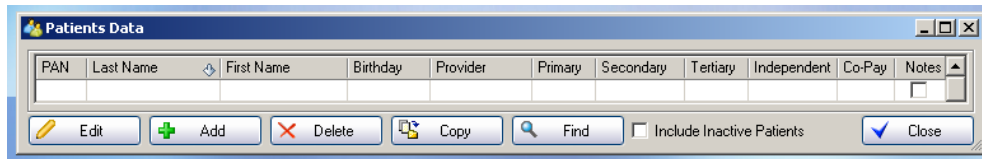


6A. PATIENTS – CREATING A PATIENT RECORD

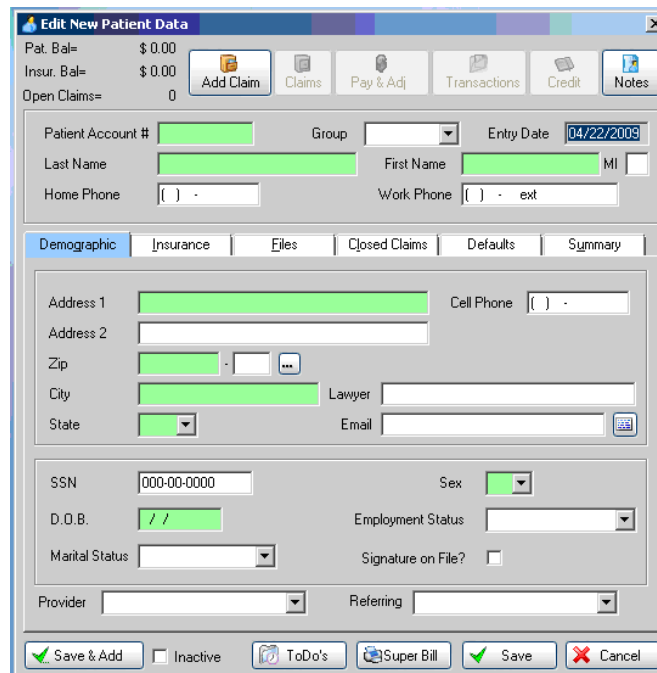
This area is vital to the operation of your office. Here is where the Patient's Record is created and edited, and becomes the gateway to other functions linked to the individual Patient (such as: *Add Claim, Claims, Pay & Adj, Transactions, Credit,* and *Notes*) which will all be discussed within this manual.

To access the **Patients Data screen**, click on the “**Patients**” Icon on the Left Navigational Menu, or, from the Top Navigational Menu, select “**Patients Data**”.



Adding a Patient Record

From the Left Navigational Menu, click on the **PATIENTS** icon to open the **Edit New Patient Data** screen as displayed below. All green colored fields are **mandatory** and must be completed before being able to save the created record.

The screenshot shows the "Edit New Patient Data" form. At the top, there are fields for "Pat. Bal=" (\$ 0.00), "Insur. Bal=" (\$ 0.00), and "Open Claims=" (0). Below these are buttons for "Add Claim", "Claims", "Pay & Adj", "Transactions", "Credit", and "Notes". The main form area has several sections: "Patient Account #", "Group", "Entry Date" (04/22/2009), "Last Name", "First Name", "MI", "Home Phone", and "Work Phone". There are tabs for "Demographic", "Insurance", "Files", "Closed Claims", "Defaults", and "Summary". The "Demographic" tab is active, showing fields for "Address 1", "Address 2", "Zip", "City", "State", "Lawyer", "Email", "Cell Phone", "SSN", "Sex", "D.O.B.", "Employment Status", "Marital Status", "Signature on File?", "Provider", and "Referring". At the bottom, there are buttons for "Save & Add", "Inactive", "ToDo's", "Super Bill", "Save", and "Cancel".

A. Record Header

- a) **Patient Account # (PAN):** In this field an account number is automatically populated (assigned by the software) based on your selections under the “**System/ Options/ Data**” section of the MPM Office program. You can edit the assigned number by double-clicking in this field and selecting “**Yes**” when asked if you are sure you want to edit this field. The Patient Account Number will appear in box 26 of the HCFA/CMS 1500 Claim Form.
- b) **Group:** The **Group** field is used to categorize this Patient based on certain criteria your office has selected to use. For example, you can assign the Patient to a particular reporting category such as: Liability, Late, No Show, etc. Please refer to section “**SET UP/ Patient Groups**” for more information on how to create Patient Groups.
- c) **Entry Date:** The **entry date** field automatically populates based on the date set on the computer used. It places the date that the record was created in the MPM Office program, and cannot be changed once entered.
- d) **Last Name:** In this field, enter the Patient’s Last Name (up to 18 characters in length). This will appear in box 2 of the HCFA/CMS 1500 Claim Form.
- e) **First Name:** In this field, enter the Patient’s First Name (up to 15 characters in length). This will appear in box 2 of the HCFA/CMS 1500 Claim Form.

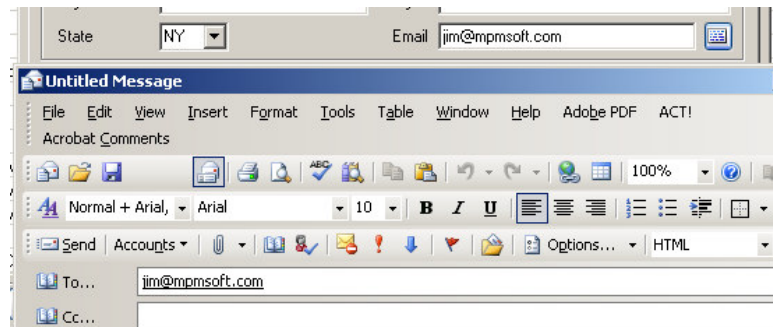
Note: If you have patients with titles after their names, such as Jr., Sr., III, etc., the title is entered in the First Name field to the right of the name. For example, John Michael II is entered as: Last Name: Michael, First Name: John II.

- f) **MI:** In this field, enter the Patient’s Middle Initial. This will appear in box 2 of the HCFA/CMS 1500 Claim Form.
- g) **Home Phone:** In this field, enter the Patient’s home phone number including their Area Code. This will appear in box 5 of the HCFA/CMS 1500 Claim Form.
- h) **Work Phone:** In this field, enter the Patient’s work phone number including their Area Code, and their phone extension (**ext**) if applicable.


B. Demographic Tab

- a) Enter the Patient’s **Address, Zip, City, & State** in each of the corresponding fields. As with all other address fields in the MPM Office software program, when you enter the Zip Code in the **Zip** field, the **City** and **State** fields will automatically populate. This information will appear in box 5 of the HCFA/CMS 1500 Claim Form.
- b) **Cell Phone:** In this field, enter the Patient’s cell phone number.
- c) **Lawyer:** In this field, if the Patient is represented by Attorney, enter the Lawyer’s full name here.

- d) **Email:** In this field, enter the Patient's email address. If you use an email client such as Microsoft Outlook (or similar), you can click on the button to the right of the field to launch it and create an email to send to your client.



- e) **SSN:** In this field, enter the Patient's Social Security Number with no dashes in between (the software will enter those for you).
- c) **Sex:** Select either (**F**) for Female, or (**M**) for Male from the drop-down menu provided in this field to specify the Patient's gender. This will appear in box 3 of the HCFA/ CMS 1500 Claim Form.
- d) **D.O.B.:** In this field, enter the Patient's **Date of Birth** as a two-digit month, two-digit day, and four-digit year. This will appear in box 3 of the HCFA/ CMS 1500 Claim Form.

 **Quick Tip!** In any date field within this software you can enter the year with the last two digits only (i.e.: 2007 as 07) and the software will convert it into the necessary four-digit version.

- f) **Employment Status:** From the menu provided in this field, select the Patient's Employment Status as either: *Employed*, *Full Time (FT) Student*, *Part Time (PT) Student*, *Retired*, or *Unemployed*. This will appear in box 8 of the HCFA/CMS 1500 Claim Form.
- f) **Marital Status:** From the menu provided in this field, select the Patient's Marital Status as either: *Divorced*, *Legally Separated*, *Married*, *Partner*, *Registered Domestic*, *Single*, *Unknown*, or *Widowed*. This will appear in box 8 of the HCFA/CMS 1500 Claim Form.
- g) **Signature on file:** A check mark will default in this box. Uncheck this box if you do not have the Patient's signature on file. This will appear in box 12 of the HCFA/CMS 1500 Claim Form.
- h) **Provider:** This field will automatically populate with Primary Provider name. If you have more than one Provider in the system, use the drop-down menu to select a Primary Provider for this Patient, or add a new one (refer to section "SET UP - Providers"). The Primary Provider selected here can be different than the actual Provider that renders the service when you create the Patient's claim. This will appear in box 31 of the HCFA/CMS 1500 Claim Form.
- i) **Referring:** In this field, select the name of the Provider whom referred the Patient to you from the list provided, or add a new one (refer to section "SET

UP – Other Providers”). This will appear in box 17 of the HCFA/CMS 1500 Claim Form.

C. Insurance Tab

1. Insurance Set Up

If the Patient has insurance, click in the circle fronting the word “**Insurance**” and continue with the steps below. (If the Patient does have insurance, click in the circle fronting the word “**Patient Pay**” and move on to the next section titled “**Guarantor Set Up**”.)

(A) Adding an Insurance

Click on the “**Add**” button to open the “**Add New Patient Insurance**” screen.

- a) In the **Type** field, select the type of insurance this is (**Primary, Secondary, Tertiary, or Independent**). However, you can only enter a Secondary or Tertiary insurance if a Primary insurance already exists.



An example of when you would create an Independent Insurance for a Patient is when you see a Patient for medical conditions under their regular Medical Insurance, and see that same Patient for injuries or illnesses covered by third parties (such as Car Insurance, Worker’s Comp, Attorney’s, or Third Party Liabilities), under the same account.

- b) **Active?:** In this area, select “**Yes**” if this is an Active insurance, or “**No**” if this insurance has become Inactive. (If you make an insurance Inactive, you must put an **Expiration Date** in the Expiration field). The selection will automatically populate as “**Yes**” the first time you enter a Primary Insurance.
- c) In the **Insurance** field, select **Insurance Company** name from the drop-down menu. If the Insurance Company does not exist on the list, click on the word **Add** from within that menu to add a new one (refer to section “**SET UP – Insurance**”). This will appear in box 11c of the HCFA/CMS 1500 Claim Form.
- d) In the **ID#** field, enter the **ID number** that appears on the Patient’s insurance card. This will appear in box 1a of the HCFA/CMS 1500 Claim Form.
- e) In the **Group#** field, enter the **Group number** that appears on the Patient’s insurance card. This will appear in box 11 of the HCFA/CMS 1500 Claim Form.
- f) In the **Employer** field, enter the **name** of the **Employer** whom the insurance is through. This *may or may not* be the same as the Patient’s employer. This will appear in box 11b of the HCFA/CMS 1500 Claim Form.

- g) In the **Start** date field, enter the start date of the insurance coverage as a two-digit month, two-digit day, and four-digit year. This information can be obtained when verifying Patient coverage with their insurance company.
- h) In the **Expiration** date field, enter the start date of the insurance coverage as a two-digit month, two-digit day, and four-digit year. **ONLY** enter a plan expiration date when the insurance has **ALREADY** expired. (This field is required if making an insurance Inactive).
- i) In the **Co-Pay** field, enter the amount of the co-payment to be collected per visit (no \$ sign), or the percentage of the visit to be charged as a co-payment each time the Patient sees you. This information can be obtained when verifying Patient coverage with their insurance company.

Is the Patient the Subscriber?

If the Patient **is the subscriber** of his or her insurance (the insurance is under their name), click the **OK** button and follow the same steps above to enter their Secondary and/or Tertiary insurances. If the Patient does not have any more insurances, click the **OK** button and continue to the section titled “**Guarantor Set Up**”.

If the Patient **is NOT the subscriber** (meaning they are covered by someone else such as their parent or spouse), select **No** in the **Insured Same as Patient** option, and then continue with the steps below:

- j) The **Address, City, State** and **Zip** fields will fill in based on the information provided under the Demographics Tab. If this information is incorrect, make the changes as necessary in these fields. This will appear in box 7 of the HCFA/ CMS 1500 Claim Form.
- k) In the **Last Name** and **First Name** field, enter the name of the subscriber of the insurance. This information can be obtained when verifying Patient coverage with their insurance company. This will appear in box 4 of the HCFA/ CMS 1500 Claim Form.
- m) **Sex**: Select either (**F**) for Female, or (**M**) for Male from the drop-down menu provided in this field to specify the Patient’s gender. This will appear in box 11a of the HCFA/ CMS 1500 Claim Form.
- n) **D.O.B.**: In this field, enter the Subscriber’s **Date of Birth** as a two-digit month, two-digit day, and four-digit year. This will appear in box 11a of the HCFA/ CMS 1500 Claim Form.
- o) From the drop-down menu in the **Patient Relationship to the Insured** field, select either **Child, Other, or Spouse**. This will appear in box 6 of the HCFA/ CMS 1500 Claim Form.
- p) **Signature on file**: A check mark will default in this box. Uncheck this box if you do not have the Subscriber’s signature on file. This will appear in box 13 of the HCFA/CMS 1500 Claim Form.

Does the Patient have another Insurance?

If the Patient has another insurance, click the **OK** button and follow the same steps above to enter their Secondary and/or Tertiary insurances. If the Patient does not have any more insurances, click the **OK** button and continue to the section titled “**Guarantor Set Up**”.

(B) Editing a Patient’s existing Insurance Record

Note: You can completely **Edit** a Patient’s existing Insurance Record **only if NO CLAIMS** have been generated using the insurance you are trying to edit. We will discuss below the two ways to go about editing a Patient’s existing insurance record:

Without Claims

To edit a Patient’s existing Insurance Record whereby there are no claims for this Patient that are using the insurance company you will be editing, take the following steps:

- a) Left click on the insurance you want to edit to select it.
- b) Either click on the “**Edit**” button, or double-click on the selected insurance, to open the “**Edit Patient Insurance**” screen.
- c) Follow steps **b** through **i** under the section titled “**Adding an Insurance**” to edit the existing information.
- d) If the Patient is not the Subscriber of the insurance, follow steps **j** through **p** under the section titled “**Is the Patient the Subscriber?**” to edit the existing information.
- e) Click the **OK** button when done.

With Claims

To edit a Patient’s existing Insurance Record when the Patient has claims which were incorrectly assigned to the Insurance Company you want to edit, you will need to first remove the insurance company from the existing claims by taking the following steps:

- a) Go to the top of the **Patient Record** and click on the **CLAIMS** button to open the “**Claims Data for Last Name, First Name**” screen.
- b) Double-click on each claim to open them and in the **INSURANCE** field, use the drop-down arrow to select the white area (above all the insurances listed) so that it appears in that field.

The screenshot shows a software window titled "Edit Claims Data". At the top, there are two text boxes for "Name" containing "ACEKR00" and "ACEVEDO, K". Below this, there are several rows of data. The first row has "Rendering" set to "RDB" and "Current Illness" set to "12/26/2008". The second row has "Insurance" set to "ACTIVE PRI 1199" and "Same or Similar" set to "//". The third row has "Facility" set to "ACTIVE PRI 1199 1199 National Benefit Fund".

- c) Click the **SAVE** button when done making the change to the claim.
- d) Close out of the **Patient Record** when done.

Once the above is done, you will need to take the following steps to edit the existing Insurance Record:

- a) Open the Patient Record and select the **Insurance Tab**.
- b) Left click on the insurance you want to edit to select it.
- c) Either click on the **“Edit”** button, or double-click on the selected insurance, to open the **“Edit Patient Insurance”** screen.
- d) Follow steps **b** through **i** under the section titled **“Adding an Insurance”** to edit the existing information.
- e) If the Patient is not the Subscriber of the insurance, follow steps **j** through **p** under the section titled **“Is the Patient the Subscriber?”** to edit the existing information.
- f) Click the **OK** button when done.
- g) Close out of the Patient Record.

Once the editing of the Insurance Record is complete, you will need to take the following steps to replace the Insurance Company on the existing claims:

- a) Open the **Patient Record** and from the top of the opened record click on the **CLAIMS** button to open the **“Claims Data for Last Name, First Name”** screen.
- b) Double-click on each claim to open them and in the **INSURANCE** field, use the drop-down arrow to select the new insurance so that it appears in that field.
- c) Click the **SAVE** button when done making the change to the claim.
- d) Close out of the **Patient Record** when done.

(C) Deleting a Patient’s existing Insurance Record

Note: You can **Delete** a Patient's existing Insurance Record only if **NO CLAIMS** have been generated using the Insurance Company you are trying to delete. If there are existing claims which are using the Insurance Company you want to delete, you will not be able to delete it. You will only be able to **Inactivate** it.

To **Inactivate** an insurance, open the Insurance Record and do the following:

- a) You must put an **Expiration Date** in the **Expiration** field.
- b) In the area marked **Active?**: select "**No**".
- c) Click the **OK** button when done.

To **Delete** an insurance take the following steps:

- a) Open the Patient Record and select the **Insurance Tab**.
- b) Left click on the insurance you want to delete to select it.
- c) Click on the "**Delete**" button, and when prompted, click the **YES** button to delete the insurance.

2. Guarantor Set Up

A Guarantor is someone (a person or a company), other than the Patient or their Health Insurance, whom is responsible either for the entire bill or for any balance remaining. Examples could be:

1. The Patient is the child or separated/ex-spouse whereby a court order names the parent or separated/ex-spouse responsible for the bill is not the one they came in with or themselves.
2. The Patient has a letter from an Attorney, or the Courts, or an Employer asking you to perform a service on the Patient and bill them directly.
3. The Patient has a letter from an organization offering to pay for their health related services.

If the Patient, or anyone living in the same household, is to be responsible for any remaining balances on the account, select the "**No**" option to the right of the word **Guarantor**.

If there is a Guarantor for this account, select "**Yes**" and fill in the following fields:

- a) In the **Last Name/Company** field, enter the Guarantor's First Name (or the name of the Company being held responsible) up to 35 characters in length.
- b) In the **First Name** field, enter the Guarantor's First Name up to 25 characters in length.
- c) In the **MI** field, enter the Guarantor's Middle Initial.
- d) Fill in the **Address, City, State** and **Zip** fields with the corresponding information.

D. Defaults Tab

The screenshot shows a software interface with a 'Defaults' tab selected. The interface includes the following fields:

- Diagnosis 1, 2, 3, 4, 5, 6: Six dropdown menus for entering default diagnosis codes.
- Condition related to: A dropdown menu.
- Which State: A dropdown menu.
- Date: A text box with a slash separator.
- Date last Seen: A text box with a slash separator.
- Current Illness: A text box with a slash separator.
- CLIA ID#: A text box.
- Recall: A text box with a slash separator.
- Prior Authorization: A dropdown menu.
- Box 19: A text box.

This section allows you to enter data into certain fields that will automatically populate those same fields in other parts of the program to assist in cutting down the amount of entries you need to make. Although entries may be made in these fields, they can be manually overridden in other parts of the programs in which they appear. For example, if you enter a **Diagnosis Code** in the **Diagnosis** area of the **Defaults Tab**, you can change that **Diagnosis Code** when you create the claim for your Patient. The defaulted **Diagnosis Code** will remain for the next time you create your claim.

1. Default Diagnosis Codes:

This close-up shows the six numbered Diagnosis dropdown menus, each with a blue arrow indicating it is a dropdown menu.

In each numbered field in the section marked **Diagnosis** enter the Diagnosis Codes that your Patient normally is treated for the majority of the times they come to see you. These codes will then populate in the Diagnosis Code fields automatically every time you create a claim for this Patient.

2. Default Accident/TPL Set Up:



When performing services to a Patient whom has been involved in an accident, the **Condition Related To**, **Which State**, and **Date** fields must all be filled in. All three fields **MUST** be completed in order to avoid claim denials when processing.

In the Condition Related To field, use the drop-down menu to select if this accident was *Another Party Responsible*, *Auto Accident*, *Employment*, or *Other Accident*. This will print in Box 10A – 10C of the HCFA/CMS 1500 Claim Form.

Select the State the accident took place from the drop-down menu provided in the field to the right of **Which State**. This will print in Box 10B Place (State) of the HCFA/CMS 1500 Claim Form.

Enter the date the accident took place in the **Date** field. This will print in Box 14 of the HCFA/CMS 1500 Claim Form.

Note: You may want to leave these fields blank and add this information in manually from within the claim itself each time you create a claim for your Patient, if your Patient comes in often for other unrelated visits.

3. Default Date Last Seen/Current Illness Date:



The **Date Last Seen** field is **not** the date your office last saw the Patient; it is the date the Referring Physician saw them. The date you enter in this field will print at the top of the first line in Box 24A above the Date of Service field along with the following message “*__/__/__ Last Seen by Referring MD*” on the HCFA/CMS 1500 Claim Form.

Note: You may want to leave these fields blank and add this information in manually from within the claim itself each time you create a claim for your Patient.

In the **Current Illness** field, enter the date of the Patient’s **Illness** or **LMP** (if pregnancy related). Entering it here will apply to **ALL** claims generated for this patient. This date will print in Box 14 of the HCFA/CMS 1500 Claim Form.

Note: You may want to leave these fields blank and add this information in manually from within the claim itself each time you create a claim for your Patient.

4. CLIA #:

A **CLIA ID #** is a number that certifies that the non-research laboratory testing performed on specimens derived from humans for the purpose of providing information for the diagnosis, prevention, treatment of disease, or impairment of, or assessment of health have been certified under the standards set by the Clinical Laboratory Improvement Amendments of 1988.

If your office has a **CLIA ID #** that needs to be present when billing claims, enter that number in this field. This number will then print in Box 23 of the HCFA/CMS 1500 Claim Form (which is also used for Prior Authorization numbers).

5. Patient Recall Date:

Enter the date (or approximate date) that you would like to see this Patient again in the future for a Patient whom is not ready to commit to an actual appointment that you can schedule. The date entered in the **Recall** field works together with the **Recall Report** found under **Reports** (accessed from the Top Navigational Menu).

6. Default Prior Authorization:

A screenshot of a software interface showing a field labeled "Prior Authorization". The field contains a text input box and a dropdown menu on the right side with a downward-pointing arrow.

In the **Prior Authorization** field, enter the Prior Authorization number given you by the Patient's Insurance Company for the service(s) you are rendering before a procedure is rendered in order for the service to be considered for payment. This number will print in Box 23 of the HCFA/CMS 1500 Claim Form.


In this field, enter the number by selecting "**Edit**" from the drop-down menu provided in this field, and then selecting "**Add**" in the opened "**Prior Authorization For**" box. In the fields provided, enter the *Prior Authorization* number, the *Description* of what this authorization is for, select the *Number of Visits* from the menu provided in this field, and enter the *Expiration Date* for this authorization. Click the "**Save**" button when done and close the "**Prior Authorization For**" box.

Note: You may want to leave these fields blank and add this information in manually from within the claim itself each time you create a claim for your Patient.

7. Default Box 19:

The **Box 19** field corresponds with the **Box 19 Reserved for Local Use** box on the HCFA/CMS 1500 Claim Form. Complete this field as required by the insurance company you are billing. Samples of when to use Box 19 are if you are sending attachments under a separate cover or, for Medical Transportation Providers, enter origin and destination.

Note: You may want to leave this field blank and add this information in manually from within the claim itself each time you create a claim for your Patient.

 At this time, click the “**Save**” button at the bottom of the “**Edit Patient Data**” screen to save the information you just entered and return you to the “**Patients Data**” table. If you have another Patient to enter, click the “**Save & Add**” button instead.