

# MEDICAL OFFICE SYSTEM

## Appendix C: Sample Reports

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The characters in parenthesis following each report name represent the keystrokes necessary to locate the report from the Medical Office System Main Menu. For example, to print the Code Cross Reference List shown last in the list, the keystrokes would be **5** **4** **7**.

Output: Daily Recap Report by Provider (21)

Run: Feb 16, 1992

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MEDICAL OFFICE SYSTEM  
 RECAP 02/16/92  
 --PROVIDER--

I.D. INVOICE ACCOUNT CHARGES PAYMENTS WRITE-OFF ADJUSTED TRANSFRD A/R-CHANGE

1FCS	2	2	100.00			100.00	
1FCS	2	1	100.00	80.00		20.00	
1FCS	2	1	348.00	2.00	5.00	341.00	
1FCS	3	2	150.00			150.00	
1FCS	3	1	150.00			150.00	
1FCS	3	1	700.00			700.00	
1FCS	3	1	300.00			300.00	
1FCS	3	1	100.00			100.00	
1FCS	3	1	300.00			300.00	
1FCS	3	1				.00	

1FCS TOTALS 2248.00 82.00 5.00 .00 .00 2161.00

I.D. INVOICE ACCOUNT CHARGES PAYMENTS WRITE-OFF ADJUSTED TRANSFRD A/R-CHANGE

2NSS	3	34	350.00			350.00	
------	---	----	--------	--	--	--------	--

2NSS TOTALS 350.00 .00 .00 .00 .00 350.00

I.D. INVOICE ACCOUNT CHARGES PAYMENTS WRITE-OFF ADJUSTED TRANSFRD A/R-CHANGE

4ANY	2	3	575.00			575.00	
4ANY	3	5	675.00			675.00	

4ANY TOTALS 1250.00 .00 .00 .00 .00 1250.00

I.D. INVOICE ACCOUNT CHARGES PAYMENTS WRITE-OFF ADJUSTED TRANSFRD A/R-CHANGE

BG	2	74	123.00	123.00		.00	
BG	2	74	100.00	100.00		.00	
BG	2	74	100.00	100.00		.00	
BG	3	74	1590.00	150.00		1440.00	
BG	3	75	150.00	150.00		.00	
BG	3	75				.00	

BG TOTALS 2063.00 623.00 .00 .00 .00 1440.00

Output: Daily Recap by Responsible Party (21)

Run: Feb 16, 1992		MEDICAL OFFICE SYSTEM						Page 1
		RECAP 02/16/92						
GROUP HEALTH INSURANCE		RESPBL-PARTY						
I.D.	INVOICE	ACCOUNT	CHARGES	PAYMENTS	WRITE-OFF	ADJUSTED	TRANSFRD	A/R-CHANGE
GHI	2	74	123.00	123.00				.00
GHI	2	74	100.00	100.00				.00
GHI TOTALS			223.00	223.00	.00	.00	.00	.00
I.D.	INVOICE	ACCOUNT	CHARGES	PAYMENTS	WRITE-OFF	ADJUSTED	TRANSFRD	A/R-CHANGE
MC	2	3	575.00					575.00
MC	3	34	350.00					350.00
MC TOTALS			925.00	.00	.00	.00	.00	925.00
I.D.	INVOICE	ACCOUNT	CHARGES	PAYMENTS	WRITE-OFF	ADJUSTED	TRANSFRD	A/R-CHANGE
PI	2	1	100.00	80.00				20.00
PI TOTALS			100.00	80.00	.00	.00	.00	20.00
I.D.	INVOICE	ACCOUNT	CHARGES	PAYMENTS	WRITE-OFF	ADJUSTED	TRANSFRD	A/R-CHANGE
PT	2	2	100.00					100.00
PT	2	74	100.00	100.00				.00
PT	2	1	348.00	2.00	5.00			341.00
PT	3	2	150.00					150.00
PT	3	5	675.00					675.00
PT	3	74	1590.00	150.00				1440.00
PT	3	75	150.00	150.00				.00
PT	3	75						.00
PT	3	1	150.00					150.00
PT	3	1	700.00					700.00
PT	3	1	300.00					300.00
PT	3	1	100.00					100.00
PT	3	1	300.00					300.00
PT	3	1						.00
PT TOTALS			4663.00	402.00	5.00	.00	.00	4256.00

Output: Day Sheet 2 ((56A))

Your Practice Name Medical Office System						
For: 09/11/97	+-----+   DAY SHEET   +-----+				Page: 1	
PATIENTS SEEN					---- Account ----	
Patient's Name	Charges	Payments	Adjustmt	A/R Chg	Insurance Balance	Patient Balance
Afish Joyce	250.00			250.00	250.00	
Jackson Marianne	227.00			227.00	3527.00	
Smyth Margaret	150.00			150.00	262.50	
-----						
TOTAL PATIENTS SEEN 3	627.00			627.00		
OTHER PAYMENTS						
+-----+						
For: 09/11/97	Charges	Payments	Adjustmt	A/R Chg		
+-----+						
GRAND TOTALS	627.00			627.00		
+-----+						

Output: Diagnosis Report (511)

Your Practice Name Medical Office System						Run: Feb 23, 1995
DIAGNOSIS FILE REPORT						Page: 1
Diagnosis Code	Second Code	Third Code	Category	Description	Y-T-D Times	
193	193.00			CA OF THE THYROID		
240.0	240.0			GOITER, SPECIFIED AS SIMPLE	1	
241.9	241.9			UNSPEC NONTOKIC NODULAR GOITER	1	
242.00	242.00			HYPERTHYROIDISM/GRAVES-WO STOR		
242.01	242.01			HYPERTHYROIDISM/GRAVES W STORM		
242.10	242.10			TOXIC UNINODULAR GOITER-WO STO	2	
242.11	242.11			TOXIC UNINODULAR GOITER - W ST		
242.2	242.2			TOXIC MULTINODULAR GOITER-WO S		
242.21	242.21			TOXIC MULTINODULAR GOITER-W ST		
242.30	242.30			TOXIC NODULAR GOITER UNSPEC-WO		
242.31				TOXIC NODULAR GOITER UNSPEC-WS		
244.9	244.9			HYPOTHYROIDISM		
250.00	250.00			DIABETES MELLITUS		
250.90	250.90			DIABETES MELLITUS, UNCONTROL		
250.91	250.91			IDDM UNCONTROLLED		
251.2	251.2			HYPOGLYCEMIA		
252.0	252.0			HYPOPARATHYROIDISM		
252.1	252.1			HYPOPARATHYROIDISM		
253.4	253.4			PITUITARY TUMOR		
255.0	255.0			CUSHINGS SYNDROME		
272.2	272.2			HYPERCHOLESTEROLEMIA		
275.4	275.4			HYPERCALCEMIA		
37	703.0			HYPERTENSION		
627.4	627.4			SURGICAL MENOPAUSE		
627.45				SURGICAL MENOPAUSE TEST		
704.1	704.1			HIRSUTISM		
780.7	780.7			FATIGUE		
ABC1234	250.01			DIABETES INSULIN DEPENDENT		
BALFOR				PREVIOUS BALANCE FORWARD		

Output: Diagnosis by Patient (513)

		Your Practice Name		Run: Feb 23, 1995	
		Medical Office System		Page: 1	
		PATIENT DIAGNOSIS REPORT			
SELECTED PROV: 1					
TYPE:					
DIAG: ALL					
FROM: 06/01/94 TO 02/23/95					
Date Of	Patient' Name	Diagnosis Description	ICDA Code	Age Of	Diagnosis Patient Category
06/22/94	Helena Adells	SURGICAL MENOPAUSE TEST	627.45	82	
06/22/94	Helena Adells	HYPOGLYCEMIA	251.2	82	
06/22/94	Helena Adells	HYPOPARATHYROIDISM	252.1	82	
07/15/94	Helena Adells	SURGICAL MENOPAUSE TEST	627.45	82	
08/01/94	Helena Adells	GOITER, SPECIFIED AS SIMPLE	240.0	82	
08/01/94	Helena Adells	DIABETES MELLITUS	250.00	82	
08/07/94	Helena Adells	HYPERTENSION	703.0	82	
08/09/94	Helena Adells	HYPERTENSION	703.0	82	
09/20/94	Marianne Jackson	CA OF THE THYROID	193.00	41	
09/27/94	Helena Adells	HYPERTENSION	703.0	82	
10/11/94	Marianne Jackson	CA OF THE THYROID	193.00	41	
12/08/94	John M Allentown	GOITER, SPECIFIED AS SIMPLE	240.0	68	
12/12/94	Frank L Superman	UNSPEC NONTOKIC NODULAR GOITER	241.9	70	
12/12/94	Frank L Superman	HYPOTHYROIDISM	244.9	70	
12/12/94	Frank L Superman	UNSPEC NONTOKIC NODULAR GOITER	241.9	70	
12/12/94	Frank L Superman	HYPERTHYROIDISM/GRAVES-WO STOR	242.00	70	
12/12/94	Frank L Superman	HYPOTHYROIDISM	244.9	70	
12/12/94	Frank L Superman	HYPERTHYROIDISM/GRAVES-WO STOR	242.00	70	
12/12/94	Frank L Superman	HYPOTHYROIDISM	244.9	70	
12/13/94	Frank L Superman	HYPERTHYROIDISM/GRAVES-WO STOR	242.00	70	
01/12/95	Peter King	UNSPEC NONTOKIC NODULAR GOITER	241.9	71	
01/17/95	Margaret B Rabbini	TOXIC UNINODULAR GOITER-WO STO	242.10	67	

Output: Multiple Diagnoses by Patient (514)

		Medical Office System		Run: Sep 26, 1997	
		MULTIPLE DIAGNOSIS REPORT		Page: 1	
Account	Patient's Name	Diagnosis	Date		
1	Adells Helena	242.10	06/10/97		
5	Rabbini Margaret	242.10	01/17/95		
12	Fountin Rose	242.10	06/12/97		

Output: Procedure Report (51A)

		Your Practice Name				
		Medical Office System		Run: Feb 23, 1995		
For: ALL PROCEDURE CODES		PROCEDURE FILE REPORT		Page: 1		
Procedure Code	Second Code	Standard Charge	Description	Type Serv	Medicare Allows Code	TOS
WILSON	55555	50.00		1	50.00	
CCONM	99273	130.00	CONFIRM. CONSULT-MOD.	3	130.00 99273	3
CCONM/H	99274	150.00	CONFIRM. CONSULT - MOD/HIGH	3	150.00 99274	3
CCONSL/M	99271	60.00	CONFIRM. CONSULT-L/M	3	60.00 99271	3
CCONL	99272	80.00	CONFIRM. CONSULT-LOW	3	80.00 99272	3
CINEM/H	99255	160.00	CONSULT - INPATIENT MOD/HIGH	3	160.00 99255	3
CINPL/M	99251	50.00	CONSULT INPAT. L/M	3	46.00 99251	3
CINPL	99252	80.00	CONSULT INPATIENT LOW	3	80.00 99252	3
CINEM	99253	130.00	CONSULT INPATIENT MODERATE	3	130.00 99253	3
INPT-CON	99254	150.00	CONSULT-INPAT. MOD/HIGH	3	100.00 99254	3
CCA30MIN	99292	120.00	CRITICAL CARE ADD. 30 MIN.	1	120.00 99292	1
CC1HR	99291	150.00	CRITICAL CARE FIRST HOUR	1	100.00 99291	1
DDM	99238	75.00	DISCHARGE DAY MANAGEMENT	1	75.00 99238	1
ERM/D/HIG	90050	25.00	EXTENDED MODIFICATION VISIT	1	18.00	
OMITTED .....						
REG	82947	10.00	RANDOM BLOOD GLUCOSE	5	8.00 82947	5
ROVL	99212	30.00	RETURN OFFICE VISIT-LIMITED	1	22.00 99212	1
ROVL/M	99213	40.00	RETURN OFFICE VISIT-LOW/MOD	1	32.00 99213	1
ROVIM/H	99214	55.00	RETURN OFFICE VISIT-M/H	1	40.00 99214	1

Output: Diagnosis Utilization Report (512)

Output: Procedure Utilization Report (51B)

Diag Code	Desc	Num	Unit	Phys	Dept	Adm	Out	Stn	Org	Yr	Mo	Day	Time	Rate

Proc Code	Desc	Num	Unit	Phys	Dept	Adm	Out	Stn	Org	Yr	Mo	Day	Time	Rate



Output: Procedure by Patient (51C)

		Your Practice Name		Run: Feb 23, 1995	
		Medical Office System		Page: 1	
		PATIENT PROCEDURE REPORT			
SELECTED PROV: ALL					
TYPE:					
PROCC: ALL					
FROM: 01/01/94 TO 12/31/94					
Date Of Service	Patient's Name	Procedure Description	C.P.T. Code	Age/Sex	Type Of Patient Service
08/01/94	Helena Adells	CRITICAL CARE FIRST HOUR	99291	82 F	1
Total for procedure 99291 1					
08/01/94	Helena Adells	CONSULT INPAT. L/M	99251	82 F	3
12/12/94	Frank L Superman	CONSULT INPAT. L/M	99251	70 M	3
12/12/94	Frank L Superman	CONSULT INPAT. L/M	99251	70 M	3
Total for procedure 99251 3					
05/05/94	Peter King	NEW TEST OF THE PROCEDURES	11111	71 M	N
05/11/94	Peter King	NEW TEST OF THE PROCEDURES	11111	71 M	N
05/11/94	Peter King	NEW TEST OF THE PROCEDURES	11111	71 M	N
05/13/94	Helena Adells	NEW TEST OF THE PROCEDURES	11111	82 F	N
06/22/94	Helena Adells	NEW TEST OF THE PROCEDURES	11111	82 F	N
08/01/94	Helena Adells	NEW TEST OF THE PROCEDURES	11111	82 F	N
08/19/94	Helena Adells	NEW TEST OF THE PROCEDURES	11111	82 F	N
12/12/94	Helena Adells	NEW TEST OF THE PROCEDURES	11111	82 F	N
12/13/94	Frank L Superman	NEW TEST OF THE PROCEDURES	11111	70 M	N
Total for procedure 11111 9					

Output: Change MC Allowance (51D)

		Your Practice Name		Run: Feb 23, 1995	
		Medical Office System		Page: 1	
		CHANGE MC CHARGES REPORT			
For: ALL					
Code	Old Chrg	New Chrg	Old Expd	New Expd	Procedure Description
22222	35.00	36.00	28.00	28.80	TEST 22222
22222	35.00	35.00	28.00	28.00	TEST 22222
CC1HR	100.00	103.00	80.00	82.40	CRITICAL CARE FIRST HOUR
CCA30MIN	120.00	120.00	96.00	96.00	CRITICAL CARE ADD. 30 MIN.
CCCNL	80.00	80.00	64.00	64.00	CONFIRM. CONSULT-LOW
CCCNM	130.00	130.00	104.00	104.00	CONFIRM. CONSULT-MOD.
CCCNM/H	150.00	155.00	120.00	124.00	CONFIRM. CONSULT - MOD/HIGH
CCCNM/H	160.00	150.00	128.00	120.00	CONFIRM. CONSULT - MOD/HIGH
CCCNL/M	60.00	60.00	48.00	48.00	CONFIRM. CONSULT-L/M

Output: Procedure Payment Report (55T)

		Medical Office System		Run: Sep 28, 1997			
		PROCEDURE PAYMENT REPORT		Page: 1			
SELECTED PROV: ==							
PROC: ~ALL							
FROM: 01/01/97 TO 09/28/97							
CPT	Description	Charges	Payments	Write-Offs	Refunds	Chrg Count	Profit %
11111	NEW TEST OF THE PROCEDURES	600.00	465.60	122.40	.00	2	77.60 %
99214	RETURN OFFICE VISIT-M/H	55.00	42.00	13.00	.00	1	76.36 %
99303	NURSING FACILITY SERVICE HIGH	150.00	120.00	30.00	.00	1	80.00 %
TOTAL OF ALL PROCEDURES SELECTED		805.00	627.60	165.40	.00	4	

Output: Procedure List - Other Ins Prices (51H)

		Medical Office System		Run: Jun 10, 1997	
		PROCEDURE FILE REPORT		Page: 1	
For: ALL PROCEDURE CODES					
Procedure Code	Second Code	Standard Charge	Description	Type Serv	--- KEYS Allows Code TOS
TEST3	92010	100.00	TEST CHARGE 3	01	100.00
TEST1	92990	55.00	TEST 1 OFFICE VISIT	01	47.00
TEST4	92999	60.00	TEST 4	01	55.00
ROV1M/H	99214	55.00	RETURN OFFICE VISIT-M/H	01	49.00 99214 1
ROV1M/H	99214	55.00	RETURN OFFICE VISIT-M/H	01	49.00

Output: Procedure Count & Gross Charges (51F)

		Medical Office System		Run: Oct 24, 1997						
		PROCEDURE COUNT & GROSS CHARGES		Page: 1						
BY PROVIDER										
CPT CODE	1	Henry V	11	Spanish D	12	Candy J	18	Badboy I	8	Pickit W
	7		2.99							
CCLHR	3		450.00							
CFUU	2		145.00							
CINPL/M	2		100.00							
DHV				1						75.00
EEMOD/HIG	4		130.00							
HVH				29						2900.00
IHVH				1						150.00
NEW TEST	23		1991.00			3				275.00
NEWCOMNH	2		320.00							
NFSH	4		600.00							
NPOCLO	10		544.00			2				160.00
NPOVLI	1		30.00			1				30.00
NPOVLOW/M	5		265.80			1				55.00
NPOVM/H	1		130.00							
NPOVMD	2		160.00			1				80.00
NPOVMD/H										150.00
RBG	10		70.00			2				20.00
ROV1M/H	8		432.50							
ROVM	1		20.00							
TEST1	14		770.00							
TEST2	11		1350.00			1				135.00
TEST3	22		2200.00							
TEST4	4		251.00			1				60.00
TEST5	1		120.00							

Output: Patient Account Summary (523)

Medical Office System				Run: Feb 20, 1992			
				Page 1			
YOUR PRACTICE NAME HERE							
ACCOUNT SUMMARY REPORT							
ACCOUNT	PATIENT'S NAME/ PHONE1 PHONE2		AGE	BALANCE DUE	LAST	INSURANCE	
	PHONE1	PHONE2	CAT	INSURANCE PATIENT	PAYMENT/ VISIT	DUN	ONE/ THREE TWO
1	TEST TESTOR (914) 123-1234		1	22940.64	2939.27	02/13/92	Y
						02/14/92	PI
2	HOWARD WOLONITZ (212) 123-1234 (914) 999-8888		1		405.00		Y GHI
						02/14/92	
3	BETTY HERNANDEZ (718) 738-4360		1	2150.00	13.44	02/06/92	Y MC
						02/14/92	
4	CHARLES ADAMS (718) 778-8643		2	153.44	7.60	02/06/92	Y MC
						02/06/92	
5	FRANCIS OLIVER (212) 966-1382		1	435.08	705.00	02/06/92	Y
						02/14/92	
6	JAMES TEST		0				Y
7	SYLVA BAYHAMA (212) 777-6226		0	.00		01/03/92	Y MC
						11/17/91	
8	JEAN JONES (212) 675-2275		3		180.00		Y PI
						11/17/91	
9	BETTY SMITH (212) 769-0744		0	18.64		01/03/92	Y MC
						11/17/91	
					--- BALANCE DUE ---		
					INSURANCE PATIENT		
					-----		
TOTALS:					33366.99	25056.35	

Output: Procedure List - Medicare Prices (51G)

Your Practice Name				Run: Jun 10, 1997						
Medical Office System				Page: 1						
For: ALL PROCEDURE CODES				PROCEDURE FILE REPORT						
Prov Code	Procedure Code	Second Code	Standard Charge	Description	Type Serv	Allows	Non-PAR	Medicare Code	TOS	Expected Pay
2	NEW TEST	11111	100.00	NEW TEST OF THE PROCEDURES	N	97.00				77.60
	NEW TEST	11111	100.00	NEW TEST OF THE PROCEDURES	N	97.00				77.60
1	NEW TEST	11111	100.00	NEW TEST OF THE PROCEDURES	N	97.00				77.60
3	NEW TEST	11111	100.00	NEW TEST OF THE PROCEDURES	N	97.00				77.60
4	NEW TEST	11111	100.00	NEW TEST OF THE PROCEDURES	N	97.00				77.60
5	NEW TEST	11111	100.00	NEW TEST OF THE PROCEDURES	N	97.00				77.60
	TEST2	12345	135.00	STANDARD TEST CODE	01	100.00				80.00
	TESTLAB	66666	50.00	TEST PROCEDURE FOR LAB	05	42.00				33.60

Output: Overdue Account Letter 1 (524)

February 20, 1992

George Test  
123 Main Street

Dear Test:

Just a friendly reminder that your account now stands at \$10.00. Your prompt payment of this amount would be appreciated. Please reference your account number in correspondence. Hope you are feeling well.

Yours Truly,

Bill Grace Md

Output: Overdue Letter 2 (524)

Your Practice Name Here  
123 Hospital Way  
Sometown, Ny 22222  
(212) 555-4356

February 20, 1992

George Test  
123 Main Street  
Sherman, CT 11111

Dear Test:

It has come to my attention that your outstanding balance of \$10.00 is 2 months overdue. Please call my office at the phone number listed above, George, to arrange to pay this bill.

Sincerely,

Bill Jones Md

Output: Patients' Employer Listing (525)

Your Practice Name		Run: Feb 28, 1995	
Medical Office System		Page: 1	
+-----+   PATIENTS' EMPLOYER REPORT   +-----+			
Code	Employer Name	Address	Phone
ABC	ABC Company Attn	Bethel Park PA 15102	
XXX	Amanda Smith Beauty School Attn	112 Facial Street Pittsburgh PA 15222	
PPG	Pittsburgh Plate Glass Attn	102 Main Street Bethel Park PA 15102	
WEST	Westinghouse Beatice Attn	102 West Street Pittsburgh PA 15222	
Total number of employers: 4			

Output: Selected Patient Statements (2A-G)

YOUR PRACTICE NAME HERE		MR. STEVE O SMITH	
123 HOSPITAL WAY		250.00	16 NORTH CIRCLE
SOMETOWN, NY 22222			
	47	02/20/92	SOMETOWN NY 11111
			02/20/92
	* PATIENT: 47- ROBERT M KLUESS		
212 12/11/91 90020	OFFICE VISIT, COMPREHENSIVE, NP	68.66	
212 12/11/91 45300	PROCTOSIGMOIDOSCOPY	70.72	210.10
212 02/07/92	*INTEREST (% OF 139.38)	.00	
237 12/12/91 45300	PROCTOSIGMOIDOSCOPY	70.72	
237 02/07/92	*INTEREST (% OF 70.72)	.00	
			210.10
	BALANCE DUE:	210.10	
PAYM			

Output: Payment Report (Selected Date Range) (55F)

Your Practice Name				
Medical Office System		Run: Mar 2, 1995		
SELECT: Use Transaction Date	DAILY PAYMENTS REPORT	Page: 1		
Include Adjustments	FOR DATE 01/01/95			
	THRU DATE 03/02/95			
Patient's Name	Account	Amount	Typ From	Description
Adells, Helena	1	10.00	CK PT	01/04/95 TEST PAYMENT
Adells, Helena	1	48.00	CK MC	02/01/95 PAYMENT
Rabbini, Margaret	5	.01	CK MC	01/17/95 DEDUCTABLE PAYMEN
Rabbini, Margaret	5	.01	CK MC	01/17/95 *ORIG ENTRY...ADJ
Rabbini, Margaret	5	79.99	CK MC	01/17/95 *ORIG ENTRY...ADJ
Rabbini, Margaret	5	-79.99	CK MC	01/17/95 *BACK-OUT ORIG EN
Rabbini, Margaret	5	-.01	CK MC	01/17/95 *BACK-OUT ORIG EN
CK ITEMS: 7		TOTAL:	58.01	
<hr/>				
PAYMENT ITEMS: 7		TOTAL:	58.01	

Output: Other Responsible Parties (526)

Your Practice Name			
Medical Office System		Run: Feb 28, 1995	
		Page: 1	
OTHER RESPONSIBLE PARTIES			
Code	Name	Address	Sex
1	Richard V. Affinito 929-4203	Rd#2 347 Crest Ave Bethel Park PA 15102	M
2	George Racz 921-0583	800 Walbridge St. Pittsburgh PA 15220	M
3	Marie Nikolich (412) 233-6572	608 12th Street Clairton PA 15025	F
4	Albert M. Tuerffs 828-8271	439 Eleventh St. Oakmont PA 15139	M
7	Karen A. Ramsey 854-3497	9 Conestoga Drive Bethel Park PA 15102	F

Output: Recall Letter by Procedure (52A)

Peter King  
5553 Amman Street  
Pittsburgh PA 15226

February 28, 1995

Helena Adells  
556 Shady Grove  
Pittsburgh, PA 15220

Dear Adells:

It is time for your Office Visit, Low/Mod, your last one was on 09/09/94. Please call this office to set up an appointment at your earliest convenience.

Sincerely,

Vicki Henry M.D.

Output: Patients by Referring M.D. (52B)

Your Practice Name  
Medical Office System Run: Feb 28, 1995  
PATIENTS BY REFERRING M.D. Page: 1  
VICKI L HERBERT

Name	Charges	Since
Smithson Mary	75.00	05/31/94
# Patients	1	75.00

Your Practice Name  
Medical Office System Run: Feb 28, 1995  
PATIENTS BY REFERRING M.D. Page: 2  
VERN C SHAVER MD

Name	Charges	Since
Manfield Phyllis	-125.00	02/05/93
# Patients	1	-125.00

Output: Recall Patient Report (528)

Your Practice Name Medical Office System		Run: Feb 28, 1995	
RECALL PATIENT LISTING		Page: 1	
FOR 01/95			
Account	Patient's Name	Home Phone	Work Phone
3	King Peter	(412) 555-9158	
	Pat Balance: -10.00	For: Call For Check Of Med!	

Output: Patient Demographic Form (52D) (Daily Input)

Medical Office System			
Account#:	1	Date:	02/28/95
Patient Demographic Data			
Name:	Helena Adells	Date of Birth:	10/04/1912 Age: 82
Address:	556 Shady Grove	Sex:	F Marital: W
City:	Pittsburgh	State:	PA Zip: 15220
Patient Since:	10/07/83	Soc. Sec. #:	555-38-5467
		Home Phone #:	(412) 555-5342
Important NOTES Physician: 1 Vicki Henry M.D.			
THIS IS A TEST OF THE IMPORTANT NOTES. A BROKEN BONE IS IN MY EAR.			
Employed:		Student:	
Employer/School:	WEST Westinghouse Beatice	Phone #:	
Occupation:		Ext:	
Send Statements to:			
P	1 Helena Adells	Relationship:	Lawyer
Referred By:			
Other than M.D.:			
M.D.:			
Insurance Information:			
Company MC	Medicare	Policy:	123456789A
Group:			
Policy Holder:			
Name: P	3 Peter King	Relationship:	01 Sex:M
Company BS65	Blue Shield Of Pa-Special 65	Policy:	183385467B
Group: 6609000			
Policy Holder:			
Name: P	52 Phyllis Baleman	Relationship:	02 Sex:F
Company		Policy:	
Group:			
Policy Holder:			
Name:		Relationship:	Sex:
Assignment:	Y NOT DUNNING PATIE	Dunning:	N
Status:	A	Inv Age:	3
Balance Due	Pat Since: 10/07/83	Tot Chg:	3079.00
	Last Paid: 02/01/95		48.00
Insurance:	435.40	Last W/OFF:	02/01/95
			15.00
Patient:	33.80	Statement:	02/23/95
			33.80
Total due:	469.20	Insurance:	MC BS65
			123456789A
		NOTES	Medicare Primary
			2
Last Visit:	12/14/94	Next Appt:	
		With:	



Output: Patient's by Employer (52E)

Your Practice Name Medical Office System			
+-----+		Run: Feb 28, 1995	
PATIENT FILE REPORT		Page: 1	
by Employer Name		+-----+	
Employer	Account	Patient's Name	Last Visit
XXX Amanda Smith Beauty School		22 Phyllis Manfield	11/19/93
PPG Pittsburgh Plate Glass		33 Mary Bower	02/09/93
		3 Peter King	01/12/95
WEST Westinghouse Beatice		1 Helena Adells	12/14/94
		50 Marianne Jackson	10/29/94

Output: Practice Locations (532)

Your Practice Name Medical Office System			
+-----+		Run: Feb 28, 1995	
PRACTICE LOCATIONS		Page: 1	
+-----+			
Code	Location Name	Address	Location Type
2	341-5342	1501 Locust Street Pittsburgh PA 15219	11
3	Jefferson Hospital 469-5000	Coal Valley Rd. Pittsburgh PA 15236	21
1	Lewis Run Road Office (412) 463-3300	500 Lewis Run Road Pittsburgh PA 15236	11

Output: Provider Listing (531)

Your Practice Name		Run: Feb 28, 1995	
Medical Office System		Page: 1	
+-----+   PROVIDERS OF MEDICAL SERVICE   +-----+			
Code	Provider Name	Address	ID Codes
12	John Candy		251234567 00001234
1	Vicki Henry	500 River Run Road Suite 311 Pittsburgh PA 15236	245460454 MD012995E HE73372

Output: Patient Mailing Labels (522)

```

XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX

Joseph Ranquick
552 Third Street
Clairton PA 15025

Daniele R Cassio
555 Modisette Avenue
Donora PA 15033

Ellen Hindenburgh
550 McKean Avenue
    
```

Output: Referring Physician Report (533)

Your Practice Name		Run: Feb 28, 1995	
Medical Office System		Page: 1	
+-----+			
REFERRING PHYSICIANS			
+-----+			
Code	Physicians' Name	Address	I.D. #
1	Vicki L Henry	Pittsburgh PA 15236	123456
VCS	Vern Shaver	1501 Locust Pittsburgh PA 15219	B32888 MCAID #

Output: Schedule Worksheet (534)

Daily Schedule For: Thursday 09/01/94 Vicki Henry M.D.

Time	Account	Name	Home Phone	Work Phone
9:00 -	10	Obelia Allison Routine Tests	(412) 555-1185	(412) 555-7349 -
9:15 -				-
9:30 -				-
9:45 -				-
10:00 -		*10:00-11:00 BLOCKED OUT Funeral		-
10:15 -				-
10:30 -				-
10:45 -				-
11:00 -				-
11:15 -				-
11:30 -				-
11:45 -				-
12:00 -				-
12:15 -				-
12:30 -				-
12:45 -				-
1:00 -		*1:00-1:30 BLOCKED OUT Help		-
1:15 -				-
1:45 -				-
2:00 -				-
2:15 -				-
2:30 -				-

Output: Short Schedule (535)

Daily Schedule For: Thursday 09/01/94 Vicki Henry M.D.  
 Start Time for Doctor: 9:00 Printed: Feb 28, 1995

Time	Account	MIN	Name	Home Phone	Work Phone
9:00 -	10	15	Otelia Allison	(412) 555-1185	(412) 555-7349
				Routine Tests	
10:00 -	60	*10:00-11:00 BLOCKED OUT		Funeral	
13:00 -	30	*1:00-1:30 BLOCKED OUT		Help	
End Time is 17:00 - Thursday 09/01/94 Vicki Henry M.D.					

Output: Pull List for Appointments (536)

Medical Office System  
 Run: Feb 28, 1995  
 Time: 16:43:18  
 PULL LIST for: 94/09/01 Thursday 09/01/94 ALL DOCTORS

Name	Account	Reason For Visit
CURRENT PATIENT LIST		
Otelia Allison	10	Routine Tests
FILE COUNT: 1		
NEW PATIENTS / OTHER		
*10:00-11:00 BLOCKED OUT		Funeral
*1:00-1:30 BLOCKED OUT		Help

Your Practice Name			
Medical Office System		Run: Feb 28, 1995	
+-----+		Page: 1	
HEALTH INSURANCE CARRIERS			
+-----+			
Code	Company Name	Address	Phone
-----			
AARP	AARP	P.O. Box 13999 Philadelphia, PA 19187	
-----			
AETN	Aetna		
-----			
BAS	Benefit Administrative Systems	43 Orland Square Drive Suite 303 Orland Park IL 60462	
-----			
BS	Blue Shield Of Pa	Po Box 890058 Camp Hill PA 17089-0058	(717) 975-5054
-----			
BS65	Blue Shield Of Pa Special 65	456 Blue Street	(717) 763-6695
-----			
CORN	Corning Inc.	Health Benefits Po Box 542 Corning NY 14830	(607) 974-4401
-----			
HERE	Hereiu Welfare Fund	P.O. Box 588 Naperville IL 60566-0588	
-----			
KEYS	Keystone Health Plan West	P.O. Box 898819 Camp Hill PA 17089-0318	
-----			
MAST	Mastercare Ins. Prog.	Kirk-Van Orsdel, Ind. P.O. Box 10408 Des Moines IA 50308-0408	(800) 247-7988
-----			
MC	Medicare	P.O. Box 890318	(717) 763-5700

Output: Workers' Compensation Carriers (542)

Your Practice Name			
Medical Office System		Run: Feb 28, 1995	
		Page: 1	
WORKERS' COMPENSATION CARRIERS			
-----			
Code	Company Name	Address	Phone
-----			
AR1	Ar1		
	Att:		
		Bethel Park PA 15102	
-----			
AR2	Association Of Retired 2		
	Att:		
-----			
AR3	Association Of Retired 3		
	Att:		
-----			

Output: Transaction Review (553)

YOUR PRACTICE NAME HERE			
MEDICAL OFFICE SYSTEM			
TRANSACTION REVIEW			
Run: Feb 20, 1992		Page 1	
--DATE--	-AMOUNT-	NOTES	
-----			
***			
ACCOUNT 3 HERNANDEZ, BETTY		CURRENT BALANCE \$2163.44	
*			
INVOICE 217 DATE 12/15/91		INVOICE BALANCE .00 (MC)	
DOCTOR CODE: 4ANY		PLACE OF SERVICE SVH	
	01/20/92	750.00	UPPER ENDOSCOPY AND BIOPSY
		-----	
		750.00	CHANGE IN A/R
***			
ACCOUNT 5 OLIVER, FRANK		CURRENT BALANCE \$1140.08	
*			
INVOICE 153 DATE 09/16/91		INVOICE BALANCE 153.44 (MC)	
DOCTOR CODE: 4ANY		PLACE OF SERVICE SVH	
	01/03/92	-74.56	PAY BY CK FROM MC PAYMENT
	01/03/92	-60.24	*(NA) WRITE/OFF: MC *WRI/OFF
		-----	
		-134.80	CHANGE IN A/R
***			
ACCOUNT 7 BAHAMA, SYLVA		CURRENT BALANCE \$.00	
*			
	01/03/92		*ORIG PAY: *ORIG ENTRY...ADJUSTED
	01/03/92	93.20	**BACKOUT ADJUSTED WRITE-OFF
	01/03/92	.00	**BACKOUT ADJUSTED WRITE-OFF
		-----	
		93.20	CHANGE IN A/R
INVOICE 162 DATE 11/16/91		INVOICE BALANCE .00 (MC)	
DOCTOR CODE: 4ANY		PLACE OF SERVICE SVH	
	01/03/92	-74.56	PAY BY CK FROM MC PAYMENT
	01/03/92	-60.24	*(NA) WRITE/OFF: MC *WRI/OFF
	01/03/92	-18.64	PAY BY CK FROM MC PAYMENT
		-----	
		-153.44	CHANGE IN A/R

Output: W/C by Employer Report (554)

Your Practice Name  
Medical Office System      Run: Mar 2, 1995  
WORKMENS' COMPENSATION CASES      Page: 1  
By Employer

Employer Code: WEST

Account	Patient's Name	Invoice Number	Invoice Date	Invoice Age	Total Charges	Balance Due
1	Adells Helena	122	08/01/94	0	50.00	-7.00
1	Adells Helena	124	08/01/94	0	137.00	-15.00
TOTAL BALANCE DUE FROM WEST						-22.00

Output: Invoices on HOLD (555)

MEDICAL OFFICE SYSTEM

HELD INVOICE REPORT

Run: Feb 20, 1992      Page 1

ACCOUNT	PATIENT'S NAME	INVOICE NUMBER	INVOICE DATE	INVOICE AGE	TOTAL CHARGES	BALANCE DUE	HELD DATE
1	TESTOR TEST	2	01/20/92	0	4020.00	4020.00	012092
1	TESTOR TEST	2	01/20/92	0	3000.00	3000.00	012092
2	WOLOWITZ HOWARD	2	02/07/92	1	255.00	255.00	022092
34	DAVIS MARY	1	11/29/91	0	75.00	75.00	120591
37	LANE HARVY	1	12/03/91	0	45.00	45.00	120591
75	TEST GEORGE	3	02/18/92	0	100.00	90.00	021892
75	TEST GEORGE	3	02/16/92	0	120.00	120.00	022092

Output: Invoice in COLLECTIONS (556)

YOUR PRACTICE NAME HERE  
MEDICAL OFFICE SYSTEM  
IN COLLECTIONS REPORT

Run: Feb 20, 1992      Page 1

ACCOUNT	PATIENT'S NAME	INVOICE NUMBER	INVOICE DATE	INVOICE AGE	TOTAL CHARGES	BALANCE DUE	COLLECT DATE	BILLING PARTY	DOCTOR
73	TEST2 THOMAS	279	01/21/92	1	1097.80	100.00	022092	BS	1FCS
TOTAL FOR DOCTOR: 1FCS						RESPONSIBLE PARTY: BS		100.00	
73	TEST2 THOMAS	278	01/21/92	1	10.00	8.00	022092	PT	1FCS
73	TEST2 THOMAS	282	02/11/92	1	88.00	88.00	022092	PT	1FCS
2	WOLOWITZ HOWARD	308	02/14/92	0	150.00	150.00	022092	PT	1FCS
TOTAL FOR DOCTOR: 1FCS						RESPONSIBLE PARTY: PT		246.00	
TOTAL FOR DOCTOR: 1FCS						346.00			



Output: Activity Overview Graphs (55B)

36720	- 100-	-	-	-	-	-	-	-	-	-	-	-	-
34560	****												
32400	-****-	-	-	-	-	-	-	-	-	-	-	-	-
30240	****												
28080	-****-	-	-	-	-	-	-	-	-	-	-	-	-
25920	****												
23760	-****-	-	-	-	-	-	-	-	-	-	-	-	-
21600	****												
19440	-****-	-	-	-	-	-	-	-	-	-	-	-	-
17280	****												
15120	-****-	-	-	-	-	-	-	-	-	-	-	-	-
12960	****												
10800	-****-	100-	-	-	-	-	-	-	-	-	-	-	-
8640	**** ****												
6480	-****-****-	-	-	-	-	-	-	-	-	-	-	-	-
4320	**** ****												
2160	-****-****-	-	-	-	-	-	-	-	-	-	-	-	-
0	**** ****												

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec  
 1992-TO-DATE CHARGES FOR ALL PROVIDRS = 43716.48

Output: Credit Balance Invoices (557)

Run: Feb 20, 1992		YOUR PRACTICE NAME HERE MEDICAL OFFICE SYSTEM CREDIT BALANCE REPORT				Page 1		
ACCOUNT	PATIENT'S NAME	INVOICE NUMBER	INVOICE DATE	INVOICE AGE	TOTAL CHARGES	CREDIT BALANCE	BILLING PARTY	DOCTOR
1	TESTOR TEST	269	01/20/92	0	770.00	-615.00	MC	1FCS
TOTAL FOR DOCTOR: 1FCS RESPONSIBLE PARTY: MC						-615.00		
TOTAL FOR DOCTOR: 1FCS						-615.00		
Run: Feb 20, 1992		YOUR PRACTICE NAME HERE MEDICAL OFFICE SYSTEM CREDIT BALANCE REPORT				Page 2		
ACCOUNT	PATIENT'S NAME	INVOICE NUMBER	INVOICE DATE	INVOICE AGE	TOTAL CHARGES	CREDIT BALANCE	BILLING PARTY	DOCTOR
75	TEST GEORGE	315		0		-200.00	PT	BG
TOTAL FOR DOCTOR: BG RESPONSIBLE PARTY: PT						-200.00		
TOTAL FOR DOCTOR: BG						-200.00		
GRAND TOTAL:						-815.00		

Output: A/R Report (558)

YOUR PRACTICE NAME HERE											
M E D I C A L   O F F I C E   S Y S T E M											
ACCOUNTS RECEIVABLE REPORT											
Run: Feb 16, 1992		NOT REPORTING CREDIT BALANCES					Page 1				
For: Resp Party BS		AMOUNT DUE									
By: Account Number											
ACCOUNT	DATE	INVC	PRVD	LOC	RESP	CURRENT	30-60	60-90	90-120	120+	C/H/P FLAG
68	01/15/92	250	4ANY	1	BS	1200.00					
69	01/15/92	251	4ANY	1	BS	1205.00					
69	01/16/92	252	4ANY	1	BS	5.00					
73	01/21/92	279	1FCS	1	BS	100.00					
Total For: Resp Party BS						2510.00					
YOUR PRACTICE NAME HERE											
M E D I C A L   O F F I C E   S Y S T E M											
ACCOUNTS RECEIVABLE REPORT											
Run: Feb 16, 1992		NOT REPORTING CREDIT BALANCES					Page 2				
For: Resp Party GHI		AMOUNT DUE									
By: Account Number											
ACCOUNT	DATE	INVC	PRVD	LOC	RESP	CURRENT	30-60	60-90	90-120	120+	C/H/P FLAG
80	02/12/92	294	JJ	O	GHI	158.55					
Total For: Resp Party GHI						158.55					
YOUR PRACTICE NAME HERE											
M E D I C A L   O F F I C E   S Y S T E M											
ACCOUNTS RECEIVABLE REPORT											
Run: Feb 16, 1992		NOT REPORTING CREDIT BALANCES					Page 3				
For: Resp Party MC		AMOUNT DUE									
By: Account Number											
ACCOUNT	DATE	INVC	PRVD	LOC	RESP	CURRENT	30-60	60-90	90-120	120+	C/H/P FLAG
1	01/16/92	253	1FCS	2	MC	4034.64					
1	01/20/92	275	1FCS	1	MC	4020.00					H
1	01/17/92	259	1FCS	1	MC	3335.00					
1	01/20/92	276	1FCS	1	MC	3000.00					H
1	01/20/92	274	1FCS	1	MC	2250.00					
1	01/20/92	277	1FCS	1	MC	1601.00					
1	01/07/92	248	1FCS	2	MC	1500.00					
1	01/19/92	267	1FCS	1	MC	1002.00					
		TOTAL				CURRENT	30-60	60-90	90-120	120+	
GRAND TOTALS		59328.34				39220.41	19927.93	180.00			

Output: Employer Claim Count Report (543)

Your Practice Name			
Medical Office System		Run: Feb 28, 1995	
PERIODIC EMPLOYER CLAIM COUNT			Page: 1
Period: 01/01/94 to 12/31/94			
Employer	Number of Patients	Number of Claims	Total Charges
- UNLISTED EMPLOYER	3	20	748.40
PPG - Pittsburgh Plate Glass	1	7	82.00



Output: Daily Recap Summary (551)

YOUR PRACTICE NAME HERE  
 MEDICAL OFFICE SYSTEM  
 DAILY RECAP REPORT  
 FOR DATE 06/14/94  
 SUMMARY PAGE

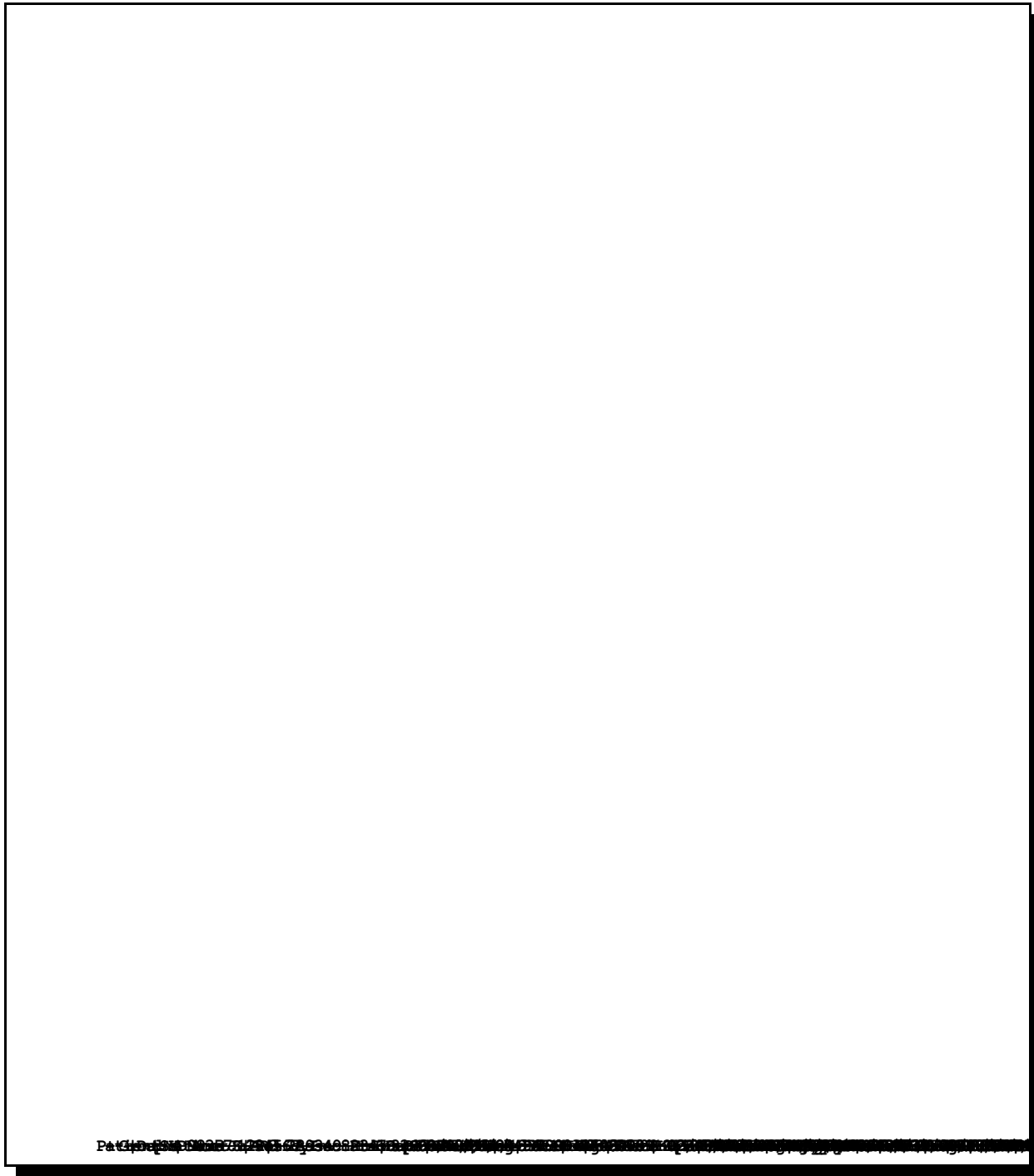
	CHARGES	PAYMENTS	WRITEOFFS	NET CHANGE	TRANSFERS
ENTERED	35649.38 -	6159.21 -	3869.87 =	25620.30	800.00
BACKED OUT	-190.00 -	-73.57 -	-216.40 =	99.97	
NET CHANGE	35459.38 -	6085.64 -	3653.47 =	26520.27	

PATIENT	INSURANCE	CHANGED A/R
	6085.64	3653.47
		26520.27

PAY CODE SUMMARY	
CODE	AMOUNT
CK	6065.64
NA	3625.11
RF	-2.00
WO	28.36
MO	22.00

Output: Year-to-Date Summary (55C)

		Your Practice Name			Run: Mar 2, 1995		
		Medical Office System			Page: 1		
		YEAR-TO-DATE SUMMARY					
		FOR PROVIDER ALL					
MONTH		- 1994 -	- 1995 -	% CHG	Y-T-D 1994	Y-T-D 1995	% CHG
FEB	CHARGES:	6963.54	80.00	-98.9	6963.54	80.00	-98.9
	-PAYMENTS:	2296.22	58.01	-97.5	2296.22	58.01	-97.5
	-WRITE/OFFS:	42.88	22.00	-48.7	42.88	22.00	-48.7
	+TRANSFERS:	.00	.00		.00	.00	
	CHANGE IN A/R:	4624.44	-.01	-100	4624.44	-.01	-100
MARCH	CHARGES:	982.00	5.00	-99.5	7945.54	85.00	-98.9
	-PAYMENTS:	1176.00	.00	-100	3472.22	58.01	-98.3
	-WRITE/OFFS:	.00	.00		132.88	22.00	-83.4
	+TRANSFERS:	.00	.00		.00	.00	
	CHANGE IN A/R:	-194.00	5.00	-103	4340.44	4.99	-99.9
APRIL	CHARGES:	30.00		-100	7975.54	85.00	-98.9
	-PAYMENTS:	66.00		-100	3538.22	58.01	-98.4
	-WRITE/OFFS:	.00			140.88	22.00	-84.4
	+TRANSFERS:	.00			.00	.00	
	CHANGE IN A/R:	-36.00	.00	-100	4296.44	4.99	-99.9
JULY	CHARGES:	693.00		-100	8668.54	85.00	-99.0
	-PAYMENTS:	538.00		-100	4076.22	58.01	-98.6
	-WRITE/OFFS:	98.00		-100	238.88	22.00	-90.8
	+TRANSFERS:	.00			.00	.00	
	CHANGE IN A/R:	57.00	.00	-100	4353.44	4.99	-99.9
AUG	CHARGES:	1068.00		-100	9736.54	85.00	-99.1
	-PAYMENTS:	817.73		-100	4893.95	58.01	-98.8
	-WRITE/OFFS:	.00			701.48	22.00	-96.9
	+TRANSFERS:	.00			.00	.00	
	CHANGE IN A/R:	250.27	.00	-100	4141.11	4.99	-99.9
SEPT	CHARGES:	80.00		-100	9816.54	85.00	-99.1
	-PAYMENTS:	70.00		-100	4963.95	58.01	-98.8
	-WRITE/OFFS:	.00			701.48	22.00	-96.9
	+TRANSFERS:	.00			.00	.00	
	CHANGE IN A/R:	10.00	.00	-100	4151.11	4.99	-99.9



Patients are shown in ascending order of their age.

Output: Write-Off Overdue Invoices (55E)

Your Practice Name						
Medical Office System						
WRITE-OFF OVERDUE INVOICES						
						Run: Mar 2, 1995
						Page: 1
Account	Invoice Age	From-Date	Charges	Balance RSP	Held On	Collectn Action
19	25 24	02/05/93	55.00	55.00 BS		WRITE-OFF
29	35 24	02/09/93	55.00	55.00 BS		
32	38 24	02/08/93	150.00	150.00 KEYS		WRITE-OFF
39	46 24	02/08/93	55.00	55.00 KEYS		
80	94 24	02/11/93	150.00	25.00 BS		
11	22 22	02/03/93	150.00	150.00 MC		
13	13 22	02/03/93	55.00	55.00 MC		
28	34 19	02/09/93	55.00	55.00 MC		
37	44 19	02/05/93	55.00	55.00 MC		
46	53 19	02/10/93	55.00	55.00 MC		
47	55 19	02/10/93	55.00	55.00 MC		
48	54 19	02/10/93	55.00	55.00 MC		
53	71 19	02/10/93	55.00	55.00 MC		
58	65 19	02/10/93	50.00	50.00 MC		
62	70 19	02/10/93	55.00	55.00 MC		
64	72 19	02/10/93	55.00	55.00 MC		
77	88 19	02/11/93	30.00	30.00 MC		
82	93 19	01/20/93	474.69	474.69 MC		
6	7 7	10/06/92	23.57	23.57 PT		
21	24 6	01/27/93	55.00	55.00 BS		
27	33 6	02/09/93	55.00	55.00 AR3		
41	48 6	02/09/93	55.00	55.00 BSWE		
21	100 5	07/23/93	80.00	80.00 MD		
65	74 5	02/10/93	55.00	5.00 PT		
75	85 5	01/27/93	198.75	193.75 PT		
10	101 4	07/27/93	50.00	50.00 MD		

Output: Payments Report (Adjustment Detail) (55F)

Your Practice Name						
Medical Office System						
DAILY PAYMENTS REPORT						
						Run: Mar 2, 1995
						Page: 2
SELECT: Use Transaction Date	FOR DATE 01/01/95					
Include Adjustments	THRU DATE 03/02/95					
Patient's Name	Account	Amount	Typ	From	Description	
Adells, Helena	1	15.00	NA MC	02/01/95	*WRITEOFF	
Rabbini, Margaret	5	7.00	NA MC	01/17/95	*WRITEOFF	
NA ITEMS: 2		TOTAL:	22.00			
Lamb, Irene	19	55.00	UC BS	03/02/95	*AUTO WRITE OFF	
Ramsky, Jay	32	150.00	UC KEYS	03/02/95	*AUTO WRITE OFF	
UC ITEMS: 2		TOTAL:	205.00			
Rabbini, Margaret	5	135.00	WO PT	01/17/95	*ORIG ENTRY...ADJ	
Rabbini, Margaret	5	-135.00	WO PT	01/17/95	*BACK-OUT ORIG EN	
WO ITEMS: 2		TOTAL:	.00			
WRITE-OFF ITEMS: 6		TOTAL:	227.00			

Output: Define Forms Worksheet (UD3)

Your Practice Name  
 Medical Office System  
 DEFINE FORMS WORKSHEET

NAME OF FORM:

Page: 1

DATE CREATED: BY:

Line Numbr	Line Posn	Field Numbr	Length of Field	Description Of Field Contents
		1	8	ACCOUNT CODE
---	---	---	---	---
		2	5	TITLE
---	---	---	---	---
		3	12	FIRST NAME
---	---	---	---	---
		4	1	MIDDLE INITIAL
---	---	---	---	---
		5	14	LAST NAME
---	---	---	---	---
		6	10	BIRTHDATE (MM/DD/YYYY)
---	---	---	---	---
		7	1	SEX
---	---	---	---	---
		8	1	DUN (Y/N/H)
---	---	---	---	---
		9	8	PATIENT BALANCE DUE
---	---	---	---	---
		10	8	INSURANCE BALANCE
---	---	---	---	---
		11	8	PATIENT SINCE (MM/DD/YY)
---	---	---	---	---
		12	4	PATIENT'S PHYSICIAN CODE
---	---	---	---	---
		13	18	REFERRED BY (NOT REFERRING MD)
---	---	---	---	---
		14	8	DATE OF LAST VISIT (MM/DD/YY)
---	---	---	---	---
		15	8	DATE OF NEXT VISIT
---	---	---	---	---
		16	2	AM OR PM
---	---	---	---	---
		17	5	TIME OF NEXT VISIT
---	---	---	---	---
		18	8	LAST PAYMENT DATE
---	---	---	---	---
		19	8	LAST PAYMENT AMOUNT
---	---	---	---	---
		20	2	AGE CATEGORY
---	---	---	---	---
		21	25	ADDRESS LINE ONE
---	---	---	---	---
		22	25	ADDRESS LINE 2
---	---	---	---	---
		23	25	ADDRESS LINE 3
---	---	---	---	---
		24	6	RECAP DATE
---	---	---	---	---
		25	9	CODE OF BILLING PARTY
---	---	---	---	---



Output: Test Form Part 1

451				401	<	404	-----<	
2				405	-----<			
3	..+....	..+....	..+....	..+....	..+....	..+....	..+....	406-----<+....
4								190-----<
5								
6	..+....	..+....	..+....	..+....	..+....	..+....	..+....	..+....
448		447		449				452 403-----<
8								
9	**5-----<+*3			**4 441442443<		.444	.445.408-----<	.407-----<..
10								
11	*21-----<			453	454	455	456	409-----<
12	..+....	..+....	..+....	..+....	..+....	..+....	..+....	..+....
13	620-----<			621		171		172 662-----<
14								663
15	622-----<	.516-516-----<		..+174.		*80+	*81	.664-----<..516-516-----<
16								
17	166-----<	165-----<						509-----<403-----<
18	..+....	..+....	..+....	..+....	..+....	..+....	..+....	..+....
19	508-----<	508-----<		151		152		50516516-----<
20								508 508
21	50516516-----<	..+508..508..	..+169.		170+....	508-----<		..
22								
23	508-----<			153		154		508-----<
24	..+....	..+....	..+....	..+....	..+....	..+....	..+....	..+....
25	414-----<							508
26								
27	..+....	..+....	..+....	..+....	..+....	..+....	..+....	..+....
28								
29	458-----<			461-----<				467-----<
30	..+....	..+....	..+....	..+....	..+....	..+....	..+....	..+....
31	12516516-----<			12516516		12516516		12516516
32								
33	120-----<	..+...610-----<	..+....	..+....	..+....	..+....	..+....	13516516..+...13516516..
34								
35	606-----<	607608-----<				159	160	135-----<
36	..+....	..+....	..+....	..+....	..+....	..+....	..+....	..+....
37	351516-----<			353516-----<				
38								
39	352516-----<	..+....	..+....	354516-----<	..+....	..+....	..+....	138-----<..+....
40								
41								
42	..+....	..+....	..+....	..+....	..+....	..+....	..+....	..+....
420	516516	20516516	561321	301-----571		202-----<	205-----<	206 426-----<
44								
420	516516	20516516	.562322	.302-----573..	.210-----<	213-----<	214..+....	.501-----<
46				333-----<				
421	516516	21516516	563323	303-----575		218-----<	221-----<	222 502-----<
48	..+....	..+....	..+....	..+....	..+....	..+....	..+....	..+....
422	516516	22516516	564324	304-----577		226-----<	229-----<	230 503-----<
50				335-----<				
523	516516	23516516	.565325	.305-----579<..	.234-----<	237-----<	238..+....	.504-----<
52				336-----<				
524	516516	24516516	566326	306-----581<		242-----<	245-----<	246 505-----<
54	..+....	..+....	..+....	..+....	..+....	..+....	..+....	..+....
542	3-----<	457	661-----<	460	459	471-----<	472-----<	473-----<
56								376-----<
57	..+....	..+....	..+....	..+....	..+....	..+....	..+....	..+....
57				439-----<	..+....	..+....	..+....	422-----<
58				510-----<				373-----<
59				510-----<				375-----<
60	..+....	.461-----<	..+....	..+....	..+....	..+....	..+....	..+....
				510-----<	..+....	..+....	..+....	.425-----<
								187-----<
				476-----<				

Output: MOS EDI Conversion Report (E1) (EZA)

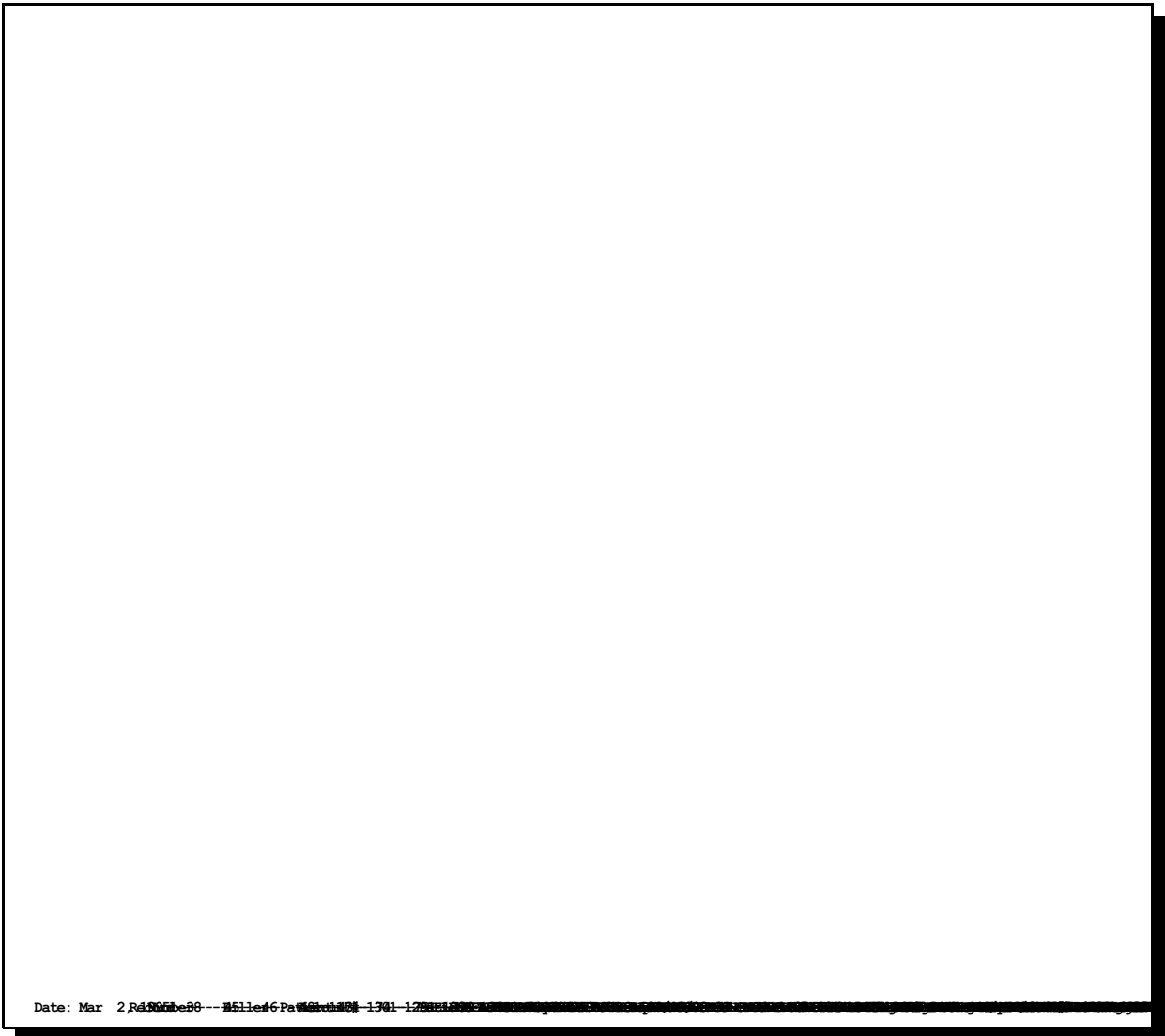
MOS Invoices attempted to download to MOS EDI with resulting message.

Printed: Mar 2, 1995 at 11:55:58

Page: 1  
Sequence #: 63

Item	Account#	Invoice#	Message
1	1	117	Ready To Send
2	1	120	Ready To Send
3	1	129	Ready To Send
4	1	130	Ready To Send
5	6	137	Ready To Send
6	10	101	Missing Provider Record For: 2
7	11	22	Ready To Send
8	13	13	Ready To Send
9	16	16	Ready To Send
10	18	18	Ready To Send
11	20	144	Ready To Send
12	20	146	Ready To Send
13	20	147	Ready To Send
14	20	149	Ready To Send
15	20	151	Ready To Send
16	20	152	Ready To Send
17	20	154	Ready To Send
18	21	100	Ready To Send
19	24	30	Ready To Send
20	26	31	Ready To Send
21	28	34	Ready To Send
22	36	43	Ready To Send
23	37	44	Ready To Send
24	46	53	Ready To Send
25	47	55	Ready To Send
26	48	54	Ready To Send
27	53	71	Ready To Send
28	58	65	Ready To Send
29	62	70	Ready To Send
30	64	72	Ready To Send
31	66	75	Ready To Send
32	66	76	Ready To Send
33	77	88	Ready To Send

All claims listed with errors were not included in this sequence #.  
These, once corrected, will be included in the next new run to MOS EDI.



Date: Mar 2, 2006 10:50:16 AM



Date: Mar 2 2007 11:59 AM --- Belle Glade, FL 33420-5320 --- 11 13 13 11

Output: Amortization Report (8!)

Date: Mar 2, 199 Time: 12:06:18

Loan: 2000.00  
 Annual Interest Rate: 8.0000  
 12 Payments/yr for 1 years  
 Beginning: Jan 1995

Amortization Table for: jones account

---

Date	Interest	Principal	Payment	Balance
Jan	13.33	160.65	173.98	1839.35
Feb	12.26	161.72	173.98	1677.63
Mar	11.18	162.80	173.98	1514.83
Apr	10.10	163.88	173.98	1350.95
May	9.01	164.97	173.98	1185.98
Jun	7.91	166.07	173.98	1019.91
Jul	6.80	167.18	173.98	852.73
Aug	5.68	168.30	173.98	684.43
Sep	4.56	169.42	173.98	515.01
Oct	3.43	170.55	173.98	344.46
Nov	2.30	171.68	173.98	172.78
Dec	1.15	172.78	173.93	.00
Totals For Year 1995	87.71	2000.00	2087.71	

Output: Daily Office Schedule (53A)

Your Practice Name  
 Medical Office System  
 Daily Office Schedule

Run: Oct 7, 1997  
 Time: 14:29:30

Thursday 06/19/97 ALL DOCTORS

Time	Dr	Name	Reason For Visit	Home Phone Work Phone
10:00 AM	1	Rose M Fountin		(412) 555-5955
10:00 AM	1	Rose M Fountin	Followup	(412) 555-5955
11:00 AM	1	Russell J Davidson	Test Thyroid	(412) 555-6679
11:00 AM	UNKN	Make A Appt		

Output: Procedure Payment Report (51E)

		Medical Office System	Run: Sep 28, 1997				
		PROCEDURE PAYMENT REPORT	Page: 1				
SELECTED PROV: ==							
PROC: ~ALL							
FROM: 01/01/97 TO 09/28/97							
		Chrg					
CPT	Description	Charges	Payments	Write-Offs	Refunds	Count	Profit %
11111	NEW TEST OF THE PROCEDURES	600.00	465.60	122.40	.00	2	77.60 %
99214	RETURN OFFICE VISIT-M/H	55.00	42.00	13.00	.00	1	76.36 %
99303	NURSING FACILITY SERVICE HIGH	150.00	120.00	30.00	.00	1	80.00 %
TOTAL OF ALL PROCEDURES SELECTED		805.00	627.60	165.40	.00	4	

Output: Missed Recall Report (520)

		Medical Office System	Run: Jan 26, 1998				
Missed Recalls: 12/1997		MISSED RECALL REPORT	Page: 1				
Account	Patient's Name	Recall	Missed Calls	Last Letter	Home Phone / Work Phone	Ext	Last Seen/ Pat Bal
3	Peter King Reason: Now I Want To Test This	10/1997	1	01/26/1998	(412) 555-9158		01/12/1998 100.00
3	Peter King Reason: July Diabeties Check	09/1997	1	01/26/1998	(412) 555-9158		01/12/1998 100.00
15	Madge Trumball Reason: Next Test - Sugar	11/1997	1	01/26/1998	(412) 555-6750		02/03/1993
1	Helena M Adells Reason: Test Of This	12/1997	1	01/26/1998	(412) 555-5342		09/04/2001 118.60



Medical Office System

Merge Text Name: BROKEN BONE

Printed: 01/26/98

-----  
BROKEN BONE

1 This patient has suffered a badly broken bone in the arm.  
2 It is recommended that the patient be kept under sedation  
3 until the cows come home. A cast of plaster was created and  
4 should remain in place for at least 6 weeks.p  
5 p  
6 That's all folks.p  
7 \*pnamep  
8 \*padd1p  
9 \*padd3p  
10 \*pdobp  
11 p  
12 p  
13 p



Output: Count of Patients By Carrier (52F)

Your Practice Name				
Medical Office System			Run: Oct 3, 1997	
+-----+			Page: 1	
PATIENT FILE LIST				
by CARRIER				
+-----+				
Doctor: 1				
Account	Patient's Name	Sex	Birthdate	SS Number
-----				
AARP	AARP			
	44 Kosta	Betty	F 02/01/1924	555-14-8872
	5 Rabbini	Margaret B	F 10/19/1927	555-20-1520
AARP	AARP	Number of Patients:		2
=====				
AR1	Ar1			
	1 Adells	Helena M	F 10/04/1912	555-38-5467
	22 Manfield	Phyllis	F 03/05/1921	555 12 2465
AR1	Ar1	Number of Patients:		2

Output: Patient Address List (521)

Your Practice Name				
Association Of Retired 2			Run: Feb 23, 1995	
+-----+			Page: 1	
PATIENT ADDRESS REPORT				
+-----+				
Account/ Pat Since	Patient's Name/ Address City State Zip	Home Phone/ Work Phone	Birthdate	Number of Patients
-----				
	24 Ranquick	Joseph	M 01/05/1925	555-38-4416
	1 Adells Helena	(412) 555-5342	10/04/1912	
10/07/83	556 Shady Grove Pittsburgh PA 15226			
	3 King Peter	(412) 555-9158	12/04/1923	
05/03/88	5553 Amman Street Pittsburgh, Pa 15226		M 01/11/1918	555-03-7084
	5 Rabbini	Margaret B	F 10/19/1927	555-20-1520
	4 Afish Joyce	(412) 555-4203	08/27/1941	
03/20/92	555 Crest Ave Belle Vernon PA 15102			2
	5 Rabbini Margaret	(412) 555-3498	10/19/1927	
02/03/93	554 E. Merrigold Street Munhall PA 15120			
	8 Amella	Tina	F 01/30/1960	555-42-3443
	6 Allentown John	(412) 555-1193	01/18/1927	
10/06/92	556 Bell Rd. Dravosburg PA 15034			1
	7 Racer [Name]	(412) 555-0500	11/08/1945	
06/05/92	550 Walbridge Street Pittsburgh PA 15220			
	8 Cassio Daniele	(412) 555-4556	04/11/1969	
12/10/90	555 Modisette Avenue Donora PA 15033	(412) 555-2245		
	9 Thomkin Edna	(412) 555-5473	05/27/1921	
02/08/91	552 Iberia Street Pittsburgh PA 15211			
	10 Appendix Otelia	(412) 555-1185	01/09/1940	
04/14/88	553 Lombard St. Pittsburgh PA 15219	(412) 555-7349		

Output: Non-MD Referral Source (52G)

Your Practice Name			
Sort by source	Medical Office System		Run: Jan 26, 1998
Selection: Source not Blank	NON-MD REFERRAL SOURCE		Page: 1
Source	Account	Last Name	First Name
HMO	59	Prudish	Rose
HMO	41	Richland	De Armond
Source Count:		2	
UNION	45	Polenski	Judy A
UNION	81	Zerenni	Jo Ann
Source Count:		2	

Output: New Patient Graph (52H)

filePro Medical Office System								Run: Oct 3, 1997
FROM: 01/01/93	NEW PATIENT GRAPH						Page: 1	
TO: 10/03/97	DOCTOR: 1							
YEAR	1	2	3	4	5	6	7	
MONTH	0	0	0	0	0	0	0	
--	.....+..... .....+..... .....+..... .....+..... .....+..... .....+..... .....+.....							
9301	* 1							
9302	***** 38							
9311	** 2							
YEAR	-----						YEAR TOTAL =>	41
9405	** 2							
YEAR	-----						YEAR TOTAL =>	2
--	.....+..... .....+..... .....+..... .....+..... .....+..... .....+..... .....+.....							
01/01/93	1	2	3	4	5	6	7	
10/03/97	0	0	0	0	0	0	0	
TOTAL	43 NEW PATIENTS FOR DOCTOR 1							

Output: Recall Patient Letters (527)

Dear Peter King

Our records show that we sent you a notice to contact our office for a Diabetes Chemistry Chec on 09/1997

It is important to continue your treatment as specified to provide you with the best health care possible.

Output: New Patient Report (52I)

filePro Medical Office System Run: Oct 3, 1997  
 FROM: 01/01/93 NEW PATIENT REPORT Page: 1  
 TO: 10/03/97 DOCTOR: 1

DATE	PATIENT'S NAME	HOME PHONE	WORK PHONE	EXT
01/04/93	Betty Kosta	(412) 555-5355		
02/03/93	Margaret B. Rabbini	(412) 555-9960		
02/05/93	Rose M. Fountin	(412) 555-5955		
02/05/93	Homer G. Handsome	(412) 555-2607		
02/05/93	Ellen Hindenburgh	(412) 555-4955		
02/05/93	Phyllis Manfield	(412) 555-1368		
02/05/93	Rose Piaella	(412) 555-6157		
02/05/93	George Stomach	(412) 555-8511		
02/05/93	Frank L. Superman	(412) 555-9454		
02/05/93	Madge Trumball	(412) 555-6750		
02/05/93	Mary Vase	(412) 555-2638		
02/08/93	Michael B. Byran	(412) 555-6398	(412) 555-7071	
02/08/93	Jay V. Ramsky	(412) 555-3497	(412) 555-6800	231
02/09/93	Tina Amella	(412) 555-5363		
02/09/93	Mary K. Computer	(412) 555-3147		
02/09/93	Margaret Sue Dumber	(412) 555-1137		
02/09/93	Doreen Flagstone	(412) 555-1985		
02/09/93	Lana Kuppenhimmer	(412) 555-6108		
02/09/93	Kathy Metro	(412) 555-8795		
02/09/93	De Armond Richland	(412) 555-5152		
02/09/93	Mary Skelly	(412) 555-5652		
02/10/93	Julia Amellia	(412) 555-4498		
02/10/93	Alma Clementine	(412) 555-2537		
02/10/93	Lewis Cucumber	(412) 555-6052		
02/10/93	Susan Cuddles	(412) 555-8860		
02/10/93	Mary A. Fishface	(412) 555-2484	(412) 555-6400	
02/10/93	Margaret Gabriel	(412) 555-4996		
02/10/93	Virginia Hallow	(412) 555-6695		
02/10/93	Edward Highland	(412) 555-8313		
02/10/93	Patricia Hutchie	(412) 555-8140	(412) 555-8909	
02/10/93	Patricia Karoki	(412) 555-1569		
02/10/93	Dorothy J. Macken	(412) 555-6569		
02/10/93	Jynx Scaline	(412) 555-7641	(412) 555-4210	
02/10/93	Dorothy Zebrella	(412) 555-7924		
02/11/93	Louis L. Dragonski	(412) 555-5283		
02/11/93	Valgene J. Venesual	(412) 555-4892		
02/11/93	Frances Yung	(412) 555-5434		
02/11/93	Jo Ann Zerenni	(412) 555-5251		
02/11/93	Elizabeth E. Zywowski	(412) 555-1997		
11/08/93	Zbignew Zbrinkowski	(412) 555-1111		
11/22/93	Margaret G. Smyth	(412) 666-8899		
05/31/94	George Adells	(412) 555-5342		
05/31/94	Mary Smithson	(412) 555-1212		

43 NEW PATIENTS FOR DOCTOR: 1

Output: Patient Balance List (55H)

Your Practice Name						
filePro Medical Office System					Run: Oct 7, 1997	
PATIENT BALANCE LIST					Page: 2	
Patient Account	Patient Name Last	First	Patient Balance	Ins Balance	Carrier Balances	Carrier Expected
47	Landing	Dorothy		55.00	MC 55.00	44.00
66	Macken	Dorothy J		105.00	MC 105.00	88.00
22	Manfield	Phyllis		130.00	MD 130.00	76.00
36	Newman	Wanda	171.20	.00		
19	Palmquist	Thomas J		280.00	ESQ 100.00	100.00
48	Pertch	Kathryn		55.00	MC 55.00	44.00
13	Piaella	Rose		3.60	BS 3.60	3.60

Output: Family List (52K)

Your Practice Name								
filePro Medical Office System					Run: Oct 3, 1997			
FAMILY LIST					Page: 1			
by Bill To Code								
Family Group	Account	Name	Date of Birth	Sex	Ins Resp Ptr	Responsible Name	Rel	Family Member
P	1	BILL TO: Helena M Adells						
	1	Ms. Helena M Adells	10/04/1912	F	MC R	8 Adam L Kuczma	01	Self
					BS65 P	1 Helena M Adells	01	
					MD P	1 Helena M Adells	01	
	20	Frank L Superman	01/02/1925	M	MC P	20 Frank L Superman	01	Self
					BS P	20 Frank L Superman	01	
	75	George Hipepper	08/25/1931	M		Frank L Superman		Father
	11	Mr. George Stomach	06/16/1933	M	MC P	11 George Stomach	01	Self
					BS P	11 George Stomach	01	
	83	Marilyn Angels	03/13/1942	F	BS R	16 Angell Charles E.	02	Mother

Output: Count of Patients by Zip (52J)

Your Practice Name				
MOS PATIENT'S COUNTED BY ZIP CODE				
Printed: Oct 3, 1997			Page: 1	
	Zip Code	City	State	Count
-----				
5 digit	15012	Belle Vernon	PA	2
5 digit	15022	Charleroi	PA	4
5 digit	15025	Clairton	PA	7
5 digit	15033	Donora	PA	4
5 digit	15034	Dravosburg	PA	1
5 digit	15037	Elizabeth	PA	2
5 digit	15045	Glassport	PA	1
5 digit	15062	Monessen	PA	4
5 digit	15063	Monongahela	PA	4
5 digit	15087	Webster	PA	1
-----				
3 digit	150			30
-----				
5 digit	15102	Bethel Park	PA	3
5 digit	15120	Munhall	PA	3
5 digit	15122	West Mifflin	PA	2
5 digit	15132	Mc Keesport	PA	2
5 digit	15135	Mc Keesport	PA	1
5 digit	15137	N.Versailles	PA	1
5 digit	15139	Oakmont	PA	1
-----				
3 digit	151			13
-----				
5 digit	15211	Pittsburgh	PA	1
5 digit	15216	Pittsburgh	PA	2
5 digit	15219	Pittsburgh	PA	1
5 digit	15220	Pittsburgh	PA	2
5 digit	15226	Pittsburgh	PA	3
5 digit	15227	Pittsburgh	PA	6
5 digit	15236	Pittsburgh	PA	14
-----				
3 digit	152			29
-----				
5 digit	15320	Carmichaels	PA	1
5 digit	15332	Finleyville	PA	1

Output: Performance by Carrier (544)

		filePro Medical Office System		Run: Oct 7, 1997	
Other: 1 - 6 1997		Performance by Carrier		Page: 1	
		FOR RSP PARTY ALL			
Carrier	Carrier Name	Charges	Payments	Variance	% CHG
AARP	AARP	.00	.00	.00	
AR1	Arl	.00	.00	.00	
AR3	AR3	.00	.00	.00	
BS	Blue Shield Of Pa	960.00	360.00	600.00	37.5
BS65	Blue Shield Of Pa Special 65	47.50	112.00	-64.50	235.8
KEYS	Keystone Health Plan West	665.00	.00	665.00	.0
MC	Medicare	3011.69	1195.39	1816.30	39.7
PT	PATIENT	3764.01	2449.80	1314.21	65.1
Total for Practice:		8448.20	4117.19	4331.01	48.7

Output: Check Track List (546)

		filePro Medical Office System		Run: Jan 27, 1998	
		+-----+		Page: 1	
		CHECK TRACK REPORT			
		+-----+			
Insurance Carrier: Blue Shield Of Pa					
Account	Patient Name (Last,First)	Invoice	Line	Amount	
23	Byran Michael	163	2	50.00	
3	King Peter	164	3	200.00	
3	King Peter	193	2	135.00	
Blue Shield Of Pa		Total Applied:		\$ 385.00	
Check #: 87654321					
Check Date: 08/29/97					
Check Total: \$ 500.00		Unapplied Amount:		\$ 115.00	

Output: Code Cross Reference List (547)

Printed: 01/27/98		Medical Office System		Page: 1
Code Cross Reference List				
Ins Code	Field Code	MOS Code	⇒	Insurance Carrier Code
AARP	MDID	1	⇒	98273625
AARP	TOS	N	⇒	MN
AARP	TOS	N	⇒	923
ARP	TOS	N	⇒	Y
BS	MDID	12	⇒	BS321212
BS	POS	01	⇒	123
BS65	MDID	1	⇒	BS123456221
BS65	POS	03	⇒	A
BS65	POS	01	⇒	WQ
BS65	TOS	1	⇒	AB
ESQ	MDID	1	⇒	15201

Output: Electronic Insurance Data Report (545)

filePro Medical Office System		Run: Oct 7, 1997	
+-----+		Page: 1	
HEALTH INSURANCE CARRIERS			
ELECTRONIC SUBMISSION DATA			
+-----+			
Code	Company Name	Payor ID	Claim Office# OCNA# CO SOP Group #
AARP	AARP	MA001	301
N	P.O. Box 13999 Philadelphia, PA 19187		
AETN	Aetna		
BAS	Benefit Administrative Systems		9
N	43 Orland Square Drive Suite 303 Orland Park IL 60462		
BS	Blue Shield Of Pa	12345	15
N	Po Box 890058 Camp Hill PA 17089-0058		
BS65	Blue Shield Of Pa Special 65		
N	456 Blue Street		
CORN	Corning Inc.		
N	Health Benefits Po Box 542 Corning NY 14830		



Notes: