

Collecting Patient Payments



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Cashiering: Payment Collection

It is the policy of Sharp Rees Stealy to accept payments on-site by cash, check or credit card. Payments are received by a Business Service Rep (BSR) or Patient Service Rep (PSR). All designated cashier areas will maintain a cash drawer and a bank. A receipt is issued for all payments received. Reconciliation of monies in the cash drawer is done daily.

BANK

- A cash amount set by management to be used as the starting and ending amount for a cash drawer. This cash is maintained in denominations small enough to offer return change. The bank is never short or over. These discrepancies are reported in your deposit.

CASH DRAWER

- The location designated in a cashiering area that holds all monies and receipts.
- The cash drawer should be locked at all times.

ISSUING OF CASH BANK/STARTING THE DAY

- Each employee is assigned his or her own bank and cash drawer.
- The cash drawer must always be locked when not in use.
- Each individual is responsible for signing the site bank log when picking up his or her bank.
- Each employee is responsible for verifying the starting cash amount in their bank and any discrepancies must be reported immediately to the Lead and/or Supervisor.

FORMS OF PAYMENT/ACCEPTING PAYMENTS

- Always accept payments/never decline.
- Overpayments can always be refunded.
- Multiple same day co-payments may be collected at one desk.

Acceptable payments

- Cash
 - Always count back change
 - US Currency only
- Insurance checks made out to Sharp, the facility or the patient/guarantor
- Personal checks
 - Must have a preprinted name, address and check number.
 - Check cashing for patients or employees is not allowed.
 - Review current date, numeric amount and description must be equal, signed by party named on the check, name of clinic.
 - Write patient's EMRN on the front of the check.
 - Endorse check by stamping the back with SRS stamp.
- Credit Card: Visa, MasterCard, American Express, Discover
 - No minimum amount required.
 - Card must be signed or a picture ID must be presented.
 - Credit card payments are accepted over the phone.

Cashiering: Payment Collection

- ATM Cards must have a VISA or MasterCard Logo
 - Travelers checks
 - Change can be given for travelers checks
 - Batch with personal checks
 - Check picture ID and name for likeness
 - Endorse check by stamping the back with SRS stamp
 - Money order or Cashier's Check made out to the facility
 - Money orders must be for the exact amount
 - Batch with personal checks

Unacceptable Payments

- Foreign currency
- Non-insurance two –party checks
- Credit cards other than those listed above.
- We do not accept postdated checks.

REFUNDS FOR SAME DAY CO-PAYMENTS

- Patients may receive an immediate refund for payments towards current day services that are not received.
 1. Direct patient to the individual who originally collected the payment
 2. Obtain original receipt from the patient. DO NOT refund money without a receipt
 3. Staple the patient's receipt to the clinic copy and write VOID on all copies
 4. Issue refund to the patient in the same payment method received. Have the patient sign the receipt that they received their money.
 5. Delete payment from your cash drawer.
 6. Document reversals on the Batch Reconciliation Sheet.

CASHING OUT/BALANCING THE CASH DRAWER

- Count out your starting bank amount and put monies back in the Bank Cash Bag.
- Count all collected payments and batch as follows:
 - Ones all together facing the same direction
 - Fives all together facing the same direction
 - Tens all together facing the same direction
 - Twenties all together facing the same direction
 - Coins in an envelope with dollar amount specified on front of envelope
 - Checks stamped on back and all facing the same direction.
- When counting all collected payments, use an adding machine. Run two tapes for each type of payment: cash, checks, credit cards. Attach to the payments with paperclip.
- Complete the reconciliation form

BATCH PROOF

- A batch proof is a print out that documents all transactions in a single batch.
- Print a copy of the Batch Proof.
- Circle any reversals on the Batch Proof

Manual Receipts

Manual Receipts are used when Advanced Web is unavailable.

- Manual Receipts are posted in Advanced Web when the system becomes available.
- Once completed, give the yellow copy to the patient and the white copy goes in your deposit.
- When not in use, keep all manual receipts locked in an appropriate location.
- Submit manual receipts with printed receipts in your deposit.

			RECEIPT NO. 00000000		
Date: _____			MANUAL RECEIPT		
PAYMENT INFORMATION			PATIENT IDENTIFICATION INFORMATION		
Method	Pay Code	Amount	Patient Name _____		
<input type="checkbox"/> Cash/Check	523	\$ _____	_____ <small>First Middle Initial Last</small>		
Check # _____			DOB: _____ EMRN: _____		
<input type="checkbox"/> Credit Card	524	\$ _____	Visit #: _____ Phone: _____		
Conf # _____	585	\$ _____	Invoice #: _____		
<input type="checkbox"/> Prompt Pay Cash/Check		\$ _____	Insurance: _____		
Check # _____	586	\$ _____	Provider: _____		
<input type="checkbox"/> Prompt Pay Credit Card		\$ _____			
Conf # _____	1048	\$ _____			
<input type="checkbox"/> Cosmetic Cash/Check		\$ _____			
Conf # _____	1117	\$ _____			
<input type="checkbox"/> Cosmetic Credit Card		\$ _____			
Conf # _____		\$ _____			
	Total Amount	Received: \$ _____			
Received by: _____					
SHC-BO-819 (09/11)			WHITE - BATCH COPY		
			YELLOW - PATIENT COPY		

Checks

- Must have a preprinted name, address and check number.
- Check cashing for patients or employees is not allowed.
- Review current date, numeric amount and description must be equal, signed by party named on the check, name of clinic.
- Write patient's EMRN on the front of the check.
- Endorse check by stamping the back with SRS stamp.

John Smith
123 Fourth Ave
San Diego, CA 92101

E1234567

1025

DATE _____

PAY TO THE ORDER OF **Sharp Rees-Stealy Medical** \$ **100.00**

One hundred and no/100 DOLLARS

MEMO _____

⑆000000000⑆ ⑆000000000⑆ 1025

Security Features Included. Details on Back.

ENDORSE HERE

**PAY TO THE ORDER OF
BANK OF AMERICA**

**FOR DEPOSIT ONLY
SHARP REES - STEALY**

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

ORIGINAL DOCUMENT

115-9

The security features listed below, as well as those not listed, exceed industry guidelines.

Security Features:
MicroPrint Signature Line
Chemically Sensitive Paper
Erasure Protection Security Screen

Results of document alteration:
• Small type in signature line appears as dotted line when photocopied
• Stains or spots may appear with chemical alteration
• White mark appears when erased
• Absence of "Original Document" verbiage on back of check

© Public design is a certification mark of the Check Payment Systems Association
* FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

Online Receipts

Receipts that are created through Advanced Web and printed through your printer.

The patient should receive the receipt that says Sharp Healthcare.

SORRENTO MESA 10243 GENETIC CENTER DRIVE SAN DIEGO, CA 92121-6310		
SRS DT, APRIL 300 FIR STREET SAN DIEGO, CA	92101	APPT DATE : 11/08/13 ACCOUNT #: 04-60-06-31 LIGHT MD, CYRIL SB
PAYMENT AMOUNT : \$ 15.00 CASH/CHECK PAYMENT COMMENT : COPAY/APPT/CK#1234		
THANK YOU FOR YOUR PAYMENT AND FOR CHOOSING SHARP FOR YOUR HEALTHCARE NEEDS. YOU MAY RECEIVE A SURVEY IN THE MAIL. PLEASE LET US KNOW IF WE REACH OUR GOAL OF PROVIDING VERY GOOD CARE!		
POSTED BY: AWPSR3	POSTING DATE : 11/08/13	33-0106028
<div style="border: 2px solid red; padding: 5px; text-align: center;">SHARP HEALTHCARE SORRENTO MESA 10243 GENETIC CENTER DRIVE SAN DIEGO, CA 92121-6310</div>		
SRS DT, APRIL 300 FIR STREET SAN DIEGO, CA	92101	APPT DATE : 11/08/13 ACCOUNT #: 04-60-06-31 LIGHT MD, CYRIL SB
PAYMENT AMOUNT : \$ 15.00 CASH/CHECK PAYMENT COMMENT : COPAY/APPT/CK#1234		
THANK YOU FOR YOUR PAYMENT AND FOR CHOOSING SHARP FOR YOUR HEALTHCARE NEEDS. YOU MAY RECEIVE A SURVEY IN THE MAIL. PLEASE LET US KNOW IF WE REACH OUR GOAL OF PROVIDING VERY GOOD CARE!		
POSTED BY: AWPSR3	POSTING DATE : 11/08/13	33-0106028

Opening a Batch

A Batch MUST be open in order to collect payments. All payments collected are posted to your Batch. You can view your batch in order to balance, delete and track payments that have been collected.

Only 1 batch is opened at the beginning of your shift (*not for every patient*) and **MUST** be balanced and **closed at the end of your shift**.

How to Open a Batch:

1. Click on **Scheduler (VTB)**
2. Click on **Front Desk (HTB)**
3. Select **Check In**

The screenshot shows the software interface with the Scheduler menu open. The Front Desk dropdown menu is also open, showing options like Check In, Check Out, Cash Drawer, View Fee Schedule, Master Fee Schedule Inquiry, and BAR Recover Batch. The Scheduler menu includes options like New Appointment, Appointment List, Provider Schedules, Bump List, Wait List, and Financial Com.

The screenshot shows the Cash Drawer Grp:3 Per:1410 form. The fields are: Initials: DEVM11, ch: 1234567, Site: SM, and Description: DEVM11/SM/FM/858-499-4999. The OK button is highlighted with a red box. A note box on the right states: **Note:** Your Batch Site is the site you are collecting payments at. It must match your site on the Credit Card Processor Site.

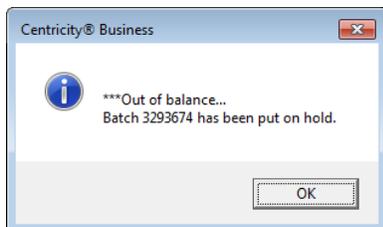
4. Type **G** at “ch” and press **Tab** (This generates your batch number which documents all your transactions.
 - o **Write down your batch number on your daily reconciliation sheet.**
5. Type in the **site location** and Press **Tab**
6. Type in the **Description: username / site / department / phone number**
7. Your screen should look similar to the above screen shot before you **Click OK**

Opening a Batch

Once your Batch is opened, it will bring you to the screen to create a receipt.

8. Click Cancel

The screenshot shows the 'Patient Service' software interface. The main window is titled 'Patient Service' and has a menu bar with 'Patient Services', 'Edit HCL', 'Front Desk', 'Financial Comments', 'General Comments', and 'Insurance'. The left sidebar contains a 'Scheduler' menu with options: 'Patient Services', 'Front Desk', 'Sched Archive', 'Send Email', 'Credit Card', 'OWA Email', 'MPV Portal', and 'Dict View'. The main area displays 'Check In Grp:3 Per:1005 Batch:2024843 [0-BCI]'. Below this are two columns of form fields. The left column includes: 'Patient:', 'EMRN:', 'FSC List:', 'Case:', 'Visit #:', 'MCA Contract #:', 'MCA Referral #:', 'Missing Ref Type:', '1-Cash,2-Check,3-Cr.card,4-SOC:', 'Payment:', 'Post to Invoice:', 'Comment:', and 'Print Receipt:'. The right column includes: 'Invoice:', 'Provider:', 'Billing Area:', 'Location:', 'Service Date:', 'Financial Class:', 'Provider 2:', 'HCL:', and 'Copay Amount:'. At the bottom right, there are three buttons: 'Actions...', 'OK', and 'Cancel'. The 'Cancel' button is highlighted with a red border.



Note: you will be *** **Out of balance...** until you balance your batch at the end of your shift.

9. Click OK

Credit Card Procedures

Verify your credit card site location is correct

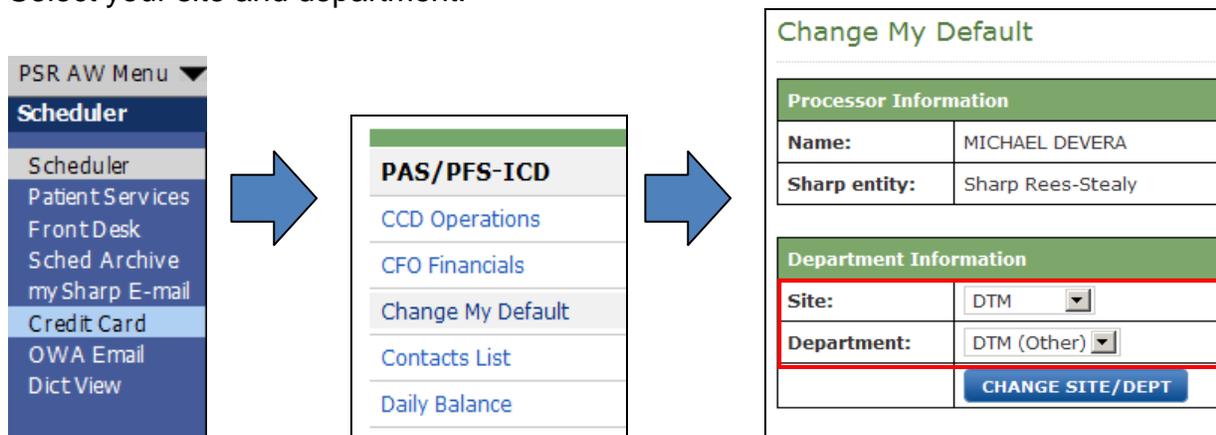
****MUST match Batch Site****

If incorrect, change your site to the location you are working:

Click Credit Card on the Vertical Tool Bar in Advanced Web.

On the left navigation pane, click Change My Default.

Select your site and department.



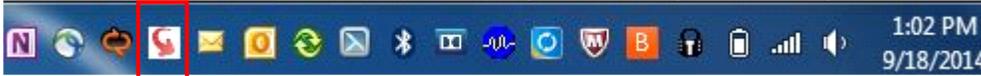
Note: Incorrect site locations will cause site balances to be off.

Credit Card Procedures

How to Collect Credit Card Payments:

1. Double-click the PaymentMate icon () on your desktop or from the **Start Menu**.

2. Once loaded, PaymentMate displays in the **System Tray**



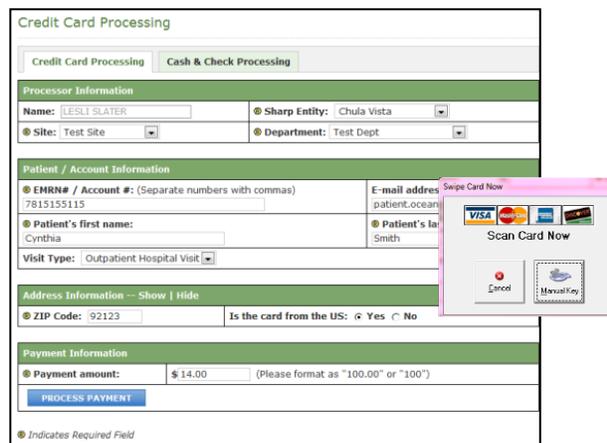
3. Access the **SharpNET Credit Card Processing** page to begin processing payments.

4. **Enter required information**

- EMRN#
- Patient's first and last name
- Payment Amount

5. Click **Process Payment**. Insert Card.
- If the **"Enter Last 4 Digits of Card"** pop up window displays, enter the Last 4 digits on card and press OK.

- *This occurs if you process a payment using the same credit card information on the same device, two consecutive times.*



6. The **Confirm Amount pop up** window displays. Verify amount and **click Continue**. The Payment Processed Successfully confirmation screen displays.

7. Copy **Confirmation Number** and paste it into the **Receipt Comments** in AW.

8. To print confirmation page, select  button at top of page.

Note: Informational text is listed in **RED** at the bottom of Credit Card Processing page, near



Basic Check-In

How to Check-In a Patient:

1. Click **Scheduler (VTB)**
2. Pull up patient using **PatientSecure**

New Appointment

Patient: SRSDT,JACOBZRRR ... **Reg** **Category:**

Appt Reason: **Appt Type:**

Provider: **Duration:** **From Date:** 12/28/2016

Department: **Location:**

Team: **Search:** First Available Settings Pt Pref

Profile Comments | Links | Ancillaries/Resources | Resource - Primary Link | Appointment Set

Last Refreshed: 03:58PM

Patient's Appointment List

Appts Filter Refresh

Date	Day	Time	Status	Type	Provider	Dept	Loc	Dur	Set No.	Appt No.	Attach
12/28/2016	WED	08:20AM	PEN	REG	LIGHT MD,CYRIL SB	FP	SM	20		209453339	CV\$

Links Actions **Appt Actions** Appt Set

- Arrive
- Cancel/Reschedule
- Noshow
- Appointment Detail
- Appointment Data Form
- Appointment Overview**
- Visit Overview
- Link Appointment

3. Use the **Appts Filter** button to **find the correct appointment**
4. **Highlight** the patients appointment for today (do not click on the hyperlinks)
5. Click **Appt Actions**
6. Select **Appointment Overview**

Basic Check-In

Appointment Overview

The Appointment Overview screen displays information for a given visit. You can access demographics, insurance, current balance, and visit information to verify or edit.

Appointment Overview Screen

A **Appointment Overview**
[Demographics](#)
RETURN MAIL
SAN DIEGO, CA *XXXXX

Home: 619-446-1616
Work: 858-499-4000
Email: MEDICARE@YAHOO.COM
Upd: 12/03/2015 **By:** FLOLY

B **Appointment**
Appt No.: 207904016
Provider: WENDT DPM,DANIEL E
Department: PODIATRY
Location: POINT LOMA
Type: HOSPITAL SURGERY
Appt Status: CANCELLED
Date/Time: 03/10/2016 08:00AM
Arr: **To MD:** **Out:**
Referral No.:
Visit No.:

C **Registration Insurance** Active Only

Appt Ins	Description	Ins Company	Code	Certificate No.	Eff Date	Term Date	Referral Number
	MEDICARE	MEDICARE-PALMETTO G 24		000000000A	08/01/2004		
	HEALTH NET	SRS MANAGED CARE	202	R579516501	01/01/2014	01/01/2014	

D **Statement Balances** All Groups
Prior Physician Bal: \$0.00

Amount Due: \$0.00

Attachments

Type	Description
Scheduling Comments	(0730-950)
Visit Number	207904016

E **Check In** **F** **Check Out** **G** **Actions**

- A Demographics** - Patient demographic information is displayed at the top. Click [Demographics](#) to edit
- B Appointment** - Visit-specific information includes the appointment date and the attending physician. Click [Appointment](#) to view Appointment Detail
- C Insurance** - Contains the insurances on file for the visit
- D Statement Balances** - Patient financial information is displayed on the screen. Click [Statement Balances](#) to view the Statement Overview screen. This displays the patients last payment & budget plan details.
- E Check In** - Post appointment co-payments and deposits. This action will auto arrive the patient's appointment
- F Check Out** - Post to past balances.
- G Actions** - To view additional tasks

Basic Check-In

7. Click Demographics

Note: if the HCL shows **NEW** → change to **EHR**

8. Verify and update the demographics:

- Home Chart Location (HCL)
- Address
- Adr Status
- Phone number
- e-mail
- Collector Code
- C.O.R. signed (Conditions of Registration)
- Ethnicity & Race
- Guarantor

9. Click OK once complete

Note: Click 'NO'

Basic Check-In

Scheduler | New Appointment | Appointment List | Provider Schedules | Bump List | Wait List | Front Desk | Financial Comments

SRSDT, ANA | SHC#: 107-407-766 | IFD: | Facility: SRS
 DOB: 03/31/2000 | HMO: | BAF: CURRENT
 A-S: 15 years-F | H Phone: 619-446-1625 | BGAF:

Manage Insurance Information

Patient: SRSDT, ANA | MRN: 04-63-00-32 | FSC: S
 8901 ACTIVITY ROAD | SSN: XXX-XX-7772
 SAN DIEGO, CA 92126 | DOB: 03/31/2000

#	FSC	INS CO/CERT#/GROUP#/PLAN	EFF DT	TERM DT
123	CIG	CIGNA-PO BOX 182223		01/01/2013
		U96369874/ 3332857/	OPEN ACCES	SRSDT, SARA/ SELF

1 Invoices | 2 INS VERIFY | A Add | B Determinator | C Copy | D Delete | E Edit | H Change Order... | I Insert | J Documents | M Manage Coverage... | O Pt Resp | R Replace | S Show/Clr Deleted | T View Audit Trail | V View

Actions | **OK** | Cancel

10. Verify the insurance company & member ID on the insurance card

- It should match what is seen on this screen
- If there is a term date verify it has not passed

11. Click OK

SRSDT, ANA | SHC#: 107-407-766 | IFD: | Facility: SRS
 DOB: 03/31/2000 | HMO: | BAF: CURRENT
 A-S: 15 years-F | H Phone: 619-446-1625 | BGAF:

Appointment Overview

Demographics | Appointment
 8901 ACTIVITY ROAD | Appt No.: 206536731
 SAN DIEGO, CA 92126 | Provider: GRANT MD, JOHN J
 Home: 619-446-1625 | Department: FAMILY MEDICINE
 Work: | Location: GENESEE
 Email: SRSDT@YAHOO.COM | Type: REGULAR APPOINTMENT
 Upd: 01/06/2016 By: AWPSR1 | Appt Status: PENDING
 Date/Time: 01/06/2016 02:20PM
 Arr: To MD: Out:
 Referral No.:
 Visit No.:

Visit Insurance Active Only

Appt Ins	Description	Ins Company	Code	Certificate No.	Eff Date	Term Date	Referral Number
	SELF PAY		1				

Statement Balances All Groups

Prior Physician Bal: \$0.00

Copay for the Appt: \$25.00

Amount Due: \$25.00

Attachments

Type	Description
Scheduling Comments	BACK PAIN
Visit Number	202195140
Copoly	25.00

Arrive | **Check In** | Check Out | Time Stamp | Actions | OK

Note: Confirm the patient responsibility before check in.

Clicking "Check In" will arrive the patient and prompt you to collect the copay.

12. Click Check In

Basic Check-In

13. Verify Insurance Screen will display

14. Click OK

Patient: SRSDT,JACOBZRRR MRN: 04-68-17-75 DOB: 12/06/1961 Age: 55 Sex: M
Patient: SRSDT,JACOBZRRR MRN: 04-68-17-75 DOB: 12/06/1961 Age: 55 Sex: M
Adm #: 209453339 Adm Dt: 12/28/2016 PTYP: ZZZ REV FSC: 202 Prog: SRSNA
This visit has never been Verified

PR	Plan	Company Name	Plan Description	FSC
1	F202		HEALTH NET	202
2	Z99		AUTO ASSIGNED SELF PAY	1

Actions **OK** Cancel

15. Alerts screen will display. Correct any alerts that need to be addressed.

16. Click OK

Alerts

Hold Bill/Claim Selector Screen

Patient: SRSDT,JACOBZRRR MRN: 04-68-17-75 Visit No: 209453339
VTYP: ZZZ Adm Dt: 12/28/2016 Dis Dt: 12/28/2016
Conf Comm:

Flag Description	User	Date	Exp Date	AC
------------------	------	------	----------	----

A Add a Flag **E** Edit a Flag **S** Select Action
C Action Code **I** Inquire **U** User View/Show All
D Delete a Flag **R** Reevaluate

Actions **OK** Cancel

Cash Drawer Grp:3 Per:1411

Initials: DEVM11 ch: 1234567 Site: SM
Description: DEVM11/SM/IM/619-446-1785

OK Cancel

17. Click OK at Cash Drawer

Basic Check-In

Scheduler | New Appointment | Appointment List | Provider Schedules | Bump List | Wait List | Front Desk | Financial Comments | Sched L

SRSDT, ANA | SHC#: 107-118-225 | IFD: | Facility: SRS
 DOB: 04/14/1960 | HMO: | BAF: CURRENT
 A-S: 53 years-F | H Phone: 858-745-7845 | BGAF:

Select Patient ▼ i | Check In Grp:3 Per:1306 Batch:2725836 [0-BCI]

Patient: SRSDT,ANA | Invoice: G
 EMRN: 04-60-06-57 | Provider: |
 FSC List: CIG | Billing Area: |
 Case: | Location: |
 Visit #: | Service Date: |
 MCA Contract #: | Financial Class: |
 MCA Referral #: | Provider 2: |
 Missing Ref Type: | HCL: NEW

1-Cash,2-Check,3-Cr.card,4-SOC: | Payment: |
 Post to Invoice: | Patient Resp.: |
 Comment: |
 Print Receipt:

18. Press Tab

- At **Visit #** Type a ? and Press **Tab** or click the **magnifying glass**

New Appointment | Appointment List | Provider Schedules | Bump List | Wait List | Front Desk | Financial Comments | Sched Us

SRSDT, ANA | SHC#: 107-118-225 | IFD: | Facility: SRS
 DOB: 04/14/1960 | HMO: | BAF: CURRENT
 A-S: 53 years-F | H Phone: 858-745-7845 | BGAF:

Select Patient ▼ i | Appointment List for SRSDT, SARA

Filter: Off

Appt	Date	Time	Dept	Phy	Type	Loc	Invoice	Creation Dt
202195800	12/03/13	10:10AM	FP	GRE...	REG	SOR...		

A Appointment Inquiry | I Invoice Inquiry

Actions | **OK** | Cancel

19. Highlight the correct appointment (do not click the appointment number)

20. Click OK

Basic Check-In

Check In Grp:3 Per:1604 Batch:3362914 [0-BCI]

Patient: SRSDT,JACOBZRRR	Invoice: G
EMRN: 04-68-17-75	Provider: LIGHT MD,CYRIL SB
FSC List: HHN S	Billing Area: SORRENTO MESA
Case:	Location: DOCTORS OFFICE
Visit #: 209453345	Service Date: 01/09/2017
MCA Contract #: 1) 945894837*01	Financial Class: HHN
MCA Referral #:	Provider 2:
Missing Ref Type:	HCL: NEW

1-Cash,2-Check,3-Cr.card,4-SOC: 1-CASH

Payment: 40.00

Post to Invoice: 40.00

Comment: PT RESP/COPAY/AP

Print Receipt:

Patient Resp.: 40.00

Total Pat Amt: 40.00

Actions... OK Cancel

21. Select the appropriate **payment type**

- 1 – Cash
- 2 – Check
- 3 – Credit Card

22. Type the **receipt comments** and press **Tab** (or check mark the **'Print Receipt'** box)

Examples of Documentation (refer to policy and procedure):

Comment: Pt Resp/Copay/Appt/Cash

Comment: Pt Resp/Copay/Appt/CK#1234

Comment: Pt Resp/Copay/Appt/CC Conf #12345678

23. Click **OK**

Demand Receipt

Device: 5859	Right Margin: 80
Terminal Type:	Advanced Options?: <input type="checkbox"/>

OK Cancel

24. Select your **printer device** and click **OK**

Basic Check-In

New Appointment Appointment List Provider Schedules Bump List Wait List Front Desk Financial Comments

SRSDT, ANA SHC#: 107-407-766 IFD: Facility: SRS
Select Patient DOB: 03/31/2000 HMO: BAF: CURRENT
A-S: 15 years-F H Phone: 619-446-1625 BGAF:

Appointment Overview

Demographics
8901 ACTIVITY ROAD
SAN DIEGO, CA 92126

Home: 619-446-1625
Work:
Email: SRSDT@YAHOO.COM
Upd: 01/06/2016 By: AWPSR1

Appointment
Appt No.: 206536731
Provider: GRANT MD, JOHN J
Department: FAMILY MEDICINE
Location: GENESEE
Type: REGULAR APPOINTMENT
Appt Status: ARRIVED
Date/Time: 01/06/2016 02:20PM
Arr: To MD: Out:
Referral No.:
Visit No.:

Visit Insurance Active Only

Appt Ins	Description	Ins Company	Code	Certificate No.	Eff Date	Term Date	Referral Number
	SELF PAY		1				

Statement Balances All Groups

Prior Physician Bal: \$0.00
Copay for the Appt: \$25.00
Amount Due: \$25.00

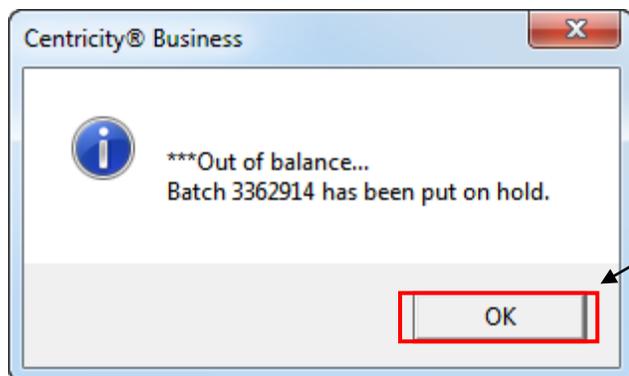
Attachments

Type	Description
Scheduling Comments	BACK PAIN
Visit Number	202195140
Copay	25.00

Arrive Check In Check Out Time Stamp Actions **OK**

25. Verify that the patient has been **ARRIVED**

26. Click **OK**



Note: you will be ***** Out of balance...** until you balance your batch at the end of your shift.

27. Click **OK**

The Physician Copay Fund (PCF)

What if you see a **PCF** FSC when verifying a patient's insurance?

PSR AW Menu Join Link Hide VTB Tools

Scheduler | New Appointment | Appointment List | Provider Schedules | Bump List | Wait List | Front Desk | Financial Comments

Scheduler | Patient Services | Front Desk | Sched Archive | Credit Card | OWA Email | Dict View | MPV Portal | Tru Clinic

SRSDT, LENNY | SHC#: 107-760-412 | IFD: | Facility: SRS
 DOB: 06/03/1966 | HMO: SRS | BAF: CURRENT
 A-S: 53 years-M | H Phone: 619-446-1861 | BGAF: CURRENT

Manage Insurance Information

Patient: SRSDT, LENNY | MRN: 04-75-49-11 | FSC: HHN
 12 UNICORN WAY | SSN: XXX-XX-0000 | PCF
 SAN DIEGO, CA 92111 | DOB: 06/03/1966

#	FSC	INS CO / CERT# / GROUP# / PLAN	EFF DT	TERM DT
202	HHN	SRS MANAGED CARE		01/01/2017
		R134567918*0//	HN949	SRSDT, LENNY/ SELF
73	PCF			

1 Invoices **C** Copy **I** Insert **S** Show/Clr Deleted
2 INS VERIFY **D** Delete **J** Documents **T** View Audit Trail
A Add **E** Edit **O** Pt Resp **V** View
B Determinator **H** Change Order...

Actions | OK | Cancel

- Arrive the patient and **DO NOT** collect a copay.

PHYSICIAN and SRSMG Employee CO-PAYs

When eligible SRSMG physicians, Nurse Practitioners (NP), Physician Assistants (PA) and SRSMG employees receive care at an SRS location, Patient Service Representatives (PSRs) are to arrive the patient and do not collect the generated co-pay when checking in these eligible patients.

Eligible SRSMG providers and employees are identified by either indicator below:

- PCF FSC – if this required FSC is not present, add FSC 73 to the secondary position
- MDD collector code is present

Eligible SRSMG providers:

- Active SRSMG physicians, NPs, PAs and SRSMG employees and their covered dependents **enrolled with SRSMG through the Sharp Health Plan HMO** are eligible for this benefit
- Retired physicians/spouses enrolled with an HMO plan for seniors, such as Secure Horizons or Health Net Seniority Plus

Eligible SRSMG employees:

- Receive their paychecks from the medical group (not Sharp HealthCare)

Note: Questions regarding eligibility are directed to Lori Miller at SRSMG Physician Services, 858-262-6070.

Excluded co-pays are the responsibility of the physician/SRSMG employee/dependent and retired physician/spouse and include but are not limited to:

- Allergy Testing
- Allergy injections
- Medically necessary home visit
- Hospital co-pays
- Mental health outpatient co-pays
- Health intervention programs
- Norplant insertion
- Voluntary sterilization (male or female)
- Pregnancy Termination services (Abortion services)
- Infertility services
- Vision Services (patient to submit copy of bill for eye exam to Physician Services)

Reprinting Receipts

How to Reprint a Receipt:

Note: Make sure the patient is in the Patient Banner before reprinting the receipt.

The screenshot shows the Scheduler software interface. The 'Front Desk' menu is open, and 'Demand Receipt' is highlighted. The patient banner at the top displays 'RGTEST, DEBI' with various demographic and contact information. The 'New Appointment' form is visible below the patient banner, with fields for Patient, Appt Reason, Provider, Department, Team, Appt Type, Duration, From Date, Location, and Search. The 'Profile Comments' section shows a message: 'PT DOES NOT LIKE MALE MD 10/20/2010 08:36AM'.

1. Pull up patient using PatientSecure
2. Click on **Front Desk** (HTB) and select **Demand Receipt**

The screenshot shows a dialog box titled 'DEMAND RECEIPT'. The text inside reads: 'This activity generates a Cash Receipt. Do you wish to continue? N=> Y'. The 'Y' is highlighted with a red box. Below the text, there is a field labeled 'Patient: R' which is also highlighted with a red box.

3. Type **Y** then press **Enter**
4. Type **R** and press **enter** (this will recall the patient that is in the Patient Banner Bar)

Reprinting Receipts

```
PATIENT: TANNER,DANNY MR# 04-09-05-90 01/05/1967 M GROUP: 3
SSN: XXX-XX-6896
2001 4TH AVE SAN DIEGO,CA 92101-2303 619-446-1515
PATIENT'S EMPLOYER: US BANK 2020 SANFRANSICICO DR SAN FRANCISCO,CA 94117
619-446-1533
PR FSC INS CO/CERT#/GROUP#/PLAN EFF DT TERM DT
1 109 BCC BLUE CROSS NAT PO BOX 60007 01/01/2010
XYZ123A56789/Z154/ PPO TANNER,DANN/ SELF
ACCOUNTS IN GROUPS: 3
ACCOUNT IN PCS WORKFILE(S): 1206 (3)
Registered on: 02/04/2010 By: EBBBE
Last Updated: 08/25/2010 By: EBBBE
```

5. Press Enter

```
PATIENT: TANNER,DANNY MR# 04-09-05-90 01/05/1967 M GROUP: 3
SSN: XXX-XX-6896
2001 4TH AVE SAN DIEGO,CA 92101-2303 619-446-1515
PATIENT'S EMPLOYER: US BANK 2020 SANFRANSICICO DR SAN FRANCISCO,CA 94117
619-446-1533
PR FSC INS CO/CERT#/GROUP#/PLAN EFF DT TERM DT
1 109 BCC BLUE CROSS NAT PO BOX 60007 01/01/2010
XYZ123A56789/Z154/ PPO TANNER,DANN/ SELF
ACCOUNTS IN GROUPS: 3
ACCOUNT IN PCS WORKFILE(S): 1206 (3)
Registered on: 02/04/2010 By: EBBBE
Last Updated: 08/25/2010 By: EBBBE
SSN changed on 02/04/10, was: DOB changed on 02/04/10, was: Address line 1
changed on 02/04/10, was: Phone number changed on 02/04/10, was:
No PCS comments on file
Current Statement Balance: -120.00
Last Patient Payment: 20.00 (08/24/2010)
Last Run #: 204 Balance: 120.00CR Date: 07/01/2010 Dunning Level: 0 Cycle: 4
Account Status: STANDARD Date: 06/02/2010 Initials: IDX Statement Run #: 203
Open Cases: 0 Closed Cases: 0 Archived Cases: 0
Invoice Number: ?U
```

6. Press Enter until you see "Invoice Number"

7. At Invoice Number, type ?U to display a list of invoices and press Enter

Reprinting Receipts

CENTER BLVD Address line 1 changed from: 8695 SPECTRUM CENTER BLVD to: 1234 ABC ST

No PCS comments on file
 Current Statement Balance: 0.00
 Last Patient Payment: 150.00 (10/18/2012)
 Last Run #: 242 Balance: 19.21p Date: 01/07/2012 Dunning Level: 1 Cycle: 1
 Account Status: STANDARD Date: 04/19/2008 Initials: IDX Statement Run #: 197

Open Cases: 0 Closed Cases: 0 Archived Cases: 0

Invoice Number: ?U
 ?U

INVOICE#	ADM/VIS	DISCH	PATIENT	MD	LOC	HO	BA	CHARGES	FSC	BALANCE
32)	53790052	10/14/12					DT	150.00	S	0.00
31)	49335457	03/24/10	DANNY TA J	GRAN	DO		LM	369.00	S	0.00
	ORIG:49335454									
30)	49335455	03/24/10	DANNY TA J	BARG	DO		LM	280.00	CR DNB	0.00
	ORIG:49335454									
29)	49335454	03/24/10	DANNY TA J	BARG	DO		LM	280.00	DNB	0.00
	ORIG:48149526									
28)	49335453	03/24/10	DANNY TA J	BARG	DO		LM	280.00	CR DNB	0.00
	ORIG:48149526									
27)	49335450	03/01/10	DANNY TA J	BARG	DO		LM	369.00	S	0.00
	ORIG:49335444									
26)	49335447	03/01/10	DANNY TA J	BARG	DO		LM	280.00	CR DNB	0.00
	ORIG:49335444									
25)	49335444	03/01/10	DANNY TA J	BARG	DO		LM	280.00	DNB	0.00

DISPLAY DETAIL FOR INVOICE [<CR> TO CONTINUE, OR TYPE 'STOP']: **STOP**

- Locate the number **on the far left side** that matches the invoice #
- Once you see the invoice you need to print, Type **STOP** (uppercase) and press **Enter** (this will stop the list from scrolling further)

13)	42316171	08/24/10	DANNY TA S	GREE	DO		MM	0.00	BCC	10.00	CR	
12)	42316170	08/24/10	DANNY TA S	GREE	DO		MM	0.00	BCC	10.00	CR	
11)	42307296	04/27/10	DANNY TA C	LITT	DO		DT	500.00	S	0.00		
10)	42304952	04/09/10	DANNY TA B	FOWL	DO		SA	0.00	BCC	10.00	CR	
9)	42304644	04/06/10	DANNY TA B	FOWL	DO		SA	0.00	BCC	10.00	CR	
8)	42304397	03/23/10	DANNY TA S	GREE	DO		MM	0.00	BCC	10.00	CR	
7)	42304310	03/17/10	DANNY TA S	GREE	DO		MM	0.00	PRO	120.00	CR	
6)	42304308	03/17/10	DANNY TA S	GREE	DO		MM	0.00	BCC	10.00	CR	
5)	42304301	03/17/10	DANNY TA S	GREE	DO		MM	0.00	BCC	100.00	CR	
4)	42303726	02/24/10	DANNY TA B	FOWL	DO		SA	0.00	BCC	10.00	CR	
3)	42303724	02/24/10	DANNY TA B	FOWL	DO		SA	84.00	BCC	84.00		
2)	42303567	02/08/10	DANNY TA T	SIEF	DO		OR	0.00	BCC	10.00	CR	
1)	42303564	02/08/10	DANNY TA J	GRAN	DO		GEN	0.00	BCC	10.00	CR	
								TOTAL		584.00		
											226.00	CR

DISPLAY DETAIL FOR INVOICE [<CR> TO CONTINUE, OR TYPE 'STOP']: 13

13

INVOICE#	ADM/VIS	DISCH	PATIENT	MD	LOC	HO	BA	CHARGES	FSC	BALANCE	
13)	42316171	08/24/10	DANNY TA S	GREE	DO		MM	0.00	BCC	10.00	CR

Posted Service Description Payments Adjust Charges FSC Batch
 1)08/24/10 523 CASH/CHECK PAYMENT 10.00 2024910
 CASH

Division: FAMILY PRACTICE

DISPLAY DETAIL FOR INVOICE:
INVOICE NUMBER TO PRINT ON CASH RECEIPT : 13

- Type the number of the invoice at: **“Invoice Number to Print On Cash Receipt”** and press **Enter**

Reprinting Receipts

Demand Receipt

Device:	<input type="text" value="5859"/>	Right Margin:	<input type="text" value="80"/>
Terminal Type:	<input type="text"/>	Advanced Options?:	<input type="checkbox"/>

11. Confirm the printer device number

12. Click **OK**

Collecting a Self Pay Deposit

How to Collect a Self Pay Deposit:

New Appointment

Patient: SRSDT,ALEXCABOT [Reg] Category: []
Appt Reason: [] Appt Type: []
Provider: [] Duration: [] From Date: 12/28/2016
Department: [] Location: []
Team: [] Search: First Available [Settings] [Pt Pref]

Profile Comments | Links | Ancillaries/Resources | Resource - Primary Link | Appointment Set

Last Refreshed: 04:18PM
[Appts Filter] [Refresh]

Date	Day	Time	Status	Type	Provider	Dept	Loc	Dur	Set No.	Appt No.	Attach
12/28/2016	WED	08:40AM	PEN	REG	LIGHT MD,CYRIL SB	FP	SM	20		209453340	CV

Links [Actions] [Appts Filter] [Appt Set] [Next] [Cancel]

- Arrive
- Cancel/Reschedule
- Noshow
- Appointment Detail
- Appointment Data Form**
- Appointment Overview
- Visit Overview
- Link Appointment

1. Use the **Appts Filter** button to find the correct appointment Highlight the patients appointment for today (do not click on the hyperlinks)
2. Click **Appt Actions**
3. Select **Appointment Overview**

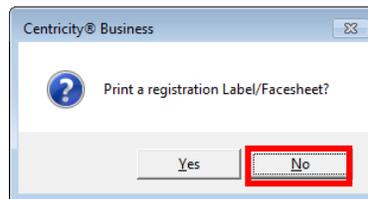
Collecting a Self Pay Deposit

Appointment Overview	
Demographic	<u>Appointment</u>
8695 SPECTRUM CENTER BLVD SAN DIEGO,CA 92123-1489	Appt No.: 200001728
Home: 858-499-4000	Provider: GREEN MD,STEVEN A
Work:	Department: FAMILY MEDICINE
Email:	Location: SORRENTO MESA
Upd: 12/05/2012 By: AWPSR2	Type: MEDIUM VISIT
	Appt Status: PENDING
	Date/Time: 11/30/2012 10:10AM
	Arr: To MD: Out:
	Referral No.:
	Visit No.:

4. Click **Demographics**

5. **Verify and update the demographics**, home chart location (HCL), Adr Status, e-mail, collector code, and C.O.R. signed (Conditions of Registration)

- Verify each additional screen of the registration
- Once completed, click **OK**



6. Click **No** at Print a registration Label/Facesheet?

Patient: SRSDT,ANA 8901 ACTIVITY ROAD SAN DIEGO,CA 92126	MRN: 04-63-00-32 SSN: XXX-XX-7772 DOB: 03/31/2000	FSC: S
--	--	---------------

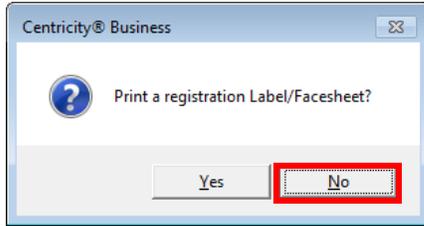
#	FSC	INS CO/CERT#/GROUP#/PLAN	EFF DT	TERM DT
1	S			

1 Invoices	C Copy	I Insert	S Show/Clr Deleted
2 <u>INS VERIFY</u>	D Delete	J Documents	T View Audit Trail
A Add	E Edit	O Pt Resp	V View
B Determinator	H Change Order...	R Replace	

Actions ▼ **OK** Cancel

7. Click **OK** at the Manage Insurance Information screen.

Collecting a Self Pay Deposit



8. Click **No** at Print a registration Label/Facesheet?

Appt Ins	Description	Ins Company	Code	Certificate No.	Eff Date	Term Date	Referral Number
	SELF PAY		1				

Statement Balances All Groups

Prior Physician Bal: \$-2680.00

Amount Due: \$-2680.00

Attachments

Type	Description
Scheduling Comments	COUGH
Invoice	63812791
Invoice	63812795
Visit Number	206537326

Arrive **Check In** Check Out Time Stamp Actions OK

9. Click **Check In**

Short Form Insurance Verification 30 - SHARP REES STEALY AVM GR

Patient: SRSDT,ALEXCABOT MRN: 107-618-233 OB: 08/08/1975
Adm #: 209453340 Adm Dt: Dis Dt: PTYP: ZZZ

Registration FSCs: 1
S

Visit FSC List: 1 S

Plan List:

Actions... **OK** Cancel

10. Short Form Insurance Verification screen will display

11. Click **OK**

Collecting a Self Pay Deposit

Patient: SRSDT,ALEXCABOT MRN: 04-68-18-09 DOB: 08/08/1975 Age: 41 Sex: F
Patient: SRSDT,ALEXCABOT MRN: 04-68-18-09 DOB: 08/08/1975 Age: 41 Sex: F
Adm #: 209453340 Adm Dt: 12/28/2016 PTYP: ZZZ REVFC: 1 Prog: SRSNA
This visit has never been Verified

PR	Plan	Company Name	Plan Description	FSC
1	Z99		AUTO ASSIGNED SELF PAY	1

A Add Plans... **K** Link Actions **S** Swap Plan Order
D Delete Plan **L** Wipe Clean, AutoAsqn Plns **T** Audit Trail
F Edit Follow-ups **M** Move Plan **U** View All Follow-ups
G Eligibility Status Edit **O** Documents **V** View a Plan
I Patient Inquiry **R** Referral/Authorizations **W** Warnings

Actions ▾ **OK** Cancel

12. **Verify Insurance Screen** will display

13. Click **OK**

Alerts

Hold Bill/Claim Selector Screen

Patient: SRSDT,ALEXCABOT MRN: 04-68-18-09 Visit No: 209453340
VTYP: ZZZ Adm Dt: 12/28/2016 Dis Dt: 12/28/2016
Conf Comm:

Flag Description	User	Date	Exp Date	AC
------------------	------	------	----------	----

A Add a Flag **E** Edit a Flag **S** Select Action
C Action Code **I** Inquire **U** User View/Show All
D Delete a Flag **R** Reevaluate

Actions ▾ **OK** Cancel

14. Alerts screen will display. Correct any alerts that need to be addressed.

15. Click **OK**

Collecting a Self Pay Deposit

Cash Drawer Grp:3 Per:1411

Initials: ch: Site:

Description:

16. Click **OK** at Cash Drawer

Check In Grp:3 Per:1009 Batch:2026424 [0-BCI]

Patient: Invoice: G

EMRN: 04-09-16-18 Provider:

FSC List: S Billing Area:

Case: Location:

Visit #: Service Date:

MCA Contract #: Financial Class:

17. **Tab** to the **Visit #**

18. Type a **?** and Press **Tab** or click the **magnifying glass**

Appointment List for RGTEST,MARYJANE

Appointment List for RGTEST,MARYJANE

Filter: Off

Appt	Date	Time	Dept	Phy	Type	Loc	Invoice	Creation Dt
36370036	02/14/11	11:30AM	IM	MOR...	REG	DO...		

19. Click on the **correct appointment** (do not click the hyperlink)

20. Click **OK**

Ask for patient self-pay deposit (refer to SRS P&P15504.99)

- New Patient \$200
- Established Patient \$130
- Out-of-State New Patient \$250
- Urgent Care
 - New - \$250

Collecting a Self Pay Deposit

Check In Grp:3 Per:1204 Batch:2544715 [0-BCI]

Patient: SRSDT,ANA
 EMRN: 04-04-27-80
 FSC List: HAC,YAC,SHM,AET
 Case:
 Visit #: 200006304
 MCA Contract #:
 MCA Referral #:
 Missing Ref Type:

Invoice: G
 Provider: LIN MD,CHENG-I
 Billing Area: OTAY RANCH
 Location: DOCTORS OFFICE
 Service Date: 05/21/2013
 Financial Class: S
 Provider 2:
 HCL: EHR

1-Cash,2-Check,3-Cr.card,4-SOC: 1-CASH
 Payment: 200.00
 Post to Invoice: 200.00
 Comment: DEPOSIT ONLY/APP
 Print Receipt:

Patient Resp.: 0.00
 Total Pat Amt: 0.00

Actions... OK Cancel

21. Select the appropriate **payment type**

22. Type the **receipt comments**

Examples of Documentation (refer to policy and procedure):

Comment: Deposit Only/Appt/Cash
 Comment: Deposit Only/Appt/CK#1234
 Comment: Deposit Only/Appt/CC Conf #12345678

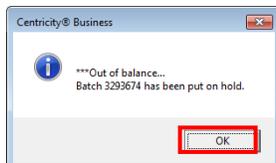
Demand Receipt

Device: 5859
 Terminal Type:
 Right Margin: 80
 Advanced Options?:

OK Cancel

23. Type or confirm the Device

24. Click **OK**



Patient Service Overview

The Patient Services screen is central access point for all information related to a single patient. Using hyperlinks, Patient Services gives you access to appointment, demographic, insurance, financial, and, visit information.

Patient Services Patient Services Front Desk Financial Comments General Comments

Scheduler
Patient Services
Front Desk
Sched Archive
Send Email
Credit Card
OWA Email
Dtt View

RGTEST, ZACH SHC: 100-036-667 IFD: Facility: SRS XID: 36767
DOB: 06/17/1979 HMO: BAF: UPI: 100036667
A-S: 31 years-M H Phone: 123-234-2354 BGAF:

Select Patient

Patient Services

Name:

A **Registration**
Second Lane
HEMET, CA 92545-
Home: 123-234-2354
Work: 619-697-4211
Email:
Ins: NEW-PPO
Upd: 09/20/2010 By: NICEB
[Demographics](#)
[Insurance](#)
[Enrollment](#)
[Patient Inquiry](#)
Chart Tracking

B **Financials**
[Current Stmt Balance](#)
SRS: 39.57
Physicians: 39.57
[Check In](#)
[Check Out](#)
[Financial Inquiry](#)
[Case List](#)
[Invoice List](#)
D **Referrals**
[Referral List](#)

C **Appointments**
Last: [30104963](#)
CHAMBERS MD, MICHAEL E
INTERNAL MEDICINE
CHULA VISTA
09/15/2010 09:50AM
Next:
[Appointment List](#)
[New Appointment](#)
Visits

CF

A **Registration Information**

In addition to displaying basic demographic information, the registration section of the Patient Services screen includes the following hyperlinks:

- **Demographics** accesses complete demographic information for the patient.
- **Insurance** accesses complete Insurance and FSC information.
- **Enrollment** is used for patients enrolled in Managed Care insurance.
- **Patient Inquiry** provides an additional path for accessing complete patient information.

Patient Service Overview

B *Financial Information*

- In addition to displaying statement balance information, the Financials section of the Patient Services screen includes the following hyperlinks:
- **Check In** accesses the check-in process for your patient.
- **Check Out** accesses the check-out process for your patient.
- **Financial Inquiry** allows you to view financial records by group and by FSC.
- **Case List** provides a list of cases attached to the patient.
- **Invoice List** provides a list of the invoices for your patient.

C *Appointment Information*

In addition to displaying information about the patient's next and last appointments, the Appointments section of the Patient Services screen includes the following hyperlinks:

- **Appointment List** is a complete list of the patient's appointments.
- **New Appointment** provides access to the New Appointment screen in Scheduling Homebase.

D **Referral List** is a complete list of referrals for that patient.

Patient Service Overview

How to Display Past Balances (Invoice List):

Display balances allow the user to view any charges the patient owes to Sharp HealthCare.

1. Click on **Patient Services** on the VTB
2. Click **Invoice List**

The screenshot shows the 'Patient Services' window for a patient named 'MEDICARE,ABN'. The interface includes a navigation menu on the left with options like 'Scheduler', 'Patient Services', 'Front Desk', etc. The main area is divided into sections: 'Registration' (address, phone, email), 'Financials' (Current Stmt Balance: 0.00), and 'Appointments' (Last: 11/11/2009 09:15AM). Under the 'Financials' section, the 'Invoice List' link is highlighted with a red box.

Patient Service Overview

	Invoice	Serv Dt	Name	Phys	Loc	Pos	BA	Charges	Fac	Balance
<input type="checkbox"/>	58481874	10/20/13	NOU ...	J VES...	IH	SMB	HOS	4742.00	S	436.94
<input type="checkbox"/>	58463664	10/18/13	NOU ...	G O'H...	DO		SDM	0.00	UHP	0.00
			Scheduling Appt #: 202586954							
<input type="checkbox"/>	58393962	10/11/13	NOU ...	G O'H...	DO		SDM	0.00	UHP	0.00
			Scheduling Appt #: 202356579							
<input type="checkbox"/>	58295924	09/30/13	NOU ...	C CLE...	DO		SDM	44.00	UHP	0.00
			Scheduling Appt #: 202203758							
<input type="checkbox"/>	58231499	09/18/13	NOU ...	C WA...	CIL		DTL	24.00	S	17.73
			Scheduling Appt #: 202203741							
<input type="checkbox"/>	58193805	09/17/13	NOU ...	G O'H...	DO		SDM	0.00	UHP	0.00
			Scheduling Appt #: 202203741							
<input type="checkbox"/>	58103112	09/06/13	NOU ...	G O'H...	DO		SDM	0.00	UHP	0.00
			Scheduling Appt #: 202250613							
<input type="checkbox"/>	57900317	08/12/13	NOU ...	G O'H...	DO		SDM	0.00	UHP	0.00
			Scheduling Appt #: 202075388							

B All/Bal/Cred Bal	H Chg Crts/Splits	O Oldest/Newest	W EDI...
D View Detail	J Documents	Q ? Filter	Z Multi Inv Detail
E Expand/Contract	M Multigrp Display		

Collecting Balance Tips

	Invoice	Serv Dt	Name	Phys	Loc	Hos	BA	Charges	FSC	Balance
<input type="checkbox"/> 26)	71839949	09/11/18	RON ...	D HO...	DO		EC	0.00	S	200.00CR
Scheduling Appt #: 214369938 Visit #: 214369938										
<input type="checkbox"/> 25)	71839932	02/23/18	RON ...	C LIT...	DO		DTM	150.00	S	0.00
<input type="checkbox"/> 24)	71839921	09/10/18	RON ...	D HO...	DO		EC	0.00	S	200.00CR
Scheduling Appt #: 214369853 Visit #: 214369853										
<input type="checkbox"/> 23)	71839904	09/10/18	RON ...	D HO...	DO		EC	0.00	S	200.00CR
Scheduling Appt #: 214369481 Visit #: 214369481										
<input type="checkbox"/> 22)	71839873	08/11/18	RON ...	C LIT...	DO		DTM	150.00	S	150.00
<input type="checkbox"/> 21)	71839871	07/12/18	RON ...	C LIT...	DO		DTM	150.00	S	150.00
<input type="checkbox"/> 20)	71839870	06/12/18	RON ...	C LIT...	DO		DTM	150.00	S	150.00
<input type="checkbox"/> 19)	71839748	08/21/18	RON ...	D HO...	DO		EC	0.00	S	200.00CR
Scheduling Appt #: 214369174 Visit #: 214369174										
<input type="checkbox"/> 18)	71839492	07/24/18	RON ...	D HO...	DO		EC	0.00	S	200.00CR
Scheduling Appt #: 214366553 Visit #: 214366553										
<input type="checkbox"/> 17)	71839475	07/23/18	RON ...	A SAC...	DO		SM	0.00	S	200.00CR

Red amounts are credits to the patients account.

Black amounts are outstanding balances

B All/Bal/Cred Bal	H Chg Crts/Splits	M Multigrp Display	T More Actions...
D View Detail	I More Inquiries...	O Oldest/Newest	W EDI...
E Expand/Contract	J Documents	Q ? Filter	Z Multi Inv Detail

Actions ▼
OK
Cancel

Credits on patient accounts are payments patients have made in excess to the clinics.

Outstanding Balances are amounts the patient is responsible for paying. These are for services they have received.

- If a patient wants to make a payment on multiple invoices, be sure to attach the payments to the correct visits.
- If the patient's account looks like it has a credit, do not subtract that from the invoice you are posting.
- If you have any questions or concerns while taking a payment, refer the patient to the Business Service Rep in the Business Office.
- Many small credit balances that appear are not true credits. Typically, co-payments from previous visits have not been matched up with a charge and they appear to be a credit. Do not address these small balances.
- Collecting a No-Show Fee is the same process. Click/check mark the No-Show Fee Invoice.

Collecting Past Balances / No-Show Fees

Filter: Off

Appt	Date	Time	Dept	Phy	Type	Loc	Invoice	Creation Dt
30106126	09/01/10	10:50AM	FP	GRE...	REG	MIR...	42316312	09/01/2010
30106126	09/01/10	10:50AM	FP	GRE...	REG	MIR...	42316342	09/01/2010

Appointment Inquiry
 Invoice Inquiry
 Reset
 Filter

Actions

If the appointment list displays click **Cancel**.

Link visit to invoice 3 - SHARP REES-STEALY - CBAVM

Link visit to invoice 3 - SHARP REES-STEALY - CBAVM

Visit list for SRS DT, ALEX CABOT
Choose one to attach to the new invoice.

Adm #	Adm Dt	Dis Dt	PType	FSC	Attend Phy	Grp

Actions

Link visit to invoice screen displays Click **ok**

5. Type a ? in the invoice field and Press **Tab** (or click the **magnified glass**)

Check Out Grp:3 Per:1008 Batch:2024985 [0-BCO] - General

Patient:

EMRN: 04-08-91-73

Case:

Reg FSC List:

HCL: NEW

Diagnosis 1: O:

2: O:

3: O:

====> Last patient payment 72.00 on 09/01/2010 in MIRA MESA <====

Invoice:

Billing Area:

Provider:

Provider 2:

Location:

Service Date:

Financial Class:

Referring Phys:

Select Patient ▼										
Invoice Inquiry Grp 3										
	Invoice	Serv Dt	Name	Phys	Loc	Hos	BA	Charges	FSC	Balance
<input type="checkbox"/>	636)	11111111	01/11/13	JOHN ... A BIE...	DO		SDM	1162.00	PAC	1162.00
<input type="checkbox"/>	635)	00000000	01/10/13	JOHN ... J GO...	DO		DTM	125.00	S	125.00
<input type="checkbox"/>	634)	11111111	12/31/12	JOHN ... S ASS...	DO		GEN	339.00	SHS	25.00
<input type="checkbox"/>	633)	00000000	12/27/12	JOHN ... A BIE...	DO		SDM	268.00	HSH	18.95
Total								1894.00		1330.95

6. Click the **check box** for the correct invoice date

- Only balances showing an **S** in the FSC column

OR

- HMO patient balances that show the HMO FSC ending with S are the patient's responsibility.

Example: HSH (1st H is dropped) → S is added at the end = SHS

7. Click **OK**

Remember:

Red amounts are credits on the patient's account (that is what they have paid)

Black amounts are balances on the patient's account (that is what they are responsible for paying).

Collecting Past Balances / No-Show Fees

PSR AW Menu Break Link Hide VTB

Front Desk Check In **Check Out** Cash Drawer Demand Receipt View Fee Schedule Master Fee

Scheduler Patient Services Front Desk

RGTEST, SAMONE SHC#: 104-738-067 IFD: FA
 DOB: 05/01/2008 HMO: BA
 A-S: 9 years-F H Phone: 619-301-2687 BC

Select Patient

Check Out Grp:3 Per:1711 Batch:3618921 [0-BC0] - General

Patient: RGTEST,SAMONE Invoice: 71836790
 EMRN: 04-15-82-95 Appt 212955103 Billing Area: LA MESA-GMP
 Provider: AMBERG,JAMES M
 Provider 2: Location: DOCTORS OFFICE
 Service Date: 08/01/2017
 Financial Class: SELF PAY
 Referring Phys:

Reg	Case:	FSC List:	HCL:
			NEW

Diagnosis	1	O:
2:		
3:		

Procedure	Description	Units	Unit Amount	Total Amt
1				
2				
3				

1-Cash,2-Check,3-Cr.card,4-SOC: 2

Payment: 9-PT BAL AT CHECK OUT CR CARD
 Post to Inv: 10-PT BAL CHECK OUT CASH/CHECK
 Comment: 3-CREDIT
 1-CASH
 5-PROMPT PAY CASH/CHECK
 1-CASH
 10-PT BAL CHECK OUT CASH/CHECK
 2-CHECK
 3-CREDIT
 4-SHARE OF COST

Print Bill:
 Print Receipt:

Payment Resp.: 0.00

Actions... OK Cancel

8. Select the correct **Payment Type**

- 9 - PT BAL at Check Out CR Card
- 10 - PT BAL Check Out Cash/Check

9. Type the appropriate comments

Examples of Documentation (refer to policy and procedure):

Comment: Payment on Balance/Appt/Cash
 Comment: No Show Fee/Appt/CC Conf #12345678

10. Click the **Print Receipt** check box

- Click **OK**
- Confirm the correct Printer Device
- Click **Ok**

Cancelling Arrived Appointments

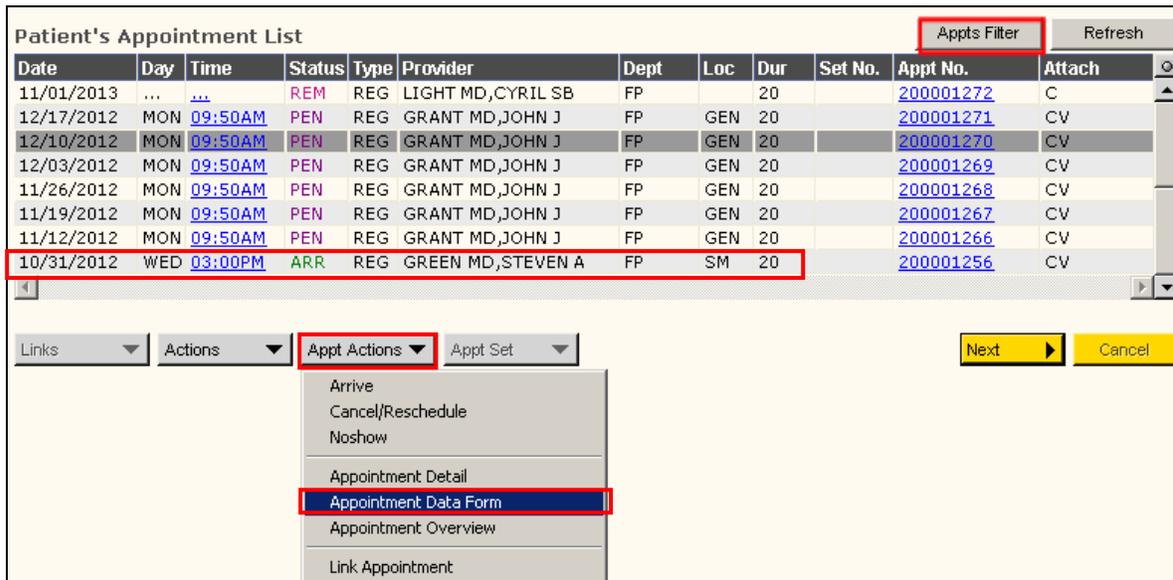
You may need to cancel an arrived appointment if a patient was checked-in and could not wait to be seen by a provider.

- Arrived appointments **must be converted to PENDING** before they can be cancelled.



How to Cancel an Arrived Appointment:

1. Use **Appts Filter** to find the patient's **arrived appointment**.
2. Select the arrived appointment for today or click on the [time hyperlink](#)

A screenshot of a 'Patient's Appointment List' interface. The table below shows appointment details. The 'Appts Filter' button and the 'Appt Actions' dropdown menu are highlighted with red boxes. The 'Appointment Data Form' option in the dropdown is also highlighted with a red box. The 'Next' and 'Cancel' buttons are visible on the right side of the interface.

Date	Day	Time	Status	Type	Provider	Dept	Loc	Dur	Set No.	Appt No.	Attach
11/01/2013	REM	REG	LIGHT MD,CYRIL SB	FP		20		200001272	C
12/17/2012	MON	09:50AM	PEN	REG	GRANT MD,JOHN J	FP	GEN	20		200001271	CV
12/10/2012	MON	09:50AM	PEN	REG	GRANT MD,JOHN J	FP	GEN	20		200001270	CV
12/03/2012	MON	09:50AM	PEN	REG	GRANT MD,JOHN J	FP	GEN	20		200001269	CV
11/26/2012	MON	09:50AM	PEN	REG	GRANT MD,JOHN J	FP	GEN	20		200001268	CV
11/19/2012	MON	09:50AM	PEN	REG	GRANT MD,JOHN J	FP	GEN	20		200001267	CV
11/12/2012	MON	09:50AM	PEN	REG	GRANT MD,JOHN J	FP	GEN	20		200001266	CV
10/31/2012	WED	03:00PM	ARR	REG	GREEN MD,STEVEN A	FP	SM	20		200001256	CV

3. Click on **Appt Actions**
4. Select **Appointment Data Form (ADF)**

Cancelling Arrived Appointments

5. Change the appointment status from **ARR to PEN** like the screen below

Appointment Data Form - General

Patient: MEDICARE,ABN FSC: MED H: 619-446-1616
 EMRN: 12-45-78-96 AGE: 47 COL: W: 858-499-4000

Date: 01/17/2017 Day: TUE Time: 3:30P **Stat**: PEN Type: CON Dur: 30 Appt#:
 Provider: WRIGHT MD, CHERYL D Dept: RHE Loc: RB

Comment1: BACK PAIN Auth:
 Comment2: OVN Arr Time:
 OM #: Case #: Package ID:

Patient Condition Related to: NONE

Ordering Prov.: Actual Prov.: WRIGHT MD, CHERYL D
 Referring Prov.: LIGHT MD, CYRIL SB PCP: TEST MD, MYSHARP

Chart Tracking Loc: RB RHEUMATOLOGY Copay: 00.00 Override Copay:

Bill Prov: WRIGHT MD, CHERYL D Bill Loc: DOCTORS OFFICE
 Bill Area: RANCHO BERNARDO Alternate Insurance:

Next **Save** Cancel

6. Click **Save**

- The patient's pending appointment can now be cancelled.

Patient's Appointment List Appts Filter Refresh

Date	Day	Time	Status	Type	Provider	Dept	Loc	Dur	Set No.	Appt No.	Attach
06/02/2015	TUE	03:20PM	PEN	OFV	MELANCON MD, JEFFREY N	DER	DTM	20		205676858	CV\$
04/13/2015	MON	03:00PM	ARR	PR1	O'HARA MD, GARY C	OB	SDM	30		205987994	IV\$
03/03/2015	TUE	08:15AM	ARR	REG	KOONER DO, BANITA B.	IM	DTM	20		205715551	IV\$
01/29/2015	THU	07:40AM	CAN	OFV	MELANCON MD, JEFFREY N	DER	DTM	20		205208172	V\$
10/16/2014	THU	08:00AM	NOS	OFV	MELANCON MD, JEFFREY N	DER	SM	20		204633334	IV\$
08/25/2014	MON	02:15PM	ARR	OFV	MELANCON MD, JEFFREY N	DER	SM	15		204600423	IV\$
07/18/2014	FRI	10:45AM	CAN	CON	MELANCON MD, JEFFREY N	DER	DTM	30		203429015	V\$
06/11/2014	WED	11:30AM	ARR	EGV	O'HARA MD, GARY C	OB	SDM	20		203843564	IV\$

Links Actions **Appt Actions** Appt Set Next Cancel

- Arrive
- Cancel/Reschedule**
- Noshow

Cancel/Reschedule

Date	Time	Prov	Dept	Type	Appt No.
06/02/2015	03:20PM	MELANCON MD, JEFFREY N	DER	OFV	205676858

Cancellation Reason:

Cancellation Comment:

Reschedule

Name	Synonym
PATIENT CANCELLATION (PT)	
SCHEDULER ERROR (SE)	1
PHYSICIAN CANCELLATION (PH)	
PATIENT CANCELLED - HOS	3

Deleting a Payment

Some patients leave before being seen by the provider. To delete a payment, follow these steps:

1. Ask the patient for their **receipt**
2. **Return payment** to the patient in the same form it was originally collected (cash, check or credit card)
3. Write or stamp **VOID** across both receipts
4. Have patient **sign receipt** acknowledging that they received their payment back
5. **Delete payment** from your cash drawer (batch)
6. **Document all reversals on your Batch Reconciliation Form** and circle all reversals on the **Batch Proof**

How to Delete a Payment:

The screenshot shows a software interface for a scheduler. At the top, there are tabs for 'New Appointment', 'Appointment List', 'Provider Schedules', 'Bump List', 'Wait List', 'Front Desk', 'Financial Comments', and 'Sched User Reports'. The 'Front Desk' tab is active, and its dropdown menu is open, showing options: 'Check In', 'Check Out', 'Cash Drawer', 'Demand Receipt', 'View Fee Schedule', 'Master Fee Schedule Inquiry', and 'BAR Recover Batch'. The 'Cash Drawer' option is highlighted with a red box. Below the menu, the patient information for 'RGTEST, ZACH' is displayed, including SHC, DOB, A-S, IFD, HMO, and H Phone. The 'New Appointment' form is visible, with fields for Patient, Appt Reason, Provider, Department, Team, Appt Type, Duration, From Date, and Location. The 'Search' field is set to 'Schedule'.

1. Click **Front Desk**
2. Select **Cash Drawer**

Deleting a Payment

Cash Drawer Grp:3 Per:1204 - Batch Information

Initials: Batch: Created: 12/05/2012

Description:

Bank Deposit Date:

	Control	
Number of Invoices	<input type="text"/>	<input type="text"/>
COSMETIC CASH/CHECK	<input type="text" value="0.00"/>	<input type="text"/>
COSMETIC CREDIT	<input type="text"/>	<input type="text"/>
PROMPT PAY	<input type="text"/>	<input type="text"/>
PROMPT PAY CREDIT	<input type="text"/>	<input type="text"/>

Controls OK?

Show Payment Detail For:

Action: Form:

Next

3. Tab until you get to Cosmetic Cash/Check
4. **Type zeros** in each of the **8 control fields** until you get to **Controls OK?**
5. **Type Y at Controls OK?**
 - You will need to Control your cash drawer only **ONCE** the first time you enter it.
 - Going forward, it will save your Control (Y)
6. At the **Action Prompt: Type D**
 - *Or click on the magnifying glass and choose "Delete Transactions"*
7. Press **Tab**
8. Click **OK**

Deleting a Payment

Delete Transactions

Patient: MRN: 04-04-27-80 FSC: NEW

Invoice:

Provider:

Billing Area:

Location:

Invoice Bal:

Delete All

Del Ln	Code	Service Dt	Description	Mod	Amount	Cont/Adj	FSC
<input type="button" value="v"/>							
<input type="button" value="v"/>							
<input type="button" value="v"/>							
<input type="button" value="v"/>							
<input type="button" value="v"/>							
<input type="button" value="v"/>							
<input type="button" value="v"/>							

Cursor: - ()

9. Type a ? and Press **Tab** (or click the Magnifying Glass at Invoice)

Invoice Inquiry Grp 3

<input type="checkbox"/>	Invoice	Serv Dt	Name	Phys	Loc	Hos	BA	Charges	FSC	Balance
<input checked="" type="checkbox"/>	33) 42316218	08/26/10	ZACH... J GRA...	DO			GEN	0.00	NEW	15.00CR
	Scheduling Appt #: 30105945									
<input type="checkbox"/>	32) 42316127	08/19/10	ZACH... J GRA...	DO			GEN	0.00	NEW	15.00CR
	Scheduling Appt #: 30104983									
<input type="checkbox"/>	30) 42315669	08/10/10	ZACH... K HUT...	DO			CV	0.00	NEW	15.00CR
	Scheduling Appt #: 30104903									
<input type="checkbox"/>	29) 42315668	08/09/10	ZACH... J PEL...	DO			OR	0.00	NEW	15.00CR
	Scheduling Appt #: 30104895									
<input type="checkbox"/>	28) 42315667	08/09/10	ZACH... C LIN...	DO			OR	0.00	NEW	15.00CR
	Scheduling Appt #: 30104894									
<input type="checkbox"/>	27) 42315666	08/09/10	ZACH... S GRE...	DO			MM	0.00	NEW	15.00CR
	Scheduling Appt #: 30104893									
<input type="checkbox"/>	26) 42315661	08/09/10	ZACH... M CH...	DO			CV	0.00	NEW	15.00CR
	Scheduling Appt #: 30104879									
<input type="checkbox"/>	25) 42315647	08/09/10	ZACH... C LIN...	DO			OR	0.00	NEW	0.00

Zero/Non-Zero Bal Expand/Contract Oldest/Newest EDI...

View Detail Multigrp Display ? Filter

Actions

10. Check mark the box of the invoice to delete

11. Click **OK**

Deleting a Payment

Delete Transactions

Patient: RGTEST,ZACH MRN: 04-04-27-80 FSC: NEW
Invoice: 42316218
Provider: GRAJO
Billing Area: GEN
Location: DO
Invoice Bal: -15.00

Delete All

Del Ln	Code	Service Dt	Description	Mod	Amount	Cont/Adj	FSC
N 1	523	08/26/2010	CASH/CHECK PAYMENT		15.00		NEW

Cursor: 1 - 8 (1)

OK Cancel

12. Check mark the **Delete All** box

- If more than one invoice appears for the same Service Date, make sure you select the correct invoice to delete.
- To delete the correct invoice, select "Y" from the drop down list under the **Del Ln** (Delete Line) column for the invoice you wish to delete.

13. Click **OK**

```
...Deleted  
Press any key to continue: |
```

14. Press **Enter** to continue

Note: This is your confirmation that the payment was successfully deleted.

To check if the payment was deleted, refer to your cash drawer totals.

Closing the Batch

Your batch must be closed at the end of every shift. Before you close your batch, you must verify and balance your totals and document accordingly.



SharpNET

Welcome MICHAEL to The Sharp Experience online! (Not MICHAEL?)

Tools & Resources | Employees | Benefits & Pay | Departments

I WOULD LIKE TO... A A A+ Print Bookmark Contact Us

SharpNET > Patient Financial Services > Daily Balance

PAS/PFS-ICD

- CCD Operations
- CFO Financials
- Change My Default
- Contacts List
- Daily Balance**
- Financial Assistance
- Financials/Monthly Reports
- Generic Mail
- Insurance
- National Provider Identifiers
- Online Training

Daily Balance

Processor Information	
Name:	MICHAEL DEVERA
Sharp entity:	Sharp Rees-Stealy

Balance Information	
Date:	12/03/2013
Site:	All Sites
	View Date
Daily Balance:	\$0.00

Closing the Batch



BATCH RECONCILIATION FORM

NAME: _____ (Print) USER NAME: _____ DATE: _____

Confirm Batch Site Location: _____ Confirm Credit Card Site Location: _____

STARTING CHANGE BANK: \$ _____ BATCH # _____

PAYMENT REVERSAL: *Circle on Batch Report & Attach signed receipt*

CASH RECONCILIATION:

MRN: _____
 AMOUNT: \$ _____ Type: C, CK, CC
 WHY REVERSED: _____

\$ 1.00 x _____ = _____

MRN: _____
 AMOUNT: \$ _____ Type: C, CK, CC
 WHY REVERSED: _____

\$ 2.00 x _____ = _____

MRN: _____
 AMOUNT: \$ _____ Type: C, CK, CC
 WHY REVERSED: _____

\$ 5.00 x _____ = _____

MRN: _____
 AMOUNT: \$ _____ Type: C, CK, CC
 WHY REVERSED: _____

\$ 10.00 x _____ = _____

\$ 20.00 x _____ = _____

\$ 50.00 x _____ = _____

\$ 100.00 x _____ = _____

.01 x _____ = _____

.05 x _____ = _____

.10 x _____ = _____

.25 x _____ = _____

.50 x _____ = _____

DOWNTIME MANUAL RECEIPTS USED:

BEGINNING RECEIPT #: _____

ENDING RECEIPT #: _____

AMOUNTS COLLECTED: <i>(Not Posted)</i>	Cash	Check	CC
---	------	-------	----

MANUAL RECEIPTS TOTAL: \$ _____

COMMENTS:

 Employee Signature (owner of cash bag)

 Cash - Verifier Signature

 Deposit Preparer - Verifier Signature (Support Services)

CASH COLLECTED: _____

CHECKS COLLECTED: _____

CHARGE CARDS: _____

COLLECTED AMOUNT TOTAL: _____

GE/IDX ACTUAL TOTAL: _____

OVER
(More \$ than GE/IDX total) _____

SHORT
(Less \$ than GE/IDX total) _____

Closing the Batch

How to Balance the Cash Drawer:

The screenshot shows the Scheduler software interface. The 'Front Desk' menu is open, and 'Cash Drawer' is selected. The patient information for 'RGTEST, KIRKLAND' is visible, including SHC, DOB, A-S, IFD, HMD, and H Phone. The 'New Appointment' form is also visible, with fields for Patient, Appt Reason, Provider, Department, Team, Appt Type, Duration, From Date, Location, and Search. The 'Pre-Sched Msg' section is also visible.

1. Click **Front Desk** (HTB)
2. Select **Cash Drawer**

The screenshot shows the 'Cash Drawer Grp:3 Per:1204 - Batch Information' dialog box. The 'Initials' field is 'DEVMI1', the 'Batch' field is '2544371', and the 'Created' date is '12/05/2012'. The 'Description' field is 'DEVMI1/DTUC/6194094111' and the 'Bank Deposit Date' is '12/05/2012'. The 'Control' section has a 'Number of Invoices' field and a 'Control' field. The 'COSMETIC CASH/CHECK' field is highlighted with a red box and contains the value '0.00'. The 'COSMETIC CREDIT', 'PROMPT PAY', and 'PROMPT PAY CREDIT' fields are also visible. A note box says 'Note: Press Tab to scroll down the fields'. The 'Controls OK?' field is a dropdown menu, and the 'Action:' field is a button. The 'Form:' field is also visible. The 'Next', 'Actions...', 'OK', and 'Cancel' buttons are at the bottom.

3. Press **Tab** to the Cosmetic Cash/Check field

Closing the Batch

Cash Drawer Grp:3 Per:1005 Batch:2024842 [L] - Batch Information

Initials: NICEB Batch: 2024842 Created: 08/09/2010
Description: DT/IM/NICEB/619-446-1785
Bank Deposit Date: 08/09/2010

	Control	Actual	Difference
Number of Invoices	<input type="text"/>	4	<input type="text"/>
Share of Cost Amount	<input type="text" value="0.00"/>	0.00	<input type="text" value="0.00"/>
Total Cash Amount	<input type="text" value="45.00"/>	45.00	<input type="text" value="0.00"/>
Total Check Amount	<input type="text" value="150.00"/>	150.00	<input type="text" value="0.00"/>
Total Credit Amount	<input type="text" value="0.00"/>	0.00	<input type="text" value="0.00"/>

Controls OK? Y Show Payment Detail For:

Action: Form:

PRINT BATCH PROOF

Next Actions... **OK** Cancel

4. Fill in the amounts you collected under each of the fields as you tab down the list:

- Total Cash Amount
- Total Check Amount
- Total Credit Amount

How to Print your Batch Proof:

1. Type **"L"** at Action and Press **Tab** to print the Batch Proof
2. Click **OK**

Note: Circle any reversals (deleted payments) on your printed Batch Proof.

Deleted payments will be shown as: -40.00 (Del)

Closing the Batch

How to Exit your Batch:

The screenshot shows a software interface for patient services. At the top, there are tabs for Patient Services, Edit HCL, Front Desk, Financial Comments, General Comments, and Insurance. The patient name is RGTEST, ZACH. Below the patient information, there is a section for Cash Drawer information, including Initials (NICEB), Batch (2024842), and Created date (08/09/2010). A table shows financial data with columns for Control, Actual, and Difference. The 'EXIT BATCH' button is highlighted with a red box.

	Control	Actual	Difference
Number of Invoices		4	
Share of Cost Amount	0.00	0.00	0.00
Total Cash Amount	45.00	45.00	0.00
Total Check Amount	150.00	150.00	0.00
Total Credit Amount	0.00	0.00	0.00

Controls OK? Show Payment Detail For:
Action: Form:
EXIT BATCH

Next Actions... OK Cancel

1. Click **Front Desk**
2. Select **Cash Drawer**
3. Type **"X"** at Action
4. Press **Tab**
5. Click **OK** to exit batch

Note: If your batch is unbalanced, try to find your error. If unable to balance, immediately notify support services, site BSR or supervisor before you exit your batch.

Prompt Pay Discount Overview

- A patient who pays in full at time of service qualifies for Prompt Pay (this does not apply to co-pays, co-insurance, and/or deductible amounts).
- When you check the patient in, please go over that if they leave without paying in full they will **not** receive the discounted rate and will be billed in full.
- Remind patient that any ancillary services (Lab/Rad) will be billed at the discounted rate and they will need to submit their payment upon receipt of statement.
- The following are already set up at the discounted rate and do **not** qualify for the Prompt Pay Discount:
 - Self-pay OB
 - Urgent Care

INSTRUCTIONS

1. Review your provider schedules prior to the start of your day.
2. Identify patients that are “Prompt Pay” eligible.
***If unsure, confirm with Business Services to clarify if patient is eligible.**
3. Offer the Prompt Pay Discount to the patient **before** arriving the appointment.
4. If the patient agrees, give them the Prompt Pay Discount Form.
5. Explain to the patient it’s their responsibility to hand the form to the provider, and take the completed form to Business Services after their appt to check out.
6. The patient will pay the difference, excluding any ancillary services which will be billed after those services have been performed.

Before you check-in the appointment:

1. Open the patients ADF (appointment data form)
2. In the Override FSC: field, type in PROP
3. Continue with check-in process
4. Collect the self-pay deposit. **Explain this amount is only a deposit!!**

Deposit Amounts:

New Patient: \$200

New Patient, Out of State: \$250

New Patient, Out of Country: \$350; **balance paid at end of visit**

Established Patient: \$130

Prompt Pay Discount Overview

SHARP Rees-Stealy Medical Centers Prompt Pay Discount

Patient Label	
Patient Name:	DOB: __/__/__
EMRN#:	DOS:
Provider Name	

Patient: Please provide form to your nurse/physician. **After your physician has completed the form, please visit the Patient Service or Business Service representative's desk for payment.** If payment for today's estimated service is not collected today, services may be billed at the non-discounted rate.

Physician to Complete column:
Please **document the services performed & ordered today** on this form. **Patient will visit Business Services for payment collection today.**

<i>PHYSICIAN COMPLETE</i>	<i>BUSINESS/PSR REP to COMPLETE</i>
CPT code (s)	Fee Schedule 59 Look Up
_____	_____
_____	_____
_____	_____
Injection CPT code(s) and #units	Per Unit Price/Total Price per injection
J _____ #units _____	_____
Total: \$ _____	

I understand that the amount collected today is an **estimate of today's visit**. The cost associated with this visit may include additional charges (for example, unanticipated service codes, laboratory and/or other ancillary services). I agree to pay for the additional services upon receipt of statement. I understand that I am opting out of using my insurance benefits so that I can be considered self-pay for this service.

Signature of patient

SRS Employee/Witness

Date

*Original to HIM for scanning into Touchworks
Copy to patient*

Prompt Pay Discount Overview

Prompt Pay Discount - Check In:

Last Refreshed: 10:56AM

Patient's Appointment List Appts Filter Refresh

Date	Day	Time	Status	Type	Provider	Dept	Loc	Dur	Set No.	Appt No.	Attach
11/09/2010	TUE	08:20AM	PEN	REG	BEESON MD,STEPHEN C	FP	RB	20		30110622	CV
11/09/2010	TUE	11:10AM	PEN	REG	MORGAN MD,JAMES F	IM	DT	20		30110634	CV
11/08/2010	MON	10:30AM	ARR	REG	MORGAN MD,JAMES F	IM	DT	20		30110616	CIV
11/08/2010	MON	11:30AM	ARR	REG	MORGAN MD,JAMES F	IM	DT	20		30110617	CIV
11/08/2010	MON	11:40AM	ARR	REG	BEESON MD,STEPHEN C	FP	RB	20		30110618	CIV
11/08/2010	MON	02:10PM	ARR	REG	MORGAN MD,JAMES F	IM	DT	20		30110619	CIV
11/08/2010	MON	04:10PM	PEN	REG	MORGAN MD,JAMES F	IM	DT	20		30110620	CV

Links Actions Appt Actions Appt Set Next Cancel

- Use the Appts Filter button to find the correct appointment
- Highlight the patient's appointment from the appointment list and click on the appointment time hyperlink

Patient: SRSDT,ALEXCABOT FSC: S H: 123-461-2344
EMRN: 04-68-18-09 AGE: 41 COL: W:

Date: 12/29/2016 Day: THU Time: 8:20A Stat: PEN Type: REG Dur: 20
Provider: LIGHT MD,CYRIL SB Dept: FP Loc: SM

Comment1: COUGH **Auth:** SELFPAY VERIFIED
Comment2:
OM #: Case #:
Patient Condition Related to: NONE
Ordering Prov.: Actual Prov.: LIGHT MD,CYRIL SB
Referring Prov.: PCP: SHARP,REES-STEALY
Chart Tracking Loc: SM FAMILY PRACTICE Copay: Override Copay:
Bill Prov.: LIGHT MD,CYRIL SB Bill Loc: DOCTORS OFFICE
Bill Area: SORRENTO MESA **Alternate Insurance:** PROM

Next Save Cancel

- Edit the Alternate Insurance by typing PROM or click the magnifying glass
- Click Save

Prompt Pay Discount Overview

Patient's Appointment List												Appts Filter	Refresh
Date	Day	Time	Status	Type	Provider	Dept	Loc	Dur	Set No.	Appt No.	Attach		
11/09/2010	TUE	08:20AM	PEN	REG	BEESON MD,STEPHEN C	FP	RB	20		30110622	CV		
11/09/2010	TUE	11:10AM	PEN	REG	MORGAN MD,JAMES F	IM	DT	20		30110634	CV		
11/08/2010	MON	10:30AM	ARR	REG	MORGAN MD,JAMES F	IM	DT	20		30110616	CIV		
11/08/2010	MON	11:30AM	ARR	REG	MORGAN MD,JAMES F	IM	DT	20		30110617	CIV		
11/08/2010	MON	11:40AM	ARR	REG	BEESON MD,STEPHEN C	FP	RB	20		30110618	CIV		
11/08/2010	MON	02:10PM	ARR	REG	MORGAN MD,JAMES F	IM	DT	20		30110619	CIV		
11/08/2010	MON	04:10PM	PEN	REG	MORGAN MD,JAMES F	IM	DT	20		30110620	CV		

Links Actions **Appt Actions** Appt Set Next Cancel

- Click Appt Actions
- Select Appointment Overview

Appointment Overview

Demographics
 2001 4TH AVE
 SAN DIEGO,CA 92101-2303
 Home: 619-446-1785
 Work: 619-446-1625
 Email:
 Upd: 11/08/2010 By: AWUSER6

Appointment
 Appt No.: 30110622
 Provider: BEESON MD,STEPHEN C
 Department: FAMILY MEDICINE
 Location: RANCHO BERNARDO
 Type: REGULAR APPOINTMENT
 Appt Status: PENDING
 Date/Time: 11/09/2010 08:20AM
 Arr: To MD: Out:
 Referral No.:
 Visit No.:

Active Only

Appt Ins	Description	Ins Company	Code	Certificate No.	Eff Date	Term Date	Referral Number

Statement Balances All Groups
 Prior Physician Bal: \$-350.00
 Amount Due: \$-350.00

Attachments

Type	Description
Scheduling Comments	COUGH
Visit Number	30110622
Outstanding Balance	-350.00

Arrive **Check In** Check Out Time Stamp Actions OK

- Click Demographics
- Verify all registration screen pages & ensure information is accurate
- Verify any outstanding balances
- Click Check In

Prompt Pay Discount Overview

- Click OK at the Cash Drawer

Check In Grp:3 Per:1008 Batch:2025400 [0-BCI]

Patient: RGTEST,KIRKLAND	Invoice: G
EMRN: 04-09-17-22	Provider: <input type="text"/>
FSC List:	Billing Area: <input type="text"/>
Case:	Location: <input type="text"/>
Visit #: ?	Service Date: <input type="text"/>
MCA Contract #: <input type="text"/>	Financial Class: <input type="text"/>
MCA Referral #: <input type="text"/>	Provider 2: <input type="text"/>
Missing Ref Type: <input type="text"/>	HCL: NEW

====> Last patient payment 150.00 on 11/08/2010 in DOWNTOWN <====

1-Cash,2-Check,3-Cr.card,4-SOC: <input type="text"/>	Prior Balance: -350.00
Payment: <input type="text"/>	Copay Amount: <input type="text"/>
Post to Invoice: <input type="text"/>	Total Pat Amt: -350.00
Comment: <input type="text"/>	
Print Receipt: <input type="checkbox"/>	

- At the Visit # field, Type a ? and Press Tab or Click on the Magnifying Glass

Prompt Pay Discount Overview

Appointment List for RGTEST,KIRKLAND

Appointment List for RGTEST,KIRKLAND

Filter: Off

Appt	Date	Time	Dept	Phy	Type	Loc	Invoice	Creation Dt
30110622	11/09/10	08:20AM	FP	BEE...	REG	RAN...		
30110634	11/09/10	11:10AM	IM	MOR...	REG	DO...		

- Click on the Date of the appropriate visit (do not click the hyperlink)
- Click OK

Check In Grp:3 Per:1008 Batch:2025400 [0-BCI]

Patient: RGTEST,KIRKLAND
EMRN: 04-09-17-22

Invoice: G
Provider: BEESON MD,STEPHEN
Billing Area: RANCHO BERNARDO
Location: DOCTORS OFFICE
Service Date: 11/09/2010
Financial Class: PROP
Provider 2:
HCL: NEW

FSC List:
Case:
Visit #: 30110622

MCA Contract #:
MCA Referral #:
Missing Ref Type:

====> Last patient payment 150.00 on 11/08/2010 in DOWNTOWN <====

1-Cash,2-Check,3-Cr.card,4-SOC:

Payment: 1-CASH
2-CHECK
3-CREDIT CARD
4-SHARE OF COST
5-PROMPT PAY CASH/CHECK
6-PROMPT PAY CREDIT CARD
7-PT STATEMENT PAYMENT
AMERICAN EXPRESS (HOSP)
CASH (HOSP)
CHECK (HOSP)
PYMT-DEBIT CARD/ATM
PYMT-DISCOVERCARD (HOSP)
PYMT-MASTERCARD (HOSP)
PYMT-VISA (HOSP)
UWL-PATIENT PAYMENT

- Click the magnifying glass and select the appropriate prompt pay payment option:

5-Prompt Pay Cash/Check
6-Prompt Pay Credit Card

Prompt Pay Discount Overview

Check In Grp:3 Per:1306 Batch:2725877 [0-BCI]

Patient: [SRSDT,LENNY]	Invoice: G
EMRN: 04-60-06-11	Provider: [GRANT MD,JOHN J]
FSC List: HHN	Billing Area: [GENESEEE]
Case:	Location: [DOCTORS OFFICE]
Visit #: [202196525]	Service Date: [12/17/2013]
MCA Contract #: []	Financial Class: [PROP]
MCA Referral #: []	Provider 2: []
Missing Ref Type: []	HCL: NEW

1-Cash,2-Check,3-Cr.card,4-SOC: [AY CASH/CHECK]

Payment: [200.00]	Prior Balance: 100.00
Post to Invoice: [200.00]	Patient Resp.: [NONE]
Comment: [PROMPT PAY/APPT]	Total Pat Amt: 100.00
Print Receipt: <input checked="" type="checkbox"/>	

Actions... **OK** Cancel

- Tab to Payment and collect the correct deposit amount (advise the patient if the balance afterwards is less than the deposit, the amount can be refunded)
- Tab to Comment and type the receipt comments
 - Comment: Prompt Pay Deposit Only /Appt/Cash
 - Comment: Prompt Pay Deposit Only /Appt/Ck#
 - Comment: Prompt Pay Deposit Only /Appt/CC Conf #
- Tab to Print Receipt
- Click **OK**

Prompt Pay Discount Overview

- Confirm the Printer Device number
- Click OK

Check In

Device: 5859

Terminal Type:

Right Margin: 80

Advanced Options?:

OK Cancel

- Click **OK** at the ***Out of Balance...

Centricity® Business

***Out of balance...
Batch 3293674 has been put on hold.

OK

- Click **OK** at the Appointment Overview screen

Appointment Overview

Demographics
16950 VIA TAZON
SAN DIEGO, CA 92127

Home: 858-567-7896
Work: 629-446-7575
Email: DAREDEVIL@WAHOO.COM
Upd: 11/12/2013 By: AWPSR2

Appointment
Appt No.: 202196399
Provider: GRANT MD, JOHN J
Department: FAMILY MEDICINE
Location: GENESEE
Type: REGULAR APPOINTMENT
Appt Status: PENDING
Date/Time: 12/17/2013 07:30AM
Arr: To MD: Out:
Referral No.:
Visit No.:

Registration Insurance Active Only

Appt Ins	Description	Ins Company	Code	Certificate No.	Eff Date	Term Date	Referral Number
HEALTH NET		SRS MANAGED CARE	202	R252547885	01/01/2013		

Statement Balances All Groups

Prior Physician Bal: \$-100.00

Copay for the Appt: \$15.00

Amount Due: \$-85.00

Attachments

Type	Description
Scheduling Comments	cough
Visit Number	202196399
Copay	15.00
Outstanding Balance	-100.00

Arrive Check In Check Out Time Stamp Actions OK

SHARP Rees-Stealy Medical Centers Prompt Pay Discount

Patient Label	
Patient Name:	DOB: __/__/__
EMRN#:	DOS:
Provider Name	

Patient: Please provide form to your nurse/physician. **After your physician has completed the form, please visit the Patient Service or Business Service representative's desk for payment.** If payment for today's estimated service is not collected today, services may be billed at the non-discounted rate.

Physician to Complete column:
Please **document the services performed & ordered today on this form.** Patient will visit Business Services for payment collection today.

PHYSICIAN COMPLETE	BUSINESS/PSR REP to COMPLETE
CPT code (s)	Fee Schedule 59 Look Up
_____	_____
_____	_____
_____	_____
Injection CPT code(s) and #units	Per Unit Price/Total Price per injection
J _____ #units _____	_____
Total: \$ _____	

I understand that the amount collected today is an **estimate of today's visit**. The cost associated with this visit may include additional charges (for example, unanticipated service codes, laboratory and/or other ancillary services). I agree to pay for the additional services upon receipt of statement. I understand that I am opting out of using my insurance benefits so that I can be considered self-pay for this service.

Signature of patient

SRS Employee/Witness

Date

*Original to HIM for scanning into Touchworks
Copy to patient*

Rev Mgmt. Revised 1/15/2013

Prompt Pay Discount Overview

Prompt Pay Discount - Check out:

- 1) Collect the "Prompt Pay Discount Form" (PPDF)
- 2) Pull up patient using PatientSecure
- 3) From Scheduler click on **Front Desk**
- 4) Select **View Fee Schedule**
- 5) At **Fee Schedule:** enter numeric code "59" for Clinic and press Tab
- 6) At **Financial Class:** enter "PROP" and press Tab
- 7) At **Procedure Code:** enter the procedure code provided by the physician found on the PPDF and press Tab
- 8) At **As of Date:** enter "T" for today's date and press Tab
- 9) The Prompt Pay Discount **Amount:** is located on the far right

Inquire - Pricing Module

Fee Schedule: 59 PROMPT PAY FEE SCHEDULE	Financial Class: PROMPT PAY DISCOUNT
Procedure Code: 99201 O.V.,NEW PATIENT,PROBLEM FOCUS	
As of Date: Sep 01 2010	Master: 01/01/2010 Fee: 01/15/2010

Prior Fee Sched Dates on File	Amount: 84.00	Fee: 72.00
1. 01/15/2010 72.00 WITLE	Base Fee Amount:	
	Base Units:	
	Provider Component:	
	B.S. Profile:	
	Medicare Profile: 36.98	
	Medicaid Allowable:	
	Other Profile 1:	
	Other Profile 2:	
	Other Profile 3:	
	Dur of Time Unit:	
	Relative Value: 0.45	
	Expiration Date:	

Prior Master Dates on File		
1. 01/01/2010 84.00 WITLE		
2. 05/01/2009 80.00 WITLE		
3. 06/01/2008 74.00 SRSMCA		
4. 01/01/2008 73.00 PROVI		
5. 04/23/2007 73.00 PROVI		

Next Actions... OK Cancel

- 10) Write this dollar amount on the PPDF, next to the procedure code, and repeat steps 7-9 for additional procedure codes listed on PPDF

Prompt Pay Discount Overview

11) Add all procedure code amounts, write the total on the PPDF, and then subtract the deposit amount on the receipt.

$$\begin{array}{r} \text{Total (\$\$) Procedure codes} \\ \hline \text{Deposit} \\ \hline \text{Balance Due} \end{array}$$

12) Collect the remaining balance that is due

13) Make a copy of the PPDF for the patient, and the provider, and send the original form to Health Information Management (H.I.M.)

14) Enter Visit Notes:

Example: DATE OF SERVICE/PROVIDER NAME/PROC CODES/
COL \$\$/ PPDF SENT TO HIM TO SCAN/CPY TO PT AND
PROVIDER...

Prompt Pay Discount Overview

The screenshot shows the Scheduler software interface. At the top, there are tabs for 'New Appointment', 'Appointment List', 'Provider Schedules', 'Bump List', 'Wait List', 'Front Desk', 'Financial Comments', and 'Sched User Reports'. The 'Front Desk' tab is active, and a dropdown menu is open, showing options: 'Check In', 'Check Out', 'Cash Drawer', 'Demand Receipt', 'View Fee Schedule', 'Master Fee Schedule Inquiry', and 'BAR Recover Batch'. The 'Check Out' option is highlighted. Below the menu, the patient information for 'RGTEST, ZACH' is displayed, including SHC#, DOB, A-S, IFD, HMO, H Phone, and Facility. The 'New Appointment' section is visible, with fields for Patient, Appt Reason, Provider, Department, Team, Appt Type, Duration, From Date (11/06/2010), and Location. A search bar is at the bottom right.

- From Scheduler pull up patient using PatientSecure
- Click on Front Desk (HTB)
- Click on Check Out
- Click OK

The screenshot shows the Scheduler software interface for a patient record for 'SARA SRS'. The patient information includes SHC#: 906-376-720, DOB: 11/09/1975, A-S: 36 years-F, IFD, HMO, H Phone: 619-446-1758, Facility: SRS, BAF: CURRENT, and BGAF: CURRENT. Below the patient information, there is a section for 'Cash Drawer Grp:3 Per:1204'. This section contains a form with the following fields: 'Initials' (DEVM1), 'ch' (2544363), 'Site' (DT), and 'Description' (DEVM1/DT/UC/619-446-1758). At the bottom right of the form, there are 'OK' and 'Cancel' buttons.

Prompt Pay Discount Overview

The screenshot shows a software interface with a dialog box in the foreground. The dialog box is titled "Centricity® Business" and contains the following text: "This appointment has invoice #53790260 attached to it. Would you like to use its invoice header information?". There are two buttons: "Yes" and "No". The "No" button is highlighted with a red rectangular box. In the background, there are various form fields including "FSC List", "HCL", "Diagnosis 1, 2, 3", "Procedure", "Descr", "Total Amt", "Payment", "Post to Inv", "Comment", "Print Bill", "Print Receipt", "Today's Amount", and "Actions... OK Cancel".

28. TAB to the invoice field

29. If “The appointment has invoice # _____ attached to it...” appears, click **No**

Appointment List for RGTEST,ZACH

Appointment List for RGTEST,ZACH

Filter: Off

Appt	Date	Time	Dept	Phy	Type	Loc	Invoice	Creation Dt
30122484	01/24/11	10:10AM	FP	GRE...	REG	MIR...		
30122698	01/24/11	05:00PM	FP	GRE...	REG	MIR...		
30123539	01/24/11	09:40AM	FP	LIG...	REG	MIR...		
30121654	01/21/11	09:30AM	PT	NAV...	TXT	OTA...		
30123603	01/21/11	08:30AM	DER	SOR...	CON	RAN...		
30121653	01/20/11	11:30AM	PT	NAV...	TXT	OTA...		
30123292	01/20/11	09:00AM	FP	GRA...	REG	GEN...		
30123523	01/20/11	04:50PM	FP	LIG...	REG	MIR...		
30123173	01/19/11	07:00AM	FP	GRE...	OVN	MIR...		
30121861	01/18/11	09:30AM	IM	MOR...	REG	DO...		
30122403	01/18/11	07:00AM	FP	ABR...	REG	MIR...		
30122407	01/18/11	07:00AM	FP	GRE...	REG	MIR...		
30121478	01/14/11	03:50PM	IM	MOR...	REG	DO...	42328344	01/14/2011
30121486	01/14/11	08:30AM	IM	MOR...	REG	DO...	42328345	01/14/2011
30121489	01/14/11	08:10AM	IM	MOR...	REG	DO...	42328271	01/14/2011

30. If the appointment list screen appears, click **Cancel**

31. Remove the G

Prompt Pay Discount Overview

32. Type a ? and Press Tab or click on the Magnifying Glass

Check Out Grp:3 Per:1009 Batch:2026282 [0-BCO] - General

Patient: Invoice:

EMRN: 04-04-27-80 Billing Area:

Case: Provider:

Reg FSC List: SHM BCC MED SH: Provider 2:

HCL: EHR Location:

Diagnosis 1: O:

2: O:

3: O:

Service Date:

Financial Class:

Referring Phys:

33. Check mark the box next to the correct invoice

34. Click OK

SRS DT, SARA SHC#: 906-376-720 IFD: Facility: SRS
 Select Patient ▼ DOB: 11/09/1975 HMO: BAF: CURRENT
 A-S: 36 years-F H Phone: 619-446-1758 BGAF: CURRENT

Invoice Inquiry Grp 3

<input type="checkbox"/>	Invoice	Serv Dt	Name	Phys	Loc	Hos	BA	Charges	FSC	Balance
<input type="checkbox"/>	33) 53790054	07/17/12	SARA ... S GRE...	DO			MM	0.00	S	172.00CR
	Scheduling Appt #: 38866081									
<input type="checkbox"/>	32) 53790024	07/16/12	SARA ... A AB...	DO			RB	0.00	S	172.00CR
	Scheduling Appt #: 38865921									
<input type="checkbox"/>	31) 53789993	07/16/12	SARA ... A AB...	DO			RB	0.00	S	172.00CR
	Scheduling Appt #: 38865920									
<input type="checkbox"/>	30) 53789906	06/27/12	SARA ... C CH...	UC			CVUC	0.00	S	172.00CR
	Scheduling Appt #: 38865361									
<input type="checkbox"/>	29) 53789899	06/26/12	SARA ... S GRE...	DO			MM	0.00	S	75.00CR
	Scheduling Appt #: 38865316									
<input checked="" type="checkbox"/>	28) 53789877	06/25/12	SARA ... S GRE...	DO			MM	0.00	PROP	265.00CR
	Scheduling Appt #: 38865281									
<input type="checkbox"/>	27) 53789864	06/25/12	SARA ... S GRE...	DO			MM	0.00	S	125.00CR
	Scheduling Appt #: 38865091									
<input type="checkbox"/>	26) 53789830	04/10/12	SARA ... C LIT...	DO			DT	150.00	S	0.00

35. Click the magnifying glass and select the appropriate prompt pay payment option:

Prompt Pay Discount Overview

- 5-Prompt Pay Cash/Check
or
- 6-Prompt Pay Credit Card

36. Type the payment amount

37. Type the appropriate receipt comments.

- Comment: Prompt Pay Estimate/Appt/Cash
- Comment: Prompt Pay Estimate/Appt/Ck#
- Comment: Prompt Pay Estimate/Appt/CC Conf #

38. Check mark the **Print Receipt** box

39. Click OK

SRS DT, SARA		SHC#: 906-376-720	IFD:	Facility: SRS
Select Patient ▼		DOB: 11/09/1975	HMO:	BAF: CURRENT
		A-S: 36 years-F	H Phone: 619-446-1758	BGAF: CURRENT

Check Out Grp:3 Per:1204 Batch:2544363 [0-BCO] - General

Patient:	SRS DT, SARA	Invoice:	53789877
EMRN:	04-15-65-29	Appt:	38865281
Case:		Billing Area:	MIRA MESA
Reg	FSC List: S	Provider:	GREEN MD, STEVE
	HCL: EHR	Provider 2:	
Diagnosis 1:		Location:	DOCTORS OFFICE
2:		Service Date:	06/25/2012
3:		Financial Class:	PROMPT PAY DIS
		Referring Phys:	

Procedure	Description	Units	Unit Amount	Total Amt
1				
2				
3				

1-Cash,2-Check,3-Cr.card,4-SOC: 5-PROMPT PAY CAS

Payment: 361.00

Post to Inv: 361.00

Print Bill:

Print Receipt:

Comment: PROP CASH ESTIM

Prior Balance: -1051.00
Today's Amount: 0.00
Total Pat Amt: -1051.00

Page ▾ ▶ Actions... **OK** Cancel

Prompt Pay Discount Overview

Prompt Pay Discount Q & A

1) What if the patient leaves without paying in full?

Before charges and/or orders are entered: Remove “Prompt” in the Alternative Insurance, and enter Visit Notes.

After charges and/or orders are entered: Leave account as is. Enter Visit Notes.

2) What if I forgot to change the “Alternative Insurance” before I arrived the appt?

Before charges and/or orders are entered: Update the Alternative Insurance in the VDF to “Prompt”.

After charges and/or orders are entered: Please advise BSR, and/or support services staff and document visit notes. TES will need to be monitored and the FSC will need to be changed at that time.

3) What if I know (in advance) the codes for the ancillary services?

Collect the estimated amount (using pay code 585/586) from the Alternate Fee Schedule, explain this is only an estimate, and enter visit notes.

4) What if the patient’s deposit is higher than the cost of the visit?

A refund of the difference can be issued to the patient only from the batch from which the deposit was taken. Another option is to leave the credit on the patient’s account, which can be applied to additional charges (lab/x-ray) or future office visits.

5) What if the patient has a credit in the system, should I still take a deposit?

It depends. Verify with BSR if this is a true patient credit! If unsure, collect the full deposit amount. If it’s a true credit owed to the patient, subtract the credit from the deposit amount, collect the remaining amount due, contact the BSR to reconcile the account, and enter visit notes.

6) What if the patient receives a statement for services that were not given the discount?

Send a Complex Charge Correction to “**TRAINER SUPPORT**” for those invoices needing a discount applied. Make sure to include the complete invoice # and DOS. Enter visit notes.

7) What if the pt has insurance but is receiving a non-covered service, can the Prompt Pay Discount apply to that service?

Yes (except for cosmetic services). If the patient has insurance and discloses the service they are about to receive is considered a “non-covered benefit” by their insurance, that visit is eligible for the discount.

8) What if the procedure code is not found in the Alternate Fee Schedule?

Send an e-mail to “PFS SUPPORT” indicating the procedure code was not found in the fee schedule. If urgent, call any of the Revenue Management trainers, or Rawan Battikha at 858-499-5545.

9) How much (%) is the prompt pay discount?

The Prompt Pay fee schedule is set at its own rate, which is competitive with the community standard.

10) Can I apply the prompt pay discount to the discounted self-pay OB package?

No. The self-pay OB package is already discounted. You cannot apply any additional discount.

Adding Alternate Insurance – Wipe Clean

Adding Alternate Insurance (Prompt Pay, vision, etc) Wipe Clean

When a patient has medical insurances on file and would like to use an alternative insurance for example: vision plan or prompt pay, you will need to update the visit insurance.

- Follow standard Check-In workflow
- Click Check In

Appointment Overview

Demographics

300 FIR ST
SAN DIEGO, CA 92101

Home: 619-446-1655

Work: 619-456-6464

Email: JAKOBRRR@YAHOO.COM

Upd: 11/18/2016 By: EBBBE

Appointment

Appt No.: 209452963

Provider: LIGHT MD, CYRIL SB

Department: FAMILY MEDICINE

Location: SORRENTO MESA

Type: REGULAR APPOINTMENT

Appt Status: PENDING

Date/Time: 11/18/2016 07:40AM

Arr: To MD: Out:

Referral No.:

Visit No.:

Visit Insurance

Active Only

Appt Ins	Description	Ins Company	Code	Certificate No.	Eff Date	Term Date	Referral Number
◆	HEALTH NET	SRS MANAGED CARE	202	93894893*01	10/01/2016		
	SELF PAY		1				

Statement Balances

All Groups

Prior Physician Bal: \$0.00

Copay for the Appt: \$40.00

Amount Due: \$40.00

Attachments

Type	Description
Scheduling Comments	COUGH
Visit Number	209452963
Copay	40.00

Arrive **Check In** Check Out Time Stamp Actions OK

Adding Alternate Insurance – Wipe Clean

- Click **Wipe Clean, AutoAsgn Plns.** Action Code L with refresh the insurance for the specific visit. For this example, we will use the scenario of Prompt Pay.

The screenshot shows a software interface for a scheduler. At the top, there are tabs for 'New Appointment', 'Appointment List', 'Provider Schedules', 'Bump List', 'Wait List', 'Front Desk', and 'Financial Comm'. The patient information section displays 'SRS DT, JAKOB RRR' with details like SHC#, DOB, HMO, and Facility. Below this, a table lists insurance plans:

PR	Plan	Company Name	Plan Description	FSC
1	F202		HEALTH NET	202
2	Z99		AUTO ASSIGNED SELF PAY	1

At the bottom, there is a list of actions. The action 'L Wipe Clean, AutoAsgn Plns' is highlighted with a red box, and a green arrow points to it from the left. Other actions include 'A Add Plans...', 'D Delete Plan', 'F Edit Follow-ups', 'G Eligibility Status Edit', 'I Patient Inquiry', 'K Link Actions', 'M Move Plan', 'O Documents', 'R Referral/Authorizations', 'S Swap Plan Order', 'T Audit Trail', 'U View All Follow-ups', 'V View a Plan', and 'W Warnings'. At the bottom right, there are buttons for 'Actions', 'OK', and 'Cancel'.

**** **If Action Code L is not available, contact Support Services for next steps** ****

2008-Prompt Pay screen will display

- At Effective date, type **today's date** or click the calendar icon and select today's date
- At Expiration date, type **tomorrow's date** or click the calendar icon and select tomorrow's date
- Click OK

Adding Alternate Insurance – Wipe Clean

Scheduler | New Appointment | Appointment List | Provider Schedules | Bump List | Wait List | Front Desk | Financial Comments

Scheduler | **SRSDT, JAKOBRRR** | SHC#: 107-618-198 | IFD: | Facility: SRS
 Patient Services | Select Patient | DOB: 06/14/1975 | HMO: SRS | BAF: CURRENT | No Image Available
 Front Desk | A-S: 41 years-M | H Phone: 619-446-1655 | BGAF:

Z008 - PROMPT PAY [Field 2 of 2]

Patient: SRSDT, JAKOBRRR | **MRN:** 04-68-17-74 | **DOB:** 06/14/1975
Plan: Z008 - PROMPT PAY | **FSC:** 2008 - PROMPT PAY DISC | **SSN:** XXX-XX-7878
Visit No: 209452963 | **Adm Dt:** 11/18/2016 | **Vis Type:** ZZZ

*Effective date: 11/18/2016
 *Expiration Date: 11/19/2016

Actions... OK Cancel

- Prompt Pay has now been added to the visit insurance screen
- Click OK

Scheduler | New Appointment | Appointment List | Provider Schedules | Bump List | Wait List | Front Desk | Financial Comment

Scheduler | **SRSDT, JAKOBRRR** | SHC#: 107-618-198 | IFD: | Facility: SRS
 Patient Services | Select Patient | DOB: 06/14/1975 | HMO: SRS | BAF: CURRENT | No Image Available
 Front Desk | A-S: 41 years-M | H Phone: 619-446-1655 | BGAF:

Patient: SRSDT, JAKOBRRR | **MRN:** 04-68-17-74 | **DOB:** 06/14/1975 | **Age:** 41 | **Sex:** M
Adm #: 209452963 | **Adm Dt:** 11/18/2016 | **PTYP:** ZZZ | **REV FSC:** 1
This visit has never been Verified

PR	Plan	Company Name	Plan Description	FSC
1	Z008		PROMPT PAY	2008
2	Z99		AUTO ASSIGNED SELF PAY	1

A Add Plans... | **K** Link Actions | **S** Swap Plan Order
D Delete Plan | **L** Wipe Clean, AutoAsgn Plns | **T** Audit Trail
F Edit Follow-ups | **M** Move Plan | **U** View All Follow-ups
G Eligibility Status Edit | **O** Documents | **V** View a Plan
I Patient Inquiry | **R** Referral/Authorizations | **W** Warnings

Actions... OK Cancel

- Alerts screen will display. Correct any alerts that need to be addressed.
- Continue with confirming your batch, entering the visit # & typing receipt comments

Visit and Registration Notes

Patient Service Representatives and Business Service Representatives input visit notes in a patient's account for billing and insurance issues. The visit notes serve as a written record of discussion with patients regarding their accounts or provide Patient Financial Services (PFS) with additional information.

- Using the vertical tool bar, click Patient Services
- Click on Visit List

The screenshot displays a patient service interface. At the top, there is a navigation bar with tabs: Patient Services, Edit HCL, Front Desk, Financial Comments, General Comments, Insurance, and PIM Function. Below this, the patient's name 'MEDICARE, ABN' is prominently displayed. To the right of the name, key information is provided: SHC#: 103-398-758, IFD: ACIN, Facility: SRS; DOB: 28-Nov-1969, HMO: BAF: CURRENT; A-S: 47 years-M, HPhone: 619-446-1616, BGAF: [blank]. A 'Select Patient' dropdown and an information icon are also present.

On the left side, a vertical navigation menu includes: Scheduler, Patient Services (highlighted with a red box), Front Desk, TES Activities, Sched Archive, Credit Card, OWA Email, View Dictionary, Dict View, ETM Solutions, and MPV Portal.

The main content area is titled 'Patient Services' and features a search bar with 'MEDICARE, ABN' entered. Below the search bar, the interface is organized into several panels:

- Registration:** 2001 4TH AVE, SAN DIEGO, CA 92101-2303. Home: 619-446-1616, Work: 858-499-4000, Email: MEDICARE@YAHOO.COM, Ins: MEDICARE, Upd: 12/28/2016 By: FLOLY*EPMS. Links: Demographics, Insurance, Enrollment, Patient Inquiry.
- Financials:** Current Stmt Balance: SRS: 0.00. Links: Financial Assistance, Check In, Check Out, Financial Inquiry, Case List, Invoice List.
- Appointments:** Last: [blank]. Next: 210141211, DT, PULMONARY LAB, PULMONARY LAB, DOWNTOWN MAIN, 01/06/2017 08:30AM. Links: Appointment List, New Appointment.
- Chart Tracking:** Links: Chart Request, View Chart, Chart Transfer.
- Referrals:** Link: Referral List.
- Visits:** Link: Visit List (highlighted with a red box). Action Code: [input field] [Search icon] [Go button].

Visit and Registration Notes

- Highlight the correct appointment

Visit List Last Refreshed: 07:36AM

Show visits in a status of Active Scheduled Arrived
 Archived Discharged Canceled Refresh

Visit No.	Visit Type	Org	EMRN	Sched Dt	Date In	Date Out	Attending Phys	Service	Location
38109583	ZZZ	30	12-45-78-96	11/17/2011	11/17/2011	11/17/2011	ZZUNKNOWN, DR 998	*NA	CVUC
33948750	ZZZ	30	12-45-78-96	11/11/2009	11/11/2009	11/11/2009	HOPKINS MD,G. BRUCE	*NA	MM
24745778	ZZZ	30	12-45-78-96	07/22/2005	07/22/2005	07/22/2005	ZZALEXANDER MD,RAN	*NA	CVUC
24746451	ZZZ	30	12-45-78-96	07/22/2005	07/22/2005	07/22/2005	ZZMABRY MD,QUINCE I	*NA	DUC
22036531	ZZZ	30	12-45-78-96	*Purged*			BENJA		

Visit Overview Actions ▼ Action Code: Go

Code	Description
AI	Admission Inquiry
AU	Audit Trail
AZ	*Alt Ins Modification
CV	Choose Visit
DI	Discharge Inquiry
HB	Hold Bill
IF	Insurance Short Form
IM	Ins Mass Update
IN	Edit Insurance
IS	Insurance Selection
IV	Ins. Verification
MZ	Sched Edit/View Appt ADF
NA	Visit Notes Type A
NE	Visit Notes View All
NR	Registration Notes

- At the Action Code: click the magnifying glass

Visit Overview Actions ▼ Action Code: Go OK

- Click (NE) Visit Notes View All
- Click GO

Visit and Registration Notes

Filtering Options

- Fill in any of the “filtering options” and click the **Refresh** button.
- The options chosen will display
- To clear the filtered options, remove the information out of the boxes and select the **Refresh** button.

Visit Notes
 Visit No: 209453339 Admit Dt: 12/28/2016 Visit Type: ZZZ Rev FSC: 202

Filtering Options
 Notes A Notes B Notes C Notes D **Reg Notes** **Authorization Notes**

User: **Category:**

From Dt: **To Dt:**

Sort By: Reverse Chronological O **2nd Sort:**

Mode: **First Line of Note** **Entire Note Text**

Last Refreshed: 09:56AM **Refresh**

Date	Time	User	Number	Category	Note
12/28/2016	04:07PM	AWPSR16*EP A-3		SYS	Admit Date 12/28/2016 Entered at 04:07PM
12/28/2016	04:07PM	AWPSR16*EP A-2		SYS	Discharge Date 12/28/2016 Entered at 04:07PM
12/28/2016	03:57PM	AWPSR16*EP A-1		SYS	Plan #1 F202 Added at 03:57PM
Registration Notes					
12/19/2016	07:59AM	AWPSR16	1		Address status changed from: to: CURRENT

New Actions Save Settings OK Cancel

- Visit Notes are on top and are numbered with A - #
- Registration Notes are separated as shown

Date	Time	User	Number	Category	Note
07/21/2016	10:51AM	CARTA2*EPMA-3			Admitted to Acc Typ: SRS at 10:51AM
07/21/2016	10:51AM	CARTA2*EPMA-2			Admitted to Location: GEN at 10:51AM
07/21/2016	10:51AM	CARTA2*EPMA-1			Discharge Date 05/18/2016 Entered at 10:51AM
Registration Notes					
06/23/2016	09:49AM	CARTA2	7		Address line 1 changed from: 4000 RUFFIN RD STE A to: 4000 RUFFIN R
06/23/2016	09:49AM	CARTA2	6		Zip code changed from: 92123-1849 to: 92123-1800
05/19/2016	08:58AM	CARTA2	5		EXCL Auto-dialer changed from: to: N
05/19/2016	08:58AM	CARTA2	4		Address status changed from: to: CURRENT
05/19/2016	08:58AM	CARTA2	3		Address line 1 changed from: to: 4000 RUFFIN RD STE A
05/19/2016	08:58AM	CARTA2	2		City,St changed from: to: SAN DIEGO,CA
05/19/2016	08:58AM	CARTA2	1		Zip code changed from: to: 92123-1849

New Actions Save Settings OK Cancel

Visit and Registration Notes

Adding a New Visit or Registration Note

Whenever visit or registration notes are entered, your user initials, date, and time are entered automatically. Once a note has been entered and saved, the note will remain permanently in the patient's account.

If an account note has been entered into the wrong account, a new note must be entered stating the line # of the incorrect note and the account # or visit # where that note should have been documented.

Visit Notes
 Visit No: 209453339 Admit Dt: 12/28/2016 Visit Type: ZZZ Rev FSC: 202

Filtering Options
 Notes A Notes B Notes C Notes D Reg Notes Authorization Notes

User: Category: Last Refreshed: 09:56AM

From Dt: To Dt: Refresh

Sort By: Reverse Chronological 0 2nd Sort:

Mode: First Line of Note Entire Note Text

Date	Time	User	Number	Category	Note
12/28/2016	04:07PM	AWPSR16*EP A-3		SYS	Admit Date 12/28/2016 Entered at 04:07PM
12/28/2016	04:07PM	AWPSR16*EP A-2		SYS	Discharge Date 12/28/2016 Entered at 04:07PM
12/28/2016	03:57PM	AWPSR16*EP A-1		SYS	Plan #1 F202 Added at 03:57PM
Registration Notes					
12/19/2016	07:59AM	AWPSR16	1		Address status changed from: to: CURRENT

New Actions Save Settings OK Cancel

- Visit Note
- Registration Note
- Authorization Note

- Click **New**
- Choose the type of note you want to enter

Notes (NE) For Notes Everything		
Action Code (AC)	NA (Visit Note Type A)	NR(Registration Notes)
Used for	Insurance and billing issues	Address, phone number and additional patient information

Visit and Registration Notes

- Add/View Visit Note Screen will display
- Category: click the magnifying glass

Add/View Visit Note

Visit No: 209453339 **Admit Dt:** 12/28/2016 **Visit Type:** ZZZ **Rev FSC:** 202
Note: New **Date:** 12/29/2016 **Time:** 10:25AM **User:** AWPSR16

Category: USER NOTE

- A - Note** **B - Note** **C - Note** **D - Note**
 Registration Note **Account Note** **Authorization Note**

PATIENT AWARE OF DEDUCTABLE

OK

Cancel

- Click in the text box, enter an applicable note
- Click OK

Visit Notes

Visit No: 209453339 **Admit Dt:** 12/28/2016 **Visit Type:** ZZZ **Rev FSC:** 202

Filtering Options

Notes A **Notes B** **Notes C** **Notes D** **Reg Notes** **Authorization Notes**

User: **Category:**

From Dt: **To Dt:**

Last Refreshed: 10:37AM

Sort By: Reverse Chronological O **2nd Sort:**

Refresh

Mode: **First Line of Note** **Entire Note Text**

Date	Time	User	Number	Category	Note
12/29/2016	10:37AM	AWPSR16	A-5	USER	PATIENT AWARE OF DEDUCTABLE
12/29/2016	10:25AM	AWPSR16	A-4	USER	PT UNABLE TO PAY COPAY
12/28/2016	04:07PM	AWPSR16*	EPA-3	SYS	Admit Date 12/28/2016 Entered at 04:07PM
12/28/2016	04:07PM	AWPSR16*	EPA-2	SYS	Discharge Date 12/28/2016 Entered at 04:07PM
12/28/2016	03:57PM	AWPSR16*	EPA-1	SYS	Plan #1 F202 Added at 03:57PM

New

Actions

Save Settings

OK

Cancel

- Click OK

Visit and Registration Notes

Things to Remember When Entering Visit Notes

- Keep it professional. Do not enter any foul language, opinions, or derogatory comments.
- It is a legal document and can be subpoenaed.
- You can abbreviate-- as long as words are easily understandable and distinguishable.

When to Enter Visit Notes

- When verifying a patient's insurance eligibility.
 - Ex: Verified HCC ins cov. Pt elig w/SRS per web.
 - Ex: Called AET, spk w/John. Verified eligibility for 1/1/2011. Conf:#
- When a co-pay is due and wasn't collected.
 - Ex: Pt couldn't pay co-pay for DOS 1/1/2016 Dr Smith.
- Why a patient didn't sign a C.O.R.
 - Ex: Gave COR to pt. didnt sign and rtn.
- When there is no BSR available for assistance.
 - Ex: No BSR available, filled out BCF.
- When deductible explained.
 - Ex: Deduct explained to patient.