SurroundLab™ AR
End User Guide

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Note: The screen shots in this manual are intended as examples. Actual use may vary.

Getting Started, Password Rests, and Locked Out Users

Log into the Environment

Check with your Systems Administrator for detailed instructions on how to access the area where your SurroundLab AR system is located. Your Seacoast Support Representative will provide Usernames and Passwords for your test and production environments, if needed. If your IT Department provided an icon on your desktop, this step might be skipped.

Username: Enter your Username to access the correct application. Typically, users are provided a live (also known as, production) area and a test area. These areas will have different Usernames.

Password: Enter a password, if required. If a password is not required then press Enter to skip this field. The live and test areas may or may not use the same passwords.

```
Node: DevWin2, Instance: 20102

Username: ARDEMO
Password: ******
```

Log into the Application

Contact your System Administrator to obtain your User ID. The first time you log in to the application, enter your individual User ID in both the **User ID** and **Password** fields.

User ID: Enter your predefined User ID.

Password: Enter your password.

Company ID: Enter the ID of the Company you wish to access. If only a single Company is defined for your User ID, this field will be skipped.

Company Password: If a Company Password is required based on Company Definition, enter the Company Password in this field. If no Company Password is required this field will be skipped.

Press [Enter] once more to select [Login] at the bottom of the screen.

```
                    SurroundLab AR

        User ID: DEMO

        Password:

        Company ID: 1

    Company Password:




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                        [Login]
```

Once a User ID is entered in both fields, the system will prompt you to select a password. Enter the new password and then re-enter it in the next field to verify the new password.

> **Note:** *If your password has expired, the application will notify you that your password has expired. You will be prompted to enter a new password then asked to verify the new password.*

```
                        SurroundLab AR


              User ID: DEMO

         New Password: 

 Verify New Password:



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```

A user may change the password associated with his/her own User ID at any time by entering the old and new passwords separated by a backslash "password\newpassword" in this field.

> **Example:** The current password is JXJ123 and the desired "new" password is JACK01!. You should enter JXJ123\JACK01!. SurroundLab™ AR will then ask you to verify the new password.

Verify New Password: Re-enter your new password.

```
                        SurroundLab AR



              User ID: DEMO

 Verify New Password: |



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```

If your new passwords do not match, a message will be displayed and you will need to enter matching passwords to change your password before your password will be updated.

```
New password does not match verify password.

OK
```
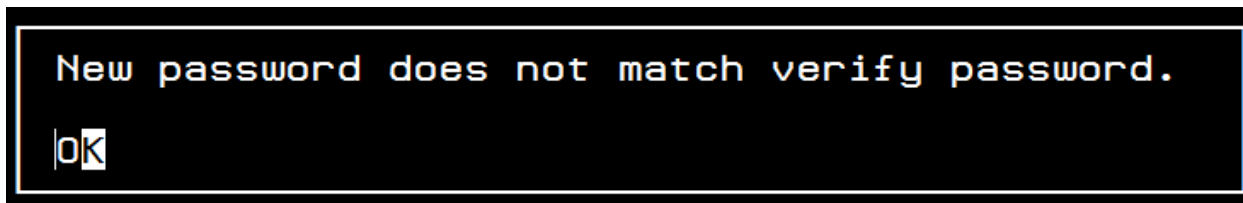
Password Resets and Re-enabling a Locked Out User

User Security is discussed in greater detail in the File Build manual; below are the steps to Reset a Password and/or a Locked Out User.

Resetting a User Password

A user who has forgotten his or her password requires a password reset.

To reset a user's password, follow menu path: *Utilities > Configuration Maintenance > Users > User Definition (2,2,2,1)*. Enter the User ID and then YES in the "Reset User Password" field.

The next time he/she logs into SurroundLab™ AR, the same steps as a new user setting a password apply, i.e. the password will be equal to the User ID but he or she will be required to immediately change it.

```
ADU-Co.1                      User Definition

                  User ID: TEST         TEST   USER
                  Active? Y
               First Name: TEST
              Middle Name:
                Last Name: USER

          Valid Companies: 1         Seacoast Laboratory Data Systems,
                           2         SLDSI COMPANY 2
                           3         SLDSI3

     Cascade Menu Display? YES            Billing System: 180
       Number Menu Items? YES            Utilities Access: 50
          Batch Superuser? NO                User Profile:
Access Restricted Order Codes: NO
      Reset User Password? YES
            Email Address: test@sldsi.com
 Rev Order for InvMgr Notes?: YES
       Display Report Rules?: NO
 Default Path for File Output:
            [Save]  [Edit]  [Delete]  [Cancel]  [Exit]
```

Re-Enabling a Locked Out User

A user who exceeds the number of failed login attempts defined in System Settings will be automatically locked out of the application. When this occurs, you is notified on their login screen. He/she may be re-enabled by another SurroundLab™ AR user with Utilities access.

```
┌──────────────System Validation──────────────┐
│ Login failure.  User ID is now locked out.   │
│ Contact your supervisor for assistance.      │
│                                              │
│ OK                                           │
│                                              │
└──────────────────────────────────────────────┘
```
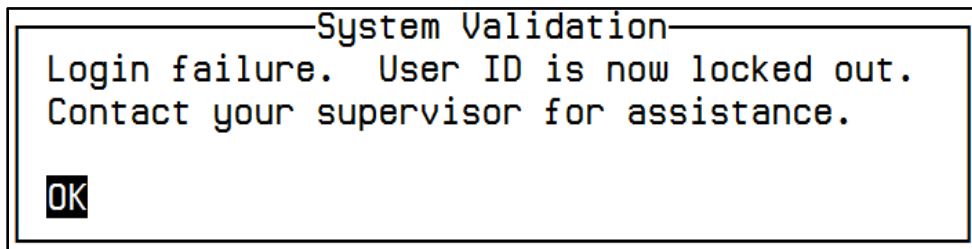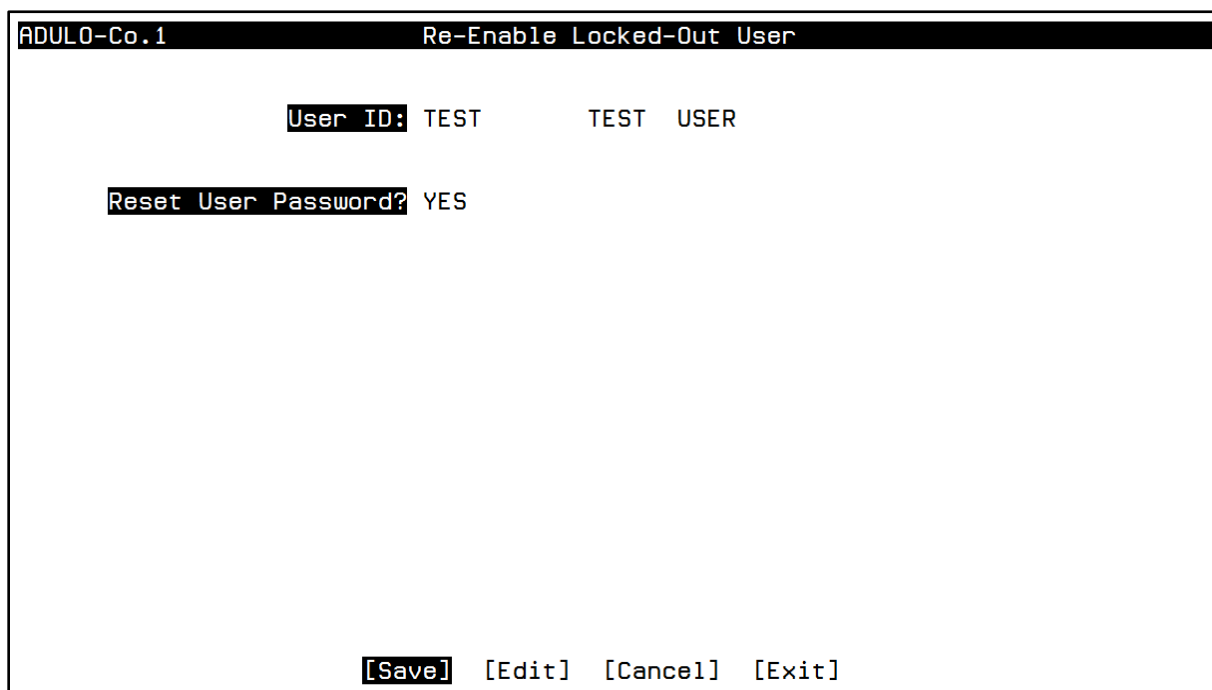
To reset the locked user, follow menu path: Utilities > Configuration Maintenance > Users > Reset Locked Out Users (2,2,2,4).

Complete the following fields:

User ID: Select the locked User ID to be released. Enter "/L" for a listing.

Reset User Password? Enter Yes to reset the password. The next time the user logs in, the password will be equal to the User ID, but he or she will be required to immediately change it.

```
ADULO-Co.1                Re-Enable Locked-Out User

              User ID: TEST        TEST  USER


     Reset User Password? YES

















          [Save]  [Edit]  [Cancel]  [Exit]
```

System Navigation

Special Function List

SurroundLab AR is equipped with navigational short cut commands which perform special functions within the application. Key the command and then press Enter to perform the function. Most of the commands listed below with a "/" can also be invoked using the keyboard Control key, instead of the "/" shown below. For example, Control + L can be used in place of "/L" to issue the List command with the exception of the "/H" and "/I" commands.

Command	Description of Invoked Action
/	From any field on any screen, moves the cursor to the end of screen buttons
//	Ignores all input and exit the screen
/NN	Goes to field number NN, i.e. /20 = moves the cursor to field 20 on the current screen
/B	For list and group fields, moves the cursor to the bottom of the list (the last row)
/D	Deletes the value of the current field
/E	Invokes edit mode on the current field
/F	Displays a mock-up of the screen showing the field numbers
/H	Displays the screen level help. (Online documentation)
/I	Inserts an entry into a list or a group. When used in a group, it is only supported when in the first sub-field of the group.
/L	List command used to view the pop-up list box if one is attached to a field on the current screen
/N	Jumps forward to the next panel of the current screen
/P	Jumps backward to previous panel of the current screen
/R	Repaints the screen
/T	For list and group fields, moves the cursor to the top of the list (the first row)
/Z	Invokes the application function key (if any)
/?	Displays help text for these special commands
?	Displays brief help text for the field that is currently active on the screen
??	Displays detailed help text for the field that is currently active on the screen
Q	Use to exit a report prior to reaching the last page or rules page when in screen print
. (Period)	Enter "." at any menu selection field to return to the main menu directly.
/ + NN or / - NN	Enter / + NN to move ahead that number of fields on the screen or in a group or / - NN to move back NN places. Example: /4 will advance the cursor 4 places in groups
Control + Z	Available for a limited number of fields when there is a "Detail Level" of information available to be viewed for the current field on the screen.
Control + A	When entering data in a key field (Ex. Payer ID), one or more matches may appear in a lookup box. This occurs when the value entered is a match to a portion of an existing record. If you do not want to select an existing entry and want to add your input as a new entry, use the Control + A command to accept your entry and create a new record.
Control + D	Page down
Arrow Keys	Use the arrow keys to move the cursor from one field to another. The arrows may also be used to move the cursor around in a list or group.

Command	Usage Description for Command in Field Edit Mode
Enter	When inserting text, the enter key splits the current line, moving all text to the right of the cursor to the next line. When adding text and the cursor is on an empty line, the Enter key either adds an empty line or moves the cursor to the next field, depending on the value of a switch set by the programmer.
Control + N	Moves cursor to next word
Control + U	Page Up
Control + D	Page Down
Home	Moves cursor to left margin
End	Moves cursor to end of text on current line
Delete	Deletes the character under the cursor. Note: this key functions differently from the Backspace or Delete keys on the main portion of the keyboard, either of which will delete the character to the left of the cursor.

Date Fields

SurroundLab AR offers users several options for entering a date. Select options require fewer key strokes than the standard format entry MM/DD/YYYY saving time during data entry.

Date Field Entry Options	
T	Populates today's date in the date field.
Y	Populates yesterday's date in the date field.
T - NN	**NN** represents the number of days the user would like to subtract from today's date. The date field will populate with today's date less that number of days. Examples: T-30 will return the date 30 days previous to today. T-1 will return yesterday. T-5 will return 1/20/20XX if today is 1/25/20XX.
T + NN	**NN** represents the number of days the user would like to add to today's date. The date field will populate with today's date increased by that number of days. Examples: T+30 will return the date thirty days from today. T+1 will return tomorrow's date. T+5 will return 1/25/20XX if today is 1/20/20XX. **Note: Not all date fields allow use of a future date.**
Additional Data Entry Options for Date Fields	
MM/DD *(assumes current year)*	MMDD *(assumes current year)*
MM/DD/YYYY	MMDDYYYY
MM/DD/YY *(assumes current century)*	MMDDYY *(assumes current century)*

Non-Numbered Menu Option

For User IDs defined with non-numbered menus, enter the first letter of the menu option then press Enter to select the desired menu. If more than one menu option in the displayed list has the same beginning letter, the user can enter the letter until the cursor highlights the correct menu. Once the desired menu is highlighted, the user will press Enter. The user may also use the up and down arrow keys to select the desired menu then press Enter.

Numbered Menu Option

In addition to text (or Non-Numbered menus), SurroundLab™ AR is equipped with numbered menus. When a User ID is defined to use numbered menus, the number path may be entered at the selection prompt at the bottom of each menu to quickly access screen listed beside each number.

Users can be provided access to view the menus using the Numbered Menu options by answering "Yes" to the question "Number Menu Items?" in User Definition located at menu path 2,2,2,1 or *Utilities > Configuration Maintenance > Users > User Definition.*

At the main SurroundLab™ AR menu, the next menu may be selected by entering the "number" then Enter at the selection prompt. If the full menu path is known, you may advance directly to the desired screen by entering "N,N,N" then pressing Enter.

> **Example:** Entering 1,1,1 and pressing Enter will advance you directly to the Order Entry screen.

This option will only advance in forward direction.

```
        ┌──────SurroundLab AR──────┐
        │  1 - Billing System      │
        │  2 - Utilities           │
        │ 99 - Logout              │
        └──────────────────────────┘










                        Select Option:

Company: 1    User: Billing Rep_JH     Terminal ID: |TNT|10.100.10.200:49778|2680
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```
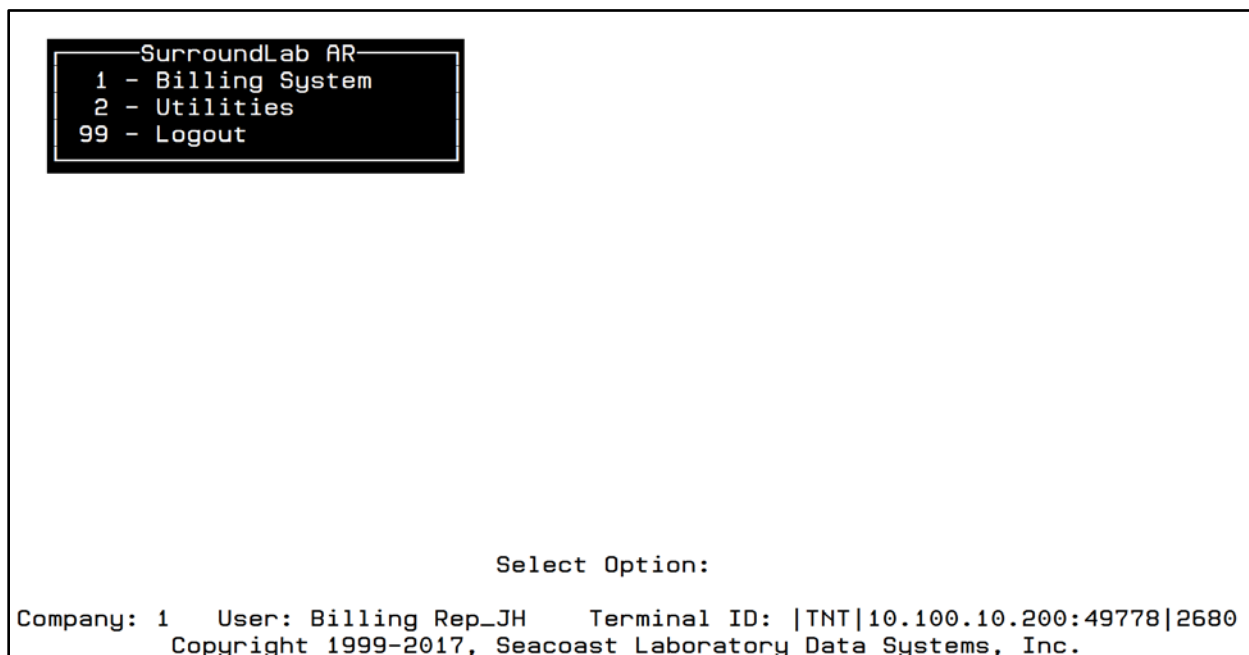
Note: User Definition is usually controlled by a Manager or Supervisor so users may need assistance with proper setup to make numbered menus visible. The system displays all Menu options available to you based on your ID and defined security level. See the User Definition section of the File Build Guide for full details on user setup.

End of Screen Buttons

Most SurroundLab™ AR screens have several 'end of screen' options. When all fields have been entered, most screens will default to either the Save or Print button. You may enter "/" in any field to jump directly to the default end of screen option. Use the arrow keys to move between these options or type the first character of the option name then press Enter to select (use "X" for Exit).

Save   Saves the information entered in the screen

Print   Allows you to print a report or form to the selected output device

Edit   Allows you to continue editing the information, starting at the beginning of that screen

Cancel   Clears all or most data from the fields and lets you start fresh on that screen

Exit   Exits screen without saving information entered

Other screens may have fewer options or additional buttons such as Delete or History.

Example of common End of Screen buttons:

```
ARER41-Co.1                  Detail Edit List

             Output Device: SCREEN

Order Entry or Transfer Edits: O Order Entry Edits
                   Payer ID: *          ALL


              Aged Category: *   ALL
                Edit Reason: *
             Ordering Client: *          ALL
[K]eyed/[N]ot keyed or [*] All: * ALL
    Include Nursing Home Edits? NO
        Include pending tests: YES

Include MI Released Accessions?: n/a

      Sort Report by
(A)ccession, (C)lient, (P)atient: A



                    [Print]  [Edit]  [Exit]
```

Standard and Custom Screen Names

In addition to the descriptions on the screens in SurroundLab™ AR, a screen name is also present in the upper left corner of the ribbon at the top of the screen. If the screen name begins with "AD", "AR", or "AX" then it is a standard screen. However, if the screen name begins with a "C" then this is a custom version of the screen.

Your organization may have custom versions of one or more screens reviewed in this Guide. In many cases, custom screens are installed in the same menu path where the standard screen would be located. Reference the menu path for the standard screen or contact your Seacoast Support Representative for additional assistance.

Output Devices

The Output Device prompt appears in many screens within the SurroundLab AR application. Use the Output Device field to select the output destination, i.e. screen, printer, or file, for the claim form, list or report output you wish to print. Other options that may be available are EMAIL and FAX. Please contact your Seacoast Representative for more information on using these options at your site.

Printing to Screen

Printing to the screen is allowed. When SCREEN is the selected device, the **Pause Between Pages?:** prompt will be presented. Enter Yes to pause the output after each page or No to scroll to the end of the output with no pauses. This field defaults to "Yes" so you may press Enter to quickly move on the next input field. No paper or electronic version will be printed or saved. While many reports can be printed to the screen, claims typically cannot. The programming language in which they are written cannot be displayed in a human readable format on a terminal emulation screen.
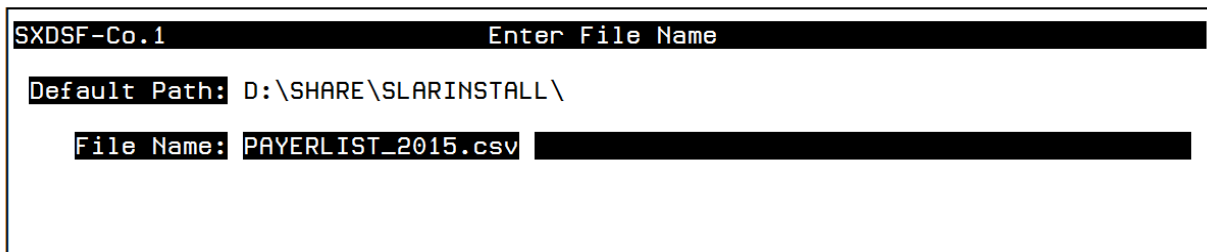
Printing to a FILE or FILECSV

Most SurroundLab AR reports allow printing to a FILE destination as the output device. If the selected Output Device is FILE, you will be prompted to enter the name of the file, which will be created to contain the output text. When the FILE output device is selected, the File Name entered at the **"Enter File Name"** prompt must include ".txt" as the extension.

A FILECSV output may be selected for reports which have a separate programming routine to support this format. When the FILECSV output device is selected, the File Name entered at the **"Enter File Name"** prompt must include ".csv" as the extension. For further instruction on printing to file, including the file path to use, please contact your Seacoast Support Representative.

Enter the File Name in upper and/or lower case letters and/or numbers. Some special characters are also permitted. Then, enter the appropriate file extension based on the output device selected. Many reports will also allow the use of "@DATE" in the file name which adds today's date in the name of the output file.

Example of File Name entered with the extension:

```
SXDSF-Co.1                    Enter File Name

 Default Path: D:\SHARE\SLARINSTALL\

   File Name: PAYERLIST_2015.csv
```

Many of our standard and custom reports already support a FILECSV Output format. Seacoast will develop .csv outputs for existing reports by request. Please contact your Seacoast Support Representative for additional information.
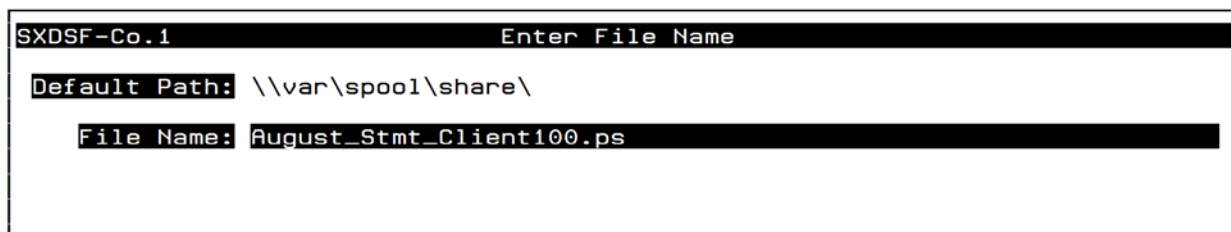
If a report does not have a CSV output but is in a tab-delimited text format, the data can be easily imported into an MS Excel spreadsheet by saving the file to a local folder. Then, open a new MS Excel workbook and follow the steps.

1. Under the Data menu, choose From Text.
2. Find your file with the .txt file in the folder where you saved it and select Import.
3. In the Text Import Wizard, choose Delimited and click Next.
4. Under Delimiters in the next screen, select Tab. Click Next.
5. Use the Data Preview section to confirm the column placement is correct and select Finish. The file will import into your spreadsheet in columns.

Printing to a Post Script or PCL File

Newer SurroundLab AR Client and Patient Statements are written in PostScript. Printing to a PostScript file is simple, use the FILE output and a ".ps" extension after the file name. PostScript files can be converted to PDF files so that you can archive your statements or send them via secure email. Seacoast can also perform this conversion during the file output creation using programming logic.

Contact your Seacoast Support Representative for additional information. This can be helpful with statement printing.

```
SXDSF-Co.1                        Enter File Name

 Default Path: \\var\spool\share\

     File Name: August_Stmt_Client100.ps
```

Choose the PCLFILE option at the output device prompt. Then, enter the file name as if selecting a FILE or FILECSV option with the exception that the file name must include the PCL extension or ".pcl" after the file name. For example, a valid PCL file name would be "pcltest.pcl". Once the output file has been created, you may use the conversion software to find the file and convert it to a pdf document.

This option allows the user to run a report that can ultimately be converted to an unchangeable .pdf format. In order to use this option, the customer must purchase and download software to assist with the conversion. It can be found online by searching for PCL to PDF conversion software. There are a number of different options available, some are free. Seacoast can also perform this conversion during the file output creation using programming logic. Contact your Seacoast Support Representative for additional information. This can be helpful with statement printing.

Online Documentation: Screen and Field Help Text

Help Text is available in SurroundLab™ AR at two levels, screen help and field help. This text has been provided to assist users with a general understanding of the screens and fields in the application.

Screen Help Text is accessible by entering /H (Help) from any input field on that screen. The purpose and usage of the screen will be explained.

```
AOE-Co.1                      Billing Order Entry
  Accession: /H                        Client Id:
     Pat ID:                    Ordering Location:
    Phys Id:                           Phys Name:
        DOS:

  Patient Last Name:                     First:                      MI:
               Sex:                        DOB:

  Client Payer:
  Primary Payer:              2nd Payer:              3rd Payer:

 DX #1           #2          #3          #4          #5          #6
 ┌──────────────────────────────────────────────────────────────────┐
 │  The Order Entry module is used for a number of functions:        │
 │  - to enter an Accession from scratch.                            │
 │  - to add additional billing information to the Accession         │
 │  - to add missing information or invalid information to the Accession │
 │  - to bill the Accession immediately and print a bill via the [BillNow] │
 │                                                                    │
 │  When you select the [Save] button, you will be notified of any Edits and │
 │  given an opportunity to correct them.                            │
 └─Press RETURN to continue────────────────────────────────────────█─┘
```

Field Help Text is accessible by entering a question mark (?) for brief help text or a double question mark (??) to see the extended version of the help text. There are a few fields, usually longer text entry fields, for which entering the question marks will not display help text. For these fields, a control sequence is required instead. Press Control + A for brief help text or Control + X for extended help text.

```
 ┌──────────────────────────────────────────────────────────────────┐
 │  You may enter either a complete Accession Number, or a partial Accession │
 │  Number. If you enter a partial number, the system will offer you matching │
 │  Accessions and allow you to select via a pop-up box.  You can also lookup │
 │  the accession by patient name.  Enter the name in the format "LAST,FIRST", │
 │  where FIRST is optional, and either can be just the first few characters │
 │  of the name.                                                      │
 │                                                                    │
 │  If there are a number of patients with similar demographics, you can do a │
 │  filtered search, selecting those that match the name, as well as a │
 │  secondary field.  There are three fields supported for filtered searches: │
 │  Date of Birth (DOB), Street Address (ADR), and Date of Service (DOS). │
 │                                                                    │
 │  To do a filtered search, enter the field ID, shown in parentheses above, │
 │  for the field you want to match, followed by a slash, and then a portion │
 │  of the name.  For example, to find all patients with last name "SMITH" │
 │  with a Date of Service of March 3, 2003, enter the following:     │
 │  DOS/SMITH                                                         │
 │  The system will prompt you for the Date of Service.  Once you have entered │
 │  it, the patients that match both the name and the Date of Service will be │
 │  shown in the lookup window.  If only one match is found, then it will be │
 │  selected immediately.                                            │
 │                                                                    │
 └─Press RETURN to continue────────────────────────────────────────██┘
```

Order Entry Menu Options (1,1)

Order Entry (1,1,1)

Billing System / Order Entry / Order Entry

The Billing Order Entry screen is customized to meet the needs of individual billing departments. The following information is for the standard Order Entry screen in SurroundLab™ AR. During installation, your organization works with the Seacoast staff to design a screen with unique fields; these unique fields will be covered during your organization's training session.

The Order Entry screen is used for a number of functions:
- o   Manually entering an Accession from scratch
- o   Adding additional billing information to an Accession sent via HL7 interface
- o   Adding missing information or invalid information to the Accession
- o   To bill the Accession immediately and print a bill via the **[Bill Now]** option

When you select the **[Save]** button, you will be notified of any edits and given an opportunity to make corrections.

Billing Order Entry Screen

```
AOE-Co.1                    Billing Order Entry

  Accession: A000895               Client Id: PCPGRP     PRIMARY CARE PROVI
     Pat ID: TEST            Ordering Location: REFLAB
    Phys Id: DEF456                 Phys Name: PHYSICIAN A
        DOS: 02/18/2015

  Patient Last Name: TEST               First: JASON              MI:
               Sex: F                     DOB: 01/01/1976

  Client Payer:
  Primary Payer: BC1         2nd Payer: MCR           3rd Payer:

  DX #1 R50.81    #2 Z12.5    #3          #4           #5           #6
  DX #7           #8          #9          #10          #11          #12

  Test Ordered                  Status                Discount Code:
  85025      CBC W/ DIFF        Final
  PSA        PROSTETIC SPECIFIC ATIGE Final


                                            Accession Status: EDIT
            [Save]  [Bill Now]  [Edit]  [Cancel]  [Delete]  [Exit]
```

Placing the cursor in any Order Entry field and pressing Control + Z invokes the Edit Information pop-up box containing a list of one or more edits for this accession. Field exceptions are Test Ordered and Payer fields as Control + Z provides different information in those fields.

Sample Edit Information

```
────────────Edit Information────────────
Invalid order code PSA for female patient
Missing required information "Resp Party HomePhone"
Medical Necessity, Policy: 190.31, CPT: 84153, OC: PSA
```

Completing the Order Entry Screens

Accession: Enter either an accession number, [*] to create a new accession or "/L" to select from a list of numbers. Enter Last,First name where the first name is optional. Enter a portion of the letters in the last and first names to search using partial information. Example: SMI,JAS. There are three fields supported for filtered searches: Date of Birth (DOB), Street Address (ADR), and Date of Service (DOS). Enter the field ID for the field you want to match, followed by a slash, and then a portion of the name.

> *Filtered example: to find all patients with last name "SMITH" with a Date of Service of March 3,2003, enter DOS/SMITH. The system will prompt you for the Date of Service. Once the information is entered, the patients that match both the name and the Date of Service will be displayed in the lookup window. If only one match is found, then it will be selected immediately.*

Sample Date of Birth Search in Order Entry

```
AOE-Co.1                    Billing Order Entry

  Accession: DOB/TEST                Client Id:
     Pat ID:          ┌──────Filtered Patient Lookup──────┐
    Phys Id:          │ Enter the date of birth that you want to match. │
        DOS:          │ 8/1/1965█                          │
                      └────────────────────────────────────┘

AOE-Co.1                    Billing Order Entry

  Accession: DOB/TEST                Client Id:
     Pat ID:                  Ordering Location:
    Phys Id:                        Phys Name:
        DOS:              Patient Location:

  Patient Last Name:                First:              MI:
               Sex:                  DOB:
 ┌Accession      Last Name      First Name      Sex   DOB        Serv Date┐
 │A000976        TEST           DOBSEARCH       F  08/01/1965 11/13/2015  │
 │A000423        TEST           ORDER ENTRY     F  08/01/1965 05/06/2013  │
 │A000424        TEST           ORDER ENTRY     F  08/01/1965 05/06/2013  │
 └────────────────────────────────────────────────────────────────────┘
        Press Ctrl-A to accept entered data, '/' to re-enter.
```

Client Number: Enter the Client ID, Client Mnemonic or "/L" to select from a list. Enter the first few characters of the Client name to search for the Client. Enter the first few characters of the client mnemonic to search a list for the client.

Patient ID: Enter the alphanumeric Patient ID. Based upon the requirements of the laboratory and billing department, this field can be customized. Contact your Seacoast Support Representative if custom logic is required.

Ordering Location: Enter the Ordering Location or "/L" for a List. Enter the first few characters of the Ordering Location ID, i.e., the Location where the order was placed. This field can have a default.

Phy ID: Enter the Referring Physician ID or name in the format "LAST,FIRST", where FIRST is optional, but either part of the name can be just the first few characters. If you enter "/L" to list all Physicians, the ones associated with this ordering client will rise to the top of the display box and the Client ID will be shown to the right of the Physician's name.

DOS: Enter the DOS in MM/DD/YYYY, MM/DD/YY, T for today or T-NN where NN is the number of days in the past. MMDD, MM/DD assumes current year.

Last Name: Enter up to 20 characters for the Last Name of the Patient. It can be alpha and/or numeric.

First Name: Enter up to 15 characters for the First Name of the Patient. It can be alpha and/or numeric

MI: Enter the Middle Initial of the Patient.

Sex: Enter M or F

DOB: Enter the DOB in MMDDYYYY, MM/DD/YYYY or MMDDYY format. If MMDDYY is entered, it will default the current century. MMDD, MM/DD assumes current year.

SSN: Enter the patient's nine digit social security number. Hyphens are not required. This field is not used at some sites**. It is important that the SSN be unique for each patient. Do not use a dummy SSN in SurroundLab AR or an ordering or LIS system that interfaces with SurroundLab AR. This may cause the matching of multiple patients to one patient account.**

Client Payer: If this order is to be billed to the client, enter the client payer. The list of third party payers will be retained in the patient's account, but the client payer will override the primary payer when billing this order. If some order codes are invalid for the client payer, the accession can be split into two accessions and the appropriate components will be billed to the primary (patient or third party) payer.

Primary Payer: Enter the Primary Payer ID or "/L" for a List. Enter the first few characters of the Payer Name to search for the Payer ID. A Payer in Seacoast indicates the billable party for the accession. Also, if the current accession is for an existing patient, **Control + Z** can be entered on the Payer field and an additional screen will display the Payer Coverage and Submission History.

Payer/Submit History Screen (Control + Z in Primary Payer Field)

```
AOEPH-Co.1                    Payer/Submit History

  Accession: A001040          Patient: TEST, SAM
        DOS: 11/20/2012
                    Complete Coverage History
  Date          Primary Payer         Secondary Payer       Tertiary Payer
  11/20/2012    MC
  10/24/2012    MC
  10/09/2012    MC
  07/12/2012    MC
  06/21/2012    MC
  02/15/2012    MC
  09/12/2011+   BC


                    Submission History
    Date        Payer               Invoice (Items)   Event
    02/15/2012 MC                    1203              Queued
    02/15/2012 MC                    1203              Invoice Created
```

The Order Entry screen contains multiple panels. Patient Address and Responsible Party information are completed in another panel of Order Entry. Additional billing fields such as Policy ID, Group number, and/or Subscriber information are also completed in another panel of the Order Entry.

Diagnosis and Test information are added on the first panel of the Order Entry screen.

```
AOE-Co.1                        Billing Order Entry

   Accession: A000895              Client Id: PCPGRP    PRIMARY CARE PROVI
      Pat ID: TEST          Ordering Location: REFLAB
     Phys Id: DEF456               Phys Name: PHYSICIAN A
        DOS: 02/18/2015

   Patient Last Name: TEST             First: JASON               MI:
               Sex: F                    DOB: 01/01/1976

   Client Payer:
  Primary Payer: BC1         2nd Payer: MCR          3rd Payer:

 DX #1 R50.81     #2 Z12.5     #3            #4            #5            #6
 DX #7            #8           #9            #10           #11           #12

 Test Ordered               Status                    Discount Code:
 85025      CBC W/ DIFF          Final
 PSA        PROSTETIC SPECIFIC ATIGE Final


                                                Accession Status: EDIT
          [Save]   [Bill Now]   [Edit]   [Cancel]   [Delete]   [Exit]
```

DX : You may enter the Diagnosis Code here. You may also lookup the code by entering a partial name - you will get a pop-up box with the matches to select from. You may additionally search ("contains") for any string of characters by entering *string*; for example: *INGU*. You can also enter DXn (that is, DX1, DX2, etc...DX12), and the system will prompt you for the diagnosis description. This description will appear on the edit reports, for those who are qualified to interpret such text.

> *Example of String Search:* Enter *HYPER* and a list of diagnosis that contain the characters *Hyper will appear.*

```
       DX Code   Ver  Short Description
 Cli  L68.1      10  ACQUIRED HYPERTRICHOSIS LANUGINOSA
 Prim J96.20     10  ACUTE AND CHR RESP FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA
      J96.22     10  ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA
 DX #1 J96.02    10  ACUTE RESPIRATORY FAILURE WITH HYPERCAPNIA
 DX #7 J96.00    10  ACUTE RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA
      E27.5      10  ADRENOMEDULLARY HYPERFUNCTION
 Test K31.1      10  ADULT HYPERTROPHIC PYLORIC STENOSIS
 80050 T46.6X5A  10  ADVERSE EFFECT OF ANTIHYPERLIP AND ANTIARTERIO DRUGS, INIT
      T46.6X5D   10  ADVERSE EFFECT OF ANTIHYPERLIP AND ANTIARTERIO DRUGS, SUBS
      T46.5X5A   10  ADVERSE EFFECT OF OTHER ANTIHYPERTENSIVE DRUGS, INIT ENCNTR
      T46.5X5S   10  ADVERSE EFFECT OF OTHER ANTIHYPERTENSIVE DRUGS, SEQUELA

            Press Ctrl-A to accept entered data, '/' to re-enter.
```

Test Ordered: Enter the test code alias or the first few characters of the description. If an order has additional test codes not visible on the initial screen, a "+" plus sign will appear beside the last test code. To view the additional test codes, use the Page Up and/or the Page Down keys, press the Enter key repeatedly until the cursor advances to the next set or enter "/+N or /-N" where N is the number of spaces to advance or the number of spaces to move backwards.

> *Note: Once a test code has been entered and the cursor is on a test, enter **Control + Z** to branch to an additional screen. In this screen, information specific to the test can be entered. This can be repeated for each test.*

Order Entry Detail Screen (Components are shown ONLY when the Test Ordered is a Profile OC)

```
AOEP-Co.1                     Order Entry Detail
 Accession: A000419
                      Diagnosis Codes for This Order

   1) R50.81      2)          3)          4)          5)          6)
   7)             8)          9)         10)         11)         12)

 Order Code: 80050 GHP                      User Added Modifier:
                                                    Render Phy:
            Procedure Modifiers QTY TestLoc     Diag #     Status   ABN ABN Valid
   Profile: 80050              1                           FINAL        YES

Order Code Procedure Modifiers Qty TestLoc    Diag #      Status   ABN ABN Valid
---------- --------- --------- --- ---------- ---------- -------- --- ---------
82040      82040               1                          FINAL        YES
82247      82247               1                          FINAL        YES
82310      82310               1                          FINAL        YES
82374      82374               1                          FINAL        YES
82435      82435               1                          FINAL        YES
82565      82565               1                          FINAL        YES
82947      82947               1                          FINAL        YES
84075      84075               1                          FINAL        YES
84132     +84132               1                          FINAL        YES
                         [Accept]   [Edit]   [Cancel]
```

Modifier: This field displays modifiers from the HL7 or from SurroundLab AR file definition for this test.

QTY: Enter a number up to 9999 for the quantity of this test. This number is multiplied by the CPT Qty present in Order Code Definition for billing.

Test Loc: Enter the testing location in this field if it is different from the default. Enter the first few characters of the name or enter "/L" to select from a list.

Diag #: Enter the number of the diagnosis from the display at the top of the screen to designate a diagnosis specific to this test code. Enter "N,N,N" to specify multiple diagnosis codes, where N is the number of the diagnosis code from the display at the top of the screen.

Status: Enter the status of this test. Enter "/L" to select from a list. Examples are Final, Pend, QNS, TNP or Cancel.

ABN: Enter (Y)es or (N)o. (Advanced Beneficiary Notice)

ABN Valid: Enter Yes if the ABN was valid for the current test.

RenderPhys: Enter the Rendering Physician or the first few characters of the Physician's name. Enter "/L" to select from a list.

User Added Modifier: Enter up to an eight character modifier for this order code. This modifier will be maintained with this invoice, even if the invoice is transferred to another payer. Modifiers that are defined with the Order Code in Order Code Definition or Limited Coverage Policies are not transferred, as they are usually specific to the Payer. If you do not want the modifier to be retained through the life of the invoice, then add the modifier in the other Modifier field via file definition.

Discount Code: Enter the predefined Discount Code or "/L" for a List. If the accession requires a Special Discount, enter the code here and the discount will be applied immediately at pricing. The discount applied using this code is NOT Payer-specific and will transfer to a new Payer if the invoice is transferred. Discount codes must be defined in Company Definition before they can be used in Order Entry.

Patient Demographics and Responsible Party Information

The Patient information entered in the front Order Entry screen will be displayed. Additional information such as Address and Phone number(s) should be entered here. Then, select the Relationship to Responsible Party and add the Responsible Party information in this screen.

```
AOE-Co.1                   Billing Order Entry


                        Patient Demographics


      Patient Last Name: TEST              First: SYSTEM           MI: T
                    Sex: M                 DOB: 08/08/1980
         Street Address: 195 NEW HAMPSHIRE AVE

                   City: PORTSMOUTH
                     St: NH   Zip: 03801
                H Phone: 999-111-9999
              Reln to RP: 1

              Responsible
      Party Last Name: TEST                First: SYSTEM           MI: T
              Street Add: 195 NEW HAMPSHIRE AVE

                   City: PORTSMOUTH
                     St: NH   Zip: 03801
                H Phone: 999-111-1111
                W Phone: 111-999-9999
```

Responsible Party Info: Enter the code which specifies the relationship of the patient to the responsible party. You can also lookup the relationship to the responsible party code by entering the first few characters of the description, or enter "/L" for a List. The responsible party determines whose name appears on a patient statement. This is not to be confused with subscriber information for claims.
> *Note: Additional Billing Fields can be defined in Payer Definition for Subscriber information.*

Last Name: Enter up to 20 characters for the Last Name of the Responsible Party.
> *Note: If "1" for self is entered in the Rel Responsible field, the patient name and address will populate Responsible Party fields.*

First Name: Enter up 15 characters for the First Name of the Responsible Party.

MI: Enter the Middle Initial of the Responsible Party.

Street Address: Enter up to 3 lines, 30 characters each line of free text, for the Street Address.

City: Enter up to 20 characters of free text for the Responsible Party's City name or enter a 5 digit Zip Code. If the Zip Code is found, it will auto populate the City, State and Zip code fields.

ST: Enter the 2 character State Code.

Zip: Enter the Responsible Party's Zip Code. This field allows for 5 or 10 digits (NNNNN or NNNNN-NNNN). Enter a City Name or the first few characters of the City Name and a pop-up box will display a list of matching Cities and their associated Zip Codes.

H Phone: Please enter the Responsible Party's Home Phone number (NNN-NNN-NNNN). Hyphens are not required.

W Phone: Please enter the Responsible Party's Work Phone Number (NNN-NNN-NNNN). Hyphens are not required.

Payer Specific Additional Billing Fields

Additional information necessary for claim submission must be entered in the Additional Billing Fields for each Payer ID entered on an accession in the main Billing Order Entry screen. The billing fields will vary based on the Payer Definition Additional Billing Fields defined for a Payer ID in Payer Definition.

Medicare may only present a billing field to enter the Medicare Number (and possibly Travel Allowance fields). Other payers, such as BCBS, may also require a Group Number, Subscriber information, and/or a Pre-Authorization number. Other payers, such as Liability Carriers, could be defined to require a Claim Number and Date of Injury.

Payer specific Billing Fields can be defined to require a specific format based on the requirements of a Payer. This promotes clean claims and prevents denials. If you enter the information using an invalid format, a message is displayed.

Invalid Medicare# format; enter '?' for help.

If these fields are not properly completed (or the information is missing), the accession will remain in Order Entry and be displayed on the Edit Reports. Enter ?? to read the Help Text for more information on the required format.

9N & 1A, 9N & 2A, 9N & 1A & 1N, or 1A & 9N

Payer: Enter the Payer ID for either the primary, secondary, or tertiary payer. Enter "/L" for a list of payers already present on the first panel of Order Entry for this accession.

```
AOE-Co.1                     Billing Order Entry
          ┌──────Select Entry──────┐ RGE1 TEST
          │ BC        BLUE CROSS (Secondary) │        2nd: BC        3rd: MCL
          │ MC        MEDICARE (Primary)     │ ary)
          │ MCL       MEDI-CAL (Tertiary)    │
          └────────────────────────┘

AOE-Co.1                     Billing Order Entry
  Accession: A000977   Patient Name: SYSTEM TEST
                       Primary Payer: MCR        2nd: BC        3rd:
       Payer: MCR          MEDICARE (Primary)

Medicare #                        123456789A
Total # Miles
Total # Patients
Total # Stops




            [Save]  [Bill Now]  [Edit]  [Cancel]  [Delete]  [Exit]
```

Once you have completed the additional billing fields, press Enter to complete the billing fields required by the next payer, i.e. a Secondary or Tertiary payer. **If this is the ONLY Payer on the accession then the end of screen buttons will appear.**

Secondary/Tertiary Payer Additional Billing Fields

Complete the additional billing fields for the subsequent payers. **You do not need to enter the subsequent Payer IDs in the Payer field. Pressing Enter in the last billing field for a Payer will display the billing fields for the next payer on the accession.**

```
AOE-Co.1                       Billing Order Entry
 Accession: A000977  Patient Name: SYSTEM TEST
                     Primary Payer: MCR        2nd: BC      3rd:
     Payer: BC          BLUE CROSS (Secondary)

 Policy #                        SEA12349R929
 Relationship to subscriber      2
 Subscriber Name (last, first m) TEST,SPOUSESUBSCRIBER
 Subscriber's Address            195 NEW HAMPSHIRE AVE
 Subscriber's 2nd Address Line
 Subscriber's City               PORTSMOUTH
 Subscriber's State              NH
 Subscriber's Zip Code           03801
 PRE-AUTHORIZATION #




              [Save]  [Bill Now]  [Edit]  [Cancel]  [Delete]  [Exit]
```

Once you have entered ALL of the required billing information, use the end of screen buttons to:

[Save]: When you choose 'save', this accession will be billed (see Invoice Manager) as long as all of the required information is provided. If there are edits, a box will appear with a choice to correct the edits now or at a later time. Until the edits are resolved, the accession will appear on the edit reports.

[Bill Now]: In order to activate this field, this feature must be enabled in Payer Definition. This feature allows you to print a bill and hand to the patient while they are in the office. Otherwise, a bill/claim (AKA 'Form') will print at the next submission process or by using print option within Invoice Manager.

[Edit]: Selecting the Edit button will place the cursor in field #1, allowing you to edit any information entered. Entering **Control + F** provides a map of the field numbers and, by typing /"field #", the cursor will immediately move to the selected field.

[Cancel]: This clears all fields and places the cursor back to the first field. No information will be saved.

[DELETE]: *CAUTION is advised when selecting this option. The accession will be completely deleted from the system.* If this accession contains ordered tests, you will receive a message box asking you if you want to delete this accession. The Accession Audit History Report will display the Action of "OE DELETE" and your User ID will be recorded for this action.

```
Audit : Wednesday 12/23/2015 at 12:18:41 PM
User  : Seacoast Demo User, on Screen:AOE, from Device:|TNT|10.100.11.22:63898|8
ACN   : A000370
Action: OE DELETE

     [OE DELETE]
--------------------------------------------------------------------------
```

[Exit]: Leaves the screen and does not save any entered information.

SLAR Billing Flow for Order Entry to Invoice Manager Logic

The steps below are a summary of the processes that occur to an order from the time it is saved in Order Entry, or processed by the Background Filer, until it appears on an invoice. This outline is based on our standard billing logic. Customizations at your site could cause slight variances.

1) Check for certain key problems in the order. If any of these conditions occur, no additional checks are performed.
    a. The accession has already been invoiced but the date of service for the new tests being added is not the same as the original DOS.
    b. Primary Payer missing

2) Check for duplicates. If a profile is ordered, and one of its components also, the individually ordered component is deleted. If two profiles are ordered that share some of the same components, the smaller of the two profiles (the one with the fewer number of components) will be exploded into its components, and the duplicate components deleted.

3) Profiles are exploded per the Financial Group setting (if not overridden by the Explode flag for the order code), the CPT is assigned, and then the components are rolled up according to the Implosion Tables. If any profile components are marked as unbillable, using one of the Unbillable Reason Codes in Company Definition, those tests are discarded at this time. These codes are sent from SurroundLab Plus via the billing interface if a specific profile component is not performed.

   As part of this process, the system determines whether any Incremental Pricing is in effect, and flags the affected order codes. After the rollup is performed, GA/GY/GZ modifiers are added according to the Limited Coverage Policies. The 90 modifier is also added according to the Send-Out flag for the testing location.

4) Compliance testing is performed. Most of the edits are generated by this process, which checks for a variety of problems that can prevent the accession from being billed. Among these various checks are:
    a. Undefined or inactive clients, order codes, payers, locations, physicians
    b. Unkeyed Edits, Nursing Home Hold, 72-Hour Rule, Timed Hold for the company
    c. Pending tests
    d. Missing required fields
    e. Input syntax checking as defined for Payer Billing Fields
    f. Medical Necessity
    g. Eligibility
    h. CCI Edits
    i. Age and gender testing for order codes and diagnoses
    j. Duplicate tests ordered on the same date but on different accessions. Generates an edit if the duplication modifier is absent.
    k. Miscellaneous other functions including:
        i. If a GA modifier was manually entered by a user, but the ABN flag is off for the order code, the ABN flag is turned on.
        ii. Custom edit checking if defined for the site.

5) The price is determined for every order code to be billed.

6) Set the modifier for CCI and Cytometry and add the duplication modifier.

7) The process of creating or adding to an invoice begins at this point. As part of this process, Trip Fees are added per Payer Definition and Auto-Fees are added per Client Definition. If any edits are overridden, notes to that effect are generated by the system. For all but Monthly or Semi-Monthly invoices, the invoice is added to the submission print queue at this time.

Understanding the Role of the Background Filer

For many SurroundLab AR sites, the Background Filer is responsible for processing the largest volume of accessions throughout the revenue cycle without manual intervention. The purpose of the Background Filer is to create invoices for accessions that are unbilled, or have been transferred to a new payer, if those orders do not require user input. Keep reading to learn more about how the background filer works and its important role in your billing system.

Typically, accessions come into the system via billing interfaces that are either connected directly to the LIS, or that receive batches of billing data from the LIS as external files. When these billing messages are received, they are placed in the Order Entry Queue, and from there they can be billed (i.e., invoiced) either via the Order Entry Screen, or automatically via the Background Filer. Which process will ultimately create the invoice depends on settings associated with the payer, with the client, or with the company, or settings for the Background Filer itself, or sometimes custom settings for the site.

When an accession is initially placed in the Order Entry Queue, it is unknown whether the order contains sufficient information to be billed to the appropriate payer. It has no edits, and considered to be "Not Keyed", meaning that it has not been edited by a user via the Order Entry Screen. If Unkeyed Edits are enabled, either for the payer or the client, then the accession is considered to have an "Unkeyed Edit", which is not a typical edit, but is actually a status. Accessions with an Unkeyed Edit are skipped by the Background filer, and cannot be invoiced until the order has been edited via the Order Entry Screen.

Once an accession has been keyed, but not billed due to one or more Edits, or if Unkeyed Edits do not apply to a specific order, the accession can be invoiced by the Background Filer if additional information comes into the system via the billing interface, or if the billing environment is altered due to changes in file definition, or due to the passing of time, in the case of the various timed hold logic. For example, if an accession is edited via the Order Entry Screen, and a particular order code contained in the order has not been defined yet by the billing manager, an internal edit will be generated by the system. Many accessions could have the same internal edit before the order code is finally defined. Once it has been defined, the next time the Background Filer runs, all of the accessions that were held up due to that specific order code will be invoiced, as long as there are no other edits. This design alleviates the need for users to rework accessions manually, after certain types of file definition changes are made.

Another situation is the case of pending tests. If the site has elected to send pending orders from the LIS to SurroundLab AR, these orders can be edited by the billing staff while the tests are still pending. All of the required billing information, such as demographics, and insurance information, can be entered, but the order will be held up with a Pending edit. When the LIS sends over the message indicating that the tests are now final, the accession will be billed by the Background Filer the next time it runs.

The SurroundLab AR Background Filer is scheduled to run periodically throughout the day. The frequency varies depending on the needs of the site, but typically it will run every 2-3 hours. The Background Filer is scheduled independently for new accessions, and for accessions that are being transferred (rebilled) to a new payer via the Transfer Queue. It is usually configured to run more frequently for orders in the Transfer Queue, typically every 30 minutes. The behavior of the Background Filer for transfers is similar to the behavior for new orders, except that there are no Unkeyed Edits in the Transfer Queue.

Override Edits (1,1,3)

Billing System / Order Entry / Override Edits

If an accession has any edits, it will remain in Order Entry until it is corrected and/or the missing information is completed. Once the accession's edits have been resolved, it will move to Invoice Manager and have a 'queued to print' status. If the edits are not being addressed within a certain time period, the accession could age beyond the filing deadline for a payer. Therefore, to avoid missing the deadline, this utility allows a supervisor to override any external edits and subsequently send the accession to Invoice Manager, which in turn will be 'queued to print' and sent out at the next claim submission.

> *Note: Edit override does not apply to internal edits, i.e. Payer Definition conflicts, Order Code and Pricing edits, etc. The file definition must be corrected to allow the accession to be billed.*

Override Edits

```
AOEOV-Co.1                    Override Edits

Accession: A000710        12/24/2015 TEST, PATIENT F
Current Edits
Missing required information, need non-V through Y Dx code
V12.0XXA cannot be primary diagnosis
Invalid entry Medicare # for payer MCR












   [Override Edits]  [Select Edit to Override]  [Edit]  [Cancel]  [Exit]
```

Accession: Enter either a complete Accession Number or a partial Accession Number. If you enter a partial number, the system will offer you matching Accessions and allow you to select via a pop-up box. You can also lookup the accession by patient name. Enter the name in the format "LAST,FIRST", where FIRST is optional, but either part of the name can be just the first few characters. Enter "/L" to provide a list of accessions containing edits.

Current Edits: This field displays the message associated to the edit.

Select the appropriate end of screen button to: override edits, select an edit to override, pick a different accession, or leave this screen.

```
   [Override Edits]  [Select Edit to Override]  [Edit]  [Cancel]  [Exit]
```

[Override Edits]: When the [Override Edits] button is selected, a second screen is displayed requiring the reason that the override will be performed.

```
AOEBN-Co.1                    Reason for Overriding Edits


                      Message Type: N  Notes

                      Message Code:

  Message Text




  Add Notes
  Test note entry for override edit.




                        [Accept]   [Edit]   [Discard]
```

[Select Edit to Override]: Select this option to override a specific edit, such as a Timed Hold.

```
AOEOV-Co.1                        Override Edits

                ─────Select Edit to Override─────
   Select edit to be overridden.  Internal edits, other than
   Eligibility Edits, are not allowed.  If you select an edit
   that is already overridden, the override will be removed.
   Missing required information, need non-V through Y Dx code
   V12.0XXA cannot be primary diagnosis
   Invalid entry Medicare # for payer MCR
   Abort
```

[Edit]: Places the cursor in field #1 allowing you to edit any information entered. Entering **Control + F** provides a map of the field numbers and by typing "/N" or "/NN", the cursor immediately moves to the selected field.

[Cancel]: Clears all fields and places the cursor back into the first field. No information will be saved.

[Exit]: Returns the cursor to the previous menu options list.

Reason for Overriding Edits

```
AOEBN-Co.1                Reason for Overriding Edits

                Message Type: N  Notes

                Message Code: 0

  Message Text
  THIS IS FOR TESTING PURPOSES




  Add Notes
  Test note entry for override edit.




                        [Accept]  [Edit]  [Discard]
```

Complete the following fields, as desired, to note the reason for Overriding the edit(s). Messages entered here will be visible by selecting the [Notes] button in Invoice Manager if you select Message Type "N". Entering "S" in the Message Type will allow the text to print on your Patient Statement if your custom design permits the use of Statement Notes. Contact your Seacoast Support Representative with any questions.

Message Type: Enter (N)otes for internal notes specific to this accession or enter (S)tatement for external notes which **will** print on the statement. Enter "/L" to select from a list.

Message Code: Enter a 1-4 the alphanumeric for a previously defined message code. Enter the first few characters or "/L" to select from a list. Leave this field blank if you wish to add a free text message.

Message Text: This field displays the defined message text assigned to the message code. Display only.

Add Notes: Enter up to 6 lines of free text to describe the reason for the override. This field can be used as supplement text to a canned message.

After entering your note, select from the end of screen buttons to Accept, Edit, or Discard the Reason for Overriding Edits.

[Accept]: Selecting Accept will initiates the override process allowing the accession to leave Order Entry.

[Edit]: Selecting Edit will place the cursor in field #1 which will allow you to edit any information entered. Entering Control F provides a map of the field numbers and by typing "/N" or "/NN", the cursor will immediately move to the selected field.

[Discard]: Selecting Discard will discard all entered information in Reasons for Overrides and places the cursor back in the first field on this screen.

Patient Registration (1,1,4)

Billing System / Order Entry / Patient Registration

The Patient Registration screens allow the registration of new Patients, prior to placing orders on the Patient Account. Previously entered Patient Registrations may also be updated with new demographic information using this menu option.

If patient information is changed in Invoice Manager, the changes will also be reflected in patient registration. If any patient demographics or insurance information is changed in this menu, you will get a prompt with a choice to update an individual or all open invoices in Invoice Manager.

Screen 1 Patient Registration

```
ADPR-Co.1                      Patient Registration
   Client ID: 101         CHILDRENS WELL CARE GROUP
   Account #: 113                 Email:
    EffDate: 06/26/2015
  Patient ID: 01
                            Patient Demographics
  Patient Last Name: TEST               First: CCI            MI:
                Sex: F                   DOB: 12/03/1961       DOD:
                SSN:
     Street Address: 123 WEST DRIVE

               City: MESQUITE
                 St: TX   Zip: 75149
            H Phone:                         Reln to RP: 1

  Responsible
  Party Last Name: TEST                 First: CCI            MI:
       Street Add: 123 WEST DRIVE

               City: MESQUITE
                 St: TX   Zip: 75149
            H Phone:
            W Phone:                  Cell Phone:
  [Save/Get Next Patient]   [Save/Add New Eff. Date]  [PRINT]  [Cancel]  [EDIT]
```

Creating a new Patient Registration

Complete the following fields to register a new Patient which creates the Patient Account.

Client ID: Enter the Client ID or enter the first few letters of the client name. Enter "/L" to select from a list.
> *Note: By default, you can look up a patient account in this screen by the account number, the patient name, or the responsible party name. You can optionally lookup the patient account using the Patient ID assigned by a particular ordering client. In order to do so, the Client ID must be filled in first.*

Account #: Enter the patient's Account Number, Patient ID number, or you can find the patient by entering part or all of the name in the form "LAST,FIRST". Enter "/L" to select from a list of existing Patients for this Client ID. If you are registering a new patient, you can automatically assign a new patient account number by entering "*".

EffDate: Enter the effective date in MMDDYY or MM/DD/YY format, for the Responsible Party and Payer information. Enter T for today and Y for yesterday. Enter "/L" for a list of effective dates already on file. For new accounts, enter a date that is not later than the first date-of-service you expect to see for this patient.

Patient ID: Enter up to a 15 character alphanumeric code for the Patient ID. If you enter a previously defined ID, a pop-up box will ask you if this is the correct Patient. **The same PID should not be used for multiple patients with the same Client ID.**

Last Name: Enter up to 20 characters for the Patient's Last Name, including any suffix such as Jr., Sr., etc.

First Name: Enter up to 15 characters for the Patient's First Name.

Sex: Enter M (Male) or F (Female).

SSN: Enter the Patient's nine digit Social Security Number. Hyphens are not required. This field is not used at some sites.

<p align="center">***Important Information***</p>

It is important that the SSN be unique for each patient. DO NOT use a dummy SSN in SurroundLab AR or an ordering or LIS system that interfaces with SurroundLab AR. This will cause the matching of multiple patients to one patient account. Social Security Numbers are expected to be unique.

DOB: Enter the Patient's Date of Birth (MM/DD/YYYY).

DOD: Enter the Date of Death in MM/DD/YYYY format, if appropriate.

Responsible Party Info: Enter the code which specifies the relationship of the Patient to the Responsible Party. You can also lookup the relationship to the Responsible Party code by entering the first few characters of the description, or enter "/L" for a List. The Responsible Party determines whose name appears on a patient statement.

Last Name: Enter up to 20 characters for the last name of the Responsible Party.
> *Note: If "1" for self is entered in the Relationship to Responsible Party field, the patient name will populate Responsible Party Name fields.*

First Name: Enter up 15 characters for the First Name of the Responsible Party.

MI: Enter the Middle Initial of the Responsible Party.

Street Address: Enter up to 3 lines, 30 characters each line of free text, for the Street Address.

City: Enter up to 20 characters of free text for the Responsible Party's City name or enter a five digit Zip Code. If the Zip Code is found, it will auto populate the City, State and Zip Code fields.

St: Enter the 2 character State abbreviation.

ZIP: Enter the Responsible Party's Zip Code. This field allows for five or ten digits (NNNNN or NNNNN-NNNN). Enter a City Name or the first few characters of the City Name and a pop-up box will display a list of matching Cities and their associated Zip Codes.

H Phone: Please enter the Responsible Party's Home Phone number (NNN-NNN-NNNN). Hyphens are not required.

Cell Phone: Please enter the Responsible Party's Cell Phone Number (NNN-NNN-NNNN). Hyphens are not required**.**

W Phone: Please enter the Responsible Party's Work Phone Number (NNN-NNN-NNNN). Hyphens are not required**.**

Selecting an Effective Date for an Existing Patient Account

When a Patient Account already exists, created either via manual Order Entry or from information sent via an LIS interface, you will be able to select the patient in this screen by entering the Patient's Account # or searching by the Patients Name (Last,First format) in the **Account #** field.

After you have the patient's record displayed in this screen. You may enter updates to the demographic and insurance information for the appropriate Effective Date. To select from a list of Effective Dates, enter "/L" in the **EffDate:** field. This Patient's Effective Dates will be displayed in a list from which you should use the arrow keys then **[Enter]** to make your selection.

Sample List of Effective Dates

```
ADPR-Co.1                     Patient Registration
   Client ID: 102        CARDIOLOGY GROUP
   Account #: 107              Email:
    EffDate: /L
 Patient ID: TESTSYSTEM
                         Patient Demographics
Patient Last Name: TEST              First: SYSTEM          MI: T
            Sex: M                   DOB: 08/08/1980      DOD:
            SSN:
   Street Add  ─Payer List and Responsible Party Name─
              |11/03/15     MCR,BC           TEST, SYSTEM T|
              |02/24/15     MCR,BC           TEST, SYSTEM  |
         H Phone: 999-111-9999               Reln to RP: 1

Responsible
Party Last Name: TEST                First: SYSTEM           MI: T
     Street Add: 195 NEW HAMPSHIRE AVE

           City: PORTSMOUTH
             St: NH  Zip: 03801
        H Phone: 999-111-1111
        W Phone: 111-999-9999        Cell Phone:
```

Screen 2 Payer Information

```
ADPR-Co.1                     Patient Registration
Patient Name: CCI TEST

      Notes:


         Medicare Part A (PPS) Eligibility
         PPS Payer ID:
         Start Date     End Date         Client ID




                      Payer Information
         Restrict Order Entry to payers defined here?
         Coverage Effective Date: 06/26/2015
                      Miscellaneous Insurance ID
Primary Payer: MCR
    2nd Payer:
    3rd Payer:
    4th Payer:
    5th Payer:
    6th Payer:
[Save/Get Next Patient]  [Save/Add New Eff. Date]  [PRINT]  [Cancel]  [EDIT]
```

Notes: Enter up to 2 lines (56 characters each line) of free text for optional notes on this patient**.**

Medicare Part A (PPS) Eligibility: The majority of nursing home patients are enrolled in Medicare Part A. Medicare Part A allows for three days of skilled nursing per illness. If the illness requires treatment beyond the initial three days, Medicare requires the patient to be hospitalized and outpatient billing is no longer allowed. After a payer is assigned and a start date is entered, you will be notified if an order has been entered after the three day eligibility period expires.

PPS Payer ID: Enter the Payer ID for Medicare Part A on this patient. Enter the first few characters of the Payer name or "/L" to select from a list.

Start Date: Enter the start date in MM/D/YYYY format, for Medicare Part A eligibility. Enter T for Today and Y for yesterday, T-NN where NN is the days in the past. If the date of service for an order falls within any of the start date/end date ranges, inclusive, then the order will automatically be billed to the PPS payer.

End Date: Enter the end date in MM/D/YYYY format, for Medicare Part A eligibility. Enter T for Today or Y for yesterday, T-NN where NN is the days in the past or T+NN where NN is the number of days in the future.
> *Note: If the date of service for an order falls within any of the start date/end date ranges, inclusive, then the order will automatically be billed to the PPS payer. Multiple start dates/end dates are allowed.*

Client ID: Enter the Client ID associated with the PPS days. Enter the first few characters of the client name, the client mnemonic, or "/L" to select from a list.

Restrict Order Entry to payers defined here?: Enter (Y)es or (N)o. A Yes response will prevent users in the Order Entry and Transfer Queue screens from entering any payer that is not defined in Patient Registration for the appropriate effective date.

Coverage Effective Date: Populated field display only. The Coverage Effective Date is the same data as the effective date on the first page. If field #3 on the first panel is changed then the second page is updated as well.

Primary Payer: Enter the Primary Payer ID or "/L" for a List. Enter the first few characters of the Payer Name to search for the Payer ID. A Payer in Seacoast indicates the billable party for the accession.
> *Note: Repeat this step to assign subsequent payers to this patient.*

Miscellaneous Insurance ID: Enter the Miscellaneous Payer ID if your facility is using Miscellaneous Insurance functionality. Enter the first few characters of the name of the Payer or "/L" to select from a list.

Screen 3 Payer Details

```
ADPR-Co.1                      Patient Registration
                     Patient Name: CCI TEST
                        1st Payer: MCR          2nd:            3rd:
          Payer: MCR          MEDICARE (Primary)

     Medicare #                        000450000A
     Total # Miles
     Total # Patients
     Total # Stops












     [Save/Get Next Patient]   [Save/Add New Eff. Date]  [PRINT]  [Cancel]  [EDIT]
```

The fields on this screen are Additional Billing Fields and they can vary by payer. The Additional Billing fields are assigned in the Payer Definition for each Payer ID.

Payer: Enter the Payer ID from the previous screen for which you wish to enter required information. Enter "/L" to select from a list of Payers defined for this patient. Based on Payer Definition, the additional fields will display for data entry.

When you have completed all of the fields for this patient, select **[Save/Get Next Patient]** from the end of screen buttons to save this patient's information.

Search Billing Interface (1,1,4)

Billing System / Order Entry / Search Order Entry HL7 Queue

The Search option allows you to look at actual HL7 transactions being sent from the lab. The interface must be turned on for this feature to be used. This menu option is helpful when questions arise about an order which has been received from the lab to the billing system. Use the search feature to verify if/when the order was sent through the interface and the details of that specific order.

If needed, a Seacoast Representative can help you interpret the details on your screen as they are written in HL7 format. A document explaining the HL7 format is available upon request.

Output Device: Enter a valid Device ID, or enter "/L" to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Send Date: Enter the date in MM/DD/YYYY format the HL7 file was sent. Enter "*" for all dates or "/L" to select from a list of dates.

Accession: Enter the accession number for which you would like to see the HL7 data. Leave this field blank if you would like to search for a string of text across all accessions for the date selected.

Text String: Enter the character string for which to search. If you have also specified an accession then the string will only be searched for in messages for the specific accession.
> *Example of Text String Search: Enter the DOB19660220. If you have not entered a specific accession or a specific date the search will return all those accessions with a DOB of 19660220.*

Case Sensitive: Enter (Y)es to case sensitive text search if you want text to match exactly. Enter (N)o if you want the word to match but not case-sensitive.

```
AIHL7-Co.1           TEST AREA - Search Order Entry HL7 Queue

   Output Device: SCREEN

      Send Date:

      Accession: TN15-888190

     Text String:

 Case Sensitive: N











                   [Search]   [Edit]   [Exit]
```

Search Order Entry HL7 Results

```
Received 11/18/2015, Batch 1, MSH #2 (SEACOAST      201511181407.h17)
Processed 11/18 at 15:40:58

MSH|^~\&|                                       |HARP|SEACOAST|20151118||DFT^P03|||||||||
|||
PID|1|159394|TN15-888190||Uattesting^Testing^||19610101|F|||123 Test Way^Apt A^D
allas^TX^75236|||||||TN15-888190||||||||||||
PV1|1||104|F|||1811906993^^^^^^^^^^^^NPI|59429|||||||||3|||||||||||||||||||||||||
||||||||||||
IN1|1|BCBSTX||||G123456||||||1029384756Auth|||||||||||||||||||||||123456D|
IN1|2|BCBSLA||||G987654||||||1029384756Auth||||||||||||||||||||||98765D|
IN1|3|BCBSFL||||G45678||||||1029384756Auth||||||||||||||||||||||45678D|
FT1|1|||20151117||D|654-1470|||1|||104||||||||||20151117|||59
FT1|2|||20151117||D|654-1511|||1|||104||||||||||20151117|||
FT1|3|||20151117||D|654-1510|||1|||104||||||||||20151117|||
FT1|4|||20151117||D|654-487|||1|||104|||||||||20151117|||
FT1|5|||20151117||D|654-1518|||1|||104||||||||||20151117|||
FT1|6|||20151117||D|654-486|||1|||104|||||||||20151117|||
FT1|7|||20151117||D|747-1510|||1|||104||||||||||20151117|||
FT1|8|||20151117||D|747-487|||1|||104|||||||||20151117|||
FT1|9|||20151117||D|747-1518|||1|||104||||||||||20151117|||
FT1|10|||20151117||D|747-1470|||1|||104||||||||||20151117|||59
FT1|11|||20151117||D|747-486|||1|||104||||||||||20151117|||
<>█
```

Billing Interface Audit Report (1,1,5)

Billing System / Order Entry / Billing Interface Audit

The Billing Interface Audit Report should be reviewed each day as part of your Order Entry workflow. This report provides valuable information on billing files that had errors from the day before and changes that were sent from the lab system after an accession has created and billed on an invoice.

These changes can indicate that the billed invoice for an accession needs to be manually corrected in SurroundLab AR Invoice Manager and, possibly, a corrected claim sent to the payer.

Once the necessary actions to resolve the audits are completed, you can purge the audits from the previous day via the same screen.

```
ARHLA-Co.1                  Billing Interface Audit Report

Output Device: SCREEN

      Send Date: 01/23/2017

                    [Print]   [Purge]   [Edit]   [Exit]
```

Sample Audit Report

```
User:                  HL7 Audit Report for date 01/23/2017        03/13/2017
Page: 1          Company 1 (Seacoast Laboratory Data Systems, Inc.)  11:32 AM

File Date 01/23/17, Batch 5
Error on record #2: Segment PID, MSH# 1: Missing or invalid field #5 (LAST NAME)
File Date 01/23/17, Batch 5
Error on record #7: Segment PID, MSH# 2: Missing or invalid field #5 (LAST NAME)
<>█
```

Transfer Queue (1,1,6)

Billing System / Order Entry / Transfer Queue

The Transfer Queue displays accessions which were originally billed to one payer but have since been transferred to another payer without the required information for billing. As with Order Entry, edits are generated to prevent a failed claim submission or payer denial. An accession will remain in the Transfer Queue until the edits are resolved, or are overridden. A background job runs approximately every 15 minutes to evaluate accessions in the Transfer Queue. The background logic automatically bills the accessions if there are no applicable edits are present. Transfers initiated via the cash posting screens are not affected by this option; such transfers are always allowed.

As with the Order Entry screen, these edits will appear on the edit reports and will generate Missing Information Letters. Some transfer edits may be avoided by using the **Check All Payers for Edits?** field in the General System Settings of Company Definition. When this field response is YES, all payers will be checked for edits during the Order Entry process and may be more easily corrected on the front end before an invoice is created. This also reduces the number of times a provider is contacted for Missing Information.

By default in the Patient/Third Party Invoice Manager, transfers are allowed to any payer defined for the patient. However, some sites might want to prevent transfers to a payer for which required, payer-specific, order entry billing fields are missing. The purpose of preventing such transfers is to force you to get the missing information at the time the transfer is initiated, either from a scanned image or the patient.

> *Example: an accession might originally be billed to the patient if insurance information was not received or incomplete at the time of service. When the patient gets the bill, he calls the lab and says "I have XXXX insurance". You gets into Invoice Manager, enters the new insurance company, and does the transfer. Later, the person who is working the Transfer Queue notices that the accession is held up with edits due to a missing Group ID for the policy, and has to call the patient again to get that information. By requiring the person who is initiating the transfer in Invoice Manager to get the missing data up front, billing delays are avoided.*

```
AOET-Co.1                      Edit Transfer Queue
                                        Transfer-To Payer:  BC1
     Accession: A003005         Client Number: 102     CARDIOLOGY GROUP
        Pat ID: DONOTUSEPAT    Ordering Location: 1
       Phys Id: 765YOYO        Phys Name: REFERRING PHYSICIAN
          DOS: 01/20/2015                  Transfer From Invoice:  1079

    Patient Last Name: DONOTUSE          First: TESTING          MI:
                 Sex: F                    DOB: 08/01/1951

     Primary Payer: BC1        2nd Payer:           3rd Payer:

  DX #1  R50.81      #2          #3          #4          #5          #6
  DX #7              #8          #9          #10         #11         #12

  Test Ordered               Status
  85025      CBC W/ DIFF      Final              Discount Code:




                                             Accession Status:  EDIT
         [Save]  [Override Edits]  [Edit]  [Cancel]  [Undo Transfer]  [Exit]
```

Accession: Enter an accession number or a partial accession and a pop-up will appear to select from a list of accessions in the Transfer Queue. Enter "/L" to select from a complete list.

To view the edits, place the cursor in any field and enter **Control + Z**. A pop-up box containing a list of edits on this accession is displayed.

```
┌─────────────────────────Edit Information──────────────────────────┐
│ Missing required information "Resp Party HomePhone"                │
│ Missing required information Relationship to subscriber for payer BC1 │
│ Missing required information Policy # for payer BC1                │
│ Missing required information Subscriber Name (last, first m) for payer BC1 │
│ Missing required information Subscriber's Address for payer BC1    │
│ Missing required information Subscriber's City for payer BC1       │
│ Missing required information Subscriber's State for payer BC1      │
│ Missing required information Subscriber's Zip Code for payer BC1   │
└───────────────────────────────────────────────────────────────────┘
```

Use this screen to correct the edits on the transferred accession, such as medical necessity, payer additional billing fields, etc. When you are finished making your corrections, select **[Save]** from the end of screen buttons.

Additional end of screen options include:

[Override Edits]: Select this option to override edits. Internal file definition edits such as, missing price, cannot be overridden as the new invoice must have this information.

[Edit]: Use this option to make additional changes prior to saving the accession.

[Cancel]: Select this option when you do not wish to save your changes.

[Undo Transfer]: If the accession was transferred to a Third Party payer in error, you may undo the transfer using this option. If needed, the invoice can be reworked in Invoice Manager before being transferred again.

[Exit]: Exit the screen by selecting this option.

ABN Check (1,1,15)

System Billing / Order Entry / ABN Check

The ABN Check screen allows you to identify whether the patient needs to sign an Advance Beneficiary Notice of (ABN) prior to having a particular test performed based on the Limited Coverage Policies defined and attached to a payer in SurroundLab™ AR. The ABN Check is designed for laboratories who allow walk-ins and need to provide ABN counseling and obtain a signed ABN in advance of a test being performed.

If a test is received with a diagnosis that does not meet medical necessity requirements set forth by CMS (or another payer for which Limited Coverage Policies are defined) then a medical necessity edit will be created in Order Entry to hold the accession and prevent billing of the test.

```
ARABN-Co.1                          ABN Check

       Payer for ABN Check: MCR         MEDICARE
       Date: 05/11/15         Check profile components?: YES    ICD Set: 10
                              Diagnosis Codes
    DX  #1: D00.00   CARCINOMA IN SITU O    DX  #7:
    DX  #2:                                 DX  #8:
    DX  #3:                                 DX  #9:
    DX  #4:                                 DX #10:
    DX  #5:                                 DX #11:
    DX  #6:                                 DX #12:

            OC          Alias       Order Code Description
        1   85025                   CBC W/ DIFF
        2
        3
        4
        5
        6
        7
        8
        9

                         [Check]   [Edit]   [Exit]
```

Payer for ABN Check: Enter the Payer ID to be used for the ABN check. Typically, this will be the Payer ID for your Medicare contractor. This is helpful when you have multiple MACs with local coverage determinations for one procedure code. The default value for this field is set in Company Definition.
    Note: Any Payer with Limited Coverage Policies attached in Payer Definition may be used.

Date: Enter the DOS to be checked.

Check Profile Components?: By default, the components of the profile will not be checked, assuming that the profile will be billed as a unit, rather than as individual components. If this profile is typically exploded and billed as components then enter "Y" to check the components instead of the profile.

ICD Set: Enter 9 for ICD9 or 10 to use ICD10.
    Note: If you enter a Date of Service and ICD Set that conflict with the ICD Code Set and Code Set Effective Date defined for the payer entered in the Payer for ABN Check field then the following message will be displayed.

```
ICD10 is in effect for this payer, changing ICD to 10
```

DX #1 through DX #12: Enter up to 12 ICD Diagnosis Codes.

OC: Enter the Order Code you wish to check against the diagnosis or diagnoses listed in the DX #1 through DX #12 field(s). Enter the test code, alias, or the first few characters of the description.

Need ABN Message

```
┌─────────────────────────Need ABN──────────────────────────┐
│  CPT        Order Code     Order Code Description          │
│  85025      85025          CBC W/ DIFF                     │
│                                                            │
│  Press ENTER to continue                                  │
│                                                            │
└────────────────────────────────────────────────────────────┘
```

No ABN Necessary Message

```
ARABN-Co.1                      ABN Check
       Payer for ABN Check: MCR        MEDICARE
       Date: 05/11/15      Check profile components?: YES    ICD Set: 10
                      Diagnosis Codes
   DX  #1: A00.0   CHOLERA DUE TO VIBR    DX  #7:
   DX  #2:                                DX  #8:
   DX  #3:                                DX  #9:
   DX  #4:                                DX #10:
   DX  #5:
   DX  #6:
                       ┌──────────────────────────┐
              OC       │   No ABN Necessary       │cription
        1     85025    │  Press ENTER to continue │
        2              └──────────────────────────┘
```

Unkeyed Edit Override (1,1,3)

Billing System /Order Entry / Unkeyed Edit Override

Unkeyed Edits may be enabled by Client ID and/or Payer ID using file definition to force manual review of the accessions for accuracy and complete billing information prior to release from Order Entry. This process helps you accomplish the goal of submitting clean claims for billing.

The Unkeyed Edit Override is a utility that allows you to push through a mass of accessions held in the Order Entry Unkeyed Edit for a particular service date range. The Accessions will then be released to create an invoice or held in another edit if missing information, medical necessity, or other edits exist.

```
AXUPDATE-Co.1              Unkeyed Edit Override

          Output Device: SCREEN

              Payer ID: *          ALL

        Date Threshold: 01/01/2015

      Include Client ID: *          ALL

      Skip Client ID(s):



              Password: ASKMANAGER




              [Update]   [Edit]   [Exit]
```

Output Device: Enter a valid Device ID, or enter "/L" to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Payer ID: Enter a Payer ID. Enter "*" for ALL, or "/L" for a list. Enter the first few characters of the Payer Name to search for the Payer ID.

Date Threshold: Enter the date that the service was performed MMDDYY, MM/DD/YY, MM/DD/YYYY, T for Today, T-NN, where nn is days in the past, or Y for Yesterday. MMDD, MM/DD assumes current year. Unkeyed accessions with a DOS that is older than the date entered will be marked as "keyed" by the one who runs this screen. Accessions with a DOS equal to or later than the date entered will be untouched.

Include Client ID: Enter a Client ID or "*" for ALL Client IDs. Enter "/L" to select from a list. Leave this field blank if you prefer to select specific Client IDs to exclude from Overrides.

Skip Client ID: Enter the Client IDs you wish to exclude from the Override. Enter "/L" to select from a list. This field is only accessible if Include Client ID is left blank.

Password: Enter the password assigned to this utility. Contact your Manager for more information.

Once the accessions are released from the Unkeyed edit, they will be held in other edits if billing information is incomplete.

Order Entry Productivity Report (1,1,18)

Billing System / Order Entry / Order Entry Productivity Report

The Order Entry Productivity Report may be used to actively manage the productivity of your team working accessions in the Order Entry screen. This report gives a count of the number of keyed accessions for each User ID per day. The information is based on the last User ID to who keyed the accession before billing. The end of the report displays the grand total number of keyed accessions for the specified time period. Summary and Detail options are available for this report.

```
AOEPRDRP-Co.1           Order Entry Productivity Report

                 Output Device: SCREEN
                    Start Date: 01/01/2014
                      End Date: 05/23/2016
          [S]ummary or [D]etail: S

















                    [Print]  [Edit]  [Exit]
```

Summary: Displays the <u>total</u> of accessions keyed by all users with in a date range.

Detail: Displays the <u>total</u> of accessions keyed in by all users within a date range with the total number of accession by specific date within the date range.

Order Entry Productivity Summary Report

```
User: SLDSI              Order Entry Productivity Report        05/23/2016
Page: 1              Seacoast Laboratory Data Systems, Inc.     11:43 AM
                From Start Date: 01/01/2014 thru End Date: 05/23/2016

Date          User ID      User Name                       # of Accessions
----          -------      ---------                       ---------------
Total         JLH          Seacoast  Demo User                    13
              LBH          EMPLOYEE  TEST                           6

                                          Grand Total:            19
<CR> to continue: ▮
```

Order Entry Productivity Detail Report

```
User: SLDSI              Order Entry Productivity Report           05/23/2016
Page: 1               Seacoast Laboratory Data Systems, Inc.        11:41 AM
                From Start Date: 11/25/2015 thru End Date: 05/23/2016

Date            User ID     User Name                       # of Accessions
----            -------     ---------                       ---------------
12/04/2015      LBH         EMPLOYEE   TEST                        3
                                                            ---------------
                                        Total for 12/04/2015:      3

12/22/2015      JLH         Seacoast   Demo User                   1
                                                            ---------------
                                        Total for 12/22/2015:      1

01/05/2016      JLH         Seacoast   Demo User                   1
                                                            ---------------
                                        Total for 01/05/2016:      1

01/19/2016      JLH         Seacoast   Demo User                   1
                                                            ---------------
                                        Total for 01/19/2016:      1

01/20/2016      JLH         Seacoast   Demo User                   1
<CR> to continue:
```

Order Entry Hourly Productivity Report (1,1,19)

Billing System / Order Entry / Order Entry Productivity Report

The Order Entry Hourly Productivity Report displays the hourly count of keyed accessions per User ID for the specified time period. The end of the report displays the grand total number of keyed accessions for the specified time period. The information is based on the first User ID who keyed the accession in Order Entry.

```
AOEPRDDH-Co.1          Order Entry Hourly Productivity Report


              Output Device: SCREEN

                 Start Date: 01/01/2015   Time: 08:00

                Ending Date: 12/24/2015   Time: 14:00











                       [Print]  [Edit]  [Exit]
```

Output Device: Enter a valid Device ID or enter "/L" to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias.

Beginning Date: Enter the Beginning Date to designate the beginning date the system will use to search for data to be included with this report. This is based on the last date the accession was keyed before billing. (MM/DD/YYYY)

Time: Enter the Time in military format to designate the beginning time the system will use to search for data to be included in this report. (00:00)

Ending Date: Enter the Ending Date to designate the last day of the range of the dates from which to check the files for User activity. (MM/DD/YYYY)

Time: Enter the Time in military format to designate the ending time the system will use to search for data to be included in this report. (00:00)

Order Entry Hourly Productivity Report

```
User: JLH                           Order Entry Hourly Productivity Report                    12/24/2015
Page: 1                              Seacoast Laboratory Data Systems, Inc.                     2:23 PM
                           From 01/01/2015 at 08:00 To 12/24/2015 at 14:00
                                           OE Action: Saved


 0100 0200 0300 0400 0500 0600 0700 0800 0900 1000 1100 1200 1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400 TOTAL
 ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- -----
 JLH - Seacoast Demo  User
                                              1        10    3    1    1    3    3    4    3    1                              30
 LBH - #99  EMPLOYEE
                                                        5    5    5    1    2    1    4    2                                   25
 SCU - SEACOAST  USER
                                                                            1    1         1                                   3

 ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== =====
 Grand Total
                                              1        10    8    6    6    4    6    6    7    4                              58
<CR> to continue: ▊
```

Edits (1,2) and Edit Reporting (1,2,1)

SurroundLab™ AR Order Entry Edits Processing

Accessions in Order Entry are reviewed by edit logic to confirm that all of the necessary information for billing is present before a claim is created. The purpose of this logic is to help your billing department submit clean claims to prevent denials. If an accession clears the edits then it is released from Order Entry and an invoice is created for billing. The edit process may find that some information necessary for billing is not present. When this occurs, an **edit** is set on the accession in Order Entry to alert you that the information entered on the accession is not complete for billing.

The standard list of edits provides the Edit Name, Edit Message and Edit Purpose. Edits also have an Edit Type which can be internal, external, or conditional. The Edit Type determines whether an accession with this edit should be worked internally or sent externally to the Ordering Provider to submit the additional information needed for billing. The Missing Information process (explained later in this manual) can be used to present accessions missing information necessary to billing to the ordering provider.

The Edit Type for Order Entry Demographics fields, such as Patient Name, Sex, Address, DX (1), etc., are controlled by the "Set Edit Type for Order Entry Demographics" panel of Company Definition.

```
ADCOM-Co.1                      Company Definition

            Set Edit Type for Order Entry Demographics

     Field Description      Edit Type    Field Description      Edit Type
     Phys Id                E            Resp Party Frst Name   E
     Phys Name              E            Resp Party Str. Addr   E
     Patient Sex            E            Resp Party City        E
```

Each payer may or may not require the use of these fields and can be defined as required, or not, for each Payer ID in the Payer Definition panel "Set Required Flag for Order Entry Demographics".

> **Example:** *Commercial payers require at least one diagnosis on a claim so the DX (1) field should be set to "YES". However, for the Client Payer ID, you may not wish to require any diagnosis codes on the accession so you could set this field to "NO".*

```
ADPYR-Co.1                      Payer Definition

            Set Required Flag for Order Entry Demographics

     Field Description      Required?    Field Description      Required?
     Phys Id                YES          Resp Party Str. Addr   YES
     Phys Name              YES          Resp Party City        YES
     Patient Sex            YES          Resp Party State       YES
     Patient Birth Date     YES          Resp Party Zip         YES
     DX (1)                 YES          Resp Party HomePhone    NO
     Patient Street Addr    YES          Resp Party Wrk Phone    NO
```

> **Note:** *If a Payer has not yet been entered on an accession in Order Entry, SurroundLab™ AR is not able to complete the edit checking for fields required by the payer. It is possible that you may clear edits in Order Entry and then have additional edits to clear once the Payer is entered allowing the additional edit checking specific to that Payer ID to occur.*

In addition to the Order Entry Demographics edits, each Payer ID may also have "Additional Order Entry Billing Fields" defined in Payer Definition which may be set as "Y" in the Required to Bill field.

> ***Example:*** *Similar to the scenario above, some payers may not need any additional billing fields to be defined (Client/Patient). Third Party payers require an HICN (Medicare Number) or a Subscriber ID and/or Group number. Other fields may be created as needed.*

```
ADPYR-Co.1                    Payer Definition

                  Additional Order Entry Billing Fields


        Field Id(s):  Required  Edit Type    Conditional Function
                      to Bill?

1       POLICY            Y     E External
2       GROUP             N     E External
3       SUBSCRIBER        Y     E External
4       SUBADDRESS        N     E External
5       SUBCITY           N     E External
6       SUBSTATE          N     E External
7       SUBZIP            N     E External
8       AUTH
```

In the Edit List, "C" under Edit Type refers to the condition of the field setting of Yes/No in the Required to Bill field. Conditional Functions require programming. Contact your Seacoast Support Representative if the use of a Condition Function is needed.

Note: You may need to contact your System Administrator for changes to these fields in File Definition. Utilities access is required to update these fields. This overview was provided to help front end users understand how and why the edit process occurs in SurroundLab™ AR.

Edit List

Below is a list of the edits used by SurroundLab AR to evaluate accessions prior to billing for services provided. When a key piece of information is missing from an accession, the accession will be held in either the Order Entry or Edit Transfer Queue instead of moving on to the claim submission process so that the concern may be resolved and a clean claim is created when the charges are billed. SurroundLab AR is a customizable application. If you would like a custom edit created, please contact your Seacoast Support Representative.

The **Edit Detail** provides more information about why the edit is holding the charges. The **Edit Type** refers to whether the edit is an Internal, External or Conditional Edit. To determine whether an edit is internal or external, think about the workflow of how the edit will be resolved. If the information can be found and entered in the Order Entry field using an internal resource, i.e. a requisition, scanned document, file maintenance change (price, CPT), etc., the edit should be considered and defined as an internal edit. However, if the referring provider's office must be contacted in order to obtain the missing information, this edit should be external. Conditional edits occur using logic entered by a Seacoast Programmer in the Additional Order Entry Billing Fields section of Payer Definition. Review the **Documentation** for each edit to learn more about the purpose of the edit and how to resolve it.

Edit Name	Type	Edit Detail	Documentation
72-hour rule	I	72-hour rule	Hold until hospital admit information is received, then delete the order if it is within 3 days of a hospital admission.
Expired CPT code	I	CPT "Code" is no longer in use as of "Date"	The CPT is obsolete.
Diagnosis narrative	I	DXn: Diagnosis description	At some sites, the physician will sometimes write in a diagnosis without indicating the specific ICD code that is appropriate. It is left up to specially trained and certified individuals in the billing department to interpret the text entered by the physician, and enter the proper ICD code. Typically, data entry personnel do not have the proper training or certification to do the interpretation, but they need a way to enter the text that was written by the physician. The Diagnosis Narrative feature addresses this issue.
			In the OE screen, you is allowed to enter the letters DX, followed by a number that is equal to the number of the DX code being entered. For example, if 5 DX codes have been written on the requisition, and a sixth is written as text, then you would enter DX6 for the 6th DX code. A window pops up, allowing you to enter the diagnosis description written by the physician. You then enters that text. The DXn entered by you triggers an edit for which the text entered by you becomes the edit detail. Thus, if you enters "headache" as the diagnosis text, then the report will show a "Diagnosis narrative" edit on the summary report, and on the detail report, the text "DXn: headache" will be printed.

Edit Name	Type	Edit Detail	Documentation
Double-billed order code	I	Order code "Ocode" is already billed to invoice "invoice#"	Sometimes, typically due to procedural errors in the lab, a test that has already been billed is sent across the billing interface. To prevent accidentally duplicate billings, the "Duplicate order code" edit was created. To resolve this edit, you must determine if the additional order was intended or not. If not, then the test should simply be deleted via the Order Entry Screen. If the added test is intended, i.e., the same test was ordered twice, then the invoice that already exists for the order should be modified, increasing the units accordingly, and adding any necessary modifiers. Then, if the claim has already been sent, the claim must be resent with the correction.
Duplicate order code	I	Order Code "Code" already billed for ACN "Accession" w/ same	The edit prevents a test from being entered a second time for the same accession after the test has already been billed for that accession.
		DOS, inv="Invoice#"	
Effective date missing	I	Order Code "Code" effective date unavailable	This edit indicates that either the order code is undefined, or that the oldest effective date on file is later than the date of service.
Payer Eligibility Edit (Carrier ID)	I	Eligibility request {re-}sent on "Date"	The payer has not yet responded to an eligibility check.
		or	
		Eligibility request not yet submitted to "Carrier ID"	
FLDNM is invalid	C	Invalid Entry "FLDNM"	This edit indicates that the validation check for one of the payer-dependent billing fields has failed. The edit can be either internal or external, as defined for the payer. The "FLDNM" is the description associated with the specific billing field. These edits are set to Internal or External in Payer Definition. Therefore, it is possible for the exact same edit to be Internal for one payer, and External for another payer.
FLDNM missing	C	Missing required information "Fieldname"	This edit indicates that field "Fieldname" on the Order Entry Screen is marked as required for the payer, but is missing. The edit can be either internal or external, as defined for the payer. The "FLDNM" is the description associated with the specific billing field. By default, these edits are External, but they can be set to Internal in Company Definition.

Edit Name	Type	Edit Detail	Documentation
Future date of service	I	Future date of service	This edit indicates that, due to a data entry error in the lab, a future date of service has been entered.
Inactive diagnosis code	I	Inactive diagnosis code "Dx": no ICD effective date for DOS "Date"	SLAR finds the most recent effective date in the ICD directory based on the date of service. If no effective date equal to or preceding the DOS is found, this edit is generated. In most cases, it is the DOS that is incorrect, though this could also indicate a SLAR configuration problem.
Inactive order code	I	Order Code "Ocode" inactive	If the Inactive Date is set for the order code, and the date is older than or equal to the date of service, then this edit is generated. Typically, a new order code has been defined to replace the inactive one, and that substitution must be made via the Order Entry Screen.
Inactive payer	I	Payer "Payer ID" is inactive	If the Inactive Date is set for the Payer, then the DOS for the accession must predate the inactive date in order for the accession to be billed.
Invalid diagnosis code	E	Invalid ICD code Dx	This edit indicates that either the diagnosis code "Dx" is not defined for the effective date in question, or it has been marked as inactive as of the date of service.
	E	Invalid diagnosis "Dx" for patient sex "Sex"	Diagnosis "Dx" is only valid for the sex entered in ICD Definition.
	E	Diagnosis code "Dx" is invalid for patient age "Age"	The age of the patient is outside the range defined in ICD Definition for the diagnosis code.
Invalid Diagnosis Pointer	I	Invalid Diagnosis Pointer for Order Code "Ocode"	This edit indicates that a specific test has been linked to a diagnosis number (1-12) for which no diagnosis code has been entered.
Invalid DX for Payer	I	Invalid DX "Code" for Payer "Payer ID"	In Payer Definition, one can define a list of DX codes that cannot be used for that payer.
Invalid order code for patient's gender	I	Invalid order code "Code" for "male or female" patient	This edit is controlled by the Gender Edit setting in Order Code Definition.
Invalid Payer	I	Invalid Payer "Payer ID" for Order Code "Ocode"	This edit indicates that either the Payer ID is not among the list of valid payers for the order code, or it is in the list of invalid payers.

Edit Name	Type	Edit Detail	Documentation
Medical Necessity	E	Medical Necessity, Policy: "Policy", CPT: "Cpt", OC: "Ocode"	This edit indicates that the order code is covered under a Limited Coverage Policy, and that additional diagnosis codes are required to fulfill the requirements for coverage.
	E	Medical Necessity "Policy", CPT: "Cpt", Non-Covered DX: "Dx", OC: "Ocode"	This edit indicates that the order code is covered under a Limited Coverage Policy, and that the diagnosis code appears in the list of Non-covered Diagnosis codes for the policy.
Missing required information ORDCLPID	I	Missing required information ORDCLPID	This Edit indicates that the Patient ID from the Ordering Client is missing on the accession.
Missing non-E Dx code	E	Missing required information, need non-E Dx code	If at least one diagnosis code is required for the payer, but all of the diagnosis codes that were entered begin with the letter "E", then the requirement of at least one diagnosis code being entered is considered not to have been satisfied. This edit only applied to ICD9 codes.
Missing non-V through Y Dx code	E	Missing required information, need non-V through Y Dx code	ICD10 codes beginning with "V", "W", "X" or "Y" should not be the primary diagnosis for any test.
No date of service	I	No date of service	The Accession in question is missing the Date of Service.
No Miscellaneous Payer ID	I	No Miscellaneous Payer ID for Payer "Payer ID"	If a Payer ID is entered that is flagged as a Miscellaneous Payer, then a Miscellaneous Payer ID must be entered. Typically, this Miscellaneous Payer ID has been previously defined in the Miscellaneous Payer Definition Screen.
Nothing ordered	I	Accession contains no ordered tests	The accession in the Order Entry Queue consists of demographics only, without any order codes.
Nursing Home Hold	I	Nursing Home Hold	This edit indicates that NH Edit feature is enabled for the ordering client, and the order is to be held until the edit is released by a user, either via the Order Entry Screen, or via the Nursing Home Work List.
Order Code is missing CPT	I	Order code "Ocode" is missing a CPT	This Edit indicates that the Order Code Definition screen is lacking an associated CPT code for this particular Order Code

Edit Name	Type	Edit Detail	Documentation
Order code quantity restricted	I	Order code "Code" is restricted to qty 1, but ordered with qty nnn	This edit prevents the order code from being ordered with quantity greater than 1. By default, profiles are restricted to quantity 1. This limitation can be changed in Order Code Definition.
Ordering Client Inactive	I	Ordering Client "Client ID" is inactive	This Edit indicates that the Client on this accession has an Inactive Date defined in the Client Definition screen
Ordering Client not defined	I	Ordering Client "Client ID" not defined	This Edit indicates that the Client ID on this accession is not one defined in the Client Definition screen.
Ordering Location not defined	I	Ordering Location "Location ID" not defined	The ordering location is a required field for all lab orders.
Payer is invalid for ordering client	I	Payer "Payer ID" is invalid for client "Client ID"	This Edit indicates that the Client Definition screen is set to disallow this Client to be billed to the indicated Payer
Payer not defined to system	I	Payer "Payer ID" not defined	This Edit indicates that the Payer indicated on the accession has not yet been defined in the Payer Definition Screen
Physician ID not PECOS enrolled in physician file	I	Physician ID "ID" not enrolled in PECOS system	For sites where this feature is enabled, a field is enabled in Payer Definition that indicates whether the physician must be enrolled in PECOS. If not, the order cannot be billed to that payer.
Physician ID not defined in physician file	I	Physician ID "ID" not defined in physician file	This Edit indicates that the UPIN indicated on the accession has not yet been defined in the Physicians & UPINs Definition
Physician license is inactive	I	License for physician ID "ID" is inactive as of "Date"	If a physician's license has been revoked, the date of the revocation can be entered in Physician Definition, which will prevent any order requested by that physician from being billed.
Primary payer not defined to system	I	Primary payer "Payer ID" not defined	The Primary Payer is required for billing and this Payer ID has not been defined in Payer Definition.
Primary payer missing	C	Primary payer missing	The Primary Payer is not entered for this accession. The edit type is determined by the setting in Company Definition.

Edit Name	Type	Edit Detail	Documentation
Same-day rule	I	Same-day rule	Hold until hospital admission information is received, then delete the order if it is from the same day of a hospital admission.
State code not defined to the system	I	State code "code" not defined to the system	This edit prevents junk data sent in the billing interface from getting into the system.
STD test requires self as responsible party	I	Under Aged Patient test "Ocode" requires "SelfCode" as relationship code	This edit indicates that the "Under Aged Patient Testing" feature is enabled in Order Code Definition, which requires that the patient be defined as the responsible party, so that the patient bill will be sent to the patient, rather than to any legal guardian.
Test Pending	I	Test Pending	This Edit indicates that the Order Code has not yet been finalized on the lab side and therefore cannot be billed.
Timed hold	I	Timed hold	This Edit indicates that a Timed Hold has been set in the Company Definition for a certain number of days before the accession can be queued up and billed.
Undefined Rendering Physician	I	Undefined Rendering Physician code ("RenderID") for Order Code "Ocode"	This Edit indicates that the Rendering Physician linked to this test or accession has not yet been defined in the Rendering Physician Definition screen.
Undefined Testing Location	I	Undefined Testing Location ID ("LocationID") for Order Code "Ocode"	This Edit indicates that the Testing Location linked to this Order Code has not yet been defined in Location Definition.
Unkeyed		Unkeyed	The Unkeyed Edit is a special case. It is not an edit in the usual sense, but more like a status, reflecting the fact that the accession has not yet been touched by a user via the Order Entry Screen. The Unkeyed Edit is honored only when Unkeyed Edits are enabled for either the payer, or the client. Therefore, accessions can be "unkeyed" but not show up on the Edit Summary Report as an Unkeyed Edit if the file definition settings did not cause the Unkeyed status.
Wild order code	I	Wild Order Code not allowed	Wild order codes are disallowed for this company.
	I	Wild Order Code description missing	Wild Order Code description missing
	I	Wild Order Code price missing	Wild Order Code price missing

Understanding the Terms: Not Updated, Unkeyed, Keyed, and Not Keyed

When an accession comes in via the billing interface, there are initially no edits. The status is also unknown because no attempt has been made to bill it. These accessions might appear on an edit report as "**Not Updated**" on the Edit Summary Report, or "No Edits" on the Edit Detail Report, because it is not yet known if any edits will occur.

There was a time when orders in this state did not show up on the Edit Reports as these accessions had no edits. In order for accessions in this step of the cycle not to be 'lost' for reporting purposes, the Not Keyed status is used to Identify them. This method allows SurroundLab AR to estimate the value of these accessions on the Dashboards. The Dashboard totals agree with the Edit Summary Report totals.

Once the background filer has had a chance to examine the accession, SurroundLab AR will usually attempt to invoice it unless it qualifies for an **Unkeyed*** edit based on the file maintenance settings in either Client Definition or Payer Definition. If the accession does not qualify for an Unkeyed edit and all necessary billing information came into SurroundLab AR via the billing interface then the accession will be automatically processed and billed by the background filer. Any accession not yet saved by you is considered **Not Keyed**.

If the billing information is incomplete and the background filer is unable to create an invoice, edits will be generated for the accession. A user will then manually review the accession in attempt to add information and clear any edits. The accession is now considered **Keyed** once you have saved the accession in the Order Entry screen.

Simplified Definitions

- ❖ *__Not Updated:__ accessions sent via the billing interface which have not yet been reviewed by the background filer for any edits*

- ❖ *__Keyed:__ accessions that have been saved in the Order Entry screen by a user*

- ❖ *__Unkeyed:__ an accession has been received via electronic interface but has not been "saved" in the Order Entry screen. Unkeyed edits can be enabled either by payer or client as a way to force the accessions to be manually reviewed.*

- ❖ *__Not keyed:__ all accessions that are not Keyed, including the Unkeyed*

> *__Note:__ Some sites run month-end close manually, sometimes days after the end of the month. The background filer is coded to ignore orders with a Date of Service in the new calendar month until the previous month is closed. These orders will appear as Not Keyed and have no edits as SurroundLab AR has not attempted to bill them.*

*Scenarios may exist where it is favorable to hold all accessions for a particular Client or Payer for manual review in Order Entry before billing. Perhaps the data quality associated with a particular Client is poor and needs to be reviewed and/or compared with the requisition or certain orders for a Client need to the payer changed to Client billing rather than a third party payer, even if the insurance information is in effect. See the next pages to learn how to set Unkeyed Edits using Client Definition or Payer Definition.

Summary by Edit Type Report (1,2,1,1)

Billing System / Edits / Edit Reports / Summary by Edit Type

The Edit Report Summary is a high level snapshot of the currently unbillable accessions. The Edit Types are listed by AGING bucket for all Payers or a specific Payer. Then, you are able to subsequently view the drill-down detail list of Accessions for any EDIT TYPE and AGING bucket by running the Edit Detail Report.

This report gives a count on the number of edits for each edit type broken down by aging, based on the date of service. This report also displays totals for both the aging columns, as well as, a total count for reach edit type. This report can be run for an individual payer or for all payers and for an individual user or for all users.

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Payer ID: Enter a valid Payer ID, enter "/L" (List Command) to generate a list of all Payer IDs, or enter "*" for all Payer IDs.

Ordering Location: Enter the Ordering Location, "/L" for a List, or "*" for ALL. Enter the first few characters of the Ordering Location ID; i.e. the Location where the order was placed.

User ID: Enter a valid User ID or enter "/L" (List Command) for a list of all User IDs.

Edit Type: Enter Edit Type I for Internal, E for external, "/L" (List Command) to generate a list of all Edit Types, or enter "*" for all Edit Types.

[K]eyed / [N]ot keyed or [*] All: Enter (K)eyed, enter (N)ot Keyed, or enter "*" for all. Keyed means someone has manually touched the Accession in Order Entry, while Not Keyed means that no one has touched the Accession in SLAR OE.

Include Nursing Home Edits?: Enter (Y)es or (N)o to include Nursing Home Edits in this report. Nursing home edits are not an edit, in the usual sense. If Nursing Home Edits are enabled for a client, then accessions will be held with an internal edit until released via the "Release Nursing Home Edits" screen, or the "Nursing Home Worklist" screen.

Sort by: You have the option to sort by payer. Enter a (Y) to sort by payer or a (N) to sort by non payer.

Summary By Edit Type Selection Screen

```
ARER3-Co.1                 Edit Report Summary by Type

                  Output Device: SCREEN

                      Payer ID: *           ALL
              Ordering Location: *           ALL
                       User ID: *           ALL
                     Edit Type: * ALL
     [K]eyed / [N]ot keyed or [*] All: * ALL
           Include Nursing Home Edits? NO
           Sort? [P]ayer / [L]ocation: P












                     [Print]   [Edit]   [Exit]
```

Summary By Edit Type Report

```
Page: 1            Seacoast Laboratory Data Systems, Inc.        12:46 PM
                      For Payer: AE   AETNA
                  For Ordering Location: ALL
                      For User ID: ALL
                  For All Order Entry Edits


                          0-1    2     3    4-5   6-10  11-30 31-60 61-90 91-120  >120
EDIT TYPE                 Days  Days  Days  Days  Days  Days  Days  Days  Days   Days Total Edits/ACNs
------                    ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----------------
Invalid diagnosis code                                                             11               9
Invalid primary diagnosis code                                                      5               5
Medical Necessity                                                                  11              10
Missing non-V through Y Dx code                                                     3               3
Policy # missing                                                                    3               2
Relationship to subscriber missing                                                  2               2
Resp Party Zip missing                                                              1               1
Subscriber Name (last, first m) missing                                             3               3
Subscriber's Address missing                                                        2               2
Subscriber's City missing                                                           1               1
Subscriber's State missing                                                          1               1
Subscriber's Zip Code missing                                                       2               2
Invalid Date of Service                                                            15               9
Nothing ordered                                                                     2               2
<CR> to continue: █
```

Detail by Edit Type Report (1,2,1,2)

Billing System / Edits / Edit Reports / Detail by Edit Type

The Detail Edit Report allows you to drill-down and print a list of unbillable Accessions. You may specify criteria such as:

- o Order Entry or Transfer Edits
- o One Payer or All
- o One particular Aging bucket, or All
- o One Edit Type or All
- o One Ordering Client or All Clients
- o Keyed or Not Keyed, or All
- o Include Pending Tests or not
- o Sort by Accession or Client

This report is a Detail breakdown for the Summary Edit Report by Type which allows for multiple ways to report the data. You can include all Payers, one Payer, or specify a list of Payers. All edits can be included or you may specify a particular edit type. You can include all Clients or specify just one. This edit report provides an option to include or exclude pending tests from the report. You can include all edit reasons or specify a particular edit reason. You can include all Aged Categories or specify just one. You can specify Keyed, Not Keyed, Unkeyed, or all types of edits. You can include or exclude accessions that have been released for MI Letters. You can include the sum of the estimated charges of order codes and finally you can sort this report by either Accession, Client number or that last user ID to file the accession.

The report will list the Accession number, the Patient ID, the Patient Name, the DOB and DOS, and the Client#. All Edits for the accession will be displayed.

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Order Entry or Transfer Edits: Enter (O)rder Entry Edits, (T)ransfer Edits or enter "/L" (List Command) to generate a list of all Edits. This field is required.

Payer ID: Enter a valid Payer ID, enter "/L" (List Command) to generate a list of all Payer IDs, or enter "*" for all Payer IDs. This field is required.

Misc Ins ID(s): Enter the miscellaneous insurance code from the Payer Definition file. Enter "/L" for a list of codes, "*" for ALL.

Aged Category: Enter the appropriate Aged Category, enter "/L" (List Command) to generate a list of all Aged Categories or enter "*" for all Aged Categories. The aging is based on DOS. This field is required.

Edit Reason: Enter the Edit Reason, enter "/L" (List Command) to generate a list of all Edit Reasons or enter "*" for all Edit Reasons. This field is required.

Ordering Location: Enter the Ordering Location, "/L" for list, "*" for all.

Ordering Client: Enter the Ordering Client number, enter "/L" (List Command) to generate a list of all Ordering Clients or enter "*" for all Ordering Clients. This field is required.

[K]eyed/[N]ot keyed or [U]nkeyed: Enter (K) to print only Keyed accessions. Keyed accessions are those that have been saved in the Order Entry screen by a user. All other accessions are Not Keyed. Unkeyed Edits are accessions that are Not Keyed, but also for which the Unkeyed Edit flag is enabled for the payer and/or client.

Enter "N" to print all accessions that are Not Keyed, including those with an Unkeyed Edit. Enter "U" to print only those with an Unkeyed Edit. Enter "*" to ignore the keyed status for this report.

Note that when accessions initially appear in the Order Entry work queue, usually by way of a billing interface, they initially have no edits at all, except perhaps the Unkeyed Edit. Other edits are generated when the system attempts to create an invoice for the order, either via the Order Entry screen, or via the background filer. These accessions appear on the Edit Summary Report as "Not updated", and will be included on this report marked as "No edits", only if the Not Keyed option is selected.

Include Nursing Home Edit? Nursing home edits are not an edit, in the usual sense. If Nursing Home Edits are enabled for a client, then accessions will be held with an internal edit until released via the "Release Nursing Home Edits" screen.

Enter Yes to include Nursing Home Edits in the report. Otherwise, any accession with ONLY the Nursing Home Edit will be excluded from the report.

Include Pending Tests: Enter (Y)es or (N)o to Identify if pending tests should be included on the report. This field is required.

Include MI Released Accessions? Enter (Y)es or (N)o to include accessions that have been release for MI Letters.

Include Estimated Charge$? Enter (Y)es or (N)o to include the sum of the estimated charges of the order codes in dollars.

User ID: Enter a User ID or "*" for ALL.

Sort by: Enter (A) to sort the report by Accession, (C) to sort by Client, (L) to sort by ordering Location, (S) to list clients sorted by Sales Rep, or (U) to sort by the last User to file the accession.

Detail by Edit Type Selection Screen

```
ARER4-Co.1                  Detail Edit Report by Type

                Output Device: SCREEN

   Order Entry or Transfer Edits: O Order Entry Edits
                    Payer ID(s): *          MiscIns ID(s):


                 Aged Category: *    ALL
                 Edit Reason(s): *


         Excluded Edit Reason(s): Nursing Home Hold

              Ordering Location: *         ALL
                Ordering Client: *         ALL
   [K]eyed,[N]ot Keyed,[U]nkeyed: * All
         Include Nursing Home Edits? NO
            Include pending tests: NO
Include MI Released Accessions?: n/a
      Include Estimated Charge$?: NO
                        User ID: *         ALL
                        Sort by: A Accession
                        [Print]  [Edit]  [Exit]
```

Detail By Edit Type Report

```
User: JLH                  Edit Detail Report              03/11/2015
Page: 1          Seacoast Laboratory Data Systems, Inc.    12:41 PM
                        Ordering Client: ALL
                           Edit Type: ALL


Accession#   Patient Name                  DOB         DOS
Client #     Client Name                   Client Phone Order Loc  User ID
------------ ----------------------------- ------------ ---------- ----------
A000370      TEST, JESS                    01/01/1976  01/06/2014
100          WOMENS HEALTH CLINIC          808-900-9090 1          JLH
     Missing required information "Resp Party Zip"
     Invalid ICD10 code E800.0

A000381      TEST, TEST                    01/19/1966  04/11/2013
102          CARDIOLOGY GROUP              101-000-1010 1          JLH
     Invalid ICD9 code A01.2
     Invalid ICD9 code A06.89

A000387      ,
UNKNOWN      unknown name                  n/a         n/a        n/a
     Unkeyed
     Accession contains no ordered tests
<CR> to continue:
```

Client Edit Report (1,2,1,3)

Billing System / Edits / Edit Reports / Client Edit Report

This Client Edit Report allows you to print Client unkeyed edits for all Clients or a single Client with beginning and ending dates of service.

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Client(s) or [*] For All: Enter the Ordering Client number (s), enter "/L" (List Command) to generate a list of all Ordering Clients, or enter "*" for all Ordering Clients. This field is required.

Client Unkeyed Edit Flag: You have the option to enter all "*" entries or just those Clients that have been enabled or disabled.

Beginning DOS: Enter the Date of Service which to begin the edit report.

Ending DOS: Enter the Date of Service which to end the edit report.

Include MI Released Accession? Enter (Y)es or (N)o to include accessions that have been release for MI Letters.

Client Edit Report Selection Screen

```
ARED1-Co.1                     Client Edit Report

              Output Device: SCREEN

      Client(s) or [*] for all: *            ALL




[K]eyed / [N]ot keyed or [*] All: * ALL

              Beginning DOS: 09/12/2014
                 Ending DOS: 03/11/2015

  Include MI Released Accessions?: n/a






                      [Print]   [Edit]   [Exit]
```

Client Edit Report

```
User: JLH                    Client Edit Report                 03/11/2015
Page: 1           Seacoast Laboratory Data Systems, Inc.         12:49 PM

                         102 (CARDIOLOGY GROUP)
                      DOS: 09/12/2014 - 03/11/2015

Client Phone: 101-000-1010  Fax: 101-900-9090  Contact: JAMES
Ck  Patient Name & Edits  DOS          Accession#  Prim Payer     Patient ID
--  ------------------    ----------   ----------  -------------- ----------
__  TEST, JESS            09/18/2014   A000915     INSTEST        TESTJESS
Ordering Location:  1
     Order code 85025 already billed for ACN A000916 on same date
        OCODE        STATUS    OC DESCRIPTION
        85025        Final     CBC W/ DIFF
<CR> to continue:
```

Edit Report by User (1,2,1,4)

Billing System / Edits / Edit Reports / Edit Report by User

The Edit Report by User provides summary or detail information for edits by User ID with flexible Edit Type, Payer ID, summary or detail. The report can be sorted by User ID or the Total number of Edits. This report gives a count on the number of edits for each edit type per User ID. This report also displays totals for both the number of edits per User ID, as well as, a totals count accessions affected per User ID. This report can be run for an individual payer or for all payers and for an individual user or for all users.

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Payer ID: Enter the Payer ID or enter "/L" (List Command) for a list of all available Payer IDs.

User ID: Enter a valid User ID or enter "/L" (List Command) for a list of all User IDs.

Edit Type: Enter the Edit Type, enter "/L" (List Command) to generate a list of all Edit Type or enter "*" for all Edit Types. This field is required.

(S)ummary or (D)etail: Enter (D)etail report, or enter (S)ummary report. Summary will give a general count of edits for each User ID. Detail will list each edit type, sorted by User ID.

Sort By [U]ser ID or [T]otal # of Edits: Enter (U) to sort by User ID or (T) to sort by the Total number of edits.

Edit Report by User Selection Screen

```
ARER5-Co.1                    Edit Report by User

                  Output Device: SCREEN


                        Payer ID: *          ALL

                         User ID: *          ALL

                       Edit Type: * ALL

            [S]ummary or [D]etail: D

Sort By [U]ser ID or [T]otal # of Edits: T






                    [Print]   [Edit]   [Exit]
```

Edit Report by User Report Summary Option

```
User: JLH                Summary Edit Report by User              03/11/2015
Page: 2           Seacoast Laboratory Data Systems, Inc.          12:51 PM
                            For Payer: ALL
                           For User ID: ALL
                        For All Transfer Edits


User ID      Name                  Total Edits            Total Accessions
-------      ----                  -----------            ----------------
n/a          unkeyed                    60                        25
JLH          JESS  HODGES               13                         8
LBH          LORI  HUDDLESTON           13                         7
BH           BETH  HUDDLESTON            5                         3


                                   -----------            ----------------
                                       91                        43

<CR> to continue: █
```

Edit Report by User Report Detail Option

```
User: JLH                Detail Edit Report by User               03/11/2015
Page: 1           Seacoast Laboratory Data Systems, Inc.          12:51 PM
                            For Payer: ALL
                           For User ID: ALL
                       For All Order Entry Edits


User ID      Name                  Type of Edit              Total Edits
-------      ----                  ------------              -----------
LBH          LORI  HUDDLESTON      Billing error                  1
                                   DX (1) missing                 4
                                   Diagnosis narrative            4
                                   Effective date missing         6
                                   Invalid Date of Service       21
                                   Invalid Diagnosis Pointer      1
                                   Invalid diagnosis code        39
                                   Invalid order code for pat     1
                                   Invalid primary diagnosis      9
                                   Medical Necessity             17
                                   Missing non-E Dx code          4
                                   Missing non-V through Y Dx     3
                                   Order Code is missing CPT      6
                                   Patient City missing           1
<CR> to continue: █
```

Edit Detail by DOS Report (1,2,1,5)

Billing System / Edits / Edit Reports / Edit Detail by DOS

The Edit Detail by DOS Report provides summary or detail information for edits by DOS with flexible edit reason, Payer ID, DOS, Ordering Client, Keyed or Not Keyed edits. This report is a detailed breakdown for the (Summary Edit Report by Type), which allows you multiple ways to report the data. You can include all Payers, one Payer, or specify a list of payers. You can include all edit types or specify a particular edit type. You can include all Clients or specify just one. You have the option to include or exclude pending tests from the report. You can include all edit reasons or specify a particular edit reason. You can specify a beginning and ending date of service range. You can specify Keyed, Unkeyed, or both types of edits. You can include or exclude accessions that have been released for MI Letters and finally you can sort this report by either Accession or Client number.

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Order Entry or Transfer Edits: Enter (O)rder Entry Edits, (T)ransfer Edits or enter "/L" (List Command) to generate a list of all Edits. This field is required.

Payer ID: Enter the Payer ID or enter "/L" (List Command) for a list of all available Payer IDs.

Beginning DOS: Enter the Date of Service with which to begin the edits.

Ending DOS: Enter the Date of Service with which to end the edits.

Edit Reason: Enter the Edit Reason, enter "/L" (List Command) to generate a list of all Edit Reasons or enter "*" for all Edit Reasons. This field is required.

Ordering Client: Enter the Ordering Client number, enter "/L" (List Command) to generate a list of all Ordering Clients or enter "*" for all Ordering Clients. This field is required

[K]eyed / [N]ot Keyed or [*] All: Enter (K)eyed accessions, (N)ot keyed accessions or "*" for All accessions whether they were keyed or not.

- Keyed Accessions are those accessions that have edits after being worked on in Order Entry; i.e.. a User pulled up the accession in Order Entry worked on it and press the [Save] button.
- Not Keyed Accessions are those accessions that have been sent electronically from the LIS and have not been worked on in SLAR Order Entry.

Include Nursing Home Edits? Nursing home edits are not an edit, in the usual sense. If Nursing Home Edits are enabled for a client, then accessions will be held with an internal edit until released via the "Release Nursing Home Edits" screen.

Enter **Yes** to include Nursing Home Edits in the report. Otherwise, any ACN with ONLY the Nursing Home Edit will be excluded from the report

Include Pending Tests: Enter (Y)es or (N)o to Identify if pending tests should be included on the report. This field is required.

Include MI Released Accessions? Enter "YES" to include accessions that have been release for MI Letters. Enter "NO" to exclude accessions that have been release for MI Letters.

Sort By: Enter (C) to sort by Client or (A) to sort by Accession.

Edit Detail by DOS Selection Screen

```
ARER6-Co.1                 Detail Edit Report By DOS

                 Output Device: SCREEN

   Order Entry or Transfer Edits: O Order Entry Edits
                      Payer ID: *          ALL



                 Beginning DOS: 09/12/2014
                    Ending DOS: 03/11/2015
                Edit Reason(s): *


               Ordering Client: *          ALL
             Ordering Location: *          ALL
   [K]eyed/[N]ot keyed or [*] All: * ALL
       Include Nursing Home Edits? NO
            Include pending tests: YES
   Include MI Released Accessions?: n/a

          Sort Report by
      (A)ccession or (C)lient: A
                         [Print]  [Edit]  [Exit]
```

Edit Detail by DOS Report

```
User: JLH               Edit Detail report by DOS              03/11/2015
Page: 1          Seacoast Laboratory Data Systems, Inc.        12:54 PM
                 For Payer: ALL   Client: ALL, Location: ALL
                            Edit Type: ALL
                Keyed and Unkeyed, Includes Tests Pending
                   DOS from 09/12/2014 to 03/11/2015


Accession#   Patient ID                     Date of    Date of
Client Phone Order Codes Patient Name       Birth      Service    Client #
------------ ---------- -------------------- ---------- ---------- ----------
A000895      TEST       TEST, JASON          01/01/1976 02/18/2015 PCPGRP
n/a          85025,PSA                                  Order Loc: REFLAB
             Invalid order code PSA for female patient
             Missing required information "Resp Party HomePhone"
             Medical Necessity, Policy: 190.31, CPT: 84153, OC: PSA


A000915      TESTJESS   TEST, JESS           08/01/1976 09/18/2014 102
101-000-1010 85025                                      Order Loc: 1
             Order code 85025 already billed for ACN A000916 on same date

<CR> to continue: █
```

Summary Edit Value Report (1,2,1,6)

Billing System / Edits / Edit Reports / Summary Edit Value Report

The Summary Edit Value Report provides summary information for accessions in Order Entry and the Transfer Queue with edits. Flexible selection criteria such as Payer, DOS, Edit Reason, Client (and more) allow you to drill down as needed, and sort options include sorting by Client, Financial Class, Payer and Region. The report itself estimates the value of the selected accessions with edits as a summary by the sort criteria. The report also includes an aging by Edit Reason, with counts of accessions.

The report estimates the value of the selected accessions with edits as a summary by the sort criteria. The values are the total net$ as determined by the Pricing module and are estimates based on preliminary billing. If any of the Order Entry data changes (Payer, Order Codes, Location, Client, etc.), this report could change. The report also includes an aging by Edit Reason, with counts of accessions. You can include all Payers, one Payer, or specific a list of payers. You can include all Clients or specify just one. You have the options to include or exclude pending tests and Nursing Home edits from the report. You can include all edit reasons or specify a particular edit reason. You can specify a beginning and ending date of service range. You can specify Keyed, Unkeyed, or both types of edits. You can include or exclude accessions that have been released for MI Letters and finally you can sort this report by Client, Financial Class, Payer or Region.

The Edit Summary Value Report calculates the totals as follows: once an ACN is selected, based on criteria entered by you each order code is priced as ordered, according to the fee schedule appropriate for the primary payer, without regard to explosion or implosion tables. The effective date for the prices is based on the date of service, or the current date if the DOS is not available. If a particular test cannot be priced, due to the limitations of the available data, then that one test is omitted from the total value for the accession.

Accessions, for which either the ordering client the primary payer is unknown, are not priced, though they are counted in the total # ACNs.

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Order Entry or Transfer Edits: Enter (O)rder Entry Edits, (T)ransfer Edits or enter "/L" (List Command) to generate a list of all Edits. This field is required.

Payer ID: Enter the Payer ID or enter "/L" (List Command) for a list of all available Payer IDs.

Beginning DOS: Enter the Date of Service with which to begin the summary of edits.

Ending DOS: Enter the Date of Service with which to end the summary of edits.

Edit Reason: Enter the Edit Reason, enter "/L" (List Command) to generate a list of all Edit Reasons or enter "*" for all Edit Reasons. This field is required.

Ordering Client: Enter the Ordering Client number, enter "/L" (List Command) to generate a list of all Ordering Clients or enter "*" for all Ordering Clients. This field is required

[K]eyed / [N]ot keyed or [*] All: Enter (K)eyed accessions, (N)ot keyed accessions or "*" for All accessions whether they were keyed or not.Keyed Accessions are those accessions that have edits after being worked on in Order Entry; i.e. a User pulled up the accession in Order Entry worked on it and press the [Save] button. Not Keyed Accessions are those accessions that have been sent electronically from the LIS and have not been worked on in SLAR Order Entry.

Include Nursing Home Edits? Nursing home edits are not an edit, in the usual sense. If Nursing Home Edits are enabled for a client, then accessions will be held with an internal edit until released via the "Release Nursing Home Edits" screen. Enter (Y)es to include Nursing Home Edits in the report. Otherwise, any ACN with ONLY the Nursing Home Edit will be excluded from the report.

Include Pending Tests: Enter (Y)es or (N)o to Identify if pending tests should be included on the report. This field is required.

Include MI Released Accessions? Enter (Y)es or (N)o to include accessions that have been release for MI Letters.

Sort By: Enter (C) to sort by Client, (F) to sort by Financial Class, (P) to sort by Payer or (R) Region

Summary Edit Value Report Selection Screen

```
ARER7-Co.1                 Summary Edit Value Report

                 Output Device: SCREEN

  Order Entry or Transfer Edits: O Order Entry Edits

                      Payer ID: *           ALL


                 Beginning DOS: 09/12/2014
                    Ending DOS: 03/11/2015

                   Edit Reason: *

                Ordering Client: *          ALL

 [K]eyed/[N]ot keyed or [*] All: * ALL
     Include Nursing Home Edits? NO

          Include pending tests: YES
  Include MI Released Accessions?: n/a

                       Sort By: F Financial Class
                       [Print]   [Edit]   [Exit]
```

Summary Edit Value Report

```
User: JLH              Summary Edit Value Report              03/11/2015
Page: 1        Company 1 - Seacoast Laboratory Data Systems, Inc.    12:59 PM
                 Keyed and Unkeyed   Includes Tests Pending
                   DOS from 09/12/2014 to 03/11/2015


        Financial Class                    Est Gross Chgs   ACN Count
        ---------------                    --------------   ---------
        THIRD PARTY                                78.60           3
                                           --------------   ---------
        Total Est Gross Chgs:                      78.60           3
```
```
User: JLH              Summary Edit Value Report              03/11/2015
Page: 2        Company 1 - Seacoast Laboratory Data Systems, Inc.    1:01 PM
                 Keyed and Unkeyed   Includes Tests Pending
                   DOS from 09/12/2014 to 03/11/2015

Awaiting    0-30    31-60    61-90    91-120   121-150   150+    Tot ACNS
--------    -----   -----    -----    ------   -------   -----   --------
Editing       1                1                           1           3
```

Nursing Home Edit Report (1,2,1,7)

Billing System / Edits / Edit Reports / Nursing Home Edit Report

The Nursing Home Edit Report is a list of all accessions that are being held because Nursing Home Edits are enabled for the ordering client. You can include all Clients or specify just one. You have the option to specify an optional Date of Service range.

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Ordering Client: Enter the Ordering Client number, enter "/L" (List Command) to generate a list of all Ordering Clients or enter "*" for all Ordering Clients. This field is required

From Date of Service: Enter the Date of Service with which to begin the summary of edits.

To Date of Service: Enter the Date of Service with which to end the summary of edits.

Nursing Home Edit Selection Screen

```
ARERN-Co.1                    Nursing Home Edit Report

                 Output Device: SCREEN

                Ordering Client: *            ALL




            From Date of Service: 09/12/2014

              To Date of Service: 03/11/2015
```

Nursing Home Edit Report

```
User: JLH                     Edit Detail report               03/11/2015
Page: 1             Seacoast Laboratory Data Systems, Inc.       3:55 PM
                              For Client: ALL
                   DOS Range: 01/01/2013 - 03/11/2015


Client ID    Patient Name                    ACN #      DOS        Payer
-----------  ------------------------------  ---------- ---------- ------------
200          TEST, ORDER ENTRY               A000423    05/06/2013 BC1
             TEST, ORDER ENTRY               A000424    05/06/2013 BC1
<CR> to continue: █
```

Edit Performance by Client Report (1,2,1,8)

Billing System / Edits / Edit Reports / Edit Performance by Client Report

The Edit Performance by Client Report provides accession and edit totals for the specified Billing Period. You can include all edit types or specify a particular edit type. You can include all financial classes or select one or more financial classes. You can include all payers or select one or more payer. You can include all clients or select one or more clients and you can include all edit reasons or select one or more edit reasons. The summary report displays the grand totals.

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Start Billing Year: Enter the 4 digit year for the starting reporting period.

Month: Enter the number (1-12) of the month for the starting reporting period.

Ending Billing Year: Enter the 4 digit year for the ending reporting period.

Month: Enter the number (1-12) of the month for the starting reporting period.

Edit Type: Enter Edit Type, [I]nternal / [E]xternal or "*" for all. "/L" for a list.

Financial Class(s): Enter a financial class Identifier, "*" for ALL, or "/L" for a list.

Payer ID(s): Enter the Payer ID, "*" for ALL, or "/L" for a list.

Client(s): Enter the Ordering Client number, "/L" for a list, "*" for ALL.

Edit Reason(s): Enter the edit reason(s) you are looking for, "/L" for a list, "*" for ALL.

[D]etail or [S]ummary: Enter "D" for Detail or "S" for Summary.

Edit Performance by Client Selection Screen

```
AREDPCL-Co.1            Edit Performance by Client Report

                 Output Device: SCREEN

            Start Billing Year: 2014 Month: 10
            Ending Billing Year: 2015 Month: 3

                     Edit Type: * ALL

           Financial Class(es): *       ALL


                   Payer ID(s): *         ALL


                    Client(s): *          ALL


               Edit Reason(s): *


      [D]etail or [S]ummary: D Detail

                       [Print]  [Edit]  [Exit]
```

Edit Performance by Client Report Summary Option

```
User: JLH                     Edit Performance by Client Report                03/11/2015
Page: 1                       Seacoast Laboratory Data Systems, Inc.            1:13 PM
                  Start Billing Year/Month: 2014/10 to End Billing Year/Month:2015/3

                                                    # of            % Acc  Avg DSO  # of     % Acc
                    # of   #Acc    Edit    Total   % Acc  Pending Edit   w/Edits Pend Acc Override W/Edits
Client#-Name        Edits  w/Edits Value$  # Acc   w/Edits Acc    Value$ Pending w/Edits  Acc      Override
================== ======= ======= ======== ======= ======= ======= ======== ======= ======== ======== ========

TOTAL                  43       8   558.42      15   53.3%       1           12.5%      85
<CR> to continue: █
```

Edit Performance by Client Report Detail Option

```
User: JLH                     Edit Performance by Client Report                03/11/2015
Page: 1                       Seacoast Laboratory Data Systems, Inc.            1:12 PM
                  Start Billing Year/Month: 2014/10 to End Billing Year/Month:2015/3

                                                    # of            % Acc  Avg DSO  # of     % Acc
                    # of   #Acc    Edit    Total   % Acc  Pending Edit   w/Edits Pend Acc Override W/Edits
Client#-Name        Edits  w/Edits Value$  # Acc   w/Edits Acc    Value$ Pending w/Edits  Acc      Override
================== ======= ======= ======== ======= ======= ======= ======== ======= ======== ======== ========
100-WOMENS HEALTH CLINIC    18       6   404.17      10   60.0%       1           16.7%      85
102-CARDIOLOGY GROUP        12       1     9.1       2   50.0%
2015-SAMPLE PHYSICIAN PRACTI 0                        1    0.0%
ABCPED-ABC PEDIATRICS GROUP  0                        1    0.0%
BHM-BEE HEALTH MEDICAL      13       1   145.15       1  100.0%

TOTAL                       43       8   558.42      15   53.3%       1       0   12.5%      85
<CR> to continue: █
```

SurroundLab™ AR End User Guide
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Client Edit Metrics Report (1,2,1,9)

Billing System / Edits / Edit Reports / Client Edit Metrics Report

The Client Edit Metrics Report provides accession and edit totals for the specified Billing Period. You can include all clients or select one or more clients. You can include all edit reasons or select one or more edit reasons. You can select to rank the information based on Total Edits or Total Accessions and you can sort the report by Client ID, Client Name, Edit Date or Edit Reason.

The requirements for each field are as follows:

Output Device: Enter a valid Device ID, or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Start Billing Year: Enter the 4 digit year for the starting reporting period.

Month: Enter the number (1-12) of the month for the starting reporting period.

Ending Billing Year: Enter the 4 digit year for the ending reporting period.

Month: Enter the number (1-12) of the month for the starting reporting period.

Client(s): Enter the Ordering Client(s) number, "/L" for a list, "*" for ALL.

Edit Reason(s): Enter the edit reason(s) you are looking for, "/L" for a list, "*" for ALL.

Rank?: Enter (Y)es or (N)o.

By: Enter "EDI" to rank the report by total edits or "ACN" to rank the report by total accessions.

Top: Enter the number (10,20,50,100) of entries you wish to display or ALL for all entries.

Sortby: Enter (C)lient ID, (D) for Edit Date, (E) for Edit Reason or (N) for Client Name.

Client Edit Metrics Report Selection Screen

```
AREDCL-Co.1                Client Edit Metrics Report


               Output Device: SCREEN

          Start Billing Year: 2014 Month: 1
          Ending Billing Year: 2015 Month: 3

                  Client(s): *          ALL


               Edit Reason(s): *


                   Edit Type: B Both

                       Rank?: YES By: EDI Top: 10

                      Sortby: C Client ID




                    [Print]  [Edit]  [Exit]
```

Client Edit Metrics Report

```
User: JLH                  Client Edit Metrics Report              03/11/2015
Page: 1                Seacoast Laboratory Data Systems, Inc.          1:16 PM
                             Ranked by Total Edits
                             Sorted by Client ID
           Start Billing Year/Month: 2014/1 to End Billing Year/Month: 2015/3


                            # of   # of  % of Accns Billed % of Billed
Rank Client ID              Edits  Accns with Edits Accns  Accessions
---- ------------------------ ----- ----- ---------- ----- ----------
1    100                      111    43     71.67%    25    116.22%
2    102                       52    12     20.00%     6     32.43%
3    BHM                       12     1      1.67%            2.70%
4    PCPGRP                    12     2      3.33%     3      5.41%
5    ABCPED                     2     2      3.33%     3      5.41%

     TOTAL                    189    60    100.00%    37    162.16%
<CR> to continue: ▮
```

Detail Edit List Report (1,2,1,15)

Billing System / Edits / Edit Reports / Detail Edit List Report

The Detail Edit List Report provides detail information for edits by Aged Category with flexible Edit Reason, Payer ID, Aged Category, Ordering Client, Keyed or Not Keyed edits. The report can be sorted by Accession, Client or Patient.

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Order Entry or Transfer Edits: Enter (O)rder Entry Edits, (T)ransfer Edits or enter "/L" (List Command) to generate a list of all Edits. This field is required.

Payer ID: Enter the Payer ID or enter "/L" (List Command) for a list of all available Payer IDs.

Aged Category: Enter the appropriate Aged Category, "/L" to get a listing, "*" for All. The age is relative to the date of service.

Edit Reason: Enter the Edit Reason, enter "/L" (List Command) to generate a list of all Edit Reasons or enter "*" for all Edit Reasons. This field is required.

Ordering Client: Enter the Ordering Client number, enter "/L" (List Command) to generate a list of all Ordering Clients or enter "*" for all Ordering Clients. This field is required

[K]eyed/[N]ot keyed or [*] All: Enter (K)eyed accessions, (N)ot keyed accessions or "*" for All accessions whether they were keyed or not.

Keyed Accessions are those accessions that have edits after being worked on in Order Entry, i.e. a user pulled up the accession in Order Entry worked on it and press the [Save] button.

Not Keyed Accessions are those accessions that have been sent electronically from the LIS and have not been worked on in SLAR Order Entry.

Include Nursing Home Edits? Nursing home edits are not an edit, in the usual sense. If Nursing Home Edits are enabled for a client, then accessions will be held with an internal edit until released via the "Release Nursing Home Edits" screen. Enter (Y)es to include Nursing Home Edits in the report. Otherwise, any ACN with ONLY the Nursing Home Edit will be excluded from the report.

Include Pending Tests: Enter (Y)es or (N)o to Identify if pending tests should be included on the report. This field is required.

Include MI Released Accessions? Enter (Y)es or (N)o to include accessions that have been release for MI Letters.

Sort By: Enter (A)ccession, (C)lient or (P)atient.

Detail Edit List Selection Screen

```
ARER41-Co.1                    Detail Edit List

                 Output Device: SCREEN

   Order Entry or Transfer Edits: O Order Entry Edits
                      Payer ID: *         ALL


                Aged Category: *   ALL
                  Edit Reason: *
               Ordering Client: *         ALL
   [K]eyed/[N]ot keyed or [*] All: * ALL
       Include Nursing Home Edits? NO
           Include pending tests: YES

Include MI Released Accessions?: n/a

      Sort Report by
(A)ccession, (C)lient, (P)atient:A



              [Print]  [Edit]  [Exit]
```

Detail Edit List Report Screen

```
Count   Accession#     DOS      Patient Name          Client ID Order Loc
-----   ----------  ----------  ------------          --------- ---------
1.      A000370     01/06/2014  TEST, JESS            100       1
2.      A000381     04/11/2013  TEST, TEST            102       1
3.      A000387                 ,                     n/a
4.      A000396     04/25/2013  TEST, OVERRIDE        100       1
5.      A000411     09/20/2013  TEST, CLARA           100       1
6.      A000419     01/01/2010  TEST, ALAN            100       1
7.      A000421     12/01/2012  TEST, ALAN            100       1
8.      A000423     05/06/2013  TEST, ORDER ENTRY     200       1
9.      A000424     05/06/2013  TEST, ORDER ENTRY     200       DAL
10.     A000425     05/07/2013  TEST, CLARA           100       1
11.     A000428     05/07/2013  TEST, CLARA           100       1
12.     A000429     04/10/2013  TEST, CLARA           100       1
13.     A000442     01/01/2010  TEST, JANE            100       1
14.     A000451     12/30/2013  TEST, JACK            100       1
15.     A000454     06/19/2013  TEST, DXENTRY         102       1
16.     A000460     06/25/2013  TEST, JANE            100       1
17.     A000462     06/25/2013  TEST, DIAGNOSISFORMAT 102       1
18.     A000463     06/25/2013  TEST, DIAGDIS         102       1
19.     A000468     07/01/2013  TEST, JANE            100       1
<CR> to continue:
```

Missing Information Letters (1,2,2)

Missing Information Letters are documents, either printed to your local printer or faxed directly to the client office, which are used to inform the client you have received a lab order and it is missing information required for billing. Seacoast has 3 standard letters available. You can choose to use the standard letters, or you can opt to create a custom letter.

Settings in Company Definition and Client Definition should be considered when creating your Missing Information Letter process. Contact your Manager or Application Support Representative if you do not have access to Utilities menus.

Create Cover Letter (1,2,2,1,1,1)

Billing System / Edits / Missing Information / MI Letters / Custom Cover Letters / Create Cover Letter

The Create Cover Letter option allows one to create Custom Missing Information (MI) Cover Letters. You may utilize mail-merge functionality via pre-defined symbols, such as @CONAM (for company name) or @CLPHN (for client phone). One simply freehand types the letter including symbols, and the text will be positioned exactly where you specify.

A complete list of symbols available may be printed from the "Symbol List for Programmers" menu option. Additionally, users may define their own symbols via the "Symbol Definition for Users" option, and print this using the "Symbol List for Users" menu option.

Once a Custom Cover Letter has been defined, it is immediately available for use with the Demand MI Letters, as well as the Automated Scheduled MI Letters. Prior to using the Cover Letter in production, you should print a sample letter to be sure the content and format are as you desire; you may use the Preview Cover Letter menu option to print the sample letter.

Letter Format: Enter up to 7 alphanumeric characters for this letter format. Enter "/L" to select from a list.
>   *Note: Standard Letters will be provided in addition to user defined letters and can be edited in the following screen.*

Select or Define Letter Format

```
ADCV1-Co.1                  Create Cover Letter

     Letter Format: /1     ┌Cover Letters ┐
                           │S             │
                           │S2            │
                           │S3            │
                           └──────────────┘
```

Create Cover Letter

Use this area to define the placement of data on the Cover Letter.

```
ADCV1-Co.1                    Create Cover Letter


                                            @CID
   @CONAM                                   @CLNAM
   @COADDR1                                 @CLADDR1
   @COCITY         @COST @COZIP             @CLCITY            @CLST @CLZIP
   @COPHN                                   @CLPHN


                    ****** FINAL NOTICE *****

   @TODAYDAY @TODAYDT6

   Dear @CLNAM,

   This is the THIRD NOTICE we have sent to you asking that you provide the
   information we need to complete the billing process for your patient(s) on
   the attached page(s).


   S3
                    [Save]   [Edit]   [Delete]   [Cancel]   [Exit]
```

Use the "@" sign followed by the standard symbols below and your custom defined symbols to build this requisition format. The data represented by the symbols will be printed in place of the symbols at requisition print. Any data entered without a proceeding @ sign will be treated as free text and printed exactly as entered.
Valid Standard Symbols:

CID...........Client ID	CLNUM...........Client Number
COPHN.........Office Phone	CLNAM...........Client Name
CAPHN.........After Hours Phn	CCITY...........Client City
CCNT..........Client Contact	CST.............Client State
CFAX..........Client Fax	CZIP............Client Zip Code
CAD1..........Address Line 1	PDT.............Date Printed
CAD2..........Address Line 2	PTM.............Time Printed
CAD3..........Address Line 3	REQN............Requisition Number
CALNUM........Alternate Billing#	OCzzzzz.........Order Code

As you are creating the requisition keep in mind the maximum length of a symbol once it is translated/exploded and leave the appropriate number of spaces between the next printable symbol or text for that line. If the length of a given symbol varies, and you wish to eliminate excess space between fields, you may string fields together with an underscore symbol. For example, if you define @CCITY to begin in column 5 and @CST to begin in column 15, then you have defined 10 characters available for the city translation. If the city is longer than 10 characters then the 11th character would extend over column 15, where the state should begin printing. In this case, it may be preferable to concatenate the CCITY and CST symbols together with an underscore. The system will string them together, adding a single space between fields and begin printing the single string in the first column defined.

Preview Cover Letter (1,2,2,1,1,2)

Billing System / Edits / Missing Information / MI Letters / Custom Cover Letters / Preview Cover Letter

The Preview Cover Letter option allows you to print a sample Cover Letter to be sure its content and format are as you desire. You will select a sample Cover Letter Format and sample Client the print to an Output Device. After creating a new Cover Letter format, you should print a "preview" before using the new format in production.

The required fields are as follows:

Output Device: Enter a valid Device ID, or enter "/L" to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias.

Letter Format: Enter up to 7 alphanumeric characters for this letter format. Enter "/L" to select from a list.

Client ID: Enter the Client ID, Client Mnemonic or "/L" to select from a list. Enter the first few characters of the Client Name to search for the Client. Enter the first few characters of the Client Mnemonic to search a list for the client.

Preview Cover Letter Selection Screen

```
ADCV2-Co.1                     Preview Cover Letter

 Output Device: SCREEN


 Letter Format: S3

     Client ID: 2015        SAMPLE PHYSICIAN PRACTICE
```

Sample Cover Letter Preview

```
Portsmouth     NH 03801                    PORTSMOUTH     NH 03801
603-431-4114

                    ****** FINAL NOTICE *****

Thursday May 21, 2015

Dear SAMPLE PHYSICIAN PRACTICE,

This is the THIRD NOTICE we have sent to you asking that you provide the
information we need to complete the billing process for your patient(s) on
the attached page(s).

By law, we must bill someone for these tests. If we can not get the
information we need we will have to bill your office for these tests. To avoid
these charges, please provide the missing information indicated on the
attached page(s)and return it to us within 5 days by mail, courier or fax to
408-341-8610.

Thank you in advance for your assistance.

If you have questions on the attached pages, please call
at phone number: 603-431-4114.
<CR> to continue: █
```

Symbol Definition for Programmers (1,2,2,1,1,3)

Billing System / Edits / Missing Information / MI Letters / Custom Cover Letters / Symbol Definition for Programmers

The Symbol Definition for Programmers option allows a programmer to setup a Symbol for use with the Custom MI Cover letters. The programmer will specify the Symbol ID, a Description, and the M code used to retrieve the data for this symbol. For a list of the available symbols, use the Symbol List for Programmers menu option.

Symbol ID: Enter a 1 to 10 character symbol that can be used in designing a requisition form, in addition to the SurroundLab AR predefined symbols. Symbols should be somewhat meaningful so they will be easy to remember. For example, the symbol for a laboratory office telephone number might be LOPHONE. Symbols can be any combination of letters and numbers. This field is required.

Description and **Conversion Code** will be displayed when a symbol has been previously defined. To define a new symbol, contact your Seacoast Support Representative as programming is required.

```
ADCVP-Co.1              Programmer Generated System Symbols

                     Programmer Generated system symbols


                       Symbol ID: CLADDR1

  Description:
  Client Address Line 1

  Conversion Code:
  $G(^CL(%CO,A("CID"),"MISSINFO","ADDR",1))
```

Symbol List for Programmers (1,2,2,1,1,5)

Billing System / Edits / Missing Information / MI Letters / Custom Cover Letters / Symbol List for Programmers

The Symbol List for Programmers displays the defined symbols and mappings to be added to a Custom MI letter. If you need additional mappings, contact your Seacoast Support Representative.

Output Device: Enter a valid Device ID or enter "/L" to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias.

```
Page: 1                                                    2:05 PM

                 Description/
Symbol           Conversion Code
----------       ---------------------------------------------------
CID              Client ID
                 $G(^CL(%CO,A("CID"),"CL"))

CLADDR1          Client Address Line 1
                 $G(^CL(%CO,A("CID"),"MISSINFO","ADDR",1))

CLADDR2          Client Address Line 2
                 $G(^CL(%CO,A("CID"),"MISSINFO","ADDR",2))
```

Symbol Definition for Users (1,2,2,1,1,4)

Billing System / Edits / Missing Information / MI Letters / Custom Cover Letters / Symbol Definition for Users

The Symbol Definition for Users option allows you to setup a symbol for use with the Custom MI Cover letters. You will specify the Symbol ID and the Translation for this Symbol. These are in addition to the Programmer fields already defined. No mapping is included in this feature.

Symbol ID: Enter a 1 to 11 alphanumeric symbol that can be used in designing a custom cover letter, in addition to the SurroundLab AR predefined symbols. Symbols should be somewhat meaningful so they will be easy to remember. For example, the symbol for a laboratory office telephone number might be LOPHONE.

Translation: Enter up to 60 alphanumeric characters for the Translation of the Symbol ID. This translation will appear on the printed cover letter in place of you-defined custom symbol.

```
ADCV3-Co.1                 Symbol Definition for Users



                     Symbol ID: THANKS




   Translation: Thank you in advance for your assistance.
```

Symbol List for Users (1,2,2,1,1,6)

Billing System / Edits / Missing Information / MI Letters / Custom Cover Letters / Symbol List for Users

The Symbol List for Users option prints a report of all defined symbols and the text translation. The symbols are displayed in Alpha order. These symbols are for use in the Create Custom Cover Letter option.

Output Device: Enter a valid Device ID or enter "/L" to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias.

```
User: JLH               Custom M.I. Letter Symbols          05/21/2015
Page: 1                                                      2:09 PM

Symbol            Translation
---------         ---------------------------------------------------------
LFL               Regards, Linde Lynn
R,                Regards,
S,                Sincerely,
THANKS            Thank you in advance for your assistance.
<CR> to continue: █
```

SurroundLab™ AR End User Guide
Revised 2018
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Reprint MI Letters (1,2,2,1,2)

Billing System / Edits / Missing Information / MI Letters / Reprint MI Letters

Once an MI Letter is printed/faxed, you need this menu option to allow an MI Letter to be queued to print/faxed again at the next scheduled transmission.

```
ARMI2-Co.1              Reprint Missing Information Letters


        Client: 1
     Accession: 0000001


Include which Letters?
     1st Notice: YES     2nd Notice: NO      3rd Notice: NO
     4th Notice: NO      5th Notice: NO      6th Notice: n


Specify the format:
     1st Format: S       2nd Format:         3rd Format:
     4th Format:         5th Format:         6th Format:







                    [Print]  [Edit]  [Exit]
```

Client: Enter the Client ID, Client Mnemonic, or "/L" to select from a list. Enter the first few characters of the Client name to search for the Client. Enter the first few characters of the client mnemonic to search a list for the client. Enter "*" for ALL.

Accession: Enter the accession number you wish to reprint. Enter "*" for ALL or "/L" to select from a list.

1St-6th Notice: Enter(Y)es or (N)o.

1st-6th Format: Enter the Form ID or enter "/L" to select from a list.

****Important Information****

Use the Missing Information Queue Report (1,2,2,1,5) Billing System /Edits/Missing Information/MI Letters/Missing Information Queue Report, to monitor print of MI Letters.

Schedule MI Letters (1,2,2,1,3)

Billing System / Edits / Missing Information / MI Letters / Schedule Background Letters

The Schedule Background Letters option allows you to control when the Automated MI Letters print. Use this screen to define the preferred schedule and delivery methods. For each day (Mon-Sun) one may specify a time for the letters to print, and which notices to print (1st, 2nd, and/or 3rd). Additionally we may specify which methods to print (Paper, Fax, or Email), meaning those clients which have specified they want their letters via paper, Fax, or Email.

```
ADMI1-Co.1            Missing Information Letters - Automated


                       Which methods?   Which notices and formats?
Print Letters :        Paper Fax         1st/4th     2nd/5th     3rd/6th
---------------        ----- ---        ----------  ----------  ----------
MON: YES  Time: 06:00   YES   YES        YES S       YES S2      YES S3
                                         NO          NO          NO
TUE: YES  Time: 06:00   YES   YES        YES S       YES S2      YES S3
                                         NO          NO          NO
WED: YES  Time: 06:00   YES   YES        YES S       YES S2      YES S3
                                         NO          NO          NO
THU: YES  Time: 06:00   YES   YES        YES S       YES S2      YES S3
                                         NO          NO          NO
FRI: YES  Time: 06:00   YES   YES        YES S       YES S2      YES S3
                                         NO          NO          NO
SAT: NO   Time:

SUN: NO   Time:



                  [Save]  [History]  [Edit]  [Cancel]  [Exit]
```

Mon: Enter (Y)es or (N)o.

Time: Enter the time in 00:00 military format.

Paper: Enter (Y)es or (N)o.

Fax: Enter (Y)es or (N)o.

1st/4th: Enter (Y)es or (N)o. If you enter (Y)es your cursor will advance to a second field and you will be required to enter a predefine Form ID or enter "/L" to select from a list.

Repeat the above steps for all the days of the week.

[History]: If you select History at the bottom of the screen, a second box will appear and you may select the day of the week you wish to view the print history.

Sample Missing Information Letter

Downtown Laboratory	Test Client Name
1200 Blood Draw Lane	1025 University Ave
P.O. Box 7002	Suite 300
Taylor, TX 47878	Taylor, TX 47389
800-288-8672	877-000-2000
877-936-3121	

December 19, 2009

Dear MEDICAL CONSULTANTS,

We have performed work on your patient(s) and some of the required information was missing on the requisition.

Prior to our submitting a claim, we would ask you to review the patient's record and fill in the missing information on the following page(s).

If we are requesting an "ADDITIONAL DIAGNOSIS" for any patient listed on the attached form, this indicates we did not receive a signed ABN or the ABN did not have all the required information for this date of service. Please review the patient's chart and provide all pertinent diagnoses so we may file this claim for your patient.

(For future reference and for your convenience, an ABN is printed on the back of your Test Request Form. To aid you in determining when it is appropriate to ask for the patient's signature on an ABN, Pathologists Associated has distributed Medical Necessity Guidelines listing Medicare published medical policies. We appreciate your cooperation in obtaining ABN signatures, when appropriate, at the time of service.)

When complete, please have your staff sign, date and return the attached page(s) to us by mail, courier or fax to 765-000-3894.

Thank you in advance for your assistance.

If you have questions regarding the attached page(s), please call Patient Accounts at phone number 775-999-8902.

Attached Missing Information List

```
TEST CLIENT NAME              2ND NOTICE          Wednesday 03/01/2017
TEST                          LAB                             Page 0
==========================================================================

                      Missing Information Request           Queue: OE

Accession: A000013    MLP TEST              DOS: 10/19/2016  DOB: 10/14/1976
  TEST,FTEST 777666                   ICD codes given:
  Primary Insurance Carrier missing                      _____ _____
  Primary Insurance Address missing                      _____ _____
                                                         _____
  Primary Insurance ID number missing                    _____ ___ ____
  Missing DX (1)                                         _____ ____

Accession: A000022    TEST TEST             DOS: 10/25/2016  DOB: 08/19/1985
  TEST,FTEST 777666                   ICD codes given:
  Primary Insurance Carrier missing                      _____ _____
  Primary Insurance Address missing                      _____ _____
                                                         _____
  Primary Insurance ID number missing                    _____ _____
  Missing DX (1)                                         _____ _____

Accession: A000023    CYTO TEST             DOS: 10/25/2016  DOB: 10/14/1976
  TEST,FTEST 777666                   ICD codes given:
  Primary Insurance Carrier missing                      _____ _____
  Primary Insurance Address missing                      _____
                                                         _____
  Primary Insurance ID number missing                    _____ _____
  Missing DX (1)                                         _____ _____

Accession: A000024    MLP2 TEST             DOS: 10/26/2016  DOB: 04/07/1982
  TEST,FTEST 777666                   ICD codes given:
  Primary Insurance Carrier missing                      _____ _____
  Primary Insurance Address missing                      _____ ___
  Primary Insurance ID number missing                    ____ _____ ___
  Missing DX (1)                                         _____ _____

Accession: A000025    TEST TEST             DOS: 10/27/2016  DOB: 08/19/1985
  TEST,FTEST 777666                   ICD codes given:
  Primary Insurance Carrier missing                      _____ _____
  Primary Insurance Address missing                      _____ _____
                                                         _____
  Primary Insurance ID number missing                    _____ _____
  Missing DX (1)                                         _____ _____

Accession: A000026    LABELS TEST           DOS: 10/27/2016  DOB: 10/14/1976
  TEST,FTEST 777666                   ICD codes given:
  Primary Insurance Carrier missing                      _____ _____
     Client Signature: _____  Date:     _____ _____
```

Missing Information Queue Report (1,2,2,1,4)

Billing System / Edits / Missing Information / MI Letters / Missing Information Queue Report

The Missing Information Queue Report provides a listing of accessions that have been queued to print Missing Information Letters. Accessions that have not been printed on an MI letter will not appear on this report. It will identify Client, Patient and print information as well as the edits associated (if the detail version is chosen) and whether or not the accession is in the Order Entry or the Transfer Queue. This report runs in real time. Because the information is being pulled from the Order Entry and Transfer Queues, you must remember that any and all information within the report is subject to (and probably will) change at any time.

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Date of Service **Start Date:** Based on Date of Service, enter the first date to include on the report. **End Date:** Based on Date of Service, enter the last date to include on the report.

Print Date **Start Date:** Based on Print Date, enter the first date to include on the report. **End Date:** Based on Print Date, enter the last date to include on the report.

Sort By: Sort by 'A'- Accession Number, 'C'-Client ID, 'D'-Date of Service, 'N'-Patient Name, or 'P'-Print Date.

(D)etail or (S)ummary: Enter "D" for a detail inquiry, "S" for summary.

Missing Information Queue Report Selection Screen

```
ARMIQR-Co.1              Missing Information Queue Report


            Output Device: SCREEN

Date of Service  Start Date: 01/01/2013   End Date: 02/01/2013

   Print Date  Start Date: 01/01/2013   End Date: 02/01/2013

                  Sort By: C Client ID

   (D)etail or (S)ummary: D Detail






                    [Print]   [Edit]   [Exit]
```

Missing Information Queue Report (Summary Output)

```
User: JLH                          Missing Information Queue Report                    05/07/2015
Page: 1                          Seacoast Laboratory Data Systems, Inc.                12:00 PM
                                   Date of Service: 01/01/13-05/07/15
                                    Print Date: 01/01/13-05/07/15
                                         Sort By: Client ID
                                     (D)etail or (S)ummary: S


Accession #  Date Printed  Client ID  Client Name        Pt Name        1st, 2nd or 3rd Notice   Transfer Queue/OE
-------------------------------------------------------------------------------------------------------------------
A000371      10/08/13      100        WOMENS HEALTH CLINIC  JESS TEST        1                    T
A000396      10/08/13      100        WOMENS HEALTH CLINIC  OVERRIDE TEST    2                    OE
A000411      10/08/13      100        WOMENS HEALTH CLINIC  CLARA TEST       2                    OE
A000429      10/08/13      100        WOMENS HEALTH CLINIC  CLARA TEST       2                    OE
A000431      10/08/13      100        WOMENS HEALTH CLINIC  MISSY TEST       2                    T
A000443      10/08/13      100        WOMENS HEALTH CLINIC  JANE TEST        2                    T
A000451      10/08/13      100        WOMENS HEALTH CLINIC  JACK TEST        2                    OE
A000460      10/08/13      100        WOMENS HEALTH CLINIC  JANE TEST        2                    OE
A000468      10/08/13      100        WOMENS HEALTH CLINIC  JANE TEST        2                    OE
A000469      10/08/13      100        WOMENS HEALTH CLINIC  JACK TEST        2                    OE
A000482      10/08/13      100        WOMENS HEALTH CLINIC  PSA TEST         2                    OE
A000487      10/08/13      100        WOMENS HEALTH CLINIC  CLARA TEST       2                    OE
<CR> to continue:
```

Missing Information Queue Report (Detail Output)

```
User: JLH                          Missing Information Queue Report                    05/07/2015
Page: 1                          Seacoast Laboratory Data Systems, Inc.                12:02 PM
                                   Date of Service: 01/01/13-05/07/15
                                    Print Date: 01/01/13-05/07/15
                                         Sort By: Client ID
                                     (D)etail or (S)ummary: D


              Date      Date                                                      #
Accession #   Printed   Queued    Client ID  Client Name    Pt Name      DOS     Ltrs  DOB        Transfer Queue/OE
-------------------------------------------------------------------------------------------------------------------
A000371       10/08/13  10/02/13  100        WOMENS HEALTH C  JESS TEST     03/07/13   1   01/01/1976  T
     Current Edits: Invalid ICD9 code S42.222B
                    Invalid ICD9 code G91.2
                    Invalid ICD9 code E00.0
A000396       10/08/13  04/27/13  100        WOMENS HEALTH C  OVERRIDE TEST  04/25/13   2   12/03/1945  OE
     Current Edits: Invalid ICD9 code A01.2
A000411       10/08/13  09/18/13  100        WOMENS HEALTH C  CLARA TEST     09/20/13   2   12/03/1945  OE
     Current Edits: Invalid ICD9 code S00.00XA
                    Invalid ICD9 code E01.1
                    Invalid ICD9 code 255.1
                    Invalid ICD9 code E00.00
<CR> to continue: ▌
```

FAX Status Monitor (1,2,4)

Billing System / Edits / FAX Status Monitor

The FAX Status Monitor displays real time information regarding the Missing Information fax attempts, including successful and FAILED faxes. This information should be reviewed daily to ensure your Missing Information Letters are successfully faxed to your Clients and/or to determine if any issues are preventing successful faxing. There are no input requirements needed upon entering this screen to display the data. Additional options are available using the end of screen buttons.

A successful fax will display **DONE – FAX Complete** under the Status header.
When a fax is not successfully sent, the word **FAILED –** is displayed, followed by the reason the fax was not successful.

Sample FAX Status Monitor Screen

```
ARFRM-Co.1                   FAX Status Real Time Monitor
                     Date/Time
 Batch ID           Submitted        User              Status
 ================ ================ =================== ==========================

 SL01201511040232 11/04/2015 04:04 Sys Administrator   FAILED - No carrier dete
          * No carrier detected; too many attempts to dial *
    Client: PPROKMA (MARI PROKSEL DOW  FAX Number: 18054616110
    MI Letter for Accession(s): SLA1516166

 SL01201511040231 11/04/2015 04:04 Sys Administrator   Done - FAX Complete
    Client: PKARPMI (MICHELLE KARPIN,  FAX Number: 18054613020
    MI Letter for Accession(s): SLA1514624
                          SLA1514762
                          SLA1514863
                          SLA1516090
                          SLA1516111
                          SLA1516113
                          SLA1516118
                          SLA1516179


       [Next]   [Previous]  [Refresh]  [Cancel FAX]  [Requeue FAX]  [Exit]
```

This screen offers the following end of screen buttons:

[Next] Use this button to view the next page of fax status(es).

[Previous] Use this button to view the previous page of fax status(es).

[Refresh] Use this button to refresh the results.

[Cancel FAX] Use this button cancel this fax.

[Requeue FAX] Use this button to requeue the fax to be sent again. This is helpful if the fax failed.

[Exit] This button should be used when you are ready to exit the screen.

When Requeue FAX is selected, a list of failed faxes will be displayed. Use your arrow keys to select which failed fax should be re-queued.

```
ARFAR-Co.1                     Requeue Submitted FAX

                            ─Failed FAX IDs──────────────────────
993437  SL01201511040241  11/04/2015 04:04   Sys Administrator
        Client:    FAX Number: 18055472992
        FAILED - No answer (T.30 T1 timeout); too many attempts to dial

993432  SL01201511040232  11/04/2015 04:04   Sys Administrator
        Client: PPROKMA(MARI PROKSEL DO)   FAX Number: 18054616110
        FAILED - No carrier detected; too many attempts to dial
```

Once you have made your selection, the Requeue Submitted FAX input screen is displayed and automatically populated for you with the data from the selection you made.

```
ARFAR-Co.1                     Requeue Submitted FAX

             FAX Job ID: 993437

          Batch Number: SL01201511040241

              FAX Date: 11/04/2015 04:04

             Client ID:

            FAX Number: 18055472992

          Submitted By: Sys Administrator

                Status: FAILED - No answer (T.30 T1 timeout); too man




                [Requeue FAX]  [Edit]  [Exit]
```

Select the **[Requeue FAX]** button at the end of the screen to resend this fax.

Optional Order Entry Modules

Edit Work Queue (Optional Module)

The Edit Work Queue allows you to build a list of accessions from Order Entry with edits. Usually the Ordering Client supplies the laboratory billing department with corrected or missing information on a patient order. Seacoast designed the queue to sort by Ordering Client or Date of Service in order to resolved edits by client. If the queue is sorted by Ordering Client, you can call the client and have a list of all edits for the specific client on their screen.

Alternatively, if the Client has returned Missing Information Letters the queue can be created to display a single client and the queue then can be sorted by Date of Service. The queue is interactive and provides an online solution for resolving edits instead of using paper reports or spreadsheets to Identify and resolve the edits pending in Order Entry.

```
AEDWL-Co.1                      Edit Work Queue


            Edit Reason(s): *


          Exclude Reason(s):


                Start Date: 01/01/2014
                  End Date: 12/24/2015
                Payer ID(s): *


          Ordering Client(s): *              ALL


          Ordering Location: *
[K]eyed,[N]ot Keyed,[U]nkeyed: * All
      Include Nursing Home Edits? NO
Include MI Released Accessions? NO
                    Sort by: D Date of Service


               [Build]  [Edit]  [Exit]
```

Complete the following fields to enter your selection criteria:

Edit Reason(s): Enter the edit reason you are looking for, "/L" for a list, "*" for ALL

Exclude Reason(s): Enter the edit reasons you do not want to include in the work list.

Start Date: Enter start date for the Date of Service range to be included in the queue

End Date: Enter the end date for the Date of Service range to be included in the queue.

Payer ID(s): Enter the Payer ID(s): "/L" for list, "*" for ALL.

Order Client(s): Enter the Ordering Client number(s), "/L" for a list, "*" for ALL. Enter the first few characters of the Ordering Client to select from a list

Ordering Location: Enter the Ordering Location or "/L" for a List. Enter the first few characters of the Ordering Location ID, i.e. the Location where the order was placed. Enter "*" to select all locations.

[K]eyed, [Not] Keyed, [U]nkeyed: Enter "K" to print only Keyed accessions. Keyed accessions are those that have been saved in the Order Entry screen by a user. All other accessions are Not Keyed. Unkeyed Edits are accessions that are Not Keyed, but also for which the Unkeyed Edit flag is enabled for the payer and/or client. Enter "N" to print all accessions that are Not Keyed, including those with an Unkeyed Edit. Enter "U" to print only those with an Unkeyed Edit. Enter "*" to ignore the keyed status for this report.

MI Released Accessions?: Enter "YES" to include accessions that have been release for MI Letters. Enter "NO" to exclude accessions that have been release for MI Letters.

Sort by: Enter C to sort by Client, or D to sort by date of service.

Sample Screen Edit Work Queue

```
AEDWL2-Co.1                    Edit Work Queue

 Client Name                MI Letters Contact Name   Client Phone
 CARDIOLOGY GROUP           JAMES                     101-000-1010

   1 of 24            Select Accession to Work in OE
 Accession        Client Id  DOS      Updated  User            MI Date  MI Stat
 A000887          102        01/15/14 01/16/14 Turgeon, Lisa Ma
                  Order code 87086 already billed for ACN A000881 on same date
 A000896          102        02/20/14 02/20/14 Turgeon, Lisa Ma
                  Accession contains no ordered tests
 A000899          100        03/14/14 03/14/14 User, Seacoast D
                  Missing required information Policy # for payer MA
 A000900          ABCPED     03/24/14 03/24/14 User, Seacoast D
                  Missing required information "Patient Street Addr"
 A000469          100        05/27/14 05/27/14 EMPLOYEE, #99    10/08/13 Y
                  Missing required information Policy # for payer MCR
 A000913          ABCPED     07/23/14 07/23/14 User, Seacoast D
                  Accession contains no ordered tests
 A000915          102        09/18/14 09/18/14 User, Seacoast D
                  Order code 85025 already billed for ACN A000916 on same date
 A000925          +100       12/16/14 12/16/14 User, Seacoast D
                  Accession contains no ordered tests
```

Once your selections for the Edit Work Queue are made, the list will display those accessions which fit the selections criteria. The arrow keys (or page down and page up) will be used to move up and down the list of accessions. As the accession is highlighted by the cursor, at the top of the queue the Client Name, MI Letter Contact and the Client phone number of each accession will display. The accession number the Client ID, Date of Service, the last date the accession was saved and you who last saved the accession, the date the MI Letter was print/faxed and if an MI Letter has been sent will all display as column headers. A description of an Edit will display on a second line. If there are multiple Edits, you will see only the first indexed edit. The additional edits will be viewed once the accession is selected. If specific edits for selected for the queue, you will only see those accessions with the selected edits.

All edits for the accession will be viewable after the accession is selected. However, the second line for the accession will display the first indexed edit. (It may not be the edit selected for creating the queue but the selected edit will be attached to the accession and viewable from Order Entry)

Once the accession is highlighted, you will press "Enter" and the screen will branch to the Order Entry screen so you may resolve the edits. You may enter Control + Z to view a full listing of edits for the accession. Since the Order Entry screen is displayed, you will have all of the functions provided in Order Entry.

Order Entry Screen

```
AOE-Co.1                         Billing Order Entry
   Accession: A000990              Client Id: 102        CARDIOLOGY GROUP
      Pat ID: TESTPATIENT   Ordering Location: 1
     Phys Id: GHI678              Phys Name: ORDERING PROVIDER
         DOS: 05/23/2016   Patient Location:

   Patient Last Name: TEST               First: PATIENT            MI: F
                Sex: M                     DOB: 08/01/1966

   Client Payer:
  Primary Payer: MCR         2nd Payer:              3rd Payer:

 DX #1 R50.81      #2 R12      #3            #4            #5            #6
 DX #7             #8          #9            #10           #11           #12

 Test Ordered                  Status
 80050     GENERAL HEALTH      Final             Discount Code:



                                         Accession Status: EDIT
            [Save]   [Bill Now]  [Edit]  [Cancel]  [Delete]  [Exit]
```

Resolve the edits and save the accession, or exit without making changes, and be returned to the Edit Work Queue screen to select the next accession to work. Your cursor will default to the next accession line. Use the arrow keys to select another accession or press "/" and the end of screen buttons will be displayed.

End of Screen Buttons

```
[Rebuild]   [Edit]   [Exit]
```

By pressing the **[Rebuild]** button, the list will refresh and any accessions that have had all of the edits cleared will drop out of the Edit Work Queue, leaving only those accessions with pending edits to display.

Nursing Home Worklist (Optional Module) (1,2,3)

The Nursing Home Worklist feature in SurroundLab™ AR allows you to create a list of accessions that have been flagged in SurroundLab AR with Nursing Home Edits. When you select the Nursing Home Worklist menu option, one of two screens will present; either the Nursing Home Worklist Build screen or the Nursing Home Worklist Selection screen will be displayed.

Make the necessary selections and choose **[Build]** to create your worklist. Select **[Edit]** if changes to the field responses are necessary or **[Exit]** to leave the screen without building the worklist.

Beginning DOS: Enter the Date of Service with which to begin the summary of edits.

Ending DOS: Enter the Date of Service with which to end the summary of edits.

Client: Enter the Client ID, enter "/L" for a list of Client IDs, or "*" for all Client IDs.

When you select **[Build]**, the list will be built. A message will confirm that the new worklist was built, how many accessions were added and how many were skipped due to being present on an existing worklist.

Nursing Home Worklist Build Screen

```
ANHLB-Co.1                    Nursing Home Worklist Build

      Beginning DOS: 01/01/2014

        Ending DOS: 11/03/2015

           Client: *            ALL


        ┌─────────────────────────────────┐
        │ New worklist built              │
        │ 4 Accessions on list.           │
        │ 0 accessions skipped because    │
        │ already on an existing list.    │
        │                                 │
        │                                 │
        └─────────────────────────────────┘





                    [Build]  [Edit]  [Exit]
```

When you select the Nursing Home Worklist Menu Option and a worklist already exists, you will be presented with the Worklist Selection screen. Use the arrow keys to highlight the Worklist and press the enter key to make the selection. To exit this screen, you must press /ENTER.

Nursing Home Worklist Selection Screen

```
ANHL-Co.1              Nursing Home Worklist Selection

        Select Worklist
Date Created           Client(s)           Date Of Service(s)      User
03/19/14 11:27:37      *                   01/01/11-03/19/14       LBH
09/16/14 17:22:46      0002                08/01/14-09/16/14       LBH









                    [Create New List]   [Edit]   [Exit]
```

The Nursing Home Worklist will be presented and you may begin selecting Accessions to work by using the arrow keys to highlight the Accession and pressing Enter. You may also elect to Create a New List using the End of Screen Button "Create New List" shown above.

```
ANHL2-Co.1                   Nursing Home WL

              Select Accession to Work in OE
Accession       DOS         Patient Name          Client    Payer
A001436         09/16/14    TEST,ALT FEE T        0002      C         *
A001437         09/13/14    TEST,CLIENT INS       0002      MC
A001439         08/27/14    TEST,NORA             0002      MC
A001438         09/16/14    TEST,NUR              0002      MC










        [Print]   [Release List]   [Edit]   [Delete]   [Exit]
```

Pressing [Enter] will display the Billing Order Entry screen with the data already displayed for the selected Accession.

```
AOE-Co.1                        Billing Order Entry

   Accession: A001436                Client Id: 0002      BEST TEST CLIENT
      Pat ID: 1                Ordering Location: 1
     Phys Id: 25560              Phys Name: JESS L HODGES, MD
         DOS: 09/16/2014  Patient Location:

   Patient Last Name: TEST                First: ALT FEE            MI: T
               Sex: F                       DOB: 01/01/1965

   Client Payer: C
  Primary Payer: MC           2nd Payer:              3rd Payer:

 DX #1  401.9      #2          #3          #4          #5          #6
 DX #7            #8          #9          #10         #11         #12

 Test Ordered                 Status                 Discount Code:
 2          BASIC METOBOLIC PANEL   Final

                                              Accession Status: NH HOLD
            [Save]    [Bill Now]   [Edit]   [Cancel]   [Delete]   [Exit]
```

Make the necessary modifications and select **[Save]** if any changes are made. When you exit the Order Entry screen, you will be asked whether to mark the accession as worked or leave as unworked.

```
┌─Mark accessions as worked?─┐
│ Mark Accn# A000014 as worked? │
│ Leave as unworked.            │
└───────────────────────────────┘
```

Once an accession is marked as worked an "*" will appear in the right margin for that accession line and allows for faster Identification of worked/unworked Accessions.

You may select from any of the End of Screen options for the worklist including:

Print: You may print the Worklist.

Release List: This option will release the **entire** list. **Important: Do not use this option until finished working all accessions on the list.**

Edit: Returns user to the Accession list.

Delete: Deletes the worklist.

Print Client Letters: May be used to Print Client Letters associated with this worklist.

Exit: Exits the screen.

            [Print]   [Release List]   [Edit]   [Delete]   [Exit]

Automated Nursing Home Worklist Build and Fax

The Automated Nursing Home Worklist Build and Fax feature allows for the quick building and faxing of Nursing Home Worklists. A worklist will be forwarded by fax to each qualifying Client having an Accession held in a Nursing Home Edit at the time you build the list.

You will need to make selections from the following criteria:

Device: Enter device to print summary report.

Print or Fax?: Enter "F" for Fax or "P" for Print.

Reprint Date: Leave this filed blank unless you are reprinting then enter date to reprint.

Reporting Start at first failed?: If an error occurred with the sending of the fax then the system will determine the last client the system printed and start at the next client.

Reprint Client(s): Enter the Client ID(s) you wish to reprint, multiple entries are allowed. (The Reprint Date field must be answered to access this field.)

```
C52ARNHW-Co.1   TEST AREA - Automated Nursing Home WL Build & Fax


|                            Device: FILE


                      Print or Fax?: F


                       Reprint Date:
Reprint Start at first failed?:
                   Reprint Client(s):






                        [Print]   [Edit]   [Exit]
```

Monitoring Faxing for Nursing Home Worlist

Monitoring faxing for the Nursing Home Worklist is a separate Menu Option "Check Nursing Home WL Build/Fax".

Device: Screen or Print Output is available.

Enter Date to Check: "/L" may be used for a list of dates or you may enter the date manually.

Print Detail (Y/N): Enter Y if only a summary is needed or N if the Accession Detail is to be shown.

```
C52NHFXR-Co.1           TEST AREA - Check NHWL fax/print

 |

                    Device: SCREEN

         Enter Date to Check: 03/12/13

         Print Detail (Y/N): Y

 |




                    [Print]   [Edit]   [Exit]
```

```
Acct 22 had acn#s  not fax/printed on WL 62893,25903 built: 03/12/2013
-----------------------------
A000014
PRESS ENTER TO CONTINUE:█
```

Release Nursing Home Edits (Optional Module)

```
ANHLB-Co.1              Nursing Home Worklist Build
         Beginning DOS: 12/14/2015

            Ending DOS: 12/24/2015

                Client: 200        Sunset Nursing Home













                    [Build]   [Edit]   [Exit]
```

```
New worklist built
2 Accessions on list.
0 accessions skipped because
already on an existing list.
█
```

```
ANHL-Co.1                   Nursing Home Worklist Selection
       Select Worklist
Date Created           Client(s)          Date Of Service(s)       User
12/24/15 15:11:27      200                12/14/15-12/24/15        JLH

                       [Create New List]   [Edit]   [Exit]
```

```
ANHL2-Co.1                     Nursing Home WL

            Select Accession to Work in OE
Accession        DOS        Patient Name          Client      Payer
A000981          12/19/15   TEST,MCRPARTA         200         MCR
A000980          12/24/15   TEST,PARTAPAT         200         MCR
```

```
AOE-Co.1                    Billing Order Entry

  Accession: A000981              Client Id: 200     Sunset Nursing Hom
     Pat ID: TESTPARTA      Ordering Location: 1
    Phys Id: 765YOYO               Phys Name: REFERRING PHYSICIAN
        DOS: 12/19/2015     Patient Location:

  Patient Last Name: TEST                    First: MCRPARTA          MI:
               Sex: F                          DOB: 08/23/1943

   Client Payer:
  Primary Payer: MCR           2nd Payer:              3rd Payer:

  DX #1 R50.81      #2          #3          #4          #5          #6
  DX #7             #8          #9          #10         #11         #12

  Test Ordered                 Status
  80048    BASIC METABOLIC PANEL    Final       Discount Code:


                                              Accession Status: NH HOLD
```

When the Nursing Home Edit is enabled for a client, accessions will be tagged with a "Nursing Home Hold" edit which can only be cleared via the "Release Nursing Home Edits" screen. This feature allows you to segregate nursing home orders onto a separate edit report to verify whether the patient qualifies for Medicare Part A or not. This is an enhancement to the standard product. Contact your Seacoast Support Representative for more information.

```
AXNHE-Co.1              Release Nursing Home Edits

           Ordering Client: *          ALL




       From Date of Service: 01/01/2015

         To Date of Service: 12/24/2015

               Accessions: A000460       TEST, JANE







              [Release]  [Edit]  [Cancel]  [Exit]
```

```
       ┌──────Total──────────┐
       │ 1 accession was released. │
       └─────────────────────┘
```

SLVU Queue Report and SLVU Count (Optional Scanning Module)

SurroundLab™ *AR* offers two reporting tools, to manage the imaging workflow. First, the **SLVU Queue Report** to Identify Accessions which have been received via the billing interface and have no scanned image stored and Accessions with an existing scanned image stored which have not been received from SurroundLab™ *Plus*. And second, the **SLVU Queue Count** which is a quantitative report to measure the number of Accessions pending data entry by a user in Order Entry that have been received by via the billing interface and have a stored image available.

SLVU Queue Report

Billing System > Order Entry > SLVU Queue Report or 1,1,13

Complete the required fields, Output Device and either Date Threshold or Specific Date and print the report using the [Print] button at the end of the screen.

Output Device: Enter the device ID or alias, or lookup the device by its description. Enter "/L" for a list of devices.

Date Threshold: Enter the date threshold. Accessions that were scanned before this date will be printed if the order has not come across the billing interface. Accessions with a DOS older than the date entered, but which have not been scanned, will also be printed.

Specific Date: Enter a specific date. (You may only select by threshold date or by specific date.) For the specific date, Accessions which were scanned on this date will be printed if the order has not come across the billing interface. Accessions with a DOS on this date and, which have not been scanned, will be printed.

SLVU Queue Report Selection Screen

```
AOEVUR-Co.1            TEST AREA - SLVU Queue Report

      Output Device: SCREEN


      Date Threshold:


      Specific Date: 03/01/2015








                     [Print]   [Edit]   [Exit]
```

Sample SLVU Queue Report

```




```
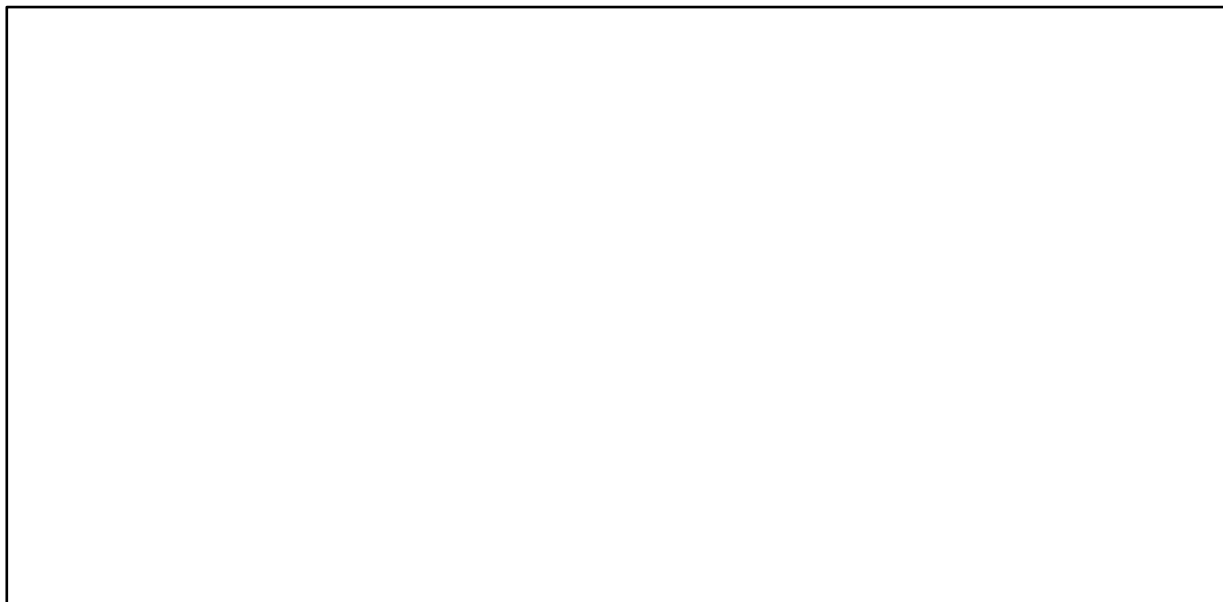
Sample SLVU Queue Count

Billing System > Order Entry > SLVU Queue Count or 1,1,13

There are no input fields to complete when using the SLVU Queue Count. When you enter the screen, your cursor will default to the **[Print]** button at the end of the screen. Press <Enter> on your keyboard to print the report.

```
                          [Print]  [Edit]  [Exit]
```

SLVU Queue Count Report
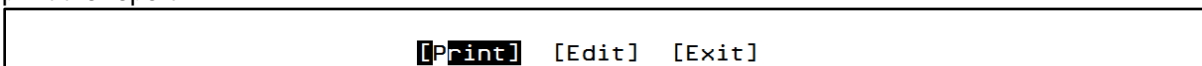
```
AOEVUQ-Co.1                      SLVU Queue Report




         0 accessions available for OE
<CR> to continue: █



                         [Print]  [Edit]  [Exit]
```
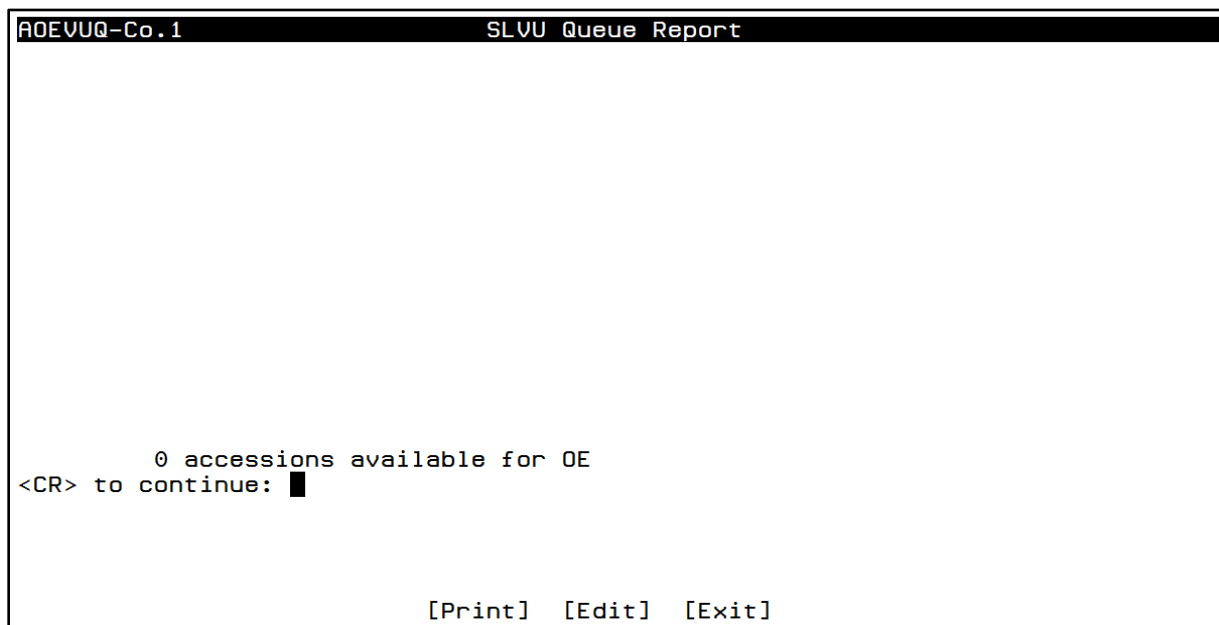
Submissions (1,3,1)

Billing System / Submissions and Remittance / Submissions

This process is usually done by a designated person. In payer definitions, an output schedule is assigned that determines how often a form is printed. It is recommended to submit claims every day. Submissions include any type of 'form'. A form can be a HCFA, UB04, electronic claims or patient statement. In most instances, the only 'form' recommended for monthly printing is client statements.
This option allows you to Demand a Form to be printed.

Process Submissions (1,3,1,1)

Billing System / Submissions and Remittance / Submission / Process Submissions

Output Device: Enter a valid Device ID, or enter "/L" to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. *Where would you like the submission confirmation report to go?*

Form Name: Enter the name or the first few characters of the name for the form you wish to print or "/L" to select from a list of forms in the print queue.

Reprint Date: Enter a previous print date in MMDDYY, MMDDYYYY, T for today, Y for yesterday, T-NN where nn is days in the past of the report you would like to reprint. Enter "/L" to select from a list. Press Enter (leave blank) if it is the first time the report is being printed.

Reprint Start: Enter a date in MMDDYY, MMDDYYYY, T for today, Y for yesterday, T-NN where nn is days in the past if you are wishing to reprint based on date range. This would be the beginning date.

Reprint End: Enter a date in MMDDYY, MMDDYYYY, T for today, Y for yesterday, T-NN where nn is days in the past if you are wishing to reprint based on date range. This would be the ending date.

Print Alignment: Enter (Y)es or (N)o. This option is used for aligning Dot Matrix printers.

```
ARFORM-Co.1                    Process Submissions

        Month-End Close Status: Not running


              Output Device: SCREEN

                 Form Name: PAT
              Reprint Date:
             Reprint Start:
               Reprint End:

           Print Alignment:







                      [Print]  [Edit]  [Exit]
```

Some forms include a report to provide you with specific details of invoices in a claim file. For example, when you process an ECS form, two files are generated: the ECS 837 claim form and a report providing details about the file created and the contents of the claim file.

The ECS Reports should be reviewed and, if necessary, worked daily to resolve issues with any invoice(s) that SurroundLab AR processed but was not sent in the claim file. Common reasons that a claim may not be sent include NPI issues and other missing information which was not entered on the accession but is required for claim submission.

These files may be saved for archive purposes.

Sample ECS Report

ECS FORM queuing complete: 03/06/2019 10:37

```
Carrier          : CHC
Cycle            : 5
Total Accessions : 1
Total Claims     : 1
Total Amount     : 931.25
Total Records    : 142

   Payer    : MC
   Accessions: 1
   Claims    : 1
   Amount    : 931.25
```

ECS download complete: 03/06/2019 10:37

```
File name      : TESTCHC201903061.TXT
File directory  : /var/spool/claims/test/
Total records   : 142
Total characters: 3062
```

The following accessions are included in this submission file:

```
Payer   Accession    Invoice#   DOS         Patient Name    Charges
-----   ---------    --------   ---         ------------    -------
MC      CH5340426    458039     11/20/2018  NAME,PATIENT     931.25
```

Schedule Submissions (1,3,1,2)

Billing System / Submissions and Remittance / Submission / Schedule Submissions

This option allows you to schedule a Form to be automatically printed by the system according to a user-defined schedule. Forms may be scheduled to print daily, weekly, or monthly. You may also define days that a form will be excluded from printing. An individual form may have multiple print schedules defined. For example, a form might be defined with two schedules to allow printing twice daily.

You can schedule to auto print/send your 'forms'. It is recommended to send forms manually when you first go live, but shortly after, switch to auto submit. You might consider scheduling every night at a time that would not interfere with backup but would allow the forms to be printed and available when the office opens.

Complete the following fields to schedule automatic processing of your submissions:

Form Name: Enter the name or the first few characters of the name for the form you wish to schedule. Enter "/L" to select from a list.

Schedule Number: Enter the schedule number, or enter "/L" to select from a list of schedules defined for this report.
> *Note: Each form can have up to 9 schedules associated with it. For example, you might want to print HCFA forms Monday through Saturday at 3 PM, but also, Monday through Friday at 9 AM. To do so, you would set up two daily schedules. The first would exclude Sunday, and the second would exclude Saturday and Sunday.*

Output Device: Enter a valid Device ID, or enter "/L" to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias.

Description: The description will display and can be edited in this field.

Schedule Type: Enter (D)aily, (W)eekly, (M)onthly

Time: Enter a start time in 00:00 military format.

Day of Week: If a weekly print schedule was chosen, enter the first 3 characters of the day of the week. Enter "/L" to select from a list.

Exclude Days: If a daily print schedule was chosen, enter the first 3 characters of the day(s) of the week you wish to exclude. Enter "/L" to select from a list.

Day of Month: Enter the number corresponding to the day of the month the report should run. Enter 1 to run the report on the first day of every month. Enter 2 to run the report on the second day of every month. Enter 31 to run the report on the last day of the month, regardless of how many days are in any given month. If you enter 29, the report will not run in February, except during a leap year.

Submissions Scheduler Screen

```
AXSS-Co.1                TEST AREA - Submissions Scheduler

         Form Name: HCFA               HCFA 1500

    Schedule Number: 1

      Output Device: AR1

        Description: HCFA 1500
      Schedule Type: D Daily
               Time: 06:00
        Day of Week:
      Excluded Days: SAT   SUN
       Day of Month:




Status



           [Save]  [Edit]  [Delete]  [Cancel]  [Exit]
```

Print Queue Report (1,3,1,3)

Billing System / Submissions and Remittance/Submissions / Print Queue Report

This report gives a summary count based on queued date of one or more form names. When a form is printed it will print all available queue dates. This report breaks down all print based on the queued date and not print date. See Appendix

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Start Date: Enter a start date to report on.

End Date: Enter an end date to report on.

Form Name(s): Enter the name of the form to print the report for, or enter "/L" (List Command) to generate a list of all Form Names, or enter "*" for all Form Names.

Print Queue: Enter "P" to get forms printed through the "Process Submissions" menu, "S" for "Secondary Insurance Submissions" and "B" for both print queues. This field is required.

Summary: Enter (Y)es or (N)o to print a Summary report. The Summary Report includes columns listing the Form Name, Queued Date, # Claims Queued, # Claims Un-Printed, # Claims Printed, # Claims Skipped, and the # Claims Re-Printed. The Detail report includes the same information as the Summary report, in addition to listing the Accessions and Invoice Numbers included for each Form Name and Print Queue Date.

Print Queue Report Selection Screen

```
ARPQUE-Co.1                    Print Queue Report


        Output Device: SCREEN

          Start Date: 03/11/2014

            End Date: 03/11/2015

        Form Name(s): *                      ALL




         Print Queue: B

Summary/Invoice/Payer: S




                      [Print]   [Edit]   [Exit]
```

Print Queue Report Summary

```
User: JLH                    Print Queue Report Summary              03/11/2015
Page: 1             Seacoast Laboratory Data Systems, Inc.           1:21 PM
                              For Form(s): ALL
                           For Both Print Queues

Form              Queued    # Claims   # Claims   # Claims   # Claims   # Claims
Name               Date     Queued  Un-Printed   Printed    Skipped   Re-Printed
CENTRAL         03/25/2014      1         1          0         0          0
                04/23/2014      1         1          0         0          0
                09/09/2014      1         1          0         0          0
                            ------    ------     ------    ------     ------
        CENTRAL Subtotal:       3         3          0         0          0

CLI             05/07/2014      3         3          0         0          0
                            ------    ------     ------    ------     ------
        CLI Subtotal:           3         3          0         0          0

HCFA            03/14/2014      2         0          2         0          0
                03/25/2014      2         0          0         2          0
                04/22/2014      2         0          2         0          0
                04/23/2014      3         0          1         2          0
                04/25/2014      7         0          6         1          6
<CR> to continue: █
```

Print Queue Report Detail

```
User: JLH                    Print Queue Report Summary              03/11/2015
Page: 2             Seacoast Laboratory Data Systems, Inc.           1:22 PM
                              For Form(s): ALL
                           For Both Print Queues

Form              Queued    # Claims   # Claims   # Claims   # Claims   # Claims
Name               Date     Queued  Un-Printed   Printed    Skipped   Re-Printed

CLI             05/07/2014      3         3          0         0          0
   Client(s)     Invoice100   1044
   ABCPED            1048
   PCPGRP            1054
                            ------    ------     ------    ------     ------
        CLI Subtotal:           3         3          0         0          0


HCFA            03/14/2014      2         0          2         0          0
   Accession      Invoice
   A000898           1036                04/23/14
   A000869           1037                04/23/14

                03/25/2014      2         0          0         2          0
<CR> to continue: █
```

Secondary Insurance Submissions (1,3,1,4)

Billing System / Submissions and Remittance / Submissions / Secondary Insurance Submissions

This option allows you to print Invoices for secondary insurance Payers that have been placed in this queue for batch printing. Typically these claims are to be printed on paper HCFA forms and need a paper EOB (or SLAR Mini-EOB) attached to them for processing.

Claims get into this queue from Third Party Payment Posting; transferring a remaining balance to a secondary Payer offers you some choices: immediate printing of the HCFA claim form, diverting the secondary claim to the Secondary Insurance Queue, or sending secondary claim into the regular submissions queue. Claims are generally sent to the secondary queue when a paper EOB must be submitted with the claim. This has the advantage of grouping claims that require the accompaniment of an EOB to be printed in one batch rather than having them intermingled with claims that do not require an EOB.

> *Note: In order to utilize this function, secondary Payers will need to be built in the Payer Definition screen as Schedule #2. The Output Schedule needs to reflect a specific Secondary HCFA Form definition.*

Output Device: Enter a valid Device ID, or enter "/L" to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias.

Form Name: Enter the name or the first few characters of the name for the form or enter "/L" to select from a list.

Reprint Date: Enter a previous print date in MMDDYY, MMDDYYYY, T for today, Y for yesterday, T-NN where NN is days in the past for the report you would like to reprint**.** Enter "/L" to select from a list. Press Enter (leave blank) if it is the first time the report is being printed.

Restart at: Enter the Account with which to start the printing. If printing Accession output then enter an Accession number. If printing Client output then enter a Client ID.

Print Alignment: Enter (Y)es or (N)o to align a tracker feed type printer.

```
ARFORT-Co.1          Print Submissions to Secondary Insurance


              Output Device: SCREEN

                 Form Name: HCFA
               Reprint Date:
                 Restart at:

            Print Alignment:










                    [Print]   [Edit]   [Exit]
```

SLAR Mini Explanation of Benefits (EOB) Processing

A Mini EOB is an added customization in SLAR which allows a uniform explanation of benefits to be produced directly from the application eliminating the need to manually copy EOBs to send with secondary/tertiary claims.

Steps to create and process Mini EOBs:
- o Go to Secondary Insurance Submissions to process the form for desired Secondary Payers. Menu Path: Billing System/Submissions & Remittance/Submissions/Secondary Insurance Submissions
- o Process the HCFA for desired Secondary Payers and **proceed immediately to next step.**

```
ARFORT-Co.1          Print Submissions to Secondary Insurance

                     Output Device: SCREEN

                       Form Name: HCFA
                      Reprint Date:
                       Restart at:

                   Print Alignment:










                   [Print]  [Edit]  [Exit]
```

- o Immediately after processing the Secondary Queue, go to Process Submissions and print the Mini EOBs which will be in IDentical order to the secondary HCFAs printed in the last step. Unless a "Reprint" is needed, these fields are unnecessary, as is Print Alignment. The Menu Path is Billing System/Submissions & Remittance/Submissions.

```
ARFORM-Co.1                  Process Submissions

          Month-End Close Status: Not running

                  Output Device: |            |

                      Form Name:
                    Reprint Date:
                   Reprint Start:
                     Reprint End:

                  Print Alignment:
```

NOTICE: If the Mini EOBs are not printed **IMMEDIATELY** after the HCFA forms are processed (printed) then the expectation of aligning in order of the HCFAs is altered as additional invoices may have been queued during the delay.

ECS File History Report (1,3,1,5)

Billing System / Submissions and Remittance / Submissions / ECS File History Report

This report displays the Electronic Claims Submissions (ECS) info for the specified carrier within the specified date range. The submission cycle number, User ID of the person who created the file, amount of money for submission in the file, the number of claims in the file, the average dollar amount per claim, the file name, the date and time that the file was finished being created, and the reprint date, if applicable, are promulgated. At the end of the report the grand totals for the amount of money for submission, as well as, the number of claims and the average dollar amount per claim are displayed.

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Carrier: Enter a valid Carrier ID or enter "/L" (List Command) to generate a list of all valid Carriers. You can also generate a list of matching Carriers by entering the first few characters of the description. This field is required.

Beginning Date: Enter the Beginning Date to designate the start date the system will use to search for data to be included with this report

Ending Date: Enter the End Date to designate the last day the system will use to search for data to be included in this report**.**

ECS File History Selection Screen

```
ARECS1-Co.1                    ECS File History


         Output Device: SCREEN

               Carrier: MCR

        Beginning Date: 03/01/2015

           Ending Date: 03/11/2015
```

ECS File History Report

```
User: JLH                  ECS File History Report            03/11/2015
Page: 5           Company 1 -                                 10:32 AM
                            For Carrier: MCR
                   From 03/01/2015 To 03/11/2015

Cycle / User ID           $ Amount              # Claims    Avg $/Claim
File Name                 Date      Time        Rep Date
---------                 -------   --------    --------    -----------
2271 / %SYSTEM            $38,194.50             293         $130.36
MCR201503101.DAT         03/10/2015  04:30

2272 / %SYSTEM            $76,635.54             467         $164.10
MCR201503111.DAT         03/11/2015  04:30


                         ----------------       --------    -----------
Totals                   $1,662,265.19          11208       $148.31
```

ECS File History w/Expected Reimbursement (1,3,1,6)

Billing System / Submissions and Remittance / Submissions / ECS File History w/Expected Reimbursement Report

This report displays the Electronic Claims Submissions (ECS) info and expected reimbursement amounts for the specified carrier within the specified date range. The submission cycle number, User ID of the person who created the file, the date that the file was finished being created, amount of money for submission in the file, the number of claims in the file, the average dollar amount per claim, the file name, the reprint date, if applicable, the expected reimbursement amount, and the average reimbursement dollar amount per claim are promulgated. At the end of the report the grand totals for the amount of money for submission, as well as, the number of claims, the average dollar amount per claim, amount of money for reimbursement and the average reimbursement dollar amount per claim are displayed.

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required**.**

Carrier: Enter a valid Carrier ID or enter "/L" (List Command) to generate a list of all valid Carriers. You can also generate a list of matching Carriers by entering the first few characters of the description. This field is required**.**

Beginning Date: Enter the Beginning Date to designate the start date the system will use to search for data to be included with this report

Ending Date: Enter the End Date to designate the last day the system will use to search for data to be included in this report.

ECS File History w/Expected Reimbursement Selection Screen

```
ARECS2-Co.1            ECS File History w/Exp Reimbursement


           Output Device: SCREEN
                 Carrier: MCR
          Beginning Date: 03/01/2015
             Ending Date: 03/11/2015
         Source Database  E Entered






                      [Print]   [Edit]   [Exit]
```

ECS File History w/Expected Reimbursement Report

```
User: CDT           ECS File History w/Expected Reimbursement        11/24/2009
Page: 1                          Company 1                            7:52 AM
                             For Carrier: IPLEXUS
                          From 01/01/2009 To 11/24/2009

Cycle             User ID    Run Date      Submit $   # Claims    Avg Sub$/Clm
File Name                    Rep Date      Exp Reim $              Avg Reim$/Clm
---------         -------    ----------    ----------  --------   -------------
1                  KAM       10/19/2009       $3,307      14              $236
TESTIP200910191.DAT                            $544      14               $39

2                  KAM       10/19/2009       $3,307      14              $236
TESTIP200910192.DAT                            $544      14               $39

3                  KAM       10/19/2009       $3,307      14              $236
TESTIP200910193.DAT                            $544      14               $39

4                  KAM       10/20/2009       $3,307      14              $236
TESTIP200910201.DAT                            $544      14               $39

                                           ----------  --------   -------------
Totals                                        $13,228      56              $236
                                               $2,178      56               $39
```

Invoice Requeue Utility (1,3,1,8)

Billing System / Submissions and Remittance / Submissions / Invoice Requeue Utility

This utility allows you to resend a mass amount of claims because a setting was changed that affected any claims already submitted. For instance, if you changed a diagnosis, but had already submitted claims using an invalid DX, you may use this utility to resend those based on date parameter.

```
AXINVREQ-Co.1                Invoice Requeue Utility
           Output Device: SCREEN

      Posting Start Date:              End Date:
          DOS Start Date: 10/01/2015  End Date: 12/28/2015
       Billed Start Date:              End Date:
          Billed to Form: TEMPFORM
              Fin Class: MCR
              Payer ID(s): MCR          Miscellaneous Mne: *
   Rendering Physician Id:
   Referring Physician Id:
                  Client:
           Order Code(s):
      Ordering Location(s):
         Place of Service: *
   Original Charges Only?:
        Rejection Code(s):
                 Modifier:
 [W]hole Invoice or [L]ine Item: W Whole Invoice
 [R]eport, Re[Q]ueue, or [B]oth: B Report + Requeue
       Requeue To Form Name: MC ECS          Print Queue:
   Reset Invoice Aging Date?: NO
                    [Process]  [Edit]  [Exit]
```

Note: This utility offers the option to pull a Report of invoices that match your criteria prior to performing a requeue of the invoices so that you may review and confirm your selection criteria met the need for rebilling. **If you would like only the report, then select "R" at the Report, Requeue or Both prompt.**

Output Device: Enter a valid Device ID, or enter "/L" to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias.

Select from one of the following date ranges.

Posting Start Date: Enter the Posting Start Date in MM/DD/YYYY format. This start date will be the beginning range for the Posting Dates. **End Date:** Enter End Date in MM/DD/YYYY format. This end date will be the ending range for the Posting Dates.

DOS Start Date: Enter the Date of Service Start date in MM/DD/YYYY format. This start date will be the beginning range for DOS. **End Date:** Enter the End Date in MM/DD/YYYY format. This end date will be the ending range for the DOS date.

Billed Start Date: Enter the Billed Start Date in MM/DD/YYYY format. This start date will be the beginning range for the Billed Date. **End Date:** Enter the End Date in MM/DD/YYYY format. This end date will be the ending range for the Billed Date.

Billed to Form: Enter the name or the first few characters of the name for the form or enter "/L" to select from a list.
> *Note: If you use Billed Date as a selection then you will need to enter the Form in which the invoice was originally billed.*

Payer ID: Enter the Payer ID, "/L" for a list. Enter the first few characters of the Payer Name to search for the Payer ID.

Miscellaneous Mne: Enter the Misc Insurance ID or enter "/L" to select from a list of Miscellaneous Insurance. This field is only available if you enter Misc in the Payer ID field.

Order Code(s): Enter the Order Code or the order code mnemonic. This can be repeated for multiple Order codes. Enter "*" for ALL or "/L" to select from a list of Order codes.

Original Charges Only?: Enter (Y)es or (N)o.
Enter (Y)es to select invoices that only have charge transactions and no adjustment, payment, transfer, or rejection transactions. By entering (Y) the program will select the whole invoice. You will not have access to the Whole Invoice or Line Item prompt.
Enter (N)o to select invoices that may or may not have other transactions other than charges. By entering (N) the program will allow you to select either whole or line item queuing of the invoice.

Rejection Code(s): Enter the Rejection Code you wish to include in the Requeue Report. This step can be repeated for multiple Rejection Codes. Enter "*" for ALL or "/L" to select from a list of rejection codes.

Modifier: Enter a 2 character modifier. This will display line item CPT codes with this specific modifier.

[W]hole Invoice or [L]ine Item: Enter (W)hole Invoice to Requeue the whole invoice.. Enter (L)ine Items to Requeue only those line items that meet the input criteria.

[R]eport, Re[Q]ueue, or [B]oth: Enter (R)eport, to print a report of invoices and line items that meet the input criteria. Enter (Q) Requeue, to requeue the invoices and line items to the print queue that meet the input criteria. Enter (B)oth to report and requeue the invoices and line items that meet the input criteria.
> *Note: When entering (R)eport, if you have chosen a print device or screen display keep in mind that this could produce an extremely large report. It is advised you print the report with caution. It can be printed to a file for review if needed.*

Requeue To Form Name: Select a form name to requeue all invoices to. You need to make an appropriate selection. For example, do not select Blue Shield ECS for when Medicare invoices are being requeued. Edit checking of the form had to be removed when we allowed the entry of multiple payers.

Print Queue: Enter "P" to queue invoices to the Primary Print Queue or "S" to queue invoices to the Secondary Insurance Print Queue.

Reset Invoice Aging Date?: Enter (Y)es or (N)o. This is usually set to (N)o, (Y)es is most often used with Patient Billable Party.
> *Note: If it is your desire to have the invoice start over at the first step of the output schedule defined for the payer of invoice then enter a (Y)es to clear the previous aging date. Once the selected form is run via process submission the invoice's aging date will be that run date. Thus the delay time to the second step will be honored and the invoice will be queued by the system to the second step. If your only desire is to queue up the invoices to a form and to not interfere with the systems aging of the invoice then enter (N)o. By default if no response is given, no change of the aging date will occur.*

Remittance (1,3,2)

Billing System / Submission and Remittance / Remittance

Process Electronic Remittance (1,3,2,1)

Billing System / Submission and Remittance / Remittance / Process Electronic Remittance

The Process Electronic Remittance menu option allows you to pull Electronic Remittance Advice (835) files into SurroundLab AR and create a posting batch for each file.

The Process Remittances screen pulls data from the files placed (either manually or via SFTP transmission) on the SurroundLab AR server and creates a posting batch for each file.

SurroundLab AR can be set up to receive ERA files from one or more clearinghouse/payer. Programming set up specific to your site is required to use the Process Remittances menu option. Contact your Seacoast Support Representative for assistance with setup and/or training.

Process Remittance Selection Screen

```
ARREMIT-Co.1                    Process Remittances

   Output Device: FILE

     Payer Name: 9

   File Name:
   BR_710_3672.835

     Batch Date: 05/18/2017

   Deposit Date: 05/18/2017




                    [Process]  [Edit]  [Delete]  [Exit]
```

Output Device: Enter a valid Device ID, enter "/L" (List Command) to generate a list of all Output Devices or generate a list of matching Devices by entering the first few characters of the description or alias. This field is required.

Payer Name: Enter the name of a Payer or "/L" to see a list of Payers currently set up to process electronic remittances.

File Name: Enter the name of the remittance file, without the directory path OR "/L" to see a list of remittance files available for processing.

Any unprocessed files for this payer will be available in a list.

```
ARREMIT-Co.1                    Process Remittances

   Output Device: FILE

      Payer Name: 9
                        ─Unprocessed Remittance Files─
 BR_710_3672.835
 BR_710_3673.835
 BR_710_3674.835
 BR_710_3675.835
```

Batch Date: Enter the date in MM/DD/YYYY format for the date the batch was created by the payer.

Deposit Date: Enter the deposit date of the electronic check to be used for the deposit date report. You may need to contact your Seacoast Support programmer to have your custom electronic remittance updated to honor the deposit date.

Remittance Report

If the electronic remittance sees a payment for an invoice but is unable to apply the payment electronically then the invoice is shown on the "Exception Report". This may occur when a payer sends invalid information in the ERA file, a Rejection Code is not defined, etc. Exceptions that are not related to file definition will require manual posting. However, exceptions which can be solved by file definition should be resolved prior to posting the remittance batch. You should define your rejection code, delete the batch and reload this remittance file. This is particularly helpful when a large volume of exceptions occur due to a new Rejection Code.

This report provides important information on the data received in the remittance file, including file name, check number, check date, etc. The Remittance Report also provides any corrections to patient names and policy numbers sent by the payer. SurroundLab AR can automatically pull these in to update the patient's demographic information.

```
Totals for remittance file BR_710_3672.835

Check Number      Check Date   Batch Amt   # claims  Unap Paymts  Unap Reversals
91-035933         05/10/2017       0.00         16

                  Totals:          0.00         16         0.00            0.00


File Totals - Approved Payments  :        0.00
            - Check Adjustments   :        0.00
            - L6 Interest Earned  :        0.00
                                     ------------
            - Actual Check amount :        0.00

              Memo amounts below
              72 Authorized Return:        0.00
          WO Overpayment Recovery:         0.00

   Check adjustments can be recoupment amounts, late file reductions
   and/or interest.


                          Corrected Report

       Invoice #            Accession #
       ---------            -----------
       303                  A000610
          Name: PATIENT NAME
          Corrected Name: PATIENT A NAME
          Member ID #: YAQ868888888M
          Corrected Member ID #: YAQ868888881M
```

If SurroundLab AR was unable to automatically process data for invoices in the remittance file, these invoices will not be included in the batch created by the ERA process. A list of these invoices and reasons for their exclusion from the batch will be located at the top of the Remittance Report before the totals and corrections.

Common reasons that an invoice could not be included in the batch are:

- If we cannot locate the invoice to post on. This typically is caused the by payer not returning the ID exactly as we submitted it in a 837 claim file. For example 1-12345 submitted for company 1 invoice 12345 can be returned as 112345 without the hyphen.

- If the current invoice that the accession is billed to is client print it on the exception report.

- If a rejection code is defined with an action code of E (billing error) then the activity is printed on the exception report.

- If there is a payment pending for a specific invoice in a different batch, any transactions for the same invoice will be printed on the Exception Report.

- If the payer remittance is defined to print any adjustment that equals the charge amount to the exception report instead of posting the adjustment.

- If the payer remittance is defined to print any adjustments that posted would result in a negative balance for the invoice.

- If the payer remittance is defined to print any informational rejections to the exception report.

Sample Exceptions on Remittance

```
                                    File created: 05/10/2017
                                    ANSI 835 Version: 00501

Company: 1
Payer   : 9 BCBS - 1043
Date    : 05/18/2017
Number  : 9R1
File    : BR_710_3672.835


Processing check 91-035933 05/10/2017|
Business Contact E-BUSINESS SUPPORT CENTER Phone: 6016644357
Technical contact
Rejected Claims/Unapplied Payments


                                                 Procedure  Reject
Patient Name              DOS         Invoice     Code       Codes
----------------------    ----------  ----------------    ---------  ------
NAME,PATIENT              04/25/2017  428                            CO45
         Invoice only rejections sent but no service lines returned

NAME,PATIENT              04/24/2017  419                            CO45
         Invoice only rejections sent but no service lines returned

NAME,PATIENT              04/13/2017  303                            CO45
         Invoice only rejections sent but no service lines returned

NAME,PATIENT              04/25/2017  433                            COB5 *NOF
         Invoice only rejections sent but no service lines returned

NAME,PATIENT              04/26/2017  468                            CO45
         Invoice only rejections sent but no service lines returned

NAME,PATIENT              04/25/2017  435                            CO45
         Invoice only rejections sent but no service lines returned

NAME,PATIENT              04/24/2017  418                            CO45
         Invoice only rejections sent but no service lines returned

NAME,PATIENT              04/21/2017  409                            CO45
         Invoice only rejections sent but no service lines returned

NAME,PATIENT              04/24/2017  425                            CO45
         Invoice only rejections sent but no service lines returned

NAME,PATIENT              05/02/2017  492                            CO45
         Invoice only rejections sent but no service lines returned

NAME,PATIENT              04/25/2017  436                            CO45
         Invoice only rejections sent but no service lines returned

NAME,PATIENT              04/28/2017  482                            CO45
         Invoice only rejections sent but no service lines returned

NAME,PATIENT              04/27/2017  467                            CO45
         Invoice only rejections sent but no service lines returned

NAME,PATIENT              04/29/2017  485                            CO50
         Invoice only rejections sent but no service lines returned

NAME,PATIENT              04/29/2017  483                            PR32
         Invoice only rejections sent but no service lines returned
```

Review the Batch Details

```
Batch Date  Batch #    Status  UID  Tape Tot $   Debit $  Payment $   Credit $
----------  -------    ------  ---  ----------  --------  ---------- --------
05/18/2017  9R1        Open    JLH        0.00      0.00        0.00     0.00

         Posted Date:                  P/C/TP: TP        Open Date: 05/18/2017
         Comments: Remittance file BR_710_3672.835 for 9
         ** This batch is open **
======================================================================
Batch Transactions ... for : TP (Third Party)

    THIRD PARTY     Check #                Check Date  Check Amt
    ------------    --------------------   ----------  ---------

       9            91-035933              05/10/2017

                       Invoice      Item  CPT    TX Type  TX Code    TX Amt
                       ------------  ----  ------ -------  ---------  --------
Batch integrity OK

Total accounts:      0
Total items:         0
<CR> to continue: ▮
```

Post the Batch

```
ACBE-Co.1                       Edit Batch

 Batch Date: 05/18/2017

   Batch #: 9R1              Third Party batch: Remittance file BR_710_3672.835 f
```

```
    [Batch Header]  [Edit a Check]  [Delete Payment]  [Post Batch]       [Edit]
    [Delete Batch]  [Cancel]        [Split Batch]     [Reclaim UnapCash] [Exit]
```

```
ACBE-Co.1                          Edit Batch

 Batch Date: 05/18/2017

   Batch #: 9R1            Third Party batch: Remittance file BR_710_3672.835 f
```

```
[Batch Header]   [Edit a Check]   [Delete Payment]   [Post Batch]        [Edit]
[Delete Batch]   [Cancel]         [Split Batch]      [Reclaim UnapCash]  [Exit]
```

```
ARBD-Co.1                      Batch Detail Report
```

```
      Output Device: SCREEN

        Batch Date: 05/18/2017
          Batch #: /L

        Invoice(s):
```

```
                                       ┌─Select Entry─┐
                                       │ *            │
                                       │ 9R1          │
                                       └──────────────┘
```

Invoice Manager (1,4)

Accessions are created in Order Entry. Once the accession has successfully passed through the edit process, the accession is priced and an invoice is created for billing. The accession will then be available in Invoice Manager and ready for submission to the payer. If the payer entered on the accession in Order Entry is a Patient or Third Party payer then the invoice can be viewed in Patient/Third Party Invoice Manager. If the Client payer was entered then the invoice can be viewed using Client Invoice Manager.

Patient/Third Party Invoice Manager (1,4,1)

Billing System / Invoice Manager / Patient Third Party Invoices

The Patient/Third Party Invoices option allows you to quickly and easily manage Patient and Third Party invoices.

Patient Account Information

```
ACSP-Co.1                     Invoice Manager

  Account #: 121          SYSTEM TEST                    F 08/01/1968
                                         Patient Balance:         4.40
  Invoice #:                           Insurance Balance:         0.00
                                      Collections Balance:        0.00
                                       Open Invoice Total:        4.40


  Invoice #   Accession #   ServDate Billed to Payer      Orig Amt  Curr Bal
  1123        A000974       11/06/15 PT-PATIENT             21.50      4.40
  1122        A000974       11/06/15 MCR-MEDICARE           21.50      0.00
```

To find your invoice, use one of the following search methods.

Account #: Enter the patient's account number if known. Otherwise, you can enter the Patient ID that was assigned by the ordering client, you can look up the patient by entering part or all of the name in the form "LAST,FIRST", you can enter an 'A/' followed by an accession number, or you can enter an 'I/' followed by an invoice number. If you enter "A/ACN", the most recent invoice for the ACN will be auto-selected. You can also enter the 9-digit SSN without dashes to lookup the patient's account.

Account Number
PID
Last,First or Partial Name – SMITH,R
A/ACN # for Accession number – A/A00909889
I/INV# for Invoice Number – I/897997
There are three fields supported for filtered searches:
Date of Birth (DOB)
Street Address (ADR)
Date of Service (DOS)
If there are a number of patients with similar demographics, you can do a filtered search, selecting those that match the name, as well as a secondary field. There are three fields supported for filtered searches: Date of Birth (DOB), Street Address (ADR), and Date of Service (DOS).

To do a filtered search, enter the field ID, shown in parentheses above, for the field you want to match, followed by a slash, and then a portion of the name. For example, to find all patients with last name "SMITH" with a Date of Service of March 3, 2003, enter the following: DOS/SMITH

The system will prompt you for the Date of Service. Once you have entered it, the patients that match both the name and the Date of Service will be shown in the lookup window. If only one match is found, then it will be selected immediately.

In similar manner, one can match the street address by entering: ADR/SMITH
The system will prompt you to enter the first few characters of the street address (typically the street number). All patient accounts that match will be listed, allowing you to select the correct one.

Invoice #: You may also search by Invoice # by pressing **[Enter]** in the Account # field to highlight the Invoice # field. Then, enter the invoice number, or enter "." to select the last invoice that you selected on this screen. Enter "/L" for a list of invoices for the selected patient account. If there are multiple invoices associated with this patient's account, use the arrow keys to move down or back up the list.

> *Note: In the list, if an invoice has been transferred, the new invoice will be indicated by an arrow. In the list of invoices below, invoice 15235 has been transferred to invoice 89435.*
>
> *345*
> *15235 –> 89435*
> *89435*

Once the desired Invoice is highlighted, pressing the [Enter] key will display information associated with the invoice. If you select the incorrect patient account, use /D in the Account # field to remove the information from the screen and make a new selection. This does not delete the account or invoice; it simply clears your screen.

Using the Control + Z Function in the Invoice # Field

Each new date of service creates a separate invoice on the patient account. To view a second screen that provides details about each invoice and the billable party, press the **Control + Z** with your cursor placed in the invoice # field. To print this list, select [Print] and enter the Output Device, i.e. printer.

```
ACSPB-Co.1                  All Accessions for Patient

  Patient Acct#: 121             TEST, SYSTEM


                                                  Original        Current
    DOS          Accession   Status    Client      Invoice        Invoice
    11/06/2015   A000974     PTP       PCPGRP          1122           1123












                          [Print]   [Exit]
```

Invoice Header and Invoice Detail

Top section of this screen is called the Invoice Header and contains the fields below and a summary of the Current Balance and Total Charges, Debit/Credit Adjustments and Payments.

Patient: Patient Name

Invoice #: After the accession is saved, it is assigned an invoice number.

Payer: The name of the assigned payer to the account.

Bill Info: The date the bill was originally printed or electronically billed.

Client: The Client assigned for the accession.

Accession: Accession Number

Last billed: This field displays the last date this claim was billed or printed. This date will differ from the Original Billed Date if an invoice was rebilled.

```
ACSP2-Co.1                    Invoice Manager

Patient: 121 - TEST, SYSTEM                      Curr Bal:      4.40
INV: 1123          Payer: PT-PATIENT             Tot Chgs:     21.50
DOS: 11/06/2015    Bill Info: Ready to bill      Debit Adjs:    0.00
Cli: PCPGRP     PRIMARY CARE PROVIDERS           Credit Adjs:  -2.10
Acn: A000974                  Last Bill: Queued to print   Tot Paid:  -15.00

  Dx Codes: R50.81
CPT        TX    OC        QTY    AMOUNT  DESCRIPTION                    POSTED
80053      C     80053      1      12.40  (CMP) COMP METABOLIC PANEL     11/06/15
           ALWD                    12.40  ALLOWED AMOUNT $12.40          11/06/15
           MCPAY                  -12.40  MEDICARE PAYMENT               11/06/15
              CPT Balance:         0.00
85025      C     85025      1       9.10  CBC W/ DIFF                    11/06/15
           ALWD                     7.00  ALLOWED AMOUNT $7.00           11/06/15
           MCADJ                   -2.10  MEDICARE CONTRACT ADJUSTMENT   11/06/15
           MCPAY                   -2.60  MEDICARE PAYMENT               11/06/15
           TF                             From MCR, Inv 1122             11/06/15
              CPT Balance:         4.40


[Pat Info]    [Notes]        [Adjustments]  [Pyr/Cli Info]  [Rebill]   [Transfer]
[Print]       [Edit Tests/DX] [Inv Header]  [Detail]        [Split]    [Exit]
```

The middle section of this screen is called Invoice Detail. In the detail section, you will find:

CPT: The CPT code associated to the order code

TX: This is the transaction code column, when your cursor is on the transaction code.

See the next page for important details on the Control + Z function.

OC: The Order Code selected for the order.

Qty: Quantity of the Order Code billed. **NOT** the quantity of the CPT billed. The quantity for the billed for the CPT may be viewed using the **Control + Z** function on a charge line, TX = C.

Amount: Amount billed for the Order Code.

Description: Description of the Order Code.

Posted: This field is the date the Order Code was keyed in or changed.

****Important Information****
The Tool Bar at the bottom of the screen displays the options for performing follow up activities.

Using the Control + Z Function in Invoice Detail

By selecting the [Detail] button on the main Invoice Manager screen, the cursor will return to the line item list of order codes on the invoice.

```
[Pat Info]    [Notes]         [Adjustments]  [Pyr/Cli Info]  [Rebill]   [Transfer]
[Print]       [Edit Tests/DX] [Inv Header]   [Detail]        [Split]    [Exit]

  Dx Codes: 781.2
CPT         TX   OC         QTY   AMOUNT DESCRIPTION                    POSTED
80048       C        80048    1     9.90 BASIC METABOLIC PANEL          06/03/15
                CPT Balance:        9.90
G0471       C        DRAW     1     5.00 DRAW FEE                       06/03/15
                CPT Balance:        5.00
```

Use the **Control + Z** function on an invoice line item to select either Inquiry Detail or Accession Summary.

```
─Select Function─
|Inquiry Detail
 Accession Summary
```
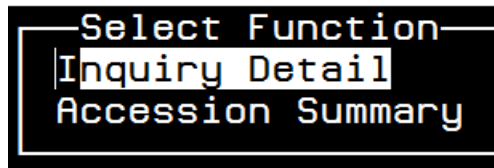
Inquiry Detail

This option displays pricing information for a charge line item, changes made via Supervisor Override, and testing location.

```
─────────────────────────Pricing─────────────────────────
Mapping: Payer MCR  ->  FIN MCR  ->  FINGRP MCR
List Price of       $ 9.90 is based on:
List Fee Schedule  : MCR2011 100% (MEDICARE 2011 100%)
List Effective date: 01/01/2011
OCODE 80048 is NonDiscountable on this List Fee Schedule
OCODE 80048 has a Minimum Price of $ 9.9 on this List Fee Schedule
OCODE 80048 is NonDiscountable, and there is no Override in effect
NOTES:
Modifier for order code 80048 changed from  to 90
Testing Location for order code 80048 changed from none to 1
Testing location 1 - SEACOAST LABORATORY
```

On a payment or adjustment transaction line, using the **Control + Z** function will display the Batch information including the Check number, amount and deposit date. If comments were entered on the Batch then they will also be displayed. This can be quite helpful when working with a payer for follow up.

```
─────────────────────────Detail─────────────────────────
MCPAY (MEDICARE PAYMENT)
Batch #1 on 06/03/2015, Posted on 06/03/2015 at 9:57 AM
Batch owner: HODGES, JESS
Payer MCR (MEDICARE)
Check #12345, dated 06/03/2015, for $20.00, deposited 06/03/2015
Comment TEST BATCH
```

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If the adjustment was not completed from payment posting as part of a payment or denials batch – for example adjustments can be made using the Adjustment screen in Invoice Manager – then the Detail will provide information on who made the adjustment. A Batch # is present since the system automatically opens and posts a batch when the Invoice Manager Adjustments are made.

Accession Summary

Choose this option to view the transactions in a summary format which includes the Original Charges and a Payment History.

```
Original Charges
CPT/Mod     Order Code   Qty     Amount   Description
8005390     80053          1      12.40   (CMP) COMP METABOLIC PANEL
84100       84100          1       5.55   PHOSPHORUS
85025       85025          1       9.10   CBC W/ DIFF
G0471       DRAW           1       5.00   DRAW FEE

Payment History
Date        TxCode    Amount   Payer        Description
06/03/2015  ALWD       22.00   MCR          ALLOWED AMOUNT
06/03/2015  MCADJ      -5.05   MCR          MEDICARE CONTRACT ADJUSTMENT
06/03/2015  MCPAY     -20.00   MCR          MEDICARE PAYMENT
      Check #: 12345, dated 06/03/2015, for $20.00
06/03/2015  SBWO       -2.00   MCR          SMALL BALANCE WRITE OFF
```

[Patient Info]

By selecting the [Patient Info] button, you will have access to patient registration/demographics information. In this screen any information related to the patient can be changed.

```
ACSP1-Co.1                  Patient Demographics

                          Patient Demographics

  Patient Last Name: TEST                    First: SYSTEM          MI:
               Sex: F                          DOB: 08/01/1968      DOD:
               SSN:                            MRN:
    Street Address: 195 NEW HAMPSHIRE AVE

              City: PORTSMOUTH
                St: NH   Zip: 03801
           H Phone: 999-111-2222
             Email: testpat@sldsi.com
         Reln to RP: 1

         Responsible
  Party Last Name: TEST                      First: SYSTEM          MI:
        Street Add: 195 NEW HAMPSHIRE AVE

              City: PORTSMOUTH
                St: NH   Zip: 03801
           H Phone: 999-111-2222
           W Phone: 999-112-4444           Cell Phone:
                          [Save]   [Edit]   [Cancel]
```

[Inv Header]

```
ACSP8-Co.1                    Edit Invoice Header

             Header Information for Accession A000974, Invoice 1123

Ordering Client ID: PCPGRP      PRIMARY CARE PROVIDERS -
 Ordering Location: 1

       Ref Phys ID: TEST456      NPI: 7894561231

     Ref Phys Name: DOCTOR HEALTHY






             ICN:




                         [Save]   [Edit]   [Cancel]
```

[Notes]

The [Notes] option allows you to view, amend or delete system-generated and User-generated notes for the selected Invoice or for an entire Patient Account. Account Notes will appear in the Notes summary for any Invoice related to that Patient Account. Invoice Notes will only appear on that particular Invoice. For any note added audit trail information will be attached such as User ID, time and date of entry. Any addition, editing or deletion of a note will be tracked in the Accession Audit History Report. When the Notes option is chosen, a pop-up box will appear allowing you to choose entry of Invoice Notes or Account Notes.

```
[Pat Info]   [Notes]         [Adjustments]  [Pyr/Cli Info]  [Rebill]  [Transfer]
[Print]      [Edit Tests/DX] [Inv Header]   [Detail]        [Split]   [Exit]
```

Once you have selected the [Notes] button, you will be prompted to select from two Notes Options. Invoice Notes are specific to a single invoice whereas Account Notes may be used for general notes for the overall Patient Account, such as an address change. Some users prefer only to use Invoice Notes for Patient/Third Party invoices.

```
┌─Notes Option─┐
│Invoice Notes │
│Account Notes │
│Abort         │
└──────────────┘
```

Invoice Notes

```
ACSP5-Co.1                      Invoice Notes

 11/06/2015 14:15:10 SEACOAST USER, Invoice 1123
 Message Type: N, Message Code: 0
 THIS IS FOR TESTING PURPOSES
 I have updated the Patient Info and am demand printing a statement.

















             [Next Pg]  [Prev Pg]  [Add]  [Edit]  [Exit]
```

If multiple pages of notes exist, use the [Next Pg] and/or [Prev Pg] to review the notes. The notes are displayed in chronological order by date with the oldest note first.

> *Note: If you would like to reverse the order of the notes to view the newest note first then ask your System Administrator to change the "Rev Order for InvMgr notes" setting in User Definition for your User ID.*

To add a new note to the invoice, select [Add] using the end of screen buttons.

```
ACSP52-Co.1                   New Invoice Notes

                    Message Type: N  Notes

                    Message Code: 0


 Message Text
 THIS IS FOR TESTING PURPOSES




 Add Notes
 THIS IS A FREE TEXT AREA. YOU MAY SELECT A PREVIOUSLY DEFINED MESSAGE CODE AND
 ALSO ENTER SPECIFIC NOTES HERE.






             [Save]  [Edit]  [Cancel]
```

Select the type of message you would like to use in the Message Type field or skip this to use only the free text space provided. There is no need to enter the date or your User ID in the free text field because SurroundLab™ AR automatically saves this information for you.

Message Type: Enter (N)otes or (S)tatement. Enter "/L" to select from a list.
      N Type is internal only
      S Type is statement message.
      Note: Caution: Statement notes may appear on the patient statement.

Message Code: Enter a predefined message code or "/L" to select from a list. Leave blank if you wish to add only free text messages.

Message Text: Displays the text when you select a previously defined Message Code.

Add Notes: Enter up to 9 lines of free text.

```
ACSP5-Co.1                       Invoice Notes

06/14/2013 12:18:32 Billing Rep_JH, Invoice 1441
Invoice re-priced

06/14/2013 12:18:23 Billing Rep_JH, Invoice 1441
Discount code 15 added
Line-item Discount Code for order code Z3704 changed from none to 15




















          [Next Pg]  [Prev Pg]  [Add]  [Edit]  [Exit]
```

Invoice Notes Edit

Select [Edit] to add to or delete an existing Invoice Note.

```
ACSP51-Co.1                   Invoice Notes Edit



                    Note Date: 06/03/2015

                    Note Time: /1

           Edit or Delete:

                                  ─Select Entry─
   Message 10:04:13   THIS IS FOR TESTING PURPOSES
            09:56:46   Internal Control number changed from "" to "1228374983"
            09:50:35   HCFA claim printed
            09:50:13   Deleted component(s) 82040,82310,82374,82435,82565,82947,841
```

Account Notes

Enter up to 20 lines of free text.

```
ACSPAN-Co.1                    Patient Account Notes

 04/25/2017 12:34:01 Billing Rep_JH
 You may up to 20 lines of free text notes in this space.

 04/25/2017 12:32:36 Billing Rep_JH
 Entries can be made at any time. This is for internal use only and the
 laboratory clients will not see the messages added in this screen.










                    [Next Pg]  [Prev Pg]  [Add]  [Edit]  [Exit]
```

If multiple pages of notes exist, use the [Next Pg] and/or [Prev Pg] to review the notes. The notes are displayed in chronological order by date with the oldest note first.

Use the [Add] button to enter additional Account Notes. Use the [Save] button when finished.

```
ACSPAN2-Co.1                 New Patient Account Notes

 Add Account Notes
 You may up to 20 lines of free text notes in this space.













                         [Save]  [Edit]  [Cancel]
```

[Adjustments]

This selection will allow you to enter debit or credit adjustments towards the account. Contractual adjustments are entered at payment posting. Refunds may be processed directly from this screen by entering the appropriate refund transaction code and using the Refund to Payer field.

```
ACSP3-Co.1                     Adjust Invoice
 Transaction Code: SBWO   SMALL BALANCE WRITE OFF      CRED Invoice #: 1123
Adjustment Amount: 4.40                    Remaining to be Applied:      4.40

                   Orig Amt   Allowed   Payments  Debit Adj  Cred Adjs   Curr Bal
  Invoice Totals:     21.50     19.40     15.00       0.00       2.10       4.40

Itm  Proc/TxCode  Orig Amt   Allowed   Payments  Debit Adj  Cred Adjs   Curr Bal
1    80053           12.40     12.40     12.40                  0.00       0.00
2    85025            9.10      7.00      2.60                  2.10       4.40
3
4
5
6
7
8
9
10
11
         Item/Proc Code: AUTO
         Refund to Payer:
                 Amount:
```

```
         Item/Proc Code:
         Refund to Payer:
                 Amount:
                           [Save]   [Edit]   [Cancel]
```

Transaction code: Enter the transaction code for the adjustment. Enter "/L" for a list.

Adjustment Amount: Enter the dollar amount of the adjustment.

You may choose to manually apply an adjustment to only one line item or only specific line items by entering the number of the line in the Item/Proc Code field and the adjustment amount in the Amount field.

```
   Item/Proc Code: 1          85025 COMPLETE CBC W/AUTO DIFF WBC      9.10
   Refund to Payer:
           Amount: 9.10
```

For invoices with multiple lines, the **AUTO** feature will quickly apply adjustments to all lines with a balance on the invoice. In the Adjust Invoice screen, complete the Transaction Code and Adjustment Amount fields. Press **[Enter]** to move the cursor to the Item/Proc Code field. With your CAPS LOCK on, type the word AUTO and press the **[Enter]** key.

The amount you entered in the "Adjustment Amount" field above will be automatically applied to open line items.

```
ACSP3-Co.1                    Adjust Invoice
 Transaction Code: SBWO  SMALL BALANCE WRITE OFF        CRED Invoice #: 1085
Adjustment Amount: 2.00              Remaining to be Applied:      0.00


                Orig Amt   Allowed   Payments  Debit Adj  Cred Adjs   Curr Bal
 Invoice Totals:   27.05     22.00     20.00      0.00       7.05       0.00

Itm Proc/TxCode  Orig Amt   Allowed   Payments  Debit Adj  Cred Adjs   Curr Bal
1
2
3
4
5
6
7
8
9
10
11

          Item/Proc Code:
          Refund to Payer:
                  Amount:
                          [Save]   [Edit]   [Cancel]
```

Important: The adjustments are not applied to the invoice until [Save] is selected using the end of screen buttons. If you do not wish to save the changes, you may select [Edit] or [Cancel] at this time to avoid posting the adjustment.

When you are ready to save your adjustment, pressing **[Enter]** will highlight the [Save] button at the end of the screen. Press **[Enter]** once more to save your changes. Adjustments made to an invoice in the Adjust Invoice screen are posted directly to the invoice. Once you **Save** your adjustment, it is applied. Any corrections will require a reversal adjustment. When you return to the Invoice Manager screen, the adjustment(s) you applied will be posted. Below is an example of an invoice with multiple lines adjusted with a small balance write off using the AUTO option.

```
ACSP2-Co.1                    Invoice Manager

Patient: 121 - TEST, SYSTEM                    Curr Bal:       0.00
INV: 1123          Payer: PT-PATIENT           Tot Chgs:      21.50
DOS: 11/06/2015    Bill Info: Ready to bill    Debit Adjs:     0.00
Cli: PCPGRP    PRIMARY CARE PROVIDERS          Credit Adjs:   -6.50
Acn: A000974               Last Bill: Queued to print  Tot Paid:  -15.00

 Dx Codes: R50.81
CPT       TX    OC        QTY    AMOUNT DESCRIPTION              POSTED
80053     C     80053      1     12.40 (CMP) COMP METABOLIC PANEL 11/06/15
          ALWD                   12.40 ALLOWED AMOUNT $12.40      11/06/15
          MCPAY                 -12.40 MEDICARE PAYMENT           11/06/15
             CPT Balance:         0.00
85025     C     85025      1      9.10 CBC W/ DIFF                11/06/15
          ALWD                    7.00 ALLOWED AMOUNT $7.00       11/06/15
          MCADJ                  -2.10 MEDICARE CONTRACT ADJUSTMENT 11/06/15
          MCPAY                  -2.60 MEDICARE PAYMENT           11/06/15
          TF                           From MCR, Inv 1122         11/06/15
          SBWO                   -4.40 SMALL BALANCE WRITE OFF    11/06/15
             CPT Balance:         0.00

[Pat Info]   [Notes]        [Adjustments]  [Pyr/Cli Info]  [Rebill]  [Transfer]
[Print]      [Edit Tests/DX] [Inv Header]  [Detail]        [Split]   [Exit]
```

To perform a refund from the Adjust Invoice screen, enter the refund transaction code and the dollar amount in the Transaction Code and Adjustment Amount fields. Enter the line item you wish to refund. A dialogue box will appear asking you to confirm or change the Refund Address. When the address is correct, select [Accept].

```
ACSP3-Co.1                      Adjust Invoice                            [AN]
 Transaction Code: REFP   Refund Patient              DEBI Invoice #: 1424
Adjustment Amount: 5.00                      Remaining to be Applied:      5.00

                   Orig Amt   Allowed   Payments  Debit Adj  Cred Adjs   Curr Bal
 Invoice Totals:     10.00      5.00       5.00      6.00       6.00        5.00

Itm Proc/TxCode    Orig Amt   Allowed   Payments  Debit Adj  Cred Adjs   Curr Bal
 1   84460           10.00      5.00       5.00      6.00       6.00        5.00
 2
 3
 4      ┌─────────────────────────────────────────────────────────────┐
 5      │ ACRP-Co.1                          Refund Address            │
 6      │                                                             │
 7      │     First Name: LISA                      MI:               │
 8      │      Last Name: TESTING                                     │
 9      │     Street Add: 225 GREEN STREET                            │
10      │                                                             │
11      │           City: DOVER                                       │
        │            St: NH   Zip: 03820                              │
        │        [Accept]   [Change]   [Edit]   [Cancel]              │
     It └─────────────────────────────────────────────────────────────┘
Refund to Payer:
          Amount:
```

Enter the dollar amount of the adjustment for this line item in the Amount field. Saving your changes automatically posts this adjustment to the invoice.

```
ACSP3-Co.1                      Adjust Invoice                            [AN]
 Transaction Code: REFP   Refund Patient              DEBI Invoice #: 1424
Adjustment Amount: 5.00                      Remaining to be Applied:      0.00

                   Orig Amt   Allowed   Payments  Debit Adj  Cred Adjs   Curr Bal
 Invoice Totals:     10.00      5.00       5.00     11.00       6.00       10.00

Itm Proc/TxCode    Orig Amt   Allowed   Payments  Debit Adj  Cred Adjs   Curr Bal
 1
 2
 3
 4
 5
 6
 7
 8
 9
10
11

      Item/Proc Code:
     Refund to Payer:
              Amount:          5.00
                          [Save]   [Edit]   [Cancel]
```

[Pyr/Cli Info]

This screen displays information about the assigned payer. There are four additional buttons under this option. This button allows you to view payer information for the billed claim, the contact information of the ordering client, each date the claim was printed and/or submitted and the patient billing demographic information on file.

```
ACSP9-Co.1              Invoice Manager - Payer Information

         Payer ID: MCR           Payer Name: MEDICARE
         MiscIns ID:              MiscIns Name:

   Street Address: 100 STATE STREET


             City: DALLAS
            State: TX     Zip: 75231
          Country: USA
            Phone: 000-999-0000
              FAX: 000-888-0000
          Contact:
  Provider Number: 1234567
  Timely Filing Deadline: 365

   Comment




   [Patient Billing Info]  [Payer/Submission History]  [Client Info]  [Exit]
```

[Patient Billing Info]

This screen may be used for insurance follow up purposes. It displays the necessary information to contact a payer for claim status. Select the [Notes] button to add notes after contacting the carrier.

```
ACSP91-Co.1           Invoice Manager - Patient Billing Info
Patient: 1743 - SEACOAST, TPLDRUGTESTIN  DOB: 08/01/1970
Invoice: 1728          DOS: 01/03/2017   Billed Charges:    33.00
Tax ID Number: 020000000               NPI: 0123456789

   Payer ID: MC              Payer Name: MEDICARE
   Payer Phone:
   MiscIns ID:               MiscIns Name:
           Medicare Number: 123456789A
           Total # Miles:
           Total # Patients:
           Total # Stops:









   [Client Info]  [Payer Info]  [Payer/Submission History]  [Notes]  [Exit]
```

[Payer/Submission History]

The top half of the screen will indicate the patient's insurance coverage history. The bottom half shows all dates the invoice has been submitted. The screen is for viewing the information only. Changes are not permitted in this screen.

```
ACSP9B-Co.1              Invoice Manager - Payer/Submit History

  Accession: A000974          Patient: 121 - TEST, SYSTEM
        DOS: 11/06/2015
                      Complete Coverage History
  Date         Primary Payer         Secondary Payer        Tertiary Payer
  11/06/2015   MCR




                      Submission History
          Date       Payer            Invoice (Items)  Event
          11/06/2015 PT               1123             Queued
          11/06/2015 PT               1123             Invoice Created
          11/06/2015 MCR              1122             Queued
          11/06/2015 MCR              1122             Invoice Created



                  [Client Info]   [Payer Info]   [Exit]
```

[Client Info]

This Client assigned to this invoice displayed here from Client Definition. Changes to the Client's information cannot be made in this screen.

```
ACSPA-Co.1               Invoice Manager - Client Information

        Client #: PCPGRP              Account Type:

      Client Name: PRIMARY CARE PROVIDERS
   Client Address: 789 SAMPLE LANE              City: SAVANNAH
                                               State: GA     ZIP: 31401
            Phone:
              FAX:
          Contact:

          Comment:








    [Payer Info]   [Payer/Submission History]   [Patient Billing Info]   [Exit]
```

[Rebill]

On the main screen of the selected invoice you will have the option to rebill. If for any reason an invoice requires resubmission to the same payer, this button allows the invoice to be re-queued for print.

```
ACSP7-Co.1                        Rebill Invoice


       Rebill How: MC ECS

       Reset Submission Aging?: NO















             [Save]   [Edit]   [Line Item Submission]   [Cancel]
```

Rebill How: Enter a form name or "/L" to select from a list.

Reset Aging: Enter (Y)es or (N)o. This resets the aging of an accession back to the beginning. This field is only present if the Company Definition has a security level assigned in Misc. Definition settings. If you reset the aging of the invoice then an older service date may not be reported on aging reports. In most cases, there is no reason to reset the aging.

[Save]: After answering the two prior questions, when you save, the entire invoice will be resubmitted.

[Edit]: This allows you to edit any of the information before selecting SAVE.

When you rebill an invoice, the system generates an Invoice Note with the date, time, User ID, and the billing form selected.

```
ACSP5-Co.1                        Invoice Notes

 11/06/2015 14:41:37 SEACOAST USER, Invoice 1122
 Rebill using form MC ECS queued to print on 11/06/15

 11/06/2015 14:15:10 SEACOAST USER, Invoice 1123
 Message Type: N, Message Code: 0
 THIS IS FOR TESTING PURPOSES
 I have updated the Patient Info and am demand printing a statement.
```

[Line Item Submission]

Instead of rebilling the entire invoice, it is optional to only submit single line items within an invoice.

```
ACSP71-Co.1                    Line Item Submission

Patient Name: TEST, SYSTEM                          Curr Bal:      0.00
INV: 1122      Curr Payer : MCR                      Tot Chgs:     21.50
DOS: 11/06/2015 Orig Billdt:                         Debit Adjs:    0.00
Cli: PCPGRP    Client Name: PRIMARY CARE PROVIDERS   Credit Adjs:  -6.50
Acn: A000974                                         Tot Paid:    -15.00

Item  Order Code  CPT      Amount  Description                   Item Bal
1     80053       80053     12.40  (CMP) COMP METABOLIC PANEL       0.0
2     85025       85025      9.10  CBC W/ DIFF                      0.0




        Item    Quantity    Modifier(s)
        1       1           90


                    [Save]   [Edit]   [Exit]
```

Item: Enter the number of the line item you wish to rebill.

Quantity: Enter the quantity that you want to submit to the carrier. Please note all ECSs and paper claims are custom and must be updated to honor this field.

Modifier(s): Enter the modifier(s) that you need to submit on this item for the current payer. If you enter two modifiers enter it with a comma between the two.

When you rebill claim lines using line item submission, the system generates an Invoice Note with the date, time, User ID, and the billing form selected. The note also documents any changes made to the quantity and/or modifier based on your selections.

```
ACSP5-Co.1                      Invoice Notes

06/03/2015 12:48:46 JESS HODGES, Invoice 1071
Rebill using form MC ECS queued to print on 06/03/15
for line items: 1
Modifier for order code 80048 changed from  to 90
```

[Transfer]

Before transferring an invoice to a new payer, you must first update the payer information in the [Patient Info] screen. Once the information has been changed, you can select this button and choose to [Transfer] the invoice to the new payer which will queue the invoice to be resubmitted the next time the form for this payer is processed. This is completed in the Process Submissions screen.

```
ACSP2-Co.1                    Invoice Manager

Patient: 108 - PATIENT, TEST                    Curr Bal:      9.10
INV: 1078          Payer: MCR-MEDICARE          Tot Chgs:      9.10
DOS: 02/22/2015    Bill Info: Billed on 06/03/2015  Debit Adjs:    0.00
Cli: 2015          SAMPLE PHYSICIAN PRACTICE    Credit Adjs:   0.00

  ACSP4-Co.1                 Transfer to New Payer

    Transfer to Payer ID:            ┌─Select Entry─┐
                              BC1         BLUE CROSS #1
                              BC          BLUE CROSS
                              BEN         BENEFITS

                              Press Ctrl-A to accept entered data, '/' to re-enter.
```

When an invoice is transferred, the accession goes through the process of edit checking. This is similar to the edits checked in Order Entry. If any of these edits need to be resolved before the transfer to the new payer can be completed then you will need to work the invoice in the Transfer Queue.

Once the accession is transferred, a new invoice number will be created and the old invoice will become show zero balance as the balance has been transferred to the new invoice. A line item will post indicating a credit adjustment and an explanation showing the invoice was transferred to another payer.

[Print]

Selecting the **[Print]** button from the Invoice Detail screen provides you with two print choices: the invoice detail or print a patient statement, HCFA, UB04, or Mini EOB. This is referred to as **Demand** printing the form. In order to be able to demand print, the forms must be defined in the Demand fields in Company Definition.

```
┌──────────────Print Option──────────────┐
│ Print Screen                            │
│ Print Patient Bill/HCFA/UB04/Mini EOB   │
│ Abort                                   │
└─────────────────────────────────────────┘
```

Print Screen Option

```
AID2-Co.1                    Inquiry Screen Print
        Output Device: SCREEN
```

Sample of Print Screen Output

```
User: JLH                    Inquiry Screen Print              06/03/2015
Page: 1                       Routine: AID2                      1:04 PM

_____
Patient Name: 108 - PATIENT, TEST              Curr Bal: $       9.10
INV: 1078           Curr Payer : MCR            Tot Chgs: $       9.10
DOS: 02/22/2015                                Debit Adjs: $      0.00
Cli: 2015           Client Name: SAMPLE PHYSICIAN PRAC  Credit Adjs: $   0.00
Acn: A003004                                   Tot Paid: $       0.00
_____
Transaction Detail
CPT       TX    OC      QTY    AMOUNT   DESCRIPTION                  POSTED
85025     C     85025    1      9.10    CBC W/ DIFF                  02/24/2015
                CPT Balance:            9.10

*** NOTES: ***
INVOICE [1078]:
02/24/2015 16:16 Reverse transfer to payer BC1 from Transfer Queue
INVOICE [1078]:
06/03/2015 09:50 HCFA claim printed

*** PATIENT DEMOGRAPHICS: ***
PATIENT DEMOGRAPHICS:
  D.O.B.: 01/01/1960                SSN:              Sex: M
RESPONSIBLE PARTY EMPLOYER INFO:
  NAME   :
  City   :                         St:               Zip:
 Phone #:                          Fax #:

*** ACCESSION: ***
    Pat ID: 108           Ordering Location: 1

*** ACCESSION: ***
Name:   TEST PATIENT                      Responsible Party Info
        Sex: M                   First Name: TEST                 MI:
        DOB: 01/01/1960           Last Name: PATIENT
Street Add: 195 NEW HAMPSHIRE    Street Add: 195 NEW HAMPSHIRE AVE

        City: PORTSMOUTH              City: PORTSMOUTH
          St: NH Zip: 03801             St: NH  Zip: 03801
   H Phone:                        H Phone:
 Reln to RP: 1                     W Phone:
  Phys UPIN: DEF456
*** ACCESSION: ***
 Phys NAME: PHYSICIAN A
 Primary Payer: BC1
     2nd Payer:
     3rd Payer:
 Discount Code:

DX 1) R50.81   2)          3)          4)          5)          6)
   7)          8)          9)         10)         11)         12)

PAYER: BC1 - BLUE CROSS #1
100 TEST AVE
SUITE 100
AUSTIN, TX 78759
512-123-1234
Provider# 09876543      Sub ID#:  987654
   Relationship to subscriber
   Policy #
   Subscriber Name (last, first m)
```

Print Bill/HCFA/UB/Mini EOB

```
AOEB-Co.1                        Demand Billing

             $9.10 billed to invoice 1078 for accession A003004

              Print Patient Bill?  NO
    Output Device for Patient Bill:


              Print HCFA-1500?  YES
       Output Device for HCFA:  PRN

              Print UB92?  NO
       Output Device for UB92:

              Print Mini EOB?  YES
     Output Device for Mini EOB:

              Print Appeal Letter?  NO
               Appeal Letter Name:
    Output Device for Appeals Letter:



           [Print]   [Post Payment]   [Edit]   [Cancel]
```

If you choose Print Bill/HCFA/UB, once you have defined the parameters for the Rebill you will have an option to Post Payment before choosing [Print]. See Posting Payments for more detailed information.

[Posting Payment]

See the section for Patient Payment Posting for details on completing this screen which may be used to post patient payments in Invoice Manager prior to printing a patient statement.

```
ACPAT-Co.1                   Post Patient Payments
Batch Date:                        Tape Total:              Remaining:
    Batch #:
  Account #:

Check#/CC:               Check/Payment Date:          Amount:
                                   Remaining from Check:

                               Open Invoices
  Itm   Invoice #    Date      Orig Amt  Deb Adjs  Payments  Cred Adj  Curr Bal
  1
  2
  3
  4
  5
  6
  7
  8
  9
                                                                      --------
     Item/Invoice #:                        Open Invoice Total:
            Payment:
 Adjustment Amount:        Adjustment Transaction Code:
```

[Edit Tests/Diagnosis (DX) Codes]

This button allows you to change/add a diagnosis or an order code to any invoice. If an "*" is displayed beside a diagnosis code it cannot be changed due to transactions have already occurred.

```
ACSP6-Co.1                    Diagnosis Codes
   Patient: 106 - TEST, DRAW
   DX  #1: 781.2    Abnormality of gait        Accession Discount Code
   DX  #2:
   DX  #3:
   DX  #4:
   DX  #5:
   DX  #6:
   DX  #7:
   DX  #8:
   DX  #9:
   DX #10:
   DX #11:
   DX #12:

   Test Ordered                                QTY   DX  Discount Code
 1  80048      BMP       BASIC METABOLIC PANEL   1
 2  DRAW                 DRAW FEE                1
 3
 4
 5
 6
 7
          [Save]   [Edit]   [Supervisor Override]   [Re-price]   [Cancel]
```

Select a test by pressing Enter until the cursor highlight a test you wish to edit. Press **Control + Z** to make changes to information specific to a single order code such as modifiers, diagnosis codes and quantity. This is the same screen available in Order Entry when using the **Control + Z** function.

```
AOEP-Co.1                    Order Entry Detail
   Accession: A000923
                   Diagnosis Codes for This Order

   1) 781.2     2)          3)          4)          5)          6)
   7)           8)          9)          10)         11)         12)

   Order Code: 80048 BMP
                                              Render Phy:
              Procedure Modifiers QTY TestLoc  Diag #  Status  ABN ABN Valid
   Profile: 80048              1                       FINAL       YES

Order Code Procedure Modifiers Qty TestLoc  Diag #   Status  ABN ABN Valid
---------- --------- --------- --- ---------- ---------- -------- --- ---------
82310      82310               1                       FINAL       YES
82374      82374               1                       FINAL       YES
82435      82435               1                       FINAL       YES
82565      82565               1                       FINAL       YES
82947      82947               1                       FINAL       YES
84132      84132               1                       FINAL       YES
84295      84295               1                       FINAL       YES
84520      84520               1                       FINAL       YES
                   [Accept]   [Edit]   [Cancel]
```

[Supervisor Override]

A user with the appropriate security level will be able to access a second screen and make changes to the invoice even though the Order has had transactions applied against it.

```
Edit CPT/MOD/ABN/LOC for Line Item:  |█          Calculate Trip Fee?:
              Delete Line Item:            Edit DX Pointer for Line Item:
                Add Order Code:            Edit Quantity for Line Item:
       Edit Invoice Date of Service?:           Rendering Phys for Item:
```

Edit CPT/MOD/ABN"/L"OC for Line Item: To edit the CPT code, modifiers, ABN, or testing location for any item, enter the item number.

```
ACSS1-Co.1                      Invoice Manager

Patient Name: TEST, SYSTEM                      Curr Bal:     5.00
INV: 1124      Curr Payer : MCR                 Tot Chgs:    21.50
DOS: 10/27/2015  Orig Billdt:                   Debit Adjs:   0.00
Cli: PCPGRP    Client Name: PRIMARY CARE PROVIDERS  Credit Adjs:  2.50
Acn: A000975                                    Tot Paid:    14.00

      Item  Order Code  CPT        Amount  Description
  *   1     80053       80053      12.40   (CMP) COMP METAB
  *   2     85025       85025       9.10   CBC W/ DIFF




    Items marked with an "*" ca ┌──────────────────────────────────────┐
                                │ Procedure Code: 80053  TestLoc: REFLAB │
Edit CPT/MOD/ABN/LOC for Line   │ Modifier: 90                           │
            Delete Line         │ ABN On File? YES      ABN Valid? YES   │
              Add Order         │       [Accept]  [Edit]  [Cancel]       │
     Edit Invoice Date of Serv  └──────────────────────────────────────┘
```

Delete Line Item: Enter the item number to delete.

```
      Item  Order Code  CPT        Amount  Description
  *   1     80053       ┌─────────Verify─────────┐ ETABOLIC PANEL
  *   2     85025       │ Are you sure you want to delete │
      3     DRAW        │ this line item, order code DRAW? │
                        │ If you answer YES, the change   │
                        │ will be filed immediately.      │
                        │                                 │
                        │ No                              │
    Items marked with a │ Yes                    ty cannot be edited
                        └─────────────────────────┘
Edit CPT/MOD/ABN/LOC for Line Item:             Calculate Trip Fee?:
              Delete Line Item: 3          Edit DX Pointer for Line Item:
                Add Order Code:            Edit Quantity for Line Item:
       Edit Invoice Date of Service?:           Rendering Phys for Item:
```

Add Order Code: Enter an order code to be added.

```
 Edit CPT/MOD/ABN/LOC for Line Item:                Calculate Trip Fee?:
               Delete Line Item:         Edit DX Pointer for Line Item:
               Add Order Code: DRAW      Edit Quantity for Line Item:
     Edit Invoice Date of Service?:         Rendering Phys for Item:
```

```
 ACSS1-Co.1                    Invoice Manager

 Patient Name: TEST, SYSTEM                      Curr Bal:      5.00
 INV: 1124      Curr Payer : MCR                 Tot Chgs:     21.50
 DOS: 10/27/2015  Orig Billdt:                   Debit Adjs:    0.00
 Cli: PCPGRP      Client Name: PRIMARY CARE PROVIDERS   Credit Adjs:  2.50
 Acn: A000975                                    Tot Paid:     14.00

      Item   Order Code   CPT          Amount   Description
   *  1      80053            ┌──────Verify──────┐   ETABOLIC PANEL
   *  2      85025            │ Are you sure you want to add │
                             │ order code DRAW to this invoice? │
                             │ If you answer YES, the change │
                             │ will be filed immediately. │
                             │ ┌─┐                          │
                             │ │No│                         │
     Items marked with a     │  Yes │          ty cannot be edited
                             └──────────────────┘
 Edit CPT/MOD/ABN/LOC for Line Item:                Calculate Trip Fee?:
               Delete Line Item:         Edit DX Pointer for Line Item:
               Add Order Code: DRAW      Edit Quantity for Line Item:
     Edit Invoice Date of Service?:         Rendering Phys for Item:
```

Edit Invoice Date of Service?: Enter YES to change the Date of Service for this Invoice. Enter NO to leave the Date of Service as is. A box will appear showing the Old Date of Service and allowing you to enter a New Date of Service. Select [Accept] to change the Date of Service for the accession.

```
                                        ┌─── Edit Date of Service ───┐
     Items marked with an "*" cannot b  │                            │
                                        │ Old Date of Service: 10/27/2015 │
 Edit CPT/MOD/ABN/LOC for Line Item:    │                            │
               Delete Line Item:        │ New Date of Service: 11/06/2015 │
               Add Order Code:          │                            │
     Edit Invoice Date of Service?:     │ [Accept]   [Edit]   [Cancel] │
                                        └────────────────────────────┘
```

Calculate Trip Fee?: Enter Yes to calculate the Nursing Home Trip Fee or No to skip calculation.

```
      Item   Order Code   CPT          Amount   Description
   *  1      80053            ┌──────Verify──────┐   PANEL
   *  2      85025            │ Are you sure you want to add/change │
      3      DRAW             │ the trip fee order code to this invoice? │
                             │ If you answer YES, the change │
                             │ will be filed immediately. │
                             │ ┌───┐                        │
                             │ │Yes│                        │
     Items marked with a     │  No │              t be edited
                             └──────────────────┘
 Edit CPT/MOD/ABN/LOC for Line Item:                Calculate Trip Fee?: YE
               Delete Line Item:         Edit DX Pointer for Line Item:
               Add Order Code:           Edit Quantity for Line Item:
     Edit Invoice Date of Service?:         Rendering Phys for Item:
```

The Patient Demographics screen must contain the Additional Billing Fields required for this payer for the trip fee to be added.

```
ACSP1-Co.1                    Patient Demographics
                    Patient Name: SYSTEM TEST
                    Primary Payer: MCR        2nd: BC1        3rd:
          Payer: MCR         MEDICARE (Primary)

     Policy #                      123456789A
     Total # Miles                 25
     Total # Patients              6
     Total # Stops                 2
```

When Yes is selected, the Order Code for Travel Allowance is automatically added based on the Trip Fee Settings in Payer Definition.

```
ACSS1-Co.1                       Invoice Manager
Patient Name: TEST, SYSTEM                      Curr Bal:      10.00
INV: 1124        Curr Payer : MCR               Tot Chgs:      26.50
DOS: 11/06/2015  Orig Billdt:                   Debit Adjs:     0.00
Cli: PCPGRP      Client Name: PRIMARY CARE PROVIDERS  Credit Adjs:    2.50
Acn: A000975                                    Tot Paid:      14.00

        Item    Order Code   CPT        Amount   Description
   *    1       80053        80053       12.40   (CMP) COMP METABOLIC PANEL
   *    2       85025        85025        9.10   CBC W/ DIFF
        3       DRAW         G0471        5.00   DRAW FEE
        4       P9603        P9603        4.29   PER MILE TRAVEL ALLOWANCE
```

Edit DX Pointer for Line Item: Enter the line item number.

```
ACSS4-Co.1                    Edit Diagnosis Pointer
Patient Name: TEST, SYSTEM
INV: 1124
ACN: A000975

        Item    Order Code   CPT        Amount   Description
        3       DRAW         G0471          5     DRAW FEE

     DX  #1: R50.81
     DX  #2:
     DX  #3:
     DX  #4:
     DX  #5:
     DX  #6:
     DX  #7:
     DX  #8:
     DX  #9:
     DX #10:
     DX #11:
     DX #12:

     DX Pointer: 1
                     [Accept]  [Edit]  [Cancel]
```

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Edit Quantity for Line Item: Enter the line item number. The price for the line item will be recalculated based on the New Quantity entered.

```
     Item  Order Code  CPT          Amount  Description
  *  1     80053       80053         12.40  (CMP) COMP METABOLIC PANEL
  *  2     85025       85025          9.10  CBC W/ DIFF
     3     DRAW        G0471          5.00  DRAW FEE
     4     P9603       P9603          4.29  PER MILE TRAVEL ALLOWANCE
     5     DNA         86225
                                            ┌──────────Edit Quantity──────────┐
                                            │                                 │
   Items marked with an "*" cannot b        │                                 │
                                            │  Old Quantity: 1                │
 Edit CPT/MOD/ABN/LOC for Line Item:        │                                 │
                 Delete Line Item:          │  New Quantity: 4                │
                   Add Order Code:          │                                 │
      Edit Invoice Date of Service?:        │   [Accept]   [Edit]   [Cancel]  │
                                            └─────────────────────────────────┘
```

```
┌──────────────────Verify──────────────────┐
│ Are you sure you want to change the quantity│
│ for this line item, order code DNA?        │
│ If you answer YES, a new charge amount     │
│ will be filed immediately.                 │
│                                            │
│ No                                         │
│ Yes                                        │
└────────────────────────────────────────────┘
```

Rendering Phys for Item: Enter the item number for which you want to change the physician.

```
     Item  Order Code  CPT          Amount  Description
  *  1     80053       80053                                              EL
  *  2     85025       85025
     3     DRAW        G0471
     4     P9603       P9603                                              E
     5     DNA         86225        500.00  DNA ANTIBODY


   Items marked with an "*" cannot be        ┌──────────────────────────────────┐
                                            │ Rendering Physician               │
 Edit CPT/MOD/ABN/LOC for Line Item:        │ TST    PHYSICIAN1, RENDERING      │
                 Delete Line Item:          │                                   │
                   Add Order Code:          │                                   │
      Edit Invoice Date of Service?:        │   [Accept]   [Edit]   [Cancel]    │
                                            └───────────────────────────────────┘
```

[Reprice]

When the **[Reprice]** button at the end of the Edit Tests/DX screen is selected, any tests on the invoice without transactions posted will be repriced based on changes to the file definition. If a new implosion table is built or a present implosion table is terminated, the implode/explode logic will reevaluate the tests and make the appropriate changes. Pricing will be determined as Order Codes are assigned so if a panel is exploded or rolled up by the logic then the price defined for that specific order code will be used.

```
┌─────────────────────────────────────────────────────────────────────────────┐
│ 5                                                                             │
│ 6                                                                             │
│ 7                                                                             │
│        [Save]   [Edit]   [Supervisor Override]   [Re-price]   [Cancel]        │
└─────────────────────────────────────────────────────────────────────────────┘
```

[Invoice Header]

Select the **[Inv Header]** button when you would like to view or edit the Invoice Header. The ICN number assigned to the claim by the payer can be found here IF it was entered either during manual payment posting or from electronic remittance. The ICN number is updated with each remittance posted to this invoice.

```
ACSP8-Co.1                   Edit Invoice Header

            Header Information for Accession A000975, Invoice 1124

  Ordering Client ID: PCPGRP     PRIMARY CARE PROVIDERS -
   Ordering Location: 1

         Ref Phys ID: TEST456    NPI: 7894561231

       Ref Phys Name: DOCTOR HEALTHY




           ICN:


                      [Save]   [Edit]   [Cancel]
```

[Split] Billing

Use the **[Split]** button to take advantage of the split billing option. Sometimes it is desirable to bill some charges for an accession to a different payer. Typically, the primary payer is the patient, or a third party payer, but certain tests must be billed to the client. This screen allows you to select one or more charges to be billed to a different payer, typically a client payer.

```
[Pat Info]   [Notes]        [Adjustments]  [Pyr/Cli Info]  [Rebill]   [Transfer]
[Print]      [Edit Tests/DX]  [Inv Header]  [Detail]        [Split]    [Exit]
```

Split billing selected tests creates a new accession number that is formed by adding the letter "A" to the selected accession. If an "A" accession already exists, then the letter "B" is used, etc. The selected tests will be placed back in the Order Entry Queue, and will be billed when any edits related to the new payer are resolved. Note that if there are edits, the system does not prevent users from changing the payer again via the Order Entry Screen.

In order to be split billed, selected items must either be unaltered (i.e., no payments or adjustments have been applied), or they must be written off completely. So, any payments that have already been applied should be reversed, and credit adjustments applied to bring the balance of the line item to zero.

If the selected line item is unaltered (not including informational transactions, such as rejection codes), then it will be deleted from this transactions, such as rejection codes), then it will be deleted from this invoice when the new accession is created in the Order Entry Queue. If the item has been written off, then it will remain on the original invoice.

Enter the Payer ID to which the selected items will be split-billed in the **Split to Payer ID:** field.
Example: the DRAW fee below is going to billed to the Client payer instead of the carrier.

```
      Item Split Order Code  CPT       Amount  Description
  *  1           80053       80053      12.40  (CMP) COMP METABOLIC PANEL
  *  2           85025       85025       9.10  CBC W/ DIFF
     3           DRAW        G0471       5.00  DRAW FEE
     4           P9603       P9603       4.29  PER MILE TRAVEL ALLOWANCE
     5      Y    DNA         86225     500.00  DNA ANTIBODY




           Split to Payer ID: CL          CLIENT

   Items marked with an "*" must be written off before they can be re-billed.
                        [Save]  [Edit]  [Exit]
```

A message is displayed providing the new accession number showing the suffix. If any edits occur during the edit checking process, you will need to resolve the edits on the accession which may be found in the Order Entry screen. Because a new accession is created, the accession goes back through Order Entry versus the Transfer Queue.

Tests were split to accession A000975S.

The system will add notes to the current invoice indicating which items were split-billed, and the new accession number.

```
ACSP5-Co.1                       Invoice Notes

11/06/2015 15:33:27 SEACOAST USER, Invoice 1124
Order code(s) DNA split-billed to payer CL, new ACN=A000975S
Order code(s) DNA deleted from invoice
```

The Split Accession, marked with a suffix letter, will visible in the Client Invoice Manager.

```
ACSC2-Co.1                       Accession Detail

  INV: 1125                          Invoice Balance:       386.00
Client: PCPGRP      PRIMARY CARE PROVIDERS
  DOS: 11/06/2015 Patient Acct#: 121  ACN Total Charges:    386.00
  ACN: A000975S          Patient: SYSTEM TEST

CPT    TX    OC                  QTY   AMOUNT  DESCRIPTION       POSTED
86225  C     DNA                   4   386.00  DNA ANTIBODY      11/06/15
```

Client Invoice Manager (1,4,2)

Billing System / Invoice Manager / Client Invoices

Client ID: Enter the Client ID or enter the first few letters of the client name. You can also enter *STR* to find all clients for which the characters "STR" appear in the client's name. This is known as a wildcard search. You can enter 'A/' followed by an accession number or you 'I/' followed by an invoice number. If you enter 'A/CAN', the most recent invoice for the accession will be auto-selected.

```
ACSC-Co.1                        Invoice Manager

 Client ID: A/A000905 ███████

 Invoice #:
```

Invoice: Enter an Invoice number if known or "/L" to select from a list of Invoices. If you do not know the Client but you have a patient's name, enter Last,First. If there were multiple Invoices that contain a Patient name match, you will get a list of those Invoices to choose one from.

```
ACSC-Co.1                        Invoice Manager

 Client ID: 100            Test Client       Balance =      $1,996.68

 Invoice #: /L
```

Use the arrow keys on your keyboard to move down and back up through the list to make your selection.

```
ACSC-Co.1                        Invoice Manager

 Client ID: 100            Test Client       Balance =      $1,996.68

 Invoice ┌Invoice     Opened      Printed     Tot Chgs   Curr Bal   Payer ID┐
         │1570        04/28/2015               1799.98    1723.99   C
         │1547        01/08/2015  01/08/2015     60.00      40.99   C
         │1521        06/06/2014  01/08/2015    128.99     128.99   C
         │1495        10/28/2013  01/08/2015    198.71      97.71   CLHCFA
         │1494        10/28/2013                 10.00       5.00   CLHCFA
```

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Client Invoice Manager Main Screen

```
ACSC1-Co.1                    Invoice Manager

        Client: 101        CHILDRENS WELL CARE GROUP    Curr Bal:        28.94
       Invoice: 1095                                    Tot Chgs:        31.94
  Invoice Date: 06/19/2015  Orig Invoice Bal: 28.94     Debit Adjs:       0.00
  Billing Info: Ready to bill                           Credit Adjs:     -1.00
         Payer: CL          Unapplied Cash: 0.00        Tot Paid:        -2.00

  ACCESSION#       DOS           PATIENT NAME                         AMOUNT
  A000946          06/19/2015    MODIFIERS TEST                        11.25
  ADJ              06/19/2015    ACCOUNT ADJUSTMENT                    -1.00
  A000905          04/23/2014    JACK TEST                             20.69
  OTHER            06/22/2015    CLIENT PAYMENT                        -2.00




           [Adjustments]   [Notes]     [Print]    [Print Bill]  [Accessions]
           [Client Info]   [UnapCash]  [Search]   [Exit]
```

The end of screen buttons in Client Invoice Manager include [Adjustments], [Notes], [Print], [Print Bill], [Accessions], [Client Info], [UnapCash], and [Search].

If you need to review a specific accession, then highlight an accession and enter Control + Z to view details of the selected Accession. This will bring you to the Accession Detail Screen.

```
ACSC2-Co.1                    Accession Detail

       INV: 1570                            Invoice Balance:      1,723.99
    Client: 100            Test Client
       DOS: 02/13/2017  Patient Acct#: 1726  ACN Total Charges:  1,231.49
       ACN: A001671         Patient: DEMO TEST

  CPT   TX   OC                   QTY   AMOUNT   DESCRIPTION        POSTED
  84443 C    7                     1     27.50   TSH                02/13/17
  85025 C    CBCB                  1      3.99   TEST CBC           02/13/17
  80053 C    CMP                   1  1,200.00   CMP                02/13/17







           [Detail]    [Adjustments]  [Notes]   [Transfer]    [Edit Tests & Dx]  [Split]
           [Delete]    [Patient Info] [Print]   [Change DOS]  [Inv Hdr]          [Exit]
```

[Adjustments]

The Adjustments option allows you to place manual credits and debits against the entire selected Invoice. These adjustments are User specified billing transactions defined in the Transaction Code Definition screen, as part of file setup and maintenance for SurroundLab™ AR.

```
ACSC1-Co.1                    Invoice Manager
─────────────────────────────────────────────────────────────────
      Client: 2015      SAMPLE PHYSICIAN PRACTICE    Curr Bal:      16.90
     Invoice: 1112                                   Tot Chgs:      19.40
Invoice Date: 08/07/2015  Orig Invoice Bal: 19.40    Debit Adjs:     0.00
Billing Info: Ready to bill                          Credit Adjs:   -2.50
  ┌─────────────────────────────────────────────────────────────┐
  │ ACSC3-Co.1                   Adjust Invoice                  │
  │                                                             │
  │   Transaction Code: CLWO   Client Write Off      CREDIT     │
  │                                                             │
  │          Amount: 2.50                                       │
  │                                                             │
  │   Add Notes       Message Type: N  Notes     Message Code: 0│
  │   $2.50 Client Write Off (CLWO) applied                     │
  │                                                             │
  │                                                             │
  │                                                             │
  │                                                             │
  │                 [Save]   [Edit]   [Cancel]                  │
  └─────────────────────────────────────────────────────────────┘
```

Complete the following fields to apply an adjustment to this invoice.

Transaction Code: Enter the transaction code for the adjustment. Enter "/L" for a list.

Amount: Enter the dollar amount of the adjustment.

Add Notes: This is a free text area. The dollar amount will automatically create a note. You may add additional text using your keyboard or you may select a Message Type and Message Code.

Message Type: To add a canned message, enter the message type. Enter "/L" for a list.

Message Code: Enter a 1-4 alphanumeric message code. Enter "/L" to select from a list of previously defined message codes.

The Invoice Notes made by an adjustment can be viewed using the **[Notes]** option.

```
ACSC5-Co.1                    Invoice Notes
─────────────────────────────────────────────────────────────────

 05/09/2016 15:36 Seacoast Demo User
 Message Type: N, Message Code: 0
 THIS IS FOR TESTING PURPOSES
 $2.50 Client Write Off (CLWO) applied
```

[Notes]

The Notes option allows you to view, amend or delete system-generated and User-generated notes for the selected Invoice or Account. When you enter a note, audit trail information will be automatically added, such as User ID, time and date of entry.

Select **[Notes]** from the Invoice Manager end of screen buttons to be prompted with the **Notes Option** message box. Select **Invoice Notes**.

```
┌─Notes Option─┐
│Invoice Notes │
│Account Notes │
│Abort         │
└──────────────┘
```
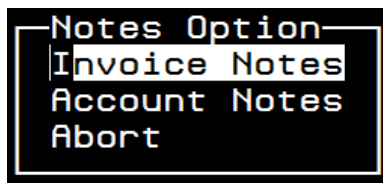
The Invoice Notes screen will be displayed. Previously entered notes are displayed in this screen. Multiple pages of notes may be reviewed using the **[Next Pg]** and **[Prev Pg]** options to view the additional pages of notes.

```
ACSC5-Co.1                    Invoice Notes

 05/09/2016 15:39 Seacoast Demo User
 Message Type: N, Message Code: 0
 THIS IS FOR TESTING PURPOSES
 $2.50 Client Write Off (CLWO) applied

 05/09/2016 15:36 Seacoast Demo User
 Message Type: N, Message Code: 0
 THIS IS FOR TESTING PURPOSES
 $2.50 Client Write Off (CLWO) applied

 08/07/2015 09:53 Seacoast Demo User
 Invoice closed.




            [Next Pg]  [Prev Pg]  [Add]  [Edit]  [Exit]
```
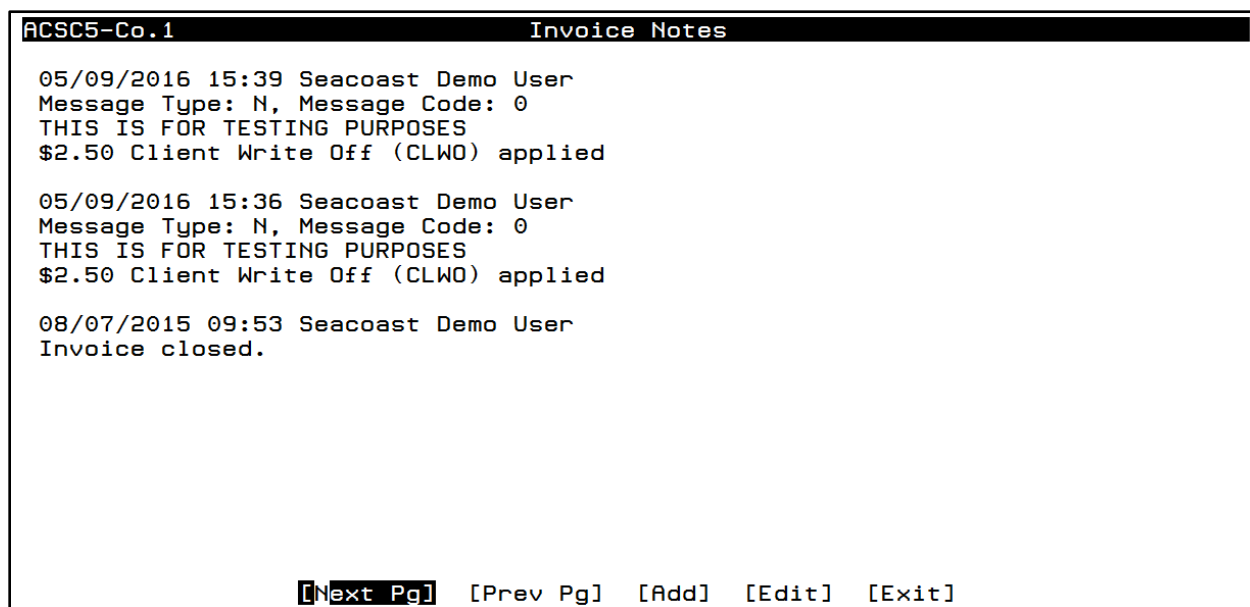
Adding Invoice Notes

```
ACSC52-Co.1                    New Invoice Notes

                        Message Type: D  Dunning

                        Message Code: 1


Message Text
PAYMENT IS DUE UPON RECEIPT
THANK YOU




Add Notes




                        [Save]  [Edit]  [Cancel]
```

Message Type: Select from Message Types of Dunning, Notes or Statement.

Message Code: Enter the predefined code or enter "/L" to select from a list. Leave blank if you wish to only add free text notes.

Message Text: Informational Text. This field is a populated description of message code if a message code has been selected.

Add Notes: Up to 5 lines of free text.

Invoice Notes Edit

```
ACSC51-Co.1                  Invoice Notes Edit


                      Note Date: 07/27/2015

                      Note Time: 17:33:25

                  Edit or Delete: E Edit

   07/27/2015 17:33:25 #99 EMPLOYEE, Invoice 1087
   Message Type: N Message Code:
   THIS IS A FREE TEXT FIELD TO SHOW EDITING




   Note Entry
   Transferred accession A000425 ($9.98) to client 200, invoice 1109
   NOTE: This was completed at the client's request.



                      [Save]   [Edit]   [Cancel]
```

Notes Date: Enter the date of the Note you wish to edit. Enter "/L" to select from a list of dates.

Notes Times: Enter the time of the specific note you wish to edit. Enter "/L" to select from a list of times for the date selected.

Edit or Delete: Enter (E)dit or (D)elete.

Client Account Notes

The Notes option allows you to view, amend or delete system-generated and User-generated notes for the selected Invoice or Account. When you enter a note, audit trail information will be automatically added, such as User ID, time and date of entry.

Select **[Notes]** from the Invoice Manager end of screen buttons to be prompted with the **Notes Option** message box. Select **Account Notes**.

```
┌─Notes Option──┐
│ Invoice Notes │
│▌Account Notes │
│ Abort         │
└───────────────┘
```
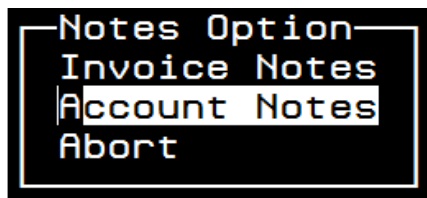
The Account Notes screen will be displayed. Previously entered notes are displayed in this screen. Multiple pages of notes may be reviewed using the **[Next Pg]** and **[Prev Pg]** options to view the additional pages of notes.

```
ACSCAN-Co.1                    Client Account Notes

 05/09/2016 16:15 Seacoast Demo User
 This free text area can be used to enter notes related to this Client's
 account. Notes specific to one invoice may be entered using the Invoice Notes
 option instead.












            [Next Pg]  [Prev Pg]  [Add]  [Exit]
```
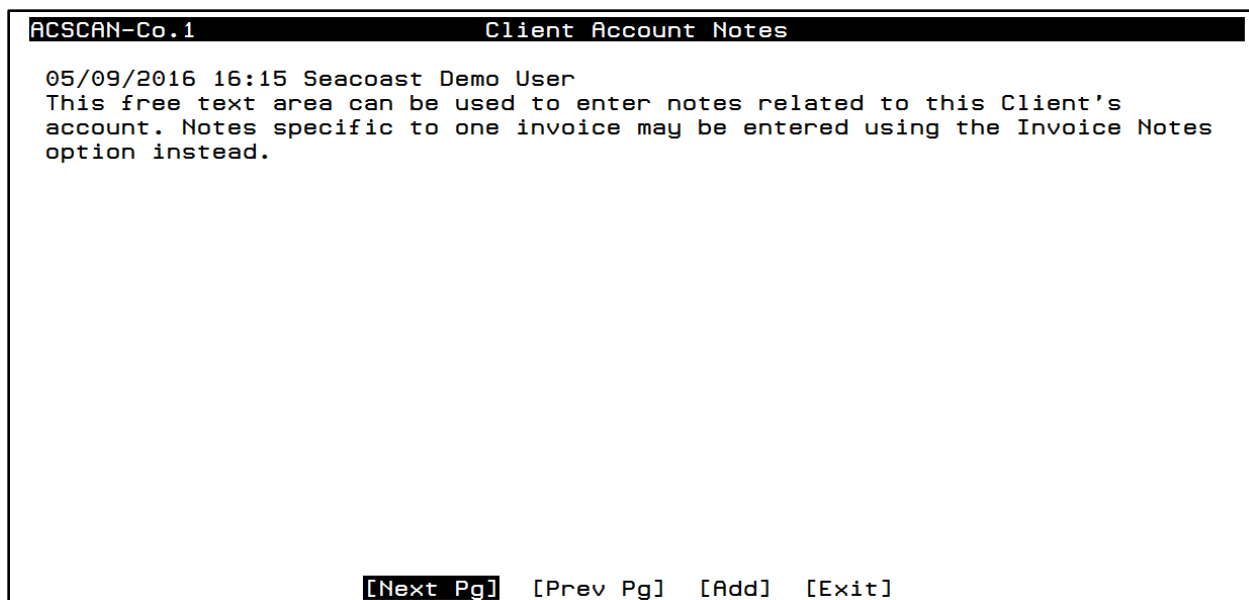
Add Notes: Add up to 20 lines of free text.

[Print]

The **[Print]** option provides you with a method print the details of the selected invoice. This is not a statement print option and is typically used for inquiry/invoice review purposes only. If you need a Statement, please select the **[Print Bill]** option instead.

To view or print the details of this invoice, enter the name of the Output Device where the information should print and press the Enter key on your keyboard.

```
AIC3-Co.1                      Inquiry Screen Print

          Output Device: SCREEN

```

Sample of Inquiry Screen Print for a Client Invoice

```
User: SLDSI                  Inquiry Screen Print              05/09/2016
Page: 1                        Routine: AIC3                   4:27 PM

_____
Client Name: WOMENS HEALTH CLINIC                    Curr Bal: $      5.75
INV: 1087         INVOICE CREATION DATE : 06/17/2015  Tot Chgs: $      9.75
CLI: 100                     PRINT DATE :            Credit Adjs: $   -1.00
                                                     Debit Adjs: $     0.00
                                                     Tot Paid: $      -3.00
_____
ACCESSION DETAIL

ACCESSION A000938       DOS: 06/14/2015    JANE M TEST
TX   OCODE       CPT        AMOUNT  DESCRIPTION           POSTED
C    85025       85025       9.75   CBC W/ DIFF           06/17/2015

NOTES:

Notes for line item , accession A000938:
06/17/2015 16:29 #99 EMPLOYEE
<CR> to continue: █


Page: 2                        Routine: AIC3                   4:28 PM

_____
Client Name: WOMENS HEALTH CLINIC                    Curr Bal: $      5.75
INV: 1087         INVOICE CREATION DATE : 06/17/2015  Tot Chgs: $      9.75
CLI: 100                     PRINT DATE :            Credit Adjs: $   -1.00
                                                     Debit Adjs: $     0.00
                                                     Tot Paid: $      -3.00
_____
NOTES:

Order code(s) 80048 split-billed to payer AE, new ACN=A000938S
Order code(s) 80048 deleted from invoice

ADJUSTMENTS:
TX                         AMOUNT  DESCRIPTION           POSTED
CLWO                       -1.00   Client Write Off      07/09/2015


PAYMENTS:
TX                         AMOUNT  DESCRIPTION           POSTED
CLPAY                      -2.00   CLIENT PAYMENT        06/22/2015
CLPAY                      -1.00   CLIENT PAYMENT        07/09/2015
<CR> to continue: █
```

[Print Bill]

Select the **[Print Bill]** option to demand print a Client's Statement. If the invoice is already closed, you will be prompted to select an **Output Device**. Enter the output device where you would like to print the statement.

```
┌─────────────────────────────────────────────────────────────────────────┐
│ ACSC7-Co.1                    Print Client Bill                     [AN] │
│                                                                           │
│                      Output Device: PRN                                   │
│                                                                           │
└─────────────────────────────────────────────────────────────────────────┘
```

If the invoice is still open (Billing Info: reads Currently monthly invoice) then you will prompted with a dialogue box so you may select whether or not to close the invoice. Select either **No, leave this Invoice open.** or **Yes, close this invoice.** A note is also provided. If you close the invoice, the next new charge for this Client ID billed to a Client payer will create a new invoice. You will not be permitted to make any changes or add any orders to an accession once the invoice is closed for billing.

```
┌─────────────────────────────────────────────────────────────────────────┐
│ ACSC1-Co.1                    Invoice Manager                            │
│                                                                           │
│       Client: 100          SURGICAL SERVICES        Curr Bal:      61.50 │
│      Invoice: 472719                                Tot Chgs:      61.50 │
│ Invoice Date: 05/05/2016   Orig Invoice Bal:        Debit Adjs:     0.00 │
│ Billing Info: Current monthly invoice               Credit Adjs:    0.00 │
│        Payer: C            Unapplied Cash: 0.00     Tot Paid:       0.00 │
│  ┌────────────────────────── Open Invoice ────────────────┐  AMOUNT     │
│  │ A000065  Close this Invoice?                            │    61.50    │
│  │                                                         │             │
│  │          No, leave this Invoice open.                   │             │
│  │          Yes, close this Invoice.                       │             │
│  │                                                         │             │
│  │          NOTE: If you decide to close this invoice you  │             │
│  │                will not be able to add any more charges │             │
│  │                to the invoice. A new invoice will be    │             │
│  │                created for any subsequent charges.      │             │
│  └─────────────────────────────────────────────────────────┘            │
│                                                                           │
│           Highlight accession and press Control-Z for detail             │
│     [Adjustments]  [Notes]    [Print]    [Print Bill]  [Accessions]      │
│     [Client Info]  [UnapCash] [Search]   [Exit]                          │
└─────────────────────────────────────────────────────────────────────────┘
```

[Accessions]

Use the [Accessions] option to move the cursor from the end of screen options back to the list of Accessions.

```
┌─────────────────────────────────────────────────────────────────────────┐
│ ACSC1-Co.1                    Invoice Manager                       [AN] │
│                                                                           │
│       Client: 2015         SAMPLE PHYSICIAN PRACTICE  Curr Bal:    14.40 │
│      Invoice: 1112                                    Tot Chgs:    19.40 │
│ Invoice Date: 08/07/2015   Orig Invoice Bal: 19.40    Debit Adjs:   0.00 │
│ Billing Info: Ready to bill                           Credit Adjs: -5.00 │
│        Payer: CL           Unapplied Cash: 0.00       Tot Paid:     0.00 │
│                                                                           │
│  ACCESSION#        DOS          PATIENT NAME              AMOUNT         │
│  A000958           08/07/2015   TEST1 PATIENT               7.75         │
│  A000959           08/03/2015   TEST2 PATIENT              11.65         │
└─────────────────────────────────────────────────────────────────────────┘
```

[Client Info]

Select the **[Client Info]** option to view the detailed information assigned to the client.

```
ACSCA-Co.1              Invoice Manager - Client Information

        Client #: 2015

     Client Name: SAMPLE PHYSICIAN PRACTICE
   Client Address: 195 NEW HAMPSHIRE AVE          City: PORTSMOUTH
                                                 State: NH    ZIP: 03801
           Phone: 999-999-9999
             FAX: 000-000-0000
         Contact: SHAYNA SMITH

         Comment: 2




                                [Exit]
```

[UnapCash]

When a payment is received from a Client that cannot be applied against an invoice on the Client's account, the overage can be posted to Unapplied Cash until charges are received to which the payment can then be applied. The amount of Unapplied Cash on hand is shown in the top portion of the Invoice Manager.

Use the **[UnapCash]** option to view the Check details for the funds posted to unapplied cash, i.e. the check#, check date, check amount and amount that is unapplied. If there are no funds in Unapplied Cash, a message will appear in the bottom left corner of the screen "No Unapplied Cash on hand".

```
ACSC1-Co.1                    Invoice Manager

        Client: 100        SURGICAL SERVICES        Curr Bal:        61.50
       Invoice: 472719                              Tot Chgs:        61.50
  Invoice Date: 05/05/2016  Orig Invoice Bal:       Debit Adjs:       0.00
  Billing Info: Current monthly invoice             Credit Adjs:      0.00
         Payer: C          Unapplied Cash: 100.00   Tot Paid:         0.00
  _____
  ACC                          -Unapplied Cash-
  A00  Check #23489 dated 05/09/2016, check amount: 100.00, unapplied: 100.00  50




              Highlight accession and press Control-Z for detail
        [Adjustments]  [Notes]     [Print]   [Print Bill]  [Accessions]
        [Client Info]  [UnapCash]  [Search]  [Exit]
```

[Search]

Selecting **[Search]** from the end of screen buttons displays a screen with a single field **Accession#**. Enter the Accession number that you wish to search for in this field and press **[Enter]** to move your cursor to the end of screen **[Search]** button in this screen. Press **[Enter]** once again to search the invoice for this Accession.

```
ACSC1-Co.1                    Invoice Manager
        Client: 2015       SAMPLE PHYSICIAN PRACTICE      Curr Bal:        19.40
       Invoice: 1112                                      Tot Chgs:        19.40
  Invoice Date: 08/07/2015  Orig Invoice Bal: 19.40       Debit Adjs:       0.00
  Billing Info: Ready to bill                             Credit Adjs:      0.00

    ACSC8-Co.1                  Search for an Accession
    Accession #: A000958        08/07/2015   TEST1 PATIENT              7.75









                     [Search]   [Edit]   [Cancel]
```

[Search]: The Search option allows you to search for a particular patient or accession number within the invoice.

There is only one field, but it can be used to search by either Accession # or Patient Name. From the display window press Enter to get to the options of [Search], [Edit] and [Cancel]. The requirements for each field are as follows:

Accession #: Enter the Accession # if known. Otherwise, look up the accession # by entering part of the first characters of the accession, entering the first letters of the patient's last name, entering the first letters of the responsible party's last name, or "/L" for a list Allows you to search for additional accessions for the selected client.

```
ACSC2-Co.1                    Accession Detail
       INV: 1112                              Invoice Balance:          19.40
    Client: 2015       SAMPLE PHYSICIAN PRACTICE
       DOS: 08/07/2015  Patient Acct#: 115     ACN Total Charges:        7.75
       ACN: A000958          Patient: TEST1 PATIENT

CPT     TX    OC                    QTY    AMOUNT    DESCRIPTION         POSTED
80050  C      80050                  1       7.75   GENERAL HEALTH      08/07/15
```

Accession [Detail]

Select the Detail button and the cursor will return to the individual line items. Highlight a specific order code and enter **Control + Z** to access additional defined information with regards to this order code such as Fee Schedule, discounts, list price etc.

```
ACSC2-Co.1                    Accession Detail
───────────────────────────────────────────────────────────────────
    INV: 1095                          Invoice Balance:        28.94
 Client: 101         CHILDRENS WELL CARE GROUP
    DOS: 06/19/2015 Patient Acct#: 112      ACN Total Charges:     11.25
    ACN: A000946          Patient: MODIFIERS TEST
───────────────────────────────────────────────────────────────────
CPT     TX    OC                  QTY   AMOUNT   DESCRIPTION       POSTED
85025 C       85025                 1    11.25 CBC W/ DIFF         06/19/15




           [Detail]  [Adjustments]   [Notes]  [Transfer]   [Edit Tests & Dx]  [Split]
           [Delete]  [Patient Info]  [Print]  [Change DOS] [Inv Hdr]          [Exit]
```

Control + Z on Line Item

By pressing the hot key **Control + Z** at the same time on your keyboard, the Pricing details for the selected line item become visible. In addition to the List Price, all applicable Client Discount pricing used to price this Order Code will be displayed.

```
ACSC2-Co.1                    Accession Detail
───────────────────────────────────────────────────────────────────
    INV: 1095                          Invoice Balance:        28.94
 Client: 101         CHILDRENS WELL CARE GROUP
    DOS: 06/19/2015 Patient Acct#: 112      ACN Total Charges:     11.25
    ACN: A000946          Patient: MODIFIERS TEST
───────────────────────────────────────────────────────────────────
CPT     TX    OC                  QTY   AMOUNT   DESCRIPTION       POSTED
85025 C       85025                 1    11.25 CBC W/ DIFF         06/19/15
                          ┌─────Pricing─────────────────────────┐
Mapping: Payer CL  ->  FIN CLI  ->  FINGRP CLI
List Price of        $ 11.25 is based on:
List Fee Schedule  : CLIENT (CLIENT LIST PRICE)
List Effective date: 01/01/2015
OCODE 85025 has a Minimum Price of $ 9.75 on this List Fee Schedule
```

Accession Detail [Adjustments]

Enter a transaction code and the amount related to the adjustment of this accession. Notes and messages can be added to explain the adjustment.

```
ACSC2-Co.1                    Accession Detail
─────────────────────────────────────────────────────────────────
    INV: 1095                              Invoice Balance:    28.94
 Client: 101        CHILDRENS WELL CARE GROUP
    DOS: 06/19/2015 Patient Acct#: 112     ACN Total Charges:  11.25
    ACN: A000946         Patient: MODIFIERS TEST

 ACSC3-Co.1                    Adjust Invoice
 ───────────────────────────────────────────────────────────────

  Transaction Code: CLWO   Client Write Off          CREDIT

           Amount: 1.00

  Add Notes         Message Type:              Message Code:
  $1.00 Client Write Off (CLWO) applied for accession A000946




                      [Save]  [Edit]  [Cancel]
```

[Notes]

Selecting the **[Notes]** button from the end of screen options displays the Notes Option box. Previously added notes provide audit trail information, such as, User ID, Time and Date of entry. Any addition, editing or deletion of a note will be tracked in the Accession Audit History Report.

```
┌─Notes Option─┐
│Invoice Notes │
│Account Notes │
│Abort         │
└──────────────┘
```
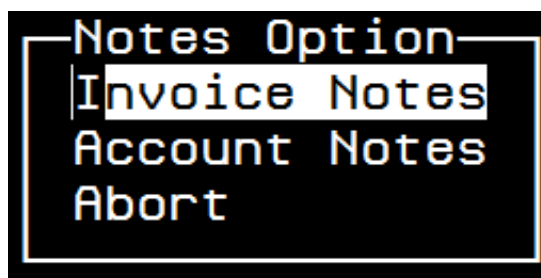
Select either Invoice Notes or Account Notes. To close the box, press / on your keyboard or arrow down to highlight Abort and press the Enter key.

Sample Client Account Notes

```
ACSCAN-Co.1                    Client Account Notes

 11/06/2015 16:26 SEACOAST USER
 Client Billing Manager name is Janine Smith, ext. 6236.


















                  [Next Pg]  [Prev Pg]  [Add]  [Exit]
```

Sample Invoice Notes

Access notes to view, add, edit, or delete both system and user generated notes for the selected Accession.

```
ACSC5-Co.1                        Invoice Notes

 06/19/2015 12:08 #99 EMPLOYEE
 Message Type: N, Message Code: 10
 REFUND: DUPLICATE PAYMENT
 $1.00 ACCOUNT ADJUSTMENT (AA) applied

 06/19/2015 12:14 #99 EMPLOYEE
 Transferred accession A000905 from client 100, invoice 1044

 Notes for line item 1, accession A000946:

 11/06/2015 16:15 SEACOAST USER
 $1.00 Client Write Off (CLWO) applied for accession A000946

 Notes for line item 3, accession A000905:

 06/19/2015 12:14 #99 EMPLOYEE
 OC 80048 billed at $10.00 as part of 'PANELS-MULT ARE $5 EACH'. First OC
 billed at $10.00 subsequent OC's billed at $5.00.



              [Next Pg]  [Prev Pg]  [Add]  [Edit]  [Exit]
```

[Transfer] Accession

Before transferring an invoice to a new payer, you must first update the payer information in the [Patient Info] screen. Once the information has been changed, you can select this button and choose to [Transfer] the invoice to the new payer which will queue the invoice to be resubmitted the next time the form for this payer is processed. This is completed in the Process Submissions screen.

When an invoice is transferred, the accession goes through the process of edit checking. This is similar to the edits checked in Order Entry. If any of these edits need to be resolved before the transfer to the new payer can be completed then you will need to work the invoice in the Transfer Queue.

Once the accession is transferred, a new invoice number will be created and the old invoice will become show zero balance as the balance has been transferred to the new invoice. A line item will post indicating a credit adjustment and an explanation showing the invoice was transferred to another payer.

```
ACSC4-Co.1                    Transfer Accession


  Transfer-to Client ID: |

  Transfer-to Payer ID:












        Enter either a Client ID or a Payer ID to transfer to.
```

[Edit Tests & Diagnosis (DX)]

Select the **[Edit Tests & DX]** button to edit the Order Codes associated for this Accession listed on the selected Client Invoice. This option is used to add, delete, or correct the Order Codes entered via Order Entry. This option also allows you to apply a Discount Code to the Accession, if a discount should have been applied at the time of order entry, but was not.

> *Note: Tests (Order Codes) may only be edited prior to the posting of payments or adjustments against the Invoice. Use the [Re-price] button at the bottom of the screen to re-price the accession if the changes to the order codes have affected the pricing.*

```
ACSC6-Co.1                    Order Codes                          [AN]
   Patient: SYSTEM TEST
   DX  #1:                                    Accession Discount Code
   DX  #2:
   DX  #3:
   DX  #4:
   DX  #5:
   DX  #6:
   DX  #7:
   DX  #8:
   DX  #9:
   DX #10:
   DX #11:
   DX #12:

   Test Ordered                               QTY    Discount Code
 1 85025               CBC W/ DIFF              1
 2
 3
 4
 5
 6
 7
                  [Save]   [Edit]   [Re-price]   [Cancel]
```

Accession Order Entry Detail (Control + Z)

To display the Order Entry Detail Screen, highlight any of the Tests Ordered and use the **Control + Z** keys on your keyboard at the same time. Use this screen to make changes to add/update Diagnosis Pointers or edit Modifiers, Quantities, Test Locations, ABN information, or Rendering Physician.

```
AOED-Co.1                   Order Entry Detail                     [AN]
                   Diagnosis Codes for This Order

   1)            2)            3)            4)            5)            6)
   7)            8)            9)           10)           11)           12)
     Order Code: 85025 CBC W/ DIFF         User Added Modifier:

     Procedure  Modifiers  Qty    TestLoc     Status  ABN  ABN Valid  RenderPhy
     ---------  ---------  -----  ----------  -------  ---  ---------  ---------
     85025      XE                1           FINAL

     Diag #___   Discount Code
     ---------   -------------




                   [Accept]   [Edit]   [Cancel]
```

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Revised 2018
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[Split]

Use the **[Split]** button to take advantage of the split billing option. This screen allows you to select one or more charges to be billed to a different payer. For example, when the Client has provided the patient's Third Party insurance information after a charge was billed on a Client Invoice.

In order to be split billed, selected items must either be unaltered (i.e., no payments or adjustments have been applied), or they must be written off completely. So, any payments/adjustments already applied must be reversed to bring the balance of the line item to zero.

```
ACSC2-Co.1                    Accession Detail                        [AN]

    INV: 1095                            Invoice Balance:          44.64
 Client: 101          CHILDRENS WELL CARE GROUP
    DOS: 11/06/2015 Patient Acct#: 112   ACN Total Charges:        27.95
    ACN: A000946         Patient: MODIFIERS TEST

CPT     TX   OC                    QTY    AMOUNT   DESCRIPTION       POSTED
80053 C      80053                   1     16.10  (CMP) COMP METABOLIC 11/06/15
85025 C      85025                   1     11.85  CBC W/ DIFF       11/06/15




    [Detail]   [Adjustments]   [Notes]   [Transfer]   [Edit Tests & Dx]  [Split]
    [Delete]   [Patient Info]  [Print]   [Change DOS] [Inv Hdr]          [Exit]
```

Enter the Payer ID to which the selected items will be split-billed in the **Split to Payer ID:** field.

```
ACSCS-Co.1                 Invoice Manager – Split                     [AN]

    INV: 1095                            Invoice Balance:          44.64
 Client: 101          CHILDRENS WELL CARE GROUP
    DOS: 11/06/2015 Patient Acct#: 112   ACN Total Charges:        27.95
    Acn: A000946         Patient: MODIFIERS TEST

  Item Split Order Code  CPT       Amount  Description
  1          80053       80053      16.10  (CMP) COMP METABOLIC PANEL
  2     Y    85025       85025      11.85  CBC W/ DIFF




        Split to Payer ID: AE          AETNA


                        [Save]  [Edit]  [Exit]
```

A message is displayed providing the new accession number showing the suffix. Split billing selected tests creates a new accession number that is formed by adding the letter "A" to the selected accession. If an "A" accession already exists, then the letter "B" is used, etc.

```
Tests were split to accession A000946S.  Edits pending.█
```

If the selected line item is unaltered (not including informational transactions, such as rejection codes), then it will be deleted from this transactions, such as rejection codes), then it will be deleted from this invoice when the new accession is created in the Order Entry Queue. If the item has been written off, then it will remain on the original invoice.

If any edits occur during the edit checking process, you will need to resolve the edits on the accession which may be found in the Order Entry screen. Because a new accession is created, the accession goes back through Order Entry versus the Transfer Queue.

The **Warning: Missing Required Fields for Payer** message will be displayed when the information present on an accession does not satisfy the required Billing Fields in Payer Definition for the Transfer To Payer.

```
┌─Warning: Missing Required Fields for Payer AE─┐
│ The following field is required for this payer: │
│ DX (1)                                          │
│ Continue                                        │
└─────────────────────────────────────────────────┘
```

A system generated note will be applied indicating which items were split-billed, the Payer ID, and the new accession number. The Split Accession, marked with a suffix letter, will visible in the Patient/Third Party Invoice Manager.

```
ACSC5-Co.1                    Invoice Notes                          [AN]

11/06/2015 17:25 SEACOAST USER
Order code(s) 85025 split-billed to payer AE, new ACN=A000946S
Order code(s) 85025 deleted from invoice
```

```
ACSP2-Co.1                    Invoice Manager

Patient: 112 - TEST, MODIFIERS              Curr Bal:      11.80
INV: 1126        Payer: AE-AETNA            Tot Chgs:      11.80
DOS: 11/06/2015  Bill Info: Ready to bill   Debit Adjs:     0.00
Cli: 101       CHILDRENS WELL CARE GROUP    Credit Adjs:    0.00
Acn: A000946S       Split  Last Bill: Queued to print   Tot Paid:  0.00

  Dx Codes: R50.81
CPT        TX    OC         QTY    AMOUNT  DESCRIPTION          POSTED
85025      C     85025       1      11.80  CBC W/ DIFF          11/06/15
           CPT Balance:             11.80




[Pat Info]  [Notes]       [Adjustments]  [Pyr/Cli Info]  [Rebill]  [Transfer]
[Print]     [Edit Tests/DX] [Inv Header] [Detail]        [Split]   [Exit]
```

[Delete]

The **[Delete]** option on the Accession Detail screen, allows you to delete the specified Accession number from the selected Invoice. Deleting the Accession removes the Accession from the SurroundLab™ AR database as well as the selected Invoice. **Be careful using the [Delete] button. Once an accession is deleted, it is permanently removed. This action cannot be undone.**

```
ACSC2-Co.1                    Accession Detail

    INV: 1095                            Invoice Balance:         27.94
 Client: 101        CHILDRENS WELL CARE GROUP
    DOS: 06/19/2015 Patient Acct#: 112    ACN Total Charges:      11.25
    ACN: A000946         Patient: MODIFIERS TEST

CPT    TX    OC                   QTY    AMOUNT   DESCRIPTION       POSTED
85025 C      85025                  1     11.25 CBC W/ DIFF        06/19/15










     [Detail]    [Adjustments]   [Notes]   [Transfer]    [Edit Tests & Dx]  [Split]
     [Delete]    [Patient Info]  [Print]   [Change DOS]  [Inv Hdr]          [Exit]
```

[Patient Info]

The **[Patient Info]** option allows you to edit the Patient Demographic or Payer information filed during the Order Entry and/or Patient Registration process. If you need to transfer an accession to a non-Client payer, you will need to change the payer in this screen before you can transfer the accession.

```
ACSP1-Co.1                   Patient Demographics

                      Patient Demographics

Patient Last Name: TEST                    First: SYSTEM         MI:
             Sex: F                          DOB: 12/03/1961     DOD:
             SSN:                            MRN:
  Street Address: 123 STAR

            City: DALLAS
              St: TX   Zip: 75231
         H Phone: 222-111-2121
           Email:
       Reln to RP: 1

      Responsible
Party Last Name: TEST                      First: SYSTEM         MI:
      Street Add: 123 STAR

            City: DALLAS
              St: TX   Zip: 75231
         H Phone: 222-111-2121
         W Phone:                     Cell Phone:
                        [Save]   [Edit]   [Cancel]
```

Update Coverage for Other Invoices

When you make changes to Patient Demographics, the Update Coverage for Other Invoices screen will be displayed notifying you of additional invoices and allowing you to tell the application to automatically update the selected invoices with the changed information. In addition to changing the Patient Demographics, the system will also rebill the affected invoices to the current payer, if indicated below.

Highlight the desired invoices by pressing the Enter key on each line. Use the arrow keys to skip a line. Press / to accept your selections.

```
ACSP1B-Co.1            Update Coverage for Other Invoices
    You have changed the patient name or responsible party demographics
    for one invoice (i.e., one date of service).  If you like, the system
    can update the data for other open invoices & ACNs automatically.  Simply
    select one or more invoices or unbilled ACNs from the list below that you
    want to update.
    NOTE: If you select an invoice that has the same DOS as other non-selected
          invoices for this Patient ID, the edited DOS dependant fields
          those invoices will be updated as well.
    The system can also rebill the affected invoices to the current payer,
    if indicated below.  If you do rebill any invoices, then the current
    invoice will be rebilled as well.

    Open Invoices  Invoice      Service Dt  Payer       Billed   Balance
      /Accessions: 1089         06/19/2015  AE          11.80    11.80
                   1090         06/19/2015  AE          11.80    11.80
                   1094         06/19/2015  AE          11.80    11.80
                   1096         06/19/2015  AE          12.80    12.80
                   1097         06/19/2015  MCR         19.20    19.20
                   1098         06/19/2015  MCR         16.05    16.05
                   1102         06/24/2015  AE          12.00    12.00

    Rebill to Curr             Press "/" to accept selections.
```

```
ACSP1B-Co.1            Update Coverage for Other Invoices
    You have changed the patient name or responsible party demographics
    for one invoice (i.e., one date of service).  If you like, the system
    can update the data for other open invoices & ACNs automatically.  Simply
    select one or more invoices or unbilled ACNs from the list below that you
    want to update.
    NOTE: If you select an invoice that has the same DOS as other non-selected
          invoices for this Patient ID, the edited DOS dependant fields
          those invoices will be updated as well.
    The system can also rebill the affected invoices to the current payer,
    if indicated below.  If you do rebill any invoices, then the current
    invoice will be rebilled as well.

    Open Invoices 1089         06/19/2015  AE          11.80    11.80
      /Accessions: 1090         06/19/2015  AE          11.80    11.80
                   1094         06/19/2015  AE          11.80    11.80
                   1096         06/19/2015  AE          12.80    12.80




    Rebill to Current Payer? YES
                    [Save]  [Edit]  [Cancel]  [Exit]
```

Client Invoice Manager Accession Inquiry Screen [Print]

Selecting the **[Print]** option allows you to print a detail report for the selected accession which includes the Invoice Header, Accession Detail, Current Balance, Total Charges, Adjustments, and Total Paid.

Enter the desired Output Device and select [Print] from the end of screen buttons.

```
AIC3-Co.1                    Inquiry Screen Print

        Output Device: SCREEN


















                      [Print]   [Edit]   [Exit]
```

Sample Invoice Screen Print

```
User: SCU                    Inquiry Screen Print              11/06/2015
Page: 1                        Routine: AIC3                   4:52 PM


------------------------------------------------------------------------
Client Name: CHILDRENS WELL CARE GROUP            Curr Bal: $      27.94
INV: 1095         INVOICE CREATION DATE : 06/19/2015  Tot Chgs: $   31.94
CLI: 101                   PRINT DATE :           Credit Adjs: $    -2.00
                                                   Debit Adjs: $     0.00
                                                    Tot Paid: $     -2.00
------------------------------------------------------------------------
ACCESSION DETAIL

ACCESSION A000946      DOS: 06/19/2015    MODIFIERS TEST
TX   OCODE       CPT        AMOUNT  DESCRIPTION            POSTED
C    85025       85025       11.25  CBC W/ DIFF            06/19/2015

NOTES:

Notes for line item 1, accession A000946:
11/06/2015 16:15 SEACOAST USER
<CR> to continue: █

NOTES:

OC 80061 billed at $10.00 as part of 'PANELS-MULT ARE $5 EACH'. First OC
billed at $10.00 subsequent OC's billed at $5.00.
```

[Change DOS]

Select the **[Change DOS]** button to change the Date of Service (DOS) for this Accession. The Enter New DOS box will be displayed. Enter the New DOS in the box provided and select [Save].

```
ACSC2-Co.1                     Accession Detail                          [AN]

    INV: 1095                                Invoice Balance:          27.94
 Client: 101       CHILDRENS WELL CARE GROUP
    DOS: 06/19/2015 Patient Acct#: 112       ACN Total Charges:        11.25
    ACN: A000946           Patient: SYSTEM TEST

CPT   TX    OC                      QTY   AMOUNT   DESCRIPTION         POSTED
85025 C     85025                            25 CBC W/ DIFF          06/19/15
                     ┌──────────────────────┐
                     │    Enter New DOS      │
                     │                       │
                     │ New DOS: 11/06/15     │
                     │                       │
                     │                       │
                     │ [Edit]  [Save]  [Exit]│
                     └──────────────────────┘



    [Detail]   [Adjustments]   [Notes]   [Transfer]   [Edit Tests & Dx]  [Split]
    [Delete]   [Patient Info]  [Print]   [Change DOS]  [Inv Hdr]         [Exit]
```

Accession [Inv Hdr]

Selecting **[Inv Hdr]** on the accession screen will allow you to view and make changes to the Ordering Client, Location, and Referring Physician.

```
ACSC21-Co.1                 Edit Invoice Header

         Header Information for Accession A000866, Invoice 993

Ordering Client ID: 102
Ordering Location: 1

      Ref Phys ID: 765YOYO      NPI: 4561231230
    Ref Phys Name: REFERRING PHYSICIAN
```

Supervisor Invoice Edit (1,4,3)

Billing System / Invoice Manager / Supervisor Invoice Edit

This menu option applies only to Patient/Third Party invoices.

The Supervisor Invoice Edit option allows a User with appropriate security access to see and use a screen with additional functions in the event that tests have had adjustments or payments made in order to get past the general rule "Cannot add, edit or delete tests, since transactions have been applied."

You will not be able to delete an order code or edit quantity of an order code that has had transactions applied. These codes are identified by an "*" beside the item number if you need to change the quantity or delete the order code you will need to access Invoice Manager and use the Adjustments feature. See detailed description of each field below.

The initial lookup screen will appear and can be used the same way as the Pt/TP Invoice Manager lookup screen in order to choose an Invoice. Once the required information to complete the screen is entered by you, there are several options that will appear on the display window.

From the display window press **[Enter]** to get to the options of **[Display], [Edit],** and **[Exit]**.

```
ACSS-Co.1                    Supervisory Invoice Edit

    Account #: 1743          DRUGTESTING SEACOAST

    Invoice #: 1728                      Open Invoice Total:     99.00

    Invoice #   Date       Billed To            Orig Amt   Curr Bal
    1728        01/03/2017  MC                     33.00      33.00
    1727        01/02/2017  MC                     33.00      33.00
    1726        01/01/2017  MC                     33.00      33.00

                        [Display]   [Cancel]   [Exit]
```

.

The following fields are available to make the appropriate edits.

Edit CPT/MOD/ABN"/L"OC for Line Item: Enter the item number of the order code you wish to change the CPT, Modifier, ABN and/or Testing Location. A second screen will appear for you to enter or edit information.

Delete Line Item: Enter the item number for the order code you wish to delete from the invoice, as long as no transactions have been applied to the order code.

Add Order Code: Enter the order code or the first few character of the order code name to select from a list for the order code you wish to add to the invoice.

Edit Invoice Date of Service?: Enter (Y)es or (N)o.

Calculate Trip Fee?: Enter (Y)es or (N)o. If you enter Y a second screen will appear for you to enter data for Nursing home trip fees.

Edit DX pointer for Line Item: Enter the item number of the order code you wish to edit DX. You will then be prompted for the DX pointer number.

Edit Quantity for Line Item: Enter the item number of the order code which to edit the quantity. You will not be able to edit the quantity for an order code in which a transaction has been applied. Y will then be prompted for the quantity.

Rendering Physician for Item: Enter the item number of the order code you wish to edit. You will then be prompted for the Physician ID.

```
ACSS1-Co.1                      Invoice Manager

Patient Name: TEST, MICHELLE                    Curr Bal:    20.00
INV: 423          Curr Payer : AE               Tot Chgs:    45.00
DOS: 04/25/2017   Orig Billdt:                  Debit Adjs:   5.00
Cli: SYS          Client Name: TEST LABORATORY SYSWARE  Credit Adjs:  2.00
Acn: A000163                                    Tot Paid:    28.00

      Item   Order Code   CPT        Amount  Description
  *   1      1204         800532390   25.00  Hematocrit + Hemoglobin
      2      2            G043490     20.00  BASIC METOBOLIC PANEL




     Items marked with an "*" cannot be deleted and/or quantity cannot be edited

Edit CPT/MOD/ABN/LOC for Line Item:              Calculate Trip Fee?:
              Delete Line Item:          Edit DX Pointer for Line Item:
              Add Order Code:            Edit Quantity for Line Item:
Edit Invoice Date of Service?:                Rendering Phys for Item:
```

Select **[Exit]** to leave this screen and return to the selection screen.

Note Entry for Multi Pat/TP Invoices (1,4,4)

Billing System / Invoice Manager / Note Entry for Multi Pat/TP Invoices

This option gives you the ability to add canned messages and/or free text notes to multiple invoices at one time.

```
ACSPN-Co.1              Note Entry for Mult PAT/TP Invoices

Message Code: 4    APPEAL SENT

Add Notes
This is a free text area. The note entered here will be applied to all
invoices in the list below.




Invoices
748       ANNA TEST              413        ROMEO S ALPHA
450       STACY C TEST          1373        TEST SEACOAST







                     [Save]   [Edit]   [Exit]
```

Message Code: Enter the message code or "/L" to select from a list of message codes.

Add Notes: Enter up to 9 lines of free text.

Invoices: Enter the invoice numbers or enter the patient's LAST,FIRST names to select from a list. Enter "/L" to select from a complete list.

Merge Patient Accounts (1,4,5)

Billing System / Invoice Manager / Merge Patient Accounts

This option allows you to merge patient information from one patient account to another. You have 3 options to control how the patient information is copied: Copy Orders Only, Update Demographics, or Replace Demographics. Reference the field level help text for information on each field.

```
AXMRG-Co.1                    Merge Patient Accounts

Patient Account to be Merged
640             TEST SEACOAST (Pat ID: SEACOAST)

Patient Account to Copy to
621             TEST1 SEACOAST (Pat ID: TEST1)

                Merge Option: / Copy Orders Only

                                            ┌──────Select Entry──────┐
                                            │1  Copy Orders Only     │
                                            │2  Update Demographics  │
                                            │3  Replace Demographics │
                                            └────────────────────────┘
```

Patient Account to be Merged: Enter the account number for the patient whose information should be merged to another account, or enter "/L" to list patient accounts. You can look up the account by entering the first few characters of either the Patient ID as assigned by the lab or the patient's name. To enter a patient name, enter the name in the format of Last Name, First Name which can be abbreviated to the first few characters of each.

Patient Account to Copy to: Enter an existing patient account number into which the data from the selected Patient Account to be Merged will be copied. You may enter "/L" to list Patient IDs or lookup the account by entering the first few characters of either the Patient ID as assigned by the lab or the patient's name. The specific data that is merged is controlled by the Merge Option selection.

Merge Option: Select the option to control what data from the source account is copied to the "Copy to" account. When merging two patient accounts, the actual orders are always copied to the "to" patient account. There are three options for handling demographic data:

1) Copy the orders only. Discard all demographic data from the "Patient Account to be Merged".
2) Update only those fields that are empty in the "Patient Account to Copy to" with data from the "Patient Account to be Merged". Do not overwrite any existing data in the "Patient Account to Copy to" patient record.
3) Replace all of the patient information in the "Patient Account to Copy to" with the patient information in the "Patient Account to be Merged", including empty fields. Demographic data that exists only in the "Patient Account to Copy to" will be discarded.

Select the appropriate option then select **[Merge]** to execute the process.

[Merge] [Edit] [Cancel] [Exit]

Please confirm your selections prior to merging the accounts. Once the merge has been completed, there is no action to undo the merge.

Move Accession Between Patient Accounts (1,4,6)

Billing System / Invoice Manager / Move Accession Between Patient Accounts

If an accession was applied toward a patient account incorrectly, this menu will allow you to move the accession from one patient account to another.

```
AXMOV-Co.1            Move Accession Between Patient Accounts

Accession to be moved:
A001164           Acct: 532 SAM M TEST (PID: 2)

Patient Account to Copy to
1778              SAM TEST (PID: 12345)





    Invoices 1615,1788,1803 will be moved from account 532 (TEST,SAM)
    to account 1778 (TEST,SAM)






                   [Copy]  [Edit]  [Cancel]  [Exit]
```

Accession to be Moved: Enter the accession number you wish to move, and all of its associated invoices, to a different account. You can look up the accession by entering the first few characters of the patient's name. To enter a patient name, enter the name in the format of Last Name, First Name which can be abbreviated to the first few characters of each.

Patient Account to Copy to: Enter an existing patient account number into which all invoices associated with the selected accession will be moved. You may enter "/L" to list Patient IDs or lookup the account by entering the first few characters of either the Patient ID as assigned by the lab or the patient's name

Select **[Copy]** to complete the transfer.

Client Invoice Transaction (1,4,7)

Billing System / Invoice Manager / Client Invoice Transaction

The Client Invoice Transaction option is most commonly used by customers who are going live or have recently gone live on SurroundLab AR and need to bring Client invoice balances forward from their old system in order to streamline their Client billing. You may use this option with a specific Debit Adjustment Transaction Code to add balances to an existing or newly created invoice.

This option can also be used to add Per Diem charges to Client Invoices or for billing charges not associated with an accession specifically, i.e. supplies. If this is your intent, it is necessary to enter Transaction Code 'C' (Original Charge) to represent those supply charges.

```
ACSC9-Co.1                 Client Invoice Transaction

        Client ID: |
   Ordering Location:

          Invoice #:

           Payer ID:

    Transaction Code:
         Order Code:
               Qty:  1

   Patient Account #:                    DOS:
 # of Per Diem Days:

            Amount:

 Add Notes          Message Type:              Message Code:
```

Client ID: Enter the Client ID or enter the first few letters of the client name. You can also enter *STR* to find all clients for which the characters "STR" appear in the client's name. This is known as a wildcard search. (Using the wildcard search can take a while, since the system must examine every client name in the entire system to see if it contains the search string.)

Invoice #: Enter an existing Invoice #, "/L" for a list of existing Invoice #, or leave the field blank. If you leave the field blank, an available invoice will be added to or a new invoice # will be assigned.

Payer ID: This field will automatically populate with the Client Payer ID that is defined in Payer Definition and specified in Company Definition.

Transaction Code: Enter a transaction code or "/L" to select from a list.
> *Note: If an Order Code needs to be added for the transaction you will need to enter C for Original Charge in this field.*

Order Code: Enter the order code or the few characters of the order code name to select from a list. Enter "/L" to select from a list.

Qty: Enter the quantity for the transaction being applied.

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Patient Account #: You may link this transaction to a particular patient. Enter the patient's account number if known. Otherwise, you can enter the Patient ID that was assigned by the ordering client, or you can look up the patient by SSN, or by entering part or all of the name in the form "LAST,FIRST". If you choose to link this transaction to a particular patient, then you may also specify a particular date of service.

DOS: Enter the DOS of the Patient specified, if needed.

# of Per Diem Days: Enter the number of per diem days. If you enter a value in this field the Amount field will be calculated by the PPS Per Diem Rate for the client x the number of per diem days. This field will only be accessible if the Transaction Code chosen is "C' for adding Original Charges to a Client Invoice and the Order Code chosen is the one defined specifically for Per Diem additions.

Amount: If the transaction code select was C this field will be automatically populated based on the order code definition. If any other transaction code was selected you will need to enter the dollar amount in 00.00 format.

Add Notes: Enter free text notes in this field.

Message Type: Enter (N)otes or (S)tatement

Message Code: Enter a predefined message code or enter "/L" to select from a list.

Batch PPS Transfer (1,4,8)

Billing System / Invoice Manager / Batch PPS Transfer

This screen can be used to transfer multiple invoices within a service date range that should be billed to a PPS payer instead of the third party payer already on the patient account.

Important Note: Before the patient account can be pulled up in this screen, a PPS payer must be present in the Patient Information area of Invoice Manager. A date range for the PPS payer must also be entered. Only invoices with service dates within that range or ranges will be eligible for transfer to the PPS payer. Below is an example of this data entered in the Patient Info screen.

```
ACSP1-Co.1                    Patient Demographics

                   Medicare Part A (PPS) Eligibility
         PPS Payer ID: C          CLIENT
                   Start Date     End Date      Client ID
                   01/01/2016     04/01/2016    1008

```

Account #: Enter the patient's account number if known. Otherwise, you can enter the Patient ID that was assigned by the ordering client, or you can look up the patient by entering part or all of the name in the form "LAST,FIRST". If there are a number of patients with similar demographics, you can do a filtered search, selecting those that match the name, as well as a secondary field. There are three fields supported for filtered searches: Date of Birth (DOB), Street Address (ADR), and Date of Service (DOS).

Please see the help text is this field for more information on filtered searches.

```
ACPPS-Co.1            Batch Transfer of PTP Invoices to PPS

  Account #: 1622         ROLLUP20160219 TEST            M 07/01/1980

            Invoices Eligible for Medicare Part A Billing

  Invoice #   Accession #  Date of Srv  Billed to Payer    Orig Amt  Curr Bal
  1652        A001546      02/19/2016   MC                   20.00     20.00
  1653        A001547      02/09/2016   MC                   10.00     10.00
  1654        A001549      02/18/2016   BC                   30.00     30.00
  1655        A001550      02/17/2016   BC                   20.00     20.00
  1693        A001552      02/01/2016   MC                   10.00     10.00
  1658        A001553      02/10/2016   MC                   10.00     10.00
  1666        TBFH04       02/04/2016   AE                   35.00     35.00




                  [Transfer]  [Edit]  [Cancel]  [Exit]
```

Once you have entered the necessary information, select the **[Transfer]** button to transfer the invoices to the new payer.

Invoice Manager Productivity Report (1,4,9)

Billing System / Invoice Manager / Invoice Manager Productivity Rpt

The system will begin collecting data for these reports as soon as this update is installed. Productivity data prior to this date is not available.

Summary option: This report prints out the number of invoices viewed, notes added, adjustments made, rebills made, transferred or edited (tests or diagnosis), and demographic updates in Invoice Manager per User ID for the specified time period. The end of the report displays the grand total number of invoices for the specified time period.

Detail option: This report prints out the number of invoices viewed, notes added, adjustments made, rebills made, transferred or edited (tests or diagnosis), and demographic updates in Invoice Manager per User ID per day. Totals for the day are displayed before the next date's information is printed out. The report also displays the total count per User ID for the specified time period. The end of the report displays the grand total number of invoices for the specified time period.

```
ARIMPRDR-Co.1          Invoice Manager Productivity Report


              Output Device: SCREEN

                 Start Date: 01/21/2017

                   End Date: 04/21/2017

      [S]ummary or [D]etail: S













                        [Print]   [Edit]   [Exit]
```

Complete the following input fields and select **[Print]** from the end of screen buttons.

Output Device: Enter a valid Device ID, or enter "/L" (List command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Start Date: Enter the Start Date in the format: MMDDYY, MM/DD/YY, MM/DD/YYYY, T for Today, T-nn, where nn is days in the past, or Y for Yesterday. This start date will be the beginning range of the dates from which to check the files for user activity.

End Date: Enter the End Date in the format: MMDDYY, MM/DD/YY, MM/DD/YYYY, T for Today, T-nn, where nn is days in the past, or Y for Yesterday. This end date will be the ending range of the dates from which to check the files for user activity.

[S]ummary or [Detail]: Enter "S" for Summary or "D" for Detail. In the summary report, the output will be displayed as a total for each user for the entire period specified. In the detail report, the output will be displayed per date, per user for the specified period.

Sample Outputs for Summary Option - Text File Output

```
User: JLH              Invoice Manager Productivity Report        04/21/2017
Page: 1                Seacoast Laboratory Data Systems, Inc.     11:04 AM
                From Start Date: 04/11/2017 thru End Date: 04/21/2017

Date           User ID     User Name                    Adjustment # of Invoices
----           -------     ---------                    ---------------
Total          LBH         TEST  EMPLOYEE 18                    4
User: JLH              Invoice Manager Productivity Report        04/21/2017
Page: 2                Seacoast Laboratory Data Systems, Inc.     11:04 AM
                From Start Date: 04/11/2017 thru End Date: 04/21/2017

Date           User ID     User Name                    Demographics # of Invoices
----           -------     ---------                    ---------------
Total          JLH         Jess  Hodges                        2
               LBH         TEST  EMPLOYEE 18                    11
User: JLH              Invoice Manager Productivity Report        04/21/2017
Page: 3                Seacoast Laboratory Data Systems, Inc.     11:04 AM
                From Start Date: 04/11/2017 thru End Date: 04/21/2017

Date           User ID     User Name                    Test or DX Edit # of Invoices
----           -------     ---------                    ---------------
Total          LBH         TEST  EMPLOYEE 18                    4
User: JLH              Invoice Manager Productivity Report        04/21/2017
Page: 4                Seacoast Laboratory Data Systems, Inc.     11:04 AM
                From Start Date: 04/11/2017 thru End Date: 04/21/2017

Date           User ID     User Name                    Notes Added # of Invoices
----           -------     ---------                    ---------------
Total          LBH         TEST  EMPLOYEE 18                    4
User: JLH              Invoice Manager Productivity Report        04/21/2017
Page: 5                Seacoast Laboratory Data Systems, Inc.     11:04 AM
                From Start Date: 04/11/2017 thru End Date: 04/21/2017    |

Date           User ID     User Name                    Open # of Invoices
----           -------     ---------                    ---------------
Total          BFH         BRETT F HUNT                        3
               JLH         Jess  Hodges                        24
               LBH         TEST  EMPLOYEE 18                   33
               LL          Linda  Larose                       6
User: JLH              Invoice Manager Productivity Report        04/21/2017
Page: 6                Seacoast Laboratory Data Systems, Inc.     11:04 AM
                From Start Date: 04/11/2017 thru End Date: 04/21/2017

Date           User ID     User Name                    Rebill # of Invoices
----           -------     ---------                    ---------------
Total          JLH         Jess  Hodges                        1
               LBH         TEST  EMPLOYEE 18                    2
User: JLH              Invoice Manager Productivity Report        04/21/2017
Page: 7                Seacoast Laboratory Data Systems, Inc.     11:04 AM
                From Start Date: 04/11/2017 thru End Date: 04/21/2017

Date           User ID     User Name                    Transfer # of Invoices
----           -------     ---------                    ---------------
Total          JLH         Jess  Hodges                        1
               LBH         TEST  EMPLOYEE 18                    7

                                       Grand Total:      102
```

Complete the input fields using a "D" in the Summary or Detail input field. Select **[Print]** from the end of screen buttons.

```
ARIMPRDR-Co.1          Invoice Manager Productivity Report


              Output Device: SCREEN

                 Start Date: 01/21/2017

                   End Date: 04/21/2017

        [S]ummary or [D]etail: D
```

Sample Outputs for Detail Option - Text File Output

Seacoast Laboratory Data Systems, Inc.   10:14 AM
                 From Start Date: 01/21/2017 thru End Date: 04/21/2017

Date	User ID	User Name	Open # of Invoices
04/19/2017	BFH	BRETT F HUNT	1
	LBH	TEST EMPLOYEE 18	6
		Total for 04/19/2017:	7

Date	User ID	User Name	Transfer # of Invoices
04/19/2017	LBH	TEST EMPLOYEE 18	3
		Total for 04/19/2017:	3

Date	User ID	User Name	Demographics # of Invoices
04/20/2017	LBH	TEST EMPLOYEE 18	1
		Total for 04/20/2017:	1

Date	User ID	User Name	Open # of Invoices
04/20/2017	BFH	BRETT F HUNT	1
	LBH	TEST EMPLOYEE 18	1
		Total for 04/20/2017:	2

Date	User ID	User Name	Transfer # of Invoices
04/20/2017	LBH	TEST EMPLOYEE 18	1
		Total for 04/20/2017:	1

Date	User ID	User Name	Adjustment # of Invoices
Total	JLH	Jess Hodges	1
	LBH	TEST EMPLOYEE 18	10

Date	User ID	User Name	Demographics # of Invoices
Total	JLH	Jess Hodges	3
	LBH	TEST EMPLOYEE 18	21

Date	User ID	User Name	Test or DX Edit # of Invoices
Total	JLH	Jess Hodges	7
	LBH	TEST EMPLOYEE 18	17

Date	User ID	User Name	Notes Added # of Invoices
Total	JLH	Jess Hodges	2
	LBH	TEST EMPLOYEE 18	7
	LML	Lisa Marie Turgeon	1

Date	User ID	User Name	Open # of Invoices
Total	BFH	BRETT F HUNT	11
	JLH	Jess Hodges	60
	LBH	TEST EMPLOYEE 18	104
	LL	Linda Larose	8
	LML	Lisa Marie Turgeon	1

Date	User ID	User Name	Rebill # of Invoices
Total	JLH	Jess Hodges	1
	LBH	TEST EMPLOYEE 18	3

Date	User ID	User Name	Transfer # of Invoices
Total	JLH	Jess Hodges	2
	LBH	TEST EMPLOYEE 18	10
		Grand Total:	269

Invoice Manager Hourly Productivity Report (1,4,10)

Billing System / Invoice Manager / Invoice Manager Hourly Productivity Rpt

The system will begin collecting data for these reports as soon as this update is installed. Productivity data prior to this date is not available.

The Invoice Manager Hourly Productivity Report displays the hourly count of invoices viewed, notes added, adjustments made, rebills made, transferred or edited (tests or diagnosis), and demographic updates in invoice manager per hour per User ID by sublevel. Subtotals of the invoice numbers are displayed at the end for the requested time period. The total number of invoices per User ID for the requested time period is displayed at the end, as well as, a grand total number of invoices for the requested time period.

Complete the following input fields and select [Print] from the end of screen buttons. A FILECSV option is supported for this report.

Output Device: Enter a valid Device ID, or enter "/L" (List command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Start Date: Enter the Start Date in the format: MMDDYY, MM/DD/YY, MM/DD/YYYY, T for Today, T-nn, where nn is days in the past, or Y for Yesterday. This start date will be the beginning range of the dates from which to check the files for user activity. **Time:** Enter the starting time in military format. This is the starting time upon which to gather the data.

Ending Date: Enter the End Date in the format: MMDDYY, MM/DD/YY, MM/DD/YYYY, T for Today, T-nn, where nn is days in the past, or Y for Yesterday. This end date will be the ending range of the dates from which to check the files for user activity. **Time:** Enter the ending time in military format. This will be the ending time upon which to gather data.

```
ARIMPRDH-Co.1          Invoice Mgr Hourly Productivity Report


            Output Device: SCREEN

               Start Date: 01/21/2017    Time: 09:00

             Ending Date: 04/21/2017    Time: 03:00









                    [Print]  [Edit]  [Exit]
```

Sample Invoice Manager Hourly Productivity Report – Text File Output

```
User: JLH                        Invoice Manager Hourly Productivity Report                    04/21/2017
Page: 1                             Seacoast Laboratory Data Systems, Inc.                      11:10 AM
                                  From 04/11/2017 at 09:00 To 04/21/2017 at 11:00

   0100 0200 0300 0400 0500 0600 0700 0800 0900 1000 1100 1200 1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400 ADJ TOTAL
   ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- --------------
 LBH - TEST  EMPLOYEE 18
                                                   2         1    1                                                                  4
   ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== =====
 Grand Total
                                                   2         1    1                                                                  4
```

```
User: JLH                        Invoice Manager Hourly Productivity Report                    04/21/2017
Page: 2                             Seacoast Laboratory Data Systems, Inc.                      11:10 AM
                                  From 04/11/2017 at 09:00 To 04/21/2017 at 11:00

   0100 0200 0300 0400 0500 0600 0700 0800 0900 1000 1100 1200 1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400 DEMO TOTAL
   ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- --------------
 JLH - Jess  Hodges
                                                             2                                                                      2
 LBH - TEST  EMPLOYEE 18
                                              4              1    3    2    1                                                        11
   ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== =====
 Grand Total
                                              4              3    3    2    1                                                        13
```

```
User: JLH                        Invoice Manager Hourly Productivity Report                    04/21/2017
Page: 3                             Seacoast Laboratory Data Systems, Inc.                      11:10 AM
                                  From 04/11/2017 at 09:00 To 04/21/2017 at 11:00

   0100 0200 0300 0400 0500 0600 0700 0800 0900 1000 1100 1200 1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400 EDIT TOTAL
   ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- --------------
 LBH - TEST  EMPLOYEE 18
                                              1              1    2                                                                  4
   ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== =====
 Grand Tota
                                              1              1    2                                                                  4
```

```
User: JLH                        Invoice Manager Hourly Productivity Report                    04/21/2017
Page: 4                             Seacoast Laboratory Data Systems, Inc.                      11:10 AM
                                  From 04/11/2017 at 09:00 To 04/21/2017 at 11:00

   0100 0200 0300 0400 0500 0600 0700 0800 0900 1000 1100 1200 1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400 NOTES TOTAL
   ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- --------------
 LBH - TEST  EMPLOYEE 18
                                                   3                   1                                                            4
   ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== =====
 Grand Total
                                                   3                   1                                                            4
```

```
User: JLH                        Invoice Manager Hourly Productivity Report                    04/21/2017
Page: 5                             Seacoast Laboratory Data Systems, Inc.                      11:10 AM
                                  From 04/11/2017 at 09:00 To 04/21/2017 at 11:00

   0100 0200 0300 0400 0500 0600 0700 0800 0900 1000 1100 1200 1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400 OPEN TOTAL
   ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- --------------
 BFH - BRETT F HUNT
                                    2                   1                                                                           3
 JLH - Jess  Hodges
                               1    1    3    13   4         2                                                                      24
 LBH - TEST  EMPLOYEE 18
                               1    3    5    1    4    8    7    3    1                                                             33
 LL - Linda  Larose
                                              2    1    1    1         1                                                            6
   ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== =====
 Grand Total
                          2    2    4    8    17   9    9    10   3    2                                                             66
```

```
User: JLH                        Invoice Manager Hourly Productivity Report                    04/21/2017
Page: 6                             Seacoast Laboratory Data Systems, Inc.                      11:10 AM
                                  From 04/11/2017 at 09:00 To 04/21/2017 at 11:00

   0100 0200 0300 0400 0500 0600 0700 0800 0900 1000 1100 1200 1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400 REBILL TOTAL
   ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- --------------
 JLH - Jess  Hodges
                                              1                                                                                    1
 LBH - TEST  EMPLOYEE 18
                                         1              1                                                                          2
   ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== =====
 Grand Total
                                         1    1         1                                                                          3
```

```
User: JLH                        Invoice Manager Hourly Productivity Report                    04/21/2017
Page: 7                             Seacoast Laboratory Data Systems, Inc.                      11:10 AM
                                  From 04/11/2017 at 09:00 To 04/21/2017 at 11:00

   0100 0200 0300 0400 0500 0600 0700 0800 0900 1000 1100 1200 1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400 TRANSFER TOTAL
   ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- --------------
 JLH - Jess  Hodges
                                              1                                                                                    1
 LBH - TEST  EMPLOYEE 18
                                    2              2    2         1                                                                7
   ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== ==== =====
 Grand Total
                                    2    1    2    2         1                                                                     8
```

Sample Invoice Manager Hourly Productivity Report – FILECSV Output

USER	100	200	300	400	500	600	700	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	Adjustment TOTAL
JLH - Jess Hodges													1												1
LBH - TEST EMPLOYEE 18												4	3	2	1										10
Grand Total												4	4	2	1										11

USER	100	200	300	400	500	600	700	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	Demographics TOTAL
JLH - Jess Hodges												1		2											3
LBH - TEST EMPLOYEE 18											1	6	2	2	4	3	3								21
Grand Total											1	7	2	4	4	3	3								24

USER	100	200	300	400	500	600	700	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	Test or DX Edit TOTAL
JLH - Jess Hodges											2	2			1	2									7
LBH - TEST EMPLOYEE 18									1			3	1	2	3	2	4	1							17
Grand Total									1		2	5	1	2	4	4	4	1							24

USER	100	200	300	400	500	600	700	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	Notes Added TOTAL
JLH - Jess Hodges																2									2
LBH - TEST EMPLOYEE 18									1		4			1		1									7
LML - Lisa Marie Turgeon													1												1
Grand Total									1		4		1	1		3									10

USER	100	200	300	400	500	600	700	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	Open TOTAL
BFH - BRETT F HUNT									2	1			1	2		5									11
JLH - Jess Hodges										2	3	10	23	6	8	6	2								60
LBH - TEST EMPLOYEE 18										16	5	12	16	14	15	14	10	2							104
LL - Linda Larose													2	1	1	1		3							8
LML - Lisa Marie Turgeon															1										1
Grand Total									2	19	8	22	42	23	25	26	12	5							184

USER	100	200	300	400	500	600	700	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	Rebill TOTAL
JLH - Jess Hodges													1												1
LBH - TEST EMPLOYEE 18												1		1		1									3
Grand Total												1	1	1		1									4

USER	100	200	300	400	500	600	700	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	Transfer TOTAL
JLH - Jess Hodges												1	1												2
LBH - TEST EMPLOYEE 18												3	1	2	2	1	1								10
Grand Total												4	2	2	2	1	1								12

Optional Invoice Manager "AR Worklist" (1,4,11)

The AR Worklist feature offers a range of selection criteria to help your group design custom AR Worklists. Each Billing Representative in your Revenue Department may create his/her own Worklist. Multiple AR Worklists may be created for a single SurroundLab™ AR User ID.

Sample Scenarios where multiple Worklists are helpful:
- *If the same Billing Representative is responsible for multiple payers, Medicare and Medicare Railroad, then the same User ID might want two separate lists, one for each payer.*
- *Separate lists can be created by the same user to allow focus on certain aging criteria, i.e. you may have a Worklist for service dates close to timely and another for more recent claims by varying the Date of Service range in the selection criteria.*

When you select the AR Worklist menu option for the first time or when all lists have been completed/ deleted, the AR Worklist Build screen is displayed. Make your selections and build your first AR Worklist. If you have already created a Worklist then you may skip the Selection Criteria section. If Worklists have already been created and exist then the AR Worklist Selection screen is displayed.
> **Note:** *If an invoice is already in an AR Worklist then it will not meet the criteria for selection in another Worklist.*

Complete the following selection criteria fields to build your AR Worklist.

Financial Class(es) to include: If you want to include invoices from only certain Financial Class(es) then enter the Financial Class(es) in this field. Enter "/L" for a list of Financial Classes or "*" for All.

Payer(s) to include: If you only want to include orders for certain payers in this list, then enter Payer ID(s). Enter "/L" for a list of payers, or "*" to select all payers. You can also select payers by name or mnemonic.

Client(s) to include: If you only want to include orders for certain clients in this list, then enter Client ID(s). Enter "/L" for a list of clients, or "*" to select all clients. You can also select clients by name or mnemonic.

CPT(s) to include: Enter CPT Code(s) which must be billed in the order for the invoice to be selected. Enter "/L" for a list of CPT Codes, or "*" to select all CPT Codes.

Order Code(s) to include: Enter the Order Code(s) which must be billed in the order for the invoice to be selected. Enter "/L" for a list of Order Code(s) or "*" to select all Order Codes. You can select order codes by description or alias.

Ordering Location: Enter an ordering location. Enter "*" to select all locations. Enter "/L" for a list of locations.

Rejection Code: If you want to limit the report to invoices with specific rejections posted, enter one or more Rejection Codes in this field. If a specific Payer ID is enter in the Payer(s) to include field, then you may use the "/L" (List Command) to select from the rejections defined for that Payer.

Begin Date of Service: Enter the oldest Date of Service to include in the list. The format is MM/DD/YYYY.
End Date of Service: Enter the most recent Date of Service to include in the list. The format is MM/DD/YYYY.

Minimum Invoice Age: Enter the minimum number of aging days. The aging days are calculated by today's date minus the initial print date of the invoice. If you enter zero (0), then no invoices will be excluded based on this selection criteria. The invoice must equal or exceed the number of aging days entered to pass this criterion.

Balance Type: Enter "D" to include only invoices with debit balances. (Defaults to "D" for Debit Balances Only) Enter "C" to include only invoices with credit balances. Enter "B" to include all invoices with a non-zero balance.

User Notes?: Enter "Y" to only include invoices in which notes have been added by a user. Enter "N" to only include invoices in which notes have not been added by a user. Notes added by the system are ignored in this case. Leave empty to include all invoices regardless of what notes are present.

Sort By: Enter "B" to sort by Invoice Balance (largest to smallest), "C" to sort by Client ID, "D" to sort by Date of Service, "F" to sort by Financial Class, enter "L" to sort by Last Bill Date, enter "I" to sort by Patient Account Number, enter "N" to sort by Patient Last, First name, or enter "P" to sort by Payer. This field defaults to "D" for Date of Service.

Once you have completed the selection criteria, select [Build List] from the end of screen buttons.

AR Worklist Build Screen

```
ARWLB-Co.1                          AR Worklist


Financial Class(es) to include: MCR
              Payer(s) to include: *
             Client(s) to include: *
                CPT(s) to include: *
         Order Code(s) to include: *

                Ordering Location:
                   Rejection Code:

           Begin Date of Service: 01/01/2014      End Date of Service: 12/31/2014
              Minimum Invoice Age: 1

                     Balance Type: D Debit Balances Only
                      User Notes?
                          Sort by: B Invoice Balance

                    [Build List]   [Edit]   [Exit]
```

Once you have selected [Build List], SurroundLab™ AR will immediately begin compiling the list of invoices matching your selection criteria. In instances where the number of invoices matching your selection criteria is relatively small, your AR Worklist will be displayed immediately.

> *Note: Depending on the volume of invoices stored in your database that meet the selection criteria entered, this could take a few minutes. A message will be displayed on the screen while the list is building.*

Sample AR Worklist

```
ARWL2-Co.1                      AR Worklist

Client Name: WOMENS HEALTH CLINIC
    Patient: TEST, BETH                      Remaining AR: 130.40

   1 of 10            Select Invoice to Work in Invoice Manager
Invoice  Client Id  DOS        Payer Id:Misc Ins Id  LastBill   Balance Status
1074     100        11/12/14 MCR                     06/03/15    35.85
1055     100        04/25/14 MCR                     11/14/14    17.30
1033     100        01/24/14 MCR                     04/23/14    15.70
1070     100        11/04/14 MCR                     11/14/14    14.90
```

The Worklist screen displays some important information about each invoice – such as, Invoice Number, Client ID and Name, Patient Name, DOS, Payer ID, Last Bill Date, Balance and the Status. The status field for each invoice is initially empty which will change as you perform your follow up activities because you will assign a Status to each invoice you review.

Move your cursor to any line using the arrow keys to select an invoice and press **[Enter]** to view the Invoice Manager screen. Work the invoice as you normally would by performing the billing function necessary to resolve the claim (corrections, rebill, adjustments, etc. For additional information on how to use SurroundLab™ AR's Invoice Manager screens, please see the SurroundLab™ AR End User Guide.

When you are finished working the invoice, select the [Exit] button from the end of screen buttons to be returned to your AR Worklist. A dialogue box will be presented on the screen so you can select the **Disposition** of the invoice you worked, i.e. the **Status**.

When you exit the Invoice Manager screen and return to the AR Worklist, you will be prompted with a dialogue box presenting three options for updating the **Status** of the invoice. Each Status is explained in detail below. Choose the appropriate disposition to update the status for each invoice based upon your assessment and the billing activity you performed. Select the best option by highlighting that option using the arrow keys on your keyboard and pressing the **[Enter]** key.

```
┌─Disposition of this invoice─┐
│ Mark as worked?             │
│ Schedule a follow up?       │
│ Leave as unworked.          │
└─────────────────────────────┘
```

Accessing a previously created list is easy. Look for your User ID in the left column. You may have created more than one AR Worklist so the Date Created is shown next to you ID, followed by Payer(s), Dates of Service and a count of the remaining invoices still in an "Unworked" status on each list. If your selection criteria included a range of service dates or specific payers then these will be shown in the Payer(s) and Dates of Service fields.

```
ARWL-Co.1                       AR Worklist Selection

    Select Worklist
User    Date Created       Payer(s)        Dates Of Service    Unworked
JLH     06/30/15 14:11                     01/01/14-12/31/14   5
JLH     06/30/15 14:23     INSTEST         06/01/13-05/30/14   18
JLH     06/30/15 14:24     BC1,BC1         01/01/13-06/30/15   58
```

Highlight the AR Worklist you want to work and press **[Enter]** to display the AR Worklist. Only one SurroundLab™ AR User ID may access an AR Worklist at a time. If a Worklist is currently in use by the first User ID, then any subsequent users who try to access the Worklist receive a message letting the second user know that the Worklist is already in use.

When you have worked all of the invoices on the Worklist, complete the Worklist by selecting the end of screen button `[Mark Worklist as Completed]` to complete the Worklist.

```
ARWL2-Co.1                          AR Worklist

 Client Name: ABC PEDIATRICS GROUP
     Patient: TEST, JANE                          Remaining AR: 0.00

   10 of  10          Select Invoice to Work in Invoice Manager
 Invoice  Client Id  DOS        Payer Id:Misc Ins Id   LastBill   Balanc  Status
 1074     100        11/12/14 MCR                       06/03/15   35.8   Worked
 1055     100        04/25/14 MCR                       11/14/14   17.3   Worked
 1033     100        01/24/14 MCR                       04/23/14   15.7   Sch-45
 1070     100        11/04/14 MCR                       11/14/14   14.9   Sch-14
 1071     100        11/22/14 MCR                       11/21/14   14.9   Sch-20
 1013     100        01/06/14 MCR                       04/23/14   11.0   Worked
 1056     100        04/24/14 MCR                       11/14/14    9.90  Worked
 1068     100        11/14/14 MCR                       11/14/14    5.00  Worked
 1069     100        09/01/14 MCR                       11/14/14    5.00  Sch-14
 1043     ABCPED     04/23/14 MCR                       04/23/14    0.80  Sch-14




 [Mark Worklist as Completed]  [Delete]  [Edit]  [Exit - Leave This Worklist]
```

The status of each invoice on the Worklist must be either "Worked" or "Sch-" to complete the Worklist. If the Worklist contains invoices for which the status field is empty, or "unworked", you will not be permitted to mark the Worklist as completed. A message will appear. Press **[Enter]** to continue working the remaining invoices.

If an AR Worklist is deleted using the [Delete] button before all of the invoices are marked as worked or scheduled then the "Sch-" status are lost and these invoice will appear in the next applicable Worklist created. When a Worklist is Completed using the [Mark Worklist as Completed] button the invoices with a status of "Sche-" will not appear in a new AR Worklist created within the specified number of days.

Client Invoice Reprice Utility

Billing System / Invoice Manager / Reprice Client Invoice

Due to the opportunity to misuse this utility, it is not added unless you expressly request a Seacoast Representative to add it to your menu. It is best to password protect this menu option when installed. Once the **[Process]** button has been selected, the changes are permanent, similar to a posted batch.

Output Device: Enter a valid Device ID, or enter "/L" (List command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Client ID: Enter the Client Id or enter the first few letters of the client name. You can also enter *STR* to find all clients for which the characters "STR" appear in the client's name. This is known as a wildcard search. (Note that using the wildcard search can take a while, since the system must examine every client name in the entire system to see if it contains the search string.) Enter "*" to select all clients.

Invoice #: Enter an Invoice number if known or /L to get a list of Invoices. Enter "*" to select all client-type invoices for this client.

Process Zero Balanced Invoice: Enter No if you do not want to re-price an invoice that is zero balanced. Enter Yes if you do want to re-price an invoice that is zero balanced.

Invoices To Select: Enter an O to select only open invoices. Enter a C to select only closed invoices. Enter a B to allow any invoice (opened or closed) to be selected.

Re-pricing Method: Select the method you want to use to re-price the selected invoice(s).
1) L - Line at a time. This method attempts to determine whether re-pricing is necessary for each accession by checking the current price for each item on the accession, and only re-pricing the accession if a price change is detected. So, if a particular accession on a client invoice consists of 5 tests, and the price has been changed for just one test, with the price change back-dated to be in effect for the date of service, then the entire accession is re-priced, as if the Re-price button under "Edit Tests & DX" in Invoice Manager had been selected.

   The advantage of this option is that it minimizes re-pricing activity, so that only those orders that need to be re-priced are selected. That way, a lot of unnecessary activity and notes are avoided. The disadvantage is that it will not always take into account changes to implosion tables that were made since the order was invoiced. Only if a price change is detected for at least one test will the implosion logic be re-evaluated.

2) C - Comprehensive. This method re-evaluates explosion and implosion logic for every accession on the invoice. It is the same as using the Re-price button in Invoice Manager for every accession on the invoice.

   The advantage of this option is that it honors changes made to implosion tables since the order was originally invoiced. The disadvantage is that it re-prices all accessions, even those that do not need it. So, notes will be added for each and every accession on the invoice indicating that it was re-priced, but in many cases, the result of the re-pricing will be no net price changes. Therefore, please use this option only when necessary for large-scale price changes, or changes in implosion tables.

   Note that Incremental Pricing is a special case. If a new Incremental Pricing Group (IPG) is defined, then the Comprehensive Method will honor it. However, if price changes are made to an existing IPG, they will NOT be honored. The only way to force the system to honor price changes to an IPG is to delete the affected tests from the order via Invoice Manager, then add them back all at once via the same option. When the comprehensive re-price method is used, if a pricing

error occurs for any accession on the invoice, the re-pricing stops at that point for that invoice, and a message is displayed on the report.

Client Invoice Reprice Utility Selection Screen

```
AXCRPRC-Co.1              Client Invoice Reprice Utility


              Output Device: FILE

                 Client ID: 100        Lisa's Test Cli Balance $2,324.16

                 Invoice #: 1570

 Process Zero Balanced Invoice: NO

        Invoices To Select: O Only open invoi

        Re-pricing Method: L Line at a time










            [Process]  [Edit]  [Cancel]  [Exit]
```

Client Invoice Reprice Utility Selection Sample File Output

```
User: ADMIN                           Client Invoice Repricing Utility
06/13/2019
Page: 1                       Company 1 - Seacoast Laboratory Data Systems, Inc.
12:05 PM
                                  Line by line method for Client ID: All
Client        Invoice  Patient Name          Accession   Order Code  Description       Prev $
New $

100           1494     TEST,CLIENT           A001368     1000        CBC               10.00
8.00
100           1495     TEST,CLIENT           A001369     3106        BUN               101.95
15.00
100           1495     TEST,CLIENT           A001369     3107        Calcium Total     13.99
15.00
100           1495     TEST,CLIENT           A001369     3108        Creatinine        10.13
15.00
100           1495     TEST,CLIENT           A001369     3109        Potassium         12.25
15.00
100           1495     TEST,CLIENT           A001369     3110        Sodium            13.33
15.00
100           1495     TEST,CLIENT           A001369     3127        Carbon Dioxide    14.78
10.00
100           1495     TEST,CLIENT           A001369     3128        Chloride          31.28
10.00
100           1570     TEST,JESS             A001788     TESTKIT
              Auto-Generated Fee not yet effective
100           1570     TEST,JESS             A001867     TESTKIT
              Auto-Generated Fee not yet effective
417           1157     HODGES,TEST2          A000982     3120        HDL Chol (Direc    20.00
23.00
417           1246     BUBBA,HUBBA           A003794     104         SODIUM             25.00
10.00
```

Invoice Inquiry (1,5)

Invoice Patient/TP Inquiry (1,5,1)

Billing System / Invoice Inquiry / Patient/TP Inquiry

You can view invoice information, but no information can be changed. Notes can be added from this menu option. This menu is helpful in the event the invoice is locked by another user viewing the same patient account in Invoice Manager.

Invoice Inquiry Screen

```
AID0-Co.1                      Invoice Inquiry
 Account #: 63            PATIENT F TEST                    M 08/01/1966

 Invoice #: |        |                  Open Invoice Total:     134.10

 Invoice #   Accession #  Date of Srv Billed to Payer     Orig Amt  Curr Bal
 819         A000714      10/23/2013  BC1-BLUE CROSS #1        7.50      7.50
 818         A000713      10/23/2013  MCR-MEDICARE            9.90      9.90
 814         A000708      10/23/2013  MCR-MEDICARE           15.70     15.70
 820         A000715      10/22/2013  BC1-BLUE CROSS #1        7.50      7.50
 815         A000709      10/22/2013  MCR-MEDICARE           15.70      0.00
 821         A000716      10/20/2013  BC1-BLUE CROSS #1        7.50      7.50
 816         A000711      10/20/2013  BC1-BLUE CROSS #1       13.00     13.00
 817         A000712      10/19/2013  BC1-BLUE CROSS #1       13.00     13.00
 823         A000718      10/18/2013  BC1-BLUE CROSS #1       30.00     30.00
 824         A000719      10/17/2013  BC1-BLUE CROSS #1       30.00     30.00
 822         A000717      10/13/2013  BC1-BLUE CROSS #1       30.00      0.00
```

Account #: Enter the patient's account number if known. You can enter the Patient ID that was assigned by the ordering client or the laboratory, you can look up the patient by entering part or all of the name in the form "LAST,FIRST", you can enter an 'A/' followed by an accession number, or you can enter an 'I/' followed by an invoice number.

> Account Number
> PID
> Last,First or Partial Name – SMITH,R
> A/ACN # for Accession number – A/A00909889
> I/INV# for Invoice Number – I/897997

There are three fields supported for filtered searches:

> Date of Birth (DOB)
> Street Address (ADR)
> Date of Service (DOS)

To do a filtered search, enter the field ID, shown in parentheses above, for the field you want to match, followed by a forward slash, and then a portion of the name.

For example, to find all patients with last name "SMITH" with a Date of Service of March 3, 2003, enter the following:
DOS/SMITH The system will prompt you for the Date of Service, enter the DOS in MM/DD/YYYY. Once you have entered it, the patients that match both the name and the Date of Service will be shown in the lookup window. If only one match is found, then it will be selected immediately.
In similar manner, one can match the street address by entering:
ADR/SMITH The system will prompt you to enter the first few characters of the street address (typically the street number). All patient accounts that match will be listed, allowing you to select the correct one.

Invoice #: Enter an Invoice # that is displayed on the screen, or enter "/L" for a list of all available Invoice #'s associated with this Account #. If there are multiple invoices associated with a Patient's Account, they will be listed here and you can scroll through and press ENTER to choose one. Or use the **arrow down key to the invoice in question and press enter.**

Each time a patient has an order each DOS will create an invoice. This screen will also show which invoices have balances.

Invoice Display Screen

```
AID1-Co.1                    Inquiry Display Screen

Patient Name: TEST, PATIENT F                    Curr Bal:        0.00
INV: 822          Payer: BC1-BLUE CROSS #1       Tot Chgs:       30.00
DOS: 10/13/2013   Bill Info:                     Debit Adjs:      0.00
Cli: 102          CARDIOLOGY GROUP               Credit Adjs:    -7.20
Acn: A000717                  Last Bill: 11/15/2013  Tot Paid:  -22.80

  Dx Codes: R45.86
 CPT       TX    OC       QTY   AMOUNT  DESCRIPTION              POSTED
 84439     C     84439     1     30.00  THYROID TEST             10/23/13
           ALWD                 22.80  ALLOWED AMOUNT $22.80    11/06/15
           BCADJ               -7.20  BLUE CROSS ADJUSTMENT    11/06/15
           BCPAY              -22.80  BLUE CROSS PAYMENT       11/06/15
                 Balance:       0.00



                  [Options]  [Print]  [Edit]  [Notes]  [Exit]
```

Display Pricing Information

Using the **Control + Z** to access the pricing details for the selected line item.

```
AID1-Co.1                    Inquiry Display Screen

Patient Name: TEST, PATIENT F                    Curr Bal:        0.00
INV: 822          Payer: BC1-BLUE CROSS #1       Tot Chgs:       30.00
DOS: 10/13/2013   Bill Info:                     Debit Adjs:      0.00
Cli: 102          CARDIOLOGY GROUP               Credit Adjs:    -7.20
Acn: A000717                  Last Bill: 11/15/2013  Tot Paid:  -22.80

  Dx Codes: R45.86
 CPT       TX    OC       QTY   AMOUNT  DESCRIPTION              POSTED
 84439                                                           10/23/13
        ┌─────────────────────Pricing─────────────────────┐
        │ Mapping: Payer BC1  ->  FIN TP  ->  FINGRP PTP │.80    11/06/15
        │ List Price of      $ 30.00 is based on:        │ENT    11/06/15
        │ List Fee Schedule  : PTP (PATIENT/THIRD PARTY) │       11/06/15
        │ List Effective date: 01/01/2011                │
        └───────────────────────────────────────────────┘
```

[Options]

```
AID1-Co.1                    Inquiry Display Screen

Patient Name: TEST, PATIENT F                    Curr Bal:      0.00
INV: 822        Payer: BC1-BLUE CROSS #1         Tot Chgs:     30.00
DOS: 10/13/2013 Bill Info:                       Debit Adjs:    0.00
Cli: 102        CARDIOLOGY GROUP                 Credit Adjs:  -7.20
Acn: A000717            Last Bill: 11/15/2013    Tot Paid:    -22.80

    Dx Codes: R45.86
CPT       TX     OC                                          POSTED
84439     C      84439   ┌──────────────────────────┐       10/23/13
          ALWD           │ Optional Inquiry Screens:│22.80   11/06/15
          BCADJ          │                          │TMENT   11/06/15
          BCPAY          │ Accession Detail         │NT      11/06/15
                Balance: │ Patient Detail           │
                         │ Payer Information        │
                         └──────────────────────────┘



              [Options]  [Print]  [Edit]  [Notes]  [Exit]
```

Accession Detail Inquiry Screen

```
AID1-Co.1                    Inquiry Display Screen

Patient Name: TEST, PATIENT F                    Curr Bal:      0.00
INV: 822        Payer: BC1-BLUE CROSS #1         Tot Chgs:     30.00
DOS: 10/13/2013 Bill Info:                       Debit Adjs:    0.00
Cli: 102        CARDIOLOGY GROUP                 Credit Adjs:  -7.20

    Pat ID: 63              Ordering Location: 1

Name:  PATIENT F TEST                  Responsible Party Info
       Sex: M                 First Name: PATIENT          MI:
       DOB: 08/01/1966         Last Name: TEST
Street Add: 195 NEW HAMPSHIRE  Street Add: 195 NEW HAMPSHIRE AVE

     City: PORTSMOUTH               City: PORTSMOUTH
       St: NH Zip: 03801              St: NH  Zip: 03801
  H Phone: 999-999-9999          H Phone: 999-999-9999
Reln to RP: 1                    W Phone:
 Phys UPIN: 765YOYO
 Phys NAME: REFERRING PHYSICIA                                      +

              [Options]  [Print]  [Edit]  [Notes]  [Exit]
```

Patient Detail Inquiry Screen

```
AID1-Co.1                   Inquiry Display Screen
┌─────────────────────────────────────────────────────────────────────┐
│ Patient Name: TEST, PATIENT F                │Curr Bal:        0.00  │
│ INV: 822          Payer: BC1-BLUE CROSS #1   │Tot Chgs:       30.00  │
│ DOS: 10/13/2013   Bill Info:                 │Debit Adjs:      0.00  │
│ Cli: 102          CARDIOLOGY GROUP           │Credit Adjs:    -7.20  │
│ ┌───────────────────────────────────────────────────────────────┐   │
│ │ PATIENT DEMOGRAPHICS:                                          │   │
│ │   D.O.B.: 08/01/1966          SSN:           Sex: M            │   │
│ │                                                               │   │
│ │ RESPONSIBLE PARTY INFORMATION:                                │   │
│ │   NAME  : TEST, PATIENT                                       │   │
│ │   ADDR 1: 195 NEW HAMPSHIRE AVE                               │   │
│ │   City  : PORTSMOUTH          St: NH         Zip: 03801        │   │
│ │   Home #: 999-999-9999        Work #:        Fax #:           │   │
│ │                                                               │   │
│ │ RESPONSIBLE PARTY EMPLOYER INFO:                              │   │
│ │   NAME  :                                                     │   │
│ │   City  :                     St:            Zip:             │   │
│ │   Phone #:                     Fax #:                         │   │
│ └───────────────────────────────────────────────────────────────┘   │
│                                                                     │
│         [Options]  [Print]  [Edit]  [Notes]  [Exit]                 │
└─────────────────────────────────────────────────────────────────────┘
```

Payer Information Inquiry

```
AID1-Co.1                   Inquiry Display Screen
┌─────────────────────────────────────────────────────────────────────┐
│ Patient Name: TEST, PATIENT F                │Curr Bal:        0.00  │
│ INV: 822          Payer: BC1-BLUE CROSS #1   │Tot Chgs:       30.00  │
│ DOS: 10/13/2013   Bill Info:                 │Debit Adjs:      0.00  │
│ Cli: 102          CARDIOLOGY GROUP           │Credit Adjs:    -7.20  │
│ ┌───────────────────────────────────────────────────────────────┐   │
│ │                                                               │   │
│ │ PAYER: BC1 - BLUE CROSS #1                                    │   │
│ │ 100 TEST AVE                                                  │   │
│ │ SUITE 100                                                     │   │
│ │ AUSTIN, TX 78759                                             │   │
│ │ 512-123-1234                                                 │   │
│ │ Provider# 09876543      Sub ID#:  987654                     │   │
│ │   Relationship to subscriber        1                        │   │
│ │   Policy #                          2093840932               │   │
│ │   Subscriber Name (last, first m)   TEST, PATIENT            │   │
│ │   Subscriber's Address              195 NEW HAMPSHIRE AVE     │   │
│ │   Subscriber's City                 PORTSMOUTH               │   │
│ │   Subscriber's State                NH                       │   │
│ │   Subscriber's Zip Code             03801                    │   │
│ └───────────────────────────────────────────────────────────────┘   │
│         [Options]  [Print]  [Edit]  [Notes]  [Exit]                 │
└─────────────────────────────────────────────────────────────────────┘
```

[Print]: This allows you to print account information.

[Edit]: Returns the cursor back to the transaction code field so you can utilize the Control Z feature.

[Notes]: You may select either Invoice Notes or Account Notes. You may add, edit or view notes from this field. Notes can be added to the invoice as free text and/or canned messages. See Invoice Manager section of this Guide for additional details.

[Print]

Select the **[Print]** button and choose your Output Device to view/print the details of the Accession.

```
Page: 1                        Routine: AID2                        1:27 PM


_____
Patient Name: TEST, PATIENT F              Curr Bal: $        0.00
INV: 822          Curr Payer : BC1         Tot Chgs: $       30.00
DOS: 10/13/2013                            Debit Adjs: $       0.00
Cli: 102          Client Name: CARDIOLOGY GROUP   Credit Adjs: $   -7.20
Acn: A000717                               Tot Paid: $      -22.80
_____


*** NOTES: ***
INVOICE [822]:
11/15/2013 11:51 HCFA claim printed

*** PATIENT DEMOGRAPHICS: ***
PATIENT DEMOGRAPHICS:
   D.O.B.: 08/01/1966              SSN:              Sex: M
RESPONSIBLE PARTY EMPLOYER INFO:
   NAME  :
   City  :                        St:              Zip:
 Phone #:                        Fax #:

*** ACCESSION: ***
<CR> to continue: █
     Pat ID: 63              Ordering Location: 1

Name:  PATIENT F TEST                       Responsible Party Info
       Sex: M                   First Name: PATIENT              MI:
       DOB: 08/01/1966          Last Name: TEST
Street Add: 195 NEW HAMPSHIRE    Street Add: 195 NEW HAMPSHIRE AVE

     City: PORTSMOUTH                City: PORTSMOUTH
       St: NH Zip: 03801              St: NH  Zip: 03801
   H Phone: 999-999-9999          H Phone: 999-999-9999
Reln to RP: 1                     W Phone:
 Phys UPIN: 765YOYO
 Phys NAME: REFERRING PHYSICIA
 Primary Payer: BC1
     2nd Payer:
     3rd Payer:
 Discount Code:

DX 1) R45.86   2)         3)         4)         5)         6)
    7)         8)         9)        10)        11)        12)
PAYER: BC1 - BLUE CROSS #1
100 TEST AVE
SUITE 100
AUSTIN, TX 78759
512-123-1234
Provider# 09876543      Sub ID#:  987654
   Relationship to subscriber      1
   Policy #                        2093840932
   Subscriber Name (last. first m)  TEST. PATIENT
   Subscriber's Address            195 NEW HAMPSHIRE AVE
   Subscriber's City               PORTSMOUTH
   Subscriber's State              NH
   Subscriber's Zip Code           03801
```

Client Invoice Inquiry (1,5,2)

Billing System / Invoice Inquiry / Patient TP Inquiry

The Client Inquiry allows you to view a Client Invoice; you may look up by Client name, Invoice#, or Accession#. This screen may be used to view an invoice at the same time another user owns that invoice in Invoice Manager. Because this screen does not offer a user the ability to edit an accession, it is useful for users who only need view only access to the accessions billed to Client Invoices.

One Client Invoice typically contains many Accessions. If you specify a single Accession#, then you will only see the transactions that pertain to that Accession. If you select one Invoice, then all the Accessions for this invoice will be displayed. You may drill down into a particular Accession to see the transactions for the Accession. Utilizing the Hot Key **Control + Z** will display the pricing logic for a selected Order Code charge.

Client Inquiry Screen

```
AIC0-Co.1                     Client Inquiry Screen

      Client: PCPGRP               PRIMARY CARE PROVIDERS
    Invoice#: 813

 Accession#:                       Other Invoices Acn. is billed to








                     [Display]  [Client Info]  [Edit]  [Exit]
```

Client: Enter the Client ID, or "/L" for a list. You can look up the client by entering client mnemonic, or the first few letters of the client name. You can also find all clients whose name contains a string, by preceding the string with an "*". For example, to find all clients whose name contains "SMITH", enter "*SMITH".

Invoice #: Enter an invoice number or "/L" to select from a list. Leave blank if you need to view a specific accession and you do not know the invoice number.

Accession #: Enter an accession number to view a specific accession on a client invoice. If your system uses foreign accession numbers, then you can also lookup the accession by entering the foreign accession number.

End of screen buttons include **[Display]** and **[Client Info]**.

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Client Inquiry Display Screen

By selecting the **[Display]** button, the Client Inquiry Display Screen is shown with the details of the selected Client Invoice.

```
AIC1-Co.1                 Client Inquiry Display Screen

Client Name: PRIMARY CARE PROVIDERS               Curr Bal:       39.75
INV: 813                 Invoice Date: 10/22/2013  Tot Chgs:       98.50
Cli: PCPGRP                 Print Date:            Debit Adjs:      0.00
                                                   Credit Adjs:     0.00
                                                   Tot Paid:      -58.75


     ACCESSION#      DOS          PATIENT NAME                    AMOUNT
     A000706         10/12/2013   TEST, PRICING                    32.00
     A000707         10/13/2013   TEST, PRICING                    25.00
     A000723         10/24/2013   TEST, PRICING                    41.50
     OTHER           03/10/2015   CLIENT PAYMENT                   58.75








                   [Print]  [Edit]  [Notes]  [Exit]
```

Use the **[Edit]** button to access any of the Accessions billed to this Client Invoice. Then, use the **Control + Z** option to view the details for a specific Accession.

```
AIC2-Co.1                 Client Inquiry Display Screen

Client Name: PRIMARY CARE PROVIDERS               Curr Bal:       39.75
INV: 813                 Invoice Date: 10/22/2013  Tot Chgs:       98.50
Cli: PCPGRP                 Print Date:            Debit Adjs:      0.00
ACN: A000706                 DOS:                  Tot Adjs:        0.00
Patient: PRICING TEST                             Tot Paid:      -58.75
     CPT     TX   OC        QTY   AMOUNT DESCRIPTION             POSTED
     80061   C    80061      1    14.00  LIPID PANEL             10/22/2013
     80069   C    80069      1     9.00  RENAL FUNCTION PANEL    10/22/2013
     80076   C    80076      1     9.00  HEPATIC FUNCTION PANEL  10/22/2013








                   [Print]  [Edit]  [Notes]  [Exit]
```

Inquiry [Print] Screen

Select the **[Print]** button for a screen print of this client invoice detail. Choose your Output Device and select [Print] at the end of the Inquiry Screen Print screen.

```
AIC3-Co.1                    Inquiry Screen Print
       Output Device: SCREEN




















                      [Print]   [Edit]   [Exit]
```

```
User: JLH                  Inquiry Screen Print              11/05/2015
Page: 1                      Routine: AIC3                    5:00 PM


_____
Client Name: PRIMARY CARE PROVIDERS                 Curr Bal: $     39.75
INV: 813          INVOICE CREATION DATE : 10/22/2013  Tot Chgs: $     98.50
CLI: PCPGRP             PRINT DATE :                Credit Adjs: $      0.00
                                                    Debit Adjs: $      0.00
                                                     Tot Paid: $    -58.75
_____
ACCESSION DETAIL

ACCESSION A000706       DOS: 10/12/2013    PRICING TEST
TX   OCODE      CPT        AMOUNT  DESCRIPTION               POSTED
C    80061      80061       14.00  LIPID PANEL               10/22/2013
C    80069      80069        9.00  RENAL FUNCTION PANEL      10/22/2013
C    80076      80076        9.00  HEPATIC FUNCTION PANEL    10/22/2013

NOTES:
<CR> to continue: █
```

Invoice [Notes]

Select the **[Notes]** button at the end of the screen to add, view, and edit notes on this invoice.
You will be able to add free text or canned messages at the invoice or account level.

```
AIC1-Co.1                 Client Inquiry Display Screen

Client Name: PRIMARY CARE PROVIDERS                    Curr Bal:      39.75
INV: 813                 Invoice Date: 10/22/2013       Tot Chgs:      98.50
Cli: PCPGRP                 Print Date:                 Debit Adjs:     0.00
                                                        Credit Adjs:    0.00
                                                        Tot Paid:     -58.75


    ACCESSION#        DOS   ─Notes Option─ E                      AMOUNT
    A000706        10/12/  Invoice Notes  NG                       32.00
    A000707        10/13/  Account Notes  NG                       25.00
    A000723        10/24/  Abort          NG                       41.50
    OTHER          03/10/                 ENT                      58.75








              [Print]  [Edit]  [Notes]  [Exit]
```

```
ACSC5-Co.1                      Invoice Notes

 OC 80061 billed at $5.00 as part of 'PANELS - MULT $5'. First OC billed at
 $10.00 subsequent OC's billed at $5.00.
 OC 80069 billed at $5.00 as part of 'PANELS - MULT $5'. First OC billed at
 $10.00 subsequent OC's billed at $5.00.
 OC 80076 billed at $5.00 as part of 'PANELS - MULT $5'. First OC billed at
 $10.00 subsequent OC's billed at $5.00.
```

```
ACSCAN-Co.1                  Client Account Notes

 N/A
```

Client Information

```
ACSCA-Co.1              Invoice Manager - Client Information

        Client #: PCPGRP

      Client Name: PRIMARY CARE PROVIDERS
   Client Address: 789 SAMPLE LANE              City: SAVANNAH
                                               State: GA    ZIP: 31401
           Phone:
             FAX:
         Contact:

         Comment:










                              [Exit]
```

[Client Info]: Select Client Info to access detailed information for the Client Account.

[Edit]: Selecting Edit will return the cursor to Client # field.

Post Payments (1,6)

Client Payments (1,6,1)

Billing System / Post Payments / Client Payments

The Client Payments function allows you to post payments that have been remitted by Client Payers against a Billing Invoice. The current outstanding balance is updated to reflect the payments that have been posted against the Invoice. Once all payments and/or adjustments have been posted, the Invoice is closed.

Post Client Payments Screen

```
ACCLI-Co.1                    Post Client Payments
Batch Date: 04/25/2017              Tape Total:            Remaining:
    Batch #: NEW
  Client ID:

       Check/CC#:                    Check Date:           Amount:
                                     Remaining from Check:

                              Open Invoices
Itm  Invoice #   BillDate Orig Amt   DebitAdj   Payments    Cred Adj    Curr Bal
1
2
3
4
5
6
7
8
9                                                           -----------
     Item/Invoice #:                        Open Invoice Total:
            Payment:                               Payer ID:
 Credit Adj Amount:          Credit Adj Transaction Code:
  Debit Adj Amount:           Debit Adj Transaction Code:
```

Batch Date: Enter the batch date. Enter T (today) if you want to create a new batch or entering the date the batch was opened if known in DD/MM/YYY format. Enter "/L" to select from a list of dates batches. You will see a list of all dates for which open batches exist.

Batch#: The word NEW is defaulted into this field. Entering through the field with this response will automatically create and open a new posting batch. You can manually create a batch by entering up to a 10 character alphanumeric description in this field. Enter an existing Batch number or "/L" to select from a list. If you select NEW or manually create a new batch number, a second screen will appear to enter details for the new batch.

Create Batch for Client Payment Payments Box

```
ACCLI-Co.1                    Post Client Payments
Batch Date: 04/25/2017              Tape Total:           Remaining:
    Batch #: NEW
  Client ID:

      Check/CC#:                                              ount:
                   Create Batch for Client Payments          heck:
                      Batch Date: 04/25/2017
Itm Invoice #  Bil  Batch Number: 3                      Adj    Curr Bal
1
2                     Tape Total:        100.00
3                   Deposit Date: 04/25/2017
4
5                   Comment
6                   Important Information can be saved here
7                        [Save]  [Edit]  [Cancel]
8
9                                                        -----------

      Item/Invoice #:                       Open Invoice Total:
            Payment:                                  Payer ID:
   Credit Adj Amount:            Credit Adj Transaction Code:
    Debit Adj Amount:             Debit Adj Transaction Code:
```

Batch Date: The date entered on the main screen will populate this field.

Batch Number: Enter a batch number or the system assigned batch number will populate this field.

Tape Total: Enter the total dollar amount of all checks to be included in this batch. The full dollar amount must be completely disbursed before the batch can be posted.

Deposit Date: Enter the date in DD/MM/YYYY format for which the payment will be deposited in the bank.

Comment: Enter up to 40 characters of optional free text.

[Save]: Press Save to return to main Post Client Payments screen.

Main Post Client Payments Screen

```
ACCLI-Co.1                    Post Client Payments
Batch Date: 04/25/2017              Tape Total:    100.00 Remaining:      100.00
    Batch #: 3
 Client ID: 100                 Test Client

        Check/CC#: IA24089U5         Check Date: 04/25/2017  Amount:       100.00
                                     Remaining from Check:                 100.00
                              Open Invoices
Itm Invoice #  BillDate Orig Amt   DebitAdj   Payments    Cred Adj  Curr Bal
1   1570                1,799.98      50.00     120.99        5.00  1,723.99
2   1547     01/08/15     60.00      20.00      39.01        0.00     40.99
3   1521     01/08/15    128.99                  0.00        0.00    128.99
4   1495     01/08/15    198.71      10.00     101.00       10.00     97.71
5   1494                  10.00       5.00       5.00        5.00      5.00
6
7
8
9
                                                          -----------
      Item/Invoice #: 1         1570          Open Invoice Total:    1,996.68
            Payment: 100.00     1723.99 remaining   Payer ID: C
  Credit Adj Amount:            Credit Adj Transaction Code:
   Debit Adj Amount:             Debit Adj Transaction Code:
```

Client ID: Enter the Client ID or enter the first few letters of the client name. You can also enter *STR* to find all clients for which the characters "STR" appear in the client's name. This is known as a wildcard search. (Using the wildcard search can take a while, since the system must examine every client name in the entire system to see if it contains the search string.) If you do not know the Client ID, but know the invoice you want to pay against, enter the invoice number preceded with the letter "I". For example, if you want to pay against invoice 12345, enter "I12345". The system will find the Client ID for that invoice, and fill it in for you. If you do not know the invoice number, enter the accession number, preceded with the letter "A". The Client ID that a payment will be applied to.

Check/CC #: Enter up 10 alpha numeric characters for the check number or credit card associated to the payment. For a credit card payment it is recommend typing the type of card and last 4 digits of the card number.(ex:VISA0487) Enter "CASH" for cash payments.

Check Date: Enter the date of the check or credit card transaction in DD/YY/YYYY. T for today, Y for yesterday and T-NN where nn is the number of days in the past.

Amount: Enter the full amount of the check currently being posted.

Remaining from Check: This field is automatically calculated by the system as payments are posted against open invoices and saved.

Open Invoices: This section is automatically filled in by the system, and displays all open Invoices associated with the selected Client, along with the Item, Invoice Number, Original Amount, Debit Adjustments, Payments, Credit Adjustments, and the Current Balance due.

Item/Invoice #: Enter the item number or the invoice number of the invoice you wish to post a payment to. Enter **AUTO** to allow the system to distribute the remaining amount of the check to the open line items automatically starting with the oldest invoice first applying funds until exhausted.

Select Function Box (Displayed by pressing Control + Z)

****Important Information****

Use the up arrow key to place the cursor on the first invoice # in the Open Invoices section. Once the cursor is in the invoice section you can use the arrow keys to select a specific invoice. Select an invoice and press Control + Z to access a second screen. A message box is displayed and you will have the choice of selecting **Invoice Manager** or **Review Checks**.

```
                             Open Invoices
Itm  Invoice #   BillDate  Orig Amt    DebitAdj   Payments    Cred Adj    Curr Bal
1    1570                  ┌Select Function┐00     120.99       5.00     1,723.99
2    1547      01/08/15    │Invoice Manager│00      39.01       0.00        40.99
3    1521      01/08/15    │Review Checks  │         0.00       0.00       128.99
4    1495      01/08/15    └───────────────┘00     101.00      10.00        97.71
5    1494                      10.00     5.00        5.00       5.00         5.00
```

Viewing Invoice Manager from Post Client Payments

Refer to the Client Invoice Manager section in this Guide for details on the features of Invoice Manager.

```
ACSC1-Co.1                      Invoice Manager

       Client: 100              Test Client          Curr Bal:    1,723.99
      Invoice: 1570                                  Tot Chgs:    1,799.98
 Invoice Date: 04/28/2015  Orig Invoice Bal:        Debit Adjs:      50.00
 Billing Info: Current monthly invoice             Credit Adjs:      -5.00
        Payer: C           Unapplied Cash: 50.00     Tot Paid:    -120.99

 ACCESSION#        DOS         PATIENT NAME                       AMOUNT
 907800013         02/15/2015  TESTING TAYLOR                     116.00
 ADJ               06/10/2015  Credit Adjustment - See Notes       -5.00
 A001598           10/04/2016  ONLINE TEST                          3.99
 A001615           10/04/2016  LISACLIENT TEST                     19.00
 A001616           09/25/2016  TACK STORE                           8.00
 OTHER             10/04/2016  Doctor Payment                     -60.99
 ADJ               10/06/2016  LATE PAYMENT FEE                    50.00
 OTHER             10/07/2016  Doctor Payment                     -50.00
 A001639           08/15/2016  SLREPORTING F TEST                  15.00
 A001642           08/22/2016  DEMO TEST                          125.00
 A001668           02/02/2017  ONLINE TEST                         51.50
 A001671         + 02/13/2017  DEMO TEST                        1,231.49
             Highlight accession and press Control-Z for detail
```

Review Checks from Post Client Payments

When you select the **Review Checks** option, a list of the checks in the current batch will be displayed.

```
┌─────────────────────Checks In This Batch─────────────────────┐
│  Client                Check#       Ck Date         Amount    │
│  ------------------    ----------   ----------    -----------  │
│                                                               │
│  100-Lisa's Test Clien  IA24089U5   04/25/2017        100.00  │
└───────────────────────────────────────────────────────────────┘
```

Press **[Enter]** to close the Checks In This Batch box and proceed with payment posting.

```
ACCLI-Co.1                    Post Client Payments
Batch Date: 04/25/2017              Tape Total: 1,000.00 Remaining:        895.00
     Batch #: 3
  Client ID: 100        Lisa's Test Client

        Check/CC#: 3845788943         Check Date: 04/25/2017  Amount:      900.00
                                      Remaining from Check:                895.00
                                   Open Invoices
Itm Invoice #   BillDate Orig Amt   DebitAdj  Payments   Cred Adj   Curr Bal
1   1570                 1,799.98     50.00    220.99       5.00    1,623.99
2   1547     01/08/15      60.00     20.00     39.01       0.00       40.99
3   1521     01/08/15     128.99                0.00       0.00      128.99
4   1495     01/08/15     198.71     10.00    101.00      10.00       97.71
5   1494                   10.00      5.00     10.00       5.00        0.00
6
7
8
9
                                                             -----------
     Item/Invoice #: 1         1570         Open Invoice Total:   1,891.68
          Payment: 895.00      1623.99 remaining    Payer ID: C
  Credit Adj Amount:              Credit Adj Transaction Code:
   Debit Adj Amount:               Debit Adj Transaction Code:
```

Payment: Enter the amount of payment you wish to post against the selected invoice. The remaining amount balance of the invoice will display next to the payment amount.

Write-Off Amount: Enter the dollar amount of the credit adjustment, if any, to be applied to the invoice.

Write-Off Transaction Code: Enter the transaction code for the adjustment. Enter "/L" for a list.

[Save]: Save the payment. The cursor will move back to the **Item/Invoice #** field if Tape Total is not fully applied.

[Edit]: Select Edit and the cursor will return to the **Item/Invoice #** field. Press Enter.

[Notes]: Select Notes to add, edit and view Note for the Invoice selected in the **Item/Invoice #** field.

If you do not select another invoice to apply payment and return through the **Item/Invoice #** field then the system will apply the balance of the check to **Unapplied Cash.**

If there is no more money on the current check, the cursor will return to **Client ID** field for the next payment, if there is additional money from the batch total to be applied or the SAVE option will prompt you to post the batch if no money is remaining from the batch total.

Verify Unapplied Cash Message Box

```
2   1547        ─────Verify Unapplied Cash─────   39.01      0.00      40.99
3   1521        Do you want                         0.00      0.00     128.99
4   1495        Remaining balance of $895.00      101.00     10.00      97.71
5   1494        to be posted to unapplied cash?    10.00      5.00       0.00
6               **********
7               No
8               Yes
9
                                                              ───────────
    Item/Invoice #:                      Open Invoice Total:   1,891.68
          Payment:                               Payer ID: CLHCFA
Credit Adj Amount:          Credit Adj Transaction Code:
 Debit Adj Amount:           Debit Adj Transaction Code:
            [Save]   [Edit]   [Notes]   [Cancel]   [Exit]
```

Select Yes from the box to apply the funds to unapplied cash. Select No to go back and post the funds to a Client Invoice.

To apply the funds to unapplied:

A comment may be added in the **Add Applied Cash Comment** box. This is an optional field. Press the Enter key to close the box.

```
─────────────────Add Unapplied Cash Comment─────────────
 The unapplied balance is displayed on the Client invoice.
─────────────────────────────────────────────────────────
```

You will be asked if you would like to Post the Batch. Make your selection. All review of the batch transactions should be completed prior to posting as the action of posting a batch is final.

Posting is a final action which cannot be undone.

```
ACCLI-Co.1                    Post Client Payments
Batch Date: 04/25/2017           Tape Total:  1,000.00 Remaining:        0.00
    Batch #: 3
  Client ID: 100               Test Client

        Check/CC#:                   Check Date:           Amount:
                                          Remaining from Check:        0.00
                              Open Invoices
Itm Invoice #  BillDate Orig Amt  DebitAdj  Payments  Cred Adj  Curr Bal
1    1570                1,799.98    50.00   1,115.99     5.00    728.99
2    1547     01/08/15      60.00    20.00      39.01     0.00     40.99
3    1521     01/08/15      12┌Post the Batch?─┐ 0.00     0.00    128.99
4    1495     01/08/15      19│Yes             │101.00   10.00     97.71
5    1494                     1│No             │ 10.00    5.00      0.00
6                             └────────────────┘
7
8
9
                                                         ───────────
    Item/Invoice #:                      Open Invoice Total:
          Payment:                               Payer ID: C
Credit Adj Amount:          Credit Adj Transaction Code:
 Debit Adj Amount:           Debit Adj Transaction Code:
            [Save]   [Edit]   [Notes]   [Cancel]   [Exit]
```

Patient Payments (1,6,2)

Billing System / Post Payments / Patient Payments

Post Patient Payments Screen

```
ACPAT-Co.1                    Post Patient Payments
Batch Date: 11/05/2015              Tape Total:            Remaining:
    Batch #: NEW
Account #:

Check#/CC:                    Check/Payment Date:             Amount:
                                       Remaining from Check:

                              Open Invoices
   Itm    Invoice #    Date       Orig Amt  Deb Adjs  Payments  Cred Adj  Curr Bal
   1
   2
   3
   4
   5
   6
   7
   8
   9
                                                                       --------
   Item/Invoice #:                           Open Invoice Total:
       Payment:
Adjustment Amount:            Adjustment Transaction Code:
```

Batch Date: Enter the batch date. Enter T (today) if you want to create a new batch or entering the date the batch was opened if known in DD/MM/YYY format. Enter "/L" to select from a list of dates batches. You will see a list of all dates for which open batches exist.

Batch#: "New" will be the default, press enter to create and open a new batch. You can manually create a batch by entering up to a 10 character alphanumeric description in this field. Enter an existing Batch number or "/L" to select from a list. If you select NEW or manually create a new batch number, a second screen will appear to enter details for the new batch.

Create Batch for Patient Payments Box

```
ACPAT-Co.1                    Post Patient Payments
Batch Date: 11/05/2015              Tape Total:          Remaining:
   Batch #: NEW
 Account #:

Check#/CC:                                              Amount:
                       Create Batch for Patient Payments  Check:
                          Batch Date: 11/05/2015
                          Batch Number: 8
 Itm    Invoice #                                      red Adj  Curr Bal
  1                       Tape Total: |
  2                     Deposit Date:
  3
  4                     Comment
  5
  6
  7
  8
  9
                                                              --------
     Item/Invoice #:                       Open Invoice Total:
         Payment:
Adjustment Amount:            Adjustment Transaction Code:
```

Batch Date: The date entered on the main screen will populate this field.

Batch Number: You assigned new batch number or the system assigned batch number will populate this field.

Tape Total: Enter the total dollar amount of all checks to be included in this batch. The full dollar amount must be completely disbursed before the batch can be posted.

Deposit Date: Enter the date in DD/MM/YYYY format for which the payment will be deposited into the bank.

Comment: Enter up to 40 characters of free text.

[Save]: Press Save to return to main Patient Payments screen.

Main Post Patient Payments Screen

```
ACPAT-Co.1                    Post Patient Payments
Batch Date: 11/05/2015              Tape Total:    100.00   Remaining:      87.65
    Batch #: 8
  Account #: 6                  PATTY TEST   $555.65

 Check#/CC: 1781           Check/Payment Date: 11/01/2015  Amount:      100.00
                                       Remaining from Check:      87.65
        Invoice 870 billed to MCR
                               Open Invoices
  Itm   Invoice #    Date       Orig Amt  Deb Adjs   Payments  Cred Adj  Curr Bal
   1     868        11/18/2013     16.65     0.00       0.00      0.00     16.65
   2     869        11/17/2013     16.65     0.00       0.00      0.00     16.65
   3     853        10/11/2013    255.00     0.00       0.00      0.00    255.00
   4     870        10/10/2013    255.00     0.00       0.00      0.00    255.00
   5     854        06/17/2013      5.95     0.00       5.95      0.00      0.00
   6     783        04/25/2013      5.40     0.00       5.40      0.00      0.00
   7     770        01/01/2011      7.00     0.00       6.00      1.00      0.00
   8
   9
                                                                        --------
  Item/Invoice #: 4        870          Open Invoice Total:       543.30
        Payment:       87.65 167.35 remaining
Adjustment Amount:            Adjustment Transaction Code:
                 [Save]  [Edit]  [Notes]  [Cancel]  [Exit]
```

Account #: Enter the patient's account number if known. Otherwise, you can enter the Patient ID that was assigned by the ordering client, or you can look up the patient by entering part or all of the name in the form "LAST,FIRST".

If you do not know the patient account, but know the invoice you want to pay against, enter the invoice number preceded with the letter "I". For example, if you want to pay against invoice 12345, enter "I12345". The system will find the patient account for that invoice, and fill in the account number for you. If you do not know the invoice number, enter the accession number, preceded with the letter "A". For example the accession is A000768 then you would enter "AA000768".

Check/CC #: Enter up 10 alpha numeric characters for the check number or credit card associated to the payment. For a credit card payment it is recommend typing the type of card and last 4 digits of the card number.(ex:VISA0487) Enter "CASH" for cash payments.

Check Date: Enter the date of the check or credit card transaction in DD/YY/YYYY. T for today, Y for yesterday and T-NN where nn is the number of days in the past. For payments by check, enter the date on the check. For cash or charge payments, enter the payment date.

Amount: Enter the full amount of the check currently being posted.

Item/Invoice: Enter the item or invoice number you would like to apply the payment to.

****Important Information****
Use the up arrow key to place the cursor on the first invoice # in the Open Invoices section. Once the cursor is in the invoice section you can use the arrow keys to select a specific invoice. Select an invoice and press Control + Z to access a second screen. A message box is displayed and you will have the choice of selecting Invoice Manager or Review Checks.

Select Function Box (Displayed by pressing Control + Z)

```
Itm  Invoice #   Date ┌─Select Function─┐b Adjs   Payments   Cred Adj   Curr Bal
1    868        11/18 │ Invoice Manager │ 0.00      0.00       0.00        16.65
2    869        11/17 │ Review Checks   │ 0.00      0.00       0.00        16.65
3    853        10/11 └─────────────────┘ 0.00      0.00       0.00       255.00
```

Viewing Invoice Manager from Post Patient Payments

Refer to the Patient/Third Party Invoice Manager in this Guide for details on the features of Invoice Manager.

```
ACSP2-Co.1                       Invoice Manager

Patient: 6 - TEST, PATTY                          Curr Bal:     255.00
INV: 870              Payer: MCR-MEDICARE          Tot Chgs:     255.00
DOS: 10/10/2013       Bill Info: Billed on 12/04/2013  Debit Adjs:   0.00
Cli: 100         WOMENS HEALTH CLINIC              Credit Adjs:    0.00
Acn: A000677             Last Bill: 12/11/2013     Tot Paid:       0.00

  Dx Codes: 255.0 V72.0 250.00
CPT        TX     OC      QTY    AMOUNT DESCRIPTION                POSTED
86225      C      DNA       1    125.00 DNA ANTIBODY               10/11/13
           TF                          From AE, Inv 775            11/18/13
           CPT Balance:       125.00
86226      C      DNAS      1    130.00 DNA SINGLE STRAND ANTIBODY 10/11/13
           TF                          From AE, Inv 775            11/18/13
           CPT Balance:       130.00
```

Review Checks from Post Patient Payments

When you select the Review Checks option, a list of the checks in the current batch will be displayed.

```
┌──────────────────Checks In This Batch──────────────────┐
│  Patient Account      Check#      Ck Date        Amount │
│  ──────────────────   ──────────  ──────────  ───────── │
│  6-PATTY              1781        11/01/2015     100.00  │
└─────────────────────────────────────────────────────────┘
```

Press Enter to close the Checks In This Batch box and proceed with payment posting.

Payment: Enter the amount you would like to apply to this invoice.

Adjustment Amount: Enter the dollar amount of the credit adjustment, if any, to be applied to the invoice.

Adjustment Transaction Code: Enter the transaction for the transaction entered or "/L" to select from a list. When you have completed applying the payment and press enter or select [SAVE], you will get a box that asks if you want to post the batch. Once you post a batch, you cannot edit.

[Notes]: Select the Notes option and you may view edit and enter Invoice or Account Notes.

[Save]: Select Save to save the changes made in your payment batch.

```
ACPAT-Co.1                    Post Patient Payments
Batch Date: 11/05/2015            Tape Total:    100.00   Remaining:        87.65
    Batch #: 8
Account #: 6               PATTY TEST    $555.65


Check#/CC: 1781             Check/Payment Date: 11/01/2015  Amount:       100.00
                                       Remaining from Check:             87.65
        Invoice 870 billed to MCR
                             Open Invoices
  Itm   Invoice #    Date        Orig Amt  Deb Adjs   Payments   Cred Adj   Curr Bal
   1     868      11/18/2013       16.65      0.00       0.00       0.00      16.65
   2     869      11/17/2013       16.65      0.00       0.00       0.00      16.65
   3     853      10/11/2013      255.00      0.00       0.00       0.00     255.00
   4     870      10/10/2013      255.00      0.00       0.00       0.00     255.00
   5     854      06/17/2013        5.95      0.00       5.95       0.00       0.00
   6     783      04/25/2013        5.40      0.00       5.40       0.00       0.00
   7     770      01/01/2011        7.00      0.00       6.00       1.00       0.00
   8
   9
                                                                          --------
    Item/Invoice #: 4         870             Open Invoice Total:          543.30
        Payment:       87.65 167.35 remaining
Adjustment Amount:            Adjustment Transaction Code:
                [Save]  [Edit]  [Notes]  [Cancel]  [Exit]
```

Selecting the [Save] button displays the Post the Batch? Message box and choose Yes or No to post the batch or leave the batch open. If you leave the batch open, you will be able to access it via the Batch Edit menu option.

```
ACPAT-Co.1                    Post Patient Payments
Batch Date: 11/05/2015            Tape Total:    100.00   Remaining:         0.00
    Batch #: 8
Account #: 6               PATTY TEST    $555.65

Check#/CC:                 Check/Payment Date:           Amount:
                                       Remaining from Check:              0.00
        Invoice 870 billed to MCR
                             Open Invoices
  Itm   Invoice #    Date        Orig Amt  Deb Adjs   Payments   Cred Adj   Curr Bal
   1     868      11/18/2013       16.65      0.00       0.00       0.00      16.65
   2     869      11/17/2013    ┌Post the Batch?┐        0.00       0.00      16.65
   3     853      10/11/2013    │Yes            │        0.00       0.00     255.00
   4     870      10/10/2013    │No             │       87.65       0.00     167.35
   5     854      06/17/2013    └───────────────┘        5.95       0.00       0.00
   6     783      04/25/2013        5.40      0.00       5.40       0.00       0.00
   7     770      01/01/2011        7.00      0.00       6.00       1.00       0.00
   8
   9
                                                                          --------
    Item/Invoice #:                          Open Invoice Total:
        Payment:
Adjustment Amount:            Adjustment Transaction Code:
                [Save]  [Edit]  [Notes]  [Cancel]  [Exit]
```

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Third Party Payments (1,6,3)

Billing System / Post Payments / Third Party Payments

Post Third Party Payments Screen

```
ACTP-Co.1                    Post Third Party Payments
Batch Date: 11/05/2015                           Tape Total:
    Batch #: NEW                                  Remaining:
   Payer ID:                                     MiscIns ID:
    Check #:                    Check Date:          Amount:
                                        Remaining from Check:
Inv#:

              Code/Tx       Orig Amt  Debit Adj  Tot Pymts  Cred Adjs  Curr Bal
  Open
  Items:




                   Invoice Totals:
```

Batch Date: Enter the batch date. Enter T (today) if you want to create a new batch or entering the date the batch was opened if known in DD/MM/YYY format. Enter "/L" to select from a list of dates batches. You will see a list of all dates for which open batches exist.

Batch#: "New" will be the default, press enter to create and open a new batch. You can manually create a batch by entering up to a 10 character alphanumeric description in this field. Enter an existing Batch number or "/L" to select from a list. If you select NEW or manually create a new batch number, a second screen will appear to enter details for the new batch.

Create Batch for Third Party Payments Box

```
ACTP-Co.1                  Post Third Party Payments
Batch Date: 11/05/2015                              Tape Total:
   Batch #: NEW                                      Remaining:
  Payer ID:                                         MiscIns ID:
   Check #:                      Check Date:           Amount:
                                                          eck:
Inv#:            ┌────────────────────────────────────────────┐
                 │ Create Batch for Third Party Payments       │
                 │    Batch Date: 11/05/2015                   │
         Code/   │  Batch Number: 9                     d Adjs  Curr Bal
Open             │                                             │
Items:           │     Tape Total:      150.00                 │
                 │   Deposit Date: 11/05/2015                  │
                 │                                             │
                 │  Comment                                    │
                 │  TEST COMMENT                               │
                 │           [Save]   [Edit]   [Cancel]        │
                 └────────────────────────────────────────────┘



            Invoice Totals:
```

Batch Date: The date entered on the main screen will populate this field.

Batch Number: You assigned new batch number or the system assigned batch number will populate this field.

Tape Total: Enter the total dollar amount of all checks to be included in this batch. The full dollar amount must be completely disbursed before the batch can be posted.

Deposit Date: Enter the date in DD/MM/YYYY format for which the payment will be deposited in the bank.

Comment: Enter up to 40 characters of free text.

[Save]: Press Save to return to main Post Third Party Payments screen.

Third Party Payment Screen

```
ACTP-Co.1                   Post Third Party Payments
Batch Date: 11/05/2015                          Tape Total:        150.00
   Batch #: 9                                    Remaining:        150.00
  Payer ID: MCR                                 MiscIns ID:
   Check #: 8917109          Check Date: 11/01/2015    Amount:        150
            Nxt Pyr=PT (2nd)            Remaining from Check:        150.00
Inv#: 1074              TEST, BETH         11/12/14    $35.85 MCR

            Code/Tx     Orig Amt  Debit Adj  Tot Pymts  Cred Adjs   Curr Bal
 Open       80061          15.70                                      15.70
 Items:     84132           5.40                                       5.40
            84295           5.65                                       5.65
            85025           9.10                                       9.10




            Invoice Totals:     35.85      0.00      0.00      0.00     35.85
```

Payer ID: Enter the Payer ID for the Payer from whom payment has been received, or enter "/L" to select from a list of available Payer IDs, or enter the first few characters of the Payer ID to obtain a list of available Payer IDs that begin with those characters.

> *Note:*
>
> ***MiscIns ID****: If the Payer ID selected is defined on the system as a Miscellaneous Payer, then you will be prompted to select a Miscellaneous Payer ID. Enter the MiscIns ID for the Payer from whom payment has been received, or enter "/L" (List Command) to select from a list of available MiscIns IDs, or enter a partial MiscIns ID to see a subset list of available MiscIns IDs that begin with the value entered by you. Enter the Payer ID or "/L" to select from a list.*

Check #: Enter up 10 alpha numeric characters for the check number or credit card associated to the payment. For a credit card payment it is recommend typing the type of card and last 4 digits of the card number.(ex:VISA0487) Enter "CASH" for cash payments.

Check Date: Enter the date of the check or credit card transaction in DD/YY/YYYY. T for today, Y for yesterday and T-NN where NN is the number of days in the past. For payments by check, enter the date on the check. For cash or charge payments, enter the payment date.

Amount: Enter the full amount of the check currently being posted.

Inv #: Enter the invoice number. If you do not know the invoice number, but you do know the accession number, enter the letter "A" followed by the accession number, and the system will find the most recent invoice for that accession. For example the accession is A000768 then you would enter "AA000768".
If you know do not know either of the above, you can look up the invoice number by the patient name (last,first)..

****Important Information****
With your cursor on any Code/Tx line of the Open Items section, use the arrow up or down arrow keys to highlight a specific Code/Tx. Press Control + Z to access a message box displaying three options: Invoice Manager, Delete a Payment, or Review Checks.

Select Function Box (Displayed by pressing Control + Z)

```
┌──────────────────────────────────────────────────────────────────────┐
│            Proc/TxCode ┌──Select Function──┐ Tot Pymts  Cred Adjs  │ Curr Bal │
│ Open       84443       │Invoice Manager    │                         │  50.00   │
│ Items:     36415       │Delete Payment     │                         │   3.00   │
│            85025       │Auto-Apply Payment │                         │  27.00   │
│            82465       │Review Checks      │                         │   7.50   │
│            83718       │Apply Rejection Code│                        │  12.90   │
│            83721       └───────────────────┘                         │  15.00   │
└──────────────────────────────────────────────────────────────────────┘
```

Viewing Invoice Manager from Post Third Party Payments

Refer to the Patient/Third Party Invoice Manager in this Guide for details on the features of Invoice Manager.

```
ACSP2-Co.1                      Invoice Manager

Patient: 6 - TEST, PATTY                            Curr Bal:    255.00
INV: 870              Payer: MCR-MEDICARE            Tot Chgs:    255.00
DOS: 10/10/2013      Bill Info: Billed on 12/04/2013 Debit Adjs:    0.00
Cli: 100             WOMENS HEALTH CLINIC           Credit Adjs:    0.00
Acn: A000677             Last Bill: 12/11/2013       Tot Paid:      0.00

 Dx Codes: 255.0 V72.0 250.00
CPT       TX   OC       QTY   AMOUNT  DESCRIPTION              POSTED
86225     C    DNA       1    125.00  DNA ANTIBODY             10/11/13
          TF                          From AE, Inv 775         11/18/13
          CPT Balance:      125.00
86226     C    DNAS      1    130.00  DNA SINGLE STRAND ANTIBODY 10/11/13
          TF                          From AE, Inv 775         11/18/13
          CPT Balance:      130.00
```

Delete Pending Payments from Post Third Party Payments

Arrow down to the line item you wish to delete the pending payment and press the Enter key. A message box is then displayed to Delete Pending Activity for 80061, the selected CPT. Select Yes if you wish to delete the payment or No.

```
ACTP2-Co.1                  Delete Pending Payments

Inv#: 1074                 BETH TEST,11/12/14,billed MCR

                                    Pending   Pending   Pending
           Code/Tx   Orig Amt  Curr Bal  Debit Adj  Payments  Cred Adjs  New Bal
           80061       15.70    15.70     0.00      15.00      0.70       0.00
           84132        5.40     5.40     0.00       0.00      0.00       5.40
           84295        5.65     5.65     0.00       0.00      0.00       5.65
          ┌Delete Pending Activity for 80061┐ 0.00  0.00      0.00       9.10
          │No                                │
          │Yes                               │
          └──────────────────────────────────┘
```

You may also use the / to access the end of screen buttons: [Exit] and [Delete Transactions Shown].
Selecting the Delete Transactions Shown button will remove all of the pending payments.

```
ACTP2-Co.1                  Delete Pending Payments

Inv#: 1074                  BETH TEST,11/12/14,billed MCR

                                   Pending  Pending  Pending
          Code/Tx  Orig Amt Curr Bal Debit Adj Payments Cred Adjs  New Bal
          80061      15.70    15.70    0.00    15.00     0.70       0.00
          84132       5.40     5.40    0.00     0.00     0.00       5.40
          84295       5.65     5.65    0.00     0.00     0.00       5.65
          85025       9.10     9.10    0.00     0.00     0.00       9.10




Pending Totals:                       0.00    15.00     0.70
New Inv Totals:    35.85    35.85      0.00    15.00     0.70      20.15
                    [Exit]  [Delete Transactions Shown]
```

Review Checks in Third Party Batch

When you select the Review Checks option, a list of the checks in the current batch will be displayed.

```
────────────────Checks In This Batch────────────────
  Payer                  Check#      Ck Date        Amount
  ───────────────────  ──────────  ──────────  ──────────
  MCR                    8917109    11/01/2015      150.00
```

Press Enter to close the Checks In This Batch box and proceed with payment posting.

Optional Customization to Apply Rejection Codes, i.e. Multi-Line Rejection Posting

When an insurance company denies an entire claim, typically the same rejection codes must be applied to every submitted charge. This process can be time-consuming; this optional feature may be enabled as a customization to streamline the posting of denials.

```
┌──────Select Function──────┐
│ Invoice Manager            │
│ Delete Payment             │
│ Auto-Apply Payment         │
│ Review Checks              │
│ Apply Rejection Code       │
└────────────────────────────┘
```
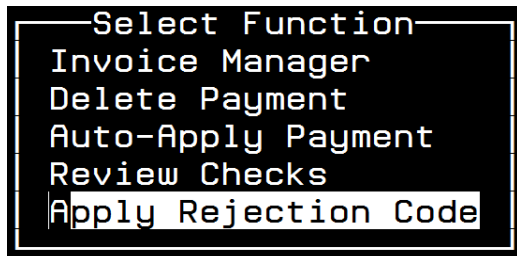
To post one or more rejections to multiple lines at once:

Select Apply Rejection Codes function to display the Post Third Party Rejection Codes screen. Complete the following fields:

RejCodes: Enter one or more rejection codes to be applied to multiple charges on this invoice. Up to four rejection codes may be entered and applied to the lines you select at once.

Select All Items? Enter YES to select all items on this invoice. If you do, the cursor will jump to the buttons at the bottom of the screen. If you want to select all but one item, you can select all first then select the Edit button and go back to the list to de-select the item(s) you do not want.

For each item, there is a Y/N field that toggles back and forth each time you presses the [Enter] key.

Confirm your selected items then press [Enter] to move forward to the **[Save]** button. Enter once again to select save and apply the rejection codes to the selected lines.

```
ACTPR-Co.1              Post Third Party Rejection Codes
─────────────────────────────────────────────────────────────
Patient Name: TEST, PAT A                      DOS: 12/01/2015
INV: 472705        Acn: A0000013        Curr Payer : MC
─────────────────────────────────────────────────────────────
  RejCodes: CO109                   Select All Items? YES

    Item Y/N  Order Code  CPT    Amount  Description
    1    Y    2002        84132   15.00  POTASSIUM, S
    2    Y    2003        82435   12.00  CHLORIDE, SERUM




                      [Save]   [Edit]   [Exit]
```

Payment Detail Entry

```
ACTP-Co.1                  Post Third Party Payments
Batch Date: 11/05/2015                          Tape Total:      150.00
   Batch #: 9                                    Remaining:      135.00
  Payer ID: MCR                                  MiscIns ID:
   Check #: 8917109          Check Date: 11/01/2015    Amount:       150
              Nxt Pyr=PT (2nd)        Remaining from Check:      135.00
Inv#: 1074              TEST, BETH           11/12/14    $35.85 MCR

 Current      Code/Tx      Orig Amt   Debit Adj   Tot Pymts   Cred Adjs   Curr Bal
 Status:      84132           5.40                                           5.40

 Apply Payment:
 DebAdjAmt  Adj Code       Refund Pyr

 RejCodes   Allowed Amt    Paid Amt   Co-payment  Remaining   CredAdjAmt  Adj Code
               4.50           4.50
            ContrAdj Amt               Deductible
               0.90                                Recoupment Amount:
                          Contractual Adjustment Reversal Amount:
                                      Internal Claim # (ICN):

                 [Save]   [Edit]   [Notes]   [Cancel]
```

Current Status Fields: Informational and system populated

DebAdjAmt: Enter the dollar amount for any debit adjustment in 00.00 format.

Adj Code: Enter the debit adjustment transaction code to be associated to the debit amount. Enter "/L" to select from a list.

RejCodes: Enter the rejection code sent by the Payer if any. Enter "/L" to select from a list.
   Note: Contact your Payers in advance of go live and ask them to provide you will a list of their rejection codes so the codes can be defined in SLAR during installation.

Allowed Amt: Enter the payment amount allowed by the Payer according to the EOB for the selected Open Item which corresponds to the ordered Procedure Code to which the payment is being applied.

ContrAdj Amt: Populated based on file definition. If defined, the adjustment will populate this field.

Paid Amt: Enter the amount paid by the insurance company according to the EOB.

Co-Payment: Enter the amount to be applied to the patient's co-payment (informational only)

Deductible: Enter the amount to be applied to the patient's deductible (informational only)

CreditAdjAmt: Enter the dollar amount of the credit adjustment, if any, to be applied to the line item. This adjustment is in addition to the contractual adjustment that is automatically calculated from the allowed amount.

Recoupment Amount: Enter the recoupment amount, if any. A recoupment is a reversed payment from the insurance company that occurs when they have paid a claim in error, and then "take back" the payment.

Contractual Adjustment Reversal Amount: If a contractual adjustment was previously applied for this payer, but it was done in error, and the payer has "reversed" the adjustment, then enter the amount of the adjustment to be reversed. This adjustment reversal effectively acts as a debit adjustment.

Payment Complete

```
ACTP-Co.1                 Post Third Party Payments
Batch Date: 11/05/2015                        Tape Total:      150.00
   Batch #: 9                                 Remaining:       130.50
  Payer ID: MCR                               MiscIns ID:
   Check #: 8917109        Check Date: 11/01/2015    Amount:        150
            Nxt Pyr=PT (2nd)             Remaining from Check:    130.50
Inv#: 1074              TEST, BETH          11/12/14    $35.85 MCR

          Code/Tx      Orig Amt  Debit Adj  Tot Pymts  Cred Adjs   Curr Bal
Open      80061          15.70      0.00     15.00        0.70       0.00
Items:    84132                                          0.90       0.00
          84295      ┌──────────────────────────────────┐           5.65
          85025      │ Are you done with this invoice?  │           9.10
                     │                                  │
                     │ No                               │
                     │ Yes                              │
                     └──────────────────────────────────┘

          Invoice Totals:      35.85      0.00     19.50       1.60      14.75
```

No: By selecting No your cursor will return back to the first CPT/TX line of the current invoice to resume posting.

Yes: By selecting Yes the screen will clear and the cursor returns to the **Inv#** field. This allows you to continue entering payments from this payer. If you press return the cursor returns to the **Payer ID** field where you can then enter payments from a different payer and check.

Invoice Disposition Box

```
ACTP-Co.1                 Post Third Party Payments
Batch Date: 11/05/2015                        Tape Total:      150.00
   Batch #: 9                                 Remaining:       130.50
  Payer ID: MCR                               MiscIns ID:
   Check #: 8917109        Check Date: 11/01/2015    Amount:        150
            Nxt Pyr=PT (2nd)             Remaining from Check:    130.50
Inv#: 1074              TEST, BETH          11/12/14    $35.85 MCR

          Code/Tx      Orig Amt  Debit Adj  Tot Pymts  Cred Adjs   Curr Bal
Open      80061          15.70      0.00     15.00        0.70       0.00
                 ┌─────Invoice Disposition─────┐
                 │ Resubmit to current payer   │
                 │ Transfer to next payer      │
                 │ Leave as is                 │
                 └─────────────────────────────┘

          Invoice Totals:      35.85      0.00     19.50       1.60      14.75
```

Disposition Selection: Resubmit to current payer option (Company Setting in File Definition)

```
ACSP7-Co.1                      Rebill Invoice



      Rebill How: NORIDIAN

      Reset Submission Aging?: NO
```
```
              [Save]   [Edit]   [Line Item Submission]   [Cancel]
```

Resubmit to current payer: In the event the payer addressed one item on an invoice and there are additional line items remaining, you can resend to the payer just the unaddressed items.

Rebill How: This is defaulted with the defined form for this payer but can be changed. Enter a form name that you want to use to create the desired output for resubmitting this bill. Only forms that are defined for the current payer can be selected. If you want to rebill to a different payer, you must transfer this invoice to that payer, which will automatically queue a claim to that payer.

Reset Aging?: Enter (Y)es or (N)o. If YES then the Aging date based from 1st Print date will be reset to today. This will reset dunning notices.

[Line Item Submission]

Select Line Item when only specified CPT codes need to be resubmitted.

```
ACSP71-Co.1                   Line Item Submission
Patient Name: TEST, BETH                             Curr Bal:      35.85
INV: 1074       Curr Payer : MCR                     Tot Chgs:      35.85
DOS: 11/12/2014 Orig Billdt: 06/03/2015              Debit Adjs:     0.00
Cli: 100        Client Name: WOMENS HEALTH CLINIC    Credit Adjs:    0.00
Acn: A000609                                         Tot Paid:       0.00

   Item  Order Code  CPT        Amount  Description             Item Bal
   1     80061       80061       15.70  LIPID PANEL                 15.7
   2     84132       84132        5.40  POTASSIUM                    5.4
   3     84295       84295        5.65  SODIUM                       5.6
   4     85025       85025        9.10  CBC W/ DIFF                  9.1




         Item     Quantity    Modifier(s)
         1        1

                      [Save]   [Edit]   [Exit]
```

Item: Enter the item number from the list at the top of the screen which needs to be resubmitted.

Quantity: Enter the numeric quantity to be submitted for the selected item.
> *Note: All ECS and paper claims are custom and must be updated to honor this field.*

Modifier: Enter the modifier if any for the selected item to be resubmitted.

Disposition Selection: Transfer to Next Payer

After you apply a payment to an invoice and if there is a balance, you can transfer this accession to the next payer which can either be a secondary payer or patient statement.

```
ACTP-Co.1                 Post Third Party Payments
Batch Date: 11/05/2015                    Tape Total:       150.00
   Batch #: 9                             Remaining:        130.50
  Payer ID: MCR                           MiscIns ID:
   Check #: 8917109       Check Date: 11/01/2015  Amount:       150
            Nxt Pyr=PT (2nd)         Remaining from Check:    130.50
Inv#: 1074            TEST, BETH         11/12/14  $35.85 MCR

           Code/Tx      Orig Amt  Debit Adj  Tot Pymts  Cred Adjs  Curr Bal
   Open    80061        ──Transfer──                       0.70      0.00
                  Transfer balance of invoice to payer:

                  PT          PATIENT (Secondary)
                  CL          CLIENT
                  CL2         CLIENT 2
```

Disposition Selection: Leave as is

If there are remaining line items on the accession, but you choose to wait for additional payment from the payer, then leave as is and it will leave the invoice open.

Post the Batch?

```
ACTP-Co.1                  Post Third Party Payments
Batch Date: 11/05/2015                           Tape Total:      150.00
   Batch #: 9                                     Remaining:        0.00
  Payer ID:                                      MiscIns ID:
   Check #:                    Check Date:           Amount:
                                          Remaining from Check:
Inv#:

            Code/Tx       Orig Amt  Debit Adj  Tot Pymts  Cred Adjs  Curr Bal
  Open
  Items:
                          ┌─Post the Batch?─┐
                          │ No              │
                          │ Yes             │
                          └─────────────────┘




         Invoice Totals:
```

The cursor returns to the Inv# field. By pressing Enter a second time your cursor will return to the Payer ID field, you can enter another Payer or press Enter and you will be prompted to Post the batch.

Unapplied Cash

```
ACTP-Co.1                  Post Third Party Payments
Batch Date: 11/05/2015                           Tape Total:      150.00
   Batch #: 9                                     Remaining:      130.50
  Payer ID: MCR                                   MiscIns ID:
   Check #: 8917109          Check Date: 11/01/2015   Amount:         150
                                          Remaining from Check:    130.50
Inv#:

            Code/Tx       Orig Amt  Debit Adj  Tot Pymts  Cred Adjs  Curr Bal
  Open
  Items:
              ┌───────────────────────────────────┐
              │ Remaining balance of $130.50 will │
              │ be posted to unapplied cash.  Ok? │
              │ No                                │
              │ Yes                               │
              └───────────────────────────────────┘
```

When you have completed posting funds against invoices and you have additional funds not being applied you will be prompted to send the additional funds to Unapplied Cash

Post Patient/Third Party Payments (1,6,4)

Billing System / Post Payments / Patient/Third Party Payments

The Patient/Third Party Payments screen may be used to post funds for both payer types in one batch. This screen allows for the posting of debit or credit adjustments with patient payments. If the payment is short of the balance, a small balance write-off can occur at the same time the patient payment is posted.

Post Patient/Third Party Payments Screen

```
ACPTP-Co.1             Post Patient/Third Party Payments
Batch Date: 11/05/2015        Tape Total:            Remaining:
     Batch #: NEW             Payer ID:              MiscIns ID:
Pat Acct #:

Check/CC #:                   Check Date:            Amount:
                                      Remaining from Check:
  Invoice #:

               Proc/TxCode   Orig Amt  Debit Adj  Tot Pymts  Cred Adjs  Curr Bal
  Open
  Items:




               Invoice Totals:
```

Batch Date: Enter the batch date. Enter T (today) if you want to create a new batch or entering the date the batch was opened if known in DD/MM/YYYY format. Enter "/L" to select from a list of dates batches. You will see a list of all dates for which open batches exist.

Batch#: "New" will be the default, press enter to create and open a new batch. You can manually create a batch by entering up to a 10 character alphanumeric description in this field. Enter an existing Batch number or "/L" to select from a list. If you select NEW or manually create a new batch number, a second screen will appear to enter details for the new batch.

Create Batch for Third Party Payments Box

```
ACPTP-Co.1             Post Patient/Third Party Payments
Batch Date: 11/05/2015        Tape Total:            Remaining:
     Batch #: NEW             Payer ID:              MiscIns ID:
Pat Acct #:

Check/CC #:                                                   unt:
     ┌──────────────────────────────────────────┐            eck:
  Invoice #:  │ Create Batch for Third Party Payments │
             │     Batch Date: 11/05/2015          │
       Proc/ │   Batch Number: 13                  │         d Adjs   Curr Bal
  Open       │     Tape Total:        100.00       │
  Items:     │   Deposit Date: 11/05/2015          │
             │   Comment                           │
             └──────────────────────────────────────────┘
```

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Batch Date: The date entered on the main screen will populate this field.

Batch Number: You assigned new batch number or the system assigned batch number will populate this field.

Tape Total: Enter the total dollar amount of all checks to be included in this batch. The full dollar amount must be completely disbursed before the batch can be posted.

Deposit Date: Enter the date in DD/MM/YYYY format for which the payment will be deposited in the bank.

Comment: Enter up to 40 characters of free text.

[Save]: Press Save to return to main Post Third Party Payments screen.

When you enter a Payer ID defined as a Patient Payer in Payer Definition, the Pat Acct #: field will be available to search by Patient Account number. When you enter a Third Party Payer ID that is not defined as a Patient Payer, this field is not available.

```
ACPTP-Co.1          Post Patient/Third Party Payments
Batch Date: 11/05/2015      Tape Total:        100.00  Remaining:        100.00
    Batch #: 13             Payer ID: P              MiscIns ID:
Pat Acct #: |

Check/CC #:                 Check Date: 11/05/2015   Amount:            100
                                        Remaining from Check:        100.00
    Invoice #:
```

Payer ID: Select the payer from which the payment has been received.

Pat Acct#: Enter the patient's account number if known. Otherwise, you can enter the Patient ID that was assigned by the ordering client, or you can look up the patient by entering part of all of the name in the form "LAST,FIRST".

```
ACPTP-Co.1          Post Patient/Third Party Payments
Batch Date: 11/05/2015      Tape Total:        100.00  Remaining:        100.00
    Batch #: 12             Payer ID: P              MiscIns ID:
Pat Acct #: 50          MER TEST

Check/CC #: 1234            Check Date: 11/05/2015   Amount:            10.
            Nxt Pyr=PT (3rd)            Remaining from Check:         10.00

Current     Proc/TxCode   Orig Amt   Debit Adj   Tot Pymts   Cred Adjs   Curr Bal
Status:     83825         125.00                                         125.00

Apply Payment:
                    Paid Amount: |
                 Allowed Amount:
 Contractual Adjustment Amount:
           Copayment/Coinsurance:              Deductible:
       Credit Adjustment Amount:              CredAdj TxCode:
                 Rejection Codes:
                Remaining Amount:     125.00                      Refund Pyr
        Debit Adjustment Amount:              DebAdj TxCode:
               Recoupment Amount:
Contr Adjustment Reversal Amount:
```

Batch Edit (1,6,5)

Billing System / Post Payments / Batch Edit

This menu option allows changes to an open batch. This option will not be available to make changes if a batch has been posted and closed.

<div align="center">

****Caution****

</div>

By selecting [Post Batch] the batch will immediately Post. Once this selection is made, the batch will be closed and you will no longer be able to edit the batch. Your Seacoast Support Representative is not able to make changes to a posted batch either so please be sure to review your batch carefully prior to selecting [Post Batch].

Complete the following fields to view the options to edit a batch.

Batch Date: Enter the date in DDMMYY format or "/L" to select from a list of open batch dates.

Batch #: Enter the Batch ID or number of the Batch you wish to edit. Enter "/L" for a list of open batches for the date entered.

Once you have entered the Batch Date and Batch #, you may choose from the following options in the Edit Batch screen: **Batch Header, Edit a Check, Delete Payment, Post Batch, Delete Batch, Split Batch and Reclaim UnapCash.** The next few pages explain each of these options further.

```
ACBE-Co.1                        Edit Batch

 Batch Date: 07/27/2015

   Batch #: 1               Third Party batch

















  [Batch Header]   [Edit a Check]   [Delete Payment]   [Post Batch]         [Edit]
  [Delete Batch]   [Cancel]         [Split Batch]      [Reclaim UnapCash]   [Exit]
```

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[Batch Header]

Use this screen to make changes to the batch header details including Batch Date, Batch #, Tape Total, Deposit Date, Comment.

```
ACBE1-Co.1                    Edit Batch Header

     Batch Date: 07/27/2015                    New Batch Date: |
       Batch #: 1          Third Party batch   New Batch Number:

     Tape Total:          50      Remaining to be applied:      50.00
    Deposit Date: 07/28/2015
        Comment:
```

[Edit a Check]

Use the Edit Check Information option to make changes to a Check #, Check Date, Amount, Payer ID or MiscInsID for any of the Transaction numbers contained in the batch. A Transaction number applies to a separate check included in the same batch.

Transaction #: Enter the Transaction # for the Check to edit or enter "/L" (List Command) for a list of all available Transaction #'s and their associated Check and Payer information.

```
ACBE2-Co.1                 Edit Check Information

     Batch Date: 11/04/2015
       Batch #: 4          Third Party batch

  Transaction #: /L

        Check #:
     Check Date:
              ┌──────Select Entry──────┐
            1 │ Check #2 for $10.00 from INSTEST │
            2 │ Check #1 for $20.00 from MCR     │
              └──────────────────────┘
```

Once the Transaction # has been selected, the system will automatically display the current values on file for the Check #, Check Date, Amount, Payer ID, and MiscIns ID fields. You may change this information as desired.

```
ACBE2-Co.1                 Edit Check Information

     Batch Date: 11/04/2015
       Batch #: 4          Third Party batch

  Transaction #: 1     Check #2 for $10.00 from INSTEST

        Check #: 2
     Check Date: 10/25/2015
         Amount:          10       ┌──────Select Entry──────┐
                                BC │           BLUE CROSS    │
       Payer ID: B            BC1 │           BLUE CROSS #1 │
     MiscIns ID:              BEN │           BENEFITS      │
                                   └──────────────────────┘
```

[Delete Payment]

Use this option to delete a payment from an open batch. Once the payment is deleted, it will be removed from the batch.

Invoice #: Transactions are cancelled based on the invoice number. Select the invoice number for which all transactions in this batch will be deleted. You can then reapply the transactions via the Post Payments menu.

```
ACBE3-Co.1                        Delete Payment

  Batch Date: 11/04/2015
     Batch #: 1                Third Party batch

   Invoice #: 713              for Pat: JANE M TEST, billed to MCR on 09/17/2013












                      [Delete]  [Edit]  [Cancel]
```

[Post Batch]

Once all edits to a batch have been made select this option to post and close the batch.
Caution: Selecting the [Post Batch] button will immediately post the batch.

The moment a batch is posted, it is no longer available for editing. Please review and verify ALL information prior to posting the batch. Seacoast is also unable to make changes to a batch once it has been posted.

The **[Edit]** button returns the cursor to the first field in the Batch Edit screen.

```
 [Batch Header]  [Edit a Check]  [Delete Payment]  [Post Batch]        [Edit]
 [Delete Batch]  [Cancel]        [Split Batch]     [Reclaim UnapCash]  [Exit]
```

When the batch is finished posting, a message is displayed.

```
 [Batch Header]  [Edit a Check]  [Delete Payment]  [Post Batch]        [Edit]
Posting complete
```

[Delete Batch]

Use the Delete Batch option to completely delete an unwanted batch.
Caution: once you select the Delete Batch button, the batch will be removed from the system.

```
ACBE-Co.1                       Edit Batch

 Batch Date: 11/04/2015

    Batch #: 5              Third Party batch

















    [Batch Header]  [Edit a Check]  [Delete Payment]  [Post Batch]      [Edit]
    [Delete Batch]  [Cancel]        [Split Batch]     [Reclaim UnapCash] [Exit]
```

[Split Batch]

The Split Batch option allows you to split a Transaction from a batch to create a separate batch. A Transaction number applies to a separate check included in the same batch. By allowing you to split your batches, SurroundLab™ AR assists you in reconciling your bank deposits to the remittance batches.

Manual batches and electronic remittance batches may be split. You may wish to change the deposit dates on an electronically remitted batch when the deposit dates differ for dollars remitted in the same file. The result of splitting will be two separate batches with separate and more accurate deposit dates.

After selecting [Split Batch], use the "/L" (List Command) to review the Transactions contained in the batch. Highlight the Transaction number you wish to split to the new batch and press the Enter key.

```
ACBE4-Co.1                      Split Batch

      Batch Date: 11/04/2015
         Batch #: 4              Third Party batch

 Transaction #: /1

    New Batch#: NEW
       Check #:
      ┌─────Select Entry─────┐
      │1  Check #2 for $10.00 from INSTEST│
      │2  Check #1 for $20.00 from MCR    │
      └───────────────────────┘
```

The Create Split Batch message box will appear. Make changes to the Batch Date, Batch Number, Tape Total, Deposit Date and Comment, as needed. Select [Save] when your changes have been entered.

```
ACBE4-Co.1                      Split Batch

        Batch Date: 11/04/2015
          Batch #: 4              Third Party batch

    Transaction #: 2
                       ┌────────────────────────────────────────┐
                       │ Create Split Batch                     │
     New Batch#: N     │   New Batch Date: 11/04/2015           │
        Check #:       │ New Batch Number: NEW                  │
     Check Date: 1     │                                        │
         Amount:       │ Tape Total(CKAMT):     20.00           │
    Deposit Date:      │      Deposit Date: 11/02/2015          │
                       │                                        │
                       │                                        │
                       │ Comment                                │
                       │        [Save]  [Edit]   [Cancel]       │
                       └────────────────────────────────────────┘
```

The message box will leave the screen and your details will not be displayed in the Split Batch screen. The **[Split]** button will be highlighted; press Enter to select split to create the new batch.

```
ACBE4-Co.1                      Split Batch

        Batch Date: 11/04/2015
          Batch #: 4              Third Party batch

    Transaction #: 2     Check #1 for $20.00 from MCR

     New Batch#: NEW
        Check #: 1
     Check Date: 11/04/2015
         Amount:     20.00
    Deposit Date: 11/02/2015

                     [Split]   [Cancel]   [Exit]
```

[Reclaim UnapCash]

Use the Reclaim Unapplied Cash option to Delete an Unapplied Cash Transaction. By reclaiming the unapplied cash from a specific check transaction, the unapplied cash will be reinstated for posting to continue.

Highlight and select the desired Transaction #. You may use the "/L" (List Command) to display the transactions.

```
ACBE5-Co.1              Delete Unapplied Cash Transaction

       Batch Date: 11/04/2015
          Batch #: 4            Third Party batch

   Transaction #: /1

          Check #:
       Check Date:
             ─────Select Entry─────
        2   Check #1 for $20.00 from MCR
```

Once you make your selection, the [Reclaim UnaplCash Txn] button will be highlighted. Press the Enter key to Delete the Unapplied Cash Transaction. The cash will then be reinstated for posting to continue.

```
ACBE5-Co.1              Delete Unapplied Cash Transaction

       Batch Date: 11/04/2015
          Batch #: 2            Third Party batch

   Transaction #: 1      Check #12435 for $100.00 from MCR

          Check #: 12435
       Check Date: 11/04/2015
     Check Amount:    100.00
     UnapCash Amt:      1.00
         Payer ID: MCR






          [Reclaim UnapCash Txn]   [Edit]   [Cancel]   [Exit]
```

When the batch is pulled up in Invoice Manager, you will see this message while the system applies the funds reclaimed from the edited transaction.

```
Applying funds reclaimed from edited transaction
```

Batch Detail Report (1,6,6)

Billing System / Post Payments / Batch Detail Report

The Batch Detail Report option allows you to print a detailed information report for the selected Batch. The report shows pertinent information regarding the status of the batch, as well as payments and adjustments applied to the Batch. The report also displays a level of detail regarding Invoices associated with the Batch and their corresponding items, transaction types, and dollar amounts posted against the Batch. This DETAIL batch report gives you a summary batch line at the top proceeded by a detail listing for all transaction in the batch.

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Batch Date: Enter the date that the batch was created or enter "/L" (List Command) for a list of all available open Batch Dates.

Batch #: Enter an existing open batch number or enter "/L" (List Command) for a list of all available open Batch #'s that for the selected Batch Date.

Invoice(s): Enter invoice number to print or enter "/L" (List Command). Use the arrow keys to scroll through list. Press enter to select an invoice from list. Enter "/" to close selection box. Enter "*" to select all invoices. If you select all batches, but do not select all invoices, you will only see a batch headers for batches that do not contain an invoice from you selection.

Batch Detail Report Selection Screen

```
ARBD-Co.1                    Batch Detail Report
           Output Device: SCREEN

             Batch Date: 03/10/2015
               Batch #: *

             Invoice(s): *














                    [Print]  [Edit]  [Exit]
```

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Batch Detail Report

```
User: JLH                    Batch Detail Report              03/11/2015
Page: 1    Company: 1  Batch Date: 03/10/2015  Batch Number: *   ALL  1:57 PM


Batch Date  Batch #    Status  UID  Tape Tot $  Debit $  Payment $  Credit $
----------  -------    ------  ---  ----------  -------  ---------  --------
03/10/2015  2          Posted  JLH     108.00     0.00     108.00      0.00

        Posted Date: 03/10/2015    P/C/TP: TP       Open Date: 03/10/2015
        Comments: TESTJESSAUTOADJINV1082
=============================================================================)

   THIRD PARTY       Check #              Check Date  Check Amt
   -----------       -------------------  ----------  ---------

   BC                JAJFSLK              03/10/2015     108.00

                 Invoice       Item  CPT     TX Type  TX Code   TX Amt
                 -----------   ----  ------  -------  --------  --------
TEST,JESS        1082           1    82040   AA       ALWD        7.50
                 1082           1    82040   P        BCPAY       7.00
                 1082           2    82247   AA       ALWD        7.60
<CR> to continue: ▮
```

```
User: JLH                    Batch Detail Report              03/11/2015
Page: 2    Company: 1  Batch Date: 03/10/2015  Batch Number: *   ALL  1:58 PM

Batch Transactions ... for : TP (Third Party)

   THIRD PARTY       Check #              Check Date  Check Amt
   -----------       -------------------  ----------  ---------

                 Invoice       Item  CPT     TX Type  TX Code   TX Amt
                 -----------   ----  ------  -------  --------  --------
                 1082           2    82247   P        BCPAY       7.10
                 1082           3    82310   AA       ALWD        7.80
                 1082           3    82310   P        BCPAY       7.30
                 1082           4    82374   AA       ALWD        7.40
                 1082           4    82374   P        BCPAY       6.90
                 1082           5    82435   AA       ALWD        7.00
                 1082           5    82435   P        BCPAY       6.50
                 1082           6    82565   AA       ALWD        7.75
                 1082           6    82565   P        BCPAY       7.45
                 1082           7    82947   AA       ALWD        5.95
                 1082           7    82947   P        BCPAY       5.45
                 1082           8    84075   AA       ALWD        7.85
<CR> to continue: ▮
```

Batch Summary Report (1,6,7)

Billing System / Post Payments / Batch Summary Report

The Batch Summary Report option allows you to print a summary level information report for a group of Batches within a User-defined range of dates. The report shows pertinent information regarding the status of the batch, payments and adjustments applied to the Batch, Payer ID, and the number of transactions contained within a Batch. The report also displays a level of detail regarding Invoices associated with the Batch and their corresponding items, transaction types, and dollar amounts posted against the Batch.

This summary batch report produces a listing of batches and there current status. The comment and Error Code lines are displayed only when there data to be printed.

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Beginning Batch Date: Enter the Batch date with which to begin this report.

Ending Batch Date: Enter the Ending Batch Date for this report.

(O)pen or (A)ll Batches: Enter O for Open Batches only or enter A to include All Batches that are open or closed.

Show Only Totals by Date??: Enter Y to show totals only for each date. Enter N or leave blank to include batch detail.

Batch Summary Report Selection Screen

```
ARBS-Co.1                    Batch Summary Report

                  Output Device: SCREEN

          Beginning Batch Date: 12/11/2014
             Ending Batch Date: 03/11/2015
                    User ID(s): *           ALL



 (O)pen, (C)losed, or (A)ll Batches:  C   Closed (Po

          Show Only Totals by Date? YES

```

Batch Summary Report with Totals Only

```
User: JLH                         Batch Summary Report                03/11/2015
Page: 1               Company 1 (Seacoast Laboratory Data Systems, Inc.)  1:51 PM
                  Beginning Date: 12/11/2014    Ending Date: 03/11/2015
                                For ALL batches

BATCH DATE             TAPE TOT $     DEBIT $     PAYMENT $        CREDIT $
========================================================================================
01/15/2015            100000.00        0.00     100000.00            0.00
03/10/2015               558.00        0.00        558.00            0.00
========================================================================================
Totals:               100558.00        0.00     100558.00            0.00
<CR> to continue:
```

Batch Summary Report

```
User: JLH                         Batch Summary Report                03/11/2015
Page: 1               Company 1 (Seacoast Laboratory Data Systems, Inc.)  1:53 PM
                  Beginning Date: 12/11/2014    Ending Date: 03/11/2015
                                For OPEN only batches

BATCH DATE  BATCH #   STATUS UID    TAPE TOT $   DEBIT $  PAYMENT $   CREDIT $  POST DATE  DEP DATE  PAYER      # Txs
                                                                               OPEN DATE

----------- ---------- ------ ---   ----------- -------- ---------- --------- --------- -------- ---------- -----
12/22/2014  1          OPEN   JLH      100.00     0.00     100.00     26.63                        C           1
                                                                                12/22/14
            ** This is currently an open batch **
            Last Transation successfully posted:
=====================================================================================================================

Totals for 12/22/2014                  100.00     0.00     100.00     26.63


Grand Totals:                          100.00     0.00     100.00     26.63
<CR> to continue: █
```

Batch Summary by Posting Date (1,6,8)

Billing System / Post Payments / Batch Summary Report

This summary batch report produces a listing of posted batches and their current status. The comments are displayed only when there is data to be printed. The search uses the beginning date and looks back 90 days from that date to find batches that were posted within the date range specified by the operator.

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Beginning Batch Posted Date: Please enter the Batch date you wish to begin with for this report.

Time: Enter the beginning time in military format. This is the starting time upon which to gather the data.

Ending Batch Posted Date: Enter the Ending Batch Date for this report.

Time: Enter the ending time in military format. This is the ending time upon which to gather the data.

Batch Summary Posted Date Report Selection Screen

```
ARBSPD-Co.1                 Batch Summary Posted Date Report

                       Output Device: SCREEN

           Beginning Batch Posted Date: 03/10/2015 Time: 00:00
              Ending Batch Posted Date: 03/10/2015 Time: 23:59
```

Batch Summary Posted Date Report Screen Output

```
User: JLH                           Batch Summary Report                        03/10/2015
Page: 1                  Company 1 (Seacoast Laboratory Data Systems, Inc.)      3:31 PM
                         Beginning Date: 03/10/2015    Ending Date: 03/10/2015

BATCH DATE  BATCH #    TAPE TOT $   DEBIT $  PAYMENT $   CREDIT $  POST DATE  USER      DEP DATE    # Txns
----------  ----------  -----------  --------  ----------  --------  ---------  --------  ----------  -----
03/10/2015  2              108.00     0.00      108.00      0.00    03/10/15   JLH       03/10/15    1

            Comments: TESTJESSAUTOADJINV1082
=================================================================================================================
03/10/2015  TESTAUTO       450.00     0.00      450.00      0.00    03/10/15   JLH       03/10/15    3

            Comments: TESTAUTO
=================================================================================================================

Totals for 03/10/2015     558.00     0.00      558.00      0.00


Grand Totals:             558.00     0.00      558.00      0.00
<CR> to continue: █
```

SurroundLab™ AR End User Guide
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Deposit Date Report (1,6,9)

Billing System / Post Payments / Deposit Date Report

The Deposit Date Report allows you to print a report of all bank deposits made within a User specified range of dates. The report includes the deposit date, batch date and number, batch status, User ID, tape total, payment amount, amount remaining for disbursement, date posted, and payer.

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Beginning Deposit Date: Enter the Batch date in the format "MM/DD/YYYY" to begin this report.

Ending Deposit Date: Enter the Ending Batch Date in the format "MM/DD/YYYY" to end with for this report.

Show Location Detail: Enter (Y)es to show location detail or (N)o to not show location detail.

Deposit Date Report Selection Screen

```
ARBDS-Co.1                    Deposit Date report

            Output Device: SCREEN

    Beginning Deposit Date: 02/09/2015
       Ending Deposit Date: 03/11/2015

       Show Location Detail?: YES
```

Deposit Date Report

```
User: JLH                   Deposit Date Report            03/11/2015
Page: 1        Company 1 - Seacoast Laboratory Data Systems, Inc.   10:56 AM
                      Deposit Date: 03/10/2015

Batch Date   Batch# Status  Tape Tot $   Debit $  Payment $   Credit $   Remain $
Post Date    Payer  User ID
----------   -----  -------  ----------   -------  ----------  --------   --------
03/10/2015   2      CLOSED      108.00      0.00      108.00      0.00       0.00
03/10/2015   TP     JLH     TESTJESSAUTOADJINV1082

 Location: 1                              0.00      108.00      0.00

03/10/2015   TESTAUTOCLOSED     450.00      0.00      450.00      0.00       0.00
03/10/2015   C      JLH     TESTAUTO

 Location: 1                              0.00      450.00      0.00
                                 ----------   -------  ----------  --------   --------
   Total 03/10/2015:             558.00      0.00      558.00      0.00       0.00
<CR> to continue: ▮
```

Check Disbursement Report (1,6,10)

Billing System / Post Payments / Check Disbursement Report

The Check Disbursement Report allows you to print a report listing information pertinent to the disbursement of a particular Payer's check number. You accesses this information by specifying a combination of search criteria that makes the check number unique by Payer Type and Client ID, Miscellaneous Insurance ID, Account Number, or Payer ID, depending on the payer type specified.

The combination of information used to search for a particular check by payer type is as follows:
C = Client, **K =** Check Number, **MI =** Miscellaneous Insurance, **P =** Patient, and **TP =** Third Party

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Type: Enter C for Client, K for Check Number, P for patient, TP for Third Party, MI for Third Party, Miscellaneous Insurance.

Note: One of the following four fields (Client ID, Misc Ins ID, Account #, Payer ID) will dynamically appear on the screen based on the Type entered by you.

Client ID: Enter the Client ID or enter "/L" (List Command) for a list of all available Client IDs.

Account #: Enter the Patient Account # or enter "/L" (List Command) for a list of all available Patient Account #s.

Payer ID: Enter the Payer ID or enter "/L" (List Command) for a list of all available Payer IDs.

Misc Ins ID: Enter the Miscellaneous Insurance ID or enter "/L" (List Command) for a list of all available Miscellaneous Insurance IDs.

Check #: Enter the Check # or enter "/L" (List Command) for a list of all available check numbers associated with the specified payer.

Check Date: The Check Date will automatically be displayed by the system according to the payer and check number specified by you. If it is not displayed, then there are multiple dates to choose from. Enter "/L" for a listing of those available dates.

Check Disbursement Report Selection Screen

```
ARCDR1-Co.1                    Print Check Disbursement


     Output Device: SCREEN

              Type: TP Third Party

          Payer ID: BC


                    Check #              Check Date
                    JAJFSLK              03/10/2015
```

Check Disbursement Report

```
User: JLH                Check Disbursement Report              03/11/2015
Page: 1         Check #JAJFSLK for $108.00, Dated 03/10/15      2:01 PM
                       From Payer BC - BLUE CROSS

Batch #      Date       User ID     Posted     Invoice   Item#    Amount
----------   --------   ----------  --------   -------   -----   -------
        2    03/10/15   JLH         03/10/15   1082      Account 103 - JESS TEST
                                                         1         7.00
                                                         2         7.10
                                                         3         7.30
                                                         4         6.90
                                                         5         6.50
                                                         6         7.45
                                                         7         5.45
                                                         8         7.35
                                                         9         6.50
                                                         10        5.05
                                                         11        6.80
                                                         12        7.55
                                                         13        8.00
                                                         14        5.50
                                                         15       11.30
<CR> to continue: ▮                                      8         0.50
```

```
User: JLH                Check Disbursement Report              03/11/2015
Page: 2         Check #JAJFSLK for $108.00, Dated 03/10/15      2:01 PM
                       From Payer BC - BLUE CROSS

Batch #      Date       User ID     Posted     Invoice   Item#    Amount
----------   --------   ----------  --------   -------   -----   -------
                                                         9         0.50
                                                         10        0.50
                                                         11        0.50
                                                         12        0.25
                                                                 -------
                                                                 108.00
                                                                 108.00, unapplied
<CR> to continue: ▮
```
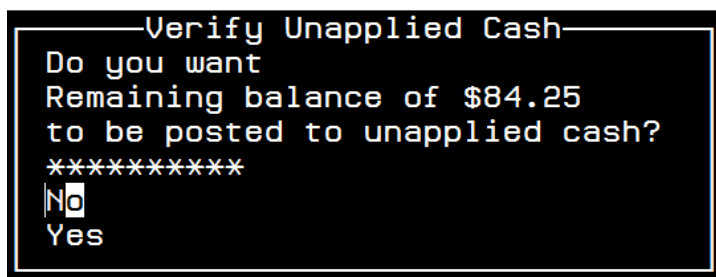
Unapplied Cash Report (1,6,11)

Billing System / Post Payments / Unapplied Cash Report

The Unapplied Cash Report prints a report of unapplied cash from payment batches created by you in the Post Payments function. The report is broken down by Patient, Third Party, and Client payments, and includes the Check #, Check Date, Amount, and Unapplied Amount for the check. The report also includes a summary page that lists the combined totals for Patient, Third Party and Client unapplied cash.

Background: Unapplied cash is created when you attempts to post a batch with remaining funds that have not been applied in the batch. SurroundLab AR prompts you with a message box asking if the remaining funds should be placed in "Unapplied Cash". Selecting "Yes" posts the remaining funds to unapplied cash.

```
┌──────Verify Unapplied Cash──────┐
│ Do you want                     │
│ Remaining balance of $84.25     │
│ to be posted to unapplied cash? │
│ **********                      │
│ No                              │
│ Yes                             │
└─────────────────────────────────┘
```

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Show Detail: Enter Yes or No. To request the detail, at the prompt: Show Detail: answer Y

Unapplied Cash Report Selection Screen

```
ARUNC-Co.1                    Unapplied Cash Report

    Output Device: SCREEN

      Show Detail? YES

















                    [Print]   [Edit]   [Exit]
```

Unapplied Cash Report (Patient Receipts)

```
User: JLH                          Unapplied Cash Report                        04/12/2016
Page: 1                Company 1 (Seacoast Laboratory Data Systems, Inc.)        11:00 AM
                                      Patient Receipts
Account#  Patient Name     Check Number & Date  Check Amt  Unap Amt Batch Date/Num Invoice  Amount
--------- -------------    ------------------   ---------  -------- -------------- -------- -------
1                          127       09/01/11     10.00     10.00
1                          T         08/10/12     45.00     45.00
438                        2         08/10/12     10.00      1.00 08/10/12     3 922      9.00
481                        T         08/10/12     50.00     50.00
491                        87654     12/06/10     35.00      5.00 12/06/10     9 1100    30.00
541                        WVU099    07/07/11      5.00      5.00
<CR> to continue:
```

Unapplied Cash Report (Third Party Receipts)

```
User: JLH                          Unapplied Cash Report                        03/11/2015
Page: 2                Company 1 (Seacoast Laboratory Data Systems, Inc.)        11:00 AM
                                    Third Party Receipts
Payer ID  Payer Name       Check Number & Date  Check Amt  Unap Amt Batch Date/Num Invoice  Amount  Patient
--------- -------------    ------------------   ---------  -------- -------------- -------- ------- ----------
AE        AETNA            123       08/01/12    470.00    470.00
AE        AETNA            12        09/17/13     24.00      3.00 09/17/13     2 1053    21.00
BC        BLUE CROSS       13        04/21/10     38.74     38.74 04/21/10     2 984     20.00 TEST,BETH
BC        BLUE CROSS       13579     09/30/10     50.00     30.00 10/01/10     2 627     20.00 TEST,GREG
BS        BETH PAYER       12        04/04/14     20.00     20.00
MC        MEDICARE         122       04/15/10     61.00      1.00 04/15/10     3 974     30.00 TEST,BETH
                                                                             975       90.00 TEST,SAM
MC        MEDICARE         321       04/20/11     50.00      5.00 04/20/11     1 1126    45.00 TEST,PAT
MC        MEDICARE         12345     04/20/11     20.00      4.00 04/20/11     1 1125    16.00 TEST,PAT
MC        MEDICARE         123456    07/29/11     10.00     10.00
MC        MEDICARE         321       07/11/12     70.00     60.00 07/11/12     7 1211    10.00 TEST,BETH
MC        MEDICARE         1         09/06/12      8.00      1.00 09/06/12     3 1291     7.00 SMITH,LULU
MC        MEDICARE         12        09/06/12     45.00     37.00 09/06/12     2 942      8.00 TEST,BETH
MC        MEDICARE         2RECOUP   12/14/12      0.00      5.00 12/14/12     5 1333     5.00 TEST,PAT
MC        MEDICARE         1         03/22/13     50.00     50.00
MC        MEDICARE         12        03/27/13     45.00     15.00 03/27/13     1 1340    30.00 TEST,SAM
MC        MEDICARE         123       04/12/13    100.00     95.00 04/12/13     1 1037     5.00 TEST,SAM
MC        MEDICARE         2         04/16/13      0.00     20.00 04/16/13     2 1037    20.00 TEST,SAM
<CR> to continue:
```

Unapplied Cash process doc needs to be included here

Refund From Unapplied Cash (1,6,12)

Billing System / Post Payments / Refund From unapplied Cash

The Refund from Unapplied Cash option allows you to apply a Refund Transaction Code to Unapplied Cash for a specific payer. The Unapplied Cash refund amount will then be available for review using the Refund Report located under the Management Reports menu. The Refund Report will provide the refund amount, name and address of the payer to receive the refund check. You may review the remaining funds posted to unapplied cash by running the Unapplied Cash Report under the Post Payments menu (1,6,11).

Important Information*

This option should be chosen only if you intend to send a refund check back to the party that submitted the payment that could not be applied to an account and was posted to unapplied cash during the payment posting process.

Complete the following input fields to proceed:

Type: Enter "C" for client, "P" for patient, "TP" for Third Party, or "MI" for Third Party Miscellaneous Insurance. Depending on the Type selected in this field, the next field will be either Client ID, Account, Payer ID or MiscIns ID.

Client ID, Account, Payer ID, MiscIns ID: If known, enter the information associated with the payment you wish to refund. "/L" will display a list of clients with unapplied funds posted and not yet refunded.

Item #: Use the "/L" (List Command) to automatically populate the item number or choose from the list of items shown.

Transaction Code: Enter the transaction code for the refund. Enter "/L" for a list.

A message box will appear asking for the correct Refund Address. Use the [Accept] button to use the prepopulated address or [Change] to alter the address.

```
ACRCL-Co.1                        Refund Address

        Name: WOMENS HEALTH CLINIC

  Street Add: 1 WAY

        City: DALLAS
          St: TX   Zip: 75231
         [Accept]  [Change]  [Edit]  [Cancel]
```

Refund from Unapplied Cash Selection Screen

```
ACUCR-Co.1                    Refund Unapplied Cash

          Type: C

     Client ID: 100

        Item #: 2   Ck #123, 12/22/2014, Orig Amt=$100.00, Unap Amt=$16.17

 Transaction Code: CLREF CLIENT REFUND

              $16.17 will be refunded.




              [Save]   [Edit]   [Cancel]   [Exit]
```

Select the **[Save]** button from the end of screen to process the refund from unapplied cash.

How To: Reclaim Money From Unapplied Cash

There are times during Payment Posting that money may be accidentally posted to Unapplied Cash. Sometimes the batch is fully posted rendering the batch closed and unchangeable. Other times the batch is not fully posted and can still be amended to apply the money. Once you identify this money and recognize that it can and should be applied to an Account or Invoice, then there are a few steps to take to get it back to a batch to be posted properly.

- ❖ To reclaim money from Unapplied Cash once the batch has been fully posted:

   1. Run the **Unapplied Cash Report** (Billing System/Post Payments/Unapplied Cash Report) to Identify the Payer, Check Number, Check Date and amount to be posted.

   2. Go to the **Post Payments** menu option of choice (Patient, Third Party or Client)

   3. Create a new batch with a **tape total = 0.00**

   4. Enter the exact same **Payer ID, Check # and Check Date** to reclaim from the Unapplied Cash Report

   5. A message will appear that states **"Applying payment from Unapplied Cash"**. Press ENTER and the check amount and remaining amount from check will automatically populate taking the cursor to the Invoice # field.

   6. Continue to **post the payment** as it should have been posted originally to the appropriate Invoice(s).

- ❖ To reclaim money from Unapplied Cash if the batch has not yet been fully posted:

   1. Run the **Batch Detail Report** (Billing System/Post Payments/Batch Detail Report) for the open batch to Identify the money, Payer, Check Number, Check Date and amount to be posted.

   2. Go to **Batch Edit** (Billing System/Post Payments/Batch Edit), pull up the appropriate batch and choose the Reclaim Unap Cash button. Choose the transaction that holds the unapplied cash and press the Reclaim UnapCash Txn button.

   3. Pull up the appropriate **payment posting screen** (Patient, Third Party or Client) and pull up the open batch.

   4. Enter the exact same **Payer ID, Check # and Check Date** identified on the Batch Detail Report to reclaim from Unapplied Cash

   5. A message will appear that states **"An edited or unfinished check has been selected"**. Press ENTER and the check amount and remaining amount from check will automatically populate taking the cursor to the Invoice # field.

   6. Continue to **post the payment** as it should have been posted originally to the appropriate Invoice(s).

Batch Posting Journal Report (1,6,13)

Billing System / Post Payments / Batch Posting Journal Report

The Batch Posting Journal Report allows you to select a particular Batch Date and Batch Number, and then see either a Detailed or Summary Journal of the transactions. The Summary mode will display 1 row per invoice#, including the sum of all Debit Adjustment$, Payment$, Credit Adjustment$, and "Informational$" (such as Allowed amounts, Deductibles, Coinsurance, etc..) The Detail mode will display 1 row per Transaction Code on the invoice#, including individual Debit Adjustment$, Payment$, Credit Adjustment$, and "Informational$" (such as Allowed amounts, Deductibles, Coinsurance, etc.). The Detail mode also displays the totals for the invoice.

The requirements for each field are as follows:

Output Device: Enter a valid Device ID or enter "/L" (List Command) to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Batch Date: Enter the date that the batch was created or enter "/L" (List Command) for a list of all available open Batch Dates.

Batch #: Enter an existing open batch number or enter "/L" (List Command) for a list of all available open Batch #'s that for the selected Batch Date.

(D)etail or (S)ummary: Enter D for a Detail report, or enter S for a Summary report

Notice: This report captures Adjustments when performed in the Invoice Manager Adjustments screen.

Batch Posting Journal Report Selection Screen

```
ARBPJR-Co.1                Batch Posting Journal Report

            Output Device: SCREEN

              Batch Date: 03/10/2015
                 Batch #: *
[S]ummary, [I]nvoice or [D]etail: S Check Summary
```

Batch Posting Journal Report Summary Option

```
User: JLH              Batch Posting Journal Report          03/11/2015
Page: 1         Company 1 - Seacoast Laboratory Data Systems, Inc.    2:03 PM
              Batch Date: 03/10/2015  Batch Type: TP  Batch Number: 2
                        Deposit Date: 03/10/2015

Batch Date   Batch #   Status   UID   Tape Total   TotDebits   NetPaymnts   TotCredits
----------   -------   ------   ---   ----------   ---------   ----------   ----------
03/10/2015   2         Posted   JLH      108.00        0.00       108.00         0.00

          Posted Date: 03/10/2015    P/C/TP: TP        # TXS: 1
            Comments: TESTJESSAUTOADJINV1082
=======================================================================================
Transaction: 1       Payer       : BC
                     Check Number: JAJFSLK
                     Check Date  : 03/10/2015
                     Check Amount:    108.00
```

Batch Posting Journal Report Detail Option

```
User: JLH              Batch Posting Journal Report           03/11/2015
Page: 1      Company 1 - Seacoast Laboratory Data Systems, Inc.    2:05 PM
         Batch Date: 03/10/2015  Batch Type: TP  Batch Number: 2
                       Deposit Date: 03/10/2015

Batch Date    Batch #   Status   UID   Tape Total   TotDebits   NetPaymnts   TotCredits
----------    -------   ------   ---   ----------   ---------   ----------   ----------
03/10/2015    2         Posted   JLH       108.00        0.00       108.00         0.00

          Posted Date: 03/10/2015     P/C/TP: TP        # TXS: 1
             Comments: TESTJESSAUTOADJINV1082
=======================================================================================
Invoice # Patient Name              DebitAdj     Payments     Recoup    CreditAdj
--------- -------------------------  --------    ----------   --------   ----------
Check Number: JAJFSLK                            Payer: BC
1082      TEST, JESS
                                        0.00       108.00       0.00         0.00
```

```
User: JLH              Batch Posting Journal Report           03/11/2015
Page: 1      Company 1 - Seacoast Laboratory Data Systems, Inc.    2:05 PM
         Batch Date: 03/10/2015  Batch Type: TP  Batch Number: 2
                       Deposit Date: 03/10/2015

Batch Date    Batch #   Status   UID   Tape Total   TotDebits   NetPaymnts   TotCredits
----------    -------   ------   ---   ----------   ---------   ----------   ----------
03/10/2015    2         Posted   JLH       108.00        0.00       108.00         0.00

          Posted Date: 03/10/2015     P/C/TP: TP        # TXS: 1
             Comments: TESTJESSAUTOADJINV1082
=======================================================================================
Invoice # Patient Name      Tx Code DebitAdj     Payments     Recoup    CreditAdj
--------- -----------------  ------- --------    ----------   --------   ----------
Check Number: JAJFSLK                            Payer: BC
1082      TEST, JESS
                            ALWD
                            BCPAY                     7.00
                            ALWD
                            BCPAY                     7.10
```

```
User: JLH              Batch Posting Journal Report           03/11/2015
Page: 5      Company 1 - Seacoast Laboratory Data Systems, Inc.    2:06 PM
         Batch Date: 03/10/2015  Batch Type: TP  Batch Number: 3
                       Deposit Date:

Batch Date    Batch #   Status   UID   Tape Total   TotDebits   NetPaymnts   TotCredits
----------    -------   ------   ---   ----------   ---------   ----------   ----------
03/10/2015    3         Posted   JLH         0.00        0.00         0.00         4.35

          Posted Date: 03/10/2015     P/C/TP: TP        # TXS: 1
             Comments: ADJUSTMENT BATCH
=======================================================================================
Invoice # Patient Name      Tx Code DebitAdj     Payments     Recoup    CreditAdj
--------- -----------------  ------- --------    ----------   --------   ----------
Check Number: JAJFSLK (cont)  Invoice 1082 (cont)
                            SBWO                                              0.50
                            SBWO                                              0.50
                            SBWO                                              0.50
                            SBWO                                              0.50
                            SBWO                                              0.50
                            SBWO                                              0.30
                            SBWO                                              0.50
```

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Check Number Search Utility (1,6,18)

Billing System / Post Payments / Check Number Search Utility

The Check Number Search Utility returns a report of any checks matching your selection criteria. SurroundLab AR provides the detailed information that can be helpful when researching an incorrectly posted payment, reconciling your cash receipts, or to meet the needs of an audit.
- ✓ Batch Date
- ✓ Batch #
- ✓ TRX
- ✓ Type
- ✓ Payments
- ✓ Posted Date

```
AXBS-Co.1                  Check Number Search Utility


                    Output Device: SCREEN

                    Check Number: 1234

                          Search Options

                      Start Date: 01/01/2015

                      Ending Date: 12/18/2015

                      Batch Type: TP






                      [Print]   [Edit]   [Exit]
```

Output Device: Enter your Output Device, i.e. screen, printer, file.

Check Number: Enter all of a check number, or part of a check number, that you need to find out what batch it was posted in. If you only have part of a check number then enter the partial check number. Any check number that contains the check input you supply will be listed on the report.

Search Options

Start Date: If you enter a date range to search then the search time may be reduced. If you do not have a date to search then all batches currently on file will be searched.

Ending Date: Optional ending date range to search the batches on file

Batch Type: If you know the type of batch used to post the check, enter or select it here.

```
┌Select Entry┐
│C           │
│P           │
│TP          │
└────────────┘
```

Check Number Search Report

```
User: SLDSI     Company 1 - Seacoast Laboratory Data Systems, Inc.     05/23/2016
Page: 1                   Check Number Search For: 1234                 12:01 PM

Check Number          Batch Date  Batch #  TXN  Type  Payments     Posted Date
--------------------  ----------  -------  ---  ----  -----------  -----------
12345UNAPPLIED        01/15/2015  1        1    TP      100000.00  01/15/2015
12345UNAPPLIED        01/15/2015  2        1    TP      100000.00  01/15/2015
12345                 06/03/2015  1        1    TP           20.00 06/03/2015
1234                  06/04/2015  1        1    TP          100.00 08/07/2015
1234                  10/21/2015  1        1    TP            5.00 10/21/2015
12345                 11/04/2015  1        1    TP          100.00 11/04/2015
12345                 11/06/2015  2        1    TP           15.00 11/06/2015
<CR> to continue:
```

If you are running the 2014 (ICD-10) build (or later) of SurroundLab AR and do not see this option on your menu, please contact your Seacoast Support Representative to assist.

Refunds

The Refund process is different than posting Recoupments. If the Explanation of Benefits (EOB) indicates that the insurance company has taken money back and reapplied those funds to another invoice then you have a **Recoupment** situation which differs from a **Refund**. However, if the Payer sends correspondence, or indicates on the EOB, that a check is necessary then is a Refund and this process should be followed**.**

Follow the steps below to use the **SurroundLab AR Refund Process**. If you have any question, contact your Seacoast Support Representative to assist you.
- ✓ *Define the Refund Transaction Codes and Payer Refund Addresses*
- ✓ *Post the Overpayments*
- ✓ *Run the Credit Balance Report to identify and work any credit balances*
- ✓ *Run the Refund Report for a list of refunds for accounts payable to send checks*

Step 1: File Definition for Refund Transaction Codes and Payer Refund Address

Transaction Code Definition

Utilities > Configuration Maintenance > System Codes > Transaction Codes > Transaction Code Definition or 2,2,8,2,1

Refund Transaction Codes need to be defined as **Debits** in order for the SLAR refund process to work as intended. Three Refund Transaction Codes should be defined – one each for the Patient, Insurance and Client refunds. The field, **Refund Type,** is required to indicate which Payer type will receive the refund.

```
ADTRN-Co.1                Transaction Code Definition

            Transaction Code: REFI
                 Description: Insurance Refund
            Transaction Type: P
  Debit, Credit, or Information: D Debit
                 Refund Type: TP    Refund Reversal:
            Revenue Impacting: YES
          General Ledger Code:
               Inactive Date:


            ------------------ Adjustment Transactions ------------------
    Included Payers:                        Excluded Payers:




                    [Save]   [Edit]   [Delete]   [Cancel]   [Exit]
```

Payer Definition

Utilities > File Maintenance > Payer Definition Options > Payer Definition or 2,1,19,1

The **Refund Address** for each Payer should be entered in Payer Definition for each Payer that may receive a refund. This address will appear in the Refund Report used in the last step.

```
ADPYR-Co.1                    Payer Definition

                Electronic Claims Submissions Settings

          ECS Carrier ID:




                    Mailing Address for Refunds
          Street Address: 123 BCBS REFUND LN


                City: DALLAS
               State: TX    Zip: 75231
             Country: USA


                    Remittance Payer:
          Remittance Validation Date:

               [Save]  [Edit]  [Cancel]  [Exit]
```

Step 2: Post the Overpayment

Overpayments may be applied in the SurroundLab AR Payment Posting screens regardless of whether the Payer Type is Patient, Client or Third Party. The payment is made as any other payment. You will see a message that an overpayment is being applied giving you an opportunity to correct a possible posting error, if needed.

During Third Party payment posting, you will be able to perform the refund (debit), if desired. Simply use the **DebAdjAmt** and **Adj Code** fields to determine the Refund Amount and which Refund Transaction Code is appropriate. Then, confirm or change the **Refund Payer ID** which provides SurroundLab AR with a reference for the Refund Address to be printed on the Refund Report. Post your Batch as usual.

Example of applying an overpayment with a refund in Third Party Posting:

Step 3: Resolve the Overpayment

If the refund had not been resolved during the payment posting process, then the batches that have been posted with overpayments (aka credit balances) need to be resolved first. You should run the **Credit Balance Report** to identify those invoices with credit balances. Use the following menu path to access the Credit Balance Report.

Billing System > Management Reports > Credit Balance Report or 1,8,2

Identify invoices on the Credit Balance Report and use Invoice Manager to perform a Refund Transaction. In Invoice Manager, pull up the invoice and perform the Debit Adjustment using the **Adjustments** button and the appropriate **Refund** Transaction Code. Below is an example of the output for this report. The last page provides total refunds due by PTP and Client with a Grand Total following.

```
User: JLH              Credit Balance Report for           09/26/2016
Page: 1      Company 1 - Seacoast Laboratory Data Systems, Inc.  2:53 PM
                      Patient/Third Party Invoices
                        for WPS MEDICARE PART B
Patient Account#                           Invoice #   Payer     Balance
-------------------------------------      ---------   ---------  ----------
216862-                                    462560      MC           -0.83
220645-                                    470341      MC          -73.91
<CR> to continue: █


User: JLH              Credit Balance Report for           09/26/2016
Page: 2      Company 1 - Seacoast Laboratory Data Systems, Inc.  2:55 PM
                          Client Invoices
                          For all Clients
Client ID                                  Invoice #              Balance
-------------------------------------      ---------             ----------
300                                        368678                 -27.25
400                                        379189                 -50.00
2650                                       329319                 -34.50
3360                                       363029                  -4.50
7000                                       146459                  -8.25
7450                                       3874                    -9.50
<CR> to continue:


User: JLH              Credit Balance Report for           09/26/2016
Page: 3      Company 1 - Seacoast Laboratory Data Systems, Inc.  2:55 PM
                              Summary
Total of PTP Credit Balances:                            -74.74
Total of Client Credit Balances:                        -134.00

Grand Total:                                            -208.74
<CR> to continue:
```

Step 4: Print the Refund Report

Once the Debit Adjustments have been applied in either the Third Party Posting screen or the Invoice Manager screen, the Refund Code and Refund Recipient information will appear on the **Refund Report**. Use the following menu path to access the Refund Report.

Billing System > Management Reports > Refund Report or 1,8,3

This report has two output options, Summary and Detail. The summary option provides totals for each Payer ID while the detail option creates a list of refund checks which need to be sent to the refund recipients with specific details, such as the address.

Refund Report Summary Output

```
User: JLH                      Refund Report                    09/26/2016
Page: 1              Seacoast Laboratory Data Systems, Inc.      4:56 PM
                                Refund Code: All
                       Dates: 12/31/2013-09/26/2016

Payer ID           Count           Amount       YTD Count     YTD Amount
                       1            16.17               0           0.00
                 -----------     -----------    -----------   -----------
Totals                 1            16.17               0           0.00

Total refunds from Unapplied Cash      16.17                       0.00
<CR> to continue:
```

Refund Report Detail Output

```
User: JLH                      Refund Report                    09/26/2016
Page: 1              Seacoast Laboratory Data Systems, Inc.      4:52 PM
                                Refund Code: All
                       Dates: 12/31/2013-09/26/2016

Payer           Check #    Check Date  Refund Date   Orig Amt  Refund Amt
CL                123       12/22/2014  11/04/2015     100.00       16.17
Refund To Be Sent To:   WOMENS HEALTH CLINIC
                        1 WAY
                        DALLAS, TX   75231

                Previously printed on 09/16/2016 by User,Seacoast Demo
<CR> to continue: █
User: JLH                      Refund Report                    09/26/2016
Page: 2              Seacoast Laboratory Data Systems, Inc.      4:55 PM
                                Refund Code: All
                       Dates: 12/31/2013-09/26/2016
                         Refund Payer Reference List

CL                 Total refunds:    16.17
<CR> to continue: █
```

Posting Third Party Recoupments in SurroundLab AR

Recoupments must be posted in SurroundLab AR when a payer has paid an invoice and then recovers those funds creating an outstanding balance for an invoice. Recoupments can be applied days, months, or years after the initial payment was made. However, some recoupments are taken in the same batch in which a payer makes a corrected payment on an invoice.

You will use previously created Transaction Codes for the Recoupment and Contractual Adjustment Reversal should be defined in Payer Definition for the Payer ID will be used for the recoupment transactions. The SurroundLab AR Transaction Detail Report will allow you to run a report to view and analyze data by Transaction Code.

```
ADPYR-Co.1                    Payer Definition
                       Billing Options and Settings
       Procedure Code Dictionary: CPT
             Allow [BillNow]? YES
   Enable Payer Eligibility Edit?                  Default ICD9:
   Second Elig Check After # Days:                 Default ICD10:
                                          Enable Split Billing? YES
                    Plan Type: F                    Unkeyed Edit:
                 ICD Code Set: 10 ICD10      Enable 72-Hour Rule?
         Code Set Effective Date: 10/01/2015 Enable Same-Day Rule?
          Timely Filing Deadline: 365

   Override Edits/Compliance After How Many Days:
             CPT Duplication Method: C   Combine
               Duplication Modifier:

   Default ID For Patient Billing:
               Write Off Txn Code: TPWO         Payment Txn Code: MCRP
   Small Balance Write Off Txn Code: SMBAL
           Recoupment Transaction Code: RCOUP
           Accept Contractual Adjustments? A
             Contractual Adjustment Code: MCCA
   Contractual Adjustment Reversal Code: REVCA
```

Sample Recoupment and Reverse Contractual Adjustment Transaction Codes

```
ADTRN-Co.1              Transaction Code Definition


           Transaction Code: RCOUP
                Description: RECOUPMENT
           Transaction Type: P
   Debit, Credit, or Information: D Debit
```

```
ADTRN-Co.1              Transaction Code Definition


           Transaction Code: CAR
                Description: Contractual Adj Reversal
           Transaction Type: CA
   Debit, Credit, or Information: D Debit
```

When confronted with a Third Party Explanation of Benefits on which the Payer has "recouped" or taken back a previously made payment, SurroundLab AR offers an option to post this negative payment to accommodate the User's need to balance their batch/check.

1. When creating the batch, enter the check as it is displayed, i.e. the dollar amount should be entered as it is shown on the check.

2. When you reach the point in the EOB where there is a negative payment amount, or recoupment amount, omit all fields except those highlighted below.

**Remember, if this Payer ID is set to accept Contractual Adjustments and the amount was written off with the original payment amount then the Contractual Adjustment Recoupment amount will need to be completed as well.

3. When finished, press ENTER and choose the SAVE button to save the recoupment entry.

4. Continue this process for each line item and Patient indicated on the EOB.

5. Save and Post the batch as usual.

Use this invoice.

```
ACSP2-Co.1                     Invoice Manager                        [AN]

Patient: 1919 - SEACOAST, JLHPPP            Curr Bal:         5.00
INV: 1991          Payer: MC-MEDICARE       Tot Chgs:        27.00
DOS: 01/09/2018    Bill Info: Ready to bill  Debit Adjs:      0.00
Cli: HOD           JESS HODGES MD           Credit Adjs:     -7.00
Acn: A001831                Last Bill: Queued to print  Tot Paid:  -15.00

  Dx Codes: R50.81
CPT          TX    OC       QTY    AMOUNT DESCRIPTION                  POSTED
8502590      C     1000      1     27.00 CBC                          01/09/18
             ALWD                  20.00 Allowed Amount $20.00        01/09/18
             MCCA                  -7.00 MEDICARE CONTRACTUAL ADJUSTMEN 01/09/18
             MCRP                 -15.00 MEDICARE PAYMENT              01/09/18
             RJC                         CO110:BILLING DATE PREDATES SE 01/29/18
             RJC                         COB5:CONTRACTUAL OBLIGATION. A 01/29/18
             Balance:              5.00
```

Rejections

Rejection Detail Report (1,8,40)

Billing System / Management Reports / Rejection Detail Report

This report displays invoice number, patient name, accession number, CPT codes, Order Codes, DOS, Client ID, CPT balance and last bill date. Flexible selection criteria such as Financial Class, Client ID, Order Code(s), CPT code(s) rejection code(s), exclude rejection code(s), Beginning and Ending post date, Include zero balance line item. You have the ability to sort by (P) payer ID, (C) Client ID, (O) order code, (I) invoice or (T) CPT code.

Rejections codes are payer specific and can have an action defined by you to transfer a CPT code balance to the next payer, write off a CPT code balance, ignore a rejection code or simply defined as informational. Payers should be contacted for a list of rejection codes prior to receiving any remittance. However in those cases where a rejection code is received by the billing department and it has not been defined you will need to define the code in order to apply it during Payment Posting. This is required for both Manual Posting and ECS automated Posting.

In some cases the informational rejection codes may require input from you such as getting additional information requested by the payer. Once the information has been retrieved and the update made in the invoice, then a user can resubmit to the original payer, transfer the balance to another payer, etc.. This report can Identify those rejection codes that may require further user input. Set the "Include Zero Bal Line Items" as (N)o. IF an action has been taken and left a zero balance you will not need to view those rejections while working the ones which to require user action. At any time, you may print this report to include all rejection codes.

Rejection Detail Report Selection Screen

```
ARRJD-Co.1                   Rejection Detail Report

              Output Device: SCREEN

          Financial Class(es): *               ALL

                   Payer(s): *               ALL

                    Client: *               ALL
              Order Code(s): *               ALL

                      CPT: *               ALL
             Reject Code(s): *               ALL

             Exclude Code(s):

  Include Zero Bal Line Items?: NO
            Ordering Location: *          ALL

         Posting Date  Begin: 01/01/2015  End: 11/04/2015

      Sort By [P,C,O,I,T]: P Payer ID

                   [Print]  [Edit]  [Exit]
```

Complete the following input fields to select the criteria for which your report will run.

Output Device: Enter a valid Device ID or enter "/L" to generate a list of all Output Devices. You can also generate a list of matching devices by entering the first few characters of the description or alias. This field is required.

Financial Class: Enter a Financial Class, enter "/L" for a list of all available Financial Classes, or enter "*" to include all Financial Classes in the printed report.

Payer ID: Enter a Payer ID, enter "/L" for list of all available Payer IDs, or enter "*" to include all Payer IDs in the printed report.

Client: Enter the Client #, enter "/L" for a list of all available Client #s, or enter "*" for all Client #s.

Order Code: Enter a valid Order Code, enter "/L" for a list of all available Order Codes, or enter "*" to include all Order Codes on the report.

CPT Code: Enter a valid CPT code, enter "/L" for a list of all available CPT Codes, or enter "*" to include all CPT Codes on the report.

Rejection Code(s): Enter a valid Rejection code, enter "/L" for a list of all available Rejection Codes, or enter "*" to include all CPT Codes on the report.

Exclude Rejection Code(s): Enter a valid Rejection code(s) or enter "/L" for a list of all available Rejection Code(s) to exclude from the report.

Post Date Beginning and End: Enter the beginning and ending posting dates to return.

Include Zero Balance Line Item: Enter (Y)es to include invoice line items with a zero balance in report or a (N)o to exclude invoice line items with a zero balance.

Sort By [P,C,O,I,T]: Sort by (P)ayer ID, (C)lient ID, (O)rder Code, (I)nvoice or (T) for CPT.

Screen 2 Rejection Detail Report

```
User: JLH                     Rejection Detail Report               11/04/2015
Page: 1            Company 1 (Seacoast Laboratory Data Systems, Inc.)    2:51 PM
                        For Posting Date 01/01/2015 to 11/04/2015
                                    Sort By: Payer ID


INSURANCE TEST PAYER (INSTEST)

999:The diagnosis submitted does not meet the standard for specificity and

   Invoice #   CPT    Order Code  DOS         Client ID   CPT Bal  Lst Bill Dt
   ---------   ---    ----------  ---         ---------   -------  -----------
   1121        TEST, JESS (A000971)                       ID#: 24893849348
               85025  85025       10/22/2015  102            10.80

               INSTEST/999 Sub-Total                        10.80  #Inv: 1


               INSTEST Total                                10.80  #Inv: 1
<CR> to continue: █
```

Electronic Claims Remittance Rejection Codes

First, you need to define the Rejection Codes (Utilities/File Maintenance/Payer Definition Options/Rejection Codes) that the payer returns to them. Part of this definition is to decide how the system will handle the Rejection Code. In some cases you may want the rejection to trigger a write off of the remaining balance or you may want the rejection code to just post to the account without any other activity posting (no transfer, no write off, etc.). These actions must be determined by you. If you do not have the Rejection Codes in advance, you can define them as you encounter them with each file. This is applicable to both ECS and manual posting.

Whenever a specific transaction in the ECS remittance file cannot be added to the batch for any reason, it is printed on the Exception Report. For example, if there is a payment pending for a specific invoice in a different batch, any transactions for the same invoice will be printed on the Exception Report. **Also, an undefined Rejection Code will show as a "billing error" on the report.** All transactions on the Exception Report must be manually added to the batch before the batch is posted. In the case of rejection codes takes the steps below there are more than a few rejection code error on the Exception Report.

If there are any missing Rejection Codes, do the following
- a. Define the missing codes in Rejection Code Definition.
- b. Use the menu option "Billing System / Post Payments / Batch Edit" to **_delete_** the batch. The batch date and number is shown on the Remittance Processing Report.
- c. Return to the Process Remittance menu option (Billing System/Submissions & Remittance/Process Electronic Remittance) and run the file again to get a cleaner Exception Report and more entries in the batch.

To follow up on electronic remittance payment batches that have posted completely, but have incurred various rejections, you can get a detailed listing of invoice level specifics using the following report: Rejection Detail Report (Billing System/Management Reports/Rejection Detail Report). See Reject Detail Report in this manual for more information on how to address rejections.

Management Reports (1,8)

Billing System / Management Reports

Below is a list of reports that are available in SurroundLab™ AR. Reports are an important tool in managing both day to day operations and reviewing the overall performance of your organization. Seacoast has a Reports Guide available for SurroundLab™ AR which outlines the reports offered in great detail. Please contact your Seacoast Representative if you do not have a copy of the SurroundLab™ AR Reports Guide.

Management Reports

Dashboards:
- o   Executive Dashboard
- o   Client Dashboard

Credit Balance Report
Refund Report
Report SchedulAR
Revenue Reports:
- o   Client Revenue
- o   Order Code Revenue
- o   Payer Revenue
- o   Actual Revenue by Payer
- o   Actual Revenue by Client
- o   Actual Revenue by Fin Class
- o   Actual Revenue by Order Code
- o   P/TP Net Reimbursement by Payer
- o   P/TP Net Reimbursement by Client
- o   Revenue Summary
- o   Expected Reimbursement Analysis
- o   Expected Reimbursement Report
- o   Monthly Gross Billings
- o   Profitability
- o   Daily Sales Analysis Report

Accession Report
Transaction Summary and Detail Reports
Unapplied Cash Report
Sales Reports:
- o   New Client Activity Report
- o   Client Sales Report

Timely Filing Summary and Detail Reports
Top Order Code per Client
Top Order Code per Company
Monthly Client Sales
Credit Balance by Fin Class
Rejection Detail Report
Monthly Totals by Client
Credit Line Item Balance Report

Month End Reports (1,9,1)

Billing System / Month End / Month End Reports

Below is a list of reports that are available in SurroundLab™ AR. Reports are an important tool in managing both day to day operations and reviewing the overall performance of your organization. Seacoast has a Reports Guide available for SurroundLab™ AR which outlines the reports offered in great detail. Please contact your Seacoast Representative if you do not have a copy of the SurroundLab™ AR Reports Guide.

Month End Reports (1,9,1)

    Aged Trial Balance Summary
    Aged Trial Balance Detail
    Aged Trial Balance by Client
    ATB by Sales Rep
    Transaction Summary
    Cash Distribution
    Cash by Location
    Adjustment Distribution
    Unbilled Revenue
    CPA Report
    Monthly Units/Gross Charges
    Monthly Cash Collections

Month End Close (1,9,2)

Billing System / Month End / Month End Close

The Month End Close option allows you to take a snapshot of the current status of all Invoice activity that has occurred since the last Month End Close was run. Available month end statistics are determined by the date and time that you initiate the [Start Month-End Close] option from the end of the Month End Close screen. Once the month has been closed, you may run the Month End Reports to analyze current statistics and compare them to prior Month End Reports.

There are no input requirements to begin the Month End Close process. The fields displayed on the screen are for informational purposes only. There are two options that appear on the display window **[Start Month-End Close]** and **[Exit]**.

The Start Month-End Close button initiates the Month End Close process and bases all available Month End Report statistics on the date and time the process was initiated by you.

* If the Company Definition is set to not close the month with open payment posting batches, and there are any open, then Month End Close will not be allowed.

<div align="center">

****Important Information****
End of Month can be scheduled for automated close in your live environment.
If you would like to install this feature, contact your Seacoast Support Representative.

</div>

```
AXMEC-Co.1                  TEST AREA - Month-End Close

    Current Aging Period: January, 2015
    Last Month-End Close: 12:39 PM on 11/04/15, finished at
  Month-End Close Status: Failed

                          Month-End Close began at 12:40 on 11/04/2015,
                          but it failed due to error Unprocessed $ZERROR, se




















                     [Start Month-End Close]    [Exit]
```

Current Aging Period: Current fiscal month. The original "Aging Period" for the first Month End Close is set in the "Company Definition" under the "Month End Close Settings" section.

Last Month-End Close: Date and time of previous Month End Close.

Month-End Close Status: The status is either "Running" or "Not Running".

Note: the sample above shows a "Failed" Month End Close. Contact your Seacoast Support Representative immediately for assistance. Any transactions will be posted in the Current Aging Period displayed until the close is successful. Dates of Service for the next month cannot be processed out of Order Entry until the prior month is closed.

AR Mail (1,10)

Personal Address Book (1,10,3)

Billing System / AR Mail / Personal Address Book

The AR Mail option allows you to store individual and group email addresses for later access. Use the System Address Book to define entries that other SurroundLab AR Users can access. Entries that are not associated with a registered User of this system must be defined with an external email address (johndoe@company.com), if this feature is supported by the SurroundLab AR installation. A group can consist of a mixture of internal and external Users.

```
SXMAIL9-Co.1                Personal Address Book

      Group Name: CASH
      Description: CASH POSTING TEAM

        Members: LBH         EMPLOYEE, #99
                 JLH         User, Seacoast Demo

















              [Save]   [Edit]   [Delete]   [Cancel]   [Exit]
```

Press **Control + Z** from any entry in the Members field will display the Member Detail screen which allows the ability to store additional contact information for that Member. To exit this screen and return to the Personal Address Book screen, enter //.

Member Detail

```
SXMAIL12-Co.1                 Member Detail

    Group Name: CASH
    Description: CASH POSTING TEAM

  E-mail Addr: lbh@sldsi.com
      Contact: Lori Hodges
      Company: Seacoast Laboratory Data Systems, Inc.
    Telephone: 603.000.0000
          Fax: 603.000.0000
        Pager:
      Address: 140 New Hampshire Ave
         City: Portsmouth
        State: NH
     Zip Code: 03801
```

Personal Signature (1,10,4)

Billing System / AR Mail / Personal Signature

The Personal Signature option allows you to create several lines of text that can be appended to the end of any email you send. Prior to sending each message, you can choose whether or not to use your Personal Signature. A signature can save time by automatically generating a typical message closing with information to help the receiver Identify who the message is from and how to contact the sender.

```
SXMAIL10-Co.1                    Personal Signature


     User:  Seacoast Demo User

 Signature
 Seacoast Demo User, SurroundLab AR PM
 Seacoast Laboratory Data Systems, Inc.
 sampleuser@sldsi.com
```

Mail Box Maintenance (1,10,5)

Billing System / AR Mail / Mailbox Maintenance

Email messages are organized into Mailboxes. This option allows you to modify the description and sort order of existing Mailboxes or to create and delete Mailboxes. It is also possible to move all messages from one Mailbox to another and empty Mailboxes of their messages.

```
SXMAIL4-Co.1                     Mailbox Maintenance


     User:  Seacoast Demo User

 Mailbox:  INBOX

     Desc:  System defined mailbox

     Sort:  D  Date















    [Save]   [Empty]   [Move]   [Delete]   [Edit]   [Cancel]   [Exit]
```

System Address Book (1,10,6)

Billing System / AR Mail / System Address Book

The System Address Book option allows you to use and store individual and group email addresses for system-wide access. All SurroundLab AR users are able to utilize the addresses stored in the System Address Book. Entries that are not associated with a registered User of this system must be defined with an external email address (johndoe@company.com), if this feature is supported by the SurroundLab AR installation. A group can consist of a mixture of internal and external addresses.

System Address Book

```
SXMAIL11-Co.1                  System Address Book

       Group Name: %SEACOAST
       Description: Seacoast staff addresses

          Members: GAB
                   LINDE
                   MER
```

Pressing **Control + Z** from any entry in the Members field will display the Member Detail screen which allows the ability to store additional contact information for that Member. To exit this screen and return to the Personal Address Book screen, enter //.

Member Detail

```
SXMAIL12-Co.1                     Member Detail

    Group Name: %SEACOAST
    Description: Seacoast staff addresses

    E-mail Addr: test@sldsi.com
       Contact: Test Rep
       Company: SLDSI
     Telephone: 603.000.0000
           Fax:
         Pager:
       Address: 195 New Hampshire Ave
          City: Portsmouth
         State: NH
      Zip Code: 03801
```

Send Mail (1,10,1)

Billing System / AR Mail / Send Mail

The Send Mail option allows you to create and send email messages that are addressed to other Users on the SurroundLab AR system, and possibly to external email addresses. After addressing and creating a message, you have the option to request a Return Receipt, assign a Priority and whether to include your Signature before sending.

```
SXMAIL1-Co.1                    Send Mail

      From: JLH: Seacoast Demo User
        To: LBH
        CC: LML
       BCC:
   Subject
   SAMPLE
   Message
   HAVE A GREAT DAY!









   Return Receipt: NO        Priority: N        Signature: NO
                       [Send]   [Edit]   [Cancel]   [Exit]
```

If there are unread messages in the INBOX, an email indicator flag of "[E]" will appear on the upper right of most screens, or a blinking "MAIL" flag on the bottom of any menu screen.

Notification at Menu

```
Company: 1    User: Seacoast Demo User    Terminal ID: |TNT|            |14
            Copyright 1999-2015, Seacoast Laboratory Data Systems, Inc.    MAIL
```

Notification in Activity

```
AOE-Co.1                    Billing Order Entry                      [E]

   Accession: |
      Pat ID:                     Ordering Location:
                                        Client Id:
```

Read Mail (1,10,2)

Billing System / AR Mail / Read Mail

This option allows you to read the SurroundLab AR email messages that have been received and sent. After selecting a Mailbox (the default Mailbox is INBOX), select a message (the default message is the oldest unread message). Then, select Read from the end of screen buttons to view the full message.

After reading the selected message, there are several message processing choices for processing this email.

```
[Reply]   [ReplyToAll]   [Forward]   [Transfer]   [Print]
[Next]    [Previous]     [Edit]      [Delete]     [Exit]
```

Read Mail

```
SXMAIL3-Co.1                    Select Message                          [E]

    User: JLH: Seacoast Demo User

Mailbox: INBOX
         System defined mailbox
         Read:   7  Unread:   7  Total:  14   Sort Preference: Date

    From: ADMIN: Sys Administrator
    Date: 10/01/2013
    Time: 4:47:25 PM

Subject
Automated MI Letters Status Report




                    [Read]  [Edit]  [Cancel]  [Delete]  [Exit]
```

Once you read the message, additional end of screen buttons are available allowing you Reply, ReplyToAll, Forward, Transfer, or Print the message. If you have multiple messages waiting for you, select Next or Previous to view the additional messages.

```
[Reply]   [ReplyToAll]   [Forward]   [Transfer]   [Print]
[Next]    [Previous]     [Edit]      [Delete]     [Exit]
```

SurroundLab™ AR Training

Seacoast Laboratory Data Systems Inc. offers both web based and on-site training. The number of days required for on-site training will depend upon the topics to be covered and the number of attendees.

Web based training is completed remotely via the web and GoToMeeting ®. Up to 10 attendees may be present for each session. In addition to the topics listed below, customized sessions can also be created.

Please contact your Seacoast Support Representative for more information on system training.

SurroundLab™ AR Web Training Program Descriptions
(End User Modules)

Topic: Order Entry   **Duration: 4 Hours**
This session is designed to provide a complete understanding of order processing via an electronic interface or manual entry. Discussions will include, additional payer specific billing fields, creation of edit filters, custom edit reasons and over-riding edits. In addition, scanned image retrieval will be demonstrated, if applicable.

Topic: Edits Reports & Missing Information Letters   **Duration: 4 Hours**
You will learn how to manage and interpret edit reports. This session will provide an in-depth look at possible causes and the importance of the aging categories. Edit reports will be discussed, including their use as an important tool to gather information about client's ordering history.

Topic: Submissions   **Duration: 2 Hours**
You will learn how to process claim submissions and understand how to access their share folder where the claim files are located. This session will cover the procedure for printing HCFA's, patient and client statements and also how to schedule the submission process. This session will provide an overview of the re-queue utility and how to interpret the print queue report.

Topic: Invoice Manager & Invoice Inquiry   **Duration: 4 Hours**
This module is designed to provide a comprehensive overview of Invoice Manager and how it relates to customer service. This session will outline the options for following up on aging accounts using the Age Trial Balance reports and rebilling as necessary. A thorough demonstration of the various features offered in P/TP and Client Invoice Manager is also included. You will learn the proper steps to handle duplicate accounts and accessions billed to the wrong patient in error. Credit balances and how to process refunds will also be covered during this session.

Topic: Payment Posting & Remittance   **Duration: 3 Hours**
This session is designed to train you on manual posting of Client, Patient and Third Party payments. It will also provide an overview of electronic remittance processing and options for editing a batch or researching the transactions within a batch. This program will also review the 'Batch Super User' and the various reports used for check disbursements and bank deposits.

Topic: Financial Report Review   **Duration: 2 Hours**
This session will review the basic Reporting Options available in SurroundLab™ AR.

Topic: SQL & ODBC: Basic Review   **Duration: 2 Hours**
This session will include an overview of the available tables, basic database queries, and data export to MS Excel ®. A review of the various applications will also be included.

Once training is provided by Seacoast, you may wish to initiate an in-house training program for new users. The training checklist on the next page provides an outline for your SurroundLab™ AR trainer to use for this purpose.

SurroundLab™ AR End User Training Checklist

SurroundLab™AR

Client: _____

Trainee Name: _____   **Date:** _____

Order Entry (Tour of Screens)	Initials: _____
Trainer performs manual Order Entry of all appropriate Payer types Override Edits Patient Registration Transfer Queue ABN Check (if applicable) Unkeyed Edit Override Productivity Reports	
Edits (tour of screens)	Initials: _____
Edit Reports Missing Information	
Submissions and Remittance (tour of screens)	Initials: _____
Process Submissions Schedule Submissions Print Queue Report Secondary Insurance Submissions Process Electronic Remittance	
Invoice Manager/Invoice Inquiry (tour of screens)	Initials: _____
Patient/Third Party Invoices Client Invoices Supervisor Invoice Edit Note Entry for Multi Pat/TP Invoices Pt/TP Inquiry Batch PPS Transfer Client Inquiry	
Post Payments (tour of screens)	Initials: _____
Post sample Client batch Post sample Patient batch Post sample Third Party batch Review Batch Edit options Batch Detail Report Batch Summary Report Deposit Date Report Check Disbursement Report Unapplied Cash Report Refund from Unapplied Cash Batch Posting Journal Report	

Management Reports (tour of screens)	Initials: _____
Dashboards Refund Report Report SchedulAR Revenue Reports Dashboards Credit Balance Report Transaction Summary and Detail Report Unapplied Cash Report New Client Activity Rejection Detail Report	

Month End Close	Initials: _____

Month End (tour of screens)	Initials: _____
Aged Trial Balance Summary Aged Trial Balance Detail Aged Trial Balance by Client Aged Trial Balance by Sales Rep Transaction Summary Cash Distribution Report Cash by Location Adjustment Distribution Report Unbilled Revenue Report CPA Report Top Order Codes per Client Top Order Codes per Company Monthly Units and Gross Charges Monthly Cash Collections Expected Reimbursement Reports	

AR Mail (tour of screens)	Initials: _____
Send Mail Read Mail Personal Address Book Personal Signature Mailbox Maintenance System Address Book	

Practice Exercises	Initials: _____
Order Entry: Users Enter 5 accessions of each appropriate Payer Type Edit Report exercises Invoice Manager exercises Payment Posting exercises for each appropriate Payer Type Payment Posting Reports and Utilities review Management Report review Month End review	

Trainee Signature: _____

Seacoast Trainer: _____   **Date:** _____