

# Medical Office System

## Chapter 7: Patient Sliding Menu

### This chapter discusses

- the Patient Sliding Menu options.
- the special forms available from Daily Input.
- the patient utility functions.
- the mass payment feature.

### The Main Patient Menu

Figure 7.1 shows a selected patient record on the Patient Sliding Menu screen. From this menu, we can do just about every function, concerning patient information.

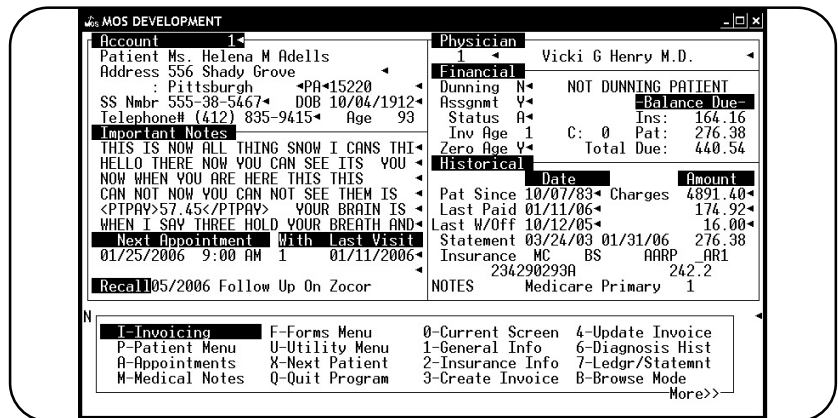


Figure 7-1 : Main Patient Menu

Displayed in the lower right-hand corner of the menu box is the word, "More" followed by ">>". When displayed in this position, these arrows show more options are available from the scrolling menu. To display the remaining options, move right or left with the arrows past the edge of the screen. Any option can be selected, even those not currently displayed, anytime just by pressing the single character identifying that option.

The following is a list and an explanation of the choices available in the scrolling menu:

I-Invoicing	M-Medical Notes	X-Next Patient	1-General Info
P-Patient Menu	F-Forms Menu	Q-Quit Program	2-Insurance Info
A-Appointments	U-Utility Menu	0-Current Screen	3-Create Invoice
Move right or left past end of screen and the following prompts appear:			
4-Update Invoice	B-Browse Mode	9-Diag/Proc Hist	\$-PT Payments
6-Diagnosis Hist	R-Reset Appt	W-Refer To	?-Quick Look
7-Ledgr/Statemnt	8-Check Track	J-Test Results	H-HIPPA Log

The number of lines displayed is a function of PFDROPSHADOW=ON/OFF. More lines will display if PFDROPSHADOW is off. This option can be modified in the Configuration Editor.

The following is a description of each option:

## I - Invoicing

Highlight your selection or press **I**, then press **ENTER** to show the invoicing menu.

Invoice Date	Provr	Resp	Charges	Balance	Age	Hold	Collect	Recap	Pend
325 01/11/06	1	MC	135.00	135.00	1				
322 10/11/05	1	PT	140.00	24.80	1			011206	
317 05/24/05	1	MC	900.00		2		154.92	011206	
314 05/24/05	1	PT	900.00		1			011206	
313 05/24/05	1	MC	900.00		2			011206	
312 05/24/05	1	MC	900.00		2			011206	
303 09/17/04	1	PT	267.00	83.60	1			011206	
302 09/16/04	1	MC	90.00		1			080505	
288 04/30/04	1	MC	70.00		1			091604	
279 09/12/03	1	PT	75.00	13.06	1			011206	
273 04/01/03	1	MC	235.00		1	040103		021405	
264 12/27/02	1	AARP	124.40	29.16	2			080505	

**I**-Inv, **I**-Inv Data, **A**-Add New Inv, **S**-Statmnt/Ledger, **-**-Credit Dist  
**P**-Payment, **C**-Add Charge, **M**-Mass Pay, **F**-Prt Form, **B**-New RSP, **X**-Exit  
 Enter Selection > **T**-Toggle

Figure 7-2 : Invoice Browse Screen

You will notice the following choices are available from this browse display. Highlight the invoice you wish to select and press the key indicated in front of the function.

Many of these functions are accessible from more than one place to allow the most flexibility when using the Medical Office System. In the case that they have already been explained elsewhere in this manual, a reference to that explanation is made to avoid duplication.

### Update Invoices Menu Options:

Inv

(Invoice Details)

Highlight the invoice you want using your arrow keys then press **ENTER**. The Invoice Screen will appear to display the update invoice menu options (Figure 1-2).

line	Fm-ToDate	Diag#	Procedure	NOS	Loc	Rsp	Amount	Pcode	Description
1	10/11-11/05	1	SNFCH	2	1	MC	140.00		SUBSEQ.NURSING F
2	10/12/05					MC	-99.20	CK	PAYMENT
3	10/12/05					MC	-16.00		*WRTOFF

CHARGES: 140.00 - PAYMENTS: 115.20 = **BALANCE DUE: 24.80**

**C**-Add A Charge **I**-Prev Invoice **B**-Billing Party **I**-Adj Ins/Dx  
**P**-Make Payment **I**-Next Invoice **H**-Hold Bills **V**-Inv Overview  
**A**-Adjust Item **S**-Scroll Lines **L**-Collection **F**-Print Ins Form  
**N**-Add a Note **V**-Pending **W**-Write-Off Bal **X**-Exit  
 More>>

Figure 7-3 : Invoice Detail Screen

Inv Data

(View General Invoice Screen). Highlight the invoice using the arrow keys then press **I** **ENTER**. The Invoice Information Screen will appear. Press **ENTER** to exit.

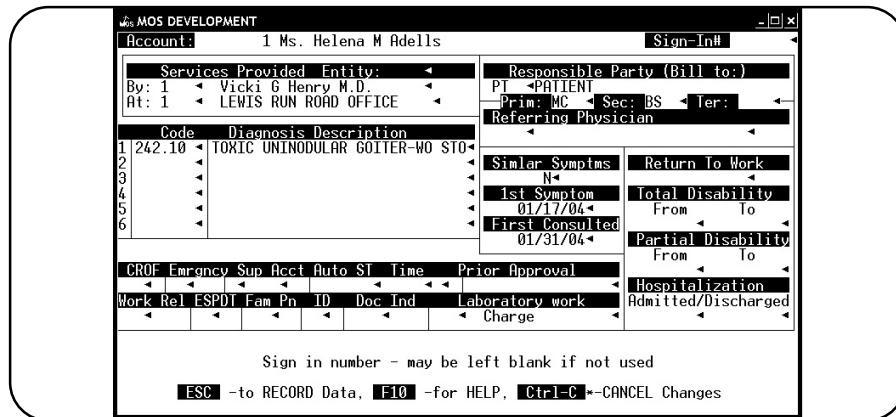


Figure 7-4 : General Invoice Data Screen

**Add New Inv** Press **A** **ENTER** to add a new invoice. See Page 6-15 for more information about adding an invoice.

**Statement/Ledger** Press **S** **ENTER** to display the Statement/Ledger Screen. This screen contains a list of each invoice line from the patient's invoices. See Figure 7.1 and for more information see Page 7-14.

**Credit Dis** Press **⇐** **ENTER** to distribute a credit to other invoices with the same responsible party. This is only possible if the responsible party balance is not a credit balance. The following question is displayed:

RE-DISTRIBUTE CREDITS FOR WHICH RSP PARTY >

Enter the correct responsible party or press **ENTER** for PT (Patient). Each invoice for that party is checked and any with credit balances will be adjusted to zero. Then the money will be paid to other invoices until it is used in full. Each invoice paid will be displayed with the message:

Applying \$xxx.xx to INVOICE nnnn (\$yyy.yy remains)  
Press **ENTER** to continue

Each open invoice for that carrier will have an adjustment applied until all the money has been disbursed.

**Payment** Highlight the invoice using the arrow keys, then press **P** **ENTER**. The Invoice Payment Screen will appear. For more information on how to make a payment see Page 6-23, "Daily Input."

**Add Charge** Highlight the invoice using the arrow keys, then press **C** **ENTER**. The Invoice Charge Screen will appear. For more information on how to make a charge see Page 6-18, "Daily Input."

**Mass Payment** Press **M** **ENTER** to make a mass payment. The MOS will apply payments to the earliest invoice first. This option will prompt as follows:

ENTER PAYMENT AMOUNT >

then

ENTER DATE OF PAYMENT >

then

WHO MADE THE PAYMENT? >

Your response to the prompt, "Who made the Payment", determines which invoices are paid. Use "PT" to pay patient-responsible invoices, use the carrier code to identify an insurance carrier. An open balance for that responsible party must be available to pay or the payment will not be posted. Then supply a code indicating the method of payment.

HOW WAS THE PAYMENT MADE? >

Supply the code indicating the method of payment. The code must be one of the following:

CA	Cash	WO	Write-Off
CK	Check	NC	No Charge
MO	Money Order	NA	Not Applicable
AX	American Express	PC	Professional courtesy
MC	Master Card	UC	Uncollectible
VS	Visa		
DC	Diner's Club		
CC	Credit Card	RF	Refund
CB	Debit Card	TB	Insurance Take Back
OT	Other	RC	Returned Check NSF

ENTER DESCRIPTION >

Enter the check number or other memo to identify the payment more clearly.

APPLYING \$XXX.XX TO INVOICE NN  
Press ENTER> to Continue

As the MOS is automatically making payments, the amount applied and invoice number for each invoice will be displayed at the bottom of the screen.

**Prt Form**

Highlight the invoice using the arrow keys, then press **F** **ENTER**. The Invoice Screen will appear with a list box containing the available forms. To print, highlight the desired form and then press **ENTER**.

**New RSP**

Highlight the invoice using the arrow keys, then press **B** **ENTER**. The billing party box will be displayed slide the highlight over the correct billing party and press **ENTER**. The first choice is always PATIENT, and the last is always WOFF (Write off). This will leave you on the invoice detail screen. Press **V** **ENTER** to return to the Invoice Overview list.

**Exit**

Press **X** **ENTER** to return to the Patient Menu.

## P - Patient Menu

Highlight your selection or press **[P]**, then press **[ENTER]** to display the patient menu.

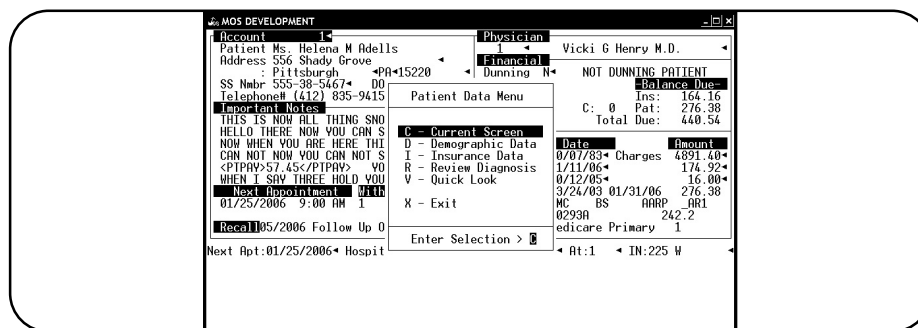


Figure 7-5 : Patient Data Menu

### Current Screen

Highlight your selection or press **[C]** to update the patient information displayed on the current screen.

### Demographic

#### Data

Highlight your selection or press **[D]** to go to the Patient Demographics screen for updating.

### Insurance

#### Data

Highlight your selection or press **[I]** to go to the Patient Insurance Information screen for updating.

### Diagnosis History

Highlight your selection or press **[D]** to display the diagnosis history screen. See page 7-14 for a complete description. This history is accessed from the invoice transactions. The new Patient Diagnosis history file is displayed from a different menu and can store history separately from the accounting information.

### Quick Look

Display the main Patient Information on one screen, with no update possible. This display includes insurance information, and patient name & address. Use this when you just need to see what is there and do not need to make changes. It will keep make it less likely that data will be change by mistake.

## A - Appointments

Highlight your selection or press **[A]**, then press **[ENTER]** to go to the Appointments Menu. See page 19-3, "Scheduler", for additional information on appointments. Each function on this menu is discussed in much more detail.

New controls have been added to allow users that handle scheduling to have limited access to the other PHI data in the system. Review the access levels and assign them so that each user has access to only the parts of the system that they need to complete their jobs.

### Deleted

#### Appointments

With this release all deleted appointments are recorded to better track what happens to an appointment. Using the scheduler is the best way of insuring that all claims have been properly entered. The appointment scheduler can be just one more audit tool to insure all claims have been submitted. Watching for deleted and missed appointments, can be a warning that claims are overlooked. This should be an area where a close watch is made.

All appointment functions have been updated to work properly into the year 2000+. All your scheduling can continue as always without modification.

Finally, all appointments now include the User ID of the person that made the appointment. This will be helpful when trying to find lost appointments or better train the staff.

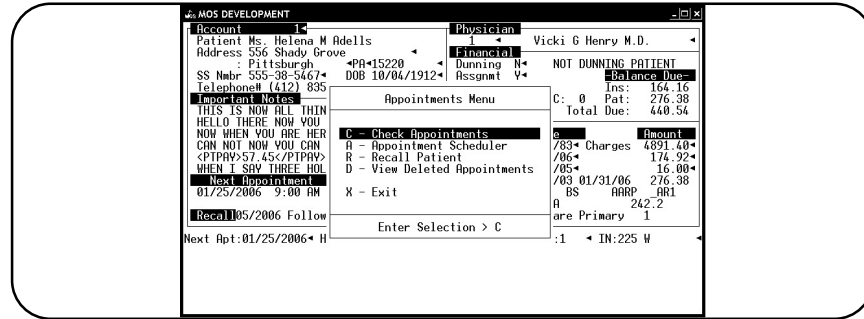


Figure 7-6 : Appointments Menu

**Check**

**Appointments**

Highlight your selection or press **C**, for more information on this function see Page 19-3.

**Appointment**

**Scheduler**

Highlight your selection or press **A**, for more information on this function see Page 19-3. If you assigned a password to the current provider, you will be asked for the SCHEDULING PASSWORD before this function can be selected.

**Recall Patient**

Highlight your selection or press **R**, for more information on this function see Page 19-17.

**View Deleted**

**Appointments**

Display any appointments that have been deleted. This display includes the User ID of the person that deleted the appointment.

## M - Medical Notes

Highlight your selection or press **N**, then press **ENTER**. If you assigned a MEDICAL HISTORY password, you will be asked to supply it at this time. See Chapter 14, "Medical Notes" for more information on this function.

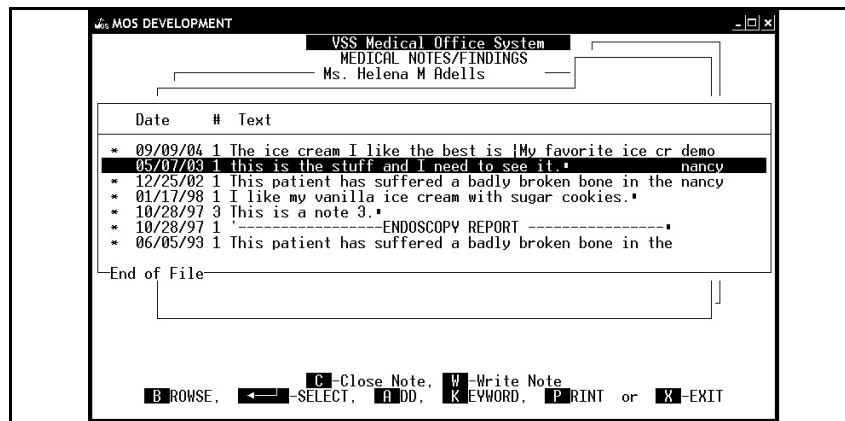


Figure 7-7 : Medical Notes Browse Screen

**Browse**

Display all the note information in a browse format. Press **ENTER** to update a full note for a particular day.

**ENTER - Select**

Select a note for display and updating or editing.

- Add** Add a new medical note. A prompt will request the note date and once it is entered a screen is displayed for typing the note. Refer to the medical notes chapter for more information about this function.
- Keyword** Enter a keyword to locate in the notes. The first occurrence will be displayed.
- Print** This will print the medical note selected.
- Close a Note** This will allow a provider to review the note entered and mark it closed. Once a note is closed, it may not be changed, it may only be printed, displayed, searched or written. In order to close a note, you must enter the provider code and the "medical records close password". This password is defined on the provider data and should only be known by the provider.
- Write a Note** This will write the note to a special location for storage. This function is not currently available, but will be added in the next release.
- X-Exit** This will exit the medical notes feature.

## F - Forms Menu

Highlight your selection or press **[F]**, then press **[ENTER]** to display the Forms menu. All output functions will not check to see if the user is authorized and compare that to the output authorization level. This is an important part of the new HIPPA regulations and should not be ignored.

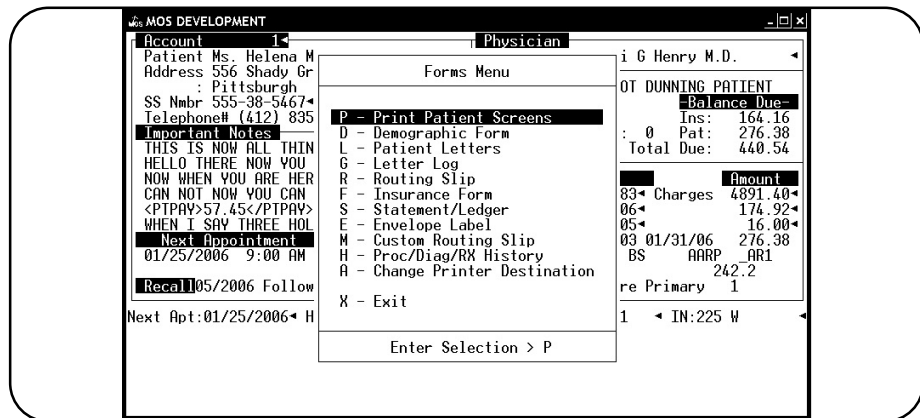


Figure 7-8 : Forms Menu

### Print Patient Screens

Highlight your selection or press **[P]** to print a set of patient information screens.

### Demographic Form

Highlight your selection or press **[D]** to print patient demographics. See Illustration 27.

### Print letters

Highlight your selection or press **[L]** to print a copy of the selected letter type. See Page 12-15 for information about adding and modifying letters. All letters are not logged to help you know when a letter was sent and who sent it.

### Letter Log

List the letters sent to this patient. Press **[G]** to display the list. The name of the letter the date and the User ID of the person that generated the letter are shown.

### Routing Slip

Highlight your selection or press **[R]** to print a routing slip or "Super Bill". See Illustration 59.

**Insurance Form** Highlight your selection or press **[F]** to print a HCFA-1500 or other insurance form.

**Statement/Ledger** Highlight your selection or press **[S]** to print a patient statement. See Illustration 60.

**Envelope Label** Highlight your selection or press **[E]** to print a label with the patient's address.

**Custom**

**Routing Slip** Press **[M]** to select the custom routing slip. This will print a routing slip that was custom designed for your practice. This must be added by a filePro programmer. MOS Support personnel can give you more details on adding this form to your system. The programming and hooks have been added it just remains to layout the appropriate form.

**Proc/Diag/**

**RX History** Press **[H]** to select this form. This will print to the default printer. This will print the procedures, diagnoses and drug history for this patient. This can be a quick way to add this type of detail to the information given to the provider at the time of an appointment. The page parameters for this form are regulated by the Medical Notes Page length and Print Length defined on the Practice Information Miscellaneous Screen.

**Change Printer**

**Destination** This will display the list of printers defined for your practice. Selecting a printer; will change the destination of all print jobs generated by this user until the current Daily Input session is closed. Complete information about this function is available in the Printer Maintenance Program Chapter 21.

## U - Utility Menu

Highlight your selection or press **[U]**, then press **[ENTER]** to display the Utility Menu for a patient.

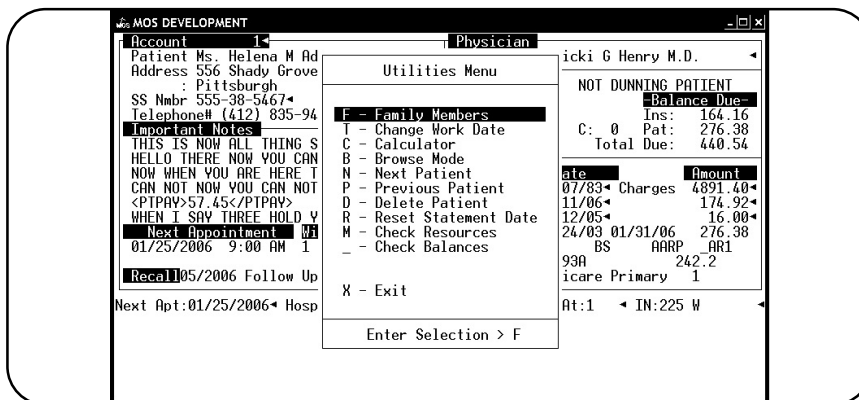


Figure 7-9 : Utilities Menu

**Family Members**

Press **[F]** to view, find or change family members that are also patients. The display shows each family member's balance and last date of seen. In addition, a running balance of the family is calculated for a quick reference when asked what the family currently owes. This can be a handy reference to help with collection. A browse will display all patients with the same "SEND STATEMENTS TO" code as the current patient.



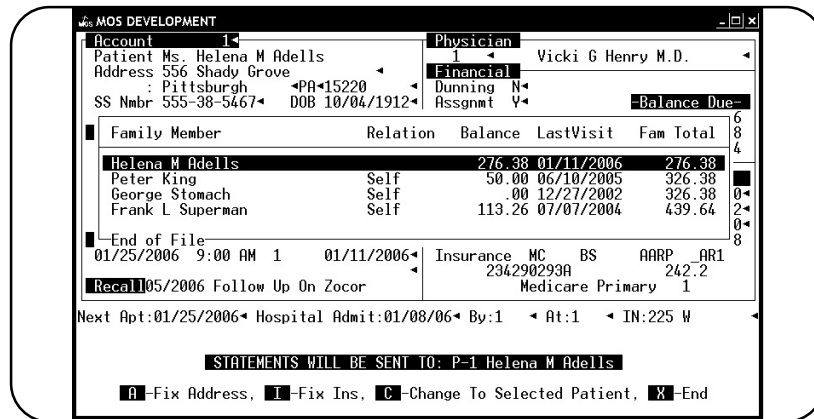


Figure 7-10 : Family Members

To select a different family member, highlight the patient and press **C** to change to that patient. Press **X** to return to the Patient Sliding Menu.

**Change Work Date** Press **T** to change the default work date. This date is automatically used as the charge or payment date for a new invoice. This can make it much quicker to do your data entry, when you are entering data from another date.

**Calculator** Highlight your selection or press **C** to display the Pop-Up Calculator. See Chapter 18, "The Calculator", for more information.

**Browse Mode** Highlight your selection or press **B** to browse patients. See Page 13-7 for more information on browse mode.

**Previous Patient** Highlight your selection or press **P** to see a previous patient record. If you found your patient using the "Find by Account Code" or "Find by SS Number" the order is followed. If you found the patient in any other way, the sequence is by record number. If the computer BEEPS when you press **P**, the direction you selected has hit the end of the list.

**Next Patient** Highlight your selection or press **N** to see the next patient record. If you found your patient using the "Find by Account Code" or "Find by SS Number" the same order is maintained. If you found the patient in another way, the patients will be displayed in record number order. If the computer BEEPS when you press **N** then you have hit the end in that direction.

**Delete Patient** Although a patient may not have any invoices in the system, he may still be a patient. The end of the month purge closes out zero balance invoices but does not delete patient records. Patient records are deleted using this function only.

To delete a patient's record you must specifically request that the record be deleted.

**Note:** *As an extra safety feature, the Medical Office System will not delete any patient record with invoices on file, even invoices with zero balances.*

To print a hardcopy before deleting the record, press **F** for Forms Menu, then choose **P** for "Print Patient Screens". Press **U** for Utility Menu, then **D** for "Delete Patient."

The following prompt appears:

ARE YOU SURE? Y or N >

If you press **Y**, the patient record is deleted. If you have second thoughts and press **N**, the record is not deleted.

When you delete a patient record, a blank (or empty record) is created in the file system. When new patient information is added, the system will store the new patient information in the blank records before appending to the end of the patient file.

If the patient has invoices on file, this prompt appears:

PATIENT CANNOT BE DELETED, HISTORY ON FILE

Press **ENTER** to go back to the patient menu. Having "history" means that the patient still has invoices on file. The End-of-Month purge will delete zero balance invoices that are older than a number of months entered in the Practice Setup. Reducing the number of months of history that is retained will save space on your system. The End-of-Month purge will also clear old data from the scheduler, recalls, check tracking, drug history and diagnosis/procedure history files. These purges are based on the time indicated for each in the Practice Setup. (See page 16-1, Periodic Operations.)

To manage an account that duplicates an existing account, or to erase information attached to a patient so that it can be deleted, see "Check Balances" under this Utility Menu.

*Reset*

*Statement Date*

Press **R** to reset the Statement Dates. This will clear the First Statement Date and the Last Statement Date fields and Balance Due at last Statement Run.

*Check Resources*

Press **M** for information on memory & disk allocation. This can also be checked from the Utility Menu listed on the MOS Main Menu. Your disk storage space must be adequate for reports and sorting functions. Eighty percent used should be a flag to keep an eye on your usage. If you run the periodic functions that erase paid invoices, you will find that the space is only slowly used. If you are using an entirely new system, the space used will increase dramatically as you load your patients, support files and start adding claims. Once you get to the point where invoices are paid and have aged to the point you set where they are purged this usage will slow.

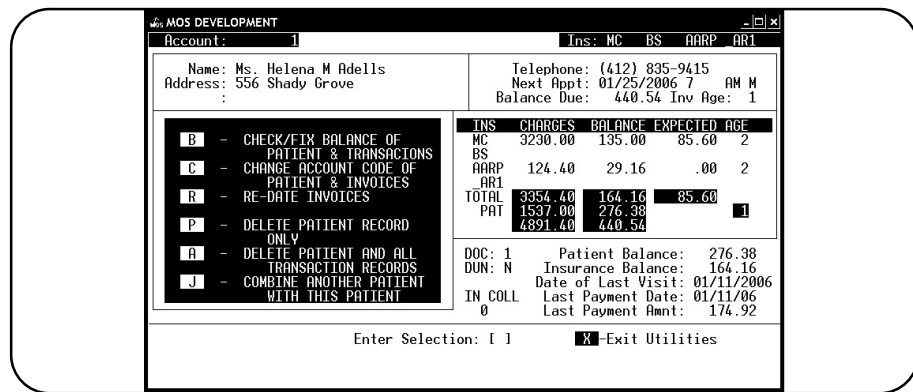
Drive	Free	Used	Total	% Free	
D:	1286963200	859504640	2146467840	60.0	← PFDATA
C:	958332928	1188134912	2146467840	44.6	
E:	25309184	7477248	32786432	77.2	
F:	1980432384	166035456	2146467840	92.3	
G:	1752760320	393707520	2146467840	81.7	
H:	6807552	17770496	24578048	27.7	
I:	0	585039872	585039872	0.0	
K:	96886784	263610368	360497152	26.9	
L:	795869184	989626368	1785495552	44.6	
Free RAM: 515264		Total RAM: 651264			

Figure 7-11: Check Resources

*Check Balances*

Press \_ (underline, **SHIFT** **\_)** to switch to the Check Balances Menu. If you assigned a MAINTENANCE PASSWORD, you must enter it before the Check Balances Menu can be loaded. These are used to cleanup data, check account balances and to do some secured patient information management.

**WARNING:** Options on this menu can delete patient account information and claims. Read the instructions carefully before continuing.



**Figure 7-12 :** Check Balances Menu

- B** Check and fix balance of patient & transactions. This will recalculate the patient and insurance carrier balances for the current patient.
- C** Change account code of patient and invoices. This will allow you to assign a new account code to this patient and will correct all invoices and transactions. This is useful if an account code was assigned incorrectly.
- R** Re-Date Invoices. This will change the date of all invoices listed on a given day to a different date. If your computer system date was entered incorrectly, it might get assigned to some invoices and transactions before you noticed. This will be a blessing if this ever happens, since unscrambling a date error can be almost impossible.
- P** Delete Patient Record Only. This will delete a patient record only, leaving the invoices and transactions.
- A** Delete Patient and ALL Transactions. This will delete the patient and all transactions regardless if invoices have balances or payments have been entered.
- J** Combine another patient with this patient. This will allow two different patient accounts to be combined into one. If patient has been added twice, the information from one can be combined with the second.
- X** Exit by pressing  X .

*Exit* Press  X , then press  ENTER  to exit this screen and return to Find Patient screen.

## X - Next Patient

Return to the Patient Selection Screen to choose another patient.

## Q - Quit Program

Highlight your selection or press  Q , then press  ENTER  to quit daily input and return you to the MOS Main Menu.

## 0 - Current Screen

Highlight your selection or press **0**, then press **ENTER** to update the current screen.

The screenshot shows a patient information screen with the following data:

Account	Physician
1	1
Patient Ms. Helena M Adells	Vicki G Henry M.D.
Address 556 Shady Grove	
: Pittsburgh PA 15220	
SS Nbr 555-38-5467	DOB 10/04/1912
Telephone# (412) 835-9415	Age 93
<b>Important Notes</b>	
THIS IS NOW ALL THING SNOW I CANS THI	
HELLO THERE NOW YOU CAN SEE ITS YOU	
NOW WHEN YOU ARE HERE THIS THIS	
CAN NOT NOW YOU CAN NOT SEE THEM IS	
<PTPAY>57.45</PTPAY> YOUR BRAIN IS	
WHEN I SAY THREE HOLD YOUR BREATH AND	
<b>Next Appointment With Last Visit</b>	
01/25/2006 9:00 AM 1 01/11/2006	
<b>Recal</b> 05/2006 Follow Up On Zocor	
	<b>Financial</b>
	Dunning N NOT DUNNING PATIENT
	Assgmt Y
	Status A
	Inv Age 1 C: 0 Pat: 276.38
	Zero Age Y Total Due: 440.54
	<b>Historical</b>
	Pat Since 10/07/83 Charges 4891.40
	Last Paid 01/11/06 174.92
	Last W/Off 10/12/05 16.00
	Statement 03/24/03 01/31/06 276.38
	Insurance MC BS AARP AR1 242.2
	234290299A Medicare Primary 1
	NOTES
	Medicare Primary 1

Next Apt:01/25/2006 Hospital Admit:01/08/06 By:1 At:1 IN:225 W

1st Line of Address

**ESC** -to RECORD Data, **F10** -for HELP, **Ctrl-C**--CANCEL Changes

Figure 7-13 : Patient Information Screen

### Zero Age

Enter "Y" in this field if the invoice age should return to zero each time a payment is applied. Normally, an invoice will continue to age even if the patient is making payments. This will cause the dunning messages to be printed for past due invoices even when payments are made. Use this when a patient, is considered current on an invoice if any amount of payment is made each month.

### Historical - Financial Summary

In the lower right of this screen is a box of information that is helpful and is managed entirely by the computer.

The insurance carrier code, Charges, Balance, Expected Amount, and Age are summarized for each carrier. Also, the last recap date and statement date are displayed.

In the lower right-hand corner a number shows the number of invoices copied with the same DX codes and header information.

The word NOTES indicates that medical notes have been added for this patient. The words MEDICARE PRIMARY indicates the patient has Medicare as their primary insurance. Other information may be displayed and should be obvious in its nature.

## 1 - General Info

Highlight selection or press **1** and then **ENTER** to go to the patient demographic screen for updating. See Figure 7.1. You can edit most of the information displayed on this screen. Refer to Page 6-6, Adding a New Patient for more explanation of the information on this screen. The defaults are used to save time when entering a claim and should be supplied on this screen as required.

INS	CHARGES	BALANCE	EXPECTED AGE
MC	3230.00	135.00	85.60 2
BS			
AARP	124.40	29.16	.00 2
ARI			
TOTAL	3354.40	164.16	85.60
RECAP:			FIRST STMT: 03/24/03

Figure 7-14 : Patient Demographics Screen

The lower-right hand box displays the current charges, balance and expected payment amount for each carrier listed for this patient. The age of the oldest claim with a balance for that patient is also displayed. This box only displays the insurance breakdown. The main screen displays the patient balance. The box also displays the last recap and statement dates for this patient.

## 2 - Insurance Info

Highlight your selection or press **2**, then press **ENTER** to go to the patient insurance information screen for updating. See Figure 7.1.

Figure 7-15 : Insurance Information Screen

For more information about the Insurance Company screen see Page 12-32 , "Daily Input". After you save the insurance information screen, the following prompt is displayed:

CREATE AN INVOICE? Y OR N >

Go straight to adding an invoice by pressing **Y**, then **ENTER**.

## 3 - Create Invoice

Highlight your selection or press **3**, then **ENTER** to create an invoice. See Figure 7.1.

MOS DEVELOPMENT  
Account: 1 Ms. Helena M Adells Sign-In#

Services Provided Entity: Responsible Party (Bill to):  
By: 1 Vicki G Henry M.D. MC Medicare  
At: 1 LEWIS RUN ROAD OFFICE Prim: MC Sec: BS Ter:  
Referring Physician: 1 VICKI HENRY M

Code	Diagnosis Description	Similar Sympts	Return To Work
1 242.2	TOXIC MULTINODULAR GOITER-WO S	1st Symptom: UNKNOWN	Total Disability: From To
2		First Consulted	Partial Disability: From To
3			
4			
5			
6			

CRDF Emergency Sup Acct Auto ST Time Prior Approval  
Work Rel ESPDI Fam Pn ID Doc Ind Laboratory work Admitted/Discharged  
Charge 9 Charge 01/08/06

Sign in number - may be left blank if not used  
ESC -to RECORD Data, F10 -for HELP, Ctrl-C --CANCEL Changes

Figure 7-16 : Insurance Invoice Screen

After saving this screen, the Medical Office System will display the Charge/Payment screen. For more information about invoicing see Page 6-18 , "Daily Input".

## 4 - Update Invoice

Highlight your selection or press **[4]**, then press **[ENTER]**. A screen (see Figure 7.1) will appear which will contain a list of the patient's invoices and a menu at the bottom.

## 6 - Diagnosis History

Highlight your selection or press **[6]**, then press **[ENTER]** to display the Diagnosis History screen. Each invoice and its diagnosis will be displayed, as shown in figure 7.1.

Press **[ENTER]** to continue through additional invoices. To review a particular invoice, type the invoice number at the prompt. The Invoice Detail screen is displayed. Type "-1" for the invoice number to hardcopy the screen. The data displayed is in the accounting information, it is only held as long as the invoices are on file. The new Diagnosis History will hold data much longer.

MOS DEVELOPMENT  
Patient: Ms. Helena M Adells Account: 1

DIAGNOSIS HISTORY	DIAGNOSIS HISTORY
01/11/06 - INVOICE 325 TOXIC MULTINODULAR GOITER-WO S	09/16/04 - INVOICE 302 SURGICAL MENOPAUSE TEST PITUITARY TUMOR
10/11/05 - INVOICE 322 TOXIC UNINODULAR GOITER-WO STO	04/30/04 - INVOICE 288 SURGICAL MENOPAUSE TEST PITUITARY TUMOR
05/24/05 - INVOICE 317	09/12/03 - INVOICE 279 SURGICAL MENOPAUSE TEST PITUITARY TUMOR
05/24/05 - INVOICE 314	04/01/03 - INVOICE 273 GOITER, SPECIFIED AS SIMPLE TEST DIAGNOSIS
05/24/05 - INVOICE 313	12/27/02 - INVOICE 264 UNSPEC NONTOXIC NODULAR GOITER
05/24/05 - INVOICE 312	10/28/97 - INVOICE 194
09/17/04 - INVOICE 303 TOXIC UNINODULAR GOITER-WO STO HYPOTHYROIDISM DIABETES MELLITUS, UNCONTROL HYPOLYCEMIA FATIGUE HIRSUTISM	

Type "-1" to hardcopy or ENTER INVOICE NUMBER > █  
Only recent Invoices are listed. SEE 9-Proc/Diag/Drug History for more history.

Figure 7-17 : Diagnosis History Screen

## 7 - Ledger/Statement

Highlight a selection or press **[7]**, then press **[ENTER]** to display the Ledger/Statement Screen. This screen contains a list of each invoice line from the patient's invoices.

Invoice	Date	Procedure	Locn	Rsp	PyC	Amount	Description
325	01/11/06	TEST2AABB	1	MC		135.00	STANDARD TEST CODE
322	10/12/05		1	MC	NA	-16.00	*WRTOFF
322	10/12/05		1	MC	CK	-99.20	PAYMENT
322	10/11/05	SNFCH	1	MC		140.00	SUBSEQ NURSING FACILITY CAR
317	01/11/06		1	MC	CK	-174.92	PAYMENT
317	08/16/05		1	MC	NA	-125.40	*WRTOFF
317	08/16/05		1	MC	CK	-599.68	PAYMENT
317	05/24/05	CINPL/M	1	MC		50.00	CONSULT INPAT. L/M
317	05/24/05	NFSH	1	MC		150.00	NURSING FACILITY SERVICE HI
317	05/24/05	CC1HR	1	MC		155.00	CRITICAL CARE FIRST HOUR
317	05/24/05	CFUJ	1	MC		70.00	FOLLOW UP CONSULT UNSTABLE
317	05/24/05	NEWCOMNH	1	MC		160.00	STUFF
317	05/24/05	NPOVMD	1	MC		80.00	NEW PT. OV. MOD.
317	05/24/05	WILSON	1	MC		50.00	STANDARD OFFICE VISIT

S -Statement,  D -Diagnosis,  I -Ins/Dx,  V -Inv Overview or  X -Exit  
 Enter Selection >

Figure 7-18 : Ledger/Statement Screen

From this screen five options are available:

S	Statement	Print Insurance, Patient or Both choices, See below.
D	Diagnosis	Display diagnoses for the highlighted invoice
I	Ins/Dx	Display the insurance/diagnoses information for current inv.
V	Inv Overview	Return to the Inv Overview Display
X	Exit	Return to the Patient Sliding Menu

Press the letter that indicates your selection and press .

#### Statement Ledger

Use this option to print a statement for one patient. Selection options allow the statement to include Insurance Only, Patient Only, or both kinds of invoices. Then a range of dates can be entered to make the statement more focused. Finally, printer parameters can indicate a 60 or 66 line page (use 60 for a laser printer).

## B - Browse Mode

Press  then  and a browse display of your patients is displayed.

Account#	Name	INS	Pat Bal	Ins Bal	Doctor
1	Helena M Adells	MC	276.38	164.16	1
2	Nana Wilson	MCDM		18.00	1
3	Peter King	BS	50.00	838.00	12
4	Joyce Afish	DS	.00	185.00	1
5	Margaret B Rabbini	MC	260.30	.00	1
6	John M Allentown	MC	61.81	55.00	1
7	Vilma Racer	MC		.00	1
8	Susan Cuddles	MCDM	31.00	996.50	1
9	Peter Wilson		50.00	.00	12
11	George Stomach	MC	.00	36.00	1
12	Rose M Fountin	KH	.00	175.00	1
13	Rose Piaella	MC		30.00	1
17	Ellen Hindenburgh	MC		30.00	11
18	Homer G Handsome	MC		.00	1
19	Thomas J Palmquist	RRRP		.00	12
20	Frank L Superman	MC	113.26	113.40	1
21	Mary Vase	MD	42.43	160.00	1
22	Phyllis Manfield	MC	54.00	56.67	1

/  -Change Record     -Select Record     -Update Record  
 -Set Selection     -fuzzy Search     -Reset     -Continuous On  
 -Format     -Hardcopy     -Exit

Figure 7-19: Patient Browse Display

Display Patient records in the browse screen format. If you found this patient by Account Code or SS Number, the display will be ordered on that information. If you found this patient in any other way, the browse display is by record number. The information on this display can be varied to compare between patients and look for missing data. Changing this display will not affect your patient information in any way. The format displayed when you first request BROWSE is called the "default" browse. This format will be reinstalled during any upgrade of the software. Save any format with a name unique from the existing names and it will be available any time.

Press **X** to exit the Browse Mode.

## R - Reset Appt

Use this option to find the next appointment for this patient and cancel it. The next visit date will be changed to any future appointments that might be scheduled for this patient. If no future appointments are scheduled, the next appointment date will be erased.

## 8 - Check Track

This new feature will allow you to keep a running total of all payments applied from an insurance check. It will let you know how much money was applied and creates a reconciliation report listing each invoice paid from that check. The basic information about the check is entered from this option, then it can be stopped and started until you have entered all the payments. This will allow you to stop the payment entry and come back to it later without losing any functions. A screen browse of the payments made will help you keep track of what has already been entered. A new report listed on the Insurance Carrier Reports Menu will make a paper copy of the payments made with the check.

Press **8** **ENTER** to display the Check Track Menu.

### View Check Information

This will display the currently active check information. This includes the balance remaining and the number of payments made so far.

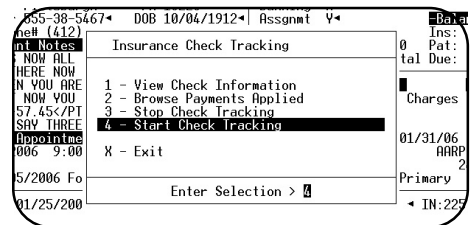


Figure 7-20: Insurance Check Track

### Browse Payments Applied

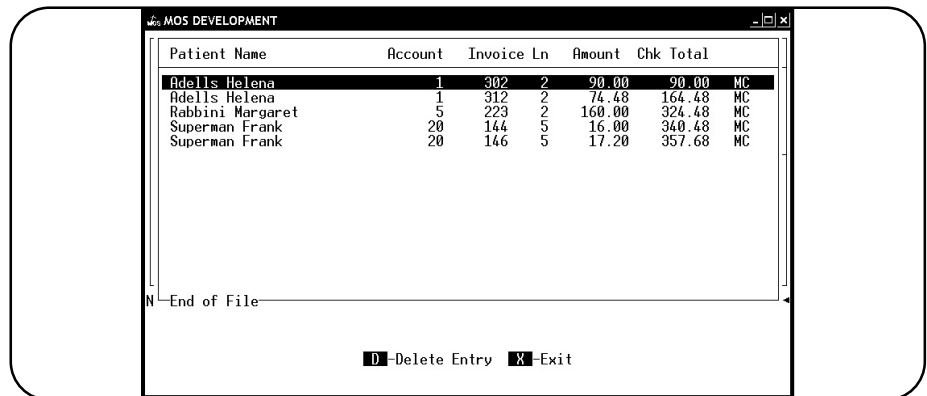
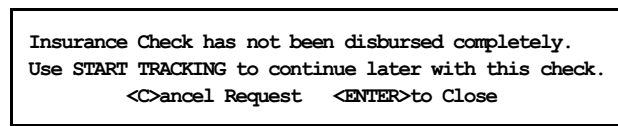


Figure 7-21: Browse Check Track Payments Applied

This will list each payment made from the current check.

### Stop Check Tracking

If you need to stop entering payments from this check, select this option. It will warn you if money is remaining on the check.





The check can be started again by selecting Start Check Tracking and entering the carrier code and check number indicated.

### Start Check Tracking

Press **4** to start a check. Enter the Carrier Code and Check number on the screen. If that check already exists the rest of the information will be filled automatically. If it is a new check, enter the date and total check amount.

#### Carrier

Enter the carrier that issued the check. If the check is a bulk check, then enter the first letters of the carriers which sent the check and finish with "=" signs. For example, if Blue Shield sent you a check for carriers, BS, BS65, BSPA, and BSIL then enter "BS==" as the carrier code.

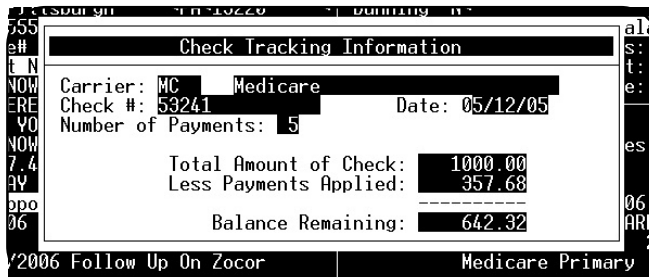


Figure 7-22: Check Track Screen

#### Check #

Enter the check number as a unique identifier. Press **↑** to display the previous check or press **↓** to display the next check for this carrier.

#### Date:

Enter the date on the check or today's date to indicate the payment date. Just be consistent when you enter these so you know which date is used.

#### Number of Payments:

The computer will track the number of payments made against this check.

#### Total Amount:

Enter the total amount of the check.

#### Less Payments Applied:

The computer will calculate this as payments are made. If there is an amount deducted from the check for something outside the MOS enter that amount at the start and the balance will track from there.

#### Balance Remaining:

The balance remaining on the check.

A report has been added to print the payments entered from Check Track. Press **5** **4** **6** and refer to the Chapter 11 for more information about the report.

## 9 - Diag/Proc/RX Hist

The password for MEDICAL NOTES is required to view this option. The following choices are displayed:

## 1 - Patient Diagnoses

This will list all the diagnoses on file for this patient by date in descending order. Press **I** to display the Invoice Detail screen for the highlighted invoice.

SS Nmb	Inv #	Ln	Date	Pointer	Procedure	Description	ce Due
325	1	20060111	1	TEST2	STANDARD TEST CODE		164.16
322	1	20051011	1	SNFCH	SUBSEQ NURSING FACIL		276.38
317	10	20050524	1	CINPL/M	CONSULT INPAT. L/M		440.54
317	9	20050524	1	NFSH	NURSING FACILITY SER		
317	8	20050524	1	CC1HR	CRITICAL CARE FIRST		
317	7	20050524	1	CFUU	FOLLOW UP CONSULT UN		
317	6	20050524	1	NEWCMNH	STUFF		4891.40
317	5	20050524	1	NEPVMOD	NEW PT. OV MOD.		174.92
317	4	20050524	1	WILSON	STANDARD OFFICE VIST		16.00
317	3	20050524	1	EPMOD/HIG	EXTENDED MODIFICATIO		276.38
317	2	20050524	1	NEW TEST	NEW TEST OF THE PROC		2.2
317	1	20050524	1	TESTLAB	TEST PROCEDURE FOR		1
314	10	20050524	1	CINPL/M	CONSULT INPAT. L/M		1
314	9	20050524	1	NFSH	NURSING FACILITY SER		

Figure 7-23: Patient Procedures History

## 2 - Patient Procedures

This will list all procedures done for the current patient by date in descending order.

Press **I** to display the Invoice Detail screen for the highlighted invoice.

## 3 - Patient Drugs

This selection will list all drugs prescribed to this patient in descending date order. Options are available to Add, Change, Hardcopy or Exit.

Date	Drug	Strength	Frequency	Tolerance
19980108	Amoxicillin	3 mg	qd x20	
19971031	Wondar Drug	500 mg	3kd	
19971029	qwste	2 mg		
19970606	Quinine	2 oz	qd x 10	good
19970603	Valium	1 mg	qd x 20	
19961206	Penicillin	2 mg	every hour	very good
19961206	Quinine	1mg	BD	excellent
19951012	Penicillin	2 mg	1 a day	good
19940825	Clover	4 leaves	qd x 10	good
19940606	New stuff	10 mg	qd x 12	excellent response

Figure 7-24: Drug Screen

### A - Add a prescription

A screen is displayed which will request the following information:

Telephone# (412) 835-9415\* Age 93 | Status A\* Ins: 164.16  
 DRUG HISTORY 1 Adells Helena  
 Date: 01/31/2006 Dr Code: 1 Written/Phoned: W  
 Drug Prescribed: Amoxicillin Strength: 3 mg  
 Frequency: 3/day Quantity: 30  
 Stop Date: 02/10/2006 Patient Response:  
 Reorder:  
 01/25/2006 9:00 AM 1 01/11/2006\* Insurance MC BS AARP\_AR1

Figure 7-25: Add a Drug to Patient Drug History





**Date:** Enter the date of the prescription.

**Dr Code:** The doctor of record for this patient is entered automatically, modify the code if necessary.

**Written /Phoned:** Enter **W** for a written prescription or **P** for a phoned prescription.

**Drug Prescribed:** *Support File Browse, Add if Not Found*

Enter the name of the drug prescribed or press **F6** to select from the drug reference file. A browse will be displayed and you may select the correct drug and strength.  
 Browse for Drug File

-  Highlight the correct drug and strength
-  To add a new drug to the file.
-  To change the highlighted drug.
-  To exit the drug browse.

**Strength:** The data for this is attached to the drug prescribed. Select the correct drug to supply this data correctly. Enter the strength including the units, i.e. 1 mg, 2 cc.

**Frequency:** Enter the frequency with which the medication should be administered, i.e. OD x20

**Quantity:** Enter the number or volume to be prescribed. For example, if the prescription was for pills to be administered 3 times a day for 10 days, then the quantity needed would be 30.

**Stop Date:** Enter the date the prescription should be stopped. This field will also do some math for you if you enter a number it will calculate the stop date by adding the number to the prescription date. For example, enter 60 to have it enter a date that is 60 days from the prescription date.

**Patient Response:** Enter any information about the patient response to the medicine. For example, caused nausea, had no effect, caused severe headaches, well tolerated.

**Reorder Date:** Enter the date the prescription should be reordered. This field will also do some math for you if you enter a number it will calculate the stop date by adding the number to the prescription date. For example, enter 60 to have it enter a date that is 60 days from the prescription date.

**Refills:** Enter the number of refills allowed.

A form was added to the form list to print the Proc/Diag/RX History.

#### 4 - Diagnosis Search

This will display all Patients with the given diagnosis. A prompt will ask for the search diagnosis. Enter the whole number to get all with the given diagnosis category. Enter a specific code to only select exactly that diagnosis.

#### 5 - Procedure Search

This will display all Patients with the given procedure. A prompt will ask for the search procedure. Enter a specific code to select exactly that procedure. The code is left justified so typing part of the code will match all that start with that sequence of characters. For example, "test" would match, "testlab", "test1" or any other procedure that started with the letters "test".

The procedure code used is the same that was entered when you added the invoice.

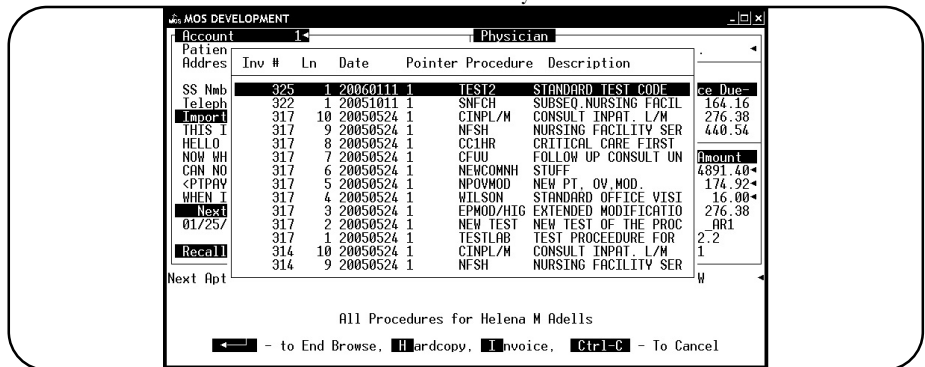


Figure 7-26: Procedure Search for TESTLAB

M - Move

This is used to quickly move to the patient highlighted. The Diag/Proc/Rx Hist menu is then redisplayed.

H - Hardcopy

The list can also be hard copied as it is presented on the screen.

### 6 - Drug Search

This will display all patients that have a given drug/prescription on file. It is only necessary to type the first five to ten characters to get a good match. This will match exactly as many characters as are typed.

### W - Referral To

This options will allow a referral made from your practice to another, as is done with a Primary Care Physician, to be entered into the data about this patient. Reports will be created to develop appropriate feed back about the physicians used by your practice as referring physicians. At this time, the data you can enter is as follows:

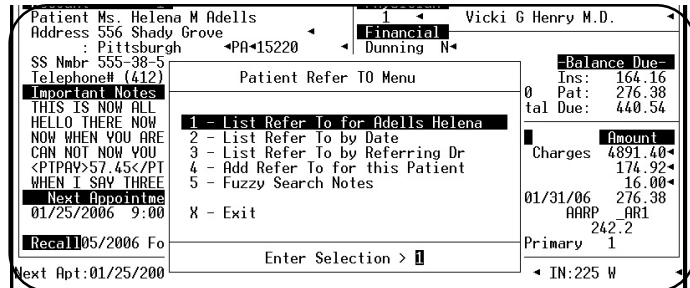


Figure 7-27: Refer TO Menu

Press **W** from the sliding patient menu. The Patient Refer TO Menu appears.

### Add Refer to for this patient

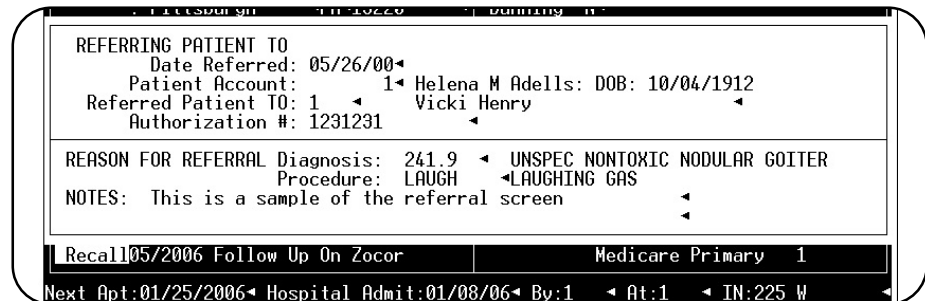


Figure 7-28: Add Refer TO for this patient

To add new entries press **4**. This will automatically fill in today's date and the patient account for the current patient.

**Date Referred:**

Enter date referred. Usually this would be today's date so that is filled automatically.

**Patient Account**

Enter Patient Account code. This will default to the current patient.

**Referred Patient To:**

Enter Referring Physician Code for referring doctor. The doctor must already be added to the referring physician's file to be entered here. [Support File Browse](#)

**Authorization #**

Enter the authorization number for this referral. Often this is assigned by the PCP and must be recorded. This is a handy place to keep this information.

**Diagnosis Code:**

Enter the diagnosis code that relates to this referral. The best choice need only be entered. If additional codes should be entered use the Notes. [Support File Browse](#)

**Procedure:**

**Support File Browse**

Enter the procedure code that relates to this referral. The best choice for the procedure that the referring physician is expected to complete. Use the notes if additional information is needed.

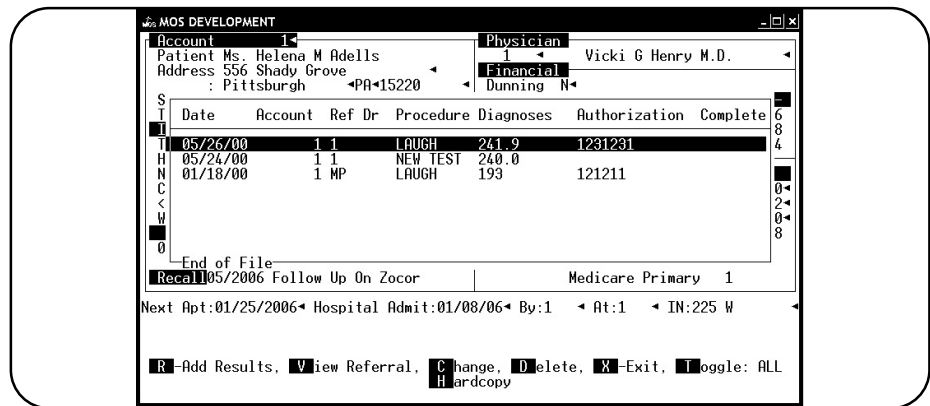
**Notes:**

Two lines of notes can be added to allow more information to be added.

Press **[5]** to search the notes for best matches of text given. A text string is entered and the display shows the best matches using the fuzzy search logic. At this time, the patient account instead of name is displayed. That will be changed as soon as possible. The note displayed may display the incorrect note line, however, it seems to select the right records. We will be correcting this as soon as the runtime corrections are made in the source code for filePro by FpTechnologies.

**View Current REFER TO entries** - use options 1, 2, or 3. On all these options a new choice has been added to allow the phone number to be displayed in the last column. Press **[P]** when the browse displays and it will refresh with the provider phone number displayed. This list can then be hard copied for a quick contact list.

Select **[1]** to display a list of referrals made for the current patient. The list is displayed chronologically with the last referral at the top.



**Figure 7-29:** List referrals for a Patient

Select **[2]** to display all referrals by referral date.

Select **[3]** to display all referrals for one referring physician. They are displayed chronologically with the last referral at the top.

**Browse Prompts** for lists.

- [V]** - View Referral screen - This option will display the referral screen, no changes are allowed. Remember this may not be a referral for the current patient.
- [M]** - Move to highlighted patient.
- [X]** - To end browse and return to the Patient Refer TO Menu.
- [D]** - Delete Test. This is only available for the Current Patient's Test in Browse 1.
- [H]** - Hardcopy. This will print the display as you see it on the screen.

- T** - Toggle. This option will change the display from including ALL referrals, to displaying only OPEN referrals. Open referrals have no Date Done applied. This can help when following up on referrals.
- C** - Change Referral Information - Use this option to edit the referral information. This is only available from the Patient List (1).
- R** - Add Report - Enter report results from Referring Physician. This is only available from Patient List (1).

## Add Referral Results

**Authorization #** Enter the Insurance Authorization Number if it is not already entered.

**Figure 7-30: Add Referral Results**

**Date of Service:** Enter the date the referring physician did the test/procedure.

**Date Done:** Date the service was completed. This date might indicate that the doctor called you with some verbal results, so you can track that. The referral is not considered complete until the report is received.

**Date Report Received:** Enter the date you received the paper report. Usually this would be today's date.

**Result Indicated:** Enter result reported.

**Date Done:** Enter the date the referral was considered completed. This date indicates that the referral is no longer pending. If you would like to follow up on a result, do not enter this date. Then the referral will be listed as an incomplete referral.

## J - Test Results

This option is used to enter test results that must be tracked over time so they can be reviewed on

**Figure 7-31: Test Results Menu**

the screen. A comment can be entered to indicate medication adjustments that should be made. This will be useful for blood sugar tests, blood pressure or medication monitoring.

Select **J** to load the test results menu.

## 2 - Add Test Results

Press **2** from the Test Results Menu to add tests to the current patient. From the browse list you can also press **A** to add a new test. The following screen is displayed.

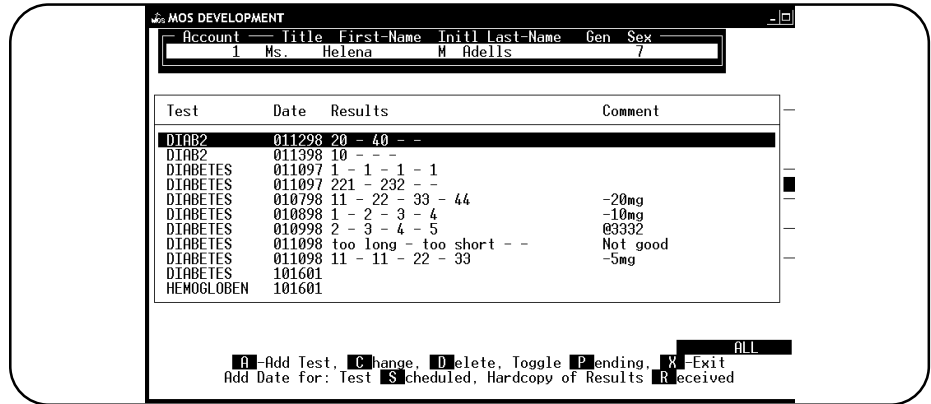


Figure 7-32: Add a New Test Result

### Test Name

*Support File Browse, Add if Not Found*

Enter the name of the test. If the name is not found in the test definition file, you will be able to move to the description and heading fields. Fill them in also as you go through the screen and this new test will be added as well as the results.

### Date Scheduled

Enter the date the test was scheduled. A quick way to enter this date is to press **S** from the “List Test Results for Patient”. The popup screen will be displayed with today’s date entered for the schedule date.

### With Whom

Enter the lab name or doctor name to indicate where the test is scheduled.

### Authorization:

Enter the authorization number issued by the insurance, if appropriate.

### Column 1 - Column 4

Enter the values in each column as indicated by the heading defined as part of the test. It is only permissible to add values in columns that were given headings. All other columns will be skipped. The data can be typed with units or special characters as needed to properly record the data.

### Comment

Enter a comment here. This can also be used by the Doctor to indicate a change required in the medication or treatment. A quick way to add this note is offered under Review Recent Test Results.

### Report Received

Enter the date the written report was received. This will finalize the test as being complete.

A quick way to assign this date is to use **R** from the “List Test Results for Patient”. This will pop up the screen and fill in today’s date.

This menu offers the following options:

## 1 - List Test Results for (Patient Name)

This will list all the tests on file for the current patient. A prompt will request the name of the test that should be displayed.

Start at Test Name (Leave BLANK for all):

Enter the name of the test. The match is done only on the number of characters entered. For example, type **M** **ENTER** to see all the tests that start with the letter M. If you name tests that go together with the same first few letters, they will be displayed together. If the response is left blank all tests will be selected.

Display Tests Done Since: (MM/DD/YY) >

Enter a starting date to only display tests done since the date given. If no date is entered, all tests are displayed.

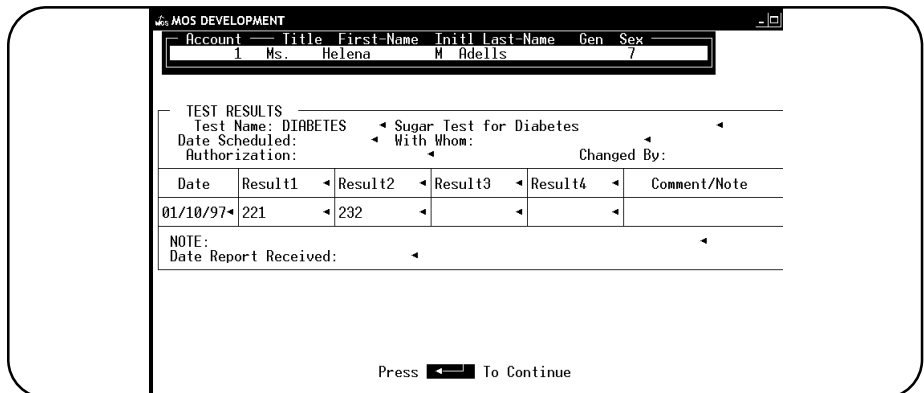


Figure 7-33: Sample Test Browse Screen

### Browse Prompts

- A** - Add Test - Add new ordered test.
- C** - Change Test - This option will select the highlighted test and allow changes to be made to the data.
- D** - Delete Test - This option will remove the highlighted test. This will allow a test to be removed if it is suspect or entered for the wrong patient.
- P** - Toggle Pending - This option will reduce or expand the tests shown to include all tests or just pending tests.
- S** - Scheduled Test - Use this option to add a scheduled date to the test. A data entry screen pops up with today's date supplied to the scheduled date. It would also be appropriate to add the company or doctor with whom the test is scheduled. A field for an authorization number is also available if you need to track an insurance authorization number for this test.
- R** - Received - When a hardcopy of the test results have been received, this date can be entered.
- M** - Move to highlighted Patient. This is available on "4 - Review Recent Tests Ordered" or "5 - Browse Pending Tests".
- X** - Exit - This option will end the browse window.

### 3 - Add Test Definitions

The test definitions will allow a test to be assigned a name and up to four column headings for data. This will be used when the test is entered to insure that the data in each column is for the same statistic. If any of the four headings is left blank, that column will be skipped when the test results are collected.

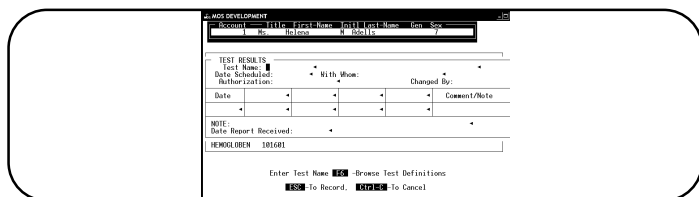


Figure 7-34: Test Definition Screen



#### 4 - Review Recent Test Results

This option will display tests by patient, by date done since a given date. This will allow the provider to quickly scan down all the test results on file and add a comment or note where necessary.

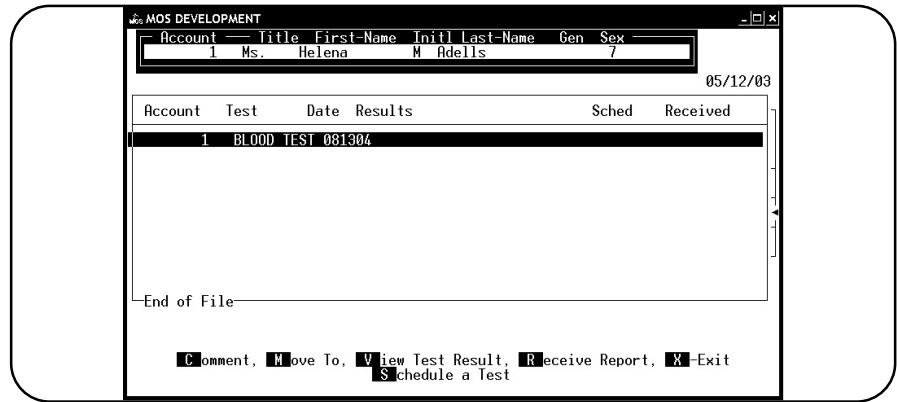


Figure 7-35: Review Recent Test Results

The browse prompts available are defined and explained above.

#### \$ - PT Payments

This option will list all payments made by the Patient between two dates. The information is listed from newest to oldest. A hard copy of the screen can be requested. This only displays payments given by the Patient and can be a quick way to answer questions about receiving a check or how it was applied.

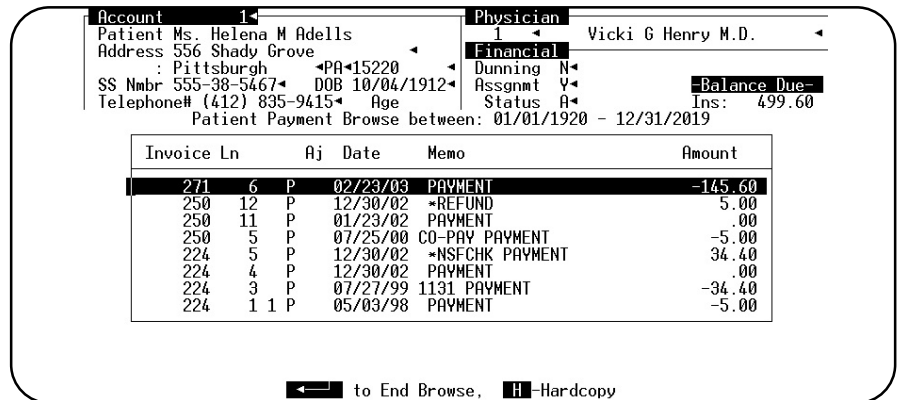


Figure 7-36: Patient Payments Browse

#### ? - Quick Look

This option allows a quick look of the patient demographic without any possibility that the data will be changed. The Patient Demographic screen is displayed in a look only mode.

Account	Title	First-Name	Initl	Last-Name	Gen	Birthdate
1	Ms.	Helena	M	Adells		10/04/1912
Address 556 Shady Grove			S.S.Number 555-38-5467		Sex F	
Address			Home Phone (412) 835-9415		Work Phone (412) 835-9417 Ext 111	
Zip Pittsburgh PA 15220						
<b>INSURANCE INFORMATION</b>						
Company MC Medicare			Dun Status			
Grp 123456789A			N		A	
Company BS BLUE SHIELD Of Kentucky						
Grp 6609000			Pol 183385467B			
Company AARP Retired People Insurance						
Grp 29434			Pol 111223333			
Recall 03/2003 Check Meds			Medicare Primary 1			
04/17/2003						

Figure 7-37: Quick Log Display

Press **ENTER** to close the display and return to the Patient Screen.

## H-HIPPA Log

This option will display the HIPPA Log Menu. Part of the new regulations requires that your practice keep track of anyone is seeing the PHI data, outside the normal business of treatment or billing. If you print a Transaction Review for the Accountant, you need to keep a record of all PHI data included in that report. The MOS will do this as the report is generated and it is stored in the HIPPA disclosure log.

To display the data for any patient press **H** from the patient slide menu and this HIPPA Disclosure Menu will be displayed. The disclosure information is only available back to the 4.0 upgrade installation. This data was not collected prior to that upgrade.

Account	1	Physician	1	Vicki G Henry M.D.
Patient	Ms. Helena M Adells	Financial	Dunning	N
Address	556 Shady Grove			
Address	Pittsburgh PA 15220			
SS Nbr	555-38-5467			
Telephone#	(412) 835			
<b>Important Notes</b>				
THIS IS WHERE I CAN THEY WILL ALLOW UP T EACH LINE CAN BE USE DATA. YOU WILL FIND THIS U				
<b>Next Appointment</b>				
04/17/2003 9:00 AM				
<b>Recall</b> 03/2003 Check				
04/17/2003				
<b>HIPAA Disclosure MENU</b>				
1 - ALL Chronologically				
2 - Select by Date				
3 - Select by OUTPUT Code				
4 - Select by User ID				
5 - Select by Authorized Party				
X - Exit				
Enter Selection > <b>1</b>				
			<b>-Balance Due-</b>	
			Ins: 499.60	
			Pat: 935.40	
			Total Due: 1435.00	
			<b>Amount</b>	
83			Charges 4037.00	
03			145.60	
03			17.00	
BS			AARP AR1	
			241.9	
re Primary			1	

Figure 7-38: HIPPA Log Menu

Prompts allow the following:

- 1 - All Disclosures chronologically
- 2- Select by Date
- 3- Select by OUTPUT Code
- 4- Select by User ID

List of each and every entry with the last one at the top.

A user date is requested and all disclosures made on that date for the current patient will be displayed.

An OUTPUT Code will be requested and all entries for that code will be displayed. This code is assigned to each output functions and a list of codes can be printed from the security menu.

A user ID will be requested and all output requested by that User for the current patient will be displayed.

5- Select by Authorized Party

An Authorized Party will be requested and all output requested by that party for the current patient will be displayed.

The resulting browse for a list of “All disclosures chronologically” will look like the following figure.

Account 1 Patient Ms. Helena M Adells Physician 1 Vicki G Henry M.D.  
 Address 556 Shady Grove Financial  
 : Pittsburgh PA 15220 Dunning N  
 SS Nbr 555-38-5467 DOB 10/04/1912 Assgmt V Balance Due

DATE	OUTPUT	WHO	ID	REASON
01/29/03	DI FL	00000023	inquiry	REQUEST FROM LIFE INSURANCE
01/29/03	DI 52D	00000023	inquiry	REQUEST FROM LIFE INSURANCE
12/16/02	DI FL	00000017	nancy	REQUEST FROM EMPLOYER
12/01/02	DI 52D	00000025	nancy	REQUEST FROM ACCOUNTANT
12/01/02	DI FL	00000017	nancy	REQUEST FROM EMPLOYER
08/13/02	TOOLS	JOES	nancy	REQUEST FROM ACCOUNTANT
08/11/02	561	YOYOMA	nancy	REQUEST FROM LAWYER
08/11/02	56J	00000017	nancy	REQUEST FROM EMPLOYER
08/11/02	56J	JOES	nancy	REQUEST FROM ACCOUNTANT
08/11/02	56J	JOES	nancy	REQUEST FROM ACCOUNTANT
08/11/02	56J	JOES	nancy	REQUEST FROM ACCOUNTANT

USE HIGHLIGHTED LINE: 1-Who, 2-Date, 3-Output, 4-UserID TO SEARCH AGAIN  
 I-More Information  
 H-Hardcopy, or X-Exit

Figure 7-39:HIPPA Disclosure Browse

Selecting a choice from the “USE HIGHLIGHTED LINE” will drill into a display showing just the entries for the selected line that match that feature. For example, on the line highlighted right now in the figure, the user called “inquiry” made that disclosure. If you want to see all disclosures made by “inquiry” press 4. The next display will look like this:

Account 1 Patient Ms. Helena M Adells Physician 1 Vicki G Henry M.D.  
 Address 556 Shady Grove Financial  
 : Pittsburgh PA 15220 Dunning N  
 SS Nbr 555-38-5467 DOB 10/04/1912 Assgmt V Balance Due

DATE	OUTPUT	WHO	ID	REASON
01/29/03	DI FL	00000023	inquiry	REQUEST FROM LIFE INSURANCE
01/29/03	DI 52D	00000023	inquiry	REQUEST FROM LIFE INSURANCE

End of File

USE HIGHLIGHTED LINE: 1-Who, 2-Date, 3-Output, 4-UserID TO SEARCH AGAIN  
 I-More Information  
 H-Hardcopy, or X-Exit

Figure 7-40: HIPPA Browse-ID selection

You could select the 3 to see all entries for the output “DI FL” (Patient Letter) and if that was not a code you understand press the option I-More Information will help with that. Press 1 to see each code explained. The information will look like this:

PA 15220 Dunning N Balance  
 Nbr 555-38-5467 DOB 10/04/1912 Assgmt V

29/ AUTHORIZED USER DATA  
 29/ First Name: Quincy Last Name: Jones  
 Address: 444 West Street  
 City: Bethel Park State: PA Zip: 15222  
 Phone: (441) 212-1432

Figure 7-41:Authorized User Information

Press **ENTER** to continue to the next screen of information.

```

VSS MEDICAL OFFICE SYSTEM
Report / Output Security Control File
-----
Keystrokes: DI FL  PHI Data: V  Category: M  Security: FULL
Alternate Keystrokes:
-----
Report Name: Patient Letters
-----
Purpose of Report
Print letters designed to be sent to patient -
-----
PHI Data found on report
Could include any PHI data, letters are designed by practice
personnel
-----
└─End of File

```

Figure 7-42:HIPPA Information - Output PHI information

Press **ENTER** to continue to the next screen of information.

```

is
5
'i
5
D
D
1
M
al
CE
CE
-----
AUTHORIZED TO RECEIVE PATIENT DATA
Type:  IDCode: 00000023
-----
Name:  First Name  Last Name
Company:  Mary  Smith
Address:  883 West
-----
Cty,ST,Zip:  Beth  PA 12222
Home Phone:
Work Phone:  Ext
FAX
EMAIL:
Pat Acct:
Activation Date: 08/09/02  Rel to Pat:
NOTE:
Type of Address
A-ACCOUNTANT  E-EMPLOYER  I-LIFE INSURANCE
W-LAWYER  R-RELATIVE  B-BUSINESS ASSOC.
M-MISCELLANEOUS  L-LAW ENFORCEMENT  G-GUARDIAN,LEGAL

```

Figure 7-43: HIPPA information - Who

This will complete the information about the disclosure.