

Medical Office System

Chapter 5: Setting Up The Practice File

This chapter discusses

- customizing your Medical Office System.
- defining your practice.
- establishing security for financial functions.

First install your Medical Office System following the instructions enclosed for your system. Then the Medical Office System is started by typing the following at the MSDOS or UNIX/XENIX prompt. If you are on an MSDOS system, you should be on the hard drive where your MOS was installed before typing "mos".

```
mos 
```

The Medical Office System main menu will appear.

Inputting information into the Practice File provides all the information needed to start entering patients and claims.

The Practice File contains information describing your practice and how the MOS should function in your practice. Some tunable parameters include number of billings per month, whether printer selections are offered, if the MOS should beep on an error and if pre-printed forms are to be used. Also, the setup file is where the password protection and authorized user features are enabled.

Please be sure to read Chapter 3, "Traversing the MOS", before continuing. That will explain general data entry techniques.

To get to the Practice File, press to select the "Support File Maintenance Menu" from the "Main Menu" then press for "Practice Information". If you have previously assigned a Maintenance Password, a prompt will be displayed requesting this password before continuing.

Passwords

If you have not changed the MASTER password for your system, the "Changing Password" warning will be displayed first. This warning screen will be displayed whenever you return to this file until you change the MASTER password to one of your own. Press to continue and then a prompt will appear:

```
Change Passwords?
```

Changing Passwords

You are given the opportunity to change the system passwords. To indicate "Yes", press , then enter the Master Password (password¹). For your protection you should answer "Y" and change this password immediately to one of your own choice and safeguard it for your own protection. Other passwords can only be changed by the person who knows the new master password.

Note: Please keep a record of your master password. Our support staff will be unable to help you change it if you forget. Write it down and place it in a

1

The distribution MASTER password is "password". Since continuing to use this provides no real security, we recommend it be changed.

sealed envelope in a safe place. This will allow another person to open it in a emergency. The opened envelope will tell you to re-assign the password as soon as possible.

The Medical Office System will not accept a blank master password. If the field is left blank, the MOS will ignore the master password field and retain the previous password.

If you answered "N" when asked if you want to change the password, skip this section and go to the next page.

You can enter a password for each of the six operations. To access the Daily Input function of the main menu, for instance, you would need the "Daily Input" password.

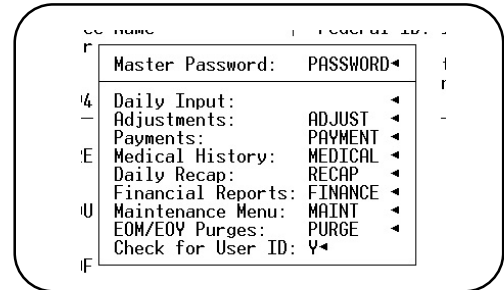


Figure 5-1 : Practice File Passwords

Daily Input

Password:

This will protect the Daily Input Function from access. This function holds all your patient records.

Adjustments

Password:

This will limit access to the adjustment function. Charges and Payments will not be able to be modified without this password.

Payment Password: This password is to limit who may enter a payment.

Medical History:

This will limit access to the patient's medical history.

Daily Recap:

This will only allow someone with this password to run the Daily Recap. This report is a financial summary of the day's activity.

Financial Reports:

All reports that list financial practice information will be limited with this password.

Maintenance Menu:

This will limit access to the special patient maintenance functions on the Patient Utility Menu. This will also limit access to many of the support files.

EOM/EOY Purges:

This password will limit access to the month-end clean up activities.

Check for User ID:

Enter to activate the Authorized User security which will check the user id and only give access to the areas indicated. The User ID is added to the transaction data for activity by user reports. This will also allow you to sort daily recaps by User ID, to have each user check the data that was entered.

Default Date:

Activating the Authorized User function also will allow a default transaction date to be entered, when the user is entering Daily Input. This date is used as the default date for adding charges, payments and notes. It is also used as the default date for Patient Since, First Consulted, First Symptom, From Hospitalization Dates Invoices, Statements and reports will still reflect the computer system date. This will allow a simple way to enter claims that occurred on a prior date and still keep the computer system dated accurately, as recommended.

Practice Address Screen

The first screen in the practice file is displayed and ready for data entry to begin.

Name

Type the name of your practice -- you have up to 30 spaces. This field **cannot** be left blank.

- Address** Use the address lines to enter your complete address: street, Suite etc. Each line has room for 30 characters.
- City/State** The third line labeled ADDRESS is used for the city and state code.
- Zip Code** Enter the zip code.
- Phone number** Type your telephone number, including area code and extension. Typing dashes or parentheses is not necessary -- the system will add them as needed.
- Federal I.D.** Type the federal identification numbers of the practice (up to 20 characters). Alphanumeric and punctuation codes are allowed.

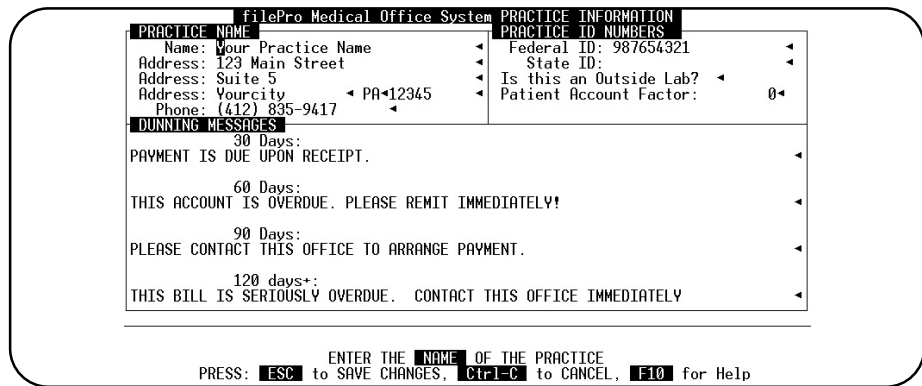


Figure 5-2 : Practice File Screen 1

- State I.D.** Type the state identification numbers of the practice (up to 20 characters). Alphanumeric and punctuation codes are allowed.
- Outside Lab?** Enter if this practice is an outside lab facility.
- Dunning Messages** The Medical Office System ages all accounts receivable when running monthly statements, and can print different dunning messages for 30-, 60-, 90-, and 120-day overdue accounts. Dunning messages are optional by patient or overall. There are 79 spaces for each message. **If you do not run statements, your invoices will not age.**

Note: *Dunning messages can be turned off for individual patients. Enter in the dunning field in the patient file (see Page 6-6, Daily Input).*

We have given sample dunning messages. Remove or change them to your liking.

Saving your work (Practice Address)

Press the key to store the information and continue to the next screen.

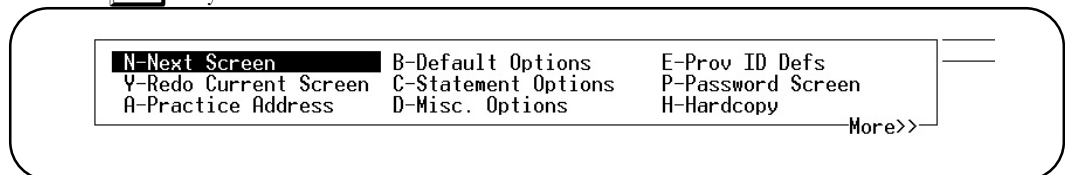


Figure 5-3: Practice File Prompts

The list of choices is displayed.

If this is a new installation or the practice address has been modified, please make a hardcopy before proceeding. This information is required to register your Medical Office System with our support staff.

Highlight the option to jump to a specific screen or function. If you are going through all the screens, then press **[N]** and then **[ENTER]**.

Default Options Screen

PRACTICE NAME		VSS Medical Office System		PRACTICE DEFAULT OPTIONS	
Name:	Your Practice Name	Area Code:	412	State:	
Address:	123 Main Street	City:		Zip:	
Address:	Suite 5	Provider:	1	Sched Dr:	12
Address:	Yourcity	Location:	1	Accept Provider Assignment:	A
	PA*12345	Accept Insurance Assignment:	V	Patient Privacy:	V
PARAMETERS					
	Sound a Beep On Errors?	N			
	Ask the "Redo The Above" Question?	V			
	Ask for Next Appointment/Recall?	V			
	Beep if Pat in Collection:	V			
USER DEFINED FIELDS					
1:		6:			
2:		7:			
3:		8:			
4:		9:			
5:		10:			
USER INFORMATION					
LATE		Chg/Month:	1.50%		
		Medicare Payment:	80.000%		
		Medicare NON Par Pay:	95.000%		
		MC NON-PAR Max Charge:	115.000%		
SYSTEM INFORMATION					
		Last Invoice#:	270		
		Last Policy Holder#:	23		
		Last Authorized#:	25		

ENTER Y, ES or N, O
PRESS: ESC to SAVE CHANGES, Ctrl-C to CANCEL, F10 for Help

Figure 5-4 : Practice File Screen 2

The next practice screen will be displayed. The following fields will enable you to customize certain aspects of the **Medical Office System**.

Parameters Section

These answers control the way the Medical Office System responds in certain situations. These are simple Y(es) or N(o) questions.

Sound a Beep on Errors?

Should MOS use a 'beep' to alert the data entry person when there is an error.

Ask "Redo the Above" question?

Enter "Y" if the system should display the question

REDO THE ABOVE?	Y, N, Hardcopy? >
-----------------	-------------------

after each screen is saved? .To save keystrokes during data entry, this prompt can be omitted by indicating "N" for this question.

Ask for Next Appointment / Recall?

Should MOS prompt for the patient's next appointment/recall after creating an invoice for the day's activity? The system will only ask for a next appointment if there is not one already scheduled. If the appointment scheduler is not active, or would like to omit this question answer "N".

Beep if Pat in Collection

Whenever a patient with invoices in collection is displayed in Daily Input, make a beep if the answer in this default is "Y". This will remind you to try to get payment before scheduling additional services for this patient. Leave it blank or enter "N" to omit the beep.

User-Defined fields

Used to hold additional information for printing on insurance forms. This allows 10 additional fields of information that can be used on insurance forms for any data that is not already included in the MOS, for more information see Chapter 15, "Adding/Changing Forms".

Defaults Section

Area Code, State, City, Zip

The default area code, city, state and zip which the system will supply, if filled in, while inputting patient demographics, if used. These defaults are optional. Leave the zip field blank if you do not intend to know the zip of a patient.

Provider

Signify the default provider by putting his/her code here. This fields can be up to 4 characters (alpha and/or numeric). In a typical practice the provider's initials would be their code. Press to display the providers currently in the provider file and select from that list. If a provider is indicated that is not in your provider file, be sure it is added.

Location

Enter Default location code to be used on Patient Demographics. It will use "1" if this code is left blank. Press to display the locations currently available from the location of service file and select from that list. If a location code is indicated that is not in your location of service file, be sure it is added.

Accept Provider Assignment

Answer if the Practice Accepts Assignment, if the Practice is not accepting assignment. This data field is used on electronic submission formats only.

Accept Insurance Assignment

Answer if the Practice Accepts Insurance Assignment, if the Practice is not accepting insurance assignment. This is the default entry for the patient invoices.

Patient Privacy

Answer if the patient privacy default should be "Y". Press if the patient privacy is "N". These answers are only defaults and can be changed for each patient.

USER Information

Description

Enter the correct description for the interest rate applied to the patient's overdue invoices. This might be "Late Fee", "Interest", "Late Chg", etc. If this is blank, the word "interest" is used.

Interest rate

The rate to be applied to late payments, if any. There is a thirty day grace period. Enter this as a whole number. For example, 5% would be entered "5.00".

Medicare Payment

The percent that Medicare pays on the "Allowed Fee" schedule mandated by HCFA. At the current time this is 80%. Enter it as a whole number, for example, 80% would be entered "80.000".

Non PAR Payment

Enter the percent that Medicare pays for Non Participating Practices, at the current time, this is 95% of the Medicare Allowed Amount. In other words, the payment expected is 95% of the Medicare Allowed Amount. For example, for a procedure that has a Medicare Allowed Amount of \$100, the participating provider would receive 80% or \$80 and a non-participating provider would receive \$76 or 95% of \$80.

MC NON-PAR

Max Charge

Use this field to enter the maximum percent over the allowance that can be charged to a patient.

System Information

Last Invoice #

Generated by the system but may be changed to match your current invoice numbering system. The system will not allow you to enter a number less then the highest invoice number already in the MOS.

Last Policy

Holder #

Generated by the system but may be changed to match your numbering system. The system will not allow a number less then the highest policy holder number already in the MOS. This is the number sequence assigned to the responsible parties and sends statements to parties that are not patients in the system.

Saving your work (Default Options)

Press the **[ESC]** key to store the information and continue to the next screen.

The screenshot shows a menu with the following options:

N-Next Screen	B-Default Options	E-Prov ID Defs
Y-Redo Current Screen	C-Statement Options	P-Password Screen
A-Practice Address	D-Misc. Options	H-Hardcopy

More>>

Figure 5-5: Practice File Prompts

The list of choices is displayed.

Highlight the option to jump to a specific screen or function. If you are going through all the screens, then press **[N]** and then **[ENTER]**.

Statement Options Screen

The screenshot shows the 'filePro Medical Office System STATEMENT OPTIONS' screen. It is divided into several sections:

- STATEMENTS:**
 - Bill by Date or Alpha: **[D]** 09/09/97
 - Alpha Billings/Month: **[8]** Next: **[2]**
- Statement Selection Parameters:**
 - Credit Balance Accounts? **[N]**
 - Statements for Ins Amount: **[Y]**
 - Statements for Zero Balance: **[Y]**
 - Include Collection/Hold Inv: **[Y]**
- Statement Parameters:**
 - Sort Statements by Zip Code? **[N]**
 - Sort Statements by Doctor: **[N]**
 - Send Statemts After 1 Month: **[N]**
 - Pre-Printed Bills: **[N]**
 - Printer Name: **[]**
 - Remove Tax ID from Statements: **[]**
- SYSTEM INFORMATION:**
 - Resubmit Ins After: **[60]** Days
 - Purge Invoices After: **[24]** Months
 - " Appntmt/Recalls": **[12]** Months
 - Purge Check Track: **[1]** Months
 - Print Recap for Entire Day? **[Y]**
 - Print Ins for 0 Bal Pat Inv?: **[Y]**
 - Create PROC/DIAG Hist File?: **[Y]**
 - Purge PROC/DIAG Hist: **[50]** Years
- Code Table Choices:**
 - Field Choices Qualifer: **[]**

At the bottom, it says: SEND STATEMENTS BY **[A]** LPHABET or **[D]** DATE. PRESS: **[ESC]** to SAVE CHANGES, **[Ctrl-C]** to CANCEL, **[F10]** for Help

Figure 5-6: Practice Statement Options Screen

*Bill by Date or
Alpha*

The type of statement order that is preferred, Alphabetic, or by Date. If the billing should be organized by date, press **[D]** or if the billing should instead be done alphabetically, press **[A]**. If "D" is selected, the cursor will move directly to the 30-day dunning message field and a message box will be displayed stating it has skipped any field that is not required for Date option.

Note: *The date to the right of this field is the date you last billed.*

*Alpha
Billings/Month*

The number of billings the system should generate in a cycle.

Next

This is a field is managed by the system to track the next billing cycle. To change this field if the billing cycle is disrupted in some way, a little trick is necessary. When you save this screen and the REDO? question is displayed, press **[A]** **[ENTER]**. This screen will redisplay and the cursor will now be able to move to this field to change the current cycle. This might be necessary if a batch of statements gets jammed in the printer and you usually run more than one cycle in the month.

Note: *If your office bills once a month we suggest you use alpha billing with a cycle of "1".*

Statement Selection Parameters

Credit Balance Accounts?

Do you want a statement to print for credit balance accounts? They will always print the first month. If you select N then after that first report, the credit balance statements will not print in the batch printing function.

Statements for Ins Amounts

Do you want to include insurance invoices on the patient statements? Answer Y to include insurance responsible invoices.

Statements for Zero Balance

A statement will always print if the patient has current activity on the account. On subsequent months a statement will not be printed. Answer Y to omit statements for zero balance accounts.

Statements for Collection/Hold

Answer Y if you would like to print a statement for patients that are in collection or on hold.

Statement Parameters

Sort Statements by Zip Code

Should patient statements be sorted by zip code? Otherwise they are sorted by account number.

Statements by Doctor

In a multi-provider practice, you may elect to sort patient statements by provider as well as by zip code.

Send Statements after 1 Month

We recommend "Y" if you hand patient statements at time of service. This is only for practices that bill by date.

Pre-Printed Bills

Answer Y if you use statements with the Practice Name and address pre-printed on the forms.

Printer Name

Browse

Enter the printer that should always be used for batch printed statements. The printer name is one defined in the Printer Maintenance. Use F6 to display the printer names available and select one from the list. It is possible to enter a name that is not currently on the list. Validation is not done on this field. If the printer is not found, the default printer is used.

System Information

Resubmit Ins. After

You can set your system to wait a certain number of days (from 30-365) before re-submitting an unpaid insurance form for the first time. (We suggest 60 days to avoid any crossing in the mail.) After the given number of days, the unpaid insurance form will be re-submitted every 30 days.

Purge

Invoices After

This is the number of months that zero balance invoices will remain on file in the system (1-999). (We suggest 18 months.) After the given number of months the invoices will be deleted during the End-of-Month Purge, see Chapter 16, "Periodic Operations". Invoices on hold or in collection are never included in a purge.

"Appointments/

Recalls"

The number of months appointments/recall will remain on file (1-999). (We suggest 12 months.) After the given number of months the appointments and recalls will be deleted during the End-of-Month Purge, see Chapter 16, "Periodic Operations".

Purge Check Track

This is the new feature that allows you to enter and disburse large checks from Medicare or any insurance company. Each payment made from the check is written to this work file so the payments can be totaled and the detail used to reconcile the check. The data in this file is only useful until you have reconciled the check payments with the documentation received with the check. Enter the number of months the data should be saved before it is purged. The recommended amount is 1 or 2 months.

Print Recap for the Entire Day?

Should the Recap report include all entries for the entire day? This comes into effect if you recap or deposit more than once a day. An would allow recapping at noon, for instance, detailing activity from opening till noon. Recapping, again at closing will recap only the activity after the noon recap. Enter and it would include all the days transactions on every recap printed on that day, regardless of how many times the recap is run during the day. If partial recaps are needed for bank deposits, but a full day's recap is still helpful, a report called "Rerun Daily Recap" on the Financial Reports Menu will print a combined recap for the day, after each partial has been printed.

Print Ins for 0 Bal Pat Inv.

Do you want to send an insurance form to the patient after his balance becomes zero. If your response is "N" a insurance form will not be generated if the services have been paid in full. You would answer "Y" if you want the patient to receive confirmation of payment. Remember you can always print an insurance form on-line and hand it to a patient, whatever the balance is on an invoice. This only effects the batch printing option.

Create PROC/DIAG History File?

This allows a practice that does not need to track the patient's history or locate patients by procedure or diagnosis to disable this file. Answer to add this posting to the other historical postings done during a recap. All your data from the old system was posted to this file at time of upgrade, if you choose to start this history. To keep the data complete, answer . Some practices may have no use for this type of historical data. If you change your mind later, the data will start adding to the history file with the next recap.

Purge PROC/DIAG History

This data can be saved forever by entering "99". To shorten the length of time, enter the number of years that this history should be kept. If you choose to enter another number of years do that at this time. The default is "99". This purge is run as part of the End of Month Purge function.

Field Choices Qualifier

Enter code for an alternate table for field messages and field code lists. This code list will allow you to modify these tables to only include the codes you would like without worrying about future upgrades. The code options can be easily modified to customize your data entry

Saving your work (Statement Options)

Press the key to store the information and continue to the next screen.

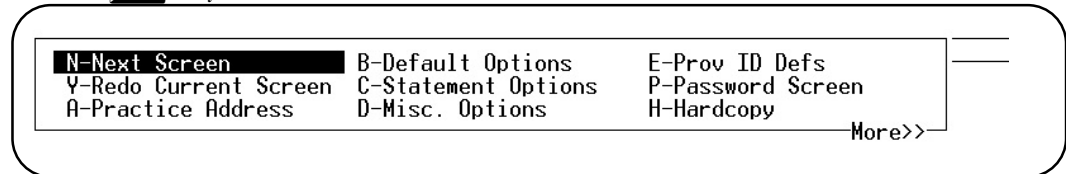


Figure 5-7: Practice File Prompts

The list of choices is displayed.

Highlight the option to jump to a specific screen or function. If you are going through all the screens, then press and then .

Miscellaneous Options

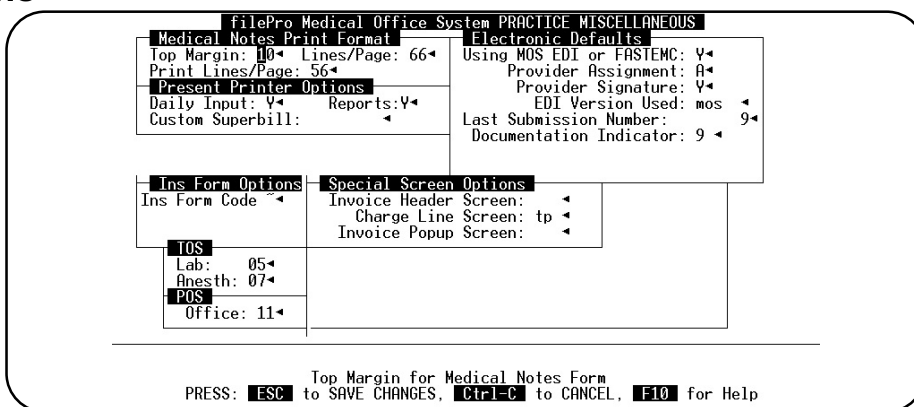


Figure 5-8: Practice Miscellaneous Options Screen

Medical Notes Print Format

- Top Margin** Enter the number of blank lines that should be left at the top of the page. The default is 6. Use 10 or more to print below a letterhead.
- Lines/Page** Enter the number of lines that should be printed per page. The default is 66. If you are using a laser printer, it might be helpful to use 60, although all laser printers may not need it.
- Print lines/Page** Enter a number of lines to be printed on each page. The default is 50 lines. Be sure the number selected is between Top Margin and Lines/Page.

Present Printer Options

- Daily Input** Should a prompt to select a printer destination be displayed in Daily Input each time a print job is selected? Answer Y to present the printer selection options. Leave it blank or answer N to continue printing to the default printer, without any question appearing.
- Reports** Should a prompt to select a printer destination be displayed each time a report is selected? Answer Y to present the printer selection options. Statements and Insurance forms are controlled differently. All other reports will fall into this group.
- Custom Super bill** Enter the name of your custom super bill. This will be the form name used to print the super bill from the Custom Super Bill choices.

Special Screen Options

- Invoice Header Screen** This field is the name used by the MOS for the invoice header screen. Since data required varies in different parts of the country, we wanted to have the ability to customize the screen. **DO NOT CHANGE** this field without consulting your dealer or the Medical Office System Support staff. A screen can be displayed that is identified for a given carrier also as an additional invoice screen. Talk to the support staff to determine what you need in this area.
- Charge Line Screen** This field is the screen name used by the MOS for the invoice charge screen. Since data required varies in different parts of the country, we wanted to have the ability to customize the screen. **DO NOT CHANGE** this field without consulting your dealer or the MOS Support staff. The new screen

“tt” will accept from and to service dates, 4 modifiers, and allow the addition of a narrative. Request HELP for a list of available screens and descriptions of content.

11 Mr. George Stomach	B565
Provider: Vicki Henry M.D.	
Invoice: 02/03/93 22 1	Medicare Primary AGE 2 102799
Statmnt Ins W 102799	Insurance: MC B565
Date Procedure Days Dx# Times Loc	Amount Mod1 Mod2 HH:MM AD SP Lb Op#
02/03/93 IHVH 1 1 1	150.00 0:00
Procedure Description	Purchased Dx Test From: Test Cost
INITIAL HOSPITAL VISIT-HIGH	

Figure 5-9: Default Charge Line Screen

This screen offers a single date with simple options.

11 Mr. George Stomach	B565
Provider: Vicki Henry M.D.	
Invoice: 02/03/93 22 1	Medicare Primary AGE 2 102799
Statmnt Ins W 102799	Insurance: MC B565
Date Procedure Days Dx# Times Loc	Amount Mod1 Mod2 Mod3 Mod4 HH:MM AD
02/03/93 IHVH 1 1 1	150.00 0:00
Procedure Description	Purchased Dx Test From: Test Cost
INITIAL HOSPITAL VISIT-HIGH	
Rendering Provider	Ordering Provider SP Lb Op#
1 WICKI HENRY M.D.	

Figure 5-10: Charge Line Screen tt

This screen offers an options for Rendering Provider and Ordering Provider to vary from the billing provider on this claim.

11 Mr. George Stomach	B565
Provider: Vicki Henry M.D.	
Invoice: 02/03/93 22 1	Medicare Primary AGE 2 102799
Statmnt Ins W 102799	Insurance: MC B565
Date To Date Dx# Times Loc	Amount
02/03/93 02/03/93 1 1 1	150.00
Procedure Procedure Description	Mod1 Mod2 Mod3 Mod4 Narr TYPES
IHVH INITIAL HOSPITAL VISIT-HIGH	
Purchased Dx Test From:	Test Cost HH:MM AD SP Lb Op#
	0:00

Figure 5-11: Charge Line Screen ty

This charge screen offers a from and to date format. This will allow the procedure to be done more than once in a given time period. This also offers a Narrative addition to the form and 4 modifiers. This is useful for hospital claims.

11 Mr. George Stomach	B565
Provider: Vicki Henry M.D.	
Invoice: 02/03/93 22 1	Medicare Primary AGE 2 102799
Statmnt Ins W 102799	Insurance: MC B565
Date Procedure Days Dx# Times Loc	Amount Mod1 Mod2 HH:MM Narr TYPES
02/03/93 IHVH 1 1 1	150.00 0:00
Procedure Description	Purchased Dx Test From: Test Cost
INITIAL HOSPITAL VISIT-HIGH	

Figure 5-12: Charge Line Screen th

This charge line is similar to the default but adds the narrative option to the claim.

11 Mr. George Stomach		BS65								
Provider: Vicki Henry M.D.		Medicare Primary AGE 2 102799								
Invoice: 02/03/93 22 1		Insurance: MC BS65								
Statmnt Ins W 102799										
Date	To Date	Qx#	Times	Loc	Amount	HH:MM	AD	SP	Lb	Op#
02/03/93	02/03/93	1	1	1	150.00	0:00				
Procedure	Procedure Description		Mod1	Mod2	Mod3	Mod4	Narr TYPES			
IHVH	INITIAL HOSPITAL VISIT-HIGH									
Rendering Provider		Ordering Provider								
1 VICKI HENRY M.D.										

Figure 5-13: Charge Line Screen to

This option offers the two date format with 4 modifiers and a narrative addition. It also has the rendering and ordering physician option.

The screen format can be changed as your needs change. On the screens that do not offer certain options these are supplied with defaults from the invoice header. For example, if you choose a screen without a to date option, it will always be filled in with the from date. On the screens that do not offer a rendering provider, it will be automatically assigned as the billing provider from the invoice header screen.

Electronic Claims Defaults

Using MOS EDI or FASTEMC Module

Answer if you are using the electronic claims module to file your claims. This applies to the version available from Virtual Software Systems or any version distributed by filePro®, FpTechnologies, or Illinois Blue Cross Blue Shield.

Provider Assignment

Answer if the provider accepts assignment. This is used in the electronic data file.

Provider Signature

Enter if the provider signature is on file in your office.

EDI Version Used:

Enter the correct version code.

- MOS - Version purchased from Virtual Software Systems.
- IL61 - Illinois FASTEMC version 6.1
- IL - Illinois FASTEMC version 3.43
- IN - Indiana
- MI - Michigan 6.1
- NONE

Others may be added as needed.

Last Submission Number

This is the last sequential number used to mark a batch of claims. These numbers are managed by the computer as each batch is created. Access is only provided in case the number must be modified.

TOS

This identifies the procedure TOS codes that will be treated as laboratory codes or anesthesia codes for some special Medicare functions.

POS

This is the place of service code for office. This identifies which code represents OFFICE for some special Medicare functions.

*Provider ID
1 through 8*

These fields are set-up fields for the provider file. We have already labeled the first 7 ID's and you only need to add the corresponding code. The eighth label and code were left blank for your own use. Our default forms are installed with the codes entered in the same order as in Figure ?. If you modify the order, be sure to check the insurance forms so that the correct code is used on the correct form.

Saving your work (Misc. Options)

Press the **[ESC]** key to store the information and continue to the next screen.

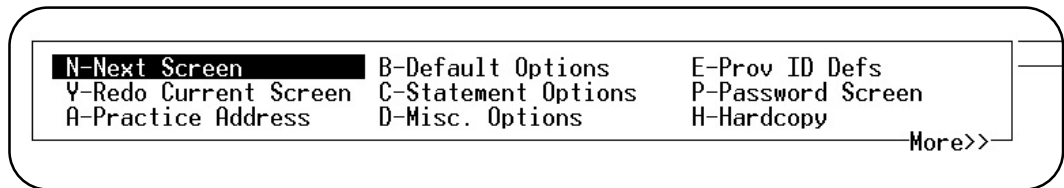


Figure 5-14: Practice Screen Prompts

The list of choices is displayed.

Highlight the option to jump to a specific screen or function. If you are going through all the screens, then press **[N]** and then **[ENTER]** . At any time you can select **[X]** to exit or display the screens in any order.