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Welcome to ClinicPro Software!

This manual is designed to supplement the hands on training provided for you and your office personnel by one of our specialized training agents. Use this manual along with your scheduled training modules, or when you are operating on your own. The ClinicPro Office Manual may save you precious time and frustration as questions arise in the course of your day to day operations. We hope you find this Manual helpful.

Along with the ClinicPro Office Manual we have created other resources to support you in negotiating your office billing, using your Electronic Medical Records software, staying current with industry standards, industry practices, and maintaining an interactive relationship with Clinic Pro staff. Your input is crucial in determining future software amends and advancements. Please take some time to familiarize yourself and your office team with these resources.

NEGOTIATING OUR WEBSITE

<www.clinicprosupport.com> proves to be a helpful bookmark in your Internet Browser. The ClinicPro support website provides easy access to a wealth of pertinent information and support for your practice. Here is an overview of the site:

Manuals

Here are abbreviated training materials as well as Patient Intake Forms.

Tutorials

There are supplemental folders to assist you in the following areas:

- **The Appointment Scheduler**
- **Billing**
- **Getting Started** – this folder contains tutorials to help you in setting up your network and registering your ClinicPro programs.

- **Lists**- this folder contains tutorials for adding information to the provider screen, clearinghouses list, and list of insurance companies- just to name a few items.
- **Mail Merge**
- **New Patient Entry**
- **Payments** – here are six different tutorials on entering insurance and patient payments that expand lessons through to secondary billing.
- **Reports**
- **Transactions**

Billing Resources

There are many topics under this header that will prove extremely useful when handling your office billing. We have included folders on reading your insurance rejections and understanding 837 loops in this topic. ClinicPro has also provided access to some Insurance Payer lists for your convenience.

News & Information

Stay current with ClinicPro advancements and industry changes with this link

Tips and Tricks

Years of providing customer support yields an idea of some frequently asked support topics. Using this link will empower your office with our step by step solutions. Included in this folder are:

Printing an Appointment History

- **Exporting Demographics**
- **Changing Patient Numbers**
- **Upgrading Person to Patient**
- **Facility Not Defined**
- **Insurance Credits**
- **Insurance Refund**
- **Insurance Refund with Write-off**
- **Mapping a Network Drive**
- **Patient History Form**

Hi-Tech Stimulus Plan

There is much ado regarding the Stimulus Plan, who is eligible, what requirements need to be met and what the possibilities for reimbursement may allow for providers. ClinicPro has invested much time and energy in digesting this battery of evolving information in an attempt to inform our customers. We understand how complex this volatile industry is currently. Please watch the provided tutorials!

Help & Support

The folders under this header are varied but again, compiled after years of providing customer support.

- **Update Instructions** – step by step instructions on safely updating your ClinicPro software.
- **Join a Meeting** – ClinicPro technicians use remote access software to join your office in a Web Meeting when necessary for training or support purposes. This is the link to follow to enable remote web access.
- **Upload a File**
- **Downloads** – here is the ClinicPro workstation file installation as well as some peripheral software for office use.
- **Troubleshooting** – in the event of software errors you may wish to troubleshoot your own issues. This folder enables you with step by step instructions to help you get back up and running:

Site Map

Navigate through the ClinicPro site.

Contact Us

If you have questions or concerns and would like to forward them to ClinicPro, please use this link.

Policy Statement

Fireside Chats

Here you will find links to Marilyn Gard's regular emails on the status of ClinicPro and many related topics.

Staff –

Online Backup

If you are interested in securing your data, please check this link.

Glossary of Common Terms

The following is a Glossary of some common Clinic Pro and medical billing terminology and what they mean and/or relate to within Clinic Pro.

ANSI: (American National Standard Institute) The format of billing file utilized in the current medical billing industry. On a technical level, it uses ANSI X12 4010 837 Professional format.

CPT: The Common Procedural Terminology code, set up in the Procedures & Fees list. These are also provided in the HCPCS coding guide, published by the AMA every year.

EDI: Electronic Data Interchange. This refers to the department of whatever organization the files are sent for electronic billing claims.

ICD9: Diagnosis codes, as defined by the AMA, published and updated every year. The Primary diagnosis will be defined as the first Diagnosis code (Dx1) and the other boxes are all additional (or supporting) Diagnosis codes.

Insured Person vs. Responsible Party: The **insured person** is the person who holds the contract for the insurance coverage. This is most often "Self", but can be coverage from a spouse, parent, or many other circumstances. The **responsible party** is who will be sent bills for any Patient Balance, such as co-pays or deductibles. This is defaulted to self-responsible as well, but minor's charges should be billed to their guardians, or couples billed to only one individual, etc.

HCFA: The paper billing, standard CMS-1500 form. This is often referred to as CMS forms, 1500 forms, or HCFA forms. The pre-printed forms for use with government insurance companies are traditionally red and white.

PIN: Provider Identification Number. Input under Staff Doctors: Provider IDs.

POTA: Payment Other Than Anticipated. This is for submitting Claim Status Inquiries.

Server: The computer in the office that hosts Clinic Pro, meaning it is physically installed on that machine. It is the computer that has to be turned on in order for the other Workstations to access Clinic Pro. This is sometimes referred to as your "Main" computer. In normal installs, this computer will have a VCPRO folder on the Local Disk (C :).

Workstation: The computer(s) in the office that access' Clinic Pro from the server via some sort of network connection. These are the computer(s) that cannot access Clinic Pro when the server is shut off. These computer(s) do not have VCPRO folders usually. These computer(s) typically access Clinic Pro through a mapped Network Drive - to the server - on the My Computer window.

SUBMITTERS / CLEARINGHOUSES

Medical clearinghouses are aggregators (senders and receivers) of mountains of medical claim information; almost all of which is managed by software. Large clearinghouses today process trillions of transactions each year. They are essentially 'regional' post-offices that enable healthcare practices to transmit electronic claims to insurance carriers, and additionally they provide a place to manage all the claims from one central location.

The ClinicPro software creates the billing file, or electronic claims, which you upload to your clearinghouse account. The clearinghouse then audits (scrubs) the file looking closely for claim errors. If the file is clear (accepted) the clearinghouse transmits the electronic file to the specified payer. If the file is rejected, the clearinghouse then sends you a status report notifying you of the error. This offers you opportunity to amend the claim(s) that are in error and resubmit the entire file back to the clearinghouse.

Once the specified payer receives the electronic file from the clearinghouse another audit takes place and a determination is made by the payer. At this stage another rejection is possible. If this happens the clearinghouse is notified and passes the rejection status message back to you from the specified payer. At this point, the amends will most usually be specific to a claim or claims within the electronic file.

Part of your support with purchasing the ClinicPro software comes with our Billing Department and their help in determining which clearinghouses are available in your area. We will also help you to populate the designated fields within the ClinicPro software that is required to create the electronic billing file and successfully transmit it to the clearinghouses where you have your accounts.

This is what the ClinicPro Submitter screen looks like: (LISTS – SUBMITTERS)

The screenshot shows a web application window titled "Submitters (BCBS):1". It has three tabs: "List", "Submitter Detail" (which is active), and "Claim Status Actions". The "Submitter Detail" tab contains a form with the following fields:

- Name: BCBS
- Phone: (248) 486-2292
- Website: WWW.BCBM.COM
- Ins Billing Format: MI (dropdown menu) MICHIGAN INSURANCE BILLING FORMAT
- Response Code Set: (dropdown menu)
- Submitter ID: BCBSM
- Submitter Ho: 00710
- Sender ID: C003C
- Receiver ID: 382069753
- Group ID: 382069753
- Group Name: (empty field)

At the bottom of the form, there are two fields: "Last Update" with the value "11/10/2008 09:04:29 AM" and "By" with the value "ADMINISTRATOR".

The NEW  icon will bring up the **SUBMITTER DETAIL SCREEN:**

NAME

Enter the name of the clearinghouse or the name of the specific payer. This field does not transmit in the billing file, name it something you will recognize when doing your billing.

PHONE

If you happen to have this information it could be stored for contact information much like having a "rolodex" at your fingertips.

WEBSITE

This field is helpful for your information and does not transmit or affect the billing file.

INS. FORMAT

Typically this field is set to NSF2, National Standard Format. There is also an ANSI format for your choice.

RESPONSE CODE

Do not use these fields as they are not required.

SUBMITTER ID

This field transmits the unique ID provided to you by the clearinghouse. ClinicPro agents are prepared to help you determine the specific ID needed for your office in your state.

SUBMITTER NO

This field transmits the unique ID that the EDI department uses as recognition of their Trading Partner Agreement with the insurance carrier. It is most commonly the specific insurance carrier's Payor ID.

SENDER ID

Here is the field that transmits your unique ID that the clearinghouse has generated to recognize your office. In some states, like Michigan, this number is your unique "Biller Code."

RECEIVER ID

These fields are assigned by the EDI department and ClinicPro agents will be helpful in guiding you through inputting data for billing.

GROUP ID**GROUP NAME**

When you completed your registration with the insurance carrier, you agreed to be recognized by either your Type I (individual) National Provider Identification" (NPI) number, or your Type II (organizational) NPI number. If the field is left blank, ClinicPro software will inject your Type I NPI in the correct loop of the billing file. In cases where your billing is registered with your Type II NPI, this field will require you to enter your clinic name. This will allow the ClinicPro software to inject your Type II NPI number in the correct loop.

This screen of the software will be discussed with you and your office staff early in the training and set up process with ClinicPro. We are a partner in your success and our agents maintain a database that allows us to reference information to guide you through getting set up to transmit secure and accurate claim information.

The Billing Industry is notoriously volatile and somewhat complex. To ensure successful billing some important factors should be considered:

- Contact ClinicPro and schedule your initial billing session as soon as is possible for your office.
- Understand that the various insurance carriers and clearinghouses have different protocol and enrollment periods. Stay in touch with your enrollment process.
- Exercise patience in your billing process as this will pay off in the long haul.

INSURANCE & MEDIGAP COMPANIES


Here is the database in ClinicPro that houses the various insurance carriers your patients may have coverage with when they visit your office. This list can expand to be quite lengthy, especially as your practice grows. Once you have digested an understanding of “SUBMITTERS” you will see that every insurance carrier must be sent through one of your designated clearinghouses, unless you are submitting on HCFA forms.

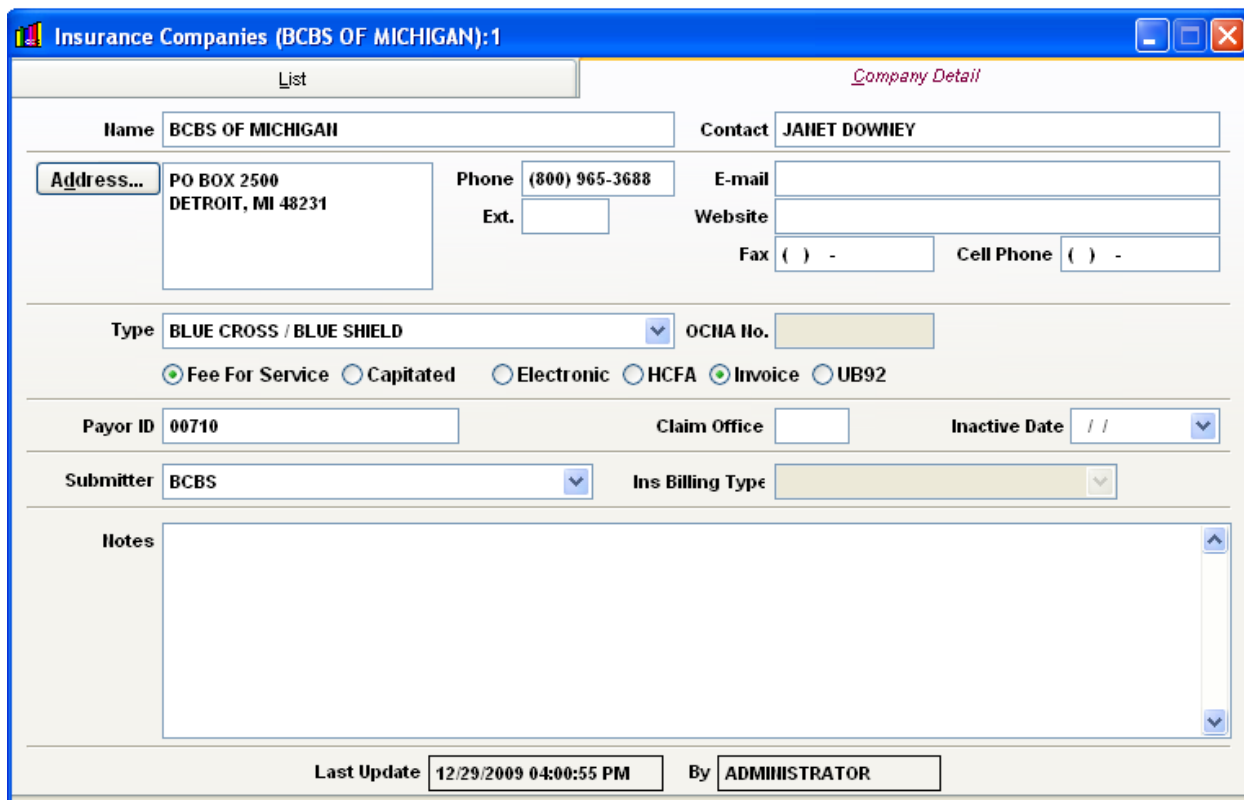
A “Medigap” policy is health insurance sold by private insurance companies to fill the gaps in Medicare Plan coverage. A Medigap policy helps to pay some of the health care costs that the Medicare Plan does not cover. Currently Medicare has formed partnerships with commercial insurance companies for prescription drug plans (Medicare Part D).

Insurance carriers are divided into different “types” regarding how they will be compiled with the clearinghouses. Here is our concept of what we call “The Big 3:” Blue Cross Blue Shield, Medicare, and Medicaid. These are governmental insurance companies and operate on a “not for profit” basis. The Big 3 will use their specific names when deciding what “Type” you will select for them. An example of this is: if your insurance carrier is Medicare then you will chose Medicare as the “Type”.

Commercial insurance companies are the next largest “types” of insurance carriers that populate the industry. These are your profit geared insurance carriers like Aetna, United Health Care and Cigna; the number of commercial insurance companies is huge. Commercial carriers are not members of any governmental plans although they are now partnering with Medicare on the Medicare Plan D. Please, keep this mind when deciding on the “Type” of carrier.

Once the insurance company is input for one patient, that company will always be available as part of the BROWSE list. Since different areas of the ClinicPro software can access this list, any changes you make in this screen will be accessed immediately in the ClinicPro software.

The New Icon  will bring up the **Insurance Company** screen:



The screenshot shows a software window titled "Insurance Companies (BCBS OF MICHIGAN):1". The window contains a form with the following fields and values:

- Name:** BCBS OF MICHIGAN
- Contact:** JANET DOWNEY
- Address...:** PO BOX 2500, DETROIT, MI 48231
- Phone:** (800) 965-3688
- E-mail:** (empty)
- Website:** (empty)
- Fax:** () - () -
- Cell Phone:** () - () -
- Type:** BLUE CROSS / BLUE SHIELD (dropdown menu)
- OCHA No.:** (empty)
- Payment Options:** Fee For Service, Capitated, Electronic, HCFA, Invoice, UB92
- Payor ID:** 00710
- Claim Office:** (empty)
- Inactive Date:** / / (dropdown menu)
- Submitter:** BCBS (dropdown menu)
- Ins Billing Type:** (dropdown menu)
- Notes:** (empty text area)
- Last Update:** 12/29/2009 04:00:55 PM
- By:** ADMINISTRATOR

NAME The insurance company will populate this field. Please do not use any characters other than alpha or numeric in any of the ClinicPro fields as this may cause rejections when the claim is sent through an electronic billing audit.

CONTACT (Phone / Email / Website / Fax / Cell Phone)

Optional - these fields can hold important information for your own purposes, they do not transmit in a billing file.

ADDRESS Always use ClinicPro Address Buttons to enter addresses in your software as this will ensure proper alignment for electronic billing. Omit any characters like hyphens from these fields.

TYPE This refers to the type of insurance that is being entered in the software. Please use the Drop Down arrow for your choices.

OCNA This field is reserved for use with Medigap Companies and will not be applicable for your entry.

RADIO BUTTONS

FEE FOR SERVICE

CAPITATED

Choose FEE FOR SERVICE all the time as the use of capitated insurance payment plans are rather obsolete in the current insurance billing industry.

ELECTRONIC

HCFA

Choose the type of billing you will be doing with this particular insurance carrier; you will be sending either electronic claims or creating Health Claim forms (HCFA). This button can be switched back and forth as is necessary for your office to do paper billing and then you can resume ELECTRONIC.

INVOICE

UB92 – option used for Hospitals.

Choose the INVOICE option when you need a record of patient services and are not creating a billing file. This option is used when an attorney is involved with your patient who may have been involved in an injury or accident claim. The invoice closely resembles a credit card type statement with a running list of services.

PAYOR ID

This field must never be left blank as it is the insurance companies' way of being identified in the billing industry much the same way you are identified by your Provider ID. In the event that an insurance carrier is requiring HCFA billing and does not have an assigned Payor ID, please use a default Payor ID- 98999.

CLAIM OFFICE

Not all insurance carriers employ a claim office number as their identification. When determining the Payor ID it will become clear if the company also has a claim office number.

INACTIVE

If you wish to have the insurance company vacate this list in the future, add a date in this field. Your information will not be lost; it will simply be added to your 'inactive' list.

SUBMITTER

Use the Drop Down Arrow to choose the appropriate Submitter for this particular insurance carrier.

INS. BILLING TYPE

This field needs to match the same choice as you applied in the TYPE field. If you chose Medicare in TYPE then you will also choose Medicare for this box.

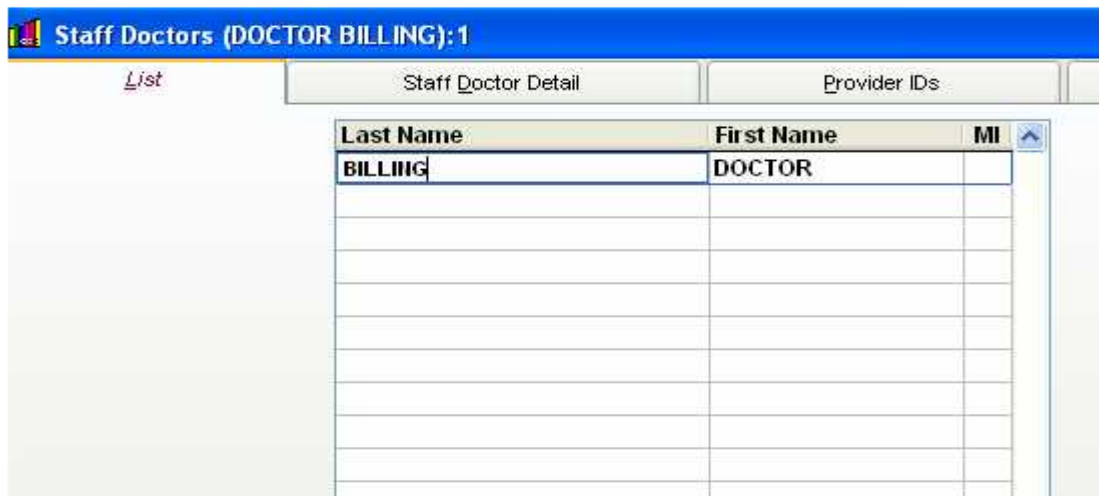
NOTES

This NOTE box is enabled with a “pop-up” feature. Any information you enter in this box will display the box as RED so you are aware there is a note. It will also “pop up” a message displaying information entered when accessing this particular insurance carrier in your day to day functioning. This is helpful in keeping a reminder of information specific to this insurance carrier for you and your staff.

Staff Doctors

This is where you enter the information for your rendering and billing providers on staff.

To add a new staff doctor, open up the Staff Doctor screen under Lists: Click the New  Icon.



Last Name	First Name	MI
BILLING	DOCTOR	

Name, Address, Phone Number, Email, and Tax ID

Fill these fields in with the appropriate information. Please make sure you use the Address button to fill in the address information to insure accurate alignment for successful electronic billing.

Social Security Number

This information is rarely used for billing any longer. The provider is usually recognized by their Tax Identification and National Provider Identification numbers in the current industry. If the provider is still recognized by their SSN, please fill this field in for billing. When billing, the Tax ID takes precedence over the SSN, if there is a Tax ID filled in, then the SSN will not print or be transmitted in billing.

Inactive Date

When you need to remove a staff doctor from the rotation, you can add a date in the field. This will remove the doctor status to “inactive” so they will vacate the list yet their information will not be removed from your database.

Specialty and Commercial Provider Specialty

Choose the doctor's listed specialty. This is only transmitted in electronic billing.

Provider Organization

Specifies the organization type in which this provider is billing. This is only transmitted in electronic billing.

Group NPI

This is the NPI number of the clinic. If you have one, enter it here. If you do not, leave it blank.

NPI Number

This is the Doctor's individual NPI number. This number is used as the primary identification for the doctor in billing.

Billing Doctor

The billing doctor is the same as the doctor who rendered the service. In rare instances, you may want to specify a different billing doctor. When you specify a different billing doctor than the one who provided the service, the claim will be submitted under that doctor's ID numbers. If this is what you want, set the billing doctor to the one whose provider ID you wish to use.

Accept Assignment

Staff Doctor Accept Assignment

Billing Dr	BILLING, DOCTOR			
Accept Assignment	A	Insurance Carrier Name	Address	City
<input type="checkbox"/>		GENERIC COMM HCFA	32452345	3452345
<input checked="" type="checkbox"/>		MEDICARE GROUP	3245346	3463426
<input checked="" type="checkbox"/>		MEDICARE HONGRP	23456345	346346
<input type="checkbox"/>		PHP GROUP	215352315	235125

Accepting Assignment means you are participating with a certain carrier and have an agreement that this Doctor is accepting assignment of benefits from the Insurance Company. In short, this checkbox means you want the insurance company to pay the Doctor rather than pay the Patient.

Each doctor listed needs to setup whether or not they will be Accepting Assignment for every insurance carrier that is entered into the system. The default value is unchecked, meaning benefits go to the patient.

When transactions are processed, the assignment values are brought forward from the Staff Doctor screen. These values can be changed on a transaction by transaction basis, on the patient's transaction card.

Insurance Carrier	No Change	Accept	Do Not Accept
BCBS	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEP	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commercial	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
HMO	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Quick Set allows you to quickly set up Accept Assignments for a doctor based on the Insurance Company Type. If this Doctor accepts assignment of benefits from all Blue Cross and Commercials but not from Medicare you would choose Accept on BCBS and Commercial, Do Not Accept on Medicare, and No Change on FEP and HMO. No change keeps the info that is already in for the status of those companies, and doesn't apply any changes.

Staff Doctors Provider ID


Insurance billing is a volatile industry and generates frequent changes in billing protocol. The current standard for the Billing industry is referred to as "NPI only," this boils down to your billing files being recognized by the providers' National Provider Identification numbers that were registered at the time with the Electronic Data Interchange (EDI) departments. Some providers who have been billing in the industry for awhile have been prompted to make these registry changes in the past year, other newer providers had the luxury of enrolling with their NPI numbers. Whichever the case, the next section on Provider Identification may not be necessary for you to populate in the ClinicPro Software. We have provided this information in the event that it is necessary for your office. The ClinicPro Billing training will help you make this discernment.

Staff Doctor Provider IDs

List Staff Doctor Detail *Provider IDs*

Carrier	Provider ID	Gro
BCBS HOHGROUP	PROVID	
GENERIC COMM HCFA	PROVID	
MEDICARE GROUP	PROVID	GRP

MEDICARE GROUP PROVID GRP

On the top portion of the screen, it lists all the current Legacy Provider IDs and Group IDs entered into the system for the corresponding insurance carriers. On the bottom portion of the screen, you can choose insurance carriers via the new  icon and fill in the provider identification numbers and group identification numbers that have been assigned to each doctor by that carrier.

Be sure to input your numbers for every insurance company listed as Medicare, Blue Cross, and Medicaid! This means putting in a provider ID for every different BCBS / Medicare / Medicaid you may have in the system because of varying claim office addresses.

Staff Doctor License Tab

Staff Doctor License

This screen holds any extra information and identifiers for the selected Staff Doctor:

License

This field holds the doctor's license number. For Michigan claims and some other rare exceptions, it must be in the format of: First Initial, Last Initial, 00, and the last 4 numbers of their license number. Ex: Billing Doctor has a License number of 123456789999, so his License in Clinic Pro will be BD009999 for Michigan billing.

DEA License

Required for prescription printing in Clinic Pro. This is a license number assigned by the federal government for prescribing drugs.

UPIN Number

No longer being used, NPI replaced this. If you have it available, input the doctors UPIN.

Anesthesia ID

If you have a specific ID assigned for anesthesia, input it in here. This information will be transmitted electronically when billing for procedure codes that are designated as anesthesia.

CLIA Lab ID

If your doctor orders and performs laboratory services in your office, It is necessary to send your CLIA Lab ID number when lab services are submitted. Clinic Pro transmits the CLIA number for lab-specific CPT codes.

Mammography ID

If you perform mammography services in your clinic, it is necessary to put your mammography certificate ID in the Provider ID section of the Staff Doctor List. When the CPT code being billed is a mammography service, Clinic Pro transmits the ID code in the electronic file.

EMC ID

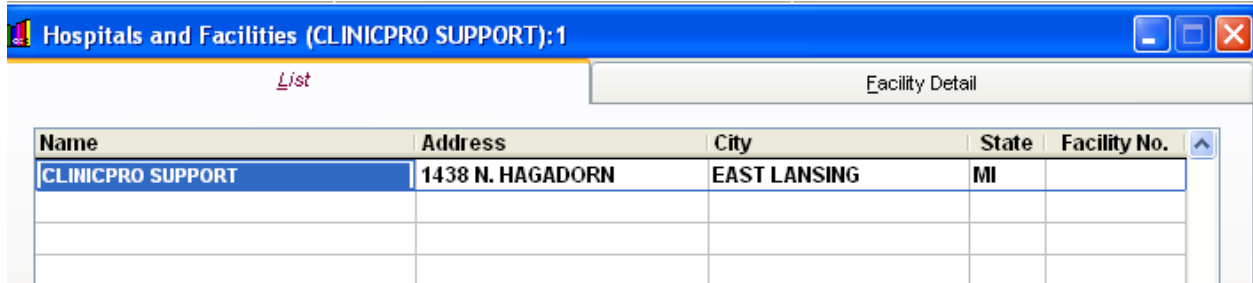
This is also referred to as a **Site ID**. This is an ID assigned by a clearinghouse that tells them how they process your transmitted claims. Not all clearinghouses use this.

All other fields: Call Clinic Pro Support for help if you are being required to transmit claims using these IDs.

ADDING A NEW FACILITY

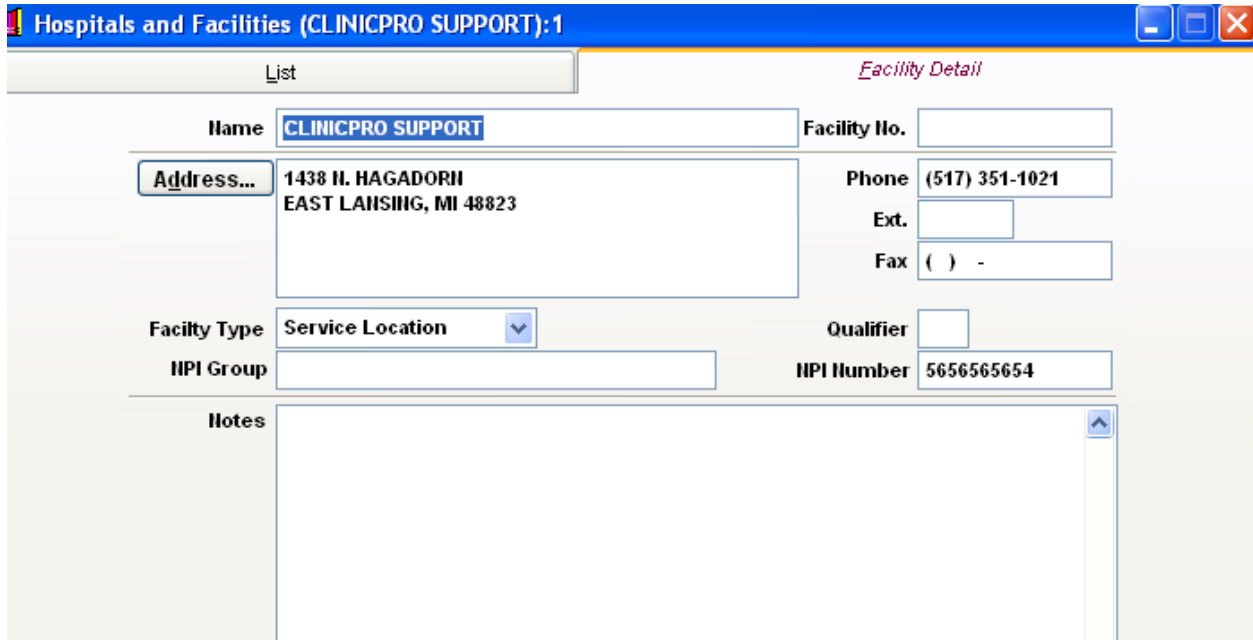
The Facility / Hospital field is used to list the different locations where services are rendered to your patients. Most often the only necessary location is your own clinic or practice.

To enter the Facility information locate Facility / Hospital in **LISTS**



The screenshot shows a window titled "Hospitals and Facilities (CLINICPRO SUPPORT):1". It has two tabs: "List" (selected) and "Facility Detail". Below the tabs is a table with the following data:

Name	Address	City	State	Facility No.
CLINICPRO SUPPORT	1438 N. HAGADORN	EAST LANSING	MI	



The screenshot shows the "Facility Detail" form for the facility "CLINICPRO SUPPORT". The form fields are as follows:

Name	CLINICPRO SUPPORT	Facility No.	
Address...	1438 N. HAGADORN EAST LANSING, MI 48823	Phone	(517) 351-1021
		Ext.	
		Fax	() -
Facility Type	Service Location	Qualifier	
HPI Group		HPI Number	5656565654
Notes			

The facility is referred to as "Box 32" or the 2310D loop when insurance companies / clearinghouses talk about it.

Name, Address, and Phone

Fill in this field with your location information. The address listed is what prints on the CMS -1500 form in Box 32 or what will be transmitted in Loop 2310D of an electronic billing file.

Recently companies have been requiring the 9 digit zip code in the address field for the Service Facility. Please do not use any dashes or spaces in this field (Ex: 488231234).

Facility Number

Generally this field is left blank. If an insurance company requires a specific number in NM109 of the Facility Loop, this will fill that requirement.

Facility Type

This information is only transmitted in an electronic billing file. Your billing trainer will have specific instructions as to what to fill in this field if it is needed.


NPI Group & NPI Number

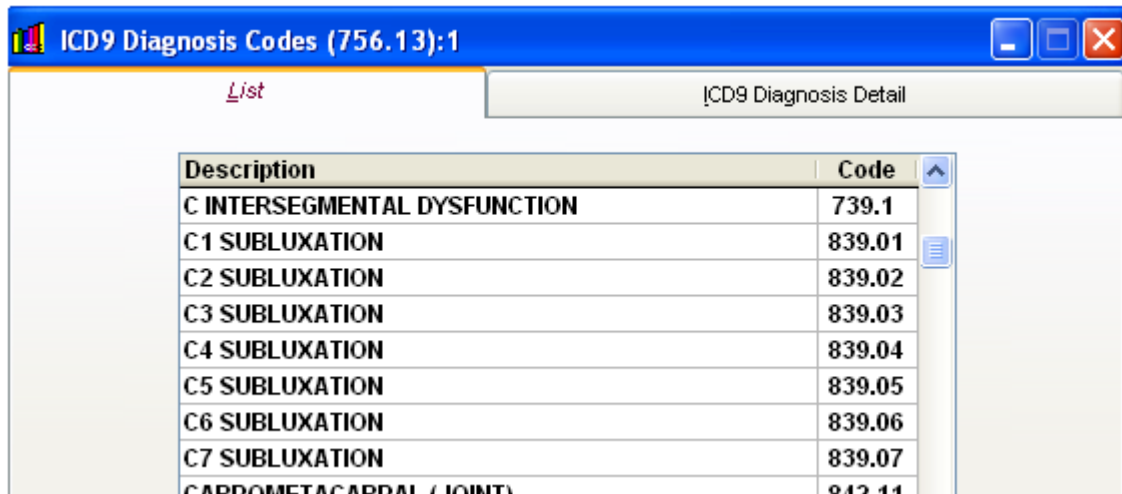
These fields will print out on Box 32 when filled in, and be transmitted electronically. Only fill these in if a clearinghouse or insurance company requires you to, as it can cause problems with companies who do not want to see this information.

Diagnosis Codes

Here is the list of the International Class of Diagnoses (ICD-9) codes that can be used to describe ailments a patient is experiencing. ICD-9 codes are used to describe any disease or condition that a patient is experiencing.

Adding a New Diagnosis - To add a new Diagnosis, open up the Diagnosis screen under Lists.

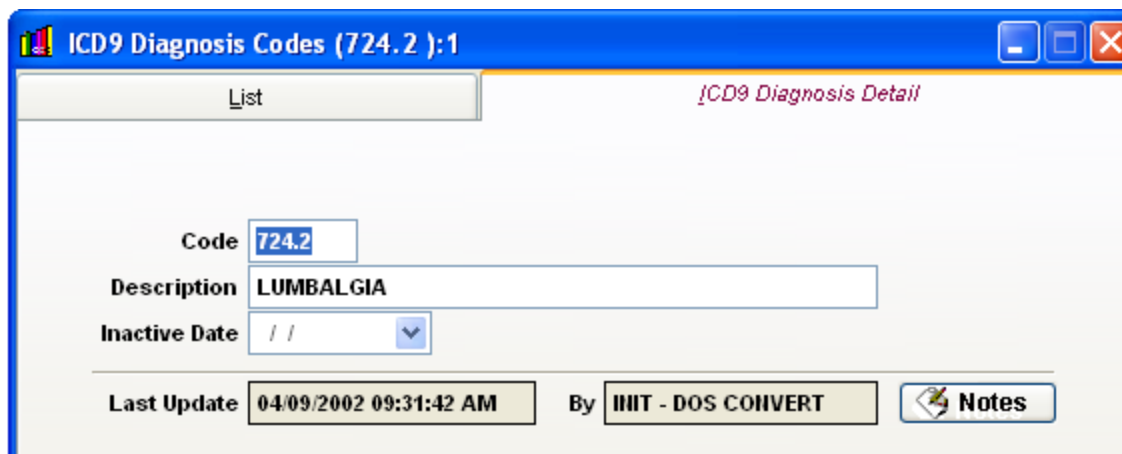
To add a new diagnosis, click the New  icon.



The screenshot shows a window titled "ICD9 Diagnosis Codes (756.13):1". It has two tabs: "List" (selected) and "ICD9 Diagnosis Detail". The "List" tab contains a table with two columns: "Description" and "Code".

Description	Code
C INTERSEGMENTAL DYSFUNCTION	739.1
C1 SUBLUXATION	839.01
C2 SUBLUXATION	839.02
C3 SUBLUXATION	839.03
C4 SUBLUXATION	839.04
C5 SUBLUXATION	839.05
C6 SUBLUXATION	839.06
C7 SUBLUXATION	839.07
C8 SUBLUXATION	839.08
C9 SUBLUXATION	839.09
C10 SUBLUXATION	839.10
C11 SUBLUXATION	839.11
C12 SUBLUXATION	839.12
C13 SUBLUXATION	839.13
C14 SUBLUXATION	839.14
C15 SUBLUXATION	839.15
C16 SUBLUXATION	839.16
C17 SUBLUXATION	839.17
C18 SUBLUXATION	839.18
C19 SUBLUXATION	839.19
C20 SUBLUXATION	839.20
C21 SUBLUXATION	839.21
C22 SUBLUXATION	839.22
C23 SUBLUXATION	839.23
C24 SUBLUXATION	839.24
C25 SUBLUXATION	839.25
C26 SUBLUXATION	839.26
C27 SUBLUXATION	839.27
C28 SUBLUXATION	839.28
C29 SUBLUXATION	839.29
C30 SUBLUXATION	839.30
C31 SUBLUXATION	839.31
C32 SUBLUXATION	839.32
C33 SUBLUXATION	839.33
C34 SUBLUXATION	839.34
C35 SUBLUXATION	839.35
C36 SUBLUXATION	839.36
C37 SUBLUXATION	839.37
C38 SUBLUXATION	839.38
C39 SUBLUXATION	839.39
C40 SUBLUXATION	839.40
C41 SUBLUXATION	839.41
C42 SUBLUXATION	839.42
C43 SUBLUXATION	839.43
C44 SUBLUXATION	839.44
C45 SUBLUXATION	839.45
C46 SUBLUXATION	839.46
C47 SUBLUXATION	839.47
C48 SUBLUXATION	839.48
C49 SUBLUXATION	839.49
C50 SUBLUXATION	839.50
C51 SUBLUXATION	839.51
C52 SUBLUXATION	839.52
C53 SUBLUXATION	839.53
C54 SUBLUXATION	839.54
C55 SUBLUXATION	839.55
C56 SUBLUXATION	839.56
C57 SUBLUXATION	839.57
C58 SUBLUXATION	839.58
C59 SUBLUXATION	839.59
C60 SUBLUXATION	839.60
C61 SUBLUXATION	839.61
C62 SUBLUXATION	839.62
C63 SUBLUXATION	839.63
C64 SUBLUXATION	839.64
C65 SUBLUXATION	839.65
C66 SUBLUXATION	839.66
C67 SUBLUXATION	839.67
C68 SUBLUXATION	839.68
C69 SUBLUXATION	839.69
C70 SUBLUXATION	839.70
C71 SUBLUXATION	839.71
C72 SUBLUXATION	839.72
C73 SUBLUXATION	839.73
C74 SUBLUXATION	839.74
C75 SUBLUXATION	839.75
C76 SUBLUXATION	839.76
C77 SUBLUXATION	839.77
C78 SUBLUXATION	839.78
C79 SUBLUXATION	839.79
C80 SUBLUXATION	839.80
C81 SUBLUXATION	839.81
C82 SUBLUXATION	839.82
C83 SUBLUXATION	839.83
C84 SUBLUXATION	839.84
C85 SUBLUXATION	839.85
C86 SUBLUXATION	839.86
C87 SUBLUXATION	839.87
C88 SUBLUXATION	839.88
C89 SUBLUXATION	839.89
C90 SUBLUXATION	839.90
C91 SUBLUXATION	839.91
C92 SUBLUXATION	839.92
C93 SUBLUXATION	839.93
C94 SUBLUXATION	839.94
C95 SUBLUXATION	839.95
C96 SUBLUXATION	839.96
C97 SUBLUXATION	839.97
C98 SUBLUXATION	839.98
C99 SUBLUXATION	839.99

Please refer to the current year's ICD manual for a complete list of valid codes and explanations. Your ClinicPro will include relevant diagnosis to your office's specialty.



The screenshot shows a window titled "ICD9 Diagnosis Codes (724.2):1". It has two tabs: "List" and "ICD9 Diagnosis Detail" (selected). The "ICD9 Diagnosis Detail" tab shows the following information:

Code: 724.2
Description: LUMBALGIA
Inactive Date: / /
Last Update: 04/09/2002 09:31:42 AM By: IIIT - DOS CONVERT

There is a "Notes" button with a speech bubble icon.

Code

Input the code as it appears in the code book. "E" codes can be put in ignoring the decimal point. (Example: E832.0 will appear in this screen as E83.20 - that's okay! When information is transmitted the decimal isn't even included, so it will end up being E8320 either way.)

Description

Input a description of the Diagnosis code. The verbiage you put here is not transmitted in billing files, but will print on certain reports.

Inactive Date

Adding a date in this field will add the Diagnosis Code to your "inactive" list so you do not have to continuously scroll through codes you no longer utilize.

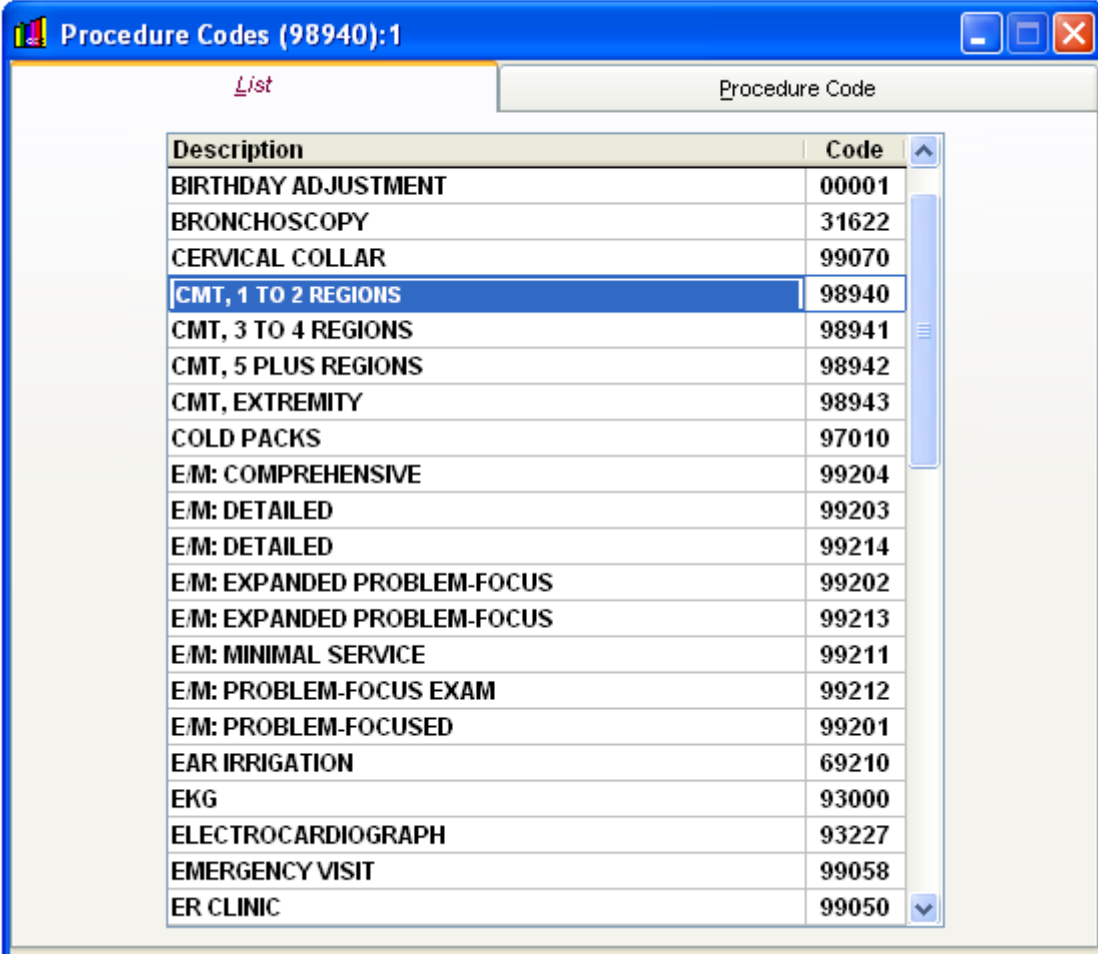
PROCEDURES & FEES

This list of Procedures is set up in your system to bill services at specific prices. The Procedures can be set to bill the insurance carriers as well as services that stay “in house.” (Examples: supplements, services, purchased items, and payment plans.)

Add a New Procedure

To add a new Procedure, open up the Procedure screen under Lists

Press the New  icon:



The screenshot shows a window titled "Procedure Codes (98940):1" with a "List" tab selected. The window contains a table with two columns: "Description" and "Code". The table lists various medical procedures and their corresponding codes. The row "CMT, 1 TO 2 REGIONS" with code "98940" is highlighted in blue.

Description	Code
BIRTHDAY ADJUSTMENT	00001
BRONCHOSCOPY	31622
CERVICAL COLLAR	99070
CMT, 1 TO 2 REGIONS	98940
CMT, 3 TO 4 REGIONS	98941
CMT, 5 PLUS REGIONS	98942
CMT, EXTREMITY	98943
COLD PACKS	97010
E/M: COMPREHENSIVE	99204
E/M: DETAILED	99203
E/M: DETAILED	99214
E/M: EXPANDED PROBLEM-FOCUS	99202
E/M: EXPANDED PROBLEM-FOCUS	99213
E/M: MINIMAL SERVICE	99211
E/M: PROBLEM-FOCUS EXAM	99212
E/M: PROBLEM-FOCUSED	99201
EAR IRRIGATION	69210
EKG	93000
ELECTROCARDIOGRAPH	93227
EMERGENCY VISIT	99058
ER CLINIC	99050

The Procedure window allows you to customize many different services you render and allow the functionality of adding these customized procedures on to the patient transaction cards.

Procedure Codes (98941):1

List Procedure Code

Code Description

Carrier	Charge	Approved

Default Charge Amount Base Units
 Min. Appt. Duration minutes Inactive Date
 Place of Service
 Type of Service
 BS Place of Service
 Mods
 Inventory Item Number
 Taxable Item Bill Patient Only Anesthesia Units
 Last Update By

CPT Code & Description

The Common Procedural Terminology (CPT) code and short description for the service being rendered. Every year the American Medical Association updates the CPT codes. At that time, Clinic Pro users may choose to add procedure codes that have been added to the CPT manual.


For in-house codes not being billed to insurance companies you can specify any 5-character code you wish (Remember to use Bill Patient Only for in-house codes!)

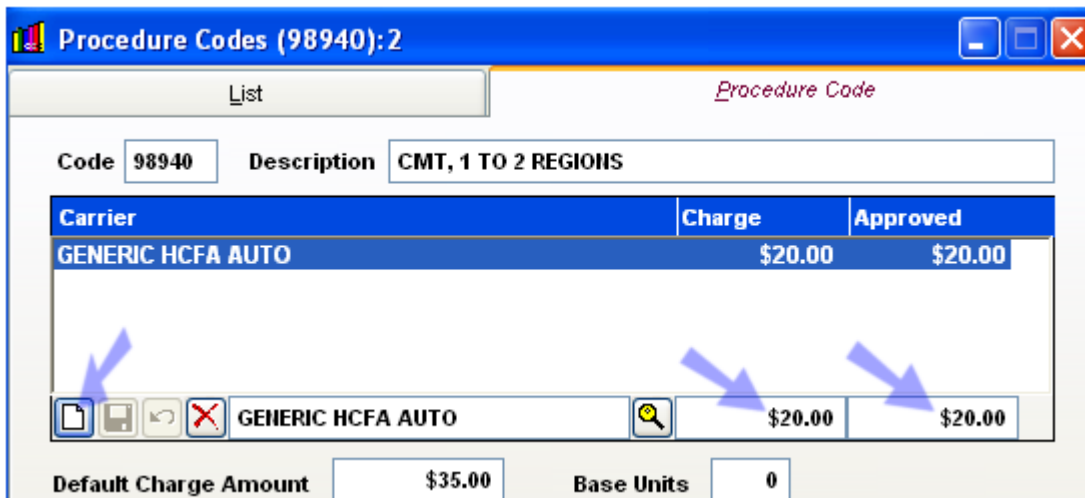
Duplicate CPT codes are allowed; make sure the Description is different.

Multiple Fee Schedules

The Procedure screen allows you to create multiple fee schedules for individual insurance companies using the same CPT.

This screen should only be used if you are comfortable with your state's laws in Medical Billing. By creating multiple fee schedules for different insurance companies, it can be viewed during an audit as charging one patient more than another patient for the exact same medical procedure. In some states this can be a very serious offense. Some exclusions are made for insurance companies that are non-participating and require a different amount be billed in the industry, **Please use this only if you are sure of your state's laws and that it is standard to specify these exclusions.**

To set up a new fee schedule for a procedure, click the New  button, then double-click on an insurance company.



Carrier	Charge	Approved
GENERIC HCFA AUTO	\$20.00	\$20.00

Code: 98940 Description: CMT, 1 TO 2 REGIONS

Default Charge Amount: \$35.00 Base Units: 0

Put in the charge and approved amount that the fee schedule shows the insurance company will pay. Save. When entering this procedure code, used as an example, on a patient with this “Generic HCFA Auto” insurance, it will generate a \$20 charge rather than a \$35 charge.

Default Charge

This is the amount you want to charge for one unit of this service code.

Base Units

This applies specifically to Anesthesia codes. When entering this procedure onto a patient's transaction card, it will automatically bill this amount of anesthesia units. Leave this field at 0 if the code is not anesthesia.

Min. Appt. Duration

Not used currently.

Inactive Date

If you would like to add a specific procedural code to your inactive list, place a date in this field. This alleviates having to maintain a list of codes that no longer are utilized in your practice.

Place of Service

The place of service codes are determined by the Health Care Financing Administration (HCFA). Code 11 is for a Physicians' Office and a very common place of service to use.

Type of Service

This reflects the type of medical care being given. Enter "1" for most medical procedures. The value "4" for Diagnostic X-rays is also used frequently. Click the magnifying glass for more options.

BS Place of Service

This is a 1 digit version of the Place of Service code used in some states' electronic billing for Blue Cross / Blue Shield. The equivalent for 11, Physicians' Office, is 3.

Modifiers

You may select up to 3 modifier codes to be automatically included every time this Procedure is added to a transaction card. This is helpful for some states' Medicare billing that requires certain modifier codes.

ClinicPro allows you to set up multiple different transactions for the same CPT code, but contain different information. This can be especially useful when billing Medicare and some other Insurance companies that require modifiers be sent.

It can be beneficial to setup a "Medicare" version of a commonly billed CPT code to save time when entering transactions. This "Medicare" version of the transaction can have the modifier codes included, and the "Regular" version does not have them. If you do this, be sure to name these codes distinctly so you don't accidentally add a modifier-filled code to a wrong patient! As seen below, the codes are named to express that the Medicare one contains the Modifier codes attached to it and the regular CMT 98940 does not contain the modifier codes.

Description	Code
CMT, 1 TO 2 REGIONS	98940
CMT: MEDICARE ADJUSTMENT 1-2 REGION	98940
CMT 3 TO 4 REGIONS	98941

Inventory Item Number

ClinicPro can keep track of the number sold of a certain inventory item by specifying an inventory ID under the Procedures and Fees screen. By assigning a unique ID in this blank, ClinicPro will keep a counter for each time a procedure with this ID is put on a transaction card. This is helpful for knowing when and how much to order to fully restock items.

Taxable Item

By checking this box, you can add the default tax amount to the procedure. The amount of tax you charge will be applied in the SYSTEMS PARAMETER MAINTENACNE screen.

Bill Patient Only

By checking this box, this will force the balance of this procedure to be added under patient responsibility, and will never bill to an insurance carrier. This is very helpful for in-house codes, used for things like NSF Check fees, Late Fees, or Supplements.

Anesthesia Units

Check this box if the CPT code used is an Anesthesia code.

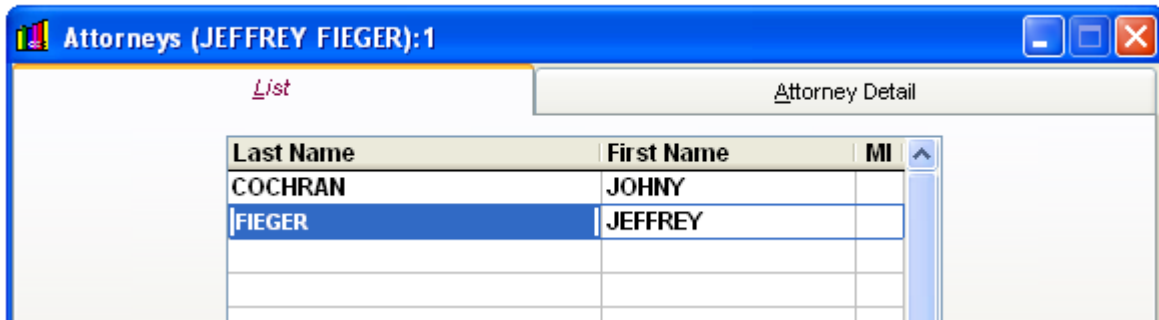
ATTORNEYS

The Attorney List allows you to create a pick list of attorneys that have referred patients to your office or that may be working with you on a law suit.

You can use the mail merge function to create letters to the attorneys, thanking them for referrals, or whatever you wish to create.


The Attorney List can be accessed in two ways:

- 1) You may enter data through Lists and then click on Attorneys
- 2) While you are adding a patient record, you may enter an attorney by clicking on the drop down from the attorney menu and selecting 'Add New.'



The screenshot shows a window titled "Attorneys (JEFFREY FIEGER):1". It has two tabs: "List" (selected) and "Attorney Detail". The "List" tab displays a table with the following data:

Last Name	First Name	MI
COCHRAN	JOHNY	
FIEGER	JEFFREY	



The screenshot shows the same window with the "Attorney Detail" tab selected. The form contains the following information:

Name
Last: FIEGER, First: JEFFREY, MI:

Address... 213 LAWMAN RD
DEARBORN, MI 48521

Phone (248) 989-7541
Ext.

E-mail FIEGER@SEND.COM

Fax (313) 788-9546 **Cell Phone** (248) 989-7541

Notes

Adding a New Employer

To Add a new Employer, open up the Employer screen under Lists

Employers (SPEAKER WORLD):1

List *Employers Detail*

Name SPEAKER WORLD

Contact LOTZ O. VOLUME

Address... 123 HEARING PARK
NEW HAVEN, CT 06423

Phone (203) 477-8999

Ext. 623

E-mail CRANKITUP@SPAERWORLD.COM

Website WWW.SPEAKERWORLD.COM

Fax () - **Cell Phone** () -

Notes

Last Update 09/29/2009 03:27:57 PM **By** ADMINISTRATOR

Also from the Patient Detail Card you can pick the specific Employer to add to the account:

Financial Class Insurance Initial Balance Source

Mail Code Patient Responsible Party BUNDY, AL S

Attorney As of Legal Representative

Employer	Job Title	Status	COB	Work Phone	Ext.
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(313) 245-6123	12
2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	() -	

late 07/02/2008 01:57:55 PM **By** ADMINISTRATOR

Non Patients

When your patients have insurance policies that are **not in their own names** and instead in the name of a family member or legal guardian, you will have to house certain information from **the cardholder** in order to successfully bill to the insurance company.

When the cardholder is not a patient in your office, the NON PATIENT list is where you will enter their information.

The screenshot shows a software window titled "Persons (BUNN E. CARLOS):1". The window has two tabs: "List" and "Persons Detail". The "Persons Detail" tab is active and contains the following fields:

- Name:** CARLOS, BUNN, E. Suffix: [dropdown]
- Send Statements:**
- Address...:** 12 CHEAP TRICK AVE, MISSOULA, MT 56564
- Birthdate:** 04/07/1989 [dropdown]
- Gender:** M
- Phone:** (401) 222-5555
- Inactive:** // [dropdown]
- Person No.:** [text box]
- Retirement:** // [dropdown]
- Employer:** [dropdown]
- Status:** [dropdown]

At the bottom of the form is a button labeled "Upgrade Person to Patient".

Name, Address, Birthdate, Gender, and Phone Number

Please enter all this information as it will be transferred in your billing file to the insurance company. Your payment will be generated from the policy cardholder information in this situation.

Send Statements

Checking this box will enable Patient Billing statements to generate as the patient billing is generated through this responsible party.

Inactive

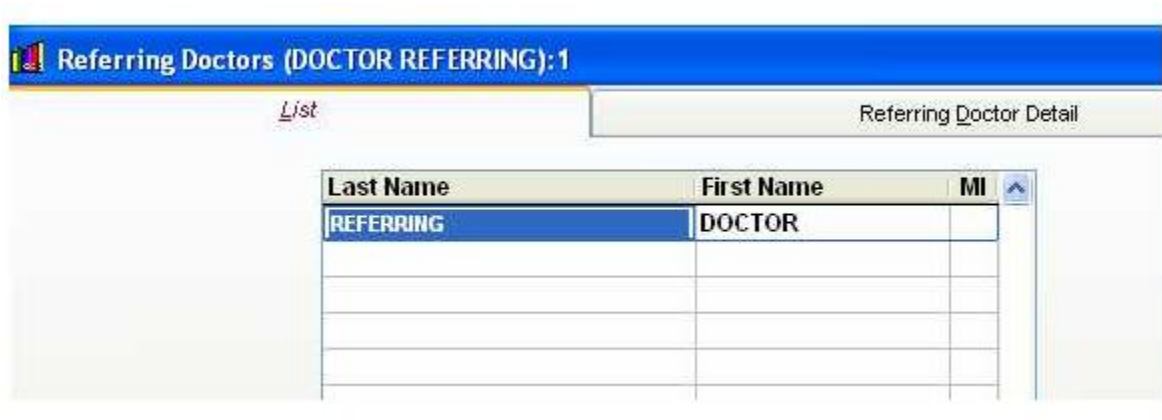
You can choose to make these entries inactive.

The remainder of the screen is not necessary for you to enter unless this is information that you would like to have on file. There is also an option to **Upgrade Person to Patient** if this responsibility party decides to become an active patient in your clinic.

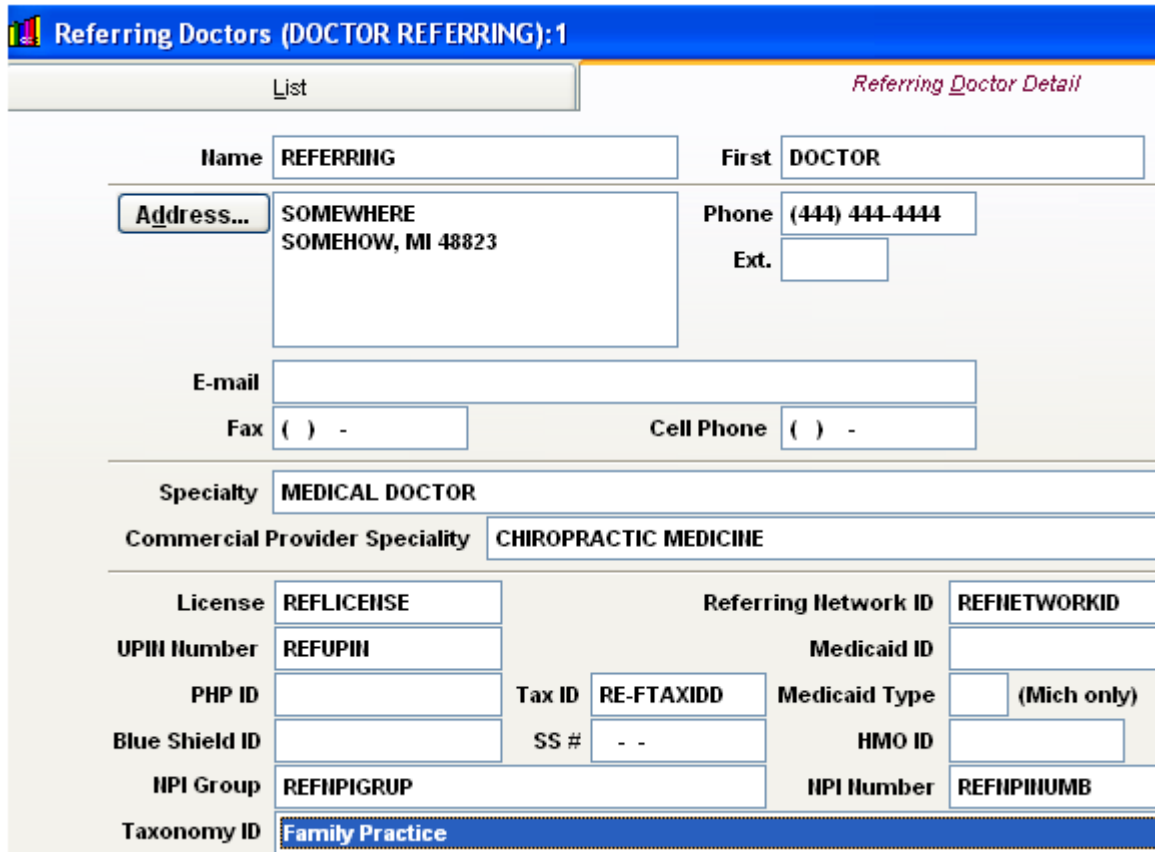
REFERRING DOCTORS

The referring doctors table allows you to input a Referring Doctor and maintain the necessary information on that doctor for future patients. The referring doctors appear in a browse or pick-list for future reference.

Adding a New Doctor - To Add a new Referring Doctor, open up the Referring Doctor screen under Lists: Referring Doctors, and click the New  Icon.



Last Name	First Name	MI
REFERRING	DOCTOR	



Name REFERRING		First DOCTOR	
Address...	SOMEWHERE SOMEHOW, MI 48823	Phone	(444) 444-4444
		Ext.	
E-mail			
Fax	() -	Cell Phone	() -
Specialty	MEDICAL DOCTOR		
Commercial Provider Specialty	CHIROPRACTIC MEDICINE		
License	REFLICENSE	Referring Network ID	REFNETWORKID
UPIII Number	REFUPIII	Medicaid ID	
PHP ID		Medicaid Type	(Mich only)
Blue Shield ID		HMO ID	
NPI Group	REFNPIGRUP	NPI Number	REFNPIIUMB
Taxonomy ID	Family Practice		
	Tax ID	RE-FTAXIDD	
	SS #	- -	

Name, Address, Phone, Email, Fax, and Cell

Fill out the pertinent information from the referral in these fields. Make sure that you use the Address bar when filling out the address information.

If you are in Michigan and billing to Blue Cross Blue Shield, be sure to fill out the license number for the referring doctor.

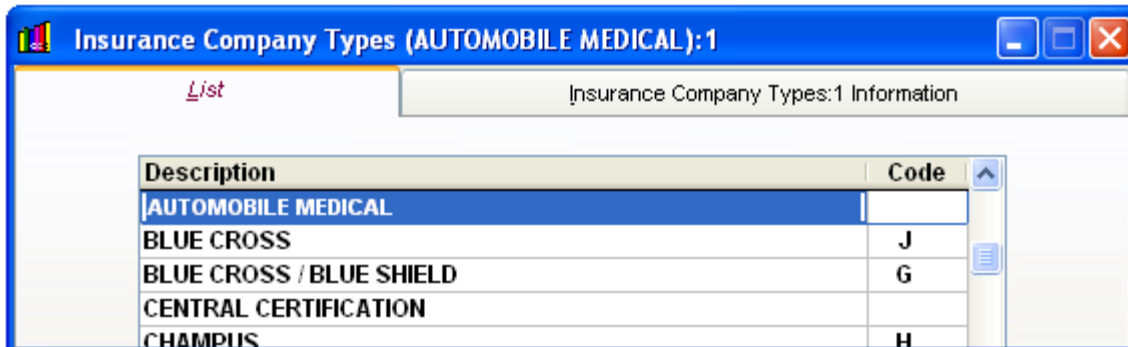
If it is a Medicare claim, be sure to fill out the NPI number.

If it is a Medicaid, be sure to fill out the Medicaid ID number.

The Tax ID and the social security number are necessary for some commercial claims, as well as the Specialty and the Commercial Provider Specialty.

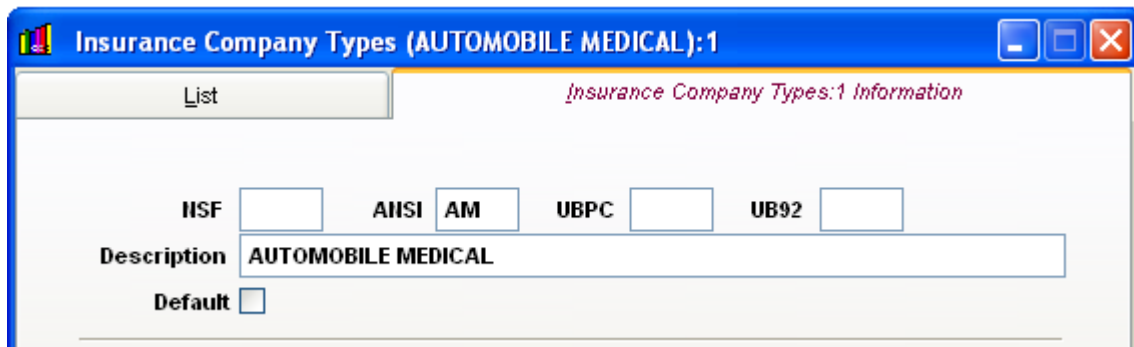
General Code Definitions Tables

In the ClinicPro software are certain types of “descriptors,” “qualifiers,” or “types,” that are used either to generate in the billing file, or with the practice management facet of your software. This lengthy list enables you to add to, or amend, the codes that are currently set in your software. If new codes are needed for a particular item you can add them by clicking on the NEW Icon and add the codes form there.



The screenshot shows a window titled "Insurance Company Types (AUTOMOBILE MEDICAL):1". It features a "List" button and a tab labeled "Insurance Company Types:1 Information". Below this is a table with two columns: "Description" and "Code".

Description	Code
AUTOMOBILE MEDICAL	
BLUE CROSS	J
BLUE CROSS / BLUE SHIELD	G
CENTRAL CERTIFICATION	
CHAMPUS	H



The screenshot shows the same window with the "List" button selected. The "Insurance Company Types:1 Information" tab is active, displaying a form with the following fields:

- HSF:
- AHSI:
- UBPC:
- UB92:
- Description:
- Default:

Codes that have to do with patient criteria such as the last section of this list are fairly easy to add because they are simply types. (Example: Mail Codes) Other codes that have to do with billing may require some help from the ClinicPro Staff as they will transmit in your billing file and the codes are industry mandated. (Example: Insurance Company Types)


SOAP DESCRIPTIONS / SET DESCRIPTIONS

With the addition of our Electronic Medical Records program we have phased out this function of the program. You can still use these manual soap notes yet we are no longer supporting their functionality.

See ClinicPro technical staff if you have further questions about Soap Encounters.

ACCESSING THE PATIENT LIST

There are two ways to access the Patient list in ClinicPro:

- Click on the Patient list icon  that is on the top-left of the main ClinicPro window
- Click on the Activities Menu, then go to Manage Patients

MANGAGE PATIENTS- CHANGING A PATIENT NUMBER

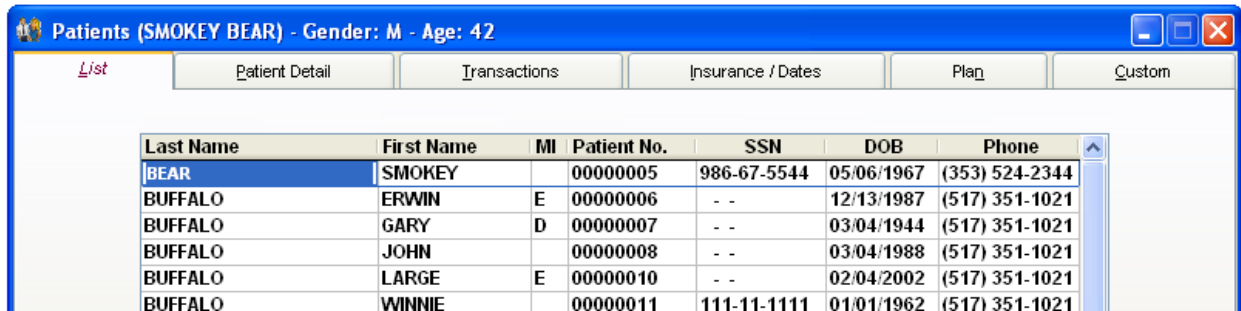
From the **ACTIVITIES** menu list you can access **MANAGE PATIENTS**

This will bring up your **Patient List** and allow you to access your patients. One feature that can be done from this option that cannot be done from simply accessing the patient list is changing the patient numbers.

*This information can also be found on the Clinic Pro Support Website under the heading **Tips and Tricks**

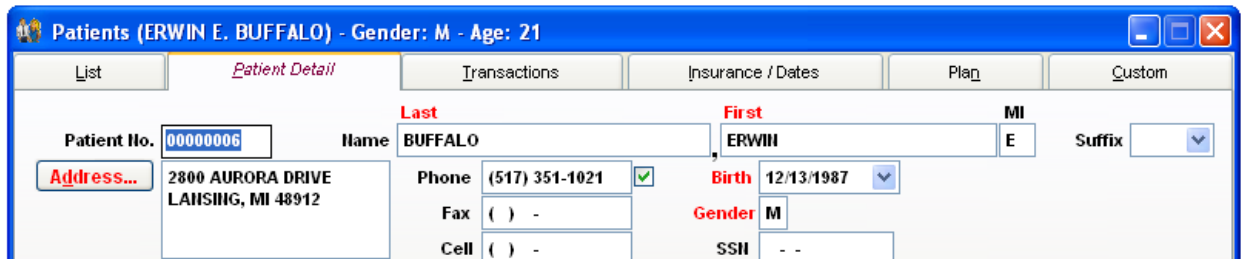
1. Click **System, System Parameters Maintenance**
2. Click the **System Settings** tab
3. Make sure the box next to **System Generated** is un-checked
4. Click **OK**
5. Go into **Manage Patients**

Here is the open patient list:



Last Name	First Name	MI	Patient No.	SSN	DOB	Phone
BEAR	SMOKEY		00000005	986-67-5544	05/06/1967	(353) 524-2344
BUFFALO	ERWIN	E	00000006	- -	12/13/1987	(517) 351-1021
BUFFALO	GARY	D	00000007	- -	03/04/1944	(517) 351-1021
BUFFALO	JOHN		00000008	- -	03/04/1988	(517) 351-1021
BUFFALO	LARGE	E	00000010	- -	02/04/2002	(517) 351-1021
BUFFALO	WINNIE		00000011	111-11-1111	01/01/1962	(517) 351-1021

Find the patient where you would like to begin changing the patient number and open their patient detail card




Patients (ERWIN E. BUFFALO) - Gender: M - Age: 21

Address... 2800 AURORA DRIVE
LANSING, MI 48912

Phone (517) 351-1021 ✓
Fax () -
Cell () -

Birth 12/13/1987
Gender M
SSN - -

Patient No.	00000006	Name	BUFFALO	ERWIN	MI	E	Suffix	
-------------	----------	------	---------	-------	----	---	--------	--

6. Enter in the new patient number, then hit **Save** .
7. When finished, repeat steps 1 & 2
8. Check the box next to **System Generated** IF you had to un-check it
11. Click **OK**

You can use patient numbers or letters in the patient number field.

ENTER PAYMENTS

This area of ClinicPro is where you can begin to amend insurance payments that have been made in error, thus resulting in an insurance credit. You can also amend patient credits and payments through this feature.

An insurance credit is an insurance payment that was incorrectly posted inside the system. To find out whether or not you have insurance credits, first print out an Insurance Credit Listing Report. Go to **Reports, Financial, Credit Listing – Insurance**. Then click **Print**.

There are two types of insurance credits: positive balance and negative balance.

Fixing insurance credits with a Positive balance:

1. Click on the **Activities** menu, and then click **Enter Payments**.

The screenshot shows the 'Payments' window with the following details:

- Source:** Patient (Other)
- Amount:** \$0.00
- Apply To Carrier:** (All)
- Patient:** (All)
- Ins Carrier:** (All)
- Ins Type:** Fee For Service (selected), Capitated
- Search Payments:** [Magnifying Glass Icon]
- Range:** All Balances (selected), Billed w/ Balances, All Charges
- Include Family:** [Unselected]
- Include Ins Charges:** [Unselected]
- Location:** (Credits Only)
- Method:** CHECK
- Date Paid:** 10/22/2009
- Check No.:** [Empty]
- Check Date:** 10/22/2009
- Auto Apply:** [Button]
- Tables:**
 - Table 1: Columns: Date, Patient # / Patient Name, Carrier, CPT, Balance
 - Table 2: Open Balance: Columns: Date, Patient # / Patient Name, Carrier, CPT, Balance, Payment, Other
- Buttons:** Delete (Single Transaction), Total Payment:, Post
- Patient Display:** Patient # + Name (selected), Patient Name, Control ID + Name

2. Next, click on the magnifying glass  next to the Search Payments.

Payments							
S	Payment Source	Pay Date	Chk Date	Reference (Chk #)	Type	Amount	UnApplied
P	BUNDY, KELLY J.	10/31/2008	10/31/08		CHK	\$10.00	\$10.00

At the bottom of this screen will be a **Show All Payments** box **Show All Payments**.

3. Place a check mark in the box **Show All Payments** and then remove the check mark. You should now see all the credits in your systems, both Insurance and Patient credits. The insurance credits are indicated with an “I” on the left hand side of the screen:

S	Payment Source	Pay Date	Chk Date	Reference (Chk #)	Type	Amount	UnApplied
I	AETNA	06/03/2009	06/03/09	1754	CHK	\$150.00	\$0.00
I	AETNA	06/03/2009	06/03/09	1547	CHK	\$150.00	\$0.00
I	BCBS OF ILLINOIS	10/03/2008	10/03/08		CHK	\$50.00	\$0.00
I	BCBS OF MICHIGAN	10/03/2008	10/03/08		CHK	\$120.00	\$10.00
I	BCBS OF MICHIGAN	10/03/2008	10/03/08		CHK	\$80.00	\$0.00
I	BCBS OF MICHIGAN	11/11/2008	11/07/08	DSJFNKLFN	CHK	\$150.00	\$0.00
P	BEAR, SMOKEY	05/26/2009	05/26/09		CHK	\$50.00	\$0.00
P	BUFFALO, ERWIN E.	10/03/2008	10/03/08		CHK	\$50.00	\$10.00

4. On the right hand side, look for the two columns that named **Amount** and **UnApplied** at the top. The Amount column will show the payment amount that was entered, and the UnApplied column will show the amount that was not disbursed toward any transaction.

5. To correct the credit, simply double-click on it. This will bring up the payment screen with the details of the payment. The reason why this payment is listed as an insurance credit is because the **TOTAL PAYMENT** field (located just above the POST button) does not match the **AMOUNT** field (located at the top).

6. Using the Date Paid field, you will need to find your Explanations of Benefits (EOB) for that date. The bottom rectangular box in the payment screen indicates the patient, date of service, and procedure code that this payment has already been disbursed toward. One of the following scenarios will likely exist

A. **Scenario #1 - Incomplete payment-** The entire amount was not disbursed. If this is the case, look at the top rectangular box for the remaining patient(s) on the EOB, and then finish disbursing the payment. Once the **TOTAL PAYMENT FIELD** matches the **AMOUNT** field, hit POST.

B. Scenario #2 – Payment already posted - In this scenario, the AMOUNT field and UNAPPLIED field is usually the same. This can happen if the payment was posted incorrectly the first time, and then correct the second time. If that is really the case, there will not be anything to apply the credit to. You can delete the payment by clicking DELETE (Entire Payment). ***CAUTION! PLEASE BE CERTAIN THE PAYMENT WAS ALREADY ENTERED IN THE SYSTEM BEFORE DELETING!**

Be aware that when you are finished correcting one entry the ClinicPro software will take you out of the ENTER PAYMENTS feature. You will have to repeat these steps after every amended entry.

Fixing insurance credits with a Negative balance:

1. Click on the **Activities** menu, and then click **Enter Payments**.

The screenshot shows the 'Payments' window with the following details:

- Source:** Insurance (selected), Patient (Other)
- Amount:** \$0.00
- Apply To Carrier:** (All)
- Patient:** (All)
- Ins Carrier:** (All)
- Ins Type:** Fee For Service (selected), Capitated
- Search Payments:** (Search icon)
- Range:** Billed w/ Balances, All Balances (selected), All Charges
- Include Family:** (checkbox)
- Include Ins Charges:** (checkbox)
- Location:** (dropdown)
- Method:** CHECK
- Date Paid:** 10/23/2009
- Check No:** (input field)
- Check Date:** 10/23/2009
- Auto Apply:** (button)
- Tables:**
 - Open Balance:** Table with columns: Date, Patient # / Patient Name, Carrier, CPT, Balance.
 - Open Balance:** Table with columns: Date, Patient # / Patient Name, Carrier, CPT, Balance, Payment, Other.
- Buttons:** Delete (Single Transaction), Post
- Display Options:** Patient Display (radio buttons): Patient # + Name, Patient Name, Control ID + Name
- Total Payment:** (label)

2. Next, click on the magnifying glass  next to the Search Payments.

Payments							
S	Payment Source	Pay Date	Chk Date	Reference (Chk #)	Type	Amount	UnApplied
P	BUNDY, KELLY J.	10/31/2008	10/31/08		CHK	\$10.00	\$10.00

3. At the bottom of this screen will be a Show All Payments box **Show All Payments**
4. You should see a column at the top right of this window that says **Unapplied**.
5. Double-click on that column; please make sure you are double-clicking right on the word **“Unapplied.”**
6. This will numerically list all unapplied payments. Now, scroll up to the top.
7. At the top you should see all of your negative credits. To correct these negative credits, simply double-click on them.
8. Fill in the amount at the top making sure that it matches what you have filled in for **Total Payment**.
9. Now, **Post**.


Be aware that when you are finished correcting one entry the ClinicPro software will take you out of the ENTER PAYMENTS feature. You will have to repeat these steps after every amended entry.

You can import and hold more than one patient with this EMR Transaction feature. When you or your office staff are ready to add these charges to the patient(s) transaction card, simply click on the patient of choice and click the Import Transaction button at the bottom of the screen.

This transaction will automatically be added to the selected patient transaction card.

Although it is possible to use the **Import All** feature and add multiple patients' transactions automatically, we recommend you use this feature with care as it is your billing and you may want to verify added information more carefully than in bulk measures.

APPOINTMENT SCHEDULER

The Appointment calendar has been revised and can be accessed through clicking the ICON  on the ClinicPro Toolbar.

INSURANCE BILLING

Please see the Section on Billing in this Training Manual.

DO BILLING

Please see the Section on Insurance Billing in this Training Manual.

PATIENT BILLING

Please see “Billing” section of the training manual.

STATUS INQUIRY

The purpose of doing a status inquiry is to correct or resubmit a claim when the insurance company requires it and does not want the claim resent. This status inquiry is specifically for electronic submission.

Go to ACTIVITIES and STATUS INQUIRY

Your patient list will appear and you can choose the patient you need to do the status inquiry on.

Pick Patient for Status Inquiry						
Last Name	First Name	MI	Patient No.	SSN	DOB	Phone
BEAR	SMOKEY		00000005	986-67-5544	05/06/1967	(353) 524-2344
BUFFALO	ERWIN	E	00000006	- -	12/13/1987	(517) 351-1021
BUFFALO	GARY	D	00000007	- -	03/04/1944	(517) 351-1021
BUFFALO	JOHN		00000008	- -	03/04/1988	(517) 351-1021
BUFFALO	LARGE	E	00000010	- -	02/04/2002	(517) 351-1021
BUFFALO	WINNIE		00000011	111-11-1111	01/01/1962	(517) 351-1021
BUNDY	AL	S	00000023	777-77-7777	07/12/1950	(312) 233-8989
BUNDY	AL	E	00000026	888-44-6666	12/05/1987	(312) 233-8989

Double-click the desired patient. The next screen will list out the transactions that have been billed for the patient. Choose from this list the transaction or transactions you need to run the status inquiry on.

Transactions for STEVE E. MAN						
Date	Time	CPT	Charged	Billed	Insurance	
<input type="checkbox"/>	02/11/2010	12:00:00 AM	72020 - X-RAY: SINGLE VIEW	75.0000	02/16/2010	AFLAC
<input type="checkbox"/>	02/11/2010	12:19:28 PM	97012 - MECHANICAL TRACTION	20.0000	02/16/2010	AFLAC



Once you have placed a check in the transactions you need to status, hit process.

The status inquiry information screen will now appear:

Status Inquiry Info for STEVE E. MAN

Indicator CORRECTED (NOT MI) (Required)

Document No. CORRECTED (NOT MI)
REPLACEMENT - POTA OR CORRECTION III MI
VOID - REPLACEMENT OF REJECTED III MI

Check Date

Check No.

Non-Payment Code

Process **Cancel**

INDICATOR -

Michigan users please choose “**Replacement**” or “**Void**” option under the indicator, whichever option is most appropriate. All other users please choose “**Corrected (Not MI)**”

DOCUMENT NO. -

The document number is usually found on the Explanation of Benefits.

CHECK DATE -

Fill in the date of the check.

CHECK NO. -

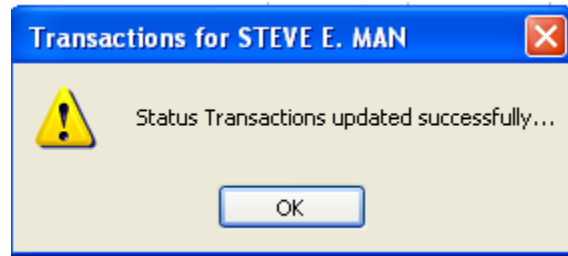
Fill in the number of the check. You may not have a check number if the claim was rejected.

NON-PAYMENT CODE -

If there is a code provided for non-payment, place it in this field.

You are ready to process this status inquiry. `

Once you hit the process button you will have a message saying:



Hit the OK button and the next time you do your electronic billing, the status you just created will be sent in your billing. Once you hit the OK button, you will still be in your list of patients and then can then choose a new patient or a different date of service. It would be best to not choose transactions that are not included in the same EOB because the information will be different on each EOB.

SOAP DESCRIPTIONS / SET DESCRIPTIONS


With the addition of our Electronic Medical Records program we have phased out this function of the program. You can still use these manual soap notes yet we are no longer supporting their functionality.


See ClinicPro technical staff if you have further questions about Soap Encounters.

ANSI REMITTANCE

Please see Billing Section of this manual for help understanding how to import your Explanation of Benefits to ClinicPro to be read.

ADDING A NEW PATIENT

To add a New Patient, click on the Patient icon  on the top-left of the main ClinicPro window, or go to Activities and the Manage Patients

Then, select the New Button  and this will bring up a new blank Patient Detail screen.

Once you begin to create a new patient, you will not be able to save the information until you have added these fields:

- Patient Number – this is automatically generated by the ClinicPro software unless you specifically turn this function off and add them manually. This feature is found in System Parameters
- First and Last name
- Birth date
- Gender
- Primary Doctor

PATIENT DETAIL

The Patient detail screen houses all of the patient specific information. Any field in red is used for billing information.

Field	Value
Patient No.	00000011
Name (Last)	BUFFALO
Name (First)	WINNIE
Name (MI)	
Address	2800 AURORA DR LAHSING, MI 49912
Phone	(517) 351-1021
Fax	() -
Cell	(517) 856-1247
Birth	01/01/1962
Gender	F
SSN	111-11-1111
Primary Dr	SARNO, LISA M
Salutation	NONE

NAME

Enter the patient's name, middle initial, and suffix / salutation.

ADDRESS

The address you enter here will be the address submitted to insurance companies, patient mailings, etc. Click on the Address Box you see there and enter the information in the fields. You are free to type in the box free-form but using the Address Box will help avoid misalignment with electronic billing files. Please do not use any type of punctuation or characters that are not alpha or numeric in these fields as they may also cause your electronic billing to reject.

PHONE

Enter in the patient phone numbers. There are designated fields for Home, Fax, and Cell yet many people are now typically using cell phones as their main number. If this is the case, please put the patients' MAIN contact number in the Home field and apply a check mark in the adjacent box. This will allow you to have access to the patient's number as you run reports and use the Appointment Scheduler.

EMAIL

The email field will obviously hold punctuation and various characters without causing problems with your billing. Again, there is an adjacent box here for you to apply a check mark if you wish to have your patients email address for use in some of the ClinicPro reports and Email Merge feature.

BIRTHDATE & GENDER

Make sure you have an accurate birth date as this is transmitted in billing files.

SSN

This is not a requirement as most insurance companies have moved away from using this information to insure security. If you do decide to house this information, it will transmit to the insurance company. Please do not input "000-00-0000," or something else that functions as a placeholder. Either use the field with accurate information or leave it blank.

PRIMARY DOCTOR

Input the doctor who will be automatically assigned as rendering the provided services

Residence	PRIVATE HOME	<input type="checkbox"/> Assignment Signature	Default Diagnosis	
Related To	AUTO	<input checked="" type="checkbox"/> Release Signature	739.1	739.2
Referring Dr		<input checked="" type="checkbox"/> Send Statements	756.10	995.3
Med Rec No.		<input type="checkbox"/> Bill Patient Only	.	.
APG No.		Marital Status	.	.
Financial Class		Student Status	NON STUDENT	
Mail Code		Initial Balance	Source	
Attorney		Insurance		
		Patient	Responsible Party	BUFFALO, WINNIE
		As of	Legal Representative	
Employer	Job Title	Status	COB	Work Phone
1				(248) 597-0258
2				() -
Last Update		09/05/2008 01:21:31 PM	By ADMINISTRATOR	
				Notes

RESIDENCE

This field is typically PRIVATE HOME unless the doctor does work at a nursing home, hospital, or other care facility

RELATED TO

Specify what the injury or claim is related to with this field. Typically the field is set to NONE, unless there is an auto accident, or work injury.

REFERRING DOCTOR

This field automatically assigns a Referring Doctor to the patient's transactions and can be changed on a charge-by charge basis on the Patient Transaction screen as well.

ASSISGNMENT SIGNATURE

Checking this box submits a code to the insurance company that tells them the patient has authorized the office to collect the benefits from the insurance company.

RELEASE SIGNATURE

Checking this box signifies that the office has a release of information waiver signed, and on file. Without this, the doctor is not authorized to bill for the patient, per HIPAA guidelines.

SEND STATEMENTS

Checking this box will enable patient billing to be processed for the patient. In the event that a patient account has been sent to collections, be sure to uncheck this box.

BILL PATIENT ONLY

Checking this box will cause any charge entered to default to patient responsibility, no matter what insurance is enabled for the patient. You check this box after a patient has exhausted their maximum visits allowed by insurance.

MARITAL & STUDENT STATUS

These fields can be used for sorting the patient's database into more specific demographics in the reports.

DEFAULT DIAGNOSIS

Input the patient's current diagnosis. These codes will be input on every new transaction automatically. It is recommended to input at least one, so that the user is not prompted every time a charge is added on the transaction screen.

FINANCIAL CLASS & MAIL CODE

You can classify your patient with these fields when running query reports. The Financial Class can be customized for various reasons.

ATTORNEY

If there is an attorney involved in your patient's injury or accident case, please add them to the appropriate patient in this field

INITIAL BALANCE

When adding in patient information from other software programs, and converting their balance in to the ClinicPro software, this field will add their balance brought forward on to their account.

SOURCE

If you would like to keep records of how your patients were referred to you, use this field. If the patient was referred to you by another patient, select which patient referred them. This is also great for running a query report and for referrals.

RESPONSIBLE PARTY

This field will display the person responsible for the patient's balance. For example, minor patients would have their parent, or guardian entered in this field. This prevents a bill being generated for the minor; instead it would generate the parent or guardian's name. This is not the same as the "Insured Person," it pertains to only patient balances.

LEGAL REPRESENTATIVE

If there is a legal representative present, add their name here

EMPLOYER INFORMATION

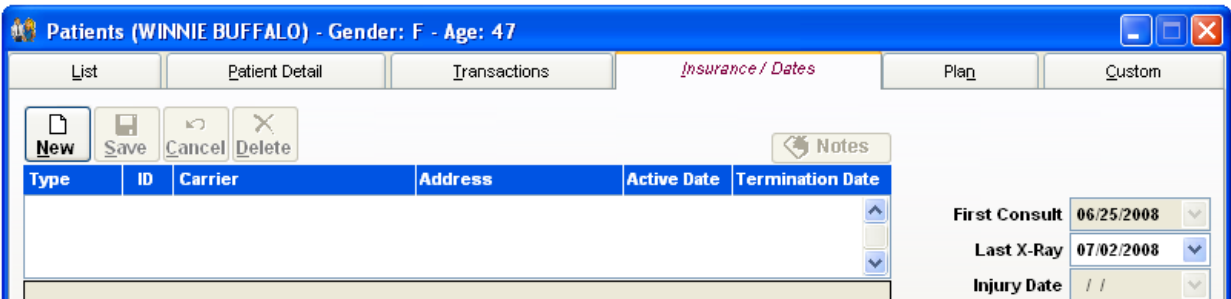
Input information about the patient's place of employment for Worker's Compensation claims.

ADDING AN INSURANCE POLICY

The Insurance and Medigap Company list in ClinicPro houses all of the insurance destination payers you utilize to bill for your patient's transactions. This screen in ClinicPro is where you assign the patient's individual policy information

To add a new insurance policy, go to the patient's Insurance & Dates Screen, which is found by clicking on the patient list, selecting the patient you want to work with, and then clicking the Insurance / Dates tab.

Select the **New** button. A window will appear with all the Insurance Companies you have previously entered into Clinic Pro. Once an insurance company is input for one patient, that company will always be available as part of the browse list.



Select the Insurance Company for this policy by double clicking on it. Choose **Add New** to add the insurance company to your patient's card.

Insurance Carriers		
Type: <input checked="" type="radio"/> Non-Medigap <input type="radio"/> Medigap		
Name	Address	B
AARP	215 LONG BEACH BLVD LONG BEACH, CA 90001	E
AARP	23 N MICHIGAN LANSING, MI 48823	E
AETNA	567 JOGWAY LANE ANNAPOLIS, MD 02365	I
AFLAC	G6046 CORUNNA RD FLINT, MI 48532	E
AMWAY	567897 SHILLING DRIVE UMBRELLA FLATS, TN 89562	I
BANKERS LIFE	125 MAIN SEDONA, AZ 86336	E
BANKERS LIFE	666 WEED NO SACRAMENTO, CA 95433	E
BCBS	PO BOX 2500 DETROIT, MI 48231	I
BCBS OF ILLINOIS	PO BOX 1220 CHICAGO, IL 60630	I

An Insured Person window will pop up next, prompting the user to enter who the primary insured is on this policy

There are a few different scenarios regarding patient insurance coverage:

1. If the patient is the responsible party, “self-insured,” then choose the SELF button at the top of the page.
2. If the patient’s primary insurance card holder is another patient, select them in the list, and hit OK.
3. If the patient's primary insured is someone who is not already a patient, select the Non-Patient button to bring up the list of non-patients. If the person is not listed on the non-patient list, choose **Add New** to quickly add their profile.

Now that the policy holder has been established, enter in the policy information as stated on the Insurance card

TYPE	The insurance policy type is set here; Primary, Secondary, or Tertiary.
ACTIVE	The active date you see here needs to be set to cover the dates in which you have entered transactions for your patient. For example: you may have worked with this particular patient a few days prior to entering their information in the ClinicPro software. Please make sure you amend this date so that the active date reflects the dates of service you will bill for with your patient
ANNIVERSARY DATE	This is a default date that ClinicPro generates as you build this policy. It is an industry standard and many insurance companies renew policies at the end of the year
TERM	In the event that the patient's insurance policy becomes inactivated, you can terminate the policy by adding the date in this field
INSURED PERSONS	The cardholder's name will display here.
RELATIONSHIP	This field displays the type of relationship that exists between the patient you are treating, and the person who is the cardholder. It is always the relationship of the patient TO the cardholder.
CONTRACT	The patient's policy number will be entered here; please remember to never enter any hyphens or dashes. The policy number will consist of numbers, alpha characters, and spaces.
GROUP NO	Not all insurance policies require a group number. That number will be found on the insurance card itself if it is required.
POLICY TYPE	Group policy is most always the option here, per industry.
GROUP NAME	Again, this field is rarely used in the current industry. Most active policies will have this field left blank.

AUTOMATIC COPAY/DEDUCTIBLE FIELDS

These fields in ClinicPro are rarely used in current billing situations as prescribed co-pay amounts are often times conditional, or complex.

Do not use the Copay fields if:

- If the patient has a secondary insurance that will pick up copays. This needs to be done via a transfer of insurance balance to the secondary insurance, from the primary carrier's payment.
- If the patient is unsure of their copay, and is unable to reach the insurance company. If there is a guess, and the number is wrong, the user will have to go back and fix balances on transactions before applying payments.
- If the patient has percentage-based copay and the insurance company is **not allowing the full amount**, the office will bill them. Clinic Pro will derive the copay from the **billed amount**, whereas they will derive the patient's copay based on their **allowed amount**. A very large amount of insurance companies have a maximum allowed amount they will pay for certain procedures (their fee schedule). If those two don't match (full allowance), then you will have to fix balances on transactions before applying any payments.

To set the Copay or Deductibles for the patient's insurance coverage, input the information in the Insurance & Dates screen.

Copay:	<input type="text" value="\$0.00"/>	or	<input type="text" value="0%"/>	After	<input type="text" value="0"/>	Visits:	<input type="text" value="\$0.00"/>	or	<input type="text" value="0%"/>
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The above example shows no copay.

Copay:	<input type="text" value="\$20.00"/>	or	<input type="text" value="0%"/>	After	<input type="text" value="0"/>	Visits:	<input type="text" value="\$0.00"/>	or	<input type="text" value="0%"/>
--------	--------------------------------------	----	---------------------------------	-------	--------------------------------	---------	-------------------------------------	----	---------------------------------

The above example shows a \$20 copay.

Copay:	<input type="text" value="\$20.00"/>	or	<input type="text" value="0%"/>	After	<input type="text" value="5"/>	Visits:	<input type="text" value="\$10.00"/>	or	<input type="text" value="0%"/>
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The above example is showing that the patient "Has a \$20 copay, but after 5 visits, it becomes a \$10 copay"

When copay information is entered here, transactions added onto the patient's card will automatically adjust the insurance balance and patient balance to reflect the copay amount. The full amount will be billed to the insurance carrier when billing, but this allows the use to apply immediately payment towards the patient's portion of the charge, without waiting for the payment from the carrier.

PATIENT SPECIFIC DATES

This screen has a column of dates that can be entered in for various billing and internal purposes.

First Consult	02/09/2008	▼
Last X-Ray	//	▼
Injury Date	//	▼
Similar Symptom	//	▼
Last Seen	//	▼
Last Mens. Period	//	▼
Retirement	//	▼
To Collections	//	▼
Inactive	//	▼
Death	//	▼

- **First Consult Date** - Not used or transmitted from this screen. See Card 2 of the Transaction Card.
- **Last X-Ray** - The date of the patient's most recent and relevant X-rays. This date will automatically update when entering in a transaction set as a Diagnostic X-Ray, this is described under Type of Service on the Procedures and Fees Detail screen.
- **Injury Date**- Not used or transmitted from this screen. See Card 2 of the Transaction Card.
- **Similar Symptom** - The date would only be filled out if the patient has had the same or similar symptoms, in the past. Realize that when the date is filled in, it may cause a rejection if the insurance contract has a pre-existing condition clause.
- **Last Seen** -Not used or transmitted from this screen. See Card 2 of the Transaction Card.
- **Last Mens. Period** - For female patients only. Input the last date of the patient's last menstrual period, if known. Generally only required for OB/GYN.
- **Retirement** - Input the date that the patient retired from active work duties.
- **To Collections** - Clinic Pro maintains a list of patients that have been sent to a collection agency. When the collection date is put in, Clinic Pro suggests that you also go into the patient screen and uncheck the "send statement" box.
- **Inactive** - When a patient is inactivated, they will no longer appear on your browse list(s).


- **Death** - If patient dies during the course of care, and there are still bills outstanding, input the date of death.

INSURANCE AUTHORIZATIONS

To add Insurance Company authorization number or Referral form.

Expiry Date	Authorization No	CPT	Visits	Used	Dollars	Used	Start Date	Type
//			0	0	\$0.00	\$0.00	//	Authorization No
//			0	0	\$0.00	\$0.00	//	Authorization No

Notes

Click the New Icon  at the bottom of the screen to add a new Authorization or Referral, and fill in the pertinent information.

Notes

The above example shows an Authorization number of "SAMPLE," authorizing 5 visits before 12/31/08.


If the Authorization is only for a specific CPT code, the user may specify it here, and it will be automatically added onto the transaction when entered, until the visit or dollar maximum has been met.

Type
Authorization No
Authorization No
Referral No

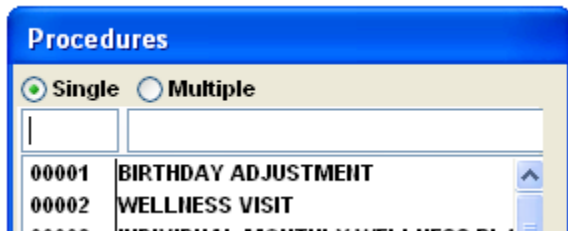
A Referral number can be selected by using the dropdown menu.

Make sure to click the Save button when done. The patient Transaction card will have a field that you can enter this referral or authorization number directly to the transaction. See Transaction Card.

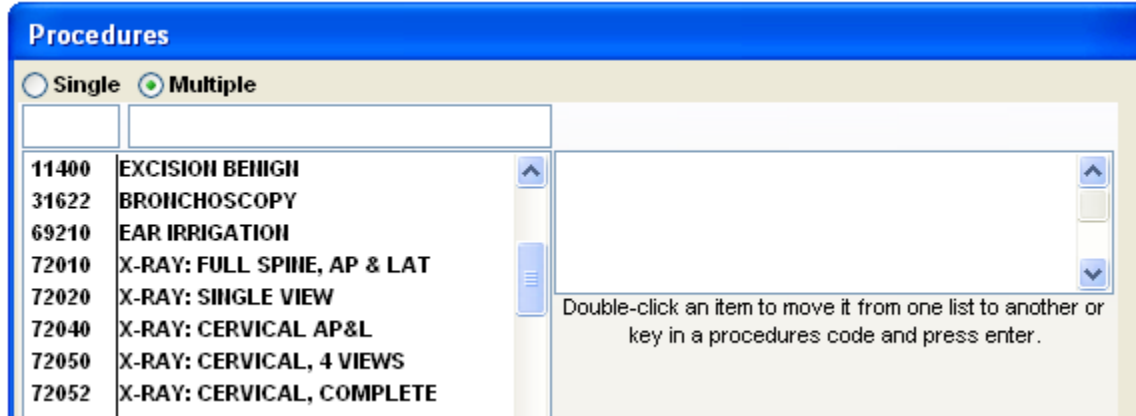
ADDING A NEW TRANSACTION

Click on the Patient List icon , this opens up your list and allows access to a particular patient's record. Click the Transactions tab.

Select the New button. This brings up the Procedures & Fees list you have set in the software. There is an option for entering in single or multiple transactions. By default, the transaction picker screen will be set to single. When entering multiple transactions at the same time, click on the multiple radio button.



Key in the CPT code and press enter, or search through the list and double-click the code desired. If entering multiple, when done selecting all the transactions to add, press OK.



The charge will be added to the patient, that is, if you have taken the time to set your prices in the Procedure & Fees list prior to adding charges. Modify any information that is needed for this specific claim.

The screenshot displays a medical software interface for adding a transaction card. The window title is "Patients (ERWIN E. BUFFALO) - Gender: M - Age: 21". The interface is divided into several sections:

- Top Navigation:** Includes tabs for "List", "Patient Detail", "Transactions" (active), "Insurance / Dates", "Plan", and "Custom".
- Transaction List:** A table showing a history of transactions:

Date	CPT	Carrier	Ins Balance	Pat Balance	Tot Bal	Insurance	Patient
10/03/2008	W (CONTRACT ADJUSTMENT)	BCBS OF MICHIGAN			\$-15.00	\$-15.00	\$0.00
10/03/2008	PAYMENT	PATIENT			\$-40.00	\$0.00	\$-40.00
10/03/2008	CREDIT	PATIENT			\$-10.00	\$0.00	\$-10.00
10/03/2008	PAYMENT	BCBS OF MICHIGAN			\$-80.00	\$-80.00	\$0.00
10/17/2008	72040 - X-RAY: CERVICAL AP&L	BCBS OF MICHIGAN	\$50.00		\$50.00	\$50.00	\$0.00
- Transaction Entry Form:**
 - Service:** 10/17/2008 to 10/17/2008
 - CPT:** 72040, Unit Price: \$50.00, Units: 1
 - Total:** \$50.00, Tax: \$0.00
 - Insurance:** Ins: \$50.00, Pat: \$0.00
 - Buttons:** 1, 2, I, H, C, M, P, A, PS, AA, AS, Dx (checkboxes 1-8), Mods
 - Claim Info:** Type of Claim: OTHER, Location, Auth No, POS: 11
 - Billing:** Exclude From Insurance Billing (checked), Visit (checked), Expiry Date, Dollars
 - Providers:** Primary: SARNO, LIS; Billing: SARNO, LIS; Supervising, Resident, Referring (fields)
- Totals:** \$40.00 Insurance, \$50.00 Patient, (\$10.00) Total
- Insurance Selection:** BCBS OF MICHIGAN selected. View options: All (selected), Billed, Payments, Credits.
- Additional Info:** Family: Self, Visits, Deduct, Copay, Renewal Date: 12/31, Date Billed: //
- Actions:** Repeat, Receipt, Payment, Reset, Notes, Links (Original, Rebill, Transfer)

The Transaction Card

- The charge is assigned to an eligible primary carrier, or patient responsibility. The total charge is split between patient balance and insurance balance, based on whether or not you have used the automatic copay or deductible fields that are on the Insurance & dates screen.
- **Service dates**- the service date is created as today's date; you can amend the date by using the “drop down” arrows in the fields.
- **CPT** – the chosen code displays here. Again, you can amend this information by using the magnifying glass next to the field.
- **Unit price** – the default charge amount is pulled into the unit price amount, and units is set to "1". Changing the units on this screen will double, triple the charge you want to bill. There may be certain services that you would like to use this feature with, like massage or an inventory item.
- The information contained under the **2, H, C, M, P, and A** buttons, from the most recent transaction on the patient's card, will be copied into this new charge. More information on these buttons will follow later on in this section of the manual.
- **PS**- Purchased Services. This button reflects a consultation done by another provider in your office. This feature is rarely used.

- **AA and AS-** by default, Clinic Pro checks the Staff Doctor Detail screen and automatically applies a check mark, if you have previously Accepted Assignment with the insurance company. It is possible to Accept Assignment of benefits (**AA**) but not have the Assignment of Benefits Signature (**AS**) from the patient. In this circumstance, the patient would receive the benefits from the insurance company. The patient Detail card also mandates you check the AA and AS buttons.
- **Dx Codes-** The diagnosis are assigned to the transaction from the Patient Detail card. The Dx1 primary diagnosis checkbox will automatically be assigned. You can set the default diagnoses pointers to set for all the diagnoses from the System Parameters settings.
- **Mods-** You can assign up to three modifier codes per transaction by clicking on the magnifying glass and choosing the codes you wish to apply. You can also have them automatically transmit from the Procedures & Fees codes.
- **Type, Location, POS -** the claim type, location (if necessary), and Point Of Service code will be automatically assigned as you have previously entered this information into the software prior to entering charges for the patient.
- **Authorization -** the authorization number will automatically fill in if defined on the Insurance & Dates screen
- **Exclude from Insurance Billing-** use this feature when you want to hold a specific transaction from billing out. Simply place a check mark in the box, remove check mark when you are ready to generate the line of service.
- **Visits -** the visit checkbox will automatically be marked.
- **Primary-** the primary doctor will automatically fill in from the Patient Detail Card.
- **Billing –** the billing doctor will automatically fill in from the Patient Detail Card.
- **Referring-** the referring doctor will automatically fill in from the patient Detail Card.
- **Ordering, Resident, Supervising - you** would have filled these providers in on the Referring Doctor list.
- **Views -**The view section of the transaction card allows a Clinic Pro user to customize the display. Most of the time, the user would want the display set to "All". This will display all of the transactions, the payments, and the write offs.
The view section of the transaction card allows a Clinic Pro user to customize the display. Most of the time, the user would want the display set to "All". This will display all of the transactions, the payments, and the write offs.
 - All - Any and all transaction entries
 - Billed - Will show only transactions which have been billed. Payments and Unbilled transactions are hidden.
 - Payments - Will show only payments. This does not include zero dollar payments which write off balances.
 - Credits - Will show only open patient credits.

TRANSACTION CARD “2” BUTTON

The "2" button On The Transaction Card stores important information about Hospitalization, Accidents, Consultation Dates, Documentation, Disability, and Notes. Medicare requires the Facility, First Consultation, and Injury Date on every claim.

The screenshot shows a web form for a Transaction Card. At the top right, there is a row of buttons labeled '1', '2', 'I', 'H', 'C', 'M', 'P', 'A'. A blue arrow points from the '2' button to the 'Disability' field. The form includes the following fields and sections:

- Hospitalized:** Two date pickers (//) with a 'to' label between them.
- Facility:** A dropdown menu.
- Disability:** Two date pickers (//) with a 'to' label between them.
- Unable to Work:** Two date pickers (//) with a 'to' label between them.
- Pregnant:** A checkbox.
- Estimated DOB:** A date picker (//).
- Last Seen:** A date picker (//).
- First Consult:** A date picker (//).
- Homebound:** A checkbox.
- Injury Date:** A date picker (//).
- Demo Project ID:** A text input field.
- Docs:** A section containing a 'Type' dropdown menu and a 'Method Sent' dropdown menu.
- Accident:** A section containing an 'Hour' dropdown menu and a 'State' text input field.
- Notes:** A button with a document icon and the text 'Notes'.

- **Hospitalized** - If the patient's care is a result of hospitalization, or performed, during hospitalization, record the dates in which the patient was hospitalized.
- **Facility** – This is where you input the location in which the services were rendered. Generally carriers will assume the billing address is the facility if this is left blank. Certain payors like Medicare require this to be filled in. This information is what prints in **Box 32** on the HCFA form, and in loop **2310D** in electronic billing.
- **Disability** - Record the proper dates. It is very important for disability information to be sent to Medicare, especially when the patient's eligibility results from disability. This is only submitted electronically.
- **Unable To Work** - Record the proper information. Unable to Work is printed on **Box 16** on the HCFA form.
- **Homebound** – Record the proper information.
- **Pregnant & Estimated Date of Birth** - Select and fill in the proper information. This is mostly used for OB/GYN claims. If the patient's eligibility is a result of their pregnancy, such as for Medicaid, this is a required field.
- **Demo Project ID** - If participating in a demo project with your clearinghouse or other electronic payor, input the project number here.
- **Last Seen** - The last time the patient was seen at a physical therapy clinic. For referral claims, this is also the last time the patient was seen by their primary caregiver.
- **First Consult** - This is the date that the patient first consulted the doctor for *this* condition. If treating the patient for a new/different condition, this date should change. This is **required for all electronic** billing.

- **Injury** - This date should be filled in when there has been an injury or a specific onset date for a particular condition. This is **required** when submitting any kind of injury claim, as denoted either in the Patient Detail Card, or by injury-related diagnosis codes. This date is put into **Box 14** on the HCFA form, and in loop **2300** in electronic billing. If this field is used, then First Consult date will also need to be filled in.
- **Documents & Methods Sent** - Medicare sometimes requires the documentation be sent to justify the need for care. If that is the case, indicate the type of documentation and the way that it was transmitted.
- **Accident Hour & State** - For auto accident claims, it is necessary to record the state in which the accident occurred. Also, add the hour in which it occurred, if known. This is **Box 10b's blank** on the HCFA form.
- **Notes** – This box is for notes that will be sent electronically to the insurance company, or additional diagnosis codes to Medicare. Please input these codes without using the decimal point, and separate them by using your space bar. **Current versions of ClinicPro, 3.6 or higher, now transmit all 8 designated diagnosis codes on an electronic billing.**

To input Notes information specific to a line of transaction, click on the 2 button from the transaction card. This information will be transmitted for every subsequent line of transaction until it is physically deleted by the user.

The vast majority of clearinghouses and payors require this note to be simply **A-Z 0-9, no punctuation at all other than spaces, and to be one continuous line of text (no enter key!)**.

To delete information from these fields, highlight the field and hit the delete key on your keyboard. This will remove the information from the field.

THE "I" BUTTON- INSURANCE

The "I" button stores the Insurance information about the claim.

The screenshot shows a software interface for insurance information. At the top, a blue header bar contains the text "BLUE CROSS / BLUE SHIELD" and a row of buttons labeled "1", "2", "I", "H", "C", "M", "P", "A". Below the header, the form contains the following fields:

- Insured Person:** ERWIN E. BUFFALO (with a search icon)
- Relationship:** Self
- Contract:** XYZ987256314
- Group:** 87526
- Policy Type:** GROUP POLICY (with a dropdown arrow)
- Service Code:** (empty field)

At the bottom of the form is a large button labeled "Change Insurance".

The information on the "I" button is exactly what was on the Insurance & Dates screen at the time the transaction was entered or transferred. If it is found that Information has been mis-entered on the Insurance & Dates screen, correct it there, as well as here on the "I" button. You will have to do this for any transactions that were entered for the patient while the wrong insurance information existed.

The top of the screen, in blue, displays the type of insurance company which the patient is enrolled. For example, a Cigna patient would show "Commercial" up at the top instead of "Blue Cross / Blue Shield".

The "Change Insurance" button will change the payor for the transaction.

This is an identical screenshot of the insurance information form described above, showing the same fields and the "Change Insurance" button.

Clicking the "Change Insurance" button will enable this box:

The screenshot shows a dialog box titled "Clinic Pro". It contains a question mark icon and the text "Which carrier do you want to use for this procedure?". Below the text are three buttons: "Primary", "No Insurance", and "Cancel".

Select which insurance company you need from the dialogue box. When "Primary" is chosen, Clinic Pro will look to the primary insurance currently active on the patient, and copy that information into the claim. This means invalid contract numbers can be corrected as long as it's been corrected on the Insurance & Dates screen.

If the patient does not have a secondary insurance the Secondary insurance button will not display.

Choosing "No Insurance" will remove the charge from insurance billing by defaulting it to patient responsibility.

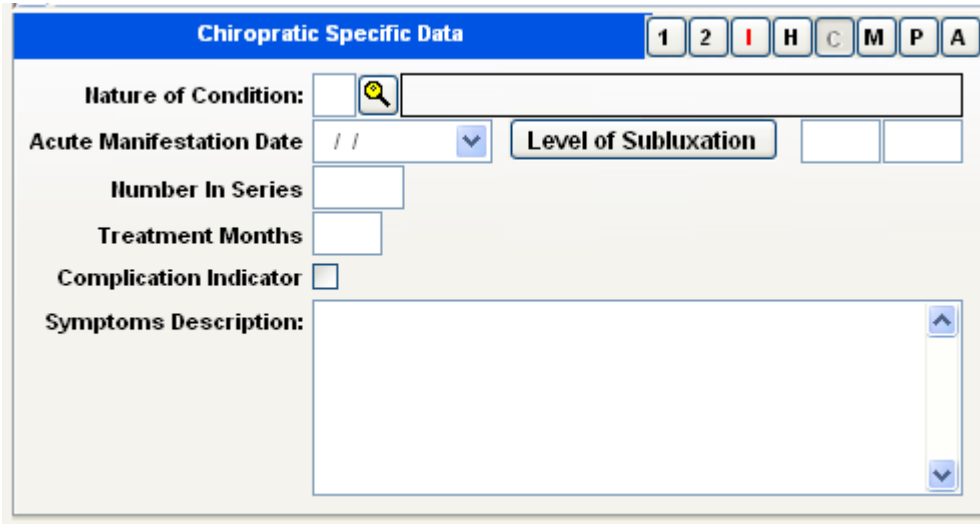
A very common usage of "Change Insurance" is if the patient's insurance number is incorrect, or they are now insured by a different company. To fix, first correct the information in the Insurance & Dates screen, and then come into this screen and choose Change Insurance > Primary.

If there are multiple procedures entered in for the same date of service, Clinic Pro will ask if a change in insurance is necessary on all of them or just on this one transaction.

If you need to transfer claims to secondary insurance, this is not the correct way to accomplish this task. That information can be found under "Insurance Payments".

The “C” Button – Chiropractic Specific Data

This feature allows you to add data that is specific to chiropractic claims for billing. There are only a few States that require this information to be transmitted.



The screenshot shows a software window titled "Chiropractic Specific Data". At the top right of the window is a navigation bar with buttons labeled "1", "2", "I", "H", "C", "M", "P", and "A". The "C" button is highlighted in red. Below the navigation bar, the form contains several fields: "Nature of Condition:" with a search icon and a text input field; "Acute Manifestation Date" with a date selection dropdown (showing "/ /") and a "Level of Subluxation" dropdown; "Number In Series" with a text input field; "Treatment Months" with a text input field; "Complication Indicator" with a checkbox; and "Symptoms Description:" with a large text area and vertical scroll arrows on the right side.

The fields here are easily marked for your application.

When filling in the **Symptoms Descriptions**, please do not use any type characters other than alpha characters, or numeric characters. Never use any punctuation in this field and **DO NOT HIT** the hard return key (ENTER)! Use your space key.

Systems Parameter Maintenance

The system parameters maintenance menu allows change for some information about the office clinic.

Caution: Changing information on this tab may affect the Clinic Pro Registration. Because of such, if any of the clinic info needs to be changed, please call support at (517)351-1021 before making changes to the address, name, or tax ID.

The screenshot shows a Windows-style dialog box titled "System Parameters:1" with three tabs: "Clinic Info", "System Settings", and "Templates". The "Clinic Info" tab is active. The form contains the following fields:

Clinic Name	CLIIICPRO SUPPORT	Clinic Tax ID	123458798
Address...	123 PLEASANT STREET MORGANTOWN, WV 48823	Blue Shield Submitter ID	
Office Phone	(304) 262-2298	Medicare Submitter ID	
Contact Person	DR MORGAN SWIFT	Medicaid Submitter ID	
Transactions Facility Default	CLIIICPRO SUPPORT	Login ID	
		Biller Location Code	
		EDIUSA No.	EDIUSA#

At the bottom of the dialog box are "OK" and "Cancel" buttons.

Clinic Name: The name the office's billing entity is registered under. This information prints on box 33 on the HCFA.

Address: The address of your clinic. This information prints on box 33 on the HCFA.

Office Phone: The primary contact phone number for the office. This is printed on box 33 on the HCFA and transmitted electronically.

Contact Person: The person to contact for EDI billing inquiries, this is transmitted electronically in loop 1000A and is required to be filled in.

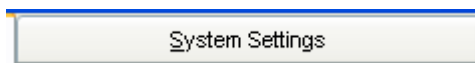
Transactions Facility Default: Any Facility or Hospital will be automatically added to transactions classified as Inpatient or Outpatient hospital.

Clinic Tax ID: Enter the Tax ID for the business, or if a sole provider with no business tax ID, enter the doctor's Tax ID.

Billor Location Code: In Michigan, this is the "c0xxx" number assigned to the client's office by BCBSM EDI. Enter that information here; all other states may leave this blank.

BS, MCR, MCD Submitter ID, Login ID, EDIUSA No: These fields are required by some electronic clearinghouses. Refer to the billing trainer at ClinicPro Support if further assistance is needed with these fields.

The next Tab is "Systems Settings"

A screenshot of a software dialog box titled "System Parameters: 1". The dialog has three tabs: "Clinic Info", "System Settings" (which is selected), and "Templates". The "System Settings" tab contains several sections:

- Patient Numbers:** A checked checkbox for "System Generated" and a text field for "Next Patient Number" containing "78".
- CMS 1500:** Radio buttons for "Return Address Alignment" (Left, Right) and "Mode" (Test, Live). "Right" and "Live" are selected.
- Transaction Card:** A checked checkbox for "Display Primary Insurance Carrier Note", a text field for "Tax Rate" containing "6.00%", and three spinner boxes for "Delinquent Account Bins (Days)" with values "30", "60", and "90".
- Payment Screen:** Radio buttons for "Patient Display" (Patient No. & Name, Patient Name, Control ID & Name). "Patient No. & Name" is selected.
- Settings:** A text field for "Phone Number Mask" containing "(999) 999-9999", "Date Format" radio buttons (MDY, DMY, YMD) with "MDY" selected, "Decimal Separator" radio buttons (Comma, Period) with "Period" selected, and "On exit from fields" checkboxes for "Confirm" and "Beep".
- Diagnosis Codes:** A checked checkbox for "Check all Diagnosis indicators by default".

At the bottom of the dialog are "OK" and "Cancel" buttons.

The system settings tab allows changes with miscellaneous information within various ClinicPro screens.

Patient Numbers

If System Generated is **checked**, every time a new patient is added, ClinicPro will automatically assign a new patient number to the patient. The next number to be assigned is shown. To edit the next number to be assigned, click on the number (78 in the above picture) and type in the next number desired. If System Generated is **unchecked**, when adding a new patient the user will be prompted to enter in a unique patient number for them.

CMS 1500 Return Address Alignment

Changing this will cause the Insurance Company's address to be aligned either to the left or the right of the page. Most standard HCFA CMS-1500 forms are printed such that there is an open space on the **Right**. When using a Custom HCFA Form this must be set to "Right."

Billing Mode

Test will flag the billing file generated as a Test file, and will not be actively processed. Many clearinghouses require sending a Test file prior to being enrolled with them; reference the Billing Trainer for more information if testing. Choosing **Live** will produce a real billing file that can be processed by payers.

Display Primary Insurance Carrier Note

When checked, this will enable the feature in Clinic Pro to popup a note when accessing the transaction card. The note will contain the text placed in the **Notes** button on the Insurance & Dates screen, as well as any notes input under the Patient's Detail Screen. This is useful for flashing up co pay information or similar reminders.

Tax Rate

The amount of tax that will be applied to Taxable Items in the system.

Delinquent Account Bins

These spinner controls allow a user to define the columns on an accounts receivable report. For the most part, Clinic Pro suggests that controls are set to 30, 60, and 90 days. This is the most common aging format used by accountants. However, these controls may be set to whatever periods of time are useful for the clinic.

Payment Screen; Patient Display

Allows the user to define how to display patients' charges in the Payment screen while posting a payment. There is an option to show just the Patient's name, or include their Patient number or Control ID (Defined by Clinic Pro) on the screen as well.

Phone Number Mask

This allows a Clinic Pro user to set up phone number input that matches the phone number configuration of their country. To indicate that the field should be filled with numbers, use "9". (Example: +123-456-7890 style of formatting can be achieved by entering +999-999-9999). U.S. and Canadian users need not change this field.

Date Format & Decimal Separators

This field changes how the date is shown in Month-Day-Year form, and changes any decimal in the program to a period or a comma. U.S. and Canadian users need not change this field.

On Exit from Fields Confirm/Beep

If checked, when inputting information into Clinic Pro, a warning will occur when moving to another field on the screen. **Confirm** will produce a popup window asking to continue or go back, **Beep** will produce a small beep on the computer whenever exiting a field. (Example: When adding a new patient's name, this warning will go off when going between the Last name field and First name field, as well as any other fields edited.)

The final Tab is “Templates”

Templates

In the Templates section of the system settings, a user can pre-set the print parameters of four important reports: Daily Appointment Book (see below), Fee Slips (see below), Receipts, and Patient Statements. Check the boxes that desired to print on each of the reports. A brief custom global message can print on receipts and patient statements.

System Parameters:1

Clinic Info System Settings **Templates**

Appointment Schedule

Patient Name Number Home Phone Work Phone SSII DOB CPT

Primary Insurance Room Reason Duration Comment Reminder

Fee Slips

Patient Name Number Home Phone Work Phone SSII DOB Address Sex

Primary Doctor Referring Doctor Appointment Date Time Room Reason Comment

Primary Insurance Policy Number Group Number Coverage

Secondary Insurance Policy Number Group Number Coverage

Responsible Party Patient Balance Insurance Balance Dx

Visits Allowed / Remaining Visits Authorized

Patient Receipts

Insurance Balance Dx SSII DOB Message: We appreciate the confidence you have show

Patient Statement

Insurance Balance Message:

OK Cancel

By using the Templates section, a custom message can be created to accompany the receipts and statements and can be changed as often as desired. This is useful for wishing patients a Happy Holidays during December, as just one example.

The Appointment Schedule and Fee Slips options here are for ClinicPro users still utilizing the appointment calendar from version 2.3 or before (accessed from Activities: Appointment Calendar). Newer users should disregard these fields.

Patient Custom Fields Configuration

This menu is still here for older versions of ClinicPro. Previously information that is now integrated into the Patient Detail, Transactions, and Insurance & Dates was stored here. If clearing things out of the custom fields right click on the fields and choose delete.

Registration

This section of the software is used by ClinicPro and houses your software registration. Please do not amend any of the information here as your registration will immediately expire and you will not be able to use the program. If you need to change any information on this screen please contact the support department at (517) 315-1021.


Locations

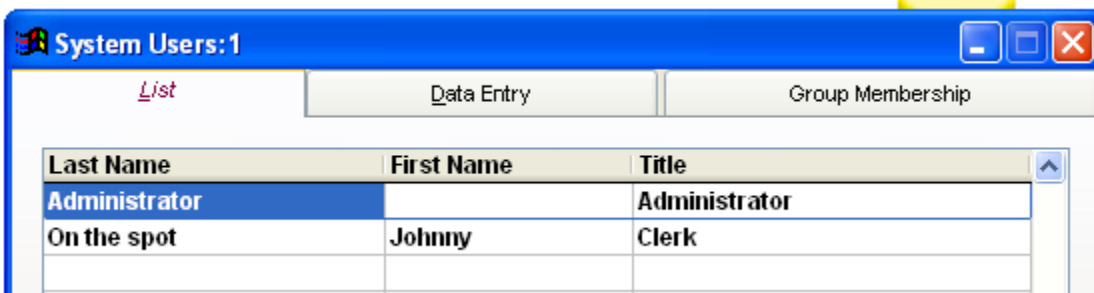
This menu item houses information pertinent to the different locations you may use for your practice. This menu item is only for providers who are registered with a multi-site license.

Users

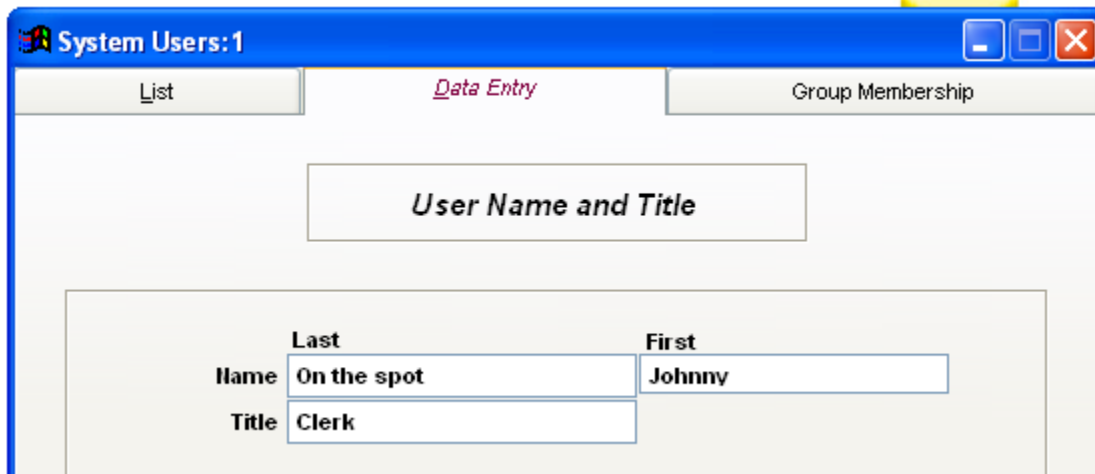
The Users menu allows for adds, edits, or removal of the different logins and permissions to Clinic Pro. ClinicPro allows you to create different Users, with separate passwords, that access the software. These Users can also be granted different levels of access to the program. The ClinicPro staff will be happy to help you determine access levels.

When first setting up Clinic Pro, accessing the **Users Groups** first is recommended, so that permission levels may be created that can be assigned to each user or group of users.

Adding a New User - To Add a new User, open up the Users screen under System: Users, and press the New  icon at the top of the main Clinic Pro window. Enter in the name of the user as well as a title, as desired:

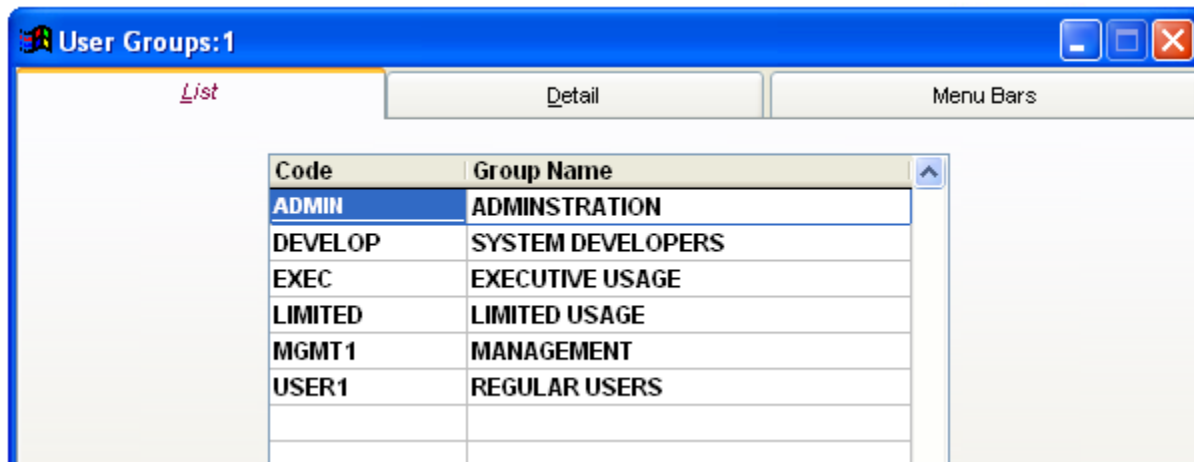


You will see this screen when you click on Data Entry:




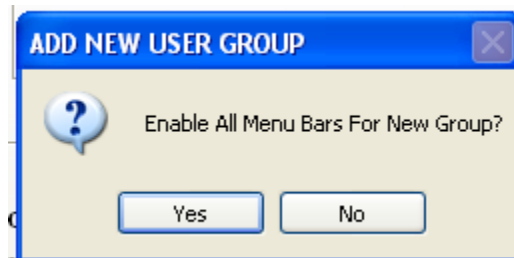
User Groups

The User Groups menu allows the user to customize and restrict access to certain menus and reports inside of Clinic Pro on a user-by-user basis. This is especially useful if only certain people in the office may have access to financial data and reports.

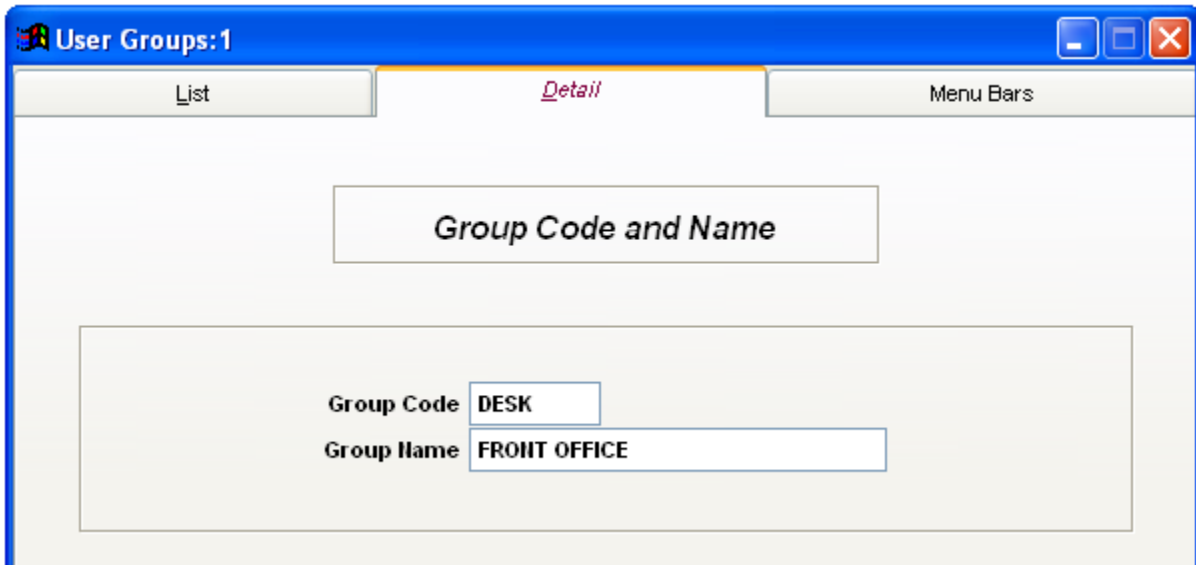


Adding a New User Group – Clinic Pro Installations generally include all the above pre-defined User Groups. It is recommended to simply edit unused ones to meet the needs rather than clutter the list, when possible. To edit the name of an entry, select it in the list, and go to the detail tab.

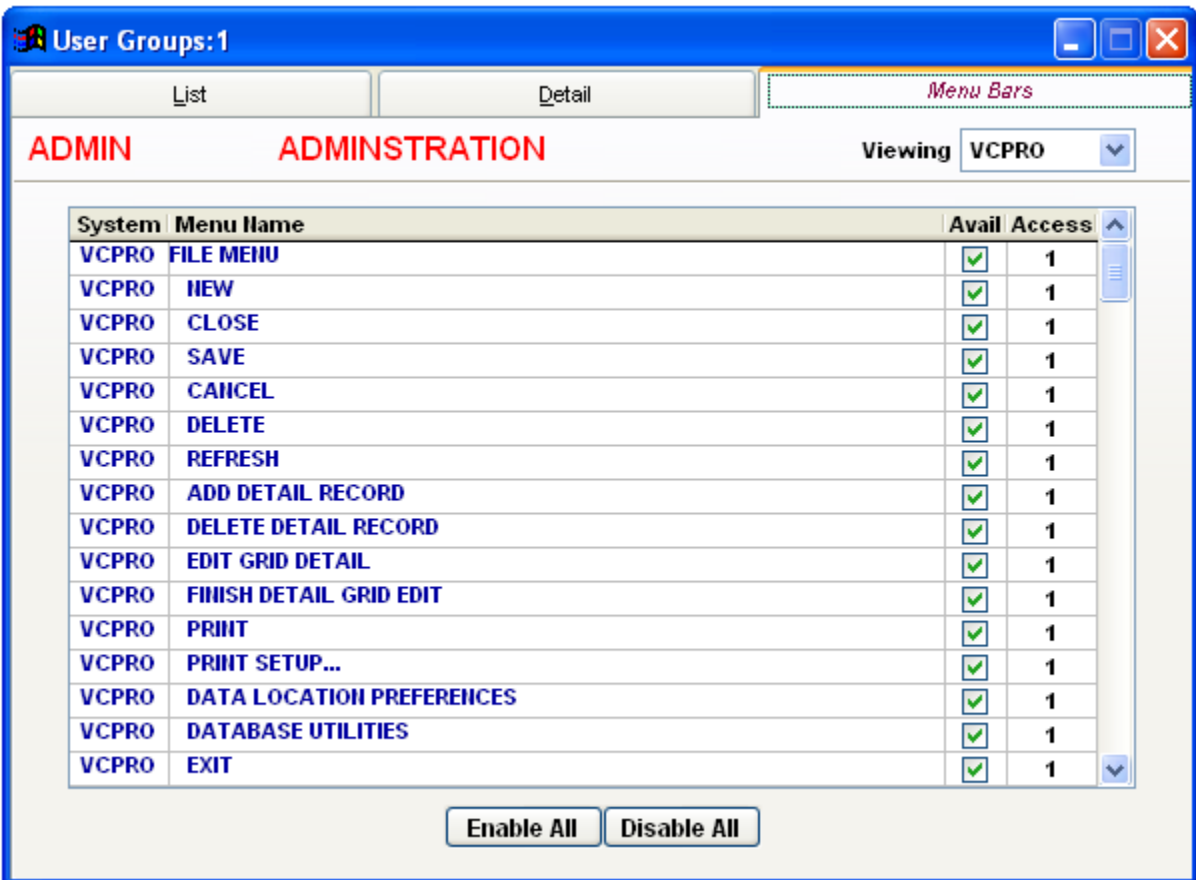
To Add a new User Group, open up the User Group screen under System: Users Group, and press the New  icon. You will get the following message. If you want to give the new User Group access to every menu item in the system, click "YES":



Enter in the name of the new User Group, assign it a short code.



The “Menu Bars” tab will allow you to choose the exact items that your New User Group will have access to:



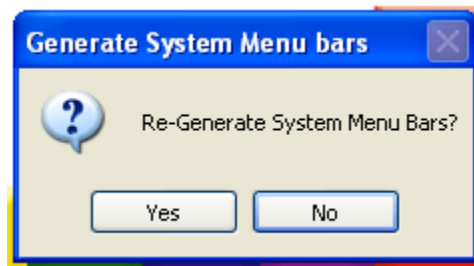
The "**Menu Bars**" tab sets up the access for the selected User Group. Each item on the list correlates directly to an option in the Clinic Pro menu. Any item named "____ Menu" (such as the Lists Menu, above) when checked or unchecked, will allow or disallow access to all the submenus. This can be quick and useful to disable large menu chunks like disabling the "Reports" menu.

The Enable All and Disable All buttons will check or uncheck every item. It is generally recommended to use "Enable All" and then go through the list manually disabling the subjects that do not comply with this User Groups access to them, so as to ensure no important menus were missed. (Like accidentally disallowing Copy + Paste for example)

If changes are not immediately seen in the menu bars after saving, go to "**General Menu File.**"

The Gen Menu File option will recreate the menu bars per user privileges. This is useful when updates to the User Group or group membership are applied and the changes are not seen immediately.

Simply click System: Gen Menu File, and tell it "**Yes**".



Change Password

The Change Password menu will allow for changes, or allow the assigning of a password for the current user logged into Clinic Pro.

HIPAA mandates that the computer or practice management software that contains sensitive personal medical records be behind some sort of secure password! Without a Windows or BIOS password when powering on the computer, it is a must to have a password for each user profile in Clinic Pro, in order to be compliant with HIPAA regulations!

If you are adding a password for a new User that is not already entered in the system, please go to User and add them in to the system. The ClinicPro software will allow you to alter or add passwords for the user that is currently logged in to the system.



The screenshot shows the Clinic Pro software interface. The title bar reads "Clinic Pro CHIROPRACTIC HEALTH CENTER - ADMINISTRATOR". The menu bar includes "File", "Edit", "Lists", "Activities", "Reports", "System", "Navigation", "Window", and "Help". A toolbar with several icons is visible below the menu bar. The "Change Password" dialog box is open, featuring a subtitle "Input New Password and Confirm". The "User Name" field is populated with "Administrator,". The "Old Password" field is empty. The "New Password" and "Confirm New Password" fields are also empty. "OK" and "Cancel" buttons are located at the bottom of the dialog box.

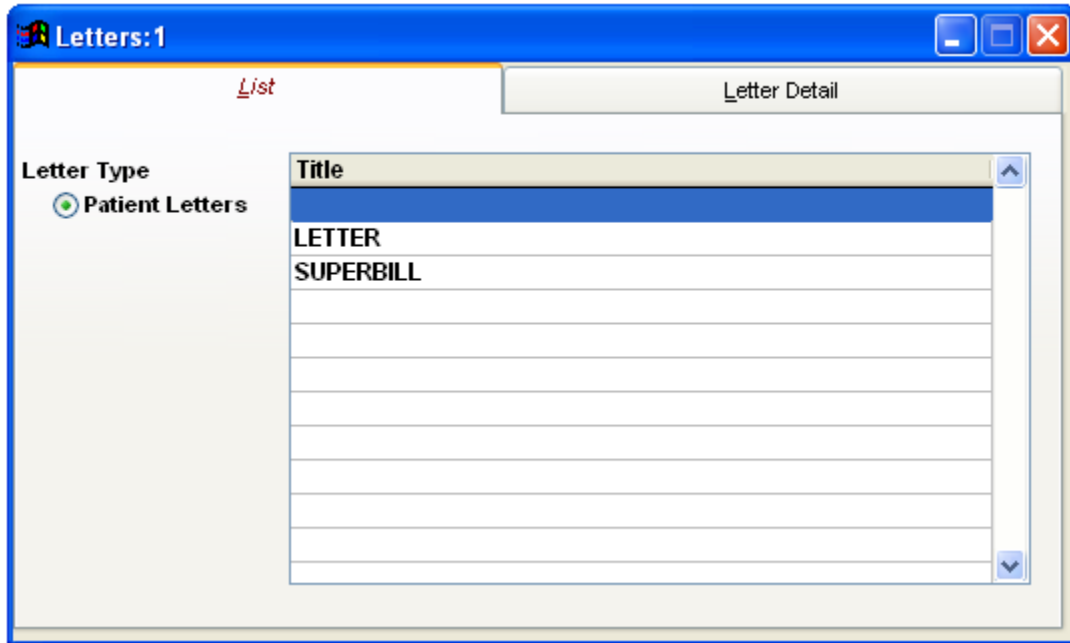
If the logged in user does not currently have a password (they click "ok" to log in to Clinic Pro, without entering a password) simply press ENTER in the "Old Password" field.

Type the new password and confirm it by re-typing it.



Passwords are allowed to be up to 8 characters long, and can contain any letter or number, A-Z, 0-9. This password is NOT case-sensitive. The password cannot contain special characters or punctuation.

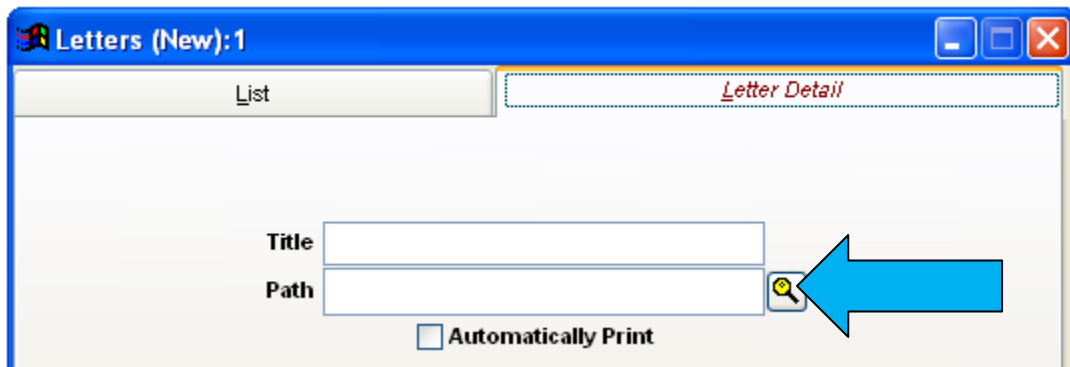
Adding or Deleting Custom Letters

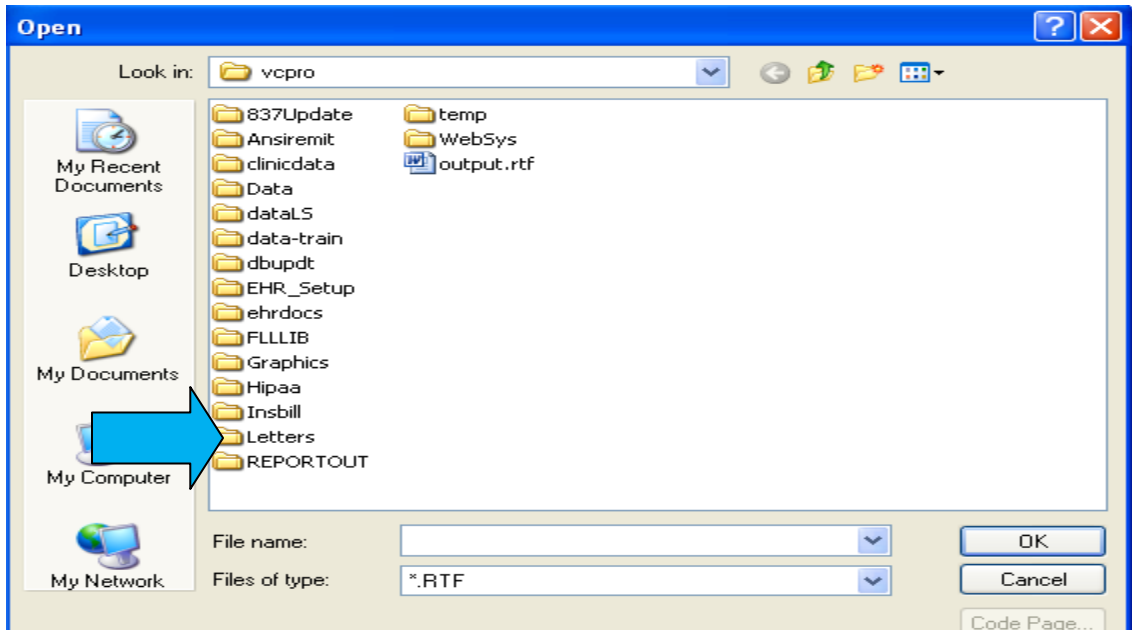
The Add / Delete Custom Letters menu allows the user to add, edit, or remove mail merge letter forms in Clinic Pro



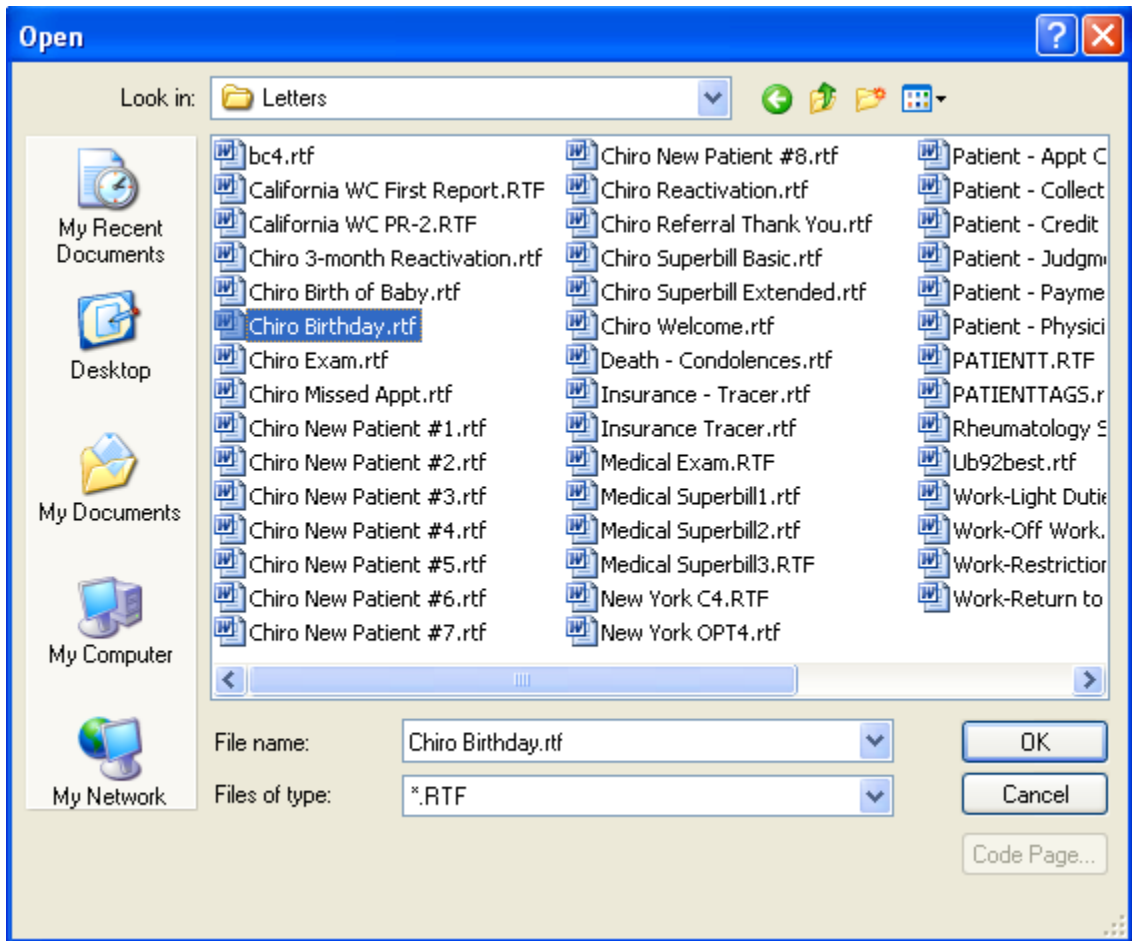
The Letters folder is stored in the VCPRO folder, on the computer C drive, if operating from a server. Take some time and access this folder to see the entire batch of letters that are preinstalled for your use.

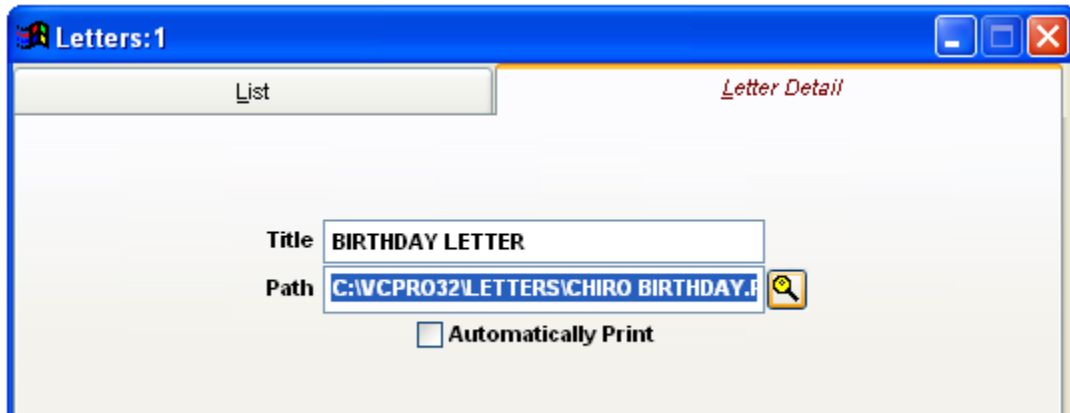
Adding a New Letter - To Add a new Letter, open up the Add / Delete Custom Letters screen under System: Add / Delete Custom Letters, and press the New  icon at the top of the main Clinic Pro window. Enter in a short description of the letter, and select where the letter is stored on the computer using the Browse  button.





Now that you have located the Letters folder, double-click the folder open, and choose the letter you are adding to the list:





The "Automatically Print" checkbox will queue this report to print out immediately when running the Mail Merge report, rather than to see a preview before choosing a print. When experimenting with a new Custom Letter, it is best to leave this unchecked, and come back to check it after the form is adjusted as desired.

These forms are used in the **Reports: Letters** menu list item.

For more information on customizing Mail Merge letter templates, please see the **Mail Merge** section of this manual.

Back Up

The Backup menu allows the user to create a quick, compressed and zip-encrypted backup copy of the Clinic Pro data. This will create a zip file containing the data to the specified location. This will strictly make a copy of the data folder, and will not include any other extra files, like remittance files and custom letters.

Backing up the program often is not only smart, but HIPAA mandated!



Click on the  browse button to browse to the location desired in which to back up Clinic Pro.

In the above example, when pressing Back-Up, it will make a backup to my C:\ drive.

This back up of your data will be stored on the C:\ drive of your server computer. **It is not the ultimate step you should take to insure that your data is safe.** The data backup is being stored on the very same drive that your original data rests; in a sense you have a copy in the same place that the real data operates. In the event that the computer fails, for whatever reason, the data backup is going to be lost with the original.

To insure the safest HIPAA compliant backup, ask us about our “**Backup Service.**”

You can also send a copy of the data to a different drive; ex: D:\.

The best tool for your office is a removable storage drive that you send a backup copy of your entire VCPRO folder to on a daily basis.

Remember that your medical records are irreplaceable and covered by HIPAA regulations for privacy and security. Our technicians will be happy to speak with you regarding securing your data.

Creating a Batch Billing File

Go to Activities, then Insurance Billing, and Do Billing. You can also get to the Billing Build Screen by clicking the Insurance Billing Icon:

Insurance Billings Build

Type 1500
 Invoices
 837 4010

Pre-printed forms
 Plain paper
 Preview

NPI Only Taxonomy

Submitter: - ALL SUBMITTERS -

Billing Doctor: - ALL STAFF DOCTORS -

Carrier: [Text Box]

Patient Name (Last): [Text Box]

Minimum Charge: 0.00

Current Printer: \\DELL_FAX\HP LASERJET P2

Printer Type: CUSTOM

Edit Custom HCFA Form

OK Quit 837 Errors

This screen allows you to choose the type of billing you wish to generate. The various fields here function to filter the software database by the criteria that you choose.

Type- ClinicPro defaults to electronic billing mode in the Type delimiter.

<p>Type <input type="radio"/> 1500 <input type="radio"/> Invoices <input checked="" type="radio"/> 837 4010</p>	<p>1500 – Health Insurance Claim Form (HCFA)</p> <p>Invoices –Attorneys or other professional members.</p> <p>837 4010 – Industry code for electronic claim filing.</p>
---	--

NPI Only – ClinicPro defaults to NPI only as it is currently a national billing mandate.

NPI Only Taxonomy

Submitter – You must choose a submitter (clearinghouse) to create the electronic billing file. This maintains separate files for Medicare, Blue Cross, Medicaid, and Commercial batches.

Submitter	- ALL SUBMITTERS -		Edi
Billing Doctor	- ALL SUBMITTERS -	BCBSM	
	BCBS	HCFA	
	HCFA	MEDICARE	
Carrier	MEDICARE	WEBMD	ENVOY



Billing Doctor - If you wish to generate batch claims by doctor you can choose to enable this field on the billings build screen. If you do not, leave the setting at ALL STAFF DOCTORS.

Billing Doctor	- ALL STAFF DOCTORS -
Carrier	- ALL STAFF DOCTORS -
	KOLE, JACK M
	SARNO, LISA M

Carrier- There is the option to create batch billing by individual insurance company. Simply click the finder button and choose the insurance company from your database.

Carrier BCBS OF MICHIGAN  

Patient-There is the option to create batch billing by individual patient. Simply click the finder button and choose the patient from your database.

Patient Name (Last) CUNNINGHAM  SCOTT 

Minimum Charge- Delimiter for ordering only a specified billing amount to generate.

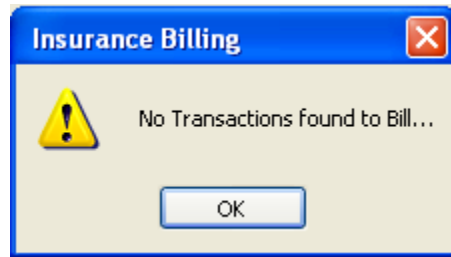
Minimum Charge

If you wish to create an electronic billing batch that is not limited through applying the delimiter field, or fields, simply choose SUBMITTER. This scenario will generate a batch of electronic claims that are attached to all your patients who are covered by insurance companies that will be submitted to that particular SUBMITTER/CLEARINGHOUSE.

Once you are satisfied with your selections of the delimiters, click “OK.”

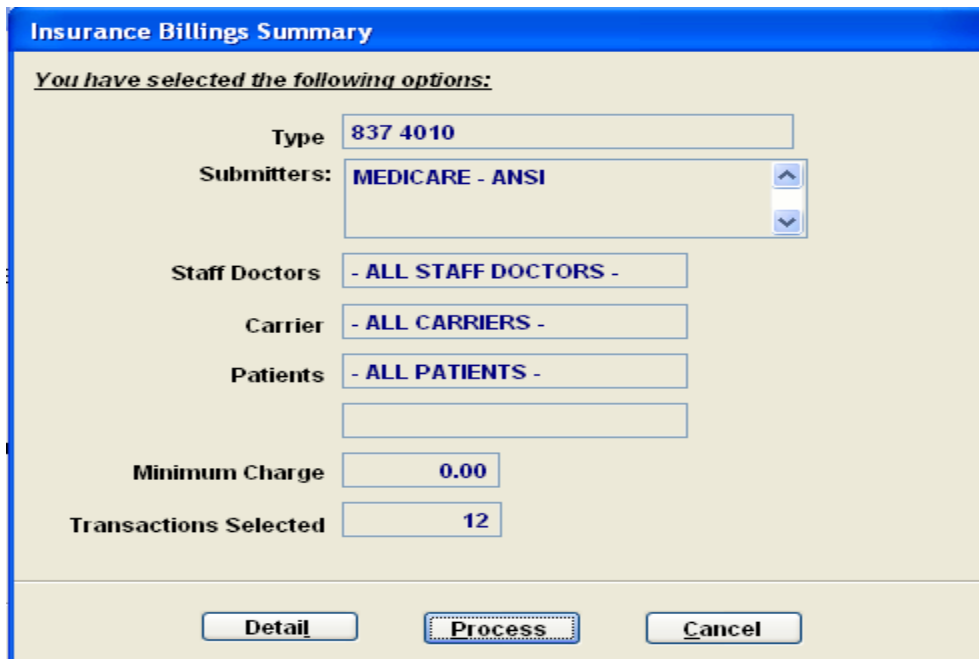


If there are no billable transactions that meet the criteria you have specified, you will see a message that says:



At this point, either there are no billable transactions or you have set inaccurate delimiters.

This is the next step in generating the electronic batch billing. We used the Medicare Submitter:

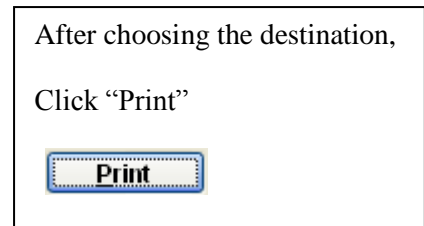


For our example, we choose Medicare as the SUBMITTER and did not select any other delimiter; we simply clicked “OK”. Our batch will contain 12 transactions.

A prudent next step will be to preview the details of the transactions we are about to send off to the Medicare clearinghouse. We will choose Detail:



Options for our Electronic Billing Preview reports are:




The Billing Preview Report will display like this:

Electronic Billings Preview Report

Provider	Billed Insurance Carrier	Patient	Date	Diag Code	Proc Code	Mod #1	Mod #2	Charge	Ins Type
KOLE, JACK	MEDICARE	RACON, ROCKY H.	06/30/2008	8420	99212			\$40.00	ANSI (MEDICARE)
	MEDICARE	RACON, ROCKY H.	06/30/2008	8420	72070			\$100.00	ANSI (MEDICARE)
	MEDICARE	RACON, ROCKY H.	06/30/2008	8420	98942			\$55.00	ANSI (MEDICARE)
	MEDICARE	RACON, ROCKY H.	06/30/2008	8420	97010			\$10.00	ANSI (MEDICARE)
	MEDICARE	RACON, ROCKY H.	07/01/2008	8420	97140			\$25.00	ANSI (MEDICARE)
	MEDICARE	RACON, ROCKY H.	07/01/2008	8420	98942			\$55.00	ANSI (MEDICARE)
	MEDICARE	RACON, ROCKY H.	07/01/2008	8420	98943			\$25.00	ANSI (MEDICARE)
	MEDICARE	RACON, ROCKY H.	07/02/2008	8420	98940			\$35.00	ANSI (MEDICARE)
	MEDICARE	RACON, ROCKY H.	07/02/2008	8420	97140			\$25.00	ANSI (MEDICARE)
	MEDICARE	RACON, ROCKY H.	07/02/2008	8420	98942			\$55.00	ANSI (MEDICARE)
	MEDICARE	RACON, ROCKY H.	07/03/2008	8420	98940			\$35.00	ANSI (MEDICARE)
	MEDICARE	RACON, ROCKY H.	07/03/2008	8420	97140			\$25.00	ANSI (MEDICARE)
Total Charges								\$485.00	

This provides an opportunity to look at exactly what transactions will be in the electronic batch we are about to create. If satisfactory, then proceed on with the billing. Print the report for your records.

Now you are ready to process this billing batch .

The ClinicPro software offers a claim scrubber as part of the system. As the batch is generating, the claims are being scrutinized for any major errors that may cause a front end billing audit. This is very helpful as any guidance in the line of billing is certainly necessary for success.

If the batch is without major errors in data input, then you will see a message that says the file has completed successfully. It will display in the upper right hand side of the billing screen:

“837 has completed successfully”

If there are data errors in the batch, ClinicPro will display an error message feature called The 837 Error Log. See section on 837 Error Log for more information.

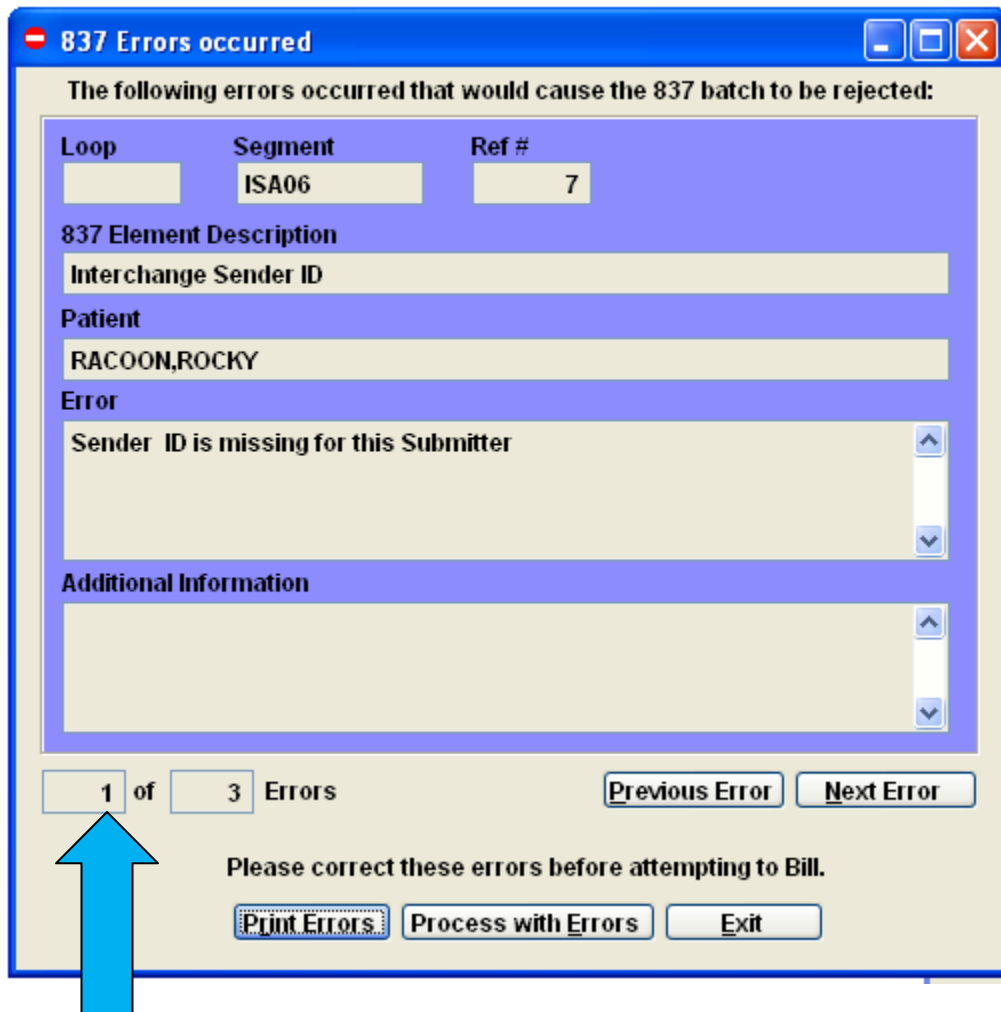
The 837 Error Log – The ClinicPro Claim Scrubber

The ClinicPro software contains a feature called the 837 Error Log, this is known as the claim scrubber. Its function is to detect major gaps in data input related to the electronic billing batch you are creating.

As explained in the Electronic Billing section, the scrubber is activated during the processing of the electronic billing batch.

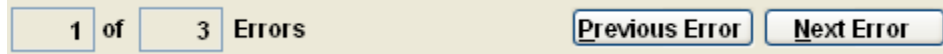
If there are data errors in the claim information, the scrubber message box will automatically display BEFORE your electronic batch is created.

Using our example of creating a Medicare electronic billing batch for one patient, Rocky Racoon, we can see the result of the claim scrubber in effect:



Notice that the error log is alerting us to 3 errors within this electronic billing file BEFORE the batch is created.

The errors buttons allow us to see the NEXT error:



This scrubber identifies the error in billing loop and segment industry terms:

Loop	Segment	Ref #
	ISA06	7

The scrubber also identifies the error in more common terms:

Error
Sender ID is missing for this Submitter

This provides an opportunity to close the billing screen and return to the software to amend the missing or invalid data. The Medicare submitter is missing vital billing data and the scrubber has identified 3 errors within this billing.

You have the opportunity to .

“**Printing the Errors**” is helpful so we can have a reference to return to the database to amend the information.

“**Process with Errors**” is genuinely NOT ADVISED; if the scrubber has detected errors, then the probability that the clearinghouse audit will also detect the same errors is high.

Once you have addressed the errors, return to the Insurance Billing Build screen and reprocess your billing.

10021102X12-the next 2 characters, 11, represent the day the file was created; February **11th**.

10021102X12-the final 2 characters, 02, represents the sequential ordering of created billing batches per day. Electronic billing files start sequential numbering at 02, and then ascend from there. If we were to create another electronic billing batch today, it would end in **03**.

Note: HCFA billing starts at 01. If this batch were billed on HCFA forms it would have been generated with a file name of 10021101.ASC

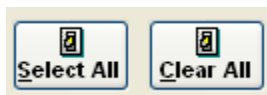
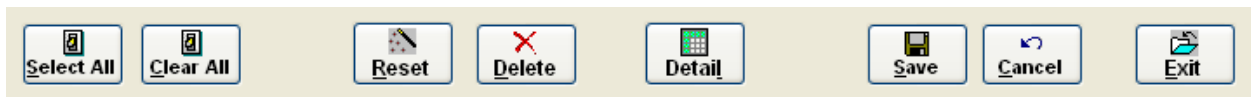
10021101X12- the X12 on the end of the file name represents the American National Standards Institute (ANSI) standards for electronic data interchange. All electronic files must be compliant to ANSI standards.

Notice the Electronic Billing batch we created displays the **File Name**, the Provider chosen in the **Billing Doctor** field, the **Insurance** carrier info (ANSI Medicare), the **Status** of the billing file (created), and the **Number** of transactions in the batch.

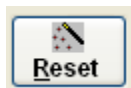
	File Name	1st	Provider	Insurance	Status	# Trns
<input type="checkbox"/>	10021102.X12	02	All Available	ANSI 837 - NSF 2.0 MEDICARE	Created	12

There is a small box preceding this electronic billing file. When you place a check mark in this box, the software is prepared to single this electronic billing batch out for viewing or amending.

There are buttons located at the bottom of this maintenance screen to allow various functions:



These buttons allow you to either select, by placing a check mark automatically, in all the billing file boxes, or to clear the check marks out of the already selected boxes.



There are times that the billings batches you have created need to be “reset,” meaning that the batch needs to be unbilled. Because billing batches typically contain a number of transactions, involving a group of patients, this Reset function will un-bill ALL the transactions in the file with one click. The patient’s individual transactions will automatically turn back to black display on the Transaction Card and the claims will be available to bill again.



This button is RARELY used and you should be very sure that you wish to actually delete a billing batch before you click this button. If you delete a billing batch, the transactions that were processed inside the batch will automatically be removed from this maintenance screen. The transactions that were involved in the deleted file will remain on the patient transaction card, in blue display, yet there will be no record of their billing in this screen.



This button functions to display all of the separate transaction involved in the billing file. Place a checkmark in the desired file box, and click the Detail box.

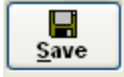
Here is the display:

Electronic Billings Detail (10021102.X12)										
Ctrl ID	Claim #	Doctor	Pri. Insurance Name	Patient Last	First	Date	Diag	Proc	Charge	Ins Type
116	00002-1	KOLE, JACK	MEDICARE	RACOOH	ROCKY H.	06/30/2008	8420	99212	\$40.00	2MB
118	00002-1	KOLE, JACK	MEDICARE	RACOOH	ROCKY H.	06/30/2008	8420	97010	\$10.00	2MB
120	00002-1	KOLE, JACK	MEDICARE	RACOOH	ROCKY H.	07/01/2008	8420	97140	\$25.00	2MB
122	00002-1	KOLE, JACK	MEDICARE	RACOOH	ROCKY H.	07/02/2008	8420	98942	\$55.00	2MB
124	00002-1	KOLE, JACK	MEDICARE	RACOOH	ROCKY H.	06/30/2008	8420	72070	\$100.00	2MB
124	00002-	KOLE, JACK	MEDICARE	RACOOH	ROCKY H.	06/30/2008	8420	98942	\$55.00	2MB
126	00002-1	KOLE, JACK	MEDICARE	RACOOH	ROCKY H.	07/01/2008	8420	98942	\$55.00	2MB
126	00002-	KOLE, JACK	MEDICARE	RACOOH	ROCKY H.	07/01/2008	8420	98943	\$25.00	2MB
128	00002-1	KOLE, JACK	MEDICARE	RACOOH	ROCKY H.	07/02/2008	8420	98940	\$35.00	2MB
128	00002-	KOLE, JACK	MEDICARE	RACOOH	ROCKY H.	07/02/2008	8420	97140	\$25.00	2MB
130	00002-1	KOLE, JACK	MEDICARE	RACOOH	ROCKY H.	07/03/2008	8420	98940	\$35.00	2MB
130	00002-	KOLE, JACK	MEDICARE	RACOOH	ROCKY H.	07/03/2008	8420	97140	\$25.00	2MB



There is also a reset button here, on this Detail display. You can select individual transactions in this detail view by clicking on them, and then hitting Reset. This enables you to unbill only particular transactions, leaving the remainder.

Remember, the patient Transaction card will also allow to reset individual transactions.



Use this button after every action so the action you requested can be processed.

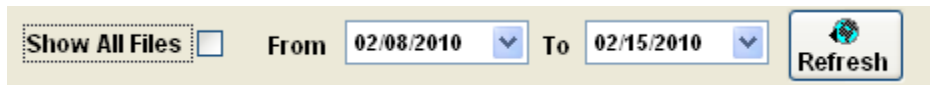


You can cancel a requested action **PRIOR** to clicking the SAVE button. If you delete a billing file, this action will not function to restore the file for you.



Exit from the Billing Maintenance Screen.

As you create numerous billing files, they will all be stored in this Maintenance Screen. At times you may want to view certain billing files and find it cumbersome to scroll through a long list. There is a feature on the very top of the Billing Maintenance Screen to help select files between designated time ranges:



Health Insurance Claim Form-HCFA

There are times when your practice will still find it necessary to bill an insurance company using the HCFA form. Either there are patients who subscribe to commercial insurance companies as their secondary or tertiary plans, or the insurance company is currently a small organization that is not yet accepting electronic claims.

Some states can use a black and white HCFA form, saving you the cost of the red and white professional claim form, as well as the time invested in alignment. The majority of states will require the red and white form. ClinicPro software has a HCFA template that is current for billing standards.

Go to Activities, then Insurance Billing, and Do Billing. You can also get to the Billing Build Screen by clicking the Insurance Billing Icon:



Type- ClinicPro defaults to electronic billing mode in the Type delimiter.

When creating HCFA forms you will click the 1500 radio button!

Insurance Billings Build

Type 1500 Invoices 837 4010

NPI Only Taxonomy

Submitter - ALL SUBMITTERS -

Pre-printed forms Plain paper Preview

Current Printer WDELL_FAX HP LASERJET P2

Printer Type CUSTOM

Edit Custom HCFA Form

Pre-printed forms
 Plain paper
 Preview

This box sets the billing mode and is very important to give attention to **before** you actually run the billing.

Pre-printed forms will generate the claim forms and convert the selected patient transactions to “billed” status.

Plain paper will generate black and white claim forms.

Preview will allow to you see the claims before printing them. If you print from this mode, you will generate a HCFA form BUT the selected patient transactions will NOT convert to “billed” status. The transactions will remain as displayed in black on the transaction card.

NPI Only – ClinicPro defaults to NPI only as it is currently a national billing mandate.

NPI Only **Taxonomy**

Submitter – You must choose a submitter (clearinghouse) to create the electronic billing file. This maintains separate files for Medicare, Blue Cross, Medicaid, and Commercial batches.

Submitter

The insurance companies that you already know will have to be set to HCFA mode can be submitted to the HCFA option. ClinicPro technicians will help you set up a Submitter called “HCFA” during your training sessions. Other insurance companies that typically generate electronic billing batches can be “dropped to HCFA” by selecting that mode in the Insurance & Medigap Company database. When you are finished generating their batch billing, turn that mode back to electronic.



Billing Doctor - If you wish to generate batch claims by doctor you can choose to enable this field on the billings build screen. If you do not, leave the setting at ALL STAFF DOCTORS.

Billing Doctor
Carrier

Carrier- There is the option to create batch billing by individual insurance company. Simply click the finder button and choose the insurance company from your database.

Carrier  

Patient-There is the option to create batch billing by individual patient. Simply click the finder button and choose the patient from your database.

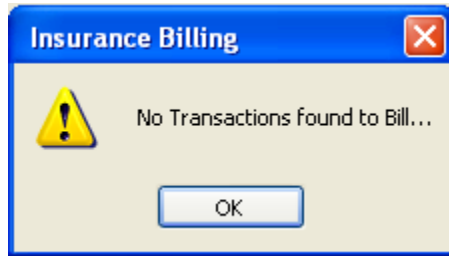



Minimum Charge- Delimiter for ordering only a specified billing amount to generate.

Minimum Charge

Once you are satisfied with your selections of the delimiters, click “OK.”

If there are no billable transactions that meet the criteria you have specified, you will see a message that says:



At this point, either there are no billable transactions or you have set inaccurate delimiters. It is probable that the insurance carrier or carriers you wish to generate HCFA billing for are not set to **HCFA** mode in the Insurance & Medigap Companies database.

You are now ready to generate the HCFA billing. We used the HCFA submitter to generate this billing for one particular patient, Steve Man.

Type	<input checked="" type="radio"/> 1500 <input type="radio"/> Invoices <input type="radio"/> 837 4010	<input type="radio"/> Pre-printed forms <input checked="" type="radio"/> Plain paper <input type="radio"/> Preview	Current Printer <input type="text" value="DELL_FAX/HP LASERJET P2"/>
	<input checked="" type="checkbox"/> NPI Only <input type="checkbox"/> Taxonomy		Printer Type <input type="text" value="CUSTOM"/>
Submitter	<input type="text" value="HCFA"/>		<input type="button" value="Edit Custom HCFA Form"/>
Billing Doctor	<input type="text" value="- ALL STAFF DOCTORS -"/>		
Carrier	<input type="text" value=""/>	<input type="button" value="🔍"/>	
Patient Name (Last)	<input type="text" value="MAH"/>	<input type="button" value="🔍"/>	<input type="text" value="STEVE"/>
Minimum Charge	<input type="text" value="0.00"/>		

Click "OK."

A dialog box titled "Insurance Billings Summary" with a blue header. Below the header, it says "You have selected the following options:". The form contains several fields: "Type" with a dropdown menu showing "1500 (Plain Paper)"; "Submitters:" with a dropdown menu showing "HCFA - NSF2"; "Staff Doctors" with a dropdown menu showing "- ALL STAFF DOCTORS -"; "Carrier" with a text box containing "AFLAC"; "Patients" with a text box containing "MAN, STEVE" and an empty text box below it; "Minimum Charge" with a text box containing "0.00"; and "Transactions Selected" with a text box containing "2". At the bottom, there are three buttons: "Detail", "Process", and "Cancel".

Our patient has 2 transactions ready to mail to the AFLAC insurance company.

A prudent next step will be to preview the details of the transactions we are about to send off to the Medicare clearinghouse. We will choose Detail:



Options for our Billing Preview reports are:

A dialog box titled "Insurance Billings Summary" with a blue header. Below the header, it says "Output Destination". There are four radio button options: "Print Preview" (selected), "Send to Printer", "Save to File", and "Save to Excel 5.0 File". To the right of these options are two buttons: "Print" and "Cancel".

Be careful NOT to print your HCFA form from the Print Preview mode. You will generate a HCFA form BUT, the patient's transactions will not convert to "Billed" in your database.

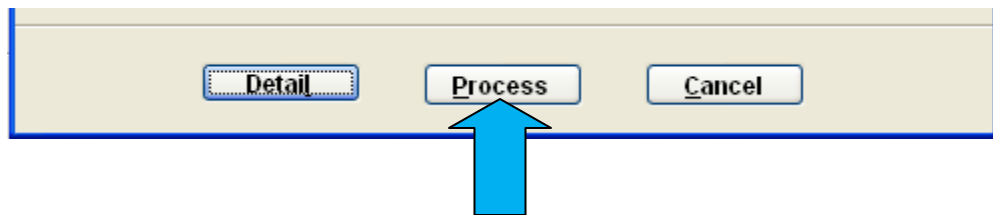
The Billing Preview report will look like this:

Provider	Billed Insurance Carrier	Patient	Date	Diag Code	Proc Code	Mod #1	Mod #2	Charge	Ins Type
SARN0, LISA	AFLAC	MAN, STEVE E.	02/11/2010	83908	97012			\$20.00	NSF2 (HCFA)
	AFLAC	MAN, STEVE E.	02/11/2010	83908	72020			\$75.00	NSF2 (HCFA)
Total Charges								\$95.00	

Print this report out for your records.

Close this Preview window when you are finished and you will be moved back to the billing screen.

You are ready to process the claims:



The software will process the HCFA forms by automatically filling the appropriate boxes in on the claims. If you use the red and white, pre-printed forms, please make sure you aligned them correctly with your printer following the arrows provided on the side of the form.

Edit the Health Insurance Claim Form –HCFA

Using the HCFA red and white forms can sometimes be tricky. The preprinted forms are fed into your printer and the ClinicPro software automatically fills in the appropriate fields. Problems occur because printers are so varied in operation as there are different brands, types, and models. The printer you are using to generate these claims will most likely have to be tested, and the form template aligned, to accommodate the variance in printer mechanics.

The Billing Screen offers a feature called “Edit Custom HCFA Form” which provides access to the ClinicPro HCFA template. This template is amendable and the technicians at ClinicPro will teach you how to successfully align the template to conform to your printer.

The screenshot shows the "Insurance Billings Build" dialog box. It features several sections:

- Type:** Radio buttons for "1500" (selected), "Invoices", and "837 4010".
- Form Type:** Radio buttons for "Pre-printed forms", "Plain paper", and "Preview" (selected).
- Options:** Checkboxes for "NPI Only" (checked) and "Taxonomy".
- Current Printer:** A text field showing "DELL-FAX\HP LASERJET P2" with a browse button.
- Printer Type:** A dropdown menu currently set to "CUSTOM". A blue arrow points to this dropdown.
- Buttons:** "Edit Custom HCFA Form" with a refresh icon. A blue arrow points to this button.
- Other Fields:** "Submitter" (- ALL SUBMITTERS -), "Billing Doctor" (- ALL STAFF DOCTORS -), "Carrier" (text field with search icon), "Patient Name (Last)" (text field with search icon), and "Minimum Charge" (0.00).
- Footer:** "OK", "Quit", and "837 Errors" buttons.

Remember! The printer type **MUST** always be set to Custom if you are amending the HCFA template. If this setting is to any other type other than Custom, the changes you make to the template will not advance.

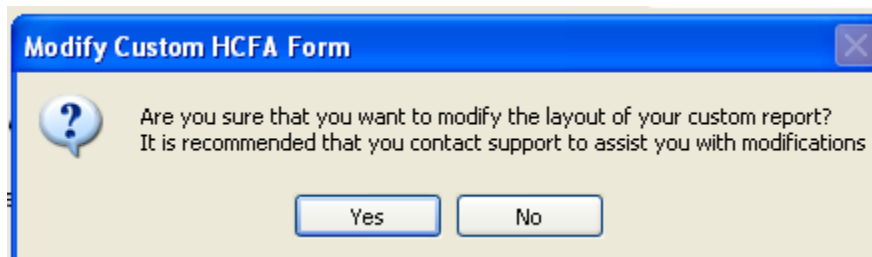
The name of the printer that will generate the HCFA claims is set in your template; you can change the printer to use a different one by clicking on the field to the right of the Current Printer field:



Click “Edit Custom HCFA Form” when ready to amend the template:



This message will display:



Click “Yes”


The HCFA grid will now display for you to advise changes to the template.

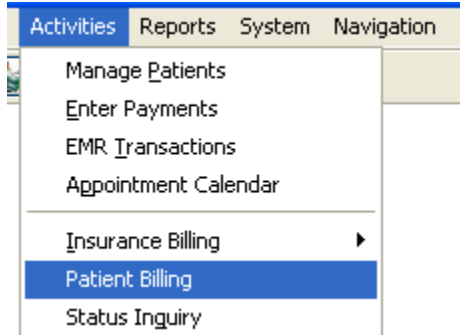
These fields are easily moved and the position will be directed by the actual HCFA form as generated in your office. Please have this form in hand when making changes.

You will move the boxes by clicking on them and using the arrow keys on your keyboard. Allow our staff to assist you in this edit process.

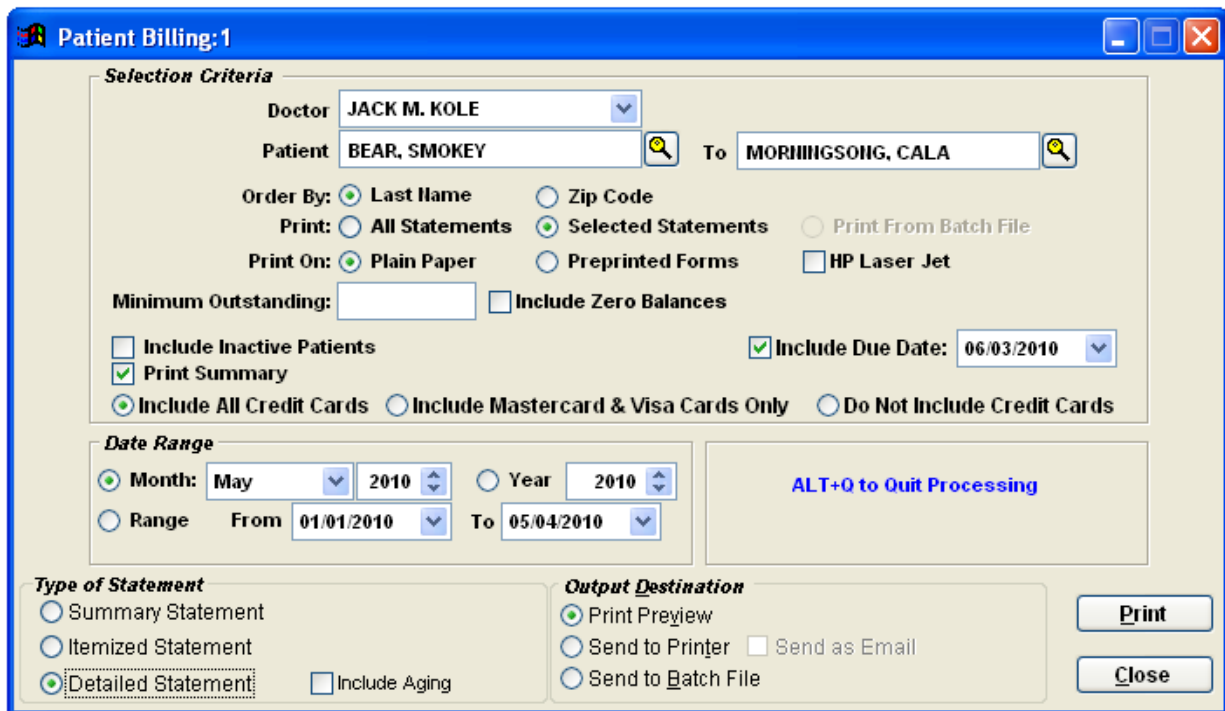
PATIENT BILLING

Just as you have an Insurance Billing template in ClinicPro to create electronic billing files, there is also this venue to assist you in billing your patients for their responsibilities.

To open your Patient Billing screen either click the Patient Billing icon  or go to Activities and then patient billing:



The Patient Billing template will appear:

A screenshot of the 'Patient Billing:1' window. It contains several sections: 'Selection Criteria' with fields for Doctor (JACK M. KOLE), Patient (BEAR, SMOKEY), and To (MORNINGSONG, CALA); radio buttons for Order By (Last Name), Print (Selected Statements), and Print On (Plain Paper); checkboxes for Minimum Outstanding, Include Zero Balances, Include Inactive Patients, Print Summary, and Include Due Date (06/03/2010); radio buttons for Include All Credit Cards, Include Mastercard & Visa Cards Only, and Do Not Include Credit Cards; 'Date Range' section with Month (May 2010) and Range (From 01/01/2010 To 05/04/2010); 'Type of Statement' with radio buttons for Summary, Itemized, and Detailed Statement; and 'Output Destination' with radio buttons for Print Preview, Send to Printer, and Send to Batch File. There are 'Print' and 'Close' buttons at the bottom right.

Now the work involved is in filling the fields that you desire to create your Patient Statements:

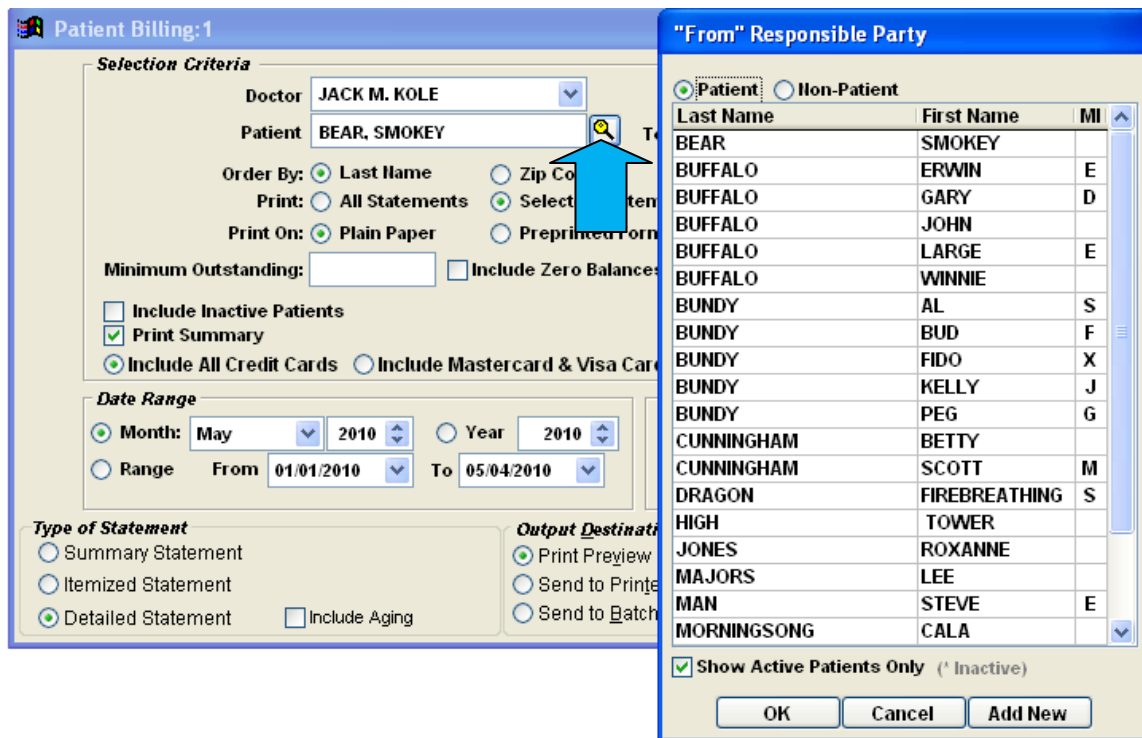
Doctor -

Choose the provider that is assigned to the patient or patients you wish to generate a statement for from this field.

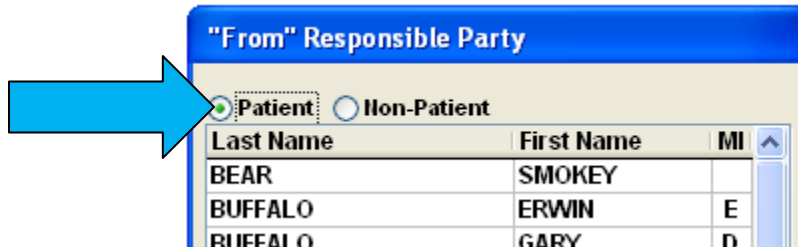
Patient -

From these fields you can generate a statement for one patient or for a group a patients:



For one patient, fill in the “from” and “to” fields by choosing the patient’s name



Click the drop down arrow and the patient list will display. You can choose “Patient” or you can choose the “Non-Patient” database:



Now, repeat this task for the “from” field. You will have the selected patient’s name in both fields.

Patient  To 

For a range of patients, repeat the above process with beginning patient in “from” field and ending patient in “to” field:

Patient  To 

Order by - Chose either LAST NAME or ZIP CODE, whatever setting is most efficient for your office.

Print - All Statements Selected Statements

All Statements – will bring up ALL of your patients that have balances to generate a statement.

Selected Statements – will bring up ALL of your patients that have balances and allow you to pick and choose from this list:

Order By: Last Name Zip Code
 Print: All Statements Selected Statements Print From Batch File
 Print On: Plain Paper Preprinted Forms HP Laser Jet

Standing:

Active Patients
 Primary
 Credit Cards

01/01/2010

Include

Select Statements

BUFFALO, GARY D	\$154.50	BEAR, SMOKEY	\$204.50
BUFFALO, JOHN	\$130.00		
BUFFALO, LARGE E	\$571.10		
BUFFALO, WINNIE	\$156.10		
CUNNINGHAM, BETTY	\$85.00		
CUNNINGHAM, SCOTT M	\$100.00		
DRAGON, FIREBREATHING S	\$135.60		
HIGH, TOWER	\$80.00		
MAN, STEVE E	\$350.00		
MORNINGSONG, CALA	\$225.00		
SARNO, FRANK	\$39.50		
YESTERDAY, TOM	\$236.10		

Double-click an item to move it from one list to another

OK Cancel

Simply click on the patients that you wish to generate statements for in this billing. They will appear on the right side of the window as you click them.

Print On-

Print On: Plain Paper Preprinted Forms HP Laser Jet

All of these following options can be checked or unchecked at your discretion:

Minimum Outstanding-

 Include zero balances –

Include Inactive Patients

Print Summary

Include Due Date

Include All Credit Cards

Include Mastercard & Visa Cards Only

Do Not Include Credit Cards

Date Range – only utilized with the Detailed Statement

Date Range

Month: May 2010 Year 2010

Range From 01/01/2010 To 05/18/2010

You can interrupt the statement processing by pressing ALT + Q

Types of Statements

Summary- will generate a simple statement displaying only the patient's balance.

Itemized – will display all open charges as well as the details on individual charges

Detailed - will display various charges and transactions. You can include an Aging account to generate on this statement as well as order a date range.

Output Destinations

Print Preview – this allows you to preview the statement before you send it to the printer. If you decide to print the statement from this Preview mode, the CP software will not be triggered to see that you have actually run a statement for the patient or patients so a STATEMENT line will not appear on the Transaction Card.

Send to Printer – when ready to print statements, choose this option.

Send to Batch File - This option is extremely handy if you run statements on your entire patient list or notice that the statements consume a large amount of time to generate. Due to our requested customer options that have been programmed into the software, the Patient Statements can take up a considerable amount of time to process. To avoid being held up by lengthy processing times, you can order the statements to be sent to a batch file and then print the batch file at a more convenient time for your schedule.

When you choose “Send to a Batch File,” there will be a processing time while your statement batch transfers automatically to a batch file. This batch file can be ordered up at any point in the future and will remain ready for you to print until you overwrite the saved batch. Some of our customers report saving their statements to a Batch File and then running them overnight. This way their statements are ready in the morning and they have not lost any office time waiting for their processing.

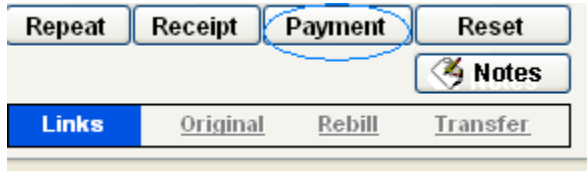
Send As Email- In order to utilize the ClinicPro email feature, your office must be set up with the email server Microsoft Outlook or Microsoft Outlook Express. Please ask a ClinicPro technician for help with this feature.

ENTERING PAYMENTS

Payments originate from two main sources; either Patient or Insurance Companies.

PATIENT PAYMENTS

On every patient's Transactions screen, there is a Payment button. Clicking on this button will open access to adding a payment, and default to show only this patient's balances.



Once you click the Payment key, you will see the ClinicPro Payment screen:

The screenshot shows the 'Payments' window with the following details:

- Source: Insurance Patient (BUFFALO, LARGE E.)
- Amount: \$0.00
- Apply To Carrier: BUFFALO, LARGE E.
- Ins Carrier: (All)
- Ins Type: Fee For Service Capitated
- Range: All Balances All Charges
- Method: CHECK
- Date Paid: 11/17/2009
- Check Date: 11/17/2009

Date	Patient # / Patient Name	Carrier	CPT	Balance
07/01/2008	00000010 - BUFFALO, LARGE EPATIENT		98941 - CMT, 3 TO 4 REGIONS	\$40.00
07/01/2008	00000010 - BUFFALO, LARGE EPATIENT		99212 - EM: PROBLEM-FOCUS	\$40.00
07/02/2008	00000010 - BUFFALO, LARGE EPATIENT		98940 - CMT, 1 TO 2 REGIONS	\$35.00
07/03/2008	00000010 - BUFFALO, LARGE EPATIENT		98940 - CMT, 1 TO 2 REGIONS	\$35.00
11/10/2008	00000010 - BUFFALO, LARGE EPATIENT		00005 - VIT B	\$10.00
03/16/2009	00000010 - BUFFALO, LARGE EPATIENT		31622 - BRONCHOSCOPY	\$300.00
Open Balance:				\$570.00

Date	Patient # / Patient Name	Carrier	CPT	Balance	Payment	Other

Total Payment: [Field]

Buttons: Post, Cancel

Looking at this payment screen, you will notice that the **Source** button is defaulted to the Patient mode and the patient name is displayed in the field next to the source button.

On the very right of the Payment screen are the fields that hold the payment information; Amount, Method of payment, Date Paid, Check No, and Check Date.

There is also the patient information, the **Range**, which allows you to determine what transactions are readily available to apply the payment to:

- **Billed w/ balances** - Only applies to Insurance Payments, and this is defaulted for all Insurance Payments. This will show only transactions that are currently marked as billed, and still carry a balance.
- **All Balances** - This will show any transaction that has a balance for the selected payment source (Patient / Insurance).
- **All Charges** - This will show all transactions, and what is owed on them, including \$0.00 balances.
- **Include Family** - This checkbox will include all the charges by any linked Responsible Party in the Patient Detail Screen. An example would be, a Father's payment screen would show his Wife and kids' charges and be able to apply payment to them.

Auto Apply

For purposes of quick data entry, Clinic Pro utilizes the auto apply feature to disburse patient payments so that each line of the disbursement does not have to be done individually. This feature is only for Patient Payments, never Insurance payments.

When a payment is auto applied, Clinic Pro automatically "pays off" the oldest date of service each time the user clicks the button for the patient or any person related by responsible party to the patient. There are two big advantages of using auto apply for patient payments. "Auto Apply" keeps the accounts receivables records updated and ensures that the oldest dates of service are paid off first. Auto apply is also quick and easy for the user. It saves a lot of time in data entry.

You would **NOT** want to use the "Auto Apply" feature if you have intended write-offs, discounts, or adjustments for your patient.

Below this information are two windows. The first window displays the **Range** of transactions you have asked the software to display. On this example, we have defaulted to show **All Balances**:

Date	Patient # / Patient Name	Carrier	CPT	Balance
07/01/2008	00000010 - BUFFALO, LARGE EPATIENT		98941 - CMT, 3 TO 4 REGIONS	\$40.00
07/01/2008	00000010 - BUFFALO, LARGE EPATIENT		99212 - EM: PROBLEM-FOCUS	\$40.00
07/02/2008	00000010 - BUFFALO, LARGE EPATIENT		98940 - CMT, 1 TO 2 REGIONS	\$35.00
07/03/2008	00000010 - BUFFALO, LARGE EPATIENT		98940 - CMT, 1 TO 2 REGIONS	\$35.00
11/10/2008	00000010 - BUFFALO, LARGE EPATIENT		00005 - VIT B	\$10.00
03/16/2009	00000010 - BUFFALO, LARGE EPATIENT		31622 - BRONCHOSCOPY	\$300.00
Open Balance:				\$570.00

The next window will display the payments you post.

Entering Payments:

You can use the Auto Apply feature to post them quickly, if there are no adjustments, transfers, or particular order of transactions which you wish to apply. If there are, follow the next steps for entering payments:

To enter a Payment into Clinic Pro, follow these steps: (see below image)

#1. Input the payment details. This is the method paid, and associated information like Check #, or Credit card information. The date input for "Date Paid" will be the date the Payment will appear on the Transactions Screen.

The screenshot shows the 'Payments' window in Clinic Pro. The form is for a patient named 'BUFFALO, LARGE E.'. The 'Source' is set to 'Patient'. The 'Amount' is \$0.00. The 'Method' is 'CHECK'. The 'Date Paid' is '11/18/2009'. Below the form is a table of charges with columns for Date, Patient # / Patient Name, Carrier, CPT, and Balance. The table shows several charges with a total balance of \$570.00. A blue '#2' is written over the table. At the bottom, there are buttons for 'Post' and 'Cancel'.

Date	Patient # / Patient Name	Carrier	CPT	Balance
07/01/2008	00000010 - BUFFALO, LARGE E	PATIENT	98941 - CMT, 3 TO 4 REGIONS	\$40.00
07/01/2008	00000010 - BUFFALO, LARGE E	PATIENT	99212 - E/M: PROBLEM-FOCUS	\$40.00
07/02/2008	00000010 - BUFFALO, LARGE E	PATIENT	98940 - CMT, 1 TO 2 REGIONS	\$35.00
07/03/2008	00000010 - BUFFALO, LARGE E	PATIENT	98940 - CMT, 1 TO 2 REGIONS	\$35.00
11/10/2008	00000010 - BUFFALO, LARGE E	PATIENT	00005 - VIT B	\$10.00
03/16/2009	00000010 - BUFFALO, LARGE E	PATIENT	31622 - BRONCHOSCOPY	\$300.00
Open Balance:				\$570.00

#2. Apply the payment by double-clicking on the charges that are to be paid off. This brings up the balance transfer window, for applying payments, adjustments, and transfers.

#3. This brings up the Balance Transfer Window in ClinicPro. Here is where you enter your payment information. Input the amount of money you have actually collected from your patient in the **Today's Payment** field. (see figure below)

You now have the option to Transfer to Insurance, if the patient has insurance.

There is the **REASON** field if you would like to track the transfer.

There are the **ADJUSTMENT & REASON** fields if you wish to apply a write-off or discount to the payment. (see write-offs below)

#4. Click “SAVE”

The payment or payments you make will now display in the bottom window of the ClinicPro payment screen.

Date	Patient # / Patient Name	Carrier	CPT	Balance	Payment	Other
07/01/2008	00000010 - BUFFALO, LARGE EPATIENT		98941 - CMT, 3 TO 4 REGIONS	\$0.00	\$40.00	\$0.00
					Total Payment:	\$40.00

Patient Display Patient # + Name Patient Name Control ID + Name

After double-checking all the payments you have made, hit **POST**.

WRITE-OFFS / ADJUSTMENTS

On the balance transfer screen, leave the payment amount to zero and fill in the patient write-off amount and reason. Click “Save”

INSURANCE PAYMENTS

On every patient's Transactions screen, there is a Payment button. Clicking on this button will open access to adding a payment, and default to show only this patient's



Once you click the Payment key, you will see the ClinicPro Payment screen:

Payments
Notes

Source Insurance Patient BCBS OF MICHIGAN

Apply To Carrier BCBS OF MICHIGAN (P)

Patient BUFFALO, JOHN

Ins Carrier (All)

Ins Type Fee For Service Capitated

Auto Apply

Search Payments

Range

Billed w/ Balances

All Balances

All Charges

Include Family

Include Ins Charges

Amount \$0.00

Location (Credits Only):

Method CHECK

Date Paid 11/18/2009

Check No

Check Date 11/18/2009

Date	Patient # / Patient Name	Carrier	CPT	Balance
07/01/2008	00000008 - BUFFALO, JOHN	BCBS OF MICHIGAN	98941 - CMT, 3 TO 4 REGIONS	\$40.00
07/01/2008	00000008 - BUFFALO, JOHN	BCBS OF MICHIGAN	99212 - E/M: PROBLEM-FOCUS	\$40.00
07/02/2008	00000008 - BUFFALO, JOHN	BCBS OF MICHIGAN	98940 - CMT, 1 TO 2 REGIONS	\$35.00
07/03/2008	00000008 - BUFFALO, JOHN	BCBS OF MICHIGAN	97140 - MANUAL TRACTION	\$25.00
07/03/2008	00000008 - BUFFALO, JOHN	BCBS OF MICHIGAN	98941 - CMT, 3 TO 4 REGIONS	\$40.00
08/05/2008	00000008 - BUFFALO, JOHN	BCBS OF MICHIGAN	99202 - E/M: EXPANDED PROB	\$50.00

Open Balance:

Date	Patient # / Patient Name	Carrier	CPT	Balance	Payment	Other

Delete (Single Transaction)

Total Payment:

Patient Display Patient # + Name Patient Name Control ID + Name

Post Cancel

Looking at this payment screen, you will notice that the **Source** button is set to the Insurance mode and the patient's insurance carrier name is displayed in the field next to the source button.

On the very right of the Payment screen are the fields that hold the payment information; Amount, Method of payment, Date Paid, Check No, and Check Date.

The **Apply to Carrier** field shows you the destination of your payment. For this example it is Blue Cross Blue Shield.

There is also the **Range**, which allows you to determine what transactions are readily available to apply the payment to:

- **Billed w/ balances** -Only applies to Insurance Payments, and this is defaulted for all Insurance Payments. This will show only transactions that are currently marked as billed, and still carry a balance.
- **All Balances** - This will show any transaction that has a balance for the selected payment source (Patient / Insurance). It can be useful to use this to apply a payment to a write-off to an insurance charge that hasn't been billed.
- **All Charges:** This will show all transactions, and what is owed on them, including \$0.00 balances.
- **Include Family** - This checkbox will include all the charges by any linked Responsible Party in the Patient Detail Screen. An example would be, a Father's payment screen would show his Wife and kids' charges and be able to apply payment to them.

Never use “Auto Apply” with Insurance payments. Insurance payments are subject to adjustments and transfers; using the Auto Apply button will exclude you from having these options with payments. It will also pay off charges from an older to newer order, this will not be appropriate for the standard terms of the industry.

Below this information are two windows. The first window displays the **Range** of transactions you have asked the software to display. On this example, we have defaulted to show **All Balances**. When you are making an insurance payment, ClinicPro will default to **Billed with Balances** because you will be applying payments to the transactions that have been returned to you from the Insurance Carrier.

Auto Apply		<input type="checkbox"/> Include Ins Charges	Check Date	11/18/2009		
Date	Patient # / Patient Name	Carrier	CPT	Balance		
07/01/2008	00000008 - BUFFALO, JOHN	BCBS OF MICHIGAN	98941 - CMT, 3 TO 4 REGIONS	\$40.00		
07/01/2008	00000008 - BUFFALO, JOHN	BCBS OF MICHIGAN	99212 - EM: PROBLEM-FOCUS	\$40.00		
07/02/2008	00000008 - BUFFALO, JOHN	BCBS OF MICHIGAN	98940 - CMT, 1 TO 2 REGIONS	\$35.00		
07/03/2008	00000008 - BUFFALO, JOHN	BCBS OF MICHIGAN	97140 - MANUAL TRACTION	\$25.00		
07/03/2008	00000008 - BUFFALO, JOHN	BCBS OF MICHIGAN	98941 - CMT, 3 TO 4 REGIONS	\$40.00		
08/05/2008	00000008 - BUFFALO, JOHN	BCBS OF MICHIGAN	99202 - EM: EXPANDED PROB	\$50.00		
Open Balance:						
Date	Patient # / Patient Name	Carrier	CPT	Balance	Payment	Other

The next window displays the payments you have made

ENTERING PAYMENTS:

To enter a Payment into Clinic Pro, follow these steps: (see below image).

#1. Input the payment details. This is the method paid, and associated information such as Check #, or Credit card information. Some practices input the number from the appropriate EOB for solid record keeping in the Check Number field. The date input for "Date Paid" will be the date the Payment will appear on the Transactions Screen.

The screenshot shows the 'Payments' window in ClinicPro. The form is filled with the following information:

- Source: Insurance, Patient. Carrier: BCBS OF MICHIGAN.
- Apply To Carrier: BCBS OF MICHIGAN (P). Patient: BUFFALO, JOHN. Ins Carrier: (All). Ins Type: Fee For Service, Capitated.
- Amount: \$0.00. Method: CHECK. Date Paid: 11/18/2009. Check Date: 11/18/2009.
- Range: Billed w/ Balances, All Balances, All Charges. Include Family, Include Ins Charges.

Date	Patient # / Patient Name	Carrier	CPT	Balance
07/01/2008	00000008 - BUFFALO, JOHN	BCBS OF MICHIGAN	98941 - CMT, 3 TO 4 REGIONS	\$40.00
07/01/2008	00000008 - BUFFALO, JOHN	BCBS OF MICHIGAN	99212 - E/M: PROBLEM-FOCUS	\$40.00
07/02/2008	00000008 - BUFFALO, JOHN	BCBS OF MICHIGAN	98940 - CMT, 1 TO 2 REGIONS	\$35.00
07/03/2008	00000008 - BUFFALO, JOHN	BCBS OF MICHIGAN	97140 - MANUAL TRACTION	\$25.00
07/03/2008	00000008 - BUFFALO, JOHN	BCBS OF MICHIGAN	98941 - CMT, 3 TO 4 REGION	\$40.00
08/05/2008	00000008 - BUFFALO, JOHN	BCBS OF MICHIGAN	99202 - E/M: EXPANDED PR	\$50.00

Open Balan

Date	Patient # / Patient Name	Carrier	CPT	Balance	Payment	Other

Total Payment: \$200.00

#2. Apply the payment by double-clicking on the charges that are to be paid off. This brings up the balance transfer window, for applying payments, adjustments, and transfers.

This brings up the Balance Transfer Window in ClinicPro. Here is where you enter your payment information. Input the amount of money you have actually collected from the Insurance Carrier. (see next figure)

This Balance Transfer Window displays the CPT code that you are applying the payment to; this should match up with your EOB. It also shows the **FEE** that you previously billed out to that Carrier and any **Previous Adjustments** you may have applied to this transaction. The EOB will guide how this payment will be disseminated.

Balance Transfer

CPT: 98941 - CMT, 3 TO 4 REGIONS

Fee: \$40.00

Previous Adjustments: \$0.00

Today's Payment: \$0.00 #3 Denied

Outstanding: \$40.00

Adjustment: #4 Reason: [dropdown]

Sanction Amount: [input]
 Disallowed Cost Containment: [input]
 Disallowed Other: [input]

Transfer to Insurance: #5 Carrier: [dropdown]

Approved Amount: [input]
 Applied to Deductible: [input]
 Copay: [input]

Transfer to (from) Patient: #6 Reason: [dropdown]

Withhold: [input]

Leave Outstanding: \$40.00

[Save] [Cancel]

#3. Enter the amount of money that has been given to you by the Insurance Carrier for the particular transaction. There may be times when the Carrier has denied payment; use the DENIED box in this case. There may also be times when the amount of payment is \$0.00.

The **Outstanding** field will automatically compute the remainder of the amount to be disbursed, click off the payment field to see the amount of money left as you continue through the balance Transfer Window.

#4. This field contains the amount the Carrier adjusted from what you originally billed to them. An example of this is when you bill a code out for \$50.00 but the carrier only pays you \$38.00, the adjustment would be \$12.00. Next to the Adjustment field is the REASON field. Use the drop down arrow to select the appropriate reason for the adjustment. You can add a new reason from this mode as well.

#5. Transfer to insurance is the amount that will transfer over to the Secondary or Tertiary insurance policies for payment. If the patient has secondary insurance, the name of that carrier

will display automatically in the Carrier field. Input the transfer amount and then place the same amount in either the Applied to Deductible box, or the Copay box. (see figure below)


Transfer to Insurance:	<input type="text" value="\$20.00"/>	Carrier:	AETNA (Secondary) <input type="button" value="v"/>
		Approved Amount:	<input type="text" value="\$20.00"/>
		Applied to Deductible:	<input type="text"/>
		Copay:	<input type="text" value="\$20.00"/>

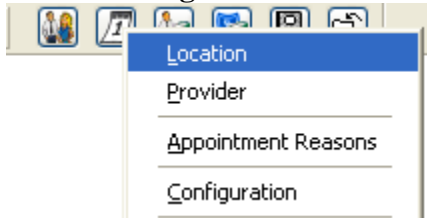
#6. Transfer to Patient is where you will input the amount that is being transferred to the patient responsibility. You must choose the reason for this transfer to patient responsibility. ClinicPro allows you to create new reasons to personalize your records. Just click ADD / NEW.

Transfer to (from) Patient:	<input type="text"/>	Reason:	<input type="button" value="v"/>
Withhold:	<input type="text"/>	<ul style="list-style-type: none"><Add New>CO-PAYMASTER MEDPD TO SUBSCRIBERREJECTED SERVICEUNAPPROVED AMOUNT	
Leave Outstanding:	<input type="text" value="\$0.00"/>		

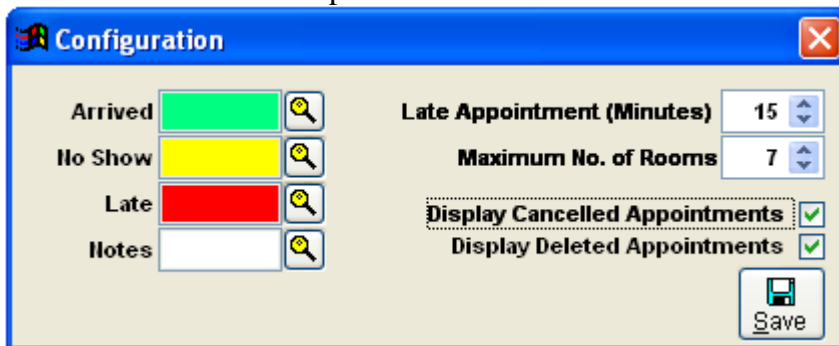
Configuring the Appointment Scheduler

When you open up your ClinicPro Appointment Scheduler for the first time it will not be configured; you will need to do this before you can set your Days and Times.

To access the Appointment Scheduler's configuration, **right click** on the Scheduler Icon  and choose **Configuration**.



This is the box that will open:



Colors

Change the colors automatically assigned to appointments that have **Arrived**, **Late**, **No Show**, or has **Notes**. Specify whatever colors are desired for each. Clinic Pro recommends lighter shades for these, as it can be harder to read text on dark color backgrounds. Click on the magnifying glass icon and choose the color you desire. Click OK when finished.

Late Appointment (Minutes)

Specify the amount of time, in minutes that an appointment will be automatically marked as late. Example: if you choose 15 minutes as your decided late appointment time and RED as your color, the Appointment Scheduler will automatically turn the patient entry RED after 15 minutes has elapsed.

Maximum No. of Rooms

The maximum number of columns allowed on the ClinicPro Scheduler is 7. Set your number accordingly

Display Cancelled Appointments

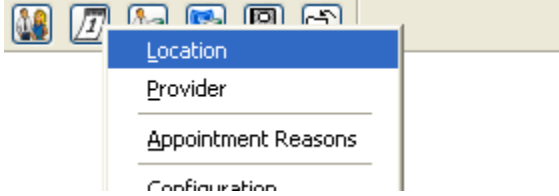
Checking this option will show cancelled appointments on the main Scheduler screen. Cancelled appointments are recorded in the Scheduler reports, regardless of this checkbox.

Display Deleted Appointments

Checking this option on will show deleted appointments on the main Scheduler screen.

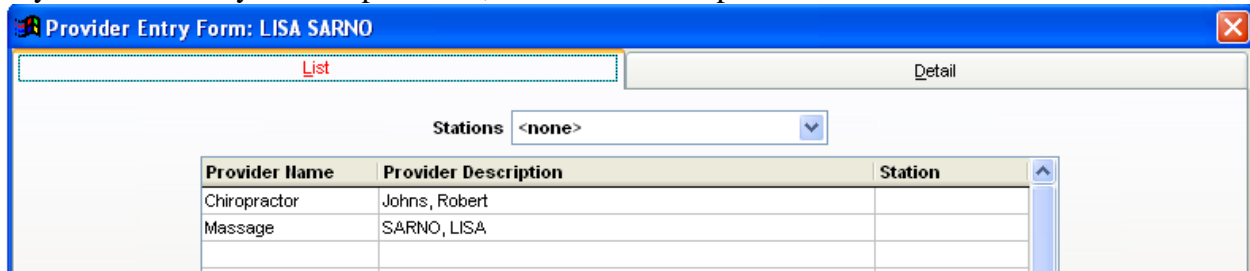
Adding / Editing/ Deleting a Provider

To edit, add, or delete appointment calendars and their preferences, right click on the Appointment Calendar icon and choose **Provider**. A list of all existing calendars appears.




If no calendars are currently set up, Clinic Pro will default you into Add Mode, creating a new Calendar.

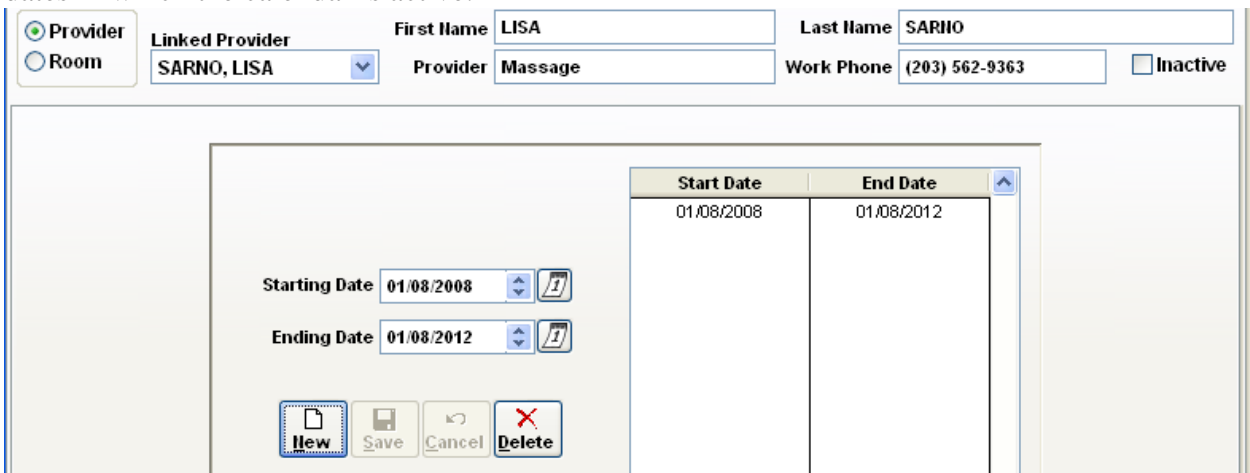
If you have already entered providers, this screen will open:



This example shows two doctors. Double clicking on them will bring up the details of that specific doctor.

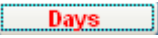
- Click on the New  button at the top of the main Clinic Pro window to add a new calendar.

The Date Range button allows you to set up the name on the appointment calendar, as well as the dates in which the calendar is active.

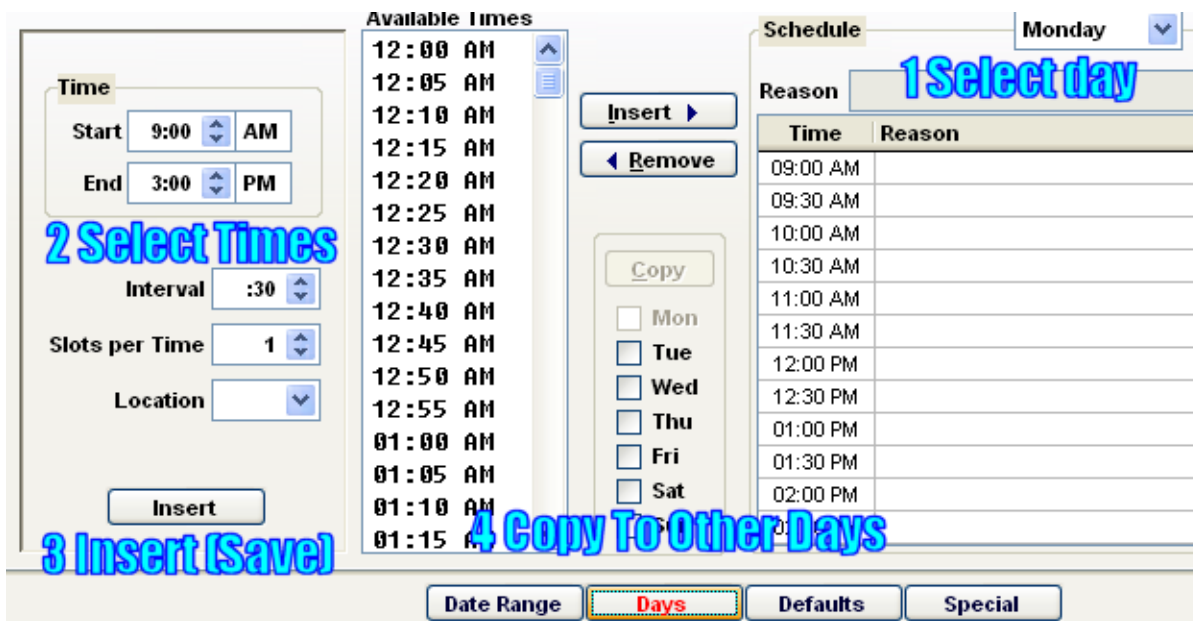


- At the top, Input the provider this calendar will be linked to, and the rest of the information will automatically be filled in. If the person this calendar is for is not a Staff Doctor, simply fill in their information in the **First Name, Last Name, Provider,** and **Work Phone.**
- **Inactive** - The Inactive button, when checked, will hide the selected provider from the main appointment screen. This is useful if a partner doctor stops seeing patients at the practice, for example.
- In the example above, there is one date range currently defined for the provider billing, 01/08/2008 - 01/08/2012. The dates input here are used in the **DAYS** button to define the timeslots available over the specified time range.
- When creating a new provider, it is best to only add one date range, and to put it to a date sometime reasonably far out in the future. In this example, the calendar will end in 2012.
 - To input a date range, click New, select a starting date, an ending date, and choose save.
 - To edit a date range, select it from the table on the right, and modify the ending date, then choose save.
 - To delete a date range, select it from the table on the right, and choose delete.

ADD TIMESLOTS

The Days button  allows you to setup the actual timeslots that will be available on the calendar.

Take note of the **FOR DATE RANGE:** at the top of this window. This displays the date range (from the previous screen) that is selected and you are now actively editing. To edit a different date range's days, go back to **DATE RANGE** and select the proper date range from the table, then head back to **DAYS**.



Take note of the numbered fields as this is the order in which you will add your specific practice / provider hours.

The **DAYS** page will always default to Monday.

- **#1** Select the schedule day using the drop down arrow.
- **#2** Input the Start time, then the End time. **INTERVAL** – Choose how many minutes will be the interval between appointment times. **SLOTS PER TIME** – this field will cause your appointment times to make rows, instead of across the page in columns. It will also prevent you from effectively designing and implementing appointments for different lengths of time **AT THE SAME TIME**. Using this feature will cause your

Time	Name	
9:00 AM		
9:00 AM		
9:30 AM		
9:30 AM		
10:00 AM		
10:00 AM		

calendar to display like this:

It is recommended that you leave **SLOTS PER TIME** at a default of 1.

- **#3** Click the **INSERT** button at the bottom to create the days schedule.
- **#4** If any other days share the same operational hours as the selected day, check them off in the boxes and select "Copy" to copy this same schedule to those days. To add or delete in individual timeslot select it from the list on the left or the schedule on the right and choose to insert the time, or remove the time.

REPEAT THIS PROCESS FOR THE REMAINDER OF DAYS

DEFAULTS

The Defaults button controls certain default settings for this provider, and is where the user can setup multiple rooms (columns). [Defaults](#)

Various warnings + Alerts to error-proof the appointment entry can be set-up:
Place a check mark in the box of any feature you would like to enable on your Scheduler

Book Time Slot Exclusively for Appointments
 Warn if no Time Slot exist for an appointment
 Warn if Duration of an Appointment is Over One Hour
 Warn when booking Appt for patient not in Database
 Warn when Scheduling an appt. for Provider other than def.
 Warn when booking overlapping appointments
 Go back to current date and time after booking

Maximum number of columns: 1 [Assign column](#)

Schedule By:
 Duration Slots

Superbill

Maximum number of columns:

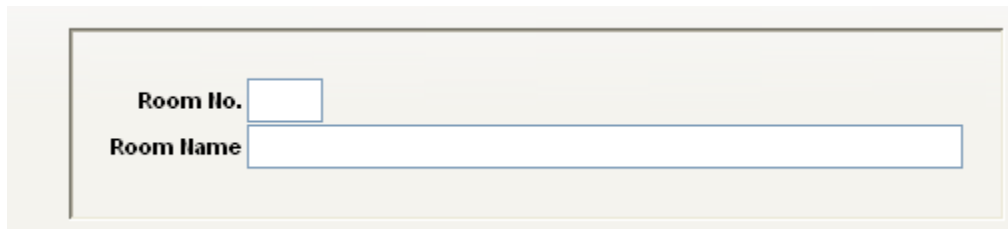
Raise this value to create new rooms (columns), the maximum number allowed is 7. If there is a warning about exceeding scheduler defaults it is because the CONFIGURATION is set to a number LOWER than what you have indicated on columns counter. (See: Configuring the Appointment Calendar.)

Click on the **Assign Column** button to name the columns. By default column "1" will be named Room 1, and so on. Common themes are to change them to room names (x-ray, exam, etc) or doctor names.

Room No.	Room Name

When you click the assign columns button a box will pop out that shows your rooms / columns. If you have not yet done this, the list will be empty.

To begin adding Names for the rooms/columns, click the NEW icon .



A screenshot of a software form with a light beige background. It contains two input fields: a smaller one labeled "Room No." and a larger one labeled "Room Name".

Now, enter the Room No. and then enter the Room Name.

Click "Save." 

Repeat this process for the remainder of your rooms/columns.

Always leave Schedule by as: Duration

Superbill Defaults:

You can print out Superbills for your patients from the Appointment Scheduler. Here are the default settings you can choose to have displayed from the Superbill function of the Appointment Scheduler.



A screenshot of a "Superbill" configuration window. It features two rows of text boxes, each with a magnifying glass icon to its right. The first row is labeled "#1" and contains the text "C:\VCPRO\LETTERS\CHIRO SUPERBILL BA:". The second row is labeled "#2" and contains "C:\VCPRO\LETTERS\CHIRO SUPERBILL EX". To the right of these text boxes is a button labeled "Create Superbill".

Click on the magnifying glass and the VCPRO folder will display.

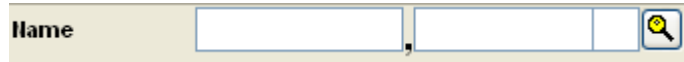
Choose Letters

Once the Letters folder is open, choose the Superbills you want as a default.

The Appointment Scheduler

The Appointment Scheduler will display as you have configured it previously. (If you do not see the changes you initiated, please return to **Configuration** and/or **Provider Entry**.)

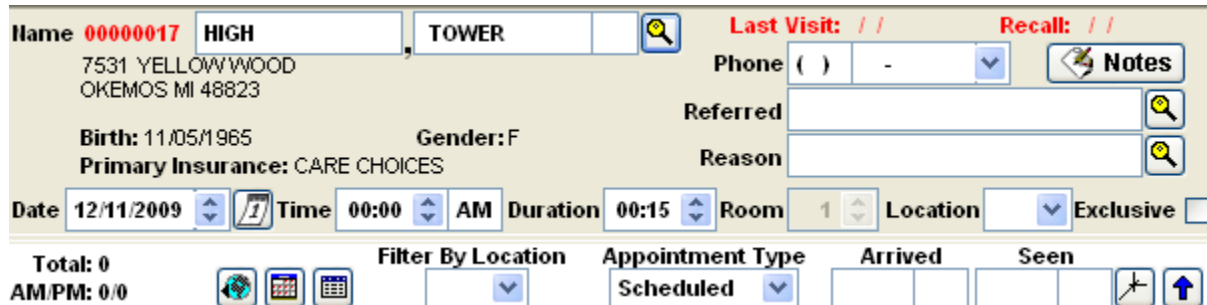
SCHEDULING A PATIENT



This field is used to schedule your patients. Click on the magnifying glass and your Patient List will pop up.

If you wish to schedule an appointment for a patient that is not already entered in your system, we advise that you create a patient entry (NEW PATIENT) that you use every time this situation arises. ClinicPro will allow you to type in a name that is not in your database, but that entry can never be amended in status.

Once your patient list is open, locate the patient you are trying to schedule for, double-click their name. Their demographic information will fill in to the fields:



Name: This field reflects the selected patient's assigned ClinicPro Patient Number, then Last Name, followed by First Name and Middle Initial if available.

The selected patient's address appears below the Name

Birth: The birth date of the selected patient is reflected here.

Gender: This field will show M if the selected patient is a Male or F if the patient is a female.

Last Visit: This displays the last day an appointment was scheduled for this patient.

Recall: If a date for recalling the patient back into your office has been entered, it will appear here.

Phone: By default, the home phone number is displayed. If a work number or other number is available, it will display in the dropdown list.

Notes: The Notes button allows information about this particular appointment to be filled in for the benefit of the office staff.

Referred: The browse feature accesses the referral doctor database and can link a specific referring doctor to an appointment.

Reason: This browse feature accesses the referral doctor database, and can link a specific referring doctor to an appointment.


The **Date, Time, Duration, Room number, and Exclusivity** for this appointment display, if an appointment is selected. Each field, except Room allows those values to be changed before the appointment is saved.

Location: If a multi-location version of ClinicPro was purchased, this allows a patient to be scheduled at a particular location.

Filter- by- Location: This feature allows only the appointments scheduled at a particular location to be viewed if the multi-location version of ClinicPro has been purchased.

Appointment Type: This drop-down menu indicates if the selected appointment is for a regularly **Scheduled** appointment, a **Walk-in** appointment, or was scheduled with **Multiple** appointments at once (as in a Treatment Plan).


The time **Arrived** is automatically set when marking a patient as arrived.

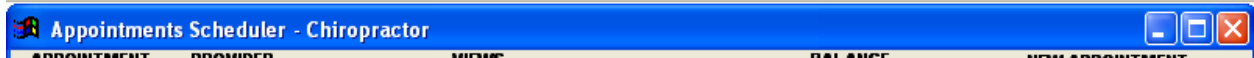
Seen: A time the patient was seen by the provider can be recorded here by clicking the clock icon  to the right of this field.

Once you have your patient information pulled into the Appointment Scheduler demographic fields, you can enter them into the Scheduler at the appropriate time and room/column.

Adding a New Appointment

Before adding a new appointment, make sure Clinic Pro is viewing the correct provider's schedule. The current provider being viewed is displayed at the top of the screen in the

header. Click the  button to move to the next provider's schedule. The Provider's name will display in the blue bar of the Scheduler as you see below. You will enable this feature if you have more than one Provider entered on the Provider Entry Form. Their name(s) will display exactly as you have entered them on the Provider Entry Form.

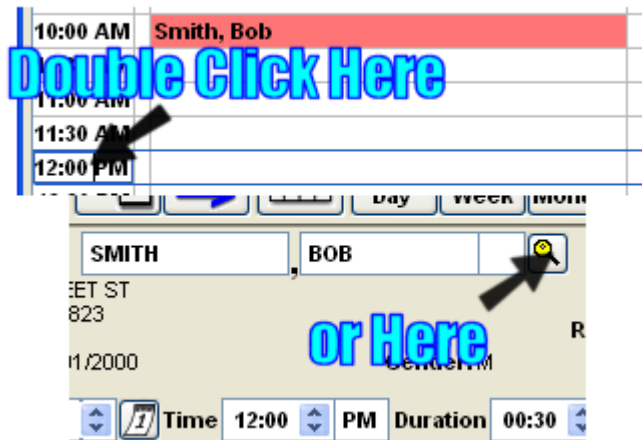


- Using the mini-calendar on the top right, select the date that the appointment will




occur on.

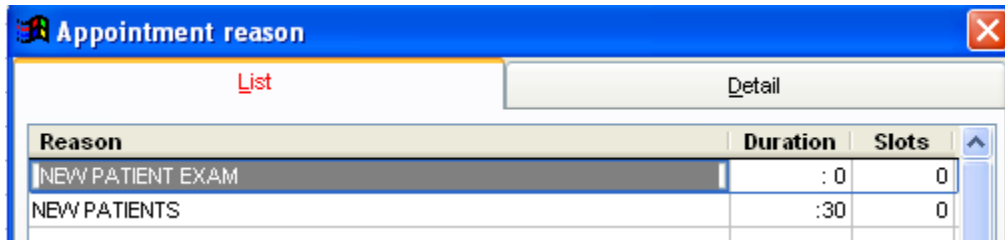
- Double click on the time the patient is to be scheduled. **OR** Click once on the empty



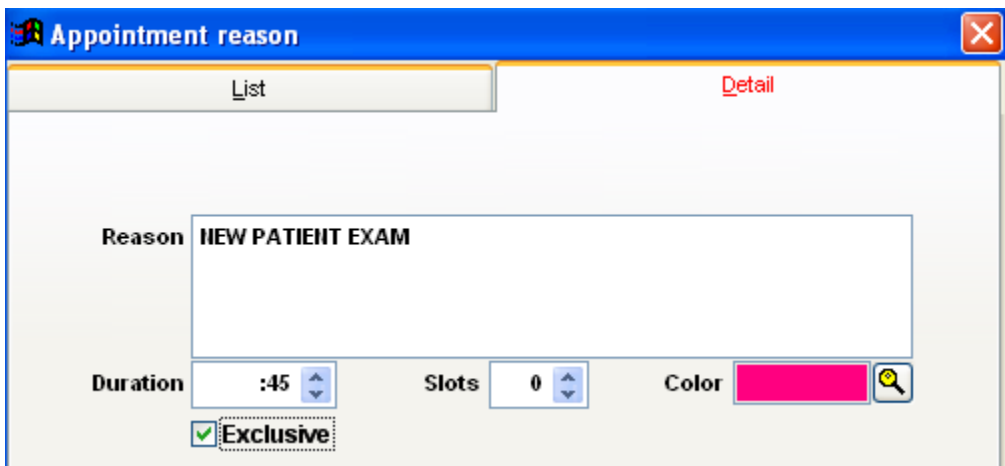
timeslot the patient is to be scheduled.

- **If needed**, fill in the appointment **REASON** code.

Reason  Click on the Magnifying Glass.



To create a New REASON, click on the New Icon .



You are able to enter the **REASON** for the visit


You are able to enter the **DURATION** for the visit. Some of your appointments may require longer time slots. Here you can determine how long that visit may take.

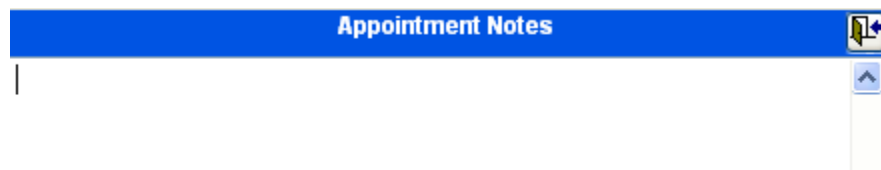
SLOTS, please leave set to 0 unless you have chosen to have your Appointment Calendar display by Slots Per Time.

You are able to assign different **COLORS** to appointments so that your Scheduler will be easier to read visually.


The **EXCLUSIVE** box, if checked, will display the appointments as using up the appropriate amount of time on the Scheduler. If you do not check this box, your appointments will only use one time slot.

Save this added info, and repeat the steps to create as many REASONS for appointments as necessary for your office.

- **If needed**, fill in the **NOTES** section:  The use of the Notes box is optional - Clinic Pro users may decide whether or not to use it. When you print an appointment report, you have the option of printing the notes that are specific to each patient. To associate a Note with a particular appointment, click the Notes button before saving the appointment. The notes screen will open up right underneath the icons.



Type in the appropriate note and hit TAB when finished. When that appointment is highlighted, the Notes button will be red, and on the regular daily view of the scheduler, there will be a red ! next to the patient's name. These are the alerts that a note exists for this appointment.

- To add the patient's appointment, just click in the appropriate time slot and room / column.
- Click Save .

There are quite a few features built in to the Appointment Scheduler to assist your office in practice management. The remainder of this training document provides information on these features.

Starting from the top left of your Scheduler:

The Icons displayed at the top of the Appointment Calendar allow you to edit or navigate to various places in Clinic Pro. The following is the legend:



Clear - This icon clears the active patient from the screen.



This feature will allow you to edit the appointment information. It is also accessed by “right-clicking” on the patient name from the scheduler and choosing “Edit.” You can edit the appointment reason, the provider, etc. One of the options for editing is the patient's appointment date and time. We advise that you do this from the “Reschedule” option as it will be quicker.



As explained earlier, you can scroll through your Provider's schedulers.



This is the calendar view icon. Input notes that are specific to a particular day. The days that you do choose to add notes to can, display on the calendar icon as a different color so you know you have a note there. Right click on the day before you enter the note to choose the color.



The Day icon displays a daily view of appointments



The Week icon moves to a week-at-a-glance view. Double click on an available time and immediately be placed on that day's schedule.



The Month icon moves to a month-at-a-glance view. Double click on an available time and immediately be placed on that day's schedule.



This icon means walk-in, a patient without a scheduled appointment. To schedule a walk-in patient, they must first be in the current patient list.



This icon navigates to the patient screen of the active patient.



This icon navigates the user to the transaction screen of the active patient.



If the user wants to know the patient balance of the active patient without going to the transaction screen, click this icon.



The label icon moves the user to an opportunity to print labels or super bills. (See **Superbill** for more explanation)



The print icon takes the user to the appointment book print screen. There are many options for the type of printout selected. (See **REPORTS – Appointments** for more info).

There are more features on the right hand side of the Scheduler:

Find Appointments

Clinic Pro provides an easy way to locate the next appointment by clicking on the Find Appointment button.

Then, select the patient from the browse list by double-clicking on the patient's name. If there is a patient previously selected on the Appointment Calendar screen, this will auto fill. Clinic Pro will list all of the patient's appointments.

Date	Time	Reason	Duration	Status	Doctor	Loc
07/10/2008	1:45 PM		00:15	NOS	Permanent Sleep	
06/27/2008	9:00 AM		00:15	ARR	Permanent Sleep	

Sort the list by **all appointments**, or only **future appointments**, and **Print** the list for an easy reminder of appointment dates & times, to give to the patient.

From this screen, select any appointment shown and Delete, Edit, Reschedule, or assign it an arrival status. Simply use the button for the action desired while an appointment is selected.



Find Time Slot


You can find an available time for an appointment with this feature.

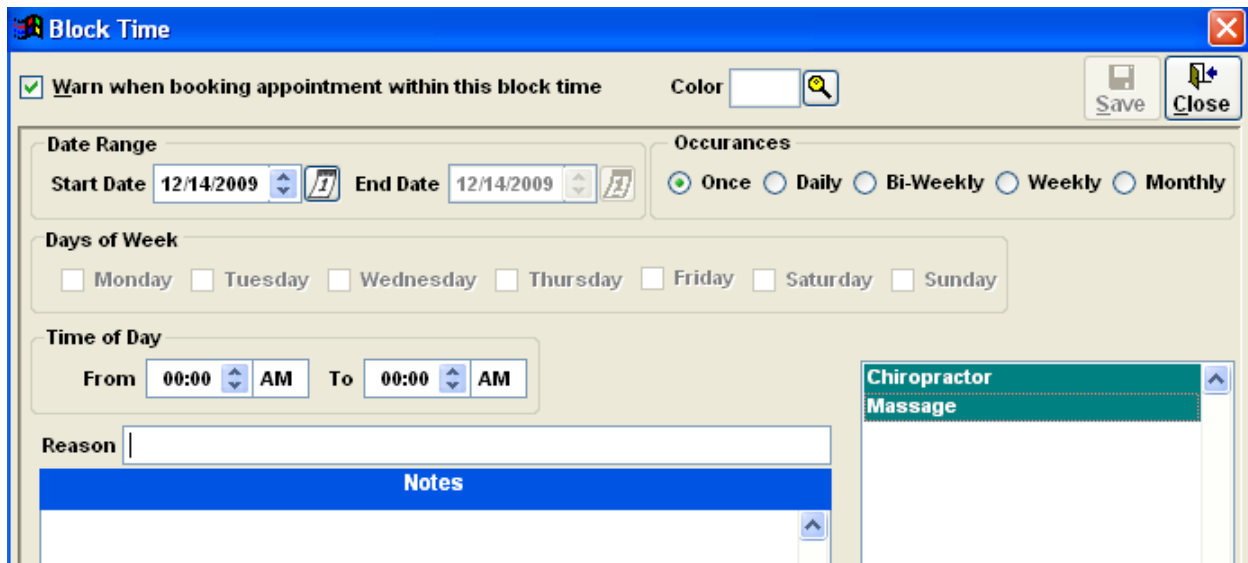
Block Time

If the doctor needs to take time off during a regularly scheduled work day (normal hours), and it is not for a patient appointment, you can use this feature. There may also be many more reasons why your office would choose to block time off on the Scheduler.

Click the Block Time button:

A list of existing blocked times will appear. The user can edit or delete any existing blocked time by selecting it and pressing edit  or delete .

To create a new blocked time, press the New  button, and fill in the criteria for how this time will be blocked off.



Warn when booking appointment within this block time: This will flag a warning when attempting to save a new appointment in this specified time. You would commonly leave this checked. Then, you can uncheck this when simply coloring a block of the schedule for a visual aid in "zoning" a time for a specific purpose, like a "New Patient Time".

Color: Specify the color of this blocked time, generally darker shades are better used for blocked times.

Occurrences: How often this blocked time will occur. If the office is just going to be closed for one day, or a portion of a day for a holiday, simply choose once.

Date Range: Specify the range of dates in which this time will be blocked off based on what was entered in Occurrences.

Days of Week: For weekly / bi-weekly, and Monthly, specify which days of the week this occurs on.

Reason: Input a name for this blocked time. This will be listed on the appointment calendar as well as on the list of blocked time.


Providers Schedules: Blocked times will default to all the provider's schedules. To specify blocked time for only one provider, click their name.

The above example is illustrating a Lunch break between 1-2:30 every Monday, Tuesday, Wednesday, and Thursday for the (foreseeable) next 10 years, on Doctor Billing's schedule.


12:30 PM		
1:00 PM		Lunchtime
1:30 PM		Lunchtime
2:00 PM		Lunchtime
2:30 PM		

Reschedule This feature will help you reschedule your patient's appointment, yet using the right-click feature on your mouse is quicker and more efficient.

Treatment Plan Add a batch of appointments for a single patient in one action using the Treatment plan option.




To start adding a treatment plan, select the patient desired to add appointments for. (Using the find  at the top of the screen, or selecting an appointment on the list).

Treatment Plan

Code Description  Close

appointments every week(s) for week(s).

No. of Appointments	Per Week	For Weeks

 Delete  Add  Save

Create a shorthand code, and a description of the plan. Then input how many appointments will be entered. This is read like a sentence "X appointments, every X weeks, for X weeks."
Example:

Code Description

appointments every week(s) for week(s).

No. of Appointments	Per Week	For Weeks
3	1	3

9 Total

Click Save .


Now that you have created the Treatment Code(s):

Waiting List

The purpose of the wait list is to move patients who want an immediate appointment into an opening when someone cancels. Clinic Pro provides a "wait list" for those patients who are waiting for an appointment opening.

To add a patient to the wait list the user may convert an existing appointment to the wait list or create a new entry straight on the wait list.

To Convert an Existing Appointment: Select the appointment desired on the wait list, and click the Wait List button. Enter any extra information such as notes, and save.

To Create a New Entry: Without any appointments selected, click on the Wait List button. Click New  and add the patient. Enter any extra information to include in this entry, such as notes, and click Save when finished.

Print out a copy of the Wait List from the Print button, and Wait List.

The “Right-Click” Feature using your Mouse

Once a patient’s appointment is made on your Scheduler, you can change the status, or amend the appointment, using your mouse. Using this feature is the quickest way to enable any of the features:

Right-click on the patient’s name, the list of options will display:



Waiting List- this is the same feature as previously explained. The purpose of the wait list is to move patients who want an immediate appointment into an opening when someone cancels. Clinic Pro provides a "wait list" for those patients who are waiting for an appointment opening.

Edit- This feature will allow you to edit the appointment information. You can edit the appointment reason, the provider, etc. One of the options for editing is the patient’s appointment date and time. We advise that you do this from the “Reschedule” option as it will be quicker

Clear- You can remove the patient’s status, like “Arrived,” “Late,” from their appointment.

Arrive- When your patient arrives for their visit, click this option and the appointment will display the color that you have chosen for “Arrived” in the Configuration. This will also count in status on the Appointment Book reports that you wish to run.

No Show- Using this option will display your patient’s appointment as the color you have chosen in Configuration. This will also count in status on the Appointment Book reports that you wish to run.

Cancel – Using this option will pop up a box where you can add notes for your cancelled appointments. If you have patients on your Waiting List, ClinicPro will pop up a message asking if you wish to add any of these patients on the Scheduler. This will also count in status on the Appointment Book reports that you wish to run.

Delete – Easily delete an appointment from this option.

Reschedule – This feature is the best option for rescheduling for your patient. Simply click Reschedule, advance to the new appointment time and click in that slot. Click “Save.”

Other Features of the Appointment Scheduler:



The first icon **refreshes** your Appointment Scheduler. This is helpful if the office books for multiple locations, or multiple providers.

The next icon **changes views**. If you have more than one provider that you will book appointments for you can use the **Multi-Provider** view. This will display the different provider’s appointment through one calendar view. The change view icon brings your Scheduler back to Single Provider View and back to Multi-Provider View.

The last icon is the Multi-Provider View.

ABOUT THE ELECTRONIC MEDICAL RECORDS

Welcome to the ClinicPro Electronic Medical / Health Records Software!

This is an electronic medical/health records program. It enables you to create, manage and store paperless patient encounters. There are several advantages to using ClinicPro's EMR program. The largest of these advantages is that the EMR works to enable paperless records of patient encounters, reports, and medical information. Our program is designed to meet the Medicare Pain, Asymmetry, Range of Motion, and Treatment (PART) industry compliance. With the understanding that Medicare sets a stringent pace for the billing industry, you can be assured patient encounters that will comply with Medicare standards will be suitable for various vendors. The EMR also functions to electronically replace our older Subjective, Objective, Assessment, and Plan (SOAP) formatted encounters.

ClinicPro designed this EMR program to be enabled through use of a Touchscreen Monitor. However, the program still operates nicely with use of a mouse, or with third party Voice Recognition Programs.

The program that is available to you has a standard design and order of operation. Most all of the templates can be customized to suit the style of practice you prefer. Please take the time to peruse the program and manipulate the controls to get an idea of what is here, what you determine as valuable to your practice, and what you would like to amend. Successful use of the EMR program will require some time to truly make this customizable group of templates meet your needs. It is well worth the effort.

Getting Started

BEFORE BEGINNING THE EMR, THERE ARE A FEW THINGS TO PREPARE IN CLINICPRO!

ClinicPro and the Electronic Medical records are interacting programs. For starters, the ClinicPro Scheduler and the EMR are designed to share appointment information. If you currently do not use the Scheduler, this design may convince you to do so now. You will also have to add a status to your patient's appointment on the ClinicPro Scheduler for full functionality. (Example: "arrived")

In the Electronic Medical Records, the Patient List can be viewed through 3 different modes:



All Patients

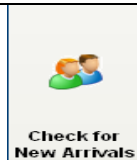
View your entire ClinicPro patient list in this mode

Scheduled

View solely the patients you have scheduled for that particular day in this mode.

Scheduled (Arrived Order)

View the patients you have arrived in the ClinicPro Scheduler, IN THE ORDER that you arrived them for that day. The **Check for New Arrivals** button refreshes this option for you. When you click this button, the patients for whom you have already completed notes will vacate the list, and the new arrivals will appear.

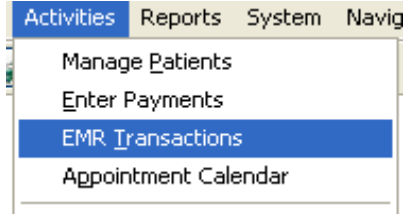


Having these modes will relieve you of the burden of having to scroll through your entire ClinicPro patient list. Despite the fact that you have the ability to assign "Inactive" status to the patients in the ClinicPro program, and have these patients transfer to a secondary list, this feature does not transfer to the Electronic Medical Records. You can also see which patients have arrived in the clinic, and in what order, without having to check the waiting room or the Scheduler.

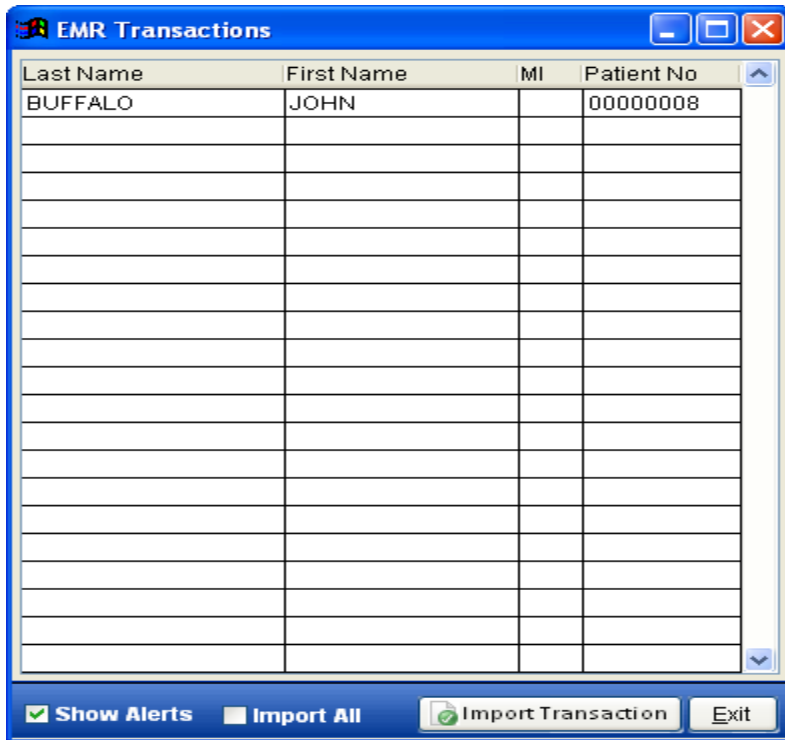
Default Procedural Code List

The third place of intersection between ClinicPro and the EMR is with the EMR Transaction feature:

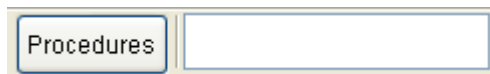
In ClinicPro, choose **ACTIVITIES – EMR Transactions**



When using the EMR you have the functionality of adding procedures to your patient's record. These added procedures can be sent to your ClinicPro practice management software through a feature called "Importing Transactions." Now, procedures can be added to the patient's transaction card directly from the EMR.



In the EMR there is the Procedure Button



Click on this feature and the procedure Short Form you designed will display:

Procedures	<input type="text"/>
<input type="checkbox"/> show only selected	
▲	
<input type="checkbox"/>	99203 E/M: DETAILED
<input type="checkbox"/>	99080 NARRATIVE REPORT
<input type="checkbox"/>	98940 CMT, 1 TO 2 REGIONS
<input type="checkbox"/>	

Place a checkmark in the box next to the procedure(s) that you would like to add to the patient encounter.

Click the close button on the Short Form. The procedures you selected will now appear in the procedure window:



Procedures	99080 98940
------------	-------------

Click the Save All button:

 Save All	 Cancel	 Exit
--	--	--

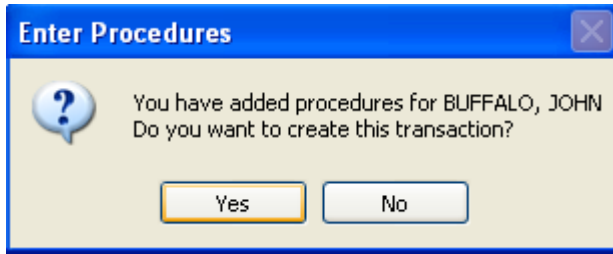
+

You will now see this message display:

Save All? 	
	Are you sure you want to save this complete encounter? (To save just this form click the save button to the right)
<input type="button" value="Yes"/>	<input type="button" value="No"/>

Click “Yes,” if this is your goal.

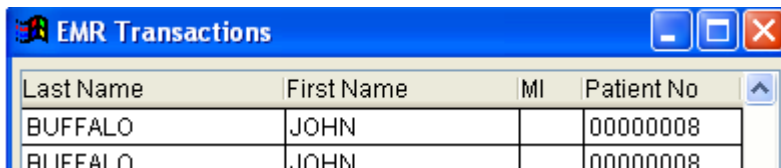
Another message box will generate with this message:



Again, "Yes," if this is your goal.

You have the ability to import this transaction to ClinicPro at this time. A box will appear in the upper left hand corner of the screen asking you for this direction. You can either IMPORT or IGNORE.

If you choose to IMPORT, the ClinicPro EMR Transaction screen acts as a "catcher's mitt" to hold the transactions:



Choose the IMPORT option at the bottom of the screen to add this transaction to the patient transaction card.



You can store many transactions on the EMR Transaction window and then import them when you are ready. There is an IMPORT ALL feature and it will process all the transactions you have imported over from the EMR. It is advised, for the sake of accuracy, that you do not IMPORT ALL as there can be errors in entering transactions and you will not be given the opportunity to see these transactions individually with that feature.

Logging in to the Electronic Medical Records



ClinicPro EMR: Log in

User Name

Password

Login action

Login Cancel

User Name: admin

Password: abc123

Login action: You have the ability to change the EMR default password.

Choosing this option will bring up two more fields:



New Password

Retype Password

Please remember that if you do decide to change the default password, ClinicPro technical staff will not have any access to your new password. It will be embedded within your data and that will require our support office to get a copy of your data file and locate the new password.

Menu Items on Top of EMR Screen

Located on the top right side of the EMR screen are seven Menu Items:



EMR

Loads your patient list and functions the same as clicking on the logo to enter the EMR program.



Report Engine

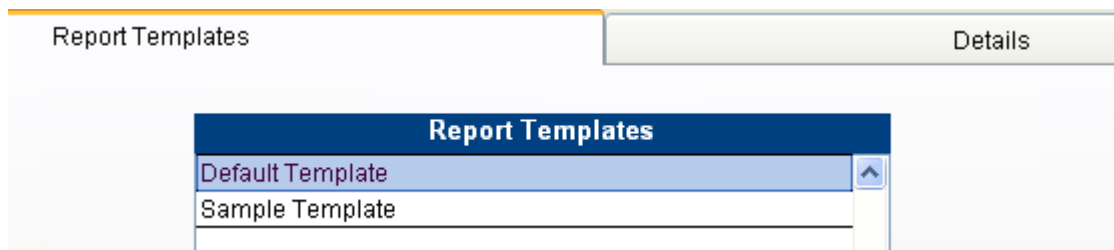
This takes you to the “report engine” on the Encounter Tab and opens the report screen for filtering and printing your patient encounters.



Report Templates

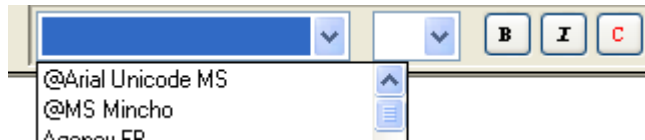
This icon will direct you to the basic template used for your report heading so you can add your facility / contact information. This will be one of the first changes that you will make to you EMR program as it is necessary for your Report Template to reflect your facility demographics.

Locate the **Default Template** and click on it to highlight; then click **Details**.



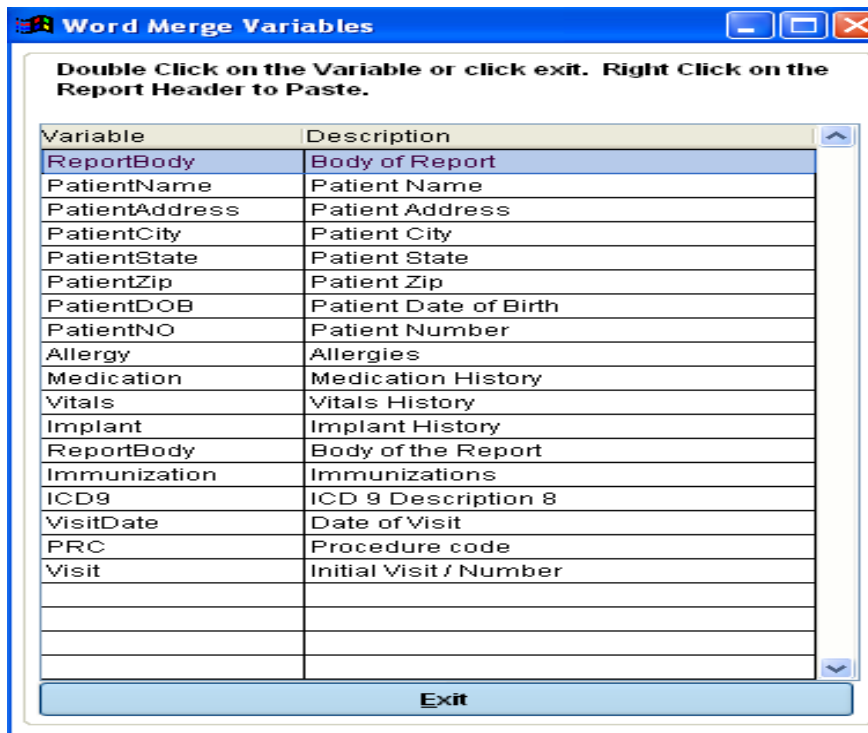
The default setting shows as ClinicPro information; Highlight the demographics information and key in your facility information as you would when amending a text document. When finished, click “Save.”

At this point you can customize the font by highlighting the new text, than enabling the font controls.



As with any text document you are free to customize the Bold, Italics, or Color options.

Once you have the EMR Report template customized to your visual preference, there are “Report Variables” that can be added to the template. This is the list of variables readily available to you:



Double-click anywhere on the EMR report template and the list will display.

Decide which of the variables you would like to inject into your report template.

Click on the variable, and then, simply EXIT the box.

Looking at your Report Template, decide where you want to have the variable display. In that place, left click your cursor in to the text of the report and type the information. Example: We wanted to have the patient’s date of birth placed into the report BELOW the Visit Date, and ABOVE the Report Body. Note that we typed the variable descriptor (Patient Date of Birth) into the Report Template text:

New Clinic Name

80 Juniper Drive
Sedona AZ 86336

Patient: !PatientName! - !PatientNo!
Diagnosis: !ICD9!
!Visit!
Visit Date: !VisitDate!
Patient Date of Birth
!ReportBody!

Now, Right click immediately AFTER the text you typed. Choose PASTE.

Your Report Template should now look like this:

New Clinic Name

80 Juniper Drive
Sedona AZ 86336

Patient: !PatientName! - !PatientNo!
Diagnosis: !ICD9!
!Visit!
Visit Date: !VisitDate!
Patient Date of Birth!PatientDOB!
!ReportBody!

Notice the inclusion of the variable! PatientDOB! These are “tags” that are employed to pull the information you requested in to your Report Template.

Click “Save” and EXIT the EMR program so that this customization can be enabled. You have to exit the program so that the changes will implement through the database. Upon re-opening the EMR program, you will find that the customization you prescribed is now functional.



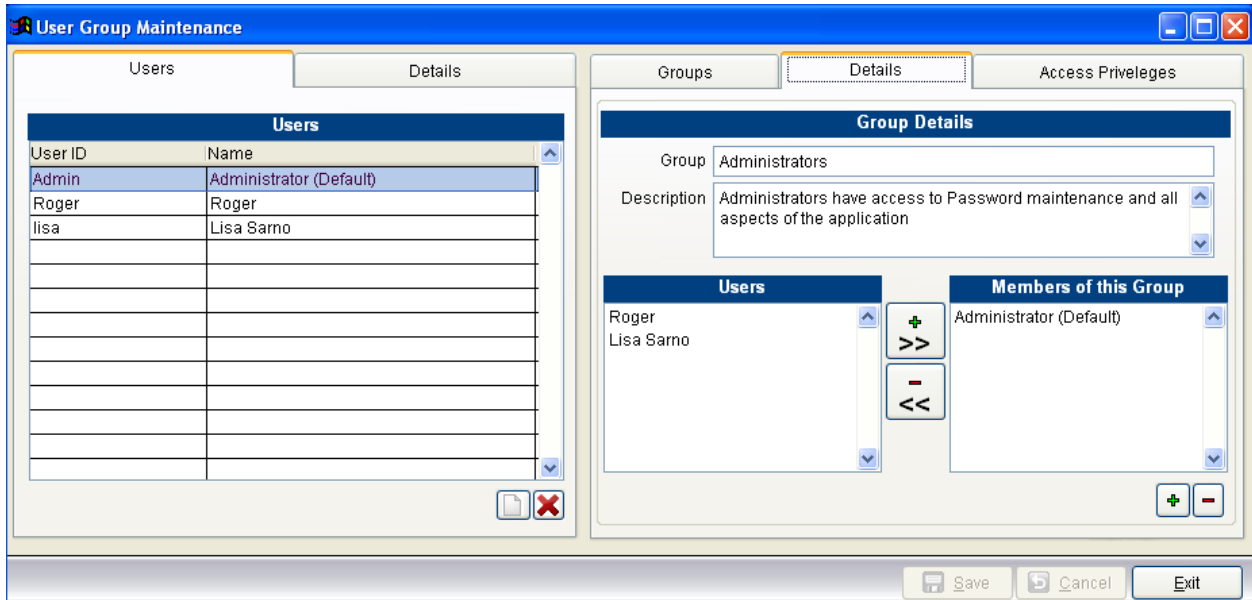
Kiosk Manager


Once the patient Kiosk is released, this icon will direct you to the Kiosk.




Security User Group

Currently this feature will allow you to create new users and passwords in the system.



This feature functions similarly to the ClinicPro security; you create/ assign staff members to various User Groups (see left screen). Click the New icon  and fill in the fields. At this time there are no differentiated security levels.

The right side of the screen allows you to add login and passwords for your newly added staff members. Again, click the New icon  and enter the appropriate information:

When you close the EMR program, the new login you have created will be functional. The staff members and the administrator will have to ensure these logins and passwords are stored in a different, secure location. ClinicPro technicians will have to extract these securities setting directly from your data in the event that they are forgotten.



Back Up Database – this feature allows you to back up your EMR database without having to wait for your exiting the program to be asked if you would like to back up your data.

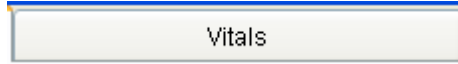


Exit

Electronic Medical Records Buttons

On the Electronic Medical Records screen are functionality buttons. Here are the upper buttons as seen from the patient list view:

VITALS-



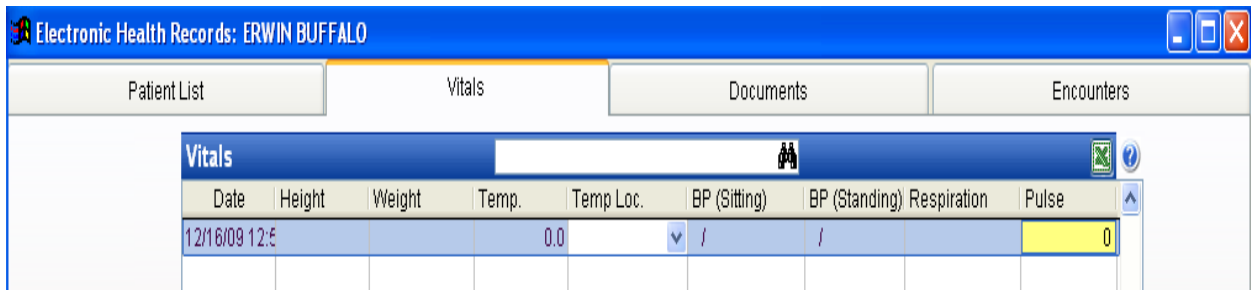
You can begin to chart and store information about your patient's height, weight, and other data.

Locate the patient on the patient list; click the VITALS tab.

Click the Add button.

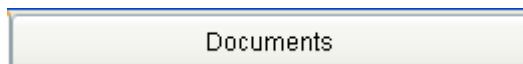


The date will generate in the first column for you. At this point you can input the appropriate data in the columns.



The remainder of the vitals screen is very straightforward. You can Browse the list, print, add, and delete records.

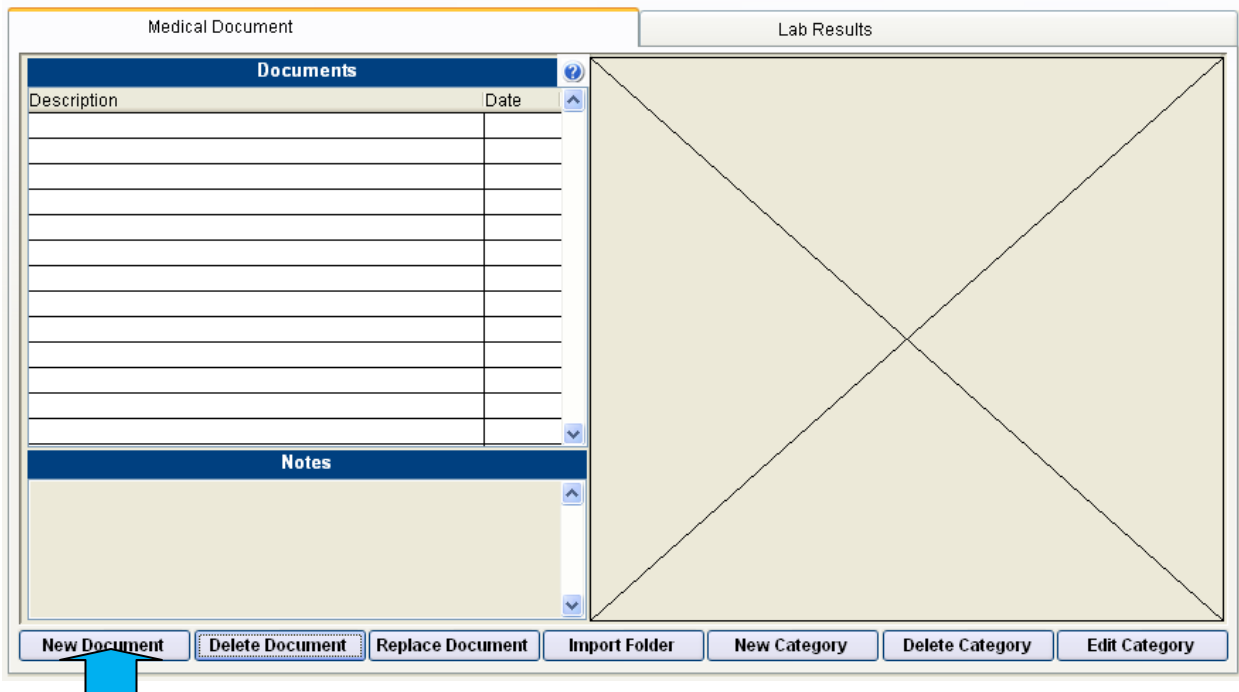
DOCUMENTS -



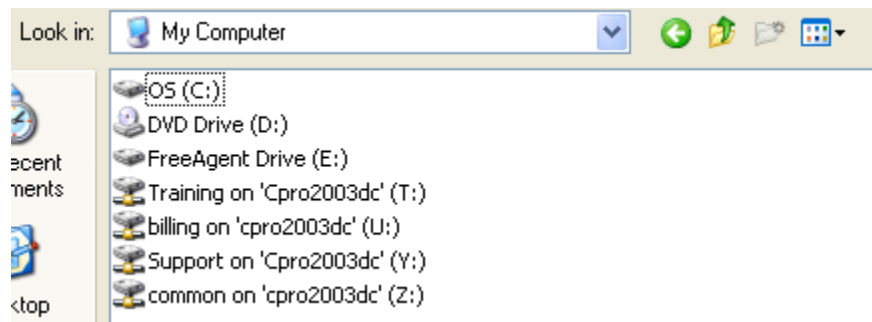
This is called the EMR Document Manager and allows you to store different types of files and images electronically. The document manager can store graphics files such as: jpeg, .gif, and .bmp. It also will easily handle document files such as: text; .doc; .and pdf.

As a warning; some digital X-rays are stored in proprietary formats. Proprietary files are typically created when you are using software that does not utilize a standard file format, or reverse engineered converters. The only way to retrieve data produced with proprietary software is to use the very software that created the image or document. Proprietary files create barriers for other software vendors and the ClinicPro technicians have typically seen these files when trying to upload images created by various digital X-ray equipment software.

To use your Document Manager, the desired file must first be stored on your hard drive.



Click on the New Document tab; this will enable a search for your document.



Find the document. Once you have located the file, click on it once, and then click “OK.”

The document you want will then appear in the right portion of the Document Manager. For your ease you will want to create folders that you store your documents in on your hard drive. Notice the image above; there is a view command that will allow you to view your files in various forms. If you click this command and choose “Thumbnail,”



you will be able to easily see the image or text file you are looking for on your hard drive.

There are more features with the EMR Document Manager:



As you begin to upload and store documents for your patient, the list will populate with the description and date of the document:

Medical Document	
Documents	
Description	Date
WINTER	12/16/09
SUNSET	12/16/09
837UPDATE071408	12/16/09
PUBLICATION8	12/16/09

Delete Document

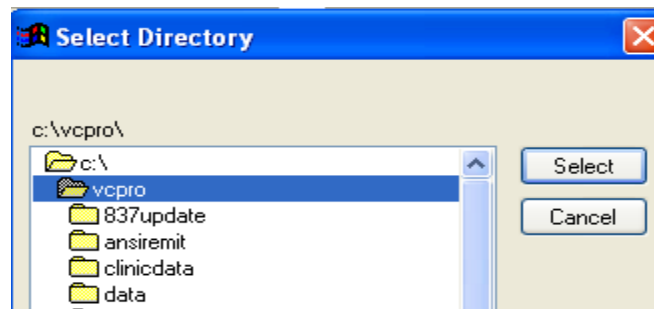
Click on the document description that you wish to delete, and then click this tab.

Replace Document

Click on the document description that you wish to replace, find the replacement document, and then click "OK." The actual file you chose to replace the existing file will amend immediately. This is ideal for updating documents. Change the description if you need it to reflect the replacement file name.

Import Folder

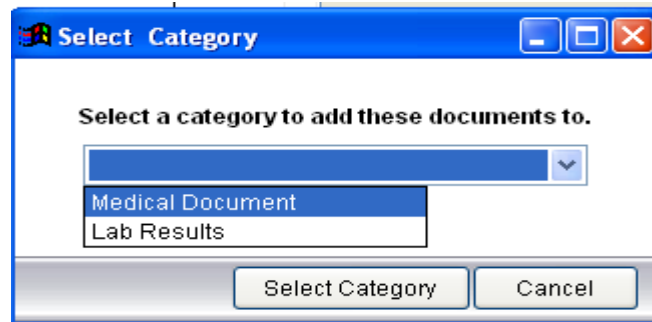
You can store all documents in a certain folder and upload that entire folder into the Document Manager. When you click the tab, a window will open that enables you to navigate through your files by drives:



Locate your folder through the navigation. When you find the correct folder click once, and then choose "Select."

You will see a message that asks if you would like to import all of the documents and images in this folder. Say “Yes,” if that is your goal.

At this point you will be asked to choose a category for your folder. Notice, the top of the EMR Document Manager contains two existing folders: **Medical Documents**, and **Lab Results**. You can use the drop down arrow to select one of these categories. If you wish to create a category of your choice, please go to New Category.



New Category

The categories function like an electronic filing cabinet, helping you to keep your documents easily filed for future use. As you create new categories they will appear as new tabs at the top of the Document Manger, along with the existing tabs.

Delete Category

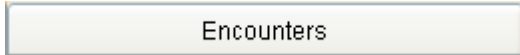
You can easily delete your categories and the tabs you created will disappear.

Edit Category

This function makes it possible to amend the name of a category.

Since the Document Manager stores large amounts of information, ClinicPro automatically routes these files to a folder of its own, called **EHR docs**. This folder is located within the **VCPRO** folder. It is important to understand this because, when performing your routine back up, it will be vital to also back up the EHR docs. If you already perform a back up of your entire VCPRO folder then you are in fine shape. If you choose to back up only your Data folder, please make sure you begin to include the EHR docs folder.

ENCOUNTERS -

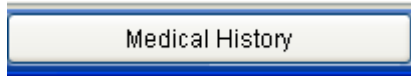


This is how you navigate to patient encounters.

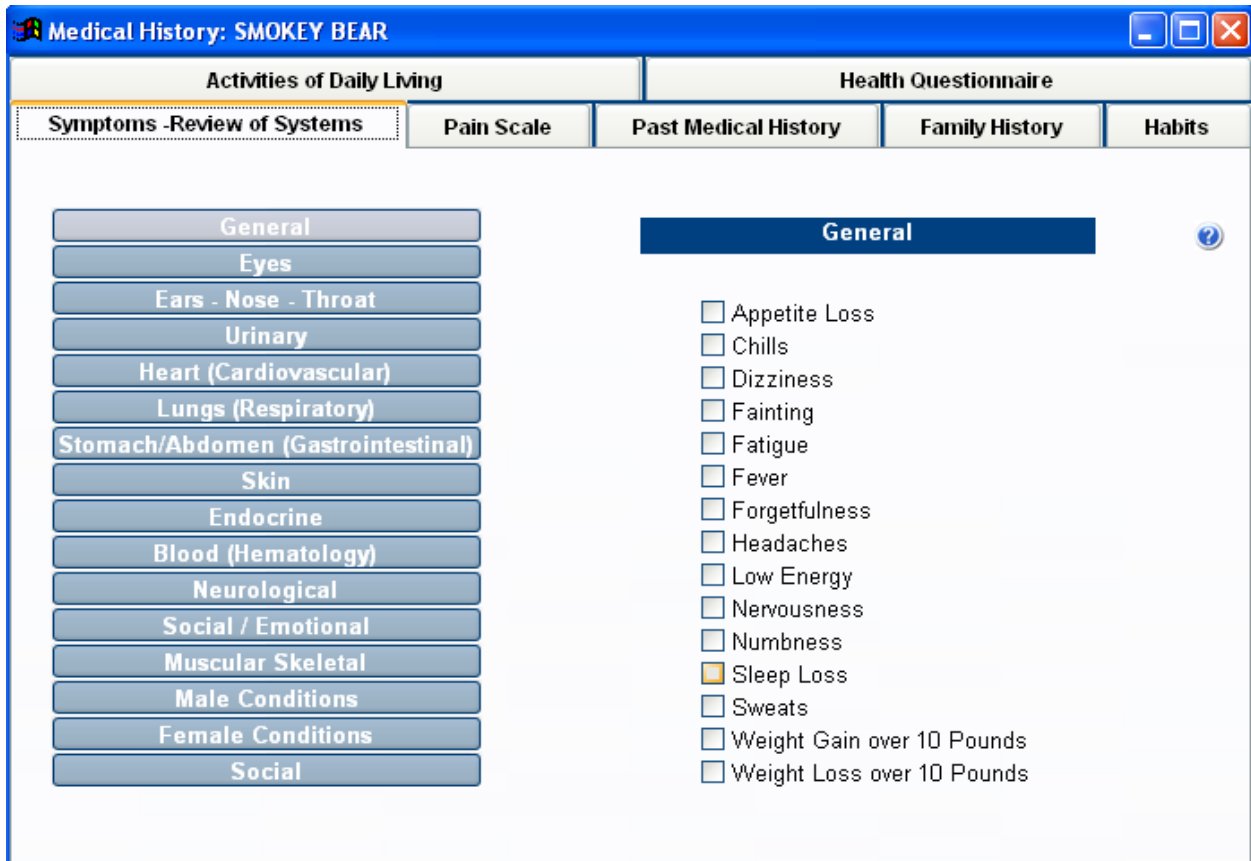
On the Electronic Medical Records screen are functionality BUTTONS. Here are the lower buttons as seen from the patient list view:



Medical History



Within the EMR encounters are Medical History / Case History templates. This button allows you to collect, and store medical history on your patient without creating an encounter.



Reports



This allows you to print the reports from your Medical History.

ENCOUNTERS

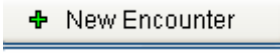
Looking at the upper left hand corner of the EMR screen, we can begin with the Encounter dates:

Date
12/03/09 09:59:42 AM
12/03/09 09:57:57 AM
07/28/09 01:04:08 PM
07/28/09 01:01:26 PM
01/16/09 11:16:40 AM

Initial Visit 12/03/2009
Visit 3 of 10

As you create encounters, the dates will display in the grid. Clicking on one of the dates will display the encounter note from that particular date, allowing you to edit the date of the encounter, or allowing you to edit that encounter.

The Initial Visit date can be filled in to satisfy billing standards for the industry. This also enables you to keep track of reexamination visits or the recommendation from the prescribed Treatment Plan.

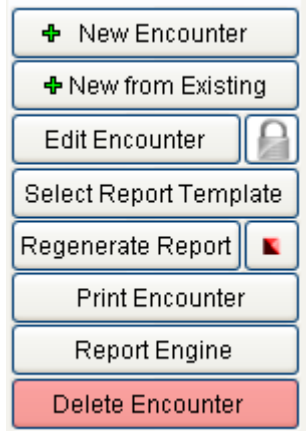
First, click  and begin your patient's encounter. You will determine the reexamination date and treatment plan at the time of this encounter. When finished with the encounter, you will be back at the encounter notes screen.

At that time, the Initial Treatment date will fill in automatically and you will change the second area of the VISIT field with the number of visits that satisfy the examination date or treatment plan prescription. As an example: If you determine that you would like to do a reexamination at the 12th visit, key in the number 12 in the second box of the VISIT field so that it looks like this:

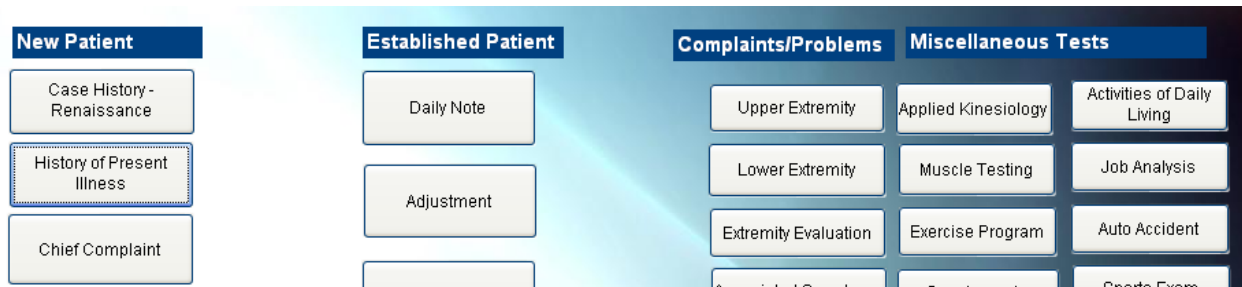
Initial Visit 12/17/2009
Visit 1 of 12

The EMR visit counter will increment the following visits in this manner; 2 of 12, 3 of 12, and so on.

Moving on down the EMR template are the Encounter buttons:



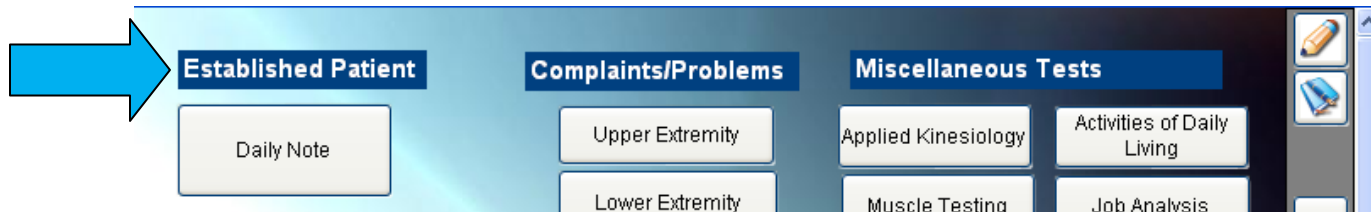
New Encounter is used the first time you begin an electronic encounter record for your patients. The EMR “Home” screen contains launch buttons that categorize types of encounters: **NEW PATIENT, ESTABLISHED PATIENTS, and MISCELLANEOUS:**



The New Encounter button is for situations like charting your patient’s Case History separately from the Functional Assessment, and Exam, and so on. If you are getting started with your EMR encounters, it makes good sense that the very first time you see any patient; it will start with the clicking of the NEW ENCOUNTER button. You will proceed under the NEW PATIENT area of the launch template screen.

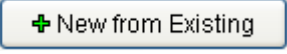
Operating in this manner allows you to click NEW ENCOUNTER, and go through the Case History. The next encounter with your patient consists of clicking the NEW ENCOUNTER button, and under the NEW PATIENT area, recording the examination. This will allow you to have the patient’s Case History saved SEPARATELY from the examination encounter.

Once the case history is recorded, and then the first examination is also recorded, you will move to the **ESTABLISHED PATIENT** portion of the EMR launch screen:



Again, you will click **NEW ENCOUNTER** to arrive at the **ESTABLISHED PATIENT** templates. Operating in this manner will allow you to establish the patient's Daily Note.

If you choose to create a separate New Encounter to record the Functional Assessment information, a re-examination will be more efficient because it will have been saved and stored separately from the other encounters.

You will use the  button on the EMR notes screen to launch into the remaining encounters for your patient. The time to return to **NEW ENCOUNTER** will now be determined by re-examination dates or the treatment plan.

New from Existing



There are certain circumstances that dictate the use of this button. The first time you chart a Daily Note you used the **NEW ENCOUNTER** button; every subsequent Daily Note will use this **NEW FROM EXISTING** button.

The advantages of operating in this manner are that the “new from existing” button brings the previous encounter information to the screen; it allows you to see exactly what was done during the last visit, change the encounter as appropriate, and then save it as a new encounter with today's date. You can also use this button to quickly perform a reexamination of the patient. Find the initial examination form, highlight it, and then click the **NEW FROM EXISTING** button. This allows you to see the previous examination findings and record the progress. Yet another advantage of the “new from existing button” is that you can quickly record a Functional Assessment re-examination, or an update of the Initial Complaint examination.

When you use the New from Existing button the previous findings will highlight. If you click on a context button that is highlighted, the options buttons that were associated with them will also be highlighted. This is a quick and easy way to update your encounter information.

Edit Encounters

Edit Encounter



This button should only be used when you want to amend an existing encounter. Find the encounter date you wish to amend by clicking in the date grid, and on to the date you wish to change; then click the Edit Encounter button.

The “Lock” feature of this button is ClinicPro’s compliance to medical legal regulations which dictate your encounters need to be locked against future editing. If you click on this icon, it will ask you for your password and then it will lock the record. In order to unlock the record, click on the icon again, and input your password. If encounters are edited, the EMR will track the edit and report it on the bottom of the report.

Select Report Template

Select Report Template

There may be times that you wish to generate reports specifically for worker’s compensation claims, or other specialized cases and find that a different report template would be appropriate. This button allows you to toggle between the various reports templates you have created in the EMR.

When you click the Report Template button, a box will display that contains the list of various report templates you have created. This step does require you to have already created the report template prior to it being available on the list. (See Report Template)


Regenerated Report

Regenerate Report



This function allows you to further randomize you reports. In the past, this button functioned to recreate “Complete” reports from “List” reports; you no longer have to click the regenerate button to enable this feature:

List Report Complete Report

Now, you can simply click on whichever report it is you wish to view or print. The  button will let you regenerate ALL the patient's encounters at once. You will be prompted by a message verifying that you "Do wish to regenerate ALL" the encounter, and the reminder that this process may take some time.

Note: When you create an encounter, the various buttons you choose to build the encounter hold different values that relate to verbiages. These values are stored along with the verbiages in a database. When the full report you are generating comes to your screen, this is a rich text file (.rtf) report that allows you to change the text. If you regenerate the report AFTER you have amended the text, you will lose all the changes! The software relies on the database for creation of the verbiages; it will not forward your changes to the database.

Print Encounter

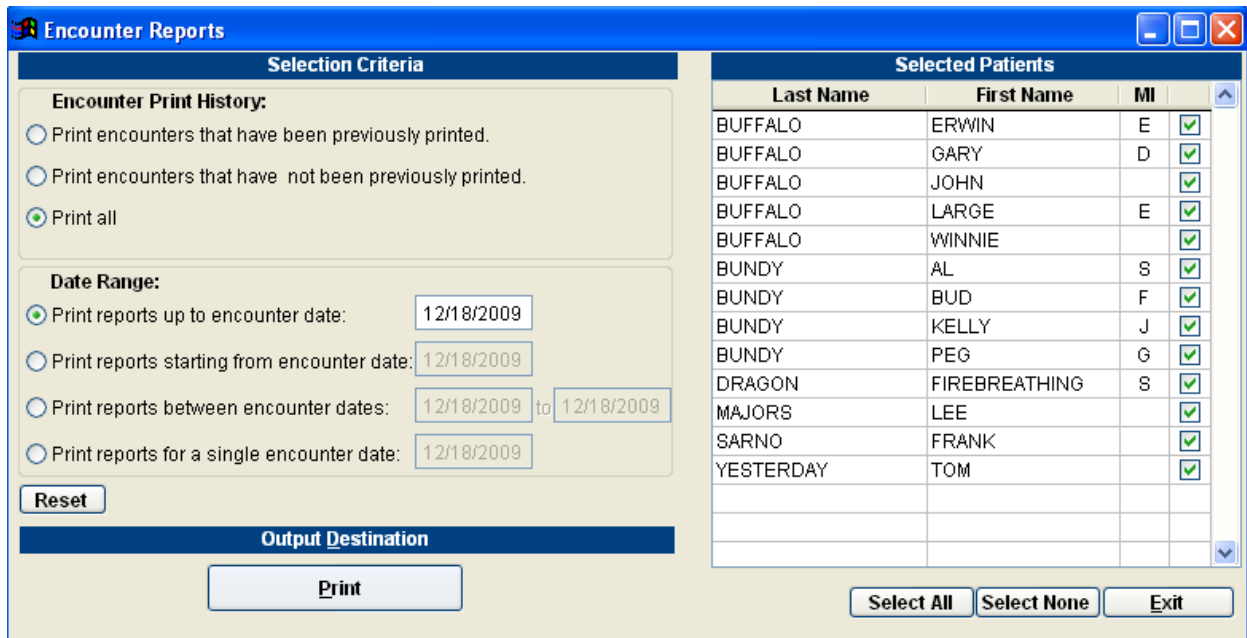
Print Encounter

This button allows you to print the report for a single encounter – on the encounter screen.

Report Engine

Report Engine

This button allows you to print reports for groups of patients. The report engine will ask you to set the parameters to identify the specific patients, as well as pertinent dates:



Selection Criteria		Selected Patients			
Encounter Print History:		Last Name	First Name	MI	
<input type="radio"/>	Print encounters that have been previously printed.	BUFFALO	ERWIN	E	<input checked="" type="checkbox"/>
<input type="radio"/>	Print encounters that have not been previously printed.	BUFFALO	GARY	D	<input checked="" type="checkbox"/>
<input checked="" type="radio"/>	Print all	BUFFALO	JOHN		<input checked="" type="checkbox"/>
		BUFFALO	LARGE	E	<input checked="" type="checkbox"/>
		BUFFALO	WINNIE		<input checked="" type="checkbox"/>
		BUNDY	AL	S	<input checked="" type="checkbox"/>
		BUNDY	BUD	F	<input checked="" type="checkbox"/>
		BUNDY	KELLY	J	<input checked="" type="checkbox"/>
		BUNDY	PEG	G	<input checked="" type="checkbox"/>
		DRAGON	FIREBREATHING	S	<input checked="" type="checkbox"/>
		MAJORS	LEE		<input checked="" type="checkbox"/>
		SARNO	FRANK		<input checked="" type="checkbox"/>
		YESTERDAY	TOM		<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Note: The Electronic Medical / Health Records program requires the use of Microsoft Word 2003, or later, to successfully print your encounters.

Delete Encounters

A rectangular button with a light red background and a thin black border. The text "Delete Encounter" is centered in a dark red, sans-serif font.

This button allows you to delete entire encounters. Click in the dates grid, on to the date of the encounter you want to delete, and click the button. ClinicPro will ask you to verify that you actually do want to delete the encounter. If you do delete an encounter, there are no means to recover!

You may find the EMR tutorials very helpful to supplement this manual. Please watch these tutorials at: www.clinicprosupport.com. Getting familiar with your software certainly requires a time commitment from you and your staff. This commitment will carry rewards for your practice in the form of ease, speed, confidence in reporting, compliance for Medicare Stimulus plans, and assurance in the event of a Medicare audit.

More about the Encounters Screen



Select EMR



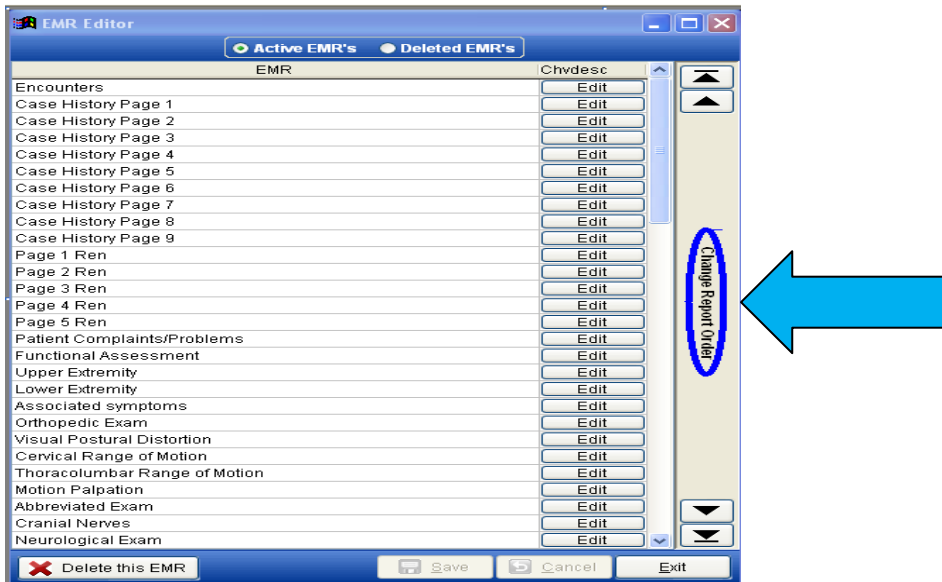
As ClinicPro has developed the Electronic Medical / Health Records, we have initiated more advanced modes for customization and functionality. You no longer need to use this button to select your EMR report templates.

Edit the EMR



This button has several functions. The functions that it controls are: the order in which your EMR report is printed, it enables you to amend the separate EMR screens quickly, and it also allows you to go through each EMR screen in a list menu

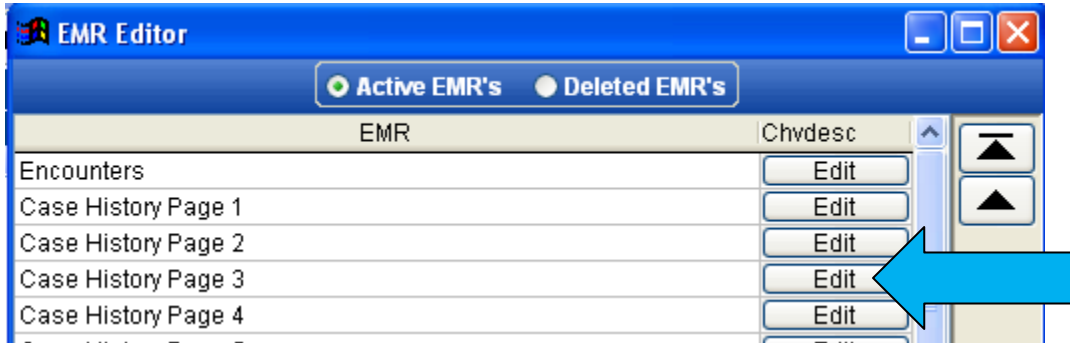
Edit Report Order – You may find that after reviewing your reports that you wish to customize the order in which your EMR screens print. Click the button and the EMR Editor will display:



The list you see here is the order that the screens will print. This image starts with Encounters and moves through Neurological Exam. Click on the screen name that you wish to move in the list; it will highlight. Now click the directional arrows on the “Change Report Order” tab. The screen will move in whichever direction you have chosen, and can move either one line at a time, or directly to the top or bottom of the list.

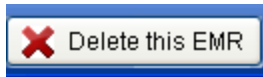
Customize EMR Screen

Locate the screen you wish to view by clicking on the title; then click the EDIT button on the right. That particular screen will load so that you can edit it, or just preview the template. This is a quick way to view all the various templates in your EMR.



More detailed direction on customization is provided in the customization portion of this Manual.

Delete this EMR



After reviewing the EMR screens, you may determine that it is not appropriate for your practice. This button enables you to remove a screen from your options. Highlight the screen you wish to remove by clicking on it; then click the Delete this EMR button. You will see a message display that tells you you are deleting the screen and placing it on the Inactive EMR list. If you decide, at some point, to recover this screen than click Active EMR radio button:



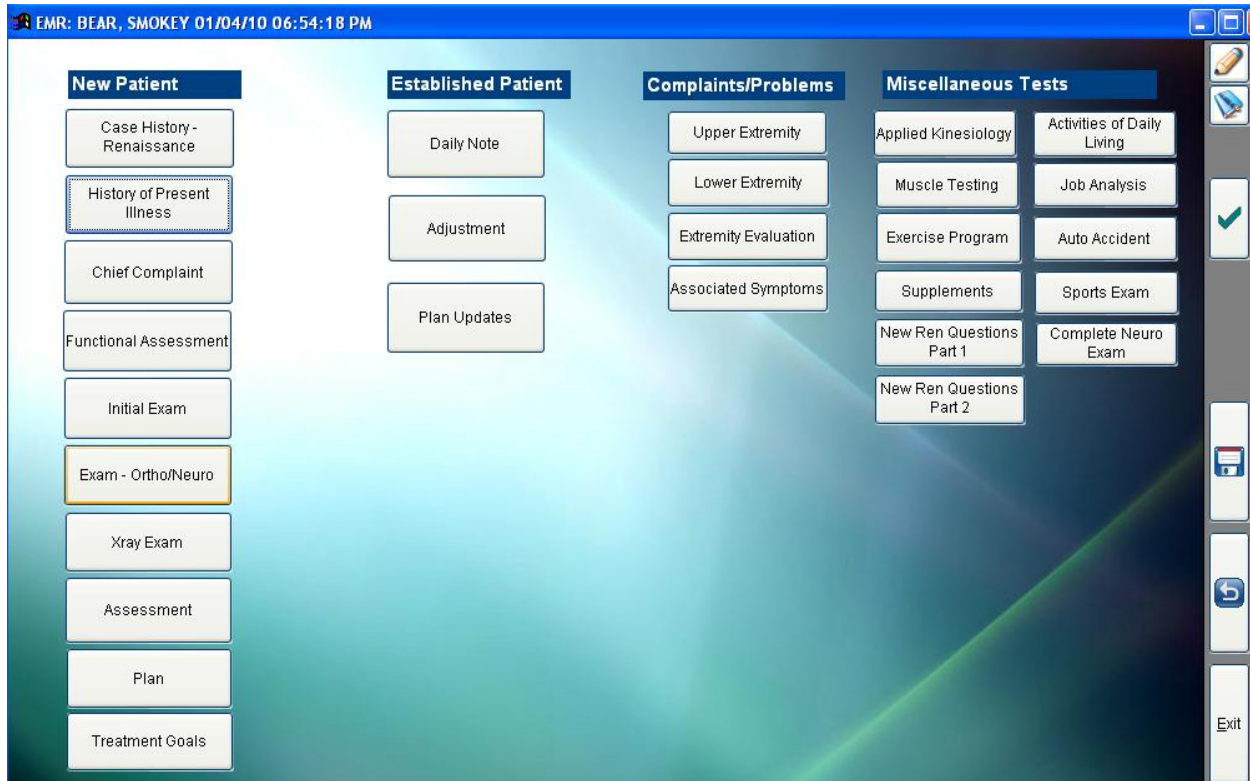
Changing Font



As described in the previous Encounters section, your report font can be changed. This functionality works like any Word document program. Remember, if you make changes to the report and then use the “Regenerate Report” button, you will lose the changes.

Encounters- The EMR Launch Screen

As you begin to enter encounters for your patient, the initial screen you are directed to can be called the “Launch Template;” or, it can also be referred to as the “Home Screen.” The screen consists of Launch buttons only- buttons that function solely to take you to the EMR screen for which it is named.



As we stated in the Encounters section of this manual, there are different areas of involved in this launch screen:

NEW PATIENT

ESTABLISHED PATIENT

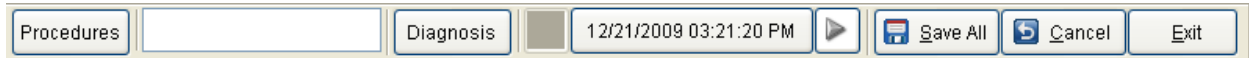
COMPLAINTS/PROBLEMS

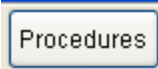
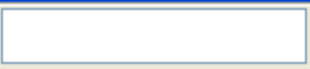
MISCELLANEOUS TESTS

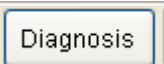

You will determine the type of encounter you will be recording for your patient. Again, these buttons are all called “Launch:” buttons because they will take you to the Exam that is written on the button.

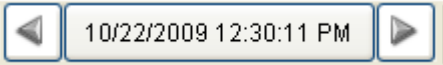
We also call this the “Home” screen because every encounter, no matter what type, starts with this screen.

There are function buttons at the very top, left corner of you EMR screen:



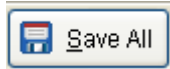
Procedures -   This loads your list of Procedure Codes that you created in ClinicPro. (see “Getting Started.”) Once you have selected the procedure codes that were performed during the encounter, they will display in the box next to this button. If you are doing a “New from Existing” encounter, the procedure codes that were performed during the last encounter will automatically display in the box. This saves you some time if you are performing the same codes during this encounter because you will not have to access the procedure button again. These codes will automatically carry forward in the encounter.

Diagnosis -  If you click the diagnosis button, a box will display the default diagnosis codes that are listed for this patient, for this encounter. The diagnosis codes you see are taken from the patient screen in the ClinicPro Practice Management software. If you need to change the default diagnosis codes, make your changes here in the EMR. When this encounter is saved by clicking the “Save All”  button, this will update the patient screen in ClinicPro, and the transaction information will also be saved reflecting the new diagnosis codes.

View Previous Encounters -  This feature allows you to see previous encounter notes without having to leave the encounter screen where you are currently working. Use the arrows to either move forward, or backwards, in chronological order

through the patient's encounters. You cannot edit the encounter information; this is presented in "Read – Only" form.

Once you have entered all of your encounter information, click the "Save All" button,



. This works to save the recorded encounter which may include entering the procedure codes or diagnosis changes. You will return to the screen where your encounter information is displayed. At that point you can import any transactions to the ClinicPro Practice Management software and proceed with payments or any other business that needs to be conducted with the patient.

There are function buttons located on the right hand side of the EMR template:



Customization buttons - The "pencil" icon works to edit the EMR buttons and the "book" icon works to edit the verbiage behind the buttons. See the "EMR Customization" section for complete information on how to customize your EMR template.



Checkmark - This is a special shortcut built into the ClinicPro EMR software. When you are on the Examination screen, and then click the checkmark, the EMR will automatically choose the negative results. Then, for any examination that is positive, you just change the results that appropriately reflect your findings.



Save- This floppy disk icon is the save button. It will save the information from the screen you are working on and return you to the previous screen.



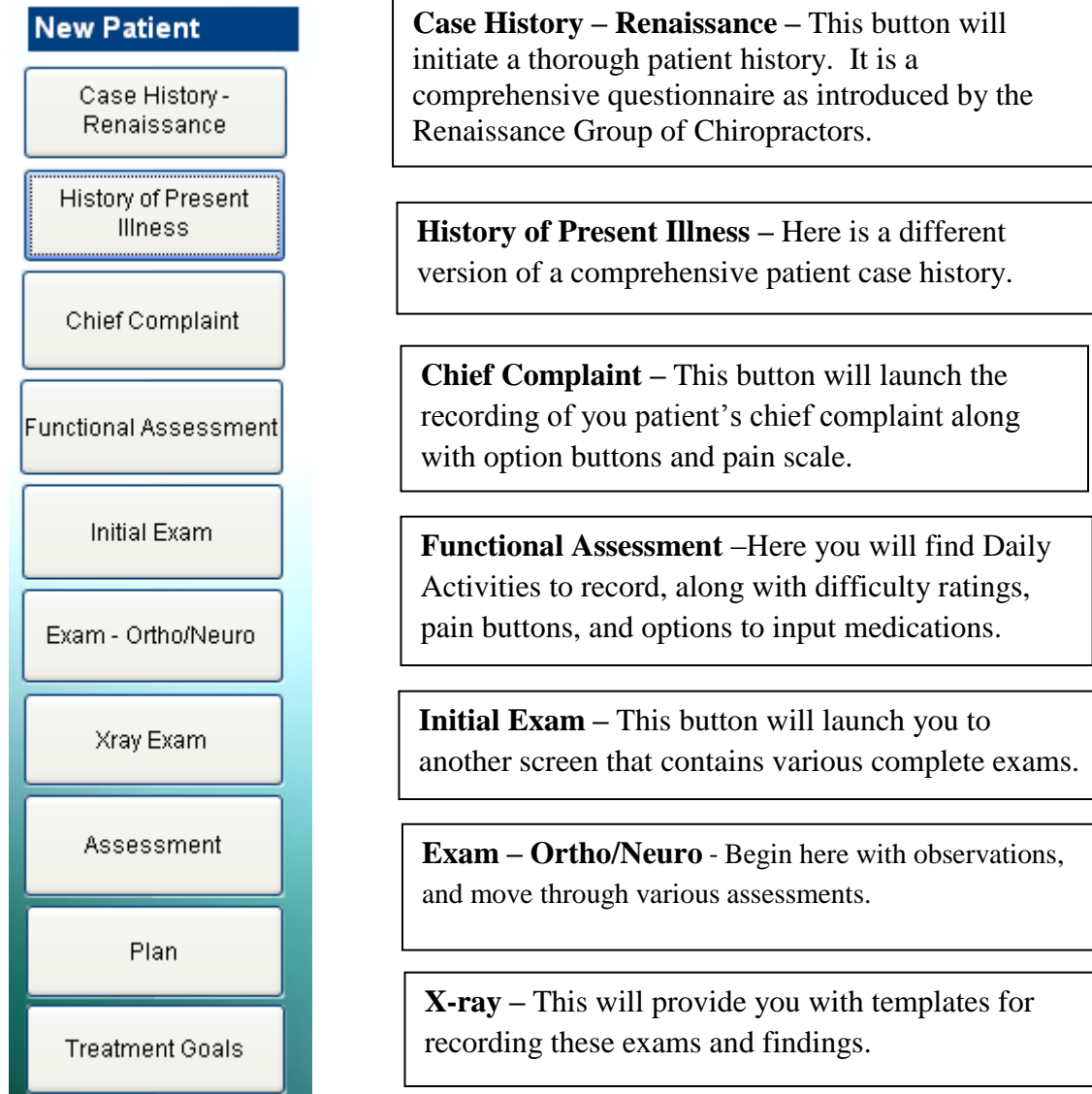
Cancel - This button will simply cancel any changes you have made to the screen you are working on.



Exit- This button will take you back to the previous screen.

New Encounters

At this point, you are ready to initiate your electronic encounters with your patients. Please make sure you understand what scenarios are used for New Encounters and New from Existing encounters. This section of the manual briefly describes a New Encounter.



New Patient

- Case History - Renaissance** – This button will initiate a thorough patient history. It is a comprehensive questionnaire as introduced by the Renaissance Group of Chiropractors.
- History of Present Illness** – Here is a different version of a comprehensive patient case history.
- Chief Complaint** – This button will launch the recording of you patient’s chief complaint along with option buttons and pain scale.
- Functional Assessment** – Here you will find Daily Activities to record, along with difficulty ratings, pain buttons, and options to input medications.
- Initial Exam** – This button will launch you to another screen that contains various complete exams.
- Exam - Ortho/Neuro** - Begin here with observations, and move through various assessments.
- Xray Exam** – This will provide you with templates for recording these exams and findings.
- Assessment**
- Plan**
- Treatment Goals**

The remainder of the buttons launch your encounter into the patient Assessment, the Treatment Plan, and any Treatment Goals. Using this “road map” for patient encounters will assist you in establishing Medicare PART compliance. Saving this New Patient encounter separately will provide a stored comprehensive patient record that can be updated upon re-examination visits. Look through the many options within these buttons and remember, everything you view on the EMR is customizable.

New from Existing Encounter – Established Patient

As explained in the Encounters document, “New from Existing” encounters have some specific scenarios that determine their usage. Please remind yourself of that information so you are well equipped to enjoy the features of the EMR.

Once you have completed your initial visit examination, you **will not** return to the exam portion under NEW PATIENT unless you are recording a re-examination. At that point, you would want to load the initial exam screen and indicate any results that have changed by choosing “New from Existing,” on the initial examination. It is usually simple to find your initial evaluation since it corresponds with the first or second encounter on the encounter screen.

The majority of your encounters will be conducted through the Established patient screens; this is where you will record the ongoing encounters. This is a powerful screen as it was built to satisfy Medicare’s Pain, Asymmetry, Range of Motion, and Tissue or Tone changes (PART).



This Daily Note screen is really divided into two parts.

On the left there is the Chief Complaint followed by a Pain Scale, an optional description of the condition change (Results), and a table to record Frequency. Following that, to the right, is the Body Area affected by the complaint along with the Palpation Exam findings. Working left to right, indicate your patient's complaint along with their pain scale and if you wish to record a change of condition, this is the most practical time to do so. Start with one complaint and record the remainder of the findings, if there is another complaint to record, repeat this left to right process.

Once you have recorded the subjective findings by using the Pain Scale, then you will want to record your examination findings. In this case, you would click on the corresponding level of subluxation; indicate your findings at that level, and the severity of that level. Again, you are building your encounter from left to right, starting with the level of the spine.

The EMR is completely customizable and you may find this screen an excellent area to begin to change your EMR to reflect the style of practice you provide.

There is a "Question / Answer" box at the bottom of the screen that opens up a memo field. You can type in up to 1000 characters in the memo field. This box is an excellent way to customize your verbiage to avoid some of the repetition of computer generated notes. As part of your customization, you can add launch buttons to this Daily Screen and quickly navigate to other screens to complete the encounter notes.

The Daily Note screen is shipped with these launch buttons:

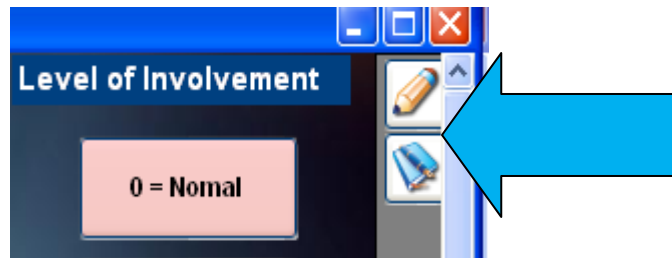
Muscles	Add more detail about muscle testing or muscle involvement. Once you navigate to this page, add your detail, click "Save," and you will come back to the Daily Note screen.
Functional	Launch to the add details about limitations and pain regarding daily activities.
Adjustment	You have the ability to record your adjustment after indicating the Daily Visit note.

Arm yourself with information we have provided at www.clinicprosupport.com. Spend some time viewing the tutorials we have produced to assure a more thorough and Medicare compliant report. The "Passing a Medicare Audit with Flying Colors" tutorial will prove helpful with PART compliance and encounter building.

Categories

The Electronic Medical / Health Records program is shipped with a preconceived set of templates; these are all completely customizable to meet your needs and your style of practice. The EMR has a “template builder tool” that allows you to create or delete buttons, as well as add, delete, or amend report verbiage.

Notice the template builder tools in the upper right corner of your screen:



The pencil icon and the book icon are all the buttons needed for beginning customization.



Adds New Controls and edits Control Positions. Also launches Customization Toolbar.

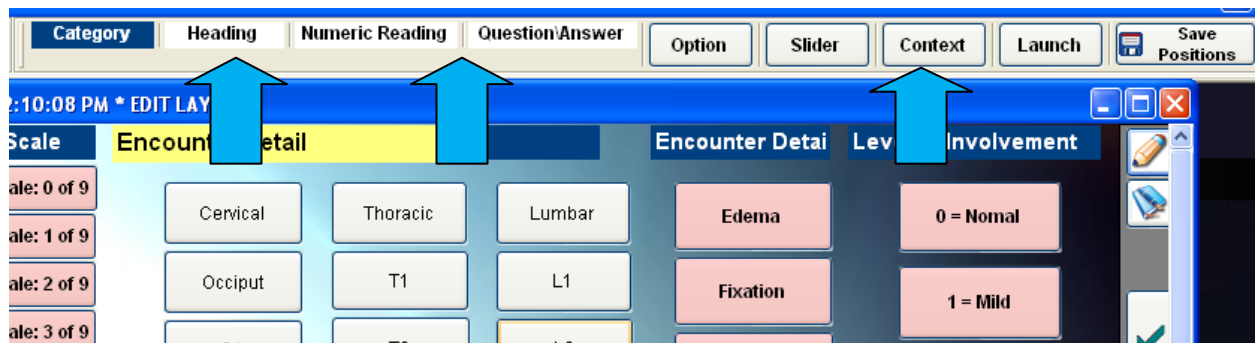


Edits Verbiage Button

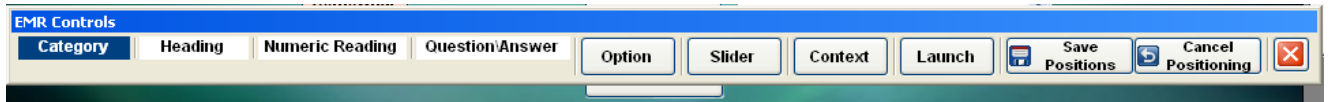
You will also need to understand that the EMR buttons are arranged by categories and you must understand the type of category you are creating.



Click the pencil icon to engage the EMR customization toolbar. It will appear in the upper right hand corner of your screen, making it somewhat difficult to detect:



To optimize the toolbar feature, click on the grey area of the toolbar, then hold your mouse down and drag it down on your screen. You can place this toolbar anywhere on your screen that will allow you to view the entire toolbar.

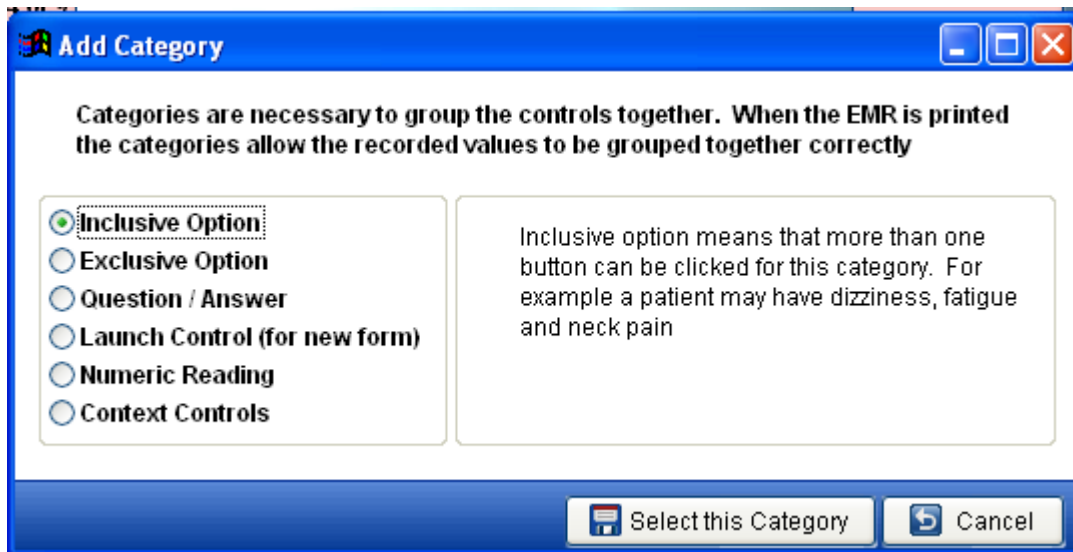


Starting from the left, we will discuss the toolbar:

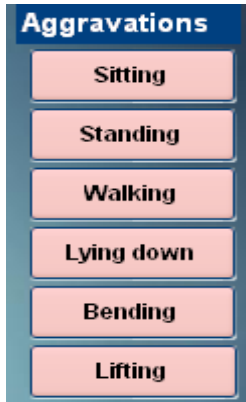
Category



Categories are necessary to group the controls together. When the EMR is printed the categories allow the recorded values to be grouped together correctly. Click on this category button, and then drag the box onto your screen to bring up this box that allows you to create the different categories:



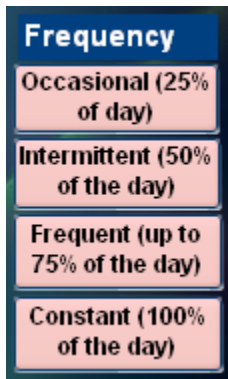
Inclusive Option:



The screenshot shows a vertical list of six buttons under the heading 'Aggravations'. The buttons are labeled: Sitting, Standing, Walking, Lying down, Bending, and Lifting. Each button is light pink with a dark border.

The first option, “Inclusive,” creates a category where multiple options can be chosen. If you have a list of 30 symptoms, the patient needs to be able to choose more than one of these symptoms. A good example of an Inclusive category can be seen with the “**Aggravations**” category we created on the Chief Complaint screen. This allows you to choose more than one option from this category.

Exclusive Option:



The screenshot shows a vertical list of four buttons under the heading 'Frequency'. The buttons are labeled: Occasional (25% of day), Intermittent (50% of the day), Frequent (up to 75% of the day), and Constant (100% of the day). Each button is light pink with a dark border.

The “Exclusive” option is almost opposite of Inclusive, you can only choose one option for the category. With this provided example there is only one option that would make the Frequency category applicable. Hence, the category is called “exclusive.” The exclusive option is used whenever, by definition, one choice excludes all others.

Question / Answer:

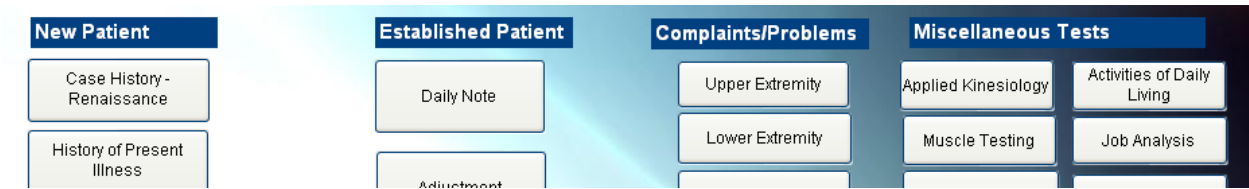


The screenshot shows a question in a dark blue box with white text: "How are you feeling today?"

You may want to set up this type of category on some of your templates. Using the Q&A category will then allow you to add option buttons under the category. For example, we created this Q & A called ‘How are you feeling today?’ Now, we can add either inclusive or exclusive options that are designed to answer the question.

Launch:

A “Launch” button functions to move your EMR to a different screen. If you look at the “Home” template, it is populated with launch buttons:



You can choose to create a launch button that moves to an already existing EMR template, or create a template of your own.

Numeric Reading:

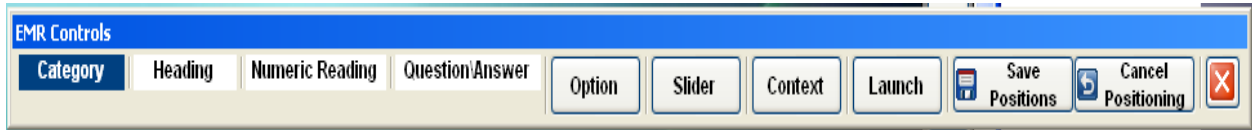
A Numeric Reading allows you to record values using the on screen numeric keypad. First you will have to set up the category using this option. Once you create the Numeric Reading category with this option, then you can add the options using the **Numeric Reading** button.

Context Buttons:

A Context Control creates the verbiage that precedes the chosen options. For example the context controls could be the parts of the body, the options on the screen (mild pain, severe pain, etc.) would then apply to these context buttons.

This section introduces you to the various categories involved in the Electronic Medical / Health Records. As you move through this manual, we will explain, in depth, how to customize your EMR. You will also work live with Clinic Pro technicians when ready to customize.

Customizing Buttons



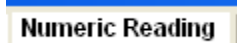
The Category button was discussed on the previous section. Let's briefly discuss the following three buttons: Heading, Numeric Reading, and Question /Answer.



The heading will appear above the paragraph for this category if values have been added. When you add this control, it will not be visible. To see this control, or edit its text, you have to click on the “Verbiage”



Button. Once you have created the Category, then add the values to the category, you can add the Heading.

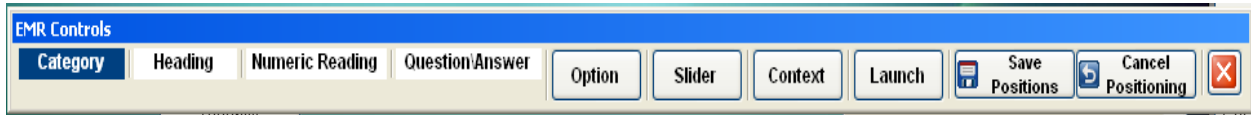


This control will allow you to add numeric values on the screen. Two controls are created when you use this button; a label which contains the text for the reading, and the reading itself. When you double-click in the numeric reading control (box), a number pad will be displayed. It would be optimum to first create a Category for Numeric Reading, and then use this numeric reading button to set your label and control. This is not necessary, use can just create a numeric reading control, but using the Category will add an entire category control for the numeric readings.



Two controls are created when you use this button; a label which contains the text for the question, and a control box to type the free text.

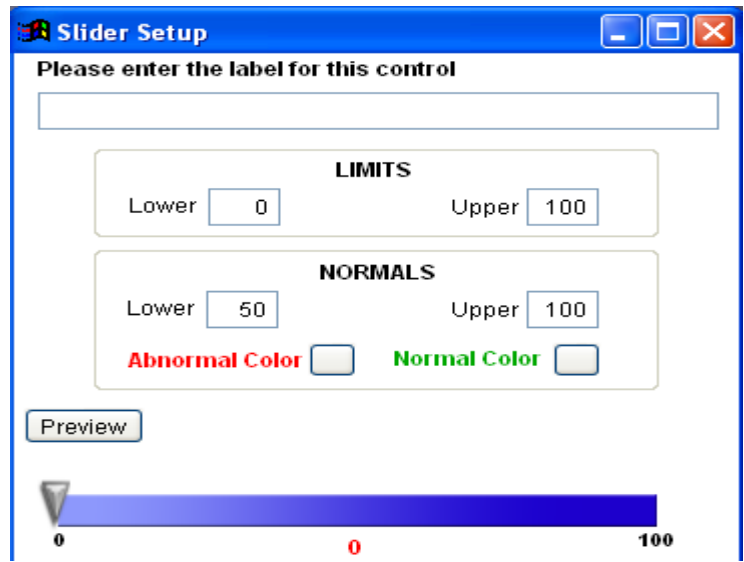
The next three buttons we will discuss are: **Option**, **Context**, **Slider**, and **Launch**.



This button allows you to add option buttons under categories. The option buttons are typically “salmon” color and serve to describe or specify a context button. As discussed previously, there are two types of Categories that can be created to contain your options: Inclusive or Exclusive.



This customization feature is an upcoming feature that will be added with the Patient Kiosk. It will allow you to use this slide feature to chart measures.



The diagram illustrates button categories in an EMR template. It features a 'Context' button, a 'Chief Complaint' header, and a grid of buttons. The 'Context' button is a gray rectangle. The 'Chief Complaint' header is a blue rectangle. Below it are three buttons: 'Neck pain', 'Radiating into right arm', and 'Radiating into left'. To the right of these are three buttons: 'Cervical', 'Occiput', and 'C1'. A text box to the right explains that these are typically gray buttons on the EMR template, used to indicate where something is happening, such as various body areas or symptoms.

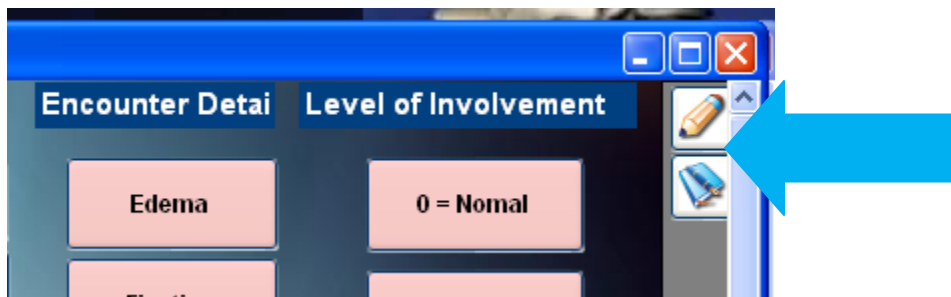
The “Context” buttons work in tandem with the “Option” buttons. The context controls might list various body areas and the options buttons would report what type of pain is being experienced by the patient. A different scenario would be the context buttons listing various symptoms and the option buttons to modify or provide additional information about those symptoms. Context buttons require the use of option buttons to report on the encounter SOAP note. ClinicPro training technicians will make this functionality clearer to you during your training.

The diagram shows a 'Launch' button, which is a gray rectangle with a blue border. A text box to its right explains that this launch control allows you to do two things: Start an entire page from scratch, creating a template that is uniquely yours or use the ability to launch from one screen to another for quicker navigation. For example, after recording a daily note, you can launch directly into the adjustment screen and record your adjustment.

Mechanics of Customization

Now that you have spent some time looking through the EMR categories and types of buttons that can be created or deleted, you are ready to begin the mechanics of customization. You can also receive help on customization with the ClinicPro training technicians.

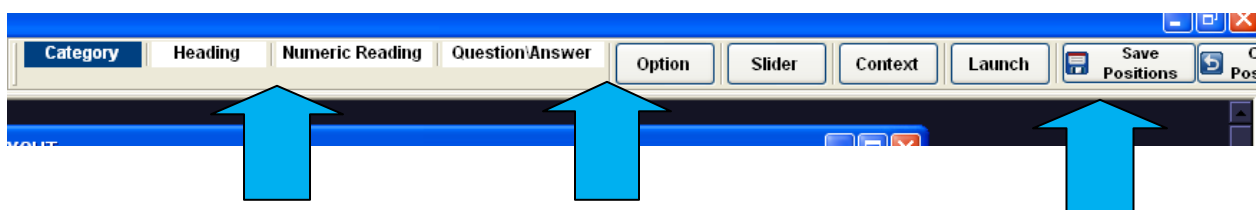
The EMR template “Tool Builder” is located in the upper right hand corner of your EMR screen. You will have to be off the Encounter Notes screen to access this feature. This view is from the Daily Note screen:



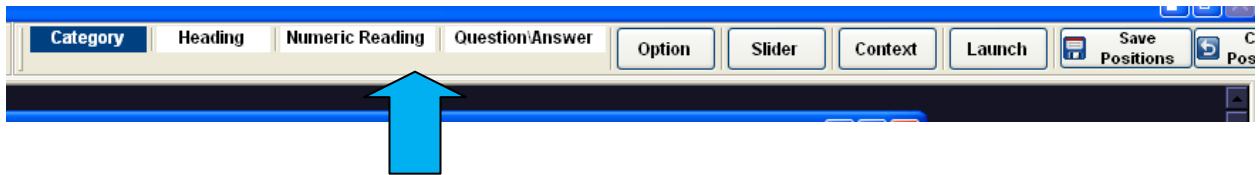
There are the pencil and the book icons.

If you would like to add buttons to the EMR

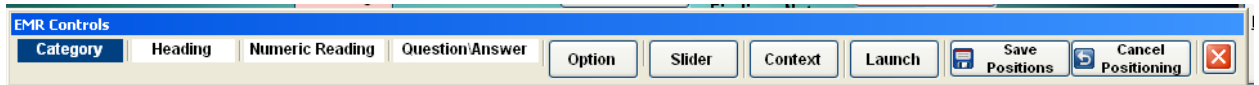
Click the pencil icon. This will enable the toolbar in the upper right portion of the screen.



The toolbar will be better accessed by pulling it out of the spot it displays; at this view you cannot get to the entire bar. Click on a gray area of the toolbar:



Drag the toolbar down on your computer screen so that the entire bar is visible:



As stated earlier in the training guide, there are many options available for you to choose a type of button to add:

Category Category Looking at the EMR template, you will see that the Categories are the blue labels which group the “context” or “options” buttons. Here is an example of two different categories, “Chief Complaint,” and “Pain Scale”:

<div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; font-weight: bold;">Chief Complaint</div> <div style="border: 1px solid #ccc; padding: 5px; margin: 5px; text-align: center;">Neck pain</div> <div style="border: 1px solid #ccc; padding: 5px; margin: 5px; text-align: center;">Radiating into right arm</div>	<div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; font-weight: bold;">Pain Scale</div> <div style="border: 1px solid #ccc; padding: 5px; margin: 5px; text-align: center;">Pain scale: 0 of 9</div> <div style="border: 1px solid #ccc; padding: 5px; margin: 5px; text-align: center;">Pain scale: 1 of 9</div> <div style="border: 1px solid #ccc; padding: 5px; margin: 5px; text-align: center;">Pain scale: 2 of 9</div>	<p>“Chief Complaint” is an inclusive category.</p> <p>“Pain Scale” is an exclusive category</p>
---	--	---

Click directly on the **Category** button, hold down the mouse button, and drag the category button out, and on to your template. This box will display for you to decide the type of category you are creating:

Add Category

Categories are necessary to group the controls together. When the EMR is printed the categories allow the recorded values to be grouped together correctly

<ul style="list-style-type: none"> <input checked="" type="radio"/> Inclusive Option <input type="radio"/> Exclusive Option <input type="radio"/> Question / Answer <input type="radio"/> Launch Control (for new form) <input type="radio"/> Numeric Reading <input type="radio"/> Context Controls 	<p>Inclusive option means that more than one button can be clicked for this category. For example a patient may have dizziness, fatigue and neck pain</p>
--	---

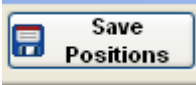
Once you choose the type of category, click “Select this Category.”



Enter the name of the category. It will display on your template:

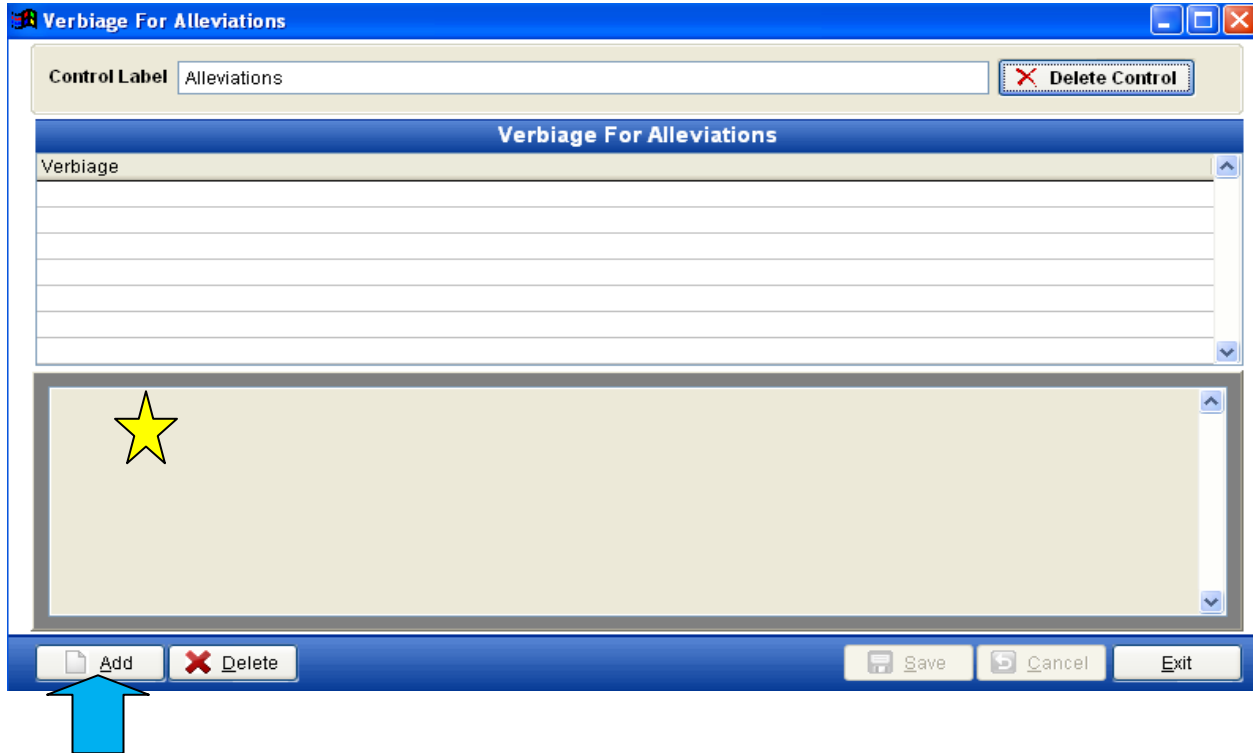


Use your arrow keys, located between the alpha and numeric keys, to arrange this button on the screen and place it appropriately. When doing this, the letters will most likely shift in the category label, or disappear from sight. Don't worry, we will attend to this later. Fix the position of this category button and amend the size and shape to suit your tastes. To stretch the button wider, click on the right or left side border of the button, hold your shift key down, and use the arrows to widen or make the category button narrow. To make the button longer, click on the top or bottom edge, and utilize the shift key and arrows to redesign the button.

Once you are satisfied with the position and design of the category button, click the “save positions” button  on the toolbar. Close the toolbar.

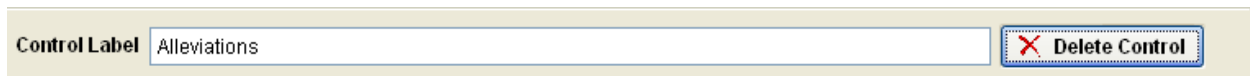
The label name may have disappeared entirely or shifted so that it is unreadable. To see your button complete, as you intended, click the “Exit” button on the right margin and move away from this screen. Once you click back on to the screen the button will be in order. Now you are ready to add context and option buttons under this category.

If you wish to add verbiage to the button, or buttons you create, click the book icon, and then click on the button that needs verbiage. Doing this will enable the verbiage screen to display:



Click the “Add” button and begin typing in the text portion of this screen (marked by the star). This will add the verbiage you wish to print out on the encounter notes and report. Once you have completed the verbiage, click “save.” This will add the verbiage to the lined area of the screen. If you want to add more verbiage options, simply repeat the process.

You can also amend the name of the button in the Control Label box, or delete the entire button in this portion of the screen:

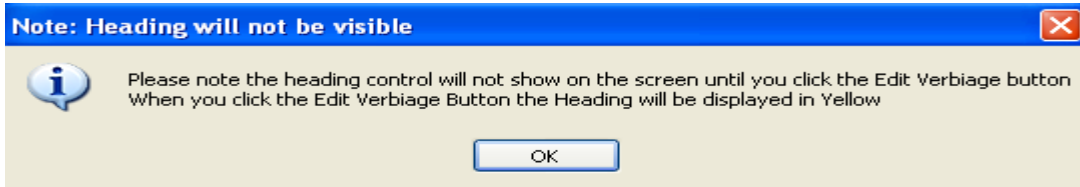


If you do use the “Delete Control” option, the button will vacate the EMR and retrieving it will be impossible. You will have to rebuild the button.

Heading

Heading

The Heading button creates a heading that prints out on the encounter notes and reports. When you drag the heading button out of the toolbar, you will see a message reminding you that this button will not display until you enable the “Edit” mode. It is not a button you will see during normal EMR operation.



Click “OK.”



Use the drop down arrow to select the screen which will now contain the heading you are trying to create.

Another box will display where you can add the new Heading name:



Click “Save.”

There will now be a field added to this EMR template with the name of the Heading you created for this template. You can use your arrow keys to maneuver this heading to an appropriate location on the template. Remember that once you click “Save Position” on toolbar, and then close the toolbar function, this heading will disappear. You will now only see the new Heading when in “Edit” mode.

The heading works to display on the encounters notes screen. In this example, we chose to create a new heading on the Daily Note screen which already has a heading called ‘Encounter Detail.’ The new heading we created, “Initial Exam”, will now generate on the encounter note:

The screenshot shows the EMR interface for patient SMOKEY BEAR. The main window displays the encounter details for ProHealth Chiropractic, including the address (200 North 15th Street, Suite 15, Corsicana, TX 75110) and patient information (SMOKEY BEAR - 00000005). The diagnosis is listed as 83903 C3 SUBLUXATION; 83904 C4 SUBLUXATION; 83901 C1 SUBLUXATION, and the visit date is 01/15/10. The encounter is identified as an Initial Visit on 01/14/2010, visit 4 of 4. On the left sidebar, there is a list of encounter headings: 'Initial Exam' and 'Encounter Detail'. A blue arrow points to 'Initial Exam', indicating its position relative to 'Encounter Detail'. Below the headings, the encounter notes are displayed, starting with 'C2 vertebra: Examination of his spine revealed hypermobility of the vertebrae.' and 'C3 vertebra: The patient is experiencing hypomobility of the vertebra. This means that the in a normal spinal configuration.'

If you wanted to remove the already existing heading “Encounter Detail,” then from the Daily Note screen you will advance to “Edit” mode by clicking on the “Book Icon.”

Now click on to the heading “Encounter Detail”. The verbiage box will display that will allow you to “Delete Control.”

Numeric Reading

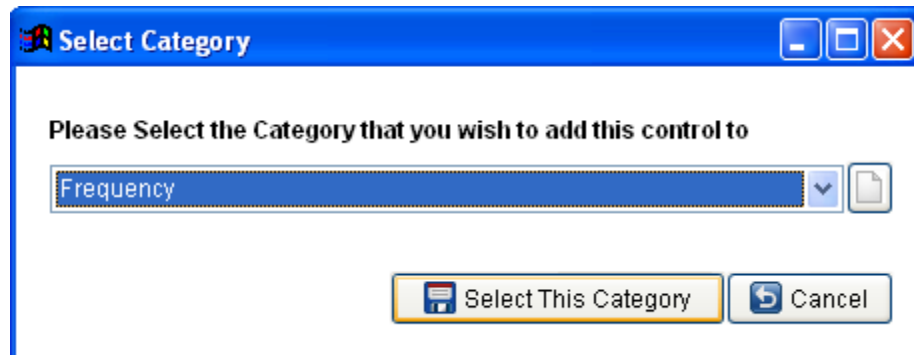
Numeric Reading

You may want to revisit the training manual where we discuss this feature.

A Numeric Reading allows you to record values using the on screen numeric keypad. First you will need a category to contain this feature. Once you create the Numeric Reading category, then you can add the Numeric Reading buttons.

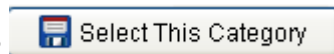
Click the “Pencil Icon” to enable the tool bar; then drag this tool bar away from the top of the screen so it is fully accessible.

Click on the Numeric Reading button and drag this button on to the EMR screen. A box will display:



You are being asked to choose the category that will contain the numeric readings you want to create. In this example, we chose the Frequency category that is found on the Daily Note screen. If you want to use a category that is not already designed on the template, you will have to first create that category.

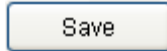
Click “Select this Category”



Another box will display asking you to name your label:



Click “Save”



The label you created, in this example “Readings,” will display on the EMR template in black lettering along with an empty box that holds the numeric value. At first, your new label and numeric field will most likely appear on the screen in a less than perfect location, like this:



These items, the label and the numeric box, move independently of each other.

First, click on the label and use your mouse and arrow keys to place this label appropriately. When the label is where you want it to be set, click the “Save Positions” button on the tool bar.

Close the tool bar



Now, **exit from this EMR screen**. For this example we will be leaving the Daily Note screen.

Reopen the template you are customizing.

Reopen the toolbar using the “Pencil Icon.”

Click on the numeric reading box and use your mouse and arrow key to place this box appropriately. The label can still be moved if you reconsider its position.

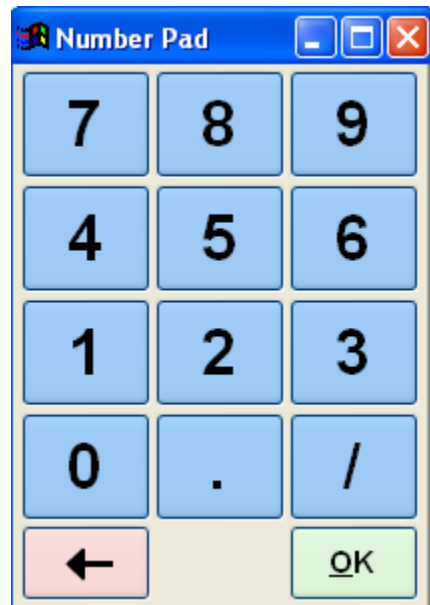


Click “Save Positions” when satisfied with placement of your items.

Close the tool bar.

Opening and closing the EMR template seems unnecessary and, at times, inconvenient. It is currently the only way to present the changes to the EMR database for customization. Remember that this time spent getting your template customized for your style of practice will pay off tremendously in the end.

Double-clicking on the numeric box will display a numeric reading pad to allow you to enter the values necessary:



Question / Answer

Question/Answer

Using the Q & A button will allow you to add option buttons to embellish this aspect of your reporting.

Click the **“Pencil Icon”** to enable the tool bar; then drag this tool bar away from the top of the screen so it is fully accessible.

Click on the **Q & A button** and drag this button on to the EMR screen. A box will display:



You are being asked to choose the category that will contain the question and open ended answer field you want to create. In this example, we chose the Daily Note category because we are adding this feature to the Daily Note screen. If you want to use a category that is not already designed on the template, you will have to first create that category.

Click **“Select This Category”**

Select This Category



Enter the question you want to add to the template. In this example we chose to add **“How are you feeling today?”** This will display on the template and a field for the open ended answer will also be created.

Click “Save”

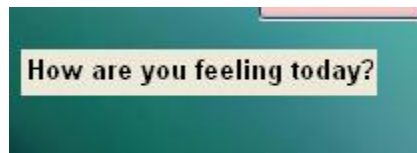
A rectangular button with a thin border and the word "Save" centered inside.

The question you developed, along with the field for the open ended answer will now display on the EMR screen, most likely in a less than perfect location. Look below at the example of the Q & A we developed for training purposes. The type is barely visible and the field is displayed across the template.

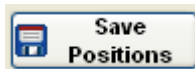


Double-click on the label “How are you feeling today?”

Now you can use your mouse and arrow keys to maneuver this to a blank section of the template. Hold the shift key down while using the arrow keys, this will allow for expansion of the field so that the entire text will display.



Click “Save Positions”



Close the tool bar.



Now, exit from this EMR screen. For this example we will be leaving the Daily Note screen.

Reopen the template you are customizing.

Reopen the toolbar using the “Pencil Icon.”

Click on the answer field box and use your mouse and arrow keys to place this box appropriately. You will not have to size the box to accommodate the open ended answer. When operating in the EMR in normal mode, this box, when clicked, will pop up a comments box for you to type the open ended answer. You will have up to 999 characters.

Click “Save Positions” when satisfied with placement of your items.

Close the tool bar.

Options

Option	
Frequency	Results
100%	Resolved
75%	Slight improvement
	Moderate

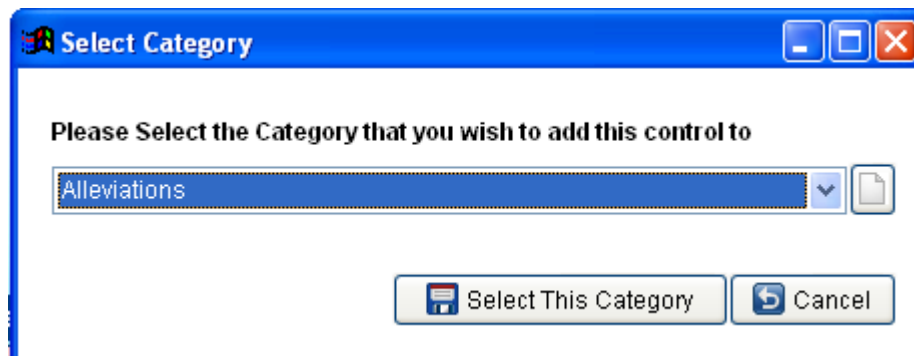
Option buttons typically display in salmon color on your EMR templates. They are used in conjunction with the Context buttons to describe the body area or rate pain, set frequency, or anything else you need to embellish your encounters like doses of medication.

Here are examples of the option buttons. Option buttons set under categories that are either inclusive, or exclusive.

Click the “Pencil Icon” to enable the tool bar; then drag this tool bar away from the top of the screen so it is fully accessible.

Click the “Option” button and drag it on to the EMR screen. A box will display.

You are being asked to choose the category that you wish to use add the option button. If you wish to add an option button to a category that does not currently exist, please create that category first.



On the Daily Note screen, we chose to add an option button to the “Alleviations” category which is an inclusive option.

Click “Select This Category”

Select This Category

Another box will display asking you to name the option we are creating:



Click “Save”

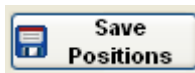
A rectangular button with a light blue border and the word "Save" in the center.

The option you created will now display on the EMR screen, most likely in a less than perfect location.



Click on the new **Option button** and use your mouse and arrow keys to position this button where you would like it to be displayed.

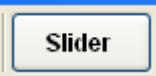
Click “Save Positions”



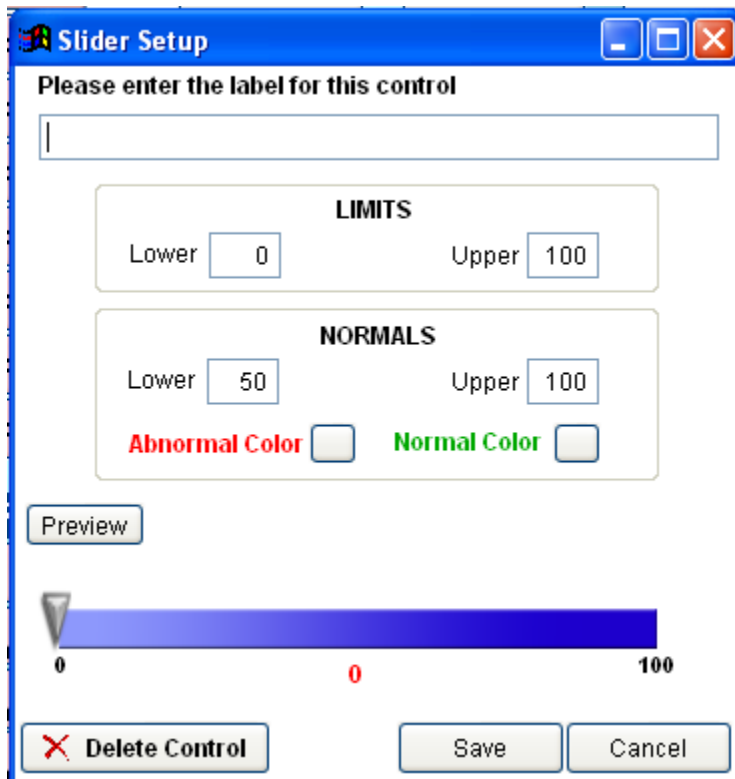
Close the tool bar.



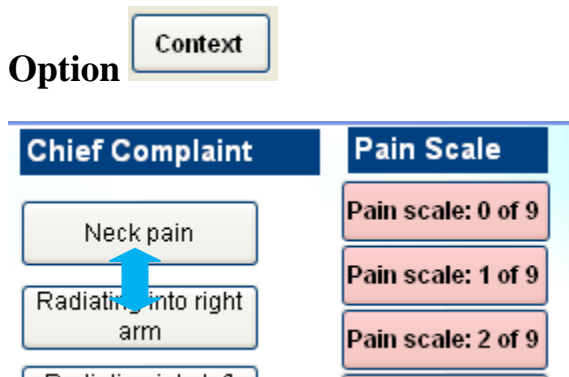
Slider



This custom feature will produce a mechanism that will chart a measurement through a 'slider' feature.



The Slider feature is set in place in the EMR to interact with some future functionality. At this time this feature is not active in your system




In most cases, the context controls tell you where something is happening. The context controls might list various body parts, or in another scenario, they might list symptoms.

Click the “Pencil Icon” to enable the tool bar; then drag this tool bar away from the top of the screen so it is fully accessible.

Click the “Context” button and drag it on to the EMR screen. A box will display.



You are being asked to choose the category that the Context button will be added to on the EMR template. In this example, from the Daily Note screen; we chose to add a context button to the Chief Complaint category. If you wish to add a context button to a category that does not exist, please create that category first.

Click “Select This Category” 

Another box will display asking you to name the context button you are adding to the EMR Template.



Click “Save” 

The option you created will now display on the EMR screen, most likely in a less than perfect location.



Click on the new **Context button** and use your mouse and arrow keys to position this button where you would like it to be displayed.

Click “Save Positions” 

Close the tool bar. 

Using the Context buttons and Option buttons can sometimes be confusing; this is why you will have training help from the ClinicPro training staff. Hopefully, the information on the following page might help clear up some initial questions you may have:

Let's see the Context and Option buttons in action:

From the Functional Assessment screen, let's look at the layout.

The gray buttons on the left are the Context buttons, or the context variable buttons. You would click the context variable first, the gray buttons, then choose the Option buttons that apply next. In this example, the option buttons are all exclusive, meaning that only one variable can be checked under Difficulty and only one under Pain.

There are screens which will allow more than one option variable to be chosen in conjunction with the context variable.

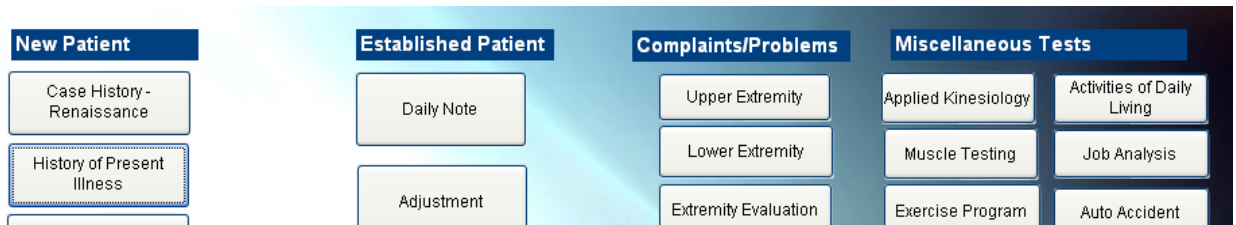
The Electronic Medical / Health Records program is designed to operate left to right, as you build your encounter notes. The ClinicPro EMR does not print the categories unless you include a report heading. The report heading is already included in the templates, you can see the heading when you click the "Pencil" icon and go into edit.

You also have to click an option variable button(s) with every context variable button or your encounter report will not print the context you are creating.

The final button on the customization tool bar is Launch:

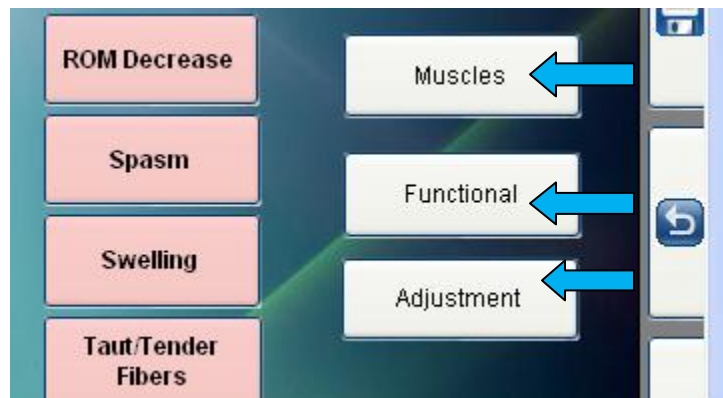


The Launch buttons function to move you from one EMR template to another, thus eliminating the need to navigate the program, screen by screen. Clicking on a launch button will immediately provide access to the exam, or page, you wish to use next.



This screen, the initial “Home” screen of the EMR program, consists entirely of Launch buttons. Clicking on one of these buttons automatically takes you to the exam, or template, in which you wish to work.

Another example of a Launch button is seen here on the Daily Note template:



The Muscles, Functional, and Adjustment buttons are all Launch buttons. From the Daily Note screen, you can quickly move to these different test templates. Launch buttons are completely customizable allowing you to add, or remove them, at will. This allows you to design the flow of your encounters.

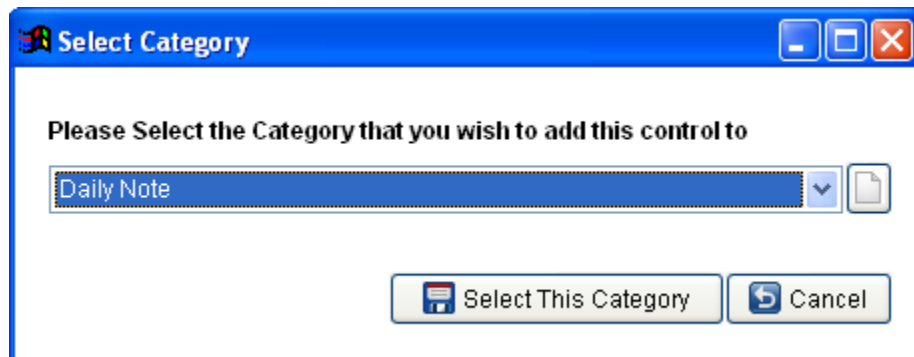
The EMR Launch buttons will allow you to launch directly to an EMR template that is blank, and open to create, or an EMR template that already exists in the program.

Let's start with launching from the Daily Note template to an EMR template that is blank, thus allowing our own creativity.

From the Daily Note template we will create a Launch button to take us directly to a blank template to hold our own customized creation. We will call this template “Personal Injury”.

Click the “Pencil Icon” to enable the tool bar; then drag this tool bar away from the top of the screen so it is fully accessible.

Click the “Launch” button and drag it on to the EMR screen. A box will display.



We chose to add the Launch button to the Daily Note screen, so we selected the Daily Note option from the drop down arrow.

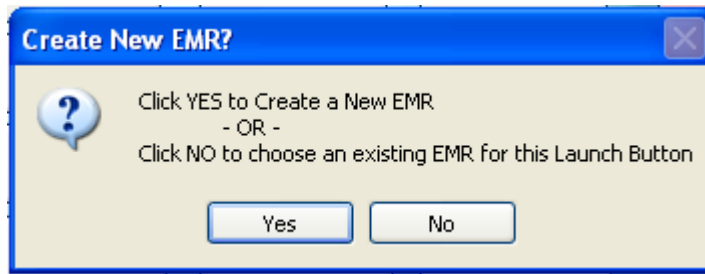
Click “Select This Category” 



Click “Save.”

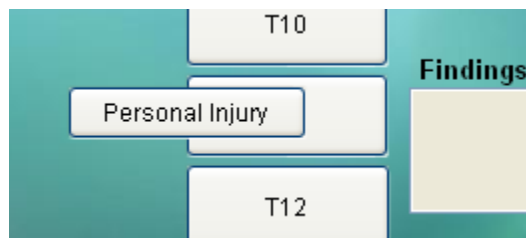
The Launch button will now reflect as “Personal Injury”

A box will now display that to determine whether this is a new EMR template, one that does not already exist in the program, or an existing EMR.



Since we are creating a new EMR template, we will click “Yes.”

The Launch button you created will now display on the EMR screen, most likely in a less than perfect location.



Click on the new Launch button and use your mouse and arrow keys to position this button where you would like it to be displayed.

Click “Save Positions”



Close the tool bar.



With the tool bar closed, the Launch now takes you to a blank template when you click on it. From there you can begin to build your new template.

From the Daily Note template we will create a Launch button to take us directly to an already existing EMR. We will call this button “Personal Injury,” and the template we will launch to will be “Auto Accident.”

Click the “Pencil Icon” to enable the tool bar; then drag this tool bar away from the top of the screen so it is fully accessible.

Click the “Launch” button and drag it on to the EMR screen. A box will display.

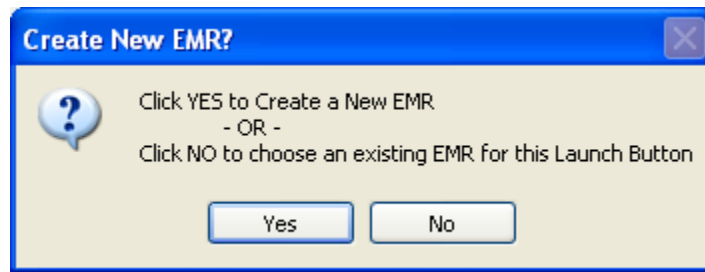


We chose to add the Launch button to the Daily Note screen, so we selected the Daily Note option from the drop down arrow.

Click “Select This Category” 



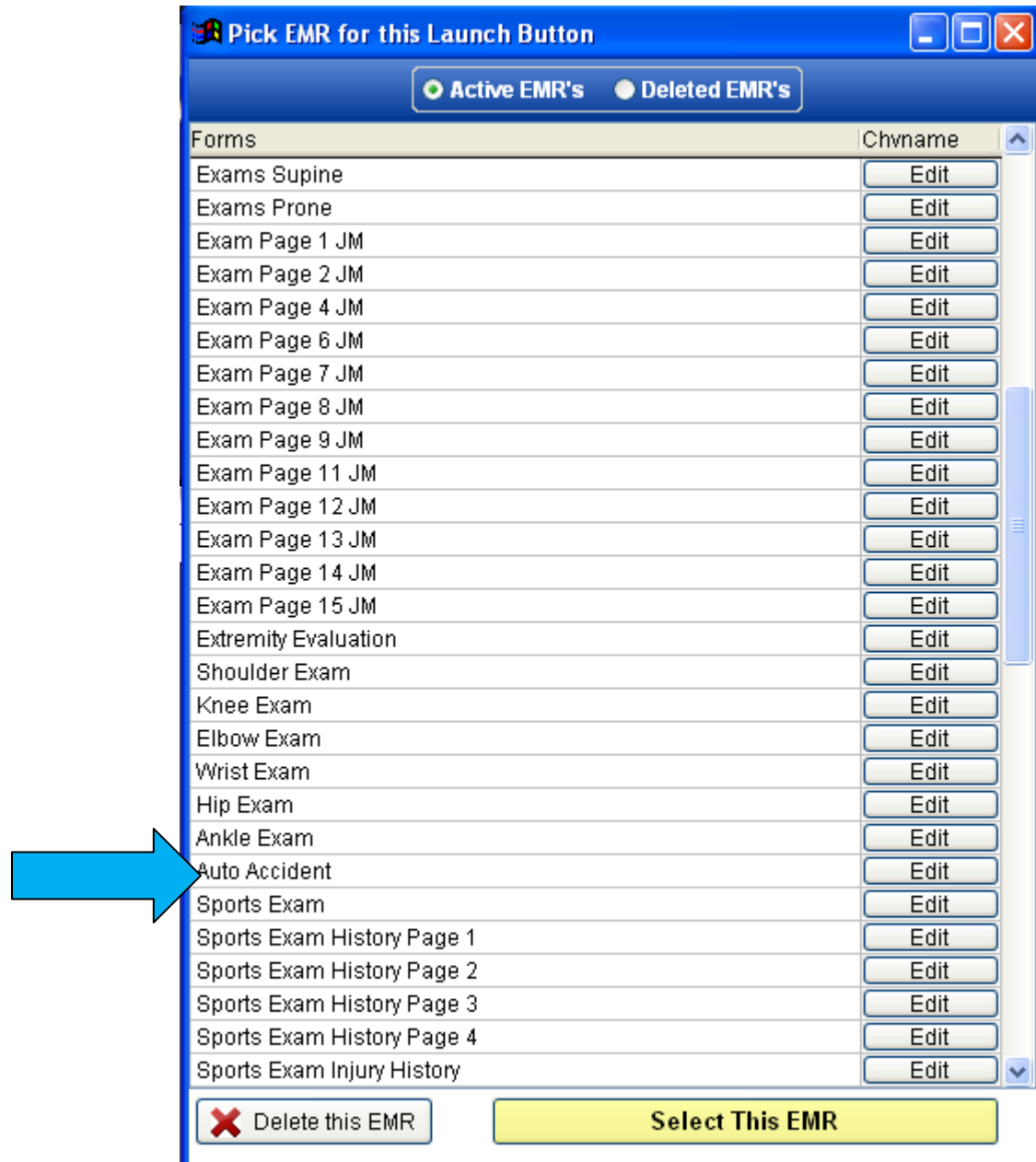
Click “Save.”



Since we are choosing an existing EMR, we will click “No.”

The Launch button you created will now display on the EMR screen, most likely in a less than perfect location.

The EMR template box will now display, we can choose the template from this list:



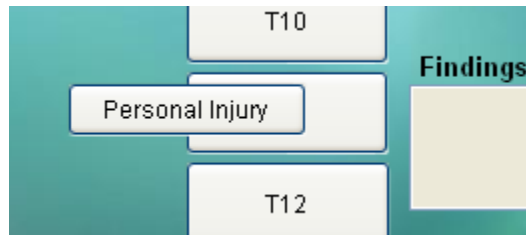
We decided to launch to the Auto Accident template.

“Click” on Auto Accident.



Click “Select This EMR.”

The Launch button you created will now display on the EMR screen, most likely in a less than perfect location.

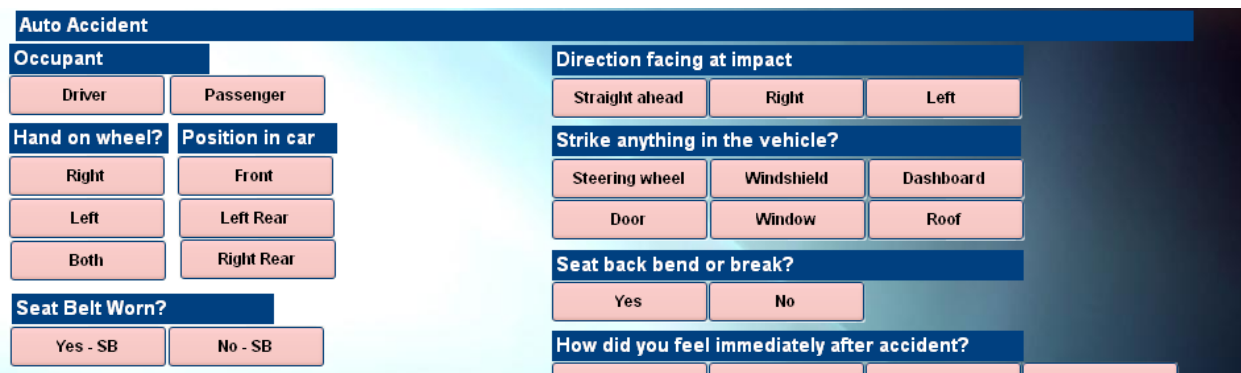


Click on the new Launch button and use your mouse and arrow keys to position this button where you would like it to be displayed.

Click “Save Positions” 

Close the tool bar. 

With the tool bar closed, the Launch now takes you to the Auto Accident template when you click on it.



Auto Accident		
Occupant		
Driver	Passenger	
Hand on wheel?		
Right	Front	
Left	Left Rear	
Both	Right Rear	
Seat Belt Worn?		
Yes - SB	No - SB	
Direction facing at impact		
Straight ahead	Right	Left
Strike anything in the vehicle?		
Steering wheel	Windshield	Dashboard
Door	Window	Roof
Seat back bend or break?		
Yes	No	
How did you feel immediately after accident?		

Report Output Basics

Report Output Basics

All reports have several destinations for outputting the reports. Clinic Pro recommends previewing before printing. Choose the **Print Preview** function for Output destination. This function allows a view of the actual document before printing the report (within this preview is the option to print as well). If this is a report that is desired, then choose **Send to Printer** for the Output Destination. Some reports can be saved as a Microsoft Excel Spread sheet. These can be helpful if Excel spread sheets are frequently used in the office. See below for examples.

Most reports dealing with any kind of financial information can be run including all staff doctors in Clinic Pro, or selecting an individual doctor to see the report on.

Selection Criteria

Patients: All By Doctor:

Output Destination

Print Preview Send to Printer Labels Save to File Save to Excel 5.0 File

Output Destination

Print Preview Send to Printer Labels Save to File

Date Range

Week From 12/20/2007 To 12/27/2007

Month December 2007 Year 2007

Range From 01/01/2007 To 12/27/2007

By: Entry Date Service Date

Output Destination

Print Preview Send to Printer Save to File Save to Excel 5.0 File

- Print Preview- Print preview displays exactly what will print using a preview menu before printing. When viewing the preview, click the Printer icon to print the report.
- Send to Printer- This function sends the report directly to the printer.
- Labels- Labels is a handy function to do special labels such as for mailings, patient paper records, and many more. These will print on standard 3-across 10-down label sheets.
- Save to file- This function saves a comma delimited file (CDV, CSV formats) that can be imported into programs like Outlook or sent to printer companies for print jobs. (These are not human-readable files such as word documents).
- Save to Excel 5.0- This function is good for creating spread sheets out of the data from Clinic Pro.

Be very careful when selecting an Entry date or Service date as these can produce very different results.

- **Entry date** refers to the date the transaction is entered.
- **Service date** refers to the date of service or date of payment.
- Therefore, if a date of service is 01/10/08 but was entered on 01/11/08, a report done on the 10th will produce different results when run as entry date versus service date.
- To keep the reports consistent, Clinic Pro recommends running by **entry date** when double-checking data input or balancing end-of-day cash, and by **service date** for accurate dated financial information.

Aged Insurance Receivables

Click on the Reports menu, then Financial, then Aged Insurance Receivables.

The Aged Insurance Receivables report is the most powerful report in Clinic Pro for determining information on any uncollected billings. This report allows the user to specify whether it displays aged from the date that services occurred, or the date that they were billed. Also, the user can specify whether to group by insurance company, by patient, or by aging category (30 / 60 / 90). This report is extremely useful when checking on the insurance carriers that are chronically slow payers, or methodically don't pay.

The screenshot shows the 'Aged Insurance Receivables:1' dialog box. It is divided into two main sections: 'Selection Criteria' and 'Output Destination'.
Selection Criteria:
- **Patients:** Radio buttons for 'All' (selected) and 'By Doctor:'.
- **Age From:** Date picker set to 01/28/2010. Radio buttons for 'Bill Date' and 'Service Date' (selected).
- **Cutoff Date:** Date picker set to 01/28/2010 (Service).
- **Group By:** Radio buttons for 'Patient' (selected), 'Insurance Carrier', and 'Aging Category'.
- **Report Type:** Radio buttons for 'Summary' (selected), 'Itemized', and 'Detail'.
- **Include:** Checked checkboxes for 'Current', '30 Days', '60 Days', and '90 Days'.
Output Destination:
- Radio buttons for 'Print Preview', 'Send to Printer' (selected), 'Save to File', and 'Save to Excel 5.0 File'.
Buttons for 'Print' and 'Close' are located on the right side of the dialog.

The report has three modes in which it can be printed.

Summary - The summary report will show the totals in each of the aging categories that you select. It is a good report to run to keep a handle on the overall receivables.

Itemized - The itemized report will show each line of transaction that comprises the overall total.

Detail - The detail report was created by special request for users of Clinic Pro. It is the most comprehensive report and includes each date of service as well as the contract number, the name and telephone number of the insurance company and the contact person. From this report, lies the ability to call any aged claim without even pulling up the insurance files.

Please always choose “Service Date” when running this report as the “Bill Date” reflects when your claims were billed. This date is subject to change, the service date is not.

Aged Patient Receivables

Click on the Reports menu, then Financial, then Aged Patient Receivables.

The Aged Patient Receivables report allows a look at the overdue balances of your patients. It allows the user to see outstanding balances that are **Current** (less than 30 days old), **30 Days** (30-60 days old), **60 Days** (60-90 days old) and **90 Days** (more than 90 days old).

If any collection calls need to be made, Clinic Pro suggests using Report Type: **Summary**, as it contains the patient's phone number and overdue balance.

Report Type: **Detail**, will outline each individual outstanding charge. Accounts which are 90 days overdue become a serious collection risk. This report will also show outstanding credits on the patient, which can serve as a reminder to staff to go back and apply these credits towards the patient's open outstanding balances.

Aged Patient Receivables: 1

Selection Criteria

Patients: All By Doctor: [Dropdown]

Age From: 01/28/2010 [Dropdown]

Service Cutoff Date: 01/28/2010 [Dropdown]

Group By: Patient Aging Category

Report Type: Summary Detail

Items to Include: Current 30 Days 60 Days 90 Days

Output Destination

Print Preview
 Send to Printer
 Save to File
 Save to Excel 5.0 File

Print **Close**

Age From - This is the date from which the transactions will be aged backwards. We suggest leaving this defaulted to the current date.

Service Cutoff Date - If recent activities need not be included, specify a cutoff date. If the above report was printed with the cutoff date as 01/31/08, any balances created on 02/01 and 02/02 would not be included on the report. This default to today's date, to show all balances.

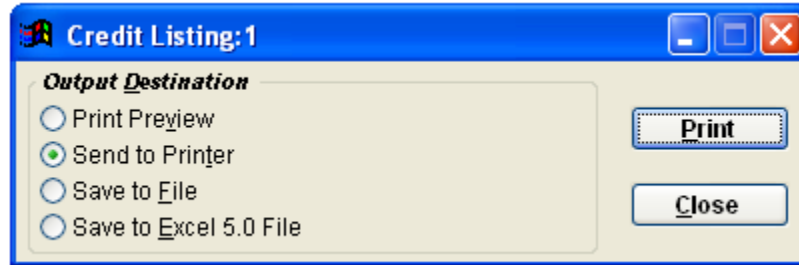
Insurance Credit Listing Reports

Click on the Reports menu, then Financial, then Credit Listing - Insurance.

A Credit Listing Report gives a breakdown of insurance credits that are current in your system; this report breaks the info down into four categories: Carrier, Payment Source, Credit Date, and Amount.

Should this report generate credits for you, announces that there are problems with some of your insurance payments. Understanding that insurance companies do not post credit payments as a practice means that an error has occurred while posting.

Please, see the training manual section “Insurance Credits” for resolution.



All the Clinic Pro reports have functionality that allows the information to be sent to various “output destinations:”

Print Preview allows you to view the report before sending it to the printer. You can print from the print preview.

Send to Printer is great when the report does not require viewing before printing.

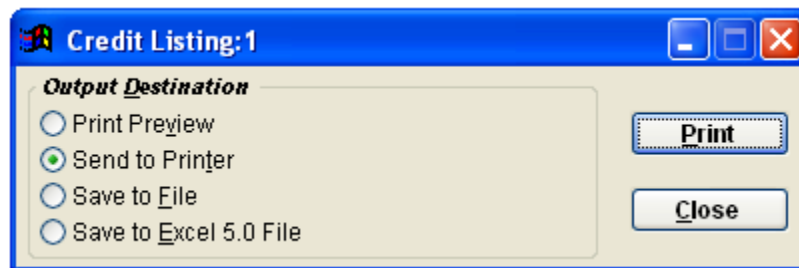
Save to file will allow you to send this report to a designated folder, or drive, on your computer.

Save to Excel 5.0 interacts with the Microsoft Excel program. Obviously you will need to have this program to generate to this destination.

Patient Credit List Report

Click on the Reports menu, then Financial, then Credit Listing - Patient.

The Patient Credit Listing report indicates credits that are directly distributed to the patient, whether by overpayment by the patient, or adjustment to charges on the account.
Patient credits can be refunded, applied to a transaction's outstanding balance, or be held in the system waiting for a posting date.



If you are unsure about posting, storing, or applying credits, please see the training manual under "Patient Credits" for help.

Income Analysis Report

Click on the Reports menu, then Financial, then Income Analysis.

The Income Analysis report gives a day-by-day breakdown of income generated, visits, patient and insurance collections, and write-offs. At the end of the report, it totals everything up. Income Analysis is a great report to run when researching monthly trends in a year, or even daily trends in a week. This report can be run by **Entry date** or **Service Date**.

Entry date refers to the date transactions are entered.

Service date refers to the date of service or date of payment. If a date of service is 01/10/08, but was entered on 01/11/08, a report done on the 10th will produce different results when run as entry date versus service date.

To keep the reports consistent, Clinic Pro recommends running by **entry date** when double-checking data input or balancing end-of-day cash, and by **service date** for accurate dated financial information.

Income Analysis:1

Selection Criteria

Patients: All By Doctor: [Dropdown]

Location: [Dropdown]

Date Range

Week From 01/22/2010 To 01/29/2010

Month January 2010 Year 2010

Range From 01/01/2010 To 01/29/2010

By: Entry Date Service Date

Output Destination

Print Preview

Send to Printer

Save to File

Save to Excel 5.0 File

Print

Close

Income Statistics Report

Click on the Reports menu, then Financial, then Income Statistics.

The income statistics report totals the patient visits, the new patients, income generated, patient and insurance collections, and write-offs. At the end of the report, it gives an average collection per visit. This report can be run by **Entry date** or **Service Date**.

- **Entry date** refers to the date transactions are entered.
- **Service date** refers to the date of service or date of payment.
- Therefore, if a date of service is 01/10/08 but was entered on 01/11/08, a report done on the 10th will produce different results when run as entry date versus service date.
- To keep the reports consistent, we recommend running by **entry date** when double-checking data input or balancing end-of-day cash, and by **service date** for accurate dated financial information.

Income Statistics:1

Selection Criteria

Patients: All By Doctor: [dropdown]

Location: [dropdown]

Date Range

Week From 01/26/2010 To 02/02/2010

Month February 2010 Year 2010

Range From 01/01/2010 To 02/02/2010

By: Entry Date Service Date

Output Destination

Print Preview

Send to Printer

Save to File

Save to Excel 5.0 File

Print

Close

Patient retention is calculated by dividing the number of overall patient visits by the number of new patients. This statistic will become more useful as time goes by (larger date range) with valid data.

Collection efficiency is calculated by dividing the total collections by the total fees generated. In other words, is calculating the percentage of fees that are actually collected.

A second portion of the report shows the insurance payments received by doctor by insurance carrier. At the end of the second portion, it totals the payments received by insurance carrier.

Insurance Write Off Report

Click on the Reports menu, then Financial, then Insurance Write Offs.

The insurance Write off report will give an itemized list of all write offs performed over a selected period of time. The write offs will be grouped by reason (write off, contract adjustment, etc). This report can be run over any range of dates by **Entry date** or **Service Date**.

Entry date refers to the date the transactions were entered.

Service date refers to the date of service or date of payment. If a date of service is 01/10/08 but was entered on 01/11/08, a report done on the 10th will produce different results when run as entry date versus service date.

To keep the reports consistent, Clinic Pro recommends running by **entry date** when double-checking data input or balancing end-of-day cash, and by **service date** for accurate dated financial information.

Insurance Writeoff:1

Selection Criteria

Patients: All By Doctor: [Dropdown]

Location: [Dropdown]

Date Range

Week From 01/22/2010 To 01/29/2010

Month January 2010 Year 2010

Range From 01/01/2010 To 01/29/2010

By: Entry Date Service Date

Output Destination

Print Preview

Send to Printer

Save to File

Save to Excel 5.0 File

Print

Close

Patient Write Off Report

Click on the Reports menu, then Financial, then Patient Write Offs.

The patient write off report will give an itemized list of the entire write offs performed over a selected period of time on any patient balances. The write offs will be grouped by reason (write off, discount, coupon, etc). This report can be run over any range of dates by **Entry date** or **Service Date**.

- **Entry date** refers to the date the transactions are entered.
- **Service date** refers to the date of service or date of payment.
- Therefore, if a date of service is 01/10/08 but was entered on 01/11/08, a report done on the 10th will produce different results when run as entry date versus service date.
- To keep the reports consistent, Clinic Pro recommends running by **entry date** when double-checking data input or balancing end-of-day cash, and by **service date** for accurate dated financial information.

Patient Writeoff: 1

Selection Criteria

Patients: All By Doctor: [Dropdown]

Location: [Dropdown]

Date Range

Week From 01/26/2010 To 02/02/2010

Month February 2010 Year 2010

Range From 01/01/2010 To 02/02/2010

By: Entry Date Service Date

Output Destination

Print Preview

Send to Printer

Save to File

Save to Excel 5.0 File

Print

Close

Payment by Procedure

This report will generate dates of service and payment information by each procedural code you have used in the system; either insurance codes or codes that have been created for supplements and accessories.

Payment By Procedure: 1

Selection Criteria

Patients: All By Doctor: LISA M. SARHO

Location:

Date Range

Week From 01/26/2010 To 02/02/2010

Month February 2010 Year 2010

Range From 01/01/2008 To 02/02/2010

By: Entry Date Service Date

Output Destination

Print Preview

Send to Printer

Save to File

Save to Excel 5.0 File

Print

Close

Procedure Analysis Report

Click on the Reports menu, then Financial, then Procedure Analysis.

The procedure analysis report shows the frequency of each CPT code that is performed in the specified date range. In addition to calculating frequency, it also shows fees generated, payments received, and balance still outstanding.

The procedure analysis report is useful for determining those procedures that are performed most often in the office and the revenue generated from those procedures.

This report can be run by **Entry date** or **Service Date**.

- **Entry date** refers to the date the transactions were entered.
- **Service date** refers to the date of service or date of payment.
- Therefore, if a date of service is 01/10/08 but was entered on 01/11/08, a report done on the 10th will produce different results when run as entry date versus service date.
- To keep the reports consistent, Clinic Pro recommends running by **entry date** when double-checking data input or balancing end-of-day cash, and by **service date** for accurate dated financial information.

Payment By Procedure: 1

Selection Criteria

Patients: All By Doctor: LISA M. SARIHO

Location: [Empty]

Date Range

Week From 01/26/2010 To 02/02/2010

Month February 2010 Year 2010

Range From 01/01/2008 To 02/02/2010

By: Entry Date Service Date

Output Destination

Print Preview

Send to Printer

Save to File

Save to Excel 5.0 File

Print

Close

Resident Analysis Report

Click on the Reports menu, then Financial, then Resident Analysis.

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

This report can be run over any range of dates by **Entry Date** or **Service Date**.

- **Entry date** refers to the date the transactions were entered.
- **Service date** refers to the date of service or date of payment.
- Therefore, if a date of service is 01/10/08 but was entered on 01/11/08, a report done on the 10th will produce different results when run as entry date versus service date.
- To keep the reports consistent, Clinic Pro recommends running by **entry date** when double-checking data input or balancing end-of-day cash, and by **service date** for accurate dated financial information.

Resident Analysis:1

Date Range

Week From 01/26/2010 To 02/02/2010

Month February 2010 Year 2010

Range From 01/01/2010 To 02/02/2010

Output Destination

Print Preview

Send to Printer

Save to File

Save to Excel 5.0 File

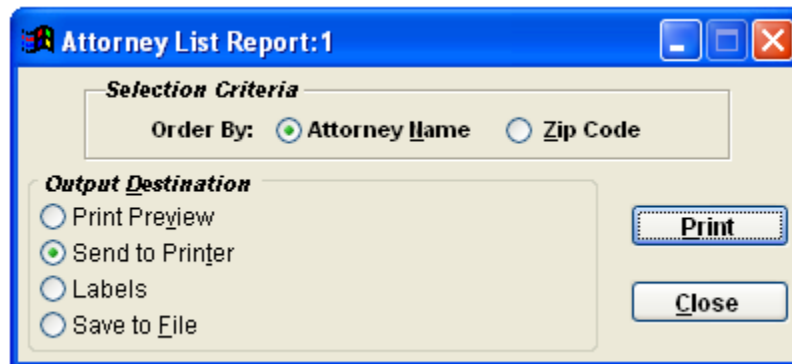
Print

Close

Attorneys

Click on the Reports menu, then Lists, then Attorneys.

The Attorneys report will print a list of all attorneys that are currently saved in the system. If no attorney is saved at this time then a pop-up box indicating nothing to print will display.

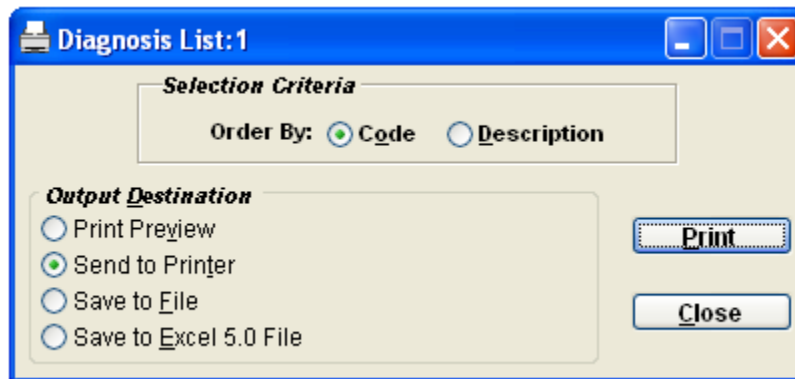


Diagnosis Report

Click on the Reports menu, then Lists, then Diagnosis.

The Diagnosis report is identical to the attorneys report in the way that it only prints out a list of items that are currently in the system. Current diagnosis codes can be checked in the list menu under Diagnosis.

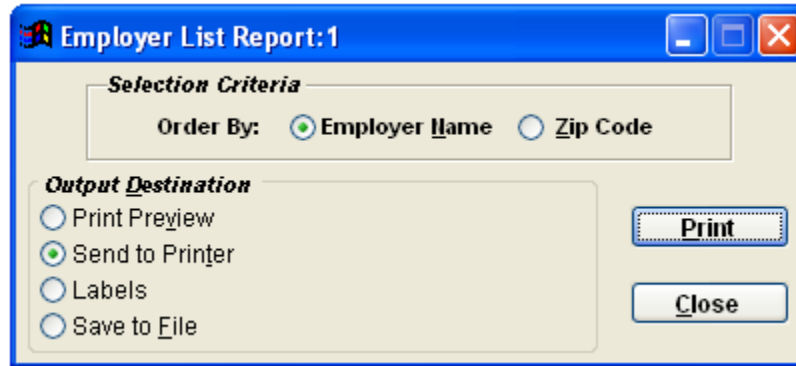
You can print this report by Diagnosis Code or Description.



Employers

Click on the Reports menu, then Lists, then Employers.

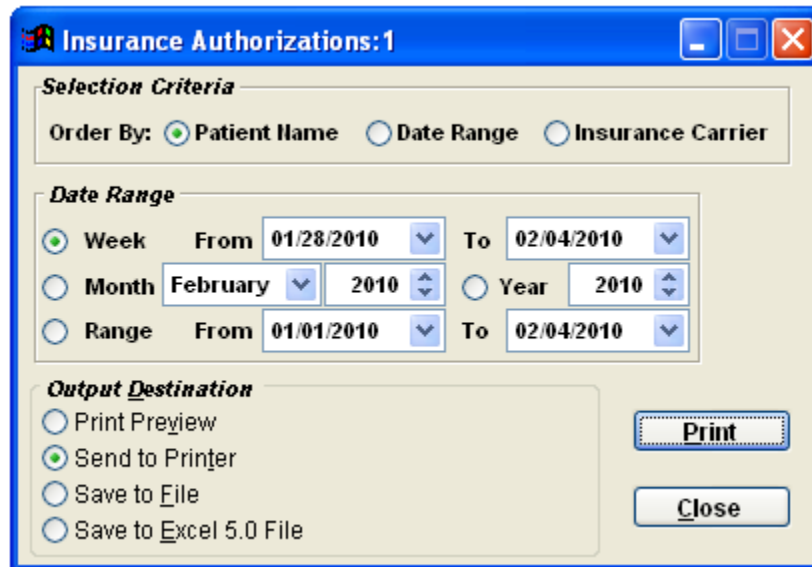
The Employers list is also a simple list of employers that are currently in the system. These are employers that have been added and can be found in the list menu under Employers.



Insurance Authorizations Report

Click on the Reports menu, then Lists, then Insurance Authorizations.

The Insurance Authorizations report is a detailed list of authorizations given from insurances. This will print the name of the person, expiration date, insurance company, total visits, and approved dollar amount. This will only print out authorizations that have been added into the system via the Insurance & Dates screen or applied to transactions.



The screenshot shows a dialog box titled "Insurance Authorizations: 1". It contains three main sections: "Selection Criteria", "Date Range", and "Output Destination".

- Selection Criteria:** Includes radio buttons for "Patient Name" (selected), "Date Range", and "Insurance Carrier".
- Date Range:** Includes radio buttons for "Week", "Month", and "Range".
 - Week:** Selected. From: 01/28/2010, To: 02/04/2010.
 - Month:** From: February, 2010; Year: 2010.
 - Range:** From: 01/01/2010, To: 02/04/2010.
- Output Destination:** Includes radio buttons for "Print Preview", "Send to Printer" (selected), "Save to File", and "Save to Excel 5.0 File".

Buttons for "Print" and "Close" are located on the right side of the dialog box.

This report can be run by Patient Name, Date Range, or Insurance Carrier.

You also have an option for running the report with a specified date range.

Insurance Companies Report

Click on the Reports menu, then Lists, then Insurance Companies.

The Insurance Company report is simply a print out of all insurances that are currently in the system or have been entered previously. This print out gives the following: Number, Name, City, State, Zip, Address (1 and 2), Phone, Payor ID, and Submitter Type. To see what insurance is currently listed, go to the list menu under Insurance & Medigap Companies. This report can be printed to Labels as well, which is helpful for labeling what insurance company portfolios there may be.



The screenshot shows a dialog box titled "Insurance Company List Report: 1". It has a blue title bar with standard window controls (minimize, maximize, close). The dialog is divided into two main sections: "Selection Criteria" and "Output Destination".

Selection Criteria: This section contains an "Order By:" label followed by two radio button options: "Insurance Company Name" (which is selected) and "Zip Code".

Output Destination: This section contains four radio button options: "Print Preview", "Send to Printer" (which is selected), "Labels", and "Save to File".

On the right side of the dialog, there are two buttons: "Print" and "Close".

Patient Criteria Report

Click on the Reports menu, then Lists, then Patient Criteria Report.

The Patient Criteria Report will search the database for specific patient information, and generate a list of patients that fall into the selected criteria. From there, a list can be printed, or labels, or export to excel like most normal reports.

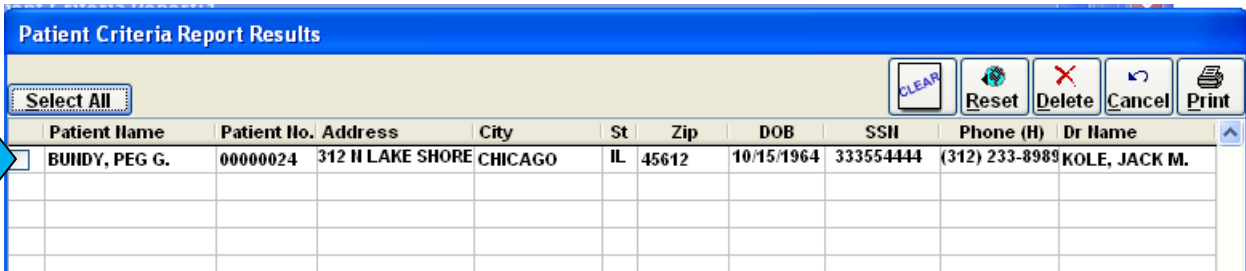
This report is extremely useful for generating lists of patients the office hasn't seen recently, or has seen recently, and making mailing labels for them.

There are 2 pages of criteria for which to search. When searching for a **Diagnosis** on page1 and a **Recall Date** on page 2, it will only show patients that match both of the search limiters you set.

Page 1

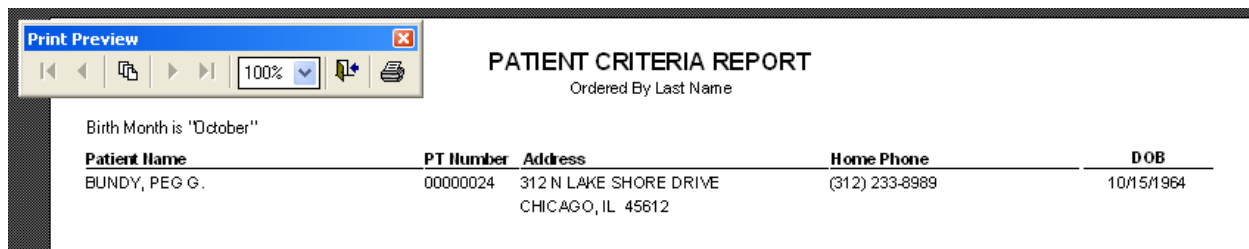
The fields here on the report are used to run queries on your patient's details. For example: If you were looking for patients that had birthdays in October, you would click on the **BIRTH MONTH** field, and then use the drop down arrow to find **Oct**.

When you PRINT the report, it will show you a list of patients who have October birthdays:



Patient Name	Patient No.	Address	City	St	Zip	DOB	SSN	Phone (H)	Dr Name
BUNDY, PEG G.	00000024	312 N LAKE SHORE	CHICAGO	IL	45612	10/15/1964	333554444	(312) 233-8989	KOLE, JACK M.

By clicking on the Print icon on the report, it will generate a preview of the actual report you have requested:



Patient Name	PT Number	Address	Home Phone	DOB
BUNDY, PEG G.	00000024	312 N LAKE SHORE DRIVE CHICAGO, IL 45612	(312) 233-8989	10/15/1964

If you generate a list of patients, and you do not want to print a report for all of the patients shown on the report, place a check mark in the box to the left of the patient's name which you **DO NOT** want to print. This will exclude them from the report.

Some other helpful information for the criteria report fields on the first page is:

Insurance 1 & 2: The insurance coverage a patient has currently. Insurance 1 specifies Primary coverage, Insurance 2 specifies secondary coverage.

Mail Code & Financial Class: This is taken directly from the Patient Detail screen.

You can now generate a report for your patients by **Procedure Code**.

Last Seen Date: This is the date the patient was last seen by their primary care physician, as defined by the user in the (#link Transactions Screen 2 Button)

Recall Date: This date is the last time a patient has come in. So if today was February 1st, and the office wanted a list of patients who have been treated in the last month, use the date range of 01/01/2008 - 02/01/2008. To find a list of patients who haven't been treated for a year or more, using the same February 1st reference, use the date range **01/01/1950** - 02/01/2007 (or any similar date way back in the past)

Patient Balance & Insurance Balance: Specify a balance necessary to generate their name on the report. If there is no concern with how aged the balance is, leave the dates at default.

Patient List

Click on the Reports menu, then Lists, then Patient List.

The Patient list is a very basic report that gives the office a general list of patients currently seen in the practice. This report can be run to exclude the patients marked as “inactive”. The list provides the following information on patients: Name, Patient Number, and Social Security Number, Birth Date, and Phone number.

Patient List (Short):1

Selection Criteria

From Patient Name (Last)

To Patient Name (Last)

Output Destination

Print Preview

Send to Printer

Save to File

Save to Excel 5.0 File

Print

Close

Procedures and Fees Report

Click on the Reports menu, then Lists, then Procedures & Fees.

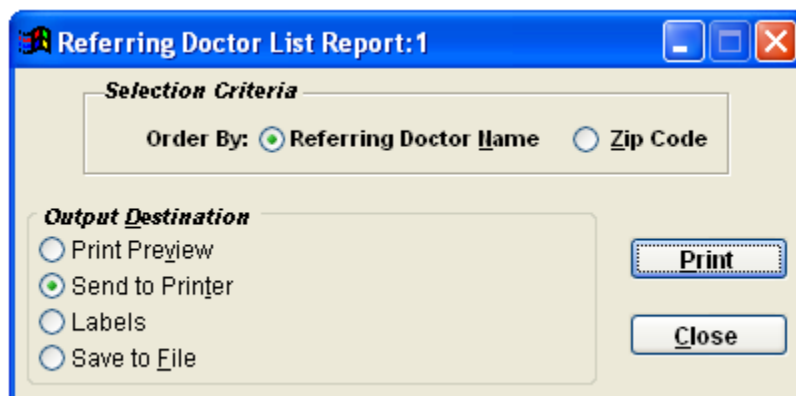
This report gives a list of all the procedures, including fees, either ordered by the numeric CPT codes or by descriptions.



Referring Doctor Report

Click on the Reports menu, then Lists, then Referring Doctor.

This is a list of all the referring providers the office has entered into the system. This list can be ordered by Doctors name or Zip code, and also gives descriptive info such as: Name, City/State, Zip, Address 1 & 2, and Phone. If the information is not filled in for the referring doctors, it will be reflected in the report.



Birthday Report

Click on the Reports menu, then Practice Management, then Birthdays.

If the office chooses to send a birthday card, use the birthday list report to generate patients who have birthdays in any particular month. You can also choose a date range. Set this report to print to Address Labels, or just provide a list of patients. Select a minimum age for which the birthday report will generate.

This report is useful when used in conjunction with the Mail Merge functionality to create customized birthday letters to go along with these labels!

Birthday List: 1

Selection Criteria

Patients: All By Doctor: [Dropdown]

Include InActive Patients

Minimum Age:

Output: Report Address Labels

Date Range

Month: [Dropdown]

Range: / / to / / (MM/DD)

Output Destination

Print Preview

Send to Printer

Save to File

Save to Excel 5.0 File

Print

Close

Comparative Insurance Report-Detail / Summary

Click on the Reports menu, then Practice Management, then Comparative Insurance - Detail.

The comparative insurance detail report will allow you to track the collection efficiency from the various insurance carriers that process the claims in a detailed format with a line-by-line breakdown.

The Comparative Insurance Summary report will just generate a quick summary for overview.

Insurance Comparative - Detail: 1

Selection Criteria

Primary Doctor: [dropdown]

Insurance Type: [dropdown]

Location: [dropdown]

Date Range

Week From 01/29/2010 [dropdown] To 02/05/2010 [dropdown]

Month February [dropdown] 2010 [dropdown] Year 2010 [dropdown]

Range From 01/01/2010 [dropdown] To 02/05/2010 [dropdown]

Output Destination

Print Preview

Send to Printer

Save to File

Save to Excel 5.0 File

Print

Close

Inventory Report

Click on the Reports menu, then Practice Management, then Inventory.

If there is a specified and particular procedure code, such as an inventory item, in the procedures and fees database, Clinic Pro will total the number of times that the inventory item has been processed during the date range that you specify.

This report tracks how many times each code was used over a specific period of time. This is very useful if you use multiple items with the same inventory item number. (Example, all supplements filled in under a VITAMIN inventory code, running this report will show how many sales have been made for vitamins)

Inventory: 1

Date Range

Week From 01/29/2010 To 02/05/2010

Month February 2010 Year 2010

Range From 01/01/2010 To 02/05/2010

Show Detail

Output Destination

Print Preview

Send to Printer

Save to File

Save to Excel 5.0 File

Print

Close

New Patient Source Report

This report generates a list report of the various places your patients heard about your office, in other words, this is where they saw your advertising. Some of your new patients may have been referred by your established patients; this item is a choice in the field.

Knowing how effective advertising or referrals are may be helpful in you determining where you will place money when attempting to seek new patients.

The source field is located on the patient Detail Card:

Initial Balance	Source	
Insurance		
Patient	Response Party	BUFFALO, ERWIN E
As of	Legal Representative	
Status	COB	Work Phone

New Patient Sources: 1

Selection Criteria

Patients: All By Doctor: []

Date Range

Week From 01/29/2010 To 02/05/2010

Month February 2010 Year 2010

Range From 01/01/2010 To 02/05/2010

Output Destination

Print Preview

Send to Printer

Save to File

Save to Excel 5.0 File

Print

Close

Sales Tax Report

Click on the Reports menu, then Practice Management, then Sales Tax.

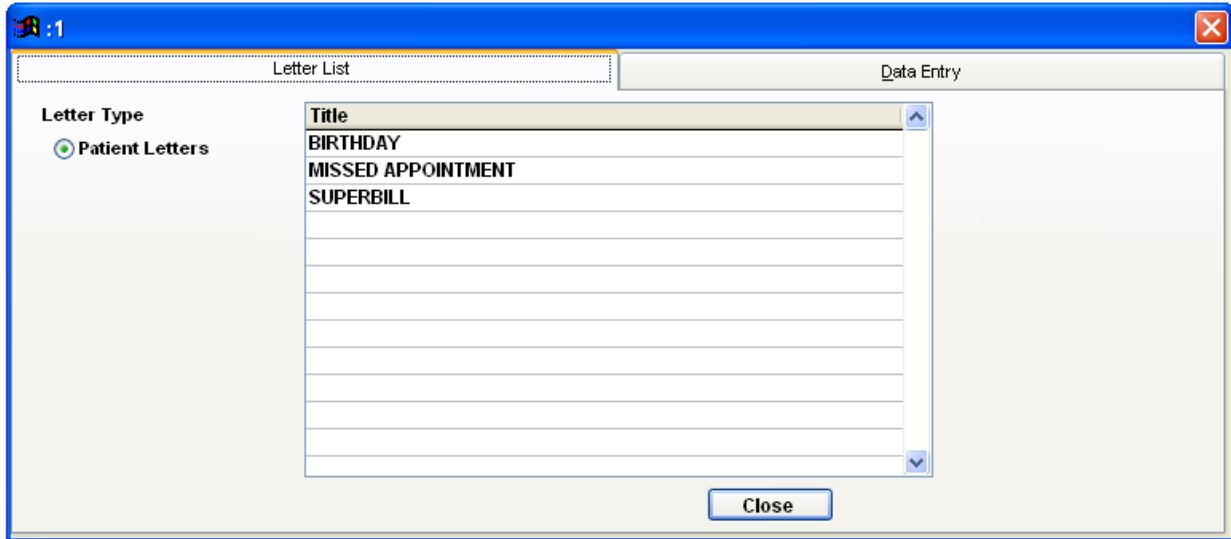
The Sales Tax report is a breakdown of all the sales tax paid on procedure codes, per procedure code. The report can be run by Week, Month, Date Range and Year. This only includes items that have been marked as taxable in the Procedure Code Details:

The screenshot shows a software window titled "Procedure Codes (00002):1". At the top, there is a "List" tab and a "Procedure Code" label. Below this, the "Code" is 00002 and the "Description" is WELLNESS VISIT. A table with columns "Carrier", "Charge", and "Approved" is present but empty. Below the table is a toolbar with icons for print, save, undo, delete, and search. The form fields include: "Default Charge Amount" set to \$0.00, "Base Units" set to 0, "Min. Appt. Duration" (empty), "Inactive Date" (//), "Place of Service" 11 OFFICE, "Type of Service" 01 MEDICAL CARE, and "BS Place of Service" 3 PHYSICIANS OFFICE. There are "Mods" fields and an "Inventory Item Number" field. A blue arrow points to the "Taxable Item" checkbox, which is checked. Other checkboxes include "Bill Patient Only" (checked) and "Anesthesia Units" (unchecked). At the bottom, "Last Update" is 06/24/2008 01:28:10 PM, "By" is ADMINISTRATOR, and there is a "Notes" button.

Generating a Mail Merge

To access the Mail Merge form, go to the Reports menu, and click on Letters.

If you do not see any letters in this list it is because you have not added any letters. Please see **System** -“Add/Delete Custom Letters” in the manual.



To select a letter, double click on the letter to display the Data Entry tab.

This tab will allow the user to input criteria to search patients to generate Mail Merges. Each patient will generate their own Mail Merge. All of the fields are search delimiters. If the user does not specify any search prerequisites, ClinicPro will generate a mail merge report for every patient in the database.

Search for patients to print Mail Merges by Patient information (demographics) or by Appointment information (pulled from the Appointment Scheduler.)

Get as detailed or as simple with the searches as desired, by simply selecting all patients, or one patient, or finding every patient that has cancelled their X-ray appointment in the month of February.

When done selecting the criteria, choose Mail Merge. A preview of the report will be shown, and from here the user can make last minute edits and overview it before it gets printed. (Note: Changes made will NOT affect the Mail Merge Template; just this printing)

Like any database function, when generating a complex Mail Merge for the entire patient list, this may take some time to process, and is purely dependant on computer speed!

Preconfigured Mail Merge Templates


ClinicPro comes with many pre-configured letter templates, ready-to-use in the Mail Merge reports. Preconfigured report templates include:

- Worker's Comp: New York C-4, California First Report
- Medical: medical exam including review of systems and physical exam
- Medical Fee Slips / Superbills
- Work slips: Off work, return to work, light duties
- Chiropractic: chiropractic exam, brief or extensive Soap Notes, series of 8 new patient letters
- Patient letters: missed appointment, payment plan confirmation, judgment letter, collection letter

All of the Preconfigured Templates can be found in the **Letters** folder of the computer hosting ClinicPro, the "Server Computer." This folder is found in your VCPRO folder that is on your C:\ drive.

Inside of this folder, Windows will display a list of all the templates that can print in ClinicPro. Preview what is in each of the templates by double clicking on them to open them in Word or WordPad. Take a quick look to see if this is the kind of report desired, before importing it into ClinicPro and actually start to generate reports. Any of the << >> tags will pull actual patient information into those fields when printing the Mail Merge.

Edit an Existing Mail Merge Template

All of the Preconfigured Templates can be found in the **Letters** folder of the Server Computer hosting Clinic Pro. To access the exact templates, Go to the VCPRO folder, and double click on the Letters folder.  Letters

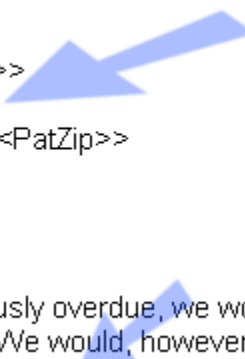
Inside of this folder, double click on the template that is to be edited, and it will bring up the default text editor. For an example, we'll look at Patient - Collection Letter.rtf)

First, this is what the raw template will look like.

```
<<SysDate>>  
<<PatFName>> <<PatLName>>  
<<PatAddress>>  
<<PatCity>>, <<PatState>> <<PatZip>>
```

Dear <<PatFName>> ,

Because your account is seriously overdue, we would normally turn it over to a collection agency or small claims court. We would, however, prefer dealing directly with you. Your current balance due is <<PatBal>>. Please read and check one of the options



These fields will be Actual Patient Info when printed

And this is what the final merged report will look like.

March 26, 2010

JOHN BUFFALO
2800 AURORA DR
LANSING, MI 48912

Dear JOHN,

Because your account is seriously overdue, we would normally turn it over to a collection agency or small claims court. We would, however, prefer dealing directly with you. Your current balance due is 130.00. Please read and check one of the options below and return this statement to our office.

- () 1. I would prefer to settle this account. Please find full payment enclosed.
- () 2. I will make monthly payments of .
- () 3. I would prefer that you assign this account to an agency or small claims court for collection. (Failure to return this past due reminder within 10 days will result in this action).

If you have any questions, please call us.

Sincerely,

Jack Kale DOCTOR OF CHIROPRACTIC

It is best to think of these report templates like Algebra, and the << >> blocks are the variables. There is a document named PATIENTTAGS.rtf in the Letters folder that lists all the possible variables the user can use in reports.

Anything edited on the template will carry through to the final reports, including any spacing, extra lines, extra pages, etc.

Mail Merge templates MUST be in .rtf (rich text format) file format! So after editing, if the text editor asks to save the file as a .doc or anything else, tell it NO! Microsoft Word will attempt to default to .doc, so make it save with file type Rich Text Format (.RTF)

Mail Merge Variables

ClinicPro has built in mail-merge utilities, useful for creating custom letters, Superbills, or fee slips for the office quickly and efficiently.

The appointment scheduler also includes the ability to merge a fee slip (routing slip or Superbill) with patients on the scheduler. In addition to allowing a user to write any letter with his/her letterhead and merge variables, ClinicPro is shipped with pre-configured letters and forms!

The following is a list of all the variables that are allowed to be used in a Mail Merge report. This list is also available under a document named PATIENTTAGS.rtf in the Letters folder.

PatLName <<PatLName>> *This must be used in every form

PatFName <<PatFName>>

PatMI <<PatMI>>

PatNo <<PatNo>>

PatDob <<PatDob>>

PatAge <<PatAge>>

PatGender <<PatGender>>

PatSSN <<PatSSN>>

PatHPhone <<PatHPhone>>

PatWPhone <<PatWPhone>>

PatAddressC <<PatAddressC>>

PatAddress <<PatAddress>>

PatCity <<PatCity>>

PatState <<PatState>>

PatZip <<PatZip>>

PatEmail <<PatEmail>>

PatCellPhone <<PatCellPhone>>

PatPosition <<PatPosition>>

PatSal <<PatSal>>

DoctorNameC <<DoctorNameC>>

DoctorLName <<DoctorLName>>

DoctorFName <<DoctorFName>>

DoctorAddress <<DoctorAddress>>

DoctorCity <<DoctorCity>>

DoctorState <<DoctorState>>

DoctorZip <<DoctorZip>>

DoctorTaxID <<DoctorTaxID>>

DoctorSpec <<DoctorSpec>>

DoctorPhone <<DoctorPhone>>

DoctorLicense <<DoctorLicense>>

RefDoctorNameC <<RefDoctorNameC>>

RefDoctorLName <<RefDoctorLName>>

RefDoctorFName <<RefDoctorFName>>

RefDoctorAddress <<RefDoctorAddress>>
RefDoctorCity <<RefDoctorCity>>
RefDoctorState <<RefDoctorState>>
RefDoctorZip <<RefDoctorZip>>
RefDoctorTaxid <<RefDoctorTaxid>>
RefDoctorSpec <<RefDoctorSpec>>
RefDoctorPhone <<RefDoctorPhone>>
AppointDate <<AppointDate>>
AppointTime <<AppointTime>>
AppointDuration <<AppointDuration>>
AppointReason <<AppointReason>>
AppointNotes <<AppointNotes>>
Provider <<Provider>>
Icd1 <<Icd1>>
Icd2 <<Icd2>>
Icd3 <<Icd3>>
Icd4 <<Icd4>>
Icd1C <<Icd1C>>
Icd2C <<Icd2C>>
Icd3C <<Icd3C>>
Icd4C <<Icd4C>>
InjuryDate <<InjuryDate>>
XRayDate <<XRayDate>>
ExamDate <<ExamDate>>
LastVisitDate <<LastVisitDate>>
FirstConsultDate <<FirstConsultDate>>
SysDate <<SysDate>>
ReferredPatName <<ReferredPatName>>
ActiveDate <<ActiveDate>>
EmployerName <<EmployerName>>
EmployerAddressC <<EmployerAddressC>>
EmployerAddress <<EmployerAddress>>
EmployerCity <<EmployerCity>>
EmployerState <<EmployerState>>
EmployerZip <<EmployerZip>>
AttorneyNameC <<AttorneyNameC>>
AttorneyFName <<AttorneyFName>>
AttorneyLName <<AttorneyLName>>
AttorneyAddress <<AttorneyAddress>>
AttorneyCity <<AttorneyCity>>
AttorneyState <<AttorneyState>>
AttorneyZip <<AttorneyZip>>
AttorneyPhone <<AttorneyPhone>>
PatBal <<PatBal>>
InsBal <<InsBal>>
MissedAppoint <<MissedAppoint>>

*-- Primary Carrier

Carrier Name: <<CarrierName>>
Carrier Contact: <<CarrierContact>>
Carrier Phone: <<CarrierPhone>>
Carrier Address: <<CarrierAddress>>
Carrier City: <<CarrierCity>>
Carrier State: <<CarrierState>>
Carrier Zip: <<CarrierZip>>
Carrier Address C: <<CarrierAddressC>>
Carrier Fax: <<CarrierFax>>
Insurance Group: <<InsuranceGroup>>
Policy Coverage: <<PoicyCoverage>>
Policy Deductible: <<Deductible>>
Policy Co-pay: <<Copay>>
Insured Relation: <<InsuredRelation>>
Policy Contract: <<PolicyContract>>
Policy Type: <<PolicyType>>

*-- Secondary Carrier

Carrier Name: <<CarrierName2>>
Policy Contract: <<PolicyContract2>>
Policy Type: <<PolicyType2>>
Insured Relation: <<InsuredRelation2>>

*-- Tertiary Carrier

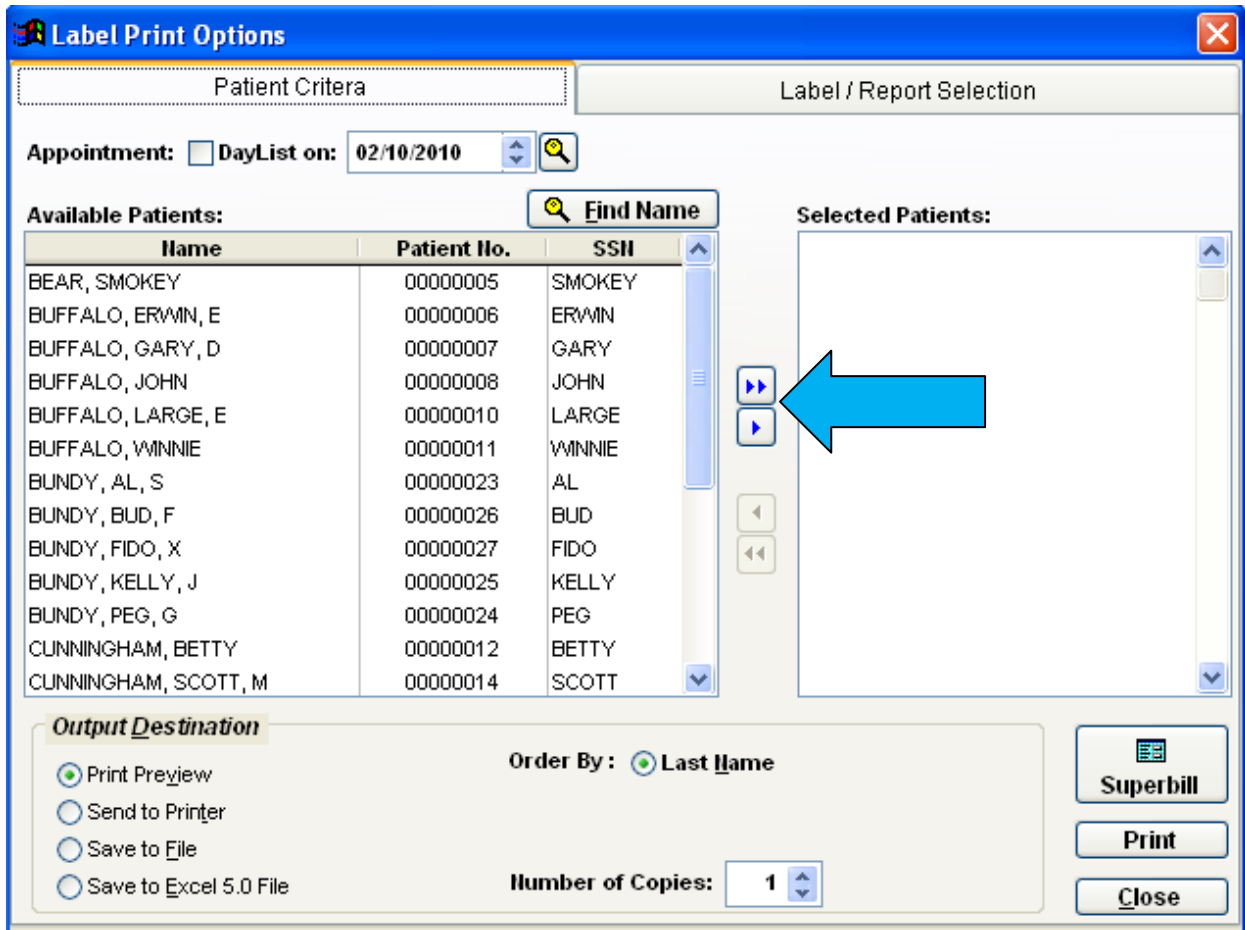
Carrier Name: <<CarrierName3>>
Policy Contract: <<PolicyContract3>>
Policy Type: <<PolicyType3>>
Insured Relation: <<InsuredRelation3>>

Run Mail Merge from Appointment Scheduler

Perhaps the easiest way to create letters, reports, or super bills for your patients is from the ClinicPro appointment scheduler. This scheduler feature allows you to quickly generate super bills, reports, mailing labels, or letters for your scheduled patients. You can also pick from the entire patient database.

From the Scheduler click on the Label icon .

A window will display:



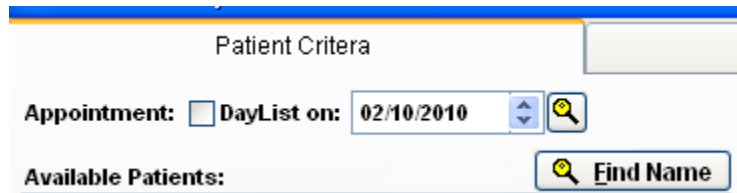
Name	Patient No.	SSN
BEAR, SMOKEY	00000005	SMOKEY
BUFFALO, ERWIN, E	00000006	ERWIN
BUFFALO, GARY, D	00000007	GARY
BUFFALO, JOHN	00000008	JOHN
BUFFALO, LARGE, E	00000010	LARGE
BUFFALO, WINNIE	00000011	WINNIE
BUNDY, AL, S	00000023	AL
BUNDY, BUD, F	00000026	BUD
BUNDY, FIDO, X	00000027	FIDO
BUNDY, KELLY, J	00000025	KELLY
BUNDY, PEG, G	00000024	PEG
CUNNINGHAM, BETTY	00000012	BETTY
CUNNINGHAM, SCOTT, M	00000014	SCOTT

On the left side of this Label Print Options window are all your patients.

The right side of this window is reserved to collect the patient, or patients, you select to generate a letter.

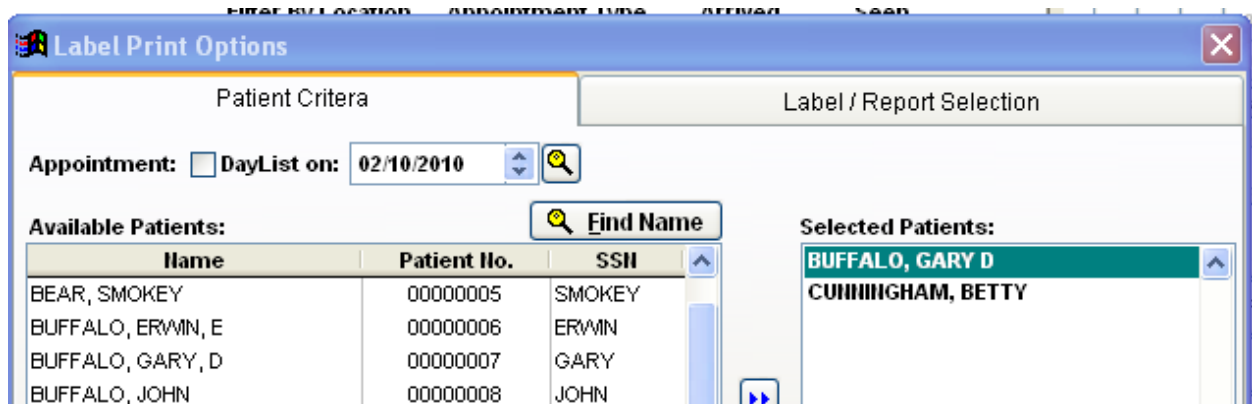
There are arrow keys in between these two windows. You can choose the double arrow to send ALL of your patients over to the “Selected Patient” window or the single arrow to send them one by one. Simply highlight the patient you wish to generate a mailer for and then click the single arrow. Repeat this process until you are satisfied with your selection.

There are also Patient Criteria fields located in the top right of this window that will allow you to choose patients by their appointment criteria:



The reverse arrows will send your selected patients back to the patient list.

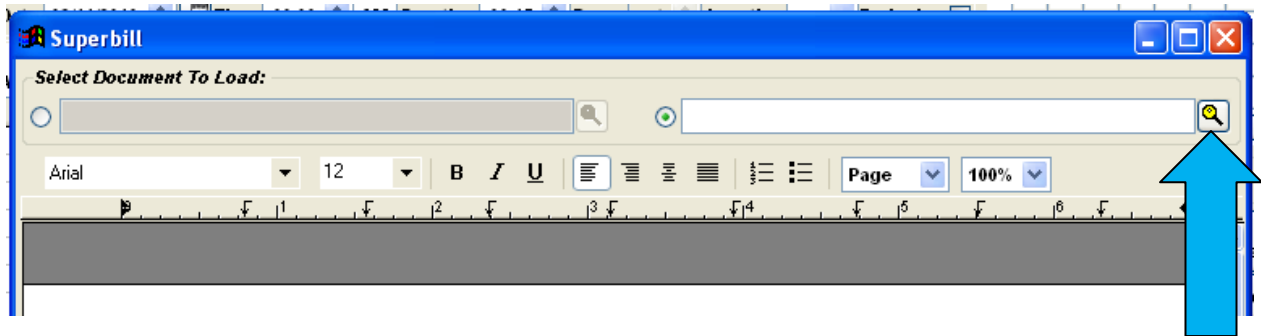
In this example, we have chosen two patients for the mail merge:




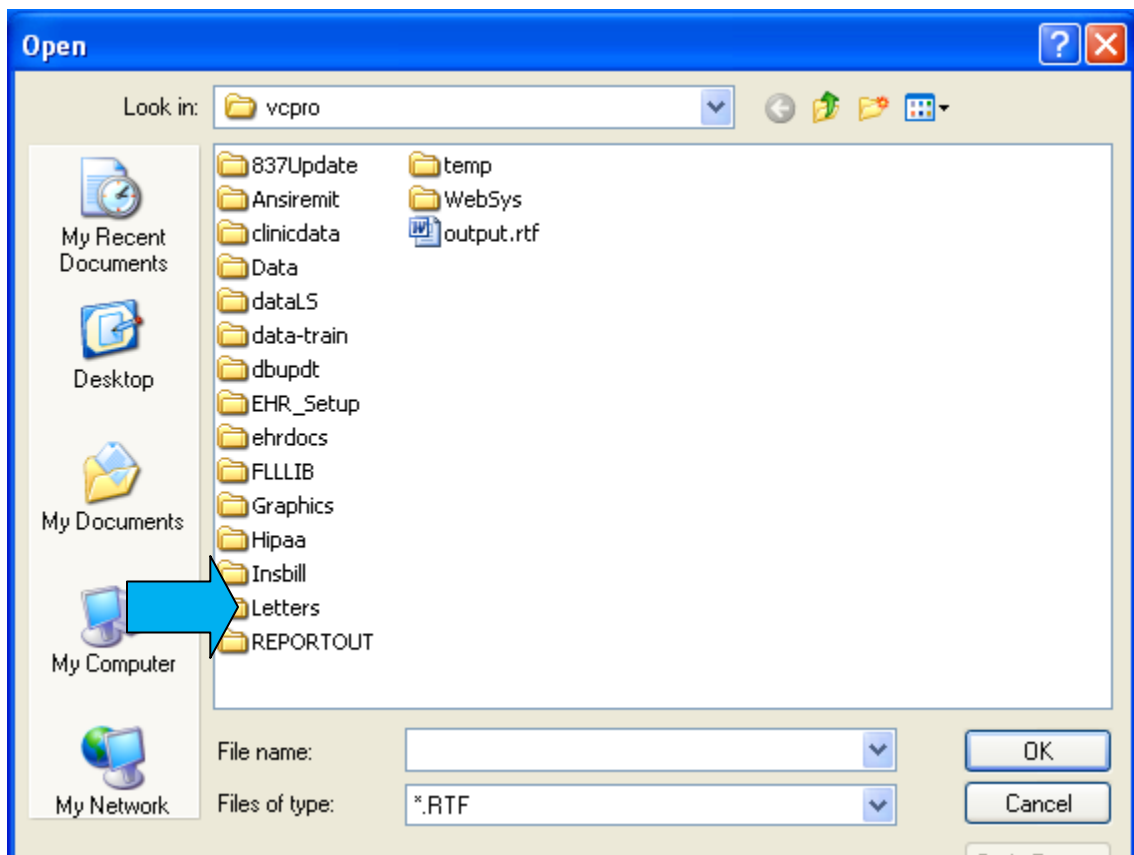
Click the “Superbill” button to execute the mail merge program.

The next display will be a blank word template where you will select the document from your ClinicPro **Letters** folder. This folder is located in the VCPRO folder which is typically on the computer C:\ drive. The mapping may be different if operating from a workstation or if you have chosen to install the ClinicPro software on a different drive.

Remember the VCPRO folder is only stored on the Server (main computer) so you may use the “finder” to access this drive from all stations.

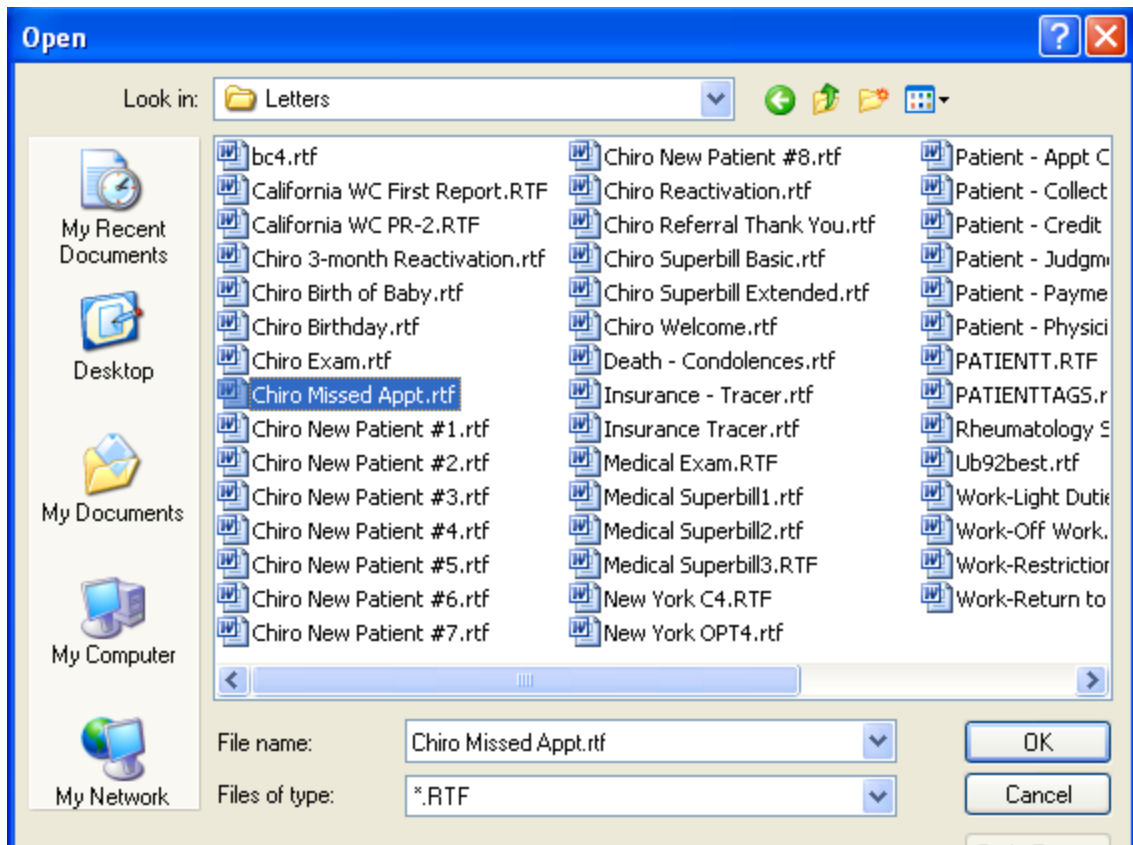


Click on the “finder” .



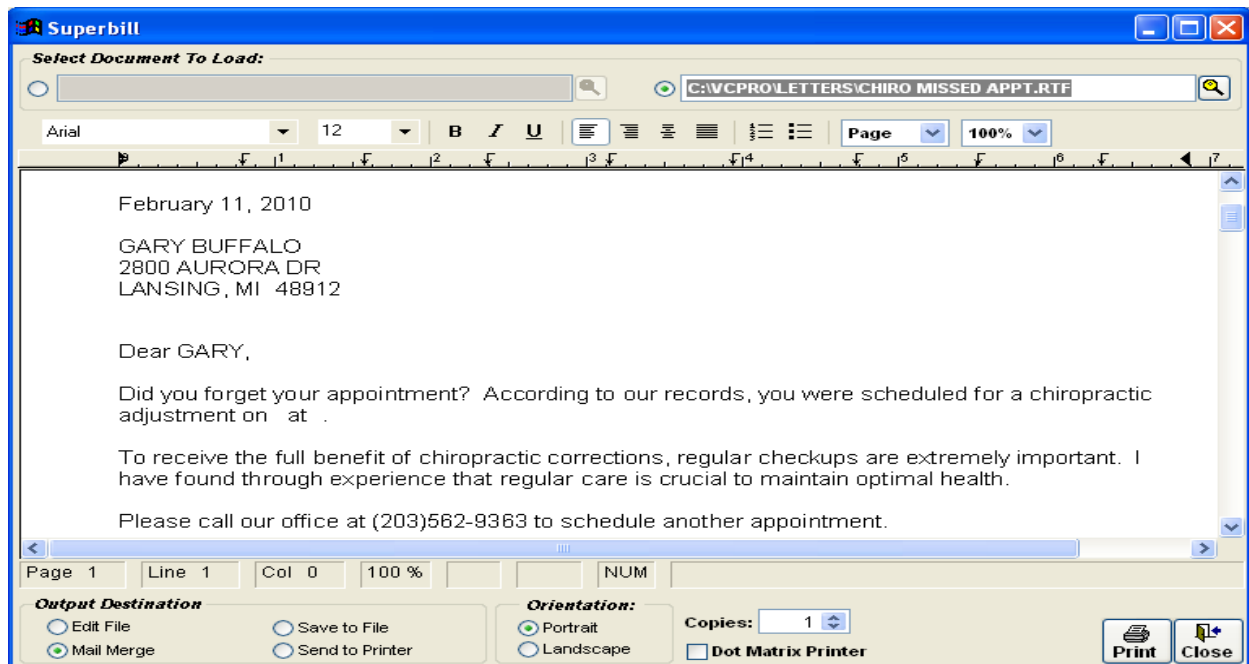
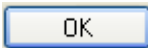
In this example, the VCPRO folder is immediately available for viewing in the “Look in” field and consequently displayed in this viewer. Navigation through your computer system is easy through this feature.

If you are having difficulty finding the VCPRO folder, a ClinicPro technician will be available to assist you.



Select the document by clicking on the file.

Click "OK".



The letter we chose for this example was the “Missed Appointment” letter. The demographic criteria will automatically fill, merging patient, clinic, and document information.

The Output Destinations:



Output Destination

Print Preview Order By: Last Name

Send to Printer

Save to File

Save to Excel 5.0 File Number of Copies: 1

Superbill

Print

Close

These options are available before generating the mail merge allowing you to save your document in various formats.



Page 1 Line 1 Col 0 100 % NUM

Output Destination

Edit File Save to File

Mail Merge Send to Printer

Orientation:

Portrait Copies: 1

Landscape Dot Matrix Printer

Print Close

These destinations are available after generating the desired document(s) allowing you to choose number of copies, change the printer landscape, or save to a file.