



System Parameters

Objectives & Goals – Review User Parameter Options

- Understanding what are Parameters
- Understand User Parameters for Modules/Features
- Understand User Parameters for Document Path
- Understand User Parameters for Visit Note
- Understand User Parameters for Prescription
- Understand User Parameters for Bill General
- Understand User Parameters for Charge Posting
- Understand User Parameters for Payment Posting
- Understand User Parameters for Insurance Claim
- Understand User Parameters for Schedule
- Understand User Parameters for Check In/Out
- Understand User Parameters for Report Printing
- Understand User Parameters for PDA
- Understand User Parameters for Patient Portal
- Understand User Parameters for Other
- Understand Special Scheduler Parameters

Understanding Parameters

There are many parameters, or switches, in IMS. These parameters turn on, off and control various pieces of functionality. There are parameters that apply to the entire system. And there are parameters that only apply to a particular user. All parameters are set from the Setup menu, Parameters and then either System or User.

The parameters relate to all aspects of IMS including the Visit Note, Charge Posting, Scheduler, and more. The purpose of the parameter section is not to explain in detail each module in IMS, but to explain what the parameter does. It is therefore necessary to be at least familiar with a module before reviewing the parameters related to that module.

The system parameters are organized into categories, such as Charge Posting, Scheduling, etc. These categories are displayed on the left side of the Parameter window. When a category is selected, the parameters within the category are displayed in the main section. Above the parameters is a search box. Enter any text into the box and press the *Filter* button to search for parameters relating to the entered text. The *Clear* button will clear out the text field.

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The bottom of the window shows text that describes the selected parameter. The User Parameter button in the lower left corner opens the User Parameter window.

Module/Features Parameters

These parameters turn on various modules used by various specialties. They are available for all offices to use, however will not apply to all offices.

- **Allow CHDP:** This parameter only applies to California offices because of California state programs. If this parameter is set to Yes, then CHDP patient is allowed. In Patient Master and Charge Posting, CHDP's options are enabled. If this parameter is set to No, then CHDP patient is not allowed. By default, this feature is disabled.
- **Show patient alert note, reminder and HM from Scheduler, Check In/Out and Charge Posting:** This is the default setting to show patient alert note, reminder, and HM in Scheduler, Check In/Out, and Charge Posting. If this parameter is set to Yes, then system shows patient alert note, reminder, and HM in these locations. (If Alert Check box is checked in patient note then only note will be alerted). If this parameter is set to No, then system does not show patient alert note, reminder, and HM. (Irrespective of Alert check box is checked or not checked in patient note). See the Notes and Alerts section of the Training Manual for more details on how alerts work. By default, this feature is enabled.
- **MCIR Transfer:** If this parameter is set to Yes, then MCIR User ID field is available in Setup>>Office>>Employee/Doctor screen. If this parameter is set to No, then MCIR User ID field is unavailable in Setup>>Office>>Employee/Doctor screen. By default, this feature is enabled.
- **Multiple tasks per procedure:** If this parameter is set to Yes, then under Setup>>Schedule>>Procedure, you can define one or more procedure tasks for multiple and physical procedure type. If this parameter is set to No, then under Setup>>Schedule>>Procedure, you cannot define one or more procedure tasks for the procedure. See the Scheduler setup for more information on this feature. By default, this feature is disabled.
- **Transcription:** If this parameter is set to Yes, then system enables Transcription (Mic Icon will be enabled). If No, then system disables Transcription. By default, this feature is disabled.
- **UDS Capability:** UDS stands for Uniform Data System, a program run by the Department of Health and Human Services. If this parameter is set to Yes, then UDS Reporting Type field gets enable in Setup>> Payer >> Insurance Carrier. If this parameter is set to No, then UDS Reporting Type field gets disable in Setup>> Payer >> Insurance Carrier. See Insurance Carrier setup for more information on how to set this up. By default, this feature is disabled.
- **Ophthalmology:** If this parameter is set to Yes, Ophthalmology module is available in IMS. If this parameter is set to **No**, Ophthalmology module is unavailable in IMS.
- **Include UB92:** For clients who need to send UB92 claim forms, set this option to yes to enter all the necessary information for UB92 claim forms. If this parameter is set to Yes, then system includes Charge Posting (UB92) option under Billing Menu. If this parameter is set to No, then

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system does not include Charge Posting (UB92) option under Billing Menu. By default, this feature is disabled.

- **Allow MIRCAl Export:** This parameter only applies to California offices because of California state programs. By default, this feature is disabled.
- **Allergy/Immunology:** The Allergy/Immunology module is for clinics that perform skin tests and administer allergy shots. If this parameter is set to Yes, then Allergy/Immunology module is available in IMS. If this parameter is set to No, then Allergy/Immunology module is unavailable.
- **Diabetes Management:** If this parameter is set to Yes, Diabetes module is available in IMS. In Patient Master screen Glucose meters link is enabled. If this parameter is set to No, Diabetes module is unavailable in IMS. In Patient Master screen Glucose meters link is disabled. By default, this feature is disabled.
- **Dental:** If this parameter is set to Yes, then Dental module is available in IMS. If this parameter is set to No, then Dental module is unavailable in IMS. By default, this feature is disabled.

Document Path Parameters

The document paths determine where documents created in IMS are stored on the computer. Do not modify these items as it may result in documents not being accessible from IMS and thus lead to poor patient care in some case (if a patient document is missing). Generally these paths point to the IMS folder on the server.

- **Transfer EMC files to:** This is the location where electronic claim files are transferred to during the claims process when the Transfer button is selected from the Send/Receive window. A copy of the electronic file is also sent to the folder on the server IMS>>Billing Documents>>imssned.

Visit Note Parameters

These parameters all relate to Visit Notes. Basic knowledge of Visit Note functionality is required to understand these parameters.

- **Default examination time (minutes):** This will affect as default examination time for Setup>>Schedule>>Doctor's Availability>>Interval. In the Visit Note, select "General" option in the Left Panel of Visit Note screen. So when you generate any new visit note, it will set examination time for that visit which you have set in this Parameter as default. This default is only used if the procedure does not have an interval time associated with it. The default is 15 minutes.
- **Check required sub level/enter value:** If this parameter is set to Yes, then From setup >> visit note, for any Questionnaire (e.g. Family History Questions, Past Medical History, Complaint Questions etc.) and for any added question within, if check box for "Enter Value" & "Required" is checked in (M)ain tab then you must have to specify the value for that question. If this parameter is set to No, then Irrespective of check box for "Enter Value"& "Required" are checked or not checked then you don't have to specify the value for that question. By default, this feature is disabled.

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- **Show RACE in visit note:** If this parameter is set to Yes, when you create visit note from Activities>>Visit Note, patient's RACE (Ethnicity) is displayed along with Patient information in the Middle Panel of the Visit Note. Note: Ethnicity is displayed in Visit Note only if you have selected "Ethnicity" for that Patient in Patient Master screen. If No, then system will not show you patient RACE (Ethnicity) in the Middle Panel of Visit Note. By default, this feature is enabled.
- **Create visit note for different procedures:** If this parameter is set to Yes, then when the same patient will check in again under the same office but for the different procedure, then system will create New visit note for this patient. Note: If the procedure is same, then this parameter will not show any effect. It will not generate new Visit Note even if this is set to "Yes". If this parameter is set to No, then If the same patient, Checks In under the same Office, same Doctor for the different procedure then the system will not generate new visit note. By default, this feature is disabled.
- **Show Injury Date/Employer Name:** This is the default setting to display Injury Date & Employer Name in the visit note, if patient's referred case is of type personal injury or work compensation. If this parameter is set to Yes, then system displays Injury Date & Employer Name in visit note, if patient's referred case is of type personal injury or work compensation. If this parameter is set to No, then system does not display Injury Date & Employer Name in visit note, if patient's referred case is of type personal injury or work compensation. By default, this feature is enabled.
- **Show hospital visit in Print, Fax, Email or Document:** This is the default setting to include hospital visits with regular office visits in total number of visits. If this parameter is set to Yes, then system checks "Show Hospital Visit" check box and will include hospital visits with regular office visits in total number of visits to Print, Fax or Email. If this parameter is set to No, then system does not check "Show Hospital Visit" check box and will include hospital visits with regular office visits in total number of visits to Print, Fax or Email. The Print, Fax or Email options are available throughout IMS. By default, this feature is disabled.
- **Allow other users to deselect template:** If this parameter is set to Yes, then in Visit Note, if you have selected any question templates (Family History Questions, Past History Questions, etc.), and if you try to deselect any question which is already selected by some other user, then IMS will allow you to deselect those questions. If this parameter is set to No, then In Visit Note, if you have selected any question templates and if you try to deselect any Question which is already selected by some other user, then IMS opens Password window where you have to enter your password and then only system will allow you to deselect so system will have track of which user has deselected that questions. By default, this feature is enabled.
- **Display sp procedures stage/medication in the visit:** If this parameter is set to Yes, then system displays special procedure and medication used during that procedure in the visit note. If this parameter is set to No, then system does not display special procedure and medication used during that procedure in the visit note. By default, this feature is enabled.
- **Immunization Registry Link:** System opens specified URL when user clicks on immunization registry button from Immunization window (in the Visit Note) to register the immunization details. This item is null by default.
- **Default value for Medical Decision Making:** Whichever Default Value you have set for Medical Decision Making gets reflected in the Super Bill and E&M Calculator. This value is used by the

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system to determine an E&M code. This value can be modified in the Super Bill and E&M Calculator. Possible values are None, Straightforward, Low Complexity, Moderate Complexity, and High Complexity. The default value is Straightforward.

- **Sign off phrase:** Whatever the phrase you have written here, will be displayed at the end when you sign off the visit note. For Example, Sign Off Phrase you have set in Parameter "This visit note is electronically signed off by <Doctor_name>". "<Doctor_Name>" will be replaced by name of the user who has signed off this visit note. The default value is: This visit note has been electronically signed off by <doctor>.
- **Default Follow-up Type:** This item is the default value to display in Follow-up option in the Visit Note. The options are On Date, Days, Weeks, Months, Years, and Other. In a visit note, the provider can click on Follow-up option in order to make note for front desk staff to schedule a follow-up appointment. This default value means the provider only has to specify a number (such as 10 for follow-up in 10 days). The default value is days.
- **Show E&M coding in Super Bill:** If this parameter is set to Yes, then it displays E&M Calculator and E&M code on Super bill screen. If this parameter is set to No, then it does not display E&M Calculator and E&M code on Super bill screen. By default, this feature is disabled.
- **Allow sign off without super bill:** If this parameter is set to Yes, then system allows the user to Sign Off Visit Note without entering the Super bill. If this parameter is set to No, then system does not allow the user to Sign Off Visit Note without entering the Super bill. If this parameter is set to Warning, then system displays the warning message when the user Sign Off Visit Note without entering the Super bill. The default value is warning.
- **Show patient balance:** If this parameter is set to Yes, then system shows patient's balance on top row of the visit note. Clicking on the balance will create a statement. If this parameter is set to No, then system doesn't show patient's balance on top row of the visit note. By default, this feature is disabled.
- **Allow to edit signoff visit:** If this parameter is set to Yes, then system allows the user to edit the Visit Note after Sign Off. If this parameter is set to No, then system does not allow the user to edit the Visit Note after Sign Off. By default, this feature is enabled.
- **Allow to open template from visit note text:** If this parameter is set to Yes, then when you double click or single click (double click or single click is also parameterized) on middle panel options of Visit Note like Patient, Case, Complaint, Diagnosis, Prescription, etc, respective window from where you can edit values for these options opens. Note: For all Visit Note Question Templates (Complaint, Exam, ROS, Other 1 to Other 10, History), select some question values and save it. When you click on any word of the sentence, the system directly takes you to the specific Question Template. If this parameter is set to No, then system displays old layout where you do not have feature to open respective screens for the options displayed in Visit Note. System also does not display highlighted colors for dividing middle panel options of Visit Note. By default, this feature is enabled.
- **Open screen/template from visit note text on:** If parameter is set to Double click then, when you double click on any option (Patient, Case, Complaint etc.) in the middle panel of the Visit Note, system will open respective template. If parameter is set to Single Click then, when you single click on any option (Patient, Case, Complaint etc.) in the middle panel of the Visit Note,

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system will open respective template. The default is Double Click.

- **Print Font:** System prints Visit Note in the selected Font (Arial / Times New Roman / Verdana) irrespective of from where it is printed. The default font is Times New Roman.
- **Print Font Size:** You can set value for Print Font Size within the range of 8 to 14. System prints Visit Note in the selected Font size (within the range of 8 to 14) irrespective of from where it is printed. The default value is 12 point font.
- **Print logo in careplan printing:** If this parameter is set as Yes, then system prints Office logo while printing careplan. If this parameter is set as No, then system does not print Office logo while printing careplan. By default, this feature is disabled.
- **Set default visit status when add new visit:** When you add new Visit Note, default status gets added on the top right corner of blue bar of the middle panel. Status Code and its respective color are displayed in box. In case for the selected Procedure in Visit Note, if you have not defined Visit Note default status at Procedure level, then system sets default status for Visit Note from this parameter. To setup visit status, Setup>>Visit Note>>More>>Visit Status. See the Visit Status setup and procedure setup for more details on defaulting visit status. The default value is null.
- **Generate visit note by:** You can generate EMR Point wise or Sentence wise. If this parameter is set to Point wise, then Visit Note displays all questionnaire data point wise. If this parameter is set to Sentence wise, then Visit Note does not display all questionnaire data sentence wise. The default is sentence wise.
- **Default height input type, if patient age <=36 months:** System takes Default height input type in vital sign window for the patients whose age is less than 36 months (3 years). The available options are CM (centimeter), Feet and inches. Feet is the default value.
- **CHDP:** These options relate to a California state program.
- **Show age in only years:** If this parameter is set to Yes, then system shows patient's age in years only in the middle panel of visit note. If this parameter is set to No, then system shows patient's age in exact years and months in the middle panel of visit note. By default, this feature is disabled.
- **More than one user can work on same patient visit:** If this parameter is set to Yes, then multiple users can access the patient's visit. If this parameter is set to No, then only one user can access the patient's visit at a time. If multiple users are accessing the patient's visit, use the refresh button to view updates. By default, this feature is disabled.
- **Default Lab:** Select one of the laboratories entered into the Diagnostic/Lab master. This will be the laboratory that defaults into the Diagnostic/Lab window when selected through the Visit Note. The lab can be changed during a visit. The default value is null.
- **Show Ref Dr list by last name, first name:** If this parameter is Yes, then in the text of the visit note the referral doctor's name appears last name, first name. If this parameter is No, then in the text of the visit note the referral doctor's name appears first name last name. By default, this feature is disabled..

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Prescription Parameters

These parameters all relate to the prescription module. Basic knowledge of the prescription functionality is required to understand these parameters.

- **Default prescription days supply:** This number will be the default value, when writing a new prescription, of the days field. The days field is how many days should the patient take the prescription. This parameter is only used if the prescribed drug does not have its own default value. By default, this parameter is null.
- **Show Rx dispense for:** When USER will open Activities >> Drug Dispense by default it will open for selected Options from the following. Patient Rx = It shows all the prescriptions of selected patient in Drug Dispense. New Rx-Refill = It shows only new prescriptions and Refills of selected patient in Drug Dispense. New Rx = It shows only new prescriptions of selected patient in Drug Dispense. New Refill = It shows only new Refills of selected patient in Drug Dispense. The default value is New Rx-Refill.
- **Show check in/out list in Rx dispense:** Specify whether user wants to show check in/out panel on the drug dispense screen or not. By default, this feature is disabled.
- **Show only in house pharmacy check in/out:** If user wants to display only those drugs which are prescribed for in house pharmacy in Drug Dispense screen then set this parameter as Yes. If user wants all the prescribed drugs in Drug Dispense screen, then set this parameter as No.
- **Default Type:** Specify Default Drug Type when you add any RX. The available options are Chronic (default) and Temporary. This will be the default if there is none at the drug level.
- **Default show by for refill history:** Specify Default Value for Show by for Prescription Refill History window. This parameter determines how the Refill History window is sorted, either by Drug (default) or by Date.
- **Select checkbox for signature:** Specify whether user wants "Add Sign" checkbox as selected by default for "Fax/Print Prescription" window or not. The Add Sign check box allows providers to enter their password and electronically add their signature to documents that are faxed or printed. By default, this feature is disabled.
- **Default Prescribe By for Current Medication:** You can specify the Default value for Prescribed By for Current Medication as Other MD or Self (displays the Doctor's name). The default value is Other MD. For drugs prescribed by the doctor, generally use the prescription module rather than Current Medication module.
- **Refresh time (in minutes) for Drug Dispense:** Specify after how many minutes user wants to refresh drug dispense screen. The default is one minute.
- **Get patient signature for dispensing drug:** Specify whether user wants "Get patient signature" checkbox as selected by default while dispensing drug or not.
- **Drug checking when approve refill:** Specify whether user wants Drug checking Window to get popped up while approving Refill or not. By default, this feature is enabled.

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Bill General Parameters

The parameters in this section relate to various billing topics such as Charge Posting, Accounting Day Close, Statements, and more. See the training manual section on these specific topics for more information regarding the specific topic. The parameters section simply explains the parameters, not the complete module.

- **Default POS:** Here user can set default POS Code to be set in Charge Posting while creating a Charge. If POS is not mentioned for CPT Code in Insurance Carrier or Plan level CPT parameters or CPT Code Master for any CPT, then when we add new Charge for the CPT Code, system will fetch the POS Code set in this Parameter. The default value is 11-Office.
- **Default TOS:** Here user can set default TOS Code to be set in Charge Posting while creating a Charge. If TOS is not mentioned for CPT Code in Insurance Carrier or Plan level CPT parameters or CPT Code Master for any CPT, then when we add new Charge for the CPT Code, system will fetch the TOS Code set in this Parameter. The default value is 01-Medical Care.
- **Default Copay:** Here user can set the default Copay Amount. Enter 10.00 as Default Copay. Now from Check In/Out, when user collects Copay from Patient & create Checkout Receipt and if Copay Amount is not mentioned in the Patient Insurance, system will fetch the Copay Amount from the Parameter Value. The default value is \$0.
- **Rebill paid bills:** This parameter helps user to Rebill the Paid Bill (Charges). Once user entered the Insurance Receipt for any Charge, the Status for the Charge will be change to Paid. Once the Bill Status is paid, system will not allow user to enter the Receipt for that Bill. If this Parameter is set to Yes, then system allows user to Rebill the Paid Charges. If this Parameter is set to No, then system does not allow user to Rebill the Paid Charges. By default, this feature is disabled.
- **Patient Statement Days:** This is the default setting to generate the Patient Statement after the mentioned days, this means after the given days system will print the statement from Billing >> Patient Statements >> Statement 1, 2, 3 and/or, 4, but user can print ad hoc statement any time from the Option >> Patient >>Statement. Zero days is the default value.
- **Minimum balance for patient statement:** Here user can set the default Minimum Balance Amount to generate a Patient Statement. If we have set the Amount as 5.00, and generate Patient Statement from Billing >> Patient Statements >> Statement 1 / 2 / 3 / 4, system will generate statements for the Patients whose balance is greater than or equal to 5.00. But when we generate Patient Statement from Charge Posting, system will not consider this Parameter and will generate Patient Statement. We can also change the Minimum Balance Amount right from the Patient Statement. The default value is \$0.
- **Minimum balance for aging summary:** Here user can set the default Minimum Amount to generate Aging Reports from Reports >> Aging >> All Summary & All Detail Reports. If we have set the Amount as 50.00, and generate any Aging Report, system will Retrieve Data where balance is less than or equal to 50.00(system will not Retrieve Data where balance is greater than 50.00). If you don't specify any value for this parameter (.00) then system will retrieve all Data. The default value is \$0.

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- **Default Patient Statement format:** This is the default setting to display the Patient Statement in which format. In IMS there are 4 Formats given for the Patient Statement. When user open the Statement from Charge Posting or Patient Receipt, system will retrieve the Patient Statement based on the Format set in this parameter. The default format is 1.
- **Show copay in Patient Statement:** This is the default setting to display the Copay type Receipt in Patient Statement. System displays the Copay type Receipt(s) in Patient Statement when this parameter is set to Yes. System does not display the Copay type Receipt(s) in Patient Statement when this parameter is set to No. By default, this feature is enabled.
- **Default CPT for Return Check Charge:** Specified CPT is selected, when you return check. Note: Default CPT setting for the Return Check Entry that is done from the Patient Ledger, Patient Receipt, Patient Write-off, and also from the Open Credit Entry. The default value is null. See CPT setup section on how to create a CPT code to use here.
- **Charge Patient for Return Check:** If this parameter is set to Yes, then in the Return Check system checks the Check box for the Patient as New Self pay Charge. If this parameter is set to No, then in the Return Check system does not check the Check box for the Patient as New Self pay Charge. You have to manually add the Charges. By default, this feature is disabled.
- **Accounting Day Close for Bills by:** Service Date = System does the day close for selected office and doctor. In report it displays charges, which are entered up to, entered close till date for doctor and office according to service date. System adds this record in history. From history user can view same report again by double clicking on that record. Created Date (default value) = System does the day close for selected office and doctor. In report it displays charges, which are entered up to, entered close till date for doctor and office according to created date. System adds this record in history. From history user can view same report again by double clicking on that record.
- **Accounting Day Close for Insurance Payment by:** Receipt Date (default value) = System displays amount in receipt part according to receipt created for insurance or patient. In report it displays receipt amount up to entered close till date for selected office and doctor. System also displays total amount, write off, refund and net A/R. Total = insurance + patient, Net A/R = Billed_amt – received_amt - write off_amt + refund_amt. Deposit Date = System displays amount in receipt part for insurance according to deposit date entered for that created receipt up to entered close till date. System displays total amount, write off, refund and net A/R according to deposit date. Created Date = System displays amount in receipt part for patient according to created date for that created receipt. System also displays total amount, write off and net A/R according to patient receipt created date.
- **Accounting Day Close for Patient Payment by:** Receipt Date (default value) = System displays amount in receipt part according to receipt created for patient up to entered close till date. System also displays total amount, write off and net A/R. If receipt is created for all doctors that time system displays charge amount for that particular doctor. But at that time if any open credit is entered then it will display that receipt under ALL doctor. Deposit Date = System displays amount in receipt part for patient according to deposit date for that created receipt up to entered close till date. System also displays total amount, write off and net A/R according for that receipt which is deposit. Created Date = System displays amount in receipt part for patient

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according to created date for that created receipt. System also displays total amount, write off and net A/R according to patient receipt created date.

- **Accounting Day Close for Insurance Writeoff by:** Receipt Date (default value) = In report system displays write off amount according entered in receipt up to close till date. Deposit Date = In report system displays write off amount according entered deposit date for receipt. It displays all amounts up to close till date. Created Date = In report system displays write off amount according entered created date for receipt. It displays all amounts up to close till date.
- **Accounting Day Close for Patient Writeoff by:** Receipt Date = In report system displays write off amount according entered receipt date. For receipt amount it considers up to close till date. Deposit Date = In report system displays write off amount in write off column up to entered close till date for selected office and doctor. For this it considers deposit date for receipt. Created Date = In report system displays write off amount in write off column up to entered close till date for selected office and doctor. For this it considers created date for receipt.
- **Accounting Day Close for Insurance Refund by:** Refund Date (default value) = In report system displays refund amount in refund column up to entered close till date for selected office and doctor. For this it considers refund date from refund posting for overpaid. Created Date = In report system displays refund amount in refund column up to entered close till date for selected office and doctor. For this it considers created date from refund receipt.
- **Accounting Day Close for Patient Refund by:** Refund Date = In report system displays refund amount in refund column up to entered close till date for selected office and doctor. For this it considers refund date from refund posting for open credit. If receipt is created for ALL doctors then system displays one extra row for that refund amount for all doctors. Created Date = In report system displays refund amount in refund column up to entered close till date for selected office and doctor. For this it considers created date from refund receipt posting for open credit. If receipt is created for ALL doctors then system displays one extra row for that refund amount for all doctors.
- **Auto populate Carrier/Plan code in setup:** If this parameter is set to Yes, then system generates Insurance Carrier and Insurance Plan codes. (Setup >> Other >> More >> Auto generated No.) If this parameter is set to No, then system does not generate the Insurance Carrier and Insurance Plan codes, but it allows you enter code for Insurance Carrier and Insurance Plan. By default, this feature is disabled.
- **Default cover page for insurance statement:** It assigns the Cover page for the insurance statement when user wants to print it. And it fetches the data from the Billing Letter Template. This parameter is null by default. Users can create cover letters through the Letter Template module.
- **Use performing doctor:** If this parameter is set to Yes, then system enables the Performing doctor field in Charge Posting. If this parameter is set to No, then system disables the Performing doctor field in Charge Posting. By default, this feature is disabled, which means that the performing doctor is pull from the visit note onto the charge and is not editable.
- **Show patient statement history in:** In Charge Posting, Patient Ledger, Patient Receipt & in Collection when you print the Patient Statement and after open history of it: Summary view opens and you can switch to Detail view; Detail view opens directly and you can switch to the

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Summary view. Summary view is the default value for this parameter.

- **Hide aging first range in collection:** If this parameter is set to Yes, by default Hide first Range checkbox is checked in Collection window. If this parameter is set to No, by default Hide first Range checkbox is unchecked in Collection window. For example, do not display the first thirty days. By default, this feature is disabled.
- **No. of to retrieve claims:** In the Dashboard>>Insurance Claim Status section and Batch Status Summary, this is the number of days the system looks into the past to retrieve claims. The default number of days is 30.
- **Patient Demographics (ADT) HL7 File Generation:** If this parameter is set to Yes, then system generates ADT file when add any patient or when you edit any patient Demographics. If this parameter is set to No, then system does not generate ADT file when add any patient or when you edit any patient Demographics. By default, this feature is disabled.
- **Charge HL7 File Generation Method:** Whether to generate billing charge HL7 file online or offline. Online ensures immediate creation of file in a specified folder (Setup>>Parameters>>System>>Document Path>>Billing HL7 File Path), Whilst Offline ought to have user intervention (Utility>>Print/Export Superbill>>Export). Offline is the default value for this parameter.
- **Generate HL7 file for modified Charge:** Determines whether or not to generate new HL7 files when you modify any super bill. By default, this feature is disabled.

Charge Posting Parameters

- **Populate Copay for selected POS:** Here user can set the default POS value(s) for which system will fetch the Copay Amount in Charge Posting. Here assume that we have specified the Copay at Patient/Case Insurance level. 1) Do not select any POS > If we select any CPT Code with Class as Office in the CPT Code Master in Charge Posting, system will by default fetch the Copay from Patient/Case Insurance. 2) Select POS as 11,31,32,33 > If we select any CPT Code with POS selected in the CPT Code as 11 or 31 or 32 or 33 (and no matter what CPT Class we have selected for CPT) in Charge Posting, system will fetch the Copay from Patient/Case Insurance. Here, system will not consider the CPT Class; it will fetch the Copay for all CPT where the selected POS is anyone of the set in Parameter. And for other CPT Code where POS is not from the System Parameter, system will fetch Copay based on the Office Class validation. The default value for this parameter is 11-Office.
- **Display Other Group for CPT Template:** If this parameter is set to Yes, system displays the CPTs which are not defined in the CPT Templates created for the selected Doctor & Office, but available in the system as Most Used CPTs, under Other label in Super Bill Template. So, here user has an option to select the CPT(s), which are not defined in any CPT Template for the selected Doctor & Office. If this parameter is set to No, system does not display the CPT(s) specified in the Templates created for the selected Doctor & Office. By default, this feature is enabled.
- **Display Other Group for ICD Template:** If this parameter is set to Yes, system displays the

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ICDs which are not defined in the ICD Templates created for the selected Doctor & Office, but available in the system as Most Used ICDs, under Other label in Super Bill Template. So, here user has an option to select the ICD(s), which are not defined in any ICD Template for the selected Doctor & Office. If this parameter is set to No, system does not display the ICD(s) specified in the Templates created for the selected Doctor & Office. By default, this feature is enabled.

- **No. of days to retrieve bills:** System retrieves the Billed Charges in Charge Posting/Super bill screen based on the No. Of Days set in the parameter. If we set the No. Of days to retrieve bills as 10, and select a Patient, system retrieves the Billed Charges for today and last 10 Days. The default value is null, which means all past charges are displayed.
- **Select Case Doctor in Charge Posting:** This is the default setting to select the Doctor selected in Patient's Case into the Charge Posting Doctor combo while adding a Charge. If this Parameter is set to Yes, then system sets the Patient's Case Doctor in Charge Posting > Doctor combo when user adds a new Charge. If this Parameter is set to No, then system does not set any Doctor in Charge Posting > Doctor combo when user adds a new Charge. By default, this feature is enabled.
- **Show Most Used Dx with Patient Dx:** This is the default setting to display Most Used Diagnosis (Setup >> Bill >> Diagnosis Code) with Patient Diagnosis in Billing related screens. If this parameter is set to Yes, system displays Most Used Diagnosis with Patient Diagnosis in Diagnosis (ICD-9) Combo in Billing related screens. It shows Patient Diagnosis in white color background and Most Used Diagnosis in light yellow color background. If this parameter is set to No, system does not show only Patient Diagnosis in Diagnosis (ICD-9) Combo in Billing related screens. System does not display the Most Used Diagnosis. By default, this feature is enabled.
- **Open screen for Superbill Template:** This is the default setting to open the CPT & Diagnosis Templates in which screen. In IMS we have TWO different screens available. In Frame displays the CPT & ICD Templates in different screens for each Template with the user defined Background Color & Foreground Color. In List displays the CPT & ICD Templates in Tab Page screen. The first tab page is for CPT Templates & Second tab page is for ICD Template. In List is the default option.
- **Display only Discharge Visits:** This is the default setting to display only the Discharged Visits in To be Billed screen from Charge Posting. If this parameter is set to Yes, system displays only those Visits in To be Billed screen from Charge Posting which are marked as Billable in Visit Note General and in Case Master screen if Discharge check box is Checked and the same case is selected in Visit Note. If this parameter is set to No, system does not display all Visits in To be Billed screen from Charge Posting. By default, this feature is disabled.
- **Print Superbill by Case:** If this parameter is set to Yes, then this setting is to print the Super Bill with the insurance specified in the Case. The Case that is selected for the patient under Scheduler, Check in/out, Visit Note or Super Bill will print that Case insurance with the Super Bill from Utilities >> Print Super Bill. If this parameter is set to No, then this setting is to print the Super Bill with the insurance defined in case as well as all other insurances for the patient from Utilities >> Print Super Bill menu. By default, this feature is disabled.
- **Show Rejection Rows in Patient Ledge Once Done:** If this parameter is set to Yes, then

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system displays the status of Rejection row in Patient Ledger once Rejection row is Done. If this parameter is set to No, then system does not display the status of Rejection row in Patient Ledger once Rejection row is Done. By default, this feature is enabled.

- **Show warning when Doctor/Office is different from Visit Note:** If this parameter is set to Yes, then system prompts a message to replace visit note doctor / office to billable doctor / office OR Create new visit note OR Do not generate charge, whenever Doctor/Office is different than the Visit Note. This message displays while saving charges in Charge Posting. If this parameter is set to No, then system does not prompt any message, but replaces visit note with charge posting doctor / Office. By default, this feature is enabled.
- **Show patient credit in charge posting:** If this parameter is set to Yes, then this setting is to show patient credit in charge posting screen in the left panel at the bottom. Means it shows the Patient Open Credit(s) in list, with the detail against which visit date and under which doctor it's collected. If this parameter is set to No, then this setting does not show patient credit in charge posting screen in the left panel at the bottom. Means system does not show any list for Patient Open Credit(s). By default, this feature is enabled.
- **Add diagnosis in the visit after signed off:** If this parameter is set to Yes, then system updates the Visit Note (Signed Off) with diagnosis added from the Charge Posting. This appends the diagnosis list under Visit Note >>Diagnosis>>This Visit. If this parameter is set to No, then system does not update the Visit Note (Signed Off) with diagnosis added from the Charge Posting. By default, this feature is disabled.
- **Search ICD from ICD Master:** If this Parameter is set to Yes, then system searches from the ICD master for ICD codes. If this Parameter is set to No, then system searches from Most Used ICD list for ICD codes. By default, this feature is enabled.
- **Enable Service To Date:** If this parameter is set to Yes, system enables To Date column in Charge Posting screen where user can post a Charge by entering date range as From Date (11/25/2005) & To Date (11/28/2005) and system will by default set the value as 4 in Unit column. If this parameter is set to No, system disables To Date column in Charge Posting screen where user can post a Charge by entering From Date 11/28/2005 and system will set To Date as 11/28/2005 and system will by default set the value as 1 in Unit column. By default, this feature is enabled.
- **Allow to select CPT from "To Be Billed":** If this parameter is set to Yes, then system opens small window when you add pending visit for which super bill is entered. System provides option from Super bill how many CPT(s) you want to bill at a time. If this parameter is set to No, then system adds all CPT(s) available at super bill when you add pending visit. By default, this feature is enabled.
- **Open charge screen for edit after Rebill:** If this parameter is set to Yes, then system opens Charge Posting window to edit charge, when you Rebill the charge from Patient Ledger and Collection detail by selecting the Rebill option from the right click menu. If this parameter is set to No, then system does not open Charge Posting window to edit charge, when you Rebill the charge from Patient Ledger and Collection detail by selecting the Rebill option from the right click menu; the system only changes the status to Rebill. By default, this feature is disabled.

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- **Print CPT on Same HCFA:** If this parameter is set to Yes, When you enter bill, “print CPT(s) on same HCFA” checkbox is checked by default in charge posting. Print all CPTs on same HCFA. If this parameter is set to No, when you enter bill, “print CPT(s) on same HCFA” checkbox is unchecked in charge posting. Prints each CPT on a separate page. See Charge Posting section of Train Manual for details on this checkbox and the functionality it controls. By default, this feature is disabled.
- **Fetch ICD(s) from previous charge:** If this Parameter is set to Yes then in the charge posting screen when we try to enter the new charge at that time it will fetch the Previously assigned ICDs from old bills which is first in the above panel of charge posting. If it set to No then user can enter their own ICDs, it does not fetch already assigned ICDs. By default, this feature is enabled.
- **Use biller’s note for super bill:** If this Parameter is set to Yes, then when user fetch the Bill from the superbill at that time if he changes the CPT, ICD or Unit value then it asks to enter the Biller’s Note. It does not prompt to enter the Biller’s Note when user change any one of the above 3 field. By default, this feature is enabled.
- **Populate Copay for select CPT Class:** This parameter “Populate Copay for selected CPT Class” to fetch copay based on CPT Class from CPT Master. The default value is Office.
- **Check for Valid diagnosis:** Specify whether the system should check for Valid Diagnosis. If you select Yes, then in Charge posting, when a Diagnosis is entered, the system checks whether the Diagnosis is Valid (i.e. exists in Drug database or IMS database). If you select No, then the system does not check for validation (i.e. any Diagnosis is allowed). By default, this feature is enabled.
- **Show patient dropdown:** Setting this parameter to Yes makes the patient selection field in Charge Posting a drop down field. By default, this feature is disabled.

Payment Posting Parameters

- **Auto Calculate Write-Off:** Here user can set the default value to calculate the Write-off Amount while Insurance Payment Posting. Always = It will Always calculate the Write-off Amount. It will set the Write-off Amount = Charge Amount – (Paid Amount + Patient Responsible Amount). Never = It will Never calculate the Write-off Amount. It will set the Charge Amount – (Paid Amount + Patient Responsible Amount) as Balance. On Approved Amt.= It will calculate the Write-off Amount based on Approved Amount set in the Fee Schedule for the CPT. Charge Amount - (Approved Amount – (Paid Amount + Patient Resp.) = Balance Amount) = Write-off Amount. Always is the default value.
- **Reconcile patient responsible to open credit:** This is the default setting to reconcile any Open Credit available for the Patient while entering Insurance Receipt for that Patient's Charge & Copay is not reconciled for the Service Line. If this parameter is set to Yes, system opens the Reconcile Open Credit screen from the Insurance Receipt where Patient Responsible amount is mentioned & not reconciled yet. If this parameter is set to No, system does not open the Reconcile Open Credit screen from the Insurance Receipt where Patient Responsible amount is mentioned & not reconciled yet. By default, this feature is disabled.

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- **Warn if payment less than minimum acceptable:** This is the default setting to warn user when he/she post Insurance Payment & enter the Paid amount less than the expected amount set in the Fee Schedule for the Charged CPT at Insurance Plan/Carrier level. If this parameter is set to Yes system warns the user when paid amount is less than expected amount set in fee schedule. If this parameter is set to No system does not warn the user when paid amount is less than expected amount set in fee schedule.
- **Urgent Care POS:** It shows that POS as the Urgent care and when we use the Manage care payment posting, they system makes that charge line as selected one.
- **Autosave Receipt (in minutes):** This is the default setting to prompt user to Save the Receipt when he/she is adding or editing a Receipt. System will prompt user to Save the Receipt after the defined Minutes in this Parameter.
- **Show Patient claims in Pending Claims:** If this Parameter is set to 'Yes' then it shows the pending claims for patient in Insurance Payment posting > Pending Bills screen, while searching pending claims for the patient and by default the checkbox for 'Show Patient Claim'. If this Parameter is 'No' then Pending Bills screen shows only pending bills for insurance. By default, this feature is disabled.
- **Skip line in Autorecon if Patient Responsibility does not match:** If this parameter is set to Yes, system skips line if Pt responsible is different at Auto Reconciliation screen, Skip checkbox is checked by system. If this parameter is set to No, at Auto Reconciliation screen, Skip checkbox is unchecked. By default, this feature is disabled.
- **Show Autorecon Error Report after fetching ERA:** If this parameter is set to Yes, system displays Error Report after fetching ERA when you click on Auto Reconciliation screen. If this parameter is set to No, system does not display Error Report. By default, this feature is enabled.
- **Show Patient Responsibility change message in Payment Posting:** If this parameter is set to Yes, system prompts message, if Patient responsible is changed. If this parameter is set to No, system does not prompt message, even if Patient responsible is changed. By default, this feature is enabled.
- **Skip the line if its over paid in Auto Recon:** When Auto Reconciliation process is done, if Payment is already done for that Charge & if you try to reconcile against this charge then system considers it as overpaid. If this parameter is set to Yes, system skips that line automatically. If this parameter is set to No, system does not skip the line. By default, this feature is disabled.
- **Only open selected line when Edit Receipt (from Patient Ledger):** If this parameter is set to Yes, then suppose Receipt is created for 4 CPT(s) and if you have selected 1 CPT from Patient Ledger to Edit Receipt, then system displays only that CPT line. If this parameter is set to No, then system displays All 4 CPT(s) when you try to edit receipt from Patient Ledger. By default, this feature is disabled.
- **Show only Selected Rows in Refund when retrieving from the Pending Screen:** If this parameter is set to Yes, system fetches those refunds, which are selected at Pending Screen. If this parameter is set to No, system fetches all refunds from Pending screen. By default, this feature is disabled.

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- **Ask for Batch Reconciliation after first row:** While entering the Bill Receipts, the system asks for Batch generation (to automatically enter EOB details against the amount received from Insurance for a batch of bills claimed to it) when you enter the First row of EOB details. If you select No here, then the system does not ask for Batch generation (i.e. you have to enter EOB details of a batch's claims). This is the default setting to prompt user to Reconcile the other CPT Lines belong to the same batch when user add second row in EOB Detail of Insurance Receipt. System will prompt user to reconcile the other CPT Lines when this parameter is set to Yes. System will not prompt user to reconcile the other CPT Lines when this parameter is set to No. By default, this feature is enabled.
- **Allow to enter future date in checkout receipt:** If this parameter is set to Yes, then system allows you to enter Future Date in checkout receipt. If this parameter is set to No, then system does not allow you to enter Future Date in checkout receipt. By default, this feature is disabled.
- **Allow to save receipt even though remain to post is greater than zero:** If this parameter is set to Yes, then system allows you to save receipt event though there is some amount left in remain to post field. If this parameter is set to No, then system does not allow you to save receipt, if there is some amount left in remains to post field. User have to set detail or header level overpaid for this remain post amount. By default, this feature is disabled.

Insurance Claim Parameters

- **Print POS Address in HCFA Col 32:** Here user can set to Print the POS address in HCFA or not. According to POS system will print POS address in HCFA Column 32 means if POS is 11 then system will print Office Address selected in Case for the Charge Posted. If POS is 21 or 22, it will print Hospital Address in that column. If POS is 31, 32 or 33, it will print Care home Address in that column. If this Parameter is set to Yes then system prints POS address in HCFA in Col 32. If this Parameter is set to No then system does not print POS address in HCFA in Col 32. By default, this feature is disabled.
- **Sort field in HCFA Form:** You can set the default Sort Field for Column 24D in HCFA. This the HCFA for any claim, which contains more than One CPT line within a single Bill/Batch. As Entered (default) = It will print CPT Codes in Column 24D as per the CPT Code entered in Charge. CPT Code = It will print CPT Codes by Ascending Sorting on CPT Code. Charges = It will print Column 24D by Descending Sorting on Charges. Sequence Number = User defined Sequence ID at Charge Posting [Column say S]. If user set that column as blank then it will consider at last. It will print CPT Codes in Column 24D by Ascending Sorting on Sequence ID.
- **EMC Claim Mode:** If you want to send the EMC claims using Internet, then select Internet from the list. If you want to send the EMC claims using Dialup, then select Dialup (default) from the list. This only applies if you use a clearinghouse with which Meditab interfaces.
- **Perform Preclaim Test before Claim:** If this parameter is set to Yes, before printing HCFA or Generating Claim system will perform Pre claim Test, giving users the opportunity to fix up errors before sending claims. If this parameter is set to No, system will skip the claim testing and send the claim directly. By default, this feature is enabled.

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- **Generate EMC File for Provider Group:** If the doctor for whom you want to send the claims to the insurance carrier is under Provider Group then you can generate EMC File for Provider Group. If this parameter is set to Yes, then system generates EMC File for Provider Group. (If that doctor is under a provider group) If this parameter is set to No, then system does not generate EMC File for Provider Group. It generates EMC File for a Doctor. By default, this feature is enabled.
- **New HCFA when Primary ICD Changes:** If this parameter is set to Yes, then system prints each ICD on new HCFA, if Primary ICD is changed, for Group of CPT(s). (in a single charge). If this parameter is set to No, then system prints all ICD(s) on single HCFA, even if Primary ICD is changed, for Group of CPT(s). (in a single charge). By default, this feature is disabled.
- **Meditab User ID:** Meditab Clearing Server for EMC Transmission uses this parameter. Do not change these parameters. Contact Meditab Software Inc. before changing this parameter. This is for sending claims through Meditab.
- **Dialing No. for Meditab Clearing House:** This dialing number is Dialed to connect to Meditab Clearing House to Send / Receive files. Claim files generated for EMC claims are sent to Insurance via Meditab Clearing house and files are also received from Insurance.
- **Send Medicare ID as default:** If this parameter is set to Yes, if provider has no Provider ID for selected Insurance of the patient while sending claim, system will print Provider's Medicare ID in HCFA Column 12. If this parameter is set to No, if provider has no Provider ID for selected Insurance of the patient while sending claim, system will print Provider's Medicare ID in HCFA Column 12. By default, this feature is enabled.
- **Send Provider ID if group ID is not defined for EMC:** If this parameter is set to Yes, then system sends Provider ID if Group ID is not defined. If this parameter is set to No, then system does not send Provider ID if Group ID is not defined. By default, this feature is disabled.
- **HCFA/UB92 Background Image:** Show = System Prints HCFA / UB92 with background image (for view purpose only). When you take actual print back ground image is not printed. Don't Show= System does not Print HCFA / UB92 with background image.
- **HCFA Form and ADA Form parameters are not editable.** Contact support if you need to modify these. These parameters control how the HCFA form prints (move fields to the right, what image to use, etc).
- **Sig on File data in HCFA Form:** If this parameter is set to None (default), system does not print any Date Value in HCFA Column 12. If this parameter is set to First Visit, system prints First Visit Note Date created for the Patient in HCFA Column 12. If this parameter is set to Visit Date, system prints Visit Note Date for which the Bill is posted.
- **Send EMC claims to:** If this parameter is set to Meditab, then it sends EMC claim to Meditab clearing server. If this parameter is set to ENS, then it sends EMC claim to ENS clearing server. At this time these are the clearinghouses with who Meditab has an electronic interface setup. If you do not use these clearinghouses, this setting does not apply.
- **ENS parameters** apply to offices that use the ENS clearinghouse.

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Schedule Parameters

- **IVR appointment reminder:** You can specify to remind appointment for the patient in Patient Master. If this Parameter is set to Yes, then in Patient Master screen Appointment call field is enabled. You can set reminder for the appointment. If this parameter is set to No, then in Patient Master screen Appointment call field is disabled. You cannot set reminder for the appointment. By default, this feature is disabled.
- **Show doctors who are assigned to room:** You can show doctor's list, which are assigned to room in Schedule by Room screen. If this Parameter is set to Yes, then the system displays that doctors names that are assigned to the selected room, in the selected office (Setup >> Schedule >> Room) in the scheduler screen. If this parameter is set to No, then the system displays all Doctor's names in the scheduler screen those are assigned to the selected office. By default, this feature is enabled.
- **Show patient DOB in appointment list:** If this Parameter is set to Yes, then the system displays Patient date of birth in time slot of Scheduler screen. If this Parameter is set to No, then the system does not display Patient date of birth in time slot of Scheduler screen. By default, this feature is enabled.
- **Show patient appointment with other detail and walkin:** If this Parameter is set to Yes, then in Patient Appointments system displays Walk In status and their details like Appointment Created Date & By whom, Appointment Changed Date & By whom. If this Parameter is set to No, then in Patient Appointments system does not display Walk In status and other details like Appointment Created Date & By whom, Appointment Changed Date & By whom. By default, this feature is disabled.
- **Print patient balance in daily view print:** If this Parameter is set to Yes, then the system prints patient balance in the daily view. If the Parameter is set to No, then the system does not print patient balance in the daily view. By default, this feature is disabled.
- **Is case required?:** If this Parameter is set to Yes, then while adding patient appointment, if case is not entered, the system displays warning message. You must enter the case details. If this parameter is set to No, then while adding patient appointment, the system does not gives warning message. The system allows you to set the patient appointment. By default, this feature is disabled.
- **Appointment Card:** If this parameter is set to None (default), then no letter is selected to print as an appointment card. System fetches all the letters created with schedule category in the list. Selected letter will be printed when you want to send that letter as an appointment card to the patient.
- **Open multiple schedule screen:** You are allowed to open multiple Scheduler screens for different doctors. If the Parameter is set to Yes, then the system allows opening the multiple Scheduler screen for different doctors of the different offices. If No, then the system does not open the multiple Scheduler screen for different doctors of the different offices. A single Scheduler screen is allowed to open at a time. By default, this feature is enabled.

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- **Show patient Zip in appointment list:** If this Parameter is set to Yes, then the system displays Patient's Address Zip in time slot of Scheduler screen. If this Parameter is set to No, then the system does not display Patient's Address Zip in time slot of Scheduler screen. By default, this feature is disabled.
- **Allow to create visit note from scheduler:** This parameter allows visit notes to be created while scheduling a patient. By default, this feature is disabled.

Check In/Out Parameters

- **Patient check in doctor is different than schedule doctor:** This is the default setting to allow the user to change the doctor at the time of check in even if schedule doctor is different. If this parameter is set to Yes, then system allows the user to change the doctor at the time of check in even if schedule doctor is different. If No, then system does not allow the user to change the doctor at the time of check in. By default, this feature is disabled.
- **Select Room when clicking In Room:** In Check In/Out, when a Checked In patient is taken In Room, you can make a default setting to select a Room from the list of rooms or no provision to select room at the time of taking the patient In Room. If this parameter is set to Yes, then a list of rooms is displayed when a patient is taken In Room, you can select the room from the given list or you can continue using the room, which you have selected at the time of scheduling. If this No, then system will not open Room Selection screen & system will take the patient in room to the room you have specified at scheduling. By default, this feature is enabled.
- **Alert for referral doctor during check in:** If this parameter is set to Yes, then at Check In time, the system checks whether the Referral Doctor is defined for the selected patient (in patient's Case). If Referral Doctor is not defined, then the system prompts a message. If this parameter is set to No, then the system does not check for the Referral Doctor at Check In time. (It will allow you to Check In the patient without having referral doctor at case). By default, this feature is disabled.
- **Ask for picture?:** Specify whether the system should ask for taking patient's photo or not. And if yes, then you can specify when the system should ask for patient's photo. You can specify to ask for patient's photo at Check In time, In Room, or Vital Signs. If this parameter is set to No, then the system does not ask for patient's photo. By default, this feature is disabled.
- **Show different color for all incomplete tasks in check out:** If this parameter is set to Yes, then system will highlight in completed/missing tasks in Check Out screen with different color than tasks, which are already completed, at the time of Check out the patient. For Example if you have not collected copay from the patient and then at check out Copay will be highlighted with different color in Check Out screen. If this parameter is set to No, then system will display all tasks in Check Out screen with same color. By default, this feature is enabled.
- **Chart request letter:** If user has selected any letter for this parameter, then system gives prompt "Do you want to print chart request?" message at Check In time. If user has not selected any letter here, then system will not prompt for printing chart request at Check In time. This parameter is null by default.

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- **Print first visit of case when patient checks in:** If this parameter is set to Yes, then system gives prompt "Do you want to print First Visit of the case?" message at the time of Check In to print the first visit of the patient. If No, then system does not prompt any message at the time of Check In to print the first visit of the patient. By default, this feature is disabled.
- **Print last _ visit(s) of case when patient checks in:** This is the setting to specify last how many patients' visit user want to print at the time of Check In. For Example if you have specified the value 2 for this parameter, then system will prompt "Do you want to print Last 2 Visit of the case?" message at check in. This parameter is null by default.
- **Default document category for scan:** If you have specified any document category for this parameter, then while scanning the document from right click option in Check In/Out Middle panel, system will by default select the document category, which you have selected for this parameter in Category Combo box in Patient Document screen. This parameter is null by default.
- **Show patient picture:** If this parameter is set to Yes, then system will show Photo screen(patient's photo within) in Check In/Out screen. If this parameter is set to No, then system will not show Photo screen in Check In/Out screen. By default, this feature is enabled.
- **Add visit when send patient in room:** This is the default setting to create/add visit note for the patient while taking the patient In Room. If this parameter is set to Yes, then system creates/adds visit note by default without prompting message to add visit note, while taking the patient In Room. If this parameter is set to No, then system does not create/add visit note. If this parameter is set to Ask, then system gives prompt "Visit Note (General) is not entered. Do you want to add?" message to add visit note while taking the patient In Room.
- **Allow to open visit note if patient not in room:** This is the default setting to allow the user to open the visit note if patient is not in room. If this parameter is set to Yes, then system allows the user to open the visit note if patient is not in room. If this parameter is set to No, then system does not allow the user to open the visit note if patient is not in room. (To open the visit note, patient must be in room). By default, this feature is enabled.
- **Use visit note doctor signature when print/fax Rx from check out:** If value for Parameter "Use Visit Note Dr sign when Print / Fax Rx from Check Out window" is set as "YES", then system appends PRESCRIBING DOCTOR'S Signature (Dr. selected in Visit Note >> General >> R flag) at the time of Fax / Print Rx from Check Out window. If value for Parameter "Use Visit Note Dr sign when Print / Fax Rx from Check Out window" is set as "No", then system appends LOGIN DOCTOR'S Signature at the time of Fax /Print Rx from Check Out window. By default, this feature is enabled.
- **Show superbill when check out:** If this parameter is set to "Show for All" then system shows all patient's superbill at the time of check out. If this parameter is set to "Show for Self Pay" then system shows all self pay patient's superbill at the time of check out. If this parameter is set to "Do not Show" (default) then system doesn't show Today's Superbill panel in the check out window.
- **Show appointment list by doctor and room:** If this parameter is set to Yes, then system shows appointment list in right panel Check In/out screen with doctor name and room. If this parameter is set to No, then system shows appointment list in right panel Check In/out screen with doctor name only. By default, this feature is disabled.

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- **Show checkin list by doctor and room:** If this parameter is set to Yes, then system shows checkin patients list in middle panel Check In/out screen with doctor name and room. If this parameter is set to No, then system shows checkin patients list in middle panel Check In/out screen with doctor name only. By default, this feature is disabled.
- **Check In/Out refresh time (Minutes):** The Check In/Out screen is regularly Refreshed to display the latest status of patients (Checked In, In Room, Checked Out) set from different computers. This Refresh Time is set here. Two minutes is the default time.
- **Print Label:** Patient = System prints Patient label from schedule/Checkin out. Patient (Barcode) = System prints Patient Barcode label from schedule/Checkin out. Chart Label = System prints Patient Chart label from schedule/Checkin out.

Report Print Parameters

- **Print current date on report:** Specify whether Current date (today's date) should be printed on report. If this parameter is set to Yes, then the Current date is printed on report. If you don't want to print the current date, then set this parameter as No. By default, this feature is enabled.
- **Print Page No:** If this parameter is set to Yes, then Page Number is printed on the report. If you don't want Page numbers on the Report, then select No. By default, this feature is disabled.
- **Second Statement reminder Note:** This note will appear on a statement if any charges are on the statement for a second time. The default value is "This is Second reminder."
- **Third Statement reminder Note:** This note will appear on a statement if any charges are on the statement for a third time. The default value is "This is Third reminder."
- **Report header Info form:** This is the default setting to fetch Report header information like Office Name, Address, Phone, and Fax etc. from office or office group. If this parameter is set to "Office" (default) then Report header information will be fetched from Office. If this parameter is set to "Office Group" then Report header information will be fetched from Office Group.
- **Create Report by using wizard:** Set "Yes" if user wants to create report-by-report builder wizard. Set "No" if user doesn't want to create report-by-report builder wizard. By default, this feature is enabled.
- **Report Designer View:** In report designer, it shows only Views (default). In report designer, it shows Views and tables both.
- **Print lines in report:** Specify whether lines should be printed on report. If you want to print lines in reports, then set this parameter as Yes. If you don't want to print the lines in reports, then set this parameter as No. By default, this feature is disabled.
- **Format Reports:** This is the default setting to apply defined format to report parameter screens and report screens. If this parameter is set to Yes, system will apply defined blue color format to the report parameter screens and report screens. If this parameter is set to No, then system will not apply any format to report parameter screens and report screens. By default, this feature is disabled.
- **Report Template:** IMS has provided 5 different Report Templates. You can select desired report template from the list.

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PDA Parameters

- **Start PDA import automatically:** Specify whether the PDA import should start automatically. If this parameter is set to Yes, then the PDA import is started automatically. If you don't want to start the PDA import automatically, then set this parameter as No.
- **Get patient signature on device:** Specify whether the patient's signature should be taken on PDA. The default value is Yes, i.e. the system allows you to take the patient's signature on the device. If you want to take the signature on the Desktop (not on Palm), then select No.
- **PDA:** Specify the path (folder name) where PDA files are kept.

Other Parameters

- **Prompt for backup if it has not been taken for more than 7 days:** If this parameter is set to Yes, then system prompts to take backup for particular doctor, if it has not been taken for more than 7 days. If No, then system doesn't prompt to take backup. The default setting is no, do not prompt.
- **Store Zip in local machine:** This is the default setting to store Zip in local machine or server machine. If this parameter is set to Yes, then system will store all Zip in local machine. If this parameter is set to No, then system will store all Zip in server machine. The default setting is the server.
- **Website for Referral Doctor UPIN:** Here you can list the website URL to get referral doctor's (UPIN) Unique Physician Identification Number.
www.upinregistry.com/provider_results.asp?PrvLastName=<lastname>&PrvFirstName=<firstname>
- **Autogenerate Patient Chart Number:** If this parameter is set to Yes, then system will autogenerate Patient Chart Number in Patient Master. If No, then system will not generate Patient Chart Number and you can enter Patient Chart Number of your choice. By default, this feature is disabled.
- **Store patient name as:** If this parameter is set as "As Entered", then System will store Patient's name exactly as it was entered at the time of adding the Patient in Patient master. If this parameter is set as "Upper", then System will store Patient's name in Upper Case. If this parameter is set as "Proper" (default), then System will store Patient's name in Proper (First Letter would be in Upper Case).
- **Open window when you select (Authorized) status:** This is the default setting to open, which screen if you change the authorization/referral status to authorized. If is set to None, then system will not open any screen when authorized. If set to Case (default), then system will open Case screen when authorized. If set to Case Autho, then system will open Case Authorization screen when authorized. If this parameter is set to External Autho, then system will open External Authorization screen when user changes authorization/referral status to authorized.
- **Open letter in OS default application:** If this parameter is set to Yes, then system will open the document which is of type letter in operating system's default application (e.g. Microsoft word). If this parameter is set to No, then system will open the document, which is of type letter in IMS Letter screen. By default, this feature is disabled.

NOTES:



- **Lab order letter:** Specify default Lab order letter from the drop down. While printing or sending fax for lab orders system takes this default letter if any lab letter is not specified in lab master.
- **Autho/Ref Followup:** If set to Yes, then in Authorization window user gets "Followup" option in right click menu. If No, then user doesn't get "Followup" option. By default, this feature is disabled.
- **Website for live agent:** Specify the website URL for connecting to client via live agent: <http://www.meditab.com/liveagent.asp>.
- **Show Inactive Insurance in Facesheet:** If this parameter is set to Yes, then system displays inactive insurance(s) in face sheet and Inactive insurance checkbox is checked by default at Face sheet. If No, then system does not display inactive insurance(s) in face sheet and Inactive insurance checkbox is Unchecked by default. By default, this feature is enabled.
- **Show Inactive Case in Facesheet:** If this parameter is set to Yes, then system displays inactive case(s) in face sheet and Inactive case checkbox is checked by default in Face sheet. If this parameter is set to No, then system does not display inactive case(s) in face sheet and Inactive case checkbox is Unchecked by default. By default, this feature is enabled.
- **Default Authorization Type:** When user add authorization from either Schedule or Authorization tracking system takes default authorization type as selected from the drop down if default Type is not specified at Procedure level. Medical is the default value.
- **Default Category for insurance card:** System saves any scanned document in the specified Category.
- **Allow to edit Patient Chart No:** If this parameter is set to Yes, then system will allow the user to edit patient chart number. If this parameter is set to No, then system will not allow the user to edit patient chart number. By default, this is disabled, once a chart number is assigned, it cannot be edited.
- **Set patient's default insurance id:** If this parameter is set to "Patient's SSN" (default), then system will by default take patient's SSN as an Insurance Id. If "None", then by user can enter Insurance Id given by Insurance Carrier. Users can change this item at the insurance carrier and plan level.
- **Load files on open (File selection):** If this parameter is set to Yes, when we open "select file" window to add any Image file then by default it will load all the images. If No, when we open "select file" window to add any Image file then system wont load all images. Once user will click on Icon then only it will load. By default, this feature is disabled.
- **Show selfpay flag in patient master:** If this parameter is set to Yes, then Selfpay checkbox is available in Patient Master screen. If No, then Selfpay checkbox is unavailable. By default, this feature is enabled.
- **Allow to edit case description:** If Yes, then system will allow the user to edit patient's case description. If No, then the user cannot edit the case description. By default, this feature is disabled.
- **Sign off patient document after 'Done' or 'Done & Next':** From the document window in My Tasks, users can mark documents as 'Done' to finish and also cycle through documents by clicking 'Next' or 'Done & Next'. These two options sign off the patient document with the provider's signature. The default option is to ask the provider.
- **Default letter for referral tracking (schedule):** Choose a letter to be the default letter available when referral item is created from scheduler.
- **Default letter for referral tracking (visit note):** Choose a letter to be the default letter available when referral item is created from visit note.

NOTES:



- **Show cross Street:** If this parameter is set to Yes, then CS field is available in Patient Master screen. (In this field, You can enter value of Cross Street). If No, then CS field is unavailable in Patient Master screen. By default, this feature is disabled.
- **Default URL for Driving Direction:** It opens specified URL and shows road map to get the exact direction for the given address. Yahoo maps is the default option.
- **Archive Audit Log Every n days:** After every number of days user wants to archive audit log data. Two is the default number of days.
- **Print Barcode on HL7 Lab Specimen Label?:** Determine whether or not to print patient barcode on HL7 message. By default, this feature is enabled.
- **Generate Vaccine shot file:** If this parameter is set to Yes, while adding new immunization for patient System will prompt to enter CPT code or CVX code for the selected immunization if it doesn't have such codes entered. If No, while adding new immunization for patient System won't prompt to enter a code and directly adds the immunization. By default, this feature is disabled.
- **Default CPT Status in IDS:** When user applies any procedure on patient the System takes status as "In Progress" (default) by default for that applied procedure. When user applies any procedure on patient System takes status as "Done" by default for the applied procedure.

Special Scheduler Parameters

Setup>>Scheduler>>Parameters

Description	Value
Office start time	08:00 AM
Office end time	03:00 PM
Appointment Interval (Minutes)	15
Refresh Time (Minutes)	
Default View	Daily
Week view start from	Current Day
Month view start from	Current Date
Calendar View	Sun-Sat
Appointment Waiting	Yes
Set background color for	Procedure
Check room for appointment	Yes
Check maximum procedures per day and authorization	No
Default Confirm Status	Yes
Show canceled appointment	Yes
Check patient future appointment	Yes
Ask reason when move appointment	Yes

Any change to parameter will take effect, when the scheduler will open next time.

[Copy to All Offices](#)

This is also a section under scheduler of parameters that pertain to the schedule view:

Select the office you are setting these parameters for.

Select the office start and end time to be viewed on the schedule window.

Select the amount of time for your appointment intervals.

Refresh view – how often you want the screen refreshed.

Default view of the scheduler – daily, weekly, monthly, etc.

Week & Month view start from current day or 1st day.

Calendar view of Monday to Sunday or Sunday to Saturday.

Enable or disable appointment waiting list.

Set background color for procedure or room.

Check max procedures per day and authorization – yes or no.

NOTES:



Default appointment confirmation status to yes or no.

Chow cancelled appointment in scheduler – yes or no.

Check patients future appointments in scheduler – yes or no.

Ask reason why when moving an appointment – yes or no.

You can also select to copy these coppices to all offices in your system. Say OK when complete.

NOTES:
