Report Manager Manual

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Chapter 1 - Executive Summary

1. Introduction

Entering data into a practice management software system is powerful for any medical practice. The data can be viewed from nearly any aspect and used to make critical decisions concerning the practice and its daily operations. Medical Billing Assistant contains an entire module devoted to analysis of data contained within the program.

2. How to Use This Manual

This manual contains an overview and definitions for all reports contained within Medical Billing Assistant. Detail is provided for each report concerning the means of reaching the data based on the criteria selected by the user. An example is provided for each report.

The reports in MBA will facilitate the means of reporting the production within the practice, the referral sources, the account aged balances by responsible party and insurance, and many other elements. The data reflected in the reports provide the detail required to evaluate every element of the practice. The print properties allow the user several choices for output data evaluation.

The ways in which the data is used is entirely based on the policies within each practice. Special consideration should be given to reporting based on daily, weekly, monthly and yearly timeframes. Section four of this manual contains a list of suggested reports for each timeframe.

The reports are listed in alphabetical order. Each report contains a short description and an example of the information provided when executing the report. Moreover, the “Generates Data From” section is devoted to the way in which the data is produced. Special attention should be given to the “Available Criteria” section, as it will determine the way in which the report is run, as well as the data produced. Each report has many different functions and may be used for a number of practice specific reasons. The use reasons listed below each report are **suggestions only**. Each system administrator can and should determine which reports to use and how to use them.

3. Important dates to remember when running reports

There are three important dates to remember in MBA which provide different views of the data presented in the reports. The Posting Month and Year, Transaction Date and Aging Date are all used to evaluate the data in MBA. At various times the reports in MBA are only reflections of one of these important dates. Understanding the dates in MBA will help the user best understand the data presented in the reports.

- **Posting Month and Year** – this is the month and year associated with a batch when it is created. When a batch is initially created, it defaults to the current month and year. It is important that the user makes sure that it is accurate for the transactions that will be associated with that batch. This is mainly important for accurately balancing out deposit information. Payments should be posted to batches that have a month and year that correspond with the calendar month and year that the payment is deposited in to the account. It is not particularly necessary to ensure that charges are posted to the same month and year that match their date of service, although this will normally be the case. The posting month and year is used for accounting level reports that your bookkeeper or CPA will use for balancing with monthly bank statements and for tax purposes. Proper use of posting month and year will ensure that your reports will remain the same over time and will ensure that the necessary reports can be recreated at any point in the future.

The following reports are based on the Posting Month and Year:
Adjustment Lag Export
Anesthesia Concurrence
Batch Summary for Month
Batch Summary for Year
Business Recap
Daily Revenue Export
Monthly Revenue Report
Monthly Summary by Doctor
Monthly Summary Export
Payment Analysis by CPT Category Export
Payment Lag Export
Revenue Analysis by Facility
Revenue Analysis by Ins Group
Yearly Revenue

- **Transaction date** – this is the date of service for charges and the adjustment date for payments and adjustments. Most reports total information based on transaction date. These reports will change over time as information is added or corrected. For example, if a report is run for date of service for a couple of months ago, and if additional charges are entered from hospital charges that hadn't been turned in on time or if charges are deleted, that report when run again will show different totals. This date is best used for trend evaluation, forecasting, and a more accurate evaluation of charges and payments. It is important to realize that reports and figures based on transaction dates WILL NOT usually balance with those based on posting dates.

The following reports are based on the Transaction Date:

Adjustment Detail by Adjustment Description Export	Insurance Income
Charge Analysis by CPT	Insurance Plan Patient List by DOS
Charge Analysis by Diagnosis Code	Insurance Plan Payments
Charge Analysis by Facility	Insurance Plan Patient Report
Charge Analysis by Patient Export	List of Charges by CPT Code
Charge Analysis by Primary Insurance	List of Charges by Place of Service
Charge Analysis by Provider	List of Charges by ZIP Code
Charge Analysis by Referring Doctor	Patients with Credit Balances
Charge Analysis by ZIP Code	Payment Analysis by Adjustment Date
Charge Summary Report	Payment Analysis by Charge Date
Charges with No Expected Insurance Payment	Payment and Adjustment Applied Detail Report
CPT Payment Detail Export	Payment Totals Received with Charge Detail
Daily Summary Report	Primary Insurance not Filed
Inactive Patient	Revenue from Referrals
Insurance Charge Analysis by CPT	Unapplied Credit Report

- **Aging Date** – this is the date that the system uses to determine aged balances. This date changes from time to time, so ANY report displaying aged information will NEVER be able to be recreated month to month. For charges, the aging date is initially set to the date that the charge was entered in to the system. Then, when the charge changes payment responsibility either to a different insurance or to the patient, it will change again to the current date. If the user refiles or files to next insurance through Review, the system prompts and asks if the user wants the aging date reset. Answering yes will once again set the aging date to the current date.

  These reports are based on the Aging Date:
  Aging A/R
  Insurance Aging
  Monthly Aging A/R Analysis
  Patients who have not Ever Received a Statement
  Patients who have not Recently Received a Statement
  Summary Aging A/R by Doctor

Chapter 2 – Printing from the Report Manager

1. General Information

Medical Billing Assistant provides the ability to print reports to screen, printer or to file. The system allows the user to override the overall system setting from the Report Manager Module. Each user has a default print setting that is set in Reports on the Main Menu Tool Bar in the drop down box. When printing a specific report and the default print setting is not the desired setting for the report, the user can print the report to any of the options by clicking next to the corresponding option on the initial report manager screen.

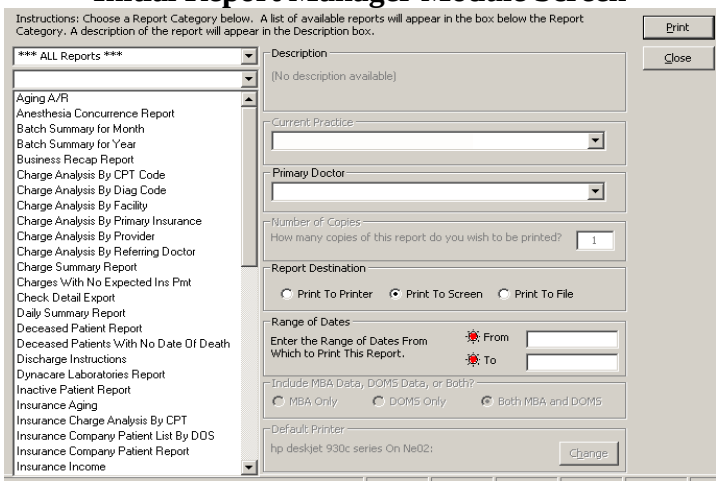
Print to Screen — Check this option for a visual representation of the report on the computer screen. Once the report prints to screen, the user may then choose to print the report to the printer or to file depending on the desired result without re-processing the report. This option is commonly used if the user is unsure about the size of the report for the practice, if only portions of the report are needed, and/or if this is the first time the user attempts to run the report.

Print to Printer — Check this option to send the report directly to the printer. Make sure the proper paper is loaded on the printer.

Print to File — Check this option to export the report contents. Other software programs such as Microsoft Word, Corral WordPerfect, and Microsoft Excel The report will then be available in that file format for storage on the computer, emailing to the providers or accountants, editing, or presentations.

2. How to print from Medical Billing Assistant Report Manager

Initial Report Manager Module Screen



1. On the Initial Report Module Screen, use the **TOP Drop Down** box to choose the type of reports the user would like to view (all, business, collection, or financial). Then use the **LOWER Drop Down** box to choose the actual report desired and **highlight** the report name.

2. On the Initial Report Module Screen, to the right of the list of reports, the system allows the user to view or define certain aspects of the practice that may be used to generate the report selected.

Description	The system will give a description of what information will be presented on the selected report.
Current Practice	The system will default to the current practice selected. In a system with multiple practices, the user can select the practice desired when available/not grayed-out.
Primary Doctor	The system will allow the user to choose a specific primary doctor when printing certain reports from the system.
Report Destination	Allows the user to preview the in formation to the screen, printer or to file no matter what the setting is on the Main Menu Tool Bar.
Number of Copies	Allows the user to run multiple copies of the same report when print to printer is selected.
Range of Dates	On certain reports, the system will allow specific dates to be entered for the type of report being generated. These dates represent either the date of service or date posted depending on the specified report (see specific report to determine which is used).
Print	Once all of the above-mentioned options are utilized as needed, the user should click on print. This will either print the report or bring up more report criteria questions

3. Once the initial screen information is entered, click **Print** found on the top right hand corner of the screen to process the information entered for printing purposes.

4. If the report has no other criteria options, the report will print. If the report does have more options, you should answer those options accordingly to print the report.

Chapter 3 – Medical Billing Assistant Reports

1. ADJUSTMENT DETAIL by ADJUSTMENT DESCRIPTION EXPORT

Adjustment Description	Patient	Adjustment Date	Total Amount	Applied Amount	Amount Remaining	Date Posted	Posted By
107 – Insurance Payment	Smith, Gerald – 12345	1/13/2005	$47.70	$47.70	$0.00	1/18/2005	RGH

Description

The Adjustment Detail by Adjustment Description Export generates data based on the use of a specific adjustment description within a date range, providing detailed patient info, date posted, amount posted and by whom. The report will be exported to a Microsoft Excel spreadsheet.

Available Criteria

1. Report Date Enter a date range on the Initial Report Manager Module Screen if the report needs to print information within a certain date range. Enter the dates desired or leave blank so that all information for the remaining criteria choices entered will be printed.

2. Print Click on the print option on the Initial Report Manager Module Screen to access the rest of the available criteria.

3. Adjustment Code Select the adjustment code to be reported in the data.

Generates Data From

- This report will include information from **closed batches** only.
- The report generates data based on the Adjustment Date. The dates are user specific based the Report Date range.

Utilizing this Report

This report may be utilized to report the use of an adjustment code for a given period of time. The excel export allows the user to view the data in an excel spreadsheet and manipulate the data as needed.

2. ADJUSTMENT LAG EXPORT

AcctYear	AcctMonth	DOSMonth	DOSYear	Amount Applied	Source
2005	2	11	2004	-190.41	Patient
2005	2	12	2004	-41729.49	Insurance
2005	2	12	2004	-316	Patient
2005	2	12	2004	-71.27	Patient

Description
This report gathers adjustment information for the month indicated and reports the adjustment amounts for previous months. The report can be used to indicate the total amount of payments, and by whom, for a date of service month entered during the month requested. The report will give the user a representation of the payment lag for the previous months. In addition, the report provides values based on patient or insurance for the adjustment source.

Available Criteria

1. Report Date Enter the month and year on the initial Report Manager screen.

2. Report Destination Indicate the location where in which the report will print. Available options are Print to Printer, Print to Screen and Print to File.

3. Detail by DocID The report may be listed by doctor ID. Selecting Yes will create a report listed by Doctor ID.

Generates Data From

- This report generates information from **open and closed batches.**
- The report is based on the Adjustment Date within the time period specified by the user.
- The report is exported to Microsoft Excel.
- The report will indicate the payment source, based on the Adjustment Code configuration.

Utilizing this Report
This report can be utilized to view the adjustment lag for a given month. The user can view the total amount of payments based on previous month's date of service. The report compares the adjustment source and DOS Month/Year with the accounting month selected. The practice can use this report as a tool to determine the typical lag for adjustment sources.

3. AGING A/R

AGING A/R REPORT - OPEN ITEMS ONLY

OPTIONS: DOCTOR MBA DEMO MD - 1 - PATIENTS WITH OVER 90 DAY BALANCE - INCLUDE BALANCES DUE BY PATIENT AND INSURANCE – USING AGING DATE TO AGE BALANCES - ALL DATES - OPEN ITEMS ONLY - ALL PATIENTS

ADAMS, John R - 4518 BAL: $178.00

		CURRENT	31-60	61-90	OVER 90	CREDITS	TOTAL
1234 HAPPY VALLEY RD, PUEBLO, CO 81001	**PATIENT**	$0.00	$0.00	$0.00	$178.00	$0.00	$178.00
DATE OF BIRTH: 10/26/1940	**INSURANCE**	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

NEXT APPT: (None Scheduled)
HOME: (318) 388-1889 WORK:(318) 388-1889
PRI DOC: MBA DEMO
RESP PARTY: DOYCE R. ADAMS — **INS PLAN NAME** — **ID NO**
1234 HAPPY VALLEY RD, PUEBLO, CO 81001 — **(1)H**UMANA/EMPLOYERS HEALTH INS — 123456789A
HOME: (318) 388-1889 WORK: (318) 388-1889 — **(2)**
REF DOC: GARY LOWDER

6/12/2000	99232	HOSP. CARE EXPANDED HISTORY	250.20	790.2	1 $80.00	$56.00
RESPONSIBLE PARTY		DATE LAST FILED:12/30/1999		LAST STATEMENT: 02/28/2000		
INS DED $64.00 02/16/00 PW						
6/13/2000	99232	HOSP. CARE EXPANDED HISTORY	250.20	790.2	1 $80.00	$19.20
RESPONSIBLE PARTY		DATE LAST FILED:1/13/2000		LAST STATEMENT: 03/31/2000		
6/14/2000	94360	AIRWAYS RESISTANCE, PLETHYSM	250.20	790.2	1 $60.00	$60.00
RESPONSIBLE PARTY		DATE LAST FILED:1/13/2000		LAST STATEMENT: 02/28/2000		
NONCOVERED 02/23/00 PW						
6/14/2000	99238	HOSPITAL DISCHARGE DAY MGMT.30	250.20	790.2	1 $95.00	$22.80
RESPONSIBLE PARTY		DATE LAST FILED:1/13/2000		LAST STATEMENT: 09/28/2000		
8/29/2000	99213	EST. PT. EXPANDED HISTORY	250.20	790.2	1 $50.00	$20.00
RESPONSIBLE PARTY		DATE LAST FILED:3/24/2000		LAST STATEMENT: 04/27/2000		

Description

The Aging AR is one of the more popular reports in MBA. The report can be processed for various practice collection and review purposes. The information printed on this report will vary depending on the criteria selected. While it is most often used as an account's receivable follow-up report, it may also be used to list patient accounts, insurance accounts, account receivable accounts, unapplied/credit accounts report.

Available Criteria

1. **Primary Doctor** The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. **Report Date** Enter a date range on the Initial Report Manager Module Screen if the report needs to print information within a certain date range. Enter the dates desired or leave blank so that all information for the remaining criteria choices entered will be printed.

3. **Print** Click on the print option on the Initial Report Manager Module Screen to access the rest of the available criteria.

4. **Aging Days** The user may limit the report to print balances over a certain amount of aged days. Enter 0 for all, 30 for items that have aged more than 30 days with no response, 60 for items that have aged more than 60 days with no response, or 90 for items that have aged more than 90 days with no response.
   *Keep in mind that if a date range (criteria 2) is entered the information printed will only reflect dates within that date range that have aged ____ days (depending on the choice made here).

5. Patient or Ins The user may limit the report to print only patient/responsible party owed balances by entering 1, only patient insurance owed balances by entering 2, or both patient and insurance balances by entering 3.

6. Credit Reporting This report may be used to print a list of credits or unallocated money that is left on patient accounts so that the user can correct, allocate, or refund the proper entity. If the report should print listing **ONLY credit balances** on patient accounts, enter YES. If the report should print reflecting the **outstanding account receivable** balances, enter NO.

7. DOS or Aging Click next to the appropriate option. Decide if the report should print outstanding balances that have aged ____ days (depending on the answer to criteria 4) by date of service or by date posted.
*Please note – the data reported will be different depending on the response to this question.

8. Detailed Info This option allows the user to define how much patient account information will print for each patient that fits into the criteria entered.

0 - for no detail	Enter the number **0** if you want the report to print only basic patient information regarding the criteria entered. The report will print patient demographic and insurance information as well as the aging for that patient account that meets the criteria entered.
1 - for open items	Enter the number **1** if you want the report to print patient accounts with open (outstanding) items that fit the criteria entered. The report will print the patient demographic, insurance, and aging information as well as each open or outstanding balance line item associated with the account that meets the criteria entered.
2 - for all detail	Enter the number **2** if you want the report to print all history information on patient accounts that meet the criteria entered. The report will print zero dollar line items as well as outstanding balance line items for any patient account that meets the criteria entered.

9. Insurance This option allows the user to limit the report by patient insurance information.

All Insurance	Will print all patients that meet the criteria entered regardless of coverage
Specific Ins Plan	Will print all patients that meet the criteria entered and have a specific plan
Specific Ins Type	Will print all patients that meet the criteria entered and whose insurance is linked to a specific type in the insurance file
Specific Ins Group	Will print all patients that meet the criteria entered and whose insurance is linked to a specific group in the insurance file
No Insurance	Will print all patients that meet the criteria entered who have no insurance linked to the account.

Generates Data From

- This report will include information from both **open and closed** batches.
- The report information changes with each criteria question answered.
- If dates are entered on the initial report manager screen, the report prints by date of service or aging date depending on the answer to criteria number 7.
- This report is patient account driven. If one item in the patient account fits the criteria entered, the entire account totals will print.

Utilizing this Report

There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. **Accounts Receivable follow-up** report for patient balances, insurance balances or both.
2. **Unapplied/Credit** report for re-allocation and/or clean up.
3. To obtain a **list of patient's** with a particular insurance plan, type, group or no insurance.

4. ANESTHESIA CONCURRENCE REPORT

Patient ID	Patient Name	CPT Code	Modifier 1	From Time	To Time	Concurrence #
ANESTHESIA CONCURRENCE REPORT						
FROM DOS 1/7/2002 TO 1/7/2002						
DATE OF SERVICE: 1/7/2002						
MBA DEMO MD			MBA PROVIDER ID: 1			
3828	SMITH, MILDRED	99212		:	:	0
3828	SMITH, MILDRED	99201		:	:	0
3828	SMITH, MILDRED	34502	QY	01:00	01:45	0
3828	SMITH, MILDRED	34813	QK	01:50	03:00	0

Description

This report allows the system administrator to review who actually provided the service and the actual anesthesia time frames for each provider. The report is used to eliminate human error and ensure that per provider there are no overlapping service times on a given day. The report lists modifiers so that the user can easily distinguish what provider in the group actually performed the procedure.

Available Criteria

1. **Report Date** Enter the **Date of Service** date range desired. If only one day is needed, enter that date as the from and to date.

2. **Print** Click on the print option on the Initial Report Manager Module Screen to print the report.

Generates Data From

- This report will include information from both **open and closed** batches.
- The report is run by **date of service** only.

Utilizing the Report

This report is best utilized in an anesthesia medical billing setting. Here are a few of the common uses.

1. Eliminates human error by ensuring that per anesthesia provider there are **no overlapping service times** on a given day.
2. Used to easily distinguish what anesthesia provider in the practice group actually **performed the procedure.** *Used only if there are supervised providers in the practice (such as a CRNA).
3. This report may also be used by all providers to check for **duplicate postings** that may have been overlooked during posting on a specific day.

5. BATCH SUMMARY FOR MONTH

Batch Summary for Month

FOR PERIOD: 1/2002

PRACTICE CODE: DEMO

Batch NO.	Description	Close Date	Charges	Deleted Charges	Payments	Adjustments	Deleted Adj
599	01/02 ADJ AP	01/08/2002	$0.00	$0.00	$0.00	$322.13	$0.00
600	01/02 MC	01/03/2002	$0.00	$0.00	-$9,565.48	-$5,280.25	$0.00
601	01/02 PW	01/04/2002	$1,365.00	$0.00	-$3,116.63	-$142.14	$0.00
604	01/02/02 adj	01/05/2002	$1,480.00	$0.00	-$6,895.48	-$535.75	$0.00
605	01/03/02 pymnt	01/04/2002	$0.00	$0.00	-$4,542.49	-$2,180.48	$0.00
606	01/04/02 adj	01/04/2002	$0.00	$0.00	-$5,611.54	-$2,969.98	$0.00
608	01/04/02 chrgs	01/08/2002	$2,930.00	$0.00	-$6,980.36	-$612.78	$0.00
610	01/05/02MC	01/05/2002	$0.00	$0.00	-$286.90	-$176.36	$0.00
611	01/25/02RRMC	01/25/2002	$0.00	$0.00	-$94.26	-$108.72	$0.00
612	01/24/02YW	01/28/2002	$2,520.00	$0.00	$0.00	$0.00	$0.00
613	01/25/2002	01/28/2002	$100.00	$0.00	-$4,022.41	-$369.61	$0.00
614	01/11/02SRM	01/28/2002	$210.00	$0.00	$0.00	$0.00	$0.00
615	01/28/2002EJ	01/29/2002	$1,077.00	$0.00	$0.00	-$35.00	$0.00
616	01/28/02YW-MA	01/28/2002	$0.00	$0.00	-$1.36	-$251.49	$0.00
617	01/29/02MC		$0.00	$0.00	-$6,274.48	-$3,043.99	$0.00
618	01/31/02 chrgs		$873.00	$0.00	-$1,402.25	-$116.54	$0.00
TOTALS FOR MONTH: JANUARY			$10,555.00	$0.00	-$48,793.64	-$15,500.96	$0.00
TOTALS FOR PRACTICE CODE: DEMO			**$10,555.00**	**$0.00**	**-$48,793.64**	**-$15,500.96**	**$0.00**

PREVIOUS A/R	$117,639.96
PERIOD TOTALS	
CHARGES	$10,555.00
PAYMENTS	-$48,793.64
ADJUSTMENTS	-$15,500.96
DELETED DURING THIS PERIOD	
CHARGES	$0.00
ADJUSTMENTS	$0.00
A/R AT END OF 1/2002	$63,900.36

Description

The Batch Summary for Month lists all of the batches for a specific month with the totals for charges, payments, and adjustments for each batch. A batch may be allocated to a specific month upon batch creation.

Available Criteria

1. Report Date Enter the month and year desired.

2. Print Click on the print option on the Initial Report Manager Module Screen to print the report.

Generates Data From

- This report will include information from both **open and closed** batches.
- This report prints by the date that is set in the actual batch in the ‘For Month’ ‘Year’ fields.

Utilizing the Report

There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Use this report at the end of each month to **verify** that all batches for the designated month are **closed**.
2. Run this report periodically throughout the month to check on the **progress** of the **users** and/or **providers**.
3. The report may be used for monthly accounting reports for the practice.

6. BATCH SUMMARY FOR YEAR

Batch Summary for Year
FOR PERIOD: 2002

Batch Summary for Year **Page -1 of 1** **PRINTED: Mon, 12/ 9/2002 @ 3:13 PM**

PRACTICE CODE: DEMO						
620 chgs 3/7/02 MMS		$820.00	$175.00	-$650.00	-$100.00	$0.00
TOTALS FOR MONTH: MARCH		$820.00	$175.00	-$650.00	-$100.00	$0.00
621 TEST BATCH	12/05/2002	$630.00	$0.00	-$35.00	$0.00	$0.00
TOTALS FOR MONTH: AUGUST		$630.00	$0.00	-$35.00	$0.00	$0.00
622 TESTING 123		$40.00	$0.00	-$15.00	$0.00	$0.00
TOTALS FOR MONTH: DECEMBER		$40.00	$0.00	-$15.00	$0.00	$0.00
TOTALS FOR PRACTICE CODE: DEMO		**$1,490.00**	**$175.00**	**-$700.00**	**-$100.00**	**$0.00**

PREVIOUS A/R	$63,985.36
PERIOD TOTALS	
CHARGES	$1,490.00
PAYMENTS	-$700.00
ADJUSTMENTS	-$100.00
DELETED DURING THIS PERIOD	
CHARGES	$175.00
ADJUSTMENTS	$0.00
A/R AT END OF 2002	$64,500.36

Description
This report lists all of the batches for a specific year with the totals for charges, payments, and adjustments for each batch.

Available Criteria
1. Report Date Enter the year desired.

2. Print Click on the print option on the Initial Report Manager Module Screen to print the report.

Generates Data From
- This report will include information from both **open and closed** batches.
- This report prints by the date that is set in the batch in the 'Year' field.

Utilizing the Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Use this report at the end of the year to **verify** that all batches for the designated year are **closed**.
2. Run this report periodically throughout the year to check on the **progress** of the **users** and/or **providers**.
3. This report is commonly used for year to year comparisons.

7. BUSINESS RECAP REPORT

Business Recap Report

FOR YEAR: 2,002

	MONTHLY				YEARLY			
MONTH	CHARGES	DELETED CHARGES	PAYMENTS	ADJUSTMENTS	CHARGES	DELETED CHARGES	PAYMENTS	ADJUSTMENTS
MAR	45.00	175.00	-650.00	-100.00	645.00	175.00	-650.00	-100.00
AUG	630.00	0.00	-35.00	0.00	1,275.00	175.00	-685.00	-100.00
DEC	40.00	0.00	-15.00	0.00	1,315.00	175.00	-700.00	-100.00

Description
This report prints a summary of month and year to date totals for charges, payments, and adjustments posted to the system.

Available Criteria

1. **Report Date** Enter the year desired.

2. **Print** Click on the print option on the Initial Report Manager Module Screen to print the report.

Generates Data From

- This report will include information from both **open and closed** batches.

Utilizing the Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Run this report periodically throughout the year to check on the monthly and yearly financial standing for the practice.

8. CHARGE ANALYSIS BY CPT CODE

CHARGE ANALYSIS BY CPT CODE
DATES OF SERVICE FROM 1/1/2001 THROUGH 1/31/2001

	Description	Procedures	Total Charges	Payments	Adjustments	BAL
31625	BRONCHOSCOPY WITH BIOPSY	9	$1,710.00	$-965.25	$-744.75	$0.00
32000	THORACENTESIS	6	$400.00	$-161.66	$-238.34	$0.00
36415	ROUTINE VENIPUNCTURE	14	$100.00	$-43.75	$-33.60	$22.65
71010	X-RAY CHEST, SINGLE VIEW	3	$55.00	$-53.55	$-1.45	$0.00
71020	X-RAY CHEST, TWO VIEWS	225	$5,925.00	$-2,983.04	$-2,721.11	$220.85
80049	DONOT USEBASIC METABOLIC/CHEM 7	2	$20.00	$-12.80	$-4.00	$3.20
80053	COMPREHENSIVE METABOLIC PANEL	6	$150.00	$-75.75	$-70.00	$4.25
80076	HEPATIC FUNCTION PANEL	1	$40.00	$-40.00	$0.00	$0.00
80198	THEOPHYLLINE LEVEL	9	$240.00	$-141.14	$-38.86	$60.00
83718	HDL CHOLESTEROL	6	$90.00	$-80.68	$-6.44	$2.88
84132	POTASSIUM, SERUM (K+)	3	$25.00	$-8.84	$-16.16	$0.00
84153	PROSTATE SPECIFIC ANTIGEN(PSA)	4	$160.00	$-67.25	$-92.75	$0.00
84165	ELECTROPHORESIS,SERUM PROTEIN(SP	3	$45.00	$-23.03	$-21.97	$0.00
84436	THYROXINE (T4) TOTAL	9	$157.00	$-115.64	$-34.02	$7.34
84443	THYROID STIMULATING HORMONE(TSH)	8	$317.00	$-237.40	$-19.00	$60.60
84479	ASSAY THYROID (T-3)	10	$191.00	$-121.64	$-42.18	$27.18
85025	COMPLETE BLOOD COUNT WITH DIFF C	6	$80.00	$-66.80	$-0.05	$13.15
90001	ADMIT	2	$0.00	$0.00	$0.00	$0.00
90002	CANCEL	5	$0.00	$0.00	$0.00	$0.00
90004	NO SHOW	11	$0.00	$0.00	$0.00	$0.00

Description
This report prints by CPT code a summary of total charges, payments received on those charges, adjustments posted to those charges, and the amount remaining for service rendered within the specified date of service date range. All of the Charge Analysis reports include all payments made to charges that match the criteria for the report. All charges for patients with each of the primary insurances include all payments and adjustments made against those charges regardless of their source. There is a line item on the report labeled "Private Pay" that is for patients with no insurance at all.

Available Criteria

1. **Primary DR** The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. **Report Date** Enter the desired date of service date range on the Initial Report Manager Module Screen.

3. **Print** Click on the print option on the Initial Report Manager Module Screen to print the report.

Generates Data From

- This report will include information from both **open and closed** batches.
- The report is run by **date of service** only.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Run this report to analyze what is actually **paid and/or adjusted on each CPT** code used by the practice.
2. Run this report to find out **how many times** each CPT code in a date of service date range is used to help evaluate coding patterns per provider or the practice as a whole.

9. CHARGE ANALYSIS BY DIAG CODE

CHARGE ANALYSIS BY PRIMARY DIAGNOSIS CODE
DATES OF SERVICE FROM 1/1/2001 THROUGH 1/31/2001

	Description	Procedures	Total Charges	Payments	Adjustments	BAL
003.0	SALMONELLA ENTERITIS	1	$40.00	$-15.00	$0.00	$25.00
135	SARCOIDOSIS	32	$955.00	$-791.58	$-106.83	$56.59
162.9	CARCINOMA, LUNG, BRONCHUS UNSPEC	34	$950.00	$-685.51	$-238.99	$25.50
199.1	METASTATIC NEOPLASM, UNKNOWN SIG	9	$240.00	$-127.17	$-112.83	$0.00
242.00	HYPERTHYROIDISM	3	$35.00	$-11.05	$-23.95	$0.00
250.00	DIABETES MELLITUS, TYPE II AODM	29	$545.00	$-449.43	$-93.11	$2.46
250.01	DIABETES TYPE I, INSULIN DEPENDE	5	$125.00	$-95.37	$-29.63	$0.00
266.2	DEFICIENCY, B12	4	$10.00	$-3.54	$-6.07	$0.39
275.42	HYPERCALCEMIA	2	$10.00	$-3.00	$-7.00	$0.00
278.8	SYNDROME, PICKWICKIAN	9	$240.00	$-158.97	$-81.03	$0.00
401.9	HYPERTENSION, UNSPECIFIED	46	$1,170.00	$-885.45	$-279.65	$4.90
415.19	PULMONARY EMBOLISM & INFARCTION	9	$240.00	$-127.17	$-112.83	$0.00
425.4	CARDIOMYOPATHY	11	$220.00	$-110.30	$-109.70	$0.00
427.31	ATRIAL FIBRILLATION	3	$70.00	$-67.95	$-2.05	$0.00
428.0	CONGESTIVE HEART FAILURE	20	$430.00	$-336.88	$-93.12	$0.00
453.9	THROMBOSIS, DEEP VENOUS	10	$190.00	$-179.82	$-10.18	$0.00
466.0	BRONCHITIS, ACUTE	9	$195.00	$-163.32	$-31.68	$0.00
485	BRONCHOPNEUMONIA	47	$1,625.00	$-1,223.37	$-381.53	$20.10
491.20	ASTHMATIC BRONCHITIS, CHRONIC	4	$145.00	$-80.39	$-44.51	$20.10
491.21	ASTHMATIC BRONCHITIS, ACUTE	93	$2,188.00	$-1,560.09	$-612.91	$15.00

Description
This report prints a summary of total charges, payments received on those charges, adjustments posted to those charges, and the amount remaining on those charges by **primary** diagnosis code for services rendered within the specified date of service date range.

Available Criteria

1. **Primary DR** The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. **Report Date** Enter the desired date of service date range on the Initial Report Manager Module Screen.

3. **Print** Click on the print option on the Initial Report Manager Module Screen to print the report.

Generates Data From

- This report will include information from both **open and closed** batches.
- The report is run by **date of service** only.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Run this report to analyze what is actually **paid and/or adjusted for charges associated with the primary diagnoses** codes listed on the report used during the date of service date range by the practice.
2. Run this report to find out **how many times** each primary diagnosis code in a date of service date range is used to help evaluate coding patterns per provider or the practice as a whole.

10. CHARGE ANALYSIS BY FACILITY

CHARGE ANALYSIS BY FACILITY
DATES OF SERVICE FROM 1/1/2001 THROUGH 1/31/2001

	Description	Procedures	Total Charges	Payments	Adjustments	BAL
1	MEDFORD SYSTEMS MBA DEMO	1,078	$30,087.82	$-22,067.52	$-6,454.81	$1,565.49
244	NORTH MONROE COMMUNITY HOSPITAL	157	$5,600.00	$-3,787.34	$-1,774.44	$38.22
246	NORTH MONROE HOSPITAL - SNF	3	$50.00	$-49.19	$-0.81	$0.00
1017	ST FRANCIS MED CENTER, OBSERV	6	$270.00	$-255.62	$-14.38	$0.00
927	ST FRANCIS MEDICAL CENTER - OUT	102	$5,520.00	$-2,796.86	$-2,218.18	$504.96
328	ST. FRANCIS MED CENTER - SNF	12	$200.00	$-188.88	$-3.24	$7.88
329	ST. FRANCIS MEDICAL CENTER	434	$17,060.00	$-10,389.29	$-5,592.78	$1,077.93
	TOTALS	**1,792**	**$58,787.82**	**$-39,534.70**	**$-16,058.64**	**$3,194.48**

Description
This report prints a summary of total charges, payments received, adjustments posted, and amount remaining on those charges by facility (and if desired by provider) for services rendered within the specified date of service date range.

Available Criteria

1. **Primary DR** The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. **Report Date** Enter the desired date of service date range on the Initial Report Manager Module Screen.

3. **Print** Click on the print option on the Initial Report Manager Module Screen to print the report.

Generates Data From

- This report will include information from both **open and closed** batches.
- The report is run by **date of service** only.

Utilizing the Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Run this report to find out **how many procedures** were done at each facility during the date of service date range entered for the practice or individual provider.
2. Run this report to evaluate the advantage of providing services in each facility by looking at the total charges, payments and adjustments made to those charges during the date of service date range by the practice or individual provider.

11. CHARGE ANALYSIS by PATIENT EXPORT

PatientName	PatientID	NoOfProcs	TotalCharges	PercentOfTotalReportChgs	TotalPayments	%TotReport
Bob Johnson	123456	11	4517	0.038	-3175.2	0.065
Sam Mcdonald	987654	3	4159	0.035	-1227.36	0.025
John Johanson	123987	5	4110	0.035	-35	0.001
Jessica Peters	546272	4	4110	0.035	-1972.03	0.041

Description
The Charge Analysis by Patient Export prints a summary of total charges, number of procedures, percent of total report charges, total payments and percent of total report payments by patient (and if desired by provider) for services rendered within the specified date of service date range.

Available Criteria

1. **Primary DR** The option to run the report by a specific Primary Doctor is available on the initial report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. **Report Date** Enter the desired date of service date range on the initial Report Manager Module screen.

3. **Print** Click on the print option on the initial Report Manager Module screen. The available options are Print to Printer, Print to Screen and Print to File.

Generates Data From

- This report will include information from both **open and closed** batches.
- The report is run by **date of service** only.

Utilizing this Report
This report can be used to evaluate patient charges within a given time frame. The report will indicate specific patient records within the criteria selected. The payments reported will be a total of all payments received for the charges within the specified period. Additionally, the report can be used to count the number of procedures performed during the period. The user has the option of manipulating the data, as it will be exported to a Microsoft Excel spreadsheet.

12. CHARGE ANALYSIS by PRIMARY INSURANCE

CHARGE ANALYSIS BY PRI INS

DATES OF SERVICE FROM 1/1/2005 THROUGH 1/31/2005

	Description	Procedures	Total Charges	Payments	Adjustments	BAL
19	AETNA (TYLER, TX.)	8	$270.00	$-266.00	$-4.00	$0.00
965	AMERICAN LIFECARE (PPO)	5	$30.00	$-19.60	$-5.50	$4.90
988	BENEFIT ADMINISTRATION SERVICES,	5	$150.00	$0.00	$0.00	$150.00
1003	BENESYS, INC (AM LIFECARE)	24	$750.00	$-744.60	$-5.40	$0.00
63	BLUE CROSS OF LA	63	$2,790.00	$-1,746.93	$-418.07	$625.00
555	CHAMPUS /WPS/TRICARE	13	$215.00	$-120.38	$-94.62	$0.00
1101	CORESOURCE (BANKONE)	4	$125.00	$-125.00	$0.00	$0.00
198	MEDICAID - PARAMAX	4	$145.00	$-69.10	$-75.90	$0.00
610	MEDICARE (EMP SUPP)	13	$200.00	$-188.88	$-3.24	$7.88
607	MEDICARE (M/A)	298	$7,881.00	$-4,217.51	$-3,649.90	$13.59
606	MEDICARE (NONE)	199	$6,270.00	$-3,450.35	$-2,585.31	$234.34
199	MEDICARE (SUPP)	823	$22,399.50	$-14,655.65	$-7,631.88	$111.97
2068	MHA/DIVERSIFIED SERVICE, INC	3	$220.00	$-220.00	$0.00	$0.00

Description

This report prints a summary of total charges, payments received, adjustments posted, and amount remaining on those charges by primary insurance for service rendered within a specified date of service date range.

Available Criteria

1. **Primary DR** The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. **Report Date** Enter the desired date of service date range on the Initial Report Manager Module Screen.

3. **Print** Click on the print option on the Initial Report Manager Module Screen to print the report.

Generates Data From

- This report will include information from both **open and closed** batches.
- The report is run by **date of service** only.

Utilizing this Report

There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Run this report to find out how much insurance companies are paying and/or adjusting charges from the specified time frame.
2. This report can help evaluate how many procedures are being performed for patients with certain types of insurance during the specified time frame.

13. CHARGE ANALYSIS by PROVIDER

CHARGE ANALYSIS BY PROVIDER
DATES OF SERVICE FROM 1/1/2005 THROUGH 1/31/2005

	Description	Procedures	Total Charges	Payments	Adjustments	BAL
1	DEMO, MD, MBA DOCTOR	1,792	$58,787.82	$-39,534.70	$-16,058.64	$3,194.48
	TOTALS	**1,792**	**$58,787.82**	**$-39,534.70**	**$-16,058.64**	**$3,194.48**

Description
This report prints a summary of total charges, payments received, adjustments posted, and amount remaining on those charges by provider for service rendered within a specified date of service date range.

Available Criteria

1. Report Date Enter the desired date of service date range on the Initial Report Manager Module Screen.

2. Print Click on the print option on the Initial Report Manager Module Screen to print the report.

Generates Data From

- This report will include information from both **open and closed** batches.
- This report pulls information for any provider who performed services within the date range specified.
- The report is run by **date of service** only.

Utilizing the Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Run this report to find out how many procedures each specific provider performed within the date of service date range entered.
2. This report may also be used to evaluate by comparison each provider's productivity within the date of service date range entered.

14. CHARGE ANALYSIS by REFERRING DOCTOR

CHARGE ANALYSIS BY REFERRING DOCTOR
DATES OF SERVICE FROM 1/1/2001 THROUGH 1/31/2001

	Description	Procedures	Total Charges	Payments	Adjustments	BAL
306	Doe, Dr. John	35	$1,150.00	$-750.27	$-287.59	$112.14
333	Medford, Dr. Demo	29	$875.00	$-599.29	$-275.71	$0.00
340	Jones, Dr. Jane	7	$125.00	$-76.42	$-48.58	$0.00

Description
The Charge Analysis by Referring Doctor prints a summary of total charges, payments received, adjustments posted, and amount remaining on those charges by referring doctor for service rendered within a specified date of service date range for the practice or individual primary doctor.

Available Criteria

1. **Primary DR** The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. **Report Date** Enter the desired date of service date range on the Initial Report Manager Module Screen.

3. **Print** Click on the print option on the Initial Report Manager Module Screen to print the report.

Generates Data From

- This report will include information from both **open and closed** batches.
- This report pulls information from any procedure that was entered with a referring physician associated to the charge during the date of service date range specified.
- The report is run by **date of service** only.

Utilizing the Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Run this report to find out how many procedures were consequently performed and billed from patients who were referred to your practice by another physician within the date of service date range entered.
2. Run this report to find out how much revenue was generated by these referrals within the date of service date range entered.

15. CHARGE ANALYSIS by ZIP CODE

Charge Analysis by ZIP Code
Family Medical Center, DOS 1/1/2005 to 1/31/2005, ZIP CODE LIKE 81008, ALL REF DOCS

Description	Procedures	Total Charges	Payments	Adjustments	Remaining
81008	456	$23,076	$-13,987	$-7,417	$1,672
Totals	456	$23,076	$-13,987	$-7,417	$1,672

Description
The Charge Analysis by ZIP Code prints a summary of procedures, total charges, payments, adjustments and remaining balance for a geographical location(s). The report is intended to identify the differences in geographical locations and the business undertaken by the practice within each location.

Available Criteria

1. Report Date Enter the desired date of service date range on the Initial Report Manager Module Screen.

2. Print Click on the print option on the Initial Report Manager Module Screen to print the report.

3. ZIP Code Identify the ZIP Code by which to filter the report. Entering just a few numbers will include all ZIP Codes that start with those numbers. Example: entering “712” will include ZIP codes 71201, 71201, 71203, etc.

4. Referring Doctor Select a referring doctor by which to filter the report or check the box next to “select all?” to include all referring doctors.

Generates Data From

- This report will include information from both **open and closed** batches.
- All charge, payment and adjustment information for patients identified within the geographical location indicated in the filter criteria will be reported.

Utilizing the Report
This report can be evaluated to understand the geographical trends for the practice’s patient population. The trends will indicate the number of procedures performed, amount charged, payment and adjustment amount for the ZIP code identified by the user.

16. CHARGE SUMMARY REPORT

Charge Summary Report/Yearly Revenue 01/01/2005 to 01/31/2005

Procedure Description	CPT Code	Charges	Amount	Average	% of Total	Totals
Office E/M						
CANCEL	90002	5	$0.00	$0.00	0.00	$0.00
NEW PT. COMPLEX HISTORY	99205	6	$900.00	$150.00	100.00	$900.00
EST. PT. FOCUSED HISTORY	99212	1	$40.00	$40.00	100.00	$40.00
EST. PT. EXPANDED HISTORY	99213	35	$1,750.00	$50.00	100.00	$1,750.00
EST. PT. DETAILED HISTORY	99214	98	$6,860.00	$70.00	100.00	$6,860.00
OFFICE CONSULT COMPREHENSIVE HISTORY	99244	8	$1,400.00	$175.00	100.00	$1,400.00
TOTAL: Office E/M		**153**	**$10,950.00**	**$71.57**	**100.00**	**$10,950.00**

Description

This report prints each CPT code separated by CPT category and lists the total number of times each CPT code was used, total amount charged, average charge, % of the total amount charged, and totals by provider then the practice for each CPT code within the date of service date range entered. (This report prints the same CHARGE information that prints on the Yearly Revenue Report.)

Available Criteria

1. Report Date Enter the desired date of service date range on the Initial Report Manager Module Screen.

2. Print Click on the print option on the Initial Report Manager Module Screen to print the report.

Generates Data From

- This report will include information from both **open and closed** batches.
- The report is run by **date of service** only.

Utilizing the Report

There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Run this report to find out how many procedures were performed within the date of service date range entered.
2. This report may also be used to review the most frequently used procedure codes within the date of service date range entered.

17. CHARGES WITH NO EXPECTED INS PMT

CHARGES WITH NO EXPECTED INSURANCE PAYMENT

ALL INSURANCES, FILING ORDER: 0, NOT FILED SINCE 10/11/2002

Date of Service	CPT Code	CPT Description	Date	Charge Amount	PREV PAID	Amount Rem
PATIENT:ADAMS, John - ACCT NO:4718						
2 PRUDENTIAL-AARP CLAIM UNI ID No: 123456789A						
5/7/2001	99213	EST. PT. EXPANDED HISTORY	12/19/2000	50.00	41.22	8.78
PATIENT:ADAMS, WILLIE - ACCT NO:5891						
2 STATE EMPLOYEES GROUP BEN ID No: 987654321A						
5/15/2001	99214	EST. PT. DETAILED HISTORY	1/5/2001	70.00	56.41	13.59

Description

This report lists accounts that do not reflect any payment to date from the responsible primary, secondary or tertiary insurance company within the minimum aging days entered.

Available Criteria

1. **Primary DR** The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. **Print** Click on the print option on the Initial Report Manager Module Screen to process the report and to access the rest of the available criteria.

3. **Insurance** This option allows the user to limit the report by patient insurance information.
   - All Insurance — Will print all patients that meet the criteria entered regardless of coverage.
   - Specific Ins Plan — Will print all patients that meet the criteria entered and have a specific plan. Choose the insurance plan from the drop-down box that is available on the screen.
   - Specific Ins Type — Will print all patients that meet the criteria entered and whose insurance is linked to a specific type in the insurance file. Choose the insurance type from the drop-down box that is available on the screen.
   - Specific Ins Group — Will print all patients that meet the criteria entered and whose insurance is linked to a specific group in the insurance file. Choose the insurance group from the drop-down box that is available on the screen.

4. **Filed Charges** To exclude recently filed charges, enter in the minimum number of aged days that have passed since charges were filed.
   EXAMPLE: enter the number 30 to exclude from the report any charges that were filed within the past 30 days and to include those charges who were filed more than 30 days ago and no payment has been made on the balance to date.

5. **Filing Order** Enter the number 1 to include and print ONLY primary insurance balances that have not been paid to date, the number 2 to include and print ONLY secondary insurance balances that have not been paid to date, the number 3 to include and print ONLY tertiary

insurance balances that have not been paid to date, or ALL to include all insurance balances that have not been paid to date and were filed

6. POS To run this report by place of service, enter the POS code number desired or enter ALL for all places of service. If a specific code is entered, the system will repeat the question each time to allow the user to enter several specific codes. Once all the desired codes are entered, enter DONE and the report will process.

Generates Data From

- This report will include information from both **open and closed** batches.
- The report is run by **date of service** only.

Utilizing the Report

There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. This report is usually run when utilizing the 'Reset Unpaid Charges' function in View Pending to review the unpaid charges before they are reset.
2. Use this report to analyze what insurance plans consistently do not process and pay claims sent to them in a timely manner.
3. Use this report as a follow-up tool for account and/or insurance review.
   This report can be used to review charges that are not being paid when billed for a specific POS. This type of review can alert and allow the users to locate the billing issue that may be hindering the prompt payment of the claims.

18. CHECK DETAIL EXPORT

Check 123456789						
PatientID	LastName	FirstName	AdjustmentDate	TotalAmount	BatchID	DoctorID
15562	JONES	STEVE	9/12/2002	-39.58	7545	44
15562	JONES	STEVE	9/12/2002	-19.52	7545	44
1482	WILLIAMS	JIMMY	9/12/2002	-161.26	7545	44
1482	WILLIAMS	JIMMY	9/12/2002	-508.43	7545	44
8318	MEDFORD	ELMO	9/12/2002	-28.19	7545	33
8318	MEDFORD	ELMO	9/12/2002	-14.76	7545	33
8758	TOMS	JOHN	9/12/2002	-30.28	7545	7
8758	TOMS	JOHN	9/12/2002	-60.6	7545	7
8758	TOMS	JOHN	9/12/2002	-61.35	7545	7
8758	TOMS	JOHN	9/12/2002	-36.48	7545	7
8758	TOMS	JOHN	9/12/2002	-39.54	7545	7
8758	TOMS	JOHN	9/12/2002	-140.58	7545	7

Description
The Check Detail Export prints or exports to a Microsoft Excel worksheet with the patient account number, patient name, adjustment date, total amount applied, batch number, and doctor number in which the specific check/authorization was posted toward.

Available Criteria

1. **Print** Click on the print option on the Initial Report Manager Module Screen to process the report and to access the rest of the available criteria.

2. **Check Number** Enter the check or authorization number for the voucher posted to the system.

Generates Data From

- This report will only list detail on patients that have payments posted in MBA for the check or authorization entered.

Utilizing the Report

1. Use this report to verify that the money allocated for a specific check was posted to the system and balances.
2. Print this report to locate payments that may have been posted incorrectly or to the wrong patient account.

19. CPT PAYMENT DETAIL REPORT

PatientID	DOS	CPTCode	CPTAmt	AmtPaid	AmtApplied	Desc	InsPlanName	DocID
12345	1/28/2005	99212	60	60	-22.54	MEDICAID PMT	MEDICAID	44
12344	1/28/2005	99212	60	60	-37.46	MEDICAID ADJ.	MEDICAID	44
23456	1/26/2005	99212	60	60	-7.7	MEDICAID ADJ.	MEDICAID	44
75643	1/26/2005	99212	60	60	-21.51	MEDICARE ADJ	MEDICARE	44
98776	1/26/2005	99212	60	60	-30.79	MEDICARE PMT	MEDICARE	44

Description
The CPT Payment Detail Report provides the patient IDs, for a given time frame and doctor, who have a specific CPT applied to their account. Additionally, the amount paid and amount applied if reported for each patient. The insurance plan and MBA adjustment description make this a great tool for evaluation purposes.

Available Criteria

1. **Primary Doctor** The option to run the report by a specific primary Doctor is available on the initial Report Manager module screen. If the option is left blank, the report will run for all primary doctors.

2. **Report Date** Enter a date range on the initial Report Manager module screen if the report needs to print information within a certain date range. Enter the dates desired or leave blank so that all information for the remaining criteria choices entered will be printed.

3. **CPT Code** Enter the CPT code for which you would like the data to report.

Generates Data From

- This report will include information from **closed** batches.
- The report is run by **date of service** only.

Utilizing the Report
The CPT Payment Detail Export report can be used for several reasons. The report can be utilized to determine the number of patients a primary provider has seen for a specific CPT within a certain time range, the amount collected for the service and by which insurance plan. The adjustment description is provided with the report which allows the user to evaluate the collections methods. Lastly, the report is generated in a Microsoft Excel spreadsheet allowing the user to manipulate the data further for evaluations.

20. **DAILY REVENUE EXPORT**

RSControlNo	PatientName	TotChg	PtChkPmts	PtCashPmt	PtCdtPmt	InsChg
67	Hope, Sam – 1234	310		-25		285
68	Aldridge, Steve. – 1143	145	-15			130
70	Baker, Jane – 8765	87	-10			77
71	Martin, Rick – 4563	167			-50	117
3/1/2005	352	60087	-5657	-634	-749	53047

AdjustmentDate	PaymentSource	PaymentType	TotalPayments
3/1/2005	Insurance	Check	-23099.46
3/1/2005	Patient	Cash	-634
3/1/2005	Patient	Check	-5617.84
3/1/2005	Patient	Credit Card	-684
3/1/2005	Patient	Debit Card	-65
3/1/2005	Patient	Money Order	-40

Description

The Daily Revenue Export report provides a means of tracking the daily activity of the practice in the form of charges entered, payments received, the form in which the payments were received, and total number of patients who had charge activity. The report is exported outside of MBA to a Microsoft Excel worksheet. Overall, the report provides a detailed view of all the transactions that took place on a given day.

Available Criteria

1. **Report Date** Enter a date on the initial Report Manager module screen. The dates entered must be the same to indicate the activity for a certain date.

Generates Data From

- This report will include information from **open and closed** batches.
- The data is reported by the user selected date. A patient will be indicated on the report if the date of service, payment entry or adjustment entry took place on that date. If the patient had an appointment on the date selected, but no charge was entered the patient name will appear without any detail in the charge and payment columns.

Utilizing the Report

This report can be utilized to monitor the daily activity within the practice. The data may be manipulated in the Excel spreadsheet for further data mining.

21. DAILY SUMMARY REPORT

DAILY SUMMARY REPORT BY DOCTOR
FROM 1/1/2005 TO 1/31/2005

1 - MBA DOCTOR DEMO IV

	CHARGES	PAYMENTS	CREDIT ADJ	DEBIT ADJ	REFUNDS	TOTAL
01/01/2001	$2,585.00	$-2,237.20	$-947.62	$17.34	$0.00	$-582.48
01/02/2001	$4,757.50	$0.00	$0.00	$0.00	$0.00	$4,757.50
01/03/2001	$2,230.00	$0.00	$0.00	$0.00	$0.00	$2,230.00
01/04/2001	$200.00	$-7,186.84	$-3,569.15	$0.00	$0.00	$-10,555.99

Description
This report prints a summary of charges, payments, credit adjustments, debit adjustments, refunds, and gives the total amount posted by provider for the date or dates of service entered.

Available Criteria

1. Report Date Enter the desired date of service date range on the Initial Report Manager Module Screen.

2. Print Click on the print option on the Initial Report Manager Module Screen to print the report.

Generates Data From

- This report will include information from both **open and closed** batches.
- The report is run by **date of service** only.

Utilizing the Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. This report may be used to review and compare provider contribution to the practice by day or date range.
2. This report may be used to evaluate the practice from last year to this year

22. **DECEASED PATIENT REPORT**

DECEASED PATIENT REPORT

ALL PATIENTS DECEASED BETWEEN '01/01/2001 00:00:00' AND '01/31/2001 00:00:00'

PATIENT NAME	PHYSICAL ADDRESS	CITY/STATE/ZIP	HOME PHONE	COMMENTS
BEASLEY, JD - 467	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO 81001	(318)388-1889	DECEASED 01/08/2001
BRADDOCK, CHARLIE – 5	23 HAPPY VALLEY RD APT 124	PUEBLO, CO 81001	(318)388-1889	DECEASED 01/01/2001
HOGAN, LEOPOLD - 3849	123 HAPPY VALLEY RD APT 23	PUEBLO, CO 81001	(318)388-1889	DECEASED 01/01/2001
KING, CLARA H - 4675	134 HAPPY VALLEY RD APT 1	PUEBLO, CO 81001	(318)388-1889	DECEASED 01/02/2001
MELVILL, HOWARD M - 4	34 HAPPY VALLEY RD APT 2	PUEBLO, CO 81001	(318)388-1889	DECEASED 01/07/2001
WIGGERS, TOM E - 3175	14 HAPPY VALLEY RD	PUEBLO, CO 81001	(318)388-1889	DECEASED 01/01/2001

TOTAL PATIENTS REPORTED: 6

Description
Lists all patients whose accounts are marked deceased and whose date of death is within the date range selected.

Available Criteria

1. **Report Date** Enter the to and from date for the date range desired

2. **Print** Click on the print option on the Initial Report Manager Module Screen to print the report

Generates Data From

- This report is patient account specific.
- The report prints from the data entered into the Patient Module under 1.General in the deceased fields.

Utilizing this Report

1. Use this report to get a list of all deceased patients for accuracy of accounts, reference, chart storage purposes, and/or family notations.

23. **DEC PATIENTS w/ NO DATE OF DEATH**

DECEASED PATIENTS WITH NO DATE OF DEATH
ALL DECEASED PATIENTS WITH NO DATE OF DEATH

PATIENT NAME	PHYSICAL ADDRESS	CITY/STATE/ZIP	HOME PHONE	COMMENTS
EZELL, EDWIN -967	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO 81001	(318) 388-1889	
HAMMONS, JOHN -706	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO 81001	(318) 388-1889	
JACKSON, ALEXANDRA -5315	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO 81001	(318) 388-1889	
JENNINGS, ESSIE D -768	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO 81001	(318) 388-1889	
NELSON, ARTHUR -313	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO 81001	(318) 388-1889	
NELSON, HAZEL -314	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO 81001	(318) 388-1889	
REED, JIMMY -354	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO 81001	(318) 388-1889	

TOTAL PATIENTS REPORTED: 7

Description

The Dec Pts w/ No Date of Death will lists all patients whose accounts are marked deceased but have no date of death entered in the system.

Available Criteria

1. Print Click on the print option on the Initial Report Manager Module Screen to print the report.

Generates Data From

- This report is patient account specific.
- The report prints from the data entered into the patient module under 1.General.
- If the deceased box is checked yes and there is no date entered in the deceased date field, the report will pull the patient's information.

Utilizing this Report

1. Use this report to get a list of all deceased patients who have no date of death entered.

24. INACTIVE PATIENT REPORT

INACTIVE PATIENT REPORT
Last Date Of Service Between 01/01/2001 And 01/31/2001

PATIENT NAME	PHYSICAL ADDRESS	CITY/STATE/ZIP	HOME PHONE	COMMENTS
BARKER, CLARA J- 4410	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO 81001	(318)388-1889	LAST CHARGE: Jan 17 2001
BARTON, JOHN - 5984	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO 81001	(318)388-1889	LAST CHARGE: Jan 9 2001
BENE, WILLIAM- 235	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO 81001	(318) 388-1889	LAST CHARGE: Jan 2 2001
BERRY, WILLIAM L – 27	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO 81001	(318) 388-1889	LAST CHARGE: Jan 28 2001

TOTAL PATIENTS REPORTED: 4

Description
This report prints a list of all patients who have a $0 balance and whose last date charged falls within the date range specified.

Available Criteria

1. Report Date Enter the to and from date for the date range desired

2. Print Click on the print option on the Initial Report Manager Module Screen to print the report.

Generates Data From

- This report is patient account specific
- This report run by last charge date entered and total account balance.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Run this report to get a list of patients who may need a reminder to visit your office for a checkup or when needed.
2. Run this report to get a list of patients who have stopped using your services.

25. INSURANCE AGING

Insurance Aging FOR ALL PROVIDERS

INS ID	INSURANCE COMPANY	CURRENT	31 TO 60	61 TO 90	OVER 90	UNAPPLIED	TOTAL
1022	AARP (UNITED HEALTHCARE CLAIM DIVISION	$10.00	$45.00	$0.00	$10.00	$0.00	$65.00
1023	AETNA (FORT WAYNE, IN)	$0.00	$0.00	$0.00	$39.93	$0.00	$39.93
19	AETNA (TYLER, TX.)	$0.00	$20.00	$0.00	$133.59	-$3.20	$150.39
60	MEDICARE (M/A)	$0.00	$60.00	$0.00	$3,806.00	-$235.00	$3,631.00

SUMMARY BY PLAN TYPES

PLAN TYPE CODE	CURRENT	31 TO 60	61 TO 90	OVER 90	UNAPPLIED	TOTALS
MCB	$0.00	$60.00	$0.00	$3806.00	-$235.00	$3631.00
PI	$10.00	$65.00	$0.00	$183.52	-$3.20	$255.32

Description

The Insurance Aging report contains a listing of all insurances companies by plan number with the total of the amount outstanding that ages in Current, 31-60, 61-90, over 90, unapplied and the total of all outstanding claims for each insurance company by doctor and, finally, by practice.

Available Criteria

1. **Primary DR** The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. **Print** Click on the print option on the Initial Report Manager Module Screen to process the report.

Generates Data From

- This report will include information from both **open and closed** batches.

Utilizing this Report

There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Run this report to find out what insurance plan has the highest A/R balance for your practice.
2. This report can also be used to help evaluate what types of insurance plans are used by patients in your practice.

26. INS CHARGE ANALYSIS by CPT

INSURANCE CHARGE ANALYSIS BY CPT - DATES OF SERVICE FROM 1/1/2001 THROUGH 1/31/2001
EVALUATE ALL INSURANCES

CPT	CPT DESCRIPTION	# OF CHARGES	CHARGES	PRI INS PYMNTS	PT PYMNTS	ADJS	AVG CHARGE	AVG INS PYMNT
31625	BRONCHOSCOPY WITH BIOPSY	3	$1,710.00	$900.38	$0.00	$744.75	$570.00	$300.13
32000	THORACENTESIS	2	$400.00	$129.32	$0.00	$238.34	$200.00	$64.66
36415	ROUTINE VENIPUNCTURE	5	$50.00	$41.86	$1.89	$2.55	$10.00	$8.37
71010	X-RAY CHEST, SINGLE VIEW	1	$55.00	$18.60	$34.95	$1.45	$55.00	$18.60

Description
Prints a list of CPT/Procedure codes, the amount of times the code was used, total charges for that code, primary insurance payments on that code, patient payments for that code, total adjustments for that code, average charge of that code, and average payment for that code within the given a the date of service date range.

Available Criteria

1. Primary DR The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. Print Click on the print option on the Initial Report Manager Module Screen to process the report and to access the rest of the available criteria.

3. Insurance This option allows the user to limit the report by patient insurance information.

All Insurance	Will print all patients that meet the criteria entered regardless of coverage.
Specific Ins Plan	Will print all patients that meet the criteria entered and have a specific plan. Choose the insurance plan from the drop-down box that is available on the screen.
Specific Ins Type	Will print all patients that meet the criteria entered and whose insurance is linked to a specific type in the insurance file. Choose the insurance type from the drop-down box that is available on the screen.
Specific Ins Group	Will print all patients that meet the criteria entered and whose insurance is linked to a specific group in the insurance file. Choose the insurance group from the drop-down box that is available on the screen.
No Insurance	This option is not available for this report.

Generates Data From

- This report will include information from **closed** batches.
- The report is run by **date of service** only.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Run this report to evaluate use and reimbursement for CPT codes for a given time frame (i.e.: Evaluate 2001 to 2002 Medicare reimbursement for CPT code 90732).
2. Run this report to do a CPT volume trend analysis over a monthly, quarterly or yearly time span.
3. This report can also be used to evaluate account receivable inflation.

27. INSURANCE INCOME

Insurance Income
FROM 1/ 1/2001 TO 1/31/2001

	PRIMARY	SECONDRAY	TERTIARY	ADJ	TOTAL
Blue Cross Blue Shield					
63 BLUE CROSS OF LA	-$2,332.88	-$157.59	-$110.92	-$600.73	-$3,202.12
67 BLUE CROSS OF ARKANSAS	$0.00	-$29.70	$0.00	$0.00	-$29.70
72 BLUE CROSS OF LA (PPO)	-$288.44	-$37.22	$0.00	-$132.78	-$458.44
TOTALS FOR Blue Cross Blue Shield	**-$2,621.32**	**-$224.51**	**-$110.92**	**-$733.51**	**-$3,690.26**
Champus					
555 CHAMPUS /WPS/TRICARE	-$100.70	$0.00	$0.00	-$90.73	-$191.43
TOTALS FOR Champus	**-$100.70**	**$0.00**	**$0.00**	**-$90.73**	**-$191.43**
HMO					

Description
Prints payments and adjustments associated with all insurance companies. The payments are broken down in to primary, secondary and tertiary payments for each plan and shows total adjustments and a total of all insurance payments.

Available Criteria

1. Print Click on the print option on the Initial Report Manager Module Screen to process the report and to access the rest of the available criteria.

2. Totaling Select how the report should be subtotaled- by insurance plan type code or user-defined insurance groups

Generates Data From

- This report will include information from **closed** batches.
- The report is run by **date posted**.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Run this report to evaluate the reimbursement rate on specific insurance groups to perform practice analysis for provider insurance contracts.
2. Use this report to evaluate insurance plan payments and adjustment for the practice.

28. INSURANCE PATIENT COUNT

Insurance Patient Count
QUANTITY OF PATIENTS PER INSURANCE PLAN
Medicare M/A Patients For All Providers

INS ID	INSURANCE PLAN NAME	TYPE	# PRI	# SEC	# TER	TOTAL
60	MEDICARE M/A	MCB	12	4	0	16

Description
Lists how many patients with certain insurance were seen per provider(s) within a date of service date range. The report will break the total count down into primary, secondary, and tertiary then list the combined total for that plan.

Available Criteria

1. **Primary DR** The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. **Report Date** Enter the desired date of service date range on the Initial Report Manager Module Screen.

3. **Print** Click on the print option on the Initial Report Manager Module Screen to process the information entered and access the remaining report criteria.

4. **Insurance** Enter a 1 if the desired result is to group the patient count by plan type or enter a 2 if the desired result is to list the patient count by each insurance company in the system.

Generates Data From

- This report is patient account specific.
- The report pulls from charges entered into the system that have a **date of service** that falls within the date range specified.
- This report pulls information from **closed** batches.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. This report can be used to evaluate the patient loads for patients with insurance for certain providers.

29. INSURANCE PLAN PATIENT LIST by DOS

INSURANCE PLAN PATIENT LIST BY DOS
INS PLAN: Blue Cross Blue Shield -2, Filing Order: All DOS From 01/01/2004 to 12/31/2004

Insurance Plan Patient List by DOS **Printer: Fri 3/18/2005 @ 3:19 PM** **Page 1 or 1**

Patient Name	Physical Address	City/State/Zip	Home Phone	Comments
Johnson, Grace – 15	123 Medford Way	Monroe, LA 71201	(318) 388 9876	PRI: ID NO123
Johnson, Mary – 14	1234 Hampton Ave	Monroe, LA 71201	(318) 388 8787	PRI: ID GR128
Smith, Don – 24	34 Knight Road	Monroe. LA 71201	(318) 547 6565	PRI: ID IT876

Description

The Insurance Plan Patient List by DOS provides a list of patients who have a specific insurance plan for a given date of service range. The report specifies the patient name, account ID, physical address, phone number and insurance plan ID.

Available Criteria

1. Report Date Enter a date range on the Initial Report Manager Module Screen if the report needs to print information within a certain date range. Enter the dates desired or leave blank so that all information for the remaining criteria choices entered will be printed.

2. Order by The user may order the report data by Patient Name or Patient ID.

3. Insurance This option allows the user to limit the report by patient insurance information.

All Insurance	Will print all patients that meet the criteria entered regardless of coverage
Specific Ins Plan	Will print all patients that meet the criteria entered and have a specific plan
Specific Ins Type	Will print all patients that meet the criteria entered and whose insurance is linked to a specific type in the insurance file
Specific Ins Group	Will print all patients that meet the criteria entered and whose insurance is linked to a specific group in the insurance file
No Insurance	Will print all patients that meet the criteria entered who have no insurance linked to the account.

4. Insurance Filing The user will be given the opportunity to specify the report based on primary, secondary or all filing orders of the insurance plan.

Generates Data From

- This report gathers information from **open and closed** batches.
- The report gathers information from charges entered into the system that have a **date of service** that falls within the date range specified.

Utilizing this Report

The Insurance Plan Patient List by DOS can be used for several management purposes. The report can be used to evaluate the number of patients encountered for a given insurance plan or insurance plan type. With this data, the practice has the ability to focus on patients within a given date range for a particular insurance plan or type. This report can be used to evaluate the patient insurance population for a given time range.

30. INSURANCE PLAN PAYMENTS

Insurance Plan Payments Report
WITH PLAN TYPE 'MCB' - ALL FILING STATUS'

INSURANCE NAME	PAYMENTS	ADJUSTENTS	TOTAL
MEDICARE (EMP SUPP)	-493.26	-123.40	-616.66
MEDICARE (M/A)	-4,773.70	-2,999.51	-7,773.21
MEDICARE (MSP)	-125.39	-86.97	-212.36
MEDICARE (NONE)	-3,169.08	-2,469.37	-5,638.45
MEDICARE (SUPP)	-9,723.96	-5,854.69	-15,578.65

INSURANCE ADJUSTMENT SUMMARY BY INSURANCE PLAN TYPE

PLAN TYPE CODE AND DESCRIPTION	PAYMENTS	ADJUSTMENTS	TOTAL
MCB Medicare Part B	-18,285.39	-11,533.94-29	-819.33

Description
Prints total payments and adjustments posted for specified insurance plans within a certain date posted date range.

Available Criteria

1. **Report Date** Enter the desired date of service date range on the Initial Report Manager Module Screen.

2. **Print** Click on the print option on the Initial Report Manager Module Screen to process the information entered and access the remaining report criteria.

3. **Insurance** Enter an insurance plan type code to limit the repot or ALL for all insurance plan types.

Generates Data From

- The report pulls from charges entered into the system that have a **posting date** that falls within the date range specified.
- This report pulls information from **closed** batches.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Use this report to evaluate reimbursement rates for specific insurance plans.
2. The insurance adjustment summary by insurance plan type at the end of the report may be used to evaluate reimbursement rates by plan type.

31. INSURANCE PLAN PATIENT REPORT

Description
The Insurance Plan Patient Report will provide a list of all patients associated with a particular insurance company.

Available Criteria

1. Order by The user may order the report data by Patient Name or Patient ID.

2. Insurance This option allows the user to limit the report by patient insurance information.

All Insurance	Will print all patients that meet the criteria entered regardless of coverage
Specific Ins Plan	Will print all patients that meet the criteria entered and have a specific plan
Specific Ins Type	Will print all patients that meet the criteria entered and whose insurance is linked to a specific type in the insurance file
Specific Ins Group	Will print all patients that meet the criteria entered and whose insurance is linked to a specific group in the insurance file
No Insurance	Will print all patients that meet the criteria entered who have no insurance linked to the account.

3. Insurance Filing The user will be given the opportunity to specify the report based on primary, secondary or all filing orders of the insurance plan.

Generates data from

- Data is gathered from the insurance companies as they are listed in the patient record.
- Inactive insurance records are included in the report evaluation

Utilizing this report
This report may be utilized to obtain a listing of all the patients with a certain insurance plan. The report can also indicate the patients with an insurance plan with a particular filing order. Indicating detail patient information is a strong point of this report.

32. LIST OF CHARGES by CPT CODE

```
      LIST OF CHARGES BY CPT CODE WITH DATES OF SERVICE BETWEEN 01/01/2001 AND 01/31/2001
                                  WITH ALL CPT CODES

ADCOCK, GERTIE - 809       1234 HAPPY VALLEY RD          PUEBLO CO   81001
   01/21/2001 90006           786.50  428.0     MEDFORD SYSTEMS MBA DEMO   0.00    0.00    0.00
   PMNT RESP: RESPONSIBLE PARTY
   01/22/2001 99214           786.50  250.00    MEDFORD SYSTEMS MBA DEMO  70.00   70.00    0.00
   PMNT RESP: RESPONSIBLE PARTY
   02/15/2001Medicare Payment               MEDICARE (SUPP)                            54.36
   02/15/2001Medicare Adjustment            MEDICARE (SUPP)                             2.05
   03/12/2001Blue Shield Payment            BLUE CROSS OF LA                           10.87
   04/28/2001Patient Payment                PATIENT PAYMENT                             2.72
   01/22/2001 71020           786.50  250.00    MEDFORD SYSTEMS MBA DEMO  75.00   75.00    0.00
   PMNT RESP: RESPONSIBLE PARTY
   02/15/2001Medicare Adjustment            MEDICARE (SUPP)                            42.46
   02/15/2001Medicare Payment               MEDICARE (SUPP)                            26.03
   03/12/2001Blue Shield Payment BLUE CROSS OF LA    6.51
```

Description
The List of Charges by CPT Code prints a list of patient charges for specific CPT codes which were posted within a certain date of service date range by Place of Service (or all). The report will also print any payment or adjustments associated with that patient and CPT.

Available Criteria

1. **Report Date** Enter the desired date of service date range on the Initial Report Manager Module Screen.
2. **Print** Click on the print option on the Initial Report Manager Module Screen to process the information entered and access the remaining report criteria.
3. **CPT code** Enter either a specific CPT code desired (the question will repeat to allow the user to enter several specific CPT codes if necessary) or ALL for all codes.
4. **Place of Service** Enter the place of service code to limit the report to specific place of service codes or code or ALL for all. If a specific POS is entered, the system will repeat until the desired POS code(s) are all entered.

Generates Data From

- The report pulls from charges entered into the system that have a **posting date** that falls within the date range specified.
- This report pulls information from **closed** batches only.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Print this report to get a list of patients who had a certain procedures done within a specific date range who may need follow-up, information updated, or other information specific to the type of procedure.

33. LIST OF CHARGES by DIAGNOSIS CODE

```
                              LIST OF CHARGES BY DIAG CODE
                                     WITH DIAGCODE 401.9
ANDERSON--CD, HERMAN - 8   1234 HAPPY VALLEY RD           PUEBLO CO 81001
   01/02/200 99214            496     401.9      MEDFORD SYSTEMS MBA DEMO    70.00     70.00
   PMNT RESP: RESPONSIBLE PARTY
   03/09/200 Courtesy Discount               PATIENT PAYMENT                            13.59
   02/09/200 Medicare Payment                MEDICARE (NONE)                            54.36
   02/09/200 Medicare Adjustment             MEDICARE (NONE)                             2.05
BEARDEN, BENNIE - 2249     1234 HAPPY VALLEY RD           PUEBLO CO 81001
   01/03/200 99214            401.9   496        MEDFORD SYSTEMS MBA DEMO    70.00     70.00
   PMNT RESP: RESPONSIBLE PARTY
   01/25/200 Medicare Payment                MEDICARE (SUPP)                            54.36
   01/25/200 Medicare Adjustment             MEDICARE (SUPP)                             2.05
   02/09/200 Insurance Payment               AMERICAN PIONEER                           13.59
```

Description
Lists patients who have had a specific diagnosis code associated with charges on their account within a date of service date range by POS (or all) and by doctor or practice. The report will also print any payment or adjustments associated with that patient and diagnosis. This report will only look for the diagnosis specified within the first four diagnosis codes on each charge.

Available Criteria

1. **Primary DR** The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. **Report Date** Enter the desired date of service date range on the Initial Report Manager Module Screen.

3. **Print** Click on the print option on the Initial Report Manager Module Screen to process the information entered and access the remaining report criteria.

4. **Diagnosis** Enter the diagnosis desired for the report.

5. **Place of Service** Enter the place of service code to limit the report to specific place of service codes or code or ALL for all. If a specific POS is entered, the system will repeat until the desired POS code(s) are all entered.

Generates Data From

- The report pulls from charges entered into the system that have **dates of service** that fall within the date range specified and are associated with the diagnosis entered.
- The system will look at **the first four diagnosis codes** for each patient only.
- This report pulls information from **closed** batches

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Print this report to get a list of patients who have been diagnosed with a certain problem within a specific date range and may need follow-up, information updated, or other information specific to the diagnosis.

34. LIST OF CHARGES by PLACE OF SERVICE

```
                          LIST OF CHARGES BY PLACE OF SERVICE
                                  AT ALL PLACES OF SERVICE

ABSON, HOWARD - 4798       1234 HAPPY VALLEY RD           PUEBLO CO 81001
   01/07/200190004          786.6   011.90     MEDFORD SYSTEMS MBA DEMO     0.00      0.00
   PMNT RESP: RESPONSIBLE PARTY
ADCOCK, GERTIE - 809       1234 HAPPY VALLEY RD           PUEBLO CO 81001
   01/21/200190006          786.50  428.0      MEDFORD SYSTEMS MBA DEMO     0.00      0.00
   PMNT RESP: RESPONSIBLE PARTY
```

Description
The List of Charges by Place of Service accounts for all patients who were seen in a specific (or all) place of service within a specific date of service date range. This report will list all charges, adjustments and payments associated with the patient.

Available Criteria

1. **Primary DR** The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. **Report Date** Enter the desired date of service date range on the Initial Report Manager Module Screen.

3. **Print** Click on the print option on the Initial Report Manager Module Screen to process the information entered and access the remaining report criteria.

4. **Place of Service** Select a place of service category. Choose from All places of service, Specific place of service then choose the corresponding place of service from the drop down box, or specific facility then choose the corresponding place of service from the drop down box.

Generates Data From

- The report pulls from charges entered into the system that have **dates of service** that fall within the date range specified and are associated with the place of service entered.
- The system will look at the place of service entered for each charge.
- This report pulls information from **closed** batches

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Print this report to evaluate the quantity or type of services rendered in a specific location.
2. Use this report to evaluate reimbursement levels for a specific location.

35. LIST OF CHARGES by ZIP CODE

List of Charges by Zip Code
Zip Code Like 81007

List of Charges by Zip Code Printed: Tues, 05/31/05 @ 4:28 PM Page 1 of 1

Smith, Charles – 12345 **123 E Platteville Blvd, Pueblo West, CO 81007**
Phone: (719) 123-4567 Age: 19 Pri Ins: BCBS of Colorado

05/10/2005	99212	715.11 719.46	Family Medical Center	159.00	0.00	159.00

PMNT Resp: BCBS of Colorado

Total Charges **$159.00** **Pmts $0.00** **Adjs $0.00**

Description
The List of Charges by ZIP Code report will list all the patients with charges during a given date range and living in a particular ZIP code. The report will also include any payments and adjustments given during the same time frame. The total value section at the end of the report proves to be valuable for evaluating different patient geographical locations.

Available Criteria

1. Primary DR The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. Report Date Enter the desired date of service date range on the Initial Report Manager Module Screen.

3. ZIP Code The report will focus on the ZIP code entered by the user. Entering just a few numbers will include all ZIP codes that start with those numbers (example: entering 712 will include ZIP Codes 71201, 71202, 71203, 71291, etc.)

4. Referring Doctor Select a specific Referring Doctor or check the "Select All" box to include all doctors.

5. Detail The user is given the opportunity to run the report with detail. Selecting yes for this screen will generate a report with the charge, payment and adjustment detail, rather than just the totals.

Generates Data From

- The report pulls from charges entered into the system that have **dates of service** that fall within the date range specified and are associated with the ZIP Code entered.
- This report pulls information from **closed** batches

Utilizing this Report
This report may be utilized to discover the charges, payments, and adjustments for a geographical area. The practice can identify unique areas of business within its database when evaluating the report.

36. MONTHLY AGING A\R AANALYSIS

Monthly Aging A/R Analysis
Month Totals for 5/2005 by Patient

Monthly Aging A/R Analysis **Printed: Tues, 5/31/2005 @ 4:39 pm** **page 1 of 1**

Last Name	First Name	Acct #	Total CHGS	Total PMTS	Total Adjs	Net A/R	Total A/R	Procs
Abeyta	John	238491	$0.00	$-74.23	$-93.21	$-167.44	$5,324,45	0
Ackerman	Krystle	76839	$502.00	$0.00	$0.00	$502.00	$502.00	3
Kristen	Cody	61830	$0.00	$-365.73	$-794.27	$-1,160.00	$1,802.26	0
Kurtz	Marvin	915681	$710.00	$0.00	$0.00	$710.00	$910.00	1
Prutch	Donald	12634	$146.00	$-2.71	$0.00	$143.29	$752.34	2
Reagan	Willie	22671	$540.00	$0.00	$0.00	$0.00	$3,570.36	4
Wells	Matthew	748017	$131.00	$-92.20	$-122.80	$84.00	$1,308.49	1
Zupanic	Rosie	591058	$147.00	$72.65	$74.35	$0.00	$1,699.04	2
		TOTALS	$2,176.00	$-462.22	$-935.93	$111.85	$10,544.49	13

Description

The Monthly Aging A\R Analysis reports aging totals based on the criteria selected by the user for a given month. The report may be run by patient, insurance type, insurance group, provider or facility. The data will be listed by the user specified criteria and by totals charges, total payments, total adjustments, net A/R, total A/R and # of procedures.

Available Criteria

1. Report Dates Enter the month and year to be printed.

2. Print Click on the print option on the Initial Report Manager Module Screen to process the information entered.

3. Evaluation of data Identify how the data is to be evaluated. The available selections are by patient, by insurance type, by insurance group, by doctor, or by facility.

4. Data totals Identify how the data is to be totaled. The available selections are by month or year.

Generates Data From

- This report pulls information from **closed batches** only.
- Data is generated from batches associated with the month identified.

Utilizing this Report

The selection in which the data may be evaluated is unique to the Monthly Aging A\R Analysis report. The practice's A\R may be represented based on a number of key elements. The representation allows the practice to get a strong indication of where the accounts receivable volumes may reside. In addition, the number of procedures performed for a given time frame is represented by the user selected criteria.

37. MONTHLY REVENUE REPORT

Monthly Revenue Report
January, 2001
PRACTICE TOTALS

PROCEDURE DESCRIPTION	CPT CODE	NO. OF CHARGES	AMOUNT	AVERAGE	YTD CHARGES	YTD AMOUNT
Office E/M						
OV NO CHARGE PER PHYSICIAN	90000	2	$0.00	$0.00	2	$0.00
EST. PT. EXPANDED HISTORY	99213	16	$875.00	$54.69	16	$875.00
EST. PT. DETAILED HISTORY	99214	20	$1,600.00	$80.00	20	$1,600.00
OFFICE CONSULT COMPREHENSIVE HISTORY	99244	1	$175.00	$175.00	1	$175.00
TOTAL: Office E/M		39	$2,650.00	$67.95	39	$2,650.00

101	Patient Payment		-$2,393.95
107	Insurance Payment		-$14,555.60
109	Refund		$386.13
111	Blue Shield Payment		-$2,481.08
112	Medicare Payment		-$26,375.15
113	Medicare Adjustment		-$13,759.78
114	Medicaid Payment		-$1.36
115	Medicaid Adjustment		-$251.49
TOTAL PAYMENTS/ADJUSTMENTS FOR THIS DOCTOR			-$59,432.28
PAYMENTS	Cash/Check Payments		-$45,807.14
	Credit Card Payments		$0.00
	Total Payments		-$45,807.14
ADJUSTMENTS	Credit Adjustments		-$14,011.27
	Debit Adjustments		$386.13
	Total Adjustments		-$13.625.14
TOTAL PAYMENTS AND ADJUSTMENTS			-$59,432.28

Description
Prints total number of charges posted for each procedure code, by category, total payments and adjustments received, a list of adjustment types and totals within the specified month by Doctor and total practice.

Available Criteria

1. Primary DR The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. Report Dates Enter the month and year to be printed.

3. Print Click on the print option on the Initial Report Manager Module Screen to process the information entered.

4. Modifiers Choose how many modifiers you would like the report top further delineate in the charge section of the report. Choose 1-4 or 0 for NONE.

5. Sections Choose a 1 if you want to print just the adjustment section of the report, 2 to print just the charge section, or 3 for both.

6. Practice Totals If you would like the report to print the practice totals only, click ‘Yes’ or click ‘No’ to print the report by individual provider.

Generates Data From

- This report pulls information from **closed batches** only.
- Data is generated from batches associated with the month identified.

Utilizing this Report

There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Use this report to analyze the data entered into the system for any given month.
2. Use this report to check the adjustments taken during a given month (i.e.: evaluate the amount of bad debt adjustments the practice is making each month)

38. MONTHLY SUMMARY by DOCTOR

Doc ID	Last Name	Adjustments	Adj %	Charges	Chg %	Payments	Pmt %
1	**Smith**	$12,789	23.25	$89,081	24.92	$75,738	24.34
2	**Johnson**	$16,724	30.41	$97,572	27.30	$64,893	20.86
3	**Newhouse**	$9,562	17.39	$76,987	21.54	$87,820	28.23
4	**Peterson**	$15,926	28.96	$93,783	26.24	$82,672	26.57
Totals		$55,001		$357,423		$311,123	

Description
The Monthly Summary by Doctor provides a representation of the charges, payments and adjustments entered for a provider during a given month. In addition, the report provides a percentage value which indicates the overall provider percentage break down by charges, adjustment and payments.

Available Criteria
1. Report Date – The month date must be identified to execute the report.

Generates Data From
- This report pulls information from **open and closed batches** only.
- Data is reported by the provider indicated on the charge, payment or adjustment
- The Report Date is linked to the month in which each batch is assigned.

Utilizing this Report
The Monthly Summary by Doctor provides a great snap shot for the productivity undertaken by each provider for a given month. The report can be used to track forecasts on a given month. In addition, the percentage of each charge, payment or adjustment can be used to evaluate the overall contribution by provider to the practice.

39. Monthly Summary Export

Monthly Summary Export 05/01/2005 – 05/31/2005
Printed by GBond

Net chgs	Net Pmts	Net Adjs	Net A/R	Total A/R
$719,457	$546,097	$324,597	$693,816	$876,395

Year to Date

Net Chgs	Net Pmts	Net Adjs	Net A/R	Total A/R
$3,454,812	$2,534,872	$1,275,980	$693,816	$876,395

Description

The Monthly Summary Export provides totals by net charges, net payments, net adjustments, net accounts receivable and total accounts receivable in month to date and year to date format.

Available Criteria

1. Report Date Range – The beginning and ending month date range must be identified.

Generates Data From

- This report pulls information from **open and closed batches** only.
- Data is reported by the provider indicated on the charge, payment or adjustment
- The Report Date is linked to the month in which each batch is assigned.

Utilizing this Report

The Monthly Summary Export may be utilized to gain an understanding of the revenue volumes by month to date and year to date.

40. NEW PATIENT REPORT

NEW PATIENT REPORT
ALL PATIENTS ADDED BETWEEN '10/01/2002 00:00:00' AND '12/11/2002 00:00:00'

PATIENT NAME	PHYSICAL ADDRESS	CITY/STATE/ZIP	HOME PHONE	COMMENTS
HICKUP, DERRICK - 62	123 HICKUP SOUTH LANE	MONROE, LA 71203	(318) 555-5555	ADDED 10/30/2002
Doe, Janice - 6208	123 Happy Lane	Monroe, LA 71203	(318) 388-1889	ADDED 12/04/2002

TOTAL PATIENTS REPORTED: 2

Description
The new patient report will identify all patients entered into MBA within a given time period.

Available Criteria

1. Report Dates Enter the date added date range for the report.

2. Print Click on the print option on the Initial Report Manager Module Screen to process the information entered.

Generates Data From

- This report is patient account specific.
- Uses the created date on the patient account in the patient module. The creation date can be viewed on tab 9 of the Patient Module.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Use this report to evaluate the amount of new patients to the practice for a given period of time.
2. The report may be used to identify duplicate patient records.

41. PATIENT COUNT EXPORT

Patient Count by Sex and Age
DOS Date From 5/1/2005 to 5/31/2005

Sex	Under 1	Age 1	Age 2	Age 3	Age 5	Age 7	Age 8	Age 9	Age 10
	14	0	0	0	0	0	0	0	0
F	65	44	48	33	25	19	25	21	22
M	82	54	36	30	16	36	24	21	32

Patient Count by Race
DOS Date From 5/1/2005 to 5/31/2005

Asian/Pacific Islander	3
Hispanic (all races)	353
Indian	3
Unknown	939
Unreported/Unknown	727
White (not Hispanic)	765
Black (not Hispanic)	249

Description
The Patient Count Export Report allows the practice to evaluate the patient volume based on a user selected time range and by sex and age or by race. Totals are derived for each report category.

Available Criteria

1. Report Dates Enter the date added date range for the report.

2. Print Click on the print option on the Initial Report Manager Module Screen to process the information entered.

3. Count Patients The report may perform a patient count by sex and age range or by patient race.

Generates Data From
The data for this report is generated by the patients who have a charge in the date range specified by the user.

Utilizing this Report
This report may be utilized to acquire a patient population count for the practice.

42. PATIENT LIST by EMPLOYER

PATIENT LIST BY EMPLOYER
EMPLOYER: St. Luke Hospital – 1276

Patient List by Employer **Printer: Fri, 3/25/2005 @ 12:49 PM** **Page 1 of 1**

Patient Name	Physical Address	City/State/ZIP	Home Phone	Comments
Provider: Dr. John Allison – 34				
Arnold, Pete L. – 456	234 Thatcher Ave.	Smalltown, TX 12345	123-456-7890	Last DOS: 07/16/2004
Baker, Gerold – 65	721 Elm Dr.	Austin, TX 34512	563-543-7293	Last DOS: 01/23/2005

Description
The Patient List by Employer provides a list of the patients who have a particular employer selected within tab 4 of the Patient Module. The report will indicate the last date of service for the particular patient.

Available Criteria

1. Primary DR The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. Data Order The user is given the option to order the report by patient name or patient ID.

3. Select Employer The user must select the employer by which to run the report. The drop down box lists the records contained within the employer database. Records are added to the employer database through tab 4 in the Patient Module.

Generates Data From

- The employer identified in the patient module is used to indicate the data for this report.
- Last DOS of service element is derived from open and closed batches.
- Primary Doctor is identified by doctor selected in the Patient Module, tab 3.

Utilizing this Report
The report can be utilized to identify the patients who have a particular employer and the last date of service for the specific patient. The practice may choose to negotiate employer specific policies based on the data provided.

43. PATIENT LIST by REFERRING DOCTOR

PATIENT LIST BY REFERRING DOCTOR
REFERRING DOCTOR: JONES, JIM

BARTON, ORNELL - 4079	1234 HAPPY VALLEY RD APT 123 PUEBLO, CO	81001	(318)388-1889	LAST DOS: 02/17/1999
BASS, ALBERT J. - 4459	1234 HAPPY VALLEY RD APT 123 PUEBLO, CO	81001	(318)388-1889	LAST DOS: 04/30/2000
BENNETT, NINA - 3737	1234 HAPPY VALLEY RD APT 123 PUEBLO, CO	81001	(318)388-1889	LAST DOS: 07/22/1998
BOWLIN, EDDIE V. - 5021	1234 HAPPY VALLEY RD APT 123 PUEBLO, CO	81001	(318)388-1889	LAST DOS: 11/09/1999
BOWLIN, RONALD - 4990	1234 HAPPY VALLEY RD APT 123 PUEBLO, CO	81001	(318)388-1889	LAST DOS: 10/24/1999
BRELAND, LAURA L. - 5913	1234 HAPPY VALLEY RD APT 123 PUEBLO, CO	81001	(318)388-1889	LAST DOS: 06/19/2001

Description
This report will print a list of patients who were referred by a specific referring doctor. The referring doctor table can be located under Maintenance from the MBA main menu.

Available Criteria

1. **Print** Click on the print option on the Initial Report Manager Module Screen to process the information entered and access the remaining report criteria.

2. **Print Order** Decide if the report should print in order by patient name or patient ID

3. **Referring Doctor** Select a specific Referring Doctor

Generates Data From

- This report is patient account specific
- Uses data from information entered in the referring doctor field on posted charges.
- This report includes data from both **open and closed** batches.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Use this report to discover the referral volume from certain referring physicians.
2. This report may be used to identify patients for specific contact tasks. For instance, if the practice would like to send a thank you letter to all patients referred by a certain physician, this report should be used as a tool. Furthermore, exporting the information to a Microsoft Excel spreadsheet would make label creation simple.

44. PATIENT LIST by RESPONSIBLE PARTY

```
                          PATIENT LIST BY RESPONSIBLE PARTY
                           RESPONSIBLE PARTY: ALICE RHODES
YARBROUGH, MILDRED  - 457   1234 HAPPY VALLEY RD APT 300 PUEBLO, CO  81001    (318) 388-1889  BAL:  $0.00
PERKINS, BRAD – 2510        1234 HAPPY VALLEY RD APT 300 PUEBLO, CO  81001    (318) 388-1889  BAL: $30.00
TOTAL PATIENTS REPORTED: 2
```

Description
The Patient List by Responsible Party will print a list of patients who are associated to a specific responsible party. The patient's responsible party is identified in tab 3 of the Patient Module.

Available Criteria

1. **Print** Click on the print option on the Initial Report Manager Module Screen to process the information entered and access the remaining report criteria.

2. **Print Order** Decide if the report should print in order by patient name or patient ID

3. **RP type** Select from either a list of patients set as responsible party or from a list of responsible parties

4. **RP** Select the responsible party you want to view from the combo box

5. **Type of Charges** Select if you want to print the list to include all patients with this responsible party, or only patients with this responsible party and a non $0 balance.

Generates Data From

- This report is patient account specific
- Uses data from information entered in the responsible party field on posted charges.
- This report includes data from both **open and closed** batches.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report.

1. This report may be used to print a list of all patients associated with a particular responsible party. Practices which utilize a responsible party for billing an entity other than an insurance company will find this report very useful.
2. The report specifies the balance due per patient. This report may be used to track and monitor the charges due by a responsible party entity.

45. PATIENT LOCALE REPORT

PATIENT LOCALE REPORT
ALL PATIENTS WITH THE MAILING CITY OF MONROE

HICKUP, DERRICK - 62	123 HICKUP SOUTH LANE	MONROE, LA 71203	(555) 555-5555
Athens, Joyce - 6208	123 Happy Lane	Monroe, LA 71203	(318) 388-1889

TOTAL PATIENTS REPORTED: 2

Description
The Patient Locale Report will provide a list of all patients who have a, user specified, city entered in tab 2 of the Patient Module.

Available Criteria

1. Print Click on the print option on the Initial Report Manager Module Screen to process the information entered and access the remaining report criteria

2. Print Order Decide if the report should print in order by patient name or patient ID

3. City Enter the name of the city desired. The default practice city will already be in this field.

Generates Data From

- This report is patient account specific and references the city entered in tab 2 of the Patient Module.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report.

1. Use this report to identify the patients who reside in a certain city.

46. **PATIENT REPORT by BIRTHDAY**

PATIENT REPORT BY BIRTHDAY
ALL PATIENTS BORN BETWEEN 01/01/1974 AND 12/31/1974

BENANDI, TAMMY L -2969	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	DOB 06/24/1974
BRANDY, JAMES M -3927	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	DOB 07/05/1974
COLEMAN, MILDRED M -3953	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	DOB 11/03/1974
COLEMAN, MORGAN -1733	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	DOB 08/15/1974
CONLEY, GERALDINE B -4273	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	DOB 03/20/1974
CRAWFORD, ROSEMARY -4833	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	DOB 08/27/1974
DOTSON, HOWARD -4888	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	DOB 11/25/1974
ENGSTROM, BEVELYN -1091	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	DOB 09/29/1974

TOTAL PATIENTS REPORTED: 8

Description
The Patient Report by Birthday will generate a list of all patients who have a birth date entered in MBA within a given timeframe.

Available Criteria

1. Report Dates — Enter the date range for the birth dates needed. (EX: Patients born in August 1962 would be entered as 08/01/1962 to 08/31/1962)

2. Print — Click on the print option on the Initial Report Manager Module Screen to process the information entered and access the remaining report criteria.

3. Print Order — Decide if the report should print in order by patient name or patient ID

Generates Data From

- This report is patient account specific and references data entered in the date of birth field tab 1 of the Patient Module.

Utilizing this Report
This report may be used to identify a patient population by birth date. To identify a specific date, enter the same date in the “To” and “From” fields.

47. PATIENT LIST by PATIENT TYPE

PATIENTS LIST BY PATIENT TYPE
ALL PATIENTS FROM CATEGORY NORMAL

ALBRITTON, MARIE - 5892	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	BALANCE: 13.59
ALBRITTON, MARINA - 5690	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	BALANCE: 0.00
ANTLEY, ALEXANDRA E - 4832	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	BALANCE: 0.00
BALSAMO, ROY L - 5357	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	BALANCE: 0.00
BANKS, MARINA ODELL - 5319	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	BALANCE: 0.00
BANKS, TIRAS - 6150	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	BALANCE: 137.76
BARBEE, JULIAN - 6068	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	BALANCE: 103.69

TOTAL PATIENTS REPORTED: 7

Description
The Patients List by Patient Type will identify all patients who are associated with a specific Patient Type, as identified in tab 1 of the patient module. The use of this report is specific to the needs of the practice.

Available Criteria

1. Print Click on the print option on the Initial Report Manager Module Screen to process the information entered and access the remaining report criteria.

2. Print Order Decide if the report should print in order by patient name or patient ID

3. Patient Type Choose the patient TYPE to be used for the report from the combo box.

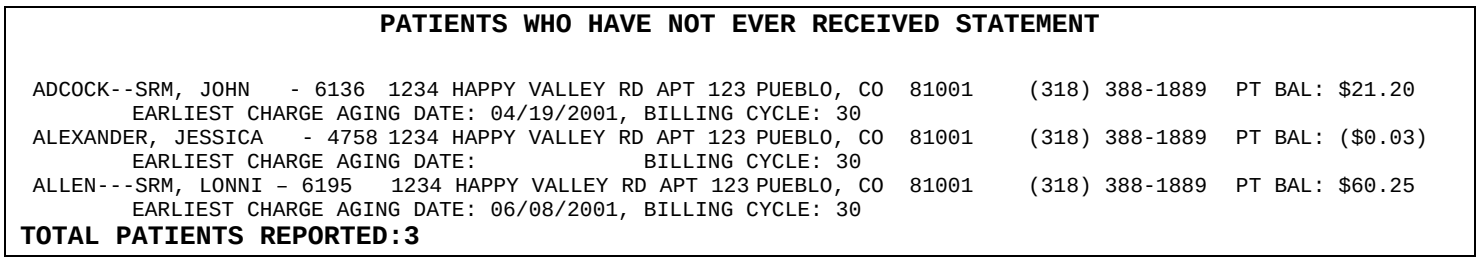
4. Type of Charges Select if you want to print the list to include all patients with this patient type, or only patients with this patient type and a non $0 balance.

Generates Data From

- This report is patient account specific
- Uses data from information entered in the patient type field in the Patient Module.
- This report includes data from both **open and closed** batches.

Utilizing this Report
This report may be used for a number of reasons and specific to the needs of the practice. The patient type category is identified by the practice. Patient may be linked with a certain category and identified with this report. The Patient Type category may be used to track patients who are taking part in a study, for instance.

48. PATIENTS WHO HAVE NOT EVER RECEIVED A STATEMENT



```
                    PATIENTS WHO HAVE NOT EVER RECEIVED STATEMENT

 ADCOCK--SRM, JOHN   - 6136  1234 HAPPY VALLEY RD APT 123 PUEBLO, CO  81001    (318) 388-1889  PT BAL: $21.20
        EARLIEST CHARGE AGING DATE: 04/19/2001, BILLING CYCLE: 30
 ALEXANDER, JESSICA   - 4758 1234 HAPPY VALLEY RD APT 123 PUEBLO, CO  81001    (318) 388-1889  PT BAL: ($0.03)
        EARLIEST CHARGE AGING DATE:             BILLING CYCLE: 30
 ALLEN---SRM, LONNI – 6195   1234 HAPPY VALLEY RD APT 123 PUEBLO, CO  81001    (318) 388-1889  PT BAL: $60.25
        EARLIEST CHARGE AGING DATE: 06/08/2001, BILLING CYCLE: 30
TOTAL PATIENTS REPORTED:3
```

Description
This report will print a list of patients who have a responsible party balance but have never received a statement as of the date the report is run. Patients may not receive statements for various reasons (such as a billing cycle set to never), please review the patient accounts to evaluate why a statement never printed.

Available Criteria

1. Print Click on the print option on the Initial Report Manager Module Screen to process the information entered and access the remaining report criteria.

2. Print Order Decide if the report should print in order by patient name or patient ID

Generates Data From

- This report is patient responsible party balance specific.
- This report pulls from information in the statement history tab in the Review Module.
- Includes charges from **open and closed** batches.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report.

1. The report can be executed periodically to print a list of patients who have never received a statement to check these accounts for statement option and billing cycle accuracy.

49. PATIENTS WHO HAVE NOT RECENTLY RECEIVED A STATEMENT

```
                    PATIENTS WHO HAVE NOT RECENTLY RECEIVED STATEMENT
                      HAVE NOT RECEIVED STATEMENT WITHIN PAST 45 DAYS
 ADAMS, DOYCE R  - 4518      1234 HAPPY VALLEY RD APT 123 PUEBLO, CO  81001    (318) 388-1889  PT BAL: $178.00
        LAST STMT: Oct 30 2000 12:00AM, MOST RECENT CHARGE AGING DATE: Sep 29 2000 12:00AM, BILLING CYCLE: 30
 ADAMS, MARILYN E  - 4718    1234 HAPPY VALLEY RD APT 123 PUEBLO, CO  81001    (318) 388-1889  PT BAL: $33.32
        LAST STMT: Oct 30 2000 12:00AM, MOST RECENT CHARGE AGING DATE: Oct  9 2000 12:00AM, BILLING CYCLE: 30
 ADCOCK, GERTIE   - 809      1234 HAPPY VALLEY RD APT 123 PUEBLO, CO  81001    (318) 388-1889  PT BAL: $36.49
        LAST STMT: Oct 30 2000 12:00AM, MOST RECENT CHARGE AGING DATE: Oct 12 2000 12:00AM, BILLING CYCLE: 30
 ADCOCK, MARJORIE   - 1      1234 HAPPY VALLEY RD APT 123 PUEBLO, CO  81001    (318) 388-1889  PT BAL: $269.72
        LAST STMT: Oct 30 2000 12:00AM, MOST RECENT CHARGE AGING DATE: Jun 14 2001 12:00AM, BILLING CYCLE: 30
 ADKINSON--SRM, ROY   - 5844 1234 HAPPY VALLEY RD APT 123 PUEBLO, CO  81001    (318) 388-1889  PT BAL: $15.54
        LAST STMT: Oct 30 2000 12:00AM, MOST RECENT CHARGE AGING DATE: Dec 25 2000 12:00AM, BILLING CYCLE: 30
 ALFORD, LAURA   - 5860      1234 HAPPY VALLEY RD APT 123 PUEBLO, CO  81001    (318) 388-1889  PT BAL: ($65.00)
        LAST STMT: Oct 30 2000 12:00AM, MOST RECENT CHARGE AGING DATE: , BILLING CYCLE: 30
TOTAL PATIENTS REPORTED: 6
```

Description

This report will print a list of patients who have a responsible party balance but have not received a statement within a certain amount of days. Patients may not receive statements for various reasons (such as a billing cycle set to never), please review the patient accounts to evaluate why a statement never printed.

Available Criteria

1. Print Click on the print option on the Initial Report Manager Module Screen to process the information entered and access the remaining report criteria.

2. Print Order Decide if the report should print in order by patient name or patient ID

3. # of Days Enter the number of days that has passed since the patients with a responsible party balance have not received a statement.

Generates Data From

- This report is patient responsible party balance specific.
- This report pulls from information in the statement history tab in the Review Module.
- Includes charges from **open and closed** batches.

Utilizing this Report

There are a variety of ways your practice may utilize the information obtained from this report.

1. Run this report periodically to print a list of patients who have not recently received a statement to check these accounts for statement option and billing cycle accuracy.

50. PATIENTS WITH CREDIT BALANCES

```
                          PATIENTS WITH CREDIT BALANCE
          FOR ALL PROVIDERS - FOR ADJUSTMENT DATES FROM 1/1/2001 TO 1/31/2001

PATIENT:  WILLIE M. BROWN    1234 HAPPY VALLEY RD PUEBLO CO 81001
Current Patient Balance $-10.63                        PATIENT ID: 5414
PRIMARY:  EMPLOYEE BENEFIT SERVICE  (SHREVEPORT)              ID NO.: 123456789A
SECONDARY:                                                    ID NO.:
1/21/2001 Patient Payment                 -25.00    -14.37   -10.63

PATIENT:  BETTY MCKINNEY     1234 HAPPY VALLEY RD PUEBLO CO 81001
Current Patient Balance $–200.00                       PATIENT ID: 3408
PRIMARY:  BLUE CROSS OF LA                                    ID NO.: 123456789A
SECONDARY:MEDICAID                                            ID NO.: 1436257891432
1/1/2001  Blue Shield Payment          -1,020.00   -820.00   -200.00
          BLUE CROSS OF LA
```

Description
The Patients with Credit Balances will generate a list of all patients with credit balances. The user selected, filter criteria makes this a great report to identify credits during a given time or for an individual provider.

Available Criteria

1. **Primary DR** The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. **Report Date** Enter the desired date of service date range on the Initial Report Manager Module screen

3. **Print** Click on the print option on the Initial Report Manager Module screen to process the information entered and access the remaining report criteria.

4. **Group Providers** This report can group the credits together by provider (when there is more than one in a practice) so that there is one unapplied amount per patient or it can separate the amounts by provider and patient. Select 'Yes' to separate the amounts or select 'No' to group the amounts.

Generates Data From

- This report prints if there is a credit balance for insurance or responsible party.
- This report prints by **adjustment date** entered.
- This report pulls information from **open and closed** batches.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. The report can be used in determining if any refunds need to be issued.
2. The report may be used to evaluate unapplied credits and check for posting accuracy.

51. **PATIENTS WITH NO INSURANCE**

PATIENTS WITH NO INSURANCE
ALL PATIENTS WITH NO INSURANCE

BARRE, LEAH. - 5968	1234 HAPPY VALLEY RD APT 123	PUEBLO,	CO	81001	(318) 388-1889	BALANCE: 590.00
CARTE, ORELIA - 5598	1234 HAPPY VALLEY RD APT 123	PUEBLO,	CO	81001	(318) 388-1889	BALANCE: 220.00
HOWELL, JIM - 3083	1234 HAPPY VALLEY RD APT 123	PUEBLO,	CO	81001	(318) 388-1889	BALANCE: 138.00
Richards, GALE - 48	1234 HAPPY VALLEY RD APT 123	PUEBLO,	CO	81001	(318) 388-1889	BALANCE: 150.00
LANDERS, TAM - 2862	1234 HAPPY VALLEY RD APT 123	PUEBLO,	CO	81001	(318) 388-1889	BALANCE: -52.30
MCCARTY, DONN- 555	1234 HAPPY VALLEY RD APT 123	PUEBLO,	CO	81001	(318) 388-1889	BALANCE: 305.00
NEVELS, MASE - 5420	1234 HAPPY VALLEY RD APT 123	PUEBLO,	CO	81001	(318) 388-1889	BALANCE: 305.00
RECORDS, EARNEST - 4844	1234 HAPPY VALLEY RD APT 123	PUEBLO,	CO	81001	(318) 388-1889	BALANCE: 166.88
RECOUP, JAMES - 6	1234 HAPPY VALLEY RD APT 123	PUEBLO,	CO	81001	(318) 388-1889	BALANCE: -3686.17
SCHUMAN, JULIAN - 5644	1234 HAPPY VALLEY RD APT 123	PUEBLO,	CO	81001	(318) 388-1889	BALANCE: 15.00
SMITH, ALLIE J - 5411	1234 HAPPY VALLEY RD APT 123	PUEBLO,	CO	81001	(318) 388-1889	BALANCE: 15.00

TOTAL PATIENTS REPORTED: 11

Description
The Patients with No Insurance report will print a list of all patients or patient with an account balance and no insurance indicated on the account.

Available Criteria

1. Print Click on the print option on the Initial Report Manager Module Screen to process the information entered and access the remaining report criteria.

2. Print Order Decide if the report should print in order by patient name or patient ID

3. Type of Charges Select if you want to print the list to include all patients with no insurance, or only patients with this no insurance and a non $0 balance.

Generates Data From

- This report is patient account specific
- Uses data from information entered in the patient insurance tab in the Patient Module.
- This report includes data from both **open and closed** batches.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. The report may be used to manage self pay patients.
2. This report may be used to evaluate and check patient accounts for insurance accuracy.

52. PATIENTS WITH OUTSTANDING PROMISE TO PAY

```
                    PATIENTS WITH OUTSTANDING PROMISE TO PAY
                            ALL PAYOR TYPES INCLUDED
Doe, Phil - 6200                                    ,   From UNITED HEALTHCARE
       PROMISED ON 12/18/2001 TO PAY $75.00 BY 01/05/2002 - LAST PMT: [None since time of promise]
TOTAL PATIENTS REPORTED: 1
```

Description
The Patients with Outstanding Promise to Pay identifies a list of patients with a promise to pay notice in the contact history that is not marked as resolved in MBA. The contract history is located in tab 6 of the Review Module.

Available Criteria

1. Print Click on the print option on the Initial Report Manager Module screen to process the information entered and access the remaining report criteria.

2. Print Order Decide if the report should print in order by patient name or patient ID

3. Payor Choose if the report should print promise to pay notices for insurance payments, responsible party payments or from all payors.

4. Group by Dr Answer yes if you want the report to group by the patient's primary doctor.

Generates Data From

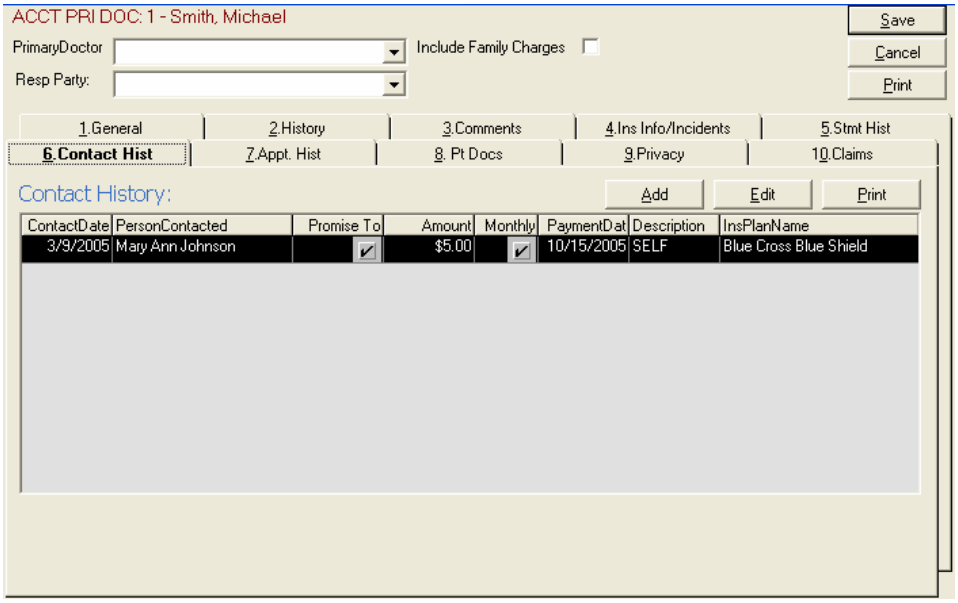
- This report is patient account specific.
- This report pulls information from the Contact History tab in the Review Module.
- This report includes patients whose Contact History has the Promise to Pay **check box marked Yes**.
- This report includes data from both **open and closed** batches

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Use this report to follow-up on insurance companys or patients who have promised to pay on an account, but have not paid when they said they would.
2. Use this report to check for accuracy in the resolution fields in Contact History.

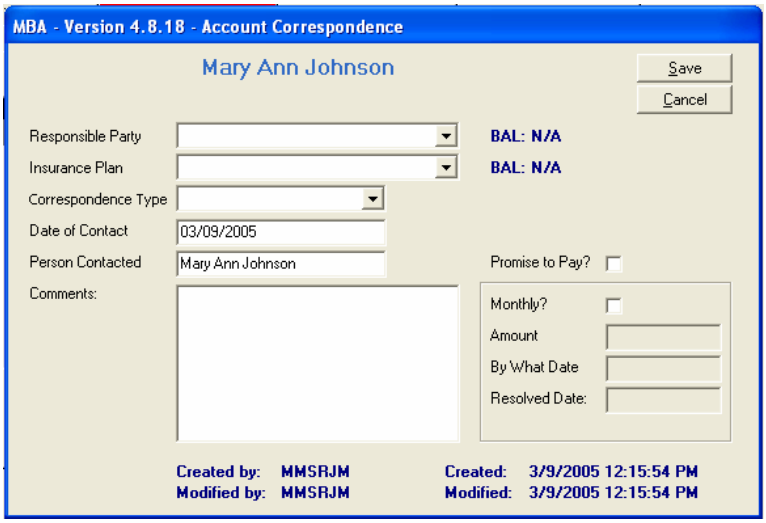
a. How to use the Promise to Pay Feature in Contact History

1. Go to MBA's Review Module and enter the desired patient's search criteria.
2. Click on tab 6 to view Contact History.



The Contact History Screen is shown here.

3. Click on the Add button to create a new Promise to Pay record in **Contact History**. You may also click on the Edit button to view a previously entered record.



4. Enter the required information to create the new record. You may enter as much, or as little, information as needed.
   - **a. Responsible Party**
     The dropdown box will reference the RP setup for the patient's account. The amount due for the respective RP will appear.
   - **b. Insurance Plan**
     The dropdown box will reference the Insurance Plans established for the patient's account. The amount due for the respective Insurance Plan will appear.
   - **c. Correspondence Type**
     Enter the method of communication.
   - **d. Date of Contact**
     Enter the date in which the Correspondence took place.
   - **e. Person Contacted**
     Enter the individual contacted.
   - **f. Comments**
     Any information may be entered which relates to the Account Correspondence.

5. Check the Promise to Pay box
6. If a monthly promise to pay commitment has been undertaken, click the Monthly box.
7. Enter the Amount promised to pay by the individual in the Amount box.
8. Enter the date in which the outstanding balance will be recovered in the By What Date box.
9. A Resolved Date should be entered once collection is complete. Entering a resolve day will discontinue printing on the Patients with Outstanding Promise to Pay report.

53. PAYMENT ANALYSIS by ADJUSTMENT DATE

PAYMENT ANALYSIS BY ADJUSTMENT
FOR ADJUSTMENT DATES FROM 01/01/2001 TO 01/31/2001

CPT SHORT DESCRIPTION	CPT CODE	INSURANCE	PATIENT	ADJUSTMENTS
DOCTOR: MBA DOCTOR DEMO IV				
CPT CATEGORY: Office E/M				
NEW PT. COMPLEX HISTORY	99205	-348.84	-325.00	-32.70
EST. PT. FOCUSED HISTORY	99212	0.00	-15.00	0.00
EST. PT. EXPANDED HISTORY	99213	-1,816.22	-616.21	-256.20
EST. PT. DETAILED HISTORY	99214	-5,023.25	-522.59	-665.61
EST. PT. COMPREHENSIVE HISTORY	99215	0.00	-10.00	0.00
OFFICE CONSULT DETAILED HISTORY	99243	-83.45	0.00	-41.55
OFFICE CONSULT COMPREHENSIVE HISTORY	99244	-1,029.48	-25.00	-143.82
OFFICE CONSULT COMPLEX HISTORY	99245	-234.96	0.00	-70.01
TOTALS FOR CATEGORY 'Office E/M':		-8,536.20	-1,513.80	-1,209.89

Description
The Payment Analysis by Adjustment Date prints a summary of insurance payments, patient payments, and adjustments posted to the system within a date range by CPT category and CPT code.

Available Criteria

1. Report Date Enter the desired date posted date range on the Initial Report Manager Module screen

2. Print Click on the print option on the Initial Report Manager Module screen to process the information entered.

Generates Data From

- This report prints using information from both **open and closed** batches.
- This report prints using **adjustment posting date**.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report.

1. This report may be used to evaluate the total paid or adjusted by insurance and patients for specific procedure groups.

54. PAYMENT ANALYSIS by CHARGE DATE

Payment Analysis by Chg Date

CPT SHORT DESCRIPTION	CPT CODE	#	CHARGES	INS PAY	PT PAY	ADJ	BAL
CPT CATEGORY: Office E/M							
CANCEL	90002	5	0.00	0.00	0.00	0.00	0.00
NEW PT. COMPLEX HISTORY	99205	6	900.00	-545.85	-190.00	-14.15	150.00
EST. PT. FOCUSED HISTORY	99212	1	40.00	0.00	-15.00	0.00	25.00
EST. PT. EXPANDED HISTORY	99213	35	1,750.00	-1,300.29	-234.79	-144.92	70.00
EST. PT. DETAILED HISTORY	99214	98	6,860.00	-5,724.30	-342.09	-722.94	70.67
OFFICE CONSULT COMPREHENSIVE HISTORY	99244	8	1,400.00	-895.47	-17.50	-137.03	350.00
TOTALS FOR CATEGORY 'Office E/M':		**153**	**10,950.00**	**-8,465.91**	**-799.38**	**-1,019.04**	**665.67**

Description

The Payment Analysis by Charge Date prints a summary of charges posted to the system within a date of service date range by CPT category and CPT code, any adjustments made or payments received by insurance or patient to date on those charges. This report also prints any balance still due on those charges.

Available Criteria

1. Report Date Enter the desired date of service date range on the Initial Report Manager Module screen

2. Print Click on the print option on the Initial Report Manager Module screen to process the information entered and access the remaining report criteria.

3. Total Print Choose if the report should print practice totals only, separated by doctor, or separated by doctor and practice totals.

Generates Data From

- This report prints using information from both **open and closed** batches.
- This report prints using the **date of service**.

Utilizing this Report

There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Use this report to evaluate payments made to charges entered for a specific date range.

55. PAYMENT ANALYSIS by CPT CATEGORY EXPORT

Doctor ID	E&M Office	E&M Hospital	Surgery	Unapplied Credits	Pmts Applied Debit Adj	Payment Totals
1	17,345	1,215	0	0	0	18,560
2	24,985	0	0	0	0	24,985
3	12,547	3,467	11,941	0	0	27955
4	14,543	4,765	15,783	0	0	35,091

Description
The Payment Analysis by CPT Category Export indicates the payment totals for the associated CPT category. In addition, the report provides payment totals for each primary provider within the practice and for a given month. The report also indicates the Unapplied Credit and Payment Applied to Debit Adjustment for each provider. The report is exported to an excel spreadsheet which allows for further user specific manipulation.

Available Criteria
1. Report Dates Enter the month and year to be printed.

Generates Data From
- This report prints using information from both **open and closed** batches.
- The report generates data based on the CPT Category identified in the User CPTs table
- The report data is given by the month associated with the batch.

Utilizing this Report
This report can be utilized to indicate the payment amount for a given CPT category. The data is reported by provider, allowing the practice to evaluate the CPT Category payment accordingly. The report is exported to a Microsoft Excel spreadsheet.

56. PAYMENT and ADJUSTMENT APPLIED DETAIL

PAYMENTS AND ADJUSTMENTS APPLIED DETAIL REPORT
Batches Closed Between 01/01/2001 And 01/31/2001 FOR All Providers

ADAMS, DOYCE R		4,518	06/11/2000	99223	HOSP ADMIT HIGH COM	$175.00	$175.00	$0.00
06/15/2001	Patient Payment				01/09/2001	$-2.00	P	
ADAMS, DOYCE R		4,518	06/12/2000	99232	HOSP. CARE EXPANDED	$80.00	$24.00	$56.00
06/15/2001	Patient Payment				01/09/2001	$-8.00	P	
ADAMS, MARILYN E		4,718	04/25/2001	99214	EST. PT. DETAILED HIS	$70.00	$70.00	$0.00
06/08/2001	Medicare Adjustment MEDICARE (SUPP)				01/02/2001MC	$-2.05	A	
06/08/2001	Insurance Payment PRUDENTIAL-AARP CLAIM UNIT				01/02/2001PW	$-13.59	P	
06/08/2001	Medicare Payment MEDICARE (SUPP)				01/02/2001MC	$-54.36	P	
	TOTAL PAYMENTS:				**$-77.95**			
	TOTAL ADJUSTMENTS:				**$-2.05**			

Description
The Payment and Adjustment Applied Detail prints a detailed patient list of all payments and adjustments posted within a certain posted date range.

Available Criteria

1. **Primary DR** The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. **Report Date** Enter the desired date posted date range on the Initial Report Manager Module screen

3. **Print** Click on the print option on the Initial Report Manager Module screen to process the information entered.

Generates Data From

- This report lists the detail from **closed batches within the dates specified**.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report.

1. Use this report to get detailed payment and adjustment information for a specific date range.

57. **PAYMENT LAG REPORT**

AcctYear	AcctMonth	DOSMonth	DOSYear	Amount Applied	PaymentSource
2001	1	3	1999	-20	Patient
2001	1	7	1999	-15	Patient
2001	1	10	1999	-18.92	Patient
2001	1	11	1999	-1.08	Patient
2001	1	12	1999	-20	Patient
2001	1	3	2000	-18.12	Patient
2001	1	4	2000	-1.88	Patient
2001	1	5	2000	-10	Patient
2001	1	6	2000	-15	Patient
2001	1	7	2000	-138.15	Patient

Description
The Payment Lag Report exports to a Microsoft Excel spreadsheet and identifies the portion of the payments from the batches for the specified month entered were applied to what month and year of actual service. This report can be used in conjunction with the Adjustment Lag Export.

Available Criteria

1. **Report Date** Enter the desired month and year on the Initial Report Manager Module screen.

2. **Print** Click on the print option on the Initial Report Manager Module screen to process the information entered and access the remaining report criteria.

3. **By Dr ID** If you would like the report to include detail by Doctor ID answer yes, otherwise, answer no.

Generates Data From

- This report lists the detail from the **closed batches within the dates specified**.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. The report can be used to understand the timeline for payment. The report is exported to a Microsoft Excel spreadsheet for further user manipulation.

58. **PAYMENT TOTALS RECEIVED WITH CHARGE DETAIL**

PAYMENTS RECEIVED FROM 1/1/2005 TO 1/31/2005
FAMILY MEDICAL CLINIC, PC – Dr. James Reynolds PRI PMTS, POS: ALL

PRINTED Fri, 3/25/2005 @ 1:55 Page 1 of 2

DOS	CPT Code	CPT Desc	Date Filed	Chg Amt	Prev Paid	Amt Rem
Patient: Baker, Sam ACCT NO: 125						
9/30/2005	99213	Office Visit, Est	12/2/2004	$24.00	$40.00	$0.00
9/30/2005	A4590	Casting Material	1/13/2005	$69.00	$6.21	$0.00
Patient: Jennings, Pete ACCT NO: 431						
10/26/2005	99213	Office Visist, Est	12/1/2004	$24.00	$43.00	$0.00

Page 2 of 2

	Current	31 to 60	61-90	Over 90	Total
Amount Remaining Totals	$272.07	$273.14	$687.77	$35.98	$1268.96

Description
The Payment Totals Received with Charge Detail provides detailed charge information on payments received within a user specified time frame. The report indicates the charges which received payment for a payment during the time frame.

Available Criteria

1. Primary DR The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. Report Date Enter the desired date posted date range on the Initial Report Manager Module screen

3. Payment Source The available payment sources are Primary Insurance, Secondary Insurance, All Insurance, Non- Insurance (patient payment), and All payments.

4. Place of Service The user is given the option to run the report for a specific place of service. The report may also be executed for all places of services.

Generates Data From

- This report prints using information from both **open and closed** batches.
- The report provided data based on the payment transaction date.
- The data is derived from the primary doctor identified.

Utilizing this Report
The report provides charge detail and should be utilized to analyze specific patient accounts. The time frame requested can be employed to evaluate the specific payment amounts and for a given provider. The place of service option can be utilized to limit the data to only those charges which were performed at a given place of service. Lastly, the patient payments can be evaluated in the same manner as the insurance payments by selecting the Patient Payments option.

59. PRIMARY INSURANCE NOT FILED

PRIMARY INSURANCE NOT FILED
Between 01/01/2001 AND 01/31/2001 FOR All Batches

PATIENT: DOE, JOYCE - ACCT NO:6208

1 BLUE CROSS OF LA (PPO)	ID No:				Charge	Paid BAL
1/1/2001	99212	EST. PT. FOCUSED HISTORY			40.00	15.00 25.00
	CURRENT	**31 to 60**	**61 to 90**	**OVER 90**	**TOTAL**	
AMOUNT REMAINING TOTALS:	**$25.00**				**$25.00**	

Description
This report prints a list of patient accounts with outstanding primary insurance balances by line item that have not been sent billed out/filed to that insurance company.

Available Criteria

1. **Primary DR** The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. **Report Date** Enter the desired date of service date range on the Initial Report Manager Module screen

3. **Print** Click on the print option on the Initial Report Manager Module screen to process the information entered and access the remaining criteria.

4. **Print on Ins** Choose either to include all transactions regardless of print on insurance setting or do not include charges where print on insurance is set to NO.

5. **Batch Status** Choose to include charges regardless of batch open or closed status, do not include charges from open batches, or to include charges from open batches only.

Generates Data From

- This report lists the detail from the **open and/or closed** batched depending on selection.
- This report prints by **date of service**.

Utilizing this Reports
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Use this report to determine what primary claims are still pending that may need to be filed.

60. Revenue Analysis by Facility

Revenue Analysis by Facility by CPT

United Healthcare – 46

		Total Charges	Procs	Payments	Procs	Unapplied
71020	Chest X-Ray	$0.00	0	$44.44	1	$0.00
81002	Urinalysis	$15.00	1	$0.00	0	$0.00
87880	Strep A Assay	$29.00	1	$0.00	0	$0.00
97001	PT Evaluation	$118.00	1	$20.00	1	$0.00
97010	Hot or Cold Packs	$36.00	1	$0.00	0	$0.00
97110	Therapeutic Exercises	$212.00	2	$30.00	2	$0.00
99202	Office/Outpatient Visit, EST	$206.00	2	$30.00	2	$0.00
99213	Office Visit, Est	$84.00	1	$145.14	3	$0.00
99214	Office Visit, EST	$131.00	1	$20.00	1	$0.00
	Location	$884.00	11	$279.58	9	$0.00
	Ins Plan: United Healthcare	$884.00	11	$279.58	9	$0.00

Description

The Revenue Analysis by Facility groups insurances first by the insurance group which they are linked to, and if they are not linked to an insurance group it lumps them under Self Pay, then by the insurance plan, then by facility. The "facility" grouping is determined by what is in UserDefined field 2 of the Facility form. They can lump several places of service in to the same facility grouper by making UserDefined2 the same for several facilities.

Available Criteria

1. Time Period — Select the time period to represent the data. The options are monthly totals or year to date totals.
2. Totals — The user may identify month or year totals by which to report the dataY

Generates Data From

This report prints using information from both **open and closed** batches.

Utilizing this Report

This report can be utilized to review the payments for each insurance plan or group. It can be use for comparisons of each insurance plan or group.

61. REVENUE ANALYSIS by INS GROUP

REVENUE ANALYSIS BY INSURNACE GROUP BY PATIENT
Family Medical Care
Printed on 3/28/05 @ 3:00 PM

	Total Charges	Procs	Payments	Procs	Unapplied
Ins Group: BCBS					
14 Johnson, Mary Ann	$98.05	3	$105.00	5	$0.00
BCBS Totals	$98.05	3	$105.00	5	$0.00
Ins Group: Self Pay					
123 McHardy, Jane	$82.36	1	$20.00	1	$0.00
Self Pay Totals	$82.36	1	$20.00	1	$0.00
Practice Totals	**$180.41**	**4**	**$125.00**	**6**	**$0.00**

Description

The Revenue Analysis by Insurance Group report provides a representation of the charges and payments for all insurance groups within a given month. The data is reported per patient, with the charges, payments and number of procedures listed within each insurance group. The insurance group refers to the insurance group established in the insurance setup form. Within the insurance setup form, there is an insurance group drop down box. Users may link an insurance plan to an insurance group for reporting purposes.

Available Criteria

1. Report Period Select a month in which to limit the report data.

2. Time Period Select the time period to represent the data. The options are monthly totals or year to date totals.

Generates Data From

- This report prints using information from both **open and closed** batches.
- The report is batch month driven. The data is a reflection of the data entered into the corresponding batch months.

Utilizing this Report

This report may be utilized to analyze the revenue from insurance group. Establishing an insurance group allows the user to run reports based on the insurance group rather than each individual insurance.

62. REVENUE FROM REFERRALS

Revenue From Referrals
FROM: 1/1/2001 TO: 1/31/2001

SOURCE	PATIENT NAME	PATIENT ID	AMOUNT
RALPH ABRAHAM			
	LAURA L BRELAND	5913	$125.00
	ANNIE CALTON	5923	$70.00
	THOMAS N JOHNSON	5678	$125.00
	ALEXANDRA TEMPLE	4976	$145.00
	ALLEN ALLEN TURNAGE	4974	$70.00
	LLOYD C WILLIAMS	5199	$615.00
	TOTAL FOR DOCTOR: JOHN DOE		**$1,150.00**
GODFREY ACHILIHU			
	CLAYTON BROWN	5543	$145.00
	MYRTLE A LICHTER--SRM	5982	$440.00
	JOHN LINDEMAN	4196	$145.00
	ANNIE SPIRES	3304	$145.00
	TOTAL FOR DOCTOR: JANE DOE		**$875.00**
	REPORT TOTALS:		**$2025.00**

Description
Prints a list of patients and the amount the practice charged for those patients who were referred to the practice within the date of service dates selected by the specified referring doctor.

Available Criteria

1. Report Date Enter the desired date of service date range on the Initial Report Manager Module screen

2. Print Click on the print option on the Initial Report Manager Module screen to process the information entered

Generates Data From

- This report prints using information from both **open and closed** batches.
- This report prints using the **date of service**.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Use this report to determine the patient referral volume by provider.
2. Use this report to evaluate the referral rate for the practice.

63. SEARCH FOR MISSING MATCHING PROCEDURES

```
                    SEARCH FOR MISSING MATCHING PROCEDURES
 AGES FROM 0 TO 150, ZIP FROM ALL, MATCH CPT - ALL, MATCH MODs - ALL, MATCH DIAG - 786.50,
   MATCH DOS FROM 01/01/2001 TO 12/31/2001, MATCH MBA PROV ID - 1, MISSING CPT - 93000,
      MISSING MOD1 - ALL, MISSING DIAG - ALL, MISSING DOS FROM 01/01/2002 TO 0/31/20

ADCOCK, GERTIE - 809          1234 HAPPY VALLEY RD             PUEBLO                CO   81001
   (318) 388-1889             AGE: 78                          PRI INS: MEDICARE (SUPP)
   01/21/200 90006             786.50  428.0   1  MEDFORD SYSTEMS MBA DEMO     0.00         0.00
   PMNT RESP: RESPONSIBLE PARTY
   01/22/200 99214             786.50  250.00  1  MEDFORD SYSTEMS MBA DEMO    70.00         70.00
   PMNT RESP: RESPONSIBLE PARTY
   01/22/200 71020             786.50  250.00  1  MEDFORD SYSTEMS MBA DEMO    75.00         75.00
   PMNT RESP: RESPONSIBLE PARTY

BOGGS, CLARA - 4463           1234 HAPPY VALLEY RD             PUEBLO                CO   81001
   (318) 388-1889             AGE: 66                          PRI INS: BLUE CROSS/BLUE SHIELD
LOUISI
   04/19/200 99213             786.50  786.09  1  MEDFORD SYSTEMS MBA DEMO    50.00         50.00
   PMNT RESP: RESPONSIBLE PARTY
   04/19/200 71020             786.50  786.09  1  MEDFORD SYSTEMS MBA DEMO    75.00         75.00
   PMNT RESP: RESPONSIBLE PARTY
   05/02/200 99213             786.50  786.09  1  MEDFORD SYSTEMS MBA DEMO    50.00         40.67
```

Description

This report was designed to locate specific patients and/or procedures and/or diagnoses for patients who have not come back in to get those specific procedures and/or diagnoses followed up on or corrected by having another specific procedure done.

Available Criteria

1. Print Click on the print option on the Initial Report Manager Module screen to process the information entered and access the remaining criteria.

2. Low Age Range Enter the low end of an age range or accept the default age of 0 to include all

3. High Age Range Enter the high end of an age range or accept the default of 150 to include all

4. Zip Code Range Enter the low end of a zip code range if want zip range or all to include all. If a zip code range is needed, the high end zip code box will appear. At that point enter the high end zip code.

5. CPT Used Enter the CPT code for procedure that has been charged already in the system or all to include all procedures.

6. Modifier Used Enter the modifier that has already been entered or all to include all modifiers.

7. Diagnosis Used Enter the diagnosis code that has already been entered or all to include all diagnoses

8. DOS Range Enter the start date for the date of service date range that the previously entered information was entered into the system or accept the defaults for all dates

9. Initial Doctor Enter the specific provider who performed the initial service or check the box for all providers

10. Missing CPT Enter the CPT for the procedure that is missing from the patients' accounts or enter all for all procedures

11. Missing Mod Enter the modifier that is missing or attached to the missing procedure or enter all for all modifiers

12. Missing Diag Enter the missing diagnosis code or enter all for all diagnoses

13. Low DOS Enter the low date of service for the missing codes

14. High DOS Enter the high date of service for the missing codes

15. Missing Doctor Enter the specific provider who should have/needs to perform the missing service or check the box for all providers

Generates Data From

- This report prints using information from both **open and closed** batches.
- This report prints using the **date of service**

Utilizing this Report

There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Use this report to help locate patients who were diagnosed with a specific diagnosis/problem but have not come back in to receive specific treatment or have a specific procedure done for that specific problem.
2. Use this report to locate patients who had a specific procedure that requires a follow-up that have not come in to have the follow-up visit or procedure done.

This report requires an example:
Let's say that you want a list of all patient's ages 40-55 who have been into the office in the in the first 6 months of the year for any reason but were diagnosed with 429.2 (Cardiovascular Disease), but have not come back to have an EKG (93000) done for Cardiovascular Disease (429.2). Follow the criteria listed above with these answers: 40, 55, all, all, all, 429.2, 01/01/2002, 06/30/2002, all, 93000, all, 429.2, 01/01/2002, 12/01/2002, all.

64. SECONDARY INSURANCE NOT FILED need to see if it works

```
                              SECONDARY INSURANCE NOT FILED
                        Between 01/01/2001 AND 01/31/2001 FOR All Batches

PATIENT: DOE, JOHN - ACCT NO:6200
     2  BLUE CROSS OF LA  (PPO)      ID No: R555889999                Charge  Paid  BAL
        1/1/2001    99212       EST. PT. FOCUSED HISTORY                40.00   33.24  6.76
                                  CURRENT       31 to 60      61 to 90   OVER 90     TOTAL
AMOUNT REMAINING TOTALS:            $6.76                                           $6.76
```

Description

The Secondary Insurance Not Filed report assists with the tracking of claim responsibility subsequent to the primary insurance responsibility. The report will list all charges currently filed to secondary or greater where the amount remaining is greater than $0.

Available Criteria

1. **Primary DR** The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. **Report Date** Enter the desired date of service date range on the Initial Report Manager Module screen

3. **Print** Click on the print option on the Initial Report Manager Module screen to process the information entered and access the remaining criteria.

4. **Print on Ins** Choose either to include all transactions regardless of print on insurance setting or do not include charges where print on insurance is set to NO.

Generates Data From

- This report lists the detail from **closed** batches.
- This report prints by **date of service**.

Utilizing this Report

There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Use this report to determine what secondary claims are still pending that may need to be filed.

65. AGING A/R by DOCTOR

Summary Aging A/R By Doctor
AGED BY AGING DATE

DOCTOR	CURRENT	31 TO 60	61 TO 90	OVER 90	CREDITS	TOTAL
DEMO, MBA DOCTOR						
DUE BY PATIENT	$100.00	$0.00	$0.00	$28,385.50	-$6,514.45	$21,971.05
DUE BY INSURANCE	$25.00	$255.00	$160.00	$45,992.61	-$3,903.30	$42,529.31
TOTAL:	$125.00	$255.00	$160.00	$74,378.11	-$10,417.75	$64,500.36
TOTALS FOR PRACTICE	$125.00	$255.00	$160.00	$74,378.11	-$10,417.75	$64,500.36

Description
Prints the total accounts receivable for each doctor divided up into aging categories by patient and insurance responsibility including credit balances.

Available Criteria

1. Report Date Enter the desired date of service date range on the Initial Report Manager Module screen

2. Print Click on the print option on the Initial Report Manager Module screen to process the information entered and access the remaining criteria.

3. Aging Choose if the report should age by aging date or date of service.

Generates Data From

- This report includes totals from both **open and closed batches**.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Use this report to get the most recent A/R by provider or for the practice (to get the total A/R to NOT use the date range feature on this report).
2. Use this report to determine where the most follow-up needs to be done (patient or insurance).

66. SUMMARY AGING A/R by DOCTOR EXPANDED

Summary Aging A/R by Doctor Expanded
Family Medical, PC, From 01/01/2005 to 01/31/2005, Aged by Aging Date

Summary Aging A/R by Doctor Expanded Printed Mon, 3/28/2005 @ 10:00 AM

Doctor	Current	31 to 60	61 to 90	91 to 120	121 to 180	Over 180	Credits	Total Due	PMT Plan
Johnson, Pete									
Due by Patient	$1,567	$430.98	$312.00	$113.90	$35.90	$23.98	$0.00	$2483.76	$0.00
Percentage %	63.09	17.35	12.56	4.59	1.45	0.97	0		
Due by Insurance	$5,899	$3567.00	$245.98	$1,289.56	$675.01	$32.49	$0.00	$11,709.04	$0.00
Percentage %	50.38	30.26	2.10	11.01	5.76	0.28	0		
Total	$7466.00	$3997.98	$557.98	$1403.46	$710.91	$56.47		$14,192.80	$0.00

Description

The Summary Aging A/R by Doctor Expanded report provides a review of the practice providers for the given time period, as well as overall practice totals. The data is represented in “due by patient” and “due by insurance” categories. The balances are indicated by the aging date or date of service criteria. The Summary Aging A/R by Doctor Expanded also represents percentage totals. In other words, the report indicates what percent of the A/R is within a given Aging period. This report represents aging periods beyond the typical Summary Aging A\R by Doctor.

The PMT plan field represents accounts which have been marked as “Bad Debt\Collections”. The check box is found in the patient module, tab 3. If this is checked, the patient’s non insurance balance will appear in the PMT plan column and not be added in to the normal aging columns.

Available Criteria

1. **Report Date** — Enter a date range on the initial Report Manager module screen if the report needs to print information within a certain date range. Enter the dates desired or leave blank so that all information for the remaining criteria choices entered will be printed.

2. **Print** — Click on the print option on the initial Report Manager module screen to access the rest of the available criteria.

3. **DOS or Aging** — Decide if the report should print outstanding balances by aging date or date of service. *Keep in mind that the aging categories at the end of the report will look completely different depending on this answer.

Generates Data From

- This report will include information from both **open and closed** batches.
- Based on the user’s criteria specifications, the report can be based on the Date of Service or Aging date.

Utilizing this Report

The uses in Summary Aging A/R by Doctor should be considered. In addition, the expanded version provides percentage totals. This allows the practice to have a quick glance at the percentage of A/R for a given Aging Date range.

67. SUMMARY AGING A/R by PATIENT

SUMMARY AGING A/R BY PATIENT
From 01/01/2005 to 01/31/2005, Aged by Aging Date

Summary Aging A/R by Patient **Printed: Mon, 3/28/2005 @ 11:47 AM** **Page 1 of 1**

Patient	Current	31-60	61-90	over 90	Credits	Total Due
Smith, Jane						
Peterson, Gina – 765						
Due by Patient	$62.36	$0.00	$5.79	$0.00	$0.00	$68.15
Due by Insurance	$110.13	$45.00	$0.00	$0.00	$0.00	$155.13
Fitzsimmons, Greg – 945						
Due by Patient	$20.00	$0.00	$0.00	$0.00	$0.00	$20.00
Due by Insurance	$315.00	$24.87	$0.00	$0.00	$0.00	$339.87
TOTALS: Smith, Jane	**$507.49**	**$69.87**	**$5.79**	**$0.00**	**$0.00**	**$583.15**

Description

The Summary Aging A/R by Patient prints a review of the patient's account with aging columns. The data is represented by provider and listed as due by insurance or patient.

Available Criteria

1. Report Date Enter a date range on the initial Report Manager module screen if the report needs to print information within a certain date range. Enter the dates desired or leave blank so that all information for the remaining criteria choices entered will be printed.

2. Print Click on the print option on the initial Report Manager module screen to access the rest of the available criteria.

3. DOS or Aging Decide if the report should print outstanding balances by aging date or date of service. *Keep in mind that the aging categories at the end of the report will look completely different depending on this answer.

4. Balances to print The user is given the option to print all balances, insurance due balances or patient due balances.

Generates Data From

- This report will include information from both **open and closed** batches.
- Based on the user's criteria specifications, the report can be based on the Date of Service or Aging date.

Utilizing this Report

This report should be used as a summary of the overall Aging A/R. The data provided totals the amount due by patient for insurance and patient payment responsibilities. Since the aging dates are provided, one can gain an understanding of the patient's account activity by running this report. Furthermore, the provider and practice totals are provided and represent the aging for each respective payment responsibility.

68. UNAPPLIED CREDIT REPORT

```
                              UNAPPLIED CREDIT REPORT
          FOR ALL PROVIDERS - FOR ADJUSTMENT DATES FROM 1/1/2001 TO 1/31/2001

PATIENT:  WARREN A. BOND    1234 HAPPY VALLEY RD PUEBLO CO 81001
Current Patient Balance $-10.63                        PATIENT ID: 2500
PRIMARY:  EMPLOYEE BENEFIT SERVICE  (SHREVEPORT)              ID NO.: 123456789A
SECONDARY:                                                    ID NO.:
1/21/2001 Patient Payment                  -25.00    -14.37   -10.63

PATIENT:  BETH MARTIN      1234 HAPPY VALLEY RD PUEBLO CO 81001
Current Patient Balance $-200.00                       PATIENT ID: 3800
PRIMARY:  BLUE CROSS OF LA                                    ID NO.: 123456789A
SECONDARY:MEDICAID                                            ID NO.: 1436257891432
1/1/2001  Blue Shield Payment          -1,020.00   -820.00   -200.00
          BLUE CROSS OF LA
```

Description
The Unapplied Credit Report shows all payments which create a credit, the total unapplied credit amount for each account and details on how each payment is allocated.

Available Criteria

1. **Primary DR** The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.

2. **Report Date** Enter the desired date of service date range on the Initial Report Manager Module screen

3. **Print** Click on the print option on the Initial Report Manager Module screen to process the information entered and access the remaining criteria.

4. **Group by Dr** Answer yes if you want the report to group by the patient's primary doctor.

Generates Data From

- This report includes totals from both **open and closed** batches.
- This report prints by **adjustment date**.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Print this report to determine if any refunds need to be issued.
2. Print this report to evaluate unapplied credits and check for posting accuracy.

69. UNUSED PATIENT REPORT

UNUSED PATIENT REPORT

A, MYRTLE J - 5346	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	ADDED 09/23/1999
BAGWELL--SRM, WILLIAMS - 5	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	ADDED 05/22/2000
BELL, WILLIE - 4701	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	ADDED 09/23/1999
BERAUD (SRM), CLARA - 4497	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	ADDED 09/23/1999
BLOUNT, MASEL BELL - 5632	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	ADDED 02/21/2000
BOYER--SRM, ROBERTA J - 587	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	ADDED 06/02/2000
BRANDIN, OLIVER - 5169	1234 HAPPY VALLEY RD APT 123	PUEBLO, CO	81001	(318) 388-1889	ADDED 09/23/1999

Description

The Unused Patient Report prints all patients that were added to the system 45 days or more ago but have had no charges added to their account. This report excludes patients who were added for a future appointment.

Available Criteria

1. **Print** Click on the print option on the Initial Report Manager Module Screen to process the information entered and access the remaining report criteria.

2. **Print Order** Decide if the report should print in order by patient name or patient ID

Generates Data From

- This report pulls from the patient account created date and history.

Utilizing this Report

There are a variety of ways your practice may utilize the information obtained from this report.

1. Use this report to identify inactive accounts.

70. VISIT ANALYSIS by PLAN TYPE EXPORT

PlanName	UniquePat	Visits	NoOfCharge	TotalCharge	Avgprice	InsPayment	InsAdjs	PtPay	AmtRemaining
Aetna Health	1	2	2	60.06	30.03				60.06
BCBS	2	5	7	321.16	64.23	-120.85	-20		180.31
No Insurance	1	1	1	82.36	82.36		-20		62.36

Description
The Visit Analysis by Plan Type Export provides significant data from patient visits based on the patient insurance plan, insurance type, insurance group or patient type. The data provided reflects unique patient seen, number of visits, number of charges, total charge, average price per visit, insurance payment, patient payments, adjustments and total amount remaining. The report is exported to an excel spreadsheet.

Available Criteria

1. Report Date Enter the desired date of service date range on the Initial Report Manager Module screen

2. Print Click on the print option on the Initial Report Manager Module screen to process the information entered and access the remaining criteria.

3. Grouping method The user is given the option to group the information by insurance plan, insurance type, insurance group, or patient type.

Generates Data From

- This report includes totals from both **open and closed** batches.
- The data is represented by the date of service

Utilizing this Report
This report may be utilized to review the patient visits and realize the average price. Since the report is broken down by several different methods (insurance plan, insurance type, insurance group or patient type) the insurance activity can be scrutinized for optimal practice productivity.

71. WCCB INACTIVE MEDICARE PATIENT

Description
The WCCB Inactive Medicare PT report prints an alphabetic list of all patients 65 years of age and older who have not had any new charges (not been seen by the provider) within the past 45 days.

Available Criteria

1. **Print** Click on the print option on the Initial Report Manager Module Screen to process the information entered and access the remaining report criteria.

2. **Print Order** Decide if the report should print in order by patient name or patient ID

3. **Diagnosis** Enter a diagnosis code to limit the report to specific diagnosis code(s) or ALL to include all diagnosis codes. If a specific diagnosis code is chosen, the question will repeat until the user has entered all diagnosis codes desired.

Generates Data From

- This report pulls from the patient account created date and history.
- This report includes date of service totals from both **open and closed** batches.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report.

1. Use this report to get a list of patients over the age of 65 with a specific diagnosis that have not come in for a follow-up visit. EX: Diabetes patients who should be checked every 30 days.

72. YEARLY REVENUE REPORT

Yearly Revenue Report
FROM January, 2001 THROUGH December, 2001
PRACTICE TOTALS

PROCEDURE DESCRIPTION	CPT CODE	NO. OF CHARGES	AMOUNT	AVERAGE	YTD CHARGES	YTD AMOUNT
Office E/M						
OV NO CHARGE PER PHYSICIAN	90000	2	$0.00	$0.00	2	$0.00
EST. PT. EXPANDED HISTORY	99213	16	$875.00	$54.69	16	$875.00
EST. PT. DETAILED HISTORY	99214	20	$1,600.00	$80.00	20	$1,600.00
OFFICE CONSULT COMPREHENSIVE HISTORY	99244	1	$175.00	$175.00	1	$175.00
TOTAL: Office E/M		39	$2,650.00	$67.95	39	$2,650.00

101	Patient Payment		-$2,393.95
107	Insurance Payment		-$14,555.60
109	Refund		$386.13
111	Blue Shield Payment		-$2,481.08
112	Medicare Payment		-$26,375.15
113	Medicare Adjustment		-$13,759.78
114	Medicaid Payment		-$1.36
115	Medicaid Adjustment		-$251.49
TOTAL PAYMENTS/ADJUSTMENTS FOR THIS DOCTOR			-$59,432.28
PAYMENTS	Cash/Check Payments		-$45,807.14
	Credit Card Payments		$0.00
	Total Payments		-$45,807.14
ADJUSTMENTS	Credit Adjustments		-$14,011.27
	Debit Adjustments		$386.13
	Total Adjustments		-$13.625.14

Description
Prints total number of charges posted for each procedure code, by category, total payments and adjustments received, a list of adjustment types and totals within the specified year by Doctor and total practice.

1. **Primary DR** The option to run the report by a specific primary Doctor is available on the Initial Report Manager Module Screen. If the option is left blank, the report will run for all primary Doctors.
2. **Report Date** Enter the month and year for the yearly totals on the Initial Report Manager Module Screen. Entering 10 and 2002 will print closed batch information from 01/2002 to 10/2002.
3. **Print** Click on the print option on the Initial Report Manager Module Screen to process the information entered and access the remaining report criteria.
4. **Practice Totals** If you would like the report to print the practice totals only, click 'Yes' or click 'No' to print the report by individual provider.

Generates Data From

- This report pulls information from **closed batches** only.

Utilizing this Report
There are a variety of ways your practice may utilize the information obtained from this report. Here are a few of the more common uses.

1. Use this report to analyze the data entered into the system for the year.
2. Use this report to check the adjustments taken during a given year (i.e.: evaluate the amount of bad debt adjustments the practice is writing off each year)

SECTION FOUR: Suggested Reports for Practice

THINGS TO BE DONE DAILY

Posting Charges and EOBs

If possible, post the current day's charges and EOBs the same day. By the end of the day, as a minimum, have all charges and EOBs posted through the previous day. Post charges for different dates of service to different batches. This will make balancing and closing out the batch much easier and will allow for cleaner figures on reports. You may want to post non-office charges to a separate batch from office charges as well. Make sure that insurance and patient payments that will be deposited together are posted to the same batch. That way, the batch deposit report will always match up with the actual bank deposit.

Routing Slip Control Report

This report prints a list of all routing slips that were generated on a specified date. Use this report to ensure that you have all routing slips accounted for and to ensure that all charges are entered for those routing slips.

Go to Reports (*at the main menu toolbar*) and scroll down to Routing Slip, then Routing Slip Control List. Enter the date of the report you wish to print and click OK. Check each routing slip for the date specified off of the Routing Slip Control List. After running the batch report for the day, balance the routing slip control list and the charges entered and listed on the batch report to ensure that charges for each routing slip have been entered.

Batch Report

The user should first make sure all routing slips are accounted for (See instructions under **Routing Slip Control Report**). Before running the Batch Report, have your charges, payments and adjustments tallied, and make sure all hospitals, nursing home and other miscellaneous charges are posted. Next go to Reports (*at the main menu toolbar*) then Close Batch, then Batch Report. Run the Batch Report and balance it with the totals you previously calculated. Review your bank deposit making sure it balances with the batch deposit report. All charges and adjustments should balance before closing the batch. Once the batch is closed, any incorrect payments or credit adjustments cannot be deleted and most information contained on charges and adjustments cannot be changed, so it is very important to ensure the information entered for the batch is complete and correct before closing the batch.

Important information to verify before closing the batch- dates of charges, places of service, and primary doctor, dates on payments and adjustments, doctor that the payment or adjustment applies to, and amounts charges and paid.

Pending insurance records are not created for charges until their corresponding batch is closed. If you print insurance claims daily, do so after closing all open batches to ensure that all charges are printed.

Printing Insurance Claims

Primary claims can be printed based on the practice's needs and workflow. You will find it much easier to print secondary claims immediately after posting all insurance checks for the day. By doing this before the EOBs are filed, you will have on hand the corresponding EOB from the primary carrier that needs to be copied and mailed in with the secondary claim, and you will not have to spend time searching for it after it has been filed.

Hospital Rounds

Go to Reports (*at main menu toolbar*) then scroll down to Hospital Rounds. The Hospital Rounds report contains information on patients that the doctor admits to a facility. This includes the Doctor's Name, Facility Name, Patient's Name, Patient ID, Admit Date, Room/Bed number, and comments. The physician can use this report to verify that he sees all patients while making rounds. The physician can also make billing notes on this report while making rounds to ensure that all hospital rounds are properly billed.

THINGS TO BE DONE WEEKLY

Electronic Claims Submission and/or Paper Claims
The user will find these features in the Billing module. Each office will choose the appropriate time to file claims.

Primary Insurance Not Filed Report and Secondary Insurance Not Filed Report
Immediately after filing all insurances, these reports should be run weekly to ensure that all charges have been filed correctly. When running these reports, you will need to enter a date range for dates of services that you want to be included on the report. The program will prompt you to select whether you want to look at all charges regardless of the print on insurance setting or if you want to ignore charges that are not marked to print on insurance. One of the reasons claims are not filed is if charges are entered for a patient before insurance information for the patient is entered. To verify that all charges have been filed correctly, we recommend that you generate these reports including charges that are marked to not print on insurance.

Other Reasons insurance may not be filed include:

1. Check to see if the charge is marked on hold.
2. Verify the print on insurance setting on the charge is correct. Make sure it is not "No". If it is an insurance that should always be printed, make sure the print on insurance setting in the insurance file is not electronic or no.

Recall and Reminder
This portion of the program allows you to create recall and reminder lists of patients who need to be contacted concerning a return or periodic appointment. By entering this information in the system, you can create lists, generate letters, or labels for patients that need to be contacted

Statements
Some clinics may wish to generate statements for a portion of their patients each week. This is known as cycle billing. If you decide to do this, make sure you do the same portion of the alphabet each cycle. One easy way to do this is to accept the 4 default cycles A-E, F-L, M-R, and S-Z and do one cycle each week.

If you choose to print statements by cycles, do not forget to run and correct the unapplied credit report as described on the following page each week before running statements.

Some Reports Physicians Like To Review Weekly

Business Recap Report - This report shows monthly totals and year-to-date totals at a glance for Charges, Payments, and adjustments. It is a good report for the physician to quickly view what has been entered into the system and to periodically see how this year's performance compares to last year's.

Summary Aging A/R - This report shows at a glance each physician's A/R by aging category. The physician should review this regularly to ensure that the amounts in the 61 to 90 and Over 90 categories do not get out of hand and to ensure that unapplied credits are kept to a minimum.

THINGS TO BE DONE MONTHLY

Important Month End Considerations:
Most of these monthly reports are generated based on the posting month. The posting month is selected each time a batch is opened. All charges, payments, and adjustments posted to each batch are credited to the posting month that is linked to the batch. To ensure that figures on these monthly reports are finalized each month, all charges, payments, and adjustments for the month should be posted to batches that have the appropriate posting month. Run these monthly reports and verify that the month-end figures balance.

Monthly Revenue Report
This report shows the total number of charges posted for each procedure code for the specified month. These procedure codes are group by procedure category and listed separately for each doctor. This report also summarizes the total amounts of payments and adjustments posted for the month by adjustment code for each doctor.

Batch Summary for Month
This report is best used to view summary totals of batches entered for a particular month. It lists each batch description, how much was charged, deleted charges, payments, adjustments, and deleted adjustments were posted for each batch.

Insurance Aging
This report lists outstanding accounts receivable for each insurance company in aging categories.
Use this report to monitor the 61 to 90 and Over 90 day totals for each insurance company. After running this report, run an Aging A/R report (see following instructions) that can specify the patients linked to the insurance companies that have large amounts in the 61 to 90 and Over 90 columns on the Insurance Aging report.

Aging A/R
This report will give you the most detail on all patients who have an outstanding balance. You can select from a range of criteria that will help you focus the report on areas that you wish to review

Charges With No Expected Ins Payment
This report will list all charges for which payment has not been received from the insurance that the charge was billed to most recently.

Patients With Credit Balances
This report lists patients with credit balances so you can easily manage or review the credits in the practice.

Unapplied Credit Report
This report lists all patients who have unapplied credits on their account, not just patients with an overall credit balance. You should research and apply unapplied credits accordingly and/or refund where applicable. This report should be generated and unapplied credits corrected before running statements.

Statements
Be sure to generate a statement for each patient each month. This can be done all at one time or in cycles (as described in the Weekly Section).

*******These are suggested reports only, and the system administrator should create his/her own list of reports needed.*******

Proper Accounting Practices in MBA

It is vital that the practice administrator understand and practice proper accounting practices in MBA on a daily/monthly/yearly basis. Certain steps must be followed to ensure that you balance out with deposit and charge slip information and so that certain reports retain the same amounts regardless of when they are printed. It is also important that you understand which reports are based on accounting principles and which reports simply provide different methods of evaluating trends within your data for other purposes than accounting.

Proper Accounting Methods

- DAILY
  - Payments that will be deposited that day should be posted to one or as few batches as possible. The user should ensure that the month and year of those batches match the month and year that the deposit occurs in. When the batch is closed, it will print a deposit slip for the payments associated with the batch. This deposit slip (combined with others from other batches if necessary) should be attached to a copy of the actual deposit slip that is used to deposit the payments in to the bank and filed. The total amounts from the batch deposit slips should match the total amount on the bank's deposit slip. Your practice will have to decide how to best handle credit card payments and direct deposit amounts. Those can be posted at the same time as other payments as long as a notation is made on the batch deposit slip that is attached to the bank deposit slip explaining the difference. All payments should always be posted to accounts using a payment type that matches the type of payment – Cash, Check, Money Order, Credit Card, Direct Deposit – as those types of payments are totaled out for each batch and will make it easier to balance out with bank deposit slips and bank statements.
  - After charges are posted, a manual total of amounts reflected on each superbill should be balanced against the batch charge totals and attached as desired. A superbill tracking report should be run dialing to ensure that all superbills were returned and entered in to the computer.
  - Avoid re-opening batches that have been closed and balanced. Batches should NEVER be re-opened for months that have been closed and balanced with the CPA or bank statement. Post corrections to existing months, especially for charges that need to be deleted and re-posted.
- MONTHLY – If the above daily practices are followed closely, then when the bank statement arrives, it should easily be balanced out with the Monthly Revenue Report. Should there be any problems, once way to more quickly pinpoint where the discrepancy lies is to use the Batch Summary For Month, which shows a one line total for each batch of the charges, payments, and adjustments. Once the payments have been balanced out with the amounts deposited in to the bank, the accounting month should be closed through the Maintenance menu from the main menu tool bar. Once an accounting month is closed, no batches can be reopened that are linked to that accounting month, nor can any new batch be created with that accounting month and year.
- YEARLY – if the above practices are followed, then yearly totals for tax purposes should be accurate and need no adjustments. It is recommended that a CPA be used to assist each practice with proper tax filings.