Physicians' OFFICE COMPUTER™

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Section A

Introduction

LICENSE AGREEMENT

This legal document is an agreement between you, the end user, ("LICENSEE"), and Professional Systems Corporation, ("PSC"), BY OPENING THE SEALED DISK PACKAGE, YOU ARE AGREEING TO BECOME BOUND BY THE TERMS OF THIS AGREEMENT, WHICH INCLUDES THE SOFTWARE LICENSE AND THE SOFTWARE WARRANTY (collectively the "AGREEMENT"). THIS AGREEMENT CONSTITUTES THE COMPLETE AGREEMENT BETWEEN YOU AND PSC.

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7. UPDATE POLICY. PSC may create, from time to time, updated versions of the SOFTWARE. At its option, PSC will make such updates available to the LICENSEE and transferees who have a PSC software lease or maintenance agreement or paid the update fee.

8. Miscellaneous. This AGREEMENT is governed by the laws of the State of California.

LIMITED WARRANTY

PSC WARRANTS THAT NEW SOFTWARE PURCHASES SHALL BE FREE OF PROGRAM PROBLEMS AND/OR ERRORS FOR A PERIOD OF NINETY (90) DAYS AFTER DATE OF DELIVERY. PSC WARRANTS THAT UPDATE SOFTWARE PURCHASES SHALL BE FREE OF PROGRAM PROBLEMS AND/OR ERRORS FOR A PERIOD OF THIRTY (30) DAYS AFTER DATE OF DELIVERY. At LICENSEE'S request, PSC shall investigate suspected problems and will, if necessary, design, code, test, document, and deliver promptly any amendments or alterations to the delivered items that may be required to correct errors which were present at the time of delivery and which resulted in failure to perform in accordance with SOFTWARE specifications. This warranty shall be contingent upon LICENSEE's full payment for SOFTWARE. In order for this warranty to remain active throughout the warranty period, the SOFTWARE must not include any changes made by anyone other than an authorized representative of PSC, since changes are not part of the warranty provision. However, if PSC determines that the reported problem is not an error as defined above, or may have resulted from improper use of the SOFTWARE, Equipment or Network, then LICENSEE agrees to reimburse PSC for all labor time and materials in accordance with the PSC's then currently applicable rates.

PSC warrants to the original LICENSEE that the disk(s) on which the SOFTWARE is recorded is free from defects in materials and workmanship under normal use and service for a period of ninety (90) days from the date of delivery as evidenced by a copy of the receipt. Further, PSC hereby limits the duration of any implied warranty(ies) on the disk to the respective periods stated above. Some states do not allow limitations on duration of an implied warranty, so the above limitation may not apply to you.

PSC's entire liability and your exclusive remedy as to the SOFTWARE and/or disk(s) shall be, **at PSC's option**, either (a) return of the purchase price or (b) replacement of the SOFTWARE and/or disk that does not meet PSC's Limited Warranty and which is returned to PSC with a copy of the Payment Check. If failure of the SOFTWARE and/or disk has resulted from accident, abuse, or misapplication, PSC shall have no responsibility to replace the SOFTWARE and/or disk or refund the purchase price. Any replacement disk will be warranted for the remainder of the original warranty period or thirty (30) days, which ever is longer.

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The SOFTWARE and documentation is provided with RESTRICTED RIGHTS. Use, duplication, or disclosure is subject to restrictions as set forth in subdivision (b)(3)(ii) of The Rights in Technical Data and COMPUTER SOFTWARE clause at 252.227-7013. Contractor/manufacturer is: PSC / 1250 E. 223rd Street, #116 / Carson, CA 90745.

Should you have any questions concerning this Agreement, or if you desire to contact PSC for any reason, please contact in writing:

PSC Customer Sales and Service / 1250 E. 223rd Street, Suite 116 / Carson, Ca 90745.

PRE-INSTALLATION

BEFORE PROCEDING ANY FURTHER, PLEASE READ ALL INSTALLATION INSTURCTIONS THAT CAME WITH YOUR SOFTWARE!

The installation instructions and security procedures have been sent to the registered Licensee of the software. (Doctor #1 as recorded for your office or, in the case of a billing service, the owner of the billing service.)

Because of the new security features, and to assure complete compliance with the new HIPAA regulations, the software should be installed by your authorized system administrator. Your authorized system administrator will have been designated, in writing to Professional Systems Corporation, by the registered Licensee of the software.

If this information is not on file with our office, we *may* not be able to assist your office in loading the software until such a time as this information is properly provided. Professional Systems Corporation has made every effort to put unto place the procedures necessary to maintain the confidentiality of the system administrator information. We also have established procedures for the proper handling by our technical support department of system administration issues. However, Professional Systems Corporation can not be held liable for any improper handling of the information by the Licensee, or any agent, employee, etc. employed by the Licensee which may have compromised the security features of the software or improperly divulged this confidential information.

INSTALLATION

STOP!
If you are updating an existing POC data base, please read all installation instructions that came with your software!

These instructions are for NEW installations only. Updates to previous versions of POC have their own instructions.

To install your new POC software, place the disk labeled 1 of # , or CD, in the appropriate drive and type:

A:INSTALL [Enter]	(If the floppy drive is A:)
or	
B:INSTALL [Enter]	(If the floppy drive is B:)
or	
D:INSTALL [Enter]	(If the CD drive is D:)

Follow the instructions in the installation program.

Your password for the Billings/Collections Report: **S E C U R I T Y**
(UPPER CASE and don't hit **[Enter]**.)

Create POC Icon:

1. On your Windows Desktop, point to where you want the POC Icon to be, then right-click once.
2. Point to NEW, then click on Shortcut.
3. Location of item: **C:\POC\POC.EXE** , click Next.
4. Name for shortcut: **POC** Click Next.
5. Choose an Icon: Pick the one you want, then click Finish.
6. Open POC by clicking on the new POC Icon. **DO NOT LOG INTO POC.**
7. Right-click on "POC.EXE" in the Title Bar at the top of the POC window.
8. Click on Properties.
9. Click on the Full Screen check box in the Options tab.
10. Click on the Layout tab.
11. Change the Screen Buffer Size to: Width **80**, Height **25**.
12. Change the Window Size to: Width **80**, Height **25**.
13. Click the OK button.
14. Click on Save Properties for future windows with same title.
15. Click the OK button.
16. Press **[Enter]** to exit out of POC.
17. Right-click on the new POC Icon.
18. Click on Properties.
19. Click on the Screen tab.
20. Click on the Full Screen check box.
21. Click the OK button.

Billing Services and Multiple Groups

POC is designed to bill for one group of doctors ("group billing," "bill as a group") per set of data files. You cannot use POC to bill a solo practice(s) and a group practice(s) with the same data set, nor should you. All financially independent practices MUST be given their own data set in different subdirectories. This prevents the possibility of financial transactions from inadvertently being posted to the wrong practice.

POC has available, at minimal cost, a set of batch files designed to create new doctor/group data directories, copy master list files to the new directories, and simplify user transition from one practice to another. The setup procedure for multiple data sets requires the assistance of POC or your dealer. You MUST call to receive the latest configuration instructions. Failure to do so will likely result in crossed financial data.

Please remember, your software license authorizes you "to use and display one (1) copy of this software on a single COMPUTER at a single location." You may install as many data directories as you need (at additional expense for software support to defray the additional support required).

Windows 95/98, NT, 2000, 2003 & XP Installation

Please read the appropriate chapters in Section D, the Appendix.

Notes:

RECENT ENHANCEMENTS

Security Version

- Security software to enable administrative control over user access. The System Administrator can now assign user numbers and passwords to each operator, along with controlling their level of access to the operating of the POC software. This feature is fully HIPAA compliant.

- Additional security features that will allows a user to place their terminal in a "locked" mode with a simple key stroke when it is necessary to step away for a few moments. The screen is blanked out until the user enters their personal password to proceed, thus preventing any confidential information from being seen by a casual viewer.

System Wide

- Full field editing capabilities throughout POC. Correct a single character or an entire word without having to retype an entire line.

- Search for a patient by their first name, social security number, phone number, Medical Record Number, Other ID, responsible party(ies) or policy number (s) by hitting the **[F4]** hot-key.

- The **[F5]** key will now show a list of POC System doctors at all prompts that ask for a doctor number.

- The System's doctor capacity has been increased from 99 to 999.

- The **[F8]** has been activated for the insurance claim **editor**. This makes claims editing even faster.

- Defaults are displayed at all prompts. POC will tell you what it will do in advance when you hit the **[Enter]** key.

- Pop-up window lists, the **[F5]** key, are now sorted alphabetically by their *full* description.

- The alpha lookup routine displays patients' medical record number in addition to their account number, name and birth date at the "Enter patient name or number" prompt. This lookup routine has been incorporated *throughout* POC.

- User selectable option will delay appending transactions to the master files.

- The **{Esc]** key stop-printing feature has been added to Data Search and Production Report.

Electronic Claims

- Re-billing features for Electronic Claims files. Ability to Rebill Medi-Cal type 5 claims electronically.

- Available for purchase, additional software modules of ECS programs for direct submission to private carriers who accept the ANSI 4010 A1 format.

Patient Ledgers

- All new **ENHANCED PATIENT LEDGER!** Users will now have the ability to call up complete details pertaining to a particular charge simply by highlighting that charge line in the patient's ledger. The charge line is highlighted using the up and down arrow keys, then by pressing the **[F9]** key the System will display a window containing: date of charge, procedure code, description and amount of charge; ICD code(s) pertaining to the charge; detailed breakdown of payment(s) and adjustment(s) by carrier (or other type of payment) and remaining open balance (if any) of the selected charge; treating physician; location where procedure was administered; claim number; statement status; aging date of the selected charge, and if the charge was added as a YNIF (Yes No Insurance Form) charge. (Can return to Patient's Ledger by simply pressing **[Enter]** .)

- The system will now retain statement and insurance print lines and remarks on the Patient's Ledger after Housecleaning if they fall within the user designated retention criteria.

- The **[PgUp]**, **[PgDn]**, **[Home]** and **[End]** keys have been activated in Patient Ledgers.

- A new Patient Ledger option screen for viewing and printing has been added.

Posting Payments

- You can now choose whether you want to set the default in Posting Payments to *automatically* adjust remaining balance or not.

- The Check Register now has full editing capabilities. You can view the Register on screen, scroll up and down, select the appropriate line and edit any of the previously entered information, prior to printing and clearing the Transaction Report.

.

- You can now post a co-payment while in Add Charges.

- Ability to past a "G" option (Unapplied Credit) type payment after posting other types of payments.

- Compute and display unapplied credit total in Posting Payments.

- In Posting Payments, date of payment will default to that of the last date of payment entered for the current patient.

- Four more payment and adjustment categories will be available to the user. This will provide even more control and information for payment analysis.

- New options for the handling of "Unapplied Credit" which allows the user to post payment/credit, with a user defined description of credit, to a patient's account without disbursing it until a later date by the user.

- With the all new unapplied credit feature, the payment(s) or adjustment(s) will appear on the patient's ledger and credit will be correctly reflected in the running balance, however it will not close any charge(s) or get applied directly to any charge(s) until the end user designates the charge(s) to which it gets applied.

At such time as when the user wishes to disburse the unapplied credit, charge(s) is/are selected by line number as in a “B Option” type of payment. This feature provides many additional advantages and new variations of controlling the application of credit to an account

- Ability to enter Remarks directly in Post Payments.
- Patient Ledger notes are now displayed in Posting Payments.
- Payment reversals can now be entered from ALL terminals.
- The “Out of Balance” report doesn’t print if there isn’t a Deposit Slip.

New Patient/Patient Information

- You can now escape **NP** (New Patient Information) by pressing the **[Alt] + [End]** keys simultaneously.
- Ability to enter a patient’s name and responsible party’s name as three separate fields. This will prevent problems that might have previously been encountered in processing ECS billing.
- Automatic formatting of phone numbers and social security numbers. Data for these fields can be entered without any spaces or dashes and the System will automatically put the entry in the appropriate format.
- In insured's information, the System automatically defaults to patient’s last name. This will save keystrokes by allowing the user to accept the default and go on to the the insured’s first name.
- An additional address line for the patient in Patient Information and in the Insured’s Information.
- The full insurance address and contact name has been added to the Patient Information screen. This makes finding this information much quicker.
- Both insurance street address and the zip code now show in the **[F5]** pop-up insurance list. This makes it much easier to tell which insurance to select when there are several with the same name.
- A new question appears in the New Patient and Patient Information screens that asks for the other insurance coverage category when the insurance is Medicare. All possible special codes are shown. This prevents code selection from being skipped and makes it more accurate. This new question replaces the old method of placing a special code in the group number.
- Referring physicians are now entered with their first name, last name, middle initial and degree in separate fields. This prevents users from inadvertently using the wrong data entry format.
- Ability to duplicate a patient and his/her associated demographics to a new account number.
- Each patient can now have up to ***four*** insurance companies.
- The insurance company phone number is now displayed in Patient Information. This feature makes insurance follow-up much easier.
- You can now add the referring physician in New Patients and Patient Information.

Appointment Scheduler

- Ability to enter and view additional information, i.e., insurance, DOB, reason for appointment, in the Appointment Scheduler.
- Simple keystrokes make it easy to shift the view of the Daily Schedule by day, week or month.
- All workstations may simultaneously enter appoints.
- An improved Appointment Scheduler now makes it easier to move from day-to-day, week-to-week, and month-to-month.
- The Appointment Scheduler now allows all terminal to simultaneously enter appointments.
- It is now much easier to book consecutive appointment slots for a patient.
- If the patient is the insured, the System will also default to the patient's social security number as the policy number. This will save hundreds of key strokes plus significantly reduce the possibility of data entry errors.
- Displays insurance company address in New Patient screen so you can double check your data entry before making it permanent.
- New fields for Emergency Contact and Emergency Contact's Phone Number providing additionally valuable and easily accessible information at a glance.

Procedure Codes

- Ability to change procedure code prices simply by entering the amount of the desired increase as a percentage. You can do "what if" scenarios and printout a report to review before making the changes permanent.

ICD Codes

- Longer description fields for ICD codes giving the user more latitude and flexibility.

Clinical Data

- Allergies and drug treatments can now be deleted.

Patient Statements

- Plain Paper Statements has a formatted area for the patient to enter their credit card information including the authorization of amount to be charged to their credit card.

- All new Patient Statement feature makes the statement Balance Due properly reflect a true Patient's Responsibility portion.
- A new formula makes the statement Balance Due properly reflect a true Patient's Responsibility portion.
- New handling of Finance Charges whereby no finance charge will be added to any charge(s) designated as pending carrier payment.
- One-part and plain-paper statements have a new option to print a place on the statement for patients to fill out their credit card information as a way to make their payment.
- A new feature in Patient Statements allows for the easy selection of three different statement programs.

Super Bills/Encounter Forms

- If the user chooses to implement the new "Superbill Mode," it gives the Superbill program all the expanded functionality of New Patients, Add Charges and Post Payments.
- The Encounter Form has a new option that allows the user to **not** print the patient's account balance.

Mailing Labels

- Added **DOB** (Date of Birth) and Primary Doctor name to mailing labels.
- New format program removes an **unused** address line thus avoiding any blank lines on mailing labels.

Printers

- Ability to select between multiple local printers from within POC at the Main Selection List.
- Integrated support for HP LaserJet Series 3, 4 and 5 printers, and HP DeskJet printers. Now it is much easier to make adjustments to the margin settings for these printers.

Aged Accounts Receivable

- Print an Aged Accounts Receivable report by insurance company within the AR User Options. Note that this can also be accomplished in older versions of POC but must be set up within Data Search using the Set Criteria option.
- Added Medical Record Number to **AR** (Accounts Receivable) printout.
- When selecting the slow pay option of the Aged Accounts Receivable report, the date of service is used to calculate the aging when the user has selected date of statement for normal aging.
- Insurance company's phone number now prints out on the Accounts Receivable Report.

Doctor Information

- The fields in Doctor Information have been labeled. This replaces the previous letter designation and makes if easier to identify the proper field(s) for data entry, etc.
- Prompts for a **Y** or **N** response when recording Doctor Information.
- Pagination of printed Doctor Information has been properly formatted.
- Contact name, **Fax number**, and additional address line for referring physician and for facilities.
- The ability to add four (4) more provider numbers for **each doctor**.
- Doctor Information is now available from **all terminals**.

Adding Charges

- Ability to select a patient on any alpha look-up screen in Batch Add Charges. In earlier versions of POC it was necessary to scroll to the end of the search list.
- Attach all of the diagnoses on the current claim to all charges added in Batch Add Charges.
- AC (Adding Charges) editing feature of being able to delete a facility or referring physician from a claim simply by typing “DEL.” This makes editing simple and intuitive.
- You can now post a co-payment while in Add Charges.
- Ability to edit charges before making a permanent record in Add Charges.
- Add Charges displays a procedure’s corresponding diagnosis code(s) before making a permanent record.
- Charge reversals can now be entered from ALL terminals.
- Add Charges routine now checks for bad dates in the “21 Questions”.
- In Add Charges, procedure code entry makes any date and/or location of service entered the new default until changed (for the current patient).
- A change to the “Date of First Symptom” in Add Charges allows for the entry of spaces (rather than question marks) for compatibility with electronic claims.
- The IØ “One Time Only” diagnosis has been re-activated.
- The System allows the user to override a patient’s YP partial statement flag (hold charges from the statement until the insurance company has paid) by entering a five-zero procedure code (ØØØØØ). This allows the user to immediately bill the patient for charges that are not covered by the insurance company.

Bill Insurance

- New program logic that allows you to leave “date able to return to work” blank if not known but still check work related on insurance form.
- Medicare ECS files have been updated to meet all new ANSI specifications.
- Tar # length increased.
- Railroad and DME charges screened from ECS files. This will greatly facilitate processing of claims to multiple carriers.
- Asks for alignment form immediatly instead of waiting to find the first patient to print.
- Required Medicare change for physicians that bill for laboratory service by including the CLIA certificate number on your claims for both paper and electronic submitters.
- The System will now enter the provider’s P.I.N. number or California State License or Certificate number in block 24K and/or block 33 as required by Blue Shield. This capability will also be required if you are submitting your claims electronically.
- Electronically bills Medicare claims in the new “direct submission” ANSI format.
- Rebills rejected ANSI electronic claims after corrections are made, again and again. Rebilling options include: rebill an entire claim file; rebill a single claim by claim number or range of dates; and rebill multiple claims by range of dates.
- Automatic crossover logic in POC that prevents the printing of paper claims for carriers to which Medicare automatically crosses over. You will no longer have to pull crossover claims from print-runs and throw them away.
- Blue Shield, Champus, and additional provider numbers have been expanded to twenty characters to meet the new specifications.
- POC now records an insurance “rebilled” line on the patient’s ledger when an insurance is rebilled either on paper or electronically. The claim number or range-of-dates is also recorded. This allows you to quickly look at the ledger to see if and when rebilling occurred.
- Paper claims can be permanently excluded for selected procedure codes. This prevents insurance carriers from being billed for “patient’s responsibility” procedure(s).
- You no longer need to print and clear all current insurance forms before Housecleaning.

Data Search/Sort List

- Seven fields added to the mail merge file created by sort list.

PSC's SUPPORT POLICY

If you purchased your POC software directly from the designers, Professional Systems Corporation (PSC), it is important you read the information contained in this chapter. Doing so will help to ensure your satisfaction, eliminate any misunderstandings, and make the installation and continuing support of your System everything you wish.

If you purchased your POC software from a POC dealer, you should review the support policy of you dealer.

Support Policy

Support is available from 7:00AM to 5:00PM (PST), Monday, Wednesday, Friday and 10:30AM to 5:00PM (PST) on Tuesdays and Thursdays. Please have your serial number ready. You can find it on the upper right corner of any POC disk label. If your call is not taken immediately, our policy is to return your call within 60 minutes and our ***average*** response time is 20-25 minutes. This policy is modified to 3 hours during new update periods. Calls received after 4:45PM will likely be returned the following day. Our Customer Support numbers are:

Voice:	(310) 603-0555
Fax:	(310) 603-0581
Modem:	by prior arrangement

We encourage you to call Customer Support for any POC related question. We strongly encourage you to explore POC's on-line help screen, tutorial and, of course, this manual. Clients who purchased their software through a POC dealer must call their dealer for support.

It is also possible to schedule an "appointment call" by making arrangements with our support department **24 to 48 hours in advance**. This type of arrangement is **strongly recommended** when you know you are going to have your computer consultant on site and want them to talk directly with our support department. All support calls are equally important. For this reason, it is not our policy to take a support call out of order based simply on a client's request.

Since 1979, our experience is this: **Clients who regularly use Customer Support are far more knowledgeable about POC. These clients consistently rate their satisfaction with POC higher than clients who rarely contact us. So if you don't know, give us a call.**

POC Software Support

Software is what comes on floppy disks and gets loaded onto your computer's hard disk. Software is a computer term for the applications you use, including POC. Hardware is the computer, printer, modem, tape drive, etc.

IF YOU ARE A LEASE CLIENT OR YOU HAVE A PSC SOFTWARE MAINTENANCE AGREEMENT, YOU ARE ENTITLED TO: 1) *ALL* POC SOFTWARE UPGRADES AND ENHANCEMENTS (appropriate to your geographic area); 2) PHONE SUPPORT AT NO EXTRA CHARGE; AND 3) A SUBSCRIPTION TO **POC Talk**, THE POC USER NEWSLETTER. MAINTENANCE AND LEASE CLIENTS: Please see your PSC software maintenance/lease agreement for complete details.

Software and Hardware Not Purchased From PSC

You may have purchased computers, modems, printers, tape drives, operating systems and software from a source other than PSC. Of course, it makes the most sense to receive support from the place of purchase. But , it you request us to, we will help you with these items. Help may consist of, but is not limited to: configuring; phone support; training; and diagnostic time. These services are available at our current billing rates.

If you are unsure whether a problem is POC related, we suggest you look in the **Troubleshooting** chapter first. If you're unable to find your answer there, call and ask for a PSC customer support technician. He/she will be happy to answer your questions.

Support Billing

Our policy regarding discussion of phone support billing is as follows: **we are happy to discuss billing, WHEN ASKED**. Otherwise, we will assume you and your staff know the call will be billable if not covered by a PSC warranty, a monthly lease, or a maintenance agreement. It is your responsibility to advise your staff of PSC support policies.

In the past, a majority of our clients became irritated and complained when technicians were required to inform them repeatedly, each time they made a billable call. The clients knew when their calls were billable; they just wanted their problems fixed. We feel this policy is in line with the same policies followed by the medical community.

We can, upon your request, flag your account so the technician will inform you every time a call is billable. This notification is done as a courtesy and we will make every effort to follow your request. However, it still remains ***the responsibility of the person calling*** for support to ***ASK*** if the call is billable.

INTRODUCTION TO POC

Physicians' Office Computer is a complete in-office medical software system for patient financial information, clinical data management and appointment scheduling. This System has been designed by physicians to handle the vast bulk of paperwork related to medical office management.

Years of programming, testing and documentation have gone into POC software, which is now used by thousands of physicians in medical offices throughout the Country. The true quality and power of the System will become increasingly evident to you over the years to come.

Physicians' Office Computer, "POC," operates entirely by the question and answer method, making it simple to learn and easy to use. This System has been designed to eliminate all unnecessary keystrokes.

Medical Billing

POC handles just about every aspect of patient financial management, automatically, at the command of the user. Only three simple tasks are performed before POC can do all the work associated with patient billing. These three tasks are: ENTERING PATIENTS, ADDING CHARGES and POSTING PAYMENTS.

After performing these tasks, each of which takes about a minute for experienced users, POC will produce your Encounter Forms, Patient Ledger, Super Bills, Insurance Forms, Patient Statements, Day Sheets (Transaction Reports), Recall Notices, Aged Receivable, Billings/Collections Reports, Alphabetized Patient Lists, Production Reports, Mailing Labels, and an unlimited number of Data Searches of patient records by user defined criteria.

Clinical Data

In addition to billing, POC provides you with many clinical information functions. Some Clinical Data is entered for billing purposes, such as: diagnosis, procedures, referring physicians, hospitals, outside laboratories and patient demographic information.

Additional features allow you to maintain patient medications, allergies and free form Patient Notes.

The Data Search feature of POC allows you to print a report of all patients who meet any specific criteria you select. For example, if you wish to have a list of all male patients between 30 and 35 years of age who are hypertensive and for whom you have prescribed Vasotec, you need only press a few keys and a customized report will be printed by POC.

Using POC in Your Office

The first step in getting started involves converting your current billing system or outside billing service to Physicians' Office Computer. The details of this process are covered in a separate chapter in this manual. Be certain to read and carefully follow the instructions in the chapter on "Converting To POC." Once you have converted, the daily work to maintain the computer database is relatively minimal.

New Patient Entry

The information from your new patient information form is entered into the System during or immediately after the first visit. Generally, your new patient information form should have patient information in the same order POC asks for it. This makes new patient entry considerable faster.

After a new patient is entered into POC, all financial and clinical information for this patient is maintained by the System. When it becomes necessary to update a patient's demographic information, such as a change of address or telephone number, it is easily accomplished in a few seconds.

Add Charges & Post Payments

Charges are entered on the same day services are rendered, or, alternately, on the following day. With POC, there is no reason to ever get behind in billing. In practices seeing relatively few patients, charges may be entered only once or twice a week.

Payments are entered on the day they arrive at the office from any source.

Super Bills

Using the Super Bill feature, all patient information, charges and payments may be added to the patient's ledger before the patient leaves the office. The entire process take one to two minutes for experienced users. The system then prints a Billing Information sheet for the patient. From this Super Bill entry, the System automatically updates all management reports.

Mixing & Matching Data Entry

With POC, you may perform most operations in almost any order or combination after patients have been entered on the System. Super Bill patients may be entered along with patients for whom you will be doing insurance billing. POC lets you do it nearly any way you wish.

Unless you do very little insurance billing, we suggest grouping activities together for efficiency. Thus you would normally enter groups of New Patients into the System at one time. Similarly, you would Add Charges or Post Payments for a group of patients. To save additional time during data entry, similar charges for multiple patients may be batched using Batch Add Charges. Insurance billing may be printed at any time for all charges, current charges or for a range of patients. A simple option allows for rebilling of any insurance charges at a later time. An optional Electronic Claims Submission program also is available in most areas.

Getting to Know Your POC System

You will really begin to enjoy working with the System after you have had a full week of actual "hands-on" experience with POC's many time-saving features. You'll be surprised at how easy POC is to operate. We can say with confidence: Within a very short time you'll wonder how you ever got along without it!

Daily Procedures

At the end of the day the System prints a daily Transaction Report which lists each patient seen during the day with all charges and/or payments entered since the last Transaction Report. As part of the daily Transaction Report, the System creates a Deposit Slip to aid in filling out your regular bank deposit slip(s). Many banks will accept the Deposit Slip attached to your regular deposit slip without having to fill in the detail. While this is normally a daily procedure, you should print the Transaction Report ***at least*** weekly. If you suddenly have a hardware failure that results in corrupted data and you have not printed **and cleared** the report, reconstructing patient ledgers and calculating the doctors' totals could be extremely difficult, if not impossible.

Another management tool, the Billings/Collections Report, is printed, optionally, at the end of each day. This report **must** be printed on the last business day of each month. The Billings/Collections Report lists the day's, month-to-date's and year-to-date's totals of billings and collections by doctor, with a detailed breakdown of collections and adjustments into fourteen pre-defined categories and 20 User-defined categories.

Finally, at the end of the day or some other regularly scheduled time each day, you must **BACK UP** all POC data files. This back up is essential to the successful use of any computer billing system. **PLEASE NOTE: BE CERTAIN TO READ THE CHAPTER "BACKING UP" AND FOLLOW THE PROCEDURES LISTED. WITHOUT REGULAR BACK UPS, YOU WILL EVENTUALLY LOSE PART OR ALL OF YOUR DATA.**

Weekly Procedures

Once per week, or more often if you choose, you should: alphabetize your patients; print insurance forms (or generate the ECS file); print patient recall notices and follow up on patients who have not responded to the previous week's recalls; and optionally, print statements.

If you don't re-alphabetize on a weekly basis, the temporary file area that holds new patients becomes so large that patient searches by name become painfully slow. Also, patients who have had their names changed will not be found by name until re-alphabetized.

You should print and update insurance forms (or generate the Electronic Claims Submission, "ECS," file) on a regular basis. By not updating claims, Add Charges will become very slow.

Monthly Procedures

Once per month and in the following order, you should: perform a "full system backup" (see "Backing Up" in the Appendix); print the Transaction Report; optionally, add finance charges and print another "finance charge" Transaction Report; print the Accounts Receivable Report (you may change "User-Selected Category" number 2 to exclude zero balance patients, otherwise, do not change any categories); print the Cross Posting Report; print Patient Statements; and then print the Billings/Collections Report.

You should print an Accounts Receivable Report (it can be a "totals only" report) at least once per month. The A/R program has built in data integrity and error checking. This will alert you to accounts that may have suffered a data problem.

SYSTEM CONVENTIONS

Using This Manual

POC's on-line Help Window (the **[F1]** key) is the primary reference source. This manual is an additional reference source and contains important information about POC. The manual is global in nature while the help screens are specific to the current question on the screen. If you have a question on how to do something (print Accounts Receivable alphabetically or generate a mail merge list), look in the manual. If you want to know what your options are at any question (prompt) on the screen, hit the **[F1]** help key. By utilizing the help screens and this manual, you will be able to get almost all your POC questions answered.

The manual has been divided into four sections: the Introduction; POC's Selection List, whose chapters are in alphabetical order; the Appendix; and the Index.

Page numbers are at the bottom of each page. The top of each page identifies the section and chapter.

> If you discover we have missed something, PLEASE let us know. We will be very grateful!
> Call us at 1-310-233-7370.

Shortcuts

A POWER USER BYPASS COMMAND

When you see the above phrase, "A POWER USER BYPASS COMMAND," this means you are reading about one of many shortcuts built into the System. POC's great versatility allows the beginner to be guided through data entry step-by-step, and the experienced user to enter data in the fastest manner possible. Take the time to learn these shortcuts — you will be well rewarded in the time you'll save using POC.

Keystroke Examples

Throughout this manual, commands are in **UPPER CASE BOLD** with any special keys in a key cap box. Example: **REVERSE [Enter]** means you would type the letters REVERSE followed immediately by pressing the "Enter" key. However, you may use lower case for the actual data entry, i.e.: **reverse [Enter]**.

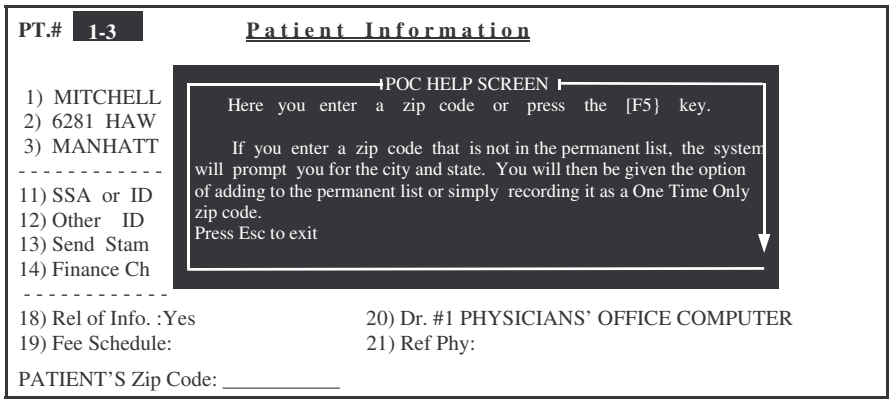
Spaces in data entry are shown as: **[Space]**, or, when space is limited, as a dark (n) space: **FORMATzA:** .

A key sequence containing a "+" such as **[Shift] + [Tab]** means you hold the shift key down while pressing the tab key.

The Help Windows and Tutorial Mode keystroke examples show the command in UPPER case and use the left and right bracket "[" and "]" to enclose special keys.
Example: REVERSE [Enter]

POC's FUNCTION KEYS

Help Windows — [F1]



At all POC questions (prompts), you may hit **[F1]** to pull up a help window that contains question-specific information. In other words, the help screen that comes up when you press **[F1]** was written for the particular question currently on the screen. We recommend you pull up the help screens and read them, particularly in Add Charges and Post Payments. You will find many options and shortcuts available to you.

Using the Help Windows

After hitting the **[F1]** Help Key, the following six keys control the information that appears in the help window:

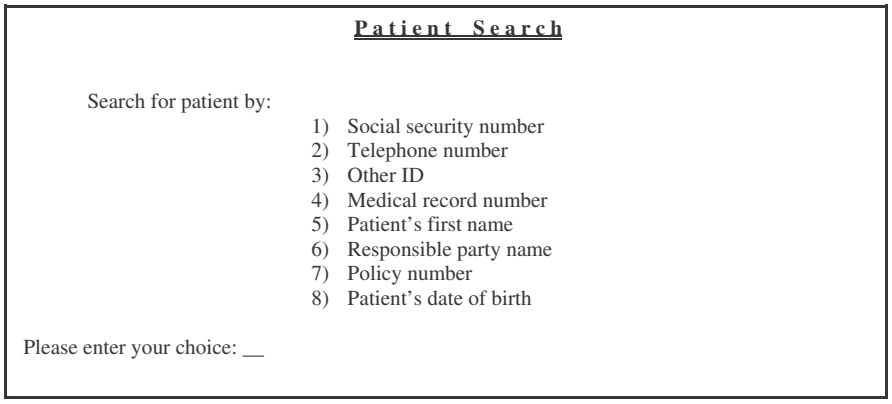
[PgUp], **[PgDn]**
[Enter], **[Home]** and **[End]** - Controls movement of the help text in the window if the text exceeds the size of the window. This is indicated by arrows on the right border of a help screen. See the previous screen.

[Esc] - Used to exit the help window.

Program Version Information — [F2]

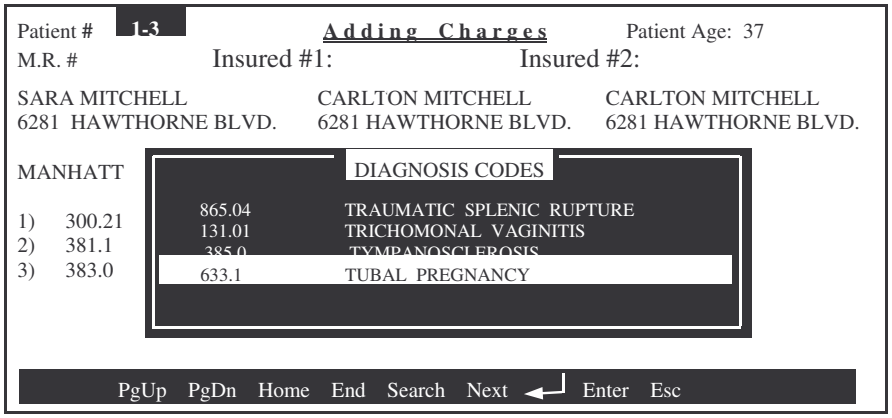
At any prompt, except the Main Selection List, if you press the **[F2]** the system will display the current version information for that module in the upper left corner of the screen.

Patient Search — [F4]



At any prompt that asks you for a patient's name or number, you can press **[F4]** to access the Patient Search screen. Patient Search will continue to find patients who match your search criteria until you find the correct patient or there are no more patients who match the criteria. If no match is found, you will be returned to the "enter patient name or number" prompt. This feature is also a handy way to find patients who have changed their last name or for finding family members by searching all patients under the same policy number.

Pop Up List Windows — [F5]



Pop up list windows can be used wherever you are asked for input from one of the System's list files. These pop up list windows include Doctors, Zip Codes, Providers, Insurance Companies, Diagnosis Codes, Procedure Codes, Drugs and Allergies. Just hit **[F5]** at any question that asks for input from one of these lists. Use the arrow keys to highlight your choice and then press **[Enter]**. It you are not sure a pop up list window is available, press the **[F1]** Help Key.

When you enter a pop up list window, you will see instructions listed at the bottom of the screen. The letters **S** in search, **N** in next, **X** in exit, the arrows and cursor control key labels are highlighted. (If these letters do not appear brighter on your screen, you should adjust the brightness and contrast controls on your monitor.)

The **[↑]** and **[↓]** keys scroll backward and forward through the lists that appear in the pop up list windows. **[PgDn]** advances through the list one page at a time while **[PgUp]** backs up one page at a time. **[Home]** jumps to the beginning of the pop up list and **[End]** will jump to the end of the list. If you enter an **S** (for search), the System will ask you to enter a search phrase. This phrase is a partial description, name, company, or city you are searching for in the pop up list. If the search does not find the item you are looking for on the first try, enter an **N** to find the next occurrence. Pressing the **[Enter]** key selects the line that you are currently on as the accepted input and exits from the pop up list window. To exit the pop up list window without making a choice, hit **[Esc]**.

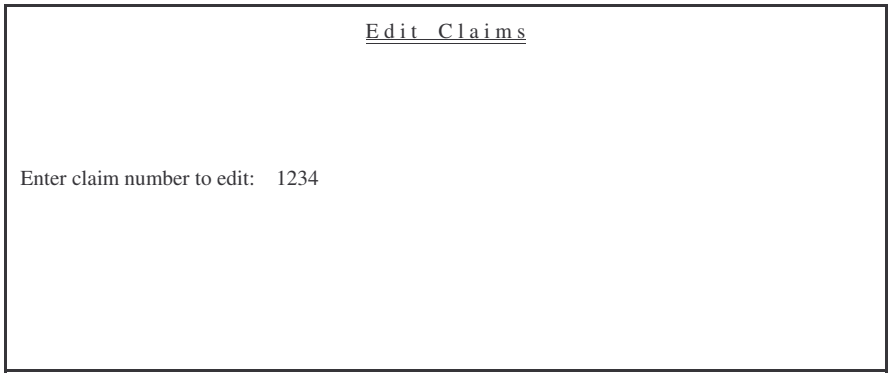
Pop Up Ledgers— [F6]

If you want to view a Patient Ledger within POC (except from the main Selection List), press **[F6]** at any question and the System will instantly go to the beginning of the Patient Ledger program and display the current patient's number (if any), or, alternately, you may enter another patient's number. You may perform all functions of patient ledgers: view, print or change ledger notes. When finished, just press **[Enter]** until the System returns to the precise point where you pressed **[F6]** with no loss of data.

Pop Up Appointment Scheduler— [F7]

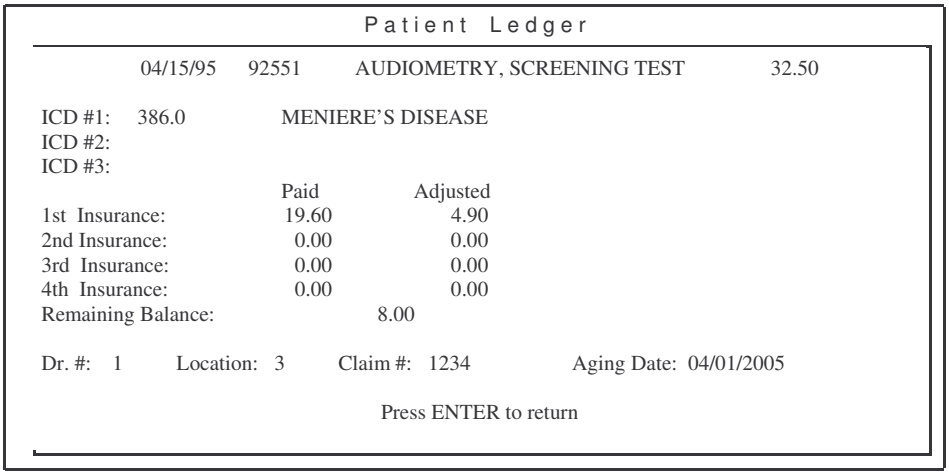
At any time (except at the main Selection List), you may hit **[F7]** and the System will bring up the Appointment Schedule program. You may perform all functions of appointment scheduling. When finished, just press **[Enter]** until the System returns to the precise point where you pressed **[F7]** with no loss of data.

Claim Editor— [F8]



At any prompt, except the main Selection List, you may press the **[F8]** key to instantly access the Claim Editor. For more information on how to use the Claim Editor, see the Bill Insurance chapter.

Enhanced Patient Ledger — [F9]



At any charge line on a patient's ledger, you can view complete details pertaining to that charge by press the **[F9]** key. The System will display a pop-up window containing: date of charge; procedure code; description and amount of charge; ICD code(s) pertaining to the charge; detailed breakdown of payment(s) and adjustment(s) by carrier (or other type of payment) and remaining open balance of the selected charge; treating physician; locaiton where procedure was administered; claim number (if submitted to carrier); and aging date of the selected charge. You can return to patient ledger by simply pressing the **[Enter]**.

DOS Shell— [F10]

At any time (except at the main Selection List), you may hit **[F10]** and the System will exit to a DOS shell. When finished, just press **[Enter]** until the System returns to the precise point where you pressed **[F10]** with no loss of data.

Data Entry Conventions

Date Format

When a date is requested (except birthdates), enter only six digits in the "mmddccyy" format. Do not enter slashes (/) or hyphens (-). For example, January 9, 2005 would be entered as **010905**. Birthdates are eight digits in the "mmddccyy" format. For example, enter the date with the century included: **01091895** is January 9, 1895.

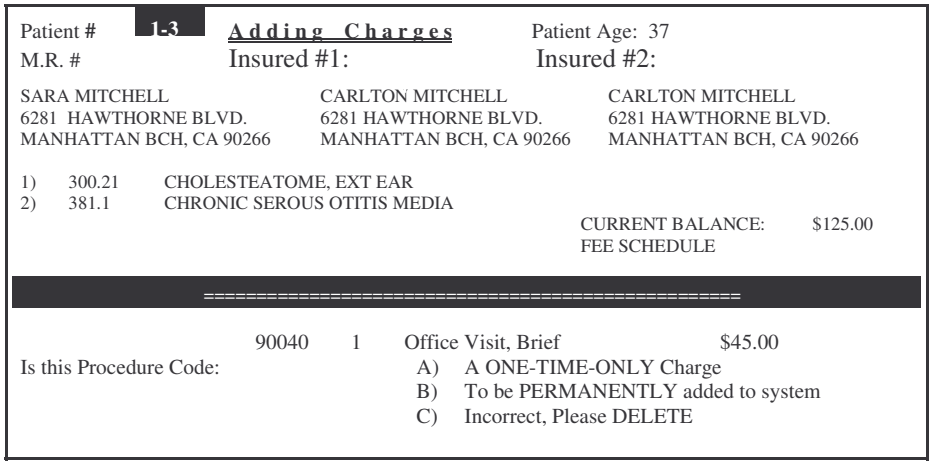
System Date

At most "date" questions in POC, if you just press **[Enter]**, the System date will be inserted automatically. The System date is the date you indicated as "Today's Date" when starting up POC. This saves hundreds of keystrokes daily.

Entering CPT and ICD Descriptions

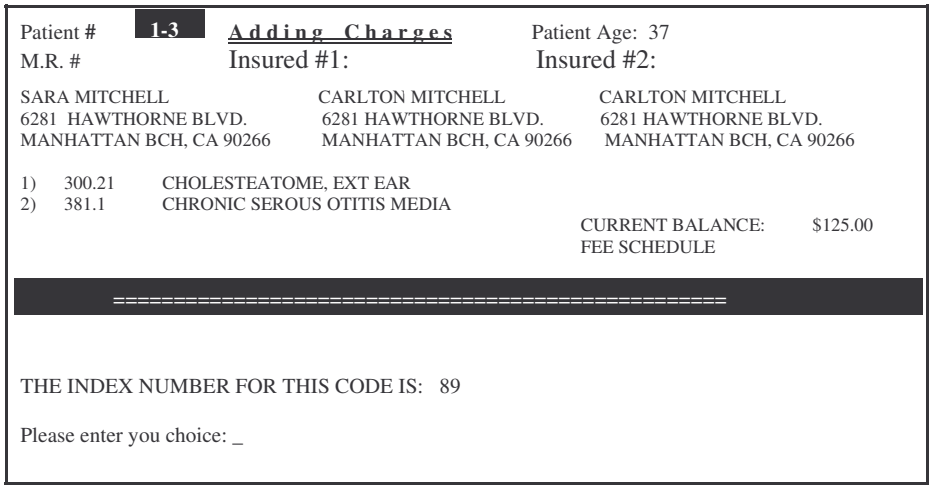
It is recommended that the description be entered with the most general word first (i.e.- HERNIA, HIATAL rather than HIATAL HERNIA, or OFFICE VISIT, INTERMEDIATE rather than INTERMEDIATE OFFICE VISIT). By entering the descriptions this way, the codes will be grouped together alphabetically in the pop up list windows **[F5]** key, making it easier to choose the correct code.

One-Time-Only or Permanent



New Procedure Codes, Diagnosis Codes and Zip Codes may be recorded as One-Time-Only's (OTO's) if you feel you will never use that code again and you do not wish to have it appear as part of your permanent list. The code will be recorded as part of the one (current) patient's ledger. "PERMANENTLY," the recommended method, makes the code part of the permanent list with an index number assigned to it by the System. After recording the new code, it will appear in the list boxes for CPT's, Dx's and Zips throughout POC.

Index Numbers For Procedure & Dx's



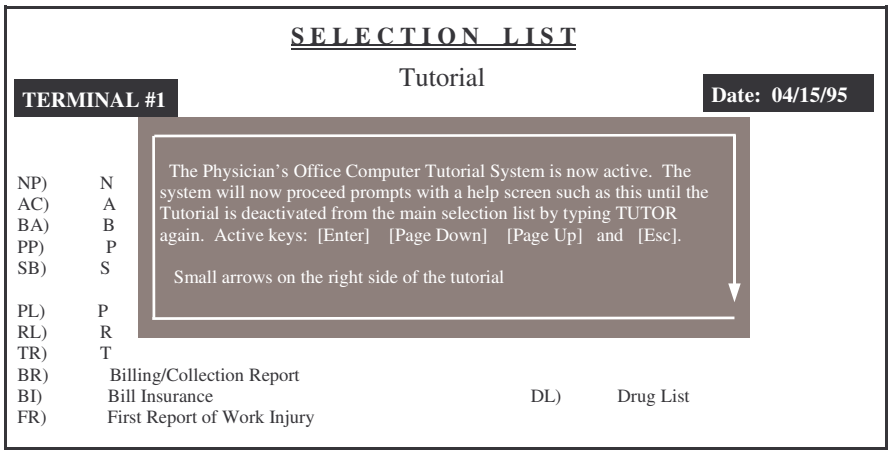
When entering a procedure or diagnosis, you may enter the actual procedure or diagnosis code or, alternately, a unique **index number** assigned to each procedure and diagnosis by the System. This special index number must

be preceded by the letter "**I**" for all ***diagnosis*** codes. The list of index numbers may be obtained by printing out the list of procedure and/or diagnosis codes. Experienced users will almost always use the index number. The benefit is fewer keystrokes and faster System response. Index numbers are assigned sequentially in the order the codes are entered.

With proper preparation and an existing Super Bill that already has the CPT and ICD codes numbered sequentially, "1.", "2.", "3.", etc., it is possible to have the System's index numbers correspond to the order of the procedure and diagnosis codes on your Super Bill. This will allow you to enter, for example, "3" rather than "90040" when entering an office visit charge (if a brief office visit was third in the list of office visits). To have your index numbers arranged in POC in the same order as your Super Bill (you must not have previously entered any codes), go into the Procedure Code or ICD Code List program, CHANGE index number 1 to your Super Bill's code number 1 (your System was shipped with CPT and ICD index number 1's "TO BE CHANGED") and the ADD the rest of the list in the corresponding order.

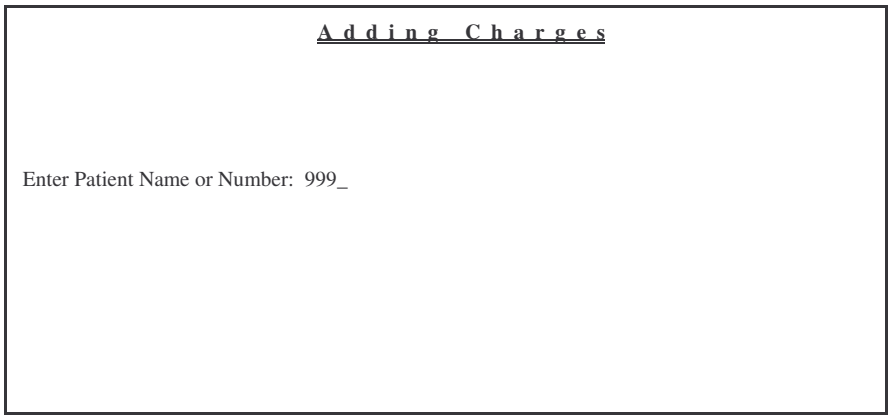
PLEASE BE ADVISED: ONCE THE CODES HAVE BEEN ASSIGNED AN INDEX NUMBER, THERE IS NO WAY TO RE-INDEX THE CODES. YOU CAN CHANGE THE INDEX NUMBER ON YOUR SUPER BILL, BUT NOT IN THE SYSTEM DATA.

Tutorial Mode

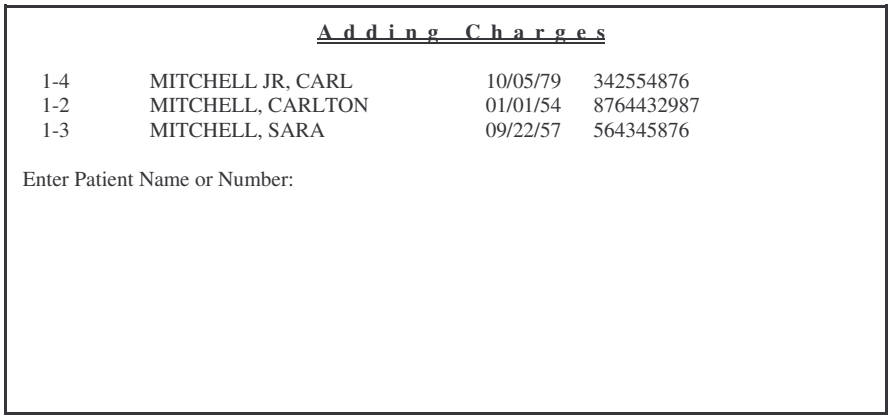


The System may be placed in **TUTORIAL MODE** by typing **TUTOR [Enter]** at the main Selection List. Once in the tutorial mode, POC will precede all questions with a help screen. We recommend the new user take advantage of the tutorial mode until familiar with the use of POC. You may turn the tutorial mode off by returning to the main Selection List and type **TUTOR [Enter]** again. After turning off the tutor, you may pull up the same help screens by hitting **[F1]**.

Patient Name and Patient Number

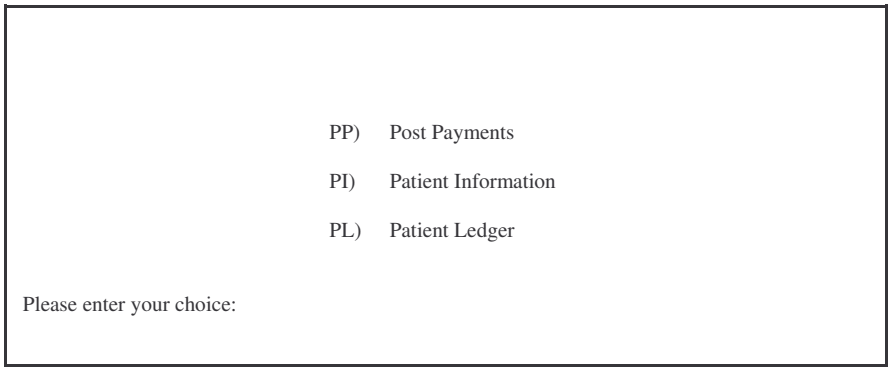


POC assigns a two part patient number to each patient. The first part is the patient's primary physician from New Patients/Patient Information and the second part is the patient's account number, i.e.: 1-999. When entering a patient's account number, you ***enter only part two of the patient's number***, i.e.: **999** (not 1-999).

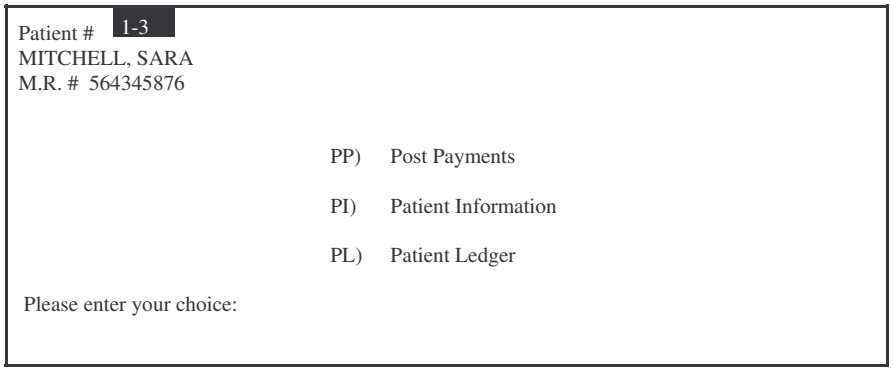


If you do not know the patient's number, you may enter all or part of the patient's name beginning with the patient's last name first. The System will search for all patients matching the letter or letters you enter, and if more that one match exists, all will be displayed with full name, birth date, patient number and Medical Record Number so you may choose the patient you wish. You may also hit the **[F4]** Patient Search key. See **POC's Function Keys** in this chapter.

Mini Selection List



Since 80% of what you do in POC is done in New Patients, Patient Information, Add Charges and Post Payments, we give you a Mini Selection List for these four options to help you work more quickly. If you have just finished working with a specific patient in New Patients, Patient Information, Add Charges or Post Payments, that patient's account and medical record number will be carried forward and will appear in the upper left corner of the screen when you select any of the remaining three options in the Mini Selection List.



The Mini Selection List with the patient number in the upper left corner allows the use of a ***POWER USER BYPASS COMMAND*** to skip the patient name question and go directly into the program, accessing the same patient. This feature is for those who like to enter all activity, one patient at a time.

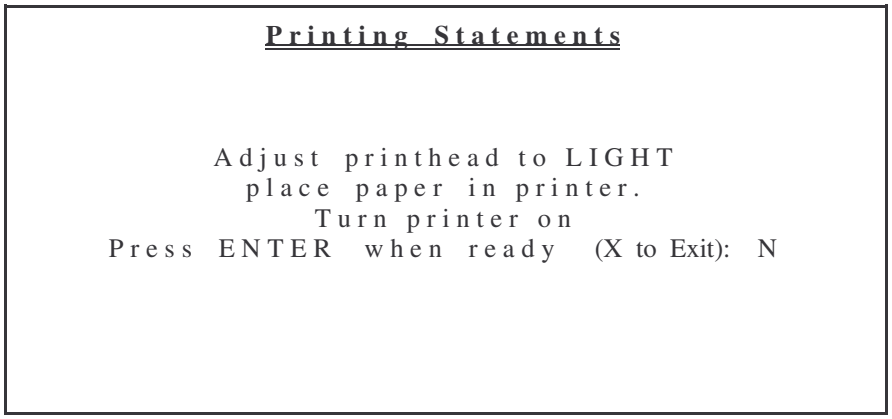
If you wish to work with a ***different*** patient using the Mini Selection List, just hit the **[Esc]** key. The patient name and number will be cleared. To exit the Mini Selection List, just hit **[Enter]** without making a choice and POC returns to the main Selection List.

Alternately, if you are in the Mini Selection List and you want to go to another part of the System that is not shown on the screen and you know the two letter mnemonic (i.e.-**BI** for Bill Insurance), just type it and hit **[Enter]** to take advantage of another ***POWER USER BYPASS COMMAND***. Even though the Mini Selection List only shows four choices (three at any one time), any main Selection List choice may be entered with the exceptions of the System Command, Billings/Collections Report and the Transaction Report. The System will take you directly to your choice without having to return to the Main Selection List.

Parallel Procedure Codes

The purpose of parallel procedure codes is to automatically translate a CPT code (or whatever codes you customarily use for procedures) to an alternate code for the same procedure (required by some insurance carriers/ HMO's). Parallel Procedure Codes are available for all procedures in POC if you need them (most office don't). If your System is set up for parallel procedure codes, the code or index number entered will be from the standard (CPT) procedure code list. Automatic translation from the standard code to any alternate code will be handled by the System when insurance forms are printed. If the procedure code does not exist on the System, the System will allow you to enter it during Add Charges. If your System is set up with parallel codes, you will be asked to enter the parallel codes as well as the standard code each time you enter a new procedure code permanently into the System. Refer to the chapter on Procedure Codes for assistance.

Printing Forms



At all questions where POC asks you to place forms in the printer and press enter when ready, you may answer **N [Enter]**, for "No" to skip the alignment form, a **POWER USER BYPASS COMMAND**. When choosing this option, the System will immediately begin printing all forms as soon as **[Enter]** is pressed. This option is for experienced users who know where to place each of the forms in the printer for correct alignment.

When printing ANY type of form you should:

1. Have the printer paper tractors set to PULL the forms, NOT PUSH. (This is optional on some printers.)

2. Take the forms OUT of the box. Feed them through the bottom slot under the printer and printer stand. If you do not have a printer stand and plan to print multi-part forms, we strongly recommend you purchase one. It will pay for itself almost immediately by reducing or eliminating paper jams which occur if forms are not fed from the bottom. The idea is to have a straight line paper feed path, especially with multi-part forms. A straight path will make your forms align better, print cleaner and save wear and tear on your printer feed motor.

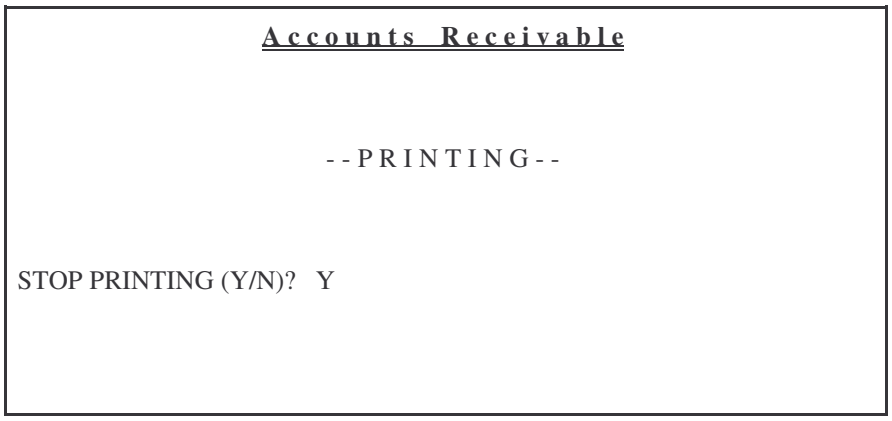
3. Set the printer head gap adjustment lever AS FAR BACK (wide) as it can go and still print legibly. Don't decrease the head gap because the printer ribbon is old and should be replaced. This only squeezes the paper, causes paper jams and reduces printer life. When the ribbon begins to lighten noticeable, **REPLACE IT**.

4. After aligning, we suggest you put pencil or grease pencil marks on your printer to mark proper alignment for each form in the future. This will enable you to pre-align the forms the next time you print. Then use the **N** option to skip the alignment form.

   Hint: Use blue marks for statement forms, red for insurance, etc.

5. Let the printed forms fall in a nice, neat stack.

Stopping Printing In Progress



Once you begin printing, you may stop by hitting **[Esc] ONCE**. WAIT for the current patient/form to finish printing. POC will then ask if you wish to stop printing. This feature works when printing alphabetical lists, ledgers, insurance forms, mailing labels, encounter forms, accounts receivable, data search, production report, referring physician report and statements.

Multi-User/Multi-Tasking/Multi-Terminal

POC is able to "Multi-Task" in single terminal mode through the use of the special POC function keys **[F2]**, **[F4]**, **[F6], [F7], [F8]**, [F9] and **[F10]**.

With an operating system that is capable of *concurrent processing*, it is possible for POC, with the Multi-User option, to be printing under one processor and the user to be performing daily activities under a second processor. With the "Multi-User" option, POC can serve up to 99 workstations (terminals or users).

HOWEVER, it is not possible to be printing Insurance Forms or Statements on one terminal and, at the same time, to be entering charges or payments/adjustments on a different terminal. Nor is it possible to use terminals 2-99 while POC is printing the Transaction Report from terminal number 1. POC will automatically take the appropriate action, when necessary, to lock out specific functions to maintain the integrity of reports, account data, statements and insurance billing.

Don’ts - The Important Ones:

Don’t skip the daily and monthly backup routine. Don’t skip the restoration procedure that tests your backups. See the chapter on Backing Up, in Section D, the Appendix.

Don’t “see if more data will fit” on backup tape/disk number 1 and leave it in the drive when the backup program says to insert tape/disk number 2. The backup program will simply erase tape/disk number 1 to make room for the additional data.

Don’t hit the reset button on your computer to stop a bad entry. This interrupts the recording of information and can cause complete loss of ***all*** of your data.

Don’t turn off the computer before entering **EXE**from the Main Selection List. If you do, you will receive the “TERMINAL IN USE” message the next time you start POC.

Don’t try to *outsmart* POC with the SETFILE program. You cannot use SETFILE to gain access to terminal #1 on more than one workstation at a time or use it to unlock files during a statement run, etc.

Don’t leave your computer turned on when your electricity has gone out. You should immediately turn the computer switch off so the computer isn’t damaged from the large voltage surge generated when the power comes back on.

CONVERTING TO POC

Step 1 - Prepare

Converting to POC can be done efficiently with proper preparation. Before you begin the conversion process, first enter the doctor's name, address and associated numbers in Doctor Information (**DI** from the Selection List) and in Set Parameters within Bill Insurance (**BI** from the Selection List.)

Step 2 - Enter Today's Patients Using **NP**

You are now ready to begin using POC for daily work. First, pull the files for all patients who will be seen by the doctor **today** and enter those patients into the System via the New Patient program.

If you are not concerned with maintaining detailed records of all ***previous*** open charges, you may add the total outstanding balance for each patient at this time. POC will allow you to enter one balance forward figure for each new patient at the time you first enter the patient into the System under New Patients. However, only one date will be requested for this previous balance, which will be assigned to the patient's primary physician. Therefore, if you wish to enter multiple outstanding balances in different aging categories and/or for more than one doctor, you should NOT enter the previous balance through the New Patient program. These balances should be entered under the Add Charges or Super Bill Programs using the 00000 procedure code which indicates a balance forward amount. Procedure code 00000 is used for balance forward amounts and can be either a positive or a negative credit balance figure (i.e.: **-100** for a credit balance of $100.00).

NOTE: If you wish to maintain a record of each individual transaction rather than convert to POC with only a balance forward amount, you may do so. We don't recommend it, since your old system already contains this information. The individual transaction method takes a great deal of time with little additional benefit, since the detail already exists elsewhere.

Before you begin entering New Patients with existing balances into the System, please be sure you *ran an adding machine tape of the ledger totals for each patient to be entered.* Attach the adding machine tape(s) to the patient's old ledger(s) so you will know the exact amount of billing you are transferring to the System. This extra step will ensure that your POC receivables balance to your previous receivables.

When payments are received for patients who are not yet entered into the System, pull each patient's old ledger and enter the patient through New Patients and the payment through Post Payments. You should again take the same balancing precautions explained above to ensure the data is correctly entered into the computer.

Finally, when time permits, you may enter all other patients **with outstanding balances** who have not yet been recorded into the System. *There is no reason to enter patients with zero balance accounts* into POC until their next office/hospital visit.

The old, pre-POC ledger for patients who have been entered into the System should be clearly marked with the new POC patient number assigned by the System. These old ledger cards should be kept separate from the ledger cards of patients who have not yet been entered into the computer.

Section B

Using POC

STARTING SECURITY POC

Security POC software enables the System Administrator to fully control user access. The System Administrator can now assign user numbers and passwords to each operator, along with controlling their level of access to the operating of the POC software. This feature is fully HIPAA compliant.

To start POC from a DOS prompt, type:

CD\POC [Enter] (or your POC directory name if other then POC)
POC [Enter]

OR

If you have created a POC Icon on your Desktop, click on that.

The "User I.D. #" will be assigned by your system administrator. The password will be unique to each user, a maximum of 9 characters, and is **case sensitive**. It will be encrypted to maintain confidentiality. This should be known only to the user, who's password it is, and the system administrator.

```
P.O.C. log-in.
Enter user i.d. #:  2
Password:  #########
```

Once you have successfully log-in, you will be prompted for the Terminal Number. **On Multi-user systems**, the system administrator should be the only one to use the designation of Terminal #1. All other users can choose a terminal number from 2 to 99. Although any available terminal number, other than Terminal Number One, could be entered here, for ease of use and to avoid confusion, it is strongly recommended that each user's Terminal Number be the same as their User ID Number.

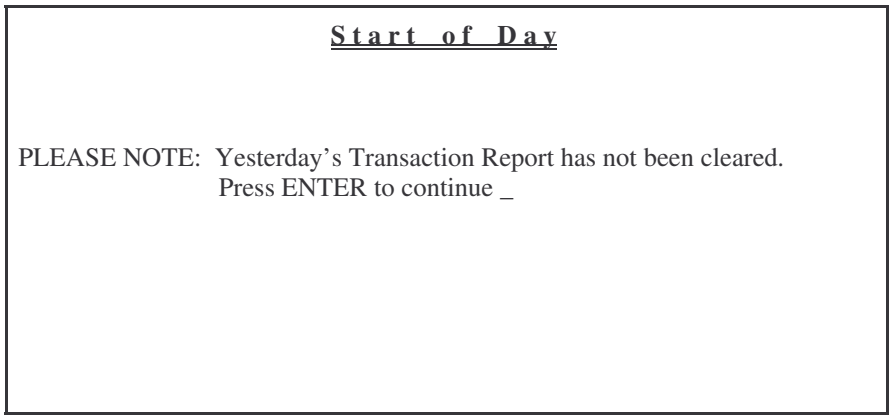
```
What terminal do you wish to use?
```

POC Multi-User has the capability of running up to 99 terminals. Generally, each person/workstation is assigned a terminal number. Under everyday, normal usage, POC prevents more than one person from using the same terminal number. However, a user can ***intentionally ignore*** SETFILE's warning message and run SETFILE while a terminal is active. See running SETFILE in the Troubleshooting chapter.

DO NOT IGNORE SETFILE'S WARNING MESSAGE AND ALLOW MORE THAN ONE PERSON TO USE THE SAME TERMINAL NUMBER AT THE SAME TIME! DOING SO WILL CREATE SERIOUS ERRORS IN YOUR DATA AND VOID YOUR WARRANTY AND/OR MAINTENANCE COVERAGE!

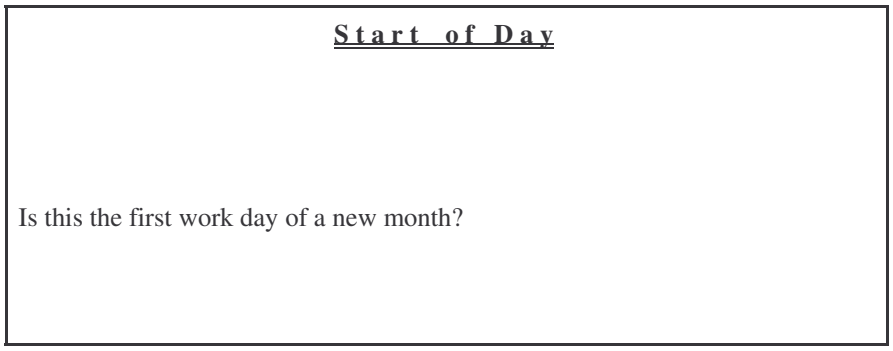
Security POC features will allow a user to place their terminal in a "locked" mode with a simple key stroke when it is necessary to step away for a few moments. Just press the **[F12]** key at any screen, other than the Main Selection List, and the screen is blanked out until the user enters their personal password to proceed, thus preventing any confidential information from being seen by a casual viewer. Enter your password and press **[Enter]** and you will be returned to the exact screen you were previously viewing.

Yesterday's Transactions



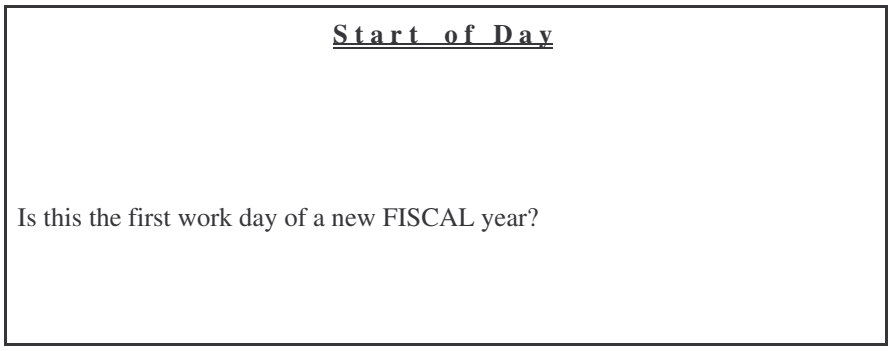
If you restart POC and have not printed the Transaction Report, a message appears to remind you. You may or may not want to print the report. If you don't, new transactions will be appended to the existing Transaction Report and both groups of transactions will be included the next time you print the Transaction Report.

First Work Day of a New Month



This message appears when you start POC and enter a date that begins a new month. If you answer **Y [Enter]**, you will clear the month to date totals for all doctors in the Billings/Collections Report. If you have added ***any*** type of transactions since the last time you printed the Billings/Collections Report, POC will not allow you to cross into the new month until the report is printed.

New Fiscal Year



This message appears after you enter a date that is the first work day of a new month. If you answer **Y** **[Enter]**, you will clear the year to date totals for selected doctors in the Billings/Collections Report. If you have added ***any*** type of transactions since the last time you printed the Billings/Collections Report, POC will not allow you to cross into the new year until the report is printed.

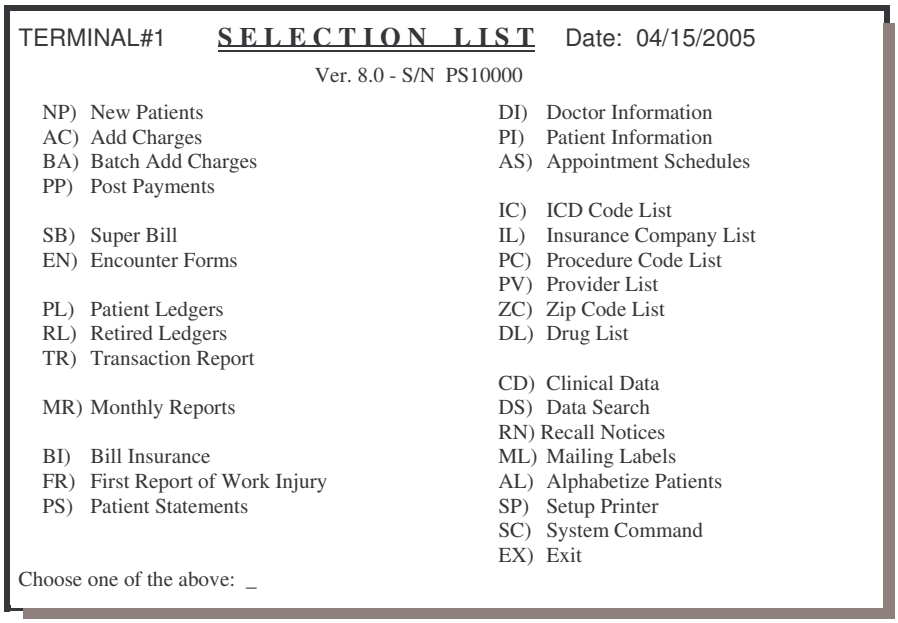
Notes:

POC Selection List

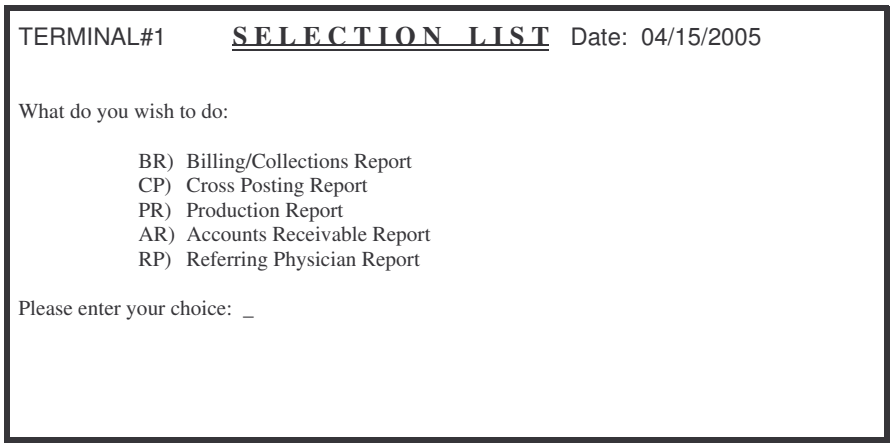
Chapters Arranged Alphabetically

POC's main Selection List is the "menu" of user choices that make up the POC System. Each selection is prefaced by a two letter abbreviation for selecting the part of POC you wish to use.

The following Section provides specific information about each of the Selection List choices.



NOTE: In the latest version of POC, all of the standard monthly reports are now located under the Main Selection List designation of **MR) Monthly Reports**. When the user selects "MR", the following Sub-Menu Selection List will appear. Access to these reports is usually limited to the System Administrator.



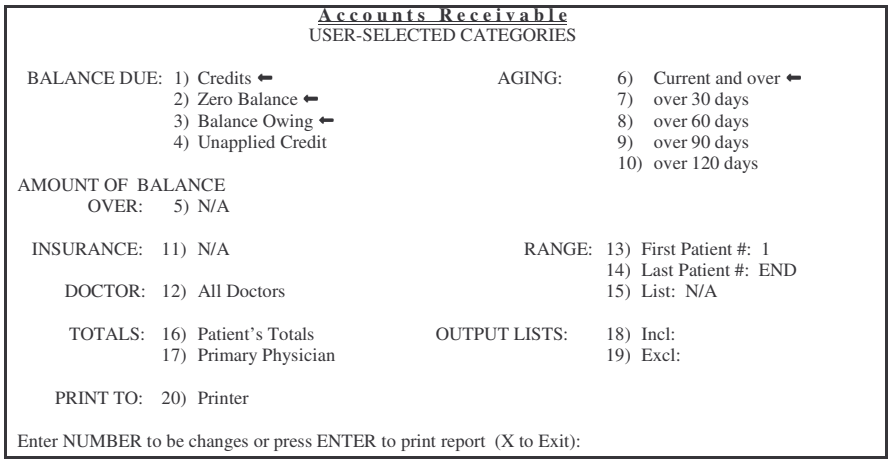
A POWER USER BYPASS COMMAND

All of the above monthly reports may also been accessed from the Main Selection List simply by entering the applicable mnemonic, i.e., **BR**, **CP**, **PR**, **AR** or **RP.**

ACCOUNTS RECEIVABLE

A/R Screen

Remember that this report is accessed through the Main Selection List option of : "MR) Monthly Reports."



Accounts Receivable
USER-SELECTED CATEGORIES

BALANCE DUE: 1) Credits ⬅
2) Zero Balance ⬅
3) Balance Owing ⬅
4) Unapplied Credit

AMOUNT OF BALANCE OVER: 5) N/A

AGING: 6) Current and over ⬅
7) over 30 days
8) over 60 days
9) over 90 days
10) over 120 days

INSURANCE: 11) N/A

DOCTOR: 12) All Doctors

RANGE: 13) First Patient #: 1
14) Last Patient #: END
15) List: N/A

TOTALS: 16) Patient's Totals
17) Primary Physician

OUTPUT LISTS: 18) Incl:
19) Excl:

PRINT TO: 20) Printer

Enter NUMBER to be changes or press ENTER to print report (X to Exit):

The Accounts Receivable report, **AR [Enter]** from the Selection List, is a versatile, user-defined report to assist the practice in improving cash flow and reducing bad debts.

PLEASE NOTE: You MUST use option B type payments/adjustments when posting payments to generate accurate "open charge" type of A/R reports.

Accounts Receivable Report Data

The Accounts Receivable report shows each patient's name, number, telephone, insurance carriers, policy and group numbers as well as the date, charge (optional), amount, source of payment (optional) and form of last payment on each account.

Amounts due for each patient are aged into five specific categories: current, over 30, over 60, over 90 and over 120 days. POC's aging routine calculates aging by date, rather than days and the aging date is controlled by user defined criteria (see System Configuration, Section D). This resolves some inconsistencies created by months with different numbers of days. *For aging category purposes*, the 1st to the 1st is 30 days (one month) regardless of how many actual days have passed.

Family members are listed individually under the "Head of Account" and family account total, with corresponding aging, is provided.

The Accounts Receivable program provides an option to print all patients with individual account balance lines or a summary report of the practice totals. The "Accounts Receivable - Totals Only" summary report is a one page report by either primary or treating doctor number broken down into five aging categories. PLEASE NOTE: When printing a DETAILED A/R Report (#16) with TOTALS by TREATING physician (#17), the DETAILED part of the report will be by PRIMARY physician and the TOTALS will be by TREATING physician.

Printing the Accounts Receivable Report

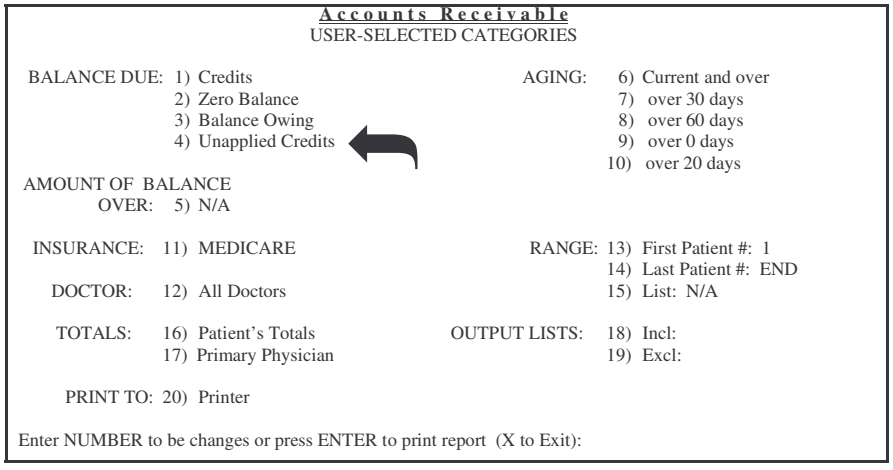
This report can be printed at any time and by any number or combination of user-defined options such as: primary and treating physician; insurance company; aging category; credit, zero or balance-due accounts; amount of balance and patient range.

The **AR** should be run at least once every month at the end of the month, using the System's preset criteria: all patients, all aging categories, all balance categories (you may wish to exclude zero balance patients), all insurance and all physicians. This month-end report should be used for immediate follow-up of slow pay accounts and then filed away for future reference. This is a "hard copy" picture of the practice totals as of a specific month-end.

You may print the **AR** "by list" from lists generated and saved by Data Search, providing you with very selective reports. For example, if your practice purchased very expensive, specialized equipment, you could search for all patients who had procedures related to this equipment. The list of patients could then be merged into an **AR** report for a comparative analysis against the entire patient database. Please see Data Search and Section C, Custom Reports, for additional information.

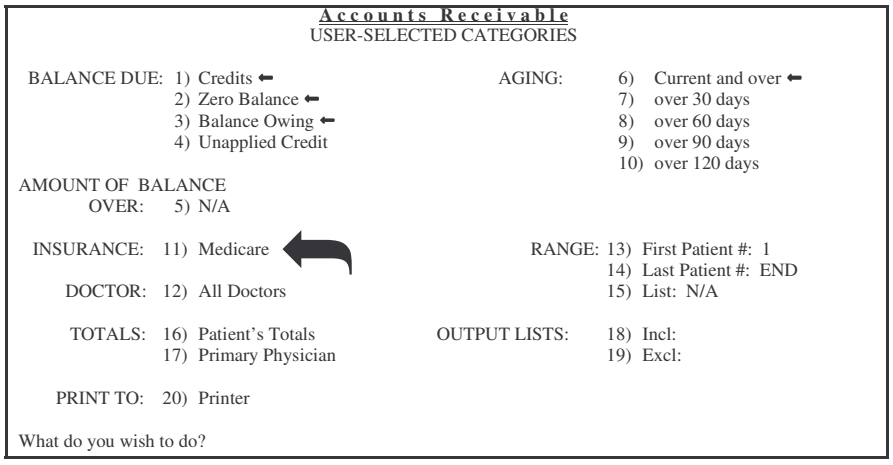
If you wish the **AR** report to be printed in alphabetical order, change category number 15, the "list" option, and type **ALPHA** and press **[Enter]** for the list name. NOTE: You must re-alphabetize before using the ALPHA list. Forgetting to re-alphabetize will place newly entered patients at the end of your report (it will still be accurate, however).

Unapplied Credit Report— #4



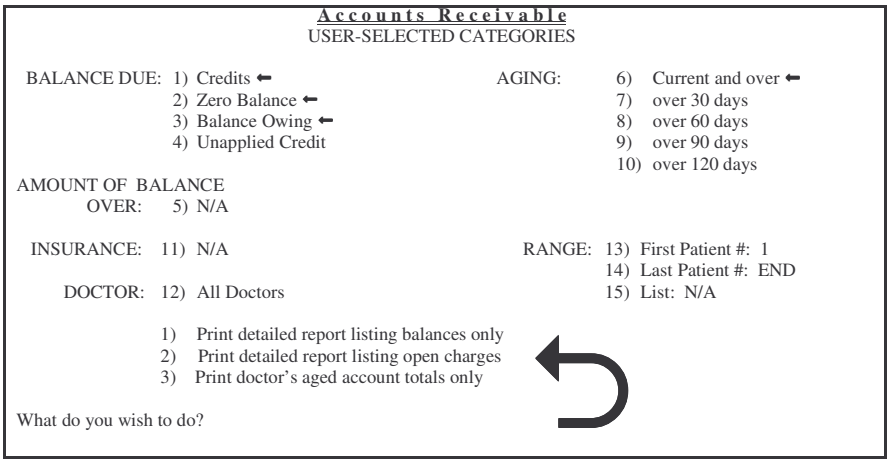
By selecting Balance Due option # 4, you can run an **AR** Report that shows all unapplied credits. This provides an easy method of balancing accounts and allows you full control over how and when a credit is applied on a patient's account

Slow Pay Insurance Report — #11



The System will print an **AR** report of all charges pending insurance payment if you choose an insurance company for category #11 and say **Y**es to the slow pay insurance question.

Open Charges — #16



By selecting choice 2) of option #16, the Accounts Receivable report can be made to produce a detailed report showing all unpaid "open" charges. In addition to the standard detailed report, this report shows each charge's: date of service (the aging category may not match the date of service if you age by date-of-entry or by statement date); procedure code; description; units; extended amount (base amount times number of units); insurance one through four's payment and adjustment; other payment and adjustment the remaining balance of the charge. See the following sample report:

Sample report:

AGED-ACCOUNTS RECEIVABLE AS OF 04/15/05
USER SELECTED CATEGORIES BALANCE: CREDITS / ZERO BALANCE / BALANCE OWING AGING: CURRENT AND OVER
INSURANCE: N/A DOCTOR: All doctors PAGE 1

1-1

STEVENS, JODIE	BAL DUE	CURRENT	31 - 60	61 - 90	91 - 120	OVER 120	LAST PMT	AMOUNT	FORM
PHONE: 703 259-8704 703 332-6378	241.80	- -	- - -		- - -	- - -	241.80	12/08/04	200.00	Per CK
BC 6534435423	AE 879234453									

SVC DATE	CODE	DESCRIPTION	UNITS	EXT AMT	INS 1 PMT ADJ	INS 2 PMT ADJ	INS 3 PMT ADJ	INS 4 PMT ADJ	OTHER AMT ADJ	BALANCE
12/08/95	00000	BALANCE FWD	1	336.80	- - -	- - -	- - -	- - -	*** 136.80	
					- - -	- - -	- - -	- - -	- - -	136.80
12/08/95	90215	INT HOSP EXAM INT	1	50.00	- - -	- - -	- - -	- - -	- - -	
					- - -	- - -	- - -	- - -	- - -	50.00
12/08/95	76850	DIAG ULTRASOUND	1	55.00	- - -	- - -	- - -	- - -	- - -	
					- - -	- - -	- - -	- - -	- - -	55.00

1-2

MITCHEL, CARLTON	BAL DUE	CURRENT	31 - 60	61 - 90	91 - 120	OVER 120	LAST PMT	AMOUNT	FORM
PHONE: 213 456-3341 213 316-5578	0	- - -	- - -	- - -	- - -	- - -	12/08/95	88.16	Per CK
PR 984367123	BS 76531290								

MITCHELL FAMILY MEMBERS

1-3

MITCHELL, SARA	BAL DUE	CURRENT	31 - 60	61 - 90	91 - 120	OVER 120	LAST PMT	AMOUNT	FORM
	125.00	- - -	- - -	- - -	- - -	125.00	- - -	- - -	

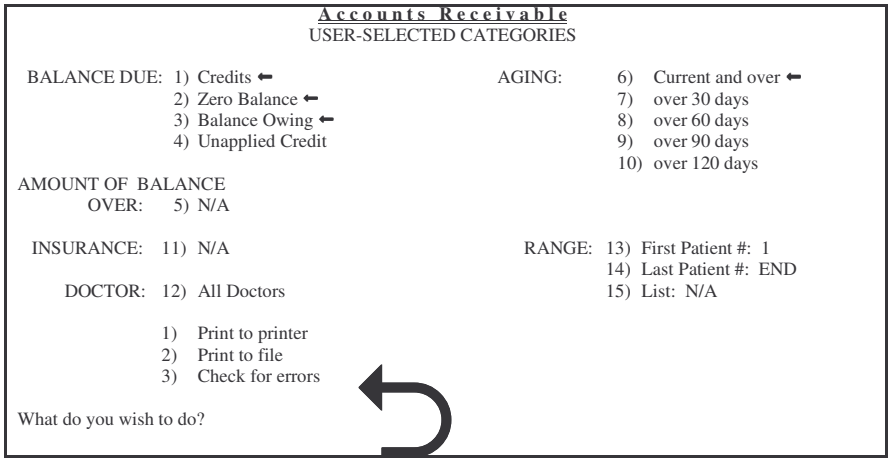
SVC DAT	CODE	DESCRIPTION	UNITS	EXT AMT ADJ	INS 1 PMT ADJ	INS 2 PMT ADJ	INS 3 PMT ADJ	INS 4 PMT ADJ	OTHER AMT ADJ	BALANCE

Output Lists

The Accounts Receivable “Output List” option allows you to name and create a special computer file. This special file contains the patients your **AR** criteria included (category #17) or excluded (category #18) by running your Accounts Receivable report. This **AR** report can be customized by any allowable (group of) choice(s) within Accounts Receivable. At a later time, the list can be used and reused in Patient Ledgers, Encounter Forms, Accounts Receivable, Recall Notices, Mailing Labels, Production Report and Patient Statements. These Accounts Receivable Output Lists can be used throughout POC wherever the System allows you to print “By List”. These lists may also be sorted by Data Search’s “Sort by List” option.

The same Accounts Receivable Output List option described above may be used by the Data Search program (**DS [Enter]** from the Selection List). Data Search can use the special list created in the Accounts Receivable program to further manipulate the list of patients who meet the Accounts Receivable criteria you selected to create the list.

Error Detection — #20



The Accounts Receivable program detects some types of data errors that may be caused by power problems, hardware failures, etc. If an "**ERROR**" is detected, POC will give an "ACCOUNT OUT OF BALANCE" or "ERROR" message. POC is designed with two files that maintain patient account balances. If a discrepancy exists, Accounts Receivable will tell you so you may repair the data with the assistance of POC Customer Support or your POC dealer. Printing either a "detailed" or "totals only" report will provide this detection. If you wish to perform error detection without printing a report, you may choose Option 3) of user parameter #20.

A/R Print Options — #20

The Accounts Receivable report may be redirected to a computer file instead of your printer. This enables a terminal on a multi-terminal system to quickly generate the report (printing to a file is *much quicker* than printing to a printer), thereby reducing the demands on the system's file server. This enables the other workstations to return to normal performance levels much sooner. The user can then print a hard copy report after the System is finished generating the print file. This can be done two ways:

1. Immediately, upon completion, the System will ask if you want to print the report. If you do, answer **Y**es.
2. You may desire to print the report later. The System automatically names the file for you. The file name, if printed by Terminal #1, will be:

AR1.AR

If printed by Terminal #2, it will be:

AR2.AR

To print the report generated by Terminal #1, at the main Selection List, type:

SC [Enter]
PRINT [Space] AR1.AR [Enter] OR
TYPE [Space] AR1.AR>LPT1 [Enter]

When finished, hit **[Enter]** to return to the main Selection List.

ADD CHARGES

Add Charges, **AC** **[Enter]** from the Selection List, allows you to enter procedures, insurance claim information, diagnosis, charges and charge reversals to patients' ledgers.

In Add Charges, when POC asks for the patient number, enter only the last portion. For example, if the patient number is 1-345, you enter **345** when asked for the patient number and press **[Enter]**. After verifying that you have selected the correct patient, Add Charges asks or re-verifies the following 21 insurance questions *if an insurance company is shown on the patient's ledger.*

21 Questions Screen

Patient # 1-3 **Adding Charges** Patient Age: 37
M.R. # Insured #1: Insured #2:

SARA MITCHELL	CARLTON MITCHELL	CARLTON MITCHELL
6281 HAWTHORNE BLVD.	6281 HAWTHORNE BLVD.	6281 HAWTHORNE BLVD.
MANHATTAN BCH, CA 90266	MANHATTAN BCH, CA 90266	MANHATTAN BCH, CA 90266

1) First Sympton:	12/01/94	11) Illness	
2) First Consult:	12/01/94	12) Certif:	Doctor
3) Return to Work:		13) Emergency:	No
4) Disability:		14) Prior #:	
Disability Type:		15) Document:	No
5) Ref. Physician:		16) Opinion:	1st
6) Ref. Phy. Exam:		17) Surgery:	No
7) Other Facility:		18) Payro:	
8) Admit - Disch:		19) Program:	
9) Outside Lab:	MEDICAL LAB, INC.	20)	

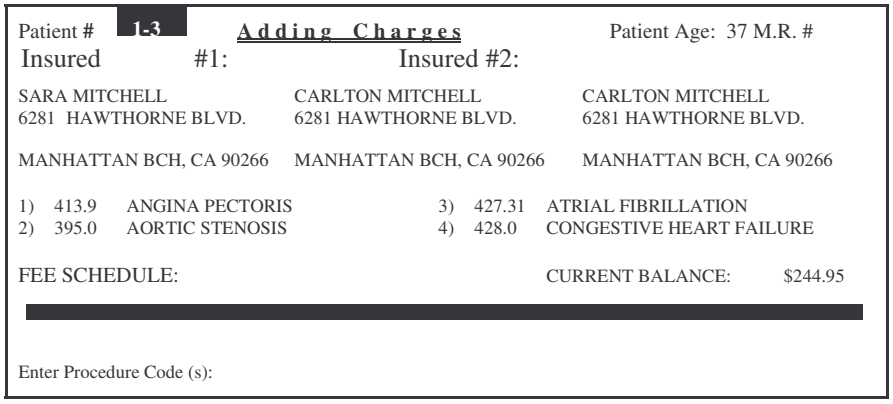
Skipping 21 Questions and ICD's

A POWER USER BYPASS COMMAND

You may enter the patient's account number with a **B** for bypass or, alternately, answer **YB** (Yes Bypass) at the "Is this the correct patient?" question. In both cases, bypassing allows you to skip directly to entering procedure codes without reviewing previously entered insurance related questions. To use this bypass option, add the letter **B** to the end of the patient's account number like this: **1234B** (if the patient number is 1-1234). This will skip the "Is This correct?" question, the 21 Questions, the diagnosis questions, and put you at the "Enter procedure code" question. NOTE: Using either of these two commands will not bypass the ***first time*** you add charges to the account if the patient's ledger has insurance registered.

ICD Codes

When entering a diagnosis, you may enter the ICD code number or a special index number. Alternately, you may choose the ICD Code from a pop up list window by pressing **[F5]**. If an index number is used, it must be preceded by an "**I**". The list of index numbers may be obtained by printing the ICD codes. If the ICD code does not exist on the System, the program will allow you to enter it while adding charges. Refer to the chapter on ICD codes for assistance. You may enter a One-Time-Only diagnosis by typing IØ at the enter diagnosis prompt. A One-Time-Only diagnosis does not become part of your permanent ICD list.



Up to four ICD codes may be recorded for each patient.

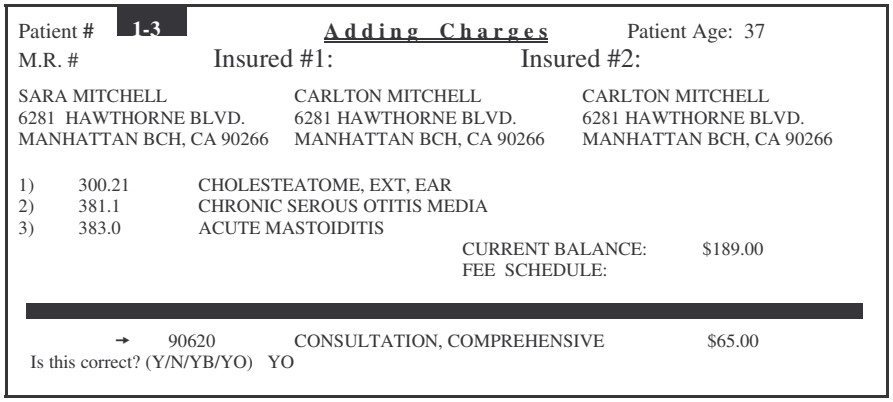
Procedure Codes

You may enter up to 25 procedures at a time for each patient. When entering a procedure, you may enter the actual Procedure Code or the System index number. Alternately, you may choose the Procedure Code from a pop up list window by pressing **[F5]**. The list of index numbers for procedures may be obtained by printing out the Procedure Codes.

If your System is set up for Parallel Procedure Codes, the code or index number entered will be from the standard Procedure Code list. Automatic translation from the standard code to any parallel code will be handled by the System when insurance forms are printed. Refer to the **Procedure Codes** chapter for assistance.

If a Procedure Code does not exist on the System, the program will allow you to enter it while adding charges. If your System is set up for parallel codes, you will be asked to enter the parallel codes as well as the standard code. Refer to the chapter on Procedure Codes for assistance.

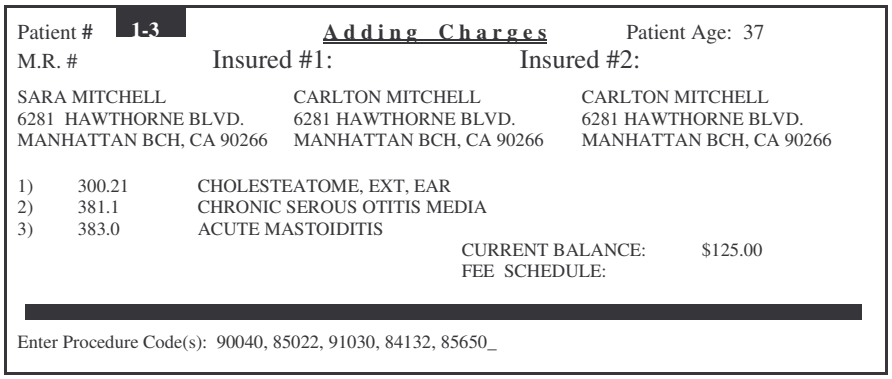
YO - "Yes, Override," Changing Fees and Modifiers



The **YO**, "Yes Override," option allows you to use your standard procedure codes as the basis for modified One-Time-Only procedure codes. When using the **YO** option, an arrow will appear next to the field to change. In the example above, the arrow points to the procedure code **90620** to which you may add a modifier. To change the price, press **[Enter]** and the arrow will next move to the fee and allow you to change the amount. To leave a field unchanged, just hit **[Enter]**. This option's most common use is to change a modifier or a fee on an occasional basis. If you modify a procedure code with the same changes often, you should make a "permanent" procedure code.

Multiple Procedures

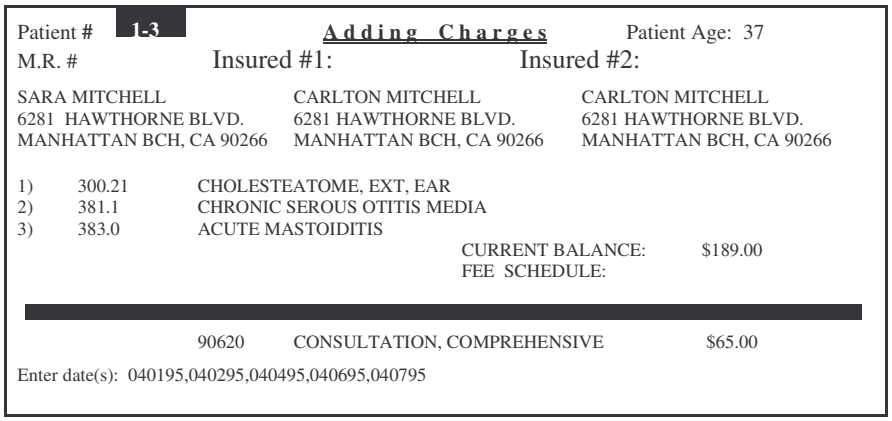
A POWER USER BYPASS COMMAND



If you wish to add several Procedure Codes (up to five on one line) at the same time AND the procedures were performed on the same date, for the same number of units, and were performed in the same location by the same doctor, you may do so by entering the codes and/or index numbers separated by commas OR plus (+) signs (i.e.: 90620,45,33,2,90292 OR 90620+45+33+2+90292). It is OK to mix codes and indexes but DO NOT mix commas and plus signs. The System will beep and truncate the excess if you exceed the limit of five procedures.

Multiple Dates

A POWER USER BYPASS COMMAND

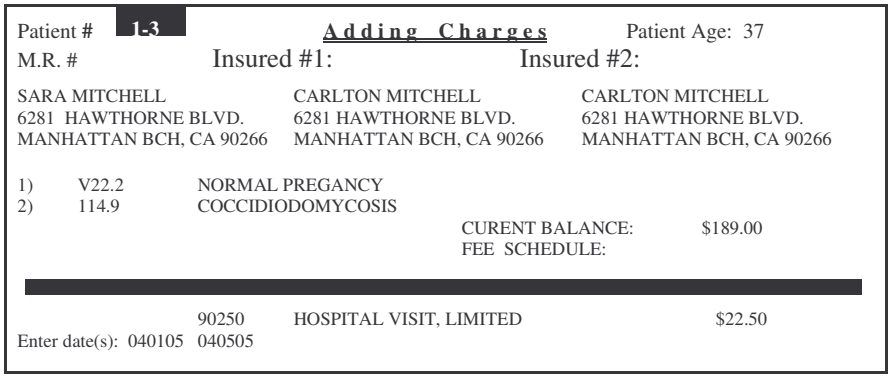


If you want to enter the same Procedure Code for several dates (up to five on one line), enter the code, press **[Enter]** and when you are asked for the date(s) of charges, enter the dates in the six digit format (mmddyy) separated by commas OR plus signs (+). For example, multiple dates for the same procedure(s) are entered as follows:

040105,040505,040705,041505,042005 [Enter]or
040105+040505+040705+041505+042005 [Enter]

Alternately, if you wish to enter several Procedure Codes, *each one performed on a different date*, enter the Procedure Codes separated by commas and when asked for the dates, enter the dates separated by commas. Make sure you enter the dates in their respective order. If you enter more dates than Procedure Codes, the system will assign the extra dates to the last code in the list.

"From - To" Dates



Charges entered in Add Charges may be entered for multiple "from-to" dates. If you wish to enter from-to dates, enter the first date and the final date separated by a blank space as in the above example.

Bypassing Procedure Code Defaults

A POWER USER BYPASS COMMAND

After entering Procedure Code(s), when asked "Is This Correct?", you may use the "Yes Bypass" option, **YB [Enter]**, to bypass the date, unit, location and doctor questions. If the patient has insurance and there is more than one diagnosis, the System will ask you for the diagnosis number(s), otherwise it will skip that question, too. **YB** assumes the default values of these questions. The default values are as follows:

Date of Service -	System Date until a new date is entered, current patient only.
Units -	1 unit.
Location of Service -	From Set Parameters in Bill Insurance until a new location is entered, current patient only.
Doctor -	Patient's Primary Physician from Patient Information until a new doctor is entered, current patient only.

Answering the question with only an **[Enter]** is the same as typing the default value (i.e. - **[Enter]** at most "Enter Date" questions defaults to the date you entered as "Today's Date" when you started POC).

Zero Dollar Charges

If you wish to indicate a procedure, notation or surgical sub-procedure for which there is no separate charge, you may use any Procedure Code of your choice with a charge of $0.00. If you previously answered **N**o to the SET PARAMETERS question about printing zero charges within Bill Insurance, these zero charge procedures will not print on the insurance form, but will appear on the Patient Ledger, the Patient Statement, the Transaction Report and the Production Report. You may also use Data Search to find these procedures.

We recommend you design your own Procedure Codes for these special circumstances. The example below uses alphanumeric coding. If you use a letter at the beginning of these special procedures, be sure NOT to use the reserved letter "**I**" in the first position of the procedure code number as this indicates an index number to the System.

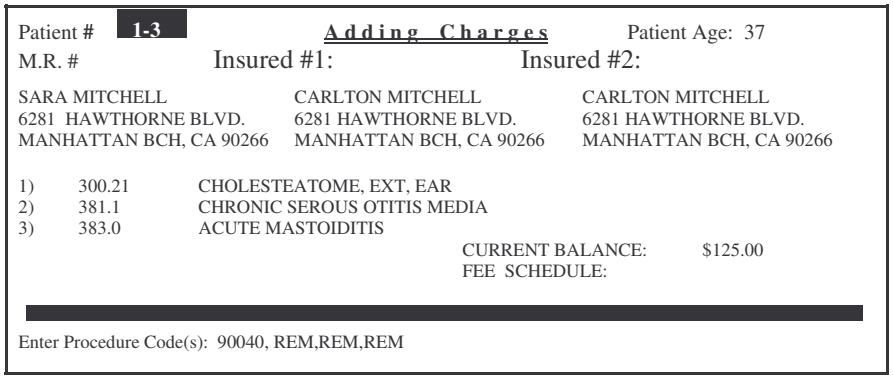
CODE	DESCRIPTION	CHARGE
SUR01	INCIDENTAL APPENDECTOMY	$0.00

Procedure Code ØØØØØ

Procedure Code 00000 is usually used for balance forward amounts and can be either a positive or a negative (credit balance) figure (i.e.: **-100** for a credit balance of $100.00). In addition, the 00000 code can be used as a One-Time-Only procedure code to override a patient's partial statement setting. If your System has patients set to receive partial statements (YP in Patient Information), the 00000 code will print on the next statement regardless of the YP setting.

The 5-zero code, 00000, prints on the Transaction Report, the Patient Ledger and Patient Statement. The 5-zero procedure will not print on the Production Report nor on insurance forms.

Remarks



REM can be used as a Procedure Code to add remarks to a patient's ledger. Multiple **REM** codes may be used if needed. Such remarks must immediately follow entry of the Procedure Code for which the remark applies. **REM%** can be used to add remarks on the newer red HCFA-1500. If the description of a **REM** line starts with a minus "-" sign (the "-" *must* be the first character you enter followed by the actual remark), the remark will NOT print on Patient Statements. Regardless of any style of remark, ALL remarks ***will*** appear and print on a patient's ledger, so be careful with the wording of these remarks.

Maximum Transactions Per Entry

A maximum of twenty-five transactions per patient may be entered at one time in Add Charges before making a permanent record.

Charge Reversals

At the "Enter Procedure Code" question, you may reverse a charge by typing **REVERSE [Enter]**. A charge reversal cannot be entered at the same time any other regular charge is entered for a patient. Only those charges which have not had payments posted against them may be reversed. If you wish to reverse a charge that has been posted (paid or adjusted) against, you must first reverse the payment or adjustment.

Separate Insurance Forms, Printing Options

If you want groups of procedures to print on consecutive, *separate* insurance forms, you can enter the *special* Procedure Code, **ZZINS**, to force an insurance form break between groups of procedures. If this Procedure Code is not part of your permanent Procedure Code list, you may add it by entering the code as follows:

Procedure Code -	**ppINS [Enter]**
Description -	**INSURANCE BREAK [Enter]**
Type of Svc -	**[Enter]**
Charge -	**[Enter]**

When completed it looks like:

INS INSURANCE BREAK $0.00

Use this Procedure Code to separate charges and print individual insurance forms whenever you need. This code will not be printed on any of the insurance forms.

YB Modifier, Medicare Considerations

If you are preventing alpha codes form being printed on insurance forms through **SP** (Set Parameters) in Bill Insurance, and you *still* want **YB** modifiers, enter the modifier in *lower case* like this: **81000-yb**. The **yb** will be converted to **YB** when the form is printed. This conversion works for other letters also.

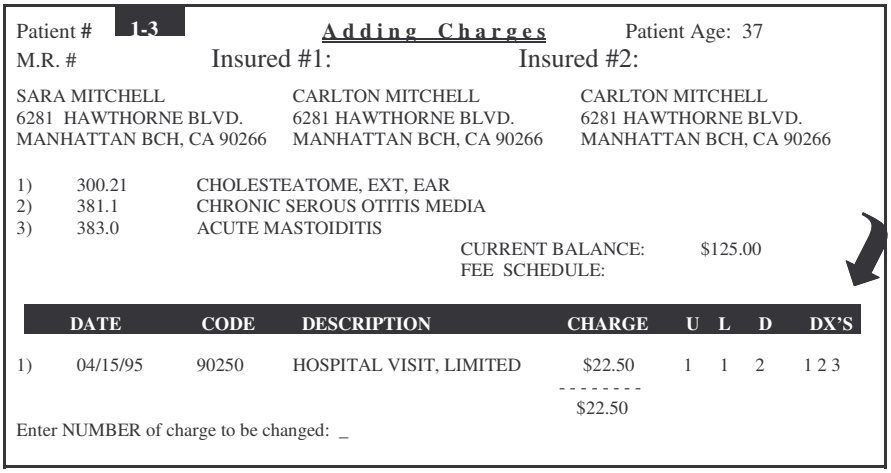
Multiple Modifiers

If you wish to enter a Procedure Code with multiple modifiers, enter the code with the first modifier in the usual position and the rest of the modifiers as part of the description. Example:

CODE	DESCRIPTION	CHARGE
99999-66	-77-88-99 Description	$0.00

Enter the additional modifiers in the description field separated by minus "-" signs (hyphens) WITHOUT a space between them. A space signifies the beginning of the actual description.

U L D DX'S - Units, Location, Dr. # & Diagnosis



In the above example, to the right of "CHARGE", is "U L D DX'S." "U" is for the number of units. "L" is for the location of service. "D" is for the treating doctor. "DX'S" is for the corresponding diagnosis of that charge line.

Recording Charges - Options

YBL [Enter], for "Yes Bill Later," allows you to record charges to the patient's ledger and delay printing an insurance form for the charges under the "Current" option of the Bill Insurance program. The charges will not be printed on an insurance form until a future date when you have recorded additional charges with the **Y [Enter]** (Yes) option. However, with the "Single," "All" or "Range" insurance billing options in Bill Insurance, **YBL** is overridden and these charges will be printed.

YNIF [Enter], for "Yes No Insurance Form," allows you to bill the patient for charges (Patient Statements) and NEVER have them print on an insurance form. This is commonly used for charges the insurance company does not cover or where a patient may not wish the insurance company to know about specific procedures (well patient physical, HIV testing, etc.). **YNIF** will override the YP Patient Statement flag and allow the charge to be printed on the next statement.

Recall and Drug Question

At your option, the System can ask if you would like to enter a patient Recall Notice or a Drug Treatment when you finish adding charges to each patient. To change your setup, see Section D, System Configuration.

Notes:

ALPHABETIZE PATIENTS

Alphabetize Patients, **AL [Enter]** from the Selection List, allows you to view and print a variety of patient lists. Its primary function, however, is to create the alphabetical patient files used throughout POC.

Printing or viewing the alphabetical patient list without first alphabetizing will cause the list to appear as it was when last alphabetized. It will NOT contain any newly entered patients.

If you have changed a patient's name, you must re-alphabetize the patient list in order to find the patient by their new name.

CAUTION: If patients are not alphabetized periodically, it will cause the System to run slower. Therefore, it is recommended that alphabetizing be run at least weekly.

Notes:

APPOINTMENT SCHEDULES

The Appointment Schedule, **AS [Enter]** from the Selection List, functions independently from the rest of POC. This enables one operator to use the Appointment Schedule without interfering with another operator on a different terminal who is entering other appointments or transactions.

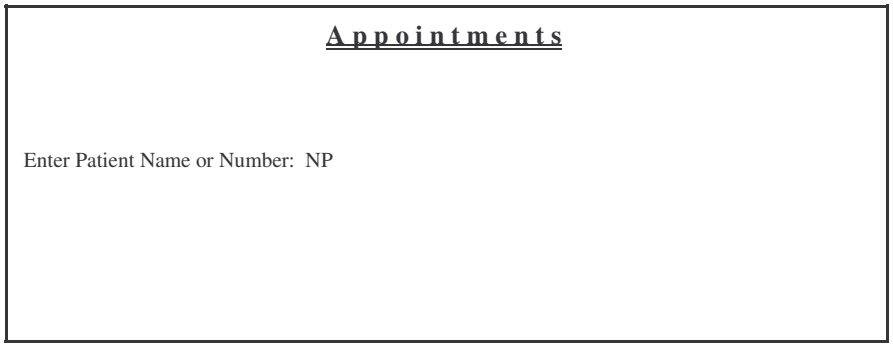
At any time (except at the main Selection List), by simply hitting **[F7]**, the System will allow you to make an appointment or, if one has already been made, to confirm, change or delete an appointment.

Daily appointments can be viewed or printed. After printing for the final time, the appointment data **must** be cleared.

Initializing the Appointment Schedule

In the Appointment Schedule program, the "Initialize Schedule" choice allows you to tailor the Appointment Schedule to the needs of your office. Appointments may be scheduled for any number of hours in the 24 hour day. In the rare event of schedules that cross into the next day, the office may set up two schedules, one for the late evening, and the other for the early morning. Time slots may be allocated for any desired length of time. Days off and regular break times are always user defined. When entering midnight as a starting or ending time, use 12:00AM. Enter noon as 12:00PM. Please note: The doctor (or therapist, etc.) must have already been entered into the System (**DI** Doctor Information) before you can initialize their schedule.

Scheduling A New Patient



You may enter an appointment for a patient who is not part of the regular POC System by typing **NP [Enter]** at the name or number prompt. This patient will be designated as "-NP-" where their account number would normally appear.

Viewing Or Scheduling An Appointment

Patient # 1-3 **Appointsments**

DOCTOR #1 Tuesday August 15, 2005 AM

TIME	PT #	NAME	TELEPHONE	LENGTH	# BOOKED
8:00					
8:15					
8:30					
8:45					
9:00	1-4	MITCHELL JR, CARL	213 456-3341	60 min	1
9:15		see above			1
9:30		see above			1
9:45		see above			1
10:00	1-1	STEVENS, JODIE	703 259-8704	15 min	1
10:15					
10:30					
10:45					

Enter appointment time, date press **V, W,** CTRL **V,** CTRL **W**, ALT**V**, ALT**W** or press ENTER to continue (X to Exit):

The above screen appears when either viewing appointments or entering an appointment and hitting **[Enter]** at the "time" question. POC allows you to easily navigate through the schedule: a day, a week, or a month at a time. POC will skip days (usually weekends) that were initialized as days off.

PATIENT# 1-1 Appointments

STEVENS, JODIE Tuesday August 2, 2005

703 259-8704 9:30 am 15 min

12/10/1946

BLUE CROSS

INITIAL OFC VISIT

Is this the correct appointment? N

You can enter and view additional information such as Insurance Company, Date of Birth, reason for appointment and time and date of appointment in the Appointment Scheduler.

Notes:

BATCH ADD CHARGES

Under the Batch method of Add Charges, **BA [Enter]** from the Selection List, you may enter charges for more than one patient at a time. The same procedures and charges will automatically be applied to all patients selected.

In general, the same data entry methods apply to Batch Add Charges as in Add Charges. Press **[F1]** while in Batch Add Charges for more specific instructions at each question.

All procedures entered under Batch Add Charges will post to each patient's account with the same location of service and the same doctor. In all cases, the Batch Add Charges program will designate Diagnosis #1 on each patient's ledger for the charge(s) entered. For this reason, be certain the correct DX is in position #1 for each of these patients.

Maximum Transactions and Patients

A maximum of 14 transactions for up to 20 patients may be entered and recorded at one time in Batch Add Charges.

Transaction Summary

Batch Posting of Patients: 07/01/05

1)	STEVENS, JODIE	1-1-1	BIRTH DATE:	12/10/46
2)	MITCHELL, CARLTON	1-1-2	BIRTH DATE:	01/01/54
3)	MITCHELL, SARA	1-1-3	BIRTH DATE:	09/22/57
4)	MITCHELL, CARL JR.	1-1-4	BIRTH DATE:	10/05/79
5)	BOWER, MARYANNE	1-1-5	BIRTH DATE:	06/22/60

PROCEDURES

	DATE	CODE	DESCRIPTION	CHARGE	U	L	D
1)	07/01/05	90500	BRIEF EXAM, E.R., NEW PT.	$28.00	1	14	1
2)	07/01/05	85022	CBC	$12.50	1	14	1
3)	07/01/05	81000	URINALYSIS	$11.50	1	14	1

Adding Charges

Please Check the Printed List VERY CAREFULLY before proceeding.

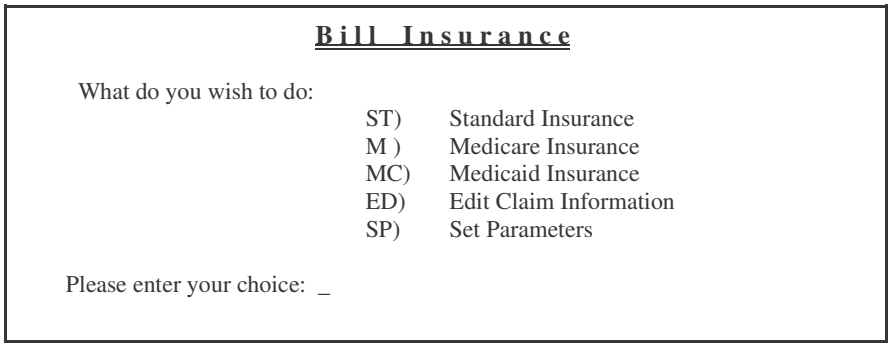
DO YOU WANT TO RECORD ALL CHARGES TO ALL PATIENTS ON THE PRINTED LIST?

Before permanently recording charges for multiple patients in Batch Add Charges, the System will print a summary of all patients and all charges entered. Make sure you verify that all the information entered is correct BEFORE permanently recording charges under the batch method.

BILL INSURANCE

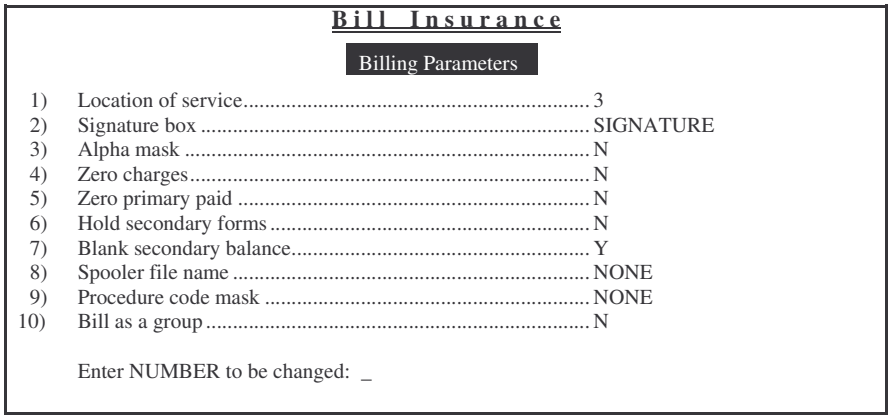
Bill Insurance, **BI [Enter]** from the Selection List, allows you to print paper claims and, optionally, generate Electronic Claims Submission, "ECS", files to send to your insurance carriers. It also controls a variety of claim options in the Set Parameters section.

Formats



The insurance form program allows you to print up to five different insurance forms. Not all five insurance form types need to be present on every System. Most Systems, depending upon State requirements, come pre-configured for two or three insurance forms: Standard (commercial carriers), Medicare and Medicaid. The type of form to be printed for each patient is determined by the insurance code entered in New Patients or Patient Information. The universal HCFA-1500 insurance form will be printed for all insurance codes that are not designated specifically for another type of form.

Set Parameters - Billing Parameters



The current settings are displayed on the screen.

Set Parameters (**SP [Enter]** within the Bill Insurance program) allows users to define the following parameters when running insurance forms:

Location of Service Default:

This number will appear as the default at the "Location of Service" question in Add Charges. When POC asks you for the "Location of Service" while entering a procedure, just hit **[Enter]** to choose the default location of service (i.e.: - If the default location of service is "Doctor's Office", just hitting **[Enter]** is the same as entering **3 [Enter]** at the "Location of Service" question). By using defaults such as this, POC eliminates a great many keystrokes throughout the day. POC will automatically translate the System number to the appropriate insurance location of service number when printing your insurance forms.

The "Location of Service" numbers used by POC are as follows:

1) Inpatient Hospital
2) Outpatient Hospital
3) Doctor's Office
4) Patient's Home
5) Day Care Facility
6) Night Care Facility
7) Nursing Home
8) Skilled Nursing Facility
9) Ambulance
10) Independent Kidney Treatment Center
11) Independent Laboratory
12) *Clinic
13) *Surgical Clinic
14) *Emergency Room
15 *Extended Care Facility

*User definable. Requires POC or dealer assistance.

Message for Signature Box:

The message entered here will be printed on insurance forms in the "patient's signature" box. The standard message is "SIGNATURE ON FILE."

Alpha Modifiers Masking, Medicare Considerations:

This setting allows you to remove letter modifiers you may have placed in the 7th and 8th positions of a CPT code. For example, if you answer **Y**es here, the Procedure Code 90060-YB will be printed on insurance forms (or generated in an electronic claims file) as 90060 with the alpha (YB) modifier screened out. If you answer **N**o, ALL letter modifiers will be printed. If you want SOME modifiers to print and you have answered **Y**es to this option, enter the code as 90060-yb. It will then be printed as 90060-YB. The System ALWAYS converts lower case letters to upper case when it prints or generates insurance billing.

Print Zero Charges:

You may have procedures that do not have a charge, If you want zero amount charges to print on insurance forms, answer **Y**es. If you don't, answer **N**o. If you want some zero charges to print and others to not print, answer this question **Y**es and then, in Add Charges, use 00000 procedure codes or answer **YNIF** when permanently recording zero charges you DON'T want to print on insurance forms.

Amount Paid on Primary Forms Always Show Zero:

If you answer **Y**es, the box showing "amount paid" on the primary insurance will always be $0.00 regardless of whether the patient or another source has paid on those charges. If you answer **N**o, the amount paid will be printed.

Hold Secondary Billing Until Payment is Applied:

If you answer **Y**es, only the primary insurance carrier's form will be printed. The insurance form for the secondary carrier(s) will be withheld pending an applied payment or adjustment in Post Payments. The withheld charges will then be printed on the secondary insurance form the next time you Bill Insurance. If you answer **N**o, both the primary and the secondary insurance forms will be printed at the same time. ***In order for payment/adjustment amounts to be correctly posted against the appropriate charges to release the secondary billing, we suggest you ONLY use option B type payments in Post Payments if you answer Yes.***

Amount Paid & Balance on Secondary Forms be Left Blank:

If you answer **Y**es, the boxes showing the amount paid and the balance due on secondary insurance billing will be left empty. If you answer **N**o, the appropriate amounts will be filled in. This only affects the SECONDARY carriers, insurance companies (Insured) two through four.

Spooler File Name:

This feature is used for some types of Electronic Claims Submission. The System allows you to redirect ALL claims output to a computer disk file rather than print to paper. When the file is viewed with a text editor, it will appear just as if it were printed. The System writes the claims to a temporary file and then coverts the temporary file to the spooler file when you answer **Y**es to "prepare these claims for transmission."

Procedure Code Mask:

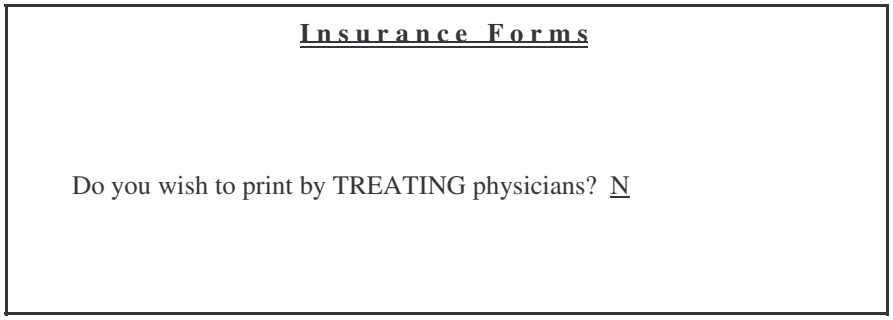
You may have certain procedures that are never billed to an insurance company. You can set up the Procedure Code Mask to exclude these codes from ALL claim forms. You should create these excluded codes with a common characteristic, i.e.: They could all start with "X" or end with "X" for eXclude - XCODE or CODEX or CODE-9X.

Bill as a Group:

If you answer **Y**es, you will be asked for your group numbers in each carrier category. When billing as a group, the insurance forms will be printed under the group's billing number with each charge line identifying the treating physician's PIN number where appropriate. ***Payments received will be paid to the group.*** The PIN # is the Provider ID you entered in Doctor Information (**DI [Enter]** from the Selection List). The UPIN # is the Unique Provider Identification number and is used EXCLUSIVELY in POC's Provider List (i.e. - Referring Physicians, etc). Do NOT confuse the PIN# and the UPIN#. They are NOT the same. If you answer **N**o here, the insurance forms will be billed under each physician's own identifying number in Doctor Information. Be sure you put the correct numbers in the appropriate locations, including leading and trailing zeros.

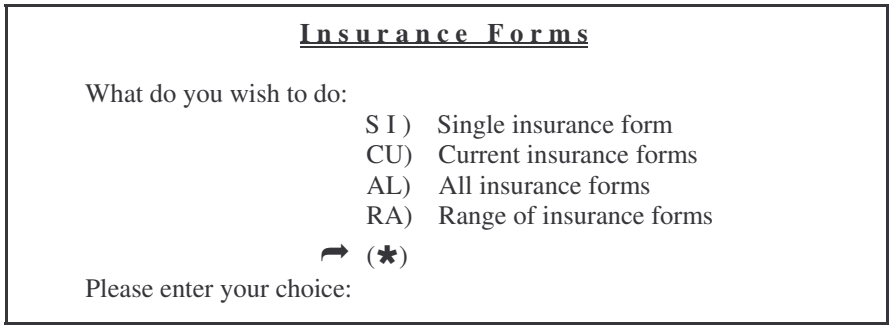
If you bill as a group and have multiple group numbers for Medicare because you have multiple office locations, answer **N**o to this question. Refer to the section on Doctor Information for setting up multiple groups.

Print Insurance by Treating Physician



If you wish, you can print insurance forms by treating physicians. If a patient has been seen by three physicians, and you have indicated you wish to print by treating physician, the System will screen each physician's charges to three separate forms. Otherwise, charges will be printed on the same form under the patient's primary physician.

Printing Options



When printing insurance forms, the **CU** "Current" option causes insurance forms to be printed for all patients who have had charges recorded under the **Y** option in Add Charges since the last insurance form run. This is the fastest option for printing insurance forms. Current also generates a list that will print insurance labels in the Mailing Label program. The other options, **AL** "All," **RA** "Range," and **SI** "Single," print and update ***all*** charges added since the last insurance form run, including those recorded with the **YBL** option in Add Charges (but not charges recorded **YNIF**).

✱ **NOTE:** If your System has the optional Electronic Claims Submission software, "ECS", you will have a fifth selection, **EC**, after you choose the type of insurance. These procedures will be discussed at the end of this Bill Insurance section.

Updating Insurance Forms Previously Printed

Insurance Forms

What do you wish to do:

S I)	Single insurance form
CU)	Current insurance forms
AL)	All insurance forms
RA)	Range of insurance forms

Please enter your choice: UP

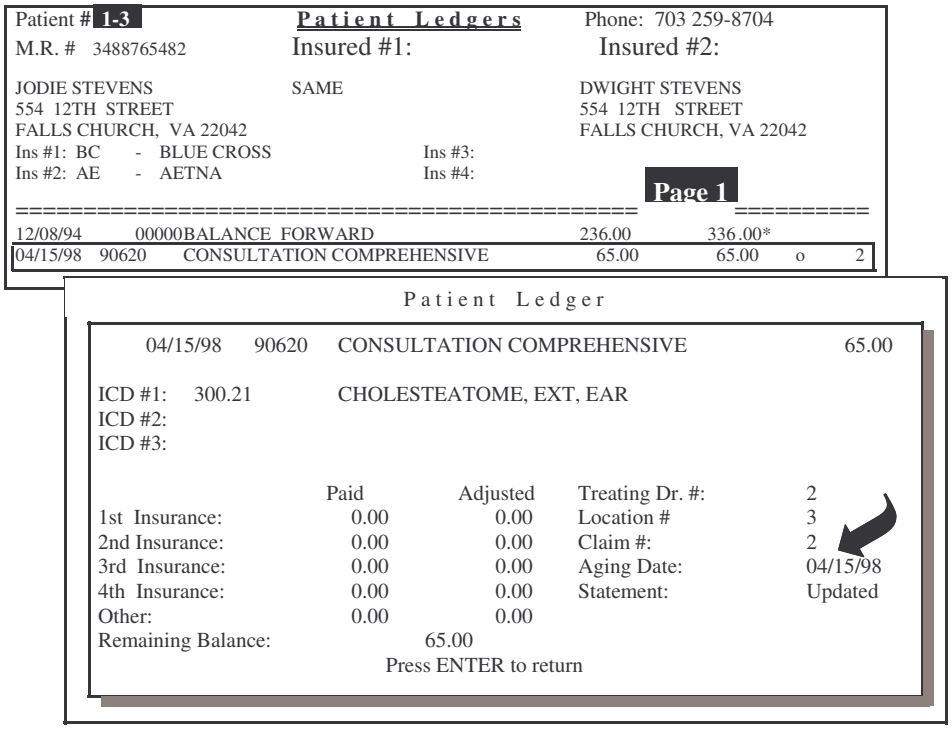
Updating happens as a normal function of printing the forms. There may be times, however, when you need to update without printing the forms. Not shown on the screen, but available, is the special **UP** "Update" option. This unlisted option allows you to update current, or a range of, insurance forms as if you had actually printed them. This option can be useful for a variety of reasons, including updating forms that DID get properly printed and you answered **N**o to the update question at the end of the insurance print run. BE CAREFUL WITH THIS OPTION! Once you update, you can only reprint the charges one form at a time with the **SI** "Single" option.

Entering Remarks On Insurance Forms

If you wish to enter last minute remarks on an insurance form and the insurance form is set up for it, you may enter the remark when printing a single insurance form under the **SI** "Single" option. To activate this option, the insurance format file must be set up to allow for remarks. POC or your dealer can assist you with this.

Claim Editor and Rebilling

POC will allow you to edit any previously submitted rejected claim. It accomplishes this task by assigning a claim number to every claim processed. The claim may be edited and resubmitted, when necessary, using this claim number. Once edited, reprint the claim under the **SI** "Single" option. See the following example:



Patient # 1-3 — Patient Ledgers — Phone: 703 259-8704

M.R. # 3488765482 — Insured #1: — Insured #2:

JODIE STEVENS — SAME — DWIGHT STEVENS
554 12TH STREET — 554 12TH STREET
FALLS CHURCH, VA 22042 — FALLS CHURCH, VA 22042
Ins #1: BC - BLUE CROSS — Ins #3:
Ins #2: AE - AETNA — Ins #4:

Page 1

12/08/94	00000	BALANCE FORWARD	236.00	336.00*		
04/15/98	90620	CONSULTATION COMPREHENSIVE	65.00	65.00	o	2

Patient Ledger

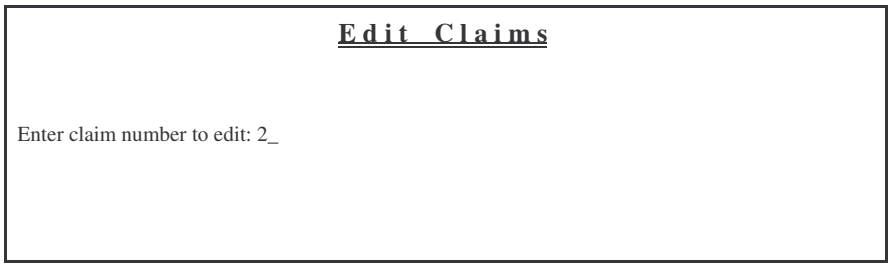
04/15/98 90620 CONSULTATION COMPREHENSIVE 65.00

ICD #1: 300.21 CHOLESTEATOME, EXT, EAR
ICD #2:
ICD #3:

	Paid	Adjusted		
1st Insurance:	0.00	0.00	Treating Dr. #:	2
2nd Insurance:	0.00	0.00	Location #	3
3rd Insurance:	0.00	0.00	Claim #:	2
4th Insurance:	0.00	0.00	Aging Date:	04/15/98
Other:	0.00	0.00	Statement:	Updated
Remaining Balance:	65.00			

Press ENTER to return

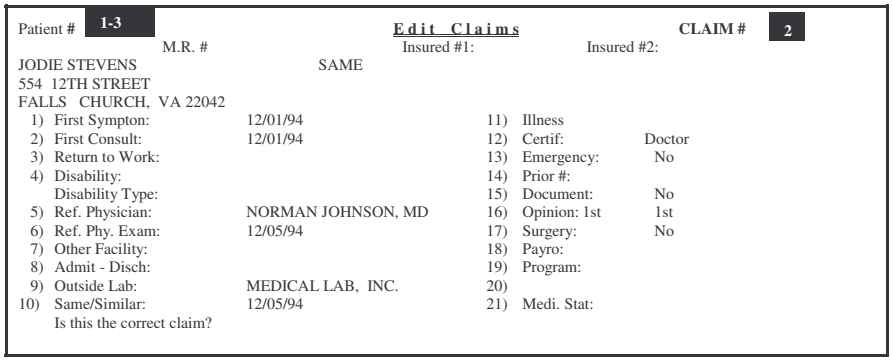
The above screen is a page from Jodie Stevens' Enhanced Ledger. The above example demonstrates how POC assigns a unique claim number to each claim it produces.



Edit Claims

Enter claim number to edit: 2_

You may access the Claim Editor in Bill Insurance or by hitting the **[F8]** key. To edit a claim, enter the claim number and hit **[Enter]**.



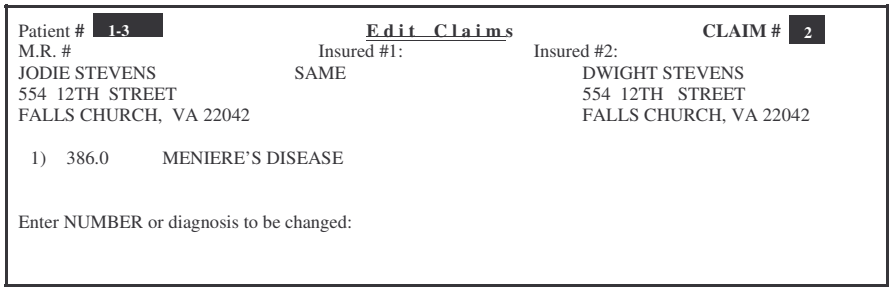
Patient # 1-3 — Edit Claims — CLAIM # 2

M.R. # — Insured #1: — Insured #2:

JODIE STEVENS — SAME
554 12TH STREET
FALLS CHURCH, VA 22042

1) First Sympton:	12/01/94	11) Illness	
2) First Consult:	12/01/94	12) Certif:	Doctor
3) Return to Work:		13) Emergency:	No
4) Disability:		14) Prior #:	
Disability Type:		15) Document:	No
5) Ref. Physician:	NORMAN JOHNSON, MD	16) Opinion: 1st	1st
6) Ref. Phy. Exam:	12/05/94	17) Surgery:	No
7) Other Facility:		18) Payro:	
8) Admit - Disch:		19) Program:	
9) Outside Lab:	MEDICAL LAB, INC.	20)	
10) Same/Similar:	12/05/94	21) Medi. Stat:	
Is this the correct claim?			

When editing a claim, you can change the "21 Questions" screen from Add Charges.

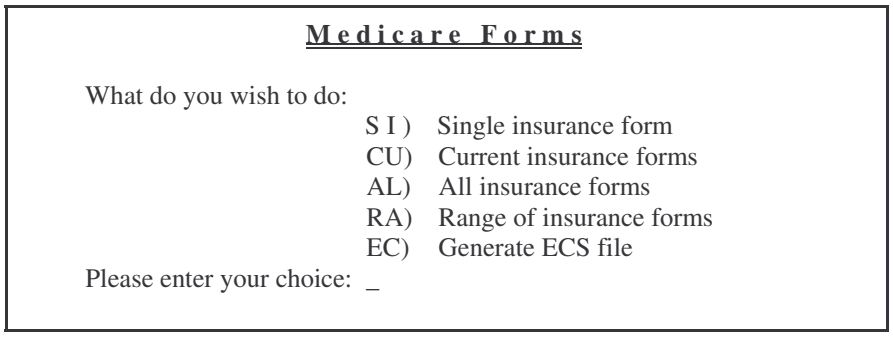


You may change the diagnosis, too.

If the doctor's or group's information is incorrect, change the doctor information in Doctor Information and the group numbers within Set Parameters in Bill Insurance.

For the sake of maintaining accurate financial totals, the System does not allow you to edit the charge itself. If the charge is incorrect, you need to re-enter the charge in Add Charges. Remember to REVERSE the original charge if you re-enter it.

Electronic Claims Submission



If your System has optional Electronic Claims Submission, "ECS," you will have a fifth selection, **EC**, after you choose the type of insurance.

ECS requirements vary greatly from state to state and its implementation requires the assistance of POC or your dealer. In addition to a POC ECS module, you will also need a modem and telecommunications software (hyperterminal will work in most cases) to complete your ECS setup. It may also be possible to transmit to some carriers via the internet. Please check with your carrier.

A general overview to produce and transmit an electronic claims file:

1. Choose the **EC** option.
2. The ECS file is generated by the System and a pre-submission report is printed showing the patients' claims, charges, and any erroneous data that would cause claims to be rejected.

3. Correct the erroneous data, if necessary. This may require you to change information in Patient Information, Add Charges, and/or Doctor Information. Regenerate the ECS file until it comes out error free.
4. Transmit the file when convenient. The file stays on the System until you delete it.

POC currently has ECS available for most major commercial carriers using the ANSI 4010 A1 fortmant, Medicare and most states' Medicaid.

```
                    Medicare Claims
                    ---------------

What do you wish to do:

                          GE)  Generate electronic claim file
                          PE)  Pregeneration error check
                          PR)  Print reports and lists
                          RB)  Rebill claims
                          VU)  View a claim file
                          CH)  Change submitter information
                          DE)  Delete old ECS files

Please enter your choice:
```

The procedures for processing Electronic Claims can vary depending on the carrier to which you will be transmitting your claims. These variations could be subtle or significant. For the purposes to provide a general overview, we will use Medicare as our sample carrier.

```
                    ECS Information
                    ---------------

1)  Submitter code ..... 1
2)  Submitter name ..... PROFESSIONAL SYSTEMS CORPORATION
3)  Submitter type ..... Business
4)  Contact name ..... TECHNICAL SUPPORT
5)  Contact phone number ..... 3102337370
6)  Contact fax number ..... 3102337373
7)  Contact email address .....
8)  Test / Production ..... T
9)  Bill as a group ..... No
10) Provider signature on file ..... Yes
11) Procedure code 'Mask' ..... NONE
12) Authorization form for HCFA-1500 block 13 on file
13) Claim drive\path ..... C:
14) Transmission command line .....
15) Carrier name ..... National Heritage
16) Submission number ..... 1
17) Railroad Medicare insurance code ...

Enter the number to be changed:
```

The first time you use the Electronic Claims software, you will have to enter the applicable submitter information by selecting **CH**, Change submitter information. This only needs to be done once. However, if your submitter information should change, this is where you would edit and update the information.

ECS Information

1) Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 on file.
2) Signed HCFA-1500 Claim Form on file.
3) Signed signature authorization form for HCFA-1500 Claim Form block 13 on file.
4) Signature generated by provider because the patient was not physically present for services.
5) Signed signature authorization form for HCFA-1500 Claim Form block 12 on file.

Enter the number indicating how the patient or subscriber authorization signature(s) were obtained and how they are being retained by the provider:

When you select number 12 for the applicable form of signed authorization, a Pop Up List will appear. Simply select the item that applies to your practice and carrier requirements.

ECS Information

Who is your medicare carrier:

1) Aetna
2) National Heritage
3) Noridian
4) Empire BC/BS of NY
5) Palmetto GBA
6) Trailblazer Virginia
7) AdminStar
8) AdminaStar Federal
9) Mississippi Medicare
10) GA Medicare
11) BC/BS of Florida
12) NHIC
13) ASK INC
14) ASK INC

Please enter your choice:

When you select number 15 for your Medicare carrier, a Pop Up List will appear. Simply select the appropriate for your designated Medicare carrier.

It may be necessary to contact Technical Support or your Dealer and your Medicare carrier to assist you in verifying some of this information. Once you have completed your entries, make them permanent.

Medicare Claims

What do you wish to do:

GE) Generate electronic claim file
PE) Pregeneration error check
PR) Print reports and lists
RB) Rebill claims
VU) View a claim file
CH) Change submitter information
DE) Delete old ECS files

Please enter your choice:

Assuming you have previously entered patient billing and have claims pending for this carrier, you will have a choice.

1. You can next select **PE**, for a pre-generation error checking report. You will be prompted to have your printer ready. You can make any necessary corrections before generating the file. Once this report has been printed, you will return to the Medicare forms screen, refer to sample screen on page 63.

Or

2. You can next select **GE**, Generate electronic claim file. You will be prompted to have your printer ready. A pre-submission report will be printed out. This list will indicate any incorrect or missing billing information and provide you the opportunity to make the necessary corrections before transmitting your claim file. Thus limiting the possible of having the claim rejected.

```
                    ELECTRONIC CLAIMS PRE-SUBMISSION REPORT
                    ---------------------------------------
                                                                    08/01/06
TEST ECS FILE NAME:                              C:M080106.M
TEST TRANSMISSION FILE NAME:                     C:M080106.XMT

PAT #     LAST NAME/CLAIM *          MESSAGE/WRANING
==========================================================
9         BROWN                      Invalid or missing Medicare policy number.
                                     Missing provider number.
               CLAIM # 9             - - -> Total charge    $173.00
10        WALLAMAKER                 Invalid or missing Medicare policy number.
               CLAIM # 10            - - >  Total charge    $92.50
                                     Missing referring physician.
                                     Missing specialty code.

DOCTOR NUMBER                          NO. OF CLAIMS          BILLED AMOUNT
==========================================================
1                                          2                      $265.50
==========================================================
TOTAL CLAIMS SUBMITTED:          2
FROMS TO BE PRINTED:             0
TOTAL AMOUNT BILLED:          $265.50
```

Next, you will be prompted, “Do you wish to update these charges?”. Then you will be prompted, “Should this file be prepared for transmission?”. Answering **Y** will generate the file in preparation for transmission to your carrier.

NOTE: A file name, i.e., **C:M080106.M**, will be displayed at the top of the screen. This file name is a combination of the insurance code of the carrier you will be transmitting to and the system date. You will need this information when you connect to the carrier’s bulletin board at the time of the transmission of your claims file.

Each carrier’s bulletin board or method of receipt of electronic claims can differ widely and are constantly changing. You will have to contact that carrier for assistance in transmitting the claim file you have just generated.

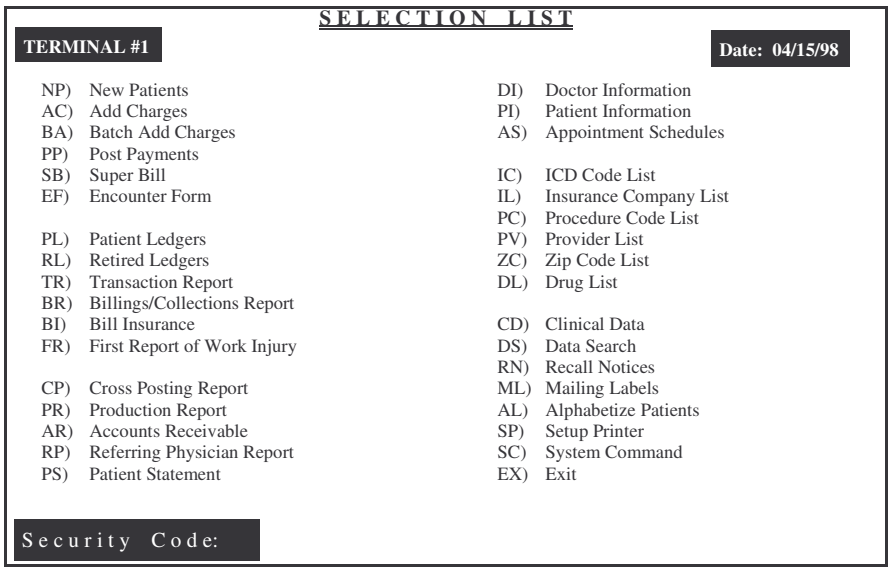
If there were any secondary carriers for the patients in this file, and depending on the options you selected in Patient Information and Add Charges, you will next be prompted to print paper claim forms for those charges.

```
                    Medicare Claims
                    ---------------


    Place paper in printer.
    Turn printer on.
    Press ENTER when ready (X to Exit):
```

BILLINGS/COLLECTIONS REPORT

The Billings/Collections Report, **BR [Enter]** from the Selection List, is a summary of each physician's total billings, collections, adjustments and refunds for the current day, the current month-to-date and the current fiscal year-to-date. The Billings/Collections Report print by ***treating*** physician. One full year of Billings/Collections Reports are stored by Version 5.0 (or greater) for viewing or printing. PLEASE NOTE: You cannot convert from an earlier POC version and immediately have access to the previous year's reports. They don't exist until Version 5.0 (or greater) creates them.

Security Code



For the sake of privacy, the Billings/Collections Report requires a security code. When typing the security code (which is **case** sensitive), do NOT hit the **[Enter]** key. This security code can be changed with a POCDOC utility (you need to know the current code first) and should be done under the supervision of POC Customer Support or your dealer. Write the code down and store it in a safe place. People do forget. As a matter of policy, POC will not give the security code to staff members. Only the doctor or business principal may call to get the code. We ***do not*** make exceptions to this policy.

System Date vs Transaction Date

The Billings/Collections Report accumulates dollar amounts based on the date of the System at the time the transaction is entered. The daily totals, therefore, reflect all transactions entered into the System that day, regardless of the actual date of service for the charges.

Clearing Billings/Collections Report Totals

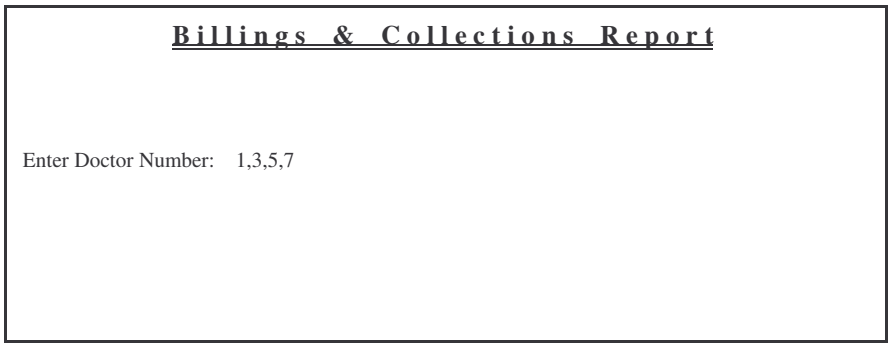
The "Today's" totals automatically clear when the System date is changed. The month-to-date totals automatically clear when the month is changed. The year-to-date totals will also clear when the month is changed **if you tell the System it is a new fiscal year.**

Printing the Billings/Collections Report

This report may be printed at any time and as often as you wish. It definitely should be printed at least once every month at the end of the month for every doctor on the System, after all transactions have been recorded and the Transaction Report has been run on the last day of the month. These final month-end reports should be saved.

At the start of a day, you will be asked if you want to print the report when changing to a new month. If you answer **N [Enter]**, and you have not entered any NEW transactions since the last time you printed the report, you will be allowed to continue. Your report totals will then be cleared by POC. If you HAVE entered transactions since the last time you printed the report, you will not be allowed to continue into the new month. You will be returned to the "Enter Today's Date" question where you must enter the last day of the previous month and print the Transaction Report. Then you can print the Billings/Collections Report before continuing into the new month.

Totals



If you want to see more than one doctor's totals when viewing or printing the Billings/Collections Report, enter each doctor's numbers separated by commas, i.e.:

Enter Doctor Number: **1,3,5,7 [Enter]**

If you want all doctors' totals on separate reports, type:

Enter Doctor Number: **ALL [Enter]**

If you want just the grand total of all doctors, type:

Enter Doctor Number: **TOTAL [Enter]**

If you want a SINGLE report that COMBINES the totals of selected doctors, type "TOTAL" followed by a SPACE and then the doctor numbers:

Enter Doctor Number: **TOTAL [Space]1,3,5,7 [Enter]**

If you want SEPARATE reports for several doctors and a total page for those doctors, type the doctor numbers separated by commas and the word "TOTAL":

Enter Doctor Number: **1,3,5,7,TOTAL [Enter]**

Categories

The Billings/Collections Report breaks down payments into twenty-two categories of which fourteen are user definable. Adjustments are divided into twenty categories and correspond to the appropriate payment category.

Changing Payment/Adjustment Headings

Billings & Collections Report

CHECK PAYMENT CATEGORIES

15)	Usr Def Pmt #1	20)	Usr Def Pmt #6
16)	Usr Def Pmt #2	21)	Usr Def Pmt #7
17)	Usr Def Pmt #3	22)	Usr Def Pmt #8
18)	Usr Def Pmt #4	23)	Usr Def Pmt #9
19)	Usr Def Pmt #5	24)	Usr Def Pmt #10

OTHER PAYMENT CATEGORIES

35)	TRANS OF FUNDS Pmt	37)	Usr Def Pmt #12
36)	Usr Def Pmt #12	38)	Usr Def Pmt #13

OTHER ADJUSTMENT CATEGORIES

39)	BAD DEBT Adj.	41)	Usr Def Adj #13
40)	COLLECT AGENCY Adj	42)	Usr Def Adj #14

Enter number to be changed: _

Choose the **CH** "Change" option after entering the Billings/Collections Report program from the main Selection List. The System will present you with a screen allowing you to change Check Payment Category headings. PLEASE NOTE: When changing a Check Payment Category, the System will automatically create a corresponding Adjustment Category for you.

Notes:

CLINICAL DATA

Clinical Data, **CD [Enter]** from the Selection List, includes Drug Treatments, Allergies and Patient Notes. Drug Treatments and Allergies are retrievable with Data Search. The date a Drug Treatment is discontinued may be recorded.

Drug Codes

The System will allow you to designate a unique code for each drug you wish to permanently store in the System. Your office should carefully consider whether to record the GENERIC or BRAND name for a drug. The System will not know, for example, the LANOXIN is the same as DIGOXIN, or that DYAZIDE is a combination of TRIAMTERENE and HYDROCHLORITHIAZIDE. This is a most important consideration when contemplating the use of Data Search to identify patients for whom a particular drug has been prescribed. These drugs and their codes are maintained in the Drug List.

Allergies

Once you have entered allergies for a patient, the System will give a warning if you attempt to enter a Drug Treatment for a drug which has previously been listed as an allergy for the patient. Note: When recording allergies, if a person is allergic to PENICILLIN, the System will not recognize that AMPICILLIN is a type of PENICILLIN. However, the complete list of allergies will appear at the top of the Screen for review whenever the operator enters a new Drug Treatment.

Patient Notes

Patient Notes can be used for any type of information you wish to keep in the System for any patient. This may include medical record notations, billing information or any other desired use. Patient Notes are not retrievable by Data Search.

Since Patient Notes take up an enormous amount of disk space, the System allows you to delete Patient Notes once the need for them has passed. You should print Patient Notes before deleting them to be sure of having a permanent “hard copy” record. Do not delete notes for any patient unless you are absolutely sure you want to delete the entire note, from day one to present, for that patient. If you wish to create a letter or a report with a word processor and merge it with patient notes, you must use DOS’s EDIT program or a word processor in ASCII mode so it does not put control sequences into the file. Contact POC Customer Support or your dealer for more information.

Notes:

CROSS POSTING REPORT

The Cross Posting Report, **CP [Enter]** from the Selection List, is a total of all charges, payments and adjustments between a patient's primary and treating physician(s). Cross posting happens when a patient has doctor #1 as his/her primary physician and is then seen (charged) by doctor #2. A similar (but not the same) report is printed by the System as part of the Transaction Report at the end of every day.

Printing the Cross Posting Report

The Cross Posting Report prints by primary physician and may be run at any time. This report should be printed at the end of every month and safely filed for reference.

Clearing Report Totals

The Cross Posting Report does not clear automatically. It is designed to be cleared only by the operator. Although this report can be printed any number of times, the report totals *should not be cleared until you have run the month-end report* and are ready to begin a new month.

PLEASE NOTE: *If this report is not cleared periodically, it will slow down System performance.*

Notes:

DATA SEARCH

Data Search, **DS [Enter]** from the Selection List, allows you to search through all, or a range of, patient files by any combination of criteria.

Data Search

What do you wish to do:

VU) View search list criteria
SC) Set criteria for search
SP) Search & print patients
RA) Set range for search
LP) Load previous search
RI) Re-initialize
SL) Sort List

Please enter your choice:

Search Criteria Includes: age or range of ages; allergy; birth date(s) by range; doctor (primary physician); drug treatment; ICD code(s) (permanent and one-time-only); insurance; medical record number; open charges; other ID; procedure code(s) by range of dates (permanent and one-time-only): provider number (referring physicians, hospitals, labs, etc.); sex; treating physician by range of dates; type of service by range of dates; and zip code. You may enter any number of search criteria to produce your report.

Data Search generates and/or prints a list of all patients who match all the selected search criteria. That is, the search categories are inclusive. You may also "save" the search list in the form of a computer file containing all patients "included" and/or "excluded" in the search. Up to 20 Data Search lists may be saved on the System at one time. Once saved, you can use the "By List" option in Patient Ledgers, Encounter Forms, Accounts Receivable, Recall Notices, Mailing Labels, Production Report and Patient Statements.

Deleting a Saved List

You may delete a previously saved list through the ***load previous search*** option in Data Search. Enter the name of the list you wish to delete. When asked "Is this correct (DEL to delete))" type: **DEL [Enter]**.

Set Criteria

Data Search

SEARCH CRITERIA

AG)	Age	OP)	Open charges
AL)	Allergy	OI)	Other ID
BD)	Birth date	PC)	Procedure code
DR)	Doctor	PV)	Provider
DT)	Drug treatment	SX)	Sex
IC)	ICD diagnosis code	TR)	Treating physician
IN)	Insurance company	TS)	Type of service
MR)	Medical record #	ZC)	Zip code

Please enter you choice: _

You may not use more than one entry for sex, zip code, range of birth dates, medical record number or doctor; nor more than three entries for provider (remember, a provider can be a referring physician, a location of service or an outside lab); nor more than four entries for insurance company; nor more than four ICD codes; but you may enter as many Procedure Codes, allergies or drug treatments as you wish.

The System will, optionally, print the list of search criteria, the name and number of all patients who satisfy the search criteria, and the percentage of patients who fulfill the search criteria. The list of patients fulfilling the criteria may be saved and used later when using POC's "By List" option. It is important at this point to make a note of the name you assign and the criteria used for that search. The list name can be up to 8 characters in length. Note: You cannot use punctuation as part of the name.

Open Charges

Data Search allows a user to search for unpaid charges that occurred prior to a specified date. This feature's main purpose is to find old, unpaid insurance charges before the carrier's claim submission date expires. To use this feature, you first set the criteria to generate a report of Open Charges and then any other criteria of your choosing. Once the report is run, you must save it so that you can use the data in Accounts Receivable. Run the A/R report "By List," using your newly generated Data Search report, with TOTALS set to "Print detailed report listing open charges." See Accounts Receivable for further details.

Wildcards

"Wildcards" are special characters that can perform matches much like a wildcard in a card game ("Jokers are wild"). Wildcard characters can be used when searching by Procedure Code, by Medical Record Number, by Other ID, Allergy, Drug Treatment, Insurance Company and Zip Code. These wildcard characters are as follows:

- matches any digit (0-9)
! - matches any upper or lower case letter
?- matches any character

A "\" immediately preceding the wildcard character will allow a literal search for that character.

For example: Let's say you have coded your patients in the Medical Record Number with **S** for Smoker in the FIRST position and **CASH** for the cash only patients. If you wanted to find the Smokers, you would need to use wildcards so that you wouldn't find the **S** in **CASH** as follows: **S?????????????????** This field is 20 characters long, so you need to pad the extra spaces with the question mark wildcard to limit the search to finding an **S** in the FIRST position. If you do NOT pad the spaces, you will find an **S** in ANY position, including the third position in **CASH**.

Data Search's "OR" Logic

You may search for patients who have one Procedure Code ***OR*** another Procedure Code(s) on their Patient Ledgers. You may search for patients who have one Zip Code ***OR*** another Zip Code(s). To use the **OR** logic, simply enter a Procedure Code number followed by a space and the word **OR** and the System will immediately ask you for another Procedure Code. For example, enter **90610[Space]OR [Enter]** and the System will ask for another code; enter 90620**[Space]OR [Enter]** and the System will again ask you for another code, and so on; enter 90630**[Enter]** and the System will return to the Set Criteria menu. Using this example, patients will be selected if they have any one of the three Procedure Codes on their Patient Ledger. You may enter up to 100 "**OR's**." You will also be asked for a range of dates for these codes.

Data Search's "NOT" Logic

Data Search allows you to search for patients who do ***NOT*** have a Procedure Code or Insurance Company. Enter **NOT** followed by a space and the code, i.e.:

NOT [Space] 90060 [Enter] (Not a Procedure Code - 90060.)
or
NOT [Space] M [Enter] (Not an Insurance Company - Medicare.)

You cannot use wildcards when using "NOT" logic. If you want to use wildcards for "NOT" logic, you can search for codes with wildcards (900??) and then use the EXCLUDE list. See below.

Insurance Company Criteria

Data Search will allow you to search for patients who have a certain Insurance Company by searching for the code. You can use wildcards to search for patients who match a group of companies, i.e.: **AE???** to find all Aetnas. If you want to find patients who don't have any insurance, you can enter the code, "NONE" (in upper case letters).

Exclude List

Data Search will ask if you want to save a list of excluded patients once it completes its search. This list contains all patients who did NOT match any of your search criteria. For example, if you searched for patients with Medicaid, the excluded list will contain all other patients. The exclude feature is useful because it provides "NOT" logic abilities to ALL Data Search criteria. The exclude list is saved in a format compatible with all programs in POC that have a "By List" option.

Sort List

Data Search will allow you to sort lists that have been generated in Data Search and Accounts Receivable by the following sort categories; patient name patient zip; responsible party zip; medical record number; and doctor. You have the option of printing the list and including the patient's address, phone number, medical record number and birth date. Once printed, you can save the patients and their respective information to a comma delimited ASCII file for merging. See the ASCII information that follows.

Generate an ASCII Mail Merge File

With the "Sort List" option of Data Search, you may generate a comma delimited ASCII file for use with your favorite word processing or database software. After printing the sorted list, answer **Y**es to the "Save this list?" question. There are 35 fields (categories) per record. You may select one or any com bination of the for each list you wish to create. The fields for each record, in their respective order are:

1 - Patient's Number
2 - Patient's Last Name
3 - Patient's First Name
4 - Patient's Middle Initial
5 - Patient's Street Address
6 - Patient's City, St and Zip
7 - Patient's Phone Number

8 - Patient's Medical Record Number
9 - Patient's Sex
10 - Patient's Other ID
11 - *Account Balance Due
12 - *Amount Current
13 - *Amount Over 30 Days
14 - *Amount Over 60 Days
15 - *Amount Over 90 Days
16 - *Amount Over 120 Days
17 - Responsible Party #1's Last Name
18 - Responsible Party #1's First Name
19 - Responsible Party #1's Middle Initial
20 - Insurance Company #1's Name
21 - Insurance Company #1's Address
22 - Insurance Company #1's Address Line #2
23 - Insurance Company #1's City, St and Zip
24 - Insured #1's Policy Number
25 - Insured #1's Group Number
26 - Referring Physician's First Name
27 - Referring Physician's Middle Initial
28 - Referring Physician's Last Name
29 - Refeffing Physician's Address #1
30 - Referring Physician's City, State and Zip Code
31 - Patient's Birth Date
32 - Patient's Social Security Number
33 - Patient's Relationship to Insured
34 - Patient's Address Line #2
35 - Referring Physician's Address Line #2

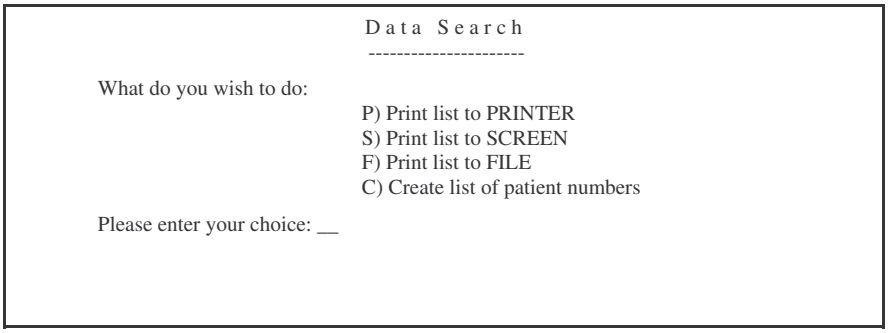
*Fields 11 - 16, the account balance and aging information, are filled in when "include" or "exclude" lists are generated by the Accounts Receivable program. These lists are the same type of lists generated by Data Search and are fully compatible and interchangeable. Generally speaking, the account balance and aging information fields are potentially needed when creating some form of aging report in Accounts Receivable and are not needed when creating Data Search lists. Therefore, for the sake of System speed, Data Search alone does not include the aging information in fields 11 - 16. If you wish to include aging information based on a Data Search list, "save" your Data Search list, generate an Accounts Receivable report "by list" using your Data Search list and, at the same time, create a new "include" or "exclude" list. Use this newly created list to generate your ASCII Mail Merge File in the "Sort List" option of Data Search.

NOTE: Your word processing and database software must be able to merge comma delimited ASCII files. Most do.

Notes:

Saving or Printing Data Search Lists

You have several options available once a Data Search List has been created. You can **PRINT** out the file, print the list to the **SCREEN** (display the list on your computer screen without having to print it out as a hard copy on paper), print the list to FILE (save it to your hard drive for later reference or additional sorting, etc.), or **CREATE** a list of patient numbers which matched your search criteria (this list can then be used in other reports that have the option of printing by list such as the Aged Accounts Receivables Report).



Notes:

DOCTOR INFORMATION

Doctor Information, **DI [Enter]** from the Selection List, allows you to manage up to 999 doctors in the System (per data directory). You can change all of the information entered for all doctors except DOCTOR #1's NAME which is permanently entered on your System for your protection and ours as well. The data entry fields have been divided between two screens.

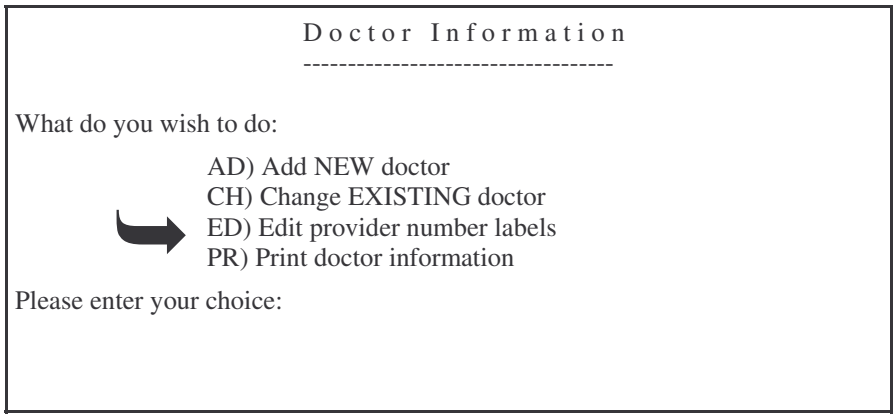
Doctor Information Screens

```
                    Doctor Information
                    ------------------

DOCTOR NUMBER: 1

1)  Doctor's name:          WILLIAM HUDSON, M.D.
2)  Group name:             ALBANY HEALTH CLINIC
3)  Address:                1246 ASH AVENUE
4)  City, state & zip:      ARMONK, NY 10504
5)  Telephone number:       212 333-4444
6)  Social security #:      000-11-2222
7)  Standard provider #:    A12345
8)  Medicare provider #:    A12345
9)  Medi-Cal Provider #:    00A123450
10) Employer tax ID #:      95-000000
11) Blue Shield provider #: 9999999
12) Champus provider #:     8888888
13) Doctor's specialty code:

Enter NUMBER to be changed:
```

You can customize the "labels" of the fields for the additional provider numbers which appear on the second screen of Doctor Information, ***except*** for the field label of number 4, CLIA provider #, which is "hard coded" and can not be changed.

```
                    Doctor Information
                    ------------------

1)  Add. Provider Num. #1 provider #:
2)  Add. Provider Num. #2 provider #:
3)  Add. Provider Num. #3 provider #:
4)  CLIA provider #:                    05D012345
5)  Add. Provider Num. #5 provider #:
6)  Add. Provider Num. #6 provider #:
7)  Add. Provider Num. #7 provider #:
8)  Add. Provider Num. #8 provider #:

Enter NUMBER to be changed:
```

The edit feature can be accessed through the Sub-Menu of Doctor Information. See screen sample below.



Single Group Billing

When entering doctor information for a group, you only need to enter the name, address, phone number, CLIA # and Tax ID number of the group. **The group's numbers are to be entered in the Set Parameters section of Bill Insurance** where you answer **Y**es to **10) Bill as a Group**. Even though you may bill as a group, the individual DOCTORS' PIN (***NOT* UPIN**) numbers should be entered as part of *their* information in Doctor Information. Do NOT enter group numbers as part of the doctor's information. See Group Billing in Bill Insurance. However, you should enter the group's CLIA # in field **#4**.

When billing as a group, all patients should be assigned to the POC Doctor Number used for the group billing (usually Doctor #1). Thus, all patients will be registered to Doctor #1 regardless of who their actual treating physician(s) might be. The members of the group, doctors 2-999, should have their System doctor numbers entered as the treating physicians when charges are recorded.

If your practice has multiple sets of group and treating provider numbers, you need to enter each group as a doctor. Enter the name, address, phone number, Tax ID number and the appropriate CLIA and group provider numbers. Set Parameters section of Bill Insurance, field 10), Bill as a Group, must be set to **N**o. After entering the groups, proceed with entering the treating physicians. If a physician sees patients at more than one location he/she must be entered once for each location with the appropriate treating provider and CLIA numbers.

When entering patients, the patients must be assigned to the POC Doctor Number that corresponds to the office location at which they were seen. Thus all patients who were seen at "Office A" will be assigned to Doctor #1, all patients seen at "Office B" will be assigned to Doctor #2, etc. When charges are recorded for a patient, the appropriate treating physician number must be entered in Add Charges.

DRUG LIST

Drug List, **DL [Enter]** from the Selection List, allows you to view, print, add, change and delete drugs. The System will hold 32,000 drug codes.

If you wish to CHANGE a drug code, ALL patients who currently use the same code will have the change made to them, too.

Changing A Code

When changing a code, entering an **S [Enter]** (for Same) in any field will leave that field unchanged.

Notes:

ENCOUNTER FORMS

Encounter Form, **EF [Enter]** from the Selection List, allows you to print an Encounter Form for any or all patients. The Encounter Form contains two parts. The top part displays patient demographics, diagnosis, balance due and ledger notes. You may customize the lower section of the form for your office. With the proper design, the Encounter Form can act as your Super Bill.

Designing the Form

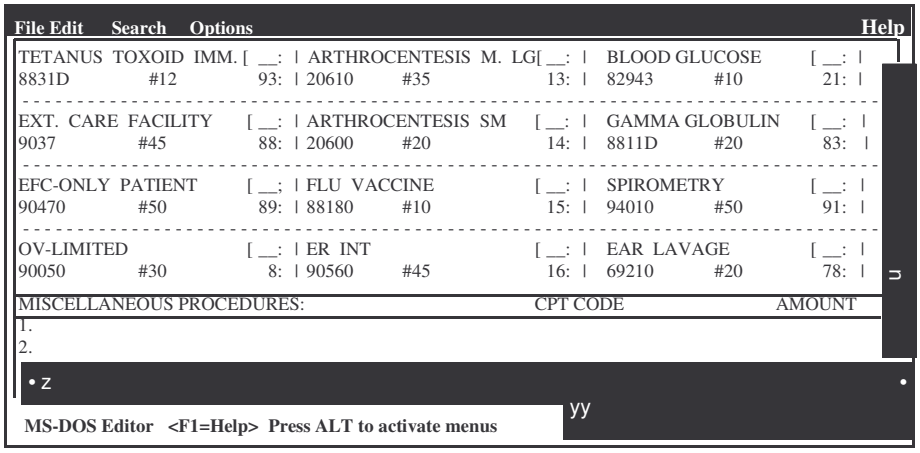
These forms may be designed using any ASCII editor or word processor (in ASCII mode). Be sure your word processor does not include any special control characters, a common situation in non-ASCII mode. We suggest using DOS's EDIT program. Here's what you do if you are using EDIT:

1. From the DOS prompt in the POC directory, type:

   COPY [Space] EFM [Space] EFM.SAV [Enter]

2. When the DOS prompt returns, type:

   EDIT [Space] EFM [Enter]



3. The form that appears may be used as a template to design your own custom form.

Bear in mind as you work: the encounter form you design must be no more than 35 lines long and no more than 80 characters wide.

The name of the finished file must be: **EFM** (If you are designing multiple encounter forms for each doctor, see below.)

Multiple Encounter Forms

You can have a different Encounter Form (EFM filename) for each doctor number and/or each insurance company. Use the doctor number for the DOS filename extension for each doctor in the System, i.e.: **EFM.1** (for doctor #1). **EFM.2** (for doctor #2), etc. Add the insurance company code to the filename for a unique insurance company encounter form, i.e.: **EFMM** (for Medicare), **EFMBS** (for Blue Shield), etc. You may combine doctor numbers and insurance company codes, i.e.: **EFMM.1** (for Medicare-Doctor #1), **EFMBS.2** (for Blue Shield-Doctor #2), etc.

Custom Design

It is possible to design the custom section of an Encounter Form up to 50 lines long (8 lines per inch) if you embed your printer's escape sequence that turns on 8 lines per inch at the beginning of the custom section of the Encounter Form. You must also embed another escape sequence to set your printer back to 6 lines per inch at the end of the form. Using similar printer logic, you may alter your Encounter Form to condense 136 characters into the form's width. **This knowledge is generally considered beyond the scope of the average user and is available as custom programming from POC.**

Printing Encounter Forms

The "Current" option of the Encounter Form program prints Encounter Forms based on appointments scheduled with POC's Appointment Schedule module.

Encounter Forms also may be printed for selected patients independently of the Appointment Schedule. To print Encounter Forms for a group of patients, use the patient numbers separated by commas (i.e.: **125,175,877,3,45**). If you wish to select patients by name, you can choose your patients by typing all or part of their last name. Patients Sam Jones, Jim Sun and Sue Brown would be found by typing:

JONES, SUN,BROWN [Enter] or
JON,SU,BRO [Enter]

The System will help you find the first person, print the form, and then process the next person.

If you wish to find a patient who has a common last name, it is best to enter their last name, a comma, and then their first name:

SMITH, [Space] SUE

The space after a comma tells the System that the following word is a first name. You can use this feature to enter more than one name at a time:

SMITH, [Space] SUE,LOPEZ, [Space] JOSE

Notes:

FIRST REPORT OF WORK INJURY

STANDARD FORM
(Custom First Reports are required in some states)

First Report of work injury, **FR [Enter]** from the Selection List, is designed to complete the necessary information for the submission of "First Reports."

Information for the First Report of Work Injury is obtained from three sources:

1. Patient Information (or New Patients) provides employer name and social security number.
2. Add Charges provides the diagnosis, treating doctors, hospital name and address (if any).
3. The additional information not obtained from the first two sources is entered using the First Report's data entry section.

Therefore, BEFORE running First Reports, you should be certain the Add Charges "21 Questions," diagnosis and procedures section has been completed for First Report patients. Failure to run Add Charges first will result in incomplete information on the First Report.

The additional information entered on the First Report of Work Injury is not permanently maintained by the System. Once the report is printed, the information is erased to conserve disk space.

Notes:

ICD CODE LIST

ICD Code List, **IC [Enter]** from the Selection List, will store up to 32,000 diagnoses and their associated codes. In addition, an unlimited number of One-Time-Only ICD codes and descriptions may be entered during the Add Charges program. We do not recommend using the One-Time-Only feature unless you are reasonable certain you will not be using the code more that once a year. Both permanent and One-Time-Only ICD codes are retrievable using Data Search.

It is recommended that the description be entered with the most general word first (i.e.:-HERNIA, HIATAL rather than HIATAL HERNIA.) By entering the descriptions this way, the ICD codes will be grouped together in the pop up list windows, making it easier to choose the correct variation of the diagnosis.

Changing A Code

When changing a code, entering an **S [Enter]** (for Same) in any field will leave that field unchanged.

Notes:

INSURANCE COMPANY LIST

Insurance Company List, **IL [Enter]** from the Selection List, will maintain up to 32,000 insurance companies and their associated information.

Insurance Codes

You must choose a unique code for each insurance company that you enter into POC. Up to five UPPER CASE or lower case alphanumeric characters of your choosing can be used for every insurance company code you add to the System. Codes are case sensitive. AETNA is not the same code as Aetna or aetna. These are three unique codes to POC.

POC requires that you make unique codes for insurance companies with more than one location, i.e.: AE1, AE2, AE3, etc. for several Aetnas at different addresses.

POC does NOT allow the use of these reserved characters in a code:

*** ? . : ! # \ / >**

Please note: There are six restricted UPPER CASE codes. These six restricted groups of characters are preassigned by POC and must not be changed; otherwise the System will fail to work properly. These six codes and their names are:

M	-	Medicare
MC	-	Medicaid
BS	-	Blue Shield
CH	-	Champus/Champva
RP	-	Responsible Party
OT	-	Other

Medigap ID Number's

In order for Medicare claims to crossover to the appropriate carrier, you must include the carrier's Medigap ID number when creating a new insurance code. The carrier's code is available from your Medicare carrier.

Changing A Code

When changing an insurance code, entering an **S [Enter]** (for Same) in any field will leave that field unchanged.

MAILING LABELS

The Mailing Label program, **ML [Enter]** from the Selection List, will print selected patient's: name(s), address(es) and zip code(s); and insurance company's or provider's: name(s), address(es) and zip code(s). You may also include a patient's medical record number and/or telephone number, if desired.

PLEASE NOTE: use standard kinch X 32 inches labels, one to three across; or,
1 inch X 4 inches, two across for laser or deskjet printers.

Insurance Mailing Labels

POC can print insurance mailing labels to simplify the handling of paper claims. To print insurance mailing labels, you need to print your *current* insurance forms ***first***. This allows POC to build a list of labels to print. After your insurance forms are completed, you can print the corresponding insurance labels in POC's Mailing Labels program with the **IN** option.

Notes:

NEW PATIENTS

New Patients, **NP [Enter]** from the Selection List, allows you to enter new patients, their demographic information, associated insurance and other information. It also allows you to copy an existing patient account to a new account number.

Entering Information

If you inadvertently enter incorrect information in a field and press **[Enter]** before you realize you have made a mistake, you can press ↑ or **[Shift]** + **[Tab]** to move back to the field to make a change. To return to your original position after making the change, press ↓ or **[Tab]**. You can also edit a field at the "Enter NUMBER to be changed" question.

If a field such as a policy number ordinarily contains punctuation, you may leave the punctuation in, if you so wish. You should always duplicate a patient's policy number ***exactly***. This is especially important for electronic billing. When required by the insurance carrier, POC will strip out unwanted punctuation from insurance forms at the time of billing.

Patient Name

The patient's and insured's names are entered as three separate fields: Last Name, First Name and Middle Initial. The total number of spaces provided for the total name, including commas and spaces, is 27 characters. After you have entered the last name, the system will compute the number of spaces left for the first name. Once the first and last name have been entered and you have any spaces left, you will be prompted for the middle initial.

If the patient's (or insured's) name is John Q. Public Jr., you should enter the last name as "Public Jr" or Public Jr." then go on to enter the first name and middle initial at the appropriate prompts. POC will automatically enter a period after the middle initial.

If the patient's (or insured's) name is M. William Jones (the patient or insured doesn't use their first name) enter the last name as usual. For the first name enter the "M" (no peroid) and then enter a "W" as the middle initial. The name must be entered in this fashion to conform to Medicare electronic claims specifications.

Entering a New Patient

Entering a New Patient or changing Patient Information can be accomplished by accessing the applicable screen, Patient Information is divided among three screens. Refer to the sample screens below and on the next page. The patient's phone numbers and social security number are automatically formatted. You do not have to enter spaces or dashes.

Patient # 1-3 **Patient Information**

1)	DOBBS, FRED C.	5)	12/10/1946	9)	Male	13)	Unknown
2)	554 12TH STREET	6)	703 259-8704	10)			
3)		7)	703 332-6378	11)			
4)	FALLS CHURCH, VA 22042	8)		12)			

14)	SSA or ID#: 222-11-3333	18)	Med. Rcd. #: 3488765402
15)	Other ID#: VA545454544	19)	Fam Head:
16)	Send Statements: Yes	20)	Employer: STATIONERS INT.
17)	Finance Charges:		

21)	Rel. of Info. : Yes	23)	Dr. #1 WILLIAM HUDSON, M.D.
22)	Fee Schedule:	24)	Ref Phy: JOHNSON M.D., NORMAN

Enter NUMBER to be changed:

The System automatically defaults to the patient's last name in the Insured's Information section saving keystrokes by allowing you to accept the default and go on to the Insured's first name. If the patient is the Insured, the system defaults to the patient's social security number as the policy number.

```
Patient # 1-3          Patient Information
Dobbs,Fred C

Insured #1:                              Insured #2:
 1) SAME                                  15) SAME
 2)                                       16)
 3)                                       17)
 4)                                       18)
 5)                    6)                 19)                    20)
 7)                                       21)
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
 8) HL      - HOME LIFE                   22) PR      - PRUDENTIAL
    3433 ARLINGTON BLVD.                     3654 WILLOW

    TORRANCE, CA 90503                       RUTHERFORD, NJ 07070

 9) 987654321                             23) 3256823568253
10) Yes  11) 4321                         24) Yes  25) 2463
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
12)                                       26)
13)                                       27)
14)                                       28)

Enter NUMBER to be changed:
```

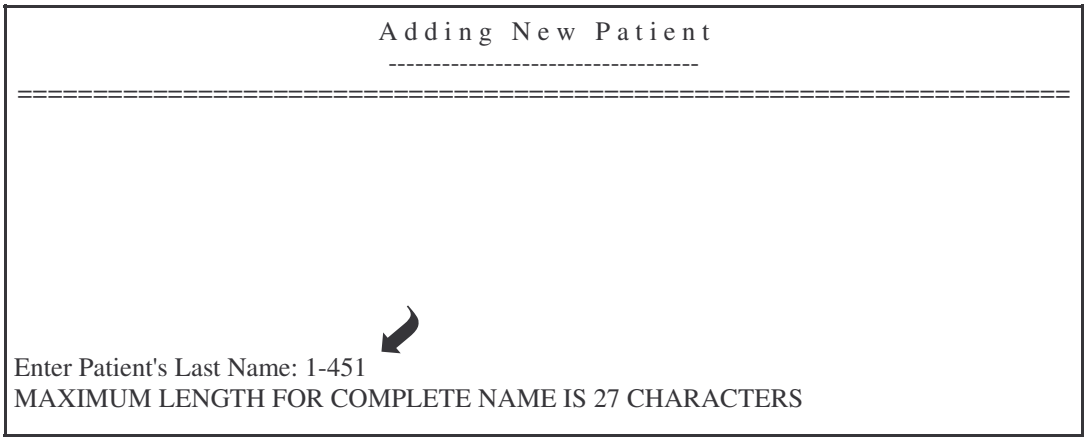
The insurance company's address is displayed providing you the opportunity to verify and change it if needed.

```
Patient # 1-3          Patient Information
Dobbs,Fred C

Insured #3:                              Insured #4:
 1) SAME                                  15) SAME
 2)                                       16)
 3)                                       17)
 4)                                       18)
 5)                    6)                 19)                    20)
 7)                                       21)
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
 8) HL      - HOME LIFE                   22) PR      - PRUDENTIAL
    3433 ARLINGTON BLVD.                     3654 WILLOW

    TORRANCE, CA 90503                       RUTHERFORD, NJ 07070

 9) 987654321                             23) 3256823568253
10) Yes  11) 4321                         24) Yes  25) 2463
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
12)                                       26)
13)                                       27)
14)                                       28)

Enter NUMBER to be changed:
```

You can enter up to four different Insured Names and insurance companies.

Copying/Duplicating A Patient

There are times when it is more convenient to copy the demographics of an existing patient rather than entering all new information. This is easily done by entering the existing patient's account number and hitting **[Enter]**. All of the information, including the insurance information, of this existing patient is displayed on the New Patient screen. At this point you can edit the information as needed and assign a new patient number for this account This feature will greatly expedite the setting up of a family account, refer to Family Accounts further in this section. If you do not know the account number, you can find the patient by hitting the **[F4]** key. (Refer to the Patient Information section page 95 regarding patient search options.)



Telephone Numbers

When entering telephone numbers, any of the following formats, with or without the hyphens, is acceptable (the System will automatically format the phone number):

- #### or
- ### - #### or
##########

The System will automatically put the telephone number into the correct format. If you enter all ten digits, the first three must be the area code.

Medical Record Number

The Medical Record number is a user defined field of information up to twenty characters in length. The Medical Record number is a good place to store information on patients because it is always shown on the Patient Ledger, in Post Payments and in Add Charges. Most important, Data Search can look for any occurrence of a character or group of characters as specified in the Medical Record number. Typical uses of the Medical Record number include payment problems and medical information codes for the doctor.

Family Accounts

Setting up patients as family accounts has the advantage of consolidating all family members under one "Head of Account." This allows you to look at the Head of Family's ledger and see activity of all family members. The system will also print only one statement for the entire family, with one balance due for the family.

The patient designated as Head of Family determines whether a statement is prepared for the entire family.

If you are adding patients who will be billed as a family account, enter the Head of the Family ***first***, before entering other family members. When adding other family members to the System, you can search for their Head of Family by hitting the **[F4]** key at the "Head of Family" prompt.

If you change the head of the family, the System will request the patient number of the new Head of Family. If you do not know the number, just press **[Enter]** and the System will display the next available family member.

Details Concerning Patient Statements

Patient Statements are always sent to Insured #1 or, if there is no Insured #1, to the patient. If the statement is not to go to the primary insured, enter the name and address of the person who is to receive the statement as Insured #1 and enter **RP** (Responsible Party) as the code for "Insurance Company #1." Then proceed to enter the actual insured's name and insurances in the next columns. In the case of family account members, Patient Statements are sent to the "Head of Family" account. ***Whoever is entered as Insured #1 for the Head of Family will receive the Patient Statement(s) for the whole family regardless of who is listed as Insured #1 for the other family members.***

YP Statements Option

In New Patients, when you select the **YP** option for the patient's statement, the System will only print charges on a Patient Statement if the charge has been partially paid (typically by insurance) and/or is beyond a cutoff date (or number of days). The cutoff date is set through the "Dunning Message" option of the Patient Statement program. If a payment or adjustment was posted in Post Payments with the **YNS** option (**Y**es, **N**o **S**tatement), then the charge will not appear on a statement until *another* payment is applied using the **Y** option to record. See Post Payments and Patient Statements for further information.

Alternate Fee Schedule

```
                    Adding New Patient

  Dobbs, Fred C.                  04/11/1895      Male        Unknown
  123 Gold Duct Lane              310-603-0555    Unknown
  Gold Fever, NV 89999            800-782-5214    Not a student
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
  SSA or ID#: 123-45-6789         Med. Rec. #:
  Other ID#:                      Fam Head:
  Send Statements: Yes            Employer:
  Finance Charges: Yes
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
  Release of Info.: Yes           Dr. #2  John Stevens, M.D.
  Bal Fwd:                        Ref Phy:

Alternate Fee Schedule: M_
```

The alternate fee schedule is designed to be used when you need to bill patients an amount that is different from your standard fee schedule on a *regular basis* (use the **YO** option in Add Charges for occasional fee changes). The alternate fee schedule designates a patient to use procedure codes other than the standard codes (codes with no character in the sixth position). By identifying a patient to use an alternate fee schedule, the System will automatically look for a procedure code that contains the designated code in the sixth position when entering procedures.

For example: When recording a 90060 office visit for a patient designated with the fee schedule **M**, the System will automatically look for procedure code 90060M. If 90060M is found, that procedure code will be used. If 90060M is not found, the System will then look for the code 90060 in the standard fee schedule. If found, it will use 90060, the standard code.

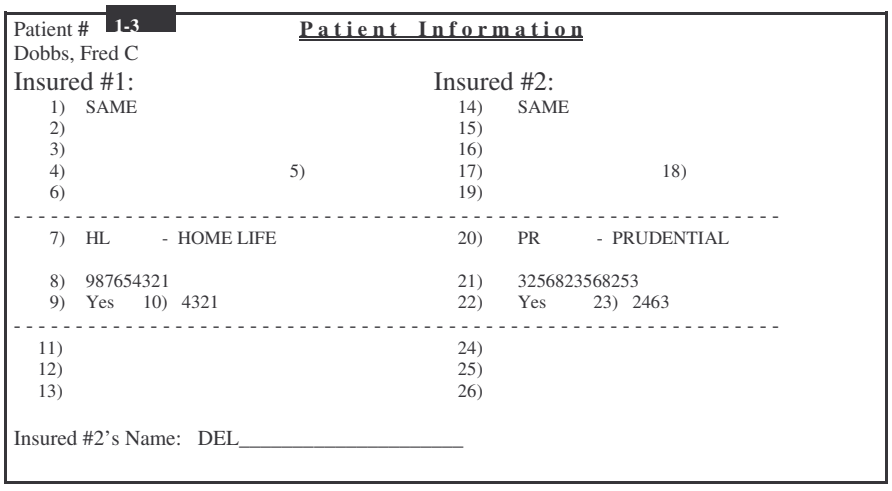
Acceptable codes are any upper and lower case character on your keyboard, except for these three reserved characters: **~, -,** and **[Space]**. *Remember*, UPPER and lower case codes are not the same code. Additionally, we do not recommend using **!**, **#**, **?** or *****. These are wildcard symbols and make using Data Search and Production Report more difficult. For more information on Alternate Fee Schedules, press **[F1]** at the Alternate Fee question.

Insured's Name

If the insured (policyholder) is someone other than the patient, and the statement is not to go to the primary insured, enter the name and address of the person who is to receive the statement as Insured #1 and enter **RP** (Responsible Party) as the code for "Insurance Company #1. Then proceed to enter the actual Insured's name and insurances in the next columns.

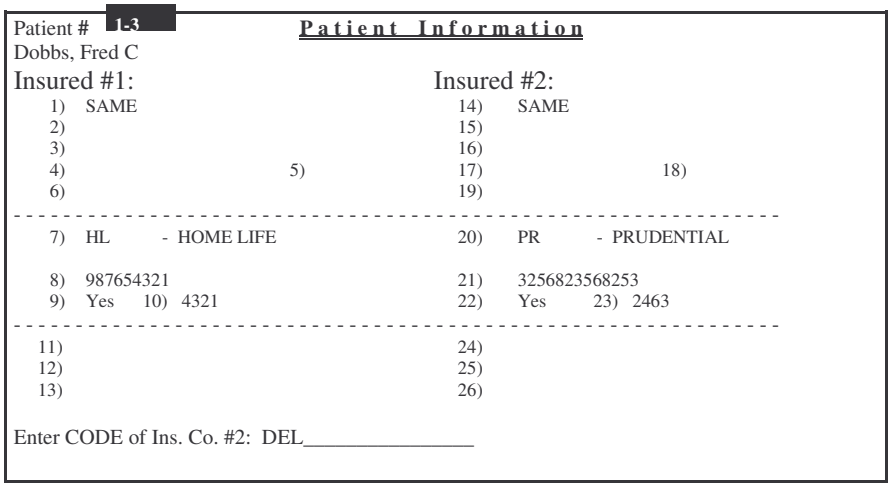
If Insured #1 is the same as the patient, then enter **S** (for same). If the policyholder designated as insured #2 is the same as insured #1, enter **S** (Same) for "Insured #2's name." However, if the *patient* is designated as insured #2 and is not also insured #1, you will need to re-enter the patient's full name when asked for Insured #2's name. If the patient is a child covered by two or more policies and is not the insured on any, the primary policy for the patient is the policy belonging to the subscriber whose birth date falls earliest in the year and who MUST be entered as Insured #1. Insured #1 will also receive the patient statement.

Deleting an Insured



When asked which number you wish to change, enter the number corresponding to the Insured you wish to delete and the type **DEL [Enter]**.

Delete Insurance



If you wish to delete an insurance company, enter 7 or 20 (Insurance Company #1, #2, #3 or #4), and when asked for the new information, type: **DEL [Enter]**. If you delete Insurance Company #1 and do not intend to add a new insurance company, you must change Insurance Company #2 (if it exists) to Insurance Company #1. You cannot have an Insurance Company #2 without an Insurance Company #1. The same rule applies to Insurance Companies #3 and #4. By the same token, you cannot have an insurance company without an insured or an insured without an insurance company code (or RP for Responsible Party). See below.

Responsible Party

If you want to send Patient Statements to a third party who does not have insurance, enter this responsible party as "Insured #1". When asked for the insurance company code, enter **RP[Enter]** for "Responsible Party" and statements will be sent accordingly.

If the patient also has insurance overage, enter the insured's information as "Insured #2" (or #3 or #4).

S for Same or Self

When entering insurance information in New Patients, remember, if the policyholder designated as Insured #1 is the patient, enter **S** (Same) when asked for "Insured #1's Name." By doing this, you save a great deal of typing and the patient's relationship to the insured will be designated as "SELF" on insurance forms. Do NOT re-enter the patient's full name. If you are entering insured #2, 3 or 4 and this insured is the same as the last insured entered; i. e.: you are entering insured #3 and insured #3 is the same person as insured #2; enter **S** for Same.

If the address of Insured #1 is the same as the **PATIENT'S** address, just enter **S [Enter]** for "same" when POC asks for the address. The System will automatically pick up the **PATIENT'S** address. If the address of the previous Insured is the same as the current **INSURED'S** address, just enter **S [Enter]** for "same" and the System will automatically pick up the previous **INSURED'S** address.

Insurance Company Code

When adding a new insurance company to the System and assigning your unique code to access this carrier in the future, you must enter a unique 1-5 character identifier for each new insurance company. This also applies to insurance companies with more than one location. Each location must carry it own unique alphanumeric code, i.e.: AE1, AE2, AE3, etc., for several Aetnas at different addresses. Refer to the chapter on Insurance Companies for assistance.

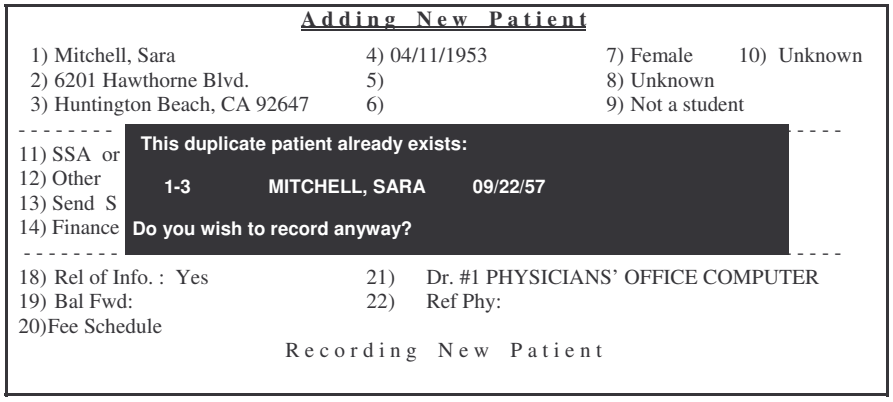
Worker's Compensation

If this patient already exists on the System as one of your regular patients, you should add this patient to the System again to give him/her a new and separate account number for the worker's compensation billing. This is easily done with the "Copying/Duplicating A Patient" feature in New Patients. You may wish to give the new account a different doctor number that has been specifically set aside for worker's compensation or enter **WC** in the medical record number.

Patient Number

POC automatically assigns a patient number to each new patient entered into the System. This is a two part number such as 1-543. The first part of the patient number refers to the primary doctor to whom the patient is assigned. The second part is the unique patient number assigned by the System. Whenever you are asked to enter a patient number, ***the second part of the patient number is the only part you enter*** (i.e.: **543** and not 1-543).

Duplicate Patients



POC will alert you when you have entered a patient name that already exists in the System. This may or may not be what you want. If you do record the patient again, (s)he will be given a different account number. This is sometimes necessary for worker's compensation and/or personal injury cases.

New Patient List

POC keeps a list of all patients who have been added to the System since the last time the System was alphabetized. Its filename is NEWPAT and is available to all POC programs that have a "By List" option. This list is cleared each time the System is alphabetized. Its most common use is to generate new patient reports and "welcome" mailings.

PATIENT INFORMATION

The Patient Information program, **PI [Enter]** from the Selection List, allows you to change demographic information for any patient in the System. It follows the same conventions as the New Patient program. Please refer to the New Patients chapter for additional information common to both programs.

SCREEN #1 - Patient Demographics

```
PT.# 1-3                    Patient Information

 1) Mitchell, Sara                4) 04/11/1953        8) Female      12) Unknown
 2) 6201 Hawthorne Blvd.          5) 703 259-0704      9 ) Unknown
 3) Huntington Beach, CA 92647    6) 703 332-6378      10) Not a student
                                  7)                   11)
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
13) SSA or ID#:    245-66-5521    17) Med. Rec.#:    3488765402
14) Other ID#:     VA454545342    18) Fam Head:
15) Send Statements:    Yes       19) Employer:  STATIONERS INT.
16) Finance Charges:
 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
20) Rel of Info. : Yes            22 ) Dr. #1 PHYSICIANS' OFFICE COMPUTER
21) Fee Schedule                  23) Ref Phy:

Enter NUMBER to be changed: _
```

1) Name
2) Address
3) City, State, Zip Code
4) Date of Birth
5) Home Telephone #
6) Other Telephone #
7) Emergeny Phone #
8) Sex
9) Employment Status
10) Student Status
11) Emergency Contact Name
12) Marital Status

13) SSA or ID
14) Other ID
15) Send Statements
16) Finance Charges
17) Medical Record Number
18) Head of Family Account
19) Employer

20) Release of Information
21) Fee Schedule
22) Doctor # (Primary)
23) Referring Physician

SCREENS #2 & #3 - Insured's Information

```
Patient # 1-3                    Patient Information
Dobbs, Fred C
Insured #1:                                  Insured #2:
    1)  SAME                                     14)  STEVENS, DWIGHT
    2)                                           15)  554  12TH  STREET
    3)                                           16)  FALLS CHURCH, VA 22042
    4)                        5)                 17)  Spouse          18)  Male
    6)                                           19)  Unknown
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
    7)  HL      - HOME LIFE                      20)  PR      - PRUDENTIAL
        3433 ARLINGTON BLVD.                         3654 WILLOW

        TORRANCE, CA 90503                           RUTHERFORD, NJ 07070

    8)  987654321                                21)  3256823568253
    9)  Yes   10)  4321                          22)  Yes     23)  2463
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
   11)                                           24)
   12)                                           25)
   13)                                           26)

Enter NUMBER to be changed:
```

Insured #1 (or #3):
- 1) Name
- 2) Address
- 3) City, State, Zip Code
- 4) Relationship 5) Sex & Bdate
- 6) Employment Status

Ins. Co. #1 (or #3)
- 7) Insurance Code, Name, Address, Phone Number and Contact
- 8) Policy #
- 9) Assign 10) Group #
- 11) Employer Name
- 12) Address
- 13) City, State, Zip Code

Insured #2 (or #4):
- 14) Name
- 15) Address
- 16) City, State, Zip Code
- 17) Relationship 18) Sex & Bdate
- 19) Employment Status

Ins. Co. #2 (or #4)
- 20) Insurance Code, Name, Address Phone Number and Contact
- 21) Policy #
- 22) Assign 23) Group #
- 24) Employer Name
- 25) Address
- 26) City, State, Zip Code

Insurance Screen Bypass

A POWER USER BYPASS COMMAND

When entering a patient's account number, you may append an "I", for Insurance (i.e.: - 9999I), to bypass directly to the second screen, the insurance screen.

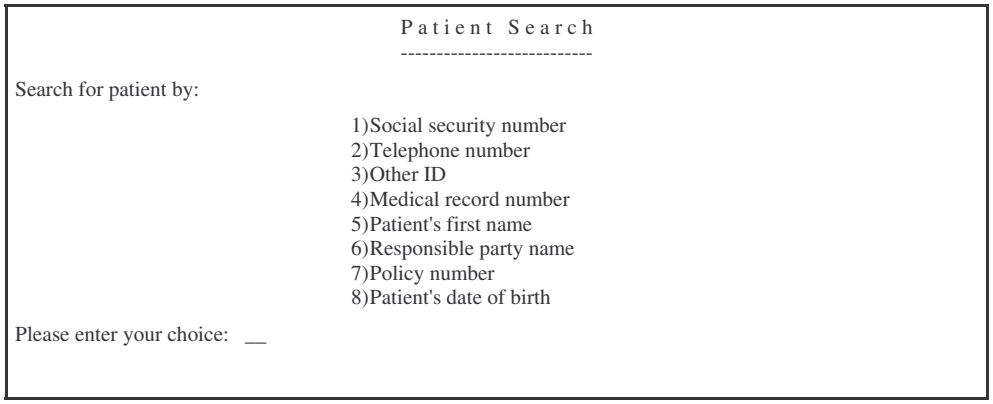
Jump Back to Patient Screen

A POWER USER BYPASS COMMAND

When in the second or third screen of Patient Information, the "insured's" screens, you can jump back a screen by pressing **[Esc]** at the "Enter Number To Be Changed" question.
Please remember, any changes made on screen two or three will NOT be saved when performing this function.

F4—Patient Search

You can search for a patient by their first name, social security number, phone number, Medical Record Number, Other ID, responsible party, Policy number or patient's date of birth by pressing the **[F4]** key. This function can be accessed at the Sub-Menus in **Posting Payments, Adding Charges, Patient Ledger, Super Bill, Patient Information and Clinical Data**.



Notes:

PATIENT LEDGERS

Patient Ledgers, **PL [Enter]** from the Selection List, allows you to view and print ledgers using a variety of options. You may also add and change ledger notes.

Patient Ledger Bypass

A POWER USER BYPASS COMMAND

```
                    Patient Ledger

    What do you wish to do:
                                SI)  SINGLE ledger.
                                AL)  Print ALL ledgers.
                                RA)  Print RANGE of ledgers.
                                LS)  Print LIST of ledgers.

Please enter your choice:  9999V_
```

When entering a patient's account number, you may append a **V** (i.e.: - **9999V**) to bypass directly to viewing the ledger; append a **P** to bypass directly to printing the ledger; append **C** to bypass directly to changing the ledger note.

```
                    Patient Ledger

    What do you wish to do:
                                SI)  SINGLE ledger.
                                AL)  Print ALL ledgers.
                                RA)  Print RANGE of ledgers.
                                LS)  Print LIST of ledgers.

Please enter your choice:  MITCHELL
```

You may also enter a patient's name at the Patient Ledger menu, saving the extra **[Enter]** to get back to the name or number question.

Print By List

If you wish, you may print Patient Ledgers by a previously saved list. This list may be created and saved through either the Data Search program or Accounts Receivable. For example: you may wish to print all ledgers for accounts over 120 days old for review of possible collection action.

Additional Print Options

Patient Ledger

USER—SELECTED CATEGORIES

RANGES:
1) Range of Dates:
2) Range of Patients N/A

PRINT/VIEW OPTIONS:
3) List Name: N/A
4) Include Payments: Yes
5) Start with First Open Charge: No

PRINT ONLY OPTIONS:
6) By Primary Doctor: N/A
7) Print Doctor Information: No
8) Disable Pagination: No
9) Start with most recent zero balance: No
10) Number of copies: 1

Enter number to be changed (X to Exit) :

Disable Pagination

Patient Ledger

USER-SELECTED CATEGORIES

RANGES:
1) Range of Dates:
2) Range of Patients: N/A

PRINT/VIEW OPTIONS:
3) List Name: N/A
4) Include Payments Yes
5) Start with First Open Charge: Yes

PRINT ONLY OPTIONS:
6) Doctor No
7) Print Doctor Invormaiton: No
8) Disable Pagination: Yes

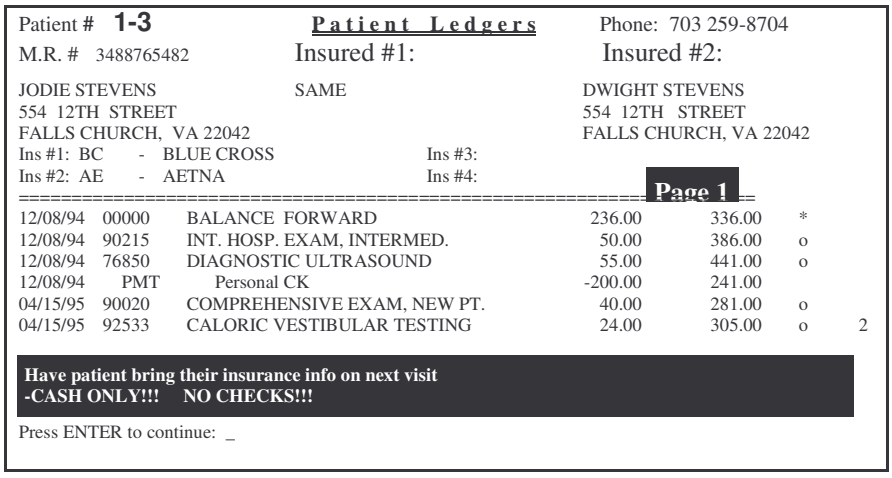
Enter number to be changed (X to Exit): _

If you want to print multiple ledgers and you want to conserve paper, you can change user option 8 to Yes. When set to Yes, the System does not send a form-feed to the printer at the end of each ledger.

Print or View By Range of Dates

If you print or view ledger by a range of dates, **the aging and total shown at the end of the ledger is only for the range of dates selected.**

Columns



As you view the Patient Ledger, you will see two columns of dollar amounts on the right. The first of these columns is the transaction amount. The second column is the patient's running balance. Lines ending in and asterisk, "*****", indicate the charge has been partially paid. If the line ends in an "**o**", no payment has been posted against that charge and it remains open. Nothing next to the charge indicates the charge is fully paid.

The column to the right of the "**o**" and "*****" shows the treating physician (System doctor number) for the procedure. This column will contain the doctor's number ***if*** the procedure was provided by a doctor other than the primary physician entered in New Patient or Patient Information.

Ledger Notes

You may enter a ledger note(s) for each patient in the System. The same ledger note will appear on every page of the ledger when the ledger is viewed in the Post Payment selection list and in Adding Charges. When the ledger is printed, the note will appear at the end of the ledger. Ledger notes are for global remarks regarding the patient. Use **REM** in Add Charges or **Remarks** in Post Payments for remarks that refer to specific charges, etc. See Add Charges and Post Payments for further details.

To add or change a ledger note, you may append a **C** (for Change) to the patient account number (i.e.: **9999C**) or choose the "Single" selection, enter the patient number and then choose the "Change Ledger Note" selection.

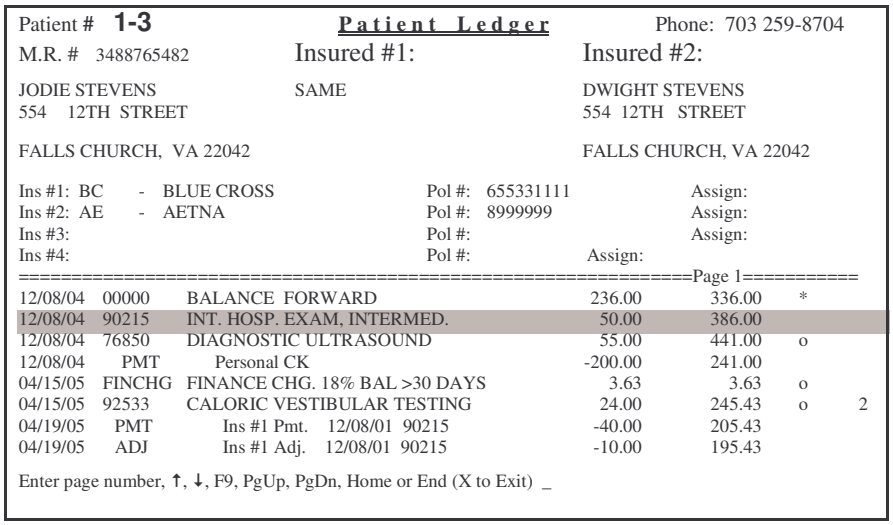
You have two lines of up to 70 characters each for your note(s). When changing a note you may wish to change just one of the lines. To change a line, just type your new note.

To leave a line unchanged, just hit **[Enter]**. To delete both lines of a note, type **DEL [Enter]** on line #1 (if you type DEL on line #2, it will only delete line #2). To only delete line #1, press **[Space] [Enter]**.

If you do NOT want a note to print on the patient's ledger or statement, start the line with a minus sign, "**-**", as in line two of the previous screen example that says "-CASH ONLY!!! NO CHECKS!!!" In this example, line one will print and line two, the line that begins with the "**-**", will not. *Remember, you must have the printing of ledger notes enabled in Patient Statements in order for ANY ledger note to print on a statement.* See Patient Statements, Set Parameters section, for more details.

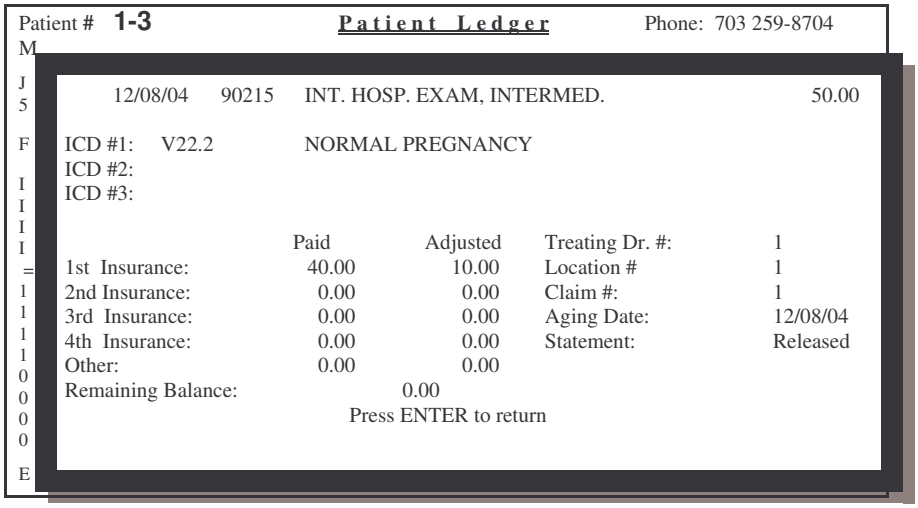
F9—Enhanced Patient Ledgers

Additional information can be displayed on any charge when viewing a patient's ledger. Use the ↑ and ↓ keys to highlight the charge line on which you wish to see additional information. Then press the **[F9]**. This will pop-up a window that displays the date of service; procedure code; description; charge amount; the diagnoses that this charge was billed with; the amounts paid and adjusted by each insurance company and other source; remaining balance; treating doctor number; location of service; claim number; aging date; whether the charge is pending, released or has already been printed on a statement; and if the charge was added as an YNIF (Yes No Insurance Form) charge.



```
Patient # 1-3                    Patient Ledger                  Phone: 703 259-8704
M.R. # 3488765482                Insured #1:                     Insured #2:

JODIE STEVENS                    SAME                            DWIGHT STEVENS
554  12TH  STREET                                                554 12TH  STREET

FALLS CHURCH,  VA 22042                                          FALLS CHURCH, VA 22042

Ins #1: BC     - BLUE CROSS                 Pol #:  655331111          Assign:
Ins #2: AE     - AETNA                      Pol #:  8999999            Assign:
Ins #3:                                     Pol #:                     Assign:
Ins #4:                                     Pol #:                Assign:
==========================================================Page 1==========
12/08/04  00000    BALANCE FORWARD                      236.00    336.00   *
12/08/04  90215    INT. HOSP. EXAM, INTERMED.            50.00    386.00
12/08/04  76850    DIAGNOSTIC ULTRASOUND                 55.00    441.00   o
12/08/04    PMT        Personal CK                     -200.00    241.00
04/15/05  FINCHG   FINANCE CHG. 18% BAL >30 DAYS          3.63      3.63   o
04/15/05  92533    CALORIC VESTIBULAR TESTING            24.00    245.43   o     2
04/19/05    PMT        Ins #1 Pmt.  12/08/01  90215     -40.00    205.43
04/19/05    ADJ        Ins #1 Adj.  12/08/01  90215     -10.00    195.43

Enter page number, ↑, ↓, F9, PgUp, PgDn, Home or End (X to Exit) _
```

Sample of Patient Ledger with **F9** key pop-up window.



```
Patient # 1-3                    Patient Ledger                  Phone: 703 259-8704
M
J
5
F
I
I
I
I
=
1
1
1
1
0
0
0
0
E
        12/08/04    90215    INT. HOSP. EXAM, INTERMED.                    50.00

ICD #1:    V22.2          NORMAL PREGNANCY
ICD #2:
ICD #3:

                          Paid        Adjusted     Treating Dr. #:      1
1st  Insurance:           40.00         10.00      Location #           1
2nd Insurance:             0.00          0.00      Claim #:             1
3rd  Insurance:            0.00          0.00      Aging Date:          12/08/04
4th  Insurance:            0.00          0.00      Statement:           Released
Other:                     0.00          0.00
Remaining Balance:                 0.00
                        Press ENTER to return
```

PATIENT STATEMENTS

Patient Statements, **PS [Enter]** from the Selection List, allows you to print statements, control print options, customize dunning messages and add finance charges.

Printing Statements

You may print a single statement, a range of statements or all statements for any one doctor or for all doctors.

In Alphabetical Order

Statements may be printed in alphabetical order using the "Print by List" option in Patient Statements. When asked for the name of the list file, type: **ALPHA [Enter]**. Before using the ALPHA option, be certain to first alphabetize your patients in the Alphabetize Patients program from the main Selection List. Alphabetizing creates a "fresh" ALPHA file that contains ALL patients in alphabetical order. ***Failure to alphabetize will cause new patients entered since the last time you alphabetized to be printed at the end of the statement run.***

In Zip Code Order

Patient Statements may be printed in zip code order rather than in patient number sequence. From the main Selection List, type:

DS [Enter]	-	Go to Data Search
SL [Enter]	-	Go into the Sort List program
ALL [Enter]	-	Choose the ALL file
RZ [Enter]	-	Sort Responsible Party in zip order
ZIPORDER [Enter]	-	Name the file created "ZIP ORDER"
[Enter]	-	No next list (we're finished)
[Enter]	-	Return to Data Search
[Enter]	-	Return to the main Selection List
PS [Enter]	-	Go to Patient Statements
LS [Enter]	-	Choose the "Print by List" option
ZIPORDER [Enter]	-	Enter the file name we just created

Continue printing statements as usual.

Family Accounts

Patient Statements are prepared only for those patients designated to receive them. For family account members, the "Head of Family" determines whether a statement will be printed for the entire family. The family statement indicates the previous balance and balance due for the entire family account, as well as the previous balance and new charges for the Head of Family and for each family member.

Updating Patient Statements

Printing Statements

What do you wish to do:

SI) Print SINGLE statements
AL) Print ALL statements
RA) Print RANGE of statements
LS) Print statements by LIST
SP) Set Parameters
FC) Add Finance Charges

Please enter your choice: UP_

Updating occurs as a normal function of printing Patient Statements. There may be times, however, when you need to update manually without printing the forms. Not shown on the Patient Statement screen is the special **UP** "Update" option. This option allows you to update all or a range of Patient Statements as if you had actually printed them. This update feature can be useful for a variety of reasons, including: Updating forms that DID get properly printed and you answered "No" to "Did All Forms Print Correctly?" Also, you can update first and then send Patient Statements with no detail, only a balance forward. BE CAREFUL WITH THIS OPTION! Once you update, you can't reprint the detail! You can, of course, print the patient's ledger with full detail at any time.

Addressee

Patient Statements are sent to the person designated as Insured #1 in Patient Information. If there is no Insured #1, the statement will be sent to the patient. Family members' transactions are always sent to the "Head of Family" (Insured #1).

Statement Parameters

Statement Parameters

1) Over 30-days message:
Please pay amount shown.
2) Over 60-days message:
Payment will be appreciated.
3) Over 90-days message:
This account is PAST DUE!
4) Over 120-days message:
PLEASE REMIT IMMEDIATELY
5) Insurance message:

NEW CHARGES HAVE BEEN SENT
TO YOUR INSURANCE CARRER(S)
6) Statement type: Speedi-mailer
7) Last payment message:
Thank you for your payment.
8) Cut-off date;
04/15/95
9) Billing cycle:
5 days
10) Minimum balance:
$0.01
11) Partial statement criteria:
Hold charges pending payment
12) Print ledger notes: NO
13) Print stmt line in ledger: NO

Enter the NUMBER you wish to change:

Dunning Messages, #1-4

User-defined Dunning Messages for delinquent accounts may be up to 28 characters in length.

Insurance Messages, #5

User-defined insurance message of up to 3 lines of 30 characters each are available and will print on appropriate Patient Statements.

Statement Type, #6

The statement type allows you to choose between POC's: 6-part Speedi-mailer; fold-and-stuff preprinted statement; or the plain paper statement as well as which credit card(s)-if any- you will accept as payment..

Last Payment Message, #7

A user-defined last payment message may be up to 28 characters in length.

Cutoff Date, #8

The cutoff date determines the charges and payments to be printed for patients who are designated to receive partial statements under the **YP** option in Patient Information and New Patients. Under this option, patients receive statements only if all of the following conditions are met: 1) charges are *dated prior to and including the cutoff date*; 2) the charge has been partially paid off; and 3) the payment or adjustment was NOT recorded with the **YNS** option. See "Partial Statement Criteria" below and the New Patients and the Post Payments chapters for further assistance.

Billing Cycle, #9

The billing cycle sets the frequency of how often a patient receives a Patient Statement. If your office bills every day or week, and you want your patients to receive a Patient Statement only once a month, set the billing cycle to 28 days. The System will look at the "Statement sent" date on the Patient Ledger and determine if 28 days (or the specified number of days) have passed since the last statement. If the number of days passed is greater than the billing cycle, the System will print a Patient Statement. If not, it will skip the patient's statement during the current print run. If new charges have been added to the patient's account, a statement will be printed during the next run regardless of the number of days in the billing cycle.

Minimum Balance, #10

A Patient Statement will only be printed for a designated patient when the balance of the patient's account is equal to or greater than the minimum balance. You may wish to set the Patient Statement minimum balance to at least 50 cents. It costs that much just for the paper and postage. If you want credit balances to print, set the amount to a minus amount, i.e.: **-99999.00**

Partial Statement Criteria, #11

You can choose between two options when printing Patient Statements for patients designated **YP** (Yes Partial statements) in New Patients or Patient Information. You can withhold charges that are pending payment AND are dated prior to the cutoff date or, alternately, you can withhold charges by cut-off-date only.

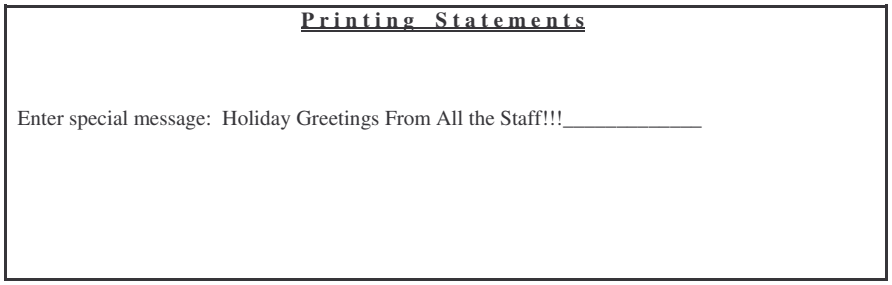
Print Ledger Notes, #12

You can choose whether or not to include Patient Ledger notes on a Patient Statement. If Yes, those notes that begin with a "**-**" minus sign will STILL NOT be printed.

Print Statement Line in Ledger, #13

If you choose Yes, an entry (showing the date) will be made in the patient's ledger every time you print a statement for the account. If you choose No, the ledger will display only the LAST time the patient received a statement.

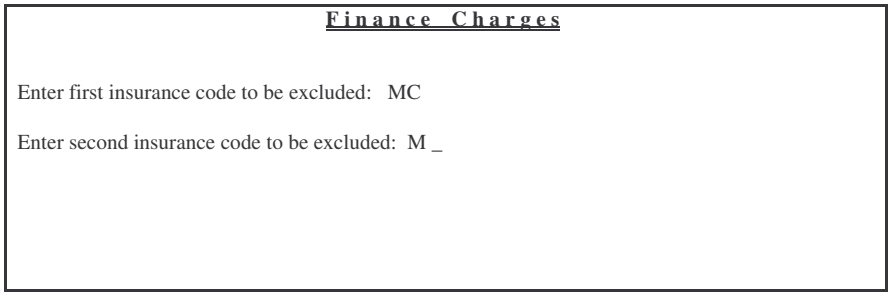
Special Messages



A special message for office closings, holiday greetings, etc., up to 48 characters per line (two lines), may also be printed on all Patient Statements. This user-defined message is entered just prior to printing Patient Statements.

Finance Charges

Finance Charges for delinquent accounts may be added to the Patient Statement for a range of patients or all patients, for a single doctor or all doctors. In addition, you may *exclude* up to two insurance codes from incurring finance charges or, optionally, by identifying individual patients in New Patients/Patient Information, question 14.



The above example excludes patient with **MC** - Medicaid OR **M** - Medicare from receiving finance charges. Remember, code matches are **UPPER** and **lower** case sensitive. You may exclude groups of codes by matching the codes with selected wildcards. For example: M???? excludes patients with ANY insurance code that begins with "M", i.e.: Mc, METRO, MASS, etc. (See Data Search for a complete description of wildcards.)

When adding Finance Charges, POC will request the annual percentage rate (enter 18% as **18** and NOT **.18**) and the aging category for which finance charges are to apply. One month's interest will automatically be calculated and added to each qualifying Patient Ledger as a new charge with a Procedure Code of "Finchg." Finance charges do not print on insurance forms.

PLEASE NOTE: YOU MAY ADD FINANCE CHARGES AT ANY TIME AND ARE NOT REQUIRED TO PRINT PATIENT STATEMENTS WHEN FINANCE CHARGES ARE ADDED. HOWEVER, SINCE THE SYSTEM WILL CALCULATE INTEREST FOR ONE MONTH, YOU SHOULD NOT APPLY FINANCE CHARGES TO ANY GIVEN ACCOUNT MORE OFTEN THAN ONCE PER MONTH.

Finance charges are included in both the Transaction Report and the Billings/Collections Report under the primary physician, regardless of who the treating physician was for the unpaid charges.

Changing Patient Statement Forms

POC comes with three statement programs: a 6-part, “Speedi-Mailer” statement program; a preprinted, 1-part, fold-and-stuff statement program; and a plain paper program.

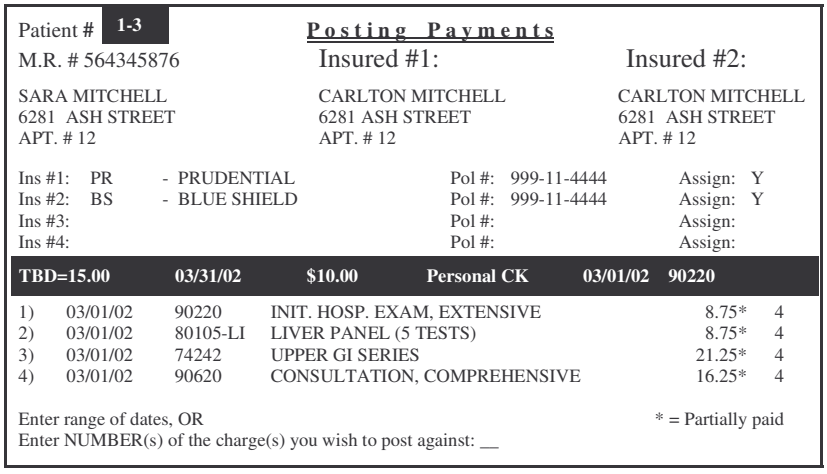
If you wish to change patient statement forms, select **SP** for Set Parameters in the statement program and choose option six to make your selection.

The 1-part statement will work in all good quality printers. The 6-part requires a wide carriage, commercial duty printer rated for 6 thicknesses of heavy paper. The printer costs more initially, but is **well worth the investment**. Please call us for a printer recommendation if you are considering 6-part forms.

Notes:

POST PAYMENTS

Post Payments, **PP [Enter]** from the Selection List, allows you to post payments, adjustments, payment reversals, refunds and enter remarks under a variety of options. The Posting Payments screen displays the patient's full four line address and all four insurance companies.



Patient # 1-3 **Posting Payments**

M.R. # 564345876

	Insured #1:	Insured #2:
	SARA MITCHELL	CARLTON MITCHELL	CARLTON MITCHELL
	6281 ASH STREET	6281 ASH STREET	6281 ASH STREET
	APT. # 12	APT. # 12	APT. # 12

Ins #1:	PR	- PRUDENTIAL	Pol #: 999-11-4444	Assign:	Y
Ins #2:	BS	- BLUE SHIELD	Pol #: 999-11-4444	Assign:	Y
Ins #3:			Pol #:	Assign:	
Ins #4:			Pol #:	Assign:	

TBD=15.00 03/31/02 $10.00 Personal CK 03/01/02 90220

1)	03/01/02	90220	INIT. HOSP. EXAM, EXTENSIVE	8.75*	4
2)	03/01/02	80105-LI	LIVER PANEL (5 TESTS)	8.75*	4
3)	03/01/02	74242	UPPER GI SERIES	21.25*	4
4)	03/01/02	90620	CONSULTATION, COMPREHENSIVE	16.25*	4

Enter range of dates, OR * = Partially paid
Enter NUMBER(s) of the charge(s) you wish to post against: __

Payment and Adjustment Types

Regular: This is the simplest style of posting payments. Payments entered are applied to the oldest outstanding unpaid charges. This type is most useful for cash payments (uninsured patients).

Open Item: This option (also called line item) allows you to select on an individual basis, or by range of dates, the exact charges you wish to post against. It is most frequently used when posting from an EOB (Explanation of Benefits). Open item allows you to enter the amount of adjustment for each charge. When viewing a charge to post against that has an "*". the asterisk means the charge showing is the remaining balance not the full charge. **PLEASE NOTE: You MUST use this option when posting payment in order to generate accurate reimbursement Production Reports and "open charge" reports.**

Manual Annotation: This works exactly like REGULAR, with the ability to type a short note about the payment.

Dates of Service: This option is the quickest way to Post Payments to a group of charges determined by the charges' date(s) of service. This method is used typically for posting from an insurance E.O.B. If the payment is not sufficient to cover the total of the charges, the payment and then any adjustment(s) will be applied from oldest to most current charge. When viewing a charge to post against that has an "*", the asterisk means the charge showing is the remaining balance, not the full charge.

Payment Reversal: Use this option to reverse payments and adjustments only. While it will reverse a payment or adjustment on the Patient Ledger, this option will NOT reverse a payment out of the Deposit Slip.

Post Unapplied Credit: This option is used to post a payment without paying off (closing) any charges and allows you to enter a description for the payment.

Disburse Unapplied Credit: This option displays all of the unapplied payments on the patient's ledger, allows you to pick one and then lets you disburse it over the charges you have selected.

Delete Payment: This option does not appear as a selection until after you have entered a payment or adjustment, are ready to record it, and *then* decide to make a change before making a permanent record.

PLEASE NOTE: If you need to make an **adjustment** with no payment, select the appropriate option and enter the adjustment amount when asked for the "AMOUNT OF PAYMENT." Then select the desired adjustment category at the "FORM OF PAYMENT" question.

Refunds

Use this option for refund checks only. Do not enter adjustments or reversals here. Doing so will cause serious errors in your reports.

When using the REFUND option, only one refund per patient can be entered at a time. A refund or payment reversal cannot be entered at the same time payments or adjustments are entered for a patient.

REFUNDS appear in a separate category in the Billings/Collections Report under the primary doctor or the treating physician if the treating physician is indicated at the time the refund is entered. In the Transaction Report, refunds are listed separately under the primary physician. Refunds will be noted as Procedure Code 00000 on the patient ledger and statement.

You may enter a REFUND regardless of whether the outstanding balance on the patient's ledger is positive or negative. However, a refund is like a negative payment and the System treats all refunds as charges when it calculates balances.

Payment Option Bypass

A POWER USER BYPASS COMMAND

When entering the patient's account number, you may follow the patient number with the letter corresponding to the payment option you wish to use and the System will immediately skip to that option. If you enter the patient number followed by an **A**, the System will go immediately to the REGULAR option of Post Payments (i.e.: **1234A [Enter]** for patient # 1234). The patient number followed by a **B** will take you to OPEN ITEM; a **C** will take you into MANUAL ANNOTATION; a **D** to RANGE OF DATES. You may also use these bypass letters appended to a **Y** response when asked "Is This The Correct Patient?" (i.e.: **YC [Enter]**).

Cross Posting Payments

Cross posting happens when you post a payment to a transaction that was performed by a doctor (treating physician) that is different from the patient's primary physician. Remember that under options **A** and **C** of Post Payments, the payment is posted against the first open charge on the Patient Ledger, and in the case of option **D**, against the first open charge for the selected range of dates. If you are entering a payment or adjustment for a cross posted charge that is not the first open charge on the Patient Ledger you ***must*** use option **B** in order for the payment or adjustment to be correctly posted.

Find Patient by Policy/SS Number

Occasionally you will receive and insurance payment where either the name is incorrect or not on the EOB (Explanation of Benefits). In this case, you may locate the patient by his/her policy/social security number. Just hit the **[F4]** key at the "Enter Patient Name or Number" prompt.

Deposit Slip

The Deposit Slip is a transmittal slip for depositing checks and cash into the bank. It is not related in any way to cross posting between doctors or any other part of the System. If a discrepancy exists between payments posted on the Transaction Report and the Deposit Slip, the error(s) will be printed on an "**out of balance**" report. You cannot edit/change an incorrect Deposit Slip, refer to the Transaction Report section.

YNS Option

The **YNS** option (**Y**es, **N**o **S**tatement) at the end of Post Payments, immediately before your entries are permanently recorded to the System, requires that the current patient be set up through Patient Information (or New Patients) with the **YP** option for Printing Statements. This option is designed for patients who have insurance and you do not want charges to appear on Patient Statements until you have received payments from the insurance companies. To accomplish this, when posting payments or adjustments from the primary insurance company, permanently record them with the **YNS** option. This will cause the charges to be withheld from the patient's statement. When posting payments or adjustments from the last insurance company, they should be recorded with the **Y** option, allowing the charges to be printed on the statements the next time statements are prepared.

If you are holding secondary insurance billing pending payment by the primary insurance, or have **YP** (Yes, Partial) statements that are pending payment, you may enter a zero payment through option **B** to free charges for printing on the seconday insurance form or on Patient Statements.

To Be Disbursed

Patient # 1-3 **Posting Payments**

M.R. # 564345876 Insured #1: Insured #2:

SARA MITCHELL	CARLTON MITCHELL	CARLTON MITCHELL
6281 HAWTHORNE BLVD.	6281 HAWTHORNE BLVD.	6281 HAWTHORNE BLVD.
MANHATTAN BCH, CA 90266	MANHATTAN BCH, CA 90266	MANHATTAN BCH, CA 90266

Ins #1: PR - PRUDENTIAL Ins #3:
Ins #2: BS - BLUE SHIELD Ins #4:

TBD = 60.00 04/15/95 $20.00 Insur. Pmt. 12/06/94 90060

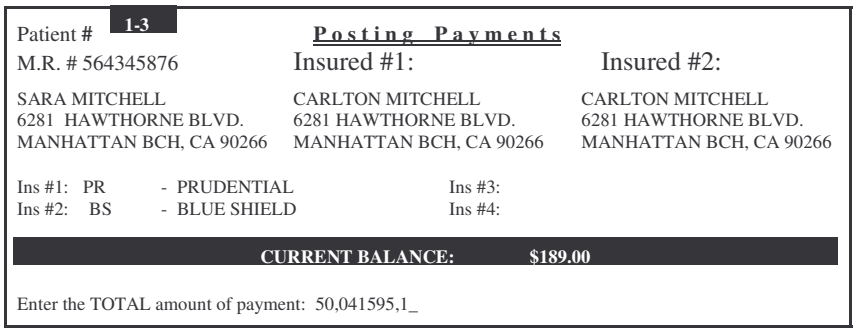
1)	12/01/94	90060	INTERMED. EXAM. EST. PT.	5.00*	
2)	12/05/94	90060	INTERMED. EXAM. EST. PT.	5.00*	
3)	12/06/94	90060	INTERMED. EXAM. EST. PT.	5.00*	
4)	12/07/94	90060	INTERMED. EXAM. EST. PT.	25.00	
5)	12/08/94	90060	INTERMED. EXAM. EST. PT.	25.00	
6)	04/15/95	71020	CHEST XRAY, 2 VIEWS	40.00	2
7)	04/15/95	81000	URINALYSIS	11.50	2

Enter range of dates, OR

When posting a payment over multiple charges from a single E.O.B., you may find it useful to refer to the left hand side of the reverse video bar mid-screen, as in the above example. Located in this bar you will see: tbd=60.00. TBD stands for " To Be Disbursed" and is the amount remaining to be disbursed from the E.O.B. This amount is decreased as each payment is posted until a zero balance is reached.

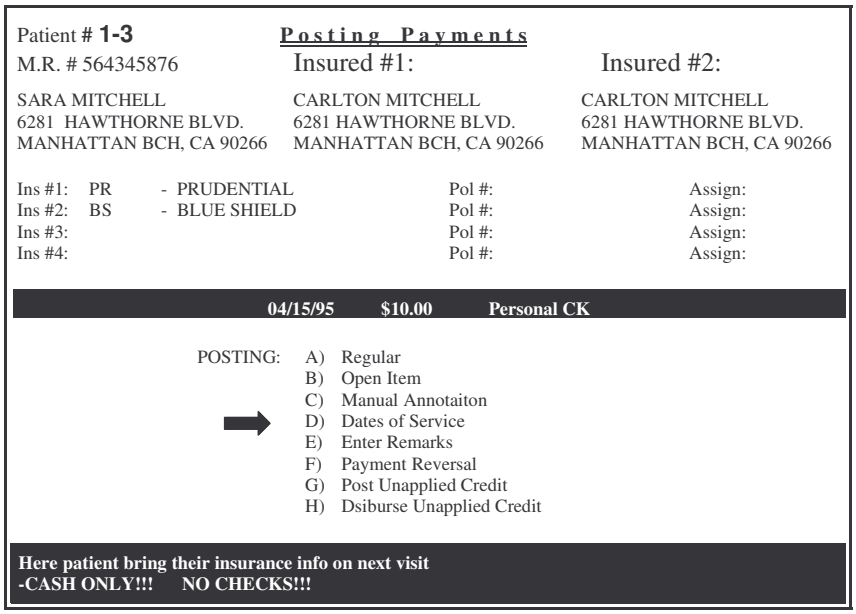
Payment Entry Bypass

A POWER USER BYPASS COMMAND



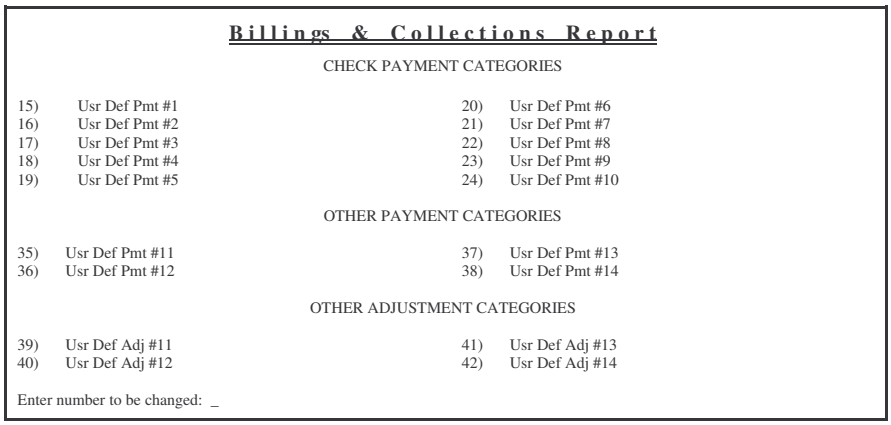
To help speed up the entry of payments, when you are asked to enter the amount of payment, you may enter the payment amount, date of payment and the form of payment on one line separated by commas (i.e.: - **50,041595,1** would enter a $50 payment on 04/15/95 as a personal check). If the date of the payment is the same as the System date, you can omit the six digit date (i.e. - **50,,1** would enter a $50 personal check payment on the POC System date).

Remarks



Once a payment has been entered, you can comment the entry with a remark. This is very handy for Option B type payments/adjustments (and others) which don't have annotations.

Changing Payment/Adjustment Headings



Billings & Collections Report

CHECK PAYMENT CATEGORIES

15)	Usr Def Pmt #1	20)	Usr Def Pmt #6
16)	Usr Def Pmt #2	21)	Usr Def Pmt #7
17)	Usr Def Pmt #3	22)	Usr Def Pmt #8
18)	Usr Def Pmt #4	23)	Usr Def Pmt #9
19)	Usr Def Pmt #5	24)	Usr Def Pmt #10

OTHER PAYMENT CATEGORIES

35)	Usr Def Pmt #11	37)	Usr Def Pmt #13
36)	Usr Def Pmt #12	38)	Usr Def Pmt #14

OTHER ADJUSTMENT CATEGORIES

39)	Usr Def Adj #11	41)	Usr Def Adj #13
40)	Usr Def Adj #12	42)	Usr Def Adj #14

Enter number to be changed: _

You can change the Payment Category headings in the Billings/Collections Report program. Choose the **CH** Change option after entering the Billings/Collections Report program from the main Selection List.

PLEASE NOTE: When changing a Check Payment Category in lines 15 through 24, the System will automatically create a corresponding adjustment category, lines 25 through 34 (these adjustment categories will be displayed in Posting Payments "Type of Payment" screen.) On the other hand, the User Defined Payments in lines 35, 36, 37 & 38 are independent of the User Defined Adjustments in lines 39, 40, 41 & 42.

Capitation Payments

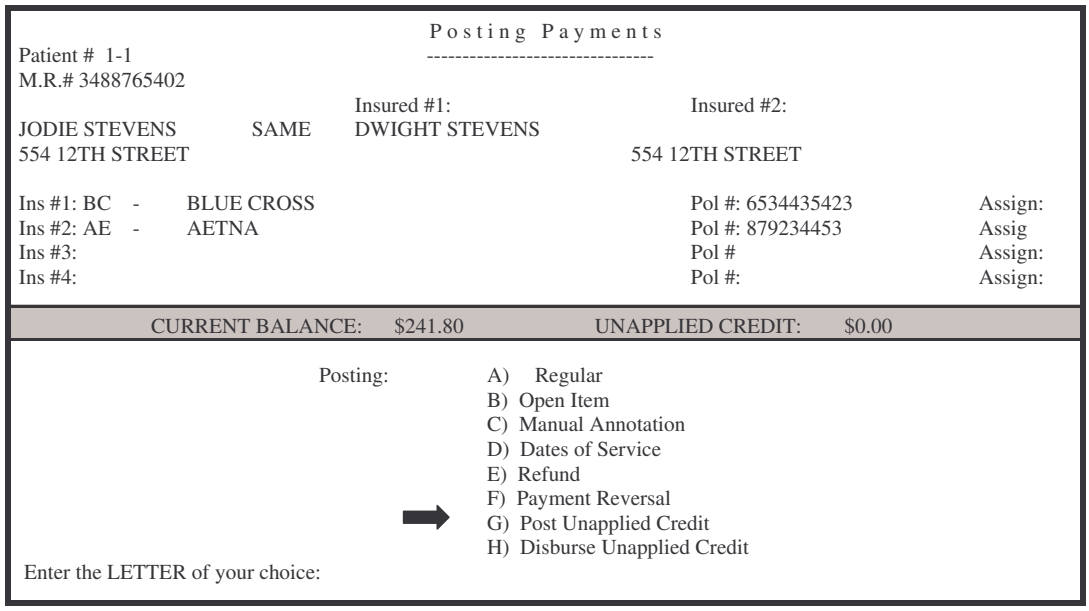
With a little set up, the System can easily handle capitated payments. Just follow these steps:

1. Create a new doctor in **DI** Doctor Information for each carrier who sends capitated payments.
2. Create a separate billing account for each carrier through **NP** New Patients. Use the corresponding doctor number from step one as this account's "primary" doctor number (question 23, screen one of **PI** Patient Information).
3. Use the carrier's billing account from step two to enter a monthly "One-Time-Only".
4. Create an Alternate Fee Schedule in Procedure Codes. The Alternate Fee Schedule should be created with all fees being zero dollars. (Schedule "Z" for Zero makes sense and is easy to remember.)
5. Identify each member patient to use the new fee schedule (question 21, screen one of **PI** Patient Information).
6. Assign the carrier's doctor number from step one to each member patient (question 22, screen one of **PI** Patient Information).

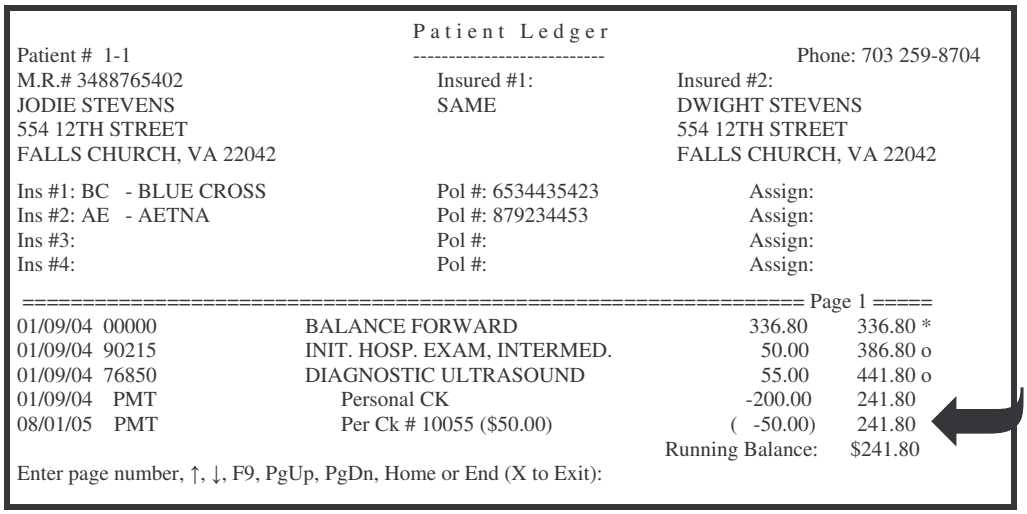
This method makes it easy to generate a variety of management reports, including a quick list of the member patients.

Unapplied Credit

The Unapplied Credit feature allows you to post a payment or credit to a patient's account without disbursing it until a later time. This feature provides many additional advantages and new variations of controlling the application of credit to an account. Payments and adjustments appear on the patient's ledger but **is not** calculated in the Running Balance nor is it applied to any specific charge. When you wish to apply the credit to specific charges, you will select option **H** (Disburse Unapplied Credit) in Posting Payments. A list of all available unapplied credits, or a remaining balance of a partially posted Unapplied Credit, will appear on the subsequent screen. You indicate which credit is to be applied by selecting the applicable line number. Then you proceed, as you normally would when posting a payment, by selecting the appropriate charge(s) to which you wish to apply the credit. You can post all or any part of the Unapplied Credit. If there is a balance remaining, this will be displayed in parentheses on the patient's ledger.



```
                              Posting Payments
Patient # 1-1                 --------------------------------
M.R.# 3488765402
                              Insured #1:                    Insured #2:
JODIE STEVENS          SAME   DWIGHT STEVENS
554 12TH STREET                                554 12TH STREET

Ins #1: BC   -   BLUE CROSS                    Pol #: 6534435423          Assign:
Ins #2: AE   -   AETNA                         Pol #: 879234453           Assig
Ins #3:                                        Pol #                      Assign:
Ins #4:                                        Pol #:                     Assign:

        CURRENT BALANCE:   $241.80          UNAPPLIED CREDIT:   $0.00

                    Posting:        A)  Regular
                                    B)  Open Item
                                    C)  Manual Annotation
                                    D)  Dates of Service
                                    E)  Refund
                                    F)  Payment Reversal
                                    G)  Post Unapplied Credit
                                    H)  Disburse Unapplied Credit
Enter the LETTER of your choice:
```



```
                              Patient Ledger
Patient # 1-1                 ---------------------------    Phone: 703 259-8704
M.R.# 3488765402                 Insured #1:                 Insured #2:
JODIE STEVENS                    SAME                        DWIGHT STEVENS
554 12TH STREET                                              554 12TH STREET
FALLS CHURCH, VA 22042                                       FALLS CHURCH, VA 22042

Ins #1: BC   - BLUE CROSS        Pol #: 6534435423           Assign:
Ins #2: AE   - AETNA             Pol #: 879234453            Assign:
Ins #3:                          Pol #:                      Assign:
Ins #4:                          Pol #:                      Assign:

 ================================================================ Page 1 =====
01/09/04  00000   BALANCE FORWARD                    336.80      336.80 *
01/09/04  90215   INIT. HOSP. EXAM, INTERMED.         50.00      386.80 o
01/09/04  76850   DIAGNOSTIC ULTRASOUND               55.00      441.80 o
01/09/04    PMT       Personal CK                   -200.00      241.80
08/01/05    PMT       Per Ck # 10055 ($50.00)     (  -50.00)     241.80
                                                Running Balance:  $241.80
Enter page number, ↑, ↓, F9, PgUp, PgDn, Home or End (X to Exit):
```

Patient # **1-3** **Patient Ledgers** Phone: 703 259-8704
M.R. # 3488765482 Insured #1: Insured #2:

JODIE STEVENS SAME DWIGHT STEVENS
554 12TH STREET 554 12TH STREET
FALLS CHURCH, VA 22042 FALLS CHURCH, VA 22042
Ins #1: BC - BLUE CROSS Ins #3:
Ins #2: AE - AETNA Ins #4:

Page 1

12/08/94	00000	BALANCE FORWARD	236.00	336.00	*	
12/08/94	90215	INT. HOSP. EXAM, INTERMED.	50.00	386.00	o	
12/08/94	76850	DIAGNOSTIC ULTRASOUND	55.00	441.00	o	
12/08/94	PMT	Personal CK	-200.00	241.00		
04/15/95	90020	COMPREHENSIVE EXAM, NEW PT.	40.00	281.00	o	
04/15/95	92533	CALORIC VESTIBULAR TESTING	24.00	305.00	o	2
10/09/97	PMT	Blue Cross Payment- Ck #1001 ($100.00)	0.00			
				205.00		

At such time as when the user wishes to disburse the unapplied credit, the charge(s) is/are selected by line number, as in a “B Option” (or open charge) type of payment. This feature provides many additional advantages and new variations of controlling application of credit to an account.

1 From the Posting Payments menu, select option “H” (Disburse Unapplied Credit).
2 Next you will be prompted for which unapplied credit the user wishes to disburse. If there are multiple unapplied credits, select the applicable credit by line number.
3 The next screen will display all currently open charges. Select the appropriate charge(s) by line number(s).
4 The charges will be displayed one by one. Enter **Y** or **N** to accept application of credit or to decline it.

The disbursement of the unapplied credit will be reflected on the Patient’s Ledger as follows:

Patient # **1-3** **Patient Ledgers** Phone: 703 259-8704
M.R. # 3488765482 Insured #1: Insured #2:

JODIE STEVENS SAME DWIGHT STEVENS
554 12TH STREET 554 12TH STREET
FALLS CHURCH, VA 22042 FALLS CHURCH, VA 22042
Ins #1: BC - BLUE CROSS Ins #3:
Ins #2: AE - AETNA Ins #4:

Page 1

12/08/94	00000	BALANCE FORWARD	236.00	336.00	*	
12/08/94	90215	INT. HOSP. EXAM, INTERMED.	50.00	386.00		
12/08/94	76850	DIAGNOSTIC ULTRASOUND	55.00	441.00	*	
12/08/94	PMT	Personal CK	-200.00	241.00		
04/15/95	90020	COMPREHENSIVE EXAM, NEW PT.	40.00	281.00	o	
04/15/95	92533	CALORIC VESTIBULAR TESTING	24.00	305.00	o	2
10/09/97	PMT	Blue Cross Payment - Ck # 1001 ($100.00)	0.00			
10/15/97	PMT	Una Cr. Dis. (10/09/97)				
		12/08/94 90215	-50.00	255.00		
	PMT	Una Cr. Dis. (10/09/97)				

PROCEDURE CODE LIST

The Procedure Code List, **PC [Enter]** from the Selection List, will maintain 32,000 permanent Procedure Codes, descriptions and their associated charges. In addition, an unlimited number of One-Time-Only Procedure Codes may be entered.

Four Digit Codes

POC will accept the four-digit Procedure Codes used in some states. Simply enter a blank space for the "fifth" digit.

Zero Dollar Charges

If you wish to indicate a procedure, notation or surgical sub-procedure for which there is no separate charge, you may use any Procedure Code of you choice with a charge of $0.00. If you previously answered NO in Bill Insurance to the Set Parameters question concerning printing zero charges, these procedures will not print on insurance forms, but will appear on the Patient Ledger, the Patient Statement, the Transaction Report and the Production Report. You may also use Data Search to retrieve patient information on these procedures.

We recommend you design your own Procedure Codes for these special circumstances. One example follows using alphanumeric coding. If you use a letter at the beginning of these special procedures, be sure NOT to use the reserved letter "I" as this indicates and **index number** to the System.

CODE:	DESCRIPTION:	CHARGE:
SUR01	INCIDENTAL APPENDECTOMY	$0.00

Type of Service, Medicare Considerations

Type of service refers to medical care, surgery, consultation, etc., as required on insurance forms in some states. The codes for type of service are located on the back of some insurance forms.

From the operator's standpoint, depending upon the State and whether the practice submits insurance claims electronically, type of service is an optional entry and may be left blank. However, **if you do not normally accept assignment on Medicare patients, you must use TYPE OF SERVICE 5 for lab charges**. **This will screen lab charges to a separate insurance form with the assignment block checked as yes**, and will also prevent the lab charges from printing on Patient Statements until payment is received from Medicare. This design is based on current Medicare law (at the time of publishing) that states all doctors MUST accept assignment on lab charges. Payments for Medicare patients, in this case, must be applied using **B** option of Post Payments. Additionally, if the second character of the type of service code is an asterisk (*) (i.e. - "2*"), the System will treat the procedure in the same fashion that it treats TYPE OF SERVICE 5 codes. If you wish the TYPE OF SERVICE 5 to be unaffected by the previous examples, enter **5 [Space]** when creating or changing a code.

Description

Although the procedure code description field allows up to 27 characters, not all insurance forms allow enough space for a description this long. The red HCFA-1500 form doesn't allow for ***any*** description. Depending upon the insurance form your office is using, you may choose to shorten the description or simply allow the computer to truncate (cut off) the description when it prints the forms.

We recommend the description be entered with the most general word first (i.e. - X-RAY, FOREARM rather than FOREARM X-RAY). This allows similar procedures to be listed alphabetically in the pop up list window, **[F5]**.

Parallel Procedure Codes

What follows may be confusing if you are new to medical billing or unfamiliar with computers. Should you have difficulty, we encourage you to contact our Customer Support department or your dealer. Fortunately, most carriers use the standard CPT coding method at this time, which means *this feature is seldom used anymore*.

Some insurance companies require Procedure Codes which are different from the standard CPT codes. This can be implemented with up to four separate "Parallel" Procedure Code files on the System. The names of these files are: RVSM (Medicare), RVSMC (Medicaid), RVSBS (Blue Shield), RVSCH (Champus). The Standard Procedure Code file is named RVS. To create a Parallel Procedure Code file, COPY the file RVS to the appropriate parallel file name. From the main Selection List, type:

SC [Enter]
COPY [Space] RVS [Space] RVSMC
[Enter] *This returns you to POC.*

This will create a parallel Medicaid file.

You need to create only those files which correspond to the insurance companies that **require** a different set of Procedure Codes. The CPT lists will all be identical at this point. To change the codes, go to the Procedure Code list program in POC, choose the appropriate insurance type and use the **CH** option to change the necessary information. ALL the codes in the new list must be changed in this manner. REMEMBER - THE PRICE IN EACH LIST WILL (MUST) BE THE SAME AS THE PRICE IN THE STANDARD LIST. THIS OPTION IS ONLY TO BE USED FOR DIFFERENT CODING SYSTEMS AND ***NOT FOR DIFFERENT FEE SCHEDULES***.

Patient Ledgers, Patient Statements, and any other program that reference Procedure Codes, will take the code, description and charge from the standard CPT list (file: RVS). Parallel codes will be used on the specified insurance forms only.

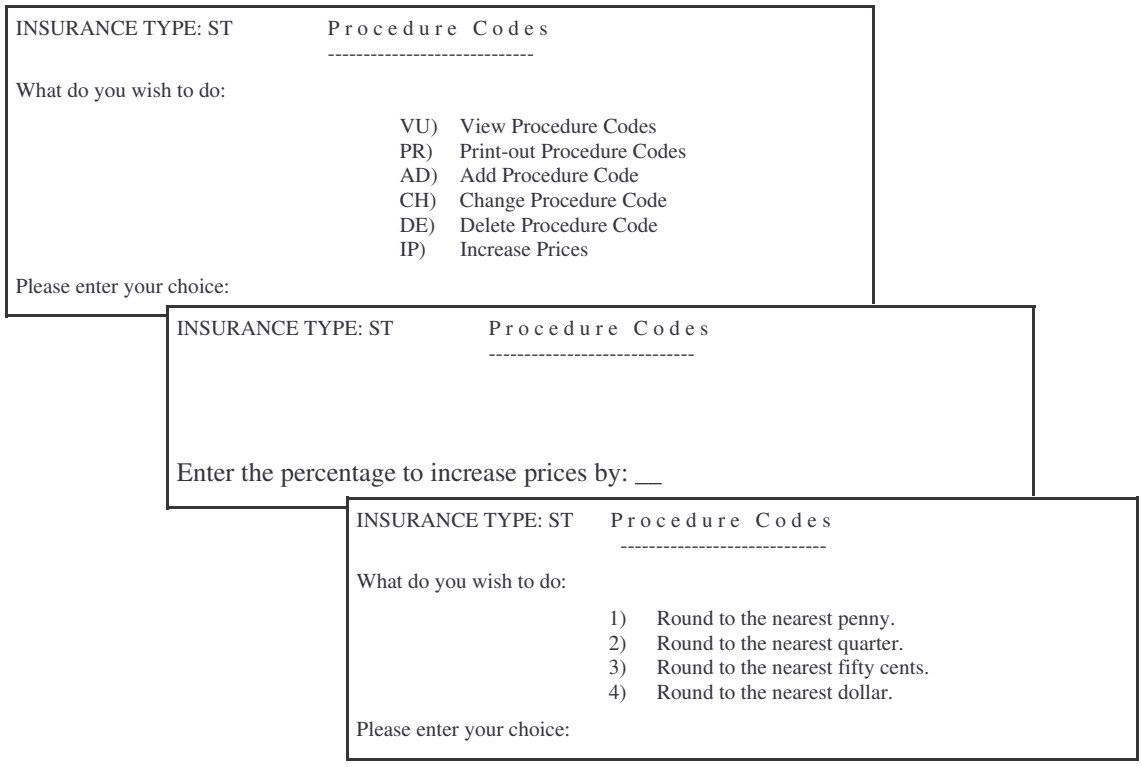
In Add Charges, the Procedure Code that is entered must be from the standard CPT list. When entering new Procedure Codes in Add Charges, you will be asked to enter the information for all parallel lists at the same time.

Changing A Code

When changing existing codes or adding Parallel Procedure Codes, entering an **S [Enter]** (for Same) in any field will leave that field unchanged or, if adding a new parallel code, duplicate the field from the standard CPT list.

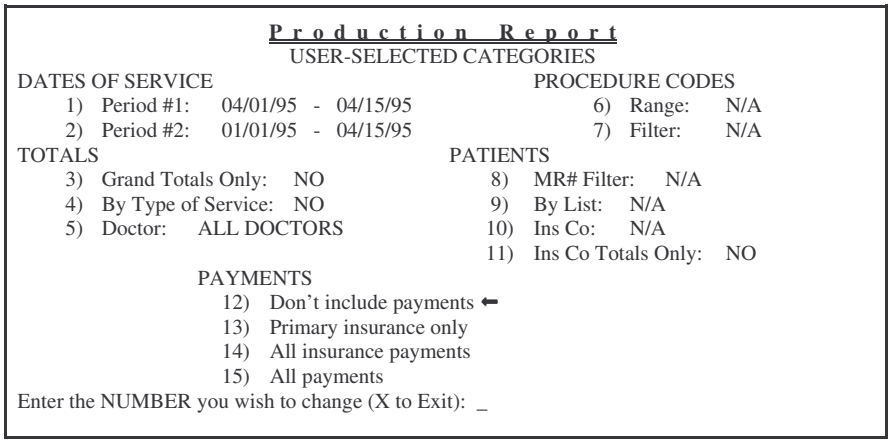
Changing Prices

You can easily change procedure code prices simply by entering the amount of the desire increase as a percentage. You can do "what if" scenarios and printout a report to review your changes before making the changes permanent.



PRODUCTION REPORT

The Production Report, **PR [Enter]** from the Selection List, shows the number of times each procedure has been performed and the corresponding amount billed, collected, adjusted and percentage of adjustment. The report compares any two periods of time. The time periods you choose may be in days, weeks. months or years. User selectable options, including wildcard filters, allow the user to generate a wide variety of valuable management reports. PLEASE NOTE: You MUST use option B type payments to generate accurate reimbursement reports. You cannot generate reports with data entered prior to version 5.0 to include payment and adjustment amounts.



Production Report
USER-SELECTED CATEGORIES

DATES OF SERVICE
1) Period #1: 04/01/95 - 04/15/95
2) Period #2: 01/01/95 - 04/15/95

TOTALS
3) Grand Totals Only: NO
4) By Type of Service: NO
5) Doctor: ALL DOCTORS

PROCEDURE CODES
6) Range: N/A
7) Filter: N/A

PATIENTS
8) MR# Filter: N/A
9) By List: N/A
10) Ins Co: N/A
11) Ins Co Totals Only: NO

PAYMENTS
12) Don't include payments ⬅
13) Primary insurance only
14) All insurance payments
15) All payments

Enter the NUMBER you wish to change (X to Exit): _

Categories

Dates of Service, #1 - 2

The System defaults to the current month-to-date and year-to-date. If you only wish to report one period, set both periods to the same range of dates.

Grand Totals Only, #3

The System defaults to **NO**. The default prints all detail on individual reports for each doctor number, plus a detailed grand totals report of all selected doctors. If you change it to **Y**es, you will only receive the detailed grand totals report.

By Type of Service, #4

The System defaults to **NO**. The default allows all procedures to print in numeric (alphabetical) order. If you change it to **Y**es, the report will sort and print the procedures by type of service.

Doctors, #5

The System defaults to all doctors. You may choose one or multiple doctors as follows:

1,3,5,7 [Enter]

Range, #6

You can limit the report to only show a range of procedure codes.

Filter, #7

You can use wildcards to selectively filter procedure codes. If a code matches your filter, it will be included in the report. See “Using Wildcards” below.

Medical Record Number Filter, #8

You can use wildcards to selectively filter Medical Record Numbers. If a MR# matches your filter, it will be included in the report. See “Using Wildcards” below.

By List, #9

You can use lists generated by Data Search and Accounts Receivable.

Insurance Company, #10

The System defaults to all insurance companies and includes patients with no insurance. You can limit the report to one insurance carrier or produce a report of multiple carriers by using wildcards. For example: an insurance company filter of “AE???” will produce a Production Report of “AETNA, AE1, AE2, etc.” insurance codes. See “Using Wildcards” below. If you select an insurance company(ies), this user option will change the payments reported to Primary Insurance Only, #13.

Insurance Company Totals Only, #11

This User-Selected Category works in conjunction with the above Insurance Company category, #10, and defaults to **NO**. If you designate an insurance company(ies) in #10 and leave #11 as NO, the selected insurance carrier(s) will print with full procedure code detail (grouped by insurance company). If you designate an insurance company(ies) in #10 and change #11 to YES, the selected insurance carrier(s) will be printed as a one line subtotal without the procedure code detail.

Don’t Include Payments, #12

The System defaults to this style of report. If selected, only the charge amount will be reported.

Primary Insurance Only, #13

If selected, the report will only include payments/adjustments from a patient’s primary insurance company.

All Insurance Payments, #14

If selected, the report will include payments/adjustments from patient insurance companies #1 to #4.

All Payments, #15

If selected, the report will include all payments/adjustments, regardless of their source.

Using Wildcards

"Wildcard" characters (like Jokers in a card game) can be used when filtering the output by procedure code (#17), by medical record number (#8) or by insurance company (#10). These "wildcard" characters are as follows:

- matches any digit (0-9)
! - matches any upper or lower case letter
? - matches any character

System Date vs Transaction Date

The figures presented in the Production Report are based on the date of service for each procedure and not the date these charges were entered into the System. A procedure performed in June (with a June date) which was not entered into the computer until July, would still be reported on the Production Report under the June period.

Payments and adjustments are reported against charges regardless of the time period they were posted. A June report will only show June's procedures, but, the payments/adjustments reported against June's procedures may have been received and posted in July, August, September, etc.

This differs from the figures reported on the Billings/Collections Report which uses the System date to calculate the daily, monthly and year-to-date amounts rather than the actual date of service. In the Billings/Collections Report, which uses the System date, a procedure performed in June but entered in July would be shown in the July billing.

Procedure Codes Reported

All Procedure Codes in the System, both permanent and one-time-only codes, (except for the 5-zero, 00000, procedures) are reported on the Production Report.

Before Housecleaning

If you are planning to run Housecleaning, the Production Report should be run first and the report permanently stored in a safe place for future reference. After the House-Cleaning program is run, procedure detail for consolidated transactions will no longer be available.

PROVIDER LIST

The Provider List, **PV [Enter]** from the Selection List, will maintain 32,000 providers and their associated addresses and numbers. You may view, print, add, change and delete providers.

Provider Number

The provider number for referring physicians, is the provider's Unique Provider Identification Number, called the UPIN number. Do NOT confuse it with their PIN number. They are not the same.

Changing A Provider

When changing a Provider, entering an **S [Enter]** (for Same) in any field will leave that field unchanged.

Notes:

RECALL NOTICES

Recall Notices, **RN [Enter]** from the Selection List.

The System will permanently store an unlimited number of different recall messages, each identified by its own unique identification number.

Printing Recall Notices

Patients may be recalled in any of three ways:

1 By the date of their last visit — for example, you may wish to recall all patients not seen for one year to remind them to make an appointment for their annual examination.

2 By setting a recall date for an individual patient — the System will automatically print a recall for a patient on the designated recall date (or the next time recalls are printed). For example, if the patient's next appointment date is June 20, you may wish to set a recall date of June 5 for this patient. This way the recall notice would be sent out about two weeks before the appointment date. You also may indicate the date and time of the next appointment on the recall notice.

3 By a previously saved list — this can be a list saved through the Data Search program or Accounts Receivable. In the case of a list created in Accounts Receivable, the Recall Notice would be used as a Dunning Notice with a Recall Notice message appropriate to the particular patient list created by Accounts Receivable.

Recall Notices should be run at least once every week in order to ensure all patients are recalled on time. If, for any reason, Recall Notices are not run, the System will print the delayed Recall Notices the next time recalls are printed.

Editing a Recall Message

Recall Notices are edited one line at a time. Enter each line as you wish it to appear on the Recall Notice. When you have finished with the current line, press **[Enter]** to continue to the next line. After you have press **[Enter]** on the last line, the System will ask if your notice is correct. If the notice is not correct, you can edit it by entering new information on lines you wish to change. Just press **[Enter]** on those lines you *don't* want to change; and press **[Space] [Enter]** on the lines you want to delete.

Recalls As Past-Due Reminders

Sending mid-month reminders to delinquent patients is a very effective past due follow-up tool. The idea is to send them two weeks after statements have gone out, which provides a continual reminder of the status of their account. Please see **Aging Report/Past Due Reminders** in Section C for step by step details.

REFERRING PHYSICIAN REPORT

Referring Physician Report, **RP [Enter]** from the Selection List, allows the user to find physicians who have referred patients during a range of dates, which patients they have referred, how much has been billed to those patients, and how much has been collected.

```
Referring Physician Report

What do you wish to do:

                    S I )  Print SINGLE referring physician
                    AL)  Print ALL referring physicians

  Please enter your choice: _
```

The Report

REFERRING PHYSICIAN REPORT FOR 01/01/95 - 03/31/95

04/15/95 PAGE 1

REFERRING PHYSICIAN	PATIENT NAME	BILLED	COLLECTED
NORMAN JOHNSON, MD	JODIE STEVENS	505.00	505.00
	CARLTON MITCHELL	152.16	101.28
	MARYANNE BOWERS	325.19	325.19
	CANDICE CLEAVER	319.94	0.00
	DENNIS BRICKLIN	142.50	59.34
		1445.59	991.61

RETIRED LEDGERS

Retired Ledgers, **RL [Enter]** from the Selection List, works in conjunction with Housecleaning and allows you to view the Retired Ledgers created by Housecleaning. You must have Retired Ledgers either on floppy disks or on your hard drive to use this program.

Notes:

SETUP PRINTER

You can now select among multiple printers from within the POC Main Selection List. The printer setup can be configured for each workstation. This provides you with the advantage of having one printer dedicated to printing out forms while using a second printer to print out reports or Super Bills, as an example.

To make changes to the above default settings, select **SP** at the Main Selection List. Enter the line number of the printing operation you wish to redirect. At the "Enter port to print to" prompt enter the desired printer port and press the **[Enter]** key. When prompted, "Should changes be made permanent?", enter **Y** or **N** and press the **[Enter]** key.

Printer Configuration

1)	Accounts Receivable Report	LPT1	16)	Insurance Forms	LPT1
2)	Alphabetized Patient List	LPT1	17)	Mailing Labels	LPT1
3)	Appointment Schedules	LPT1	18)	Patient Ledgers	LPT1
4)	Batch Add Charges	LPT1	19)	Patient Statements	LPT1
5)	Billing and Collections	LPT1	20)	Procedure Code List	LPT1
6)	Clinical Data	LPT1	21)	Production Report	LPT1
7)	Cross Posting Report	LPT1	22)	Provider List	LPT1
8)	Data Search/Sort List	LPT1	23)	Recall Notices	LPT1
9)	Doctor Information	LPT1	24)	Referring Physician Report	LPT1
10)	Drug List	LPT1	25)	Retired Ledgers	LPT1
11)	ECS Reports	LPT1	26)	Superbill	LPT1
12)	Encounter Forms	LPT1	27)	Transaction Report	LPT1
13)	First Report of Work Injury	LPT1	28)	Zip Code List	LPT1
14)	ICD Code List	LPT1	29)	Patient Information	LPT1
15)	Insurance Company List	LPT1			

Enter number to be changed: 1

1) LPT1 2) LPT2 3) LPT3 4) COM1 5) COM2

Enter port to print to:

Notes

SUPER BILL

Super Bill, **SB [Enter]** from the Selection List, allows you to enter a new patient, add charges and post one payment in the fastest manner possible. Super Bill was designed for cash patients so that the patient could be given a statement at the time of their visit. Limited patient information is entered through the New Patient section of Super Bill. Since no insurance questions are asked, patients added to the System through Super Bill are automatically set to receive Patient Statements. Any changes or additional information can be entered at a later time through the Patient Information program. The same data entry methods apply to Super Bill as in the other corresponding programs except as noted here.

Only one payment may be entered at a time. In Super Bill, this payment is automatically posted against the oldest outstanding charge on the Patient's Ledger as in a "Regular" payment in Post Payments. PLEASE NOTE: Posting payments through Super Bill will likely result in misleading "open charge" reports and "reimbursement" reports.

If a patient is already recorded in the System, you may go directly to the Add Charges or Post Payments portions of Super Bill without re-entering the patient information.

Billing Information Sheet - The Super Bill

A BILLING INFORMATION SHEET is automatically printed by Super Bill for the patient before (s)he leaves the office. The patient can submit this Billing Information Sheet to his/her insurance carrier for reimbursement. The Patient Ledger is permanently updated only after the Billing Information Sheet has printed properly.

You may wish to design your own super-bill that works independently of the Super Bill program. You may do this using the Encounter Form program. Please see the chapter on Encounter Forms for further information.

Notes:

SYSTEM COMMAND

POC includes a System Command (DOS prompt) option, **SC [Enter]** from the Selection List. Although it can serve as a way to execute other DOS commands, its primary function is the installation of POC updates.

Exiting DOS & Returning To POC

When you are finished with your DOS commands, you can return to POC by pressing the **[Enter]** key as follows:

From the System Command prompt:

"Enter command:" **[Enter]**

From the **[F10]** DOS prompt:
"C:\POC>" **[Enter]**

Notes:

TRANSACTION REPORT

The Transaction Report, **TR [Enter]** from the Selection List, is the computer version of the day sheet. This report is a printed copy of every charge, payment, adjustment, reversal, remark and refund entered into the System since the last time the report was printed. The Transaction Report lists all patient transactions entered, regardless of the date of service.

Printing the Transaction Report

The Transaction Report should always be printed at the end of every day or following morning. Prior to clearing the report, you may reprint as many reports as you like without affecting any totals.

Storing the Transaction Reports

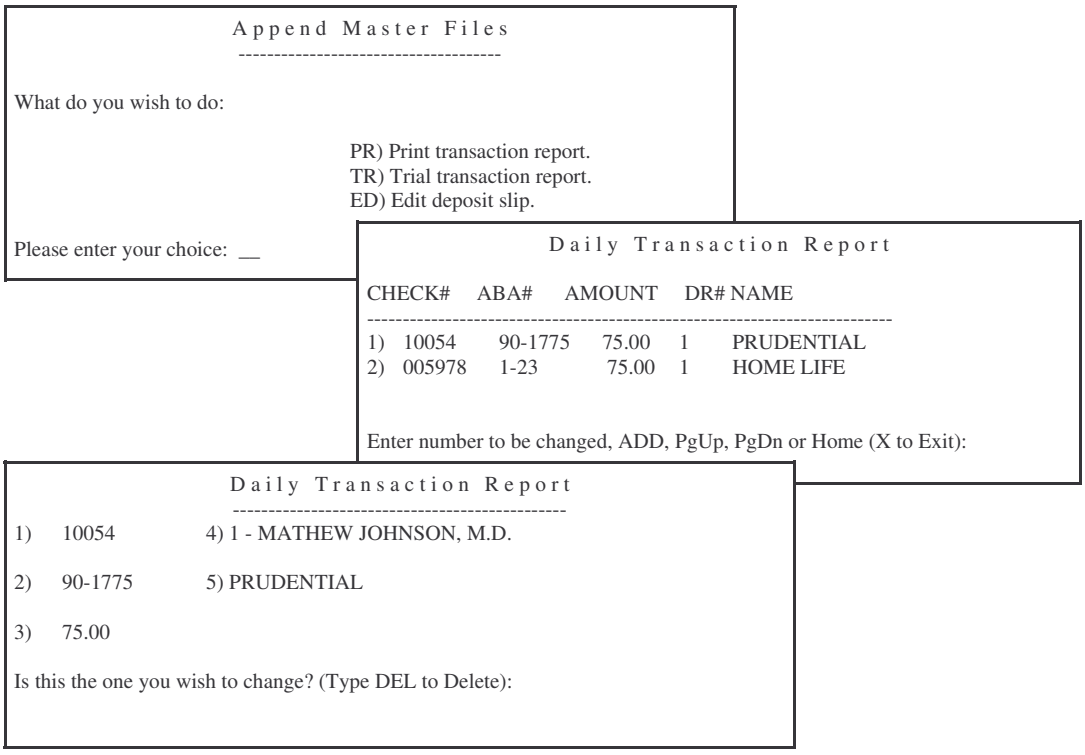
The Transaction Report provides"hard copy" backup of all transactions which, along with the daily backup, will be required whenever it becomes necessary to recover lost data. They are the second safety net, should your backups be defective. For this reason, the Transaction Reports should be filed safely away in chronological order.

A gentle nudge: If your hard drive failed today, would you have good backups?

Trial Transaction Report

The Trial Transaction Report allows the user to print a Transaction Report of ONLY their day's activity (their terminal #). You can print a "Trial Transaction Report" for your workstation only by selecting the TR) option. This provides direct access to your data entries and provides an easy method of reconciling the entries made since the last time a Transaction Report was printed. It is also possible to edit the Check Register by selecting the ED) option to make any necessary corrections.

Refer to the sample screens on the following page.



Transactions by Primary Physician

All transactions are reported under the primary physician. Procedures performed by a treating physician are indicated by the presence of the treating physician's number at the far right side of each listed transaction.

Cross Posting Report

When the Transaction Report is run, the System automatically prints a Cross Posting Report. This report indicates charges, payments, adjustments and refunds for each treating physician. A periodic cross posting summary report is available using **CP** Cross Posting from the Selection List. The Transaction Report version of the Cross Posting Report and the main Selection List **CP** Cross Posting summary report are not the same. See the Cross Posting chapter.

Report Totals

The Transaction Report shows, by primary physician, the total dollar amount of billings, collections, adjustments and refunds; the total number of procedures performed; and the total number of patients seen for whom procedures (excluding 00000) have been entered. Grand totals for all doctor are also printed.

System Date vs Transaction Date

The Cross Posting and Transaction Reports accumulate dollar amounts based on the date of the System at the time the transaction is entered. The daily totals, therefore, reflect all transactions entered into the System that day, regardless of the actual date of service for the transactions.

Net Change to the Accounts Receivable

A net change to receivables amount is calculated for each primary physician by summarizing all of the day's transactions.

Deposit Slip

The Deposit Slip, printed after the Transaction Report, shows the total number of checks, total amount for all checks, total amount of cash received, total amount of credit card payments and a grand total of the day's receipts. A breakdown of all checks received indicates the check number, ABA number, check amount and the patient name and number. The deposit slip may be used as an **actual** deposit slip for banking purposes by attaching it to your bank's regular deposit slip and simply writing the bottom line total on the bank deposit slip.

Clearing the Transaction Report

After the report has been run and the information verified, the Transaction Report must be cleared. By clearing the report, you will purge all the charges, payments, adjustments, etc., that are contained in this report. You will not be able to print them again. If you do NOT clear this report, these transactions will be printed again the next time you print the Transaction Report, INCLUDING any new transactions. The new transactions will be appended to the pervious uncleared transactions and one report with ALL transactions *totaled together* will be printed. For this reason, it is important to clear the Transaction Report after it has been printed and verified.

Notes:

ZIP CODES

The Zip Code program, **ZC [Enter]** from the Selection List, will maintain up to 32,000 Zip Codes. In addition, an unlimited number of One-Time-Only Zip Codes may be entered at the time you are entering an address. One-Time-Only Zip Codes are only to be used for patients far outside your normal geographic area. Normally, *all* Zip Codes are permanently added to the System.

For cities that share the same zip code, you should use the sixth position to code the city, for example:

90220C Compton, CA
90220R Rancho Dominguez, CA

Both cities' zip codes will be printed by the System as 90220.

If using "ZIP+4" addressing, the System will replace the letter code with a "-" hyphen in the place of the "C" or "R" and print as follows:

Compton, CA 90220-5405
Rancho Dominguez, CA 90220-5405

Changing A Zip Code

When changing a Zip Code, entering an **S [Enter]** (for Same) in any field will leave that field unchanged.

Notes:

Section C

Custom Reports

PREFACE

You can use these reports just as we have them documented here, or you can use them as a basic foundation, with variations, for your own reports. These reports are by no means a representation of every report POC is capable of generating.

Please utilize them as a learning tool. You will soon discover how versatile POC is. In some cases, you'll discover POC is capable of producing the same report using different methods. Just choose the one that is right for you. The nice thing about all this versatility is it can be quickly learned and you don't have to pay extra for "custom" reports.

Try some of our reports and try some of your own. Have fun. Remember, we're always happy to help. If you create a great report of your own, tell us about it — we may publish it in the next manual!

CASH PATIENTS/AGING REPORT

Scenario

Carol, the Office Manager for Dr. Stevens' practice, wants to follow up on all past due patients who don't have any insurance coverage. She needs a report showing each patient account, the unpaid charges and aging so the appropriate action can be taken.

To print this report, from the main Selection List, type:

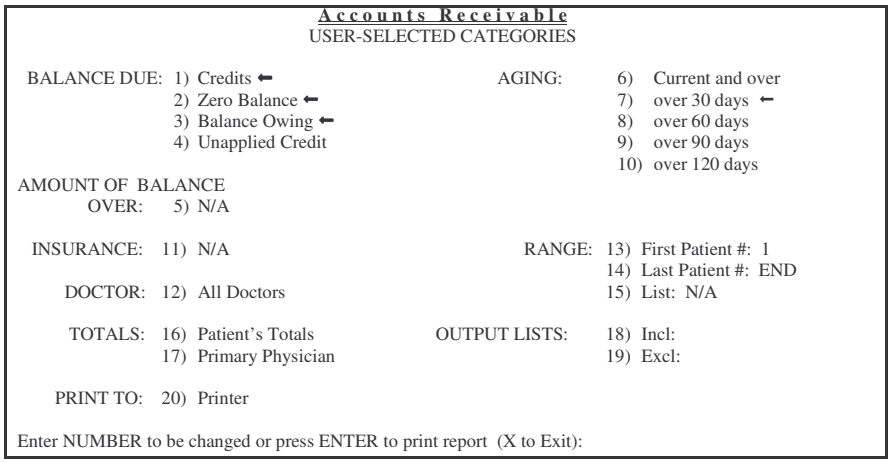
DS [Enter] *This enters Data Search from the main Selection List.*

```
                    Data Search
What do you wish to do:
                        VU)  View search list criteria
                        SC)  Set criteria for search
                        SP)  Search & print patients
                        RA)  Set range for search
                        LP)  Load previous search
                        RI)  Re-initialize
                        SL)  Sort list

Please enter your choice:  SC
```

SC [Enter] *We need to set the criteria for the search.*

```
                    Data Search
                    SEARCH CRITERA
AG)  Age                        OC)  Open charges
AL)  Allergy                    OI)  Other ID
BD)  Brith date                 PC)  Procedure code
DR)  Doctor                     PV)  Provider
DT)  Drug treatment             SX)  Sex
IC)  ICD diagnosis code         TR)  Traeating physician
IN)  Insurance company          TS)  Type of service
MR)  Medical record #           ZC)  Zip code

                Please enter you choice:  IN_
```

IN [Enter] *We are going to use an insurance company search.*
NONE [Enter] *This identifies all patients who do not have insurance (a third party payor).*
Y [Enter] *Yes, this is correct.*
[Enter] *We are finished setting the criteria.*
SP [Enter] *Now we are going to search our patients.*
N [Enter] *No, we don't need to print this report.*
Y [Enter] *Yes, we do want to save the list.*
CASH [Enter] *We are going to call our list CASH.*
N [Enter] *No, we don't want a list of excluded patients.*
[Enter] *This returns us to the main Selection List.*
AR [Enter] *Now we go into the Accounts Receivable Program.*



Accounts Receivable
USER-SELECTED CATEGORIES

BALANCE DUE: 1) Credits ⬅
2) Zero Balance ⬅
3) Balance Owing ⬅
4) Unapplied Credit

AGING: 6) Current and over
7) over 30 days ⬅
8) over 60 days
9) over 90 days
10) over 120 days

AMOUNT OF BALANCE
OVER: 5) N/A

INSURANCE: 11) N/A

DOCTOR: 12) All Doctors

RANGE: 13) First Patient #: 1
14) Last Patient #: END
15) List: N/A

TOTALS: 16) Patient's Totals
17) Primary Physician

OUTPUT LISTS: 18) Incl:
19) Excl:

PRINT TO: 20) Printer

Enter NUMBER to be changed or press ENTER to print report (X to Exit):

15 [Enter]	*We want to change the type of totals that are printed.*
2 [Enter]	*We want an Open Charges report.*
6 [Enter]	*We only want past due accounts.*
14 [Enter]	*We want to use our Data Search created list.*
CASH [Enter]	*This is the filename we created in Data Search.*
[Enter]	*We are finished changing the categories and are ready to print.*
[Enter]	*If you have a dot matrix printer, now is when we put wide paper in the printer **or** change our printer to print at seventeen characters per inch (condensed). As soon s we press* **[Enter]**, *our report will print.*

Notes:

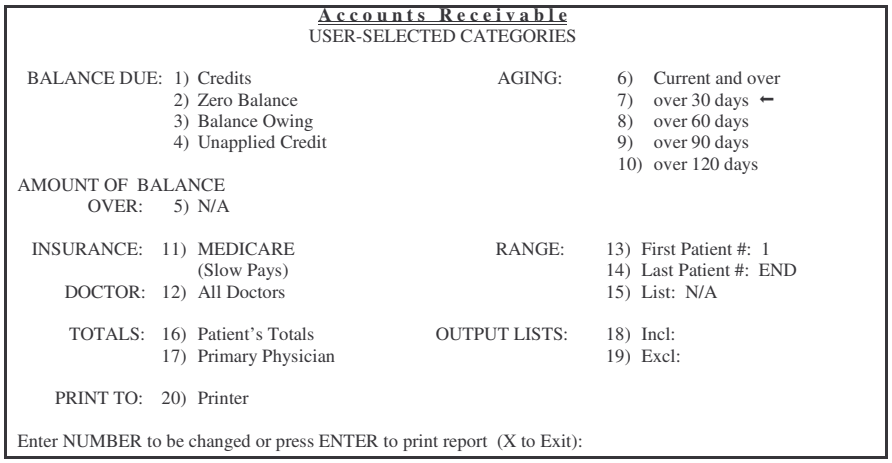
SLOW PAY AGING REPORT

Scenario

Debbie, the Office Manager for a large group practice, has been asked to follow up on some Medicare payments that seems a little slow in coming. She needs an aging report showing each Medicare patient account, the open (unpaid) charges and aging so the appropriate action can be taken.

To print this report, from the main Selection List, type:

AR [Enter] *This enters Accounts Receivable from the main Selection List.*



Accounts Receivable
USER-SELECTED CATEGORIES

BALANCE DUE:	1) Credits	AGING:	6) Current and over
	2) Zero Balance		7) over 30 days ←
	3) Balance Owing		8) over 60 days
	4) Unapplied Credit		9) over 90 days
			10) over 120 days
AMOUNT OF BALANCE OVER:	5) N/A		
INSURANCE:	11) MEDICARE (Slow Pays)	RANGE:	13) First Patient #: 1
			14) Last Patient #: END
DOCTOR:	12) All Doctors		15) List: N/A
TOTALS:	16) Patient's Totals	OUTPUT LISTS:	18) Incl:
	17) Primary Physician		19) Excl:
PRINT TO:	20) Printer		

Enter NUMBER to be changed or press ENTER to print report (X to Exit):

6 [Enter]	*We only want past due accounts.*
10 [Enter]	*We want to limit the report to one insurance.*
M [Enter]	*We are doing a Medicare report this time.*
Y [Enter]	*We do want to do a slow pay report.*
N [Enter]	*We have all Medicare patients set up as YP (Yes, Partial Statements) patients so we don't need to search other types of statement accounts. Please refer to YP Statements in the New Patients chapter.*
15 [Enter]	*We want to change the type of totals that are printed.*
2 [Enter]	*We want an Open Charges report.*
[Enter]	*We are ready to print the report.*
[Enter]	*If you have a dot matrix printer, now is when we put wide paper in the printer **or** change our printer to print at seventeen characters per inch (condensed). As soon s we press* **[Enter]**, *our report will print.*

Notes:

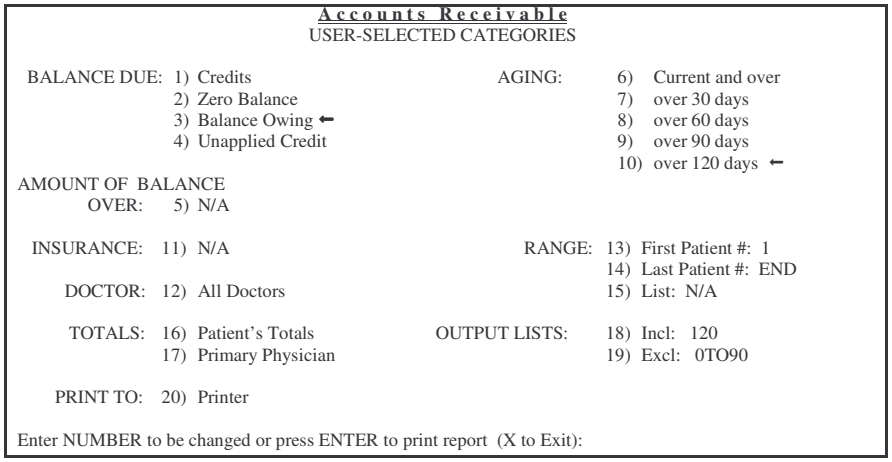
AGING REPORT/PAST DUE NOTICES

Scenario

Tania, the Office Manager for Dr. Morrow's practice, likes to send mid-month past due reminders to her patients as a means of keeping her accounts receivable under control. She has found that the bright mid-month reminders (patient recall forms) receive the proper attention from her patients making them a very effective collection tool. She has previously set up her past due messages, one for each aging category, in the Recall Notice program.

To print this report and the notices, from the main Selection List, type:

AR [Enter] *This enters Accounts Receivable from the main Selection List.*



9 [Enter] *We want to first search all accounts over 120 days.*

15 [Enter] *We want to change the type of detail that is printed.*

2 [Enter] *We want an Open Charges detailed report so we can review the account before sending the notice.*

17 [Enter] *We are going to create an output list that includes all patient accounts with charges over 120 days.*

120 [Enter] *We are going to call our list "120."*

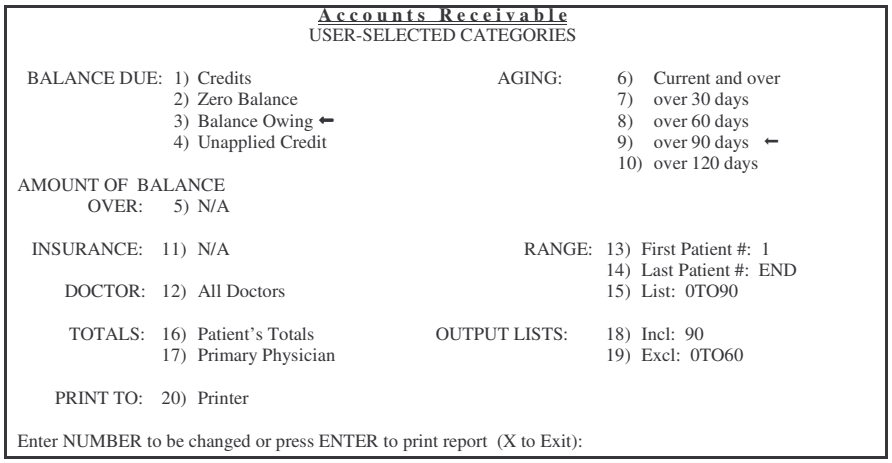
18 [Enter] *We are going to create an output list that excludes all patient accounts with charges over 120 days. These patients have balances ranging from current to over 90 days.*

Oto90 [Enter] *We are going to call our list "Oto90."*

[Enter] *We are done changing the categories and are ready to print.*

[Enter] *If you have a dot matrix printer, now is when we put wide paper in the printer **or** change our printer to print at seventeen characters per inch (condensed). As soon as we hit* **[Enter]**, *our over 120 days report will print and lists will be generated.*

AR [Enter] *This re-enters Accounts Receivable from the main Selection List.*



Accounts Receivable
USER-SELECTED CATEGORIES

BALANCE DUE: 1) Credits
2) Zero Balance
3) Balance Owing ←
4) Unapplied Credit

AGING: 6) Current and over
7) over 30 days
8) over 60 days
9) over 90 days ←
10) over 120 days

AMOUNT OF BALANCE OVER: 5) N/A

INSURANCE: 11) N/A

DOCTOR: 12) All Doctors

RANGE: 13) First Patient #: 1
14) Last Patient #: END
15) List: 0TO90

TOTALS: 16) Patient's Totals
17) Primary Physician

OUTPUT LISTS: 18) Incl: 90
19) Excl: 0TO60

PRINT TO: 20) Printer

Enter NUMBER to be changed or press ENTER to print report (X to Exit):

8 [Enter] *We want to first search all accounts over 90 days.*

15 [Enter] *We want to change the type of detail that is printed.*

2 [Enter] *We want an Open Charges detailed report so we can review the account before sending the notice.*

14 [Enter] *We are going to use a previously generated list for input.*

0to90 [Enter] *We are going to use the "exclude" list we created in the previous run.*

17 [Enter] *We are going to create an output list that includes all patient accounts with charges over 90 days.*

90 [Enter] *We are going to call our list "90."*

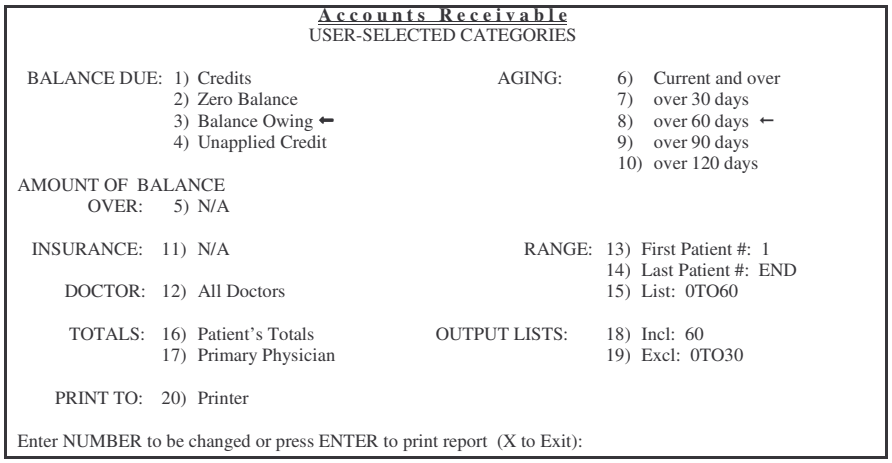
18 [Enter] *We are going to create an output list that excludes all patient accounts with charges over 90 days. These patients have balances ranging from current to over 60 days.*

0to60 [Enter] *We are going to call our list "0to60."*

[Enter] *We are finished changing the categories and are ready to print.*

[Enter] *As soon as we hit* **[Enter]**, *our report will print and our list will be generated.*

AR [Enter] *This re-enters Accounts Receivable from the main Selection List*



Accounts Receivable
USER-SELECTED CATEGORIES

BALANCE DUE: 1) Credits
2) Zero Balance
3) Balance Owing ←
4) Unapplied Credit

AGING: 6) Current and over
7) over 30 days
8) over 60 days ←
9) over 90 days
10) over 120 days

AMOUNT OF BALANCE OVER: 5) N/A

INSURANCE: 11) N/A

DOCTOR: 12) All Doctors

RANGE: 13) First Patient #: 1
14) Last Patient #: END
15) List: 0TO60

TOTALS: 16) Patient's Totals
17) Primary Physician

OUTPUT LISTS: 18) Incl: 60
19) Excl: 0TO30

PRINT TO: 20) Printer

Enter NUMBER to be changed or press ENTER to print report (X to Exit):

7 [Enter] *We want to first search all accounts over 60 days.*

15 [Enter] *We want to change the type of detail that is printed.*

2 [Enter] *We want an Open Charges detailed report so we can review the account before sending the notice.*

14 [Enter] *We are going to use a previously generated list for input.*

0to60 [Enter] *We are going to use the "exclude" list we created in the previous run.*

17 [Enter] *We are going to create an output list that includes all patient accounts with charges over 60 days.*

60 [Enter] *We are going to call our list "60."*

18 [Enter] *We are going to create an output list that excludes all patient accounts with charges over 60 days. These patients have balances ranging from current to over 30 days.*

0to30 [Enter] *We are going to call our list "0to30."*

[Enter] *We are done changing the categories and are ready to print.*

[Enter] *As soon as we press* **[Enter]**, *our report will print and our list will be generated.*

AR [Enter] *This re-enters Accounts Receivable from the main Selection List.*

Accounts Receivable
USER-SELECTED CATEGORIES

BALANCE DUE:	1) Credits	AGING:	6) Current and over
	2) Zero Balance		7) over 30 days ←
	3) Balance Owing ←		8) over 60 days
	4) Unapplied Credit		9) over 90 days
			10) over 120 days
AMOUNT OF BALANCE OVER:	5) N/A		
INSURANCE:	11) N/A	RANGE:	13) First Patient #: 1
			14) Last Patient #: END
DOCTOR:	12) All Doctors		15) List: 0TO30
TOTALS:	16) Patient's Totals	OUTPUT LISTS:	18) Incl: 30
	17) Primary Physician		19) Excl:
PRINT TO:	20) Printer		

Enter NUMBER to be changed or press ENTER to print report (X to Exit):

6 [Enter] *We want to first search all accounts over 30 days.*

15 [Enter] *We want to change the type of detail that is printed.*

2 [Enter] *We want an Open Charges detailed report so we can review the account before sending the notice.*

14 [Enter] *We are going to use a previously generated list for input.*

0to30 [Enter] *We are going to use the "exclude" list we created in the previous run..*

17 [Enter] *We are going to create an output list that includes all patient accounts with charges over 30 days.*

30 [Enter] *We are going to call our list "30."*

[Enter] *We are finished changing the categories and are ready to print.*

[Enter] *As soon as we press* **[Enter]***, our report will print and our list will be generated. We now have four lists, 30, 60, 90 and 120, that contain the appropriate patients.*

RN [Enter] *This takes us to Recall Notices from the main Selection List.*

Recall Notices

What do you wish to do:

SR) Set recall date for patient
RD) Recall designated patients
LV) Recall patients by date of LAST VISIT
LS) Recall patients by LIST
RE) Review patient recalls
AC) Access recall messages
AS) Appointment reminder recalls

Please enter your choice: LS_

LS [Enter] *We want to print our mid-month past due notices from our newly created lists.*

120 [Enter] *We are going to print our 120 day notices first.*

Recall Patients

120

Message #2 of 2

PLEASE CALL OUR BUSINESS OFFICE IMMEDIATELY AT (310) 603-0555

Your account is over 120 days old and is seriously past due. If we do not hear from you within 10 days, we will refer your account for further collection action.

Enter NUMBER or press ENTER to view next (A to Accept/X to Exit): A_

(2) [Enter] *Here you need to pick your 120 day notice. The message number will vary from system to system.*

A [Enter] *We want to accept the current message.*

[Enter] *We're ready to print our notices.*

N [Enter] *When we've aligned our paper, we're ready to do the whole 120 day run.*

Y [Enter] *Yes, all our notices printed. This prompt loops us back to the Recall Notice selection list. We need to print notices for each of the remaining lists - 90, 60 and 30. After we've printed all notices, we will sort them with the appropriate A/R report and do a final review before mailing them.*

Notes:

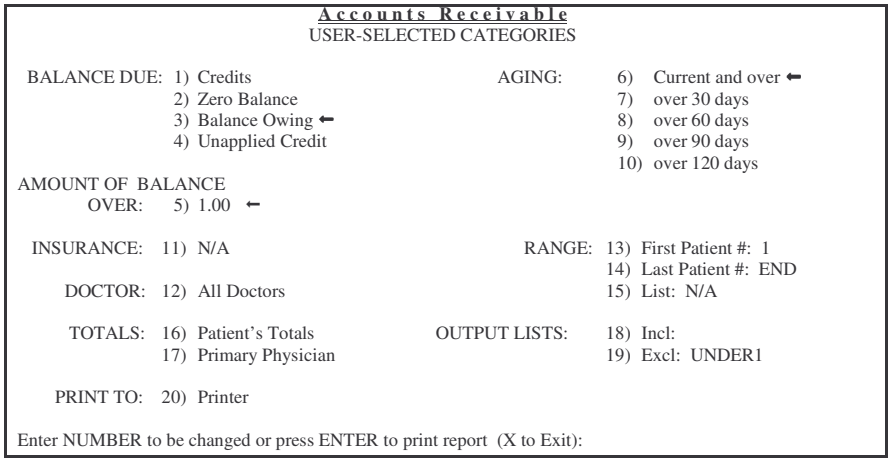
UNDER $1/OVER 90 DAYS REPORT

Scenario

Mary, the Office Manager for Dr. Kopp's practice, wants to write off all old balances that are under one dollar. She needs a precise report for these patient accounts.

To print this report, from the main Selection List, type:

AR [Enter] *This enters Accounts Receivable from the main Selection List.*



4 [Enter] *We want to first search all accounts over one dollar.*

1 [Enter] *Our cut off amount is $1.00.*

18 [Enter] *We are going to generate an excluded list to use on the second pass. This list will hold all patients who owe less than a dollar.*

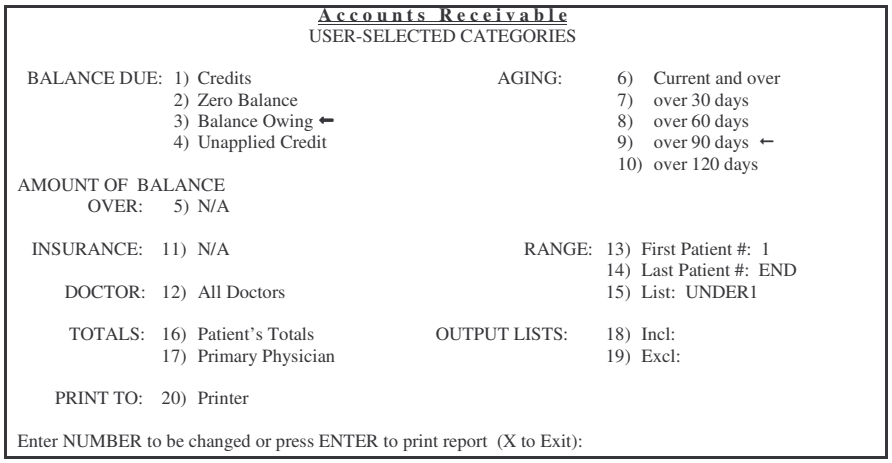
UNDER1 [Enter] *The list is called UNDER1.*

19 [Enter] *We don't need the print-out so we are going to redirect the output.*

3 [Enter] *We'll use the test mode to generate our file. This allows us to create the UNDER1 file without having to print patients that owe over $1 (and waste paper).*

[Enter] *We are finished changing the categories and are ready to create UNDER1.*

AR [Enter] *This re-enters Accounts Receivable from the main Selection List. We want to use our UNDER1 list to see who, in this list, is over 90 days past due.*



8 [Enter]	*We want accounts over 90 days.*
14 [Enter]	*We are going to use our UNDER1 list to print our report.*
UNDER1 [Enter]	*This is the name our list.*
[Enter]	*We are finished changing the categories and are ready to print.*
[Enter]	*If you have a dot matrix printer, now is when we put wide paper in the printer **or** change our printer to print at seventeen characters per inch (condensed). As soon as we press* **[Enter]**, *our report will print.*

Notes:

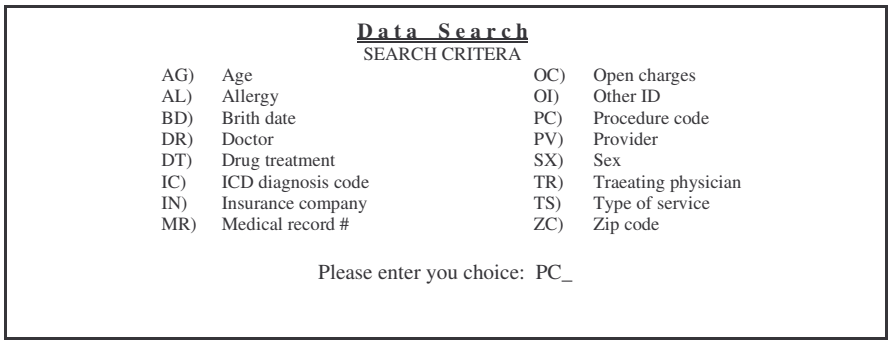
$0 BALANCE/NO VISITS FOR 4 YEARS

Scenario

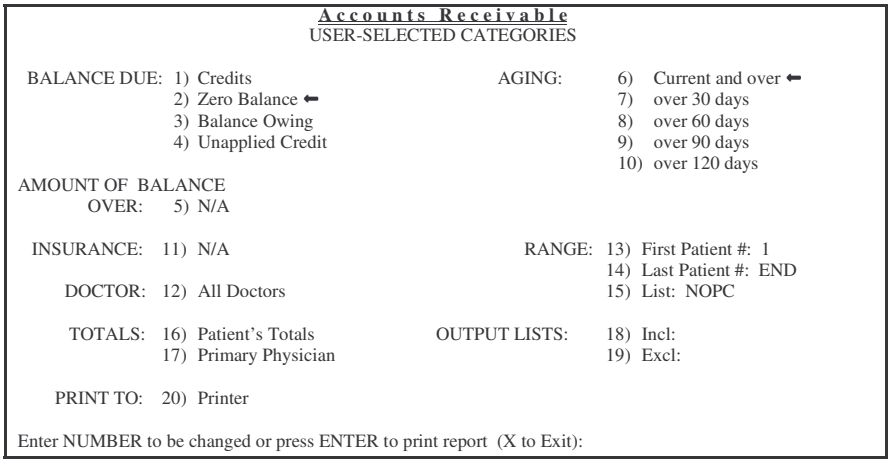
Van, the Office Manager for Dr. Leno's practice, wants to see how many patients they have lost. He wants a report that will only show patients who have a zero balance and have not had any procedures for over four years.

To print this report, from the main Selection List, type:

DS [Enter] *This enters Data Search from the main Selection List.*
SC [Enter] *We need to set the criteria for the search.*



PC [Enter] *We want to search for procedure codes.*
ALL [Enter] *We want to find ALL codes.*
041591 [Enter] *Today is 04/15/05. We want to find all procedures done in the last four years.*
[Enter] *This will enter today's date.*
Y [Enter] *Yes, this is correct.*
[Enter] *We are finished setting the criteria.*
SP [Enter] *Now we are going to search our patients.*
N [Enter] *No, we don't need to print this report.*
N [Enter] *No, we don't want to save it. This is a list of patients we HAVE seen in the last four years.*
Y [Enter] *Yes, this is our list of patients who haven't had any procedures in the last four years.*
NOPC [Enter] *We are going to call our list NOPC.*
[Enter] *This returns us to the main Selection List.*
AR [Enter] *Now we go into the Accounts Receivable Program.*



Accounts Receivable
USER-SELECTED CATEGORIES

BALANCE DUE: 1) Credits
2) Zero Balance ⬅
3) Balance Owing
4) Unapplied Credit

AMOUNT OF BALANCE OVER: 5) N/A

AGING: 6) Current and over ⬅
7) over 30 days
8) over 60 days
9) over 90 days
10) over 120 days

INSURANCE: 11) N/A

DOCTOR: 12) All Doctors

RANGE: 13) First Patient #: 1
14) Last Patient #: END
15) List: NOPC

TOTALS: 16) Patient's Totals
17) Primary Physician

OUTPUT LISTS: 18) Incl:
19) Excl:

PRINT TO: 20) Printer

Enter NUMBER to be changed or press ENTER to print report (X to Exit):

1 [Enter]	*We don't want credit balances.*
3 [Enter]	*We don't want to find patients who owe us money (this leaves only Zero Balance #2).*
14 [Enter]	*We want to use our Data Search created list.*
NOPC [Enter]	*This is the filename we created in Data Search.*
[Enter]	*We are finished changing the categories and are ready to print.*
[Enter]	*If you have a dot matrix printer, now is when we put wide paper in the printer **or** change our printer to print at seventeen characters per inch (condensed). As soon as we press* **[Enter]**, *our report will print.*

We now have our report to review our old patients so we can take the appropriate action.

Notes:

OVER 2 YEARS AGING REPORT

Scenario

Lydia, the Office Manager for Dr. Henry's practice, wants to adjust some very old charges off the books and possibly turn the accounts over for collections. She needs a report that will only show unpaid charges over two years.

To print this report, from the main Selection List, type:

DS [Enter] *This enters Data Search from the main Selection List.*

```
                    Data Search
What do you wish to do:
                        VU)  View search list criteria
                        SC)  Set criteria for search
                        SP)  Search & print patients
                        RA)  Set range for search
                        LP)  Load previous search
                        RI)  Re-initialize
                        SL)  Sort list

Please enter your choice:  SC
```

SC [Enter] *We need to set the criteria for the search.*

```
                    Data Search
                    SEARCH CRITERA
   AG)  Age                        OC)  Open charges
   AL)  Allergy                    OI)  Other ID
   BD)  Brith date                 PC)  Procedure code
   DR)  Doctor                     PV)  Provider
   DT)  Drug treatment             SX)  Sex
   IC)  ICD diagnosis code         TR)  Traeating physician
   IN)  Insurance company          TS)  Type of service
   MR)  Medical record #           ZC)  Zip code

                Please enter you choice:  OC_
```

OC [Enter] *We want to search for open charges.*

041593 [Enter] *Today is 04/15/05. We want charges two years and older.*

Y [Enter] *Yes, we want to find all old balances.*

Y [Enter] *Yes, this is correct.*

[Enter] *We are finished setting the criteria.*

SP [Enter] *Now we are going to search our patients.*

N [Enter] *No, we don't need to print this report.*

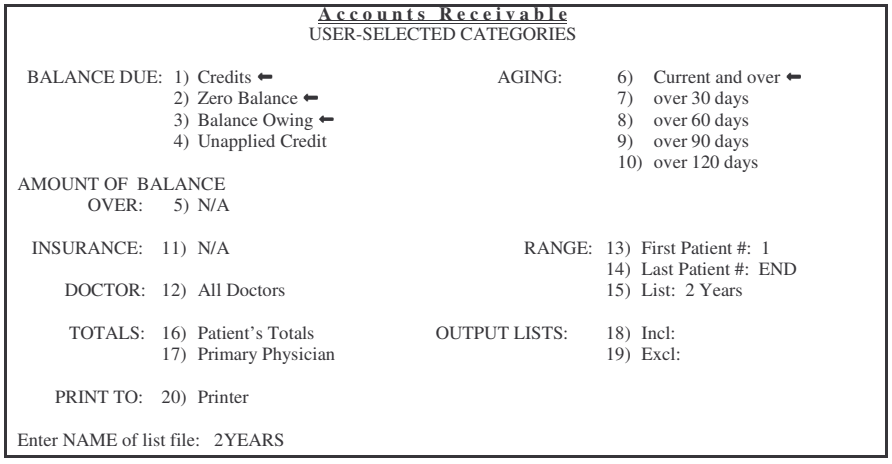
Y [Enter] *Yes, we do want to save the list.*

2YEARS [Enter] *We are going to call our list 2YEARS.*

N [Enter] *No, we don't want a list of excluded patients.*

[Enter] *This returns us to the main Selection List.*

AR [Enter] *Now we go into the Accounts Receivable Program.*



Accounts Receivable
USER-SELECTED CATEGORIES

BALANCE DUE: 1) Credits ⬅
2) Zero Balance ⬅
3) Balance Owing ⬅
4) Unapplied Credit

AMOUNT OF BALANCE OVER: 5) N/A

AGING: 6) Current and over ⬅
7) over 30 days
8) over 60 days
9) over 90 days
10) over 120 days

INSURANCE: 11) N/A

DOCTOR: 12) All Doctors

RANGE: 13) First Patient #: 1
14) Last Patient #: END
15) List: 2 Years

TOTALS: 16) Patient's Totals
17) Primary Physician

OUTPUT LISTS: 18) Incl:
19) Excl:

PRINT TO: 20) Printer

Enter NAME of list file: 2YEARS

15 [Enter]	*We want to change the type of detail that is printed so that we know **what** is past due.*
2 [Enter]	*We want a detailed Open Charges report.*
14 [Enter]	*We want to use our Data Search created list.*
2YEARS [Enter]	*This is the filename we created in Data Search.*
[Enter]	*We are finished changing the categories and are ready to print.*
[Enter]	*If you have a dot matrix printer, now is when we put wide paper in the printer **or** change our printer to print at seventeen characters per inch (condensed). As soon as we press* **[Enter]**, *our report will print.*

We now have our report to review old charges so we can take the appropriate action.

Notes:

CLAIM DEADLINE/REBILLING REPORT

Scenario

Stephanie, the Office Manager for Dr. Holzer's practice, knows she has one year to submit a claim for Medicaid. She needs to find all Medicaid patients with long overdue charges and generate a report showing each patient account, the unpaid charges and aging so she can rebill the appropriate claims.

To print this report, from the main Selection List, type:

DS [Enter] *This enters Data Search from the main Selection List.*

```
                    Data Search
What do you wish to do:
                        VU)  View search list criteria
                        SC)  Set criteria for search
                        SP)  Search & print patients
                        RA)  Set range for search
                        LP)  Load previous search
                        RI)  Re-initialize
                        SL)  Sort list

Please enter your choice:  SC
```

SC [Enter] *We need to set the criteria for the search.*

```
                    Data Search
                    SEARCH CRITERA
AG)  Age                        OC)  Open charges
AL)  Allergy                    OI)  Other ID
BD)  Brith date                 PC)  Procedure code
DR)  Doctor                     PV)  Provider
DT)  Drug treatment             SX)  Sex
IC)  ICD diagnosis code         TR)  Traeating physician
IN)  Insurance company          TS)  Type of service
MR)  Medical record #           ZC)  Zip code

                Please enter you choice:  IN_
```

IN [Enter] *We are going to use an insurance company search.*

MC [Enter] *This identifies all patients who have Medicaid.*

Y [Enter] *Yes, this is correct.*

OC [Enter] *We want to search for open charges.*

010195 [Enter] *Today is 09/01/05. We want charges nine months and older.*

N [Enter] *No, we want to find charges Medicaid says they haven't received yet.*

Y [Enter] *Yes, this is correct.*

[Enter] *We are finished setting the criteria.*

SP [Enter] *Now we are going to search our patients.*
N [Enter] *No, we don't need to print this report.*
Y [Enter] *Yes, we do want to save the list.*
OPENMC [Enter] *We are going to call our list OPENMC.*
N [Enter] *No, we don't want a list of excluded patients.*
[Enter] *This returns us to the main Selection List.*
AR [Enter] *Now we go into the Accounts Receivable Program.*

Accounts Receivable
USER-SELECTED CATEGORIES

BALANCE DUE:	1) Credits ⬅	AGING:	6) Current and over ⬅
	2) Zero Balance ⬅		7) over 30 days
	3) Balance Owing ⬅		8) over 60 days
	4) Unapplied Credit		9) over 90 days
			10) over 120 days
AMOUNT OF BALANCE OVER:	5) N/A		
INSURANCE:	11) N/A	RANGE:	13) First Patient #: 1
			14) Last Patient #: END
DOCTOR:	12) All Doctors		15) List: OPENMC
TOTALS:	16) Patient's Totals	OUTPUT LISTS:	18) Incl:
	17) Primary Physician		19) Excl:
PRINT TO:	20) Printer		

Enter NUMBER to be changed or press ENTER to print report (X to Exit):

15 [Enter] *We want to change the type of detail that is printed.*
2 [Enter] *We want an Open Charges detailed report.*
OPENMC [Enter] *We want to use our Data Search created list.*
[Enter] *We are finished changing the categories and are ready to print.*
[Enter] *If you have a dot matrix printer, now is when we put wide paper in the printer **or** change our printer to print at seventeen characters per inch (condensed). As soon as we press* **[Enter]**, *our report will print.*

We now have our report to review open charges and find those that need to be rebilled. We can take this report and use it in Bill Insurance to reprint select Medicaid claims under the SINGLE option.

Notes:

THERAPIST ANALYSIS REPORT

Scenario

Margie, the Office Manager for Bay Area Medical Clinic, needs to submit a monthly and year-to-date report for each of their three therapist's procedures, collections and adjustments. The therapists have been entered into the System under doctor numbers 7, 8 and 9.

To print this report, from the main Selection List, type:

PR [Enter] *This enters Production Report from the main Selection List.*

```
                    Production Report
                  USER-SELECTED CATEGORIES
DATES OF SERVICE                        PROCEDURE CODES
   1) Period #1:  03/01/05 - 03/31/05      6) Range:    N/A
   2) Period #2:  01/01/05 - 03/31/05      7) Filter:   N/A
TOTALS                                  PATIENTS
   3) Grand Totals Only:  NO            8) MR# Filter:  N/A
   4) By Type of Service: NO            9) By List:    N/A
   5) Doctor:  7,8,9                   10) Ins Co:     N/A
                                       11) Ins Co Totals Only: NO
                    PAYMENTS
                  12) Don't include payments
                  13) Primary insurance only
                  14) All insurance payments
                  15) All payments ⬅
Enter the NUMBER you wish to change (X to Exit): _
```

1 [Enter] *We need to change Period #1.*

030195 [Enter] *We need to set the first period for one month.*

033195 [Enter] *This is the last day of the month-to-date totals.*

2 [Enter] *We need to change Period #2.*

010195 [Enter] *We need to set the second period for the year-to-date totals.*

033195 [Enter] *This is the last day of the year-to-date totals.*

5 [Enter] *We need to tell the System to use the therapist's doctor numbers*

7,8,9 [Enter] *The doctor numbers are 7, 8 and 9.*

15 [Enter] *We want to show **all** payments received from their production..*

[Enter] *We're finished changing our categories.*

[Enter] *If you have a dot matrix printer, now is when we put wide paper in the printer **or** change our printer to print at seventeen characters per inch (condensed). As soon as we press* **[Enter]**, *our reports will print.*

Notes:

2nd OFFICE PRODUCTION REPORT

Scenario

John, the Office Manager for Great Plans Medical Clinic, a three physician practice, needs to submit a year-end report for 1994 showing the total annual procedures performed and collections for a small satellite office they have in another nearby community. This satellite office has been set up in the System with the group's doctor numbers starting at doctor #10.

To print this report, from the main Selection List, type:

PR [Enter] *This enters Production Report from the main Selection List.*

```
                    Production Report
                  USER-SELECTED CATEGORIES
DATES OF SERVICE                        PROCEDURE CODES
   1) Period #1:  01/01/05 - 12/31/05      6) Range:    N/A
   2) Period #2:  01/01/05 - 12/31/05      7) Filter:   N/A
TOTALS                                  PATIENTS
   3) Grand Totals Only:  NO               8) MR# Filter:  N/A
   4) By Type of Service: NO               9) By List:    N/A
   5) Doctor:  10,11,12                   10) Ins Co:     N/A
                                          11) Ins Co Totals Only:  NO
                      PAYMENTS
                        12) Don't include payments
                        13) Primary insurance only
                        14) All insurance payments
                        15) All payments ⬅
Enter the NUMBER you wish to change (X to Exit): _
```

1 [Enter] *We need to change Period #1.*

010194 [Enter] *We need to set the first of the year.*

123194 [Enter] *This is the last day of the year.*

2 [Enter] *We need to change Period #2.*

010194 [Enter] *We only want last year's totals so we are changing the second period to the same range of dates.*

123194 [Enter] *This is the last day of the year, again.*

5 [Enter] *We need to tell the System to use the satellite's doctor numbers.*

10,11,12 [Enter] *The doctor numbers are 10, 11 and 12.*

15 [Enter] *We want to show **all** payments received from the satellite office.*

[Enter] *We're finished changing our categories.*

[Enter] *If you have a dot matrix printer, now is when we put wide paper in the printer **or** change our printer to print at seventeen characters per inch (condensed). As soon as we press* **[Enter]**, our reports will print.

Notes

NEW EQUIPMENT REPORT

Scenario

Wanda, the Office Manager for Dr. Goldhamer's practice, wants to see if the new ultrasound machine is being used as much as they anticipated. She wants a completely detailed analysis from the last two quarters of all ultrasound procedures.

To print this report, from the main Selection List, type:

PR [Enter] *This enters Production Report from the main Selection List.*

```
Production Report
USER-SELECTED CATEGORIES
DATES OF SERVICE                          PROCEDURE CODES
    1) Period #1:   10/01/04 - 12/31/04       6) Range:   76500-76999
    2) Period #2:   01/01/05 - 03/31/05       7) Filter:  N/A
TOTALS                                    PATIENTS
    3) Grand Totals Only:  NO                 8) MR# Filter:  N/A
    4) By Type of Service: NO                 9) By List:  N/A
    5) Doctor:  ALL DOCTORS                   10) Ins Co:  N/A
                                              11) Ins Co Totals Only:  NO
                    PAYMENTS
                      12) Don't include payments
                      13) Primary insurance only
                      14) All insurance payments
                      15) All payments ←
Enter the NUMBER you wish to change (X to Exit): _
```

1 [Enter] *We need to change Period #1.*

100194 [Enter] *We need to set the first period for the first of the year.*

123194 [Enter] *This is the last day of the quarter.*

2 [Enter] *We need to change Period #2.*

101095 [Enter] *We need to set the second period for the first of the year.*

033195 [Enter] *This is the last day of the quarter.*

6 [Enter] *We want to limit our report to ultrasound procedures so we are going to use the range category.*

76500 [Enter] *Ultrasound procedures start at 76500.*

76999 [Enter] *And end at 76999.*

15 [Enter] *We want a complete report that shows our income too.*

[Enter] *We're finished changing our categories.*

[Enter] *If you have a dot matrix printer, now is when we put wide paper in the printer **or** change our printer to print at seventeen characters per inch (condensed). As soon as we press* **[Enter]**, *our report will print.*

Notes:

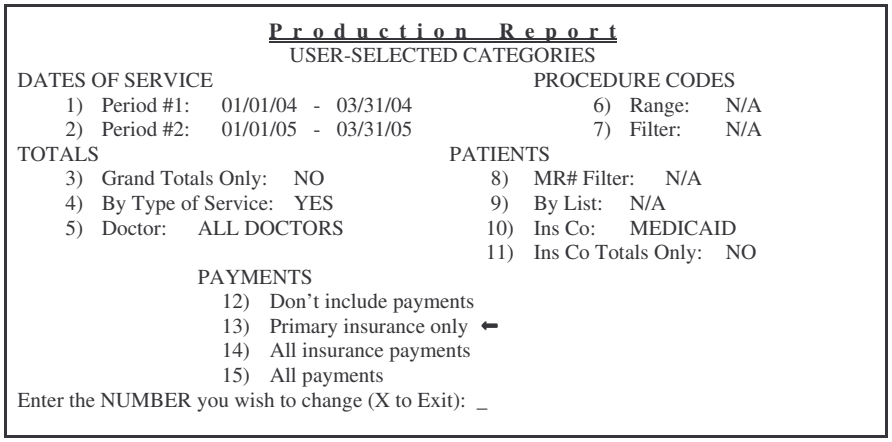
INSURANCE REIMBURSEMENT REPORT

Scenario

Sandy, the Office Manager for Dr. Punjabee's practice, wants to see if there is a trend in how well they are being reimbursed from Medicaid. She has decided to compare the first quarter of last year and the first quarter of this year.

To print this report, from the main Selection List, type:

PR [Enter] *This enters Production Report from the main Selection List.*



Production Report
USER-SELECTED CATEGORIES

DATES OF SERVICE
1) Period #1: 01/01/04 - 03/31/04
2) Period #2: 01/01/05 - 03/31/05

PROCEDURE CODES
6) Range: N/A
7) Filter: N/A

TOTALS
3) Grand Totals Only: NO
4) By Type of Service: YES
5) Doctor: ALL DOCTORS

PATIENTS
8) MR# Filter: N/A
9) By List: N/A
10) Ins Co: MEDICAID
11) Ins Co Totals Only: NO

PAYMENTS
12) Don't include payments
13) Primary insurance only ←
14) All insurance payments
15) All payments

Enter the NUMBER you wish to change (X to Exit): _

1 [Enter] *We need to change Period #1.*

010194 [Enter] *We need to set the first period for the first of the year.*

033194 [Enter] *This is the last day of the quarter.*

2 [Enter] *We need to change Period #2.*

010195 [Enter] *We need to set the second period for the first of the year.*

033195 [Enter] *This is the last day of the quarter.*

4 [Enter] *We want to group our procedures by type of service for easier analysis.*

10 [Enter] *We want to search all Medicaid patients.*

MC [Enter] *This is our insurance code for Medicaid. This also changes #13 to show only Medicaid payments so we have an accurate comparison.*

[Enter] *We're finished changing our categories.*

[Enter] *If you have a dot matrix printer, now is when we put wide paper in the printer **or** change our printer to print at seventeen characters per inch (condensed). As soon as we press* **[Enter]**, *our reports will print.*

Now we can review the report to see the reimbursement percentage, procedure by procedure, and take note of any trends.

Notes:

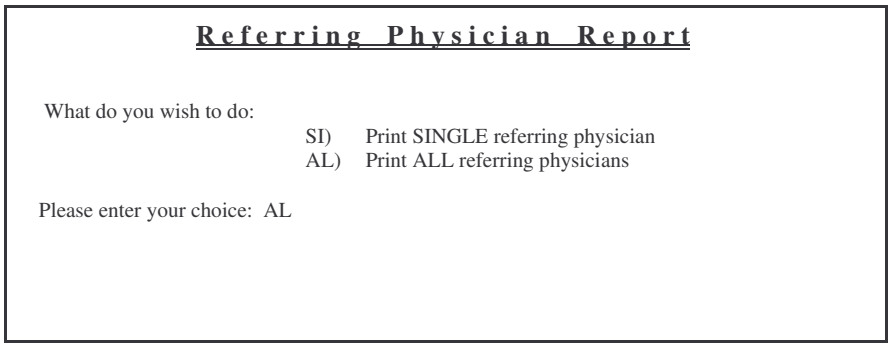
REFERRED PATIENTS REPORT

Scenario

Ben, the Office Manager for Dr. Cohen's practice, wants to see how many patients have been referred to their practice for the first quarter of this year, who referred them and how much they've collected year-to-date.

To print this report, from the main Selection List, type:

RP [Enter] *This enters Referring Physician Report from the main Selection List.*



AL [Enter] *We want to search all referring physicians.*
010195 [Enter] *We need to set the second period for the first of the year.*
033195 [Enter] *This is the last day of the quarter.*
Y [Enter] *Yes, it's correct.*
N [Enter] *No, we want all the detail.*
[Enter] *As soon as we press* **[Enter]**, *our report will print.*

The Report

REFERRING PHYSICIAN REPORT FOR 01/01/95 - 03/31/05

04/15/05 PAGE 1

REFERRING PHYSICIAN	PATIENT NAME	BILLED	COLLECTED
NORMAN JOHNSON, MD	JODIE STEVENS	505.00	505.00
	CARLTON MITCHELL	152.16	101.28
	MARYANNE BOWERS	325.19	325.19
	CANDICE CLEAVER	319.94	0.00
	DENNIS BRICKLIN	142.50	59.34
		1445.59	991.61

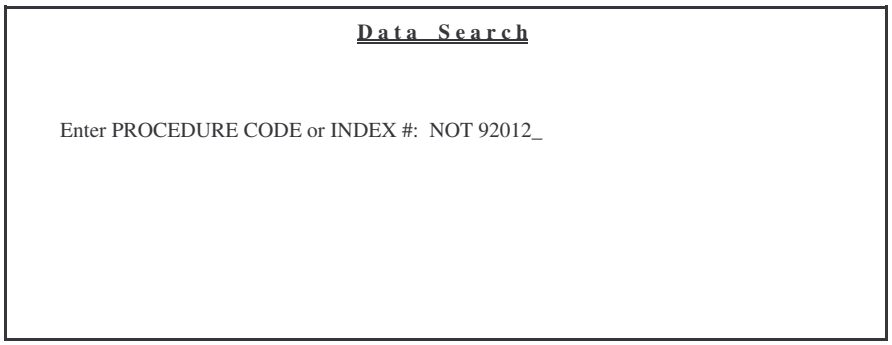
BI-ANNUAL CHECKUP REPORT/RECALLS

Scenario

Sue, the Office Manager for Dr. Gold's ophthalmology practice, likes to keep close track of their patients to make sure they receive their required periodic checkups. This time she wants a report of all patients who have not had an eye exam for two years.

To print this report, from the main Selection List, type:

DS [Enter] *This takes us to Data Search.*
SC [Enter] *We need to set the criteria for the search.*
PC [Enter] *We are going to do a procedure code search.*



NOTn92012 [Enter] *Dr. Steven's eye exams are done under two codes - 92012 and 92014. We are going to use NOT logic. Make sure you put a space between the NOT and the code.*
041593 [Enter] *Today is 04/15/95. This starts our search two years ago.*
041595 [Enter] *And searches up through today.*
Y [Enter] *Yes, this is correct.*
PC [Enter] *We are going to do another procedure code search; this time for our second code.*
NOTn92014 [Enter] *This is the second code we use.*
041593 [Enter] *We're going to use the same range of dates for this code, too.*
041595 [Enter] *Ditto.*
Y [Enter] *Yes, this is correct.*
SP [Enter] *Now we are going to search our patients.*
N [Enter] *No, we don't want to print this report.*
Y [Enter] *Yes, we want to save it so we can send recall notices.*
NOEXAM [Enter] *We'll call our list NOEXAM.*
N [Enter] *No, we don't want an exclude list.*
[Enter] *This takes us back to the main Selection List.*
RN [Enter] *This takes us to Recall Notices from the main Selection List.*

Recall Notices

What do you wish to do:

SR) Set recall date for patient
RD) Recall designated patients
LV) Recall patients by date of LAST VISIT
LS) Recall patients by LIST
RE) Review patient recalls
AC) Access recall messages
AS) Appointment reminder recalls

Please enter your choice: LS_

LS [Enter] *We want to print our exam reminder from our newly created list.*
NOEXAM [Enter] *Remember, we named our list NOEXAM.*

Recall Patients

NOEXAM

Message #3 of 3

Our records indicate it has been two years since your last eye exam. Regular examinations are required to ensure healthy eyesight.

Please call our office at your earliest convenience so we may schedule your apporintment.

8:00 to 5:00 at (310) 603-0555
Enter NUMBER or press ENTER to view next (A to Accept/X to Exit):

(3) [Enter] *Here you need to pick the exam notice. The message number will vary from system to system.*
A [Enter] *We want to accept the current message.*
[Enter] *We're ready to print our notices.*
N [Enter] *When we've aligned our forms, we're ready to do the whole NOEXAM list.*
Y [Enter] *Yes, all our forms printed.*

Notes:

OB-GYN—DELIVERY/ADMISSION REPORT

Scenario

Barbara, the Office Manager for Dr. Lee's OB-GYN practice, needs to submit the monthly report of expected deliveries for July to the hospital. This report must show the patient's information and the expected delivery date.

To print this report, from the main Selection List, type:

PI [Enter] *This enters Patient Information from the main Selection List.*

1 [Enter] *Jodie Steven's account number is 1.*

```
PT.# 3-1          Patient Information

 1) STEVENS, JODIE                  4) 12/10/1976      7) Female   10) Unknown
 2) 554 12TH STREET                 5) 703 259-8704    8) Unknown
 3) FALLS CHURCH, VA 22042          6) 703 332-6378    9) Not a student
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
11) SSA or ID#:   245-66-5521       15) Med. Rcd.#:    04JUL95
12) Other ID#:    VA454545342       16) Fam Head:
13) Send Statements:  Yes           17) Employer:      STATIONERS INT.
14) Finance Charges:
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
18) Rel of Info. : Yes              20) Dr. #3 Harold Barnes, M.D.
19) Fee Schedule:                   21) Ref Phy:       NORMAN JOHNSON, M.D.

Enter NUMBER to be changed: _
```

15 [Enter] *We're going to change her Medical Record Number.*

04JUL95 [Enter] *Her expected delivery date is the Fourth of July, 1995. Remember to be consistent in using UPPER and lower case. 04JUL95 is not the same as 04jul95.*

[Enter] *We are finished changing Patient Information.*

Y [Enter] *Yes, record the changes.*

N [Enter] *No, we don't need to change insurance information.*

[Enter] *We're finished changing Patient Information and this returns us to the mini-selection list. These first eight steps are done for each patient found to be pregnant when her expected delivery date has been determined. They are done at the time the corresponding charges are entered.*

DS [Enter] *This takes us to Data Search.*

SC [Enter] *We need to set the criteria for the search.*

```
                    Data Search
                    SEARCH CRITERA

AG)  Age                          OC)  Open charges
AL)  Allergy                      OI)  Other ID
BD)  Brith date                   PC)  Procedure code
DR)  Doctor                       PV)  Provider
DT)  Drug treatment               SX)  Sex
IC)  ICD diagnosis code           TR)  Traeating physician
IN)  Insurance company            TS)  Type of service
MR)  Medical record #             ZC)  Zip code

                Please enter you choice:  MR_
```

MR [Enter] *We are going to use a Medical Record Number search.*
JUL95 [Enter] *We want to search for ALL patients with JUL95 in their Medical Record Number.*
Y [Enter] *Yes, this is correct.*
[Enter] *We are finished setting the criteria.*
SP [Enter] *Now we are going to search our patients.*
N [Enter] *No, we don't need to print this report.*
Y [Enter] *Yes, we do want to save the list.*
JUL95 [Enter] *We are going to call our list JUL95.*
N [Enter] *No, we don't want a list of excluded patients.*
SL[Enter] *We want to sort the list.*

Patient List (sorted order)

LIST AVAILABLE TO BE SORTED:

ZZ ZZ	CASH	OPENMC
JUL95	BILLING	ALL (all patients)

Enter NAME of list file: JUL95_

JUL95 [Enter] *We need to tell it the name of our list.*
MR [Enter] *We want it sorted in date (Medical Record Number) order and expand it to show more information.*
PR [Enter] *Now we want to print our sorted list.*

Patient List (sorted order)

User Selected Options:

1)	Include Address	Yes
2)	Include Phone #	Yes
3)	Include Medical Record #	Yes
4)	Include Birthdate	No

Enter NUMBER you wish to change: _

1 [Enter] *Include the address on our report.*
2 [Enter] *Include the phone number.*
3 [Enter] *Include the date which is in the Medical Record Number.*
[Enter] *We're done changing the criteria.*
[Enter] *Let's print it.*
N [Enter] *No, we don't want to save this list. However, if we did, we would generate a COMMA DELIMITED ASCII FILE that contains much more information about the patient including the insurance information. This file can be merged into most word processors. Please see the*

chapter on Data Search for more information about this file and your word processing manual for information on merging.

[Enter] *We don't want to print anymore lists.*

[Enter] *Let's go back to the main Selection List.*

The Report

PATIENT LIST Date: 04/15/95

File: JUL95 Page 1

STEVENS, JODIE	1 - 1	BOWERS, MARYANNE	1 - 5
554 12TH STREET		790 CREST #202	
FALLS CHURCH, VA 22042		ARMONK, NY 10504	
703 259-8704		914 767-2338	
04JUL95		12JUL95	

Notes:

NEW DRUG/CURE REPORT/LABELS

Scenario

Dr. Chopra's office has recently received many inquiries about a new drug that treats male baldness. He's written a newsletter regarding this topic and wants it sent to all male patients, 20 and older.

To print this report, from the main Selection List, type:

DS [Enter] *This takes us to Data Search.*
SC [Enter] *We need to set the criteria for the search.*

Data Search
SEARCH CRITERA

AG)	Age	OC)	Open charges
AL)	Allergy	OI)	Other ID
BD)	Brith date	PC)	Procedure code
DR)	Doctor	PV)	Provider
DT)	Drug treatment	SX)	Sex
IC)	ICD diagnosis code	TR)	Traeating physician
IN)	Insurance company	TS)	Type of service
MR)	Medical record #	ZC)	Zip code

Please enter you choice: AG_

AG [Enter] *We are going to use an age search.*
20-199 [Enter] *We are setting our age range, 20 to 199 years old.*
Y [Enter] *Yes, this is correct.*
SX [Enter] *We want to find only male patients.*
M [Enter] *"M" for Male.*
[Enter] *We are finished setting the criteria.*
SP [Enter] *Now we are going to search our patients.*
Y [Enter] *Yes, we want to print this report.*
[Enter] *Go ahead and print it.*
Y [Enter] *Yes, we want to save the list.*
HAIRY [Enter] *We are going to call our list HAIRY.*
N [Enter] *No, we don't want a list of excluded patients.*
[Enter] *Let's go back to the main Selection List.*
ML [Enter] *We are ready to print our mailing labels.*

Mailing Labels

What do you wish to do:

SI) Print SINGLE patient labels
AL) Print ALL patient labels
RA) Print RANGE of patient labels
LS) Print LIST of patient labels
IN) Print INSURANCE companies labels
PV) Print PROVIDER labels

Please enter you choice: LS_

LS **[Enter]** *We want to print by list.*
HAIRY [Enter] *We need to tell it the name of our list.*

Patient List (sorted order)

USER SELECTED OPTIONS:

1)	Print patient's last name first:	No
2)	Include patient numbers:	Yes
3)	Include medical record numbers:	No
4)	Include patient telephone numbers:	No
5)	Use responsible party's address:	No
6)	Number of copies:	1
7)	Print by doctor:	No
8)	Number of labels across:	1

Enter NUMBER you wish to change: _

1 [Enter] *We don't want the last name first.*
8 [Enter] *Our mailing labels aren't three across.*
1 [Enter] *They're one across.*
[Enter] *We're finished changing the options.*
[Enter] *Let's put our labels in and print an alignment label.*
N [Enter] *No more alignment labels, lets run them.*

Notes:

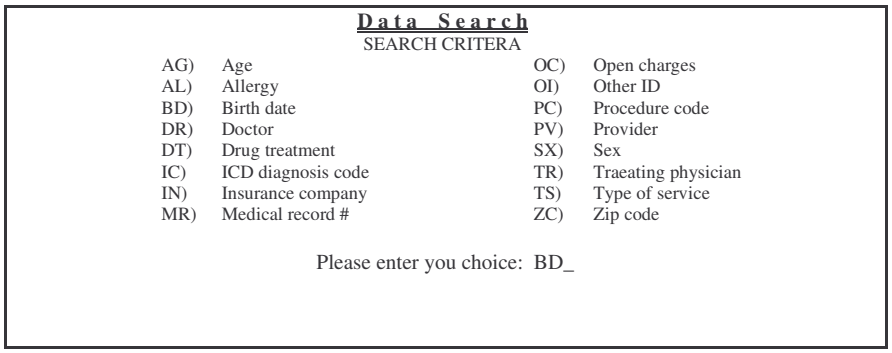
BIRTHDAY REPORT/LABELS

Scenario

Betty, the Office Manager for Dr. Child's pediatric practice likes to send the children birthday cards. She uses POC to make this monthly task very easy.

To print this report, from the main Selection List, type:

DS [Enter] *This takes us to Data Search.*
SC [Enter] *We need to set the criteria for the search.*



BD [Enter] *We are going to use a birth date search.*
0501-0531 [Enter] *We are setting our birth date range from May 1 to May 31.*
Y [Enter] *Yes, this is correct.*
[Enter] *We are finished setting the criteria.*
SP [Enter] *Now we are going to search our patients.*
Y [Enter] *Yes, we want to print this report.*
[Enter] *Go ahead and print it.*
Y [Enter] *Yes, we want to save the list.*
MAYBD [Enter] *We are going to call our list MAYBD for May Birth Days.*
N [Enter] *No, we don't want a list of excluded patients.*
[Enter] *Let's go back to the main Selection List.*
ML [Enter] *We're ready to print our mailing labels.*

```
                    Mailing Labels

 What do you wish to do:
                          SI )  Print SINGLE patient labels
                          AL)   Print ALL patient labels
                          RA)   Print RANGE of patient labels
                          LS )  Print LIST of patient labels
                          IN )  Print INSURANCE companies labels
                          PV)   Print PROVIDER labels

 Please enter you choice:  LS_
```

LS [Enter] *We want to print by list.*
MAYBD [Enter] *We need to tell it the name of our list.*

```
                    Patient List (sorted order)

   USER SELECTED OPTIONS:
                          1)  Print patient's last name first:      No
                          2)  Include patient numbers:              Yes
                          3)  Include medical record numbers:       No
                          4)  Include patient telephone numbers:    No
                          5)  Use responsible party's address:      No
                          6)  Number of copries:                    1
                          7)  Print by doctor:                      No
                          8)  Number of labels across:              1

 Enter NUMBER you wish to change:  _
```

1 [Enter] *We don't want the last name first.*
8 [Enter] *Our mailing labels aren't three across.*
1 [Enter] *They're one across.*
[Enter] *We're finished changing the options.*
[Enter] *Let's put our labels in and print an alignment label.*
N [Enter] *No more alignment labels, let's run them.*

Notes:

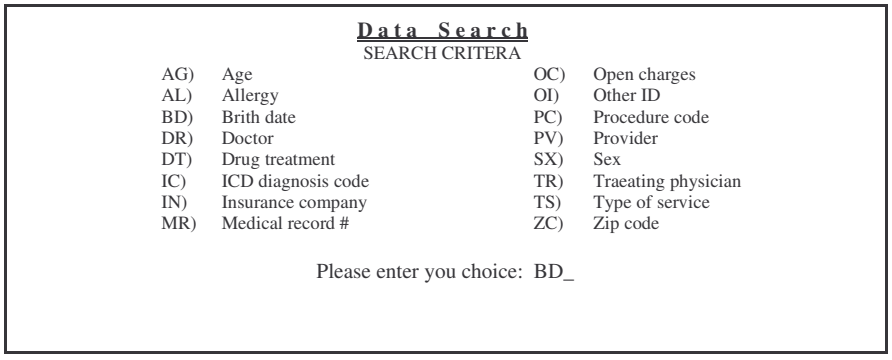
100th BIRTHDAY REPORT

Scenario

Grace, the Office Manager for Dr. Clark's geriatric practice, likes to send birthday cards to the patients who are having their 100th birthday. Each month she prints a report to see if anyone is going to have this milestone birthday during the coming month. A quick Data Search makes this task very easy.

To print this report, from the main Selection List, type:

DS [Enter] *This takes us to Data Search.*
SC [Enter] *We need to set the criteria for the search.*



BD [Enter] *We are going to do a birth date search.*
0501-0531 [Enter] *It is currently April 15. We are setting our birth date range for next month, from May 1 to May 31.*
Y [Enter] *Yes, this is correct.*
AG [Enter] *We are going to use an age search, too.*
99-99 [Enter] *We are setting our age range to 99 years only. Remember, they're still only 99 years old as of today — they won't bee 100 until **next** month.*
Y [Enter] *Yes, this is correct.*
[Enter] *We are finished setting the criteria.*
SP [Enter] *Now we are going to search our patients.*
Y [Enter] *Yes, we want to print this report.*
[Enter] *Go ahead and print it.*
N [Enter] *No, we don't want to save it.*
N [Enter] *No, we don't want to save it.*

Notes:

Section D

Appendix

SYSTEM REQUIREMENTS

APPROVED OPERATING SYSTEMS

Single Terminal/Network Workstation: Windows 95/98, ME, 2000 Professional, XP Professional
Server: Novel 3.x or higher, Windows Server (NT4, 2000, 2003)

MINIMUM MEMORY (RAM)

Use at least the minimum recommended memory for your operating system.
NOTE: The more memory you have in your workstations and server, the more efficiently your system will run.

PRINTERS

NOTE: All printers, laser and impact, MUST be connected via parallel port. As of this printing, POC does not currently support USB connected printers.

Dot Matrix / Impact printers:
- Commercial grade printers:
  - These are highly recommended when printing the 6-part Speedi-Mailer Patient Statements and 4-part Speedi-Mailer Recall Notices.
    - Okidata Microline 421, 491
    - Okidata Microline 521, 591
- Standard Duty printers:
  - Alternately, any 80 column impact printer with Compressed Print capability may be used.
    - Okidata 300, 400, 500 series printers.
    - Epson LQ printers.
    - Panasonic printers.
  - NOTE: Compressed Print, or the ability to change the pitch to 17 cpi, is required on all 80 column printers in order to print the Accounts Receivables and Production reports.
- Laser Printers:
  - NOTE: Most laser printers that have HP-4 emulation AND are not considered “Windows Only” should work.
  - The following printers have been tested and work great.
    - HP Laser Jet II, III, 4, 5, 6, 1150, 1300, 2300
    - Brother HL-1440
- **NOT RECOMMENDED:**
  - Deskjet, Inkjet and Bubble Jet printers.
  - All-In-One printers. (i.e. Print/Fax/Scan/Copy)

MODEMS / COMMUNICATIONS

56k Modem, DSL / Cable Modem, other high speed internet connections.

Electronic claims:

Carriers and clearinghouses all have different communication requirements. Some even provide their own communication software. You should contact the carriers and/or clearinghouse to determine what method of communication your system will need in order to submit claims electronically.

Insurance Eligibility:

Internet access is usually required if you wish to check insurance eligibility on-line. Customers have been extremely pleased when they switch to high speed internet access such as DSL, instead of 56k dial-up.

POC Technical Support:

In order to most efficiently help our support technicians resolve problems, it is highly recommended that a 56k modem and Symentec pcAnywhere (a remote control communication software) be installed. This will allow our technicians to remotely control your POC software and to diagnose and fix most POC software problems. It is an invaluable time-saver.

NOTE: Remote access to your POC software can only be done with your knowledge and assistance. The pcAnywhere software can only be turned on (activated) by you when needed during a support session. When the software is turned off (deactivated) your system can not be accessed remotely.

In very rare cases, the only way to repair a corrupted POC system is to send your data to our office. Most of the time, a 56k modem connection will work using the Windows communication software, Hyperterminal. However, when the database has grown large, it may take hours to transmit by 56k modem. If you have high speed access, that same database would only take minutes to e-mail. Your only other option would be to send us your back-up on disk or tape.

SYSTEM CONFIGURATION

The Initialization Program — VxINIT.EXE

This program is only for the use of ***experienced*** computer users. You should always make a backup of the System Parameters file, SYSPAR, before proceeding. This program allows you to:

- Configure terminal settings.
- Select the appropriate printer driver; this includes laser and DeskJet drivers.
- Change the DRIVE/PATH.
- Change System toggles for:

    1. Whether the *add patient recall* question appears at the end of Add Charges.
    2. Whether the *add drug treatment* question appears at the end of Add Charges.
    3. Multi-Terminal only - Whether the System appends transactions immediately to the master files (slower, but transactions appear on Patient Ledgers immediately) or appends transactions when the Transaction Report is run (faster, but transactions don't appear on Patient Ledgers until after the Transaction Report is run).
    4. Whether to age charges from the date of service, the date of operator entry, or the date of first statement. Please be advised: You should choose one method and stick with it. Changing aging methods will NOT affect the aging of transactions that are already in the System.
    5. Set the default for PRINTING ledgers to start with the first transaction or with the first open transaction.
    6. Use the standard or the enhanced super bill.
    7. Print one or multiple diagnosis pointers on the charge line of Medicare forms.

Before running VxINIT, you need to have all workstations **EX**it POC if your System is multi-terminal.

    8. Set the default for automatic adjustment.
    9. Set recall notice form type.

SC [Enter] *Responds with:* Enter command:
VXINIT [Enter]

Respond appropriately to VxINIT's questions and make your changes. When done, hit the **[Enter]** key to return to POC's Main Selection List. To activate your changes, you need to **EX**it POC and then restart POC in order to load your new System Parameters.

MICROSOFT WINDOWS® INSTALLATION

Microsoft Windows XP, Windows 2000

Single Terminal

If you are transferring an existing POC installation from an old system to a new system, just copy the existing POC folder or directory to your new computer's C:\POC folder. Then go to Create POC Icon.

If you are installing POC for the first time, then do the following:

1. Go to the command prompt. Click Start | All Programs | Command Prompt
2. At the Command Prompt type: **CD** press **[Enter]**. You should now have a C:\> prompt.
3. Type: **MD POC** press **[Enter]**
4. Type: **CD POC** press **[Enter]** You should now have a C:\POC> prompt.
5. Copy each disk. For each disk type **XCOPY A:*.***
6. Type: **EXIT**

Create POC Icon:

1. On your Windows Desktop, point to where you want the POC icon to be, then right-click once.
2. Point to NEW, then click on Shortcut.
3. Location of item: Type: **C:\POC\POC.EXE** click next.
4. Name for shortcut: Type: **POC** click next.
5. Choose an icon: Choose the desired icon, then click FINISH.
6. Open POC by clicking on the new POC Icon. **DO NOT LOG INTO POC.**
7. Right-click on "POC.EXE" in the Title Bar at the top of the POC window.
8. Click on Properties.
9. Click on the Full Screen check box in the Options tab.
10. Click on the Layout tab.
11. Change the Screen Buffer Size to: Width **80**, Height **25**
12. Change the Window Size to: Width **80**, Height **25**
13. Click the OK button.
14. Click on Save Properties for future windows with same title.
15. Click the OK Button.
16. Press **[Enter]** to exit out of POC.
17. Right-click on the new POC icon.
18. Click on Properties.
19. Click on the Screen tab.
20. Click on the Full Screen check box.
21. Click the OK button.

Microsoft Windows 95/98

Single Terminal

If you are transferring an existing POC installation from an old system to a new system, just copy the existing POC folder or directory to your new computer's C:\POC folder. Then go to Create POC Icon.

If you are installing POC for the first time, then do the following:

1. Access the MS DOS prompt.
2. At the MS DOS Prompt type: **CD** press **[Enter]**. You should now have a C:\ prompt.
3. Type: **MD POC** press **[Enter]**
4. Type: **CD POC** press **[Enter]** You should now have a C:\POC> prompt.
5. Copy each disk. For each disk type **XCOPY A:*.***
6. Type: **EXIT**

Create POC Icon:

1. On your Windows Desktop, point to where you want the POC icon to be, then right-click once.
2. Point to NEW, then click on Shortcut.
3. Location of item: Type: **C:\POC\POC.EXE** click next.
4. Name for shortcut: Type: **POC** click next.
5. Choose an icon: Choose the desired icon, then click FINISH.
6. Click on the new POC Icon. **DO NOT LOG INTO POC.**
7. Right-click on the new POC icon.
8. Click on Properties.
9. Click on the Programs tab.
10. Click on the Close On Exit check box.
11. Click the OK button.

Peer to Peer Network

Follow installation instructions from Single Terminal installation above through Create POC Icon.
Create Setfile Icon

1. On your Windows Desktop, point to where you want the Setfile Icon to be, then right-click once.
2. Point to NEW, the click on Shortcut.
3. Location of item: Type: **C:\POC\SETFILE.EXE** click next.
4. Name for shortcut: Type: **SETFILE** click next.
5. Choose an icon: Choose desired icon, then click FINISH.

Run SETFILE to set number of terminals.
Make the POC folder shared with full access to everyone. (My Computer, "right-click" on POC folder, click on sharing, everyone should have Access Type: Full Control.)

Workstations
Map drive letter to the server's POC folder. (Network Neighborhood).
Create POC Icon.

Microsoft Windows 2000, 2003 Server Installation

Workstations

All POC workstations must be MS Windows 95/98, ME, 2000, XP Professional. POC will NOT run properly in a network environment using Windows XP Home.
Map a network drive to the shared POC folder on the Server. Drive P (for POC) is a good choice, i.e., **P:\POC.EXE**.
Create POC Icon.

1. Go to the command prompt. Click Start | All Programs | Command Prompt
2. At the Command Prompt type: **CD** press **[Enter]**. You should now have a C:\ prompt.
3. Type: **MD POC** press **[Enter]**
4. Type: **CD POC** press **[Enter]** You should now have a C:\POC> prompt.
5. Copy each disk. For each disk type **XCOPY A:*.***
6. Type: **EXIT**

Notes:

BACKING UP

The MOST Important Daily Task

Everyday you risk losing ALL of your work back to your last GOOD backup. If you think backing up on a daily basis is too much work, just think of how much work it will be to try to go back and re-enter everything. As MANY of our clients have already found out, it is not a matter of ***IF*** you will ever need your backups, it is a matter of ***WHEN***. Imagine explaining to the doctor why you didn't backup and now all the billing data is lost.

Please be certain you ***fully*** understand the specific backup procedures for your system and that you perform a backup each and every workday without fail. You may go for a year or more without ever needing your backups. But, when you need them, and ***sooner or later you will***, the backups are the difference between an hour of work or, very likely, starting over from scratch.

Specific step by step instructions on how to back up *your* system are beyond the scope of this manual. We suggest you call the vendor of the back up system you have chosen.

Backing up each day the System is used is a necessary function of owning a computer. Its importance and frequency are directly proportional to the amount of effort required to re-enter lost data. For example, if you lose a computer game, you can reinstall it easily from the master disks. If you lose your word processor and its letters, you can reload the program disks and maybe retype some letters. **BUT, if you lose ALL of your practice billing records, then you will have days, weeks, or even months of serious work ahead of you.**

Our backup instructions are rigorous, but they are also reliable. ***Please*** follow them.

Different Ways of Backing Up

1 BACKUP TO TAPE. Pros: Convenient. Easy to use. Can be automated to run at anytime, for example at midnight when system is not in use. Usually all data can be backed up onto one tape so it requires much less effort. As a result, it gets done! You can backup whenever it is convenient during the day (i. e. - while at lunch or just as you go home at night). You do not need to be there when the system is doing the backup. It is perfectly OK to leave the computer running and pull the tape out the next morning. The tape software can *verify* the data is accurate. Cons: a tape unit is an additional purchase; the tape software may be slightly more involved to learn; different manufacturers use incompatible formats and therefore the data cannot be read on different machines.

2 BACKUP TO FLOPPY DISKS. Pros: inexpensive, no additional equipment to purchase; semi-easy to learn. Cons: Over ***half*** of the floppy disk backups we receive at POC have a major error in them; backing up to floppy disks takes a tediously long time if you have a lot of patients, usually resulting in the backup not being done daily or at all; it can work OK but may be **unreliable**. **Not recommended if data fills more than two (2) disks.**

3 BACKUP TO A DIFFERENT DIRECTORY OR ANOTHER HARD DISK. This method is better than never backing up at all, BUT NOT MUCH! ***We strongly recommend against this method!*** There are many reasons this method will fail you at some time.

4 CD/DVD WRITER/RE-WRITR. Easy to use, reliable, inexpensive. Most new systems have a CD-RW drive. CD-R can be read by any system with a CD drive. This is the preferred media for sending data to our technical support department.

5 ZIP DRIVE. Easy to use, reliable. Additional hardware expense. Disks can only be ready by machines with the same type zip drive.

6 MEMORY CARDS/JUMP DRIVES. Additional hardware required. Expensive media. Easy to use.

Proper Backup Procedure

STEP 1 - DAILY: Clearly label five tapes (or sets of floppies), one for each day of your work week (i.e. - Monday, Tuesday, etc.). The reason for this many sets is that you will have a full week to catch any errors if any of your backups are defective. The more sets you have, the more secure your backup method. BACKUP EVERYDAY! Use the current day's tape (or floppy) without exception; that is, on Monday ***always*** use the backup labeled "Monday." Carry your latest backup home so it is off premises in case of fire or theft. A second and less secure option is to store the backup in a fire resistant safe at your office. Your daily backup should consist of POC data files only. POC data files do not have "extensions" in their filenames (i. e., use the filename wildcard:"*."). Backup *ALL* POC data files, not just the "modified" ones. If you do not clearly understand these instructions, please contact POC Customer Support or your dealer to discuss the step by step details for your practice.

STEP 2 - MONTHLY: At the end of the month, make a special "End of Month" backup for storage, label it with the month and keep it in a safe place at home for one year before recycling it.

STEP 3 - TEST: The third step of a good backup procedure is to TEST the reliability of the backup procedure and its media on a regular basis. Establish a schedule for your office to have a set of backups tested for readability: Once a month to once a quarter is reasonable. Adhere to it! Remember Murphy's Law - if something can go wrong, it will. If you do not have the hard disk capacity, time or inclination, this service is available from POC or your dealer. You may call us for further information.

Proper Restore Procedure

We've seen *many* clients lose ALL their data by restoring what they THOUGHT was a good backup. *Before you restore any data,* backup you current data, EVEN IF YOU SUSPECT IT IS BAD, onto a brand NEW, just out of the cellophane wrapper, tape or disks! In other words, don't cover up what might be your only (semi-) good data.

There have been times when a customer has called stating that they had a "System crash." They had then proceeded to do a back-up thinking this would save their data. Unfortunately, they had used one of their existing back-up media. In actuality, they backed up corrupted data, over writing good data by using an existing back-up disk. Again, we can not say this too often, only use brand NEW, just out of the cellophane wrapper, tape or disks! In other words, don't cover up what might be your only (semi-) good data.

Notes:

HOUSECLEANING

Housecleaning is a process by which outdated information is consolidated and/or removed from POC in order to reclaim needed disk space or to improve System performance. All housecleaned information is saved "off-line" on floppy disk(s) or another directory of your hard disk for future access by the POC Retired Ledger program. Retired Ledgers contain the entire ledger as it existed when housecleaned, not just the consolidated transactions.

Preparation

Before running Housecleaning, you must print and clear the daily Transaction Report. We recommend Housecleaning at the end of the month, just before starting a new month. This way you will have all of the needed reports and changing to the new month will be simplified. Following this, you must make a complete backup of your System. **THE BACKUP PROCEDURE IS CRITICAL AND IS AN** *ABSOLUTE NECESSITY* **BEFORE PROCEEDING WITH HOUSE-CLEANING. CONFIRM THAT THE BACK-UP DATA COMPARES PERFECTLY WITH THE HARD DISK DATA BEFORE CONTINUING.** ARCHIVE THIS BACKUP IN CASE YOU SHOULD EVER NEED TO RESTORE THIS DATA.

After making a backup, it is required that the following POCDOC utilities be run in the order listed: FXDATES, FILLEF, FIXERR, OTOFX, ICDFX, DXFIX, RVSFX, TRACEFAM, FIXFAM, TRACEFAM, FIXINS, and CKBALDUE (See the POCDOC chapter). Some States have additional POCDOC utilities that must be run. For this reason, you should ALWAYS call POC and verify the utilities which must be run for your installation before starting Housecleaning. We will also send you the latest version of the utilities if there have been changes. Running these utilities will ensure the data on the hard disk is "error free," which will prevent House-Cleaning from crashing. After running these utilities, MAKE ANOTHER BACKUP AND STORE FOR A THIRTY DAY PERIOD.

To start the Housecleaning program, at a command prompt in the POC directory, type:

VxCLEAN [Enter]

Before running Housecleaning, be certain you have a supply of new, formatted disks ready. If you are not sure how many disks you will need, start the Housecleaning program and enter the formatted retired disk capacity when asked at the beginning of housecleaning.

If backing up to:

5¼" DD 360K disks enter:	320
5¼" HD 1.2Mb disks enter:	1040
3½" DD 740K disks enter:	620
3½" HD 1.44Mb disks enter:	1240

After verifying the capacity, the System will tell you how many diskettes you will need. Before beginning, you should number these disks sequentially, then label them with "RETIRED LEDGERS" and the date.

If you have any questions, call POC Customer Support or your dealer. Once the Housecleaning procedure is complete, these disks will allow you to review an "original" Patient Ledger for all patients.

Time Required

Adequate time must be allowed for Housecleaning. The actual time is a function of the speed of your computer. A Pentium machine will houseclean several times faster then an older 486 computer. Likewise, a Pentium IV machine will be faster than a Pentium III machine.

To dramatically reduce the housecleaning time, you can use the hard drive to archive the retired ledgers instead of saving them to floppy disks. Call our technical support department for assistance.

Clearing Patients and Transactions

Housecleaning will allow you to delete certain patients with a zero balance from your System depending upon how long it has been since their last transaction. It will also allow you to consolidate all charges that have been fully paid along with payments and adjustments beyond a date of your choice into a previous balance line. The purpose of this procedure is to recover space on the hard disk. A previous balance line will be generated for each of the standard aging categories (current, over 30 days, over 60 days, etc.) wherever appropriate.

The System will print a hard copy of the Patient Ledger for all patients being deleted from the System at the time Housecleaning is run.

After a patient has been deleted from the System, the patient number will be reassigned to a future patient.

Remember that after running Housecleaning and consolidating charges, the detailed procedures will no longer show on the Patient's Ledger, will not be retrievable with Data Search and will not show up on the Production Report.

For family accounts, if the Head of Family is deleted, the first family member will be designated as the new Head of Family. Otherwise, deleting a family member will not disrupt the continuity of the family account.

For each patient deleted in Housecleaning, all information related to that patient is permanently erased from the following sections of the System: Patient Ledger, Data Search list, Patient Notes, First Report of Work Injury and Recall Notices. The Patient Ledger (patient name, address and transactions) are stored on the Retired Ledger disks for archival purposes.

The standard Accounts Receivable aging categories and amounts are unchanged after consolidating charges. If the last payment falls within the time frame to be consolidated, it will not appear on the Accounts Receivable report.

Errors In Housecleaning

If your System crashes during Pass 1 of Housecleaning, you can restart at the beginning of the disk it was working on when it crashed. We suggest you call POC Customer Support or your dealer at this point. You will receive instructions on how to fix the error that caused the crash; run SETFILE; and how to continue.

Last Step

After Housecleaning, you need to generate new patient alpha files by going into POC and re-alphabetizing in the Alphabetize Patients section.

An Easier Method

Doing your own Housecleaning is not for the timid or the impatient. POC or your dealer can provide Housecleaning services for you. Housecleaning services are not covered under PSC lease/maintenance agreements and are offered for an additional fee. Call 1-800-782-5214 for details.

MAKING REPORTS BALANCE

When your reports don't balance and you have exhausted all the reasons why, it is human nature to suspect something is wrong with the software. We can tell you from experience, accounting "bugs" are ***extremely rare***. Chances are we would know about any bugs long before you.

So, what do you do when you don't know what went wrong? The first step is to begin running all of your reports on a daily basis. Yes, all of them. The idea is to provide a set of data with no more than one 24 hour period to reconcile. Trying to go back over a month's worth of transactions is at best an exercise in frustration. When you have recreated the error in a 24 hour period, you have something manageable to work with. We have found that once the error is limited to a 24 hour period, most people find on their own what is causing the error (usually operator input or procedure). Neither POC nor your dealer will be able to help you until you have the error limited to a 24 hour period.

Here are some helpful hints when gathering accounting totals:

- The Transaction Report should **ALWAYS** be printed **FIRST**.
- The Accounts Receivable Report, **AR**, CANNOT have any "user selected criteria" set except for Zero Balance Patients. Credit balances are part of your accounts receivable and need to be included.
- To get a grand total of all Billings/Collections Reports, type: **TOTAL [Enter]** when asked for Doctor number.
- When reconciling, use the GRAND TOTAL reports, not the individual Doctor reports.
- The sequence for closing out the month is to run Finance Charges (from Patient Statements), if any, then the Transaction Report, the Billings/Collections Report and, last, the Accounts Receivable.
- The Production Report, is NOT an accounting tool. This report uses the date of transaction, not the date of entry. For this reason, it is very easy to have a discrepancy between a Billings/Collections Report and a Production Report.
- Past errors in Patient Ledger files that have been repaired may be a cause of not balancing.
- When trying to balance, NEVER enter transactions between the time of printing and clearing a Transaction Report, Billings/Collections Report and changing the system date.
- The formula for monthly balancing is:

- Last **AR** total
- + MTD Billing
- +MTD Refunds
- - MTD Collections
- - MTD Adjustments
- = Current **AR**

TROUBLESHOOTING

Over the years we have compiled a short list of some of the most common client problems. Before you call, try the following:

If your terminal doesn't display anything, try adjusting the contrast and brightness controls. Also make sure all cables are tightly connected. If the problem continues, contact your hardware dealer.

If your keyboard keys don't work and the screen looks normal, make sure the keyboard plug is fully inserted. If the problems persists, contact your hardware dealer.

If your printer doesn't print, make sure the printer is on, on line, has paper and is not displaying any error messages. Also check cable connections. If the problem persists, contact your hardware dealer.

If your modem doesn't respond, check the connections and if it's turned on. If this doesn't work, call your hardware dealer. If your modem responds but you don't hear a dial tone, check the phone cord between the modem and the wall outlet. If that fails, contact your phone company.

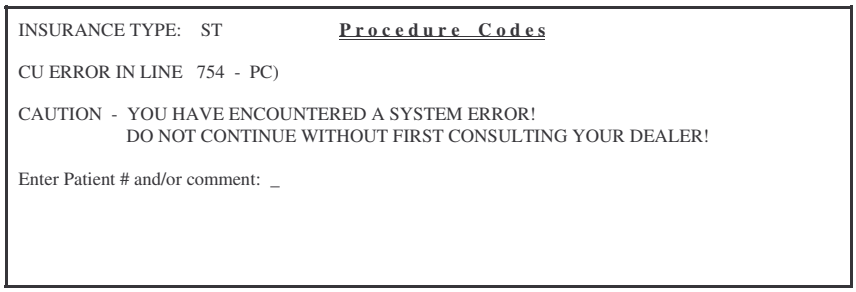
If the System locks up after entering POC, reboot your System. If you are running a network, don't reboot the file server unless you first contact your hardware dealer. Only reboot your workstation.

"Terminal Number Is In Use" Message

```
C:\POC>SETFILE

 What do you wish to do:
1)      Reset a single user
2)      Reset all users

Enter your choice:
```

If you are running multi-terminal POC and the message "TERMINAL NUMBER # IS ALREADY IN USE" appears after entering the terminal number, check to see if another screen is using that terminal number. If not, make sure ***all*** terminals have exited POC (**Ex [Enter]** from the Main Selection List), then type **SETFILE [Enter]**. The screen above will appear. Enter the total number of terminals that are attached to your system. **DO NOT RUN SETFILE UNTIL YOU HAVE DETERMINED ALL POC USERS HAVE EXITED OUT OF POC!** Make certain you are consistent with the number of terminals. If you inadvertently reduce the number of terminals before the Transaction Report has been printed, transactions will not be printed on the Transaction Report, resulting in lost transactions. If this does happen accidentally, simply run SETFILE again with the correct number of terminals and reprint the Transaction Report.

POC Error Messages



The example above is the type of error message the System generates. The format is almost always the same, "XX ERROR IN LINE XXX - XX." these messages indicate a possibly serious error that needs attention. There is space for you to type a short description of what you were doing. Do so and then answer **Y** to the "Is This Correct?" question. Call POC Customer Support or your dealer and then continue with your work, if possible.

There are additional messages the System generates. The following are not considered to be errors in the System:

INVALID TERMINAL NUMBER — Restart POC and re-enter the terminal number. If this doesn't clear the problem, have all other terminals exit POC and the run SETFILE.

TERMINAL NUMBER * IS ALREADY IN USE — Check to see if another terminal is using that number. If not, have all other terminals exit POC and run SETFILE.

WAITING TO ACCESS PATIENT FILES — Have all other terminals return to the main Selection List. If you are still unable to access patient files, have all terminals exit POC and run Setfile.

See the chapter on "Making Reports Balance" for accounting errors.

Hardware and Operating System Error Messages

If none of the previous POC error messages match your message, it is likely coming from your hardware or operating system. Just because the message appears while you are using POC doesn't mean it is a POC error. If the message does not look like a POC error message, you should call your hardware dealer ***first***.

The following are just a few of the more common error messages generated by your operating system and may or may not be serious. In either case, you should contact your hardware dealer:

DISK I/O ERROR — Contact your hardware dealer.

NO PAPER ERROR WRITING DEVICE PRN
ABORT, RETRY, IGNORE? — Make sure the printer is on, on-line and has paper. Also check for any error lights and make sure the printer cables are tightly connected at both ends. Then press **R** for retry. If the System still won't print, call your hardware dealer.

NOT READY ERROR READING DRIVE * ABORT, RETRY, FAIL?	If you are trying to access a floppy disk, remove and reinsert the disk. Close the drive door. If this doesn't work or you were trying to access the hard disk, call your hardware dealer.
GENERAL FAILURE READING DRIVE * ABORT, RETRY, FAIL?	If you were trying to access a floppy disk, the disk is likely unformatted or the wrong density. If you were accessing the hard drive, you have a serious hard disk failure. Call your hardware dealer.

Notes:

Poc Doc

DESIGNED EXCLUSIVELY FOR
PHYSICIANS' OFFICE COMPUTER™

PocDoc WARNING!

These instructions have been included for the benefit of Physicians' Office Computer support staff, authorized Physicians' Office Computer dealers and, with **prior POC approval, experienced** computer technicians.

Professional Systems Corporation, "PSC", shall not be held liable for the misuse of these utilities. Each unauthorized use, which shall be determined solely by PSC, may constitute a violation of your PSC maintenance agreement and result in expensive data repairs and lost data.

BEFORE RUNNING ANY POCDOC UTILITY, BACKUP ALL POC DATA FILES AND CHECK THE BACK-UPS!!!

If things don't go as planned, you can always restore the backup.

Brief Description - Alphabetical Order

ALLDOC1	Convert to a one doctor system
CHGDOC	Change patients from one doctor to another
CHGINS	Change an insurance code
CHGSCRTY	Change security code
CKBALDUE	Balance ledger and accounts
CLRCROSS	Clear cross posting report
CLRFAM	Clear family membership
CLRICD	Clear ICD codes
CLRINS	Clear insurance information
CLRLGR	Clear a patient ledger
CLRWRK	Clear workers comp information
COUNTPR	Count records in a file
DELICD	Delete unused ICD codes
DELPAT	Delete patients
DELRVS	Delete unused CPT codes
DTRFX	Correct bad records in DTR files
DXFIX	Trace and fix diagnoses
FILLEF	Patch bad ledger and responsible party records
FINDTR	Find patient transactions
FIXERR	Detect and fix ledger errors
FIXFAM	Reconstruct family accounts
FIXINS	Detect & correct insurance errors
FXDATES	Correct the dates file
ICDFX	Ensure the integrity of the permanent diagnosis file
OTOFX	Ensure the integrity of the one-time-only diagnosis file
PMASPAD	Pad a PMAS record
RANDREAD	Read a record
RANDWRITE	Write a record
RPLRCD	Replace a record
RVSFX	Ensure the integrity of the RVS file
TRACEFAM	Detect errors in family accounts
TRACELGR	Detect errors in ledgers
UNXPOST	Uncross posted transactions

Notes:

COVERING A PATIENT

If there are errors in a patient's record, it may be necessary to re-enter the patient and write over the patient's old record using either the **NUMBER** or **XNUMBER** utility function.

Always try NUMBER first. If you encounter an error using NUMBER, then use XNUMBER.

If it is necessary to use XNUMBER on a family member, please note that you must run the FIXFAM utility immediately after completing XNUMBER.

NOTE: Before covering a patient, carefully read the section called RE-ENTERING TRANSACTIONS.

How to use the NUMBER and XNUMBER functions:

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
(FROM SELECTION LIST)	
	Enter **NP** for New Patients **[Enter]**
	Re-enter patient information the same as with any new patient.
ENTER NUMBER TO BE CHANGED (X TO EXIT):	Enter NUMBER or XNUMBER and press **[Enter]**.
ENTER SPECIAL PATIENT NUMBER:	Enter the number of the patient to be covered and press **[Enter]**.
ARE YOU SURE?	Enter **Y [Enter]**.
ENTER NUMBER TO BE CHANGED (X TO EXIT):	Continue as if you were entering a new patient.

RE-ENTERING TRANSACTIONS

When re-entering transactions on a patient whose original ledger has been covered up (see Covering a Patient), it is essential to set aside the DOCTORS and ACCOUNTS files so that they remain unaltered during the reentry process.

Before re-entering the charges and payments for any patient, be sure to follow the steps below:

Type:

SC from Main Selection List

COPY DOCTORS DOCTORS.XXX **[Enter]**

COPY ACCOUNTS ACCOUNTS.XXX **[Enter]**

(Should say 1 file copied. If you do not get this confirmation, maybe due to a typing error. If not, call tech support.)

Now re-enter on Terminal #1 all transactions for any patient that has been covered. After completion, follow the steps below:

Type:

DEL DOCTORS **[Enter]**

DEL ACCOUNTS **[Enter]**

REN DOCTORS.XXX DOCTORS **[Enter]**

REN ACCOUNTS.XXX ACCOUNTS **[Enter]**

This procedure restores the original practice totals after the duplicate charges have been re-entered into the System.

Notes:

ALLDOC1

The ALLDOC1 utility converts any system to a one doctor system. Remember to run all reports before running this utility, i.e.: Insurance Forms and Billing & Collections, as this utility assigns all patients to doctor number 1. There are five passes to the process.

WHAT'S ON THE SCREEN:
= =

WHAT **YOU** DO:
= =

From the System Command prompt type:
ALLDOC1 **[Enter]**.

CHANGE SYSTEM TO A ONE DOCTOR
SYSTEM - ##/##/##

Numbers showing the pass and record number will scroll on the screen.

0 #
0 #
.
.
.
1 #
1 #
.
.
.
2 #
2 #
.
.
.
3 #
3 #
.
.
.

BILLING TOTALS
DONE

WARNING: THIS PROGRAM EXECUTES WITH NO OPTION TO ABORT

Notes:

CHGDOC

The CHGDOC utility reassigns a patient or range of patients that belong to a particular doctor to a new doctor number.

WHAT'S ON THE SCREEN	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: CHGDOC **[Enter]**.
CHANGE DOCTOR NUMBER FOR PATIENT RANGE - ##/##/##	
ENTER OLD DOCTOR NUMBER	Enter the doctor number you wish to change or press **[Enter]** to exit.
ENTER NEW DOCTOR NUMBER:	Enter the new doctor number and press **[Enter]**.
ENTER FIRST PATIENT NUMBER:	Enter the number of the patient where this utility is to begin and press **[Enter]**.
ENTER LAST PATIENT NUMBER:	Enter the number of the patient where this utility is to end and press **[Enter]**.
HARD COPY?	Enter **Y** or **N** **[Enter]**.
The screen or printer will display the list of patients which have been changed.	

When finished, the program will loop back to:

ENTER OLD DOCTOR NUMBER: To exit press **[Enter]**.

Notes:

CHGINS

The CHGINS utility allows you to change an insurance code simultaneously for all patients in the data base. The change will be reflected in Patient Information as well as in the Insurance List.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: CHGINS **[Enter]**.
CHANGE INSURANCE CODES - ##/##/##	
ENTER OLD INSURANCE CODE:	Enter the code or just press **[Enter]** to exit.
ENTER NEW INSURANCE CODE:	Enter the new code and press **[Enter]**.
CHANGING INSURANCE CODES	
### **###** **###** **.** **.** **.**	
XX IS NOW ZZ	
DONE	

The numbers displayed on the screen are patients who are being changes as well as deleted patients who used to have the old code.

Notes:

CHGSCRTY

CHGSCRTY allows you to change the security code used to access the Billings/Collections Report. If you change the security code, please notify Physicians' Office Computer or your dealer of the change.

WHAT'S ON THE SCREEN	WHAT **YOU** DO:
= =	= =

Call POC Customer Support or your dealer for help running this utility.

Notes:

CKBALDUE

The CKBALDUE utility will show any discrepancy between the Patient's Ledger, the accounts file and aging. If a discrepancy does exist, this utility may be used to either adjust the Patient Ledger (by adding a modifying amount) or to rewrite the accounts file to match the ledger. In the adjustment or rewrite process, the NET.BAL will always be rewritten to match.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: CKBALDUE **[Enter]**.
CHECK BALANCE DUE & PAID WITH ACCOUNTS FILE - ##/##/##	
TURN PRINTER ON, PRESS ENTER WHEN READY:	Press **[Enter]** when ready.
ENTER FIRST PATIENT NUMBER:	Enter the first patient number to be checked or press **[Enter]** to exit.
ENTER LAST PATIENT NUMBER:	Enter the last patient number to be checked and press **[Enter]**.
REWRITE FILES?	Enter **Y** or **N [Enter]**.
	If you answer N, the system will start checking the range of patients selected.
	NOTE: Unless you are running this program prior to doing a Housecleaning, it is advisable to answer N for the first run.
BALANCE TO: 1) LEDGER 2) ACCOUNTS	
	Enter a 1 or 2 **[Enter]**.
	If the BAL.DUE (ledger) amount is correct, use 1 to balance to the ledger.
	If the ACCOUNTS amount is correct, use 2 to balance to accounts.
	If both BAL.DUE (ledger) and ACCOUNTS are in balance but the NET.BAL amount is not, use 1 to rewrite the NET.BAL amount to equal the ledger.

When finished, the program will loop back to:

ENTER FIRST PATIENT NUMBER: Press **[Enter]** to exit.

All the patient numbers will list on the screen. If there is any difference between the BAL.DUE (total of all ledger activity), ACCOUNTS (total balance owed) or NET.BAL (net amount of all unpaid charges), the information will be listed on the printer. If BAL.DUE and ACCOUNTS are different, the system will put <> in the right margin of the report.

Any error messages will be displayed on the screen. An error other than the ACCOUNTS file will cause termination of the program. If this should happen, contact your dealer or Physicians' Office Computer.

NOTE: It is possible to correct the accounts file one patient at a time in posting payments. Answer BALANCE to the question "Is this the correct patient?"

NOTE: If the ACCOUNTS file is incorrect, it is possible that the doctor's billing totals may also be wrong. These may be corrected by the change billing function. To use this function, enter **CB [Enter]** from the Selection List in POC.

Notes:

CLRCROSS

The CLRCROSS utility clears out all the Cross Posting report information.

WHAT'S ON THE SCREEN	WHAT **YOU** DO:
	From the System Command prompt type: CLRCROSS **[Enter]**.

CLEAR CROSS POSTING REPORT - ##/##/##

FUNCTION COMPLETE

WARNING: THIS PROGRAM EXECUTES WITH NO OPTION TO ABORT

Notes:

CLRFAM

The CLRFAM utility clears all family membership information. The individual Patient Ledgers are not altered, but the linking of family members is eliminated. When choosing a range of patients, it is important not to exclude any portion of a family account.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= = = = = = = = = = = = = = = = = = = =
	From the System Command prompt type: CLRFAM **[Enter]**.
CLEAR FAMILY ACCOUNTS - ##/##/##	
ENTER FIRST PATIENT NUMBER:	Enter the number of the patient where this utility is to begin or press **[Enter]** to exit.
ENTER LAST PATIENT NUMBER:	Enter the number of the patient where this utility is to end and press **[Enter]**.
REWRITE PMAS FILE?	Enter **Y** or **N [Enter]**.
	NOTE: It is advisable to use N for the first run.
HARD COPY?	Enter **Y** or **N [Enter]**.

When finished, the program will loop back to:

ENTER FIRST PATIENT NUMBER:	To exit press **[Enter]**.

The screen or printer will display the names and numbers of the patients who are/were family members in the range specified. The head of the family will have an H beside his/her name.

Notes

CLRICD

The CLRICD utility will clear the ICD codes from a patient or range of patients. NOTE: A: designates the floppy drive.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: CLRICD **[Enter]**.
CLEAR ICD CODES FROM PATIENT LEDGERS - ##/##/##	
ENTER FIRST PATIENT NUMBER:	Enter the number of the patient where this utility is to begin or press **[Enter]** to exit.
ENTER LAST PATIENT NUMBER:	Enter the number of the patient where this utility is to end and press **[Enter]**.

When finished, the program will loop back to:

ENTER FIRST PATIENT NUMBER:	To exit press **[Enter]**.

The patient numbers being processed will be listed on the screen after each range is specified.

Diagnosis must be re-entered through Add Charges for all patients listed.

Notes:

CLRINS

The CLRINS utility clears all insurance from a patient or range of patients.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: CLRINS **[Enter]**
CLEAR INSURANCE INFORMATION - ##/##/##	
ENTER FIRST PATIENT NUMBER:	Enter the number of the patient where this utility is to begin or press **[Enter]** to exit.
ENTER LAST PATIENT NUMBER:	Enter the number of the patient where this utility is to end and press **[Enter]**.
CLEARING INSURANCE INFO -	
When finished, the program will loop back to:	
ENTER FIRST PATIENT NUMBER:	To exit press **[Enter]**.

The screen will display the names and numbers of patients in the range specified.

All insurance information for the patients listed must be re-entered through Patient Information.

Notes:

CLRLGR

The CLRLGR utility will clear all transactions from a single Patient Ledger or a range of Patient Ledgers. The ACCOUNTS file, however, will still reflect the balance for any patient on which the CLRLGR utility had been run. To correct this discrepancy, you must also run the CKBALDUE utility.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: CLRLGR **[Enter]**.
CLEAR LEDGER TRANSACTIONS - ##/##/##	
ENTER FIRST PATIENT NUMBER:	Enter the number of the patient where this utility is to begin or press **[Enter]** to exit.
ENTER LAST PATIENT NUMBER:	Enter the number of the patient where this utility is to end and press **[Enter]**.
CLEARING TRANSACTIONS	
When finished, the program will loop back to:	
ENTER FIRST PATIENT NUMBER:	To exit press **[Enter]**.

The screen will display the names and numbers of the patients in the range specified.

Notes:

CLRWRK

The CLRWRK utility clears all Worker's Compensation information from the WORK and TWORK files.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: CLRWRK **[Enter]**.
CLEARING WORK COMP INFO - ##/##/##	
DONE	

WARNING: THIS PROGRAM EXECUTES WITH NO OPTION TO ABORT

Notes:

COUNTPR

The COUNTPR utility counts the number of records in any POC file. The last number on the screen is the record number of the first end of file mark encountered. This may or may not be the true EOF for that file.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: COUNTPR **[Enter]**.
RECORD COUNTER/VERIFIER - ##/##/##	
ENTER FILE:	Enter the drive assignment plus the name of the file (i.e.: A:TRANSREC) or press **[Enter]** to exit.
ENTER RECL:	Enter the record length for the selected file and press **[Enter]**.
ENTER STARTING REC #:	Enter the number of the record where this utility is to begin and press **[Enter]**.
#	
#	
#	
END OF FILE	
When finished, the program will loop back to:	
ENTER FILE:	To exit press **[Enter]**.

Notes:

DELICD

The DELICD utility deletes all ICD codes not used by patients on the system.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: DELICD **[Enter]**.
DELETE UNUSED ICD CODES - ##/##/##	
SHALL I DELETE THESE CODES NOW?	Enter Y or N **[Enter]**.
	NOTE: It is advisable to answer N the first time through.

#
#
#

A list of ICD codes to be deleted will be generated on the printer.

A second run through the program, and answering **Y** to the delete question for the second time, will remove these codes from the permanent list.

Notes:

DELPAT

The DELPAT utility allows you to delete patients by doctor number, list or patient number. Before deleting a patient, the Patient Ledger should be printed and saved. This will be the only record of that patient once the patient is deleted. Before running DELPAT on a family member, use Patient Information to remove family status.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: DELPAT **[Enter]**.
DELETE PATIENTS - ##/##/##	
TURN PRINTER ON, PRESS ENTER WHEN READY:	Press **[Enter]** when ready.
DO YOU WISH TO DELETE PATIENTS BY DOCTOR?	Enter Y or N **[Enter]**.
	If you answered N, skip the next 2 questions.
ENTER DOCTOR NUMBER OR PATIENTS TO BE DELETED:	Enter the doctor number and press **[Enter]**.
ARE YOU SURE?	Enter Y or N **[Enter]**.
	The system will not ask any further questions.
DO YOU WISH TO DELETE PATIENTS BY LIST?	Enter Y or N **[Enter]**.
	If you answered N, skip the next question.
ENTER THE NAME OF YOUR LIST FILE:	Enter the file name and press **[Enter]**.
	The System will not ask any further questions.
ENTER NUMBER OF PATIENT TO BE DELETED:	Enter the patient number and press **[Enter]**.

The program will loop back to:

ENTER NUMBER OF PATIENT TO BE DELETED:	To exit press **[Enter]**.

FUNCTION COMPLETE

A list of all deleted patients will be generated.

NOTE: DELPAT does not reconstruct family accounts if a family member is deleted. Please review CLRFAM, FIXFAM and TRACEFAM for more details.

DELRVS

The DELRVS utility deletes all RVS codes not used by patients on the system.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= = = = = = = = = = = = = = = = = = = =
	From the System Command prompt type: DELRVS **[Enter]**.
U N U S E D P R O C E D U R E CODES - ##/##/##	
TURN PRINTER ON, PRESS ENTER WHEN READY:	Press **[Enter]** when ready.
SHALL I DELETE THESE CODES FROM THE PERMANENT LIST?	Enter Y or N **[Enter]**.
	NOTE: It is advisable to answer N the first time through.

READING RVS CODE LIST
#
#
#

READING TRANSREC FILE
#
#
#

PRINTING PROCEDURE CODES

DONE

A list of procedure codes to be deleted will be generated on the printer.

A second run through the program, and answering **Y** to the delete question for a second time, will remove these codes from the permanent list.

Notes

DTRFX

The DTRFX utility will fix errors in the daily transaction files that are used for appending files and printing the transaction report.

WHAT'S ON THE SCREEN: =	WHAT **YOU** DO: =
	From the System Command prompt type: DTRFX **[Enter]**.
FIX DAILY TRANSACTION FILES - ##/##/##	
ENTER TERMINAL # TO BE FIXED:	Enter the desired terminal number or press **[Enter]** to exit.
ENTER PATIENT # TO CHANGE (IF ANY):	Enter the patient number that you wish to change or press **[Enter]**.
REWRITE?	Enter Y or N **[Enter]**.
HARD COPY?	Enter Y or N **[Enter]**.
CHECKING DTR# FILE -	
CHECKING TRANSACTION FILES -	
DONE	

Notes:

DXFIX

The DXFIX utility will fix errors in a patient's list of diagnoses.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the DOS System prompt type: DXFIX **[Enter]**.
TRACE Diagnosis & FIX ERRORS - ##/##/##	
TURN PRINTER ON, PRESS ENTER WHEN READY:	Press **[Enter]** when ready.
ENTER FIRST PATIENT NUMBER:	Enter the number of the patient where this utility is to begin or press **[Enter]** to exit.
ENTER LAST PATIENT NUMBER:	Enter the number of the patient where this utility is to end and press **[Enter]**.
REWRITE FILES?	Enter Y or N **[Enter]**.
TRACING DIAGNOSIS	
When finished, the program will loop back to:	
ENTER FIRST PATIENT NUMBER:	To exit press **[Enter]**.

All names and numbers of patients in the range specified will be listed on the screen. Any diagnoses that are deleted will have to be re-entered through Adding Charges.

Notes:

FILLEF

The FILLEF utility writes a dummy record over a partial record. This utility should only be run before running FIXERR or FIXINS.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: FILLEF **[Enter]**.
FILL EF'S - ##/##/##	
1) TRANSREC 2) TRANSRC2 3) PAYMENTS 4) RESPARTY 5) RESPART2	
ENTER FILE NUMBER:	Enter a 1, 2, 3, 4 or 5 for the appropriate file or press **[Enter]** to exit.
ENTER FIRST RECORD NUMBER:	Enter the number of the record where this utility is to begin and press **[Enter]**. A 1 is recommended.
ENTER LAST RECORD NUMBER:	Enter the number of the record where this utility is to end (99999 is recommended) and press **[Enter]**.
REWRITE FILES?	Enter Y or N **[Enter]**.
TURN PRINTER ON, PRESS ENTER WHEN READY:	Press **[Enter]** when ready.

The screen will display each record number as it is processed.

The printer will print:

XXX ERROR CORRECTED IN XXX FILE, RECORD XXX

When finished, the program will loop back to:

ENTER FILE NUMBER:	To exit press **[Enter]**.

Notes:

FINDTR

The FINDTR utility allows you to find all records in the transaction files (TRANSREC, TRANSRC2 and PAYMENTS) that belong to a selected patient.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: FINDTR **[Enter]**.

FIND TRANSACTIONS - ##/##/##

0) TRANSREC
1) TRANSRC2
2) PAYMENTS
3) PT # 0

ENTER YOUR CHOICE:	Enter a 3 **[Enter]**.
ENTER PATIENT NUMBER:	Enter the desired patient number and press **[Enter]**.

The System will display the selected patient number and return to:

ENTER YOUR CHOICE:	Enter a 0, 1 or 2 and press **[Enter]**. You will need to run this program on all three choices.
ENTER FIRST RECORD NUMBER:	Enter the number of the record where this utility is to begin or press **[Enter]** to exit. A 1 is recommended.
ENTER LAST RECORD NUMBER:	Enter the number of the record where this utility is to end (999999 is recommended) and press **[Enter]**.
TURN PRINTER ON, PRESS ENTER WHEN READY:	Press **[Enter]** when ready.

The screen displays the record number being processed.

The printer will print:

PATIENT # XX

X - Y) DATE POINTER

The "X" represents the file number in which the record was found. The "Y" represents the record number in the file. The data is the date of service for the transaction and the pointer is the pointer to the next transaction in the patient's ledger. The first digit in the pointer is the file number in which that record can be found.

When finished, the program will loop back to:

ENTER YOUR CHOICE:	To exit press **[Enter]**.

FIXERR

The FIXERR utility detects and automatically corrects errors in patient's transactions.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: FIXERR **[Enter]**.
FIX ERRORS - ##/##/##	
ENTER STARTING PATIENT #:	Enter the number of the patient where this utility is to begin or press **[Enter]** to exit.
ENTER ENDING PATIENT #:	Enter the number of the patient where this utility is to end and press **[Enter]**.
REWRITE FILES?	Enter a Y or N.
TURN PRINTER ON, PRESS ENTER WHEN READY:	Press **[Enter]** when ready.

Patients will be listed on the screen in numerical order.

DONE

ERROR MESSAGES

If there is a crossed ledger..... ..**CROSSED LEDGER**
If there is an end of file encountered .....**END OF FILE**
If there is an end of record encountered.....**END OF RECORD**
If there are any transactions lost .....**LAST TRANS CHANGED**
If there is a short PMAS record .....**RECORD LENGTH**
If an invalid insurance pointer exists ..... .**PRINT INS. CLEARED**
If a record number of zero is found .....**ZERO POINTER**

NOTE: "RECORD LENGTH" errors are not corrected by this program. In this case FIXERR will simply skip to the next patient. To correct this error, run PMASPAD and then run FIXERR again on these patients.

NOTE: For patients listed with "LAST TRANSACTION CHANGES" errors, it may be necessary to re-enter transactions. Follow the outline for Re-entering Transactions in Section 3. If transactions details are not important, just run CKBALDUE and balance to ACCOUNTS which will write a dummy record to the patient ledger for the missing transactions.

Notes:

FIXFAM

The FIXFAM utility reconstructs all family accounts. It is advisable to run TRACEFAM before and after running this utility to show the changes made.

WHAT'S ON THE SCREEN: WHAT **YOU** DO:
= =
. From the System Command prompt type:
. FIXFAM **[Enter]**

FIX FAMILY ACCOUNTS - ##/##/##

The names of heads of accounts will be listed first, followed by the patient account numbers of family members.

DONE

.**WARNING: THIS PROGRAM EXECUTES WITH NO OPTION TO ABORT**

Notes:

FIXINS

The FIXINS utility checks patient's insurance company information. During the rewrite process, if errors are detected, the insurance information for that patient is cleared.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: FIXINS **[Enter]**.
FIX INSURANCE INFORMATION - ##/##/##	
ENTER FIRST PATIENT NUMBER:	Enter the number of the patient where this utility is to begin or press **[Enter]** to exit.
ENTER LAST PATIENT NUMBER:	Enter the number of the patient where this utility is to end and press **[Enter]**.
REWRITE FILES?	Enter Y or N **[Enter]**.
HARD COPY?	Enter Y or N **[Enter]**.
CHECKING INSURANCE INFO (or) CLEARING INSURANCE INFO	

The patient's name and number will be printed if an error is detected.

BAD INSURANCE INFORMATION DETECTED FOR ## PATIENTS
(OR)
BAD INSURANCE INFORMATION CLEARED FOR ## PATIENTS

When finished, the program will loop back to:

ENTER FIRST PATIENT NUMBER:	To exit press **[Enter]**.

Notes:

FXDATES

The FXDATES utility ensures that all patients have a good record in the DATES file.

The dates are those entered in Adding Charges (date of first symptom, date first consulted, etc.). Three fields in the DATES record are the index numbers of the providers entered in adding charges. If any of these numbers point to a bad section of the provider list, they will be set to zero.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: FXDATES **[Enter]**.

FIX BAD RECORDS IN DATES FILE - ##/##/##

COUNTING PROVIDERS -

HARD COPY? Enter Y or N **[Enter]**.

CHECKING DATES FILE

DONE

Each record modified will be printed in its corrected form preceded by the patient number.

Notes:

ICDFX

The ICDFX utility ensures the integrity of the permanent diagnosis file.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: ICDFX **[Enter]**.
FIX ICD FILE - ##/##/##	
TURN PRINTER ON, PRESS ENTER WHEN READY:	Press **[Enter]** when ready.

The index numbers will scroll on the screen.

Any errors detected will be printed as follows:

DIAGNOSIS CODE ALTERED - XX ERROR CORRECTED

The program finishes with:

OLD ICD FILE DELETED
NEW ICD FILE RENAMED

Notes

OTOFX

The OTOFX utility ensures the integrity of the one-time-only diagnosis file.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= = = = = = = = = = = = = = = = = = = =
	From the System Command prompt type: OTOFX **[Enter]**.
FIX OTODX FILE - ##/##/##	
TURN PRINTER ON, PRESS ENTER WHEN READY:	Press **[Enter]** when ready.

The index numbers will scroll on the screen.

Any errors detected will be printed as follows:

DIAGNOSIS CODE DELETED - XX ERROR CORRECTED

The program finishes with:

OLD OTODX FILE DELETED
NEW OTODX FILE RENAMED

Notes

PMASPAD

The PMASPAD utility will pad a PMAS record by entering additional zeros if it is found to be short. This utility is usually run after running other utilities which detect bad record lengths.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= = = = = = = = = = = = = = = = = = = =
	From the System Command prompt type: PMASPAD **[Enter]**.
PAD PMAS FILE - ##/##/##	
ENTER FIRST PATIENT NUMBER:	Enter the number of the patient where this utility is to begin or press **[Enter]** to exit.
ENTER LAST PATIENT NUMBER:	Enter the number of the patient where this utility is to end and press **[Enter]**.
REWRITE FILES?	Enter Y or N **[Enter]**.
	NOTE: It is advisable to use N for the first run.
HARD COPY?	Enter Y or N **[Enter]**.

Patient numbers will be listed on the screen.

If there is an error in a patient's record, the following will be printed: Pt.name Pt.number RECL(###)

When finished, the program will loop back to:

ENTER FIRST PATIENT NUMBER:	To exit press **[Enter]**.

PLEASE NOTE: Before using the rewrite option: If RECL is less than 100, it may be necessary to cover or delete the patient.

To verify the corrections, run PMASPAD again.

Notes:

RANDREAD

RANDREAD allows you to read any specified record in a file.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: RANDREAD **[Enter]**.
RANDOM READ, ANY OL' FILE - ##/##/##	
ENTER FILE:	Enter the drive assignment plus the name of the file (i.e.: A:TRANSREC) or press **[Enter]** to exit.
ENTER RECL:	Enter the record length and press **[Enter]**.
ENTER RCD#:	Enter the number of the record you wish to read or press **[Enter]** to exit.

After displaying the record on the screen, the program will loop to:

ENTER RCD#:	Enter the number of the next record you wish to read or press **[Enter]** to exit.

If you just pressed ENTER, the program will loop back to:

ENTER FILE:	Press **[Enter]** to exit.

Notes

RANDRITE

RANDRITE allows you to write to any specified record in a file. This is a powerful and dangerous utility which will cause permanent damage to data files if not used correctly. **Call POC Customer Support or your dealer before using this utility.**

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: RANDRITE **[Enter]**.
RANDOM WRITE, ANY OL' FILE - ##/##/##	
WARNING: THIS PROGRAM IS POTENTIALLY DANGEROUS! PLEASE CONSULT PRODUCT SUPPORT.	
ENTER FILE:	Enter the drive assignment plus the name of the file (i.e.: A:TRANSREC) or press **[Enter]** to exit.
ENTER RECL:	Enter the record length and press **[Enter]**.
ENTER RCD#:	Enter the number of the record you wish to change or press **[Enter]** to exit.

The screen will display the record. If an end-of-file is encountered, the System will loop back to:

ENTER RCD#:	If you wish to write over the end of file, enter OVERRIDE [**Enter**.
ENTER NEW RECORD:	Enter the new record or just press **[Enter]** to leave the record unchanged.

The program will loop back to:

ENTER RCD#:	Enter the number of the next record you wish to change or press **[Enter]** to exit.

If you just pressed ENTER, the program will loop back to:

ENTER FILE:	Press **[Enter]** to exit.

Notes:

RPLRCD

The RPLRCD utility allows you to change the record in any of the following designated files:

1) PMAS
2) TRANSREC
3) TRANSRC2
4) PAYMENTS
5) RESPARTY
6) RESPART2
7) DATES
8) ACCOUNTS

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: RPLRCD **[Enter]**.
REPLACE RECORDS - ##/##/##	
ALLOWS FOR INSERTION OF ANY RECORD INTO THE APPROPRIATE FILE.	
ENTER YOUR CHOICE:	Enter one of the above numbers or press **[Enter]** to exit.
FILENAME	
ENTER RCD#:	Enter the record number or press **[Enter]** to exit.
READ VERIFY?	Enter Y **[Enter]**.
The screen will display the record.	
IS THIS THE CORRECT RECORD?	Enter Y or N **[Enter]**.
The System will prompt for new field entries.	Enter the new field or press **[Enter]** to leave unchanged.
The screen will display the modified record.	
IS THIS CORRECT?	Enter Y or N **[Enter]**.
-RECORDING INFORMATION	
When finished, the program will loop back to:	
ENTER RCD#:	To exit press **[Enter]** twice.

Notes:

RVSFX

The RVSFX utility ensures the integrity of the procedure code file.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: RVSFX **[Enter]**.
FIX RVS FILE - ##/##/##	
TURN PRINTER ON, PRESS ENTER WHEN READY:	Press **[Enter]** when ready.

The screen will scroll the index numbers.

Any errors detected will be printed as follows:

PROCEDURE CODE ALTERED - XX ERROR CORRECTED

The program finishes with:

OLD RVS FILE DELETED
NEW RVS FILE RENAMED

Notes:

TRACEFAM

The TRACEFAM utility traces through family accounts within a specified range, searching for errors.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: TRACEFAM **[Enter]**.
TRACE FAMILY ACCOUNTS - ##/##/##	
ENTER SIZE OF LARGEST FAMILY ACCOUNT:	Enter the number of family members in the largest family account (999 recommended or press **[Enter]** to exit.
ENTER FIRST PATIENT NUMBER:	Enter the number of the patient where this utility is to begin or press **[Enter]** to exit.
ENTER LAST PATIENT NUMBER:	Enter the number of the patient where this utility is to end and press **[Enter]**.
HARD COPY?	Enter Y or N **[Enter]**.
The screen or printer will display:	
TRACING FAMILY ACCOUNTS -	
Followed by family members and -	
# FAMILY ACCOUNTS TRACED # FAMILY ACCOUNT PATIENTS # ERRORS DETECTED	
When finished, the program will loop back to:	
ENTER FIRST PATIENT NUMBER:	To exit press **[Enter]**.

Notes:

TRACELGR

The TRACELGR utility can determine if there are errors in the ledger by tracing the ledger across the three transaction files, one record at a time.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: TRACELGR .
TRACE LEDGER POINTERS - ##/##/##	
PAUSE AFTER ERROR?	Enter N **[Enter]**.
PRINT AFTER TRANSACTION?	Enter Y or N **[Enter]**.
HARD COPY?	Enter Y or N **[Enter]**.
ENTER FIRST PATIENT NUMBER:	Enter the number of the patient where this utility is to begin or press **[Enter]** to exit.
ENTER LAST PATIENT NUMBER:	Enter the number of the patient where this utility is to end and press **[Enter]**.
When finished, the program will loop back to:	
ENTER FIRST PATIENT NUMBER:	To exit press **[Enter]**.

ERROR MESSAGES

If there is a crossed ledger..... **CROSSED LEDGER**
If there is an end of file encountered..... **END OF FILE**
If there is an end of record encountered.....**END OF RECORD**
If a record number of zero is found ..... **ZERO POINTER**

Notes:

UNXPOST

The UNXPOST utility changes cross posted transactions to the patient's primary doctor.

WHAT'S ON THE SCREEN:	WHAT **YOU** DO:
= =	= =
	From the System Command prompt type: UNXPOST **[Enter]**.
UNCROSS CROSS POSTING - ##/##/##	
PRINT EACH TRANSACTION?	Enter N **[Enter]**.
HARD COPY?	Enter Y or N **[Enter]**.
ENTER FIRST PATIENT:	Enter the number of the patient where this utility is to begin or press **[Enter]** to exit.
ENTER LAST PATIENT:	Enter the number of the patient where this utility is to end and press **[Enter]**.

The screen or printer will list all patients within the range. Any that are changed will have the message:

** X-POSTED TRANSACTIONS **
CORRECTED

When finished, the program will loop back to:

ENTER FIRST PATIENT NUMBER:	To exit press **[Enter]**.

Notes:

INSURANCE FORM GENERATOR

W A R N I N G !

These instructions have been included for the benefit of Physicians' Office Computer support staff, authorized Physicians' Office Computer dealers and, with **prior POC approval, experienced** computer technicians.

Professional Systems Corporation, "PSC", shall not be held liable for the misuse of this utility. Unauthorized use, which shall be determined solely by PSC, may constitute a violation of your PSC maintenance agreement and result in expensive format file repairs.

BEFORE RUNNING THE VxIFORM UTILITY, MAKE A COPY OF ALL POC FORMAT FILES!!!

If things don't go as planned, you can always restore the files.

INTRODUCTION

This program will allow generation of insurance format files under the headings Standard, Medicare, Medicaid, Blue Shield and Champus (5 maximum). You can designate the insurance code for the form, any crossover insurance code, and the variables for the form and layout. This program was designed as a programmer's tool and is not meant for the inexperienced. POC can offer format file design services. Please call Customer Support for further information.

You will need a ruler with 1/10" and 1/6" markings, forms and plenty of perserverance.

Each form is divided into five logical segments: **Parameters, Alignment Form, Top of Form, Charge Line and Bottom of Form**. Parameters essentially generates the logic, the alignment form configures the form alignment, and the last three generate the format. The format for each form is developed by entering the variable names together with a tab position in the order they are encountered on the form starting at the upper left corner, working from left to right, top to bottom. At the end of each line a PRINT is entered to bring you to the next line. More PRINTS (one for each line, measured in sixths of an inch) are sometimes needed to bring you to the next line of actual printing. As variables are entered with their corresponding tab positions, the form begins to take shape on the screen. A "P" from the mini menu will give you a hard copy of the layout showing the starting position of each variable and its maximum length. There is also an option of having a hard copy for your editing session, which makes subsequent corrections easier.

For each insurance form an associated format file must be created: IFFMT, MFMT, MCFMT, BSFMT, CHFMT. If two forms have an identical layout but need to be kept separate for any reason (different color, or require separation by insurance code), make a copy of the FMT file, change the name and edit the logic section.

GETTING STARTED

MAKE A COPY OF THE FORMAT FILE YOU PLAN TO MODIFY! From a prompt, copy the appropriate POC format file, IFFMT, MFMT, MCFMT, BSFMT, CHFMT, to a ".SAV" or ".BAK" file. If you are not sure how to do this step, you are not experienced enough with computers to continue.

At the System prompt type: **VxIFORM [Enter]**.

Would you like to print a list of all variable names? **Y [Enter]**

A list of all variables and their meanings will be printed on your printer.

What do you wish to do?

ST)	Standard Form
M)	Medicare Form
MC)	Medicaid Form
BS)	Blue Shield Form
CH)	Champus Form

Please enter your choice: **ST [Enter]**

What do you wish to do?

S) Set Parameters
A) Format Alignment Form
T) Format Top of Form
C) Format Charge Line
B) Format Bottom of Form
P) Print Format

Please enter your choice: **P [Enter]**

Would you like to print a listing of this format? **Y [Enter]**

A listing of the format provided with the System will be generated, followed by an alignment form and a sample printout.

Using this as a cross reference will be the quickest way to familiarize yourself with the generator as you work through the different sections.

EDITING A FILE

It is often easier to modify an existing format file than to create one from scratch. To make a copy of a file, call up the existing file from the menu, i.e.:

ST [Enter]

The entries for the ST file will be present and can be picked up for your new file by pressing **[Enter]**. It is important to default all the way through each section so that the whole file is created.

In the Set Parameters section, the existing setting is shown in parentheses. To leave the setting unchanged just press **[Enter]**. To change the existing setting, type in the new parameter and press **[Enter]**.

In the Alignment Form, Top of Form, Charge Line and Bottom of Form sections, the upper portion of the screen displays entered variables in the position at which they will appear on the form. The bottom of the screen displays the variables that you are currently editing as shown below. The "**at**" is the tab position and refers to the column position measured in 1/10" from the left perforation.

LAST FIELD and Column entered: CARRIER$ at 2
CURRENT SETTING for NEXT Field: 1 PRINT
ENTER NEXT Field, B, F, I, DEL or Q:

Enter a Field Unchanged

To re-enter a variable exactly as it appears in the CURRENT SETTING, just press **[Enter]**. The CURRENT SETTING will become the LAST FIELD and the NEXT FIELD will appear as shown:

LAST FIELD and Column entered: 1 PRINT
CURRENT SETTING for NEXT Field: INS.A$ at 3
ENTER NEXT Field, B, F, I, DEL or Q:

Change a Current Setting

To change the CURRENT SETTING, type in the new variable and press **[Enter]**. In the setting above, the INS.A$ has the wrong tab number. To change the setting, re-enter the variable, press **[Enter[** and after the prompt "**at**", enter the correct number, **2**, and press **[Enter]**. After the entry the screen will appear as follows:

```
LAST FIELD and Column entered:      INS.A$ at 2
CURRENT SETTING for NEXT Field:     1 PRINT
ENTER NEXT Field, B, F, I, DEL or Q:
```

Move Backwards Through the Fields

To go back to variables already passed, type: **B [Enter]** at the cursor prompt. The System will ask "HOW FAR?" allowing you to specify the number of entries to move back.

Move Forwards Through the Fields

To jump forward through the fields, type: **F [Enter]** at the cursor prompt. The System will ask "How Far?" allowing you to specify the number of entries to skip. You can enter **END** to jump to the end.

Delete

To delete the CURRENT SETTING, type: **DEL [Enter]**

Insert

To insert a variable between the LAST FIELD and the CURRENT SETTING, type: **I [Enter]**. The CURRENT SETTING will appear as NONE, allowing you to add a new variable.

```
LAST FIELD and Column entered:      M$
CURRENT SETTING for NEXT Field:     NONE
ENTER NEXT Field, B, F, I, DEL or Q:
```

Exit File

After editing a file, be sure you are at the end of a section before entering Q for quit. If you exit before the end of a section has been reached, you will lose all of the information from the CURRENT SETTING through the end.

At the end of a section, the CURRENT SETTING for Next Field will appear as NONE. After another **[Enter]**, NO FIELD will appear. Press **[Enter]** once more to return to the NONE setting and enter Q. The screen will appear as shown below.

```
LAST FIELD and Column entered:      3 PRINTS
CURRENT SETTING for NEXT Field:     NONE
ENTER NEXT Field, B, F, I, DEL or Q:    OK to RECORD?
```

Enter **N [Enter]** if you do not want to save your editing session. The file will be left exactly as it was before the editing session began.

Enter **Y [Enter]**to record the file with the changes. The system will respond with:

```
ENTER ID:
```

What you enter is for your own reference. An **[Enter]** will leave the ID as shown at the top of the screen. To change the ID, just enter in your own remarks. It is customary to use the date.

NOTE: If you end your ID code with a **[Space] P**, the form feed is suppressed. This is useful if you have non-standard form lengths. In this case, **PRINT**s will have to be added to the end of the Bottom of Form section to bring you to the beginning of the next form.

PRINTING THE FORMS

Be sure to Set Parameters in Bill Insurance before running insurance forms for the first time. This allows further control of the insurance form printing. See the Bill Insurance chapter in the POC manual for assistance.

Difference between the standard form and the other forms.

The main difference between the standard form and the other forms is that the standard form prints all patients who do not have an insurance code designated for a particular form, whereas the other forms print only for those patients whose insurance code meets the criteria for that form

SET PARAMETERS

Form Code

The sequence of form printing is Standard (HCFA-1500), Medicare, Medicaid, Blue Shield and Champus. This sequence logic only holds true in setting up the parameters in V6IFORM. Once you are ready to print the forms, they can be printed in any order. The form code determines what patient gets what form, depending upon their insurance company code. The question will be asked for the form that is being edited as well as the forms that follow. If a code is set for a following form, then patients with that code will be skipped for the present printout and charges for any patient with that code will not be updated. Normally an insurance code is 2 to 5 characters.

Box Code

Insurance box code sets an X to be printed wherever certain variables are encountered, namely M$ for Medicare, MC$ for Medicaid, BS$ for Blue Shield and CH$ for Champus and triggers the printing of related provider numbers. For example, MC is entered in response to: Enter the Medicaid insurance box code. During the printout of a form for insurance code MC, an X will be printed wherever the MC$ (Medicaid) variable is set. Also, the provider number printed will be the Medicaid provider number.

NOTE: Even if there is no box to be checked, it is still necessary to set the box code so that the correct provider number will be printed. On the HCFA-1500 form, the OT$ variable will be checked for any insurance code that does not have a box code set or has N/A entered as the box code.

Two insurance codes but only one form required

In the ST parameter section the prompts are:

Enter FIRST insurance company code for crossover claims (M■ ■ ■ ■)
Enter SECOND insurance company code for crossover claims (MC■ ■ ■)

The codes entered here will ensure that only one form is printed for any patient with that combination of insurance codes. The codes in parentheses are the settings from the last entry. If you want to leave them unchanged, just press **[Enter]**.

In the other forms, the crossover code refers to a patient's second insurance that would normally be printed on a form, lower in the printing sequence. Charges will be updated at the first insurance level for that patient. In the subsequent form, the first insurance code would be set up as the skip code, meaning that if a patient that would normally be printed on this level has the code designated as the skip code, then it won't print.

For example: a patient has an M and a BS and only a Medicare form is required.

In the parameter section for the Medicare form:

Enter insurance company code for crossover claims (N/A): **BS [Enter]**
Enter insurance company code to skip over (MC): N/A

In the parameter section for the Blue Shield form:

Enter insurance company code for crossover claims (CH): N/A
Enter insurance company code to skip over (N/A): **M [Enter]**

Left Margin

The margin on the standard HCFA-1500 is set at one. This assumes a margin of 1/2" for the tractor hole strip. If your margin is wider, enter the difference in 1/10" between yours and the standard `1/2". For example, if your margin is 7/10", i.e. 2/10 larger than the standard, enter your margin setting as 2. Tab settings on the sample format are measured from the left perforation.

Number of charge lines

This refers to the logical lines, normally one to every second physical print line. Some forms have two lines of detail for each charge. This is considered one charge line.

Number of lines from the first line in the charge section to the first line in the bottom section

The first line in the charge section is the first possible print line, normally only used when doubling up.

The first line in the bottom section is the position at which the first variable is printed after the charge line section, normally total charges. The lines are measured in 1/6" and are inclusive.

TOP OF FROM

Begin printing where another variable stops

If you need to start a variable at the end of another variable, i.e.: L.NAME$ F.NAME$, you use a "**;**" for the tab setting. In this example L.NAME$ is started at 2, followed by a space, followed by F.NAME$. For each NEXT FIELD prompt, enter the following sequence:

```
L.NAME$ at 2
   at ;
F.NAME$ at ;
```

Literally

Whenever you enter a variable name that is not in the list, "literally?" will appear. On many occasions you will have mistyped a variable. If you do, answer N and then re-enter the variable. Sometimes, however, you may want a specific character, a space, string or number to be printed. If so, answer Y.

No matching variable

If there is no variable for what you want to print, the chances are that POC does not logically store that information. When this is the case, decide on the most appropriate place to store the information (i.e.: PI, DI, or Provider List) and print that variable.

When using the other telephone number field (PH2$) for this purpose, you have to enter 8 characters in patient information. If, for example, you want AM or PM for a time of an accident, it would be necessary to enter AM or PM followed by six spaces.

The advantage of using variables in this way is increased by the facility to split up fields. This can be implemented by typing the variable name followed by a % sign. The System will first prompt for the print position "**at**" the FROM: followed by TO:. These last two prompts are for the character positions in that field. This means that a field such as ID2 can be used to hold totally unrelated information which can be split up in form printing.

Notes:

STANDARD INSURANCE FORM

Many of our clients call us with questions about where they need to go in the POC software to change information that appears in a specific box on the HCFA 1500 form. We thought it might be helpful to provide a list containing this information. The following list is for the most typical information for a standard insurance claim form. Each insurance company and/or state may vary.

Item on HCFA 1500	Option/Screen in POC	Field/ Question
Insurance Address at top of from	Insurance Company List	
Box 1 Insurance Classification	Patient Insurance Information	#8
Box 1a Insurance I.D. Number	Patient Insurance Information	#9
Box 2 Patient Name	Patient Information	#1
Box 3 Patient's date of birth Patient's sex	Patient Information	 #5 #9
Box 4 Insured Name	Patient Insurance Information	#1
Box 5 Patient's Address City, State, Zip Code Telephone	Patient Information	 #2 #4 #6
Box 6 Relation to Insured	Patient Insurance Information	#5
Box 7 Insured's Address Insured's City, ST, Zip	Patient Insurance Information	 #2 #4
Box 8 Patient's Marital Status Employment Status	Patient Insurance Information	 #13 #10
Box 9 Other Insured's Name	Patient Insurance Information	 #15
Box 9a Other Insured's Policy Or Group Number	Patient Insurance Information	#23
Box 9b Other Insured's Date of Birth & Sex	Patient Insurance Information	#20

STANDARD INSURANCE FORM

(Cont'd)

Item on HCFA 1500	Option/Screen in POC	Field/ Question
Box 9c Other Insured's Employer Name or school name	Patient Insurance Information	#26
Box 9d Other Insured's Plan Or Program name	Patient Insurance Information	#22
Box 10a Is condition related To employment	Adding Charges 21 Questions section	#3
Box 10b Is condition related To auto accident	Adding Charges 21 Questions section	#11
Box 10c In condition related To other accident	Adding Charges 21 Questions section	#11
Box 11 Insured's Policy Group Or FECA Number	Patient Insurance Information	#11
Box 11a Date of Birth & Sex	Patient Insurance information	#20
Box 11b Employer's Name Or Group Name	Patient Insurance Information	#12
Box 11c Insurance Plan name Or Program Name	Patient Insurance Information	#8
Box 12 Patients Authorized Signature	Bill Insurance Set Parameters	#2
Box 13 Insured's Authorized Signature	Bill Insurance Set Parameters	#2

STANDARD INSURANCE FORM

(Cont'd)

Item on HCFA 1500	Option/Screen in POC	Field/ Question
Box 14 First Symptom	Add Charges 21 Questions Section	#1
Box 15 Same/Similar Illness	Add Charges 21 Questions Section	#10
Box 16 Dates patient unable To Work	Add Charges 21 Questions Section	#4
Box 17 Name of Referring Physician	Add Charges 21 Questions Section & Patient Information	#5 #24
Box 17a ID number of Referring Physician	Add Charges 21 Questions Section & Patient Information	#5 #24
Box 18 Hospitalization Dates	Add Charges 21 Questions Section	#8
Box 20 Outside Lab	Add Charges 21 Questions Section	#9
Box 21 Diagnosis	Add Charges Diagnosis Section	
Box 23 Prior Authorization Number	Add Charges 21 Questions Section	#14
Box 24a-k Date of Service Place of Service Procedure Diagnosis code Units Treating Doctor Number	Add Charges Procedure Code Section	

STANDARD INSURANCE FORM

(Cont'd)

Item on HCFA 1500	Option/Screen in POC	Field/ Question
Box 25 Federal Tax ID	Doctor Information	#10
Box 26 Patient Account Number	Patient Information	Assigned by software
Box 27 Accept Assignment?	Patient Insurance Information	#10
Box 28 Total Charges	Calculated by software	
Box 29 Amount Paid	Calculated by software	
Box 30 Balance Due	Calculated by software	
Box 32 Facility where Services were Rendered	Adding Charges 21 Questions Section	#7
Box 33 Physician's name And Address	Doctor Information	#1-5
PIN#	Doctor Information	#7

MEDICARE HCFA 1500 FORM

The following table is for a typical HCFA 1500 form printout for a patient's primary insurance carrier with a secondary insurance where both insurances are private companies. The last column list most Medicare requirements that will differ from the private carriers. Each insurance company and/or state may vary.

Item on HCFA 1500	Option/Screen in POC	Field/ Question	Medicare Note
Insurance Address at top of from	Insurance Company List		Not required
Box 1 Insurance Classification	Patient Insurance Information	#8	
Box 1a Insurance I.D. Number	Patient Insurance Information	#9	
Box 2 Patient Name	Patient Information	#1	
Box 3 Patient's date of birth Patient's sex	Patient Information	 #5 #9	
Box 4 Insured Name	Patient Insurance Information	#1	Left blank when Medicare is Primary
Box 5 Patient's Address City, State, Zip Code Telephone	Patient Information	 #2 #4 #6	
Box 6 Relation to Insured	Patient Insurance Information	#5	Left blank when Medicare is Primary
Box 7 Insured's Address Insured's City, ST, Zip	Patient Insurance Information	 #2 #4	Left blank when Medicare is Primary
Box 8 Patient's Marital Status Employment Status	Patient Insurance Information	 #13 #10	
Box 9 Other Insured's Name	Patient Insurance Information	#15	Boxes 9-9d will only be filled out if Medigap benefits are assigned
Box 9a Other Insured's Policy Or Group Number	Patient Insurance Information	#23	See Note for Box 9

MEDICARE HCFA 1500 FORM

(Cont'd)

Item on HCFA 1500	Option/Screen in POC	Field/ Question	Medicare Note
Box 9b Other Insured's Date of Birth & Sex	Patient Insurance Information	#20	See Note for Box 9
Box 9c Other Insured's Employer Name or school name	Patient Insurance Information	#26	See Note for Box 9
Box 9d Other Insured's Plane Or Program Name	Patient Insurance Information	#22	See Note for Box 9
Box 10 a Is condition related To Employment?	Adding Charges 21 Questions Section	#3	
Box 10b Is condition related To auto accident	Adding Charges 21 Qestions Section	#11	
Box 10c Is condition related To other accident	Adding Charges 21 Question Section	#11	
Box 11 Insured's Policy Group Or FECA Number	Patient Insurance Information	#11	If Medicare is Primary, then NONE will be entered in box 11 and boxes 11a-d will be left blank
Box 11a Date of Birth & Sex	Patient Insurance Information	#20	See note in Box 11
Box 11b Employer's name Or Group Name	Patient Insurance Information	#12	See note in Box 11
Box 11c Insurance Plan name Or Program Name	Patient Insurance Information	#8	See note in Box 11
Box 12 Patients Authorized Signature	Bill Insurance Set Parameters	#2	
Box 13 Insured's Authorized Signature	Bill Insurance Set Parameters	#2	Must be left blank if there are no Medigap assigned

MEDICARE HCFA 1500 FORM

(Cont'd)

Item on HCFA 1500	Option/Screen in POC	Field/ Question	Medicare Note
Box 14 First Symptom	Add Charges 21 Question Section	#1	
Box 15 Same/Similar Illness	Add Charges 21 Questions Section	#10	Left blank. Not required by Medicare
Box 16 Dates patient unable To Work	Add Charges 21 Questions Section	#4	
Box 17 Name of Referring Physician	Add Charges 21 Questions Section & Patient Information	#5 #24	
Box 17a ID number of Referring Physician	Add Charges 21 Questions Section & Patient Information	#5 #24	
Box 18 Hospitalization Dates	Add Charges 21 Questions Section	#8	
Box 20 Outside Lab	Add Charges 21 Questions Section	#9	
Box 21 Diagnosis	Add Charges Diagnosis Section		
Box 23 Prior Authorization Number	Add Charges 21 Questions Section	#14	
Box 24a-k Date of Service Place of Service Procedure Diagnosis code Units Treating Doctor Number	Add Charges Procedure Code Section		
Box 25 Federal Tax ID	Doctor Information	#10	
Box 26 Patient Account Number	Patient Information	Assigned by software	

MEDICARE HCFA 1500 FORM

(Cont'd)

Item on HCFA 1500	Option/Screen in POC	Field/ Question	Medicare Note
Box 27 Accept Assignment?	Patient Insurance Information	#10	
Box 28 Total Charges	Calculated by software		
Box 29 Amount Paid	Calculated by software		
Box 30 Balance Due	Calculated by software		
Box 32 Facility where Services were Rendered	Adding Charges 21 Questions Section	#7	
Box 33 Physician's name And Address	Doctor Information	#1-5	
PIN#	Doctor Information	#7	

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