

# MEDICAL OFFICE SYSTEM

## INDEX

ACCIDENT		
Code for Claim	6-17	
ACCOUNT CODE		
Assigning	6-6	
Changing	7-11	
Combine two Accounts	7-11	
Creating Family Mem	6-6	
ADD IF NOT FOUND		
General Instructions	3-5	
ADJUST		
Invoice	6-25	
Passwords	5-2	
AGING		
By Invoice Date	11-86	
Report	11-84	
Rules	11-86	
Zero Age	7-12	
ALLOWANCES		
Medicare	6-32	
AMORTIZATION		
Calculations	18-4	
ANSI		
Submitter/Receiver Data	20-29	
APPOINTMENT		
Check Patient's	7-6	
Check Today's	19-3	
Creating	19-8	
Default	5-4	
Delete	7-5	
Find Patient's	19-6	
Missed Appointments	11-63	
Next Available	19-5, 19-13	
Purge after Months	5-8	
Recall Patient	7-6	
Scheduler	7-6, 19-3	
ASSIGNMENT		
Non-Assigned Medicare	20-42	
AUTHORIZED USER		
Access Control	22-2	
Activity Logs	22-3	
Adding	22-5	
Check Authorized User	5-2	
BALANCE		
Check Patient	7-11	
BATCH FILE		
DOS	2-11	
Windows 95/98	2-11	
Windows NT	2-11	
BILL TO		
Changing	6-28	
Claim	6-16	
BROWSE MODE		
Patient Sliding Menu	7-15	
		Utility Menu
		7-9
CALCULATOR		
Amortization	18-4	
Clear Function	18-6	
Compound Growth	18-3	
Decimal Places	18-6	
Diff Dates	18-4	
Disk Tapes	18-7	
Expression	18-3	
Future Values	18-2	
Hexadecimal	18-4	
Invoice Level	6-28	
Memory Tape	18-6	
Overview	4-6, 18-1	
Present Values	18-2	
Repeat Function	18-3	
Square Root	18-3	
Standard Charge	6-19	
Utility Menu	7-9	
CALENDAR		
Daily Functions	19-13	
Functions	19-4	
Meeting	19-7	
Parameters	19-1	
Passwords	19-2	
Provider Schedule	12-5	
Scheduler	19-1	
Setting Times	19-2	
Standard Appt Length	19-2	
CANCELING CHANGES		
General Instructions	3-3	
CERTIFICATION		
Chiropractic	6-32	
CHARGE/PAYMENT MENU	6-21	
CHARGES		
Adding	7-3	
Adding New	6-18, 6-22	
Standard Charge	6-19	
CHECK BALANCE MENU		
Change Account Code	7-11	
Combine Two Patients	7-11	
Delete Patient & Transactions	7-11	
Delete Patient Only	7-11	
Fix Patient Balance	7-11	
Re-Date Invoices	7-11	
Utility Menu	7-10	
CHECK TRACK		
Purge after Months	5-8	
CHIROPRACTIC		
Certification	6-32	
CLAIMS		
Submission History by Account	8-21	
Daily Submission Detail	8-18	

Invoices PENDING Report . . . . .	8-24	Upper/Lower Case . . . . .	3-3
Submission by Carrier . . . . .	8-19	DEFAULTS	
Suspended Claims List . . . . .	8-20	Assignment Default . . . . .	5-11
CLIA		Beep on Errors . . . . .	5-4
Location Code . . . . .	6-30	FASTEMC Data Entry . . . . .	20-25
Medicare Lab Claims . . . . .	6-30	Field Choices Files . . . . .	5-8
CODE CROSS REF		Last Invoice Number . . . . .	5-5
Add/Update . . . . .	12-15	Location Code . . . . .	5-5
Code Cross-Reference List . . . . .	11-73	Next Appointment . . . . .	5-4
COLLECTION		Parameter . . . . .	5-4
Invoice . . . . .	6-25, 6-27	Practice Setup . . . . .	5-5
Invoices in Collection Report . . . . .	11-82	Printer Name, Statements . . . . .	5-7
Patient Display Beep . . . . .	5-4	Provider Code . . . . .	5-5
COLOR SCREENS		Purging Appointments . . . . .	5-8
Unix/Xenix . . . . .	D-5	Recap Selection . . . . .	5-8
CONFIGURATION EDITOR		REDO Above Question . . . . .	5-4
Adding More than 9 printers . . . . .	17-8	Resubmit Insurance . . . . .	5-7
Adding, Updating . . . . .	17-8	Send Statements . . . . .	5-7
CREATE FASTEMC		Statement Sort . . . . .	5-7
Explanation . . . . .	20-14	Work Date . . . . .	7-9
CURRENT SCREEN		DELETE	
Patient Menu . . . . .	7-5	Appointments . . . . .	7-5
Patient Sliding Menu . . . . .	7-12	End-Of-Month . . . . .	16-1
DAILY		Patient . . . . .	7-9
Changing Printing Destination . . . . .	21-14	Provider . . . . .	12-6
Input . . . . .	6-1	Service Lines . . . . .	6-25
DAILY INPUT		Support Data . . . . .	12-2
Disable Printer Selection . . . . .	5-9	DEMOGRAPHIC DATA	
Passwords . . . . .	5-2	Patient Menu . . . . .	7-5
DAILY PRACTICE REPORTS MENU		DEMOGRAPHIC FORM	
Daily Submission Detail . . . . .	8-18	Forms Menu . . . . .	7-7
Day Sheet . . . . .	8-12	DIAGNOSIS	
Submission History by Account . . . . .	8-21	Add/Update . . . . .	12-13
Activity by User . . . . .	8-13	History . . . . .	7-14
Collect Data for Provider Totals . . . . .	8-29	Maintenance File . . . . .	12-13
Current Hospitalized Patient . . . . .	8-27	DIAGNOSIS CODE	
Detail with Patient Names, v2 . . . . .	8-31	Adjust INS/DX . . . . .	6-27
Diag/Proc Verification . . . . .	8-32	Claim . . . . .	6-16
Electronic Submission Rep . . . . .	8-25	DIAGNOSIS HISTORY	
Hospital Admits Report . . . . .	8-26	Invoice Menu . . . . .	7-5
Invoices PENDING Report . . . . .	8-24	Search . . . . .	7-19
Practice Statistics . . . . .	8-14	DIAGNOSIS TEST LAB	
Provider Monthly Summary . . . . .	8-30	Add/Update . . . . .	12-39
Recap List . . . . .	8-28	DISABILITY	
Service Date Detail . . . . .	8-22	Dates on Claim . . . . .	6-17
Special Daily Summary . . . . .	8-17	DISCLOSURE PARTIES	
Submission by Carrier . . . . .	8-19	Adding/Updating . . . . .	22-9
Suspended Claims List . . . . .	8-20	Printing . . . . .	22-10
DAILY RECAP REPORT		DISK SPACE	
Error Messages . . . . .	8-3	Check . . . . .	7-10
Error Report . . . . .	8-16	DISK TAPE	
Errors . . . . .	8-15	Creating New . . . . .	18-6
How To Run . . . . .	8-1	Deleting . . . . .	18-7
Passwords . . . . .	5-2	Documenting . . . . .	18-8
Re-running Daily Recap . . . . .	8-33	Re-start existing . . . . .	18-7
Selection Default . . . . .	5-8	Viewing/Modifying . . . . .	18-7
DATA ENTRY		DRUG	

Add/Change prescriptions . . . . .	7-18	Download Edit Report . . . . .	20-17
Search . . . . .	7-20	Illinois . . . . .	20-43
DUNNING MESSAGES		MOS to FASTEMC Report . . . . .	20-16
By Patient . . . . .	6-7	Non Assigned Claims . . . . .	20-42
EDI		Performing Provider Number . . . . .	20-21
Daily Submission Detail . . . . .	8-18	Setup . . . . .	20-24
Electronic Submission Rep . . . . .	8-25	Submitter Number . . . . .	20-21
Submission by Carrier . . . . .	8-19	Transmit Claims . . . . .	20-20
Suspended Claims List . . . . .	8-20	Update Insurance Co . . . . .	20-13
EDI		Update Providers . . . . .	20-12
Submission History by Account . . . . .	8-21	Updating Medicare Claims . . . . .	20-30
EDITING		FEATURES	
Keystrokes . . . . .	3-2	Overview . . . . .	1-5
ELECTRONIC CLAIMS		FINANCIAL REPORTS	
Reviewing Claims . . . . .	20-30	Password . . . . .	5-2
ELECTRONIC PAYORS		FORMS	
Add/Update . . . . .	20-28	Insurance . . . . .	4-2
ELECTRONIC SETUP		Patient Statements . . . . .	4-2
ANSI 837 . . . . .	20-29	FORMS MENU	
Practice Passwords . . . . .	20-24	Demographic Form . . . . .	7-7
Submitter Data . . . . .	20-29	Envelope Label . . . . .	7-8
Submitter/Receiver Data . . . . .	20-29	Insurance Form . . . . .	7-8
ELECTRONIC TRANSMISSION		Letters, Print . . . . .	7-7
Create FASTEMC . . . . .	20-14	Patient Sliding Menu . . . . .	7-7
Insurance Company Information . . . . .	12-34	Print Patient Screens . . . . .	7-7
Steps . . . . .	20-10	Routing Slip . . . . .	7-7
EMPLOYER		Statement/Ledger . . . . .	7-8
Add/Update . . . . .	12-20	FUZZY BROWSE	
Maintenance . . . . .	12-20	General Instructions . . . . .	3-4
END OF PERIOD		FUZZY SEARCH	
Purge Check Track . . . . .	16-1	Browsing a description . . . . .	3-5
Purge Invoices . . . . .	16-1	GENERAL INFO	
Purge Recalls . . . . .	16-1	Patient Sliding Menu . . . . .	7-12
END OF YEAR		GROUP PROCEDURES	
Reset Summary Files . . . . .	16-3	Assigning . . . . .	6-18
ENVELOPE LABEL		HARDCOPY	
Forms Menu . . . . .	7-8	General Instructions . . . . .	3-3
ENVIRONMENT VARIABLES		HELP	
Adding, Updating . . . . .	17-8	General Instructions . . . . .	3-3
Printers, more than 9 . . . . .	17-8	HIPAA	
ERRORS		Forms Menu . . . . .	7-7
Check Disk Space . . . . .	17-6	Patient HIPAA Menu . . . . .	7-26
Display Recap Errors . . . . .	8-3, 8-15	HISTORICAL	
Error Messages . . . . .	8-3	Patient Box . . . . .	7-12
Rebuild Invalid Index . . . . .	17-4	HOLD	
Recap Error Report . . . . .	8-16	Invoice . . . . .	6-7, 6-25, 6-27
Unlocking Files . . . . .	17-3	Invoices on HOLD Report . . . . .	11-81
EXPORT FILE		HOSPITAL	
Creating . . . . .	15-17	Current Hospitalized Patient . . . . .	8-27
FAMILY MEMBERS		Hospital Admits Report . . . . .	8-26
Statements . . . . .	10-5	HOSPITALIZATION	
Utility Menu . . . . .	7-8	Dates on Claim . . . . .	6-17
FASTEMC		ICON	
Billing Provider Numbers . . . . .	20-21	DOS . . . . .	2-13
Create Transmission Report . . . . .	20-18	Windows 95/98 . . . . .	2-13
Defaults . . . . .	20-25	INPUT	
Delete Claims . . . . .	20-20	Daily Input . . . . .	4-1

INSTALLATION	
General Instructions	2-3
UNIX Runtime	2-5
INSURANCE	
Adjust INS on Invoice	6-27
Batch Forms	9-1
Carrier List	11-66
Code Cross-Reference List	11-73
Codes	12-33
Codes, Assigning	6-10
Count Patients by Carrier	11-75
Electronic Submission Rep	8-25
Finding Patient by	6-4
Information Screen	7-13
Notes	6-25
Patient Group Number	6-11
Policy Holder	6-12
Policy Number	6-11
Prior Approval	6-17
Resubmit	6-28
Resubmit Time	5-7
Submission by Carrier	8-19
Submission Summary	11-74
Update FASTEMC Carriers	20-28
Workers' Compensation	6-13
Zero Balance Invoices	5-8
INSURANCE COMPANY	
Add/Update	12-32
Procedures by Carrier	11-28
Type	12-33
Update FASTEMC	20-13
INSURANCE FORMS	
Assigning	6-30
Background Printing	9-1
Daily Submission Detail	8-18
Dates, 2000 compliant	15-11
Defining Insurance ?	9-6
Forms Menu	7-8
Lab Procedures	6-30
One Claim Only	7-8
Print Forms, ONE	6-27
Provider ID's	15-15
Spooling	9-1
Update Invoice Menu	7-4
INSURANCE INFORMATION	
Patient Menu	7-5
Patient Sliding Menu	7-13
INTEREST	
Description	5-5
Rate	5-5
INVOICE	
Add Charges	6-18
Adding Invoices	6-15
Adjust	6-25
Adjust INS/DX	6-27
Applying a Payment	6-23
Bill To	6-16, 6-28
Change Work Date	7-9
Charge Screen	6-18
Collection	6-27
Copy previous Invoice	6-15
Daily Submission Detail	8-18
Dunning Messages	6-7
Finding Patients	6-4
Hold	6-7, 6-27
Internal Invoice Notes	6-25
Invoices PENDING Report	8-24
Multiple Days for Service	6-19
Next	6-26
Notes	6-25
Overview	6-28
Previous	6-26
Procedure	6-18
Purchased Lab Work	6-17
Responsible Party	6-16, 6-28
Scroll Lines	6-26
Sign In #	6-26
Standard Charge	6-19
View General Screen	7-2
Write-Off	6-28
INVOICE MENU	
Diagnosis History	7-5
Options	7-2
INVOICES	
Adding	7-3, 7-13
Display Detail	7-2
Explanation	1-2
Last Number Assigned	5-5
Purge after Months	5-7
Re-Date	7-11
Update	7-14
LABELS	
Explanation	1-3
Location Mailing Labels	11-62
LABORATORY	
Assigning	6-30
Insurance Form	6-30
on Medicare Claims	6-29
Purchased Lab Work	6-17, 6-20
LATE CHARGES	
Rate	5-5
LETTERS	
Add/Update	12-15
Edit Functions	12-17
Explanation	1-3
Forms Menu	7-7
Letter Log	7-7
Merging Text	12-18
Selections	12-16
LOAN PAYMENTS	
Calculator	18-2
LOCATION	
Add/Update	12-38
Claim Service	6-16

Default .....	5-5	Updating FASTEMC Medicare Cla	20-30
Location Mailing Labels .....	11-62		
Maintenance .....	12-38	<b>MEETING</b>	
Patient Default .....	6-8	Scheduling .....	19-7
Patients by Location .....	11-65	<b>MENUS</b>	
POS .....	12-38	Charge/Payment Sliding .....	6-21
Procedure .....	6-19	Daily Recap .....	4-2
Service Location .....	6-16	Diagnosis/Procedure Menu .....	4-3
<b>LOCKFILE</b>		Electronic Claims Submission .....	4-8
Removing .....	17-3	Electronic Submission .....	20-3
Unlocking Files .....	17-3	FASTEMC Main Menu .....	20-5
<b>MAINTENANCE</b>		Financial Reports Menu .....	4-5
Code Cross Reference .....	12-15	HIPPA Security Menu .....	22-4
Diagnosis Codes .....	12-13	Insurance Carrier Reports Menu .....	4-4
Diagnosis Test Lab .....	12-39	Insurance Forms .....	4-2
Employer File .....	12-20	Main Menu .....	4-1
Files Menu .....	12-1	Period End Menu .....	4-6
Insurance company .....	12-32	Provider/Practice Reports Menu .....	4-4
Letters .....	12-15	Report Menu .....	11-1
Password .....	5-2	Reports Main Menu .....	4-3
Place of Service .....	12-38	Support Files Menu .....	4-5
Procedure groups .....	12-23	Utility Menu .....	4-7
Provider File .....	12-3	<b>MODIFIERS</b>	
Referring Physician .....	12-23	Procedure .....	6-19, 12-8
Responsible Party .....	12-21	<b>NARRATIVE</b>	
Workers' Comp File .....	12-37	to Charge Line .....	6-32
zip code file .....	12-14	<b>NEXT PATIENT</b>	
<b>Medial Notes</b>		Utility Menu .....	7-9
Add .....	14-4	<b>NON ASSIGNED CLAIMS</b>	
Close Note .....	14-5	Electronic Procedure .....	20-42
Edit .....	14-2	<b>NOS</b>	
Print .....	14-4	Procedure .....	6-19
Search .....	14-4	<b>NOTES</b>	
Special Editing Keys .....	14-1	Patient .....	6-9
<b>MEDICAL HISTORY</b>		<b>OUTPUT SECURITY</b>	
Passwords .....	5-2	Activity Log .....	22-7
<b>MEDICAL NOTES</b>		Adding .....	22-5
Close a Note .....	7-7	Browsing .....	22-6
Lines/Page .....	5-9	Listing .....	22-7
Patient Sliding Menu .....	7-6	Updating .....	22-7
Print lines/page .....	5-9	<b>PASSWORDS</b>	
Top Margin .....	5-9	Adjustments .....	5-2
Write a Note .....	7-7	Assigning/Changing .....	5-1
<b>MEDICARE</b>		Check Authorized User .....	5-2
Expected Payment .....	12-9	Daily Input .....	5-2
Non-Participating .....	12-9	Daily Recap .....	5-2
Participating Allowance .....	12-9	EOM/EOY Purges .....	5-2
Allowances .....	6-32	Financial Reports .....	5-2
Approved/Paid .....	6-28	Maintenance Menu .....	5-2
CLIA Numbers .....	6-30	Master .....	5-1
Lab Claims .....	6-30	Medical History .....	5-2
Lab Procedures .....	6-29	<b>PATIENT</b>	
Non Assigned Claims .....	20-42	Correct Balances Menu .....	7-10
Non Participating Rate .....	5-5	Correct Patient Balances .....	7-11
Non-Participating Allowances .....	6-32	Submission History by Account .....	8-21
Primary .....	6-24	Adding Invoices .....	6-15
Standard Charge .....	6-20	Adding New .....	6-2, 6-3, 6-5

Combine Two . . . . .	7-11	Check Track . . . . .	7-16
Count Patients by Carrier . . . . .	11-75	Distributing Credits . . . . .	7-3
Current Hospitalized Patient . . . . .	8-27	Mass . . . . .	7-3
Delete . . . . .	7-9, 7-11	<b>PERIOD END MENU</b>	
Delete All . . . . .	7-11	Passwords . . . . .	5-2
Demographic Form . . . . .	7-7	Purge . . . . .	4-6
Disclosure Report . . . . .	22-12	<b>PHONE</b>	
Ending Add Mode . . . . .	6-14, 6-29	Patient's Home . . . . .	6-8
Finding by Account Code . . . . .	6-3	Patient's Work . . . . .	6-8
Finding by Account Number . . . . .	6-2	<b>PHYSICIAN</b>	
Finding by Carrier . . . . .	6-4	Default Patient Provider . . . . .	6-8
Finding by Invoice . . . . .	6-4	Delete . . . . .	12-6
Finding by Name . . . . .	6-2, 6-3	Referring . . . . .	12-23
Finding by Notes . . . . .	6-4	Service Provider . . . . .	6-16
Finding by Patient Data . . . . .	6-4	<b>POS CODE</b>	
Finding by Recall Date . . . . .	6-4	Add/Update . . . . .	12-38
Finding by Record Number . . . . .	6-4	<b>PRACTICE</b>	
Finding by SSNUM . . . . .	6-3	Close Report . . . . .	11-60
HIPPA Log . . . . .	22-11	Setup Screen 1 . . . . .	5-3
Important Notes . . . . .	6-9	Setup Screen 2 . . . . .	5-4
More Ways to Find Menu . . . . .	6-4	Special Daily Summary . . . . .	8-17
Multiple Add Mode . . . . .	6-3, 6-5	<b>PRACTICE SETUP</b>	
Name . . . . .	6-6	Defaults . . . . .	5-5
Patient Account Summary . . . . .	11-31	FASTEMC . . . . .	20-24
Patients by Location . . . . .	11-65	<b>PRE-CODED TEXT</b>	
Print Forms, ONE . . . . .	6-27	Add/Update . . . . .	12-24
Print Screens . . . . .	7-7	<b>PRESCRIPTIONS</b>	
Procedure by Patient . . . . .	11-16	Add/Change prescriptions . . . . .	7-18
Recall Schedule . . . . .	19-17	Search . . . . .	7-20
Sign In # . . . . .	6-26	<b>PREVIOUS PATIENT</b>	
Statement TO . . . . .	6-13	Utility Menu . . . . .	7-9
YTD Patients' /Referring . . . . .	11-61	<b>PRINTERS</b>	
<b>PATIENT MENU</b>		Adding More than 9 . . . . .	17-8
Current Screen . . . . .	7-5	Local Printing . . . . .	21-12
Demographic Data . . . . .	7-5	Print Code Table . . . . .	21-2
Insurance Information . . . . .	7-5	Printertype . . . . .	21-2
Quick Look . . . . .	7-25	Setup Multiple Printers . . . . .	21-13
<b>PATIENT SLIDING MENU</b>		Transparent Print . . . . .	21-12
Appointments . . . . .	7-5	<b>PRINTING</b>	
Browse Mode . . . . .	7-15	Functions in MOS . . . . .	21-12
Create Invoice . . . . .	7-13	Location from Daily Input . . . . .	21-14
Current Screen . . . . .	7-12	<b>PRIOR APPROVAL</b>	
Diagnosis History . . . . .	7-14	Claim . . . . .	6-17
Forms Menu . . . . .	7-7	<b>PRIVACY</b>	
General Info . . . . .	7-12	Policies . . . . .	22-1
Insurance Info . . . . .	7-13	<b>PROC/DIAG HISTORY</b>	
Ledger/Statement . . . . .	7-14	Create . . . . .	5-8
Medical Notes . . . . .	7-6	Purge . . . . .	5-8
Next Patient . . . . .	7-11	Purge after Years . . . . .	5-8
Patient Menu . . . . .	7-5	<b>PROCEDURE</b>	
Quit Program . . . . .	7-11	Add/Update . . . . .	12-7
Update Invoice . . . . .	7-14	By Provider . . . . .	12-8, 12-11
Utility Menu . . . . .	7-8	Groups . . . . .	12-23
<b>PAYMENTS</b>		Hours/Minutes . . . . .	6-20
Adding . . . . .	7-3	Modifier . . . . .	6-19
Adding New . . . . .	6-23	Procedure Utilization Graph . . . . .	11-26
Amount . . . . .	6-24	Procedures by Carrier . . . . .	11-28

Update Standard Charges .....	11-27	YTD Patients' /Referring .....	11-61
<b>PROCEDURE ALLOWANCE</b>		<b>REPORTS</b>	
Insurance Company .....	12-34	Submission History by Account .....	8-21
Setting Up Special Pricing .....	12-10	A/R by Invoice Date .....	11-86
<b>PROCEDURE GROUPS</b>		A/R Report .....	11-84
Add/Update .....	12-23	A/R Report with Phone Numbers ..	11-90
<b>PROCEDURE HISTORY</b>		A/R Worksheet .....	11-95
Search .....	7-19	Activity by User .....	8-13
<b>PROVIDER</b>		Activity Log .....	22-7
Add/Update .....	12-3	Activity Overview Graph .....	11-92
Adding Procedures for New Provider		Annual Proc Utilization .....	11-13
.....	12-11	Change MC Allowances .....	11-17
Assignment Default .....	5-11	Check Track List .....	11-72
Claims by Provider .....	11-64	Code Cross-Reference List .....	11-73
Default .....	5-5	Collect Data for Provider Totals .....	8-29
Delete .....	12-6	Count by Provider .....	11-64
Electronic Forms .....	15-15	Count of Patients by Carrier .....	11-42
ID Numbers .....	12-4	Count Patients by Carrier .....	11-75
Insurance Forms .....	15-15	Count Patients by Zip .....	11-46
Patient Default .....	6-8	Credit Balance Invoices .....	11-83
Patients by Provider .....	11-64	Current Hospitalized Patient .....	8-27
Performing Provider/Claim .....	6-16	Custom Super Bills in BATCH .....	11-57
Support File .....	12-3	Daily Office Schedule .....	11-58
Update FASTEMC Providers .....	20-12	Daily Recap .....	4-2
<b>PURGE</b>		Daily Recap - Summary Report .....	11-76
Appointments .....	5-8, 16-1	Daily Recap Report .....	8-2
Check Track .....	16-1	Daily Recap to Video .....	11-99
Check Track Data .....	5-8	Daily Recap-Select Date .....	11-88
Invoices .....	5-7	Daily Recap-Sum-Select Date .....	11-89
Invoices/Transactions .....	16-1	Daily Submission Detail .....	8-18
PROC/DIAG History .....	5-8	Day Sheet .....	8-12
Recalls .....	16-1	Detail by Provider/Loc/Rsp Party .....	8-7
<b>QUICK LOOK</b>		Detail with Patient Names .....	8-10
Patient Quick Look .....	7-25	Detail with Patient Names, v2 .....	8-31
<b>QUIT</b>		Diag/Proc Verification .....	8-32
Patient Sliding Menu .....	7-11	Diagnosis by Patient .....	11-9
<b>RECALL</b>		Diagnosis History By Patient .....	11-11
Patient .....	19-17	Diagnosis Report .....	11-7
<b>RECALL DATE</b>		Diagnosis Utilization .....	11-8
Finding Patients .....	6-4	Disable Printer Selection .....	5-9
<b>RECAP</b>		Disclosure List .....	22-10
Display Recap Errors .....	8-15	Duplicate Procedure for New Dr .....	11-25
Errors .....	8-3	Electronic Insurance Data .....	11-70
Print Recap Errors .....	8-16	Electronic Submission Rep .....	8-25
Recap List .....	8-28	Employer Claim Count .....	11-68
Rerunning .....	8-33	Family List .....	11-47
<b>REDO ABOVE</b>		Hospital Admits Report .....	8-26
Eliminate .....	5-4	Insurance Carriers .....	11-66
<b>REFER TO</b>		Insurance Reports .....	9-6
Add a refer to .....	7-20	Invoices in COLLECTION .....	11-82
Refer TO By Doctor Report .....	11-59	Invoices on HOLD .....	11-81
Refer To Menu .....	7-20	Invoices PENDING Report .....	8-24
<b>REFERRING PHYSICIAN</b>		Location Mailing Labels .....	11-62
Add/Update .....	12-23	Mass Write-Off Overdue Invoices ..	11-96
Claim .....	6-16	Missed Appointments .....	11-63
Patient .....	6-9	Missed Recall Report .....	11-35
UPIN Codes .....	12-23	MOS to FASTEMC .....	20-16

Multiple Diagnoses by Patient	11-10	Security	22-5
New Patient Graph	11-44	Selected Patient Statements	10-14
New Patient List	11-45	Service Date Detail	8-22
NON MD Referral Source Report	11-43	Short Schedule	11-53
Other Responsible Parties	11-33	Special Daily Summary	8-17, 11-91
Output Authorization List	22-7	Statement Sorts	5-7
Output Authorizations	22-5	Statements Menu	10-1
Overdue Invoice Report	11-96	Submission by Carrier	8-19
Overview	4-3	Submission Summary	11-74
Patient Account Summary	11-31	Summary by Provider/Loc/Rsp Party	8-8
Patient Address List	11-30	Superbills in Batch	11-55
Patient Balance List	11-87	Suspended Claims List	8-20
Patient Birthday Report	11-39	Today's Payments Reports	8-9
Patient Demographics Form	11-40	Transaction Review	11-78
Patient Disclosure Report	22-12	Update Standard Charges	11-27
Patient Letters	11-102	User Activity Log	22-8
Patient Mailing Labels	11-105, 11-106	W/C by Employer	11-80
Patient Tests List	11-48	Workers' Compensation Carriers	11-67
Patient's by Employer List	11-41	Year-to-Day Summary	11-94
Patients by Carrier Count	11-42	YTD Patients'/Referring	11-61
Patients by Location	11-65	<b>REPORTS - OVERVIEW</b>	
Patients by Referring M.D.	11-37, 11-38		11-1
Patients by Zip Count	11-46	<b>RESPONSIBLE PARTY</b>	
Patients' Employer Listing	11-32	Add/Update	12-21
Payment Report	11-98	Claim	6-16
Performance by Carrier	11-69	Maintenance	12-21
Place of Service List	11-50	<b>RESUBMIT</b>	
Practice Close Report	11-60	Days before	5-7
Practice Locations	11-50	Insurance Form	6-28
Practice Statistics	8-14	<b>ROUTING SLIP</b>	
Pre-Coded Text - Medical Notes	11-36	Batch Print	11-57
Print a Schedule	11-52	Custom Form	7-8
Procedure by Patient	11-16	Custom Form, batch	11-57
Procedure History / Patient	11-12	Forms Menu	7-7
Procedure List - Medicare Prices	11-22	<b>SAVING INFORMATION</b>	
Procedure List - Other Ins Prices	11-23	General Instructions	3-3
Procedure Payment Report	8-22, 11-100	<b>SCHEDULE</b>	
Procedure Report	11-14	Daily Office Schedule Report	11-58
Procedure Utilization	11-13, 11-15	Provider	12-5
Procedure Utilization Graphs	11-26	<b>SECURITY</b>	
Procedures by Carrier	11-28	BA Definition	22-1
Provider Monthly Summary	8-30	Employee Access	22-2
Provider's Listing	11-49	HIPPA Logs	22-3
Pull List for Appointments	11-54	HIPPA Rules	22-1
Recall Letters by Procedure	11-104	Logs	22-3
Recall Patient Labels	11-107	Output Authorizations	22-5
Recall Patient Letters	11-103	Patient Authorizations	22-2
Recall Patient Report	11-34	PHI Definition	22-1
Recap Error Report	8-16	User Logs	22-3
Recap List	8-28	<b>SERVICE LINES</b>	
Reconcile Payments	11-72	Adding New	6-18
Refer TO By Doctor	11-59	Delete	6-25
Referring Dr. Mailing Labels	11-56	Procedure	6-18
Referring Physician Report	11-51	<b>SERVICE TYPE</b>	
Reports Menu	11-1		12-9
Rerun Old Daily Recap	11-77	<b>SLIDING MENU</b>	
Routing Slips in Batch	11-55		



Patient .....	7-1	Check Balances .....	7-10
STATEMENT/LEDGER		Check Disk Space .....	7-10
One Patient Only .....	7-8	Family Members .....	7-8
Patient Sliding Menu .....	7-14	Next Patient .....	7-9
STATEMENTS		Patient Sliding Menu .....	7-8
33x100 Mailer .....	10-9	Previous Patient .....	7-9
34x120 Mailer .....	10-11	Reset Statement Date .....	7-10
34x124 Mailer .....	10-10	UTILITY MENU, SYSTEM	
42x60 Default .....	10-7	Backups .....	17-1
42x80 Default .....	10-8	Check Disk Space .....	17-6
60x80 laser .....	10-12	Configuration Editor .....	17-8
60x80 laser Coupon .....	10-13	Index Maintenance Menu .....	17-4
Addressee .....	6-13	Tools Menu .....	17-6
After 1 Month .....	5-7	Unlocking Files .....	17-3
Explanation .....	1-2	WORKERS' COMPENSATION	
Family Members .....	10-5	Add/Update .....	12-37
Late Fee Descriptor .....	5-5	Claims, Printing .....	9-2
Notes .....	6-25	Maintenance .....	12-37
Printer Name, Default .....	5-7	Responsible Party .....	6-13
Printing .....	10-1	Work Related .....	6-17
Remit to Address .....	12-4	WRITE-OFF	
Reset Date .....	7-10	Invoice Balance .....	6-28
Selected Patient .....	7-3	ZIP CODE	
Selection Options .....	5-7	Add/Update .....	12-14
Sort by Provider .....	5-7	Browse .....	12-14
Sort Options .....	5-6, 5-7	Maintenance file .....	12-14
Statements Menu .....	10-1		
Summarize .....	10-4		
SUBMISSION			
Submission Summary .....	11-74		
SUBMITTER DATA			
ANSI 837 Receiver .....	20-29		
ANSI 837 Submitter .....	20-29		
SUPPORT FILE BROWSE			
General Instructions .....	3-4		
TOS			
Codes .....	12-9		
TROUBLESHOOTING			
Electronic Carriers .....	20-45		
Rebuild Invalid Index .....	17-4		
Unlocking Files .....	17-3		
TYPE-AHEAD			
General Instructions .....	3-3		
UNLOCKING FILES			
Unlocking Files .....	17-3		
UPDATE INVOICE MENU			
Add Charge .....	7-3		
Add New Invoice .....	7-3		
Insurance Form .....	7-4		
Inv Data .....	7-2		
Invoice Details .....	7-2		
Make Payment .....	7-3		
Mass Payment .....	7-3		
Statement/Ledger .....	7-3		
UTILITY MENU			
Browse Mode .....	7-9		
Calculator .....	7-9		

