

How to use the Deductible Mode Button:

Step 1: Bring up the patient you are trying to post the payment for.

Step 2: Click on Payments



Step 3: Double click on the line you want to post for, or you can type in the claim number in the yellow box.

(V5.7.778) Patient: Ellen Thompson, Chart Number: 1, DOB: 08/13/1936

File Options & Corrections Credit Info/Issue

Cash Receipts Center

Claim History
 Patient Statement For Ellen Thompson
 Exit-Abort-Quit
 Manage Credit Cards Bulk Patient Pay
 Search Patient
 View OD Payments View OA Payments

Number

Patient has credit(s) totalling \$2460.00.

Open & Recently Paid Items For Ellen Thompson

DEBITED TO	DOCTOR	REFERENCE	D.O.S.	INVOICE	AMOUNT	DATE PD
AARP	IntBu	SUBSEQUENT OV-LEVEL	04/17/14	10208	89.00	
AARP	IntBu	DEBRIDEMENT-MYCOTIC	04/29/14	10214	94.00	
MEDICARE	IntBu	SUBSEQUENT OV-LEVEL	01/08/15	10258	34.26	
MEDICARE	LeoMc	SUBSEQUENT OV-LEVEL	01/08/15	10259	55.00	
MEDICARE	IntBu	SUBSEQUENT OV-LEVEL	01/12/15	10264	54.26	
MEDICARE	IntBu	SUBSEQUENT OV-LEVEL	01/13/15	10265	54.26	
MEDICARE	RobAl	SURGERY	02/27/15	10302	20.00	
MEDICARE	IntBu	SURGERY	03/02/15	10303	20.00	

Teach Me How To...



Step 4: Click on the red box that stated 'Click here to Start'

Step 5: Enter the allowed amount from the insurance.

Posting A Payment

Claim Type: 0 Ellen Thompson Chart# 1

Date/Serv	Procedure	Charges	Total Paid	Tot WrOff	Balance	Amt Paid	Medicare /	Inq
01/08/15	99212	55.00	0.00	7.00	9.60	30.40	48.00	Inq
Deductible Mode Off		55.00	0.00	7.00	9.60	30.40	48.00	

Amount Of Claim: 55.00 Primary Carrier: MEDICARE Billed/Seen By: L. MCCOY, DPM
 Amount Paid: 0.00 Secondary Carrier?: No Insurance Claim Number: 10259
 Written Off: 0.00 Third Carrier: No Insurance Paid On Claim Amount: 0.00
 Transaction Bal: 55.00 Patient: Ellen Thompson Payment From Patient Bill: 0.00

Auto Apply Balances Chg Dx Codes

Click When Done

History & Who:
 01/08/15 New Claim Entered (LeoMc)
 01/08/15 Repeated Claim #10258 (LeoMc)
 01/08/15 HLD-SETTINGS (LeoMc)
 01/08/15 Clinical Summary Refused (LeoMc)

There is no copy on chart.

Step 6: Click on the pink box that states 'Deductible Mode Off'. This will overlay the payment screen with a new box with a new column heading.

Date/Serv	Procedure	Charges	Total Paid	Tot WrOff	Balance	Amt Paid	Medicare Ap	Inq
01/08/15	99212	55.00	0.00	7.00	9.60	38.40	48.00	

Deductible Mode Off 55.00 0.00 7.00 9.60 38.40 48.00

Amount Of Claim: 55.00 Primary Carrier: MEDICARE Billed/Seen By: L. MCCOY, DPM
 Amount Paid: 0.00 Secondary Carrier?: No Insurance. Claim Number: 10259
 Written Off: 0.00 Third Carrier: No Insurance. Paid On Claim Amount: 0.00
 Transaction Bal: 55.00 Patient: Ellen Thompson Payment From Patient Bill: 0.00

Click When Done

Step 7: Sammy will calculate the balance that may have been paid. You then want to zero out all the amounts that were filled in and enter the correct amounts in the appropriate boxes. You want to make sure you work right to left.

****Please remember to use the Enter to take from field to field.****

Date/Serv	Procedure	Charges	DEDUCTIBLE	CO-INS	ACTUAL AMOUNT Paid	2% Amount	Inq
01/08/15	99212	55.00	45.00	0.00	0.00	0.00	

Put deductible amounts, co-ins & amt paid amounts in the proper columns. Then click yellow directly below.

Deductible Mode On 55.00 0.00 45.00 0.00 0.00

Amount Of Claim: 55.00 Primary Carrier: MEDICARE Billed/Seen By: L. MCCOY, DPM
 Amount Paid: 0.00 Secondary Carrier?: No Insurance. Claim Number: 10259
 Written Off: 0.00 Third Carrier: No Insurance. Paid On Claim Amount: 0.00
 Transaction Bal: 55.00 Patient: Ellen Thompson Payment From Patient Bill: 0.00

Click When Done

Step 8: Once you enter the proper amounts please click on the yellow button that states 'Click When Done'.

Step 9: You will then be able to see the breakdown of the claim. You then click on the green button that states 'post it'. This will also be the same if the balance is going to the secondary.

Posting A Payment

Ellen Thompson Chart# 1

Date	History & Who		Credit Amount
01/08/15	New Claim Entered (LeoMc)		2460.00
01/08/15	Repeated Claim #10258 (LeoMc)		
01/08/15	HLD=SETTINGS (LeoMc)		
01/08/15	Clinical Summary Refused (LeoMc)		

Direct Deposit	Amount Received:	Billed:
<input type="checkbox"/>	0.00	55.00

Additional messages are shown here.	Use/Issue Credit To Patient	
	MEDICARE	0.00
	No Insurance.	0.00
	No Insurance.	0.00
	ReBill To The Patient	48.00
	Adjustment To Amount Billed	0.00
	Partial Pay - Hold For Balance Due	0.00
W/O CODE	Write-Off (Unable To Rebill)	7.00
W/O CODE	Write-Off (Unable To Collect)	0.00
	Turn This Amount To Collection	0.00
Ded. Claim	Balance - Must Make It Zero	0.00

Amount Of Claim	Primary Carrier	Billed/Seen By
55.00	MEDICARE	L. MCCOY, DPM
Amount Paid	Secondary Carrier	Claim Number
0.00	No Insurance.	10259
Written Off	Third Carrier	Paid On Claim Amount
0.00	No Insurance.	0.00
Balance On Claim	Patient	Payment From Patient Bill
55.00	Ellen Thompson	0.00

Step 10: Once you click on post it you can click on your reason and also enter the last 6 numbers of the check. If you don't have the check number and you leave that field blank it will bring in the date in when you click on Apply/Continue.

Patient Billing

Please enter your check number or as applicable below

Enter Check Number (1=Cash): Direct Deposit

01-Deductible

Reason	Code
Deductible	001

If you can't change the reason, click 'View All/Change'.