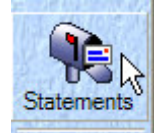


10A. STATEMENTS

In this section you will learn how to set up the look and feel of your statements and how to print statements to send to your Patients.

From the Left Navigational Menu left click on the “**Statements**” icon, or from the Top Navigational Menu left click on “**Billing**” and then left click on “**Statements**”.



(A) Setup

- 1) In the opened “**Statements**” screen, left click on the “**Setup**” button located at the bottom middle of the screen.
- 2) In the newly opened “**Setup**” screen, complete the following:
 - a) **Default Footnote:** Enter a message that you want printed on all statements that are current (1 to 29 days). The day count starts on the first day the Patient is billed.
 - b) **Prompt for 30 day notice:** Click this box if you want a message to print on all statements that are 30 to 59 days past due. Enter this message in the field provided.
 - c) **Prompt for 60 day notice:** Click this box if you want a message to print on all statements that are 60 to 89 days past due. Enter this message in the field provided.
 - d) **Prompt for 90 day notice:** Click this box if you want a message to print on all statements that are 90 days or more past due. Enter this message in the field provided.
- 3) From the “**Print**” column, select the items which you want printed on the statement (you can select more than one). The options here are self explanatory.

Print	
<input type="checkbox"/>	Provider Lic#
<input type="checkbox"/>	Diagnosis Codes
<input checked="" type="checkbox"/>	Adjustments
<input checked="" type="checkbox"/>	Billed
<input checked="" type="checkbox"/>	Payment
<input checked="" type="checkbox"/>	Detach Message Line

Most providers, due to HIPPA security and privacy requirements, do NOT print the diagnosis code(s) on their patient’s statements. Most also leave out their Provider License Number. To the left is a typical example of what gets chosen.

- 4) From the “**Heading**” column, select either your *Provider’s* information, your *Company’s* information, or your *Facility’s* information to be printed at the top of your statement. The information selected will print in the top center of the statement page. If you would like for it to print on the left side of the page to fit into a **Number 9 Invoice Envelope**, please select the option “**Left Align the ‘From’ Address**”.

- 5) From the “**Procedure**” column, select how you want the services to print onto the statement from one of the following options:
 - a) Select “**Detail**” if you want to print the description along with the **Procedure Code**. (Do not select this option if you want only the **Procedure Code** to print on the statement).
 - b) Select “**Summary**” if you want to print both the description of the **Procedure Code** and the date of service.
 - c) Select “**DoS Only**” if you want to print only the date of service (with no **Procedure Code**).
 - d) Select “**Blank**” if you want to print only the total dollar amount due (no service date and no description or **Procedure Code**).
- 6) Return to the “**Statements**” screen by clicking “**Ok**”.

(B) Printing Statements

- 1) The opened “**Statements**” screen is automatically populated with those accounts that have a balance due and those accounts that have a Credit Balance as well (see the note on the following page concerning Credit Balance statements).
- 2) Select the Patient or Patients that you would like to send a statement to:
 - a) If the Patient does not appear on this list, you can add them by clicking on the “**Add**” button located at the bottom of this screen. Then, from the newly opened “**Add Statements**” screen, select the box to the left of each Patient you want have a statement sent to. Once selected, click the “**Add**” button to the bottom right of this screen to return to the “**Statements**” screen.
 - b) If the Patient or Patients that you would like to send a statement to appear on this list, select the box to the left of **Individual Patient Account Number (PAN)**, or left click on the “**Check All**” button on the bottom left of this screen to select all of them.

- 3) To **Preview** the statement, left click on the “**Print**” button located at the bottom left of this screen, then left click on the “**Preview**” button in the newly opened “**Report Statements**” screen.

(See the statement sample to the right →)

YOUR DOCTORS OFFICE
YOUR ADDRESS
YOUR CITY, CA 12345
(111) 222-3344

YOUR PATIENT
PO Box 2006
Napa, CA 94558

10/22/2007
Patient: YOUR PATIENT
Account # 21778
Balance Due: \$ 115.00
Credit Balance: 10/19/2007: \$ 25.00

Detach and send with payment

Statement			
Date	Procedure	Adj	Charges
8/28/2005	00830 Anesthesia for hernia repairs in lower abdomen; not otherwise specified		315.00
		Adj 10/19/2007	-200.00
		Billed 10/22/2007	115.00
		Patient Due	115.00

Thank you for your prompt payment! For questions regarding your account or to make payment arrangements please call 111-222-3344.

Date 10/22/2007
Patient YOUR PATIENT

Provider Robert Morris MD
Balance Due \$ 115.00

- 4) To **Print** the statement(s), left click on the “**Print**” button located at the bottom left of this screen, then click on the “**Print**” button in the “**Report Statements**” screen that opens immediately thereafter.

NOTE: There may be occasions when you print or preview a statement where a “**Credit Balance**” amount prints below the “**Balance Due**” amount (see the sample statement in step #3 above). This is due to the fact that there is a “**Floating Co-payment**” that has not yet been applied to any particular visit. You want to make sure that statements like these are not sent out until after they have been corrected in order to avoid confusion by your Patients.

Please refer to section “**VII Payments & Adjustments**” for instructions on how to post a collected co-payment, and for further instructions on how to deal with **Credit Balances**.

Q1: “What if a Patient, for which I am trying to send a statement to, does not appear on the Statement selection list?”

A1: There are three reasons for this: You have opted that the Patient not be billed for their balance, payment from the Patient’s primary insurance is still due, or the services have been paid for in full. Here is how to solve these three:

- 1) “**Do Not Bill Patient**”: The option “**Do Not Bill Patient**” needs to not be selected under the “**Default Tab**” of the “**Edit Patient Data**” screen for the Patient in question. If selected, no statements will generate for the Patient even though a balance may be due from them.
- 2) **Primary Insurance Payment Still Due:** If the Patient’s primary insurance has not yet paid for these services, you can still generate a statement to the Patient. The Patient’s service date(s) need to be added to the Statement screen by left clicking on the “**Add**” button located at the bottom of the “**Statement**” screen. Then, from the newly opened “**Add Statements**” screen, select the box to the left of each Patient you want have a statement sent to. Once selected, click the “**Add**” button to the bottom right of this screen to return to the “**Statements**” screen.
- 3) **Service(s) Paid in Full:** When a Patient’s service(s) has/have been paid in full, there is no balance remaining to bill the Patient and the service is considered “**Closed**”. In order to send a statement for a “**Closed**” service, left click on the “**Closed**” button located at the bottom of the “**Statement**” screen. Then, from the newly opened “**Statements**” screen, select the box to the left of each Patient you want have a statement sent to. Once

selected, click the **“Print”** button to the bottom left of this screen.

Q2: “What if I printed a statement for a Patient but didn’t mean to?”

A2: When you print a statement for a Patient, whether accidentally or on purpose, the system records the statement having been printed (and therefore sent to the Patient), and the **“Aging”** and/or **“Aging Payments”** counter begins.

If you do not want to record the statement as having been printed or sent, make sure you click on the box next to the words **“Record Transaction”** prior to printing the statement.

If you have already printed the statement, take the following steps to delete the record created:

- 1) Click on the **“Patients”** Icon on the Left Navigational Menu, or, from the Top Navigational Menu, select **“Patients Data”**.
- 2) Double-click on the Patient Record you need to open the **“Edit Patient Data”** screen, and then click on the **“Transactions”** button at the top right hand side of this screen.
- 3) In the newly opened **“Patient Claims”** screen, find the service date in question and double left-click to open the **“Transactions”** screen.
- 4) Find the line item that indicates **“Bill Sent”** in the **“Transaction”** column (4th from the left) and left click on it to highlight it (see figure below):

Date	DoS	Payer	Transaction	Type	Amount	Check #
10/02/2007	10/01/2007	Primary	Payment Rec		85.00	4567
10/02/2007	10/01/2007	Primary	Adjustments	Blue Cross w/o	15.00	
10/15/2007	10/01/2007	Primary	Bill Sent		0.00	

- 5) Click the **“Delete”** button located at the bottom middle of this screen, then click on the **“Yes”** button when asked to confirm the deletion of this line item, and to return you to the

“**Transactions**” screen.

- 6) Click the “**Close**” button located at the bottom right hand side of both the “**Transactions**” screen and the “**Patient Claims**” screen to return you to the “**Edit Patient Data**” screen.
- 7) Click the “**Save**” button located at the bottom right hand side of this screen to save what you did and return you to the “**Patients Data**” screen.

Q3: How do I correct a Heading that prints multiple times on a Statement?

A3: You need to change/adjust the Statement Set Up.

- 1) From the Top Navigational Menu left click on the “**Billing**” option and select “**Statements**” from the drop down menu that appears (or click on the “**Statements**” icon from the Left Navigational Menu).
- 2) In the opened “**Statements**” screen, click on the “**Set Up**” button at the bottom.
- 3) Confirm that the appropriate heading options are selected, or select the options you want to see printed on the header of your Statements. Click on the “**OK**” button when done.

Q4: How do I bill interest on a Statement when the Patient Account is Past Due?

A4: You need to create a charge (claim) for the interest amount.

In order to bill a Patient for Interest on a Past Due balance, there are a three steps you need to take before being able to create the charge:

- 1) **Settle on a Dollar Amount** for the Interest to be charged. The system will not be able to calculate percentages, so you will need to decide on a specific dollar amount (i.e.: \$1.50 per month, \$3.00 per month, etc.) that you will be billing monthly to your Patients.
- 2) **Create the Procedure Code** following the steps below:
 - (a) From the Top Navigational Menu select “**Set Up**” and then select “**Procedures**” from the menu that appears.

- (b) Click on the “**Add**” button at the bottom of the “**Procedure Data**” screen to open a blank “**Edit New Procedure Data**” form.
 - (c) In the **Code** field enter the CPT code as “INT”.
 - (d) In the **Description** field enter the description as “Interest for Past Due Account”.
 - (e) In the **Unit(s)** field enter the number “1”.
 - (f) In the **\$ Per Unit** field, first click in the box to the left, and then enter the amount your office decided would be charged for Interest.
 - (g) Click on the box to the left of “**Do not bill insurance (Patient Only)**” so that this Procedure Code is charged to the Patient only.
 - (h) **Click “Save” when done.**
- 3) Create the **Diagnosis Code** following the steps below:
- (a) From the Top Navigational Menu select “Set Up” and then select “Diagnosis” from the menu that appears.
 - (b) Click on the “Add” button at the bottom of the “Diagnosis Data” screen to open a blank “Edit New Diagnosis Data” screen.
 - (c) Code: Enter “NONE” as the Diagnosis Code.
 - (d) Description: Enter the description as “NO DX”.
 - (e) Click “Save” when done.

Once the above three steps are completed, you will need to **create the charge** just like you would any other claim following the instructions in **Section “IV. ADDING CLAIMS”** found in the User Manual. Note that this code cannot be billed with any other Procedures or services.

Once the claim has been created, you can create your Patient’s **Statement** following in the same manner as you would any other time you print out a Statement.