

fields:

- A. **Date:** Today's date will automatically be entered in this field. If necessary, enter the date (if different), or hit the **TAB** key on your keyboard to move to the next field.
- B. **Payer:** Select which type of payer this transaction is for. For example, if the Primary Insurance made a payment or denied a claim, select **Primary**. In the same manner select **Secondary**, **Patient**, or **Lawyer** (as appropriate) from the menu appearing in this field.
- C. **Transaction:** Select the appropriate **Transaction** option from the drop down menu: **Payment**, **Adjustments**, **Refund**, **Co-pay**, **Deductible**, or **Reassign**.

Depending on the **Transaction** selected, follow the additional instructions below:

1. Adding a Patient Payment

- 1) In the "**Pay Type**" field, select the method of payment used (**Cash**, **Check**, or **Credit Card**) from the menu provided.
- 2) In the "**Check #**" field, enter the bank initials and check number (i.e.: Bank of America # 1212 would be entered as BOA 1212), or enter the credit card type and the last 4 numbers of the credit card used (i.e.: a Master Card ending in 3329 would be entered as MC xx3329).
- 3) To enter the payment received for a **Single Line Item**, enter the payment in the "**Amount**" field (no \$ sign), then Tab once.
- 4) To enter the payment received for **Multiple Line Items**, click in the box on the right of the words "**Edit Detail**" at the bottom of this screen towards the left side of the "**Amount**" field. This will open the fields below the "**Details**" column to the right of each procedure for you to enter the corresponding amounts. Once entered, use the Tab key to move to the next line.
- 5) If you are entering a payment made by the patient, and a receipt is needed, click the "**Receipt**" button at the bottom of this screen to print one out, then click "**Save**" to save the entry made and return to the previous screen.
- 6) If adjustments are needed, click the "**Save & Adj**" button located at the bottom of the screen and follow the steps in section "2. Adding an Adjustment". Else, click "**Save**" to save the entry made and return to the previous screen.
- 7) Click "**Close**", then "**Close**", and then "**Save**" to return to the "**Patients Data**" screen.

2. Adding an Insurance Payment

The MPM Office program allows its users to enter insurance check payments either as a Bulk Check Entry, or as individual manual entries. The Bulk Check Entry method allows for the user to keep track of the check amount entered versus the entries they are making. In this manner, a report can be generated that states to whom

and how much each payment was posted so that if you have more money than patients to enter or if you have more patients than money to enter, you can see where things may have gone astray.

We will discuss below how to post both:

A. Bulk Check Entry

- 1) From the Left Navigational Menu click on the **Pay & Adj** button, and from the opened **Payments and Adjustments** screen, click on the **Check** button.
- 2) In the opened **Checks** screen, click on the **Add** button, and in the opened Edit New Check Data screen, fill in the following:
 - a) In the **Date** field, enter the date of the Insurance Remittance
 - b) In the **Check #** field, enter the number of check sent by the Insurance
 - c) In the Type field, enter the Insurance company name or find it from the drop down menu.
 - d) In the **Amount** field, enter the amount of the check.
- 3) Click the Save button and then the Close button so that you are back in the opened **Payments and Adjustments** screen.
- 4) From the Remittance, find and double-click on the first **Patient** name that appears.
- 5) From the opened **Payments and Adjustments** screen, under the section named **Charges**, find and left click on the service date you will be working on.
- 7) Preview what transactions have already been posted for this service under the section named **Transactions** (appearing immediately below the section named **Charges**) so that you do not duplicate an entry.
- 8) Click the **Add** button (bottom left side of the screen) to open the fields in the **Details** window on the right side of the screen, and complete the following fields:
 - a) In the **Date** field, enter the date of the Insurance Remittance you are posting from.
 - b) In the **Payer** field, select either **Primary** (if this is the Patient's Primary Insurance), **Secondary** (if this is the Patient's Secondary Insurance), **Tertiary** (if this is the Patient's Tertiary Insurance), or **Independent** (if this is the Patient's Independent Insurance) from the drop-down menu appearing in this field.
 - c) In the **Transaction** field, select **Payment** from the drop-down menu.
 - d) In the **Check #** field, click on the drop-down menu and find and select the check you had entered under step #2 above.
 - e) In the "**Pay Type**" field, confirm that the word **Check** appears.
 - f) Enter the payment received per line item by clicking in the box on the right of the words "**Edit Detail**" at the bottom of this screen towards the left

side of the “**Amount**” field. This will open the fields below the “**Details**” column to the right of each procedure for you to enter the corresponding amounts. Once entered, use the Tab key to move to the next line until all lines have been addressed.

- g) If there are no Adjustments, click the **Save** button to save the entry made and return to the previous screen. If Adjustments are needed, click the **Save & Adj** button located at the bottom of the screen and follow the steps in section titled “**Adding an Adjustment**”.
- h) When you are done entering the payment (and adjustment, if necessary), click the **Save** button and then the **Close** button to return to the opened **Payments and Adjustments** screen.
- 9) Find the next Patient on the Remittance and follow steps 5 – 8 until all the Patients on the Remittance are accounted for.

B. Manual Check Entry

- 1) In the “**Pay Type**” field, select the method of payment used (Cash, **Check**, or **Credit Card**) from the menu provided.
- 2) In the “**Check #**” field, enter the bank initials and check number (i.e.: Bank of America # 1212 would be entered as BOA 1212), or enter the credit card type and the last 4 numbers of the credit card used (i.e.: a Master Card ending in 3329 would be entered as MC xx3329).
- 3) To enter the payment received for a **Single Line Item**, enter the payment in the “**Amount**” field (no \$ sign), then Tab once.
- 4) To enter the payment received for **Multiple Line Items**, click in the box on the right of the words “**Edit Detail**” at the bottom of this screen towards the left side of the “**Amount**” field. This will open the fields below the fields below the “**Details**” column to the right of each procedure for you to enter the corresponding amounts. Once entered, use the Tab key to move to the next line.
- 5) If you are entering a payment made by the patient, and a receipt is needed, click the “**Receipt**” button at the bottom of this screen to print one out, then click “**Save**” to save the entry made and return to the previous screen.
- 6) If adjustments are needed, click the “**Save & Adj**” button located at the bottom of the screen and follow the steps in section “2. **Adding an Adjustment**”. Else, click “**Save**” to save the entry made and return to the previous screen.
- 7) Click “**Close**”, then “**Close**”, and then “**Save**” to return to the “**Patients Data**” screen.



Insurance Rejections are payments too: Sometimes a service will be rejected by the patient’s insurance company as having been applied to their deductible, or it will

reject for the service being a non-covered service, or for any other valid reason (other than a submission error on the part of the provider, or a processing error on the part of the insurance company).

When the claim is rejected because of one of these types of rejections, the insurance company actually considers the services as having been “**Paid**” even though no monies have changed hands.

In these cases, the entry needs to be made as an insurance payment noting a “0.00” dollar amount in the **AMOUNT** field. If any adjustments need to be made, follow the instructions described in section “**3. Adding an Adjustment**”.

3. Adding a Deposit

Your office policy may require that a deposit amount be collected for certain services such as surgeries or Orthotics, or services which are uncertain that a payment will be made from the patient’s insurance company. In these cases, there are a couple of steps that need to be taken in order to post the deposit correctly to account for the monies received, and to post correctly to the charge once the charge for the service is created:

- 1) A Procedure Code needs to first be created labeled **DEPOSIT**, with a description of “**Deposit Collected For Future Service**”, and a unit value of **1**. It must also **not** have a dollar amount per unit, and **must not be billable** to the insurance company, as in the example below:

The screenshot shows a dialog box titled "Edit New Procedure Code". It contains the following fields and options:

- Code: DEPOSIT
- Modifiers Defaults: (empty dropdown)
- S-Cut: (empty dropdown)
- Description: DEPOSIT COLLECTED FOR FUTURE SERVICES
- Type: (empty dropdown)
- Unit(s): 1.00
- \$ Per Unit 0.00
- Do not bill insurance (Patient Only)
- Add Sales Tax 0.0 %
- Canceled Visit
- Buttons: Save (with green checkmark icon), Cancel (with red X icon)

(For instructions on how to create a Procedure Code, please refer to section “**II. SET UP/ Procedure Codes**” found in this manual).

- 2) Once the Procedure Code has been created, a charge can be created matching the collected amount. Click on the “**Add Claims**” button in the “**Edit Patient**

Data” screen for this Patient, and create a charge (using the date of the payment as the date of the charge) for the Deposit collected with the amount due for the **DEPOSIT** Procedure Code being equal to the amount of the collected deposit. (For instructions on how to create a Claim, please refer to section **“IV. Claims/ Creating (Adding) a Claim”** found in this manual.)

- 3) With the charge created, post the payment collected following the steps described above in the section above (**“1. Adding a Payment”**).
- 4) Once the actual service has been rendered and a charge has been created, the charge will then need to be adjusted for the amount collected following the instructions described in the section titled **“3. Adding an Adjustment”**, noting on the Patient’s statement (using the **“Notes: Print on Patient Statement”** field) that the adjustment is due to the deposit amount previously collected.
- 5) If there is a balance due after the adjustment is posted, you can then bill a statement to the patient, or if there is a credit balance remaining, you can issue a refund to the patient for the overpayment received.

4. Adding an Adjustment

- 1) In the **“Type”** field, select the adjustment type from the menu provided or create your own by clicking **“ADD”**. (Commonly used adjustment types are: insurance adjustment, settlement, uncollectible, charitable write-off, etc.)
- 2) If applicable, in the **“Check #”** field enter the bank initials and check number of the check received (i.e.: Bank of America # 1212 would be entered as BOA 1212).
- 3) To enter the adjustment amount for a **Single Line Item**, enter the total adjustment amount as a positive number in the **“Amount”** field (no \$ sign), then click the Tab button once on your keyboard.
- 4) To enter an adjustment for **Multiple Line Items**, click the **“Edit Detail”** box and enter the adjustment amount for each line item in the fields below the **“Details”** column to the right of each procedure. Click the Tab key on your keyboard to move to the next line until all entries have been made.
- 5) Click **“Save”** to save the entry and return to the previous screen.
- 6) Click **“Close”**, **“Close”**, and **“Save”** to return to the **“Patients Data”** screen.

5. Adding a Refund

- 1) In the **“Check #”** field enter the bank initials and check number of the refund check being issued (i.e.: Bank of America # 1212 would be entered as BOA 1212), or if the refund is being made back to a credit card, enter the credit card type and the last 4 numbers of the credit card used (i.e.: a Master Card ending in 3329 would be entered as MC xx3329).
- 2) In the **“Print Note on Patient’s Statement”** field, enter a reason for the refund.
- 3) To enter the refunded amount for a **Single Line Item**, enter the total refunded

- amount as a positive number in the “**Amount**” field (no \$ sign), then click the Tab button once on your keyboard.
- 4) To enter refunded amounts for **Multiple Line Items**, click the “**Edit Detail**” box and enter the refunded amount for each line item in the fields below the “**Details**” column to the right of each procedure. Click the Tab key on your keyboard to move to the next line until all entries have been made.
 - 5) Click “**Save**” to save the entry and return to the previous screen.
 - 6) Click “**Close**”, “**Close**”, and “**Save**” to return to the “**Patients Data**” screen.



Credit Balances and Refunds: Sometimes a service date may have been overpaid by the patient and the service may end up with a credit balance, although other services for the same patient may still have a balance due. In these cases, you have two options:

Option 1 is to issue an actual **Refund** under the service date containing a credit balance and send the refund check, or apply a credit to the credit card used to make the payment, following the instructions under section “**4. Adding a Refund**” above. Continue to bill the Patient for the other balance due.

Option 2 is a two-step Adjustment process:

(A) On the service date with the credit balance, create an “**Adjustment**” for the amount of the overpayment, and select “**To Zero Credit Balance**” in the **Adjustment Type** field (create this Adjustment Type following the instructions under section “**3. Adding an Adjustment**”). In the “**Check #**” field, enter a short note showing what service date the monies were applied to (“applied to MM/YY/DD”), and enter a full note in the field marked “**Note: Print on Patient Statement**”.

(B) Then, to apply the credit balance to the service with a balance due, select “**Adjustment**” and in the **Adjustment Type** field select “**Previous Credit Balance**” (create this Adjustment Type following the instructions under section “**3. Adding an Adjustment**”). In the “**Amount**” field, enter the credit amount as a *negative number* (for example a credit of \$50.00 is entered as -50.00), then click the Tab button on your keyboard, and then click the **Save** button at the bottom right hand side of this screen.

6. Adding a Previously Collected Co-Pay (“Floating Co-pay”)

- 1) To post a co-payment previously collected to the visit, it must first be added from the “**Edit Patient Data**” screen using the “**Co-Pay**” button (refer to section “**D. To Post a Collected Co-payment**” at the end of this section). Once entered, follow steps 2 through 7 below.
- 2) In the “**Payer**” field select “**Patient**” from the menu provided.
- 3) In the “**Transaction**” field select “**Co-Payment**” from the menu provided.
- 4) From the menu provided in the “**Co-Pay**” field, select the corresponding co-payment.

- 5) In the “**Pay Type**” field, select the method of payment used (**Cash**, **Check**, or **Credit Card**) from the menu provided.
- 6) In the “**Check #**” field enter the bank initials and check number of the refund check being issued (i.e.: Bank of America # 1212 would be entered as BOA 1212), or if the refund is being made back to a credit card, enter the credit card type and the last 4 numbers of the credit card used (i.e.: a Master Card ending in 3329 would be entered as MC xx3329).
- 7) The selected co-pay amount (see step 2) will already show in the “**Amount**” field. If only a portion of the total shown is to be used for this service date (i.e.: perhaps the patient overpaid their co-payment accidentally, or maybe they have paid you in advance for future services), enter the correct amount (no \$ sign) to be applied to this service date, and then click the Tab button on your keyboard once. If the amount is correct as entered, move on to the next step.
- 8) If a receipt is needed, click the “**Receipt**” button at the bottom of this screen to print one out, then click “**Save**” to save the entry made and return to the previous screen.
- 9) Click “**Save**” to save the entry and return to the previous screen. Then click “**Close**”, “**Close**”, and “**Save**” to return to the “**Patients Data**” screen.



A Special Note about Co-Payments.

(Q) When is a co-payment not a co-payment?

(A) When it is collected **AFTER** the services have been rendered and billed.

A co-payment is commonly collected **prior** to the service being rendered (usually **on or before** the service date). The amount of the co-payment, plus the insurance payment and the insurance adjustment, plus any additional payment due from the Patient equals the entire billed amount. Sometimes a patient may have forgotten to bring in money to pay their co-payment, or the co-payment may not have been collected prior to the service date or at the time of service. If this is the case, the payment that you will collect from the patient will post as a **PAYMENT** and not a **COPAYMENT**.

You have 2 ways to collect this unpaid amount:

(1) The first option is to wait until after the insurance payment(s) and adjustment(s) have been posted to then bill the remaining balance to the patient (the remaining balance will usually be either the uncollected co-payment, or a combination of the patient’s uncollected co-payment and any non-covered services). When the payment is received from the patient, post the amount as a **Payment** through the “**Payment & Adjustment**” screen.

(2) The second option is to bill the client for the uncollected co-payment by **reassigning the amount** of the copay to the Patient. In the opened **Payment & Adjustment** screen (selected from within the **Patient Record**), on the top left side of the screen under **Charges**, left click on the service date in question to select it. From the bottom left side

of the screen under **Transactions**, verify that this is the claim you want, then click the **ADD** button. On the right hand side of the screen under **Details**, enter the date, and select **Patient** as the **Payer** and **Reassign** as the **Transaction**. Select the option “**Print Note On Patient’s Statement**” and in the **Note** field enter “**Uncollected Copayment**”. Find the line item for the visit and under the **Details** column, enter the **dollar amount** of the copayment and then click the **Tab** key on your keyboard. Click the **Save** button when done. The amount should now show be ready to bill to the Patient under the **Statements** screen.

7. Reassigning a Balance (to the Patient)

The “**Reassign**” function that appears in the “**Transaction**” field is not to be used to transfer (reassign) a balance to the Secondary Insurance or the Patient after receiving and posting a payment or denial from the Primary insurance, nor is it to be used to transfer (reassign) a balance to the Patient after receiving and posting a payment or denial from the Secondary insurance, since this function is done *automatically* by the program.

This function allows you to assign to a Patient the portion of the total charge that you know (or can approximate) will be left as the patient’s responsibility even after the insurance pays so that you can go billing the patient for it in advance (while awaiting the insurance to process and pay your claim) without changing the balance of the claim billed to the insurance company.

- 1) In the “**Payer**” field select “**Patient**” from the menu provided.
- 2) In the “**Transaction**” field select “**Co-Payment**” from the menu provided.
- 3) To reassign a balance when the charge consists of a **Single Line Item**, enter the payment in the “**Amount**” field (no \$ sign), then Tab once.
- 4) To reassign a balance when the charge consists of **Multiple Line Items**, click in the box on the right of the words “**Edit Detail**” at the bottom of this screen towards the left side of the “**Amount**” field. This will open the fields below the fields below the “**Details**” column to the right of each procedure for you to enter the corresponding amounts. Once entered, use the Tab key to move to the next line.
- 5) Click “**Save**” to save the entry and return to the previous screen.
- 6) Click “**Close**”, “**Close**”, and “**Save**” to return to the “**Patients Data**” screen.

8. Posting a Co-Payment Collected at the Time of Service

When a patient comes to see you for services that his or her insurance state that a Co-Payment must be made on, the area in which to enter the co-payment you will be collecting is separate from the Payments and Adjustment section of the software program.

- 1) From the Left Navigational Menu, click on the “**Patients**” icon, or select

- “Patients Data”** from the Top Navigational Menu.
- 2) From the opened **“Patients Data”** screen, double-click on the Patient you are looking for.
 - 3) In the opened **“Edit Patient Data”** screen, click on the **“Co-Pay”** button located on the top, right hand side of this screen.
 - 4) In the opened **“Co-Pay”** screen, click the **“Add”** button found on the bottom left hand side of this screen.
 - 5) In the opened **“Edit New Co-Pay Data”** screen, fill in the **“Date”** as the service date the co-payment is being paid for (whether today’s date or for advanced services) and the **“Amount”** fields. Click **“Save”** to return to the **“Co-Pay”** screen.
 - 6) If needed, click the **“Receipt”** button at the bottom of this screen to print a receipt for your Patient.
 - 7) If no receipt is needed, or if after the receipt is printed, click **“Save”** to return to the **“Edit Patient Data”** screen.
 - 8) From the **“Edit Patient Data”** screen, click **“Save”** again to return to the **“Patients Data”** screen where you originally began.

9. Posting Take-Backs

A Take-Back is when the Insurance Company, in their Remittance, advises you that they are taking back monies that were previously paid to a Patient. There are two types of Take-Backs: (a) a Straight Take-Back whereby the Insurance Company asks for a refund for the monies they previously paid you, and (b) a Take-Back whereby the Insurance Company takes the payment they made towards a previous Patient’s claim and forces you to apply it to another Patient’s claim. We will discuss below how to post both.

A. Posting a Straight Take-Back

To post a straight take-back, follow the instructions found in the preceding Section #5 titled **“Adding a Refund”**.

B. Reapplying Monies from One Patient’s Claim to Another

Sometimes a Remittance will come in with a payment being taken from one Patient and the monies reappplied to another one. In this situation, there is no money being paid for the “new” Patient’s claim, and no money being refunded from the “original” Patient’s claim. Therefore, on the “original” Patient’s claim, we need post the take-back as an Adjustment to return the monies paid and clear out the Provider Adjustment since no actual Refund will be made. On the “new” Patient’s claim, we need to post the payment as an Adjustment so that the actual monies collected are not affected. The steps for each are explained below:

1) On the “**original**” Patient’s claim, take the following steps to post the Take-back. This will be done in two parts – reversing the previous payment posted, and reversing the previous adjustment posted.

(A) **Reversing the Previous Payment Received:**

- (a) In the **Date** field, enter the date of the Remittance.
- (b) In the **Payer** field, select **Primary** (or **Secondary** or **Tertiary** as applicable) from the menu provided.
- (c) In the **Transaction** field select **Adjustment** from the menu provided.
- (d) In the **Type** field, select the **Adjustment Type** (i.e.: if this is a Blue Cross/Blue Shield insurance, the Adjustment Type would be BCBS Take Back) from the menu provided or click **ADD** from within the menu provided to create the Adjustment Type.
- (e) In the **Check #** field enter the check number of Remittance Check received.
- (f) For each line item (whether for **Single** or **Multiple** line claims), click in the box on the right of the words “**Edit Detail**” at the bottom of this screen towards the left side of the **Amount** field, and in the field under the **Details** column (to the right of each line item) enter the Take-back as a *negative* amount (i.e.: -100.00). Once entered, use the Tab key to move to the next line and continue until all lines have been addressed.
- (g) Click **Save** to save the entry.

(B) **Reversing the Previous Adjustment Posted:**

- (a) In the **Date** field, enter the date of the Remittance.
- (b) In the **Payer** field, select **Primary** (or **Secondary** or **Tertiary** as applicable) from the menu provided.
- (c) In the **Transaction** field select **Adjustment** from the menu provided.
- (d) In the **Type** field, select the **Adjustment Type** (i.e.: if this is a Blue Cross/Blue Shield insurance, the Adjustment Type would be BCBS Adj Reversal) from the menu provided or click **ADD** from within the menu provided to create the Adjustment Type.
- (e) In the **Check #** field enter the check number of Remittance Check received.
- (f) For each line item (whether for **Single** or **Multiple** line claims), click in the box on the right of the words “**Edit Detail**” at the bottom of this screen towards the left side of the **Amount** field, and in the field under the **Details** column (to the right of each line item) enter the Adjustment Reversal as a *negative* amount (i.e.: -100.00). Once entered, use the Tab key to move to the next line and continue until all lines have been addressed.
- (g) Click **Save** to save the entry.
- (h) Click **Close** to return to the opened **Payments and Adjustments** screen.

2) On the “**new**” Patient’s claim, take the following steps to post the Payment. This will be done in two parts – entering the payment as an adjustment, and entering the adjustment like any other adjustment you have posted.

(A) **Entering the Payment as an Adjustment:**

- (a) In the **Date** field, enter the date of the Remittance.
- (b) In the **Payer** field, select **Primary** (or **Secondary** or **Tertiary** as applicable) from the menu provided.
- (c) In the **Transaction** field select **Adjustment** from the menu provided.
- (d) In the **Type** field, select the **Adjustment Type** (i.e.: if this is a Blue Cross/Blue Shield insurance, the Adjustment Type would be BCBS Reposting) from the menu provided or click **ADD** from within the menu provided to create the Adjustment Type.
- (e) In the **Check #** field enter the check number of Remittance Check received.
- (f) For each line item (whether for **Single** or **Multiple** line claims), click in the box on the right of the words “**Edit Detail**” at the bottom of this screen towards the left side of the **Amount** field, and in the field under the **Details** column (to the right of each line item) enter the Payment. Once entered, use the Tab key to move to the next line and continue until all lines have been addressed.
- (g) Click **Save** to save the entry.

(B) **Entering the Adjustment:**

- (a) In the **Date** field, enter the date of the Remittance.
- (b) In the **Payer** field, select **Primary** (or **Secondary** or **Tertiary** as applicable) from the menu provided.
- (c) In the **Transaction** field select **Adjustment** from the menu provided.
- (d) In the **Type** field, select the **Adjustment Type** (i.e.: if this is a Blue Cross/Blue Shield insurance, the Adjustment Type would be BCBS Adj) from the menu provided or click **ADD** from within the menu provided to create the Adjustment Type.
- (e) In the **Check #** field enter the check number of Remittance Check received.
- (f) For each line item (whether for **Single** or **Multiple** line claims), click in the box on the right of the words “**Edit Detail**” at the bottom of this screen towards the left side of the **Amount** field, and in the field under the **Details** column (to the right of each line item) enter the Adjustment. Once entered, use the Tab key to move to the next line and continue until all lines have been addressed.
- (g) Click **Save** to save the entry.
- (h) Click **Close** to return to the opened **Payments and Adjustments** screen.

B. Editing a Payment or Adjustment Transaction

- 1) Under the section named “**Charges**”, find and left click on the service date you will be working on.
- 2) Under the section named “**Transactions**” (appearing immediately below the section named “**Charges**”), find and left click on the transaction line you want to edit.
- 3) Click the “**Edit**” button (bottom left side of the screen) to open the fields in the “**Details**” window on the right side of the screen.
- 4) Make your corrections/changes to the appropriate fields.
- 5) Click the “**Save**” button (bottom right side of the screen) when done.
- 6) Repeat these steps for each transaction you wish to edit.
- 7) Click the “**Close**” button (bottom left side of the screen) to exit out of this patient’s **Payment and Adjustment** screen.

C. Deleting a Payment or Adjustment Transaction

- 1) Under the section named “**Charges**”, find and left click on the service date you will be working on.
- 2) Under the section named “**Transactions**” (appearing immediately below the section named “**Charges**”), find and left click on the transaction line you want to delete.
- 3) Click the “**Delete**” button (bottom left side of the screen) and confirm the deletion of the transaction.
- 4) Repeat these steps for each transaction you wish to delete.
- 5) Click the “**Close**” button (bottom left side of the screen) to exit out of this patient’s **Payment and Adjustment** screen.

D. Dealing with Deductibles

1. Posting the Patient’s Deductible payment PRIOR TO billing the Patient’s Insurance

Collecting a Patient’s Insurance Deductible is a little tricky. Although the insurance may have quoted you an amount that the Patient has due as a deductible, sometimes the Patient can have charges from the last quarter of the year apply to the first quarter of the year to meet their deductible, or the Patient may see another Provider and their claim – a service date before or after yours - may process at the insurance level before yours does and their claim may meet the deductible, etc.

If a Provider chooses to collect a Patient’s Deductible in advance there are two ways to post the payment collected from the Patient. The reason for having two methods is to

assist those Providers that may want to itemize or differentiate the way their Payments are received (i.e.: Payment, Co-Payment, Deductible-Payment, etc.).

The payment can be entered by: (1) using PAYMENT as the TRANSACTION, or (2) using DEDUCTIBLE as the TRANSACTION. It's like when you withdraw cash from the bank's ATM: some people want to know how much was for Gas, for Food, and so on; other people don't care to itemize.

(A) If the deductible amount you are collecting is **the same** as the amount of the claim, follow these steps to post the amount against the charge created:

- 1) In the "**Date**" field, enter the date the payment is being collected.
- 2) In the "**Payer**" field select "**Patient**" from the menu provided.
- 3) In the "**Transaction**" field select either "**Payment**" (or "**Deductible-Payment**") from the menu provided.
- 4) In the "**Pay Type**" field, select the method of payment used (Cash, Check, or Credit Card) from the menu provided.
- 5) In the "**Check #**" field, enter the bank initials and check number (i.e.: Bank of America # 1212 would be entered as BOA 1212), or enter the credit card type and the last 4 numbers of the credit card used (i.e.: a Master Card ending in 3329 would be entered as MC xx3329).
- 6) In the "**Print Note on Patient's Statement**" field, enter a reason for the collected deductible (such as "Per insurance, collected remaining deductible of \$xx.xx).
- 7) Enter the deductible amount as one complete payment received by entering the payment in the "**Amount**" field (no \$ sign), then Tab once. Or, left-click on the box marked "**Edit Detail**" to post the deductible amount against the individual charge.
- 8) If a receipt is needed, click the "**Receipt**" button at the bottom of this screen to print one out, then click "**Save**" to save the entry made and return to the previous screen.
- 9) Click "**Save**" to save the entry and return to the previous screen.

Since the payment collected is the same amount as the claim, the claim will CLOSE. The claim must still be billed to the insurance if the service is insurance billable (i.e.: was not designated as "DO NOT BILL INSURANCE"). Depending on what Type of Billing was selected for that Insurance in the initial set up, the claim will appear under either PAPER or ELECTRONIC allowing for the Provider to select and send to the insurance.

(B) If the deductible amount you are collecting is **less** than the amount of the claim, follow these steps to post the amount against the charge created:

- 1) In the "**Date**" field, enter the date the payment is being collected.
- 2) In the "**Payer**" field select "**Patient**" from the menu provided.
- 3) In the "**Transaction**" field select either "**Payment**" (or "**Deductible-Payment**") from the menu provided.

- 4) In the “**Pay Type**” field, select the method of payment used (**Cash, Check,** or **Credit Card**) from the menu provided.
- 5) In the “**Check #**” field, enter the bank initials and check number (i.e.: Bank of America # 1212 would be entered as BOA 1212), or enter the credit card type and the last 4 numbers of the credit card used (i.e.: a Master Card ending in 3329 would be entered as MC xx3329).
- 6) In the “**Print Note on Patient’s Statement**” field, enter a reason for the collected deductible (such as “Per insurance, collected remaining deductible of \$xx.xx).
- 7) Enter the deductible amount as one complete payment received by entering the payment in the “**Amount**” field (no \$ sign), then Tab once. Or, left-click on the box marked “**Edit Detail**” to post the deductible amount against the individual charge.
- 8) If a receipt is needed, click the “**Receipt**” button at the bottom of this screen to print one out, then click “**Save**” to save the entry made and return to the previous screen.
- 9) Click “**Save**” to save the entry and return to the previous screen.

Since the payment collected is less than the amount of the claim, the claim will remain OPEN. The claim must still be billed to the insurance if the service is insurance billable (i.e.: was not designated as “DO NOT BILL INSURANCE”). Depending on what Type of Billing was selected for that Insurance in the initial set up, the claim will appear under either PAPER or ELECTRONIC allowing for the Provider to select and send to the insurance.

2. Posting the Insurance payment or denial once the insurance has been billed and the claim has been CLOSED

Once the insurance has been billed, the insurance will process the claim and either issue a payment or a denial (also known as a zero-dollar payment). In either case, the Provider should receive an Insurance Remittance from which they will post the insurance portion of the payment:

- (1) From within the Patient’s Record, the Provider will select the TRANSACTIONS button, and in the opened PATIENT CLAIMS screen, the Provider will double-click on the Service Date matching the Remittance.
- (2) In the opened TRANSACTION screen, the Provider will click the ADD button.
- (3) In the opened EDIT NEW PAYS and BILLS screen, the Provider would enter the Remittance Date in the DATE field, PRIMARY in the PAYER field, PAYMENT in the TRANSACTION field, and the amount of payment per line item. If the claim was denied, then a 0.00 needs to be entered in the amount field per line that was denied.

3. Posting the Insurance payment or denial once the insurance has been billed and the claim is still OPEN

- 1) In the “**Date**” field, enter the date of the Insurance Remittance.
- 2) In the “**Payer**” field select “**Primary**” from the menu provided.
- 3) In the “**Transaction**” field select “**Payment**” from the menu provided.
- 4) In the “**Pay Type**” field, select **Check** from the menu provided.
- 5) In the “**Check #**” field, enter the bank initials and check number (i.e.: Bank of America # 1212 would be entered as BOA 1212).
- 6) For the amount that is denied by the insurance, enter a note in the “**Print Note on Patient’s Statement**” field stating so (i.e.: “Per insurance, applied to annual deductible”.)
- 7) Left-click on the box marked “**Edit Detail**” to post the zero-payment against the individual charge (if denied), or the payment received.
- 8) Click “**Save**” to save the entry made and return to the previous screen.

4. Posting the Patient’s Deductible payment AFTER billing and receiving the Patient’s insurance portion

If, like most Providers, you waited until after the Insurance denied the claim as applied to the Patient’s deductible, there are two ways to post the payment collected from the Patient. The reason for having two methods is to assist those Providers that may want to itemize or differentiate the way their Payments are received (i.e.: Payment, Co-Payment, Deductible-Payment, etc.).

The payment can be entered by: (1) using PAYMENT as the TRANSACTION, or (2) using DEDUCTIBLE as the TRANSACTION. It’s like when you withdraw cash from the bank’s ATM: some people want to know how much was for Gas, for Food, and so on; other people don’t care to itemize.

- 1) In the “**Date**” field, enter the date the payment is being collected.
- 2) In the “**Payer**” field select “**Patient**” from the menu provided.
- 3) In the “**Transaction**” field select either “**Payment**” (or “**Deductible-Payment**”) from the menu provided.
- 4) In the “**Pay Type**” field, select the method of payment used (**Cash**, **Check**, or **Credit Card**) from the menu provided.
- 5) In the “**Check #**” field, enter the bank initials and check number (i.e.: Bank of America # 1212 would be entered as BOA 1212), or enter the credit card type and the last 4 numbers of the credit card used (i.e.: a Master Card ending in 3329 would be entered as MC xx3329).
- 6) In the “**Print Note on Patient’s Statement**” field, enter a reason for the collected deductible (such as “Per insurance, collected remaining deductible of \$xx.xx).
- 7) Enter the deductible amount as one complete payment received by entering the payment in the “**Amount**” field (no \$ sign), then Tab once. Or, left-click on the box marked “**Edit Detail**” to post the deductible amount against the individual charge.
- 8) If a receipt is needed, click the “**Receipt**” button at the bottom of this screen to

- print one out, then click “**Save**” to save the entry made and return to the previous screen.
- 9) Click “**Save**” to save the entry and return to the previous screen.

E. Frequently Asked Questions

Q1. How do I post a Claim payment whereby a portion was paid and the rest was denied due to the insurance company splitting the charges?

- A1. The payment received needs to indicate the paid portion and the denied portion to accurately report the actions taken to avoid any audit issues.

Sometimes an insurance carrier such as Medicare or Blue Cross/Blue Shield will receive a complete claim and split the services billed within it, particularly when billing for an office visit combined with an in-house lab (urinalysis, blood draw, pregnancy test, etc.) or X-Ray or Fluoroscopy.

The reasoning for splitting the claim is unclear; however, we have noticed that this usually happens when claims are missing the Referring Provider information that normally goes in Box 17, 17a, and 17b of the claim form. Even though the same physician both treated the patient and performed the tests that are being billed, the insurance company does not recognize this and the missing Referring Provider information causes only a portion of the claim to reject.

What to do: To re-bill the claim for the procedure(s) not paid (due to the reason expressed above), take the following steps:

- 1) From the Top Navigational Menu select “**Set Up**” and then “**Referring**” and add your Provider’s information as a **Referring Provider**. For specific instructions, please refer to the User Manual under **Section 2 “Program Set Up**” in the section titled “**Set Up: Referring**”.
- 2) From the Left Navigational Menu select “**Patients**” and from the “**Patients Data**” list that opens, double-click on the Patient in question to open their **Patient Record**.
- 3) At the bottom of the opened “**Edit Patient Data**” window, use the drop-down menu at the add your Provider as the new Referring Provider to the Patient’s Record in the field to the right of the label “**Referring**” in the “**Demographics**” tab of this screen.
- 4) Next, from the top icons in the opened Edit Patient Data screen to the right of the MPM Office logo, click on “**Pay & Adj**” to proceed in posting the zero-dollar payment received (a rejection is considered a \$0.00 payment by the insurance company). Follow the instructions posted in the User Manual under **Section 7**

“Payments and Adjustments”, under the headings **“Adding a Payment”** (**“Posting an Insurance Reject”**).

It can be helpful to add a message directed to the Insurance Company that you are submitting a corrected claim. This message will normally go in **Box 19** of the **Claim Form** unless indicated otherwise by the Insurance Company. To add a note in Box 19, select the **“Defaults”** tab within the **“Edit Patients Data”** screen for the **Patient Record** in question. Towards the bottom, and to the right of the field labeled **“Box 19”** type in the note: **“Not a duplicate billing; corrected claim”** (or whatever the specific message is that the Insurance Company wants you to use). Box 19 is the **“Reserved for Local Use”** line on the Claim Form which is the customary area to use when communicating with insurance companies.

Q2. How do I post a duplicate payment received from an insurance company?

A2. The payment received needs to be posted as a complete payment only – as a total amount and not by service line – with no adjustments. The posting will vary depending on the situation as discussed below:

(A) Duplicate Payment received on the same report as the Original Payment:

- 1) Post the **Original Payment** and **Adjustment** (following the instructions in **Section “VII. PAYMENTS & ADJUSTMENTS”** under the section titled **“Adding a Payment”**).
- 2) If a **balance is remaining**, follow the steps below:
 - (a) Bill the remaining balance to either the Secondary insurance (following the instructions given in **Section “V. PRINTING CLAIMS”** under the section titled **“Secondary Insurance Claims”**), or the Patient (following the instructions given in **Section “IIX. STATEMENTS”** under the section titled **“Printing Statements”**).
 - (b) Once either the Secondary Insurance claim has been sent, or the Patient Statement has been printed, proceed with the following steps to enter the **duplicate payment** through the **“Payment and Adjustment”** icon in the **“Edit Patient Data”** screen following the steps below (**only the Payment** will be entered – **no Adjustments**):
 - (1) Click the **“Add”** button (bottom left side of the screen) to open the fields in the **“Details”** window on the right side of the screen, and complete the following fields:
 - (a) **Date:** Today’s date will automatically be entered in this field.

If necessary, enter the date (if different), or hit the **TAB** key on your keyboard to move to the next field.

- (b) **Payer:** Select **Primary**.
 - (c) **Transaction:** Select **Payment**.
 - (d) **Pay Type:** Select **Check**.
 - (e) **Check #:** enter the bank initials and check number (i.e.: Bank of America # 1212 would be entered as BOA 1212).
 - (f) In the **Note** field, enter the following reason: **“Duplicate Payment Received – refund due to insurance.”** Left click in the box to the right of the words **“Print Note on Patient’s Statement”** to select it (a check mark will appear).
 - (g) **Amount:** Enter the amount of the **Payment** received with no \$ sign.
- (2) Click the **Tab** key once on your keyboard.
 - (3) Click the **“Save”** button at the bottom right of this screen and then click the **“Close”** button to return you back to the **“Edit Patient Data”** screen.
 - (4) Click the **“Save”** button at the bottom right of this screen.

NOTE: To issue a **Refund** for the overpayment, follow the instructions given in **Section “VII. PAYMENTS & ADJUSTMENTS”** under the section titled **“Adding a Refund”**.

- 3) If the claim has been closed due to a **zero balance**, follow the steps below:
 - (1) From the **“Edit Patient Data”** screen, select the **“Transactions”** icon on the top right hand side to open the **“Patient Claims”** screen.
 - (2) In the opened **“Patient Claims”** screen, double-left click on the service date in question to open the **“Transactions”** screen showing all of the transactions that have occurred.
 - (3) Click on the **“Add”** button at the bottom of the **“Transactions”** screen to open the **“Edit New Pays and Bills”** screen and complete the following:
 - (a) In the **“Date”** field, enter the payment date.
 - (b) In the **“Payer”** field, select **“Primary”**.
 - (c) In the **“Transaction”** field, select **“Payment”**.
 - (d) In the **“Check#”** field, enter the check number and the following: **“(Dupe)”**. (i.e.: **BOA 1243 (Dupe)**)
 - (e) In the **“Amount”** field, enter the amount received.
 - (f) Click the **Tab** button on your keyboard after entering the amount received.

- (g) Click on the “**Save**” button at the bottom when done to close the “**Edit New Pays and Bills**” screen.
- (h) Click on the “**Close**” button at the bottom to close the “**Transactions**” screen.
- (i) Click on the “**Close**” button at the bottom to close the “**Patient Claims**” screen.
- (j) Click on the “**Save**” button at the bottom to close the “**Edit Patients Data**” screen.

NOTE: To issue a **Refund** for the overpayment, follow these same set of instructions except substitute “**Refund**” for the “**Payment**” in the “**Transaction**” field.

(B) Duplicate Payment received after Secondary Insurance or Patient has already been billed:

Post the **Duplicate Payment** through the “**Payment and Adjustment**” icon in the “**Edit Patient Data**” screen following the steps below (**only the Payment** will be entered – **no Adjustments**):

- 1) Click the “**Add**” button (bottom left side of the screen) to open the fields in the “**Details**” window on the right side of the screen.
- 2) Complete the following fields as described below:
 - (a) **Date:** Today’s date will automatically be entered in this field. If necessary, enter the date (if different), or hit the **TAB** key on your keyboard to move to the next field.
 - (b) **Payer:** Select **Primary**.
 - (c) **Transaction:** Select **Payment**.
 - (d) **Pay Type:** Select **Check**.
 - (e) **Check #:** enter the bank initials and check number (i.e.: Bank of America # 1212 would be entered as BOA 1212).
 - (f) In the **Note** field, enter the following reason: “**Duplicate Payment Received – refund due to insurance.**” Left click in the box to the right of the words “**Print Note on Patient’s Statement**” to select it (a check mark will appear).
 - (g) **Amount:** Enter the amount of the **Payment** received with no \$ sign.
- 3) Click the **Tab** key once on your keyboard.
- 4) Click the “**Save**” button at the bottom right of this screen and then click the “**Close**” button to return you back to the “**Edit Patient Data**” screen.
- 5) Click the “**Save**” button at the bottom right of this screen.

NOTE: To issue a **Refund** for the overpayment, follow the instructions given in **Section “VII. PAYMENTS & ADJUSTMENTS”** under the section titled **“Adding a Refund”**.

(C) Duplicate Payment received after the claim has already been closed:

- 1) From the **“Edit Patient Data”** screen, select the **“Transactions”** icon on the top right hand side to open the **“Patient Claims”** screen.
- 2) In the opened **“Patient Claims”** screen, double-left click on the service date in question to open the **“Transactions”** screen showing all of the transactions that have occurred.
- 3) Click on the **“Add”** button at the bottom of the **“Transactions”** screen to open the **“Edit New Pays and Bills”** screen and complete the following:
 - a) In the **“Date”** field, enter the payment date.
 - b) In the **“Payer”** field, select **“Primary”**.
 - c) In the **“Transaction”** field, select **“Payment”**.
 - d) In the **“Check#”** field, enter the check number and the following: **“(Dupe)”**. (i.e.: **BOA 1243 (Dupe)**)
 - e) In the **“Amount”** field, enter the amount received.
 - f) Click the **Tab** button on your keyboard after entering the amount received.
 - g) Click on the **“Save”** button at the bottom when done to close the **“Edit New Pays and Bills”** screen.
 - h) Click on the **“Close”** button at the bottom to close the **“Transactions”** screen.
 - i) Click on the **“Close”** button at the bottom to close the **“Patient Claims”** screen.
 - j) Click on the **“Save”** button at the bottom to close the **“Edit Patients Data”** screen.

NOTE: To issue a **Refund** for the overpayment, follow these same set of instructions except substitute **“Refund”** for the **“Payment”** in the **“Transaction”** field.

Q3. How do I zero out a credit balance?

A3. When you are entering an adjustment, a positive number lowers the amount due, a negative number increases it.

Q4. How do I post an insurance payment without an EOB or with limited

information on the EOB such as only the Date of Service and the total payment amount?

A4. Some insurance companies do not provide you all of the information you need to enter the payment correctly. You have two options: (1) assume that they paid their portion (80%, 90%, etc.), and post the payment based on that assumption, or (2) call the insurance company and ask them for an itemized breakdown.

Q5. How do I post an Interest Payment made by the Insurance Company?

A5. When an Insurance Company pays you interest for their processing a claim later than the amount it should have taken, that money is YOURS and not the Patient for which they applied it from.

In order to post this correctly so that the Patient's balance stays correct, you need to apply that money to a separate account by following the steps below:

- a) Create a Procedure Code called Interest Collected (Code: INTCOL), with no dollar amount, and checked off so that the Insurance Company is not billed.
- b) Create a Patient Record for your Provider – this will be the “catch all” account.
- c) Once the new account is created, click ADD CLAIM from within the record and create a claim using the date of the payment as the Service Date, INTCOL as the Procedure Code, a dummy ICD-9 Code (Diagnosis Code), and the amount of the charge matching the amount of the payment received.
- d) From the bottom of the claim screen, select the Pay & Adj button and proceed to enter the payment using Patient as the Payor, and the Pay Type as Check. In the Notes field, add the note from which Patient/DOS the payment is from. Finish the entry like any other payment you enter.
- e) Save your way out of the Payment & Adjustment screen as well as the claim creation screen and the Patient Record you were just in.

Q6. How Do I Post an Insurance Company Take-back (a refund request) on a Closed Claim?

A6. You need to first post a refund on the account and then reverse any adjustments. You need to also note on the Patient Statement why this is being done.

- a) Click the PATIENTS icon and double-click on the Patient Record to open it.
- b) From the opened Edit Patient Data screen, select the TRANSACTIONS button.
- c) Find and double-click on the service date to open it.
- d) Click on the ADD button and proceed to enter the date of the refund, then select the Payor (Primary, etc.), select Refund as the Transaction Type, and enter the amount of the refund per line item.

- e) Click Save when done and close out of all the screens until you return to the Edit Patient Data screen.
- f) Select the Pay&Adj button and under the top left Charges section, left click on the service date in question.
- g) On the bottom left Transactions section find and left click on the line that shows the word Refund in the Transaction column to highlight it. Then click the Edit button.
- h) On the right hand side of the screen, check the box that states “Print note on Patient Statement” and then enter the reason for the take-back (per the EOB) in the Note field.
- i) Click Save when done and close out of all the screens until you return to the Patients Data screen.

Q7. How Do I Post an Insurance Company Take-back (a refund request) on an Open Claim?

A7. You need to first post a refund on the account and then reverse any adjustments. You need to also note on the Patient Statement why this is being done.

- a) Click the PATIENTS icon and double-click on the Patient Record to open it.
- b) From the opened Edit Patient Data screen, select the Pay&Adj button.
- c) Under the top left Charges section, left click on the service date in question.
- d) On the bottom left Transactions section click on the ADD button and proceed to enter the date of the refund, then select the Payor (Primary, etc.), and select Refund as the Transaction Type.
- e) Check the box that states “Print note on Patient Statement” and then enter the reason for the take-back (per the EOB) in the Note field.
- f) Enter the amount of the refund per line item, then click Save when done and close out of all the screens until you return to the Patients Data screen.

Q8. How Do I Post an Insurance Company Take-back where they take the money from one Patient and use it to pay another Patient’s claim when the original claim is closed?

A8. You need to first reverse the original payment as an adjustment on the original claim, as well as reverse any adjustments made, and note where the monies are being posted to instead. You then need to post the payment as an adjustment on the new claim, and post any insurance adjustments and note where the monies came from.

1. Processing the Take-back on the Patient’s Record.

- a) Click the PATIENTS icon and double-click on the Patient Record to open it.
- b) From the opened Edit Patient Data screen, select the TRANSACTIONS button.

- c) Find and double-click on the service date to open it.
- d) Click on the ADD button and proceed to enter the date of the refund, then select the Payor (Primary, etc.), select Refund as the Transaction Type, and enter the amount of the refund per line item.
- e) Click Save when done and close out of all the screens until you return to the Edit Patient Data screen.
- f) Select the Pay&Adj button and under the top left Charges section, left click on the service date in question.
- g) On the bottom left Transactions section find and left click on the line that shows the word Refund in the Transaction column to highlight it. Then click the Edit button.
- h) On the right hand side of the screen, check the box that states “Print note on Patient Statement” and then enter the reason for the take-back (per the EOB) in the Note field. Click Save when done.
- i) On the bottom left Transactions section click the ADD button and proceed to enter the date of the refund, then select the Payor (Primary, etc.), select Adjustment as the Transaction Type, and enter the amount of the original adjustment **as a negative amount** per line item.
- j) Click Save when done and close out of all the screens until you return to the Patients Data screen.

2. Posting the Monies to the other Patient’s Record.

- a) Click the PATIENTS icon and double-click on the Patient Record to open it.
- b) From the opened Edit Patient Data screen, select the Pay&Adj button.
- c) Under the top left Charges section, left click on the service date in question.
- d) On the bottom left Transactions section click on the ADD button and proceed to enter the date, then select the Payor (Primary, etc.), and select Adjustment as the Transaction Type.
- e) Check the box that states “Print note on Patient Statement” and then enter which Patient/DOS/Original Pay Date the monies are coming from in the Note field.
- f) Enter the amount of the **payment** per line item, then click Save when done.
- g) On the bottom left Transactions section click on the ADD button and proceed to enter the date, then select the Payor (Primary, etc.), and select Adjustment as the Transaction Type.
- h) Enter the amount of the **adjustment** per line item, then click Save when done and close out of all the screens until you return to the Patients Data screen.

Q9. How Do I Post an Insurance Company Take-back where they take the money from one Patient and use it to pay another Patient’s claim when the original claim is still open?

A9. You need to first reverse the original payment as an adjustment on the original claim, as well as reverse any adjustments made, and note where the monies are being

posted to instead. You then need to post the payment as an adjustment on the new claim, and post any insurance adjustments and note where the monies came from.

1. Processing the Take-back on the Patient's Record.

- a) Click the PATIENTS icon and double-click on the Patient Record to open it.
- b) From the opened Edit Patient Data screen, select the Pay&Adj button and under the top left Charges section, left click on the service date in question.
- c) On the bottom left Transactions section click on the ADD button and proceed to enter the date of the refund, then select the Payor (Primary, etc.), select Refund as the Transaction Type, and enter the amount of the refund per line item.
- d) Check the box that states "Print note on Patient Statement" and then enter why the refund is being done per the Insurance EOB.
- e) Click Save when done, then from the bottom left Transactions section click the ADD button and proceed to enter the date of the refund, then select the Payor (Primary, etc.), select Adjustment as the Transaction Type, and enter the amount of the original adjustment **as a negative amount** per line item.
- f) Click Save when done and close out of all the screens until you return to the Patients Data screen.

2. Posting the Monies to the other Patient's Record.

- a) Click the PATIENTS icon and double-click on the Patient Record to open it.
- b) From the opened Edit Patient Data screen, select the Pay&Adj button.
- c) Under the top left Charges section, left click on the service date in question.
- d) On the bottom left Transactions section click on the ADD button and proceed to enter the date, then select the Payor (Primary, etc.), and select Adjustment as the Transaction Type.
- e) Check the box that states "Print note on Patient Statement" and then enter which Patient/DOS/Original Pay Date the monies are coming from in the Note field.
- f) Enter the amount of the **payment** per line item, then click Save when done.
- g) On the bottom left Transactions section click on the ADD button and proceed to enter the date, then select the Payor (Primary, etc.), and select Adjustment as the Transaction Type.
- h) Enter the amount of the **adjustment** per line item, then click Save when done and close out of all the screens until you return to the Patients Data screen.

Q10. How can I tell if I ever received a payment or denial from an Insurance Company for a CLOSED claim?

A10. You need to run the PATIENT LEDGER.

If a Provider wants to verify whether or not they received a payment or denial from an insurance company for a CLOSED claim, the Provider needs to do the following:

- (1) from the Top Navigational Menu the Provider will select REPORTS – PATIENTS – PATIENT LEDGER
- (2) the Provider will then enter the service date in the DATE OF SERVICE field, and then click in the box to the left of the PATIENT NAME, and select OK.

The report generated will show all that has transpired for that service date including billing to the insurance, payment/denial postings, adjustments, etc.