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The *AVANTA*® Advantage

AVANTA
MEDICAL INFORMATION SYSTEMS

SECTION ONE: TRANSACTION REPORT

ACCESSING THE TRANSACTION REPORT

1. Press **[7] Reports** from the home screen.
2. Press **[1] Balancing and Summary Info**.
3. Press **[4] Transaction Report**.

PURPOSE/FUNCTION

The Transaction Report lists all transactions for a user-selected date range, and serves many purposes such as daily and monthly balancing, replacing your system register reports if the Posting Date has been changed, and verifying your practice totals.

The Transaction Report can be run in summary or detail, providing the totals and frequency of your productions, collections, debit adjustments, and credit adjustments.

SETTING REPORT PARAMETERS

The user may select the following transactions types to be included on the report:

• Productions	• Debit Adjustments
• Collections	• Credit Adjustments

The user may select the following ledger lines to be included on the report:

- Zero dollar amount line items
- Referenced payments and credits
- Unreferenced payments and credits
- Productions from transaction group "0" (non-services)
- Insured services for which primary insurance HAS been billed
- Insured services for which primary insurance HAS NOT been billed
- Insured services to which primary insurance HAS responded
- Insured services to which primary insurance HAS NOT responded
- Accept assignment services
- Services with no "abx" status (no applied payments)
- Services with an "abx" status of "a" (one applied payment)
- Services with an "abx" status of "b" (two or more applied payments)
- Services with an "abx" status of "x" (paid off)

The user will also be prompted to set the following report parameters:

- Compile by date of service or posting date
- Process all patients or a group
- Set report starting and ending date range
- Consider specific treating providers
- Consider specific insurance types
- Consider specific Condition Codes
- Consider specific Report Groups
- Select transactions posted by all users or by a specific user
- Report in detail or summary
- Provide sub-totals for each place of service
- Provide sub-totals for each facility, for each place of service section
- Include blank line separating each patient
- Include free-form memos

NOTES & POTENTIAL ISSUES

Because the Transaction Report can be used for both balancing and practice analysis purposes, it is important to correctly enter dates that will eventually be used to compile this report. The posting date is typically used for practice balancing, while date of service is usually used for any other purpose.

In choosing report parameters for the *Select Ledger Lines To Be Included On This Report* screen, please note that choosing to *deselect* all options for including ledger items will generate a report with no information.

In choosing report parameters for the *Please Select Transactions to Print* screen, please note that the option to print *Only Transactions Posted by [Specific User]* is based on a single Avanta user password. For example, if you have two different Avanta user passwords for accessing multiple screens or terminals, make sure when running this report that you select the user under which you have posted.

Please note that choosing to run this report in detail may create a huge report output.

RELATED DEFAULTS

Three defaults of importance to the Transaction Report 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 **[6] Reports**.

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Should fixed memos appear on the Transaction Report?

Setting this default to **[Y]es** will allow fixed memos to appear on the Transaction Report.

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Do you want to select Transaction Report transactions by insurance type as it was at the time of posting?

This default directs the Transaction Report to include items based on either patients' insurance type at the time of posting or patients' current insurance type.

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Do you want each transaction's posting date to print on the Transaction Report?

Setting this default to **[Y]es** will allow each transaction's posting date to be printed.

REPORT OUTPUT

The Transaction Report is sorted by treating provider.

In summary, this report provides the following summary totals for each provider, as well as summary practice totals:

• Production	• Number of patients seen and transactions
• Collections	performed, per transaction type.
• Debits	• Number of new patients seen.
• Credits	

In detail, this report will print the following line-item patient and transaction information for each provider, in addition to the above summary information:

Patient Information:	Transaction Information:
• Name	• Date of service
• Record number	• CPT code Treatment
• Insurance type	• Charge
	• Amount paid
	• Reference date

The report will also include header information on the first page, displaying all parameters for how the report was run.

RELATIONSHIP TO OTHER AVANTA REPORTS

Because the Transaction Report details transaction information within a given date range by date of service or posting date, this report can be used to recreate a *Daily Transaction Register* and *Daily Payment Register*.

To recreate the Daily Transaction Register, simply run the Transaction Report by posting date for the desired date, such that the starting and ending dates will be the same. To recreate the Daily Payment Register, run the Transaction Report by posting date for the desired date, and select for the report to include only "Collections."

SAMPLE
TRANSACTION REPORT

Report run in detail

```
Run Date: 05/01/2002          Transaction Report              Avanta Practice                              Page 1
Includes transactions with dates of service through 06/01/2002.
Includes patients from AVANTA's current group containing 1 patients.
Includes transactions with all insurance types.
There were no condition codes selected or de-selected for this report.
Includes the patients of the only treating physician.
Includes all transaction types.   Report Groups: ABCDEFGHIJKLMNOPQRSTU
New patients are marked with +
--------------------------------------------------------------------------------------------------------------

MARCUS WELBY, MD:

Patient Name----------------- Rec-No   Ins-Type Date/Ser --Code--- -----Treatment/Procedure------ -Charge-- --Paid--- Date/Ref

+ANDERSON JOHN T MR              1      Private 01/01/02 52005    CYSTOSCOPY                        200.00
                                       Private 01/01/02 55700    BIOPSY - PROSTATE                 232.00
                                       Private 01/01/02          PERSONAL CHECK - THANK YOU                   10.00 01/01/02
                                       Private 02/15/02          INS CO #1 CHECK                              325.00 01/01/02
                                       Private 02/22/02 99254    CONSULTATION - C                 165.00
                                       Private 02/22/02 99254    CASH PAYMENT - THANK YOU                     10.00 02/22/02
                                       Private 03/01/02 99254    INS CO #1 CHECK                              125.00 02/22/02
                                       Private 03/16/02          INS CO #2 CHECK                              55.00 01/01/02
                                       Private 04/02/02 99241    CONSULT- FOCUSED  (15)           100.00
                                       Private 04/26/02 99241    PERSONAL CHECK - THANK YOU                   80.00 04/02/02

TOTALS FOR MARCUS WELBY, MD:           TRANSACTION TYPE       PATIENTS      NUMBER      DEBIT AMT    CREDIT AMT

                                       PRODUCTIONS               1             4         697.00
                                       COLLECTIONS               1             6                      605.00
                                       DEBIT ADJUSTMENTS         0             0           0.00
                                       CREDIT ADJUSTMENTS        0             0                        0.00
                                       NEW PATIENTS              1


TOTALS FOR ALL TRANSACTIONS:           TRANSACTION TYPE       PATIENTS      NUMBER      DEBIT AMT    CREDIT AMT

                                       PRODUCTIONS               1             4         697.00
                                       COLLECTIONS               1             6                      605.00
                                       DEBIT ADJUSTMENTS         0             0           0.00
                                       CREDIT ADJUSTMENTS        0             0                        0.00

                                       GRAND TOTALS              1            10         697.00      605.00
                                       Net Change to A/R                                  92.00
                                       TOTAL NEW PATIENTS        1
```

Report run in summary

```
Run Date: 05/01/2002          Transaction Report              Avanta Practice                              Page 1
Includes transactions with dates of service through 06/01/2002.
Includes patients from AVANTA's current group containing 7 patients.
Includes transactions with all insurance types.
There were no condition codes selected or de-selected for this report.
Includes the patients of the only treating physician.
Includes all transaction types.   Report Groups: ABCDEFGHIJKLMNOPQRSTU
--------------------------------------------------------------------------------------------------------------

TOTALS FOR MARCUS WELBY, MD:           TRANSACTION TYPE       PATIENTS      NUMBER      DEBIT AMT    CREDIT AMT

                                       PRODUCTIONS               6            16       7,090.00
                                       COLLECTIONS               4            14                    2,967.00
                                       DEBIT ADJUSTMENTS         0             0           0.00
                                       CREDIT ADJUSTMENTS        4             6                    3,173.00
                                       NEW PATIENTS              6

TOTALS FOR ALL TRANSACTIONS:           TRANSACTION TYPE       PATIENTS      NUMBER      DEBIT AMT    CREDIT AMT

                                       PRODUCTIONS               6            16       7,090.00
                                       COLLECTIONS               4            14                    2,967.00
                                       DEBIT ADJUSTMENTS         0             0           0.00
                                       CREDIT ADJUSTMENTS        4             6                    3,173.00

                                       GRAND TOTALS              6            36       7,090.00    6,140.00
                                       Net Change to A/R                                950.00
                                       TOTAL NEW PATIENTS        6
```

SECTION TWO: PERIODIC TRANSACTION SUMMARY

ACCESSING THE PERIODIC TRANSACTION SUMMARY

1. Press **[7] Reports** from the home screen.
2. Press **[1] Balancing and Summary Info**.
3. Press **[5] Periodic Transaction Summary**.

PURPOSE/FUNCTION

The Periodic Transaction Summary, like the Transaction Report, provides the totals and frequency of your productions, collections, debit adjustments, and credit adjustments.

However, the Periodic Transaction Summary differs from the Transaction Report in that it allows you to compare information by user-defined time periods. For example, financial information may be compared day-to-day, month-to-month, or year-to-year for a given period of time.

Although this report can be used for balancing, the Period Transaction Summary is primarily designed to easily compare financial information by user-defined time periods. This report also provides the ability to report on a single office location and to process posting batches.

SETTING REPORT PARAMETERS

If running the Periodic Transaction Summary for all users or a group (*not* for a posting batch), the user must choose to compare the report information by:

• Day	• Year
• Week	• Fiscal quarter
• Month	• Fiscal year
• Quarter	• User-defined period

The user will also be prompted to set the following report parameters:

• Process all patients, a group, or a posting batch	• Consider specific insurance types
• Compile by date of service or posting date	• Consider specific Condition Codes
• Set report starting and ending date range	• Consider a single office location (Based on Reports Default)
• Consider specific treating providers	• Report in detail or summary

NOTES & POTENTIAL ISSUES

The Periodic Transaction Summary is typically run in summary form. Please note that choosing to run this report in detail may create a huge report output.

RELATED DEFAULTS

Two defaults of importance to the Periodic Transaction Summary 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 **[6] Reports**.

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What is the month and day of your fiscal year end? For example, enter '615' for June 15th, '1231' for December 31st, etc.

When running the Periodic Transaction Summary by fiscal year, the date set for this default determines the starting and ending date range for your practice's fiscal year.

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On the Periodic Transaction Summary, do you want the option of including only transactions for a single office location?

Setting this default to **[Y]es** allows the user to include only transactions performed at a single office location.

REPORT OUTPUT

For each period of time being compared, the Periodic Transaction Summary will print the following summary totals:

• Production	• Credits
• Collection	• Net Change
• Debit Adjustments	

When run in detail or for a posting batch, the report will print the following line-item information per patient:

• Patient record number	• Name of treatment/transaction
• Patient name	• Date of reference/billing
• Date of Service	• Amount of treatment/transaction

The report will also include header information on the first page, displaying all parameters for how the report was run.

RELATIONSHIP TO OTHER AVANTA REPORTS

The Periodic Transaction Summary is similar to the Transaction Report, but provides the ability to compare financial information by user-defined time periods (e.g., day-to-day, month-to-month, or year-to-year for a given period of time) and to process posting batches.

SAMPLE

PERIODIC TRANSACTION SUMMARY

Report compared month-to-month

```
12/31/2001   Periodic Transaction Summary    Avanta Practice        Page 1
Includes transactions with dates of service between 01/01/1998 and 12/31/1998.
Report compiled by AVANTA using all of the patients.
Includes patients with all insurance types.
There were no condition codes selected or de-selected for this report.
Includes the patients of all 4 treating physicians.
--------------------------------------------------------------------------------
PERIOD                    PRODUCTION COLLECTION    DEBITS    CREDITS NET CHANGE
--------------------------------------------------------------------------------
January 1998                 398,073    112,830     1,954    173,496    113,701
February 1998                333,612     60,045     1,629    122,090    153,105
March 1998                   403,688    173,401     6,801    342,778   -105,690
April 1998                   427,933    175,865     8,691    277,439    -16,679
May 1998                     508,717    159,033     3,905    234,210    119,379
June 1998                    350,425    170,689     6,979    403,326   -216,610
July 1998                    434,825    148,567       902    258,127     29,032
August 1998                  438,754    185,947     2,000    264,273     -9,466
September 1998               506,175    182,514     2,435    344,978    -18,882
October 1998                 526,198    162,625     5,036    297,764     70,845
November 1998                474,045    162,442     1,319    262,560     50,362
December 1998                656,216    189,950     2,404    339,513    129,157

                          ========== ========== ========== ========== ==========
Grand Totals:              5,458,662  1,883,907    44,055  3,320,555    298,255
```

Report compared year-to-year

```
12/31/2001   Periodic Transaction Summary    Avanta Practice        Page 1
Includes transactions with dates of service between 01/01/1990 and 12/31/2001.
Report compiled by AVANTA using all of the patients.
Includes patients with all insurance types.
There were no condition codes selected or de-selected for this report.
Includes the patients of all 4 treating physicians.
--------------------------------------------------------------------------------
PERIOD                    PRODUCTION COLLECTION    DEBITS    CREDITS NET CHANGE
--------------------------------------------------------------------------------
01/01/1993 to 12/31/1993     478,758          0         0    536,398    -57,640
01/01/1994 to 12/31/1994   2,512,498  1,219,852    12,782  1,312,639     -7,211
01/01/1995 to 12/31/1995   2,936,131  1,305,264    65,191  1,677,390     18,668
01/01/1996 to 12/31/1996   3,636,920  1,341,302    30,981  1,986,578    340,021
01/01/1997 to 12/31/1997   3,865,351  1,691,597    42,712  2,442,909   -226,443
01/01/1998 to 12/31/1998   5,458,662  1,883,907    44,055  3,320,555    298,255
01/01/1999 to 12/31/1999   8,709,912  2,697,144   138,988  5,727,039    424,717
01/01/2000 to 12/31/2000  14,409,959  3,910,936   101,479  7,239,928  3,360,574
01/01/2001 to 12/31/2001     386,570    297,683     4,688    403,248   -309,673

                          ========== ========== ========== ========== ==========
Grand Totals:             42,394,760 14,347,684   440,874 24,646,683  3,841,268
```

Report run by posting batch

```
12/31/2001   Periodic Transaction Summary    Avanta Practice        Page 1
Includes posting batches for user #1, AVANTA ONLY.
Batches extend from Mon 05/13/02 04:17:17 PM to Mon 05/13/02 04:22:10 PM
--------------------------------------------------------------------------------
            PRODUCTION    COLLECTION      DEBITS       CREDITS    NET CHANGE
--------------------------------------------------------------------------------

--------------------------------------------------------------------------------
Detail For AVANTA'S POSTING: Mon 05/13/02 04:17:17 PM to 05/13/02 04:22:10 PM
  PATIENT               --DATE-- SERVICE/TRANSACTION  (REF/BILL)      AMOUNT
  2--JOHNSON DONALD  MR 12/31/01 MOD INITIAL EXAM NO REPORT           150.00
                       12/31/01 RT VITRECTOMY                       5,500.00
                       12/31/01 INS CO #1 CHECK      (12/31/01)     -3,450.00
                       12/31/01 PERSONAL CHECK       (12/31/01)     -2,200.00
  1--SMITH JOHN  MR    01/05/02 AUTO WRITE-OFF       (12/31/01)        -32.00
                       12/31/01 INTERMEDIATE EXAM                      85.00
                       12/31/01 ARGON LASER/DIABETIC  RT              120.00
                       12/31/01 CO PAYMENT CASH      (12/31/01)        -25.00
                       12/31/01 PERSONAL CHECK       (12/31/01)       -300.00

Totals For AVANTA'S POSTING: Mon 05/13/02 04:17:17 PM to 05/13/02 04:22:10 PM
          5,855.00     5,975.00        0.00         32.00       -152.00

          ============= ============= ============= ============= =============
Grand Total  5,855.00     5,975.00        0.00         32.00       -152.00
```

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SECTION THREE: STANDARD ACCOUNTS RECEIVABLE

ACCESSING STANDARD ACCOUNTS RECEIVABLE

1. Press **[7] Reports** from the home screen.
2. Press **[2] Ageings and Balances Due**.
3. Press **[1] Standard Accounts Receivable**.

PURPOSE/FUNCTION

The Standard Accounts Receivable (Ageing) Report allows you to sort outstanding patient balances into user-defined ageing "bins." This report primarily serves to report on outstanding patient balances and the current A/R balance of the practice.

SETTING REPORT PARAMETERS

The user must choose to report on patients with one of the following balance types:

- Debit balances
- Credit balances
- Non-zero balances (includes both credit and debit balances)
- All balances
- Zero balances

The user also must choose the amount of report detail:

- *Single Line Report*: Includes one line of ageing information per patient, and provider totals
- *Full Patient/Ledger Data*: Includes full ledger detail per patient, and provider totals
- *Summary*: Includes only provider totals

The user will also be prompted to set the following report parameters:

- Set report starting and ending date range
- Process all patients or a group
- Consider specific insurance types
- Consider specific Condition Codes
- Report one patient by assigned provider, or separate ageings by treating provider
- Consider specific assigned providers
- Print summaries for doctors with zero totals
- Select balances by days old and ageing amount
- Exclude patients who have submitted recent "Patient" payment
- Include items based on date of service or posting date
- Customize ageing bin cutoff dates.
- Age by date of service, billing date, or posting date
- Choose to double-space report
- Choose to print insurance company information for each line of detail
- Separate totals for patient amount due and insurance company amount due

The Standard Account Receivable Report can be sorted by the following two levels:

Primary Sort Order By:	Secondary Sort Order By:
• No primary sort	• Patient last name
• Provider	• Patient record number
• Insurance Company	• Patient balance
• Attorney	
• Referring Source	
• Insurance Type	

NOTES & POTENTIAL ISSUES

To create the desired report output, be careful to select the correct patient balance type. For example, choose D*ebit Balances* when running a collection report, and choose *All Balances* when balancing the practice or determining the current balance of the practice.

Please note that choosing to run this report in Full patient/Ledger Detail format may create a huge report output.

RELATED DEFAULTS

Two defaults of importance to the Accounts Receivable Report 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 **[6] Reports**.

Page 1, #2
Do you want open item ageings instead of standard (First In First Out) ageings on Ageing reports?
   This default controls how the Standard Accounts Receivable Report ages outstanding items, either by "open item" or "first in/first out" (FIFO) ageing. To allow for a more accurate ageing report, "open item" ageing should be selected. However, please note that an "open item" ageing report will only be as accurate as your practice's referenced items.

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Do you want to be able to set the ageing bins on your Ageing Reports?

Setting this default to **[Y]es** allows the user to customize the Avanta system's default 60/90/120-day ageing bins at the time of running the report.

REPORT OUTPUT

Single Line Ageing Format

For each patient, this format will print a single line of the following information:

• Name	• Insurance type
• Chart number	• Phone number
• Record number	• Date, type, and amount of last payment
• Assigned provider	• Current/60/90/120-day ageing balances

For each provider, this format will also provide the following summary totals, including totals broken down by insurance type for each provider:

• Patient and insurance amounts for current/60/90/120-day ageing balances
• Production, collection, credit adjustment, and debit adjustment amounts

Full Patient/Ledger Data Format

For each patient, this format will provide all ledger items for the user-selected date range, in addition to the above information provided with the Single Line Ageing Format.

Summary Format

For each provider, this format will provide only the following summary totals, including totals broken down by insurance type for each provider:

• Patient and insurance amounts for current/60/90/120-day ageing balances
• Production, collection, credit adjustment, and debit adjustment amounts

All Formats

All formats will include header information on the first page, displaying all parameters for how the report was run.

SAMPLE
STANDARD ACCOUNTS RECEIVABLE

Report run in Single Line Ageing Format

```
Run Date: 05/01/2002          Single Line Aging               Avanta Practice                    Page 1
Includes transactions with dates of service through 06/01/2002.
Includes patients from AVANTA's current group containing 7 patients.
Includes transactions with all insurance types.
There were no condition codes selected or de-selected for this report.
Includes the patients of the only assigned physician.
Includes patients with debit balances.
Aged by date of service with an aging date of 06/01/02             Open Item Aging
* Denotes the head of a family
-----------------------------------------------------------------------------------------------------------
Name              Chart # Rec # Phy Ins Type  Phone       RP LP: Date  Amount Balance Current Over 60 Over 90 Over 120
-----------------------------------------------------------------------------------------------------------


ANDERSON, JOHN T MR       1  MW Private   213 832-9283 N 04/26/02   80.00   92.00   0.00   20.00  30.00  42.00
BAKER, JOHN  MR           2  MW Medicare  213 289-4554 N 04/05/02   96.00    4.00   0.00    4.00   0.00   0.00
SMITH, RON  MR            3  MW No Ins    213 289-4554 N 05/01/02   50.00  152.00   0.00  152.00   0.00   0.00
SOLOMON, LEONARD          6  MW Medi-Medi 225-4871     N 03/30/02   16.00    0.00   0.00    0.00   0.00   0.00
                                       Awaiting Insurance Response: 610.00  600.00  10.00   0.00   0.00
                                                            Total: 610.00  600.00  10.00   0.00   0.00
TAYLOR, LILI             4  MW Medi-Cal  818 696-7210 N                     92.00   92.00   0.00   0.00   0.00   0.00
-----------------------------------------------------------------------------------------------------------

                        *** FOR PATIENTS INCLUDED IN THIS REPORT (ONLY) ***

TOTALS FOR MARCUS WELBY, MD

INSURANCE TYPE     Patients      Debits    Credits  Balance Due     Current      Over  60      Over  90      Over 120

NO INS   Patients Owe:                                              0.00        152.00        0.00          0.00
Awaiting Ins. Response:                                0.00         0.00          0.00        0.00          0.00
              TOTALS:      1    2,527.00   2,375.00   152.00        0.00        152.00        0.00          0.00

MEDICARE  Patients Owe:                                             0.00          4.00        0.00          0.00
Awaiting Ins. Response:                                0.00         0.00          0.00        0.00          0.00
              TOTALS:      1      195.00     191.00     4.00        0.00          4.00        0.00          0.00

MEDI-CAL  Patients Owe:                                            92.00          0.00        0.00          0.00
Awaiting Ins. Response:                                0.00         0.00          0.00        0.00          0.00
              TOTALS:      1       92.00       0.00    92.00       92.00          0.00        0.00          0.00

MEDI-MEDI
          Patients Owe:                                             0.00          0.00        0.00          0.00
Awaiting Ins. Response:                              610.00       600.00         10.00        0.00          0.00
              TOTALS:      1    1,082.00     472.00   610.00      600.00         10.00        0.00          0.00

PRIVATE   Patients Owe:                                             0.00         20.00       30.00         42.00
Awaiting Ins. Response:                                0.00         0.00          0.00        0.00          0.00
              TOTALS:      1      697.00     605.00    92.00        0.00         20.00       30.00         42.00

WORK COMP Patients Owe:                                             0.00          0.00        0.00          0.00
Awaiting Ins. Response:                                0.00         0.00          0.00        0.00          0.00
              TOTALS:      0        0.00       0.00     0.00        0.00          0.00        0.00          0.00

HMO      Patients Owe:                                              0.00          0.00        0.00          0.00
Awaiting Ins. Response:                                0.00         0.00          0.00        0.00          0.00
              TOTALS:      0        0.00       0.00     0.00        0.00          0.00        0.00          0.00


TOTALS
          Patients Owe:                                            92.00        176.00       30.00         42.00
Awaiting Ins. Response:                              610.00       600.00         10.00        0.00          0.00
              TOTALS:      5    4,593.00   3,643.00   950.00      692.00        186.00       30.00         42.00
```

Report run in Full Patient/Ledger Format

```
Run Date: 05/01/2002           A/R Full Ledger Report            Avanta Practice                          Page 1
Includes transactions with dates of service through 06/01/2002.
Includes patients from AVANTA's current group containing 1 patients.
Includes transactions with all insurance types.
There were no condition codes selected or de-selected for this report.
Includes the patients of the only assigned physician.
Includes patients with all balances.
Aged by date of service with aging date of 06/01/2002
----------------------------------------------------------------------------------------------------------------
NAME                    CHART #  ADDRESS                     CITY/STATE/ZIP              HOME PHONE REC NO     ACC ASN
INSURED/GUARANTOR NAME           ADDRESS                     CITY/STATE/ZIP              BUS PHONE-EXT          REL/INS
INSURANCE COMPANY NAME(S) REC#   ADDRESS                     CITY/STATE/ZIP              PHONE NUMBER   FAX NUMBER
INSURANCE ID NUMBER(S)           INSURANCE GROUP NUMBER(S)   SOCIAL SECURITY NUMBER     BIRTH DATE      DATE OF 1ST SYM
PHYSICIAN                        REFERRING PHYSICIAN         CONVALESCENT HOSPITAL      INSURANCE TYPE  COMMENTS
Date    P  Code    Treatment Description   Charge Credit  Balance  Diag  Trting MD    Current  Over 60 Over 90 Over 120
----------------------------------------------------------------------------------------------------------------


ANDERSON, JOHN T MR             1234 PRODDER                LOS ANGELES CA 90065        310 555-4554   1        YES
-                               -                                                                              SELF
AETNA                    #12    PO BOX 800                  ENFIELD, CT 06082           (222) 333-4444
     341-12-3434A                                                341-12-3434            12/01/1906     00/00/0000
BLUE CROSS               #318   CVT PALMDALE ELEM           FRESNO, CA 93755

MARCUS WELBY, MD                ALAN RICHARD J MD#10                                     Private          -
01/01/02 3 52005  CYSTOSCOPY               200.00b   -   i 200.00B  185   MARCUS WELBY,
01/01/02 1 55700  BIOPSY - PROSTATE        232.00b   -   i 432.00B  185
01/01/02 -   -    PERSONAL CHECK - T(01/01/02)  -   10.00  422.00S
02/15/02 -   -    INS CO #1 CHECK   (01/01/02)  -  325.00   97.00S
02/22/02 1 99254  CONSULTATION - C         165.00x   -   i 262.00B  185
02/22/02 - 99254  CASH PAYMENT - THA(02/22/02)  -   10.00  252.00S
03/01/02 - 99254  INS CO #1 CHECK   (02/22/02)  -  125.00  127.00S
03/16/02 -   -    INS CO #2 CHECK   (01/01/02)  -   55.00   72.00S
03/26/02 -  memo  Non covered svc
04/02/02 3 99241  CONSULT- FOCUSED  (15)   100.00a   -   i 172.00B  185
04/26/02 - 99241  PERSONAL CHECK - T(04/02/02)  -   80.00   92.00S
                                            Total:    92.00              0.00     20.00   30.00   42.00
----------------------------------------------------------------------------------------------------------------
                                     *** REPORT TOTALS ***
```

INSURANCE TYPE	Patients	Debits	Credits	Balance Due	Current	Over 60	Over 90	Over 120
NO INS	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDI-CAL	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDI-MEDI	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRIVATE	1	697.00	605.00	92.00	0.00	20.00	30.00	42.00
WORK COMP	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HMO	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PHYSICIAN	Patients	Debits	Credits	Balance Due	Current	Over 60	Over 90	Over 120
MARCUS WELBY, MD	1	697.00	605.00	92.00	0.00	20.00	30.00	42.00
TOTALS	1	697.00	605.00	92.00	0.00	20.00	30.00	42.00

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Report run in Summary Format

```
Run Date: 05/01/2002          Aging Summary Only                  Avanta Practice                          Page 1
Includes transactions with dates of service through 06/01/2002.
Includes patients from AVANTA's current group containing 7 patients.
Includes transactions with all insurance types.
There were no condition codes selected or de-selected for this report.
Includes the patients of the only assigned physician.
Includes patients with all balances.
Aged by date of service with an aging date of 06/01/02              Open Item Aging
-----------------------------------------------------------------------------------------------------------------

                              *** FOR PATIENTS INCLUDED IN THIS REPORT (ONLY) ***

TOTALS FOR MARCUS WELBY, MD

INSURANCE TYPE      Patients      Debits      Credits   Balance Due     Current     Over  60     Over  90     Over 120

NO INS    Patients Owe:                                                    0.00      152.00        0.00        0.00
Awaiting Ins. Response:                                    0.00            0.00        0.00        0.00        0.00
              TOTALS:      1     2,527.00    2,375.00    152.00            0.00      152.00        0.00        0.00

MEDICARE  Patients Owe:                                                    0.00        4.00        0.00        0.00
Awaiting Ins. Response:                                    0.00            0.00        0.00        0.00        0.00
              TOTALS:      1       195.00      191.00      4.00            0.00        4.00        0.00        0.00

MEDI-CAL  Patients Owe:                                                   92.00        0.00        0.00        0.00
Awaiting Ins. Response:                                    0.00            0.00        0.00        0.00        0.00
              TOTALS:      1        92.00        0.00     92.00           92.00        0.00        0.00        0.00

MEDI-MEDI
          Patients Owe:                                                    0.00        0.00        0.00        0.00
Awaiting Ins. Response:                                  610.00          600.00       10.00        0.00        0.00
              TOTALS:      1     1,082.00      472.00    610.00          600.00       10.00        0.00        0.00

PRIVATE   Patients Owe:                                                    0.00       20.00       30.00       42.00
Awaiting Ins. Response:                                    0.00            0.00        0.00        0.00        0.00
              TOTALS:      1       697.00      605.00     92.00            0.00       20.00       30.00       42.00

WORK COMP Patients Owe:                                                    0.00        0.00        0.00        0.00
Awaiting Ins. Response:                                    0.00            0.00        0.00        0.00        0.00
              TOTALS:      1         0.00        0.00      0.00            0.00        0.00        0.00        0.00

HMO       Patients Owe:                                                    0.00        0.00        0.00        0.00
Awaiting Ins. Response:                                    0.00            0.00        0.00        0.00        0.00
              TOTALS:      1     2,497.00    2,497.00      0.00            0.00        0.00        0.00        0.00


TOTALS
          Patients Owe:                                                   92.00      176.00       30.00       42.00
Awaiting Ins. Response:                                  610.00          600.00       10.00        0.00        0.00
              TOTALS:      7     7,090.00    6,140.00    950.00          692.00      186.00       30.00       42.00
```

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SECTION FOUR: OPEN INSURANCE REPORT

ACCESSING THE OPEN INSURANCE REPORT

1. Press **[7] Reports** from the home screen.
2. Press **[2] Ageings and Balances Due**.
3. Press **[4] Open Insurance Report**.

PURPOSE/FUNCTION

The Open Insurance Report offers powerful features that allow you to report outstanding items to which insurance has not responded. This information will allow you to take specific measures, such as rebilling charges or contacting an insurance company, for collecting on these items.

SETTING REPORT PARAMETERS

The Open Insurance Report employs a new convention for choosing report parameters: Now *all* parameters for running the report are displayed on a *single* screen, making the reporting process faster and easier.

A key feature of this report is choosing to show open insurance items for both primary and supplemental insurance companies. If choosing to include supplemental insurance, the user may further select primary insurance companies that have and/or have not responded.

The user may also choose to automatically reflag items included on the report, making it even easier to rebill non-responded charges. Another key feature of the Open Insurance Report is the ability to run this report by one or more specific insurance companies.

The user will also be prompted to set the following report parameters:

- Process all patients or a group
- Consider specific assigned providers
- Consider specific insurance types
- Consider specific Condition Codes
- Consider specific plan types
- Consider specific patient balance types
- Consider specific treating providers

- Include no, partial (only pertinent events), or all billing events per ledger line
- Exclude patients who have appeared on report within specific time period
- Limit items to include based on specified unresponded period of time
- Limit items to include based on specified items' balance due

NOTES & POTENTIAL ISSUES

The Open Insurance Report can achieve excellent accuracy in reporting outstanding items, and does so by utilizing both referencing and billing event history within the Avanta system. Therefore, to take full advantage of this report, it is essential to line-item reference when applying payments to charges *and* to post all insurance responses (including $0 checks), so that a billing response event is created for each item.

It is important to note that "group posting" of payments does not create billing response events. "Group posting" can decrease the accuracy of the Open Insurance Report because the report relies on such billing event history. And since group posting of payments in its current form will eventually be removed from the Avanta system, the group posting function should be avoided if possible. As an alternative to group posting, you may use the Automatic Medicare EOB Posting Program, which will automatically post an entire electronic Medicare EOB and all associated billing response events.

In choosing report parameters, please note that choosing to *deselect* all options for specific parameters will generate a report with no information. For example, if all Insurance Type options are set to **[N]o** for the Insurance Type parameter, then no patients will be considered and no information will be reported.

RELATED DEFAULTS

Billing response events are not created for items that are paid via group posting, creating a situation that can decrease the accuracy of the Open Insurance Report. Therefore, for practices that have previously used or wish to continue using group posting of payments, there is a background default that allows billing flags to be considered, as well as any available billing event history, when generating an Open Insurance Report. Please call Avanta if you wish to set up this background default.

REPORT OUTPUT

For each patient, the Open Insurance Report will print the following information:

• Record number	• Insurance type
• Name	• Primary and supplemental insurance company name
• Address	
• Phone number	• Insurance ID number
• Date of birth	• Insurance group number or name
• Social Security number	• Relationship to insured

For each open item, the report will print the following information:

• Date of service	• Date of billing
• CPT or HCPCS code	• Insurance type
• Description	• Days without insurance response
• Treating provider	• Primary and secondary diagnoses
• Amount charged	• Summary information for amount charged, paid, and balance
• Amount paid	

The report will also include header information on the first page, displaying all parameters for how the report was run.

```
Avanta Practice                          - Open Insurance Report -                                        Page 1
Printed Monday, May 13, 2002,  12:34pm by user #15, AVANTA
-------------------------------------------------------------------------------------------------------------------
Input source: The current group containing 2 patients.
Includes patients with the following insurance types: Private.
No patient condition codes were selected for this report.
Includes 5 of 5 ASSIGNED providers and 5 of 5 TREATING providers.
Includes patients with the following balance types: Debit, Zero, Credit.
Includes patients with the following types of plan: No Plan, HMO, PPO, None.
Includes 843 of 843 insurance companies.
Includes unresponded items billed to Primary
Includes only services ignored by insurance for a period greater than or equal to 30 days, and less than or equal to 365 days.
Omits services with a balance due of less than $1.
Event detail printed per ledger line: Partial.
Ledger lines included on this report WERE NOT reflagged for billing to Primary
2 of 2 eligible patients have at least one ledger line on this report.
5 ledger lines appear on this report a total of 9 times.
-------------------------------------------------------------------------------------------------------------------

Ins. #177, Great West Health Insurance, P.O. Box 1234, Anytown, CA 99999
   Pat. #900, HOWE, HILDA  111 1st St, Agoura, CA 91301, (818) 555-1212, DOB: 12/11/1977, SSN: 111-22-3333. Ins. Type: Private.
   Coverage #1 Great West Health Insurance, ID: 022-02-0222, Group: 02222, Rel: Self
      -----------------------------------------------------------------------------------------------------------
      Date     CPT      Description               Pro   Charge     Paid  Billed Type Days ICD #1  ICD #2
      -----------------------------------------------------------------------------------------------------------
      07/18/01 11601    Surgery - .6 cm to 1.0 cm    JO  160.00     6.00 07/30/01 Pri  287  216.5
         07/30/01  Billed 1st ins via HC1500      Ins 177: Great West Health Insurance
      07/18/01 88304YB  Histopathological Exam       JO   65.00     2.44 07/30/01 Pri  287  216.5
         07/30/01  Billed 1st ins via HC1500      Ins 177: Great West Health Insurance
      07/18/01 11601    Surgery - .6 cm to 1.0 cm    JO  125.00     4.69 07/30/01 Pri  287  216.5
         07/30/01  Billed 1st ins via HC1500      Ins 177: Great West Health Insurance
      07/18/01 88304    Histopathological Exam, Add  JO   50.00     1.87 07/30/01 Pri  287  216.5
         07/30/01  Billed 1st ins via HC1500      Ins 177: Great West Health Insurance

   Totals: Pat. #900, HOWE, HILDA         Charge       Paid      Balance
                                Primary    400.00      15.00      385.00

   Pat. #1112, BYTE, TERRY  55 La Playa, Auburn, CA 91119, (818) 222-3333, DOB: 08/01/1967, SSN: 444-55-6666. Ins. Type: Private.
   Coverage #1 Great West Health Insurance, ID: 444-88-1212, Group: 20002, Rel: Self
      -----------------------------------------------------------------------------------------------------------
      Date     CPT      Description               Pro   Charge     Paid  Billed Type Days ICD #1  ICD #2
      -----------------------------------------------------------------------------------------------------------
      03/13/01 99214    Extended O.V. Established     GB   65.00    10.00 05/24/01 Pri  354  448.9
         03/19/01  Billed 1st ins via HC1500      Ins 177: Great West Health Insurance
         05/24/01  Billed 1st ins via HC1500      Ins 177: Great West Health Insurance
         06/25/01  Billed 1st ins via HC1500      Ins 177: Great West Health Insurance
         08/22/01  Billed 1st ins via HC1500      Ins 177: Great West Health Insurance

   Totals: Pat. #1112, BYTE, TERRY        Charge       Paid      Balance
                                Primary     65.00      10.00       55.00

Totals: Ins. #177, Great West Health Insurance  Charge       Paid      Balance
                                Primary    465.00      25.00      440.00

Ins. #333, Quality Care, 567 Big Blvd, Simi Valley, CA 93065
   Pat. #911, SHARONA, MY  12 Fast Lane, Agoura, Ca 91301, (818) 344-3444, DOB: 06/11/1745, SSN: 777-88-9999. Ins. Type: Private.
   Coverage #1 Quality Care, ID: 100-10-1000, Group: 10000, Rel: Self
      -----------------------------------------------------------------------------------------------------------
      Date     CPT      Description               Pro   Charge     Paid  Billed Type Days ICD #1  ICD #2
      -----------------------------------------------------------------------------------------------------------
      07/18/01 11601    Surgery - .6 cm to 1.0 cm    JO  160.00     6.00 07/30/01 Pri  287  216.5
         07/30/01  Billed 1st ins via HC1500      Ins 333: Quality Care
      07/18/01 88304YB  Histopathological Exam       JO   65.00     2.44 07/30/01 Pri  287  216.5
         07/30/01  Billed 1st ins via HC1500      Ins 333: Quality Care
      07/18/01 11601    Surgery - .6 cm to 1.0 cm    JO  125.00     4.69 07/30/01 Pri  287  216.5
         07/30/01  Billed 1st ins via HC1500      Ins 333: Quality Care
      07/18/01 88304    Histopathological Exam, Add  JO   50.00     1.87 07/30/01 Pri  287  216.5
         07/30/01  Billed 1st ins via HC1500      Ins 333: Quality Care

   Totals: Pat. #911, SHARONA, MY         Charge       Paid      Balance
                                Primary    400.00      15.00      385.00

Totals: Ins. #333, Quality Care          Charge       Paid      Balance
                                Primary    400.00      15.00      385.00

Grand Totals                             Charge       Paid      Balance
                                Primary    865.00      40.00      825.00
```

SECTION FIVE: COLLECTION ANALYSIS REPORT

ACCESSING THE COLLECTION ANALYSIS REPORT

1. Press **[7] Reports** from the home screen.
2. Press **[3] Financial Analysis Reports**.
3. Press **[1] Collection Analysis Report**.

PURPOSE/FUNCTION

The Collection Analysis Report allows you to organize and review productions with respect to their referenced collections. It is the only Avanta report that details collections specifically referenced to a charge's date of service. Therefore, the accuracy of this report depends on how well your practice references collections to productions.

SETTING REPORT PARAMETERS

It is important to note that the user must specify *two* sets of date ranges, the first for productions and the second for *referenced* transactions. In this manner, the Collection Analysis Report allows you to consider all transactions referenced to a production, including transactions posted outside of the production date range. Also note that this report only considers dates of service, not posting dates.

The Collection Analysis Report can be broken down by up to four of the following levels:

• Treating Doctor	• Diagnosis Group
• Plan	• Primary Diagnosis
• Primary Insurance	• Referenced vs. Unreferenced Credits
• Report Group	• Place of Service
• Treatment Group	• Facility
• Treatment	• Employer
	• None

The user will also be prompted to set the following report parameters:

• Report in detail or summary	• Limit productions to include based on their credit distribution status
• Process all patients or a group	(No payments applied, one payment applied, two or more payments applied, or fully paid off)
• Consider specific treating providers	
• Match the doctor of record on the transaction to the treating doctor of the production, when applying transactions to productions	
	• Limit collections to include based on their collection type setting
• Consider specific insurance types	(Primary, secondary, or additional insurance, patient, and other)
• Consider specific Condition Codes	

NOTES & POTENTIAL ISSUES

Because the Collection Analysis Report considers collections referenced to a charge's date of service, the accuracy of this report depends on how well your practice references collections to productions: Collections that are line-item referenced to charges will report 100% accurately. If payments have been referenced across a range of service dates, the percentage of each charge is calculated to split up the payment.

The Collection Analysis Report is designed to report on collections that are referenced to specific charges. It is not designed for use as a "balancing" tool.

Remember that this report requires *two* sets of date ranges, the first for productions and the second for transactions *referenced* to the productions. Also note that this report compiles information by transaction date (date of service), **not** posting date.

At the beginning of the selection process, the Collection Analysis Report estimates the page length to be generated. However, depending on the breakdown and detail levels selected, this report can potentially create a huge page output.

REPORT OUTPUT

The user controls the report output, first by sorting the report by up to four different levels. **EXAMPLE**: Primary sort by treating physician, and secondary sort by treatment.

The user then selects or deselects columns of information to be printed based on the selected paper orientation; portrait and landscape orientations allow 80 and 132 characters across, respectively. The columns available for selection are:

• Production	• Adjustment Amount
• Production Frequency	• Percent Adjusted (Adjut / Prod)
• Relative Value Unit (RVU) Components	• Balance (Prod - (Coll + Adjust))
• RVU Total	• Percent Balance (Balance / Prod)
• Production Per RVU	• Dollar Cost
• Collection Amount	• Dollar Cost Per RVU
• Percent Collected (Coll / Prod)	• Margin Dollars (Coll - Cost)
• Average Collected (Coll / Freq)	• Margin Percent ((Coll - Cost) / Coll)
• Collection Per RVU	• Unit Cost

The report will also include header information on the first page, displaying all parameters for how the report was run.

SAMPLE
COLLECTION ANALYSIS REPORT

Report broken down by insurance company

```
Run Date: 05/01/2002          Collection Analysis Report          Page 1
Avanta Practice
Includes transactions with dates of service through 12/31/2001.
Report compiled by AVANTA using all of the patients.
Includes patients with all insurance types.
There were no condition codes selected or de-selected for this report.
Includes the patients of all 9 treating physicians.
Includes Referenced Transactions through 12/31/2001.
Transaction and Treatment doctors do not have to match.
Includes productions and debits with any abx setting.
Includes collections with any collection type.
Only non-zero productions are counted in the frequency (Freq) column.
-----------------------------------------------------------------------
Category                            Production    Freq  Collection

No Primary Insurance                   211,298   2,734    185,035-
Medicare                               546,236   8,296    490,179-
Not Used                                   220       2        136-
Medi-Medi                                2,250      23        505-
AARP Health Care Options                 7,545      21      3,065-
Aetna Life Insurance                     3,120       7        801-
Blue Cross of California                71,055       2     61,055-
Blue Cross of New York                  98,055   1,000     76,055-
Blue Shield of California               93,670     457     82,970-
Blue Shield of New York                 23,670       3     15,970-
Cigna HealthCare HMO                    35,871   1,008     29,651-
Digital Age Care                        66,270      52     55,180-
Everlast HealthGroup                     8,270      52      6,180-
First Health                             9,270      52      7,180-
GE Medical Benefits                        255       4        211-
Health Net HMO                          82,035   1,303     68,004-
Independent Managed Care               102,035   1,303     79,004-
Kaiser Permanente                       74,590     902     65,560-
Liberty Mutual Insurance Company         3,200       8        239-
Medi-Cal/EDS                             1,890       6        525-
Metropolitan Life Ins.                   3,935      10      4,027-
Neo Neuvo of the West                    5,500       6       4000-
Origami United                          29,500   1,600     22,450-
Platinum Services                        2,300      19      1,400-
Prudential Healthcare                      200       2        200-
Quicksilver Worldwide                    5,890      24      5,000-
Regional Benefit Plan, Inc.                925       6        621-
Secure Horizons                            250       2        173-
Southwest Health Corp.                   2,890      60      2,000-
Titanium Corporation                       250       2        200-
United HealthCare                        1,050       2      1,050-
University Family Care                  50,286     124     34,519-
University Home Care                    25,286     124     19,519-
Vulcan Insurance                        25,580       5     20,580-
Western Age Insurance                    6,640       9      4,416-
Western Teamsters                        1,640       5      1,416-
Xylophone Insurance                     26,700     209     21,900-
Zenith Administrators, Inc.             12,920     741      6,252-

Grand Totals                         6,351,399  35,496  5,004,012-
```

Report broken down by treatment

```
Run Date: 03/18/2002          Collection Analysis Report          Page 1
Avanta Practice
Includes transactions with dates of service through 12/31/2001.
Report compiled by AVANTA using all of the patients.
Includes patients with all insurance types.
There were no condition codes selected or de-selected for this report.
Includes the patients of all 9 treating physicians.
Includes Referenced Transactions through 12/31/2001.
Transaction and Treatment doctors must match.
Includes productions and debits with any abx setting.
Includes collections with any collection type.
Only non-zero productions are counted in the frequency (Freq) column.
------------------------------------------------------------------------
Category                             Production   Freq  Collection

 CO-PAY DUE                                   0      0        20-
 AMEC CAP CK DEBIT ADJ                        0      0     28,710-
 EYE SPECIAL CAP DR ADJ                       0      0    359,334-
 CIGNA CAP CHECK ADJ (DR)                     0      0    386,422-
 CATALINA DEBIT ADJ                           0      0     29,492-
 EASTSIDE IPA RINCON ADJ (DR)                 0      0      1,000-
 SW EYE SAFFORD ADJ                           0      0     40,483-
 INTEREST                                     0      0         95-
65222 Removal of Foreign Body w/Slit       960      8        700-
65285 Repair Rup. Globe,Cornea/Scler    15,000     14      7,746-
65420 Excision Pterygium                 4,200      9      2,593-
66020 Inject Air/Liquid, A/C               600      1        247-
66180 Aqueous Shunt                      1,450      1        257-
66710 Cyclophotocoagulation             55,150     59     22,337-
66720 Cryotherapy                       13,300     14      5,089-
66761 Revision of Iris                   6,600      6      2,563-
66821 Yag Laser - Right                  7,500     15      4,963-
66821 Yag Laser - Left                   7,500     15      4,963-
66825 Reposition IOL                     4,800     10      2,250-
66850 Lensectomy Phacofrag              93,000     84     31,350-
67005 Anterior Vitrectomy               10,000      5      3,217-
67038 PPV + Membrane Strip           3,331,985    965  1,322,680-
67039 PPV + Focal Endolaser            142,400     48     60,589-
67210 Photocoag-Dest Lesion          4,626,182  3,900  2,160,549-
67228 Destruct Retinop; Laser        3,517,866  3,158  1,946,536-
67220 Laser/Photocoagulation Choroid   336,814    276    170,371-
67221 Photodynamic Laser Therapy/PDT    87,600    146     51,705-
92014 Opthal Svcs-Comprehen          1,567,685 22,156  1,065,431-
92018 Exam Under Anesthesia              4,200     21      1,857-
92083 VF - Extended                    104,640    869     51,308-
92283 Color Vision Exam                    450      9        240-
99204 New Pt - Comprehensive            36,415    340     23,833-
99205 New Pt - Complex                  20,435    153     11,707-
99214 Eval & Mgmt - Detailed             2,220     31      1,345-
99215 Eval & Mgmt - Comprehensive      314,730  3,455    241,178-
 1113 Miscellaneous Services             2,062     76      1,808-
 1114 HIV Screening for El Rio           6,390    213      5,820-
12020 Treatment Wound Dehiscense           160      1        152-
G0185 TTT LASER - Right                  1,200      1         10-
G0185 TTT LASER - Left                   1,200      1         10-
Unreferenced Credits                         0      0     20,384-

Grand Totals                         7,651,399 107,496  6,204,123-
```

SECTION SIX: FINANCIAL SUMMARY REPORT

ACCESSING THE FINANCIAL SUMMARY REPORT

1. Press **[7] Reports** from the home screen.
2. Press **[3] Financial Analysis Reports**.
3. Press **[2] Financial Summary Report**.

PURPOSE/FUNCTION

The Financial Summary Report lists production frequency, along with production percentage in relation to the entire practice, for two separate date ranges. Production information is provided in summary or detail for each provider, and is broken down by various categories such as treatment group, diagnosis, facility, and insurance type.

SETTING REPORT PARAMETERS

The user must choose the Financial Summary Report format:

- *Financial Summary*: Includes production and frequency information for all categories
- *Short Financial Summary*: Includes production and frequency information only for transaction and treatment categories

The user must also choose the level of report detail:

- *Detail*: Includes individual physician detail, as well as practice totals
- *Summary*: Includes only practice totals

The user will be prompted to set the following report parameters:

- Consider specific assigned providers
- Process all patients or a group
- Consider specific insurance types
- Consider specific Condition Codes
- Compile by date of service or posting date
- Set report starting and ending date range for periods one and two
- Select to print only transactions and adjustments
- Select to print a line for every Practice File item, with or without activity

NOTES & POTENTIAL ISSUES

Because the Financial Summary Report does not print patient detail, but rather physician and practice category detail, there is no danger of creating a huge report output. The report output is limited to the number of physicians and practice categories (e.g., treatments, diagnoses, etc.) in your practice.

REPORT OUTPUT

For each date range, the Financial Summary Report will provide the frequency and dollar amount for each line item within each category, as well as the percentage in relation to each doctor and to the practice as a whole. Individual formats are detailed below:

Financial Summary: Detail Format

For each assigned provider, this format will be broken down by the following categories:

• Transactions/Adjustments	• Office Locations
• Treatment Groups	• Place of Service Categories
• Diagnoses	• Insurance Types
• Acute facilities	• Other Treating Physicians
• Convalescent Facilities	• Referring Physicians
• Independent Laboratories	• Attorneys

For each category, the report will print the following frequency and amount information:

Production frequency	Production amount
• Frequency	• Dollar amount
• Percentage of physician's total frequency	• Percentage of physician's total amount
• Percentage of practice's total frequency	• Percentage of practice's total amount

Practice summary totals will also be provided for the above information.

Financial Summary: Summary Format

This format only prints the practice summary totals provided in the Financial Summary: Detail Format subsection.

Short Financial Summary: Detail Format

This format is nearly identical to the more extensive Financial Summary Formats. However, this format will be broken down by only two categories for each assigned provider:

• Transactions/Adjustments	• Treatment Groups

Practice summary totals will also be provided.

Short Financial Summary: Summary Format

This format only prints the practice summary totals provided in the Short Financial Summary: Detail Format subsection.

All Formats

All formats will include header information on the first page, displaying all parameters for how the report was run.

SAMPLE
FINANCIAL SUMMARY REPORT

```
Run Date: 05/01/2002            Financial Summary            Avanta Practice                        Page 1
Includes transactions with dates of service between 01/01/1999 and 12/31/1999.
Report compiled by AVANTA using all of the patients.
Includes patients with all insurance types.
There were no condition codes selected or de-selected for this report.
Includes the patients of all 3 assigned physicians.
--------------------------------------------------------------------------------------------------------------

ALL DOCTORS:
                                       PROC   01/01/1999 TO 12/31/1999      PROC   01/01/2000 TO 12/31/2000
DESCRIPTION                            FREQ % PRACTICE      DOLLARS % PRACTICE   FREQ % PRACTICE     DOLLARS %
PRACTICE

PROD: ALL PATS - ALL TREATING DOCS   15,346 100.0     3,607,266.95 100.0     18,134 100.0      4,346,443.17 100.0
COLL: ALL PATS - ALL TREATING DOCS   14,831 100.0     1,881,645.65 100.0     19,393 100.0      2,396,473.19 100.0

                             *** (X)   TRANSACTIONS/ADJUSTMENTS ***

         CREDIT BALANCE FORWARD           0               0.00               1              1,170.00
         AUTO WRITE-OFF               6,119        1,067,341.97           8,585          1,390,787.65
         MEDICARE CHECK               2,243  15.1    381,278.14  20.3     2,918  15.0      516,667.87  21.6
         INS CO #1 CHECK              3,901  26.3    865,028.08  46.0     6,217  32.1    1,375,297.90  57.4
         INS CO #2 CHECK              1,991  13.4    103,656.50   5.5     2,405  12.4      130,567.17   5.4
         CASH PAYMENT                 2,143  14.4     51,732.90   2.7     3,837  19.8       54,171.94   2.3
         PERSONAL CHECK               2,583  17.4    119,172.63   6.3     3,952  20.4      149,065.81   6.2
         UNCOLLECTIBLE (CR)              56             6,551.57             130             19,599.13
         PATIENT REFUND                  32             4,970.89              41              2,222.10
         INSURANCE REFUND                22             7,811.39              38              9,295.70
         REVERSAL OF CREDIT (DR)        190            13,001.42             223              3,623.36
         CO-PAY DUE (DR)                 19               170.50             101                746.86
         CAPITATION WRITE-OFF (CR)    1,647           616,233.16             941            231,985.73
         LIMITED INCOME ADJ (CR)         16             1,656.02               8                854.55
         NO INSURANCE ADJ (CR)          356           125,103.03             292             98,250.06
         CIGNA CAP CHECK                 24   0.2      89,216.08   4.7        24   0.1       97,154.76   4.1
         CIGNA CAP CHECK ADJ (DR)        24            89,216.08              24             97,154.76
         NO PRIOR AUTH OBTAINED (CR)     36             6,939.48              27              5,518.96
         SMALL BALANCE ADJ (CR)          56               214.22              81                281.99
         COURTESY ADJ (CR)               55            11,200.13              70             18,227.45
         RETURNED CHECK ADJ (DR)          4               421.36               8              1,394.00
         POST-OP PERIOD (CR)              9               430.00               3                200.00

                             *** PROCEDURES ***

                             *** (A)   60000's ***

65222 Removal of foreign body w/slit      0               0.00               2   0.0        240.00   0.0
65260 Remove FB Post/Magnet               2   0.0     1,500.00   0.0         1   0.0      1,000.00   0.0
65280 Repair Scleral Perf. Ant.           2   0.0     2,700.00   0.1         0                0.00
65285 Repair rup. globe,cornea/scler      2   0.0     2,250.00   0.1         1   0.0      1,500.00   0.0
65420 Excision Pterygium                  2   0.0       600.00   0.0         0                0.00
65805 Paracentesis, A/C Theraputic        2   0.0       600.00   0.0         1   0.0        300.00   0.0
65810 Paracentesis Removal Opac.          0               0.00               1   0.0        500.00   0.0
65815 Paracent A/C Rem Blood              2   0.0     2,000.00   0.1         1   0.0        500.00   0.0
65865 Severing adh. Goniosynechiae        0               0.00               2   0.0      1,050.00   0.0
65920 Rem. implanted mat. ant. seg.       0               0.00               2   0.0      3,000.00   0.1
66250 Revision/Repair OP Wound            0               0.00               5   0.0      6,000.00   0.1

                             *** (B)   70000's ***

76512 US Echography B-Scan               90   0.6    13,350.00   0.4        86   0.5     12,750.00   0.3
72225 Comprehens V-R study               76   0.5     5,775.00   0.2        82   0.5      6,150.00   0.1
72014 Opthal Svcs-Comprehen           2,800  18.2   181,780.00   5.0     3,823  21.1    305,015.00   7.0
77018 Exam Under Anesthesia               1   0.0       200.00   0.0         6   0.0      1,200.00   0.0
75810 Paracentesis Removal Opac.          0               0.00               1   0.0        500.00   0.0
75815 Paracent A/C Rem Blood              2   0.0     2,000.00   0.1         1   0.0        500.00   0.0
72082 Visual Field (intermediate)         9   0.1       720.00   0.0        17   0.1      1,360.00   0.0

                             *** (C)   90000's ***

92002 Ophthalmic services(Intermed.)     38   0.2     1,710.00   0.0       116   0.6      5,395.00   0.1
92004 Ophth. new pt comprehen             8   0.1       523.00   0.0        41   0.2      3,705.00   0.1
92012 Ophthal Svcs-Intermed           2,384  15.5   117,965.00   3.3     2,638  14.5    142,580.00   3.3
92014 Opthal Svcs-Comprehen           2,800  18.2   181,780.00   5.0     3,823  21.1    305,015.00   7.0
92018 Exam Under Anesthesia               1   0.0       200.00   0.0         6   0.0      1,200.00   0.0
92082 Visual Field (intermediate)         9   0.1       720.00   0.0        17   0.1      1,360.00   0.0
92083 VF-Extended                        85   0.6    10,080.00   0.3        98   0.5     11,520.00   0.3
92225 Comprehens V-R study               76   0.5     5,775.00   0.2        82   0.5      6,150.00   0.1
92235 Fluorescein Angio               1,417   9.2   343,500.00   9.5     1,758   9.7    409,350.00   9.4
92240 ICG Angiography                   114   0.7    28,400.00   0.8       127   0.7     33,000.00   0.8

                             *** (D)   ALL OTHERS ***

1113 Miscellaneous services               2   0.0        50.00   0.0         0                0.00
1114 HIV screening for El Rio             45   0.3     1,350.00   0.0        32   0.2        960.00   0.0
W0011 PAM                                  4   0.0       120.00   0.0         0                0.00
11112 Unknown Medibase Code2               1   0.0         0.00               0                0.00
1111 Unknown Medibase Code5                1   0.0        50.00   0.0         0                0.00
1112 Record Release                       47   0.3     1,146.75   0.0        44   0.2        750.10   0.0
J3490 UNLISTED DRUG                        0               0.00              41   0.2     65,600.00   1.5
```

*** DIAGNOSES ***

Keratitis Herpes Simplex	1	0.0	50.00	0.0	0		0.00		
Cytomegaloviral disease	70	0.5	15,270.00	0.4	63	0.3	11,575.00	0.3
Histoplasmosis Syndrome	67	0.4	8,330.00	0.2	110	0.6	11,930.00	0.3
Sarcoidosis	2	0.0	165.00	0.0	0		0.00	
Asthenopia	3	0.0	135.00	0.0	1	0.0	165.00	0.0
Diplopia, Double Vision	0		0.00		6	0.0	775.00	0.0
Visual Field Defect	25	0.2	2,845.00	0.1	20	0.1	2,195.00	0.1
Visual Field Loss	4	0.0	585.00	0.0	1	0.0	55.00	0.0

*** ACUTE FACILITIES ***

St. Joseph's Hospital	335	2.2	950,265.00	26.3	397	2.2	1,063,067.50	24.5
West Medical Center	111	0.7	325,925.00	9.0	122	0.7	334,030.00	7.7
St. Mary's Hospital	35	0.2	3,685.00	0.1	28	0.2	2,895.00	0.1
University Medical Center	2	0.0	260.00	0.0	6	0.0	5,010.00	0.1
Other University Medical Center	2	0.0	210.00	0.0	0		0.00	0.0
Heart Hospital	0		0.00		2	0.0	290.00	0.0
Regional Hospital	0		0.00		4	0.0	130.00	0.0

*** CONVALESCENT FACILITIES ***

*** INDEPENDENT LABORATORIES ***

*** OFFICE LOCATIONS ***

Agoura Hills Main Office	7,984	52.0	1,261,725.75	35.0	8,684	47.9	1,472,535.52	33.9
Las Vegas Remote Office	200	1.3	14,020.00	0.4	283	1.6	26,290.00	0.6
Maui Remote Office	5,663	36.9	928,684.20	25.7	6,736	37.1	1,146,795.15	26.4
Auburn Remote Office	5,663	36.9	928,684.20	25.7	6,736	37.1	1,146,795.15	26.4

*** PLACE OF SERVICE CATEGORIES ***

Inpatient Hospital	52	0.3	13,490.00	0.4	65	0.4	11,245.00	0.3
Outpatient Hospital	434	2.8	1,266,985.00	35.1	494	2.7	1,394,177.50	32.1
Doctor's Office	14,860	96.8	2,326,791.95	64.5	17,575	96.9	2,941,020.67	67.7

*** INSURANCE TYPES ***

NO INSURANCE	848	5.5	214,829.50	6.0	1,108	6.1	275,735.65	6.3
MEDICARE	4,602	30.0	1,006,118.15	27.9	5,312	29.3	1,158,631.10	26.7
MEDI-MEDI	5	0.0	655.00	0.0	1	0.0	45.00	0.0
PRIVATE INSURANCE	9,193	59.9	2,150,528.05	59.6	4,190	23.1	1,108,323.40	25.5
WORKMAN'S COMP	88	0.6	33,713.15	0.9	111	0.6	34,865.00	0.8
HMO	610	4.0	201,423.10	5.6	7,412	40.9	1,768,843.02	40.7

*** OTHER TREATING PHYSICIANS ***

Marcus Welby, MD	450	2.9	105,609.15	2.9	500	2.8	122,565.65	50.8
Hank Lewis, MD	684	4.5	135,746.00	3.8	545	3.0	97,314.00	40.2
Troika Salamander, MD	86	0.6	15,660.00	0.4	97	0.5	10,417.00	8.0

*** REFERRING PHYSICIANS ***

No Referring Source	828	5.4	180,385.90	5.0	1,046	5.8	74,587.80	63.3
1 SMITH JOE	0		0.00		2	0.0	220.00	0.0
3 LYNN JENNY OD	60	0.4	20,800.00	0.6	58	0.3	14,035.00	13.3
4 WOLFE JEFFREY PHD	5	0.0	2,165.00	0.1	19	0.1	3,225.00	0.1
5 BEAR ADAM OD	8	0.1	635.00	0.0	7	0.0	1,845.00	0.0
7 STARGAZER WOODY OD	3	0.0	365.00	0.0	9	0.0	5,405.00	0.1
8 WOOKER HARDY MD	95	0.6	25,345.00	0.7	55	0.3	14,075.00	12.3
9 YAROSLAV PEGGY	5	0.0	675.00	0.0	1	0.0	80.00	0.0
10 KOOLIT ENRIQUE MD	5	0.0	595.00	0.0	1	0.0	120.00	0.0

*** ATTORNEYS ***

No Attorney	15,346	100.0	3,607,266.95	100.0	18,134	100.0	4,346,443.17	100.0

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SECTION SEVEN: FINANCIAL REPORT GENERATOR

ACCESSING THE FINANCIAL REPORT GENERATOR

1. Press **[7] Reports** from the home screen.
2. Press **[3] Financial Analysis Reports**.
3. Press **[3] Financial Report Generator**.

PURPOSE/FUNCTION

The Financial Report Generator (FRG) allows you to customize the output and grouping of information based on the types of procedures and transactions used in your practice. Multiple FRG definitions may be created to produce different report outputs for varying purposes. The FRG employs logic based exclusively on your practice's Payment/Report Group assignments, and the FRG allows the user to compare three time periods by date of service or posting date.

Although detailed instruction on setting up and running an FRG is beyond the scope of this seminar, the central idea is that thorough, customized financial information can be derived through a carefully constructed FRG definition, such as follows:

Total Practice Production	➜	Sum of all Payment/Report Groups that include treatments/transactions with *production* data
Total Practice Collection	➜	Sum of all Payment/Report Groups that include treatments/transactions with *collection* data
Total Practice Debits	➜	Sum of all Payment/Report Groups that include treatments/transactions with *debit adjustment* data
+ **Total Practice Credits**	➜	Sum of all Payment/Report Groups that include treatments/transactions with *credit adjustment* data
= **Total Practice Balance (A/R)**		

SETTING REPORT PARAMETERS

Before using the Financial Report Generator, you must have already completed your Payment/Report Group assignments and FRG definition setup. There are 20 Payment/Report Groups that are user-definable, in addition to seven Avanta-defined Payment/Report Groups. Further information regarding setup of your Payment/Report Groups is provided under the *Notes & Potential Issues* heading in this section.

The FRG allows the user to compare three time periods by date of service or posting date. The default date ranges are current month-to-date, quarter-to-date, and year-to-date, but the user may manually edit any of the date ranges. Because the FRG is not designed for balancing purposes, it is recommended that you run this report by date of service.

The user will also be prompted to set the following report parameters:

• Process all patients or a group	• Consider specific treating providers
• Print detail or summary information for each physician	• Consider specific insurance types • Consider specific Condition Codes

NOTES & POTENTIAL ISSUES

Because the Financial Report Generator is fully dependent on Payment/Report Group assignments and the FRG definition, it is essential that your treatments and transactions are completely and correctly assigned and that the FRG definition is correctly set up.

If a treatment or transaction does not have an assigned Payment/Report Group, the item will not be considered for a specific category on the FRG. If a treatment or transaction has an incorrectly assigned Payment/Report Group, or if the FRG definition is incorrect, the output information will be skewed. Therefore, it is recommended that you call Avanta if you are interested in setting up the FRG.

Please note that choosing to run this report in detail for each physician may create a huge report output.

REPORT OUTPUT

The Financial Report Generator compares three time periods. The default date ranges are set to current month-to-date, quarter-to-date, and year-to-date, but the user may manually edit any of the date ranges.

The output and grouping of information being compared for these date ranges depend on the FRG created and selected by the user. Therefore, the FRG output depends on the needs of your practice, and will be unique per practice.

The report will include header information on the first page, displaying the FRG definition selected and all parameters for how the report was run.

RELATIONSHIP TO OTHER AVANTA REPORTS

The Financial Report Generator is similar to the Transaction Report, but the user can completely customize the output and grouping of information based on Payment/Report Groups assignments and the FRG definition.

SAMPLE
FINANCIAL REPORT GENERATOR

```
04/29/2002   Financial Report Generator   Avanta Practice              Page 1
Report compiled by AVANTA using all of the patients.
Includes patients with all insurance types.
There were no condition codes selected or de-selected for this report.
Includes the patients of all 14 treating physicians.
Description: Original Definition
-------------------------------------------------------------------------------

All Physicians:            For Service Dates For Service Dates For Service Dates
                            From 01/01/2001   From 01/01/2001   From 01/01/2002
                            To   01/31/2001   To   12/31/2001   To   01/31/2002

Hospital Surgeries              97,465.00     1,740,875.00        163,875.00
Office Surgeries - Major             0.00             0.00              0.00
Office Surgeries - Minor         6,930.00        81,555.00          6,595.00
==============================================================================
Total Surgical Charges         104,395.00     1,822,430.00        170,470.00
==============================================================================
Office Visits                   25,000.00       294,490.00         32,755.00
Consultations                        0.00           700.00              0.00
Special Services                22,950.00       256,890.00         27,435.00
Hospital Visits                      0.00         1,000.00              0.00
Supplies & Medications              50.00           420.00             50.00
Contact Lenses                       0.00             0.00              0.00
Unassigned Production                0.00             0.00              0.00
==============================================================================
Total Office-hosp Production    48,000.00       553,500.00         60,240.00
Total Overall Production        152,395.00    2,375,930.00        230,710.00
==============================================================================
Medicare Checks                <24,470.20>    <429,336.34>       <30,250.81>
Insurance Checks               <26,537.24>    <283,016.18>       <23,038.29>
Patient Payments               <10,301.35>    <162,708.26>       <21,389.13>
Unassigned Collections R L I         0.00             0.00              0.00
==============================================================================
Total Collection               <61,308.79>    <875,060.78>       <74,678.23>
==============================================================================
Adjustments/write Offs        <105,779.72>  <1,383,266.39>      <106,381.22>
Unassigned Credits                   0.00             0.00              0.00
==============================================================================
Total Credits                 <105,779.72>  <1,383,266.39>      <106,381.22>
==============================================================================
Refunds                            227.18         3,438.57            302.95
Debit Adjustments                   15.00           127.50              0.00
Unassigned Debits                    0.00             0.00              0.00
==============================================================================
Total Debits                       242.18         3,566.07            302.95
==============================================================================
Total Charges                  152,395.00     2,375,930.00        230,710.00
  (-) Total Credits           <105,779.72>  <1,383,266.39>      <106,381.22>
  (=) Adjusted Charges         46,615.28       992,663.61        124,328.78
==============================================================================
Total Collection               <61,308.79>    <875,060.78>       <74,678.23>
  (-) Refund / Debits             242.18         3,566.07            302.95
  (=) Total Collections        <61,066.61>    <871,494.71>       <74,375.28>
==============================================================================
Beginning A / R                204,607.16       204,607.16        326,526.06
(+) Charges Incl. Adjustments   46,615.28       992,663.61        124,328.78
(-) Collections                <61,066.61>    <871,494.71>       <74,375.28>
(=) Ending A / R               190,280.83       326,526.06        376,479.56
Change In A / R                <14,451.33>      121,168.90         49,953.50
                               <14,451.33>      121,168.90         49,953.50
```