# PATIENT MANAGEMENT PROGRAM

PUTTING EXPERIENCE INTO PRACTICE

# PMP MANUAL

December 2014



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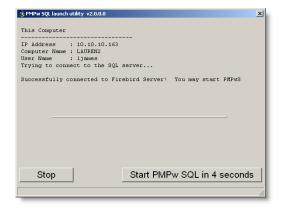
- 416-860-7199 / 1-800-561-7361
- support @chiropractic.on.ca
- www.chiropractic.on.ca

# **Additional Help**

The OCA website contains links to the full program and the latest updates. Also included is the latest version of the PMP Manual, tutorials and webinars. We have included newsletters, training information, various programs and many other pieces of information that you may find helpful.

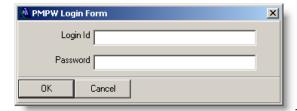
# **Getting Into PMP**

Open PMP by clicking the **PMP SQL** icon on the desktop. The SQL Launch screen will appear. Click the **Start PMPw SQL in [#] seconds** button before the countdown if you wish. The **Stop** button is for network use and allows for troubleshooting.



A *PMPW Login Form* will appear requiring a Login Id and Password. This screen is controlled by Security and requires setup so that each user enters with their personal ID and password. Setup instructions can be found on page 120.

If security has not been setup on your PMP type 'RS' into the **Login Id** field. Click into the **Password** field or press the **Tab** key. Type 'RS'. The password will appear as asterisks. Click **OK** or press **Enter**.

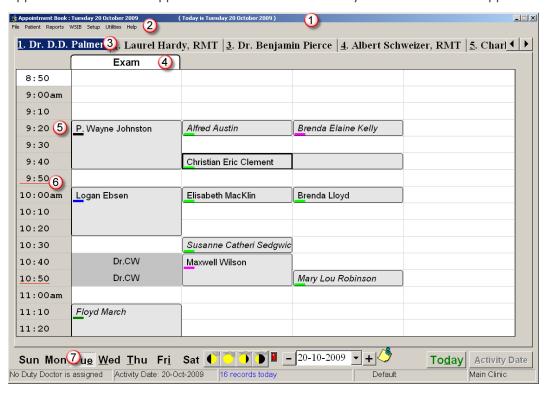


# **Main Appointment Screen Description**

# **Main Screen Appointment Book**

All patient activity can be done from the appointment book. Our easy to use appointment book allows you to add a new patient, make single or multiple appointments, and add, update and change patient information.

The Patient Management Program will accommodate up to 27 practitioners. You may want to list your practitioners in a specific order or perhaps not all practitioners are in the office every day. The features Appointment Book and Appointment Book Sets will allow you to customize the appearance of your PMP.



## 1. Title Bar

The title bar lists current information. The date on the left is the date of the appointment book displayed. The date in brackets is today's date. This information comes from your computer.

#### 2. Pull Down Menus

Access the program through easy to use menus. Menu items with an arrow ' ▶ ' have a secondary menu.

#### 3. Practitioner Tabs

Each practitioner has their own tab. Move through practitioner tabs by clicking onto their name on the tab or type the corresponding underlined number to view the appointment book for that practitioner.

#### 4. Named Columns

Practitioners can create, assign, and share columns. Sharing columns will allow other practitioners to see when rooms are in use and eliminates overbooking.

## 5. Time Slots

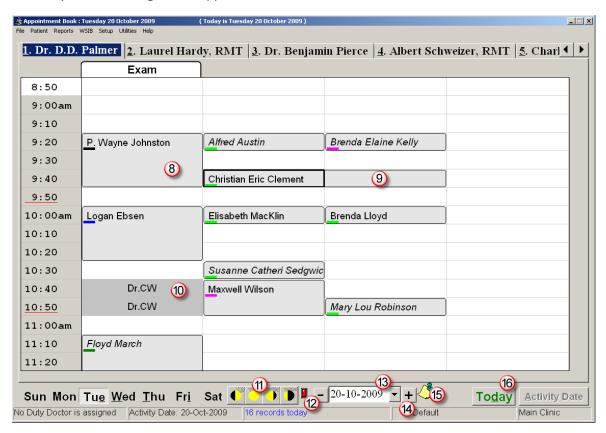
Time slots are defaulted to 15 minute increments and the colour coding signifies valid appointment slots as set up in Doctor Hours. Time intervals of 5, 10, and 20 minutes are available and this option is chosen in Doctor Defaults. The number of columns is customizable by practitioner to represent the number of appointments the practitioner can book in each time interval.

## **6.** Hidden Appointments

Time slots with a red underline indicate an invalid appointment. Clicking on the timeslot will provide details about the hidden appointment.

# 7. Days of the Week

Clicking on one of these buttons will cause PMP to change the Appointment Book to that day. The button will stay indented to show you the day of the week. These buttons are related to the week you are viewing on the appointment book.



# 8. Vertical Appointments

Appointments can be booked either vertically or horizontally. Named columns book vertical appointments only.

## 9. Horizontal Appointments

A horizontal appointment will book to the right and may or may not scroll to additional timeslots depending upon your doctor default settings.

# **10.** Shared Room Appointments

Named columns can be shared by practitioners. This allows practitioners using the same treatment rooms to check for availability and easily see when the room is in use by another practitioner.

The patient name is visible on the appointment book of the treating practitioner. Other practitioners sharing the room will see a visual reference that the room is booked. This is indicted by the grey shaded area where you see **Dr.CW** on the screen shot.

#### **11.** Suns

The four suns correspond with:

- Morning 9 AM or your first appointment.
- Midday 11 AM
- Afternoon 2 PM
- Evening 5 PM.

Clicking on any of the Suns will change the time to that part of the day.

# 12. The 'Blinking' Light

Colours are used to indicate overall appointment status of all patients for all practitioners.

- Green means that there are no late appointments.
- Yellow means at least one appointment is five minutes late.
- Blinking Red means that at least one appointment is 15 minutes late

Click on the light to manage late appointments or to turn the Blinking Light off.

# 13. Current Date / Appointment Book Date Selector

This shows the date that the Appointment Book is displaying. Click on the down arrow to select another date. Click onto the back or forward arrow once for every month you wish to move backward or forward. You can also click onto the month or year to produce a list of months or years. Click onto the day on the calendar to select that day for viewing on the screen.

## **14.** Plus and Minus Buttons

Each click moves the date of the Appointment Book forward or backward by one week.

#### 15. Post It Note

The Post It Note, once set up, will allow you to communicate with other staff members or leave yourself reminders. You can also set it up so that today's note appears when PMP is opened if a note has been created. This is set up in **Setup**, **Computer Defaults**.



Notes are only visible when they have been created in the **Setup** menu.

#### **16.** Today Button

Clicking the Today button will bring the Appointment book back to today's date.

# **Moving Around the Appointment Book**

#### Arrow Keys on the Keyboard

The arrow keys will move the cell pointer in the direction of the arrows. Holding an arrow key will cause the Appointment Book to scroll in that direction.

#### Page Up, Page Down on the Keyboard

These keys will cause the time to advance three hours forward or backward. It will not allow you to travel beyond the doctor's hours.

#### Wheel / Scroll Mouse

If you have a wheel mouse you can use the wheel to scroll up or down.

# **Hotkeys from the Appointment Book**

The following keys affect the appointment within the cell pointer:

С	will mark an appointment Confirmed
Α	will mark an appointment Arrived
M	will mark an appointment Missed
Р	will mark an appointment Postponed

**F10** will **process activity** for the selected appointment

The following keys are not dependent on a specific appointment:

will start the function search for a patient by First name
 will start the function search for a patient by Last name
 will start the function search for a patient by Number

1, 2, 3, etc will move through the different tabs on the Appointment Book

# **Function Keys**

F1	Help	
F2	Add an Appointment	See page 23
F3	Show our Day	See page 24
F4	Daily Summary Sheet for the displayed Doctor and Date	See page 62
F5	Show my Week	See page 25
F6	Edit Patient Information	See page 52
F7	Screen Saver will be activated if set up in the Control Panel	
F8	Login Form	See page 122
F9	Write Off from within Patient Activity	See page 45
F10	Process Activity for the selected Appointment	See page 33
F11	Default Activity from within Patient Activity	See page 33
F12	Process Activity by selecting a patient	See page 33

#### **Right Click Menu**

Right clicking the mouse on the appointment book brings up a menu with common functions.

# **Customizing PMP for Your Office**

# **Creating Letterhead**

Letterhead is created by each office or practitioner to be printed at the top of statements, letters, and emails. There are 2 steps required to have letterhead on statements:

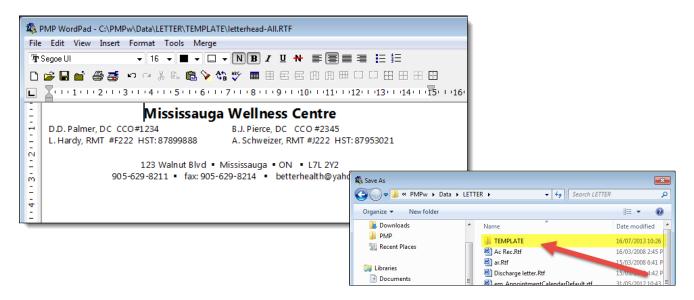
- 1. create or edit the letterhead
- 2. assign letterhead to practitioners

#### **Create Letterhead**

Click the **File** menu, **WordProcessor**. Letterhead should show your clinic and practitioner names, practitioner registration and HST numbers, address, telephone, email and website details.

Change the justification to centre using the centre justification Type the required information. See example below.





Click the **File** menu, **Save As**. Double click the **Template** folder. Click into the **Filename**: field and type the word **Letterhead** with the Doctor's or Clinic s initials, ie. **LetterheadDD**. Click **Save**.

Close the wordprocessor. Your letterhead is now saved in the template directory. Create as many letterheads as required.



Letterheads must be named **Letterhead** and saved to the **Template** folder only.

#### **Assign Letterhead to Practitioners**

Click the **Setup** menu, **Doctor Defaults**. Choose a practitioner and click **Edit this Doctor's Defaults**. Go to the **Statements** tab.

Click **Select a File to use** to the right of **Default Letterhead**. Click the appropriate letterhead and click **Open** then **Accept**. The chosen letterhead will automatically be selected for this practitioner when printing statements.

The following items are found under the **Setup** menu.

#### Clinic Defaults

The Clinic Default screen contains the name of your clinic or office and complete address. The default city and area code will populate new patient files reducing the amount of input required.

- **Partnership** is for legal business partnerships only. In most cases you would not have a checkmark. If in doubt contact the support line.
- **Use Login** is required for security in PMP.
- **Total Payments on Statements** will group together payments on statements even when distributed to multiple practitioners in the patient record.
- **Stop Reports from auto closing** will allow report choice to remain open to allow for multipractitioner printing of reports.
- Show Unit buttons on editing Appointments will allow vertical and horizontal unit buttons to appear saving time when scheduling appointments.
- **Show Initials on Horizontal Appointments** will allow patient initials to populate all cells for multiple unit appointments so that it is more noticeable that an appointment is scheduled into a time slot.
- Default "From" date on Statements will start printed statements from the date selected.
- Popup comments to pop automatically on indicate where pop ups are designed to appear. Patient pop ups are information boxes that appear on a patient file where and when you choose, stating information you have input and may require about this patient or appointment. Patient pop ups are created in Patient Information on the Pop Ups tab. Locations where pop ups designed to appear are chosen here.



Use Login: ₹

Word Pad Merge Popup Help: ♥ Total Payments on Statements: ♥ Stop Reports from auto closing

Mailing Labels Top Margin 34 💲 show Unit buttons on editing Appointments 👨

show Initials on Horizontal Appointments F

P Patient Activity

Printer Capability

© Black & White © Colour

Popup comments to pop automatically on

F2 Add an Appointment

Clinic Name: Mississauga Chiropractic Clinic Phone# 905-629-8211

Street: 123 Sacrollac Avenue

City: Mississauga

Default City Mississauga

Province/State: ON Postal/Zip Code: L4B 1W4

Maximum Ohip 0 Maximum XRay 0

Default Area Code 905

Default "From" date on Statements 01-Jan-2008

Clinic Demographics

Partnership: □

Choose which actions will cause pop ups to appear by check marking items.

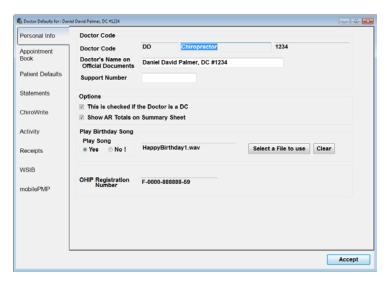
- Edit Appointment Information. This screen appears after you click on a booked appointment on the appointment book.
- Arrived. The popup will also appear when you arrive a patient on the Appointment Book using the hotkey of **A**.
- Make an Appointment in this Time Slot. This screen is available when clicking onto an empty time slot from the appointment book screen.
- **F2** Add an Appointment. Whenever accessing the **F2** Add an Appointment grid.
- Patient Activity. Before processing activity.



## **Doctor Defaults**

The Doctor Defaults screen allows you to personalize the PMP for each Practitioner. Move down the tab on the left and click into each box to add or edit information. Some fields cannot be edited due to security.

The tabs allow you to choose the doctor's name on the appointment book tab, whether the AR totals should appear on Summary Sheets, the default appointment type for each practitioner, and determine whether a birthday song to play will play on your patient's birthday.



On the *Appointment Book* tab **Appointments that exceed the time slot** offers options as to how to display the appointments within the columns.

Will stay fixed will display extra columns warning you when appointments booked in that time slot exceed the number of units available for the current practitioner. There is a maximum of 9 columns. If the number of units exceeds 9 a sad face icon appears as a warning. Clicking the sad face icon shows the list of hidden appointments.



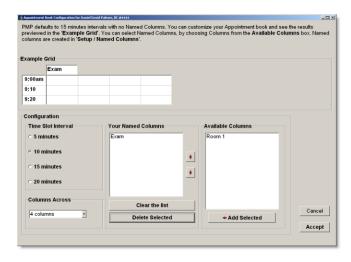
- Will wrap allows appointments that exceed the timeslot to move to the next time interval.
- Will wrap and hide will wrap as the choice above but it also hides all appointments that are missed, rescheduled, cancelled, and postponed.



Named columns will automatically hide invalid appointments.

**Appointment Book Configuration** will allow practitioners to specify personalized settings.

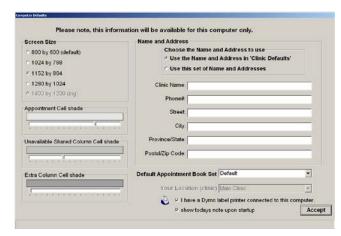
- Time Slot Interval offers 5, 10, 15, and 20 minute intervals.
- Columns Across offers 1 9 columns.
- Available Columns are the named columns available for use. These are created under the Setup menu, Named Columns.
- Your Named Columns are the columns that you would like to appear on this practitioner's appointment book. Named columns accept vertical appointment booking only and can be shared by practitioners. This allows practitioners sharing treatment rooms to check availability and see when the room is in use by others.



Practitioners can also set up personalized appointment types and colours in Doctors Defaults.

# **Computer Defaults**

This area is utilized if the user would like different information on this computer than may be available at another networked computer. You can change the screen size and print receipts with an alternate address rather than the Clinic Default address. Cell shading is defined and you can also choose a different Appointment Book Set. The options on the Computer Default screen are used for this computer only. If you are running PMP networked each computer can assign different options.



#### **Screen Size**

The PMP screen resolution can be changed so that you decide how PMP will appear on your desktop. Networked offices will choose screen resolution for each computer running PMP.

Choose the screen resolution by clicking the radio button beside your choice under Screen Size. The screen will change each time you click a different radio button allowing you to choose the screen size you prefer.

Note that grayed out screen sizes are not available for this monitor although you may be able to increase these options by changing your screen settings in Display Properties.

To temporarily change the screen size from the main appointment book:

- Press the Ctrl and up arrow keys together when on the main appointment book to enlarge
- Press the **Ctrl** and **down arrow** keys together when on the main appointment book to shrink.

This temporary feature is also available on the right click menu.

#### **Appointment Shading**

Appointment cells can be shaded to various degrees of grey to signify their meaning on the schedule.

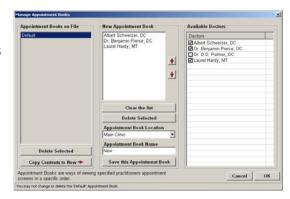
- Appointment Cell shade refers to booked appointments. This makes viewing horizontal appointments that wrap easier to distinguish. Adjust the lever to the desired setting.
- Unavailable Shared Column Cell shade refers to shared columns where another practitioner has a patient booked and a timeslot is not available. This cell is also populated with the doctor code of the practitioner who is using this room. Adjust the lever to the desired setting.
- Extra Column Cell shade refers to temporary columns that are added to accommodate appointments that exceed the timeslot when wrapping is not turned on. This differentiates these columns so that over-booking does not occur by inadvertently booking into the Extra column.

# Other Setup Menu Options

#### **Appointment Books**

PMP will accommodate multitudes of practitioners. You may wish to view your practitioners in a specific order or in different groupings. The order of practitioner tabs and grouping on your appointment books can be customized using Appointment Books and Appointment Book Sets.

When creating an Appointment Book, choose the practitioners to be included by clicking the box to the left of the practitioners' name in the right hand column. The names will appear in the middle column in the field below **New Appointment Book**. You can change the order of the practitioners by clicking the red arrows. An appointment book can have up to nine practitioner names across the top. Type a name for the Appointment Book and click **Save**. The named Appointment Book will appear in the field below **Appointment Books on File**. Click **OK**.



4

+

Cancel OK

#### **Create Appointment Book Sets**

The next step is to combine your appointment book(s) into a set. This feature can be used to group together Appointment Books that you have created. For instance you may have an Appointment Book Set named *Practitioners* which contains the separate appointment books of Chiropractors, Massage Therapists

and Other Practitioners.

Another option for an appointment book set could be the days of the week. Appointment Book Sets are also useful if you have more than one location using the same PMP. Each press of the **space bar** changes the Appointment Book to the next one in the Appointment Book Set.

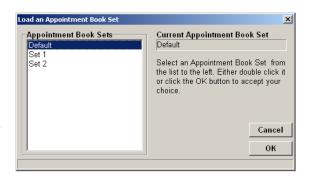
To create an Appointment Book Set choose the appointment book(s) to be included in the set by clicking the box to the left of the name in the right hand column The names of the

appointment books will appear in the middle column below **New Appointment Book Set**. You can change the order of the books by clicking the red arrows. Type a name for the Appointment Book Set and click **Save**. The named Appointment Book Set will appear in the field below **Appointment Book Sets on File**. Click **OK**.

#### **Loading Appointment Book Sets**

There are two ways to load Appointment Book Sets:

For Today Only. A specific Appointment Book Sets will need to be loaded each time you open PMP. Click Set Up, Appointment Book Sets, Load an Appointment Book Set. A pop up window will appear entitled Load an Appointment Book Set. Click the appropriate book. Click OK.



Copy Contents to New -

Every Time. The chosen set will appear every time you open PMP. Click Setup, Computer Defaults. Click the down arrow to the right of Default Appointment Book Set. Select the appropriate set for this computer. Close



and reopen PMP to view this change. **Note**: This procedure must be done at each computer using PMP.

#### **Add or Edit Practitioners on Appointment Books**

To add a new or edit practitioners go to the **Setup** menu, **Appointment Book**. Double click the appointment book on the left that you with to edit. The middle column will populate with the names of practitioners in this book. Checkmark a name in the right column to add, or click the checkmark to remove a practitioner from the book. Change the order of the practitioners by clicking the red arrows. Click **Save** followed by **OK**. Close and reopen PMP to view your changes.

#### **Appointment Colours**

This area is linked to the appointment book and defines which colour represents which type of appointment. The colours chosen appear in the bottom left hand corner of booked appointments on the appointment book.

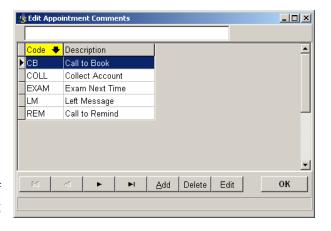
Appointment colours can be created for the Clinic or Practitioner. PMP offers eight colours. Determine which appointment colour is to be associated with which Appointment Type. Define the Screen Text which is a short form of the appointment name. It is used on reports regarding appointment colours.



#### **Appointment Comments**

Appointment Comments are used to create a pick list of standardized comments for use when setting up patient appointments.

Rooms can be booked on a regular basis for particular patients and notes such as Room 1 or 2 only will assist in increasing patient satisfaction. These comments may also be used for messages between staff. For example, if a patient says he or she will pay next visit, when booking the next appointment the staff member adds the word 'Collect' to the comment area.

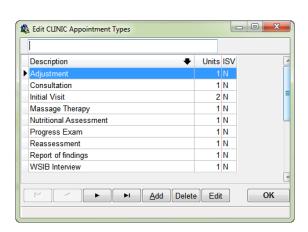


#### **Appointment Types**

This area allows you to create appointments that are available in your office. Appointment types can be created for the Clinic or Practitioner. **Units** specify how many appointment cells an appointment will require. **ISV** determines if an appointment will be schedule horizontal or vertical.

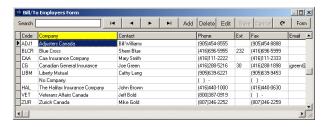


ISV = is vertical



#### **Bill/To Employers**

The Bill/To Employers table enables you to build a database of employers and insurance companies. The form records the company code which you assign, company name, contact name, phone, and fax numbers, e-mail address, address, city, province/state, country, postal code and, where applicable, account number.



#### **City Codes**

The City Codes form is linked to patient information and allows you to add the names of cities in your surrounding area where your patients live and work. This helps to speed up the input of information into patient records and provides uniform phrasing and spelling.



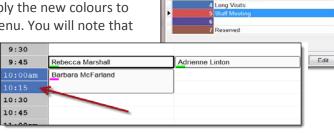
Number - Description

inal Care Class

#### **Custom Appointment Times**

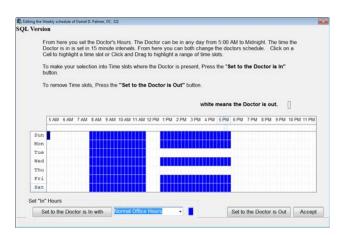
This feature allows you to customize appointment book colours for long visit times, meetings, classes, etc. Select your colours under the Setup menu, Custom Appointment Times. Apply the new colours to your Doctor Hours, also found under Setup menu. You will note that

we have reserved number 1 for Online Appointments which will be an option with a future update (release date unknown).



#### **Doctors Hours**

This area allows you to set office hours for each doctor or practitioner. Choose the practitioner and click Edit this Doctors hours. Position your mouse over a time slot and hold down the left mouse button. Drag your mouse to the ending time slot and release the button. Click either Set to the Doctor is In or Set to the Doctor is Out. Click Accept when complete.



#### Fee Schedule

The fee schedule is broken up into three parts:

- 1. Treatment. Fees for services rendered are stored here.
- Other. All other items such as Gift Certificates, Transfers, Refunds, etc.
- Inventory. All tangible items that are sold.

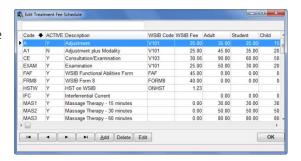


Fee Schedule codes must be unique. You cannot use the same code for more than one item.

#### 1. Treatment

The Fee Schedule for Treatment allows you to create and edit treatment fees for your office regarding billings to the patient and WSIB.

To add a treatment click **Add**. Type a code to denote the treatment you are inputting. Press the Tab key. Type a description of the treatment. Press Tab and type the amount you wish to charge for this billing for each patient category. Next to the WSIB Code and WSIB Fee type the corresponding codes and fees.

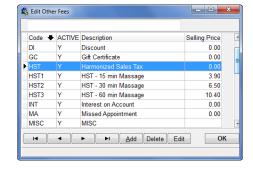


To edit a treatment click the treatment in the list and click **Edit**. Make edits by clicking into the appropriate box and making the changes. Click OK. Inactivate Fee Schedule items so that they cannot be used in posting by removing the Active checkmark.

#### 2. Other

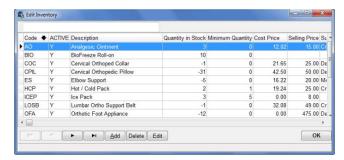
The table includes the Code, Description, and Selling Price. Anything that is not a treatment or Inventory item should be placed here. For details on processing various kinds of activity such as Discounts, Gift Certificates, Refunds and Transfers.

**→** See page 37.



#### 3. Inventory

The fee schedule for inventory allows you to track products you sell or hold in inventory. The form records the product code, description, quantity in stock, minimum stock quantity, cost price, selling price, supplier, and applicable taxes. **Note**: Taxes are input as the percentage amount applicable. Remember to increase the quantity in stock when you receive a supply order.



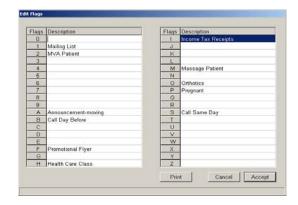


Fee Schedule codes must be unique. You cannot use the same code for more than one item.

#### **Flags**

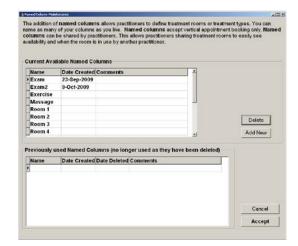
Flags will allow you to identify particular patients based on criteria that you determine. It is a way of grouping patients. You may create up to 36 flags that are distinctive to your office.

An example would be a 1 to identify the primary contact member of the family for a mailing list.



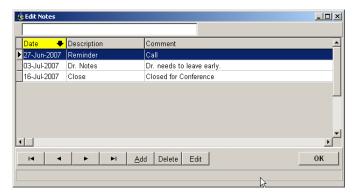
#### **Named Columns**

Named columns allow practitioners to define treatment rooms or treatment types. You can name as many columns as you choose but a maximum of 9 columns can be assigned per practitioner. Named columns accept vertical appointment booking only.



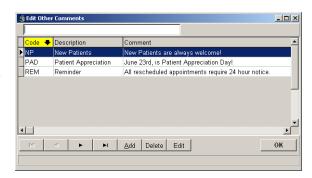
#### **Notes**

Notes are a way to provide reminders and interoffice communication. You can remind yourself or others to order inventory items, recall patients, provide reports to bookkeeper etc.



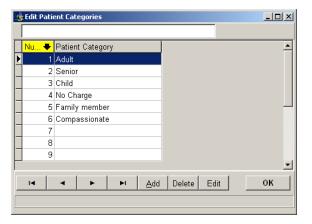
#### **Other Comments**

The purpose of the Other Comments form is to provide a pick list of standardized comments for use when printing a patient appointment calendar. Comments such as '24 hour notice required for all rescheduled appointments' or 'Reminder - your progress evaluation is a 30 minute appointment, so please plan accordingly', may be used.



#### **Patient Categories**

Your office may have different fees for adults, seniors and students. Assigning Patient Categories will allow you to bill different fees to different patients automatically. To create new categories click Setup, Patient Categories and click onto an unused category. Click **Edit**, type the appropriate change and click **Save**. To update your changes in the category area you must close and reopen the program. A maximum of 18 categories can be created.





Once complete, do not delete or change the order of the categories. They are assigned to your patients based on the order in the list and deleting or changing the order of the categories will change your patients' contact information.

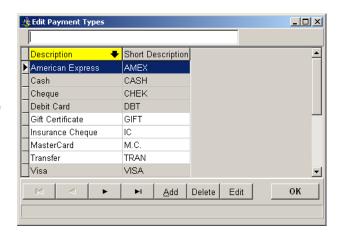
#### **Patient Comments**

The Patient Comments form is an area that provides a pick list of standardized comments for use within the patient file. Comments may include account details, special patient instructions or other Contact information. You may add individual comments within the patient files that are unique to that patient if the pick list comments do not provide enough information.



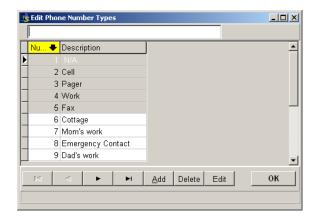
#### **Payment Types**

Payment Types lists all types of payments accepted in your office. It is used for selecting the payment type while posting activity. Payment type can also be set up as a default in the Patient Information Contact tab.



#### **Phone Number Types**

This area is linked to the patient information window and allows you to set a number of telephone fields so that you may capture several telephone numbers from each patient. Telephone numbers may include work, home, pager, cellular phone, cottage, and fax.



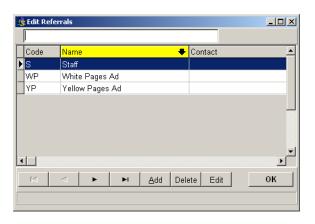
#### **Province/State Codes**

The Province Codes Form is linked to patient information and allows you to add the names of provinces or states in your surrounding area, where your patients live and work. This helps to speed up the input of information into patient records and provides for uniform phrasing and spelling.



#### Referrals

If your office tracks referrals, this form will be very useful to you as it will capture referral information from industry as well as individuals. The Edit Referrals form records the code assigned, the referral name, and contact details.

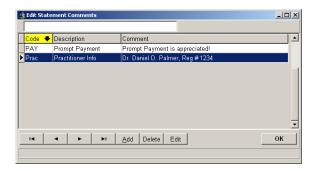




This field in patient information is case and punctuation sensitive. It is important that you set-up the pick list for referrals if you wish to be able to accurately produce the referral activity report.

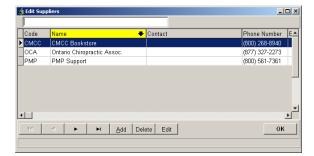
#### **Statement Comments**

The purpose of Statement Comments is to provide additional information, reminders or personalized notes on patient account statements. Comments may wish them 'Happy Holidays', remind them about 'Spinal Health Week', promote new products, or inform of current interest rate charges on accounts past due.



#### **Suppliers**

The Suppliers form enables you to build a database of your suppliers. The Edit Suppliers table records the company code which you assign, company name, contact name, phone and fax numbers, e-mail address, address, city, province/state, country, postal code and account number. Some offices use this as a phone directory of frequently called numbers.

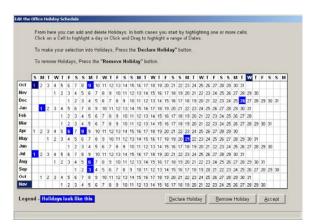


#### Vacation / Holiday / Time Off / Time On

These areas allow you to set the vacation and time off schedules for each individual practitioner and holidays for the entire office/clinic. Setup office holidays first, then vacations.

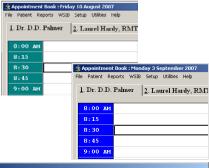


**To create Vacation and Holidays** click the specified date or click and drag a range of dates to highlight. Click the Declare Holiday or Declare Vacation button. Holidays will require you to type in a name to activate the function for the holiday.



Vacations will appear on the appointment book as green times.

Holidays will appear on the appointment book as blue times.



#### **Edit Doctors Time Off**

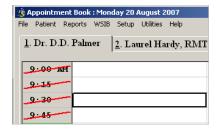
For other appointments and half days access this function is located in the Setup menu, Vacation / Holiday/ Time Off and on the right click menu. Time off will book 15 minute increments only. Practitioners with time intervals set for 10 or 20 minute increments will have time off start 5 minutes later.

Creating time off is easy, click onto a 'Start' time on the grid. Click on an 'End' time on the grid.

Click **Book From-To off** to book off the times in between. Add a Comment. Click OK.



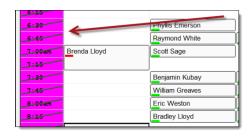
Once you have setup up Doctors Time Off it will be indicated on the Appointment Book, F2 – Add an Appt, Edit Appointment, and Multiple **Appointment Detail** screens as a red strike through on the times.



#### **Doctors Time On**

This feature enables users to book office hours on a regularly scheduled day off. Located under the Setup menu, Vacation, Holiday, Time Off / On.

Time on is symbolized by a green strike through across the appointment times.

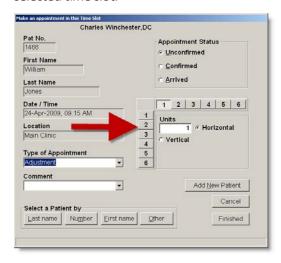


# **Appointments**

Appointment types are created under the Setup menu. Each Appointment Type, when set up correctly with an assigned number of units, will book the required amount of time on your appointment book. Up to eight appointment types can have a related colour signifying the appointment type at a glance. Colours are assigned under the **Setup** menu, **Appointment Colours**. **> See page 11.** 

# **Book an Appointment by Clicking into a Timeslot**

When you click on the appointment book a screen appears that allows you to book an appointment into the selected time slot.



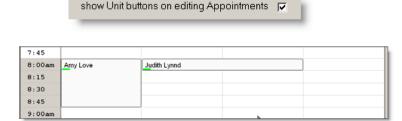
Choose your search criteria and click onto a button under Select a Patient By. The Other button offers alternate ways of searching such as postal code or phone number. You can also add an appointment for a new patient by clicking onto the **Add New Patient** button and adding a new patient.

Select the patient by clicking onto the Last name, Number, or First name button and typing the name / number of the patient. Double click or press **Enter** on the highlighted patient.

Change the type of appointment by clicking the down arrow under Type of Appointment and choosing another appointment type from the list. Units are the number of columns this appointment will fill. Numbered buttons above and beside the units will book the unit number you click on, either horizontally or vertically. Alternately you can type in the unit number and select Horizontal or Vertical. Click Finished.



The Unit buttons across the top and down the side is an option that is selected under the **Setup** menu, Clinic Defaults.

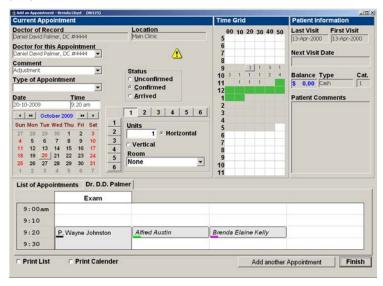


# **F2** Appointment Grid

This method of adding an appointment does not use the appointment book directly, therefore you must supply all the information about the appointment. You can also book multiple appointments and this is the fastest way to add several appointments.

The **F2** screen is broken up into the following sections:

- Current Appointment shows the details for the appointment we are booking.
- The Time Grid shows an overview of the day's schedule. Numbers that appear in the grid boxes represent the number of columns already in use for the specified time interval.
- List of Appointments and Doctor tabs at the bottom show the appointments currently being scheduled and an appointment book mini view. Scroll the appointment book screen to move to times and click onto the screen to book appointments.
- Patient Information on the right is a summary of information that may be required for scheduling purposes.



To create one appointment only click the appropriate date on the calendar. Choose the Type of Appointment and the units for the appointment with horizontal or vertical unit buttons. The unit buttons across and down is an option that is selected under the **Setup** menu, **Clinic Defaults**. Pick the *Room* if appropriate. Remember that rooms will only book vertical appointments.



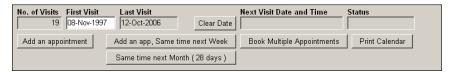
Practitioners utilizing 5 minute interval times should schedule F2 appointments using the mini view at the bottom as 5 minute slots are not visible on the grid.

To book the time of the appointment choose to either book by clicking onto a time in the *Time Grid* area or by clicking onto the mini appointment view. Alter any other areas that are required such as Doctor for this Appointment, Status, Comment. Click Finish.

To create multiple appointments follow the above instructions but do not click Finish. Click Add Another **Appointment** after you have successfully entered the details for the first appointment. The date automatically advances to the next day. Click the next appointment date on the calendar and then the appropriate time. Continue this process until you have booked all required appointments. You may print an appointment List or Calendar from this screen if you wish. Click Finish when you have completed all appointments.

# **Appointment Booking after Posting Activity**

When a patient does not have another appointment booked and you have completed posting their activity from the appointment screen, you will be taken to their Appointment tab in Patient Information. You can click onto the buttons Add an app, same time next Week or Same time next Month (28 days) to book for that time range. If the appointment does not meet booking criteria you will see a mini view of the appointment book alerting you to the fact that there is a scheduling problem. Clicking onto a valid timeslot allows you to book the required appointment.

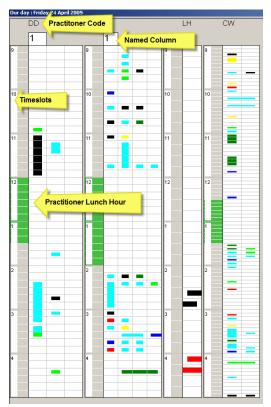


The Add an appointment button will take you into the F2 Appointment Grid.

If you choose to click Continue from the appointment tab you will be returned to the appointment book screen where you can use the Make an appointment in this Time Slot screen to book another appointment. The patient last posted will be selected as the patient to book for the next appointment.

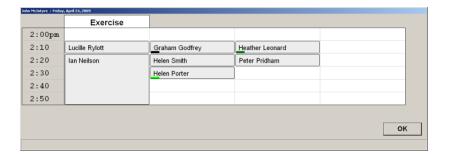
# F3 Show Our Day

Pressing F3 will show the full daily schedule for all practitioners listed on the appointment book for whichever day you are viewing. This is helpful when looking for an available timeslot or trying to coordinate appointments.



Coloured boxes show times where scheduled appointments are booked.

Clicking onto a specified cell will open the mini appointment book view. Here you can book, edit, or view appointments.



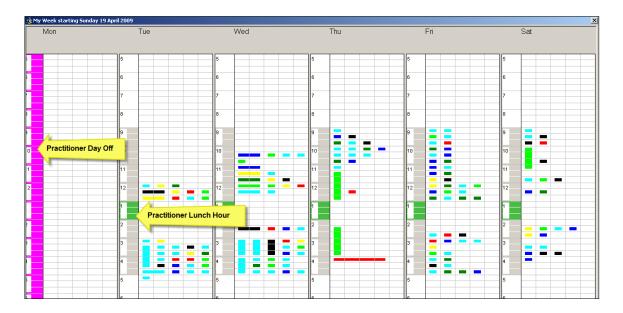


If any of your Practitioners are utilizing 5 minute intervals the screen view will show 9:00 am -5:00 pm only due to space requirements. Other timeslots can be viewed by scrolling in the mini view screen by clicking onto a timeslot. All other intervals will show all office hours.

# F5 Show My Week

The **F5** function will show the week at a glance for one practitioner for the week your calendar is on when pressing **F5**. This is helpful when looking for an available timeslot.

Coloured boxes show times and columns in use. Clicking onto a specified cell will invoke a 'slice' of the appointment book to open at the specified timeslot. Here you can book, edit, or view appointments in a similar manner to that in F3.



# **Appointment Status**

The appointment status will let you know if a patient is expected, arrived, completed, rescheduled or has cancelled their appointment based upon the colour and font of the patient name on the appointment book. Some hotkeys are offered to change the status of appointments. To use hotkeys position the cell pointer (black box) on the patient that you wish to change the status of by using the arrow keys on your keyboard.

Arrived	'Arrived' appointments are blue. To 'Arrive' a patient simply press the <b>A</b> key.
Missed	'Missed' appointments are red. When a patient has missed an appointment, press the $\mathbf{M}$ key.
Unconfirmed	An 'Unconfirmed' appointment is italicized. It does not have a hotkey. Unconfirmed appointments require reminder calls.
Confirmed	'Confirmed' appointments are black. Change the status of an 'Unconfirmed' appointment to 'Confirmed' by pressing the <b>C</b> key.
Rescheduled	A 'Rescheduled' appointment has a red underline. It has no hotkey.
Postponed	'Postponed' appointments are italics with a black strikeout. The hotkey is the <b>P</b> key. Postponing an appointment will add the patient to the Past Due Recall list.
Cancelled	A 'Cancelled' appointment are italics with a red strikeout. There is no hotkey. 'Cancelled' will add the patient to the Long Term Recall List.
Done	When you have finished processing a patient the appointment status automatically

At any time throughout the day you can see exactly what the status is for each and every patient on your appointment book.

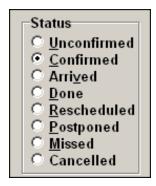


Names within a yellow cell indicate patients who are at least 5 minutes late.

# **Changing the Appointment Status**

changes to 'Done'.

To change the appointment status on the appointment book, use the hotkeys where applicable by positioning the cell pointer on the patient name and typing the hotkey associated with the correct status. The cell pointer has a black border. Move the cell pointer by using the arrow keys on the keyboard. To change a status that does not have an associated hotkey click onto the patient name from the appointment book screen and choose the status of choice from the Edit Appointment Information screen. Click **Finish**.



# **Rescheduling Appointments**

**Within the same day.** Appointments that are being rescheduled within the same day can be 'dragged' to alternate times. Position your mouse over the patient being rescheduled. Press and hold the left button and drag the mouse to the new time slot. When you are positioned over the new slot, release the mouse button. You can also use the scroll button on your mouse to drag appointments to time slots not visible on the screen.

**To another date.** Rescheduling an appointment requires that another appointment be made before the 'reschedule' process is complete. For this reason you will see a capital **R** attached to your mouse after choosing **Reschedule** from the Edit Appointment Information screen.



Click onto another time slot where you can use the Make an appointment in this Time Slot screen to book another appointment. The pre-selected name will be the patient you are rescheduling.

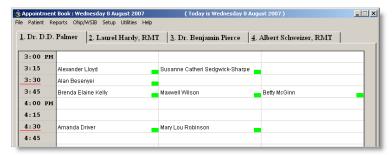


To remove the **R** from your cursor press **F11** on your keyboard. Click the **Reset the Current Patient** followed by **Accept**.

# **Hide Invalid Appointment**

This option offers you the ability to 'hide' invalid appointments (Rescheduled, Cancelled, Postponed, and Missed) so that the timeslot is available for additional valid appointments.

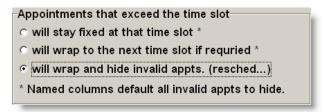
When the option is turned on (details below) and an invalid appointment exists in a timeslot the time will be seen with a red underline.



Click the timeslot to see the list of hidden appointments. At this point you can **Delete, Edit,** access **Patient Information** or **Post an Activity** for the highlighted patient. Click **Accept** to return to the appointment book.



To turn on the Hide feature go to the **Setup** menu, **Doctor Defaults**. Choose 'will wrap and hide invalid appts. (resched...).





Invalid appointments will automatically hide when a practitioner has a named columns assigned to their appointment book.

This option is chosen by practitioner and therefore the default will need to be set for each person.



Invalid appointments do not appear in the **F2 - Add an Appt** screen. Only *Confirmed* and *Unconfirmed* appointments are included in the visible timeslot number.

# **Multiple Appointment Booking**

Multiple appointments will not book into Named Columns. They are scheduled by 15 minute intervals only. Practitioners utilizing 10 or 20 minute intervals will have appointments appear in the earlier timeslot that is closest to the 15 minute time chosen.

The ability to create multiple appointments is available from within Patient Information on the Appointments tab. Click **Book Multiple Appointments**.

Choose the doctor that you wish the appointments to be booked with. The Doctor of Record will be the default. Click **Book Multiples using this Doctor**.



The subsequent screen allows you the option to create or choose a multiple. Click onto a number under each row to create a schedule. Your choice appears on the blue line listing the number of appointments and units for a number of weeks or months.

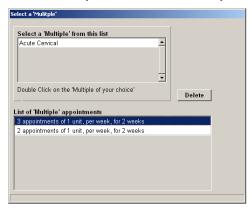
Once you are satisfied that the blue line (number 1) represents the schedule you wish to add click **Add the current** line (number 2).

Your selection will move up to the Current Multiple box where you can continue to add more appointments by following the same procedure.

**Saving The Multiple**. You can save this multiple for use when booking multiple appointments for other patients, thereby saving time. Click **Save this Multiple**. Type a name that describes the multiple. Click **OK**.



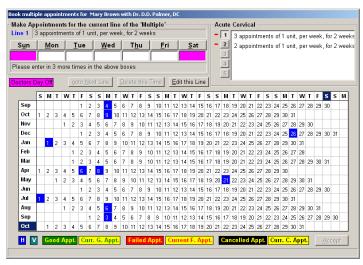
Select A Multiple. Click Select a Multiple from the previous screen; double click the multiple of choice.



Click **Continue**. A pop up will appear offering you the option of a starting date other than today. This option is available if you do not want the plan to start immediately. Click **Yes**. Choose the starting date for the plan by clicking onto the calendar. Click **OK**.



The *Multiple Appointment Calendar* screen is where the appointment times are booked and conflicts resolved. Office holidays and vacations will be shown on the calendar.

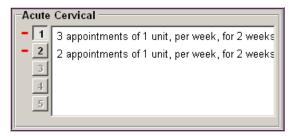


This screen can be broken into three sections:

• Make Appointments for the current line of the 'Multiple'. This section is where you input the times for each day that the patient requires an appointment. Type in as many times as you need for the current line. The number of appointments is listed above the days of the week.



• The 'named' area to the right lists the schedule. Checkmarks indicate booked appointments. You will need to have checkmarks beside every item in order to complete.



The calendar area shows booked appointments. It indicates conflicts where edits or cancellations will need
to be completed. These appointments are signified by colour coding. The legend is detailed at the bottom
of the screen.



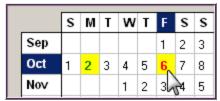
After completing the first line of scheduled appointments you will need to delete one of the times in order to be able to move to next line of scheduled appointments. Click into the field below one of the days of the week and then click the **Delete this Time** button. Click **goto Next Line.** 



The second set of scheduled appointments below the 'Named' area will now be processed and show any conflicting appointments that need to be edited or cancelled before continuing.

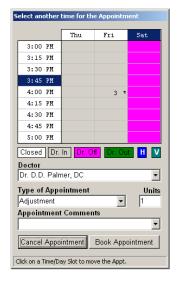
#### **Handling Conflicts and Changing Variables**

You can edit all appointments that appear as conflicts (red on yellow). Click onto the conflict or appointment that you wish to correct.



A new screen appears asking you to Select another time for this appointment.

Notice the '3 \*' (asterisk) in the time slot that we had selected. The '\*' indicates the time chosen. The '3' indicates the number of units (columns) already booked at this time. This practitioner has three columns available on his appointment book and therefore the reason the appointment failed is the time slot is already full.



At this point you can change the appointment:

- to another time by clicking into another time slot
- to another day by clicking onto a time slot on a different day
- to another doctor

You can also change:

- the type of appointment
- the units of time
- the appointment comments

If you have edited the appointment to eliminate the conflict click **Book Appointment**. If you wish to cancel the appointment click **Cancel Appointment**.

Once all the appointments are complete click **Accept**. Click **Yes** when asked if you would like to book the appointments.

Click **Print Calendar**. If you choose you can add comments to the bottom of the patient calendar by typing into the large white area or choose a pre-existing comment by double clicking an item from the Select a Comment box.



Comments are created under the **Setup** menu, **Other Comments**.

The calendar can be printed out for different periods of time. Click on the radio button to the left of the appropriate time. Click Print the Calendar.

The appointment calendar now appears on screen. Each page contains two months of appointments. Letterhead information will be pulled from Clinic Defaults.

#### Mississauga Chiropractic Clinic 123 Sacroiliac Avenue, Mississauga ON, L4B 1W4, Phone: 905-629-8211 September 2008 Appointments for Mary Brown Monday Sunday Tuesday Wednesday Thursday Friday Saturday 10 11 12 13 14 15 16 17 18 <sub>A</sub> 4:00 PM 19 20 A 4:00 PM 21 22 A 4:00 PM <sup>25</sup> A 4:00 PM <sup>29</sup> A 4:00 PM 27 <sub>A 4:00 PM</sub> 28 <sup>30</sup> д 9:30 AM October 2008 Appointments for Mary Brown Sunday Tuesday Wednesday Thursday Saturday 2 A 4:00 PM 3 6 A 4:15 PM 10 12 11 A 9:30 AM <sup>13</sup> A 9:30 AM <mark>14</mark> д 9:30 АМ A 4:15 PM <mark>15</mark> д 9:30 АМ 17 18 19 20 23 24 25 26 27 30 31 29 A Dr. D.D. Palmer, DC Legend

All rescheduled appointments require 24 hour notice.

# **Posting Activity**

# **Accessing Patient Activity**

There are five ways to access Record Activity and Payments.

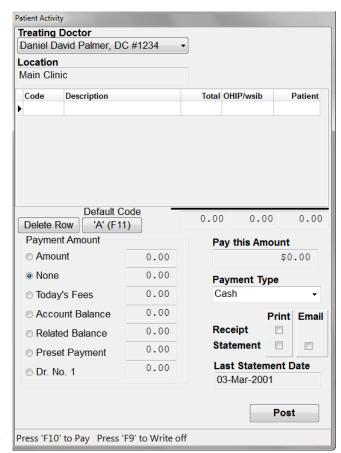
- From the Patient Menu
- Clicking on a Patient appointment on the Appointment Book
- Pressing **F10** on a Patient appointment on the Appointment Book (shortcut)
- Pressing **F12** on the Appointment Book (shortcut)
- From within Patient Information on the Account/Activity tab
- 1. From the Patient Menu

Go to the **Patient** menu and choose **Record Activity and Payment**. Click onto or type the underlined letter on the button you wish to use for your search criteria. Select the patient by double clicking on them or highlight and press Enter

- 2. Clicking on a Patient appointment on the Appointment Book Click onto the patient on the appointment book and press the F10 key or click the Activity (F10) button
- **3.** Pressing **F10** on a Patient appointment on the Appointment Book Move the cell pointer over the appropriate patient on the appointment book. Press F10
- **4.** Pressing **F12** on the Appointment Book Press **F12** on the appointment book and click onto or type the underlined letter on the

button you wish to use for your search criteria. Select the patient by double clicking on them or highlight and press Enter. This is a shortcut for walk-in patients and for those offices not using the PMP appointment book schedule for patient appointments.

5. From within Patient Information on the Account/Activity tab In the Patient Information screen press F10 from any tab or click the Account/Activity tab and click the **Activity** button.

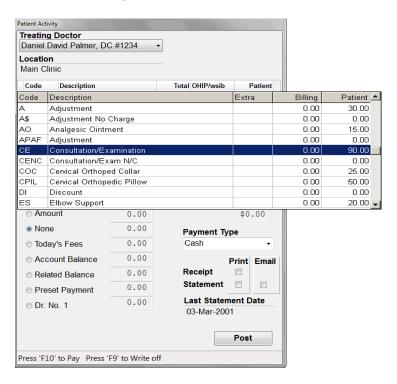


# **Posting Patient Transactions**

The Patient Activity screen begins with Treating Doctor. The listed practitioner will be either the practitioner with whom the patient was booked or the Doctor of Record if you entered using the F12 key. Change the Treating Doctor if necessary.

Click into the field below the word Code to bring up a list of your Fee Schedule. Scroll through the list or type the first few letters of the code for the item you are searching for.

For instance, if you type the letter 'C', the Fee Schedule opens and takes you to the beginning of the fees that have a code starting with 'C'.



Locate and double click the item you are searching for or highlight and press Enter. The amount listed under the Patient column is editable. To change this amount, click into the field, edit the amount and press the Tab or Enter key when you have finished.

You can select more than one activity or inventory item by clicking into the code field below the previous activity or typing a new code letter. A **Default Activity (F11)** button is located above the Payment Amount. This is used for selecting the typical treatment that the patient receives. You can either click this button or press F11 to select the default activity instead of locating the treatment yourself. Default Activity is set up in Patient Information on the Billing tab.

Payment Amount

Today's Fees

Account Balance

Related Balance

Preset Payment

O Dr. No. 1

Amount

• None

0.00

0.00

60.00

60.00

0.00

0.00

60.00

#### **Posting the Payment**

Once you have selected all activity click the appropriate **Payment Amount** from the list.

- **Amount** allows you to type a payment amount in the field to the right
- **None** means no payment was made
- **Today's Fees** will pay the amount listed to the right which is the total of today's billings for the treating practitioner
- **Account Balance** will pay the total to the right which is the entire balance owed to all practitioners for this patient
- **Related Balance** pays the total to the right which is the entire balance for this patient and all patients they are 'linked' to in Related Patients on the Contact tab of Patient Information
- **Preset Payment** will pay the total to the right which is the preset amount listed on the Account Activity tab of Patient Information
- Dr. No. will pay the amount listed to the right which is the total owed to the treating doctor only

Click the down arrow under Payment Type and choose the correct payment type.



A payment type can be set up in the Patient Information on the Billing tab under the field **Payment Type** that will be the default when posting payments.

#### **Printing Receipts and/or Statements**

You can choose to print a receipt or statement at the time of posting. A receipt is a list of today's transactions and payments only. A statement is a list of transactions between specified dates. When you choose the statement option you are prompted to specify the statement date range. The default start date will be next day after the last statement end date. If there is no previous statement date the start date will default to the date set up in Clinic Defaults. The end date will default to today's date. These dates can be edited by clicking the down arrow and choosing another date on the calendar. Change the month and/or year by clicking onto the month or year at the top of the calendar and choosing another date from the list. You can type the dates into the Date From and Date To fields as dd/mm/yy. The last statement date field in Patient Information on the Account Activity tab will be updated after Posting.



### **Posting the Activity**

#### Click Post.

The transaction is now complete. The summary sheet will be updated to reflect this activity, related patient balances will be paid automatically and added to summary sheets, receipts and/or statements will be printed.

How you accessed the patient activity and whether the patient has another appointment booked will determine what appears on screen next:

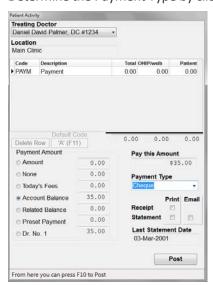
- If you entered the patient activity screen from an on-screen appointment and the patient you are processing has another appointment booked you will see a pop up entitled 'Yes, or No' confirming the patients next appointment. Click Yes to confirm and you will be taken back to the appointment screen. If you choose **No** you will be taken to the Appointment tab in Patient Information to delete or edit the appointment.
- If you entered the patient activity screen from an on-screen appointment and the patient you are processing does not have another appointment you will be taken to the Appointment tab of Patient Information to allow you to book the next appointment.
- If you entered the activity screen from the patient menu or F12 you will return to the appointment book screen without future appointment details or prompting for additional booking.
- If you entered the activity screen from the Activity button located in the Patient Information screen you will be returned to the same screen.

# **Posting Payments Only**

Access the Patient Activity screen as seen in previous instructions.

Instead of choosing a code for activity, press F10. A payment line will be created. The cursor is now activated under Payment Amount at the Amount field. Type the amount of the payment or click the radio button to left of the relevant payment option.

Determine the Payment Type by clicking the down arrow and selecting the appropriate type. Click Post.



# Patients Who Do Not Have Appointments (Walk-Ins)

Press **F12** while on the appointment book and select your patient by the method of your choice. Double click or press **Enter** on the appropriate patient.

Once in the patient activity follow through with Posting Patient Transactions.

These patients will appear as DONE appointments on the appointment book. They will not have an appointment type and the words 'WALK-IN' will appear in comments and on the Appointment tab in Patient Information.

### **HST**

PMP handles HST in two ways:

- HST can be included in inventory items so that the fee charged is a total of the selling price plus the HST amount.
- HST can be added as a separate item after the activity or inventory had been selected.

The PMP department recommends that HST be entered as a separate line item when posting activity. The option of including tax as part of the total fee (i.e. selecting items from inventory where taxes are added) is simpler but may complicate patient reimbursement from extended health companies. Separate line items make it easier for patients to collect, provide detailed reports in PMP, make government reporting easier, and as a bonus, your fees are accurately presented without the taxes inflating your patient's perception of your fees.

#### Here's how:

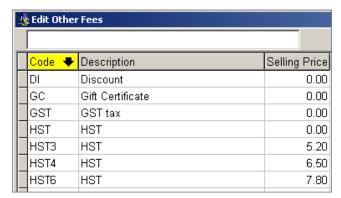
In the Patient Activity screen locate the treatment or item purchased and press Enter. Locate the HST code in the fee schedule list. In the patient column type in the HST amount if not correct. Press Enter.



The total fees for today will reflect activity plus tax and separate transactions will show on statements and summaries.

There are two methods for posting HST as separate transactions.

You may create multiple HST fee schedule items that are populated with a predetermined amount. Go to the **Setup** menu, **Fee Schedule**, **Other**. Your summary sheets correctly display HST amounts in the HST area only if the first three digits in the code are HST. You can add an additional digit or letter to allow for additional HST items where the amount is pre-populated.

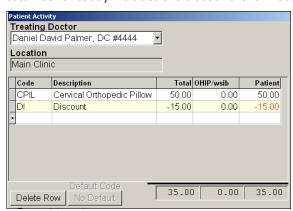


We have used the additional digit that represents the time period in the screen shot above. HST3 is a 30 minute massage HST amount. HST6 is a 60 minute massage amount, and HST4 is a 45 minute massage amount. This makes the selection process easier when adding tax as a separate line item.

The second method for posting HST as a separate line item requires calculating 13% on the total patient fees. This is appropriate when there are a number of taxable transactions being posted and you want to show HST as a lump sum amount i.e. a patient is purchasing a number of different products at the same time. Enter the codes for all taxable transactions and PMP will give you a taxable total. Calculate 13% of that total, enter the HST code, and put the calculated tax amount under the patient column. Press **Enter**. Add any non-taxable transactions. Click **Post**.

### **Discount**

PMP handles discounts to allow you to decrease patient cost for specified items. To Post a **Discount** press **F12** on the appointment book and select your patient or get into the Patient Activity screen in your usual manner. Enter your transaction in your usual manner. Press **Enter** or the **Tab** key to create a second line. Type **DI** or click into the Code field and select **Discount**. The curser is now activated in the patient fee area. Type the discount amount with a minus sign, ie. -20.00. Press Tab. The discount line now shows the fee reduction in red and the total fee for today includes the discount. Click **Post.** 



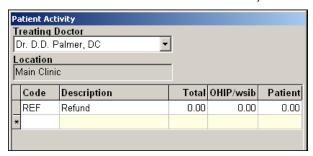


Summary sheet shows a total of the discounts if you use the code "DI". This total can be given to your accountant to provide information for your records of the amount of reduced or complimentary services your office provides.

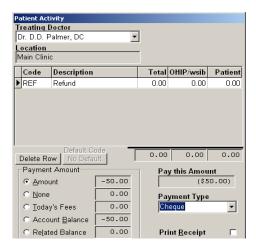
## Refunds

There are two types of patient refunds. The first is a refund that is required due to an overpayment.

To Post a Refund press **F12** on the appointment book and select your patient or get into the Patient Activity screen in your usual manner. Type **REF** or click into the Code field and select **Refund**. Leave the patient fee at 0.00. Press **Enter**. Press **Enter** or the **Tab** key to create a second line.



To create the refund amount either click the radio button to the left of **Amount** and type in the amount of the refund with a minus sign, i.e. -50.00 or click the radio button to the left of **Account Balance** if the amount is correct.

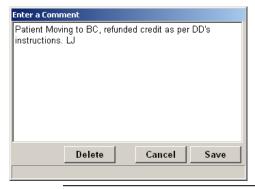


Select the method of the refund i.e. Cash, Cheque, etc. under Payment Type. Click Post.



Your end of day receipts will not match your summary sheets if you write a Cheque to your patient for the amount of the refund. If you refund by cash, debit or credit card, your day end receipts will be accurate.

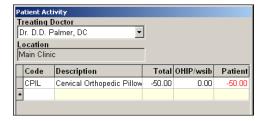
In the Patient Information Account Activity screen add a comment to the refund by clicking onto the refund line and clicking the **Edit Comment** button. Type an explanation for the transaction. Type your initials. Click **Save**.



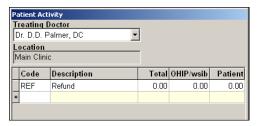
## **Inventory Refund**

The second type of refund is because of a fee reduction of inventory return. This is a two-step process:

- 1. Return the inventory
- 2. Process the refund
- Return the inventory item. Press F12 on the appointment book and select your patient or get into the Patient Activity screen in your usual manner. Locate and select the original inventory item. Click into the column under Patient. Type in the cost of the item with a minus sign, i.e. -50.00 and press Enter or the Tab key. Click the radio button to the left of **None** in the payment amount area. Click **Post**.



2. Process the refund. Get back into Patient Activity. Type REF or click into the Code field and select Refund. Leave the patient amount at 0.00. Press Enter. Press Enter or the Tab key to create a second line.



To create the refund amount either click the radio button to the left of Amount and type in the amount of the refund with a minus sign, i.e. -50.00 or click the radio button to the left of Account Balance if the amount is correct.

Select the method of the refund i.e. Cash, Cheque, etc. under Payment Type. Click Post.

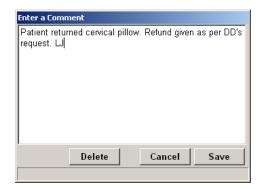


Your end of day receipts will not match your summary sheets if you write a Cheque to your patient for the amount of the refund. If you refund by cash, debit or credit card, your day end receipts will be accurate.

In the Patient Information Account Activity screen add a comment to the refund by clicking onto the refund line and clicking the Edit **Comment** button. Type an explanation. Type your initials. Click **Save**.



If the returned inventory item can be sold again, you will want to increase your Amount in Stock for this item in Fee Schedule, Inventory.



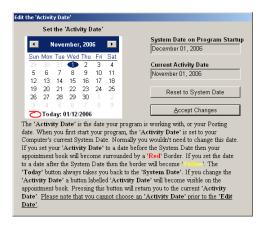
# **Activity Date**

The Activity Date function allows you to change the date for processing transactions that occurred on a previous day.

Go to the **Utilities** menu, then **Activity Date**. To set the date back, click onto the appropriate day on the calendar. For a previous month click the back arrow once for every month you wish to move back. You can also click onto the month or year to produce a list of months / years. Click **Accept Changes**. Once you have returned to the main appointment screen you will see a red border around the screen. This indicates that activity posting will be on a date prior to today.

Process the necessary transactions. Print the summary sheet and attach it to the original summary sheet for that date to explain any changes in accounts receivable.

To return to today go to the **Utilities** menu, **Activity Date**. Click **Reset to System Date**, then **Accept Changes**.

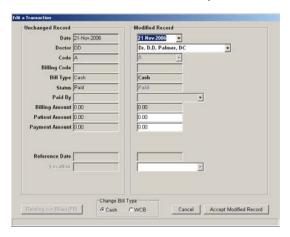


# **Editing and Deleting Transactions**

There are times after processing patient activity that you have to edit or delete a transaction. For example the patient could have paid you after the visit had been posted or you posted an incorrect patient.

Get into the Patient Information Account Activity tab.

• **To Edit a Transaction** click the item to be edited and click **Edit**. A pop up window will appear entitled Edit a Transaction. The area on the left is the activity before the edit. Modifications take place on the right side of the screen. When attempting to alter a date please note that you can only move the date forward. Click in to the field that you wish to change.



Once the change is complete, click Accept Modified Record. If no changes are made click Cancel. A message box will appear noting You've edited a transaction.... Type an explanation for the edit and add your name or initials. Click OK. Changes will be recorded in the Account Edit Journal along with the comment.



To Delete a Transaction click the item to be deleted. Click the Delete button. A pop up window will appear asking if you would like to delete the payment as well. Answer Yes or No. Another window will appear asking you to confirm the deletion. Click **OK**. A message box will appear noting You've deleted a transaction.... Type an explanation for the deletion and add your name or initials. Click **OK**. Changes will be recorded in the Account Edit Journal along with the comment.



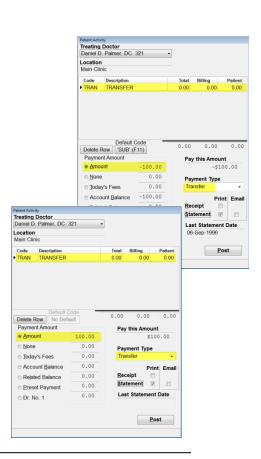
All PMP users in your office should be instructed to detail the reason for the edit or deletion and note their name upon seeing the comment box.

### **Transfers**

## **Transfer Credits / Balances between Patients**

1. Start by getting into the file of the patient who has the credit. Go to the Account Activity tab and press F10. Type TRAN into the code field and select **Transfer** from the activity list. If you do not have Transfer as a billing option, follow instructions below.

Press the **Tab** key to keep the billing amount at zero. Select **Amount** under *Payment Amount* and type the total to transfer as a negative amount, i.e. -100.00. Change the Payment Type to **Transfer**. If you do not have Transfer as a payment option, follow instructions below. Click Post.



2. Get into Patient Information on the Account Activity tab for the patient who will receive the transfer. Press F10. Type TRAN into the code field and select Transfer from the activity list. Press the Tab key to keep the billing amount at zero. Select Amount under Payment Amount and type the amount that was taken from the previous patient file. This amount will be typed in as a positive. Change the Payment Type to Transfer. Click Post.

There should be no change in the monies for the day as this is a direct transfer.

## Add Transfer to your Fee Schedule:

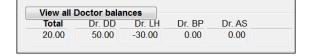
Go to the Setup menu, Fee Schedule, Other. Click Add, Edit Record. Type TRAN into the code field and Transfer into the description field. Leave the amount at 0.00. Click Save.

## Add Transfer to your Payment Type:

Go to the Setup menu, Payment Types. Click Add. Type Transfer into the Description field and TRAN into the Short description field.

## **Transferring Balances/Credits between Practitioners**

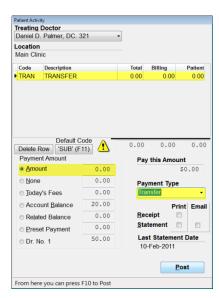
On occasion you may be required to transfer balances or credits from one practitioner to another. For instance you may want to transfer the \$-30.00 credit for Dr. LH to pay off the amount owed to DD.



Get into Patient Information on the Account Activity tab for the patient that has the balance / credit. Press F10. Type TRAN into the code field and select Transfer from the activity list. If you do not have Transfer as a billing option, follow instructions above.

Click **Amount** and type 0.00 into the field.

Change the *Payment Type* to **Transfer**. If you do not have Transfer as a payment option, follow instructions above. Click **Post** twice.



Rayment Distributi

Account History Date

01-Jun-2005 DD

03-Jun-2005 DD

06-Jun-2005 DD

08-Jun-2005 DD

10-Jun-2005 DD

13-Jun-2005 DD

20-Jun-2005 DD

Doctor

nent Worksheet

1 Daniel D. Palmer, DC. 321

3 Benjamin Pierce, DC. 778

2 Laurel Hardy, MT#321478AM

4 Albert Schweizer, MT#123654AM

1ST

SUB

SUB

SUB

SUB

PIL

This will bring you to the *Payment* Distribution screen. This screen appears any time PMP does not know how to distribute a payment amongst practitioners. You will never see this screen if only practitioner has ever treated a patient.

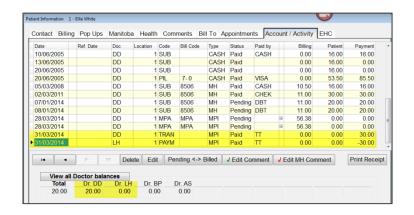
Under the *Payment* column, type in the amount to give to the practitioner who has the balance.

Type the amount to take away from the practitioner with the credit. This amount must be typed as a negative.

Enter Payments in the 'Payment' column or click on the checkbox to the left of the column to pay the entire balance These two amounts must balance each other out - meaning the two totals added together must equal zero.

Click **Accept**.

The credit balance has now been transferred.



Status

Paid

Paid

Paid

Paid

Paid

Paid

30.00

0.00

Balance Due

Patient

22.00

16.00

16.00

16.00

16.00

53.50

22.00

0.00

32.00

16.00

0.00

85.50

Todays' Payment

0.00 Doctors in light grey, are on your system but are not currently shown on

0.00

your active Appointment Book.

Accept

0.00

0.00

0.00

0.00

0.00

0.00

Payment

30.00 -30.00

0.00

# **Returned Cheques**

To record a returned cheque you will need to complete the following steps:

1. Add Returned Cheque to your Fee Schedule if necessary. Also add Returned Cheque Charge if your office policy requires a charge when the bank returns a

cheque.

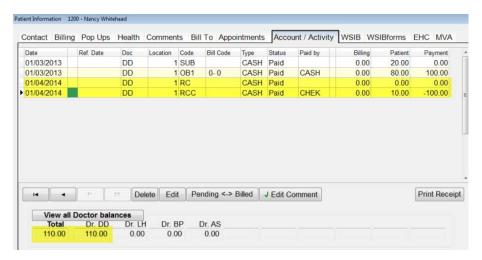
Click the **Setup** menu, **Fee Schedule**, **Other**. Click **Add**. Double click into the code field and type RC into the code field and Returned Cheque into the description field. Leave the amount at 0.00. Click Save.

Click Add. Double click into the code field and type RCC into the code field and Returned Cheque Charge into the description field. Type the amount you charge for a returned cheque. Click Save.



2. Post the Returned Cheque: Get into Patient Information on the Account Activity tab for the patient whose cheque was returned. Press F10. Type RC into the Code field and select Returned Cheque from the activity list. Press Enter so the patient billing stays at zero. Type RCC into the Code field and select Returned Cheque Charge from the activity list. Select Amount under the Payment Amount and type the total of the returned cheque as a negative amount, i.e. -100.00. Change the Payment Type to Cheque. Click Post.

Check the patient balance to confirm the correct balance.





There will be a reduction in the receipts on your daily summary and the total will **not** match the total of the cheques in your cash drawer.

### **Gift Certificate**

You may need to add items to your Fee Schedule or Payment Types. Please see the instructions below. Gift certificates (GC) can be used in two ways depending upon the set-up of your office:

- 1. A gift certificate will be used by one practitioner only
- 2. A gift certificate can be used by more than one practitioner.

### 1. Gift certificate is used for one practitioner only

#### Sale of GC:

This method assumes that you know who the patient is that will be redeeming the gift certificate and who the practitioner is that will be providing the service. Get into the Patient Activity screen in your normal manner. Type GC into the Code field. Select Gift Certificate from the list. If you do not have Gift Certificate in your fee schedule create one using the instructions below. Press Enter or Tab to keep the billing amount at zero, the payment amount will reflect the cost of the GC. Click Amount under Payment Amount and type the amount of the payment. Choose the Payment Type from the list and click Post.

This will have the effect of recording the money received and creating a credit on the patient file. There is no change in revenue as no service has been provided.

### Redemption of GC:

Get into the Patient Activity screen in your normal manner. Locate and select the treatment that the patient had from the list. Click None under Payment Amount. Change the Payment Type to Gift Certificate. If you do not have Gift Certificate listed as one of your payment types create it using the instructions below. Click Post.

### 2. Gift certificate can be used by any patient, service can be provided by any practitioner

This option is a little more complicated as offices may not know which practitioner will provide the service or which patient will redeem the gift certificate.

#### 1. Sale of GC:

Get into the Patient Activity for the patient names Gift Certificate (create this file using the instructions listed below). Leave the Treating Doctor as the primary DC. Type GC into the Code field. Select Gift Certificate from the list. If you do not have Gift Certificate in your fee schedule create one using the instructions below. Press **Enter** or **Tab** to keep the billing amount at zero, the payment amount will reflect the cost of the GC. Click Amount under Payment Amount and type the amount of the payment. Choose the **Payment Type** from the list and click **Post**.

This will have the effect of recording the money received and creating a credit on the account for the patient file

Gift Certificate. There is no change in revenue as no service has been given. You are posting the payment to the primary DC because that is the bank account that should get the money.

### 2. Redemption of GC:

Get into the Patient Activity screen for the patient receiving the service in your normal manner. Make sure the Treating Doctor is the practitioner who performed the treatment. Locate and select the treatment that the patient had from the list. Click onto the radio button to the left of **Amount** and type the amount of the GC. Change the Payment Type to Gift Certificate. If you do not have Gift Certificate listed as one of your payment types create it using the instructions below. Click Post.

The revenue or fee will show on the day summary sheet for the treating practitioner and the receipts will balance because you received the gift certificate as payment.

### 3. Balance the cash:

Get into the Patient Activity screen for the Gift Certificate patient file. Type TRAN into the Code field and select **Transfer**. Press **Enter** or **Tab** to keep the billing amount at zero. Click **Amount** under Payment Amount and type in the amount of the GC as a negative, i.e. -50.00. Change the **Payment** Type to Gift Certificate. Click Post.

This transaction will reduce the credit balance on the Gift Certificate patient and has no impact on total revenue.

### **Suggestions**

- Some offices number their gift certificates. You can record this information in the patient comment area for the Gift Certificate patient e.g. "Oct1-08 sold GC#0052 - redeemed Feb14-09"
- If a gift certificate expires you need to reflect an increase in income because you received money but did not render a service. Create a fee schedule item called "expired gift certificate" with a 'zero' fee and post this transaction anytime you need to eliminate a credit on account because of an unused or expired gift certificate. The fee will equal the price of the certificate purchased and would be entered when you post the transaction.

## Add Gift Certificate to your Fee Schedule:

Click the Setup menu, Fee Schedule, Other. Click Add. Double click into the code field and type GC. Type Gift Certificate into the description field. Make the Selling Amount \$0.00 as it may change every time.

## Add Gift Certificate to your Payment Types:

Go to the **Setup** menu, **Payment Type**. Click **Add**. Type 'Gift Certificate'; press the **Tab** key type 'GC'. Click Save.

### Add a New Patient file named Gift Certificate:

Go to the Patient menu, Add New Patient. Type Gift into the first name field and Certificate into the last name field. Make the Doctor of Record the primary DC in your office. Click Save.

## **Write Offs**

## **Patient Write Off**

Get into the Patient Activity screen or press **F12** from the appointment book and locate the patient. Press **F9**. A write off information line will appear. The cursor is now activated in the **Amount** field.



Type the amount of the write off or click the **Account Balance** radio button if the amount is correct. Click **Post**.

### The Difference between Write Offs and Discounts

We find it helps to think of write-offs and discounts like this:

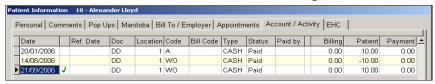
- · a write off is an amount you cannot collect
- a discount is an amount you choose not to collect.

## **Reversing a Write Off**

You may on occasion be required to reverse a write off. There are two steps involved in this procedure:

- 1. Get into Patient Information on the Account Activity screen, press **F10**. Press **F9**. A write off information line will appear. The cursor is now activated in the **Amount** field. Type the amount of the write off to be reversed. Click **Post**. The amount is shown as a credit in the patient balance at this point.
- 2. Click onto the write off (**WO**) line, click **Edit**. Click into the Patient Amount box on the right and highlight only the minus sign (-). Press delete. Click **Accept Modified Record**. Type the reason for the reversal into the comment field. Click **OK**.

Below is how the account would look after reversing a write off.

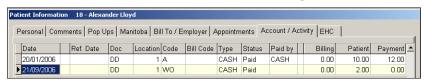


### **Credit Write Offs**

There are 2 steps involved in writing off a credit. Please note writing off a credit should only be done after continued attempts to refund the patient have failed. Please check with your bookkeeper or accountant for more details.

- 1. Get into Patient Information on the Account Activity screen, press **F10**. Press **F9**. A write off information line will appear. The cursor is now activated in the **Amount** field. Type the amount of the credit as a positive number. Click **Post**. The amount of the credit has now doubled.
- 2. Click onto the write off (**WO**) line, click **Edit**. Click into the Patient Amount box on the right and highlight only the minus sign (-). Press delete. Click **Accept Modified Record**. Type the reason for the write off into the comment field. Click **OK**.

Below is how the account would look after writing off a credit.



### **WSIB Write Offs**

To write off stale dated WSIB claims click the **WSIB** menu, **Record Manual Payments**, **WSIB**. Choose the practitioner; click **Prepare the report for this Doctor**. Locate the patient by clicking **Number**, **Surname**, or **First** and typing the search information into the **Search** field. Click the first visit you wish to write off under **Activity**.

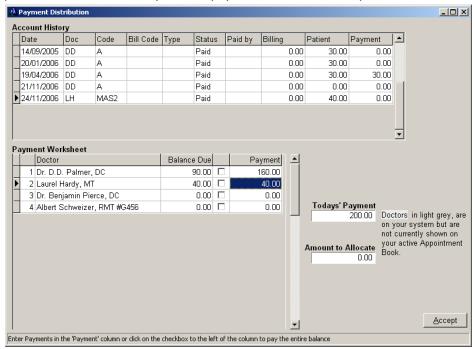
Click into the **Current Line** amount box after selecting the date and type **0.00** into the amount field. Click **Accept Changes**. Click **2. TTP & WO**.

Click **Finish** when all claims to be written off have been handled. Print the WSIB Payment Journal. For more information see the WSIB section in this manual.

# **Payment Distribution Screen**

### (Multi Practitioner Offices Only)

A Payment Distribution screen will appear after processing a payment for a patient when more than one practitioner is owed money and the payment amount is not equal to the total owed.



The lower half of the screen is named 'Payment Worksheet'. All the practitioners on your PMP will be listed here with account balances. Put a checkmark beside **Balance Due** only if you wish to pay the entire balance for that practitioner. If you wish to pay an amount different from the Balance Due type that amount into the field under **Payment**.

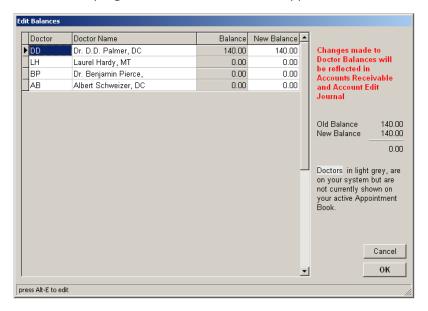
Each payment made in the worksheet will reduce the **Amount to Allocate** balance until the total is 0.00. The **Accept** button is only enabled when the amount to allocate reaches 0.00. Click **Accept**.

### **View All Doctor Balances**

On occasion you may require the ability to edit the balance owing for a specific patient / doctor. This is not a procedure that is recommended unless it is done to correct a balance owing that was <u>not</u> created by a listed activity or to correct a balance transferred from another software conversion.

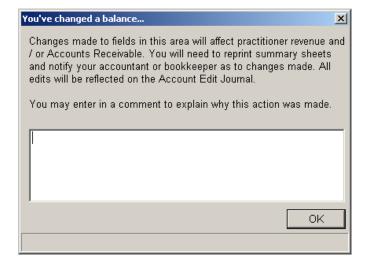
In the Patient Information screen on the Account / Activity tab click **View All Doctor Balances**. A pop up window will appear entitled Edit Balances.

Practitioners appear in the order they are listed on the Appointment Book. The practitioners that are on the current Appointment Book appear in white at the top of the window. The other practitioners that are listed on this program but not loaded on the Appointment Book are in grey and can still be edited.



To alter a balance press the Alt & E keys at the same time. A New Balance column will become visible. Make the required changes. Click **OK**. An edit box will appear where you are expected to type an explanation for the edit. Initial your explanation.

Changes made in this area will be reflected in the Accounts Receivable and the Account Edit Journal.



# **Add a New Patient & Patient Information**

# Accessing the New Patient File

There are four ways to access the new patient file.

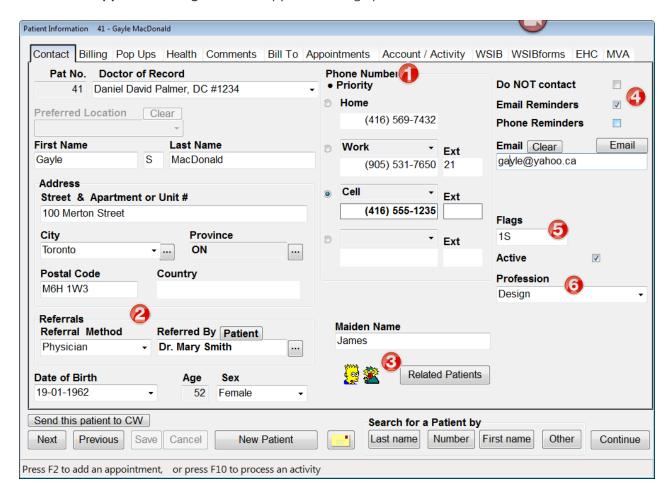
- From the Patient menu Add New Patient
- Right click on the appointment book, choose Add New Patient
- Click on an empty time slot on the appointment book, click Add New Patient
- Press the F6 key when on the appointment book, click New Patient

Each of the four ways to add a new patient takes you to a new window with a blank patient record file. Across the top of this window you will see the heading 'Patient Information Adding a NEW Patient (Patient Number not yet assigned)'.

### The Contact tab

The Contact tab contains basic information about the patient. You must enter the First and Last name of the patient to save the file. The patient number is automatically assigned upon saving using the Next Available Patient Number found under the **Setup** menu, **Doctor Defaults**.

If the patient to be added is related to a patient already in your database and they have the same address you can use the Copy From Existing button to copy basic demographic information into the new file.



Fill in the required information.

## 1. Phone Numbers

The phone number area will hold up to four phone numbers. Choose the type of phone number that you are adding by clicking the down arrow and selecting the type from the list. Use the radio button to select the **Priority phone** number that will be visible on reports and summary screens.

#### 2. Referrals

**Referral Method** offers a drop-down list that is hard coded and cannot be edited as it populates the annual Statistical Report (Ontario only). This field will offer you the method by which your patient chose your clinic. **Referred By** offers you a **Patient** button which allows you to select the referring patient. A drop-down list is also available with referral options that you can customize under the **Setup** menu, **Referrals**.

### 3. Related Patients

Related Patients will allow you to link family members or multiple files for the same patient so that payments can be made for all outstanding accounts. Double click on each patient you wish to relate. Click **Continue**. **Do not** add the patient whose file you are in to the related selection.

### 4. Contact Information

Select these options for reminders or no contact.

## 5. Flags

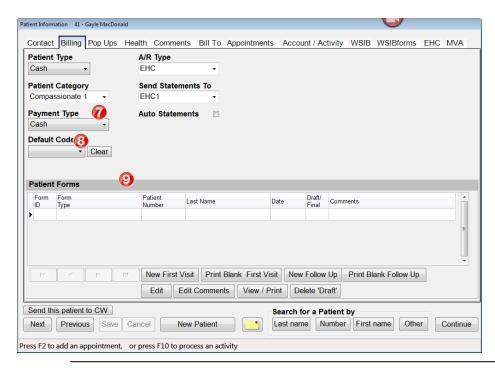
Flags are single digits or letters used to indicate something meaningful to you about the patient. You may have up to eight flags per patient. Flags are created in the Setup menu, Flags. The Flag option can be chosen to select a particular group of patients for some reports, e.g. Queries.

### 6. Profession

Select from a drop-down list the profession of your patient. Student, Other, and Not employed are included.

# The Billing tab

The Billing tab stores financial information and the Patient First Visit report.



## 7. Payment Type

A default payment type can be set up that will be used whenever you post activity.

### 8. Default Code

You can create a default activity for each patient that will post the activity with a single keystroke. Click the down arrow beside Default Code and choose the activity most often posted for this patient.

## 9. Patient Forms

→ See page 61.

# The Pop Ups tab

Pop Ups are information boxes that will appear on a patient file where and when you choose, giving information you have input and may require about this patient or their appointment. Locations where pop ups are designed to pop are chosen in the **Setup** menu, **Clinic Defaults**. **See page 54 and 59.** 

### The Health tab

Insert patient injuries using the ICD-10-CA sequelae codes.

### The Comments tab

Enter relevant information into this tab that isn't stored elsewhere. There are no restrictions as to how much information can be stored.

You may predefine frequently used comments in the Setup menu, Patient Comments. Double clicking on the predefined comment under Select a Comment will enter it automatically into the body of the comments. See page 54.

# The Bill To / Employers tab

The Bill To / Employers tab houses information regarding the person or company that is responsible for the account if not the patient themselves or WSIB.

## The WSIB tab

Input any relevant information regarding WSIB on this tab.

### The WSIB Forms tab

This tab is used for creation of WSIB forms.

## The EHC tab

Input any relevant Extended Health Care information on this tab. Note these totals do not automatically count.

## The MVA tab

This tab is used for the creation of MVA OCF forms.

To save the new patient file click Save. Once saved two new tabs will appear:

## The Appointments tab

The appointments tab houses all past and future appointments. It offers the option to **Add an appointment** (using the F2 Appointment Grid), **Book Multiple Appointments**, and after posting activity it offers **Add an appointment**, **Same time next week**, and **Same time next Month (28 days)**. You also have the option to **Print Calendar** and **Delete all Pending Appointments**.

# The Account / Activity tab

The Account / Activity tab is where all financial transactions are stored. You can print receipts and statements from here, add comments to activity to explain their nature, and also edit and delete transactions.

## The Lower Taskbar

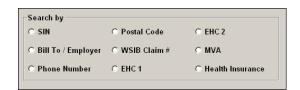
The bottom portion of the Patient Information screen is a static screen. It is available on all tabs within the patient information screen. The **Next** and **Previous** buttons give you the choice of moving forward or backward one patient at a time, searching by either name or number depending upon the previous search criteria.

An envelope button is located in the middle of the screen which will print the name and address on an envelope or label for the patient currently being viewed. 

See page 57.



The buttons on the right offer you the ability to locate other patients by **Last name**, **Number**, **First name**, and **Other**. The **Other** button offers various options for locating patients.



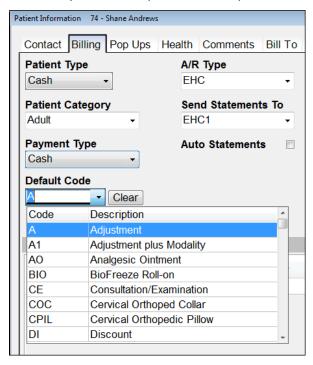
The bottom taskbar shows hints regarding accessing the **F2 - to add an appointment** and **F10 - to process** an activity.

Click **Continue** to save changes and exit the patient information screen.

# **Advanced Features within the Patient File**

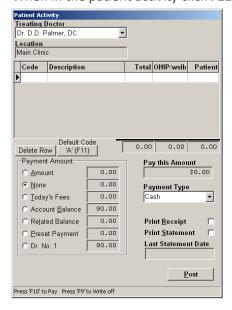
# **Default Activity**

You can create a default activity for each patient that will post the activity with a single keystroke. The setup for this is on the Patient Information Billing tab. Click the down arrow beside **Default Code**. Choose the activity most often posted for this patient.



# **Processing Patient Activity using Default Activity**

When in the patient activity click F11 or press the Default Code button to use the default activity.



# **Envelopes / Labels**

Envelopes and labels are located in three areas in the PMP:

Right clicking on a booked appointment brings up the addressed envelope for that patient.



An unused appointment slot brings up a blank envelope where you can type an address.

Print an Envelope

• In **Patient information** there is a button located on the bottom of the screen. This will bring up an addressed envelope for that patient on all tabs.

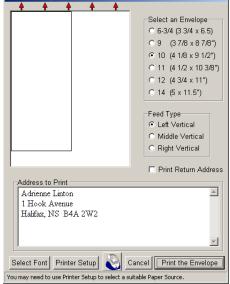


• In **Bill / To, EHC,** and **MVA** there is a button with a ? on it. Click on it to bring up information for the company or person. An envelope button is located on the bottom right. Click the envelope icon.

### For Envelopes select the following:

- The size of the envelope; 6-3/4, 9, 10, 11, 12, 14
- Feed type depending on your printer; Left, Middle, and Right Vertical
- Check Print Return Address to add your information to the upper left corner. This information is pulled from Clinic Defaults
- Edit the name and address
- Font attributes
- Patient name and address are editable

Any changes in Printer setup



To utilize labels you will need to purchase and install a Dymo LabelWriter 450. Please note that other label equipment cannot be guaranteed to work from within PMP.

Once installed, checkmark the Dymo option located in Computer Defaults under the Setup menu.

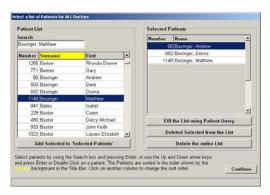


All information in the Address to Print box can be edited, Patient number, x-ray information, date, etc. can be added to the label.

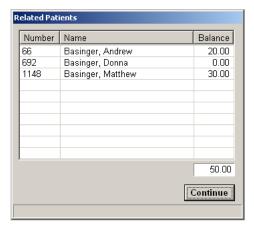
Click the LabelMaker icon to produce a label.

### **Related Patients**

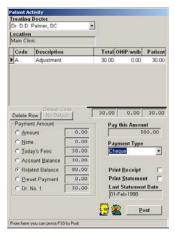
Related Patients will allow you to link family members or multiple files for the same patient so that payments can be made for all outstanding accounts. This is set up in Patient Information **Contact** tab. Double click on each patient you wish to relate. Click **Continue**.



Once Related Patients have been set up you will see a pop up during activity posting that details outstanding accounts.



Pay related patient balances including today's billings by clicking the radio button next to Related Balance. Do not use the related balance function if anyone in the group has a credit balance.



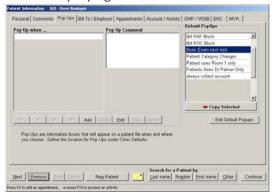
When choosing to print statements for related balances the statements will print for all related patients receiving part of the payment.

## **Pop Ups**

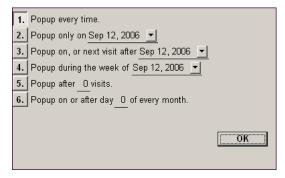
Pop Ups are information boxes that will appear on a patient file where and when you choose, stating information you have input and may require about this patient or their appointment. Patient pop ups are created in the Patient Information Pop Ups tab.

The option of when and where pop ups appear is selected in the Setup menu, Clinic Defaults. -> See page 10.

To Add Pop Ups get into the Patient Information file and click the **Pop Ups** tab.



Click Add.



To choose when you would like the Pop Up to appear, click the button number of your choice. You will need to edit the date for items 2, 3, and 4, and add in a number for items 5 and 6.

### Pop Up When Options:

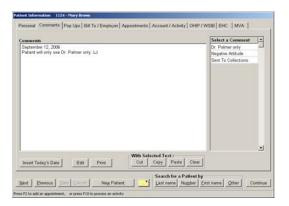
- 1. Will pop every time until deleted.
- 2. Will pop only on the chosen date. If the patient file is not accessed that day the Pop up will be deleted.
- 3. Will pop only once, the first time the patient is accessed on or after the date chosen.
- 4. Will pop only that week for as many times as the patient is accessed.
- 5. This pop up pops only after X number of visits has been posted. Note: Items from the Fee Schedule listed under Inventory or Other are not considered visits.
- 6. This pop up will appear every time after the date chosen until the new month starts and reoccurs every subsequent month until it is deleted.

Once you have selected the appropriate choice click **OK**. Click into the **Pop Up Comment** box and the type the comment you would like to appear. You may type up to 5 lines of text for each pop up.

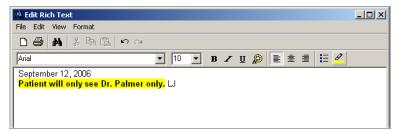
To choose a default pop up comment click onto the comment of choice from the list on the right and click Copy Selected. The default comment will copy into the Pop Up Comment box. Click Save.

## **Edit Comments**

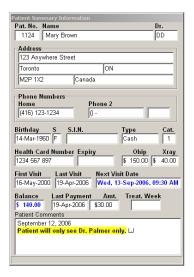
Comments in Patient Information can be edited, highlighted, and formatted for more visibility when processing. You can also print the patient comment.



Once you have created the comment click **Edit**. An edit screen will appear. Determine the area you wish to highlight by click and drag. Click the highlighter icon. Click the **X** to close. You will be asked if you wish to save your changes, click **Yes**.



The highlighted and / or edited portions will appear on the **Patient Summary Information** screen.



### **Email**

PMP will open your messaging program and address emails to your patients if you have internet capability on your computer. Enter the patient email address and click the **Email** button in Patient Information / Contact to activate this feature.



In addition statements and appointment calendars or lists can be emailed to your patients. See details page 102.

# **Edit Activity Comments**

When you post or edit an activity that requires an explanation, you can add a comment to the transaction.

On the Patient Information / Account Activity tab click the activity where you would like to add a comment. Click Edit Comment. A comment screen will appear allowing you to type a comment. Type a comment that describes the activity process. Click **Save**.

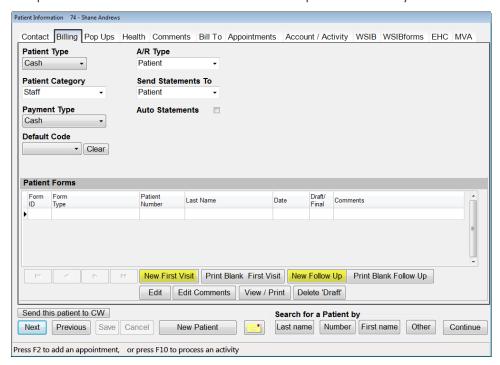


Once an activity comment has been added to an activity a checkmark will appear in the second column.

### **Patient Forms**

To promote effective collaborative care environments a Patient First Visit and Follow Up forms have been included in PMP. The forms pre-populate with patient and practitioner information and exhibits the same behaviour as OCF and WSIB forms in PMP.

Locate the forms in Patient Information, Billing tab. Click either New First Visit or New Follow Up to complete the forms in PMP or **Print Blank** to complete the form by hand.



Once you input information into the supplied fields select Save as Draft to allow you to edit the form at a later time or Save as 'Finalized' to finish the form. Finalized forms cannot be edited. Choose View/Print on the Billing tab to view or print the form.

# Reports

# **Summary Sheets**

PMP Summary sheets are easy to read and include detailed information regarding the period you request. Pressing **F4** while on a particular Appointment Book will activate a **Daily Summary Sheet** for that practitioner for the date on the appointment book. Summary sheets can also be accessed from the **Report** Menu and offer choices of Daily, Weekly, Monthly, Quarterly, and Yearly. Reports can be produced for individual practitioners, grouped by the entire clinic, or grouped by the practitioners listed on the appointment book currently in use. Daily summary sheets can be sorted by patient name, patient number, the order patients were posted in, or the activity code. Choose the order under **Reports, Summary Sheet**, and **Daily.** Click **Run the Report** to make the selected option the default.

## **Reading the Daily Summary Sheet**

The first part of the Daily Summary Sheet details individual patient information regarding all financial transactions as well as next appointment information.

Wed, 19 Apr 2006	Daily Report - Dr. D.D. Palmer, DC										Locatio	Location - ALL	
Patient Name	Number	Dr.R	Dr.T	Loc.	Code	Pd. by	Paid	Patient	OHIP	WSIB	Next Appointment		Referred By
Ryan, Alexander	1521	DD	DD	1	APOC			0.00			09-Sep-2006 8:00 AM	Confirmed	Yellow Pages Ad
Sandercock, Edwin	1481	DD	DD	1	Α	CASH	50.00	30.00			09-Sep-2006 8:00 AM	Unconfirme	White Pages Ad
Flindall, Eva	747	LH	DD	1	Α			30.00					
Harrington, Gail	767	DD	DD	1	A	CASH	30.00	30.00			09-Sep-2006 9:15 AM /	Arrived	
Jones, Cindy	308	LH	DD	1	Α	CASH	30.00	30.00			13-Oct-2006 9:15 AM	Unconfirme	Dr. Jeffery Jones
Brown, Mary	1124	DD	DD	1	Α	CASH	30.00	30.00			09-Sep-2006 9:30 AM	Confirmed	Dr. Jeffery Jones
Greer, Barbara	1500	DD	DD	1	A			30.00			09-Sep-2006 9:45 AM	Confirmed	Staff Referral
Woods, Melisa Margare	1534	DD	DD	1	A\$			0.00			31-Aug-2006 9:00 AM	Confirmed	Mickey Mouse
Lloyd, Alexander	18	DD	DD	1	Α	CHEK	20.00	10.00			09-Sep-2006 12:15 PM	Confirmed	
Clark, Richard	1584	DD	DD	1	A			10.00			09-Sep-2006 12:15 PM	Confirmed	Paul Bunyan
Gardiner, Barbara	136	DD	DD	1	Α			10.00			09-Sep-2006 4:15 PM	Unconfirme	
Bilcox, Alexandre	21	DD	DD	1	Α			0.00		19.26	09-Sep-2006 11:00 AM	Unconfirme	Office Sign
Abraham, Erin	742	DD	DD	1	Α			30.00			31-Aug-2006 9:30 AM	Confirmed	Dr. Jeffery Jones
Wright, Alida	34	DD	DD	1	Α			10.00			09-Sep-2006 11:15 AM	Confirmed	Dr. Jeffery Jones
McGowan, Carl	236	DD	DD	1	Α			5.00			09-Sep-2006 11:15 AM	Confirmed	Flyer - September
Hall, Mark	1120	DD	DD	1	Α			30.00			09-Sep-2006 2:15 PM	Unconfirme	Stelco Talk - April
Hunter, George	1556	DD	DD	1	Α			30.00			09-Sep-2006 11:45 AM	Unconfirme	
Sanders, David	556	DD	DD	1	Α			10.00			09-Sep-2006 2:00 PM	Confirmed	Dr. Jeffery Jones
Greer, Bonnie	1557	DD	DD	1	Α	CASH	30.00	30.00			09-Sep-2006 2:00 PM	Unconfirme	Barbara Greer
Cole, Nicholas	1533	DD	DD	1	Α	CASH	30.00	30.00			31-Aug-2006 2:30 PM	Confirmed	
Sayles, Anna-Marie	92	DD	DD	1	Α			0.00			09-Sep-2006 2:15 PM	Confirmed	Paul Bunyan
Penney, Sara Elizabeth	1348	DD	DD	1	Α	CASH	20.00	20.00			09-Sep-2006 2:15 PM	Unconfirme	Yellow Pages Ad
Seggie, Jordan	939	DD	DD	1	Α			30.00			10-Sep-2006 2:30 PM	Confirmed	Snow White
Emerson, Alexandra	20	DD	DD	1	Α			30.00			09-Sep-2006 1:45 PM	Confirmed	Staff Referral
Hywarren, Meredith	1165	DD	DD	1	CE			40.00			09-Sep-2006 3:15 PM	Confirmed	Staff Referral

**Dr.R** indicates the doctor of record for this patient.

**Dr.T** indicates the practitioner who treated the patient.

Loc. Indicates the office location. (Note this field may not be active)

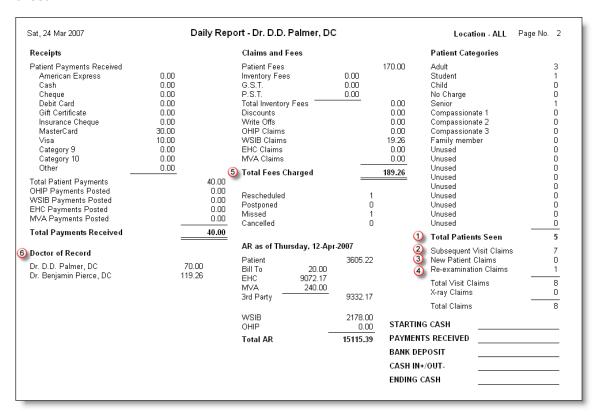
**Code** is the Fee Schedule code given for this item

The columns **Patient**, **OHIP**, and **WSIB** indicate the billing amount to that payor.

The last page of the daily summary sheet is the same as all of the other summary sheets including the monthly, weekly, quarterly and yearly. For further details see below.

## **Reading the Last Page of PMP Summary Sheets**

All PMP Summary Sheets offer the same information on the last page. The only difference is in the totals due to the reporting period you choose. Understanding the details, totals, and how PMP gets those totals will help you make decisions and complete statistical reports. Look at the last page of your summary sheet:



If you are trying to balance your receipts with your summary sheet look for the field **Total Patient Payments**. Also shown in the first column is **Doctor of Record**. This indicates the breakdown of fees generated by practitioners treating other doctor's patients.

- 1. Total Patients Seen refers to the number of *individual* patients who have been treated during the reporting period. For instance, on your yearly summary sheet a patient who is adjusted once a month will count as 1 Total Patients Seen and 12 Subsequent Visits.
- **2. Subsequent Visit Claims** refers to the total number of transactions posted from your treatment fee schedule. By dividing the Total Visit Claims by Total Patients Seen you are now able to calculate the average number of patient visits. This is a statistic that many management consultants utilize.

- **3.** New Patient Claims is an important statistic and accuracy depends on two factors:
  - The transaction posted to the new patient must be from your Fee Schedule Treatment and have a WSIB Code of V103.
  - The date that this transaction is posted must be the patient's first visit date. Confirm the date by referring to the field **First Visit Date** on the **Appointments** tab in **Patient Information**.

If the transaction does not meet both the above criteria, a new patient will not be recorded.

- **4. Re-examination Claims** are counted when a transaction is posted from your **Fee Schedule, Treatment**, has a **WSIB Code** of **V103**, and the transaction date is <u>NOT</u> the same as the patient's **First Visit Date**.
- 5. Total Fees Charged represents the total billings for the practitioner(s) on the summary sheet. It is the total revenue for the practitioner(s) who gave the treatment. Offices with multiple practitioners who treat each other's patients are able to break this total down to show whose patients were treated by using the Doctor of Record amounts.
- **6. Doctor of Record**. The Doctor of Record breakdown represents the revenue earned by treating patients belonging to various practitioners. The total fees under Doctor of Record amounts will always equal the **Total Fees Charged**.

In looking at the screen shot, note that:

- Dr. D.D. Palmer treated patients for a Total Fees Charged amount of \$189.26
- The **Doctor of Record** amount for Dr. D.D. Palmer is \$70.00
- The **Doctor of Record** amount for Dr. B. Pierce is \$119.26

That means that Dr. D.D. Palmer earned \$70.00 from treating his own patients and he earned \$119.26 from treating Dr. Pierce's patients. These amounts can be useful when practitioners pay a percentage or amount when treating other practitioner's patients.

This breakdown is not available for offices that have multiple patient files for the same patient.



Accounts Receivable is an option on summary sheets. Turning AR on or off is chosen under the **Setup** menu, **Doctor Defaults**.

Show AR Totals on Summary Sheet ▼

### **Statements**

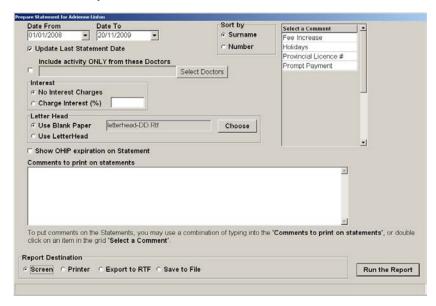
Statements can be pulled:

- 1) individually from within the Patient Information Account Activity screen
- 2) individually while posting activity
- 3) grouped for related patients while posting activity
- 4) individually or grouped from the Report menu.
- 1) From within the Patient Information Account Activity screen click the Statement button. Determine the start and end dates by clicking the down arrow under Date From and Date To. The Date from is defaulted from the date selected under the **Setup** menu, **Clinic Defaults**.

Print transactions for specific practitioners only by check marking Include activity ONLY from these Doctors and then checking the appropriate practitioners.

Use the default letterhead determined in **Use Blank Paper** or select another by clicking **Choose**. The option **Use Letterhead** will print onto custom made pre-printed letterhead.

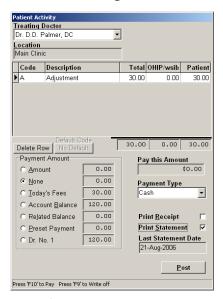
Choose to add a comment by typing directly into the **Comments to print on statements** field or select one by double clicking onto the appropriate comment under **Select a Comment**. The comments are created under the **Setup** menu, **Statement Comments**.



The Report Destination will send the statement:

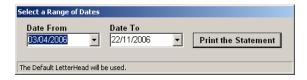
- to the **Screen**, this option will update the Last Statement Date. Uncheck the field *Update Last Statements Date* if you do not want the date updated.
- to the Printer, this option will update the Last Statement Date
- Save to File will save the report
- **Export** offers the ability to export to another format. See page  $\rightarrow$  74.

2) Individually while posting activity. To print a statement during posting check mark the **Print Statement** box before clicking **Post**.

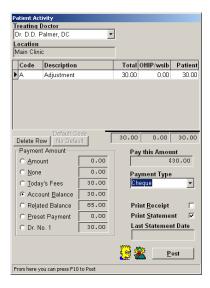


The default start date will be next day after the last statement end date. If there is no previous statement date the start date will default to the date set up in Clinic Defaults. The end date will default to today's date. These dates can be edited by clicking the down arrow and choosing another date on the calendar. Change the month and/or year by clicking onto the month or year on at the top of the calendar and choosing another date from the list.

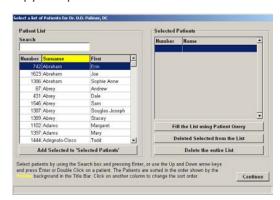
You can also type the dates into the Date From and Date To fields as dd/mm/yy. The statement date field in Patient Information on the Account/Activity tab will be updated after Posting.



3) Grouped for related patients while posting activity. This option is similar to above except statements will be printed for all 'related patients' paid when the Related Balance option is selected under Payment Amount.



4) Individually or grouped from the Report menu. Choose the Report menu, Statements, List of Patients. Select the practitioner and click Prepare the report for this Doctor. Click on Number, Surname or First to search for patients by that field. Click into the Search box after choosing the search type and type the name or number. Double clicking or pressing Enter after the patient is highlighted or clicking Add Selected will copy that patient into the Selected Patients box.



By choosing Fill the List using Patient Query you can choose patients by other criteria. Click Continue. In the Prepare Statements for screen select options in the same manner as for item #1 from within the Patient Information Account Activity screen.

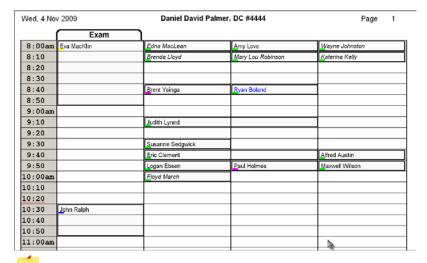
# **Appointment Book**

The Appointment Book printout gives a printed version of the day's appointments. It is convenient for practitioners who want to have a copy of their day.

Print the appointment book by clicking the Report menu, Reminders / Recalls, Appointment Book.



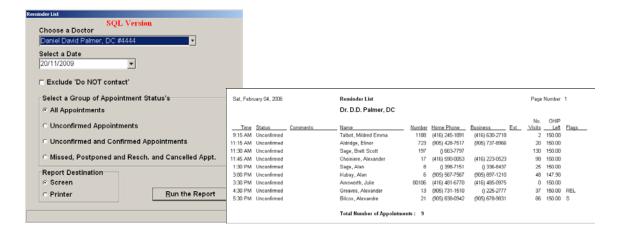
Choose the date and times. Clicking Partial Day will allow you the option to input a time range. Appointment Type Colours will include the appointment colours associated with each appointment. Choose Colour Options if you have a colour printer. Click Print the Appointment Book.



This report will print with invalid appointments 'hidden' if you have selected this option in Doctor Defaults or if you have named columns.

### **Reminder List**

The reminder list provides a list of appointments that may require reminders or other types of calls. This report is a good tool for reminding patients of future appointments. Choose the **Report** menu, **Reminder / Recalls, Reminder List**. The date defaults to today, edit it to reflect tomorrow or the next business day. Click the radio button next to **Unconfirmed Appointments**. Click **Run the Report.** 





This report is also a good report to take home when you are expecting inclement weather. Print **All Appointments** for this procedure.

## **Recall Lists**

Everyone in your database falls into one of the following categories:

- booked with a future appointment.
- on the Past Due Recall List because the appointment in the 'next appointment' field was not completed, ie missed, postponed. This field is found on the appointments tab in Patient Information.
- on the Long Term Recall List because the 'next appointment' field is blank ie cancelled or no future appointment booked.



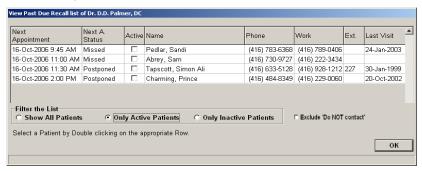
Patients must have at least one visit posted from the Fee Schedule\Treatment in order to appear on recall lists.

### Past Due Recall List

The past due recall list is a list of all incomplete appointments. Used in conjunction with the long term recall list, they provide an accurate catalogue of patients. Utilizing the Past Due Recall list on a daily basis can assist you in ensuring your patients do not 'fall through the cracks'.

You can also use the list to move patient's onto the Long Term Recall List.

Access the Past Due Recall List by clicking the Patient menu, View Past Due Recall List. Choose the practitioner and click View Past Due Recall List for this Doctor.



Double click the patient's name; you will be taken into the patient's appointment file.

- Add a new appointment by clicking **Add an Appointment**.
- Move a patient to the Long Term Recall List by clicking Clear Date

Click Continue. You will be taken back to the Past Due Recall List. The patient whose appointment was booked or moved is no longer on the Past Due Recall list.

To print a paper version of the Past Due Recall list click the **Report** menu, **Reminders /Recalls**, **Past Due** Recall List. Select the correct practitioner and click Print Past Due Recall List for this Doctor. Click Run the Report.

## The Long Term Recall List

Access the Long Term Recall List by clicking the **Report** menu, **Reminders /Recalls, Long Term Recall List**. Select the correct practitioner and click **Print Long Term Recall List** for this Doctor. Input the dates you want for this report, click **Run the Report**.



### **Accounts Receivable**

Accounts Receivable reports can be produced for:

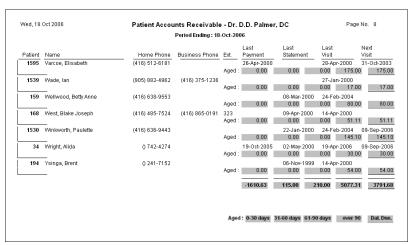
- Patients
- Bill To
- FHC
- MVA
- WSIB



In order for patients to appear on the correct Accounts Receivable Report enter the correct **AR Type** in Patient Information, **Billing** Tab. If this field is not entered correctly the patient may appear on an incorrect Accounts Receivable report.

To print Accounts Receivable for Patients click the **Reports** menu, **Accounts Receivable**, **Patient**. Select the appropriate practitioner, **Prepare Accounts Receivable for this Doctor**.

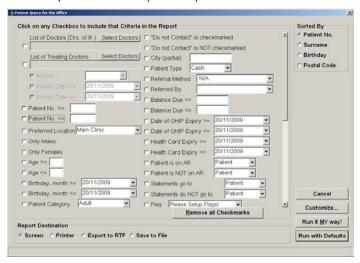
Click the down arrow under **Period Ending** and click onto the back or forward arrow once for every month you wish to move back or forward. You can also click onto the month or year to produce a list of months or years. Click onto the day on the calendar. Choose where to send the report by clicking the radio button under **Report Destination**. Click **Run the Report**.



# **Patient Query by Doctor or Office**

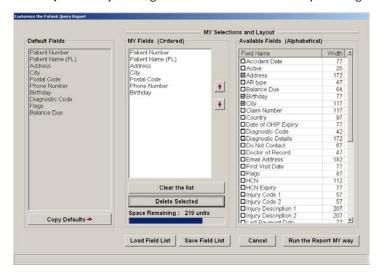
Various types of information may be derived from selecting items in this report, such as New Patient Lists, Birthday Lists, etc. These reports can be sorted by Number, Surname or Birthday and contain your choice of customized information from the patient file.

Boxes must be checked to the left of the criteria options and to the left of the selected alphabetical fields in order to produce the required report.



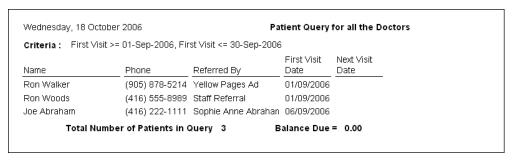
# **Query Customization**

The criteria fields you select will determine which patients are included on the report; for example your new patients, birthday patients etc. Once you have selected the criteria for your query click Customize. Now you are able to select what information about these patients to include on the report by check marking the boxes in the right hand column. These items will appear in the middle column entitled MY **Fields (Ordered).** Change the order of the fields by clicking the red arrows to the right of the items.



Once all items are selected and ordered you can choose to save this query for future use. For example, if you do a monthly New Patient report with referrals you can set the fields up once, save them, then retrieve them whenever necessary. Click **Save Field List**. Type the name of the file in the box to the right of **File Name**, click **Save**. Your file is now saved in the Report Directory. You may retrieve it for future query customization by clicking the **Load File List** button.

#### Click Run the Report MY way.



### Labels

You may print Mailing Labels from within the PMP. Click the **Report** menu, **Mailing Labels**. Choose **Select Patients Individually**. Choose a practitioner and click **Run the Report for this Doctor**.

There are two ways to select patients individually:

- 1. Number, Surname, or First
- 2. Fill the List Using Patient Query

#### Number, Surname, or First

Click the button of choice for how to search for your patients. The selection will turn yellow. Click into the Search field. Start typing the first few letters or numbers. Double click or press **Enter** on the appropriate patients. Selected patients will appear on the right.

## Fill the List Using Patient Query

The query area can now be utilized to pull patients that meet the criteria you select for labels. Once all required fields are checked click Accept. You will be returned to the Select a list of Patients' screen.

Click Continue, and then OK.



If your labels are not positioned correctly on the sheet of labels you can increase or decrease the top margin. This is done under the Setup menu, **Clinic** Defaults, Mailing Labels. Increase the number to start the labels further down on the paper.

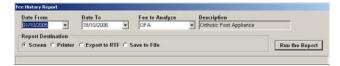
## **Fee History Report**

The Fee History Report will generate a sales report of any item in your Fee Schedule: Treatment, Other or Inventory, e.g. a list of all patients who received Orthotics in a given period.

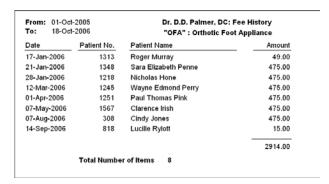
The report may be pulled in either of the following ways:

- By Date
- By Patient

Click the **Report** menu, **Fee History Report**. Select **By Date** or **By Patient**. Choose the practitioner; click **Run Report for this Doctor**.



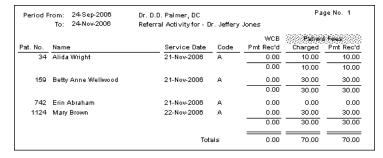
Click the down arrow to the right of each field; select the dates and fee schedule item. Click Run the Report.



# **Patient Referral Activity Report**

The PMP will generate a report based on the referral source of your patients. The report shows the revenue generated from the referral source and it is subtotalled by patient. Click the **Report** menu, **Patient Referral Activity**. Choose a practitioner; click **Prepare the Report for this Doctor**.

Select the appropriate fields by clicking the down arrow. The Referred By field offers the option to use a wildcard where all referrals will be found that start with the typed letters. Click **Run the Report**.

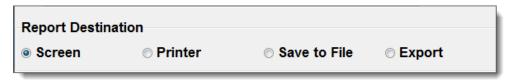


# **Exporting Reports**

All reports can be exported to other programs. This includes exporting to Adobe, Excel, Word Processors, and also formats of HTML and JPEG, to name a few. The uses of this feature are numerous; you can export financial reports to your accountant, and edit documents.

#### **Create the Report**

Create the report in the normal manner. When you see the **Report Destination** option, click **Export** followed by **Run the Report**.



An Export report to File window will appear asking you for a name and location for the document. Select the location and type a name for the report. Click **Save**.

Make any changes and edits in the formatting screen and click **OK**. Your document will open in the associated program for the specified file type.

### **Create E-mail Distribution List from PMP**

Follow these instructions to create a distribution list pulled from PMP for use with your messaging program.

Go to the Utilities menu, Patient Export. Click Choose Criteria Using Query.

Checkmark **Has Email** at the bottom on the right (you will have to scroll to locate this option). Click **Accept**.

Choose Select Fields. Checkmark Email address, uncheck Patient Number. Click Accept.

Choose **Export to Comma Delimited**. Choose a location for the file in the **Save in:** field and type a name in the **File name:** field. Click **Save**.

On your desktop click Start, Programs, Accessories, Notepad. Click File, Open. Locate the file and click Open.

Go to the **Edit** menu and choose **Replace**. Insert " (quotation mark) into the field **Find what** and leave the **Replace** with field blank. This will delete all the quotation marks.

Click the **Edit** menu and choose **Select All**. Click the **File** menu then **Copy**.

Now you can **Paste** the email addresses into a group (distribution) email. We are not able to detail these instructions as there are many messaging programs but using **Contacts** or **Addresses** should help.

## **Merge Letters**

Click **File, WordProcessor**. Select a Letterhead to use by clicking **Open, Template**, the appropriate letterhead. When the letterhead is open click **File, Save As**, and type the name of the merge letter. Click **Save**.

Change the justification using the **Left justification** icon.



Move your cursor to the desired location on your letter.

Click Merge, Initialize for Patient Merge, OK.



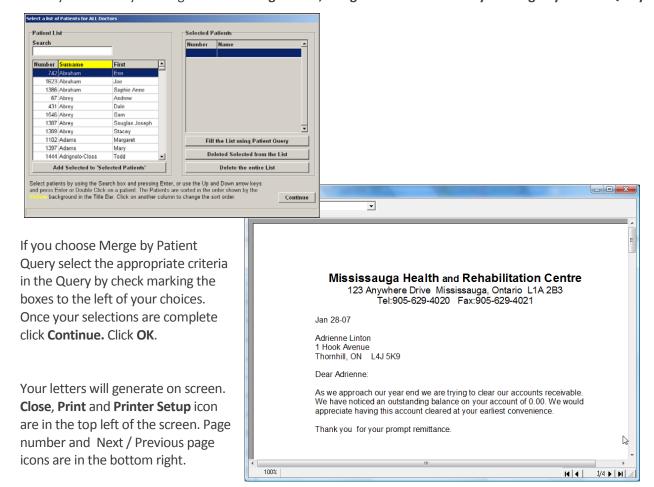
Click appropriate fields under the down arrow such as **FI, Add, City,** etc. Remember to leave spaces between fields.



A list of merge codes is detailed on the following pages.

Continue preparing your letter, adding appropriate merge fields. To delete fields highlight the merge code and press the **Backspace** or **Delete** key on the keyboard. Save the completed letter.

When you are ready to merge click the Merge menu, Merge Patients Individually or Merge By Patient Query.



# **Utilizing the Merge Feature**

The following are some ideas for using the merge function in the PMP WordPad:

- Change of Office Hours
- Thank you for referrals
- Orthotic letter
- Congratulation letters
- Notice of new promotions
- Off Work letter

- Notice of Fee Increase
- Recalls
- Upcoming Information Sessions
- Welcome letters
- Discharge
- Treatment Plans

## **Merge Codes**

Accident Date from WSIB         %[acc_date]           Patient Active Check marked         %[Active]           Address         %[Add]           Total Balance         %[Bal_due]           Date Of Birth         %[Birth]           Bill To: Claim #         %[BT_ClaimNo]           Bill To: Code #         %[BT_Code]           Bill To: Code #         %[BT_Contact]           Bill To: Contact From Patient         %[BT_Contact]           Bill To: Policy #         %[BT_Polo]           Bill To: Phone From Pat. Info         %[BT_Phone]           Bill To: Policy #         %[BT_Phone]           Health Card Expires on         %[Card_date]           Health Card Number         %[Card_no]           City         %[City]           WSIB Claim #         %[Claim_No]           Country         %[Country]           Diagnostic Code         %[Diag_code]           Diagnostic Details         %[Diag_rem]           Doctor of Record         %[Doctor]           EHC Code         %[EHC1_Code]           EHC Contact         %[EHC1_Code]           EHC Max \$         %EHC1_DolMax]           EHC Phone Extension         %EHC1_Fist Day]           EHC First Day Coverage         %[EHC1_First Day]	Action	Merge Code
Address %[Add] Total Balance %[Bal_due] Date Of Birth %[Birth] Bill To: Claim # %[BT_ClaimNo] Bill To: Code # %[BT_Code] Bill To: Contact From Patient %[BT_Code] Bill To: File # %[BT_Enlon] Bill To: Phone From Pat. Info %[BT_Phone] Bill To: Policy # %[BT_PolicyNo] Health Card Expires on %[Card_date] Health Card Expires on %[Card_no] City %[City] WSIB Claim # %[Claim_No] Country %[Country] Diagnostic Code %[Diag_code] Diagnostic Details %[Diag_rem] Doctor of Record %[Doctor] EHC Code %[EHC1_Code] EHC Contact %[EHC1_Contact] EHC Max \$ %EHC1_DollMax] EHC File # %[EHC1_Files No] EHC First Day Coverage %[EHC1_First Day] EHC First Day Coverage %[EHC1_Phone] EHC First Cap wish EHC Movisits Max] EHC Phone %[EHC1_Phone] EHC Phone %[EHC1_Phone] EHC Phone %[EHC1_Phone] EHC Phone %[EHC1_PloicyNo] EHC Amount Remaining %[EHC1_PloicyNo] EHC Max \$ Per Visit %[EHC1_Visit] Patient Email	Accident Date from WSIB	%[acc_date]
Total Balance %[Bal_due] Date Of Birth %[Birth] Bill To: Claim # %[BT_ClaimNo] Bill To: Contact # %[BT_Code] Bill To: Contact From Patient %[BT_Contact] Bill To: File # %[BT_FileNo] Bill To: Plone From Pat. Info %[BT_Phone] Bill To: Policy # %[Card_date] Health Card Expires on %[Card_date] Health Card Number %[Caim_No] City %[City] WSIB Claim # %[Claim_No] Country %[Country] Diagnostic Code %[Diag_code] Diagnostic Details %[Diag_rem] Doctor of Record %[EHC1_Code] EHC Contact %[EHC1_Code] EHC Contact %[EHC1_First Day] EHC First Day Coverage %[EHC1_First Day] EHC First Day Coverage %[EHC1_Novisits] EHC Max # of visits payable %EHC1_Phone] EHC Phone & %[EHC1_Phone] EHC Phone & %[EHC1_PolicyNo] EHC Max \$ %EHC1_PolicyNo] EHC Phone & %[EHC1_PolicyNo] EHC Phone & %[EHC1_StartDate] EHC Amount Remaining %[EHC1_StartDate] EHC Max \$ Per Visit %[EHC1_Visit] Patient Email %[Email}	Patient Active Check marked	%[Active]
Date Of Birth  Bill To: Claim #  Bill To: Claim #  Bill To: Code #  Bill To: Contact From Patient  Bill To: File #  Bill To: Phone From Pat. Info  Bill To: Policy #  Health Card Expires on  Health Card Number  City  WSIB Claim #  M[Card_date]  Health Card Number  W[Card_no]  City  WSIB Claim #  Country  Bill To: Policy B  WSIB Claim #  Bill To: Policy B  WSIB Claim #  Country  Bill To: Policy B  Bill To: File B  Bill To: File B  Bill To: Code  W[EHC1_Code]  EHC Contact  W[EHC1_Ext]  EHC First Day Coverage  W[EHC1_First Day]  EHC Firscal Year  WEHC1_FiscalDate]  EHC Max # of visits payable  EHC Max # of visits payable  EHC Phone  BHC Policy #  BHC Policy B  EHC Remaining  EHC Remaining  EHC Max \$ Per Visit  W[EHC1_Start Date]  EHC Max \$ Per Visit  W[EHC1_Start Date]  EHC Max \$ Per Visit  W[EHC1_Visit]  Patient Email  W[EENC1_Visit]  Patient Email	Address	%[Add]
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Bill To: Code # %[BT_Code]  Bill To: Contact From Patient %[BT_Contact]  Bill To: File # %[BT_FileNo]  Bill To: Phone From Pat. Info %[BT_Phone]  Bill To: Policy # %[BT_PolicyNo]  Health Card Expires on %[Card_date]  Health Card Number %[Card_no]  City %[City]  WSIB Claim # %[Claim_No]  Country %[Country]  Diagnostic Code %[Diag_code]  Diagnostic Details %[Diag_rem]  Doctor of Record %[Doctor]  EHC Code %[EHC1_Code]  EHC Contact %[EHC1_Contact]  EHC Max \$ %EHC1_DollMax]  EHC Phone Extension %EHC1_Fix Day]  EHC First Day Coverage %[EHC1_FiscalDate]  EHC # %[EHC1_NoVisits]  EHC # %[EHC1_NoVisits]  EHC Phone %[EHC1_Phone]  EHC Phone  EHC Phone  # %[EHC1_Phone]  EHC Phone  # %[EHC1_Remaining]  EHC Amount Remaining %[EHC1_Remaining]  EHC Max \$ Per Visit %[EHC1_Visit]  Patient Email	Date Of Birth	%[Birth]
Bill To: Contact From Patient  Bill To: File #  Bill To: Phone From Pat. Info  Bill To: Phone From Pat. Info  Bill To: Policy #  Bill To: Policy Bill To: Policy Bill Bill To: Policy Bill Bill To: Policy Bill Bill To: Policy Bill To: Policy Bill Bill Bill Bill Bill Bill Bill Bil	Bill To: Claim #	%[BT_ClaimNo]
Bill To: File # %[BT_FileNo]  Bill To: Phone From Pat. Info %[BT_Phone]  Bill To: Policy # %[BT_PolicyNo]  Health Card Expires on %[Card_date]  Health Card Number %[Card_no]  City %[City]  WSIB Claim # %[Claim_No]  Country %[Country]  Diagnostic Code %[Diag_code]  Diagnostic Details %[Diag_rem]  Doctor of Record %[EHC1_Code]  EHC Code %[EHC1_Cotact]  EHC Max \$ %EHC1_DolMax]  EHC Phone Extension %EHC1_FileNo]  EHC First Day Coverage %[EHC1_First Day]  EHC # %[EHC1_First Day]  EHC # %FEHC1_NoVisits]  EHC max # of visits payable %EHC1_Phone]  EHC Phone \$ %[EHC1_Phone]  EHC Phone \$ %[EHC1_PenicyNo]  EHC Phone \$ %[EHC1_PenicyNo]  EHC Phone \$ %[EHC1_PenicyNo]  EHC Phone \$ %[EHC1_Remaining]  EHC Amount Remaining %[EHC1_StartDate]  EHC Max \$ Per Visit %[EHC1_Visit]  Patient Email %[EmcileNist]	Bill To: Code #	%[BT_Code]
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Bill To: Policy # %[BT_PolicyNo]  Health Card Expires on %[Card_date]  Health Card Number %[Card_no]  City %[City]  WSIB Claim # %[Claim_No]  Country %[Country]  Diagnostic Code %[Diag_code]  Diagnostic Details %[Diag_rem]  Doctor of Record %[Doctor]  EHC Code %[EHC1_Code]  EHC Contact %[EHC1_Contact]  EHC Max \$ %EHC1_DolMax]  EHC Phone Extension %EHC1_Ext]  EHC File # %[EHC1_FileNo]  EHC First Day Coverage %[EHC1_First Day]  EHC # of visits to date %EHC1_NoVisits]  EHC max # of visits payable %EHC1_NoVisits]  EHC Phone \$ %[EHC1_Phone]  EHC Phone \$ %[EHC1_Phone]  EHC Amount Remaining %[EHC1_Remaining]  EHC Max \$ Per Visit %[EHC1_Visit]  Patient Email %[EMC1_Visit]	Bill To: File #	%[BT_FileNo]
Health Card Expires on %[Card_date] Health Card Number %[Card_no] City %[City] WSIB Claim # %[Caim_No] Country %[Country] Diagnostic Code %[Diag_code] Diagnostic Details %[Diag_rem] Doctor of Record %[Doctor] EHC Code %[EHC1_Code] EHC Contact %[EHC1_Contact] EHC Max \$ %EHC1_DolMax] EHC Phone Extension %EHC1_Ext] EHC First Day Coverage %[EHC1_First Day] EHC Fiscal Year %EHC1_Novisits] EHC max # of visits to date %EHC1_Novisits] EHC max # of visits payable %EHC1_Phone] EHC Phone %[EHC1_Phone] EHC Phone %[EHC1_PolicyNo] EHC Amount Remaining %[EHC1_Remaining] EHC Yearly Start Date %[EHC1_Visit] Patient Email %[Email}	Bill To: Phone From Pat. Info	%[BT_Phone]
Health Card Number %[Card_no]  City %[City]  WSIB Claim # %[Claim_No]  Country %[Country]  Diagnostic Code %[Diag_code]  Diagnostic Details %[Diag_rem]  Doctor of Record %[Doctor]  EHC Code %[EHC1_Code]  EHC Contact %[EHC1_Contact]  EHC Max \$ %EHC1_DolMax]  EHC Phone Extension %EHC1_Ext]  EHC First Day Coverage %[EHC1_First Day]  EHC Fiscal Year %EHC1_NoVisits]  EHC # of visits to date %EHC1_NoVisits]  EHC Phone %[EHC1_Phone]  EHC Phone %[EHC1_Phone]  EHC Policy # %[EHC1_Remaining]  EHC Yearly Start Date %[EHC1_Visit]  Patient Email %[EHC1_Visit]	Bill To: Policy #	%[BT_PolicyNo]
City %[City] WSIB Claim # %[Claim_No] Country %[Country] Diagnostic Code %[Diag_code] Diagnostic Details %[Diag_rem] Doctor of Record %[Doctor] EHC Code %[EHC1_Code] EHC Contact %[EHC1_Contact] EHC Max \$ %EHC1_DolMax] EHC Phone Extension %EHC1_Ext] EHC File # %[EHC1_FileNo] EHC First Day Coverage %[EHC1_First Day] EHC # of visits to date %EHC1_NoVisits] EHC max # of visits payable %EHC1_NoVisits] EHC Phone %[EHC1_Phone] EHC Policy # %[EHC1_PolicyNo] EHC Amount Remaining %[EHC1_Remaining] EHC Max \$ Per Visit %[EHC1_Visit] Patient Email %[Emc1]	Health Card Expires on	%[Card_date]
WSIB Claim # %[Claim_No]  Country %[Country]  Diagnostic Code %[Diag_code]  Diagnostic Details %[Diag_rem]  Doctor of Record %[Doctor]  EHC Code %[EHC1_Code]  EHC Contact %[EHC1_Contact]  EHC Max \$ %EHC1_DolMax]  EHC Phone Extension %EHC1_Ext]  EHC File # %[EHC1_FileNo]  EHC First Day Coverage %[EHC1_First Day]  EHC Fiscal Year %EHC1_NoVisits]  EHC # of visits to date %EHC1_NoVisits]  EHC max # of visits payable %EHC1_Phone]  EHC Policy # %[EHC1_Phone]  EHC Policy # %[EHC1_Phone]  EHC Amount Remaining %[EHC1_Remaining]  EHC Wax \$ Per Visit %[EHC1_Visit]  Patient Email %[Emc1]	Health Card Number	%[Card_no]
Country Diagnostic Code W[Diag_code] Diagnostic Details W[Diag_rem] Doctor of Record W[Doctor] EHC Code W[EHC1_Code] EHC Contact W[EHC1_Contact] EHC Max \$ WEHC1_DolMax] EHC Phone Extension WEHC1_File # W[EHC1_FileNo] EHC First Day Coverage W[EHC1_First Day] EHC # of visits to date WEHC1_Novisits EHC max # of visits payable EHC Phone W[EHC1_Phone] EHC Policy # W[EHC1_PolicyNo] EHC Amount Remaining W[EHC1_Remaining] EHC Wax \$ Per Visit W[EHC1_Start] W[EHC1_Start] W[EHC1_Remaining] W[EHC1_StartDate] W[EHC1_Remaining] W[EHC1_StartDate] W[EHC1_StartDate] W[EHC1_StartDate] W[EHC1_Visit] W[EHC1_Visit] W[EHC1_Visit] W[EHC1_Visit] W[EHC1_Visit] W[EHC1_Visit]	City	%[City]
Diagnostic Code  Diagnostic Details  W[Diag_rem]  Doctor of Record  W[Doctor]  EHC Code  W[EHC1_Code]  EHC Contact  WEHC1_DolMax  EHC Phone Extension  WEHC1_File No]  EHC First Day Coverage  WEHC1_Fiscal Year  EHC # of visits to date  EHC # max # of visits payable  EHC Phone  WEHC1_Phone  WEHC1_Policy W  WEHC1_Policy Wo  WEHC1_Remaining  WEHC1_Remaining  WEHC1_StartDate  WEHC1_Visit	WSIB Claim #	%[Claim_No]
Diagnostic Details  Doctor of Record  #[Doctor]  ### Code  ### Contact  ### First Doll Contact  ### First Day  ### Contact  ### First Day  ### Contact  ### Contact  ### First Doll Max  ### ### ### First Doll Max  ### ### ### ### ### First Doll Max  ### ### ### ### ### First Doll Max  ### ### ### ### ### ### ### ### ### #	Country	%[Country]
Doctor of Record %[Doctor]  EHC Code %[EHC1_Code]  EHC Contact %[EHC1_Contact]  EHC Max \$ %EHC1_DolMax]  EHC Phone Extension %EHC1_Ext]  EHC File # %[EHC1_FileNo]  EHC First Day Coverage %[EHC1_First Day]  EHC Fiscal Year %EHC1_FiscalDate]  EHC # of visits to date %EHC1_NoVisits]  EHC max # of visits payable %EHC1_NoVisitsMax]  EHC Phone %[EHC1_Phone]  EHC Policy # %[EHC1_PolicyNo]  EHC Amount Remaining %[EHC1_Remaining]  EHC Yearly Start Date %[EHC1_Visit]  Patient Email %[Email}	Diagnostic Code	%[Diag_code]
EHC Code  EHC Contact  EHC Max \$  EHC1_Contact]  EHC Phone Extension  EHC File #  EHC First Day Coverage  EHC1_First Day  EHC # of visits to date  EHC max # of visits payable  EHC Phone  EHC1_Phone]  EHC Amount Remaining  EHC Yearly Start Date  EHC Max \$ Per Visit  Patient Email  %[EHC1_Visit]  %[EHC1_Visit]  %[EHC1_Visit]  %[EHC1_Visit]  %[EHC1_Visit]  %[EHC1_Visit]	Diagnostic Details	%[Diag_rem]
EHC Contact%[EHC1_Contact]EHC Max \$%EHC1_DolMax]EHC Phone Extension%EHC1_Ext]EHC File #%[EHC1_FileNo]EHC First Day Coverage%[EHC1_First Day]EHC Fiscal Year%EHC1_FiscalDate]EHC # of visits to date%EHC1_NoVisits]EHC max # of visits payable%EHC1_NoVisitsMax]EHC Phone%[EHC1_Phone]EHC Policy #%[EHC1_PolicyNo]EHC Amount Remaining%[EHC1_Remaining]EHC Yearly Start Date%[EHC1_StartDate]EHC Max \$ Per Visit%[EHC1_Visit]Patient Email%[Email}	Doctor of Record	%[Doctor]
EHC Max \$ %EHC1_DolMax]  EHC Phone Extension %EHC1_Ext]  EHC File # %[EHC1_FileNo]  EHC First Day Coverage %[EHC1_First Day]  EHC Fiscal Year %EHC1_FiscalDate]  EHC # of visits to date %EHC1_NoVisits]  EHC max # of visits payable %EHC1_NoVisitsMax]  EHC Phone %[EHC1_Phone]  EHC Policy # %[EHC1_PolicyNo]  EHC Amount Remaining %[EHC1_Remaining]  EHC Yearly Start Date %[EHC1_StartDate]  EHC Max \$ Per Visit %[EHC1_Visit]  Patient Email %[Email}	EHC Code	%[EHC1_Code]
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EHC File # %[EHC1_FileNo]  EHC First Day Coverage %[EHC1_First Day]  EHC Fiscal Year %EHC1_FiscalDate]  EHC # of visits to date %EHC1_NoVisits]  EHC max # of visits payable %EHC1_NoVisitsMax]  EHC Phone %[EHC1_Phone]  EHC Policy # %[EHC1_PolicyNo]  EHC Amount Remaining %[EHC1_Remaining]  EHC Yearly Start Date %[EHC1_StartDate]  EHC Max \$ Per Visit %[EHC1_Visit]  Patient Email %[Email}	EHC Max \$	%EHC1_DolMax]
EHC First Day Coverage %[EHC1_First Day]  EHC Fiscal Year %EHC1_FiscalDate]  EHC # of visits to date %EHC1_NoVisits]  EHC max # of visits payable %EHC1_NoVisitsMax]  EHC Phone %[EHC1_Phone]  EHC Policy # %[EHC1_PolicyNo]  EHC Amount Remaining %[EHC1_Remaining]  EHC Yearly Start Date %[EHC1_StartDate]  EHC Max \$ Per Visit %[EHC1_Visit]  Patient Email %[Email}	EHC Phone Extension	%EHC1_Ext]
### BHC Fiscal Year  #### SEHC1_FiscalDate  #### SEHC1_NoVisits  #### SEHC1_NoVisits  #### SEHC1_NoVisits  #### SEHC1_NoVisits  #### SEHC1_NoVisits  #### SEHC1_Phone  #### SEHC1_Phone  #### SEHC1_Policy  #### SEHC1_Policy  #### SEHC1_Policy  #### SEHC1_Remaining  #### SEHC1_Remaining  #### BHC Yearly Start Date  #### SEHC1_StartDate  #### SEHC1_StartDate  #### BHC Max \$ Per Visit  #### SEHC1_Visit  ### SEHC1_Visit  #### SE	EHC File #	%[EHC1_FileNo]
EHC # of visits to date %EHC1_NoVisits]  EHC max # of visits payable %EHC1_NoVisitsMax]  EHC Phone %[EHC1_Phone]  EHC Policy # %[EHC1_PolicyNo]  EHC Amount Remaining %[EHC1_Remaining]  EHC Yearly Start Date %[EHC1_StartDate]  EHC Max \$ Per Visit %[EHC1_Visit]  Patient Email %[Email}	EHC First Day Coverage	%[EHC1_First Day]
EHC max # of visits payable %EHC1_NoVisitsMax]  EHC Phone %[EHC1_Phone]  EHC Policy # %[EHC1_PolicyNo]  EHC Amount Remaining %[EHC1_Remaining]  EHC Yearly Start Date %[EHC1_StartDate]  EHC Max \$ Per Visit %[EHC1_Visit]  Patient Email %[Email}	EHC Fiscal Year	%EHC1_FiscalDate]
EHC Phone %[EHC1_Phone]  EHC Policy # %[EHC1_PolicyNo]  EHC Amount Remaining %[EHC1_Remaining]  EHC Yearly Start Date %[EHC1_StartDate]  EHC Max \$ Per Visit %[EHC1_Visit]  Patient Email %[Email}	EHC # of visits to date	%EHC1_NoVisits]
EHC Policy # %[EHC1_PolicyNo]  EHC Amount Remaining %[EHC1_Remaining]  EHC Yearly Start Date %[EHC1_StartDate]  EHC Max \$ Per Visit %[EHC1_Visit]  Patient Email %[Email}	EHC max # of visits payable	%EHC1_NoVisitsMax]
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EHC Yearly Start Date %[EHC1_StartDate]  EHC Max \$ Per Visit %[EHC1_Visit]  Patient Email %[Email}	EHC Policy #	%[EHC1_PolicyNo]
EHC Max \$ Per Visit %[EHC1_Visit] Patient Email %[Email}	EHC Amount Remaining	%[EHC1_Remaining]
Patient Email %[Email}	EHC Yearly Start Date	%[EHC1_StartDate]
* /	EHC Max \$ Per Visit	%[EHC1_Visit]
Patient First Name %[First]	Patient Email	%[Email}
	Patient First Name	%[First]
Patient First and Last Names %[FI]	Patient First and Last Names	%[FI]

First Visit Date Patient Middle Name Patient Middle Name Patient Middle Name  %[Init] Last Payment Amount  %[Lp_amt] Last Payment Date  %[L_date] Last Statement Date Last Statement Date Last Statement Date Mic_date] Maiden Name  %[Maiden Name] Birth Month and Day MVA Accident date MVA Claim Number MVA Claim Number MVA Claim Number MVA Company Code MVA Company Code MVA Company Cote MVA Phone Extension MVA Phone Extension MVA Phone Extension MVA Phone Extension MVA Phone number MVA And Statement Date MVA And Statement State MVA Phone number MVA Phone number MVA Phone number MVA Phone States MVA Phone Number MVA Number MVA Phone Number MVA Number MV	Patient Flags	%[Flag]
Last name followed by First  Last Payment Amount  Last Payment Date  Last Statement Date  Last Statement Date  Mic_ date]  Last Statement Date  Mic_ date]  Maiden Name  Miden Name  Miden Mame  Miden	First Visit Date	%[Fv_date]
Last Payment Date  \text{Lst Statement Date} \text{Maiden Name} \text{Maiden Name} \text{Minden Month and Day} Minden Month and Day Month And Day Month and Minden Month and Minden Month and Minden Month and Month and Minden Month and Month an	Patient Middle Name	%[Init]
Last Payment Date  Last Statement Date  Last Statement Date  Miles date]  Maiden Name  Miles Marke  Miles date]  Miden Name  Miles Midare, Name]  Mirth Month and Day  Miles Miden Mindel  Minden Name  Miles Mindel  Minder Miles Mindel  Minder Mind	Last name followed by First	%[Lf]
Last Statement Date Last Visit Date Maiden Name Midden	Last Payment Amount	%[Lp_amt]
Last Visit Date Maiden Name Mi(Maiden, Name) Mirth Month and Day Mirth Accident date Mirth Accident date Mirth Accident date Mirth Accident M	Last Payment Date	%[Ldate]
Maiden Name    Midden Name   %[Maiden_Name]	Last Statement Date	%[Ls date]
Birth Month and Day %[Mmdd]  MVA Accident date %MVA_Accidet  MVA Claim Number %[MVA_ClaimNo]  MVA Company Code %[MVA_Contact]  MVA Contact %[MVA_Contact]  MVA Phone Extension %[MVA_Ext]  MVA Flie/Policy Number %[MVA_NoVisits]  MVA Allowable amount of visits %[MVA_NoVisits]  MVA Phone number %[MVA_Phone]  MVA 1st Treatment Date %[MVA_Phone]  MVA Visit Date & Time %[Mv_Atetime]  Next Visit Date & Time %[No_visit]  Next Visit Appt Status %No_status]  Patient Category %[Pat_cat]  Patient Type %[Pat_no]  Patient Type %[Pat_no]  Patient Type %[Pat_no]  Patient Type %[Pat_no]  Patient Type %[Patone # %[Phone_2]  Patient 2st Statesion # %[Phone_2lab]  Patient 2st State Phone # %[Phone_3lab]  Patient 3st State Phone # %[Phone_3lab]  Patient 4st State Statesion %[Phone_4]  Patient Postal Code %[Post]  Preset billing amount %[Preset]  Province %[Province]  Referred By %[Ref_by]  Referral Method %[Ref_method]  Send Statements To: %[Suname]  VSIB 1st Treatment Date %[Fr_date]	Last Visit Date	%[Lv_date]
MVA Accident date  MVA Claim Number  W[MVA_ClaimNo]  MVA Company Code  W[MVA_Code]  MVA Company Code  W[MVA_Cotalt]  MVA Phone Extension  MVA Phone Extension  MVA Ploine Extension  MIN A Interview Extension  MIN	Maiden Name	%[Maiden_Name]
MVA Claim Number %[MVA_ClaimNo]  MVA Company Code %[MVA_Code]  MVA Contact %[MVA_Contact]  MVA Phone Extension %[MVA_Ext]  MVA Phone Extension %[MVA_Ext]  MVA Plone Fyelicy Number %[MVA_FileNo]  MVA Allowable amount of visits %[MVA_NoVisits]  MVA Phone number %[MVA_Phone]  MVA 1" Treatment Date %[MVA_TreatDate]  Number of Visits %[No_visit]  Next Visit Date & Time %[Nv_datetime]  Next Visit Date & Time %[Nv_datetime]  Next Visit Appt Status %Nv_status]  Patient A/R type %[OnAR]  Patient Category %[Pat_cat]  Patient Type %[Pat_no]  Patient Type %[Pat_no]  Patient 2"d listed Extension # %[Phone_2]  Patient 2"d listed Extension # %[Phone_2]  Patient 2"d listed Phone # %[Phone_2]  Patient 3"d listed Phone # %[Phone_3]  Patient 3"d listed Extension %[Phone_3]  Patient 4"b listed Extension %[Phone_4ext]  Name of 3"d listed Phone # %[Phone_4]  Patient 4"b listed Extension %[Phone_4ext]  Name of 3"d listed Phone # %[Phone_4lab]  Patient 4"b listed Extension %[Phone_4ext]  Name of 3"d listed Phone # %[Phone_4lab]  Patient Home Phone # %[Phone_4lab]  Patient Home Phone # %[Phone_home]  Patient Home Phone # %[Province]  Referred By %[Ref_by]  Referral Method %[Ref_method]  Send Statements To: %[Statement]  Patient Surname %[Surname]  WSIB 1"t Treatment Date %[Tr_date]	Birth Month and Day	%[Mmdd]
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MVA Contact  MVA Phone Extension  MVA Phone Extension  MVA Pile/Policy Number  MVA Allowable amount of visits  MVA Phone number  MVA Allowable amount of visits  MVA Phone number  MVA NoVisits  MVA Phone number  MVA NoVisits  MVA Phone number  MVA Ist Treatment Date  MVA Ist Treatment Date  MVA Visit Date & Time  Mel Visit Date & Time  Next Visit Date & Time  Next Visit Appt Status  Patient A/R type  Patient A/R type  Patient Number  MPat_nol  Patient Type  MPat_nol  Patient Type  MPat_nol  Patient Isted Phone #  MPhone_2  Patient 2nd listed Extension #  MPhone_2 Patient 2nd listed Extension #  MPhone_2 Patient 3nd listed Extension #  MPhone_3 Patient 3nd listed Extension  Mame of 2nd listed Phone #  Patient 3nd listed Phone #  Patient 3nd listed Extension  Name of 3nd listed Phone #  Patient 4nd listed Phone #  Patient And listed Phone #  Patient Postal Code  MPost  Preset billing amount  MProvince  Referred By  Referred By  Referral Method  Send Statements To:  Social Insurance #  MSurname]  WSIB 1st Treatment Date  WSIB 1st Treatment Date	MVA Claim Number	%[MVA_ClaimNo]
MVA Phone Extension  MVA File/Policy Number  MVA File/Policy Number  MVA Allowable amount of visits  MVA Phone number  MVA 1 <sup>st</sup> Treatment Date  Minv_A Description  MVA 1 <sup>st</sup> Treatment Date  Minv_A Description  MVA Phone  Minv_A Minv_A Minv_A Phone  Minv_A Phone  Minv_A Phone  Minv_A Phone  Minv_A Minv_A Minv_A  Minv_A Minv_A Minv_A  Minv_A Minv_A Phone  Minv_A Minv_A Phone  Minv_A Phone  Minv_A Phone  Minv_A Minv_A Minv_A  Minv_A Minv_A Phone  Minv_A Minv_A Minv_A  Minv_A Minv_A  Minv_A Minv_A Minv_A  Minv_A Minv_A  Minv_A Minv_A  Minv_A Minv_A  Minv_A Minv_A  Minv_A Minv_A	MVA Company Code	%[MVA_Code]
MVA File/Policy Number %[MVA_FileNo]  MVA Allowable amount of visits %[MVA_NoVisits]  MVA Phone number %[MVA_Phone]  MVA 1st Treatment Date %[MVA_TreatDate]  Number of Visits %[No_visit]  Next Visit Date & Time %[Nv_datetime]  Next Visit Appt Status %Nv_status]  Patient A/R type %[OnAR]  Patient Category %[Pat_cat]  Patient Type %[Pat_no]  Patient Type %[Patient_type]  Pament Type %[Patient_type]  Pament Type %[Patient_type]  Patient 2nd listed Phone # %[Phone_2]  Patient 2nd listed Phone # %[Phone_2lab]  Patient 3rd listed Phone # %[Phone_3]  Patient 3rd listed Extension %[Phone_3]  Patient 3rd listed Extension %[Phone_3]  Patient 4nd listed Extension %[Phone_4]  Patient Home Phone # %[	MVA Contact	%[MVA_Contact]
MVA Allowable amount of visits  MVA Phone number  %[MVA_Phone]  MVA 1st Treatment Date  MVA 1st Treatment Date  MVA Usit Date & Time  Next Visit Date & Time  Next Visit Appt Status  Patient A/R type  Patient Category  Patient Number  %[Pat_an]  Patient Type  %[Pat_an]  Patient Type  Payment Type  Patient 2nd listed Phone #  Allowable Abhone #  W[Phone_2]  Patient 3rd listed Phone #  W[Phone_3]  Patient 3rd listed Extension  Name of 3rd listed Phone #  Patient 4th listed Phone #  Patient Ath listed Phone #  Patient Phone_alabl  Patient Home Phone #  Patient Surname  WSIB 1st Treatment Date  WSIB 1st Treatment Date	MVA Phone Extension	%[MVA_Ext]
MVA Phone number %[MVA_Phone]  MVA 1st Treatment Date %[MVA_TreatDate]  Number of Visits %[No_visit]  Next Visit Date & Time %[Nv_datetime]  Next Visit Apte Status %Nv_status]  Patient A/R type %[OnAR]  Patient Category %[Pat_cat]  Patient Number %[Pat_no]  Patient Type %[Patient_type]  Payment Type %[Pay_type]  Patient 2st disted Phone # %[Phone_2]  Patient 2st disted Extension # %[Phone_2lab]  Patient 3st disted Phone # %[Phone_3]  Patient 3st disted Extension %[Phone_3axt]  Name of 3st disted Phone # %[Phone_4]  Patient 4st listed Phone # %[Phone_4]  Patient 4st listed Phone # %[Phone_4]  Patient 4st listed Extension %[Phone_4]  Patient 4st listed Extension %[Phone_4]  Patient 4st listed Extension %[Phone_4]  Patient 4st listed Phone # %[Phone_4]  Patient 4st listed Extension %[Phone_4]  Patient 4st listed Phone # %[Phone_4]  Patient 4st listed Extension %[Phone_4]  Ratient Home Phone # %[Phone_4]  Patient Interest Code %[Post]  Province %[Province]  Referred By %[Ref_by]  Referral Method %[Ref_method]  Send Statements To: %[SendTo]  Social Insurance # %[Sin_no]  Auto Statement Y/N %[Statement]  Patient Surname %[Surname]  WSIB 1st Treatment Date	MVA File/Policy Number	%[MVA_FileNo]
MVA 1st Treatment Date  Number of Visits  Next Visit Date & Time  Next Visit Appt Status  Patient A/R type  Patient Category  Patient Type  Patient Type  Patient 2nd listed Phone #  Patient 3rd listed Phone #  Patient 3rd listed Phone #  Patient 3rd listed Phone #  Patient 4nd Phone Alab  Patient 4nd Phone Alab  Patient 4nd Phone #  Patient 3rd listed Extension  Name of 3rd listed Phone #  Patient 4nd Phone Alab  Patient 4nd Phone Alab  Patient 4nd Phone Alab  Patient Home Phone #  Patient Postal Code  Preset billing amount  Province  Referred By  Referred By  Referred Method  Send Statement To:  Social Insurance #  Alto Statement V/N  Patient Surname  Wills 1st Treatment Date  Wills 1st Treatment Date  Wills 1st Treatment Date  Wills 1st Treatment Date	MVA Allowable amount of visits	%[MVA_NoVisits]
Number of Visits %[No_visit]  Next Visit Date & Time %[Nv_datetime]  Next Visit Appt Status %Nv_status]  Patient A/R type %[OnAR]  Patient Category %[Pat_cat]  Patient Type %[Pat_no]  Patient Type %[Pat_no]  Patient Type %[Pay_type]  Patient 2nd listed Phone # %[Phone_2]  Patient 2nd listed Extension # %[Phone_2lab]  Patient 3nd listed Phone # %[Phone_3]  Patient 3nd listed Extension %[Phone_3lab]  Patient 3nd listed Phone # %[Phone_3lab]  Patient 4nd listed Extension %[Phone_3lab]  Patient 4nd listed Extension %[Phone_4lab]  Patient 4nd listed Extension %[Phone_4lab]  Patient 4nd listed Extension %[Phone_4lab]  Patient Home Phone # %[Phone_1lab]  Patient Home Phone # %[Phone_home]  Patient Postal Code %[Post]  Province %[Province]  Referred By %[Ref_by]  Referred Method %[Ref_method]  Send Statements To: %[SendTo]  Social Insurance # %[Surname]  WSIB 1st Treatment Date %[Tr_date]	MVA Phone number	%[MVA_Phone]
Next Visit Date & Time  Next Visit Appt Status  Patient A/R type  Patient Category  Patient Category  Patient Number  Patient Type  Payment Type  Patient 2nd listed Phone #  Patient 2nd listed Phone #  Patient 3rd listed Phone #  Patient 3rd listed Phone #  Patient 3rd listed Phone #  Patient 4nd listed Phone #  Patient Home Phone #  Patient Home Phone #  Patient Home Phone #  Patient Postal Code  Preset billing amount  Province  Referred By  Referral Method  Send Statements To:  Social Insurance #  Auto Statement Y/N  Patient Surname  WSIB 1st Treatment Date  Winner (Inc.)  Win	MVA 1 <sup>st</sup> Treatment Date	%[MVA_TreatDate]
Next Visit Appt Status %Nv_status]  Patient A/R type %[OnAR]  Patient Category %[Pat_cat]  Patient Number %[Pat_no]  Patient Type %[Patient_type]  Payment Type %[Pay_type]  Patient 2 <sup>nd</sup> listed Phone # %[Phone_2]  Patient 3 <sup>nd</sup> listed Extension # %[Phone_2 lab]  Patient 3 <sup>nd</sup> listed Phone # %[Phone_3]  Patient 3 <sup>nd</sup> listed Extension %(Phone_3 lab)  Patient 3 <sup>nd</sup> listed Extension %(Phone_3 lab)  Patient 4 <sup>th</sup> listed Phone # %[Phone_4]  Patient 4 <sup>th</sup> listed Phone # %[Phone_bone]  Patient Postal Code %[Post]  Preset billing amount %[Preset]  Province %[Province]  Referred By %[Ref_by]  Referral Method %[Ref_method]  Send Statements To: %[SendTo]  Social Insurance # %[Surname]  WSIB 1 <sup>st</sup> Treatment Date %[Tr_date]	Number of Visits	%[No_visit]
Patient A/R type %[OnAR]  Patient Category %[Pat_cat]  Patient Number %[Pat_no]  Patient Type %[Patient_type]  Payment Type %[Pay_type]  Patient 2 <sup>nd</sup> listed Phone # %[Phone_2]  Patient 3 <sup>nd</sup> listed Phone # %[Phone_2lab]  Patient 3 <sup>nd</sup> listed Phone # %[Phone_3]  Patient 3 <sup>nd</sup> listed Extension %[Phone_3lab]  Patient 3 <sup>nd</sup> listed Phone # %[Phone_3lab]  Patient 4 <sup>nd</sup> listed Phone # %[Phone_4lab]  Patient Home Phone # %[Phone_home]  Patient Postal Code %[Post]  Preset billing amount %[Preset]  Province %[Province]  Referred By %[Ref_by]  Referral Method %[Ref_method]  Send Statements To: %[SendTo]  Social Insurance # %[Surname]  WSIB 1 <sup>st</sup> Treatment Date %[Tr_date]	Next Visit Date & Time	%[Nv_datetime]
Patient Category %[Pat_cat] Patient Number %[Pat_no] Patient Type %[Patient_type] Payment Type %[Pay_type] Patient 2nd listed Phone # %[Phone_2] Patient 3nd listed Phone # %[Phone_2lab] Patient 3nd listed Phone # %[Phone_3] Patient 3nd listed Phone # %[Phone_3] Patient 3nd listed Phone # %[Phone_3lab] Patient 3nd listed Phone # %[Phone_3lab] Patient 4nd listed Phone # %[Phone_4lab] Patient Home Phone # %[Phone_home] Patient Postal Code %[Post] Province %[Province] Referred By %[Ref_by] Referral Method %[Ref_method] Send Statements To: %[SendTo] Social Insurance # %[Surname] WSIB 1st Treatment Date %[Tr_date]	Next Visit Appt Status	%Nv_status]
Patient Number %[Pat_no]  Patient Type %[Patient_type]  Payment Type %[Pay_type]  Patient 2nd listed Phone # %[Phone_2]  Patient 3nd listed Extension # %[Phone_2lab]  Patient 3nd listed Extension # %[Phone_3]  Patient 3nd listed Extension %[Phone_3axt]  Name of 3nd listed Extension %[Phone_3lab]  Patient 4nd listed Phone # %[Phone_3lab]  Patient 4nd listed Extension %[Phone_4l]  Patient 4nd listed Extension %[Phone_4l]  Patient 4nd listed Extension %[Phone_4lab]  Patient 4nd listed Extension %[Phone_4lab]  Patient Home Phone # %[Phone_home]  Patient Home Phone # %[Phone_home]  Patient Postal Code %[Post]  Province %[Province]  Referred By %[Ref_by]  Referral Method %[Ref_method]  Send Statements To: %[SendTo]  Social Insurance # %[Surname]  WSIB 1st Treatment Date %[Tr_date]	Patient A/R type	%[OnAR]
Patient Type %[Patient_type] Payment Type %[Pay_type] Patient 2nd listed Phone # %[Phone_2] Patient 2nd listed Extension # %[Phone_2ext] Name of 2nd listed Phone # %[Phone_2lab] Patient 3rd listed Phone # %[Phone_3] Patient 3rd listed Extension %[Phone_3ext] Name of 3rd listed Phone # %[Phone_3lab] Patient 4th listed Phone # %[Phone_4] Patient 4th listed Extension %[Phone_4] Patient 4th listed Extension %[Phone_4ext] Name of 3rd listed Phone # %[Phone_4lab] Patient Home Phone # %[Phone_home] Patient Home Phone # %[Post] Preset billing amount %[Preset] Province %[Province] Referred By %[Ref_by] Referral Method %[Ref_method] Send Statements To: %[SendTo] Social Insurance # %[Surname] WSIB 1st Treatment Date %[Tr_date]	Patient Category	%[Pat_cat]
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	X-Ray Remaining	%[Xray]

# WSIB

## **General Information**

The Workplace Safety and Insurance Board (WSIB) oversees Ontario's workplace safety education and training system, provides disability benefits, monitors the quality of health care, and assists in early and safe return to work.

Telephone: (416) 344-1000
Toll free: 1-800-387-5540
Ontario Toll free: 1-800-387-0750

Fax: 416-344-4684 / 1-888-313-7373

Web site: www.wsib.on.ca

# **Regular WSIB Patient Setup**

In Patient Information:

- **Billing**: Patient Type WSIB Patient Category Adult

Default Code Adjustment

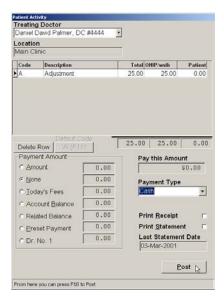
- **Bill to / Employer**: Input Employer information

WSIB: Social Insurance Number, Accident Date, First Treatment

Date, Claim Number

## **Processing Activity**

Once in the **Patient Activity** screen, press **F11** for the default activity; this saves times clicking through the patient activity screen. Click **Post**.



# **Programs of Care (POC)**

Programs of Care are evidence-based health care delivery plans that describe treatment shown to be effective for specific injuries and illnesses.

## Musculoskeletal Program of Care

The MSK POC is an evidence-based health care delivery program which describes treatment interventions that have been shown to be effective in the treatment of musculoskeletal injuries. The MSK POC emphasizes task-specific and worker-specific rehabilitation and, consistent with the "Better at Work" philosophy, makes staying at work or returning to work an integral component of rehabilitation. We want all workers to benefit from the Musculoskeletal Program of Care

Visit www.wsib.on.ca / Health Care Practitioners / Programs of Care / Musculoskeletal Program of Care for full details.

## Low Back Program of Care

The Low Back Program of Care (LB POC) is an evidence-based health care delivery plan which describes treatment shown to be effective for workers with many low back injuries. Initially launched in 2002 as the Acute Low Back Program of Care (ALBI), this program was updated in March 2011.

The POC delivers the best recovery outcomes for workers with most low back injuries. Workers treated in the LB POC achieve better health and functional outcomes, including earlier return to work, when compared to workers treated in fee-for-service care.

Visit www.wsib.on.ca / Health Care Practitioners / Programs / Programs of Care / Program of Care for Low Back for full details.

# **Shoulder Program of Care**

Previously included in the Upper Extremity Injuries Program of Care (UEI POC), we have introduced a Program of Care (POC) exclusively for shoulder injuries.

The Shoulder Program of Care (Shoulder POC) is an evidence-based health care delivery plan that describes treatment shown to be effective for people with a shoulder injury.

Visit www.wsib.on.ca / Health Care Practitioners / Programs / Programs of Care / Shoulder Program of Care for full details.

# Program of Care for Mild Traumatic Brain Injuries

The Program of Care for Mild Traumatic Brain Injury is an evidence-based health care delivery plan that describes treatments shown to be effective for workers diagnosed with a mild traumatic brain injury. It was developed in collaboration with health professionals, worker and employer representatives and the WSIB.

Visit www.wsib.on.ca / Health Care Practitioners / Programs / Programs of Care / Program of Care for Mild Traumatic Brain Injuries for full details.

## **POC Patient Setup**

#### In Patient Information:

**Contact**: Patient Type WSIB

Patient Category Adult

Default Code PCIV or POC visit related to the type of injury

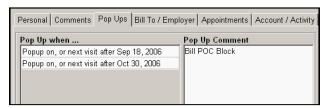
**Bill to / Employer**: input Employer information

**WSIB**: Social Insurance Number (if applicable), Accident Date, First Treatment

Date, Claim Number

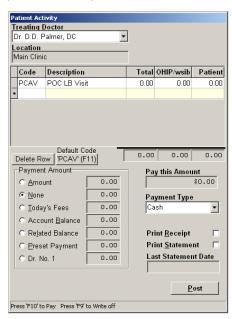
**Pop Ups** Create pop ups to remind you when to bill the block. This would normally be

done during the last week of the allowable time frame.



#### **Processing Activity**

Once in the **Patient Activity** screen, press **F11** for the default activity; this saves times clicking through the patient activity screen. Click **Post**. This activity code is used for all activity, i.e. Initial visit, exams.



At the end of the block period process the associated fee schedule item related to the block.



# **Billing Multiple WSIB Programs of Care**

It is possible to bill more than one program of care for your WSIB patients provided they meet the required criteria. The information below is an excerpt from the WSIB website.

More than one POC may be delivered at the same time, providing the worker meets the admission criteria for each POC. For example, if the worker has a low back injury and a shoulder injury, the health professional may deliver both POCs and bill the corresponding Shoulder POC and Low Back POC fees.

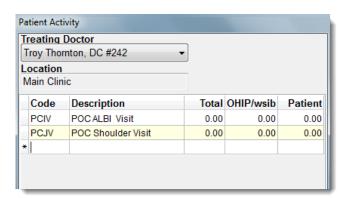
The health professional may deliver treatment to the worker through a POC and also bill regular treatment for another area of injury. For example, if the worker has a shoulder injury and a compensable knee strain, the health professional may treat the worker for both injuries and bill for the Shoulder POC and regular treatment for the knee strain.

One section of the WSIB website that refers to multiple POC billing mentioned that practitioners must contact the WSIB adjudicator or nurse case manager for pre-approval. **Therefore it may be a best practice to seek approval before proceeding.** 

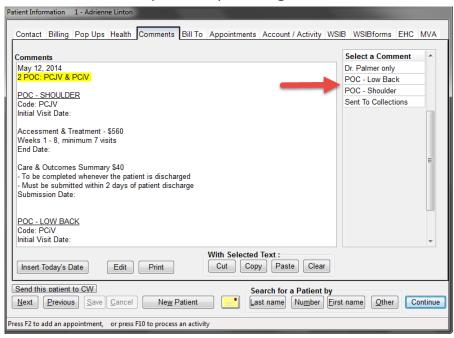
# Billing Multiple Program of Care in PMP

When billing more than one POC here are a few items that you should keep in mind:

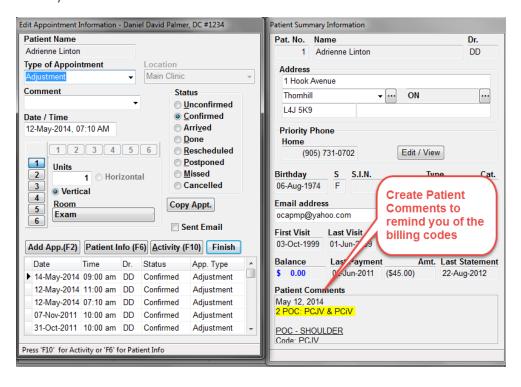
Prior to billing be sure that you are clear which injury was treated on each day. It may be that only one injury area was been treated on specific dates. Have a strategy in place or ask the practitioner how to read the treatment notes so that you can determine if one or both areas were treated at each visit. If both areas have been treated post a visit for each POC so your records are accurate; see screen shot below. This will be important when you are counting the number of visits during each block.



- Create notes to remind you when to bill each block. Notes are created under the Setup menu.
- Within patient information use the Comments tab to record relevant information regarding the POC(s) applicable to your Patient. Patient Comments created under the Setup menu can be used for additional patients by choosing from the Select a Comment list.



 Put billing codes at the top of the comments screen so they are visible before you process activity.



#### **WSIB HST**

WSIB is required to pay HST on applicable goods and services. It is the responsibility of service providers to determine which of their goods or services are subject to HST. **Note**: Chiropractic services are <u>not</u> HST applicable.

Billing HST to WSIB requires you to add a new item in the Fee Schedule under Treatment. The WSIB code for the new item must be **ONHST** and can only be added to items in Fee Schedule, Treatment. If you are including HST for Massage the WSIB Fee amount would be \$6.50. This assumes you are billing WSIB \$50 for a massage. Select **OK**.

Post the WSIB HST when posting applicable taxable WSIB billings. HST WSIB will be a separate total under Claims and Fees on summary sheets.

## **Billing WSIB Fees**

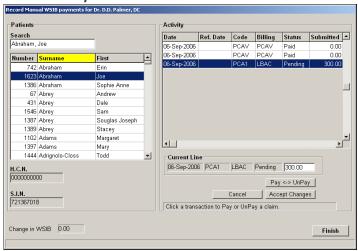
Go to the WSIB menu, Prepare WSIB Billing Report. Choose a doctor. Click Prepare the report for this Doctor, All Pending. This will locate and group all claims not previously billed or claims marked back to pending for resubmission.

Click **Run the Report**, **View Claim Journal**. View and print the journal. Click **Close**. Choose **Continue**. Transfer the claims from the WSIB Claim Journal to your regular method of billing.

## Reconciliation

When payment is received for WSIB claims go to the **WSIB** menu. Click **Record Manual Payment**, **WSIB**. Choose a doctor, click **Prepare the Report for this Doctor**.

Click **Number**, **Surname**, or **First** to search for a patient by that field. Click into the **Search** field, type the name or number. Click on the patient to highlight their name. Locate and click the visit you wish to pay under **Activity**.

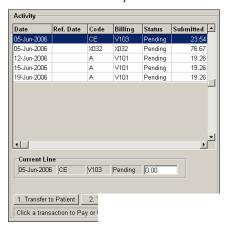


Click **Pay <-> UnPay** to pay the total amount, then **Accept Changes**. Click onto the next activity date to pay another claim.

To pay a total other than the amount billed click into the **Current Line** amount box after selecting the date and type the amount that was paid. Click **Accept Changes**. You will be prompted to allocate the amount not paid by choosing one of three options:

- 1. Transfer to Patient
- 2. TTP & WO (Transfer to Patient and Write Off)
- 3. Partial Payment (Rebill remaining amount to WSIB).

Click the button of your choice.



#### Click Finish whe



If the claim you want to pay has a date that is earlier than the claims on screen, click on any claim then click **Cancel**. You will then be able to scroll up to earlier claims.

# **Handling Rejected WSIB Claims**

On occasion you may receive a rejection for a claim from WSIB. You have two choices on how to deal with rejections:

- Transfer the amount to the patient through Record Manual Payments. From an accounting point of view you may choose to transfer the amount to the patient as the transfer will get processed on today's date leaving the original summary sheets intact.
- Edit the activity in Patient information. If you choose to edit the transaction to cash from within Patient Information you will need to reprint a new summary sheet for every date edited and forward all changes to your bookkeeper / accountant.

To transfer the amount to the patient click the WSIB menu. Click Record Manual Payments, WSIB. Choose the doctor, click Prepare the Report for this Doctor. Locate and click onto the patient name. Click the first visit you wish to transfer under Activity.

Click into the **Current Line** amount box after selecting the date and type **0.00** into the amount field. Click **Accept Changes**. Click **1. Transfer to Patient**.

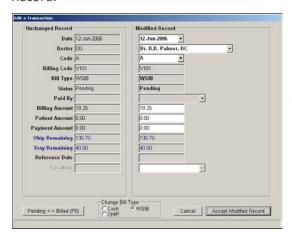
Click Finish when all claims to be transferred have been handled. Print the WSIB Payment Journal.

To write off WSIB claims click the WSIB menu, Record Manual Payments, WSIB. Choose the practitioner; click Prepare the report for this Doctor. Locate the patient by clicking Number, Surname, or First and typing the search information into the Search field. Click the first visit you wish to write off under Activity.

Click into the **Current Line** amount box after selecting the date and type **0.00** into the amount field. Click **Accept Changes**. Click **2. TTP & WO**.

Click **Finish** when all claims to be written off have been handled. Print the WSIB Payment Journal. For more information see the WSIB section in this manual.

**To Edit the activity** get into the Patient Information screen on the Account activity tab. Click onto the first activity to be edited. Click **Edit**, choose the **Cash** option under **Change Bill Type**. Click Accept Modified Record.



Type an explanation into the Comment box and click **OK**. Continue for each transaction to be edited.



Remember to print a new Daily, Monthly, and possibly Yearly Summary Sheet for each service date affected to give to your bookkeeper or accountant with an explanation.

#### **WSIB Forms in PMP**

All patients involved in work related accidents in Ontario require completion of Workplace Safety and Insurance Board (WSIB) forms by the health care providers. PMP makes completion of reports easy and straightforward. WSIB Forms are located in **Patient Information** on the **WSIB forms** tab.

Some WSIB forms can be submitted electronically to WSIB through the TELUS Health Services (THS) portal. Currently PMP allows for the electronic submission of Forms 8's to THS.

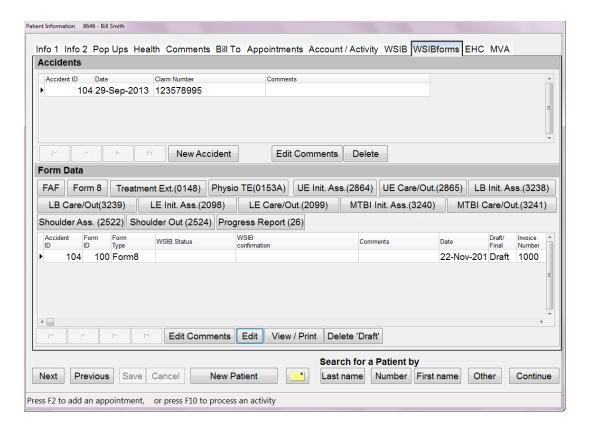
All forms can be completed in PMP and faxed or mailed to WSIB. The Form 8 can be completed in PMP and faxed or mailed or submitted electronically. Electronic submission of From 8 instructions follow on page 89.

## **Creating WSIB Forms**

## **Accidents**

The Accidents section lists all accidents related to this patient. Buttons in this section are:

- New Accident a new accident is created details will be populated after creating a form
- Edit Comments allows you to add a comment to the accident
- Delete will delete an accident if there were no forms created using this accident



#### Form Data

All forms required by WSIB are created by clicking the appropriate button:

- FAF Functional Abilities Form
- Form 8 Health Professional's Report
- Treatment Ext. (0148) Chiropractor's Treatment Extension Request
- UE Init. Ass. (2864) POC for Upper Extremity Injuries Initial Assessment Report
- UE Care/Out. (2865) POC for Upper Extremity Injuries Care & Outcomes Summary
- LB Init. Ass. (3238) POC for Acute Low Back Injuries Initial Assessment Report
- LB Care/Out. (3239) POC for Acute Low Back Injuries Care & Outcomes Summary
- LE Init. Ass. (2098) POC for Lower Extremity Injuries Initial Assessment Report
- LE Care/Out. (2099) POC for Lower Extremity Injuries Care & Outcomes Summary
- MTBI Init. Ass. (3240) POC for Mild Traumatic Brain Injury Initial Assessment Report
- MTBI Care / Out. (3241) POC for Mild Traumatic Brain Injury Care & Outcomes Summary

- Shoulder Ass. (2522) POC for Shoulder Injuries Initial Assessment Report
- Shoulder Out (2524) POC for Shoulder Injuries Care & Outcomes Summary
- Progress Report (26) Health Professional's Progress Report

Below the report buttons is the list of forms you have created for this patient. Utilize the comment area to record the status of each form.

The buttons below your reports offer additional functions for the listed reports:

- Edit Comment allows you to add comments to a form
- Edit allows a *Draft* form to be edited
- View / Print will open the Ace Viewer and display your form
- Delete 'Draft' allows you to delete Drafts. Note: Final forms cannot be edited or deleted.

## Completing a Form

Click onto the **New Accident** button if you do not have an existing accident related to the form you want to complete. Read the message boxes; click **Yes**, then **OK**.

To create a **new** form, click one of the *Form Data* buttons. All completed forms and forms in progress will be listed below the Form Data buttons. To edit an **existing** form, choose the form from the list, then click

edit.

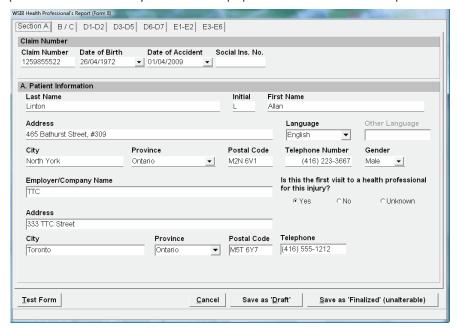
Form Data

[FAF | Form 8 | Treatment Ext.(0148) | Physio TE(0153A) | UE Init. Ass.(2864) | UE Care/Out.(2865) | LB Init. Ass.(3238) |

LB Care/Out(3239) | LE Init. Ass.(2098) | LE Care/Out.(2099) | MTBI Init. Ass.(3240) | MTBI Care/Out.(3241) |

Shoulder Ass. (2522) | Shoulder Out (2524) | Progress Report (26)

The form will open with the different sections in tabs across the top. Click on any tab to go to the specific part of the form. Many fields will be populated with information pulled from the patient file.



Some fields can be edited but changes will be reflected in the patient information field containing the original information. For example, if you change the telephone number in Section A the change will reflect on the Patient Information Contact tab. Fields where information can be updated are indicated by an underline. Positioning your mouse over an underlined field will produce a hint signifying where the change will be reflected. See illustration below.



The fields contained in WSIB forms will require the use of calendars, drop down selections, check boxes, and typing. Some forms will show information or selections related to the injury in question only. The printed forms will look exactly like the WSIB produced documents.

#### **Additional Buttons**

The bottom portion of the form contains the following buttons:



- **Test Form** when pressed will mark a red 'X' on the tabs signifying incomplete parts of the form and highlight required fields in yellow.
- Cancel closes the form without saving and brings the user back to the WSIB forms tab.
- Save as Draft will save all information input so far allowing you to edit or complete the form at a later time
- Save as Finalized (unalterable) saves the form in an unchangeable format. Use this button only when you are sure all the information is complete and correct.

Click **Test Form** to locate required areas of the form that are incomplete. Tabs where validation rules fail will be marked with a red 'X'. Fields will be highlighted in yellow. Move your mouse over yellow fields to produce a hint. Once a yellow field has been completed the colour will return to normal by clicking **Test Form** again.

If you are unable to complete the form click **Save as Draft.** The form will be saved as a 'Draft (can edit)' on the main WSIB forms tab. Click **Edit Comments.** Type a comment about the status of the form or missing information on the form. Click **OK**. The comment will now be added to the form description. To continue to input information into a form click the draft form in the list followed by **Edit**.

When the form is complete click **Save as Finalized**. Keep in mind, *Finalized* forms cannot be edited or deleted; we recommend printing draft forms and double checking for accuracy before finalizing.

### **Electronic Submission of Form 8 to WSIB**

PMP allows for the direct submission of WSIB Forms to the TELUS HEALTH (TH) portal. This procedure is completed without the need to access the TH portal.

Here are the benefits for using the PMP for WSIB form submission.

- Patient information transfers from the patient file to WSIB forms
- Forms are made and stored locally on your computer
- Forms are included in PMP backups
- Forms are created without access to the internet. An internet connection is required only to send completed forms.

To facilitate electronic submission of PMP's WSIB forms electronically users are required to:

- Be registered with TH and have a username and password
- Have an Emergis or TH Provider ID. This is usually a 9 or 12 digit number. Nine digit numbers will start with 1000, i.e. 100012345.

## Setup PMP

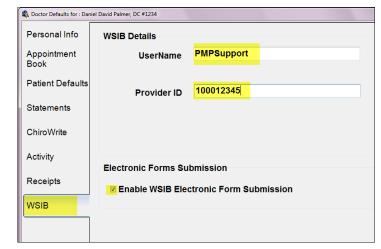
From the **Setup** menu, go to **Doctor Defaults**. Choose the practitioner and select **Edit this Doctors Defaults**.

Beside the *WSIB* tab type in your *UserName* provided by THS.

Type in your *Provider ID*. This is either a 9 or 12 digit number.

Checkmark **Enable WSIB Electronic Form Submission**.

Click Accept.



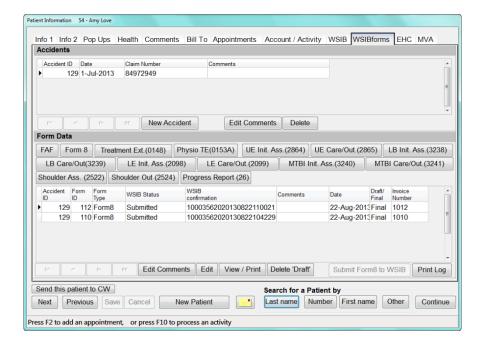
# Creating & Sending the Form 8 Electronic

## **Accidents**

The Accidents section lists all accidents related to this patient. Buttons in this section are:

- New Accident a new accident is created details will be populated after creating a form
- Edit Comments allows you to add a comment to the accident

**Delete** will delete an accident if there were no forms created using this accident



### Form Data

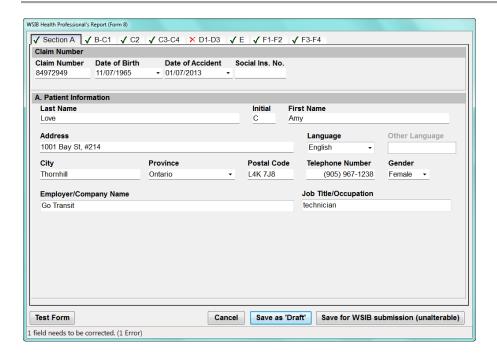
All forms required by WSIB are created by clicking the appropriate button. The table below the report buttons are forms created for this patient. Below your forms are buttons that offer additional functions for your forms:

- Edit Comment allows you to add comments to a form
- Edit allows a Draft form to be edited
- View / Print will open the Ace Viewer and display your form
- **Delete 'Draft'** allows you to delete *Drafts*. **Note:** *Final* forms cannot be edited or deleted.
- Submit Form8 to WSIB will electronically send your Finalized form to TH
- Print Log offers a report detailing the status of electronically submitted Form 8's.

# Completing the Form 8

Click onto the **New Accident** button if you do not have an existing accident for the patient. Read the message boxes; click **Yes**, then **OK**.

Click the Form 8 button.



The form will open with the sections in tabs across the top. Click on any tab to go to the specific part of the form. Many fields will be populated with information pulled from the patient file.

Patient information fields can be edited and the changes will be reflected in the patient information field containing the original information. For example, if you change the telephone number in Section A the change will reflect on the Patient Information Info 1 tab.

The fields contained in WSIB forms will require the use of calendars, drop down selections, check boxes, and typing. The printed forms will replicate WSIB produced forms.

WSIB and TH have specific rules that must been followed when completing forms for electronic submission. These rules have been incorporated into PMP forms to avoid rejection.

#### **Additional Buttons**

The bottom portion of the form contains the following buttons:



- **Test Form** when pressed will mark a red 'X' on the tabs signifying incomplete parts of the form and highlight required fields in yellow.
- Cancel closes the form without saving and brings the user back to the WSIB forms tab.
- Save as Draft will save all information input so far allowing you to edit or complete the form at a later time
- Save for WSIB (unalterable) saves the form in an unchangeable format. Use this button only when you are sure all the information is complete and correct.

Click **Test Form** to locate required areas of the form that are incomplete. Tabs where validation rules fail will be marked with a red 'X'. Fields will be highlighted in yellow. Move your mouse over yellow fields to produce a hint. Once a yellow field has been completed the colour will return to normal by clicking **Test Form** again.

If you are unable to complete the form click **Save as Draft.** The form will be saved as a Draft on the main WSIB forms tab.

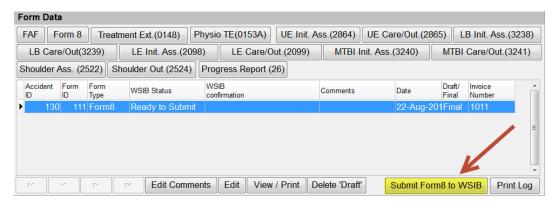
Click **Edit Comments.** Type a comment about the status of the form or missing information on the form. Click **OK**. The comment will now be added to the form description.

To add additional information to a form click the draft form in the list followed by **Edit**. When the form is complete click **Save as WSIB Submission (unalterable).** 

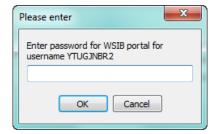
*Final* and *Submitted* forms cannot be edited or deleted; we recommend printing draft forms and double checking for accuracy before finalizing.

## Submitting the Form 8

Once the form has been *Finalized* the **Submit Form8 to WSIB** button will become active. Make sure that the form for submission is highlighted by selecting the line. Click **Submit Form8 to WSIB**.



A pop up will appear requesting your password. Input the required information.



**Be patient.** A communication screen will appear with details from TELUS HEALTH regarding the submission.

Read the screen.

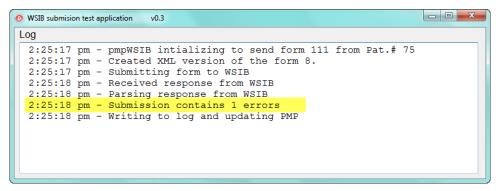
The screen below contains confirmation the form was submitted successfully.

```
WSIB submision test application v0.3

Log

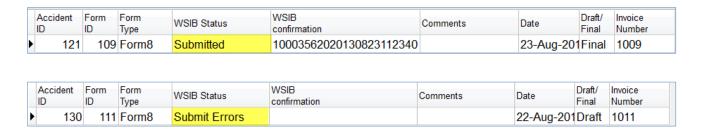
2:16:44 pm - pmpWSIB intializing to send form 113 from Pat.# 54
2:16:44 pm - Created XML version of the form 8.
2:16:44 pm - Submitting form to WSIB
2:17:01 pm - Received response from WSIB
2:17:01 pm - Parsing response from WSIB
2:17:01 pm - Submit successful. Received Confirmation from WSIB
10003562020130823021542
2:17:01 pm - Writing to log and updating PMP
```

This screen contains information that 1 error was found. The form must be corrected and resubmitted.



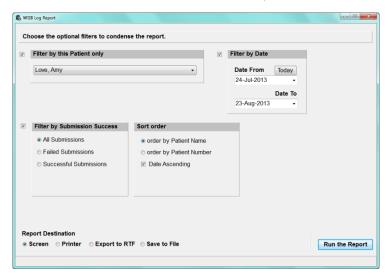
The WSIB submission screen will disappear after a few moments.

Once back on the WSIBForms tab your Form 8 will show either Submitted or Submit Errors.



# Log Report

Beside the **Submit Form8 to WSIB** button you will see a **Print Log** button.

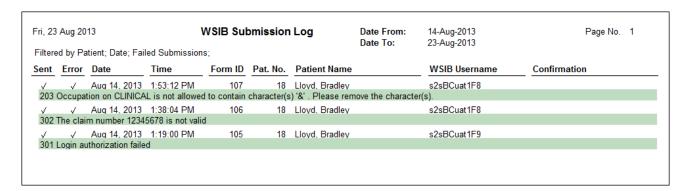


The report offers filter options to assist in locating the information required.



This log is also available under the WSIB menu from the main appointment book.

To determine the reason for a Submit Error choose to filter the response by Failed Submissions.



Read the highlighted line to determine the reason for the rejections.

Close the log and select the **Edit** button to return to the form. Correct the cause for the rejection.

Resubmit the form.

# **Automobile Insurance**

PMP integrates OCF form creation into the patient file. Details for creating and using OCF forms can be found in the Appendix at the back of this handbook.

# **Minor Injury Guideline (MIG)**

#### **Outline**

The objectives of the Minor Injury Guideline are to:

- a) Speed access to rehabilitation for persons who sustain minor injuries in auto accidents;
- b) Improve utilization of health care resources;
- c) Provide certainty around cost and payment for insurers and regulated health professionals; and
- d) Be more inclusive in providing immediate access to treatment without insurer approval for those persons with minor injuries as defined in the SABS and set out in Part 2 of this Guideline.

Consistent with these objectives, the Guideline sets out the goods and services that will be paid for by the insurer without insurer approval if provided to an insured person who has sustained a minor injury.

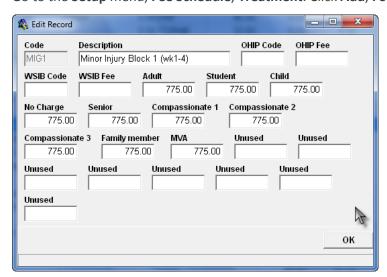
The Guideline is focused on the application of a **functional restoration approach**, in addition to the provision of interventions to reduce or manage pain or disability.

The full guideline is available for download from the Financial Services Commission of Ontario (FSCO) website, www.fsco.gov.on.ca/english/pubs/bulletins/autobulletins/2010/A-10 10-1.pdf.

## Fee Schedule Set up

MIG fees should be added to your PMP Fee Schedule.

Go to the **Setup** menu, **Fee Schedule**, **Treatment**. Click **Add**, **Form**.



Add all the items listed below. Use whatever code you wish, these are only suggestions.

MIGI	Minor Injury Initial Visit	215.00
MIG1	Minor Injury Treatment Phase Block 1	775.00
MIG2	Minor Injury Treatment Phase Block 2	500.00
MIG3	Minor Injury Treatment Phase Block 3	225.00
MIGD	Completion of Guideline Discharge Report (OCF24)	85.00
MIGG	Minor Injury Goods & Services	400.00 (this will be edited)
MIGT	Minor Injury Transfer Fee	50.00



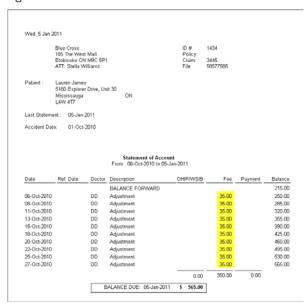
These Fees may not apply. The fees are being added so that you will know how much is billable for each completed block. Edit the amount to the correct total when processing activity.

## **Posting Patient Activity**

As your patient comes to each appointment, record the patient activity using your regular codes and fees for initial visits, adjustments and inventory items. Block fees should be posted after the initial visit and each block.

## **Block Billing**

Print the statement using the specific block dates for the start and end dates of the statement to enable you to figure out how much to bill for the block.



The amount already posted to the patient's account (highlighted above in yellow) is deducted from the maximum billable amount for the MIG. For Block 1 this amount is \$775.00. Therefore in deducting the

amount already billed, \$350.00 from the billable amount, \$775.00 you end up with an amount of \$425.00. This is the amount that is posted at the end of the block that will be billed to the auto insurer.

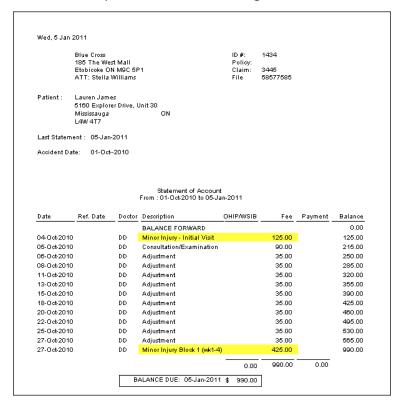
Here is the patient Account Activity screen after posting the Block 1.

Date	Ref. Date	Doc	Location	Code	Bill Code	Туре	Status	Paid by	Billing	Patient	Payment
05/10/2010		DD	1	CE		CASH	Paid		0.00	90.00	0.00
06/10/2010		DD	1	Α		CASH	Paid		0.00	35.00	0.00
08/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
11/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
13/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
15/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
18/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
20/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
22/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
25/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
27/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
27/10/2010		DD	1	MIG1		CASH	Paid		0.00	425.00	0.00



If EHC does not pay 100% of the treatment cost, the amount not paid will be billed on the OCF 21 invoice, not in PMP.

Here is the completed statement showing the Initial visit and the Block 1 amount for the auto insurer.



# **Tracking Sheets**

These forms have been designed to assist with tracking the office visits for your Motor Vehicle Accident patients. Full page copies can be found at the end of this handbook. An electronic copy is available by contacting support.

MIG Tracking Sheet. Record the initial visit date and the date range for blocks when your patient begins care. This form should be attached to the front of the patient file or attached to the travel card so you have it readily available. Fill in the boxes with the actual dates of treatment as your patient attends their office visits. As you complete the form, you can tell at a glance the status of the MIG.

MIG	т	RACKING	SHEET		
NAME: START DATE: APPROVAL DATE:					
Initial Visit					\$215.00
Block 1					\$775.00
SUBMISSION DATE:					
Block 2					\$500.00
SUBMISSION DATE:					
Block 3					\$225.00
SUBMISSION DATE:					
Goods & Services					\$400.00
OCF-24 STATUS & D	DISCHARGE				\$85.00

The Treatment Plan Tracking Form will help you to recognize at a glance when it is time to submit new treatment plans for MVA patients who do not qualify for pre-approved framework.

Mark the tracking form to indicate the number of treatments covered by your Treatment Plan by highlighting the correct number of boxes or by putting brackets around them. When your patient attends their office visits, record the actual dates of treatment in the boxes. If you are treating your patient twice a week and know it will take two weeks to get approval for a new Treatment Plan, you need to submit an extension request when the patient has six visits left.

TREATMENT PLAN TRACKING FORM						
NAME: START DATE: APPROVAL DA	TE:					
CHIRO						
PHYSIO						
RMT						
TREATME	ENT PLAN TREATMENT COST					
CHIRO	CHIRO					
PHYSIO	PHYSIO					
RMT	RMT					
SENT						
APPROVED						

# **Extended Health Care Billings for Insurance Companies**

EHC insurance presents a challenge for many offices, especially if you bill the insurance companies on behalf of your patients. We have a few ideas that may help you simplify your billing procedures and make it easier for you to track the accounts of your EHC patients.

Add the following information to your set up menu and patients files: List insurance companies under the **Setup** menu, **Bill/To Employers**.

- Create flags under the Setup menu, Flags to identify the more popular insurance companies. Then add these flags to the appropriate patient information.
- On the Billing tab of the patient file choose EHC for the A/R Type and the appropriate insurance company in the Send Statements To.
- Add comments and/or pop-ups in the patient file to record details of the patient's insurance coverage
  i.e. professions covered, percentage paid by insurance and co-pay.

#### **Printing Statements for EHC Patients**

Please note that if you print statements for all patients who have EHC as their A/R Type, PMP will print a statement for all patients under EHC, whether they have a balance or not. To create a statement only for those EHC patients that have a balance please follow these instructions:

Click the **Reports** menu, **Statements**, **List of Patients**. Select the appropriate practitioner, **Prepare the Report for this Doctor**, **Fill the List Using Patient Query**. Place a checkmark to the left of:

Balance Due > = Type 1 in the field to the right Patient is on A/R, select EHC

- To be more selective about who receives statements you can also refine the list by using last visits dates, flags, etc.
- Use a logical and traceable time frame for billings, i.e. all statements sent to EHC in February cover transactions for January only. It will be easier to track payments if the billings are not random.
- Always put a copy of the statement in the patient's file or keep a binder of statements issued by month so that reconciliation is easier if it appears that there is a discrepancy.
- If billings to EHC are done weekly, twice a month, etc., divide the alphabet into the appropriate number of sections and bill for one section of patients per period. This will insure that all patients are billed monthly but only once per month.

# **CCO Guidelines**

Do you know that there are standards of practice and record keeping policies that chiropractic offices must follow? This may affect you.

The College of Chiropractors of Ontario (CCO) is the governing body established by the provincial government to regulate chiropractors in Ontario. Every chiropractor practicing in Ontario must be a registered member of the College. The College sets these standards. PMP can help you to comply with these rules.

#### **Consent Forms**

- Consent forms must be signed by each of your new patients prior to examination or treatment and they must be kept on file.
- All forms used in your office must have the doctor's name, clinic address, and patient's name on them.
   A template can be created in the WordPad that can be used as a starting point for forms.
- The CCO recommends that in multidisciplinary clinics, each profession should have their own consent form because treatments and techniques may be different. Different treatments present different material risks. Acupuncture, for example, requires a separate consent as it is an unregulated profession. All practitioners should be named on the consent. This is important when chiropractors and other practitioners treat each other's patients. PMP WordPad will allow you to create personalized consent forms using the merge feature. Following are some examples of situations when a new consent should be signed:
  - there are new associates in your office who may treat patients when their chiropractor is not available;
  - an emergency patient from another office seeks treatment in your clinic;
  - whenever there is a change in material risk, for example, your patient is taking a new medication or has been diagnosed with a new medical condition;
  - your chiropractor changes techniques or uses a technique that is new or not clearly defined;
  - your patient wants to start a new type of therapy that the consent on file does not cover;
  - There is no legislation to dictate when a child should sign their own consent. The Doctor of Chiropractic must use his or her discretion.

**Hint:** When consent is in question, more is always better.

#### **Privacy**

- Your privacy policy should be posted in your office for all to see
- Government legislation requires you to protect your patients' privacy. One of the ways you can do this is to be sure you use the login feature in PMP. Setup a unique user profile for each person who has access to PMP.
- Never give a patient's information to anyone without their consent.
- If you post names on a referral board, get consent.
- If your office uses sign in sheets (recommended by the CCO but not required), include that policy on your consent form and be sure that it is included as part of your privacy policy. Be sure your patients have another option if they don't want to sign the register, perhaps initialing their file each visit.
- Communicate with your patients and record information in their files. Good communication is one of the keys to good patient care.

#### **Record Keeping**

- It is important that your PMP accurately reflects the appointment and billing history for your patients. Missed, cancelled and rescheduled appointments must be recorded somewhere. PMP will keep track of all appointments if you input the correct information.
- Activity dates and transaction descriptions, fees and payments must be correct. There are cases when a third party may want to audit your records. The CCO has the right and the police have that right if there is a warrant. Insurance companies have the right only if permission is granted by your patient and the Doctor. However if permission is denied, the insurance company may deny your patient's claim for benefits. Your patients' benefits are dependent upon your records.



For more information on record keeping, privacy and consent please see the CCO website at www.cco.on.ca and the Information and Privacy Commissioner at www.ipc.on.ca.

# **Email**

PMP offers functionality for emailing patient communication. These email options include:

- Appointment Reminders. This increases patient communication by sending reminders to patients
  informing them of upcoming appointments with practitioners in your office. This function can be used
  for single or multiple dates and by single practitioner or the whole clinic
- Appointment Calendar and List. These options are available while booking appointments using F2 Add an Appt or from the Patient Information Appointments tab
- Statements. Statements can be emailed to patients while posting activity, from the Patient
   Information Account Activity tab and as a group using the Patient Query
- Merge Letters. This feature allows you to create letters for groups of patients that personalize specific fields and choose the patients that receive the letters by specific criteria using the Patient Query.

## Setup

Prior to using email features there is some preliminary setup required. You must turn on your ePMP program and configure your outgoing email account that details which address emails will be sent from. You must also edit the existing templates or create new templates of your own that will populate the body of the emails.

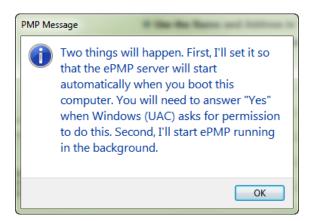
#### Turn On ePMP

Your computer must be configured start the email sending module named ePMP. This is a one-time setup procedure.

Go to the **Setup** menu, **Computer Defaults**. In the bottom left checkmark **This machine only, sends emails,** then click **Accept**.

Networked offices: Do this procedure on one computer only.

On the Are you sure screen click Yes. Read the PMP Message screen and click OK.



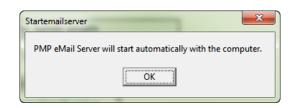
If you receive a *User Account Control (UAC)* screen remove the checkmark from Protect my computer and data from unauthorized program activity. Click **Ok.** 



A black screen will appear then the *PMP eMail Server* screen will appear briefly - be patient, it will minimize itself.



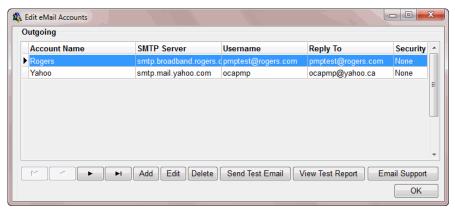
Click **OK** on the *Startemailserver* screen. ePMP will now run minimized in your system tray and send emails.



## **Setup Outgoing Email Account**

Go to the Utilities menu, Email. Select Email Accounts Management.

You can set up multiple accounts for sending emails.



Click **Add** to create a new email address or **Edit** to change existing information.

A yellow hint box has been added that assists you in completing this screen. Click the box to close the hint. Complete the required fields.



Refer to the chart below for settings for popular email carriers. **Please note**: The settings below are guidelines only and providers may have different options.

If you do not see your email or Internet Service Provider (ISP) below contact them for setup information.

Provider	Hotmail / Live	Rogers	Gmail	Bellnet
Email Account Name	You choose	You choose	You choose	You choose
SMTP Server	smtp.live.com	smtp.broadband.roge rs.com	smtp.gmail.com	smtpa.bellnet.ca
Username	username@hotmail.c om or username@live.com	username@rogers.co m	username@gmail.com	username@bellnet.ca
Port	Use Standard or 25	Use Standard or 25 or 587	Use Standard or 587	465 (Required)
SSL/TLS	Yes (SSL)	Yes (SSL)	Yes (TLS)	Yes (SSL)
Limit	100 per day	100 per hour	not defined	250 per day
Website	http://support.microsoft .com/kb/287604		http://support.google.com /mail/bin/answer.py? hl=en&answer=13287	http://service.sympatico.ca /index.cfm?content_id=1067 &method=content.view

Provider	Yahoo	Cogeco	Shaw	MTS
Email Account Name	You choose	You choose	You choose	You choose
SMTP Server	smtp.mail.yahoo.com	smtp.cogeco.ca	different for each region	smpt.live.com
Username	Username	username@cogeco.ca	username	username@mymts.net
Alternate Port(s)	Use Standard or 465	Use Standard or 25	Use Standard or 25	Use Standard or 587
SSL/TLS	Yes (SSL)	Yes (SSL)	No	Yes (SSL)
Limit	100 per hour	not defined	not defined	Undisclosed
Website	http://help.yahoo.com	http://www.cogeco.ca/ web/on/en/residential/ support/faq.php?id=29	http://www.shaw.ca/ Support/Internet/Email/ Email-Setup/Use-Email- Client/	http://www.mts.ca/mts /Contact/support/internet /email/



Most email programs have limits on the number of emails that can be sent per hour, day, week, etc. Familiarize yourself with the limits so that you do not receive rejections for exceeding your maximum. You may wish to set up more than one account and vary the account when sending group emails.

Click Save Changes, and OK.

Once you have completed the *Outgoing Email Setup* screen click **Send Test Email** followed by **Test.** Read the *Test Result*. Hopefully your email was successful. If your test was not successful use the error list below for troubleshooting.

#### **Test Email Errors**

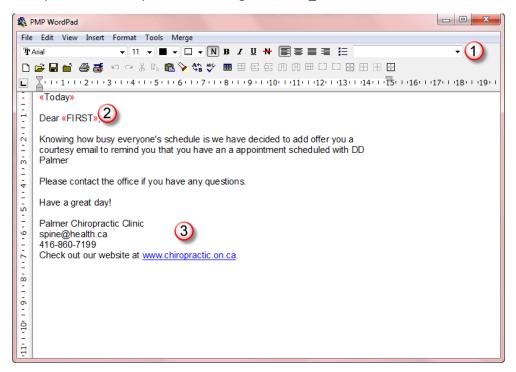
Below is a list of error messages that may be received if your *Outgoing Email Setup* is incorrect when you use the *Send Test Email* button:

- **Socket error #11001 Host not found** this is incorrect information in the SMTP field. Check the chart above or contact your ISP/email provider
- **Socket error # 10060 Connection timed out** incorrect information in the Port field. Check the chart above or contact your ISP/email provider
- Access denied Username or Password incorrect. Check your typing and/or details. Contact your ISP/email provider
- Arithmetic exception or From Address not verified some ISP/email providers will not allow a
  different Reply to Address than the User Name. Correct the reply address to be the same as the
  user name.

## **Setup Default Email Templates**

Emails sent to patients require text in the body of the email. Templates have been included that you can customize for your office or you can create your own. You can edit them during the sending process or in advance.

To create / edit templates in advance go to the **File** menu, **Wordprocessor**. Select **File**, **Open**. Double click a template. Email templates names begin with em\_.



Default templates have been included to offer a starting point so you can create emails that are appropriate for your office. Edit the body of each email template so the information represents your clinic.

- 1. To add Merge fields go to the Merge menu and select Initialize for Patient Merge. You will now see a merge box in the upper right (1). This is where you select additional merge fields.

  Be cautious and don't overdo it. If you select merge fields that are not populated in a patient's file the field will be blank in the email.
- 2. Merge fields appear with red brackets, i.e. <<FIRST>>.
- Don't forget to change the office / doctor information.Click File, Save.
- You can make a template for each practitioner with different information. When you select that practitioner for emails the template will be the default selection we call this 'sticky'.

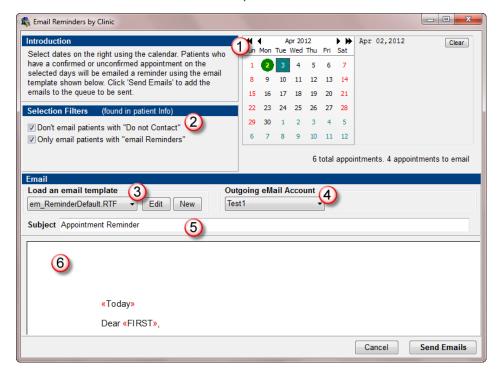
Continue to edit/create other types of templates.

Remember when saving new templates that email templates names must begin with em\_.**Note**: Merge fields <u>must</u> be enabled (step 1) for templates to email. An error listing "file not a merge file" will result from templates without merge fields enabled.

# **Email Appointment Reminders**

Go to the Utilities menu, Email, Email Reminders. Choose the practitioner or Clinic.

The *Email Reminders* screen has six requirements:



#### 1. Appointment Date Calendar

Click onto appointment dates on the calendar. You can select one or more dates for reminders. Consider that you do not want the reminder sent too far in advance. Appointment dates selected appear on the right of the calendar.

## 2. Selection Filters

Checkmark option for patients that do and do not want email reminders. These fields are found in Patient Information on the **Contact** tab.

### 3. Load an email template \*

Select a template to use from the drop down box. These should have been created in advance but if not you may choose **Edit** or **New** to create the template now.

### 4. Outgoing eMail Account \*

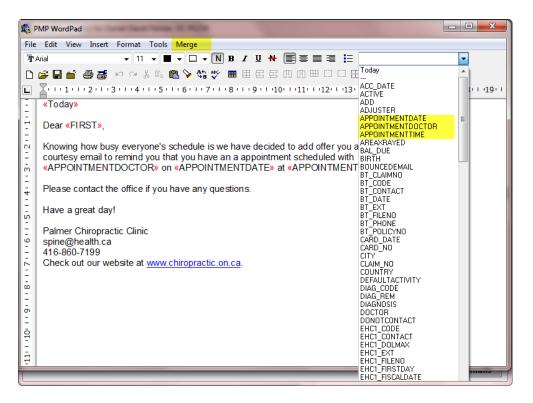
Select an account from the drop down box. This needs to be set up in advance from the **Utilities** menu, **Email, Email Accounts Management.** 

### 5. Subject \*

Type a subject line for your email.

### 6. Email Body Merge Area \*

This section contains the message that will populate the body of your email. Red brackets indicate merge fields. These fields will be populated with the patient's information upon the receipt of the email. Use the template provided (edited with your office details) or create your own using the merge fields APPOINTMENTDOCTOR, APPOINTMENTDATE, APPOINTMENTTIME to signify the appointment details.



<sup>\*</sup> Fields marked with asterisks above only need to be set up once; your selection will remain for this type of email until another option is chosen.

#### **Email Reminder Notes:**

- Only one email will be sent to each patient for each appointment. If you send reminders for a given day and go back later to send reminders again, patients who have already been sent an email will not receive a second reminder
- If you select multiple dates or multiple practitioners a patient may receive more than one reminder: one email will be sent for each date that is within the date range selected and one email will be sent for each practitioner that the patient is booked with within the specified date range.
- Be cautious; remember your email limits

#### Click Send Emails.

PMP will now move the group of emails to a minimized program named ePMP that will send the emails. This program is open in the system tray of your computer, which is located in the bottom right of your computer screen next to the time. Networked offices should have this program open on only one computer. This program is not visible and will send the emails as you continue processing other items.

### Resend or Do Not Send an Email

PMP includes a checkbox that is available in multiple screens that allows you to resend an email and/or book an appointment that does not require an email reminder.

On occasion you may want to resend a reminder email that has already been sent. You may also want to schedule an appointment in the near future where a patient who usually receives reminders does not require one for a close appointment.

**Rules**: To send or resend an email, leave the checkbox blank. Email reminders will be sent if this patient meets the filters and criteria associated with sending email reminders.

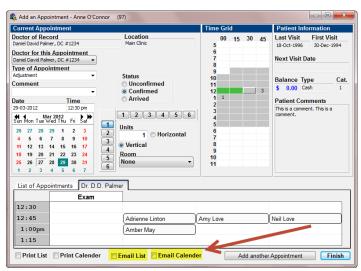
If you do not want to send an email put a checkmark in the checkbox.

The email checkbox can be found five places:

- 1. the **Edit Appointment Information** screen. This screen is available when clicking an appointment from the appointment scheduler.
- 2. the Patient Information Appointment tab (not editable). Locate this screen from the Patient Information file on the Appointments tab.
- 3. **F2 Add an Appointment** screen. Locate this screen by pressing **F2** from the main screen or **Patient Information, Appointments, Add an Appointment.**
- **4. Make an appointment in this timeslot** screen. Find this screen by clicking onto an empty timeslot on the appointment scheduler.
- **5. Edit an Appointment** screen. This screen is available from **Patient Information, Appointments, Edit an Appointment.**

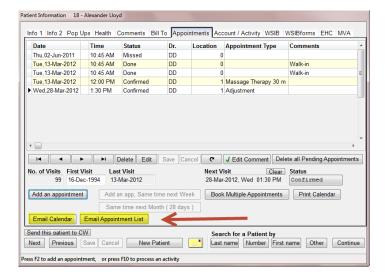
# **Email Appointment Calendars & Lists**

Using the **F2 – Add an Appointment** function now offers the option of emailing an appointment calendar or list once appointments have been scheduled.

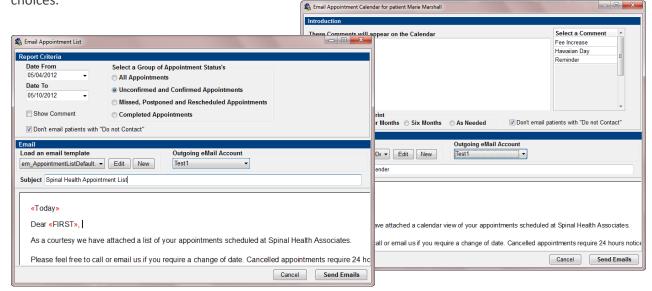


Email Calendar and Email Appointment List buttons are also located on the Patient information Appointments tab.

If your patient does not have an email address in their patient information a box will appear asking for one. Type the email in and it will be stored in the patient file for future use.



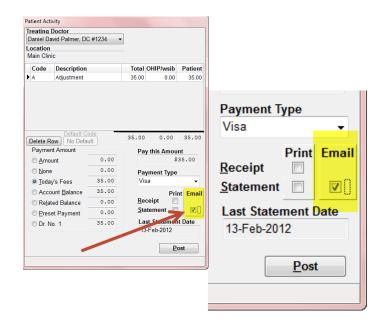
The Email Appointment Calendar and Email Appointment List screens offer similar options to the print choices.



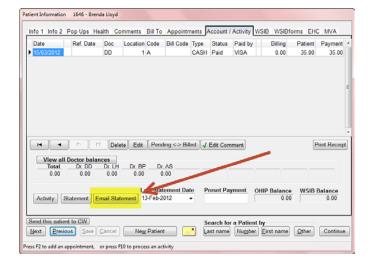
## **Email Statements**

The ability to email patient statements appears in 3 locations:

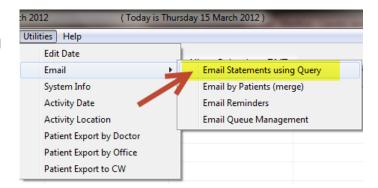
On the Patient Activity screen during posting



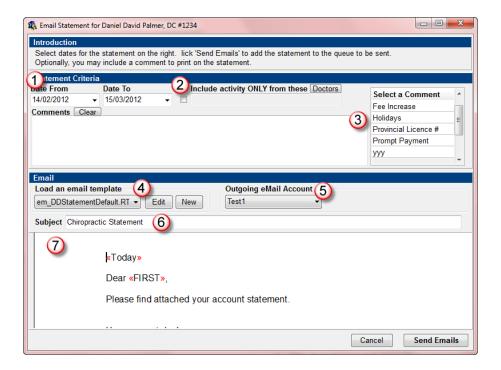
2. On the Patient Information Account / Activity tab



 On the Utilities menu, under Email, Email Statements using Query. This is a group statement option.



All options will open the following screen. **Note:** Group statements will offer the patient selection option prior to opening this screen.



### 1. Date From / Date To

This area controls the dates on the statements (same as existing print statements).

### 2. Include activity ONLY from these [Doctors]

Choose transactions to put on the statement that were done by these doctors only (same as existing print statements).

### 3. Select a Comment

Choose a default comment or type your own (same as existing print statements).

### 4. Load an email template

Select a template to use from the drop down box. These should be created in advance or choose **Edit** or **New.** 

### 5. Outgoing eMail Account

Select an account from the drop down box. This needs to be set up in advance from the **Utilities** menu, **Email, Email Accounts Management.** 

#### 6. Subject

Type a subject line for your email.

### 7. Merge Letter Area

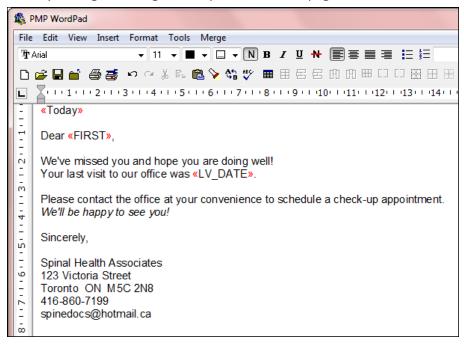
This section will populate the message body of your email. All text between red brackets are merge fields. These fields will be populated with the patient's information upon the receipt of the email.

# **Email Merge Letters**

This is a great new feature that allows you to create letters to groups of patients that will personalize specific fields and choose the patients that get the letters by specific criteria.

You can create *recall, new patient, new office information, orthotic reminders and birthday letters,* to name a few.

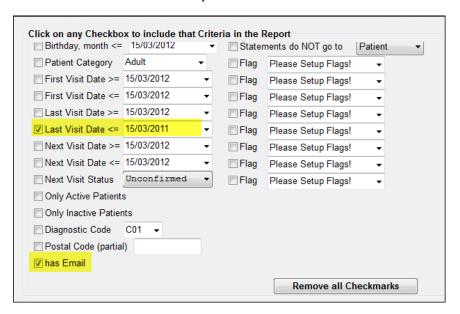
Start by editing / creating the template, details on page 105.



Save the template with a filename starting with **em\_.** For instance: **em\_Checkup**.

Close out of the wordprocessor.

Go to the **Utilities** menu, **Email, Email by Patients (merge).** Choose the practitioner or clinic. Click the button **Fill the List using Patient Query.** You will now be in the *Patient Query* screen; you may have seen this screen before under the **Reports** menu.



This is where you select the patients who will receive the email based upon certain criteria. The recall type letter we are using above will require us to select patients that have not been in the office for a certain period of time.

Place a check mark beside Last Visit Date <= (less than or before) and type in a date. This date should be at least three months ago so that you are not capturing patients that have been in recently or have an appointment booked.

Place a check mark beside has Email and one beside "Do not Contact" is NOT checkmarked. Click Accept.

### Using query fields to define and choose appropriate patients:

Many items that are available in the query are fields that exist in the Patient Information tabs. When using the query for email it is important to consider the use of some fields that will define and accurately choose patients for the communication being sent.

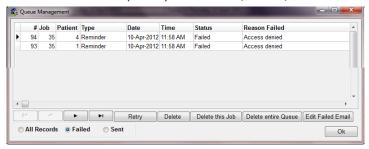
The table below shows selections we suggest you consider when using the query.

Field:	Why:
has Email	These patients have an email address on file. You should check this option to include only patients that have an email address.
does NOT have Email	Use this option to find out who you need email addresses for
Phone Reminders is checkmarked	These patients would prefer a reminder phone call
Phone Reminders is NOT checkmarked	Patients that do not want or did not specify that a phone call reminder is preferable
Email Reminders is checkmarked	These patients would prefer a reminder email
Email Reminders is NOT checkmarked	Patients that do not want or did not specify that an email reminder is preferable
Do not Contact is checkmarked	These patients do not want to receive contact from your office. <b>NOTE</b> : Contact your accountant or bookkeeper regarding patient privacy when contacting a patient about an outstanding account balance
Do not Contact is NOT checkmarked	These patients are okay to receive contact. To protect your patient's privacy you should always choose this option to eliminate patients that request no contact

# **Troubleshooting Failed & Unsent Emails**

The email system has a Queue Management section that lists all emails. It is found under **Utilities, Email.** This area offers the option to view all emails that were, or are ready to be sent. The Status column indicates the outcome of the email.

You can filter this report by All Records, Failed, or Sent.



### **Failed**

Use the **Failed** filter to locate any emails that were not sent due to errors. Click onto a failed email and select the **Edit Failed Email** button.



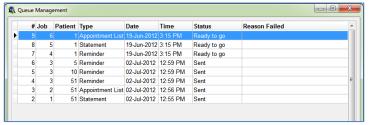
Click **Retry sending** to resend this email.



If you make changes to the outgoing email account you will need to re-select the account to update the email with the new settings.

### **Emails Not Being Sent**

If you have emails that have a status of *Ready to go* that have a date before today your ePMP program may not be open.



The ePMP program can be found as a blue icon with the letters "eM" in the system tray in the bottom right of your computer screen.

Depending upon your computer's settings, locate the icon directly on your system tray (figure 1) or from within the *Show hidden icons* screen that opens when clicking the up arrow (figure 2).





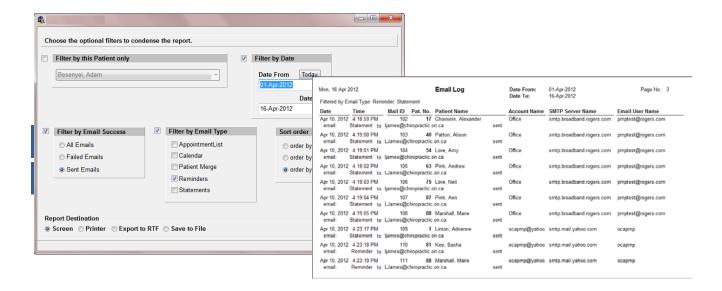
S 📦 👿

Figure 2

If the icon is not visible in the system tray the program may have been closed. Refer to page 2 for instructions to turn ePMP on.

# **Email Log**

The Email Log is a report that can be filtered to determine the history or status of email. This report will assist you in troubleshooting the status of emails.



# mobilePMP

This feature allows your PMP schedule to be accessed remotely. This feature will be introduced in phases. At this point you can view the next two weeks of your appointment scheduler in your web browser or on your smartphone, view the appointment specifics, and send an email to booked patients.

### Setup mobilePMP



This feature should be setup and used by the treating practitioner ONLY. Safeguarding patient privacy and security must be considered when viewing patient information online.

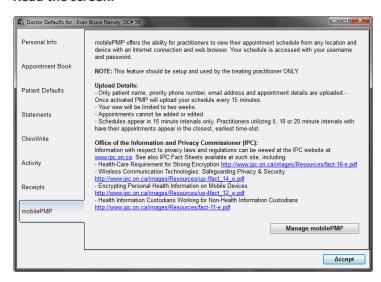
There are 3 required steps for the setup:

- 1. Register for mobilePMP
- 2. Create your username and password
- 3. Turn on ePMP (if applicable), the program that uploads your data.

# 1. Register for mobilePMP

Go to the **Setup** menu, **Doctor Defaults**. Pick yourself from the list of practitioners and select **Edit this Doctors Defaults**. Select the **mobilePMP** tab on the left.

#### Read the screen.



Click Manage mobilePMP.

Read the Terms of Use. By clicking ACCEPT you signify your acceptance of the terms.

Once you select ACCEPT you will be offered the Register for *mobilePMP* tab which requires your email address. This is used by the support team for *mobilePMP* communication only. Type your email address and click **Register!** Your request is sent to *mobilePMP* and your registration is now 'pending'. You will receive an email confirming your registration once you have been registered.

# 2. Create your Username & Password

Your next step is to setup a username and password. Return to the **Setup** menu, **Doctor Defaults**. Pick yourself from the list of practitioners and select **Edit this Doctors Defaults**. Select the *mobilePMP* tab on the left. You will now be positioned on the username and password tab. Type in the required fields. Usernames and passwords are NOT case sensitive. Passwords must include a combination of letters and numbers.

Click Set Username and Password.



### 3. Turn On ePMP



If you are utilizing PMPs email features you have already completed this step.

Your computer must be configured start the email / mobilePMP module named ePMP. This is a one-time setup procedure.

Go to the **Setup** menu, **Computer Defaults**. In the bottom left checkmark **This machine only, sends emails** and/or mobilePMP, then click **Accept**.



Networked offices: Do this procedure on one computer only.

On the Are you sure screen click Yes. Read the PMP Message screen and click OK.

If you receive a *User Account Control (UAC)* screen remove the checkmark from *Protect my computer and data from unauthorized program activity*. Click **OK.** 



A black screen will appear then the *ePMP Server* screen will appear briefly - be patient, it will minimize itself. Click **OK** on the *Startemailserver* screen.

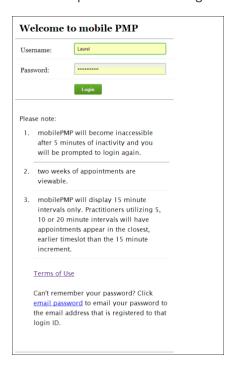


ePMP will now run minimized in your system tray and upload your schedule every 15 minutes.

# Accessing & Viewing mobilePMP

*mobilePMP* can be accessed from any device with an internet connections and browser. On your device access your browser and type <a href="https://www.mobilePMP.com">www.mobilePMP.com</a> or <a href="https://www.mobilePMP.com">www.mobilePMP.com</a> into the address bar.

You will be presented with a Login screen. Type in your private information and click Login.



Your schedule will now be visible.

Exam (3) 9:00am 9:15 9:30 9:45 10:00am Benjamin Kubay 10:15 Paul Potts 10:30 10:45 Eric Weston 11:00am Bradley Lloyd 11:15 Steven Clapperton 11:30 11:45 6

Use your pinch/zoom features on your mobile device to enlarge or shrink the screen.

- **1.** Days of the week starting from today
- 2. Arrow button to move the schedule to the following week
- 3. Named columns
- 4. Appointments scheduled
- 5. Breaks and custom colours are visible
- **6.** Appointment details. Click on an appointment to view the details. This includes name, patient number, email address, priority phone number, and appointment details.



### Keep in mind:

- Due to security guidelines *mobilePMP* will become inaccessible after 5 minutes of inactivity and you will be prompted to login again
- You can access the next two weeks of your schedule only
- mobilePMP will display 15 minute intervals only. Practitioners utilizing 5, 10 or 20 minute intervals will have appointments appear in the closest, earlier timeslot in the 15 minute increment.

# Security

PMP offers a security feature that allows or restricts access to menu items. PMP records edits, deletions, and balance changes that occur within the patient file. The security area records the user who performed the change.

The security feature is located under the **File** menu, **Security**. It contains *Login, Profiles, Users,* and *Change Passwords*.

A profile named 'Rick' was included with your initial PMP. This profile allows access to all PMP features. You can continue to use this profile to signify full access or delete it once a replacement has been made.



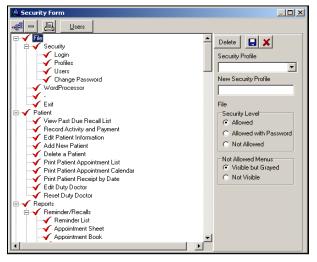
You must do a PMP backup before continuing with this process.

Access PMP Security from the File menu, Security.



### **Profile**

The profile is where you permit or restrict access to menu items in the program. Create profiles for all PMP users to limit their access to certain PMP menu items.





Click the **Expand Treeview** icon to show the detailed PMP menus.

To create a new profile simply click on a menu item that you wish to control access to and choose **Not Allowed** on the right. Continue to control access for other items using the same procedure. Once you have completed selecting menu items for this profile type a name into the **New Security Profile** field. The name should be logical based on the level of security and not the user name, i.e., *Part time staff or Office manager*.



Click the Save Security Profile icon.

You will see a screen notifying you that changes have occurred. Click **Yes**. You may be required to click **Yes** repeatedly until all individual items have been changed. Click **OK** once complete. Your profile has now been saved.



**To edit or view** existing profiles click the down arrow under **Security Profile**. Click the profile you wish to edit or view.

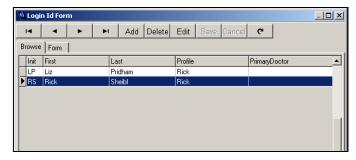


When limiting access for user profiles you should restrict access to the menu items of **Users**, **Profiles**, and **Clinic Defaults**. These areas allow users to alter their profiles. Only the 'Rick' or 'full access' profile should have these areas allowed.

#### **Users**

This is where you will find a list of all individuals utilizing your PMP. You can add, delete and assign profiles in this screen.

**To add a new user** click **Add**. Type the new user's initials, first, and last name into the fields provided. Click the down arrow under **Profile**. Choose the profile appropriate for this user.

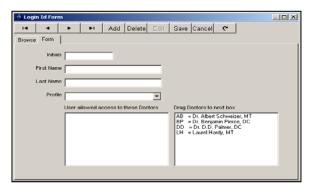




The field **User allowed access to these Doctors** has been disabled and is not required.

Click Save.

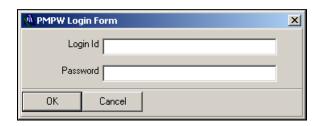
To edit a user click the users name and the Edit button. Make your changes and click Save.



**To delete a user** click the users name and the **Delete** button. Click **OK**. This user will no longer have access to PMP.

# Login

The login screen allows you to change the user and is where you assign passwords to new users.



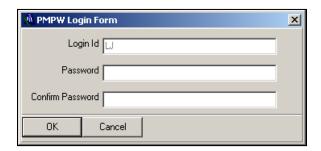
**To logoff as a user** but allow other users access to PMP, open the login screen. This permits the next user to login using their ID and password. If **Cancel** or the close button is selected PMP will close.



The shortcut to open the Login screen is **F8**.

# **Change Password**

The Change Password area allows you to add a password or change an existing password.

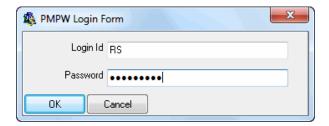


**To add or change a password** you must first have logged in as the user whose information you wish to change. When you open the Change Password screen the user's initials are already visible in the Login Id field. Type a password into the Password field. Repeat the password in the Confirm Password field. Click **OK**.



Passwords are case sensitive.

To change the password for a specified user, go to the File menu, Security. Choose Login.



Login as the user whose password you are changing. Click **OK**.



Go back to the **File** menu, select **Security**. Choose **Change Password**. Type in the new password on both required lines and choose **OK**.



You should now see a *Congratulations*!!! screen.

### **Edit Date**

One of the functions that PMP contains is the ability to restrict edits and deletions from happening in the patient account activity screen. The restrictions are limited by date. When activated, users will not be able to edit or delete transactions in patient files if the transaction date of the activity is before the date specified in 'Edit Date'.

The Edit Date aids in more accurate bookkeeping procedures and stops changes from happening within previous months without approval. Security should be setup to disable access to this area.

To setup the Edit Date go to the **Utilities** menu, **Edit Date**. Select the appropriate date on the calendar. Click **Accept Changes**.

### **Account Edit Journal**

The Account Edit Journal records any edits, deletions and balance changes that are made in the patient Account Activity screen. It offers the choice of viewing the report by Service Date or Edit Date.

- Service Date will show the edits and deletions by the date of service.
- Edit Date shows the edits and deletions by the date the service was edited.

Balance changes are added to the list treating the editing date as the service date.

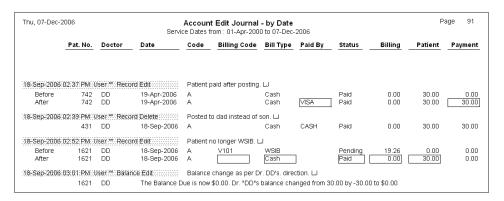
Click the Reports menu, Account Edit Journal, by Patient, by Login ID, or by Date.

- by Patient will produce the account edits and deletions for a specific patient
- by Login ID will produce the account edits and deletions created by a specific user
- by Date will produce the account edits and deletions done during a specified date range



All users should be setup with individual logins in order for the Account Edit Journal to accurately reflect the user who performed the action.

This account edit journal was produced by Date, Editing Date.



The first line shows the date and time that the change took place followed by the user that completed this transaction and the type of change. If a comment was added at the time of change it will appear following the transaction type.

18-Sep:2006:02:37:RM::User:""::Record:Edit:::::::: Patient paid after posting. LJ

The next two lines of an Edit explain how the transaction looked at posting, and how it looked after the edit. Areas that were altered are shown within boxes.

Before	742 DD	19-Apr-2006	Α	Cash	Pa	id 0.00	30.00	0.00
After	742 DD	19-Apr-2006	A	Cash	VISA Pa	id 0.00	30.00	30.00

The second line of a Delete shows the entire transaction that was deleted.

A Balance Edit details any balance changes.

The Balance Due is now \$0.00. Dr. "DD"s balance changed from 30.00 by -30.00 to \$0.00

# Backup, Utilities and Housecleaning

# **Backup**

Backup is one of the major problems users encounter. Faulty or non-existent backups can have devastating results. Hard drive crash, theft, fire and flood are just a few of the many reasons you may require your PMP backup to retrieve your patient and clinic history.

### **Backup Procedures**

No matter what media type you are using for backups, floppy disk, CD, USB drive, etc, you should have more than one set. If you use the same object for every backup and that media fails or is lost you will not have any good, retrievable backups.

For this reason we suggest you have at least two sets of backup media:

2 USB memory drives

2 CD's

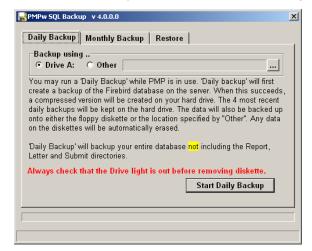
While you are using 'backup set # 1', 'backup set # 2' should be stored off site.



We recommend you perform a PMP Backup daily even if other programs are being utilized. If there is a problem with your program the PMP Support Staff can usually get you up and running in minimal time if you are utilizing the PMP Backup. **The OCA is not responsible for any other backup program.** 

## **Accessing and Using Backup**

Exit PMP on all computers. Double click the **Backup SQL** icon on the desktop.



Click either **Daily Backup** or **Monthly Backup**. Daily Backup contains your patient data and generated report data.

Monthly Backup contains your patient data, generated report data, and the Report and Letter directories.

PMP allows backups to be created to any specified media. Click the radio button beside **Other** to select another media.



Click the button with the 3 dots to choose the drive.



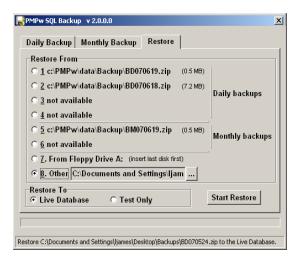
Locate the drive for the media of choice. Click OK. Click Start Daily or Monthly Backup. PMP creates two backups; the first backup goes to the hard drive of your computer and the second goes to the specified drive.

Monthly backups should be created:

- on a monthly basis
- when making a last backup before moving PMP to a new / different computer
- before deleting patient data or reports.
- before installing updates or adding practitioners to PMP.

### **Test Restore**

After 6 backups have been performed you will see the message 'You have performed 6 backups without doing a test restore'. If you choose not to perform the test restore at this time the message will appear upon completion of each subsequent backup until the test restore is performed.



To perform the test restore leave the media that you just used for the backup in the drive, click the Restore tab, #8. Click Test Only and click Start Restore.



You are asked if you wish to restore using the file BD111118.zip or BM1191118.zip.

The file name is created as follows: BD stands for Backup Daily, BM stands for Backup Monthly. 111118 stands for year 2011, month 11, day 18. Make sure this is the correct date when doing a test restore.

The test restore does a file comparison to make sure the data is good and that it will restore if required. When the test restore is complete a pop-up window will appear entitled *Finished*.

Click **Yes** to erase the test data.

#### Restore

There are times when you have to restore a backup. This could be due to a power failure, power surge, the computer may have been turned off incorrectly or the computer froze.

Double click the **PMP Daily Backup** icon on the desktop. Click the **Restore** tab, click on the backup that you wish to restore from the list on the left.

Choosing to restore a backup from the #8 Other option will require you to locate the backup. Choose the directory where your backup was stored by double clicking on it. Locate and double click the backup that you want to restore.

Click Live Database, Start Restore. You will be asked to confirm the date of the backup. Click OK.

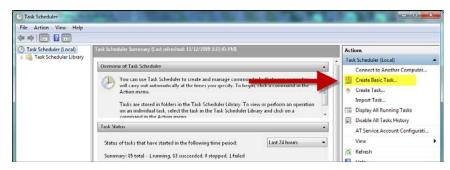
# **Automate your PMP Backups**

PMP backups can be automated to reduce the risk of inconsistent backup procedures.

The recommended media for this task is a **USB** stick. Have a least two sticks. These drives should be interchanged on a <u>daily basis</u>. If you consider a case of theft or fire: the USB or flash drive would be left in the computer that was removed or destroyed. **Daily changing of the drive will reduce the risk of lost data.** 

Open the PMP Backup. Select the location for where your backups will be stored. Click **Start Daily Backup**. When the backup is finished close the backup screen.

Click Start, Control Panel, System and Security, Administrative Tools, Task Scheduler.





If you are unable to locate Administrative tolls you do not have user rights and will need an administrator to log in to complete this task.

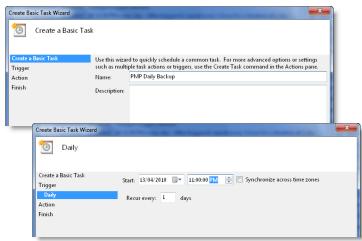
#### Click Create Basic Task.

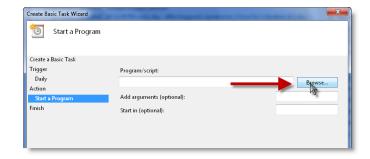
Type a name for the task into the *Name*: field.

Click Next. Click Daily. Click Next.

Choose a start date and a start time for the automatic backup. Click **Next**.

Select Start a Program then Browse.

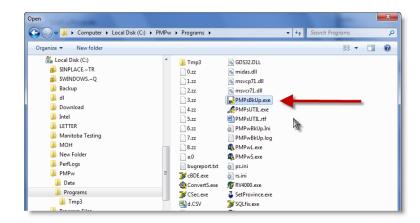




Double click Computer, Local Disk: (C:), PMPw\Programs.

Locate and click **PMPsBkUp.exe**, then **Open**.

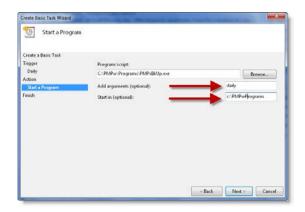
Beside Add arguments type daily.



Beside Start in type C:\PMPw\Programs.

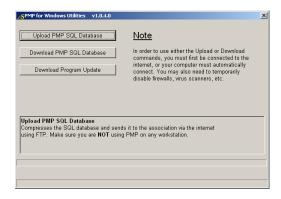
Click Next.

Click Finish.



### **Utilities**

PMP has a desktop icon named PMPs Utilities. The area is for use if you have internet capabilities at your PMP location.



**Download Program Update**. On occasion updates are available for download. You will be notified when they are posted by whichever method you have chosen for OCA communication.

## **Cleaning Up Your PMP**

# **Deleting Patients**

On occasion you may wish to delete patients from your PMP. PMP will not allow you to delete a patient if there is any activity within the last year.

- Do a backup and label with the date prior to deleting any patients.
- Pull a list of patients that have not been to your clinic for a number of years through query.
- Determine which patients you would like to delete from the program.
- Print a Patient History and Profile for each patient.
- Delete patients individually as per the instructions below.

Click **Patient**, **Delete a Patient**. Select the patient. The patient information screen will appear to that allows you to confirm the deletion of this patient. Once you are sure click **Continue**.

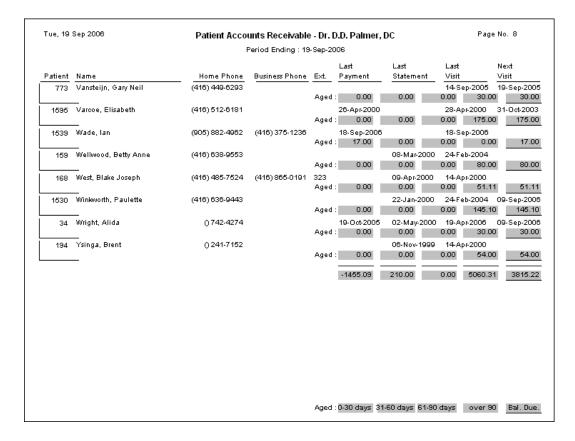
A confirmation screen will appear. Click Yes.

### **Accounts Receivable**

Keep your accounts receivable up to date. There is no sense in having the same balances on your A/R from year to year.

- Print Accounts Receivable
- Determine patients:
  - to be called
  - to be mailed a letter
  - to be sent to a collection agency
  - to be written off

To Access the Patient Accounts Receivable, click the Report menu, Accounts Receivable, Patient. Select the appropriate doctor, Prepare Accounts Receivable for this Doctor. Choose the correct ending date by clicking the down arrow. Click Run the Report.



Print 3rd Party and WSIB Accounts Receivables.

### **Documents for Printing**

An area of PMP that needs to be cleaned out regularly is **Documents for Printing**. This is a region where files of different types are stored in PMP. The number of documents contained in Documents for Printing is directly related to the amount of space required for your monthly backups. After about 3 months documents can be deleted as they are saved on monthly backups. Keep the number of reports to a minimum for optimum usage of your computer and PMP.

To access this area click **Reports**, **Documents for Printing**. Reports and documents that may be stored in Documents for Printing include: Journals, Manual Review Documents, WSIB Claim Journals, Payment Journals, Rejection Journals, Documents saved for Exporting, Stat Reports.

To delete documents for printing right click the appropriate file and choose delete from the list.

To delete multiple documents close PMP. Double click on the My Computer icon. Double click your C:\
drive. Locate and double click PMP, Data, Report. Click the View menu, Details. Click the column header
Date Modified. This will sort the reports by creation date. Make sure the arrow beside date modified is
pointing up so that the oldest reports will be at the top of the screen.

You can now click on the first report to be deleted. Press and hold down the **Shift** key and click onto the last report to be deleted. All reports in between will be highlighted. Once the chosen reports have been highlighted press the **Delete** key on your keyboard. Click **Yes** when prompted to confirm sending the items to the recycle bin.



#### **PMP Word Pad**

The number of letters contained in the word pad also affects the amount of space required for your monthly backups. After a while letters can be deleted as they are saved on monthly backups. Keep the number of letters to a minimum for optimum usage of your computer and PMP.

To delete letters or letterheads from the PMP click File, WordProcessor, File, Open. Determine the files to be deleted.

Right click on the appropriate letter to be deleted and choose Delete from the menu.

To delete multiple documents close PMP. Double click on the My Computer icon. Double click your C:\
drive. Locate and double click PMP, Data, Letters. You can now click on the first letter to be deleted. Press and hold down the Shift key and click onto the last letter to be deleted. All letters in between will be highlighted. Once the list is highlighted press the Delete key on your keyboard. Click Yes when prompted to confirm sending the items to the recycle bin.

# **Making Changes to your PMP**

There are many times when changes need to be made to your PMP program. You may have a new associate joining your practice or one practitioner replacing another. An associate may leave, and perhaps want to take their patient files to input into their own PMP program. You may also have someone joining you who uses PMP in another facility. Whatever your needs, we've probably come across it before – and we have ways of managing most things. Below we have listed some common changes for PMP and the associated costs and procedures

# Adding a Practitioner

To add a practitioner to your PMP program complete the PMP Order Form and User Agreement. The form is available:

- on the OCA website www.chiropractic.on.ca. Locate PMP Website and click on the required form on the right of the screen
- on the PMP CD. Once you have opened the CD go to Brochures and Order Forms
- by calling the support line at 416-860-7199 or 1-800-561-7361
- by emailing the support line at support@chiropractic.on.ca.



Confirm that you have the current order form by reading the date on the lower right of the form.

Once the form has been completed and the payment processed (usually within 10 business days) you will receive an email containing the order. The process for adding the new practitioner to your PMP is clearly detailed in the accompanying instructions. This process should take less than 5 minutes to complete. To simplify this process please make sure that you provide an email address that does not remove or block attachments, i.e. not a hotmail or g-mail account.

The costs for adding practitioners are detailed on the order forms.

# **Deleting a Practitioner**

Deleting a practitioner will remove the practitioner from the tab list across your PMP appointment book and from the drop-down menus but it will not delete any patients or patient information. During the deletion process, you will be prompted to assign a new Doctor of Record to all of the patients who are currently assigned to the practitioner that you are deleting. All transaction history for the departing practitioner will remain. If you would like to delete the transactions performed by the departing practitioner, please choose the Extract a Practitioner program.

Backups can be restored to view deleted information.

There is no charge for this utility. Order by contacting PMP Support.

## **Extracting a Practitioner**

This program will extract a practitioner from your Patient Management Program. This means that the practitioner will be removed as well as all patients who have that practitioner as their Doctor of Record. All transaction history with the extracted practitioner will be removed. A copy of the patient file will remain on the system when the patient has been treated by another practitioner in your office. All transaction history with the other practitioners will also remain.

You will be prompted to assign a new Doctor of Record during the extraction process for all the patients who have been treated by another practitioner in your office.

During the extraction process a backup will be created for the extracted practitioner that includes the practitioner, his/her patients, all transaction history with the extracted practitioner, and a copy of any patient files belonging to other practitioners if the patient was treated by the extracted practitioner. Only treatments with the extracted practitioner will be included. The backup can then be used by the departing practitioner to install in his/her own PMP program.

There is no charge for this utility. Order by contacting PMP Support.

# Merging Existing PMP Users

On occasion practitioners will join forces and combine their existing practices. If they are both using PMP we have a process to combine the separate PMP's into one database. Additional charges apply. Contact support for details.

### **Convert Case**

PMP has a function to create forms and letters to your patients which are personalized with information pulled from the patient file. If your patient information was input using UPPERCASE text the documents you create will look like form letters and will not appear personalized.

We have a fix for that! A utility program has been created that will change all patient information to title case, the appropriate combination of uppercase and lowercase. This utility is available at no charge from <a href="https://www.alpha.to/dl/convertcase.exe">www.alpha.to/dl/convertcase.exe</a>.

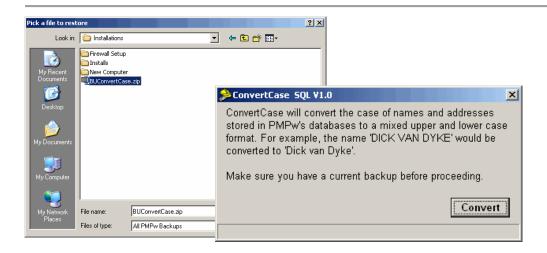
# **Running the Convert Case Program**

Once you have downloaded the program locate and double click the **Backup SQL** icon. Click the **Restore** tab in the backup program.

Choose **8. Other** and then click the down arrow to the right of **Look in**, choose the location where the file was saved. Click **BUConvertCase.zip.** 

Click **Open**. You will be returned to the *Restore* screen.





### Select Live Database, Start Restore, Yes. Click Convert!

You will see progress bars move along the bottom of the screen. Once you see Finished written in the bottom left of the screen (usually within 2 minutes) click the X in the top right to close the screen..

You can now enter PMP as you would normally.

MIG	TRACKING SHEET	
NAME: START DATE: APPROVAL DATE:		
Initial Visit		\$215.00
Block 1		\$775.00
SUBMISSION DATE:		
Block 2		\$500.00
SUBMISSION DATE:		
Block 3		\$225.00
SUBMISSION DATE:		
Goods & Services		\$400.00
OCF-24 STATUS & DISCHARGE		\$85.00

# TREATMENT PLAN TRACKING FORM

NAME:									
START DATE:									
APPROVAL DATE	<u> </u>								
CHIRO									
PHYSIO									
RMT									
TREATMEN	NT PLA	١N							
	TX PLAN Visits	#	Cost	TX PLA	_	Co	est		
CHIRO		_  _							
PHYSIO									
RMT		_  _							
SENT		_  _							
APPROVED									