

## Billing

- Automatic aging of patient and insurance accounts
- History of claims filing
- Automatically groups payments, charges, write-offs, and refunds within a specific encounter
- Tracks patient's co-pay
- Tracks running balance of the encounter
- Tracks running balance of the entire account
- Generates patient walk-out receipt
- Able to view a payment/write-off-only screen
- View patient/family payment history
- Family billing sends only one statement to a family
- Electronic patient statements through ExpressBill
- Choose between a statement or a bill for patient billing
- Custom-designed dunning messages
- Tracks collection patients
- Custom designed collection letters
- Direct electronic claims
- Automatic generation of secondary claims
- Tracks automatic cross-over secondary claims sent from Medicare
- Add up to 160 characters in each procedure claim documentation screen
- "Drill-down" to view specific payment details
- Apply finance charges to patient balances

**B**illing Inquiry displays specific patient information for quick and easy look-up. Aging is done **automatically** and sorted by patient, insurance plan, or both.

**T**ransactions are grouped by date-of-service to include all charges, payments, write-offs and adjustments, or refunds pertaining to a specific claim. These encounters or "sequences" are alternately shaded to make identifying them easier. Information such as the filed date display in this area. This screen also displays the current insurance plan (based on current date), the patient's co-pay amount, and the *Remarks* area from the patient's detail screen. The order of encounters can be changed from ascending to descending so that the most recent encounters display first. In the case of patients in a family billing account, the *Account* button can be checked to show all family members in the encounter display. The *Balance* and *Total* columns in the encounter list are also helpful in that the *Balance* column displays the running balance of the specific encounter, while the *Total* column shows the running balance for the entire account.

RESP.	Current	31 - 60	61 - 90	Over 90	Balance
Patient	2.16	0.00	0.00	0.00	2.16
Insurance	211.44	0.00	0.00	0.00	211.44
<b>Total</b>	<b>213.60</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>213.60</b>

Last Stmt	Set	ID	Type	Group Name	Date From	Date To	Co Pay
09/20/2000	default	1317	P	MEDICARE	07/13/1998	00/00/0000	\$0.00

P	B	Service	Procedure	POS	Description	Diag	Fee	Balance	Total
Y		08/28/2001	99211	11	EST PT DV MINIMAL	1	\$20.00	\$20.00	\$20.00
Y		08/28/2001	85025	11	CBC W/ DIFF	1	\$20.00	\$40.00	\$40.00
Y		09/11/2001	3	PO	PAYMENT MEDICARE		(\$9.84)	\$30.16	\$30.16
Y		09/11/2001	43	W1	W/D MEDICARE		(\$20.00)	\$10.16	\$10.16
Y		10/10/2001	10	PO	PAYMENT COMMERCIAL		(\$8.00)	\$2.16	\$2.16

Proc	POS	Post Date	Date	Description	Amount	User
3	PO	06/17/2002	06/17/2002	PAYMENT MEDICARE	(139.19)	USER

Proc	POS	Date From	Description	Fee	Amount	User
99203	11	06/17/2002	OFFICE VISIT-NEW PT DETAILED	76.00	(42.72)	USER
93000	11	06/17/2002	EKG	56.00	(45.00)	USER
85025	11	06/17/2002	CBC W/ DIFF	21.00	(6.24)	USER
81000	11	06/17/2002	URINALYSIS WITH MICRO	16.00	(11.00)	USER
80019	11	06/17/2002	SMAC	51.00	(34.23)	USER

The **Payments Only** icon displays a screen (right) that reports all of the payments, write-offs, and/or adjustments on a patient's account. The list can be sorted by any of the column headings. The *Bill* column lists all patient responsible items separate from insurance responsible items, while the *Posting* column sorts the list in descending date order. The *Description* column groups all like types of procedures together, such as adjustments, payments, and then write-offs. The *Amount* column sorts in either ascending or descending order.

Bill	Posting	Service	Code	Description	Amount
Y	06/08/2002	06/08/2002	10	PAYMENT COMMERCIAL	(\$8.00)
Y	05/21/2002	05/21/2002	3	PAYMENT MEDICARE	(\$93.96)
Y	05/21/2002	05/21/2002	43	W/D MEDICARE	(\$43.60)
Y	05/10/2002	05/10/2002	3	PAYMENT MEDICARE	(\$9.84)
Y	05/10/2002	05/10/2002	43	W/D MEDICARE	(\$20.00)

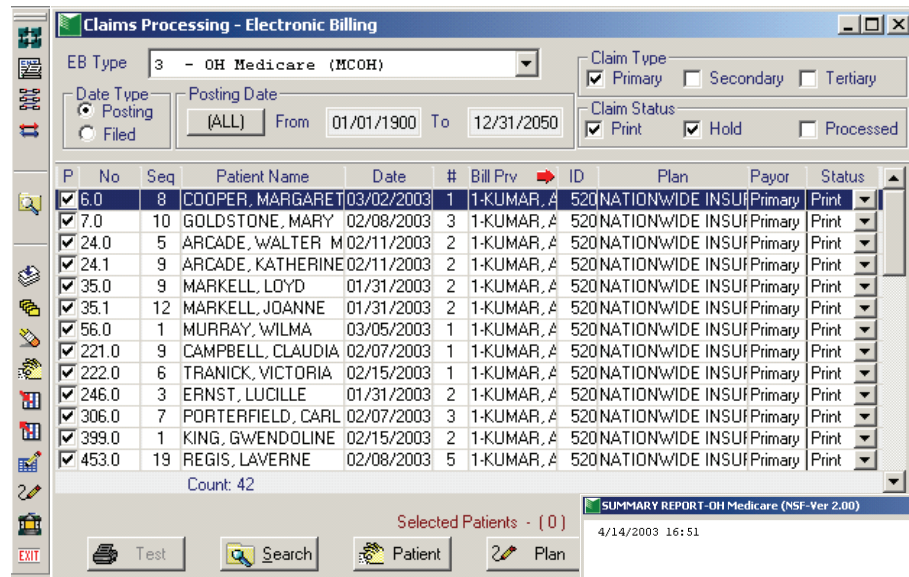
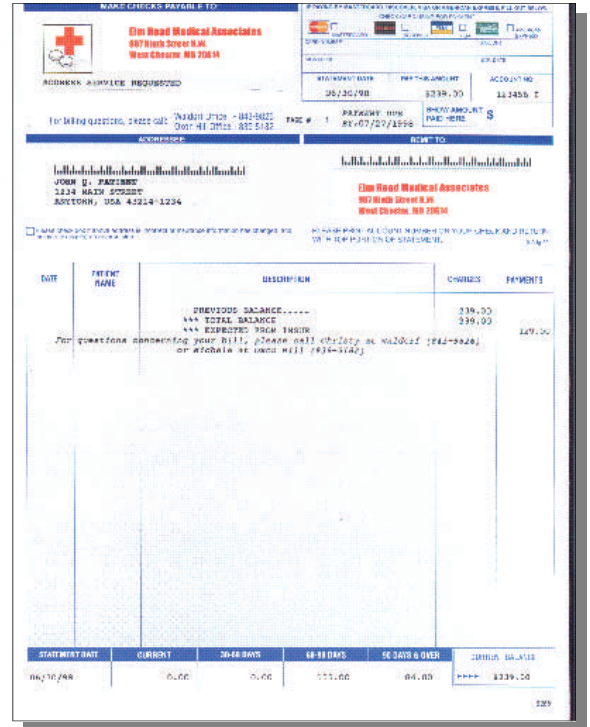
While viewing patient transactions, you can "drill down" to view specific payment details by simply double-clicking a payment line. This opens the **Payment Details** screen that shows the payment and the amount of that payment applied to each charge line in the transaction. From this screen, you can make modifications to how much of the payment is applied to each individual charge line.

# More About Billing

**M**icroMD gives you the choice of sending patients a *bill* or a *statement*. What's the difference? A *bill* will show all patient-responsible amounts on a patient's account, while the statement reflects these but also the amounts that are insurance pending. There are advantages to both. While the *statement* gives more detail and a look at the "big picture," the *bill* is simpler and less confusing. The *bill* is also more economical for postage costs since a *bill* will print only if a patient has a patient-responsible amount due. If everything is pending with the insurance companies, no *bill* will print! A practice default can be established to print either a *bill* or a *statement*. In addition, a patient-by-patient decision can be selected. When printing patient statement/bills, the system prints them both at one time and makes the decision of who gets a *statement* and who gets a *bill*.

**M**icroMD also provides the ability for a practice to apply **finance charges** to patient balances due. The system lets you determine the criteria that each patient's account must meet before applying that charge, including a minimum charge amount.

**O**utsource Patient Statements: A practice can upload their monthly patient statements to Express Bill, a third-party vendor, that supplies the statement form (on the right) and the postage, and mails the patient statements for the practice. MicroMD can be set up to implement this feature. In-house printing of patient statements can be done on a laser printer and in a format that allows window envelopes to be used to eliminate the need for labels. User-defined dunning messages can be set up to automatically print on the patient's statement depending on the aging date of the account. Pre-collection can be enabled to automatically generate a user-defined collection letter instead of continuing to send another ignored statement.



**D**irect Electronic Claims: The screen on the left illustrates how easy it is to submit claims directly to the insurance companies. All claims ready to be submitted are displayed for each *form type*—such as Medicare, Anthem, Medical Mutual, etc. Claims can be edited at this point to change diagnoses, dates, add documentation, etc. as illustrated in the screen below. The Electronic Billing module also allows the operator to select certain patient claims to send or to view claims that are ready to be processed, claims that have already been processed, or claims that have been put on hold.

**A** summary report authenticates all claims and insures there are no mistakes in the claims batch that would cause rejections (right). After the claims are batched, the *Send Claims* icon launches the communications program (Hyper Access) that uploads the claims to the insurance company and then downloads the confirmation report. The average time to send 100 claims and receive the confirmation report for most practices is under six minutes.

