

PMP

OCA'S PATIENT MANAGEMENT PROGRAM

FOR MEMBERS

PUTTING EXPERIENCE INTO PRACTICE

Developed by chiropractors for chiropractors

PMP is practice enhancement software that's backed by experienced support-line staff.

Our practice management software has been a trusted resource for chiropractors since 1991. You can have confidence in the OCA's commitment to adapt PMP to meet evolving billing and record-keeping regulations and legislation.



Even better value

PMP does it all at a price you can afford. New pricing will save every clinic money.

Features

- Schedule patients and book appointments easily
- Process patient activity and manage patient accounts
- Merge patient data to produce personalized correspondence or email communications
- Generate statistical reports to help you analyze and improve your practice
- Create and submit MVA forms easily using the HCAI interface

Technical support

Provided by staff with real front-line experience in chiropractic offices. Support is available via Internet, by email, or through our toll-free help line.

Regular updates

Enhancements are provided to meet the changing needs of your practice.

Ontario Chiropractic Association. **Treatment That Stands Up.**



PUTTING EXPERIENCE INTO PRACTICE

PMP offers a wide range of features that can help boost your efficiency and effectiveness, allowing you to focus on your patients and building your practice. It's a software solution that manages all your patient information, including patient visits, MVA and WSIB billings and reconciliations, reporting, correspondence and more.

- **Main screen appointment book**

Customize patient appointment schedules, make single or multiple appointments and book patients with one or more practitioners.

Receipts		Claims and Fees		Patient Categories	
Patient Payments Received		Patient Fees	400.00	Adult	7
0.00		Inventory Fees	70.00	Student	1
0.00		G.S.T.	0.00	Child	0
American Express	0.00	P.S.T.	0.00	No Charge	1
Cash	356.70	Total Inventory Fees	70.00	Senior	0
Cheque	0.00	Discounts	0.00	Compassionate 1	2
Debit Card	80.00	Write Offs	-25.00	Compassionate 2	0
Gift Certificate	0.00	OHIP Claims	0.00	Compassionate 3	1
MasterCard	0.00	WSIB Claims	0.00	Family member	0
Transfer To/From	0.00	EHC Claims	0.00	MVA	1
Visa	160.00	MVA Claims	0.00	Unused	0
Other	0.00	Total Fees Charged	445.00	Unused	0
Total Patient Payments	596.70			Unused	0
OHIP Payments Posted	0.00	Rescheduled	0	Unused	0
WSIB Payments Posted	0.00	Postponed	0	Unused	0
EHC Payments Posted	0.00	Missed	1	Unused	0
MVA Payments Posted	0.00	Cancelled	0	Unused	0
Total Payments Received	596.70			Total Patients Seen	13
Doctor of Record		AR as of Tuesday, 23-Jun-2009		Subsequent Visit Claims	11
Daniel David Palmer, DC #4444	445.00	Patient	6244.22	New Patient Claims	0
		Bill To	20.00	Re-examination Claims	2
		EHC	4808.99	Total Visit Claims	13
		MVA	1645.09	Unused Claims	0

Summary Sheets include Fees, Receipts, Accounts Receivable, Patient Stats, and Appointment Stats

- **Easy access to patient files**

With one keystroke you can access all your patients' information, add a new patient, update and change patient information and print receipts or envelopes.

- **Access PMP functionality quickly and easily**

Access the program by menus, function keys and shortcuts to process activity and update records.

- **Program designed for multiple practitioners**

Reports, accounts receivable, billing and reconciliation, doctor hours and appointment books can all be differentiated by practitioner. PMP will accommodate multiple chiropractors and their associates.

- **Add customized messages to individual patients**

Use features within patient information to add customized messages to patient records.

- **Save time completing and submitting forms**

OCF and WSIB forms are programmed into PMP so there is no longer a need for the tedious task of manual completion. PMP includes an interface that allows electronic submission of OCF 18, 21, & 23 forms to HCAI.

- **Effective communication**

Merging, exporting and designing templates can be done from within the program.

- **NEW: Email communication**

It is now possible to email appointment reminders, calendars and lists to your patients. PMP also allows users to email patient statements and merge letters.

	1. Dr. D.D. Palmer	2. Laurel Hardy, RMT	3. Dr. Benjamin Pierce	4. Albert Schweizer, RMT	5. Charles W
8:00 AM					
8:15					
8:30	Wendy White	William Maynard	Edwin Sandercock		
8:45	Sue Kerr				
9:00 AM	Inventory Purchases				
9:15	Barbara Greer	Maria King			
9:30					
9:45	Stanley Parker				
10:00 AM					
10:15	Alexander Ryan				
10:30	Frank Allen Matthews	Anne Davidson (POC)			
10:45					
11:00 AM	Nicholas Cole	Melisa Woods			
11:15	Elmars Marshall	Ian Wade			
11:30	Sam Abrey				
11:45	Liz Pridham	Ruthann Knudsen			

- **Reliable recall management**

Helps to ensure patients do not fall through the cracks.

- **Privacy and security**

PMP takes privacy of information seriously – yours and your patients'.

PMP USER BENEFITS:

Upgrades and enhancements are included in the annual license fee
PMP's support representatives are the best in the business at offering quick and knowledgeable assistance (that's what our users tell us).

Toll-free support line
Contact the Support Line at 416-860-7199, toll-free at 1-800-561-7361, or reach us by email at support@chiropractic.on.ca. Support is available 7:30 a.m. to 5 p.m., Monday to Friday excluding holidays. Visit us on our website at www.chiropractic.on.ca.

Annual enhancements suggested by users
PMP is a continuously evolving program, and we welcome user feedback and suggestions.

INITIAL LICENSE FEES

The Patient Management Program (PMP) is available to OCA members for an initial license fee of \$250 per chiropractor. The license fee for non-chiropractors is \$100 each. All licenses expire on July 31 and must be renewed in order to receive the program update to maintain PMP functionality. All practitioners, chiropractors and non-chiropractors, who practice in more than one location, will be charged a \$25 location fee for the second location and each subsequent location. In addition to license fees, each clinic is subject to an initial facility fee of \$70. Applicable taxes will be added to all of the above fees. The initial package includes software, a User Manual and unlimited, toll-free telephone support for the period up to July 31.

OWNERSHIP AND SUPPORT

The Ontario Chiropractic Association retains ownership of all Patient Management Programs. Chiropractors who are OCA members in good standing who maintain their annual license agreement will have the right to use PMP on a yearly basis. Annual license fees are not pro-rated and discounts and refunds do not apply. The annual license fee includes unlimited, toll-free telephone support for the period up to July 31. A contractual relationship exists between the OCA and a primary licensee in each clinic which defines the rights and responsibilities of each party. Only the primary licensee has permission to authorize changes to the PMP including but not limited to adding, updating and deleting practitioners. Changes can only be made to the Patient Management Program with the knowledge and permission of the OCA and the knowledge and express written permission of the primary licensee.

ANNUAL LICENSE FEES

All practitioners choosing to use the Patient Management Program must pay an annual license fee in order to maintain the right to use the program. The annual license fee is \$250 for each chiropractor and \$100 for each non-DC in the same clinic. Each individual clinic location has a maximum license fee cap of \$750. All practitioners, chiropractors and non-chiropractors, who practice in more than one location, will be charged a \$25 location fee for the second location and each subsequent location. Applicable taxes will be added to all of the above fees. The annual license fee covers the cost of program enhancements, updates and unlimited, toll-free telephone support for the period from August 1 to July 31. The primary licensee must renew the license by August 1 of each year in order to receive the program update. The license renewal applies to all practitioners within the same clinic. Until full payment is received for all practitioners a PMP update will not be released to the clinic. Should a primary chiropractor cease to be an OCA member in good standing, alternate arrangements must be made for the associate chiropractors and non-chiropractors within the same clinic.

Prices subject to change without notice

Informative newsletters and a comprehensive, easy-to-use manual
Loaded with hints, tips and pertinent information.

Order your program today
To order PMP please complete the order form and return it, together with your payment, to the OCA office. Please allow up to 10 business days for the processing of your order.

For more information please contact
Liz Pridham
Software Support Representative
416-860-4163 or 1-877-327-2273, ext. 4163
or email lpridham@chiropractic.on.ca.

INSURER FAX BACK

Applicant Name: Address: Luton
 Provider Name: Daniel Palmer
 Provider Fax: [Redacted]

Policy Number: 6566
 Claim Number: 344343
 Date of Accident: 20090420

Part 11 Health Providers/Social Workers
 Provider Reference: A, B, C, D, E, F
 Provider Type: DC, MT, Physio, Herby
 Last Name: Palmer
 First Name: Daniel
 Initials: Lucy

Part 12 Proposed Goods and Services
 Description: Physical Rehabilitation, Manipulation, multiple body sites, Test, total body, Therapy, multiple body sites, Assessment (examination), total body, Xray, spinal vertebrae
 ICode: SZZPR, 1Z005, 2Z208, 1Z012, 2Z202, 3SC10
 Attributes: A, A, C, A, A, A
 Provider Ref: A, A, C, A, A, A
 Quantity: 1, 1, 1, 1, 1, 1
 Measure: Session, Procedure, Procedure, Procedure, Procedure, Procedure
 Estimate/Day: 35.00, 5.00, 80.00, 75.00, 65.00
 Total Count: 24, 1, 10, 1, 1
 Total Cost: 840.00, 5.00, 800.00, 75.00, 65.00

Create OCF and WSIB forms within the patient file. Information will be copied to all subsequent forms for this patient. Send reports and billings electronically where applicable.

G/S Ref	Code	Description	Attribute	Provider Reference	Estimate / Day	Total Count	Total Cost
1	SZZPR	Physical Rehabilitation			Session 35.00	24	840.00
	1Z005	Manipulation, multiple body sites	A	A	1 Procedure 30.00		
	2Z208	Test, total body	A	A	1 Procedure 5.00		
2	1Z012	Therapy, multiple body sites	C	C	1 Procedure 80.00	10	800.00
3	2Z202	Assessment (examination), total bod	A	A	1 Procedure 75.00	1	75.00
4	3SC10	Xray, spinal vertebrae	A	A	1 Procedure 65.00	1	65.00

Minimum hardware specifications:

- Windows 7 or Windows Vista operating system with 1GB RAM
- Intel Pentium 4 1.6 GHz or equivalent with 5 GB hard drive or above
- Onsite Internet connection with internal or external modem — used for downloading updates, online billing, etc.

PMP ORDER FORM & USER AGREEMENT

This form must be completed in full, signed by all practitioners and returned to the OCA office with payment.

Member's name: _____

Clinic address: _____

City/Town: _____ Postal code: _____

Shipping address (if different from above): _____

Email: _____ Tel: () _____ Fax: () _____

License Fees	PMP Fee	HST	Total Fee	Quantity	Total
Chiropractors (OCA Members Only)	\$250.00	+	\$32.50 =	\$282.50	x () = \$ _____
Non-DC Practitioners	\$100.00	+	\$13.00 =	\$113.00	x () = \$ _____
Facility Fee (New Clinics Only)	\$70.00	+	\$9.10 =	\$79.10	x () = \$ _____
Other _____	\$50.00	+	\$6.50 =	\$56.50	x () = \$ _____

TOTAL ENCLOSED \$ _____

Send order: on CD via email

Please allow 10 business days for processing.

If you converting from another software program please contact support for details.

Each initial package includes software, manual and toll-free telephone support until July 31.

Prices subject to change without notice.

Method of Payment: VISA MasterCard Cheque Cash

Card # _____ Expiry: _____

Name on Credit Card: _____ Signature: _____

I/We hereby agree to use the OCA Patient Management Program (PMP) within my/our clinic only and I/we will not make or allow to be made any other copies of the program except for the purpose of safekeeping and the backup of my/our data. I/We agree not to modify, amend, disassemble, recompile or create derivative works of the OCA Patient Management Program. I/We understand and agree that I/we only have a right to use the program as long as I/we are members in good standing of the OCA and have paid the annual PMP license fee. The PMP shall at all times remain the property of OCA and I/we shall have no right, title or interest therein, except as stated. I/We agree to not sell, transfer or otherwise make available the PMP and copies thereof to others. I/We agree that the OCA will in no event be liable for any indirect, special or consequential damages including damages arising from my/our lost profits from use of the PMP. I/we understand that the provision of technical support by the OCA may require the transmission of confidential patient and practice information from my/our practice to the OCA. Any such transmission between the OCA and my/our office shall be via encrypted message or direct delivery of computer disk or CD. This information shall be treated in strictest confidence and viewed only by support personnel for technical reasons. There are no express or implied conditions or warranties, including the warranties of merchantability and fitness for a particular purpose not specified herein respecting this agreement, software, documentation or services provided. Notwithstanding any other term or provision of this Agreement, the OCA's liability to the Customer for any cause whatsoever shall be limited to the amount paid by the Customer to the OCA for the PMP software for the last six (6) months preceding the event, (or last of a series of events), which gave rise to the claim. Direct damages subject to this limit shall be the Customer's sole and exclusive remedy. All claims for damages must be asserted within six (6) months of the event (or last in a series of events), to which they relate or be forever barred.

I accept Primary DC's authorizing signature: _____

Please fill in information for practitioners being added to the Patient Management Program.

1. Practitioner: _____ Profession: _____

License # _____ **I accept** Signature: _____

2. Practitioner: _____ Profession: _____

License # _____ **I accept** Signature: _____

Date: _____ For additional practitioners please copy and attach separate sheet.

ONTARIO CHIROPRACTIC ASSOCIATION

Tel: 416-860-7199 ■ Toll Free: 1-800-561-7361 ■ Fax: 416-860-0857 ■ Email: support@chiropractic.on.ca