to post a patient payment to multiple transactions at the same time, rather than posting multiple payments individually. This option can save time.

V Payment Posting to Bate	:h: 13 - TEST									
File Activities Transaction	ons Posting	Forms								
🗄 🛃 Save 🛃 Save & Exi	t 🔍 Loca	te 禢 Cha	irge Posting	📁 View Cł	hart [💽 Recall 🛛	👃 Message 🥥 Clea	ar ⊠N <u>e</u> w ▼		
Benjamin Kustesk	v (156-1)	No Aller	uv Informa	tion on F	ile)				Pavm	ent Posting
Birth Date: 5/12/1922 93 Ye		·			,			MRN: 000	00015601 Account: 1	-
Billing Information				🕤 IC: 9	/20/201	1	Payment Type			
_	STESKY, BENJA	MIN		Co-Pav:	0.00		Type to Post:	Patient	•	
Financial Class: MEI	DICARE			Client Id:	1		Patient Payment Inf	ormation		
Providing MD: JOH	INSON, ROBE	RT MD					Payment Code:	(CK) CHECK AT DES	к	٩
Primary Care MD:							Receipt Date:	-		
	DICARE (MC) -	043014820A					Total Payment:	0.00		
Insurance 2:							Reference:			
Insurance 3:							Apply Payment:	Range of Charges		
Claim Status:	Suppress seco	ondarv					Payment Priority:	Patient -		
Current Transactions						÷				
		_					Payment Posting			
Service Date	Action	Claim Amo		Remaining	P	roviding MD	From Claim:		To Claim:	
Guarantor: BENJAMIN			-	ity: 0.00			Range Total:	0.00	Amount Remaining:	0.00
Patient: 00000156- □-	01 - Benjam 29863 (LT)		(5 Charges) 4150.00	E4E (00 *D D	RS-SMITH, RIC	Payment Amount:	0.00		
11/06/2008		-	-2440.00	343.0	00	G-SHITH, KIC	Responsibility To:	By-pass 💌		
/ 11/06/2008			-1100.00							
11/30/2011	СКМ		-65.00							
= 词 11/01/2008	29863 (RT)	10	4150.00	435.0	00 *P F	ข-วohnson, ค				
	PMC		-2000.00							
🥜 05/24/2011	AMC		-1650.00							
11/30/2011	СКМ		-65.00							
11/06/2008	99214	5	95.00			U-JOHNSON, F				
☐ 11/06/2008 ☐ 10/22/2009	81002 99213	6	20.00 85.00			23-JOHNSON, F 23-JOHNSON, F				
10/22/2009	44512	14	65.00	85.	.00 -1 F	U-JUHNSUN, F				
	Naw Char	¢0.00		Davanata	to oo		Adjustmental \$0.00	A shiniba Tadaya d	0.00	
Previous Balance: \$1180.00	New Char	ges: \$0.00	New	Payments: \$	\$0.00	New	Adjustments: \$0.00	Activity Today:	\$0.00	

- 1. Follow the steps from a Single Charge until the *Apply Payment* Bulleted Section. In the *Apply Payment* Dropdown Field, select *Range of Charges*. The *Claim Number* Field will change to a *From Claim* Field and a *To Claim* Field will appear to the right of the *From Claim* Field. The *Standard Charge* Field changes to a *Range Total* Field.
- 2. The *Payment Priority* Dropdown Field is used to identify where the payment is coming from. It will be left on Patient for all Patient Payment Types. This field will be used more during Insurance Payment Posting.
- 3. The *From Claim* Field refers to the first Claim Number the payment should be attached to.

4. The *To Claim* Field refers to the last Claim Number that a payment should be applied to.

Note: Please make sure that there are no transactions in between that range of claim numbers that are out to an insurance responsibility. Also please make sure that the claim numbers are in order of the oldest claim to the newest claim. The system will begin with the first claim and pay off the balance, if there is enough money. The system then continues to the next claim if there is money left over. The next claim will be paid off if there is enough money. The system continues with this process until it runs out of money to apply.

5. The *Range Total, Amount Remaining* and *Payment Amount* Fields will be populated. If the Payment is correct, press **F10** to save the transaction.

Move to Unidentified

The *Move to Unidentified* option allows for a payment to be made to the account without attaching it to an existing claim. This could be for a service rendered, but no charge posted yet, or even for a service not yet rendered.

- 1. Follow the steps from a Single Charge until the *Apply Payment* Bulleted Section. Instead, from the **Apply Payment** Dropdown, select **Move to Unidentified**.
- 2. The Unidentified Payment Window will open.
- 3. If the money should be applied to a different *Providing MD* or *Location*, please select the correct *Providing MD* or *Location*. If the *Providing MD* and *Location* are correct, click **Move**.

Note: Unidentified Payments that have been closed are able to be reallocated using the Unidentified Payment Type. If an Unidentified Payment is still in a batch, it cannot be reallocated using the Unidentified Payment Type. The payment would have to be deleted from the current batch it is in.

Unidentified transactions will appear with a yellow \mathbf{U} Icon in the Transaction List Box. Once a closing is run, the yellow \mathbf{U} Icon will turn to a blue \mathbf{U} Icon in the Transaction List Box.

Unidentified Payment Type

This method of posting reallocates unidentified payments and assigns them to selected charges.

1. From within your payment batch, the *Type to Post* Dropdown Field should be set to *Unidentified*.

V Payment Posting to Batch	: 13 - TEST				
File Activities Transaction	-			a	
🛃 Save 🛃 Save & Exit			_	👂 Message 🎻 Cle	
William Unidentified			File)		Payment Posting
Birth Date: 1/2/1935 81 Year	Old Cases: 1 Balance: 35	558.00 Next Visit: None		_	MRN: 0000005501 Account: 55-1 Client Id: 1
Billing Information				Payment Type	
	DENTIFIED, WILLIAM	Co-Pay:	0.00	Type to Post:	Unidentified
Financial Class: MED	ICARE	Client Id:	1	Unidentified Paymer	t Transfer
Providing MD: JOHI	NSON, ROBERT MD			Unidentified Claim:	5
Primary Care MD:				Original Amount:	100.00 OriginallyPosted: 9/4/2002
Insurance 1: MED	ICARE (MC) - 114225375A			Amount Remaining	100.00
Insurance 2:				Date Transferred:	
Insurance 3:				Transfer To:	Single Charge
Claim Status: 📃 S	uppress secondary			Unidentified Paymer	
Current Transactions	All Transactions		E		It ransiers
Service Date	Action Claim Amount	Remaining	Providing MD	-	0.00
Guarantor: WILLIAM UN	NIDENTIFIED (1 Patient) 1 - William Unidentified ()	Payment Amount:	100.00
■ Patient: 00000055-0	93010 1		P RJ-JOHNSON, R.	Responsibility To:	By-pass 💌
01/16/2007	PMC	-28.00	P RO-Softwoork, R.		
01/16/2007		-7.00	=		
12/29/2001	93010 2		P RJ-JOHNSON, R		
	PMC	-28.00			
	AMC	-7.00			
12/30/2001	93010 3	42.00 7.00 *	P RJ-JOHNSON, R		
01/16/2007	PMC	-28.00			
01/16/2007	AMC	-7.00			
= 12/31/2001	93010 4	42.00 7.00 *	P RJ-JOHNSON, R		
01/16/2007	PMC	-28.00			
I I I			4		
Previous Balance: \$3558.00	New Charges: \$0.00	New Payments	: \$0.00 Ne	w Adjustments: \$0.00	Activity Today: \$0.00

- 2. The *Unidentified Claim* Field refers to the claim number of the unidentified claim. The claim number of the unidentified payment can be found in the *Claim* Column in the Transaction List Box.
- 3. Once the *Unidentified Claim* Field is entered, the *Original Amount* Field will populate with the original amount of the unidentified claim. The *Originally Posted* Field will populate the original posted date.
- 4. The *Amount Remaining* Field is also populated based on the remaining balance of the unidentified claim.
- 5. The *Date Transferred* Field refers to the date the money was transferred to another claim with a balance.
- 6. The *Transfer To* Dropdown Field is used to identify how the payment should be applied, by either a *Single Charge* or *Range of Charges*. Once the correct option is selected please follow the steps from the section above for either Single Charge or Range of Charges beginning at the *Claim* Fields.
- 7. The system will automatically post an adjustment for the applied amount to the unidentified claim and the payment to the chosen claim.

Insurance Payment Type

1. From within your payment batch, the *Type to Post* Dropdown Field should be set to *Insurance*.

🗸 Payment Posting to Bate	ch: 13 - TEST							
File Activities Transacti	ions Posting Fo	rms						
🛃 Save 🛃 Save & Exi	it 🔍 Locate	🝓 Charge Posting	📁 🚺 View Cł	nart 💽 Recall	≶ Message 🥥 Clea	r		
William Unidentifie	ed (55-1) (No	Allergy Informa	tion on F	ile)			Payment	Postina
Birth Date: 1/2/1935 81 Yea						MRN	: 00000005501 Account: 55-1	Client Id: 1
Billing Information					Payment Type			
Guarantor: UN	IDENTIFIED, WILL	IAM	Co-Pay:	0.00	Type to Post:	Insurance	-	
Financial Class: ME	DICARE		Client Id:	1	Insurance Posting In	formation		
Providing MD: JO	HNSON, ROBERT M	ID			Claim Number:	15	Payment Denial	
Primary Care MD:					Standard Charge:	85.00		
Insurance 1: ME	DICARE (MC) - 114	225375A			Payment Priority:	Primary 🔻	•	
Insurance 2:					Receipt Date:	04/26/2016	•	
Insurance 3:					Payment Code:	(PMC) MEDICAR	E PMT	Q,
Claim Status:	Suppress seconda	ry			Approved Amount:	85.00	% of Approved:	0.800
Current Transactions	All Transactions			E	Deductible:	0.00		
					Co-Pay:	0.00		
Service Date Guarantor: WILLIAM	Action Claim		aining	Providing MD	Co-Insurance:	0.00		
Guarantor: WILLIAPI 0 Patient: 00000055-	•				Payment Amount:	68.00	Reference:	
	52112 14	3500.00	3500.00 *I	RS-SMITH, RIC	Adjustment Code:	(AMC) MEDICAR	E ADJUSTMENT	Q
10/06/2008	99213 15	85.00	85.00 *I	RJ-JOHNSON, R.	Adjust/Write Off:	0.00	45	
10/06/2008	93000 16	45.00	45.00 *I	RJ-JOHNSON, R	Risk Code:			Q
12/28/2001	93010 1	42.00	7.00 *P	RJ-JOHNSON, R	Risk Amount:	0.00		
		-28.00			Denial Reason:			Q
01/16/2007		-7.00	7.00.00		Responsibility To:	Patient 💌		
12/29/2001	93010 2 PMC	42.00 -28.00	7.00 *P	RJ-JOHNSON, R	Amount Remaining:	17.00		
01/16/2007 01/16/2007		-28.00						
□ □ 12/30/2001	93010 3	42.00	7.00 *P	RJ-JOHNSON, R.				
01/16/2007		-28.00		to someship it				
< III				Þ				
Previous Balance: \$3558.00	New Charges	: \$0.00 Ne	w Payments:	\$0.00 Ne	w Adjustments: \$0.00	Activity Toda	ay: \$0.00	

- 2. The *Claim Number* Field refers to the claim number of the charge the payment should be attached to. Enter the correct *Claim Number*.
- 3. Once you tab out of the *Claim Number* Field, the system pre-fills some other fields.
- 4. The **Payment Denial** Checkbox is used when posting insurance denials. This will be discussed in the *Denials* Section.
- 5. The *Standard Charge* Field pre-fills with the charge amount.
- 6. The *Payment Priority* Dropdown Field is used to identify which insurance is paying, *Primary*, *Secondary* or *Tertiary*. This will default to the correct order based on where the responsibility is for the charge. This can be changed in a case of a secondary payment being received before the primary payment.
- 7. The *Receipt Date* Field refers to the date the payment was received.
- 8. The *Payment Code* Field refers to the payment code set up for the insurance carrier. This information will fill in automatically when selecting the claim number. If the code needs to be changed, the **Magnifying Glass** can be used to access the *Transaction* Table to find the correct code.
- 9. The *Approved Amount* Field refers to the approved/allowed amount of the charge as stated from the EOB. The amount can be populated automatically if the fee schedule for the contracted amount of the carrier has been entered into the system. If the contracted amount has not been entered in the

system, the *Approve Amount* Field populates with the remaining amount of the charge.

- 10. The % of Approved Field refers to the percentage of the approved amount the carrier pays. This field is populated automatically based on the set up in the *Insurance Carrier* Table for the carrier.
- 11. The *Deductible, Co-Pay and Co-Insurance* Fields refer to the deductible amount, co-pay amount or co-insurance amount, if any apply. If there is a deductible, co-pay or co-insurance amount, they should be entered in the correct field. This information is stated on the EOB and should be entered.

Note: The *Co-pay* Field should be filled in with the amount the patient should pay, regardless of whether or not the patient paid already. If the patient has not paid yet, the amount will be billed. If the patient already paid then there will not be an amount remaining to bill.

- 12. The *Adjustment Reason Codes* fill in appropriately for the deductible, co-pay or co-insurance. However, the Magnifying Glass can be used to access the *Adjustment Reason Code* Table, if needed.
- 13. The *Payment Amount* Field refers to the actual amount of the payment. This will calculate based on the approved amount, percent of approved, deductible, co-pay and co-insurance amounts entered into the system.
- 14. The *Reference* Field is a free text field and is most commonly used for the check number or EOB number.
- 15. The *Adjustment Code* Field refers to the adjustment code set up for the insurance carrier. This information will fill in automatically when selecting the claim number. If the code needs to be changed, the **Magnifying Glass** can be used to access the *Transaction* Table to find the correct code. This field is used if there is any amount to be adjusted off.
- 16.The *Adjustment Reason Code* fills in appropriately. However, the **Magnifying Glass** can be used to access the *Adjustment Reason Code* Table, if needed.
- 17.The *Adjust/Write Off* Field is the amount to be adjusted off. This amount will populate based on the charge amount minus the approved amount.
- 18. The Risk Code Field and the Risk Amount Field will be used if the insurance calculates a risk adjustment. The Risk Code Field refers to the risk adjustment code set up for the insurance carrier. This information will fill in automatically when selecting the claim number, if applicable. If the code needs to be changed, the Magnifying Glass can be used to access the *Transaction* Table to find the correct code. The Risk Amount Field will need to be filled in with the amount of the risk adjustment. This may also require you to adjust the Payment Amount Field. The Adjustment Reason Code fills in appropriately. However, the Magnifying Glass can be used to access the Adjustment Reason Code Table, if needed.
- 19. The *Denial Reason* Field is used when posting insurance denials. This will be discussed in the Denials Section.

- 20. The *Responsibility To* Dropdown Field refers to who is responsible for the Amount Remaining. This field can be set by a parameter setting that will allow the system to automatically roll the responsibility to the correct one.
- 21. The *Amount Remaining* Field is populated with the remaining balance of the claim.

22.To save the transaction, press the **F10** Key.

Note: At any point during posting, if all of the necessary information is entered, a transaction can be saved. The user does not have to go through each of these items if they do not apply. For instance, if everything was correct once the *Approved Amount* was entered, the user can Press **F10** then.

Payment Denial Posting

It is necessary to post the insurance denials if you wish to track them in the system. The following section will instruct you on how to post the denial, as well as how to track the denials in the system.

- 1. From within your payment batch, the *Type to Post* Dropdown Field should be set to *Insurance*.
- 2. Once you have entered the correct Claim Number, check the **Payment Denial** Checkbox.

V Payment Posting to Batch: 13 - TEST			
Eile Activities Transactions Posting Forms			
🗄 🛃 Save 🛃 Save & Exit 🔍 Locate 🍓 Charge Posti	ng 📁 Vie <u>w</u> Chart 🗔 R <u>e</u> call 🄇	<u>M</u> essage 🥜 <u>C</u> lear	⊠N <u>e</u> w ▼
William Unidentified (55-1) (No Allergy Infor	mation on File)		Payment Posting
Birth Date: 1/2/1935 81 Year Old Cases: 1 Balance: 3558.00 N			MRN: 00000005501 Account: 55-1 Client Id: 1
Billing Information		Payment Type	
Guarantor: UNIDENTIFIED, WILLIAM	Co-Pav: 0.00		urance
Financial Class: MEDICARE	Client Id: 1	Insurance Posting Inform	
Providing MD: JOHNSON, ROBERT MD		Claim Number: 14	Payment Denial
Primary Care MD:		Standard Charge:	3500.00
Insurance 1: MEDICARE (MC) - 114225375A			nary 💌
Insurance 1: <u>MEDICARE (MC) - 114223373A</u> Insurance 2:		· · · _	
Insurance 3:		· · ·	AC) MEDICARE PMT
Claim Status: Suppress secondary		Approved Amount:	0.00 % of Approved: 0.800
Current Transactions All Transactions	÷	Deductible:	0.00
Service Date Action Claim Amount	Remaining Providing MD 🔺	Co-Pay:	0.00
😑 Guarantor: WILLIAM UNIDENTIFIED (1 Patient) - Today	's Activity: 0.00	Co-Insurance:	0.00
Patient: 00000055-01 - William Unidentified (8 Charg	es)	Payment Amount:	0.00 Reference:
09/20/2007 52112 14 3500.00	3500.00 *I RS-SMITH, RIC	Adjustment Code:	Q
	85.00 *I RJ-JOHNSON, R E	Adjust/Write Off:	0.00
10/06/2008 93000 16 45.00	45.00 *I RJ-JOHNSON, R.	Risk Code:	Q.
□ 12/28/2001 93010 1 42.00	7.00 *P RJ-JOHNSON, R	Risk Amount:	0.00
- 01/16/2007 PMC -28.00 - 201/16/2007 AMC -7.00		Denial Reason:	Q
□ 12/29/2001 93010 2 42.00	7.00 *P RJ-JOHNSON, R	Responsibility To: Pat	ient 💌
01/16/2007 PMC -28.00	7.00 P R3-301143014, K.	Amount Remaining:	3500.00
2 01/16/2007 AMC -7.00			
□ 12/30/2001 93010 3 42.00	7.00 *P RJ-JOHNSON, R		
01/16/2007 PMC -28.00	-		
<pre></pre>	•		
Previous Balance: \$3558.00 New Charges: \$0.00	New Payments: \$0.00 New	Adjustments: \$0.00	Activity Today: \$0.00

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3. Once the checkbox is checked, the system will automatically inactivate the fields that are no longer needed. The remaining fields can be filled in appropriately.

Note: The system can also be set to populate the *Payment Code* Field with a denial payment code, if set up in the *Insurance Carrier* Table for the selected insurance carrier. Also a default *Denial Reason* can be set up to populate as well.

- 4. The *Denial Reason* Field would need to be filled in if the practice wishes to be able to track denials by reason. The **Magnifying Glass** can be used to access the *Denial* Table.
- 5. Press **F10** to save the transaction.

Tracking a Patient's Denial History

You can track a patient's denial history from their chart.

- 1. Once in a Patient Chart under the *Patient Definition*, click the *Inquiry* Section.
- 2. Highlight the charge the denial is attached to.
- 3. Click **Transactions** from the Menu Bar, then select *Denial History*.
- 4. The Transaction Denial History Table will open.

Note: Through Practice Reporter, denials can be tracked by dates and other options as well by running the *Denial Tracking by Financial Class* Report under *Insurance*.

Adjustment Payment Type

1. From within your payment batch, the *Type to Post* Dropdown Field should be set to *Adjustments*.

V Payment Posting to Batch:	13 - TEST							
E File Activities Transaction	ns Posting Forms							
🗄 🛃 Save 🛃 Save & Exit	🔍 Locate 禢 Char	ge Posting 📋	📁 View C	hart 🗔 Recall	≶ Message 🥜 Clea	r		
Thomas Anderson (3-1) (No Allergy In	formation	on File))				Payment Posting
Birth Date: 2/1/1959 57 Year (Old Cases: 1 Balance: 23	5.00 Next Vis	it: None			MRN: 0	0000000301	Account: 3-1 Client Id: 1
Billing Information			🗑 IC: 1	2/14/2010	Payment Type			
Guarantor: ANDE	RSON, THOMAS	•	Co-Pay:	15.00	Type to Post:	Adjustment	-	
Financial Class: CONN	NECTICARE	(Client Id:	1	Adjustment Posting			
Providing MD: JOHN	ISON, ROBERT MD				Apply Adjustment:	Single Adjustment	-	
Primary Care MD:					Claim Number:	13		
Insurance 1: CON	NECTICARE (CTC) - 9876543	3210			Adjustment Priority	Primary 💌		
Insurance 2:					Standard Charge:	85.00		
Insurance 3:					Responsibility To:	•		
Claim Status: 🔲 Su	ppress secondary				Amount Remaining:	85.00		
Current Transactions A	II Transactions			÷	Adjustment Informa	tion		
Service Date	Action Claim Amount	Remai	ning	Providing MD	Adjustment Code:	(AFILE) FILING LIM	п	Q
Guarantor: THOMAS AN			-	Troviding Ho	Receipt Date:	04/28/2016 -		
Patient: 0000003-03					Amount:	85.00	Reference:	
🖃 🞯 09/19/2006	99213 4	85.00	15.00 *P	RJ-JOHNSON, R				
04/06/2009	PCTC	-55.00						
04/06/2009	ACTC	-15.00						
10/06/2008	99212 5	75.00	60.00 *1	RJ-JOHNSON, R	a			
10/06/2008		-15.00						
	99213 13	85.00		RJ-JOHNSON, R				
12/31/2009	99212 14	75.00	/5.00 *1	RJ-JOHNSON, R				
				4				
Previous Balance: \$235.00	New Charges: \$0.00	New	Payments:	\$0.00 Ne	v Adjustments: \$0.00	Activity Today:	\$0.00	

2. The *Adjustment Code* Field refers to the code that will be used for the *Adjustment*. These codes can be as specific as the practice would like them to be for tracking purposes. The **Magnifying Glass** can be used to access the *Transaction* Table.

Note: An Adjustment Credit will apply a credit on the transaction, which will take money off of the balance. An Adjustment Debit will add money to the balance.

- 3. Enter the date in the *Receipt Date* Field.
- 4. The *Amount* Field refers to the amount to be adjusted from the transaction.
- 5. The *Reference* Field is a free text field and is mostly commonly used for the check number or EOB number. In this case, it may be left blank.
- 6. The *Claim Number* Field refers to the claim number of the transaction that should be adjusted.
- 7. The system will automatically pre-fill the *Standard Charge* Field with the amount remaining on the transaction.
- 8. The *Responsibility To* Dropdown Field needs to have the appropriate responsibility selected, if there is a balance remaining on the transaction in the *Amount Remaining* Field.
- 9. Press **F10** to save the adjustment.

Capitated Payment Type

The Capitated *Type to Post* Dropdown is used to post capitated payments from a capitated carrier and also adjust it off at the same time. This will prevent the capitated payment from affecting the Accounts Receivable (AR).

Note: It is recommended that a miscellaneous capitated account be created to post the capitated payments to. The individual patient accounts have the charge posted to the account. The charge is automatically adjusted off for a capitated adjustment based on the set up of the insurance carrier, at the time of charge posting.

To post the Capitated Payment:

1. From within your payment batch, the *Type to Post* Dropdown should be set to *Capitated*.

Payment Posting to	Batch: 13 - TEST					_ 0
	sactions Posting Forms					
🔒 Save 🛃 Save 8	& Exit 🕴 🔍 Locate 🛛 🙌 Charge	Posting 📁 View	Chart 📑 Recall	1 🥬 Message 1 🥥 Cle	ar∣⊜N <u>e</u> w +	
lisc Capitated	(200-1) (No Allergy Inform	mation on File)	l.		Payme	ent Posting
irth Date: 1/1/2001 1	5 Year Old Cases: 1 Balance: 0.00	Next Visit: None			MRN: 00000020001 Account: 200	J-1 Client Id: 1
Billing Information				Payment Type		
Guarantor:	CAPITATED, MISC	Co-Pay:	0.00	Type to Post:	Capitated 🗾	
Financial Class:	SELF PAY	Client Id:	1	Capitated Posting		
Providing MD:	JOHNSON, ROBERT MD			Capitated Code:		Q
Primary Care MD:				Receipt Date:	04/28/2016	
Insurance 1:				Capitated Amount:	0.00	
Insurance 2:				Reference:		
Insurance 3:				Debit Code:		Q
Claim Status:	Suppress secondary			Providing MD:		Q
Current Transactio	ons All Transactions			Location:		Q
ervice Date	Action Claim Amount	Remaining	Providing MD	R		
-	III					
vious Balance: \$0.00	New Charges: \$0.00	New Payments	- 50.00	New Adjustments: \$0.00	Activity Today: \$0.00	

- 2. The *Capitated Code* Field refers to the capitated transaction code. The **Magnifying Glass** will allow you to access the *Transaction Code* Table.
- 3. The *Receipt Date* Field should reflect the date the capitated payment was received.
- 4. The *Capitated Amount* Field refers to the total amount of the capitated payment.
- 5. The *Reference* Field is a free text field. It is most commonly used to reflect a check number or an EOB number.

- 6. The *Debit Code* Field refers to the transaction debit code for the capitated payment. This will ensure that the payment is debited off immediately, preventing it from affecting the AR. The **Magnifying Glass** will allow you to access the *Transaction Code* Table.
- 7. The *Providing MD* Field refers to the provider who the revenue should be tracked to.
- 8. The *Location* Field refers to the location where the revenue should be tracked to.
- 9. Select **F10** to save the transaction.

Risk Payment Type

The Risk *Type to Post* Dropdown is used to post risk payments from a risk carrier and also adjust it off at the same time. This will prevent the risk payment from affecting the AR.

Note: It is recommended that a miscellaneous risk account be created to post the risk payments to. The individual patient accounts have the risk withhold posted to the originally received payment for the individual charge. This *Type to Post* option is for posting the lump sum payment received from the carrier at the end of the year.

To post the Risk Payment:

1. From within your payment batch, the *Type to Post* Dropdown should be set to *Risk*.

Save 🛃 Save & E	<u>x</u> it 🔍 <u>L</u> ocate 🖓 Charge P	osting 📁 Vie <u>w</u>	Chart 📑 Recal	I S Message	⊠N <u>e</u> w +	
	(No Allergy Information					ayment Posting
rth Date: 1/1/2001 15 Yo	ear Old Cases: 1 Balance: 0.00 /	lext Visit: None			MRN: 00000020101 Acco	ount: 201-1 Client Id: 1
Billing Information				Payment Type		
Guarantor: R	ISK, MISC	Co-Pay:	0.00	Type to Post: Ri	sk 💌	
Financial Class: S	ELF PAY	Client Id:	1	Risk Posting		
Providing MD: J	OHNSON, ROBERT MD			Risk Code:		Q
Primary Care MD:				Receipt Date:	•	
Insurance 1:				Risk Amount:	0.00	
Insurance 2:				Reference:		
Insurance 3:				Debit Code:		Q
Claim Status:	Suppress secondary			Providing MD:		Q
Current Transactions	All Transactions			Location:		Q
vice Date	Action Claim Amount	Remaining	Providing MD	R		
- m						

- 2. The *Risk Code* Field refers to the risk payment code. The **Magnifying Glass** will allow you to access the *Transaction Code* Table.
- 3. The *Receipt Date* Field should reflect the date that the risk payment was received.
- 4. The *Risk Amount* Field should reflect the total amount of the risk payment.
- 5. The *Reference* Field is a free text field. It is most commonly used to reflect a check number or EOB number.
- 6. The *Debit Code* Field refers to the transaction debit code. This will automatically debit off the payment so that it does not affect the AR. The **Magnifying Glass** will allow you to access the *Transaction Code* Table.
- 7. The *Providing MD* Field refers to the provider who the revenue should be tracked to
- 8. The *Location* Field refers to the location where the revenue should be tracked to.
- 9. Select **F10** to save the transaction.

Interest Payment Type

The **Interest** Type to Post Dropdown is used to post an interest payment made by the insurance carrier.

To post an interest payment:

- 1. From within the payments batch, select **Interest** from the **Type to Post** Dropdown.
- 2. Select the appropriate payment code from the **Payment Code** Magnifying Glass.
- 3. Enter the date that the interest payment was received in the *Receipt Date* Field.
- 4. Enter the amount of the interest payment in the *Interest Amount* Field.
- 5. The *Reference* Field can be used to enter the check number that the payment was received on.
- 6. Just as with Capitated and Risk payments, the system will automatically debit off the interest payment. Select the appropriate adjustment code from the **Debit Code** Magnifying Glass.

Note: They system will automatically debit off the interest payment because this is not money that was billed for and should not be considered when tabulating the A/R.

- 7. Link the interest to the appropriate provider and service location by selecting the **Provider** and **Location** Magnifying Glasses.
- 8. Select **F10** to save the transaction.

Refund Payments

The Refund **Type to Post** Dropdown is used to post both refunds to the patient or the insurance carrier for credits on an account.

To post a refund:

1. From within the payments batch, select **Refund** from the **Type to Post** Dropdown.

V Payment Posting to Batch: 1	L3 - TEST				
: File Activities Transactions	Posting Forms				
🗄 🛃 Save 🛃 Save & Exit 🛛	🔍 Locate 🦓 Charge Posting	📁 View Chart 🗔 Recall	≶ Message 🥔 Clea	r ⊠N <u>e</u> w ▼	
Joan Zippadelli (203-	1) (No Allergy Informatio	n on File)		Р	ayment Posting
Birth Date: 3/9/1970 46 Year Ol	d Cases: 1 Balance: 75.00 Next V	isit: None		MRN: 00000020301 Acco	unt: 203-1 Client Id: 1
Billing Information			Payment Type		
Guarantor: <u>ZIPPAD</u>	ELLI, JOAN	Co-Pay: 25.00	Type to Post:	Refund 💌	
Financial Class: BLUE S	HIELD	Client Id: 1	Refund Posting		
Providing MD: JOHNS	ON, ROBERT MD		Claim Number:	1	
Primary Care MD:			Refund Date:	04/29/2016 💌	
Insurance 1: BLUE C	ROSS/BLUE SHIELD (BCS) - 5454SDD	<u>95</u>	Refund Code:	(REFP) REFUND TO PATIENT	Q
Insurance 2:			Refund Amount:	25.00 Reference:	
Insurance 3:			Standard Charge:	-25.00	
Claim Status: 🔲 Sup	press secondary		Responsibility To:	By-pass 💌	
Current Transactions All	Transactions				
Service Date A	ction Claim Amount Rer	maining Providing MD I			
	ELLI (1 Patient) - Today's Activity				
	- Joan Zippadelli (3 Charges)				
9 10/01/2009	9395 1 200.00	-25.00 *P RJ-JOHNSON, R			
- 10/01/2009 C	CASH -25.00				
	BCS -125.00				
→ 10/13/2009 A		25 44 85 B3 30 UUSAN D			
	9212 3 75.00 PBCS -35.00	25.00 *P RJ-JOHNSON, R			
	ABCS -35.00				
	9212 9 75.00	75.00 *I RJ-JOHNSON, R			
		4			
Previous Balance: \$75.00	New Charges: \$0.00 N	ew Payments: \$0.00 Ne	v Adjustments: \$0.00	Activity Today: \$0.00	

- 2. The *Claim Number* Field refers to the claim number in the Transaction List Box that is being refunded.
- 3. The *Refund Date* Field should reflect the date the refund was issued.
- 4. The *Refund Code* Field refers to the Transaction Code used to issue the refund. The **Magnifying Glass** will take you to the *Transaction Code* Table.

Note: Posting a refund to a patient or to an insurance carrier is set up the same way. The Refund Code is the only difference. For example, for a refund to a patient, a Refund Code of REFP can be used. For a refund to an insurance carrier, a Refund Code of REFI can be used. Although, additional refund codes can be created by accessing the *Transaction Code* Table.

- 5. The *Refund Amount* Field should reflect the total amount of the refund being issued.
- 6. The *Reference* Field is a free text field. It is most commonly used to reflect a check number or an EOB number. In this case, the check number should be the check number being issued by the practice.

- 7. The *Standard Charge* Field will pull forward the remaining balance from the selected claim number.
- 8. The *Responsibility To* Field is used to reflect who is responsible for the balance (*Patient, Insurance, By-Pass*) if one is created by posting this transaction. If a total refund of the amount remaining is being issued, the *Responsibility To* Field can remain at *By-Pass*.

Posting Payments for Multiple Guarantors

Charge Posting

When posting a charge the system will, by default, associate that charge to the *Active* guarantor. When the charge rolls to a patient responsibility the correct guarantor will receive the statement.

To associate a charge with a non-active guarantor:

1. Select the *Guarantor Name* Link in Charge Posting and then select another guarantor from the list. The *Guarantor Information* Window will open.

Active:	Ashley Smartkin (6/15/1926)
Address:	18 BROOK ST
	PROSPECT, CT 06712
Home Phone:	(203) 746-4321
Work Phone:	

Note: If the practice is utilizing the Suspense Area, this can also be done from there.

- 2. Select the appropriate guarantor from the **Active** Dropdown Arrow.
- 3. When finished, click the OK Button to save the changes and return to the *Charge Posting* Window.

If a patient has charges associated with more than one guarantor, charges will then become grouped by guarantor in Charge and Payment Posting, Suspense, and the *Inquiry* Section of Patient Definition. In all of these areas the charges associated with the *Active* guarantor will be expanded by default. The charges associated with the *Inactive* guarantor will be collapsed and will need to be expanded for viewing.

Transaction Update with Multiple Guarantors

A transaction update can be performed to change the *Active* guarantor on a charge. This can be done from the **Active Guarantor** Dropdown in the Transaction Update Window.

Note: For more information on performing a Transaction Update, reference the *Transaction Update* Section below.

Statements with Multiple Guarantors

Closing statements will be issued to the guarantor who is associated with the charge.

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When printing an On-Demand Statement for a patient who has charges associated with multiple guarantors the user has the option to select a guarantor from the *Guarantor* Field on the *Statement Selection* Window. Any statement printed will then display the chosen guarantor regardless of which guarantor is associated with the charge. If no guarantor is selected, then the guarantor associated with the charge will display on the statement when printed. If multiple charges are selected to be printed then a statement will print for each guarantor's associated charges.

Adding a Message to a Transaction

A message can be attached to any type of transaction. Messages are used to provide additional information regarding the transaction. These messages can be messages that need to be provided for the patient or the insurance carrier.

1. A message can be attached to any transaction by clicking the **Message** Button from the Toolbar. The *Include Transaction Messages* Window will open.

Include Tran Specify the messag		Messages uld like to include with t	his transaction.	
Transaction Mes	sages			
Transaction 1:	1	2		
Transaction 2:				
Insurance:	5	51		

- The *Transaction 1* and 2 Fields are used for messages that will appear on a patient's statement. All fields are free text, although a table of standard messages can be built to select from, by clicking on the **Magnifying Glass**.
- The *Insurance* Field is used for messages that will appear as comments attached to the transaction on the claim to the insurance carrier. This field is free text, or a standard message can be selected by clicking on the **Magnifying Glass**.
- 2. Once the correct messages have been entered, click the **Save** Button to save the message(s) to the transaction.

Reversals

VertexDr Practice Manager has the ability to reverse out charges, as well as full and partial payments. The following section will demonstrate each of these options. A reversal must be used when a transaction has already been closed on, since the transaction cannot be deleted once it is truly posted by a closing.

Charge Reversal

1. From within a batch, highlight the transaction in the Transaction List that you wish to reverse.

2. From the Menu Bar, select **Transactions**, then select *Reverse Transaction*. The *Transaction Reversal* Window will open.

Transaction Rev Use this form to reverse	versal the selected transaction.
Transaction Informat	ion
Sequence Number:	4
Date of Service:	9/19/2006
Procedure:	EST PT-OFF VISIT,LOW SEV, 15 MIN.
Reversal Information	
Assign to Batch:	
Comment Line 1;	
Comment Line 2:	
Responsibility To:	By-pass 💌
Partial Reversal:	Reverse only a part of this transaction
Amount:	0,00

- 3. From the *Assign to Batch* Dropdown, select the existing batch you would like this reversal to be attached to.
- 4. *Comment Line 1* and *Comment Line 2* are free text fields. Comments about why this transaction is being reversed can be entered here.
- 5. The *Responsibility To* Field should be set to reflect who is responsible for the balance if posting this reversal creates one.
- 6. Click the **OK** Button to reverse the entire payment.

Note: If there are payments and/or adjustments already posted to the charge you are reversing; those transactions will also need to be reversed. The system will simply issue them as a credit to the account; it will not automatically reverse them.

Full Payment Reversal

- 1. From within a batch, highlight the transaction in the Transaction List that you wish to reverse.
- 2. From the Menu Bar, select **Transactions**, then select *Reverse Transaction*. The *Transaction Reversal* Window will open.
- 3. From the *Assign to Batch* Dropdown, select the existing batch you would like this reversal to be attached to.
- 4. *Comment Line 1* and *Comment Line 2* are free text fields. Comments about why this transaction is being reversed can be entered here.
- 5. The *Responsibility To* Field should be set to reflect who is responsible for the balance if posting this reversal creates one.
- 6. Click the **OK** Button to reverse the entire payment.

Partial Payment Reversal

To reverse a partial payment, follow the same steps as posting a full payment reversal up to Step 5, then follow the steps below.

- 1. Click the **Reverse only a part of this transaction** Checkbox. The Amount Field will become available.
- 2. In the *Amount* Field, type in the partial amount that should be reversed.

Note: This amount must be a negative number. Posting a positive dollar amount will post a credit rather than a reversal.

- 3. The *Responsibility To* Field should be set to reflect who is responsible for the balance if posting this reversal creates one.
- 4. Click the **OK** Button to reverse the partial payment.

Reversals from Patient Definition

Payments and charges can also be reversed from inside of Patient Definition. From Patient Definition, select the *Inquiry* Section. Once in the *Inquiry* Section, follow the steps above to reverse a charge, full payment, or partial payment.

Batch Verification

Once you have finished posting, VertexDr Practice Manager provides several checks to complete the batch.

Verify Totals

Verify Totals will allow each user to view the charges and/or payments posted within each batch.

To verify the totals within the batches:

1. From the Posting Area, select the **Verify Totals** Button in the toolbar at the top. The *Batch Balance Verification* Window will open.

VertexDr Batch Balance Verification						×
Batch Balance Verification Defined Batch Transaction Totals						
Batch Identifier: 13 - TEST User Name: CRYSTAL FERNANDES (1 Bi	atch)	Show errors	s only			
Transaction Groups	Count	Units	Defin	red Amount Actual	Amount Difference	
Total Charges		0	0	0.00	0.00	0.00
Patient Payments		0	0	0.00	0.00	0.00
Patient Adjustments		0	0	0.00	0.00	0.00
Insurance Payments		0	0	0.00	0.00	0.0
Insurance Adjustments		0	0	0.00	0.00	0.00
Refunds		0	0	0.00	0.00	0.00
Reversals - Charges		0	0	0.00	0.00	0.0
Reversals - Payments		0	0	0.00	0.00	0.0
	Batch Totals:	0	0			
	Total Payments:				0.00	
	Total Adjustments:				0.00	
Posting	<u>R</u> ules Engine			View <u>C</u> ha	rt <u>R</u> eports	Exit
items located						

- 2. The *Batch Identifier* Dropdown will allow you to view the totals for your other batches if there are any.
- 3. The *User Name* Dropdown will allow you to select a different user to view their batches if your user securities permit this.
- 4. To expand or contract the Transaction Groups either click the **Expand** or **Contract** Button or click the **Plus Sign** next to the group(s) you would like to view. If the dollar amount being posted was defined at the time the batch was created and if posting was performed without errors, the dollar amounts in the *Defined Amount* Column will match the dollar amounts in the *Actual Amount* Column. If any differences exist, they are displayed in the *Difference* Column. If there are any amounts in the *Difference* Column, the batch is incomplete or has errors.

Rules Engine

The **Rules Engine** Button runs all batch checks.

- Duplicate Check
- CodeCorrect
- Claims Rules

Note: CodeCorrect and Claims Rules are purchasable modules. Contact the Support Department for additional information.

Duplicate Check

The **Duplicate Check** checks for duplicate transactions within the selected batch. Duplicate Check searches the batch for duplicate transactions always based on account, date of service, and transaction. Two additional items of modifiers and providers may also be a factor in determining a duplicate, if set appropriately.

To access Duplicate Check:

- From within the *Claims Check* Window, click the **Duplicate Check** Checkbox. Select the **OK** Button to run the duplicate check. The *Duplicate Charge Report* Window will open.
- 2. Report Options the checkboxes will allow you to tell the system to ignore the modifiers or the providers. For example, if you check the box for these options, the system will only look for a match on account, date of service and transaction. If you leave both of these boxes unchecked the system will look for a match on account, date of service, transaction, modifier and provider. That would mean that all five items would have to be identical in order for the system to kick the claim out as a duplicate.
- 3. Click the **OK** Button to run Duplicate Check. A print preview will open immediately, even if the system finds no duplicate transactions.

Code Check

Medical Management has teamed up with nThrive[®] to offer its clients a comprehensive coding compliance tool. Meridian Code Check bundles nThrive[®]'s online CCI and LMRP edits to help verify transaction accuracy and compliance.

Note: Code Check requires an internet connection. Enabling Code Check carries an additional charge, set-up fee, and training fee.

To run Code Check:

1. From within the *Claims Check* Window, select the **Code Check** Checkbox and then select the **OK** Button. The *Coding Errors* Message will appear and display the number of errors found, if any.

Note: If you have also selected to run the Duplicate Check, the system will first run the Duplicate Check. Once the report print preview is closed, Code Check will then run.

Errors 🔀
D errors were found in the scanned transactions.

2. Click the **OK** Button to view a print preview of the errors. If no errors were found, click the **OK** Button to exit the *Coding Errors* Message.

- 3. The report will list the patient's name, account number, and pertinent information about the transaction with errors. It will also list the error directly below the line item. Both errors and warnings will be flagged.
 - If there are errors, **Red Exclamation Point** Icon will appear in the *Service Date* Column to the left of the Service Date and an error report will automatically generate. Use the error report to review which accounts have Code Check errors so that they may be corrected before being submitted with the closing.

Note: The system will *not* prevent transactions with Code Check errors from being submitted if they are not corrected. If transactions with unfixed Code Check errors are in an unsuspended batch when a closing is run, they will be submitted with the rest of the transactions as usual.

Code Check Error Report:

- Errors display with an E_ on the report. Errors may result in transactions being denied and should be fixed before the closing runs.
- Warnings display with a W_ on the report. Warnings may or may not result in a denial. Addressing warnings is recommended at the discretion of the user.

Rule Check

Rule Check was created by Medical Management to help practices identify broken insurance claims rules within the selected batch. Similar to Code Check, broken claims rules will not prevent a transaction from being submitted. The system merely adds the transactions to a worklist where they can be corrected if necessary.

Note: There is an additional fee associated with the set-up of Rule Check.

To run Rule Check:

1. Select the **Rule Check** Checkbox from the *Claims Check* Window. If the system finds broken claims rules errors, the *Broken Claims Rules* Window will open.

Note: If you have selected to also run the Duplicate Check and Code Check, the system will first run both of those checks. Once the associated reports have been closed, the system will then automatically run Rule Check.

- 2. The *Broken Claims Rules* Window will display the patient's name as well as some of the charge information, including the charged amount, the transaction date, and the providing doctor.
- 3. To view the highlighted patient's *Inquiry* screen, click the **Inquiry** Button at the bottom of the window.
- 4. To access charge posting so changes can be made to the appropriate transaction(s), click the **Charge Posting** Button.
- 5. To exit the *Broken Claims Rules* Window, click the **Exit** Button.

Concurrency Checking

Concurrency checking will verify there is no overlap in time for all Providers. This will also apply the appropriate Anesthesia Modifiers for MD's and or CRNA's

To run Concurrency Check:

- 1. Click the **Concurrency Check** Button from the *Batch Verification* Window. It will open the Concurrency Tracking Window. This will allow you to view Concurrent and possible overlapping transactions.
- 2. You are able to double click on either Concurrent or Overlap to view additional information.
- 3. In order to make any changes the user will have to exit the Concurrency check window. Select the patient from the Batch Verification Window, select the **Posting Button** to bring you back to the posting screen to make any necessary changes to the transaction.

Closing Edits

Closing Edits will search the batches for any errors which may cause a closing halt. When a closing halt occurs, a closing is not run for the day and no claims are processed. For example, if a payment batch is released and the corresponding charges batch is suspended, the system will not be able to close because the payments cannot be posted.

To run Closing Edits:

- 1. From within the *Posting* Window, click the **Closing Edits** Button in the toolbar.
- If you would like to have the system run the check on all transactions, please click No. If you would like the system to by-pass certain transaction types, click the Yes Button.
- 3. If a closing edit is found, a print preview will open. The report can be printed from here. Be aware, if the error is not fixed before a closing is attempted, then the closing will not run and no transactions will be processed for the day.

Batch Reports

Reports can be accessed from the posting screen or from inside the *Batch Balance Verification* Window. Either way, select the **Report** Button. The *Batch Report Setup* Window will open.

Batch Report Use this form to det	ermine the criteria for the batch report.
Report Parameter	
Report Scope:	Current batch number O All batches for user
Batch Number:	350
Report Break:	Client Id
Hash Totals:	Include CPT hash totals
Report Number:	Account Cross Reference/Medical
Report Selection	
Data to Display:	
	Add transaction totals by provider to report.

- The **Current Batch Number** Radio Button allows you to run the selected report for only the batch you had highlighted.
- The **All batches for user** Radio Button will print the selected batch report for all of the batches if the user had multiples.
- The *Batch Number* Field will display the batch number for the selected batch if the **Current batch number** Radio Button is selected. This area will be grayed out if the **All batches for user** Radio Button is selected.
- The **Client ID** Checkbox will separate the report by client ID if the practice has multiple profiles.
- The **Include CPT hash totals** Checkbox will include the Hash Totals for the charge codes on the report.
- The **Account** Radio Button will display the system generated account number on the report.
- The **Cross Reference/Medical** Radio Button will display the cross reference number from **Patient Definition** on the report if that field is being used by the practice.
- The **Data to Display** Dropdown will allow you to select the type of report that you would like to run.
 - 1. Summary Report of Group Totals this report will provide totals only by transaction type. No patient information is displayed.
 - Detail Report in Posted Order this report will display all posted transactions in a line-item-view in user posted order. Transaction type totals are also provided at the end of the report.
 - 3. Detail Report in Accession Number Order this report will display all posted transactions in a line-item-view in check number order.

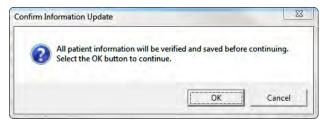
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- 4. *Payments Only* this report provides payment totals only. No patient information is displayed.
- 5. *Payments Only with Procedure Totaling* This report displays each payment, and also totals the top ten procedure (payment) codes at the bottom of the report.

Transaction Update

Transaction Update allows changes to be made (such as updating insurance or changing the case) to transactions that have already been posted and closed to a patient's account. This section will cover all of the options in the *Transaction Update* Window, however, not all of these items may be required for every transaction update.

- 1. From the *Inquiry* Section within Patient Definition, select **Transactions** from the Menu Bar, then select *Transaction Update*.
- 2. The *Confirm Information Update* Window will open. This window is telling you that the system will save all demographics. Click the **OK** Button to continue.



3. The Transaction Update Window will open.

Fransaction Upda The update will only be p		that fall within all of the indicated pa	rameters.
Transaction Update Pa	rameters		
From Date of Service:			
To Date of Service:	•		
Specific Procedure:			Q.
Move Charge Balance			
Active Insurance:		Resubmit to active insurance	
Update Diagnosis Fro	m:		-
Specific Case Number	:		•
Specific Modifier:	Q		
Change Financial Class			
Financial Class:			Q,
Change Case Number			
Case Number:			-
Additional Update Info	rmation		
Referring MD:			Q
Processing Flags:	Return HCFA to off Remove insurance Assign benefits to Resubmit Seconda	from transactions provider	

- 4. The *From Date of Service* and *To Date of Service* Fields allow you to set a date range for the transaction(s) being updated.
- 5. The *Specific Procedure* Field allows you to define a specific procedure code within the specified date range.
- 6. The *Move Charge Balance* Dropdown Field indicates where the responsibility of the transaction should be updated to.
 - If the insurance carrier is being changed, select *Insurance* from the dropdown.
 - If this transaction is being moved to the patient's responsibility, select *Patient* from the dropdown.
- 7. The *Active Insurance* Dropdown Field refers to the insurance priority the transaction(s) are being updated to. For example, if the patient had new primary insurance and the transaction(s) need to be resubmitted to the new primary insurance, select *Primary* from the dropdown.

Note: If Transaction Update is being used to change insurance on transaction(s), be sure to make the change on the *Insurance* Section of Patient Definition first.

 Select the **Resubmit to active insurance** Checkbox if the transactions should be resubmitted to the specified insurance during the next closing. Not checking this checkbox will update the information on the exploded transaction, but it will not resubmit.

- 9. The *Update Diagnosis From* Dropdown Field allows you to update the diagnosis to reflect the diagnosis on either the patient's case or the *Status* Section of Patient Definition.
- 10. The *Specific Case* Dropdown Field refers to the current case that the transaction is posted to. Select the original case from the dropdown if the case information needs to be changed.
- 11. The **Financial Class** Magnifying Glass allows you to update the financial class on the indicated transaction(s).
- 12. The *Case Number* Dropdown Field under the *Change Case Number* Section will allow you to select the appropriate case that the indicated transactions should be updated to.
- 13. The *Active Guarantor* Dropdown Field under the *Change Active Guarantor* Section will allow you to update the guarantor if multiples exist on the account. This is primarily used for Family Billing.
- 14. The *Referring MD* Field allows you to update the referring provider on the indicated transaction(s). The **Magnifying Glass** will take you to the *Provider* Table.
- 15. The Processing Flags refer to:
 - *Return HCFA to office* this will create a paper claim during the closing.
 - *Remove insurance from transaction* this will remove the insurance from the indicated transactions. This is useful for patients who did not have insurance at the time of visit and the insurance was not deleted from the *Insurance* Section of the Patient Definition.
 - Assign benefits to provider this will ensure that any payments that come in for the indicated transactions will be sent to the office and not directly to the patient.
 - *Resubmit secondary electronic* if you have selected to resubmit the specified transactions to the secondary carrier and the carrier accepts secondary claims electronically, check the checkbox.

Note: Not all carriers accept secondary claims electronically. Be sure the carrier you have chosen does before checking the checkbox.

16.When finished setting up the *Transaction Update* Window, click the **OK** Button. If selected to, the specified transactions will resubmit appropriately during the next closing. Any changed information, such as insurance changes, can be viewed immediately from the exploded transaction in the *Inquiry* Section.

Pulling Transactions from History

Transactions that have rolled to History cannot be accessed from the posting area until they are pulled from History.

To pull a transaction from History:

- 1. From the *Inquiry* Section in Patient Definition, select the **History** Radio Button in order to view the transactions in History.
- 2. Highlight the transaction you wish to pull.
- 3. From the Menu Bar, select **Transactions**, then *Pull Transaction from History*.
- 4. The Confirm Copy Message will appear.

0	Entire history record(s) seque	ence will be copied to open it	tems. Press OK
	to confirm.		
	to commit.		

- 5. Click the **OK** Button to copy the transaction from History into Open. The screen will remain in the **History** Radio Button allowing you to select another transaction to pull.
- 6. If you would like to verify the copy, select the **Open** Radio Button to view the open items.

Electronic Eligibility Checking

The Practice Suite has several ways of checking insurance eligibility electronically for the insurance carriers that allow the system to do so. This section of the manual will cover electronic eligibility from inside of Patient Definition, as well as Batch Eligibility.

Eligibility in Patient Definition

Within Patient Definition users are visually signaled that insurance eligibility can be checked electronically by a red Eligibility Flag on the *Insurance* Section.

nt Definition 🧠 Ines Card (NKD	A) Year Old Cases: 1 Balance: 165.00 Next Visit: None				MRN: 00000070201	Patient Insurance	×
ersonal uaranter sublice tatus Insurance Controls	•	Street: City: 2p Coude: Country: Phone Number: Birth Date: Insured Relation: Employer Informa Employer Name: Street: City: 2p:	CARD, TNES 52 CAR HILL RD 51 AF CRD SPRINGS 96076 (860) 684-5263 06/01/1990 Self Sel	Suffix State: CT Male & Female State:	NB42 0000022/201	Arcourts JUP J. Client 10: 1	

To view the patient's insurance benefit information:

- 1. Select Activities from the Menu Bar, and then select *Eligibility*.
- 2. Select *Insurance Eligibility*. The *Search Eligibility By Date* Window will open.



- 3. The *Date* Field will default to today's date.
- 4. Select the insurance priority you would like the system to check eligibility for: *Primary*, *Secondary*, or *Tertiary*.

5. Select the **Retrieve** Button to initiate the service and generate the report. The *Patient Eligibility Information* Window will open.

II detailed view of a networked Eligibility request. race Number: ervice Date: 5/5/2016 titient Insured ERLIN, SALLY (4-1) BERLIN, SALLY (4-1) MAPLE STREET 3 MAPLE STREET INDSOR, CT 06095 WINDSOR, CT 06095 ELUE CROSS/BLUE SHIELD igin Engine Error: U nexpected Fault: System:NotImplementedException surance Carrier not valid.	Patient Eligibility Information		23
II detailed view of a networked Eligibility request. vace Number: varice Date: 5/5/2016 NAPLE STREET: 5/5/2016 NAPLE STREET: 3 MAPLE STREET NDSOR, CT 06095 ULD CROSS/BLUE SHIELD ligin Engine Error: Unexpected Fault: System NotImplementedException surance Carrier not valid.	Eligibility Details		
ervice Date: 5/5/2018 hten KRLIN, SALLY (4-1) MAPLE STREET INDSOR, CT 06095 WINDSOR, CT 06095 UID SOR, C	Full detailed view of a networked Eligibility reques	t.	
stent Insured RLIN, SALLY(+1) BERLIN, SALLY(+1) MAPLE STREET 3 MAPLE STREET INDSOR, CT 06095 WINDSOR, CT 06095	Trace Number:		
ERLIN, SALLY (4-1) MAPLE STREET INDSOR, CT 06095 BERLIN, SALLY (4-1) 3 MAPLE STREET WINDSOR, CT 06095 LUE CROSS/BLUE SHIELD Igin Engine Error: Unexpected Fault: SystemNotImplementedException surance Carrier not valid. SystemNotImplementedException	Service Date: 5/5/2016		
ERLIN, SALLY (4-1) MAPLE STREET INDSOR, CT 06095 BERLIN, SALLY (4-1) 3 MAPLE STREET WINDSOR, CT 06095 LUE CROSS/BLUE SHIELD Igin Engine Error: Unexpected Fault: SystemNotImplementedException surance Carrier not valid. SystemNotImplementedException	Patient	Insured	
MAPLE STREET INDSOR, CT 06095 ULE CROSS/BLUE SHIELD Igin Engine Error: Unexpected Fault: SystemNotImplementedException surance Carrier not valid.	BERLIN, SALLY (4-1)		
staimer: Request was performed on 5/5/2016 9:45:30 AM and is valid for 24 hours.	MAPLE STREET		
igin Engine Error: Unexpected Fault: System NotImplementedException surance Carrier not valid.	NINDSOR, CT 06095	WINDSOR, CT 06095	
surance Carrier not valid.	BLUE CROSS/BLUE SHIELD	otImplementedException	
sclaimer: Request was performed on 5/5/2016 9:45:30 AM and is valid for 24 hours.	isurance Carrier not valid.		
sclaimer: Request was performed on 5/5/2016 9:45:30 AM and is valid for 24 hours.			
sclaimer: Request was performed on 5/5/2016 9:45:30 AM and is valid for 24 hours.			
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sclaimer: Request was performed on 5/5/2016 9:45:30 AM and is valid for 24 hours.			
sclaimer: Request was performed on 5/5/2016 9:45:30 AM and is valid for 24 hours.			
			E
			-
Run Again View Chart Print Exit	isclaimer: Request was performed on 5/5/2016	9:45:30 AM and is valid for 24 hours.	
	Run Again View Chart Print		Exit

- 6. Select the **Run Again** Button to re-run the eligibility check.
- 7. Select the **View Chart** Button to access Patient Definition.
- 8. To exit the window, click the **Exit** Button.
- 9. Click the **Save & Exit** Button to exit Patient Definition.

Batch Insurance Eligibility Checking

Batch Insurance Eligibility is a service which runs on VertexDr Appointment Scheduler nightly. The service checks the insurance information for each patient who has a scheduled appointment. If the patient's insurance allows for electronic eligibility checking, the service will retrieve the information and produce a report.

To view the retrieved insurance eligibility reports:

1. Select *Patient Eligibility* from the **Operations** Menu and then select *View Available Eligibility Responses*. The *Eligibility Collection* Window will open.

Patient Eligibility C									
Patient Eligibil View the collection of E	lity Revie Eligibility dat	w a recently ref	rieved.						
Service Date Provider: Service Location: Insurance:	• 05/05/201			2016 💌 🛛	Appointme				
Status ; Not Network									
Date of Service Acc 05/05/2016 4/0		ient RLIN, SALLY		Insurance		Provider JOHNSON, ROBERT	Service Location	Date Requested 05/05/2016	E-Status Not Checked - N.

- 2. The *Eligibility Collection* Window divides the retrieved responses into queues. Queues may include:
 - *Results*: the displayed patients' insurance allowed electronic eligibility checking and a report of benefit information was collected.
 - *No Insurance*: the displayed patient is set as *Self Pay* on the *Insurance* Section of Patient Definition.
 - Not Checked No Network Access: the patient's insurance does not allow for electronic eligibility checking. A report was not collected.
- 3. To view the retrieved benefit report either double-click on a line item or highlight a line item and click the **Select** Button. The *Patient Eligibility Information* Window will open.
- 4. To view the highlighted patient's demographic information, select the **View Patient** Button.
- 5. To exit the *Eligibility Collection* Window, select the **Exit** Button.

Insurance Submission Error Worklist

The *Insurance Submission Error Worklist* allows for the claims errors found during the closing process to be fixed electronically. The transactions housed within the

worklist were not submitted to insurance during the closing process and are awaiting corrections. Once these errors are corrected, the system will automatically submit these claims during the next closing process. If they are still in error, they will appear here again after the closing. If the error has been fixed, the transaction will not be on this list anymore.

To access the Insurance Submission Error Worklist:

1. Select **Operations** from the Menu Bar and then select *Insurance Submission Error Worklist*. The *Insurance Submission Error Grouping* Window will open.

		Ibmission Error Groupir ission Error Grou surance submission grou	uping			×
Completed	Code	Description	Close Date	Amount		
	AARP	AARP	09/11/2015	60.00		1
	AHP	AETNA HEALTH	09/11/2015	463.00		
	A001	AETNA-COMME	09/11/2015	90.00		
	ALLI	ALLIANCE FOR	09/11/2015	95.00		
	ATTY	ATTORNEY OFF	09/11/2015	1375.00		
	BCFP	BLUE CARE FA	09/11/2015	130.00		
	BCS	BLUE CROSS/B	09/11/2015	12936.00		
	CHP	CIGNA HEALTH	09/11/2015	1417.00		
					Total: 21303.00	
No.	Er	ror Message Filter Select	ion List			~
01	In	surance ID One In Carrie	r Definition Red	quired		
02	Pa	atient Name Invalid				
03	Pa	atient Address Invalid				
04	Pa	atient Date of Birth Requ	ired			
05	Pr	imary Insured Members	hip Number Inv	alid		
	-	: () e() e				
Show c	ompleted	Include filtered errors Exclude filtered errors			<u>S</u> elect Ca	nc <u>e</u> l

- The *Insurance Submission Error Grouping* Window will display the errors grouped by financial class. It will also display the date of the closing and the total dollar amount which received the errors.
- 2. The **Show Completed** Checkbox will redisplay any financial classes that have been filtered off of the worklist because of a completed status.
- 3. The **Exclude filtered errors** Checkbox will make the Error Message Filter Selection List available. If you wish for an error not to be displayed in the worklist, select it from the list. Hold down the **Control** Key to select multiple errors not to display.

4. Highlight the financial class you wish to work, then either double-click or click the **Select** Button. The *Insurance Submission Error Worklist* Window will open.

mpleted	Account	Patient Name	Membership	Cpt	Svc Date	Amount	Pmd	Rmd	Svcl	Err No.	Tran Ru
P P	239/1	SLIBITZ, ESTEL	3524354	93000	09/30/2010	45.00	RJ		OFF	26	0
P	239/1	SLIBITZ, ESTEL	3524354	81000	09/30/2010	15.00	RJ		OFF	26	0
No.	Error	Message Description									
26	Refer	ring Provider Required Fo	r Type Of Service								

- 5. Highlight a line item to view the error description in the *Error Message Description* List Box.
- 6. To print a report of the transactions with errors for the selected financial class, select the **Print** Button
- 7. The View Chart Button and the View Inquiry Button will both allow access to Patient Definition. The View Chart Button will access the *Personal* Section of Patient Definition, while the View Inquiry Button will immediately access the *Inquiry* Section. Using either button, the user will have access to all of Patient Definition.
- 8. Once the corrections have been made, the checkbox under the *Completed* Sort Bar can be marked by using the right-click button on the mouse.

Note: The line items do not need to be marked as complete once the corrections have been made. This is merely offered as an option to the user. Once all of the transactions for a financial class have been marked as complete, the financial class will filter out of the *Insurance Submission Error Grouping* Window.

- 9. To exit the *Insurance Submission Error Worklist* Window, select the **Exit** Button.
- 10.To exit the *Insurance Submission Error Grouping* Window, select the **Cancel** Button.

ATB (Aged Trial Balance) Work List

The *ATB Work List* allows for outstanding patient and insurance balances to be worked electronically in the system, rather than on a printed aged trial balance

report. The ATB Work List is grouped and sorted by financial class, and is generated by the Month-End System Closing.

To access the *ATB Work List*:

1. Select **Operations** from the Menu Bar, and then select *ATB Work List*. The *Aged Trial Balance Work Area Parameters Table* Window will open.

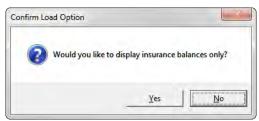
Work List Items .ocate by: Account	Last Data Load: 10/14/2011					
nancial Class	△ Count	Category 1	Category 2	Category 3	Category 4	Category 5
ETNA HEALTH PLANS	22	0.00	0.00	0.00	0.00	5349.00
LUE SHIELD	40	3270.00	285.00	285.00	105.00	16222.00
IGNA HEALTH PLAN	29	0.00	0.00	95.00	0.00	13584.00
OMMERCIAL INSURANCE	21	-100.00	95.00	0.00	0.00	5420.00
ONNECTICARE	10	2000.00	0.00	0.00	0.00	2099.00
SIDE COLLECTIONS	84	-20.00	0.00	0.00	210.00	5487.60
EDICAID	7	0.00	0.00	0.00	0.00	1645.00
EDICARE	63	-144.40	0.00	0.00	0.00	37985.50
XFORD HEALTH PLAN	9	0.00	0.00	0.00	0.00	1332.00
HS	1	0.00	0.00	0.00	0.00	50.00
ELF PAY	4	2113.05	0.00	0.00	0.00	285.00
NITED HEALTHCARE	5	0.00	0.00	0.00	0.00	1614.00
ORKERS COMPENSATION	1	0.00	2000.00	0.00	0.00	0.00
/iew Balance: 101266.75 Ti	otals: 29	96 7118.65	2380.00	380.0	00 315	.00 91073.10

- 2. The ATB Work Area Parameters Window displays a list of all financial classes with outstanding balances. The total number of patient accounts with outstanding balances for the highlighted financial class can be viewed in the *Count* Column. The columns for *Categories 1* through *5* show the ageing of balances for the highlighted financial class.
 - Category 1: Current balances that are 30 days old and under.
 - *Category 2*: Balances that are 31 days and older.
 - *Category 3*: Balances that are 61 days and older.
 - *Category 4*: Balances that are 91 days and older.
 - *Category 5*: Balances that are 121 days and older.

Note: Ageing Categories are defined per financial class. Depending on the transaction ageing needs of your system, the days old for *Categories 1* through *5* may be different.

Below each column are totals for their respective category. To the left of the category totals, you will see *View Balance*. This is the total accounts receivable balance outstanding to your practice.

- 3. To view the items within a *Financial Class* grouping, double-click the desired *Financial Class* or highlight the desired *Financial Class* and click **Load**.
- 4. The Confirm Load Option Message will appear.



Select the **Yes** Button if you wish to view insurance balances only. Click the **No** Button if you wish to view both insurance and patient balance items.

5. The Aged Trial Balance Work List Window will open.

File Activities View Chart View Inqu	iry Work Update	Insert Note							
Currently Working: AH Total for Selected Accounts: 534		Locate by:	Account	•					
Current Account Selections	Patient Name	Account	Family	Current	Over 30	Over 60	Over 90	Over 120	
Total Accounts [22]	ASHER, RITA	52	1	0.00	0.00	0.00	0.00	600.00	P
Working [22]	BRIGGS, ROGER	62	1	0.00	0.00	0.00	0.00	200.00	۳
Phone [0]	CARR, THOMAS	89	1	0.00	0.00	0.00	0.00	190.00	
? Follow-up [0]	COLLINS, SANDRA	14	1	0.00	0.00	0.00	0.00	80.00	P
? Patient Balance [0]	CONDINZIO, SLAVATOR	66	1	0.00	0.00	0.00	0.00	60.00	P
Completed [0] AutoCompleted [0]	GREEN, FRIEDA	80	1	0.00	0.00	0.00	0.00	560.00	P
Complete [0]	JOHNSON, FRANCES	154	1	0.00	0.00	0.00	0.00	150.00	P
	JONES, STEVEN	188	1	0.00	0.00	0.00	0.00	520.00	P
	KELLY, SUSAN	19	1	0.00	0.00	0.00	0.00	210.00	
	LISPCOME, HUBERT	104	1	0.00	0.00	0.00	0.00	110.00	P
Display Information	MAY, CHRISTINE	171	1	0.00	0.00	0.00	0.00	712.00	P
Current Sort: Patient	MILLER, WARREN	7	1	0.00	0.00	0.00	0.00	310.00	P
Work Area Information	MORIN, NOELLA	107	1	0.00	0.00	0.00	0.00	55.00	P
	PHILLIPS, IRENE	123	1	0.00	0.00	0.00	0.00	75.00	
User Name: CCHIT	RIVERA, DOROTHY	112	1	0.00	0.00	0.00	0.00	157.00	
Last Data Run: 10/14/2011	SBARDEN, JAMES	231	1	0.00	0.00	0.00	0.00	40.00	- P
Practice View: 1	SCOTT, CARRIE	44	1	0.00	0.00	0.00	0.00	130.00	1
	SHAMAHAM, JOHN	212	1	0.00	0.00	0.00	0.00	85.00	- P
	SHIVERY, BRIAN	224	1	0.00	0.00	0.00	0.00	180.00	ja
									Exit

- 6. Information in the *ATB Work List* Window can be sorted several different ways.
 - Click on any category in the gray sort bar to sort the *ATB Work List* Window by that category.

• Right-clicking anywhere within the *ATB Work List* Window, and click *Sort Order* to sort the information by either *Patient Name*, *Account Number*, or by ageing category.

File Activities View Chart View Inqu	iry Work Update	Insert Note							
Currently Working: AHI Total for Selected Accounts: 534		Locate by:	Account	•			-		
	Patient Name	Account	Family	Current	Over 30	Over 60	Over 90	Over 120	
Current Account Selections	ASHER, RITA	52	1	0.00	0.00	0.00	0.00	600.00	
Total Accounts [22]	BRIGGS, ROGER	View	Chart	0.00	0.00	0.00	0.00	200.00	-
Phone [0]	CARR, THOMAS	View 1	inquiry	0.00	0.00	0.00	0.00	190.00	
? Follow-up [0]	COLLINS, SANDRA			0.00	0.00	0.00	0.00	80.00	
? Patient Balance [0]	CONDINZIO, SLAVATOR	Insert	Note	0.00	0.00	0.00	0.00	60.00	
Completed [0] AutoCompleted [0] Complete [0]	GREEN, FRIEDA	Work	Update	0.00	0.00	0.00	0.00	560.00	-
	JOHNSON, FRANCES	, Sort C)rder	Patie	nt Name	0.00	0.00	150.00	
	JONES, STEVEN	1000	T	Account Number	0.00	0.00	520.00		
	KELLY, SUSAN	19	1			0.00	0.00	210.00	1
Display Information Current Sort: Patient	LISPCOME, HUBERT	104	1	Curre	nt	0.00	0.00	110.00	
	MAY, CHRISTINE	171	1	Over	30	0.00	0.00	712.00	1
	MILLER, WARREN	7	1	Over	60	0.00	0.00	310.00	
Vork Area Information	MORIN, NOELLA	107	1	Over 90 Over 120		0.00	0.00	55.00	1
User Name: CCHIT	PHILLIPS, IRENE	123	1			0.00	0.00	75.00	
	RIVERA, DOROTHY	112	1	Over	120	0.00	0.00	157.00	-
Last Data Run: 10/14/2011	SBARDEN, JAMES	231	1	0.00	0.00	0.00	0.00	40.00	
Practice View: 1	SCOTT, CARRIE	44	1	0.00	0.00	0.00	0.00	130.00	
	SHAMAHAM, JOHN	212	1	0.00	0.00	0.00	0.00	85.00	
	SHIVERY, BRIAN	224	1	0.00	0.00	0.00	0.00	180.00	
									Exit

7. Highlight the desired patient and select the **Work Update** Button. The *Aged Trial Balance Work* Window will open.

VertexDr Aged T	rial Balance Work		×
Aged Trial Ba Specify the aged tri		d status.	
Account Informat	ion		
Patient Name:	COLLINS, SANDRA		
Account/Family:	14-1		
Last Data Run:	10/14/2011		
Last Account Acti	on		
Last Action:	FILED AN APPEAL		
Action Date:	8/29/2011	Action Time: 3:53 PM	
User Name:	ссніт	All Actions	
Record New Actio	'n		
Action Code:		Q	
Status Change			
Active Status:	Work List	Comp <u>l</u> ete	
New Status:			
Insert Note	View Inquiry	OK Car	ncel

8. The various fields in the *Aged Trial Balance Work* Window will allow the user to document the actions that have been taken to collect the outstanding balance.

9. To document your efforts at collecting the outstanding balance, enter the code of the action code or select the **Magnifying Glass** Button in the *Action Code* Field. The *ATB Work Actions Table* Window will open.

ATB W	Or ATB Work Actions Table ork Actions Table contains all the ATB work action codes in the system. : Code	Search	
Code	Description		System ID
RES	RESUBMITTED INSURANCE		1
FA	FILED AN APPEAL		2
INS	RECEIVED CORRECT INSURANCE INFO		3
items loca	sted	Insert Change Sel	ect E <u>y</u> it

- Click the **Search** Button to view the first 100 ATB Action Codes in the table or search for the desired code. To choose the desired code, double-click or highlight the code and click the **Select** Button
- Click the **Insert** Button to add a new ATB Action Code to the table. The *ATB Work Action* Window will open. Provide a code and a description to create the ATB Action Code. When finished, click the **OK** Button to return to the *ATB Work Actions Table* Window.

ATB Work A Definition inform		B work act	ion.		
Action Definitio	n				
Description:					
			-	K	Cancel

- Highlight an existing code and click the **Change** Button to make changes.
- Click the **Exit** Button to close the *ATB Work Actions Table* Window without selecting a code.
- 10.Select the **Completed** Button to move this account to the *Completed* List for the current month. If more action must be taken this month, select a list from the **New Status** Dropdown.
 - *Working* all patients who currently have an outstanding balance. These patients accounts should be reviewed, worked, and then moved to the appropriate lists.

- *Phone* move patients into the *Phone* List if phone calls need to be made to the patient regarding outstanding balances.
- *Follow-Up* this list is used for accounts that have outstanding insurance balances.
- *Patient Balance* this list is used for accounts where the outstanding balance is set to patient responsibility. Depending on the defined system parameters, this list can pre-filled with all patient balance accounts.
- *Completed* Patient accounts with balances that have been resolved and all outstanding payments have been posted should be moved into the *Completed List*. The *Completed* List can also be used for accounts where no additional action needs to be taken for the current month.

Note: When all balances have been paid in full to a patient account in the *Working* List and a Daily System Closing is run, the account can be moved to the *Completed* List the next time the financial class is loaded.

- 11. The **Insert Note** Button will open the *Notes* Section of Patient Definition and will allow the user to add a Dated Note, Billing and Collection Note, or a System Wide Alert Note to Patient Definition.
- 12. The **View Inquiry** Button will access the *Inquiry* Section of Patient Definition.
- 13.Click the **OK** Button to save the notes and ATB Action Codes you've added and exit the *Aged Trial Balance Work* Window and return to the *Aged Trial Balance Work List* Window.
- 14.Click the **Cancel** Button to exit without saving and return to the *Aged Trial Balance Work List* Window.
- 15.When finished, click the **Exit** Button to exit the *Aged Trial Balance Work List* Window and return to the *Aged Trial Balance Work Area Parameters Table* Window where a different financial class can be selected. To exit the ATB Work List completely, click the **Exit** Button.

Note: The next time a Monthend closing is run the system will automatically move all qualifying transactions back to the *Working* List. All transactions which have been paid in full will be removed from the ATB Work List entirely.