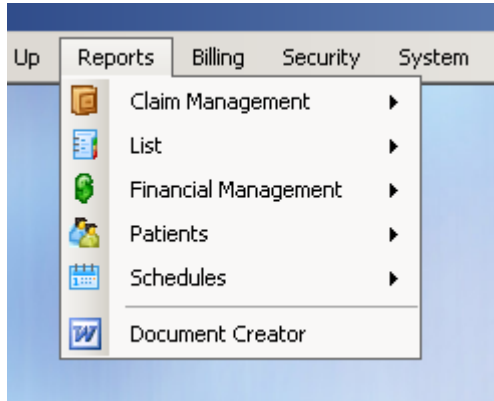


## 14. CREATING REPORTS IN MPM OFFICE



The list to the left contains all of the reports that can be run from the MPM Office program.

Each report will be discussed in the following pages and will include samples for your reference.

All reports provide a preview screen prior to printing them.

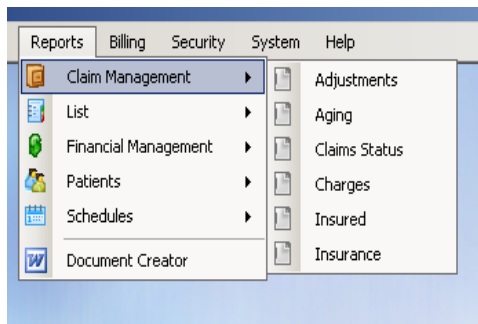
Reports can be printed either as an individual page or by the entire report.

**Q.** What is the difference between the options **File Date** and **Service Date**?

**A.** The option **File Date** is used to view transactions that occurred on the date the transaction was entered. For example, you would use this option when preparing your Payments & Adjustments Report to prep your bank deposit for that day.

The option **Service Date** is used to view transactions that occurred on a specific date of service. For example, you would use this option when preparing your Charges Report to see if you have matching charges for every person seen on that specific day.

### I. Claim Management

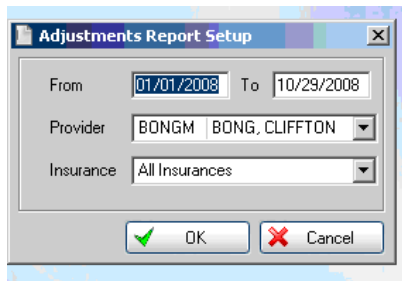


#### Claim Management Reports

Include: Adjustments, Aging, Claim Status, Charges, Insured, and Insurance

#### Adjustments Report

Answers the question: “How much did this provider have to write off for this insurance during this time period?”



For each provider chosen, lists, by insurance selected, each date of service, patient, total charge of said service, type of adjustment, and amount adjusted. Totals at the end of each insurance block the total charges processed and the total adjustments made. Based on calendar date range selected.

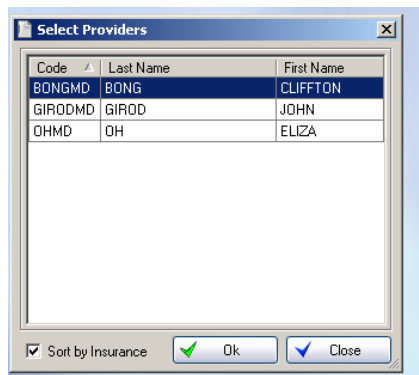
Adjustments						Page: 1
01/01/2008 - 10/29/2008						
CLIFFTON BONG MD						
10/29/2008						
AETNA (AETNA)						
Date	PAN	Patient	Charge	Type of Adjustment	Amount	
06/13/08	1301	VASIREDDY, HARSHAVARDHAN	365.00		47.98	
Totals:						
Charge:			365.00			
Amount:					47.98	

## Aging Report

Answers the question: “For this provider, how old is each claim (per patient) per insurance billed?”

The Aging report shows the user the status of all of the claims CREATED in the MPM Office program regardless of whether or not the claim has been billed. It states that there is a claim in the system for each patient shown that is XX - XX days old (based on the FILE date of the claim) and that the monies are due from either the patient or the insurance depending on whether the patient has insurance or not.

If there is a claim that has been created (FILED) for a patient and that claim is NOT billed neither to the insurance (as a CLAIM), nor to the patient (as a STATEMENT), the claim will show as aging under either the section labeled with the INSURANCE NAME (if the patient HAS insurance) or under the section labeled as PATIENT PAY if the patient is responsible for the bill.



For each provider chosen, lists, by insurance selected, the insurance name and phone number, the patient, their insurance id number, their group number, and what amount(s) are due by this insurance in the 1-29, 30-59, 60-89, and > 90 date range. Based on calendar date range from the time the user started using the MPM Office program thru the date the report was generated.

<b>Aging</b>				Page: 1			
10/29/2008				BONG, CLIFFTON			

AARP, AARP HEALTHCARE - (800) 523-5800

PAN	Patient	Insurance ID	Group #	1-29 days	30-59 days	60-89 days	>90 days
1017	INGRAM, LOIS	342243424A		66.91 (5)			

## Claim Status Report

Answers the question: “What is the status of each claim billed per provider during this time period?”

Claim Status Report shows the status of all of the claims, billed or not, as contained in the MPM Office program. It is sorted by FILE DATE (the date the claim was actually entered into the system). The LAST PAYER field will show PATIENT when either a patient HAS insurance but the claim was never billed to the insurance company, or when the patient DOES NOT have insurance.

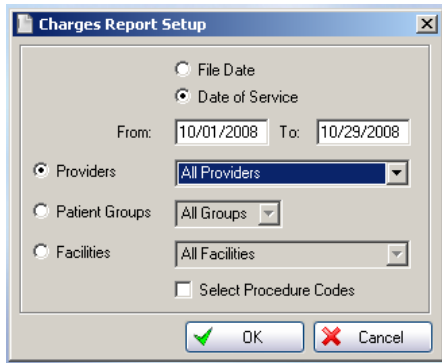
For each provider or patient group chosen, lists, in alphabetical order by patient’s last name, the date of service, the patient, the last payer (be it the insurance, patient, or attorney), the total number of units, the total charge, how much was paid, adjusted, and/or refunded, as well as the balance still due on that service date. Based on the service date range selected.

<b>Claims Status</b>				Page: 1					
10/29/2008				01/01/2008 - 10/29/2008 BONG, CLIFFTON					

Date of Service	PAN	Patient	Last Payer	Units	Total Charge	Paid	Adj	Refund	Balance Due
05/04/08	4345	ADAMS, LOBBINE	HC	1.00	140.00				140.00

## Charges Report

Answers the question: “How much did this provider bill during this time period?”



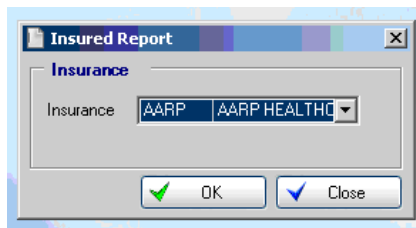
For each provider, patient group, or facility chosen, lists, in alphabetical order by patient’s last name, the date the claim was filed, the patient, the service date, the primary insurance the claim was billed to, details of the claim (including diagnosis, procedure, place of service, and facility), as well as the amount of the claim.

At the end of each report, calculates the total number of claims and the total charges for the selection made. Based on the service date range or file date range selected.

Charges							Page: 1
10/29/2008							
01/01/2008 - 10/29/2008							
CLIFFTON BONG MD							
File Date	PAN	Patient	Date of Service	Primary	Details	Amount	
02/12/08	1234	JOHN JOHNSON	02/12/08	ABC	12345	100.00	

### Insured Report

Answers the question: “Who are the patients covered under this insurance?”



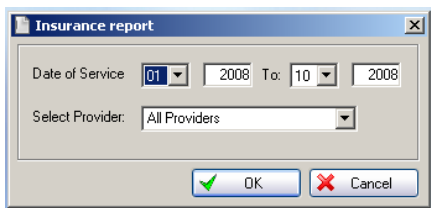
For each insurance chosen, lists, in alphabetical order by patient’s last name, the patient, their social security number, their home/work phone, their insurance id number, and the balance due on their account.

Based on calendar date range from the time the user started using the MPM Office program thru the date the report was generated.

Insured Patients								Page: 1
10/29/2008								
Insurance: AARP HEALTHCARE								
PAN	Patient	SSN	Home Phone	Work Phone	Insurance	Insur.ID	Balance	
1234	JOHN JOHNSON	123-45-6789	123-456-7890	098-765-4321	AARP HEALTHCARE	123456789	100.00	

### Insurance Report

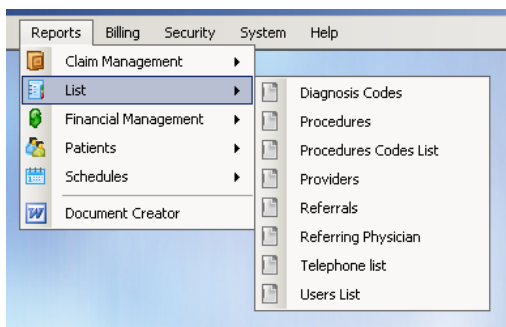
Answers the question: “How many claims and what were the total charges billed by this provider during this time period?”



For each provider chosen, lists, by month, each insurance company that claims were sent to, how many claims, total charges, how much they have paid to date and how many adjustments were taken to date. Based on date of service range selected.

<b>Insurance</b>		Page: 1
Jan 2008 - Oct 2008		
BONG, CLIFFTON		
10/29/2008		
Jan 2008		
Ins. ID	Claims	Charges
		Paid
		Adjusted

## II. List



### List Reports

Include: Diagnosis Codes, Procedures, Procedures Codes, Providers, Referrals, Referring Physician, Telephone Lists, and Users List

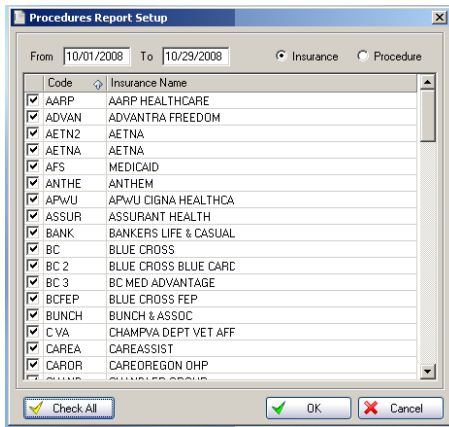
### Diagnosis Codes

Shows all the Diagnosis Codes entered in the MPM Office program, sorted numerically by Diagnosis Code Number, and includes the Code Number, its Description, Code Status (Complete or Incomplete), and Informal (whether you put the code in or we supplied it for you).

<b>Diagnosis Codes</b>		Page: 1
10/29/2008		
Code	Description	Code Status
		Informal

### Procedures – Insurance Option

Answers the question: “What procedure codes were billed and how many times did I bill them to what insurance during this time period?” Listed alphabetically by Insurance Company and then numerically by Procedure Code billed.



Based on date range selected and insurance(s) selected, shows the Procedure Codes billed, the number of times the code was used, the number of units of that code billed, the total amount billed, and the total amount paid and adjusted for said code.

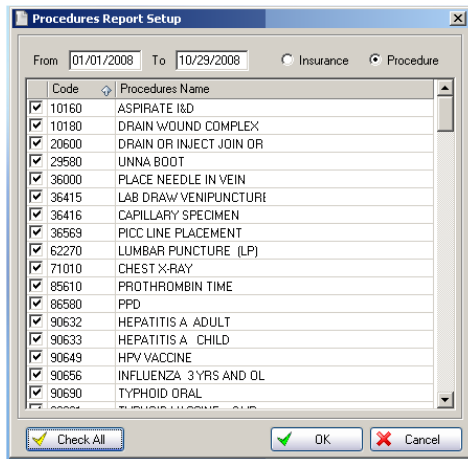
<b>Procedures</b>		Page: 1
01/01/2008 - 10/29/2008		
10/29/2008		

**AARP HEALTHCARE (AARP)**

Procedure	Used	Units	Amount	Paid	Adj
99232	7	15.00	2025.00	1197.79	558.40
99254	2	2.00	660.00	348.09	224.88

### Procedures – Procedure Option

Answers the question: “What procedure codes were billed and how many times did I bill them to what insurance during this time period?” Listed numerically by Procedure Code billed.



Based on date range selected and procedure code(s) selected, shows the Procedure Codes and its description, the insurance the code was billed, the number of times the code was used, the number of units of that code billed, the total amount billed, and the total amount paid and adjusted for said code.

**DRAIN WOUND COMPLEX (10180)**

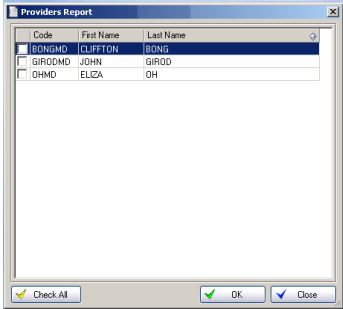
Procedure	Insurance	Used	Units	Amount	Paid	Adj
10180	PYRAM	1	1.00	410.00	197.25	217.75

**Procedures Codes List**

Shows the Procedure Codes as they currently appear in the MPM Office program, listed numerically by Procedure Code, and include created Shortcuts, its Description, and Type, the number of Units, Dollar, and Sales Tax amount assigned to it when the code was created.

Proc.ID	Shortcut	Description	Type	Units	Dollar	Sales Tax
10180		ASPIRATE I&D	K	1.00	226.00	

**Providers**



For each provider chosen, lists the information as entered in Setup - Providers including: contact information, and provider id numbers used for rendering, billing and group per insurance type.

**IDCode:** BONGMD      **First Name:** CLIFFTON      **MI:**  
**Last Name:** BONG  
**Title:** MD      **Tax ID Number:**  
**Taxonomy Number:**      **NPI:**  
**License Number :**      **UPIN Number:**  
**Address:**  
**ZIP:**      **Phone:** ( )      ext  
**City:**      **Fax:** ( ) -  
**State:**      **Cell:** ( ) -

Insurance ID Type	24J/Electronic	33	Group
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## Referrals

Answers the question: “How many patients, and by which provider, were referred to me during this time period?”

For each provider chosen, based on the calendar date range selected, lists in alphabetical order the names of the referring doctor(s) and the number of referrals they have sent to your office.

<b>Referrals</b>		Page: 1
01/01/2008 - 10/29/2008		
10/29/2008		
BONG, CLIFFTON		
Referring Doctor	#	
ALBRIECH, DOROTHY	1	

## Referring Physician

For each provider chosen, lists the information as entered in Setup – Other Providers including: their contact information, and insurance type and provider id number used for that insurance.

<b>Referring Physicians</b>		Page: 1
10/29/2008		
<b>IDCode:</b>	ALBRIECH	
<b>Last Name:</b>	ALBRIECHT	
<b>First Name:</b>	DOROTHY	<b>MI:</b>
<b>Title:</b>	FNP	
<b>Insurance Type:</b>		<b>Insurance ID:</b>
<b>NPI:</b>		
<b>Address:</b>		
<b>ZIP:</b>		<b>Phone:</b> ( ) ext
<b>City:</b>		<b>Fax:</b> ( )
<b>State:</b>		<b>Cell:</b>

## Telephone List

For each patient selected, lists in alphabetical order by last name their name, birthdate, home and work phone number.

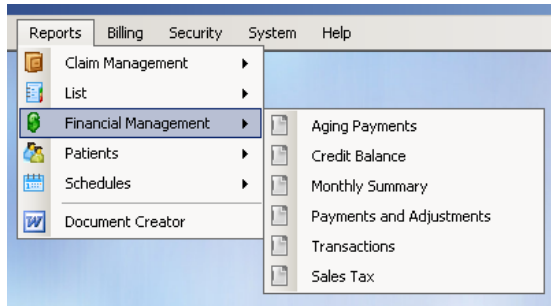
Telephone List					Page: 1
10/29/2008					
PAN	Patient	Birthday	Home Phone	Work Phone	

### Users List

For each user entered in the MPM Office program, lists in alphabetical order by login id, the User Name, Login ID, and what authority they have been given (Super, Edit, Delete, and/or Report).

Users List						Page: 1
10/29/2008						
User Name	Login ID	Super	Edit	Delete	Report	
Demo, Demo	DEMO	✓	✓	✓	✓	

## III. Financial Management

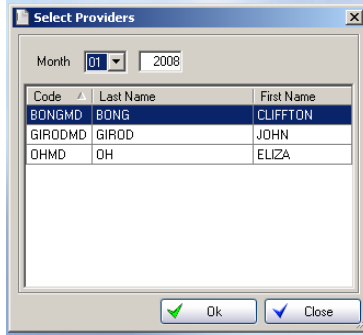


### Financial Management Reports

Include: Aging Payments, Credit Balance, Monthly Summary, Payments and Adjustments, Transactions, and Sales Tax

### Aging Payments

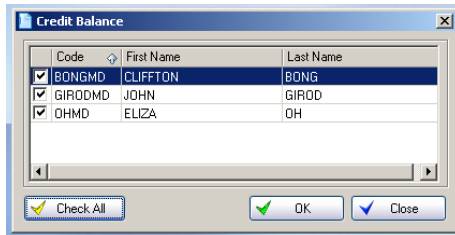
Answers the question: “For this provider, during this month, how long has it been since we last received a payment for the patient listed and who made the payment?”



For each provider chosen, for services rendered during the month and year selected, lists, in alphabetical order by patient last name, the name of the patient, the total amount of their charges, whom the last payer was, how long it took that payer to pay (1-29, 30-50, 60-89, or >90 days), any adjustments made, and the remaining balance.

Aging Payments							Page: 1
10/29/2008							
Jan 08							
BONG, CLIFFTON							
Patient	Total	Payer	1-29 days	30-59 days	60-89 days	>90 days	
CARRINGTON, BETTY	365.00	MPADV/Pri		218.46			
PAN 1315	Adj 146.54						
	<b>Balance</b> 0.00						

### Credit Balance

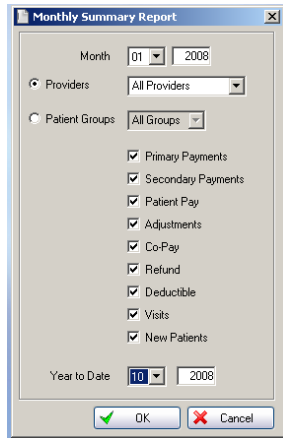


For each provider chosen, lists, by order of service date, each patient that has a FLOATING CREDIT (money received but not posted to any specific date), the date it was taken in on, the amount received, and the balance remaining or that credit.

Credit Balance Report						Page: 1
10/30/2008						
BONG, CLIFFTON (BONGMD)						
PAN	Patient	Provider	DOS	AMT	BALANCE	
<b>Totals:</b>						
Amount:	0					
Balance:	0					

### Monthly Summary Report

Answers the question: “For this provider, during this month, what all has been done and how does it compare to last month?”



For each provider chosen, for the month chosen, lists, the items selected and compares them to the same for the previous month.

The report is based on SERVICE DATE for the month selected.

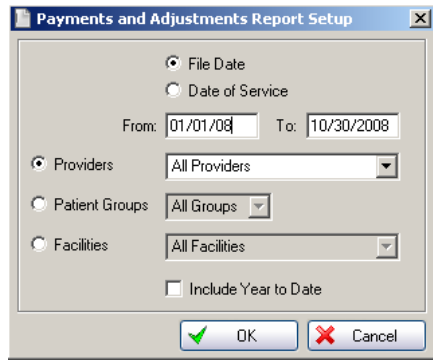
<b>Monthly Summary</b>		Page: 1
Jan 08		
10/30/2008	Provider: BONG, CLIFFTON	

Item	Jan 08	Dec 07
Charges	0.00	0.00
Payments	0.00	0.00
Primary	0.00	0.00
Secondary	0.00	0.00
Patient Pay	0.00	0.00
Adjustments	0.00	0.00
Co-Pay	0.00	0.00
Refund	0.00	0.00
Deductible	0.00	0.00
Visits	0	0
New Patients	0	0

## Payments & Adjustments

Answers the question: “For this provider, during this time period, what payments and adjustments were posted and to which patients/service dates?”

This report is traditionally run by FILE DATE which is the date the entry was made. Payments and Adjustments are received and made for present and past services dates even though they are entered in the present (i.e.: today you are entering payments received not only for today’s services, but for services rendered in the past as well).



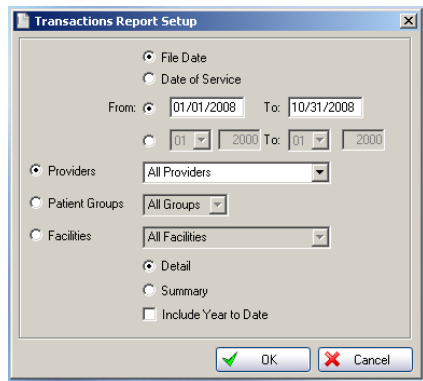
For each provider, patient group, or facility chosen, for the date range selected, the report will list alphabetically by patient last name and service date, the file date (date the entry was made), the patient, the service date the payment or adjustment was posted to, whom the payer was, the type of transaction, the type of adjustment, and the amount.

Payments and Adjustments							Page: 1
01/01/2008 - 10/30/2008							
10/30/2008							
CLIFFTON BONG MD							
File Date	PAN	Patient	Date of Service	Payer	Transaction	Type of Adjustment	Amount

## Transactions

Answers the question: “For this provider, during this time period, what transactions were posted and to which patients/service dates?”

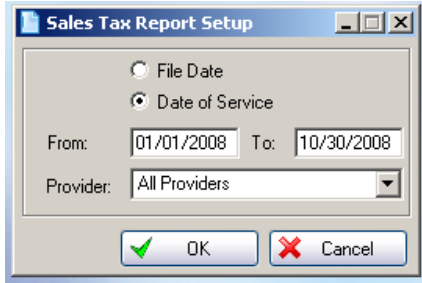
This report is traditionally run by FILE DATE which is the date the entry was made.



For each provider, patient group, or facility chosen, for the date range selected, the report will show, either in detail or summary, listing alphabetically by patient last name and service date, the file date (date the entry was made), the patient, the service date the transaction was posted to, the type of transaction, whom the payer was, the total charge, the number of units, the amount paid, adjusted, and/or refunded, and the balance due.

Transactions											Page: 1
01/01/2008 - 10/31/2008											
10/30/2008											
CLIFFTON BONG MD											
File Date	PAN	Patient	Date of Service	Transaction	Payer	Total Charge	Units	Paid	Adj	Refund	Balance Due

## Sales Tax



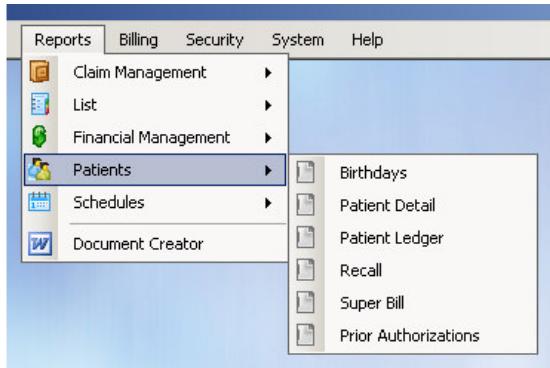
This report is traditionally run by SERVICE DATE. For each provider chosen, lists, by order of patient account number and service date, the file date, patient, service date, total charged amount, and the collected sales tax as created in SETUP – PROCEDURE.

<b>Sales Tax</b>		Page: 1
01/01/2008 - 10/30/2008		
10/30/2008	All Providers	

GIROD, JOHN (GIRODM)

File Date	PAN	Patient	Date of Service	Charged Amount	Collected Amount
05/28/2008	4004	DIVISION, MARY	05/16/2008	54.00	2.33

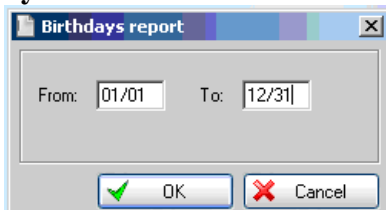
## IV. Patients



### Patients Reports

Include: Birthdays, Patient Detail, Patient Ledger, Recall, Super Bill, and Prior Authorizations

### Birthdays

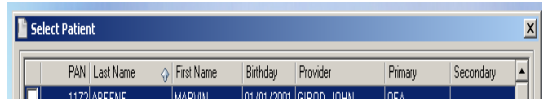


Based on the From and To date's selected (Calendar dates, month and date), lists, in calendar date order, the patient and their birthday month and day.

<b>Birthdays</b>		Page: 1
10/30/2008	1/1 - 12/31	

PAN	Patient	D.O.B.

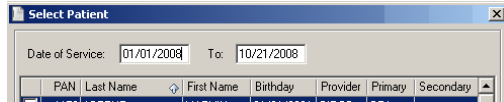
## Patient Detail



Based on the Patient(s) selected, this report prints out the Patient's Demographic, Insurance, and Visit information based on what has been entered in the Patient Record.

Patient Detail				Page: 1
10/30/2008				
ABEENE, MARVIN				
<b>Patient Data</b>				
PAN	1172	SSN	000-00-0000	
Name	ABEENE, M.	D.O.B.	01/01/2001	
Address 1		Sex	M	
Address 2		Employment Status		
City		Marital Status	Married	
State		Home Phone	( ) -	
Zip	97302	Work Phone	( ) - ext	
Provider				
Referring				
<b>Visits</b>				
First Visit Date	03/13/2008			
Last Visit Date	07/07/2008			
Total of Visits	5			
<b>Financial</b>				
Total of Charges	404.00	Total Adjustments	163.44	Total Balance Due 156.17
Total Primary Payments	39.39	Total Patient Billed	19.17	Total Patient Balance Due 19.17
Total Secondary Payments	0	Total Patient Payments	0	

## Patient Ledger



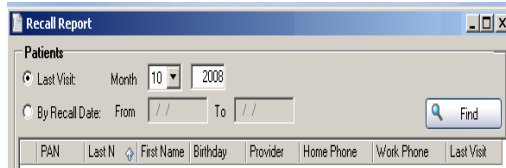
Based on the Patient(s) selected, for the service date range selected, prints out the patient's ledger showing all activity during that time period, including service date, procedures, modifiers, units, diagnosis, and charges, as well as billed and paid dates, adjustments made, and balance due.

Patient Ledger						Page: 1
10/30/2008 Patient: ABEENE, M						
Primary: OEA CHOICE						
Provider: GIROD, JOHN						
PAN: ID:						
Date of Service: 01/01/2008 - 10/21/2008						
Group: OHKB00						
<b>Totals</b>		Primary Payments: 39.39		Patient Payments: 0		
Total Charges: 404.00		Secondary Payments: 0		Visits: 5		
<b>Diagnosis:</b>		Total: 84.00		Time: NA		
Date of Service:	3/13/2008-3/13/2008	Procedure:	99211	Modifier:	Units: 1.00 Amount: 54.00	
	3/13/2008-3/13/2008		36416		1.00 8.00	
	3/13/2008-3/13/2008		85610		1.00 22.00	
Date	Payer	Transaction	Type	Amount	Check	

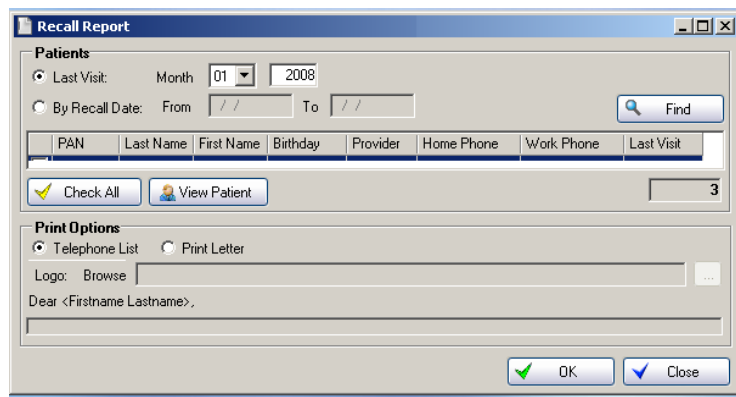
## Recall

This report works hand-in-hand with the Recall feature of the MPM Office. When wanting to pull a report of patient's to recall for follow up with no real specific date originally set (i.e.: you may be an eye doctor whom sees a patient once every 2 years, therefore the follow up visit 2 years from the last visit would not be

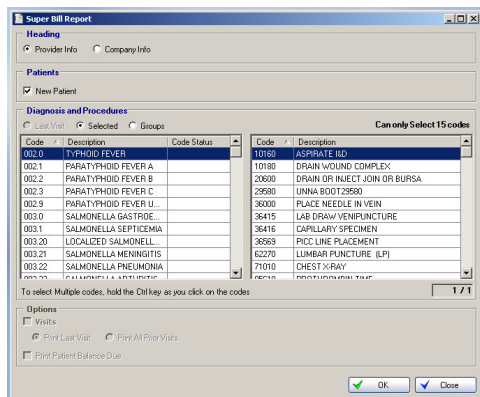
scheduled in advance, but the patient would be set to be called back in or sent a reminder), a date is placed in the Recall field found in the DEFAULT tab of the PATIENT Record.



The Recall can be made by either the last visit on a specific month and year, or by the date entered in the Recall Field mentioned above. The user can print a telephone list to call the patient from, or send a form letter using this report feature.



## Super Bill



A Super Bill can be easily generated by selecting key options (such as commonly used diagnosis and procedure codes for new clients, or last visit information for existing clients) which the provider can then check off during the visit and return to the biller making it quicker and easier to bill a claim.

**Super Bill** Page: 1

10/30/2008

Name \_\_\_\_\_ Primary \_\_\_\_\_

Address \_\_\_\_\_ Secondary \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

<input type="checkbox"/> 002.0 TYPHOID FEVER	<input type="checkbox"/> 10160 ASPIRATE I&D
<input type="checkbox"/> 002.1 PARATYPHOID FEVER A	<input type="checkbox"/> 10180 DRAIN WOUND COMPLEX
<input type="checkbox"/> 002.2 PARATYPHOID FEVER B	<input type="checkbox"/> 20600 DRAIN OR INJECT JOIN OR BURSA
<input type="checkbox"/> 002.3 PARATYPHOID FEVER C	<input type="checkbox"/> 29580 UNNA BOOT
<input type="checkbox"/> 002.9 PARATYPHOID FEVER UNSP	<input type="checkbox"/> 36000 PLACE NEEDLE IN VEIN
<input type="checkbox"/> 003.0 SALMONELLA GASTROENTERITIS	<input type="checkbox"/> 36415 LAB DRAW VENIPUNCTURE
<input type="checkbox"/> 003.1 SALMONELLA SEPTICEMIA	<input type="checkbox"/> 36416 CAPILLARY SPECIMEN

### Prior Authorizations

Based on the patient(s) selected, this report lists the patient name, the prior authorization number, description, number of approved visits, expiration date, and whether or not it's been disabled, as per the information entered in the Patient Record under the Default tab or from within the patient's claim.

PAN	Last Name	First Name	Provider	Primary	Secondary	Code	Status
1002	ELLIOTT	LILLIAN	GIRDMD	KP		101535559	DISABLED
1008	OGDAHL	TOBY	BONGMD	KP		101560385	
1011	ASHLEY	CHERYL	BONGMD	MPCHP		R080307847324	

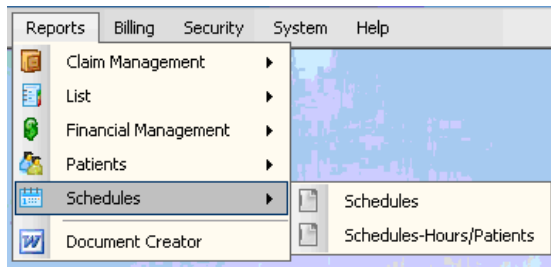
**Prior Authorizations Report** Page: 1

10/30/2008

PAN: 1002  
 Last Name: ELLIOTT First Name: LILLIAN MI: B

AuthorCode	Description	Visits#	Expires	Status
101535559		1	5/6/2008	DISABLED

### V. Schedules



### Schedules

Include: Schedules, Schedules – Hours/Patients

## Schedules

This report allows the user to print the schedule for the day or week, for one or all providers, in either portrait (horizontally) or landscape (vertically) mode.

Schedules					Page: 1
10/30/2008		07/01/08		CHAIR 1	
Start Time - End Time	Patient	Phone Number	Notes	Co-Pay	
07:45 AM - 08:00 AM					
08:00 AM - 08:30 AM	FORD, DANNY		INF/H (INFUSION PATIENT)	0.00	
08:15 AM - 08:30 AM					
08:30 AM - 08:45 AM					

## Schedules – Hours/Patients

This report allows the user to print the hours a provider was available per day and how many patients he or she saw during that time period based on the selected week.

Schedules-Hours/Patients									Page: 1	
10/30/2008		07/07/08 - 07/13/08								
Provider	Mon 07 Jul	Tue 08 Jul	Wed 09 Jul	Thu 10 Jul	Fri 11 Jul	Sat 12 Jul	Sun 13 Jul	Total		
BONG, CLIFFTON	8:00AM-8:00PM	8:00AM-8:00PM	8:00AM-8:00PM	8:00AM-8:00PM	8:00AM-8:00PM	8:00AM-8:00PM	8:00AM-8:00PM	0.00 h		

## FREQUENTLY ASKED QUESTIONS

**Q1:** How do I calculate how much monies are still due me from what I last billed last month?

**A1:** You need to use two different reports to get the information you need: the **Charges Report** and the **Payments & Adjustments** report.

Run the **Charges Report** by SERVICE DATE. At the bottom of the last page, note the amount to the right of the TOTALS field. This is how much your office billed out for the time period selected (your TOTAL CHARGES).

Next, run the **Payments & Adjustment Report** by SERVICE DATE for the **same time period** as the Charges Report. At the bottom of the last page, in the left hand column named TOTALS, you will see the following: (a) PAYMENTS showing much money was collected, (b) ADJUSTMENTS showing how much you adjusted due to insurance or other write-offs, and (c) REFUNDS showing how much monies you gave back as refunds to patients or insurances.

Now to find out what the total remaining monies due is, calculate the following: **TOTAL CHARGES – PAYMENTS – ADJUSTMENTS + REFUNDS**. The balance here is what is still remaining due for that time period.

**Q2:** How do I create a Superbill for our practice?

**A2:** Superbill printing is really simple. From the top navigational menu select REPORTS then PATIENTS and then SUPERBILL. Click on the appropriate boxes to select what you want to show, and then select OK. Select the patient the superbill is for, and then PRINT it.

**Q3:** How do I send an End of Year report to a Patient for Tax Purposes?

**A3:** The best way to do this is thru the Patient Ledger. From the top navigational menu select Reports and Patient Ledger. In the opened Select Patient Screen enter the service date range (i.e. 01/01/2006 – 12/31/2006). Find and click on the Patient you are seeking to print this report for, and left click on the box to the left of the Patient name. This will give you a full detail print out of what has occurred for the Patient (service dates, billed dates, amounts, etc.).

**Q4:** Is there a way to tell who I have sent billing to from week to week or month to month?

**A4:** Yes, when you print a statement, the “Processed” column will advise you when the statement was last billed.

**Q5:** What is the report for checking on aging claims?

**A5:** The report is called the AGING REPORT. Go to REPORTS – CLAIMS MANAGEMENT - AGING from the top navigational menu. Aging report can sort by insurance and it will show you a total amount outstanding for the patient that has that insurance in either the 1-29, 30-59, 60-89, or over 90 days column.

**Q6:** When I'm in the Patient's Record, under Pay & Adj it says how many charges the patient has, but when I go to the Patient Ledger it only shows one charge? Sometimes the payments don't show on the Ledger either. What's going on?

**A6:** The Payment and Adjustment screen under Charges will show all charges – billed or not – as should the Patient Ledger. When you select the Patient Ledger you are asked to enter a To and From Date prior to selecting the Patient from the list. Select a large span – such as 01/01/2005 as the beginning date and today's date as the ending – so you can see all of the transactions that have occurred for this Patient.

**Q7:** I want to make my office more effective. What are the reports I should run on a daily basis?

**A7:** There are a total of 9 reports you should run in order to maximize the efficiencies of your office:

#### **To Account for Today**

1. **Schedules** (by Day) - for today.
2. **Charges Report** (by Date of Service) – for today. The number of Claims should match the number of Patients on the Scheduler: more charges entered than there are Patient's scheduled could mean incorrectly entered service dates, less charges entered than there are Patient's scheduled could mean missed charges.
3. **Payments & Adjustments Report** (by File Date) - for today. The Total Amounts showing as Cash, Check and Charge/Credit should match the money you collected. Any amounts categorized as "Other" means that the entry was not chosen as Cash, Check or Charge/Credit when it was being posted.

#### **To Prepare for Tomorrow**

1. **Schedules** (by Day) - for tomorrow.
2. **Super Bill** - Print one out for each Patient that appears on the Schedule (to place in their chart). This way when the Provider sees them, the Provider can check off from the Super Bill what was done that day instead of having to try to figure out from the handwriting in the chart).
3. **Telephone List** – The printout should include each Patient that is scheduled for tomorrow so if in case emergency calls need to be made you have a way to call them if you can't get to your computer.

### **To Take Care of The Past**

1. **Claim Status Report** for a date range of at least 6 months ago through today. Most insurance companies allow for claim filing and follow up for up to 1 year from the service date. By running your report in this manner, you leave yourself ample time to review and collect.

### **To Bring In Money for the Future**

1. **Recall List** (by Recall Date) – The Recall feature of the MPM Office program is used to remind yourself to contact Patient's whom you have otherwise not already scheduled. For example, you do flu shots once a year and you want to call your Patient's to remind them to come in and get vaccinated. You won't schedule them for next year's visit on your scheduler, but you would run the Recall List a month or so in advance to begin calling them for a more formal appointment.