



COLLECTION MODULE

Objective & Goals:

- Review collection module features and use for follow up
- Filtering collections based on different criteria
- Leaving follow-up notes
- Rebilling from collections
- Send collection statements or letters
- Assign collection statuses
- Work rejected items
- Understanding all of the different right-click options

Collection Module

The collection module will be blank until you determine the criteria you are seeking. You can filter by Office, Insurance Carrier, Patient, Aging By, As of, Status, Doctor, Insurance Plan, Insurance Type, Range of Date, Balance amount.

A screenshot of the Collection Module search criteria form. It features two rows of search criteria. The first row includes: Office (dropdown: All), Ins. Carrier (dropdown: All), Patient (text input), Aging By (dropdown: Claim Date), As Of (date input: 03/21/08), Status (dropdown: All), and Adv. (checkbox: checked). The second row includes: Doctor (dropdown: All), Ins Plan (dropdown: All), Ins Type (text input), Range (three input boxes: 30, 60, 90), Bal. From (text input: .00), To (text input: .00), Hide 30 (checkbox: unchecked), Grp. By (dropdown: Insurance), and a blue envelope icon. A red arrow points to the blue envelope icon.

Once choosing criteria click the blue envelope icon to retrieve your records.

Your data will come up in a main summary by insurance group and patient responsible.

Select the records you want to view and you can double click each line as needed until you get to the actual line charge posting item detail.

NOTES:



Depending on the detail you are in the bottom of the screen will give you available options.



Summary – will take you back to the main summary screen of your search and summarize your criteria by insurance and patient responsible.

Summary – will drill down to the next level and give you a summary by insurance and by patient.

Detail – will give you a detailed view of the checked items aging.

Print & Export – you can print what you are viewing or export the data to another program.

Letter - Allows you to write letters by patient or insurance.

Follow-up – Allows you to add follow-up notes or actions to an item.

Collection Followup (Claim)

Doctor: Patrick's , Mark Insurance: America Life insured
Patient: Test , Bhavu
CPT Code: 99201 Diagnosis: 764.24
Service Date: 01/11/2008 Claim Date: 01/11/2008 Amount: 22.90

Date From: 00/00/0000 To: 00/00/0000 For Entry Date Retrieve

Date	Followup Date	Status	Note
Enter range of date			

To sort click on column header

Date* 03/21/2008 Entered By* Status: Pending Followup Date: 03/21/2008

Note*

Options Add Delete Cancel Save Close

Set status

Enter follow-up in note field.

NOTES:



Write-off – allows you to add a patient or insurance write-off.

Check the box of the item you want to write-off

>>	<input checked="" type="checkbox"/>	00001	Brown, Tom Torr	05/08/83 789
2	<input type="checkbox"/>	00001	Brown, Tom Torr	05/08/83 789

Click on the Write off button. Select you write off code from the drop down list or add a code using F11..

A screenshot of a software dialog box titled 'Writeoff Code(s)'. It features a search bar at the top labeled 'Code* (?)'. Below it is a list box containing one entry: '88 Adjustment amount represents collection against receivable created in p overpayment.' At the bottom of the dialog, there are two buttons: 'OK' (with a checkmark icon) and 'Cancel' (with an 'X' icon). Above these buttons, the text 'F11 - Add Code F12 - Delete Code' is visible. The dialog box has a standard Windows-style title bar with a question mark icon and a close button.

Statement – allows you to print a patient statement or a collection statement.

Rebill – allows you rebill a charge or item.

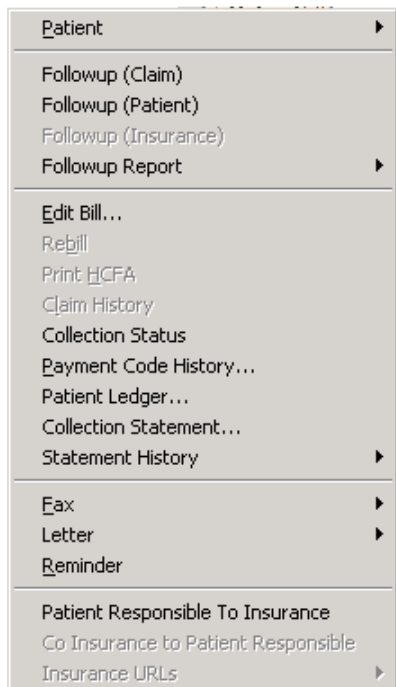
Print HCFA – allows you to reprint a HCFA by item or charge.

Status – allows you to add a status category to a charge.

NOTES:



Collection Right Click Options



Patient – gives you options for the patient including insurance view, bill, statement, payment history, payment plans, chart view, documents, notes, contact, etc.

Follow-up (claim) (patient) (Insurance)– allows you to add a follow-up note to the claim, patient or insurance.

Follow-up report - gives you a report of all follow-ups for that patient or insurance.

Edit bill – brings up the charge posting screen to edit the claim.

Rebill/Print HCFA – allows you to rebill or print HCFA for a charge or claim.

Claim History – gives you the history of a claim.

Collection Status – allows you to change the status of a line – charge or claim.

Payment code history – gives a history of the payment codes used for that line.

Patient Ledger – pulls up the patient ledger screen for selected patient.

Collection Statement – allows you to print collection or patient statements.

Statement History – allows you to view a history of statements for that patient or insurance.

Fax – you can send a fax to a patient or insurance.

Letter – Allows you to create letters for a patient or insurance.

Reminder – takes you to create a reminder.

Patient responsible to insurance – takes an item that is patient responsibility and transfers it to the insurance.

Co-Insurance to patient responsible – transfers an item from the co-insurance to patient responsibility.

NOTES:
