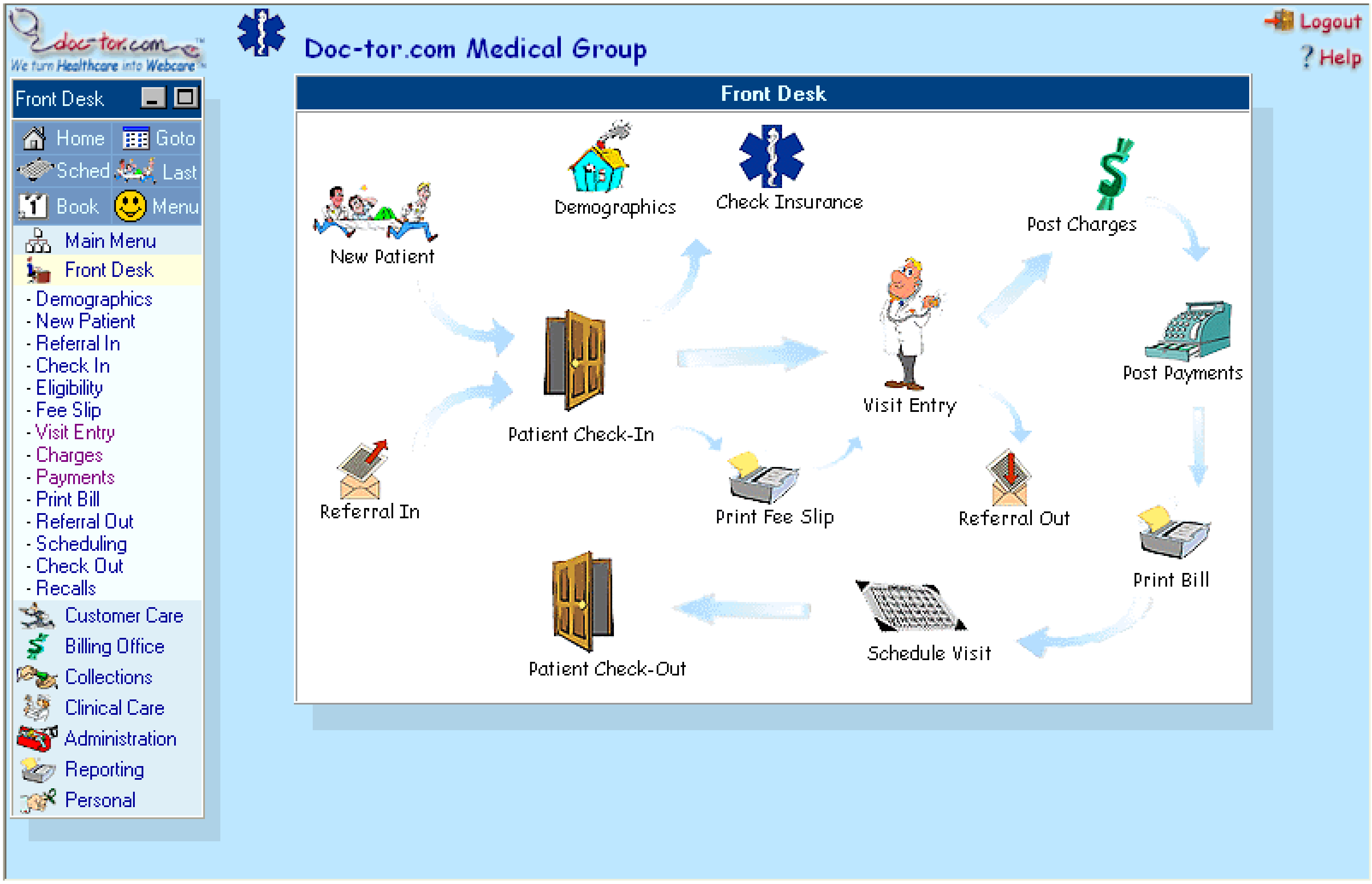
Front Desk : Overview

This Screen is used to add new patient, demographics, insurance and add charges

All Info in Doc-tor.com is to entered in lower case (no capitals)
System will capitalize the first letter.



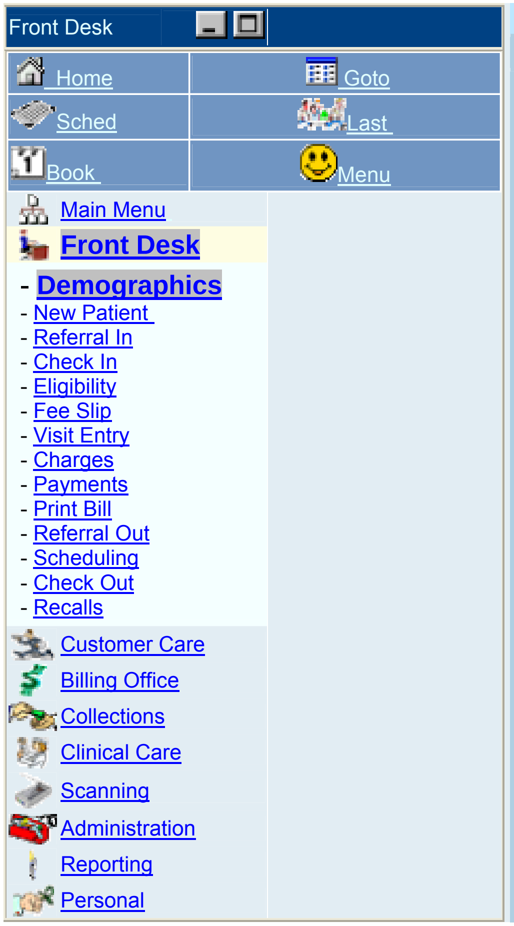
- Demographics : This module helps enter/modify demographics information of a patient
- New Patient : This module helps to register a new patient.
- Check Insurance : This option is used to add &check the insurance of the patient
- Visit Entry : This option helps to create a visit entry for a patient
- Post Charges : This option is used to post charges.

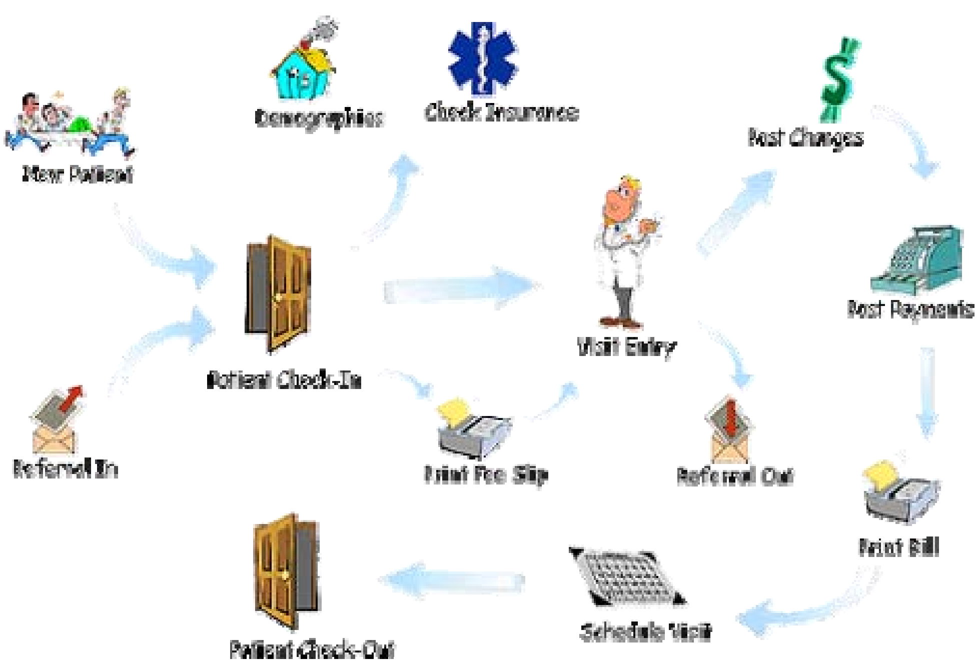
*****Demographics Have to be entered before a charge can be posted.**

To Enter New Patient Demographics, Insurance and Referring Provider

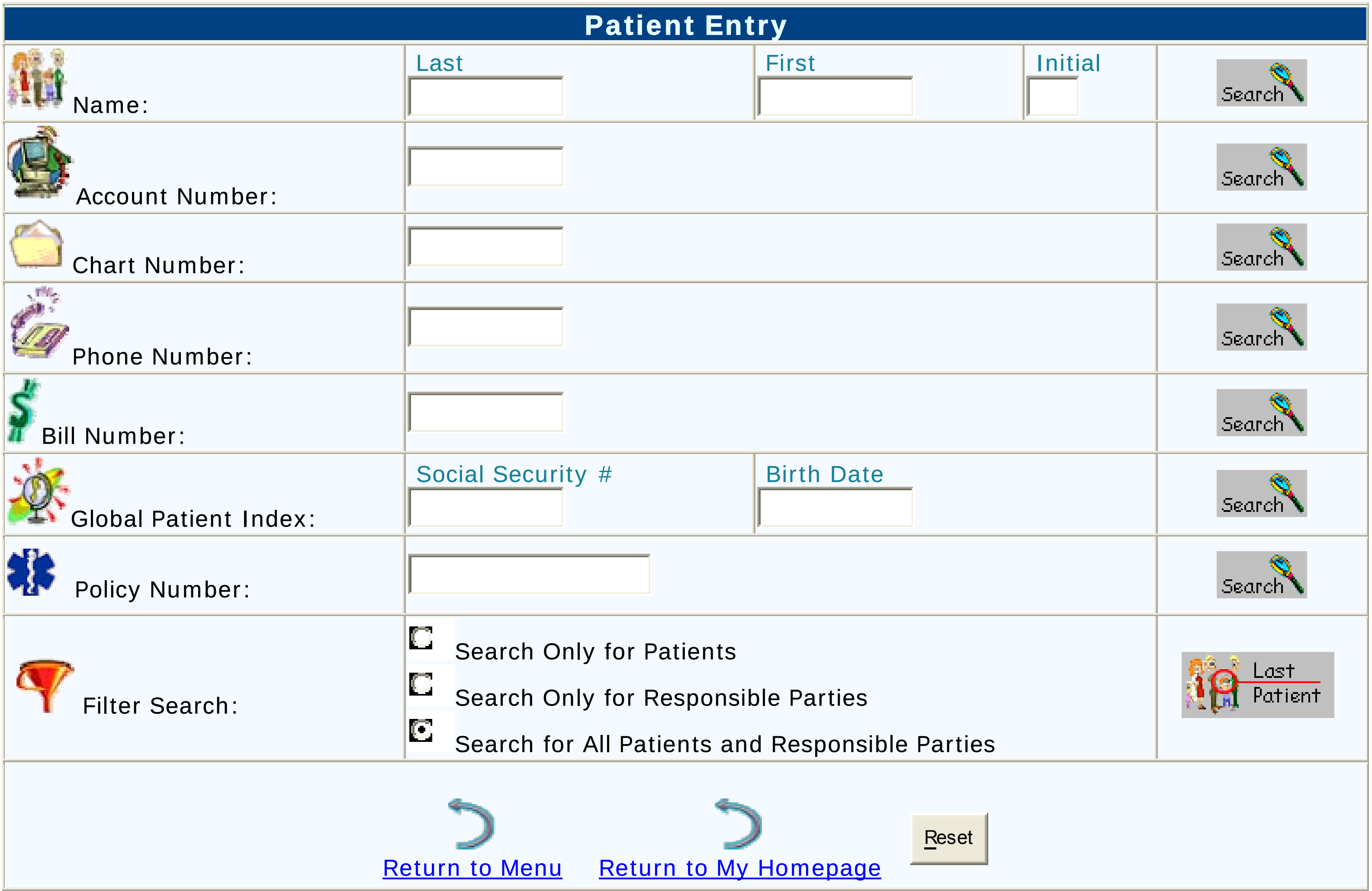
1. From Main Menu
2. Click on Front Desk
3. Click on Demographics or Blue House (icon)

Main Menu





Screen appears as below



4. Search for Patient any of the filters; Name, Account Number, Chart Number, Phone Number, Bill Number, Social Security#, Birth Date and Policy Number

5. When searching by name -enter at least first 4 letters of last name to refine search enter more letters of last name and first name

   Enter method of search and submit

6. If patient is a new patient- Click on **ADD New Patient**

7. Demographic Screen will appear (as below)

8. Enter name, gender, address, enter zip code and click on envelope- the city and state will automatically populate, date of birth and SS# (SS# is not required)

9. HIPAA forma Date- type date HIPAA forms are signed

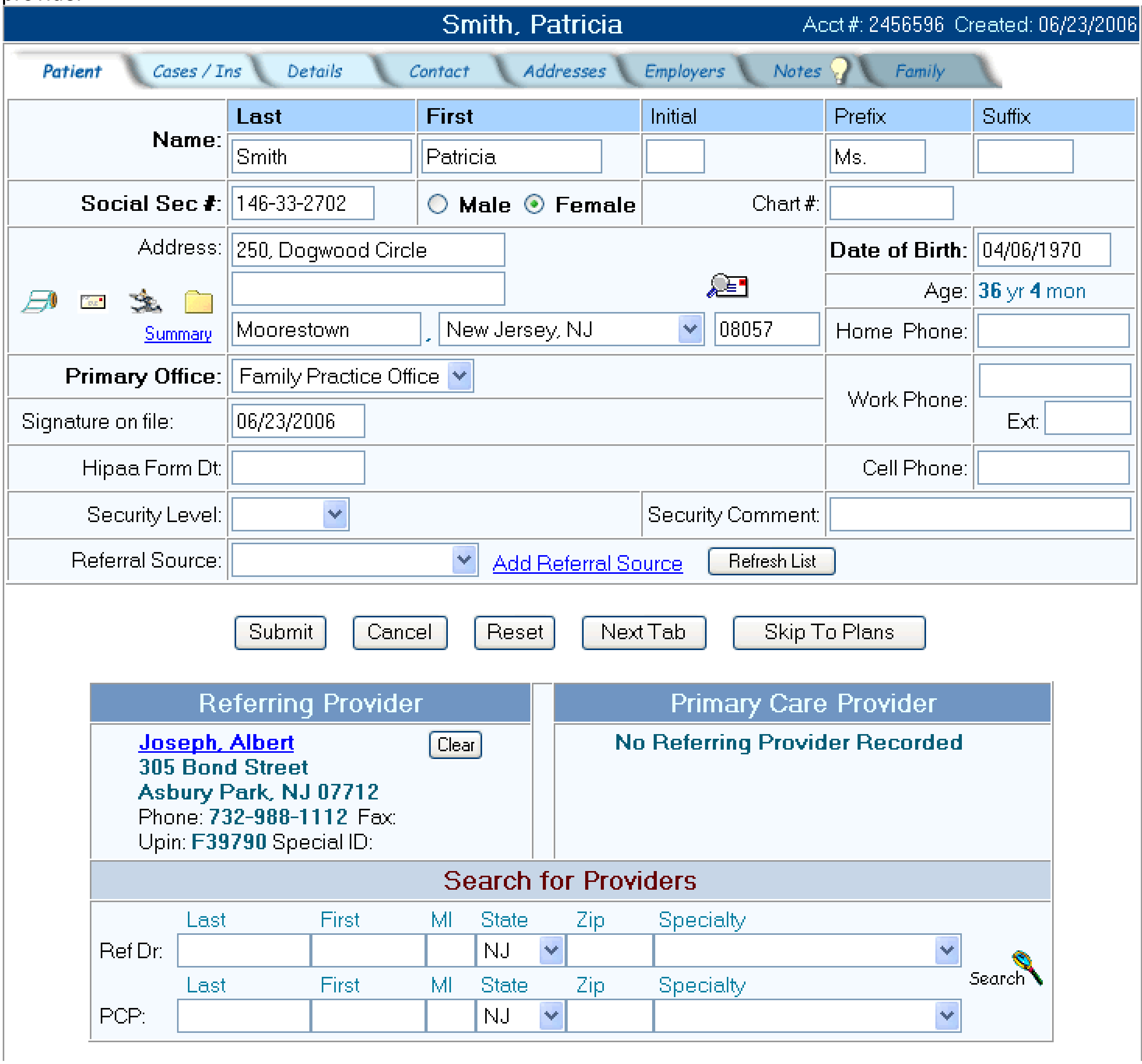
10. Referring Providers- the referring provider field when clicked shows a list of referring providers that have been entered into database. By highlighting the referring provider name it becomes the referring provider for the patient. This field is only required if there is a referring provider for this patient.

11. To search for referring providers- type Last Name, First Name of referring provider, Choose State from the drop down and hit search button. If a match is found it will bring up provider. Highlight provider name and hit **SUBMIT**

12. If Referring Provider is incorrect or needs to be changed- click on clear and all info will clear from referring provider field. Search for new referring provider

13. Required Fields- If a required is left blank or missing; the system will bold missing field (s) and field is highlighted in yellow- a message will pop up "PLEASE CORRECT ERRORS AND RESUBMIT" Enter required information before attempting to press Submit .

This Patient tab is used to enter patient details like name, SSN, address, primary office, DOB, Phone Number, Referring provider



14. Insurances- After demographics is entered next step is to add Insurances. To add insurances click on SKIP TO Plans or clicking on second blue tab Cases/Ins

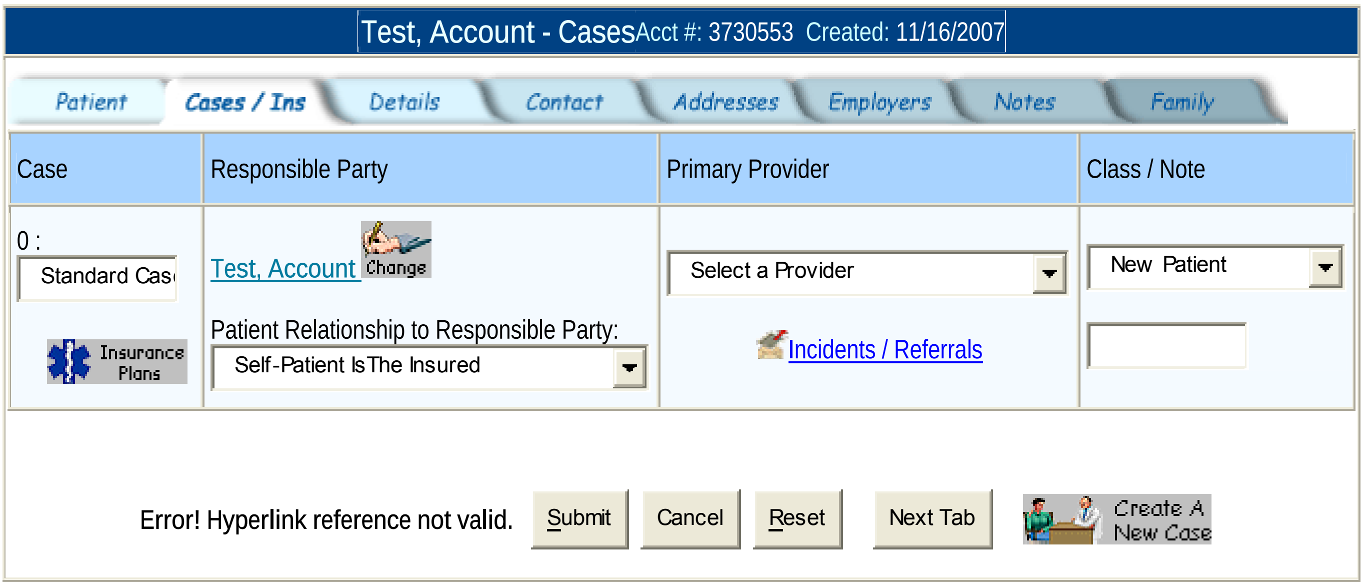
15. Skip to Plans will go directly to Insurance Plan Screen. If Second tab is picked- Cases/Ins; click on

Insurance plan : Click this button 

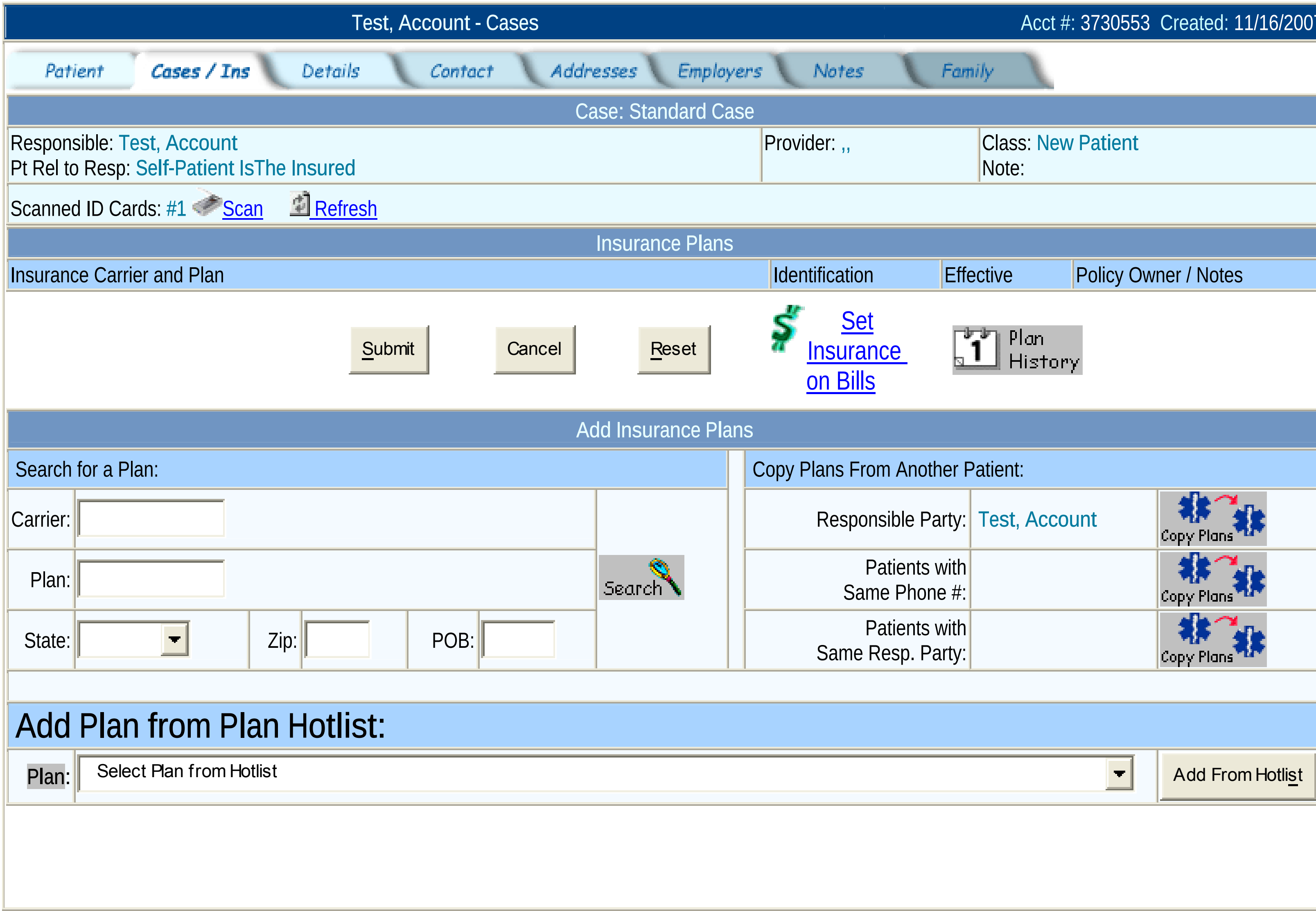
to modify or choose Insurance plan

Cases / Ins - This Insurance tab is used for creating insurances like Standard Case, Workers Compensation Case etc.,

- Click on (***Blue Star Icon***) on left side that reads Insurance Plans



Insurance Screen will appears

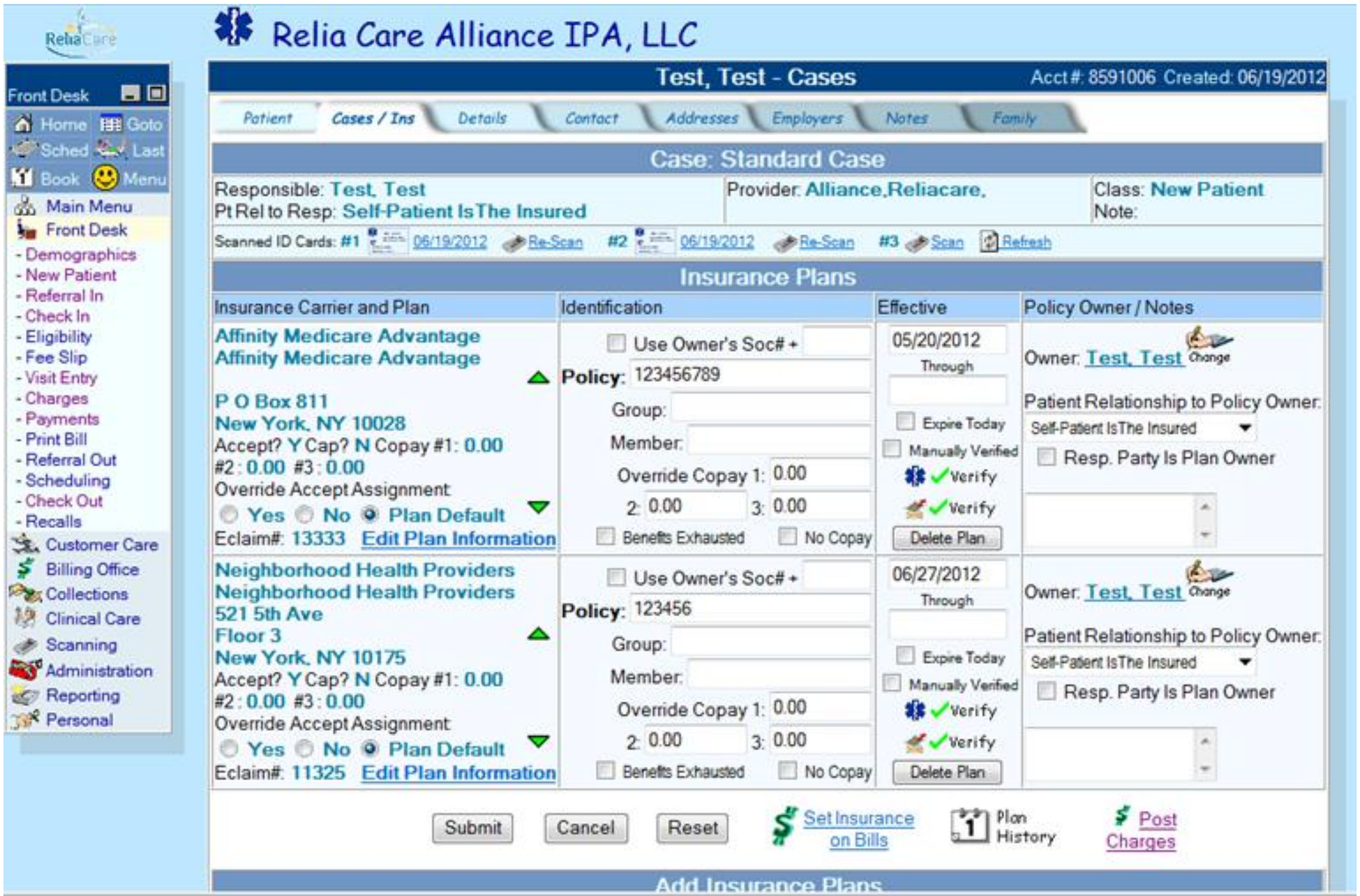


16. **INSURANCES MUST BE ADDED FROM THE HOTLIST- AT BOTTOM OF SCREEN**
17. **Click on down arrow and all insurances on <u>Hotlist</u> will appear**
18. **Highlight insurance off of <u>Hotlist</u> and click on (to right)** **Add from Hotlist**
19. Insurance on top will be Primary Insurance and Insurance on bottom will be secondary
20. **If Insurance is in wrong order; use Green Arrows to move insurance up or down.**
21. **<u>Policy #</u>** field will be highlighted –Policy number is required field
22. **<u>Effective Date</u>** – will be backdated one month from date of entry-** Effective date- important that effective is correct; so charge is linked to insurance
23. 

Icon verifies insurance
24. **<u>Expire insurance</u>**- insurances can be expired by putting a through date or by checking off box-

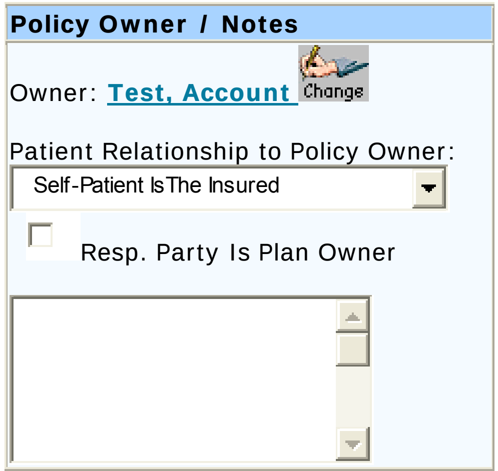
Expire Today (once Insurance is expired – plan will go into Plan History) 

By clicking on Plan History –have ability to view expired plans - **Hit Submit to Save Info**


Relia Care Alliance IPA, LLC
Test, Test - Cases
Acct #: 8591006 Created: 06/19/2012
Front Desk
Home Goto
Sched Last
Book Menu
Main Menu
Front Desk
- Demographics
- New Patient
- Referral In
- Check In
- Eligibility
- Fee Slip
- Visit Entry
- Charges
- Payments
- Print Bill
- Referral Out
- Scheduling
- Check Out
- Recalls
Customer Care
Billing Office
Collections
Clinical Care
Scanning
Administration
Reporting
Personal
Patient
Cases / Ins
Details
Contact
Addresses
Employers
Notes
Family
Case: Standard Case
Responsible: Test, Test
Pt Rel to Resp: Self-Patient Is The Insured
Provider: Alliance,Reliacare,
Class: New Patient
Note:
Scanned ID Cards: #1 06/19/2012 Re-Scan #2 06/19/2012 Re-Scan #3 Scan Refresh
Insurance Plans
Insurance Carrier and Plan
Identification
Effective
Policy Owner / Notes
Affinity Medicare Advantage
Affinity Medicare Advantage
P O Box 811
New York, NY 10028
Accept? Y Cap? N Copay #1: 0.00
#2 : 0.00 #3 : 0.00
Override Accept Assignment
Yes No Plan Default
Eclaim#: 13333 Edit Plan Information
Use Owner's Soc# +
Policy: 123456789
Group:
Member:
Override Copay 1: 0.00
2: 0.00 3: 0.00
Benefits Exhausted No Copay
05/20/2012
Through
Expire Today
Manually Verified
Verify
Verify
Delete Plan
Owner: Test, Test Change
Patient Relationship to Policy Owner:
Self-Patient Is The Insured
Resp. Party Is Plan Owner
Neighborhood Health Providers
Neighborhood Health Providers
521 5th Ave
Floor 3
New York, NY 10175
Accept? Y Cap? N Copay #1: 0.00
#2 : 0.00 #3 : 0.00
Override Accept Assignment
Yes No Plan Default
Eclaim#: 11325 Edit Plan Information
Use Owner's Soc# +
Policy: 123456
Group:
Member:
Override Copay 1: 0.00
2: 0.00 3: 0.00
Benefits Exhausted No Copay
06/27/2012
Through
Expire Today
Manually Verified
Verify
Verify
Delete Plan
Owner: Test, Test Change
Patient Relationship to Policy Owner:
Self-Patient Is The Insured
Resp. Party Is Plan Owner
Submit
Cancel
Reset
Set Insurance on Bills
Plan History
Post Charges
Add Insurance Plans

25. To Change Policy Owner

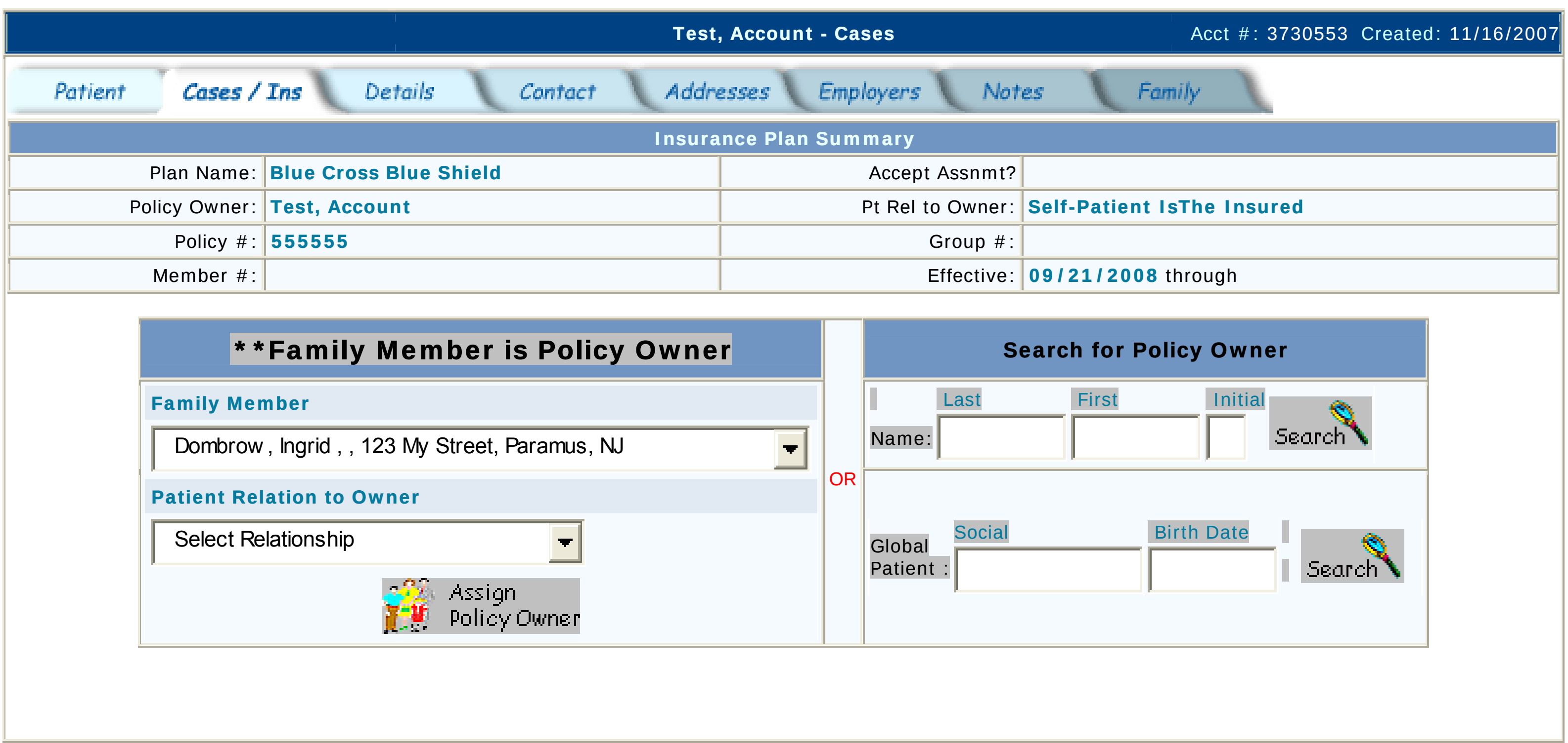
26. Click on  ICON



Screen appears below:

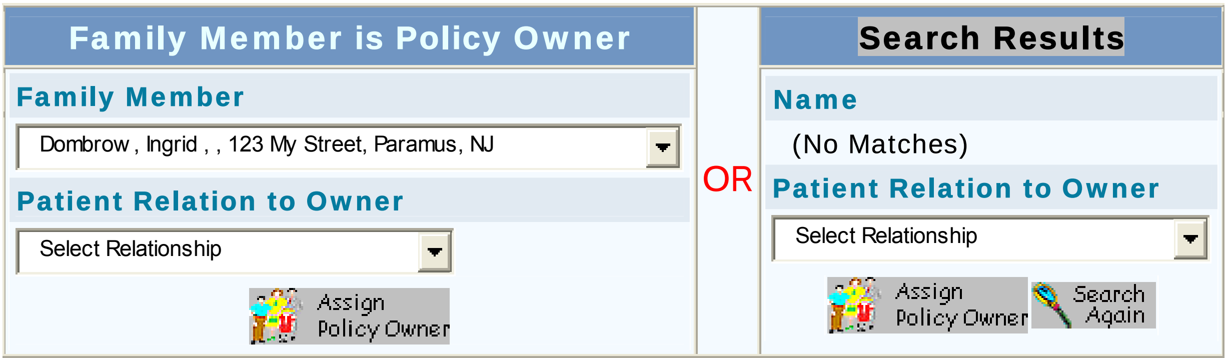
- First Search in Section –** Family Member is Policy Owner
- If Family Member is in drop down highlight Family Member then
- In next drop down -Patient Relation to Owner Select Relationship –

  and click on Icon - Assign Policy Owner

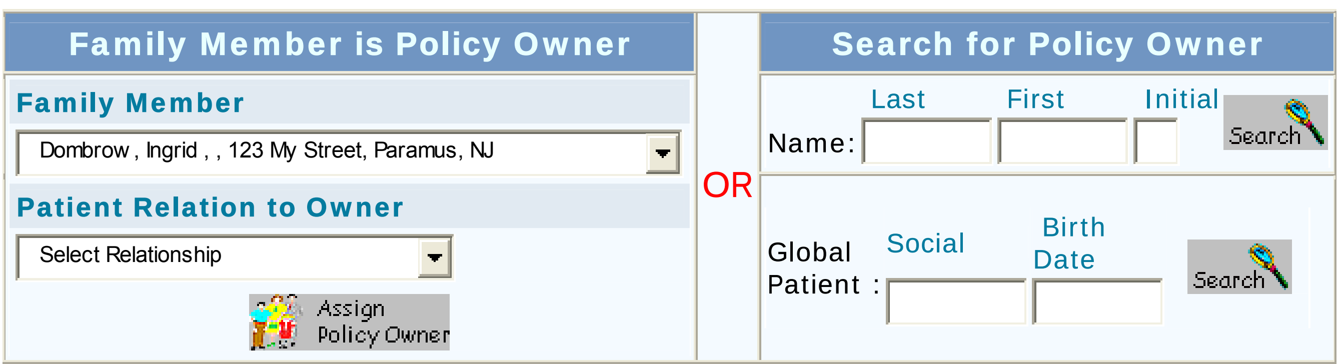


- If Policy Owner is not in Family Member section – then Search for Policy Owner in

  ^^Search for Policy Owner Section- type in last name and or part of first name and click on Search
- If Policy Owner is not in system –screen will show as follows
- No matches



- If Policy is in system screen appears as follows
- Choose Policy Owner and Patient Relation to Owner
- Click on Assign Policy Owner or Search Again if need to refine search



- If Policy Owner does not show up in either search criteria

Family Member is Policy Owner or Search for Policy Owner

- **Click On Create New Policy Owner Icon**
- 

Screen appears as below

- Address of Patient will automatically populate address fields

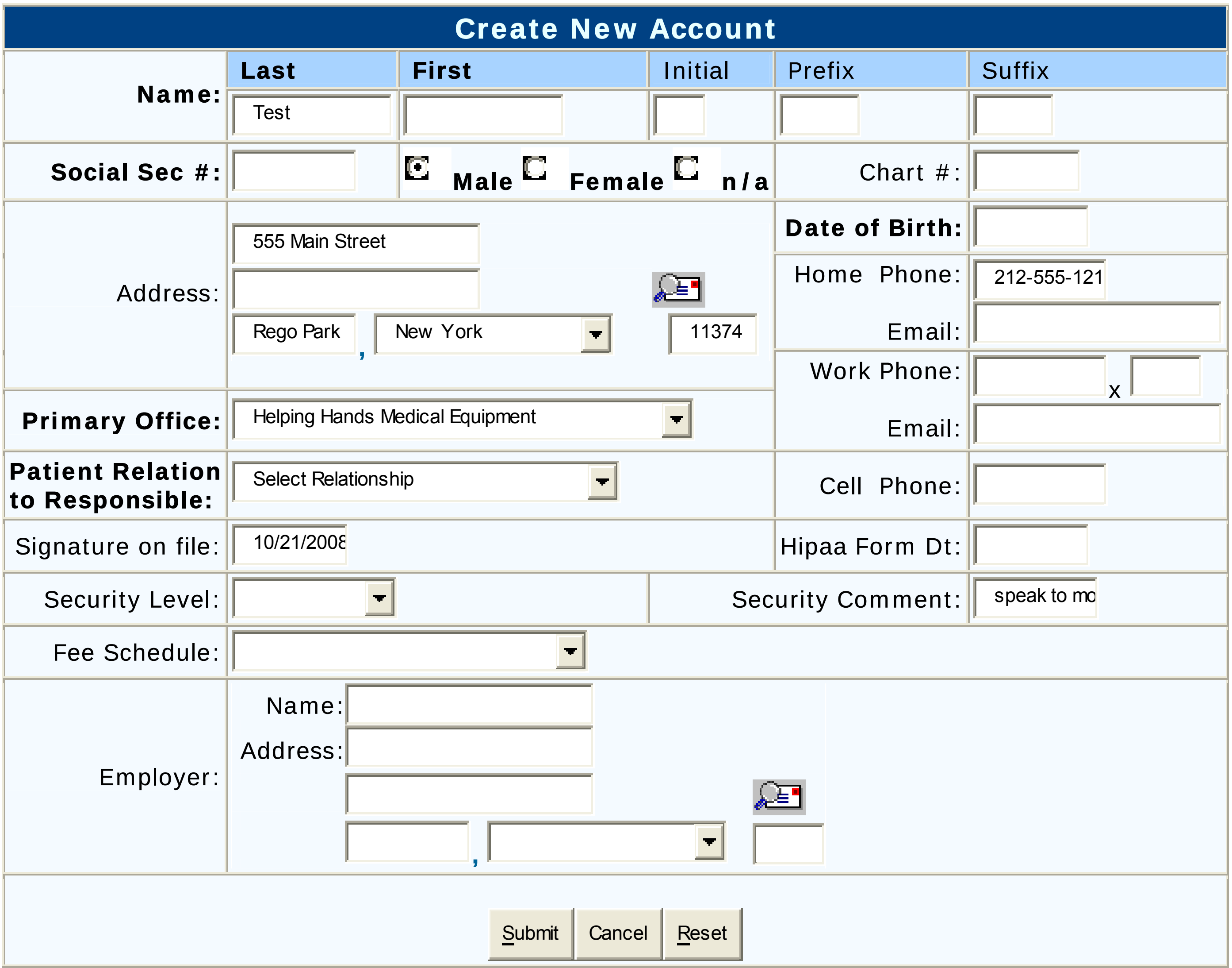
  Change address if applicable

- Enter information- Required fields are Last Name & First name and Patient Relation to Responsible

- Hit submit will get Message in red

- **You Have Not Entered a Social Security Number. Hit Submit again to Add this Patient.** **You do not have to enter SS#**

- **Hit Submit again and changes will be saved**



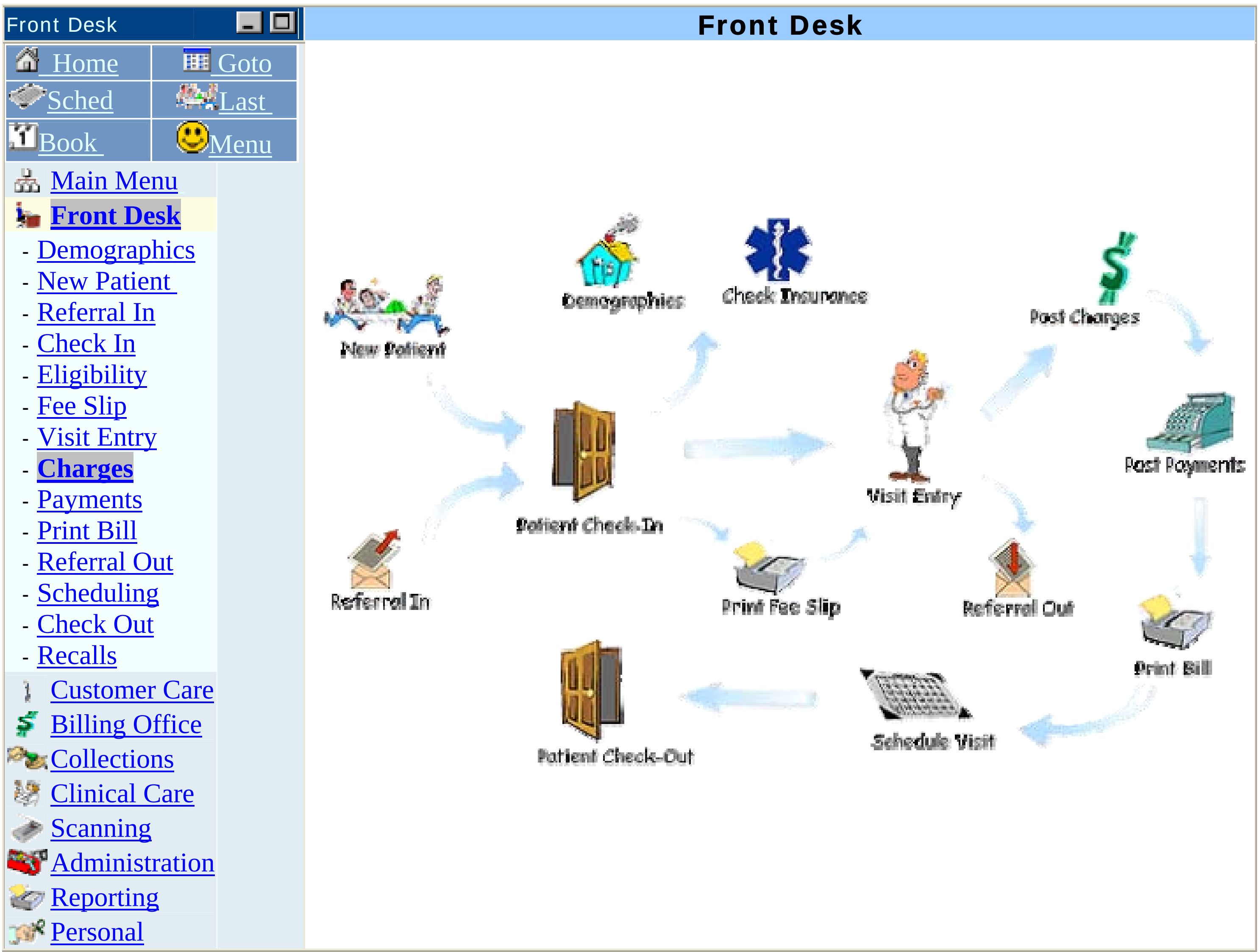
Posting Charges-

**Demographics have to entered before Posting Charges- If Demographics is not entered before posting a charge. The charge will not be linked to the insurance as well as the correct fee schedule.

1. Front Desk – Post Charges ($)
2. or Billing Office – Post Charges ($)

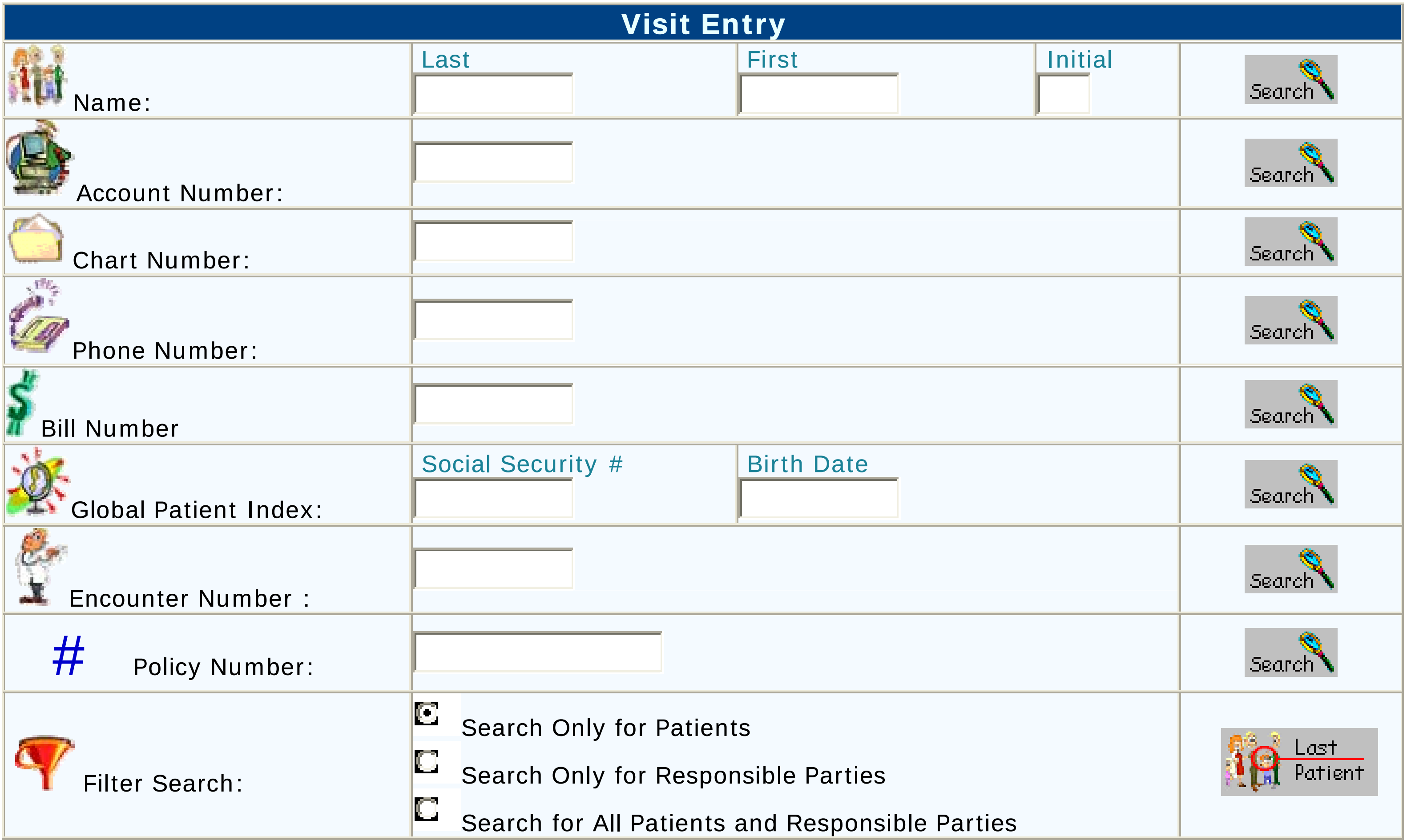
Corrections or Deletions on Posting Charges are to be done by ReliaCare.

Front Desk – Posting Charges



<u>Visit Entry</u> – to search for patient to enter charge

3. after clicking on post charges- Visit Entry screen will appear to search for patient
4. enter in patient's last name and/ or first name and click Search.



Visit Entry				
Name:	Last	First	Initial	Search
Account Number:				Search
Chart Number:				Search
Phone Number:				Search
Bill Number				Search
Global Patient Index:	Social Security #	Birth Date		Search
Encounter Number :				Search
# Policy Number:				Search
Filter Search:	Search Only for Patients Search Only for Responsible Parties Search for All Patients and Responsible Parties			Last Patient

Visit Entry screen will appear-

5. Visit Entry screen will appear- that lists existing bills (if any exists)
6. Click on ADD (in upper right corner)

This section is used for posting charges. You can create a new visit entry or review the information already posted.

Click on Add – to add new charge

Visit Entry -Account Test

Batch Review — New Batch

Batch #	Visit Date	Tran Date	Office	Conv?	Expected	Entered	
0	No Batch Control						Add

Bill Review

Bill	Visit Date	Incident	Bill Office	Treat Office	Provider	Hold Rsn	Type	Print

Cancel

Visit Tab

This screen is used to view all visit related information i.e. Billing office, Treatment office, Referring provider etc

7. Visit Tab Screen will appear- This screen is used to view all visit related information i.e. Billing office, Treatment office, Referring provider etc
8. **Enter Date of Service,**
9. **Billing Office**
10. **Treatment Office**
11. **Signing Provider**
12. **Attending Provider**
13. **Referring Provider**: If Referring Provider is entered in Demographics the referring provider field will be populated.If Referring Provider needs to added or changed; type in referring dr's last name, first name and state that practices in.
14. **Hold Reason**- This Field holds the claim if any problem exists with the bill.
15. **Pre Auth #- P**re-certification number which is issued by the insurance company
16. Bill Notes- to attach note to Bill click on add

Visit Entry - Account Test	Bill # 58469

Visit | Incident | Procedures | Recalls | Chart | Payment

Visit Entry - Carol Smith	New Bill

Bill Notes Add

Subject	Created	Category	Type	Status	Attachment

Bill Notes Add

Subject	Created	Category	Type	Status	Attachment

Visit | Incident | Procedures | Recalls | Chart | Payment

Plans: Cigna Healthcare:3232323/Aetna Us Healthcare:2343344

Visit Date	06/07/2006	Bill Type	Bill Pre-Auth Standing Order
Billing Office	Medical Center	Incident	None eyes head injury-11/1/05 Add
Treatment Office	Medical Center		
Signing Provider	Jones, M.D., Joseph,	Feeslip	
Attending Provider	Signing Provider		
Hospital	Ambulette	From	To
Outside Lab	Quest Labortories	Charge	0.00
Hold Reason	None	Pre-Auth #	
Start Time	End	Difficulty	
		HCFA Box 17	
Visit Type	6 Month Visit	HCFA Box 19	
Nature of Condition	Acute	Manifest Date	
Stmnt Msg	Applied Tow ards Patient Deductible Assign Benefits to Patient		

Referral Provider

Last Name	First Name	Mi
State Select State	Spec Select Specialty	
Date Last Seen:		

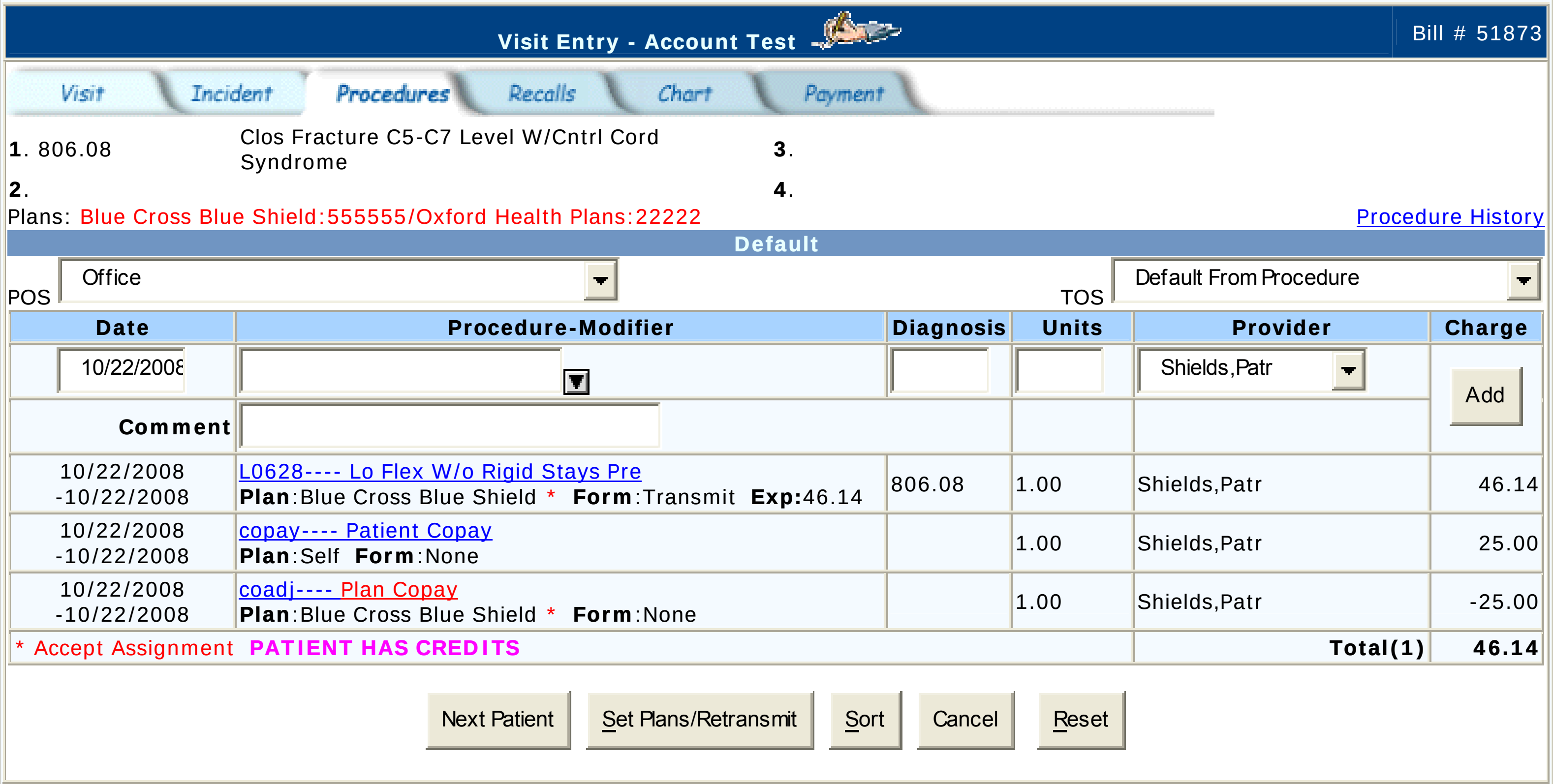
450 Lakeville Road New Hyde Park NY 11042-1110 **Clear**

Submit | Cancel | Copy Last | Reset

Bill Notes Add

Subject	Created	Category	Type	Status	Attachment

Procedures Tab



Visit Entry - Account Test | Bill # 51873

Visit | Incident | Procedures | Recalls | Chart | Payment

1. 806.08 Clos Fracture C5-C7 Level W/Cntrl Cord Syndrome
3.
2.
4.

Plans: Blue Cross Blue Shield:555555/Oxford Health Plans:22222 | Procedure History

Default

POS: Office | TOS: Default From Procedure

Date	Procedure-Modifier	Diagnosis	Units	Provider	Charge
10/22/2008				Shields,Patr	Add
Comment					
10/22/2008 -10/22/2008	L0628---- Lo Flex W/o Rigid Stays Pre **Plan**:Blue Cross Blue Shield * **Form**:Transmit **Exp**:46.14	806.08	1.00	Shields,Patr	46.14
10/22/2008 -10/22/2008	copay---- Patient Copay **Plan**:Self **Form**:None		1.00	Shields,Patr	25.00
10/22/2008 -10/22/2008	coadj---- Plan Copay **Plan**:Blue Cross Blue Shield * **Form**:None		1.00	Shields,Patr	-25.00
* Accept Assignment **PATIENT HAS CREDITS**				**Total(1)**	**46.14**

Next Patient | Set Plans/Retransmit | Sort | Cancel | Reset

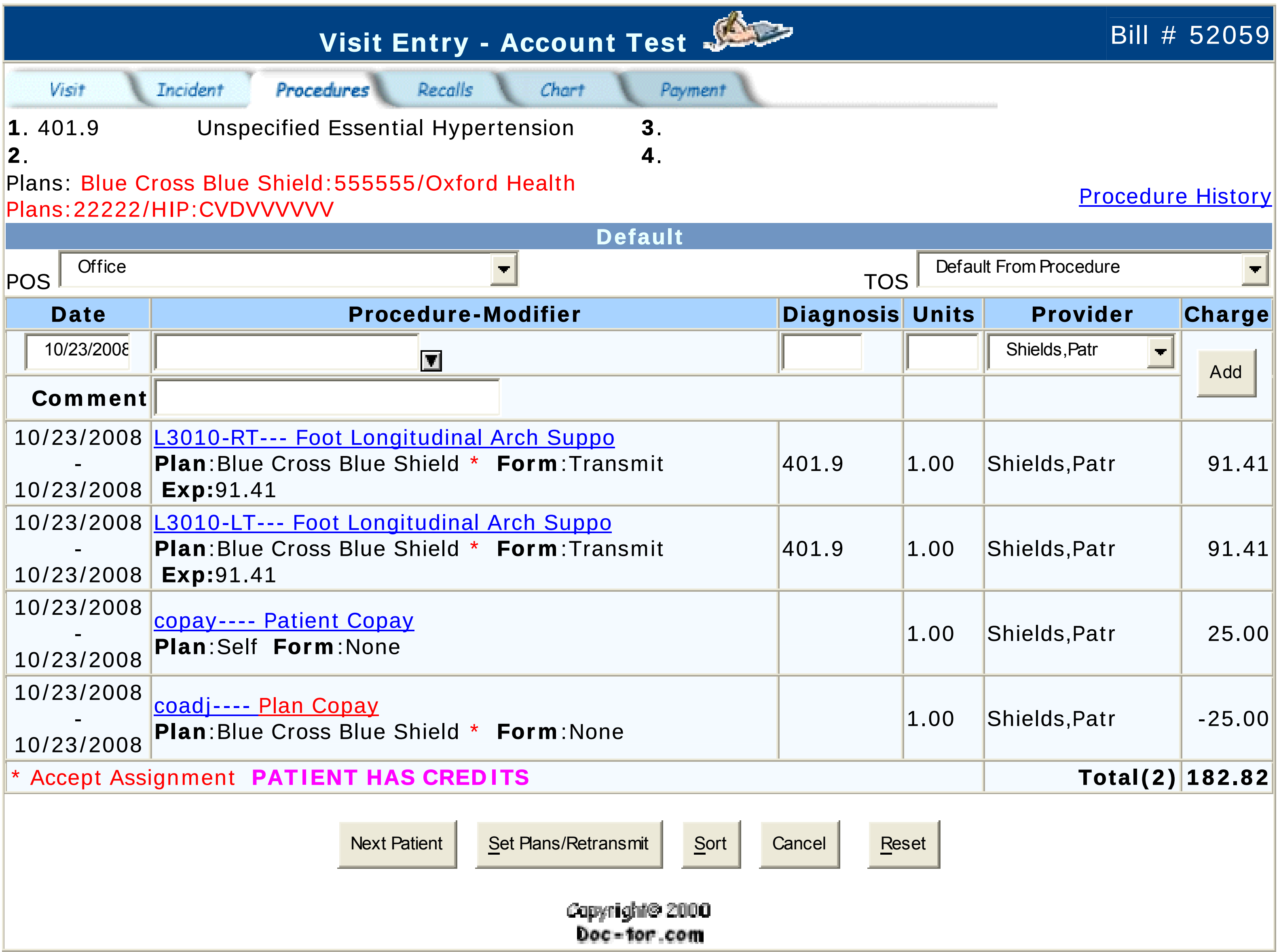
17. click on Procedure Tab (blue tab)- **to enter Procedures & Diagnoses**
18. **Procedure Field**- To add Procedure; type CPT code in Procedure- Modifier (use Capitals - For lettered characters In Procedure eg. **L0628**
19. **Diagnosis Field**-Tab or click Mouse into Dx's field – type in ICD-9 code (use Capitals - For lettered characters In Dx e.g. V21.2. **Up to 4 Dx's** can be put in; to put in multiple dx's use commas between dx's e.g. 401.9,212.46, 346.72, 227.8
20. **Units**- will always default to 1 units; unless another is inputted to field
21. **<u>Copay Field</u>**- if copay is in Demographics- copay amount will be automatically populated
   if Copay is not is Demographics and needs to be **added type COPAY amount in copay box**
   a Copay Line will populate Procedure screen – CoAdj Line in **<u>RED</u>** (**should not be touched)**
22. When Procedure & Dx's are completed click on <u>ADD</u>

23. After posting add Procedures and Dx's- click on Blue Payment Tab to post copay
24. Payment Screen will appear-

25. Choose the type of payment check, cash, credit card
26. Enter the check/card#
27. if entering Credit Card- Enter **Expiration date**
28. Note: a note can added
29. ☑ Print Receipt? – if box is checked a receipt will print
30. Click Submit to post copay

Posting Copays:

- Once all the procedures have been added, click on the payment tab



Visit Entry - Account Test Bill # 52059

Visit | Incident | Procedures | Recalls | Chart | Payment

1. 401.9 Unspecified Essential Hypertension **3.**
2. **4.**

Plans: Blue Cross Blue Shield:555555/Oxford Health Plans:22222/HIP:CVDVVVVVV

Procedure History

Default

POS Office TOS Default From Procedure

Date	Procedure-Modifier	Diagnosis	Units	Provider	Charge
10/23/2008				Shields,Patr	Add
Comment					
10/23/2008 - 10/23/2008	L3010-RT--- Foot Longitudinal Arch Suppo **Plan**:Blue Cross Blue Shield * **Form**:Transmit **Exp:**91.41	401.9	1.00	Shields,Patr	91.41
10/23/2008 - 10/23/2008	L3010-LT--- Foot Longitudinal Arch Suppo **Plan**:Blue Cross Blue Shield * **Form**:Transmit **Exp:**91.41	401.9	1.00	Shields,Patr	91.41
10/23/2008 - 10/23/2008	copay---- Patient Copay **Plan**:Self **Form**:None		1.00	Shields,Patr	25.00
10/23/2008 - 10/23/2008	coadj---- Plan Copay **Plan**:Blue Cross Blue Shield * **Form**:None		1.00	Shields,Patr	-25.00
* Accept Assignment **PATIENT HAS CREDITS**				**Total(2)**	**182.82**

Next Patient | Set Plans/Retransmit | Sort | Cancel | Reset

- Note: a note can added
- ☑ Print Receipt? – if box is checked a receipt will print
- Click Submit

RECAP of Steps to enter Demographics, Insurances and Charges

To Enter New Patient Demographics, Insurance and Referring Provider

- From Main Menu
- Click on Front Desk
- Click on Demographics or Blue House (icon)
- Search for Patient any of the filters; Name, Account Number, Chart Number, Phone Number, Bill Number, Social Security#, Birth Date and Policy Number
- When searching by name -enter at least first 4 letters of last name to refine search enter more letters of last name and first name

  Enter method of search and submit

- If patient is a new patient- Click on **ADD New Patient**
- Demographic Screen will appear (as below)
- Enter name, gender, address, enter zip code and click on envelope- the city and state will automatically populate, date of birth and SS# (SS# is not required)
- HIPAA forma Date- type date HIPAA forms are signed
- Referring Providers- the referring provider field when clicked shows a list of referring providers that have been entered into database. By highlighting the referring provider name it becomes the referring provider for the patient. This field is only required if there is a referring provider for this patient.
- To search for referring providers- type Last Name, First Name of referring provider, Choose State from the drop down and hit search button. If a match is found it will bring up provider. Highlight provider name and hit **SUBMIT**
- If Referring Provider is incorrect or needs to be changed- click on clear and all info will clear from referring provider field. Search for new referring provider
- Required Fields- If a required is left blank or missing; the system will bold missing field (s) and field is highlighted in yellow- a message will pop up “PLEASE CORRECT ERRORS AND RESUBMIT” Enter required information before attempting to press Submit .
- Insurances- After demographics is entered next step is to add Insurances. To add insurances click on SKIP TO Plans or clicking on second blue tab Cases/Ins
- Skip to Plans will go directly to Insurance Plan Screen. If Second tab is picked- Cases/Ins; click on

  Insurance plan **:** Click this button 

  to modify or choose Insurance plan

- **INSURANCES MUST BE ADDED FROM THE HOTLIST- AT BOTTOM OF SCREEN**
- **Click on down arrow and all insurances on Hotlist will appear**

- **Highlight insurance off of <u>Hotlist</u> and click on (to right)** **Add from Hotlist**
- Insurance on top will be Primary Insurance and Insurance on bottom will be secondary
- **If Insurance is in wrong order; use Green Arrows to move insurance up or down.**
- **<u>Policy #</u>** field will be highlighted –Policy number is required field
- **<u>Effective Date</u>** – will be backdated one month from date of entry-** Effective date- important that effective is correct; so charge is linked to insurance
- 

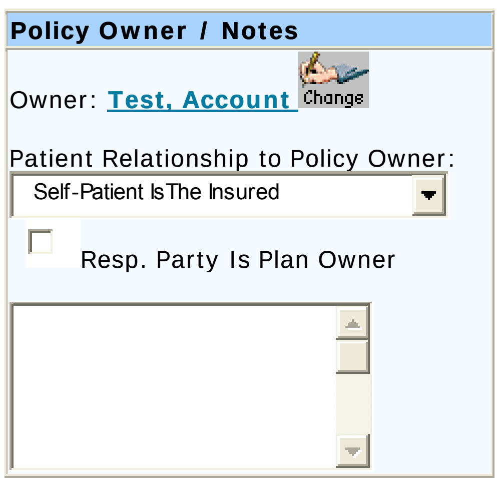
Icon verifies insurance
- **<u>Expire insurance</u>**- insurances can be expired by putting a through date or by checking off box-

Expire Today (once Insurance is expired – plan will go into Plan History) 

By clicking on Plan History –have ability to view expired plans - Hit Submit to Save Info

- To Change Policy Owner
- Click on 

ICON



- Screen will appear- First Search in Section –** Family Member is Policy Owner
- If Family Member is in drop down – highlight Family Member then in
- then in next drop down- Patient Relation to Owner- Select Relationship click on Icon- Assign Policy Owner 

- If a Policy Owner is not in Family Member section- then search for policy owner in-

Search for Policy Owner Section

- type in last name and or part of first name and click on Search
- If Policy Owner is not in system – screen will read no matches

- If Policy is in system – name will appear in box.
- Choose Policy Owner and Patient Relation to Owner
- Click on Assign Policy Owner or Search Again if need to refine search
- If Policy Owner does not show up in either search criteria - **Family Member is Policy Owner or Search for Policy Owner**
- Click on Icon Create New Policy Owner 

- Screen will appear to enter information on Policy Owner
- Address of patient will automatically populate address field- change address if applicable
- Enter information- Required fields are Last Name & First Name and Patient Relation to Responsible
- Hit Submit- **Will get Message in Red**
- **You Have not Entered a Social Security Number**. Hit Submit again to add this patient. Social Security is not required
- Hit Submit again and changes will be saved.

Posting Charges-

**Demographics have to entered before Posting Charges- If Demographics is not entered before posting a charge. The charge will not be linked to the insurance as well as the correct fee schedule.

- Front Desk – Post Charges ($)
- or Billing Office – Post Charges ($)
- after clicking on post charges- Visit Entry screen will appear to search for patient
- enter in patient's last name and/ or first name and click Search.
- Visit Entry screen will appear- that lists existing bills (if any exists)
- Click on ADD (in upper right corner)
- Visit Tab Screen will appear- This screen is used to view all visit related information i.e. Billing office, Treatment office, Referring provider etc
- **Enter Date of Service,**
- **Billing Office**
- **Treatment Office**
- **Signing Provider**
- **Attending Provider**
- **Referring Provider**: If Referring Provider is entered in Demographics the referring provider field will be populated.If Referring Provider needs to added or changed; type in referring dr's last name, first name and state that practices in.
- **Hold Reason**- This Field holds the claim if any problem exists with the bill.
- **Pre Auth #- P**re-certfication number which is issued by the insurance company
- click on Procedure Tab (blue tab)- **to enter Procedures & Diagnoses**
- **Procedure Field**- To add Procedure; type CPT code in Procedure- Modifier (use Capitals - For lettered characters In Procedure eg. **L0628**
- **Diagnosis Field**-Tab or click Mouse into Dx's field – type in ICD-9 code (use Capitals - For lettered characters In Dx e.g. V21.2. **Up to 4 Dx's** can be put in; to put in multiple dx's use commas between dx's e.g. 401.9,212.46, 346.72, 227.8
- **Units**- will always default to 1 units; unless another is inputted to field
- **Copay Field**- if copay is in Demographics- copay amount will be automatically populated
  if Copay is not is Demographics and needs to be **added type COPAY amount in copay box**
  a Copay Line will populate Procedure screen – CoAdj Line in **RED** (**should not be touched)**
- When Procedure & Dx's are completed click on ADD
- After posting add Procedures and Dx's- click on Blue Payment Tab to post copay

- Payment Screen will appear-

- Choose the type of payment check, cash, credit card

- Enter the check/card#
- if entering Credit Card- Enter **Expiration date**
- Note: a note can added

- ☑ Print Receipt? – if box is checked a receipt will print

- Click Submit to post copay