
Front Desk



About this Manual

This IDX Training Manual is written to give you a step-by-step guide for your classroom training and a handy reference for your daily work. The list of features in this manual help you use it more effectively.

Objectives and Summaries - The manual contains class lesson objectives which provide you with the overall goals you will achieve by the end of the course. The manual contains a summary for your review at the end of each lesson.

Practice Sessions - Most modules end with a practice session to help you practice the skills you learned in the lesson. Your instructor will be available to assist you if you need it during the exercises.

Keys - References to keys are presented in **bold** brackets, for example, **<Enter>**. Key combinations are referred to in the following format **<F7><P>**, this would mean to press the F7 key, then press the P key.

Introduction

Class Objectives

After completing this training class, you will be able to:

- Identify the different Payment Codes (Paycodes) used in Front Desk;
- Complete the Batch Form;
- Enter Patient and Header information;
- Enter Payment information;
- Making Corrections
- Print a Batch Proof (Physician Payments Only)
- Balance and exit a batch.

Introduction to Front Desk

Welcome to the Front Desk course. This module was designed to allow users the ability to post patient payments (i.e payments on invoice, copayments, and advanced deposits) at the front end. All patient payments received at the time of service will be posted first through Function 25 -Front Desk. Payments posted using Front Desk will immediately reduce our accounts receivable as they are being posted, real-time, into B/AR (Billing and Accounts Receivable).

Hospital Non-Service payments are not posted real-time. Examples of these types of payments are transportation charges, postage, etc.

Payments, such as copayments, advanced deposits, and time of service payments (TOS) are received in advance of charges being posted to the system; therefore, Front Desk (F25) is used as post these payments prior to the respective charges being entered.

This course and manual will provide you with the information needed to post patient Time of Service (TOS) payments made at our clinics at Check-In or Check-Out.

Your trainer will lead you through the material. Throughout the training, we will use presentations, on-line demonstrations, and hands-on exercises.

Terminology

Time of Service (TOS) Payments are payments collected at the time of the visit. These are in the form of copayments, payments on invoice (payments on visit) or advanced deposits.

Dictionaries

IDX uses dictionaries in the applications to expedite data entry and ensure standardized data for reporting purposes.

Dictionary entries can be accessed by using the name, number or mnemonic of the entry. If you do not know any of these, you can also type a <?> to do a lookup to the entire dictionary.

The following is a list of dictionaries that are used in the Post Receipts function:

Dictionary Description:

Group The IDX BAR application can segregate receivables into several groups. Most of UMMG receivables will be in BAR Group 3.

Division An IDX Division is equivalent to a clinical department. All divisions are stored in dictionary #102.

Billing Area An IDX Billing Area is a specialty within a department. This is known in PBS as a division. All Billing Areas are stored in dictionary #202.

Location (POS) Location or Place of Service codes are a HCFA requirement. These include inpatient, outpatient, doctor's office, etc. All locations are stored in dictionary #100.

Facility The facility is the site where the patient was seen for services, such as JMH or Jackson Towers. All facilities are stored in dictionary #101.

Provider The provider or physician who rendered the services. Must be a billing provider. All UMMG providers/physicians are stored in dictionary #3.

FSC is a mnemonic for Financial Status Classification. It determines who gets billed for services rendered, for example, Medicare, Medicaid or Self Pay. FSCs are stored in dictionary #19.

Payment Codes A payment code, also called a paycode, is a code that is used to post a transaction in the system. The payment code tells the system how to process the transaction and how to report the transaction in daily and month end reports. B/AR Paycodes match up to their corresponding FSCs.

B/AR Payment Codes

The following payment codes (Paycodes) are used for Physician Front Desk payments.

12 – Patient Payment on Invoice Used to post a deductible, coinsurance, or Self Pay payment paid in the form of cash or check against a charge for services rendered on that specific day.

14 – Advanced Deposit Used to post a Self Pay Advanced Deposit paid in the form of cash or check against a charge for a future service.

15 - Copayment Used to post a Self Pay Managed Care Copayment paid in the form of cash or check against a charge for services rendered on that specific day.

33 – Credit Card (CC) Visa/Mastercard (M/C) Payment on Invoice Used to post a deductible, coinsurance, or Self Pay Payment paid using Visa or M/C against a charge for services rendered on that specific day.

34 – (CC) Visa-M/C Advanced Deposit Used to post a Self Pay Advanced Deposit paid using Visa or M/C against a charge for a future service.

35 – (CC) Visa – M/C Copayment Used to post a Self Pay Managed Care Copayment paid using Visa or M/C against a charge for services rendered on that specific day.

36 – (CC) AMEX – Payment on Invoice Used to post a deductible, coinsurance, or Self Pay payment paid using American Express against a charge for services rendered on that specific day.

37 – (CC) AMEX Advanced Deposit Used to post a Self Pay Advanced Deposit paid using AMEX against a charge for a future service.

38 – (CC) AMEX Copayment Used to post a Self Pay Managed Care copayment paid using AMEX against a charge for services rendered on that specific day.

56 – (CC) Discover Payment on Invoice Used to post a deductible, coinsurance, or Self Pay payment using Discover against a charge for services rendered on that specific day.

57 – (CC) Discover Advanced Deposit Used to post Self Pay Advanced Deposit using Discover against a charge for future service.

58 – Discover Copayment Used to post a Self Pay Managed Care copayment paid using Discover against a charge for services rendered on that specific day.

67-(CC) Care Credit Advance Deposit Used to post a Self Pay Advance Deposit using a Care Credit card against a charge for future services.

66-(CC) Care Credit Payment on Invoice Used to post a Self Pay payment using Care Credit card against a charge for services rendered on that specific day.

8000- HPA Non-Provider Payment Used for hospital staff to post Hospital TOS payments that do not require a professional fee. This paycode should always be entered with \$0.00 payment amount.

HPA Payment Codes

The following payment codes (Paycodes) are used for Hospital Front Desk payments.

90611 – PT Cash/Check Paym Visit Used to post a deductible, coinsurance, or Self Pay payment paid in the form of cash or check against a charge for services rendered on that specific day.

90610 – PT Cash/Check Adv Deposit Used to post a Self Pay Advanced Deposit paid in the form of cash or check against a charge for a future service.

90510 - PT Cash/Check Copay Used to post a Self Pay Managed Care Copayment paid in the form of cash or check against a charge for services rendered on that specific day.

90522 – PT Credit Card (CC) VISA/MC Paym Visit Used to post a deductible, coinsurance, or Self Pay Payment paid using Visa or M/C against a charged for services rendered on that specific day.

90521 – PT CC VISA/MC Adv Deposit Used to post a Self Pay Advanced Deposit paid using Visa or M/C against a charge for a future service.

90520 – PT CC VISA/MC Copay Used to post a Self Pay Managed Care Copayment paid using Visa or M/C against a charge for services rendered on that specific day.

90622 – PT CC AMEX Paym Visit Used to post a deductible, coinsurance, or Self Pay payment paid using American Express against a charge for services rendered on that specific day.

90621 – PT CC AMEX Adv Deposit Used to post a Self Pay Advanced Deposit paid using AMEX against a charge for a future service.

90620 – PT CC AMEX Copay Used to post a Self Pay Managed Care copayment paid using AMEX against a charge for services rendered on that specific day.

90722 – PT CC DISC Paym Visit Used to post a deductible, coinsurance, or Self Pay payment using Discover against a charge for services rendered on that specific day.

90721 – PT CC DISC Adv Deposit Used to post Self Pay Advanced Deposit using Discover against a charge for future service.

90720 – PT CC DISC Copay Used to post a Self Pay Managed Care copayment paid using Discover against a charge for services rendered on that specific day.

90822- PT CC CARE Paym Visit Used to post a Self Pay payment using Care Credit card against a charge for services rendered on that specific day.

90821- PT CC CARE Adv Deposit Used to post a Self Pay Advance Deposit using a Care Credit card against a charge for future services.

90820- PT CC CARE Copay Used to post a Self Pay Copayment paid using a Care Credit Card against a charge for services rendered on that specific day.

Accessing the Front Desk Module

To access Front Desk, select Function 25 from the main B/AR or Scheduling menu and press <Enter>

At the next screen Select **Activity 1, Check-Out** and press <Enter> to branch to the Batch Form to enter TOS Payments.

Front Desk can also be accessed from Scheduling through an Action Code. Select **Function 1, Scheduling an Appointment**. Once you have selected the patient, press <F9> to bring up the Action Codes and select **O-Check Out**. This will branch you to the Front Desk module.

Module Summary

- Time of Service (TOS) payments, Payment on Invoice, Advanced Deposits, and Copayments are entered through the Front Desk Module, Function 25 in B/AR or Scheduling.
- Front Desk is used to post payments prior to their respective charges being posted to the system.
- Time of Service (TOS) payments are payments collected at the time of the visit and may be in the form of Copayments, Patient Payments on invoices, advanced deposits, and hospital non-service payments.
- Professional and Hospital TOS payments entered in Front Desk are posted Real-Time and immediately reduce the accounts receivable.
- Hospital Non-Service payments are not posted Real-Time.
- A hospital Non-Service payment consists of monies collected that are part of the services provided during the visit (i.e. postage, transportation, etc.)
- Advanced deposits are monies paid in advance for services to be rendered in the future.
- All HPA payments collected require that a visit is linked to it.
- All Professional, i.e. Physician, payments, with the exception of Advance Deposits, must be linked a Sched appointment.

Practice Exercise

1. What are Time of Service (TOS) Payments?
2. What is an Advanced Deposit?
3. What payment code would be used to post a copayment for the physician paid in cash? For the hospital?
4. What Activity needs to be accessed in Front Desk to post Payments?

Completing the Batch Form

Batch Overview

Payments are entered into the system in groups called *batches*. A batch is a group of payments that are similar in some way.

The first step in entering payments into the Front Desk module is to create a new payment batch through the batch control form. In order to do this, sign into **Function 25, Activity 1**. This screen must be completed prior to entering payments. The Batch Form is a fixed screen. Use the appropriate keys to move around the batch control form.

The Batch Form identifies the batch. It allows you to enter batch identification information. Each batch is unique. **Only the user assigned to the batch will be able to access the batch for editing information.**

Batch Form

Below is a sample of the Front Desk Batch Form:

```
ummgj.med.miami.edu Winsock - IDXterm
File Edit Connect Help © IDX Systems Corp
Cash Drawer Grp:3 Per:0602 1 URB2.A
Initials: Y1C Batch: 393 Collection Date: 08/23/2006
Description: FD ABLEH 08
F7Q-Quit F7P-Page F10-OK <Shift>F4-Major <Shift>F5-Help <Shift>F3-More keys
```

When you enter **Function 25, Front Desk, Activity 1, Check Out**, the system will display the Post Receipts batch control form. Type a <G> at the Batch prompt in order to generate a new batch number and <T> to enter the date of collection.

All of the fields on this screen are required.

The **DESCRIPTION FIELD HAS A REQUIRED FREE TEXT FORMAT:**

FD DIV MM/DD

The FORMAT is FD (Front Desk), which will default in your batch description form, space, DIV (User's Division Mnemonic), space, MM/DD

(Month/Day). Use a two digit format for both the month and day.

- Please refer to the Division Mnemonic table on the next page to look up your division code.

Any deviation from this pre-determined format will result in an error message

Division/Department Mnemonic

Anne Bates Leach Eye Hospital/ABLEH

Anesthesiology /ANES

CHDS /CHDS

Dermatology/ DERM

Diabetes Research Institute/ DRI

Family Medicine /FAM

Medicine /MED

Neurology/ NEUR

Neurosurgery / NSURG

OB/GYN /OB

Ophthalmology /OPT

Orthopedics/ORTH

Otolaryngology /OTO

Pathology / PATH

Patient Financial Services / PFS

Pediatrics / PED

Psychiatry / PSY

Radiation Oncology / RONC

Radiology / RAD

Rehabilitative Medicine / RMR

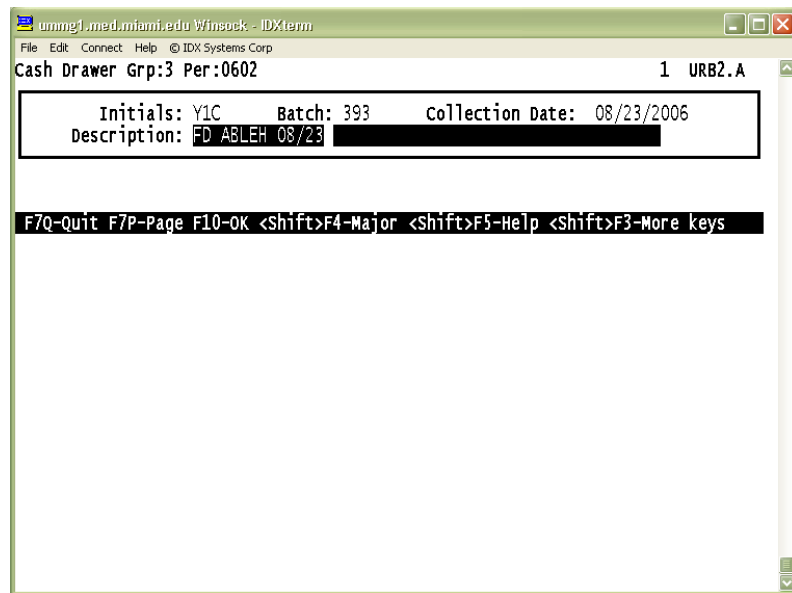
Surgery / SURG

Urology / URO

The description field holds up to 20 characters, 12 of which are required; additional information may only be entered **after** the required format. **No special characters such** as dashes, periods or slashes may be used.

Steps to complete the Batch Form:

1. Type <G> at the Batch prompt to Generate a new batch. If you are returning to an open batch, Type <?> to see a list of open batches.
2. Type <T> at the collection date field to populate the date.
3. Enter <FD DIV MM/DD> in the Description Field. Refer to the table in the preceding page for your Division Mnemonic.
4. Press <F10> to File and Save the Batch Form and move to the Check Out Screen.



Posting Payments to your Batch

You will now complete the Patient Header information and begin entering your transaction.

ummg1.med.miami.edu Winsoc - IDXterm
File Edit Connect Help © IDX Systems Corp
Check Out Grp:3 Per:0602 Batch:393 [0-SCO] 1 UFCO.A
Patient: V
UMMG#:
Case:
FSC List:
Diagnosis 1: 0:
2: 0:
3: 0:
Invoice:
Provider:
Billing Area:
POS(Loc):
Facility:
Service Date:
Invoice FSC:
Procedure Description Units Unit Amount Total Amt
BAR Pay Code: Hospital Org:
Payment Amnt: Hospital Vis:
Post to Inv: HPA Pay Code:
Comment: Payment Amnt:
Print Receipt: Receipt Copies:
Print Bill: Non Service Payment?:
Today's Amount:
F7Q-Quit F7P-Page F10-OK <Shift>F4-Major <Shift>F5-Help <Shift>F3-More keys

Posting the TOS Payments:

1. At the **Patient prompt**: Enter a Patient Name or "V" followed by an appointment number (i.e. V345). If using the patient name, only the appointments which have been arrived will appear on the screen. Using the appointment number will expedite payment posting and facilitate payment linking to appointments. **Payments will only post to appointments that have been arrived in the system.**
2. If searching for a patient by the patient's name, once at the *Appointment List Screen*, select an appointment by highlighting the visit you wish to select and Press **<Enter>**. (A diamond will appear to the left of the number.)

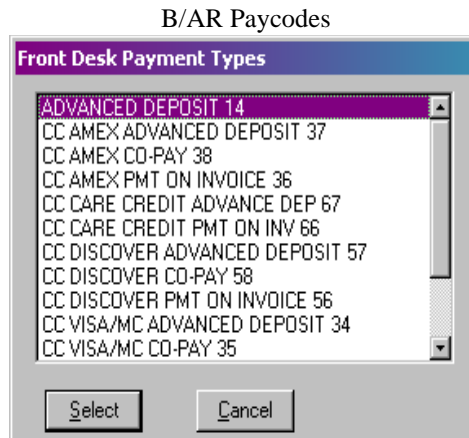
NOTE! *Advanced Deposits cannot be linked to an appointment as these are payments for future services.*

If you are posting an advanced deposit, Press **<F7><Q>** to exit the Appointment List Screen and return to the Check Out Screen.

-
-
3. At **Invoice field:** Type <G> to generate a new invoice number. (If you are posting to a previous date of service, Type <?> to see a listing of Patient Invoices.
 4. Complete the Header information (if not already defaulted by the use of the appointment number).
 5. Press <Enter> at the Diagnosis and Procedure code fields.

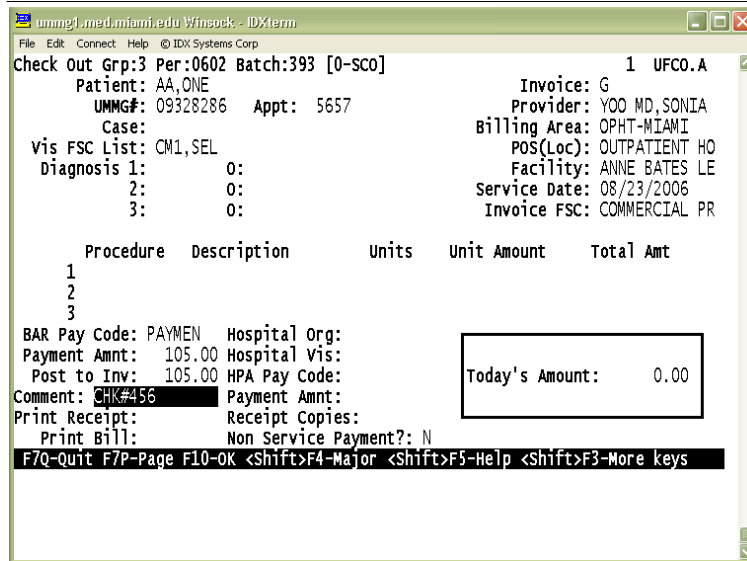
DO NOT enter Diagnosis or Procedure code information.

6. Type <?> or the appropriate **Paycode** at the **BAR Payment Code:** field. (The <?> will provide you with a list of all codes that may be used at this prompt.)



Press <Enter> to select the appropriate paycode.

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7. At **Payment Amount**: Enter the amount of the payment. The amount will then default in the **Post to Inv**: field.

8. At **Comment**: enter a comment concerning the payment, for example, the check number or credit card authorization number.

A COMMENT SHOULD ALWAYS BE ENTERED

DO NOT ENTER CREDIT CARD NUMBERS ON THIS FIELD!

To record a check number in the Comment Field, use the following format:

CHK# or **CK#** prior to the check number. This will allow you to use the Function 50 Check Number Inquiry in B/AR to find the check number in the system at a later date.

To record a credit card authorization number in the Comment Field, use the following format:

AUTH# prior to the credit card authorization number.

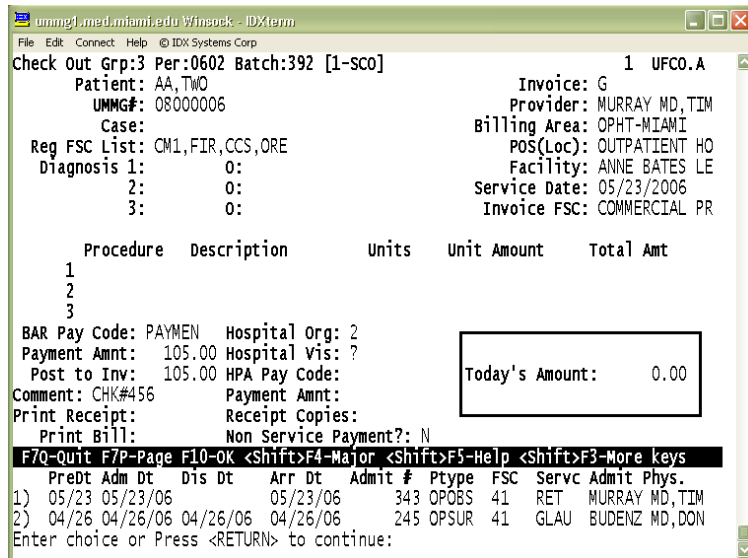
To record a payment made in cash, enter CASH in the Comment Field:

9. If a Hospital payment needs to be posted in addition to the physician payment complete the following steps:

For Hospital TOS payments:

1. At Hospital Org: enter the hospital group number (ABLEH is group 2, and UMHC/SCCC is group 11)
2. At the Hospital Vis: type a <?> to select the appropriate Hospital Visit that is linked to this payment. The following screen will appear

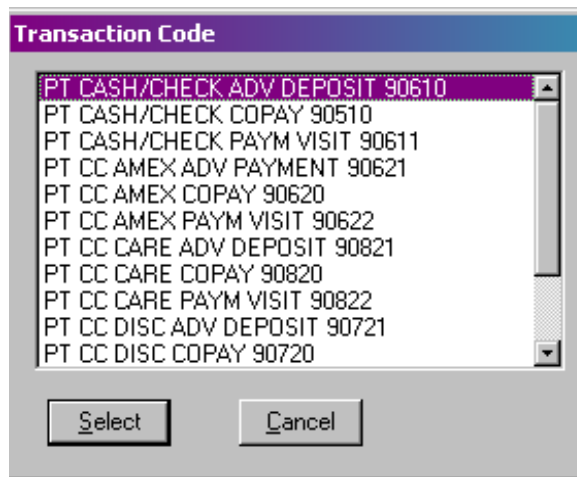
Hospital Visit List



3. At the HPA PAY CODE field type <?> to view a list of possible HPA Pay-codes. The following screen will appear:

Press <Enter> to select the appropriate paycode.

HPA Transaction Codes



4. At the Payment Amt: enter the patient's payment amount.

*Please note that hospital Time of Service (TOS) payments must always be linked to a visit in Visit Management

For OLDER payments that belong to the previous computer system:

1. At Hospital Org: enter the hospital group number (preceded by the *letter O*) (ABLEH is group 02, and UMHC/SCCC is group 011)
2. At the Hospital Vis: type the admission/episodic number that belongs to the payment being posted. Precede this number by A for ABLEH or U for UMHC.

****If no hospital TOS payment is required, press the <Enter> key to skip all HPA fields.**

5. The Non Service Payment field: This field is used to post non -service (non-hospital service payments such as valet parking, pharmacy, transportation, etc.)to the system. To post a Non Service Payment type <Y> at this field. The screen below should appear automatically:



**Items in this screen are prefixed with the hospital abbreviation, for example: UMHC Transportation, or ABLEH Pharmacy, ect.

***DO NOT PRESS <F10> at this screen.** It will file the payment without printing a receipt.

***DO NOT PRESS <F7Q> at this screen.** It will cancel the entire transaction.

14. Press the <ENTER> key to return to the Check Out screen and print the receipt.

15. At **Print Receipt**: Type <Y> to print a patient receipt.

16. **Receipt Copies**: Enter the number of receipts you want to print. If your receipts are two parts only need to press the enter key. (The default number of copies is one.)

17. **Print Bill**: Press <Enter> to bypass the field.

18. Press <F10> to file and save the information.

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19. Type your receipt printer device name (if not already displayed).
20. Press <**F10**> to print the receipt.
21. You are ready to enter the next payment.

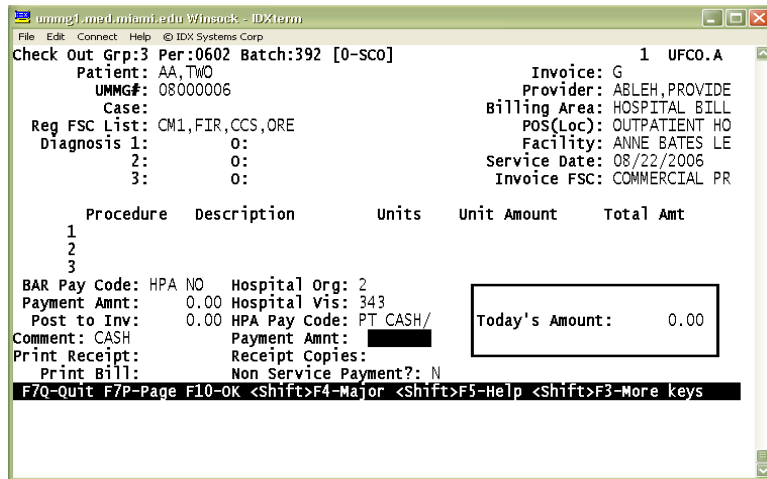
Front Desk Receipt

UNIVERSITY OF MIAMI MEDICAL GROUP DIVISION: OPHTHALMOLOGY BILL AREA: OPHT-MIAMI POST DT: 06/19/03	
NAME: TEST,GABBY UMMG#: 8504286	
VISIT#: 2891397 DOS: 06/19/03	↔ Appointment Number
INVOICE# 6708643 PROVIDER: SMIDDY MD,WILLIAM FACILITY: ANNE BATES LEACH EYE HOSP	
PROV PMT AMT: \$105.00 PROV PMT CODE: PATIENT PAYMENT ON INVOICE PROV PMT TYPE: CHK#2547	↔ BAR Payment
HOSP VISIT#: 214188 HOSP PMT AMT: \$80.00 HOSP PMT CODE: PT CASH/CHECK PAYM VISIT	↔ HPA Payment
NON SERV PMT1: \$20.00 NON SERV PMT2: \$0.00 NON SERV PMT3: \$0.00	↔ Non Service Payment
BATCH #: 437272 INITIALS EAM	↔ Batch Number

Entering a Hospital Payment that does not require Physician Payment

A scenario may exist where a Hospital Payment is collected for the visit, and not a physician payment. If this scenario is encountered, the following instructions must be followed:

1. At the **BAR Pay Code** field enter paycode **8000** for **HPA Non-Provider Payment**.
2. At the **Payment Amt** field a **\$0.00** payment will default.
3. At the **Hospital Org**: for TOS payments enter the hospital group number (ABLEH is group 2, and UMHC/SCCC is group 11) or for OLD payments enter the hospital group number (preceded by *letter O*).
4. Continue entering all pertinent information as detailed in the previous section for TOS payments and OLDER payments, respectively.



Entering a Payment for a Non-Billing/Unknown Providers

On occasion a TOS payment needs to be posted for services rendered by a non-billing provider or a unknown provider. The table below lists three types of non-billing/unknown providers and when to use them.

TABLE 1.

ABLEH		
Provider	Type of Provider	Example of use
ABLEH, PROVIDER	Resident/Fellow Non-Billing Provider	When collecting a co-payment on a visit for a non-billing provider such as a Resident
OPHTHAMOLOGY, PROVIDER	Unknown Provider in Ophthalmology	When collecting an advanced deposit from a patient for surgery and the physician is not known at the time
ANESTHESIOLOGY, PROVIDER	Anesthesiologist	When posting payment for surgery charges pertaining to the Anesthegiologist
UMHC/SCCC		
Provider	Type of Provider	Example of use
UMHC, PROVIDER	Provider unknown at the time the payment is collected, and the Hospital is posting the payment	Valet Parking for visitor or non-patient
MEDICINE, CARDIOLOGY PROVIDER (9018)	Physician Interpreting the results is unknown	Use this provider to post payment for Cardiology when the reading provider at the time of posting the payment is unknown

TABLE 1.

ABLEH		
Provider	Type of Provider	Example of use
PEDIATRICS,CARDIOLOGY PROVIDER (9017)	Physician Interpreting the results is unknown	Use this provider to post payment for Pedi-Cardiology when the reading provider at the time of posting the payment is unknown
RADIOLOGY,PROVIDER (8888)	Physician Interpreting the results is unknown	Use this provider to post payment for Radiology when the reading provider at the time of posting the payment is unknown.

Front Desk Corrections

Several situations may arise where corrections need to be made to the batch. For example, printing a receipt to an incorrect printer, the receipt printer jamming, posting an incorrect payment on the physician or hospital side, posting a payment to the wrong patient, etc.

Correcting transactions in Front Desk:

Scenario A

If the correction is being posted to the same patient, and all header information is correct, follow these steps:

1. Recall the patient with the incorrect transaction.
Note: If you recall the patient using the appointment number, the system will refer to the invoice already used for that visit and populate all the previously entered Header information. If you do not use the appointment number do not generate a new invoice number, instead type a <?> at the invoice prompt and select the invoice that needs to be corrected.
2. Press <Enter> to reach the **BAR Pay Code** prompt
3. Repost all applicable transactions with the previously used paycodes
4. Repost the previously entered amounts with a **negative** sign in front of the amount to cancel the incorrect posting.
5. In the comment field enter the reason for the correction you are making. (EX. "Wrong paycode" or "Wrong Amount")
6. File the correction. This will cancel the transaction that was incorrect.
7. Recall the patient again, select the same invoice and post the correct transaction.

Scenario B

If you are making the correction because you posted to an incorrect patient, follow these steps:

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1. Recall the patient with the incorrect transaction.
Note: If you recall the patient using the appointment number, the system will refer to the invoice already used for that appointment and populate all the previously entered Header information. If you do not use the appointment number do not generate a new invoice number, instead type a <?> at the invoice prompt and select the invoice that needs to be corrected.
2. Press <Enter> to reach the **BAR Pay Code** prompt
3. Repost all applicable transactions with the previously used paycodes
4. Repost the previously entered amounts with a **negative** sign in front of the amount to cancel the incorrect posting.
5. In the comment field enter the reason for the correction you are making. (EX. "Incorrect Patient")
6. File the correction. This will cancel the transaction that was incorrect.
7. Select the patient that should receive credit for this payment and proceed to post accordingly.

Scenario C

If the correction is at the header level, follow these steps:

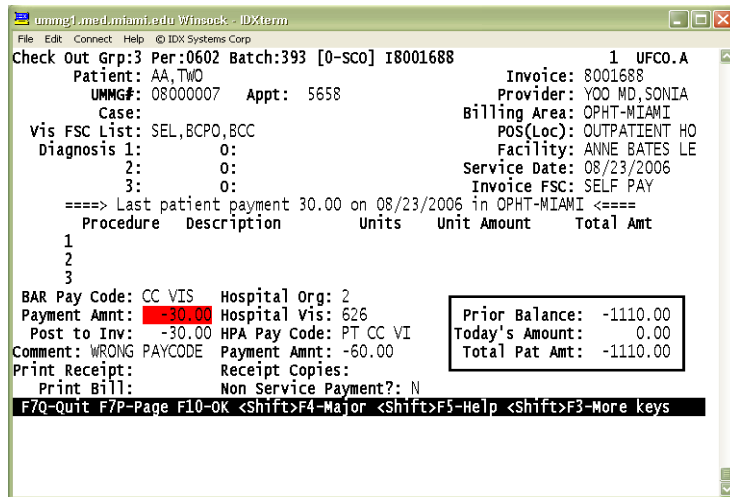
1. Recall the patient with the incorrect transaction.
Note: If you recall the patient using the appointment number, the system will refer to the invoice already used for that appointment and populate all of the previously entered Header information. If you do not use the appointment number do not generate a new invoice number, instead type a <?> at the invoice prompt and select the invoice that needs to be corrected.
2. Press <Enter> to reach the **BAR Pay Code** prompt
3. Repost all applicable transactions with the previously used paycodes
4. Repost the previously entered amounts with a **negative** sign in front of the amount to cancel the incorrect posting.

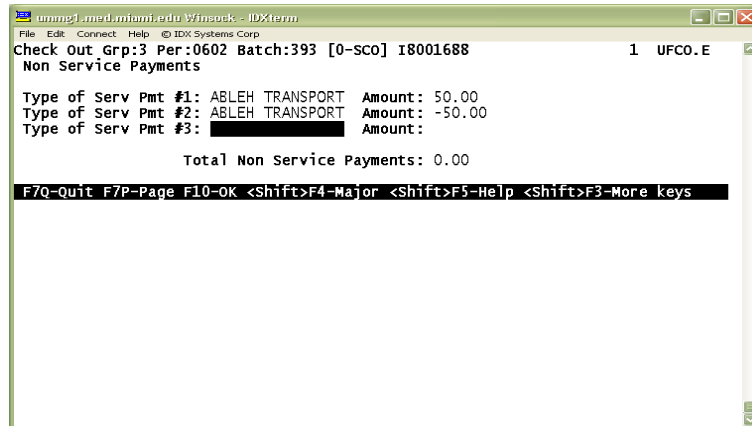
5. In the comment field enter the type of correction you are making. (EX. "Incorrect Header")

6. File the correction. This will cancel the transaction that was incorrect.

7. Recall the patient again. Generate a new invoice, do not post to the previously created invoice.

8. Populate the correct header information and proceed to post accordingly.





Note: Non-Service payments do not post Real-time, therefore you will see your original entry. In order to correct, post the original amount with a negative in front of the amount on the second line to total a Non Service payment of \$0.00. Repost the correct Non-service payment type and amount accordingly, if necessary.

Exiting a Payment Batch

1. Type <F7><Q> to exit the batch once all payments have been entered for the day.
2. A message displays "**Out of balance**," notifying you that the batch is out of balance has been placed on hold. Press the <Enter> key or click "**OK**".

Module Summary

- The first screen in Function 25 the “Batch Form” identifies the batch.
- The Batch description field has a required format that must be used to identify the batch: FD DIV MM/DD.
- Appointment numbers and Visit numbers may be used to link the Payments to the appropriate appointments and/or visits.
- Advanced Deposits will never be linked to a visit because they are payments for services to be performed in the future.
- At the **Comment:** field, **NEVER** enter a patient's credit card number. Only the credit card authorization number. This field is also used to record check number and cash transactions.

Practice Exercise

1. What is the purpose of the Batch Form?
2. What is the required format of the **Batch Description:** field?
3. What may **NEVER** be entered in the **Comment:** field?
4. What would using an Appointment number in the **Patient:** field do?

Balancing the Batch

Overview

The Front Desk module, allows you to post payments to the system prior to charges being entered.

So far, we have created the batch and entered payments. At the end of the day, we are going to balance our batch.

Balancing a Payment Batch

1. Select Function 25/Activity 2 Cash Drawer.
2. Press <Enter>.

The following section outlines the Cash Drawer Screen required fields.

Cash Drawer Required Fields

The following fields are required in the Cash Drawer Screen:

Initials User initials automatically default.

Batch The Open Batch number will default.

Created The Creation date of the batch will default.

Description The Batch Description will default.

Number of Invoices Enter the total number of invoices created in the Check Out Batch.

Advanced Dep Units 14 Enter the total number of Advanced Deposit payments entered, in Units, using Paycode 14 (Cash/Check)

Advanced Dep Units 34 Enter the total number of Advanced Deposit payments, in Units entered, using Paycode 34 . (Visa – M/C)

Advanced Dep Units 37 Enter the total number of Advanced Deposit payments entered, in units, using Paycode 37 . (AMEX).

Advanced Dep Units 57 Enter the total number of Advanced Deposit payments entered, in Units, using Paycode 57. (Discover).

Advanced Dep Units 67 Enter the total number of Advanced Deposit payments entered, in Units, using Paycode 67. (Care Credit)

Copayments Units 15 Enter the total number of Copayments entered, in Units, using Paycode 15 (Cash/Check)

Copayments Units 35 Enter the total number of Copayments entered, in Units, using Paycode 35 (Visa – M/C)

Copayments Units 38 Enter the total number of Copayments entered, in Units, using Paycode 38 . (AMEX)

Copayments Units 58 Enter the total number of Copayments entered, in Units, using Paycode 58 (Discover)

Pmt on Invoice Units 12 Enter the total number of Payments on Invoice entered, in Units, using Paycode 12 . (Cash/Check)

Pmt on Invoice Units 33 Enter the total number of Payments on Invoice entered, in Units, using Paycode 33 (Visa – M/C)

Pmt on Invoice Units 36 Enter, the total number of Payments on Invoice entered, in Units, using Paycode 36 (AMEX)

Pmt on Invoice Units 56 Enter, the total number of Payments on Invoice entered, in Units, using Paycode 56 (Discover)

Pmt on Invoice Units 66 Enter, the total number of Payments on Invoice entered, in Units, using Paycode 66 (Care Credit)

Advanced Dep \$ 14 Enter the total dollar (\$) amount of Advanced Deposit payments entered, using for Paycode 14 (Cash/Check)

Advanced Dep \$ 34 Enter the total dollar (\$) amount of Advanced Deposit payments entered, using for Paycode 34 . (Visa – M/C)

Advanced Dep \$ 37 Enter the total dollar (\$) amount of Advanced Deposit payments entered, using for Paycode 37 . (AMEX).

Advanced Dep \$ 57 Enter the total dollar (\$) amount of Advanced Deposit payments entered, using for Paycode 57 . (Discover).

Advanced Dep \$ 67 Enter the total dollar (\$) amount of Advanced Deposit payments entered, using for Paycode 67. (Care Credit).

Copayments \$ 15 Enter the total dollar (\$) amount of Copayments entered, using Paycode 15 (Cash/Check)

Copayments \$ 35 Enter the total dollar (\$) amount of Copayments entered, using Paycode 35 (Visa – M/C)

Copayments \$ 38 Enter the total dollar (\$) amount of Copayments entered, using Paycode 38 (AMEX)

Copayments \$ 58 Enter the total dollar (\$) amount of Copayments entered, using Paycode 58 (Discover)

Pmt on Invoice \$ 12 Enter the total dollar (\$) amount of Payments on Invoice entered, using Paycode 12 . (Cash/Check)

Pmt on Invoice \$ 33 Enter the total dollar (\$) amount of Payments on Invoice entered, using Paycode 33 (Visa – M/C)

Pmt on Invoice \$ 36 Enter the total dollar (\$) amount of Payments on Invoice entered,using Paycode 36 . (AMEX)

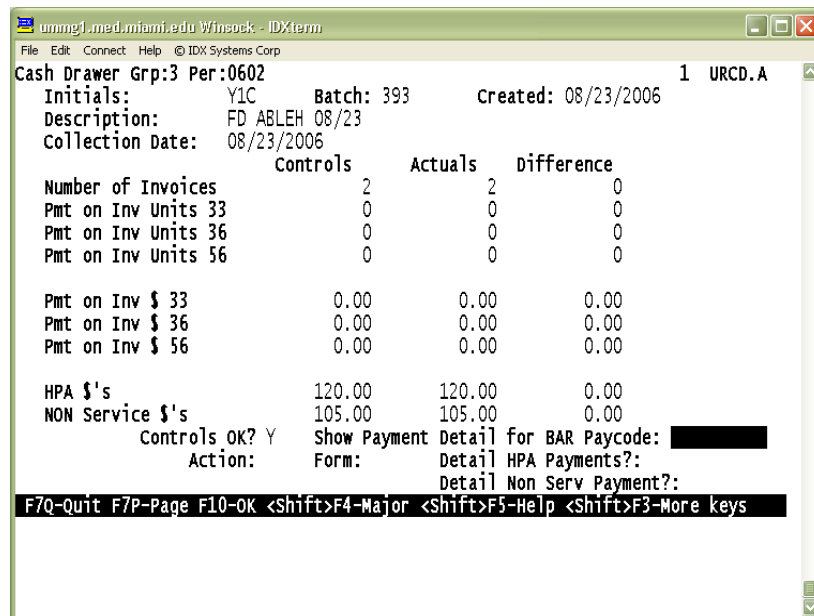
Pmt on Invoice \$ 56 Enter the total dollar (\$) amount of Payments on Invoice entered,using Paycode 56 (Discover)

Pmt on Invoice \$ 66 Enter the total dollar (\$) amount of Payments on Invoice entered, using Paycode 66 (Care Credit).

HPA \$'s Enter the total dollar amount of Payments entered for the Hospital.

Non Service \$'s Enter the total dollar amount of Non-Service payments entered for the Hospital

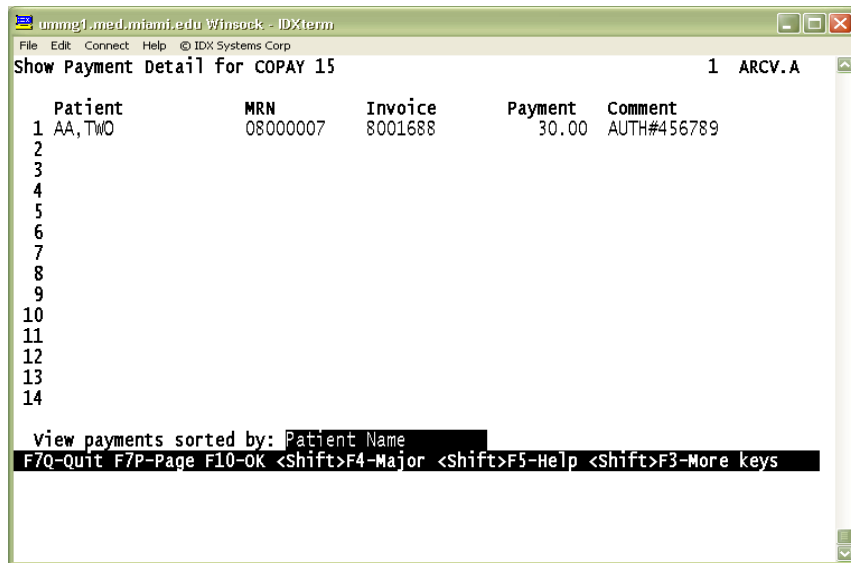
Controls Ok? Enter <Y> to tell the system to reconcile the batch by comparing the Actual numbers against the Control totals.



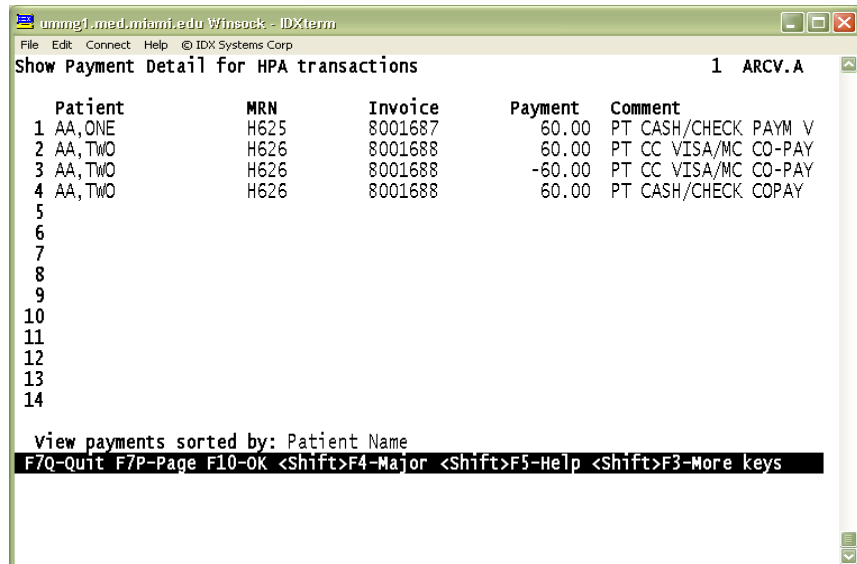
Front Desk

Show Payment Detail For BAR Paycode: This field allows the user to branch to a summary screen listing all invoices posted to the batch using a specific paycode. For a list of BAR paycodes, Type <?> at the prompt.

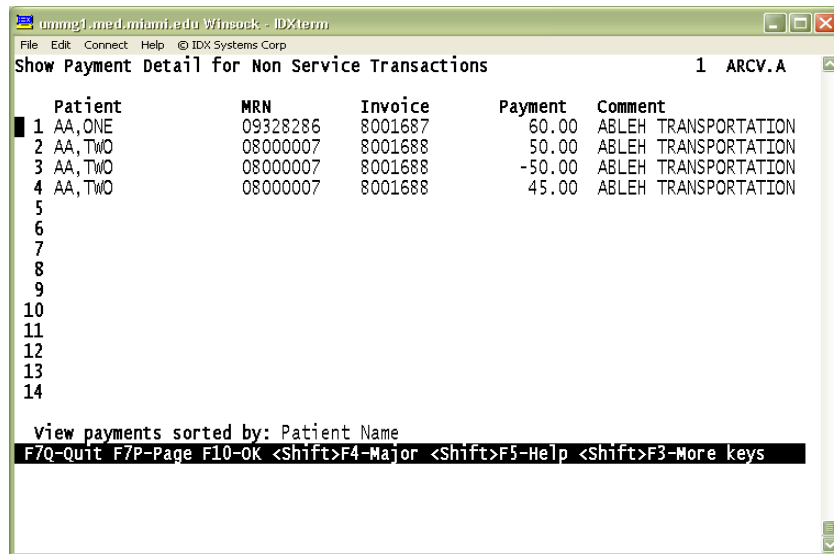
To print use action code "L" Print Batch Proof from the Cash Drawer screen. Please refer to page 43 of this manual for instructions on how to print the batch proof.



Show Payment Detail HPA Payments? Enter <Y> to print a detailed summary of all the transactions posted to the batch for HPA Patient Cash and non-cash payments. After entering <Y> the system will ask for the device name, enter your standard printer device name, print the summary, and return to the Cash Drawer screen. If you want to view the information on the screen, press <F1> to clear the Device Field and then press <F10>.



Show Payment Detail Non-Service Payment? Enter <Y> to print a detailed summary of all the transactions posted to the batch for HPA Non-Service Payments. After entering <Y> the system will ask for the device name, enter your standard printer device name, print the summary, and return to the Cash Drawer screen. If you want to view the information on the screen, press <F1> to clear the Device Field and then press <F10>.



Action: At the Batch Action field, Enter <?> to see all available options or use <X> to Exit the Batch if you have finished working with the batch.

ONLY BATCHES THAT ARE IN BALANCE ARE CLOSED USING THE <X> EXIT BATCH. If the batch is not in balance the system will automatically place your batch on HOLD

Front Desk – Check Out Action Codes

There are several action codes available in the Cash Drawer Check Out Screen. These are all discussed below.

A-Add/Edit Registration This action takes you to the Add/Edit Activity in Registration where you can edit an existing account.

C – Charge Correction This action is not available through Function 25 Front Desk.

D – Delete Transaction This action should not be used through Function 25 Front Desk.

E – Enter Charges This action is not available through Function 25 Front Desk.

X- Exit Batch This action allows you to properly exit the batch and allows it to be processed by Night Jobs.

F – Financial Comments This action takes you to the Financial Comments Screen to add/edit a patient's financial comments. (Please note these comments are only regarding financial information and should not be used for insurance verification.)

G – General Comments This action takes you to the General Comments Screen to add/edit a patient's General comments. This action takes you to the General Comments Screen to add/edit a patient's General comments. (Please note these comments are only relating to information to assist the patient and should not be used for insurance verification.)

H – Hold Batch This action allows you to place a batch on hold and then exit the batch. Batches on hold will not be processed by Night Jobs. Out of balance batches will automatically be placed on hold.

Q- Inquiry This action brings you into full Invoice Inquiry, where you can inquire into patient accounts.

I – Insurance Claim Request This action should not be used through Function 25 Front Desk.

Y – Invoice Split This action should not be used through Function 25 Front Desk.

M – Move Invoices This action should not be used through Function 25 Front Desk.

Front Desk

L – Print Batch Proof This action prints a batch proof detailing the transactions in a batch. A batch proof can be used to reconcile out of balance batches. The batch proof details BAR transactions entered, not HPA.

T – Temporarily Exit Batch Using this action to exit a batch will automatically bring up the same batch next time you enter Function 25 Activity 2, Cash Drawer.

Printing the Batch Proof

If your batch is out of balance, the batch proof will allow you to view, on paper, all of the transactions you have entered. It provides you a detailed listing of all transactions entered in the batch.

The number of items in any given batch should be kept to a manageable number so to allow for balancing and locating errors in entry in minimal time.

1. At the **Batch:** Type <L> to Print Batch Proof.
2. Press <F10>.
3. **At the Print Transactions: First to Last =>** Press <Enter> to accept the default.
4. At the **Device:** type your printer Device name if it does not appear. If no device name is entered, the proof will scroll on your screen. You will have to repeat this process.
5. Press <F10> to print.

```
ummg1.med.miami.edu Winsoc - IDXterm
File Edit Connect Help © IDX Systems Corp

Batch Number:393      Entry Date:08/23/2006      Operator: Y1C
Description: FD ABLEH 08/23
Bank Deposit Date: 08/23/2006      Status: IN USE

          Control          Actual          Difference
Proc Hash:           0              0
Proc $:              0.00            0.00
Proc $ Ent:          0.00            0.00
Proc Units:          0              0
Transactions:        0              4
Payments:            135.00           135.00
Credits:              0.00            0.00
Debits:              0.00            0.00
Cont Adj:            0.00            0.00

Invoice#  Date   Procedure      FSC  Payments Adjust  Credits  Debits
8001687  AA,ONE 09328286 SVIS:5657 FSC:41 BA:OPHT LOC:OUT PROV:Y00S
          DIV:OPHT EFSC:41,1 HOSP:ABLE ADM/SER:08/23/2006 Period: 0602
          08/23/2006 12 PATIENT PAYMENT ON INVOICE (CHK#456)
                                           105.00    0.00

Press <Return> to continue, or press <F7><Q> to quit:
```

Module Summary

The Module used to Balance the Payment batch is known as Cash Drawer.

The following fields: Initials, Batch, Created, and Description default into the Cash Drawer screen.

The system only shows three Control totals in units and \$, for the Paycodes. Once the first three have been entered, the system will scroll the cursor up so that additional control totals may be entered for the other paycodes in the batch.

You may print your Batch Proof by using Action Code “L.”

You may also print your HPA detail screens by using the Print Screen button on your keyboard