SECTION ONE: THE STANDARD VIEW LEDGER

PURPOSE/FUNCTION

The Standard View Ledger provides line-item information regarding charges, collections, credit adjustments, debit adjustments, and memos that have been posted to a patient's ledger.

The Standard View Ledger provides referencing, billing, and balance information, listing items in date of service (transaction date) order. A running balance is also provided. Collections, adjustments, and memos may be posted via this screen, but providing detailed instruction on these functions is beyond the scope of this seminar.

ACCESSING THE STANDARD VIEW LEDGER

1. Press **[3] Post Payments/View Ledger** from the home screen.
2. Press **[1] Process Current Patient**, **[2] Select Patient by Name**, or **[3] Process Patient by Record Number**.
3. Select to display **[A]ll**, **[N]one**, **[U]npaid Charges**, **[M]emos and Unpaid Charges**, or **[P]ayments**.
4. Enter date of first ledger item to display, or press **[ENTER]** to display all ledger items.
5. Select a treating provider to display ledger items performed by only that provider, or press **[ENTER]** to display ledger items performed by all treating providers.
   NOTE: This run-time prompt only appears as determined by Practice Defaults. For further information, please refer to the *Related Defaults* heading on page 4.

or

1. Press **[F3]** from the home screen to access the Standard View Ledger for the current patient.
2. Enter date of first ledger item to display, or press **[ENTER]** to display all ledger items.
3. Select a treating provider to display ledger items performed by only that provider, or press **[ENTER]** to display ledger items performed by all treating providers.
   NOTE: This run-time prompt only appears as determined by Practice Defaults. For further information, please refer to the *Related Defaults* heading on page 4.

SAMPLE: Standard View Ledger

```
   Post Payments/View Ledgers                              AVANTA PRACTICE
   DOE JANE                       #63      SSN:  111-22-3333 Patient Owes: 415.00
   Codes: A C                              Last Statement: 07/03/2002
   Primary Ins: ABC HEALTH SYSTEMS         Second Ins: AMERICAN HEALTH CARE
   Date     P CPT      Service/Transaction     MD     Charges Payment   Balance
   12/11/01 3 99203    NEW PATIENT VISIT   12/15/01JCa  50.00x       i  150.00 I
   12/11/01 -  memo    CREATED PATIENT CHART
   12/22/01 3 44850    SUTURES (1-10)      12/23/01JCa  75.00x          225.00
   02/17/02   99203    INS CO #1 CHECK     12/11/01JC           35.00   190.00
   04/04/02 3 77877    MMR SHOTS           04/07/02MWa  25.00a          215.00
   04/27/02   44850    INS CO #1 CHECK     12/22/01JC           50.00   165.00
   05/18/02 3 99242    OFFICE CONSULT      05/21/02MWa  50.00x          215.00
   05/18/02 -  memo    NOW HAS 2ND INS-AM HEALTH
   06/01/02 3 99211    EST. PATIENT VISIT  06/07/02MWa 100.00x          315.00
   06/01/02   99211    PATIENT CO-PAY      06/01/02MW           10.00   305.00
   06/01/02   99203    CASH PAYMENT        12/11/02JC           15.00   290.00
   06/01/02   44850    CASH PAYMENT        12/22/02JC           25.00   265.00
   06/15/02   99211    INS CO #1 CHECK     06/01/02MW           75.00   190.00
   07/03/02 3 99058    EMERGENCY VISIT     07/05/02MWa 200.00           390.00
   07/03/02   99058    PATIENT CO-PAY      07/03/02MWa          10.00   380.00
   Enter transaction number or <list>:


   [TAB] memo   [CTRL-P] Print   [SHIFT-F3] by reference   [HOME] exit
```

The following subsection provides an explanation of each field that appears in the heading of the Standard View Ledger:

```
   Post Payments/View Ledgers                              AVANTA PRACTICE
   DOE JANE                       #63      SSN:  111-22-3333 Patient Owes: 415.00
   Codes: A C                              Last Statement: 07/03/2002
   Primary Ins: ABC HEALTH SYSTEMS         Second Ins: AMERICAN HEALTH CARE
```

Field	Description
DOE JANE	Patient Name.
#63	Patient Avanta Record Number.
SSN: 111-22-3333	Patient Social Security Number.
Patient Owes: 415.00	Amount owed by patient.
Codes: A C	Condition Codes assigned to patient.
Last Statement: 07/03/2002	Posting Date of most recent statement sent to patient.
Primary Ins: ABC HEALTH	Primary insurance company.
Second Ins: AMERICAN HEALTH	Secondary insurance company.

The following subsection provides an explanation of each field that appears for a posted charge. Please note that a posted debit adjustment utilizes the same format as a charge, but does not contain *Place of Service*, *Treatment Code*, *Accept Assignment Flag,* or *Primary* and *Secondary Insurance Flag* fields:

Date	P CPT	Service/Transaction	MD	Charges	Payment	Balance
12/11/01	3 99203	NEW PATIENT VISIT	12/15/01JCa	50.00x	i	150.00 I

12/11/01	Date of Service.
3	Place of Service Code.
CPT	Treatment Code. Value can be CPT, HCPCS, or RVS, depending on patient's insurance type and Avanta default settings.
NEW PATIENT VISIT	Name of service/transaction.
12/15/01	Original posting date of insurance billing.
JC	Initials of the treating provider.
a	Accept Assignment Flag.
50.00	Amount of charge.

x	Credit Distribution Flag. Value can be:
	    a, one payment applied.
	    b, two or more payments applied.
	    x, charge fully paid off.

i	Secondary Insurance Flag. This item may be billed to secondary insurance only if the *i* flag is displayed.
150.00	Running Balance.
I	Primary Insurance Flag. This item may be billed to primary insurance only if the *I* flag is displayed.

The following subsection provides an explanation of fields that appear for a posted payment. Please note that only payment fields that contain different meaning than their charge field counterparts are discussed below. Also note that a posted credit adjustment utilizes the same format as a collection:

Date	P CPT	Service/Transaction	MD	Charges	Payment	Balance
02/17/02	99203	INS CO #1 CHECK	12/11/01JC		35.00	90.00

99203	Treatment code of referenced service.
12/11/01	Reference date.
35.00	Amount collection/credit.

The following subsection provides an explanation of fields that appear for a posted memo. Please note that only memo fields that contain different meaning than their charge and payment field counterparts are discussed below:

Date	P CPT	Service/Transaction	MD	Charges Payment	Balance
12/11/01	- memo	CREATED PATIENT CHART			

- _____ Free-Form Memo Group to which memo has been assigned. Value may be memo groups *a* through *z*.
- indicates that the memo was not assigned to a memo group at the time of posting.

memo _____ Indicates that item is a memo.

CREATED PATIENT CHART _____ Free-Form Memo text.

NOTES & POTENTIAL ISSUES

It is important to note that the Standard View Ledger does not display ledger items in a referenced view, but instead lists items in date of service (transaction date) order. Also note that the Standard View Ledger provides a running patient balance, not a balance per date of service. To view referenced items by date of service, as well as a balance for each service date, please refer to *Section 2* for a full explanation of the Reference View Ledger.

ADDITIONAL FUNCTIONS

Discussed below are the navigation keys found at the bottom of the Standard View Ledger screen. Please note that detailed instruction regarding items 1. and 2. is beyond the scope of this seminar:

1. Press **[TAB]** to post a Free-Form Memo.
2. Press **[CTRL-P]** to print the Standard View Ledger.
3. Press **[SHIFT-F3]** to access the Reference View Ledger for the current patient.
4. Press **[HOME]** to return to the home screen.

RELATED DEFAULTS

One default of importance to the Standard View Ledger will be discussed. Follow the instructions below to view and edit this default:

1. Press **[C] Special Functions** from the home screen.
2. Press **[2] Authorized Functions**.
3. Press **[2] Practice Defaults**.
    WARNING: Changing the values of certain defaults may PERMANENTLY ALTER the data in your practice!! It is suggested to contact Avanta before making any changes or if you have any questions. Press **[ENTER]** to continue.
4. Press **[3] Posting Payments**.

Page 1, #3
Do you want the option of displaying patient ledgers by treating providers?
    Set this default to **[Y]es** to offer the option of displaying patient ledgers by treating provider. Set this default to **[N]o** to force all ledger items to display.

4

SECTION TWO: THE REFERENCE VIEW LEDGER

PURPOSE/FUNCTION

The Reference View Ledger, like the Standard View Ledger, provides line-item information regarding charges, collections, credit adjustments, debit adjustments, and memos that have been posted to a patient's ledger. However, the Reference View Ledger provides the advantage of viewing this information by date of service, such that all items referenced to a specific charge are grouped and displayed by the charge's date of service.

The Reference View Ledger provides extended billing and balance detail beyond what is available in the Standard View Ledger. For example, the Avanta system creates billing and response events, and this Billing/Response History can only be viewed via the Reference View Ledger. Also, balances for individual dates of service are only provided via the Reference View Ledger.

The Reference View Ledger utilizes three views to display this additional information, which will be discussed in this section:

1. Reference View Ledger
2. Reference View Ledger with Full Detail
3. Reference View Ledger with Billing/Response History

ACCESSING THE REFERENCE VIEW LEDGER

1. Press **[SHIFT-F3]** from the home screen to access the Reference View Ledger for the current patient.
2. Enter date of first ledger item to display, or press **[ENTER]** to display all ledger items.
3. Select a treating provider to display ledger items performed by only that provider, or press **[ENTER]** to display ledger items performed by all treating providers.
   NOTE: This run-time prompt only appears as determined by Practice Defaults. For further information, please refer to the *Related Defaults* heading on page 14.

The fields for both the Standard and Reference View Ledgers are nearly identical. Noticeably different, though, is how the Reference View Ledger organizes information by date of service:

```
 View Ledger by References                              AVANTA PRACTICE
 DOE JANE                      #63     SSN:  111-22-3333      Unrefd:   0.00
 Codes: A C                            Last Statement: 07/03/2002
 Primary Ins: ABC HEALTH SYSTEMS       Second Ins: AMERICAN HEALTH CARE
 Date      P  CPT     Service/Transaction      MD    Charge  Payment  Balance
 06/01/02 3 99211    EST. PATIENT VISIT  06/07/02MWa  100.00x            i    I
 06/01/02   99211    PATIENT CO-PAY      06/01/02MW           10.00   90.00
 06/15/02   99211    INS CO #1 CHECK     06/01/02MW           50.00   40.00
 06/29/02   99211    INS CO #2 CHECK     06/01/02MW           25.00   15.00
 07/06/02   99211    CASH PAYMENT        06/01/02MW           10.00    5.00
 07/06/02   99211    WRITE-OFF           06/01/02MW            5.00    0.00
 ---------------------------------------------------------------------------
 TOTALS FOR 06/01/2002:                              100.00  100.00    0.00




 *END* [ESC] Full [H] Billing/Response History
 [CTRL-P] Print [F3] Post
```

The following subsection provides an explanation of each field that appears in the heading of the Reference View Ledger:

```
 View Ledger by References                              AVANTA PRACTICE
 DOE JANE                      #63     SSN:  111-22-3333      Unrefd:   0.00
 Codes: A C                            Last Statement: 07/03/2002
 Primary Ins: ABC HEALTH SYSTEMS       Second Ins: AMERICAN HEALTH CARE
```

DOE JANE	Patient Name.
#63	Patient Avanta Record Number.
SSN: 111-22-3333	Patient Social Security Number.
Unrefd: 0.00	Amount of unreferenced ledger items. Press **[U]** to view unreferenced items.
Codes: A C	Condition Codes assigned to patient.
Last Statement:	Posting Date of most recent statement sent to patient.
Primary Ins: ABC HEALTH	Primary insurance company.
Second Ins: AMERICAN HEALTH	Secondary insurance company.

The following subsection provides an explanation of each field that appears for a posted charge. Please note that a posted debit adjustment, if unreferenced, utilizes the same format as a charge, but does not contain *Place of Service*, *Treatment Code, Accept Assignment Flag,* or *Primary and Secondary Insurance Flag* fields. Also note that a debit adjustment may be referenced to a charge:

Date	P	CPT	Service/Transaction	MD	Charge	Payment	Balance
06/01/02	3	99211	EST. PATIENT VISIT	06/07/02MWa	100.00x	i	I

06/01/02	Date of Service.
3	Place of Service Code.
99211	Treatment Code. Value can be CPT, HCPCS, or RVS, depending on patient's insurance type and Avanta default settings.
EST. PATIENT VISIT	Name of service/transaction.
06/07/02	Original date of insurance billing.
MW	Initials of the treating provider.
a	Accept Assignment Flag.
100.00	Amount of charge.
x	Credit Distribution Flag. Value can be:
	a, one payment applied.
	b, two or more payments applied.
	x, charge fully paid off.
i	Secondary Insurance Flag. This item may be billed to secondary insurance only if the *i* flag is displayed.
I	Primary Insurance Flag. This item may be billed to primary insurance only if the *I* flag is displayed.

The following subsection provides an explanation of fields that appear for a posted payment. Please note that only payment fields that contain different meaning than their charge field counterparts are discussed below. Also note that a posted credit adjustment utilizes the same format as a collection:

Date	P	CPT	Service/Transaction	MD	Charge	Payment	Balance
06/15/02		99211	INS CO #1 CHECK	06/01/02MW		50.00	40.00

99211	Treatment code of referenced service.
06/01/02	Date of service of referenced service.
50.00	Amount of payment or credit.
40.00	Balance remaining for posted item.

The following subsection provides an explanation of fields that appear for a posted memo. Please note that only memo fields that contain different meaning than their charge and payment field counterparts are discussed below:

Date	P	CPT	Service/Transaction	MD	Charges	Payment	Balance
12/11/01	-	memo	CREATED PATIENT CHART				

-	Free-Form Memo Group to which memo has been assigned. Value may be memo groups *a* through *z*. - indicates that the memo was not assigned to a memo group at the time of posting.
memo	Indicates that item is a memo.
CREATED PATIENT CHART	Free-Form Memo text.

The Avanta System keeps track of extensive information related to posted ledger items, such as a treatment's diagnosis or the user who posted an insurance check. Please note that all dates listed in Full Detail reflect the posting date.

Full ledger detail is denoted in dimmed text below. To access the Reference View Ledger with Full Detail:

1. Press **[ESC]** from the current patient's Reference View Ledger screen.

```
 View Ledger by References                              AVANTA PRACTICE
 DOE JANE                      #63    SSN: 111-22-3333      Unrefd:  0.00
 Codes: A C                           Last Statement: 07/03/2002
 Primary Ins: ABC HEALTH SYSTEMS      Second Ins: AMERICAN HEALTH CARE
 Date     P  CPT     Service/Transaction    MD   Charge  Payment  Balance
  PostDate      Diag-1 Diag-2  User InsTyp Billed Response RefSrc Facility
 06/01/02 3 99211   EST. OFFICE VISIT   06/07/02MWa  100.00x
  06/02/02     123.0          5    4     Y      Y        Demo   Office 1
 06/01/02   99211   PATIENT CO-PAY      06/01/02MW            10.00   90.00
  06/02/02                    11    4
 06/15/02   99211   INS CO #1 CHECK     06/01/02MW            50.00   40.00
  06/16/02                    11    4
 06/29/02   99211   INS CO #2 CHECK     06/01/02MW            25.00   15.00
  06/30/02                    11    4
 07/06/02   99211   CASH PAYMENT        06/01/02MW            10.00    5.00
  07/07/02                     7    4
 07/06/02   99211   WRITE-OFF           06/01/02MW             5.00    0.00
  07/07/02                     7    4
 --------------------------------------------------------------------------
 TOTALS FOR 06/01/2002:                           100.00  100.00    0.00



 *END* [ESC] Less [H] Billing/Response History
 [CTRL-P] Print [F3] Post
```

The following subsection provides an explanation of each Full Detail field that appears for a posted charge:

```
     PostDate      Diag-1 Diag-2  User InsTyp Billed Response RefSrc Facility
   06/01/02 3 99211     EST. OFFICE VISIT    06/07/02MWa  100.00x
     06/02/02     123.0  456.0   5    4       Y      N         Demo   Office 1
```

06/02/02	Posting date.
123.0	Primary diagnosis for service.
456.0	Secondary service for service.
5	Number of user who posted charge.
4	Patient's Insurance Type at time of posting.
Y	Denotes if item has been billed to primary insurance.
N	Denotes if primary insurance has responded.
Demo	Referring Source of the service rendered. Value can be:
	Demo, Demographic Source
	Self, Self Referred (By Patient)
	Trt, Treating Physician
	None, No Referring Source
Office 1	Facility of Service.

The following subsection provides an example of Full Detail for a posted payment, which utilizes the same format as credit adjustments, debit adjustments, and memos. Please note that only three Full Detail fields exist for these types of ledger items.

```
     PostDate     Diag-1 Diag-2  User InsTyp Billed Response RefSrc Facility
   06/15/02   99211    INS CO #1 CHECK    06/01/02MW           50.00    40.00
     06/16/02              11    4
```

The Reference View Ledger provides extended billing and balance detail beyond what is available in the Standard View Ledger. For example, the Avanta system creates billing and response events, and this Billing/Response History can only be viewed via the Reference View Ledger. Also, balances for individual dates of service are only provided via the Reference View Ledger. Please note that all dates listed in Billing/Response History reflect the calendar date.

Billing/Response History is denoted in dimmed text below. To access the Reference View Ledger with Billing/Response History:

1. Press **[H]** from the current patient's Reference View Ledger screen.

```
 View Ledger by References                            AVANTA PRACTICE
 DOE JANE                    #63    SSN: 111-22-3333      Unrefd:    0.00
 Codes: A C                         Last Statement: 07/03/2002
 Primary Ins: ABC HEALTH SYSTEMS    Second Ins: AMERICAN HEALTH CARE
 Date     P  CPT      Service/Transaction    MD    Charge  Payment  Balance
 06/01/02 3 99211    EST. OFFICE VISIT   06/07/02MWa  100.00x
  06/09/02  Billed 1st ins via HC1500        Ins 3: ABC HEALTH SYSTEMS
  06/17/02  Ins payment received             Ins 3: ABC HEALTH SYSTEMS
  06/19/02  Billed 2nd ins via HC1500        Ins 7: AMERICAN HEALTH CARE
  06/30/02  Ins payment received             Ins 7: AMERICAN HEALTH CARE
  07/02/02  Billed responsible party         Pat: JANE DOE
 06/01/02   99211    PATIENT CO-PAY      06/01/02MW            10.00    90.00
 06/15/02   99211    INS CO #1 CHECK     06/01/02MW            50.00    40.00
 06/29/02   99211    INS CO #2 CHECK     06/01/02MW            25.00    15.00
 07/06/02   99211    CASH PAYMENT        06/01/02MW            10.00     5.00
 07/06/02   99211    WRITE-OFF           06/01/02MW             5.00     0.00
 -------------------------------------------------------------------------
 TOTALS FOR 06/01/2002:                             100.00  100.00     0.00




 *END* [ESC] Full [H] No Billing/Response History
 [CTRL-P] Print [F3] Post
```

The following subsection provides an explanation of each field that appears for an Insurance Billing Event:

```
   Date      P  CPT     Service/Transaction      MD    Charge  Payment  Balance
   06/01/02 3 99211    EST. OFFICE VISIT   06/07/02MWa  100.00x
      06/09/02  Billed 1st ins via HC1500        Ins 3: ABC HEALTH SYSTEMS
```

06/09/02	Calendar date when item was billed to insurance.
Billed 1st ins via HC1500	Item billed to primary insurance via HCFA 1500 form.
Ins 3: ABC HEALTH SYSTEMS	Insurance company to which item was billed.

Listed below are all possible Insurance Billing Events for items billed to insurance:

Billed 1st ins via HC1500	Item billed to primary insurance via HCFA 1500 form.
Billed 2nd ins via HC1500	Item billed to secondary insurance via HCFA 1500 form.
Billed 1st ins via HC1450	Item billed to primary insurance via HCFA 1450 form.
Billed 2nd ins via HC1450	Item billed to secondary insurance via HCFA 1450 form.
Billed 1st ins via IMS	Item billed to primary insurance via third party electronic billing.
Billed 2nd ins via IMS	Item billed to secondary insurance via third party electronic billing.
Billed 1st ins via Medicare EDI	Item billed to primary insurance via Medicare electronic billing.
Billed 2nd ins via crossover	Item billed to secondary insurance via paper or electronic Medicare crossover.

The following subsection provides an explanation of each field that appears for an Insurance Response Event:

```
   Date      P  CPT      Service/Transaction        MD     Charge  Payment  Balance
   06/01/02 3 99211     EST. OFFICE VISIT   06/07/02MWa  100.00x
      06/17/02  Ins payment received              Ins 3: ABC HEALTH SYSTEMS
```

06/17/02	Calendar date when insurance response was received.
Ins payment received	Item received insurance response.
Ins 3: ABC HEALTH SYSTEMS	Responding insurance company.

Listed below are other possible Insurance Response Events for items billed to insurance:

Ins. Response	
Applied to deductible	
Denied: Unspecified	
Denied: Ineligible patient	Item denied payment by insurance company.
Denied: Non-covered patient	
Denied: Duplicate service	
Denied: Part of other service on date	
Denied: Included in global fee	

The following subsection provides an explanation of each field that appears for a Statement Billing Event:

```
   Date      P  CPT      Service/Transaction        MD     Charge  Payment  Balance
   06/01/02 3 99211     EST. OFFICE VISIT   06/07/02MWa  100.00x
      07/02/02  Billed responsible party          Pat: JANE DOE
```

07/02/02	Calendar date when statement was generated.
Billed responsible party	Item was billed to responsible party.
Pat: JANE DOE	Responsible party.

Listed below are other possible Statement Billing Events for items billed to the responsible party:

Printed: Deferred for ins 1	Item printed on statement under *Deferred Charges* heading.
Printed: Deferred for ins 2	
Deferred awaiting 1st ins	Statement Billing Event created for item that did *not* print on statement due to deferral.
Deferred awaiting 2nd ins	

ADDITIONAL FUNCTIONS

From a patient's Reference View Ledger (with or without Full Detail and/or Billing Response History), press **[U]** to view unreferenced items.

RELATED DEFAULTS

One default of importance to the Reference View Ledger will be discussed. Follow the instructions below to view and edit this default:

1. Press **[C] Special Functions** from the home screen.
2. Press **[2] Authorized Functions**.
3. Press **[2] Practice Defaults**.
   WARNING: Changing the values of certain defaults may PERMANENTLY ALTER the data in your practice!! It is suggested to contact Avanta before making any changes or if you have any questions. Press **[ENTER]** to continue.
4. Press **[3] Posting Payments**.

Page 1, #3
Do you want the option of displaying patient ledgers by treating providers?
   Set this default to **[Y]es** to offer the option of displaying patient ledgers by treating provider. Set this default to **[N]o** to force all ledger items to display.

SECTION THREE: EDITING POSTED LEDGER ITEMS

PURPOSE/FUNCTION

Situations may arise that require posted ledger items to be edited, and the Avanta System allows the user to gracefully carry out this function.

The Edit Posted Ledger Items screen displays information in a manner similar to the Standard View Ledger, such that items are listed in date of service order.

The user may change ledger information for a single patient, allowing individual ledger items to be edited. Ledger information may also be changed for the current group or all patients, but only Billing Flags may be edited.

Both individual and group editing processes will be described in this section.

ACCESS TO EDITING POSTED LEDGER ITEMS: INDIVIDUAL PATIENT

1. Press **[C] Special Functions** from the home screen.
2. Press **[C] Edit Posted Ledger Items**.
3. Press **[1] Process Current Patient**, **[2] Select Patient by Name**, or **[3] Process Patient by Record Number**.
4. Enter date of first ledger item to display, or press **[ENTER]** to display all ledger items.
5. Select a treating provider to display ledger items performed by only that provider, or press **[ENTER]** to display ledger items performed by all treating providers.
   NOTE: This run-time prompt only appears as determined by Practice Defaults. For further information, please refer to the *Related Defaults* heading on page 21.

SAMPLE: Editing Posted Ledger Items: Individual Patient

For each posted ledger item, there are two pages of fields that may be edited. The following sample presents the first page of information:

```
  Change Ledger Items                                    AVANTA PRACTICE
   DOE JANE                        #63    SSN:  111-22-3333
   Codes: A C                             Last Statement: 07/03/2002
   Primary Ins: ABC HEALTH SYSTEMS        Second Ins: AMERICAN HEALTH CARE
   Date     CPT    Service/Transaction      MD   Charges  Payment  Balance
  06/01/02 992114455 EST. PATIENT VISIT   06/07/02MWa  100.00b      i  315.00I
  06/01/02 99211    PATIENT CO-PAY        06/01/02MW            10.00  305.00
  06/01/02 99203    CASH PAYMENT          12/11/02JC            15.00  320.00
  06/01/02 44850    CASH PAYMENT          12/22/02JC            25.00  295.00
  06/15/02 99211    INS CO #1 CHECK       06/01/02MW            75.00  225.00
  07/03/02 99058    EMERGENCY VISIT       07/05/02MW   200.00          425.00
  07/03/02 99058    PATIENT CO-PAY        07/03/02MW            10.00  415.00




     [HELP] for options   [TAB] for more items   [ESC] to change   [RUB] to delete
```

Additional ledger information is accessible on the second page by pressing **[TAB]**:

```
  Change Ledger Items                                    AVANTA PRACTICE
   DOE JANE                        #63      SSN:  111-22-3333
   Codes: A C                               Last Statement: 07/03/2002
   Primary Ins: ABC HEALTH SYSTEMS          Second Ins: AMERICAN HEALTH CARE
   Date    CPT   Service/Transaction    Ref   POS Fac  Ins Bil Res  Diag 1  Diag 2
  06/01/02 99211 EST. PATIENT VISIT     Demo   3   1    4   Y   Y   123.0   456.0
  06/01/02 99211 PATIENT CO-PAY         .. .             4   .   .
  06/01/02 99203 CASH PAYMENT           .. .             4   .   .
  06/01/02 44850 CASH PAYMENT           .. .             4   .   .
  06/15/02 99211 INS CO #1 CHECK        .. .             4   .   .
  07/03/02 99058 EMERGENCY VISIT        Self   3   1    4   N   N   333.0
  07/03/02 99058 PATIENT CO-PAY         .. .             4   .   .






   [HELP] for options   [TAB] for more items   [ESC] to change   [RUB] to delete
```

Understanding the Avanta Ledger   The *AVANTA*® Advantage

Charges, Page One Fields: The following subsection provides an explanation of each posted charge field that may be edited. Please note that only modifiable fields are discussed:

Date	CPT	Service/Transaction	MD	Charges	Payment	Balance
06/01/02	992114455	EST. PATIENT VISIT	06/07/02MWa	100.00b	i	315.00 I

44	Modifier #1.
	Press **[ESC]** to display field options.
55	Modifier #2.
	Press **[ESC]** to display field options.
06/07/02	Original posting date of insurance billing.
	Enter desired date. **WARNING: This date is automatically set and typically should not be edited.**
a	Accept Assignment Flag.
	Press **[a]** to display or **[DELETE]** to remove Accept Assignment Flag, or press **[ESC]** to display field options.
b	Credit Distribution Flag. Value can be: *a*, one payment applied. *b*, two or more payments applied. *x*, charge fully paid off.
	Press the letter to display or **[DELETE]** to remove Credit Distribution Flag, or press **[ESC]** to display field options.
i	Secondary Insurance Flag. This item may be billed to secondary insurance only if the *i* flag is displayed.
	Press **[i]** to display or remove Secondary Insurance Flag, or press **[ESC]** to display field options.
I	Primary Insurance Flag. This item may be billed to primary insurance only if the *I* flag is displayed.
	Press **[i]** to display or remove Primary Insurance Flag, or press **[ESC]** to display field options.

Charges, Page Two Fields: The following subsection provides an explanation of each posted charge field that may be edited. Please note that only modifiable fields are discussed:

Date	CPT	Service/Transaction	Ref	POS	Fac	Ins	Bil	Res	Diag 1	Diag 2
06/01/02	99211	EST. PATIENT VISIT	Demo	3	1	4	Y	N	123.0	456.0

Demo	Referring Source of the service rendered. Value may be:
	Demo, Demographic Source
	Self, Self Referred (By Patient)
	Trt, Treating Physician
	None, No Referring Source
	Press **[D]emo**, **[S]elf**, **[T]rt**, or **[N]one**, or press **[ESC]** to display field options.
3	Place of Service.
	Press the letter or number of the desired Place of Service, or press **[ESC]** to display field options.
1	Facility of Service.
	Press the letter or number of the desired Facility of Service, or press **[ESC]** to display field options.
4	Patient's Insurance Type at time of posting.
	Press the number of the desired Insurance Type, or press **[ESC]** to display field options.
Y	Denotes if item has been billed to primary insurance.
	Press **[Y]es** or **[N]o** to set Insurance Billing Flag. **WARNING: This flag is automatically set and typically should not be edited.**
N	Denotes if primary insurance has responded.
	Press **[Y]es** or **[N]o** to set Insurance Response Flag, **[?]** if Insurance Response in unknown, or press **[ESC]** to display field options. **WARNING: This flag is automatically set and typically should not be edited.**
123.0	Primary diagnosis for service.
	Enter desired Diagnosis Code, or press **[ESC]** to display available diagnoses.
456.0	Secondary diagnosis for service.
	Enter desired Diagnosis Code, or press **[ESC]** to display available diagnoses.

Transactions, Page One Fields: The following subsection provides an explanation of each posted transaction field – including collections, credit adjustments, and debit adjustments - that may be edited. Please note that only modifiable fields are discussed:

Date	CPT	Service/Transaction	MD	Charges	Payment	Balance
06/15/02	99211	INS CO #1 CHECK	06/01/02MW		75.00	225.00

99211	Treatment code of referenced service.
	Enter desired Treatment Code, press **[BACKSPACE]** to reference only by Date of Service, or press **[ESC]** to display field options.
06/01/02	Date of Service of referenced service.
	Enter desired Date of Service.

Transactions, Page Two Fields: The following subsection provides an explanation of each posted transaction field – including collections, credit adjustments, and debit adjustments - that may be edited. Please note that only modifiable fields are discussed:

Date	CPT	Service/Transaction	Ref	POS	Fac	Ins	Bil	Res	Diag 1	Diag 2
06/15/02	99211	INS CO #1 CHECK	.	.	.	4	.	.		

4	Patient's Insurance Type at time of posting.
	Press the number of the desired Insurance Type, or press **[ESC]** to display field options.

Free-Form Memos, Page One Fields: The following subsection provides an explanation of each posted memo field that may be edited. Please note that only modifiable fields are discussed, and that the same memo fields may be edited on either page one or two:

Date	CPT	Service/Transaction	MD	Charges	Payment	Balance
04/15/02	– memo	CREATED PATIENT CHART				

–	Free-Form Memo Group to which memo has been assigned. Value may be memo groups *a* through *z*. – indicates that the memo was not assigned to a memo group at the time of posting.
	Enter letter of desired Free-Form Memo Group, press **[BACKSPACE]** to remove Memo Group, or press **[ESC]** to display field options.
CREATED PATIENT CHART	Free-Form Memo text.
	Enter text as desired. Press **[CTRL-Y]** to delete to the end of the line.

ACCESS TO EDITING POSTED LEDGER ITEMS: CURRENT GROUP OR ALL PATIENTS

When editing ledger information for the current group or all patients, please note that only Billing Flag settings may be edited.

1. Press **[C] Special Functions** from the home screen.
2. Press **[C] Edit Posted Ledger Items**.
3. Press **[4] Process Current Group** or **[5] Process All Patients**.
4. Select to change flags using **[1] Date of Service** or **[2] Posting Date**.
5. Select starting and ending date range.
6. Select starting and ending patient record number range.
7. Select Insurance Types to include.
8. Select Condition Codes to include.
9. Select to set Billing Flags on, off, or unchanged for **[1] Primary Insurance Flag**, **[2] Secondary Insurance Flag**, **[3] Statement Flag**, and/or **[4] Accept Assignment Flags**.
   NOTE: Setting the Statement Flag will no longer be an option after 12/31/2002, as statement types that use the Statement Flag will not be supported.
10. Select assigned provider(s) to set Billing Flags only for patients assigned to selected provider(s).
11. Select to set Billing Flags for **[1] All Ledger Items**, **[2] Items with PARTIAL or NO APPLIED PAYMENTS**, or **[3] Items with NO APPLIED PAYMENTS only**.
12. Select printer parameters.

RELATED DEFAULTS

One default of importance to Editing Posted Ledger Items for an *individual patient* will be discussed. Follow the instructions below to view and edit this default:

1. Press **[C] Special Functions** from the home screen.
2. Press **[2] Authorized Functions**.
3. Press **[2] Practice Defaults**.
   WARNING: Changing the values of certain defaults may PERMANENTLY ALTER the data in your practice!! It is suggested to contact Avanta before making any changes or if you have any questions. Press **[ENTER]** to continue.
4. Press **[3] Posting Payments**.

Page 1, #3
Do you want the option of displaying patient ledgers by treating providers?
   Set this default to **[Y]es** to offer the option of displaying patient ledgers by treating provider. Set this default to **[N]o** to force all ledger items to display.

SECTION FOUR: DELETING POSTED LEDGER ITEMS

PURPOSE/FUNCTION

Situations may arise that require posted ledger items to be deleted, and the Avanta System allows the user to gracefully carry out this function.

The Delete Posted Ledger Items screen displays information in a manner similar to the Standard View Ledger, such that items are listed in date of service order. Please note that this screen displays only in green on both color and monochrome terminals.

The user may only delete ledger information for a single patient, but not for the current group or all patients.

ACCESS TO DELETING POSTED LEDGER ITEMS

1. Press **[C] Special Functions** from the home screen.
2. Press **[B] Delete Posted Ledger Items**.
3. Press **[1] Process Current Patient**, **[2] Select Patient by Name**, or **[3] Process Patient by Record Number**.
4. Enter date of first ledger item to display, or press **[ENTER]** to display all ledger items.

SAMPLE: DELETING POSTED LEDGER ITEMS

```
 DOE JANE                       Delete Items                      Private Ins
 ------------------------------------------------------------------------------
 DATE    P  CPT     SERVICE RENDERED/TRANSACTION MD  CHARGE  PAYMENT  BALANCE
 ------------------------------------------------------------------------------
 06/01/02 3 99211   EST. PATIENT VISIT   06/07/02MW  100.00a          315.00 I
 06/01/02   99211   PATIENT CO-PAY       06/01/02MW           10.00   305.00
 06/01/02   99203   CASH PAYMENT         12/11/02JC           15.00   290.00
 06/01/02   44850   CASH PAYMENT         12/22/02JC           25.00   265.00
 06/15/02   99211   INS CO #1 CHECK      06/01/02MW           75.00   190.00
 07/03/02 3 99058   EMERGENCY VISIT      07/05/02MW  200.00a          390.00
 07/03/02   99058   PATIENT CO-PAY       07/03/02MW           10.00   380.00
 Please use [ARROWS] to select line. Hit [RUB] to delete, [ESC] to reinstate,
 [D] to redisplay (correct balances) or [HOME] to return to home screen.
```

Press [↑] and [↓] to navigate the cursor to the desired ledger item to be deleted.

Press **[PAGE UP]** and **[PAGE DOWN]** to scroll ledger items one page at a time.

Press **[RUB]** or **[BACKSPACE]** to deleted the desired ledger item.
NOTE: A deleted ledger item will display as DELETED:

```
06/01/02 3 99211   EST. PATIENT VISIT   06/07/02MW  100.00a           DELETED
```

Press **[ESC]** to reinstate ledger items that have just been deleted.
NOTE: A reinstated ledger item will display as REINSTATED:

```
06/01/02 3 99211   EST. PATIENT VISIT   06/07/02MW  100.00a           REINSTATED
```

Press **[D]** to refresh the screen with corrected running balances.

NOTES & POTENTIAL ISSUES
Please note that deleting ledger items may affect the A/R and balancing of the practice.

RELATED DEFAULTS
One default of importance to Deleting Posted Ledger Items will be discussed. Follow the instructions below to view and edit this default:

1. Press **[C] Special Functions** from the home screen.
2. Press **[2] Authorized Functions**.
3. Press **[2] Practice Defaults**.
   WARNING: Changing the values of certain defaults may PERMANENTLY ALTER the data in your practice!! It is suggested to contact Avanta before making any changes or if you have any questions. Press **[ENTER]** to continue.
4. Press **[8] Miscellaneous**.

Page 3, #3
Do you want to record the practice date instead of the calendar date when patients and transactions are deleted?
This default relates to which date is recorded for the Deletions Report. Set this default to **[Y]es** to record the practice date when patients and transactions are deleted. Set this default to **[N]o** to record the calendar date.

SECTION FIVE: THE REFERENCE VIEW STATEMENT

PURPOSE/FUNCTION

The Reference View Statement, like the Reference View Ledger, provides easy-to-read line-item information regarding charges, collections, credit adjustments, debit adjustments, and memos that have been posted to a patient's ledger.

The Reference View Statement displays this information by date of service, such that all items referenced to a specific charge are grouped and displayed by that charge's date of service.

The Reference View Statement is intelligent and easy-to-read, providing the patient with an easy-to-understand medical record.

ACCESSING THE REFERENCE VIEW STATEMENT

1. Press **[5] Print Statements** from the home screen.
2. Press **[1] Process Current Patient**, **[2] Select Patient by Name**, or **[3] Process Patient by Record Number**, **[4] Process Current Group**, or **[5] Process All Patients**.
3. Enter the desired **Detail Cutoff Date** (Balances prior to this date will result in a Balance Forward) and **Statement Billing Date** (Items posted after this date will not be considered when compiling the statement). The user may also edit the **Payment Due Date/Message** and **Credit Cards Accepted**.
4. The user may edit the **Balance Due Section Header For Insured Patients**, **Balance Due Section Header For Uninsured Patients**, **Deferred Charges Section Header**, and **Default Billing Message**.
5. Select whether to allow the default billing message to override the dunning messages.
      If a patient has a plan with a statement message associated with it, the plan message will override both the default and dunning messages.
6. Select whether to **[1] Include Items Awaiting Insurance Response**, **[2] Include Paid Off Items (Non-Family)**, **[3] Group Transactions Applied to the Same Date**, **[4] Print Zero Balance Statements**, and **[5] Print Credit Balance Statements**.
      If selected, items awaiting insurance response will be printed in a separate section and will not be included in the balance due.
      Zero and credit balance statements cannot be printed unless you also select to include paid off items.
      Family statements ALWAYS include paid off items regardless of the setting of question #2 above.
7. Enter the maximum number of days to defer items awaiting supplemental insurance response <120>: _____ .
      An entry of "0" will cause services awaiting supplemental insurance response to be billed immediately.
      Enter the letter "F" (for forever) if you want items to be deferred until all supplemental insurers have responded, no matter how long it takes.
   NOTE: This run-time prompt only appears for practices that defer to supplemental insurance response. For further information, please refer to the *Related Defaults* heading on page 29.
8. Select printer parameters.

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

MARCUS WELBY, M.D.
A MEDICAL CORPORATION
30851 AGOURA ROAD, SUITE 107
AGOURA HILLS, CA 91301
818-706-9191
02-12345678

Billing Date
07/20/01

Responsible Party
JANE DOE
123 SOME WAY
AGOURA HILLS, CA 91301

Payment Due
Upon Receipt

**Please Pay
This Amount**
▼
190.00

Please charge My:
☐ Visa/MC   ☐ AmEx   ☐ Discover

Amount: _____

Card #: _____

Expiration: _____

Signature: _____

Patient
JANE DOE

Account: 1-00063

Make Checks Payable To: MARCUS WELBY, M.D.

Amount Enclosed

Patient: JANE DOE   **Provider:** MARCUS WELBY, M.D.

Date	Doc	Code	Diag	Description of Service	Charge	Payments	Balance
THESE CHARGES HAVE BEEN RESPONDED TO BY YOUR INSURANCE AND ARE NOW DUE:							
06/01/02	MW	99213	123.0	EST. PATIENT VISIT	100.00		
06/01/02	MW	99242	123.0	OFFICE CONSULT	50.00		
06/01/02	MW	-----		PATIENT CO-PAY		10.00-	
06/15/02	MW	-----		INS CO #1 CHECK		75.00-	
				Totals for 06/01/02 services:	**150.00**	**85.00-**	**65.00**
06/05/02	MW	99213	123.0	EST. PATIENT VISIT	100.00		
06/20/02	MW	-----		PATIENT CO-PAY		10.00-	
06/20/02				Ins Resp applied to ded			
				Totals for 06/05/02 services:	**100.00**	**10.00-**	**90.00**
06/11/02	MW	99213	123.0	EST. PATIENT FOLLOW-UP	50.00		
06/11/02	MW	-----		PATIENT CO-PAY DUE	10.00		
06/29/02	MW	-----		INS CO #1 CHECK		25.00-	
				Totals for 06/11/02 services:	**60.00**	**25.00-**	**35.00**
THESE CHARGES AWAIT INSURANCE RESPONSE AND ARE FOR YOUR INFORMATION:							
07/03/02	MW	99058	456.0	EMERGENCY VISIT	200.00		
07/03/02	MW	99058		PATIENT CO-PAY		10.00-	
				Totals for 07/11/01 services:	**200.00**	**10.00-**	**190.00**
07/17/02	MW	44850	789.0	SUTURES (1-10)	75.00		
07/17/02	MW	44850		PATIENT CO-PAY		10.00-	
				Totals for 07/17/01 services:	**75.00**	**10.00-**	**65.00**

IF YOU HAVE ANY QUESTIONS REGARDING YOUR STATEMENT,
PLEASE CALL US AT 818-706-9191. THANK YOU.

Billing Date	Last Payment	Paid On	Current	Over 60	Over 90	Over 120	Balance Due
07/20/02	10.00	07/17/02	190.00	0.00	0.00	0.00	190.00

Insurance: Private – ABC HEALTH SYSTEMS   **Account:** 1-00063

PLEASE KEEP THIS PORTION FOR YOUR RECORDS

The following subsection provides on explanation of each field that appears in the remittance heading of the Reference View Statement:

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

1
MARCUS WELBY, M.D.
A MEDICAL CORPORATION
30851 AGOURA ROAD, SUITE 107
AGOURA HILLS, CA 91301
818-706-9191
02-12345678

Billing Date **3**
07/20/01

Responsible Party
JANE DOE **4**
123 SOME WAY
AGOURA HILLS, CA 91301

Payment Due **8**
Upon Receipt

2
Please charge My:
☐ Visa/MC   ☐ AmEx   ☐ Discover

Amount: _____

Card #: _____

Expiration: _____

Signature: _____

5
Patient
JANE DOE

Account: 1-00063 **6**

Make Checks Payable To: MARCUS WELBY, M.D. **7**

Please Pay This Amount **9**
▼
190.00

Amount Enclosed **10**

1 Assigned provider name, address, phone number, and Employer ID Number, as defined in the Physician File.
2 Credit card remittance information.
3 Statement Billing Date, as defined by statement run-time prompt.
4 Responsible party name and address, as defined in Patient Demographics.
5 Patient name.
6 Patient account number.
7 Payment addressee (same as assigned provider)
8 Payment Due Date/Message, as defined by statement run-time prompt.
9 Balance due the responsible party.
10 Amount of remittance.

The following subsection provides an explanation for each column heading that organizes the statement detail. Also note how charges and payments are organized by referenced date of service:

```
    Date     Doc     Code     Diag       Description of Service        Charge     Payments     Balance
 THESE CHARGES HAVE BEEN RESPONDED TO BY YOUR INSURANCE AND ARE NOW DUE:
 06/01/02   MW    99213    123.0    EST. PATIENT VISIT           100.00
 06/01/02   MW    99242    123.0    OFFICE CONSULT                50.00
 06/01/02   MW    -----             PATIENT CO-PAY                          10.00-
 06/15/02   MW    -----             INS CO #1 CHECK                          75.00-
                                    Totals for 06/01/02 services: 150.00    85.00-     65.00
```

Date	Date of Service.
Doc	Initials of the treating provider.
Code	Treatment Code. Value can be CPT, HCPCS, or RVS, depending on patient's insurance type and Avanta default settings.
Diag	Primary diagnosis for service.
Description of Service	Name of service/transaction.
Charge	Amount of service or debit adjustment.
Payments	Amount of collection, credit adjustment, or write-off.
Balance	Balance due, listed for each date of service.

For insured patients, the Reference View Statement provides a Balance Due Section that prints when a service is due the responsible party. Below is an example header message, which the user may edit at the time of printing a statement:

```
 THESE CHARGES HAVE BEEN RESPONDED TO BY YOUR INSURANCE AND ARE NOW DUE:
```

For insured patients, the user may select to include a Deferred Charges Section that prints when a service is awaiting insurance response. Below is an example header message, which the user may edit at the time of printing a statement:

```
 THESE CHARGES AWAIT INSURANCE RESPONSE AND ARE FOR YOUR INFORMATION:
```

For no insurance patients, the Reference View Statement provides a Balance Due Section. Below is an example header message, which the user may edit at the time of printing a statement:

```
 The following items are now due:
```

The following subsection provides an example of a charge that has received multiple collection responses:

```
THESE CHARGES HAVE BEEN RESPONDED TO BY YOUR INSURANCE AND ARE NOW DUE:
06/01/02   MW   99213      123.0   EST. PATIENT VISIT          100.00
06/01/02   MW   -----              PATIENT CO-PAY                             10.00-
06/15/02   MW   -----              INS CO #1 CHECK                            30.00-
                                   Totals for 06/01/02 services:   100.00    40.00-      60.00
```

The following subsection provides an example of a charge that, in addition to having received a collection response, also has a debit adjustment (PATIENT CO-PAY DUE) referenced to it:

```
THESE CHARGES HAVE BEEN RESPONDED TO BY YOUR INSURANCE AND ARE NOW DUE:
06/05/02   MW   99213      123.0   EST. PATIENT FOLLOW-UP       50.00
06/20/02   MW   -----              PATIENT CO-PAY DUE           10.00
06/20/02   MW   -----              INS CO #1 CHECK                            25.00-
                                   Totals for 06/05/02 services:    60.00    25.00-      35.00
```

The following subsection provides an example of a charge that, in addition to having received a collection response, also displays a Free-Form Memo:
   NOTE: There are two requirements for a memo to print on a statement:
   1. The Lead-In Character " * " must begin the memo text (although this character does not print on the statement).
   2. When viewing the Standard View Ledger, the Free-Form Memo must immediately follow the item intended to print on the statement.

```
THESE CHARGES HAVE BEEN RESPONDED TO BY YOUR INSURANCE AND ARE NOW DUE:
06/11/02   MW   99213      123.0   EST. PATIENT VISIT          100.00
06/11/02   MW   -----              PATIENT CO-PAY                             10.00-
06/11/02                            Ins Resp applied to ded
                                   Totals for 06/11/02 services:   100.00    10.00-      90.00
```

RELATED DEFAULTS

Three defaults of importance to the Reference View Ledger will be discussed. Follow the instructions below to view and edit these defaults:

1. Press **[C] Special Functions** from the home screen.
2. Press **[2] Authorized Functions**.
3. Press **[2] Practice Defaults**.
   WARNING: Changing the values of certain defaults may PERMANENTLY ALTER the data in your practice!! It is suggested to contact Avanta before making any changes or if you have any questions. Press **[ENTER]** to continue.
4. Press **[8] Miscellaneous**.

Page 8, #1

Should Medicare secondary insurance companies be billed before you have received payment from Medicare?
> Set this default to **[Y]es** to defer billing supplemental insurance before receiving a response from Medicare. Set this default to **[N]o** to bill supplemental insurance regardless of receiving a Medicare response.

Page 8, #2

Should Private secondary insurance companies be billed before you have received payment from the primary insurance company?
> Set this default to **[Y]es** to defer billing supplemental insurance before receiving a response from the primary insurance company. Set this default to **[N]o** to bill supplemental insurance regardless of receiving a primary insurance response.

Page 8, #3

Should [Insurance Type 6] secondary insurance companies be billed before you have received payment from [Insurance Type 6]?
> Set this default to **[Y]es** to defer billing supplemental insurance before receiving a response from [Insurance Type 6]. Set this default to **[N]o** to bill supplemental insurance regardless of receiving an [Insurance Type 6] response.

SECTION SIX: TROUBLESHOOTING

PURPOSE/FUNCTION

Use this troubleshooting section to both better understand the relationship between the Reference View Ledger and Statement, and to also diagnose and resolve any discrepancies that may appear on the ledger and statement.

SCENARIO 1: WHY IS A LEDGER ITEM NOT PRINTNG ON THE STATEMENT UNDER THE *BALANCE DUE SECTION*, AND HOW DO I MAKE IT PRINT?

Solution A: Check the Accept Assignment Flag status of the ledger item in question.

> **Example:** A patient previously had private insurance, and a service rendered at that time was posted as "Accept Assignment." This patient has since become a cash (no insurance) patient. However, this charge continues to be an Accept Assignment charge that awaits insurance response, even though insurance response will not come because the patient has no insurance. To resolve this situation, use *Edit Posted Ledger Items* to remove the Accept Assignment Flag from the charge. Below is an example of the Accept Assignment to be removed:

Date	CPT	Service/Transaction	MD	Charges	Payment	Balance
06/01/02	992114455	EST. PATIENT VISIT	06/07/02MWa	100.00b	i	315.00 I

Solution B: Print a statement for the patient in question, making sure to [1] open the Detail Cutoff Date Range for all time and to [2] include items awaiting insurance response.

> **Example:** For situations that are not resolved by using the above solution, opening the Detail Cutoff Date Range and printing both items due *and* items awaiting insurance response is helpful. Doing so will typically result in a statement that offers full ledger detail, allowing the user to identify any discrepancies.

SCENARIO 2: WHY IS A BALANCE FORWARD APPEARING ON THE STATEMENT, AND HOW DO I SHOW LINE-ITEM INFORMATION INSTEAD?

Solution: Open the Detail Cutoff Date Range.

> **Example:** A patient has a balance due from over a year ago. However, the statement's Detail Cutoff Date Range defaults to printing the previous six months of ledger information. Any balances due prior to this default Detail Cutoff Date Range will result in a balance forward. To print line-item detail instead of a balance forward for this patient, open the Detail Cutoff Date Range.

Patient: JANE DOE					Provider: MARCUS WELBY, M.D.		
Date	Doc	Code	Diag	Description of Service	Charge	Payments	Balance
				BALANCE FORWARD			**50.00**

The Reference View Statement prints the message (Original Amount of Payment:) to indicate that an overpayment is being applied to a charge from a different date of service. For example, this message will accompany an overpayment from a previous date of service or an unreferenced payment, when being applied toward a charge on the statement.

Date	Doc	Code	Diag	Description of Service	Charge	Payments	Balance
THESE CHARGES HAVE BEEN RESPONDED TO BY YOUR INSURANCE AND ARE NOW DUE:							
06/01/02	MW	99213	123.0	EST. PATIENT VISIT	100.00		
06/15/02	MW	-----		INS CO #1 CHECK		50.00-	
04/15/02	MW			CASH PAYMENT		30.00-	
				(Original Amount of Payment: 75.00-			
				Totals for 06/01/02 services:	**100.00**	**80.00-**	**20.00**

In the above example, note that the (Original Amount of Payment:) message prints beneath the overpayment being applied. To ensure that your statements print without this message, make sure that your practice references all collections and credits. Furthermore, make sure to appropriately distribute collections and credits such that items are paid off without being overpaid or overcredited.