User Training Guide *User name:*___________________________

*Support person:*___________________________

Date / Initial

Help Menu

Click Help – Search for Help On

1. There are 3 tabs for various ways to search for topics that you are interested in. They are Contents, Index, and Search.
2. Under the Contents tab, just double-click the topic that you want info on and it will list all sub-topics and information that you can display on the right.
3. For the other two search features, just enter in the topic you want to know about and hit Enter. A list of the topics related to what you entered in will appear.
4. You can Print anything displayed on the right by clicking the Print icon located toward the top of the screen.
5. Double click on one of the topics listed and information will appear in the window on the right. You can maximize this screen by clicking on the Maximize button in the upper right hand corner between the Minimize and Exit buttons.

Tutorial videos are located at http://www.clinicpro.com/tutor.htm

Setting up Submitters

The most important part of electronic submission is setting up the billing format accepted by a Submitter. You may think of a Submitter as a "clearinghouse." In Michigan, BCBS has a clearinghouse where most claims are processed free (some commercials have a minimum fee). For those commercials that do cost something or those offices outside of Michigan, there are many other clearinghouses available. Our most popular is WebMD/Envoy. As a ClinicPro user, you can submit unlimited claims for a very low cost per year. Talk to our support staff for clearinghouse information in your state.

To set up the clearinghouses:

Click Lists – Submitters

1. [ ] Hit the New button to get a new screen.
2. [ ] Enter Submitter Name, Insurance Billing Format, and Submitter ID. If you have the Phone, Website, or response code set you can enter that in.
3. [ ] Click on the Save button at the top of the screen. Hit the New button to get a new screen and enter another submitter.

Adding New Insurance Companies

Click Lists – Insurance & Medigap Companies

1. [ ] You will be in the list of Insurance & Medigap Companies.
2. [ ] Click on the New button at the top. Enter the Name of the Insurance, the Address and, if you have it, a Contact Person, Phone Number and Extension, E-mail, Website, Fax number and Cell Phone.
3. [ ] The next sections ask for the:
   a. Type: Examples include BC, BCBS, Champus, Commercial, Federal Employees Plan, Health Maintenance Organization, Managed Care – Non-HMO, Medicaid, Medicare, Medigap, Other, Other Federal Program, PHP, Worker's Compensation. If you want to add a new one go to Lists, General Code Definitions Table – Insurance Company Type, click on the New button and enter

your information.

b. OCNA #: OCNA is Other Carrier Name Address. It is a number assigned by Medicare to Medigap companies.
c. Invoice: In addition to electronic claims and HCFA forms, users may also choose to print transactions on an invoice. Invoices are usually used for worker's comp claims to be sent to attorneys or worker's comp carriers.
d. Submitter: Only for electronic billing. Hit the down arrow and select the submitter you send this insurance to. If this insurance company is billed by HCFA's you will not need to choose a submitter.
e. Insurance Billing Type: Only for electronic billing. Choose the same thing you picked for Type above.
f. Payor ID & Claim Office Number: Only for electronic billing. Not required for all electronic submitters. MC/NC has payor ID's for some commercial insurance companies. BCBSM EDI has payor ID's and claim office numbers for commercial insurance companies. If you bill to a clearinghouse, call them to get a list of their payors and payor id codes.

Adding a New Staff Doctor

NOTE: Make sure you enter your BCBS, MCR and MCD provider ID's and the doctor's appointment schedule.

Click Lists – Staff Doctors (If you can not get to page 2 in the first training, make sure you stop and enter the doctor information into the System Parameters, Clinic Info before you end the training)

1. [ ] Click the New button. Make sure doctor Name and Address are as you want them to appear on the billing. Fill out the Tax ID. If they don't have one, fill out the SS #. E-mail, Cell phone, SS# suffix is optional.
2. [ ] The second part is for billing information.
   a. Select Specialty from the drop down box (if your is not there select the <Add New> and enter it in).
   b. Commercial Providers specialty – Is a three digit code that we transmit with electronic claims for commercial carriers. Codes are already entered in the program – choose the one that applies to each provider.
   c. Provider Organization – Specifies type of organization you are billing from. Click the Browse 

g. <u>EMC IN and EDI Site</u> – Electronic billing ID's. We will help you fill these out when you sign up for electronic billing.
h. <u>Medicaid type</u> – for Michigan offices only.
i. <u>HMO Site and PHP Site</u> – use if you are billing for HMO or PHP.
j. <u>Network ID</u> – not used at this time.
k. Other ID's – CHAMPUS is for CHAMPUS insurance, CLIA is a Lab ID field and if you are billing for mammography, anesthesia, home health care or psychological services, fill out the appropriate fields.

5. [ ] **Schedule Defaults Tab** –
   a. At the top, check if you want the doctor to be able to double book.
   b. Set your default appointment duration from the drop down menu.
   c. To enter the doctor's schedulable time for the days they're in the office, click the New button *at the bottom right corner*, then use the drop down menus at the bottom to select the day of the week, type of appointment, start and end time, then click the Save button *at lower right corner*. Repeat for each day you need to set a schedule for.
6. [ ] Vacations – To schedule vacations, click the New button, select the day easily by using the calendar, then select the time frame and click Save.

<u>Adding New Procedures and Fees</u>

Click Lists – Procedures / Fees

1. [ ] Hit the New button.
2. [ ] Enter the procedure code and description (the description does not get transmitted to the insurance company so you can make it what ever you want).
3. [ ] If you want to set up a particular Fee Schedule for this procedure for a specific insurance company, click the New button *above Default Charge Amount.* Select the company, fill in the Charge and Approved Amount and hit Save. Ootherwise leave it blank.
4. [ ] Enter the amount you normally charge for the CPT code in Default Charge Amount.
5. [ ] Place of Service, Type of Service, BS Place of Service. Hit the **b**rowse  button next to each one of these and select the option that best fits your office and the CPT code being entered.
6. [ ] Non-Required Options
   a. <u>Base Units</u>: **Used for anesthesia only! Leave at 0 for everything else!!** If you're setting for anesthesia, Clinic Pro will multiply the base units by the amount when you enter this code.
   b. <u>Minimum Appointment Duration</u>: The minimum appointment duration field allows you to designate a time frame associated with a particular CPT code. This is especially useful if, for example, the doctor's normal appointment default duration is 15 minutes, but a particular procedure will always take 30 minutes. Or, a new patient visit 99203,might have a default appointment duration of 30 minutes, whereas 99213, an established visit for a previous patient, might only take 15 minutes. By associating a CPT code with an appointment duration, you are automatically reserving an appropriate length of time. We suggest that appointment duration be set by CPT code for any procedures that fall outside the normal default appointment duration.
   c. <u>Modifiers</u>: Click on the Browse button to see a list of modifiers.
   d. <u>Inventory Number</u>: If you want to keep track of how often you bill for a particular CPT code, you can put in any number here and then when you run an inventory report it will show how many times in the selected time frame you chose that CPT code.
   e. <u>Taxable Item</u>: If the CPT code is something that is taxed you can check this box. The tax amount is set in the system parameters under the system settings tab. If you set an item as Taxable, you also need to set it as Bill Patient Only (see below) because you cannot charge tax to insurance companies.
   f. <u>Bill Patient Only</u>: If the CPT code is for something that you do not want to be sent to an insurance company, check this box.
   g. <u>Anesthesia Units</u>: If the CPT code is for anesthesia, you can check this box.
6. [ ] Click Save

System Parameters

Click System - System Parameters

____ ____ 1. [ ] Clinic Info – Enter the Clinic Name, Address, Phone # and Contact Person. All the ID's on the right side are for billing electronically. If you are already set up, we can help you enter these in. Otherwise we can help you get set up.

____ ____ 2. [ ] System Settings –

____ ____ a. Patient Numbers – Check the box if you want Clinic Pro to generate your patient numbers for you. We suggest you use this option to avoid repeating patient numbers. Otherwise you will be prompted to enter a patient number as you enter new patients. The Next Patient Number box shows what the next patient number will be. You can change this if necessary when the System Generated box IS NOT checked.

Phone Number Mask – This defaults to a traditional U.S./ Canada phone number format with all 9's in it to indicate that numbers, not characters, are used in this field. Leave this format as is.

____ ____ Delinquent Account Bins - these define the columns on an Accounts Receivable report. 30, 60 and 90 days is the most common aging format used by accountants.

____ ____ b. Date Format – this formats the date display. You may choose between MDY (month, day, year) and DMY (day, month, year) and YMD (year, month, day).

____ ____ c. Decimal Separator - dollar amounts or money values may be separated by either a decimal or a comma.

____ ____ d. Exit From Fields - if you put a check mark in Confirm Exit, Clinic Pro will ask for confirmation when you exit from certain fields. If you select Beep On Exit Clinic Pro will sound a beep when you exit from certain fields.

____ ____ e. Clock-if you put a check mark in this box, Clinic Pro will display a clock on the screen as you are working in Clinic Pro.

____ ____ h. Tax Rate - if you specify a state sales tax rate, Clinic Pro will charge sales tax on items that are marked as taxable in the procedures and fees list. Sales tax will always be charged to the patient and not to the insurance company.

____ ____ i. Electronic Claims – You can select Test or Live mode, depending on whether you need to test claims for your clearinghouse. Test would be selected when you are first setting up your E-Billing.

j. Return Address Alignment - affects on which side of the top of the HCFA form, your return address prints.

k. Display Primary Ins Carrier Note on Trans Card - If you check this box, any Notes you put in on the Ins Carrier screen or under the Notes button on the patient's Insurance/Dates screen, will pop up on the screen whenever you visit the patient's Transaction Card..

____ ____ 3. [ ] Holidays – You can choose to make any of the listed holidays a day off in your office by selecting them here.

____ ____ 4. [ ] Vitals - set up appropriate ranges for the values of vital information. This information is used to make sure that typographical errors are not recorded. For example, a respiration value of zero would not be appropriate unless the patient were deceased. If for some reason a zero was entered, Clinic Pro would generate an error message.

____ ____ 5. [ ] Appointment Scheduler –

____ ____ a. Time between scheduler refresh - if you are running Clinic Pro over a network, you will not see the changes made by another computer on the network until the screen is refreshed. On the other hand, a screen refresh re-paints the screen. It can be disturbing to have the screen refreshed too often, especially if you are entering appointments. We suggest that you try an initial setting of 15 minutes. Then, adjust the setting dependent on your experience and need.

____ ____ b. Minutes from system time for top time - if it is 11:30 a.m., it is easiest to process patients in close proximity to that time. If the scheduler goes back to a starting time of 8:00 a.m. everytime you process a patient, you can waste a lot of time scrolling through the scheduler. Clinic Pro allows you to set the "top time" displayed on the screen. This sets a time in relation to the current time. We suggest a setting of 15 minutes to start. If your doctor runs habitually late, you might want to change it to 30 minutes or even 60 minutes. If it is set to 60 minutes and your computer clock reads 11:00 a.m., the appointment scheduler will start at 10:00 a.m.

____ ____ c. Minutes from system time for missed appointments - when a patient misses an appointment, the appointment scheduler color codes the appointment as red. In this screen, you can determine the length of time before the "red" signal appears. If your practice runs on time most of the time, you might want it set to 30 minutes. If a patient has a 1:00 p.m. appointment and hasn't been processed as "showed up" by 1:30, it will turn red.

_____ _____ 6. [ ] Templates – You can choose what you want to show up on the print outs for the Appointment Schedule, Fee Slips, Patient Receipts, and Patient Statements. Whatever you checkmark, *will* print, and whatever you don't checkmark *will not* print.

<u>Setting ClinicPro Security Options</u>

[ ] I. Click Systems – Users Groups

This allows you to set up different groups of users and what each group has access to inside ClinicPro.

1. [ ] When the List comes up with all the different User Groups, choose the one you want to edit, then click the <u>Menu Bars</u> tab. That tab shows a list of all the menus from the ClinicPro menu bar and, under the <u>Menu Name</u> column, you can see each menu item.

NOTE: If you want to add a new Users Group that's not already on the list, click the New button at the top of the screen. This gives you a blank Data Entry screen on which to enter your new Users Group.

2. [ ] For each Menu you'd like to give this Users Group access to, put a checkmark in the Avail box on that line.

****NOTE: If you want to give this Users Group access to all the file menus, you can click Enable All at the bottom of the screen**

3. [ ] For each Menu you'd like this Users Group to NOT HAVE ACCESS to, take the checkmark out of the Avail box on that line.

****NOTE: If you want to disable access to all the file menus for this Users Group, you can click Disable All at the bottom of the screen.**

4. [ ] Once you've set up what the Users Group has Access to, hit Save *at the top of the screen.*
5. [ ] Repeat these steps for each Users Group you want to set up.

[ ] II. Click Systems – Users

This allows you to set up each person using the program as a different User and assign them to a Users Group, which determines what they have access to inside ClinicPro.

1. [ ] When the List comes up with the different Users, choose the one you want to edit.

NOTE: If you want to add a new User not already on the list, click on the <u>Data Entry</u> tab, then click the New button at the top of the screen. This gives you a blank Data Entry screen on which to enter your new User.

2. [ ] Once you select the User to edit, click the <u>Group Membership</u> tab. This is where you set which Users Group/s this User belongs to.
3. [ ] From the <u>Group Input</u> box *at the bottom of the screen*, hit Add. ClinicPro will move the cursor to a blank highlighted <u>Code</u> column slot, ready for you to type in the new Group to add this User to.
4. [ ] Type in the Users Group <u>Code</u> you want to add this User to and hit the **Tab** key *on your keyboard.*. ClinicPro will then fill in the <u>Group Name</u> for you.
5. [ ] If you want to setup the patient under more than one Users Group, repeat steps 1-4 for each.
6. [ ] Once you've setup that User under each desired Users Group, click Finish.

[ ] III. Setting Passwords

Once you've set up your Users Groups and Users, you are now ready to setup passwords for each User.

1. [ ] Close ClinicPro using the at *the upper right corner* (OR by clicking the File menu, then Exit)

2. [ ] Open ClinicPro back up by double clicking your ClinicPro icon on your Desktop.
3. [ ] When the Session User screen comes up, you can choose which user you want to log in as by clicking the next to User Name and choosing the User from the list.
4. [ ] The first time you log in as this User, there will be no password, so just hit the **Enter** key on your keyboard.
5. [ ] Once you're at the main ClinicPro screen, click System, Change Password.
6. [ ] Type in the Old Password (if this is the first time through for this User, just hit **Enter**)
7. [ ] Type in the New Password you want this User to have, then re-enter it to Confirm. The program will now require that new password the next time that User logs in.

Adding a New Patient

Click Activities - Manage Patients (You can also access this by clicking the Patients shortcut icon in the top left of Clinic Pro.)

_____ _____ 1. [ ] List – a list of the patients will show up and you can chose an existing patient or start a new one by clicking the New button. The list defaults to being organized by the Last Name column, but you can re-order the list to be organized by any column by simply clicking in that column.

_____ _____ 2. [ ] Patient Detail – Whether you are editing an existing patient or starting a new one, you will be taken to the Patient Detail tab.

_____ _____ a. General Demographics – start with entering the patient First and Last name, Address, Phone numbers, E-mail address (if applicable), SS #, Birthdate and Gender.

_____ _____ b. Defaults – You can select to send patient statements (Send Statements) and to bill charges only to the patient (Bill Patient Only) by checking those boxes. Checking Assignment Signature indicates the patient has signed an assignment form and prints Signature on File in Box 13 of the HCFA form, which is necessary if the doctor wants the ins check sent to them. Release Signature box is checked by default, indicating the patient has signed a release information form and prints Signature on File in box 12 of the HCFA form.

_____ _____ c. Drop down boxes –

- _____ - Residence type - defaults to private home
- _____ - Marital status - required for some carriers
- _____ - Mail code – this is optional and used as a sort field for printing patient labels. For instance, you can choose head of household so one piece of literature is sent for the household.
- _____ - Student type – this is optional and defaults to none
- _____ - Financial class – this is optional and will display on the transaction card
- _____ - Primary Doctor – this field is required and will show up on the transaction card.
- _____ - Initial Balances – If you are inputing existing patients with existing balances, put in the balances here.
- _____ - Referring doctor – If another practitioner referred the patient, you can choose the doctor from the browse list here or choose Add New. Make sure to enter the necessary provider identification numbers.
- _____ - Source – this is optional and allows you to track the way new patients are referred to your office.
- _____ - Related to – this is optional and defaults to none. It is used when the patient was involved in any type of accident to indicate if the accident is related to Auto or Employment.
- _____ - Responsible party - defaults to the patient. Do not even click on it if you are not going to change it.

____ - Attorney, Employer and Legal Representative are all options. Employer is only required if it is a Worker's Comp case.

____ ____ 3. [ ] Insurance / Dates

____ ____ a. Click on the big NEW button. Select the patient's insurance company off the list by clicking on the company name and clicking OK. Note that you can choose a list of Non-Medigap Companies and Medigap Companies. If the company you want is not in your browse list, click on the Add New button and it will take you to a screen to add all the insurance information in (The insurance name, address and Insurance Type are the only things required initially unless you are billing electronically then you will also need to click Electronic and pick the Submitter and Insurance Billing Type). **NOTE**: You can also add new insurance companies through Lists - Insurance & Medigap Companies. Click on new, enter your information, and click Save.

____ ____ b. Next, select the Insured. You can select either a Patient or a Non-patient. If the patient is the insured, click the Self-button. Otherwise, choose a person from the patient or non-patient list or click Add New. If you change the insured, change the Relationship to the insured also.

____ ____ c. Enter insurance information:

____ - By default, Clinic Pro enters the Active Date as the system date. The user can change this to the active date of the policy if that is more useful.

- Anniversary Date defaults to 12/31 but can be changed by user to the actual renewal date of the patient's policy.

____ - Contract - required - input the contract number (also called policy number.)

____ - Group - optional - input the group number or group name.

____ - Policy type - required - indicate the appropriate policy type.

____ - Coverage - optional. You can choose to input information about services covered and policy limitations.

Deductible – optional. You can enter a specific dollar amount here for both Self and/or Family deductible. If you do, ClinicPro will automatically begin moving the appropriate $ amounts to the patient total side of each transaction until this amount you entered has been fulfilled.

____ - Copay- optional. If you fill out a specific dollar or percentage copay, Clinic Pro will automatically apply that part of the fee to the patient's column and patient balance whenever you enter a transaction for that person. If a patient only has a copay on the first visit, enter in that after "1" visit the copay will be $0.00 or 0% by putting "1" in the box next to "After" and leave the next boxes as zero.

____ - Max Visits - optional. If you input information under number of visits, Clinic Pro will display the balance remaining as you input transactions.

____ - Authorization Entry- Clinic Pro allows you track authorizations for multiple Procedures, visits, or dollar amounts. Ex:. If the patient is authorized for 4 visits, click New *at the bottom of the screen* there and enter the auth #, the visit number as 4, click Save at the bottom and it will be tracked for you.

____ ____ d. Dates

____ - First consultation - this defaults to the system date when new patients are entered. This field is defined as the date first consulted for this patient's current condition. If the patient's condition changes, the date first consulted would change to reflect this.

____ -Injury/Illness - input a date of injury or the date of onset for an illness.

____ -Similar symptom - if you input a date in this field, you are indicating that the patient had similar symptoms in the past. Since most insurance contracts have a pre-existing clause, you do not want to fill in this field unless the patient did have prior symptoms.

____ -Last seen - the "last seen" date is used for physical therapy claims. It is also used for Michigan chiropractic offices as an alternative "injury date" when billing for mechanical traction, 97012.

____ -Last menstrual period - this field is used for Medicare claims.

____ -Retirement date - if the patient has retired, fill out the retirement date.

____ -To collections - if you have turned the patient's account over for collection, fill out this date. You can generate a report of patients and their collection status. We also suggest that you uncheck the send statements box on the patient entry screen.

____ -Inactive - if you want to inactivate a patient, fill out the inactive date.

____ -Death - if a patient dies and has claims that haven't been billed, fill in the date of death.

____ ____ 4. [ ] Transactions

a. Entering a Transaction.

Click New. If you are entering one transaction, leave the radio button at Single. If you are entering more than one transaction select Multiple. The cursor will be blinking in the CPT field. You will either enter a CPT code (you can look them up by Code or Description) or scroll through the list. If the radio button is set to Multiple, you double-click on one procedure at a time on the list on the left and they move to the list on the right. When you have finished, click OK.

b. 1, 2, I, H, C, M, P, A Buttons (these buttons turn red when information is entered in them)

1 – general transaction information such as Service dates, CPT code, Unit price, Units (if you enter more than one unit, clinic pro will adjust the fee amount for you).
PS (Purchased Service) - check if the service being provided was purchased from another Provider

AA (Accept Assignment) - check if the doctor has the checks from this insurance sent to him/her rather than to the patient.
AS (Assignment Signature) - check if the patient has signed a form agreeing that the doctor can receive the insurance payment. If it is not checked the insurance check will go to the patient
Insurance and Patient Balance, Modifiers (these can be found in your CPT code book),
Dx (diagnostic indicator) - you can associate from 1 to 4 diagnostic codes with the current Transaction. The original diagnostic information will save with each transaction no matter how often you change the diagnostic codes thereafter.
Type of claim, POS (place of service), TOS (type of service) , Authorization No, and different doctors associated with the transaction (Primary, Billing, Ordering, Supervising, Resident, Referring).

2 – Hospitalization information (dates and facility), Total disability dates (whether they are homebound or not) and partial disability dates, dates unable to work, documents sent (i.e. Diagnostic report, discharge summary, operative note) and how they were sent (fax, mail), accident hour, state and notes (once notes are entered, the Notes button turns red). Use this Notes button and not the one on the general transaction screen if you are required to send additional notes regarding your billing or additional diagnostic codes to Medicare. This information will be transmitted in the HA0 record of the NSF file and will be transmitted for every subsequent line of transaction until it is physically deleted by the user.

I – Insurance information for that line of transaction will be displayed and the I will be turned red whenever insurance coverage has been entered for the patient. Copay and deductible information are also shown here. If you want to change the insurance company that is being billed for that line of service, click the Change Insurance button.

H – HCFA Forms information is taken from the patient information screens and the transaction screen. Here information that is rarely used is available to you to fill out. **This information will be transmitted for every subsequent line of transaction until it is physically deleted by the user.**

C – Chiropractic Specific Data. Nature of condition describes the type of care you are providing, it is transmitted in the GCO record of an electronic file and the values under the browse button are the only ones allowed. Acute manifestation date - if you have picked "acute manifestation of a chronic condition" in the nature of condition field, you should input the date of the acute exacerbation. Otherwise, this field would be left blank. Level of Subluxation since the 739 codes do not specifically specify a level of subluxation, you may be required to transmit up to two levels of subluxation that are being treated. You can type in the codes themselves, or double-click on the codes on the left to move them to the right side of the screen in the subluxation browse box. Symptoms description - if you are required to send a narrative description of the symptoms, you would type the information in the symptoms description box. This is a memo field. You can type unlimited information but we suggest that you do not use the Enter key as you type. Complication indicator - If the Patient's condition is complicated, click the complication indicator box.
CODE VALUES: = Complicated Condition, U = Uncomplicated Condition

M – Medical Lab Specific Data. Lab test results are reported at the top and immunization data at the bottom. The M will turn red when data is entered and the information will be transmitted or printed on the HCFA form for every subsequent line of transaction until it is physically deleted by the user. Provider ID and vaccine are numbers assigned by the state: Manufacturer of the vaccine, County and Eligibility are all chosen by using the drop down and can be customized by going to Lists and General Code Definitions Table. There you will find Manufacturers, County, and Eligibility.

P – Podiatry Information. Service condition can be chosen by entering the code and hitting enter or clicking on the browse button, clicking on the code and then OK. Up to three Class of findings can be chosen by clicking on the browse button and either entering in the code, hitting enter and then OK or double clicking on the code and hitting OK. Both apply to this particular line of transaction.

A – Ambulance data. The type of transport, condition and reason for transport can be selected from the browse buttons. Patient weight at time of transport and miles involved in the transportation are entered manually. If the patient was picked up at home click the Pat Addr button and their address will automatically be entered in. If the patient was taken to a hospital or health care facility in your database, you can click on Facility Addr and choose from your list. Otherwise type these addresses in. Purpose of round-trip and Purpose of stretcher can be entered if you need to justify medical necessity

c. General Information:

- *In the upper part* of the transaction screen you'll find X-Ray date, Re-Exam date, and Diagnosis codes as well as Primary, Secondary, and Tertiary insurance carriers. When an x-ray is recorded, Clinic Pro automatically updates the X-Ray date. If an x-ray is taken for a chiropractic office, Clinic Pro sends the updated X-Ray date when billing Medicare. The Re-Exam date is used to trigger a report, which lists dates for re-exams. In a gynecology practice, you might use it for annual pap smears. In an ophthalmology practice, it could be used for vision re-exams. Diagnostic codes can be entered from this screen by typing them into the 4 fields given or by clicking the Diagnosis button:
    1) Once the picker list comes up, you select the diagnosis codes you need by double clicking them from the list on the left. This adds them to the list on the right.
    2) Once you have the codes you need on the right side, you can reorder them using the gray box in front of each one:
        a) Place your cursor on the gray box in front of a code you want to reorder, click and hold down the mouse button.
        b) Drag the code up or down the list and drop it in the order you'd like it placed.
    3) Once the codes are in the correct order, you can choose to update the patient's default diagnosis with your current selections by clicking **Update Defaults** or leave the defaults as they are but enter these codes for the current transaction by clicking **OK.**

- *In the lower right corner*.
    - Health Care Network information: Counters for Family or Self insurance Deductible and Copay information, along with Visits used out of total visits allowed and Renewal date can be seen.
    - You can choose to View All transactions at once, only transactions that have been Billed, payments (Pmts) only, or credits (Crdts) only by clicking on the appropriate radio button.

d. Repeat any transaction exactly as it appears for the date of service selected by clicking on Repeat. A browse screen will display the most recent transactions processed on the patient. Double-click the transaction on the left to move it to the right and click **Repeat** when you are done. Note that the diagnosis information and patient and insurance balance information will repeat as well.

e. Receipt: This can be printed if the patient has made a payment on that day. Information to be printed on the receipt is chosen from Patient Receipts on the Templates tab under System and System Parameters Maintenance.

f. **Payments**:

- Source: Patient or Insurance is selected – whoever the payment is coming from - and then you may browse your patient and insurance lists to select the particular patient or insurance that is making the payment. Without browsing, these default to the current patient and primary insurance company.
- Amount: Enter the amount of the payment to be made.

- Method: Enter the type of payment made (CHECK, CREDIT CARD, CASH or WIRE TRANSFER)
- Date Paid: This will default to the current system date. You can change it to reflect a different date of payment if you're backposting checks.
- Check # : This is used to record information relating to the payment. You can use it to record the Check # of a Patient Payment if you'd like or you can use it to record which dates of service an insurance check is paying for.
- Check Date: This will default to the current system date. You can change it to reflect a different check date if necessary.

____ ____ Auto apply: ONLY USE THIS FOR PATIENT PAYMENTS – NEVER FOR INSURANCE. Auto apply will disburse as much of the payment as it can to the selected transaction in the upper window of the Payment screen.

____ ____ **Insurance Payments** - you use this to allot payments to the correct transaction being paid for:

- ____ In the top window, double click on the transaction you want to pay for – the Balance Transfer screen will pop up.
- ____ Balance Transfer: Enter in "Today's Payment" whatever amount the insurance is actually paying (NOT THE AMOUNT ALLOWED) then fill out the rest accordingly. If they denied the payment check the "Denied" box. If you want to write off a certain amount put the amount in the Adjustment box and choose a Reason. If you want to send it on to the secondary insurance company, enter the amount in the Transfer to Insurance choose the insurance company you're transferring it to, then enter in the amount they applied to Deductible and/or Copay. When you do this, the Approved Amount will be filled in by ClinicPro automatically. That should match what your Insurance EOB says was the approved amount.
  If you wish to transfer a certain amount to the patient, enter the amount in Transfer to Patient and choose a Reason.
  Last, if you want to Withhold any of the payment, enter the amount here.
  Anything left in Leave Oustanding will still be a balance under that insurance.
  Click on Save. This will take you back to the Payment screen.

If you have more money left of the payment to disburse you can now double click another transaction in the top window to disperse it.

Once you've disbursed then entire payment, the Total Pmt amount at the lower right should match the Amount box at the upper right. When it does, click on Post.
That will take you back to the Transaction card and show you the payment info you just entered.
Any amount left from the payment will be left on the account as an Insurance credit. **THIS SHOULD BE AVOIDED** in most cases since the insurance company normally does not overpay you ☺ If, however, you did post an

____ ____ Insurance Credit – The only place to find Insurance Credits, once posted, is under Activites, Enter Payments, Search Payments. Once the list comes up, in the lower left corner, put a checkmark in the box that says Show All Payments. Then take the checkmark back out. Now the list you're looking at will be only the Outstanding Credits. You can see the amounts for each under the rightmost column Unapplied. The far left column shows what type of credit each line is: **P** is a Patient Credit, **I** is an Insurance Credit. For any Insurance Credits you find, you can either disburse them from here or delete them if it's a duplicate of another payment already entered correctly.

Disburse – To disburse a credit from Search Payments, double click it to get the Payment screen where you can disburse from, just like any other payment.

Delete - If this credit has already been entered correctly in the system as a payment, as well as being listed here as a credit, then you can double click the line so the Payment screen appears. Then hit the Delete Entire Payment button at the bottom of the screen.

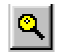
Patient Payments - Enter in Amount. If this is a simple payment to be applied toward the patient's account, you may use Auto Apply as described above.
If you wish to write off any of the patient's balance, you would double click on the transactions in the upper window, just like when disbursing Insurance Payments. Again, you can enter the Method of payment, Check #, Payment Date, and Check Date. Click on Post when finished.

- Patient credit . If you don't disburse the entire Amount of the payment, there will be a patient Credit left on the account. It will show up on the transaction card as a line that says Credit.

Paitent Credits – Once you have a Credit line on the transaction card, you can either disburse that patient credit toward specific lines of balance as they're Accrued or you can do a Refund.

Credit Disbursement - Locate the Credit line on the patient's transaction

The medications half has Repeat  and Print  buttons so you may print prescriptions and even repeat prescriptions with the current date. Medications also allows you to enter the Dosage, amount Dispense

- Click the browser  button next to the Patient box and choose the patient from the list, then click **OK**

OR

- Click the **Lookup** button *in the lower left corner* and choose the patient from this list, then click **OK**.

c. Choosing the Day

- Click the day you want to schedule for from the calendar *in the upper left corner* (You can scroll through the months by clicking on the arrows in the upper right and left corners)

OR

- Click the down arrow next to the Date field *in the lower half of the screen*. A calendar will pop up. Click the date you want to schedule for.

OR

- Click **Weekly Schedule** tab
- Click any time slot for the day you want, then click back to the **Daily Schedule** tab again. This makes that the current day .

d. Choosing the Time

- Click or Double Click the time slot (Ex: 

) on the scheduler. You can scroll up and down through the times using the scroll bar at the right. (NOTE: You can look at what times are available during the selected week by clicking on the tab called **Weekly Schedule**)

OR

- Type in your desired time in the time section of the Date field *in the lower part of the screen*

OR

- Click on the patient's appointment on the appointment scheduler and the box turns white with a blue line at the top and gray line at the bottom. Click the blue line, hold it down and drag the bar to drop the appointment in the desired time slot. Click **Update**.

e. Other Things to Choose:

- Changing the appointment duration:
  - Go to the Duration box *in the lower right corner*. Clicking the up or down arrow increases and decreases the duration.
- Procedure: You can enter in the procedure the patient is coming in for by clicking on the browse  button next to the Proc: field, selecting the procedure and clicking **OK**.
- Room: You can designate the room you want to schedule an appointment in.
  - Choose it from the Rooms box list *in the lower right corner*,

  OR

  - Locate the **Rooms** tab. It is between the calendar *in the upper left corner* of the screen and the **Daily** tab *on the right,* and is vertically situated below the **Doctors** tab there. Select the tab for the room you wish to schedule in.

NOTE: To Add a New Room click Lists, General Code Definitions Table and Appointment Rooms/Resources. Click the New  button and enter the name of the Room you want to add then click Save.

- Reason: You can select a reason for the appointment by clicking the down arrow next to the Reason box and clicking the reason.

NOTE: To Add a New Reason click the down arrow next to the Reason box and select <Add New>. Enter the reason and click Save.

NOTE: Reasons and Rooms are linked together through the **Reason/Resource Info** button (See info on this button on pg 14 below) *on the left side* of the Appointment

Scheduler. You can link a Reason to specific rooms so that when you schedule a patient for that specific Reason, it automatically schedules it also in an appropriate Room.

- Comment: You can enter any comments having to do with the appointment here.
- Reminder: If you want to add a patient to a list of patients needing reminders of their appointments, you can click the box next to Reminder to put a checkmark in the box. Whenever you print a Reminder Report, you'll see the list of those needing reminders for the time frame you choose. If you want to mark someone as "Reminder" after their appointment has already been scheduled, click their appointment slot, click in the box for Reminder , then click on **Update**.
- To Print the Reminder List click Reports, Appointments, and Reminders. You can print a reminder list for all the doctors or one doctor and you can choose a single day or a time span.

2. [ ] Finding Next Available Appointment*: In the lower left corner*, you will find a box with information to find the next available appointment for a certain duration.
   a. The duration is based on the doctor's Default duration (set under Lists, Staff Doctors, and Schedule Defaults).
   b. You can Specify Ending Date for Search by clicking to put a checkmark in the box next to that field then entering the date you want the search to end (the search will start from today's date and go to the date you specify).
   c. You can let the program search for Any Day available or specify which days to search by clicking the radio button next to the date bar and clicking each day you'd like ClinicPro to search. Last, click **Find Next Available Appointment**.
   d. Once the time frame has been found, it will read "Tentative Appointment". If you are not satisfied with the choice, click **Find Next Available Appointment** again and it will take you to the next choice that fits your chosen criteria. Once you're on the time slot you desire, click the Patient Browse button, highlight the patient and click **OK**, then click **Save New**.

3. [ ] Scheduling Multiple Appointments:
   a. Choose a Doctor and a Patient.
   b. Click the **Multiple Appointments** button.
   c. A screen pops up with two calendars - one for Start Date and one for End Date. You need to choose the time range for the appointments you want to schedule by choosing the Start Date from the first calendar and the End Date from the second calendar.
   d. Optional: A reason for the appointment can be selected from the Reason drop down box. If you want to schedule by room, choose from the Rooms field. Any comments that you want to show up on the appointment book can be entered in the Comments box.
   e. Select the Days of week to book by clicking the S,.M, T, W, T, F,S buttons *in the bottom left.*
   f. You can change the Time or Duration *in the lower right* then click **Schedule Appointment**. If there are any conflicts, a window will pop up telling you what they are.
   g. When ClinicPro is done scheduling the appointments, a "Scheduling Summary" pops up with a list of the appointments scheduled. You can print this out by clicking on the printer icon on the "Print Preview" box. The button next to the printer, , will close the preview sheet you are viewing. You will then be taken back to the Schedule Multiple Appointment screen and can click **Exit** to exit the scheduler or Print Summary if you still need to print the list.

4. [ ] Scheduling Multiple Procedures:
   a. Click the **Multiple Procedures** button.
   b. Schedule On: Choose whether you want to schedule these procedures on the Same Day or Any Day as long as they are in sequence.
   c. Time Between: Choose how much time you want between each procedure you schedule (15, 20, 30, or 60 minutes).

d. Patient: Click the browse button and choose the correct patient, then click **OK**.

e. Start from Date: Click the down arrow and select the day you want to start scheduling the procedures on from the calendar. NOTE: After you select your criteria for the appointments you want to schedule, you must search for a time slot or slots that match it. The program will start its **Search** from this date so if you want the next available times, put in today's date. If you want to schedule this procedure in September and it is June put the start date as September 1st so it does not search for dates before then.

f. Reason, Procedure, Provider, Room, Duration: Select a Reason for the procedure, the Procedure, and the Provider performing the procedure from the browse lists. You can select the Duration using the up and down arrows. Do this for each procedure you need scheduled, in whatever order you need them scheduled.

g. Click **Search** to have the program search for time slots that will match your choices. The results will show up for you. Once you find the times you like, click **Schedule**. A message will pop up that they have been scheduled. Click **OK** and you can print out a summary of the appointments by clicking on **Print Summary**.

5. [ ] Reason / Resource Information:

This button is used to set up and associate reasons with specific rooms. You will only use this button if you want to use the room scheduler. You may set up appointment reasons so that they print on your appointment book. You may also choose to associate these reasons with a room. When a reason is associated with the room, it will activate the room scheduler and make sure that there are no conflicts in the use of the room for the time desired.

a. Click the **Reason/Resource Info** button.

b. Highlight the Reason Name *on the left side* of the screen that you want to associate with a specific room/rooms.

c. Click the **Add** button.

d. From the Room Name list, choose the room that is to be associated with the reason. You may choose more than one room for every reason.

e. When you have finished, click **OK**, then **Close**.

To add new Reasons or Resources go to Lists, General Code Definitions Tables, then choose Appointment Reasons or Appointment Rooms / Resources. Hit the New button and add in what you want.

6. [ ] Legend:

The appointment scheduler associates each type of appointment with a certain color. Clicking the **View Legend** button will show you what each color signifies.

Tentative Appt	- pink
Future Appt	- black
Showed Up	- gray
Missed Appt	- red
Rescheduled Appt	- green
Canceled Appt	- navy blue
Selected Appt	- white
Doctor Time Off	- baby blue

7. [ ] Delete Appts:

You can delete any number of appointments for a patient by:

a. Selecting the patient from the browse list

b. Clicking **Delete Appts**

c. A list of the patient's scheduled appointments will show up. If the patient has no future appointments scheududled, a message will appear letting you know.

d. Highlight the appointment(s) that you want to delete.

NOTE: To highlight more than one appointment, press the Ctrl key on your keyboard while you use your mouse to highlight appointments you want to delete.

e. Click **OK**

f. It will ask you if you are sure you want to delete these appointments? Click **Yes**.

Billing

I. [ ] Billing an Insurance Company

Click Activities – Insurance Billing – Do Billing (OR use the shortcut icon)

____ ____ 1. Electronic, HCFA-1500. or Invoices

a. Electronic billing

____ - Set-Up

If you want to get set up for electronic billing, you need to talk to a Clinic Pro Support Staff member to find out how to get a list of insurances you can bill electronically for your state. Once you have chosen the insurance companies you wish to bill electronically and have signed up with them to do insurance billing, you can enter the insurance information into Clinic Pro.

Make sure that each insurance company you are billing electronically is marked as:

1) Electronic
2) Has a Payor ID and Claim Office number entered, if necessary, and
3) Has the Submitter (the clearinghouse you submit to) and Insurance Billing Type (same as Type) chosen.

You will usually have to send in a test file first to make sure you included everything the insurance companies need. Call ClinicPro Staff, once you have entered all the information above, to start a test. You will need to have a few transactions entered for all the insurances you wish to test. To mark your billing as a test go to System, System Parameters Mainenance, System Settings and mark Electronic Claims Mode as "Test". Once you have passed your test(s) you need to go back to this screen and change it to "Live".

b. HCFA billing:

____ - Preprinted: Select this if you have the red and white pre-printed HCFA forms. Remember to put them in the printer before you print. HCFA forms can be ordered from Specialty Business Forms at 1-800-445-5875. Tell them you use Clinic Pro and they will know the type of HCFA form you need.

****NOTE: If printing Medicare, Medicaid, or most Blue Cross Blue Sheild to HCFA, you must use the Pre-printed HCFA forms**.

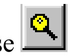
____ - Plain Paper: If you do not have HCFA forms or do not wish to use preprinted forms, Clinic Pro will print the forms and the billing information on regular white paper for you.

****NOTE**: **If printing Medicare, Medicaid, or most Blue Cross Blue Sheild to HCFA, you must use the Pre-printed HCFA forms**

____ - Preview: If you want to see the HCFA forms before they are printed, choose Preview and hit **OK** at the bottom. Then click **Process** and you will see a preview of the HCFA forms to be printed.

****NOTE**: **Avoid printing from the Preview. If you print from here, the printer will produce forms for you but ClinicPro does not consider that you've processed an actual billing file. All the transactions will still be considered Unbilled. In order to Process and actual billing file, you must choose either the Preprinted or Plain Paper option**.

____ - Current Printer: You can choose which printer to print your Pre-printed or Plain paper HCFAs to by clicking the Browse button next to the Current Printer

2. Select the Submitter. *For electronic billing only*. If you are billing *electronically* to a clearing house, you can select that submitter here, and all insurances set up to go to that clearing house will be selected. If this does not apply, leave it as All Submitters.
3. Select the Billing Doctor. If you want to bill everything only for a particular doctor you can select that doctor here. If you are not billing according to the doctor you can leave this as "All Staff Doctors".
4. Select the Carrier. If you want to bill only one insurance company, hit the browse  button next to the Carrier field , select the insurance company from the list and hit **OK**. If you do not need to bill a specific insurance company, leave this blank.
5. Patient Name (Last): If you want to bill one patient only, hit the browse  button, select the patient, and hit **OK**. If you are not billing one patient only, then leave this blank.
6. Minimum Charge: If you want to set a minimum charge amount to be billed, you can enter that amount here. When the billing is done, ClinicPro will not pull any billings for balances less than that amount.
7. Click **OK** (If you decide you want to exit, hit **Quit**)
8. You will see a summary screen with all of your selections.
9. Click **Detail** to print a hard-copy record of your billing.

****NOTE: This is useful as a way to check for any billing mistakes before going any further with the billing.**

10. Once the Detail looks correct, click **Process** to create the billing file.
11. Click **Quit** to exit out of the billing screen once your file has been created.

II. [ ] Billing Maintenance

Click Activities – Insurance Billing – Maintenance

A. Un-billing (Resetting) an Insurance Billing File

1. Click **Clear All**
2. Locate the billing file you need to Reset.

NOTE: Files are named according to the date, YYMMDD (year, month, day) followed by a number denoting the sequence of the file as it was created that day. For example, if you wanted to Reset the second file you created on March 7, 2002 it would be named: 02030702.000 or 02030702.asc. If you wanted the first file for March 8, 2003, it would be: 03030801.000 or 03030801.asc

3. Click the checkbox to the left of the file you want to reset. That puts a checkmark there and selects that file.
4. Click **Reset**
5. Click **Save**.
6. When the program asks if you want to "Process Changes?", click **Yes**. The file will disappear, meaning it has been un-billed/ Reset.
7. Click **Exit**

B. Un-billing (Resetting) specific transacations from an Insurance Billing File

1. If you want to reset only single transactions, rather than the whole billing file, click the checkbox to the left of the billing file to put a checkmark in it.
2. Hit **Detail.** This will then show all the transactions inside this billing file.
3. Highlight each transaction you want to unbill/reset, then click the **Reset** button. If you want to do more than one, just do them one at a time.
4. Make sure you click **Save** when finished

[ ] Other options in this screen:

1. Select All: Selects all the billing files listed in this screen. This will be indicated by putting an "X" next to them all.
2. Clear All: Clears all "X" marks from the files.
3. Reset: If you want to unbill a billing file, you would **Clear All**, put an "X" by the file you want to unbill, hit this **Reset** button and then hit **Save**.
4. Delete: If you want to delete a billing file, you would hit **Clear All**, put an "X" by the file you want to delete, hit the **Delete** button, then hit **Save**.

****NOTE: If you Delete a file, it DOES NOT UNBILL THE FILE. You will not be able to access the detail of this billing file or know what was included in this billing file once it is deleted. We suggest you do not delete any billing files until you are certain everything in that billing file has been paid**.

5. Detail: This brings up the detail of the contents of the selected billing file on screen and gives you the option to Print it if necessary.

NOTE: 1) You can not print a detail for HCFA billing.
2) The detail for electronic files prints out the
-Claim #
-Doctor Name
-Primary Insurance Name
-Patient Last Name
-Patient First Name
-Date (date the transaction was entered)
-Diagnosis
-Procedure Code
-Charge
-Insurance Type

III. [ ] Patient Billing

Click Activities – Patient Billing (or the shortcut icon )

1. Selection Criteria
- By Doctor: This allows you to bill only patients for a certain doctor.
- Responsible Party: This is for billing a single patient or a range of patients. By choosing the responsible party, instead of the patient, you avoid billing minors and numerous patients from the same family

a. Print Order:
- Last Name: statements will be ordered according to the patients' last names.
- Zip Code: statements will be ordered according to the patients' zip codes.

b. Print:
- All Statements: prints all statements within the criteria selected.
- Selected Statements: when you hit print, it will take you to another screen that lists all the patients selected to bill and allows you to choose those who you do not want to include in the billing. (You choose the ones you don't want by clicking to the left of the checkbox in front of their name).
- Print From Batch File: This is an option that allows you to have ClinicPro process your patient statements into a file on your computer for printing out at a later time. This feature allows the actual statement processing to take place while you're away from the computer – a real time saver!!

c. Print On:

Plain Paper: Clinic Pro will print the patient statements on plain white paper, including the information chosen in System, System Parameters, Templates. From that setup screen, you have the choice to include the insurance balance and/or a message on the patient statements. Some clinics have printed, "We accept Visa, Mastercard, American Express and Discover. Make checks payable to __________

Clinic".

Preprinted Forms: You can order patient statement forms from Specialty Business Forms at 1-800-445-5875.

- HP Laser Jet: Checking the box next to this tells ClinicPro to format the statements specifically for an HP Laser Jet configuration. If you are printing to an HP Laser Jet, you will want to check this box.

d. Minimum Outstanding: This limits how low the amount is that you bill. If you do not want to bill for any amount lower than $10.00 put $10.00 in this box and it will only pull up patients with balances of greater than $10.00.

e. Include Zero Balances: This allows you to print statements for patients who have a zero patient balance.

f. Include Inactive Patients: This will allow you to print statements for Inactive Patients.

g. Print Summary: This will print a billing summary with your billing statements. It includes the clinic name, patient number, responsible party name and outstanding balance for the patient and insurance.

2. Date Range
   a. Month: You can choose to print statements for a selected month.
   b. Year: You can select to print statements for a whole year – whichever year you choose.
   c. Range: You can select to print statements for any date range you wish.
3. Output Destination
   a. Print Preview: Choose this option, then click Print and you can see a screen preview of your statements. In the screen preview there is a little Print Preview box *in the upper left corner*:
      -  closes the current statement preview so ClinicPro can bring up the next statement to preview
      -  prints the current statement that you're previewing

NOTE: If at any time you want to discontinue the processing of the patient statements, you can hit Alt + Q on your keyboard.

   b. Send to Printer: Click this if you are satisfied with your selection criteria and are ready to print the patient billing statements.
   c. Send to Batch File: If you choose this option it will allow you to save time by having ClinicPro process the patient billing while you're away from your computer. It will save the statements in a batch file in your Vcpro folder for you to print at a later time that you choose (See page 17, Print From Batch File)

Reports

I. [ ] Appointments

Click Reports - Appointments

1. [ ] Appointment Book
   - This report prints all future or missed appointments scheduled within a particular time frame chosen. A separate list prints for each doctor.

A. Selection Criteria:
   a. Patients:
      - All: Appointments for all patients and all doctors will be printed, grouped by doctor.
      - By Doctor: Only appointments for the chosen doctor will be printed.
   b. From: To: You can choose a time range for the appointments you want a list for.

   c. Book Full: Choosing this version of the report allows you to print the schedule, blocked off in time slots and including detailed information about the appointments:
      - Patient Name
      - Phone Number

- Patient Number
- SS#
- Birthdate

d . Book Short: This prints the appointments in the same format as Book Full, only without any detailed information on each appointment. It prints patient names only in each time slot.

e. List Version: This prints the appointments in a list format with whatever details you chose to have printed from your System, System Parameters, Template tab.

_____ _____ B. Output Destination: .

_____ _____ - Print Preview: Choose this option, then click Print and you can see a screen preview of your report. In the screen preview there is a little Print Preview box *in the upper left corner*:

-  will take you to the first page of the report
-  will take you one page previous
-  will let you choose which page to go to in the report
-  will take you one page forward
-  will take you to the last page of the report
-  closes the report
-  prints the report

_____ _____ - Send to Printer: Click this if you are satisfied with your selection criteria and are ready to print the report.

_____ _____ - Save to File: If you choose this option it will allow you to choose where you want to save the file on your computer and what you'd like it to be called.

_____ _____ - Save to Excel 5.0 File: This allows you to save the report as an Excel spreadsheet

** **Report Includes**:

- Clinic name, doctor name and date range
- Date of Appointment
- Time of Appointment
- Patient Name
- More detailed info, depending on which version of the report you choose (see above)

2. [ ] Exceptions

- This report prints the Missed, Canceled and/or Rescheduled appointments within a particular time frame chosen. A separate list of "exceptions" will print for each doctor. Each list will be subdivided according to appointments missed, cancelled, and rescheduled.

_____ _____ a. Patients

_____ - All: Exception appointments for all patients and all doctors will be printed.

_____ - By Doctor: Only exception appointments for the doctor chosen will be printed.

_____ _____ b. Time Range

_____ - From and To: Choose a time range for the exception appointments you want to print.

_____ _____ c. Exceptions

_____ - All: All Missed, Canceled and Rescheduled appointments will be printed.

_____ - Selected: When you click Selected Exceptions you must then click which type of exception (Missed Appointments, Canceled Appointments or Rescheduled Appointments) you wish to print a list of.

_____ _____ d. Output Destination: .

- Print Preview: Choose this option, then click Print and you can see a screen preview of your report. In the screen preview there is a little Print Preview box *in the upper left corner*:
  -  will take you to the first page of the report
  -  will take you one page previous
  -  will let you choose which page to go to in the report
  -  will take you one page forward
  -  will take you to the last page of the report
  -  closes the report
  -  prints the report

- Send to Printer: Click this if you are satisfied with your selection criteria and are ready to print the report.
- Save to File: If you choose this option it will allow you to choose where you want to save the file on your computer and what you'd like it to be called.
- Save to Excel 5.0 File: This allows you to save the report as an Excel spreadsheet.

****Report Includes**:
- Clinic name, doctor name and date range
- Patient Number
- Patient Name
- Date of Missed, Canceled and Rescheduled appointments
- Reason appointment was Missed, Canceled or Rescheduled
- Patient Home Phone Number
- Patient Work Phone Number
- User (i.e. Administrator, etc.) who cancelled or rescheduled the appointment

3. [ ] Future Appointments
   - Since this report prints all future appointments scheduled within a particular time frame chosen, you should choose to print it only for future date ranges. If you try to print it for date ranges including past dates/times, it will also include Missed Appointments.
   - A separate list prints for each doctor.

a. Patients
   - All: All Future Appointments for all patients and all doctors will be printed.
   - By Doctor: Only Future appointments for the chosen doctor will be printed.
   - From and To Dates: Choose a date range for the appointments that you want a list for. **You should only choose a date range on or after today's date**.

b. Output Destination:

Print Preview: Choose this option, then click Print and you can see a screen preview of your report. In the screen preview there is a little Print Preview box *in the upper left corner*:
  -  will take you to the first page of the report
  -  will take you one page previous
  -  will let you choose which page to go to in tiTj-9.4-0.9(in t)6.B4-18.8461 -1.7904 TD0.0023 Tc

____ ____ Send to Printer: Click this if you are satisfied with your selection criteria and are ready to print the report.
____ ____ Save to File: If you choose this option it will allow you to choose where you want to save the file on your computer and what you'd like to be called.
____ ____ Save to Excel 5.0 File: This allows you to save the report as an Excel spreadsheet

____ ____ **** Report Includes**:
- ____ - Clinic name, doctor name and date range
- ____ - Date / Time of Appointment
- ____ - Duration of Appointment
- ____ - Patient Number / Name
- ____ - Patient Home Phone Number
- ____ - Patient Work Phone Number

____ ____ 4. [ ] Log
- ____ - This report lists all the appointments scheduled for each doctor in the date range chosen and notes the appointment status:
    - Future Appointment
    - No Show
    - Showed Up
    - Deleted
    - Re-Scheduled
    - Canceled
- ____ - A separate list will print for each doctor.

____ ____ a. Patients
- ____ - All: All appointments (future, no shows, shows, deleted, re-scheduled and/or canceled) will print for all patients and all doctors.
- ____ - By Doctor: Only appointments (future, no shows, shows, deleted, re-scheduled and/or canceled) for the doctor chosen will be printed.

____ ____ b. From and To: Choose a date range for the appointments that you want a list for. You can choose a date range on, before or after today's date.
____ ____ c. Output Destination: Same as Output Destination for Future Appointments (bottom of pg 21).

____ ____ ****Report Includes**:
- ____ - Clinic name, doctor name and date range
- ____ - Patient Number / Name
- ____ - Patient Home Phone Number
- ____ - Date / Time of Appointment
- ____ - Status of the Appointment (Future, No Shows, Showed Up, Deleted, Re-scheduled and/or Canceled)
- ____ - Created by (the user that entered the original appointment)
- ____ - Created on (the date that the user entered the original appointment)
- ____ - User (the user that changed the appointment to Future, No Shows, Showed Up, Deleted, Re-scheduled and/or Canceled)
- ____ - Updated on (date that the appointment was changed to Future, No Shows, Showed Up, Deleted, Re-scheduled and/or Canceled)

5. [ ] Reminders
- This report prints a list of the patients that were marked for a Reminder on the appointment scheduler.
- When you schedule a patient, there is a little box to check next to Reminder *in the bottom middle section* of the appointment screen. If the patient wants you to call them to remind them of their appointment, you check this box. Then you can print out this list to see who needed a reminder.
- This report separates the reminders according to doctor but does not print a separate page for each doctor.

____ ____ a. Patients
- ____ - All: All the patients that have the Reminder box checked for all the doctors for the date range you choose will be reported.

_____ - By Doctor: Only the patients under the chosen doctor that have the Reminder box checked will be printed.

_____ - From and To: Choose a date range for the Reminder appointments you want to print.

_____ _____ b. Output Destination: Same as Output Destination for Future Appointments (bottom of pg 21).

_____ _____ ****Report Includes**:

_____ - Clinic name, Date range
_____ - Doctor name
_____ - Appointment Date / Time
_____ - Duration of Appointment
_____ - Patient Number / Name
_____ - Patient Home Phone Number
_____ - Patient Work Phone Number

6. [ ] Room Schedule

_____ - This report prints all appointments scheduled, according to room, within a particular date range chosen. A separate list prints for each room.

NOTE: To Add a New Room click Lists, General Code Definitions Table and Appointment Rooms/Resources. Click the New  **button and enter the name of the Room you want to add then click Save.**

**** For information on scheduling by Room, See Appointment Scheduler section – bottom of page 13**

_____ _____ a. Patients

_____ - All: Future and Missed Appointments for all rooms will be printed.

_____ - By Room: Only Future and Missed appointments for the chosen room will be printed.

_____ - From and To: Choose a date range for the appointments that you want a list for.

_____ _____ b. Output Destination:

Same as Output Destination for Future Appointments (bottom of pg 21).

****Report Includes**:

_____ - Clinic name, Room name and date range
_____ - Date / Time of Appointment
_____ - Duration of Appointment
_____ - Patient Name
_____ - Patient Home Phone Number
_____ - Appointment Status
_____ - Patient Work Phone Number
_____ - Doctor

_____ _____ 7. [ ] Snap Shot

_____ - This report will print out a list of your appointments in order of date and time. It includes all doctors, rooms and appointment statuses while keeping the list in order of time and date.

_____ _____ a. From and To: Choose a date range for the appointments you want a list of.

_____ _____ b. Doctors:

_____ - All Doctors: Appointments for all doctors will be included in the report.

_____ - Choose one doctor: Click the radio button to the right of All Doctors, then choose the doctor from the drop down menu. Only the appointments for the chosen doctor will be included in the report.

_____ _____ c. Rooms:

_____ - All Rooms: All appointments scheduled for all rooms and the doctor(s) chosen will be included in the report.

- Choose one room: Click the radio button to the right of All Rooms , then choose the Rroom from the drop down menu. Only the appointments for the chosen room will be included in the report.

d. Appointments
- All Appointments: All types of appointments (Showed/Future, No Show, Cancelled, Rescheduled, Deleted, Waitlisted) will be included in the report.
- Choose one status: Click the checkbox to the left of whichever status(es) you wish to include in the report. Only the appointments for the chosen status(es) will be included in the report. You can choose one or more than one status.
- Options include:
  - Show or Future
  - No-show
  - Canceled
  - Re-scheduled
  - Deleted
  - Waitlisted

e. Output Destinations
- This report gives you three options *in the lower right corner* of the screen for output::
  - Print Preview
  - Print
  - Exit

****Report Includes**:
- Date / Time
- Duration
- Doctor
- Patient Name
- Patient Phone Number
- Status of the appointment (options for this listed above)

8. [ ] Wait List
- This report prints a list of all patients that are on a wait list to reschedule their appointment. There a couple ways a patient gets added to the Wait List:
  (a) A patient can be put on a doctor's wait list if the doctor has Time Off scheduled during the time you're trying to schedule the patient, making the chosen time not available. The program asks if you would like to place the patient on a wait list.
- A separate wait list is printed for each doctor.

a. Patients
- All: Wait list Appointments for all doctors will be printed.
- By Doctor: Only Wait List appointments for the chosen doctor will be printed.

b. Date Range
- Choose a date range you want a list for. Choices include:
  - Week
  - Month
  - Year
  - Range: Enter the From and To date of your choice.

c. Sort By:
- Date Requested
- Name (of patient)

d. Output Destination: Same as Output Destination for Future Appointments (bottom of pg 21).

****Report Includes**:
- Clinic name and doctor name
- Patient Number / Name
- Last Modified Date / Time (date the patient was put on the waitlist)
- Date / Time of Appointment
- Patient Home Phone Number
- Patient Work Phone Number

II. Daily Reports

1. [ ] Appointment Book
   - Same report as the Appointment Schedule report (See bottom of page 19).
2. [ ] Day Sheet
   - This report summarizes all the patients, CPT codes, transactions (fees), patient and insurance payments, patient and insurance write-offs, insurance credits, sales tax entered for the day according to doctor (AKA. Doctor Day Sheet). The last page of it includes totals for the number of services entered, patients seen, new patients seen, and payments entered (AKA. Day Sheet Summary). Payment totals can be broken down further into payment sources (AKA Payment Sources List). Lastly, a third part can be included that lists separately the new patients entered that day along with the source of their referral if the source was recorded (AKA. New Patient Listings).

   a. <u>Patients</u>
      - <u>All</u>: All patients for all doctors that day will be included in the report.
      - <u>By Doctor</u>: The report will print a day sheet for only the doctor requested.

   b. <u>Date</u>: Choose the day you want to print the day sheet for.

   c. <u>By</u>: Choose whether to print an <u>Entry</u> or <u>Service Date</u> report. **WE RECOMMEND A SERVICE DATE REPORT**. A Service Date report prints all the transactions and payments for the date of service matching the chosen date. An Entry Date report prints all the transactions and payments that were <u>*physically*</u> entered into the computer for the chosen date.

   d. <u>Order By</u>
      - Time
      - Patient Name

   e. <u>Items to Include</u>
      - New Patients
      - Payment Sources

      (see descriptions on top of page 26)

   f. <u>Output Destination</u>: Same as Output Destination for Future Appointments (bottom of pg 21).

**** Report Includes:**

I. <u>Doctor Day Sheet</u>:
- Clinic Name and Date, Dr Name
- Patient Number / Name
- Time
- CPT code
- Fee
- Patient Payment / Write off / Credit Applied
- Insurance Carrier / Payment / Write off
- Payment Method
- Reference Number
- **Totals** sheet including:
  - Clinic Name and Date
  - Total Fee entered
  - Total Sales Tax entered
  - Total Patient Payment / Write Off/ Credit / Credit Applied
  - Total Insurance Payment / Write Off / Credit
  - Total Payments
  - Total Number of Services
  - Total Number of Patients Seen
  - Total Number of New Patients seen
  - Patient Payments Bbreakdown by:
    - Check
    - Cash
    - Wire transfer
    - Visa
    - Mastercard
    - American Express
    - Discover
    - Other card

Close the preview or Print and the "New Patient Listing" page of the Daysheet will come up next, if you requested that it be included.

II. New Patient Listing:
- Clinic name and date
- Patient Name
- Patient home phone number
- Source of patient referral (if you set these options up under Source in the Patient Detail tab for that patient.)

Close the preview or Print and the "Payment Source Listing" page of the Daysheet will come up next, if you requested that it be included.

III. Payment Sourse Listing:
- Clinic Name and date
- Payment Source
- Amount of payment from each source

3. [ ] Fee Slips
   - This report prints a fee slip for all patients (or a selected patient) who have an appointment scheduled on the appointment scheduler for the selected date range.
   - A fee slip is designed to print patient information at the bottom of a super bill for each patient selected. **The Super Bill must be a form provided by the user – IT IS NOT CREATED IN CLINICPRO.**
   - To print the fee slips, load as many of your Super Bill forms into your printer as there are patients with appointments on your scheduler for the chosen date range. When you choose to Print, ClinicPro will print info for one patient on the bottom of each Super Bill form you loaded.
   - If you choose the print preview you will need to scroll to the bottom of the page to see the information as the fee slips only print on the bottom of the page.

   a. Selection Criteria
      - Staff Doctor
        - All Staff Doctors: Fee slips will print for scheduled patients for all doctors.
        - Choose One: Hit the down arrow and choose a single doctor if you only want to print the fee slips for a particular doctor.
      - From and To Appointment Dates
        - For each of these, hit the down arrow to the right, a calendar will pop up so you can choose the date range you want.
      - Patients
        - All: Fee slips will print for all scheduled patients of the doctor(s) selected for the date range selected.
        - Select: Hit the radio button to choose this option, then hit the browse button to the right and choose the patient.

   b. Output Destination: Same as Output Destination for Future Appointments (bottom of pg 21).

**** Report Includes**: Whatever information you setup under System, System Parameters Maintenance, Templates tab. You can choose to include:

- Date	- Time	- Appointment Reason	
- Patient Name		- Doctor	
- Patient Address		- Patient Number	- Birthdate
		- Patient Balance	- Phone Number
- Diagnosis 1 (Dx1)		- Insurance Balance	- SSN
- Diagnosis 2 (Dx2)		- Insurance	
- Guarantor (Insured)	- MC** Visits	- MC** Rem	- Copay
- Referring Dr			

** MC = Managed Care
** Rem = Remaining

III. [ ] Financial

1. [ ] Aged Insurance Receivables

- Reports outstanding insurance balances and whether the balances are:
  - a. Current (within 30 days of being billed or serviced)
  - b. 30 (30 to 60 days old)
  - c. 60 (60 to 90 days old) OR
  - d. 90 (90 days or more past due)

- There are two Dates:
  - a. Age From - You choose this date as the date you want to **AGE BACKWARDS**

I.e.

	CPT	Service	Billed	Balance
Patient: Holly Mae				
Carrier: BCBSM Phone: (248)467-9073 Contract #: 983487029 Insured Person: Holly Mae				
	98941	8/21/01	8/28/01	$48.00
Patient: Holly Mae				
Carrier: MCR Phone: (248)548-9584 Contract #: 545465461811 Insured Person: Holly Mae				
	72051	8/21/01	8/28/01	$40.00

h. Items to Include:
- Current: Balances serviced or billed 0 to 29 days ago.
- 30 Days: Balances serviced or billed 30 to 59 days ago.
- 60 Days: Balances serviced or billed 60 to 89 days ago.
- 90 Days: Balances serviced or billed 90 days or more ago.

i. Output Destination: Same as Output Destination for Future Appointments (bottom of pg 21).

****Report Includes**:
- Clinic name
- Aged From Date
- Patient Number / Name
- Carrier(s)
- Insurance Balance
- Aged Balances:
  - ● Current: What part of the insurance balance is 0 to 29 days past due.
  - ● 30 days: What part of the insurance balance is 30 to 59 days past due.
  - ● 60 days: What part of the insurance balance is 60 to 89 days past due.
  - ● 90 days: What part of the insurance balance is 90 or more days past due.

2. [ ] Patient Receivables
- Reports the outstanding balances and credits for each patient.
- You can choose to just report the totals or break it down according to CPT code for balances and service code for credits.

- There are two Dates:
  a. Age From - You choose this date as the date you want to **AGE BACKWARDS** from. For instance, if you want to know what was outstanding 60 days ago, you would leave the Age From date at today's date and choose only to report the 60 days item.
  b. Service Cutoff Date - You choose this date as a backwards cutoff date for how far back you want the aging to include balances from. The service dates for those outstanding balances can go back infinitely, so, to cut off how far back the balances go, you can do a service cutoff date. For example, if I wanted to find out what the outstanding balances were for those services rendered in the year 2002 I would not just "Age from" December 31, 2002, back,, because the 90 days plus column is going to keep going backwards to include balances from before Jan 1, 2002. I need to tell the computer to just include outstanding balances on services that were rendered in only 2002, so I enter the "Service Cutoff Date" as January 1, 2002.

a. Patients:
- All: All patient's balances and credits for all doctors will be reported.
- By Doctor: Only the patient balances for the doctor chosen will be reported.

b. Age From: (see descriptions above)

c. Service Cutoff Date: (see descriptions above)

d. Group By:
- Patient: One list is reported and is alphabetized by patient last name. Columns for current, 30, 60, 90 day balances/credits show and the patient balances/credits are reported in their concurrent column. The list of Credits is reported following the balances.
- Aging Category: Prints separate lists for 90, 60, 30 and current balances/credits. Each list is ordered alphabetically by patient last name and separated into balances and credits (CR).

e. Report Type:
  - Summary: Prints patient name, home phone number, Date balance owed since, date of last payment and total balances and credits for each patient. The total money outstanding (balances – credits) due to patient balances/credits is reported at the end of the report.
  - Detail: Patient name, home phone #, CPT code, service date, date of last payment, transaction balance and total balances and credits for each patient are reported. The total money outstanding (balances – credits) due to patient balances/credits is reported at the end as well.

f. Items to include:
  - Current: Balances/Credits serviced or billed 0 to 29 days ago.
  - 30 Days: Balances/Credits serviced or billed 30 to 59 days ago.
  - 60 Days: Balances/Credits serviced or billed 60 to 89 days ago.
  - 90 Days: Balances/Credits serviced or billed 90 days or more ago.

g. Output Destination: Same as Output Destination for Future Appointments (bottom of pg 21).

****Report Includes**
- Clinic Name
- Grouping Category (Patient or aging category)
- Aged from Date
- Patient Number / Name
- Patient home phone number (Summary only)
- Date patient balance owed since (summary only)
- CPT code (Detail only)
- Service date (Detail only)
- Date of last payment
- Transaction Balance (Detail only)
- Patient Balance
- Report total balance
- Aged balances (30, 60, 90, current)
-

3. [ ] Collection Report – This report is currently Under Construction by ClinicPro programmers
-

4. [ ] Credit Listing – Insurance
  - This reports any Insurance credits inside your program.

a. . Output Destination: Same as Output Destination for Future Appointments (bottom of pg 21).

****Report Includes**:
- Clinic Name
- Carrier
- Payment Source
- Credit Date
- Credit Amount

5. [ ] Credit Listing - Patient
  - This reports any patient credits in the system.

a. . Output Destination: Same as Output Destination for Future Appointments (bottom of pg 21).

****Report Includes**:
- Clinic Name
- Patient Number/Name
- Payment Source
- Credit Date
- Credit Amount

6. [ ] Income Analysis
  - This reports the Total Fees that are charged in the clinic, Total Payments and Credits entered. The report generates daily totals, doctor totals and report totals for the date range specified.

a. Patients
- All: An income analysis will be reported for all doctors and their patients.
- By Doctor: An income analysis will only be reported for the doctor specified and his/her patients. A report total will still print out but will only refer to the doctor specified.

b. Date Range:
- Week
- Month
- Year
- Range From To

c. By: - Choose whether to print an Entry or Service Date report. **WE RECOMMEND A SERVICE DATE REPORT**. A Service Date report prints all the information on transactions for the date of service matching the chosen date range. An Entry Date report prints all the info on transactions that were *physically* entered into the computer for the chosen date range.

d. Output Destination: Same as Output Destination for Future Appointments (bottom of pg 21).

****Report Includes**:
- Clinic name
- Date Range
- Open Credits
- Doctor Name
- Daily, Doctor and Report Totals for the date range specified print for:
  - Fees
  - Patient Payments / Write-Offs / Credit Applied
  - Insurance Payments / Write-Offs
  - Number of Patient Visits
  - Number of New Patients

7. [ ] Income Statistics
- This reports multiple totals for each doctor and the Clinic during the date range specified:
  - Total Insurance and Patient Credits
  - Total Patient Visits
  - Total New Pat Visits
  - Total Income Generated
  - Total Insurance Collections
  - Total Patient Collections
  - Total Patient Credits
  - Patient Writeoffs
  - Ins Writeoffs
  - Average Collection Per Visit
  - Patient Retention
  - Collection Efficiency
- A separate report prints for the total income generated from insurance. This report lists insurance carrier income by insurance carrier, doctor and the date range.

____ a. Patients

All: Income statistics will be reported for all doctors and their patients.

By Doctor: Income statistics will only be reported for the doctor specified and their patients. A report total will still print out but will only refer to that doctor.

____ b. Date Range:
- Week
- Month
- Year
- Range From To

c . Output Destination: Same as Output Destination for Future Appointments (bottom of pg 21).

****Report Includes**:
- Clinic name
- Date Range

- Doctor Name
- Doctor and Report Totals for the date range specified print for:
    - Patient Visits
    - New Patient Visits
    - Income Generated (total fees entered)
    - Insurance Collections (total insurance payments entered)
    - Patient Collections (total patient payments entered)
    - Patient Credits
    - Total Collections (total insurance collections + total patient collections)
    - Patient Writeoffs
    - Insurance Writeoffs
    - Average Collection per Visit (total collections / total patients)
    - Patient Retention (total patient visits / total new patients)
    - Collection Efficiency (total collections / total income generated)
    - Insurance Carrier Collections per insurance carrier, per doctor and for the report.

8. [ ] Procedure Analysis

- This reports the amount of money being billed out and received per CPT code. This is particularly useful in determining if lack of income is due to insurance companies not paying for a particular CPT code that is being billed out.

a. <u>Patients</u>

<u>All</u>: A procedure analysis will be reported for all doctors and their patients.
<u>By Doctor</u>: A procedure analysis will only be reported for the specified doctor's patients. A report total will still print out but will only refer to the doctor specified.

b. <u>Date Range</u>:
- Week
- Month
- Year
- Range From To

c . <u>Output Destination</u>: Same as Output Destination for Future Appointments (bottom of pg 21).

****Report Includes**:
- Clinic Name
- Date Range
- Doctor Name
- CPT code and description
- CPT totals, doctor totals and report totals for the date range print for:
    - <u>Frequency</u> - this is thenumber of times each CPT code was entered during the specified date range
    - <u>Generated Income</u> (Frequency x Fee). This is the total amount charged out (your total Fees charged) to Patients and Insurance for each CPT code entered during this date range.
    - <u>Patient Payments</u> - total patient payments made during this date range for each CPT code
    - <u>Insurance Payments</u> - total insurance payments made during this date range for each CPT code.
    - <u>Writeoffs</u> - total amount written off during the date range for each CPT code.
    - <u>Outstanding balance</u> -_ amount still outstanding during this date range for each CPT code. Just because the outstanding balance for each CPT code is low does not mean the doctor is generating income. Looking at the Writeoff totals tells you if it is money coming in or money being written off.

9. [ ] Resident Analysis

If services are performed in a teaching hospital or chiropractic school clinic, it is sometimes important to track the number of procedures performed by each resident. The resident analysis report will tally the statistics for each resident.

a. <u>Date Range</u>:
- Week
- Month

- Year
- Range From To

b. Output Destination: Same as Output Destination for Future Appointments (bottom of pg 21).

Report Includes:

- Clinic
- Date Range
- Resident
- CPT (code for the procedure that the resident performed)
- Dx1 (primary diagnosis)
- Patient (name of patient the resident performed the service on)
- Date & Time (that the CPT code was entered in the system. Should correlate with the date and time the procedure was performed)
- Age (of the patient)
- Summary
  - Resident Name
  - Frequency (number of times the resident performed the specified CPT code)
  - CPT (code for the procedure that the resident performed)
  - Total (procedures performed by the resident)

10. [ ] Sales Tax

If you have specified taxable items in your procedures and fees database, Clinic Pro will track the amount of sales tax that has been charged for the date range that you specify. This report will be useful in determining the amount of sales tax to remit to your state tax agency.

a. Patients

All: Sales tax will be totaled for all doctors and their patients.
By Doctor: Sales tax totals will only be reported for the specified doctor's patients. A report total will still print out but will only refer to the doctor specified.

b. Date Range:

- Week
- Month
- Year
- Range From To

c . Output Destination: Same as Output Destination for Future Appointments (bottom of pg 21).

Report Includes:

- Clinic Name
- Date Range
- Doctor Name
- CPT code and description
- Date Sold
- Patient (the taxable item was sold to)
- Tax (amount per CPT code and total)

IV. [ ] Miscellaneous

1. [ ] Patient criteria report

This report generates a list of patients that fit all the criteria you select inside the Criteria screen. The criteria you can choose to limit the list of patients includes:

a. Selection criteria

I. Patient Criteria 1

- Patient Name - (From and To allows you to choose a range of patients or one patient)
- Insurance company - (You can choose up to 2, using Insurance 1 and Insurance 2). If you fill this in, the list will then only include patients that have the insurances you choose.
- Employed Status - If filled in, the list of patients created will only include patients with the Employed Status you choose here

- Employer - If filled in, only patients with the employer you choose here will be printed on the report.
- Gender - If filled in, only patients w/ the gender you choose will print on the report.
- Zip code - (You can choose a range of zip codes to include an entire county/area)
- Birth month - If filled in, the report will include only patients with this birth month.
- At Least (Yrs) - If filled in, only Patients at least this old will be included.
- Mail code - If filled in, only patients under this MailCode (set on the Patient Detail tab) will be included.
- Financial class - If filled in, only patients under the Financial Class you choose will be included
- Allergies (Drugs or Other) - If you fill something in here, only patients w/ those allergies will be included
- Diagnosis - If filled in, only patients w/ this diagnosis will be included.
- Student status - If filled in, only patients w/ this Student Status will be included.
- Martial status - If filled in, only patients w/ this Marital Status will be included.
- Status:
  - All Patients
  - Active Patients Only
  - Inactive Patients Only

2. Patient Criteria 2
   - Date of Birth (You can choose a date range) – Anyone whose birthdate fits between this range will be included if this is filled in.
   - Last Seen Date - (You can choose a date range)- If you've been keeping track of Last Seen Date in the Insurance Dates screen of the patient and fill this in, the report will include patients whose Last Seen Date is within the date range you choose.
   - X-Ray Date - (You can choose a date range) . If filled in, only patients with xray dates within the chosen range will be included in the report.
   - Recall Date - (You can choose a date range). If filled in, only patients who had transactions within the chosen date range will be included.
   - Primary Doctor - If filled in, only patients under that Primary Doctor will be included.
   - Referring Doctor - If filled in, only patients under that Referring Doctor will be included
   - Related To - If filled in, only patients whose services were related to the selected accident type will be included.
   - Has Referred
     - Has Referred A Patient – will include only patients who have referred a patient
     - Has Not Referred A Patient – will include only patients who have not referred a patient
     - No Criteria

   - Appointment Criteria
     - Next Appointment – will include only patients whose next appt falls in the date range specified
     - Any Appointment - will include only patients with any appt that falls within the specified date range
     - No Criteria

   - New Pt Referral Source - will only include patients with the chosen Source (chosen on the Patient Detail screen when entering a patient)

- Patient Balance and Insurance Balance
  - Range :
    - Current – will include only patients with a current balance
    - 30+ - will include only patients with a 30+ day balance
    - 60+ - will include only patients with a 60+ day balance
    - 90+ - will only include patients with a 90+ day balance
  - Bill Date - If chosen, all of the date ranges chosen in this section will go off of the date services were billed
  - Service Date - If chosen, all the date ranges chosen in this section will go off of the date services were performed
  - Greater Than - If chosen, sets a minimum $ amount for balances
  - Age From - sets aging date
  - Service Cutoff Date

b. Order By:
- Last Name - Orders the report alphabetically by patient last name
- Zip Code - Orders the report numerically by zip code

c. Output Destination: Same as Output Destination for Future Appointments (bottom of pg 21) with the addition of a choice for printing Labels. (Use Avery Labels 5160)

** When you choose to Print, a Patient Criteria Report Results screen comes up that allows you to choose any patient you'd like to exclude from the report. You do this by clicking in the box to the left of the checkbox in front of that patient's name on the list.

****Report includes:**
- Ordered By
- Range chosen (if there was one)
- Patient name
- Patient number
- Address
- Phone number
- Any other applicable criteria chosen when building the report

2. [ ] Lists

   This feature is currently under construction in the program. In the near future, this will bring up a browse list of different lists you can print from ClinicPro, like a list of Referral Doctors, diagnosis codes, or procedure codes.

3. [ ] Withholds

   This feature is currently under construction.
   When you are posting payments, you have the option of indicating that the payment includes a withhold amount. In a typical scenario, an insurance carrier will withhold a small percentage of each claim that is processed. They withhold the money in case of billing errors that they might later need to recoup. At the end of the year, you will receive a check for all of the withheld amounts. To verify that the insurance carrier's check is the appropriate amount, you will be able, in the future, to print this withhold report.

V. [ ] Practice Management

1. [ ] Birthdays

   If you want to send a birthday card or a birthday email, you might use the birthday list report to generate patients who have birthdays in any particular month. A separate report / list of labels prints for each doctor.

a. Selection Criteria

Date Range

a. Month – allows you to create a list of patients whose birthday falls within the chosen month

b. Range To - creates the report for all patients whose birthdays fall within the chosen date range

Patients

All: Birthdays will be reported for all doctors and their patients.

By Doctor: Birthdays will only be reported for patients of the doctor specified.

Include Inactive Patients - Includes inactive patients along with active patients.

Minimum Age - Report will include only patients whose age is above the age you choose here

b. Output

Report

Address Labels

c. Output Destination: Same as Output Destination for Future Appointments (bottom of pg 21).

****Report Includes**

a. Clinic Name
b. Doctor Name
c. Birthdate
d. Patient Number / Name
e. Patient Address
f. Patient Home Phone Number (Report only)

2. [ ] Capitation Report

This report is under construction.

A capitated insurance plan pays the doctor a set amount of money for any services rendered to that carrier's patients for any particular month. It is important, for purposes of management, to know which insurance carries are paying close to the fee-for-service amounts and to be able to compare the capitated plans that the doctor signs up for. When you click the **Capitated** radio button in the List of Insurance Companies, we maintain statistics on that carrier as a capitated carrier and allow you to compare managed care plans. In the future, the capitation report will show the fees generated and the payments received from any company that you have designated a capitated insurance carrier.

3. [ ] Comparative Insurance Analysis

This report is under construction.

In the future, the comparative insurance analysis report will allow you to track the collection efficiency from the various insurance carriers that process your claims.

4. [ ] Inventory

If you have specified a particular procedure code as an Inventory item in the List of Procedures and Fees, Clinic Pro will total the number of times that the inventory item has been processed during the date range that you specify.

a. Date Range
- Week From To
- Month
- Year
- Range From To

b. Output Destination: Same as Output Destination for Future Appointments (bottom of pg 21)..

****Report Includes**

- Clinic Name
- Date Range
- CPT (code number and description)
- Used (number of times the CPT code specified was entered during the date range specified)

5. [ ] Mailing List

   Create your Mailing List from the Patient Criteria Report (see pages 32-34)

6. [ ] New Patient Sources

   The New Patient Sources report tallies the number of patients for each referral source. The source is set on the Patient Detail Screen for each patient and tells how the patient was referred to your office (yellow pages, another patient, etc). This report allows you to calculate whether your advertising is worthwhile. It will show the frequency of each new patient source along with the percentage of patients that came into your clinic from that source. You can enter an unlimited number of new patient sources but we highly recommend that you limit the number of new patient sources that are added to the system. Otherwise, your data becomes diluted and is not statistically meaningful.

   a. Patients
      - All: Source totals will be reported for all doctors and their patients.
      - By Doctor: Source totals will only be reported for patients of the doctor specified
   b. Date Range
      - Week
      - Month
      - Year
      - Range From To
   c. Output Destination: Same as Output Destination for Future Appointments (bottom of pg 21)..

****Report Includes**

- Clinic Name
- Date Range
- Doctor
- Source
- Frequency (number of new patients per source)
- Percentage (percent of new patients that came from each source)
- Total Frequency (total new patients from sources in the date range specified)

7. [ ] Referrals

   The referral report lists each patient has been referred by a particular doctor in the date range that you specify.

VI. [ ] Letters

Letters works as a Mail Merge with Microsoft Word 2000 *only*. In the near future, this process will be internalized in order to make this feature much more flexible.

1. [ ] Selection Criteria
   a. Letter Templates – Choose which letter template you're using for the mail merge
      - Apptltr.doc
      - RefLtr.doc
      - Patientlabel.doc
   b. Labels Type (Avery 5160 – 30 labels per sheet) – choose if you want to print labels
   c. Patients

      All – all patients will be included

      Select – only those patients selected will be included
   d. Gender - only patients with the selected gender will be included
   e. Mail Code – patients with selected Mail Code will be included
   f. Related To - patients whose accident was all related to the choice will be included
   g. Financial Class - patients under this specified class will be included
   h. Source - patients who were referred under the chosen source will be included
   i. Staff Doctor – patients under only the specified doctor will be included
   j. For Date To - allows you to choose a date range for the letter

2. [ ] How to Create a Letter
    a. Choose your selection criteria
    b. Hit **Select Records**
        A total number of the patients selected will show in the upper right corner, and in the *Selected Records* box beneath it, a list of the patients selected will show.
    c. Hit "Create Letters" to preview the letters chosen or "Clear Objects" if you want to start again.

****NOTE: Remember -- Letters works as a Mail Merge with Microsoft Word 2000 *only*. In the near**