ChiroSpring

ChiroSpring Desktop User Manual

Welcome

Welcome to ChiroSpring… the most Advanced, Intuitive Chiropractic software on the market! Our mission is to provide the most full-featured, easy to use chiropractic software so that you can spend more time with your patients and less time worrying about your software.

ChiroSpring is multiplatform, works in the cloud, has been designed to work with touch from the ground up and has all of the features you would expect in a leading chiropractic practice management software.

This manual is designed to guide you through the many features in ChiroSpring. We hope that you find the manual helpful and informative. If you should have any questions, please do not hesitate to contact customer support.

Email: support@ChiroSpring.com
Web: www.ChiroSpring.com
Phone: 1-888-426-0007
Hours: M-F 8 am – 4 pm (central)

IMPORTANT: If you have not already done so, please add support@ChiroSpring.com to your contacts list. We have had some customers report emails sent from this email address are being reported as spam and thus not being seen. We will email you from this web address to notify you of software updates, so it is very important you receive the email.

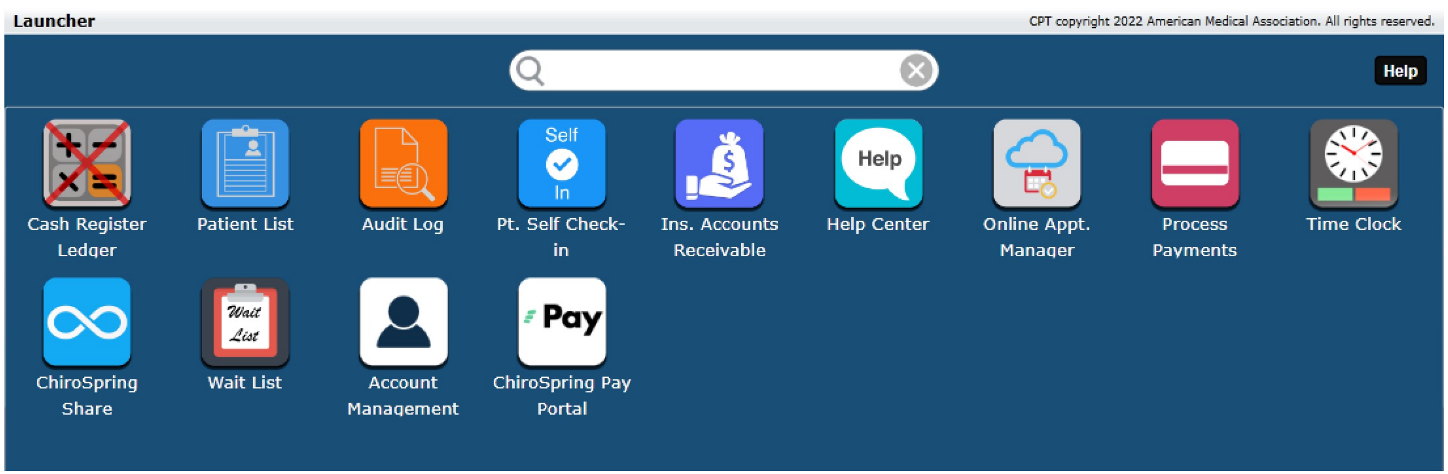
Software updates are announced via email. We can send to only one email address. Please let us know which email address you would like this information sent to.

Welcome

How to search this guide

From time to time, we update the user manual (as we are constantly adding new and innovative features to ChiroSpring). Because of this there may be times when our PDF hyperlinks do not work (see next page for example). However, the great news is this manual is easy to search without them. Each section of the manual is divided into App or Dashboard tile. So, for example, if you want to jump to the BILLING section do a search for the word #Billing. On a PC typically "Control" plus "F" will invoke the search. On a Mac "Command" plus "F" will invoke the search.

Also note that in ChiroSpring we have a Help Center app. This is a Google Search interface with hundreds of articles written by us. We encourage you to search the Help Center (24/7). If there is something not there you would expect, let us know. We can write an article to continue helping the community. ☺



Our Promise

Our Promise to You

Although ChiroSpring has been in development for almost a decade it takes time to refine a product. We have a HUGE following of chiropractors and are pleased to continue adding major advances in features.

With new features it is inevitable there WILL BE BUGS from time-to-time. If you find a bug our promise to you is we will fix as quickly as possible. You are backed by a very large team of doctors and engineers at ChiroSpring, and we absolutely care about YOUR BUSINESS.

Depending on how fast we fix a bug or add a new set of features will determine when we perform software updates. We announce software updates in three ways:

1. We email all customers in advance of the update
2. Update links are posted here: www.installChiroSpring.com
3. If you try to access ChiroSpring after an update has been pushed out a popup will appear with instructions on how to update.

What We Ask From You

We work VERY HARD (7 days per week around the clock) to provide you the BEST software in the industry. Not only are we refining current versions we are usually 2-3 versions down the road adding major features that have not even been announced. Here is what we ask from our customers:

- Feature requests take time and not all requests can be accommodated. What may be a great idea for your practice may not be for the majority of users. We currently have over 1,500 feature requests as of this writing.
- Please treat our staff respectfully. We treat our customers with the utmost respect and courtesy and expect the same. We are business partners after all.
- Before contacting support with a question always search our Help Center app first. We are constantly adding searchable articles (over 800 as of this writing) to make things easier for you. To access Help Center, click the Launcher app on the Front Desk, then click Help Center.
- If you encounter any bug or issue with the software, please notify us first by email at support@ChiroSpring.com. Include the name of the main doctor on your account so we can look you up if needed as well as a callback phone number.
- Be prepared for software updates. ChiroSpring updates automatically for PC users. Please review the full installation steps and videos here: www.installChiroSpring.com   **BOOKMARK THIS PAGE ☺**

How ChiroSpring is Delivered

ChiroSpring is available in two ways. Both have their advantages and disadvantages. Some options may not be available based on the computer you are using.

- **Desktop App** – Here you INSTALL ChiroSpring to your Mac or PC.
  - Advantages
    - Use on unlimited computers at no extra cost to you.
    - Navigation can be faster as all of the software is installed on your computer and not rendered through a browser.
    - PC Users – App automatically updates
  - Disadvantages
    - Mac Users - Requires installing/updating software.
    - Will not work on Macs with Catalina or newer for their OS (use Cloud ChiroSpring if this is the case as it will work).
    - Does not support iPad or Chromebooks.
- **Cloud ChiroSpring** – Access ChiroSpring from the Google Chrome browser.
  - Advantages
    - More convenient access.
    - No software to install or update. It auto-updates.
    - Supports Mac (all versions), PC, Chromebooks and iPad.
  - Disadvantages
    - Cloud accounts come at a cost. Visit www.cloudChiroSpring.com for pricing information.
    - May experience some latency due to how the software renders in a browser. Typically this is not noticeable.

How To Search This Manual

This is a very lengthy user manual. On the next pages we have a table of contents. However, it is not hyperlinked. It should give you a good idea on what is in this manual.

The best way to search is to do a Control F (find) and type #SECTION NAME.

As an example, if you want help with Billing search for #billing.

If you want help with the calendar search for #calendar.

Table of Contents

Table of Contents Cont.

Table of Contents Cont.

Table of Contents Cont.

Table of Contents Cont.

Table of Contents Cont.

Table of Contents Cont.

Desktop App – Installation - PC

You can find complete installation instructions at www.InstallChiroSpring.com

First Time Install Procedure
1. Download and install the ChiroSpring Installer Tool
2. Run the ChiroSpring Installer Tool and enter your Customer ID

Update Procedure
ChiroSpring automatically updates on PC. It's that easy!

TIP: Completely close (shut down) ChiroSpring at the end of the day. Do not leave the program open for multiple days or overnight. The software requires a constant connection to the internet and many computers go to sleep or hibernate. Therefore, we recommend ALWAYS opening the program to start the day vs. leaving it open from the previous day.

Remember to shut down ChiroSpring every day! ☺

Desktop App – Installation - Mac

You can find complete installation instructions at www.InstallChiroSpring.com

First Time Install Procedure
1. Download and install the Plugin
2. Download a supported Browser (Firefox ESR or Sea Monkey)
3. Copy and Paste the CURRENT Install Link into a supported browser. Generate the current link on this page.
4. When the software loads to 100% click the "Install ChiroSpring" button.

DONE! :)

If you are running Catalina or newer you must use Cloud ChiroSpring.

Update Procedure
1. Copy and Paste the CURRENT Install Link into a supported browser. Generate the current link on this page.
2. When the software loads to 100% click the "Install ChiroSpring" button.
3. Make sure to uninstall the previous version of ChiroSpring by dragging the application to the trash.

TIP: Completely close (shut down) ChiroSpring at the end of the day. Do not leave the program open for multiple days or overnight. The software requires a constant connection to the internet and many computers go to sleep or hibernate. Therefore, we recommend ALWAYS opening the program to start the day vs. leaving it open from the previous day.

Remember to shut down ChiroSpring every day! ☺

Mac Installation – Keeps Saying to Install Silverlight

How Do I Get Past This? I Already Have Silverlight Installed.

If you constantly see a message to Install Silverlight **<u>this means the browser you are using is not supported</u>**. It probably updated to a newer non-supported version automatically (without you even knowing).

ChiroSpring can ONLY be installed using SUPPORTED browsers and their specific VERSIONS. You can download either Firefox ESR or SeaMonkey from here: www.installChiroSpring.com

If you believe your supported browser UPDATED AUTOMATICALLY you will need to uninstall it and then download and install either Firefox ESR or SeaMonkey from here: www.installChiroSpring.com

PC users should never run into this issue by using the ChiroSpring Installer Tool: www.installChiroSpring.com

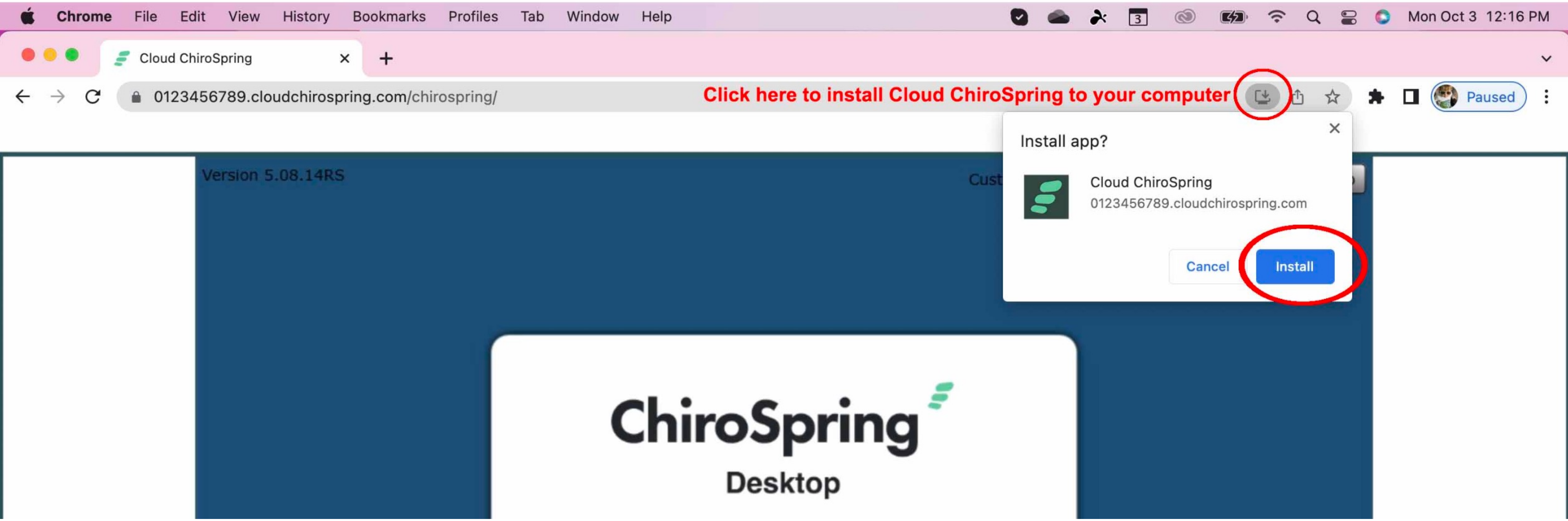
If you choose to use Firefox ESR or SeaMonkey make sure you go to the browser's settings and set it to "never check for updates". We explain how to do this for Firefox ESR here: https://www.installChiroSpring.com/Disable-Updates-FIrefox-ESR.php

Using Cloud ChiroSpring

Using Cloud ChiroSpring is simple. Visit www.cloudChiroSpring.com using the latest Google Chrome web-browser. Once there enter your Customer ID and press submit. That's it! ☺

Once Cloud ChiroSpring opens click the + symbol in the upper right corner. This will install this as a Web-App which offers the following benefits.

- **Faster Access** – Simply click the Cloud ChiroSpring icon every day to open. There is no need to open your browser anymore and visit www.cloudChiroSpring.com
- **Less Interference** - Removes the possibility of browser extensions from interfering with ChiroSpring. This provides you the best experience possible.



How to Get Help - ChiroSpring Customers Portal

Many helpful documents and videos can be found in our ChiroSpring Customers Portal. We recommend you bookmark this link and check back frequently for updated content.

Link: https://info.chirospring.com/desktoptraining

BOOKMARK THIS PAGE!

ChiroSpring

ChiroSpring Desktop Training Materials

Training Videos

We provide a great variety of training videos on various topics to help you learn the software. We also provide a full user manual we recommend you review. It is long but mostly pictures. Click below to download our user manual.

DOWNLOAD USER MANUAL

DOWNLOAD GETTING STARTED CHECKLIST

How to Get Help – Help Center app

You can also find quick answers to common questions in our Help Center app. This app uses a google search interface and has hundreds of articles to help you along the way. You can find the Help Center app by clicking the Launcher (left most icon on the Front Desk). Then select “Help Center”.

ChiroSpring

drbrian

New Customer Training Videos

Apps - Launcher

Learn about the various apps in CHIROSPRING's Launcher app.

Apps - Settings

Learn about the various apps in CHIROSPRING's Settings app.

Apps - Front Desk

Get help on the various apps on the CHIROSPRING Front Desk.

CHIROSPRING PAY

Help Center - Find Answers Quick and Easy

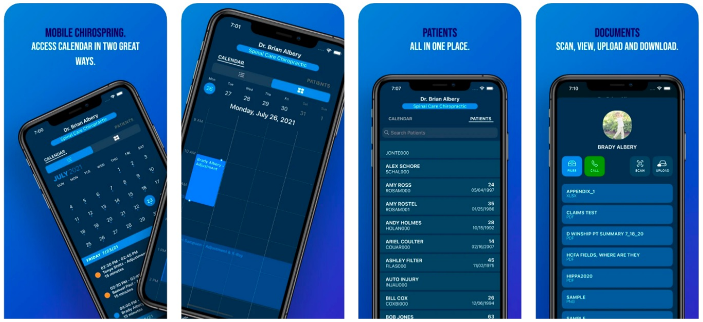
You can quickly find answers to your questions about using CHIROSPRING software.

iPhone/iPad apps

We provide **TWO** great iPhone apps. Both are different in what they offer so read below for a full understanding of each. The two apps are [ChiroSpring]() and [ChiroSpring Browser]().

ChiroSpring

- Here are just a few things you can do right from your iPhone:
- Access your calendar in two ways - quick view and detail view
- Schedule patients or edit appointments
- See all patients in one place
- Tap to call a patient
- Scan and upload documents to a patient profile
- View existing patient documents within a patient profile
- Share documents with your patient
- Snap a photo for the Patient Profile image



ChiroSpring Browser

This app launches Cloud ChiroSpring in our custom browser. We've included a digital trackpad for scrolling and pinch-to-zoom. When you open this app enter your Cloud ChiroSpring URL (you can generate this URL by visiting [www.cloudChiroSpring.com]() and entering your Customer ID).

What is the Cloud?

ChiroSpring is a cloud-based software service. This means that your Electronic Health Records can be made available to you from any Internet connected computer. To ensure the safety of your patient and clinic information, we securely encrypt and store your practice data on a HIPAA compliant server and encrypt all data while in transit between your computer and the cloud. We also perform automatic backups of your ChiroSpring data, helping to ensure that your information is available anytime you need it. Because your ChiroSpring data is stored in the cloud, a strong Internet connection is critical to the proper function and speed of the software. To ensure the best experience with ChiroSpring, we provide our customers a help document to assist them in optimizing their Internet and local networking equipment. This document can be found in our Help Center.

Highlights from this help document include:

- If you are experiencing slow or sporadic connection to ChiroSpring while using a computer that is wirelessly connected to the Internet, we recommend that you reset your modem and router. A simple reboot of this equipment takes just a minute or two and can solve an abundance of computer connection problems.
- Satellite Internet connections often experience a high level of latency in their connection, making them slower than many DSL or Cable Internet connections. This is due to the signal's required travel time to and from the provider's orbiting satellites. Therefore, ChiroSpring customers with satellite connections will often experience slower software response times than those who use DSL or Cable services.
- Use wired Internet connections, when possible, for the fastest and most reliable service. Even if your wireless connection appears strong, interference from other wireless devices (such as wireless hot-spots, microwaves, or baby monitors) can delay or eliminate your computer's Internet connection. Therefore, connect direct when possible and eliminate interfering devices from your workspace.

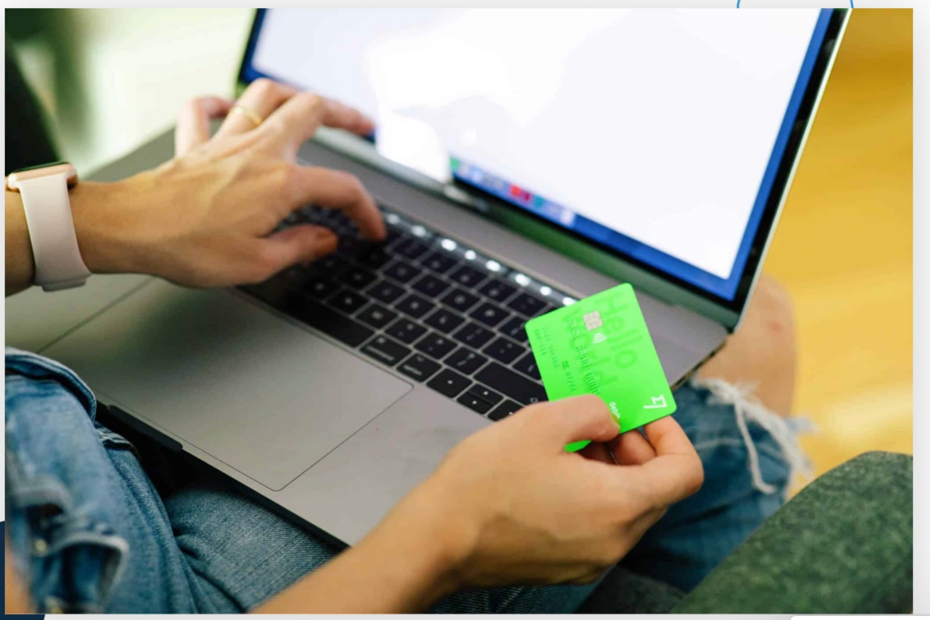
Take a moment to review the help document found at the provided link. Just a few minutes of reading could significantly improve the efficiency of your connection to the ChiroSpring cloud.

Pay

ChiroSpring Pay

CHIROSPRING PAY PROVIDES THE EASIEST AND MOST ROBUST PAYMENT SOLUTION IN CHIROSPRING.

- Streamlined workflow (no external browser)
- Store cards on file (securely with a tokenized system)
- Create scheduled and recurring payments
- Reverse/void directly in CHIROSPRING
- Keyed entry support (machine not required)
- Fast enrollment process (directly in CHIROSPRING)
- Transparent pricing with no hidden or monthly fees
- Amazing support



To get started navigate in ChiroSpring to Settings/Practice Info/Integrated Payments

Getting Started With ChiroSpring

Prior to training you and your staff you will be required to have each read the user manual as well as watched all training videos. The following next slides offer a great “to-do” check list to ensure you are getting everything setup correctly.

We will send this checklist to you separately also as each task must be initialed and faxed back to us. ☺

We want to ensure our users know and understand how to use the software and these bullet points are crucial to understand. ☺

Remember, we **WANT YOU TO BE SUCCESSFUL** and Love ChiroSpring so please follow all of our training instructions. ☺

Getting Started Check List

- 1. Install ChiroSpring onto all computers. PC users will install the ChiroSpring Installer Tool. ChiroSpring auto-updates for PC users. Mac users must install Firefox ESR and **set it to never update**. Procedures can be found here: www.installChiroSpring.com .
- 2. Ensure, when provided, you keep your ChiroSpring Customer ID and secure PIN (we mail this to you) on file. You will not want to lose these.
- 3. Ensure all staff have read the user manual and watched all training videos. You will operate much better if you have done this. You can find them in our Customer's Portal.
- 4. Determine your clearinghouse (Office Ally, Etactics, Waystar, Infinedi, Trizetto, Smart Data Solutions, BCBS-MI)

If billing CMS-1500.txt submit a batch of claims for your clearinghouse to map.

If billing EDI ensure you have setup your clearinghouse in Settings/Insurance/Clearinghouses. Providers will need their name, address, DOB, phone and email in Settings/Users.

Search our Help Center for your clearinghouse for specific guidance.

If you are using a clearinghouse not mentioned, it might work. The ones above are the ones we have tested.

- 5. All Insurance Carriers have been put into the Insurance Carrier's app in Settings.

For EDI you must have a Payor ID and proper claim filing indicator for your insurance carriers (see EDI Options tab).

For Medicare we created a guide on Medicare as primary, Medicare as secondary and Medicare with Medigap. You can search our Help Center for this our download from our Customer's Portal. You can also set the Edit Allowed Amounts.

Getting Started Check List

- 6. If ChiroSpring is importing patients from your previous software let us know ASAP so we can assist.
- 7. Perform patient balance transfers to provide patient balances in ChiroSpring. Create a product called “Balance Transfer”. Open Cash Register, select your patient, then product and change the price to the patient’s balance. Then click “No Receipt”.
- 8. Setup all of your user accounts. You can block any app, dashboard tile, SOAP note tab as well as set more user options in Settings/Users.
- 9. Customize your calendar and setup your work schedule (Settings/Calendar).
- 10. Setup your Rooms for Patient Flow (Settings/Rooms).
- 11. Setup your Visit Types and default colors/length/occupy columns (Settings/Visit Types).
- 12. Setup your Block-out Calendar Types in Settings/Block-out Calendar Types. Block out time on your calendar by right clicking and selecting ‘Add Block-out Time’.
- 13. Ensure you have properly entered your provider NPI, Billing NPI, Tax-ID and other billing information for your practice (Settings/Practice Info and Settings/Users). You can preview a claim to determine if things look correct.
- 14. If printing CMS-1500 claims ensure you have calibrated your printer with a blank CMS-1500 form (Settings/Forms).
- 15. Setup prices for all products and services. Determine if products are taxable. Determine if products or services can automatically copy to the next visit (e.g. you would want to disable this for an Exam most likely). Settings/Products and Settings/Services.
- 16. Ensure you have set your tax rate in Settings/Practice Info/Facility Locations.

Getting Started Check List

- 17. Determine from a global level if you are accepting copay, coinsurance and deductible (Settings/Practice Info/Charge Options).
- 18. Determine if you want payments to automatically apply to charges. They can apply to oldest charges first or charges matching the same visit date. Settings/Practice Info/Charge Options.
- 19. Customize your charges grid (Settings/Pin Charge Codes). This is on a per-user basis. Once you have charges pined how you want them other user's logging in can use the 'Copy From User' option to make their charges grid match yours.
- 20. Pin your favorite diagnosis codes to folders (Settings/Diagnoses/ICD10 Associated Text). This is a global setting.
- 21. Customize your SOAP Macros

Create SOAP Macros (Settings/SOAP Macros Basic or Advanced SOAP Macros). Use the Nest SOAP Macros app to place Macros into folders.

Pin SOAP Macros (Settings/SOAP Macros/Pin SOAP Macros)

- 22. Setup "How Heard About" options in Settings/How Heard About. These are used in the Practice Analysis and How Heard About reports. If you use the patient kiosk this option will be asked for patients to complete.
- 23. Setup your default appointment type (Settings/Practice Info/Facility Locations). As an example, if 90% of your visits are an Adjustment you might want new appointments to default to this for faster scheduling.
- 24. Create a custom receipt and statement footer (Settings/Practice Info/General). The footer will appear at the bottom of the receipt or statement.

Getting Started Check List

- 25. Setup Appointment Reminders. This requires an account with www.remindercall.com. You would then copy and paste a specific username and password from Settings/Patient Messaging/Appointment Reminders into www.remindercall.com.
- 26. Schedule training with our support staff. Times fill quickly so we require a weeks notice for best availability.
- 27. If using multiple locations setup your default location. This can be per computer or per user.

Settings/Practice Info/Faculty Locations/Default Facility Location For This Computer

Settings/Users/Service & Billing Location/My Preferred Location

You also need to set your Primary Access. Settings/Users/Provider Info 2. If you are using the desktop app select this option. If you are using Cloud ChiroSpring select this option. Default location uses this setting so make sure it is correct. You can of course change it at anytime.

- 28. Arrange the order of your Dashboard Tiles (Settings/Arrange Dashboard).
- 29. For PI Practices add your attorneys (Settings/Attorneys). This list will be available inside the Insurance Cases tile within a patient dashboard.
- 30. Sign up for ChiroSpring Pay for your integrated payments.

Getting Started Check List

- 31. Customize your charges colors (this is based on Billing State). As an example, you might want bill primary to be blue and bill secondary to be red. Settings/Practice Info/Charge Options.
- 32. Set your option for Patient Statements to not show charges that are NOT reconciled. As an example, you might not want an x-ray charge to appear on a patient statement until you have gotten the remittance back from insurance and reconciled the charge.

This option is in Statements/Non-Reconciled Insurance Charges.

- 33. If using the Online Scheduler or Patient Kiosk ensure you have created a password for them (this is a separate password from your ChiroSpring password. However, you can make them the same if you want). Settings/Users/Kiosk Online Scheduler Password.
- 34. Online Scheduler – Make sure you have all of your provider's work schedules setup correct. Also, you will need to pin which visit types you want shown on the online scheduler: Settings/Users/Online Scheduling.

In addition, for any visit type you want shown on the online scheduler you must mark it "show" using the 'Online Scheduler Status' dropdown. This is in Settings/Visit Types.

Set an email address for appointment requests to send to in Settings/Practice Info/Online Scheduling. If blank emails will be sent to the provider's email address (if one was entered in Settings/Users).

We have a full training video on our Online Scheduler in our Customer's Portal.

Getting Started Check List

- 35. Patient Kiosk – Customize which sections (e.g. smoking status, demographics, etc.) you want shown. You can set them to show for the first visit or all visits. Also determine if you want a section to be required. This is on a per-provider basis so ensure you have set these up for all providers. Settings/Kiosk/Kiosk.

Also upload your acknowledgments (as text only) and create additional intake questions. Use leading questions (yes/no questions that when marked 'Yes' will display all questions inside that category to the patient.

We have a full training video on our Patient Kiosk in our Customer's Portal.

- 36. Contacts can be exported in Settings/Export Data. You can import these into services like Constant Contact or Mail Chimp for marketing. You can also export missing in action patients to put them into a marketing funnel.
- 37. SOAP notes can be created for past visit dates. Schedule the patient for this date/time (in the past). Then right click on them (on the Calendar) and select Edit SOAP.
- 38. I am familiar with the guarantor option in the patient profile. This allows me to put Mom/Dad as a guarantor for a patient. The patient statement will then be addressed to the guarantor.
- 39. I understand how to set a product or service as "Bill to Insurance". If set to 'No' the product or service would never appear on a claim. (Settings/Products or Settings/Services).
- 40. I understand how to put an insurance case on hold (drop down on the top of the Insurance Case). When on hold, charges will not appear on claims until the hold is removed. Inside the Billing app is a Hold folder so you do not lose track of these charges. You can remove the hold inside the Billing app or inside the Insurance Case.

Getting Started Check List

- 41. ChiroSpring provides two iOS apps called ChiroSpring and ChiroSpring Browser.
- 42. I understand the ChiroSpring staff is helpful and friendly and want me to succeed. If I get stuck, I will work with ChiroSpring to resolve any issues. :)

I have read and understood the following:

- 44. Making a change in settings requires a full exit of ChiroSpring. Then re-open (this refreshes the database).
- 45. Reconciling insurance payments is a MUST. If not performed accounts receivable will never be correct.
- 46. The Recent Patient’s list on Front Desk only displays recent patients. Press ‘Enter’ after typing a partial name to query a full database return.
- 47. Fast internet and a business class router with no WiFi dead zones are a must.
- 48. The Help Center can be accessed 24/7 in Launcher/Help Center. There are over 800 searchable articles here that we wrote to help you.
- 49. Exported claims are found in your document’s folder in Documents/ChiroSpring/Exported Claims.
- 50. How to rebill charges (Billing app or Visits tile are the easiest places).
- 51. The Charges Report (located in Dashboard/Insurance Cases) is beneficial for attorneys.
- 52. I understand how to add a payment to a patient using Dashboard/Ledger.
- 53. I understand how to print a patient ledger and visit receipts (Dashboard/Ledger and Dashboard/Visits).
- 54. I understand workflow is important and the same user cannot edit the same data element at the same time. The Front Desk Awaiting Checkout column is designed so the Front Desk knows the provider is done with the patient and can safely be checked out (e.g. provider is not actively editing a SOAP note at the exact time a patient is being checked out). Provider’s can complete their note after the patient has been checked out.

Transferring Balances/Credits

Before you start using ChiroSpring we recommend entering in all of your current patients prior to going live. We also recommend transferring all of their balances from the software you were using previously. We may be able to transfer in your patient names, DOB, etc. This depends on the previous software you were using. We are unable to transfer in any SOAP notes, balances or any other detailed patient information.

When transferring from a previous software you will need to generate a report from your old software showing all of your patient balances and credits (what you owe the patient). We recommend inputting all of your balances and credits the day before you go live.

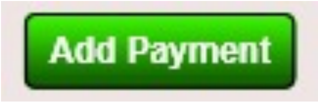
There are three steps to ensure a smooth transition from your old software to ChiroSpring.

1. Transfer Balances (what patients owe you) from your old software into ChiroSpring
2. Transfer Credits (what you owe the patient) from your old software into ChiroSpring
3. After 1 and 2 above are complete, ZERO OUT all balances and credits from your old software. You will still need to periodically run reports from your old software and repeat steps 1, 2 and 3 every month until you have finished reconciling all claims in your old software. This is because reconciling remittances in your old software may affect the patient ledger thereby giving the patient a balance or credit which would subsequently need to be transferred into ChiroSpring.

Transferring Balance – Old Software into ChiroSpring

To transfer a Credit (positive balance) from your old software into ChiroSpring follow these steps.

- Go to the patient ledger for your patient.
- Go to the "Payments" tab.
- Click "Add Payment".

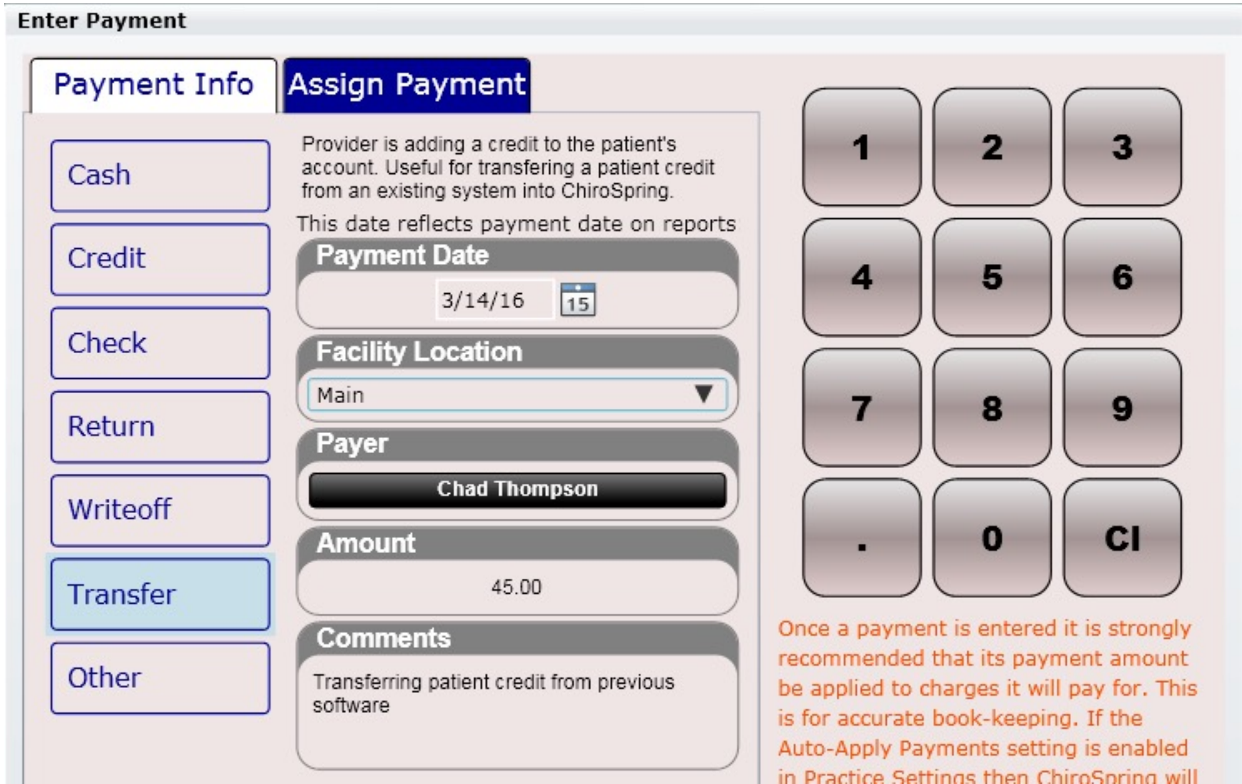


- Click the "Transfer" tab
- Enter the amount (positive amount) you are transferring into ChiroSpring
- In "Comments" type something similar to:

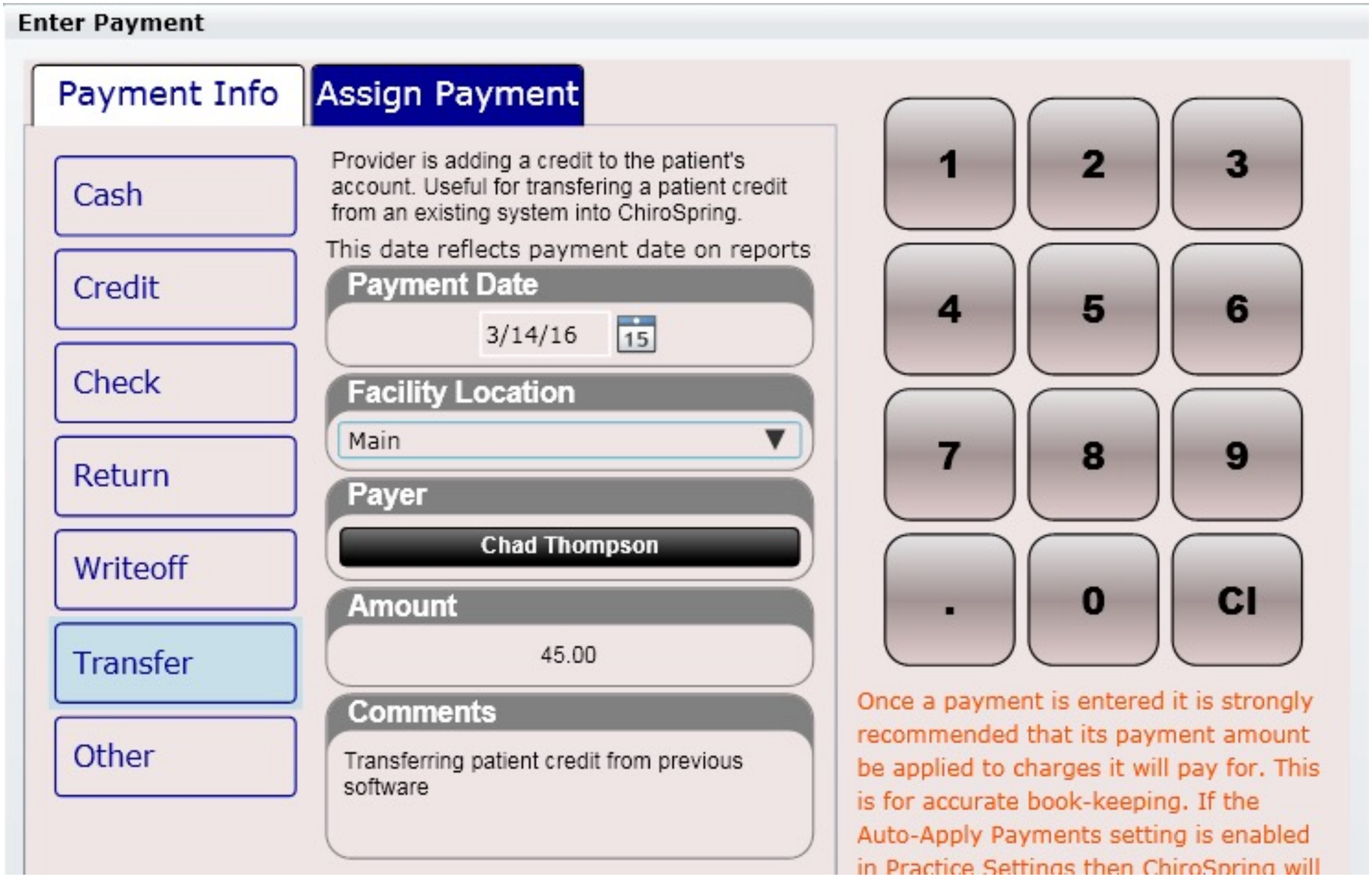
"Transferring patient credit from previous software".

Your patient will now have a credit on their account. You now MUST zero out this credit in your OLD software (otherwise your patient will have a credit in each software).

Ledger



Transferring Balance – Old Software into ChiroSpring



Transferring Balance – Old Software into ChiroSpring

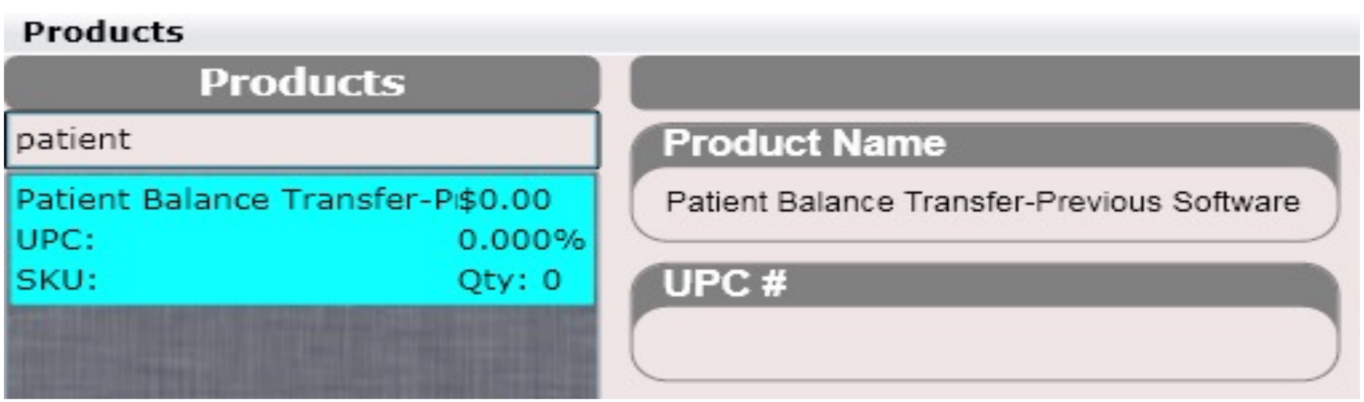
If the patient owes you money you are going to want to transfer what they owe you from your old software into ChiroSpring. Again, we recommend you run a report from your previous software and enter in all patient balances and credits the day before you go live. Then zero out all patient balances and credits from your old software after you have transferred into ChiroSpring.

To transfer a patient balance from your old software into ChiroSpring follow the steps below:

1. Create a charge called "Patient Balance Transfer – Previous Software" by going to Settings/Products

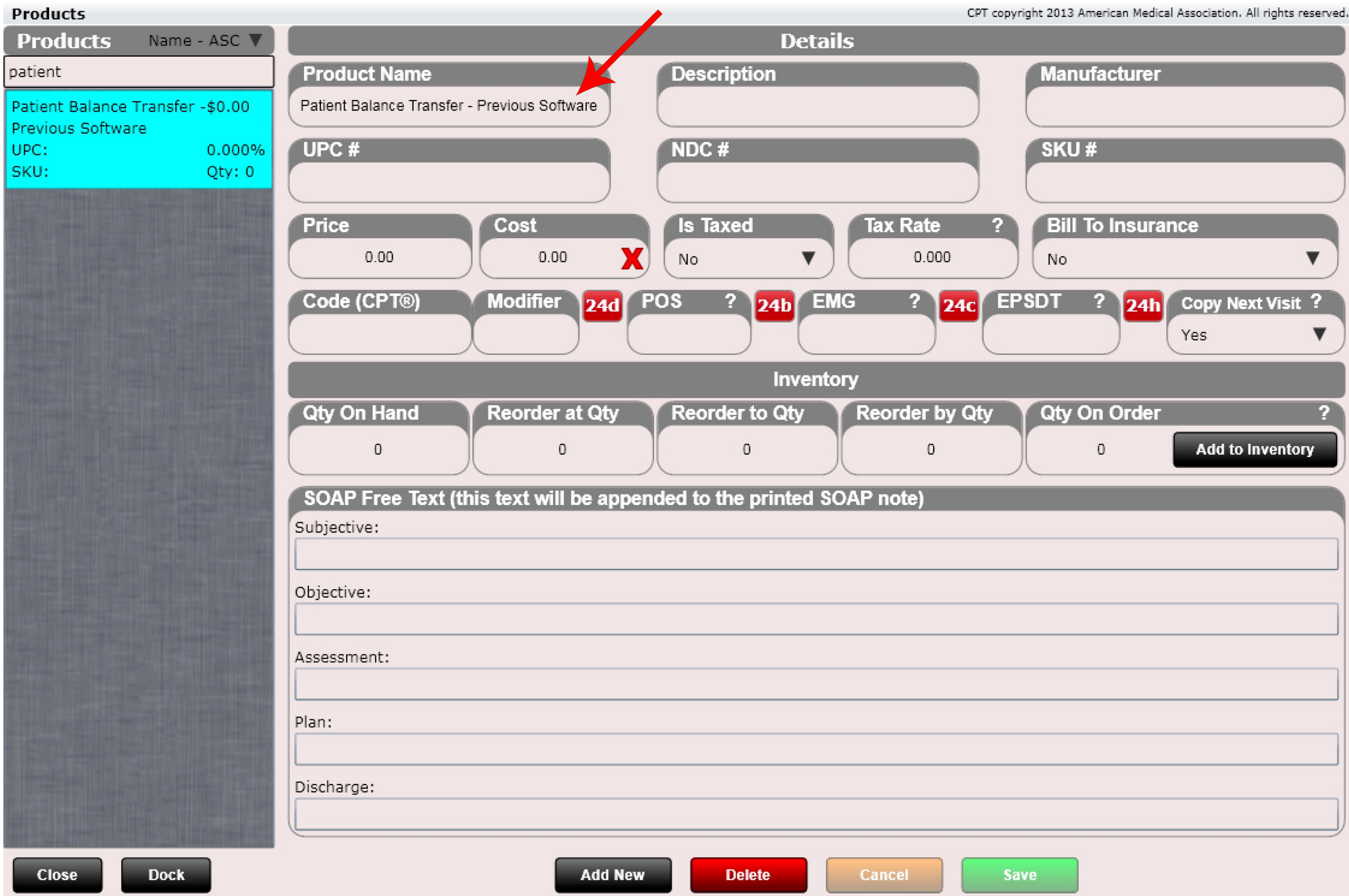
   – To create your new product, click "Add New". Type your product name and leave the price as $0.00.

   NOTE: All changes you have made to products will not be available to use until AFTER you have shut down ChiroSpring completely and re-opened.



Transferring Balance – Old Software into ChiroSpring

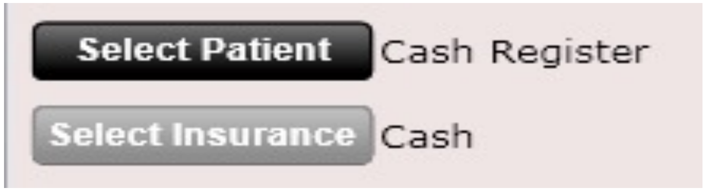
This is the products screen. Here we are adding a product called “Patient Balance Transfer – Previous Software”

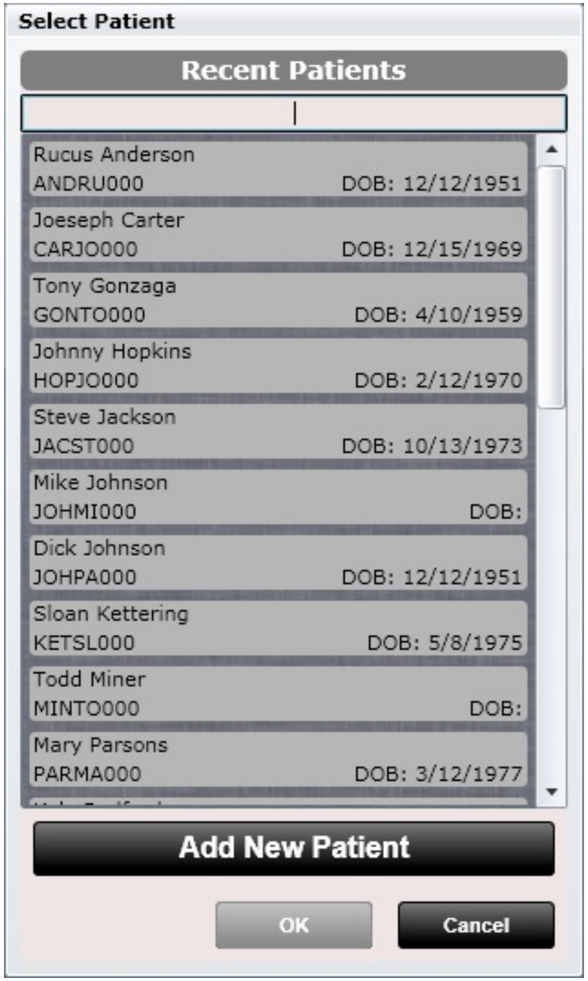


Transferring Balance – Old Software into ChiroSpring

2. Next go to the cash register by clicking the Cash Register app from the front desk.

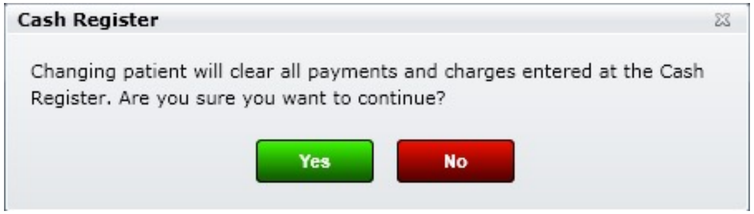
3. Click the “Select Patient” button at the top above the charges list box.



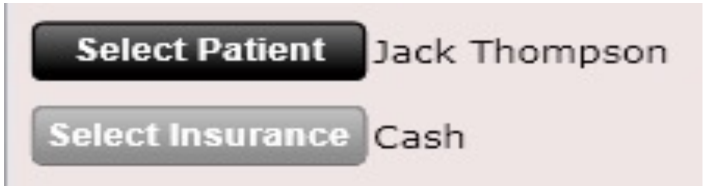


4. Select your patient from the patient dialog box.

5. A dialog will open stating all payments and charges will be cleared. Click “Yes”.

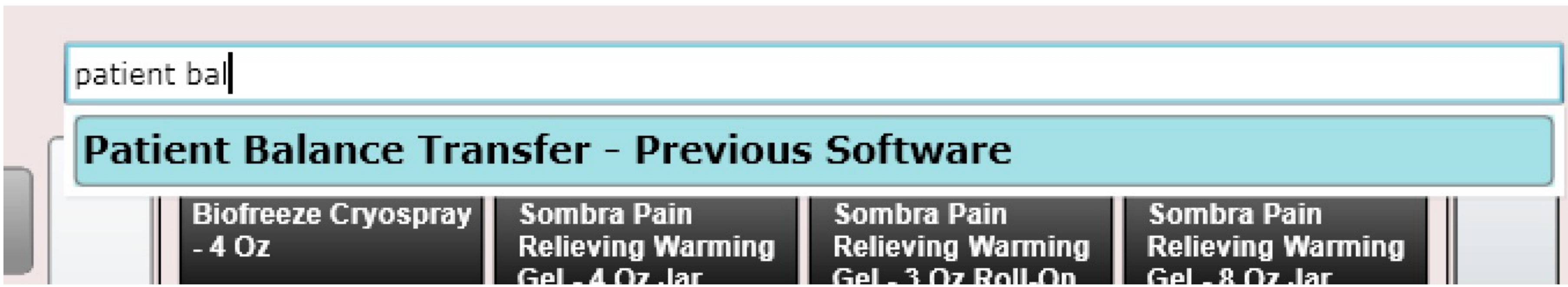


5. You should now see your patient as selected.

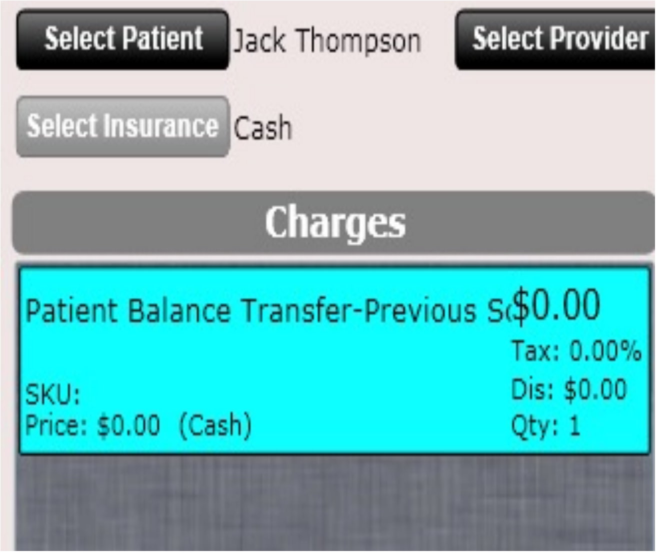


Transferring Balance – Old Software into ChiroSpring

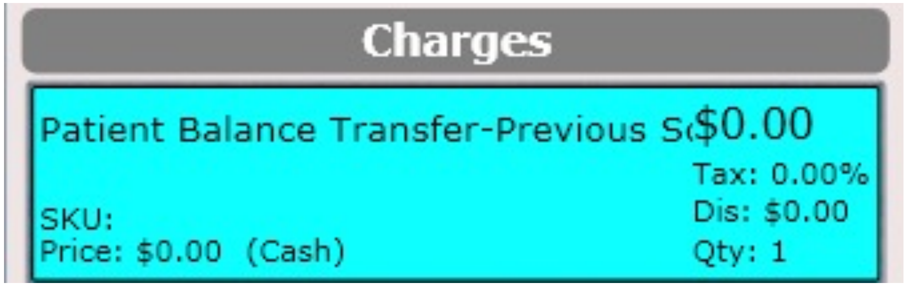
6. Next search for your Patient Balance Transfer Charge in the search bar above the charges grid. Select the charge. In this example the charge I am using is called "**Patient Balance Transfer – Previous Software**".



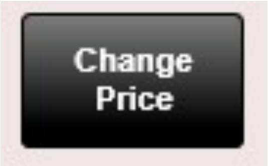
Transferring Balance – Old Software into ChiroSpring



7. After selecting the charge it will appear in the charges list box with a total of $0.00.
8. Click on the charge. Note it's price is $0.00.



9. Then click on "Change Price" from the button grid below.



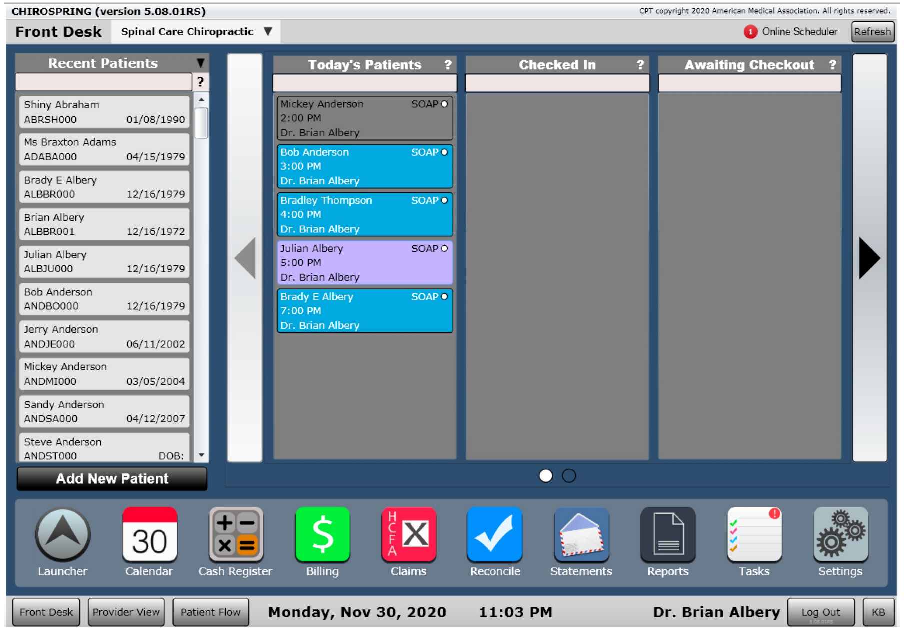
Transferring Balance – Old Software into ChiroSpring

10. Enter the patient balance in the New Price field. Then click "Ok".
11. The charge will now reflect the correct price.
In this example the Patient Balance Transfer amount is $45.29.
12. Click No Receipt and you are done. The patient will now have a balance on their ledger reflecting the amount you entered.

Front Desk

The front desk is a highly organized central location that helps keep track of your patients, move them into appropriate columns and launch apps as needed. It is composed of three basic parts.

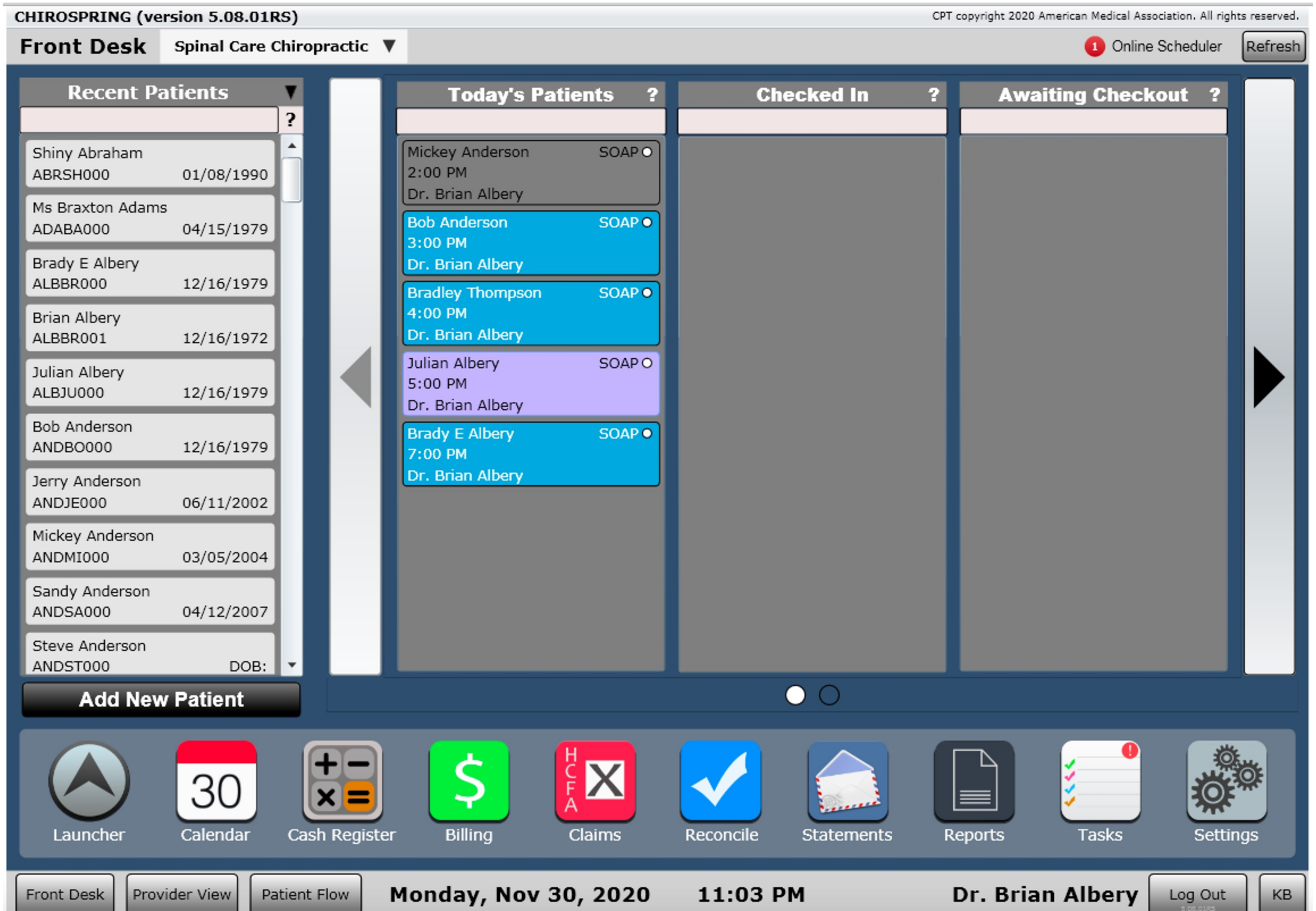
- **Recent Patients column on the left**
  - This includes the most recent 400 patients you have scheduled or added to the software
- **To the right you will find more columns which show you the current status of the patient**
  - Today's Patients
  - Checked In
  - Awaiting Checkout
  - Checked Out Patients
  - Missed
  - Unfinished SOAP Notes



Below the columns are apps which can be opened at any time

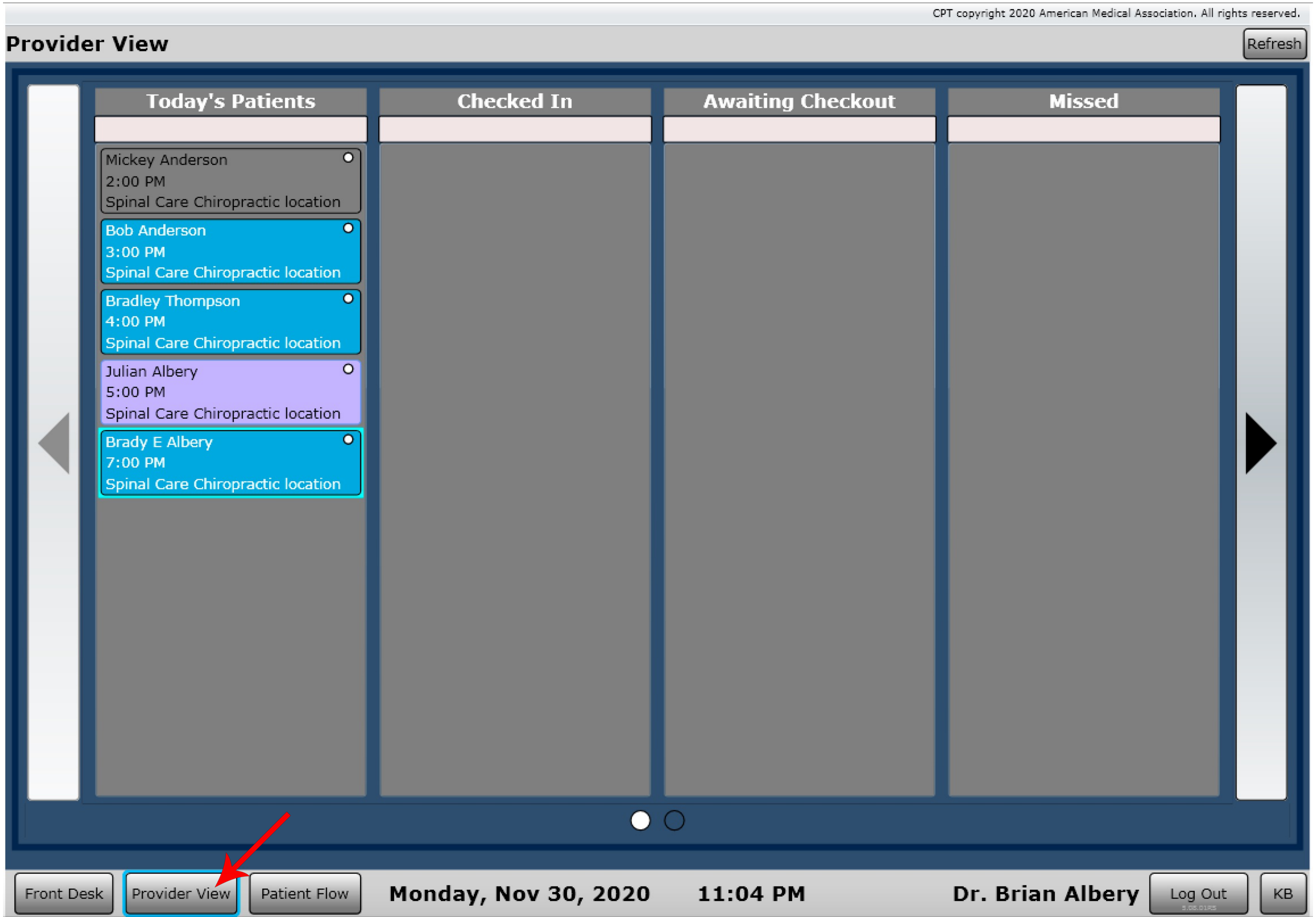
- Launcher
- Calendar
- Cash Register
- Billing
- Claims
- Reconcile
- Statements
- Reports
- Tasks
- Settings

View of Front Desk – Page 1

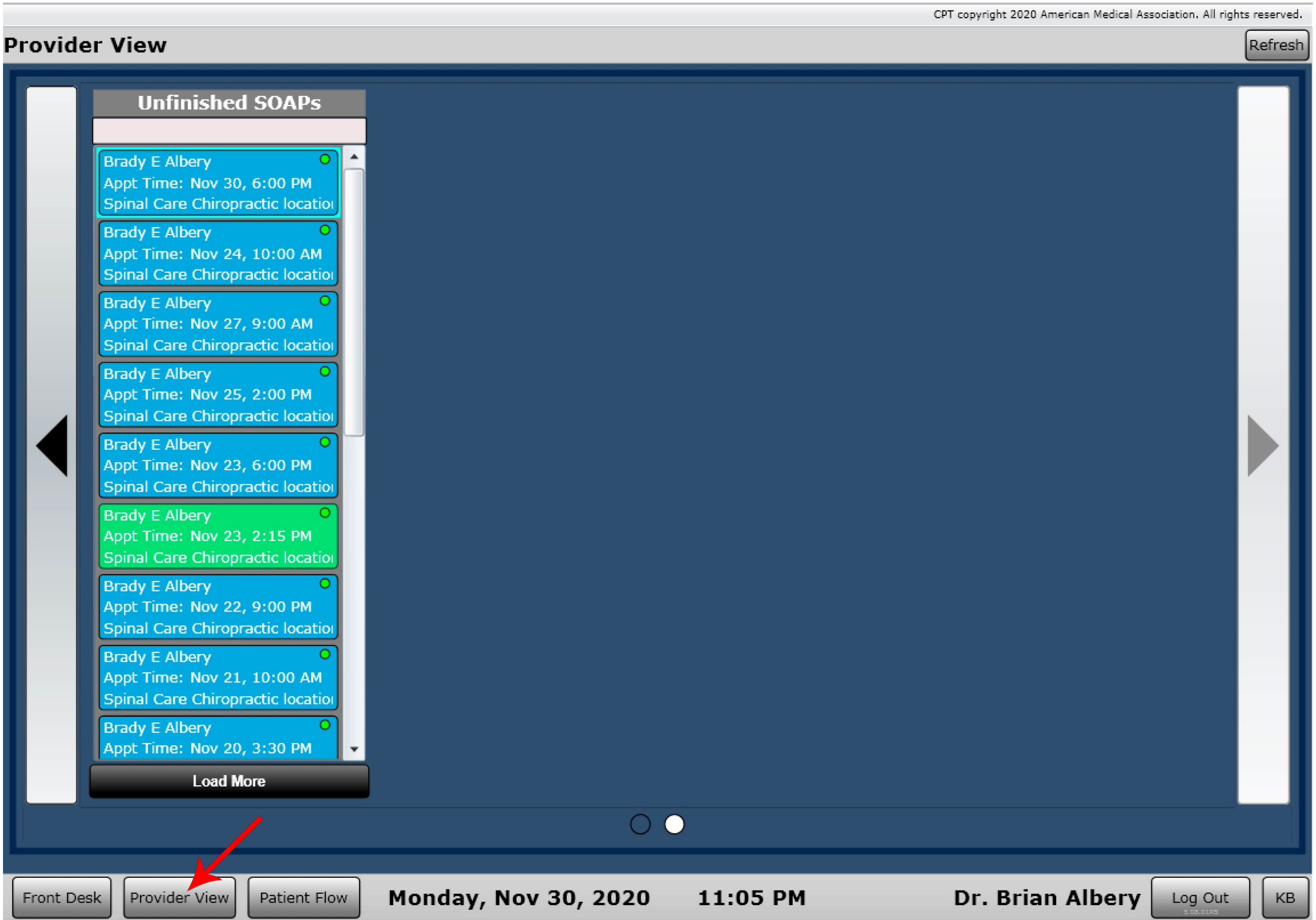


View of Front Desk – Page 2

Front Desk – Provider View

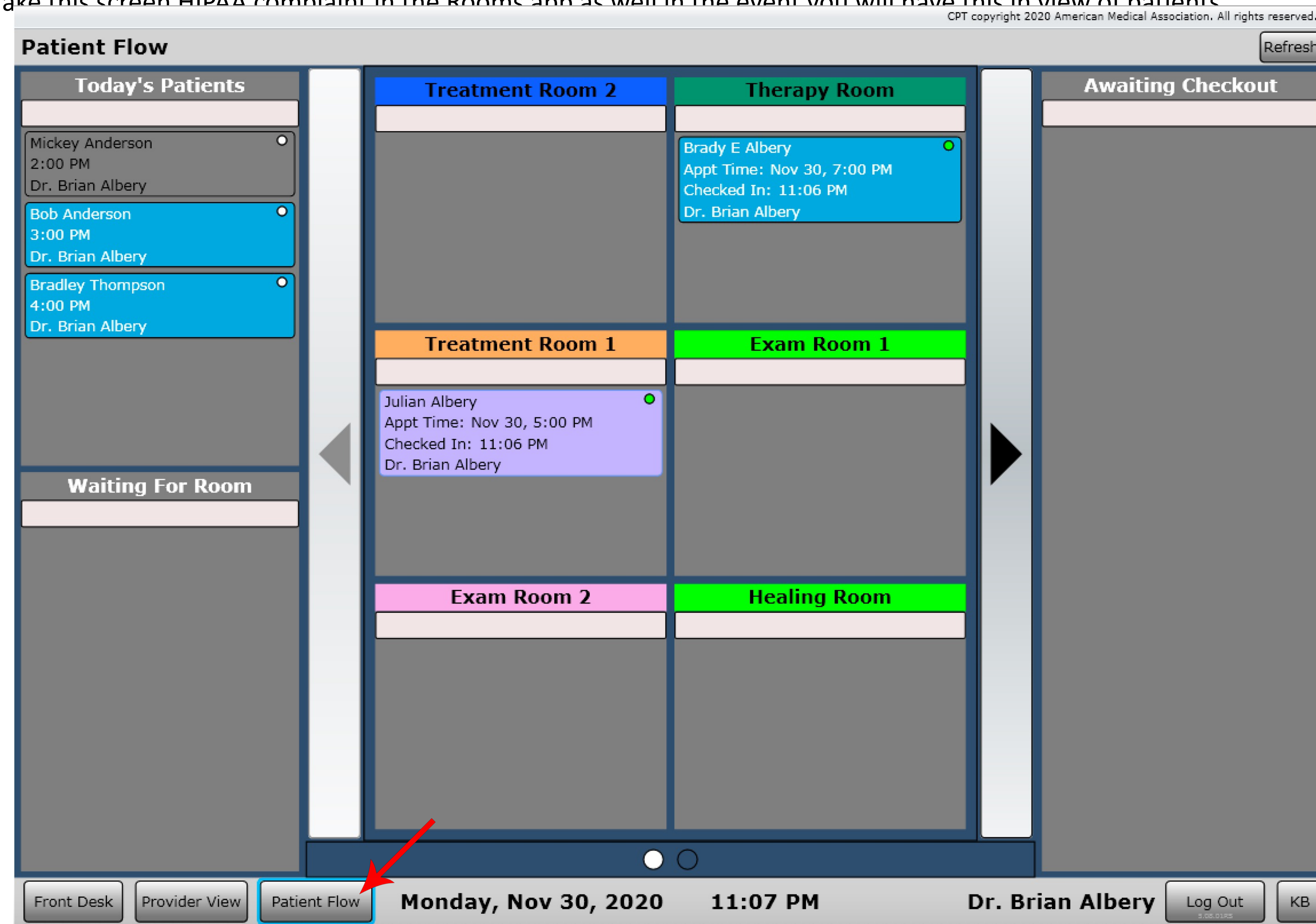


Front Desk – Provider View



Front Desk – Patient Flow

Patient flow allows you to triage your patients to specific rooms. You can create rooms in Settings/Rooms. You can also Make this screen HIPAA complaint in the Rooms app as well in the event you will have this in view of patients

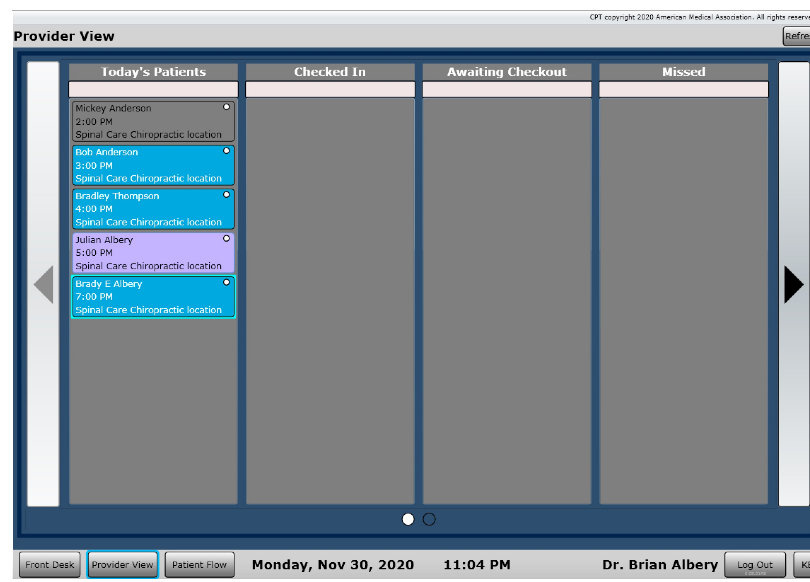


Front Desk – Provider View

ChiroSpring organizes the Front Desk even further by displaying only the logged in provider’s patients when on Provider View.

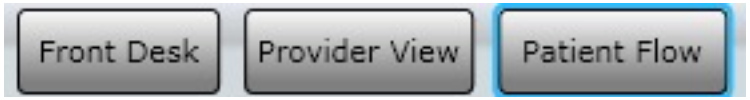
To access the provider view, click the “Provider View” tab at the bottom of the front desk. Here you will have the complete front desk list boxes. The difference is that only YOUR patients will be displayed. In a busy practice with multiple providers this can be a very nice feature.

Power Tip: When in provider view if you double tap on a patient name it will open ‘Edit SOAP’.

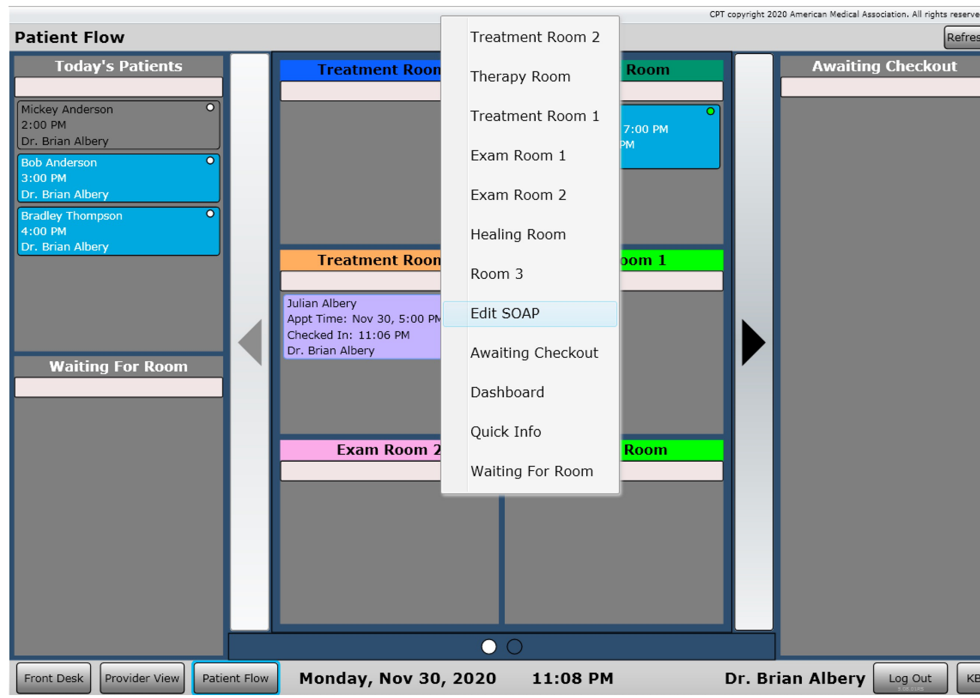


Front Desk – Patient Flow

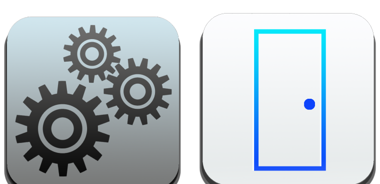
If you want even further control of your patients locations, we suggest using Patient Flow. The Patient Flow button is located at the bottom of the Front Desk. Selecting this button this will reveal a window showing you all of the rooms in your practice.



It is 100% possible to run your entire practice without ever going into the Patient Flow screen. This feature may be more important to larger practices with numerous rooms. In these large practices it can be very difficult keeping track of where a patient is at without using Patient Flow.



To use Patient Flow, you will first need to set up your ROOMS. To do this go to Settings/Rooms and add the rooms in your practice.



Settings/Rooms

Power Tip: Double tap a patient name in patient flow once checked in to “Edit SOAP”. This same tip can be used at the front desk as well.

Front Desk – Patient Flow – Rooms app

In Settings/Rooms you can create as many rooms as you like. Each room will appear in Patient Flow.

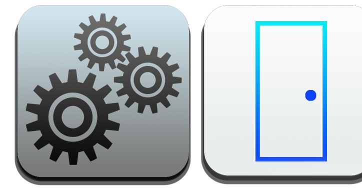
Arrange their order using the up/down arrows.

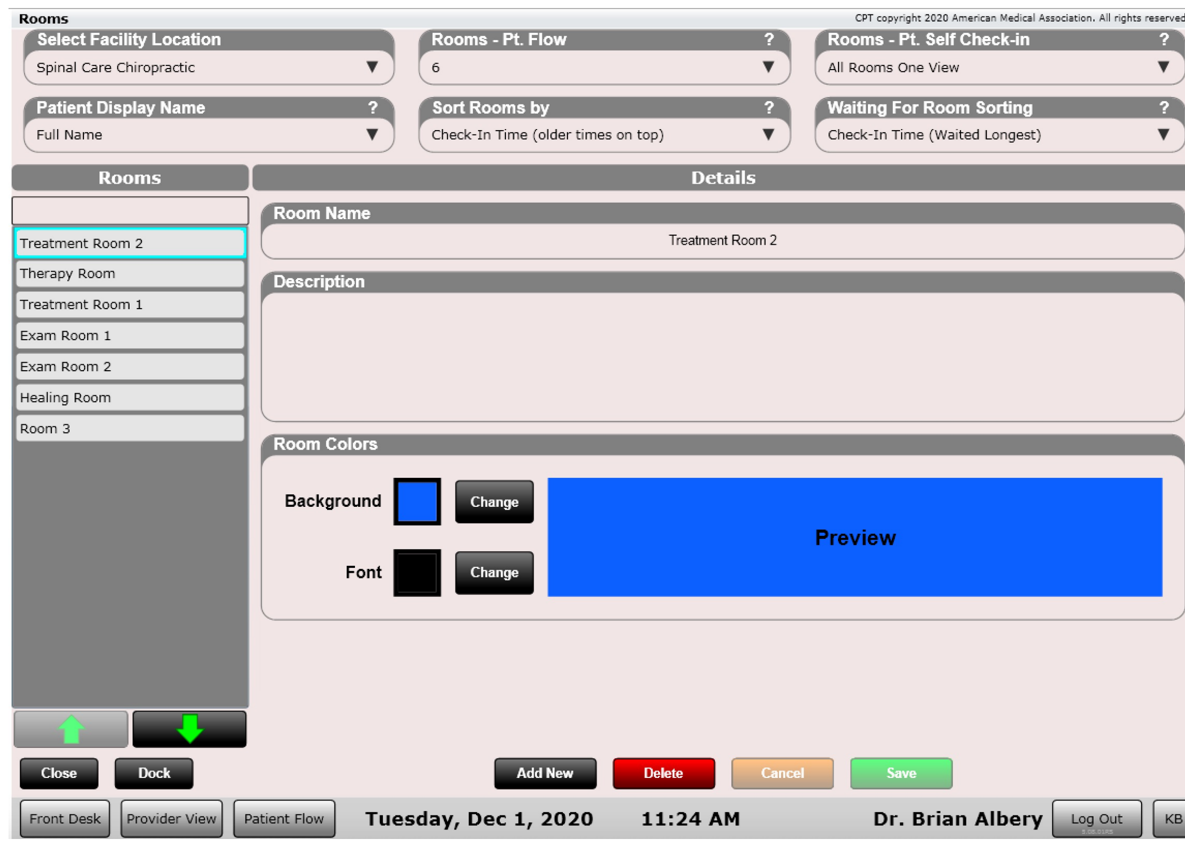
If you have multiple locations, you can change the "Select Facility Location" option above to customize your rooms for each location.

If you are using the Self Check-in App you can customize the rooms for this app.

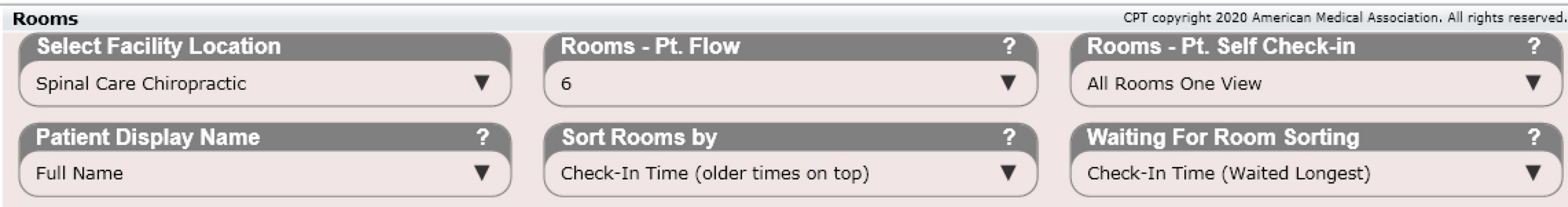
Also set how many rooms you want shown per view.

Settings/Rooms





Front Desk – Patient Flow – Rooms app

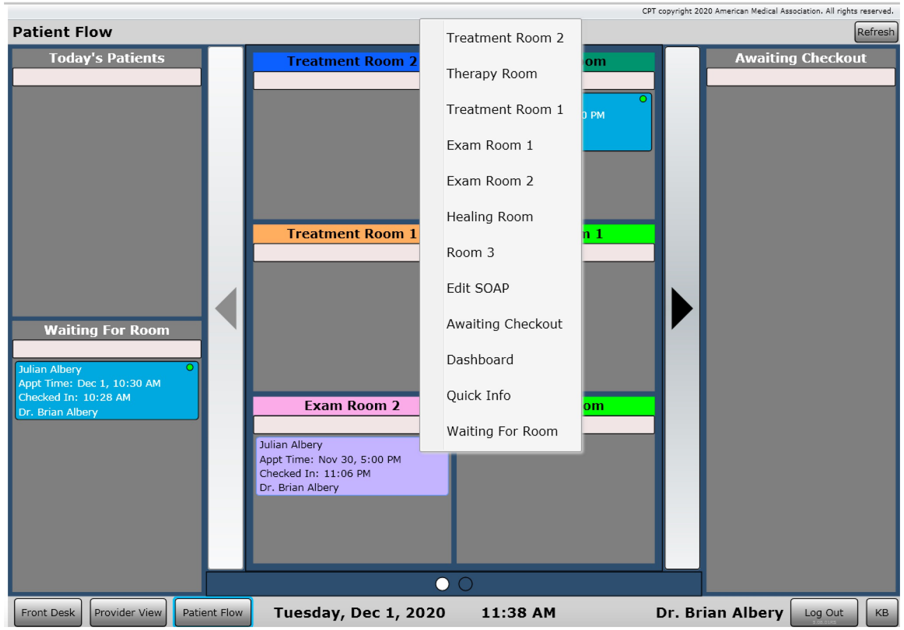


Within the Rooms app are options along the top. Toggle by facility location to customize rooms for each location. Next set the number of rooms you will see in a single view (e.g. 6). If using the Self Check-in app, you can also customize it's view for rooms. In the example above we have it set to 'All Rooms One View'. You can see an example of this a few pages from this. Essentially this means there are no ROOMS and instead one giant list box where patients get checked into.

The Patient Display Name option allows you to choose Full Name or a HIPAA Complaint name. This allows you to have Patient Flow in view of patients without any worry about a breach in PHI.

Front Desk – Patient Flow

From the patient flow screen if you right click on a patient's name (or press and hold) you will get a menu. This menu lists all rooms that you have set up in the software. Select a room or select "Check In" to move the patient to "Waiting for Room".

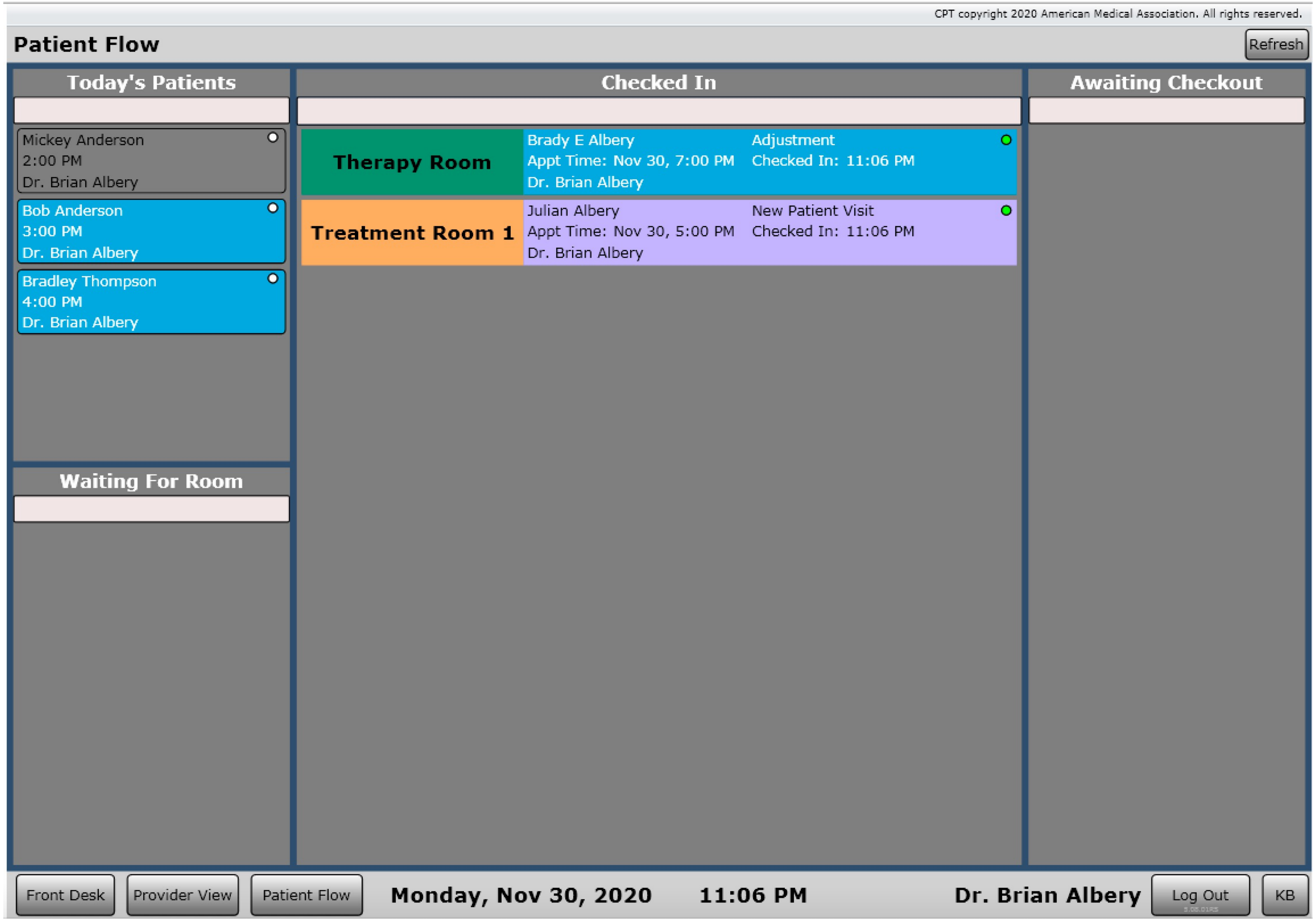


Once you select a room you will see the "Check In Dialog". This is the same Check In Dialog you see when you check a patient in from the front desk. After checking in the patient, you will see that the patient has both checked in and is not in the "Waiting for Room" box.

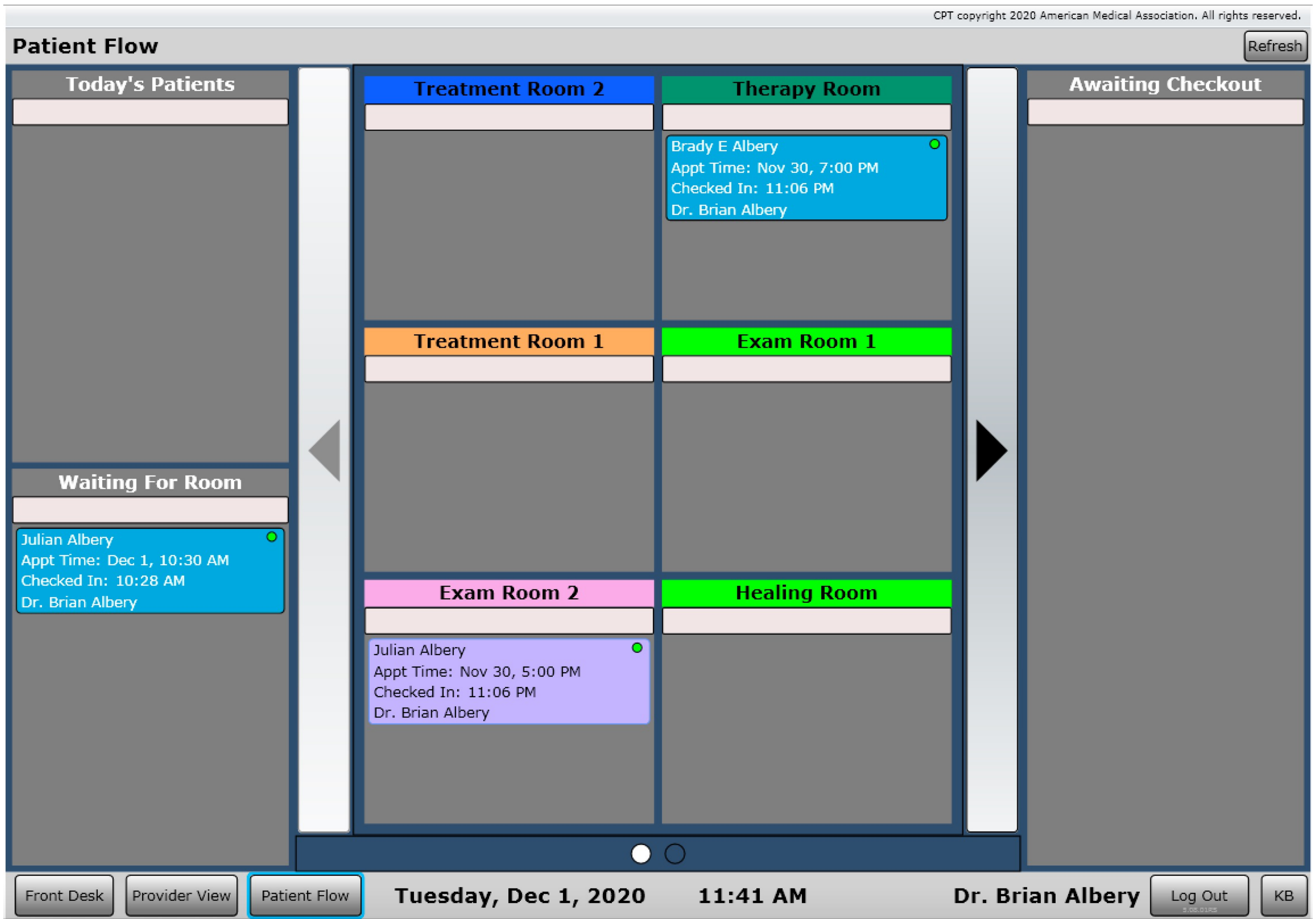
You can move patient from room to room by right clicking (or press and hold) on their name. When you are done moving the patient from room to room you can then move the patient to "Awaiting Checkout".

Power Tip: Double tap a patient name in patient flow once checked in to "Edit SOAP". This same tip can be used at the front desk as well. You must be a provider to use this double tap Edit SOAP feature.

Patient Flow – All Rooms One View Example



Patient Flow – Multiple Rooms Per View Example

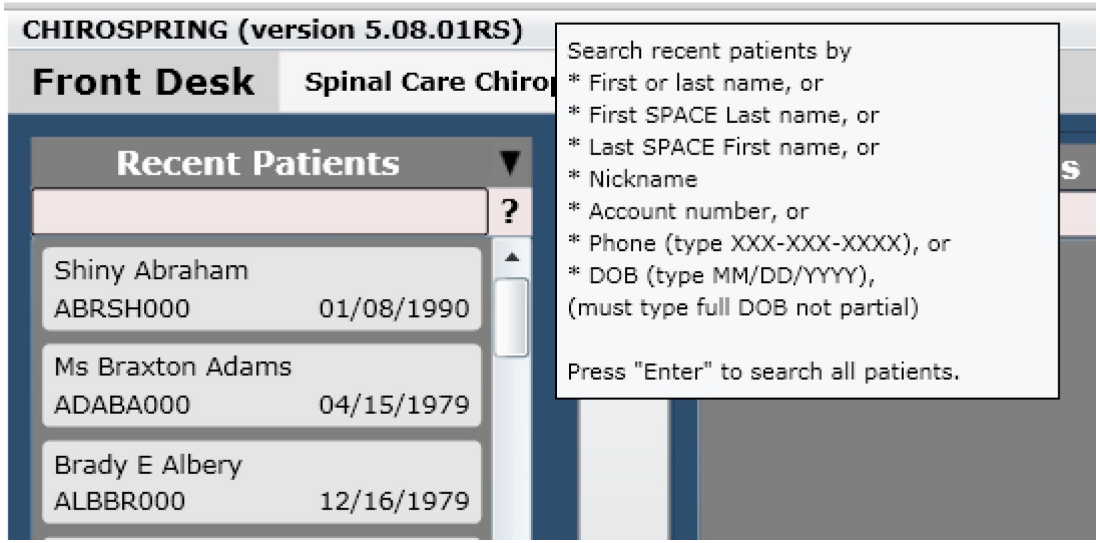


Front Desk – Recent Patients

The Recent Patients list box contains your most recent patients. It also allows you to type in a patient's first name, last name, account number or phone number to search your entire patient database for a patient.

To find a patient you are looking for you can type any of the following into the search box

- First or Last name
- First SPACE Last name
- Nickname
- Phone Number (XXX-XXX-XXXX format)
- Account Number
- DOB (MM/DD/YYYY format)



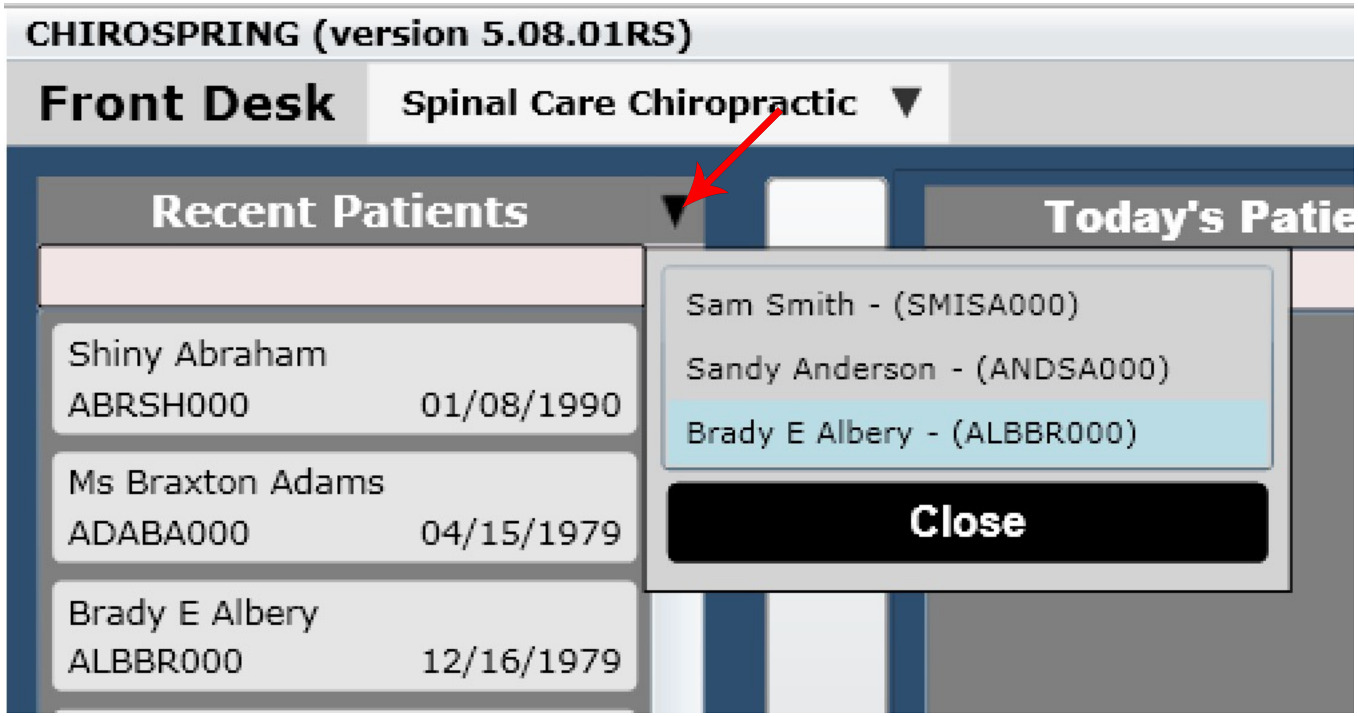
IMPORTANT!

<u>This list box only displays your most RECENT PATIENTS</u>. This means if you have not seen a patient in awhile, they will not automatically be displayed in this list box. To search the full database for a patient, type the required information in the search box and then press ENTER. This will display ALL matches for the information you typed and not just recent patients. This is very important to know and understand. We recommend getting into the habit of pressing ENTER for every patient search. This practice can help prevent the entering of duplicate patient information.

Front Desk – Recent Patients

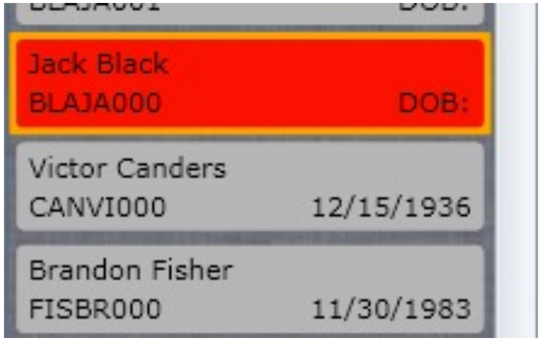
If you want to see a patient, you recently viewed information on click the black “down” arrow. A dialog will open showing you the most recent 15 patients you have viewed.

This can be extremely beneficial if you viewed a patient’s ledger for example. Added a payment only to realize it was on the wrong patient. In frustration you might not remember what patient you were just on. Now you can find them easily. ☺



Front Desk – Recent Patients

<u>It is VERY important that you understand how the recent patients list box works</u>



Again, it will display only your recent patients. This means that for a less frequent patient, when you type in their name, they will not appear in this list box. That is, **<u>not until you press ENTER.</u>**

Pressing enter will do a full data base search and find all patients, even if they are marked in the system as "inactive."

Inactive patients will be marked in red. See "Jack Black" pictured to the right.

Inactive patients cannot be scheduled to the calendar. You must first go to their profile and make them active again.

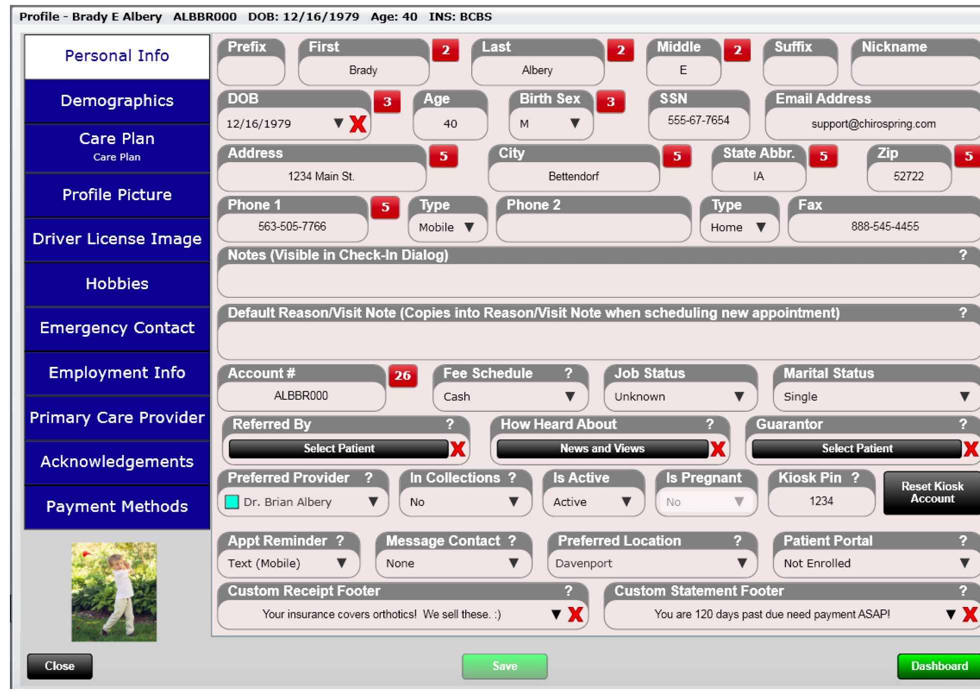
If you do not see the patient you are looking for, press "ENTER".

Front Desk – Create a New Patient

On the Front Desk click the “Add New Patient” button below the “Recent Patients” list box. A dialog box will open allowing you to input new patient data.

On the left you will see several tabs. Tabs include the following.

- Personal Information
- Care Plan
- Demographics
- Profile Picture
- Driver License Image
- Hobbies
- Emergency Contact
- Employment Info
- Primary Care Provider
- Acknowledgements
- Payment Methods (stored on file)



More information on creating a new patient can be found in the Dashboard/Profile section of this manual

After you have filled in the appropriate patient information click “Save.” This will save the patient to the database. Now click “Close.” This will bring you back to the Front Desk. Your new patient will now appear in the “Recent Patient” list box.

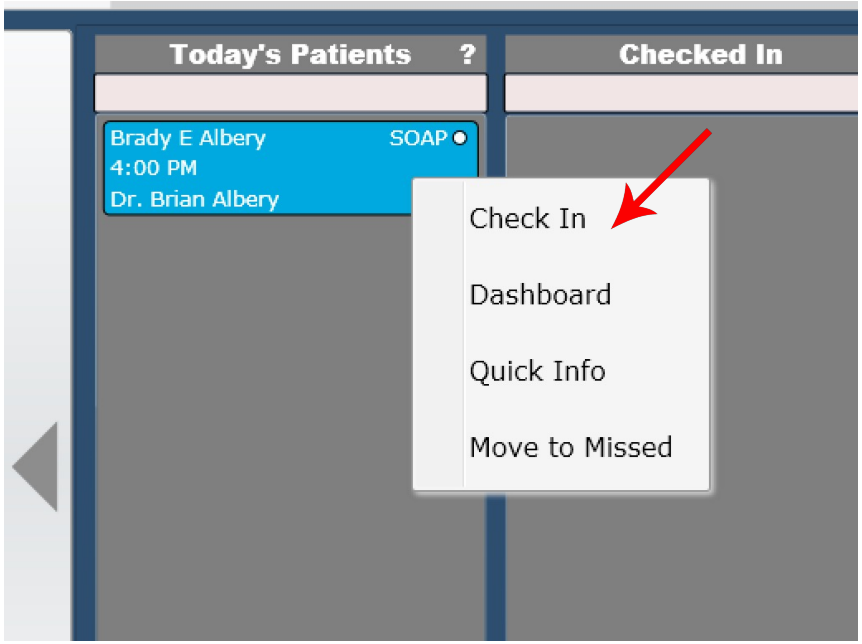
Front Desk – Check in a Patient

To check in a patient from the front desk:

- Right click on a patient in the "Today's Patients" column.
- In the menu that opens click on "Check In."
- The check in dialog will now open. Complete the check in process.
- Verify that your patient now appears in the "Checked In" column.

NOTE: You will also see an option for "Dashboard." Clicking this will take you to the Patient Dashboard.

Power Tip: A **PRESS and HOLD** will also access the pop-up menu. This is useful when using a tablet devices with a touch screen.

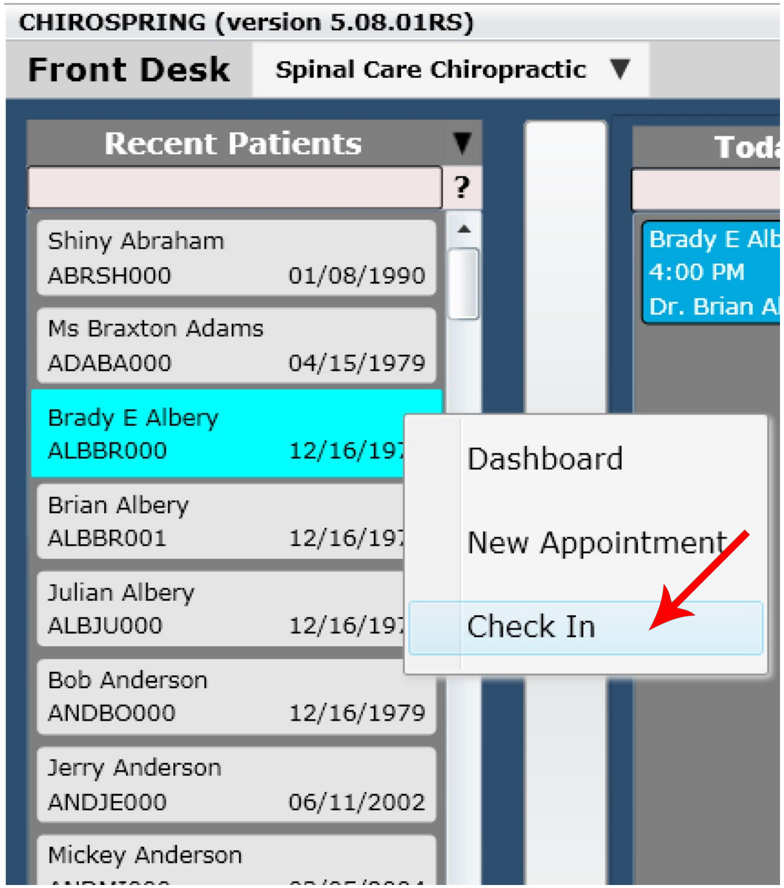


You can also check in a patient by right clicking on a patient in the Recent Patients list box. This is convenient for walk-in patients and will automatically create an appointment on the calendar once they are checked in.

Front Desk – Check in a Patient

You can also check in a patient by right clicking on a patient in the Recent Patients list box. This is convenient for walk-in patients and will automatically create an appointment on the calendar once they are checked in.

You can also check in a patient by right clicking on them on the Calendar. This option needs to be enabled in Settings/Practice Info/General.



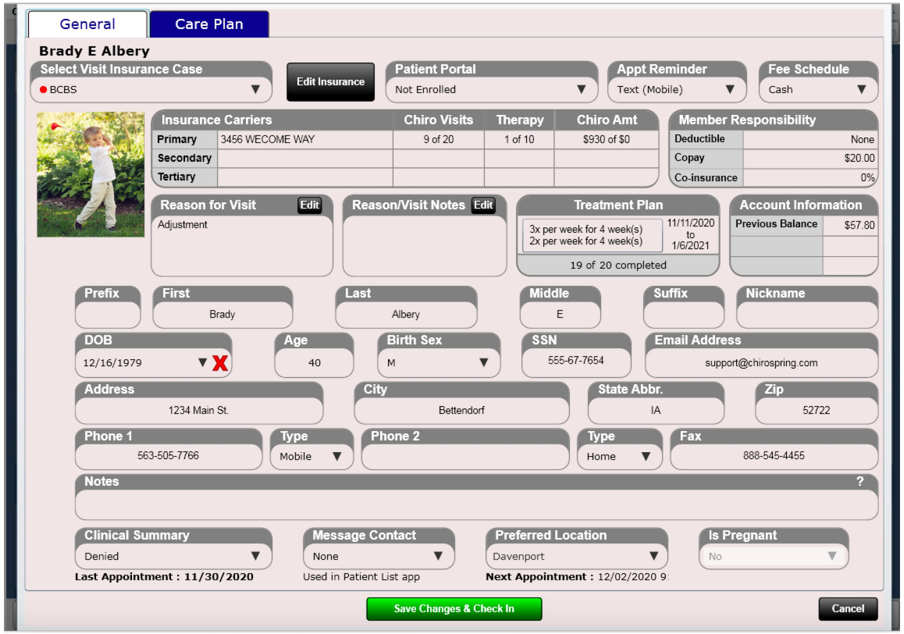
Front Desk – Check in a Patient

Check In Dialog

After you check in your patient a dialog box will open. There are two tabs one for General and one for Care Plan.

General Tab

- View or edit patient information
- View, edit or select the insurance case
  - The default insurance case is marked by a red dot
- Add insurance information via the “Edit Insurance” button
- View deductible, copay and co-insurance
- View Patient Balance
- View Insurance Carriers for the selected insurance case
- View visit counters for Chiropractic and Therapy
- View Treatment Plan
- View Reason for Visit
- View appointment Note
- View or edit Notes
- View or edit the fee schedule
- appt. Reminder
- Mark Clinical Summary Preference
- Mark Preferred Location
- View or Edit Pregnancy Status



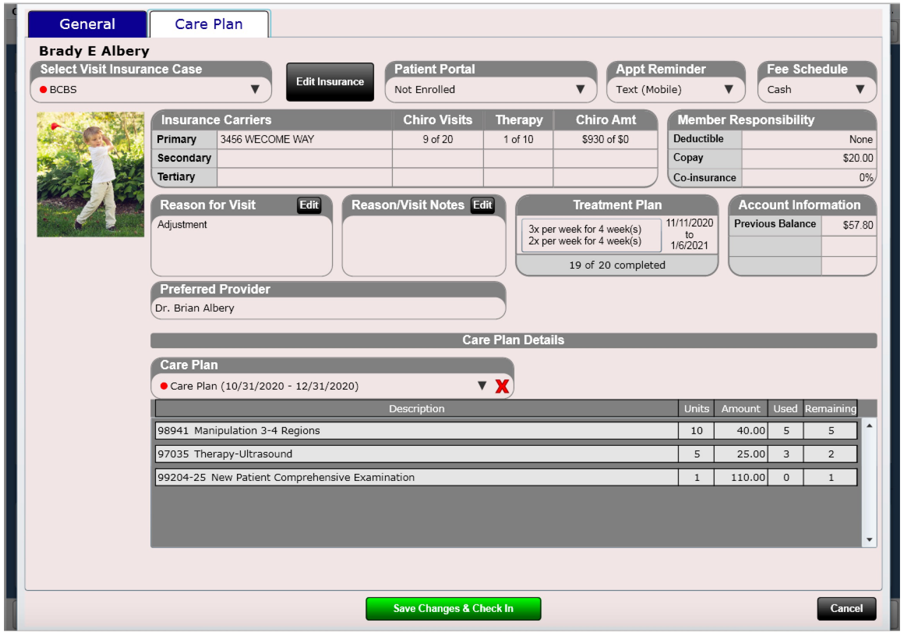
Front Desk – Check in a Patient

Check In Dialog

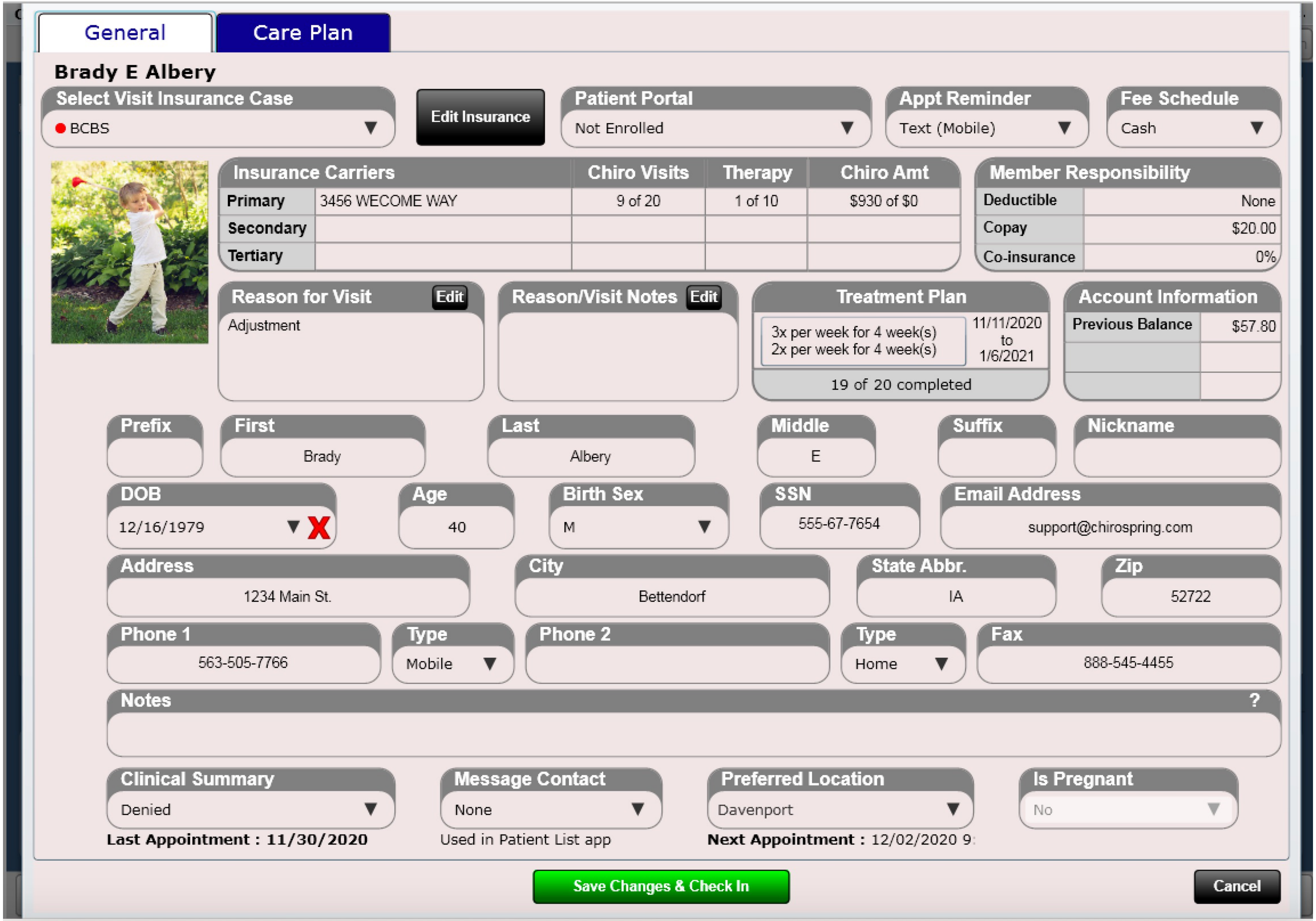
After you check in your patient a dialog box will open. There are two tabs one for General and one for Care Plan.

Care Plan Tab

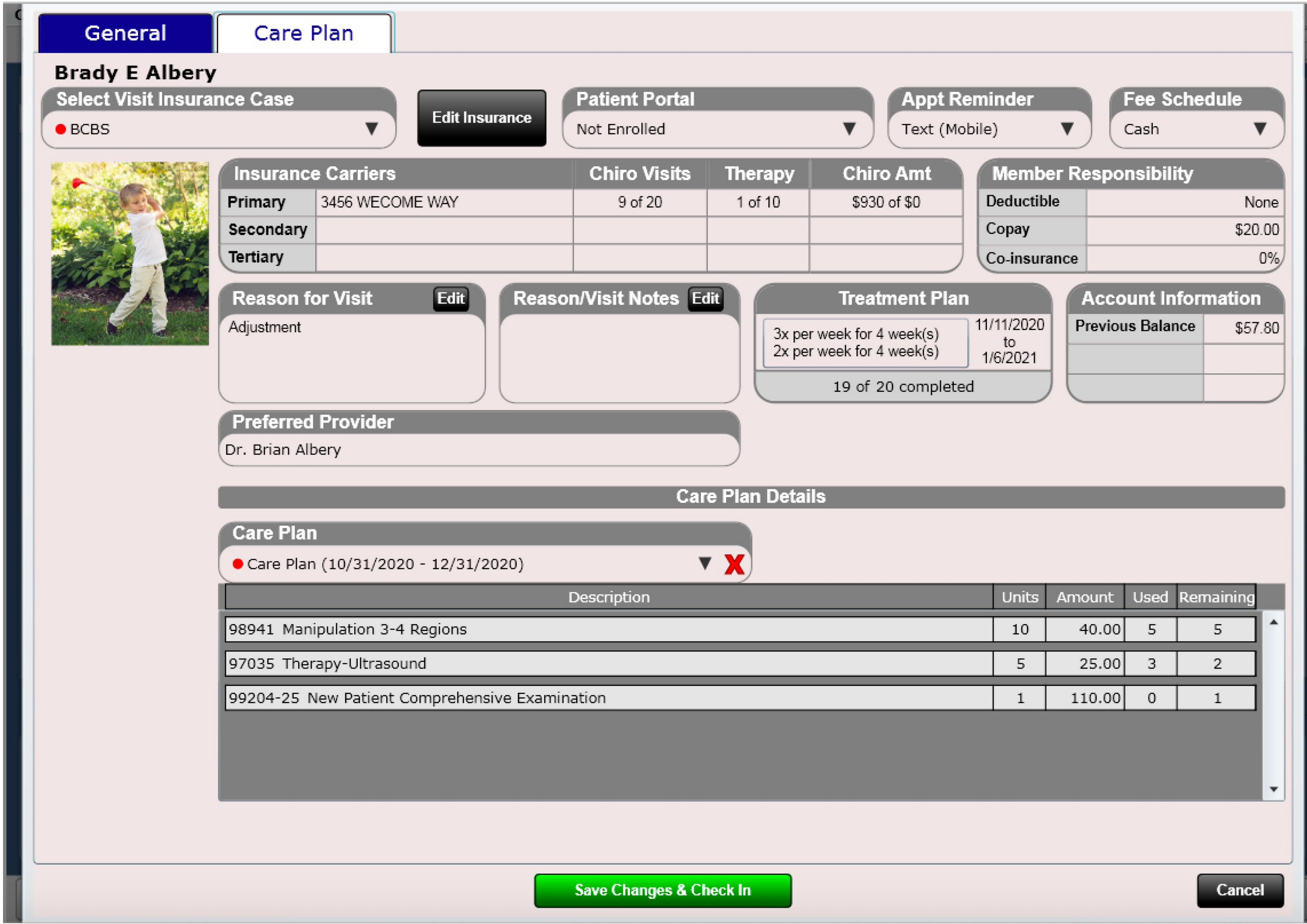
- See details for the patient's care plan
- Toggle to a different care plan



Check In Dialog - General



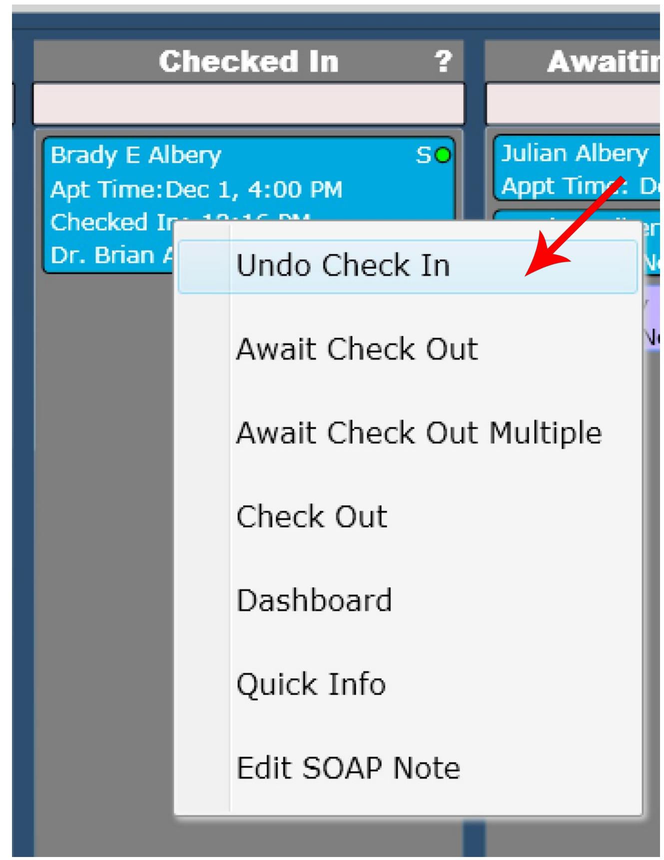
Check In Dialog – Care Plan



Front Desk – Uncheck in a Patient

Undo Check In

- On the front desk right click on a patient in the “Checked In” column.
- In the menu that opens click on “Undo Check In.”
- Verify that your patient moves to the “Today’s Patients” column. You have now successfully unchecked in a patient.



Power Tip: If you check in a patient and click Edit SOAP Note and then later decide that you do not want to create a SOAP Note for this patient you can simply DELETE the SOAP Note. To delete a SOAP Note, open the Dashboard/Visits Tile. Next select the visit (it should be the top visit) and click the “Delete SOAP Note” button.

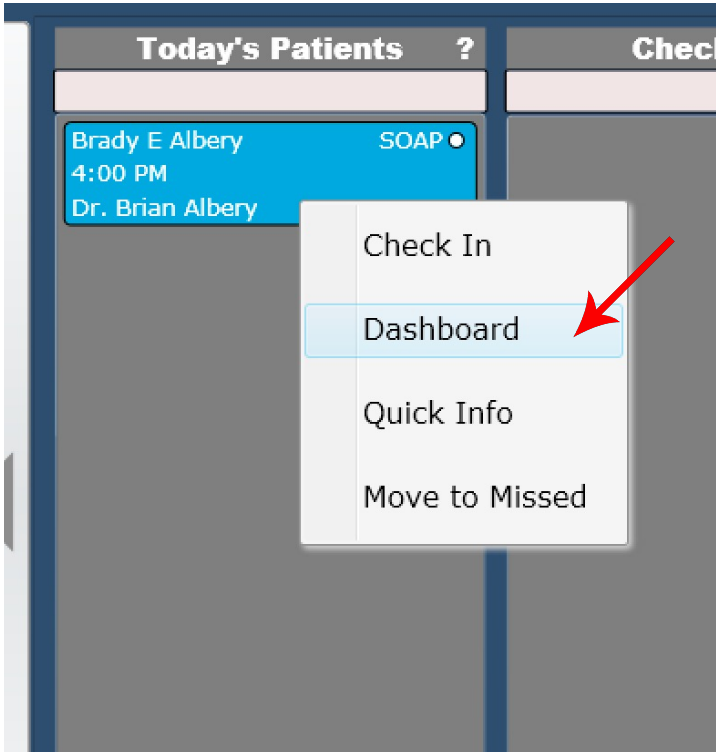
Once a SOAP Note has been signed by the provider it cannot be deleted.

Front Desk – Launch Patient Dashboard

Right Click on the patient in one of the following columns

- Recent Patients
- Today's Patients
- Checked In
- Awaiting Checkout
- Checked Out Patients
- Missed
- Unfinished SOAP Notes

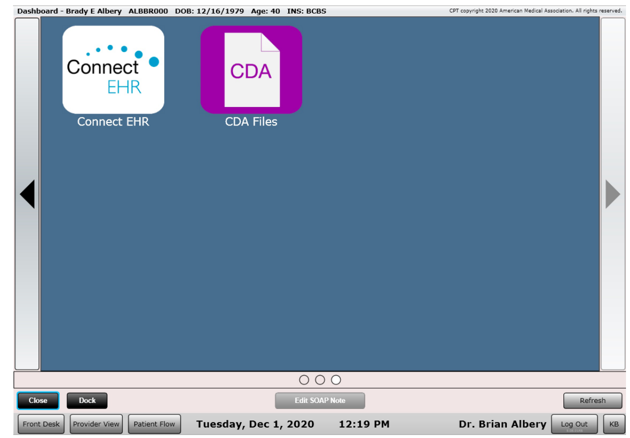
In the menu that appears click "Dashboard." This will launch the Patient Dashboard.



Power Tip: You can also double click on the patient to open the dashboard in several of the patient list boxes.

Power Tip: On Provider view if you double click on a patient name that is checked in it will open the SOAP Note.

Front Desk – Launch Patient Dashboard

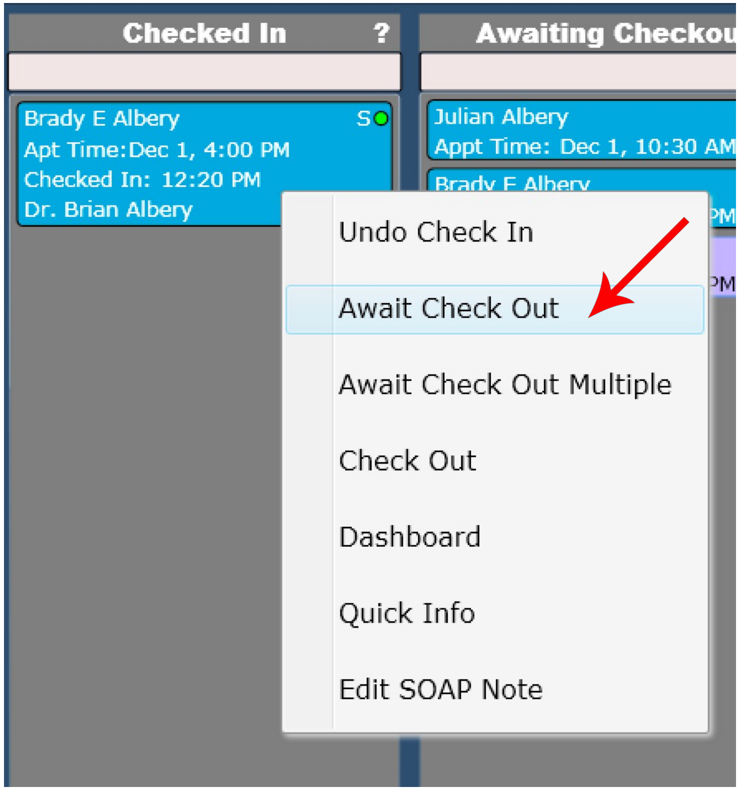


Use the left and right arrows to navigate between tabs. There are three dashboard tabs as shown above.

Power Tip: You can change the arrangement of your Dashboard Tiles in Settings/Arrange Dashboard.

Front Desk – Move a Patient to Awaiting Checkout

– Right Click on a patient in the “Checked In” column.
– In the menu that opens click “Await Check Out.”
– Verify that the patient has moved into the Awaiting Check Out column.



NOTE: Only the following persons are recommended to move a patient to awaiting checkout. This is to ensure that the provider has completed all charges prior to being checked out.

1. Scheduled to Provider
2. Rendering Provider
3. SOAP Signed Provider

Other users CAN move a patient to awaiting checkout, but this is not encouraged. If they attempt this a pop up will appear warning them against this.

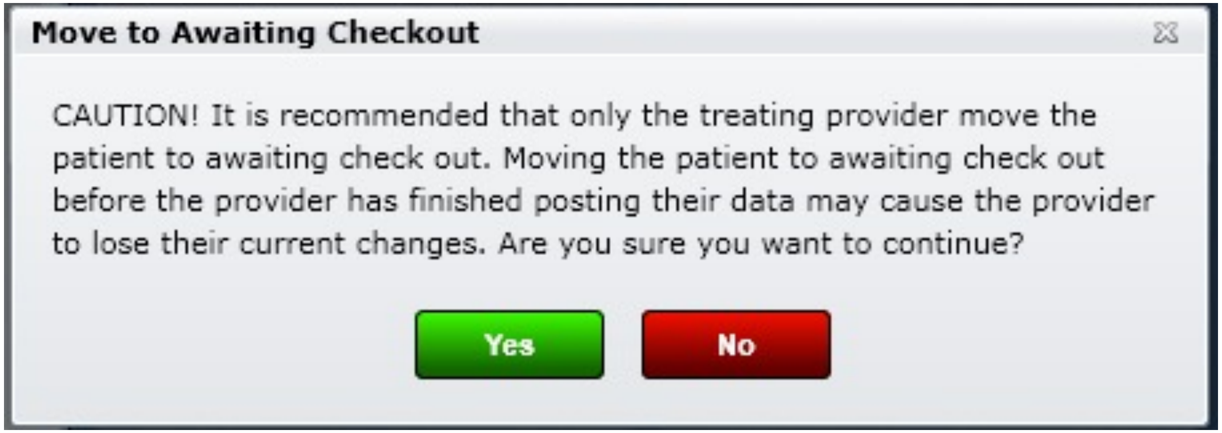
Power Tip: You may checkout a patient WITHOUT having the SOAP signed. Just ensure you have the charges entered before checking out a patient.

Front Desk – Move a Patient to Awaiting Checkout

This is the dialog box that appears when a non-provider attempts to move a patient to Awaiting Checkout.

Again, it is strongly discouraged to have your front desk staff moving patients to Awaiting Checkout. The provider should be doing this as it is a visual indicator to the front desk that the provider has finished entering in the patient charges for that visit. If the front desk person does move a patient to awaiting checkout and then subsequently "Check Out" any charges, the provider adds AFTER this will not be displayed at checkout. This can result in inaccurate patient charges at the cash register.

Power Tip: Providers CAN move patient's to awaiting checkout even if they have not finished their SOAP Note completely. All that is necessary to check out a patient are the patient charges. Providers can go back and finish and sign the SOAP note later.



Front Desk – Move a Patient to Checkout

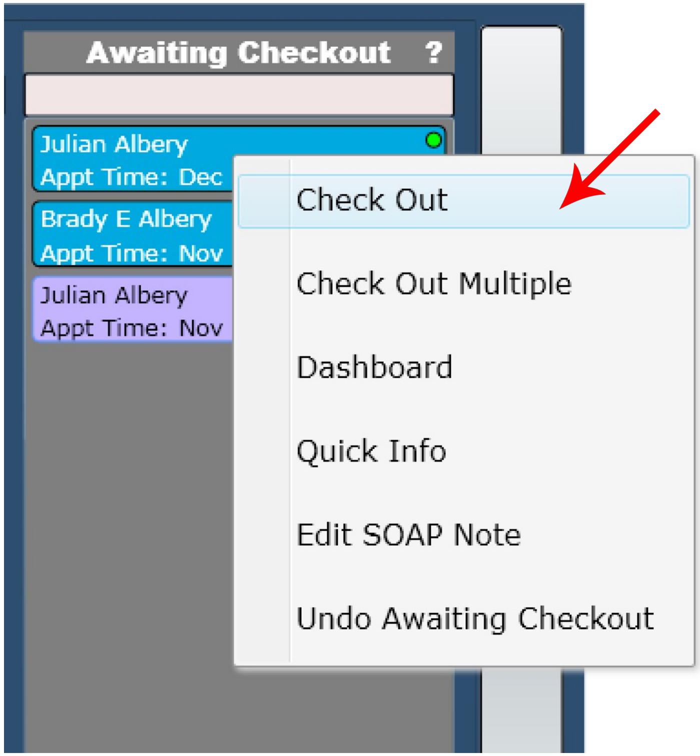
- Right Click on a patient in the "Awaiting Checkout" column
- In the menu that opens click on "Check Out." This will open the cash register and begin the check out process for that patient.

Power Tip: A provider can also DIRECTLY checkout a patient by right clicking on their name when they are in the "Checked In" list box and selecting "Check Out." This will launch the cash register directly and skip moving them to "Awaiting Checkout."

There is also an option to 'Check Out Multiple'. Select this if you would like to check out multiple patients at the same time. This is useful in the following situations:

1. The same patient was scheduled for therapy as well as an adjustment
2. An entire family comes in for treatment. Check the entire family out and take one payment

This process is detailed further in the Cash Register section of this manual.



Work Flow Columns

To the right of the Recent Patients list box are three columns

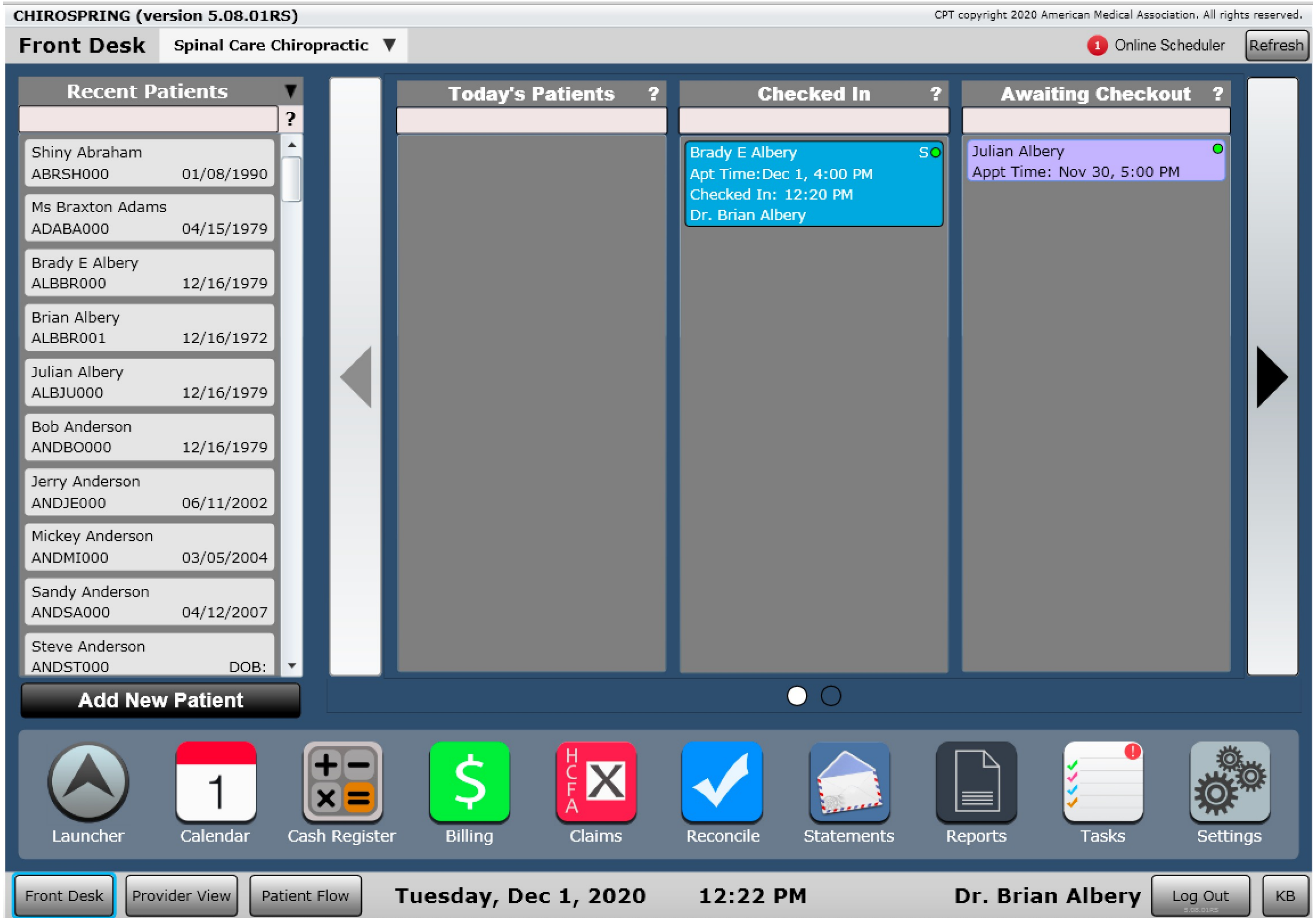
- Today's Patient's
- Checked In
- Awaiting Checkout

Notice there are large arrow tabs on the right and left sides of these columns. These are navigation arrows and clicking them will reveal another page of columns

- Checked Out Patients
- Missed
- Unfinished SOAP Notes

There are two dots below the three columns. These are used to notate which page you are on. When the first dot is solid white, you are on page one. When the second dot is solid white, you are on page two.

Work Flow Columns 1

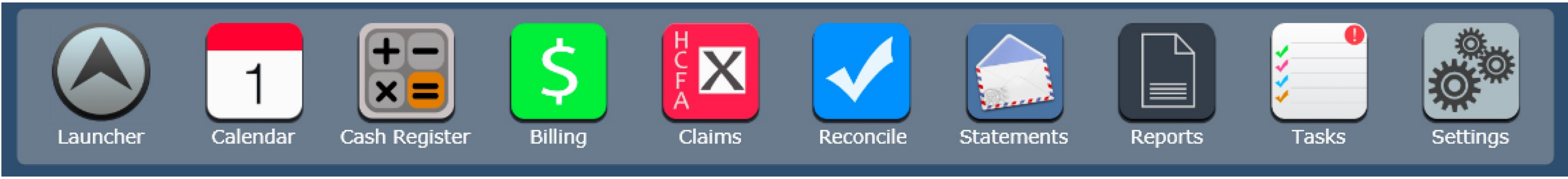


Work Flow Columns 2

Front Desk - apps

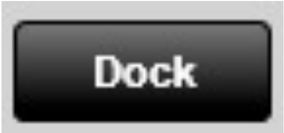
Below the columns are several apps. These apps take you into specific areas of ChiroSpring. Here are a list of the ChiroSpring apps.

- **Calendar** (Schedule patients)
- **Cash Register** (Used for non-visit associated cash register transactions)
- **Billing** (One app to locate all outstanding insurance charges)
- **Claims** (Submit insurance claims via print or export)
- **Reconcile** (Reconcile insurance remittances)
- **Statements** (Create patient statements to bill your patients)
- **Reports** (Every report you need to manage your practice)
- **Tasks** (Create tasks, groups and even assign tasks to other users)
- **Settings** (Additional apps to customize ChiroSpring)
- **Launcher** (opens additional Front Desk apps)

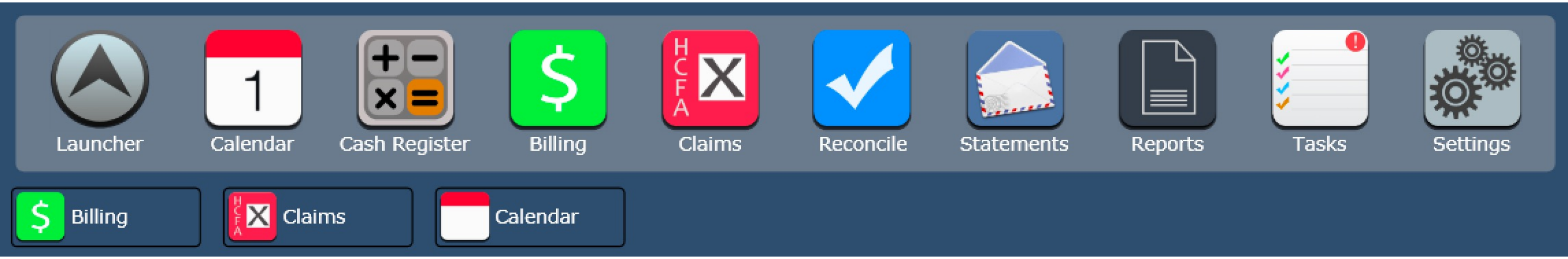


Docking apps

ChiroSpring offers peace of mind knowing you can quickly change from app to app without losing data. Let's say you are in the middle of entering a patient's data, the phone rings and you need to get back to the front desk. All you have to do is click the "Dock" button found in the lower left corner of the app you are presently on. This will put that app into a special docked section (see picture below) on the front desk. You can then open the calendar, move patients around on the front desk, open another app, or do anything you want for that matter.



When you are ready to go back to your docked app, click on it in the dock. It will open to exactly where you left off. This brilliant form of multitasking can be invaluable to busy chiropractic clinics.



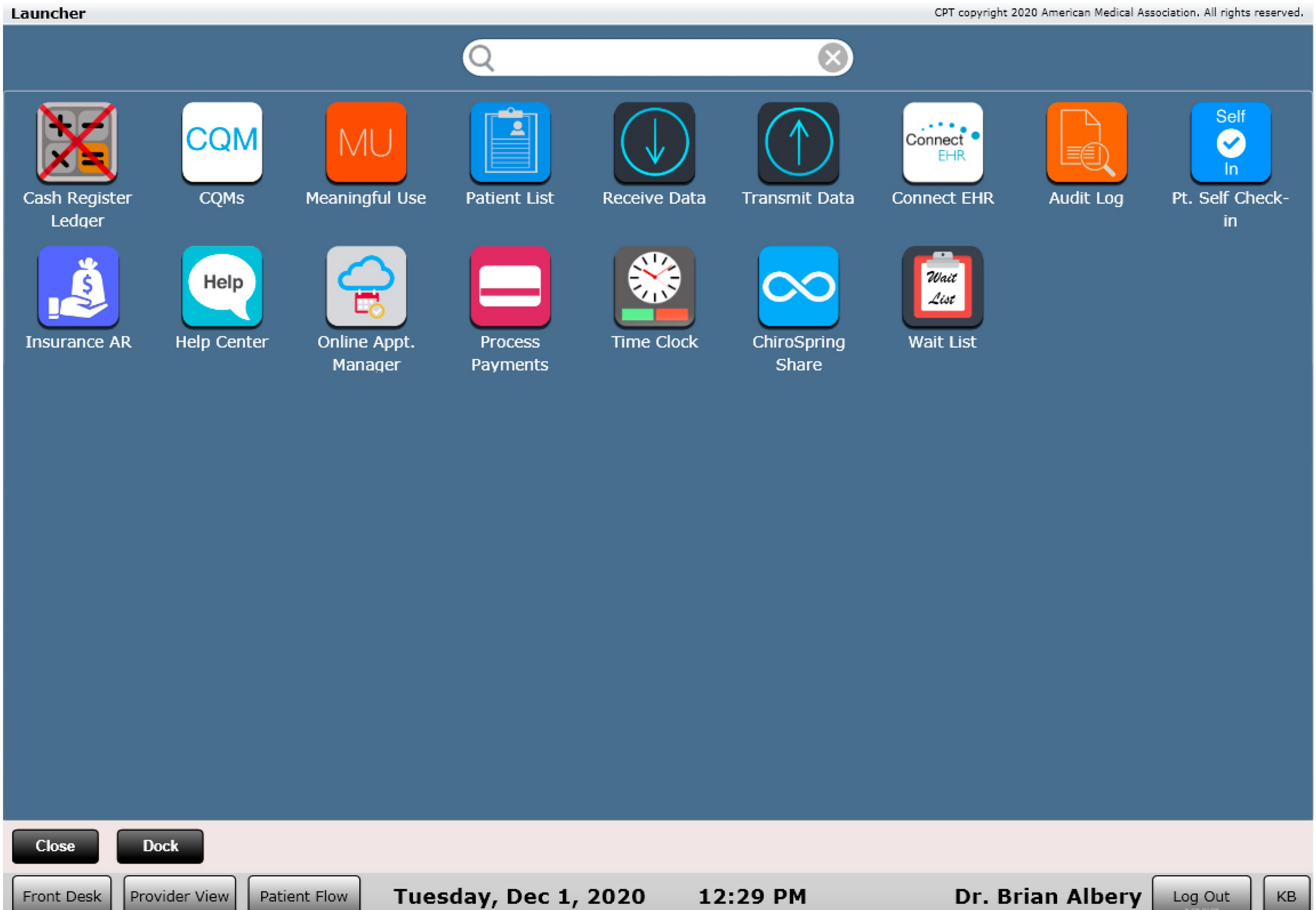
Front Desk - Launcher

The “Launcher” will reveal additional front desk apps

- **Cash Register Ledger** (used to delete non-patient associated cash register transactions)
- **CQMs** (Information on the 9 CQMs you are attesting for if practicing Meaningful Use as well as access to CQM Solution which is the app used to generate the QRDA file for meaningful use submission)
- **Meaningful Use** (2014 Edition Cert Only)
- **Patient List** (Generate a list of patients based on multiple criteria)
- **Receive Data** (Receive lab results or a transition of care)
- **Transmit Data** (Send a patient transition of care CCDA or data portability CCDA)
- **Connect EHR** (Use this app to open Connect EHR. Here you can view patient CCDAs (clinical summary, summary of care) and send them to another provider via Direct Message (you will need a direct address to send a direct message. Contact ChiroSpring to obtain one).
- **Audit Log** – Records user activity
- **Pt. Self Check-in** – Used to allow your patients to move themselves into an avaialble room
- **Insurance AR –** An interactive “report” to generate insurance AR
- **Help Center** – A google search interface with access to hundreds of articles to help you in ChiroSpring.
- **Online Appointment Manager –** Manage your pending online appointments
- **Process Payments** - Used to process scheduled payments created in the patient Ledger
- **Time Clock** – Used to calculate staff working hours and pay (use with Time Clock report and set wage in Users App)
- **ChiroSpring Share** – Share or download SOAP Macros, products, services and kiosk intake questions.
- **Wait List** – Add patients to a wait list when your calendar is full

Launcher

The Launcher contains additional Front Desk apps.



Multiple Locations

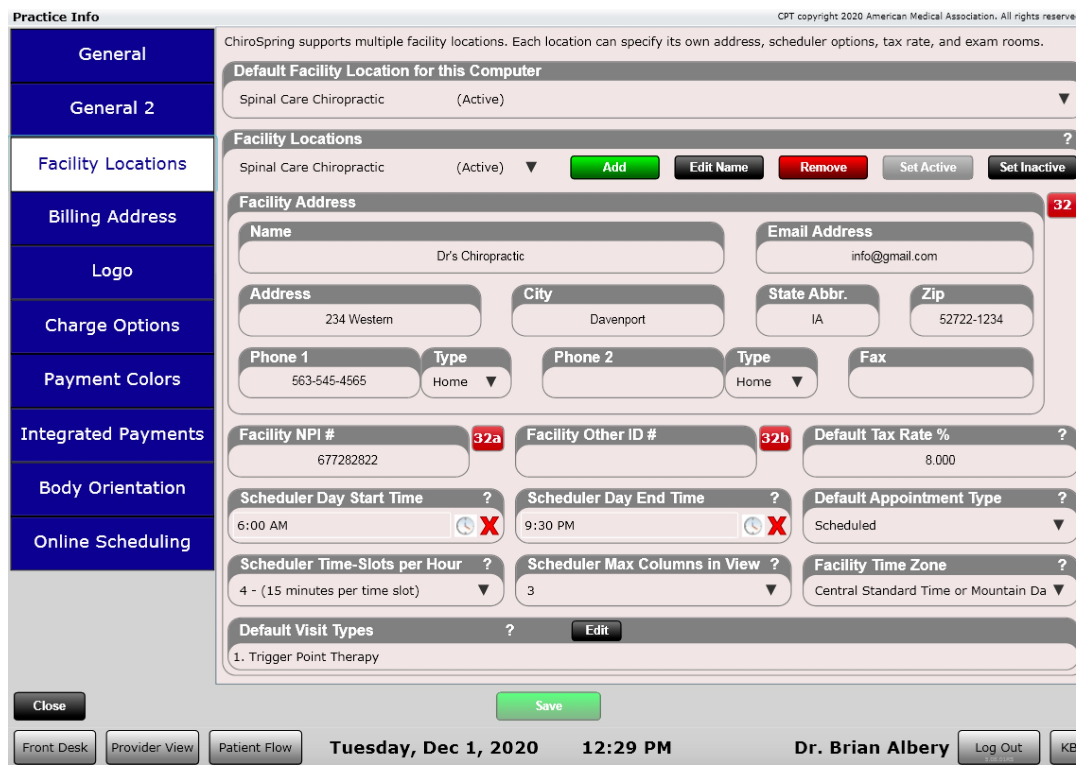
ChiroSpring supports multiple facility locations. This is great for practices that have two or more physical locations.

Locations can be created in Settings/Practice Info/Facility Locations. Contact ChiroSpring support to add a location.

Settings Practice Info

Each location can have a unique:

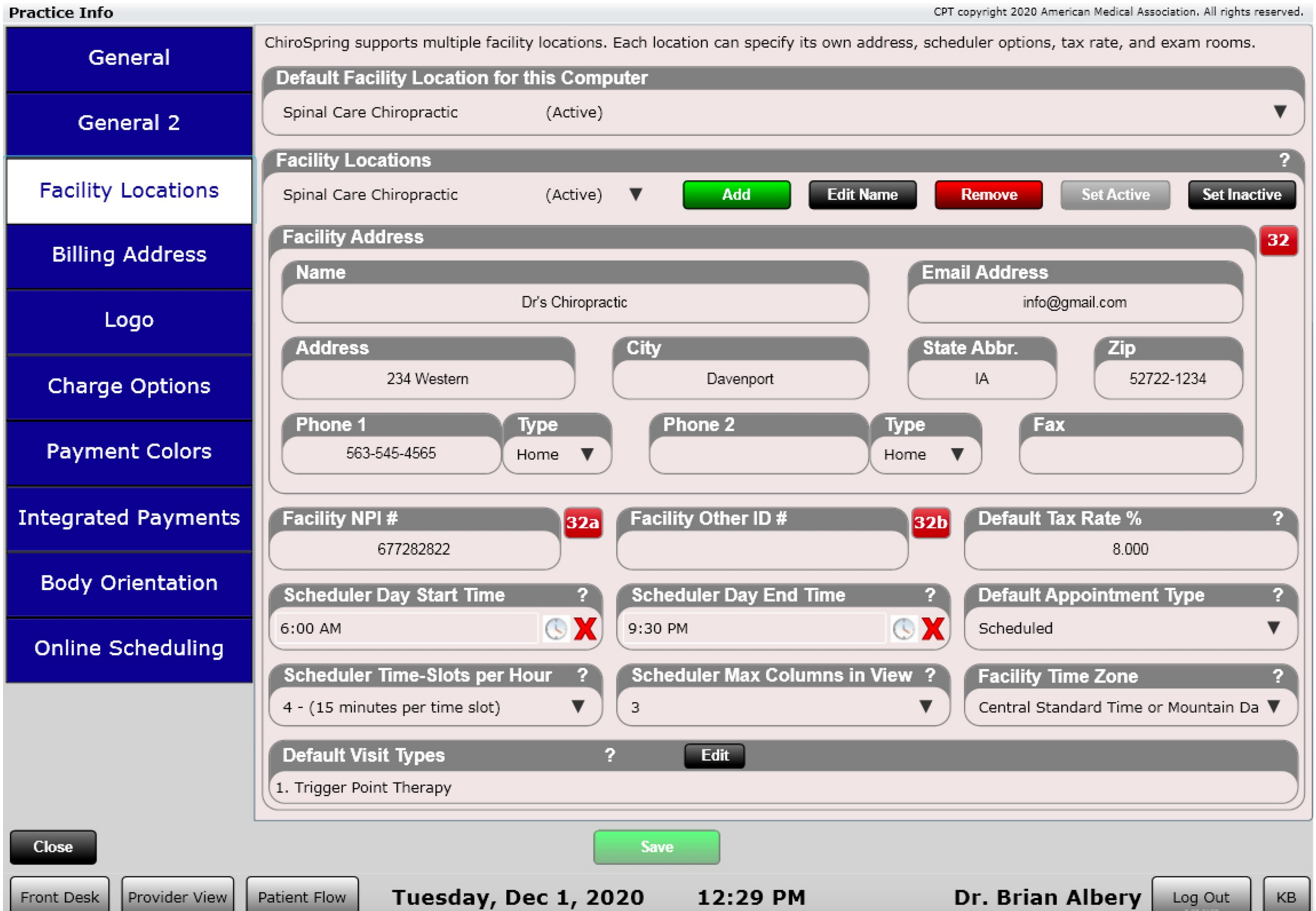
- Name
- Address
- Scheduler start and end time
- Default appointment Type
- Scheduler time increments (e.g. 10 min time slots, 15 min time slots, etc.)
- NPI Number or Facility Other ID#
- Tax Rate
- Scheduler Max Columns in View (how many columns do you want to see on the calendar screen before having to scroll to the right)



Tip: Make sure you enter your Tax Rate if you plan on collecting taxes on products sold.

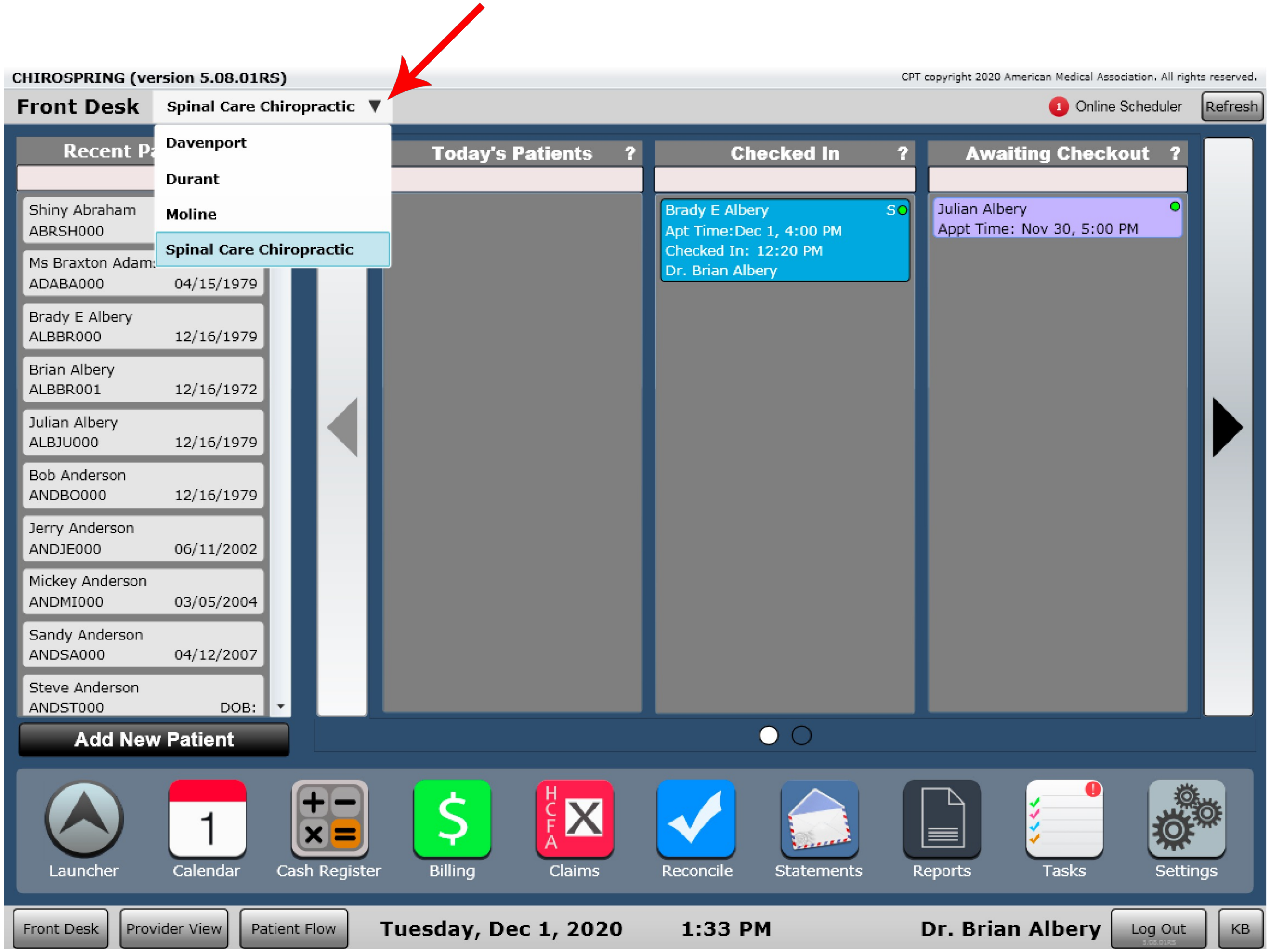
Additional locations can be purchased by contacting support@ChiroSpring.com.

Multiple Locations - Setup



Multiple Locations – Front Desk

Toggle location on the Front Desk using the drop down.

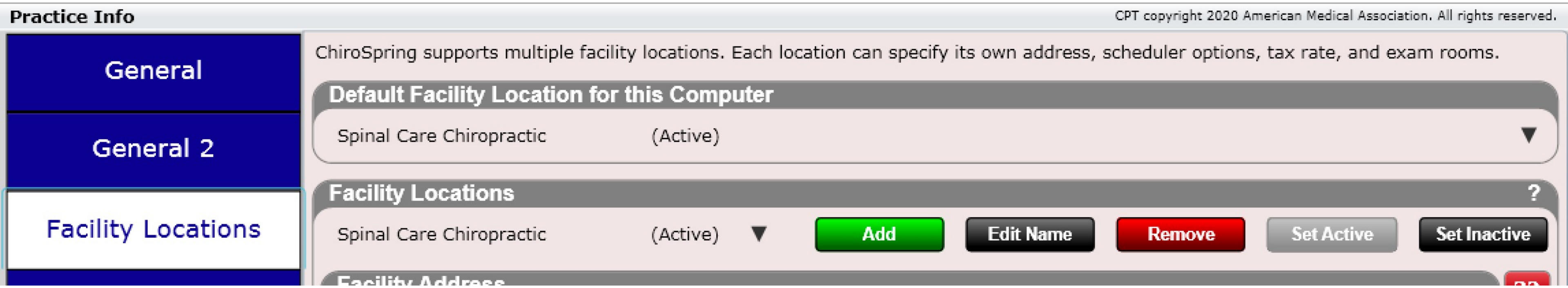


Multiple Locations – Default

Default Location

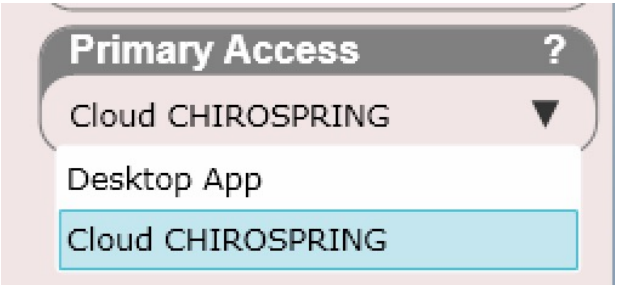
The default location can be set at the computer level or at the user level.

Computer Level – Settings/Practice Info/Facility Locations/Default Facility Location For This Computer



When set at the Computer Level any user who logs into this computer and has "Primary Access Type" set to "Desktop App" will see this location.

Primary Access can be set in Settings/Users/Provider Info 2

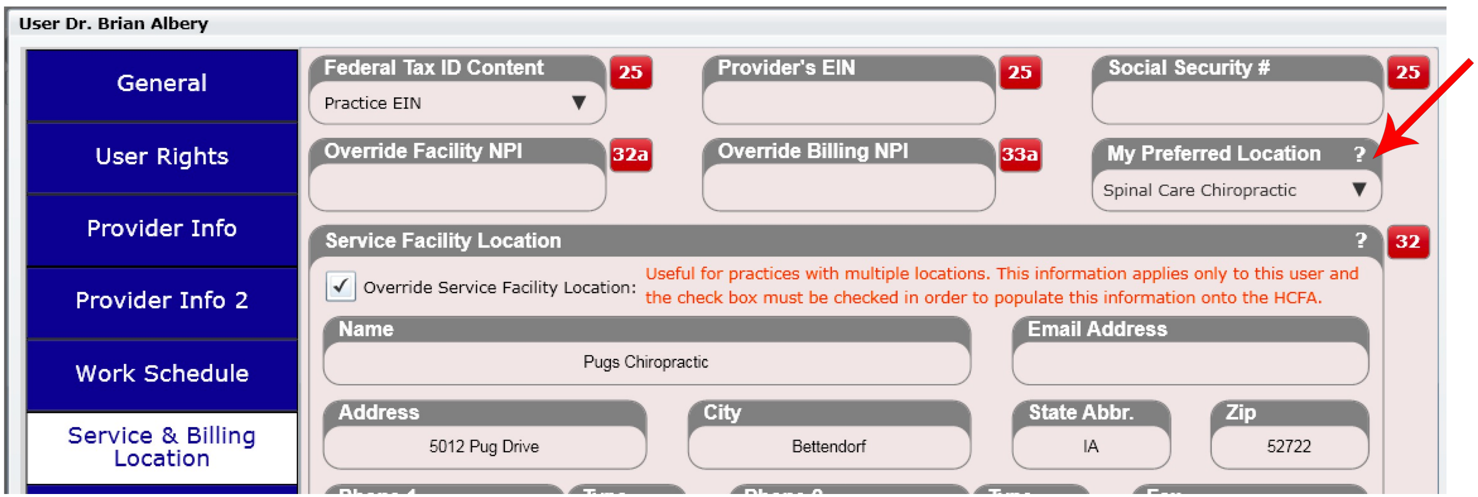


Multiple Locations – Default

Default Location

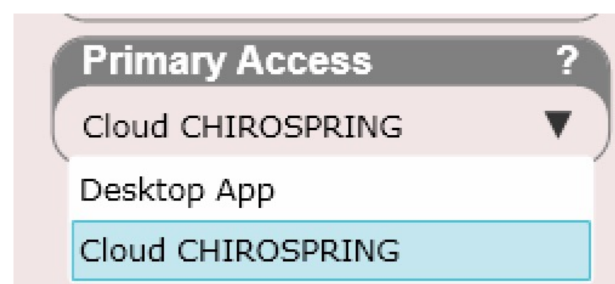
The default location can be set at the computer level or at the user level.

User Level – Settings/Users/Service & Billing Location/My Preferred Location



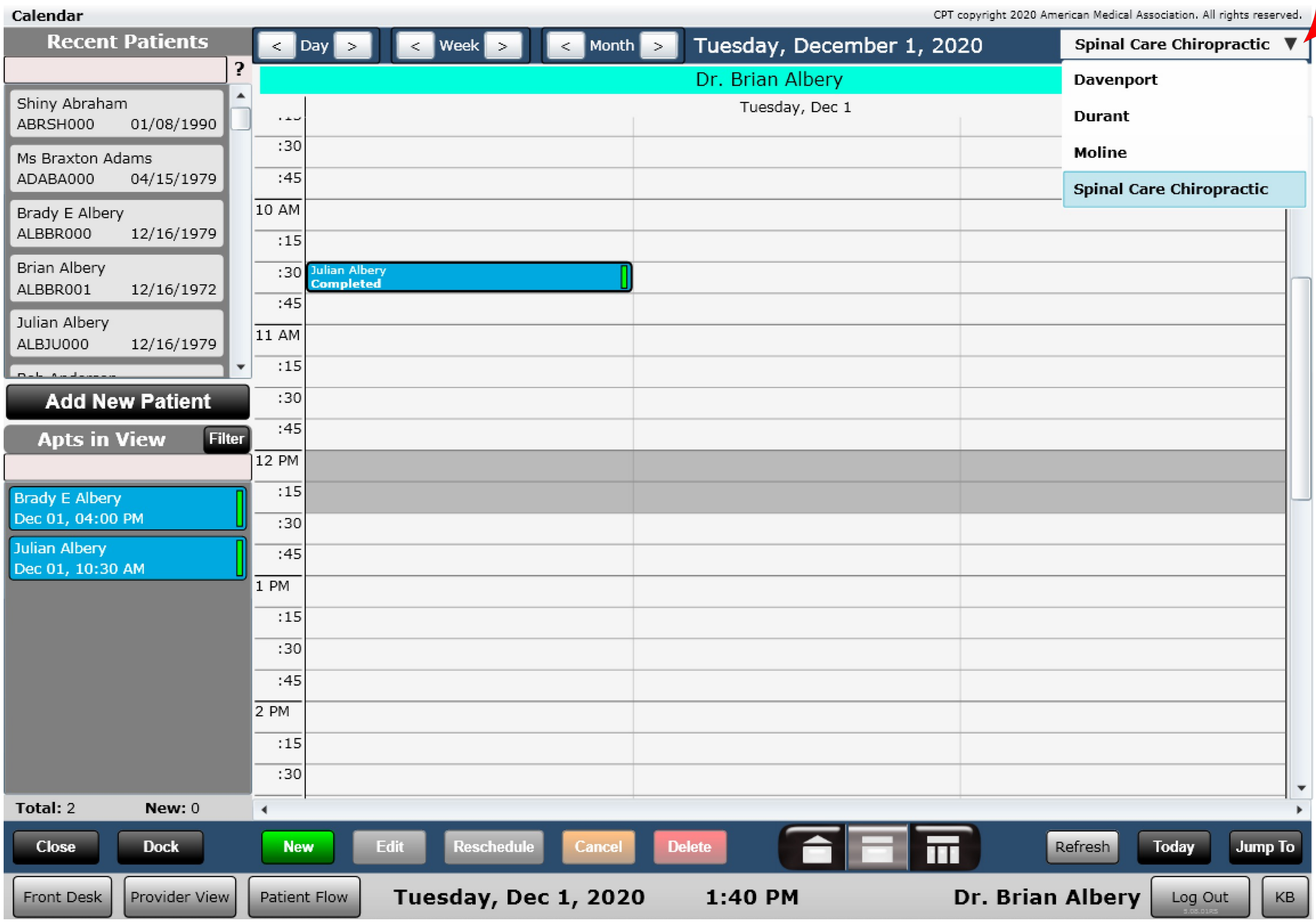
To use the preferred location based on user you must also set primary access to Cloud ChiroSpring.

Primary Access can be set in Settings/Users/Provider Info 2



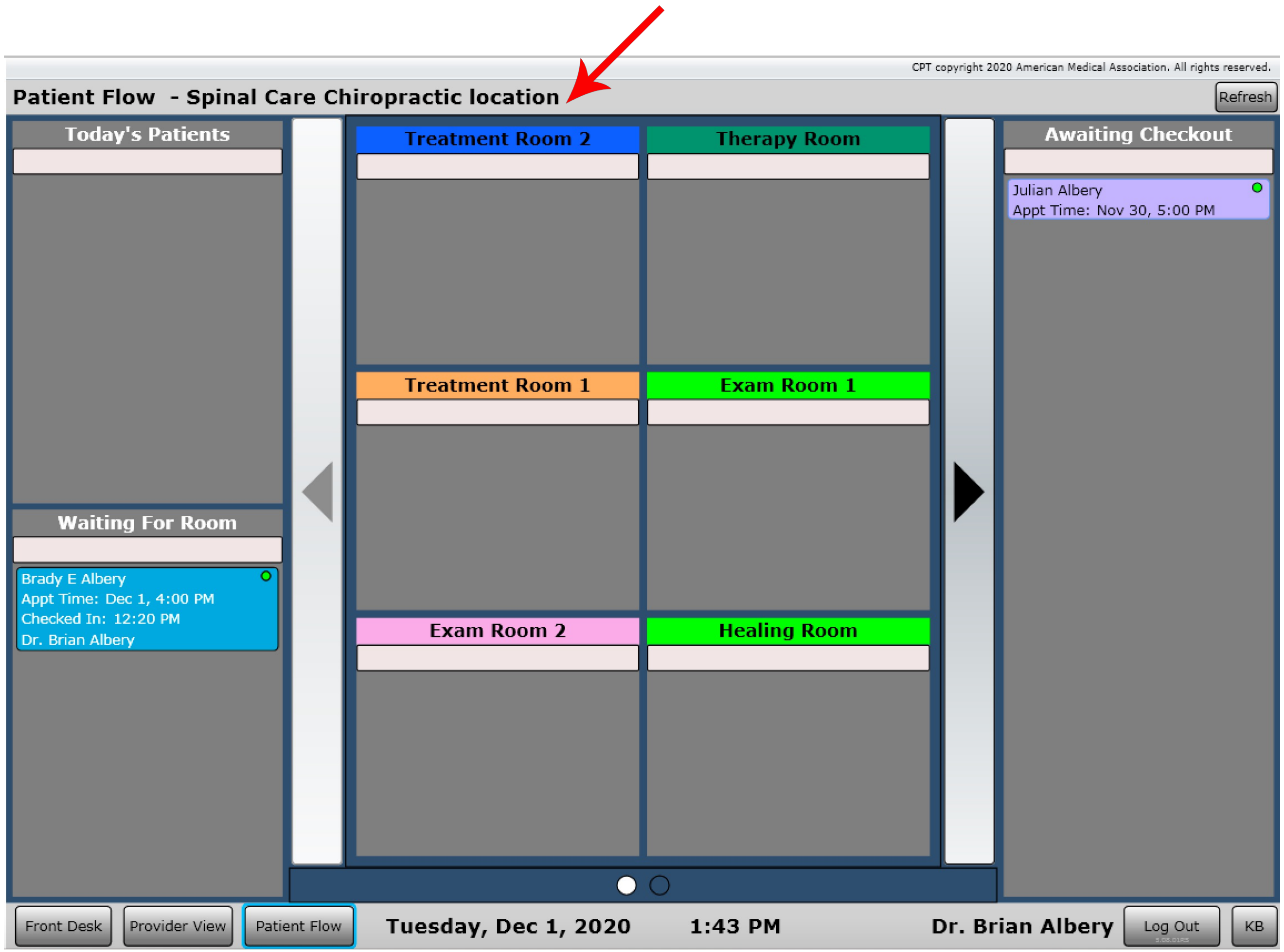
Multiple Locations - Calendar

Toggle between locations on the calendar using the location drop down in the upper right corner.



Multiple Locations

Like the front desk, Patient Flow will show the facility location at the top and display only patients from that location.



#Calendar

Calendar

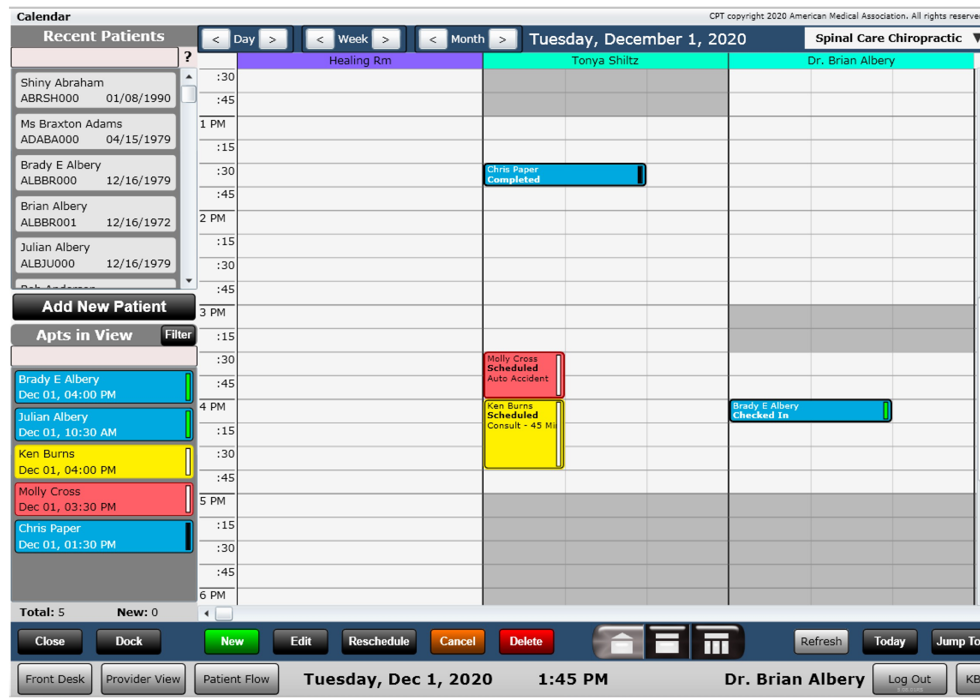
Home Day Week

The calendar is where you go to schedule patients and is opened by clicking on the Calendar app from the front desk. There are three calendar views.

- Home
- Day
- Week

Clicking on the menu bar at the bottom of the calendar will allow you to change these views.

- **Home View** – Shows all of the providers to where a patient can be scheduled (pictured to the right).
- **Day View** – Shows the daily schedule of a single provider.
- **Week View** – Shows the week schedule of a single provider.

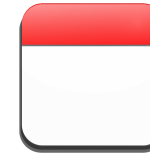


Calendar

Switching Providers

To switch to a different provider's view, select the drop-down arrow at the top right corner of the calendar (when on Day or Week view). This will display a list of all providers and allow you to select the provider you want.

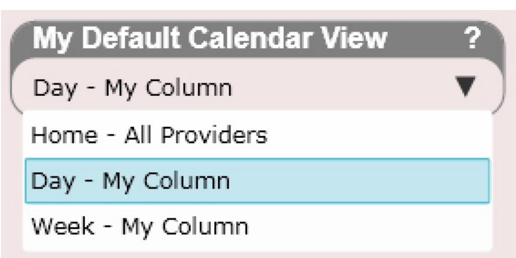
Note that each provider has a unique color. Provider colors can be selected in Settings/Users/Provider Info Tab

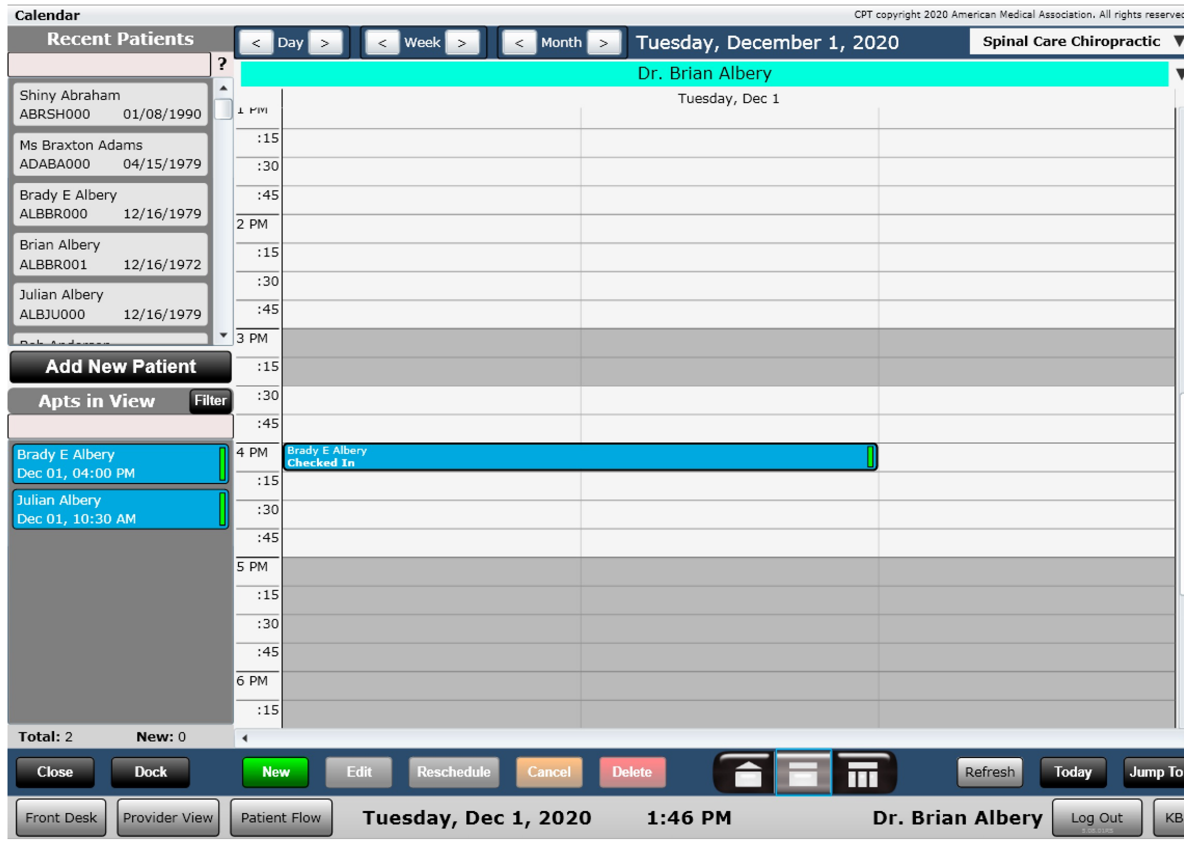


Calendar – Day View

Day view allows you to see more appointment information (the complete patient name as well as the status of the appointment) without having to hover over the appointment or click on it.

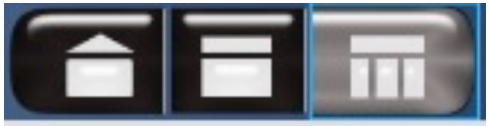
Power Tip: You can default the calendar to open to your preferred view. This is done in Settings/Users/Provider Info 2.



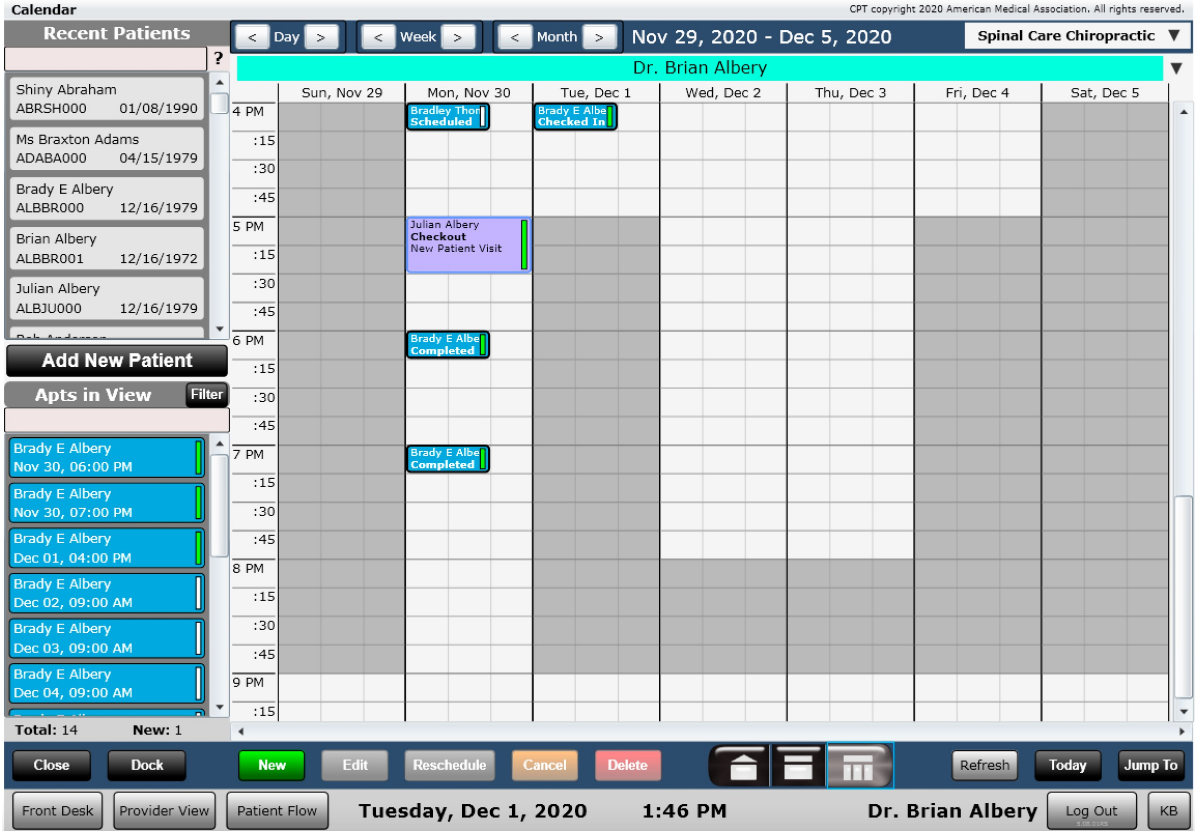


Calendar – Week View

Week view allows you to see the entire week for a provider.



Power Tip: If you want to display more information in your columns (make the screen less “scrunched” go to Settings/Practice Info/Facility Locations. Then modify the “Scheduler Max Columns in View” drop down box. The smaller the number the more content you will see in a single view. To accommodate more content in a single view scroll bars will form at the bottom of the calendar screen.



Calendar – Work Schedule

You may have noticed several areas on the calendar that are a light grey (shown to the right). These are areas marked off as non-schedulable.

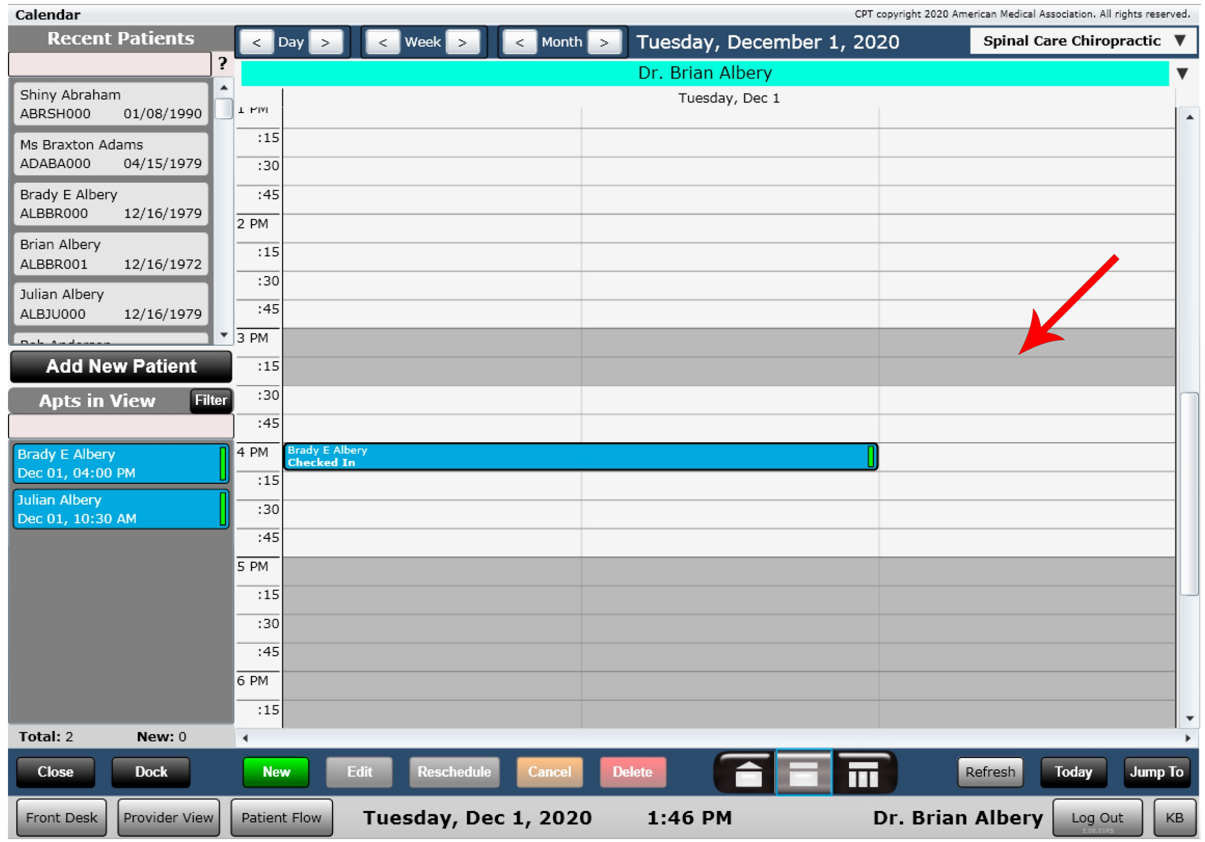
This is a great way to block off times on the calendar when the practice is not open. These times are completely customizable for each provider.

To change the blocked off times for a provider go to Settings/Users/Work Schedule.

Settings

Users

You can also customize user's work schedules and more in Settings/Calendar.



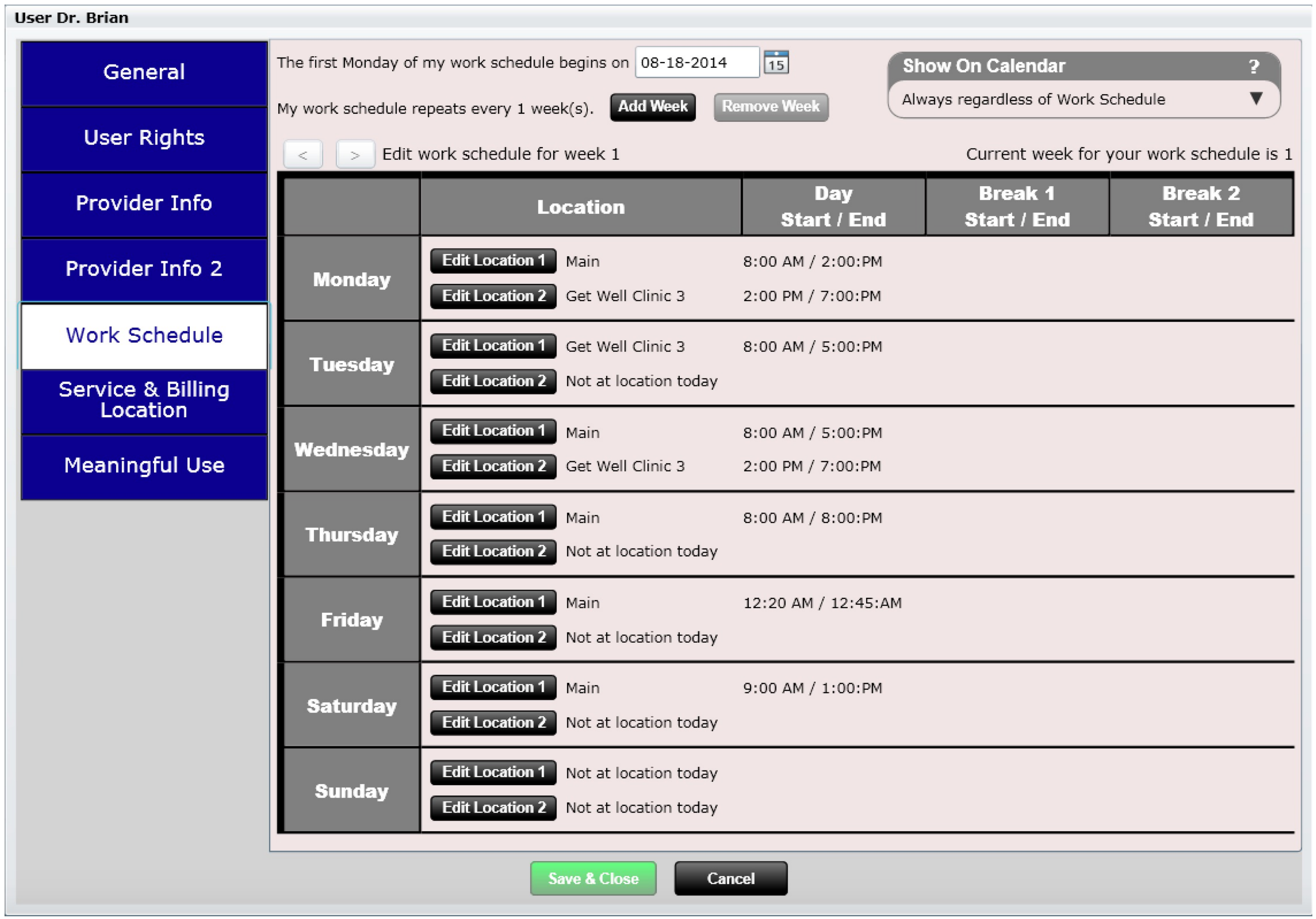
Power Tip: These greyed out areas can still have appointments scheduled to them. Thus, they differ from the right click "Add Block-out Time" option of blocking off time. When time is blocked off by right click = Add Block-out Time" then you cannot schedule an appointment in this time slot.

Calendar – Work Schedule

Settings

Users

Here is the work schedule. Customize the day start and end as well as up to two breaks. You can do this for up to two locations per day.



Calendar – Work Schedule

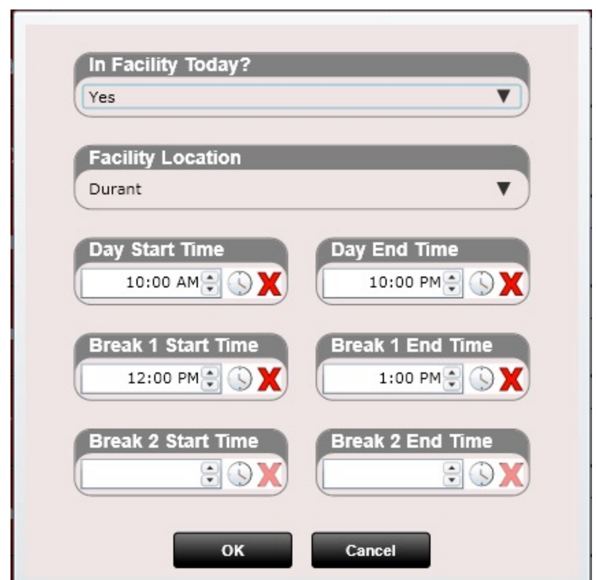
The calendar supports blocking off times for each provider (marking areas in a grey color). This makes it easier for your scheduler so they know what times you can see patients.

You can block off times on the same day for up to two locations. This is beneficial if you work at location A in the morning and location B in the evening (or something like this).

	Location		Day Start / End	Break 1 Start / End	Break 2 Start / End
Monday	Edit Location 1	Main	8:00 AM / 5:00:PM	12:00 PM / 1:00:PM	
	Edit Location 2	Not at location today			

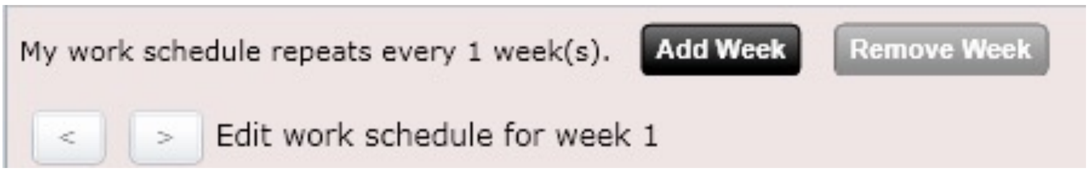
To block off time click "Edit Location 1". This will open up the dialog shown to the right. Here you can enter the Day Start and Day End times as well as up to two breaks.

If you wish to block off time for a second location, click "Edit Location 2".

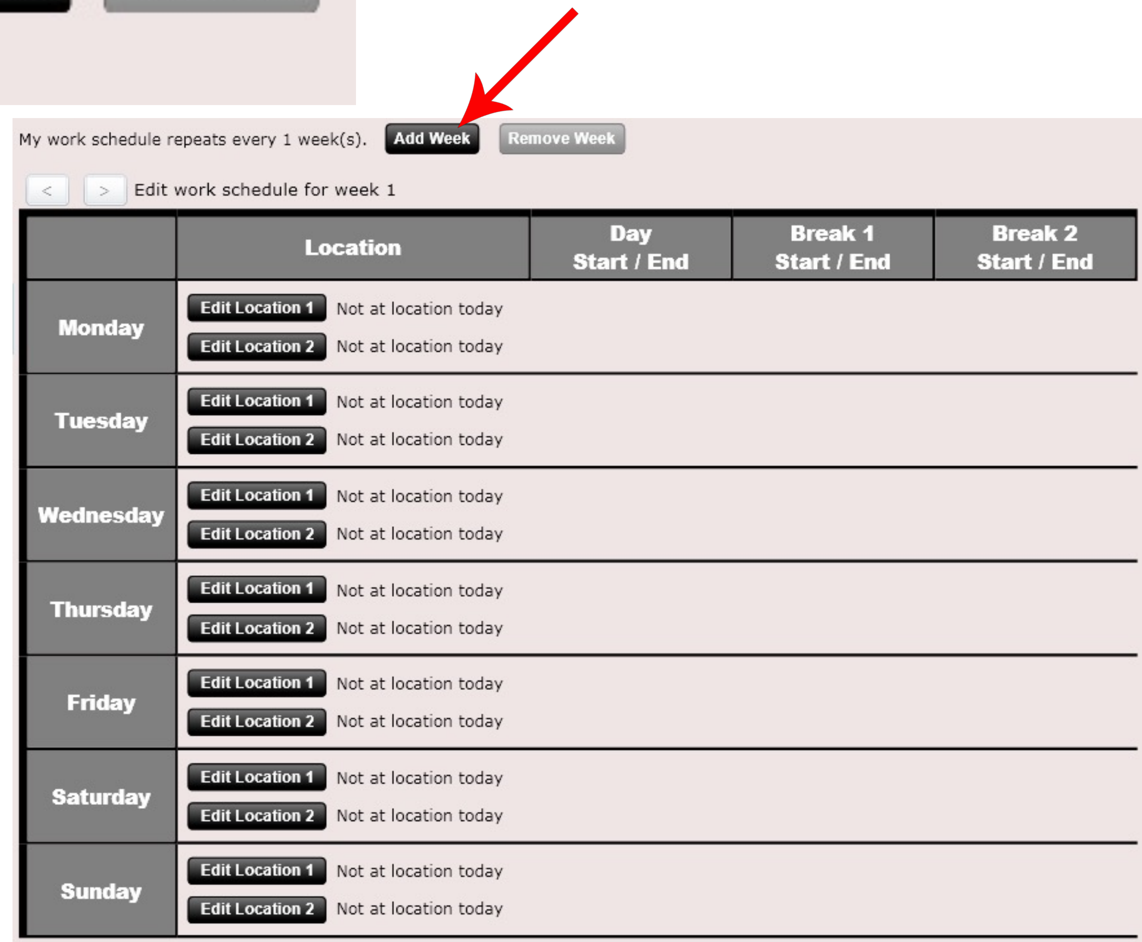


Calendar – Work Schedule

At the top you will notice an “Add Week” button, as well as left and right arrow to navigate in between weeks. The calendar supports up to 4 weeks of block off times and will then repeat. If your weeks repeat the same you will not need to add additional weeks.

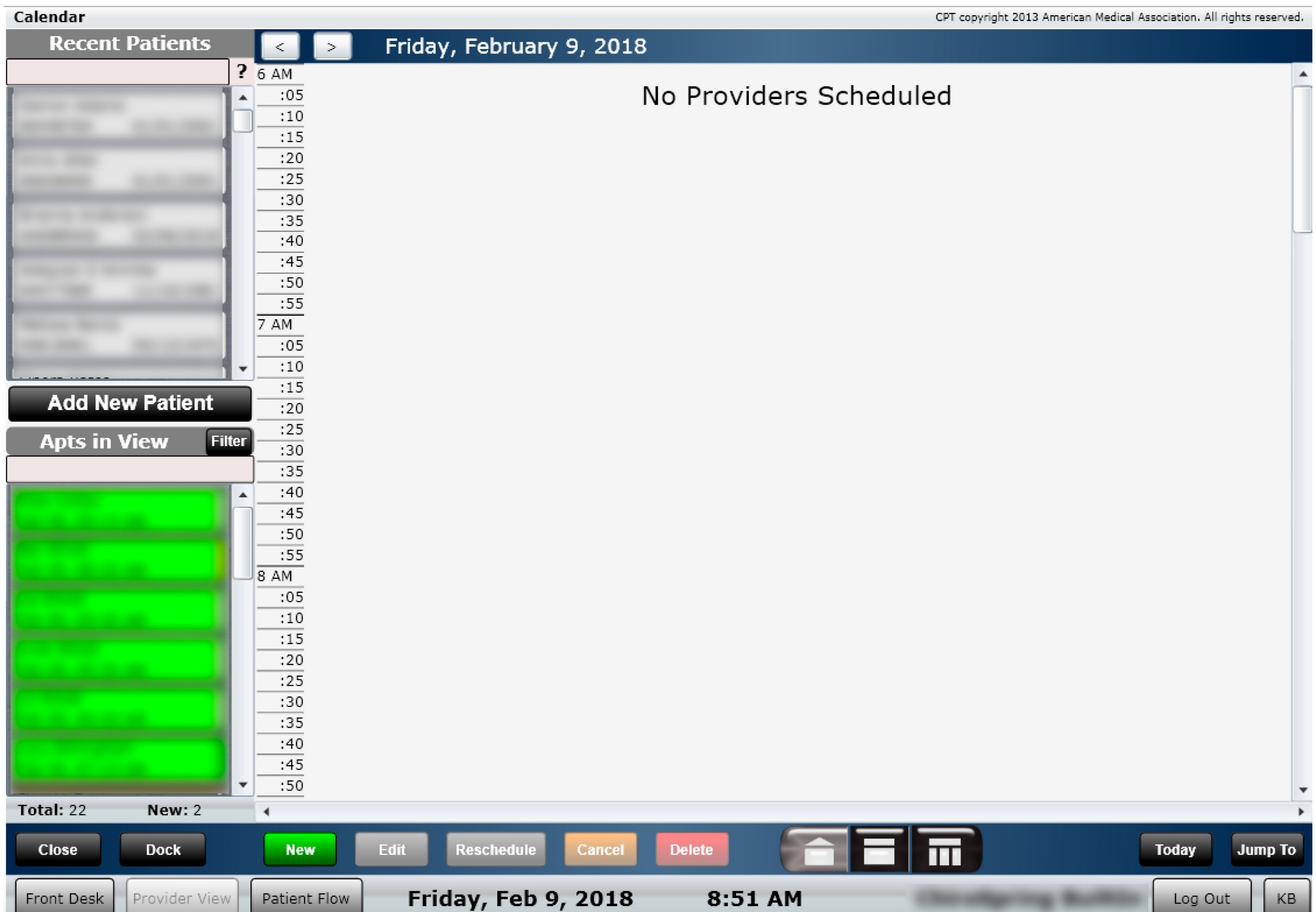


Clicking “Add Week” will create a new week (shown to the right). If you have a schedule that repeats every two weeks, you will then of course only create two weeks.



Calendar – Work Schedule

If you do not setup your work schedule and there are also no other providers with their work schedule setup the calendar will display this message. Make sure you setup your work schedule or select the option “Always Regardless or Work Schedule”.



Calendar – Customization

Note: You can also customize the calendar in Settings/Calendar

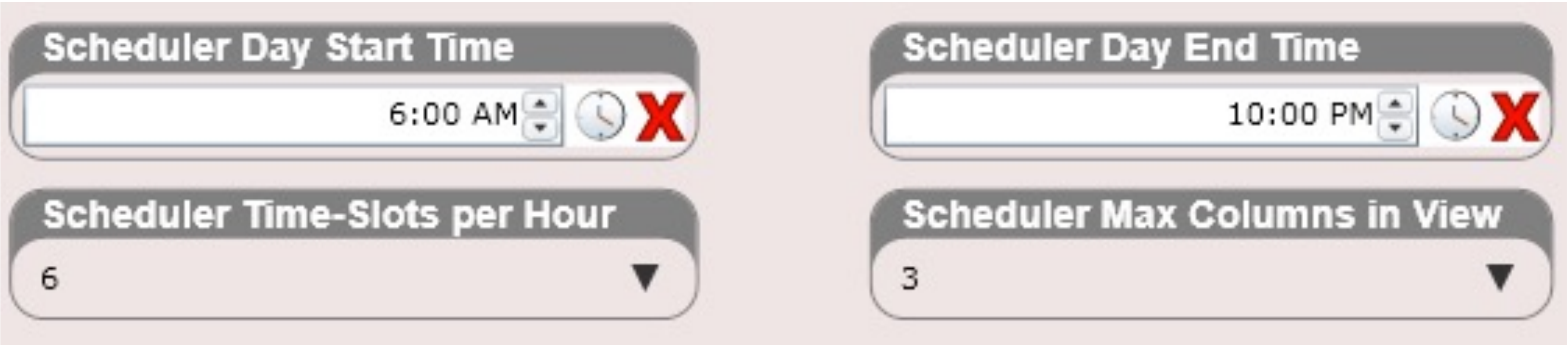
You can also change the first start time that appears on the calendar and the last time (end time) that appears on the calendar. This way you do not have a 24-hour calendar, but instead may show something like an 8 am to 6 pm view. To change these settings, go to Settings/Practice Info/Facility Locations.


Settings


Practice Info

You can also set the number of time slots per hour. For example, you may want 4 slots per hour which would be 15-minute interval slots. Or, you may wish to have 6 slots per hour which would be 10-minute interval slots.

You can also set the max columns in view. For example, if you have 6 providers and feel that the home view of the calendar is getting too scrunched, simply set the "Scheduler Max Columns in View" to 3 and see only three providers on the screen. Use scroll bars at the bottom of the calendar to see more the other providers.

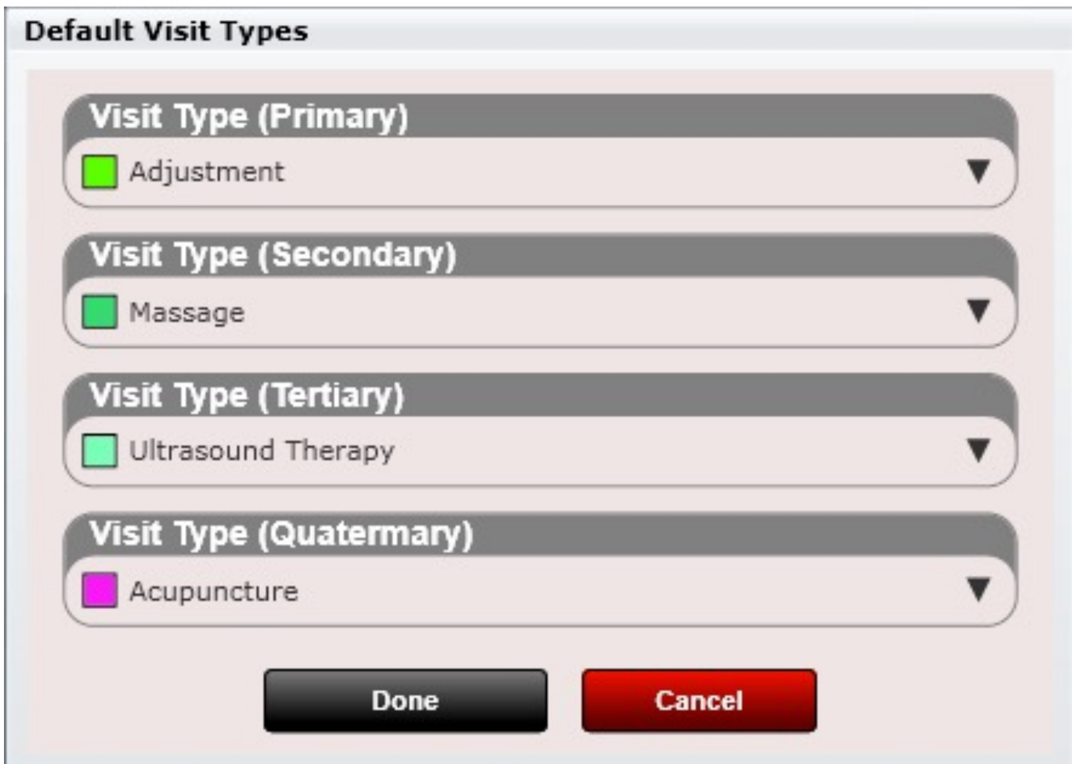


Calendar – Customization

Note: You can also customize the calendar in Settings/Calendar

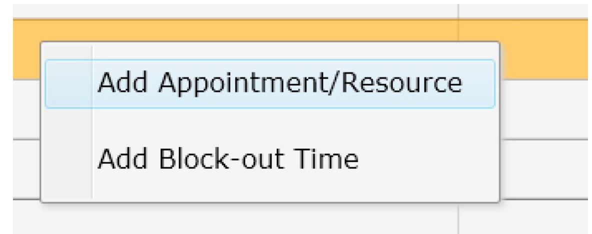
You may set Default appointment Types. This way when you are scheduling an appointment you can already have your appointment type selected. To set your default appointment type(s) go to Settings/Practice Info/Facility Locations. Click the “Edit” button in the Default Visit Types box to reveal the dialog shown below.

Settings Practice Info



You can also set a default visit type PER PROVIDER in Settings/Users/Provider Info. This will override the facility default visit types if they exist.

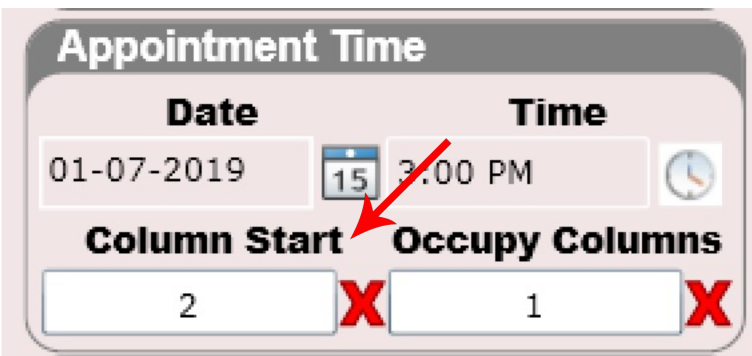
Calendar – New Appointment Behavior



There are two ways to schedule a new appointment:

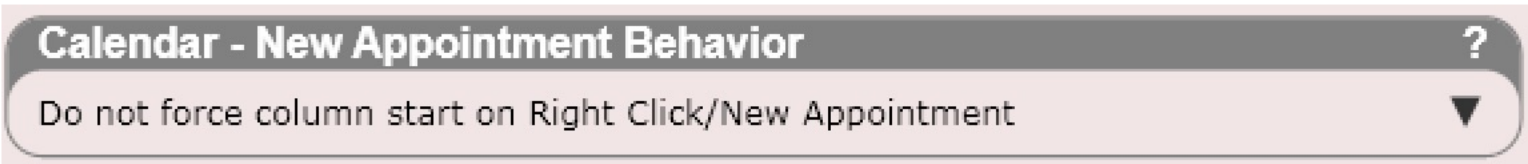
- Double click a specific area on the calendar
- Right click on a row and select "New Appointment/Resource"

Double clicking will ALWAYS schedule the appointment to the specific column you double clicked. This is noted by the "Column Start" as shown below.



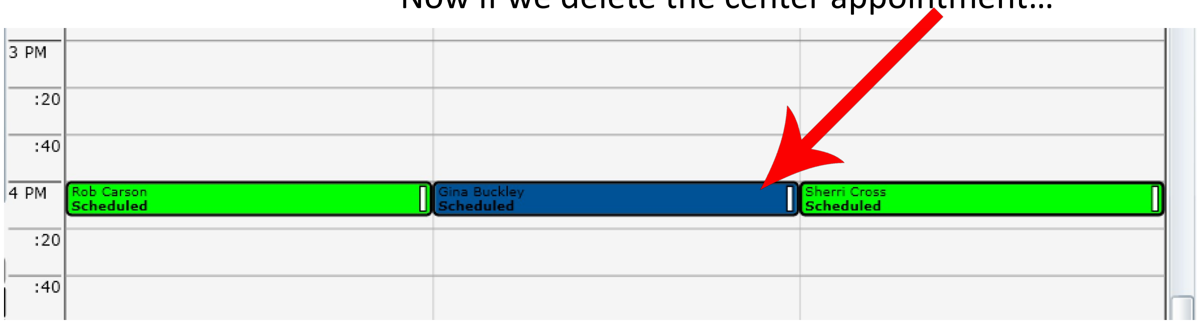
However, with Right Click there is an option in Settings to allow Column Start to be "blank". When column start is blank this provides a "SNAP" effect when appointments in a row are rescheduled or deleted. Let's look at an example of this setting option on the next page.

Calendar – New Appointment Behavior

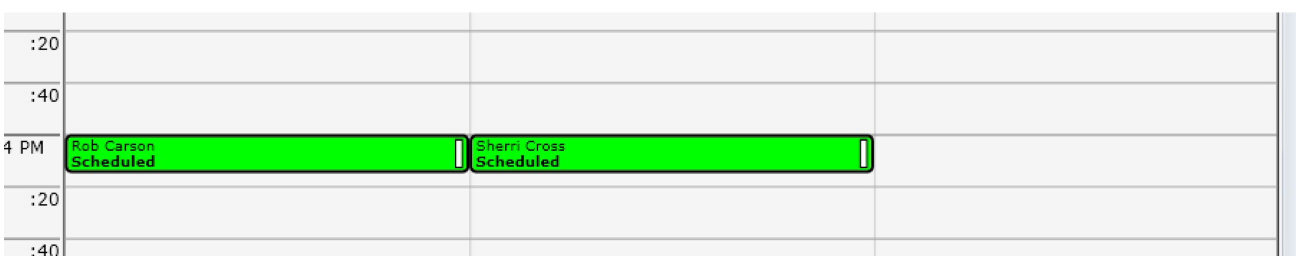


When this option is selected creation of a new appointment upon right click will not select a column start.

Now if we delete the center appointment…



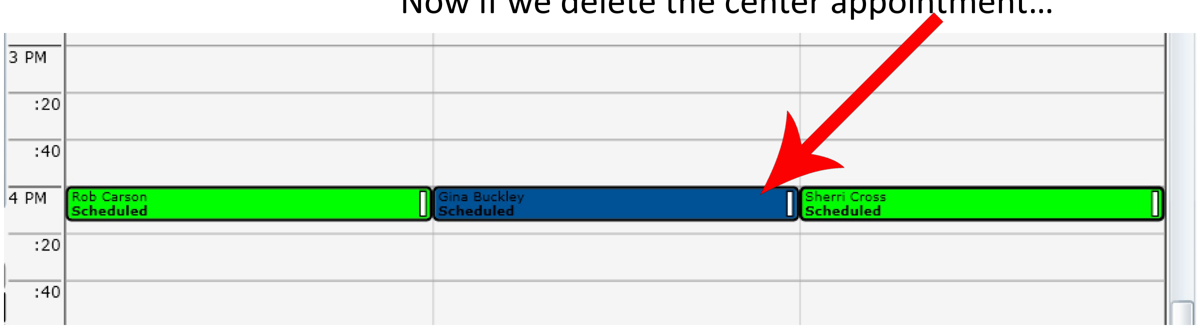
We then see the right appointment shift to the left to “fill the gap”.



Calendar – New Appointment Behavior

When this option is selected creation of a new appointment upon right click will select a column start.

Now if we delete the center appointment…



We will NOT see any shifting and a gap is formed.

Calendar – Block-out Time

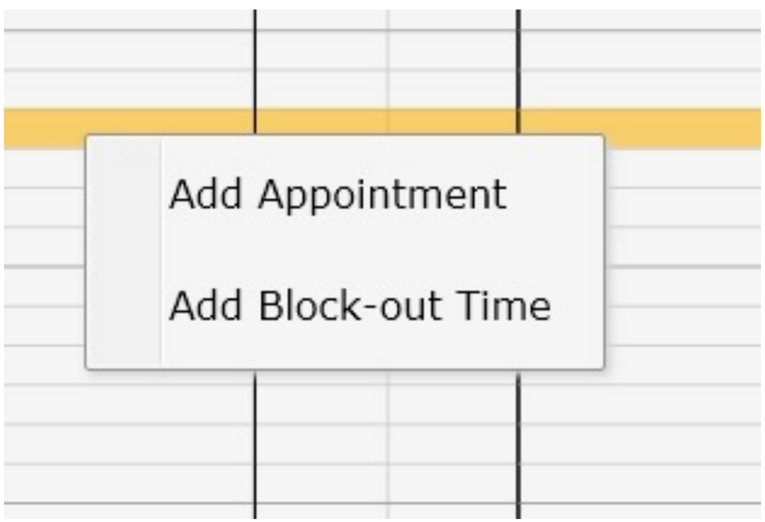
For occasions where you want to block off time on the fly or in a more specific way, use the “Block-out Time” option on the calendar.

Settings

Block out Calendar Types

First you will need to create your “Block-out Calendar Types”. For example, you may want a block-out type called “Personal Time”. Or perhaps “Vacation”. Just like creating Visit Types you can set a default length as well as color.

To add a block-out time to the calendar right click on a time and select “Add Block-out Time”.

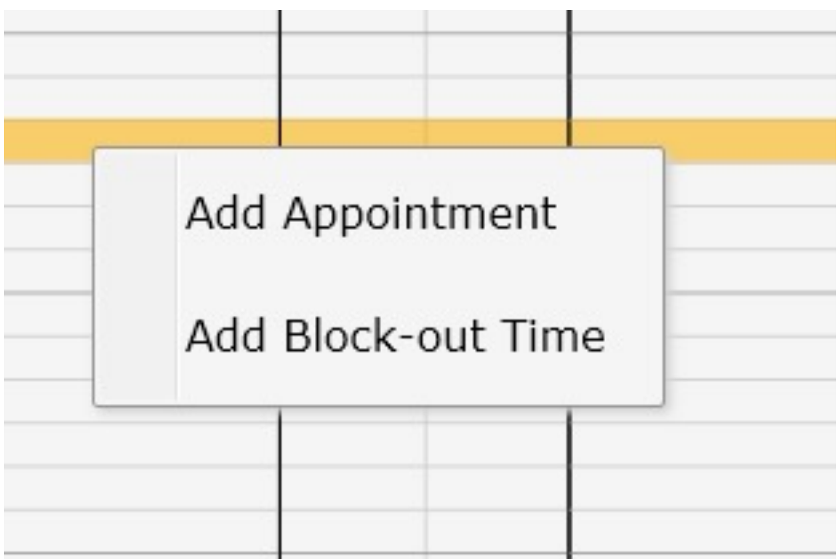


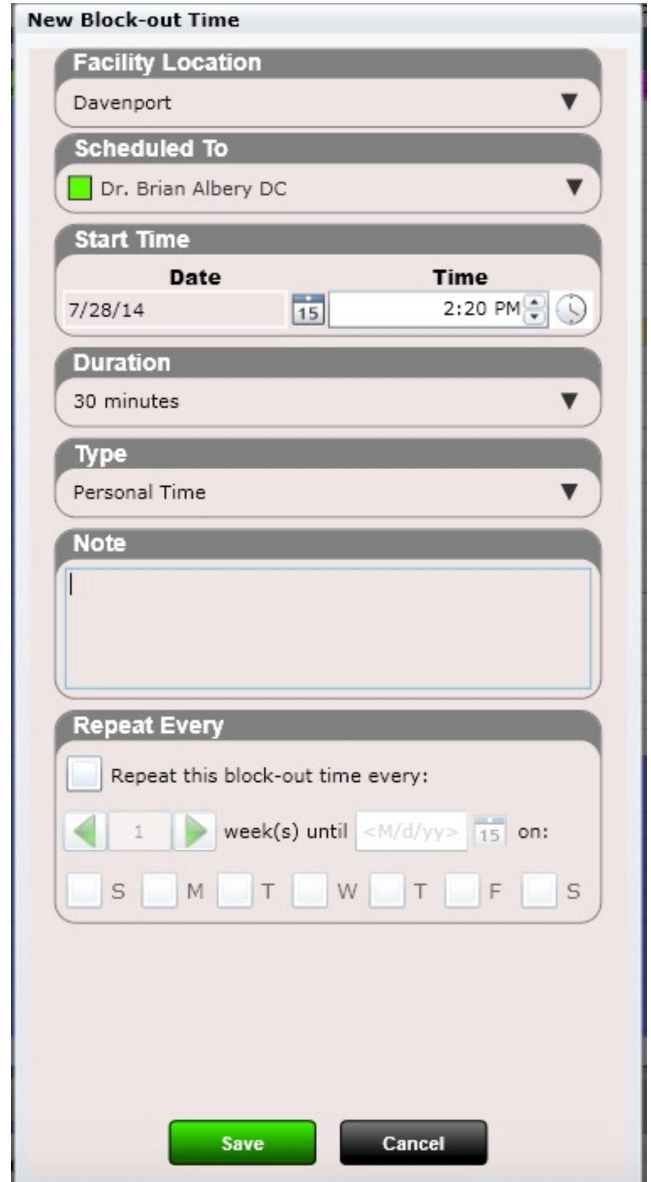
Note: You will not be able to schedule an appointment ON TOP of this blocked out time. If you do need to schedule an appointment over this time you will need to edit or delete the block out time first.

Calendar – Block-out Time

Pictured to the right is the Block-out Time dialog. This dialog will appear after right clicking on the calendar and selecting “Add Block-out Time. Enter your details and click “Save”.

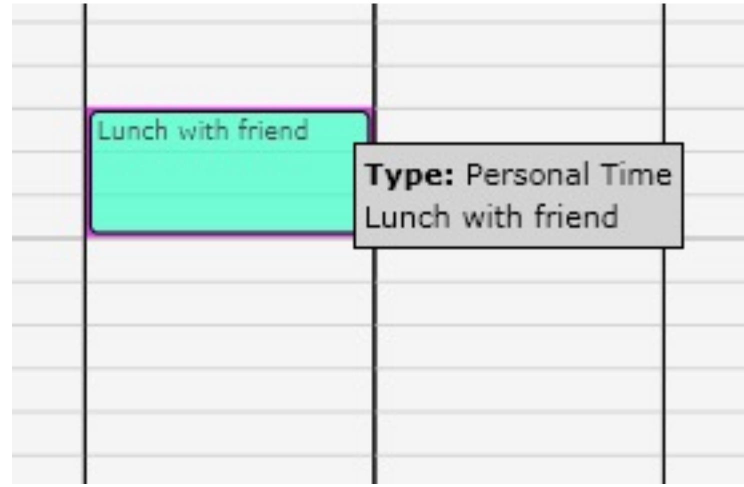
Block-out times appear semi-transparent so they can be distinguished from regular appointments.





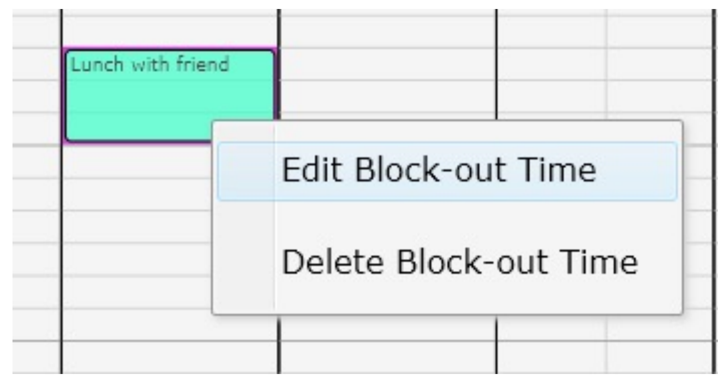
Calendar – Edit - Block-out Time

Pictured to the right is a block-out time. When you hover over with your mouse you can see a pop up showing the notes for the block-out time.

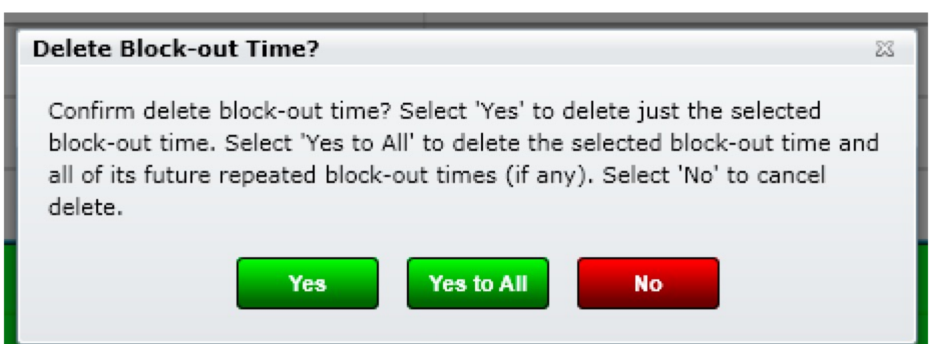


To edit a block-out time right click on the block-out time and click “Edit Block-out Time”.

To delete a block-out time right click on the block-out time and select “Delete Block-out Time”.



If you created Block-out time using the repeat option, you will be provided an option to delete the selected or this and all future block-outs in this series.

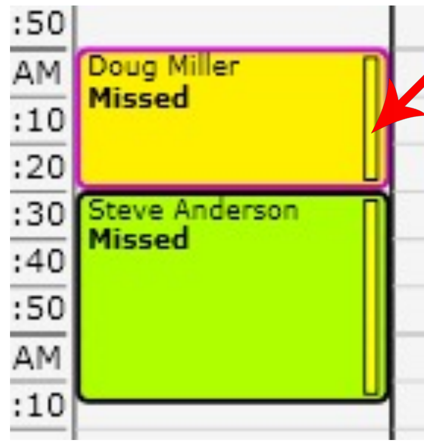


Calendar – Appointment Status

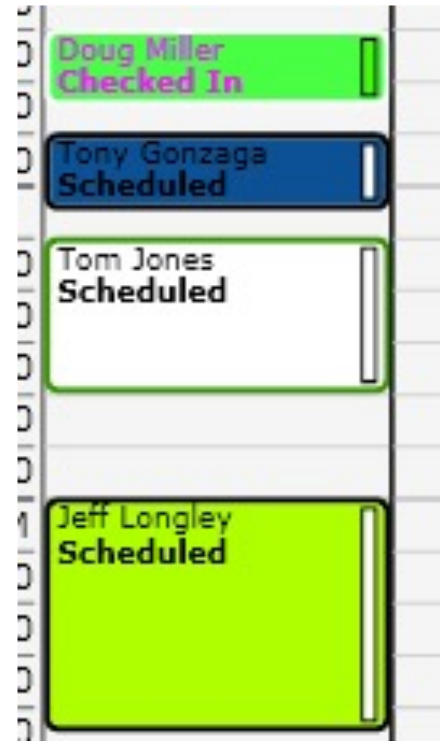
On the far right of the patient appointment is a colored box. This box is a visual indicator to quickly let you know the status of the patient's appointment by looking at the calendar.

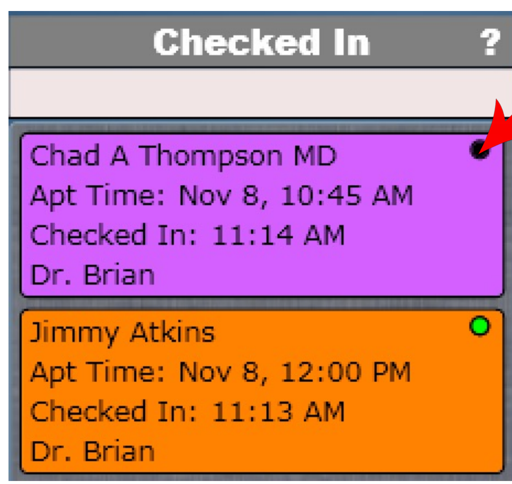
- Green = Checked In or Complete
- Yellow = Missed
- White = Future (or scheduled)
- Black = SOAP Signed

This same color scheme is followed as DOTS on the Front Desk as shown to the right.



Appointment Status



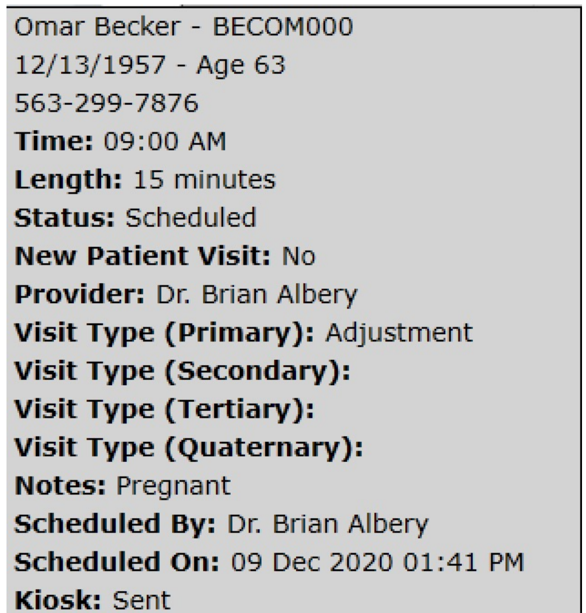


Calendar – Appointment Details

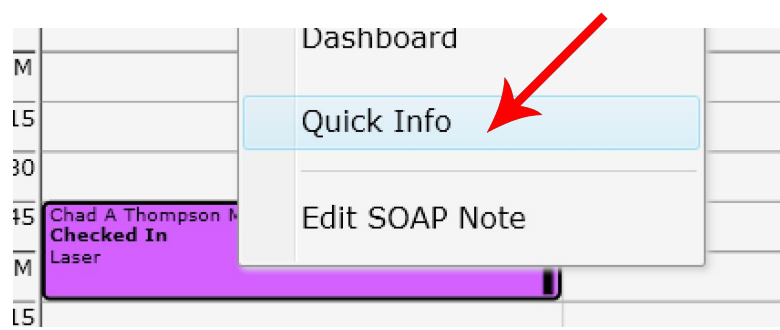
A very nice feature on the calendar is the ability to see appointment details without having to click inside the appointment. Simply hover the mouse over the appointment to reveal the details about the appointment. This can be a great time saver if all you are looking for is the patient's phone number.

Hover details include

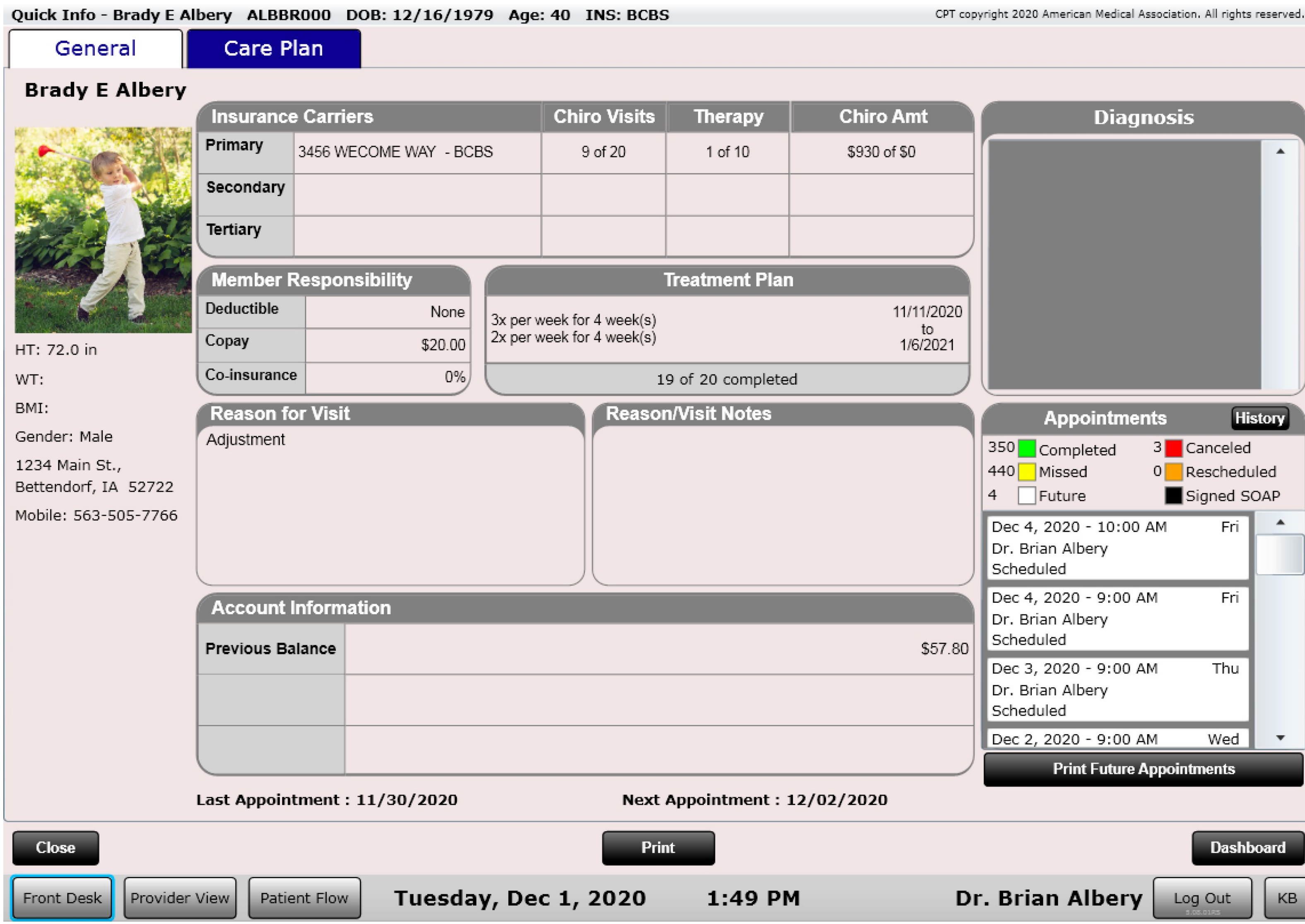
- Patient Name
- DOB - Age
- Phone Number
- Appointment Time
- Length
- Status
- New Patient Visit
- Provider
- Visit Type(s)
- Notes
- Scheduled By
- Scheduled On
- Kiosk (sent or completed)


Omar Becker - BECOM000
12/13/1957 - Age 63
563-299-7876
Time: 09:00 AM
Length: 15 minutes
Status: Scheduled
New Patient Visit: No
Provider: Dr. Brian Albery
Visit Type (Primary): Adjustment
Visit Type (Secondary):
Visit Type (Tertiary):
Visit Type (Quaternary):
Notes: Pregnant
Scheduled By: Dr. Brian Albery
Scheduled On: 09 Dec 2020 01:41 PM
Kiosk: Sent

Power Tip: You can right click on a patient and select Quick Info to reveal other helpful information including appointments, insurance information and the ability to print appointments.



Quick Info Dialog



Calendar – New appointment

This is the FULL appointment dialog. For simplicity the next few slides will only show the left portion of this dialog.

Calendar – New appointment

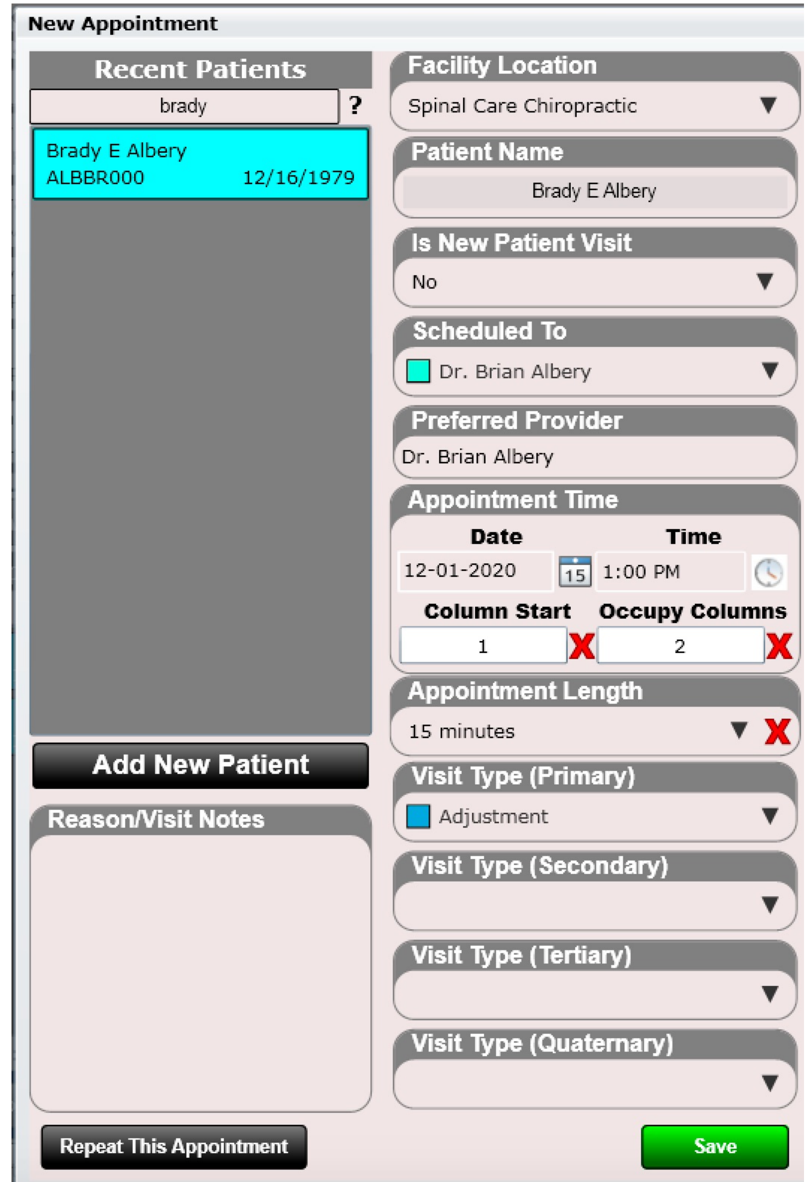
Scheduling a New appointment can be accomplished in three ways.

- Double Click on an open time slot on the calendar
- Right Click on an open time slot on the calendar
- Click the “New” button at the bottom of the calendar

These actions will open the “New appointment” dialog. Using the Recent Patient list box select your patient. Then fill in the appropriate information to schedule your appointment and click save.

Fields include:

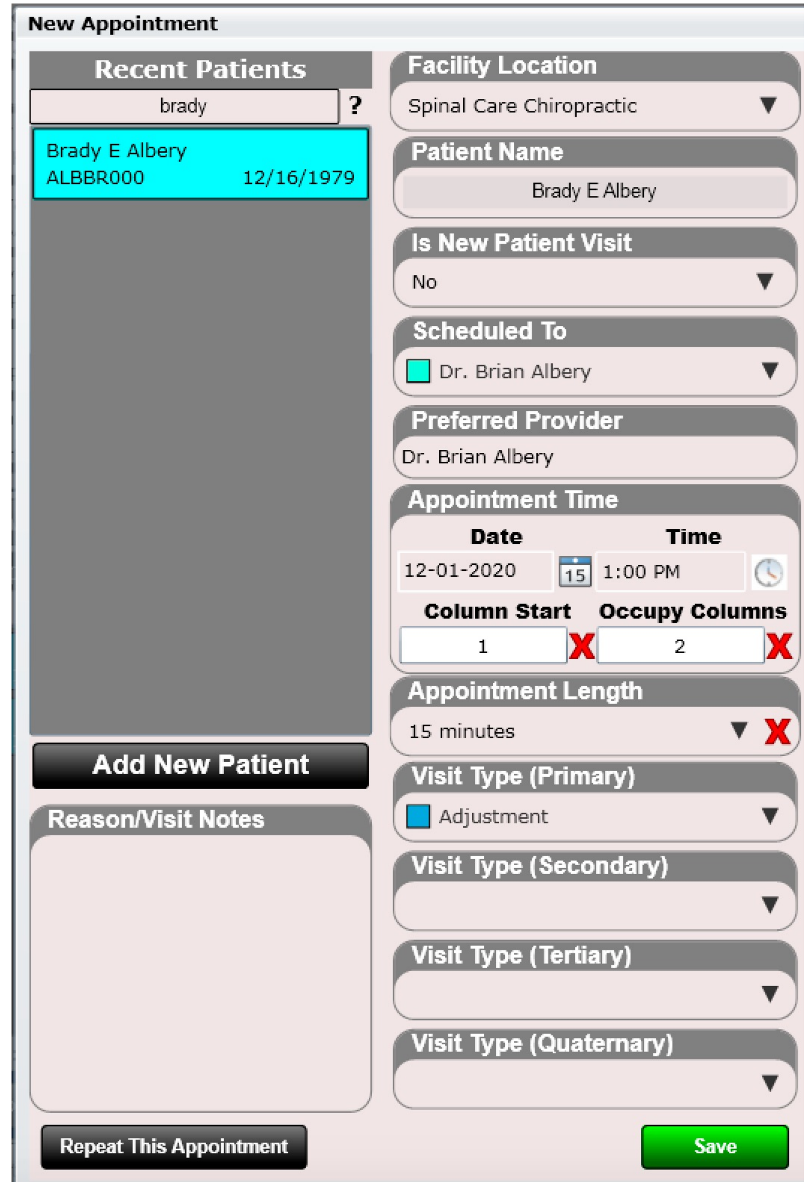
- Facility Location (defaults to your default location)
- Patient Name
- Is New Patient Visit (Yes/No)
- Scheduled To (Provider Name)
- Preferred Provider
- Appointment Time
- Column Start and Occupy Columns
- Appointment Length
- Visit Type (Primary)
  - This will determine the appointment color and default length
- Visit Type (Secondary)
- Visit Type (Tertiary)
- Visit Type (Quaternary)
- Appointment Note
  - Will appear on the SOAP Note Intro Tab
  - Will appear when you check in patient



Calendar – New appointment

Power Tip: When scheduling an appointment on the calendar, you can either click the "New" button or double click on the calendar in a time slot. If you click the "New" button the provider that is logged in will be the default provider. If you double-click on the calendar the provider's column you double clicked on will be the scheduled to provider. Knowing this can save you a step.

Power Tip: To quickly see a list of available appointment times click the "View Available Times" button in the lower right corner of the New appointment Dialog.



Calendar – View Available Times

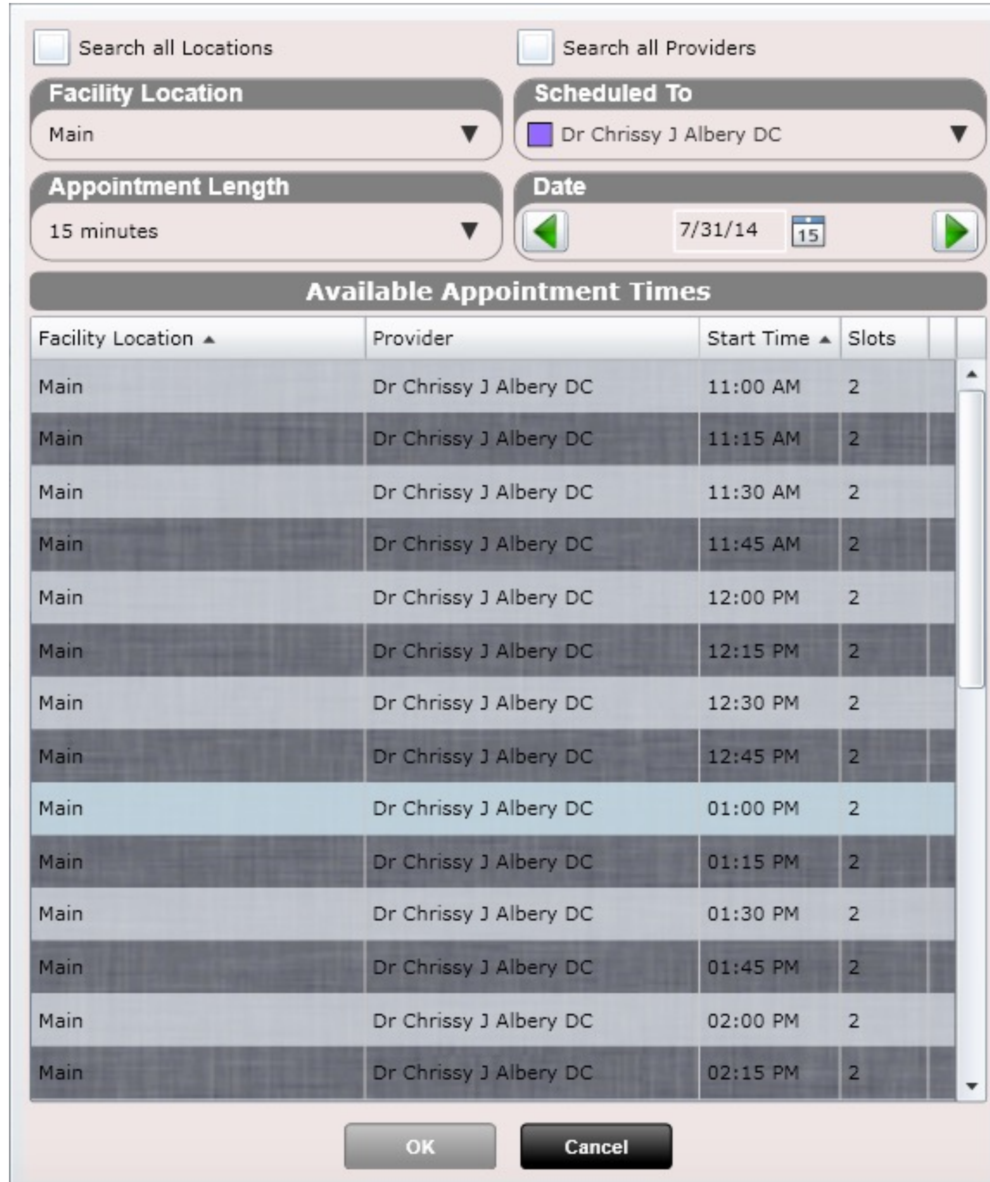
If you wish to schedule an appointment and don't want to spend time searching the calendar for OPEN TIMES, then use the "View Available Times" button.

Clicking this button will open a dialog showing you all the available times.

Use the Arrows at the top to navigate between days quickly or click the Calendar to easily select the date you are looking for.

By default, only your main location will be shown. Click "Search all Locations" to view all locations.

Click "Search all Providers to view appointment times for all providers.

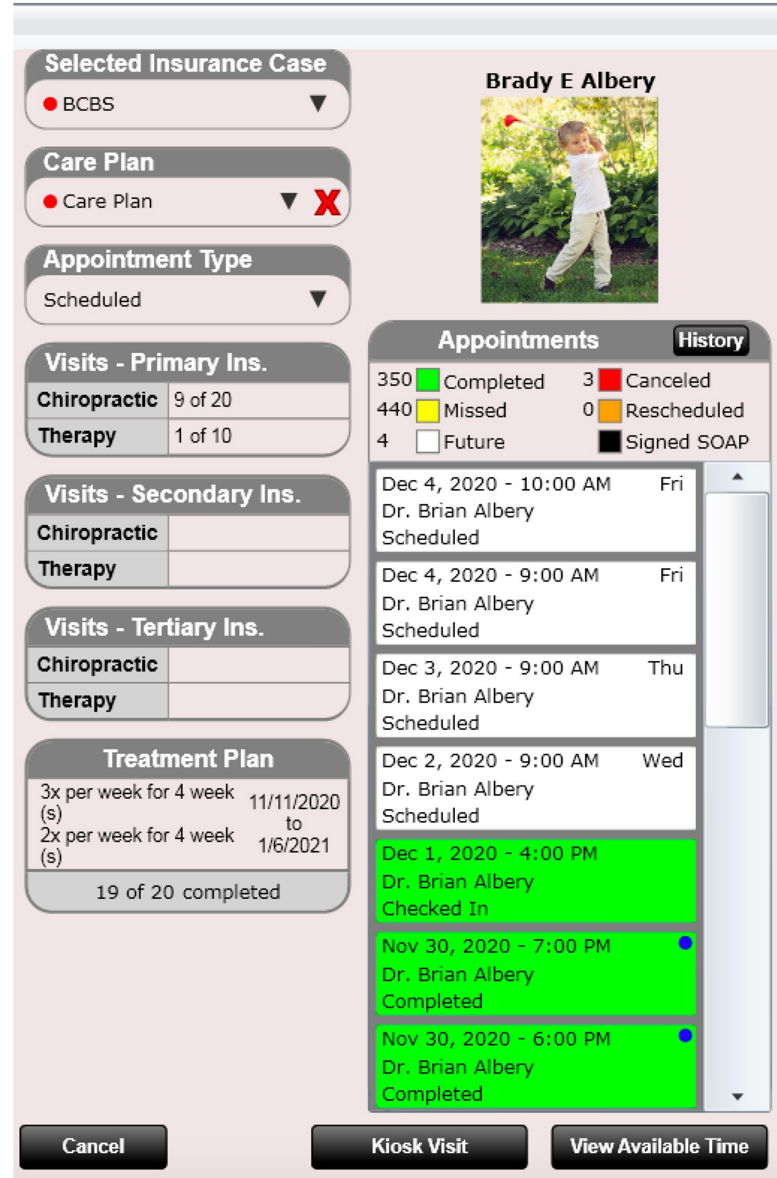


Facility Location	Provider	Start Time	Slots
Main	Dr Chrissy J Albery DC	11:00 AM	2
Main	Dr Chrissy J Albery DC	11:15 AM	2
Main	Dr Chrissy J Albery DC	11:30 AM	2
Main	Dr Chrissy J Albery DC	11:45 AM	2
Main	Dr Chrissy J Albery DC	12:00 PM	2
Main	Dr Chrissy J Albery DC	12:15 PM	2
Main	Dr Chrissy J Albery DC	12:30 PM	2
Main	Dr Chrissy J Albery DC	12:45 PM	2
Main	Dr Chrissy J Albery DC	01:00 PM	2
Main	Dr Chrissy J Albery DC	01:15 PM	2
Main	Dr Chrissy J Albery DC	01:30 PM	2
Main	Dr Chrissy J Albery DC	01:45 PM	2
Main	Dr Chrissy J Albery DC	02:00 PM	2
Main	Dr Chrissy J Albery DC	02:15 PM	2

Calendar

The right portion of the appointment Dialog includes many features

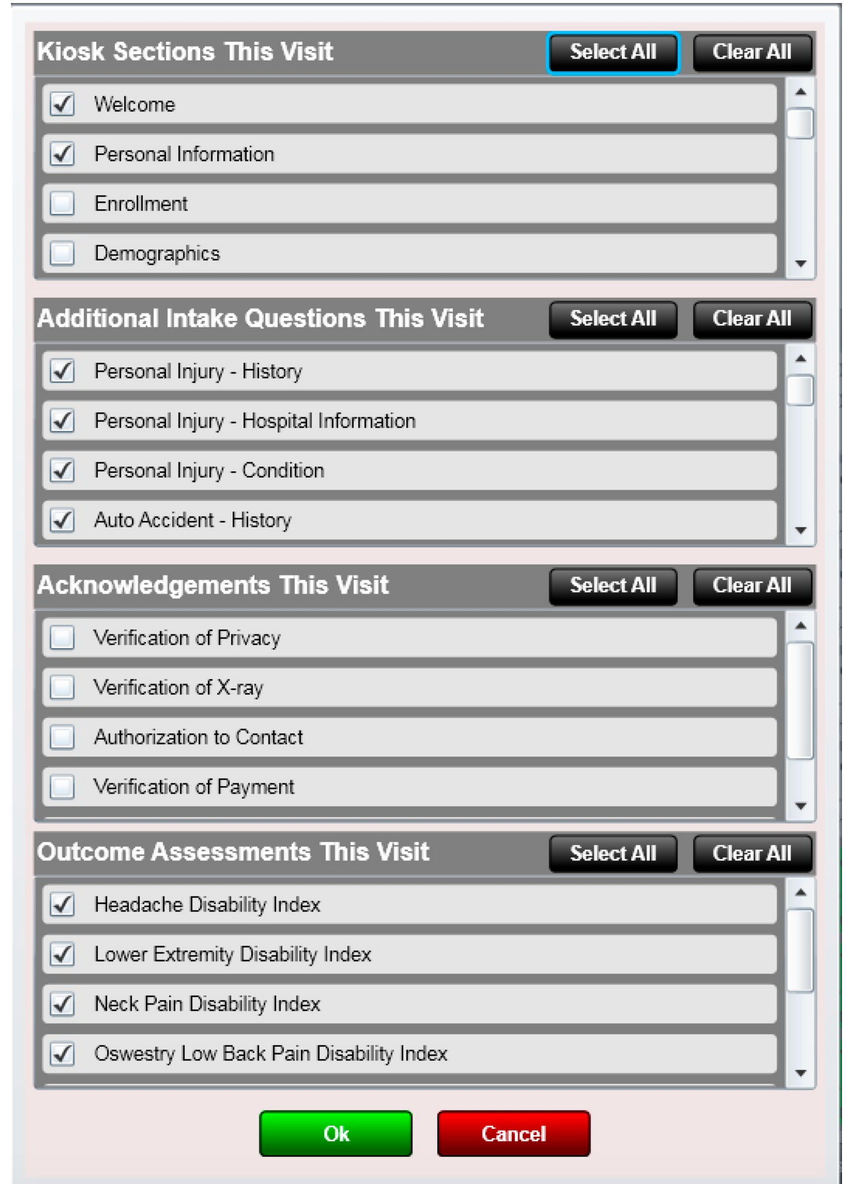
- **Select Insurance Case or Care Plan**
  - Allows you to see or change the insurance case or Care Plan for the scheduled appointment
  - The red dot indicates the default case (this is configured in Dashboard/Insurance Cases)
- **Appointment Type**
  - This is used to track scheduled, walk-in or call-in appointments. You can set the default in Settings/Practice Info/Facility Locations
- **Visit Counters**
  - Chiropractic for primary/secondary/tertiary
  - Therapy for primary/secondary/tertiary
- **Treatment Plan**
  - This can help determine how to schedule the patient's appointment(s)
- **Appointments**
  - Shows a snapshot of the patient's appointments and color codes them based on the menu at the top. Click "History" to see a 6-month history.



Calendar – Kiosk Visit

If you are using the Patient Kiosk you may already know you can set default kiosk sections (e.g. Complaints). However, defaults do not provide complete flexibility on setting a specific section for a specific visit.

To override defaults and add/remove sections or individual intake question categories, acknowledgements or outcome assessments click the Kiosk Visit button. Then add/remove using the checkbox.

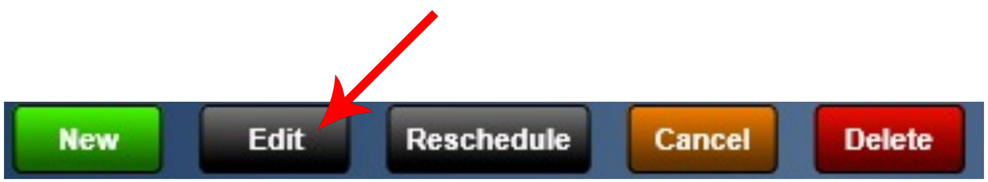


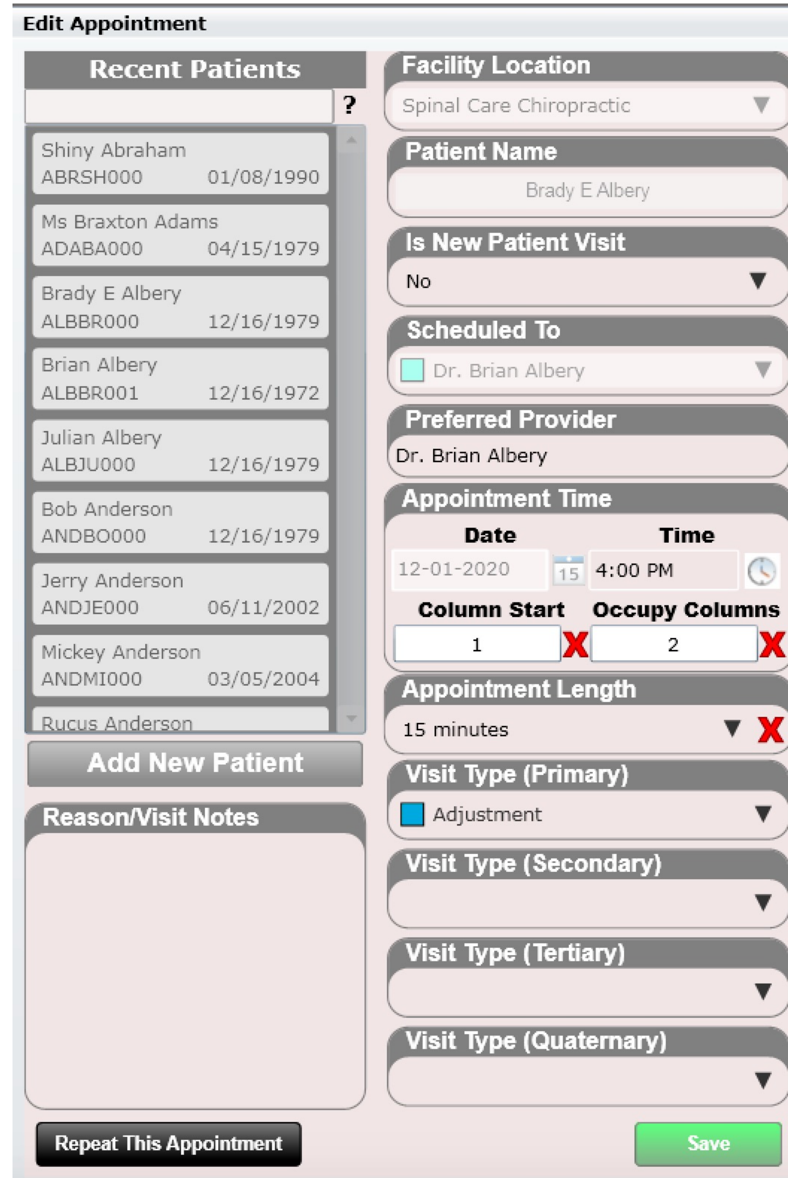
Calendar – Edit Appointment

To edit an appointment

- Click on the appointment you wish to edit. Then click on the black "Edit" button below.
- Right click on the appointment and select "Edit" from the pop-up menu.

This will open the "Edit appointment" Dialog. Make any necessary changes and click Save.



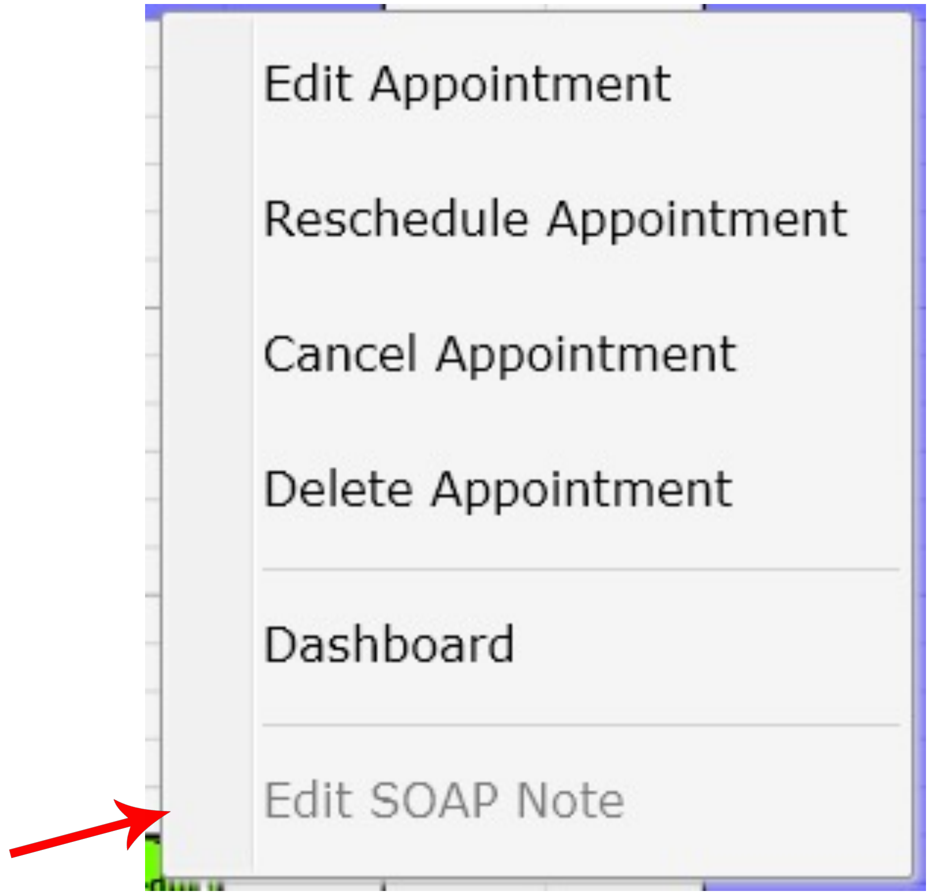


Calendar – Edit SOAP Note

Power Tip: Right clicking on an appointment will allow you to:

1. Edit appointment
2. Reschedule appointment
3. Cancel appointment
4. Delete appointment
5. Dashboard
6. Edit SOAP Note

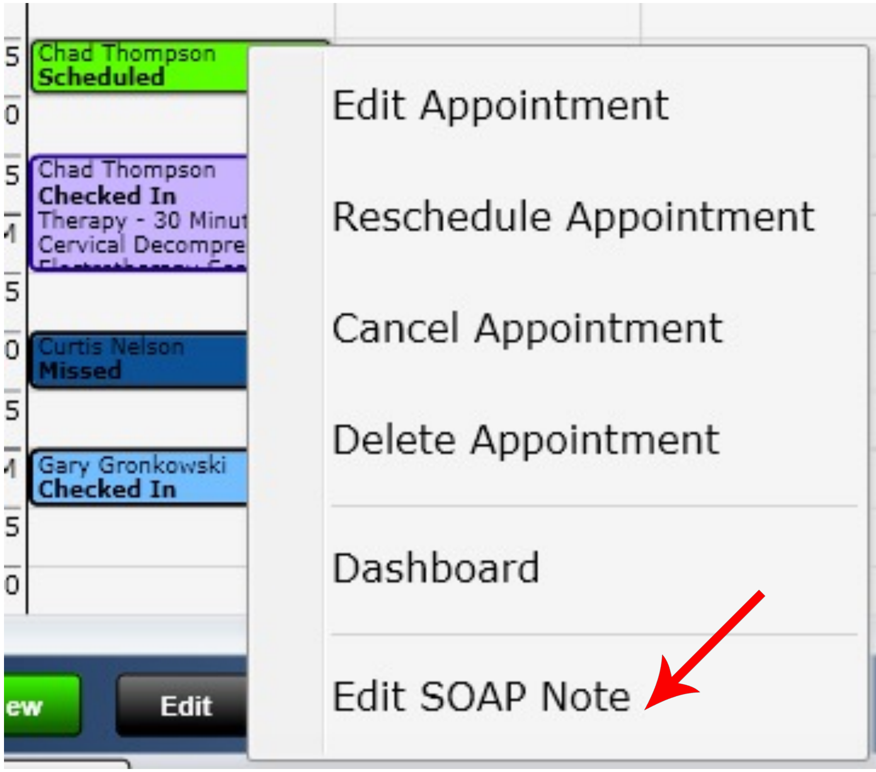
Note: The Edit SOAP option is only selectable if you scheduled the appointment for a day PRIOR to today OR if the patient has been checked in.



Calendar – Edit SOAP Note

Power Tip: When you right click on an appointment you will have the option to Edit the SOAP Note only if:

- The appointment is scheduled for a day PRIOR to today
- Today's patient is checked in.



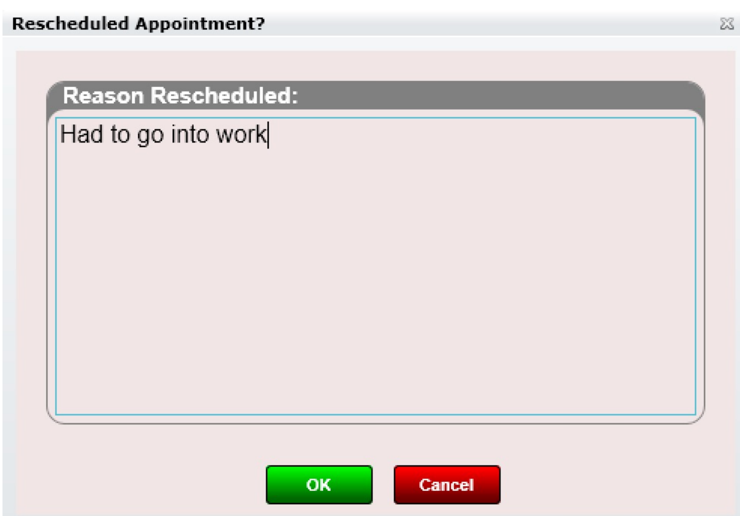
This is a great feature as you can write a SOAP note on a patient for a date in the past. For example, if you saw a patient over the weekend (Sunday) and didn't get a chance to put them on the calendar and write the SOAP you can use this feature. Simply come in on Monday, schedule the patient on the calendar for Sunday, right click on their scheduled appointment and click "Edit SOAP Note". You can now write the SOAP note.

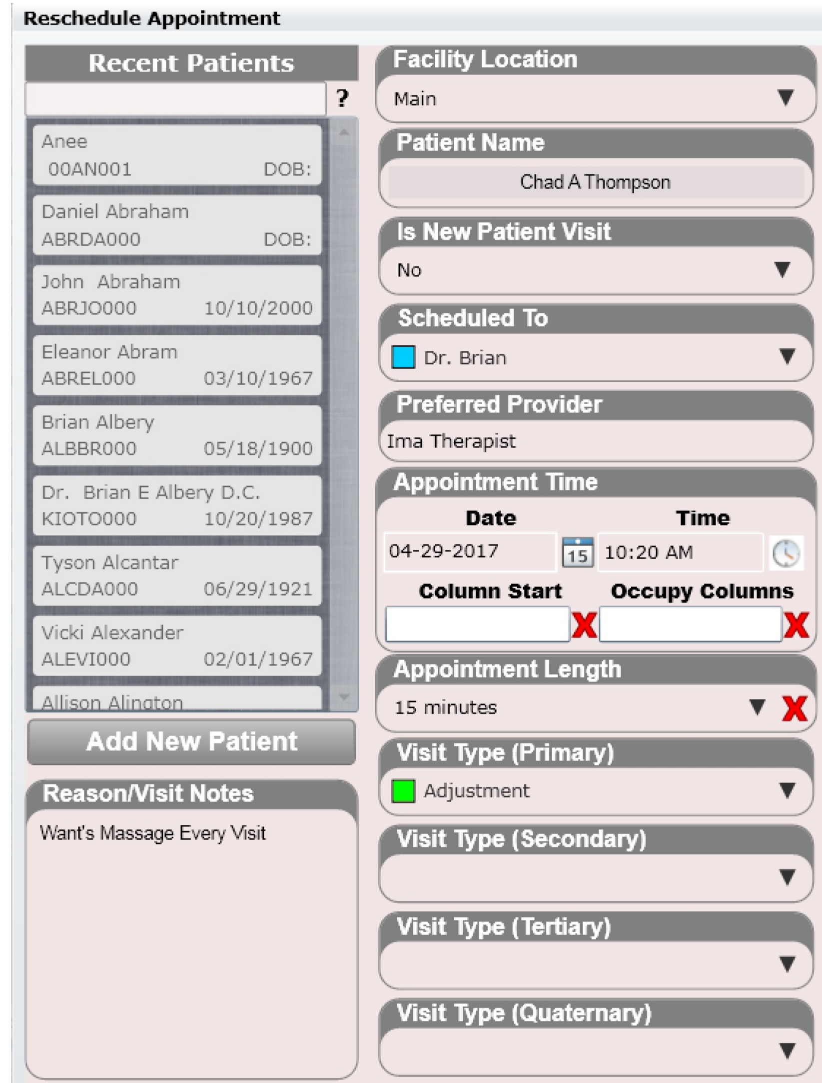
The patient will not appear on the front desk as this appointment exists on a previous day. If you need to enter payment, go to the Dashboard and then Ledger and "Add Payment".

Calendar – Reschedule Appointment

To reschedule an appointment

- Click on the appointment you wish to reschedule, then click on the black "Reschedule" button at the bottom of the calendar. The "Reschedule appointment" dialog box will open.
- Right click on the appointment and select "Reschedule" from the pop-up menu.





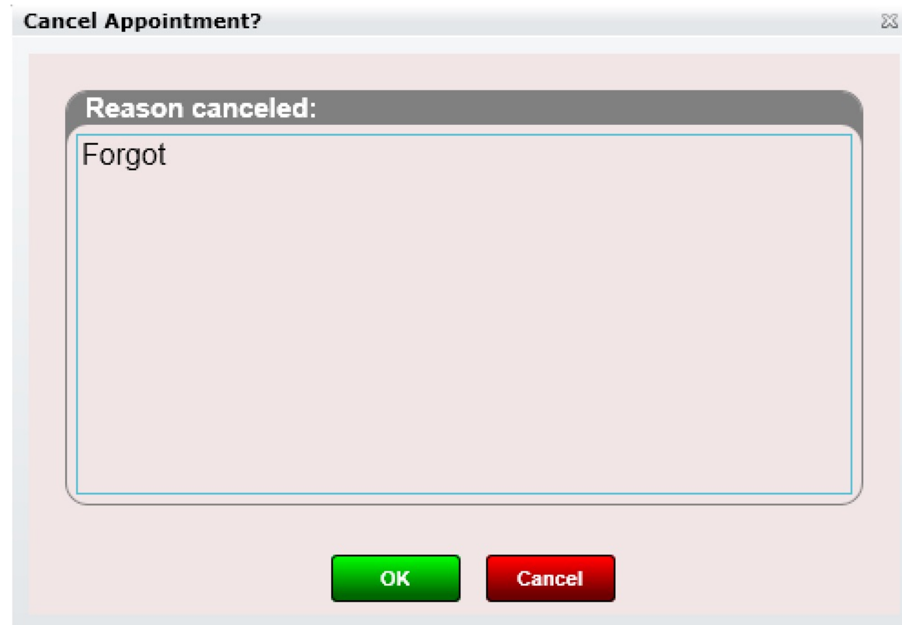
Calendar – Cancel an Appointment

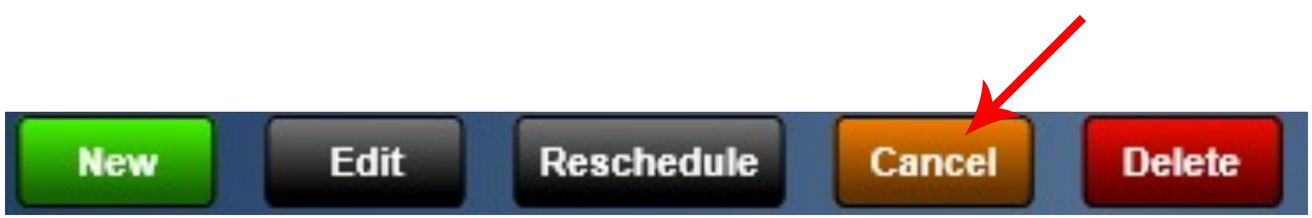
To cancel an appointment

- Click on the appointment, then select the orange “Cancel” button at the bottom of the calendar.
- Right click on the appointment and select “Cancel” from the pop-up menu.

The “Cancel appointment” dialog box will open. This allows you to type in the reason cancelled.

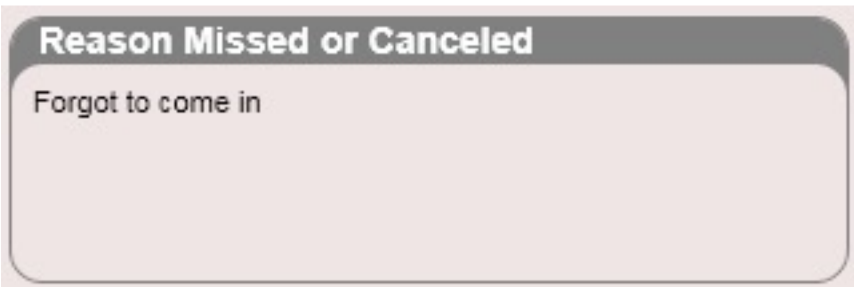
It is important to note that there is a major difference between cancelling an appointment and deleting an appointment. Deleting an appointment keeps no record that that appointment ever existed. Cancelling an appointment keeps a permanent history in the patient’s record.



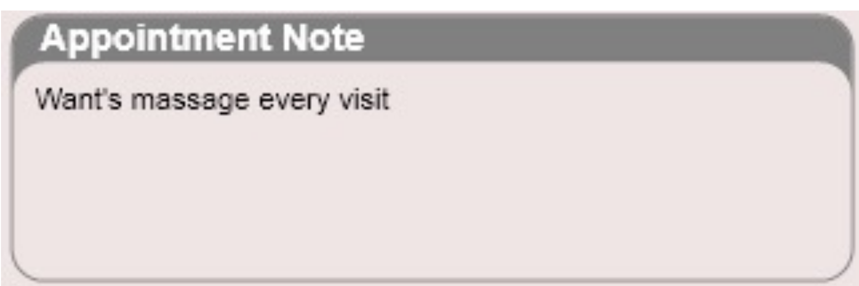


Calendar – Cancel an Appointment

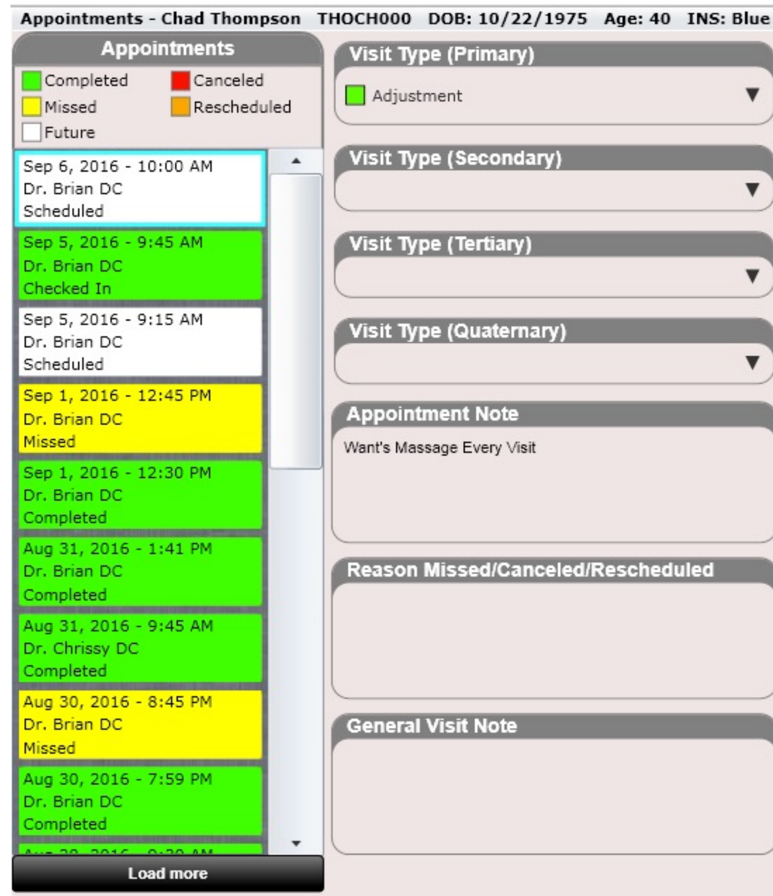
Power Tip: You can change the "Cancelled appointment Message" at anytime by going into the patient Dashboard/appointments Tile.



Power Tip: You can also change the "appointment Note" at anytime by going into the patient Dashboard/appointments Tile.



Note: Neither of these fields populate on the SOAP Note. These fields are only to help you stay organized in your practice.



Calendar – Delete an Appointment

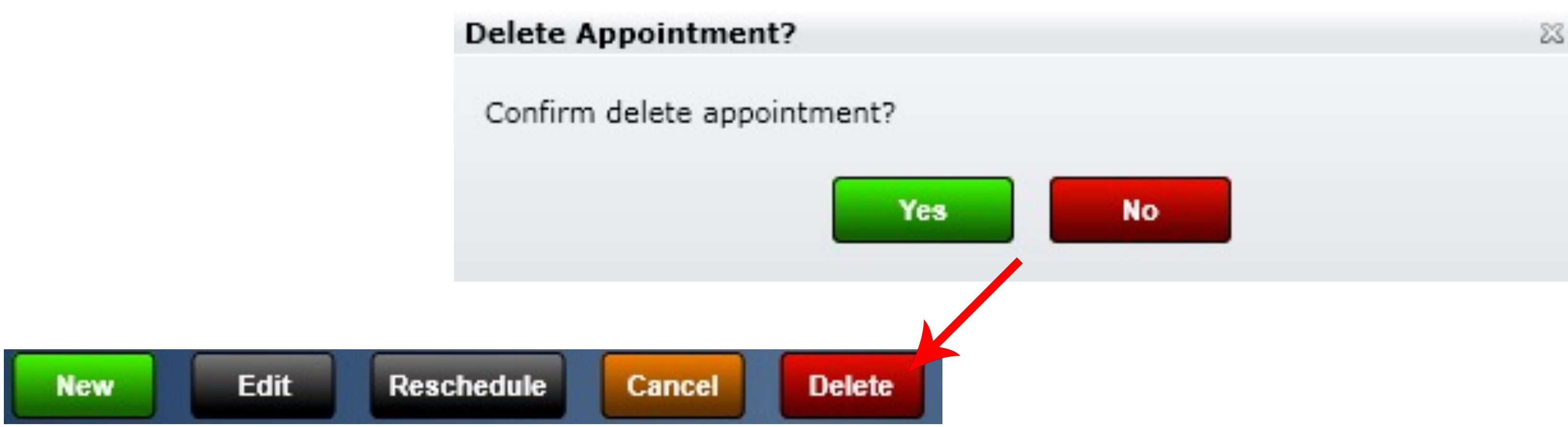
To delete an appointment

- Click on the appointment, then select the red “Delete” button at the bottom of the calendar.
- Right click on the appointment and select “Delete” from the pop-up menu.

The “Delete appointment” dialog box will open allowing you to confirm your deleted appointment.

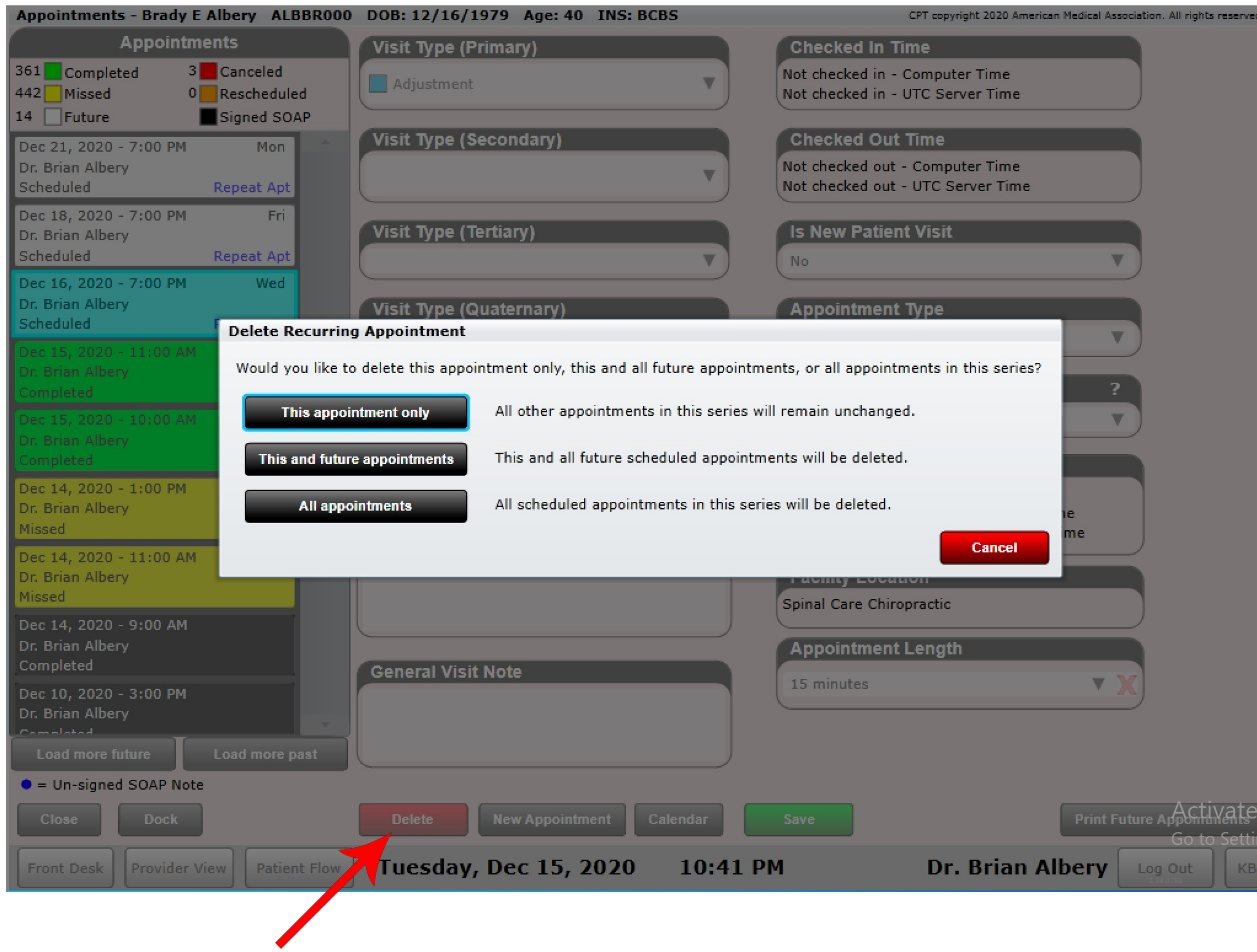
“Permanently delete this appointment? All records of this appointment will be erased.” Select either Yes or No.

There is a fundamental difference between deleting an appointment or cancelling an appointment. Deleting an appointment will keep no record that that appointment ever existed. Cancelling an appointment records history in the patient’s record that that appointment was cancelled.



Calendar – Delete an Appointment

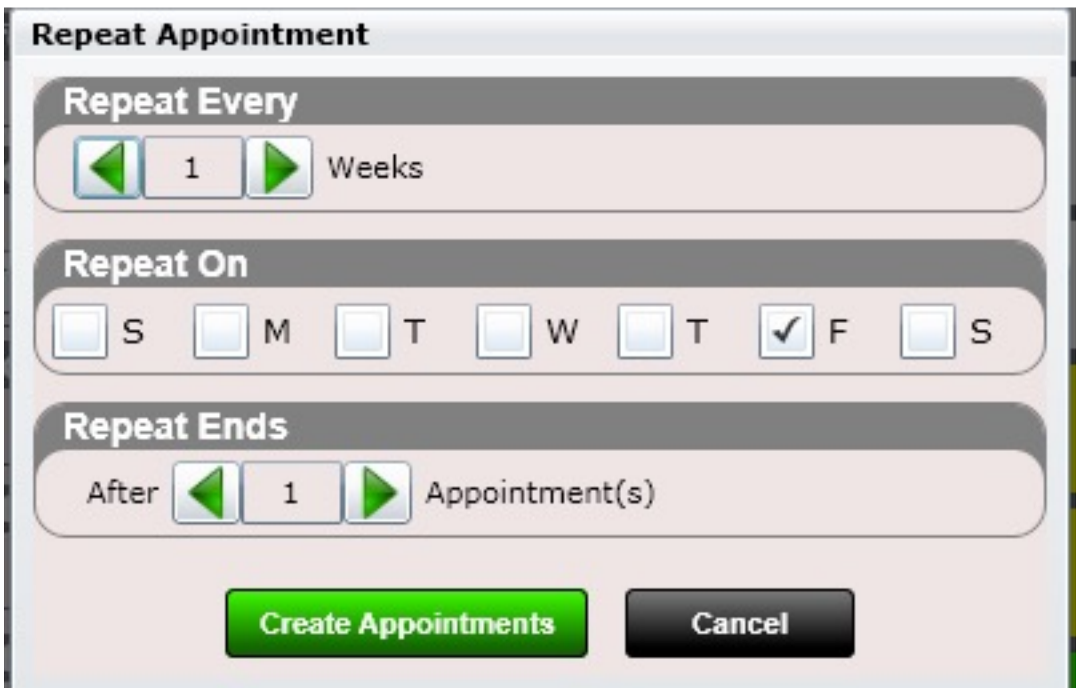
Power Tip: You can also delete appointments from the appointments Tile (located in the patient dashboard). This is useful for deleting multiple appointments quickly as you do not have to find the appointment directly on the calendar to delete.



Tip: Canceling, Rescheduling or Deleting an appointment will not delete any information your patient may have entered in the Kiosk. SOAP relevant information will be added to the next SOAP note when you select Edit SOAP.

Calendar – Repeat an Appointment

When scheduling an appointment, you may have noticed the “Repeat appointment” button. Click this button to reveal the following dialog box.



Now select the “Repeat Every” number of weeks. To repeat every week leave it at 1. To repeat every other week, select 2. To repeat every four weeks, select 4, etc.

The “Repeat On” will have the appointment you are now scheduling checked (in this case Friday). You MUST have at a minimum the day you are creating the original appointment selected.

Select the days of the week you want the appointment to repeat on.

Select the “Repeat Ends” after number of appointments. Then click “Create appointments”.

Power Tip: The original appointment does not count in the “Repeat Ends” section. Thus for 10 total appointments have the repeat end after 9 appointments.

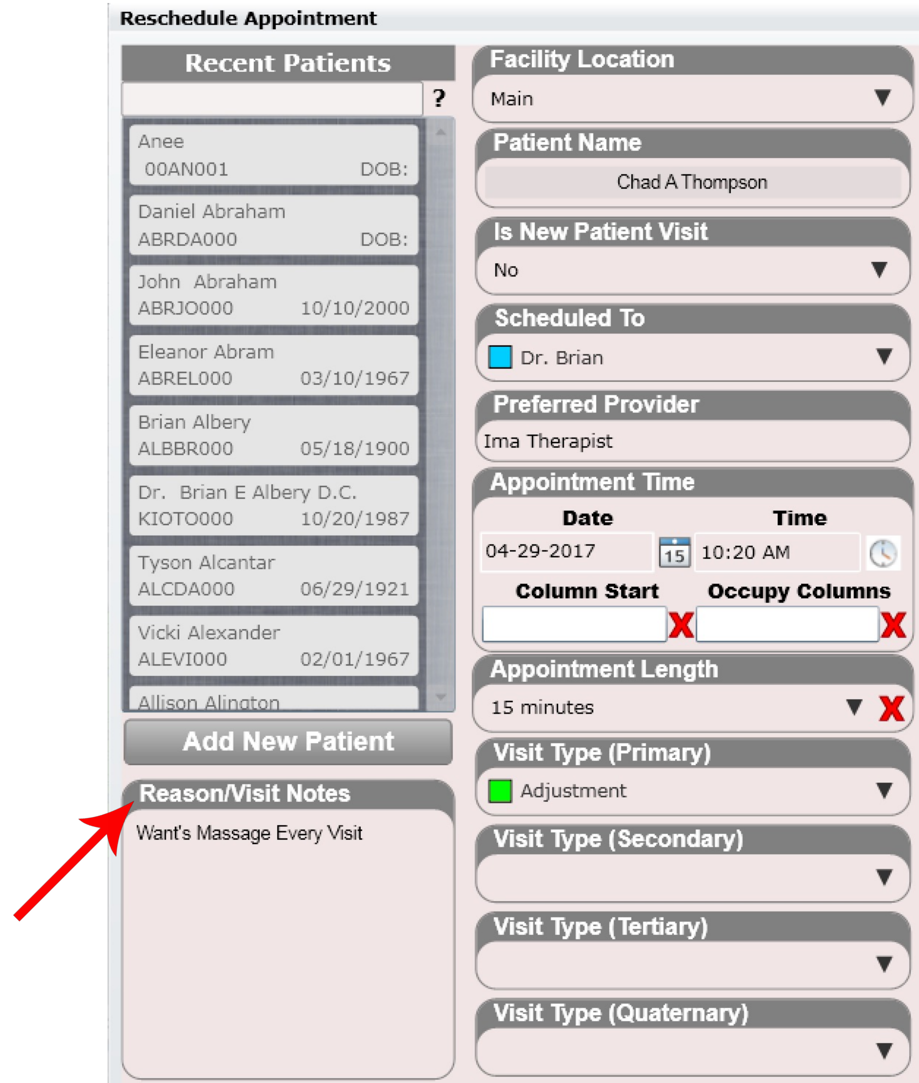
Calendar – Reason/Visit Note

When creating an appointment you will see a field called "Reason/Visit Note." Anything you type in here will be displayed to the provider when editing a SOAP note on the Subjective "Intro Tab" or in the Check-in Dialog for the Front Desk.

In the Patient Profile there is a text box called "Default Reason/Visit Note." Anything you type here will be saved and COPIED to the "Reason/Visit Notes" section when scheduling an appointment. This is a great feature. Examples of default reason/visit notes could be:

- Patient wants traction every appointment
- Patient requests TEXT Message Reminders
- Patient wants muscle stimulation every appointment
- Patient will NOT see Dr. Blank for any reason

Hopefully you get the idea and see the benefit to this feature.
Note: The "Reason/Visit Note" will be included in the Clinical Summary as part of the "Reason For Visit". This was an EHR requirement. This will not be part of the SOAP note, however.

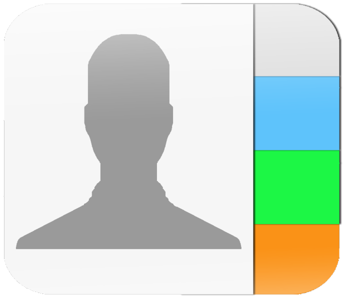


Calendar – Reason/Visit Note

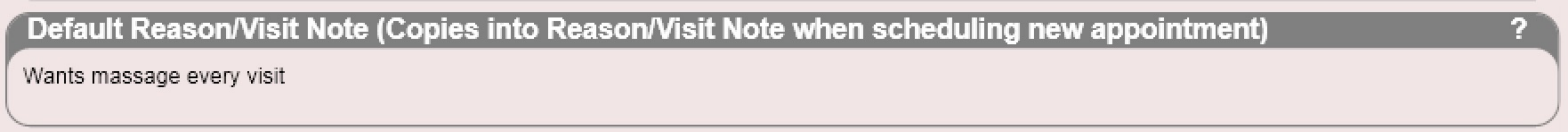
Pictured below is the Default Reason/Visit box found in the Patient Profile. Again, anything typed in here will **copy over to the Reason/Visit Notes field when scheduling an appointment.**

Examples of default appointment notes could be:

- Patient wants traction every appointment
- Patient requests TEXT Message Reminders
- Patient wants muscle stimulation every appointment
- Patient will NOT see Dr. Blank for any reason



Profile

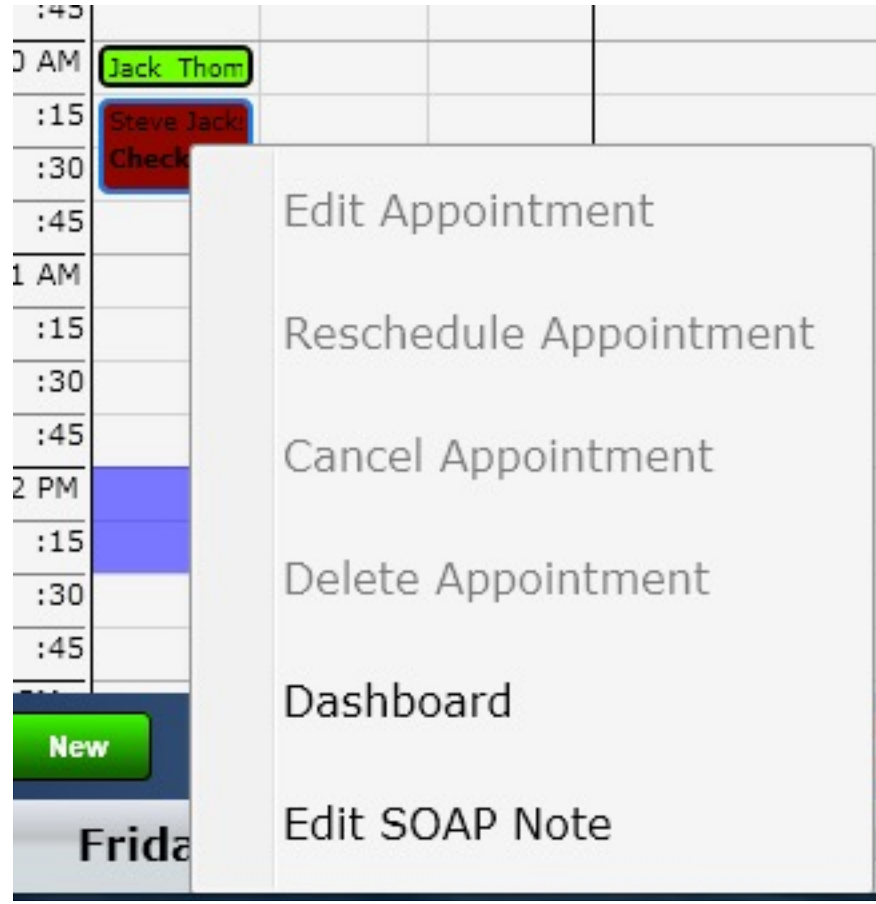


NOTE: The Reason/Visit Note is NOT part of the SOAP Note. As previously mentioned, it IS part of the Clinical Summary "Reason for Visit" section as required by EHR Certification.

Calendar – Schedule an Appointment in the Past

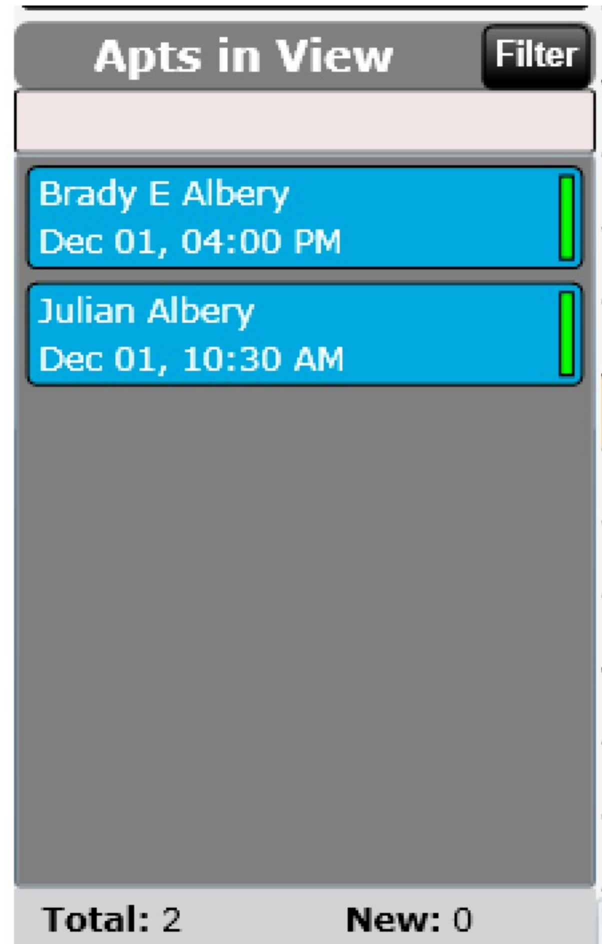
ChiroSpring allows you to schedule an appointment in the past. This is convenient if you saw a patient on a day when you were not in the office. For example. Let's say you saw a patient on a Sunday for a home visit. You do not want to put them on your Monday calendar. You can still schedule them on the calendar for Sunday. Then right click on their appointment and click Edit SOAP Note!

If you wish to take payment for this visit you will have to go to the patient ledger, payments tab and "add payment". Because it is a visit for a past day the patient will not appear on the Front Desk.



Calendar – Appointments in View

On the lower left side of the calendar is a list box called "Appointments in View." This can be a very valuable tool for the provider. Here is how it works.



As discussed, there are three calendar views

- **Home View** – Shows all of the providers where a patient can be scheduled.
- **Day View** – Shows the daily schedule of a single provider.
- **Week View** – Shows the week schedule of a single provider.

Depending on the selected view the patients in that view will be displayed in this "Patients in View" list box. If you are on the Home View, for example, you will be able to see the total number of appointments for all providers for the day selected as well as the number of appointments that are new. Selecting the day view will show you both the total and number of new appointments for a single provider.

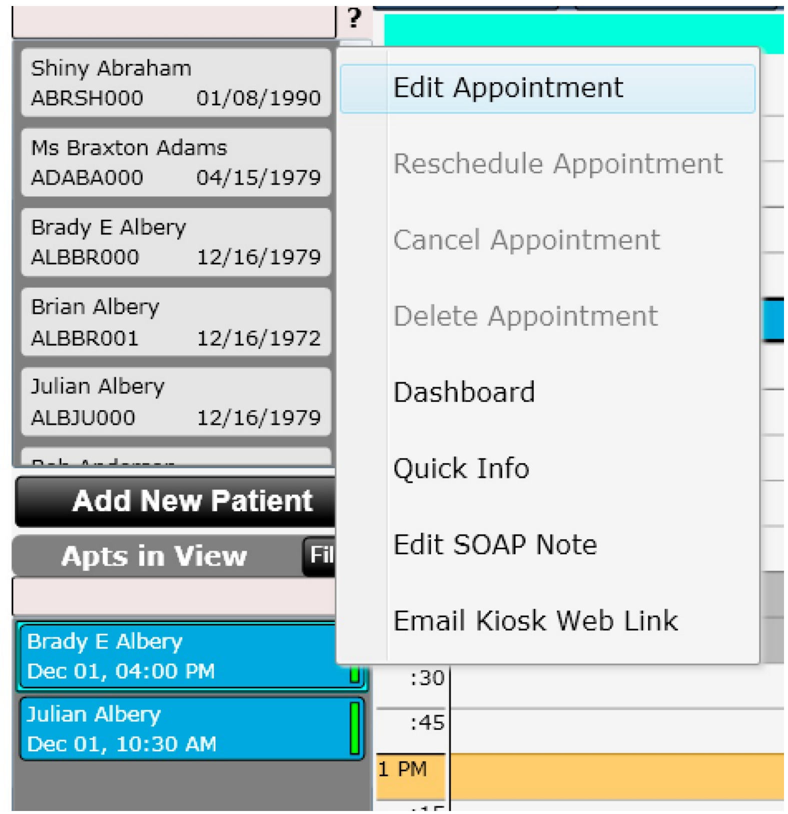
This allows the provider to get a quick snapshot of their day or week without having to scroll through the entire calendar.

Calendar – Appointments in View

Another benefit of the “Appointments in View” list is to help you quickly determine if a patient is scheduled. For example, let’s say a patient calls and wants to re-schedule their appointment. They do not remember what day it is on but know it’s during the next two weeks sometime. Simply click through the days on the calendar until you see the patient’s name appear in the “Patient’s in View” list. When you see their name, you will know they are scheduled on that day. This can be a huge time saver!

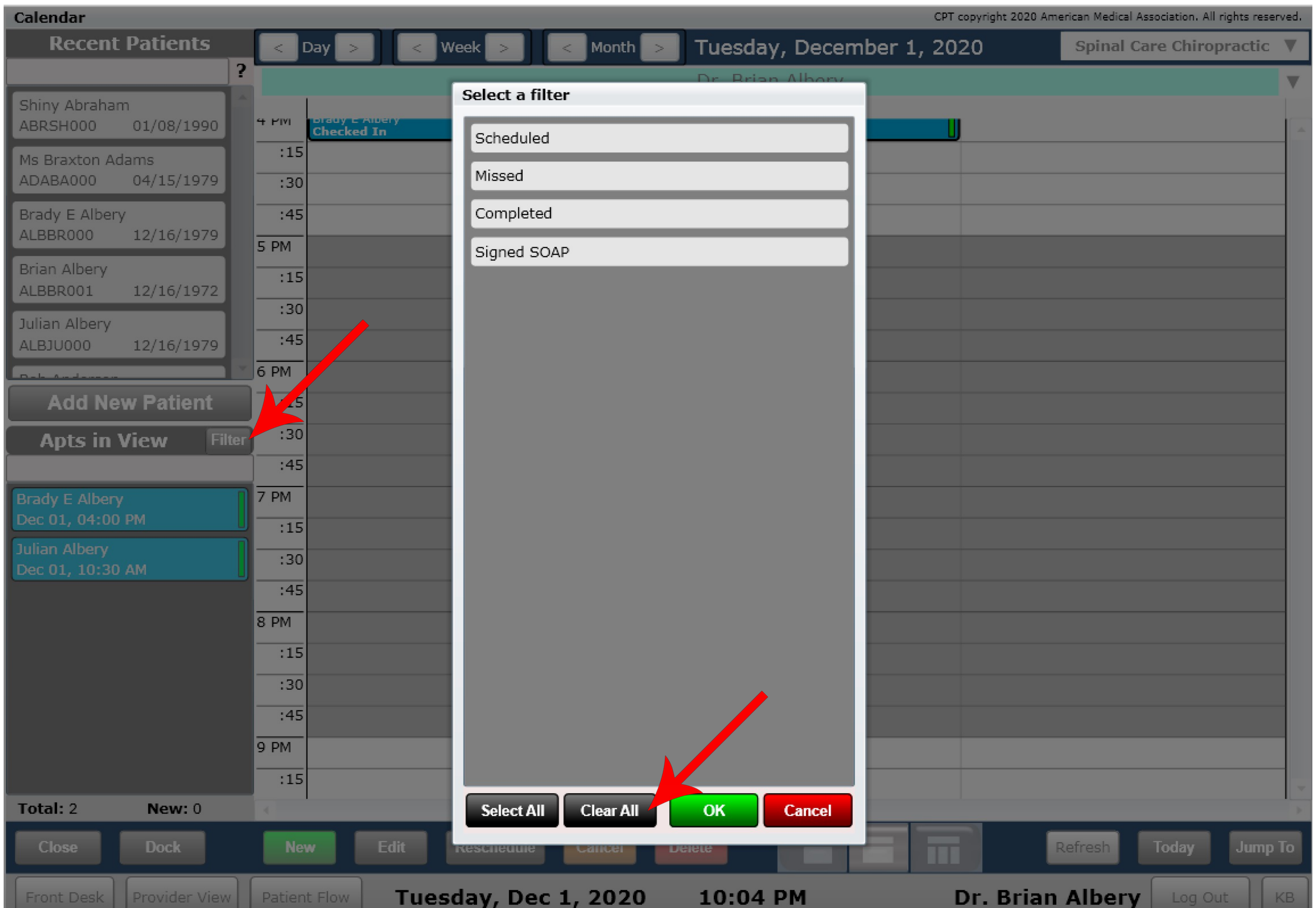
We recommend switching to WEEK view and then using the arrows at the top of the calendar to quickly toggle between weeks. If you typed in a portion of the patient’s name, they will show up in the appointments in View if they do in fact have an appointment.

Also, you can right click on patients in this view to perform necessary actions.



Calendar – Appointments in View - Filter

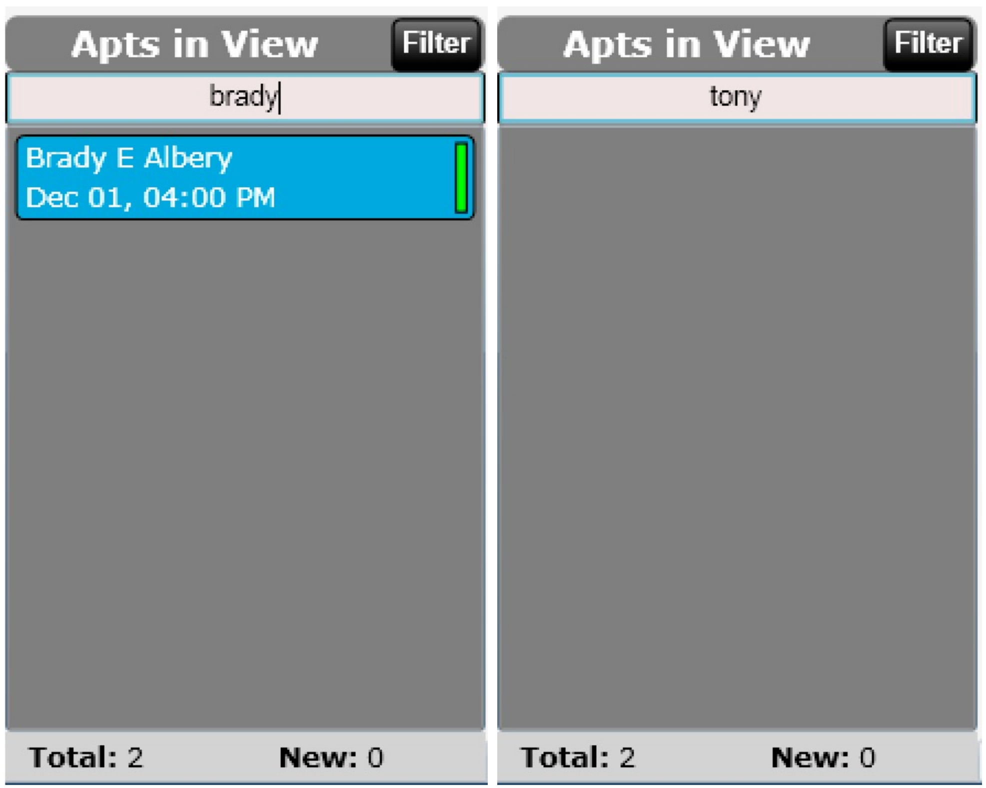
There is also an option to filter your appointments in view. For example, perhaps you want to see only appointments with non-completed SOAP notes. You can do this. Click Filter and chose the filter option(s) you want. To clear the filter simply select “Clear All”.



Calendar – Appointments in View

As you can see below Chad does in fact have an appointment in view. I started typing his name and his name was displayed in the box below.

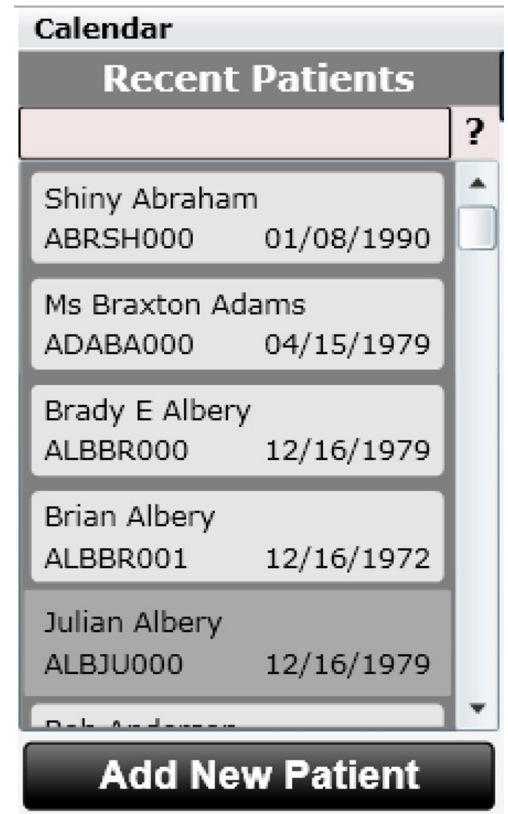
Tony does not have an appointment in view. I started typing his name and the box became empty.



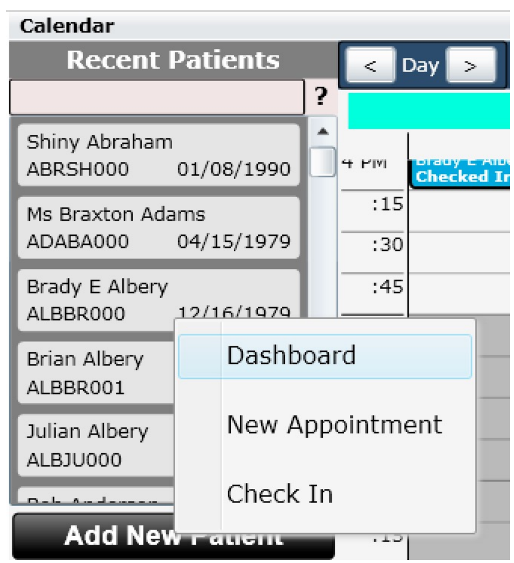
Calendar – Recent Patients

In the upper left portion of the calendar is a text box, the same one you will find on the front desk in fact, called “Recent Patients.” You may be wondering why it is on the calendar. It can be used in a variety of ways.

Its main function is for assisting in scheduling a patient. For example, if you are on the calendar and a patient calls in for an appointment you can quickly type their name here to see if they are already in the system. If they are not in the system click the “Add New Patient” button. This is extremely useful as you do not have to go back to the front desk to complete this function.

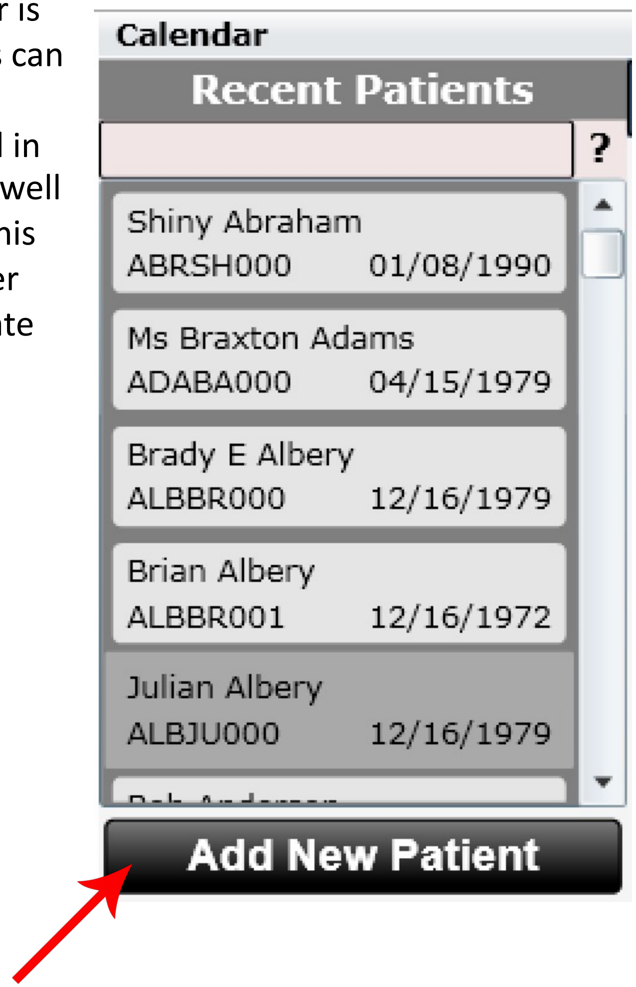


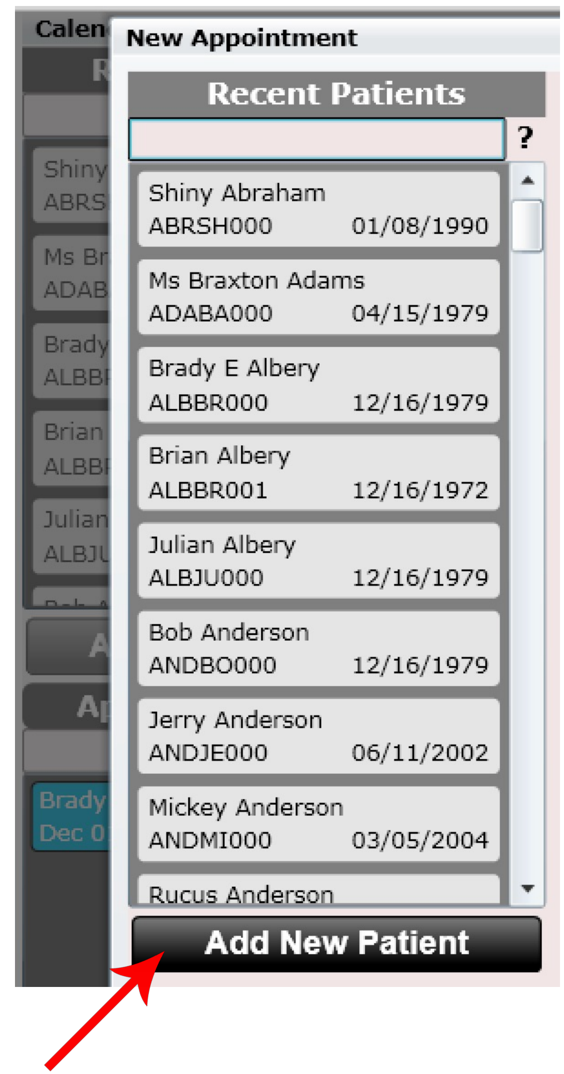
You can also quickly navigate to the patient’s dashboard from here by right clicking their name.



Calendar – Add New Patient

Another great feature of the calendar is the ability to add a new patient. This can be done by clicking on the “Add New Patient” button. This button is found in the left “Recent Patient’s” list box as well as the “New appointment” dialog. This can be a handy feature and time saver preventing you from having to navigate back to the front desk to add a new patient.



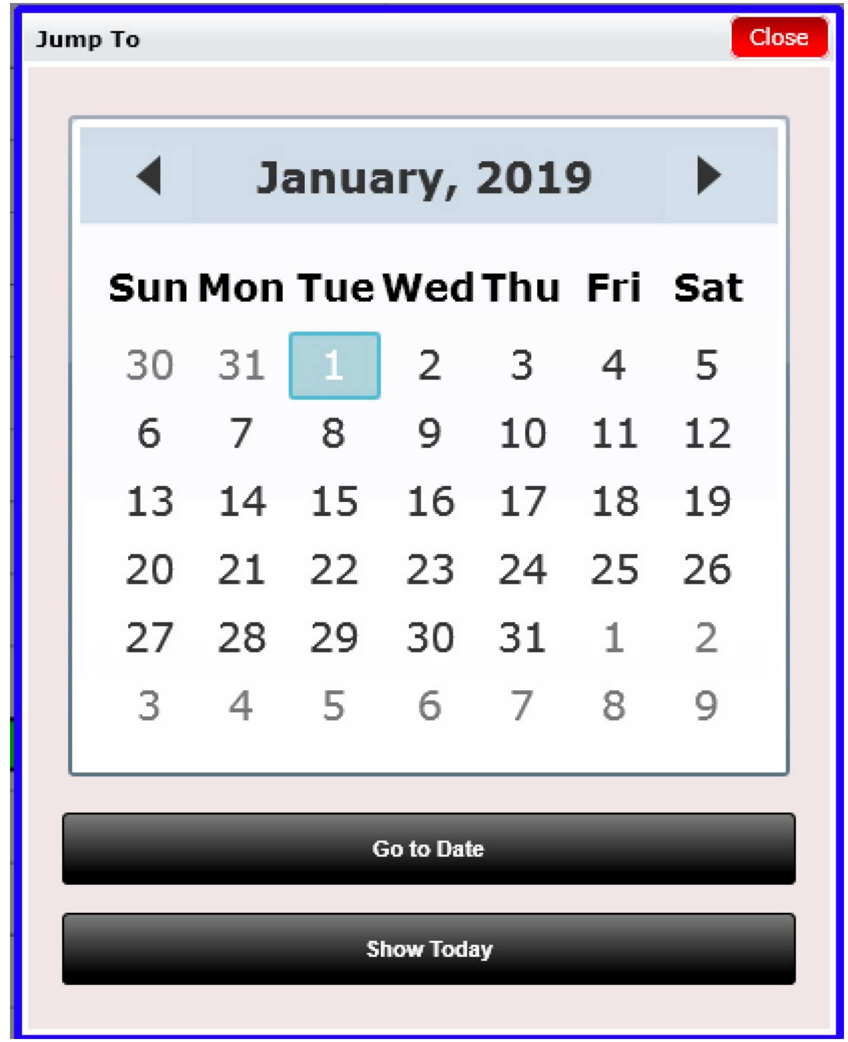


Calendar – Jump to Date

Navigating the calendar is easy. Using the arrows at the top of the calendar you can flip between days. Or, if you'd rather jump to a specified date simply click on the "Jump To" button at the bottom of the calendar. A dialog will open allowing you to quickly select any date.

To get back to today's date click on the "Today" button located at the bottom of the calendar.

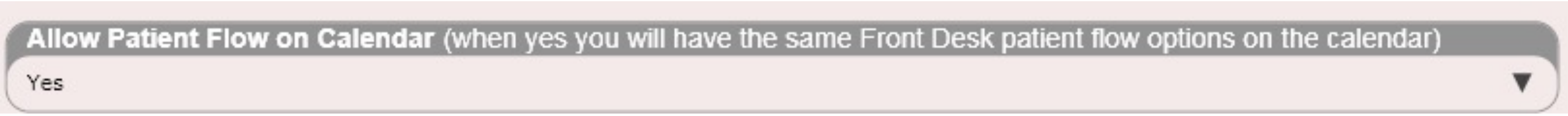
Clicking the "Show Today" button as shown to the right will not take you to today but will highlight today's date on the calendar.

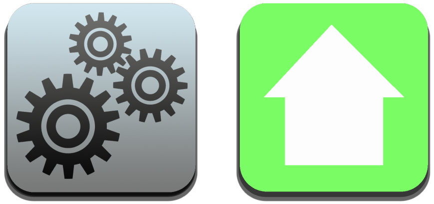


Calendar – Patient Flow

Some practices enjoy the ability to check in their patient directly from the calendar. This feature must be enabled if you want to use it. To enable go to Settings/Practice Info.

Change the box shown below to “Yes”. Save changes, completely exit ChiroSpring and re-open to refresh changes.

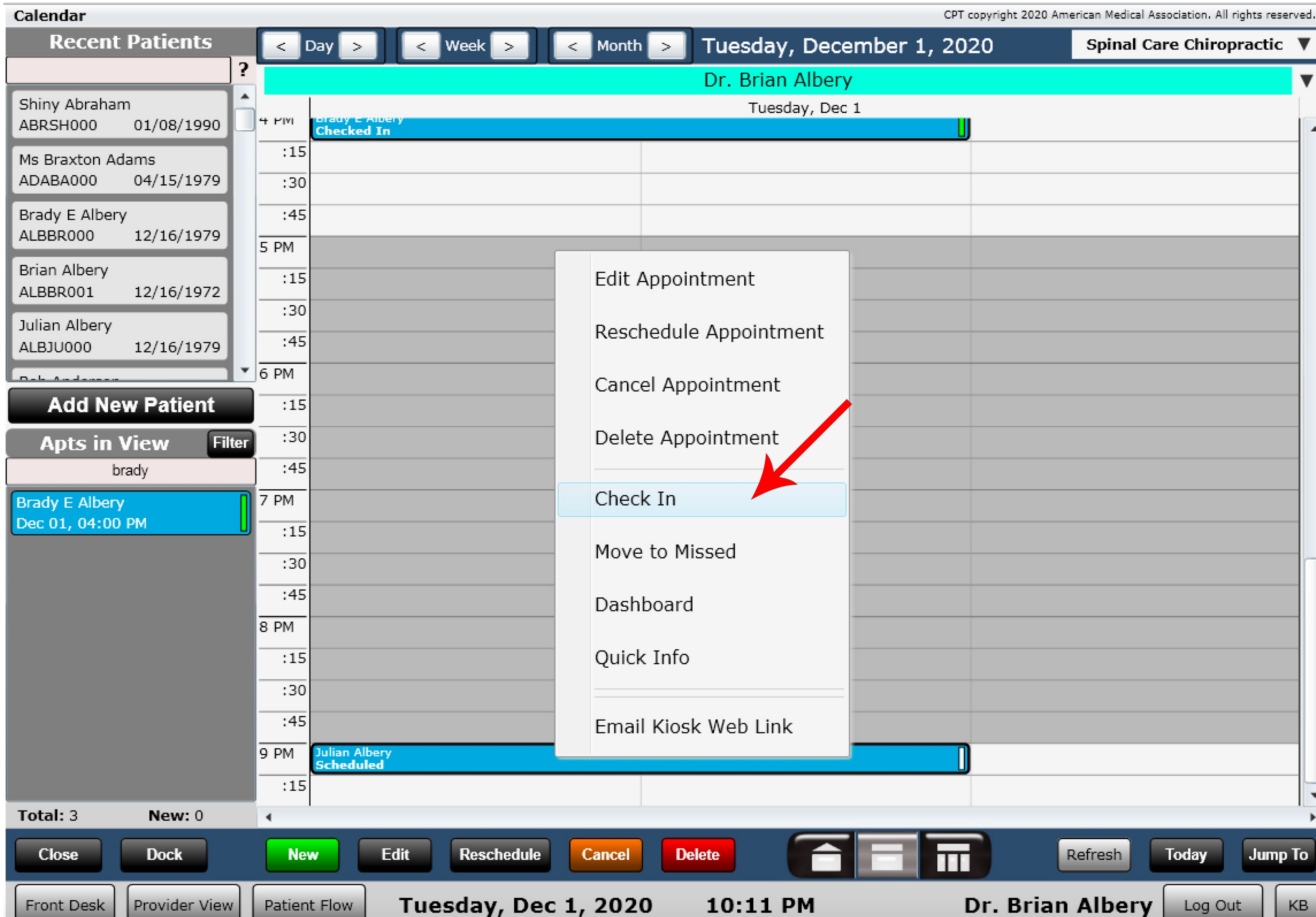




Settings Practice Info

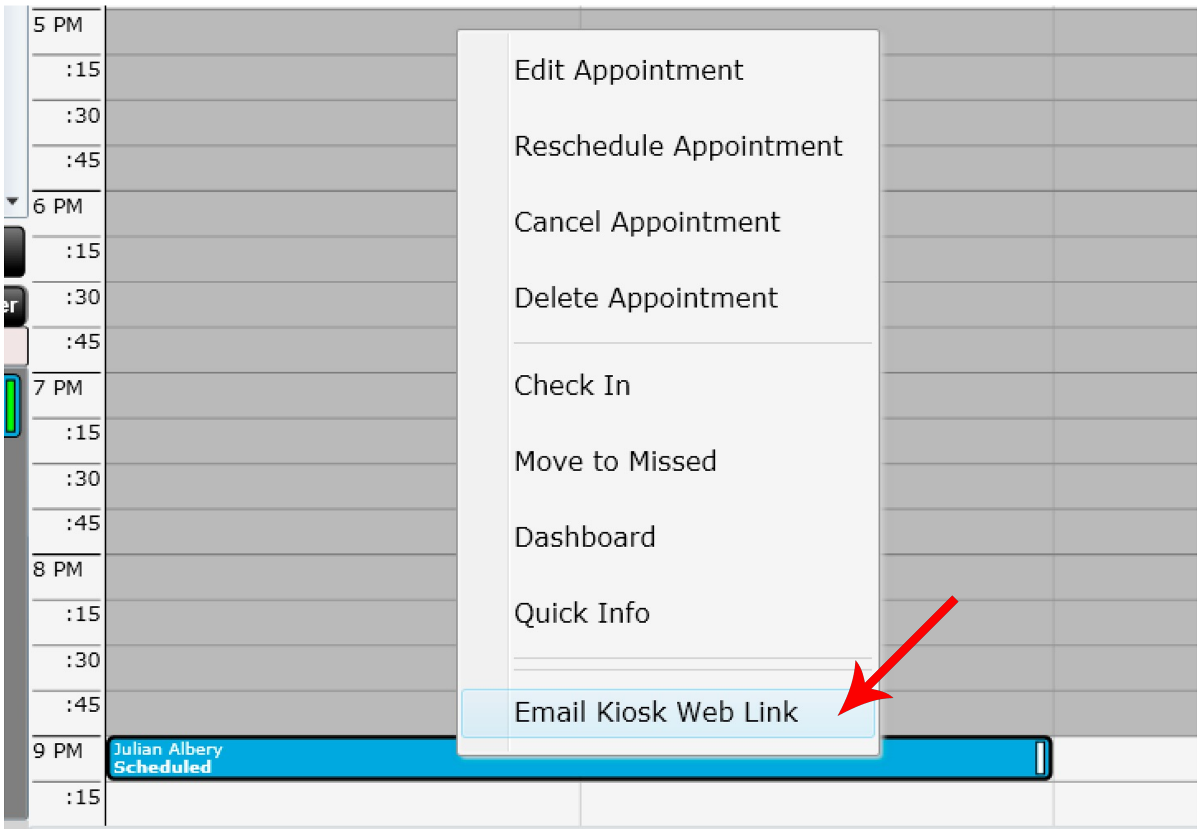
Calendar – Patient Flow

Once enabled you will be able to “Check In” your patient from the calendar as shown here.

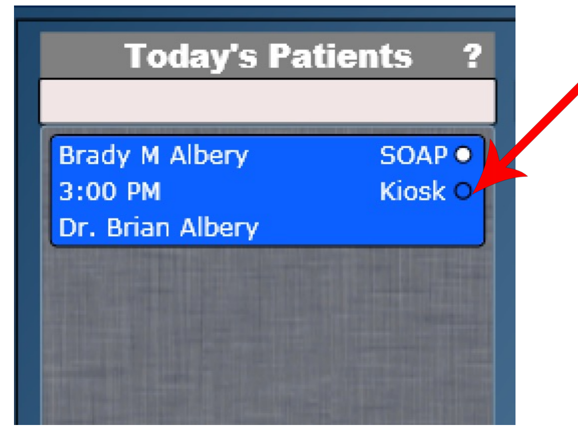


Calendar – Email Kiosk Web Link

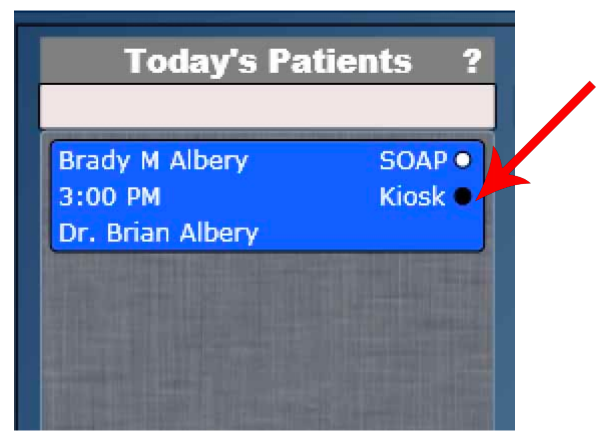
If you have an active account with www.remindercall.com and the patient kiosk feature you can email the kiosk web link to your patient. This allows them the opportunity to complete prior to their visit saving you time.



You will know when your patient has completed the kiosk when the dot below turns solid black.



Here the kiosk is complete as the dot is solid black (see below).



#Cash Register

Cash Register

The cash register can be accessed in several ways.

- From the front desk click the “Cash Register” app
- Check out a patient by right clicking on the patient and selecting “Check Out”
- Check out multiple patients by clicking on the patient and selecting “Check Out Multiple”

Access to the cash register by these methods is very useful. Use the “check out” feature to complete the checkout process for a patient that had a visit in your practice. Here you will see all of the charges added by the provider and have an option for adding additional products during checkout.

Launching the cash register via the “Cash Register” app should be used when you are adding charges for a patient that did not have a visit. Once the cash register opens via this method you can select a patient using the “Select Patient” button to tie any charges to that patient. Or, if it’s a walk-in and you do not know their name you can skip this step. Charges will then be kept on record under a generic “Cash Register” patient account.

Power Tip: We recommend always selecting a patient when you open the Cash Register app directly from the front desk. If the patient is not in your system, you can add them here. This way you have record of what product you sold the patient. If you do not do this products will be tied to a generic “Cash Register” record.

Cash Register

You can also select a provider from the Cash Register app. This is useful if the charges belong to a particular provider. For example, perhaps a provider in your practice is selling supplements. By selecting a provider, you will now know which provider gets credit for the sale of those supplements.

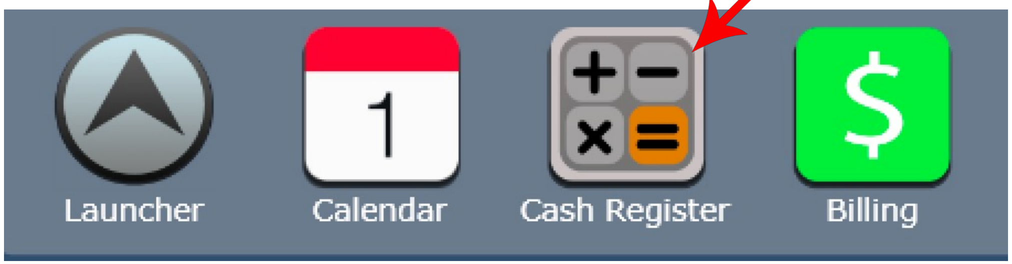
The Reports app has a very nice report called the "User Earnings Detail Report" which would reflect the selected provider in the example mentioned above.

NOTE: It is not mandatory to select a patient or a provider when using the Cash Register app. However, it is beneficial to at a minimum select a patient. This way you have a history on what your patient's purchased. If no patient is selected a generic patient called "Cash Register" will be used. You can find a ledger for these "Generic" cash register transactions in Launcher/Cash Register Ledger.

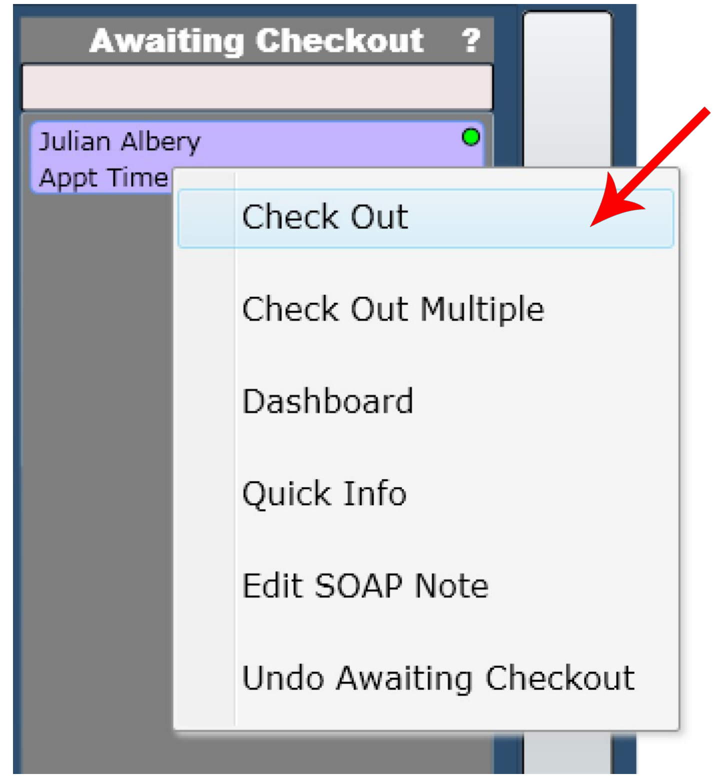
Cash Register

The cash register can be accessed in two ways

- Click the Cash Register app on the front desk. This is most useful when a patient does not have a visit and wants to purchase a product.



- Right Click on a patient name and select “Check Out”. Note you can also check out multiple patients (more on this later).



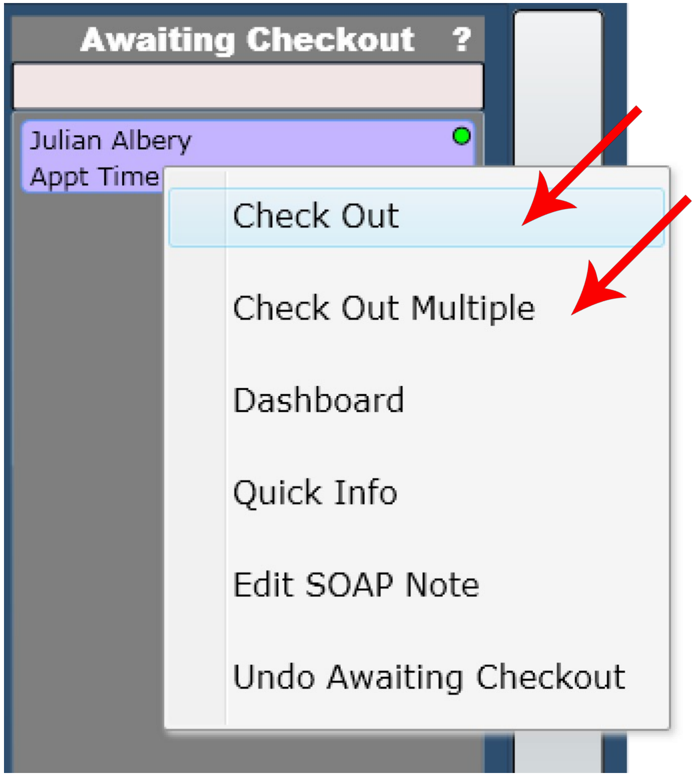
Cash Register

Check Out

To check out a patient at the cash register you can do so in two ways.

- The provider can check out a patient when they are in the "Checked In" list box by right clicking on the patient and selecting "Check Out."
- Or, once a patient has been moved to the "Awaiting Checkout" list box, the provider or front desk employee can right click on the patient and select "Check Out." To check out multiple patients select "Check Out Multiple".

This will open up the cash register with the patient selected and any charges the provider has already added.



Cash Register - Tabs

Tabs

The Cash Register is composed of a Tab system at the top.

- The first tab or set of tabs are the charges tabs. There can be one charge tab or multiple charge tabs depending on if you check out one or multiple patients.
- The second tab is the Totals & Payments tab. This tab is used to display totals, collect payment, and assign payment to specific charges if you wish to do so.

Charges Tab 1 | Charges Tab 2 | Totals & Payments

Note: Each charge tab is specific to a single patient. This freely allows you to see each patient's specific charges as well as add, remove or edit their specific charges.

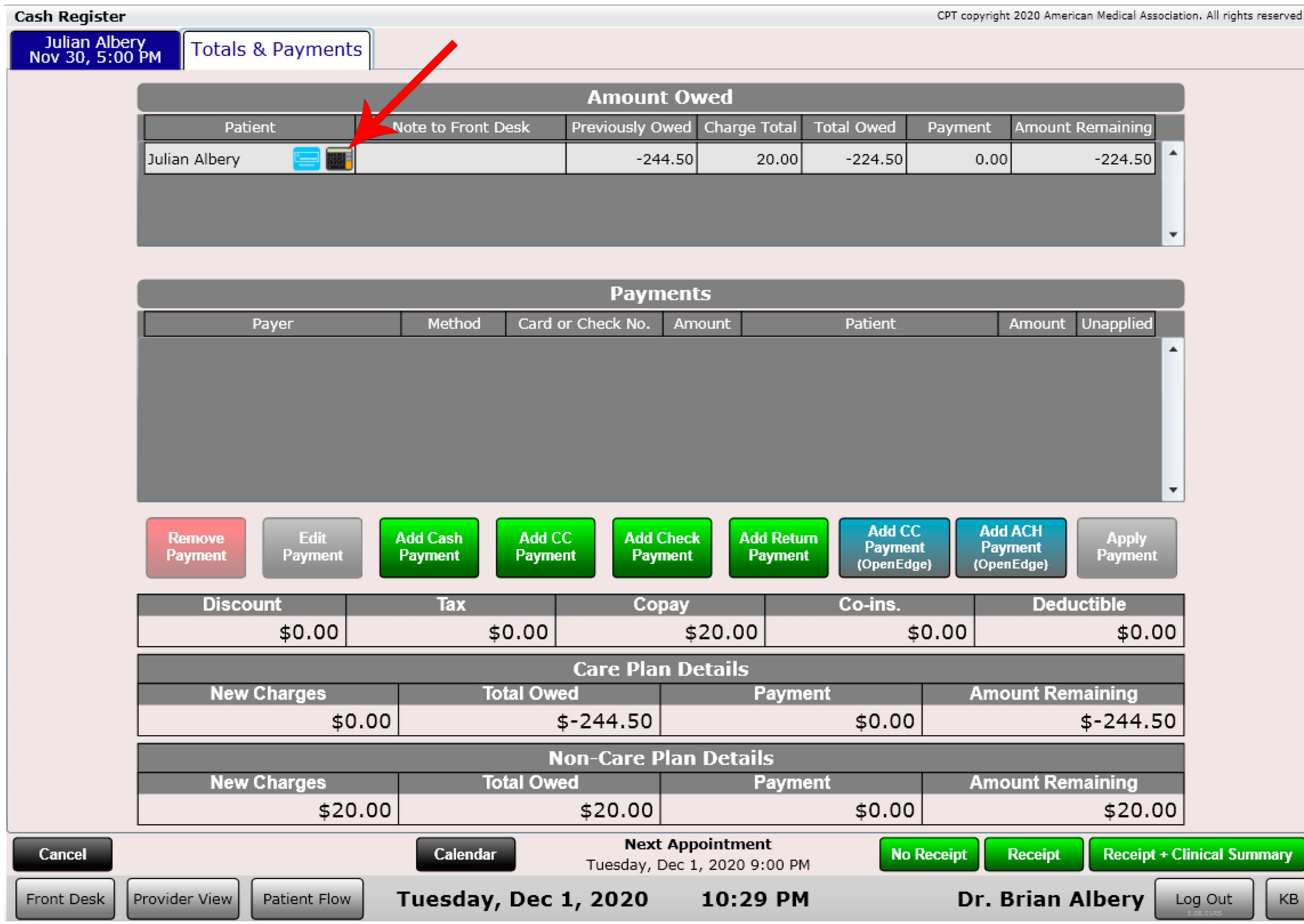
Cash Register – Charges Tab

This is the “Charges Tab” portion of the cash register.

Cash Register – Payments Tab

This is the “Payments Tab” portion of the cash register.

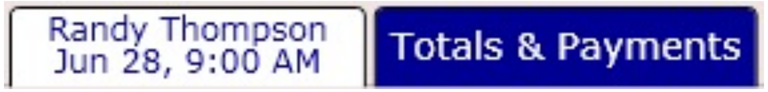
Power Tip: Click the Ledger icon to access the patient’s ledger (readable format only).



Charges Tab Components

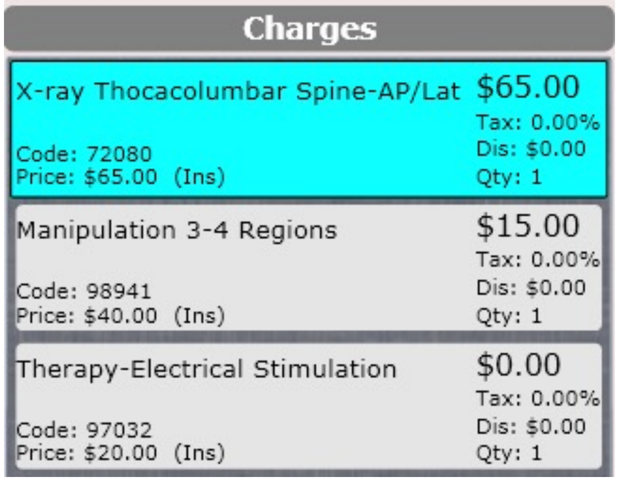
The cash register is made up of several components…

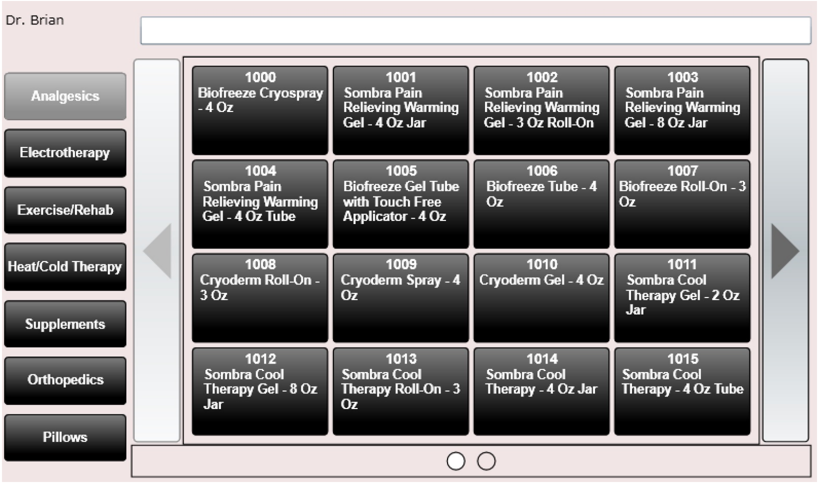
- Tabs – As previously mentioned there are tabs along the top. The first tab is your patient's Charges. The last tab is the Payments section of the cash register.



- There is a button to change the patient's Insurance Case directly at the cash register. Just click "Select Insurance".

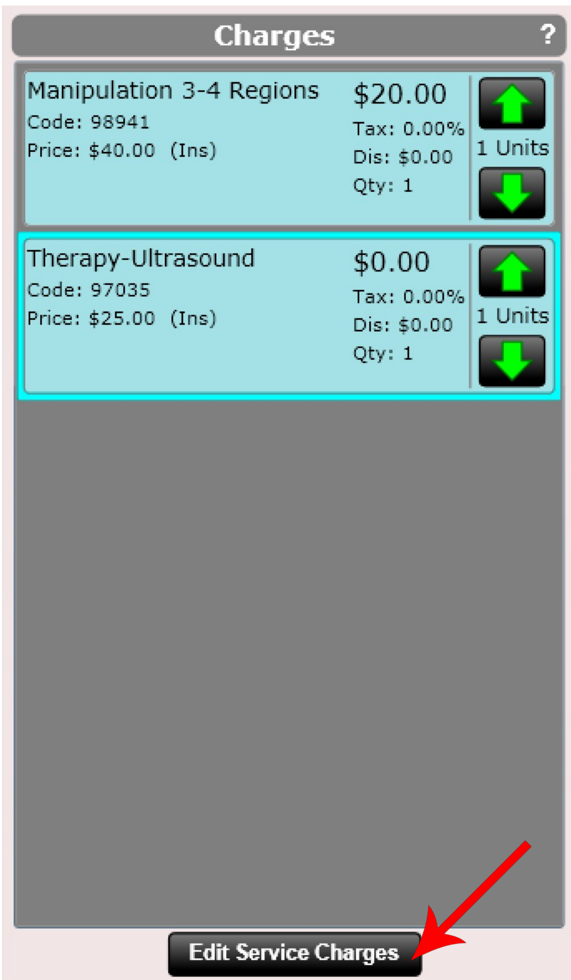
- Charges – All of the patient's charges are in this column. Use the Charges Grid (to the right of 'Charges') to add new charges.

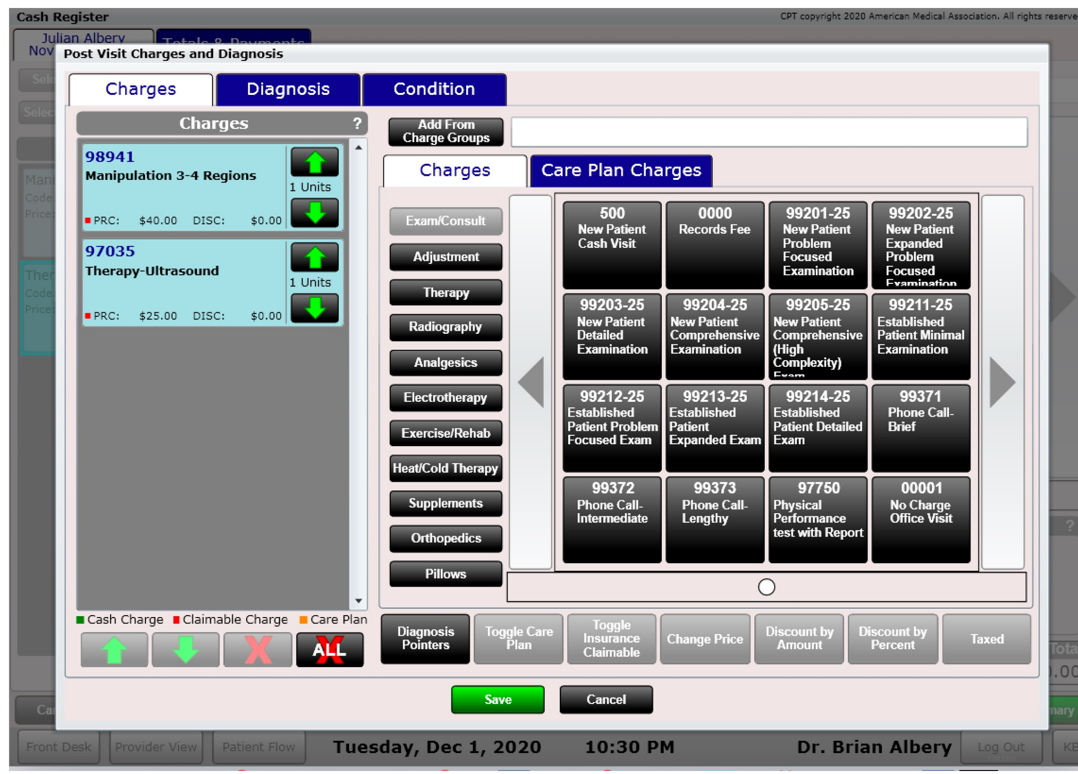




Charges Tab Components

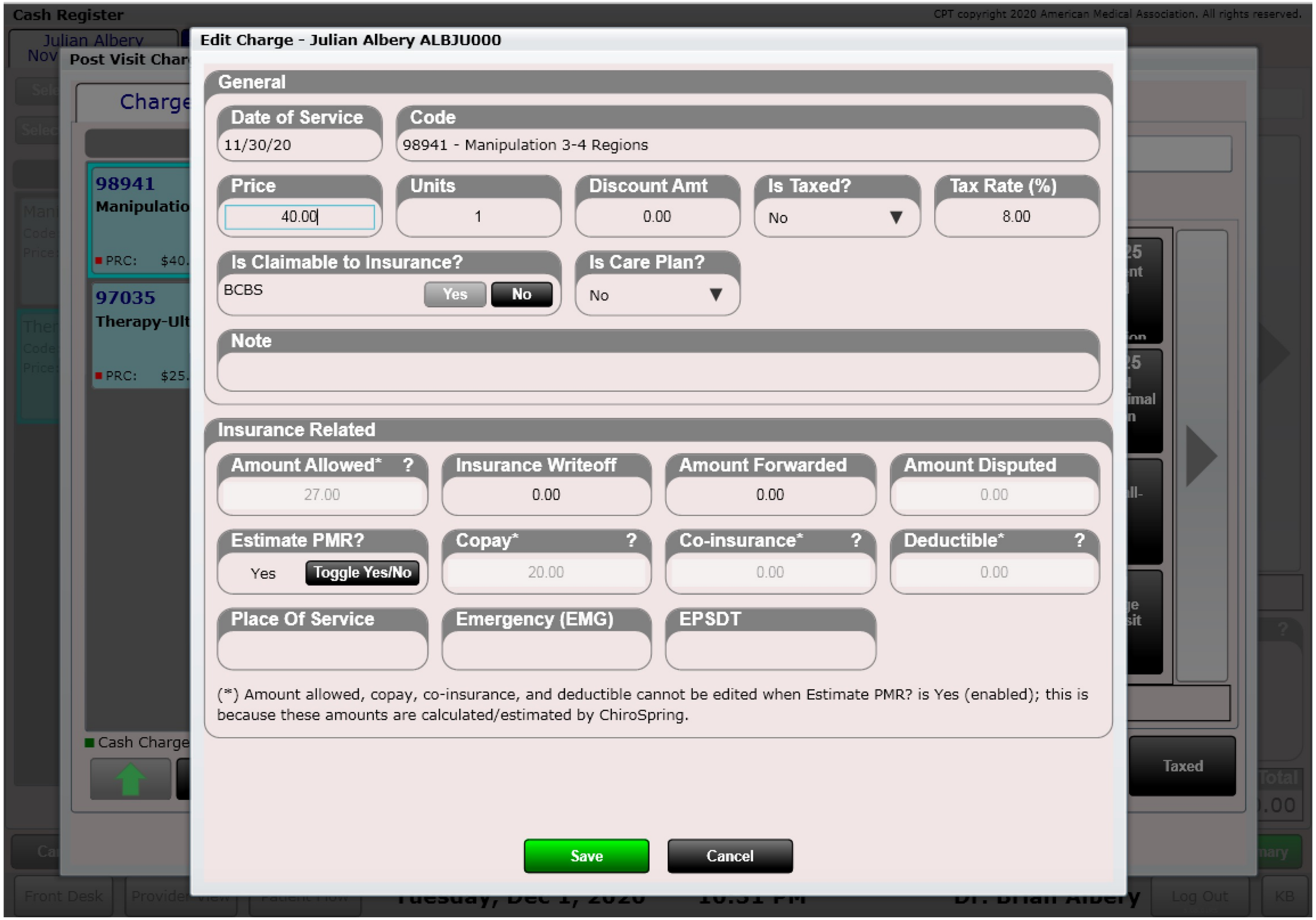
Power Tip: You can edit Service Charges by clicking the “Edit Service Charges” button below the Charges column.





Charges Tab Components

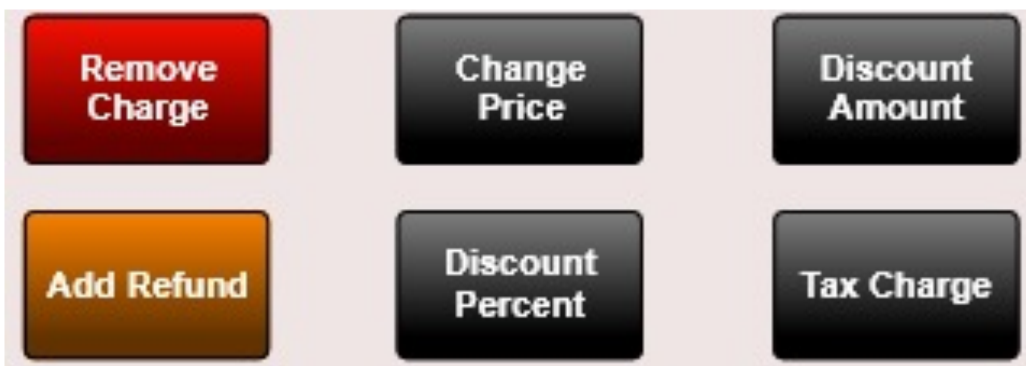
Power Tip: Double click on a charge to allow you to edit Charge Details. This can be done at the Cash Register and also in Edit SOAP on the Charges Grid.



Charges Tab Components

The cash register has several buttons as shown below. These buttons are used to do the following:

- **Remove Charge** – allows you to remove any non-service charge
- **Change Price** – allows you to change the price on any charge (both product and service)
- **Discount Amount** – allows you to discount any charge (both product and service)
- **Add Refund** – allows you to refund an amount back to the patient
- **Discount Percent** – allows you to discount any charge by a specific percent (both product and service)
- **Tax Charge** – allows you to tax or un-tax a charge (note you can specify if a charge has tax by default in Settings/Products or Settings/Services)



Power Tip: There is a setting option to allow price adjustments to copy over visit-to-visit. To enable go to Settings/Practice Info/General 2 and use the ‘Copy Price Adjustments from previous visit’ drop down.

Charges Tab Components

Note to Front Desk – This note is populated inside the "Edit SOAP" in the Wrap Up Tab. This note is meant to be used by the provider to inform the front desk of things such as (but not limited to):

- Schedule Next appointment
- Get Patient's Benefits information
- Tell Patient about our Orthotics

Charges Grid – All of your favorite charges can be found here. This grid is customizable in Settings/Pin Charges

Charges Search Bar – If you cannot find a charge on your grid simply search for it here by name or code.

Charges Tab Components

Charge information for the patient can be found at the bottom

- Discount
- Tax
- Copay
- Co-ins
- Deductible
- Care Plan Total
- Charge Total

Discount	Tax	Copay	Co-ins.	Deductible	Care Plan Total	Non Care Plan Total
$0.00	$0.00	$20.00	$0.00	$0.00	$0.00	$20.00

NOTE: This information only applies to a single patient. If you are checking out multiple patients each patient will have their own charge information showing the information shown above.

Payments Tab Components

The cash register has several buttons as shown below. These are found in the "Payments" tab portion of the cash register. These buttons are used to do the following:

- **Remove Payment** – allows you to remove a payment (first select the payment then click "Remove Payment")
- **Edit Payment** – allows you to edit the payment (first select the payment then click "Edit Payment)
- **Add Cash Payment** – allows you to add a cash payment
- **Add CC Payment** - allows you to add a credit/debit payment WITHOUT our Integrated Payments option
- **Add Check Payment** – allows you to add a check
- **Add Return Payment** - allows you to return a payment (more on this later)
- **ChiroSpring Pay** – Allows you to swipe a card with the ChiroSpring Pay terminal or manually enter the CC. The payment post directly into the Patient Ledger.
- **ChiroSpring Pay - ACH** – allows you to enter a bank e-check (ACH) payment. You must be enrolled in ChiroSpring Pay for this option.
- **Apply Payment** - If auto apply is "On" in Settings you should not have to worry about this. However, this button allows you to specify EXACTLY what charge or charges the payment goes to. This can be EXTREMELY USEFUL in the event where a patient only pays part of their total and they have a product and a service. You would most likely <u>WANT TO APPLY THE PAYMENT TO THE PRODUCT</u> and this button allows you to do this.

Payments Tab Components

Amount Owed – shows you details of what each patient being checked out owes you as well as their individual "Note to Front Desk".

Amount Owed

Patient	Note to Front Desk	Previously Owed	Charge Total	Total Owed	Payment	Amount Remaining
Randy Thompson	X-Rays next visit	94.00	42.12	136.12	0.00	136.12
Jack Thompson		0.00	20.00	20.00	0.00	20.00

Payments – shows you details of each payment

Payments

Payor	Method	Card or Check No.	Amount	Patient	Amount	Unapplied
Randy Thompson	Cash		156.12	Randy Thompson	136.12	136.12
Randy Thompson	Cash		156.12	Jack Thompson	20.00	20.00

NOTE: If "Auto apply" is turned on in Settings ChiroSpring will auto apply the payment for you. However, if you have multiple patients, you will still need to manually ASSIGN the payment (see previous pages) to the patient(s) you want the payment to belong to.

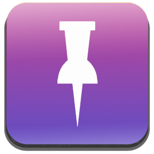
Cash Register – Customize Grid

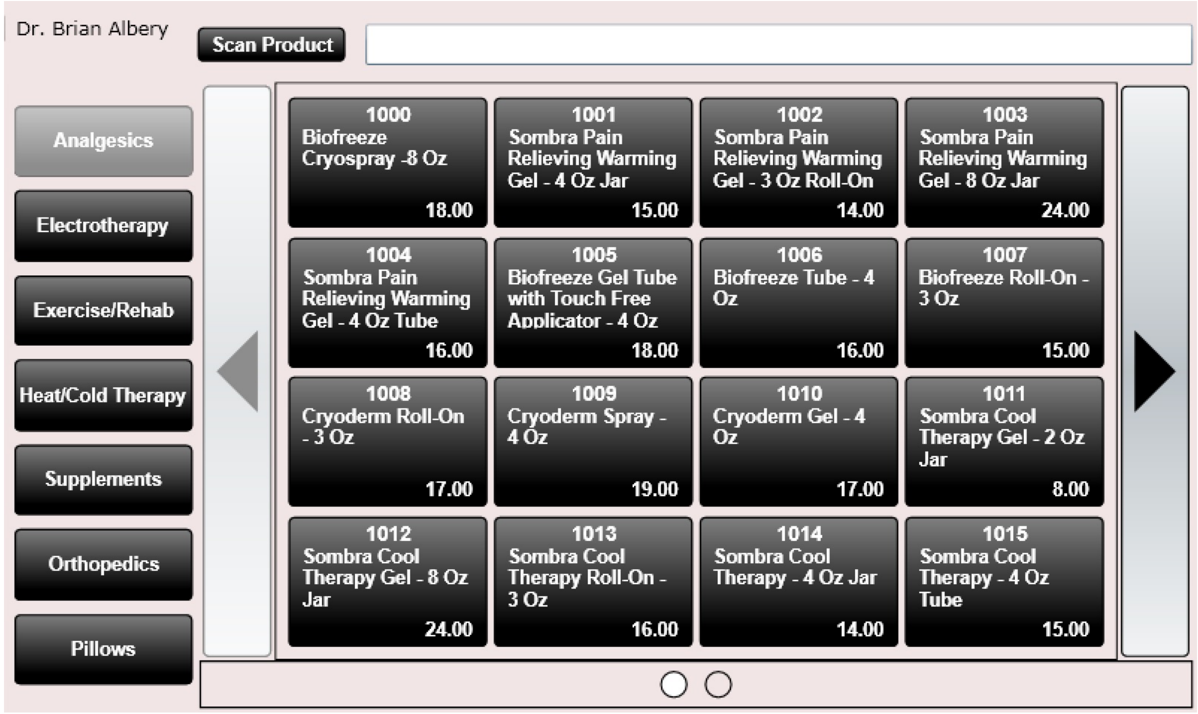
The charges and their respective folders (e.g. Analgesics, Electrotherapy) can be customized. You can create new folders and pin or un-pin charges to those folders. For example, I have Biofreeze Cryospray pinned to my Analgesic folder's grid.

You can customize your charges grid in Settings/Pin Charge Codes.

There is more information about this in this manual.


Settings


Pin Charge Codes



Cash Register – Payments Tab

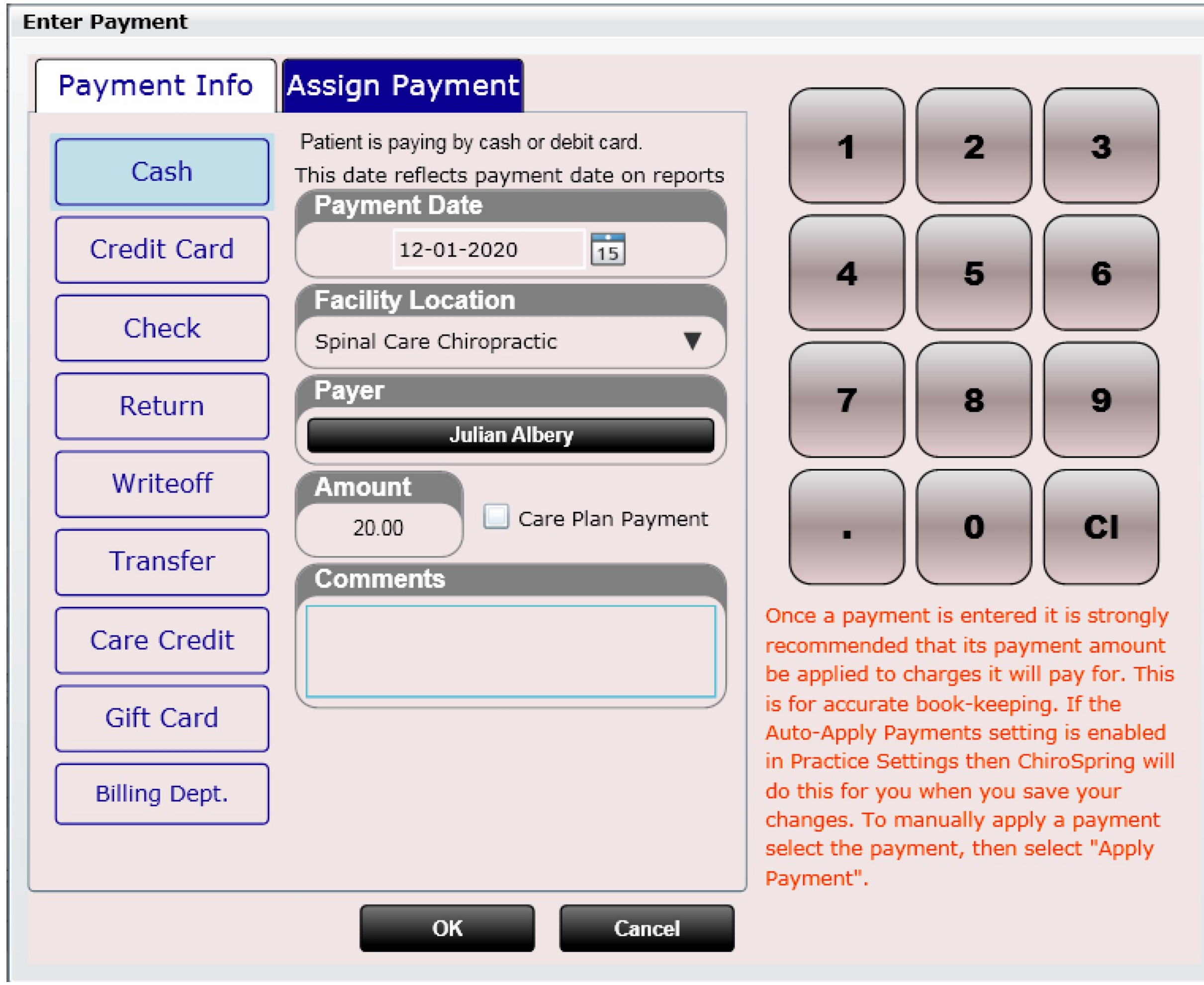
Clicking any of the Add Payment buttons will open the “Enter Payment” dialog (shown to the right).

There are TWO TABS in the Enter Payment process

1. Payment Info
2. Assign Payment

Payment Info - Here you can enter the payment date (defaults to today), select the Facility (defaults to your default location), select the Payer (defaults to your patient), enter the payment amount and any payment comments.

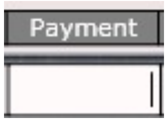
Assign Payment – This option is only necessary if you want a payment to go **TO MULTIPLE PATIENTS**. For example, perhaps Dad is making a payment and you want to assign some or all of that payment to other family members.

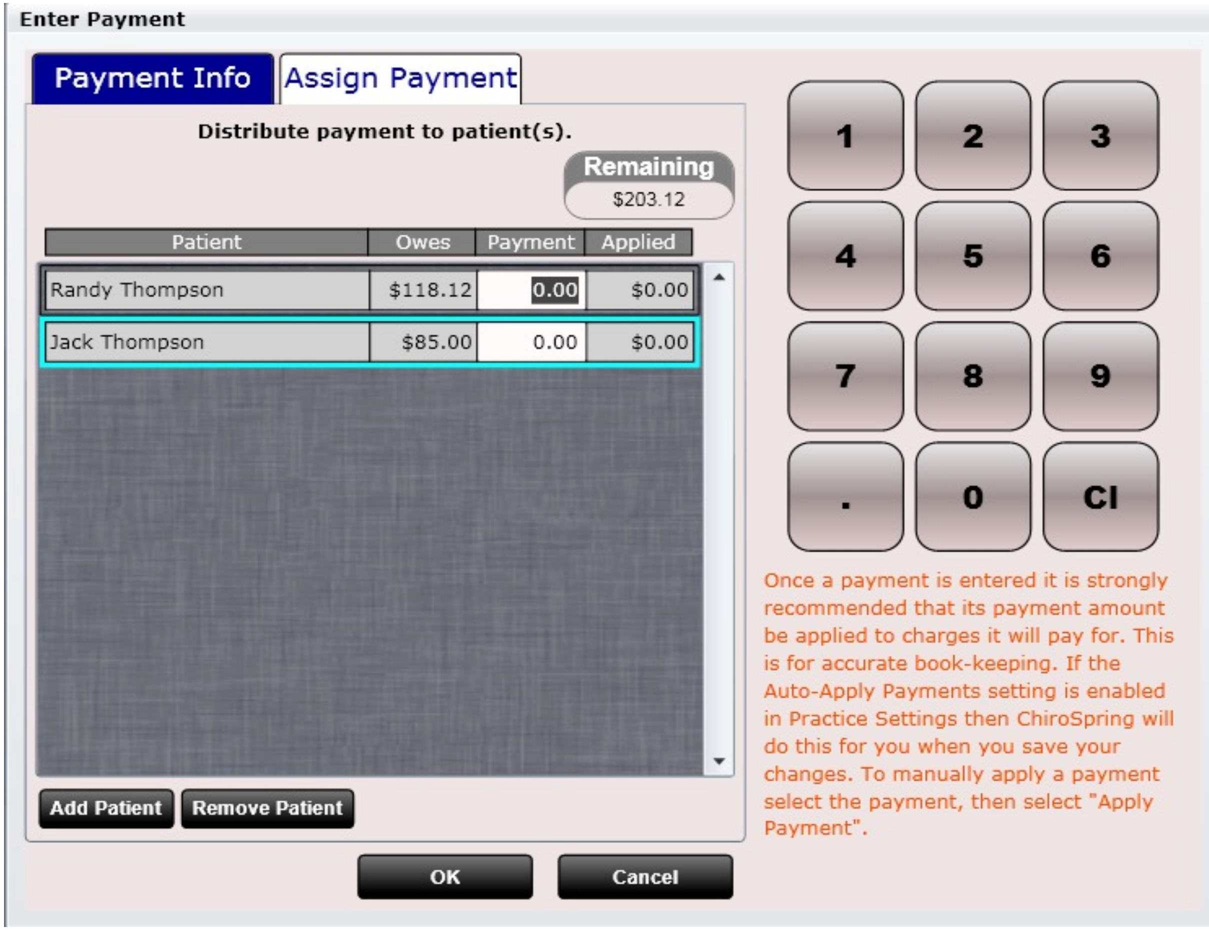


Cash Register – Assign Payments Tab

To assign a payment to an additional patient click the “Add Patient” button at the bottom (if they are not already populated in your list) and select another patient.

Once you have added a second (or even third, fourth, fifth, etc.) patient you will NEED to type the amount of the payment going to THAT PATIENT in the Payment box.





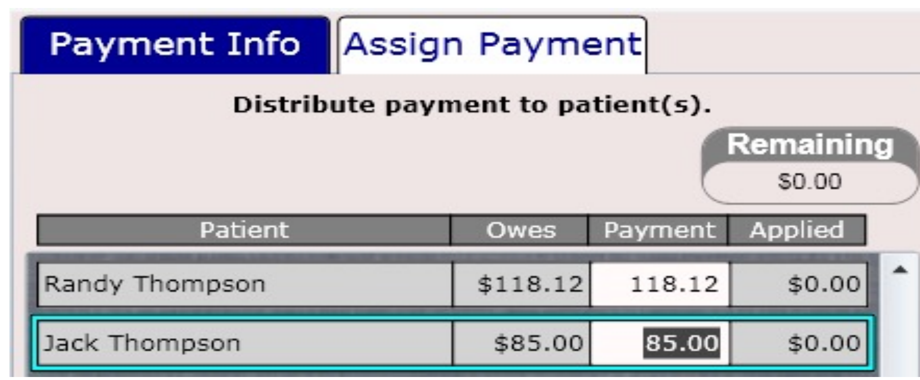
Cash Register – Assign Payments Tab

Here I have added two patients and entered a $203.12 payment (the payment was entered on the Payment Info tab). The remaining amount to assign is still $203.12.

I have now entered two payments

- Randy Thompson - $118.12
- Jack Thompson - $85.00

The remaining amount is now $0.00 so everything balances.

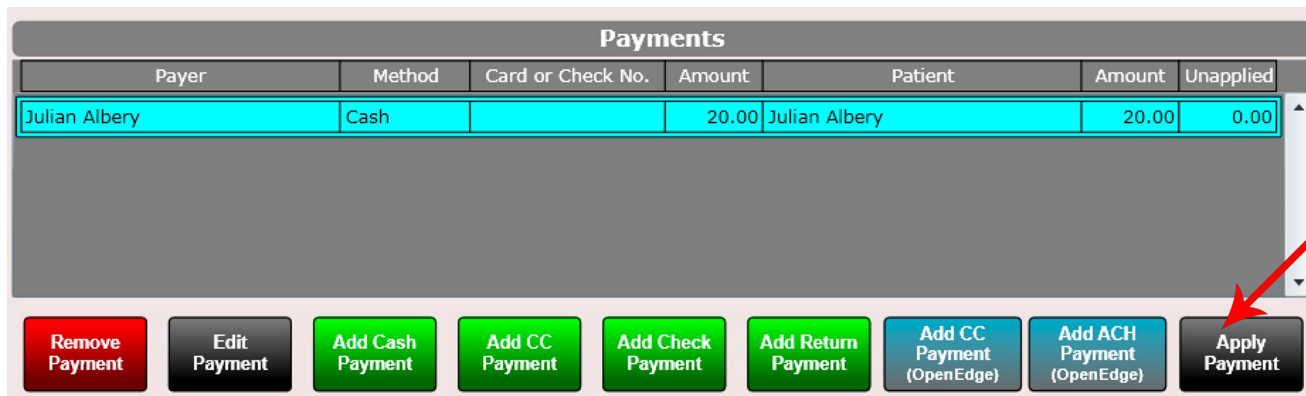


Important Note: It is extremely important that you understand if you want a payment to GO TO MULTIPLE PATIENTS you MUST click the Assign Payment tab and follow the steps above. If you do not do this the payment will be assigned to the TOP patient who will ultimately end up with a large credit while the bottom patient(s) receive no payment.

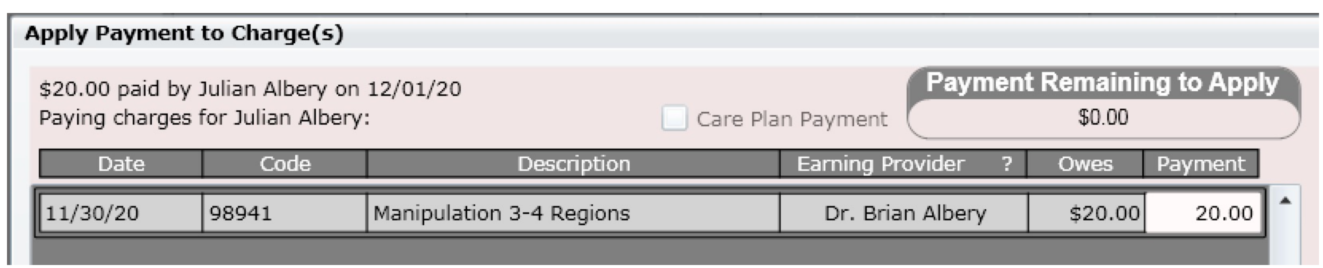
Payments Tab – Apply Payment

You will find an option in Settings/Practice Info/Charge Options to enable automatically applying payments.

- No
- Yes – Oldest Charges First
- Yes – Payment Date Only To Matching Visit Date, Remainder Unapplied

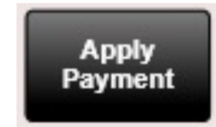


However, there may be instances where you would like to manually apply a payment, specifically if a patient doesn't pay the full amount. In this case it would be ideal to apply the payment to a product first and any remaining payment to a service.

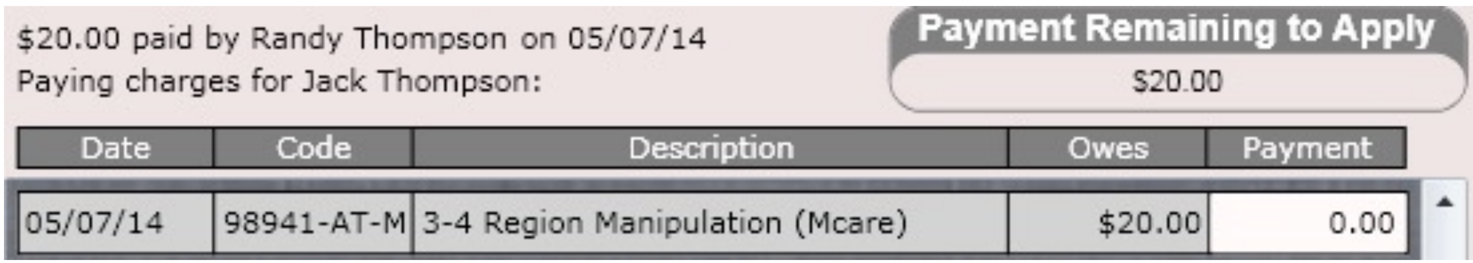


To manually apply a payment, select the payment and click "Apply Payment". The dialog to the right will open.

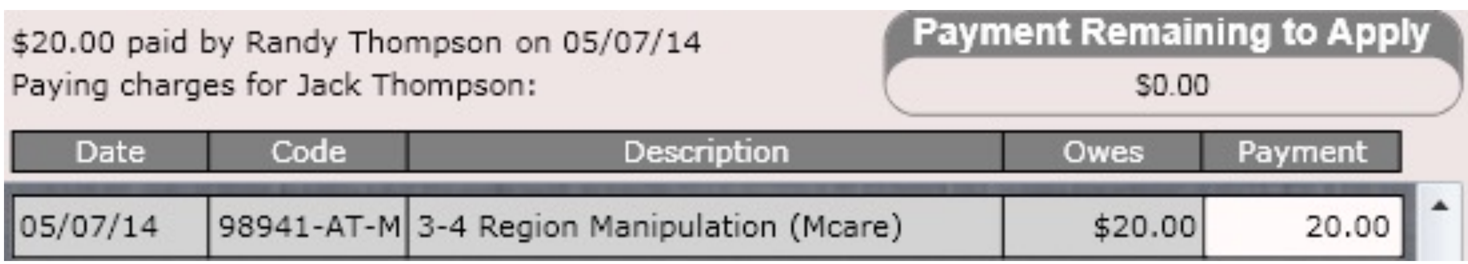
Payments Tab – Apply Payment



In the example below I have entered a $20 payment (you know this because "Payment Remaining to Apply" is $20 in the top image.



Here you can see the $20 has been fully applied to the 3-4 Region Manipulation (Mcare).



Note: If "Auto apply" is turned on in Settings, you will not need to manually apply a payment. The only reason you might want to manually apply a payment if "Auto apply" is turned on is if the patient didn't pay the full amount of the charge total and you wanted to specify where that payment went. For example, the patient may have a product and a service and is only making a partial payment. You would most likely want the payment to go toward the product.

Payments Tab – Apply Payment

Apply Payment

Here is an example of applying $118.12 to several charges the patient Randy Thompson still owes.

Apply Payment to Charge(s)

$118.12 paid by Randy Thompson on 05/08/14
Paying charges for Randy Thompson:

Payment Remaining to Apply
$118.12

Date	Code	Description	Owes	Payment
05/08/14	98941-AT-M	3-4 Region Manipulation (Mcare)	$22.00	0.00
05/08/14	97010	Therapy-Hot/Cold Therapy	$3.00	0.00
04/21/14	98941	Manipulation 3-4 Regions	$21.12	0.00
04/21/14	97010	Therapy-Hot/Cold Therapy	$3.00	0.00
05/07/14	98941	Manipulation 3-4 Regions	$22.00	0.00
05/07/14	98941	Manipulation 3-4 Regions	$22.00	0.00
05/08/14	98941-AT-M	3-4 Region Manipulation (Mcare)	$22.00	0.00
05/08/14	97010	Therapy-Hot/Cold Therapy	$3.00	0.00

OK Cancel

Apply Payment to Charge(s)

$118.12 paid by Randy Thompson on 05/08/14
Paying charges for Randy Thompson:

Payment Remaining to Apply
$0.00

Date	Code	Description	Owes	Payment
05/08/14	98941-AT-M	3-4 Region Manipulation (Mcare)	$22.00	22.00
05/08/14	97010	Therapy-Hot/Cold Therapy	$3.00	3.00
04/21/14	98941	Manipulation 3-4 Regions	$21.12	21.12
04/21/14	97010	Therapy-Hot/Cold Therapy	$3.00	3.00
05/07/14	98941	Manipulation 3-4 Regions	$22.00	22.00
05/07/14	98941	Manipulation 3-4 Regions	$22.00	22.00
05/08/14	98941-AT-M	3-4 Region Manipulation (Mcare)	$22.00	22.00
05/08/14	97010	Therapy-Hot/Cold Therapy	$3.00	3.00

OK Cancel

Payments Tab – Apply Payment

Apply Payment

If "Auto apply Payments" is turned on, then you can ignore the "Unapplied" portion (see below). This is because the software will automatically apply the payment AFTER you finish the check out process. Therefore, you will see a positive unapplied balance, but you can just ignore this.

Ledger - Randy Thompson THORA000 DOB: Age: INS: Cash

Pt. Charges | Pt. Payments

Date	Facility	Payer	Method	Card/Check Number	Paid	Note	Assigned	Unapplied
03/25/16	Main	Randy Thompson	Cash		203.12		118.12	118.12

Ledger - Jack Thompson THOJA000 DOB: Age: INS: Cash

Pt. Charges | Pt. Payments

Date	Facility	Payer	Method	Card/Check Number	Paid	Note	Assigned	Unapplied
03/25/16	Main	Randy Thompson	Cash		203.12		85.00	85.00

If "Auto apply Payments" is turned OFF then you must manually apply the payment. After manually applying the payment the "unapplied" amount will be $0.00 assuming the payment has been fully applied correctly (see below).

Ledger - Randy Thompson THORA000 DOB: Age: INS: Cash

Pt. Charges | Pt. Payments

Date	Facility	Payer	Method	Card/Check Number	Paid	Note	Assigned	Unapplied
03/25/16	Main	Randy Thompson	Cash		203.12		118.12	0.00

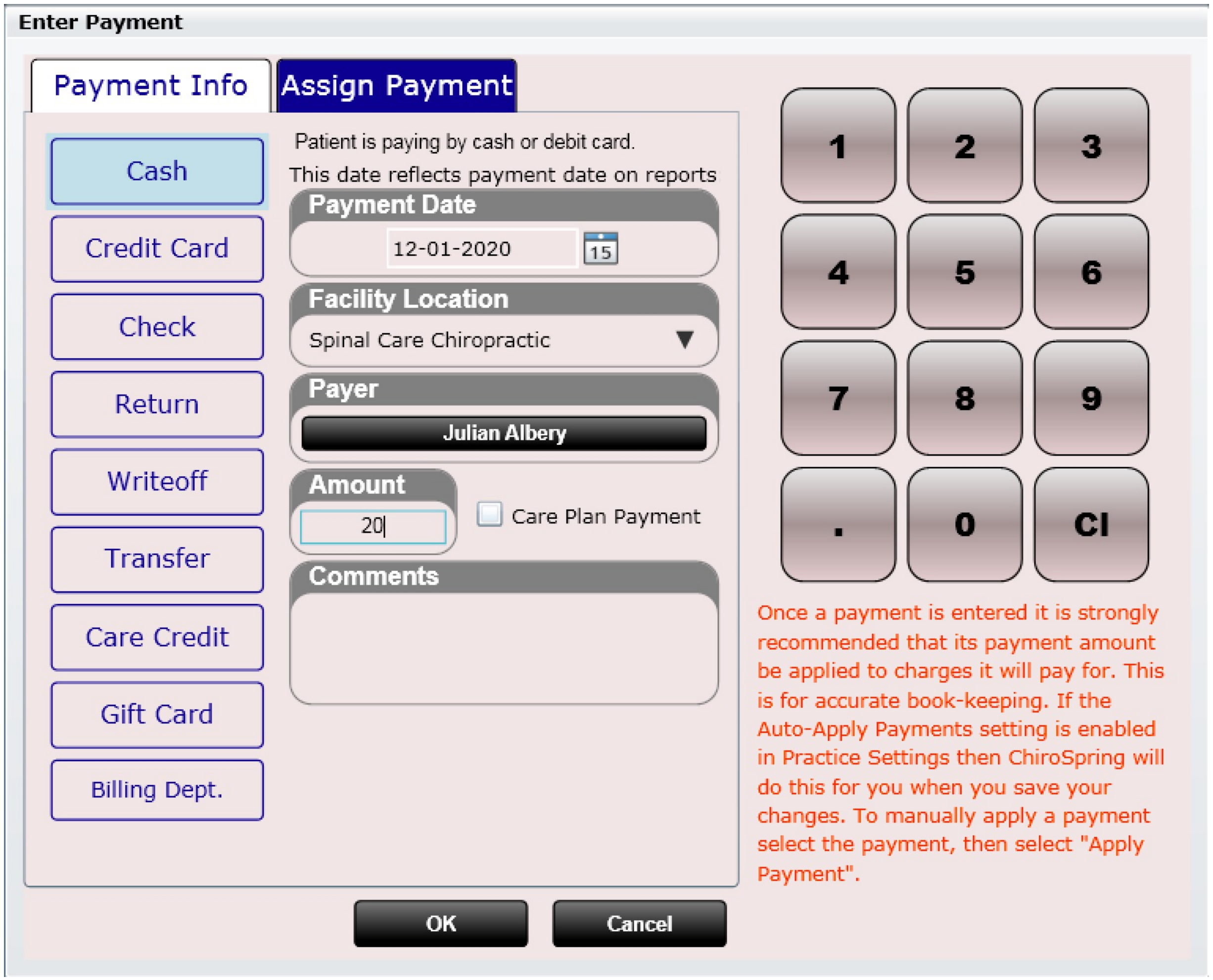
Ledger - Jack Thompson THOJA000 DOB: Age: INS: Cash

Pt. Charges | Pt. Payments

Date	Facility	Payer	Method	Card/Check Number	Paid	Note	Assigned	Unapplied
03/25/16	Main	Randy Thompson	Cash		203.12		85.00	0.00

Cash Register – Cash Payment

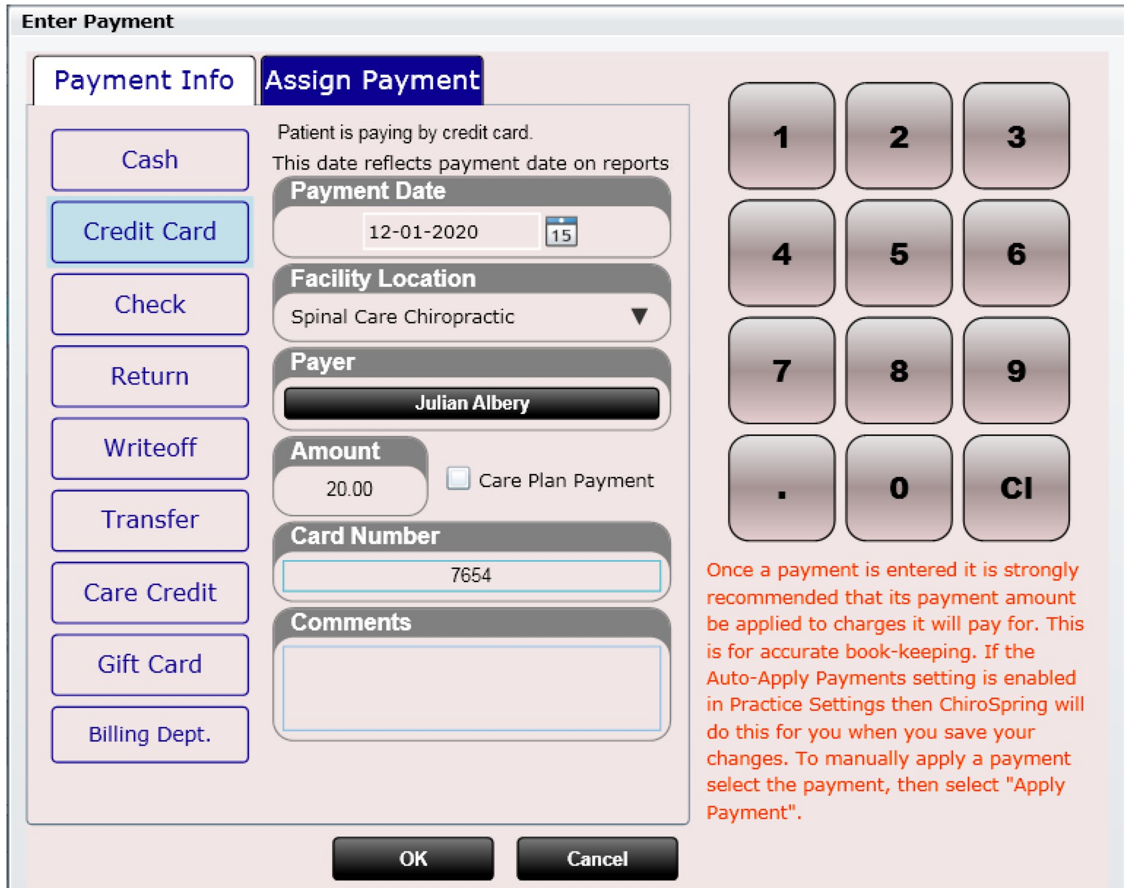
Cash Payment



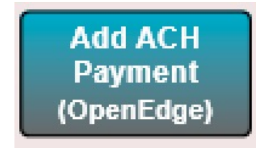
Cash Register – Credit Payment

Not Enrolled in Integrated Payments

Credit Payment – Here you can manually enter the credit card number. It is recommended you only enter the last 4 digits of the credit card (to save time) as ONLY the last 4 digits will be reported on the patient's receipt. Credit card payments must be run through a third-party application such as Square or a credit card reader. Here we are only recording in ChiroSpring that a credit payment was taken.



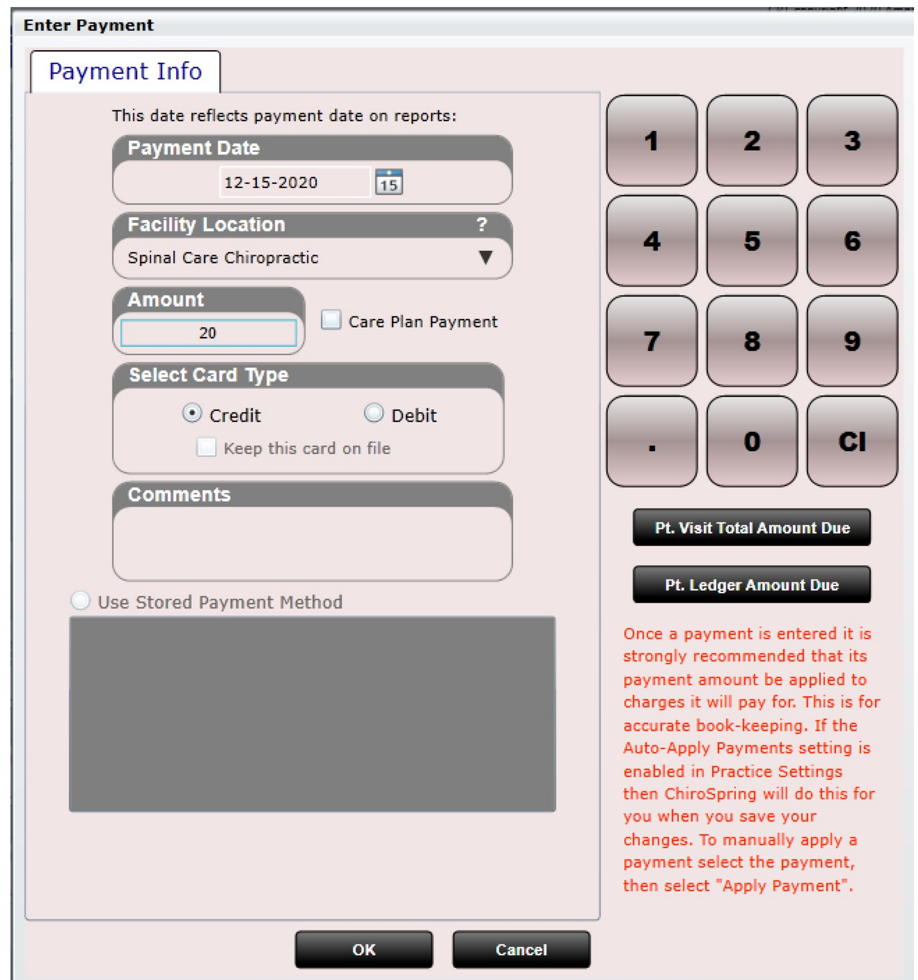
Cash Register – ACH Payment
(ChiroSpring Pay)



If enrolled in ChiroSpring Pay you can use the Add ACH Payment option.

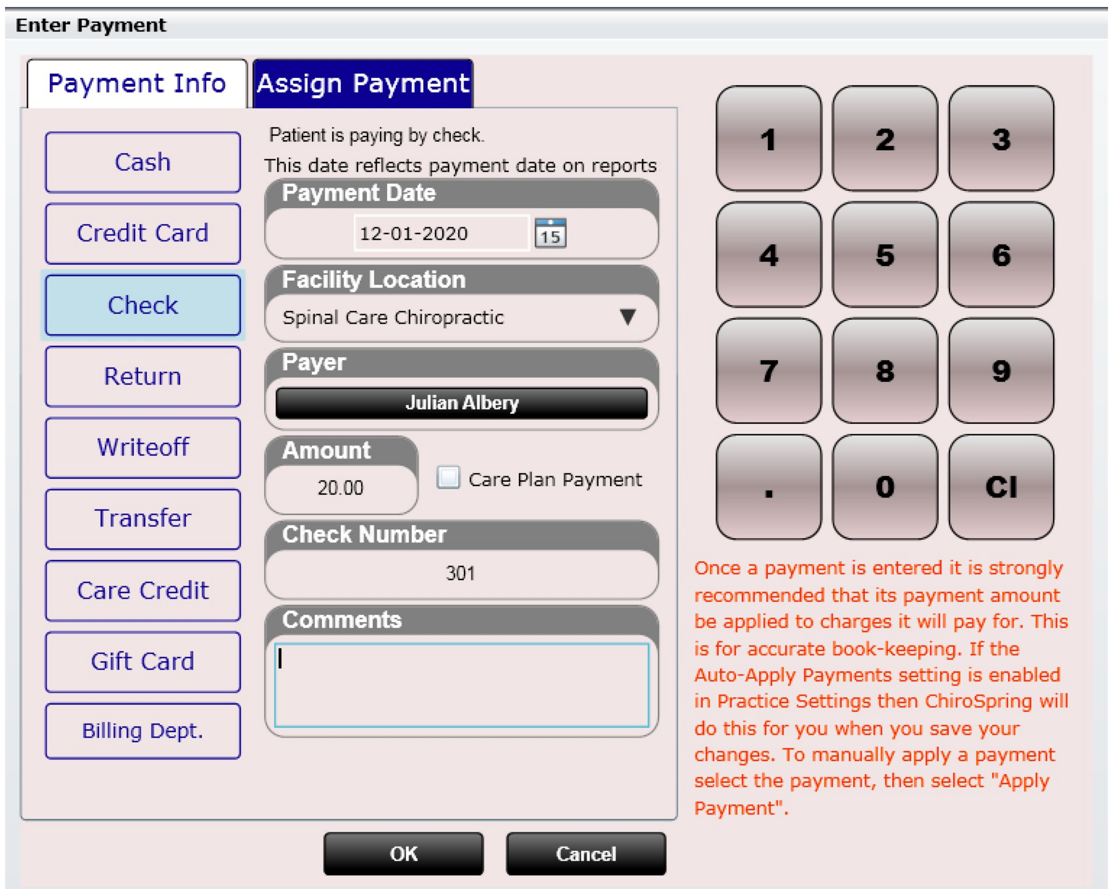
An ACH payment is a bank transfer directly from the patient's account.

After clicking 'Ok' a window will open allowing you to enter the patient's routing number and checking account number.



Cash Register – Check Payment

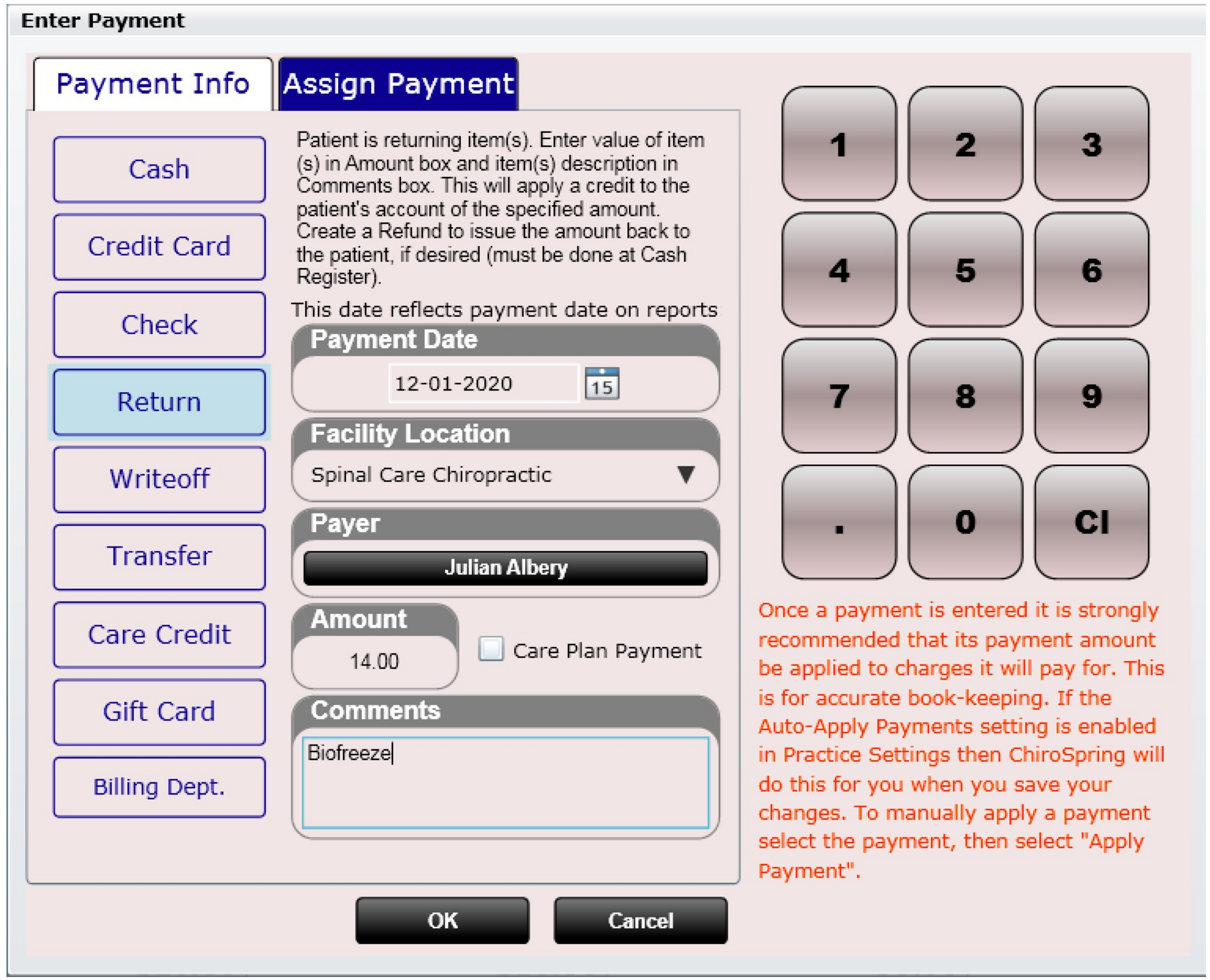
Check Payment – Here you can enter a check payment and record the check number



Cash Register – Return Payment

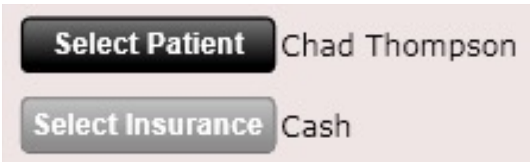
Return Payment – Use this option if the patient is RETURNING a product (e.g. Biofreeze). To return a product, click the “Add Return Payment” button, type the amount of the product and enter the product name in “comments”. This will apply a credit on the patient’s account. If you wish to give this money back to the patient, you will then need to issue a “Refund” (shown on next page).

In this example I am returning a Biofreeze for $14.00. The next step will be to issue the patient a refund (see next page).



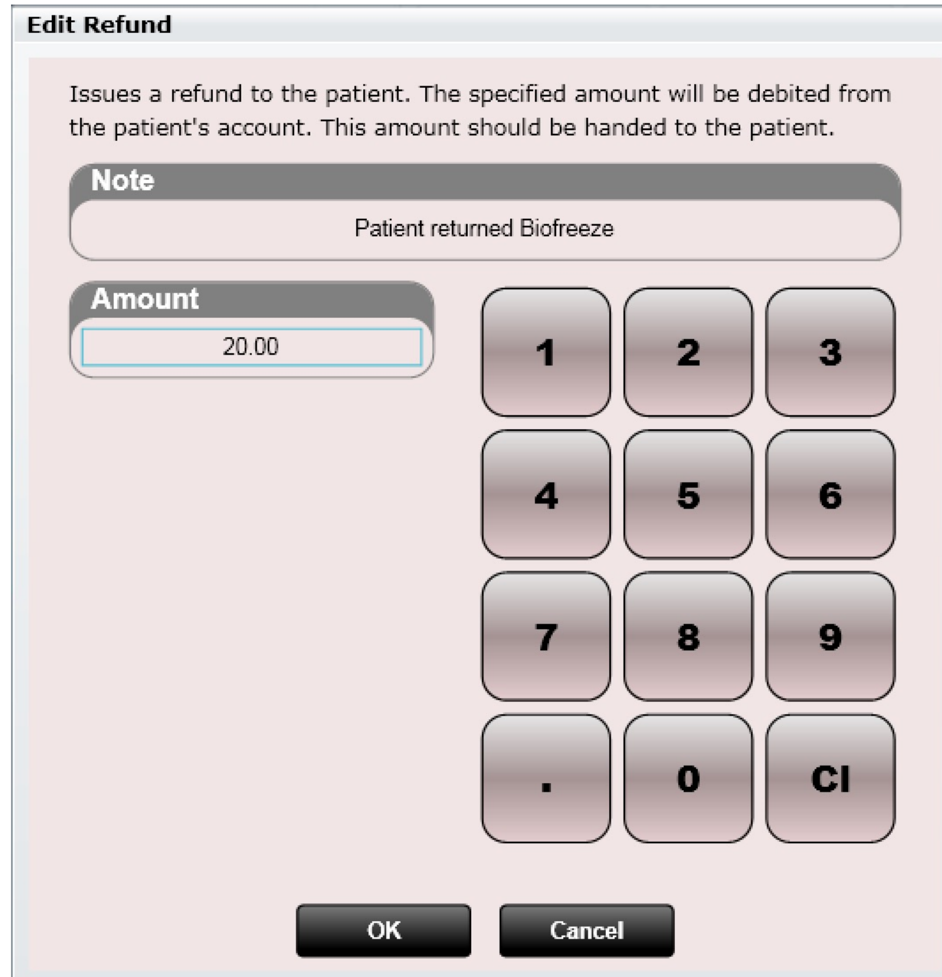
Cash Register – Refund

1. Open the cash register
2. Select your patient

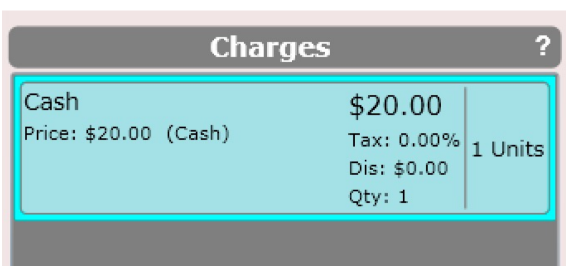


1. Click the “Add Refund” button

2. Type a refund “note” and enter the amount of cash you are refunding the patient. In my example I am refunding $14.00 for a returned Biofreeze.



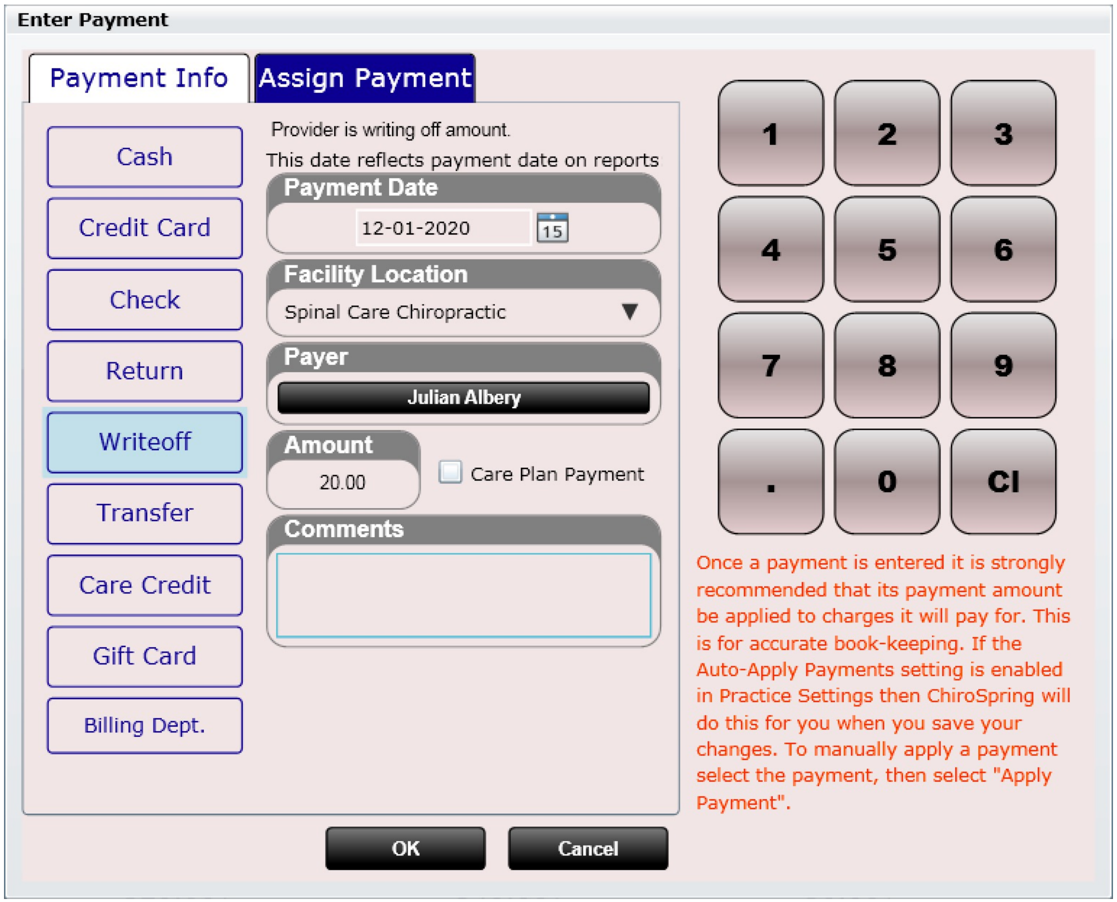
3. Note the refund is now shown in the “Charges” column.



4. Give the refund amount to your patient (hand them cash).

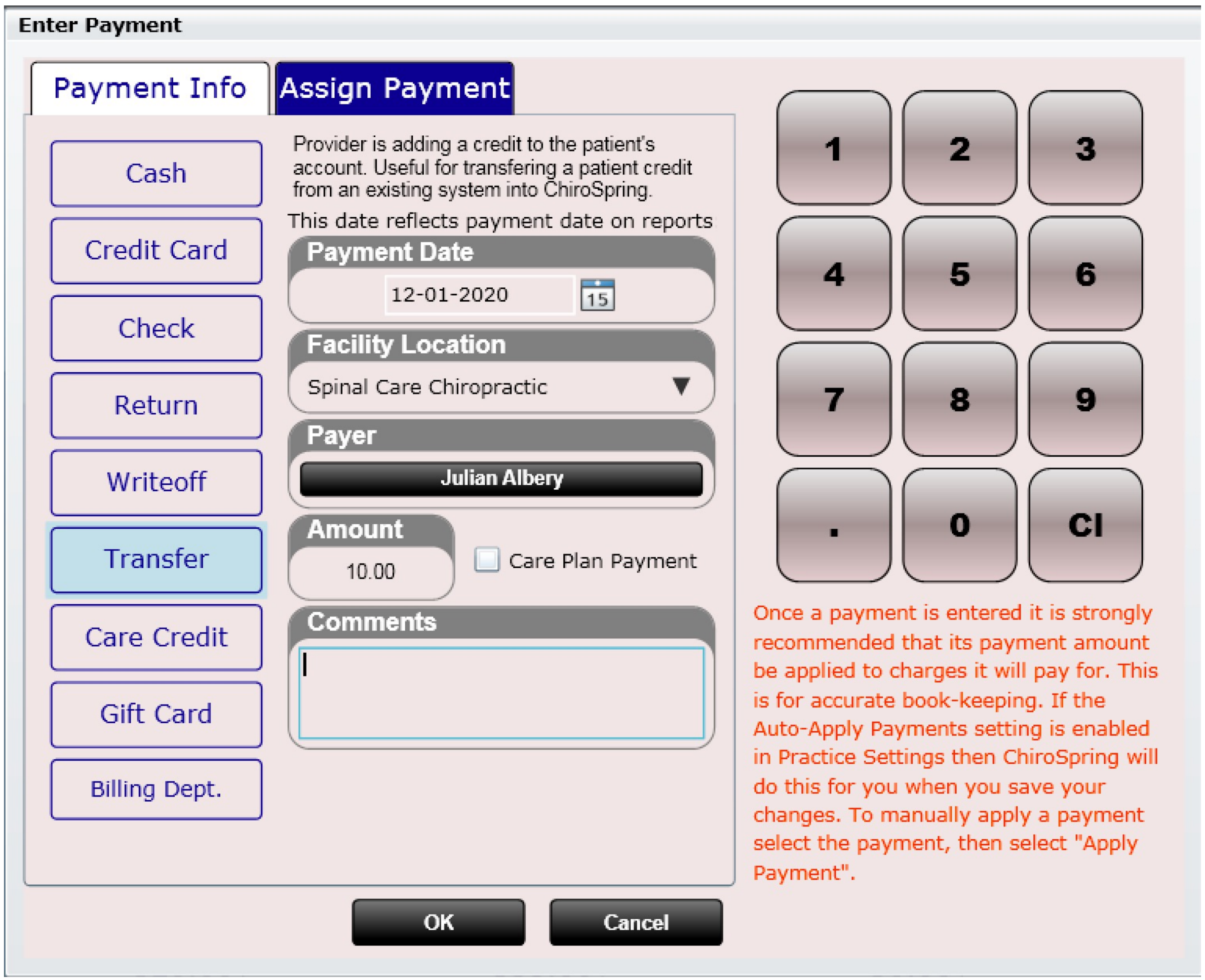
Cash Register – Write Off

Write Off – Use this option if a patient has a balance they will not pay, and you wish to write off that balance or a portion of that balance. This is essentially providing the patient “fake money” to which you will use to write off one or multiple charges.



Cash Register – Transfer

Transfer – Use this option to give a patient a credit. This is useful when transferring a patient credit (positive balance) from a pervious software into ChiroSpring.



Refund Example - 1 of 11

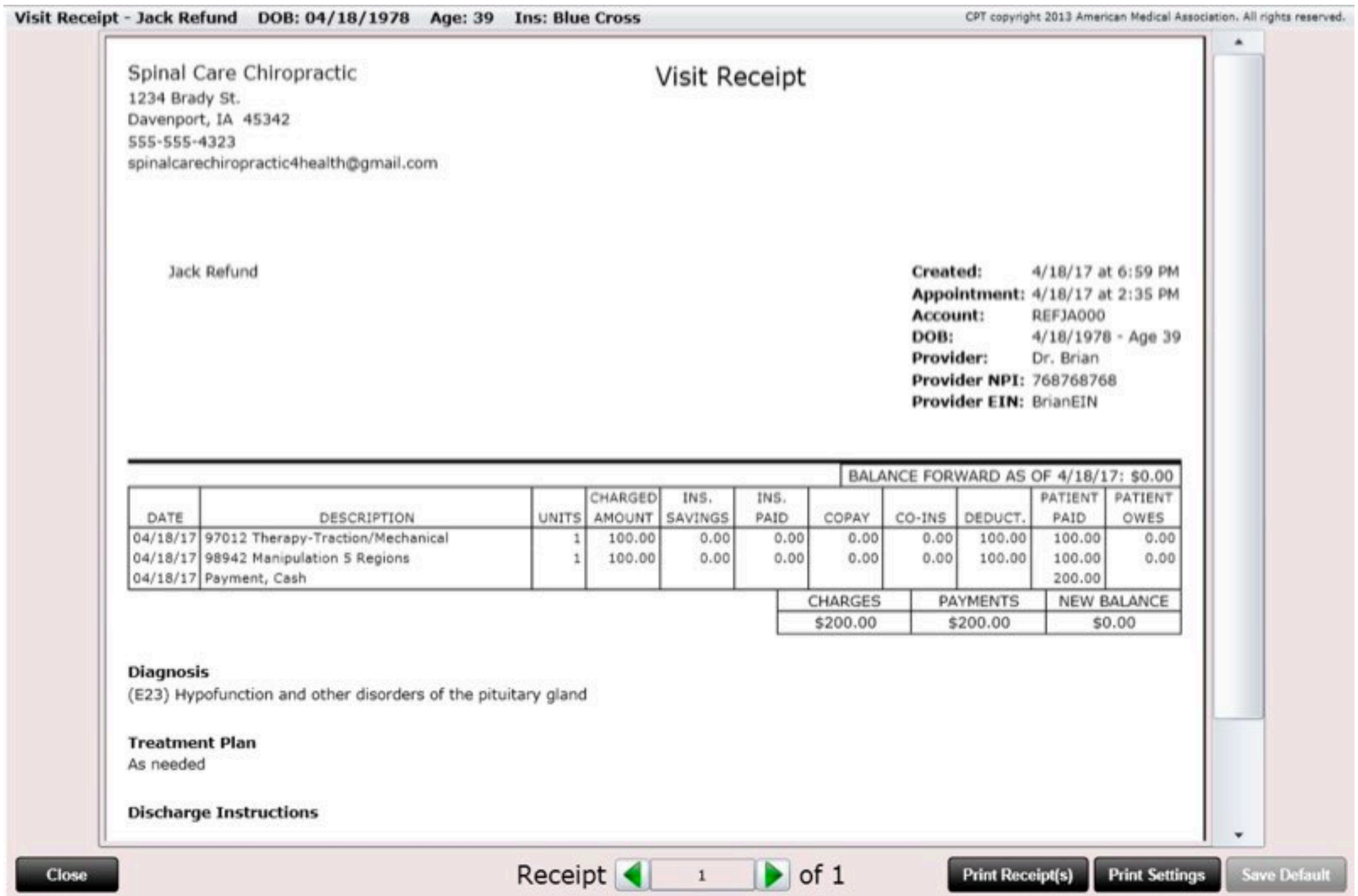
Here we have entered two charges at $100 each.

Refund Example - 2 of 11

I have entered a $200 payment (paid in full).

Refund Example - 3 of 11

The patient's balance is now zero as they have paid in full.



Visit Receipt - Jack Refund DOB: 04/18/1978 Age: 39 Ins: Blue Cross

Spinal Care Chiropractic
1234 Brady St.
Davenport, IA 45342
555-555-4323
spinalcarechiropractic4health@gmail.com

Visit Receipt

Jack Refund

Created: 4/18/17 at 6:59 PM
Appointment: 4/18/17 at 2:35 PM
Account: REFJA000
DOB: 4/18/1978 - Age 39
Provider: Dr. Brian
Provider NPI: 768768768
Provider EIN: BrianEIN

BALANCE FORWARD AS OF 4/18/17: $0.00

DATE	DESCRIPTION	UNITS	CHARGED AMOUNT	INS. SAVINGS	INS. PAID	COPAY	CO-INS	DEDUCT.	PATIENT PAID	PATIENT OWES
04/18/17	97012 Therapy-Traction/Mechanical	1	100.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00
04/18/17	98942 Manipulation 5 Regions	1	100.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00
04/18/17	Payment, Cash								200.00	

CHARGES	PAYMENTS	NEW BALANCE
$200.00	$200.00	$0.00

Diagnosis
(E23) Hypofunction and other disorders of the pituitary gland

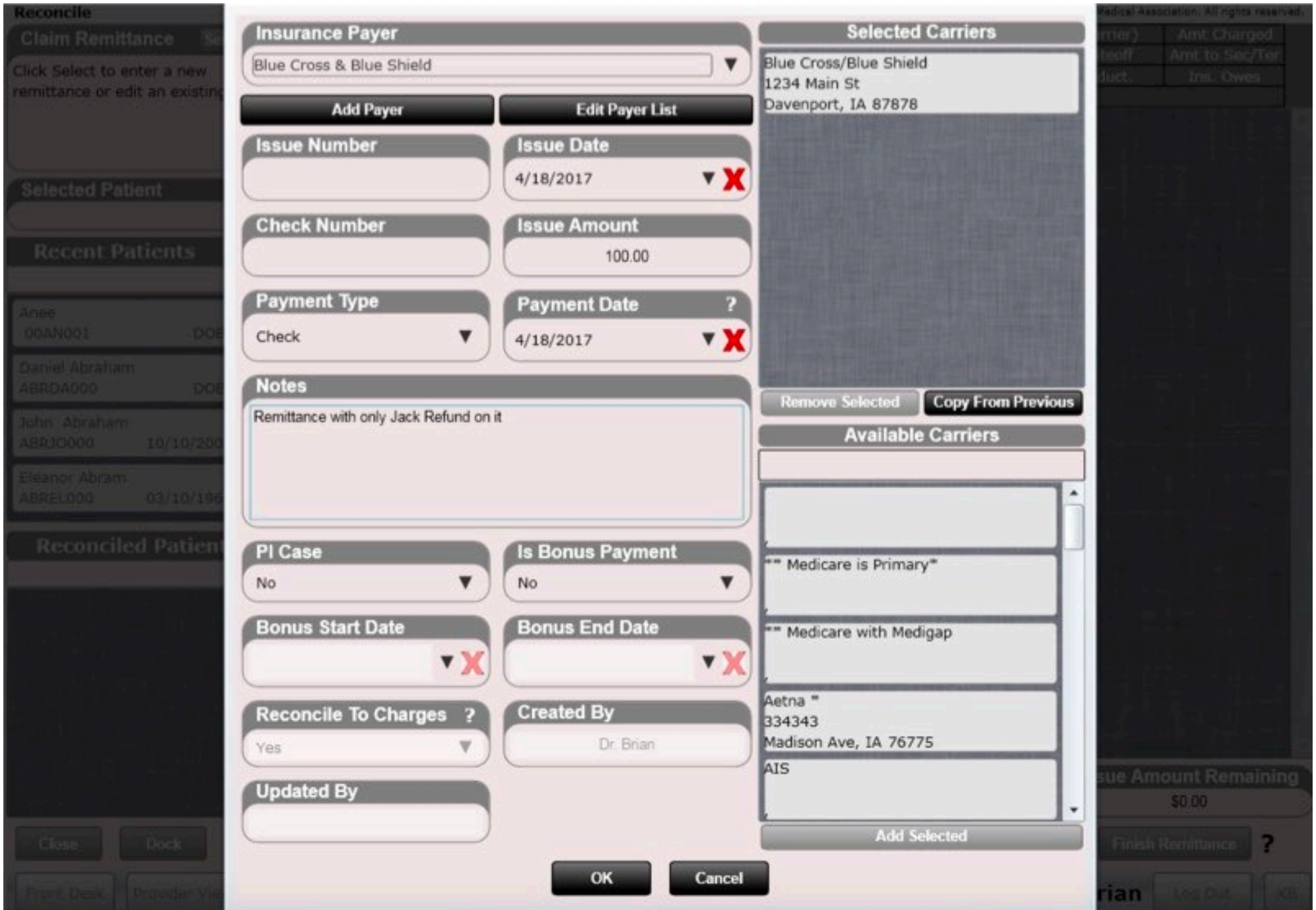
Treatment Plan
As needed

Discharge Instructions

Close Receipt 1 of 1 Print Receipt(s) Print Settings Save Default

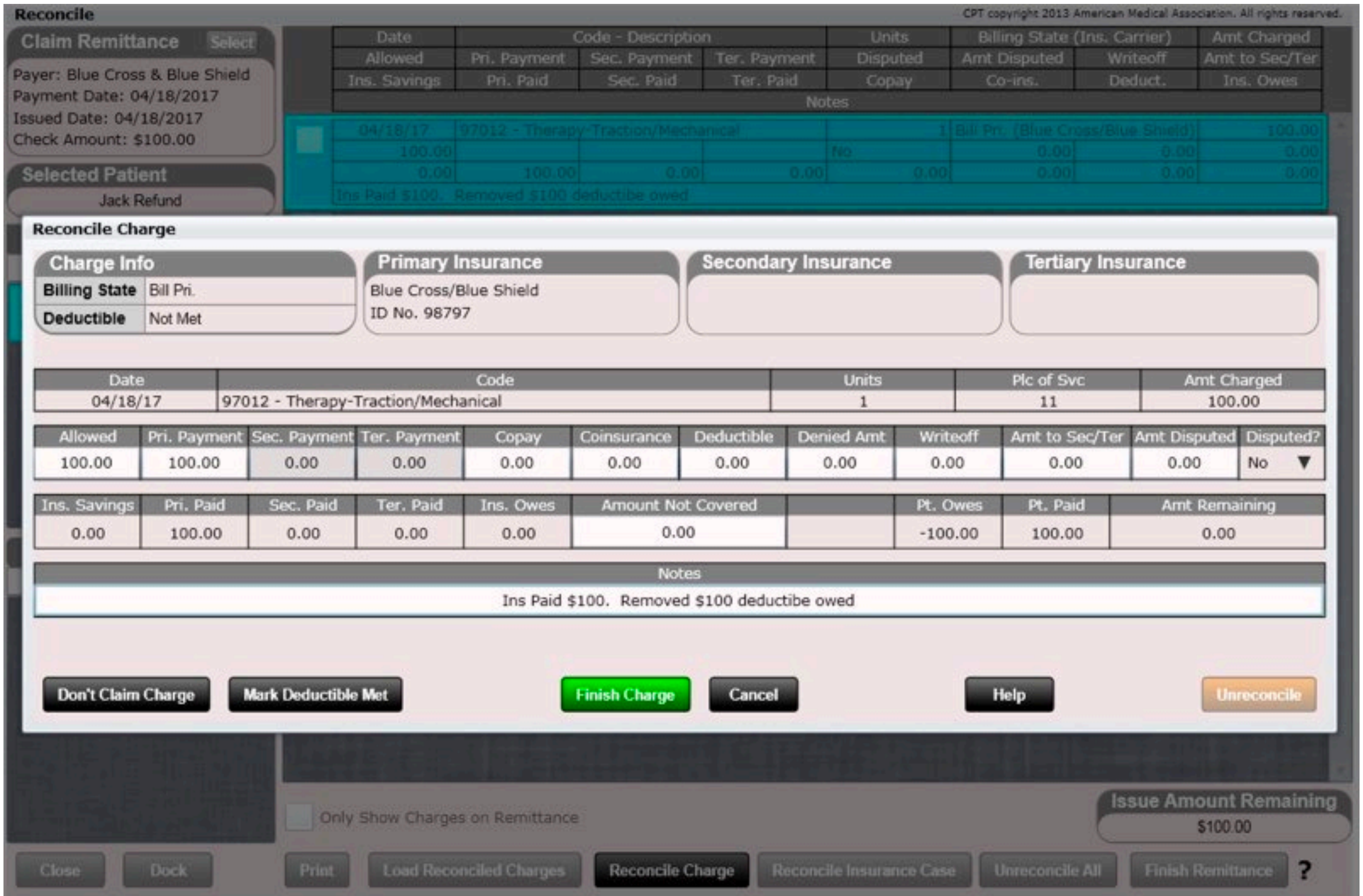
Refund Example - 4 of 11

Now we are entering a $100 remittance.



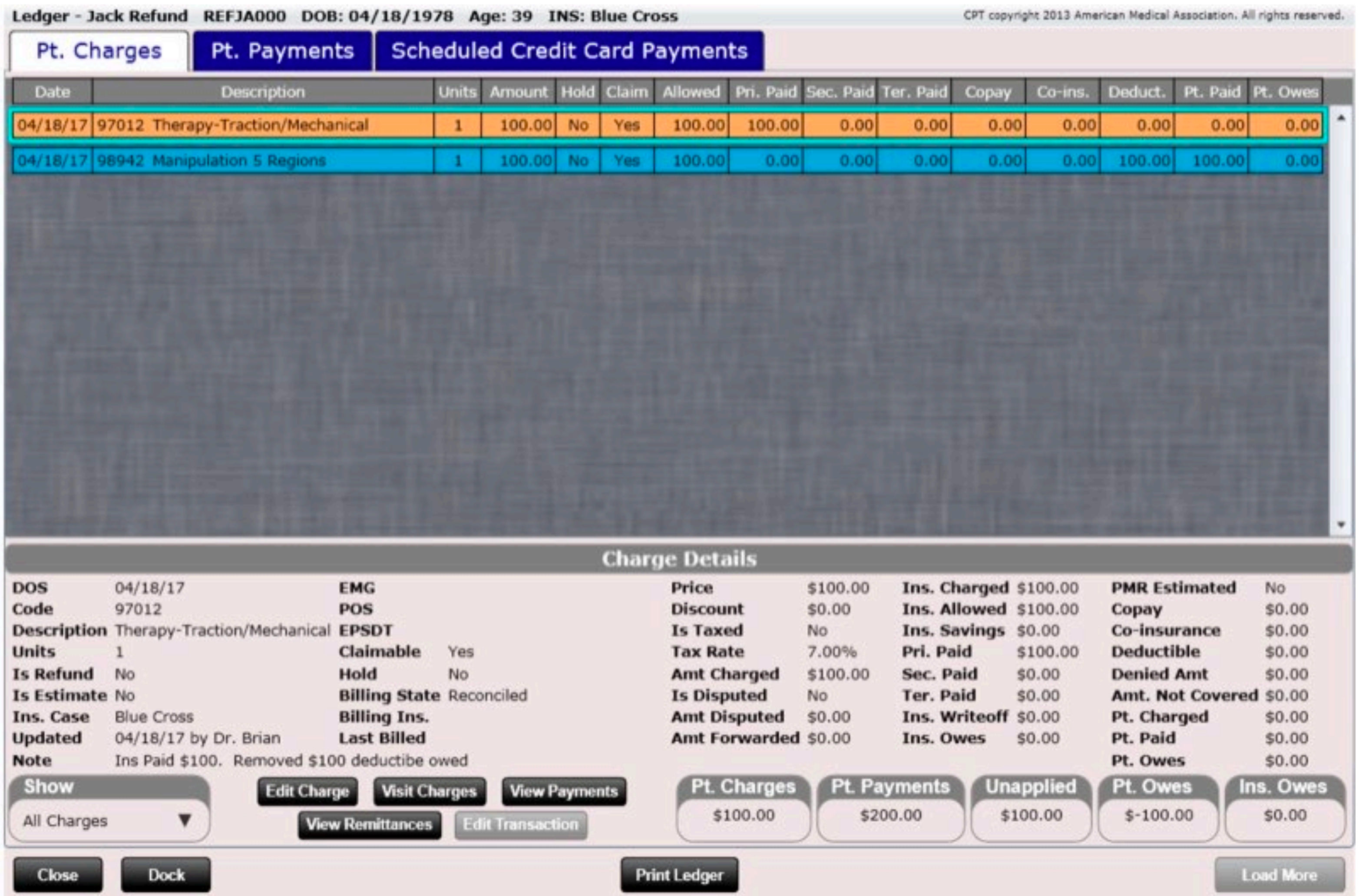
Refund Example - 5 of 11

The insurance paid $100 on this charge, and I removed the $100 deductible. Now the patient will have a CREDIT of $100. Because of this credit the patient will now ask me for a refund of $100.



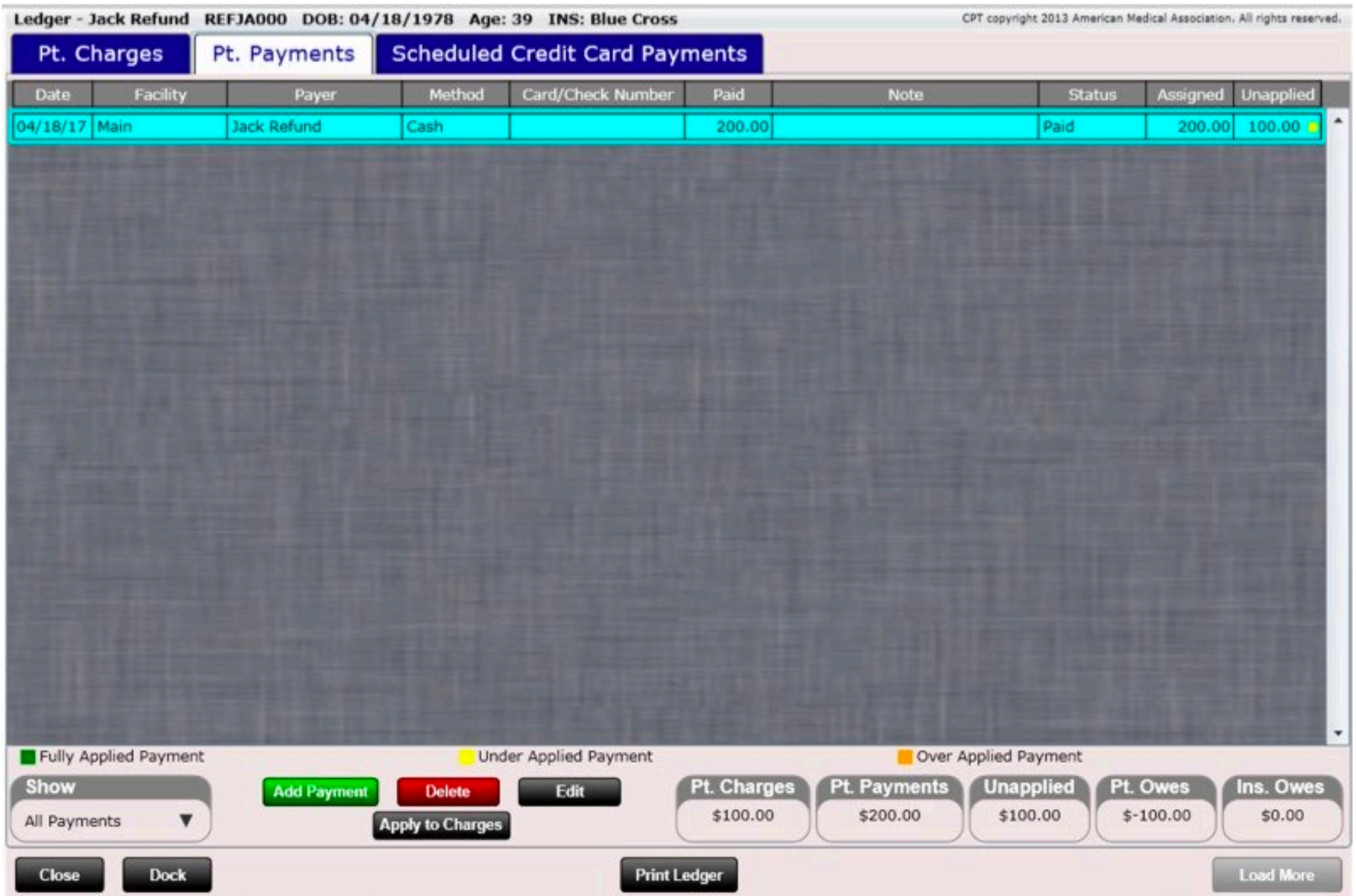
Refund Example - 6 of 11

Under Pt. Owes we see a credit of $100. The orange charge is reconciled by the insurance. The patient is now asking us for a refund of $100.



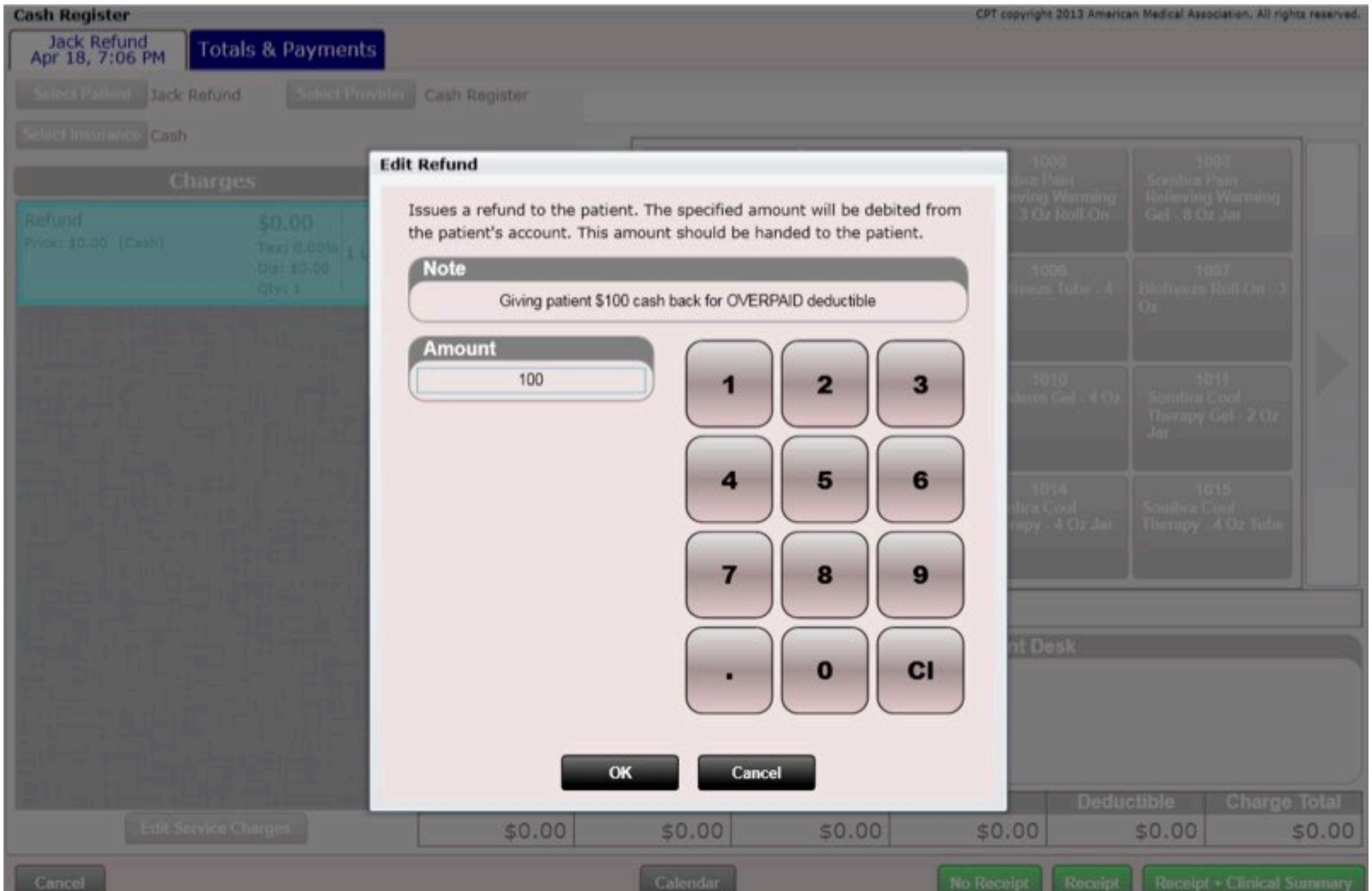
Refund Example - 7 of 11

Under the payments tab we can see the $200 payment is now under applied (as indicated by the yellow box).



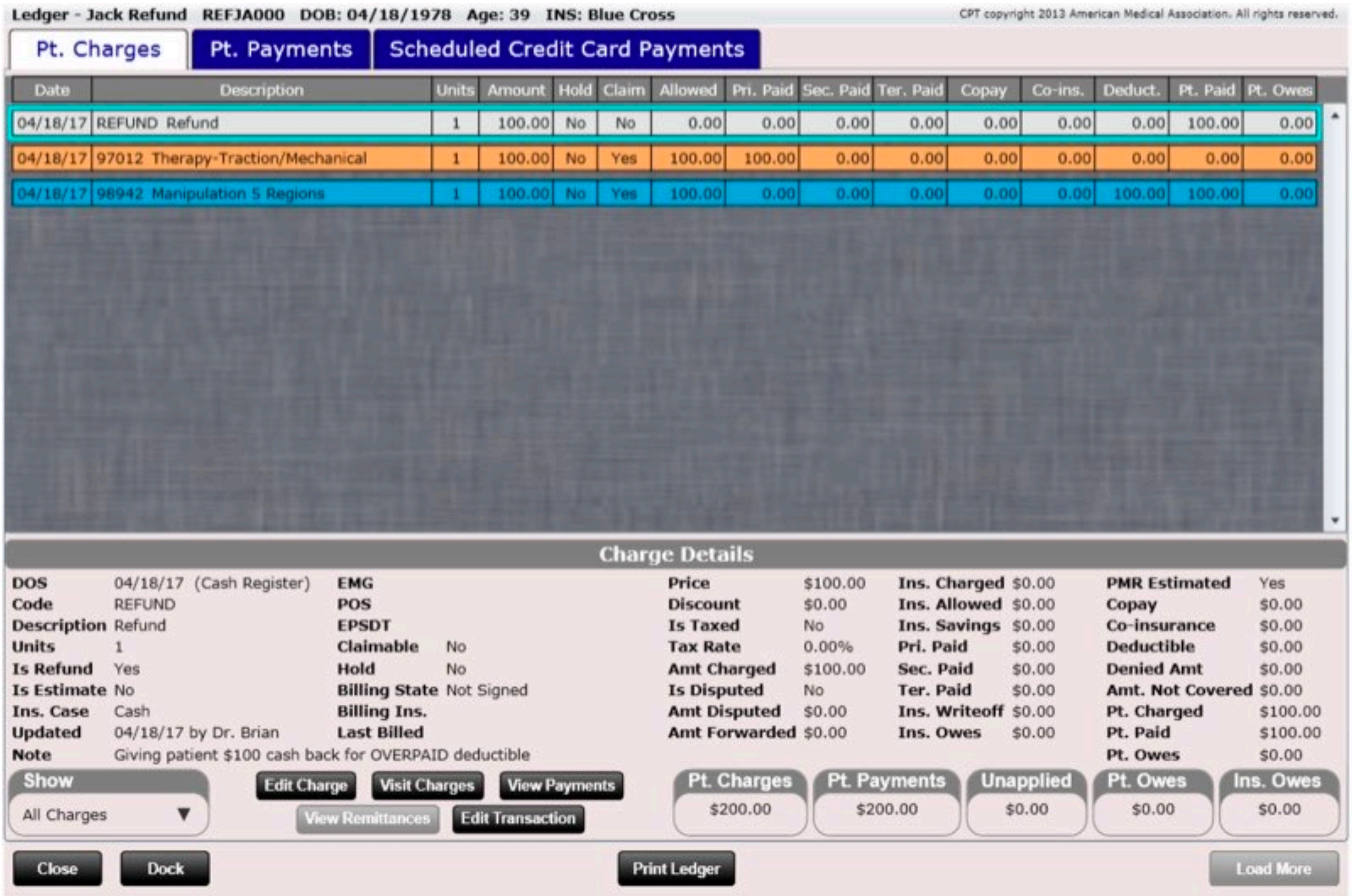
Refund Example - 8 of 11

Now I have opened the Cash Register app and clicked the Add Refund button. I entered $100 with a comment "Giving patient $100 cash back for OVERPAID deductible".



Refund Example - 9 of 11

Now when we open the Patient Ledger, we see the Pt. Owes is now $0.00 as we have GIVEN the patient $100 in cash. Therefore the $100 credit is now balanced. We also see a white charge called “Refund”. Refunds are created as charges as MONEY needs to be TIED (associated) to charges.



Ledger - Jack Refund REFJA000 DOB: 04/18/1978 Age: 39 INS: Blue Cross

Pt. Charges | Pt. Payments | Scheduled Credit Card Payments

Date	Description	Units	Amount	Hold	Claim	Allowed	Pri. Paid	Sec. Paid	Ter. Paid	Copay	Co-ins.	Deduct.	Pt. Paid	Pt. Owes
04/18/17	REFUND Refund	1	100.00	No	No	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00
04/18/17	97012 Therapy-Traction/Mechanical	1	100.00	No	Yes	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04/18/17	98942 Manipulation 5 Regions	1	100.00	No	Yes	100.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00

Charge Details

DOS	04/18/17 (Cash Register)	EMG		Price	$100.00	Ins. Charged	$0.00	PMR Estimated	Yes
Code	REFUND	POS		Discount	$0.00	Ins. Allowed	$0.00	Copay	$0.00
Description	Refund	EPSDT		Is Taxed	No	Ins. Savings	$0.00	Co-insurance	$0.00
Units	1	Claimable	No	Tax Rate	0.00%	Pri. Paid	$0.00	Deductible	$0.00
Is Refund	Yes	Hold	No	Amt Charged	$100.00	Sec. Paid	$0.00	Denied Amt	$0.00
Is Estimate	No	Billing State	Not Signed	Is Disputed	No	Ter. Paid	$0.00	Amt. Not Covered	$0.00
Ins. Case	Cash	Billing Ins.		Amt Disputed	$0.00	Ins. Writeoff	$0.00	Pt. Charged	$100.00
Updated	04/18/17 by Dr. Brian	Last Billed		Amt Forwarded	$0.00	Ins. Owes	$0.00	Pt. Paid	$100.00
Note	Giving patient $100 cash back for OVERPAID deductible							Pt. Owes	$0.00

Show: All Charges

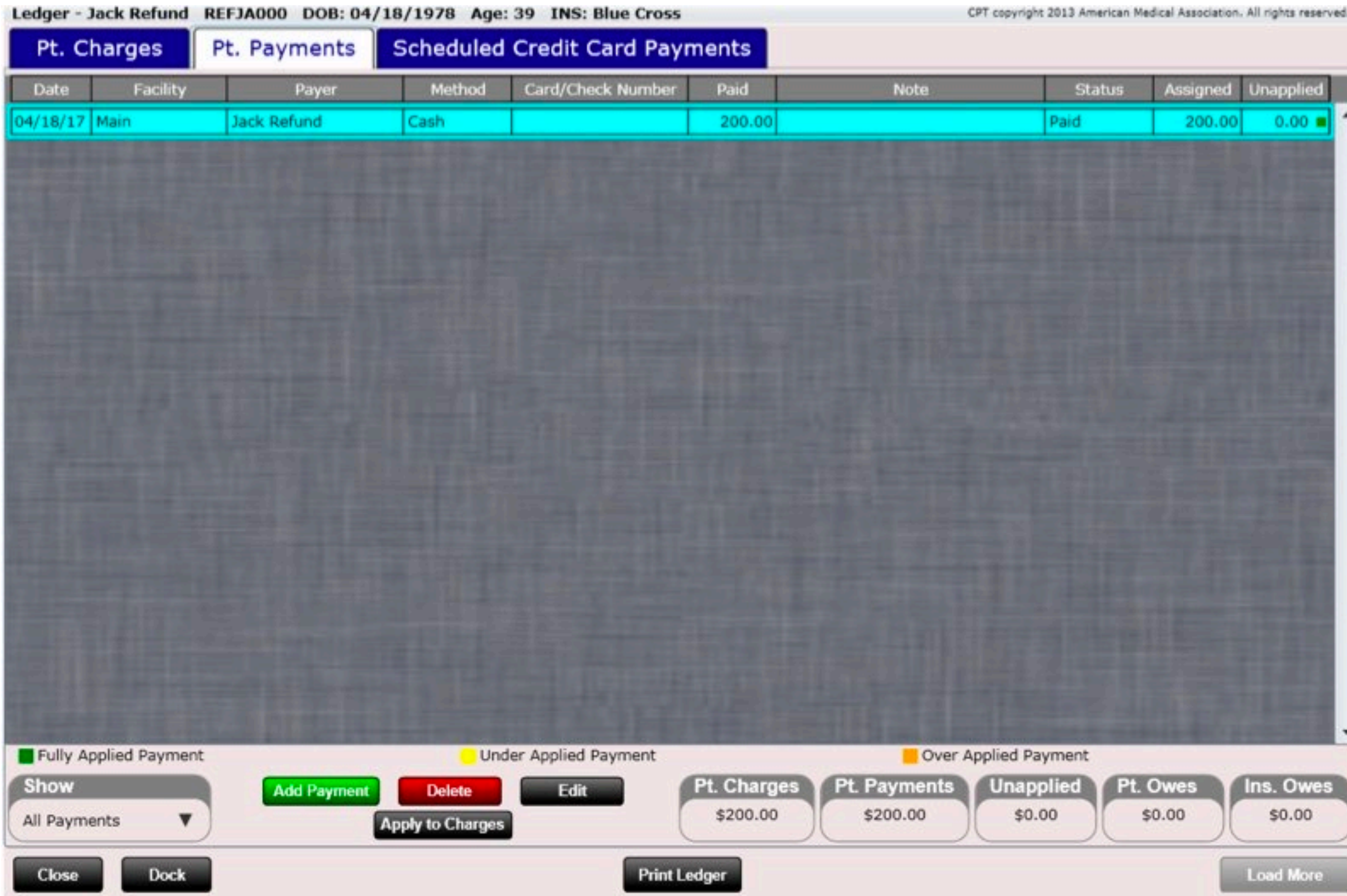
Edit Charge | Visit Charges | View Payments | View Remittances | Edit Transaction

Pt. Charges	Pt. Payments	Unapplied	Pt. Owes	Ins. Owes
$200.00	$200.00	$0.00	$0.00	$0.00

Close | Dock | Print Ledger | Load More

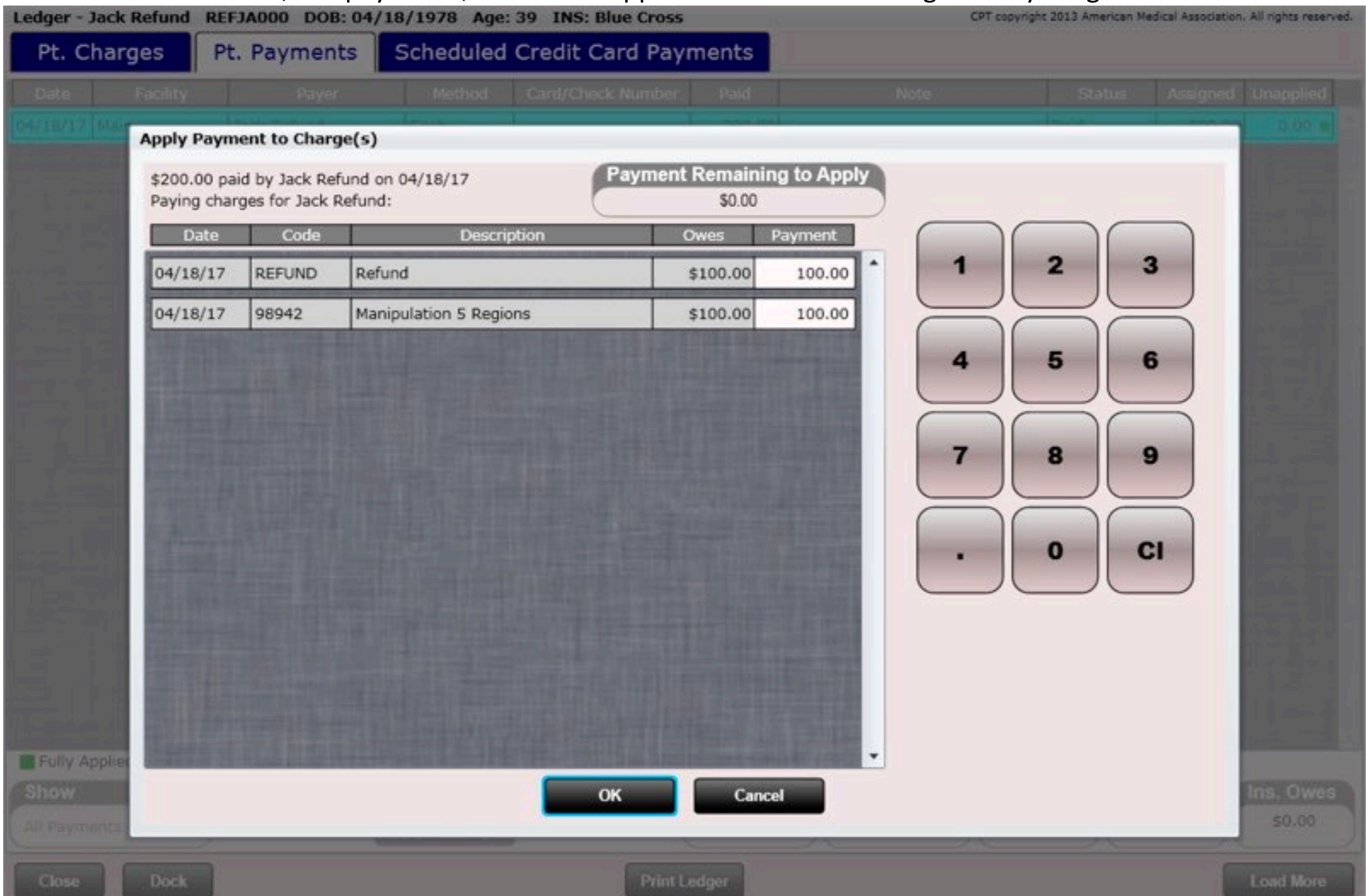
Refund Example - 10 of 11

Here you can see under the Pt. Payments tab the unapplied column is now $0.00 and has a green box. Everything balances. $100 of this payment has been applied to the $100 REFUND charge.



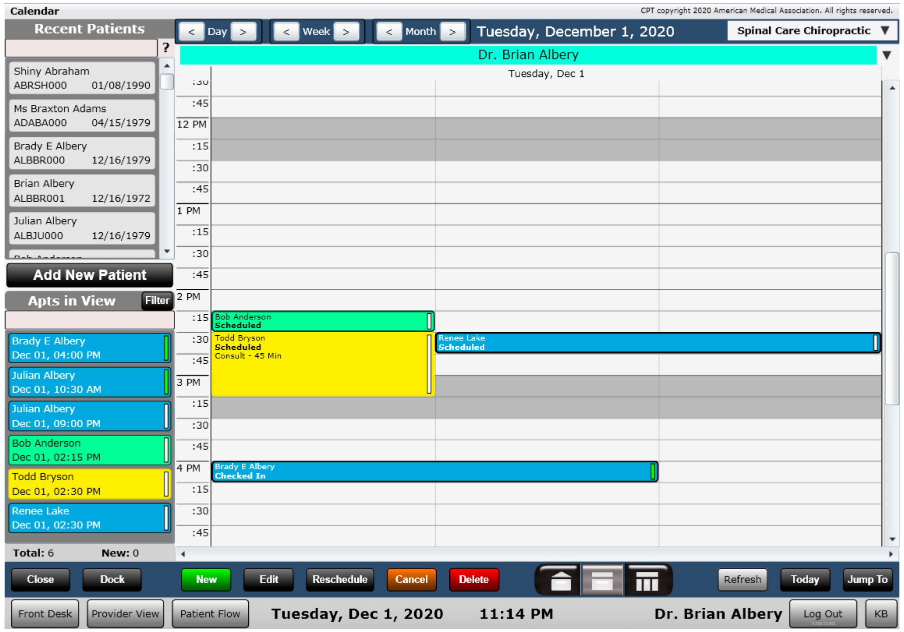
Refund Example - 11 of 11

Here we can see from our $200 payment $100 is now applied to the refund charge. Everything balances. ☺

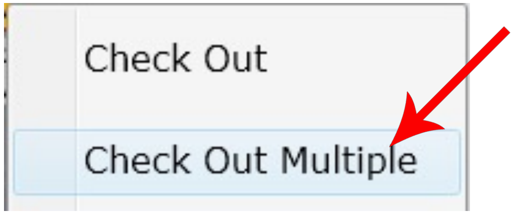


Cash Register - Calendar

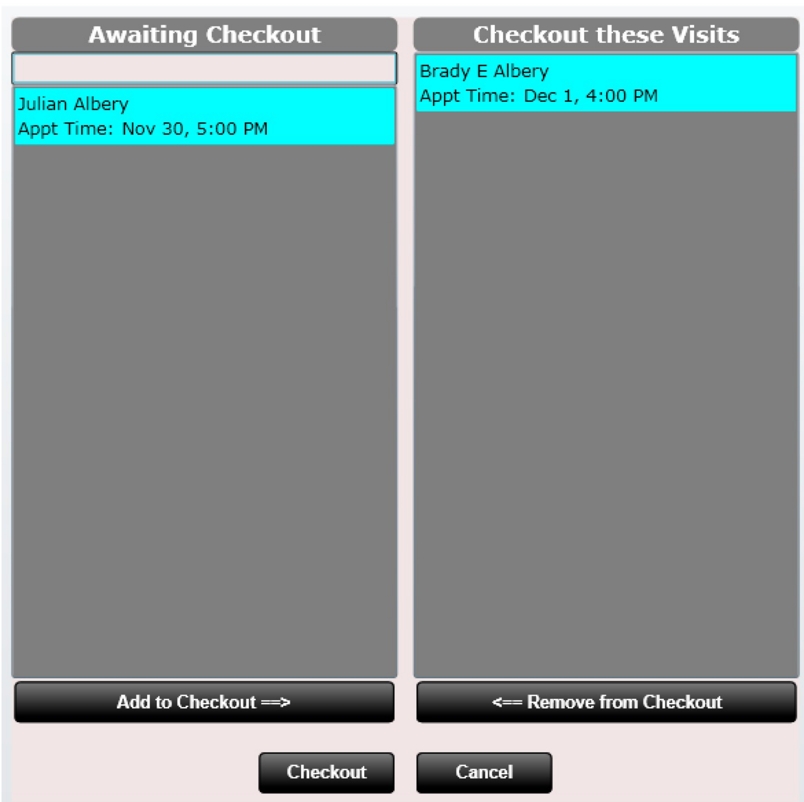
Part of the check out process may involve re-scheduling the patient for an appointment. ChiroSpring makes this easy. Simply click the “Calendar” or “New Appointment” button at the bottom of the cash register. This will open the calendar or the new appointment dialog. Schedule their appointment(s), then close the calendar. You can then complete the checkout process.

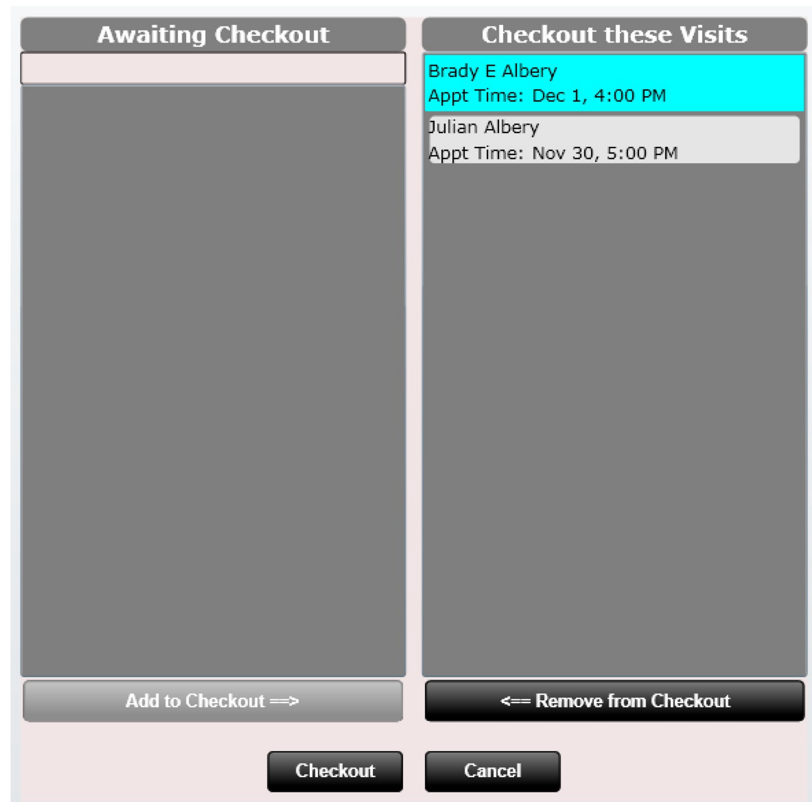


Cash Register – Check Out Multiple



After selecting "Check Out Multiple" on the front desk the following dialog will open. Use the "Add to Checkout" button to move your patient(s) to the right list box. Once all of your patients have moved to the right list box click "Checkout" at the bottom. This will open the cash register (see next page).

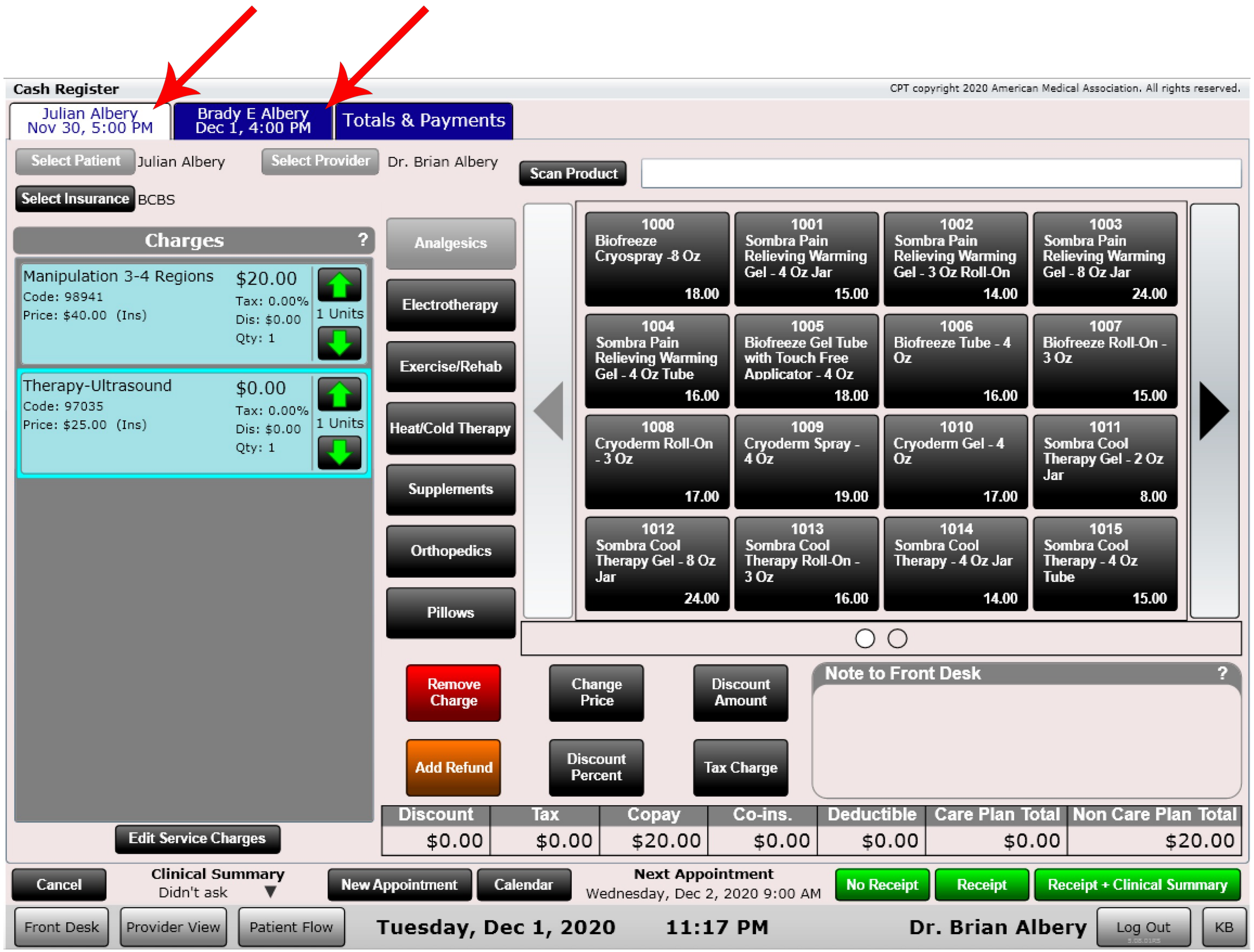




Cash Register – Check Out Multiple

When you check out multiple patients you will see each patient in a separate TAB at the top.

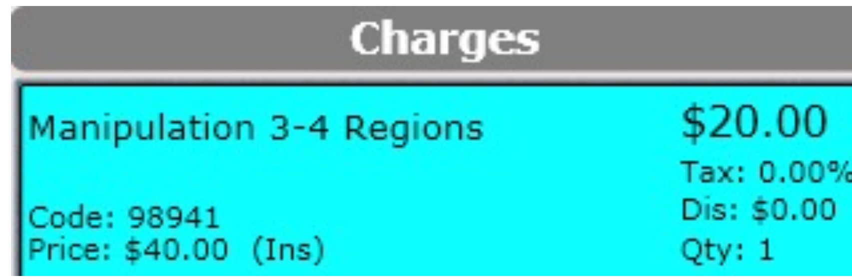
Checking out multiple patients is the same as checking out a single patient. The only difference is that you will need to MANUALLY assign the payment to all patients. This process was previously described under “Cash Register – Assign Payments Tab”.



Cash Register - Charges

The charges list box contains all the charges and shows you detailed information about each charge such as:

- Charge Name
- Code (CPT Code)
- Price (the charge amount)
- Cash or Insurance – denoted by (Ins) or (Cash)
- Total (the amount the patient is being charged)
- Tax (tax percentage)
- Dis (discount) – the amount of discount being applied on that charge
- Qty (quantity) – the number of units for that charge

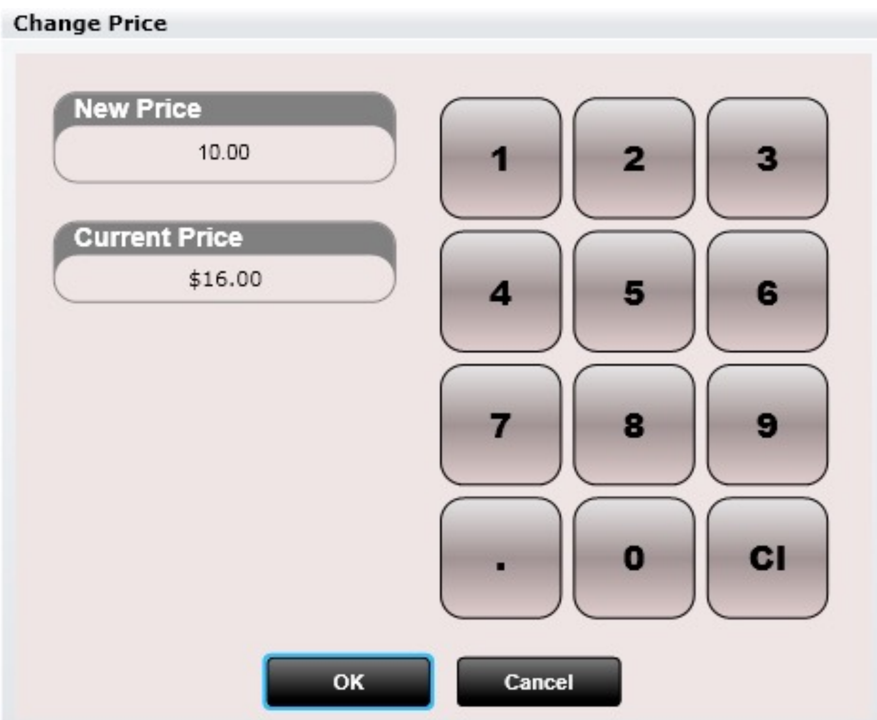


Power Tip: There is a setting option to allow price adjustments to copy over visit-to-visit. To enable go to Settings/Practice Info/General 2 and use the 'Copy Price Adjustments from previous visit' drop down.

Cash Register – Change Price

To change the price on a charge, select the charge (it will highlight orange) and click the "Change Price" button. The "Change Price" dialog box will open. The current price is displayed at the bottom. Enter the new price in the "New Price" text box and press Ok. You have now successfully changed the price.

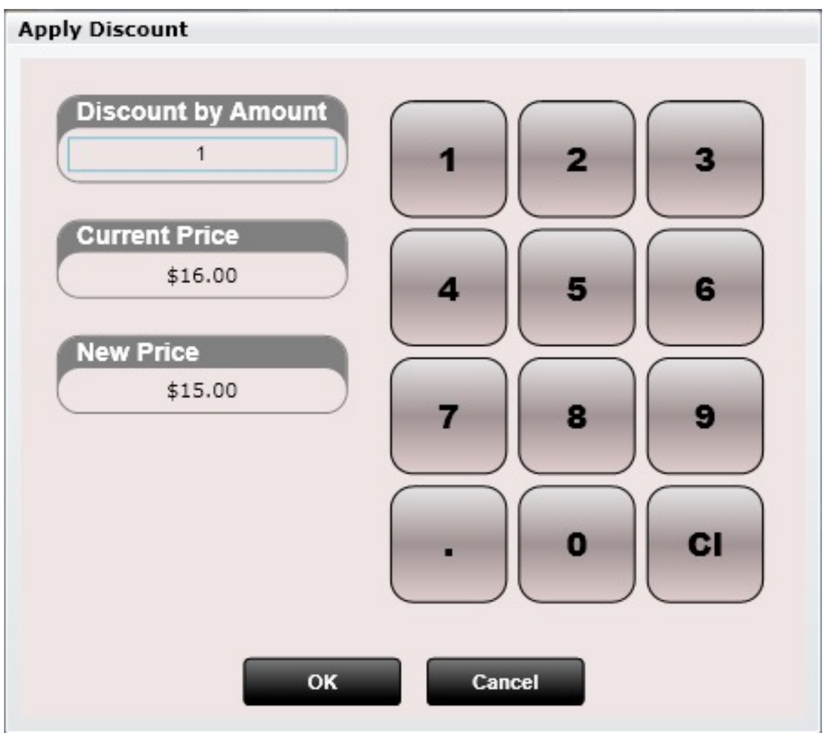
In the example below the price was changed from $16.00 to $10.00.



Cash Register – Discount Amount

To discount a charge by a specific amount, select the charge (it will highlight orange) and click the “Discount Amount” button. It will open a window asking you to input the amount of the discount. Here I entered $1.00.

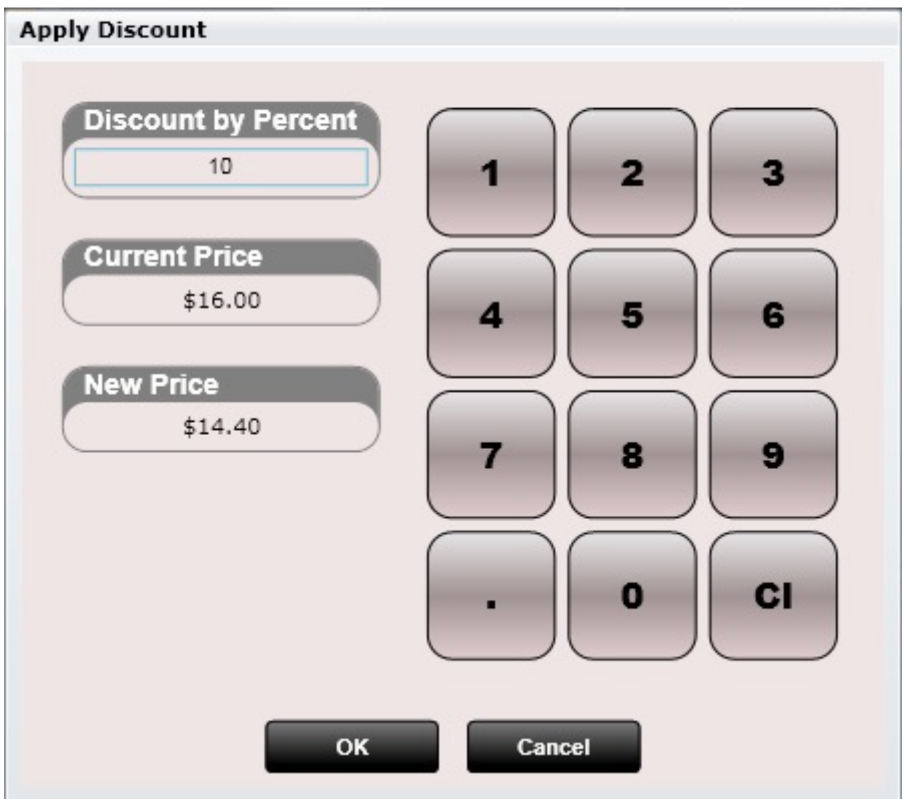
As you can see the charge was discounted by $1.00. Also, in the “Dis:” field there is a $1.00 discount displayed there as well to show the charge was discounted by $1.00.



Cash Register – Discount Percent

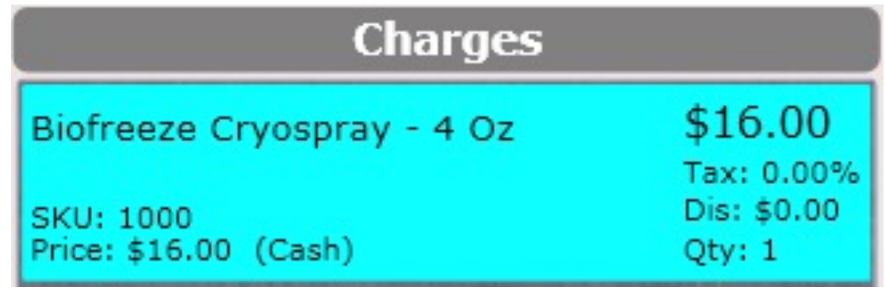
To discount a charge by a specific percent, select the charge (it will highlight orange) and click the “Discount Percent” button. It will open a window asking you to input the amount of the discount percent. Here I entered 10 to give the patient a 10 percent discount.

As you can see the charge was discounted by 10 percent and saved the patient $1.60 as notated by the Disc: $1.60 on the charge.



Cash Register – Tax Charge

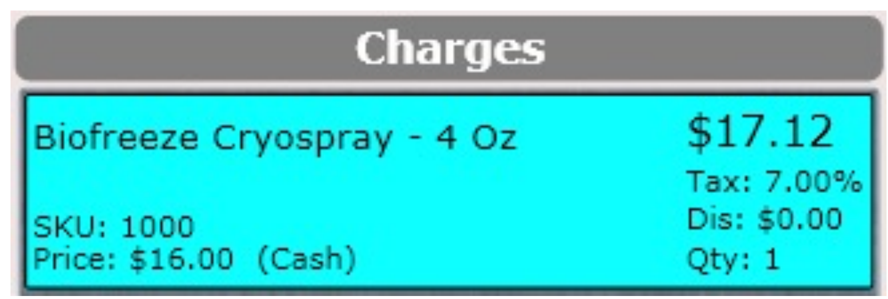
Charges can either Have or Not-Have tax associated with them. The default tax status of a charge is set in settings/products and is notated by the “Is Taxed” drop down box.



You can tax a charge or un-tax a charge on the fly at the cash register. Simply select the charge, it will highlight orange. Then tap the “Tax Charge” button.

- If a charge had tax on it the tax will be removed.
- If a charge did not have tax on it, tax will be added.

In the example to the right, the top charge has no tax. After clicking the “Tax Charge” button the tax is now at 7.00% (the default tax rate of my practice set in Settings/Practice Info). The product now shows Tax: 7.00% and the price has increased from $16.00 to $17.12.

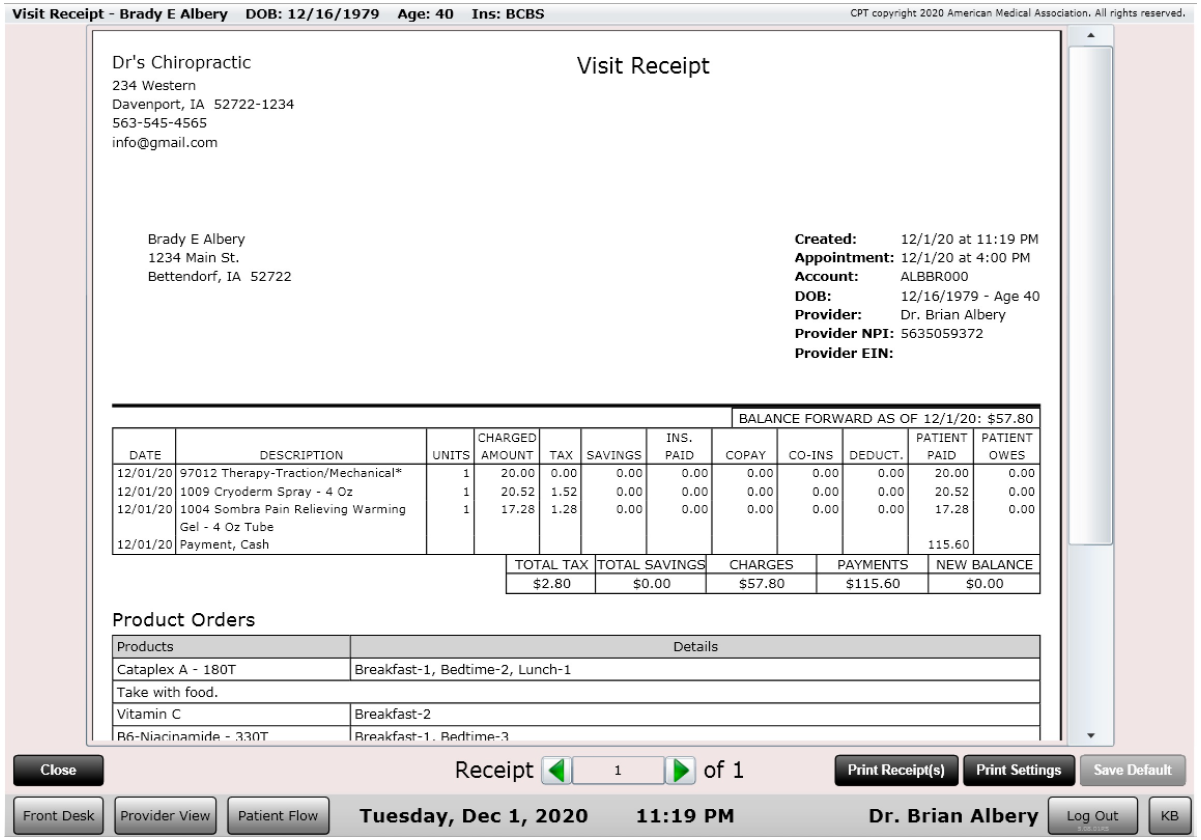


Cash Register - Receipt

At the bottom of the cash register are three buttons. Select if you want a receipt, receipt + clinical summary or No Receipt (NONE).

After clicking "Finish" the Cash Register will generate a receipt. If you checked out multiple patients there will be multiple receipts. You can use the left and right green arrows at the bottom to toggle between receipts (if multiple receipts are present).

To print your receipt(s) click the "Print Receipt(s) button at the bottom.



Visit Receipt - Brady E Albery DOB: 12/16/1979 Age: 40 Ins: BCBS

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Dr's Chiropractic
234 Western
Davenport, IA 52722-1234
563-545-4565
info@gmail.com

Visit Receipt

Brady E Albery
1234 Main St.
Bettendorf, IA 52722

Created: 12/1/20 at 11:19 PM
Appointment: 12/1/20 at 4:00 PM
Account: ALBBR000
DOB: 12/16/1979 - Age 40
Provider: Dr. Brian Albery
Provider NPI: 5635059372
Provider EIN:

BALANCE FORWARD AS OF 12/1/20: $57.80

DATE	DESCRIPTION	UNITS	CHARGED AMOUNT	TAX	SAVINGS	INS. PAID	COPAY	CO-INS	DEDUCT.	PATIENT PAID	PATIENT OWES
12/01/20	97012 Therapy-Traction/Mechanical*	1	20.00	0.00	0.00	0.00	0.00	0.00	0.00	20.00	0.00
12/01/20	1009 Cryoderm Spray - 4 Oz	1	20.52	1.52	0.00	0.00	0.00	0.00	0.00	20.52	0.00
12/01/20	1004 Sombra Pain Relieving Warming Gel - 4 Oz Tube	1	17.28	1.28	0.00	0.00	0.00	0.00	0.00	17.28	0.00
12/01/20	Payment, Cash									115.60	

TOTAL TAX	TOTAL SAVINGS	CHARGES	PAYMENTS	NEW BALANCE
$2.80	$0.00	$57.80	$115.60	$0.00

Product Orders

Products	Details
Cataplex A - 180T	Breakfast-1, Bedtime-2, Lunch-1
Take with food.	
Vitamin C	Breakfast-2
B6-Niacinamide - 330T	Breakfast-1, Bedtime-3

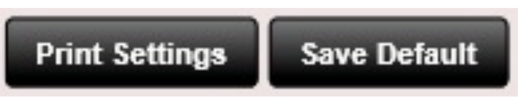
Close | Receipt 1 of 1 | Print Receipt(s) | Print Settings | Save Default

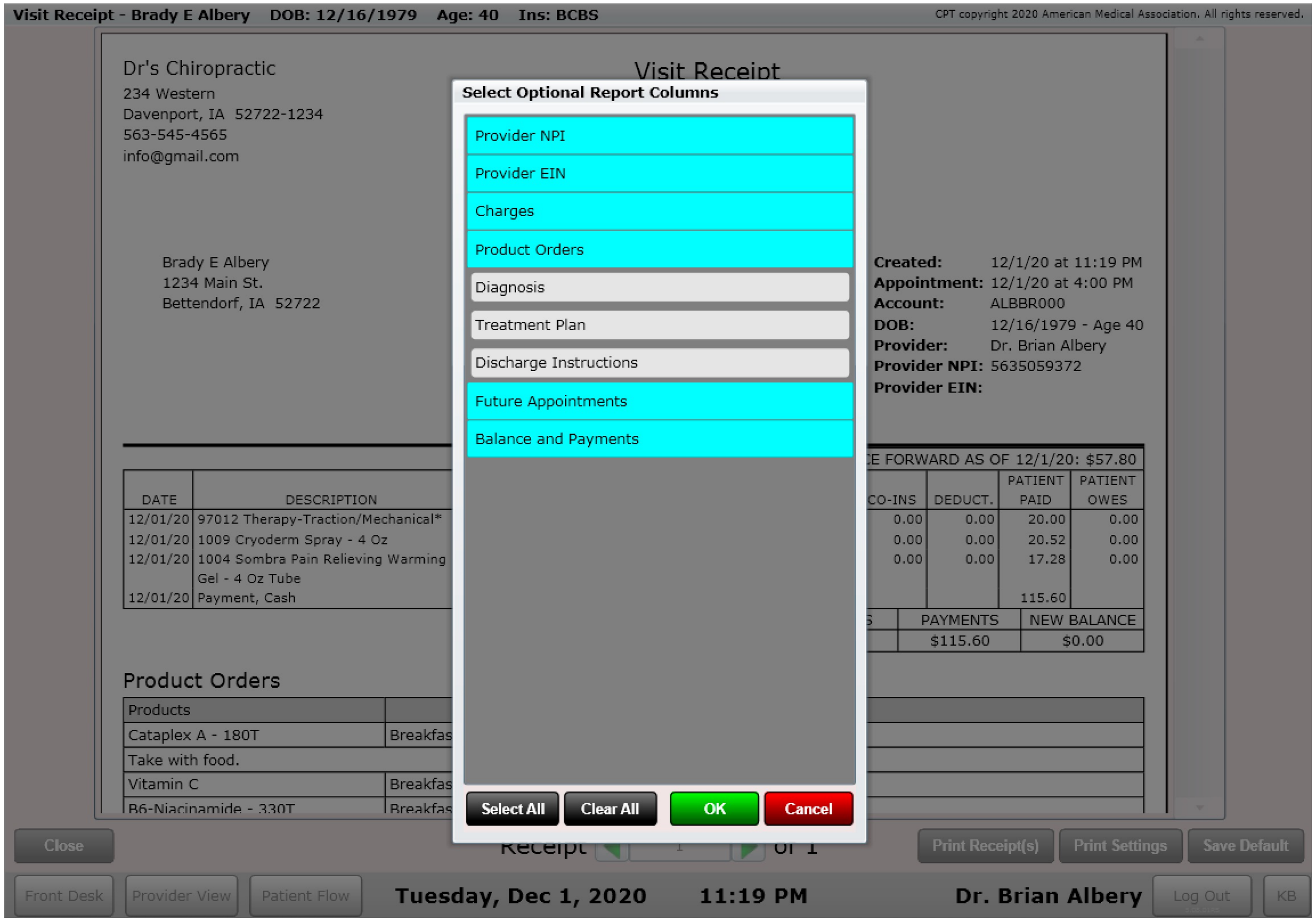
Front Desk | Provider View | Patient Flow | Tuesday, Dec 1, 2020 | 11:19 PM | Dr. Brian Albery | Log Out | KB

Note: Provider NPI number and Diagnosis populate on the receipt. This means your patients can use the receipt if they want to submit to their insurance on their own.

Cash Register – Receipt – Print Settings

Here you can see we are modifying which components of the receipt we want displayed. Remember to click "Save Default" if you want to make these options your default.

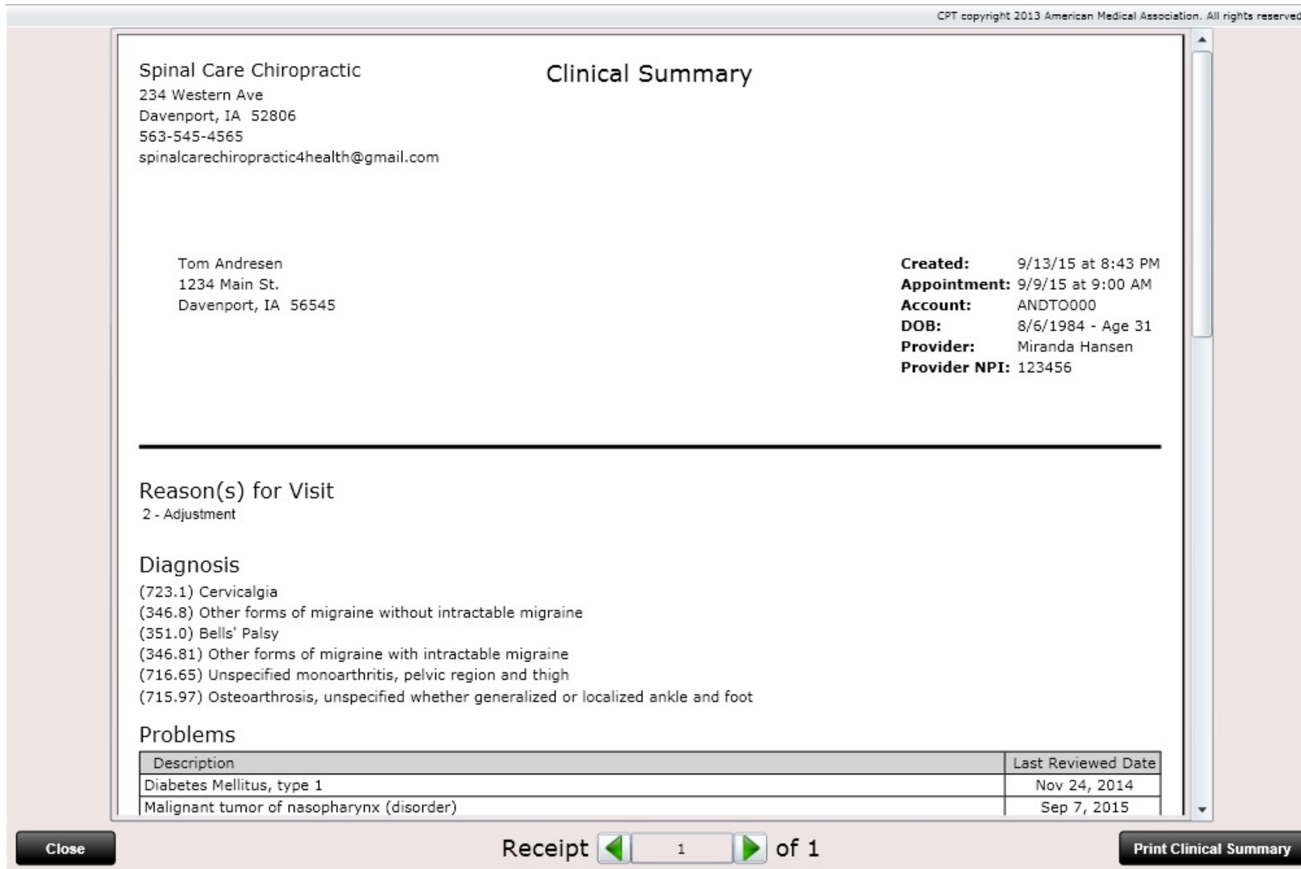




Cash Register – Clinical Summary

The clinical summary is a summary of your patient's visit.

Clinical Summaries are not required to be given to your patient.



Spinal Care Chiropractic
234 Western Ave
Davenport, IA 52806
563-545-4565
spinalcarechiropractic4health@gmail.com

Clinical Summary

Tom Andresen
1234 Main St.
Davenport, IA 56545

Created: 9/13/15 at 8:43 PM
Appointment: 9/9/15 at 9:00 AM
Account: ANDTO000
DOB: 8/6/1984 - Age 31
Provider: Miranda Hansen
Provider NPI: 123456

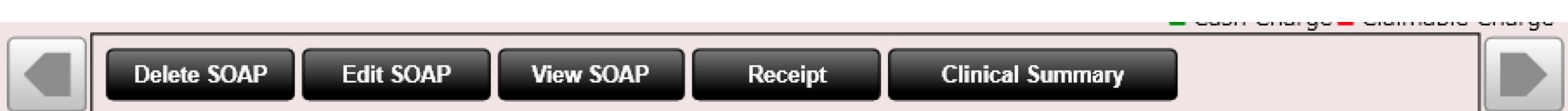
Reason(s) for Visit
2 - Adjustment

Diagnosis
(723.1) Cervicalgia
(346.8) Other forms of migraine without intractable migraine
(351.0) Bells' Palsy
(346.81) Other forms of migraine with intractable migraine
(716.65) Unspecified monoarthritis, pelvic region and thigh
(715.97) Osteoarthrosis, unspecified whether generalized or localized ankle and foot

Problems

Description	Last Reviewed Date
Diabetes Mellitus, type 1	Nov 24, 2014
Malignant tumor of nasopharynx (disorder)	Sep 7, 2015

Power Tip: The cash register receipt or clinical summary can also be accessed by going to the Dashboard/Visit Tile. Then click the "Receipt" button or "Clinical Summary" button at the bottom.



Cash Register - Receipt

The cash register receipt shows:

- Diagnosis
- Discharge Instructions
- Treatment Plan
- Upcoming appointments

Use the "**Print Settings**" button to customize which options you want shown on the receipt.

The receipt footer is customizable in Settings/Practice Info or customize an individual patient receipt footer in Dashboard/Profile.

Diagnosis
(723.1) Cervicalgia
(724.2) Lumbalgia
(346.21) Variants of migraine with intractable migraine
(346.01) Classical migraine with intractable migraine
(346.8) Other forms of migraine without intractable migraine
(346.81) Other forms of migraine with intractable migraine

Discharge Instructions
I recommend you apply ice or an ice pack to the affected area to help decrease pain, inflammation and muscle spasms caused by acute injury. For the next 48-72 hours, I recommend you apply cold to the area for no longer than 15 minutes on, 45 min-1 hour off. If cold is applied for longer than 15 minutes tissue damage could occur, including frostbite.

Treatment Plan
4x per week for 4 week(s)
3x per week for 4 week(s)
2x per week for 4 week(s)
1x per week for 4 week(s)

Upcoming Appointments
1/24/2014 - 16:30 PM
1/27/2014 - 10:45 AM

Receipt Footer

Thank you for your business! www.spinalcarechiropractic.com

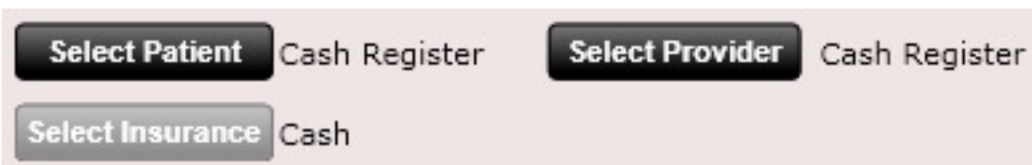
Power Tip: The cash register receipt or clinical summary can also be accessed by going to the Dashboard/Visit Tile. Then click the "Receipt" button or "Clinical Summary" button at the bottom.

Cash Register

Non-Appointment Use

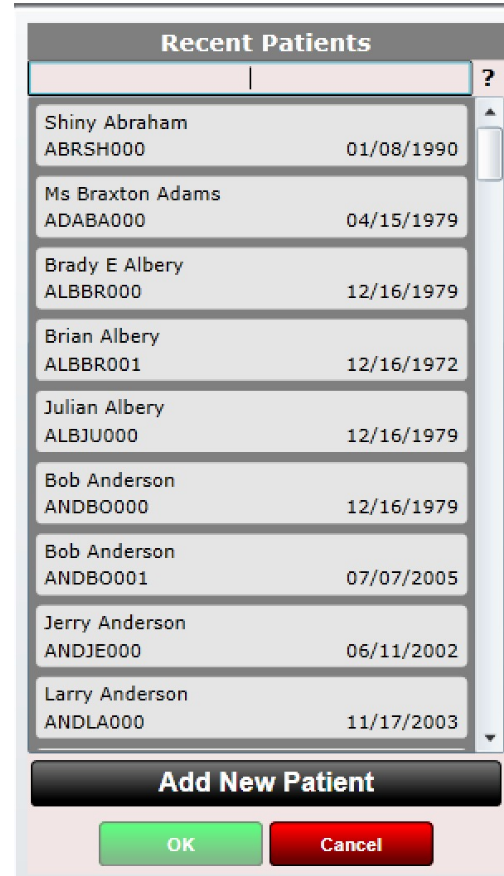
If the patient did not have an appointment but you need to access the cash register, you can click the Cash Register app on the front desk.

If you wish to tie a charge to a patient, click the black "Select" button. This will open a dialog box letting you select your patient. Now any charges you add will be tied to that patient's account.



Use the "Select Provider" button if you wish to tie the cash register transaction to a provider. For example, if you are selling a massage gift certificate and you want the sale to go to that therapist select that therapist.

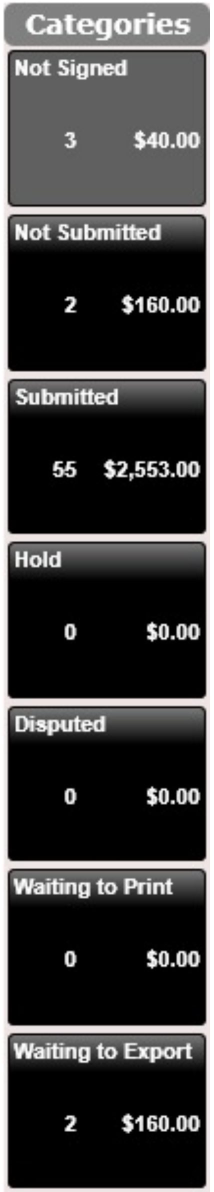
NOTE: If you wish to see a record of these cash register sales, you can view them in the patient's ledger. However, a cash register receipt is not saved as there is no patient visit to tie it to.



Power Tip: You can even add a new patient at the cash register. After clicking "Select" click the "Add New Patient" button.

#Billing

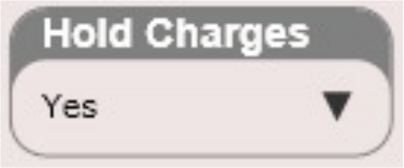
Billing



The billing app provides the primary place for managing your practice's billing. It is a powerful way to keep track of every insurance charge where money is still owed.

The billing app allows user to perform the following actions:

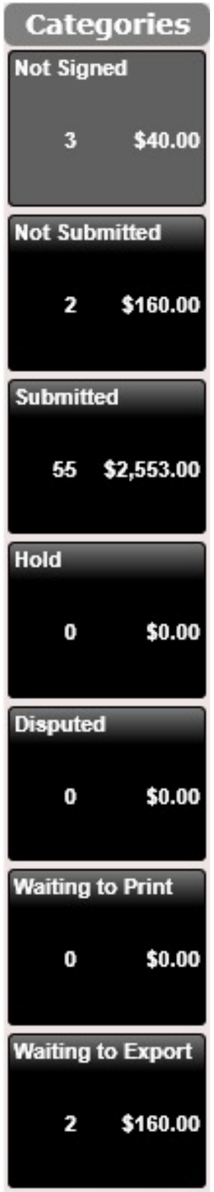
- View charges that have unsigned SOAP notes
  - Unsigned SOAP notes cannot be billed
- View charges that have not been submitted
- View charges that have been submitted (but are not yet paid by insurance)
  - Reconciled charges will not appear here
- View charges that are on hold
  - Easily mark an insurance case on hold with the "Hold Charges" option (located inside the patient's insurance case).
- View charges that are disputed
  - Includes both Export and Print charges
- View non-submitted charges separated into Export or Print
  - Export = Electronic
  - Print = Printing onto a HCFA form



Billing


Billing
CPT copyright 2020 American Medical Association. All rights reserved.
Categories
Not Signed
1002 of 1260
$57,169.85
Not Submitted
160 of 160
$4,191.25
Submitted
0 of 3036
$79,532.60
Hold
0 of 8
$375.00
Disputed
0 of 30
$644.50
Waiting to Print
0 of 60
$1,512.50
Waiting to Export
0 of 103
$2,813.75
Smart Search
?
Filter by Insurance Carrier
Sort Charges by
Visit Date
More Filters
Date
Patient
Code
Units
Hold
Disputed
Claim Type
Billing State
Last Billed
Pri. Paid
Sec. Paid
Ter. Paid
Ins. Owes
Notes
11/23/20 ALBBR000 (Albery, Brady, E) 99204-25 New Patient Comprehensive Exa 1 No No
Export Bill Pri. (3456 WECOME WAY) Never 0.00 0.00 0.00 110.00
11/23/20 ALBBR000 (Albery, Brady, E) 98941 Manipulation 3-4 Regions 1 No No
Export Bill Pri. (3456 WECOME WAY) Never 0.00 0.00 0.00 40.00
11/23/20 ALBBR000 (Albery, Brady, E) 97035 Therapy-Ultrasound 2 No No
Export Bill Pri. (3456 WECOME WAY) Never 0.00 0.00 0.00 50.00
11/23/20 ALBBR000 (Albery, Brady, E) 98941 Manipulation 3-4 Regions 1 No No
Export Bill Pri. (3456 WECOME WAY) Never 0.00 0.00 0.00 20.00
11/20/20 ALBBR000 (Albery, Brady, E) 97035 Therapy-Ultrasound 1 No No
Export Bill Pri. (3456 WECOME WAY) Never 0.00 0.00 0.00 25.00
11/20/20 ALBBR000 (Albery, Brady, E) 98941 Manipulation 3-4 Regions 1 No No
Export Bill Pri. (3456 WECOME WAY) Never 0.00 0.00 0.00 20.00
11/20/20 ALBBR000 (Albery, Brady, E) 98941 Manipulation 3-4 Regions 1 No No
Export Bill Pri. (Aetna) Never 0.00 0.00 0.00 27.00
11/20/20 ALBBR000 (Albery, Brady, E) 97035 Therapy-Ultrasound 1 No No
Export Bill Pri. (Aetna) Never 0.00 0.00 0.00 4.50
11/20/20 ALBBR000 (Albery, Brady, E) 97035 Therapy-Ultrasound 1 No No
Export Bill Pri. (Aetna) Never 0.00 0.00 0.00 4.50
11/20/20 ALBBR000 (Albery, Brady, E) 98941 Manipulation 3-4 Regions 1 No No
Export Bill Pri. (Aetna) Never 0.00 0.00 0.00 27.00
11/18/20 ALBBR000 (Albery, Brady, E) 72080 X-ray Thocacolumbar Spine-AP/Lat 1 No No
Export Bill Pri. (Aetna) Never 0.00 0.00 0.00 40.50
11/18/20 ALBBR000 (Albery, Brady, E) 98941 Manipulation 3-4 Regions 1 No No
Check All
Clear All
1/2
Load More
Re-Bill Charge(s)
Bill Pri.
Bill Sec.
Bill Ter.
Dispute
Clear Dispute
Remove Hold
Print / Export
Remittances
Close
Dock
Refresh With New Charge
Cancel Changes
Save Changes
Process Claims
Front Desk
Provider View
Patient Flow
Tuesday, Dec 1, 2020
11:21 PM
Dr. Brian Albery
Log Out
KB

Billing



The left side of the screen provides seven billing categories that filter your practice charges into neatly organized folders, as well as provides the number of and total dollar amount of all the charges in that folder.

Billing

Use filters at the top within a section to find a specific charge. You can search by name, CPT code, visit date, or even insurance carrier.

Clicking the More Filters button will reveal additional filter options including checkboxes for aging.

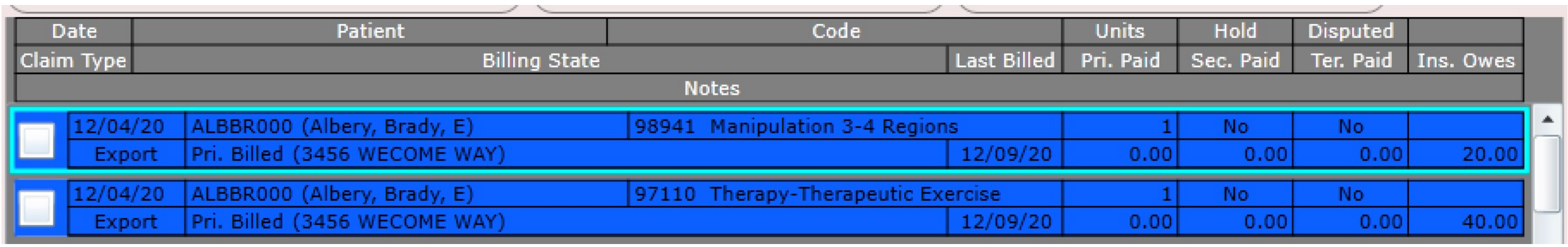
Billing

The third pane in the Billing app are the Visit Charges. If all patients are checked you will see all patient charges here corresponding to the folder on the left you are currently selected on.

Depending on how many outstanding charges you have, older ones may not load. To load more charges click the "Load More" button. If this button is greyed out then all charges for the selected folder have been loaded.

Billing – Visit Charges

Each charge includes the following information shown below



- Date
- Patient
- Code (CPT)
- Units
- Hold Status
- Disputed
- Claim Type (Print or Export)
- Billing State
- Last Billed Date
- Pri. Paid
- Sec. Paid
- Ter. Paid
- Ins. Owes
- Notes

Along the bottom are several buttons that let you “act on” a specific charge. Once you select a charge by clicking the checkbox, the appropriate buttons corresponding to that charge will be displayed in black (greyed out if not appropriate to the selected charge)

These buttons give you MAXIMUM control over what you want to do with the selected charge.

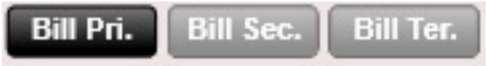
Billing – Billing Status

Pay very close attention to the “Billing Status” section. Here it will show you the current billing status of the charge as well as the insurance case name.

Charges go through this series of billing until reconciled. Once reconciled they will not appear in the Billing app.

1. **Not Signed** – Charges with “unfinished SOAP notes” cannot be billed to insurance
2. **Bill Primary** – Once signed claimable charges are set to Bill Primary
3. **Primary Billed** – Once submitted (with Claims app) the Bill Primary is then marked Primary Billed
4. **Bill Secondary** – etc…
5. **Secondary Billed** – etc…
6. **Bill Tertiary** – etc…
7. **Tertiary Billed** – etc…
8. **Reconciled** – Once the charge is reconciled it will be marked as such and no longer appear in the Billing app

You can update the Billing Status by selecting a charge, clicking the billing state you wish to change to, followed by clicking Save Changes.



You can also select one (or multiple charges) and select “Re-Bill Charge(s)” followed by clicking Save Changes.

Billing – Print/Export

Also pay very close attention to the Claim Type which is either Export or Print. Export indicates the charge will appear in the Export Tab in the claims app and when processed will be in a file ready to submit electronically to your clearinghouse. Print indicates the charge will appear in the Print Tab in the Claims app and when processed will print onto an actual blank HCFA form. You will of course need to load your printer with blank HCFA forms.

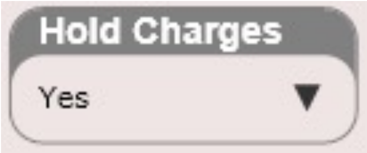
The charges claim type is set by the default setting you selected when you created the insurance case.

If you wish to change the claim type of a charge you can either change the claim type inside the insurance case for that patient or use the “Print/Export” button in the billing app to toggle back and forth between Print and Export. Once you have changed the claim type click “Save Changes” and the charge will move into the appropriate folder.

Billing – Hold Charges

There may be instances where you want to hold a charge (not bill it). This is often the case with auto accident cases or personal injury cases where the insurance tells you not to bill anything until the entire case is closed.

It’s easy to put charges on hold. This is done by selecting “Yes” in the “Hold Charges” option found in the patient’s insurance case.



Removing the hold and subsequently make the charges billable can be accomplished in two ways

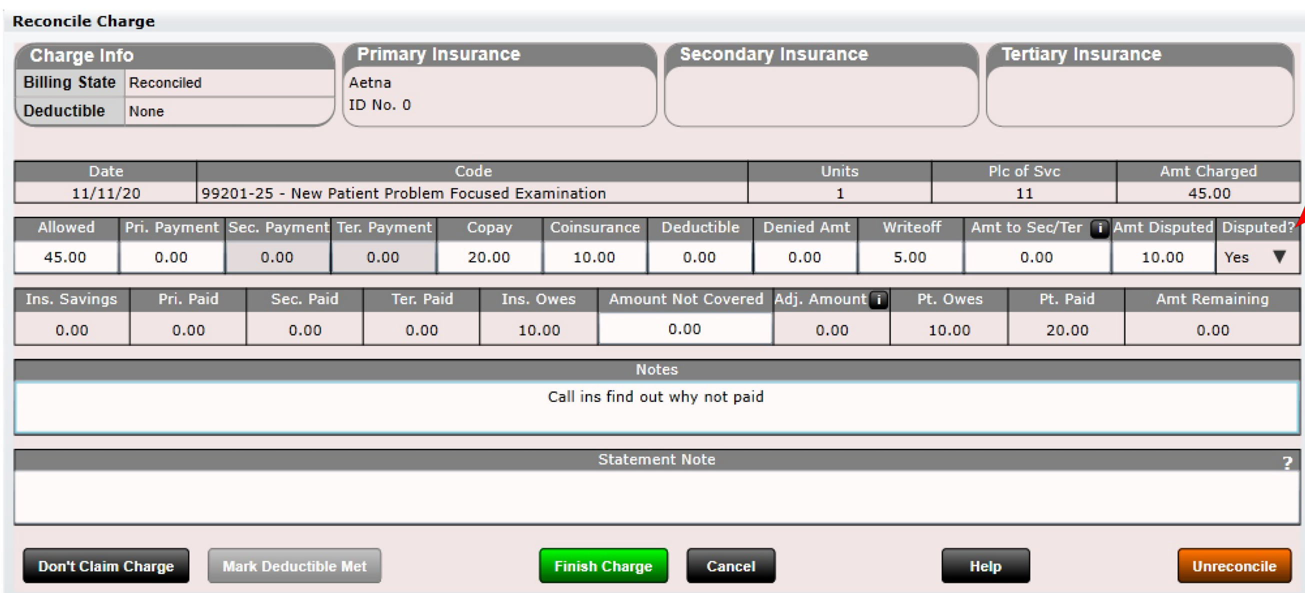
- Go to the patient’s dashboard/Insurance Tile and change the “Hold Charges” option to “No” and save changes.
- Find one of the patient’s held charges in the Billing app. Select the charge and click “Remove Hold” at the bottom and “Save Changes”. This will remove the hold on every charge for that entire insurance case and the charges will then be billable.

Billing – Disputed Charges

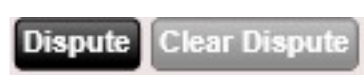
ChiroSpring allows you to easily dispute charges. The most common reason to dispute a charge is due to underpayment by an insurance carrier.

You can dispute a charge in three ways

1. When reconciling a charge using the Reconcile app there is an option to dispute a charge. This is accomplished by entering the “Amt. Disputed” and making “Disputed?” = “Yes”. See the below “Reconcile Charge” dialog.



1. In the Billing app select a charge and then click the “Dispute” button followed by “Save Changes”.



Removing a dispute is done the exact same way only the opposite selections should be made.

Billing – Disputed Charges

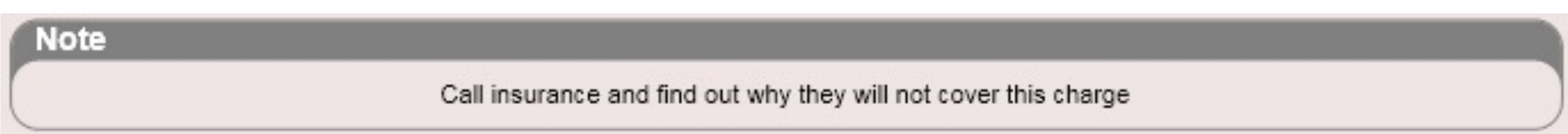
To change the disputed status of a charge is simple. From the "Edit Charge" dialog you will see a Disputed box.

This means the charge is not disputed. You know this because the Dispute button is SELECTABLE. Clicking "Dispute" followed by saving changes will dispute the charge.

This means the charge is disputed. You know this because the clear button SELECTABLE. Clicking "Clear" followed by saving changes will clear the dispute.

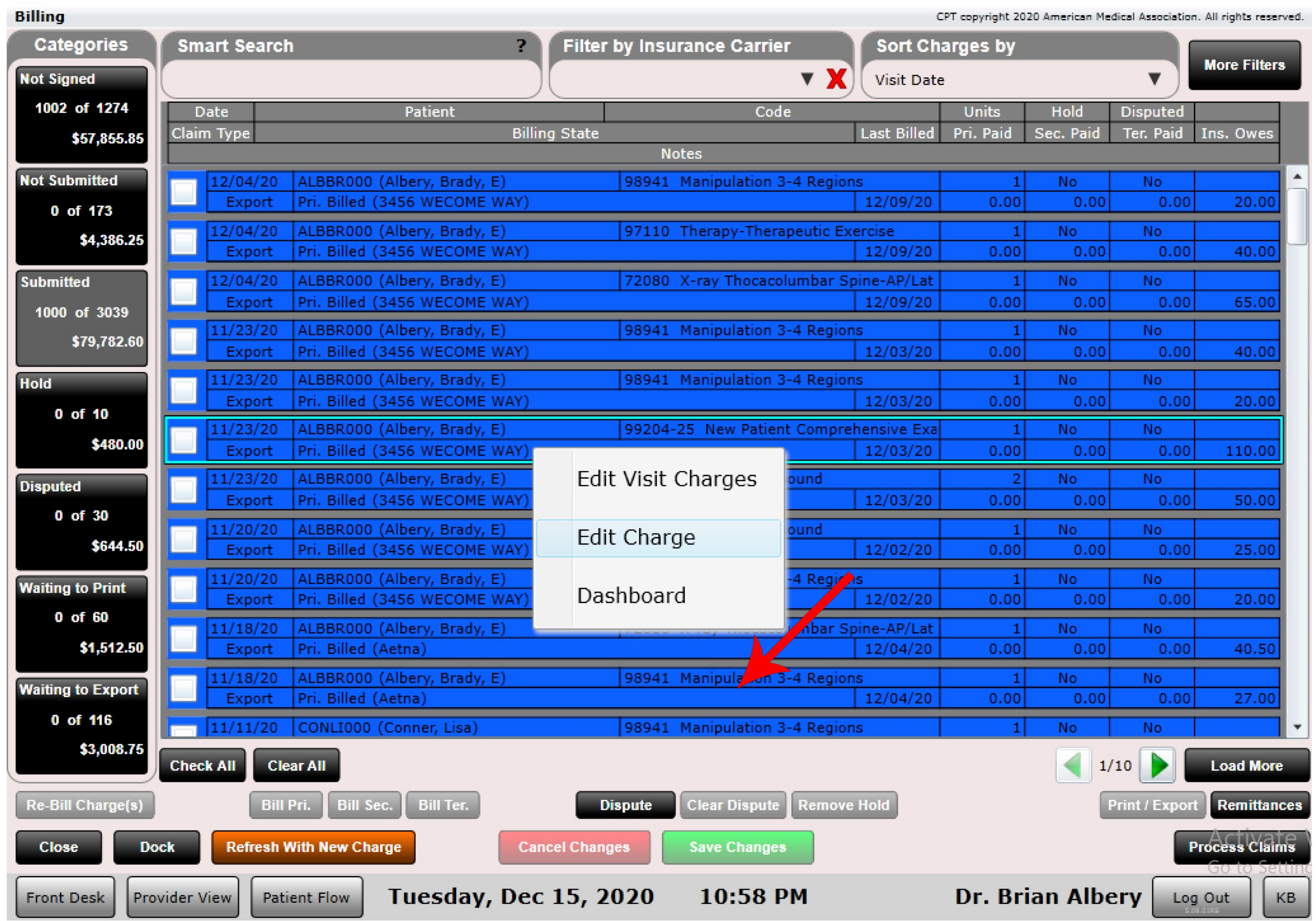
As a reminder, the Billing app keeps track of disputed charges in the Disputed folder.

The notes field can be very useful when tracking the status of a disputed charge.



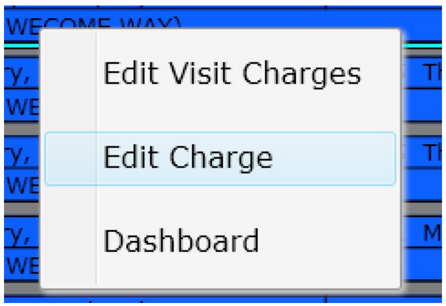
Billing – Edit Charge

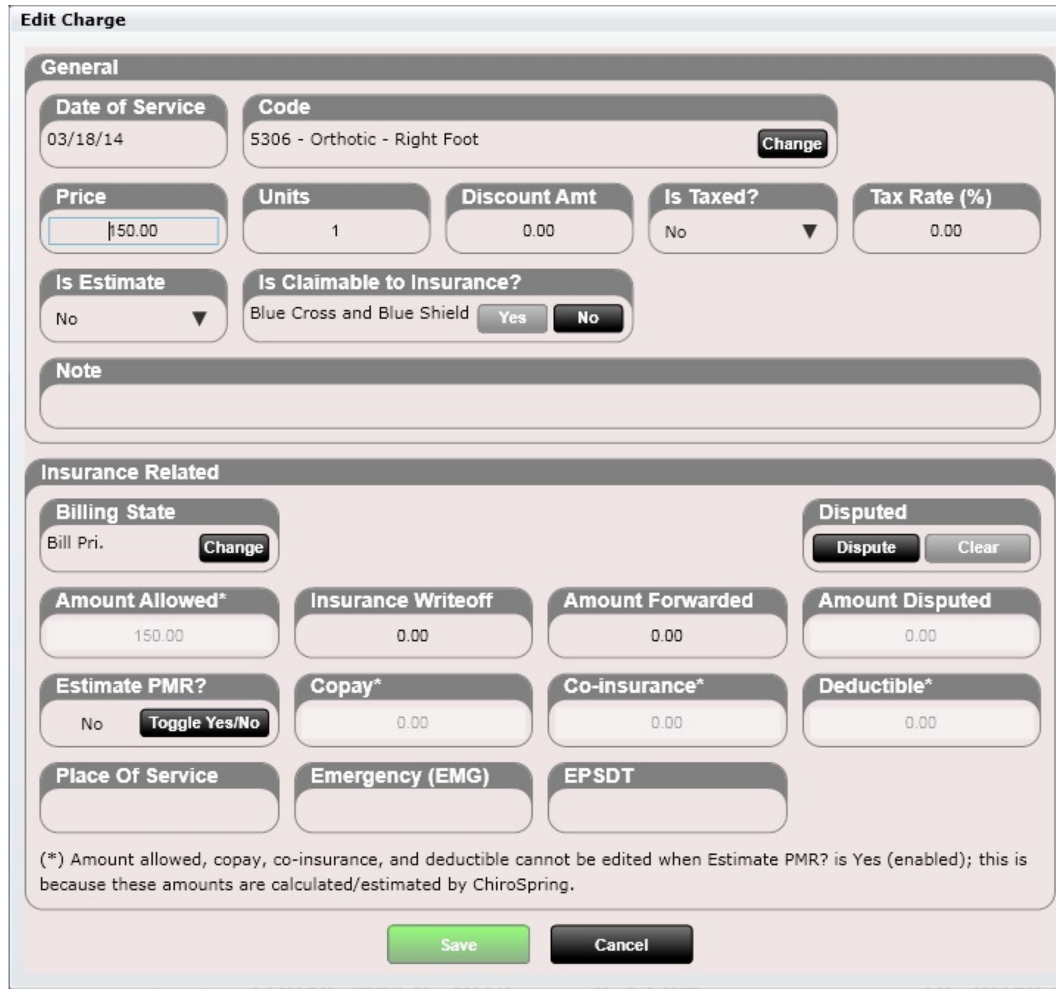
ChiroSpring gives you the ability to easily edit almost any aspect of a charge. To edit a charge, select the charge in the Billing app (or patient ledger). Then right click and select Edit Charge or Edit Visit Charges.



Billing – Edit Charge

Here is the Edit Charge Dialog.





Note: The following fields are NOT EDITABLE unless Estimate PMR? Is turned to YES

- Amount Allowed
- Copay
- Co-Insurance
- Deductible

(*) Amount allowed, copay, co-insurance, and deductible cannot be edited when Estimate PMR? is Yes (enabled); this is because these amounts are calculated/estimated by ChiroSpring.

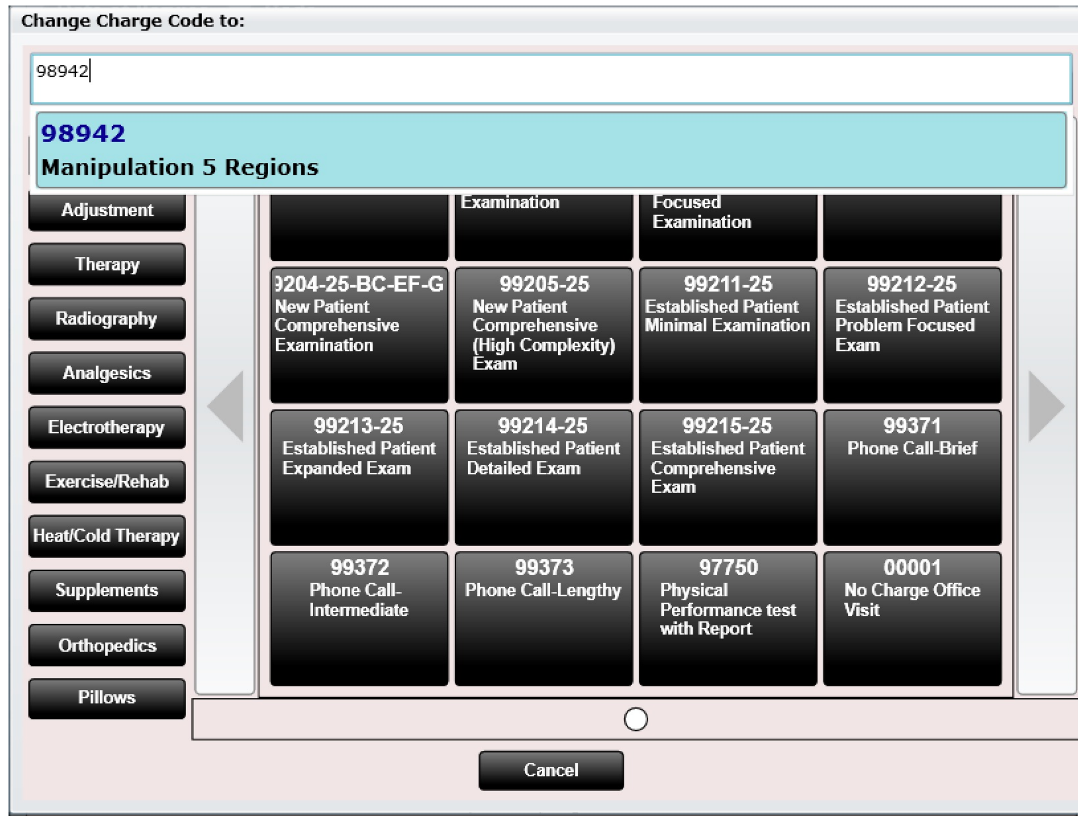
Billing – Change Charge Code

To change a charge code, click "Change" in the Edit Charge dialog. From the grid that opens select your new charge or search for it.

In this example I am changing a 98941 charge to a 98942

1

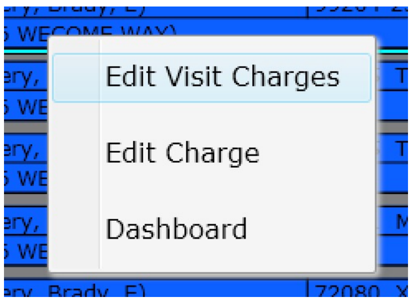
2



3

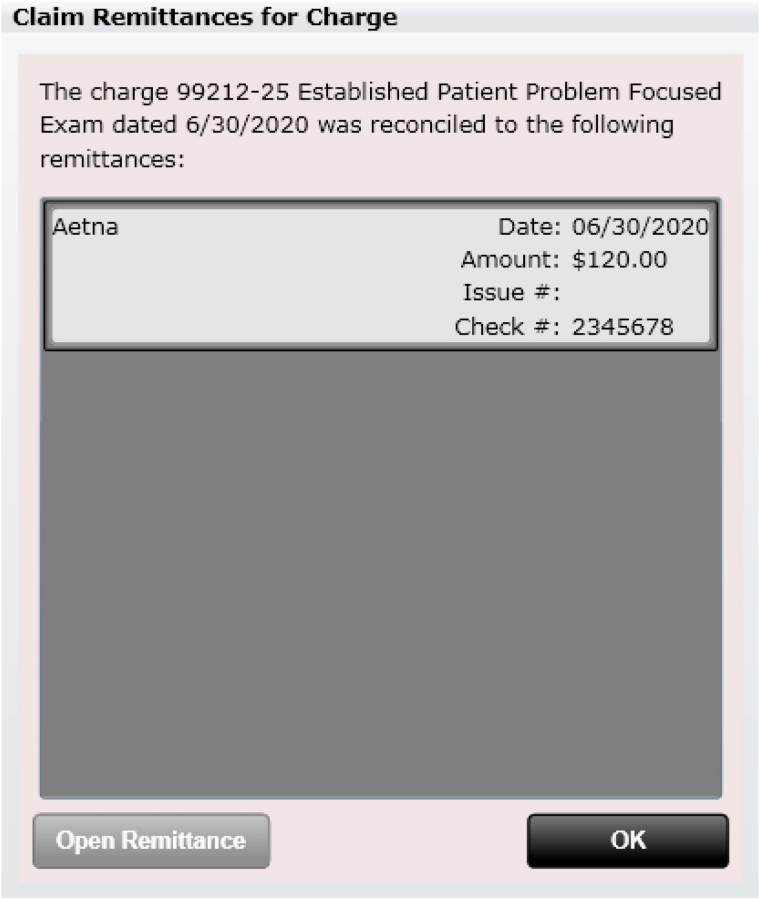
Billing – Edit Charge

Here is the Edit Visit Charges Dialog.



Billing - Remittances

It is possible to view a charge's remittance (if it has one). Select the charge, then click "Remittances". This will open the dialog shown below.



Next, select the remittance and click "Open Remittance". This will open the reconcile app showing the remittance the charge was reconciled on.

This is useful in instances where you want to bill a disputed charge to a patient. If the insurance says they will not cover the charge and you now want to bill it to the patient, you will need to "Unreconcile" the charge. This is accomplished by going into the remittance and clicking the "Unreconcile" button.

Billing - FAQs

How are charges submitted in ChiroSpring?

Charges go through an exact billing sequence as shown below.

- If Insurance
    - Bill to Primary
    - Primary Billed
    - Bill to Secondary (if have secondary)
    - Secondary Billed
    - Bill to Tertiary (if have tertiary)
    - Tertiary Billed
    - Bill to Patient
    - Patient Billed
    - Reconciled
- If No Insurance
    - Bill Patient
    - Patient Billed
    - Reconciled

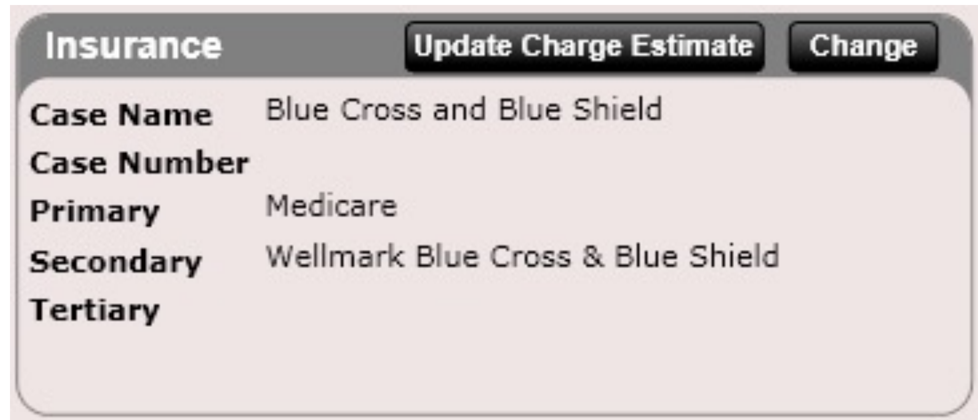
Billing - FAQs

How are charges re-submitted in ChiroSpring?

There are two ways to re-submit a charge in ChiroSpring

1. Visits Tile

- Select the visit containing the charge you want to re-bill
- Select the “Change” button on the Insurance Case (pictured here)
- Select a new insurance case (or leave the same if you want)
- Select the charge from the list below (pictured bottom right here)
- Click the “Change Billing State” button. A dialog will open asking you what billing state you would like to change to.
- Charges marked Bill Primary, Bill Secondary or Bill Tertiary will automatically appear in the Claims app ready to submit to insurance



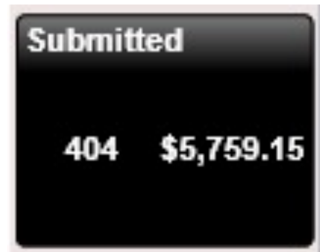
Billing - FAQs

How are charges re-submitted in ChiroSpring?

There are two ways to re-submit a charge in ChiroSpring

2. Billing app

- Select the Submitted Folder on the left
- Select the charge you wish to re-bill
- Select the Billing State below (Bill Pri, Bill Sec or Bill Ter)
- Save Changes
- Your visit will now be in the Claims app ready to Print or Export to insurance



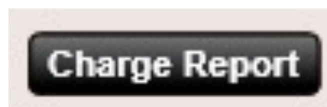
You can also select one (or multiple charges) and select “Re-Bill Charge(s)” followed by clicking Save Changes.

Billing - FAQs

How do I bill an attorney?

ChiroSpring makes it simple to bill attorneys.

1. The first step is to create an insurance carrier for your attorney. **Although an attorney is not REALLY an insurance carrier you must set it up this way.**
2. Next create an insurance case for your patient and select the “Attorney Insurance Carrier” as the primary insurance.
3. MAKE SURE you put “Charges On Hold = Yes” (that is if you do not want to bill the charges to insurance).
4. After you have created charges for your patient you can at anytime print the “Charge Report”. This report is located in the Insurance Case Tile in the patient dashboard.



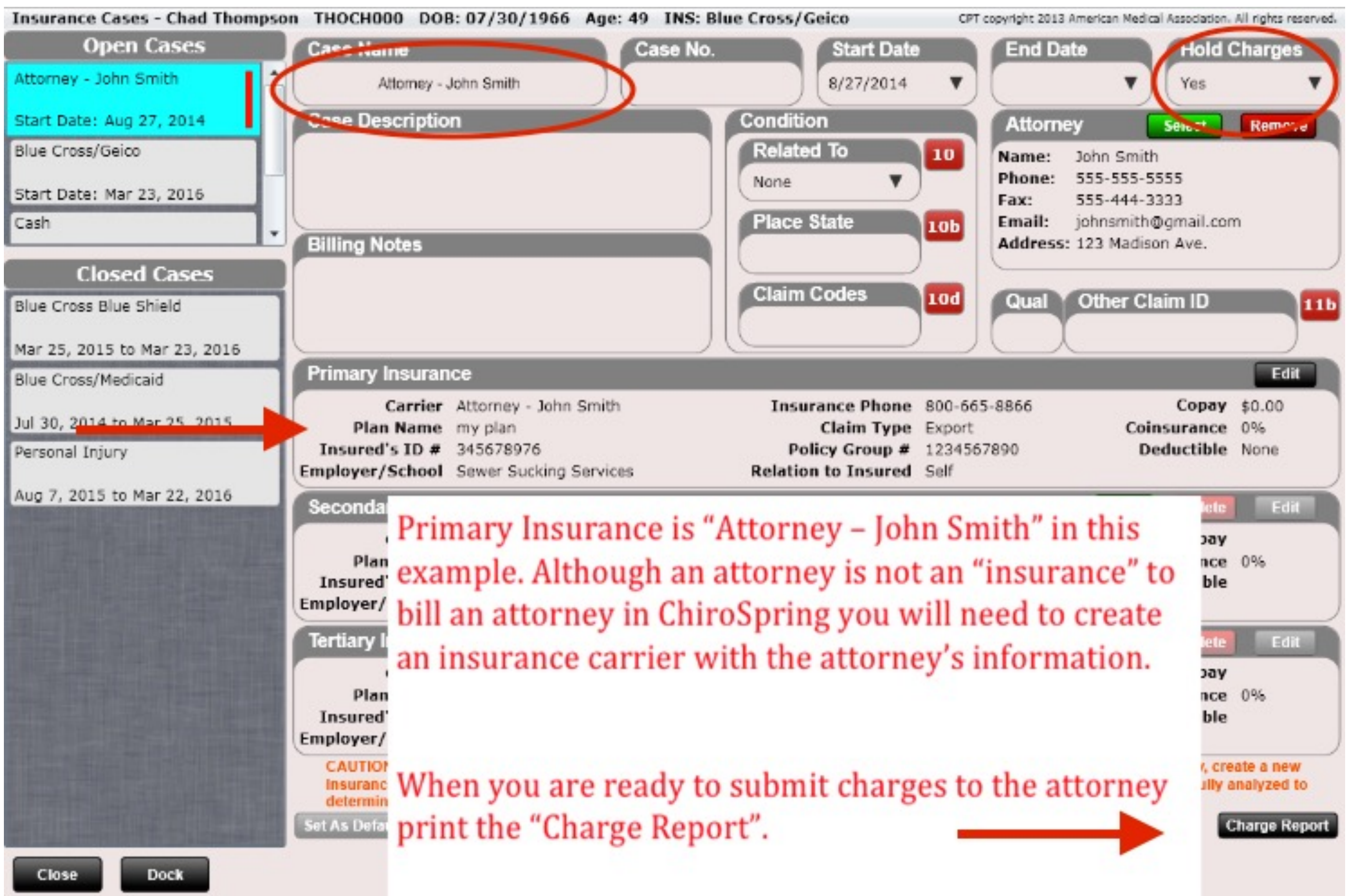
After you bill the attorney by sending them the “Charge Report” you will eventually receive a check. **<u>You MUST reconcile this check!</u>** An attorney check is different than a standard insurance remittance (as an attorney does not specify amount allowed, etc.) Therefore, you will need to enter the full amount allowed and full amount paid for every charge until you have exhausted the attorney check. If anything remains (e.g. subsequent charges), you will need to write them off.

However, we have a special feature for reconciling an ENTIRE attorney check in ONE CLICK. More on this later.

Billing - FAQs

How do I bill an attorney?

Below is an example of an Insurance Case showing an attorney selected as the “Insurance Carrier”.



Billing - FAQs

How do I bill an attorney?

Below is an example of a charge report generated using the “charge report” button inside the Insurance Case Tile. You can customize which options you want displayed on this report to suite your attorney. ☺

Spinal Care Chiropractic
234 Western
Davenport, IA 52806
563-545-4565

Insurance Case Charge Report

For: Chad Thompson
Dates: 8/27/2014 to 8/28/2014
Insured ID: 345345345
Group:
Attorney - John Smith
5453 Law Ave
Davenport, IA 78878

Date	Description	Units	Amount Charged
08/27/14	98941 - Manipulation 3-4 Regions	1	40.00
08/27/14	97014 - Therapy-Muscle Stimulation	2	40.00
08/28/14	98941 - Manipulation 3-4 Regions	1	40.00
08/28/14	97014 - Therapy-Muscle Stimulation	2	40.00
08/28/14	98941 - Manipulation 3-4 Regions	1	40.00
08/28/14	97014 - Therapy-Muscle Stimulation	2	40.00
08/28/14	99213-25 - Established Patient Expanded Exam	1	60.00
08/28/14	99372 - Phone Call-Intermediate	1	20.00
	Totals:		**320.00**

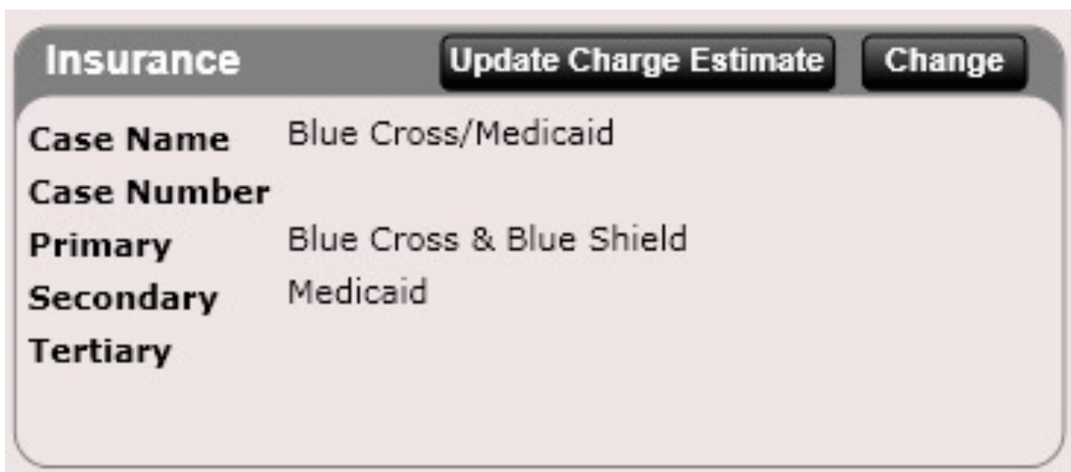
Billing - FAQs

How do I change an insurance case after a charge has been billed and then re-bill that charge?

First examine the patient's current insurance case. Determine if you will be changing a primary insurance, secondary insurance or both.

No matter what, if the patient's insurance has changed, first close the existing insurance case. Then create a new insurance case. Add the primary (and secondary if applicable) insurance. Ensure you select a STARTING DATE for the insurance case that is OLDER than any charges you want to BILL. Set the new insurance case as default.

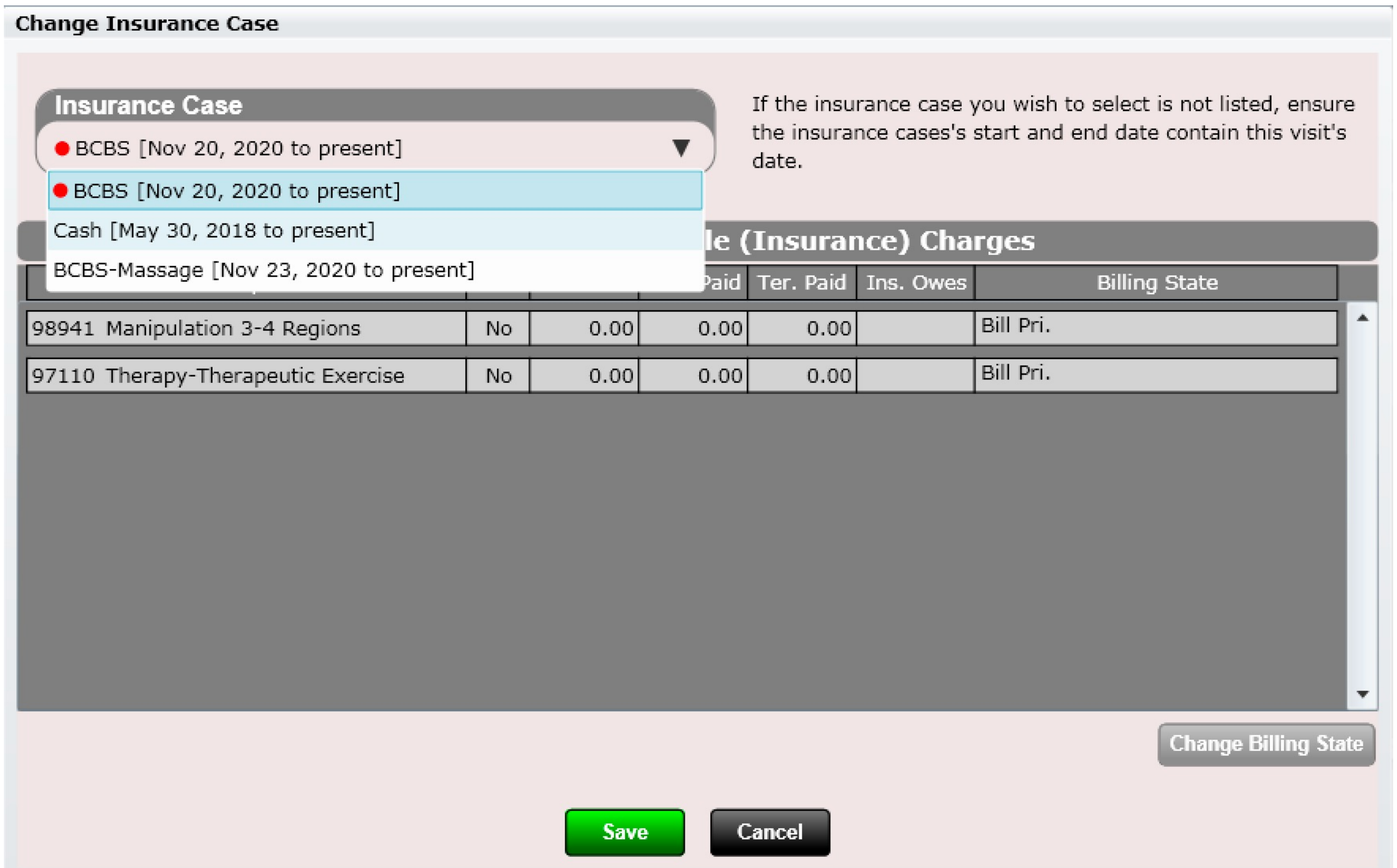
Next go to the Visit's Tile. Click on the visit you want to re-bill with the new insurance case. You will see that visit's insurance information in the box shown below. Now let's change the insurance case for this visit by clicking the "Change" button.



Billing - FAQs

How do I change an insurance case after a charge has been billed and then re-bill that charge?

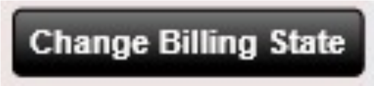
After clicking "Change" you will see a dialog open allowing you to change the insurance case. Select your new insurance case.



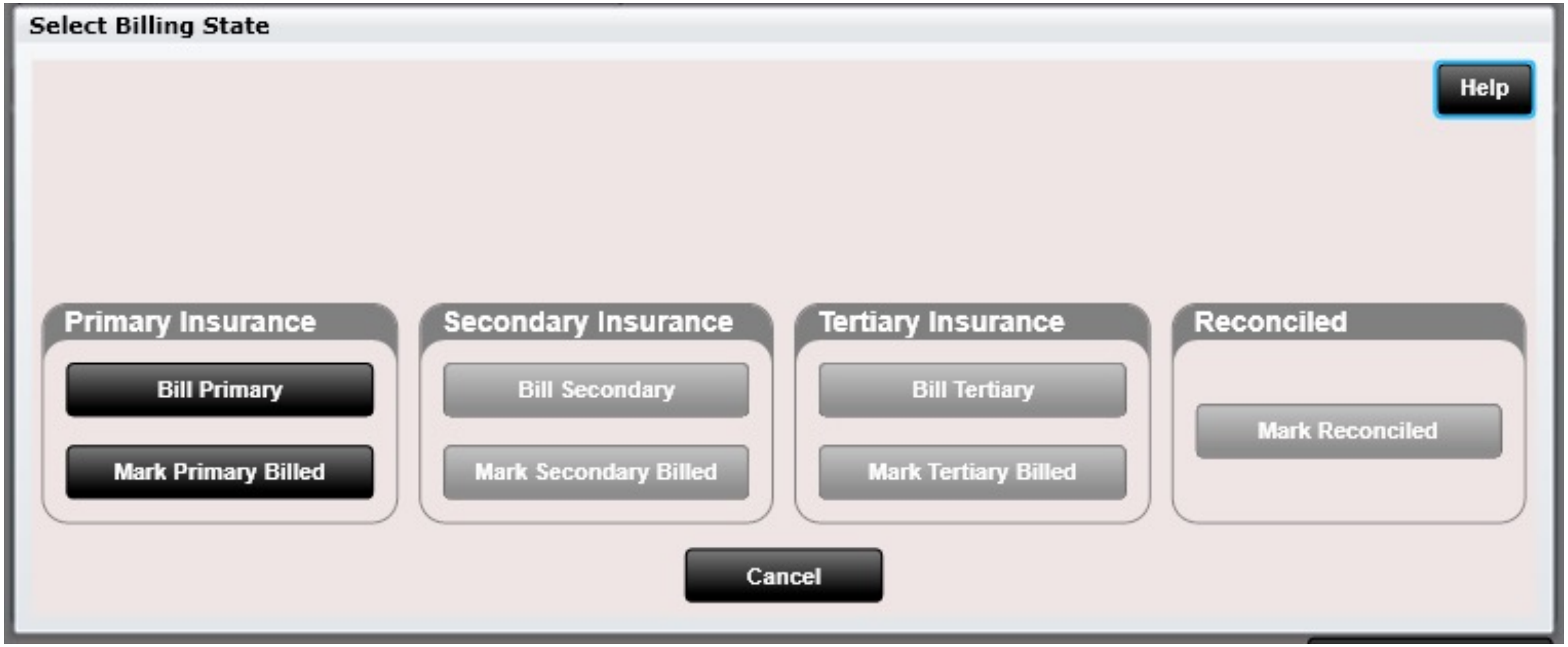
Billing - FAQs

How do I change an insurance case after a charge has been billed and then re-bill that charge?

After selecting the new insurance case you can now select each charge and click the “Change Billing State” button.



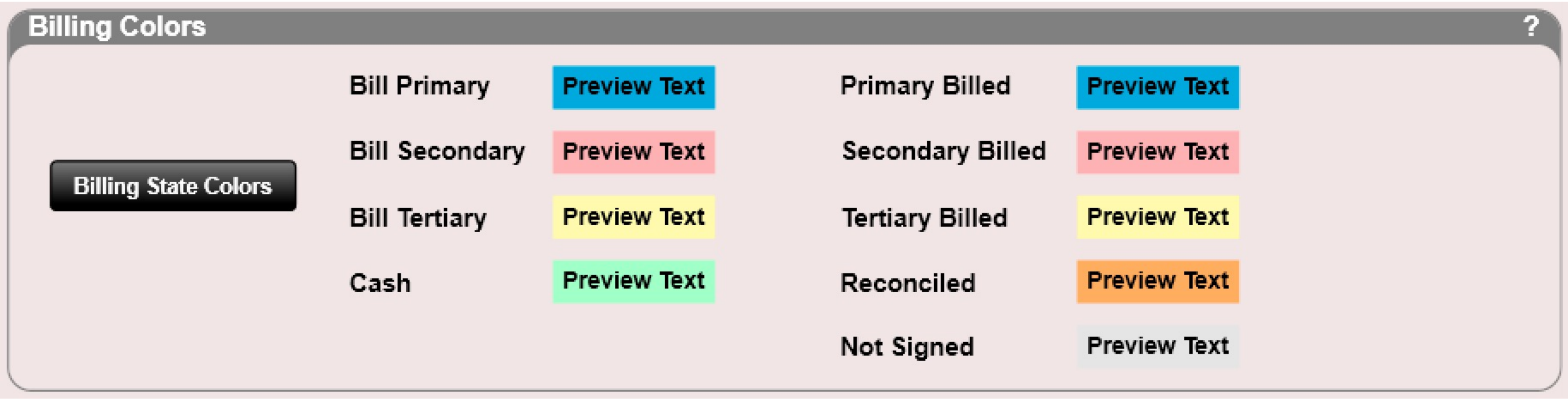
Select the billing state you want. For example, if you want to re-bill primary under this new insurance case select “Bill Primary”. Repeat this step for all charges in the insurance case.



Billing - FAQs

How can I change billing state colors?

You can change the billing state colors in Settings/Practice Info/Charge Options. This will make it easy to identify the billing states of your charges.



#Claims

Claims

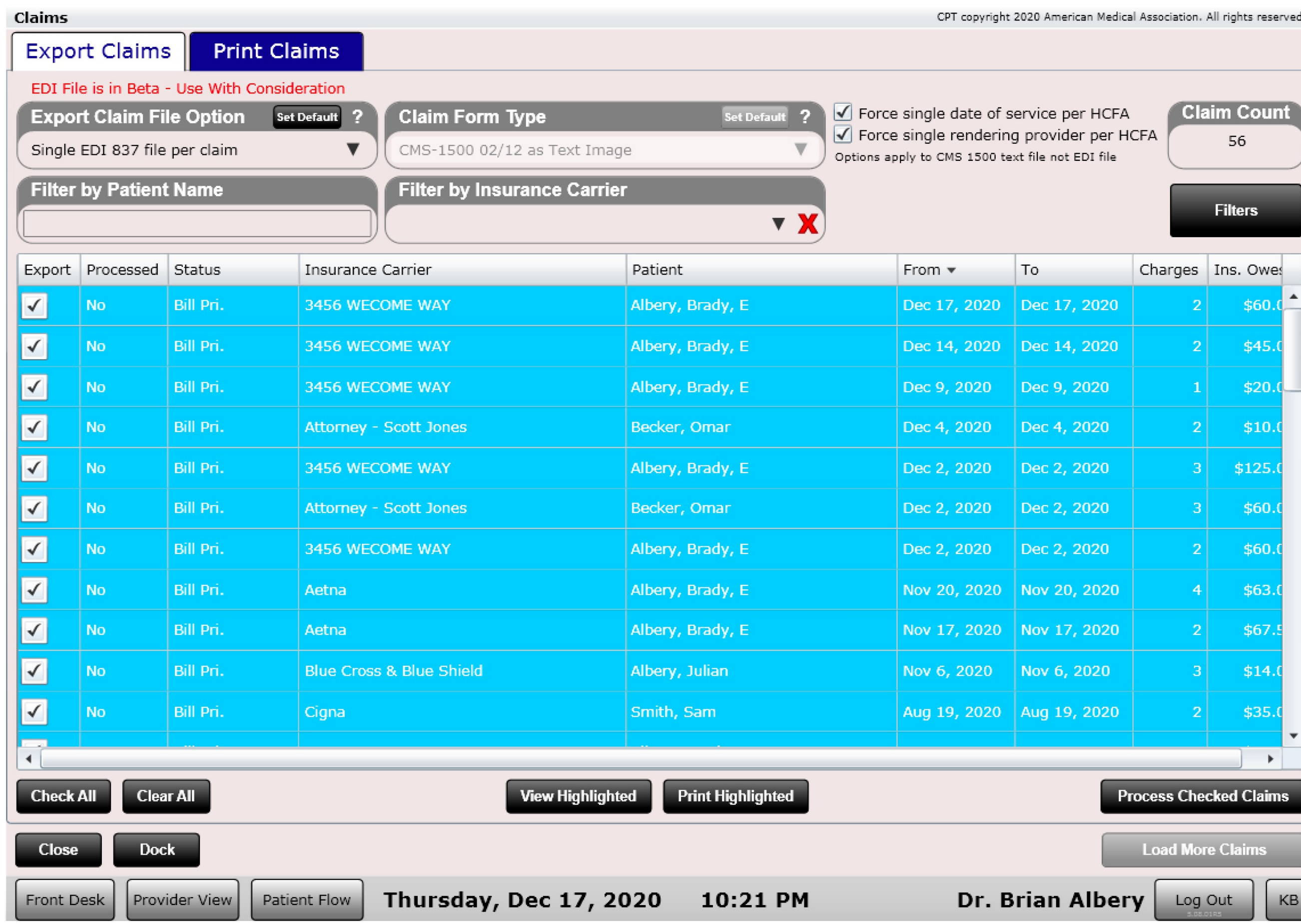
The claims app is where you go to submit insurance claims either electronically or by printing directly onto a CMS-1500 HCFA form. Electronic claims are found within the "Export Claims" tab and print claims are found within the "Print Claims" tab.

ChiroSpring supports two electronic formats:

- CMS 1500 Text File
- EDI File **(in beta)**

If you use the CMS 1500 Text File option, you will need to notify your clearinghouse and submit around 10-15 charges. They will MAP this file. Once mapped you can continue submitting this file never needing it mapped again.

If you are using EDI see the Claims-EDI pages for more information.

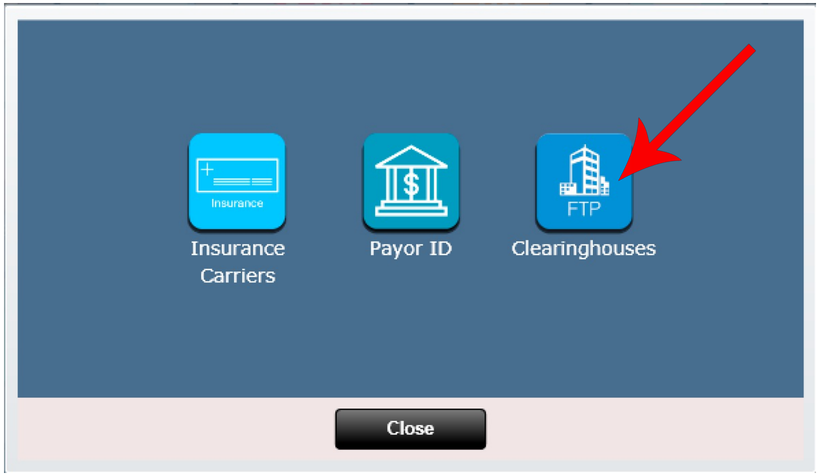


Claims

If you decide to use the EDI format you will want to setup your clearinghouse in Settings/Insurance/Clearinghouses. This provides the ability when submitting to use the FTP option which directly uploads your claims to your clearinghouse. This is an easier process and will save you time vs. the manual upload process.

We currently support the following clearinghouses

- Office Ally
- Etactics
- Waystar
- Smart Data Solutions
- Trizetto
- Infinedi
- BCBS-MI



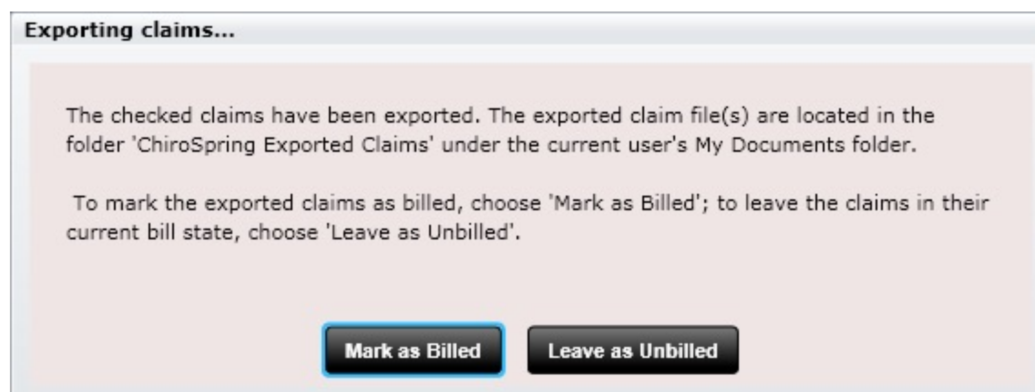
Claims – Export – Manual Process

To submit a claim electronically, either check all of the claims or check only the claim you wish to submit. Then click the “Process Checked Claims” button. This will generate a .TXT file stored in your computer’s documents folder in a folder called “ChiroSpring Exported Claims.”

In addition to exporting a claim, you can also view the claim or print the claim when directly within the “Export Claims” tab. To view a claim simply highlight it and then click the “View Highlighted” button below. This will display a full rendered HCFA form. To print a claim, simply highlight it and click the “Print Selected” button. This will print the claim and ALL OF IT’S GRAPHICS. Do not use this option to print to a blank HCFA.

Note: When you view or print a claim via this mechanism, it will not remove the claim from the que. Claims are ONLY removed from the Export Claims que after checking them and then clicking the “Process Checked Claims” button.

Then, in the dialog that follows select “Mark as Billed”. Now when you close the Claims app and re-open your claims will be gone (this is of course because they have been marked as billed and are no longer set to bill).

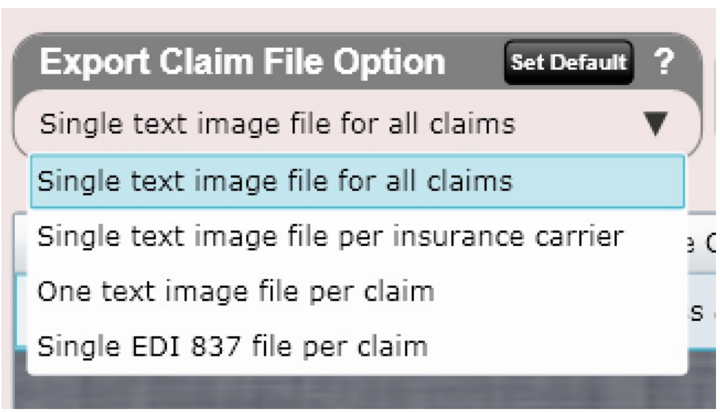


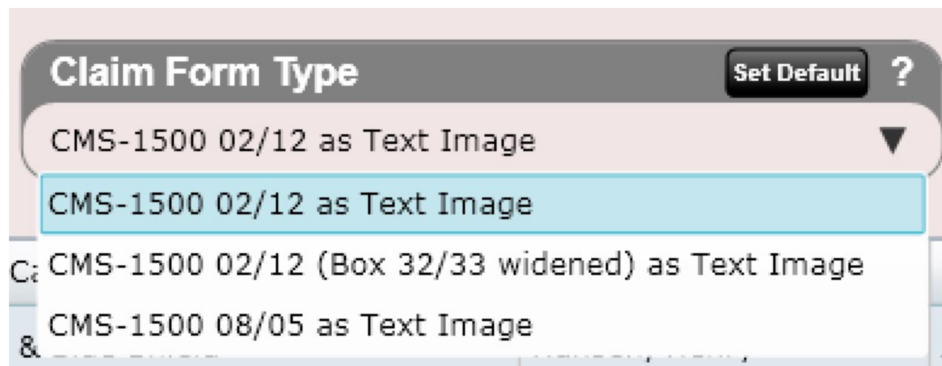
Claims – Export – Manual Process

At the top of the claims app when on the "Export Claims" tab are two drop down boxes. The first allows you to select which version of the file format you want. There are two versions which are:

- CMS 1500.TXT
- EDI 837 **(beta as of this writing but very robust so should be no issue using)**

The other drop down allows you to change which version of the .TXT file you want to use. Note 08/05 is old and kept only for legacy purposes.



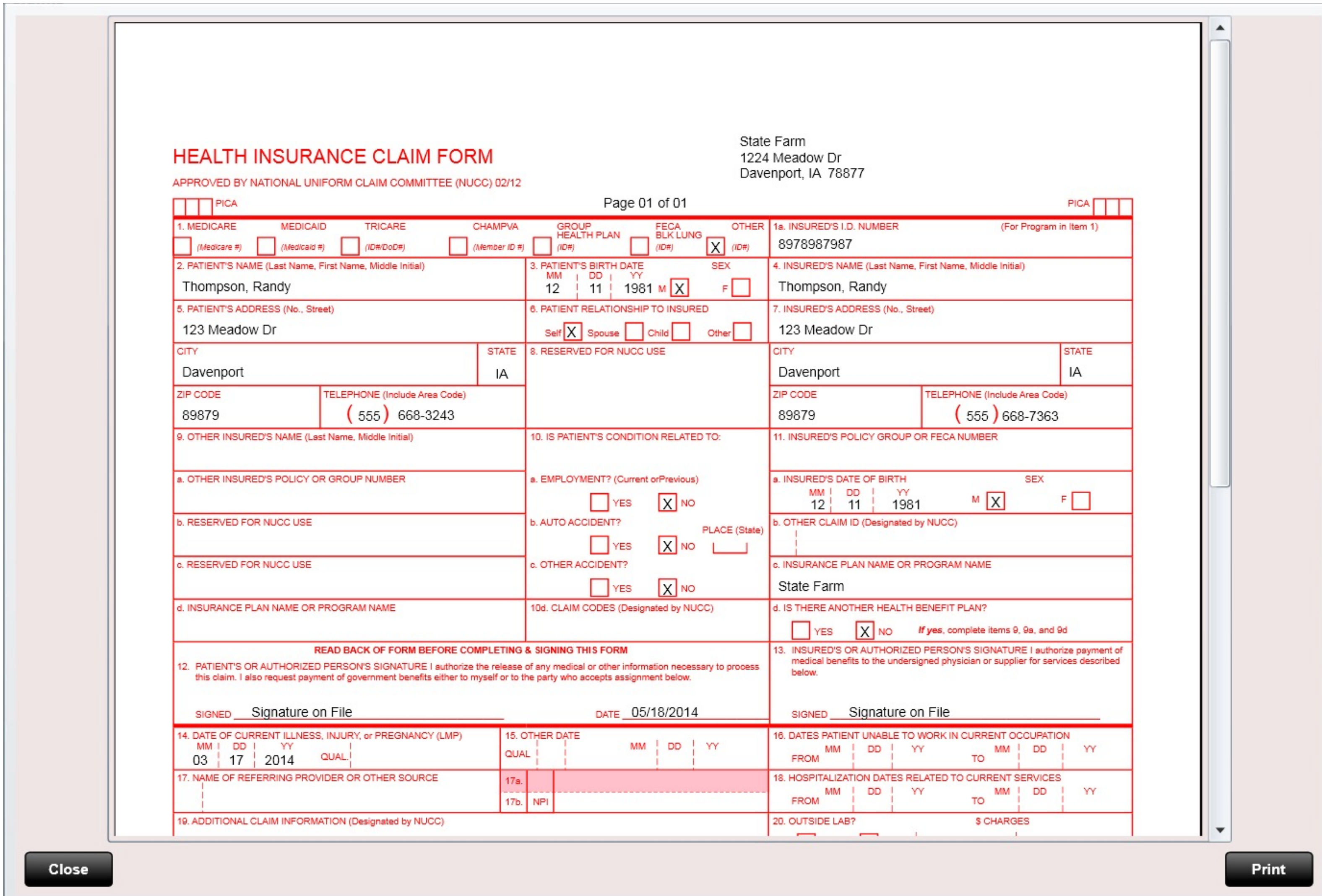


There is also a Claim Count box that lists the number of claims currently in the Que.

As a reminder you will need to let the clearinghouse you use know which format you are sending and they will likely want you to send a bath of claims (usually around 10) to map the file.

Claims – View CMS-1500

Here is an example of viewing a claim.



State Farm
1224 Meadow Dr
Davenport, IA 78877

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA — Page 01 of 01 — PICA

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE (ID#/DoD#) CHAMPVA (Member ID #) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#) X

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 8978987987

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Thompson, Randy

3. PATIENT'S BIRTH DATE MM DD YY: 12 11 1981 SEX M X F

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Thompson, Randy

5. PATIENT'S ADDRESS (No., Street): 123 Meadow Dr

6. PATIENT RELATIONSHIP TO INSURED: Self X Spouse Child Other

7. INSURED'S ADDRESS (No., Street): 123 Meadow Dr

CITY: Davenport STATE: IA

8. RESERVED FOR NUCC USE

CITY: Davenport STATE: IA

ZIP CODE: 89879 TELEPHONE (Include Area Code): (555) 668-3243

ZIP CODE: 89879 TELEPHONE (Include Area Code): (555) 668-7363

9. OTHER INSURED'S NAME (Last Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current orPrevious) YES NO X

a. INSURED'S DATE OF BIRTH MM DD YY: 12 11 1981 SEX M X F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO X PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO X

c. INSURANCE PLAN NAME OR PROGRAM NAME: State Farm

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO X *If yes*, complete items 9, 9a, and 9d

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED Signature on File DATE 05/18/2014

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED Signature on File

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY: 03 17 2014 QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

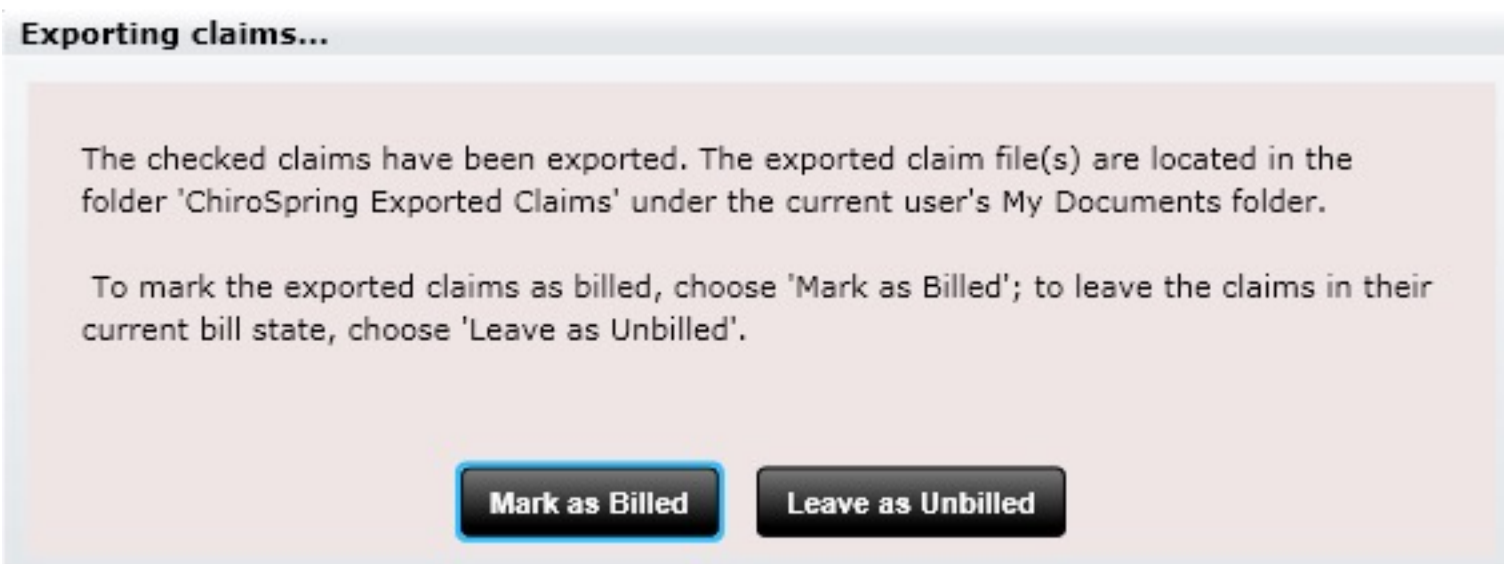
20. OUTSIDE LAB? $ CHARGES

Close Print

Claims – Export – Manual Process

Again, after you have checked the claims, you wish to export and then clicked the "Process Checked Claims" button, a dialog box will appear. It tells you that the claims have been generated and an electronic file has been created in your documents folder within a folder called "ChiroSpring Exported Claims." To mark that all your claims have been billed select "Mark as Billed". If you ever want the option to process a claim but NOT mark it as billed, then select the "Leave as Unbilled" button in this dialog (see below).

After this dialog closes you will STILL see all of your claims in the Claims app. This is by design. This allows you to generate them again if for some reason there was an issue generating the file. After you close and re-open the Claims app, the app will refresh, and any previously generated claims will no longer be shown. If you wish to track them down, they can be found within the "Submitted" folder inside the Billing app.



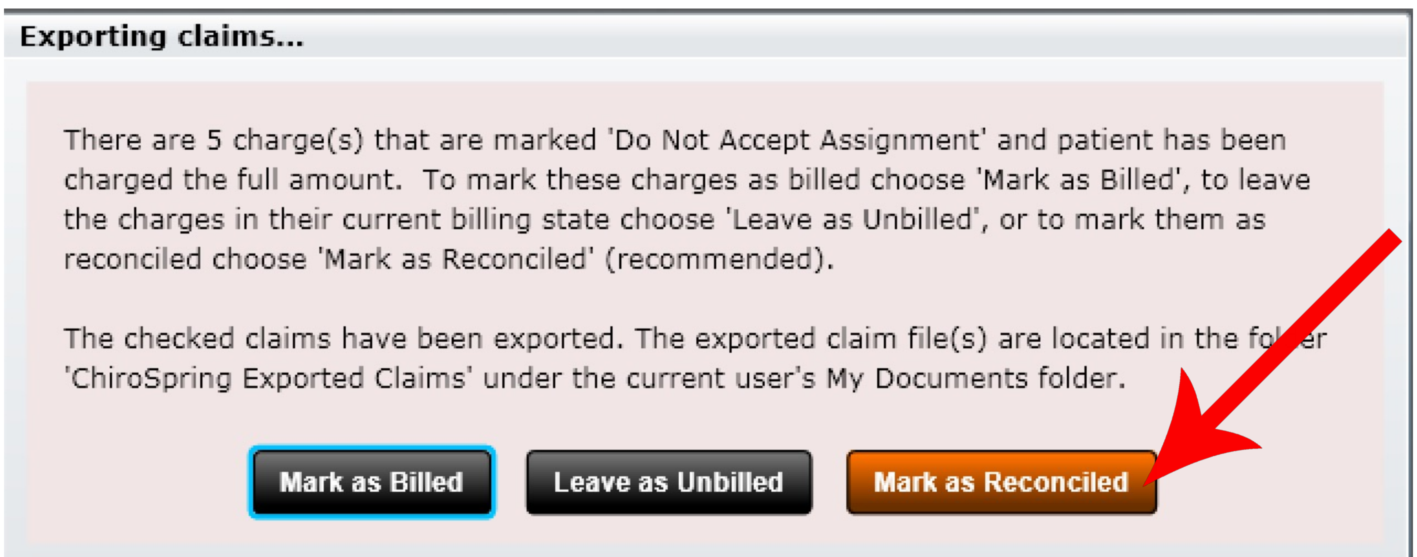
Claims – Export

Accept Assignment = No

If you have an insurance carrier setup as Accept Assignment = No, then when you process these claims, you will see an orange button. This button, “Mark as Reconciled” is the preferred option to select (as indicated in the dialog below).

Why?

Well, if you are submitting the claims on behalf of the patient (and the patient has already paid you as you collect in full up front (e.g. 100% co-insurance) then once you SUBMIT the claims you do not want them “Outstanding”. Thus, in aa single click you can move their status to Reconciled. SUPER AWESOME!



Claims – Export – Manual Process

Now that you have generated your electronic file you can submit this file to the clearinghouse of your choice for processing. It's that easy!

We like to recommend Office Ally as our clearinghouse of choice as they are inexpensive. We also recommend Etactics and WayStar.

Exported claims are in the format **Claim_YYYY-MM-DD_HHMM**(am or pm)

These specific (down to the minute) time stamps will ensure you never overwrite an already existing claim and also helps you find the exact claim you are looking for.

Claim_2013-07-18_All.txt
Claim_2013-07-24_0835AM_All.txt
Claim_2013-07-25_All.txt
Claim_2013-07-26_All.txt
Claim_2013-07-30_All.txt
Claim_2013-08-13_All.txt
Claim_2013-08-14-1001AM_All.txt
Claim_2013-08-22-0214AM_All.txt

Print Claims

Claims - Print

To print your claims, follow these steps

- First ensure you have set up your proper alignment. To do this use the “Form Settings” app found within settings.

  HCFA

  Form Settings

- Check the claims you wish to print (via the “Print Claim” check box).
- The claims may be printed by single date of service, and/or single rendering provider. See checkboxes below.

  ☐ Force single date of service per HCFA

  ☐ Force single rendering provider per HCFA

- Click the “Process Checked Claims” button. A dialog box will open asking if the claims all printed successfully. If you need to re-print a claim simply highlight it and click the “Print Selected” button below.

  Process Checked Claims

- After all claims have printed successfully you can now close the Claims app. The next time you open the Claims app those printed claims will no longer appear.

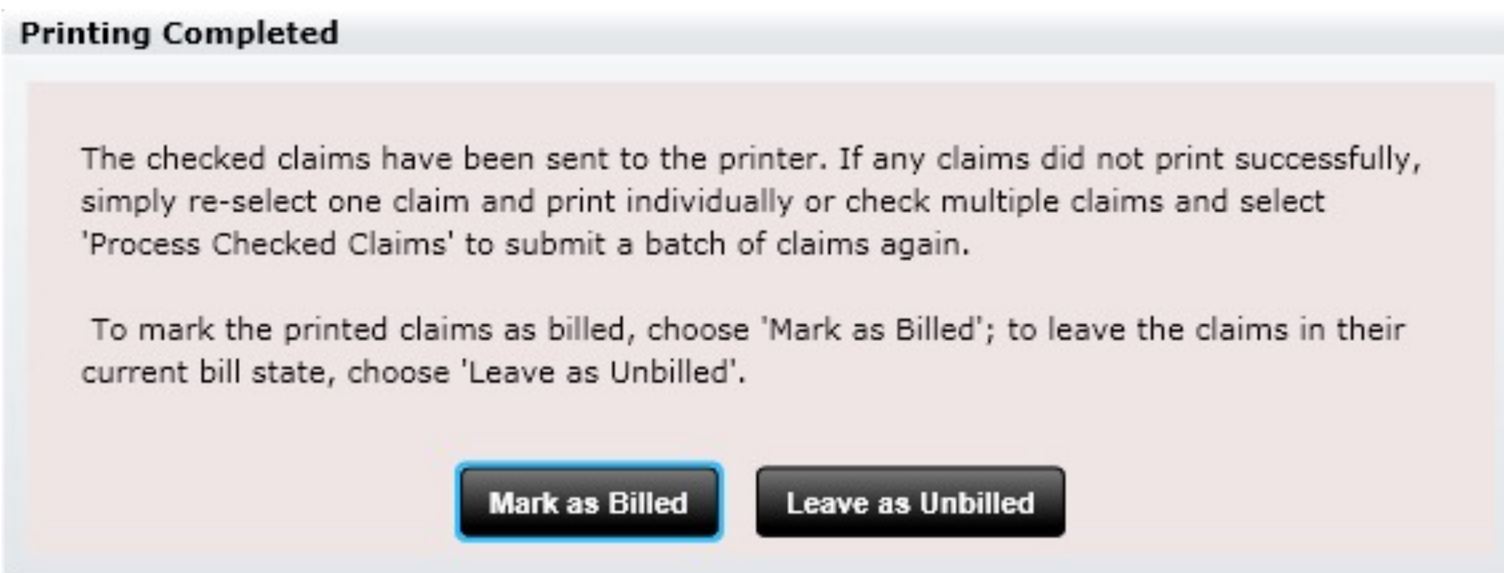
Print Claim	Print Remittance	Processed	Status	Insurance Provider ▲	Patient	From ▲	To	Charge Count	Balance
✓	☐	No	Bill Pri.	Wellmark Blue Cross Blue Shield of Iowa	Wyatt, Angela	Aug 8, 2013	Aug 8, 2013	2	$110.00

Claims - Print

After printing your claims to the HCFA forms, ensure they all printed correctly. If you need to print one, again, simply select it and then click the "Print" button.

Next click the "Mark as Billed" button to indicate you have billed these claims successfully.

Now when you close out of the Claims app the app will refresh and all printed claims will be gone from the que.



Please be patient. It takes time to Print insurance claims. Your computer will seem "frozen" until all claims have been printed.

Claims – Creation Rules

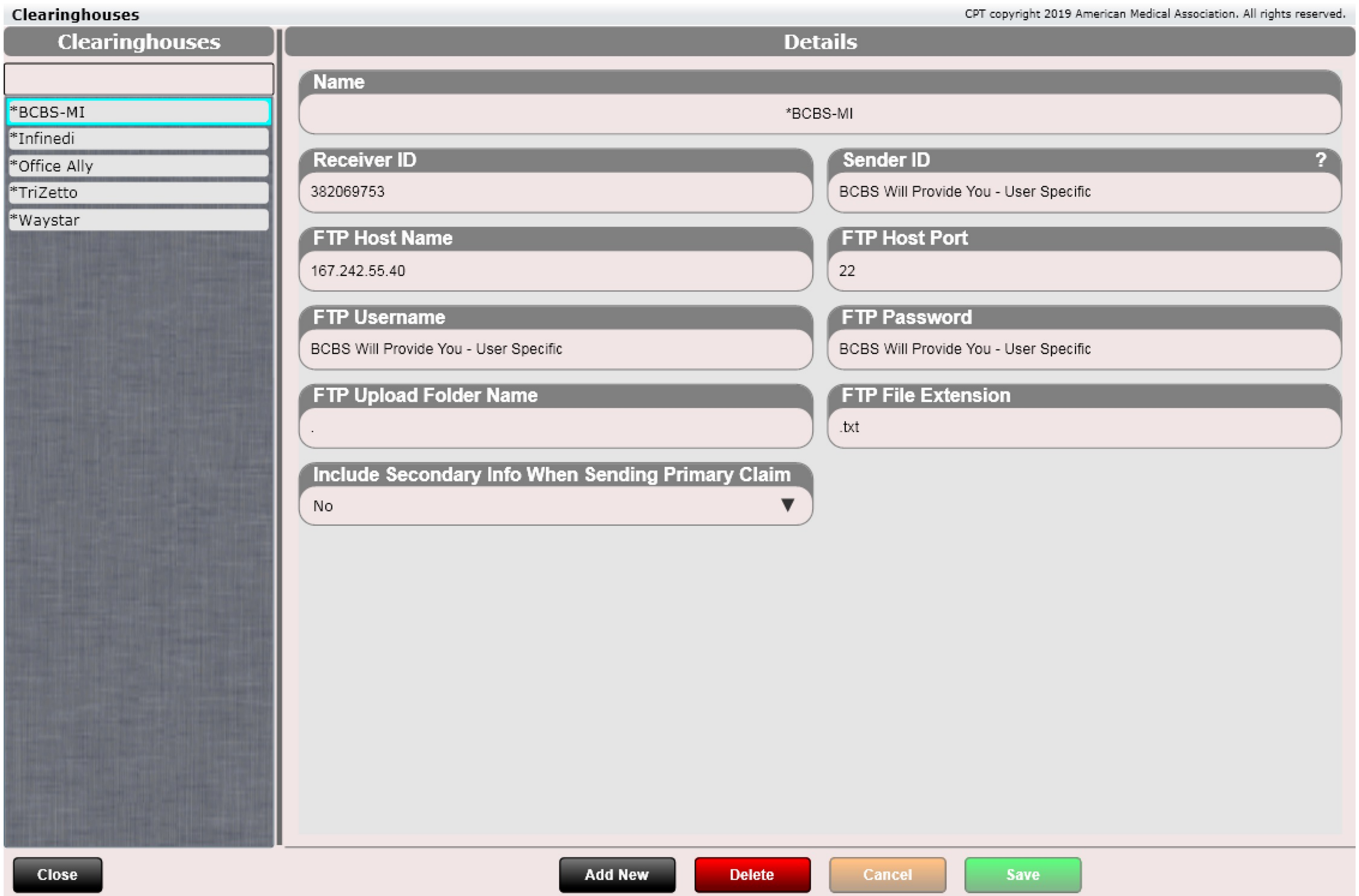
When the software generates HCFA's it tries to combine visits onto a single HCFA if possible. Here are the rules that must be followed in order for multiple visit dates to exist on a single HCFA.

In order to be on the same claim, the following information must be identical:

1. Facility address of rendering provider
2. Current illness date (HICF Box 14)
3. Current Illness date qualifier (HICF Box 14)
4. Other date (HICF Box 15)
5. Other date qualifier (HICF Box 15)
6. Unable to work dates (HICF Box 16)
7. Referring provider (HICF Box 17)
8. Hospitalization dates (HICF Box 18)
9. Additional claim information (HICF Box 19)
10. Medicaid Resubmit Code and original reference number (HICF Box 22)
11. Prior Authorization Number (HICF Box 23)
12. Patient
13. Insurance case
14. Billing status of charge
15. SOAP note signing provider
16. Diagnosis codes in exact same sequence

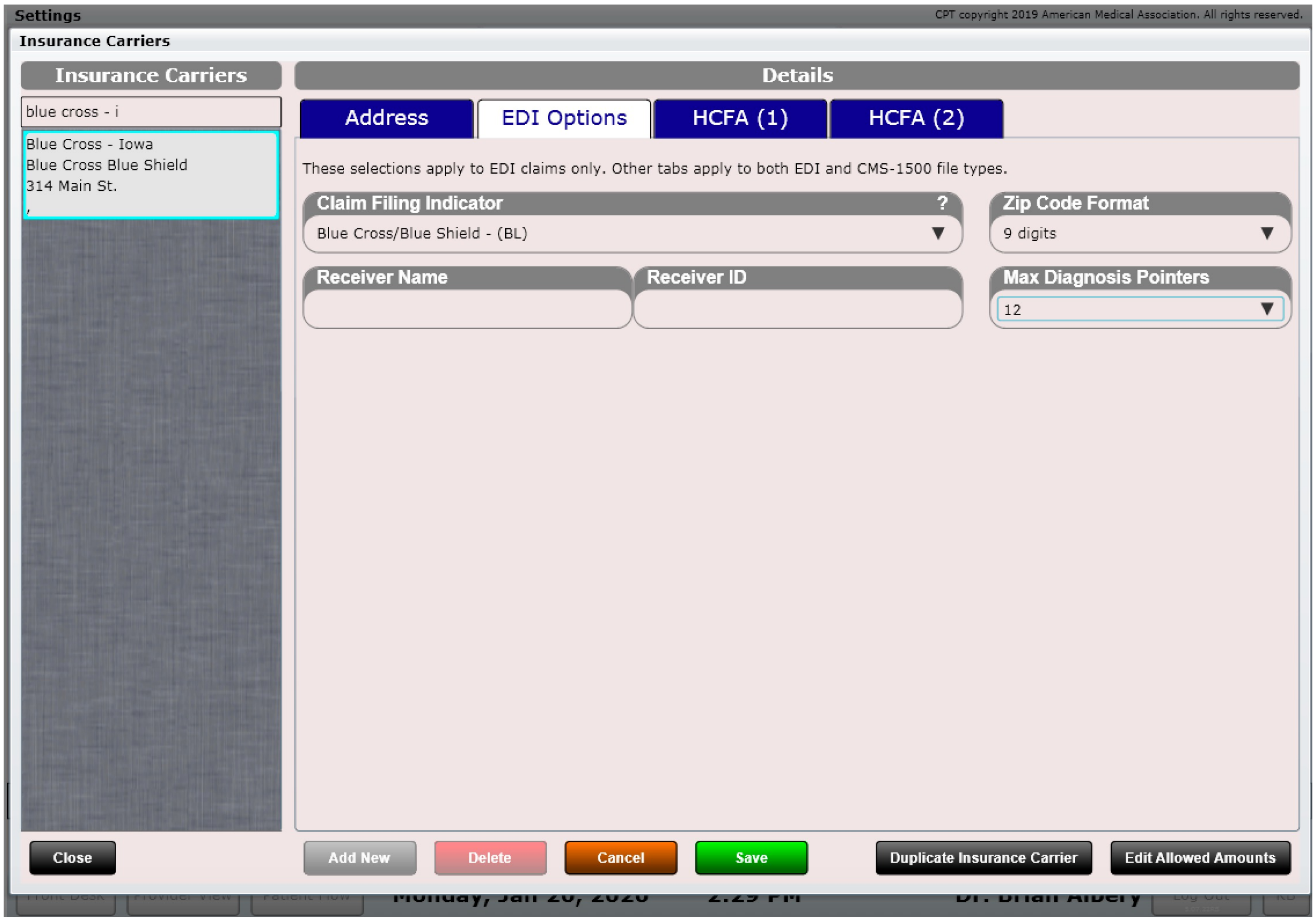
Claims – EDI & FTP Upload

Here is the Clearinghouse app. This is where you setup the FTP credentials for your clearinghouse if you want to directly transmit your claims without needing to manually upload a file.



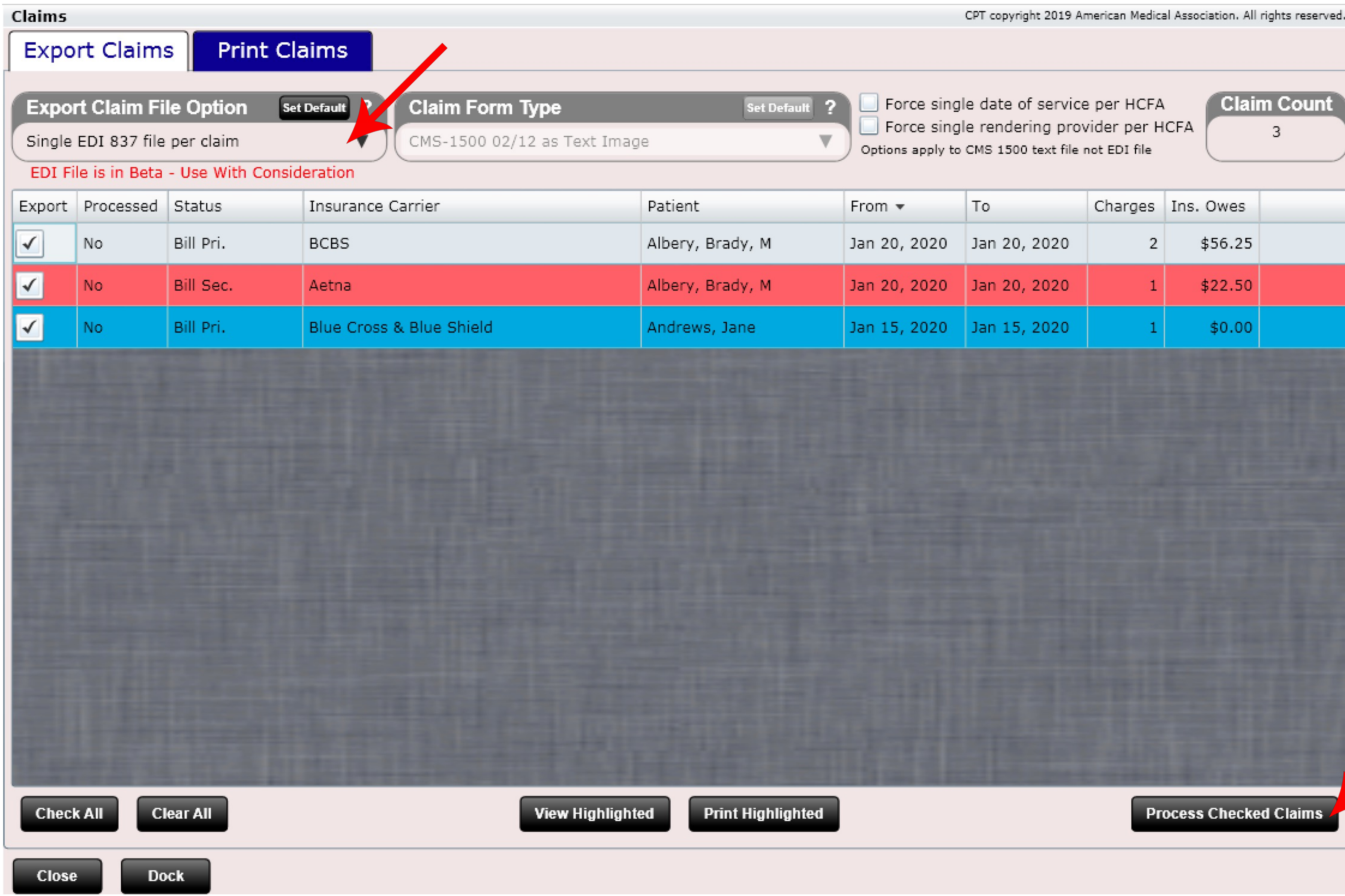
Claims - EDI

Here is the specific EDI tab inside the Insurance Carriers app to pay attention to. Ensure you have the correct settings based on your clearinghouse and your insurance carrier.



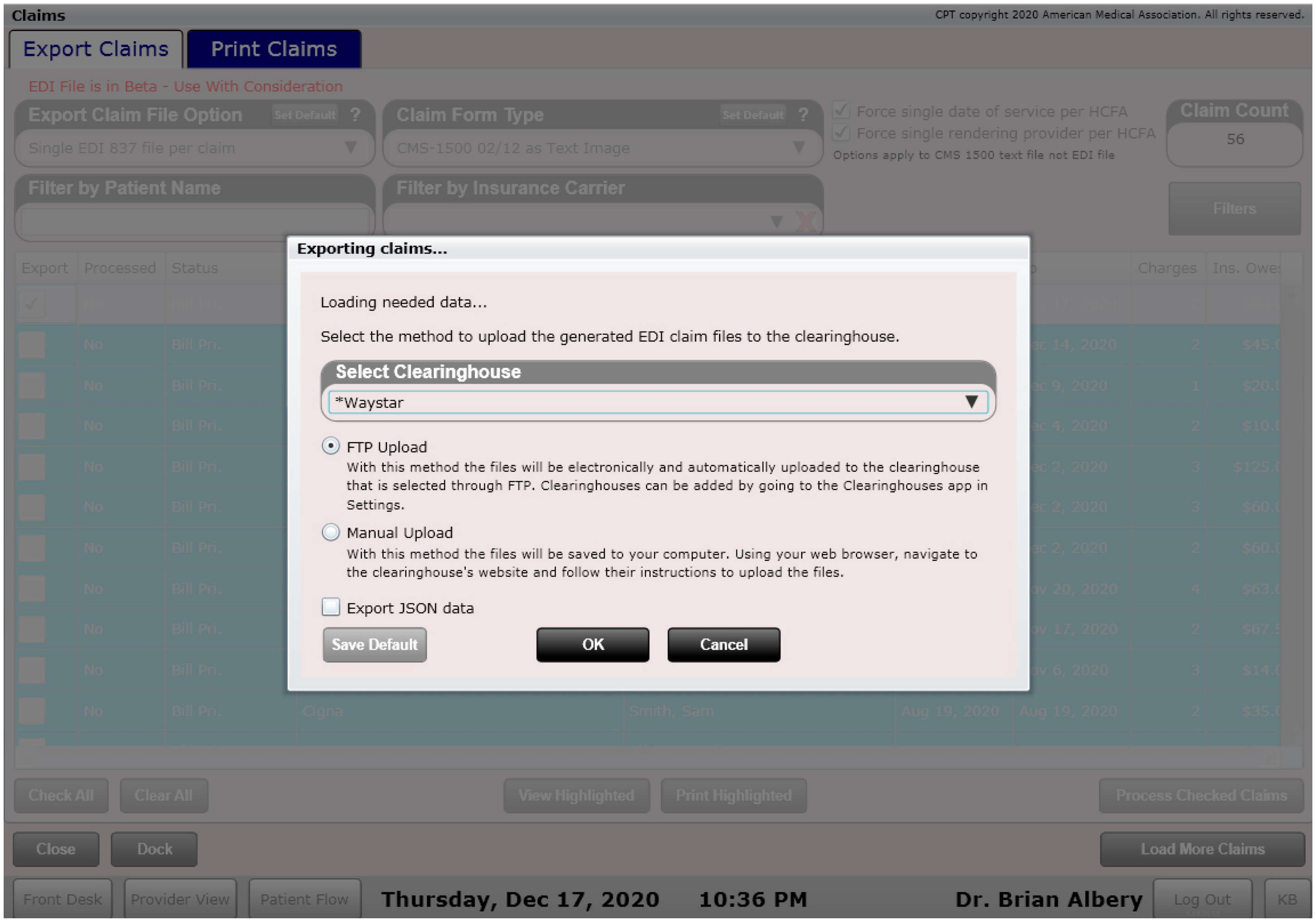
Claims - EDI

To submit EDI claims ensure the EDI option is selected. Then select Process Checked Claims.



Claims - EDI

Next select if you are doing Manual Upload (the software will generate a file which you then upload manually to the clearinghouse) or FTP Upload.



#Reconcile

Reconcile


Reconcile
CPT copyright 2013 American Medical Association. All rights reserved.
Claim Remittance
Select
Click Select to enter a new remittance or edit an existing.
Selected Patient
Recent Patients
?
Rucus Anderson
ANDRU000 02/24/1984
Tom Andresen
ANDTO000 08/06/1984
harry foot
FOOHA000 12/18/1922
Henry Gase
GASHE000 01/05/1982
William Gates
Reconciled Patients
Date
Code - Description
Units
Billing State (Ins. Carrier)
Amt Charged
Allowed
Pri. Payment
Sec. Payment
Ter. Payment
Disputed
Amt Disputed
Writeoff
Amt to Sec/Ter
Ins. Savings
Pri. Paid
Sec. Paid
Ter. Paid
Copay
Co-ins.
Deduct.
Ins. Owes
Notes
Only Show Charges on Remittance
Issue Amount Remaining
$0.00
Close
Dock
Print
Load Reconciled Charges
Reconcile Charge
Reconcile Insurance Case
Finish Remittance

You Must Reconcile!!!

IMPORTANT POINT. YOU MUST RECONCILE! WHEN YOU RECEIVE CHECKS FROM INSURANCE OR ATTORNEYS YOU MUST RECONCILE THESE CHECKS. HERE IS WHY:

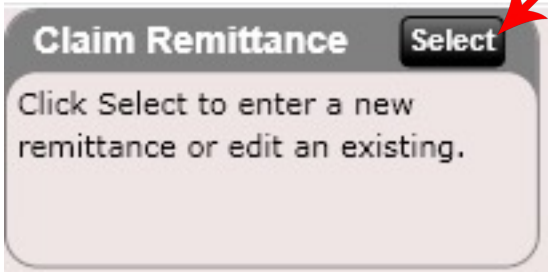
1. If you do not reconcile you will have "messy" books. Patient ledgers may not accurately reflect patient copays, co-ins or deductibles.
2. If you do not reconcile your "Billing app" will have a massive number of charges in the "Submitted" folder. Remember, the Billing app by design is there to show you charges that have NOT BEEN PAID. If you are not reconciling, your Billing app is also not accurate, and you will not know what charges you have been paid on.
3. If you do not reconcile your insurance accounts receivable will grow and grow and grow. And obviously it will not be accurate.
4. If you do not reconcile and charges are not covered by insurance, how will you notate this? Reconciling is the only way to mark the charge as denied (which is indicated with a "*" on the patient ledger. Charges marked denied are immediately the patient's responsibility.

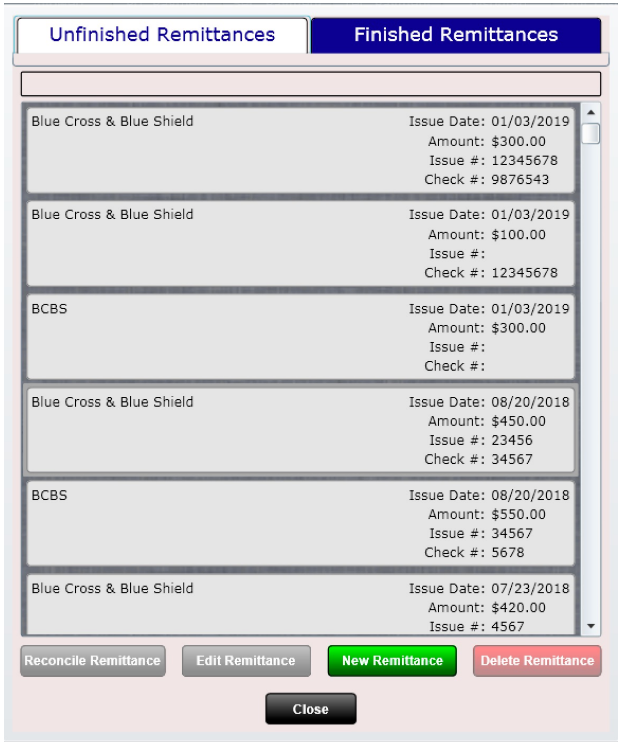
Reconcile

ChiroSpring's Reconcile app has these amazing features

1. Reconcile every patient on a claim remittance all from one screen. This makes the reconcile process <u>fast and efficient</u>.
2. Make no mistakes. ChiroSpring ensures all charges balance and furthermore ensures all charges on a claim remittance balance against the original check amount.
3. Dispute a charge directly during the reconciling process and even write notes on the charge to help keep track of the dispute process and what needs to be done.
4. Tell the software what to do with remaining balances (e.g. bill secondary or mark secondary as already billed)
5. Record a charge as denied and make the charge the patient's responsibility.
6. Mark a patient's deductible as met while reconciling a charge. This is a huge time saver and helps keep your cash register calculations accurate.

To get started click the "Select" button at the top of the screen. This will open the window shown to the right.

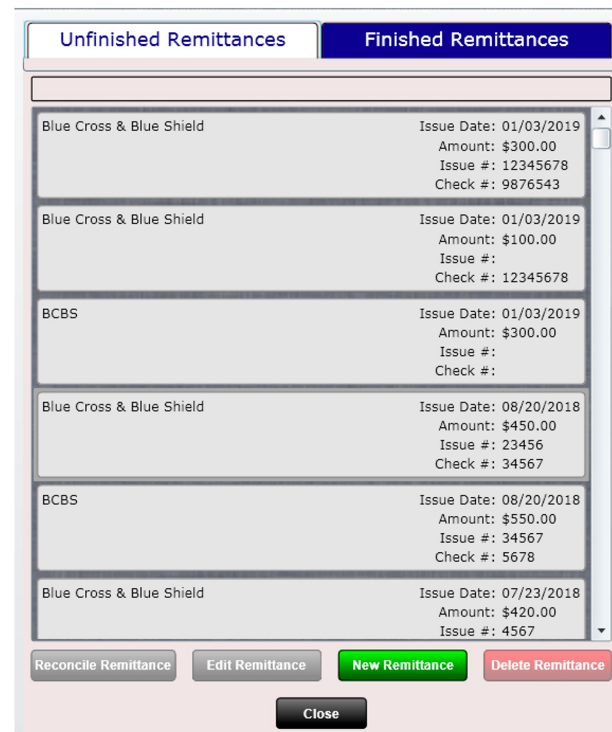




Reconcile

At the top of the claim remittance dialog box are two tabs (Unfinished Remittances and Finished Remittances). This allows you to go back at any time and view or edit old remittances. Also, because ChiroSpring has the ability to view and print the remittance into a report, you can always view or print every single payment entered for the remittance you are looking at.

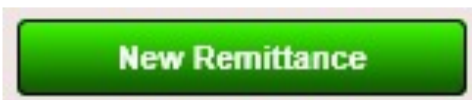
It's great knowing that ChiroSpring will forever keep every remittance on file.



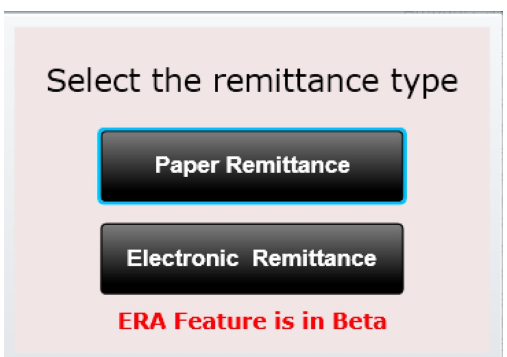
Reconcile

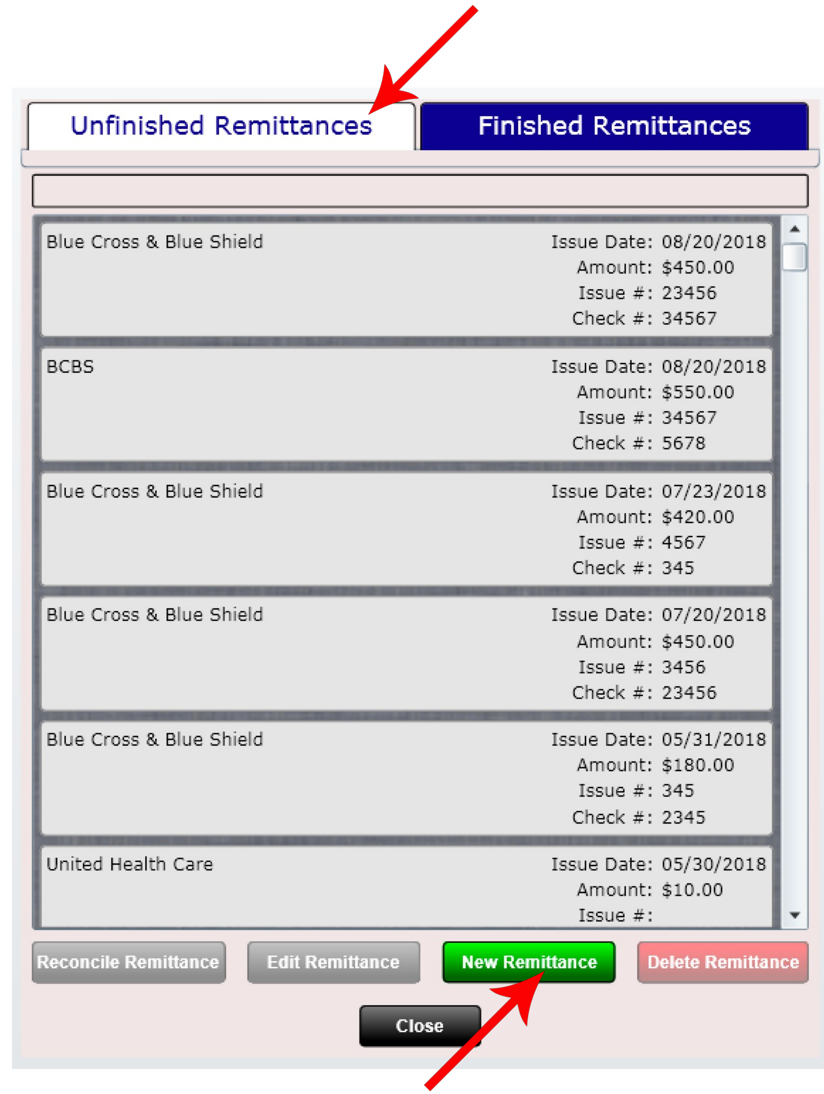
Here you can see a list of any unfinished claim remittance. As you can see we have several unfinished remittances from Blue Cross and Blue Shield.

To create a new remittance click the "New Remittance" button below. This will launch a dialog prompting you for the appropriate information.



Next select the remittance type. **As of this writing the Electronic Remittance (ERA) works but is in beta. Use with consideration. It is working very well so there should be no issues.**





Reconcile

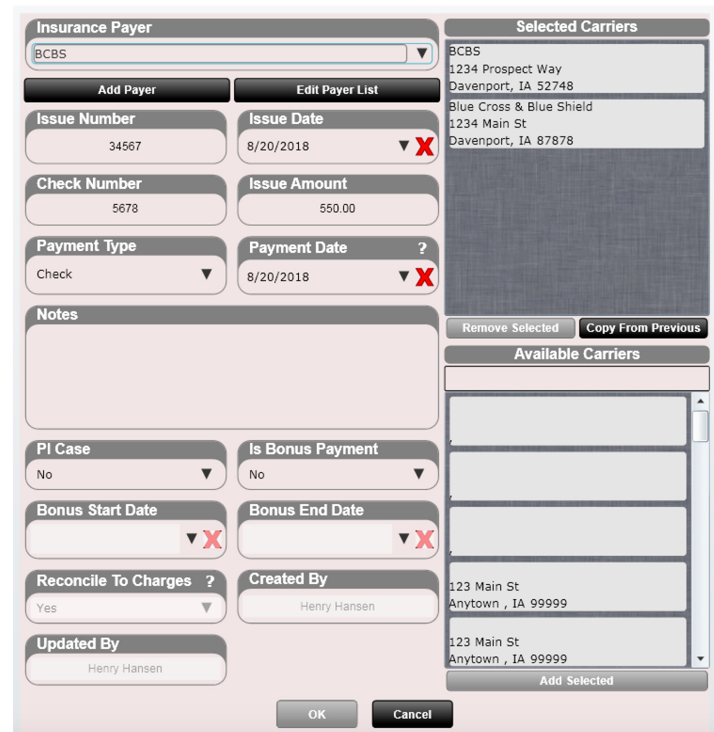
Once the dialog opens, enter the following information:

- **Insurance Payer** - This is who wrote the check

(if your payer list is blank you will need to click “Add Payer”)

- **Issue Number** – This number is sometimes included on claim remittances (optional)
- **Issue Date** - Date of check (required)
- **Check Number** – The check number (optional)
- **Issue Amount** – Entire dollar amount of check
- **Payment Type** – Check or Credit (e.g. direct deposit)
- **Payment Date** – Date you are entering the payment. **This date is used to create reports associated with insurance payments.**
- **Notes** – Write general notes for the remittance
- **Is Bonus Payment** – For adding bonus payments. For example, Medicare sometimes sends you a single payment with small bonus payments and includes a remittance with these charges. These charges are often already reconciled. Select “Yes” to enter this remittance in as a bonus payment.
- **Bonus Start/End Date** – If entering in a bonus payment select the oldest date (start date) and newest date (end date) for the charges on the remittance. They are often not in order so you may need to look hard to find this information.

Reconcile Dialog

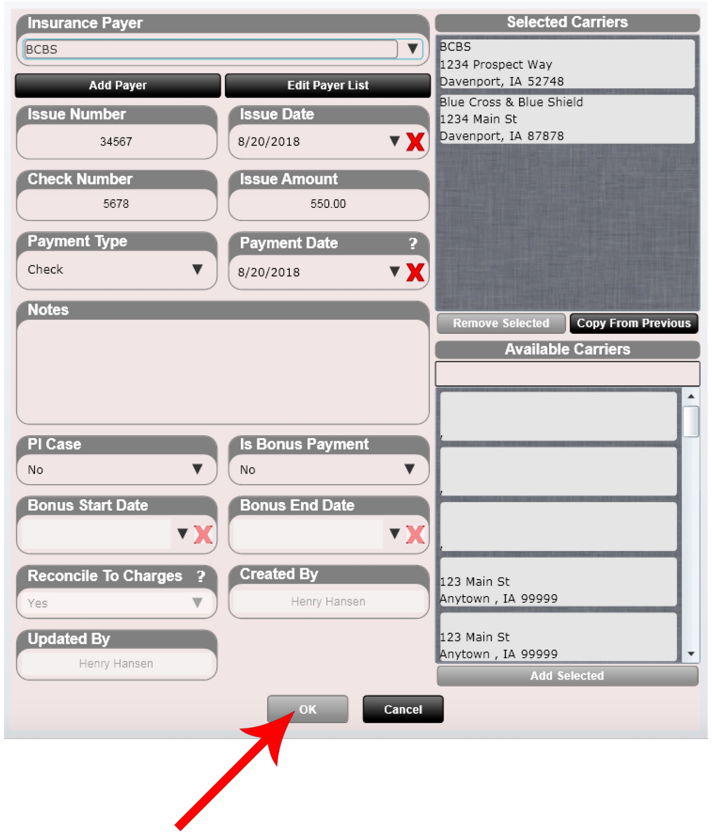


Reconcile

- **Reconcile to Charges** – Always YES unless you are entering in a bonus payment that <u>does not have charges associated with it</u>. This is extremely RARE but there are times when an insurance company sends you a bonus payment and there is no remittance or associated charges to reconcile against.
- **Created By** – The user who created the remittance (auto populated) **Updated By** – The last user who updated the remittance (auto populated)
- **Select Carriers** – Select one or more insurance carriers that are associated with the check (99% of the time the insurance carrier is the same as the insurance payer. Some cases there will be two or more insurance carriers associated with the check written by the insurance payer.

When you have entered in all of the information for your remittance select "Ok".

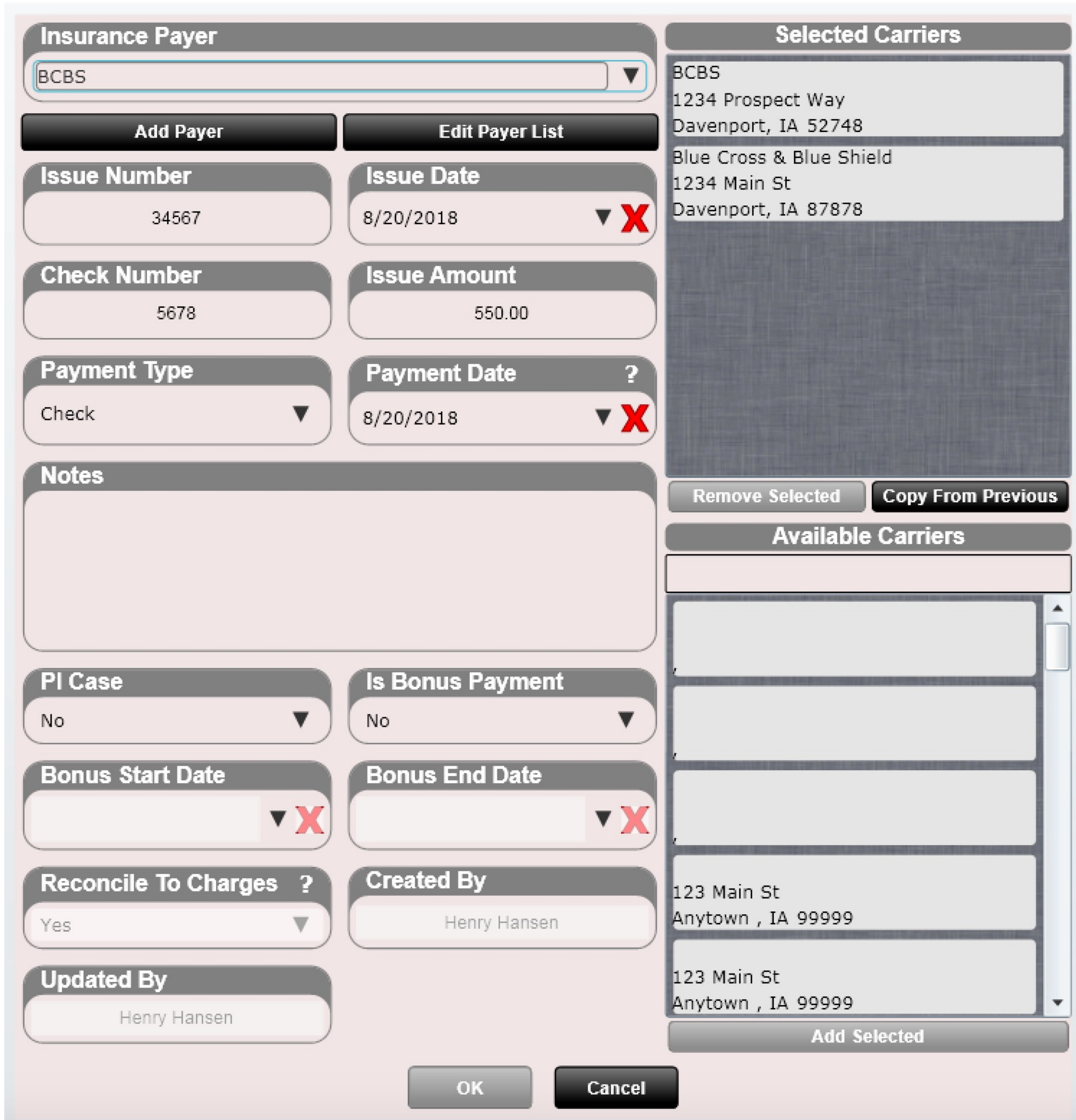
Reconcile Dialog



Power Tip: Click "Copy From Previous" to select the Carrier you used last time for the payer you are reconciling.

Reconcile

A closer look at the Reconcile Dialog.

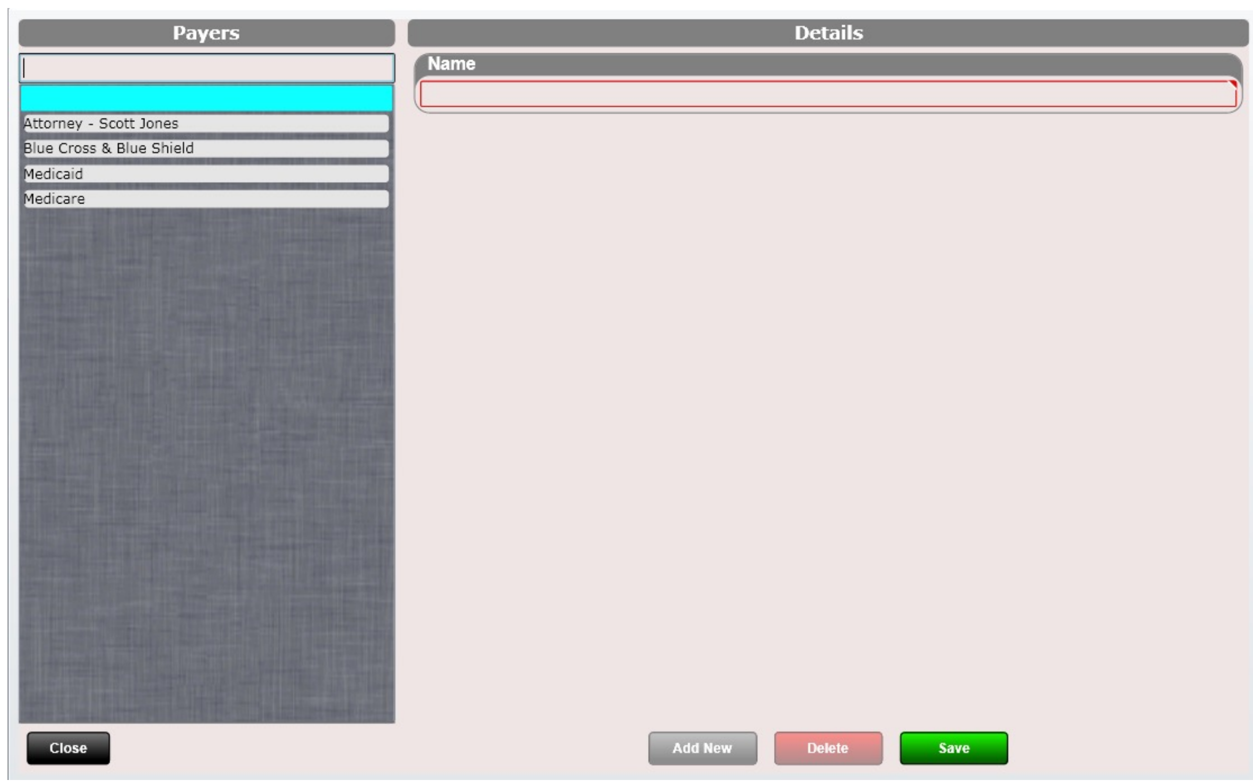


Reconcile

If a Payer is not present from your drop-down list, click “Add Payer” or “Edit Payer List”. This will allow you to add a new payer or edit an existing one.

Power Tip: A Payer is who issues the check. In most cases the payer and the insurance carrier will be the same. However, there are cases when the payer and insurance carrier are not the same. Or, in some cases there are two insurance carriers associated with one payer.

ChiroSpring supports all of these scenarios as you can select an unlimited number of insurance carriers and associate them with that pay3r for the remittance you are reconciling.



Reconcile

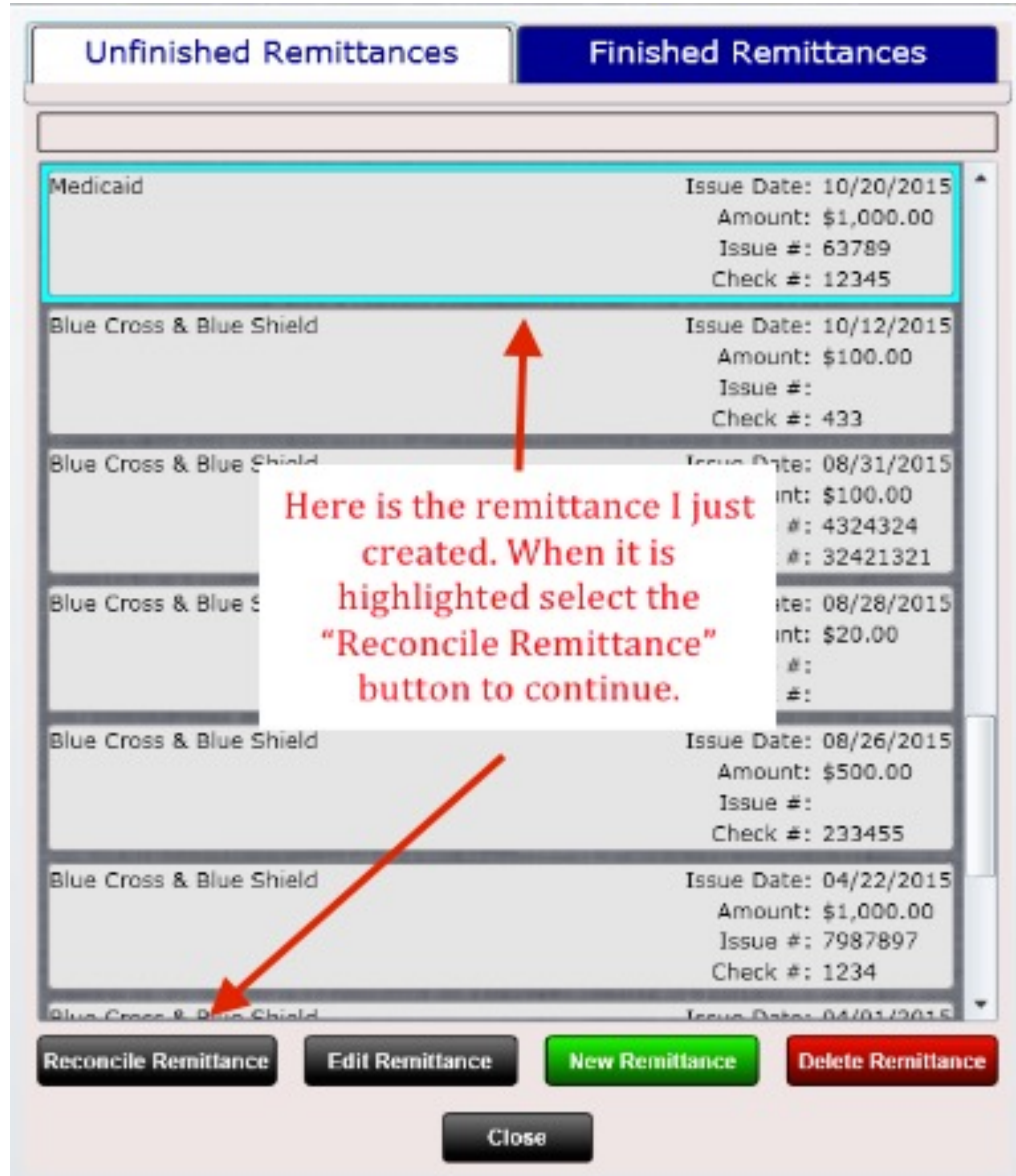
After you have created a remittance, it will appear in the Unfinished Remittances tab.

When you are ready to start reconciling the remittance, select it (it will highlight), then press “Reconcile Remittance”.

If you wish to edit the remittance press “Edit Remittance”. This will open the “Create Remittance” screen allowing you to make any necessary changes.

Power Tip:

Double click the remittance to reconcile.

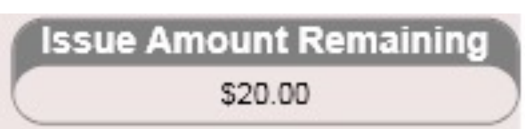


Reconcile

After creating the Remittance and clicking the "Reconcile Remittance" button you will see the Reconcile Screen (shown below). The top of the screen shows the Claim Remittance you are reconciling, the issue date and the check amount (shown below). The bottom right corner of the screen has a box called "Issue Amount Remaining" (also shown below). This box shows the amount of the check remaining that you still need to reconcile. If the "Issue Amount Remaining" does not equal zero when you are done reconciling, you have made a mistake. **You cannot click "Finish" if the "Issue Amount Remaining" does not equal zero.**

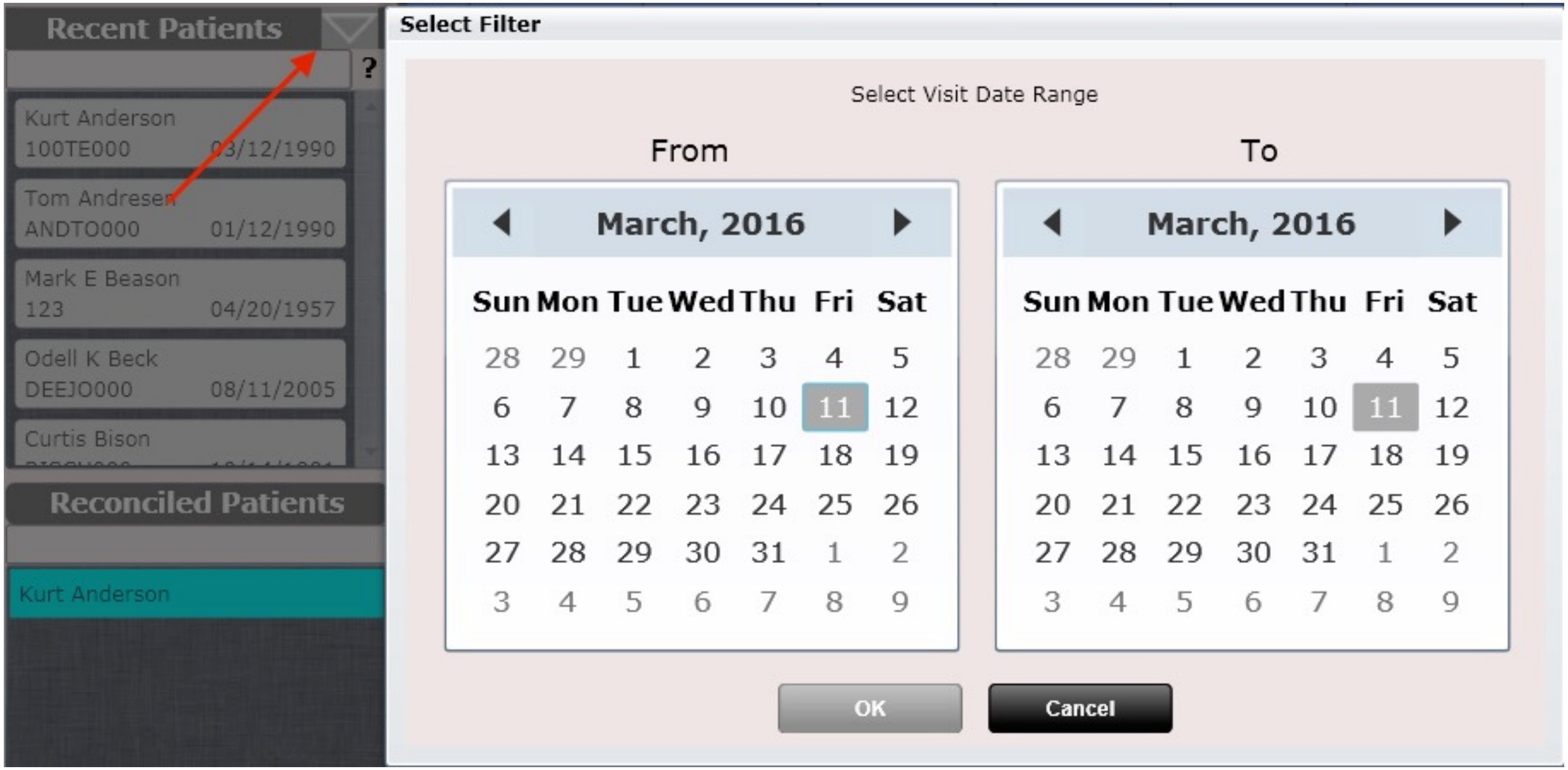
There is also a "**Recent Patients**" list box. Use this box to search for the patients on your remittance.

When you have selected a patient, their name will appear in the "Selected Patient" box and their unreconciled charges will appear in the right pane.



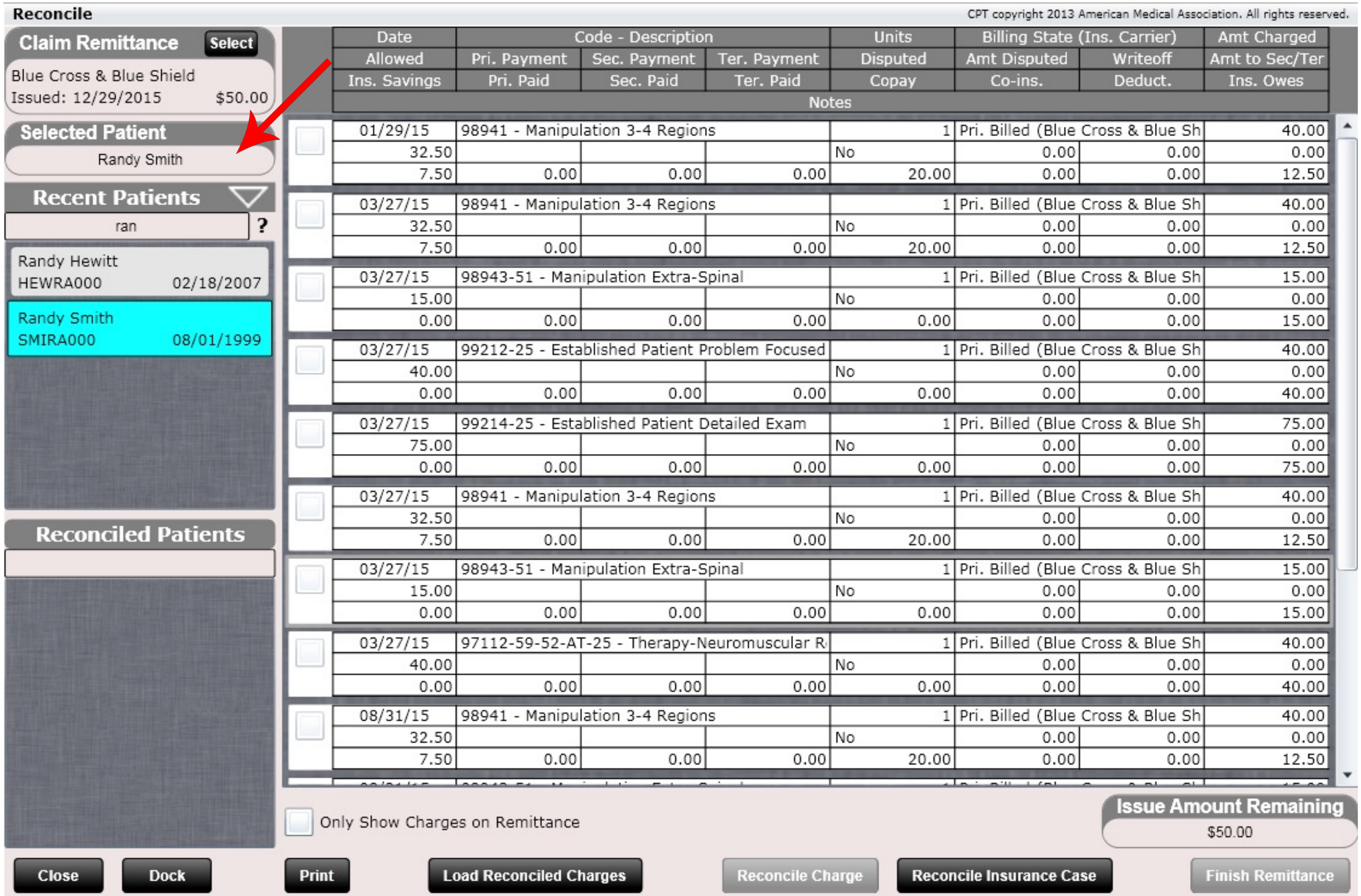
Reconcile

Power Tip: We have created a way to filter the Recent Patients list box by visit date. This can be beneficial when reconciling a remittance and you only want to see patients in this list box that were seen within the date range of the EOB remittance. To filter click the "triangle" icon. Select your date range. Your list is now filtered. Clicking the filter icon will un-filter the list if you want to revert it back to normal.



Reconcile

After selecting your patient their unreconciled charges will appear in the right pane and the selected patient will appear in the Selected Patient box.



Reconcile

As mentioned, the right pane will show all of the selected patient's unreconciled charges. Each charge will show the following:

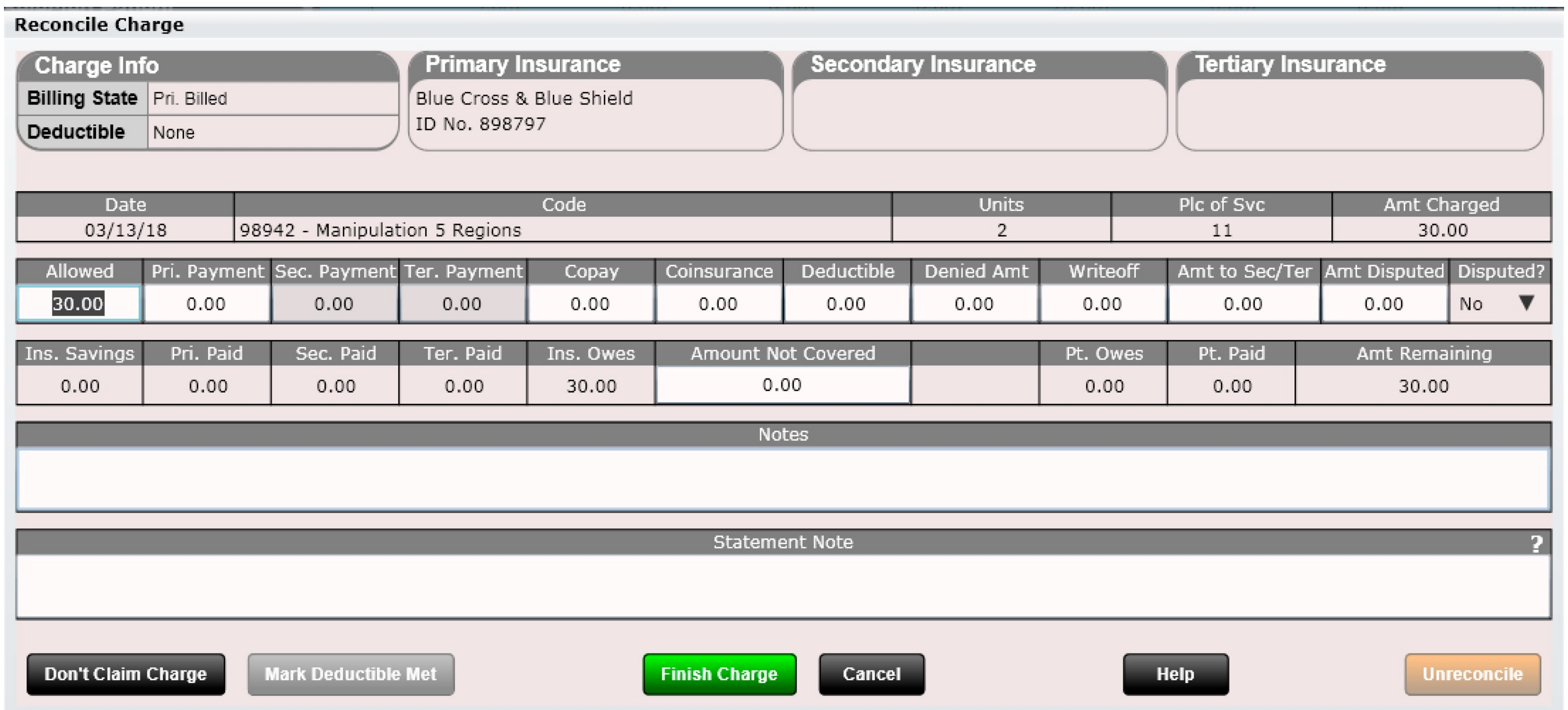
- Date
- Code – Description
- Units
- Billing State (Ins. Carrier)
- Amt Charged
- Allowed
- Pri. Payment
- Sec. Payment
- Ter. Payment
- Disputed
- Amt Disputed
- Writeoff
- Amt to Sec/Ter
- Ins. Savings (network savings)
- Pri. Paid
- Sec. Paid
- Ter. Paid
- Copay
- Co-ins
- Deduct.
- Denied Amount
- Amount Not Covered
- Ins. Owes
- Notes

To reconcile a charge, click on it. It will open the charge reconcile dialog allowing you to enter details from the claim remittance.

Date	Code - Description			Units	Billing State (Ins. Carrier)		Amt Charged
Allowed	Pri. Payment	Sec. Payment	Ter. Payment	Disputed	Amt Disputed	Writeoff	Amt to Sec/Ter
Ins. Savings	Pri. Paid	Sec. Paid	Ter. Paid	Copay	Co-ins.	Deduct.	Ins. Owes
Notes							
12/22/16	99214-25 - Established Patient Detailed Exam			1	Pri. Billed (Blue Cross/Blue Shie		75.00
75.00				No	0.00	0.00	0.00
0.00	0.00	0.00	0.00	20.00	0.00	0.00	55.00

Reconcile

After clicking the charge, you wish to reconcile the dialog below will open. The white fields are editable. Look at your remittance and copy the information from it to the appropriate white boxes.



NOTE: Pay very close attention to the "Amt. Remaining" box in the lower right corner. This must equal ZERO or the charge does not balance and you have thus made an error.

Reconcile

The non-editable fields include:

- **Date** – the date of the charge
- **Code – Description** – the CPT code of the charge and description
- **Units** – number of units
- **Plc of Svc** – place of service (defaults to your clinic's default value if not manually overridden)
- **Amt Charged** – the charge amount
- **Ins Savings** – this is the network savings and is automatically calculated. Network Savings = Amount Charged – Amount Allowed. This is sometimes referred to as "writeoff". However, we have another field for writeoff (see next page).

Ins Savings and Writeoff are NOT the same!

- **Pri. Paid, Sec. Paid, Ter. Paid** – what the insurance has already paid from a previous reconciling
- **Pt. Owes** – This is what the patient still owes on the charge and will be automatically adjusted
- **Pt. Paid** – This is the amount the patient has already paid on this charge
- **Amt. Remaining** – this amount must balance to zero. If it does not, the charge does not balance, and you have made a mistake that needs to be corrected.

Date	Code	Units	Plc of Svc	Amt Charged
12/22/16	98941 - Manipulation 3-4 Regions	1	11	40.00

Allowed	Pri. Payment	Sec. Payment	Ter. Payment	Copay	Coinsurance	Deductible	Denied Amt	Writeoff	Amt to Sec/Ter	Amt Disputed	Disputed?
32.50	20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No ▼

Ins. Savings	Pri. Paid	Sec. Paid	Ter. Paid	Ins. Owes	Amount Not Covered		Pt. Owes	Pt. Paid	Amt Remaining
7.50	20.00	0.00	0.00	12.50	0.00		0.00	0.00	12.50

Reconcile

The Editable fields include:

- **Allowed** – the allowed amount of the charge (remember you can put default amount allowed amounts in settings).
- **Pri. Payment, Sec. Payment, Ter. Payment** – the amount the insurance paid
- **Copay, Coinsurance, Deductible** – the patient's member responsibility for copay, coinsurance and deductible
- **Denied Amt** – the amount you wish to charge to the patient on a charge denied by insurance
- **Amount Not Covered** – the amount you wish to charge to the patient on a charge not covered by insurance
- **Writeoff** - Amount Allowed – Insurance Payment – Copay – Coinsurance – Deductible. You will rarely use this field. However, if an insurance allows an amount but DOES NOT PAY you will either dispute the charge OR you may have to use the Writeoff field to write off and balance this charge.
- **Amt to Sec/Ter** – the amount you wish to forward to the patient's secondary or tertiary
- **Amt Dispute** – if you are disputing a charge mark "Yes" in the disputed box and enter the amount disputed here
- **Disputed** – mark "Yes" if you are disputing the charge. The amount disputed should equal the amount allowed in most cases. e.g. Charged $40, paid zero. Thus, put Allowed = $40 and Disputed = $40 and mark "yes" in disputed.
- **Notes** – general notes about a charge. This is most useful if you are disputing a charge

Date	Code	Units	Plc of Svc	Amt Charged
12/22/16	98941 - Manipulation 3-4 Regions	1	11	40.00

Allowed	Pri. Payment	Sec. Payment	Ter. Payment	Copay	Coinsurance	Deductible	Denied Amt	Writeoff	Amt to Sec/Ter	Amt Disputed	Disputed?
32.50	20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No ▼

Ins. Savings	Pri. Paid	Sec. Paid	Ter. Paid	Ins. Owes	Amount Not Covered		Pt. Owes	Pt. Paid	Amt Remaining
7.50	20.00	0.00	0.00	12.50	0.00		0.00	0.00	12.50

Note: "Denied" or "Amount Not Covered" charges will be displayed with a * next to them on the patient statement or printed patient ledger. The amount you put in the "Denied Amt" box or "Amount Not Covered" box is now the patient's responsibility.

Reconcile

What is the difference between Denied Amount and Amount Not Covered?

- **Denied Amt** – If a charge is denied but is TYPICALLY covered you will enter the amount here. For example, perhaps the patient's insurance covers therapy but THIS TIME they did not because benefits have been exceeded. Enter the amount denied in this box and it will now become patient responsibility.
- **Amount Not Covered** – Charges that are JUST NOT COVERED under the patient's insurance go in this box. For example, perhaps you billed orthotics to the insurance, but the patient's insurance does not cover orthotics. You would enter the amount not covered in this box.

Date	Code	Units	Plc of Svc	Amt Charged
12/22/16	98941 - Manipulation 3-4 Regions	1	11	40.00

Allowed	Pri. Payment	Sec. Payment	Ter. Payment	Copay	Coinsurance	Deductible	Denied Amt	Writeoff	Amt to Sec/Ter	Amt Disputed	Disputed?
32.50	20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No ▼

Ins. Savings	Pri. Paid	Sec. Paid	Ter. Paid	Ins. Owes	Amount Not Covered		Pt. Owes	Pt. Paid	Amt Remaining
7.50	20.00	0.00	0.00	12.50	0.00		0.00	0.00	12.50

Note: "Denied" or "Amount Not Covered" charges will be displayed with a * next to them on the patient statement or printed patient ledger. The amount you put in the "Denied Amt" box or "Amount Not Covered" box is now the patient's responsibility.

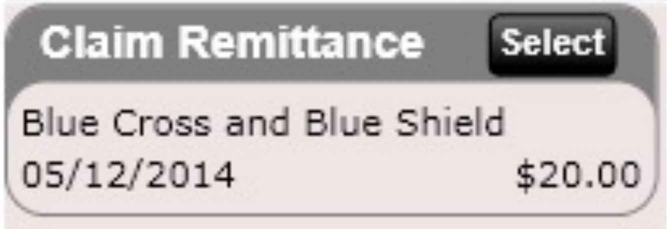
Reconcile

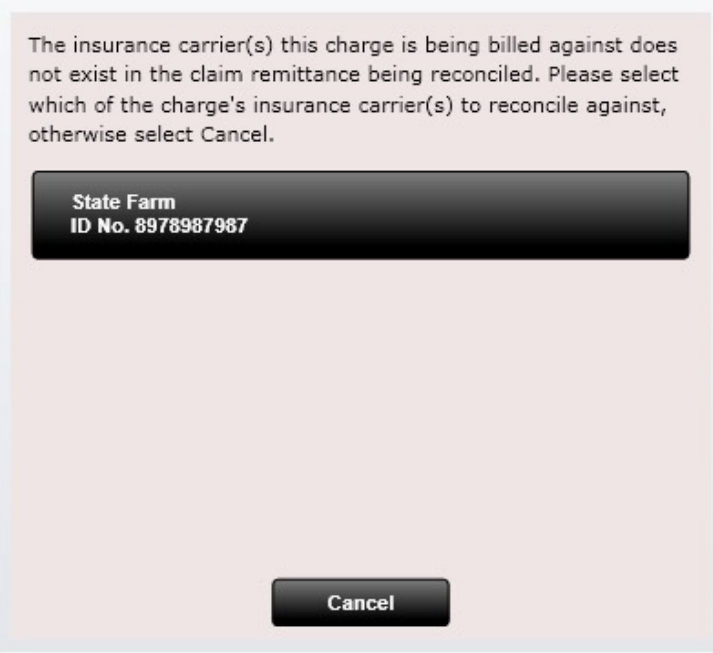
Date	Code - Description			Units	Billing State (Ins. Carrier)		Amt Charged
Allowed	Pri. Payment	Sec. Payment	Ter. Payment	Disputed	Amt Disputed	Writeoff	Amt to Sec/Ter
Ins. Savings	Pri. Paid	Sec. Paid	Ter. Paid	Copay	Co-ins.	Deduct.	Ins. Owes
Notes							
12/22/16	99214-25 - Established Patient Detailed Exam			1	Pri. Billed (Blue Cross/Blue Shie		75.00
75.00				No	0.00	0.00	0.00
0.00	0.00	0.00	0.00	20.00	0.00	0.00	55.00

If you select a charge that does not have an insurance carrier added to the remittance, the dialog shown to the right will open. This dialog should serve as a reminder that you have either:

- Selected the wrong charge (as it is not part of the remittance you are reconciling)
- Need to add THAT insurance carrier to the remittance, which you can do by clicking the insurance carrier name (dialog shown to the right)

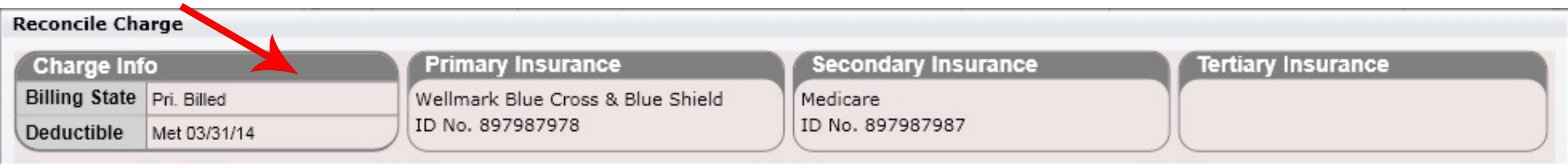
In this example I have selected a State Farm charge and you can see in the “Claim Remittance” box my insurance carrier for my remittance is “Blue Cross and Blue Shield”.





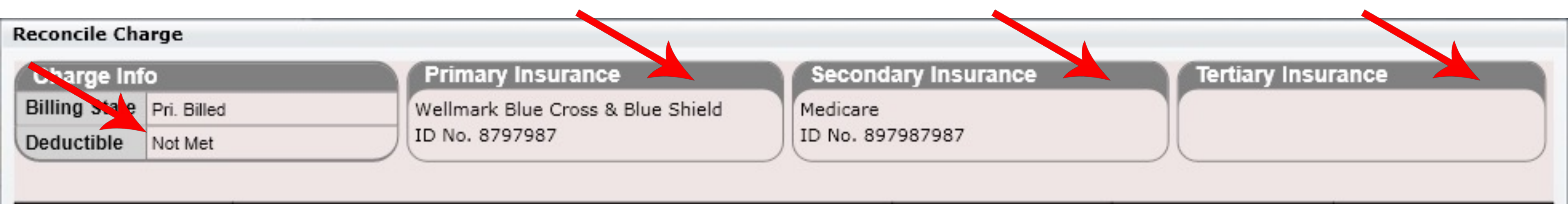
Reconcile - Examples

Next, I will walk you through several examples of reconciling charges. First, I'd like to point out some key information at the top of each charge you are reconciling.



Above we have the **Charge Info** box which shows the current billing state of the charge (in this case Pri. Billed) and also shows you the deductible status (in this example Met 03/31/14). This information is useful as you may possibly want to mark the patient's deductible as met while reconciling the charge if their deductible is zero and the deducible status is "Not Met".

You can also see the patient's insurance (Primary, Secondary and Tertiary). This is useful because if there is a balance remaining on the charge you will either bill it to secondary/tertiary or write off the remaining balance as a loss.



Above we have an example of a deductible that is "Not Met".

Reconcile - Example

Here we have a charge that has not been reconciled. Let's pretend the remittance has an amount allowed of $30 and the primary paid $10.

Date	Code	Units	Plc of Svc	Amt Charged
01/28/16	98941 - Manipulation 3-4 Regions	1	11	40.00

Allowed	Pri. Payment	Sec. Payment	Ter. Payment	Copay	Coinsurance	Deductible	Denied Amt	Writeoff	Amt to Sec/Ter	Amt Disputed	Disputed?
40.00	0.00	0.00	0.00	20.00	0.00	20.00	0.00	0.00	0.00	0.00	No ▼

Ins. Savings	Pri. Paid	Sec. Paid	Ter. Paid	Ins. Owes	Amount Not Covered		Amt Remaining
0.00	0.00	0.00	0.00	0.00	0.00		0.00

Here you can see I entered $10 in Pri. Payment and you can also see the patient has a $20 copay, but the Amt Remaining is -$20.00. This is because there is a $20 in the Deductible field. I will now zero out the deductible field (because the remittance shows the patient's deductible has been met).

Date	Code	Units	Plc of Svc	Amt Charged
01/28/16	98941 - Manipulation 3-4 Regions	1	11	40.00

Allowed	Pri. Payment	Sec. Payment	Ter. Payment	Copay	Coinsurance	Deductible	Denied Amt	Writeoff	Amt to Sec/Ter	Amt Disputed	Disputed?
30.00	10.00	0.00	0.00	20.00	0.00	20.00	0.00	0.00	0.00	0.00	No ▼

Ins. Savings	Pri. Paid	Sec. Paid	Ter. Paid	Ins. Owes	Amount Not Covered		Amt Remaining
10.00	10.00	0.00	0.00	-20.00	0.00		-20.00

After I zero out the Deductible field in this example my "Amt Remaining" will be zero. The charge is now reconciled.

Amount Not Covered vs. Denied Amount

There are two boxes that can seem confusing until you understand their meaning. They BOTH will make the amount entered in these boxes Patient Responsibility. However, you use them under different circumstances.

Amount Not Covered – Use this box when a charge is not covered by the patient's insurance PERIOD. This means the insurance flat out DOES NOT COVER this charge. For example, let's say the patient's insurance does not have coverage for x-rays. If you submitted the x-rays and they came back rejected, you would enter the amount not covered in the Amount Not Covered box. This value would immediately become patient responsibility.

Denied Amount – Use this box when a charge is TYPICALLY covered but THIS TIME was denied. For example, let's say the patient's insurance covers 20 adjustments per year. You go to reconcile this charge and there is a note on the remittance that says something like "benefits exceeded". You would know this charge was denied because benefits were exceeded. In this case you would then use the Denied Amount box (and not the Amount Not Covered box).

Reconcile Example

Denied Amount Field

This field is used to charge the patient for a denied insurance charge (a charge that is typically covered but was NOT covered in this case). In the example below the insurance did not cover the charge. Therefore, the amount allowed was ZERO and I have entered the full charge amount of $40 in the Denied Amt. box. The patient will now be responsible for this charge after clicking the green "Finish Charge" button.

Reconcile Charge

Charge Info	
Billing State	Pri. Billed
Deductible	Not Met

Primary Insurance	Secondary Insurance	Tertiary Insurance
Blue Cross & Blue Shield ID No. 45678	Medicare ID No. 26357	

Date	Code	Units	Plc of Svc	Amt Charged
03/15/16	98941 - Manipulation 3-4 Regions	1	11	40.00

Allowed	Pri. Payment	Sec. Payment	Ter. Payment	Copay	Coinsurance	Deductible	Denied Amt	Writeoff	Amt to Sec/Ter	Amt Disputed	Disputed?
0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.00	0.00	0.00	0.00	No

Ins. Savings	Pri. Paid	Sec. Paid	Ter. Paid	Ins. Owes	Amount Not Covered		Amt Remaining
0.00	0.00	0.00	0.00	0.00	0.00		0.00

Notes

Don't Claim Charge | Mark Deductible Met | Finish Charge | Cancel | Help | Unreconcile

Use the "Help" button below for an explanation of all fields.

Reconcile Example

Denied Amount Field

Let's take a look at another example of a denied charge. As you can see, I have a 3-4 region manipulation. Let's assume this charge is not covered under the patient's insurance and I want to make it the patient's responsibility. For starters, you can see there is already a copay of $20.00 and before I do anything note the "Amt Remaining" is $20.00 (a sign the charge is not reconciled).

Date	Code	Units	Plc of Svc	Amt Charged
01/28/16	98941 - Manipulation 3-4 Regions	1	11	40.00

Allowed	Pri. Payment	Sec. Payment	Ter. Payment	Copay	Coinsurance	Deductible	Denied Amt	Writeoff	Amt to Sec/Ter	Amt Disputed	Disputed?
40.00	0.00	0.00	0.00	20.00	0.00	0.00	0.00	0.00	0.00	0.00	No ▼

Ins. Savings	Pri. Paid	Sec. Paid	Ter. Paid	Ins. Owes	Amount Not Covered		Amt Remaining
0.00	0.00	0.00	0.00	20.00	0.00		20.00

Reconcile Example

Denied Amount Field

The next step is to enter the amount of the charge that is denied. Since this charge is not covered, I could mark the patient responsibility in two ways:

1. Leave the $20 in Copay and enter $20 in denied.
2. Delete the copay and enter $40 in denied.

I have chosen to leave the $20 copay and enter $20 in the Denied Amt box. See below.

Date	Code	Units	Plc of Svc	Amt Charged
01/28/16	98941 - Manipulation 3-4 Regions	1	11	40.00

Allowed	Pri. Payment	Sec. Payment	Ter. Payment	Copay	Coinsurance	Deductible	Denied Amt	Writeoff	Amt to Sec/Ter	Amt Disputed	Disputed?
40.00	0.00	0.00	0.00	20.00	0.00	0.00	20.00	0.00	0.00	0.00	No

Ins. Savings	Pri. Paid	Sec. Paid	Ter. Paid	Ins. Owes	Amount Not Covered		Amt Remaining
-20.00	0.00	0.00	0.00	20.00	0.00		20.00

Note: I am not done. As you can see the "Amt Remaining" is not balanced. It should say $0.00. Therefore, to balance this charge I need to change the "Allowed" to $20. Even if this is technically NOT correct (e.g. perhaps the insurance did allow $40) I must do this to balance the charge. You can enter a note on the charge if you want to indicate the allowed was really $40.

Reconcile Example

Denied Amount Field

Finally, I have completed this charge by changing “Allowed” to $20. Now everything balances. See below as the “Amt Remaining” is now $0.00 which is a must!

Date	Code	Units	Plc of Svc	Amt Charged
01/22/16	98941 - Manipulation 3-4 Regions	1	11	40.00

Allowed	Pri. Payment	Sec. Payment	Ter. Payment	Copay	Coinsurance	Deductible	Denied Amt	Writeoff	Amt to Sec/Ter	Amt Disputed	Disputed?
20.00	0.00	0.00	0.00	20.00	0.00	0.00	20.00	0.00	0.00	0.00	No ▼

Ins. Savings	Pri. Paid	Sec. Paid	Ter. Paid	Ins. Owes	Amount Not Covered		Amt Remaining
0.00	0.00	0.00	0.00	0.00	0.00		0.00

Notes
This charge was denied by your insurance.

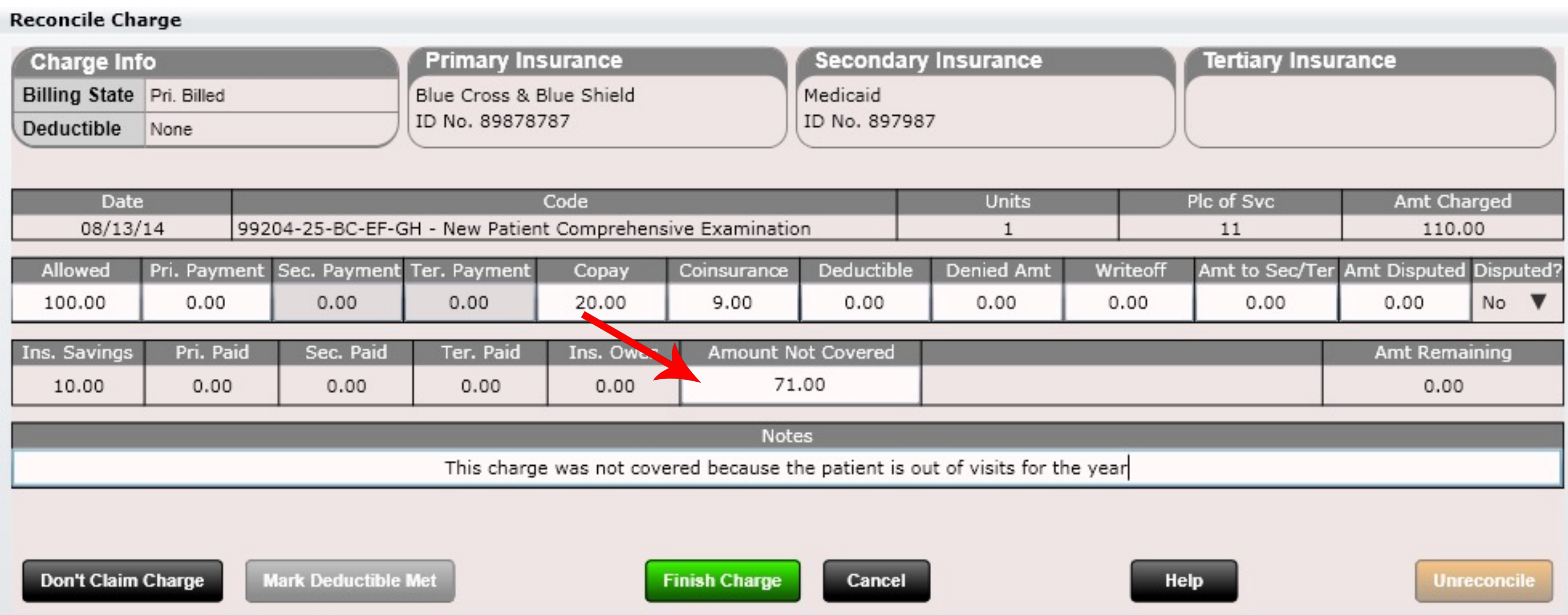
I also added a comment to my notes box as I like to keep organized. I could have also added “Allowed Amount actually $40” because as stated, sometimes you have to enter an incorrect allowed amount in order to get “Amt Remaining” to balance in the event of a Denied Charge.

Reconcile Example

Amount Not Covered Field

This field is used to charge the patient for a charge that is not covered by their insurance. This means the charge was not denied but was FLAT OUT NOT COVERED. For example, perhaps the patient's insurance does not cover x-rays. In this case you would use Amount Not Covered to indicate the x-rays were not covered.

In the example below the 99204 exam was not covered by the patient's insurance. The insurance did provide Ins. Savings by lowering the allowed to $100. Therefore, the remaining portion owed I entered in the Amount Not Covered box. When I click "Finish Charge" this will become Pt. Responsibility.


Reconcile Charge

Charge Info	
Billing State	Pri. Billed
Deductible	None

Primary Insurance	Secondary Insurance	Tertiary Insurance
Blue Cross & Blue Shield ID No. 89878787	Medicaid ID No. 897987	

Date	Code	Units	Plc of Svc	Amt Charged
08/13/14	99204-25-BC-EF-GH - New Patient Comprehensive Examination	1	11	110.00

Allowed	Pri. Payment	Sec. Payment	Ter. Payment	Copay	Coinsurance	Deductible	Denied Amt	Writeoff	Amt to Sec/Ter	Amt Disputed	Disputed?
100.00	0.00	0.00	0.00	20.00	9.00	0.00	0.00	0.00	0.00	0.00	No

Ins. Savings	Pri. Paid	Sec. Paid	Ter. Paid	Ins. Owes	Amount Not Covered		Amt Remaining
10.00	0.00	0.00	0.00	0.00	71.00		0.00

Notes
This charge was not covered because the patient is out of visits for the year

Don't Claim Charge | Mark Deductible Met | Finish Charge | Cancel | Help | Unreconcile

Use the "Help" button below for an explanation of all fields.

Reconcile Example

Amount Not Covered Field

There will be times when you receive a remittance with a charge that is not covered. In this case you can mark the charge as patient responsibility by populating the Amount Not Covered box.

Let's take a look at an example. As you can see, I have a 3-4 region manipulation. Let's assume this charge is not covered under the patient's insurance and I want to make it the patient's responsibility. Here I have set the allowed to $40.00 and put $40.00 in the Amount Not Covered box. Now the Pt. Owes box auto-adjusted to $40 and the Amt. Remaining is $0.00. The charge balances. I also added a note "This charge is not covered by your insurance" for clarity should I ever need to investigate this charge in the future.

Remember, the denied box is for charges that are typically covered but are DENIED (often benefits are exceeded). The Amount Not Covered box is for charges that are flat out NOT COVERED by the patient's insurance.

Date	Code	Units	Plc of Svc	Amt Charged
12/22/16	98941 - Manipulation 3-4 Regions	1	11	40.00

Allowed	Pri. Payment	Sec. Payment	Ter. Payment	Copay	Coinsurance	Deductible	Denied Amt	Writeoff	Amt to Sec/Ter	Amt Disputed	Disputed?
40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No ▼

Ins. Savings	Pri. Paid	Sec. Paid	Ter. Paid	Ins. Owes	Amount Not Covered		Pt. Owes	Pt. Paid	Amt Remaining
0.00	0.00	0.00	0.00	0.00	40.00		40.00	0.00	0.00

Notes
This charge is not covered by your insurance.

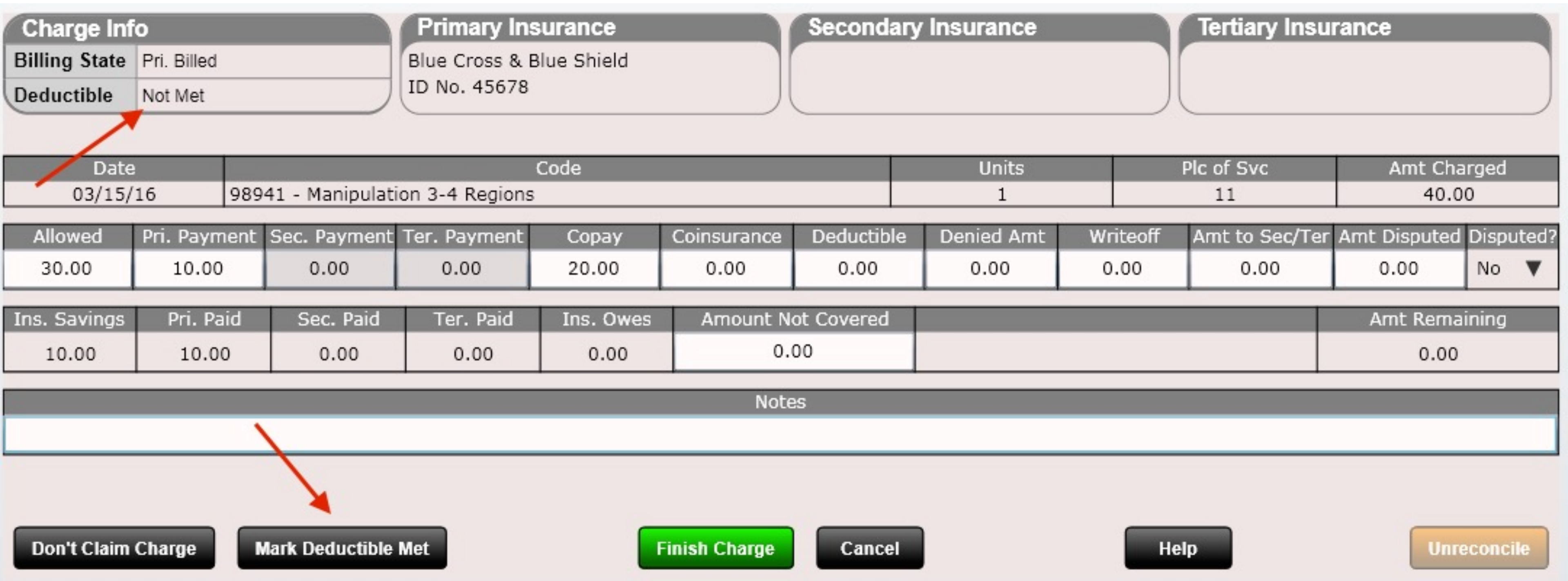
Reconcile Example

Mark Deductible Met

After zeroing out the deductible the "Amt Remaining" is now $0.00 so the charge balances. Technically I am done.. But what I should realize is that I THOUGHT the patient had a deductible and the charge is saying the deductible is zero. Therefore, logically the deductible has been met.

Good news! We can mark the deductible as met RIGHT FROM THIS SCREEN. Simply click on the "Mark Deductible Met" button at the bottom and confirm from the prompt that you do in fact want to mark the deductible as met. This will mark the patient's deductible as met and from now forward (until the deductible resets at the deductible reset date) the deductible will be marked as met and the patient will no longer be charged 100% of the charge.

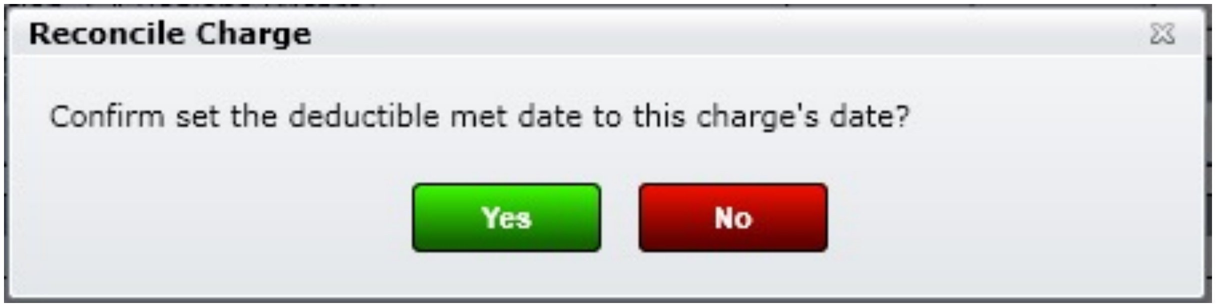
This is a HUGE time saver, so make sure you learn this feature



Reconcile Example

Mark Deductible Met

After clicking the “Mark Deductible Met” button the dialog below will appear. Click “Yes” to mark the deductible as met.



You can now visually see the deductible has been met.

NOTE: If you mark a deductible as met any FUTURE charges that have already been created will need to be “refreshed” with this new knowledge. To do this go to the Dashboard/Visit Tile and select each visit. Then click the “Update Charge Estimate” button in the “Insurance” box. This will update all charges for that visit with the new knowledge of the patient’s deductible being met.

Reconcile – Bill Secondary

In this example Pri. Payment = $5.00. Notice the Amt Remaining is $5.00 and therefore the charge does not balance.

Date	Code	Units	Plc of Svc	Amt Charged
03/15/16	98941 - Manipulation 3-4 Regions	1	11	40.00

Allowed	Pri. Payment	Sec. Payment	Ter. Payment	Copay	Coinsurance	Deductible	Denied Amt	Writeoff	Amt to Sec/Ter	Amt Disputed	Disputed?
30.00	5.00	0.00	0.00	20.00	0.00	0.00	0.00	0.00	0.00	0.00	No

Ins. Savings	Pri. Paid	Sec. Paid	Ter. Paid	Ins. Owes	Amount Not Covered		Amt Remaining
10.00	5.00	0.00	0.00	5.00	0.00		5.00

Now notice the patient has a secondary insurance so I am going to want to bill any remaining balance to the secondary.

Charge Info	
Billing State	Reconciled
Deductible	Met 05/13/14

Primary Insurance

Wellmark Blue Cross & Blue Shield
ID No. 8797987

Secondary Insurance

Medicare
ID No. 897987987

Therefore, I put the $5.00 remaining in the Amt to Sec/Ter box. This will let the software know you intend to bill the secondary or tertiary insurance the remaining unpaid portion of the charge. Notice the Amt Remaining is now $0.00 and the charge balances.

Date	Code	Units	Plc of Svc	Amt Charged
03/15/16	98941 - Manipulation 3-4 Regions	1	11	40.00

Allowed	Pri. Payment	Sec. Payment	Ter. Payment	Copay	Coinsurance	Deductible	Denied Amt	Writeoff	Amt to Sec/Ter	Amt Disputed	Disputed?
30.00	5.00	0.00	0.00	20.00	0.00	0.00	0.00	0.00	5.00	0.00	No

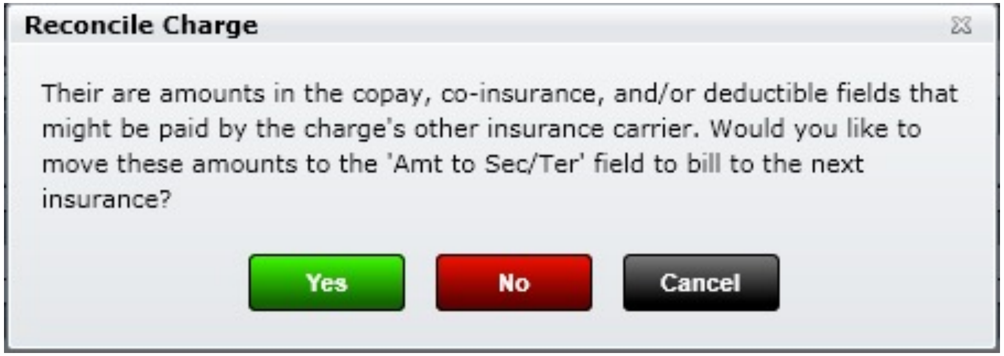
Ins. Savings	Pri. Paid	Sec. Paid	Ter. Paid	Ins. Owes	Amount Not Covered		Amt Remaining
10.00	5.00	0.00	0.00	5.00	0.00		0.00

Reconcile – Bill Secondary

After the charge balances, click “Finish and Save”. Because I have an amount in the “Amt to Sec/Ter” box the software is getting ready to ask what you would like to do with the charge. But… first the software has also noticed I had an amount in either the copay, co-ins or deductible field. The dialog below will appear in an example like this. It is asking if you would like to move the amounts in the copay, co-insurance and/or deductible fields to be billed to secondary or tertiary insurance. Select Yes or No (or Cancel). Note, if you select “Yes” the patient will no longer be charge whatever amount you previously had in their copay, co-insurance or deductible fields. After reconciling secondary/tertiary you can re-add these fields if the secondary/tertiary remittance tells you to.

Before selecting “Yes” the Copay is $20 and the Amt to Sec/Ter is $5.00

Copay	Coinsurance	Deductible	Writeoff	Amt to Sec/Ter
20.00	0.00	0.00	0.00	5.00



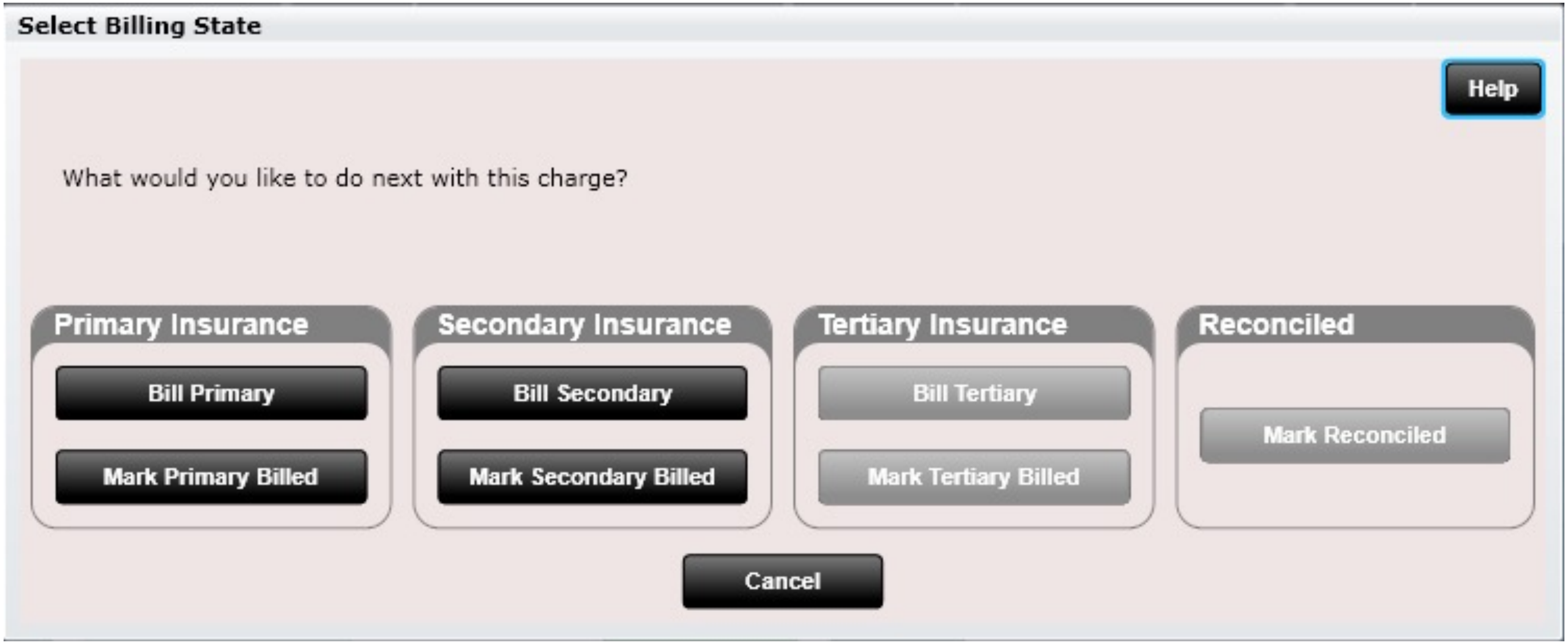
After selecting “Yes” the Copay is $0.00 and the Amt to Sec/Ter is $25.00.

Copay	Coinsurance	Deductible	Writeoff	Amt to Sec/Ter
0.00	0.00	0.00	0.00	25.00

Reconcile – Bill Secondary

The next dialog that appears is the "Select Billing State" dialog. In this case I had an amount I was submitting to secondary. Therefore, I am going to select either "Bill Secondary" or "Mark Secondary Billed".

- **Bill Secondary** – this will put the charge into the Claims app on the front desk ready to bill secondary
- **Mark Secondary Billed** – this will mark the charge as billed by secondary (do this if the primary forwarded the charge for you to secondary)



Note: Tertiary is greyed out because this patient did not have a tertiary insurance.

Reconcile – Dispute a Charge

Here we are disputing a charge. The insurance did not pay anything, so I am disputing the full allowed amount of $30.00. I have also marked the "Disputed?" option to "Yes".

I also wrote myself a note on the charge to remind me to call the insurance.

Date	Code	Units	Plc of Svc	Amt Charged
03/15/16	98941 - Manipulation 3-4 Regions	1	11	40.00

Allowed	Pri. Payment	Sec. Payment	Ter. Payment	Copay	Coinsurance	Deductible	Denied Amt	Writeoff	Amt to Sec/Te	Amt Disputed	Disputed?
30.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30.00	Yes ▼

Ins. Savings	Pri. Paid	Sec. Paid	Ter. Paid	Ins. Owes	Amount Not Covered		Amt Remaining
10.00	0.00	0.00	0.00	30.00	0.00		0.00

Notes
Call insurance and find out why they are not covering this!!!

After clicking "Finish and Save" the Select Billing State dialog will appear asking you what you would like to do with this charge. Typically, a disputed charge you will mark Primary Billed (or Secondary Billed/Tertiary Billed). If you mark Bill Primary the charge will immediately go into the claims app (and this may not be desired).

Remember, even if you mark "Primary Billed" NO MATTER WHAT, the charge will be kept inside the Billing app's "Disputed" folder.

Billing

Reconcile – How to Resolve an Overpayment

- Q: How do you reconcile an insurance claim remittance with an overpayment recovery or take back?

- A: In the software create a new remittance as normal and enter in the amount shown on the check. Select the patient whose charge has an overpayment. In the list of charges locate the charge. If the charge cannot be found, then click the button "Load Reconciled Charges" and select a date range that includes the date of service for the charge. Once loaded, locate the charge and click it. In the reconcile charge dialog, enter in the amount the insurance recovered (took back) in the appropriate "Pri. Paid", "Sec. Paid", or "Ter. Paid" box as a **negative** number. Adjust the remaining boxes to properly disposition the charge and then click "Finish Charge". Continue to reconcile the remaining charges as normal.

Reconcile – How to Enter a Bonus Payment with NO Charge(s) to Reconcile Against?

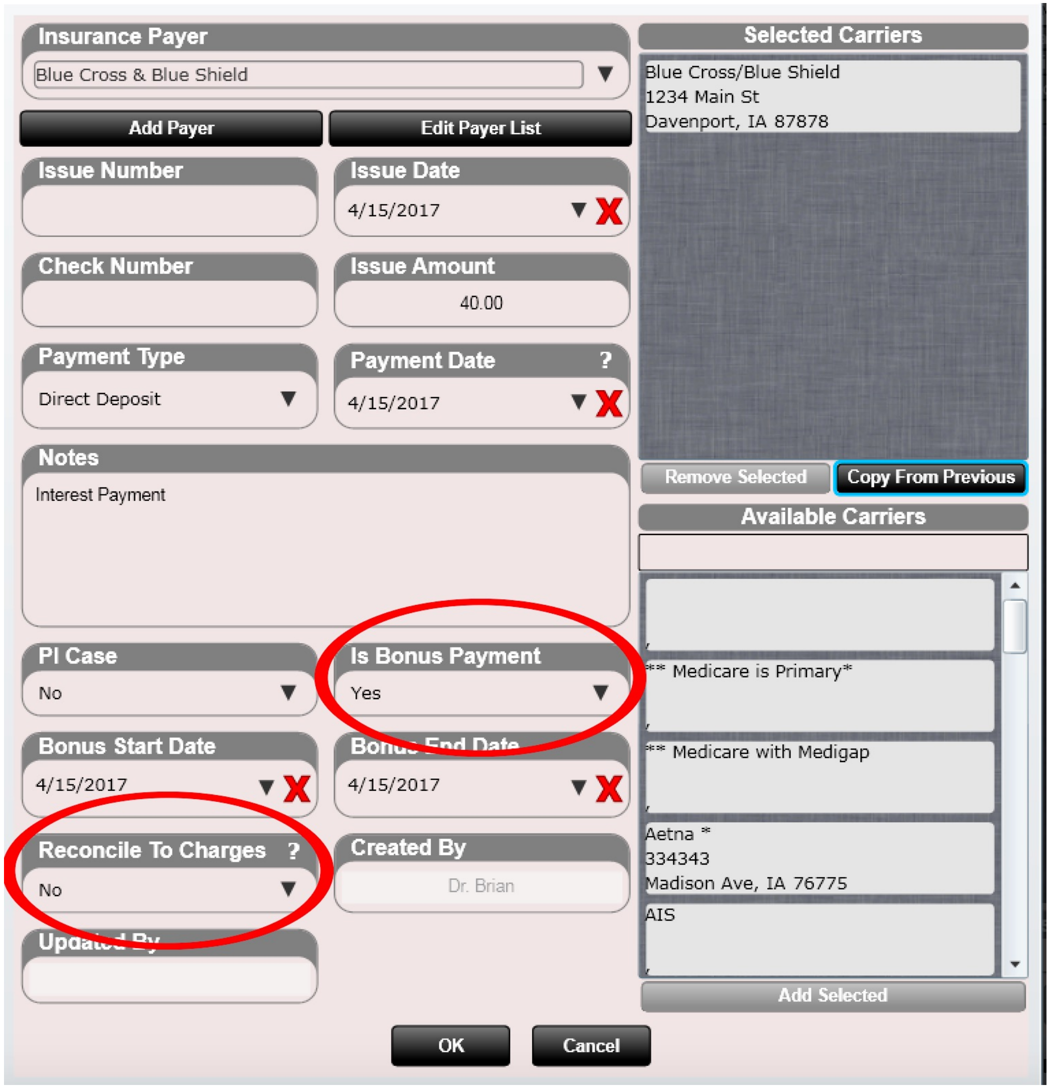
There are times when an insurance carrier will issue you a bonus payment (e.g. Interest because you accept direct deposit). However, there are NO CHARGES to reconcile this money against. How do you reconcile this?

Create a new remittance and select the two options circled in the image to the right.

Is Bonus Payment = Yes

Reconcile to Charges = No

After entering the payer, carrier(s) and issue amount click Ok. You are done! :) You have just entered a bonus payment without any associated charges.



Help menu in Reconcile Dialog

Reconcile Charge

Allowed : Enter here the Amount Allowed as indicated on the remittance. If Amount Allowed not specified then subtract Insurance Savings from Amount Charged and enter here.

Pri. Payment : If insurance is patient's primary then enter here the amount the insurance paid toward the charge as indicated on the remittance.

Sec. Payment : If insurance is patient's secondary then enter here the amount the insurance paid toward the charge as indicated on the remittance.

Ter. Payment : If insurance is patient's tertiary then enter here the amount the insurance paid toward the charge as indicated on the remittance.

Copay : Enter patient's copay as indicated on the remittance.

Coinsurance : Enter patient's co-insurance as indicated on the remittance.

Deductible : Enter patient's deductible as indicated on the remittance.

Denied Amt : Enter the amount to bill patient when the charge is denied.

Writeoff : Enter the amount of the Allowed Amount to writeoff (do not enter Insurance/Network Savings) here. This is commonly used when the remittance specifies a non-zero 'adjustment'; meaning they allow the charge, but will not pay the provider the full amount allowed.

Amt to Sec/Ter : Enter amount to forward to a secondary or tertiary insurance. When another insurance exists that might pay some or all of the patient's copay, co-insurance, or deductible, it is suggested to enter the sum of these amounts here; this will prevent the patient from being billed these amounts until the next insurance's claim remittance is received.

Amt Disputed : When disputing a charge, enter here the amount required to balance the charge. For example, enter here the sum of the copay, co-insurance, and deductible to prevent the patient being charged these amounts until the dispute is resolved. Note that the full charge amount will always be billed to the insurance regardless of the amount entered here.

Disputed : Mark this 'yes' when disputing the charge.

Ins. Savings : Displays the calculated Insurance Savings which is the Amount Charged less the Amount Allowed.

Pri. Paid : Displays the total amount primary insurance has paid to date for the charge.

Sec. Paid : Displays the total amount secondary insurance has paid to date for the charge.

Ter. Paid : Displays the total amount tertiary insurance has paid to date for the charge.

Ins. Owes : Displays the calculated amount that is still owed by insurance.

Amt. Not Covered : Enter the amount to bill patient when a charge is not covered.

Close

Reconcile - Print

Note: At any time clicking the "Print" button will render a report showing you all of your reconciled charges. This report can be very useful especially in the case when an error is made. This way you can print the report and go charge by charge and compare the REAL remittance vs. the "Claim Remittance Report".

Spinal Care Chiropractic
1234 State St.
Davenport, IA 52804
563-555-6755
spinalcare@gmail.com

Claim Remittance Report

Printed 05/18

Payor Blue Cross and Blue Shield
Issue Date 05/16/2014
Issue Number
Check No.
Issue Amount 20.00

Patient	Date	Code	Units	Charged	Allowed	Savings	Deduct.	Copay	Coins.	Pri. Paid	Sec. Paid	Ter. Paid	Wri
WATBU000 Watson, Bubba	05/16/14	98941-AT	1	40.00	30.00	10.00	0.00	0.00	3.00	10.00	10.00	0.00	
WATBU000 Watson, Bubba	05/16/14	98941-AT	1	40.00	30.00	10.00	0.00	0.00	3.00	10.00	10.00	0.00	
TOTALS													

Close

Print

Reconcile – Attorney Check (Insurance Case)

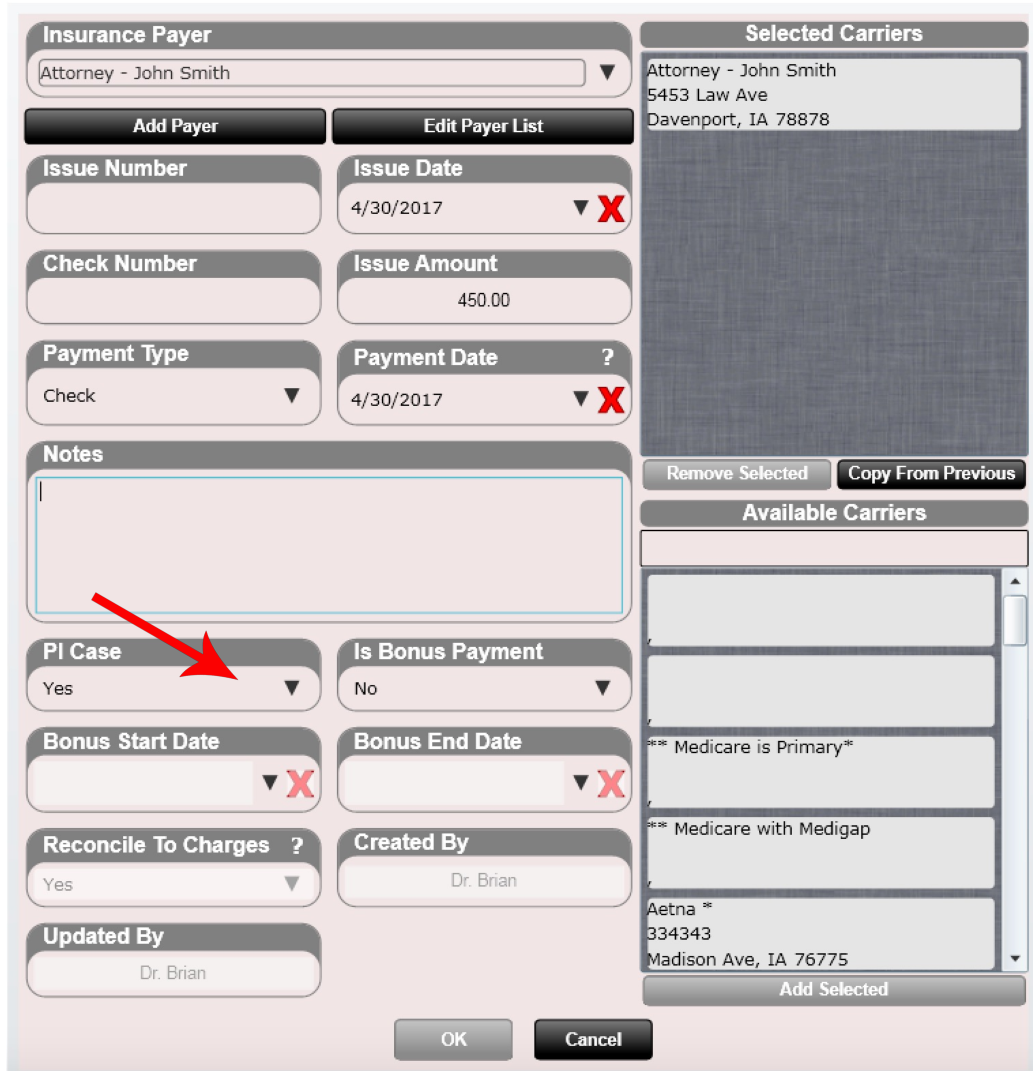
When you submit a "Charge Report" to your attorney from an Attorney Insurance Case (note this is NOT insurance but a neat and tidy way to track charges for an attorney) there is a FAST and EASY way to reconcile this check using the Reconcile app.

Remember, an attorney will send you a payment but will not provide a remittance showing how much of each charge was paid.

Using our "magic button" you can reconcile an entire attorney check. The software will automatically add money to charges evenly distributed and write off the remaining.

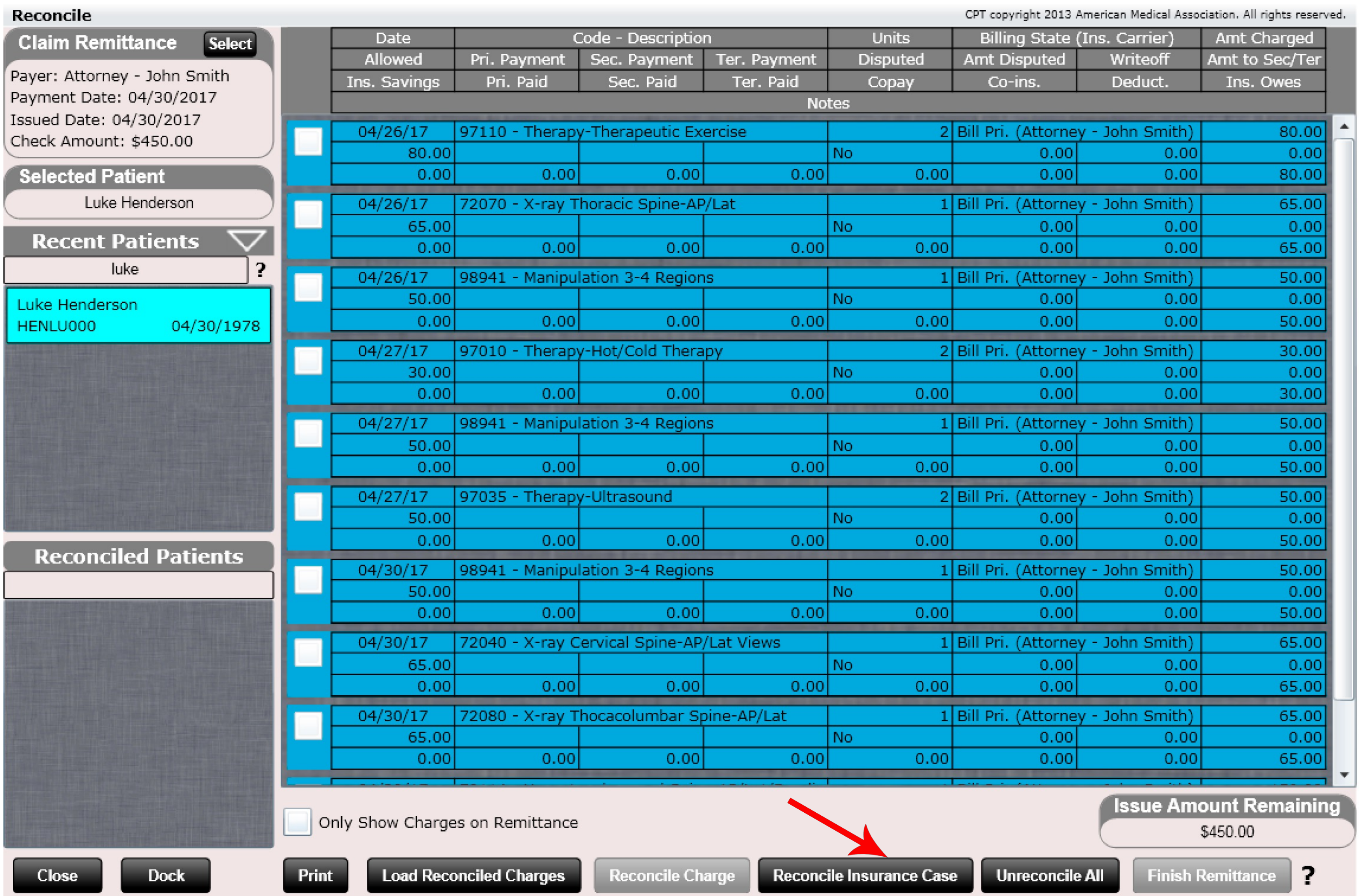
To do this you will first enter your check as you would for a standard insurance EOB check. Select the "Attorney" from the "Payer" drop down. Then in the right pane select the Attorney "Insurance Carrier".

In the "PI Case" dropdown you MUST select "Yes". Doing so will enable the "magic button" on the next screen.



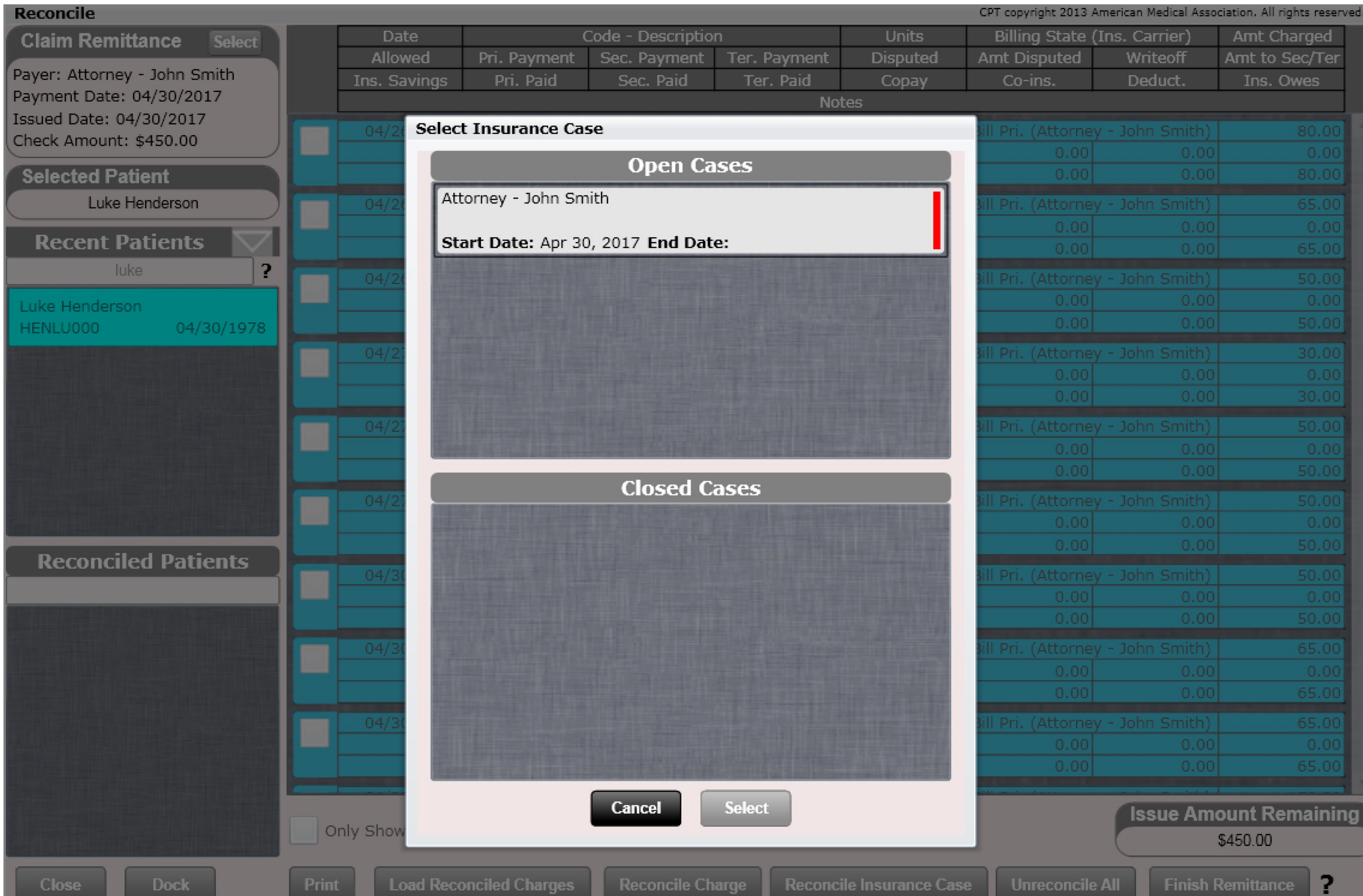
Reconcile – Attorney Check (Insurance Case)

Next select your patient, then click the “Reconcile Insurance Case” button below. This is the “magic button” and will only be selectable if you selected “Yes” in the “PI Case” dropdown in the previous dialog.



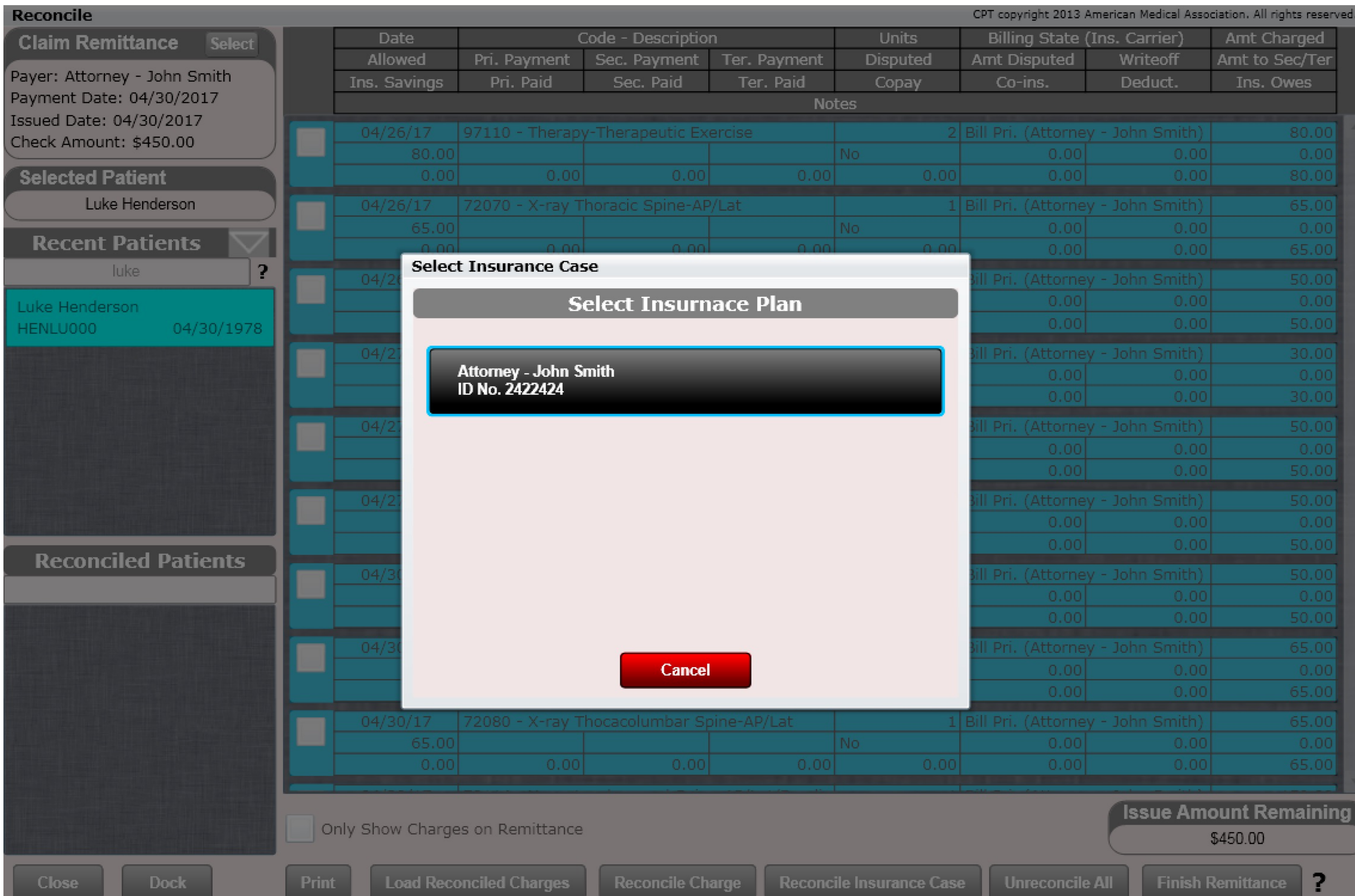
Reconcile – Attorney Check (Insurance Case)

Next select the Insurance Case you are reconciling (e.g. Attorney – John Smith). Once selected either double click or press “Select”.



Reconcile – Attorney Check (Insurance Case)

Next select the Insurance Plan that is associated with this attorney check.



Reconcile – Attorney Check (Insurance Case)

The software will now display all charges for this insurance case. As you can see here none of these charges have been paid. Next enter the amount you want to apply to the charges (in this case $450) and click "Apply".

Luke Henderson - Attorney - John Smith - Unreconciled Charges

Date	Code - Description	Units	Billing State (Ins. Carrier)	Amt Charged	Allowed	Pri. Payment	Sec. Payment	Ter. Payment	Disputed	Amt Disputed	Writeoff	Amt to Sec/Ter	Ins. Savings	Pri. Paid	Sec. Paid	Ter. Paid	Copay	Co-ins.	Deduct.	Ins. Owes	Notes
04/26/17	98941 - Manipulation 3-4 Regions	1	Bill Pri. (Attorney - John Smith)	50.00	50.00				No	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	
04/26/17	72070 - X-ray Thoracic Spine-AP/Lat	1	Bill Pri. (Attorney - John Smith)	65.00	65.00				No	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	65.00	
04/26/17	97110 - Therapy-Therapeutic Exercise	2	Bill Pri. (Attorney - John Smith)	80.00	80.00				No	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	
04/27/17	97010 - Therapy-Hot/Cold Therapy	2	Bill Pri. (Attorney - John Smith)	30.00	30.00				No	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30.00	
04/27/17	97035 - Therapy-Ultrasound	2	Bill Pri. (Attorney - John Smith)	50.00	50.00				No	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	
04/27/17	98941 - Manipulation 3-4 Regions	1	Bill Pri. (Attorney - John Smith)	50.00	50.00				No	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	
04/30/17	98941 - Manipulation 3-4 Regions	1	Bill Pri. (Attorney - John Smith)	50.00	50.00				No	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	
04/30/17	72040 - X-ray Cervical Spine-AP/Lat Views	1	Bill Pri. (Attorney - John Smith)	65.00	65.00				No	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	65.00	
04/30/17	72080 - X-ray Thoracolumbar Spine-AP/Lat	1	Bill Pri. (Attorney - John Smith)	65.00																	

Distribute payment across all charges writing off remaining amount

How Much Would You Like to Apply From the Check to These Charges? 450 **Apply**

Insurance Case Total Owed
$655.00

Number of Charges Owed
10

Ok **Cancel**

Reconcile – Attorney Check (Insurance Case)

After clicking “Apply” the software has now distributed the payment across all charges and written off the remainder. All charges are now reconciled in ONE CLICK!!!! THIS is a HUGE timesaver!

Luke Henderson - Attorney - John Smith - Unreconciled Charges

Date	Code - Description			Units	Billing State (Ins. Carrier)		Amt Charged
Allowed	Pri. Payment	Sec. Payment	Ter. Payment	Disputed	Amt Disputed	Writeoff	Amt to Sec/Ter
Ins. Savings	Pri. Paid	Sec. Paid	Ter. Paid	Copay	Co-ins.	Deduct.	Ins. Owes
Notes							
04/26/17	98941 - Manipulation 3-4 Regions			1	Reconciled		50.00
50.00	34.35	0.00	0.00	No	0.00	15.65	0.00
0.00	34.35	0.00	0.00	0.00	0.00	0.00	0.00
04/26/17	72070 - X-ray Thoracic Spine-AP/Lat			1	Reconciled		65.00
65.00	44.66	0.00	0.00	No	0.00	20.34	0.00
0.00	44.66	0.00	0.00	0.00	0.00	0.00	0.00
04/26/17	97110 - Therapy-Therapeutic Exercise			2	Reconciled		80.00
80.00	54.96	0.00	0.00	No	0.00	25.04	0.00
0.00	54.96	0.00	0.00	0.00	0.00	0.00	0.00
04/27/17	97010 - Therapy-Hot/Cold Therapy			2	Reconciled		30.00
30.00	20.61	0.00	0.00	No	0.00	9.39	0.00
0.00	20.61	0.00	0.00	0.00	0.00	0.00	0.00
04/27/17	97035 - Therapy-Ultrasound			2	Reconciled		50.00
50.00	34.35	0.00	0.00	No	0.00	15.65	0.00
0.00	34.35	0.00	0.00	0.00	0.00	0.00	0.00
04/27/17	98941 - Manipulation 3-4 Regions			1	Reconciled		50.00
50.00	34.35	0.00	0.00	No	0.00	15.65	0.00
0.00	34.35	0.00	0.00	0.00	0.00	0.00	0.00
04/30/17	98941 - Manipulation 3-4 Regions			1	Reconciled		50.00
50.00	34.35	0.00	0.00	No	0.00	15.65	0.00
0.00	34.35	0.00	0.00	0.00	0.00	0.00	0.00
04/30/17	72040 - X-ray Cervical Spine-AP/Lat Views			1	Reconciled		65.00
65.00	44.66	0.00	0.00	No	0.00	20.34	0.00
0.00	44.66	0.00	0.00	0.00	0.00	0.00	0.00
04/30/17	72080 - X-ray Thoracolumbar Spine-AP/Lat			1	Reconciled		65.00

Distribute payment across all charges writing off remaining amount

How Much Would You Like to Apply From the Check to These Charges? 0.00 Apply

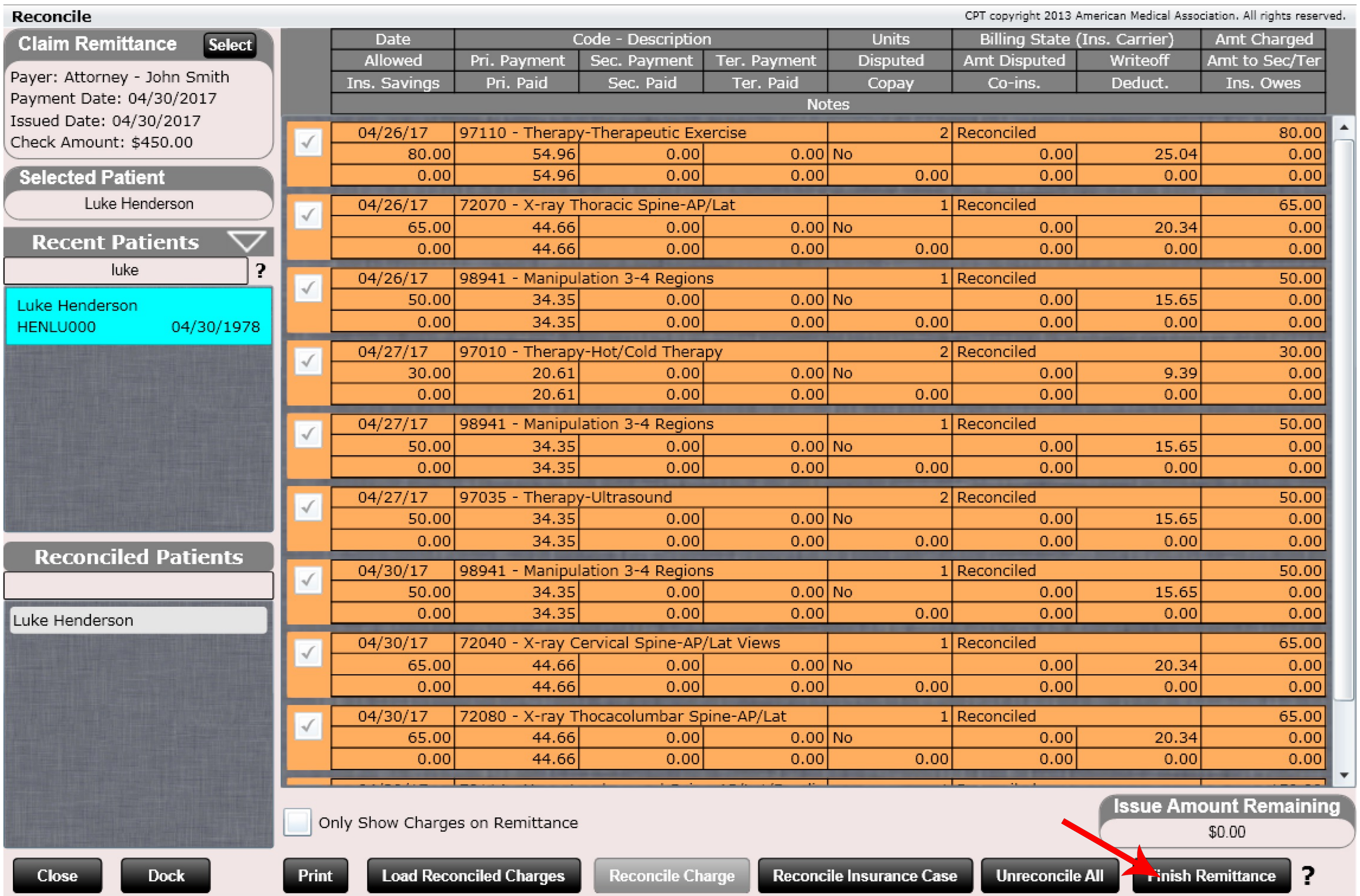
Insurance Case Total Owed
$205.00

Number of Charges Owed
10

Ok Cancel

Reconcile – Attorney Check (Insurance Case)

Now you can see the “Issue Amount Remaining” is $0.00 and we can click “Finish Remittance” to complete this remittance.



#Statements

Statements

The Statements app is used to bill patients. Like the Billing app it keeps track of charges that are owed only in this case this is money PATIENTS OWE.

Billing patients is extremely simple and is accomplished in two steps:

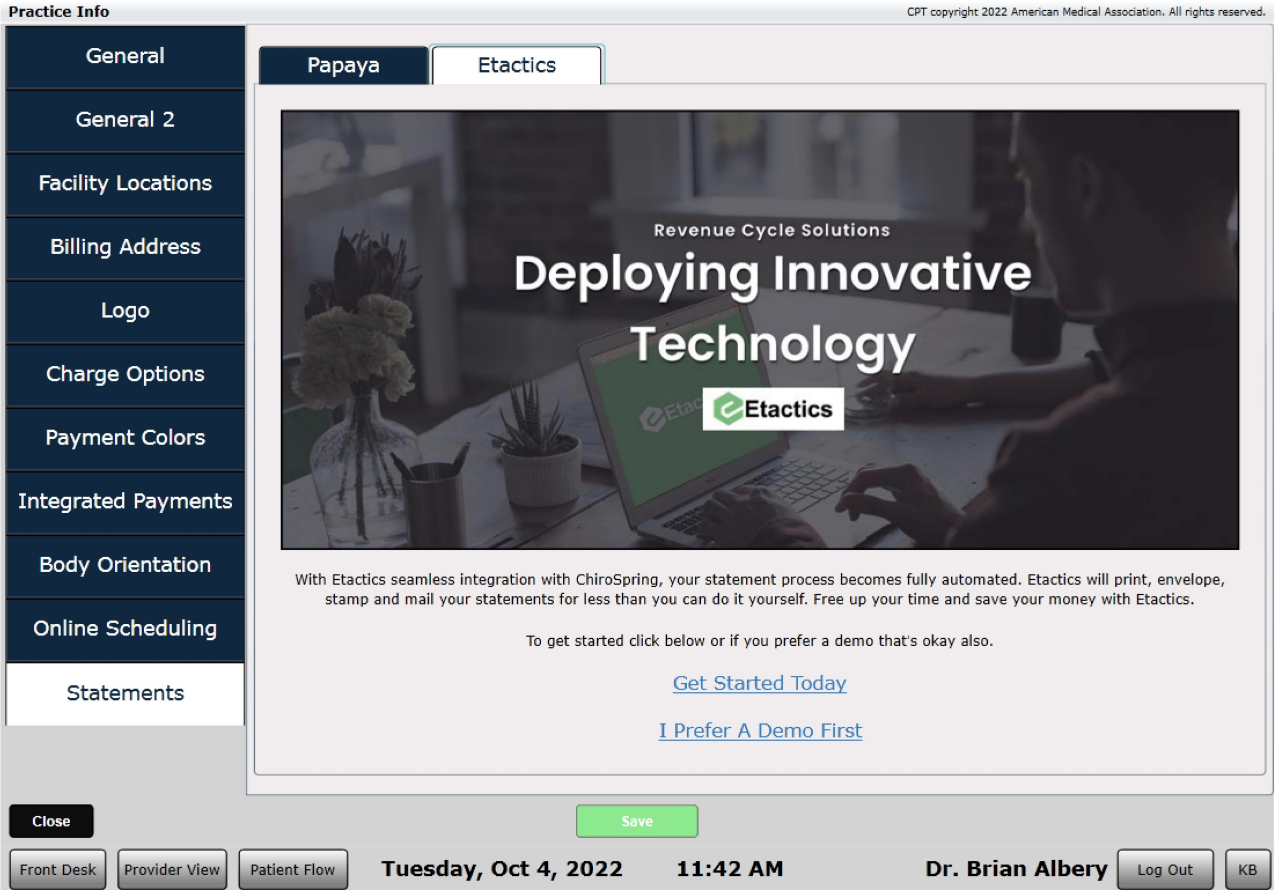
1. Create Statements
2. Print and Bill Checked Statements

The Statements app is composed of a tab system. There are two tabs in this app:

1. Patients with Balances
   – Shows you every patient in ChiroSpring that has a balance (they owe you money). They will be here regardless if you billed them.
2. Unbilled Statements
   – Shows statements that have been created (are ready to bill) but have not yet been billed. Typically, once you create a statement you will want to bill it immediately.

Let Etactics Do Your Statements

We have partnered with Etactics for practices not wanting to print, envelope, stamp and mail their statements. If this service interests you, please reach out to them. You can request a demo in Settings/Practice Info/Statements.



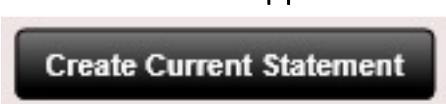
Statements – Create Statements

Statements can be created in three ways

- Select a patient and click the "View Highlighted" button. A dialog will open asking if you would like to view their old statement or view and create a new statement.

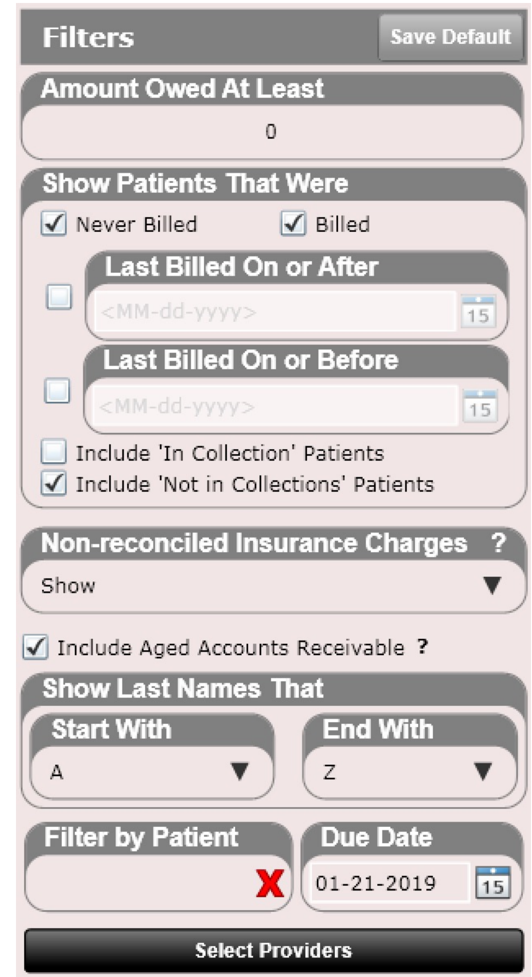
- Check the box next to a patient and click "Create Statements".

- In the patient Dashboard/View Statements Tile there is a button that says, "Create Current Statement". This allows you to create a current statement for a patient without even going into the Statements app on the front



Note: Once you create a statement it will also appear in the patient's Dashboard/View Statements Tile. This way you have record of when a statement was created, and once billed you have record of when the statement was billed.

Statements – Patients with Balances



The left side of the "Patients with Balances" tab has a filters section. Here you can filter your patients with balances so that you create only the statements you want to create. It would not make sense to bill every single patient with a balance, especially if you just billed some of them a few days ago.

Filters include:

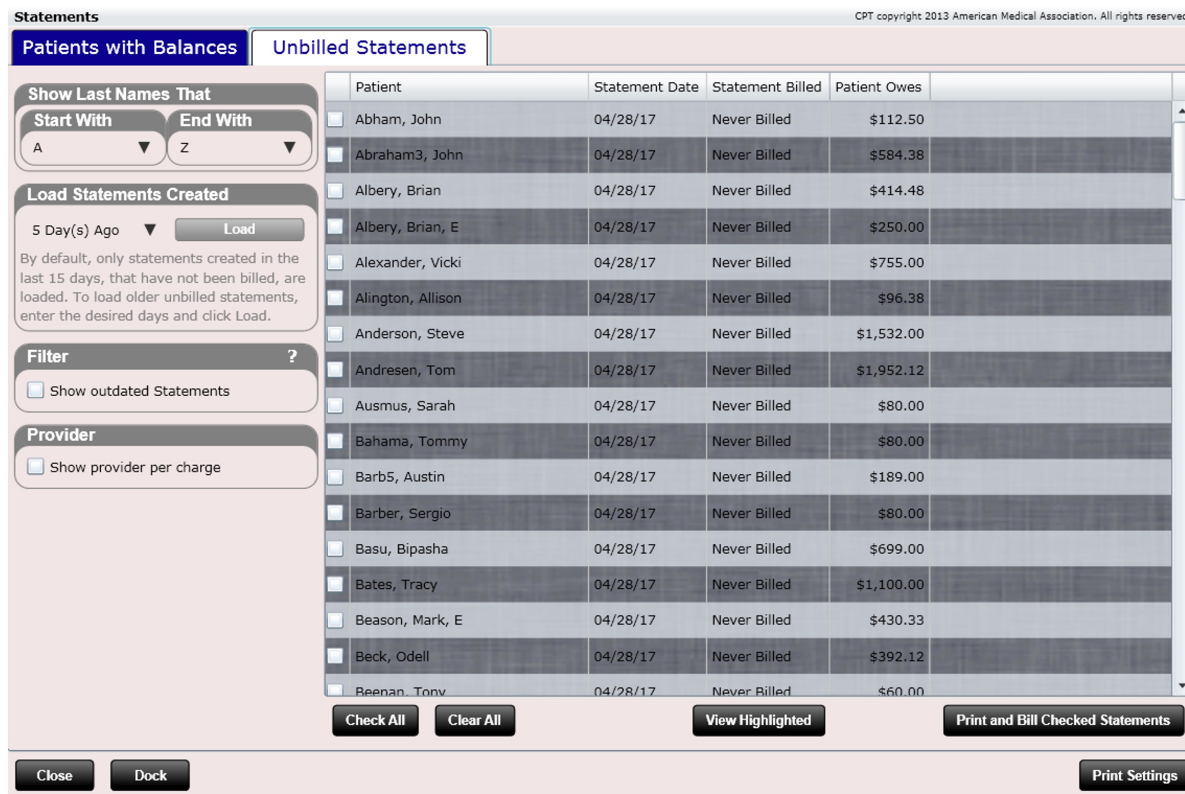
- **Amount Owed At Least**
  - This allows you to only show patients with a minimum balance, for example \$5. You would likely not want to mail a statement with a balance of \$0.05!
- **Show Patients That Were**
  - Never Billed
  - Billed
  - Last Billed On Or After
  - Last Billed On Or Before
- **In Collections or Not In Collections** (you can put a patient in collections in the patient profile using the 'In Collections' dropdown)
- **Non-reconciled Insurance Charges** (allows you to show or not show charges based on if they are reconciled by insurance yet or not).
- **Show Last Names That**
  - Start With
  - End With
- **Filter by Patient** (type any patient name)
- **Due Date** (specify the due date of the statement)
- **Select Providers** (allows you to select one or multiple providers and only have their charges shown on the statement).

Statements – Unbilled Statements

This is the "Unbilled Statements" tab. Statements will only appear here once they are created.

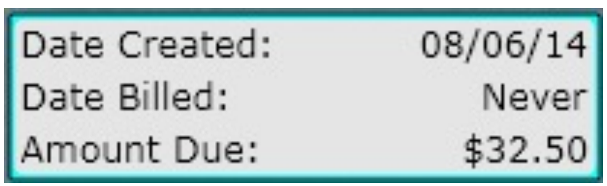
Once created check the statement and click "Print and Bill Checked Statements". This will send the statements to your printer and will also mark them in ChiroSpring as "Billed" with today's date.

If any statements do not print correctly simply "Clear All" and check only the statement(s) you wish to re-print. Then click the "Print and Bill Checked Statements" button again. Once all print successfully you can close out of the Statements app.

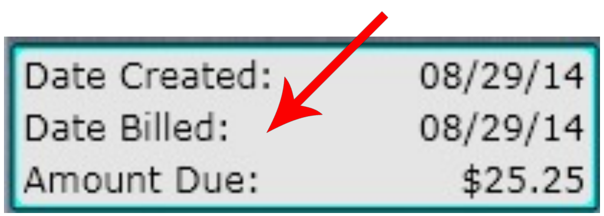


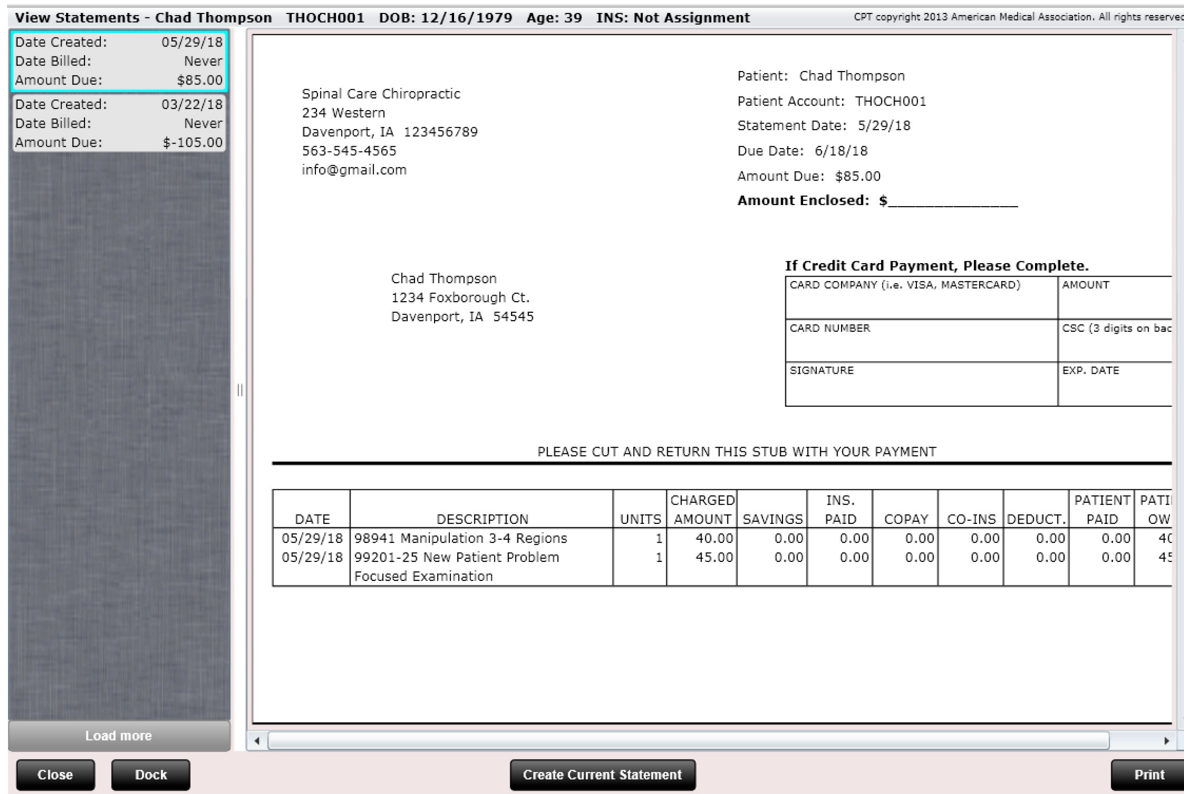
Dashboard – View Statements Tile

As mentioned, once a statement is created it is saved on file in the patient's Dashboard/View Statements tile. Here is an example of a patient that has some statements that has been created.



Once a statement is billed it will include the "Date Billed" here as well.





Statements

To the right is a patient statement. It is designed to be folded and inserted into a #10 Security (window) envelope. This way you do not have to handwrite yours or the patient's address. This is a huge time saver!

The statement also shows the aged balance, so your patients know how "delinquent" they have been on payment.

The patient can pay by check or credit card. The patient cuts and returns the top portion of the statement and mails it back to you.

Spinal Care Chiropractic
1515 Brady St.
Davenport, IA 52806
563-545-4565

Patient: Chad Thompson
Patient Account: THOCH000
Statement Date: 10/31/14
Due Date: 11/20/14
Amount Due: $15.00
Amount Enclosed: $______________

Chad Thompson
123 Sunny Dr
Davenport, IA 54356

If Credit Card Payment, Please Complete.

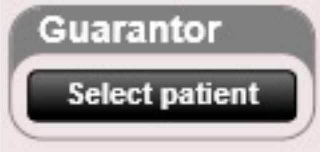
CARD COMPANY (i.e. VISA, MASTERCARD)	AMOUNT
CARD NUMBER	CSC (3 digits on back)
SIGNATURE	EXP. DATE

PLEASE CUT AND RETURN THIS STUB WITH YOUR PAYMENT

DATE	DESCRIPTION	UNITS	CHARGED AMOUNT	INS. SAVINGS	INS. PAID	COPAY	CO-INS	DEDUCT.	PATIENT PAID	PATIENT OWES
10/31/14	99205-25 New Patient Comprehensive (	1	150.00	0.00	0.00	0.00	15.00	0.00	0.00	15.00

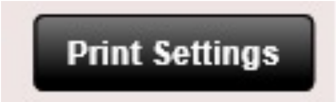
AMOUNT DUE	0 TO 30 DAYS	31 to 60 DAYS	61 TO 90 DAYS	91 TO 120 DAYS	121+ DAYS	DUE DATE
$15.00	$15.00	$0.00	$0.00	$0.00	$0.00	11/20/2014

Power Tip: Use the "Guarantor" field in the patient profile to indicate the guarantor for a patient. For example, if Sally Joe is the child of Mary Joe, you would go to the profile of Sally Joe and make Mary Joe the guarantor. Then, the statement would print with the guarantor's name and mailing address but would still include Sally Joe as the Patient.

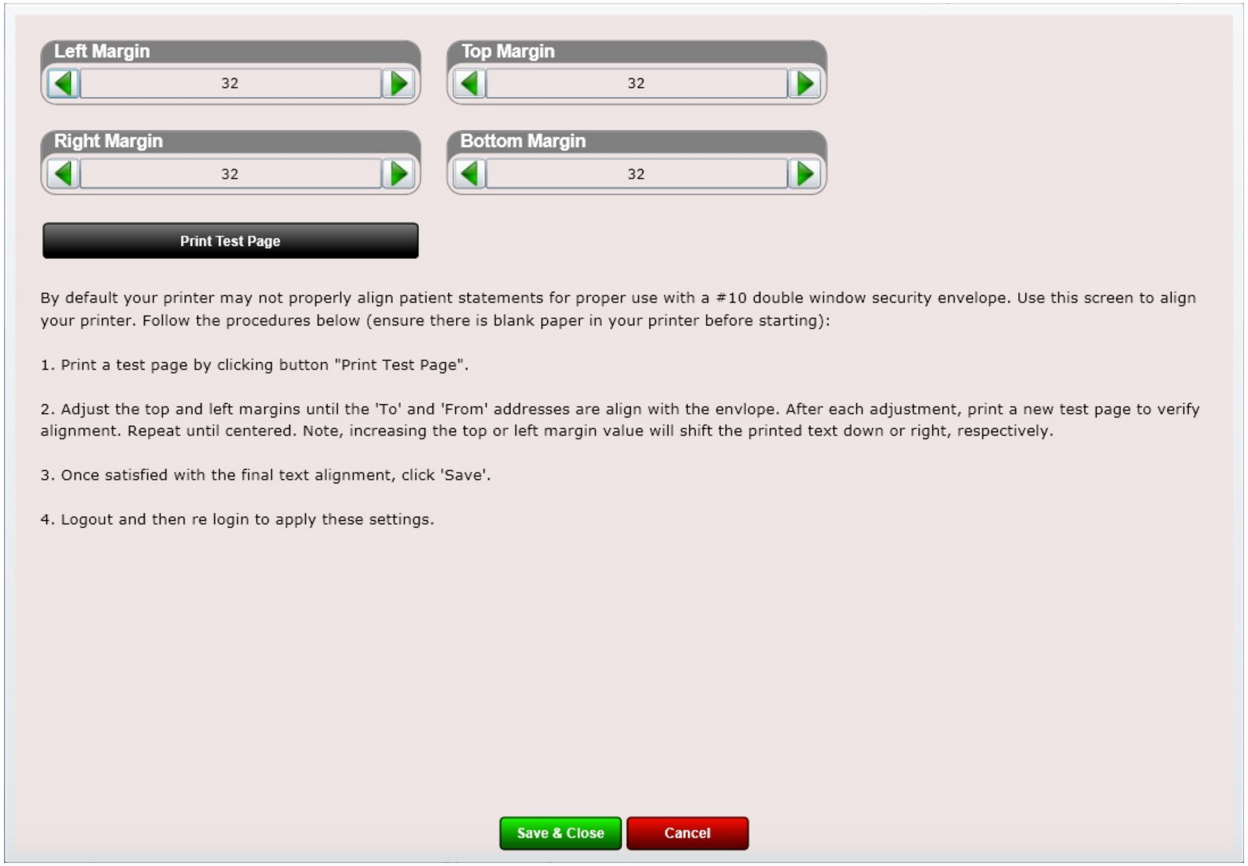


Statements

Print Settings allows you to configure your patient statements to align business address and patient address in a #10 double window security envelope. To align your statements, follow the instructions within Print Settings and print several test pages by clicking the "Print Test Page" button until everything is aligned. Then save changes.

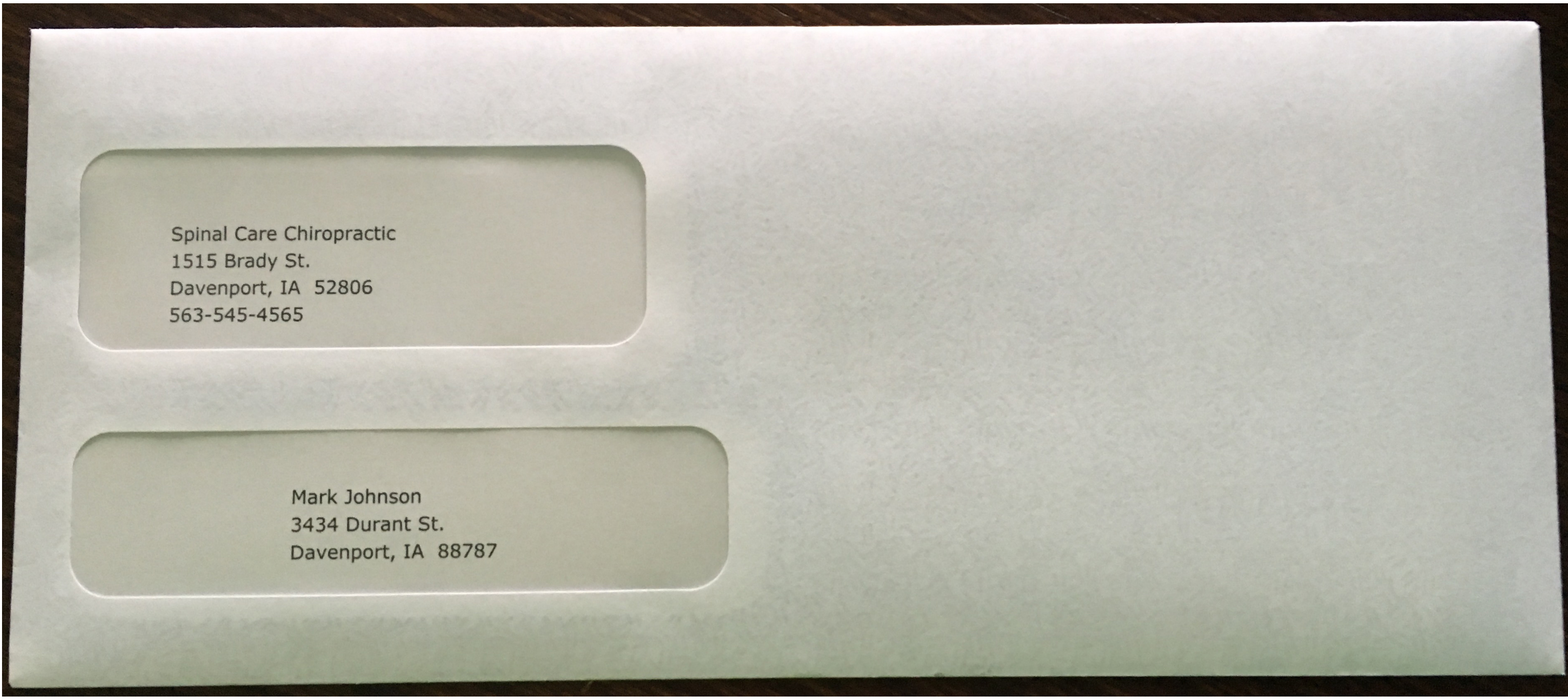


The "Print Settings" button is accessible in the Statements app.



Statements

Here is an example of a statement that has been folded and inserted into the proper #10 double window security envelope.



Statements

These are the envelopes to get (any brand is fine as long as it meets the same standard requirements).

Statements

The statement shows

- Date
- Description
- Units
- Charged Amount
- Ins. Savings
- Ins. Paid
- Copay
- Co-Ins
- Deduct.
- Patient Paid
- Patient Owes

Power Tip: The statement “Footer” can be customized in Settings/Practice Info

You can also customize on a PER PATIENT BASIS a statement footer in the Patient Profile.

Custom Statement Footer

You need to pay us money!!!

DATE	DESCRIPTION	UNITS	CHARGED AMOUNT	INS. SAVINGS	INS. PAID	COPAY	CO-INS	DEDUCT.	PATIENT PAID	PATIENT OWES
03/13/14	98941 Manipulation 3-4 Regions	1	40.00	0.00	0.00	0.00	0.00	0.00	0.00	40.00

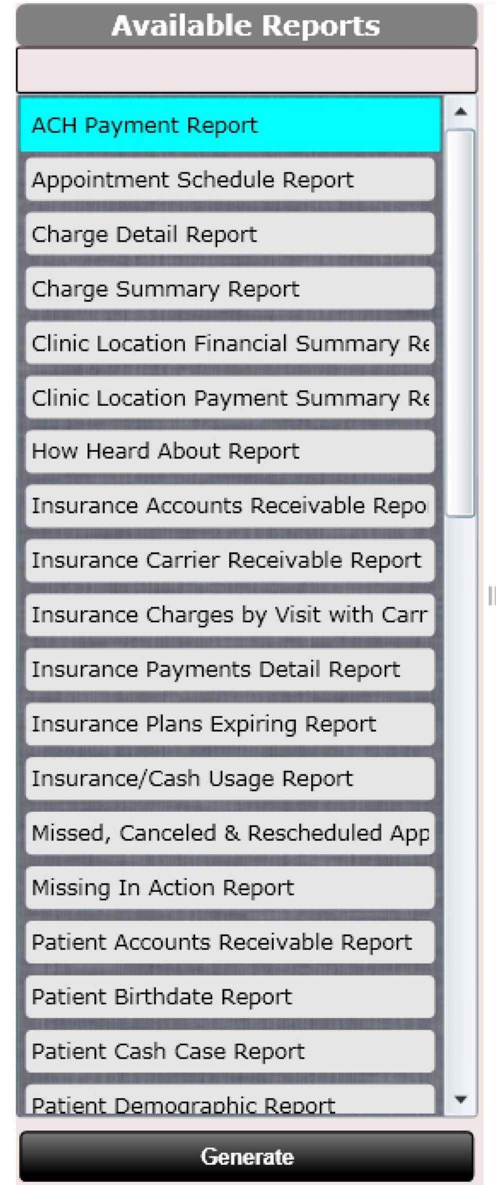
AMOUNT DUE	0 TO 30 DAYS	31 to 60 DAYS	61 TO 90 DAYS	91 TO 120 DAYS	121+ DAYS	DUE DATE
$40.00	$0.00	$40.00	$0.00	$0.00	$0.00	05/29/2014

#Reports

Reports

The Reports app is available on the front desk and contains many useful reports. Presently the app contains the following reports.

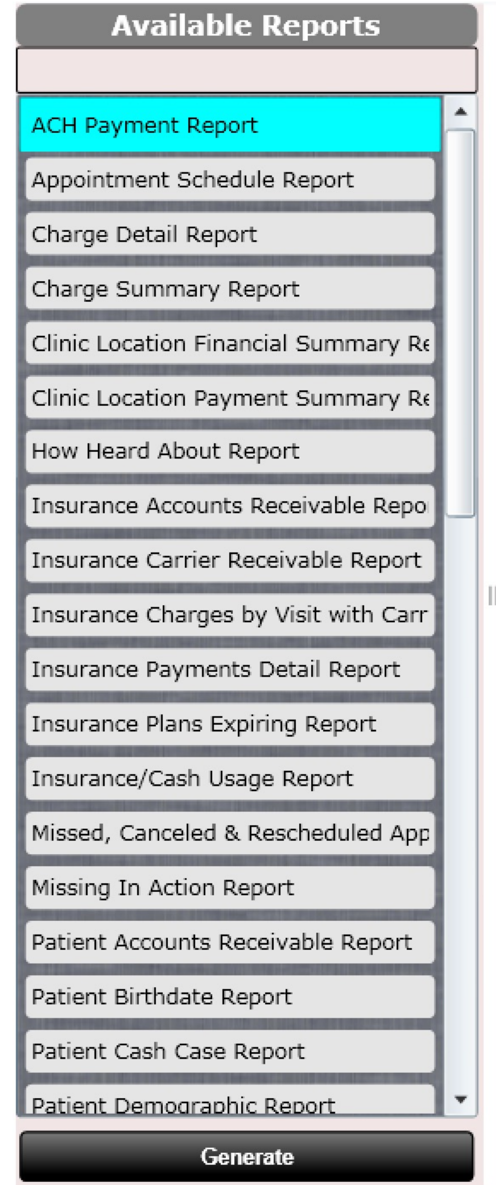
- **ACH Payment Report**
  - Lists all ACH payments by a selected date range
- **Appointment Schedule Report**
  - Lists all appointments and breaks them down by provider
- **Charge Detail Report**
  - Lists every charge for a date range
- **Charge Summary Report**
  - A general charge report that lists the number of units for a particular charge
- **Insurance Accounts Receivable Report**
  - Shows all of the un-reconciled insurance charges. Shows if they are 30, 60, 90 or more days old.
- **Insurance Payments Detail Report**
  - Shows insurance payments (must be input by Reconcile app)
- **Insurance Plans Expiring**
  - Shows all insurance plans that are expired or will soon expire
- **Missed, Canceled, & Rescheduled appointments**
  - Shows appointments that have have not been completed
- **Missing in Action Report**
  - This report helps keep track of patients that have stopped coming in



Reports

The Reports app is available on the front desk and contains many useful reports. Presently the app contains the following reports.

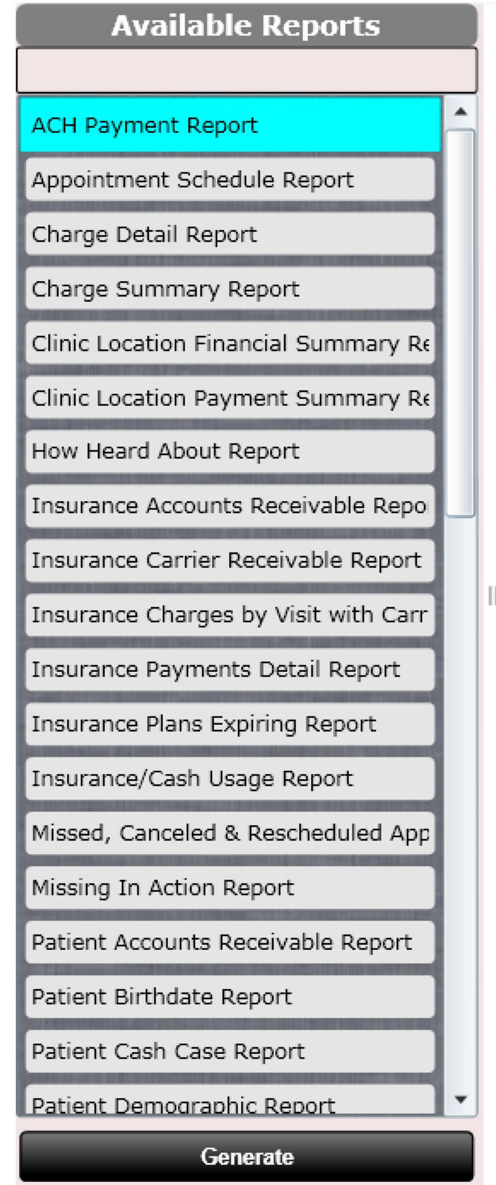
- **Patient Accounts Receivable Report**
  - Shows every patient and the amount they owe
- **Patient Birthdate Report**
  - Allows you to create a list of patients with birthdays
- **Patient Demographics Report**
  - Generate a report by patient showing demographic, contact and insurance information
- **Patient Future appointment Report**
  - Shows a selected patient’s future appointments
- **Patient Negative Balance Report**
  - Shows all patients with a credit (negative balance) on their account
- **Patient Over/Under applied Report**
  - Shows all patients with an under applied or over applied value on their Ledger
- **Patient Payments Detail Report**
  - Shows all patient payments and their details
- **Patient Referral Report**
  - Allows you to track patient referrals for a selected patient



Reports

The Reports app is available on the front desk and contains many useful reports. Presently the app contains the following reports.

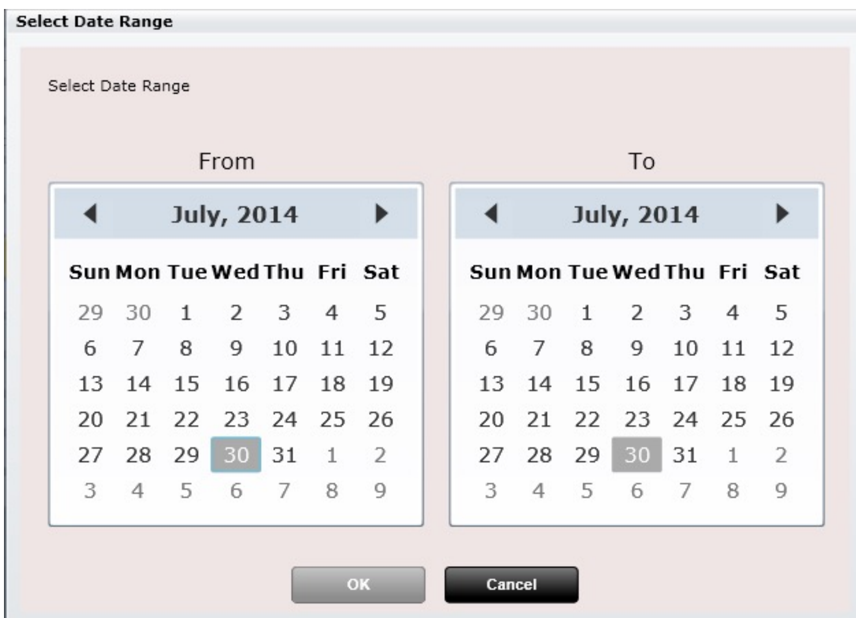
- **Patients by Insurance Carrier Report**
  - Allows you to show a list of patients associated with a selected Insurance Carrier
- **Payment Summary Report**
  - A summary of payments broken down into type (e.g. cash)
- **Practice Analysis Report**
  - Shows various statistics to monitor the health of your practice. The report also compares this years statistics with last years.
- **Product Inventory Report**
  - Displays all products, quantities and re-order points
- **Product Shortage Report**
  - Beneficial for re-ordering products and shows products below the re-order trigger.
- **Sold Products Detail Report**
  - Lists all products sold and their details for a selected date range
- **Sold Products Summary Report**
  - Lists a summary of products sold for a selected date range
- **Unfinished SOAP Note Report**
  - Displays a list of unfinished SOAP Notes by provider
- **User Earnings Detail Report**
  - Shows the amount a user has earned for a particular date range

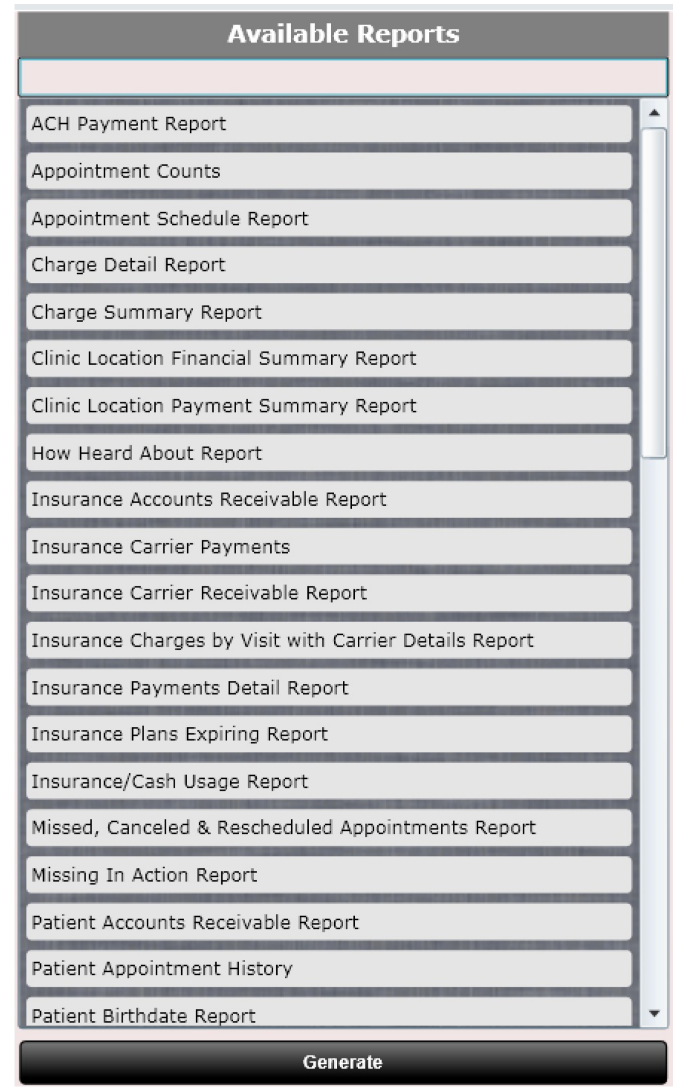


Reports

To generate a report, click the report you want and click the generate button below (or double click the report).

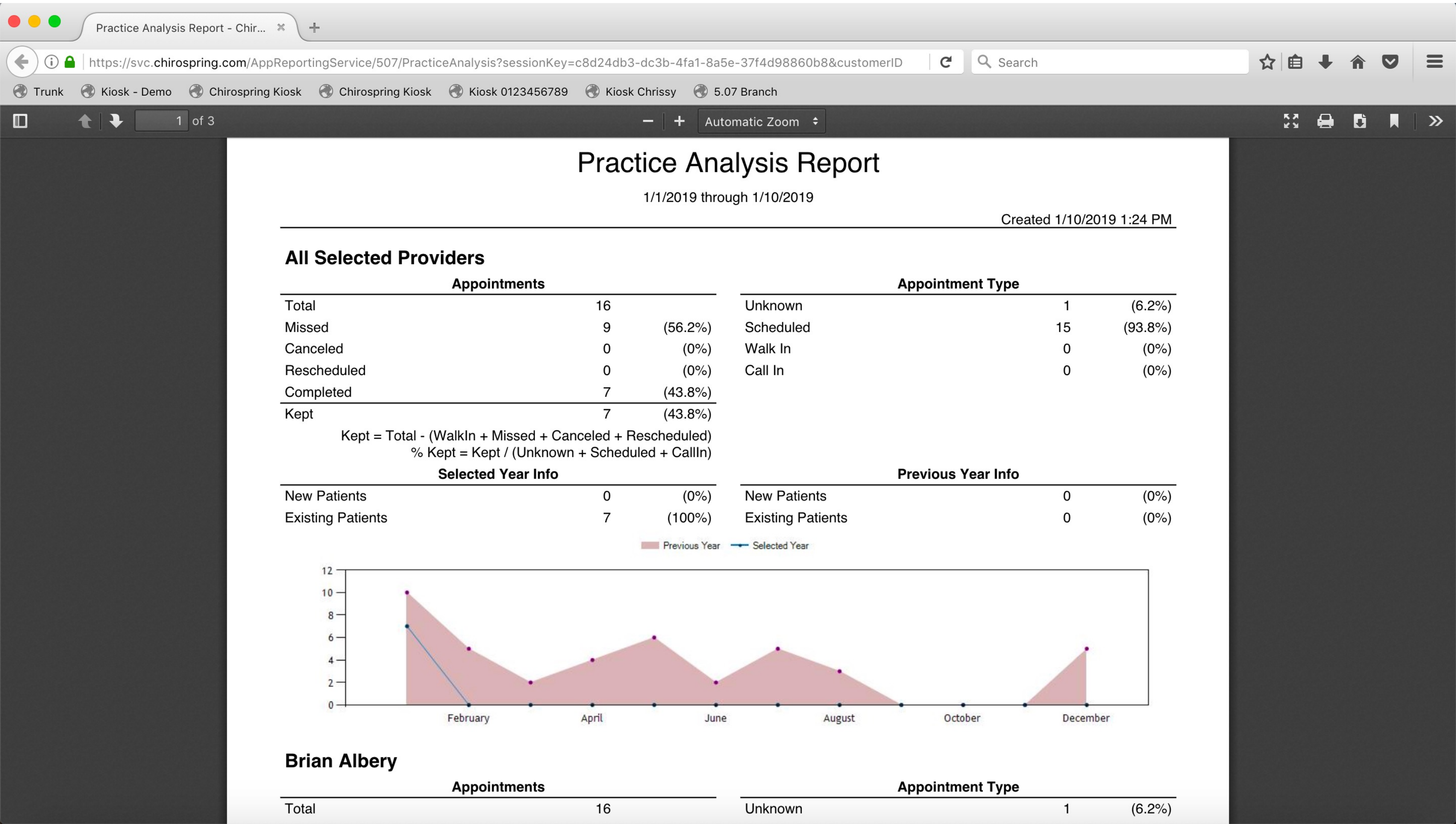
For some reports a dialog box will open. Select the date range. The report will then generate and be displayed in the right pane.





Reports

Here is an example of the "Practice Analysis Report." Reports will generate inside of your default web-browser.



Practice Analysis Report

1/1/2019 through 1/10/2019

Created 1/10/2019 1:24 PM

All Selected Providers

Appointments		
Total	16	
Missed	9	(56.2%)
Canceled	0	(0%)
Rescheduled	0	(0%)
Completed	7	(43.8%)
Kept	7	(43.8%)

Kept = Total - (WalkIn + Missed + Canceled + Rescheduled)
% Kept = Kept / (Unknown + Scheduled + CallIn)

Appointment Type		
Unknown	1	(6.2%)
Scheduled	15	(93.8%)
Walk In	0	(0%)
Call In	0	(0%)

Selected Year Info		
New Patients	0	(0%)
Existing Patients	7	(100%)

Previous Year Info		
New Patients	0	(0%)
Existing Patients	0	(0%)

Brian Albery

Appointments		
Total	16	

Appointment Type		
Unknown	1	(6.2%)

Reports

Because reports generate in a web-browser you are able to use a dual-monitor setup. This allows you to view ChiroSpring on say the left monitor and one or multiple reports on the right monitor.

#Tasks

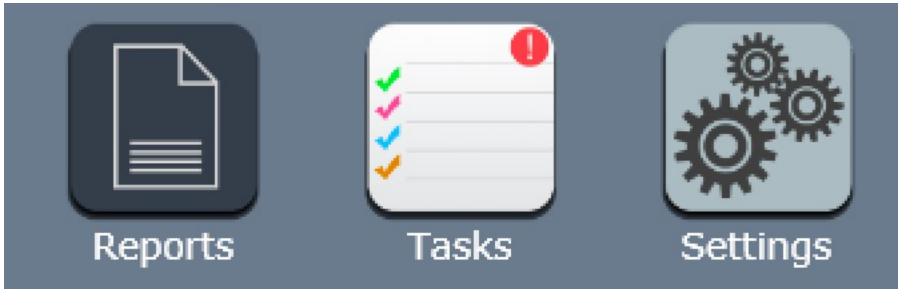
Tasks

The Tasks app is a great way for recording tasks to help you and your practice stay organized. The app is simple yet highly powerful.

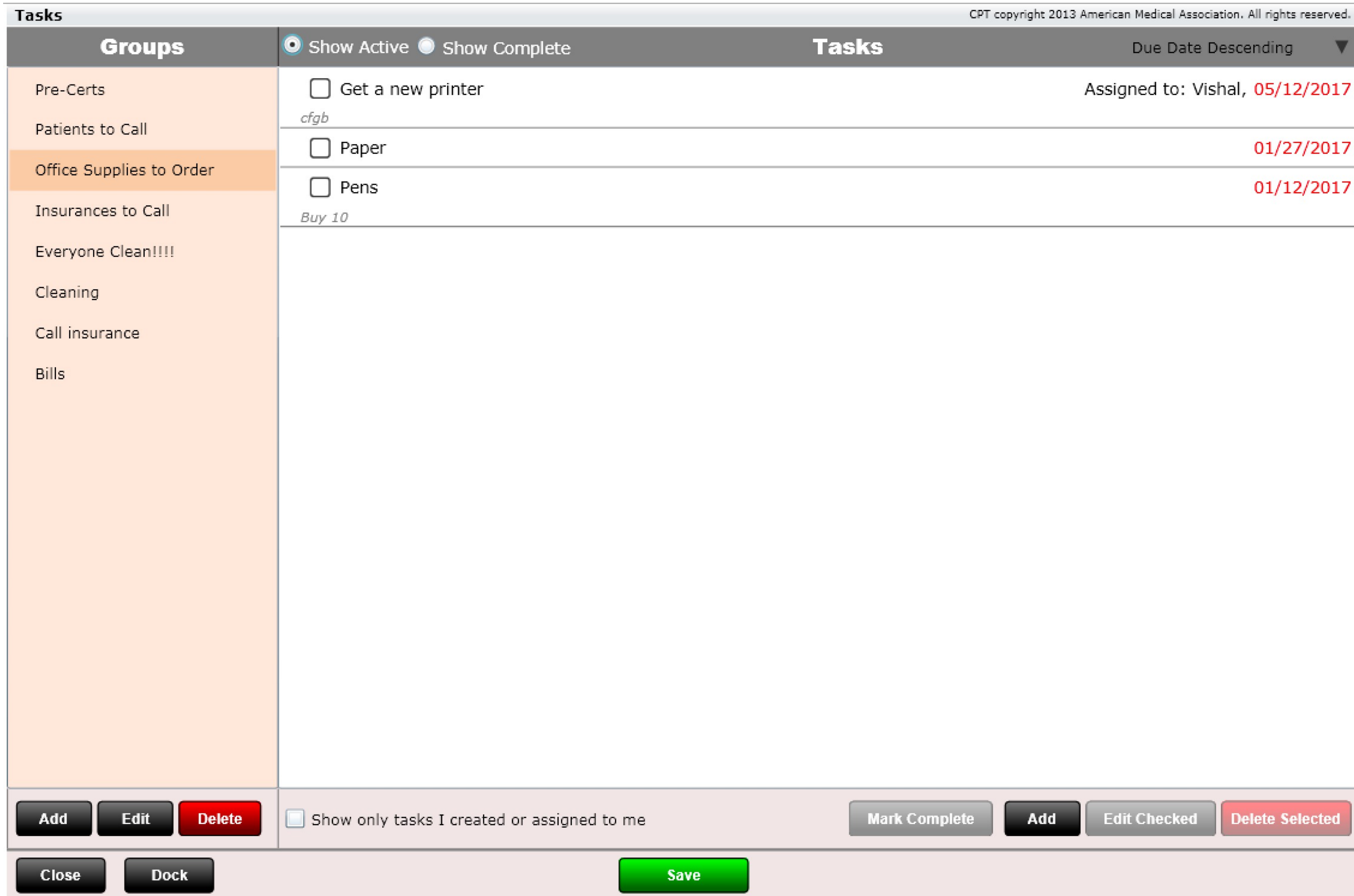
On the left you can create GROUPS. For example, you might create a group called “Insurances to Call”.

Within a group you can then create individual TASKS. Tasks can have a name and a note field, as well as a due date or even an assignee.

If a date is past due, the Task’s icon will update with a red **(!)** Icon. This lets you know there is an overdue task. This is based on the Assigned to User. Therefore, if YOU do not have overdue tasks, you will not see the red **(!)** Icon.

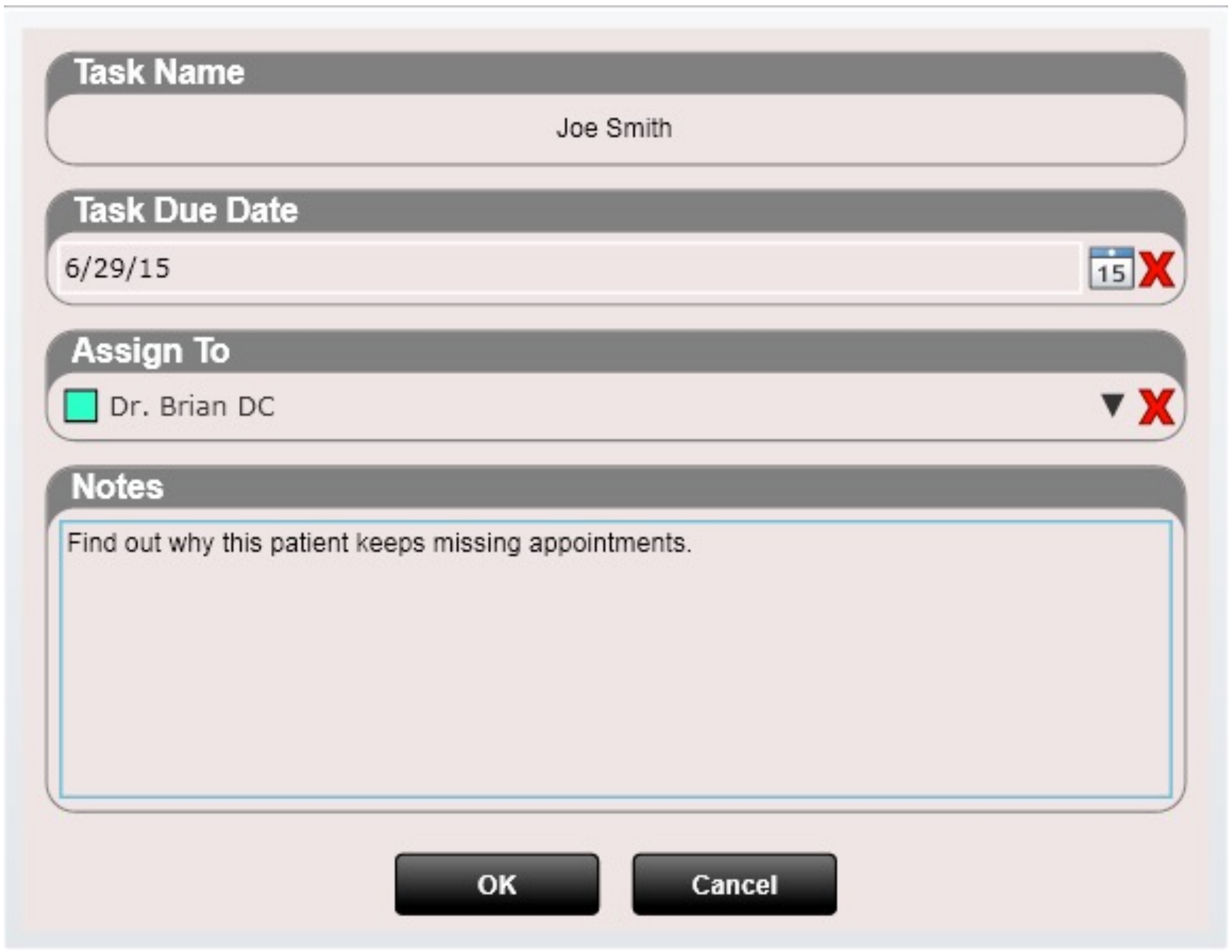


Tasks


Tasks
CPT copyright 2013 American Medical Association. All rights reserved.
Groups
Show Active
Show Complete
Tasks
Due Date Descending
Pre-Certs
Patients to Call
Office Supplies to Order
Insurances to Call
Everyone Clean!!!!
Cleaning
Call insurance
Bills
Get a new printer
Assigned to: Vishal, 05/12/2017
cfgb
Paper
01/27/2017
Pens
01/12/2017
Buy 10
Add
Edit
Delete
Show only tasks I created or assigned to me
Mark Complete
Add
Edit Checked
Delete Selected
Close
Dock
Save

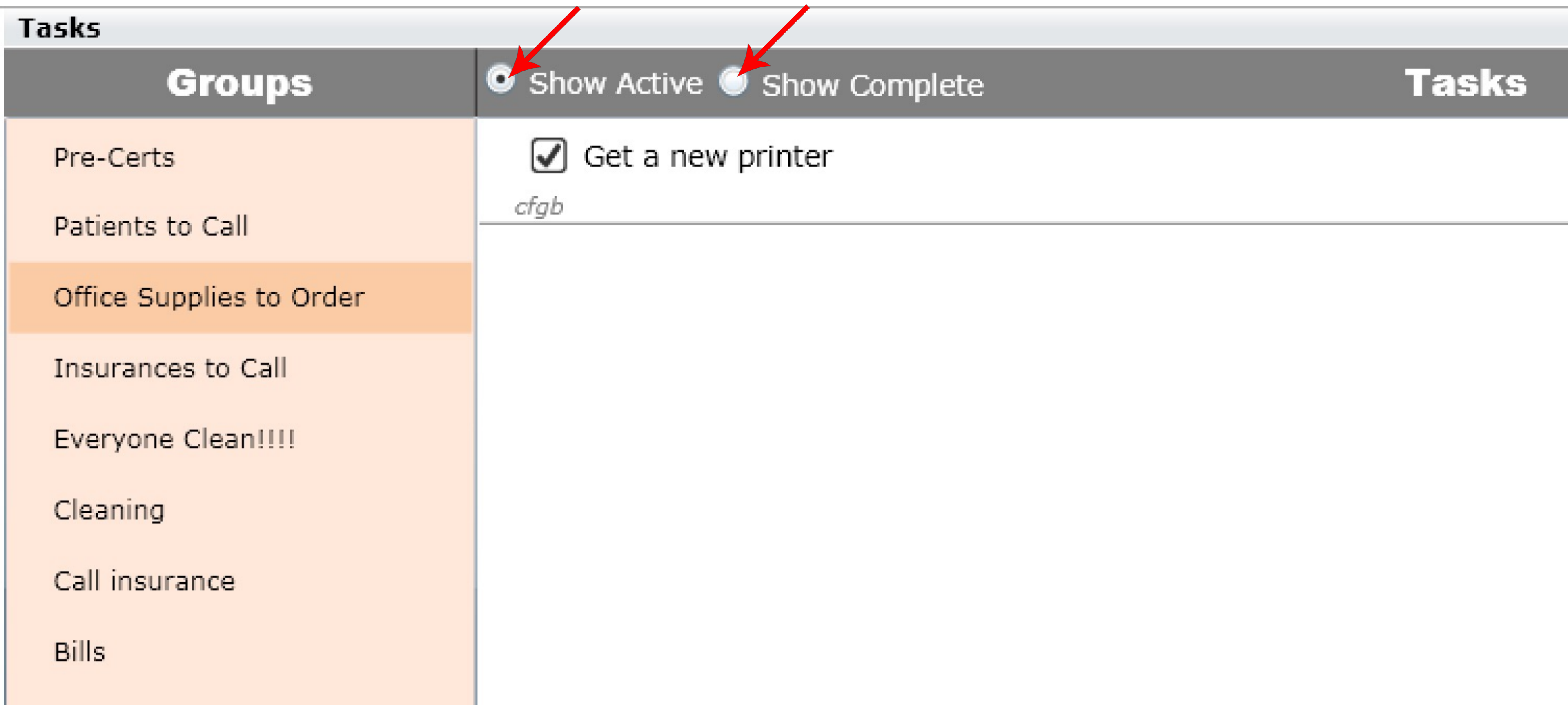
Tasks

Here we are creating a task with a due date and an assignee.



Tasks

Tasks can be deleted or marked complete. If you plan on re-opening a common task (e.g. ordering computer paper) use the Mark Complete option.



#Dashboard

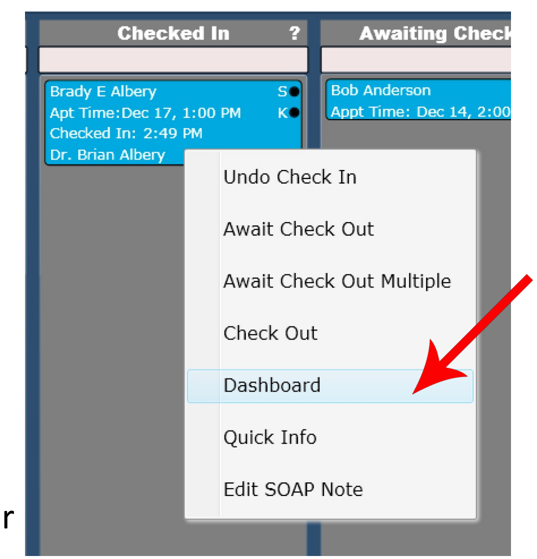

Dashboard - Brady M Albery ALBBR000 DOB: 12/16/1979 Age: 40 INS: BCBS/Aetna
CPT copyright 2019 American Medical Association. All rights reserved.
Profile
Insurance
Insurance Cases
Condition Cases
7 8 9 4 5 6 1 2 3 0
Ledger
Visits
SOAP Notes
Documents
Images
View Statements
APPOINTMENTS
Future
Missed
Canceled
Rescheduled
Completed
Appointments
Patient Notes
Stop Managers
Close
Dock
Edit SOAP Note
Refresh
Front Desk
Provider View
Patient Flow
Monday, Jan 20, 2020
9:06 PM
Dr. Brian Albery
Log Out
KB

Dashboard

The Patient Dashboard is the central hub for patient data. It contains the complete profile for that patient and is neatly broken down into the following sections.

- Profile
- Insurance Cases
- Ledger
- Visits
- SOAP Notes
- Documents
- Images
- View Statements
- Labs
- Vitals
- Stop Managers
- MIST
- Health History
- Condition Case
- appointments
- Immunizations
- CPOE
- Patient Notes
- Review of Systems
- Med Rec
- Amendments
- Patient Education
- Connect EHR
- Transfer Care
- CDA Files

To get to the patient dashboard right click on the patient name when on the Front Desk. A menu will appear. Click on "Dashboard." This will launch the Patient Dashboard.



Power Tip: Remember you can arrange the order of your Dashboard tiles on per user basis in Settings/Arrange Dashboard. Just log in as that user and arrange away. ☺

Patient Dashboard - Tiles

The following pages will explore in detail each of the Dashboard Tiles. Here is a brief summary of each tile. Note your tile arrangement may be different than shown. You can customize the order of your dashboard tiles in Settings/Arrange Dashboard.

- **Profile**
  - Personal Info, Demographics, Profile Picture, Driver License Image, Hobbies
- **Insurance Cases**
  - Patient's Insurance Information. Create as many active insurance cases as you want
- **Ledger**
  - Review and Edit patient transactions
  - Print Ledger
  - Add payments and apply payments
- **Visits**
  - Lists every patient visit. View details from the visit such as the receipt, charges, diagnosis, etc. Update or change the insurance case or charge billing states if necessary.

Patient Dashboard - Tiles

The following pages will explore in detail each of the Dashboard Tiles. Here is a brief summary of each tile.

- **SOAP Notes**
  - Lists every patient SOAP note. SOAPs can be viewed, printed or edited from here.
- **Documents**
  - Store patient documents.
- **Images**
  - Store patient images including x-rays, thermography scans, MRI’s and more.
  - Use custom line drawing annotation tools such as George’s Line, Disc Plane Tool, Cobb’s Angle, Ilium Analysis and more.
- **View Statements**
  - Allows you to view every statement ever created/billed for your patient.
- **Care Plans**
  - Create and manage patient care plans.

Patient Dashboard - Tiles

The following pages will explore in detail each of the Dashboard Tiles. Here is a brief summary of each tile.

- **Labs**
  - Create lab orders or enter lab results.
- **Vitals**
  - View or edit patient vitals.
- **Stop Managers**
  - Create custom patient “Alerts” based on encounter number or date. Set them to display in almost any location. Set repeat based on encounter number of date.
- **MIST History**
  - Medications, Allergies, Problems (Illnesses), Surgeries, Traumas

Patient Dashboard - Tiles

The following pages will explore in detail each of the Dashboard Tiles. Here is a brief summary of each tile.

- **Health History**
  - Record smoking status, cognitive status and family history information.
- **Condition Cases**
  - Lists the patient's conditions
- **Appointments**
  - View appointment history
  - Edit "Reason Missed or Cancelled"
  - View Reason for Visit
  - View appointment Note
- **Immunizations**
  - View, edit or enter patient immunizations.

Patient Dashboard - Tiles

The following pages will explore in detail each of the Dashboard Tiles. Here is a brief summary of each tile.

- **CPOE**
  - Create medication or supplement orders.
- **Patient Notes**
  - Write general notes about your patient.
- **Review of Systems**
  - View or print past review of systems.
- **Med Rec**
  - Enter medications from a different facility. Record which medications you want to keep as part of your final list.
- **Amendments**
  - Record a patient request for a profile change such as name or DOB.

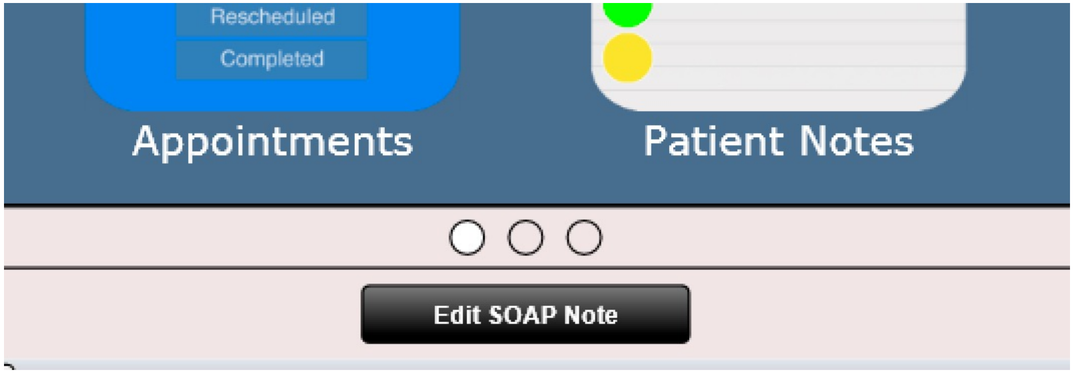
Patient Dashboard - Tiles

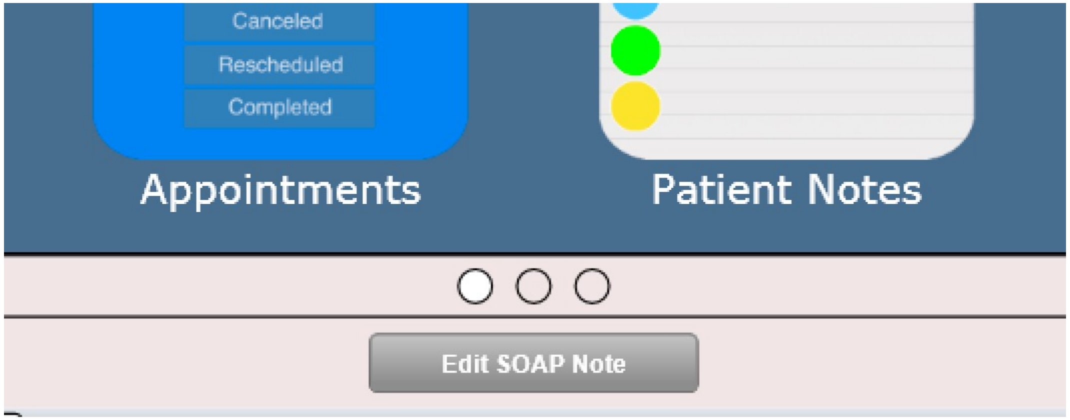
The following pages will explore in detail each of the Dashboard Tiles. Here is a brief summary of each tile.

- **Patient Education**
  - View medications, allergies, problems and labs and use the info button to identify educational materials. Document when patient education was provided.
- **Transfer Care**
  - This is used when transferring your patient to another care setting. A Summary of Care CCDA can be sent to another provider who is receiving the patient.

Patient Dashboard

You may have noticed an "Edit SOAP Note" button at the bottom of the Patient Dashboard. This button is black if it is selectable or greyed out if non-selectable. The only time the "Edit SOAP Note button is selectable is when the patient is in the Checked In list box or if a SOAP Note has previously been started for the patient. Clicking the "Edit SOAP Note" button will open the SOAP Note for that visit.





HCFA Fields

Throughout ChiroSpring you fill find red flags next to areas of data input. These red flags indicate which HCFA field you are populating.

Some areas of data input may have more than one HCFA flag. Do not worry, ChiroSpring knows when to use that data and where to place it on the HCFA form. For example, when adding an insurance there are both boxes 9a and 11 on the Policy/FECA Group # box. ChiroSpring will populate that insurance's group number appropriately for you depending on if this is primary or secondary insurance.

Every single field on the HCFA form can be populated somewhere in ChiroSpring. Using these flags will ensure you are putting in the correct information. However, not every text field that has a red flag is required. Therefore do not be alarmed if some of your fields are left blank. For example, a provider's Medicare ID# may never be used. For completeness ChiroSpring provides these fields should the need to use them arise.

NOTE: There is a separate "HCFA Fields Where Are They?" document in our Help Center. Just search for it.

#Profile (Dashboard)

Dashboard - Profile

The Patient Profile contains all of the following information

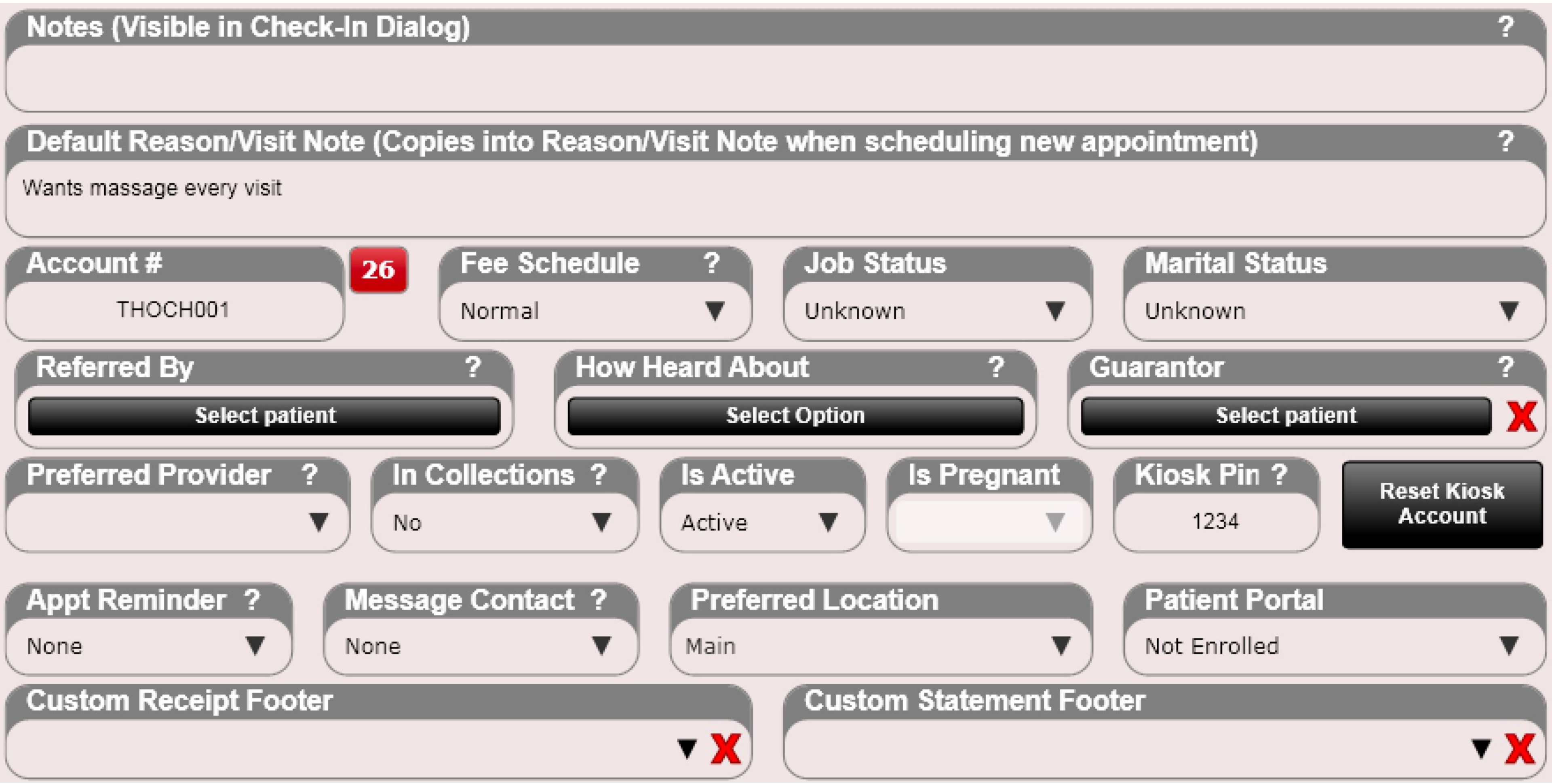
- Personal Info
- Demographics
- Profile Picture
- Driver License Image
- Hobbies
- Emergency Contact
- Employment Info
- Primary Care Provider
- Acknowledgements
- Payment Methods

Dashboard - Profile

Personal Info Tab

Contains the patient’s personal information. Note HCFA fields are indicated by the red “flags”.

Dashboard - Profile



Dashboard - Profile

Personal Info Tab

- **Account #**
  - Automatically set, however you can overwrite the default with any value you want
- **Fee Schedule**
  - In Settings you can create multiple prices per service. Easily set a patient to whichever fee schedule you want.
- **Job Status** – Record job status (not required)
- **Marital Status** – Record marital status (not required)
- **Is Active**
  - Inactive patients will not appear in the Recent Patient's list box (unless you search, and press enter)
- **Is Pregnant** – Use this field to indicate pregnancy status for females. Pregnancy status will be shown at the top of the menu bar when a patient file is open.
- **Preferred Provider**
  - Lists the preferred provider. This information is also visible when scheduling an appointment
- **In Collections** – Put patients in collections if they are not paying. Then use the check box in the Statements app so that you filter and do not send them a statement. If they are in collections, you would not want to continue sending them a statement.
- **Referred By**
  - Lists the patient that referred the patient
- **How Heard About**
  - Used to track how patients heard about you for marketing purposes. Used in conjunction with the "How Heard About" app in Settings as well as the Practice Analysis Report and How Heard About Report.

Dashboard - Profile

Personal Info Tab

- **Guarantor**
  - The guarantor is the person in charge of this patient's bills. For example, select the patient's mother if they are a child. This information is used when printing Patient Statements.
- **Appt Reminder**
  - Set patient reminders for Voice, Text, Email. appointment reminder setup is in Settings/Practice Info and an account through www.remindercall.com is required for their services.
- **Message Contact**
  - This is the contact method your patient prefers if you need to contact them by message using the "Patient List" app.
- **Preferred Location**
  - An optional field but will be used for several reports if the user generates them "By Location".
- **Patient Portal**
  - Use this field to enroll your patient into the Patient Portal. A valid email address is required to enroll your patient as they will be emailed further instructions on how to log into the portal. This option is available in our Ultimate Package.
- **Kiosk Pin**
  - If you are using the Patient Self Check-in Kiosk your patient will need a PIN to check-in. We recommend purchasing a number pad "keyboard" visible on your front desk. Then click the Kiosk Pin box (in the Profile) and have them type their preferred pin.

Dashboard - Profile

Personal Info Tab

Notes

This field can be used for general patient notes and will be seen on the "Check-in Patient" dialog box when you check in a patient at the Front Desk.

Notes (Visible in Check-In Dialog) ?

Get insurance information

Default Reason/Visit Note

This note will be copied into the 'Default Reason/Visit Note' box when you schedule an appointment. It will also be displayed in the Intro Tab within the Edit SOAP screen. This note is NOT part of the SOAP Note itself but WILL appear in the clinical summary per EHR certification requirements.

Default Reason/Visit Note (Copies into Reason/Visit Note when scheduling new appointment) ?

Wants massage every visit

Dashboard - Profile

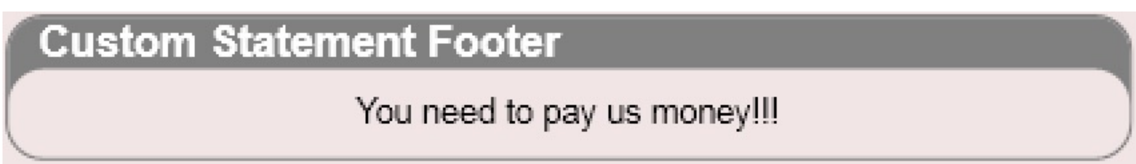
Personal Info Tab

Custom Receipt Footer

Use this field to populate text on the patient's receipt. For example, if you find out the patient's insurance covers therapy you may consider adding this to their receipt, so they are aware.

Custom Statement Footer

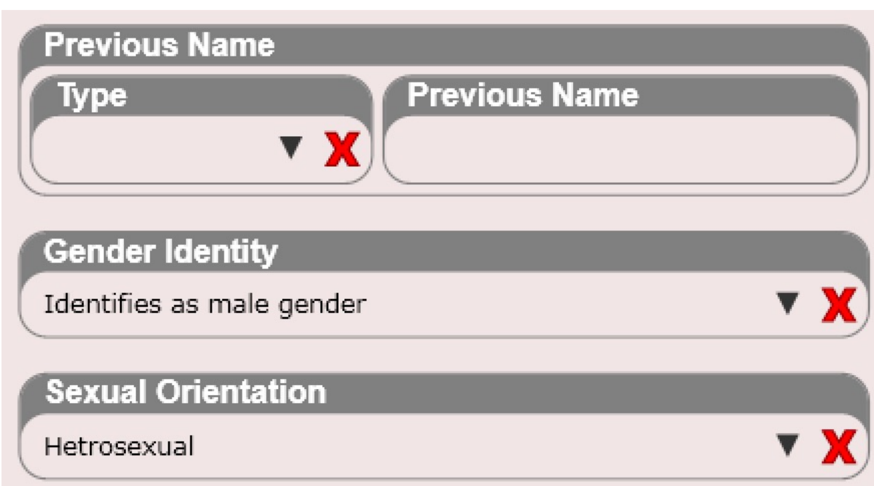
Use this field to populate text on the patient's statement. This note will populate when you generate the patient statement.



Dashboard - Profile

Demographics Tab

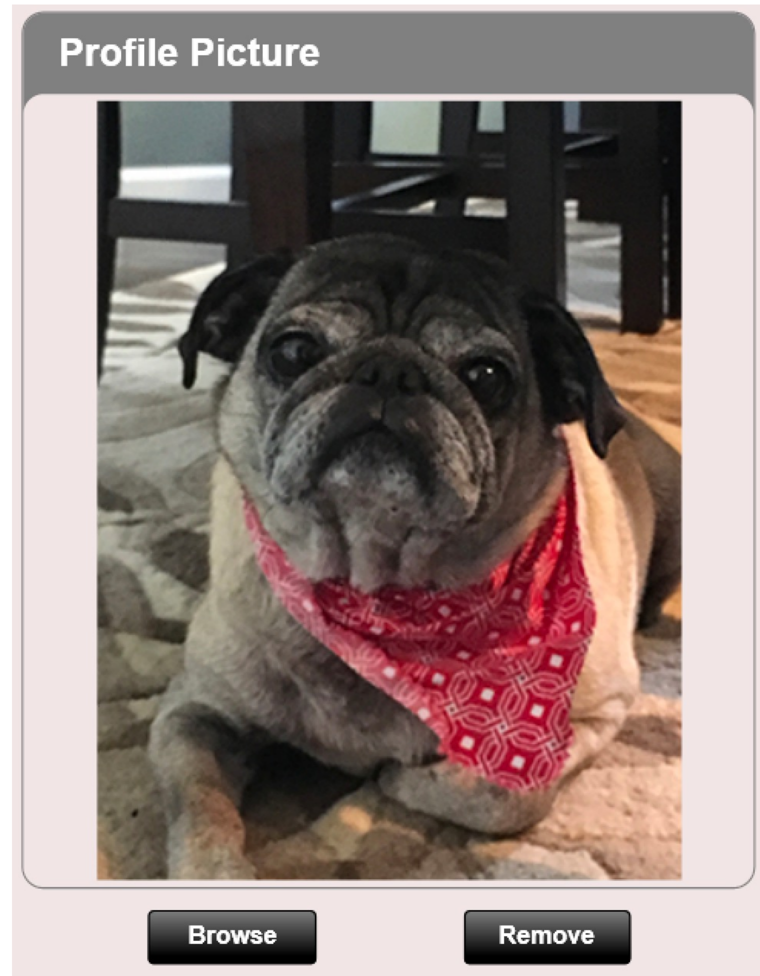
- Language
- Dominance
- Race
- Ethnicity
- Previous Name
- Gender Identity
- Sexual Orientation



Dashboard - Profile

Profile Picture Tab

Add the patient's profile photo. You will see the profile photo at Check-in as well as when scheduling the patient. The profile photo is also shown in Edit SOAP on the Intro tab. This image is also available in the Quick Info dialog.



NOTE: You must upload an image less than 150 kb. Larger images will auto-resize. This is to conserve cloud space and for better speed performance.

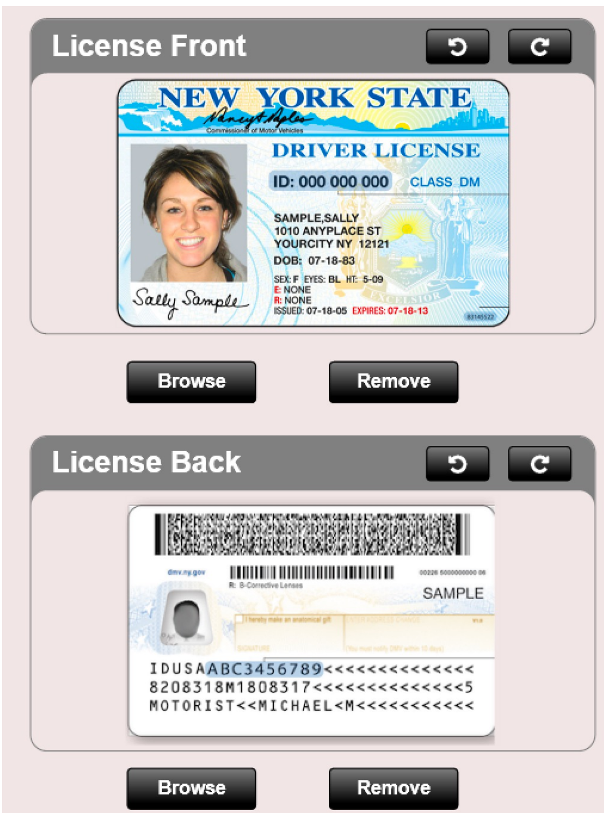
Power TIP: Use our iPhone app to snap a photo which uploads into ChiroSpring.

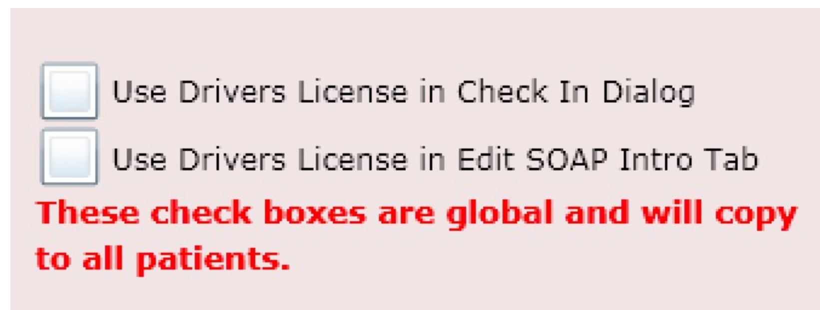
Dashboard - Profile

Driver License Image Tab

Add the patient's driver's license image Front or Back.

Use the checkboxes if you want to use the drivers license picture in the Check-In Dialog or Edit SOAP. This is a global setting for all patients.





Dashboard - Profile

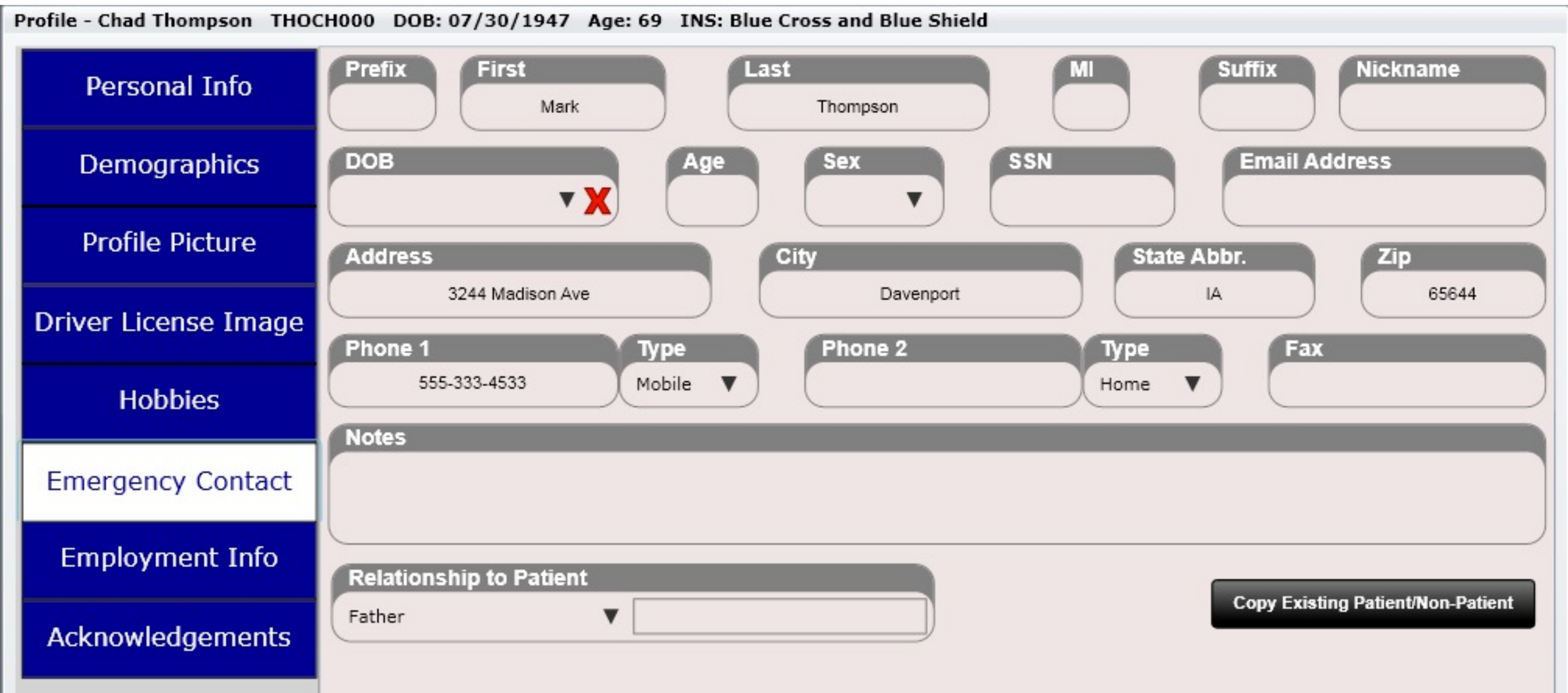
Hobbies Tab

Enter the patient's hobbies

Dashboard - Profile

Emergency Contact

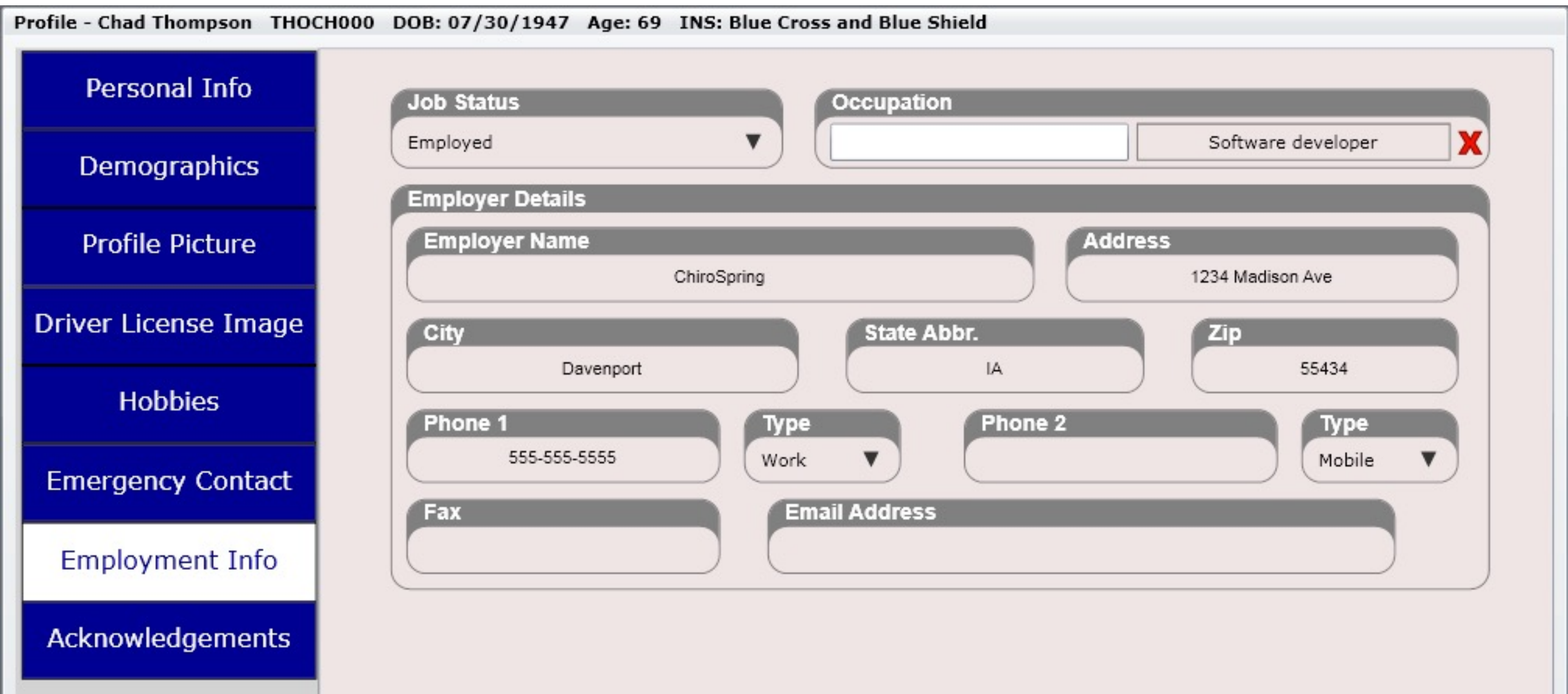
Enter emergency contact info for the patient. This section can be populated at the Patient Kiosk by the patient.



Dashboard - Profile

Employment Info

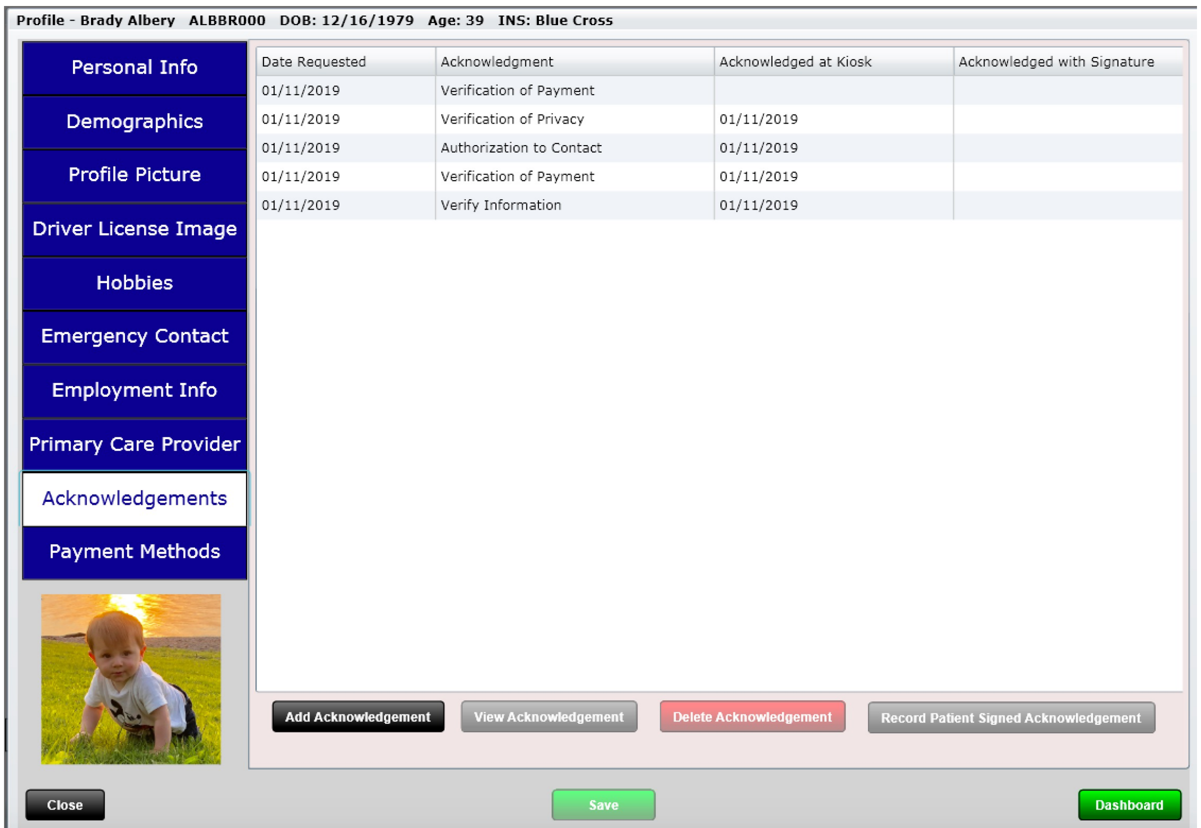
Enter employment info and job status information for your patient. This section can be populated at the Patient Kiosk by the patient.



Dashboard - Profile

Acknowledgements

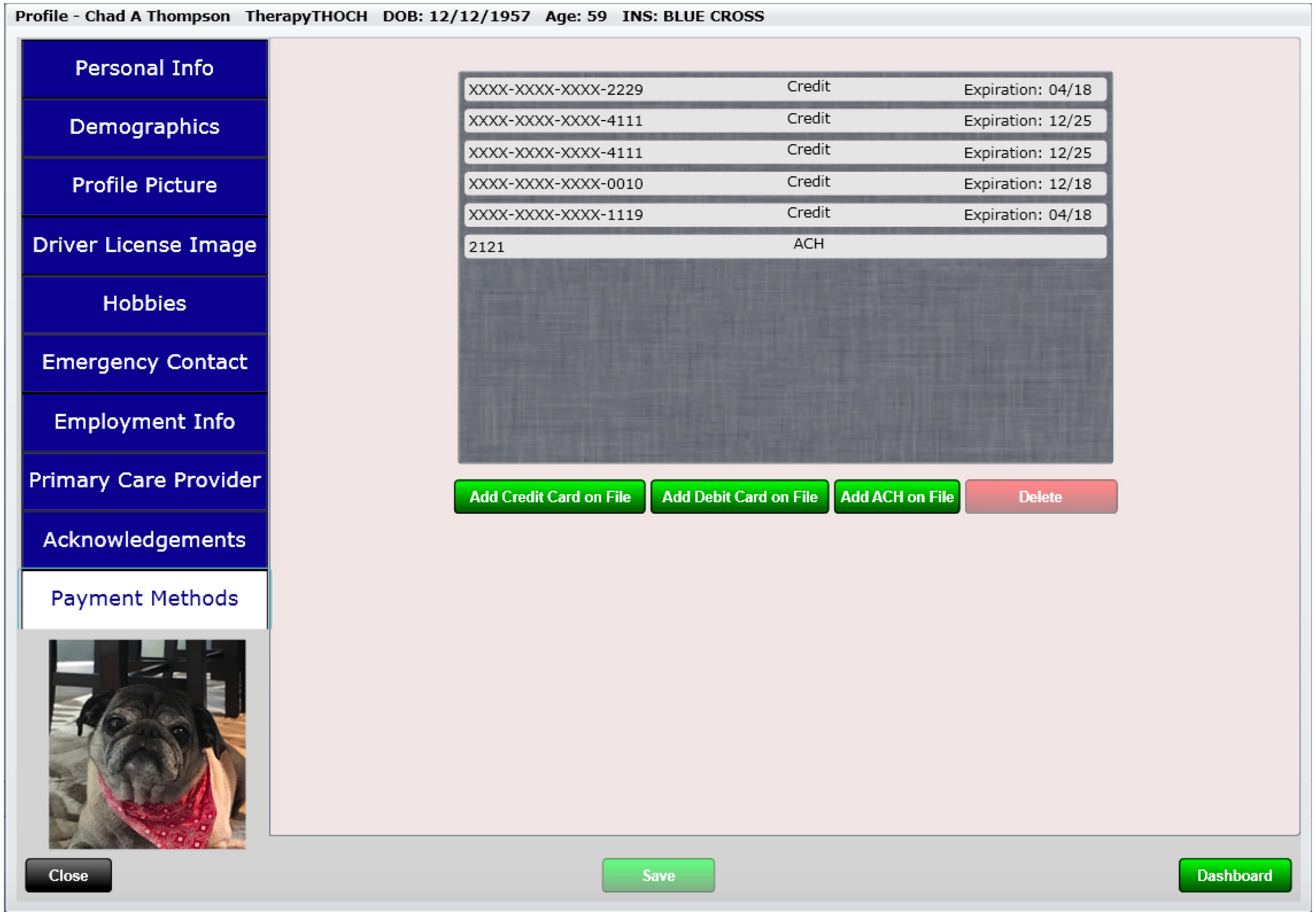
View or record patient acknowledgments. For example. If your patient signed a HIPAA document, you can record this was done. This section can be populated at the Patient Kiosk by the patient.



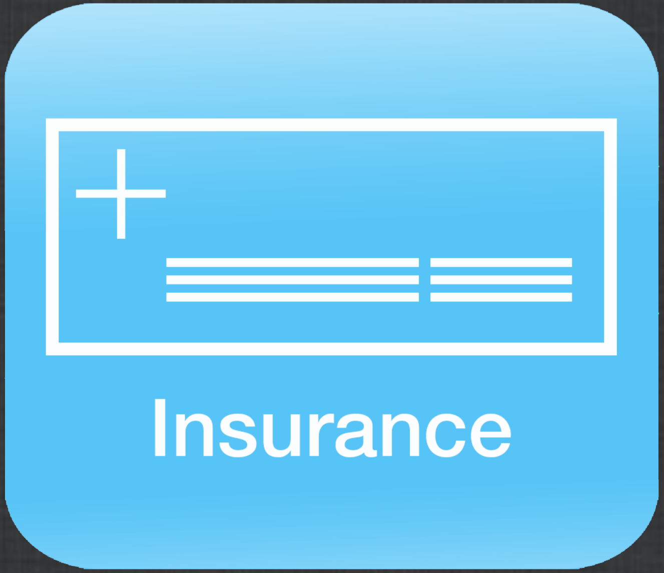
Dashboard - Profile

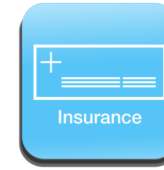
Payment Methods

Use this section to add a credit card, debit card or ACH (bank) payment method. You can then use a stored payment method when taking payment at checkout or in the patient ledger.



#Insurance Cases (Dashboard)





Dashboard – Insurance Cases

Insurance can be a complicated matter. ChiroSpring makes it easy. Click on the Insurance tile on the Dashboard. Doing so will open up the Insurance Summary Screen.

The screen is broken up into two pieces. On the left is a list box that contains all of your Insurance Cases. Open Cases are on the top portion of the list box and Closed Cases are at the bottom.

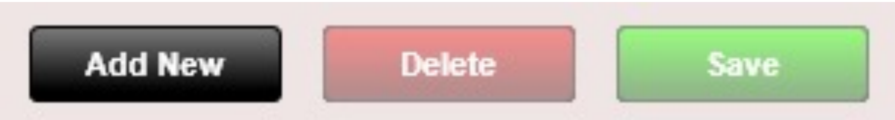
Selecting an insurance case will display its information on the right. This summary information consists of:

- Insurance Case Name
- Case Number
- Date Opened
- Date Closed
- Case Description
- Hold Charges (Yes or No)
- Billing Notes
- Primary Insurance
- Secondary Insurance
- Tertiary Insurance

Dashboard – Insurance Cases

Insurance Case – Create New

Before you can add an insurance, you must first create an insurance case. To create an insurance case, click the black “Add New” button at the bottom of the insurance summary screen. This will open a blank insurance summary screen. The most important piece of information needed initially is the insurance **Case Name**.



A good strategy for naming your insurance cases is to use something like this:

Primary/Secondary – Date

Primary – Date

If the patient had Blue Cross and Medicaid, you might name it:

Blue Cross/Medicaid – 2016

If the patient had only Blue Cross, you might name it:

Blue Cross – 2016

For an auto accident you might even name it:

State Farm – Auto Accident.

These are of course just examples. You can use any naming system you like.

Note: Case Name is not shown on the HCFA. This is for internal purposes only.

Dashboard – Insurance Cases

What is an insurance case anyway?

Insurances cases are a set of primary, secondary or tertiary insurances for a particular patient. In order to bill an insurance, you must first create an insurance case. An insurance case “name” is required. We suggest naming the case “Primary Insurance Name – Year.” For example, If you have an insurance case with Blue Cross as primary and Medicaid as secondary a good name for that case would be “Blue Cross – 2013”, assuming the year is 2013. This naming convention may come in handy years down the road. Perhaps a patient who had Blue Cross as primary in 2013 will have Aetna as primary in 2014. Then in 2015 they may again have Blue Cross as primary.

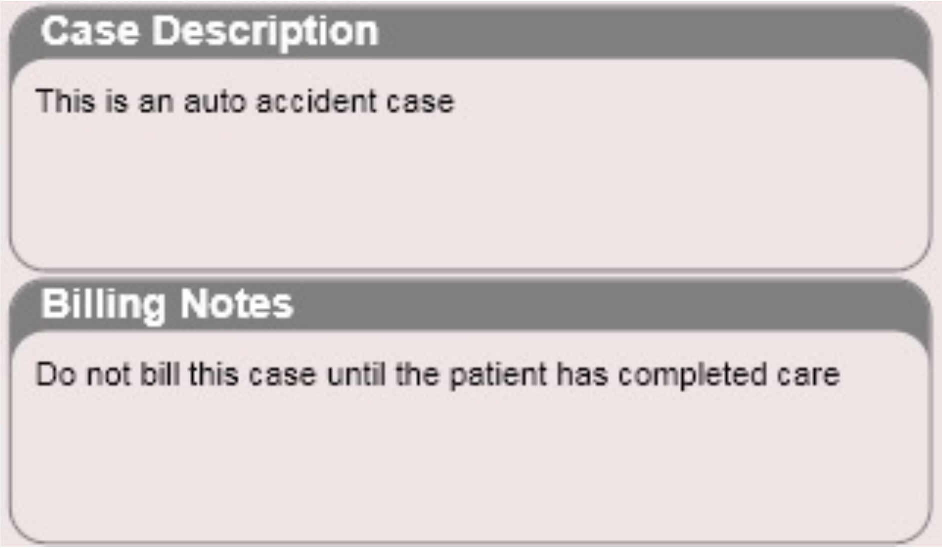
Insurance Cases are great because they allow you to bill multiple insurances at the same time. For example, if a patient has Blue Cross & Blue Shield as their insurance but suddenly has an auto accident. The auto accident insurance case can then be created without having to delete the previous Blue Cross & Blue Shield insurance case. During treatment for the auto accident, you would select the auto accident insurance case to ensure proper billing.

Later we will show you how to create multiple insurances cases as well. We will also show you how to close an insurance case or re-open an inactive insurance case. We will also show you how to select the “Default” insurance case.

Dashboard – Insurance Cases

The insurance summary screen also contains text boxes for both a Case Description and Billing Notes. These can be used to input any notes that are specific to that insurance case.

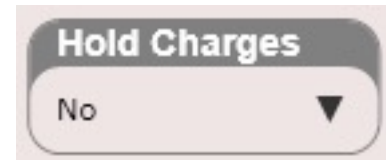
- Case Description
- Billing Notes



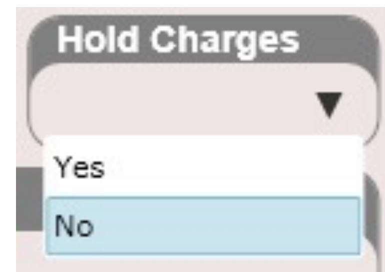
Dashboard – Insurance Cases

The insurance summary screen provides key information for the Primary, Secondary and Tertiary insurances such as the insurance carrier, plan name, ID#, Employer/School, Provider Phone, Claim Type, Policy Group #, Relation to Insured, Copay, Co-insurance and Deductible. You can also Add, Edit, or Delete an insurance by selecting the appropriate buttons.

Dashboard – Insurance Cases



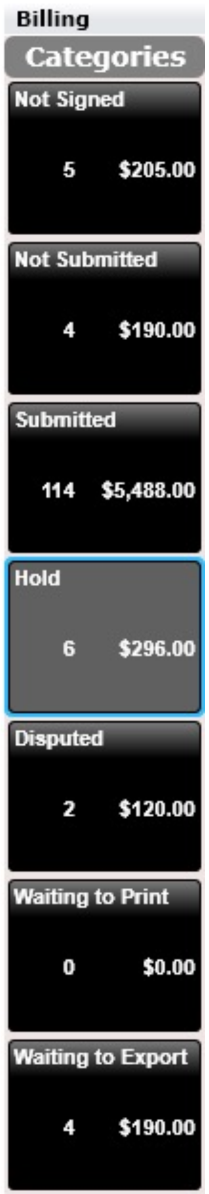
The insurance summary screen also provides the option to HOLD charges with the “Hold Charges” drop down box. By default, this is marked “No.” This is handy for auto accident or workman’s comp cases as they often do not want any charges billed to them until the case is closed.



To mark charges on hold simply select the Hold Charges drop down and select either “yes” or “no.” When you are satisfied with your selection click the green save button below.

Charges on hold cannot be billed to insurance. Instead, you will find them in a “Hold” folder inside the Billing app. This way you will both not submit them to insurance AND you will not forget they exist. When you are ready to bill them to insurance simply change “no” to “yes” inside the Insurance Case. Alternatively, you can select one of the charges in the Billing app and click “Remove Hold”. This will remove the hold for all charges inside the insurance case.

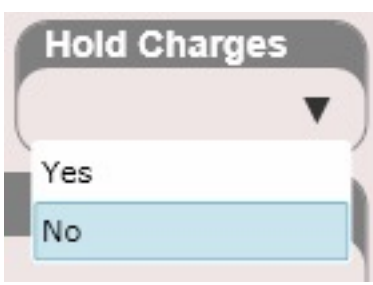
Dashboard – Insurance Cases



Once you have marked charges on “Hold” they cannot be billed. If you navigate to the Billing app on the front desk you will see all non-billed charges are categorized into folders. Pictured to the left are the folders in the Billing app. As you can see, there is a folder called “Hold.” Clicking on this folder will reveal all of your patients and their associated held charges.

Again, the charges in the “Hold” folder cannot be billed until you remove the “hold.” Removing the “hold” can be done in two ways.

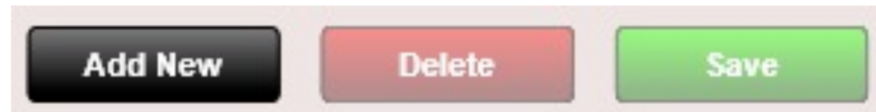
- Go to the patient’s dashboard/insurance case. Click on the insurance case and select “No” from the “Hold Charges” drop down. Then click “Save.” All charges associated with this insurance case will now be billable.
- Within the Billing app select a charge that is being held. Then click the “Remove Hold” button. This will remove every charge associated with that insurance case.



Insurance – Add New

To add a new insurance, you will first need to create a new insurance case as previously described. Once you have created an insurance case it's time to add the actual insurance. To add an insurance, click the black "Edit" button at the top of the Primary insurance box or click on the green "Add" button at the top of the secondary or tertiary insurance boxes. This will open the Insurance Plan screen allowing you to enter in all of the insurance information.

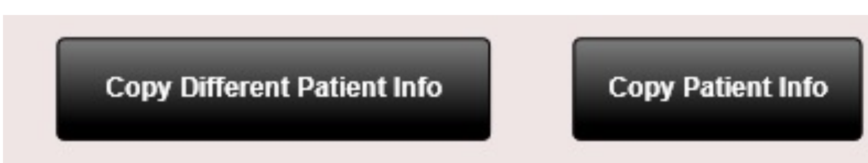
- Insured's Personal Info
- Policy Info
- Patient Responsibility and Annual Limits
- Adjuster
- Card Image



If the Insured's Information is the same as the patient information, click on the "Copy Patient Info" button.

If the Insured's Information is the same as a different patient, click the "Copy Different Patient Info" button.

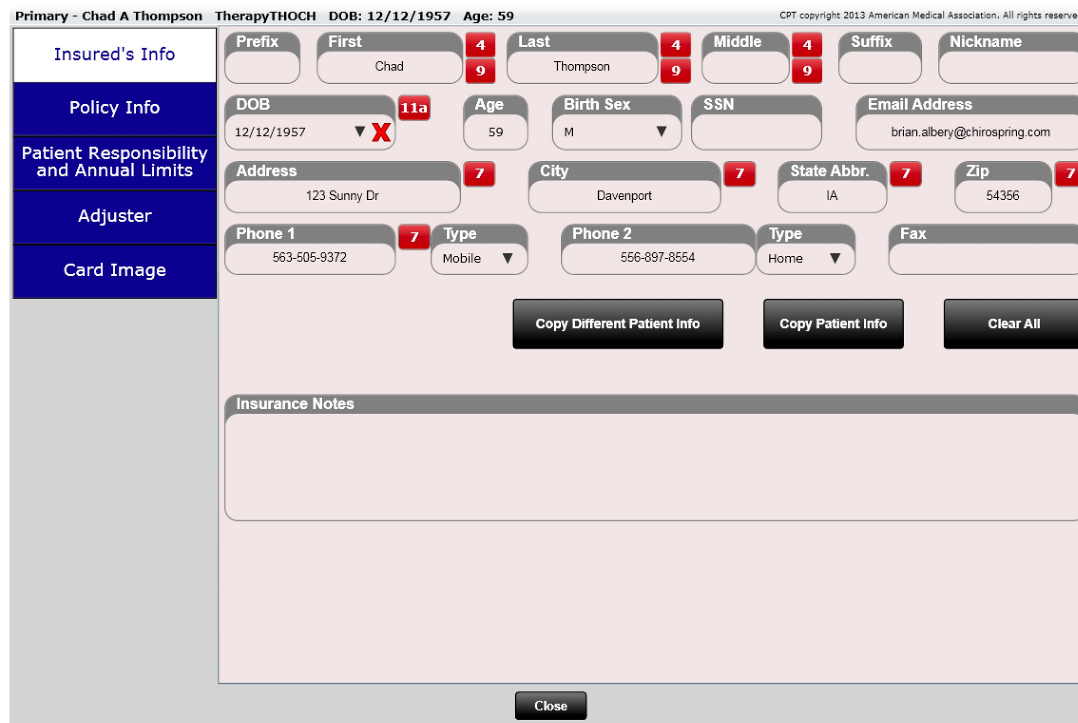
After entering in the new primary insurance repeat the same steps for secondary and/or tertiary.



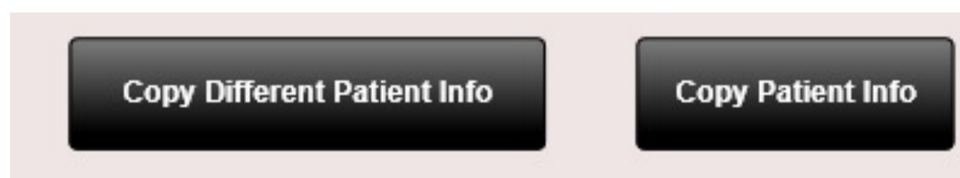
Insurance – Add New

Pictured to the right is the Insurance Plan Screen. It is opened after clicking the black "Edit" button or green "Add" button from the previous insurance summary screen. As you can see there are five tabs on the left. They consist of:

- Insured's Information
- Policy Info
- Patient Responsibility and Annual Limits
- Adjuster
- Card Image



The "Insured's Info" tab is selected in this image. This is where you enter the Insured's personal information. If the information is the same as the patient's information, click the "Copy Patient Info" button. Or use the "Copy Different Patient Info" button to copy patient information from a different patient.



Insurance – Add New

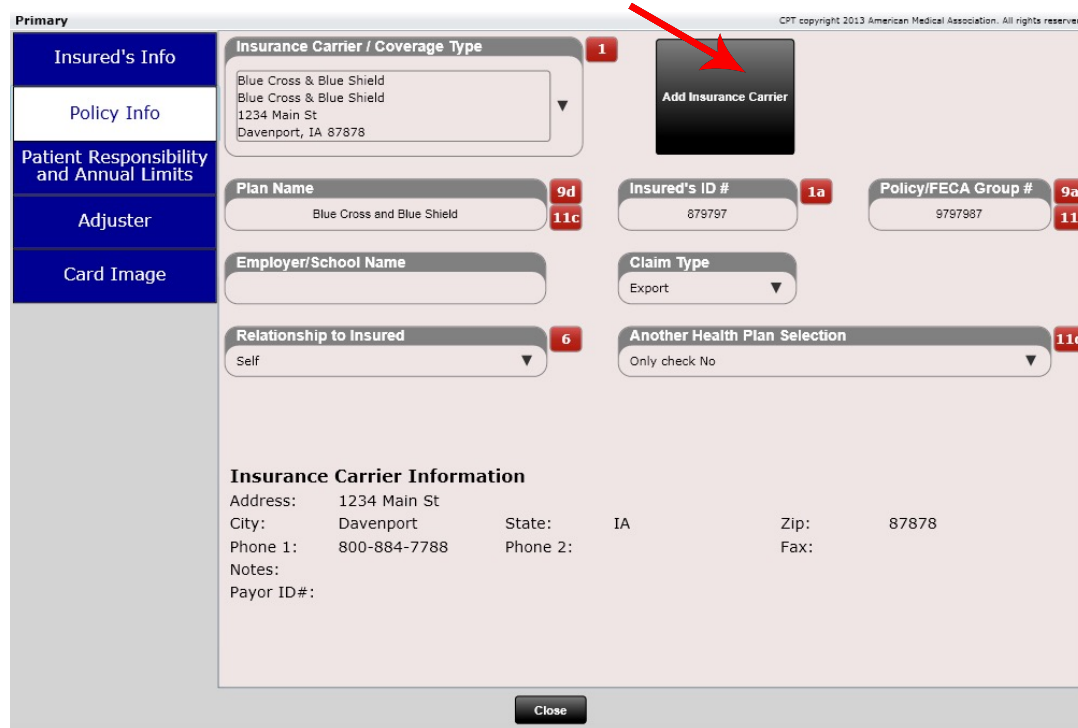
The Insurance Notes field may be useful for general insurance notes, or in instances where certain HCFA fields are required to be blank per an insurance request. Therefore, you could blank out these HCFA fields and record this information in the Insurance Notes field so that you still have the information on file.

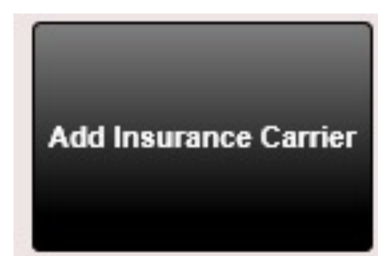
Insurance – Add New

The Policy Info tab is where you add the following information:

- Insurance Carrier/Coverage Type
- Plan Name
- Insured's ID #
- Policy/FECA Group #
- Employer/School Name
- Claim Type (Print or Export)
- Relationship to Insured
- Another Health Plan Selected

If the insurance carrier you are trying to locate is not present from the drop-down menu click the black "Add Insurance Carrier" button to the right. This will open a new window allowing you to create a new insurance carrier.





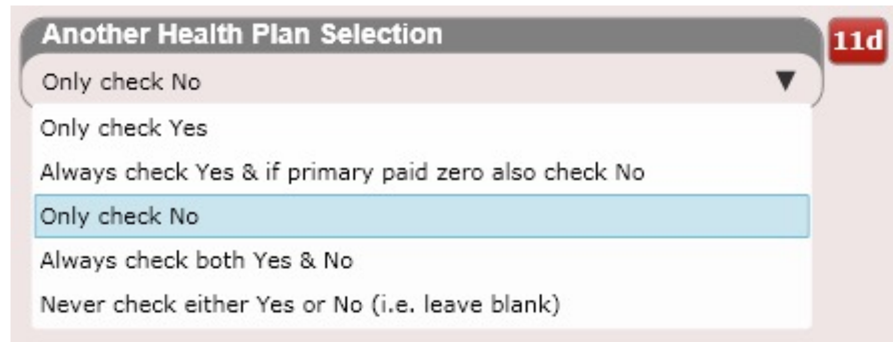
Insurance – Duplicate Case

If your patient has new insurance but there are only minor changes (e.g. Primary is the same but secondary is different) you can use the Duplicate Case button. This will allow you to duplicate any insurance case and then make any changes to it as necessary. You can even duplicate a case from a DIFFERENT patient. This is incredibly handy if there is an insurance case that is common over a wide range of patients.

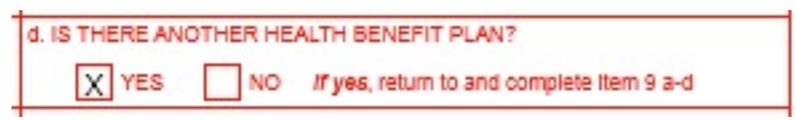
Insurance – Box 11d

Box 11d (Another Health Plan Selected)

HCFA box 11d can be either Yes, No or both. This may sound confusing. Box 11d has a Yes and a No check box on the actual HCFA form. Most insurances want "Yes" selected if the patient has secondary insurance. However, oddly, some insurance may also want both boxes selected if the patient has secondary. This dropdown gives you this kind of flexibility.



By default, it is set to "Only check No." If the patient does not have a secondary or tertiary insurance, you will want to leave this as "Only check No".



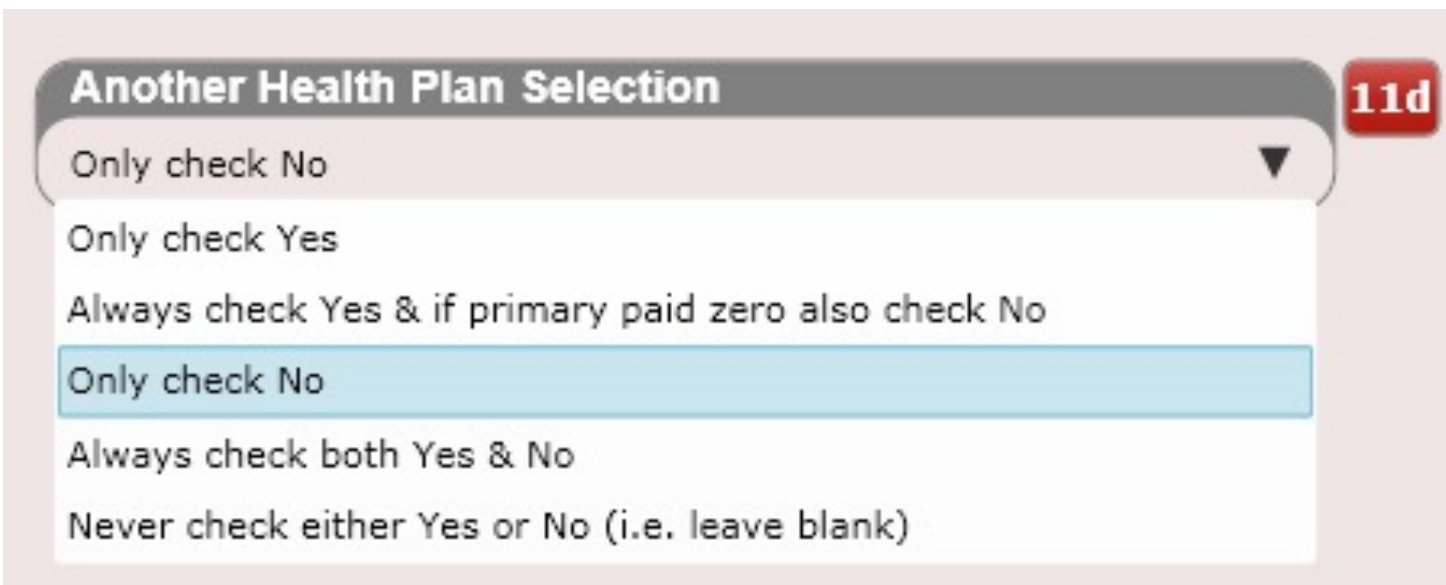
See examples of Medicare and Medicaid on subsequent pages. We also have a full "Setting up Medicare" document in our customer portal.
www.ChiroSpring.com/customers.php

Insurance – Box 11d

Box 11d (Another Health Plan Selected)

Recommendations:

- If patient has only primary select: “Only check No”.
- If patient has secondary and you are not sure of what the insurance wants, select “Only check Yes”.
- For Medicare and Medicaid see the following pages.



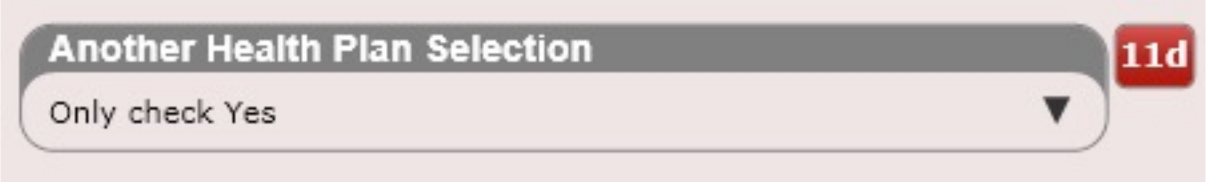
Insurance – Box 11d (Medicare)

Box 11d (Medicare)

- If the patient ONLY has Medicare (e.g. has no Secondary)

- If the patient has Medicare for Primary (and has another insurance for Secondary)

- If the patient has Medicare for Secondary (and has another insurance for Primary)

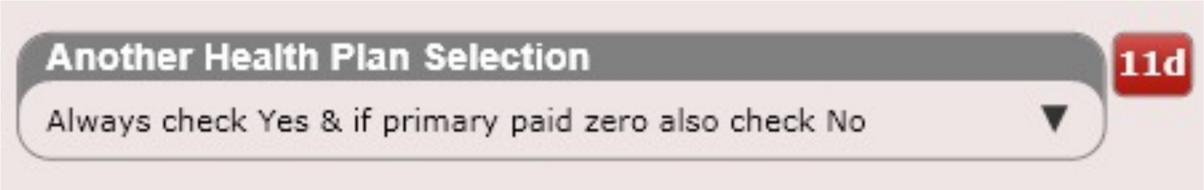


Insurance – Box 11d (Medicaid)

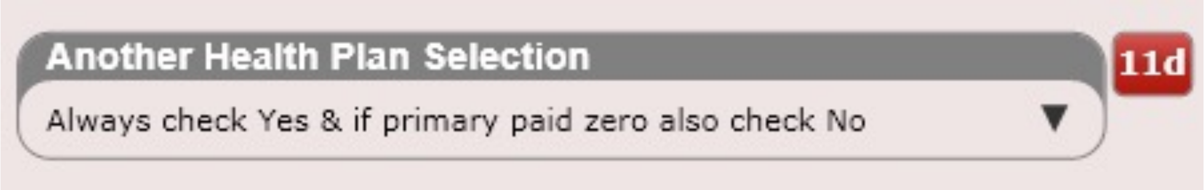
Box 11d (Medicaid)

- If the patient ONLY has Medicaid (e.g. has no Secondary)

- If the patient has Medicaid for Primary (and has another insurance for Secondary)



- If the patient has Medicaid for Secondary (and has another insurance for Primary)

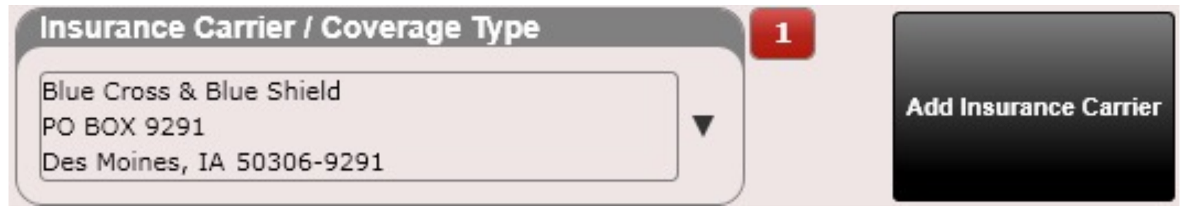


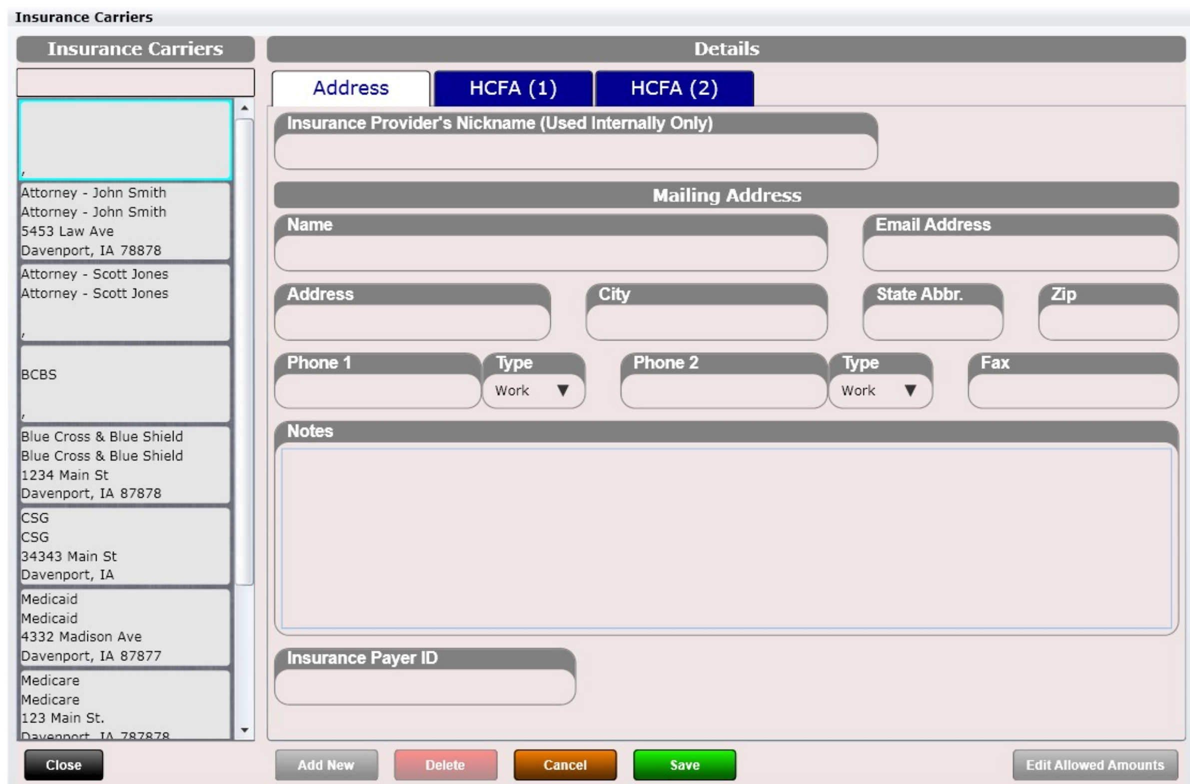
Insurance – Add New

Add Insurance Carrier

Select the Insurance Carrier from the drop-down box. If the insurance Carrier you wish to select is not there, click the black “Add Insurance Carrier” button. This will open a dialog box and allow you to create a brand new insurance Carrier. Once complete, click “Save”, then close the dialog and you will be able to select the new insurance carrier from the “Insurance Carrier/Coverage Type” drop down box.

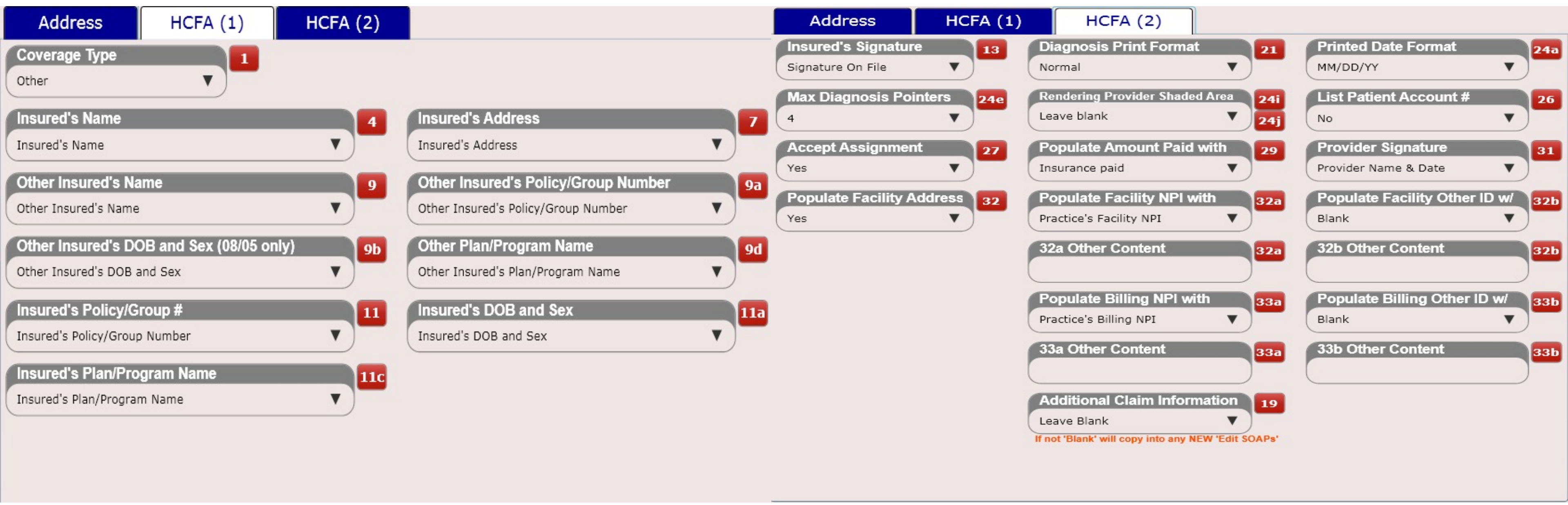
It is also possible to add an insurance Carrier in Settings/Insurance Carriers. This app will take you to the same screen as pictured to the right.





Insurance – Add Carrier

When adding an insurance carrier, you will notice several text boxes and drop-down boxes. These are important because not every insurance carrier treats these HCFA fields the same. You will need to be familiar with the specific rules of that particular insurance carrier to determine what you select for these boxes.



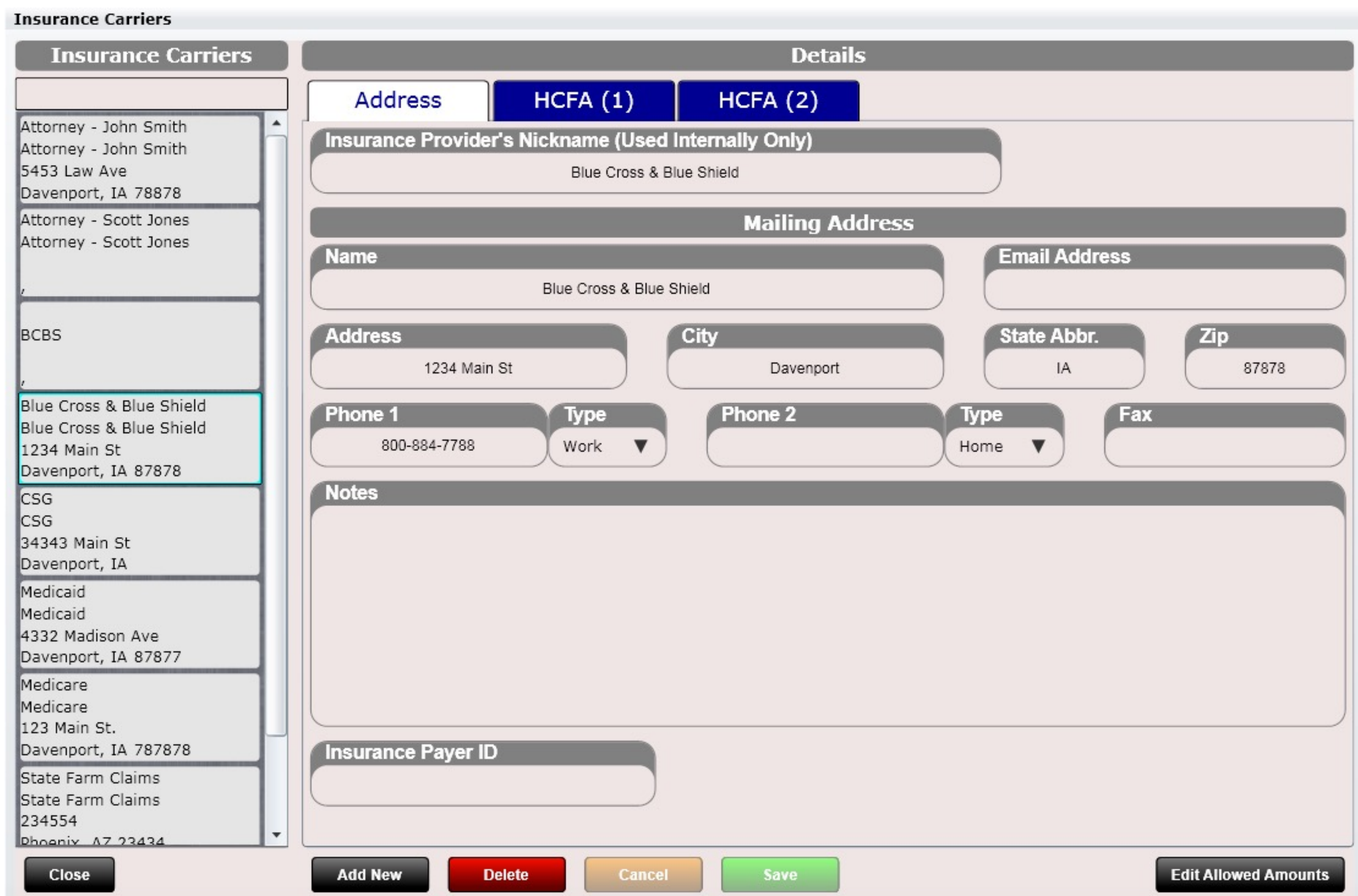
Boxes include Coverage Type (1), List Patient Account # (26), Accept Assignment (27), Printed Date Format (24a), Populate Amount Paid with (29), Provider Signature (31), Populate 32, 32a & 32b (32), Box 32b Content (32b), Box 32b Other ID (32b), Insurance Payer ID, Box 33b Content (33b) and Box 33b Other ID (33b)

Settings – Insurance Carriers

Insurance Carriers are important to set up in ChiroSpring. Set them up once and you can use them over and over for multiple patients. The following information can be entered:

Address Tab

- Name
- Email Address
- Address
- City
- Sate
- Zip
- Phone 1 & Type
- Phone 2 & Type
- Notes
- Insurance Payer ID
  - Optional field but improves accuracy when submitting electronic claims to your clearinghouse. Call the insurance carrier and ask for their Payer ID.

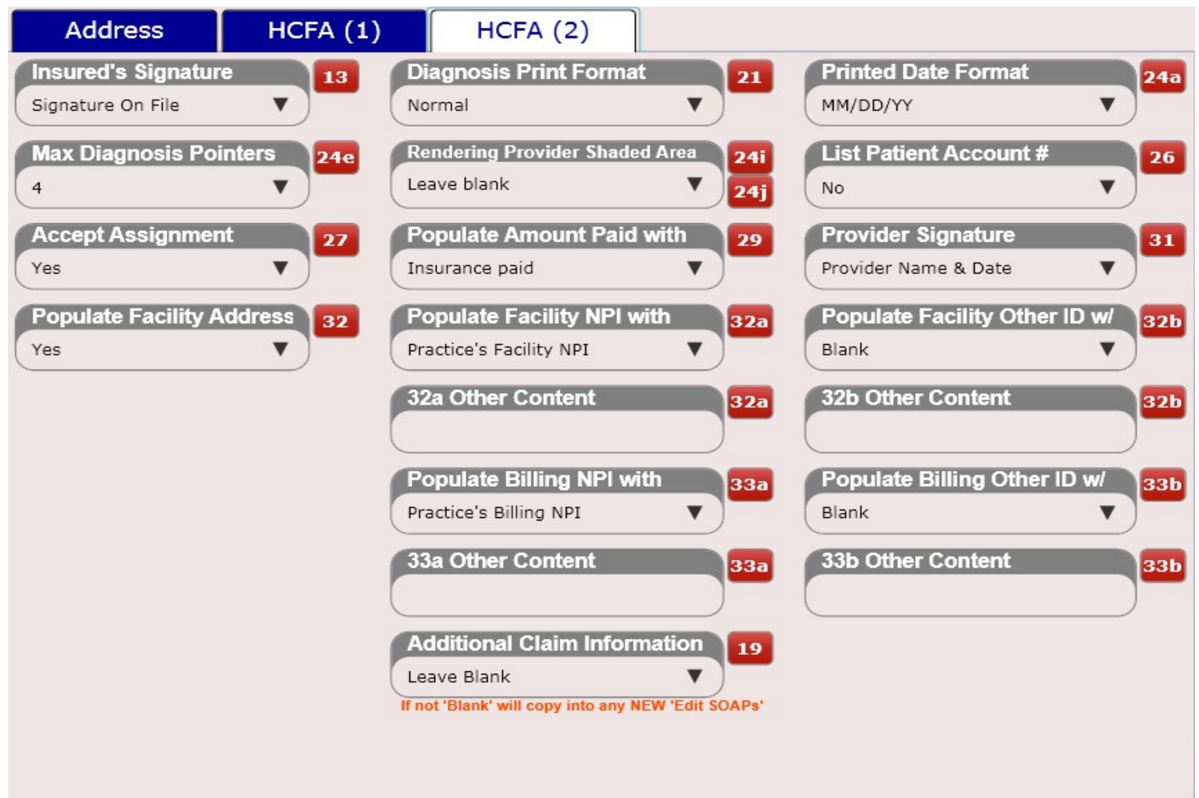


Settings – Insurance Carriers

HCFA fields are located on the HCFA Tab. Every insurance carrier has different rules on what they want populated on the following HCFA fields.

- 1
- 13
- 21
- 24a
- 24e
- 26
- 27
- 29
- 31
- 32
- 32a
- 32b
- 33a
- 33b
- 9
- 11

HCFA Tabs



Use the drop-down selections to customize each individual insurance carrier.

Settings – Insurance Carriers

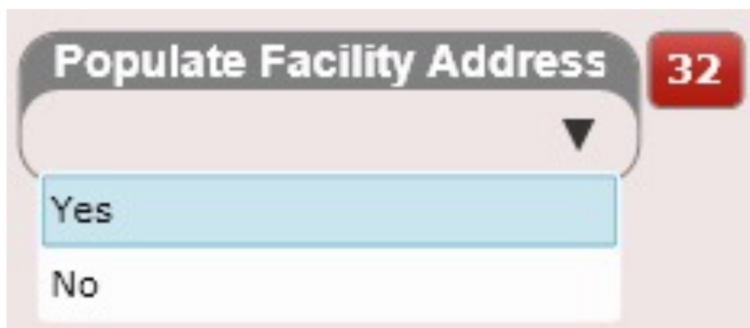
When adding an insurance carrier, you will notice several text boxes and drop-down boxes. These are important because not every insurance carrier treats these HCFA fields the same. You will need to be familiar with the specific rules of that particular insurance carrier to determine what you select for these boxes.

Settings – Insurance Carriers

HCFA box 32 by default is populated with any data you put into the 32 located in Settings/Practice Info/Facility Location. This is denoted by the box shown below being marked as "Yes". However, some insurance companies want you to leave one or more of these fields blank. This can be accomplished by selecting a Yes or No in the boxes below.

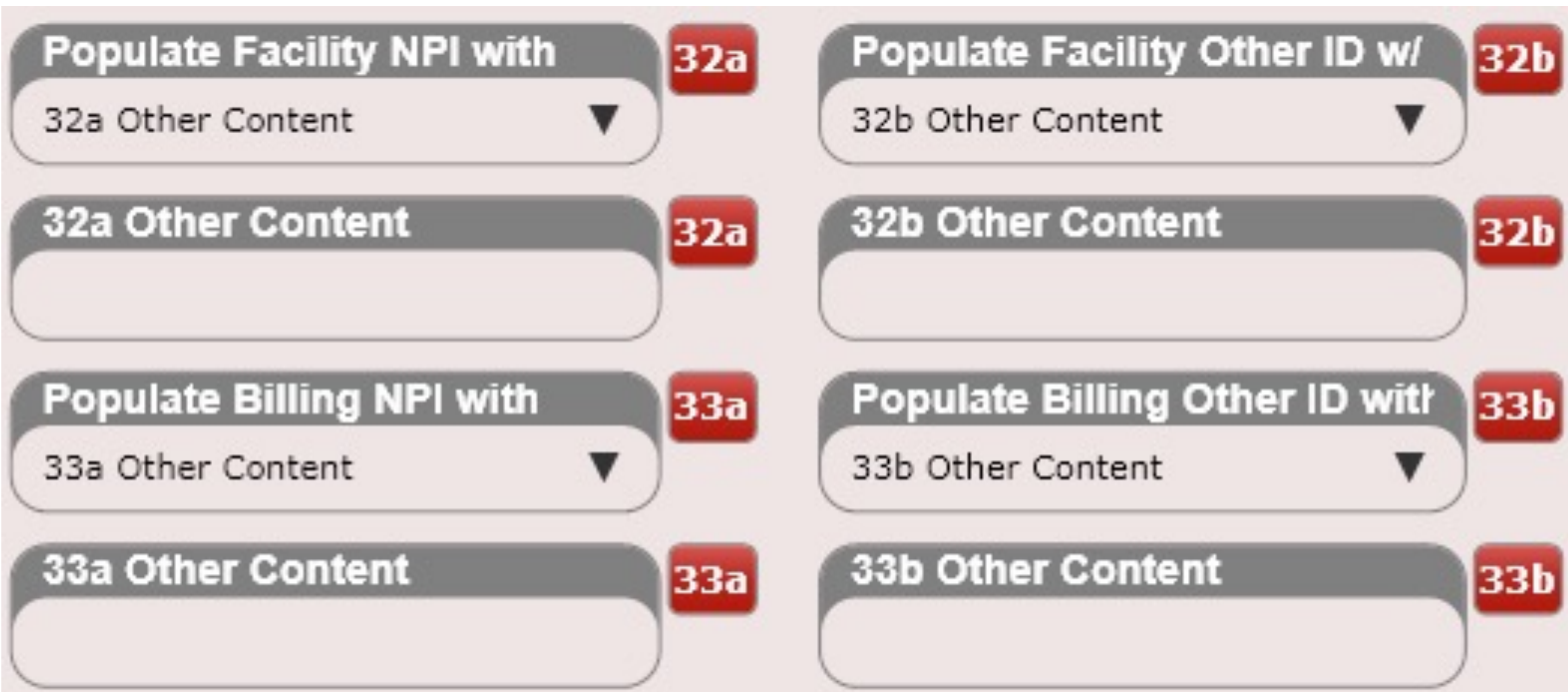
If YES will populate the selected box.

If NO will leave the selected box blank.



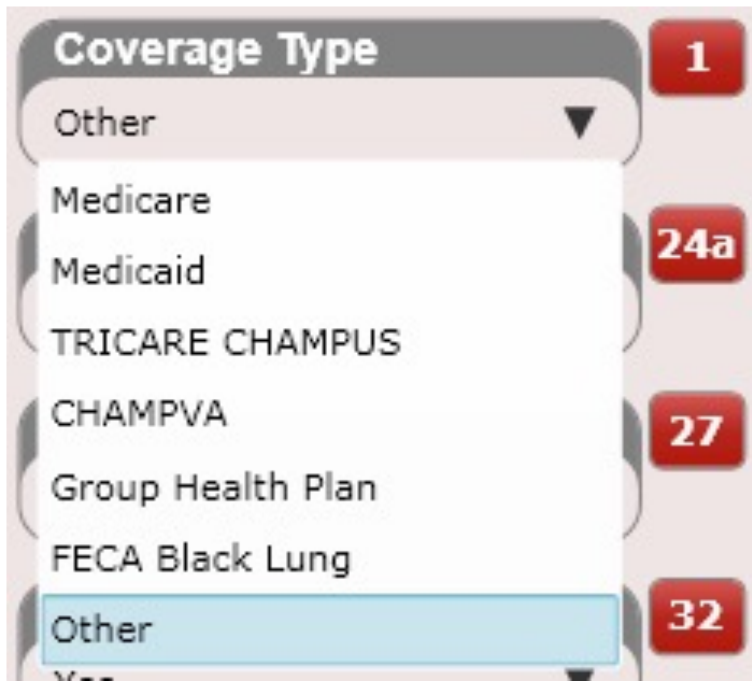
Settings – Insurance Carriers

NOTE: If the drop-down selection you are looking for is NOT present for boxes 32a or 32b, 33a or 33b then select “Other Content” from the drop down and populate the appropriate “Other Content” box (see below).



Settings – Insurance Carriers

Coverage Type (HCFA box 1) allows you to select from the following: Medicare, Medicaid, TRICARE CHAMPUS, CHAMPVA, Group Health Plan, FECA Black Lung or Other.

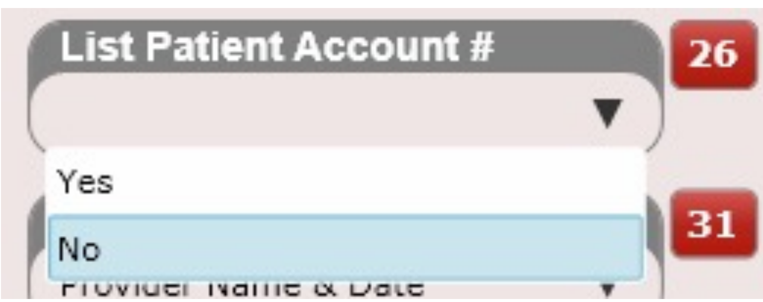


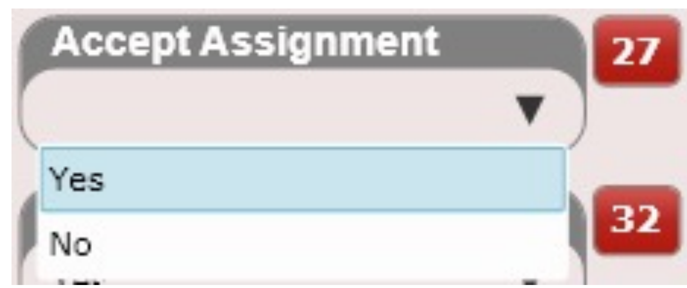
Settings – Insurance Carriers

HCFA box 26 is the patient's account number. If you want it shown on the HCFA select Yes. If you do not want it shown on the HCFA select "No". This defaults to no.

HCFA box 27 is "Accept Assignment". This is either a "Yes" or a "No" and defaults to "No".

HCFA box 31 is the "Provider's Signature." If you want to have the provider's name displayed select "Provider Name and Date". Otherwise select "Signature on File" to have "Signature on File" populated in this box. This defaults to "Provider's Name & Date".

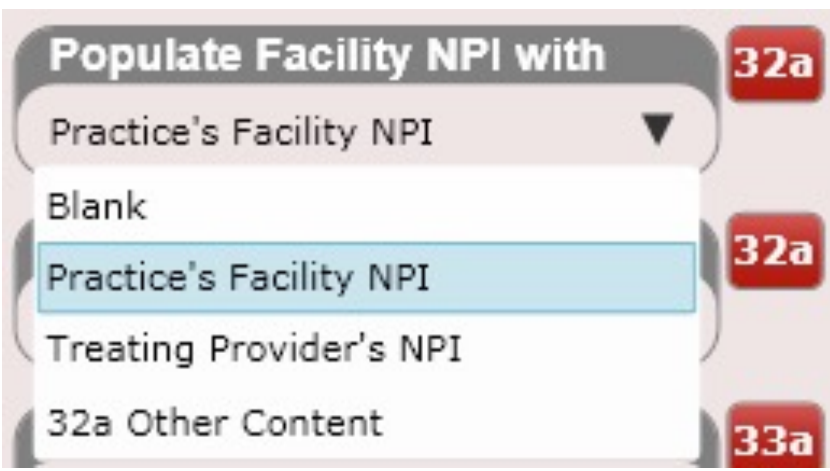




Settings – Insurance Carriers

HCFA box 32a can be populated with the following fields: Blank, Practice's Facility NPI, Treating Provider's NPI, 32a Other Content. You are only making the selections from this drop down here. You will need to add the actual numbers in either the Practice Info app or the User's app (both found in settings).

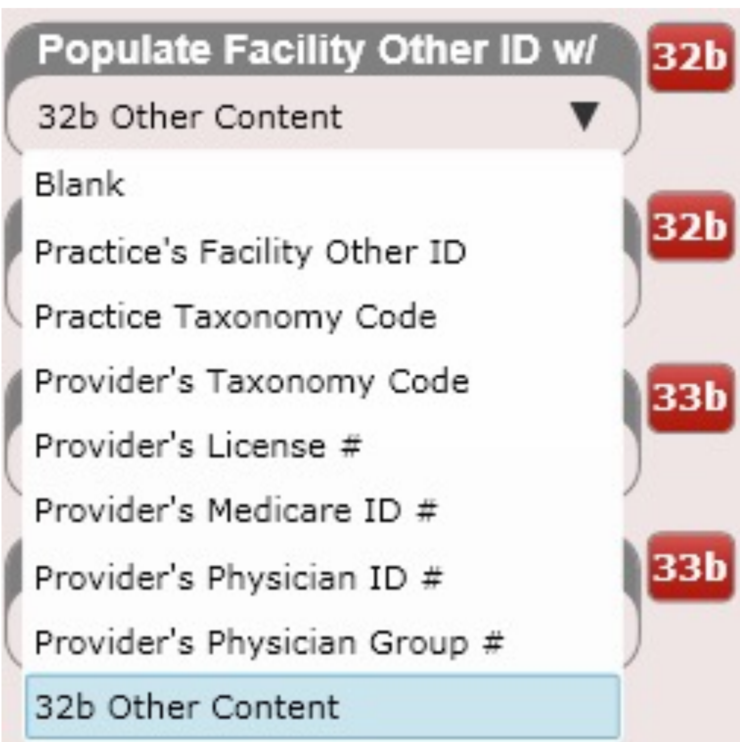
To populate "32a Other Content" type the content into the text box labeled "32a Other Content".



Settings – Insurance Carriers

HCFA box 32b can be populated with the following fields: Blank, Practice's Facility Other ID, Practice Taxonomy Code, Provider's Taxonomy Code, Provider's License #, Provider's Medicare ID #, Provider's Physician ID #, Provider's Physician Group #. You are only making the selections from this drop down here. You will need to add the actual numbers in either the Practice Info app or the User's app (both found in settings).

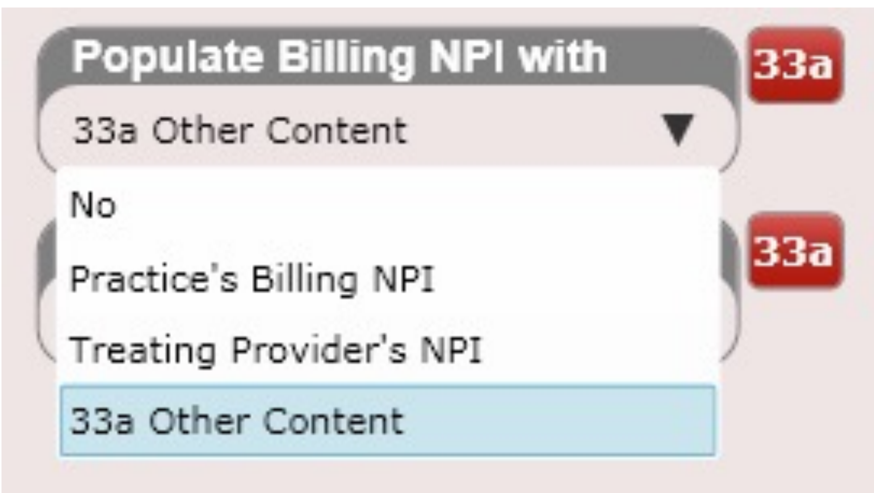
To populate "32b Other Content" type the content into the text box labeled "32b Other Content".



Settings – Insurance Carriers

HCFA box 33a can be populated with the following fields: No, Practice's Billing NPI, Treating Provider's NPI, 33a Other Content. You are only making the selections from this drop down here. You will need to add the actual numbers in either the Practice Info app or the User's app (both found in settings).

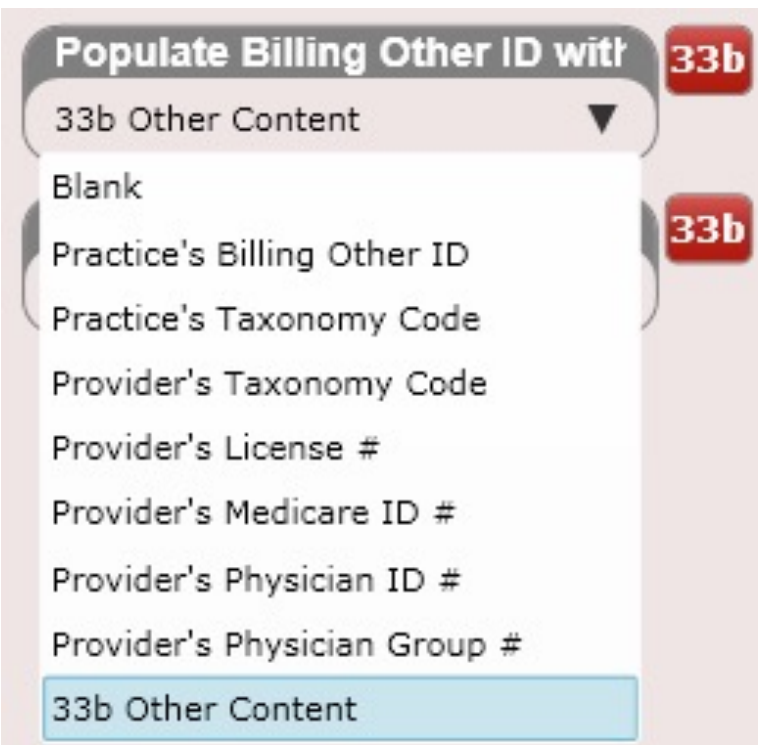
To populate "33a Other Content" type the content into the text box labeled "33a Other Content".



Settings – Insurance Carriers

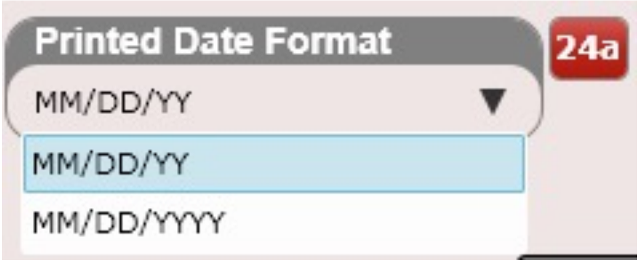
HCFA box 33b can be populated with the following fields: Blank, Practice's Billing Other ID, Practice's Taxonomy Code, Provider's Taxonomy Code, Provider's License #, Provider's Medicare ID #, Provider's Physician ID #, Provider's Physician Group #, 33b Other Content. You are only making the selections from this drop down here. You will need to add the actual numbers in either the Practice Info app or the User's app (both found in settings).

To populate "33b Other Content" type the content into the text box labeled "Box 33b Other Content".



Settings – Insurance Carriers

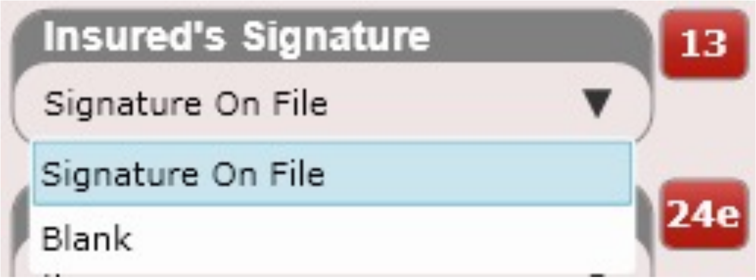
HCFA box 24a defaults to a printed MM/DD/YY format as this is what is required by CMS-1500. However, some insurance companies require all dates on the HCFA to have the same MM/DD/YYYY format when printed. Thus, you can override box 24a here and set it to MM/DD/YYYY.

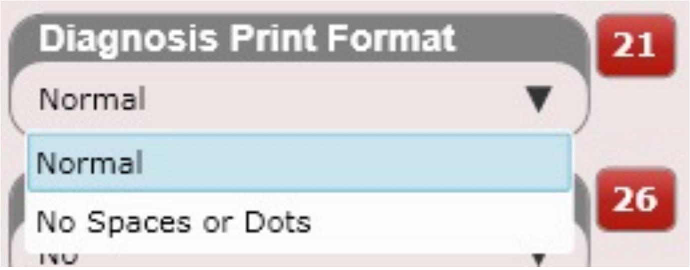


This change will ONLY affect the Printed HCFA forms.

HCFA box 13 defaults to "Signature on File". However, there are some insurance carriers that want this field left blank. In that case select "Blank".

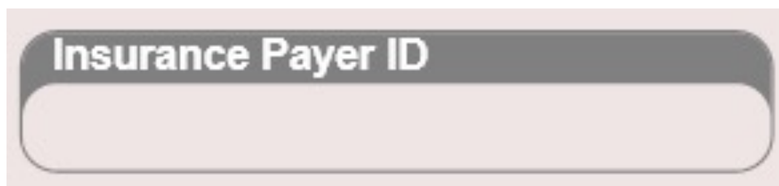
HCFA box 21 defaults to Normal (e.g. xxx.xx). However, some insurance carriers do not allow a decimal or spaces (e.g. Medicare). Therefore, the option "No Spaces or Dots" will display diagnoses as xxxxx for example.





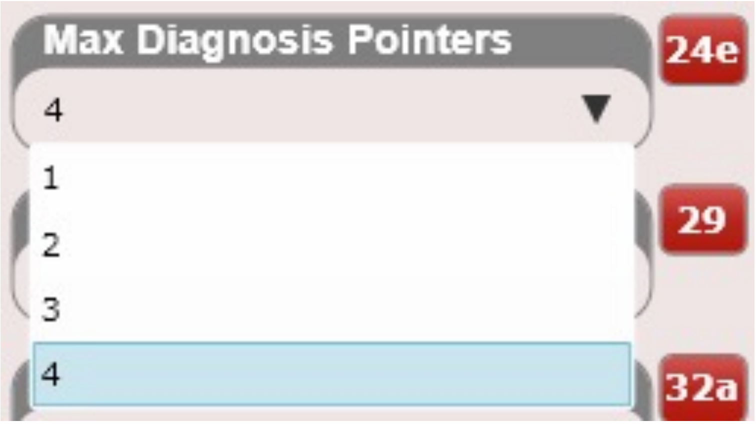
Settings – Insurance Carriers

The Insurance Payer ID is an optional field. Most insurance carriers have a Payer ID. Populating this number can result in fewer rejected claims as your clearinghouse will have better accuracy in submitting your claims to the correct location.



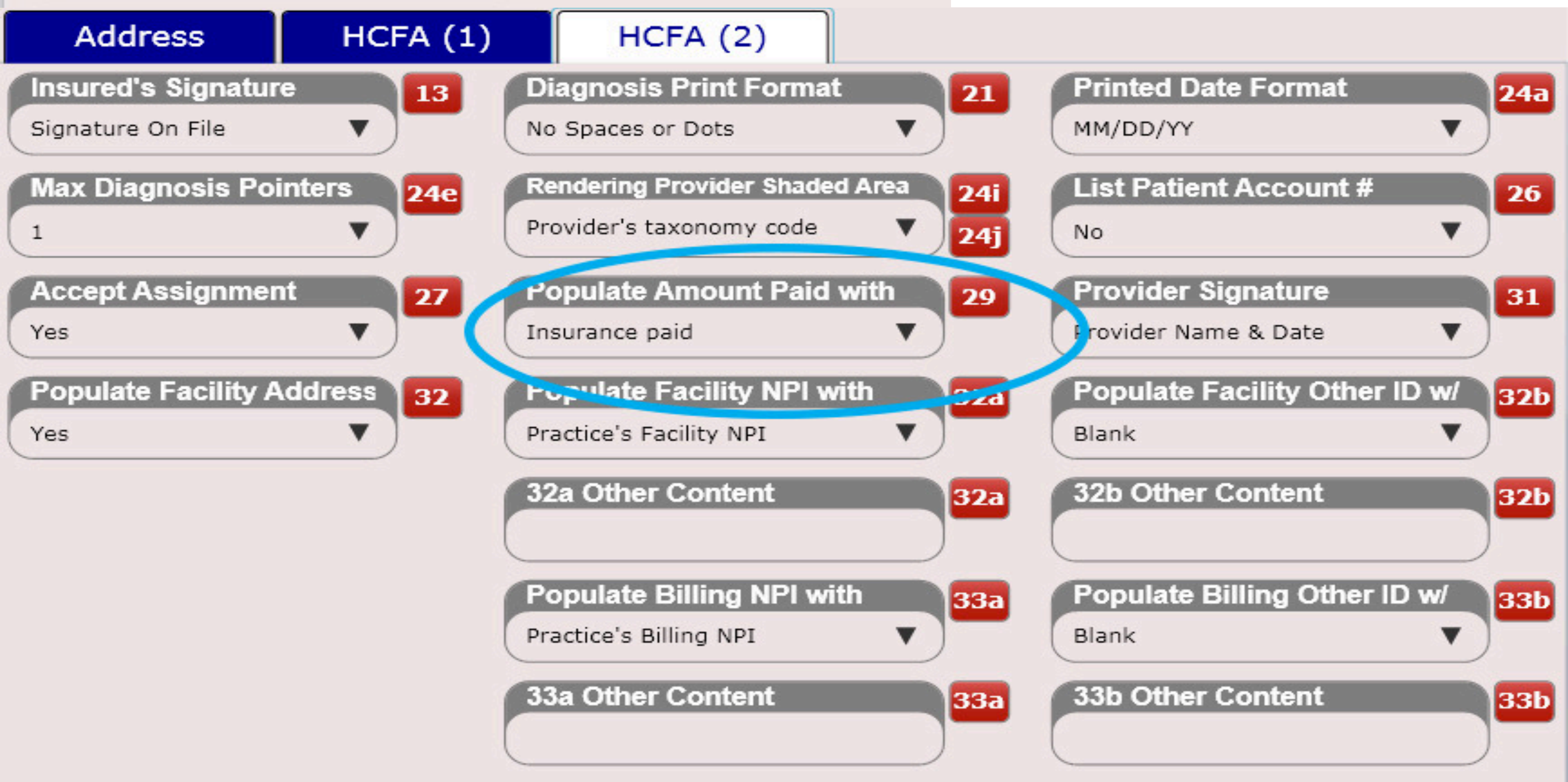
Settings – Box 24e

HCFA box 24e defaults to 4. However, there are some insurance carriers that only want 1 diagnosis pointer (e.g. Medicare wants 1).



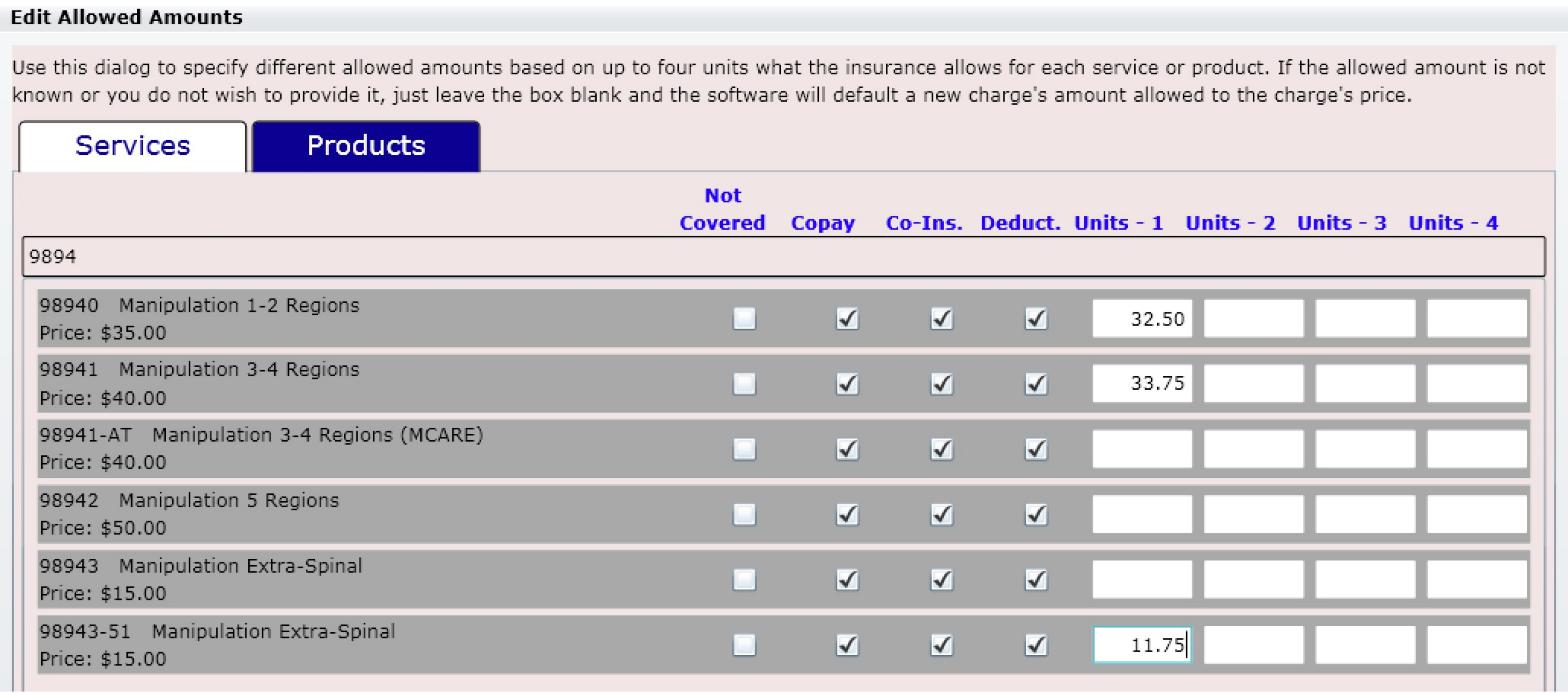
Settings – Medicaid

For Medicaid populate box 29 with "Insurance Paid". Note, check with your local state to ensure this is correct for your state.



Insurance – Edit Allowed Amounts

Inside the Insurance Carrier's app is a button that says, "Edit Allowed Amounts". Clicking this button will open the dialog shown below.



Edit Allowed Amounts

Use this dialog to specify different allowed amounts based on up to four units what the insurance allows for each service or product. If the allowed amount is not known or you do not wish to provide it, just leave the box blank and the software will default a new charge's amount allowed to the charge's price.

Services | Products

9894

	Not Covered	Copay	Co-Ins.	Deduct.	Units - 1	Units - 2	Units - 3	Units - 4
98940 Manipulation 1-2 Regions Price: $35.00	☐	☑	☑	☑	32.50			
98941 Manipulation 3-4 Regions Price: $40.00	☐	☑	☑	☑	33.75			
98941-AT Manipulation 3-4 Regions (MCARE) Price: $40.00	☐	☑	☑	☑				
98942 Manipulation 5 Regions Price: $50.00	☐	☑	☑	☑				
98943 Manipulation Extra-Spinal Price: $15.00	☐	☑	☑	☑				
98943-51 Manipulation Extra-Spinal Price: $15.00	☐	☑	☑	☑	11.75			

Insurance – Edit Allowed Amounts

Here you can enter the allowed amounts for every charge in your practice **FOR THAT INSURANCE CARRIER** and up to 4 units (as the allowed may be different for 2 units as an example.

	Not Covered	Copay	Co-Ins.	Deduct.	Units - 1	Units - 2	Units - 3	Units - 4
9894								
98940 Manipulation 1-2 Regions Price: $35.00	☐	☑	☑	☑	30.00	55.00	68.00	

This is an extremely powerful feature. Not only that you can specify if that charge is covered by insurance and if so if copay, coinsurance, deductible or a combination of the three are applicable to that charge.

For example, if a patient's insurance carrier does not cover X-Rays you would mark those charges as Not Covered. This way they would immediately be patient's responsibility.

Not Covered	Copay	Co-Ins.	Deduct.
☑	☐	☐	☐

With Allowed Amounts here is an example below.

Units - 1	Units - 2	Units - 3	Units - 4
30.00			

A patient with a 10% co-insurance is being checked out for a 98941-3-4 region manipulation. The charge amount is $40, and the allowed amount is $30. This means the patient will be charged $3 at the cash register vs. $4 **had you not entered** the $30 allowed amount.

It's MORE ACCURATE! ☺

Insurance – HCFA Boxes

For completeness, the next few pages will show where these insurance related HCFA boxes can be populated.

Go to the Settings/Practice Info.

Settings

Practice Info

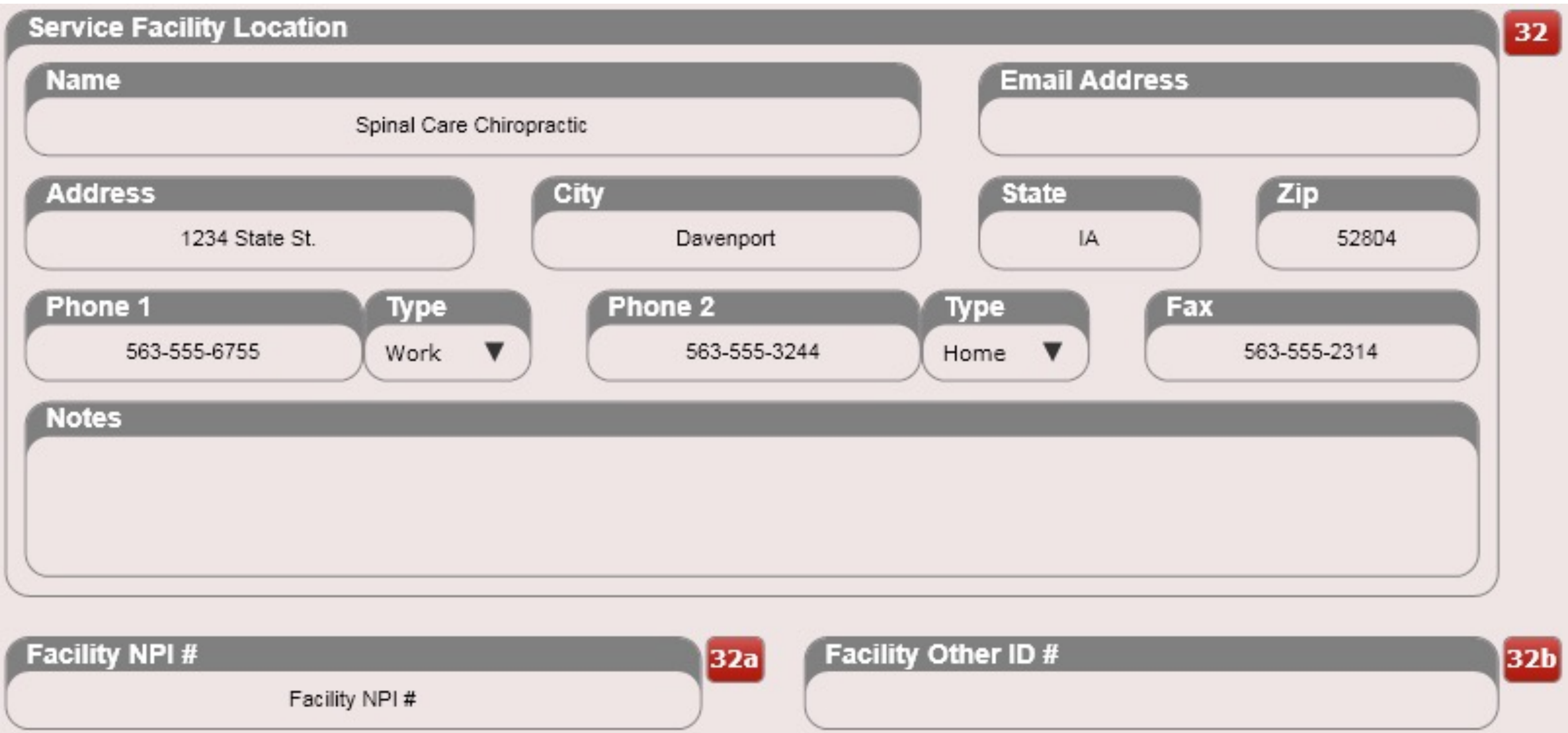
Insurance – HCFA Boxes

The following HCFA boxes are located in the Settings/Practice Info app/General Tab

Default Place of Service (24b) and Taxonomy Code (32b)(33b)

Insurance – HCFA Boxes

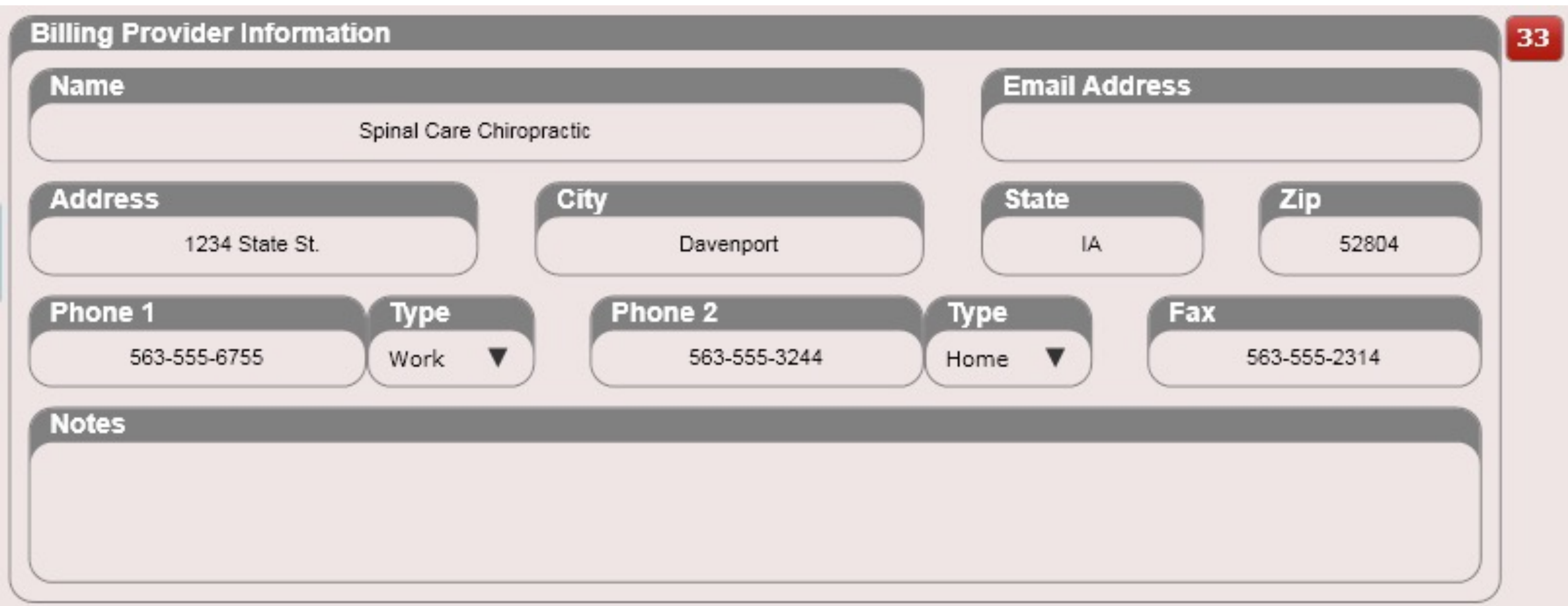
The following HCFA boxes are located in the Settings/Practice Info app/Facility Locations Tab



Box (32), Facility NPI # (32a) and Facility Other ID # (32b)

Insurance – HCFA Boxes

The following HCFA boxes are located in the Settings/Practice Info app/Billing Address Tab



Box (33)

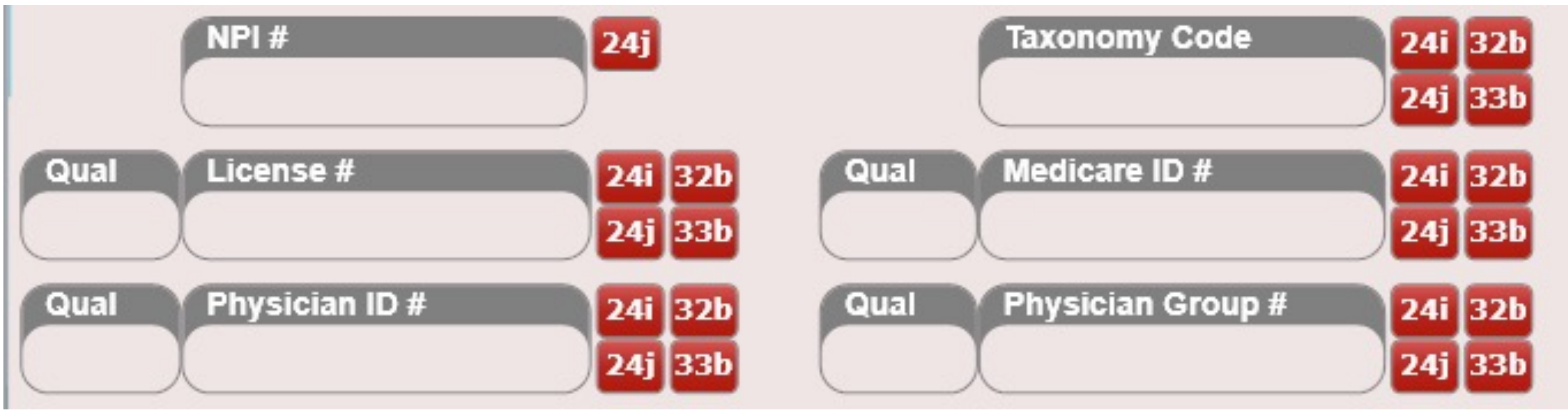
Insurance – HCFA Boxes

The following HCFA boxes are located in the Settings/Practice Info app/Billing Address Tab

Billing NPI # (33a), Billing Other ID # (33b), Federal Tax ID # (EIN) (25)

Insurance – HCFA Boxes

The following HCFA boxes are located in the Settings/Users app

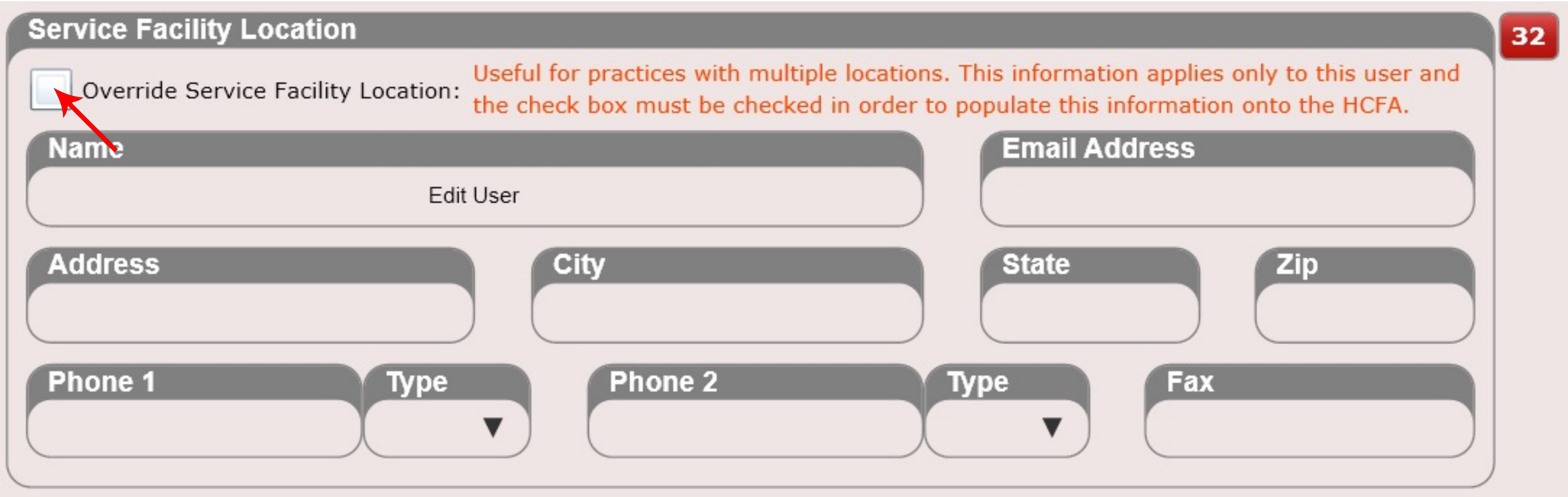


NPI # (24j), Taxonomy Code (24i)(32b)(24j)(33b), License # (24i)(32b)(24j)(33b), Medicare ID # (24i)(32b)(24j)(33b), Physician ID # (24i)(32b)(24j)(33b), Physician Group # (24i)(32b)(24j)(33b)

Federal Tax ID Content (25), Provider’s EIN (25), Social Security # (25), Override Facility NPI (32a), Override Billing NPI (33a)

Insurance – HCFA Boxes

The following HCFA boxes are located in the Settings/Users app/Service & Billing Location Tab

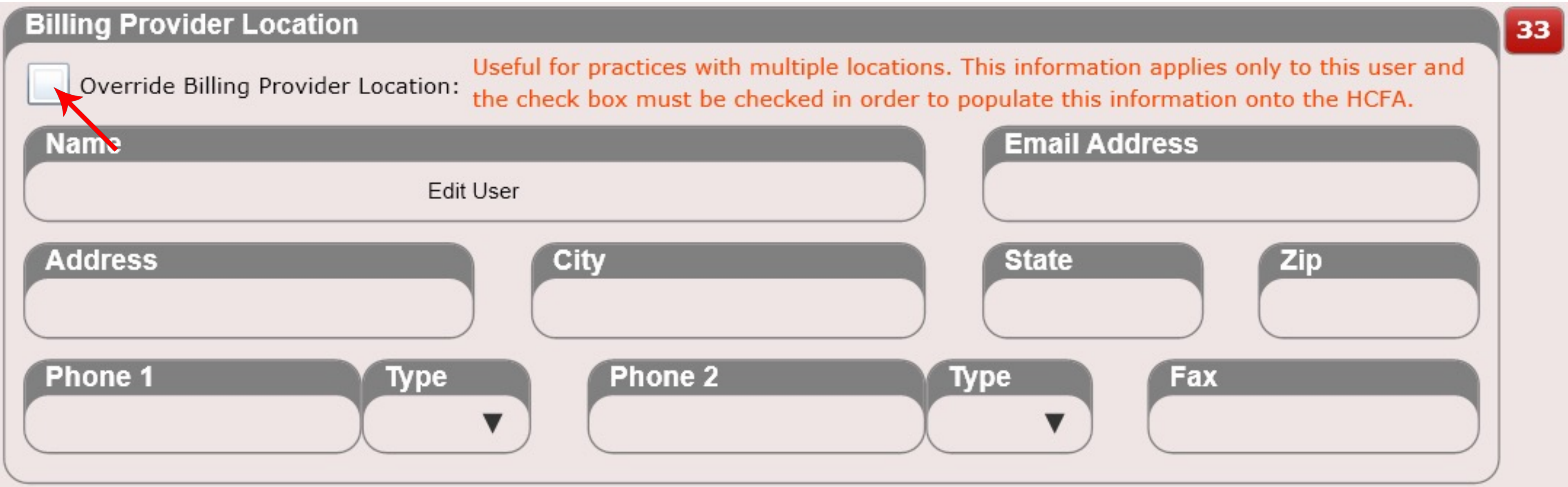


Use this box to override box 32 on the HCFA form. You must check the “Override Service Facility Location” checkbox to use this information.

Note: This information is <u>NOT</u> needed unless a provider is practicing OUTSIDE of your general practice location. If you populate these fields, you will need to CHECK the “Override Service Facility Location” or “Override Billing Provider Location”.

Insurance – HCFA Boxes

The following HCFA boxes are located in the Settings/Users app/Service & Billing Location Tab



Use this box to override box 33 on the HCFA form. You must check the “Override Service Facility Location” checkbox to use this information.

Note: This information is <u>NOT</u> needed unless a provider is practicing OUTSIDE of your general practice location. If you populate these fields, you will need to CHECK the “Override Service Facility Location” or “Override Billing Provider Location”.

Insurance – Patient Responsibility & Annual Limits

Insurance

Primary - Chad A Thompson TherapyTHOCH DOB: 12/12/1957 Age: 59

- Insured's Info
- Policy Info
- Patient Responsibility and Annual Limits
- Adjuster
- Card Image

This page sets the default values for Copay, Co-insurance, and Deductible. These values will be used to estimate charges when actual (reconciled) values for a visit's charges are not available. Changing these values will not affect visit charges that have already been billed to insurance or reconciled.

☐ Use this amount allowed?

Visit Amount Allowed: 0.00

Check to specify the insurance has a maximum allowed amount per visit.

☑ Use this copay?

Copay: 20.00

When checked, this copay will be displayed and if copay estimating is enabled for the practice then is also used to estimate the patient's responsibility for any insurance charges.

☐ Use this co-insurance?

Co-ins. %: 10.00

When checked, this co-insurance will be displayed and if co-insurance estimating is enabled for the practice then is also used to estimate the patient's responsibility for any insurance charges.

☐ Use this deductible?

Deductible Reset Date: Jan 1

When checked, displays deductible information. Enter the deductible reset date to specify the insurance plan has a deductible. Clear out (red 'X') deductible reset date to specify the insurance plan does not have a deductible.

Deductible Met History

The Deductible Met History box tracks the approximate date the deductible has been met each year. When reconciling insurance claims, the user may mark the deductible as being met. In cases where an error is made, the add and remove buttons allow modifying this information.

Add Remove

Visit & Monetary Limit Reset Date: Jan 1

Annual Chiropractic Monetary Limit

Allowed	Used Outside	Total Used	Used Here
5000.00	0.00	0.00	0.00

Annual Chiropractic Visit Limit

Allowed	Used Outside	Total Used	Used Here
20	5	5	0

Annual Therapy Visit Limit

Allowed	Used Outside	Total Used	Used Here
10	0	0	0

Deductible

Annual Deductible Amt	Used Outside	Used Here	Remaining
3000.00	0.00	0.00	3000.00

Close

Insurance – Patient Responsibility & Annual Limits

For every insurance case you create you can add the patient's copay, co-insurance or deductible information. This can be done for the patient's primary, secondary and tertiary insurances.

There are some key points you must understand to have a firm handle on setting your patient's member responsibility.

Located in Dashboard/Insurance

Patient Responsibility and Annual Limits

In Dashboard/Insurance select the "Patient Responsibility and Annual Limits tab. Here you can record the following information:

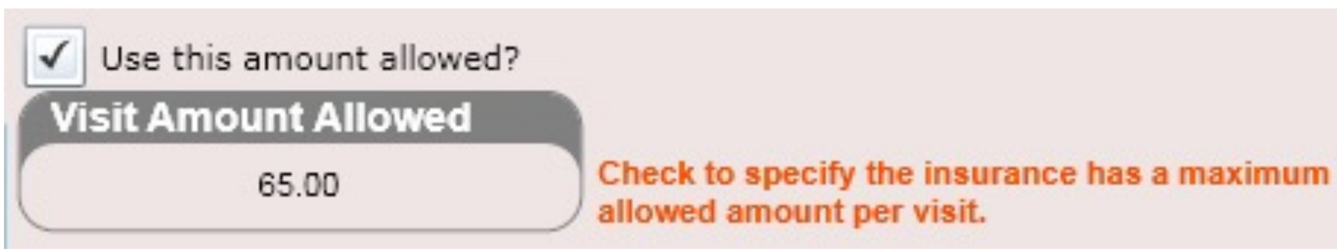
- **Patient Responsibility**
  - Copay
  - Co-Insurance %
- **Patient Deductible**
  - If the patient has a deductible select the Deductible reset date.
  - If the patient does not have a deductible leave blank.
  - If the deductible has been met create a deductible met date by clicking the green "Add" button. An approximate date is okay.
  - Record the annual deductible amount also. The software will then deduct patient responsibility and estimate when the deductible is met. You will be prompted at check-in if the software thinks the deductible has been met. The prompt will allow you to officially mark the deductible as met at this time.

Insurance – Patient Responsibility & Annual Limits

Patient Responsibility and Annual Limits

In Dashboard/Insurance select the "Patient Responsibility and Annual Limits tab. Here you can record the following information:

- **Visit Amount Allowed**
  - This field is not often used. However, it can be extremely beneficial. We will describe this field in detail on subsequent pages but in general this box allows you to indicate the maximum allowed amount per visit for a patient's insurance.



Remember, you must ensure the box is checked to turn ON the feature for your patient. If the box is unchecked the software will not use the Visit Amount Allowed when performing charge calculations at checkout.

Located in Dashboard/Insurance

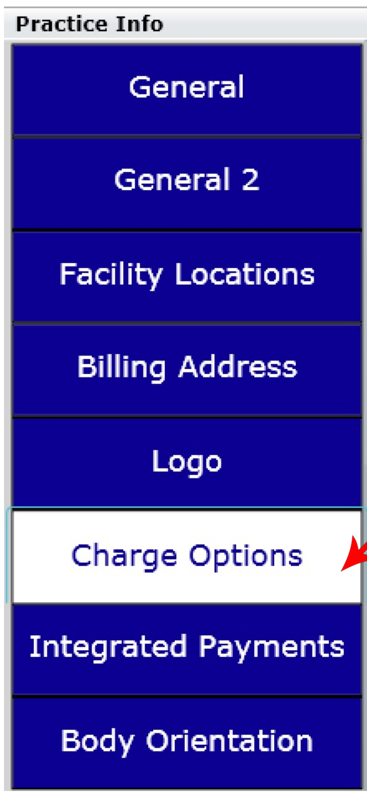
Settings Practice Info

Insurance – Copay – Global Settings

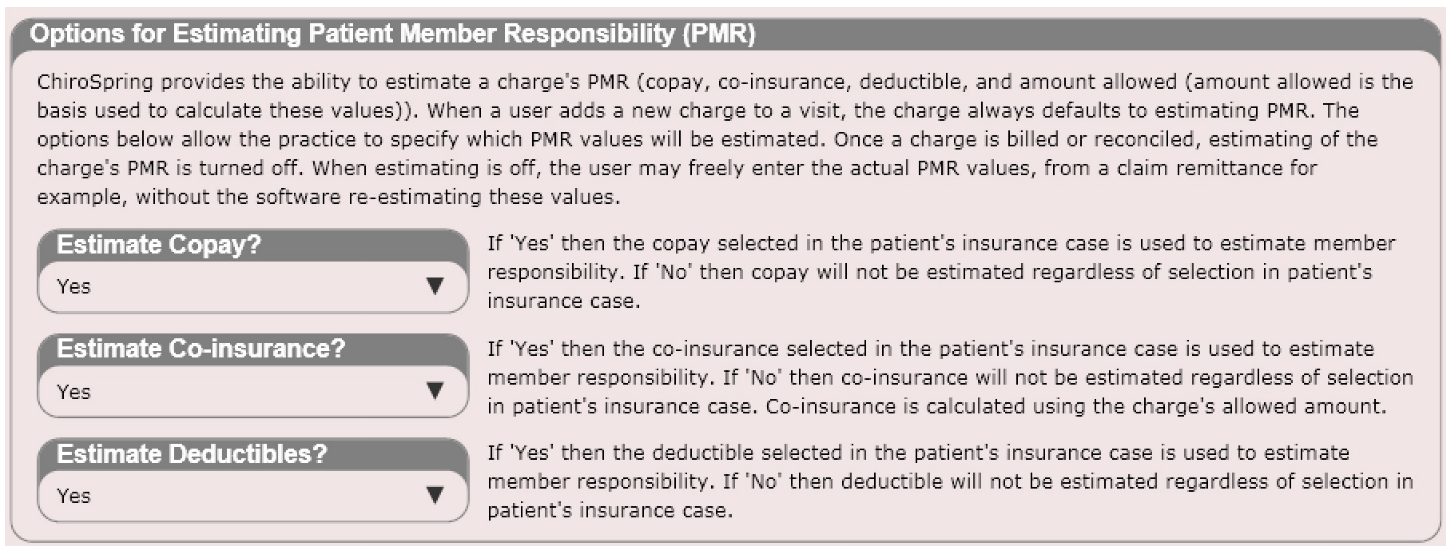
Insurance

Options for Estimating Patient Member Responsibility

Before you create even a single insurance case and assign copays, co-insurances or deductibles it is **VERY IMPORTANT** that you understand the “Options for Estimating Patient Member Responsibility” found in Settings/Practice Info. Essentially there are three dropdown boxes that allow you to turn “ON” or “OFF” if your practice will be using Copays, Co-Insurances or Deductibles to calculate patient member responsibility. By default, these are all “Yes”.



Found in Settings/Practice Info/Charge Options

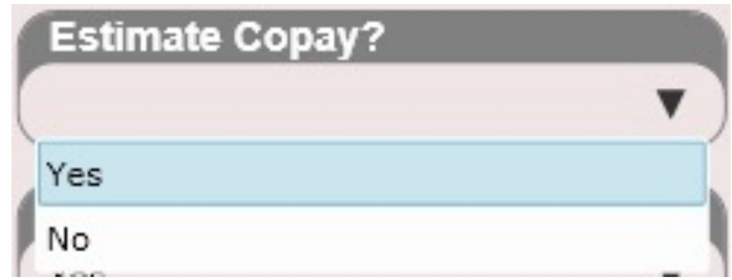


Settings Practice Info

Insurance – Copay – Global Settings

Copay

You can determine if you are or are not accepting copay at your Practice in Settings/Practice Info/Charge Options.



Estimate Copay?

YES

- The patient’s selected Copay will be used to calculate member responsibility.
- The patient’s selected Copay will be displayed when you check in a patient in the “Member Responsibility” box.

NO

- Copay will not be used to calculate member responsibility no matter what. This is true even if you enter a copay in for a patient and check the box next to copay in the patient’s insurance plan screen.
- The patient’s selected Copay will be displayed when you check in a patient in the “Member Responsibility” box but will not be used to calculate patient member responsibility.
- If no copay box is checked in the patient’s insurance plan no copay information will be displayed.

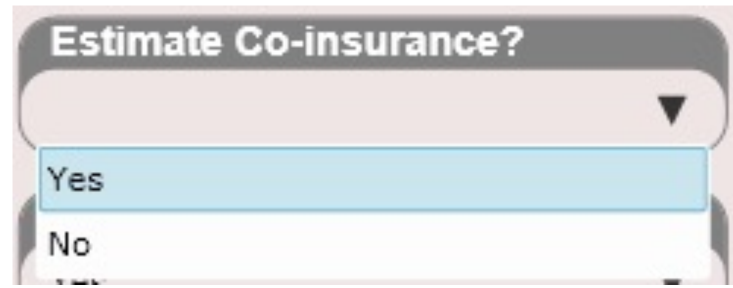
Settings Practice Info

Insurance – Co-insurance – Global Settings

Insurance

Co-insurance

You can determine if you are or are not accepting co-insurance at your Practice in Settings/Practice Info/Charge Options.



Estimate Co-insurance?

YES

- The patient's selected Co-insurance will be used to calculate member responsibility.
- The patient's selected Co-insurance will be displayed when you check in a patient in the "Member Responsibility" box.

NO

- Co-insurance will not be used to calculate member responsibility no matter what. This is true even if you enter a co-insurance in for a patient and check the box next to "Use this co-insurance" in the patient's insurance plan screen.
- The patient's selected Co-insurance will be displayed when you check in a patient in the "Member Responsibility" box but will not be used to calculate patient member responsibility.
- If no co-insurance box is checked in the patient's insurance plan no co-insurance information will be displayed.

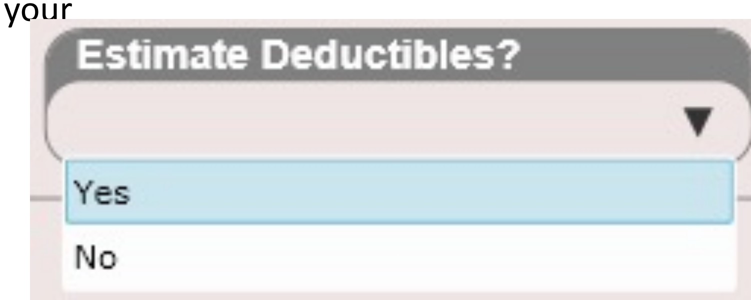
Settings Practice Info

Insurance – Deductible – Global Settings

Insurance

Deductible

You can determine if you are or are not accepting deductibles at your Practice in Settings/Practice Info/Charge Options.



Estimate Deductibles?

YES

- The patient’s selected Deductible will be used to calculate member responsibility.
- The patient’s selected Deductible will be displayed when you check in a patient in the “Member Responsibility” box. It will display either “Deductible Met” or “Deductible Not-Met”.

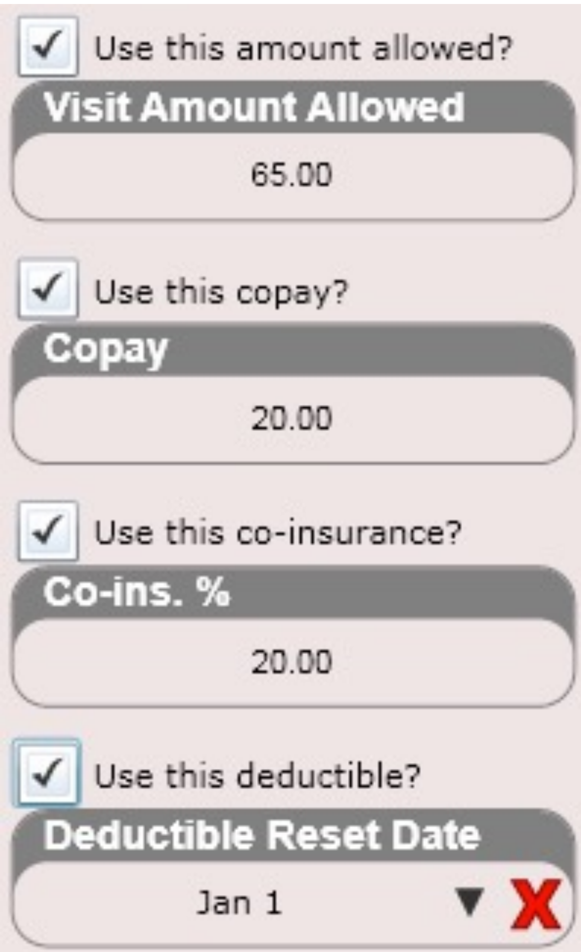
NO

- Deductible will not be used to calculate member responsibility no matter what. Even if you enter a deductible reset date and check the “Use this deductible” for a patient.
- The patient’s selected Deductible will be displayed when you check in a patient in the “Member Responsibility” box but will not be used to calculate patient member responsibility.
- If no Deductible box is checked in the patient’s insurance plan no Deductible information will be displayed.

Dashboard/Insurance – Patient Responsibility & Annual Limits

Patient Responsibility and Annual Limits

Here you can record the following information:



Visit Amount Allowed

- Use this box if an insurance has a maximum allowed amount per visit. There are specific details on this box on subsequent pages.

Copay

- By default, this is set to zero. This means the patient is responsible for nothing and the insurance is responsible for everything. If you know the patient's copay, enter it in here.
- Check the "use this copay" box if you want to use the copay to calculate patient charges.

Co-insurance

- By default, the co-insurance percent is set to zero. If you know the patient's co-insurance percent, enter it here.
- Check the "use this coinsurance" box if you want to use the co-insurance to calculate patient charges.

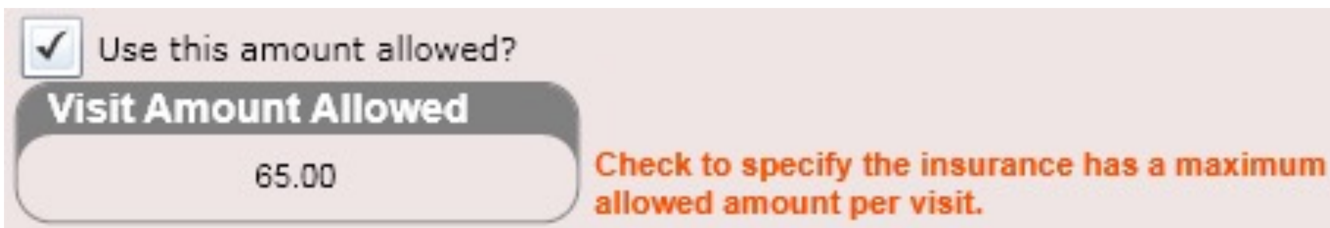
Deductible Reset Date

- If the patient has a deductible, enter the deductible reset date. When the deductible is met, mark it as met either in the insurance plan or when reconciling a claim remittance.
- If you want the deductible to be used when calculating patient charges (e.g. the patient will owe 100%) make sure you also check the "use this deductible" check box." If this box is left unchecked the patient's deductible will not be used to calculate their charges.

Insurance – Visit Amount Allowed

Visit Amount Allowed

- This box is used in instances where an insurance has a maximum allowed per visit. Although this box may seem complex, understanding it can have huge advantages to correctly calculating what your patient owes at checkout. See the following pages for examples on how this box assists in calculating your patient's member responsibility in the event that their insurance has a visit maximum allowed limit.



Dashboard/Insurance – Patient Responsibility & Annual Limits

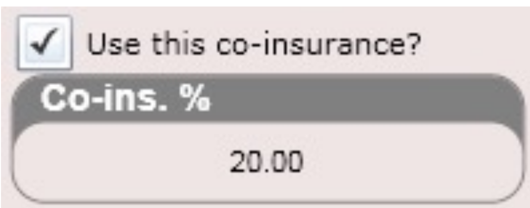
Insurance – Visit Amount Allowed

Visit Amount Allowed Example

Example 1: Patient has a 20% co-insurance and the insurance has a maximum of $65 per visit.

If Co-Insurance is set at 20% and Visit Amount Allowed is **NOT USED**.

- If a day's services add up to $130 by the patient’s contracted rate and the patient has a 20% co-insurance, ChiroSpring would ledger that the patient owes $26.00. This is calculated by (0.2 x 130).

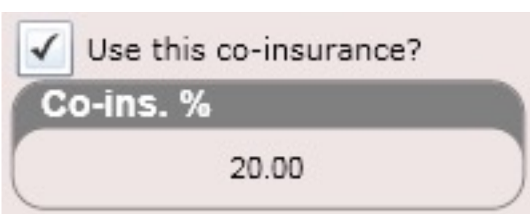


Visit Total: $130

Calculated Total: $26

If Co-Insurance is set at 20% and Visit Amount Allowed **IS USED (set at $65).**

- If a day's services add up to $130 by the patient’s contracted rate and the patient has a 20% co-insurance, ChiroSpring would ledger that the patient owes $13.00. This is calculated by (0.2 x 65). Remember we set the visit allowed amount at $65 in this example so instead of ChiroSpring using the actual VISIT TOTAL to calculate the patient’s responsibility we are now using the “Visit Allowed Amount” which is $65 in this example.



Visit Total: $130

Calculated Total: $13

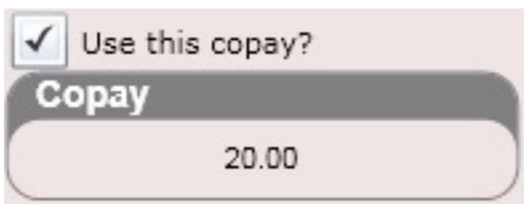
Insurance – Visit Amount Allowed

Visit Amount Allowed Example

Example 2: Patient has a $20 copay and the insurance has a maximum of $65 per visit.

If Copay is set at $20 and Visit Amount Allowed is **NOT USED**.

- If a day's services add up to $130 by the patient's contracted rate and the patient has a $20 copay, ChiroSpring would ledger that the patient owes $20.00. In this example the copay trumps the visit allowed amount so the patient still owes $20. Thus for copay it does not truly matter if you use the Visit Amount Allowed.

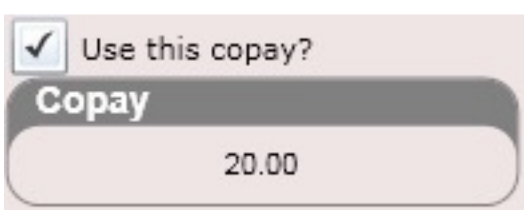


Visit Total: $130

Calculated Total: $20

If Copay is set at $20 and Visit Amount Allowed **IS USED (set at $65).**

- If a day's services add up to $130 by the patient's contracted rate and the patient has a $20 copay, ChiroSpring would ledger that the patient owes $20.00. In this example the copay trumps the visit allowed amount so the patient still owes $20. Thus for copay it does not truly matter if you use the Visit Amount Allowed.



Visit Total: $130

Calculated Total: $20

Insurance – Visit Amount Allowed

Visit Amount Allowed Example

Example 3: Patient has not met their deductible and the insurance has a maximum of $65 per visit.

If Deductible has not been met and Visit Amount Allowed is **NOT USED**.

- If a day's services add up to $130 by the patient's contracted rate and the patient has not met their deductible, ChiroSpring would ledger that the patient owes $130.00. As deductible has not been met the patient is responsible for 100% of the insurance contracted charges

Deductible Not Met

Visit Total: $130

Calculated Total: $130

If Deductible has not been met and Visit Amount Allowed **IS USED (set at $65).**

- If a day's services add up to $130 by the patient's contracted rate and the patient has not met their deductible, ChiroSpring would ledger that the patient owes $65.00.

Deductible Not Met

Visit Total: $130

Calculated Total: $65

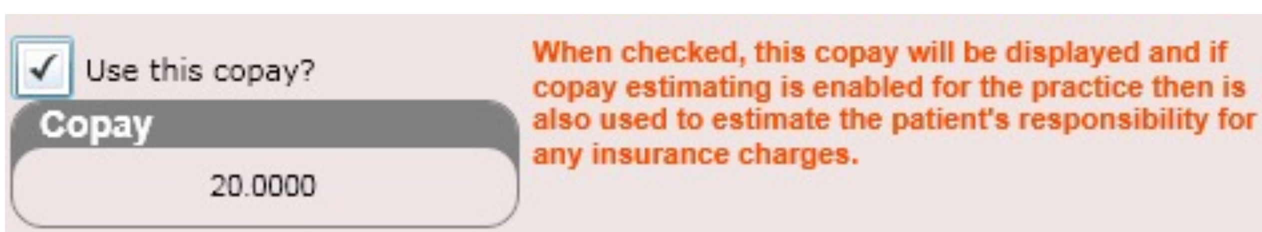
Insurance - Copay

Every patient situation is different. ChiroSpring not only allows you to record a patient's copay but also allows you to either USE or NOT-USE it to calculate the patient's charges. There are some cases when a patient may have primary and secondary insurance, both with copays. However, only the secondary copay should be used to calculate the patient charges, for example. Using the "use this copay" check box you can either turn the copay ON or OFF.

Copay

- By default, this is set to zero. This means the patient is responsible for nothing and the insurance is responsible for everything. If you know the patient's copay, enter it in here.
- Check the "use this copay" box if you want to use the copay to calculate patient charges.
- Leave the "use this copay" box blank if you do not want to use the copay to calculate patient charges

The check box is essentially an "On/Off" switch. If not checked the copay will not be used. This allows you to record a patient's copay information accurately and gives you the ability to use or not use it.



Insurance – Co-insurance

Every patient situation is different. ChiroSpring not only allows you to record a patient's coinsurance but also allows you to either USE or NOT-USE it to calculate the patient's charges. There are some cases when a patient may have primary and secondary insurance, both with coinsurances. However, only the secondary coinsurance should be used to calculate the patient charges, for example. Using the "use this co-insurance" check box you can either turn the co-insurance ON or OFF.

Co-insurance

- By default, this is set to zero. This means the patient is responsible for nothing and the insurance is responsible for everything. If you know the patient's co-insurance, enter it in here.
- To have a patient on an insurance plan with 100% co-insurance (they owe everything up front) enter "100" into the co-ins box.
- Check the "use this co-insurance" box if you want to use the co-insurance to calculate patient charges.
- Leave the "use this co-insurance" box blank if you do not want to use the co-insurance to calculate patient charges.

The check box is essentially an "On/Off" switch. If not checked the co-insurance will not be used. This allows you to record a patient's co-insurance information accurately and gives you the ability to use or not use it.

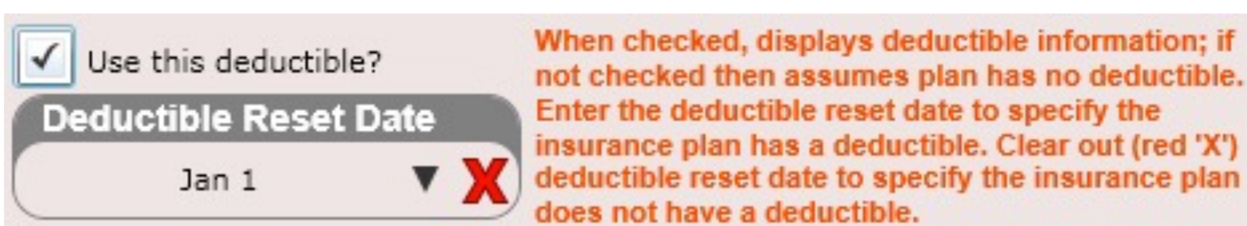
Insurance - Deductible

Deductible

By default, the deductible field is left blank. This indicates the patient does NOT have a deductible. If you wish to indicate a patient DOES have a deductible, you will need to populate the deductible reset date. When this date is present, and the “Use this deductible” box is checked, the patient will be charged the FULL amount for all charges until the deductible has been met.

- The deductible can be marked as met in two ways:
  - By clicking the green “Add” button at the bottom of the deductible list box
  - Within the “Reconcile app” when you are reconciling a patient charge
- You will also notice a check box that says, “Use this deductible.” This allows you to enter in a patient’s deductible reset date but also NOT use it to calculate charges at the cash register. This gives you extra flexibility on how you want to manage your patient’s individual insurance plan.
  - Check “Use this deductible” if you want the deductible to be applied (e.g. the patient will be charged for 100% for their charges)
  - Un-Check “Use this deductible” if you do NOT want to apply the deductible at the cash register.

The check box is essentially an “On/Off” switch. If not checked the deductible will not be used. This allows you to record a patient’s deductible information accurately and gives you the ability to use or not use it.

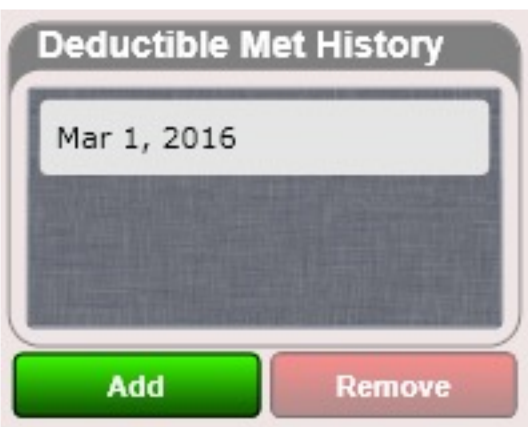


Dashboard/Insurance – Patient Responsibility & Annual Limits

Insurance - Deductible

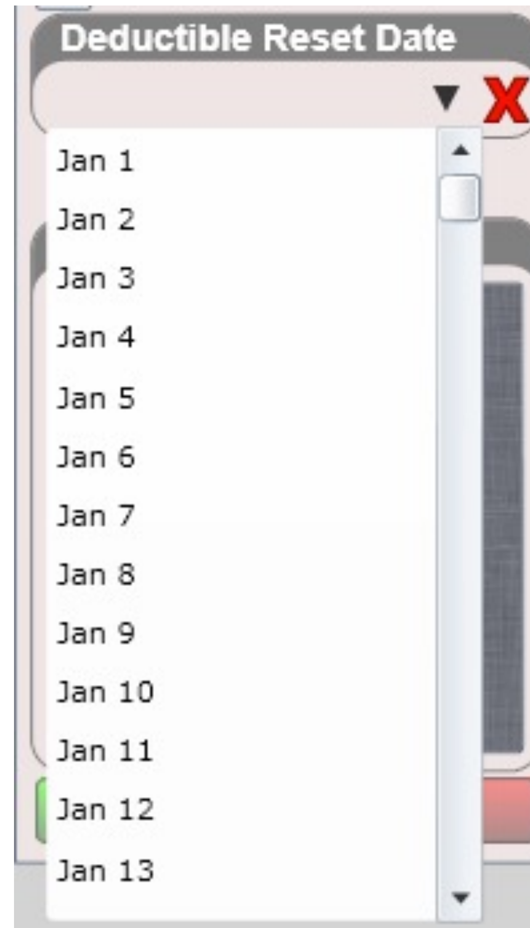
The deductible can be marked as MET in two ways.

- Create a deductible MET DATE by clicking the Green "Add" button. In the example below the deductible was met Nov 5, 2013.
- When reconciling a visit if you notice on the claim remittance the deductible is zero click the "Deductible Met" button at the bottom of the screen. This will mark the deductible met. The next page contains more details on this feature.



To show that a patient DOES HAVE a deductible you will need to select the deductible reset date (shown to the right). If a patient has a deductible, they will be responsible for ALL charges at the cash register (assuming you also selected the "Use Deductible" check box).

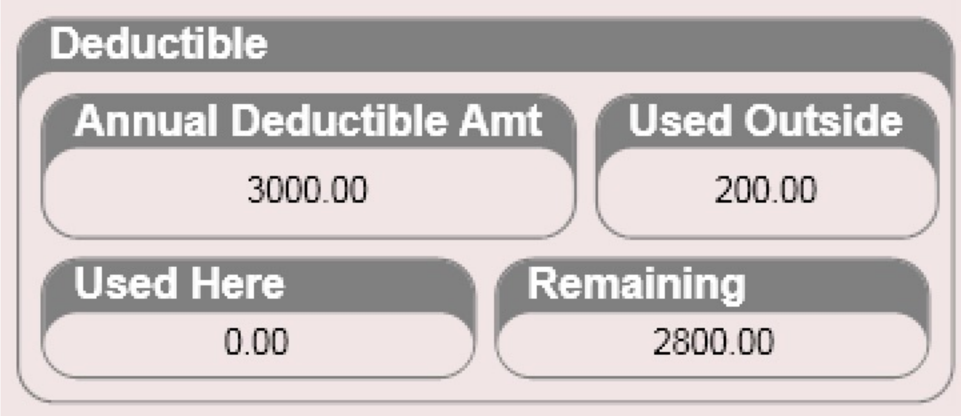
If a deductible is Met, the patient will no longer be charged 100% for their charges.

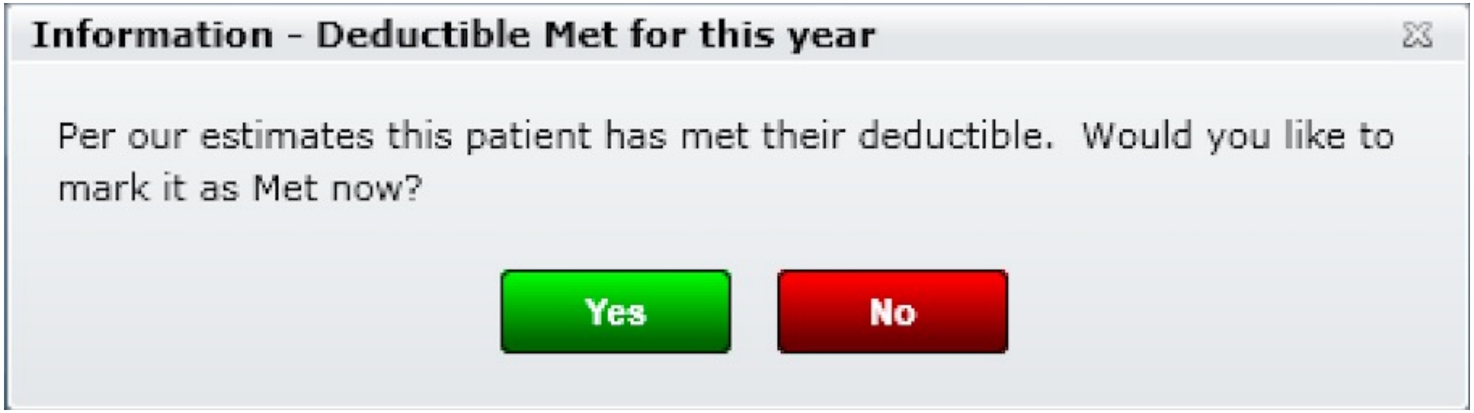


Dashboard/Insurance – Patient Responsibility & Annual Limits

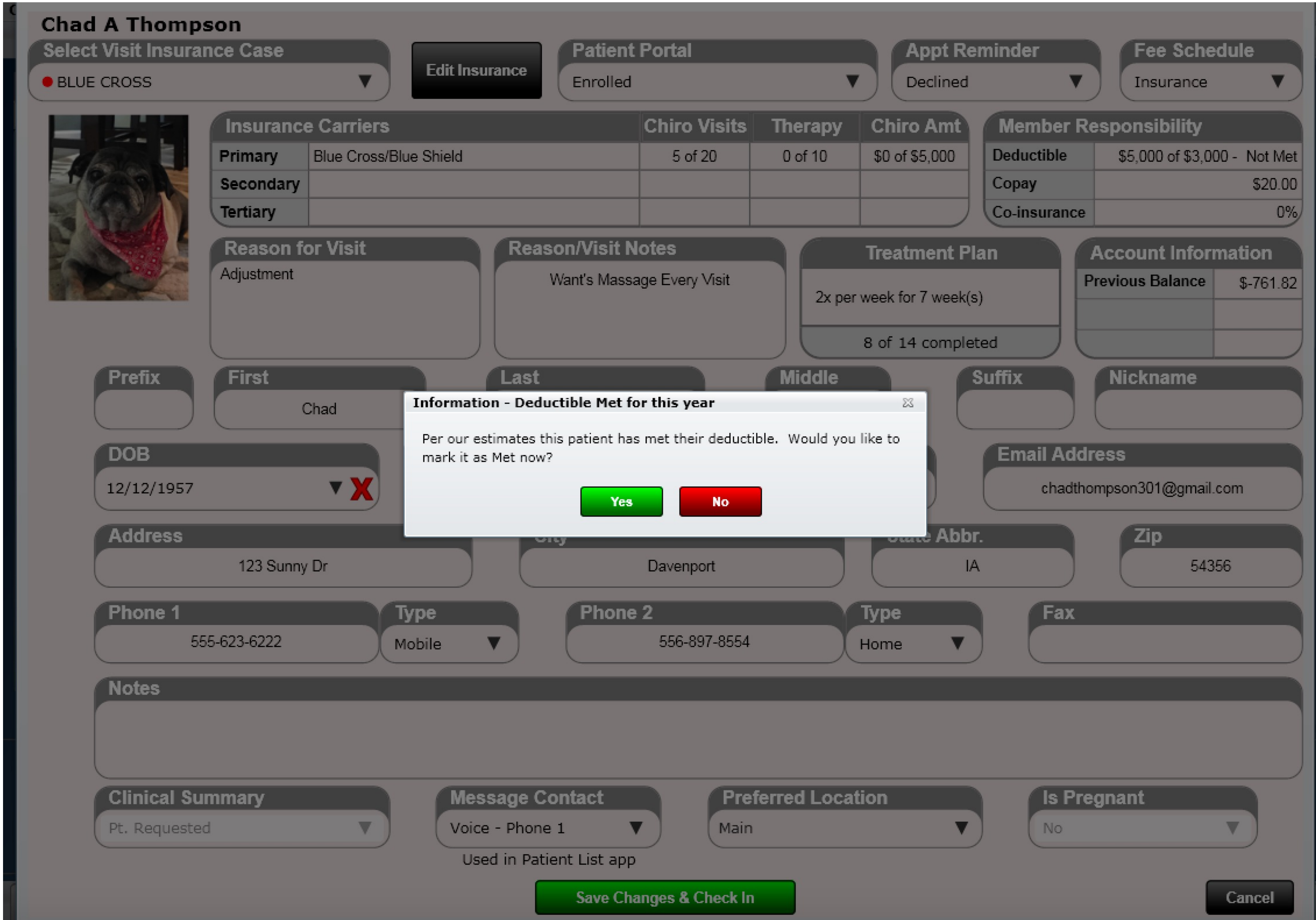
Insurance - Deductible

After you have selected a deductible reset date you can then enter the deductible information. ChiroSpring will calculate when the deductible has been ESTIMATED as met. When you check-in your patient you will be prompted to MARK THE DEDUCTIBLE AS MET if the patient has paid more than their deductible for this year.





Dashboard/Insurance – Patient Responsibility & Annual Limits
Insurance - Deductible



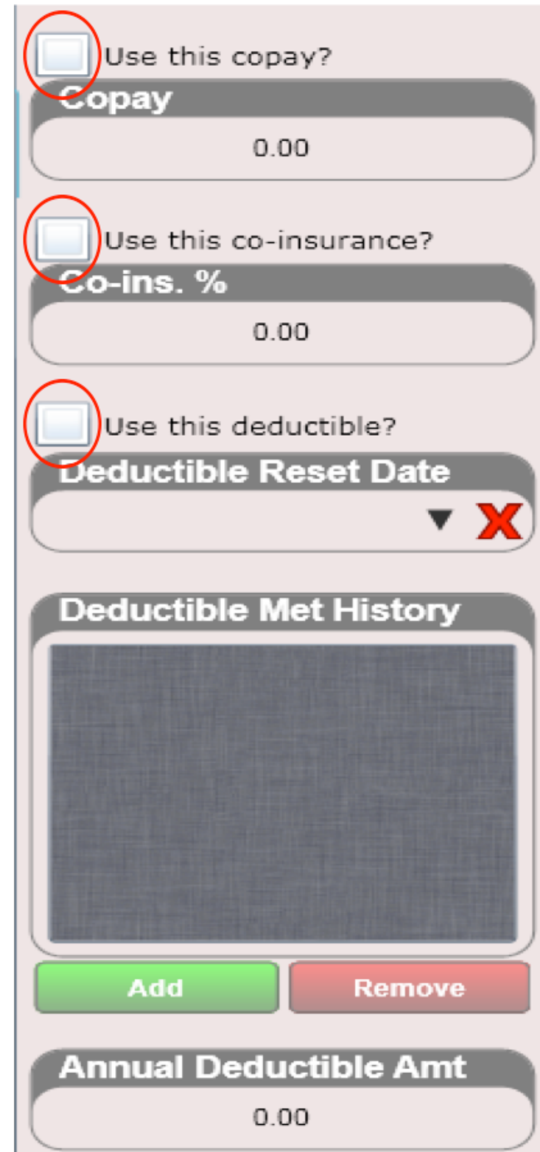
Dashboard/Insurance – Patient Responsibility & Annual Limits
Out of Pocket Max - What to Do

ChiroSpring can easily support those situations when a patient has met their required out of pocket expense and are no longer responsible for paying co-pay, co-insurance, or deductible fees.

Under the Patient's Dashboard, inside the Insurance Case app, you'll find the primary, secondary, and tertiary insurance listings. When editing the appropriate insurance, you'll find a Patient Responsibility and Annual Limits tab. This tab will display the options to apply the patient's Co-pay, Co-Insurance, and Deductible. When any of these check boxes is selected, ChiroSpring will include that requirement in its patient calculations. If the patient eventually meets their required out of pocket expense, simply un-check these boxes. Now that these boxes are un-checked the software will calculate your patient owes $0.00 for all insurance charges.

Stop Managers

You may also want to create a stop manager (pop up alert) that triggers after the benefits reset (typically after December 31). To do this, access the Stop Manager tile from the patient dashboard. Click "Add New" and type in something like "First of the year, turn back on patient benefits by selecting the Copay check box". Then select a trigger date of January 1 (and the appropriate year). Then select where you would like the stop manager to trigger (e.g. Check-in). Now when you see your patient on or after this date the stop manager will notify you to re-check the appropriate copay, coinsurance or deductible boxes.

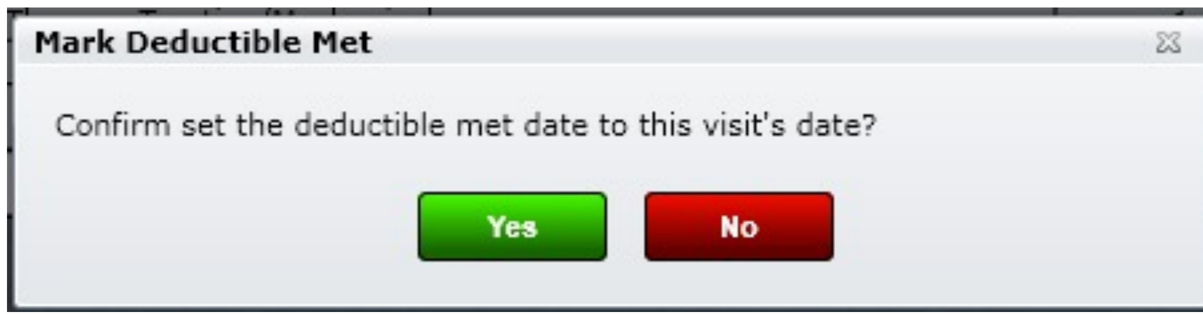


Mark Deductible Met When Reconciling

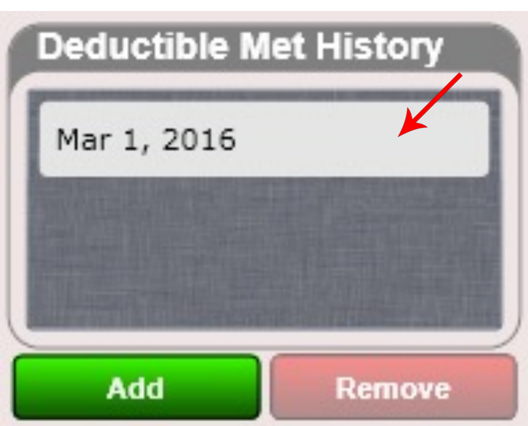
This section is taken from the RECONCILE section of this manual

Here we will show you the steps to Mark a Deductible Met while reconciling a charge.

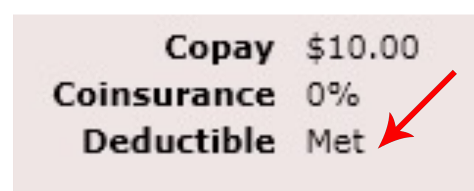
After the deductible fields are marked as 0.00 and you have balanced the charges click the black “Mark Deductible Met” button at the bottom of the screen. A dialog box will open asking if you are sure you want to mark the patient’s deductible as met.



Select “Yes” from the dialog to confirm the deductible as met.



If you wish to confirm that the deductible has in fact been marked as met, go to the patient’s dashboard and click on the insurance tile. The summary screen will show the deductible as met. Also, if you click the EDIT button on the insurance and navigate to the “Patient Responsibility and Annual Limits” tab you will see the Deductible Met Date in the “Deductible Met History” list box (shown to the right).



Insurance – Copay/Coinsurance/Deductible

Note that the copay, coinsurance or deductible you selected the check box for will show a red dot next to them on the insurance case summary screen (see below). In this example the patient's Primary Insurance will be using the Copay, Coinsurance and Deductible to estimate their patient charges.

As a reminder, you can only select one copay, one coinsurance or one deductible for an insurance case even if the patient has multiple insurances. However, you can select a copay from primary and a coinsurance from secondary if you wish, or vice versa.

Primary Insurance Edit

Carrier	Wellmark Blue Cross & Blue Shield	Provider Phone	555-446-4474	Copay	$20.00
Plan Name	Blue Cross and Blue Shield	Claim Type	Export	Coinsurance	10%
Insured's ID #	8797987	Policy Group #	987987987	Deductible	Met
Employer/School	Primary School	Relation to Insured	Self		

Secondary Insurance Add Delete Edit

Carrier	Medicaid	Provider Phone	555-433-3322	Copay	$0.00
Plan Name	Medicaid	Claim Type	Export	Coinsurance	0%
Insured's ID #	89798797	Policy Group #		Deductible	None
Employer/School	Secondary School Name	Relation to Insured	Self		

Insurance – Visit & Monetary Limits

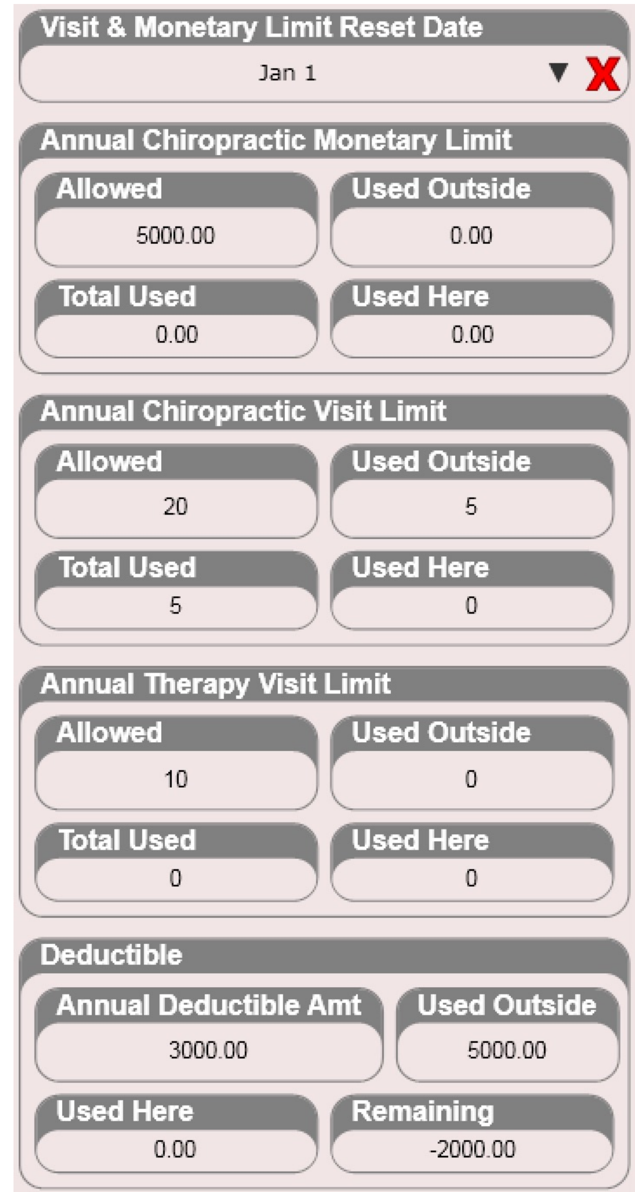
Also, on the “Patient Responsibility and Annual Limits” tab is a dropdown box called “Visit & Monetary Limit Reset Date.” If you select a reset date you will THEN have boxes appear allowing you to enter:

- Annual Chiropractic Monetary Limit
- Annual Chiropractic Visit Limit
- Annual Therapy Visit Limit
- Deductible

ChiroSpring keeps Chiropractic and Therapy visit counters separate as most insurances also separate these visit types.

POWER TIP: Patients scheduled to a chiropractor will automatically increment one unit per visit for chiropractic visits. Patients scheduled to a massage therapist, physical therapist or acupuncturist will automatically increment one unit per visit for therapy visits. When writing the SOAP note on the Charges Tab you can change these counters manually.

You can also change the default settings on a per provider basis for both the chiropractic visit counter and the therapy visit counter. Settings/Users/Provider Info



Insurance – Visit & Monetary Limits

You can verify visit counts in four areas of the software

- New Appointment
- Check-in
- Edit SOAP – Care Plan tab
- Quick Info dialog (right click on a patient on the front desk to see this dialog)

If visits are over the limit they will be shown in yellow (see image below).

Insurance – Visit & Monetary Limits

Pictured to the right are the visit counters within the SOAP note for both chiropractic and therapy visits (below the charges list box). Again, patients scheduled to a chiropractor will automatically increment one unit per visit for chiropractic visits by default, and this box will be marked "YES". Patients scheduled to a massage therapist, physical therapist or acupuncturist will automatically increment one unit per visit for therapy visits and thus the Therapy Visit box will be marked "YES".

When writing the SOAP note on the Charges Tab you can change these counters manually by selecting Yes or No from the drop-down menu.

Power Tip: You can set the default status per provider for these visit counters in Settings/Users/Provider Info

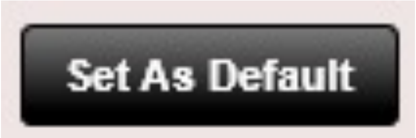
Insurance – Default Insurance Case

Setting a Default Insurance case is important. It does two things.

- Moves the insurance case to the top of the "Open Cases" list box
- This case is automatically selected when you check in a patient

Red bar indicates default insurance case.

To set the default insurance case click on the insurance case in the "Open Cases" list box. Then click the black "Set as Default" button at the bottom. Then click "Save." You will notice a red bar on the far right of the default insurance case.



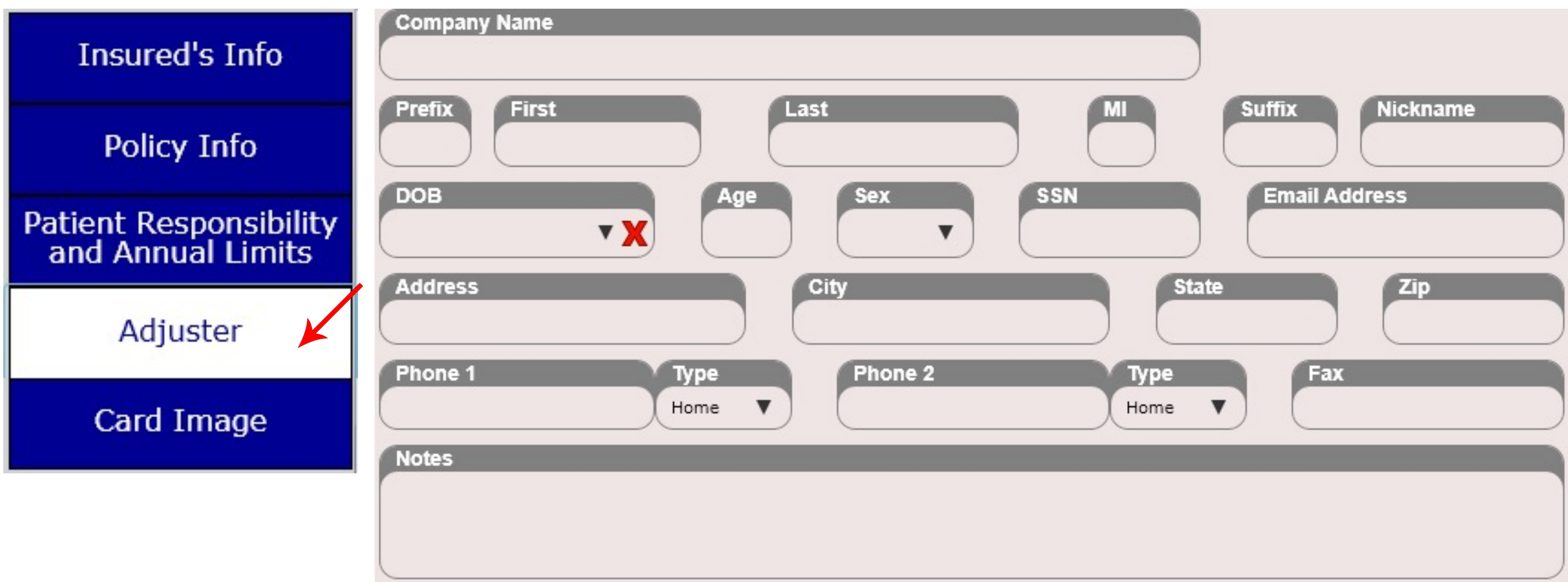
Default insurance cases are denoted by a red dot. You will have the ability to change a patient's insurance case when scheduling an appointment, during check in, when writing the SOAP (on the Intro Tab), and at checkout. Pictured to the right you can easily see that Medicare is the default insurance case.

Red dot indicates default insurance case.

Insurance – Add New

Adjuster

Often times an insurance will have an adjuster associated with the case. This is often the case with Auto Accident cases or Workman's Comp cases. Using the "Adjuster" tab located inside the insurance plan you can enter the adjuster information.



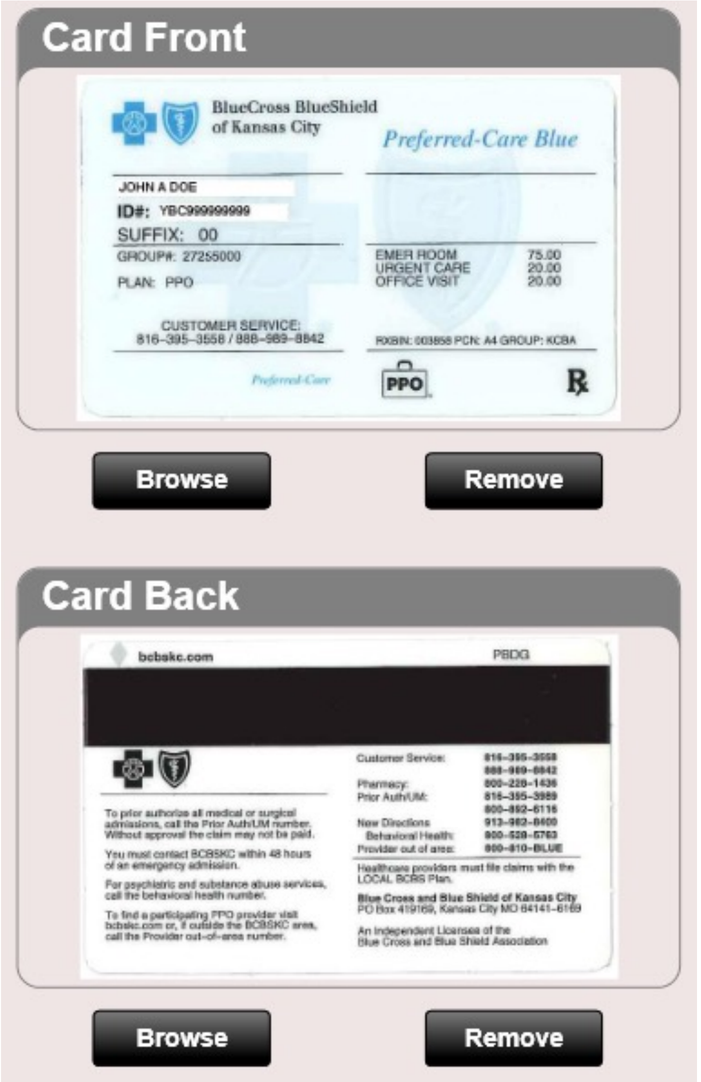
Insurance – Add New

Card Image

Insert a scanned image of the insurance card front or back. To add an image click the Browse button and select the image. To remove an image click the Remove button.

The image MUST be a .PNG or .JPEG. PDF is not supported here. Make sure you scan your images as a small file. Large files will be automatically converted to small files when uploading to conserve cloud space.

Power Tip: Use our mobile app to snap a picture of the insurance card. This directly imports into ChiroSpring.



Insurance – Add New

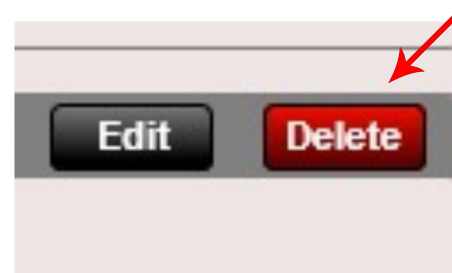
Card Image

- ChiroSpring recommends the use of a card-scanner. These scanners are designed specifically to quickly scan the front and back of insurance cards, ID cards, or business cards. They perform a high-quality scan on only the necessary card information and minimize the resulting graphic file size. While ChiroSpring allows import of up to 150kb per scan, many card-scanners produce quality images with file size near or under 100kb.
- An Internet search will turn up a variety of card-scanners at various price points and with various features. ChiroSpring recommends finding one that produces quality images at a file size of under 150kb per image. Many on the market should be able to satisfy those simple requirements. And although we don't have any familiarity with this product or company, we know of several chiropractors who've chosen a scanner from the website below.
- http://www.ambir.com/product-category/scanners/card-scanners/

Duplex Card Scanner w/ AmbirScan (DS687ix-AS)
$329.95

Insurance - Edit

To edit an insurance, select an insurance case, then click the black "Edit" button on the insurance you wish to edit (primary, secondary or tertiary).



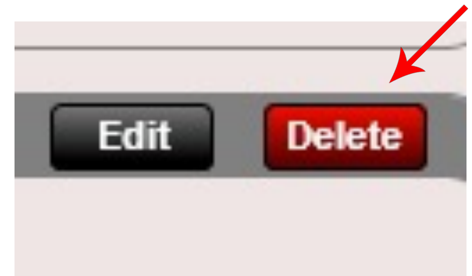
You will notice a **WARNING in RED** at the bottom of the Insurance Summary screen. Read it carefully. It is stating that ANY change you make to an insurance will affect ALL previous claims associated with that insurance case. Therefore, If there is a change such as a new ID number, do NOT delete the old ID number and replace with the new ID number. Instead, close that insurance case by clicking the "Close" button at the top and then create a NEW insurance case.

If you are making a small change such as correcting a spelling error, you can do this without issue.

CAUTION: Edit insurances carefully! Any changes made will affect ALL previous claims referencing that insurance. Generally, create a new Insurance Case if a patient changes a primary, secondary, and/or tertiary insurance plan. Any other changes should be carefully analyzed to determine what affect they might have on previously submitted or unsubmitted claims.

Insurance - Delete

To delete an insurance, open the Insurance summary screen. Then click the red “Delete” button on the insurance you wish to delete (primary, secondary or tertiary).



NOTE: Deleting an insurance will affect ALL visits associated with that insurance case. Therefore, proceed with caution. If you have already billed this insurance even for one visit you should NOT delete the insurance. If the patient now has a new insurance the correct procedure is to close the existing insurance case by clicking the “Close” button at the top and then creating a new insurance case. The new insurance case will then contain the new insurance information.

You cannot delete a primary insurance as a minimum requirement for an insurance case is a primary insurance.

CAUTION: Edit insurances carefully! Any changes made will affect ALL previous claims referencing that insurance. Generally, create a new Insurance Case if a patient changes a primary, secondary, and/or tertiary insurance plan. Any other changes should be carefully analyzed to determine what affect they might have on previously submitted or unsubmitted claims.

Insurance Case – Default Case

As previously mentioned, you also have the ability of selecting which insurance case is the default case for that patient. To set the default case select it, then click the “Set as Default” button. Then save changes.

The Default Case will be auto-selected when you check in your patient.

Here the CSG case is default as indicated by the red bar on the right.

Insurance Case – Close

By default, when creating a new insurance case, it is marked open (IE the "Open Case" button is greyed out). If the patient has a change in insurance and the current insurance case is no longer valid simply click on that case, then click on the "Close Case" button followed by saving changes. This will close the case and move it from the Open Cases list box to the Closed Cases list box and will also grey out the "Close Case" button.

Even though you may not use it, Cash cases cannot be closed. This allows the software to charge patients who have no other open cases.

This depicts a case that is OPEN

This depicts a case that is CLOSED

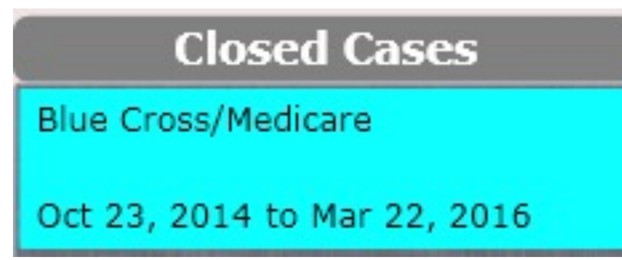
Here the Blue Cross/Medicare case is OPEN

Here the Blue Cross/Medicare case is CLOSED

Insurance Case – Close

If you wish to Open a case that is closed, first select the case from the “Closed Cases” list box. Then click the “Open Case” button followed by saving changes. The case is now open.

What do the statuses Open and Closed mean? Open of course means the case is active and can be selected as an option when treating the patient. If the case is closed, it simply will not appear as a selectable option when treating the patient. If you close a case and there are still outstanding charges or non-submitted charges, do not worry. Those charges will STILL be applied to that insurance case despite the closed status. If you wish to assign those visits to a new or different insurance case, you can do so by going to the Visits Tile in the Dashboard. Here you select the visit(s) you wish to change the insurance case on. You will see an Insurance Case box. Using the drop down you can select a new insurance case. More on this process later.



Insurance Case – Start Date & End Date

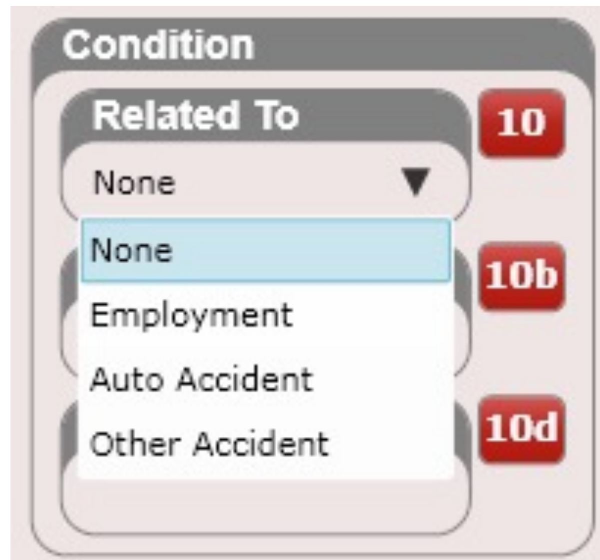
When creating an insurance case, you MUST enter in a start date. If you forget you will be prompted to create a start date.

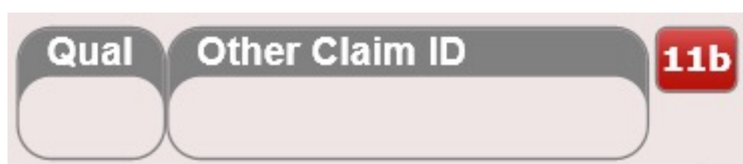
The start date must be the same as or older than any visits you wish to use this insurance case with.

Let's say you want to re-bill a visit for June 1, 2016. When you create the new insurance case, ensure that the Start Date is OLDER than June 1, 2016. In this example we have chosen 5/25/2016. You could just as easily have chosen 1/1/2016. Changing the start and end dates do NOT affect any charges. They only ALLOW you to USE this insurance case within the Start Date and End Date range. We will go over how to change an insurance case for a visit later.

Insurance Case – HCFA Fields

When you create an insurance case you may need to populate HCFA fields 10, 10b and 10d. These fields will be tied to every visit that uses that insurance case. You can also populate “Other Claim ID” here which is box 11b.



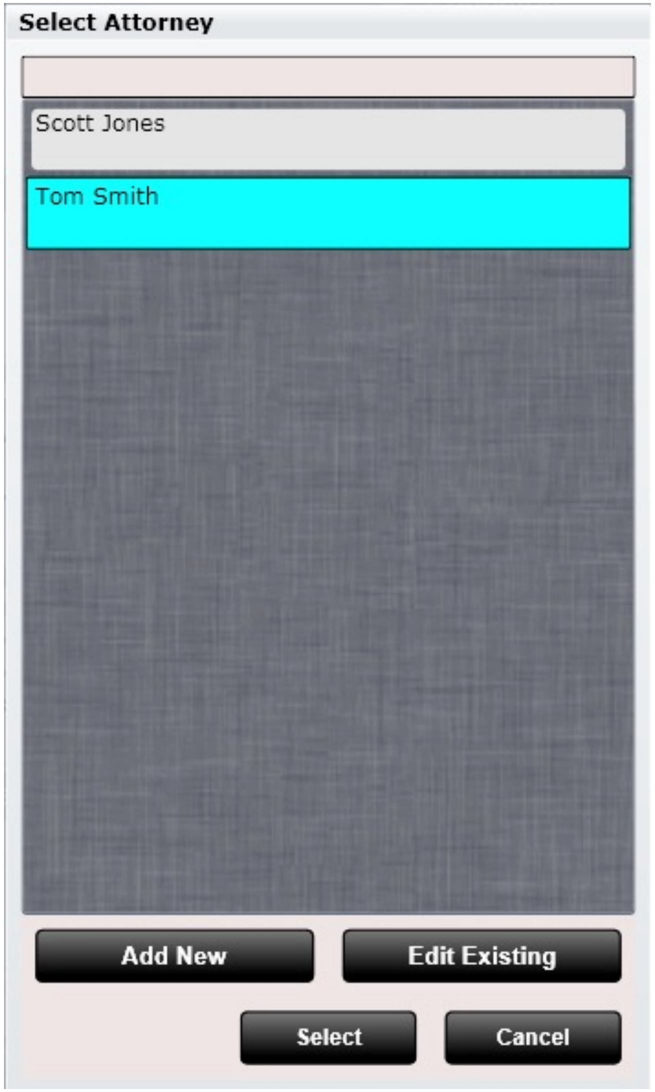


Insurance Case – Attorney

You can also add attorney information to an insurance case. Click the green "Select" button to add a new attorney. Use the "Remove" button to clear out the selected attorney.

You can add Attorneys here or also by using the Attorneys app located in Settings.

Attorneys



Insurance Case – Charge Report

Often you may need to submit a list of every charge for an insurance case to an insurance carrier or attorney. ChiroSpring has you covered with the "Charge Report". At the bottom of the insurance case summary screen is a button called "Charge Report". Click this button and the dialog to the right will open.

Select which fields you want populated on the report and press "OK". The report will generate.

Spinal Care Chiropractic
1234 State St.
Davenport, IA 52804
563-555-6755
spinalcare@gmail.com

Insurance Case Charge Report

For: Randy Thompson
Insured ID: 87987987
Group:
Wellmark Blue Cross & Blue Shield
1233 Madison Ave
Davenport, IA 52804

Date	Description	Units	Amount Charged	Ins. Savings	Ins. Paid	Ins. Writeoff	Ins. Owes	Copay	Co-Ins.	Deduct.	Patient Paid	Patient Owes
03/14/14	98941 - Manipulati	1	40.00	10.00	10.00	0.00	0.00	20.00	0.00	0.00	20.00	0.00
03/14/14	97012 - Therapy-T	1	20.00	5.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03/18/14	98941 - Manipulati	1	40.00	10.00	10.00	0.00	0.00	20.00	0.00	0.00	20.00	0.00
03/18/14	97012 - Therapy-T	2	40.00	25.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Totals:		**140.00**	**50.00**	**50.00**	**0.00**	**0.00**	**40.00**	**0.00**	**0.00**	**40.00**	**0.00**

#Care Plans (Dashboard)

Care Plans

Use ChiroSpring’s Care Plan feature to create and manage care plans for your patient. Here are the notable features.

- Create Care Plan templates making it easy to add a care plan for a patient
- Provide discount on pay up front or recurring payment and generate an estimate
- Track # of units used and remaining
- Take care plan payment which can only be applied to care plan charges

Care Plans

Create Care Plans in Dashboard/Care Plans. There are three tabs.

- Care Plan
  - Create the Care Plan name, charges and number of units, start and end date and determine if you want to use the checkbox for balancing out unused care plan charges when the end date is reached.
- Insurance
  - Determine if insurance will be used. Use the up/down arrows on each charge on the estimated number of units insurance will apply to. Then indicate the estimated total number of visits the insurance will be used for. Remember, this is an estimate.
- Estimate
  - Specify if the patient will pay up front or use recurring payments. Set a discount and indicate if there is any down payment. When complete click the 'View Agreement' button. Print this and have your patient sign. You can customize the agreement in Settings/Care Plans.

Care Plans – Care Plan

Create a care plan name. Then click the 'Edit' button to add charges to your care plan. Use the up/down arrows to set the number of units for each charge.

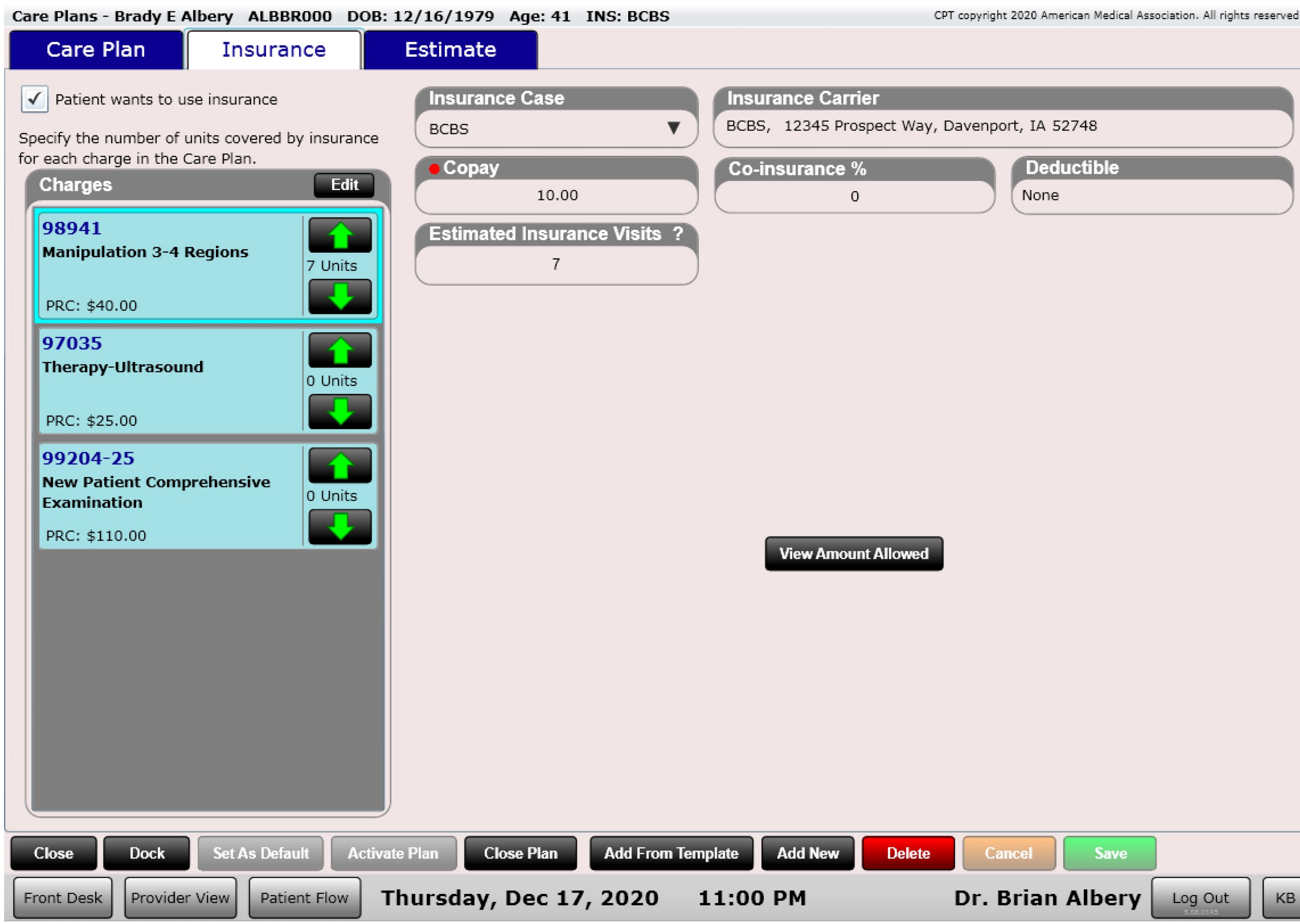
We also recommend creating a care plan template in Settings/Care Plans. Then use the 'Add From Template' button to preload the care plan.

Care Plans - Insurance

The Insurance tab allows you to specify if insurance will be used. If yes check the box ‘Patient wants to use insurance’.

Then specify the number of units for each care plan charge that would be covered under insurance. As an example, the care plan might have 10 adjustments. However, only 7 are covered by insurance. Therefore, in this example you would set 7 units on this screen.

Finally make sure you set the Estimated Insurance Visits box. There could be cases when you do multiple services in one visit. For estimation, the number of planned insurance visits must be specified.



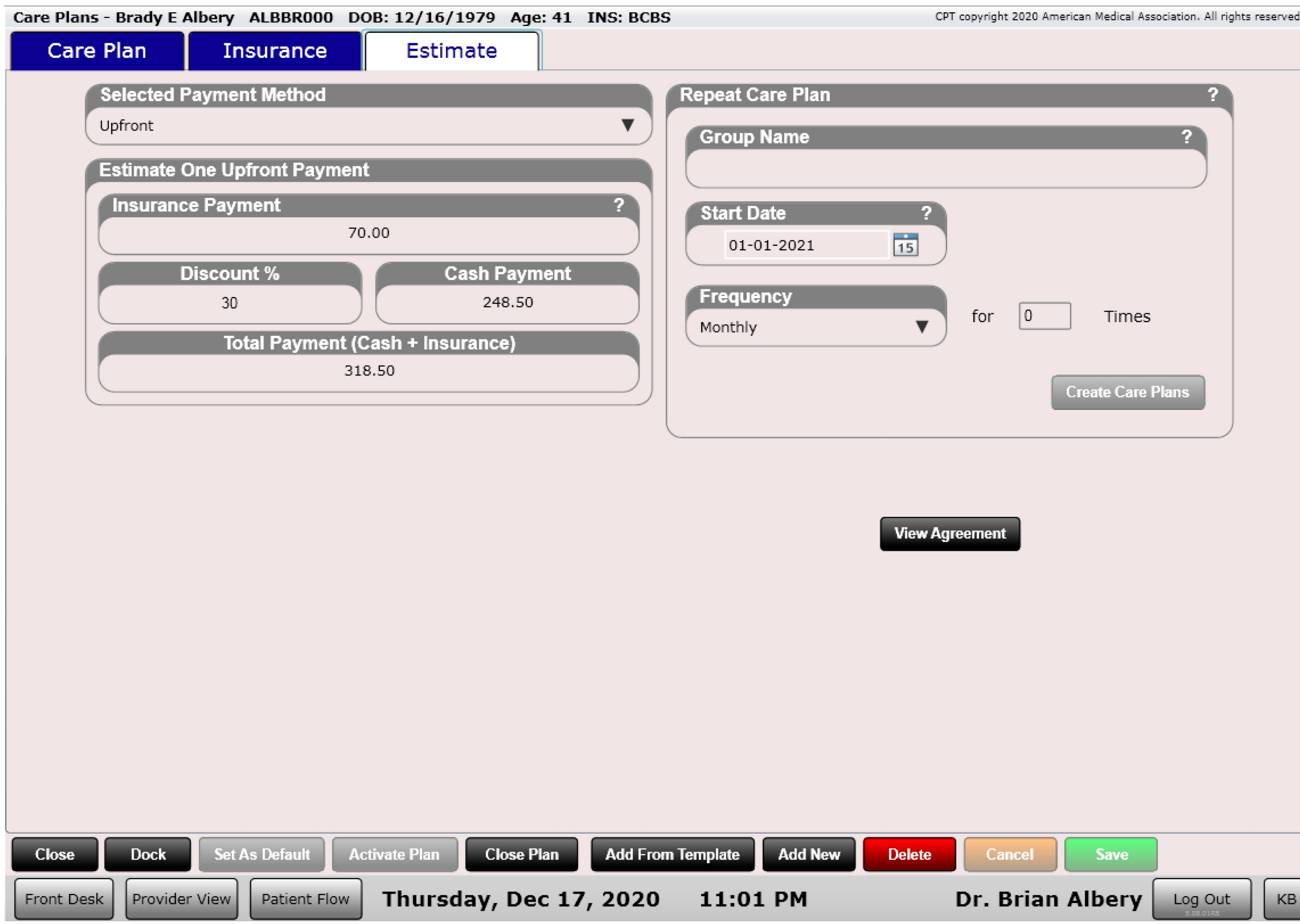
Care Plans - Estimate

The Estimate tab allows you to specify any discount percent and select which payment method the patient will be using (up front or recurring).

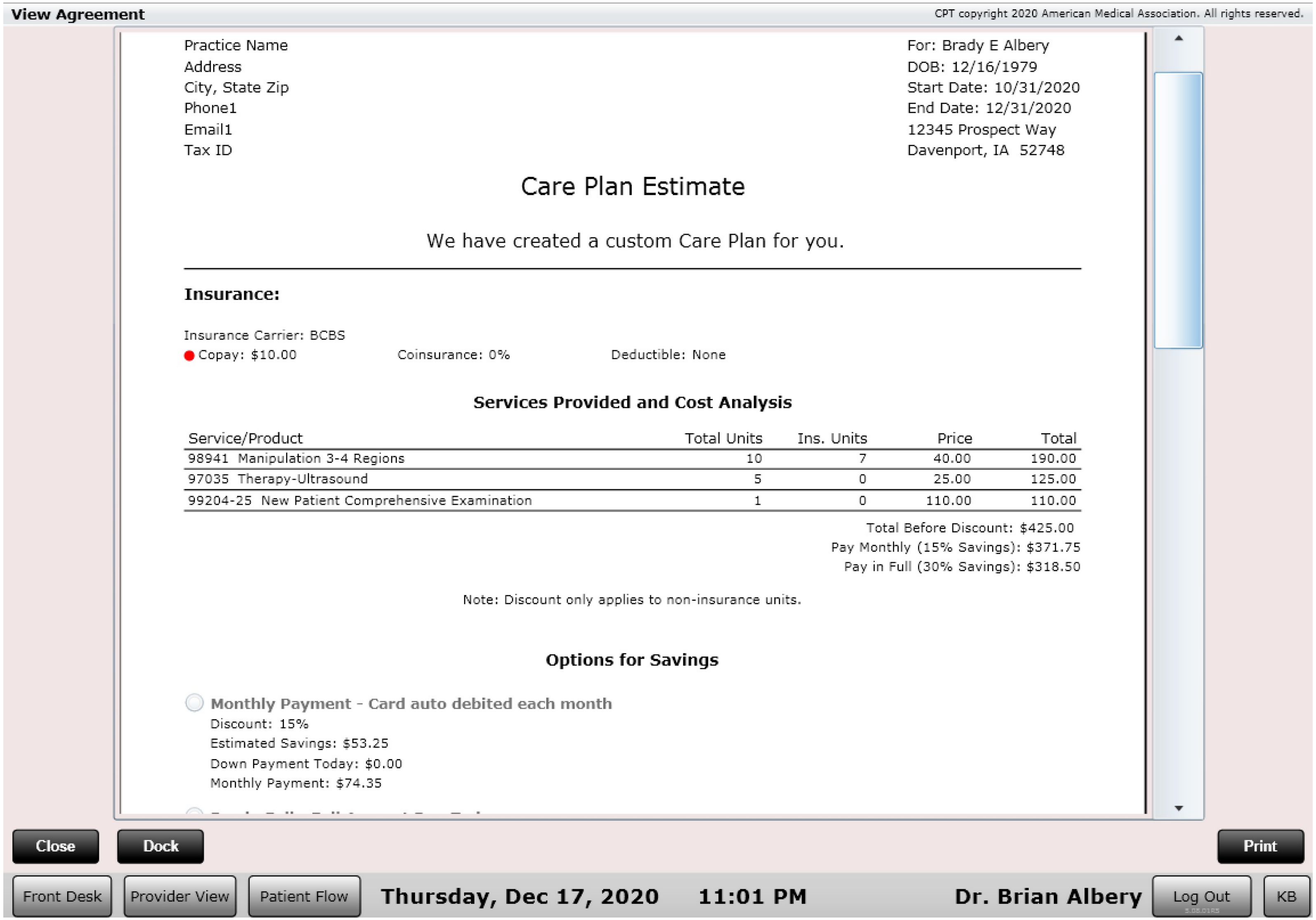
For recurring determine the number of payments and if there is any down payment.

If you want to repeat a care plan (typical with a monthly care plan club) then create a Group Name, set the start date (for the first repeat) and indicate the frequency and number of times.

When your care plan is complete save changes, then click 'View Agreement'. Print and have your patient sign. You can save a copy in the patient's Documents tile.



Care Plans – Print Estimate


View Agreement

Practice Name
Address
City, State Zip
Phone1
Email1
Tax ID

For: Brady E Albery
DOB: 12/16/1979
Start Date: 10/31/2020
End Date: 12/31/2020
12345 Prospect Way
Davenport, IA 52748

Care Plan Estimate

We have created a custom Care Plan for you.

Insurance:

Insurance Carrier: BCBS
Copay: $10.00 Coinsurance: 0% Deductible: None

Services Provided and Cost Analysis

Service/Product	Total Units	Ins. Units	Price	Total
98941 Manipulation 3-4 Regions	10	7	40.00	190.00
97035 Therapy-Ultrasound	5	0	25.00	125.00
99204-25 New Patient Comprehensive Examination	1	0	110.00	110.00

Total Before Discount: $425.00
Pay Monthly (15% Savings): $371.75
Pay in Full (30% Savings): $318.50

Note: Discount only applies to non-insurance units.

Options for Savings

Monthly Payment - Card auto debited each month
Discount: 15%
Estimated Savings: $53.25
Down Payment Today: $0.00
Monthly Payment: $74.35

Close
Dock
Print

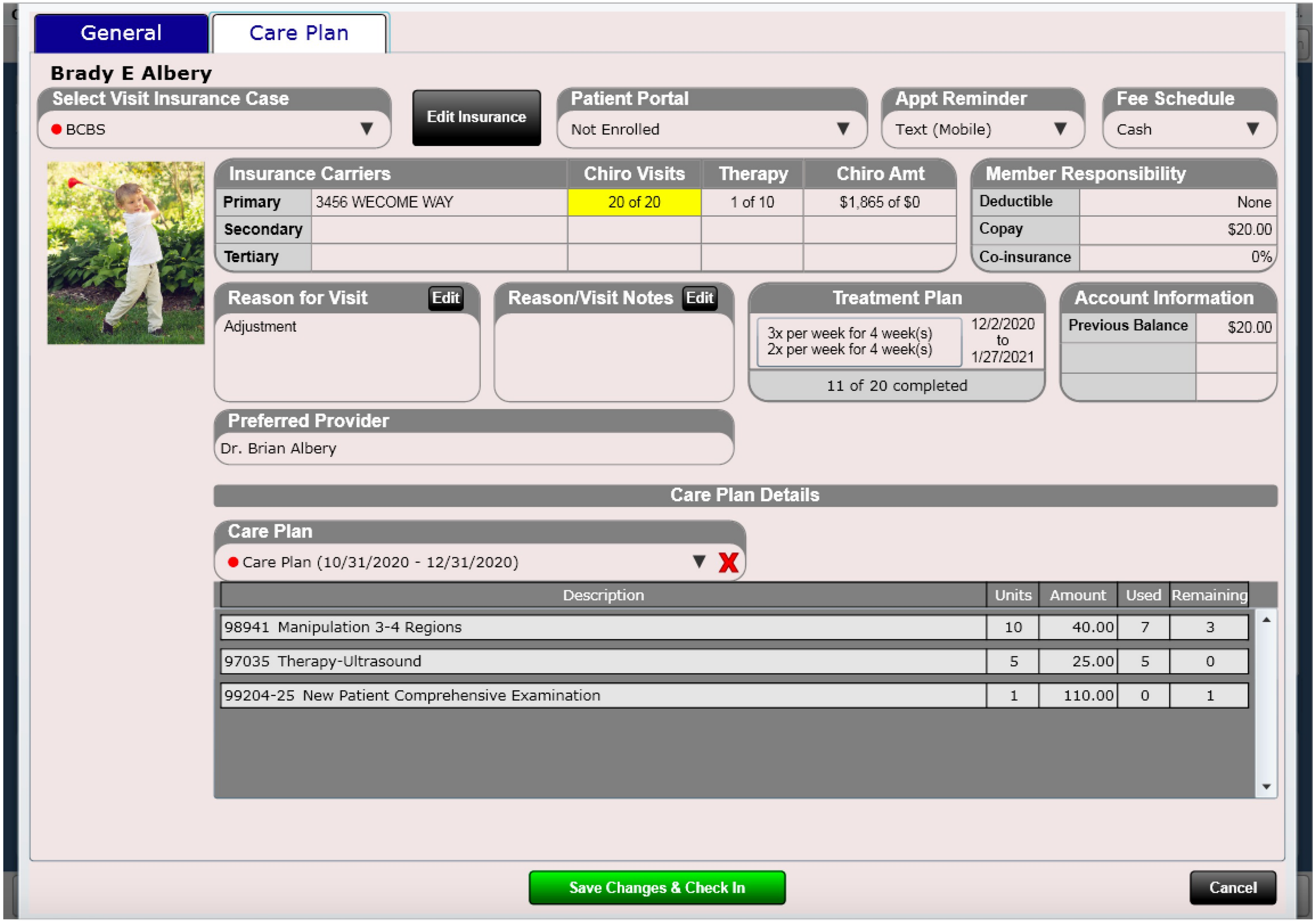
Front Desk
Provider View
Patient Flow
Thursday, Dec 17, 2020 11:01 PM
Dr. Brian Albery
Log Out
KB

Care Plans - Tracking

When your care plan is created you can track it in multiple places. ChiroSpring makes it easy to see how many units have been used and how many remain.

- Check In Dialog
- Quick Info Dialog
- Edit SOAP Intro Tab
- Edit SOAP Charges Tab
  - Select the Care Plan Charges Tab above the charges grid
- Dashboard/Care Plan tab

Care Plans – Check In Dialog



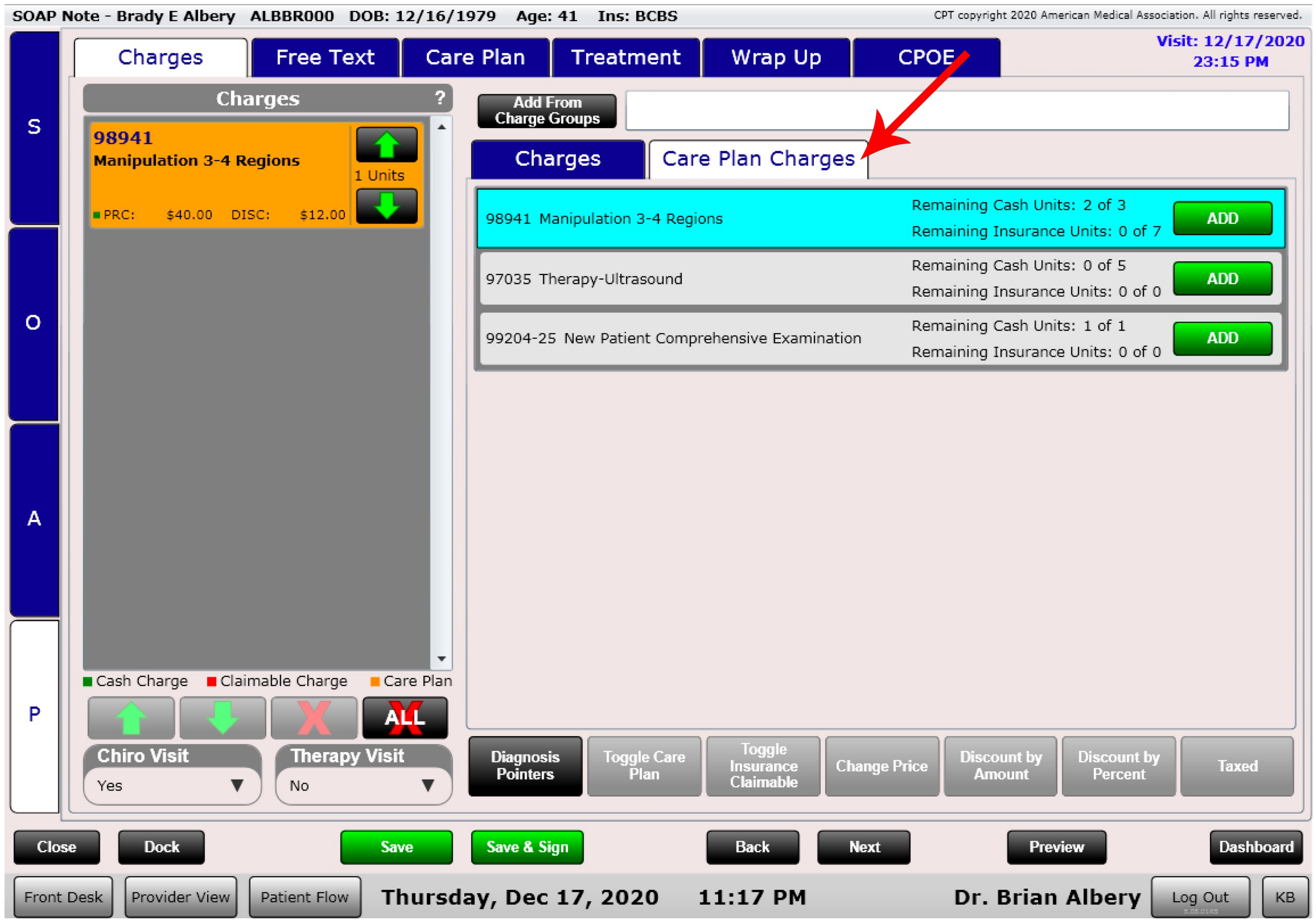
Care Plans – Edit SOAP Intro Tab

Care Plans – Edit SOAP Charges Tab

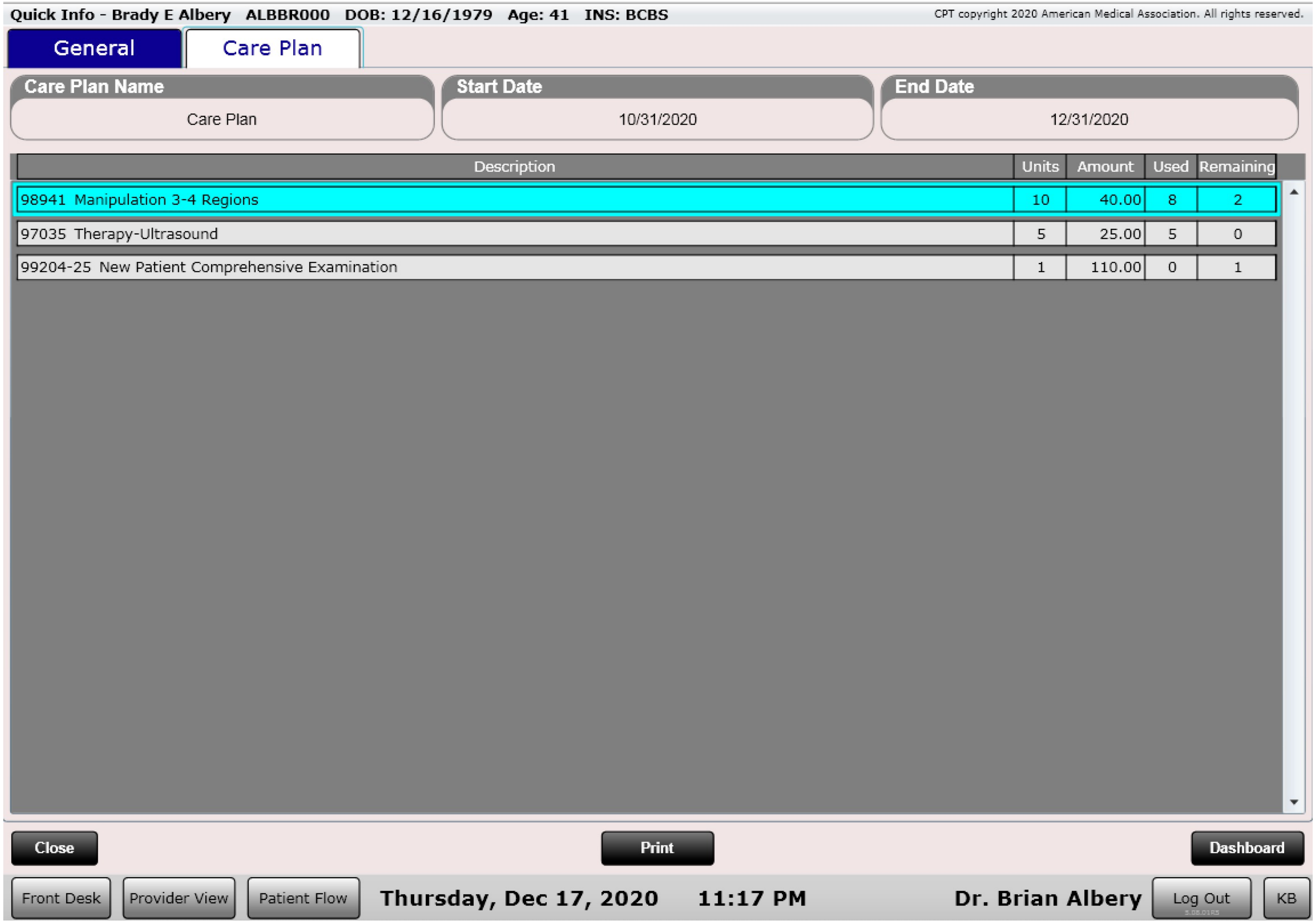
The Edit SOAP Charges tab not only makes it easy to see how many units remain. It also allows you to click the 'Add' button to add these care plan charges.

Care Plan charges will appear orange.

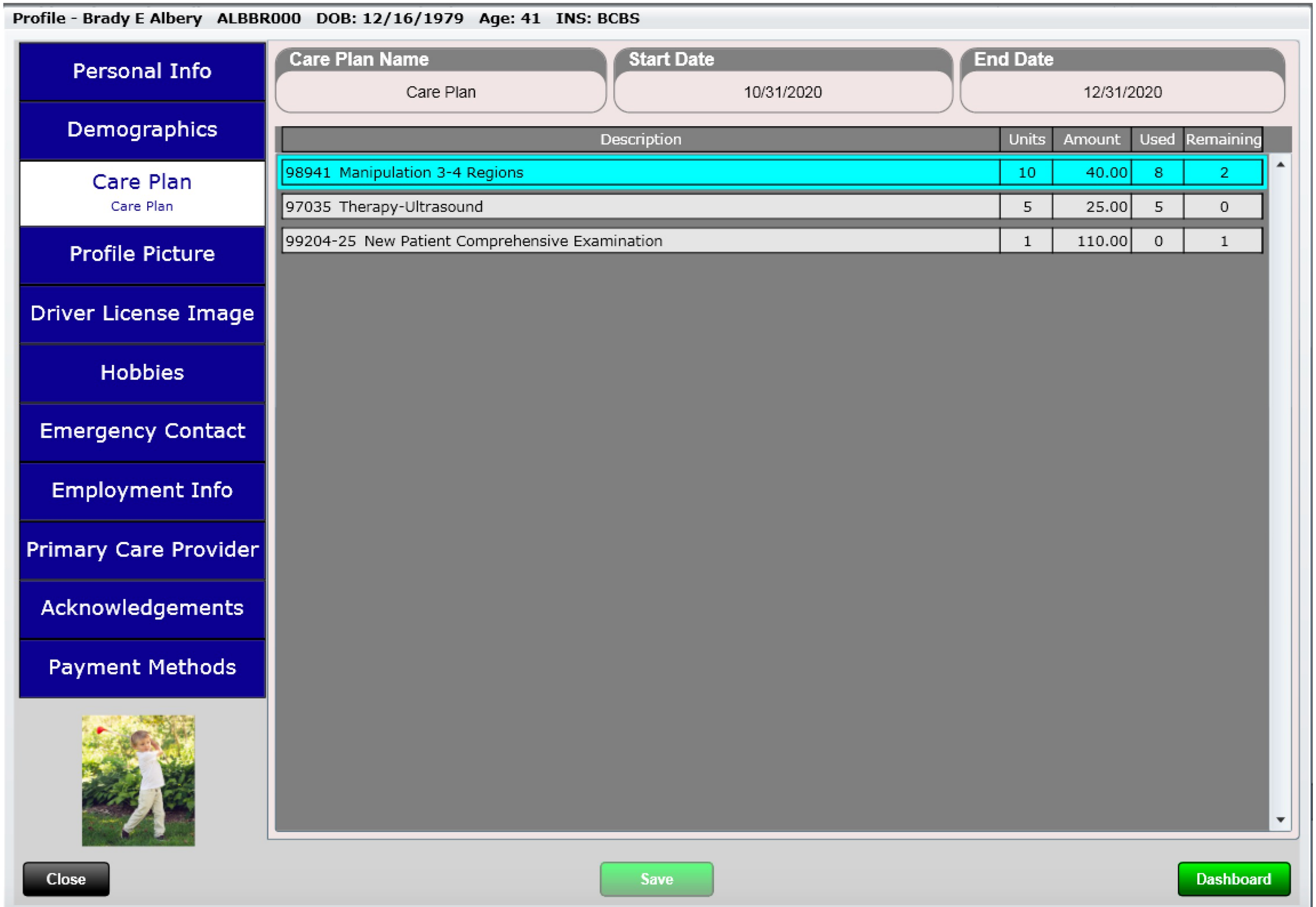
Remember, when you take payment there is a check box for "Care Plan Payment". Only Care Plan money can be applied to a Care Plan charge. This distinction is reflected in the patient Ledger.



Care Plans – Quick Info Dialog



Care Plans - Dashboard



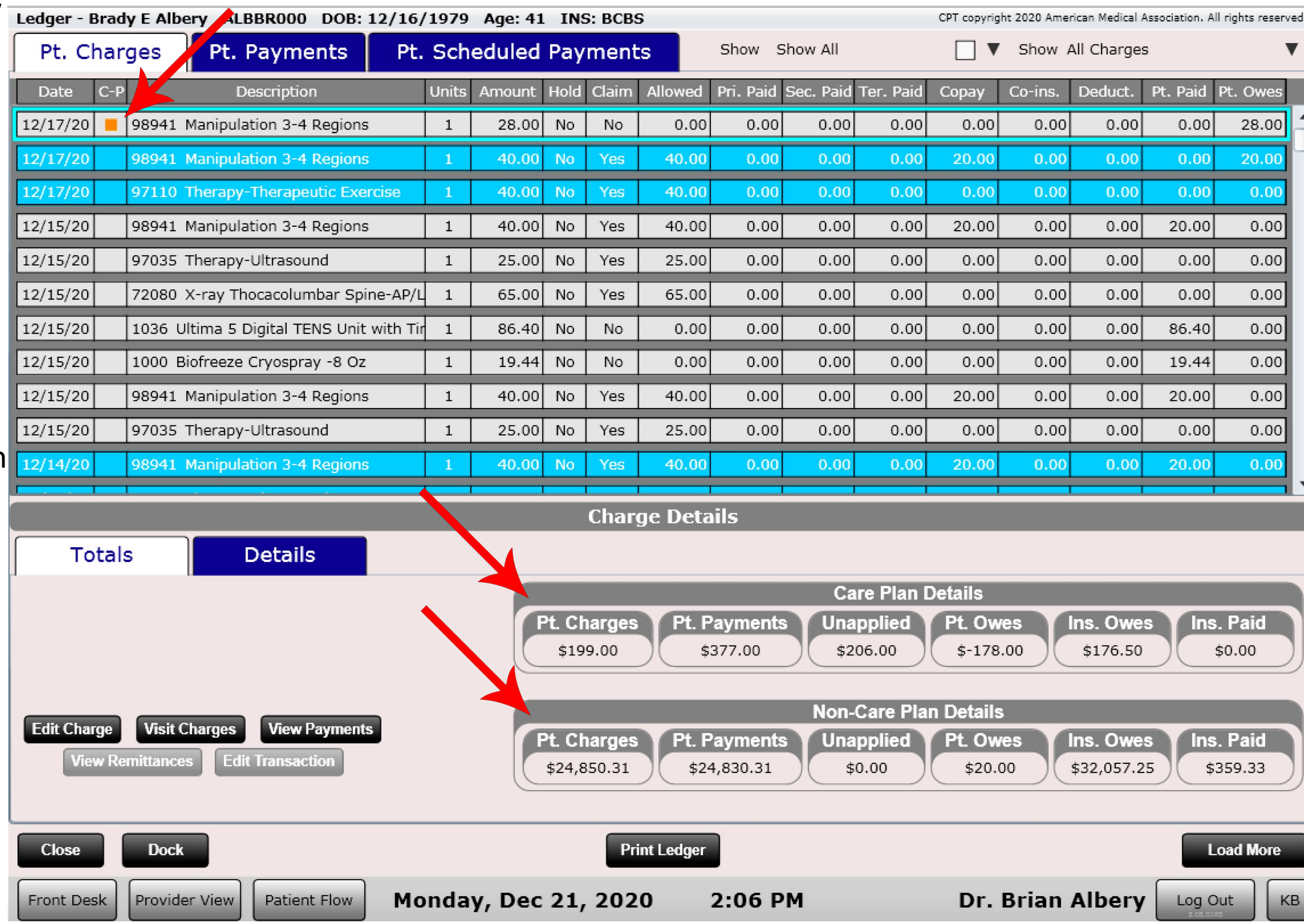
Care Plans - Ledger

The patient Ledger will show which charges are Care Plan charges by displaying an orange square. See red arrow.

You will also see two separate totals:

- Care Plan Details
- Non-Care Plan Details

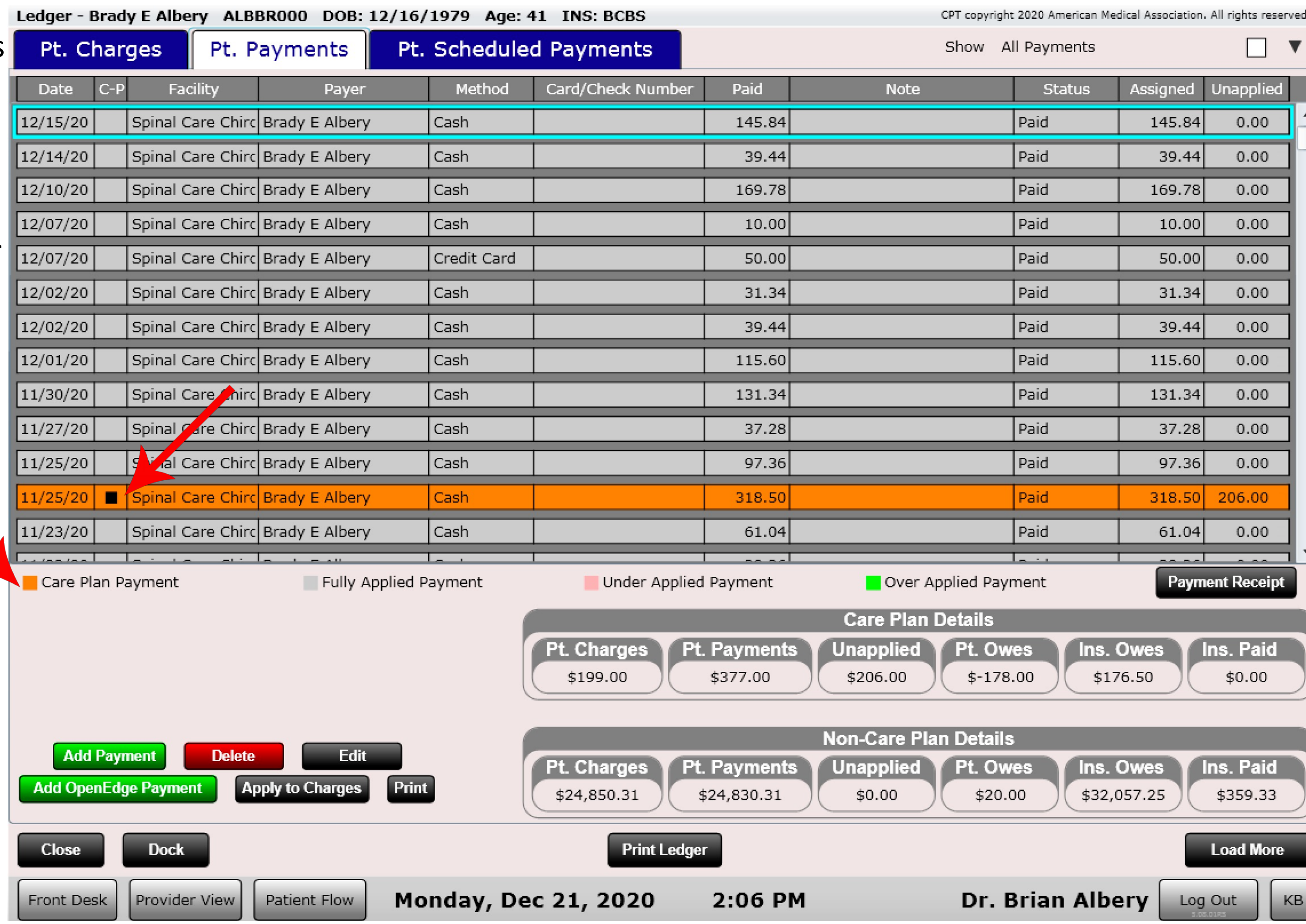
As mentioned, only care plan payments can be applied to care plan charges. This allows you the ability to easily manage care plans and their payments. As an example, if a patient paid $1,000 for their care plan you would not want that money applying to random things like a Biofreeze or supplements.



Care Plans - Ledger

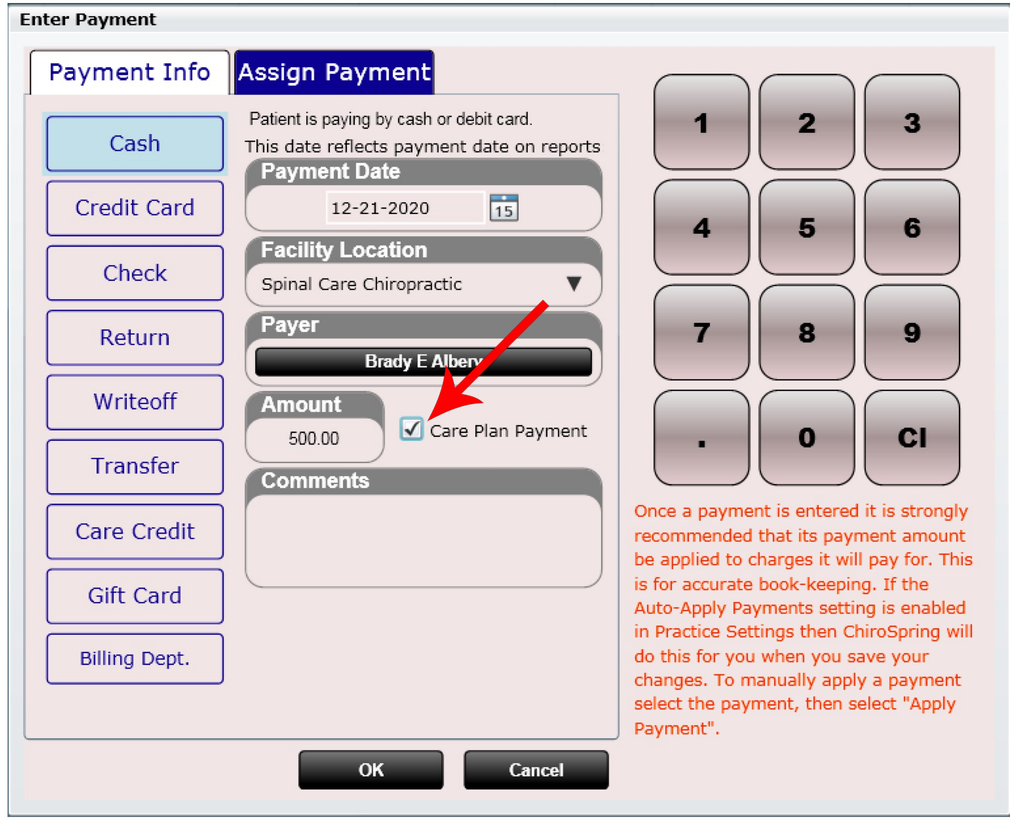
On the Pt. Payments tab you can also see which payments are Care Plan payments. This is specified by the black square in the C-P column.

You can also set the color for Care Plan payments in Settings/Practice Info/Payment Colors.



Care Plans – Payment

When adding a payment make sure you check the "Care Plan Payment" dialog if this is a Care Plan Payment. This money can then only be applied to Care Plan Charges.



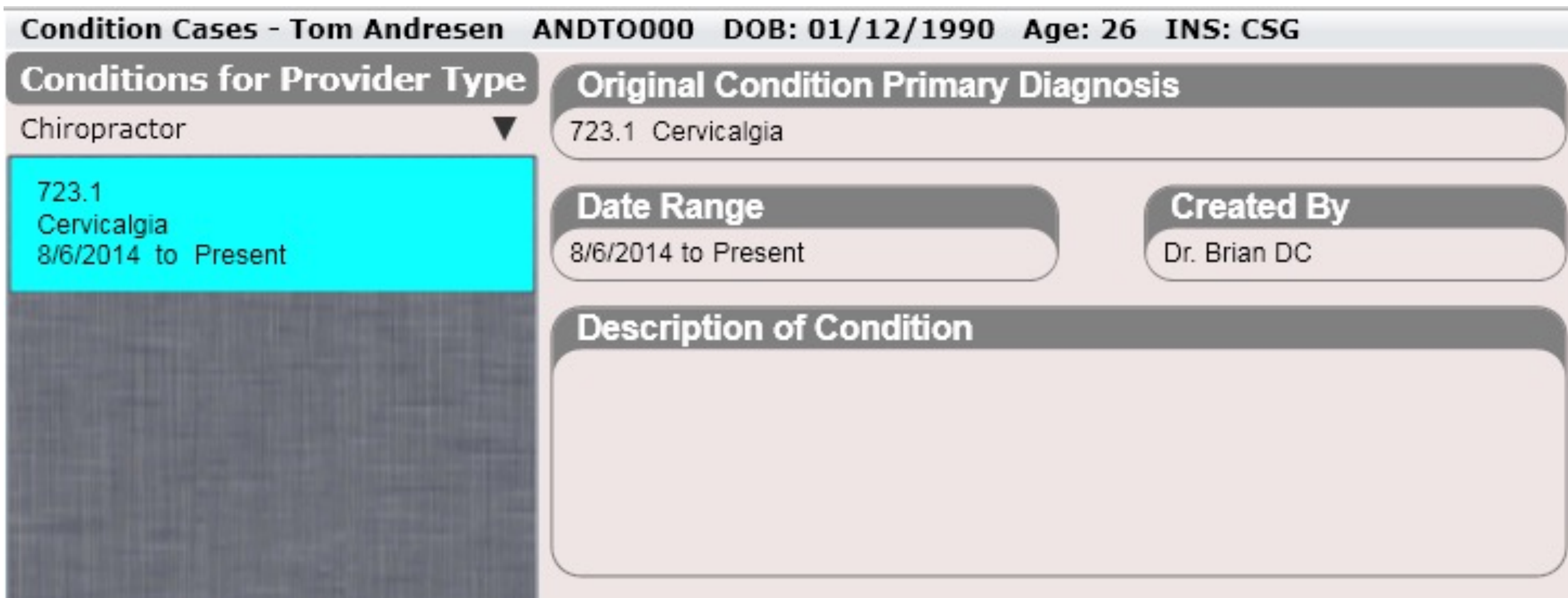
#Condition Cases (Dashboard)

Dashboard – Condition Cases

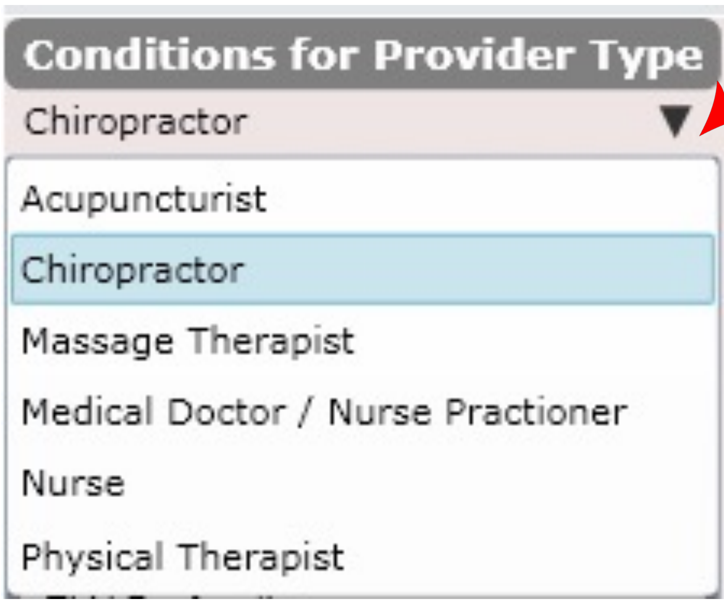
All patient conditions are tracked in ChiroSpring. More details will be provided in the Edit SOAP section on how to create or edit a condition case.

The condition case tile lists all of the patient's conditions. Here you can find the condition's primary diagnosis, the date range, who originally created the condition case and a brief description of the condition.

This information can be useful to see how many past conditions the patient has had, or if you need to print SOAP notes for a particular condition you can use the date range provided here to let you know which SOAP notes to print.



Dashboard – Condition Cases



Power Tip: Condition cases are separated by provider type. To see a list of condition cases for a different provider type select the provider type from the drop-down list.

Note: Only one active condition case can be created at any given time. If you wish to create a new condition case your previous condition case will close. Creating a new condition case can be done in the SOAP Note by:

- Click the "New Condition" button at the bottom of the Condition Tab within the SOAP note.

#Ledger (Dashboard)

Ledger

The patient ledger is a one stop shop for seeing every charge or payment that that patient has ever had. At the top of the ledger, you will see three tabs: Pt. Charges, Pt. Payments and Scheduled Credit Card Payments.

The ledger also allows you to perform the following functions

Pt. Charges Tab

- View charge details
- Edit charges (including delete)
- Edit cash register transactions (change date or provider)
- Print a patient ledger
- View a group of charges associated with a visit
- View payments that have been applied to a charge
- View remittances associated with a charge
- View a patient’s total charges, payments, unapplied and owed amounts
- View the amount insurance owes for that patient

Pt. Payments Tab

- Add a payment
- Delete a payment
- Edit a payment
- apply a payment to charges
- Print a patient ledger

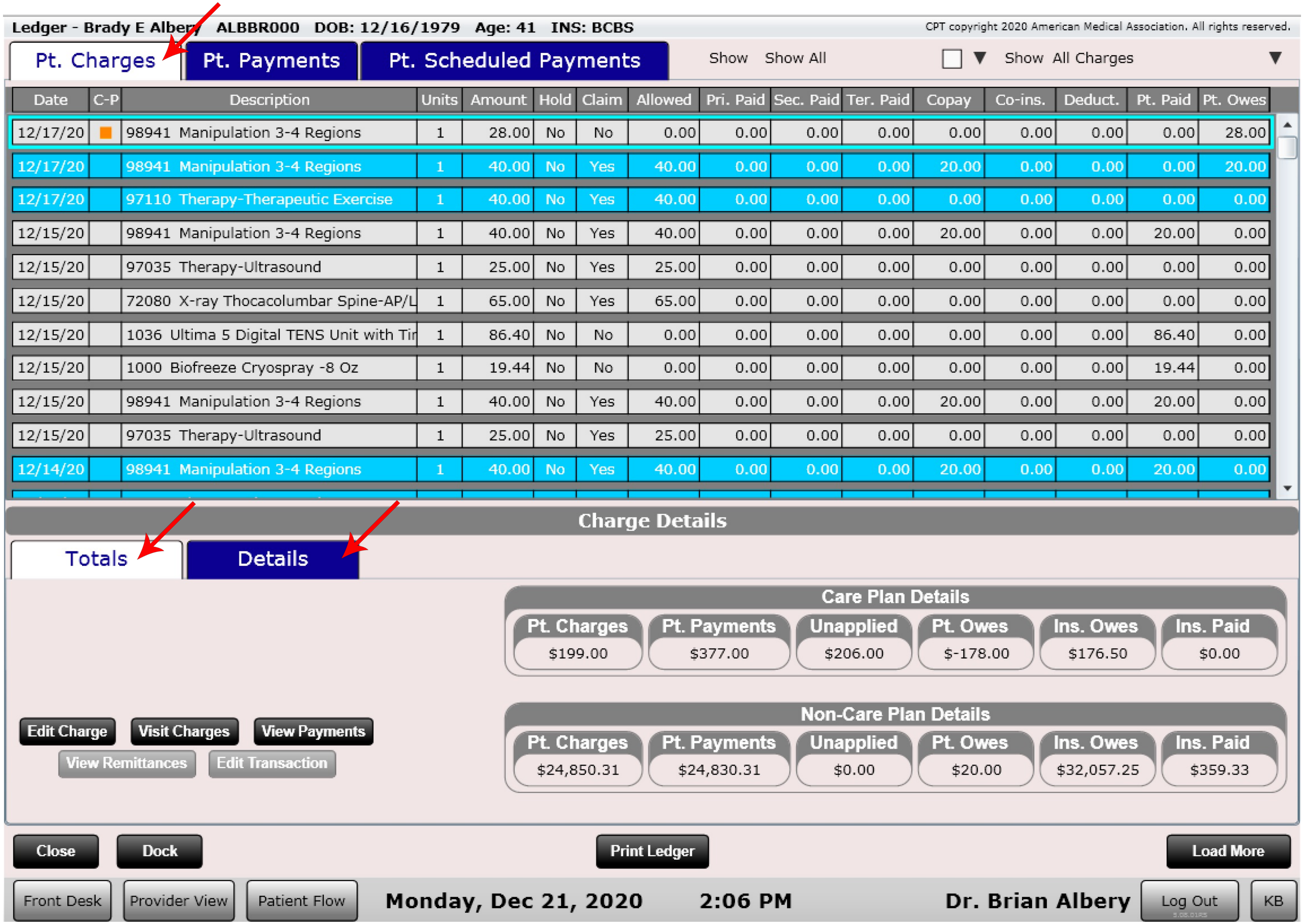
Ledger

The patient ledger is a one stop shop for seeing every charge or payment that that patient has ever had. At the top of the ledger, you will see three tabs: Pt. Charges, Pt. Payments and Scheduled Credit Card Payments.

Scheduled Credit Card Payments

This section allows you to create a scheduled payment for your patient with the option to set it to repeat. You can process the payment from this tab or use the Process Payments app in Launcher to process payments for all patients.

Ledger – Pt. Charges



Ledger - Brady E Albery ALBBR000 DOB: 12/16/1979 Age: 41 INS: BCBS

Pt. Charges | Pt. Payments | Pt. Scheduled Payments | Show Show All | Show All Charges

Date	C-P	Description	Units	Amount	Hold	Claim	Allowed	Pri. Paid	Sec. Paid	Ter. Paid	Copay	Co-ins.	Deduct.	Pt. Paid	Pt. Owes
12/17/20		98941 Manipulation 3-4 Regions	1	28.00	No	No	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.00
12/17/20		98941 Manipulation 3-4 Regions	1	40.00	No	Yes	40.00	0.00	0.00	0.00	20.00	0.00	0.00	0.00	20.00
12/17/20		97110 Therapy-Therapeutic Exercise	1	40.00	No	Yes	40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12/15/20		98941 Manipulation 3-4 Regions	1	40.00	No	Yes	40.00	0.00	0.00	0.00	20.00	0.00	0.00	20.00	0.00
12/15/20		97035 Therapy-Ultrasound	1	25.00	No	Yes	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12/15/20		72080 X-ray Thocacolumbar Spine-AP/L	1	65.00	No	Yes	65.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12/15/20		1036 Ultima 5 Digital TENS Unit with Tir	1	86.40	No	No	0.00	0.00	0.00	0.00	0.00	0.00	0.00	86.40	0.00
12/15/20		1000 Biofreeze Cryospray -8 Oz	1	19.44	No	No	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19.44	0.00
12/15/20		98941 Manipulation 3-4 Regions	1	40.00	No	Yes	40.00	0.00	0.00	0.00	20.00	0.00	0.00	20.00	0.00
12/15/20		97035 Therapy-Ultrasound	1	25.00	No	Yes	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12/14/20		98941 Manipulation 3-4 Regions	1	40.00	No	Yes	40.00	0.00	0.00	0.00	20.00	0.00	0.00	20.00	0.00

Charge Details

Totals | Details

Care Plan Details

Pt. Charges	Pt. Payments	Unapplied	Pt. Owes	Ins. Owes	Ins. Paid
$199.00	$377.00	$206.00	$-178.00	$176.50	$0.00

Non-Care Plan Details

Pt. Charges	Pt. Payments	Unapplied	Pt. Owes	Ins. Owes	Ins. Paid
$24,850.31	$24,830.31	$0.00	$20.00	$32,057.25	$359.33

Edit Charge | Visit Charges | View Payments | View Remittances | Edit Transaction

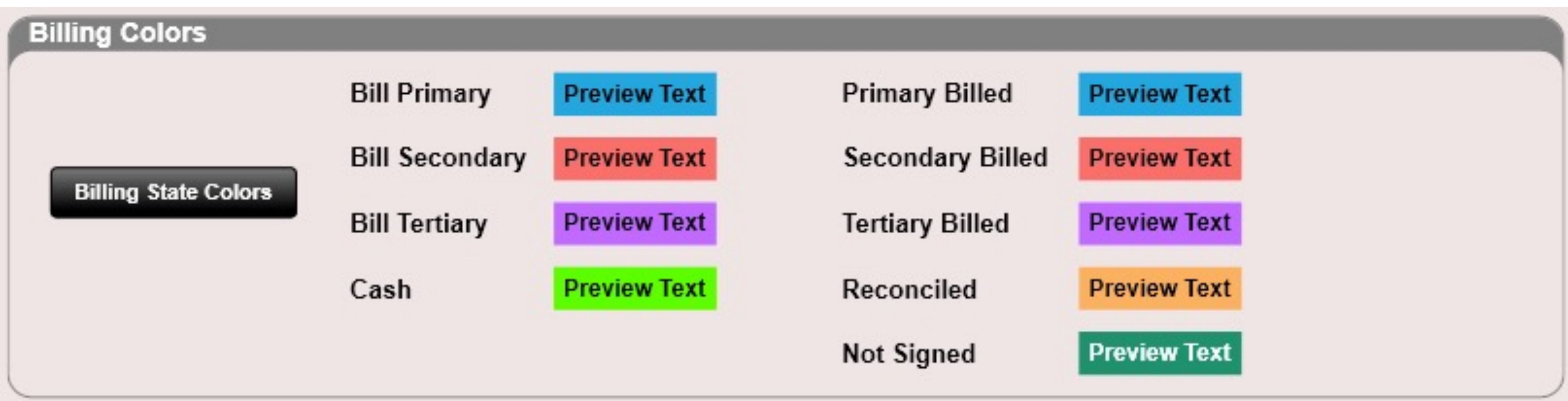
Close | Dock | Print Ledger | Load More

Front Desk | Provider View | Patient Flow | Monday, Dec 21, 2020 2:06 PM | Dr. Brian Albery | Log Out | KB

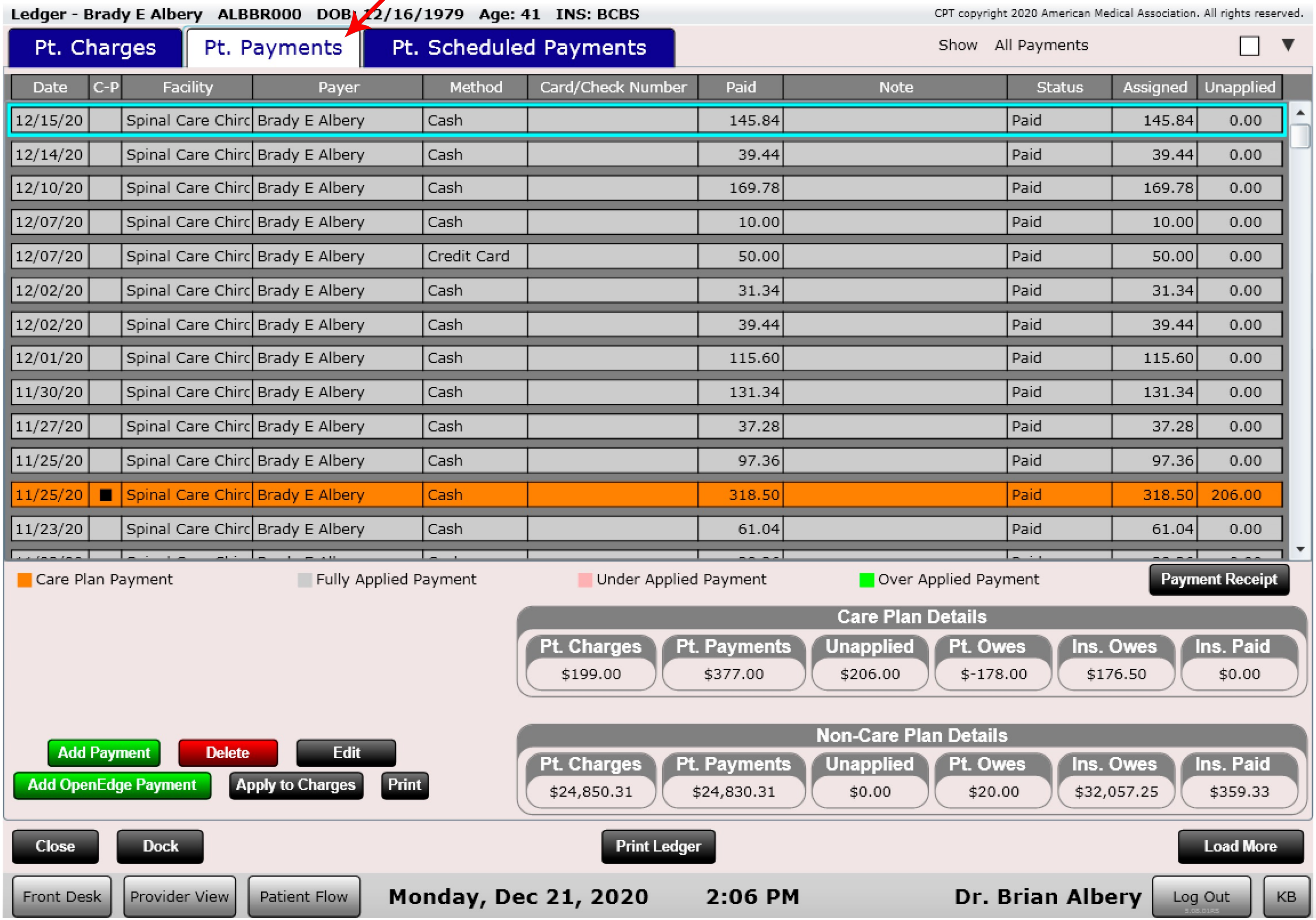
Ledger

When you look at your ledger you may see multiple colors (as shown on the previous page). These colors are indicative of the charges “Billing State”. This can be extremely useful such that at a glance you know which charges are still being billed to insurance (e.g. primary could be blue, secondary could be red) or which charges are reconciled (shown in orange).

To change the Billing State colors, go to Settings/Practice Info/Charge Options



Ledger – Pt. Payments



Ledger - Brady E Albery ALBBR000 DOB: 12/16/1979 Age: 41 INS: BCBS

Pt. Charges | Pt. Payments | Pt. Scheduled Payments

Show All Payments

Date	C-P	Facility	Payer	Method	Card/Check Number	Paid	Note	Status	Assigned	Unapplied
12/15/20		Spinal Care Chirc	Brady E Albery	Cash		145.84		Paid	145.84	0.00
12/14/20		Spinal Care Chirc	Brady E Albery	Cash		39.44		Paid	39.44	0.00
12/10/20		Spinal Care Chirc	Brady E Albery	Cash		169.78		Paid	169.78	0.00
12/07/20		Spinal Care Chirc	Brady E Albery	Cash		10.00		Paid	10.00	0.00
12/07/20		Spinal Care Chirc	Brady E Albery	Credit Card		50.00		Paid	50.00	0.00
12/02/20		Spinal Care Chirc	Brady E Albery	Cash		31.34		Paid	31.34	0.00
12/02/20		Spinal Care Chirc	Brady E Albery	Cash		39.44		Paid	39.44	0.00
12/01/20		Spinal Care Chirc	Brady E Albery	Cash		115.60		Paid	115.60	0.00
11/30/20		Spinal Care Chirc	Brady E Albery	Cash		131.34		Paid	131.34	0.00
11/27/20		Spinal Care Chirc	Brady E Albery	Cash		37.28		Paid	37.28	0.00
11/25/20		Spinal Care Chirc	Brady E Albery	Cash		97.36		Paid	97.36	0.00
11/25/20	■	Spinal Care Chirc	Brady E Albery	Cash		318.50		Paid	318.50	206.00
11/23/20		Spinal Care Chirc	Brady E Albery	Cash		61.04		Paid	61.04	0.00

Care Plan Payment | Fully Applied Payment | Under Applied Payment | Over Applied Payment | Payment Receipt

Care Plan Details

Pt. Charges	Pt. Payments	Unapplied	Pt. Owes	Ins. Owes	Ins. Paid
$199.00	$377.00	$206.00	$-178.00	$176.50	$0.00

Non-Care Plan Details

Pt. Charges	Pt. Payments	Unapplied	Pt. Owes	Ins. Owes	Ins. Paid
$24,850.31	$24,830.31	$0.00	$20.00	$32,057.25	$359.33

Add Payment | Delete | Edit

Add OpenEdge Payment | Apply to Charges | Print

Close | Dock | Print Ledger | Load More

Front Desk | Provider View | Patient Flow | Monday, Dec 21, 2020 2:06 PM | Dr. Brian Albery | Log Out | KB

Ledger – Scheduled Credit Card Payments

Ledger - Chad A Thompson TherapyTHOCH DOB: 12/12/1957 Age: 59 INS: BLUE CROSS

Pt. Charges | Pt. Payments | Scheduled Credit Card Payments

Show Scheduled

	Scheduled Date	Amount	Payer	CC#	EXP (MM/YY)	Date Created	Status	Note
	04/28/17	50.00	Chad A Thompson	XXXX-XXXX-XXXX-2229	04/18	04/28/17	Scheduled	
	05/28/17	50.00	Chad A Thompson	XXXX-XXXX-XXXX-2229	04/18	04/28/17	Scheduled	
	06/28/17	50.00	Chad A Thompson	XXXX-XXXX-XXXX-2229	04/18	04/28/17	Scheduled	
	07/28/17	50.00	Chad A Thompson	XXXX-XXXX-XXXX-2229	04/18	04/28/17	Scheduled	
	08/28/17	50.00	Chad A Thompson	XXXX-XXXX-XXXX-2229	04/18	04/28/17	Scheduled	
	09/28/17	50.00	Chad A Thompson	XXXX-XXXX-XXXX-2229	04/18	04/28/17	Scheduled	

Add Payment | Delete Checked | Edit | Apply to Charges

Pt. Charges	Pt. Payments	Unapplied	Pt. Owes	Ins. Owes
$9,900.82	$10,662.64	$761.82	$-761.82	$21,551.20

Process Checked

Close | Dock | Print Ledger | Load More

Pt. Charges

Ledger – Pt. Charges

The Pt. Charges Tab is made up of four basic sections

- **Charges** – Date, Description, Units, Amount, Hold, Claim, Allowed, Pri. Paid, Sec. Paid, Ter. Paid, Copay, Co-ins, Deduct. Pt. Paid, Pt. Owes.

Date	Description	Units	Amount	Hold	Claim	Allowed	Pri. Paid	Sec. Paid	Ter. Paid	Copay	Co-ins.	Deduct.	Pt. Paid	Pt. Owes
05/10/14	98941 Manipulation 3-4 Regions	1	40.00	No	Yes	40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

- **Charge Details** – When you select a charge the details of the selected charge will be displayed (click Details tab).

Charge Details

DOS	05/10/14	**EMG**		**Price**	$40.00	**Ins. Charged**	$40.00	**PMR Estimated**	Yes
Code	98941	**POS**		**Discount**	$0.00	**Ins. Allowed**	$40.00	**Copay**	$0.00
Description	Manipulation 3-4 Regions	**EPSDT**		**Is Taxed**	No	**Ins. Savings**	$0.00	**Co-insurance**	$0.00
Units	1	**Claimable**	Yes	**Tax Rate**	7.00%	**Pri. Paid**	$0.00	**Deductible**	$0.00
Is Refund	No	**Hold**	No	**Amt Charged**	$40.00	**Sec. Paid**	$0.00	**Pt. Charged**	$0.00
Is Estimate	No	**Billing State**	Bill Pri.	**Is Disputed**	No	**Ter. Paid**	$0.00	**Pt. Paid**	$0.00
Ins. Case	Blue Cross and Blue Shield	**Billing Ins.**		**Amt Disputed**	$0.00	**Ins. Writeoff**	$0.00	**Pt. Owes**	$0.00
Updated	05/10/14 by drbrian	**Last Billed**		**Amt Forwarded**	$0.00	**Ins. Owes**	$40.00		
Note									

Pt. Charges

Ledger – Pt. Charges

The Pt. Charges Tab is made up of four basic sections

- **Totals** – Here you will find totals for care plan and non-care plan balances.

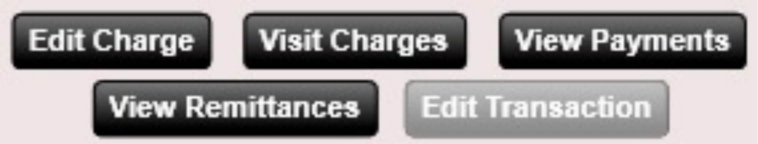
Care Plan Details

Pt. Charges	Pt. Payments	Unapplied	Pt. Owes	Ins. Owes	Ins. Paid
$199.00	$377.00	$206.00	$-178.00	$176.50	$0.00

Non-Care Plan Details

Pt. Charges	Pt. Payments	Unapplied	Pt. Owes	Ins. Owes	Ins. Paid
$24,850.31	$24,830.31	$0.00	$20.00	$32,057.25	$359.33

- **Buttons** – When you select a charge use the buttons shown below to perform actions such as editing a charge, seeing all charges for that visit, payments applied to that charge, edit a transaction or view associated remittances with that charge.



Pt. Charges

Ledger – Edit Charge

ChiroSpring gives you the ability to easily edit almost any aspect of a charge. To edit a charge, select the charge and click “Edit Charge”. The Edit Charge dialog will open.

Edit Charge

Here you can

- Change the charge code
- Change the price
- Change number of units
- Change discount amount
- Set tax to yes or no
- Change Tax Rate %
- Estimate Charge yes or no
- Make claimable or cash
- Add or edit charge notes
- Change the billing state
- Dispute or clear a dispute
- Edit Insurance write off
- Edit Amount Forwarded
- Toggle Yes/No to estimate the charge using the patient’s member responsibility
- Delete the charge

Pt. Charges

Ledger – Edit Charge

ChiroSpring gives you the ability to easily edit almost any aspect of a charge. To edit a charge, select the charge in the Billing app (or patient ledger) and click "Edit Charge". The Edit Charge dialog will open.

Edit Charge

Here you can

- Change the place of service
- Change the Emergency (EMG)
- Change the EPSDT

Note: The following fields are NOT EDITABLE unless "Estimate PMR?" Is turned to YES

- Amount Allowed
- Copay
- Co-Insurance
- Deductible

(*) Amount allowed, copay, co-insurance, and
because these amounts are calculated/estima

Pt. Charges

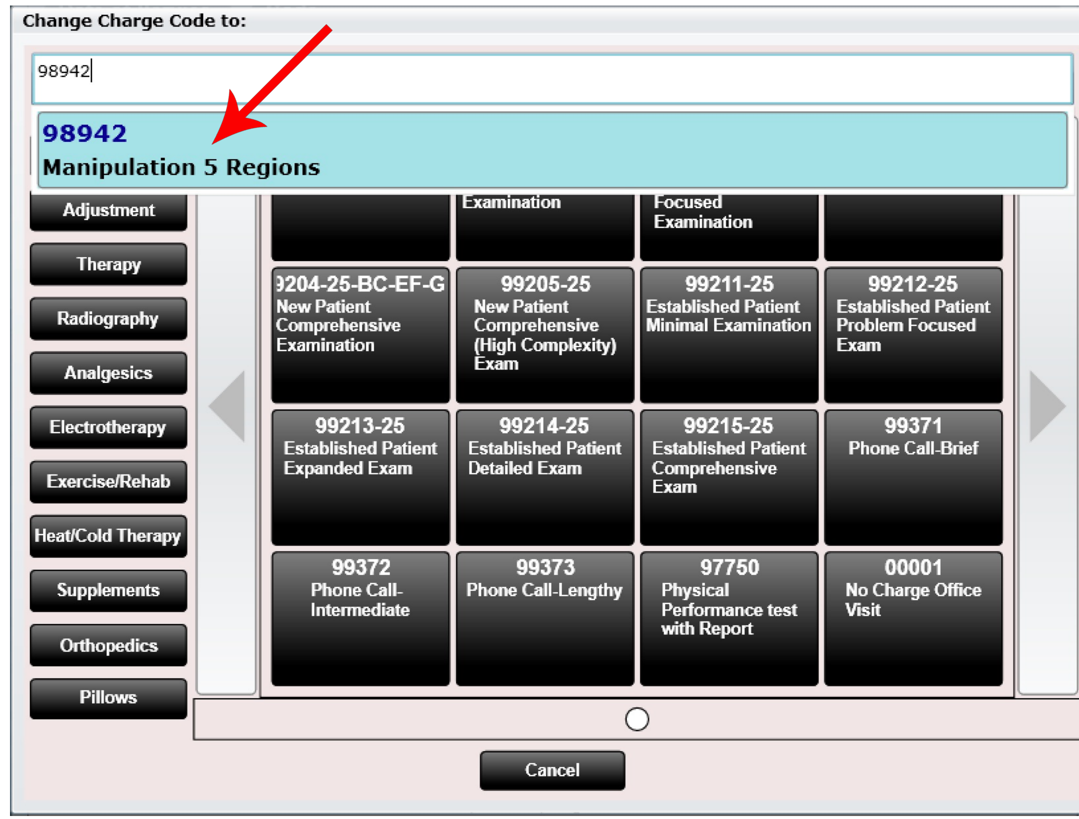
Ledger – Change Charge Code

To change a charge code, click “Change” in the Edit Charge dialog. From the grid that opens select your new charge or search for it.

In this example I am changing a 98941 charge to a 98942

1

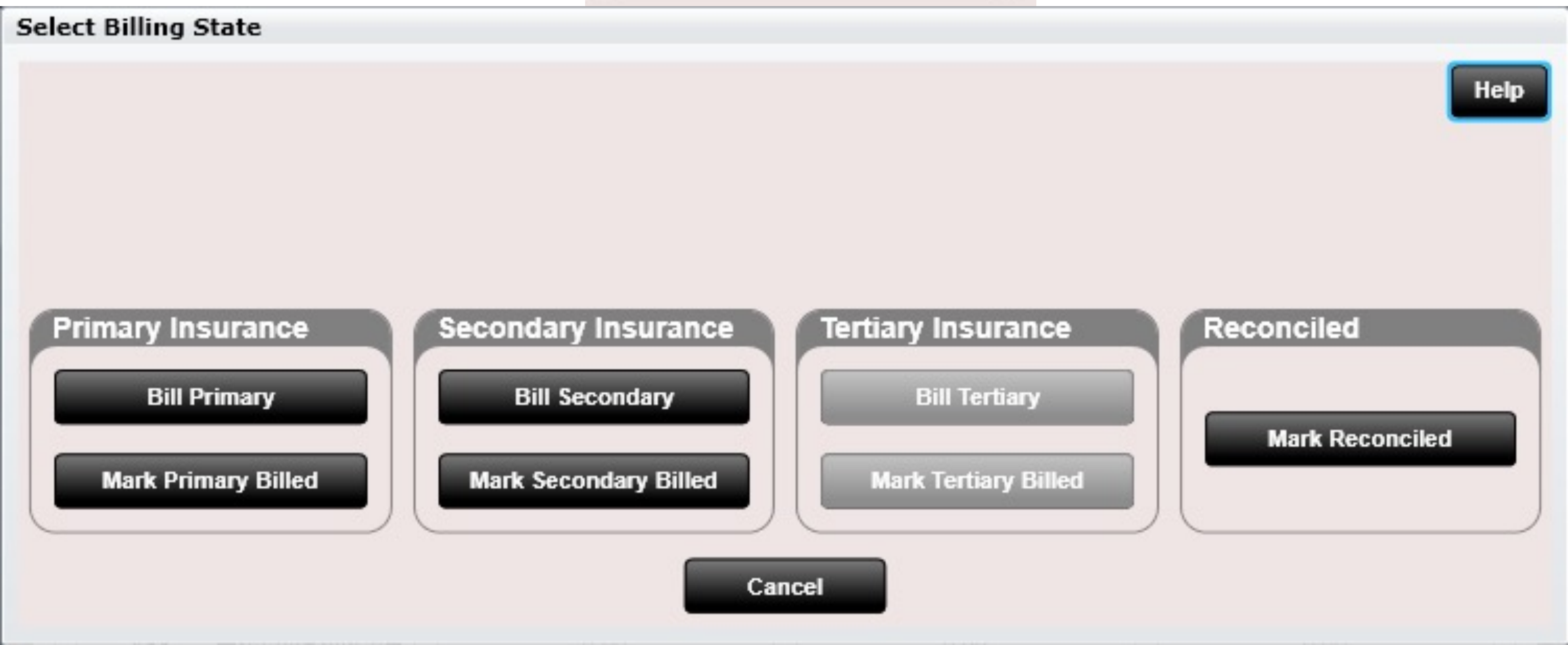
2



3

Ledger – Select Billing State

To change the billing state of a charge is simple. From the “Edit Charge” dialog click “Change” under Billing State. The dialog below will open allowing you to select a new billing state. ChiroSpring will not let you select a billing state that cannot exist (e.g. if no tertiary insurance the Tertiary Insurance buttons will be greyed out.



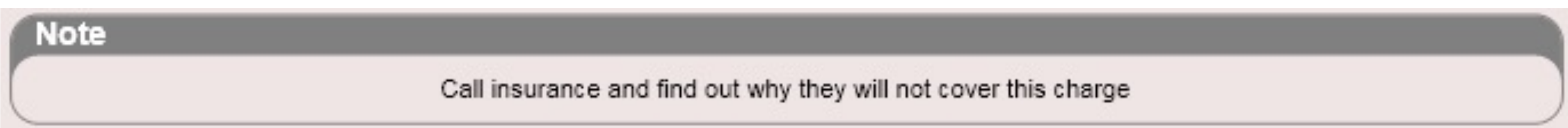
Ledger – Change Disputed State

To change the disputed status of a charge is simple. From the "Edit Charge" dialog you will see a Disputed box.

This means the charge is not disputed. You know this because the Dispute button is SELECTABLE. Clicking "Dispute" followed by saving changes will dispute the charge.

This means the charge is disputed. You know this because the clear button SELECTABLE. Clicking "Clear" followed by saving changes will clear the dispute.

The notes field can be very useful when tracking the status of a disputed charge.

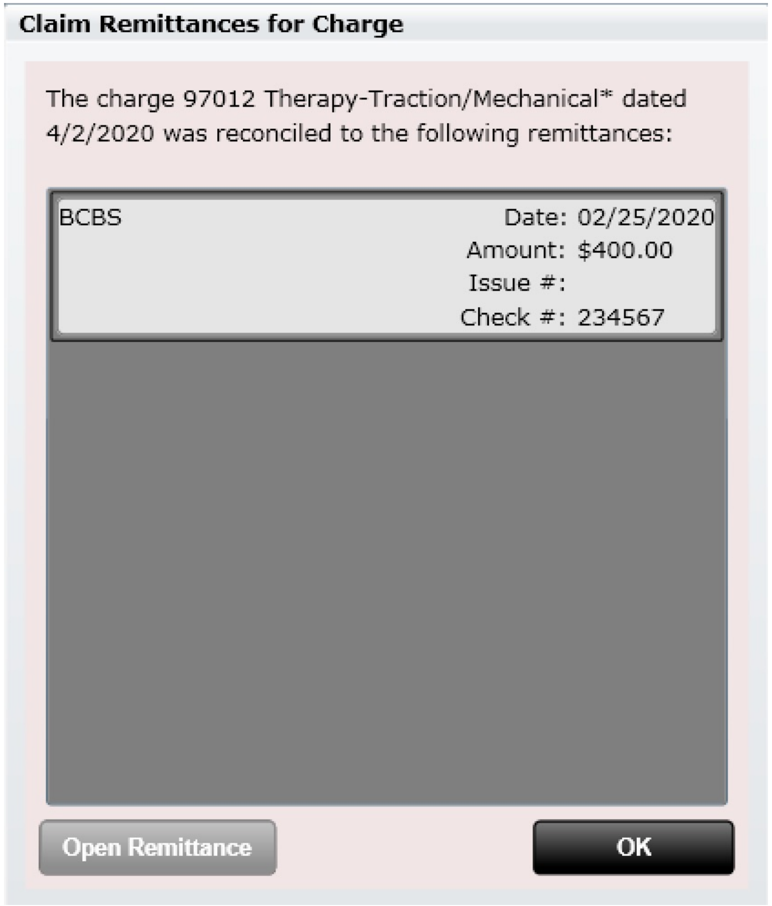


Note: This process is most commonly done inside the Billing app.

Billing

Ledger – Remittances

It is possible to view a charge's remittance (if it has one). Select the charge, then click "View Remittances". This will open the dialog shown below.



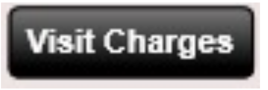
Next select the remittance and click "Open Remittance". This will open the reconcile app showing the remittance the charge was reconciled on.

This is useful in instances where you want to bill a disputed charge to a patient. If the insurance says they will not cover the charge and you now want to bill it to the patient, you will need to "Unreconcile" the charge. This is accomplished by going into the remittance and clicking the "Unreconcile" button.

This is also useful if you need to edit any portion of the remittance.

Ledger – Visit Charges

On the charge tab if you select a charge and click the "Visit Charges" button the dialog below will open.



This allows you to not only view every charge for that visit but edit the charges as well.

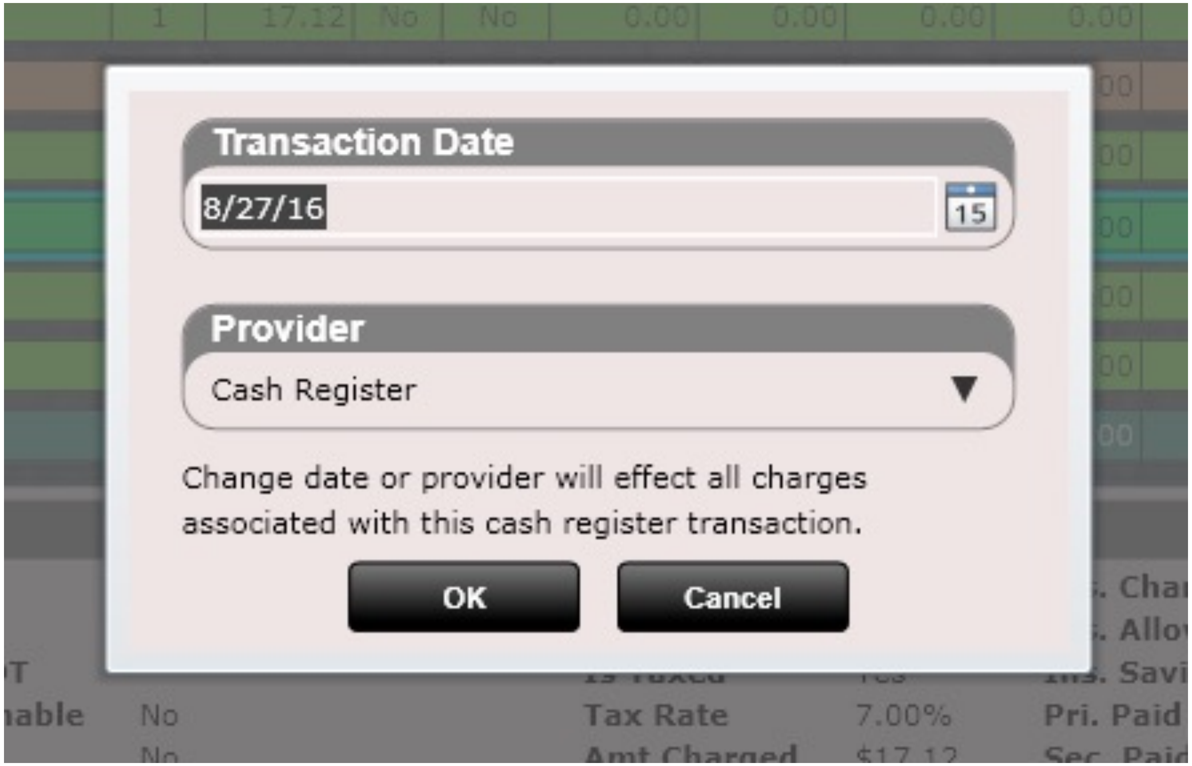
You can add charges, remove charges, change the price of the charge, change the number of units, etc. It's a fast and simple way to edit charges for a visit without having to open the "Edit SOAP".

Ledger – Edit Transaction

Cash register charges can also be edited. Select a cash register charge and click "Edit Transaction".

This allows you to change the transaction date as well as the provider for this cash register transaction. Note this will affect all charges associated with this cash register transaction.

For example, if you open the Cash Register app on the Front Desk and sell a Biofreeze to a patient but forget to select a provider (so that the charge "belongs" to the provider for reporting purposes)… Now you can edit this transaction as shown here.

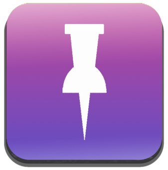


Ledger - Charges

Power Tip: The charges dialog is made up of several components and can be edited in Settings/Pin Charge Codes.

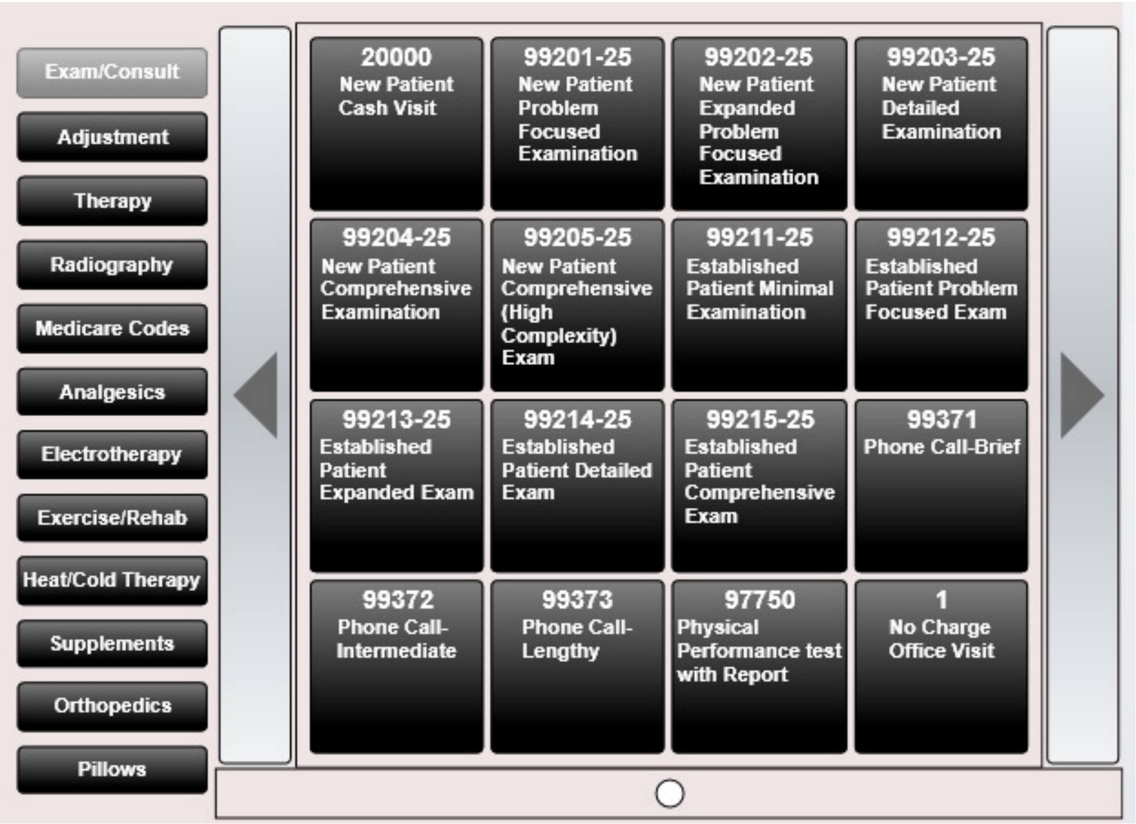
- Charges Grid – This is completely customizable in Settings/Pin Charge Codes.

Settings



Pin Charge Codes

The charges grid allows you to add your favorite charges into custom folders. Once you have customized your charges folders and respective grid you will be adding charges quickly in no time! ☺



Ledger - Charges

Charges List Box

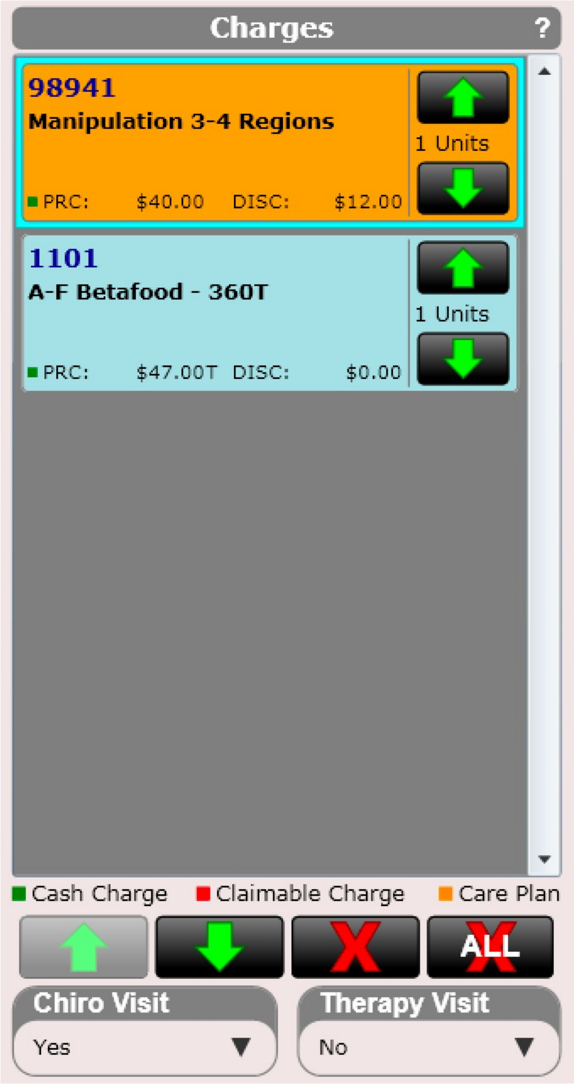
The charges list box shows you a list of charges. Each charge contains the following information:

- **Cash, Claimable or Care Plan Charge** – This is noted by the green or red square in the lower left-hand corner of the charge. Green = Cash Charge. Red = Claimable Charge. Claimable is another word for insurance charge. If the charge is Care Plan the entire charge will appear orange (as shown to the right).
- **CPT Code** – Number in upper left corner such as “98941”
- **Description** – Charge description such as “Manipulation 3-4 Regions”
- **PRC:** - This is the price of the product or service
- **DISC:** This is the amount discounted
- **T** – If there is a “T” displayed it means the charge is taxed. Notice the Basic Cervical Support Pillow to the right has a “T” after the price.
- **Units** – The number of billable units for that charge

At the bottom of the charges list box are 4 buttons.

- **Up Arrow** – Move a selected charge up
- **Down Arrow** – Move a selected charge down
- **X** – Delete a selected charge
- **X All** – Delete all charges

Note: The “Chiro Visit” and “Therapy Visit” can only be edited by going into the SOAP Note.

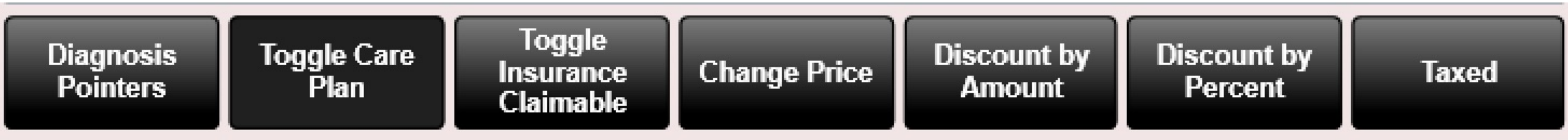


Ledger - Charges

Editing Charges

There are a series of buttons located at the bottom of the charges grid. These buttons allow you to edit individual charges. Buttons include:

- **Diagnosis Pointers** – This opens up the diagnosis pointer dialog allowing you to select which charges are associated with what diagnosis
- **Toggle Insurance Claimable** – This button will change the status of a charge to claimable (insurance) or non-claimable (cash)
- **Change Price** – This button will open a dialog box allowing you to freely change the price for a charge
- **Discount by Amount** – This button will open a dialog box allowing you to discount a charge by a specified amount
- **Discount by Percent** – This button will open a dialog box allowing you to discount a charge by a specific percent
- **Taxed** – This button will add tax (denoted by a "T") or remove tax from a charge



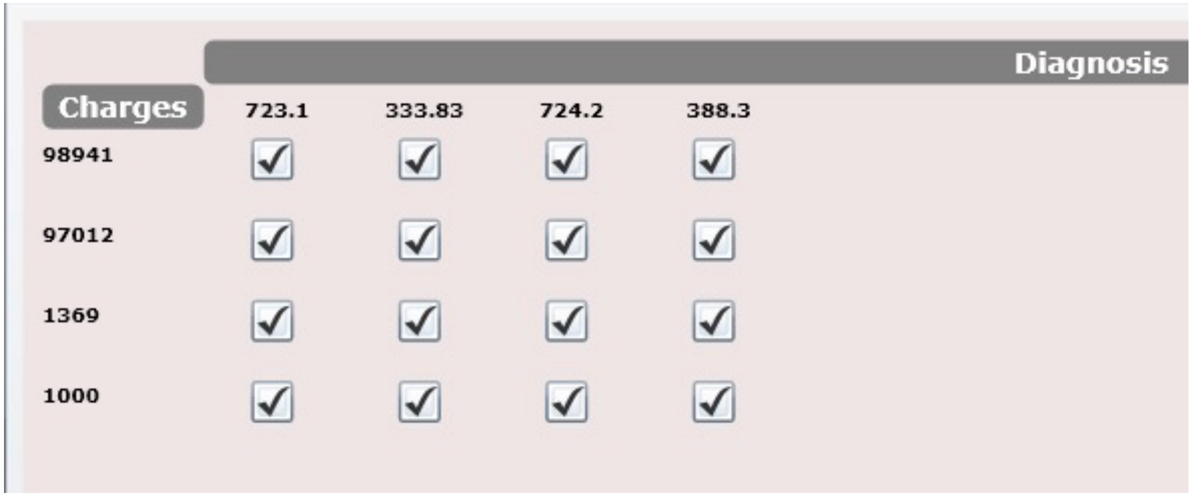
Ledger - Charges

Diagnosis Pointers

The diagnosis dialog allows you to select which charges are associated with what diagnosis

By default, all boxes are checked.

On subsequent visits the selections you made previously will be copied over. Therefore, you do not need to check them again if nothing has changed.



Charges	Diagnosis 723.1	333.83	724.2	388.3
98941	✓	✓	✓	✓
97012	✓	✓	✓	✓
1369	✓	✓	✓	✓
1000	✓	✓	✓	✓

Below is an example of what can be populated into the Diagnosis Pointer section on the CMS-1500 HCFA form using the diagnosis pointer dialog.

Pt. Charges

Ledger – Charges Grid

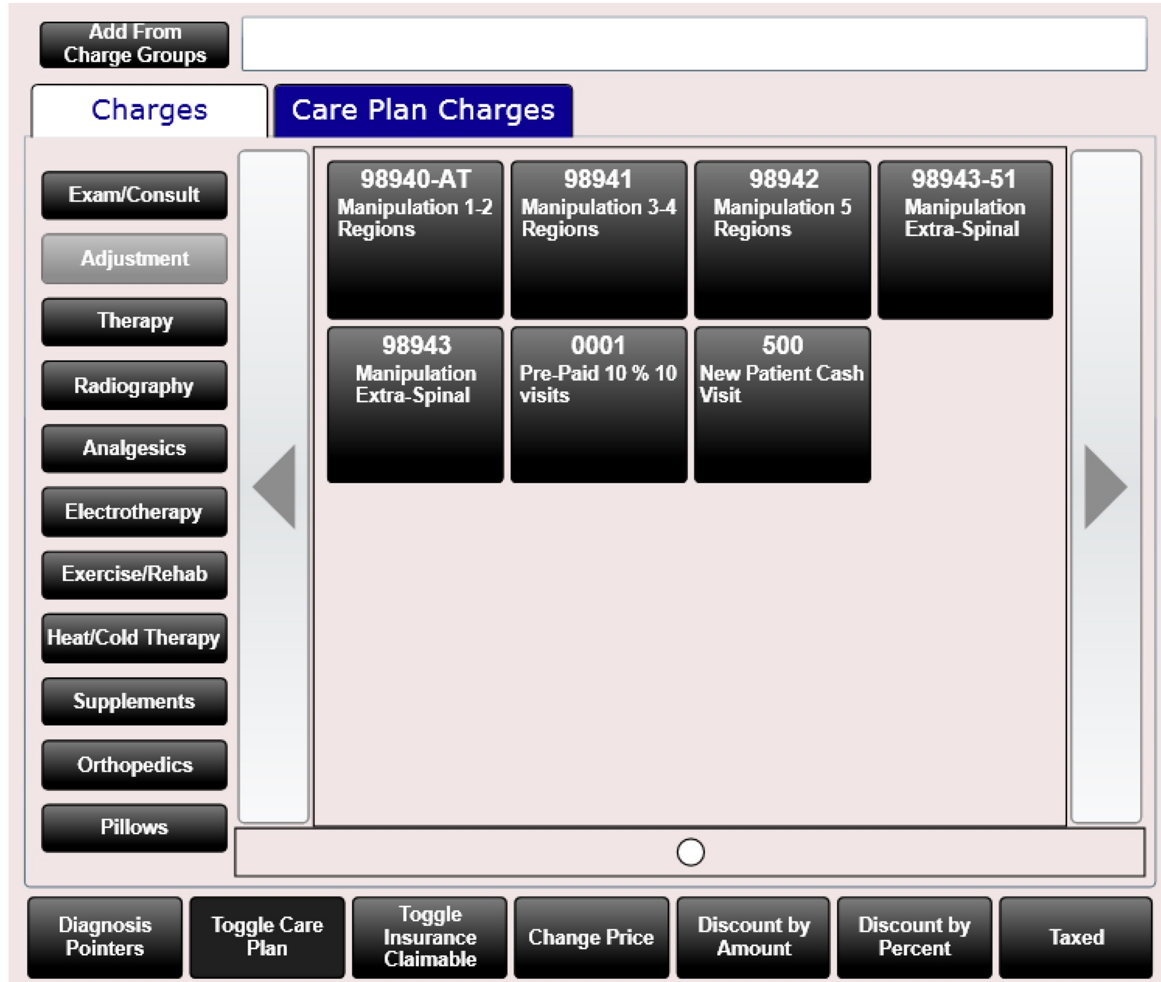
Editing Charges

Charges Grid – Allows you to select a charge by selecting the button associated with that charge. The grid is organized into pages as notated by the dot(s) at the bottom. In the example to the right there is only one dot pictured.

To the left of the grid are Folders. Each folder, such as "Exam/Consult" will display charges in the "Exam/Consult" folder. The charges grid can be customized in the Settings/Pin Charges app.

You can also create new charges or edit existing charges in the Settings/Products app or Settings/Services app.

Settings Products Services



Customize the arrangement of this grid in Settings/Pin Charges

Ledger – Charges Search Bar

Editing Charges

Above the charges grid is a search bar. You can search by the following:

- Charge name
- Charge code (CPT code)

Once you find the charge you are looking for by searching simply select it to add it to the Charges List Box.

Pt. Payments

Ledger – Pt. Payments

The Pt. Payments Tab is made up of four basic sections

1. **Payments** – Date, Payer, Method, Card/Check Number, Paid, Note, Amount, Unapplied

Date	Payor	Method	Card/Check Number	Paid	Note	Amount	Unapplied
05/10/14	Chad Thompson	Cash		242.96		182.96	0.00

1. **Totals** – Charges, Payments, Unapplied, Owes

Charges	Payments	Unapplied	Owes
$664.99	$664.99	$0.00	$0.00

2. **Buttons to do the following:** Add Payment, Delete, Edit or Apply to Charges

3. **Legend**

Fully Applied Payment   Under Applied Payment   Over Applied Payment

Pt. Payments

Ledger – Payments Tab

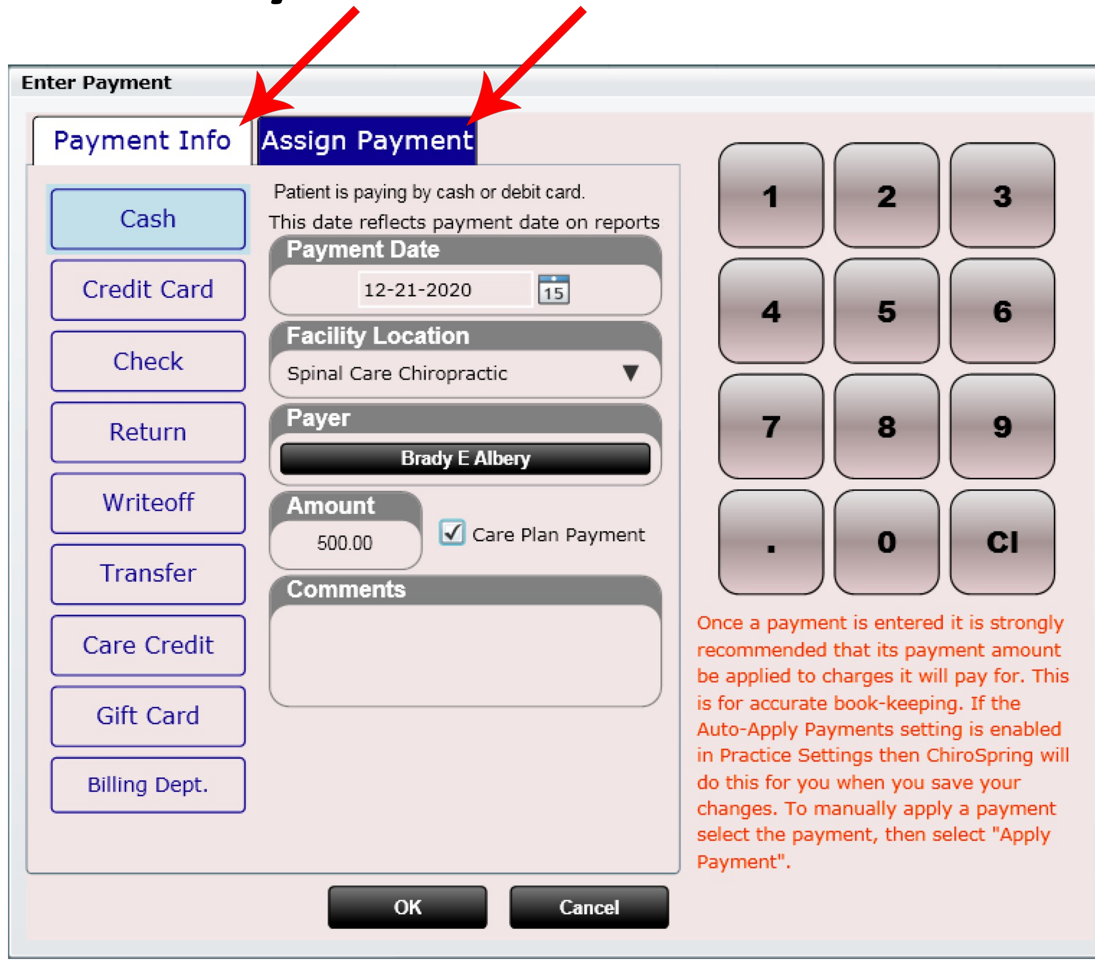
Clicking the “Add Payment” button will open the “Enter Payment” dialog (shown to the right). This is the same dialog that exists at the cash register.

There are TWO TABS in the Enter Payment process

1. Payment Info
2. Assign Payment

Payment Info - Here you can enter the payment date (defaults to today), select the Payer (defaults to your patient), enter the payment amount and any payment comments.

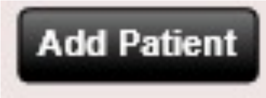
Assign Payment – This option is only necessary if you want a payment to go **TO MULTIPLE PATIENTS**.



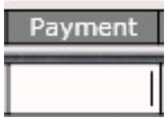
Pt. Payments

Ledger– Assign Payments Tab

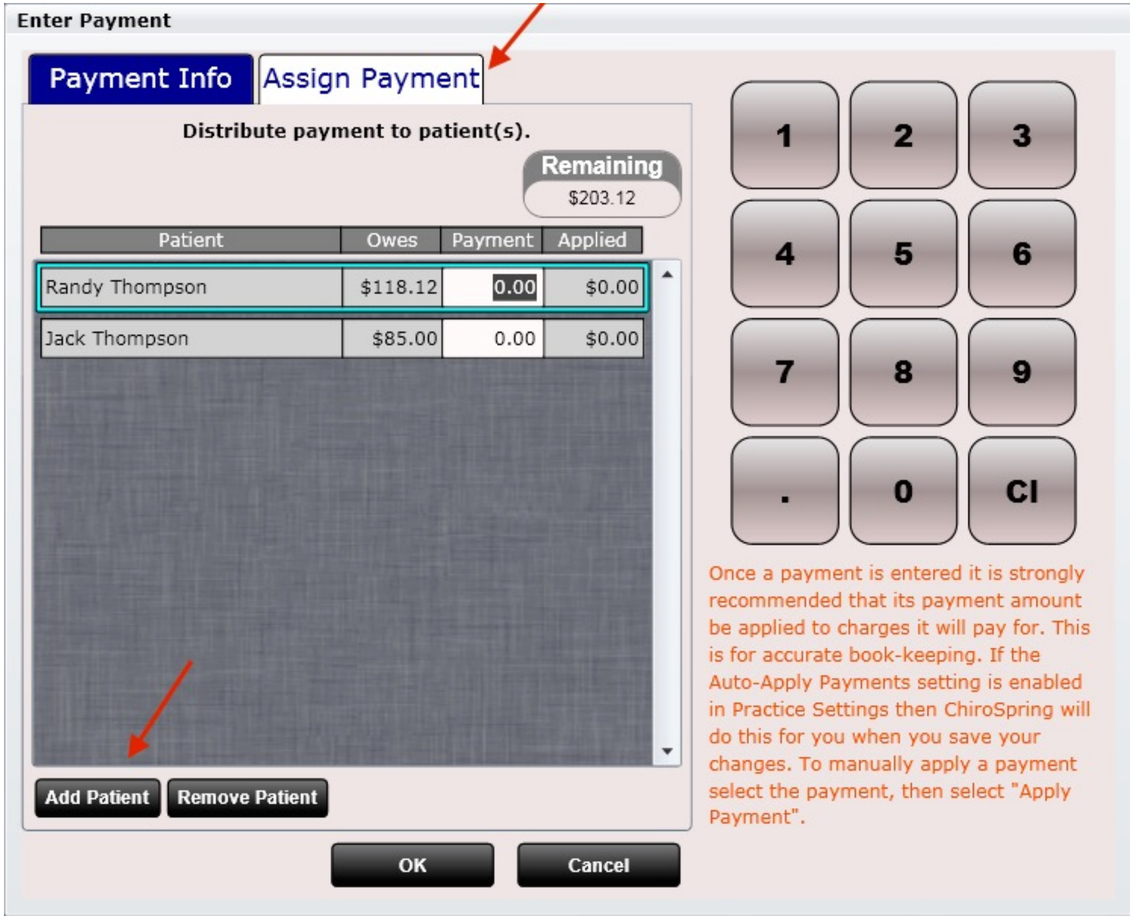
To assign a payment to an additional patient click the “Add Patient” button at the bottom (if they are not already populated in your list) and select another patient.



Once you have added a second (or even third, fourth, fifth, etc.) patient you will NEED to type the amount of the payment going to THAT PATIENT in the Payment box.



Note: This process is typically only used at the Cash Register when you are checking out multiple patients.



Pt. Payments

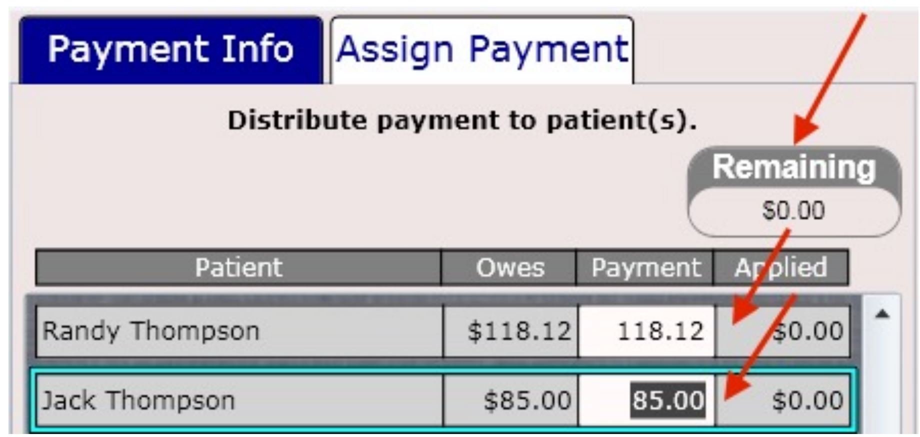
Ledger – Assign Payments Tab

Here I have added two patients and entered a $203.12 payment (the payment was entered on the Payment Info tab). The remaining amount to assign is still $203.12.

I have now entered two payments

- Randy Thompson - $118.12
- Jack Thompson - $85.00

The remaining amount is now $0.00 so everything balances.



Important Note: It is extremely important that you understand if you want a payment to GO TO MULTIPLE PATIENTS you MUST click the Assign Payment tab and follow the steps above. If you do not do this the payment will be assigned to the TOP patient who will ultimately end up with a large credit while the bottom patient(s) receive no payment.

Pt. Payments

Ledger – Assign Patient Credit to Another Patient

You may have a patient with a credit, such as a parent, that wants to use that credit on one of their family members. This can be accomplished by Assigning the credit to the child (it's a payment but we call it a credit because the patient has a negative balance)

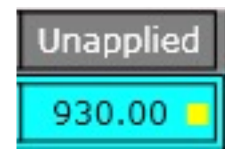
Let's follow this example:

Parent – Curtis Jenkins (Has a credit of $930.00)
Child – Mark Jenkins (Owes $257.12)

Curtis Jenkins

Mark Jenkins

1. **Go to Curtis Jenkin's Ledger. Click on the payment (it will have an unapplied balance).**



2. **Click "Edit"**

Pt. Payments

Ledger – Assign Patient Credit to Another Patient

Curtis Jenkins

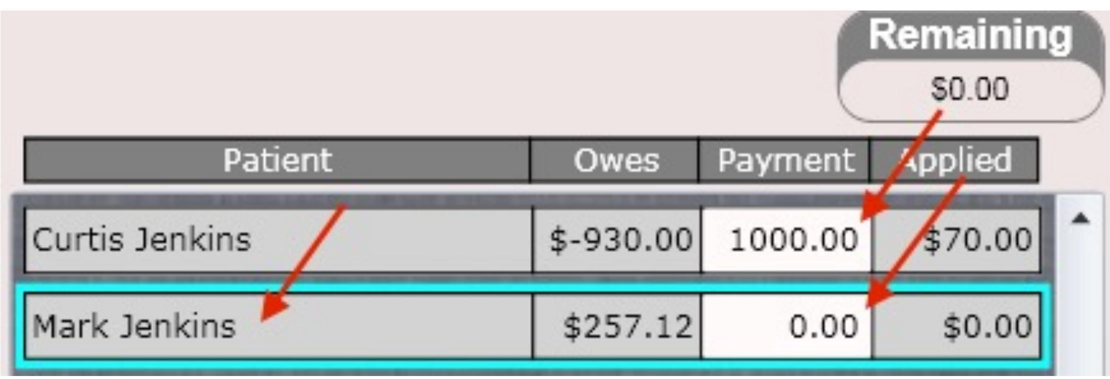
Mark Jenkins

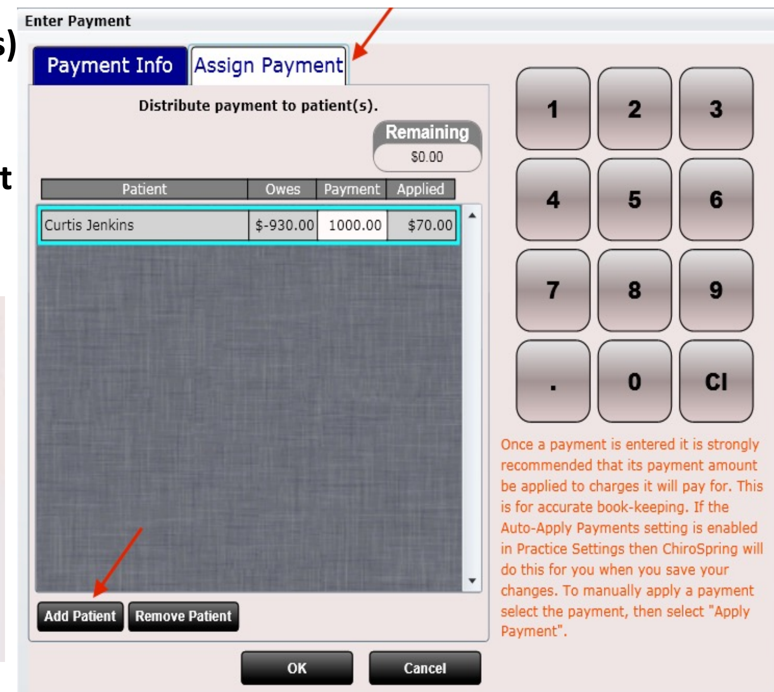
Let's follow this example:
Parent – Curtis Jenkins (Has a credit of $930.00)
Child – Mark Jenkins (Owes $257.12)

3. **Click the Assign Payment" tab**

4. **Click "Add Patient" and select the child (in this case Mark Jenkins)**

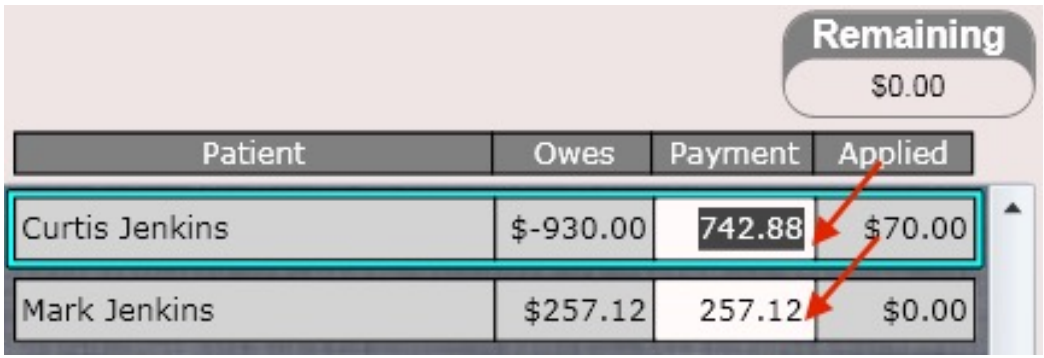
5. **Notice Mark Jenkins is now in my list. You will now need to remove money from the Curtis Jenkins "Payment" field and put it into the Mark Jenkins "Payment Field".**



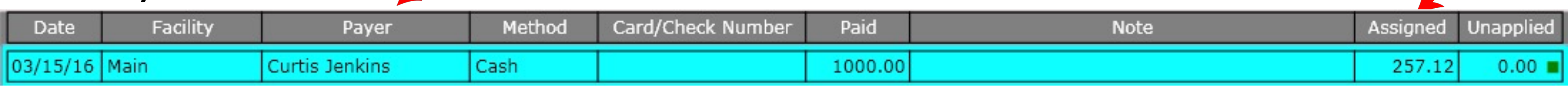


Ledger – Assign Patient Credit to Another Patient

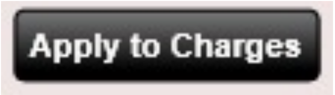
6. **I have now added $257.12 as a payment to Mark Jenkins and subsequently had to lower Curtis Jenkin's payment to $742.88.**



6. **Now go to Mark Jenkin's Ledger. Note he now has a payment of $257.12 and Curtis Jenkins is marked as the Payer.**



6. **The payment auto applied but if you want to manually apply the payment select the payment and click "apply to Charges".**



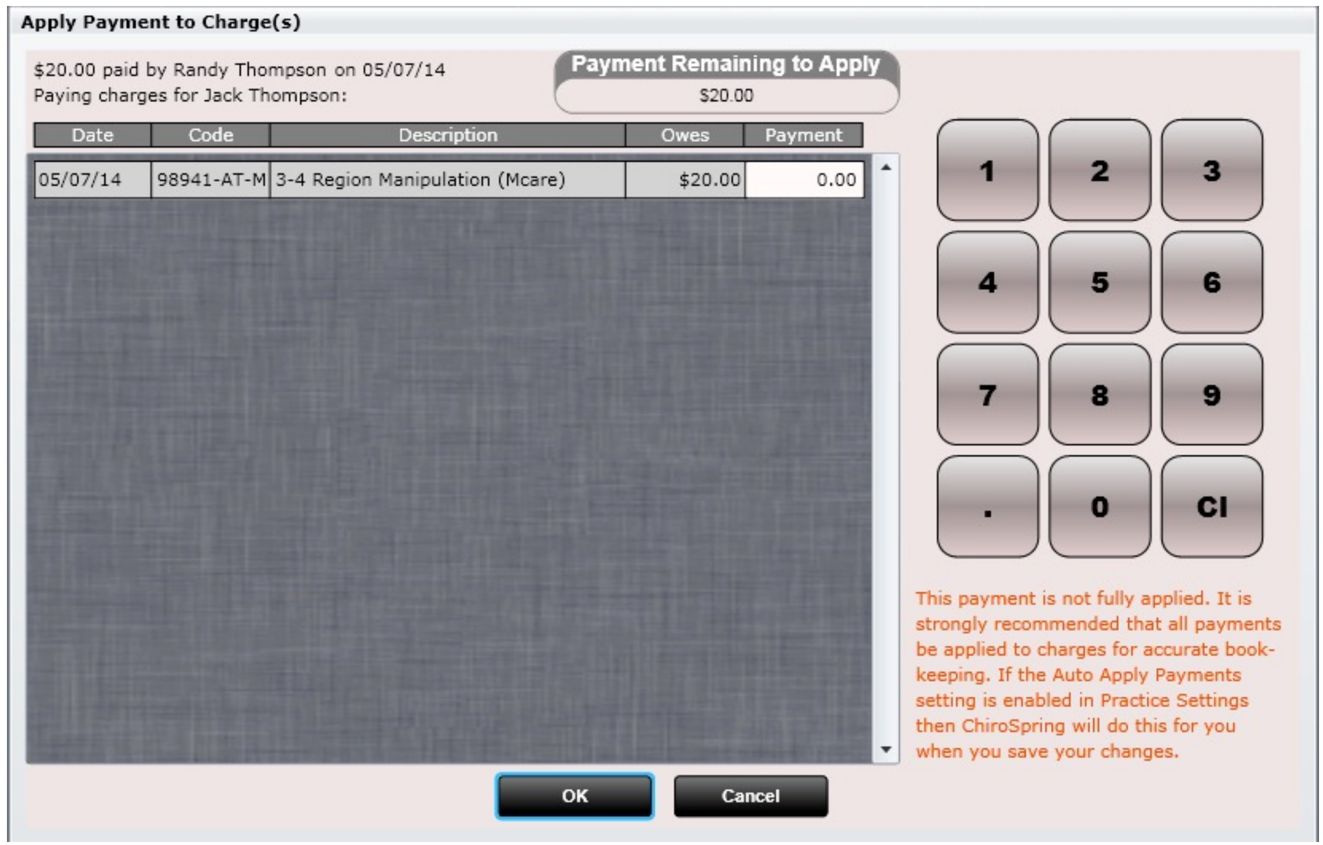
7. **Mark Jenkins now has a balance of $0.00.**

Ledger – Apply Payment

ChiroSpring has a unique feature that lets you apply a payment to a charge. The software will do this for you automatically if you have "Auto apply Payments" = "Yes" in Settings/Practice Info/Charge Options.

However, there may be instances where you would like to manually apply a payment, specifically if a patient doesn't pay the full amount. In this case it would be ideal to apply the payment to a product first and any remaining payment to a service.

To apply a payment, select the payment and click "apply to Charges". The dialog to the right will open.



Pt. Payments

Ledger – Apply Payment

Apply to Charges

In the example below I have entered a $20 payment (you know this because "Payment Remaining to apply" is $20 in the top image.

$20.00 paid by Randy Thompson on 05/07/14
Paying charges for Jack Thompson:

Payment Remaining to Apply
$20.00

Date	Code	Description	Owes	Payment
05/07/14	98941-AT-M	3-4 Region Manipulation (Mcare)	$20.00	0.00

Here you can see the $20 has been fully applied to the 3-4 Region Manipulation (Mcare).

$20.00 paid by Randy Thompson on 05/07/14
Paying charges for Jack Thompson:

Payment Remaining to Apply
$0.00

Date	Code	Description	Owes	Payment
05/07/14	98941-AT-M	3-4 Region Manipulation (Mcare)	$20.00	20.00

Note: If "Auto apply" is turned on in Settings you will not need to manually apply a payment. The only reason you might want to manually apply a payment if "Auto apply" is turned on is if the patient didn't pay the full amount of the charge total and you wanted to specify where that payment went. For example, the patient may have a product and a service and is only making a partial payment. You would most likely want the payment to go toward the product.

Pt. Payments

Ledger – Apply Payment

Apply to Charges

Here is an example of applying $118.12 to several charges the patient Randy Thompson still owes.

Apply Payment to Charge(s)

$118.12 paid by Randy Thompson on 05/08/14
Paying charges for Randy Thompson:

Payment Remaining to Apply
$118.12

Date	Code	Description	Owes	Payment
05/08/14	98941-AT-M	3-4 Region Manipulation (Mcare)	$22.00	0.00
05/08/14	97010	Therapy-Hot/Cold Therapy	$3.00	0.00
04/21/14	98941	Manipulation 3-4 Regions	$21.12	0.00
04/21/14	97010	Therapy-Hot/Cold Therapy	$3.00	0.00
05/07/14	98941	Manipulation 3-4 Regions	$22.00	0.00
05/07/14	98941	Manipulation 3-4 Regions	$22.00	0.00
05/08/14	98941-AT-M	3-4 Region Manipulation (Mcare)	$22.00	0.00
05/08/14	97010	Therapy-Hot/Cold Therapy	$3.00	0.00

OK Cancel

Apply Payment to Charge(s)

$118.12 paid by Randy Thompson on 05/08/14
Paying charges for Randy Thompson:

Payment Remaining to Apply
$0.00

Date	Code	Description	Owes	Payment
05/08/14	98941-AT-M	3-4 Region Manipulation (Mcare)	$22.00	22.00
05/08/14	97010	Therapy-Hot/Cold Therapy	$3.00	3.00
04/21/14	98941	Manipulation 3-4 Regions	$21.12	21.12
04/21/14	97010	Therapy-Hot/Cold Therapy	$3.00	3.00
05/07/14	98941	Manipulation 3-4 Regions	$22.00	22.00
05/07/14	98941	Manipulation 3-4 Regions	$22.00	22.00
05/08/14	98941-AT-M	3-4 Region Manipulation (Mcare)	$22.00	22.00
05/08/14	97010	Therapy-Hot/Cold Therapy	$3.00	3.00

OK Cancel

Pt. Payments

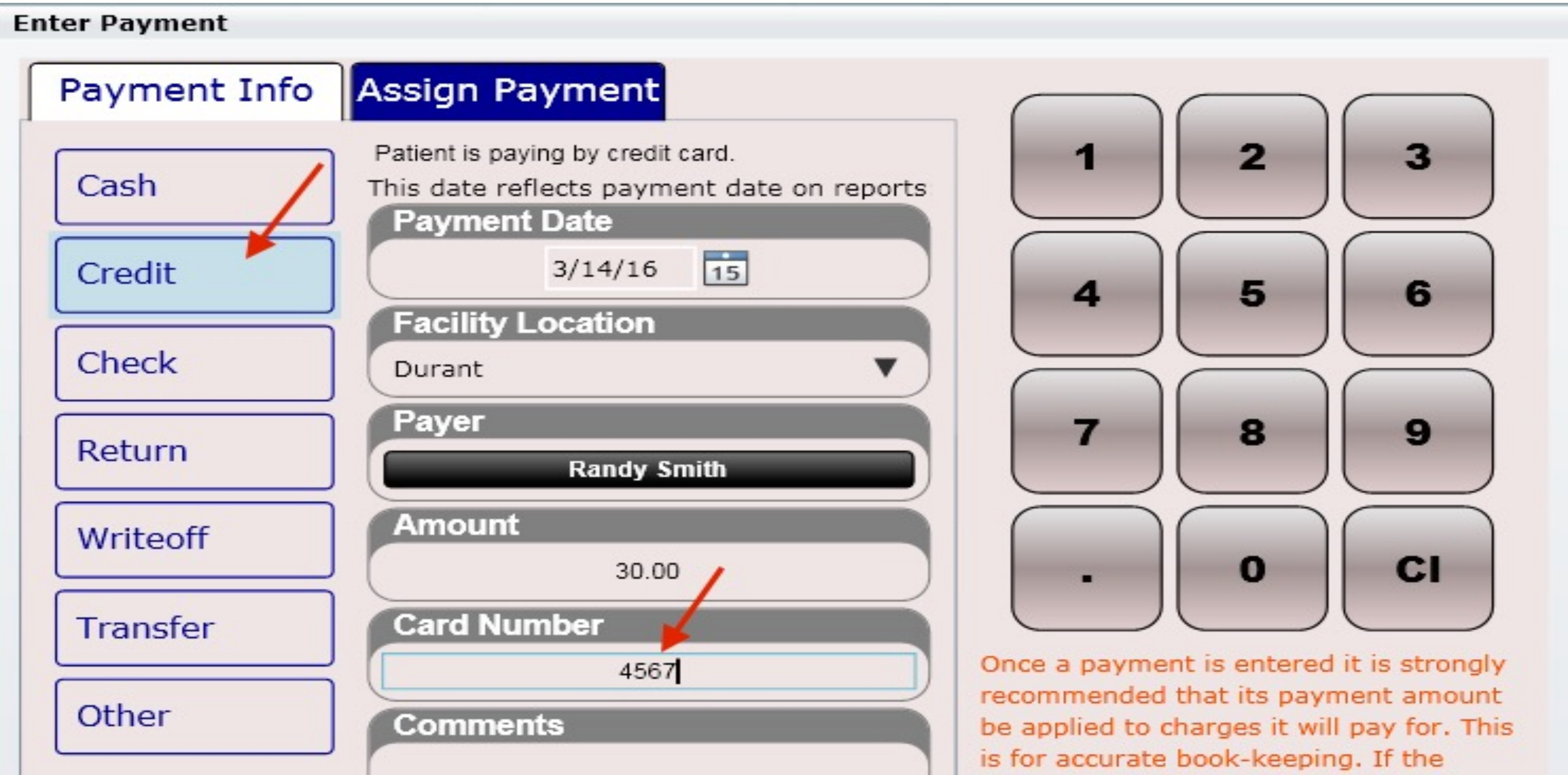
Ledger – Cash Payment

Click “Add Payment” and select the “Cash” tab. Enter the payment date, payer (defaults to the patient) and the amount. You can also enter any comments if you wish.

Pt. Payments

Ledger – Credit Payment

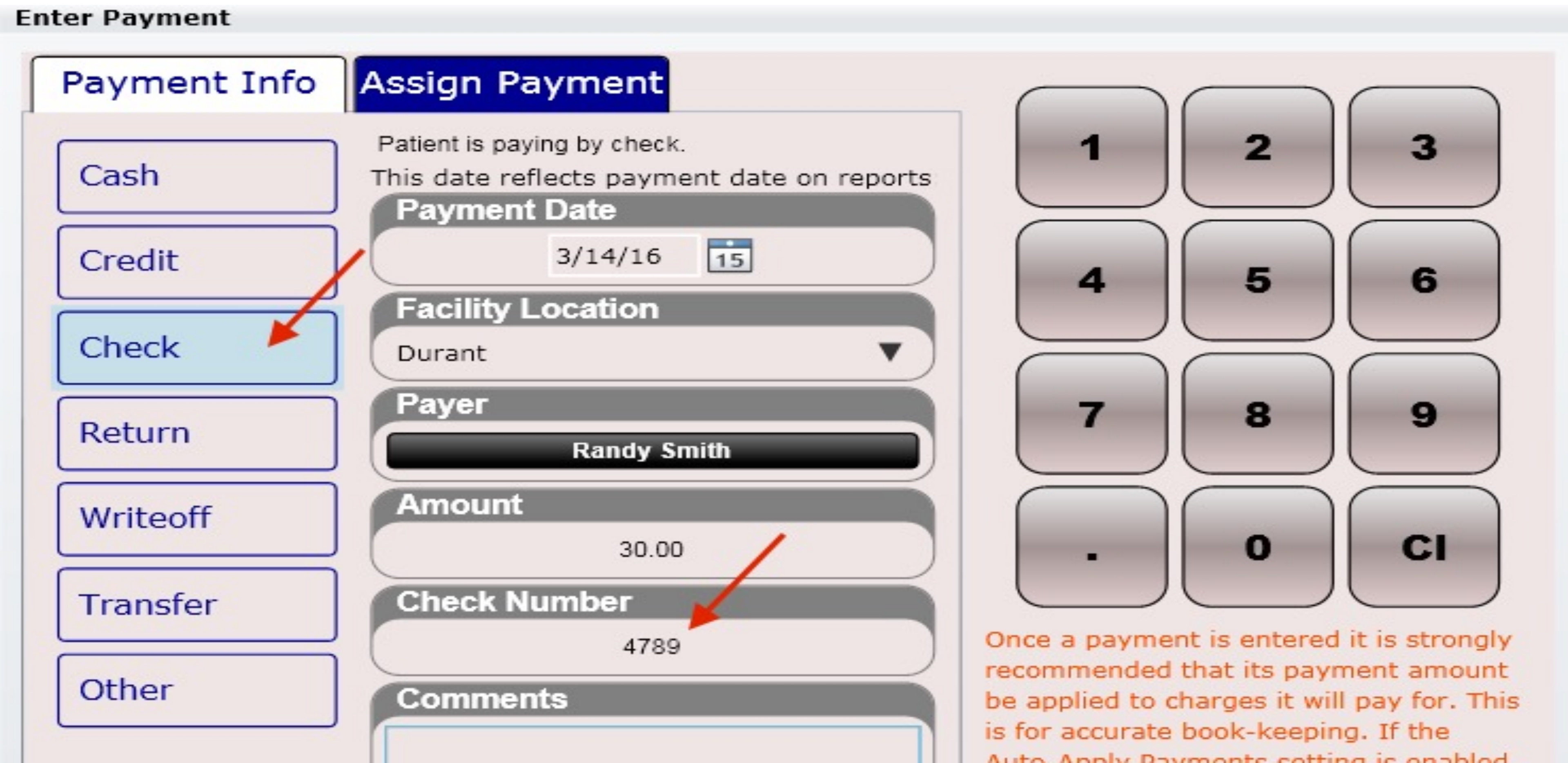
Click "Add Payment" and select the "Credit" tab – Here you can enter the credit card number. It is recommended you only enter the last 4 digits of the credit card (to save time) as ONLY the last 4 digits will be reported on the patient's receipt. Credit card payments must be run through a third-party application such as Square or a credit card reader. Here we are only recording in ChiroSpring that a credit payment was taken.



Pt. Payments

Ledger – Check Payment

Click “Add Payment” and select the “Check” tab. Here you can enter a check payment and record the check number.



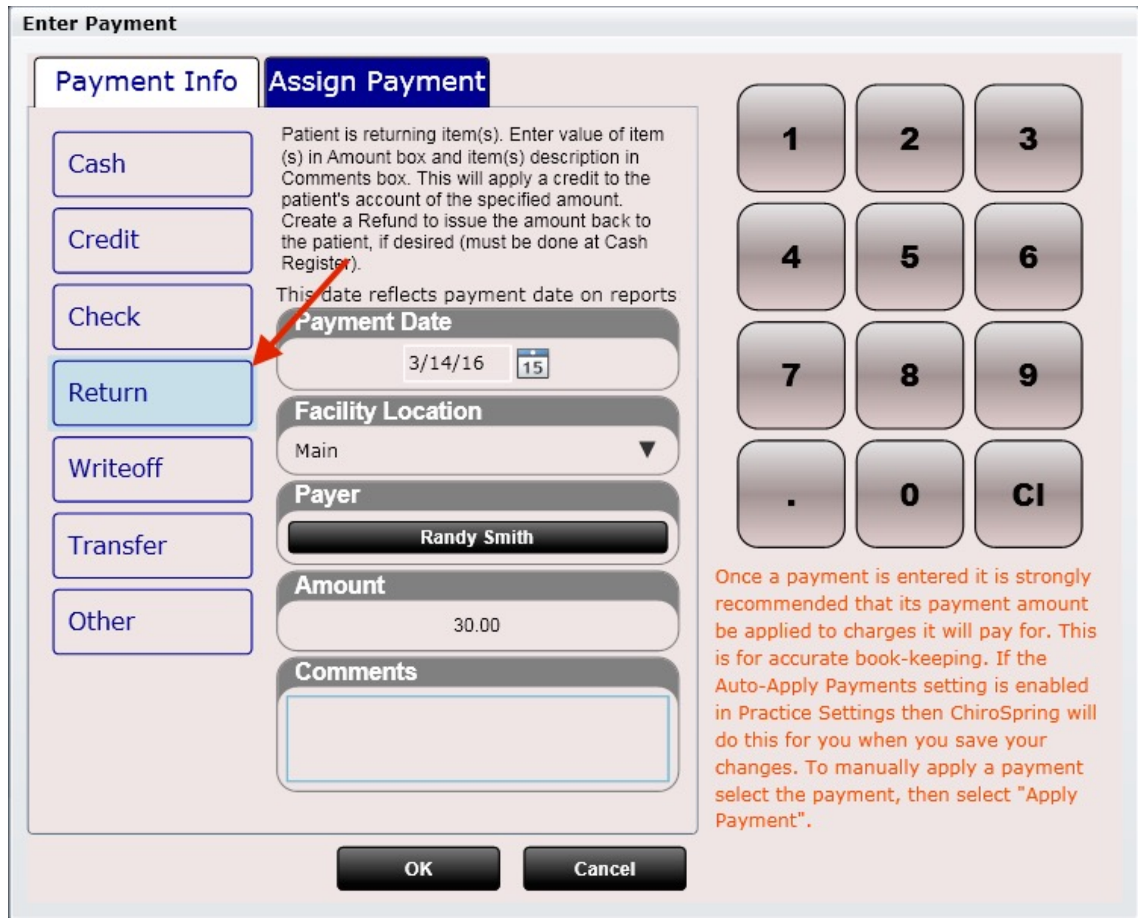
Pt. Payments

Ledger – Return Payment

Return Payment – **Use this option if the patient is RETURNING a product** (e.g. Biofreeze). To return a product click the “Add Payment” button then select the “Return” tab. Type the amount of the product and enter the product name in “comments”. This will apply a credit on the patient’s account. If you wish to give this money back to the patient, you will then need to issue a “Refund” (shown on next page).

In this example I am returning a Biofreeze for $14.00. The next step will be to issue the patient a refund (see next page).

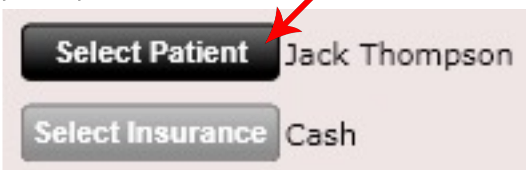
NOTE: Returning a product does NOT return product to inventory. If you are keeping track of inventory you will need to manual adjust product inventory in Settings/Products.



Cash Register – Issue Refund

Refunds can ONLY be done at the cash register

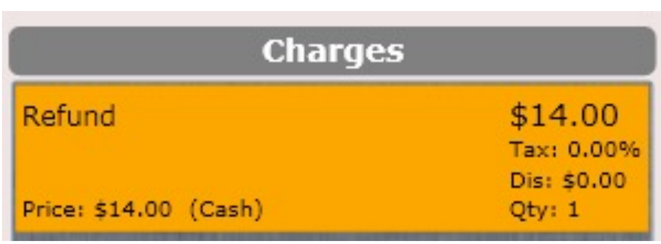
1. Open the Cash Register app
2. Select your patient



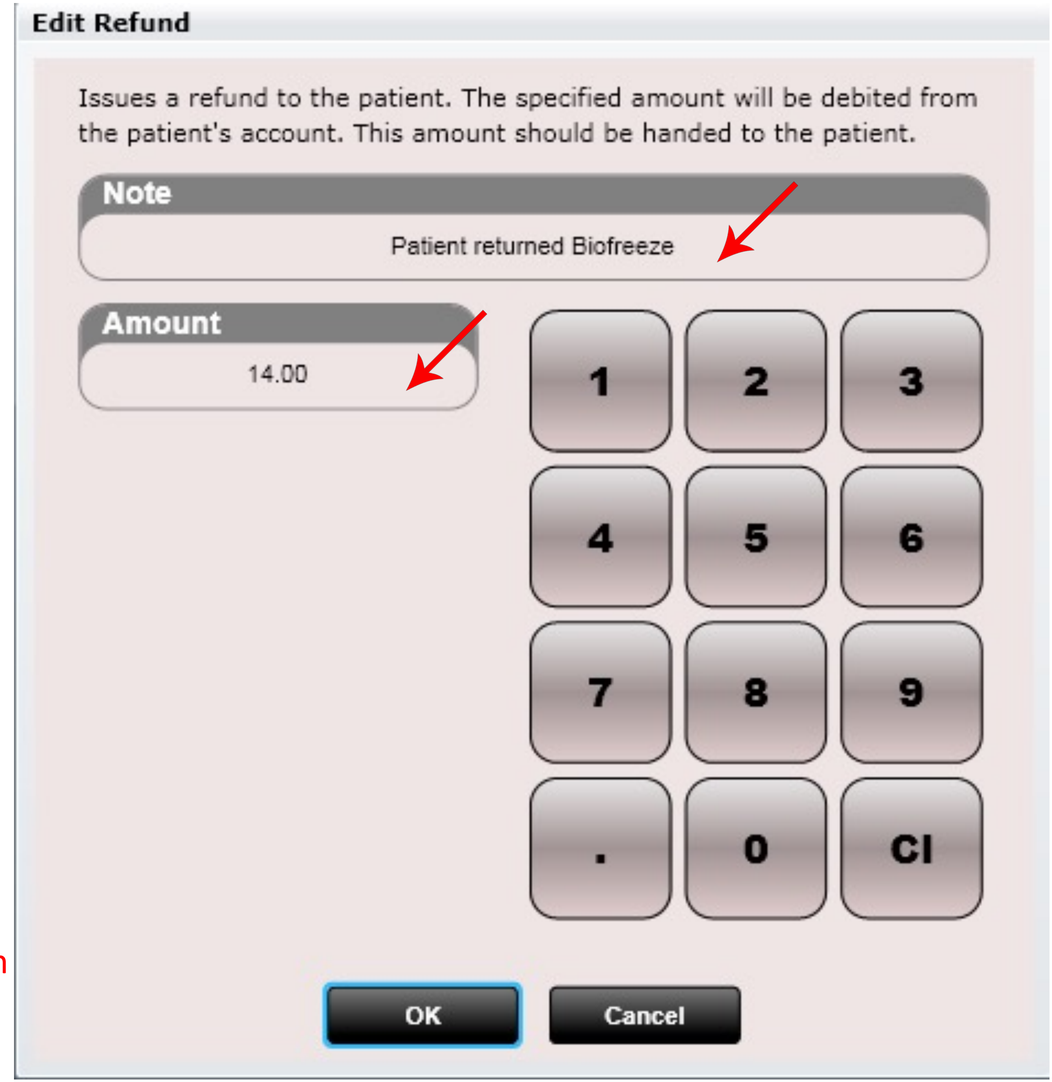
1. Click the "Add Refund" button

2. Type a refund "note" and enter the amount of cash you are refunding the patient. In my example I am refunding $14.00 for a returned Biofreeze.

3. Note the refund is now shown in the "Charges" column.



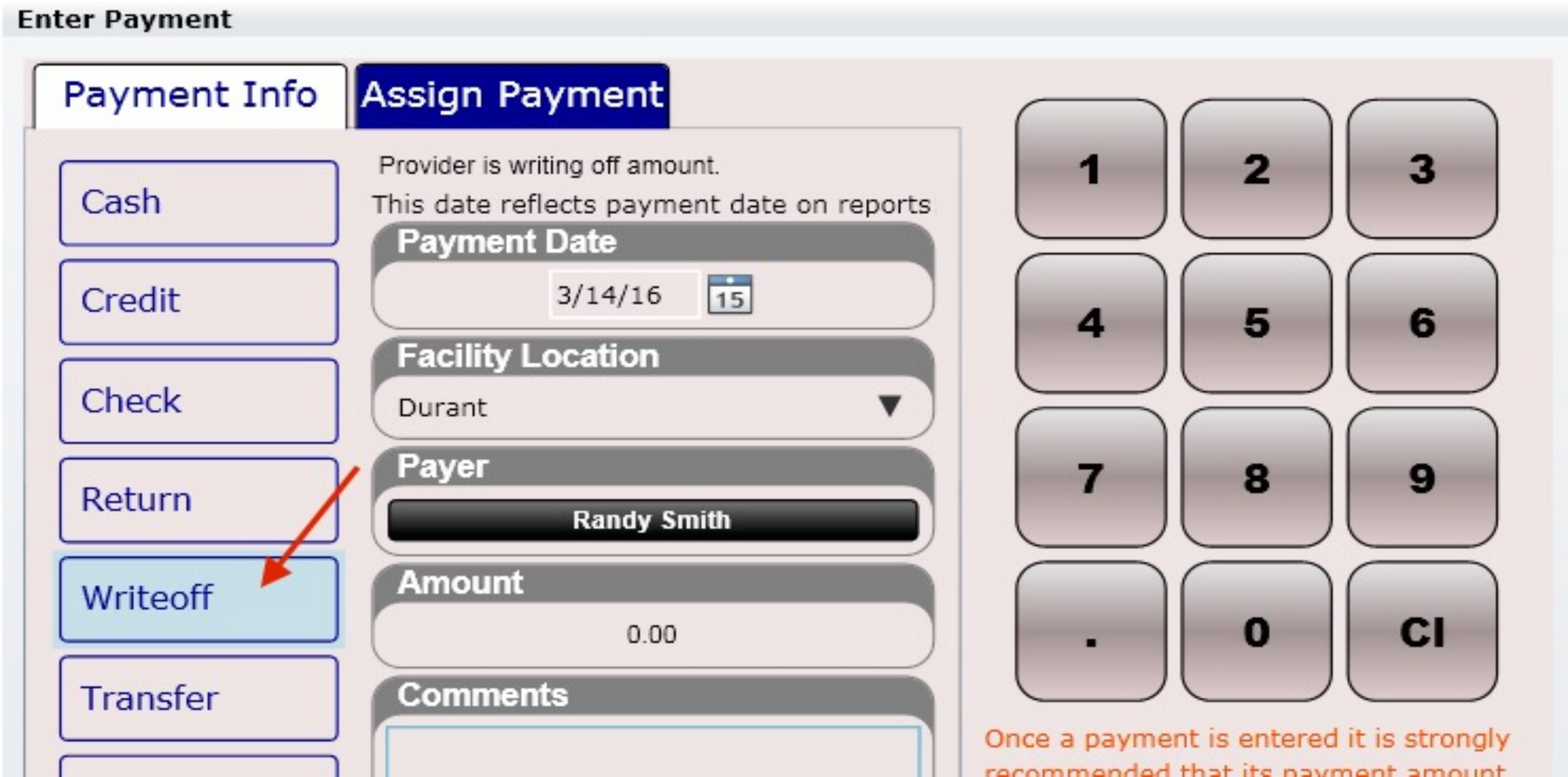
4. Give the refund amount to your patient (hand them cash).



Pt. Payments

Ledger – Write Off

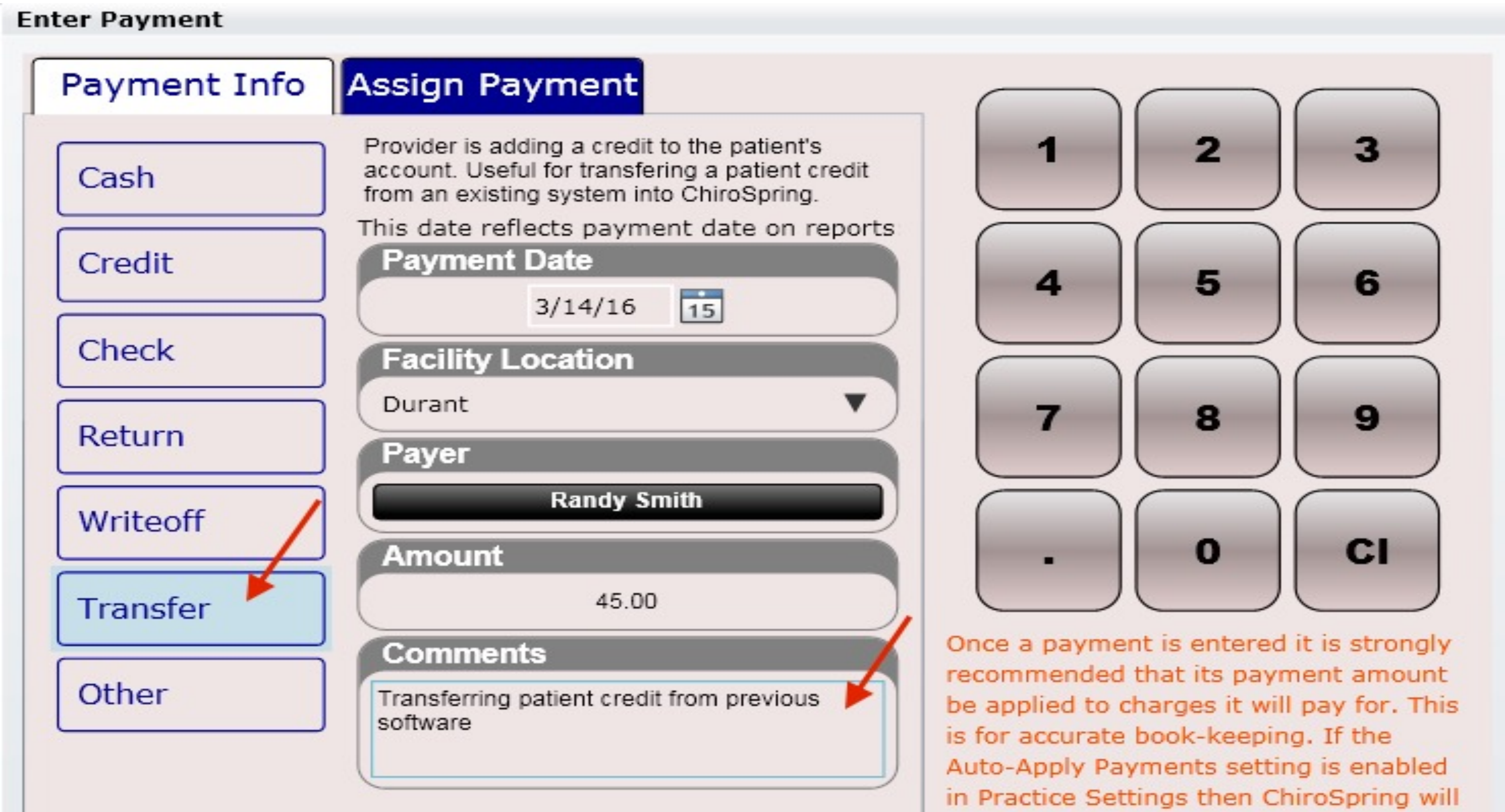
Click “Add Payment” and select the “Write Off” tab. **Use this option if a patient has a balance they will not pay and you wish to write off that balance or a portion of that balance.**



Pt. Payments

Ledger – Transfer

Click "Add Payment" and select the "Transfer" tab. **Use this option to give a patient a credit.** This is useful when transferring a patient credit (positive balance) from a pervious software into ChiroSpring. See example below.



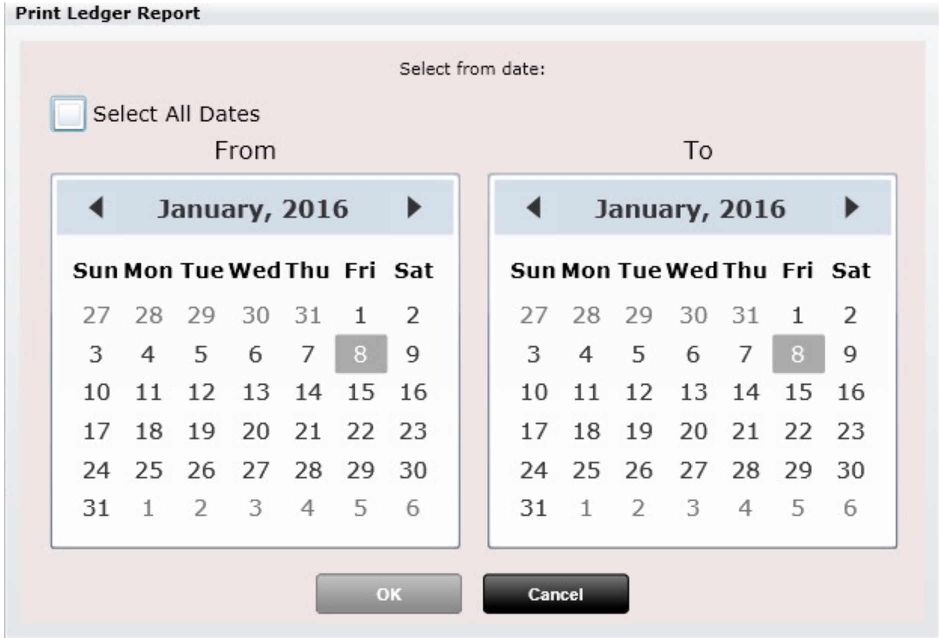
Dashboard – Print Ledger

Print Ledger

To print the patient's ledger, click the black "Print Ledger" button. A dialog will open asking you to specify the date range you wish to print (or select all dates using the check box).

After you have specified the date range the generated report will be displayed. Click the "Print" button again to send the ledger report to your printer.

The patient ledger shows every charge and every payment made for that date range. It also shows what the primary/secondary/tertiary paid for any charges to date and what the patient responsibility was for each charge.



Pt. Charges

Ledger - Print

Pictured below is a generated patient ledger

Spinal Care Chiropractic
1515 Brady St.
Davenport, IA 52806
563-545-4565
spinalcarechiropractic4health@gmail.com

For: Mary Tharp
DOB: 3/18/2010
Account Number: THAMA000
Dates: All dates

Patient Ledger Report

STARTING BALANCE: $0.00

DATE	DESCRIPTION	UNITS	AMOUNT CHARGED	INS. SAVINGS	INS. PAID	COPAY	CO-INS	DEDUCT.	PATIENT PAID	PATIENT OWES
07/24/15	99204-25-BC-EF-GH New Patient Compreh	1	110.00	0.00	0.00	20.00	0.00	0.00	0.00	20.00
08/12/15	99204-25-BC-EF-GH New Patient Compreh	1	110.00	0.00	0.00	20.00	0.00	0.00	0.00	20.00
11/06/15	99204-25-BC-EF-GH New Patient Compreh	1	110.00	0.00	0.00	20.00	0.00	0.00	0.00	20.00
TOTALS:		3	330.00	0.00	0.00	60.00	0.00	0.00	----	60.00

Pt. Charges	Pt. Payments	Pt. Ending Balance
$60.00	$0.00	$60.00

Note: We discussed the Charge report earlier (Dashboard/Insurance Cases). It is important to note the Ledger and Charge report are not the same. The Ledger will encompass all insurance and cash charges and payments. The Charge Report will only display charges and payments for charges associated with THAT Insurance Case.

Scheduled Credit Card Payments

Ledger – Scheduled Credit Card Payments

After you have stored a credit card on file for your patient you can then create scheduled payments for your patient. Use the Dashboard/Profile/Payment Methods tab to store your patient's credit card or store when taking payment at checkout.

Process Payments

In the Launcher (located on the Front Desk) you will find an app called Process Payments. This app will allow you the ability to process all DUE scheduled payments for ALL of your patients in a single click.

#MIST (Dashboard)

Medications & Allergies

Illnesses

Surgeries

Traumas

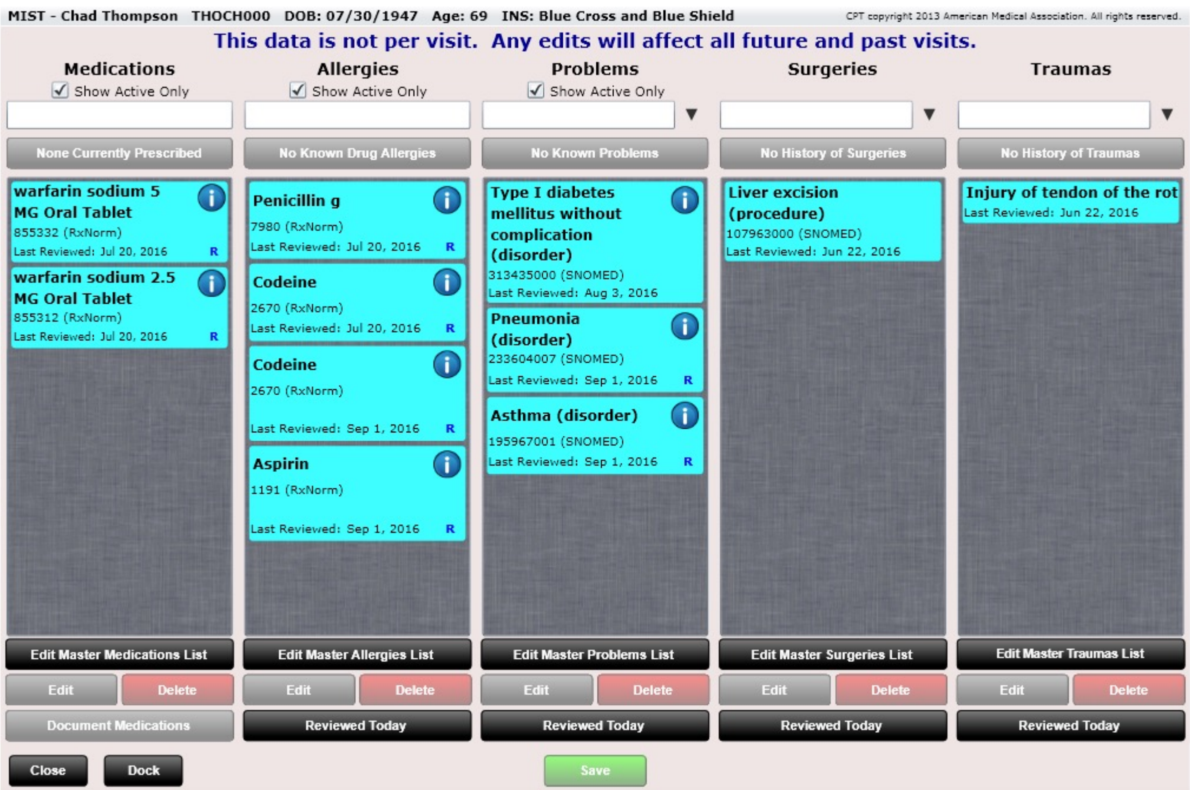
Dashboard - MIST

Medications **Allergies** **Problems** **Surgeries** **Traumas**

The MIST tile in the patient dashboard will allow your staff to enter this information without going into "Edit SOAP".

MIST is an acronym for:

- **M**edications
- **A**llergies
- **I**llnesses (Problems)
- **S**urgeries
- **T**raumas



Power Tip: Medications, Allergies and Problems can be populated in the Patient Kiosk.

Patient Kiosk

Dashboard - MIST

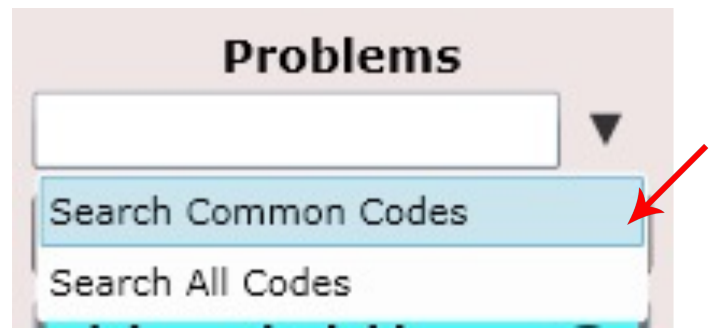
We have provided thousands of medications, allergies, problems, etc. However, if an item does not exist in our master database you can add your own. To do this click the “Edit Master Medication List” button (for example).

Use the “Reviewed Today” button if you want to mark all items in that column as reviewed today. This will update the “Reviewed Date” for all items in that list.

Click the blue INFO button for an item to get detailed information.

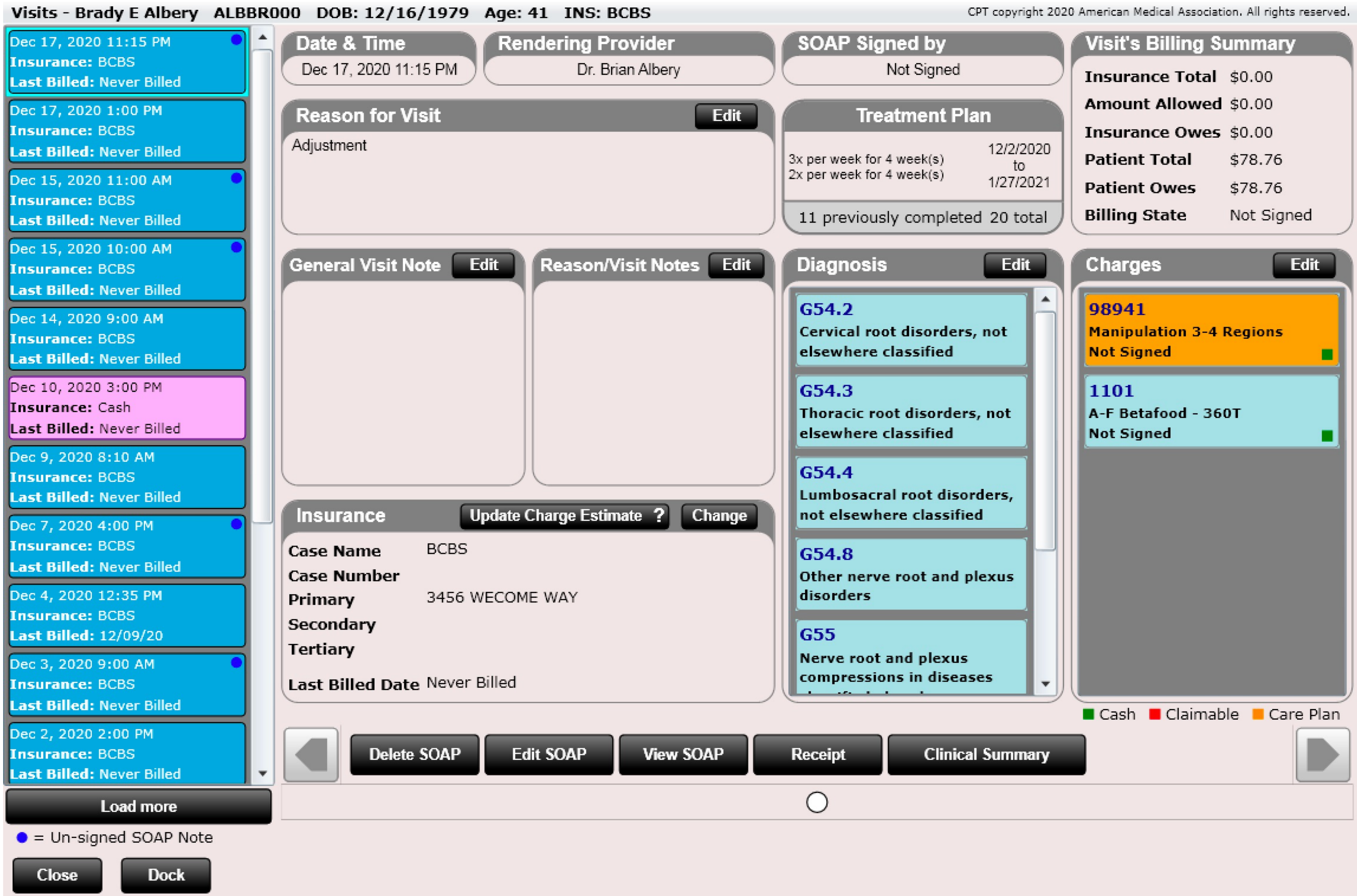
Dashboard - MIST

You will also notice a black “down” arrow next to the Problems, Surgeries and Traumas lists. Clicking this will reveal a drop down (see below). As you can see, “Search Common Codes” is selected by default. There are hundreds of thousands of codes, so we have taken the time to flag commonly used codes. However, if an item you are searching for is not in the list, try selecting “Search all Codes”. Chances are you will find what you are looking for although the search will take slightly longer as it is searching through many more codes.



#Visits (Dashboard)

Dashboard - Visits



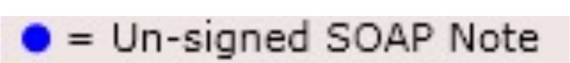
Dashboard - Visits

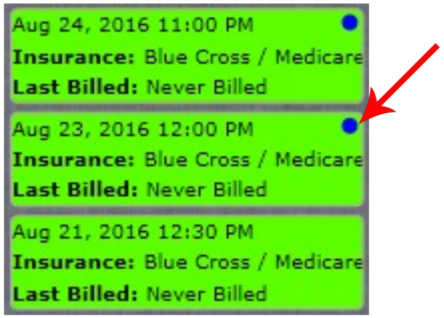
The Visit tile is one of the most useful features in ChiroSpring because it organizes and presents all information associated with each and every patient visit. Not only can you view details for the patient visit but you can also edit the insurance case, diagnosis and charges or even edit a SOAP note.

Here is a list of the information displayed on the Visit tile

- Date & Time
- Rendering Provider
- SOAP Signed By
- appointment Note
- Reason for Visit
- Visits Billing Summary
- General Visit Note
- Insurance
- Diagnosis
- Charges
- View or Print SOAP Note
- View or Print Receipt
- View or Print Clinical Summary
- Delete SOAP (only if it has not been signed)

Note: Unsigned SOAP Notes are notated with a blue dot.



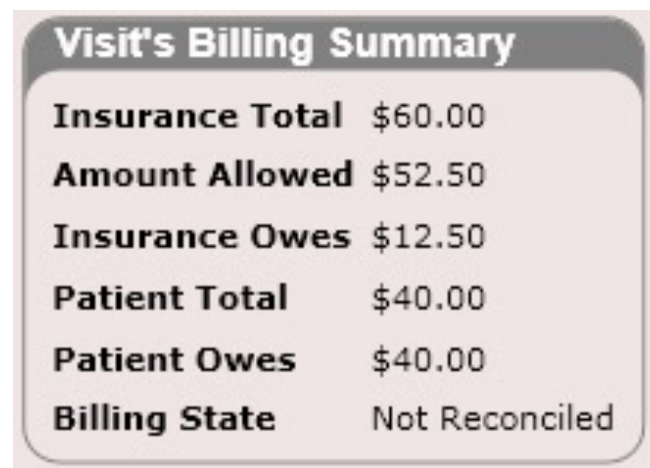


Dashboard - Visits

Visit's Billing Summary

The visit billing summary shows the following information

- **Insurance Total** – The total amount the insurance is responsible for
- **Amount Allowed** – The amount the insurance allowed for all charges on the visit
- **Insurance Owes** – The amount the insurance still owes for the visit
- **Patient Total** – The amount the patient is responsible for for the visit
- **Patient Owes** – The amount the patient still owes for the visit
- **Billing Status** – Displays the current status of the visit (e.g. Bill Pri. Pri. Billed, etc.)
  - If the patient has no insurance the status will go through these steps
    - **Bill Patient**
    - **Reconciled (after all charges are paid)**
  - If the patient has insurance the status will go through these steps
    - **Bill Primary**
    - **Primary Billed**
    - **Bill Secondary (if have secondary)**
    - **Secondary Billed (if have secondary)**
    - **Bill Tertiary (if have tertiary)**
    - **Tertiary billed (if have tertiary)**
    - **Bill Patient (Charges not covered by insurance)**
    - **Reconciled (after all charges are paid)**



Dashboard - Visits

- **Date & Time** – The date and time of the scheduled appointment
- **Rendering Provider** – The provider that performed the services (HCFA box 24j)
- **SOAP Signed by** – The provider that signed the SOAP
  - If a rendering provider cannot sign a SOAP due to absence other providers may sign their SOAP with approval. You can set your ability to sign other provider's SOAP notes in Settings/Users
- **Appointment Note** – The note entered in when the appointment was created. Useful for the provider to see prior to treating them.
- **Reason for Visit** – The reason the patient had the visit.
- **General Visit Note** – Write any general notes about the visit.
- **Reason/Visit Notes** – This note can be used to indicate the reason for the visit comments.
- **Treatment Plan** – The treatment plan for this visit

Dashboard - Visits

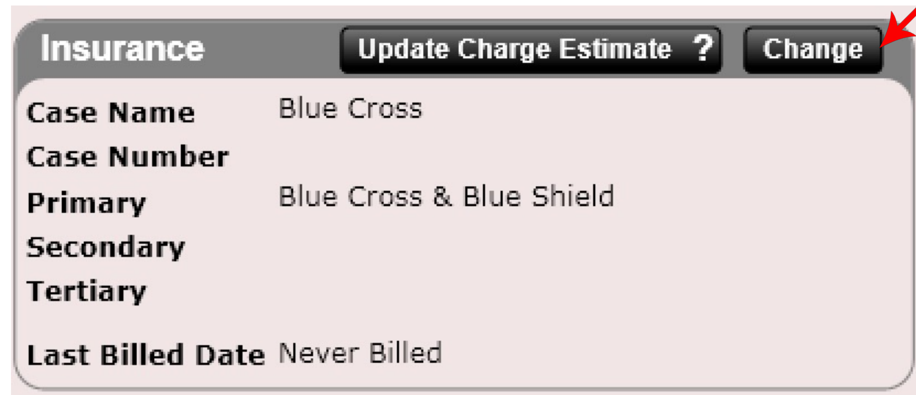
Insurance - Change Insurance Case

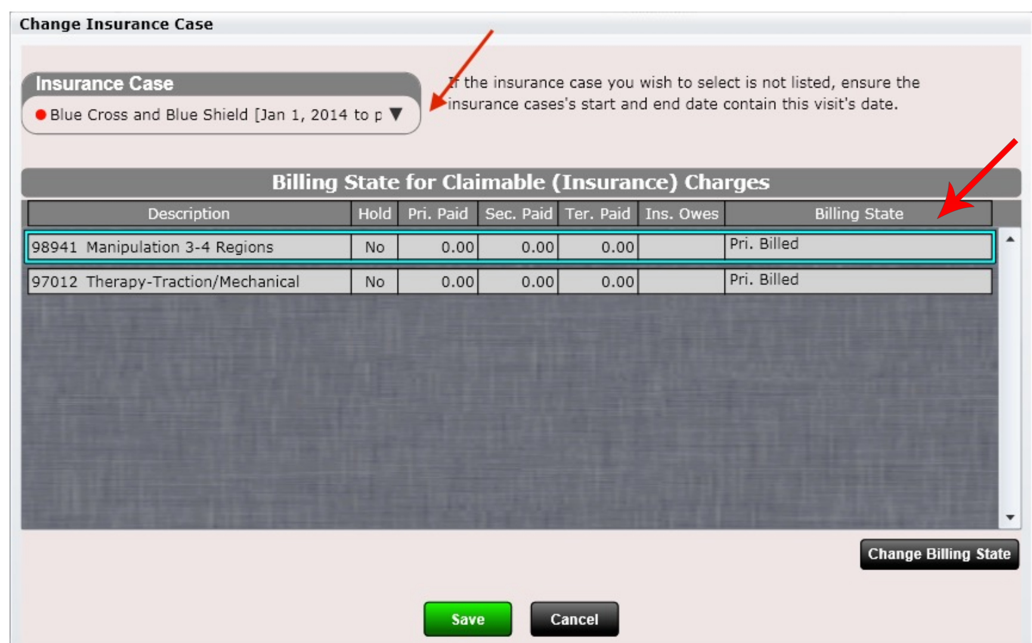
The Visits tile shows the current insurance for that visit including the following

- **Case Name** – Insurance Case
- **Case Number** – Insurance Case Number
- **Primary** – Primary Insurance Provider
- **Secondary** – Secondary Insurance Provider
- **Tertiary** – Tertiary Insurance Provider

If you wish to change an insurance case, simply click the "Change" button located at the top of the Insurance box. Doing this will open up a Change Insurance dialog.

You may also notice a Billing State drop down. This allows you to change the billing state for the visit. For example, if Primary has already been billed and you wish to Bill Primary again simply set the Billing State to "Bill Primary" and save changes.

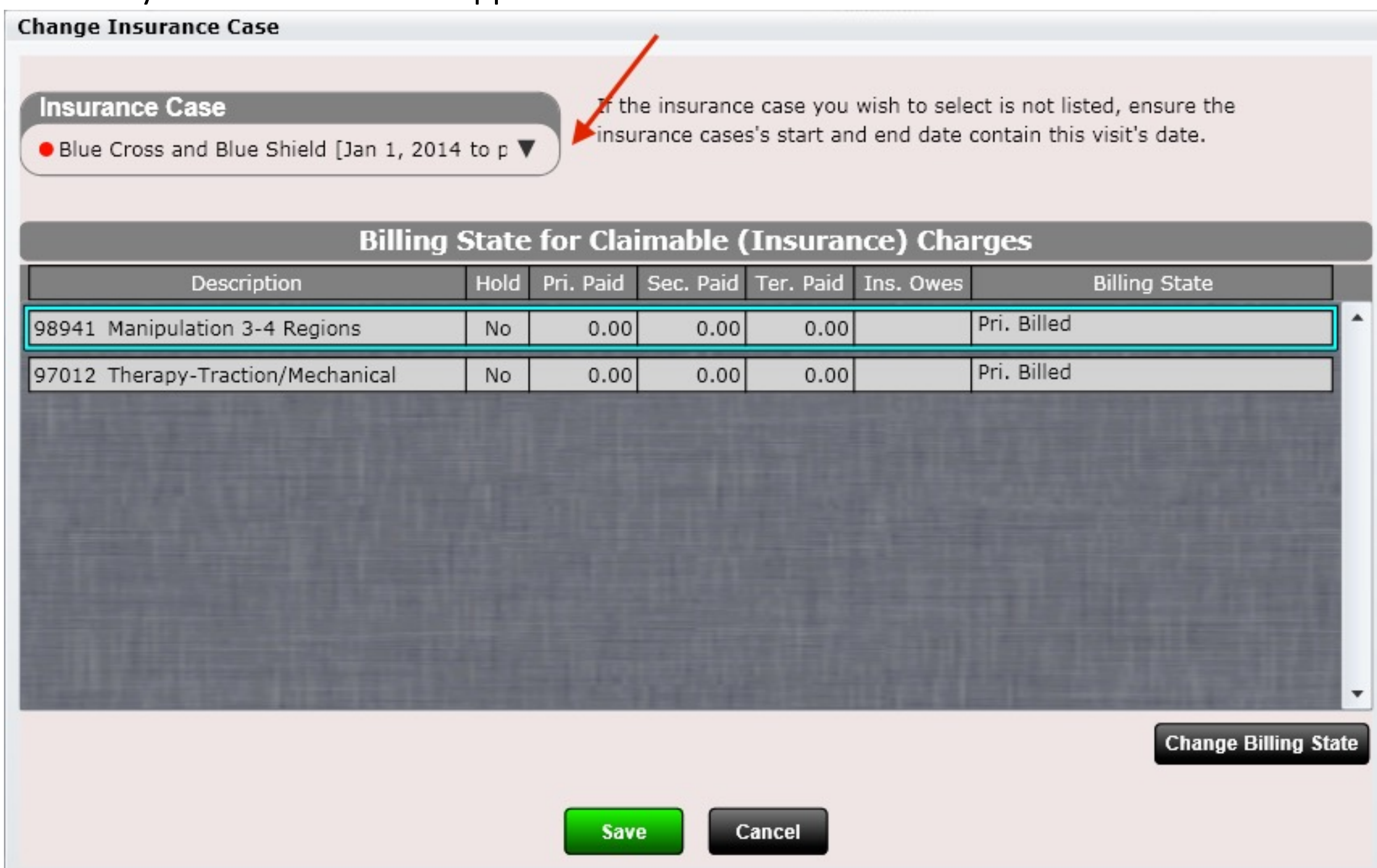




Dashboard - Visits

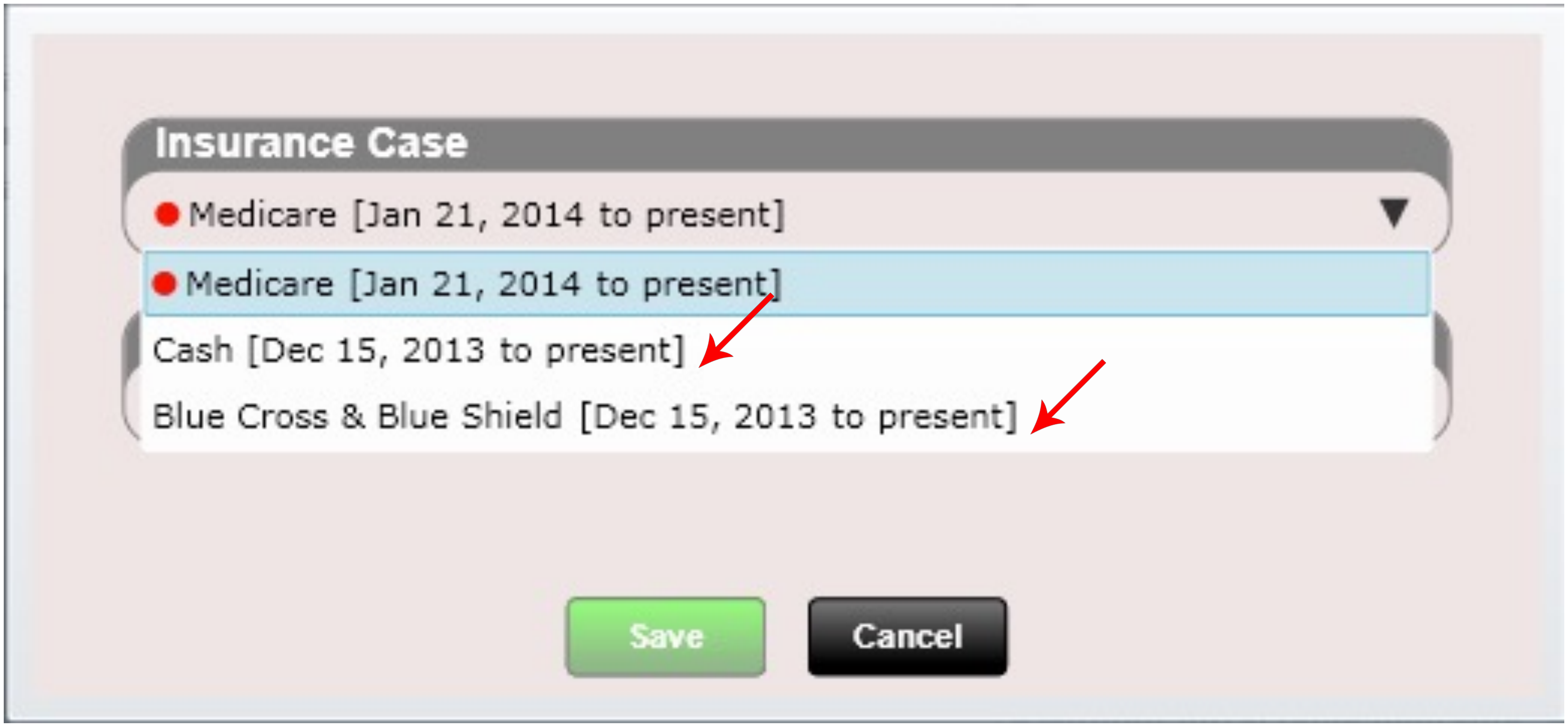
Now that you have opened the “Change Insurance Case” dialog you have a few options.

1. You can change the Insurance Case by using the “Insurance Case” drop down at the top.
2. You can select any charge (for this visit of course), then select the “Change Billing State” button in the lower right corner. Doing so will allow you to change the billing state. For example, the billing state might be “Primary Billed” but you may want to change it back to “Bill Primary”. Charges in the “Bill” state (e.g. Bill Primary) will be ready to bill in the Claims app on the Front Desk.



Dashboard - Visits

Here we are changing from the default insurance Medicare case to either Cash or Blue Cross & Blue Shield



Remember, the insurance case you are selecting must INCLUDE the date range of the visit you are wanting to use this insurance case with. Otherwise you will not be able to select the insurance case.

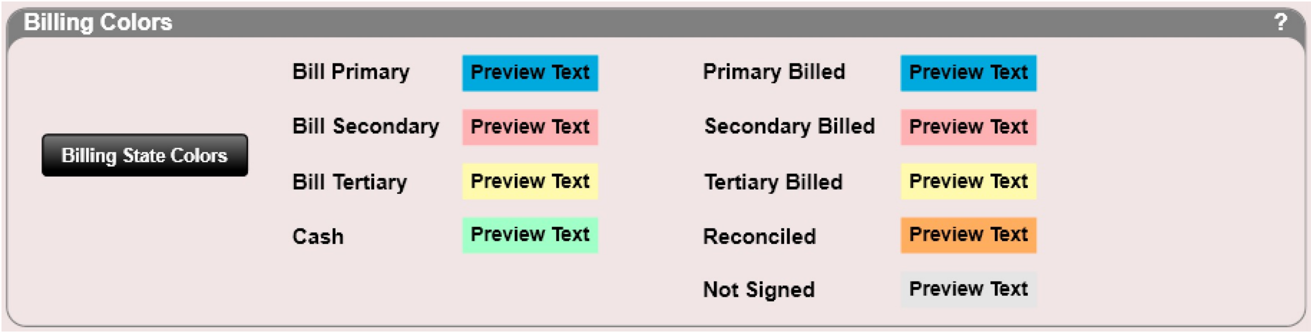
Dashboard - Visits

Insurance – Change Billing State

Billing States Include:

- **Not Signed** – The SOAP note has not been signed
- **Bill to Primary** – The visit is currently in the Claims app waiting to be submitted to Primary
- **Primary Billed** – The visit has been submitted to primary and you are waiting on the claims remittance
- **Bill to Secondary** – The visit is currently in the Claims app waiting to be submitted to Primary
- **Secondary Billed** – The visit has been submitted to primary and you are waiting on the claims remittance
- **Bill to Tertiary** – The visit is currently in the Claims app waiting to be submitted to Primary
- **Tertiary Billed** – The visit has been submitted to primary and you are waiting on the claims remittance
- **Reconciled** – The charges on the visit have been reconciled

Power Tip: Change your Billing State colors in Settings/Practice Info/Charge Options. For example, you might want your Bill to Primary to be blue and Primary Billed to be grey. Or make your Reconciled orange as another example.



Dashboard - Visits

This is the "Select Billing State" dialog. Here you can select any billing state for your charge. Billing states that cannot exist will be greyed out. This dialog is presented when you click the "Change Billing State" button as described on the previous page.

Power Tip: Visits can also be re-billed in the Billing app by selecting them, clicking the Bill Pri, Bill Sec or Bill Ter button and saving changes.

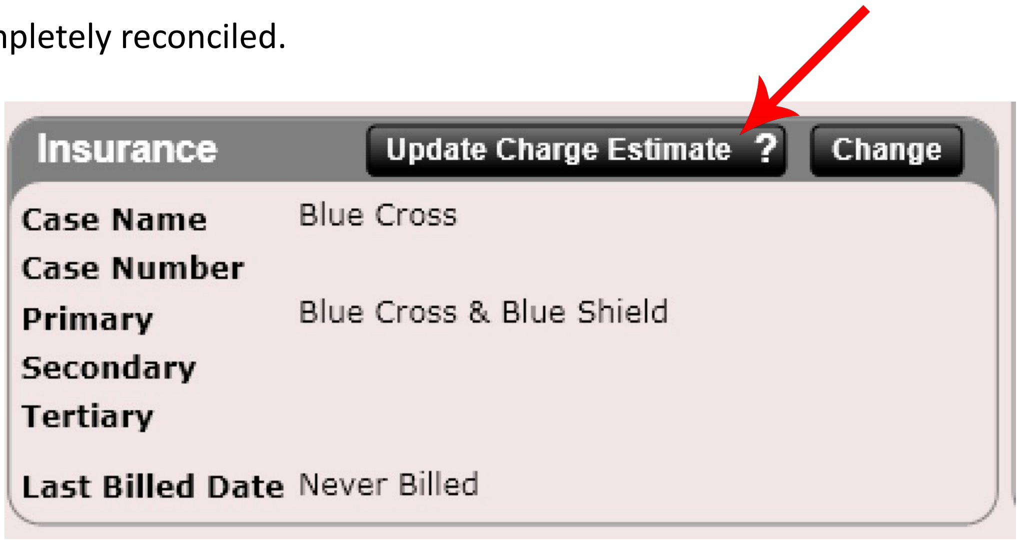
Visits – Update Copay/Co-Insurance

You may have noticed a button on the Visit tile screen that says, "Update Charge Estimate." This allows you to update the charges for a visit to reflect changes you may have made to a copay, co-insurance or deductible met.

For example. Let's say the patient had a Blue Cross and Blue Shield plan and you put a copay in of $30. You found out 5 visits later that this value was not correct, and it should instead be $20. No problem. Go to the Insurance Tile and remove the $30 copay and add the correct $20 copay. Then go to the Visit's tile and for **EACH** visit click the "Update Charge Estimate" button. It will re-calculate the charges for that visit and use the newly updated $20 copay in this example.

The button will appear greyed out when a visit is completely reconciled.

It is VERY important that you understand the purpose and function of the "Update Charge Estimate" button. This button will be needed to update every visit in the event you changed an insurance's copay, co-insurance or deductible met status and want that change to reflect for a particular visit.



Visits – Changing an Insurance Case

Why Change an Insurance Case?

- If you selected the incorrect insurance case for a visit you will likely want to change that visit to the correct one
- The patient changed insurance
- The patient no longer has insurance, and you wish to change the visit to the Cash Case

How do I re-bill a visit under a different Insurance Case?

If a charge has already been billed to insurance, you can still change the Insurance Case for that charge and re-bill it to a new or correct insurance case. Let's say you billed a charge to Blue Cross & Blue Shield (primary) only to find out the patient no longer has Blue Cross & Blue Shield. Go back to that patient visit and click the "Change" button on the Insurance box. This will allow you to change to the new or correct insurance case (you must first create the new insurance case in the Insurance tile within the patient Dashboard). You will notice that the Status will say "Primary Billed" as you have technically already billed primary. If you leave this selection as "Primary Billed" the charges for this visit will NOT be billed to the Primary on the newly selected insurance case. Therefore, if you wish to have the charges billed to the primary insurance, click on the Change Billing State button and select "Bill Primary." Select "Bill Primary" for all charges you wish to re-bill to primary. Now you have successfully changed to the correct insurance case and all charges associated with that visit will now be billed to the primary insurance for the newly selected insurance case.

NOTE: If a patient changes ONLY secondary insurance you will need to create a new insurance case that contains the original primary and the new secondary.

Visits – Changing an Insurance Case

How do I re-bill a visit if primary is the same but secondary is different?

- First create a new insurance case. Enter primary in exactly as it was entered in the previous insurance case. Now enter in the new secondary insurance.
- Go to the Visit tile and select the visit(s) you wish to bill or re-bill under this new insurance case.
- Click the “Change” button and select your newly created insurance case.
- Select the correct Billing State by clicking the “Change Billing State” button. If you want to bill primary select bill primary of course. If you want to bill secondary select bill secondary of course (for each charge).

How do I re-bill a visit if primary is different but secondary is the same?

- First create a new insurance case. Enter in the new primary insurance. Now enter in the secondary insurance exactly as it was in the previous insurance case.
- Go to the Visit Tile and select the visit(s) you wish to bill or re-bill under this new insurance case.
- Click the “Change” button and select your newly created insurance case.
- Select the correct Billing State by clicking the “Change Billing State” button. If you want to bill primary select bill primary of course. If you want to bill secondary select bill secondary of course (for each charge).

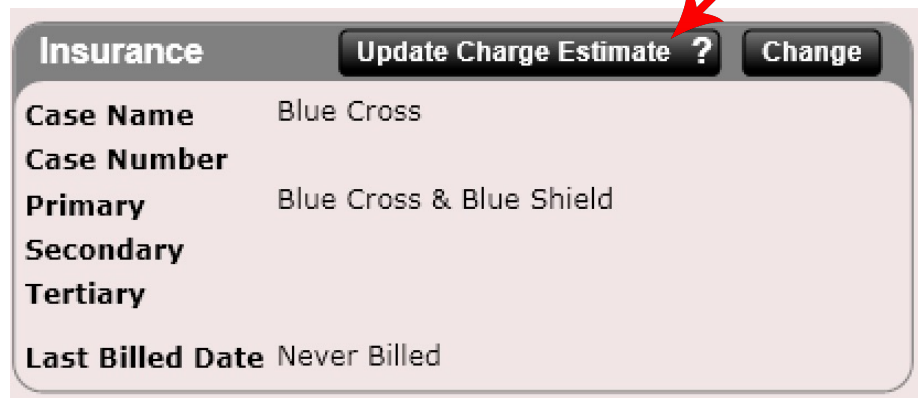
Power Tip: Use the “Duplicate Case” button in the Insurance case tile to duplicate an insurance case. Then remove information that is not needed and update as necessary.

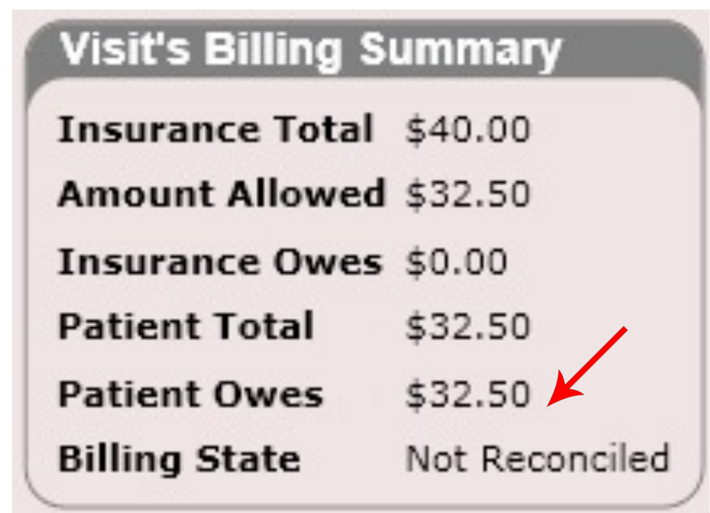
Dashboard - Visits

Insurance – Update Charge Estimates

Often times you may have entered an incorrect copay or co-insurance for a patient and not realize this until after several visits. Or perhaps the patient met their deductible several visits ago and you need to reflect this change on a visit. To remedy this issue, do the following:

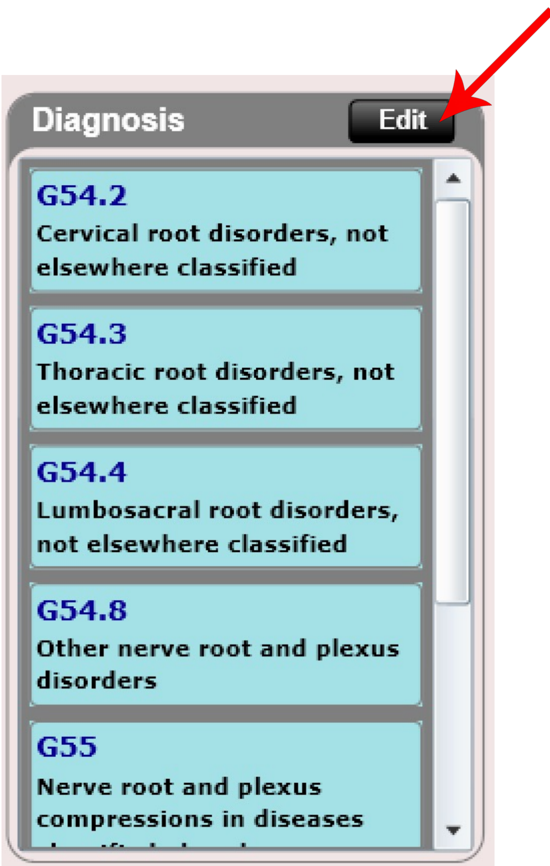
- First correct the copay or co-insurance in the Insurance Case section (Dashboard/Insurance). Or, in the case a deductible has been met mark the deductible as met (select a date OLDER than the visit you plan on updating with “update charge estimate”.
- Then in the Dashboard/Visits Tile click the visit(s) you wish to correct the copay or co-insurance on.
- You will then see a black “Update Charge Estimate” button (if greyed out the visit is either reconciled or has an unsigned SOAP note). Clicking this button will update the visit to the updated copay or co-insurance.
- You should notice the numbers in the Visit’s Billing Summary change after you click “Update Charge Estimate” if the copay or co-insurance are different than before.





Visits – Edit Diagnoses

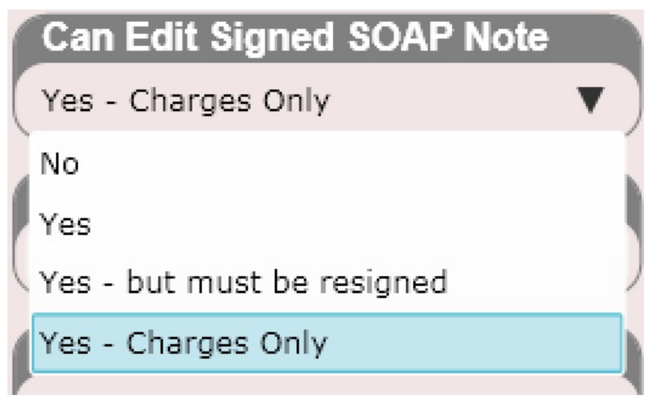
From the visit screen you will see a list of the patient's diagnoses. The ICD code is shown as well as the description of the diagnosis. If you wish to edit this list, simply click on the Edit button. Doing this will open a dialog allowing you to make any changes you wish to the diagnosis.



Power Tip: After a SOAP note has been signed, editing the diagnosis will require the provider's PIN (depending on the user's settings who edited the diagnosis). You can set "Can edit signed SOAP Note" editing privileges in Settings/Users/User Rights. Typically, non-providers will have either "No" or "Yes – but must be resigned" in the box shown below.

Settings

Users



Visits – Edit Charges (CPT)

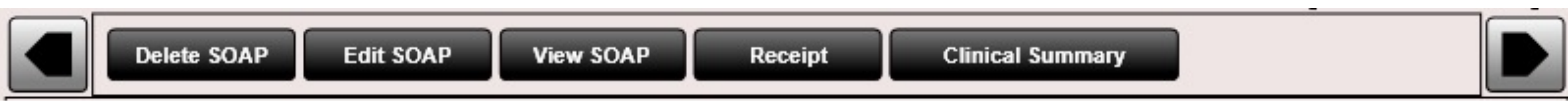
Editing a charge (CPT code) is done in the exact same fashion as editing a diagnosis. Click the Edit button on the charges column. This will open the dialog box shown below allowing you to arrange, edit, remove or add new charges. Once finished making changes click the green “Save” button below.

Visits – Navigation Bar

At the bottom of the visits summary screen is a navigation bar that contains the following items

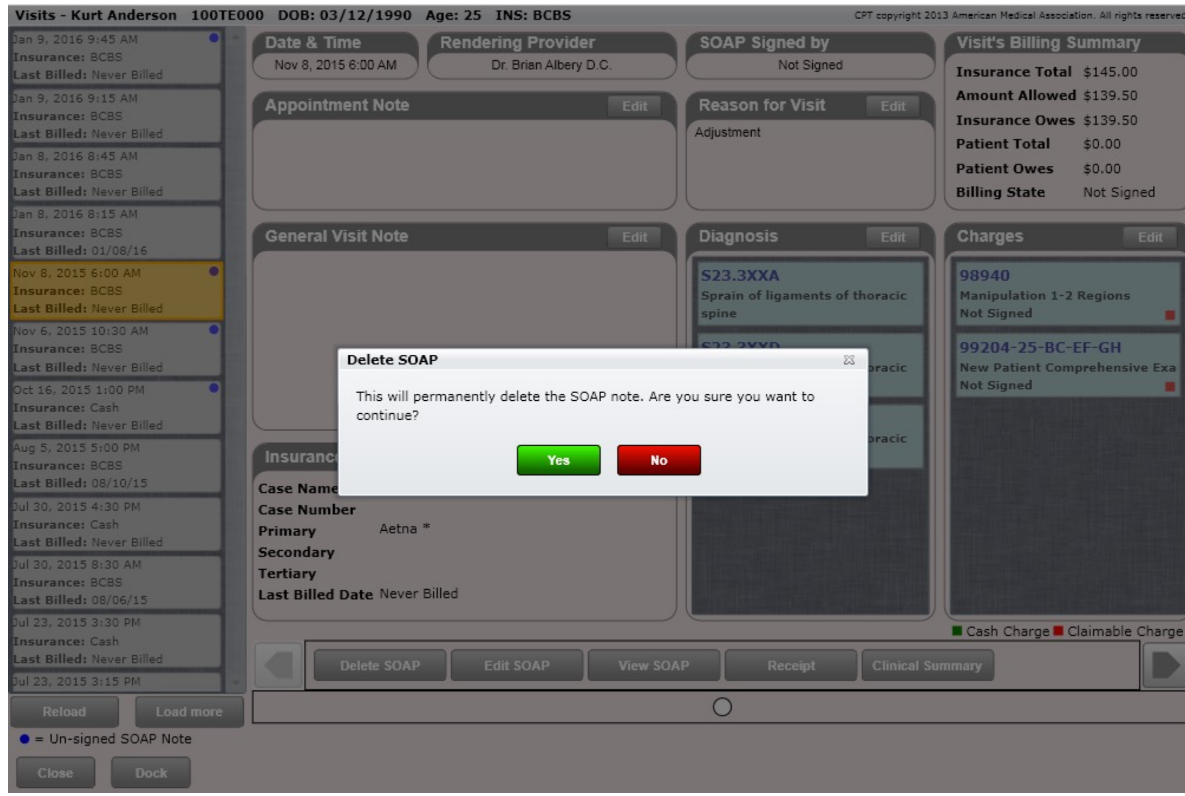
- Delete SOAP (this option can only be used if the SOAP Note has not yet been signed by the provider)
- Edit SOAP
- View SOAP
- Receipt
- Clinical Summary

Clicking on any one of these tabs will open up that item for that particular visit. Once these items open you are free to view/print or in some cases edit.

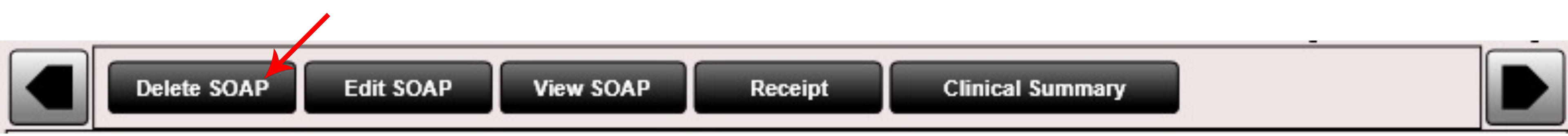


Navigation Bar – Delete SOAP Note

There may be times when you want to delete a SOAP Note. This can be done by clicking the "Delete SOAP" button in the Visits Tile.

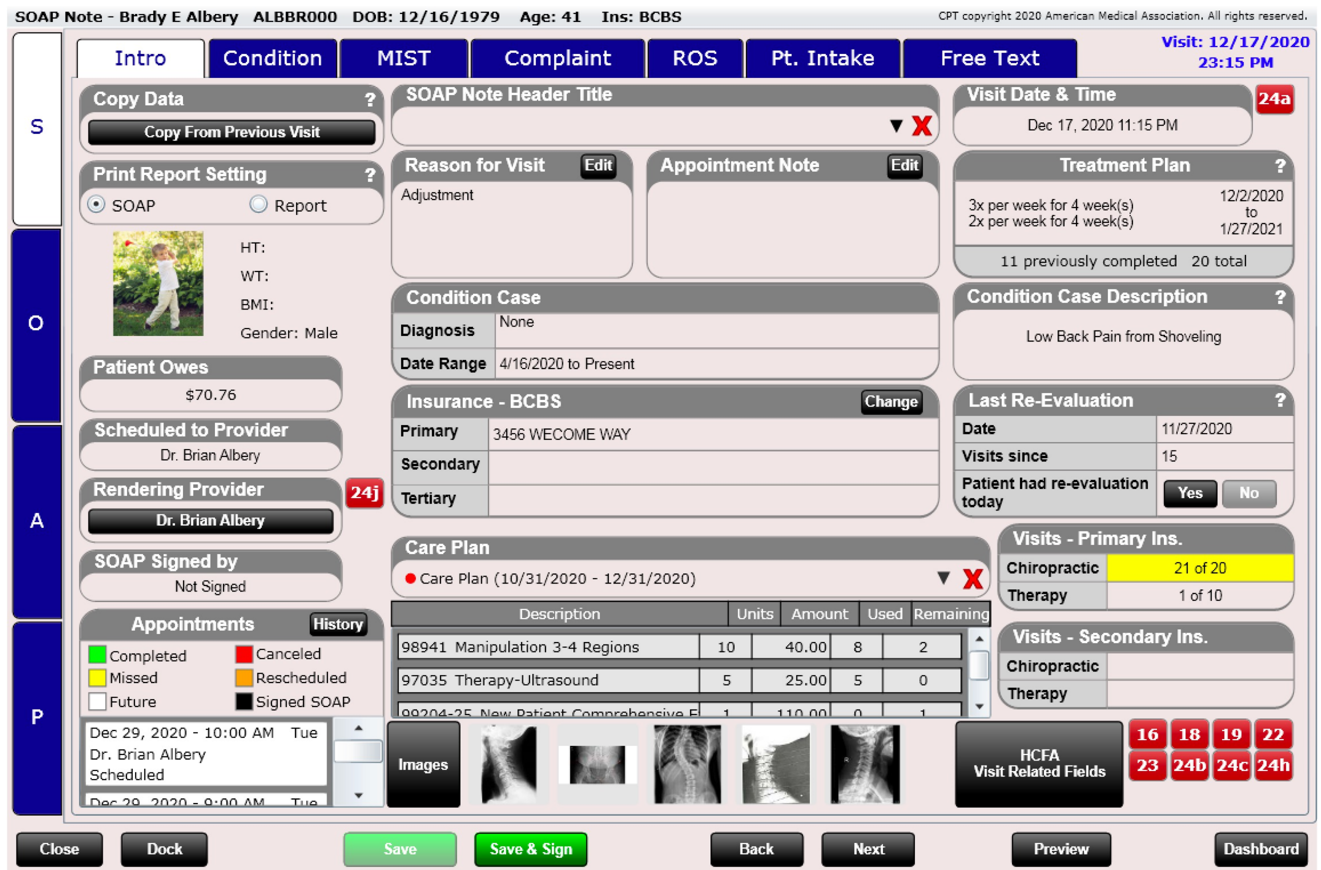


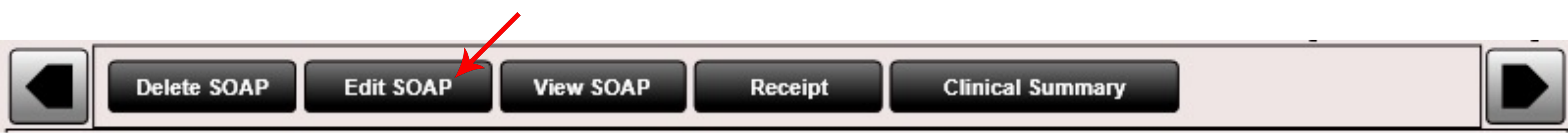
SOAP Notes can ONLY be deleted if they have not yet been signed by the provider. Once a SOAP Note is signed by the provider it can never be deleted.



Navigation Bar – Edit SOAP Note

Clicking on the Edit SOAP button below will open the editable SOAP note for that visit. Here you can make any changes to the SOAP that you like.



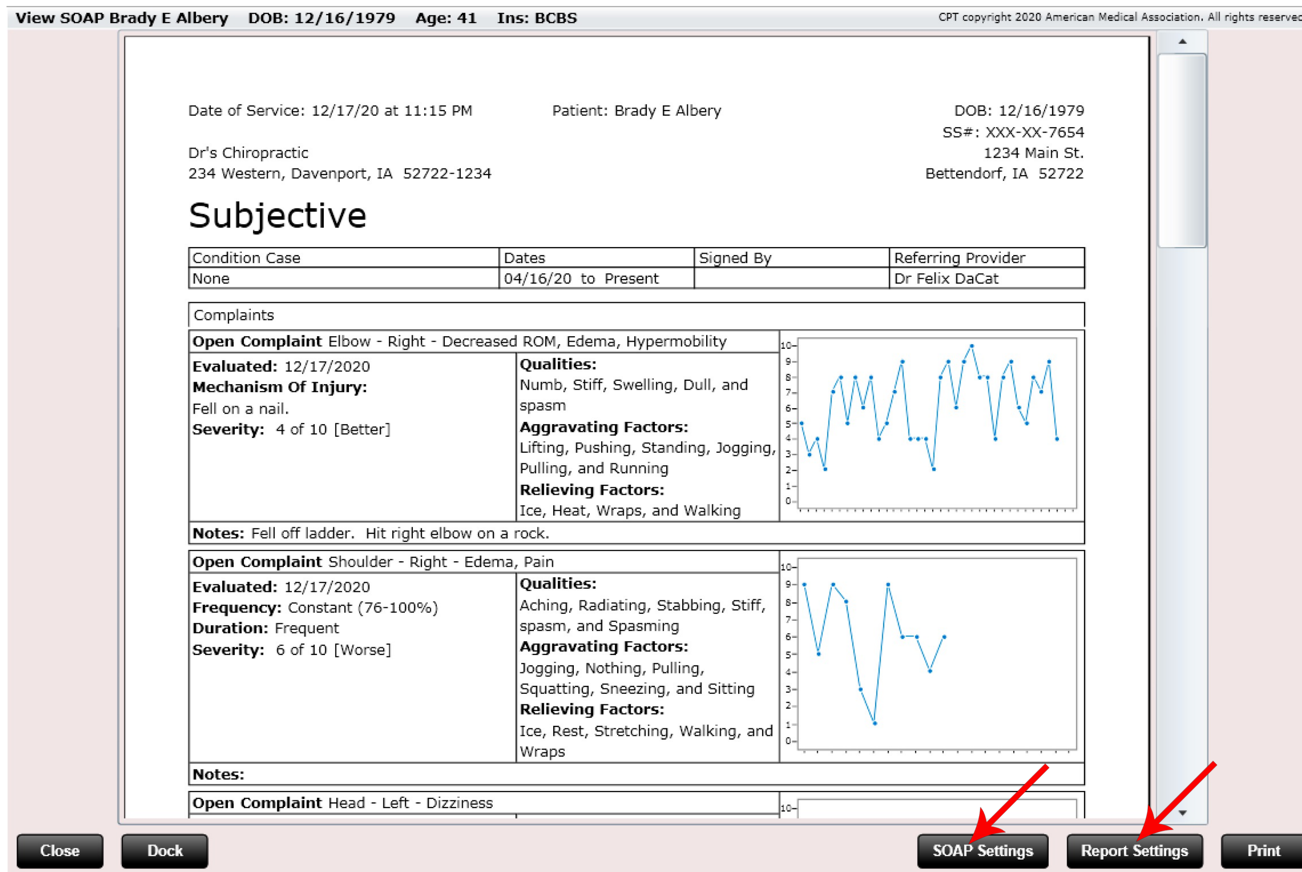


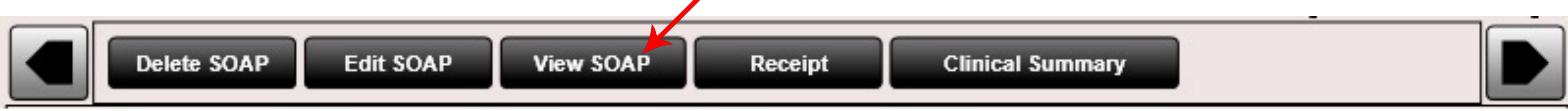
Navigation Bar – View SOAP Note

Clicking on the View SOAP button below will open up the SOAP note for that visit in an easily viewable format. We refer to this as the “paper SOAP Note”.

Power Tip: You can easily hide or show sections of the paper SOAP Note. To do this click the “SOAP Settings” button and highlight the sections you want shown. If you want these settings to remain, click “Save Default”. You can even move sections up/down.

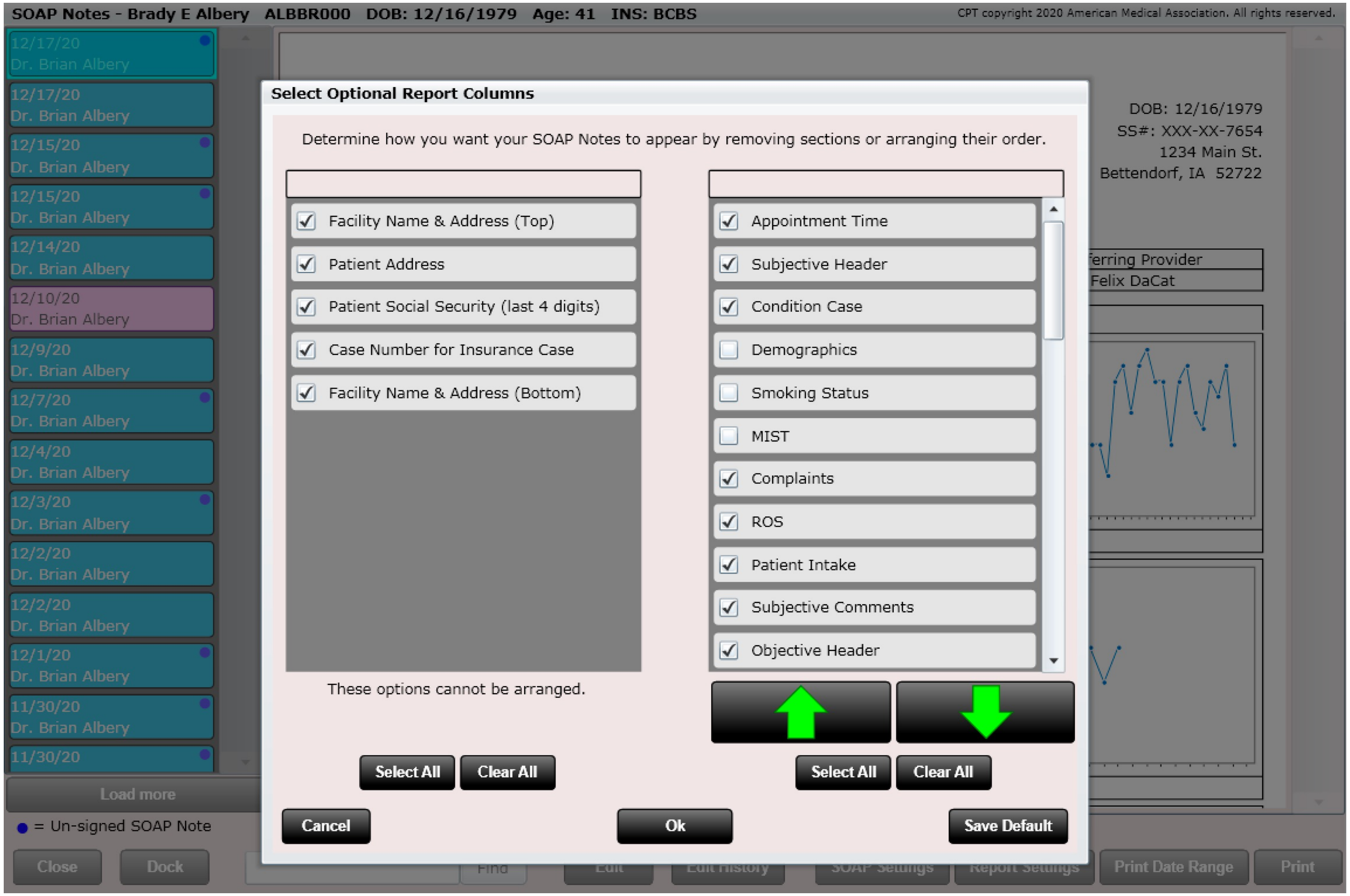
Additionally specify “Report Settings”. This gives you the ability to have two separate “KINDS” of notes (e.g. radiology report). Specify if a note is SOAP or Report in Edit SOAP on the Intro Tab.





Navigation Bar – Customize SOAP

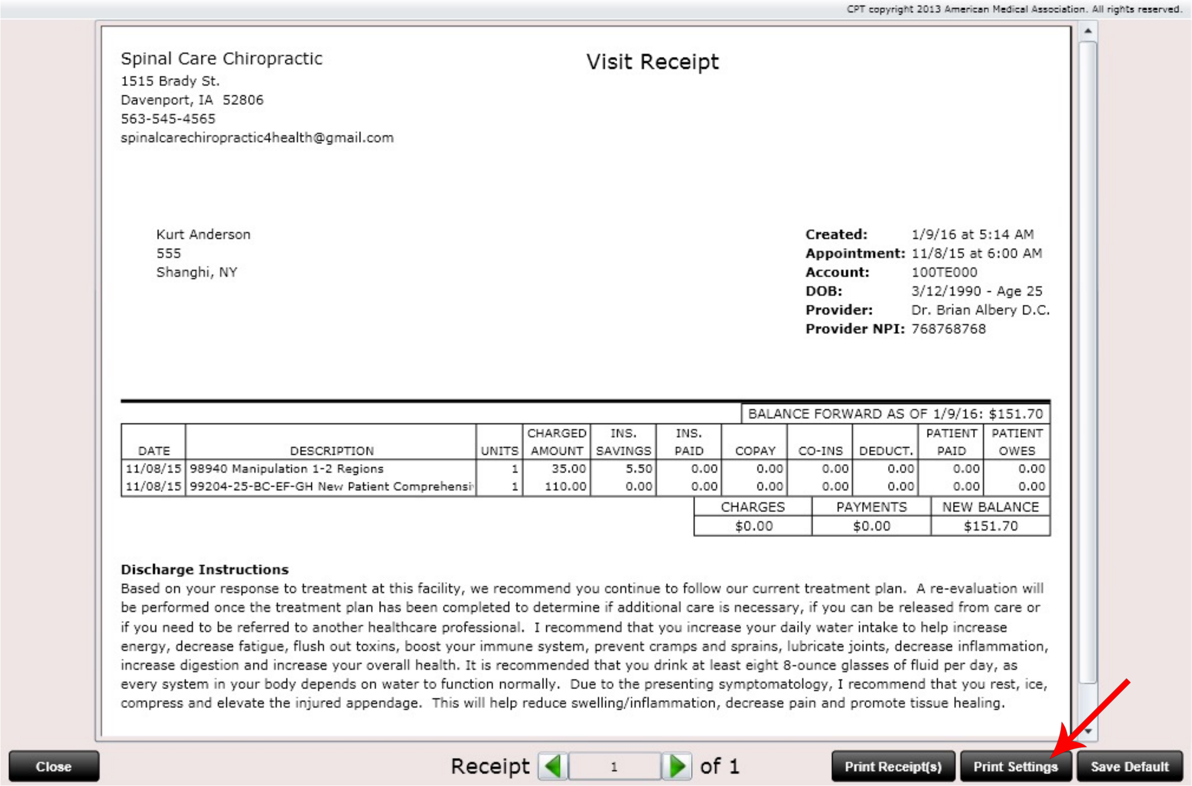
Here you can see we are customizing which fields we want shown on our “paper” SOAP Note. Click “SOAP Settings” or “Report Settings”. Specify within the Edit SOAP on the intro tab which version you are producing using the buttons on the Intro Tab.



Navigation Bar – Receipt

Clicking on the Receipt button below will open up the receipt for that visit. This is the exact receipt that was printed at the time the patient was seen. Not only can you view the receipt from here, but it can also be printed. This is an invaluable tool for those occasions where patients either lose receipts or want all of their year's receipts printed for tax purposes at the end of the year.

Similar to the SOAP note you can also customize what is shown on the receipt. To customize your receipt, click the "Print Settings" button. If you want these settings to remain, click "Save Default".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Spinal Care Chiropractic
1515 Brady St.
Davenport, IA 52806
563-545-4565
spinalcarechiropractic4health@gmail.com

Visit Receipt

Kurt Anderson
555
Shanghi, NY

Created: 1/9/16 at 5:14 AM
Appointment: 11/8/15 at 6:00 AM
Account: 100TE000
DOB: 3/12/1990 - Age 25
Provider: Dr. Brian Albery D.C.
Provider NPI: 768768768

BALANCE FORWARD AS OF 1/9/16: $151.70

DATE	DESCRIPTION	UNITS	CHARGED AMOUNT	INS. SAVINGS	INS. PAID	COPAY	CO-INS	DEDUCT.	PATIENT PAID	PATIENT OWES
11/08/15	98940 Manipulation 1-2 Regions	1	35.00	5.50	0.00	0.00	0.00	0.00	0.00	0.00
11/08/15	99204-25-BC-EF-GH New Patient Comprehensi	1	110.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

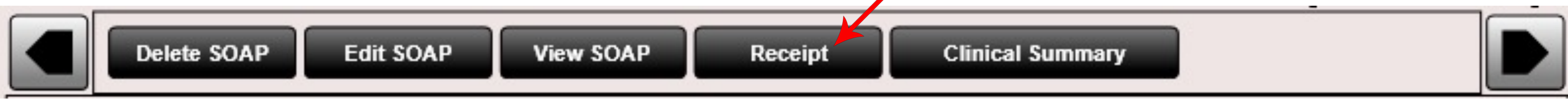
CHARGES	PAYMENTS	NEW BALANCE
$0.00	$0.00	$151.70

Discharge Instructions
Based on your response to treatment at this facility, we recommend you continue to follow our current treatment plan. A re-evaluation will be performed once the treatment plan has been completed to determine if additional care is necessary, if you can be released from care or if you need to be referred to another healthcare professional. I recommend that you increase your daily water intake to help increase energy, decrease fatigue, flush out toxins, boost your immune system, prevent cramps and sprains, lubricate joints, decrease inflammation, increase digestion and increase your overall health. It is recommended that you drink at least eight 8-ounce glasses of fluid per day, as every system in your body depends on water to function normally. Due to the presenting symptomatology, I recommend that you rest, ice, compress and elevate the injured appendage. This will help reduce swelling/inflammation, decrease pain and promote tissue healing.

Close

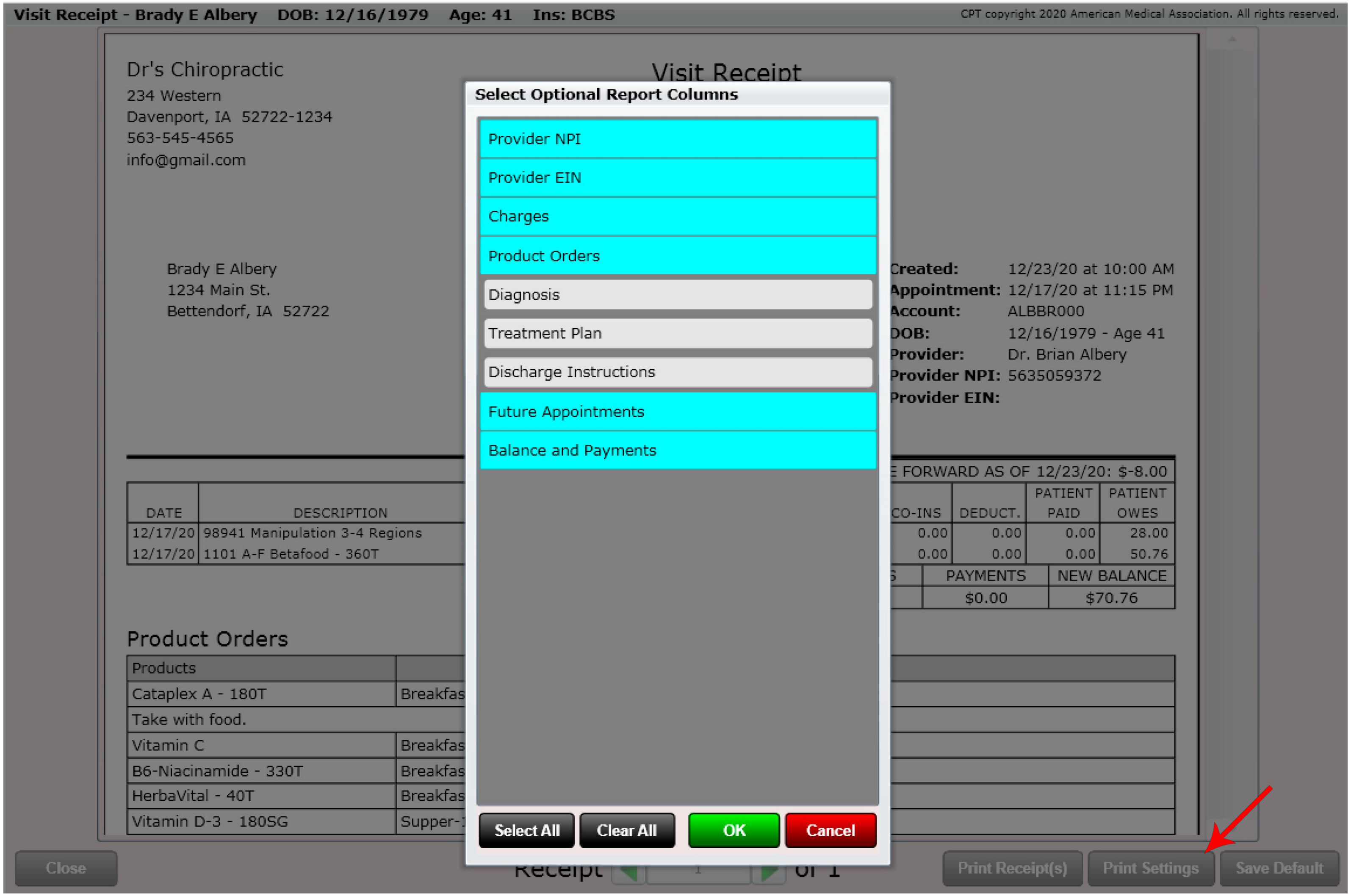
Receipt 1 of 1

Print Receipt(s) | Print Settings | Save Default



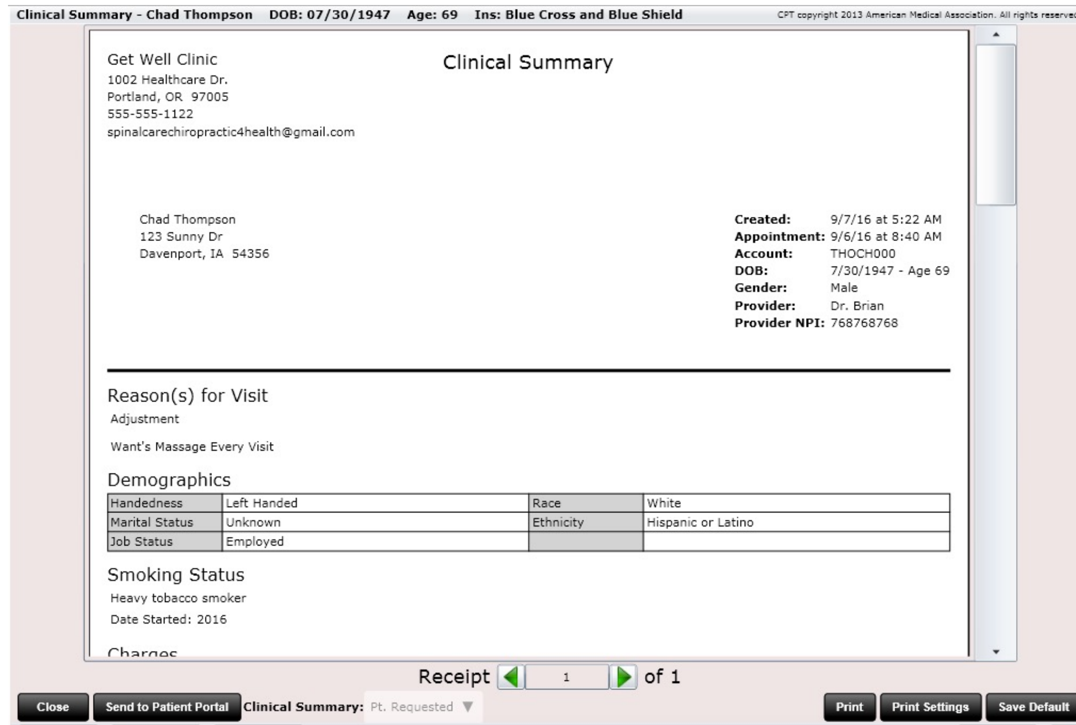
Navigation Bar – Customize Receipt

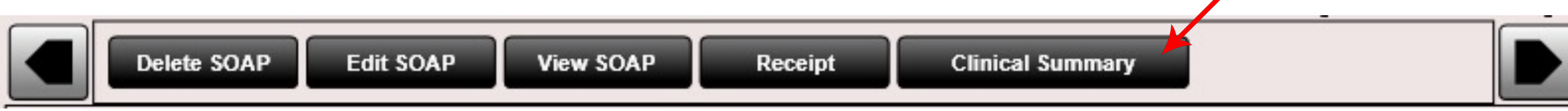
Here you can see we are customizing which fields we want shown on our receipt.



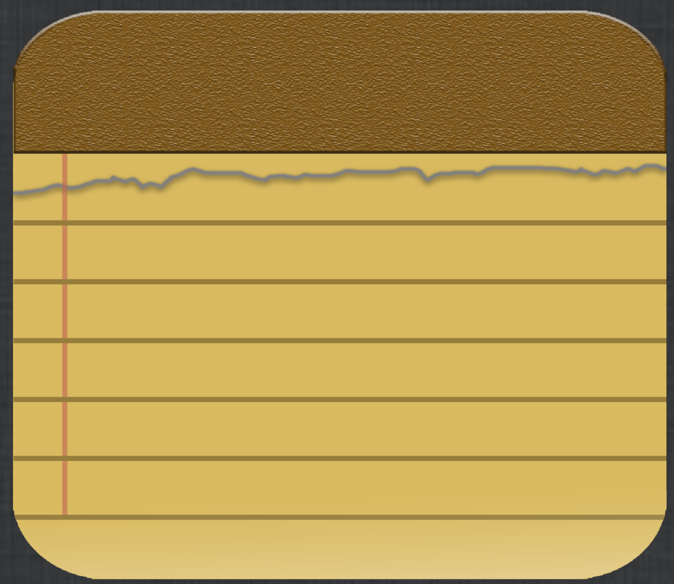
Navigation Bar – Clinical Summary

Clicking on the Clinical Summary button below will open up the clinical summary for that visit. This is the exact clinical summary that was generated at the time the patient was checked out.





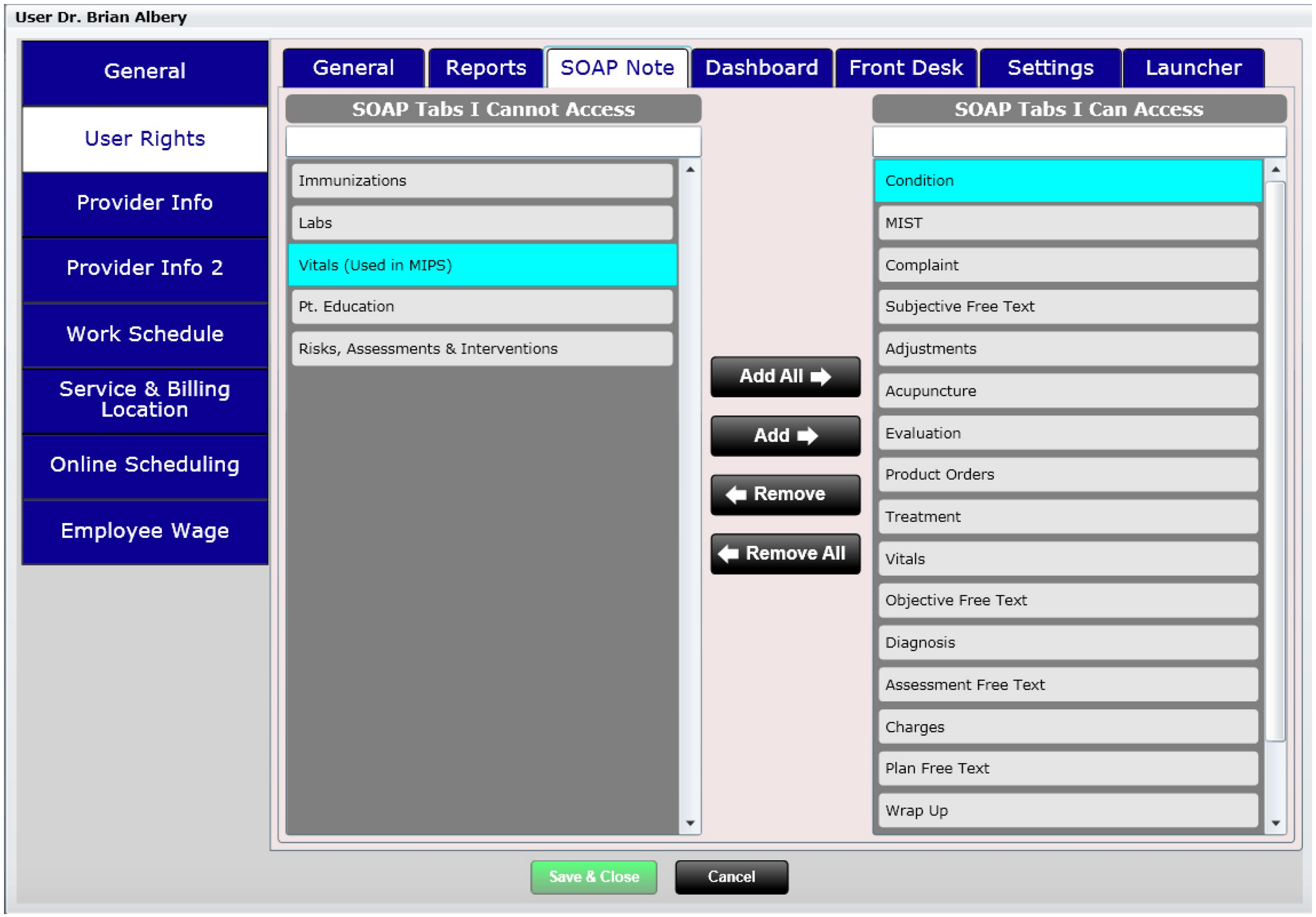
#SOAP Notes (Dashboard)



Dashboard - SOAP Notes

The Edit SOAP dialog is composed of many TABS. Not all providers use all tabs. We have made our SOAP Notes VERY customizable.

If you want to remove Tabs within your Edit SOAP, this can be done in Settings/Users/User Rights as shown below.



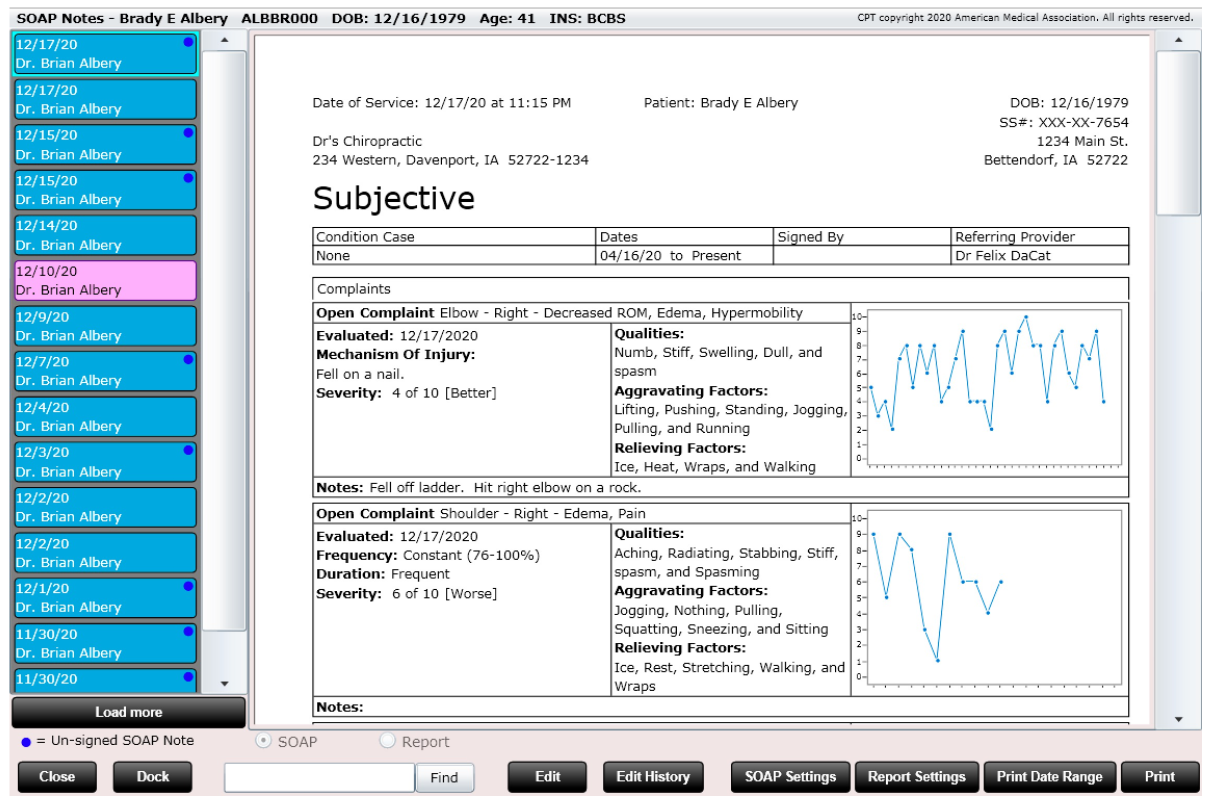
Dashboard - SOAP Notes

SOAP notes are kept in a highly organized part of the patient Dashboard. Click on the "SOAP Note" tile and you will see a list on the left for every patient visit.

Selecting each visit will reveal its SOAP note on the right side in an easy-to-read format. We refer to this as the "paper SOAP note". Not only can you view the SOAP here, clicking the "Print" button will allow you to print the SOAP. Clicking the "Edit" button will open the SOAP and allow you to make any changes you wish.

If you wish to print several SOAP notes at once, click the "Print Date Range" button and select a date range.

Use the "Find" search section to search for text inside your SOAP.

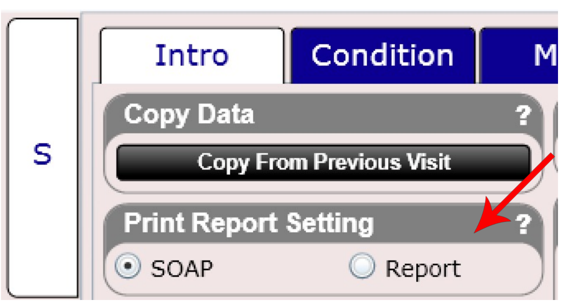


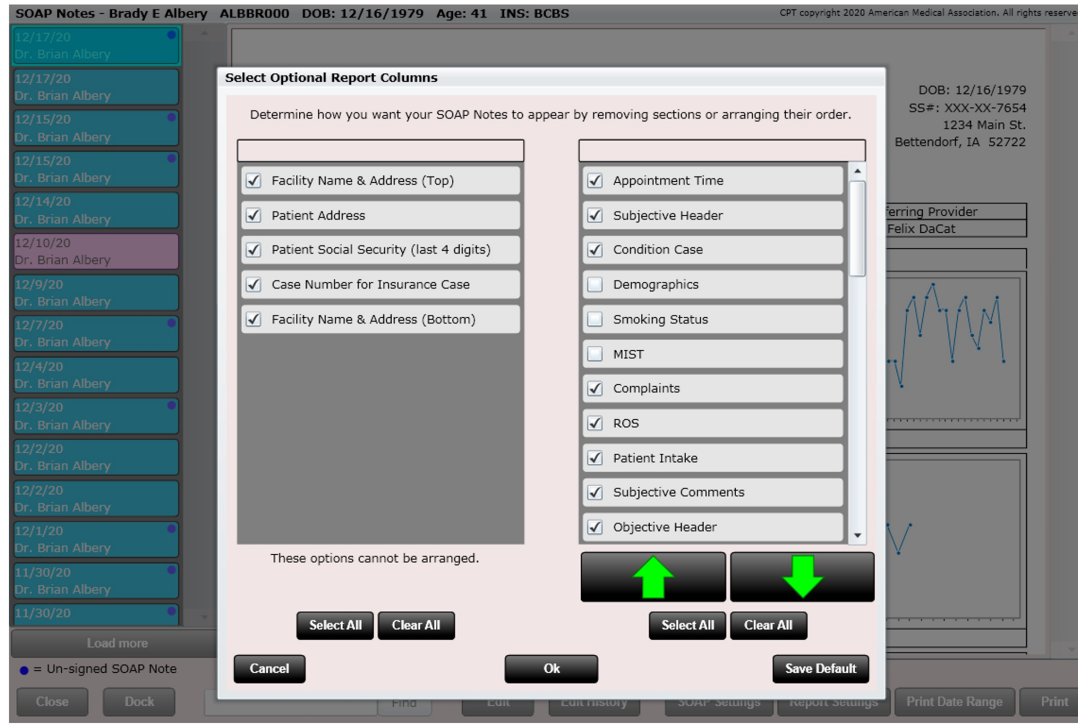
Dashboard - SOAP Notes

You can also customize what CONTENT you want displayed in your SOAP Note. There are two versions of a note you can customize.

- SOAP Note
- Report

Choose which version of the note you want printed/displayed on Edit SOAP on the Intro Tab. See below.





Tip: There is also an option to create a SOAP Note Footer. This is editable in Settings/Practice Info/General.

Tip: You can also add your signature to the bottom of your SOAP Notes. This is done in Settings/Users/Provider Info. If you have difficulty adding your signature, send us a picture of your signature on white paper and we can do this for you.

Edit a SOAP Note

As previously mentioned, there are two ways to initiate the writing of a SOAP for a patient (from the front desk or within the patient dashboard). Once you have clicked “Edit SOAP” the SOAP will launch.

The SOAP Note is essentially a highly organized multi-step wizard that walks you through the necessary steps of writing a complete SOAP. It consists of a four tabs along the left-hand side (S, O, A & P). Within each tab are more tabs at the top of the screen. These top tabs are specific to the area of the SOAP you are in.

Navigation through the Edit SOAP easy. You can click on the left-hand tabs (S, O, A & P) to change from subjective, to objective, to assessment or to plan. You can also click on the top tabs to navigate in between them.

You may notice back and next buttons along the bottom of the screen. Clicking the next button will take you to the next tab in sequence. Clicking the back button will take you back to the previous tab.

There are also two green buttons, “Save” and “Save & Sign.” “Save” will save any changes and progress made to the SOAP. “Save & Sign” will open a key-pad to enter your pin number. After pin entry the SOAP is marked as complete and signed by the provider. You can create your pin number in the settings section under Users.

Charges CANNOT be billed to insurance until the provider has signed their SOAP. However, you CAN checkout a patient without completing and signing the SOAP. This is an important concept to understand.

Edit a SOAP Note

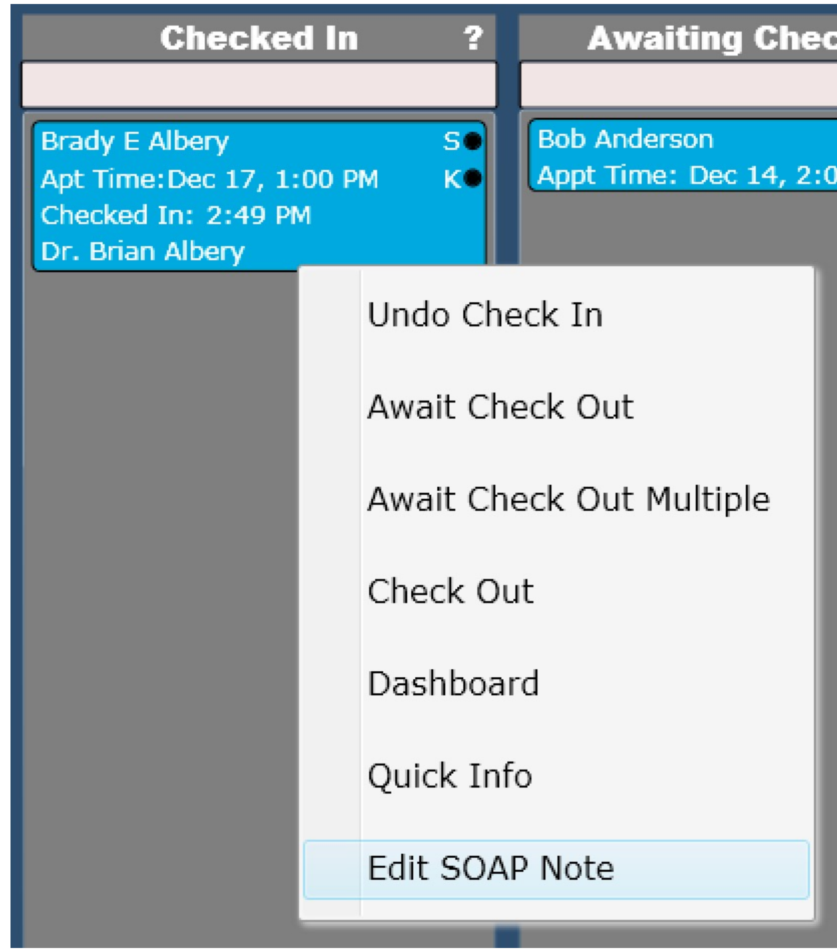
When a patient is in the "checked in" status on the front desk you are able to Edit their SOAP. There are multiple ways to do this.

- Right Click on their name on the front desk and select "Edit SOAP Note"
- From their dashboard click on the "Edit SOAP Note" button
- Double click on the patient name when in the "checked in" status

As soon as you perform either of these functions the Edit SOAP note will open.

Power Tip: You can also right click on a patient on the calendar and select EDIT SOAP Note. However, this can only be done under these two circumstances.

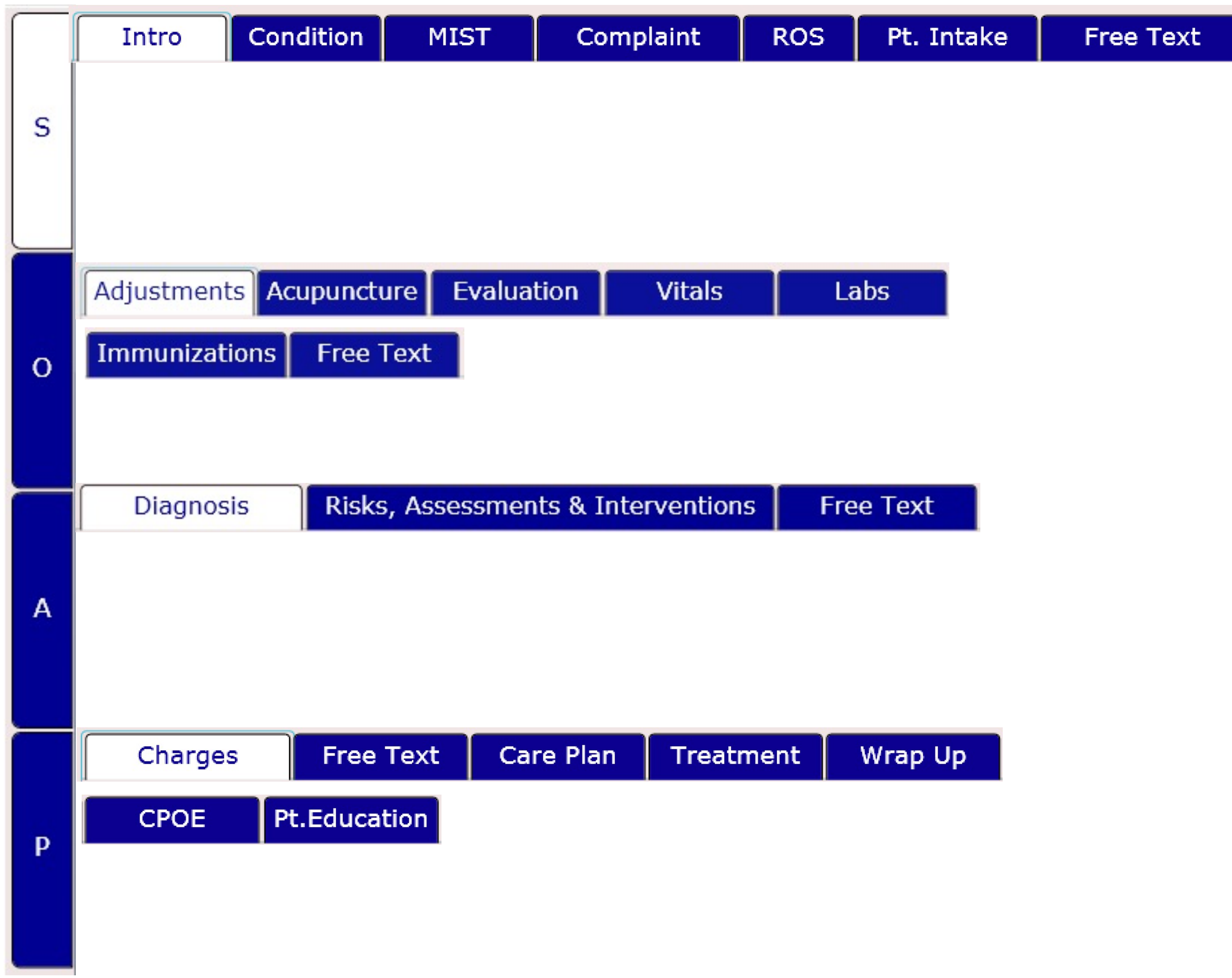
1. The SOAP has previously been edited
2. The visit is a date in the past (not today)



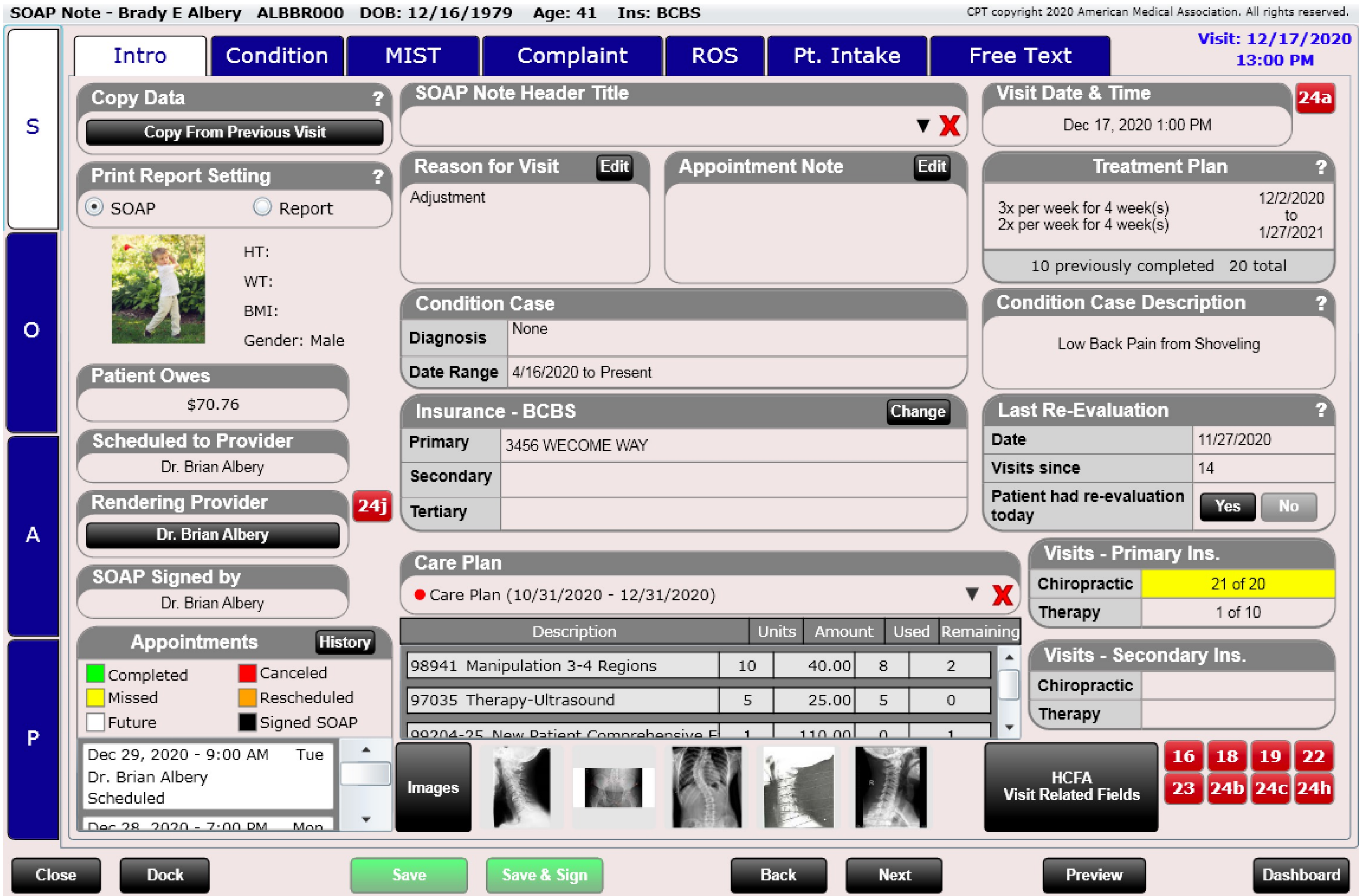
Edit a SOAP Note

The SOAP is divided into neatly organized tabs. Along the left side you will see the "S", "O", "A" and "P" tabs. Within each of these tabs along the left are a series of tabs at the top. These tabs are specific to the tab you are in. These tabs are all shown to the right.

ChiroSpring has been designed to support TOUCH. It is not possible to display all information on a single screen without resorting to tiny check boxes and small font. With ChiroSpring's tabbed system and large buttons, writing a SOAP note is not only fast, but also can be accomplished easily with TOUCH.



SOAP – Intro Tab



SOAP – Intro Tab

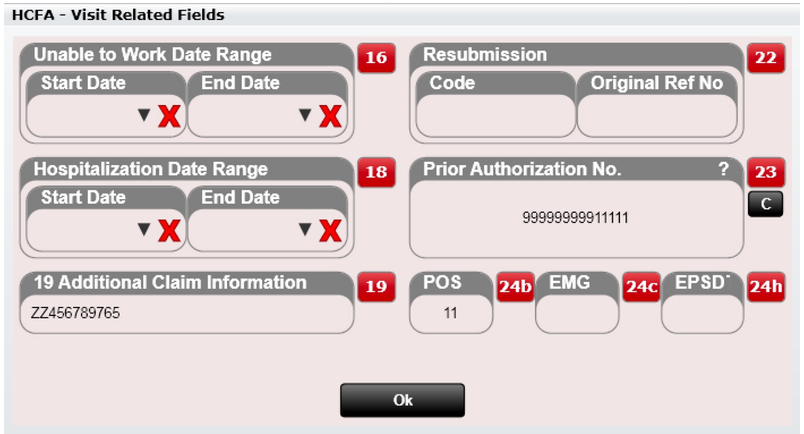
Here you view the following information

- SOAP Note Header Title
- Visit Date and Time(24a)
- Condition Case
- Insurance Case
- Provider
- Visit Related HCFA Fields
- Visit History
- Reason for Visit
- Condition Case Info
- Insurance
  - Primary
  - Secondary
  - Tertiary
- Treatment Plan
- Re-Evaluation Counter
- SOAP Note Header (create a title for your SOAP Note)

The following information is Editable

- Insurance Case
  - The default insurance case will be auto selected but you can change the insurance case here. However, you must save any changes to the SOAP before changing the insurance case.
- Provider
  - You can change the rendering provider on the fly.
- Visit Related HCFA Fields
  - These HCFA fields are related to THIS SOAP ONLY. The only exceptions are the following:
    - Unable to work date range (16)
    - Hospitalization Date Range (18)
    - 19 Additional Claim Information (19)
    - Prior Authorization No. (23)

These HCFA fields will be copied over on subsequent visits.

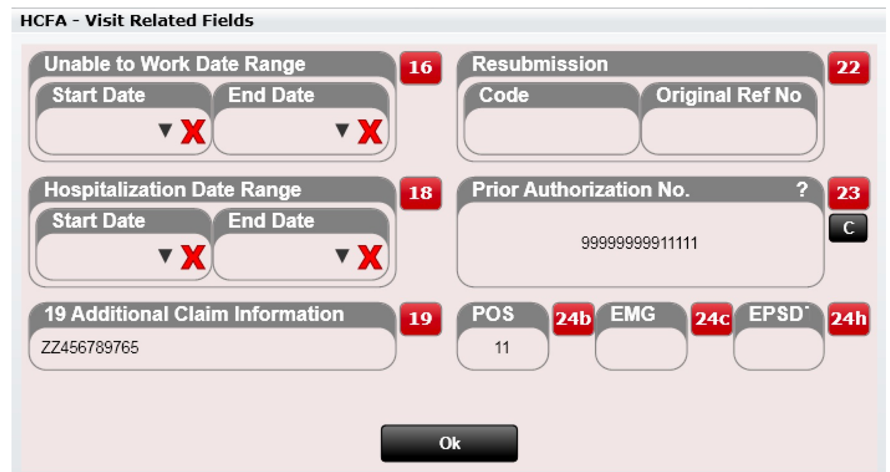


SOAP – Intro Tab

HCFA Fields

Part of the SOAP Note Intro tab contains visit related HCFA fields. These will OFTEN not be used but must be present in the event one of these fields needs populating. The HCFA fields include:

- Unable to work date range (16) – Will be copied over on subsequent visits
- Hospitalization date range (18) – Will be copied over on subsequent visits
- 19 Additional Claim Information (19) – Will be copied over on subsequent visits
- Resubmission (22)
- Medicaid Original Ref. No. (22)
- Prior Authorization Number (23) - Will be copied over on subsequent visits
- Place of Service (24b) – Lists your default place of service by default. Default place of service is set in Settings/Practice Info.
- EMG (24c)
- EPSTD Family Plan (24h)



These are all Visit Related HCFA fields that can be populated on the SOAP note intro tab. If you forget to populate them during the treatment and wish to do so at a later time you still can do so by simply by editing the SOAP.

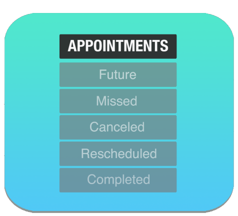
SOAP – Intro Tab

Another feature of the treatment wizard “Intro Screen” is the visit history list box. It contains the history for the most recent visits and categorizes them by color.

- Complete - Green
- Cancelled – Red
- Missed – Yellow
- Rescheduled - Orange
- Future - White

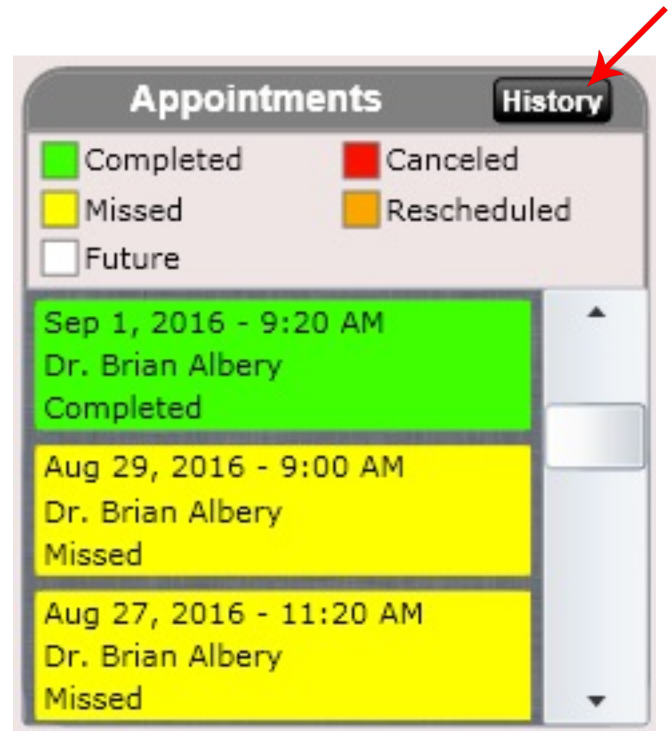
This gives the provider a general idea on the compliance of the patient and will help remind the patient of any upcoming appointments.

Using the mouse, you can hover over a cancelled or rescheduled appointment to see the reason the appointment was missed or cancelled.



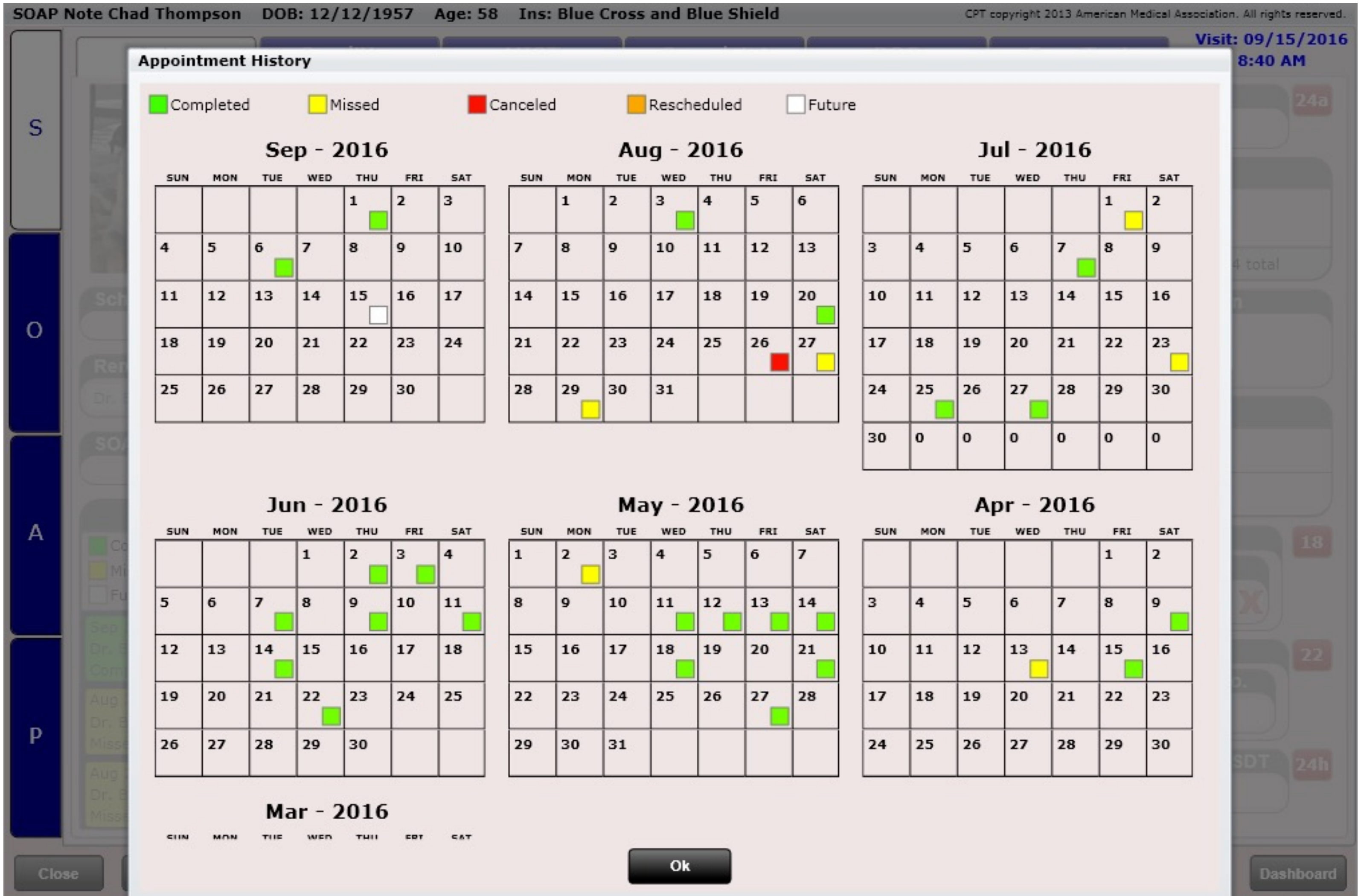
Power Tip: Using the appointments tile within the Dashboard you can edit various aspects of the appointment such as Visit Type, Appointment Note, Reason Missed/Canceled/Rescheduled, General Visit Note, Appointment Type or Is New Patient Visit.

Click “History” to see details on the last six months.



SOAP – Intro Tab

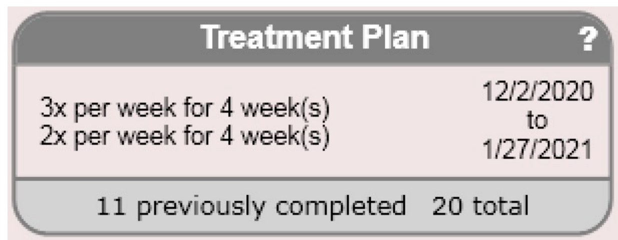
After clicking “History” we can see the compliance of our patient over the last six months.



SOAP – Intro Tab

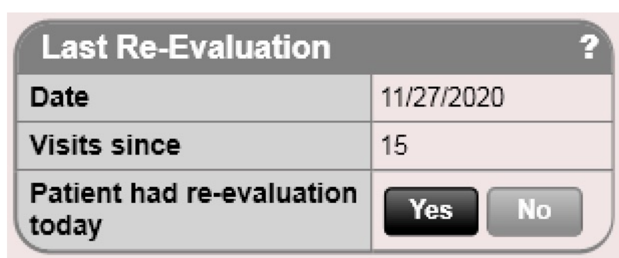
- ## Treatment Plan

This displays the current treatment plan for the patient and shows you the number of visits completed. This is valuable information to see before treating the patient as it can help determine if the plan is still appropriate or needs modifying.



- ## Re-Evaluation Counter

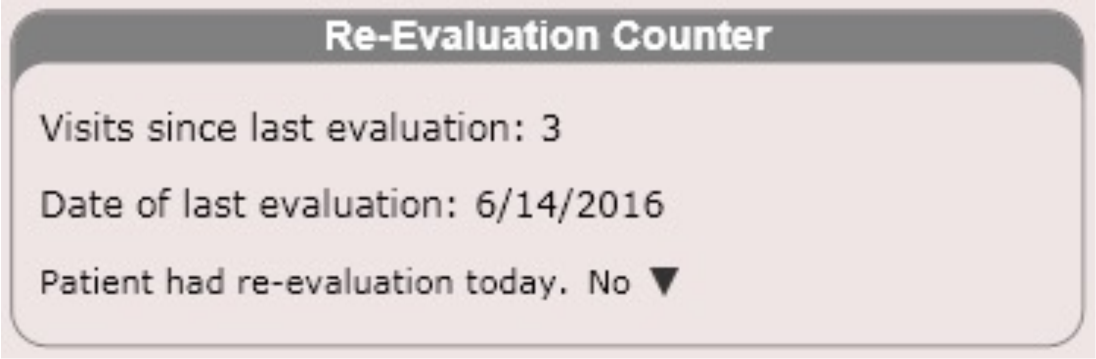
As a provider you know that insurance companies pay you for patient evaluations. They also will only pay you for an evaluation on the first visit and usually not any sooner than 10 visits. This counter is a great tool to keep track of when the last evaluation was done as well as the number of visits that have been done since that date. When an evaluation has been performed mark 'Yes'. This will reset the counter back to 1 for the next visit.



SOAP – Plan – Care Plan

Re-Evaluation Counter

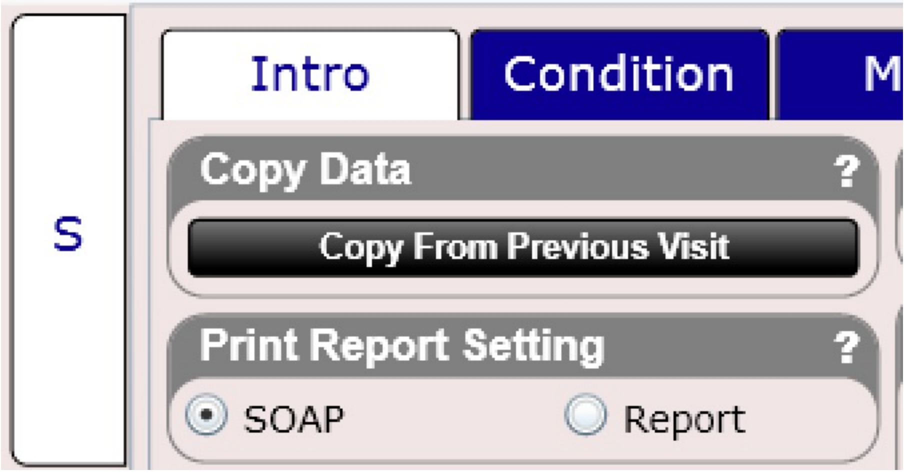
Here you can see the number of visits since the last re-evaluation. If a patient had a re-evaluation today, simply mark “yes” next to the “Patient had re-evaluation today” section. This will reset the re-evaluation counter back to zero for the next visit. **Note, the re-evaluation will not start counting until you have marked “yes” at least once to indicate the patient had their initial evaluation.**



SOAP – Intro Tab

- Print Report Setting

ChiroSpring supports two “versions” of a note. This provides flexibility for your final “product” to have two unique looks for both SOAP note or Report. In Dashboard/SOAP notes use the “Soap Settings” and “Report Settings” options to add/remove sections from the note as well as move items up/down the list.



SOAP – Intro Tab

- ## Condition Case

This lists the current condition case as well as the date range. The condition case description is also displayed. This information is not editable here. It can be edited by changing the primary diagnosis (in the diagnosis tab) or by clicking the “create new condition” button found within the condition tab. You can also freely edit the condition case description on the subjective/condition tab.

Condition Case	
Diagnosis	723.1 Cervicalgia
Date Range	Dec 15, 2013 to Present

Condition Case Description
Whip lash from car accident

- ## Insurance

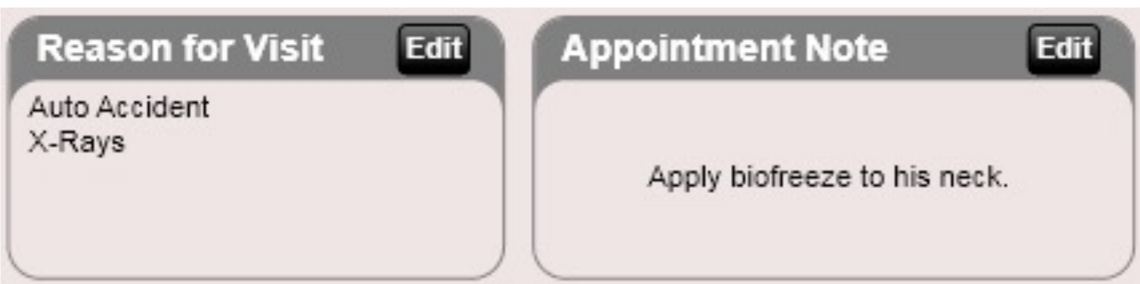
This lists the currently selected insurance case and shows you the primary, secondary and tertiary insurance plans for that case. You can also change the insurance case here by selecting the “change” button. Note, you will need to save changes to your SOAP before changing the insurance case. A dialog will prompt you for this.

Insurance - Blue Cross and Blue Shield	Change
Primary	Blue Cross and Blue Shield
Secondary	Medicaid
Tertiary	

SOAP – Intro Tab

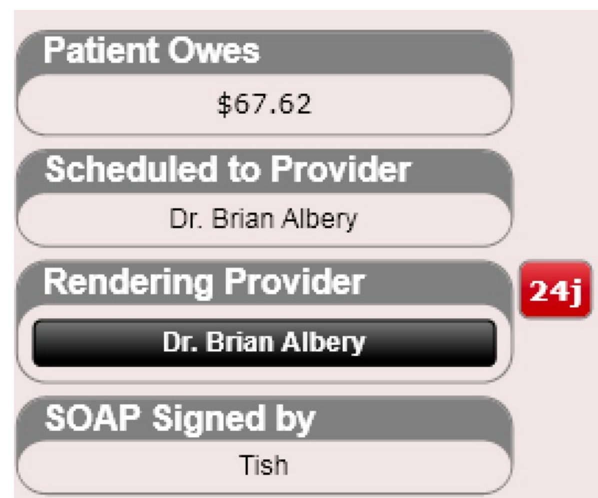
- Reason for Visit & appointment Note

Here you will see the visit reasons assigned to the appointment as well as the appointment note. These fields are editable on the calendar by going into the appointment.



- Scheduled to and Rendering Provider

You can also see who the scheduled to provider is for the appointment and change the rendering provider on the fly by clicking the drop-down menu.

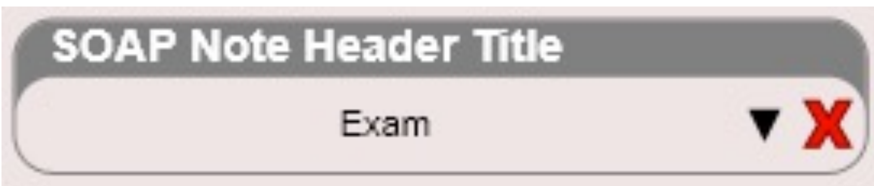


Power Tip: Only a provider that is allowed to sign another provider's SOAP note can sign your SOAP note. This setting is found in Settings/Users/Provider Info.

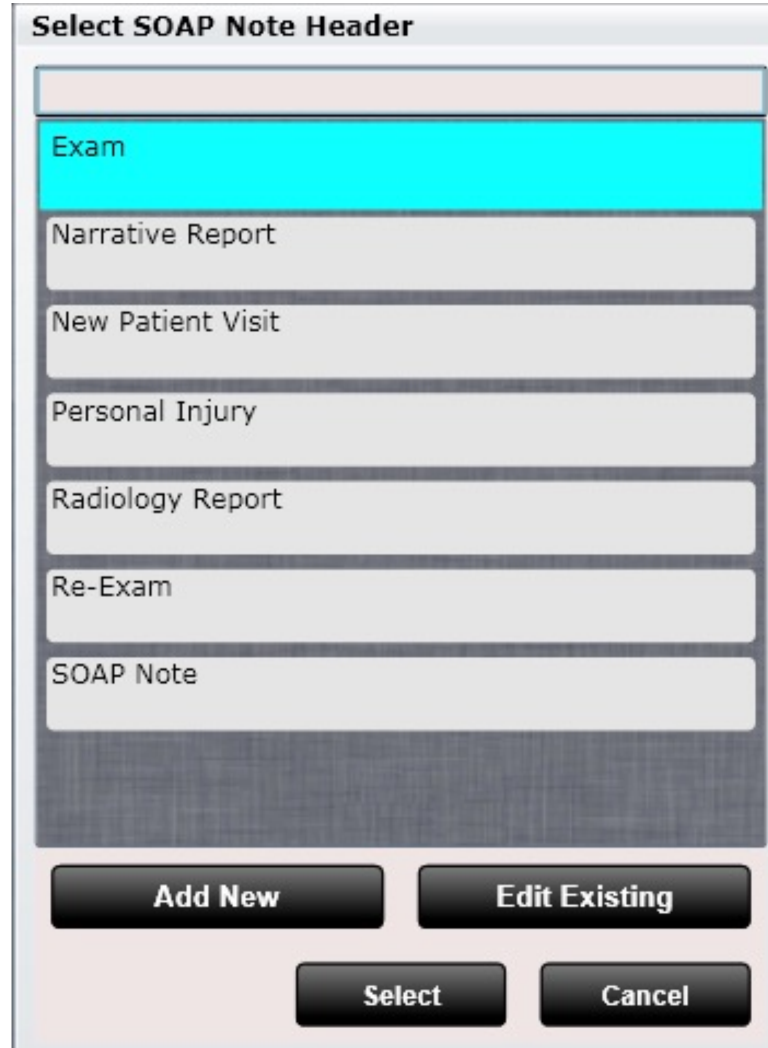
SOAP – Intro Tab

- SOAP Note Header Title

This will allow you to select a “Title” for your SOAP Note. You can customize any title you wish. Some examples are shown to the right.



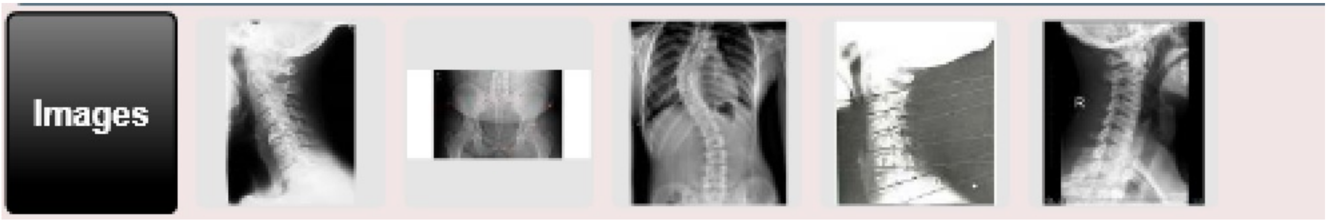
The default is BLANK. Some insurances require a title on your SOAP note, so this is a great feature to have.



SOAP – Intro Tab

- Images

View thumbnails of recent images. Click thumbnails for a complete view.



- Care Plans

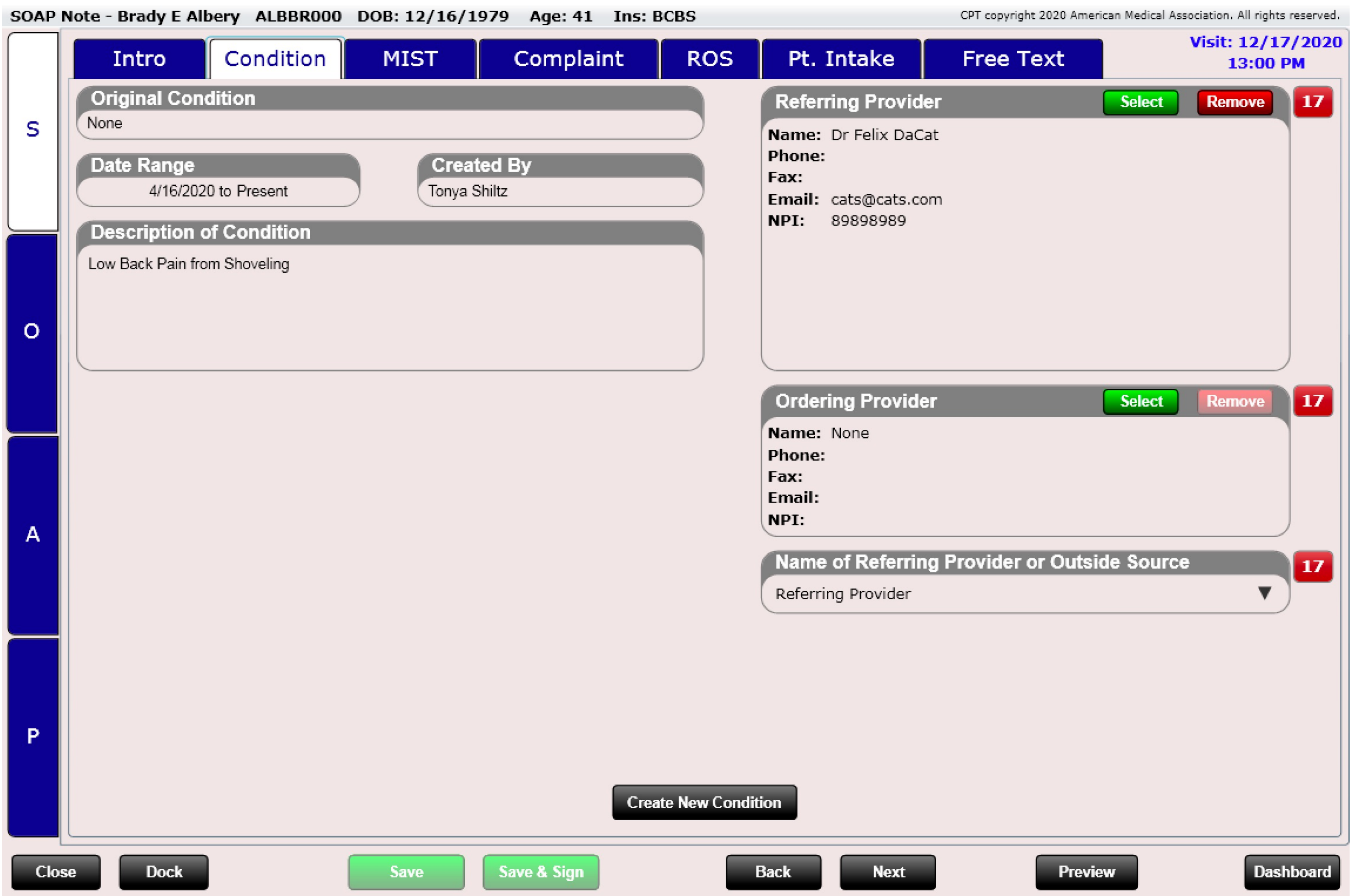
View or select a care plan and track the number of units used or remaining.

Care Plan

Care Plan (10/31/2020 - 12/31/2020)

Description	Units	Amount	Used	Remaining
98941 Manipulation 3-4 Regions	10	40.00	8	2
97035 Therapy-Ultrasound	5	25.00	5	0
99204-25 New Patient Comprehensive E	1	110.00	0	1

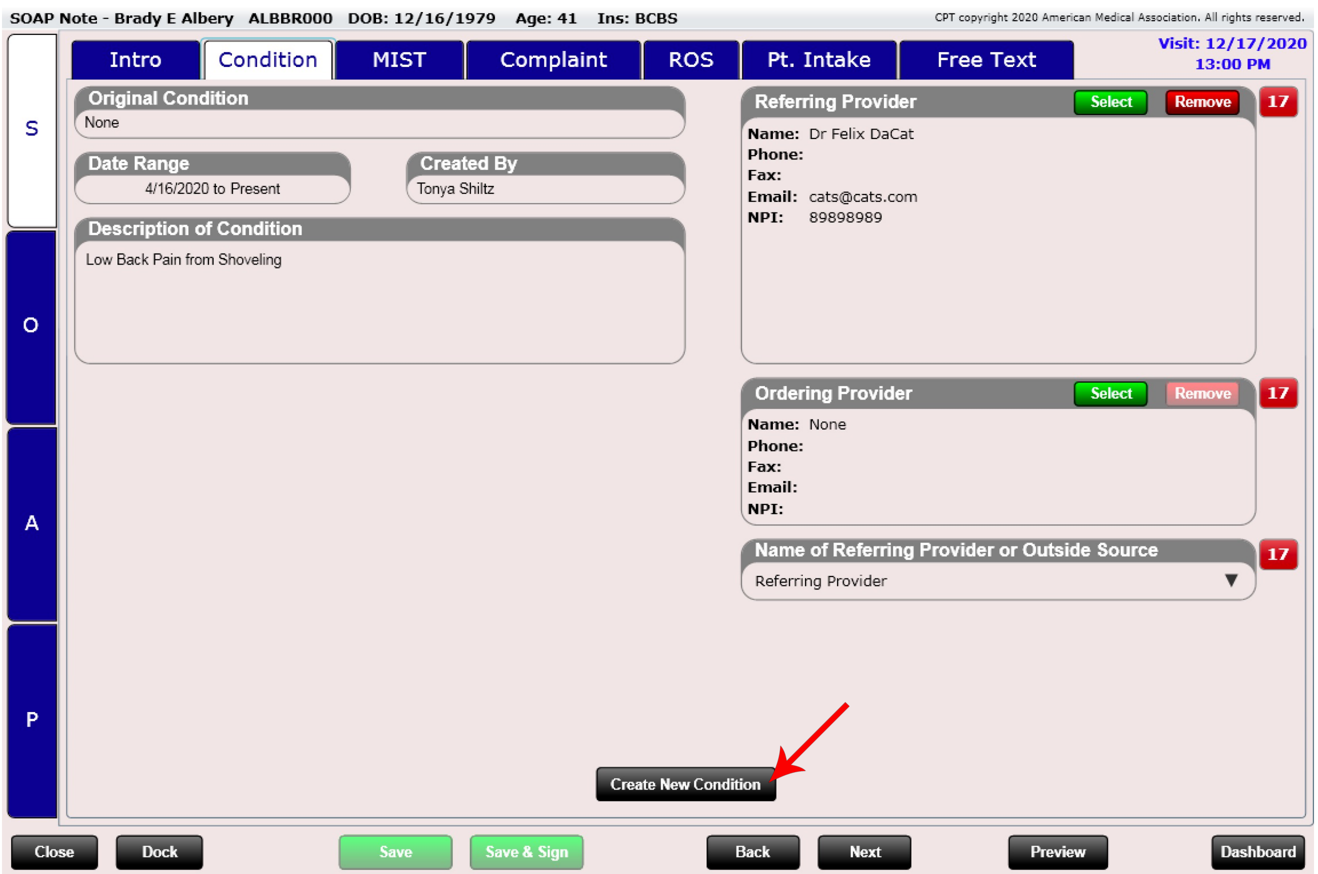
SOAP – Condition Tab



SOAP – Condition Tab

Condition Cases are a great way to monitor a patient's progress for a particular condition. Condition Cases are created in two ways.

1. Created automatically on the first patient visit.
2. Click the "Create New Condition" button (see below).



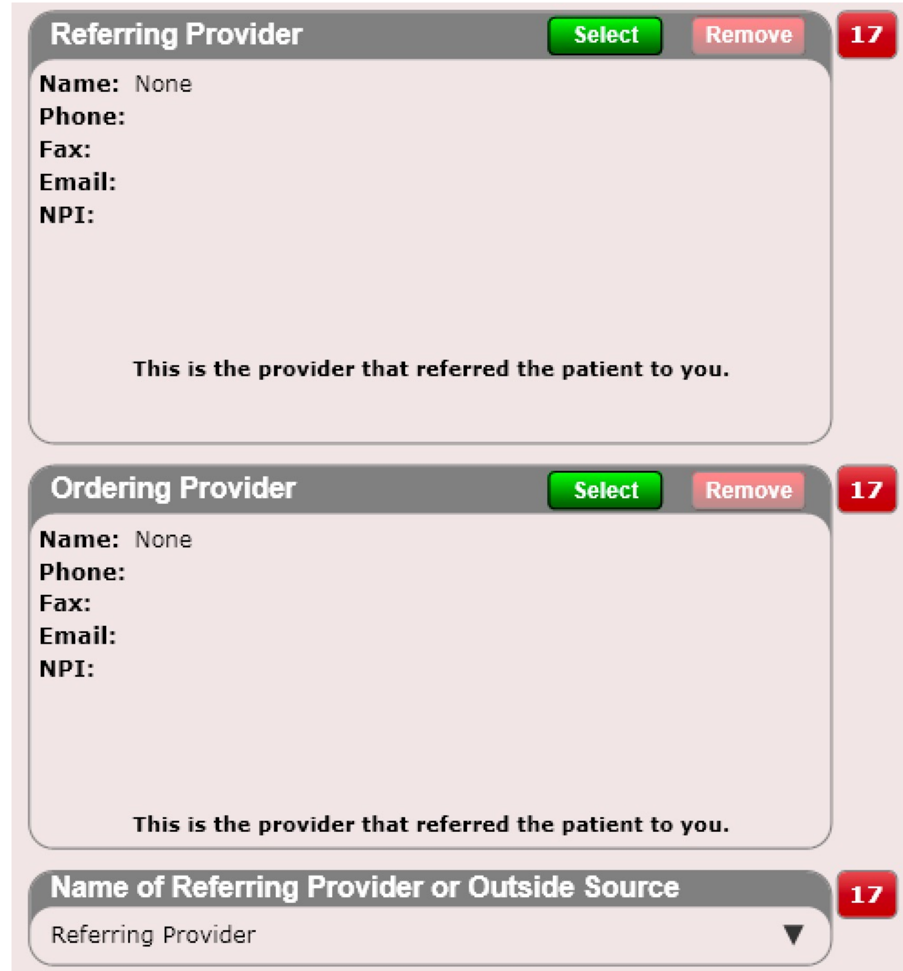
SOAP – Condition Tab

Referring Provider (HCFA box 17)

On the Condition Case Tab within the SOAP is a box titled "Referring Provider." Here you can enter the information for a provider that referred the patient to you, if applicable. This is box 17 on the CMS-1500 HCFA.

To add a referring provider, click the green "Select" button. Use the "Remove" button to remove the referring provide.

You can create a provider here on the fly or use the "Outside Providers" app in Settings to create referring providers as well.




Settings


Outside Providers

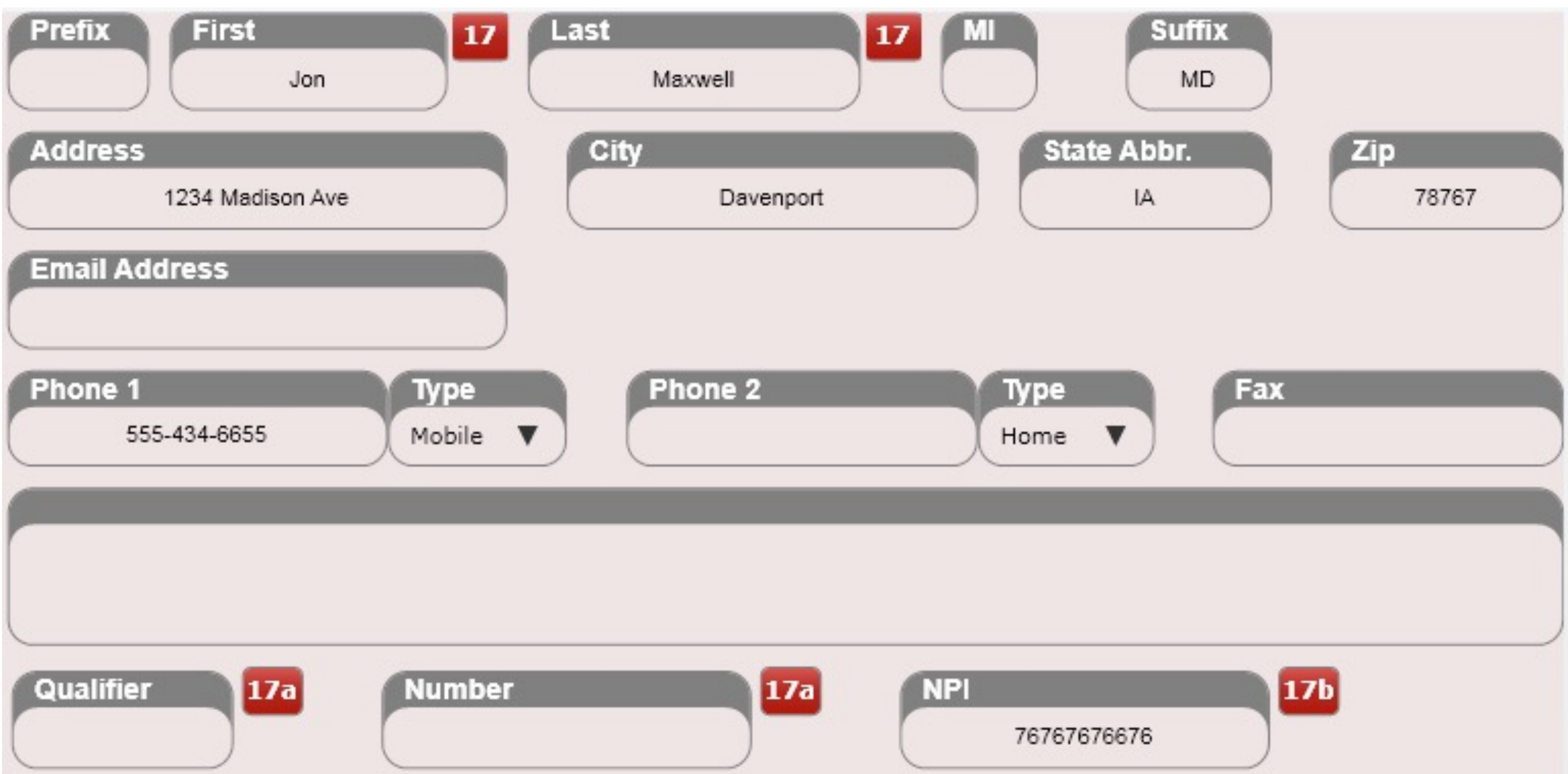
Note: The selected referring provider will be copied over from visit to visit. This way you do not have to select the referring provider multiple times.

SOAP – Condition Tab

Referring Provider

The referring provider populates HCFA boxes 17, 17a and 17b.

This box represents the provider that referred the patient TO YOU.



SOAP – MIST Tab

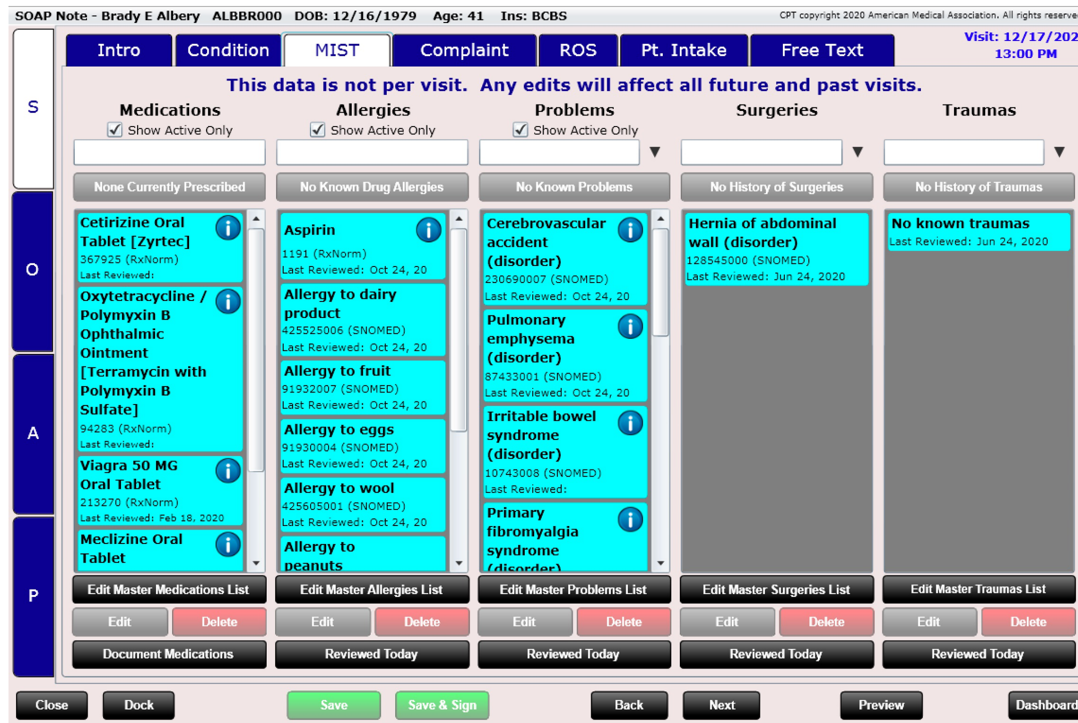
MIST

Mist is an acronym for:

- **M**: Medications & Allergies
- **I**: Illnesses (problems)
- **S**: Surgeries
- **T**: Traumas

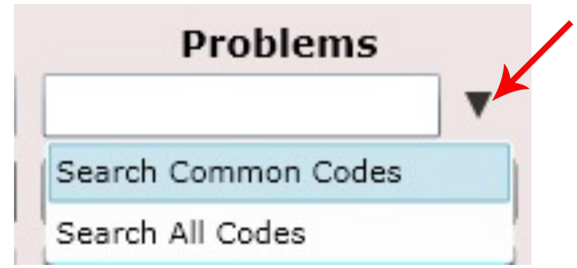
The MIST Tab allows the provider to review or modify the patient's med list, allergies, problems, surgeries and traumas.

If an item, you are looking for is not in the list you can edit the master list using the "Edit Master List" button.



SOAP – MIST Tab

Search All or Common Codes

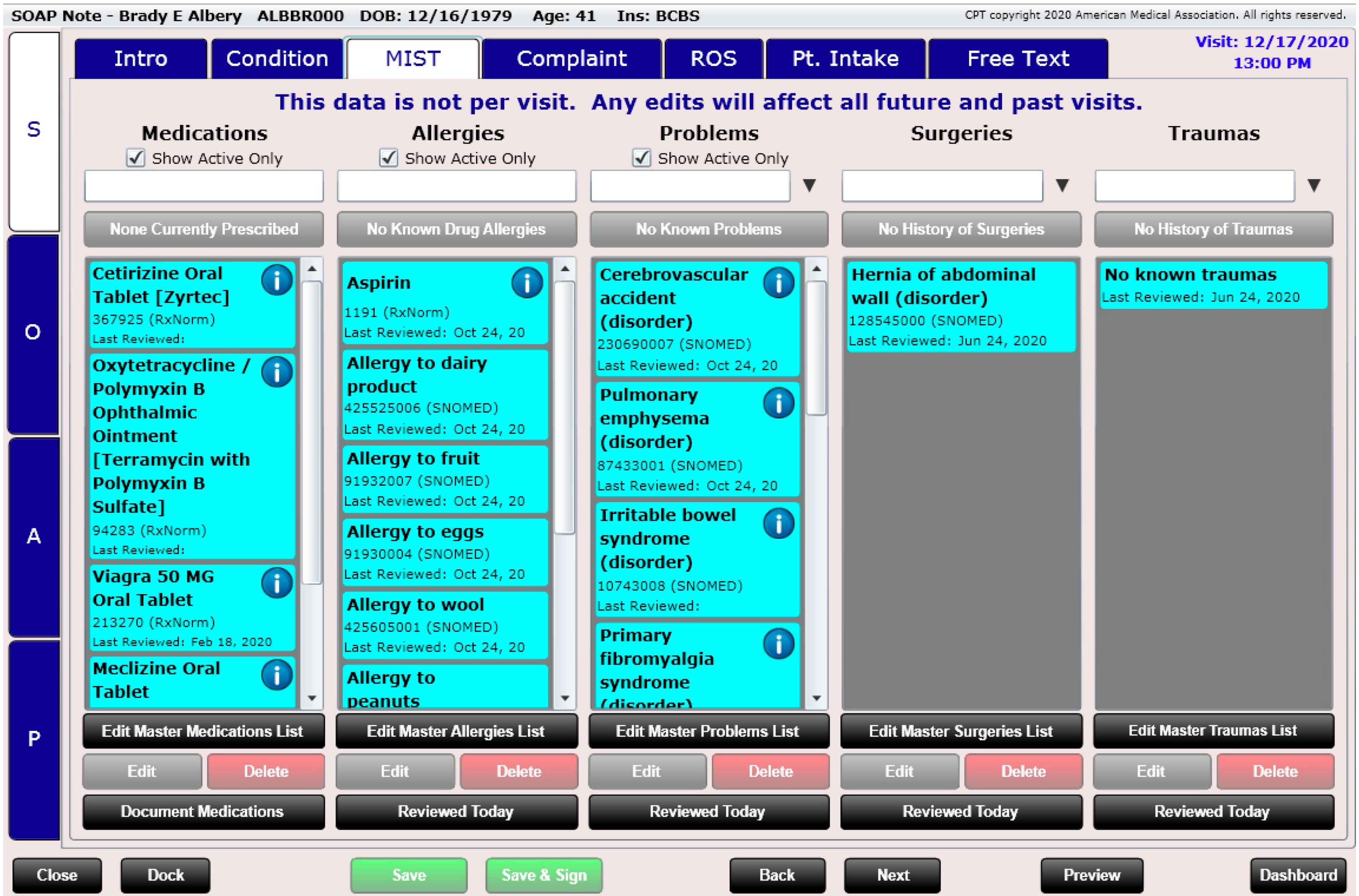


Three of the lists have a black drop-down arrow (see to the right). Problems, Surgeries and Traumas by default ONLY search COMMON CODES. This is because there are SO MANY CODES!!!

If the item, you are looking for is not being found you may need to select the black drop-down arrow and select “Search All Codes”. This will then search all codes.

If the item, you are looking for is still not found you can simply add it to the master list by selecting the “Edit Master List” button at the bottom of the list box.

SOAP – MIST Tab



SOAP – Complaint Tab

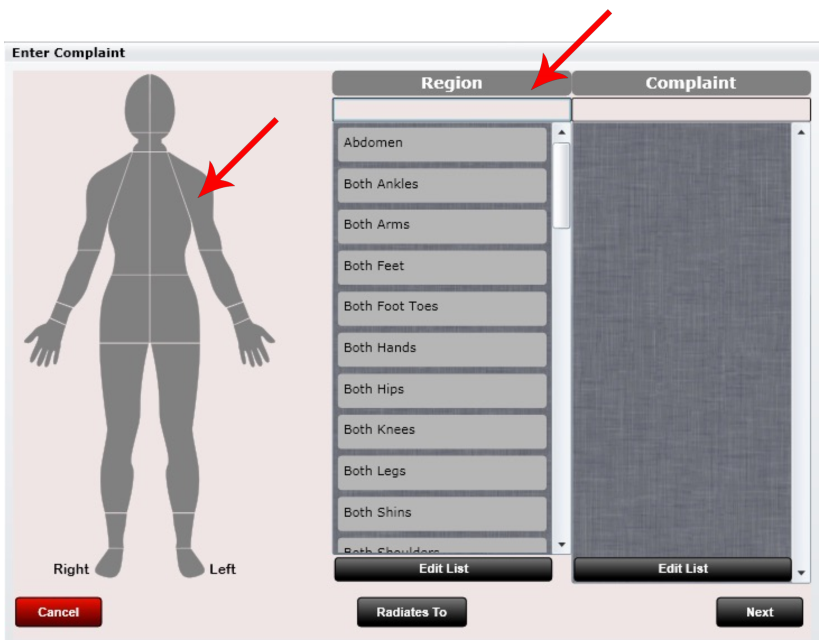
The complaint tab is a great way for managing patient complaints. You can have multiple open complaints and set the chief complaint by using the “Make Primary Complaint” button”.

To create a complaint, click the “New Complaint” button.

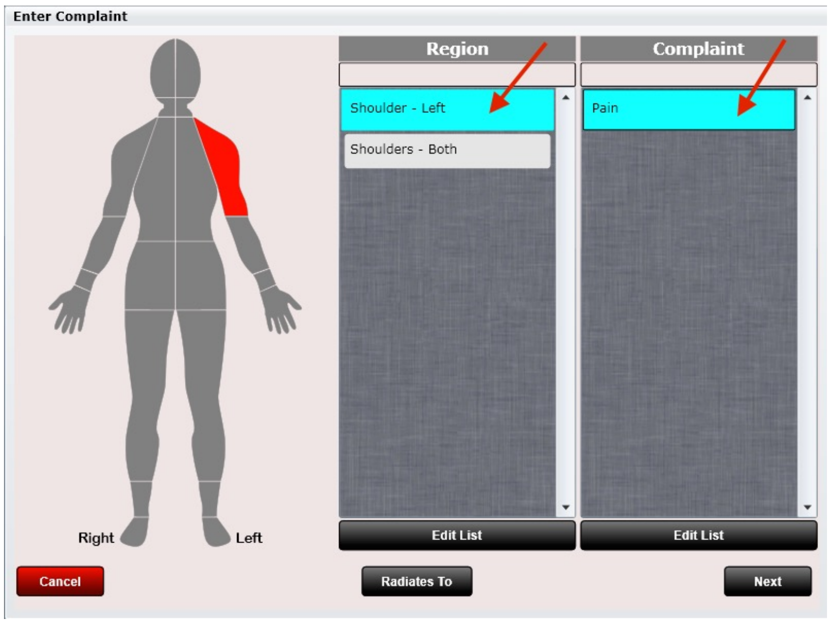
Power Tip: Complaints can be created and re-evaluated at the Patient Kiosk.

SOAP – Complaint Tab

Next select a region by tapping a body segment or selecting a region from the “Region” list box.



Here I have selected “Left Shoulder” and then in the complaints list I selected “Pain”. I now have successfully created a complaint called “Left Shoulder – Pain”.



Power Tip: You can customize body regions and complaints in Settings/Complaints

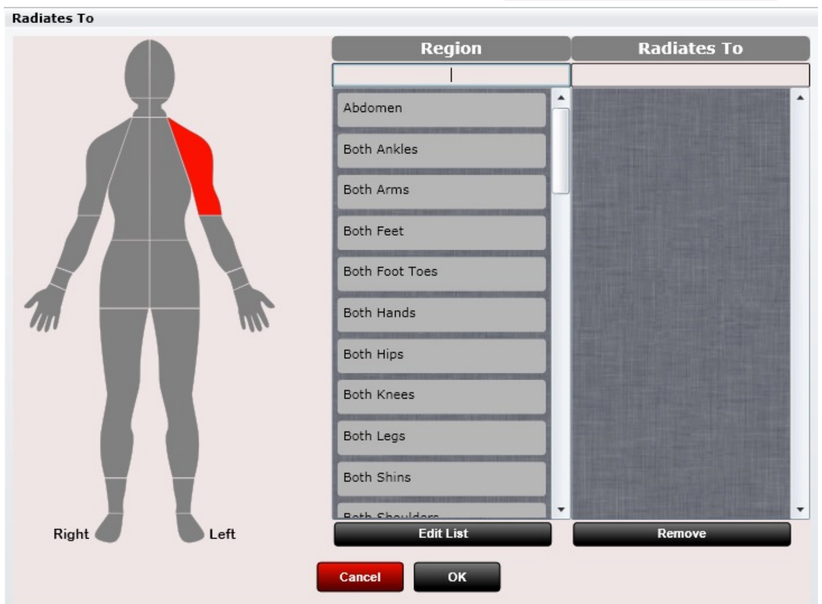

Settings

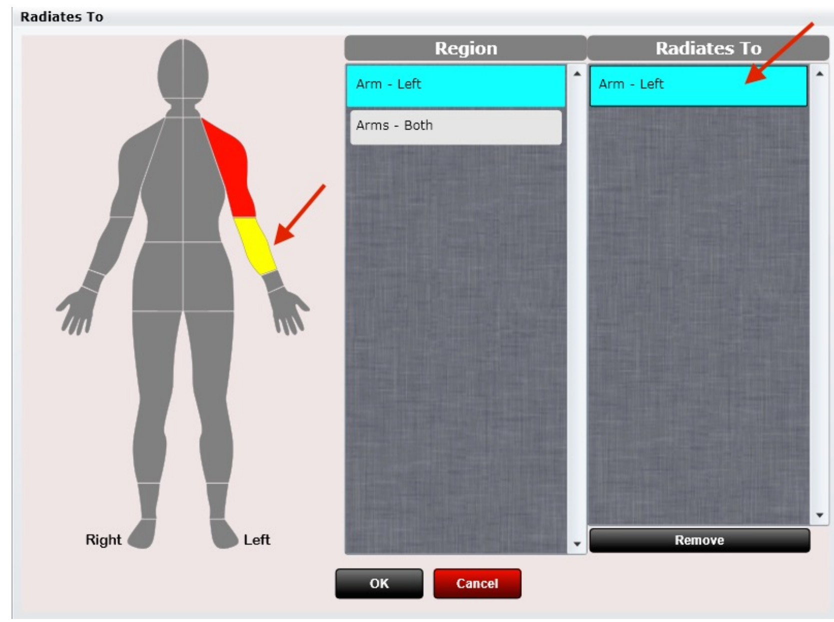

Complaints

SOAP – Complaint Tab

Next, if applicable, click the “Radiates To” button.
Select a body segment or region from the “Region” list.
It will highlight yellow on the body.

Here I have selected “radiates to” Left Arm.

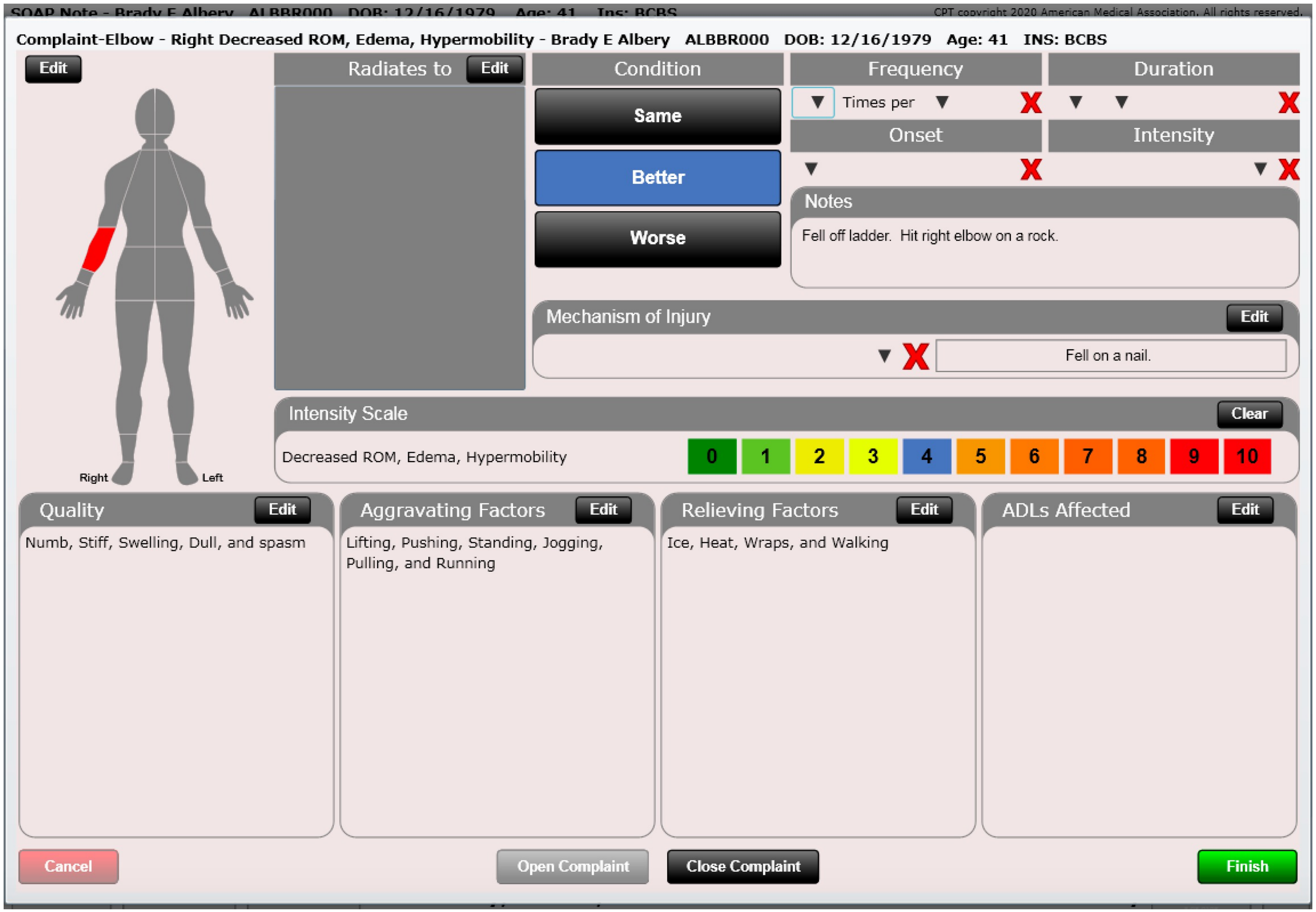




After clicking “OK” you will now see a Next button. Click “Next”.

SOAP – Complaint Tab

Now that the complaint has been created it's time to add details about the complaint. Use the options on this screen to record Condition, Frequency, Duration, Onset, Intensity, Notes, Mechanism of Injury, Intensity, Quality, Aggravating Factors, Relieving Factors and ADLs Affected.



SOAP – Complaint Tab

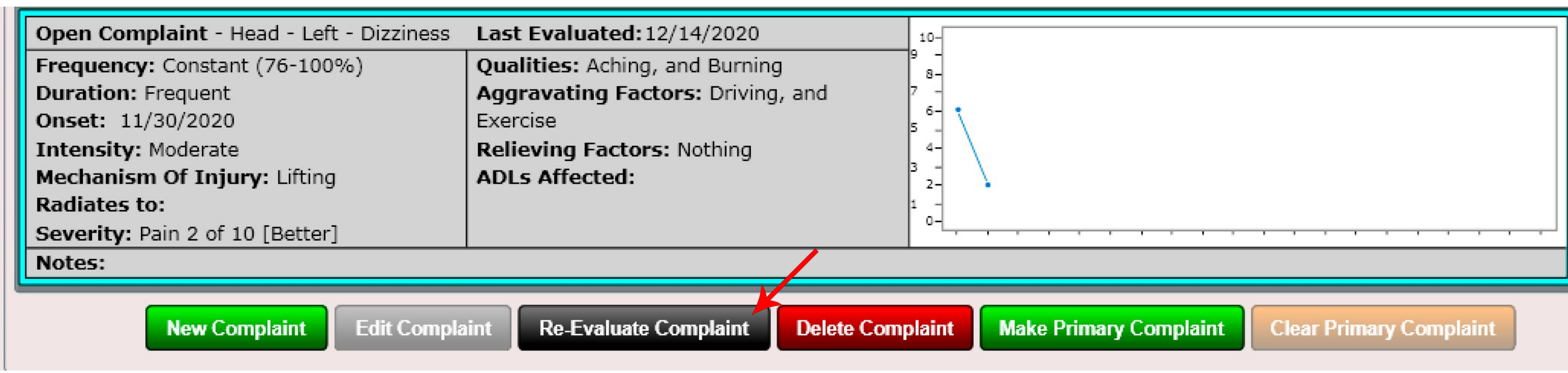
Quality, Aggravating Factors and Relieving Factors

Clicking the “Edit” button on Quality, Aggravating Factors or Relieving Factors will open a dialog allowing you to make your selections. This grid is completely customizable using the “Edit List” and “Arrange Grid” buttons below.

Once you have finished evaluating your complaint click “Finish” in the bottom right corner.

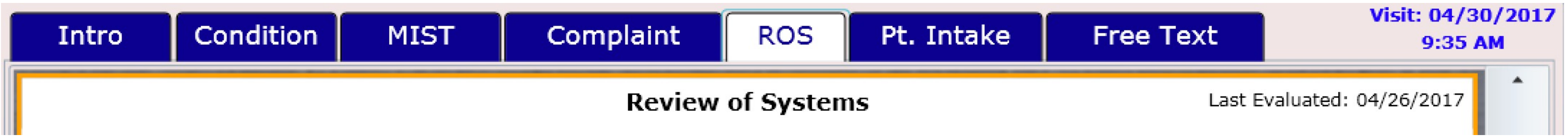
SOAP – Complaint Tab

After clicking "Finish" you will now have a complaint in your list. You will notice a graph on the right side showing the Intensity Scale. On subsequent visits you can highlight the complaint and click "Re-Evaluate Complaint". Everything copies over visit to visit so you may only consider changing a number on your Intensity Scale, for example.

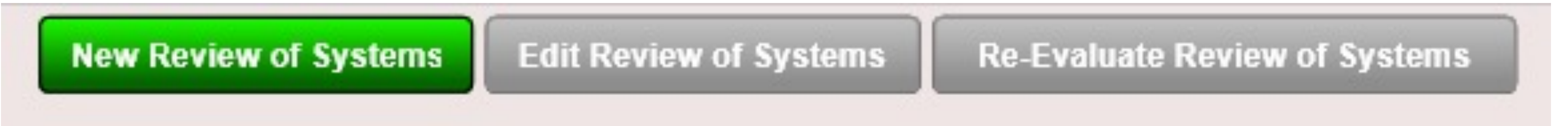


SOAP – ROS Tab

This is an amazingly FAST way to do a Review of Systems as well as do a re-evaluation on a patient for a ROS. You can customize your ROS list in Settings/ROS.

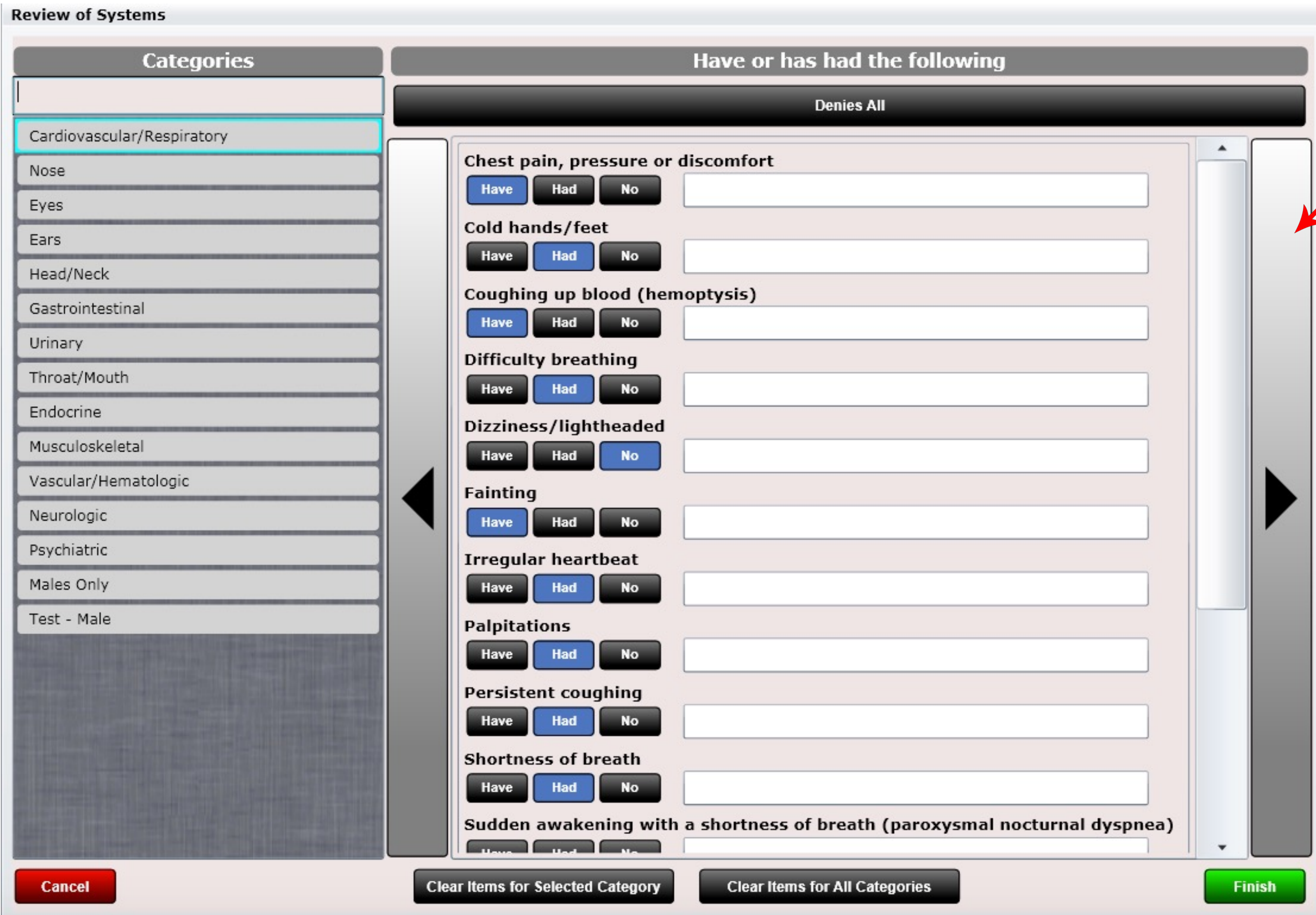


You may add a new Review of System, or Edit and Re-evaluate existing Review of Systems



Power Tip: You can have your patient populate the Review of Systems with the Patient Kiosk/Online Intake.

SOAP – ROS Tab

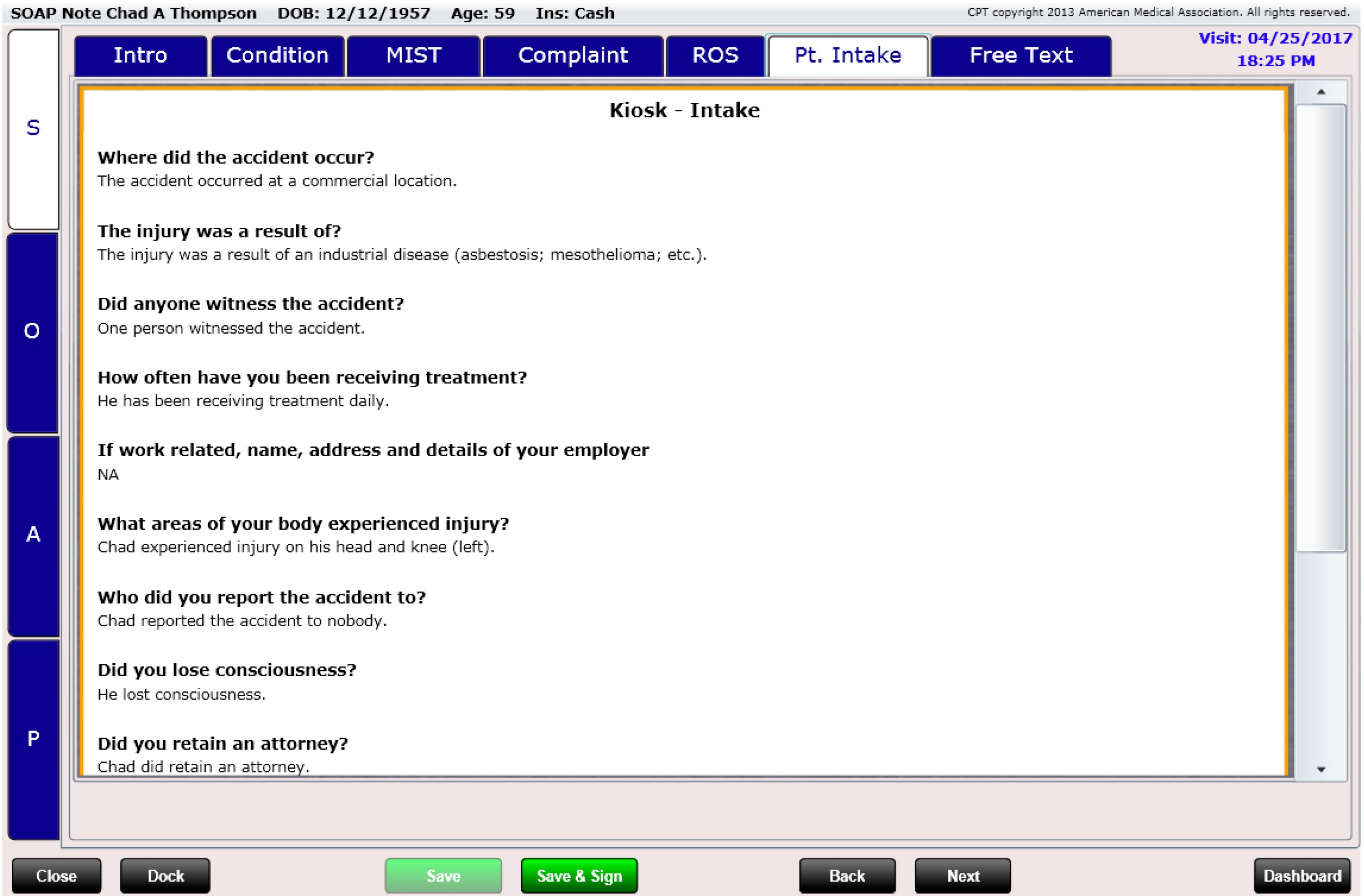


Click the left or right arrow to move up or down the category list.

SOAP – ROS Tab


SOAP Note - Chad A Thompson TherapyTHOCH DOB: 12/12/1957 Age: 59 INS: BLUE CROSS
CPT copyright 2013 American Medical Association. All rights reserved.
Intro
Condition
MIST
Complaint
ROS
Pt. Intake
Free Text
Visit: 04/30/2017
9:35 AM
S
O
A
P
Review of Systems
Last Evaluated: 04/26/2017
Musculoskeletal
Have - Arm/hand pain
Have - Back pain
No - Feet/leg pain
Had - Hip
Have - Knee
Left knee hurts. Worse in the evening.
No - Lower back pain
No - Mid back pain
No - Muscle or join pain
Have - Neck pain
Have - Redness of joints
Nose
Had - Blocked sinuses
Have - Discharge
Had - Excessive mucus
Have - Hay fever
Cardiovascular/Respiratory
Had - Chest pain, pressure or discomfort
Have - Cold hands/feet
Had - Coughing up blood (hemoptysis)
Had - Difficulty breathing
Had - Dizziness/lightheaded
Head/Neck
Have - Head injury
Had - Jaw clicks
No - Lumps
Have - Tooth problems
No - Trouble swallowing
Ears
Have - Decreased hearing
Had - Drainage
No - Earache
Had - Ear infections
Have - Poor hearing
Had - Ringing in ears (tinnitus)
New Review of Systems
Edit Review of Systems
Re-Evaluate Review of Systems
Close
Dock
Save
Save & Sign
Back
Next
Dashboard

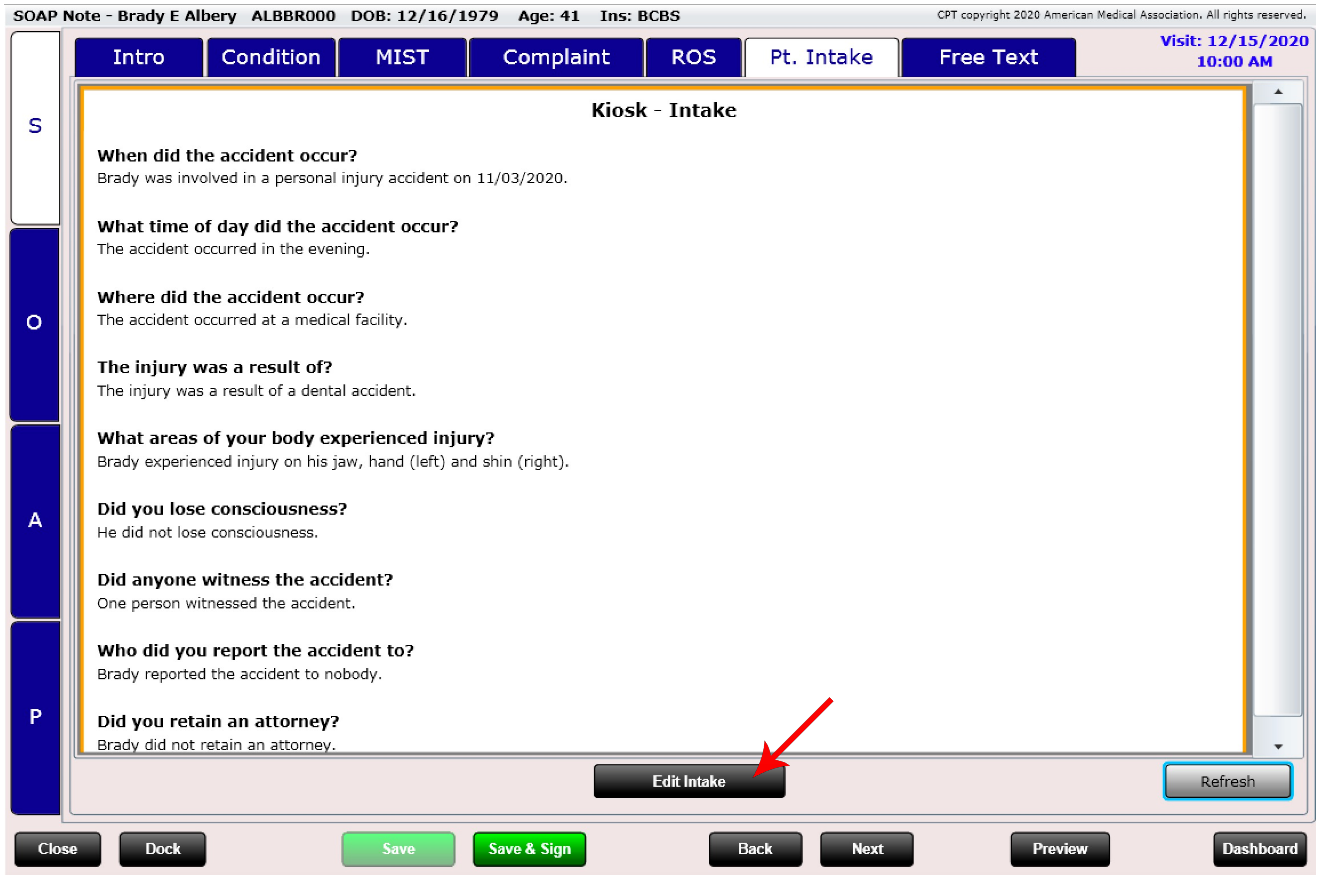
SOAP – Pt. Intake Tab



SOAP – Pt. Intake Tab

The Patient Intake section is populated by your patient at the Kiosk. You can customize your own intake questions in Settings/Kiosk under the Additional Intake Questions tab.

The Paper SOAP Note will display the responses to these questions. This makes it VERY EFFICIENT to collect an abundance of data on your patient with minimal effort on your part.



If necessary, click “Edit Intake” to edit any of the intake questions.

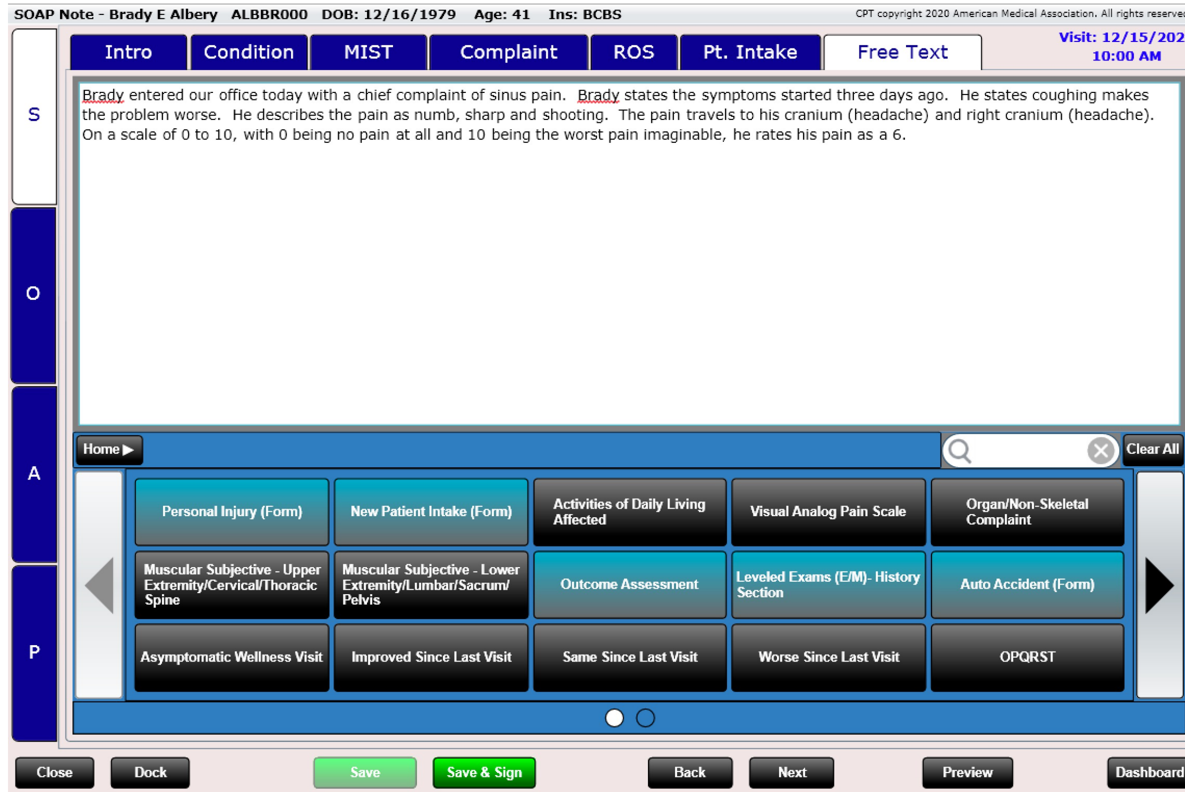
SOAP - Subjective – Macros/Free Text

Macros/Free Text

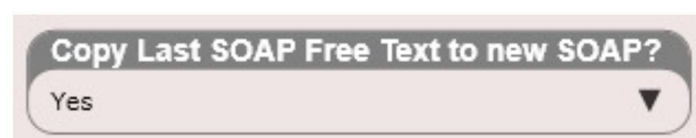
ChiroSpring uses a free text data entry box in addition to customized macros to help the provider quickly write a detailed and accurate SOAP note. Each of the four tabs (S, O, A & P) has a “Free Text” macros section.

The more familiar you become with the macros the more efficient you will be at writing SOAPs. Every macro has been designed, written, and tested by chiropractors.

Clicking on a macro will either type text into the box above or will launch a dialog box. The dialog box is shown on the next page of this manual.



Power Tip: In Settings/Users you can determine if you want the last free text portion of your SOAP to copy over from the previous visit. This is great to review what you did last visit and often only a few slight changes are necessary. After reviewing your text from last visit simply click the “Clear All” button to erase all text.

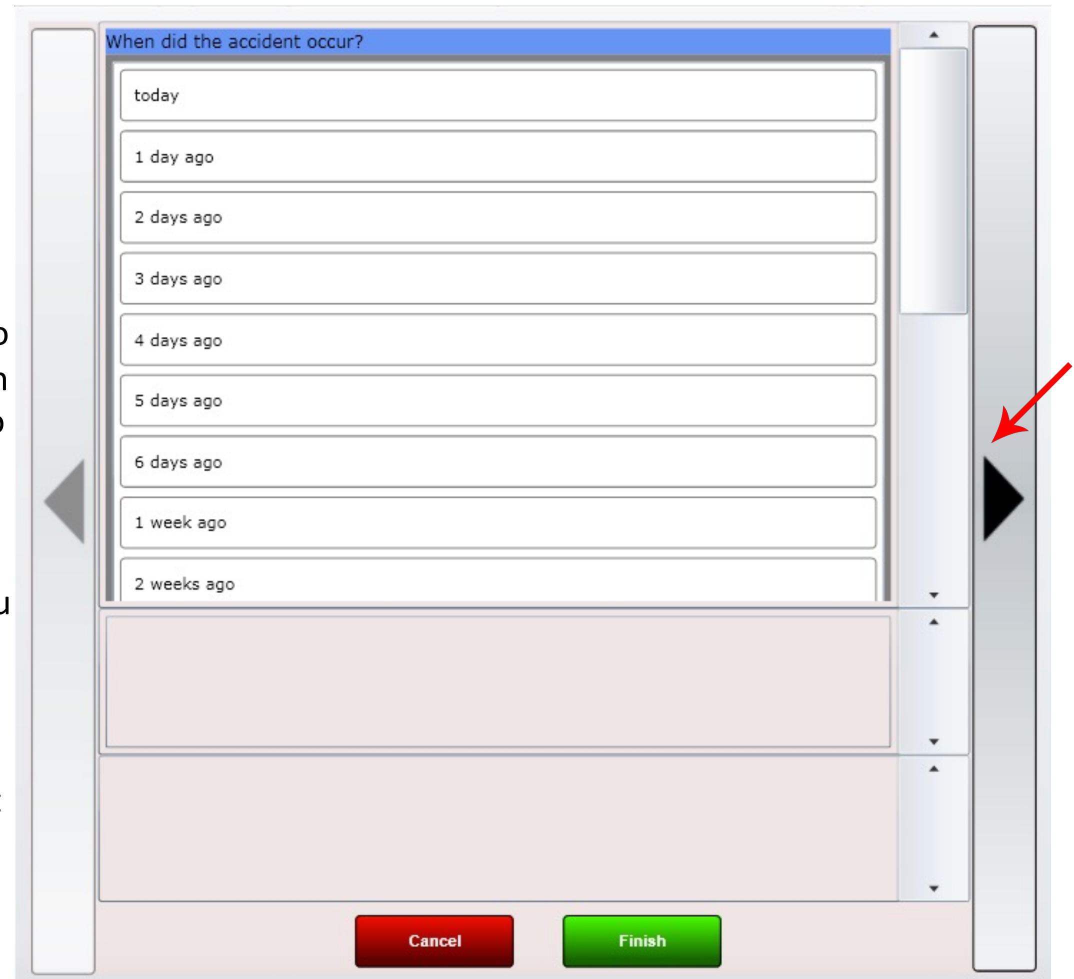


SOAP - Subjective – Macros/Free Text

Macros/Free Text

Here is an example of the dialog box that opens after clicking on a SOAP macro. All dialogs follow the same rules. There is a question at the top with possible answers below. Select your answers and you will see your SOAP note being written in real time in the text box at the bottom of the dialog. Once you have made your selections, you are free to EDIT the text at the bottom of the dialog box. When finished, click “Finish. Use the left or right arrows to go forward or back. Many buttons will have a series of questions so you will most likely click “forward arrow” until you cannot go forward any further. When the “Forward Arrow” button is greyed out you have then gone through the entire sequence of questions and should then click “Finish.”

When the dialog closes it will paste the text you just wrote into your SOAP note into the large text box above the macros. If you need to make any edits you can still do so in this “Free Text” box prior to selecting “Finish”.



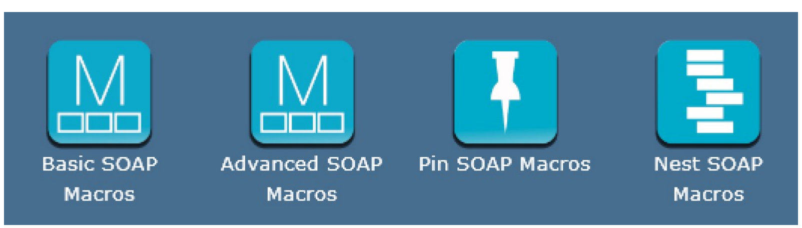
SOAP - Subjective – Macros/Free Text

Macros/Free Text

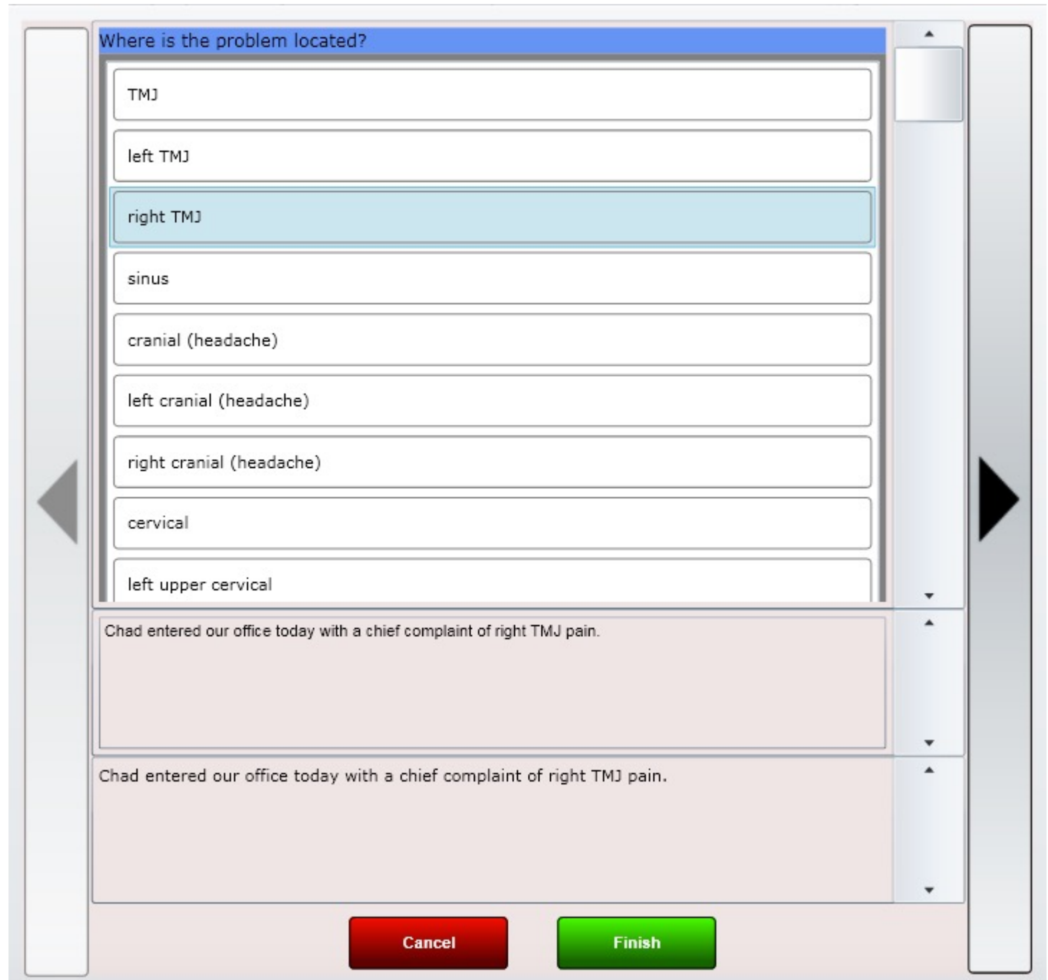
Some questions will allow only one selection while others, such as the one pictured to the right, will allow multiple selections.

Power Tip: If there is a question you do not want to answer simply skip it by clicking the "Forward Arrow".

Note: You can create your own SOAP Macros, arrange your SOAP Macro grid or nest your created macros in Settings/SOAP Macros.



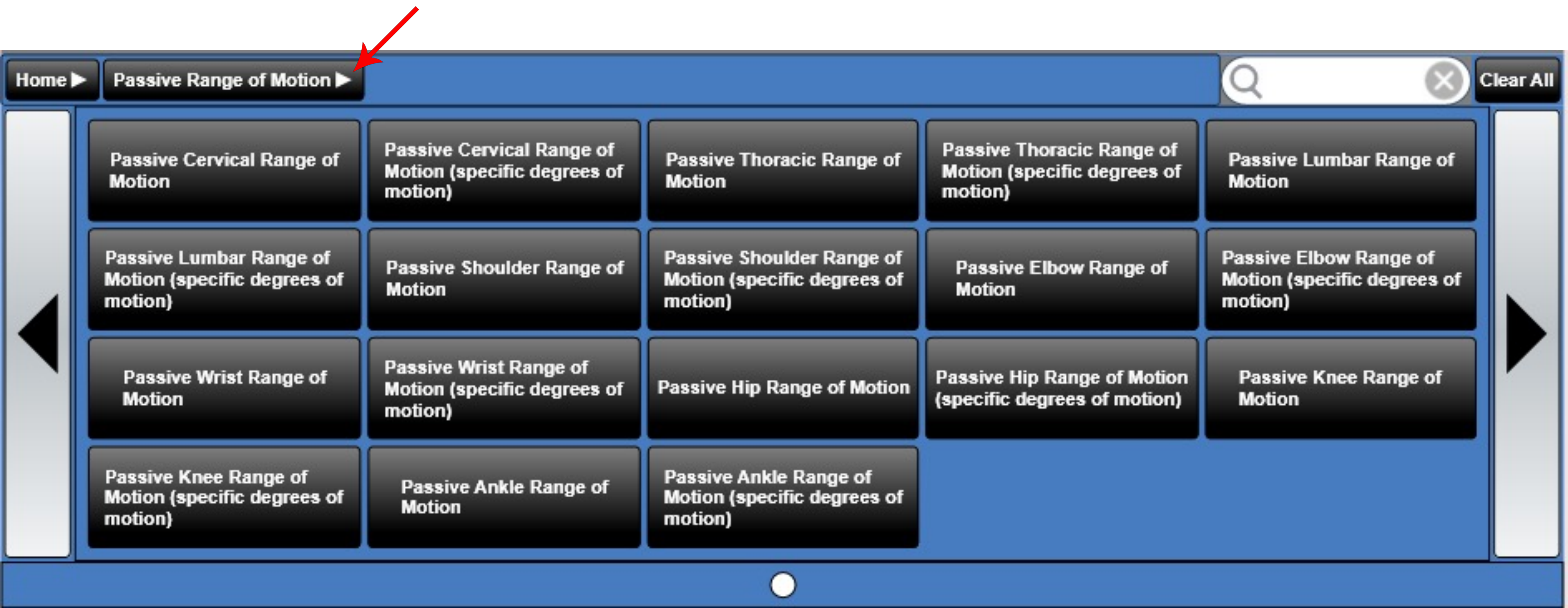
You can even Export or Import macros (share with your colleagues)! This is done in the Pin SOAP Macros app.



SOAP - Macros

Breadcrumbs

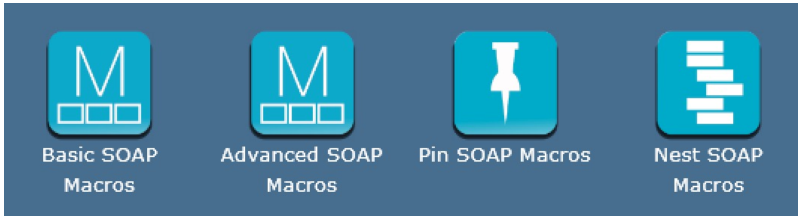
ChiroSpring uses a feature called “Breadcrumbs” to help you navigate within the buttons. Sometimes clicking on a button will not paste text or open a dialog box. Instead, it will reveal a new panel of buttons. You are now one layer “deep” into the buttons. To keep track of where you are at within the buttons there is a top button menu commonly referred to as a “breadcrumb” menu. “Home” will take you back to the main grid of buttons and in this example the breadcrumb “Passive Range of Motion” will take you back to that grid of buttons.



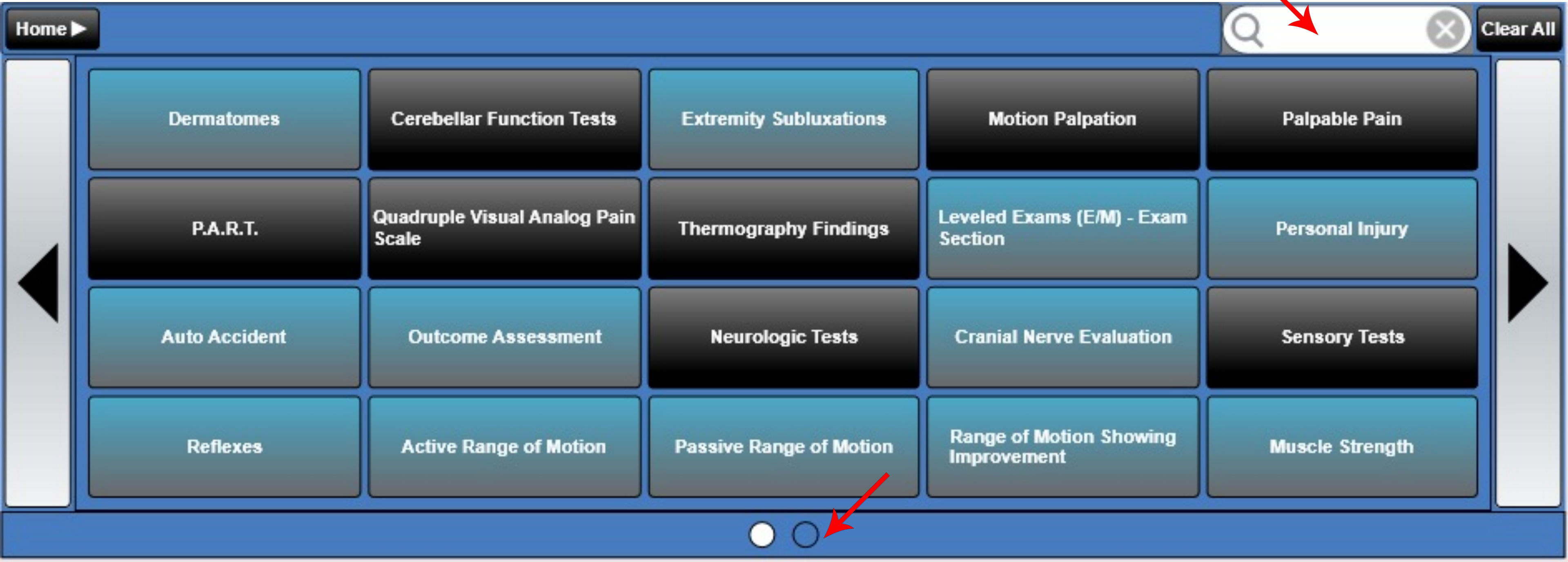
SOAP - Macros

The SOAP macros use the same navigation “dot” control as seen on the front desk. There are left and right navigation arrows that will take you to another page of buttons. Below the macros are a series of circles or “dots.” The number of dots indicates the number of pages, and the white dot indicates the active page.

Power Tip: You can create custom macros in Settings/SOAP Macros



Power Tip: If you have lots of macros use the search box here to filter your list.



SOAP - Objective – Adjustments Tab

Adjustments

Here you can quickly record a spinal or extremity adjustment. Mark areas to avoid in red and write permanent note reminders (not part of the SOAP) so you will see them on subsequent visits.

In Settings you can create adjusting techniques. For each technique you can then create your own listings and even set which technique you want as your default (selected when you open the SOAP).

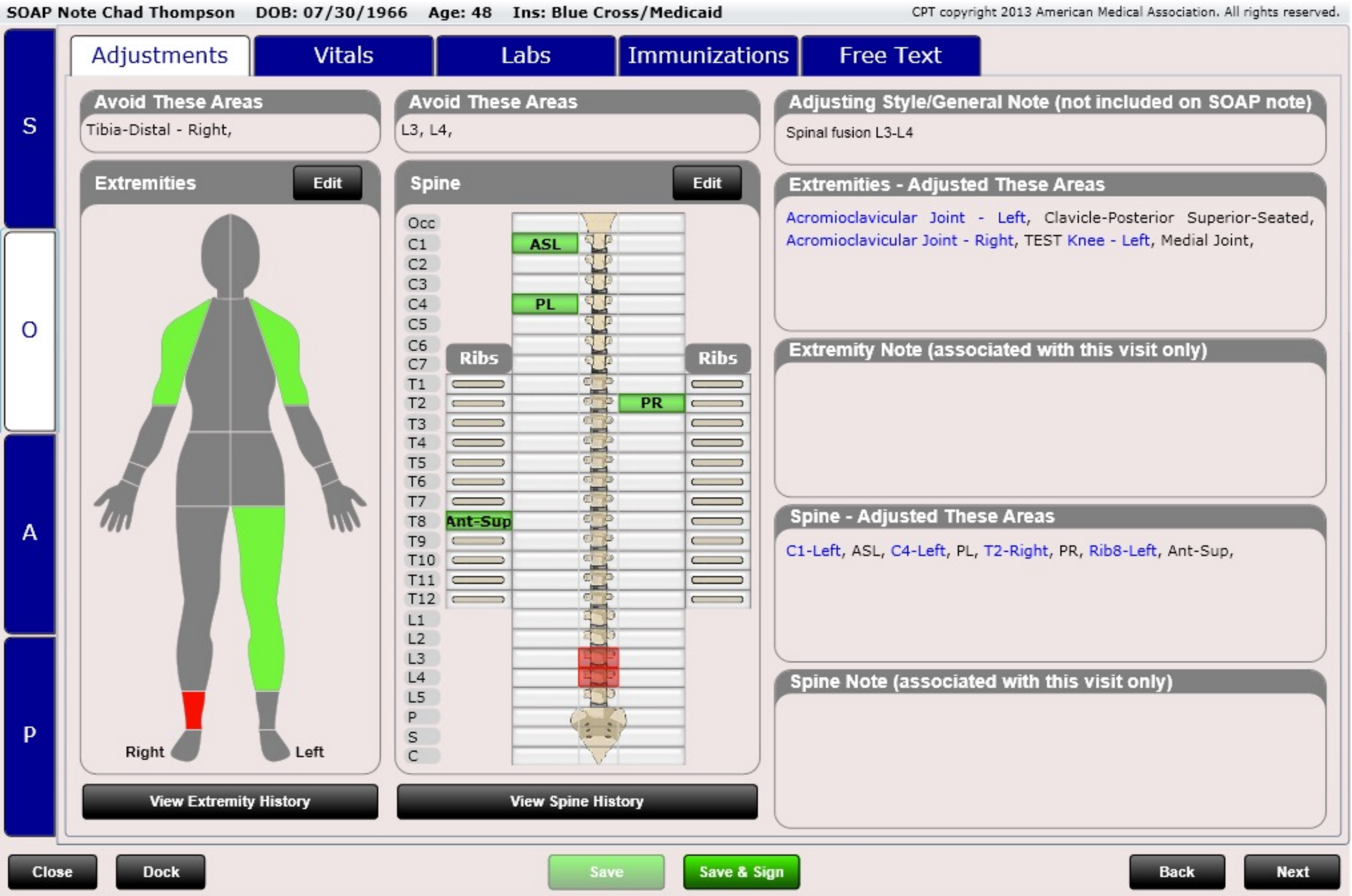
Settings

Extremities

Spine

Power Tip: Edit the spine or body by clicking on the spine or body (instead of clicking the "Edit" button).

SOAP – Objective – Adjustments Tab



SOAP - Objective – Adjustments Tab

Spine Adjustments

Shown here is the Spine after selecting the “Edit” button. You are able to click anywhere on the spine or in the grey section to the right or left of the spine. Doing so will open a menu allowing you to select the listing, mark the area as “avoid”, or clear the listing out altogether.

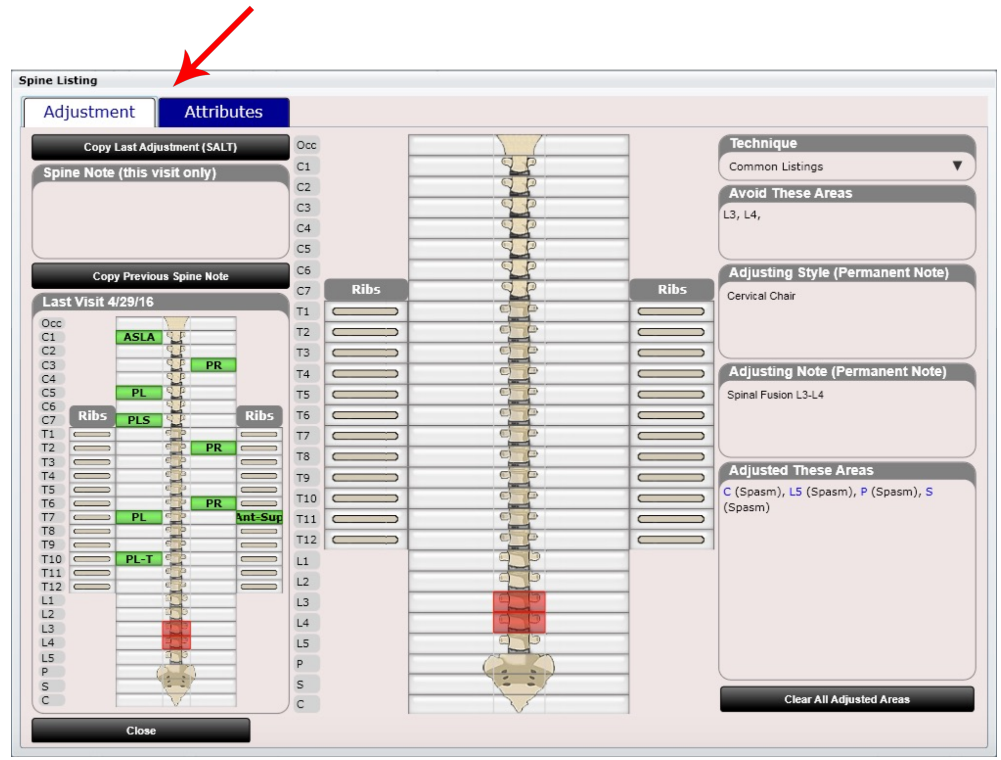
Areas marked “Avoid” will both highlight in red and will also be written as text in the “Avoid These Areas” box to the right of the spine.

If you wish to copy the spine from the last visit, click the “Copy Last Adjustment (SALT) button. This will copy all of the listings from the last adjustment to this adjustment. SALT stands for “Same As Last Time.”

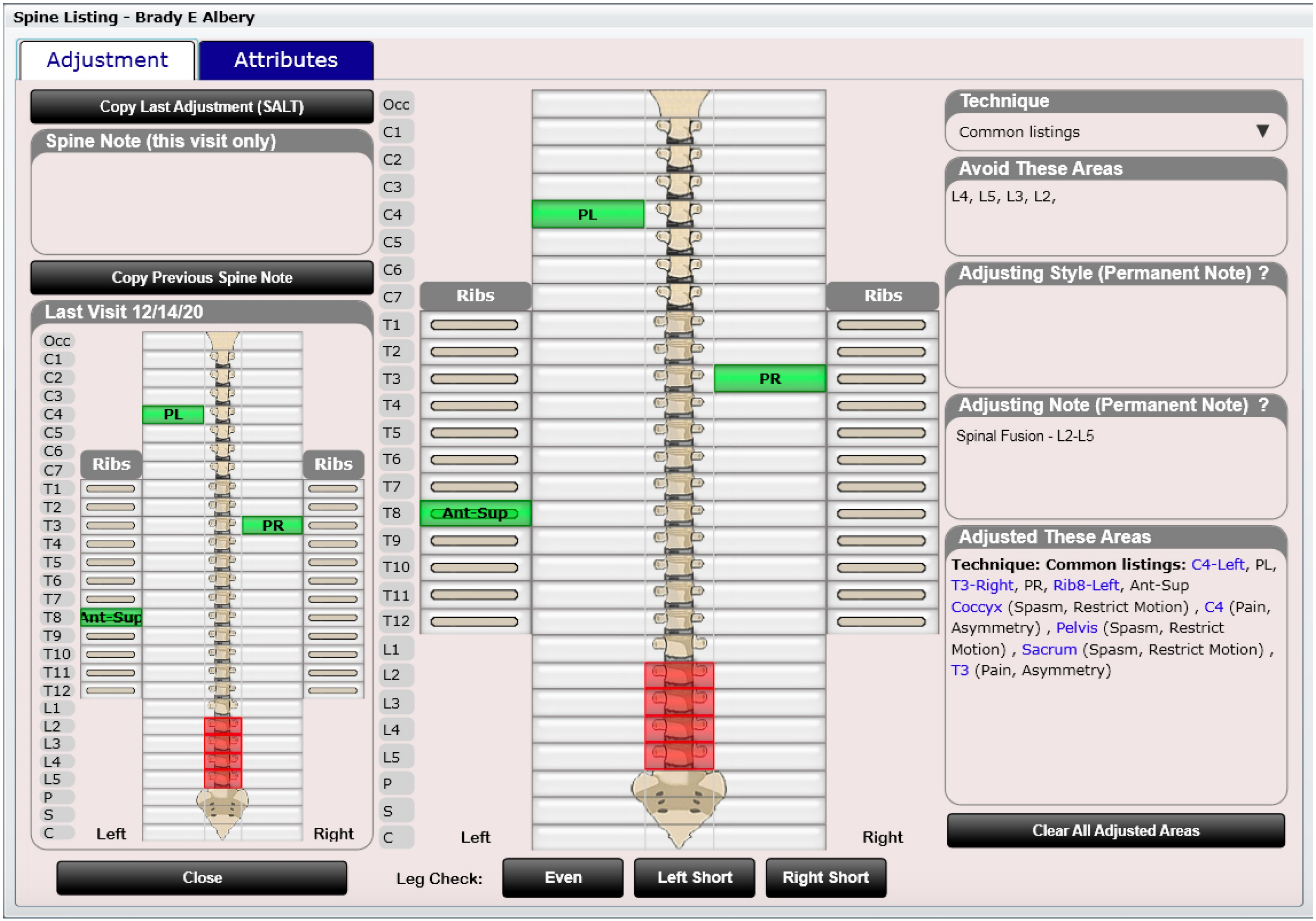
Clicking the “Clear All Adjusted Areas” will clear everything off of the spine except for the red areas to avoid. To clear those, you will need to click on them and then select the “Clear” option.

Note: There are two tabs on this screen

- Adjustment – Record adjustment listings
- Attributes – Record things such as pain, edema, etc.



SOAP - Objective – Adjustments Tab

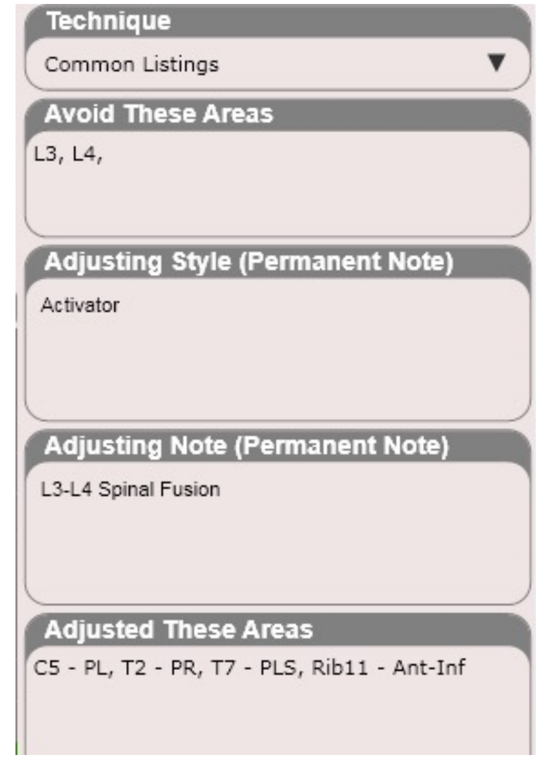


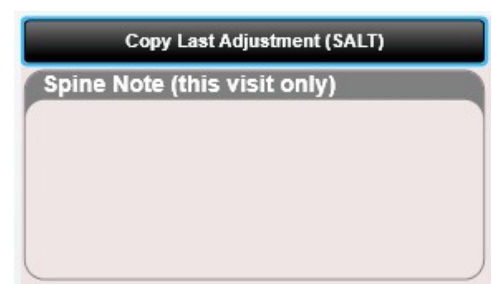
SOAP - Objective – Adjustments Tab

Adjustments Tab

Note the various boxes that surround the spine

- **Technique –** Select from several adjusting techniques
- **Avoid These Areas** – This information is populated when you click a segment of the spine and select "AVOID"
- **Adjusting Style (permanent note)** – this field is editable and will be copied over every appointment. It is therefore listed as a permanent note
- **Adjusting Note (permanent note)** – this is a permanent note box to type anything about the patient's spine you want visible during every adjustment.
- **Adjusted These Areas** – This is automatically filled out as you select the areas of the spine you adjusted
- **Spine Note** – This note is not permanent and will only be shown for this visit
- **Copy Last Adjustment (SALT) button** – Click this to copy the adjustment from last visit
- **Clear All Adjusted Areas button** – Click this button to clear all adjusted areas. Note, this will not clear red AVOID areas of the spine. These will need to be manually cleared by clicking on them.

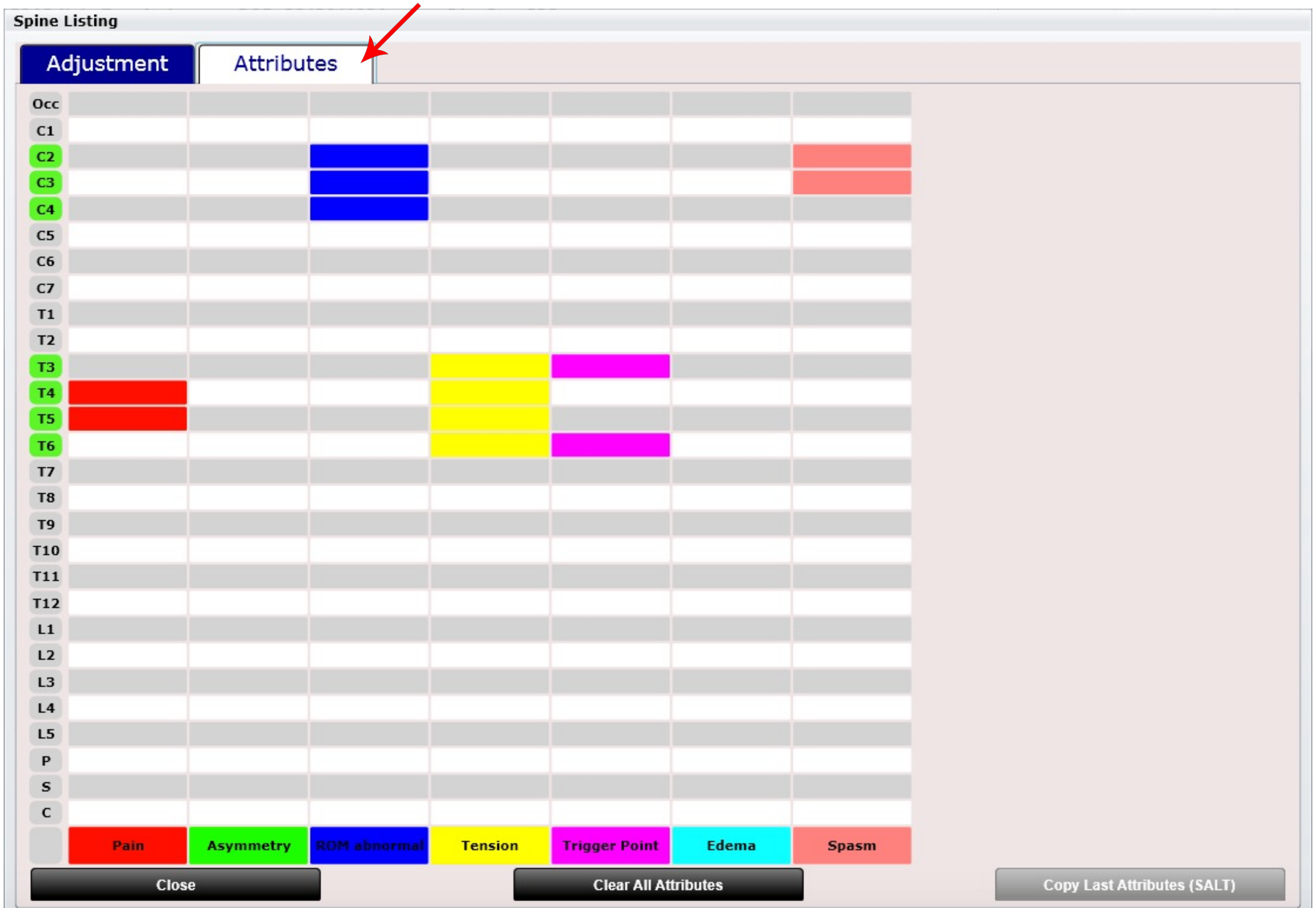




SOAP - Objective – Adjustments Tab

Attributes Tab

This Attributes tab will allow you to record things such as pain, edema, spasm, etc. for all spinal segments. Easily record P.A.R.T for Medicare by highlighting the Pain and Asymmetry areas for each adjusted area! ☺



SOAP - Objective – Adjustments Tab

Attributes

Copy Last Attributes (SALT) button – Click this to copy the attributes from last visit

Clear All Attributes button – Click this button to clear all areas marked with attributes.

Note: The marked areas of adjustment will be highlighted on the spine in the color green.

In Settings you can customize attributes. For each attribute you can then change attribute color and rearrange in any order.

Settings

Spine

Attributes

SOAP - Objective – Adjustments Tab

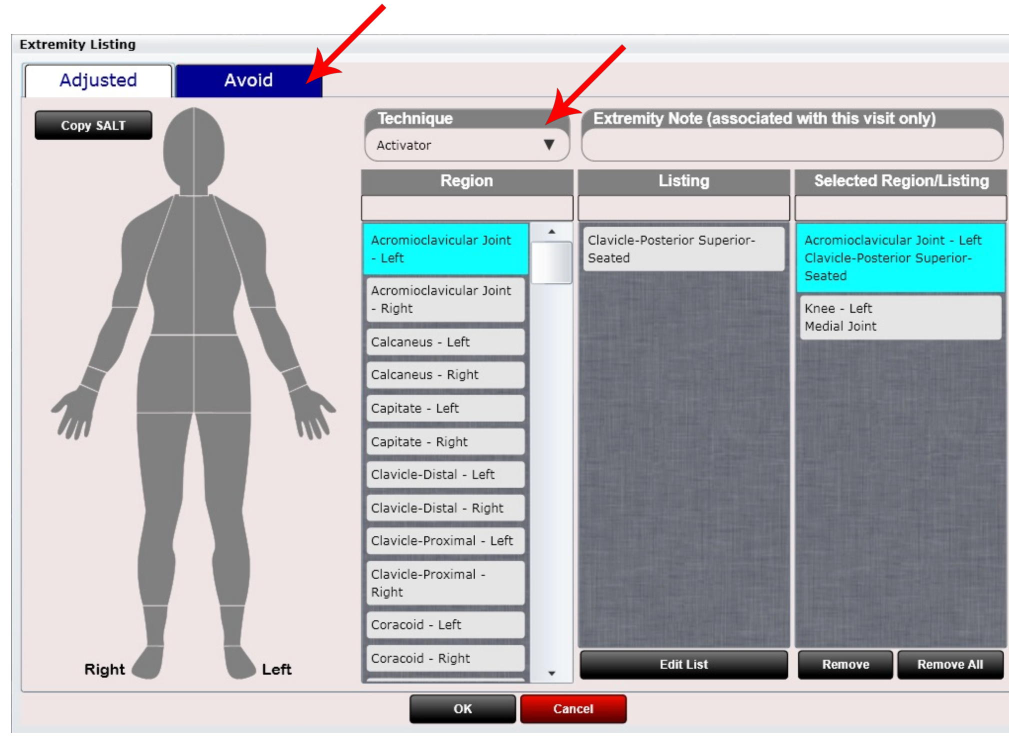
Extremity Adjustments

Shown here is the Body after selecting the “Edit” button or clicking the body.

Now select a body region and then listing. Selected regions/listings will appear in the far-right list box.

To mark areas to “Avoid” use the “Avoid” tab at the top.

If you wish to copy the adjustment from the last visit, click the “Copy SALT” button. This will copy all the listings from the last adjustment to this adjustment. SALT stands for “Same As Last Time.”



Use the “Technique” drop down to select another adjusting technique. You can create or edit techniques and listings in Settings.

Use the “Extremity Note” to enter any notes about today’s adjustment.

SOAP - Objective – Acupuncture Tab

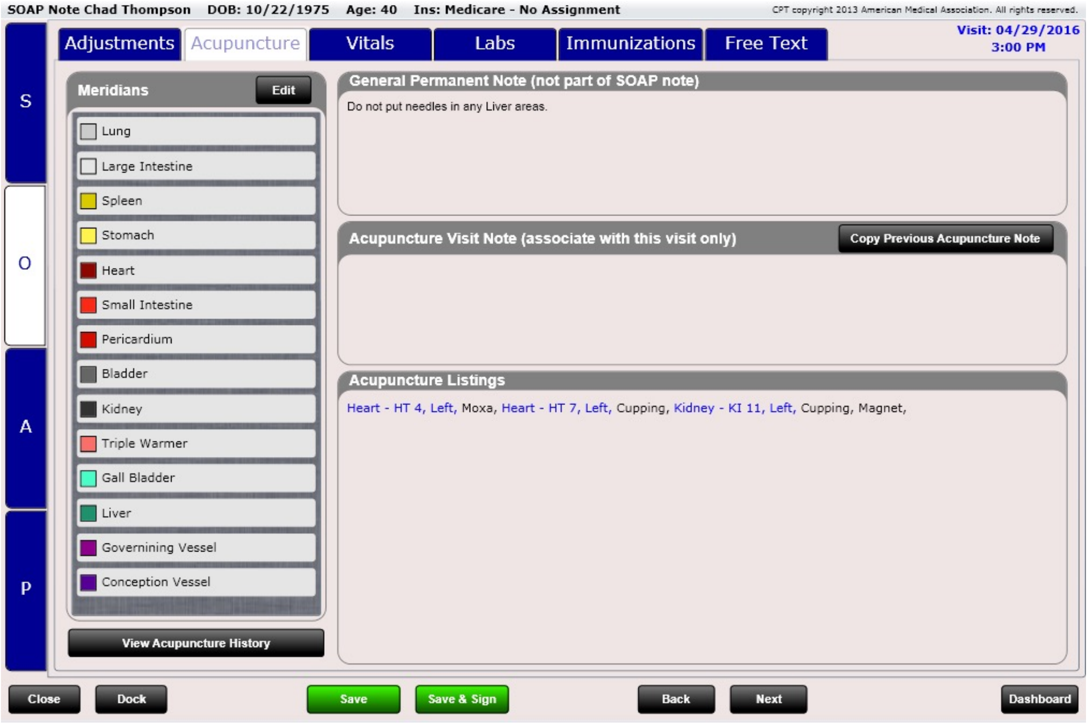
Acupuncture

Here you can record which acupuncture points you performed on your patient. Click the “Meridian” list box or select “Edit”. This will open a dialog with meridians on the left and points on the right. See next page for more details.

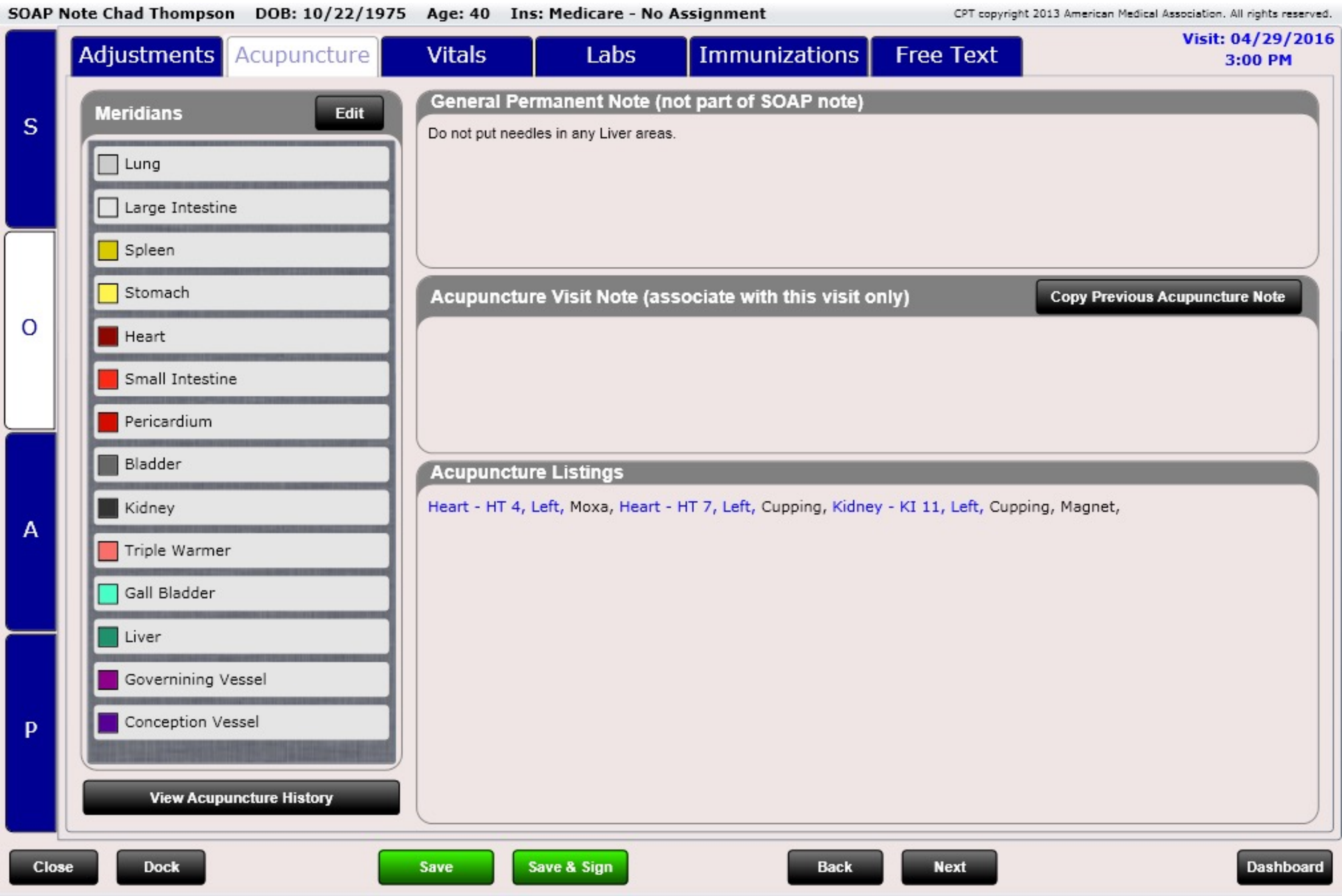
In Settings you can create or edit meridians and acupuncture points.


Settings


Acupuncture

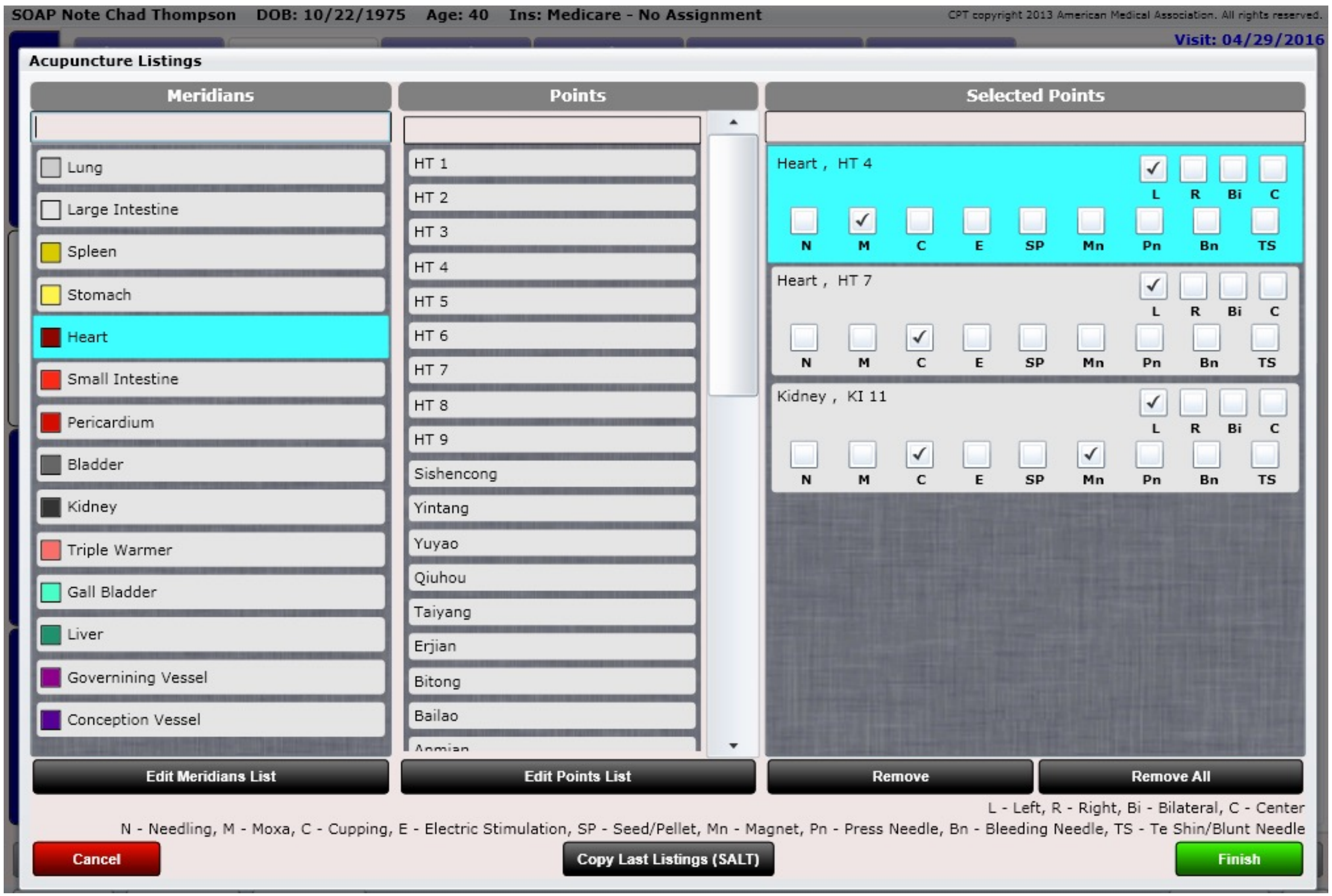


SOAP - Objective – Acupuncture Tab



SOAP - Objective – Acupuncture Tab

Here we can select a meridian, then it’s associated point. This will add an item to the “Selected Points” list box. Next select “left”, “right”, “bilateral” or “center”. Then indicate the technique used such as “needling”, “moxa”, “cupping” or “electronic stimulation” to name a few. You will see the legend at the bottom identifying what each checkbox stands for.



SOAP - Objective – Evaluation Tab

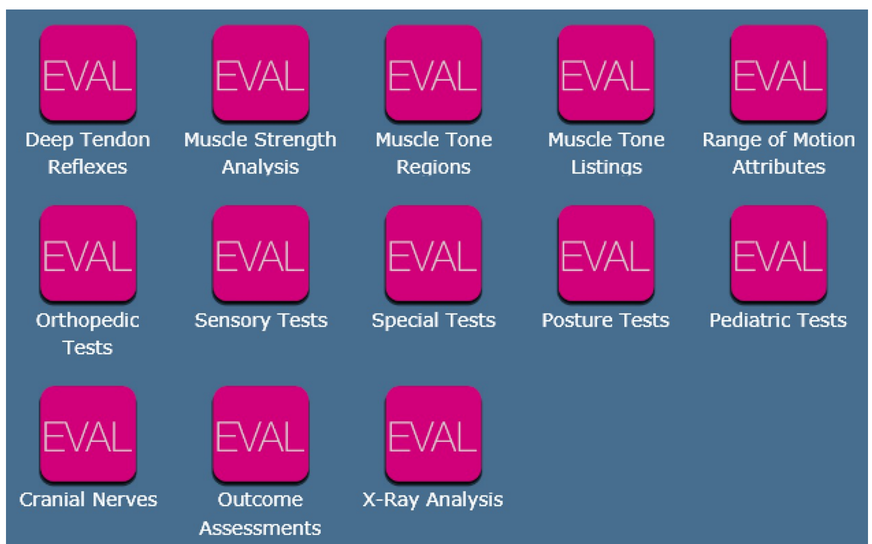
The Evaluation tab will allow you to document several different evaluations for your patient. This can of course be done in the SOAP free text area. However, the advantage of using the evaluation tab is that you can see when the last time you evaluated your patient for an item was AND previous data is saved so that you only need to change what is necessary on subsequent evaluations. This process is SUPER FAST and of course works entirely with TOUCH.

Only evaluations performed THIS VISIT will appear inside your SOAP note.

To perform an evaluation, select from the list, then click “New Evaluation”. The same process works when you are ready to “Edit” or on subsequent visits if you want to “Re-Evaluate”.

Here is a list of our current evaluations. We may add more in the future.

You can customize various aspects of your evaluations in Settings/Evaluation



SOAP - Objective – Evaluation Tab

SOAP Note - Brady E Albery ALBBR000 DOB: 12/16/1979 Age: 41 Ins: BCBS

S

O

A

P

Adjustments | Acupuncture | Evaluation | Product Orders | Vitals | Free Text

Visit: 12/17/2020 13:00 PM

- Muscle Strength Analysis
- Range of Motion
- Orthopedic Tests
- Sensory Tests
- Posture Analysis
- Vascular Tests
- Pediatric Tests
- Muscle Tone Analysis
- Cranial Nerves
- Special Tests
- X-Ray Analysis
- Outcome Assessments
- Reflexes

Active Range of Motion

Last Evaluated: 12/17/2020

Cervical Spine - **Flexion:** Status - Normal, Pain, **Left Lateral Bend:** Status - Normal, Pain, **Extension:** Status - Normal, **Extension:** Status - Normal, Tightness, Restriction, Pulling, Pressure, **Left Lateral Bend:** Status - Decreased, Spasm, Restriction, Stretching, Tightness, **Left Rotation:** Status - Decreased, Pain, Spasm, Restriction, Stretching, Tightness, Pulling, Pressure, **Left Rotation:** Status - Increased, Pain, Spasm, **Right Lateral Bend:** Status - Increased, Pain, Spasm, **Flexion:** Status - Increased, **Right Lateral Bend:** Status - Decreased, Pain, **Right Rotation:** Status - Increased, Restriction, Stretching, Tightness, **Right Rotation:** 55 Degrees (Normal 80-90), Pain, Spasm, Pressure, Restriction, Stretching, Tightness, Pulling.

Thoracic Spine - **Flexion:** Status - Normal, **Flexion:** Status - Increased, Spasm, **Left Lateral Bend:** Status - Increased, **Left Lateral Bend:** Status - Normal, **Left Rotation:** Status - Increased, Pain, Spasm, Pulling, Stretching, Tightness, **Left Rotation:** Status - Normal, Pain, **Right Lateral Bend:** Status - Normal, Stretching, Restriction, Pulling, **Extension:** Status - Normal, **Right Rotation:** Status - Decreased, Spasm, **Right Rotation:** Status - Increased, **Right Lateral Bend:** Status - Normal, **Extension:** 25 Degrees (Normal 20-30).

Lumbar Spine - **Extension:** Status - Normal, **Extension:** Status - Normal, **Flexion:** Status - Increased, Pain, Restriction, Tightness, Stretching, **Left Lateral Bend:** Status - Normal, **Left Lateral Bend:** Status - Normal, Tightness, Restriction.

Shoulder - **Extension, right shoulder:** Status - Normal, **Extension, right shoulder:** Status - Decreased, Pain, Spasm, Tightness, Restriction, Pulling, Pressure, Stretching.

Elbow - **Extension, left elbow:** Status - Normal, **Extension, right elbow:** Status - Normal, **Extension, right elbow:** Status - Increased, **Flexion, right elbow:** Status - Decreased, Pain.

Deep Tendon Reflexes

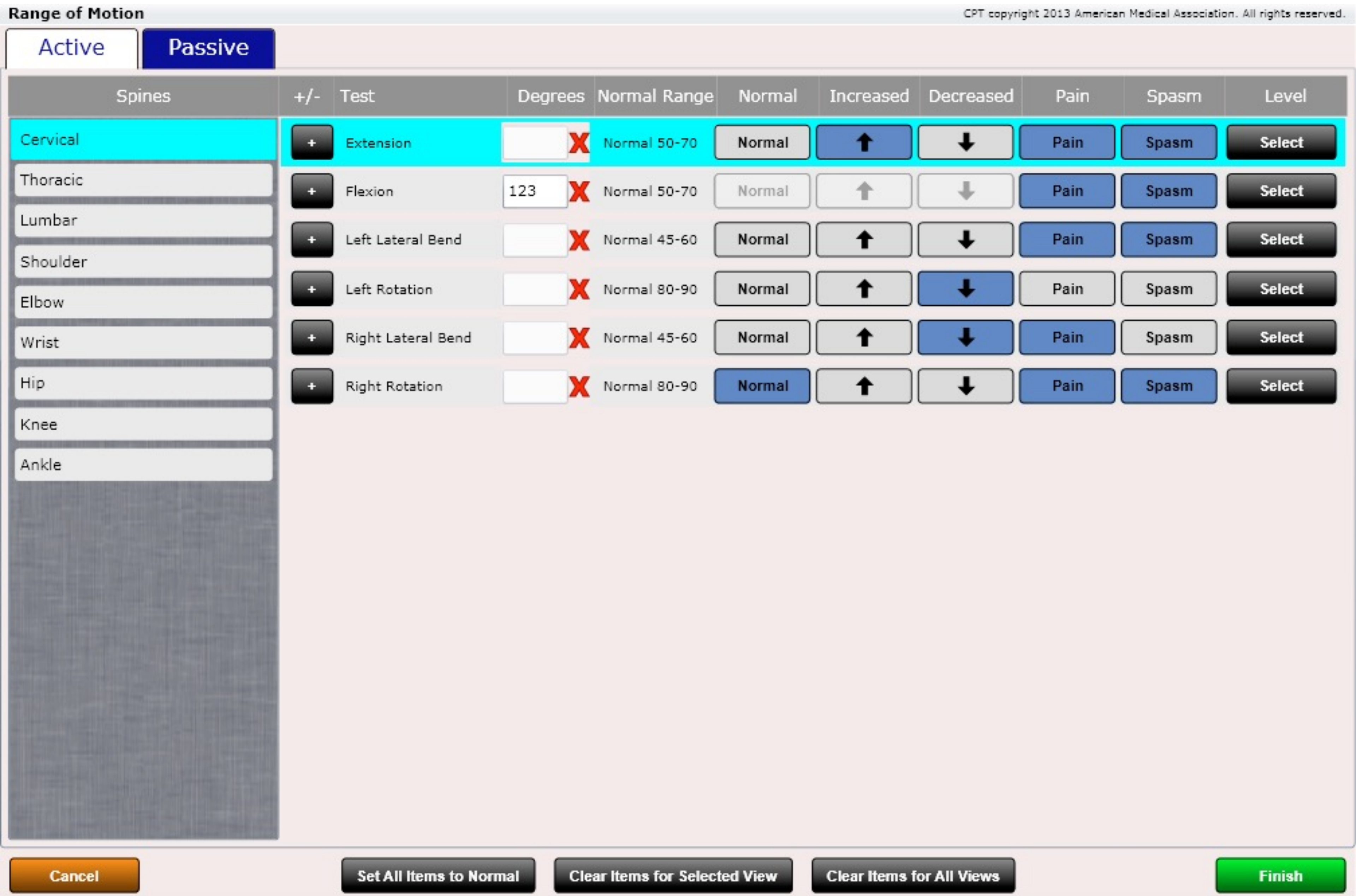
Last Evaluated: 12/02/2020

Left biceps brachii (C5, 6): Grade 3
Right medial hamstring (L5): Grade 4
Bilateral brachioradialis (C5,6): Grade 5
Right biceps brachii (C5, 6): Grade 4

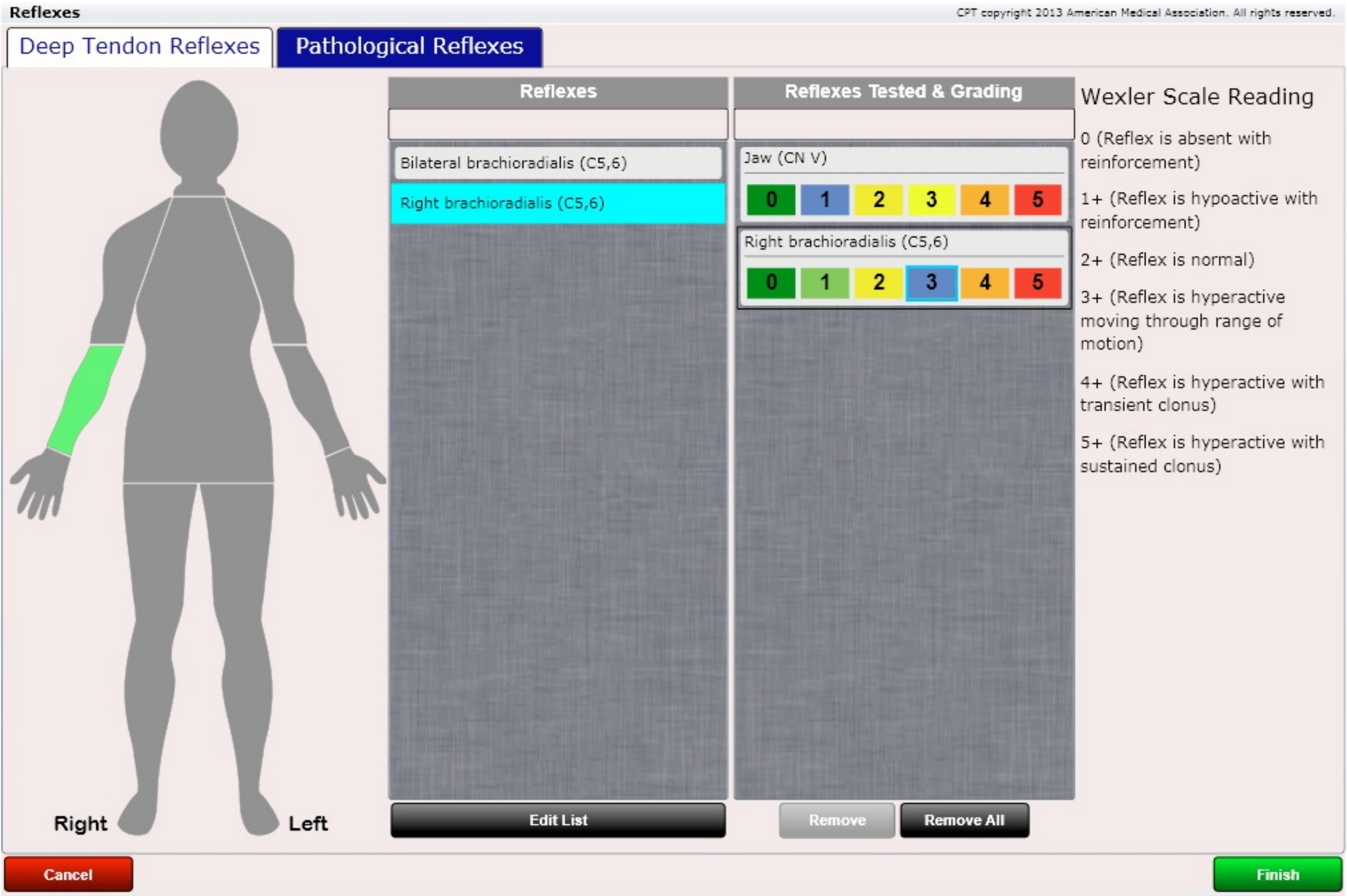
Edit | Arrange | New Evaluation | Edit Evaluation | Re-Evaluate Evaluation | Delete Evaluation

Close | Dock | Save | Save & Sign | Back | Next | Preview | Dashboard

SOAP - Objective – Evaluation Tab – Range of Motion



SOAP - Objective – Evaluation Tab – Reflexes (Deep Tendon)



SOAP - Objective – Evaluation Tab – Reflexes (Pathological)

Reflexes

Deep Tendon Reflexes | Pathological Reflexes

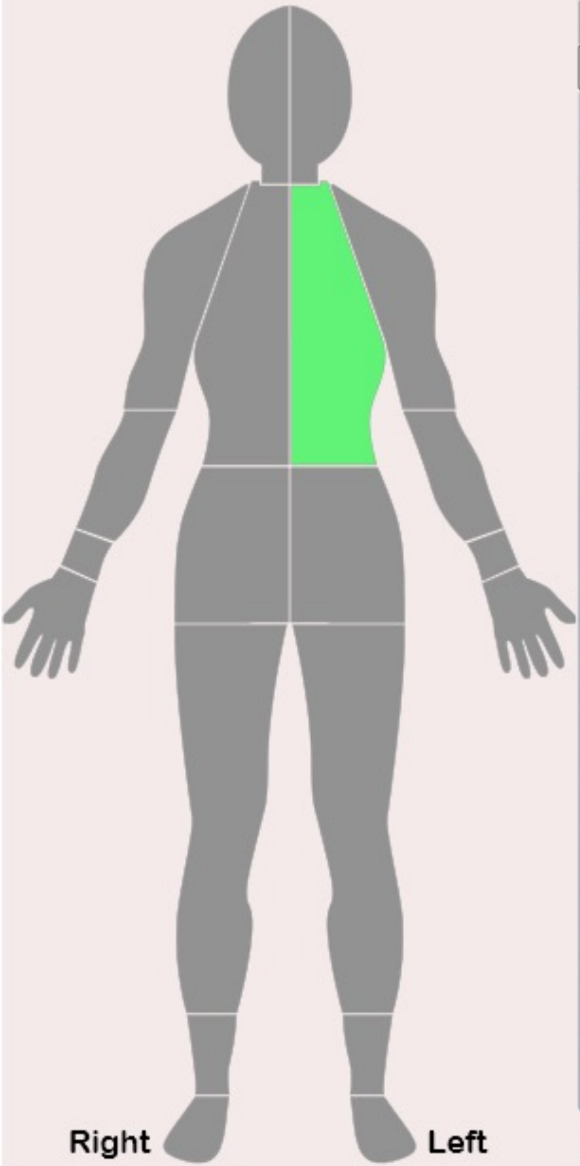
Test	Left (+)	Left (-)	Right (+)	Right (-)
Babinski Sign	+	-	+	-
Bechterew's Wrist Sign	+	-	+	-
Chaddock's Wrist Sign	+	-	+	-
Forced Grasping	+	-	+	-
Gordon's Finger Sign	+	-	+	-
Hoffman's Sign	+	-	+	-
Palmomental Reflex	+	-	+	-
Rossolimo's Hand Sign	+	-	+	-
Scapulohumeral Reflex	+	-	+	-
Tromner's Sign	+	-	+	-
Wrist Clonus	+	-	+	-

Cancel

Finish

SOAP - Objective – Evaluation Tab – Muscle Strength Analysis

Muscle Strength Analysis



Muscles

- Shoulder elevators (trapezius) - Left
- Trunk extensors (erector spinae)
- Trunk flexors (rectus abdominis, external oblique, internal oblique)
- Trunk rotators (external obliques, internal obliques) - Left

Edit List

Muscles Grading - Wexler Scale

Trunk extensors (erector spinae)

0 1 2 3 4 5

Trunk flexors (rectus abdominis, external oblique, internal oblique)

0 1 2 3 4 5

Remove Remove All

Muscles Grading

0. When tested there was no palpable contraction or joint motion.

1. When tested there was no range of motion. However, there was a traceable palpable contraction.

2. When tested range of motion was present, but only without gravity.

3. When tested there was a fair amount of range of motion against gravity.

4. When tested there was good range of motion with some resistance.

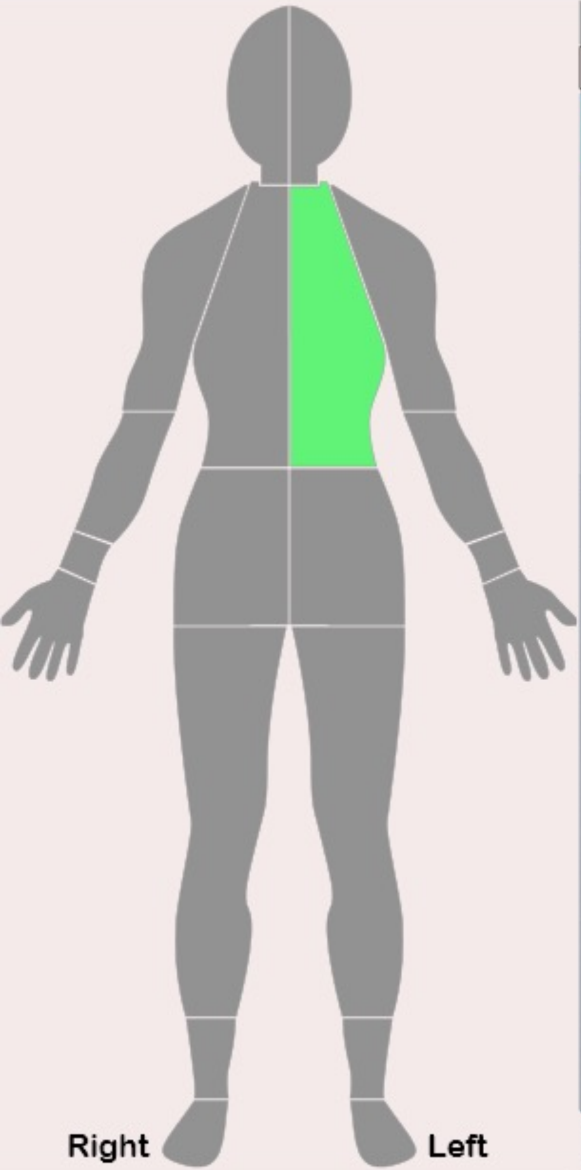
5. When tested the muscle/ muscle groups were within normal limits.

Cancel

Finish

SOAP - Objective – Evaluation Tab – Muscle Tone Analysis

Muscle Tone Analysis



Muscles	Listings	Selected Muscles Listings
Clavicle-Distal - Left	Hypertonicity	Acromioclavicular Joint - Right Spasm
Clavicle-Proximal - Left	Hypotonicity	Acromioclavicular Joint - Right Flaccidity
dd	Spasm	Acromioclavicular Joint - Left Hypotonicity
First Rib - Left	Flaccidity	Clavicle-Distal - Left Rigidity
Sternocostal Articulation - Left	Rigidity	
Sternum-Manubrium - Left	Spasticity	
Xiphoid - Left	Guarding	

Edit List | Edit List | Remove | Remove All

Cancel | Finish

SOAP - Objective – Evaluation Tab – Orthopedic Tests

Orthopedic Evaluations

Regions
Cervical
Thoracic
Lumbar
Sacroiliac
Shoulder
Elbow
Wrist/Hand
Hip/Thigh
Knee
Ankle/Foot

Arrange

Test	Positive	Negative	+ Left	- Left	+ Right	- Right	Neutral	Attributes
Bakody's Sign/Shoulder Abduction Test	+	-	+L	-L	+R	-R	N	Select
Bikele's Sign	+	-	+L	-L	+R	-R	N	Select
Brachial Plexus Tension Test	+	-	+L	-L	+R	-R	N	Select
Brudzinski's Sign	+	-	+L	-L	+R	-R	N	Select
Cervical Distraction Test	+	-	+L	-L	+R	-R	N	Select
DeKleyn/George/VBI Test	+	-	+L	-L	+R	-R	N	Select
Extension Compression Test	+	-	+L	-L	+R	-R	N	Select
Foraminal Compression Test	+	-	+L	-L	+R	-R	N	Select
Jackson Compression Test	+	-	+L	-L	+R	-R	N	Select
L'hermitte's Sign/Cervical Hyperflexion	+	-	+L	-L	+R	-R	N	Select
Maximal Cervical Compression	+	-	+L	-L	+R	-R	N	Select
Naffzinger's Test	+	-	+L	-L	+R	-R	N	Select
O'Donoghue Maneuver	+	-	+L	-L	+R	-R	N	Select
Rust's Sign	+	-	+L	-L	+R	-R	N	Select
Shoulder Depression	+	-	+L	-L	+R	-R	N	Select
Soto-Hall Test	+	-	+L	-L	+R	-R	N	Select

Cancel | Arrange Tests | Edit Tests | Clear Items for Selected View | Clear Items for All Views | Finish

SOAP - Objective – Evaluation Tab – Sensory Evaluations

Sensory Evaluations

Test	WNL	Hyper	Hypo	N/A	Notes
C4	WNL	Hyper	Hypo	N/A	
C5	WNL	Hyper	Hypo	N/A	
C6	WNL	Hyper	Hypo	N/A	
C7	WNL	Hyper	Hypo	N/A	
C8	WNL	Hyper	Hypo	N/A	
L1	WNL	Hyper	Hypo	N/A	
L2	WNL	Hyper	Hypo	N/A	
L3	WNL	Hyper	Hypo	N/A	
L4	WNL	Hyper	Hypo	N/A	
L5	WNL	Hyper	Hypo	N/A	
S1	WNL	Hyper	Hypo	N/A	

Cancel

Finish

SOAP - Objective – Evaluation Tab – Vascular Evaluations

Vascular Evaluations

Test	WNL	+ Left	- Left	+ Right	- Right	Notes
Wright's	WNL	+L	-L	+R	-R	
Allens's	WNL	+L	-L	+R	-R	
Adson's	WNL	+L	-L	+R	-R	
Buergers	WNL	+L	-L	+R	-R	

Cancel

Finish

SOAP - Objective – Evaluation Tab – Special Evaluations

Special Evaluations

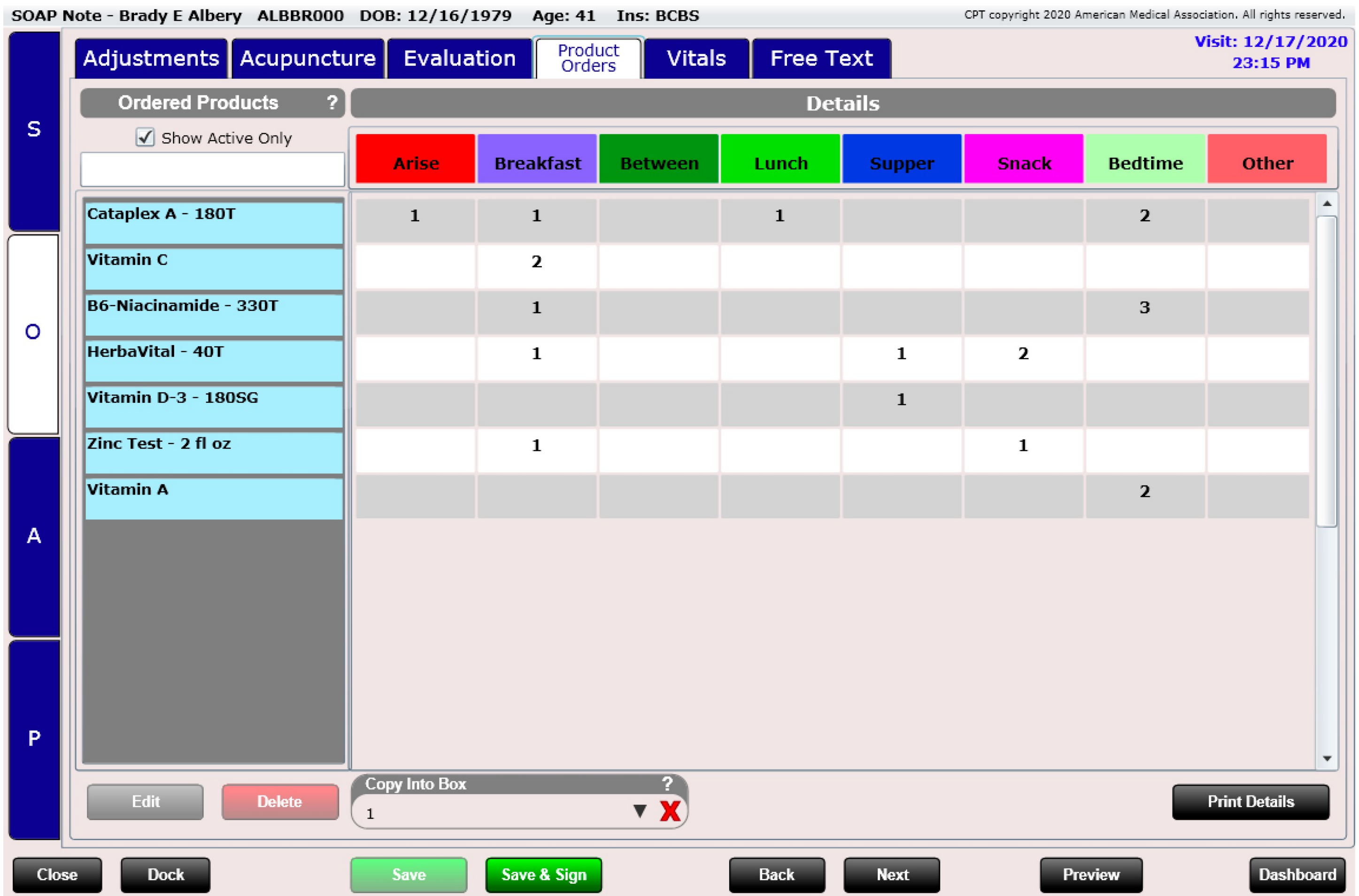
Test	WNL	+ Left	- Left	+ Right	- Right	Notes
George's	WNL	+L	-L	+R	-R	
Romberg	WNL	+L	-L	+R	-R	

Cancel

Finish

SOAP – Product Orders

If you prescribe supplements to your patients, you will love Product Orders. Type in the search box and select your "product". Once added to the list box indicate the number of doses for the schedule (see below). As an example, 1 at breakfast and 1 at snack. You can customize the schedule in Settings/Product Orders.



SOAP – Product Orders

Clicking the "Print Details" button will print your orders. This information can also appear on the patient receipt if you have that print setting option enabled.

Date of Service: 12/17/20 | Patient: Brady E Albery | DOB:12/16/1979

Dr's Chiropractic
234 Western, Davenport, IA 52722-1234

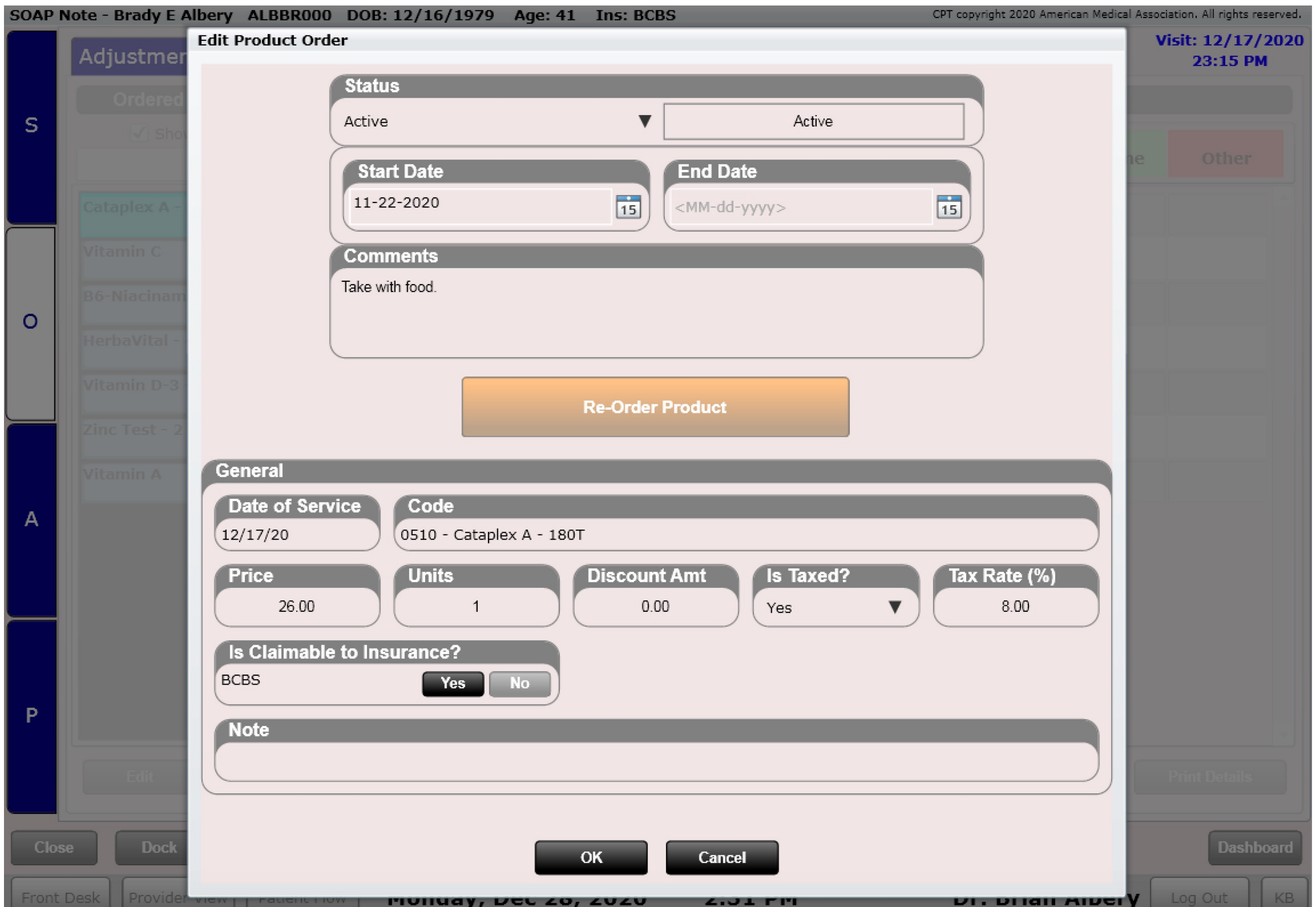
1234 Main St.
Bettendorf, IA 52722

Created 12/28/2020 2:29 PM

Supplement	Arise	Breakfast	Between	Lunch	Supper	Snack	Bedtime	Other
Cataplex A - 180T	1	1		1			2	
Take with food.								
Vitamin C		2						
B6-Niacinamide - 330T		1					3	
HerbaVital - 40T		1			1	2		
Vitamin D-3 - 180SG					1			
Zinc Test - 2 fl oz		1				1		
Vitamin A							2	

SOAP – Product Orders

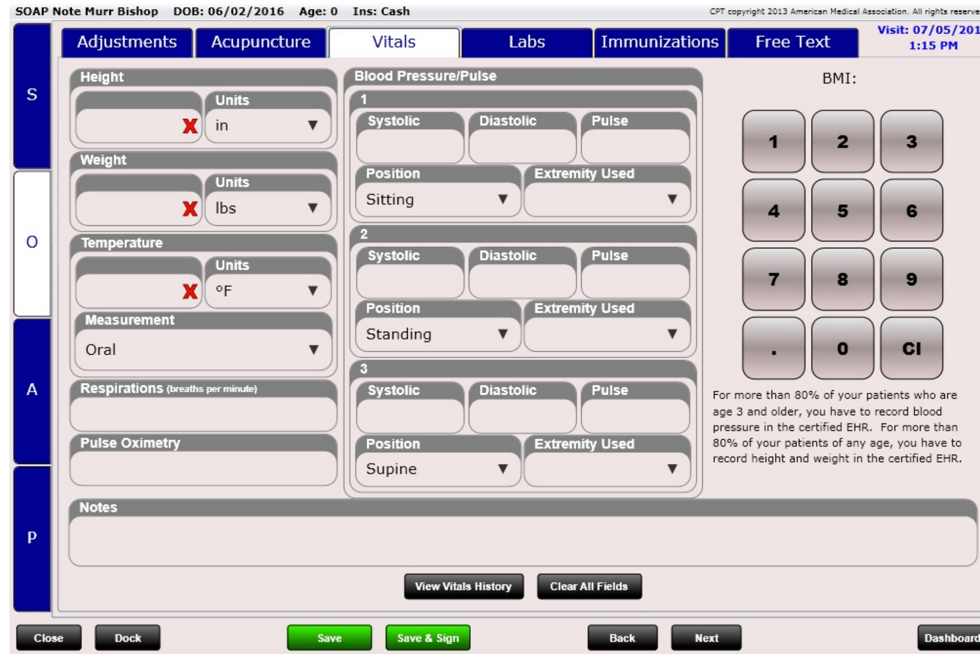
Double clicking a product will open a dialog allowing you to edit any start or end date or mark inactive. If you click the "Re-Order Product" button the product will be added to the Charges section of the SOAP note. This saves you from having to manually add the charge when you know your patient needs it.



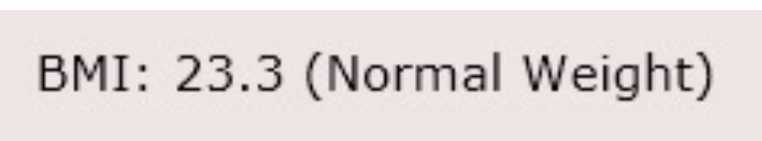
SOAP – Vitals Tab

Here you can record patient vitals including:

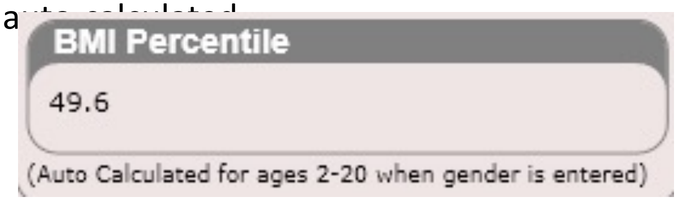
- Height
- Weight
- Temperature
- Respirations
- Blood Pressure
- Pulse
- Pulse Oximetry



If Height and Weight are entered the patient's BMI will be calculated and displayed above the number pad.



If Height and Weight (and gender) are entered and your patient is between 2 and 20 years of age BMI percentile will be auto-calculated.



To view Vitals from previous visits, click the "View Vitals History" button.

SOAP – Labs Tab

Here you can record lab orders for your patient. To record a lab order, click “Add Order”. Lab orders are used to keep track of which labs you ordered. You will still need to call the order into an outside lab to get the order performed for your patient.

SOAP – Immunizations Tab

Here you can record Immunization history for your patient. There is also an Immunizations Tile in the Dashboard if you wish to record this information there as well.

Power Tip: You can block (hide) any SOAP tab you wish on a per provider basis. This means if I wanted to hide the Immunizations tab in my Edit SOAP I could. To do this go to Settings/Users/User Rights.

SOAP - Objective – Macros/Free Text

Macros/Free Text

The Objective macros work exactly like the Subjective, Assessment and Plan macros. The only difference is there are different macros to choose from.

After spending ample time with the macros, you will be able to quickly write highly detailed SOAP notes.

SOAP – Assessment - Diagnosis

ChiroSpring supports diagnosing in both ICD9 and ICD10. As you are likely aware, ICD10 is now the standard as of October 1, 2015. We also support diagnosing in SNOMED as this is an EHR requirement, however, we do NOT advise using SNOMED for diagnosis as it will not appear on your HCFA form.

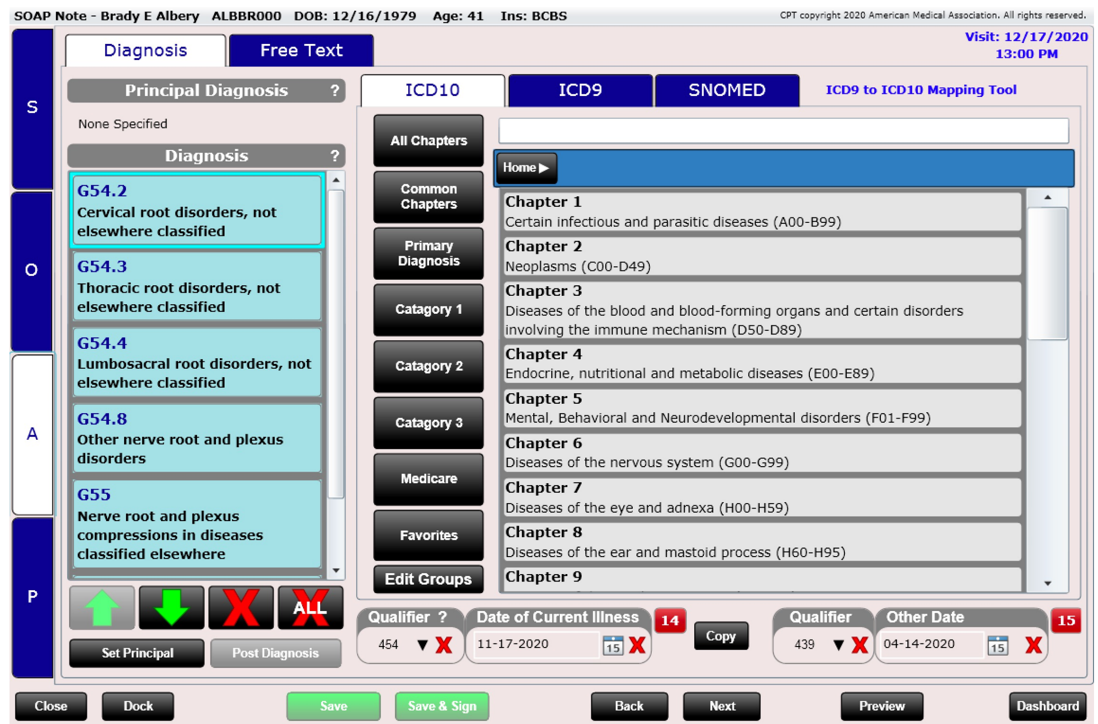
There are three tabs: ICD10, ICD9 and SNOMED. ICD10 is selected by default when the Edit SOAP Diagnosis tab is

Not only can you easily diagnose in ChiroSpring you can create your own ICD9 codes (**we provide EVERY SINGLE ICD10 code so ICD10 codes cannot be created by you**).

You can also customize your diagnosis grids for both ICD9 and ICD10. More on this on the next few pages.

SOAP – Assessment - Diagnosis

The Diagnosis tab is composed of a list box on the left and a button grid on the right. The button grid contains the most popular ICD diagnosis codes chiropractors use. To the left of the button grid are button groups. Selecting a group will reveal diagnoses that pertain to that group. This grid is editable in settings.



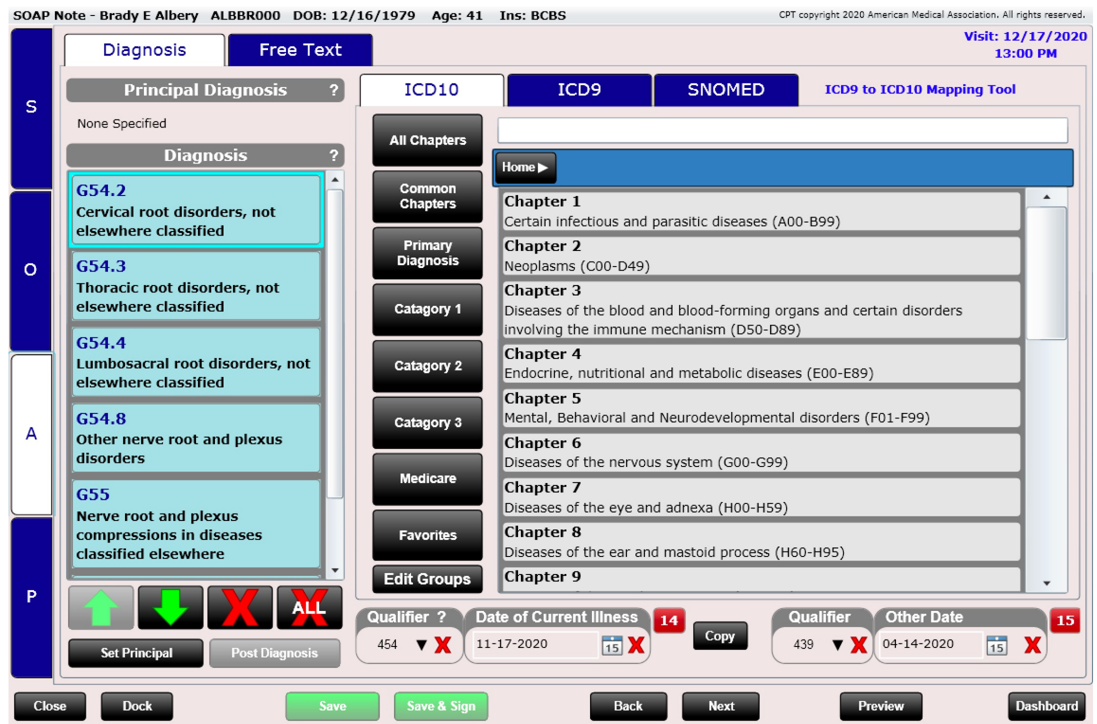
When a button (diagnosis) is selected it appears in the left list box. Diagnoses can be ordered (up or down) by using the green arrows below. As you may be aware, your primary diagnosis should appear at the top of your list. The primary diagnosis also sets the condition case. Changing the primary diagnosis will open a dialog letting you know you are also creating a new condition case.

IMPORTANT: The primary diagnosis is set by moving it to the top of the list box.

The Clear or Clear all buttons will remove a single diagnosis or remove all of them at the same time.

SOAP – Assessment – ICD10 Diagnosis

Click on the "ICD10" Tab to reveal the ICD10 codes. The entire code set is loaded into the system. There is also a "Common Chiropractic Code Set" which will reduce the number of chapters making it easier finding the code you need. Use the "All Chapters" group if you want access to all 21 chapters.



Use the search box at the top to search by name or code.

Note, because EVERY ICD10 code is already loaded into the system, you cannot create your own. Only ICD9 codes can be created in Settings/Diagnoses.

Use the ICD9 to ICD10 Mapping Tool to open a website that maps these codes for you.

Visit our Help Center for a list of common chiropractic codes we have already mapped for you.

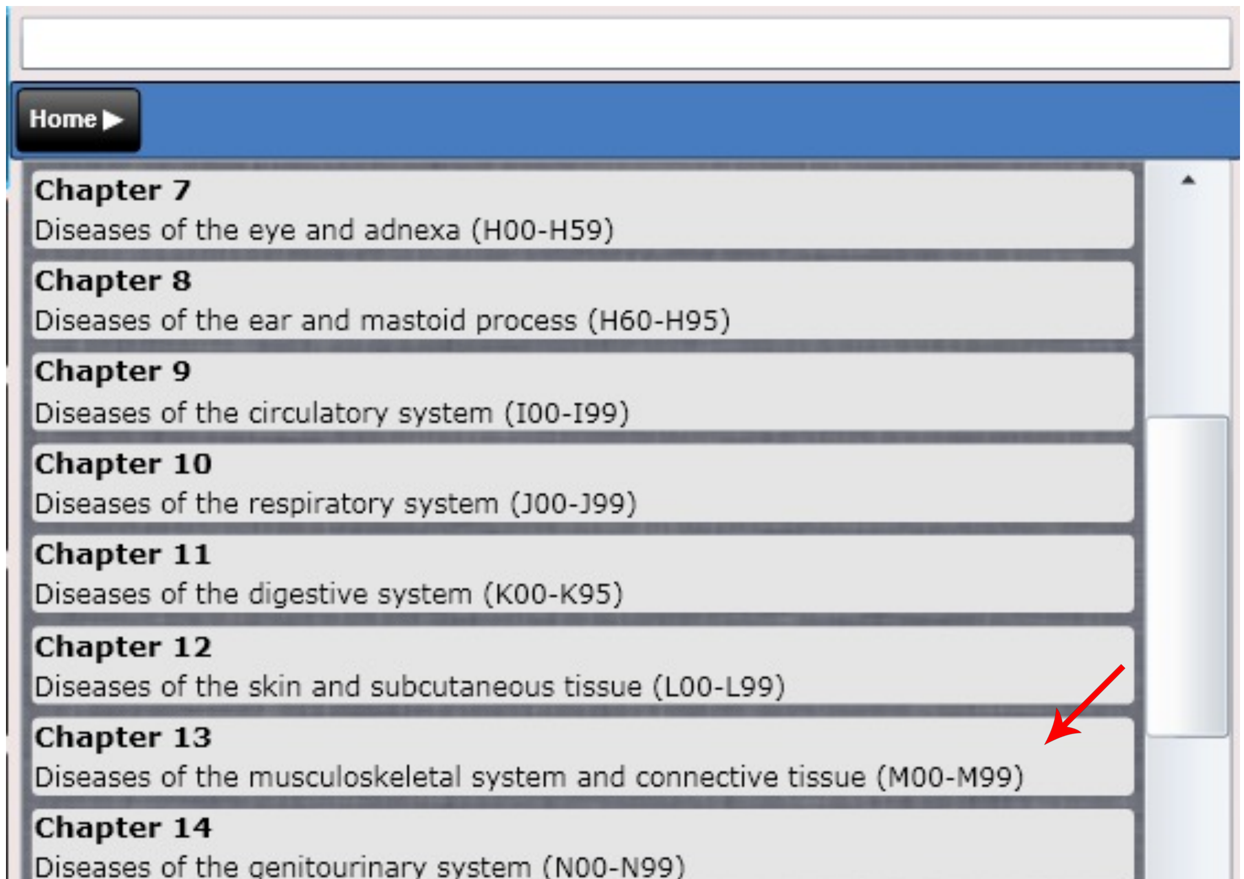
Power Tip: You can create your own groups and pin your favorite ICD10 codes into them. Each code has a "Pin" button. When selected you can determine the group you want to pin the code to. Click "Edit Groups" to create your own groups.

SOAP – Assessment – ICD10 Diagnosis

EXAMPLE: Searching for "Cervicalgia" using chapters.

As mentioned you can find a code by searching by CODE or NAME in the search box at the top. Because there are THOUSANDS of ICD10 codes we have also made it easy to search the chapters. To search by chapter, select the chapter you want to search in. The next few pages I will show you how I am searching for the code "Cervicalgia" by clicking DEEPER and DEEPER and DEEPER into the code book.

Here I am selecting Chapter 13. This contains codes for "Diseases of the musculoskeletal system and connective tissue (M000-M99).

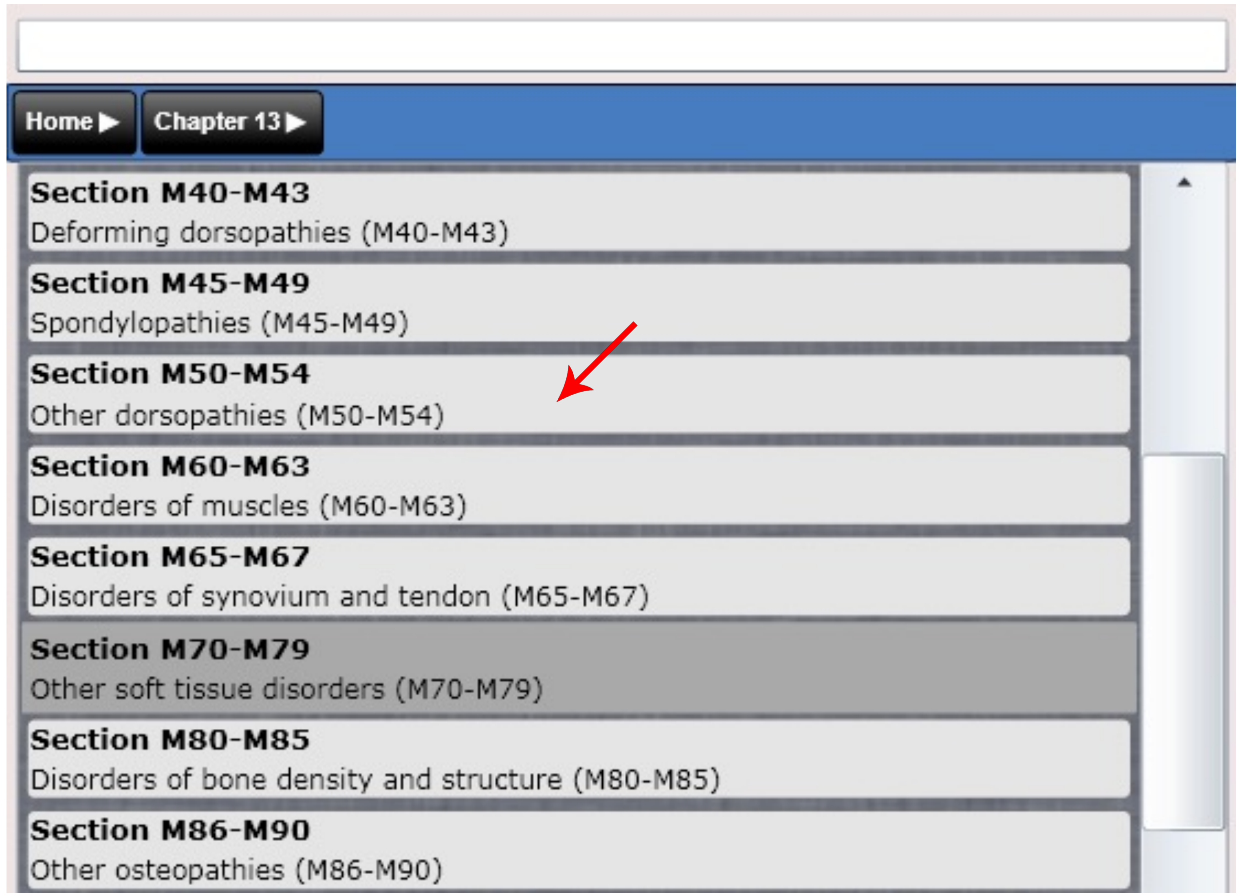


SOAP – Assessment – ICD10 Diagnosis

EXAMPLE: Searching for “Cervicalgia” using chapters.

Next, I am selecting “Other dorsopathies (M50-M54).

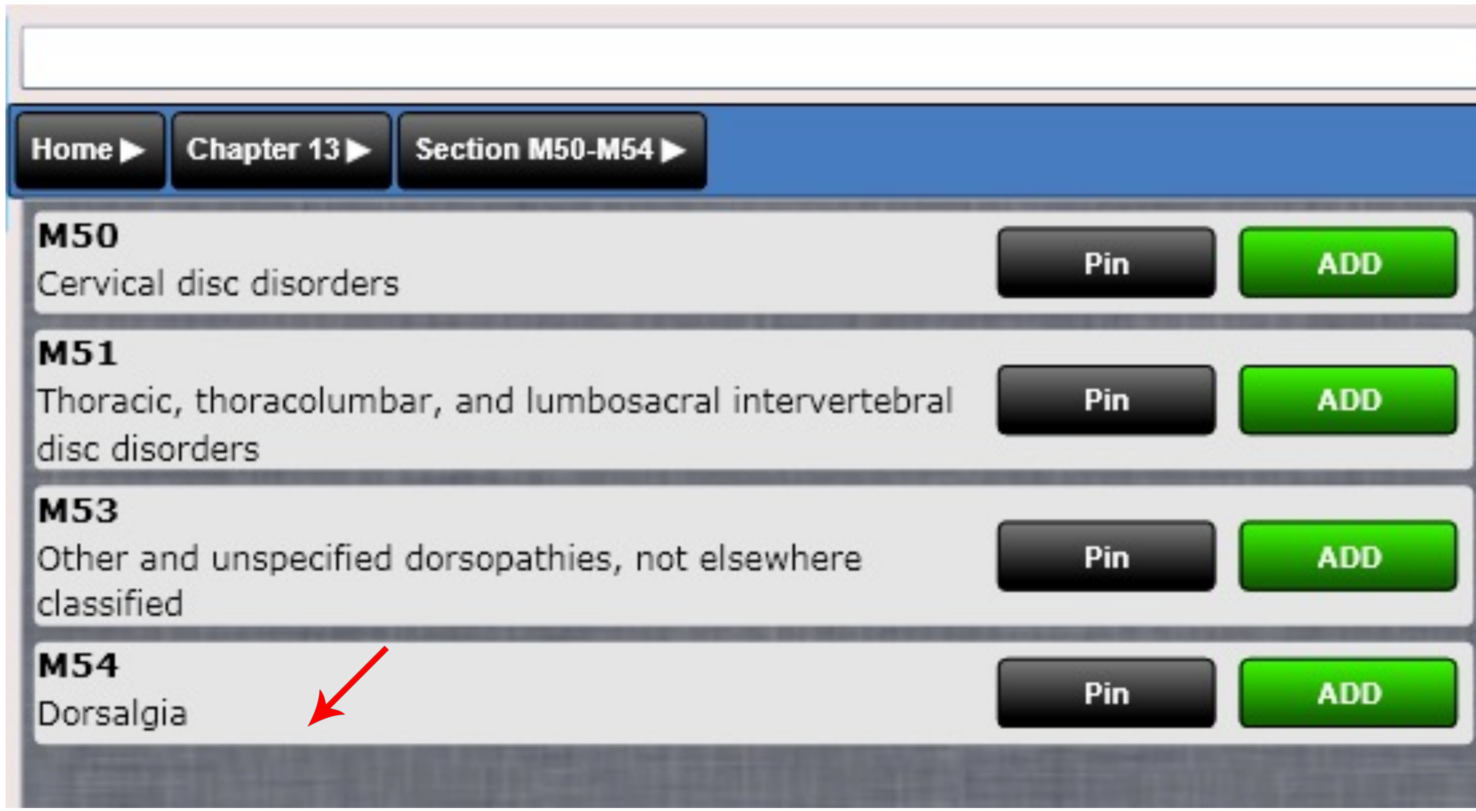
In doing so note we are one layer DEEP as notated by the newly exposed tab at the top “Chapter 13”.



SOAP – Assessment – ICD10 Diagnosis

EXAMPLE: Searching for "Cervicalgia" using chapters.

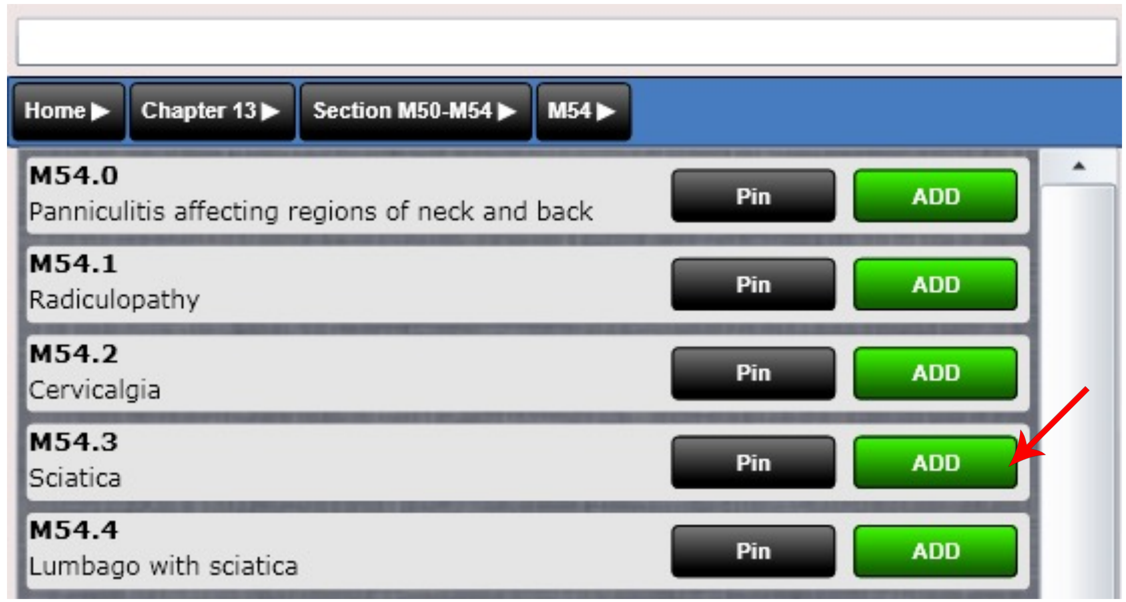
To continue going deeper into the code book I am clicking "Dorsalgia (M54). Note, I am NOT selecting "Add" as this code is not specific enough for what I am looking for.



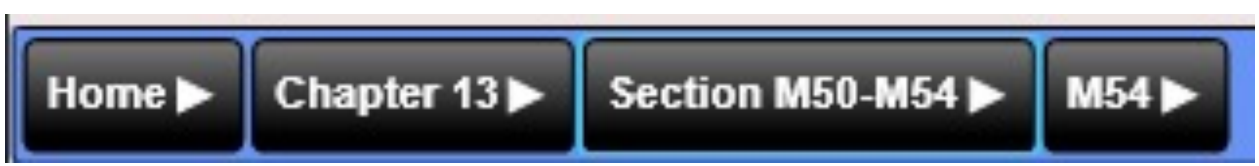
SOAP – Assessment – ICD10 Diagnosis

EXAMPLE: Searching for “Cervicalgia” using chapters.

Finally, I am deep enough to find the code I am looking for. You will see the code “Cervicalgia (M54.2). Now I can click “Add” to add it as my diagnosis.



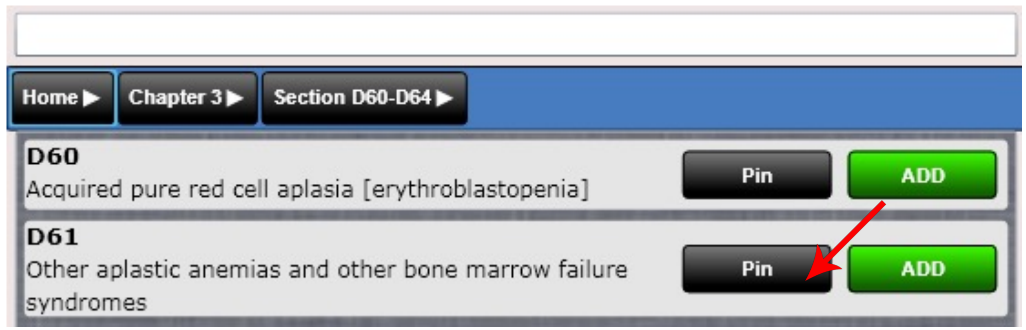
Here is a closer look at the “breadcrumbs” as we call them. You can see we are three layers deep into the code book. You can go BACK a layer by clicking on the tab or return to “Home” by clicking “Home”.

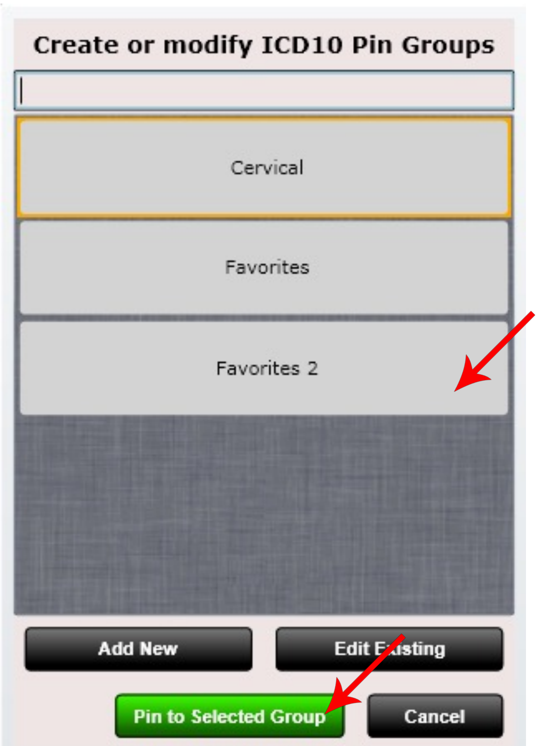


SOAP – Assessment – Diagnosis

Pin ICD10 Codes

To pin an ICD10 code select “Pin”. This will allow you to “Pin” the code to your custom “Group”.



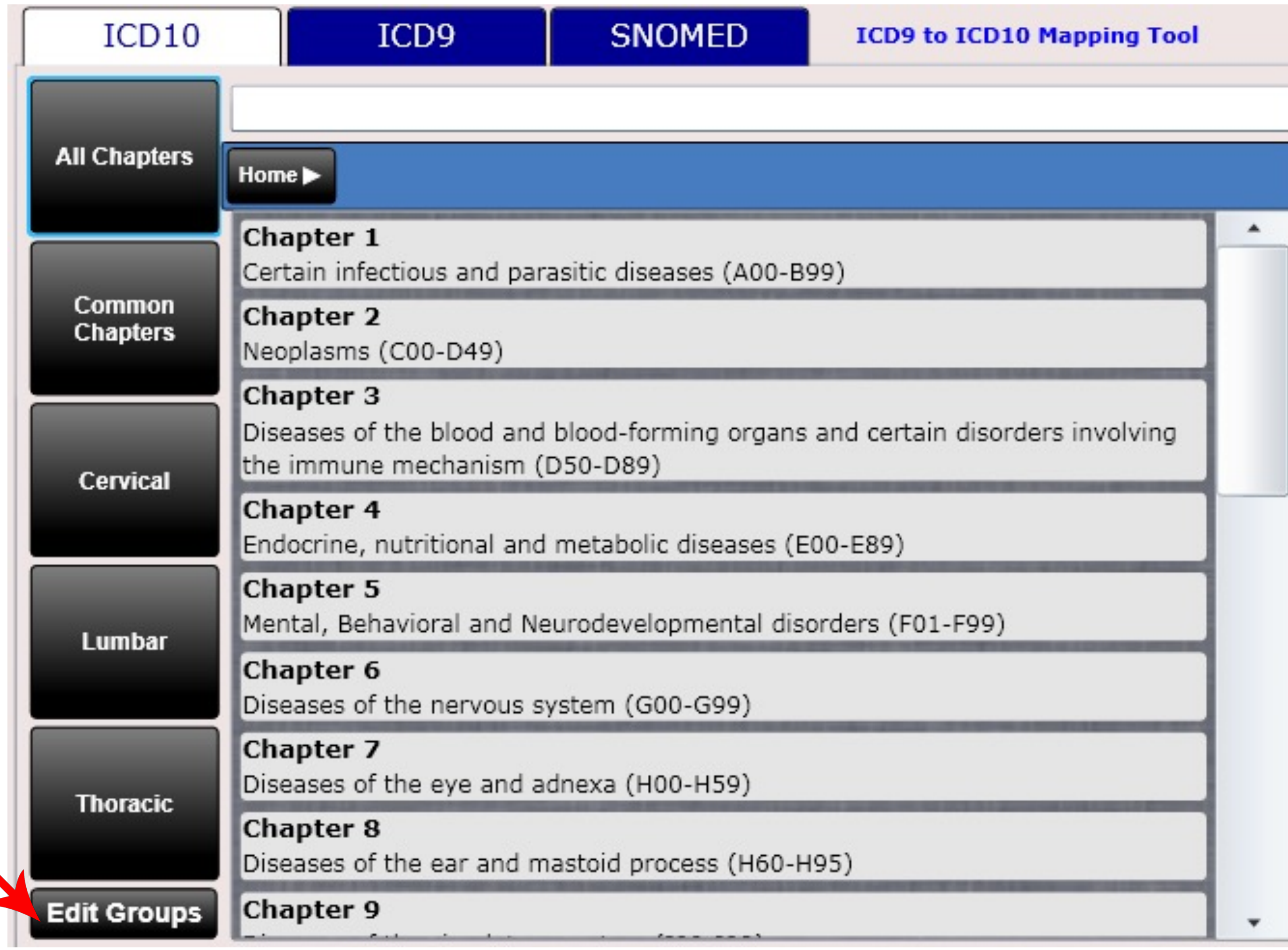


After selecting “Pin” you will see the dialog shown to the left. Here you can “Add New” to create a new group. Once you see your group in the dialog select the group and then select “Pin to Selected Group”.

SOAP – Assessment – Diagnosis

Pin ICD10 Codes

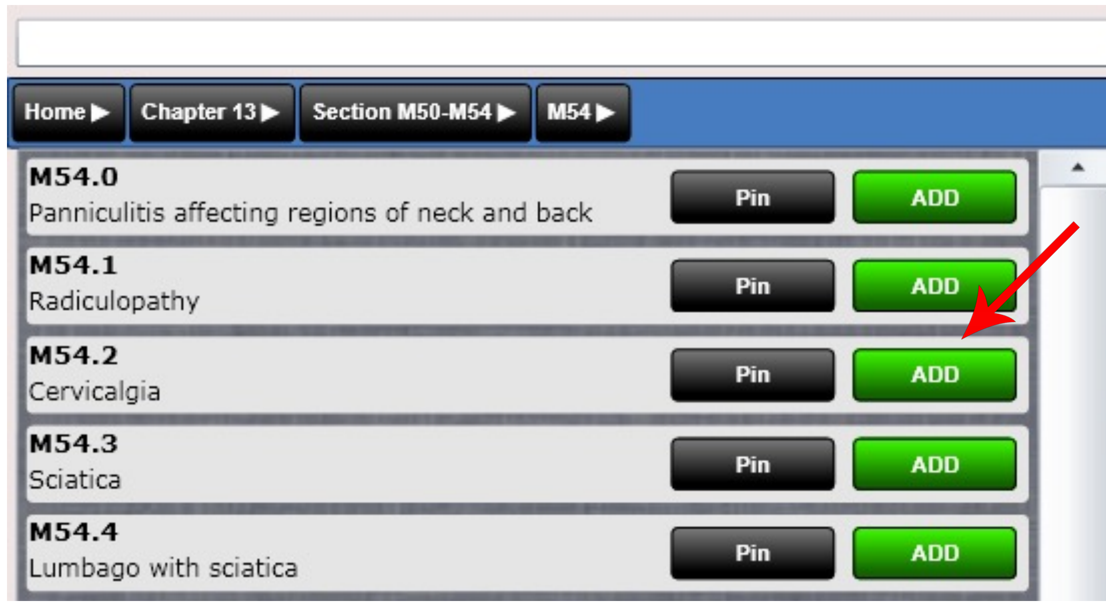
To create or Edit custom groups to PIN your ICD10 codes to
click “Edit Groups”.

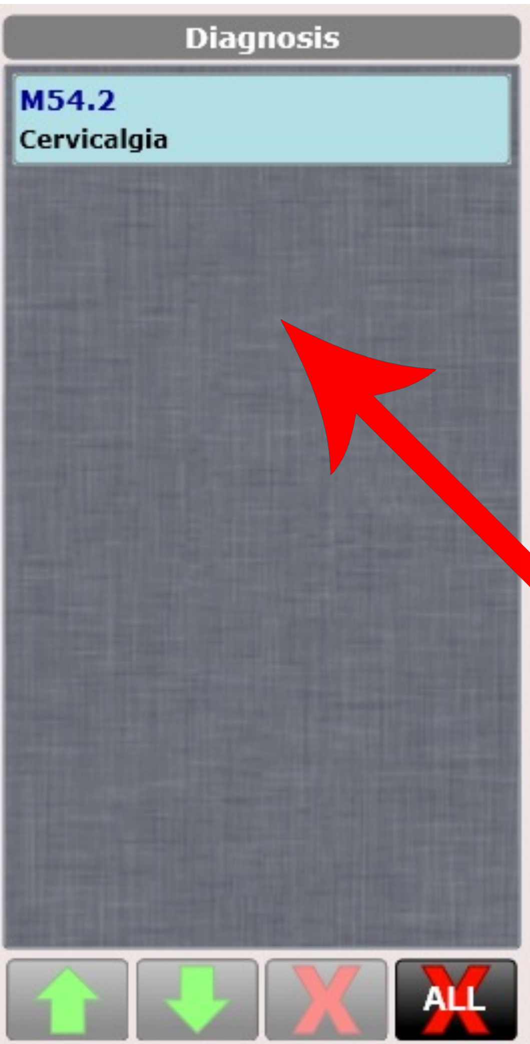


SOAP – Assessment – Diagnosis

Add ICD10 Codes to Diagnosis List

To add an ICD10 code to the diagnosis list box select “Add”





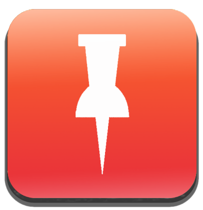
After clicking “Add” you can see we have now added the ICD10 code to the “Diagnosis” list box.

SOAP – Assessment – ICD9 Diagnosis

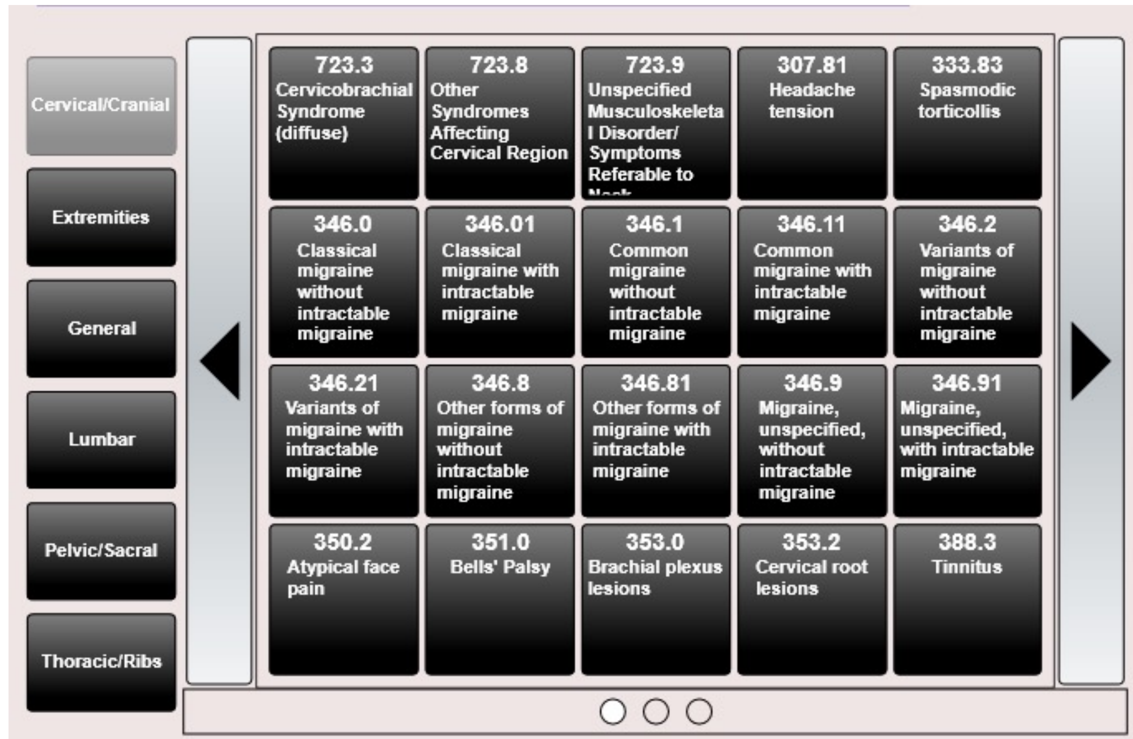
ICD9 is no longer the standard for diagnosing your patient. However, you can still create your own ICD9 codes and customize your ICD9 Grid.

To customize your ICD9 diagnosis grid go to Settings/Pin Diagnosis.


Settings

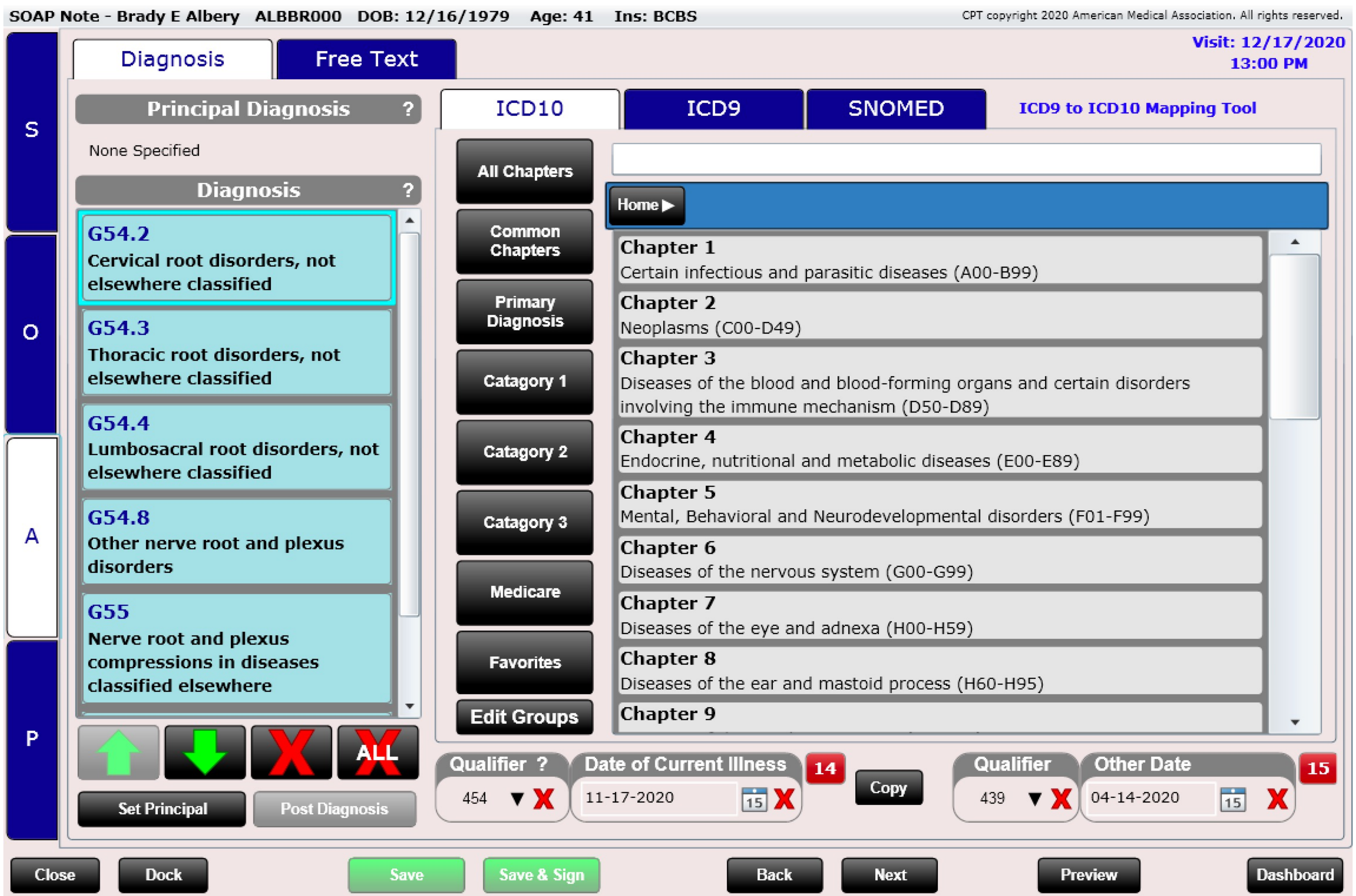

Pin Diagnosis

ICD9 Diagnosis Grid



The Pin Diagnosis app will let you create custom folders on the left (e.g. Extremities) and pin or un-pin diagnoses to the grid. As mentioned, this is done in Settings/Pin Diagnosis/Pin ICD9.

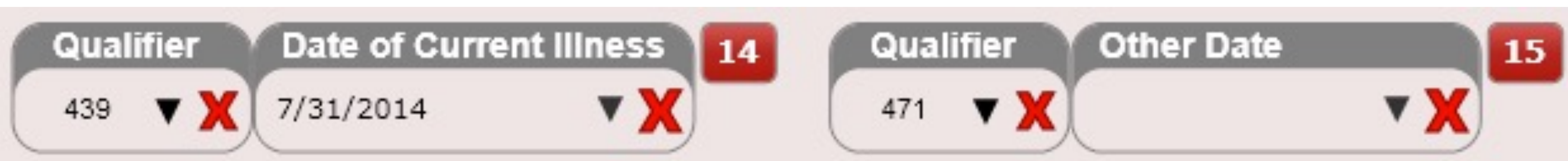
SOAP – Assessment - Diagnosis



SOAP – Assessment - Diagnosis

At the bottom of the Diagnosis screen are two HCFA boxes.

- Date of Current Illness (14)
  - Contents will be copied over on subsequent visits
- Other Date (15)
  - Contents will be copied over on subsequent visits

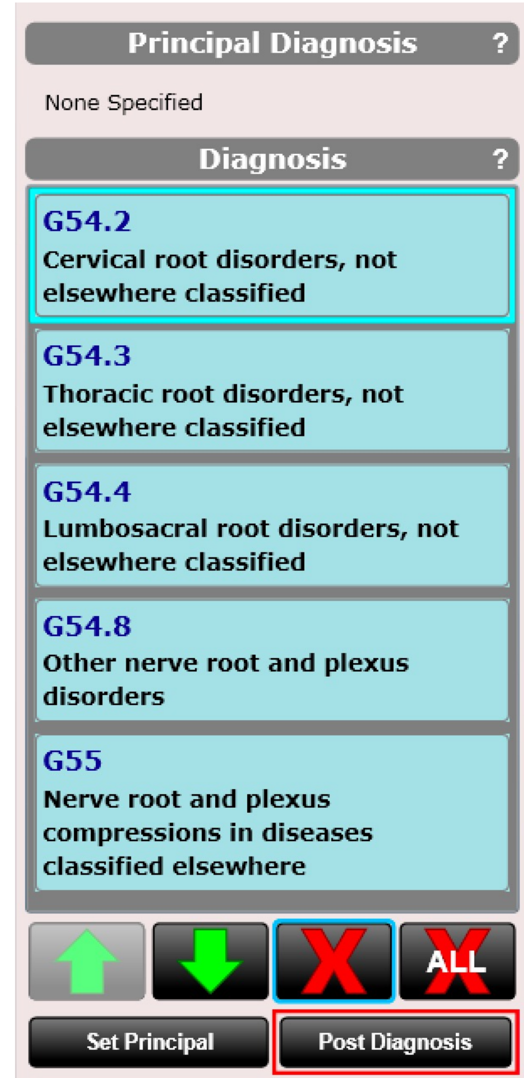


Use the Qualifier box to select a qualifier if needed. You can also customize your qualifier master list.

SOAP – Assessment - Diagnosis

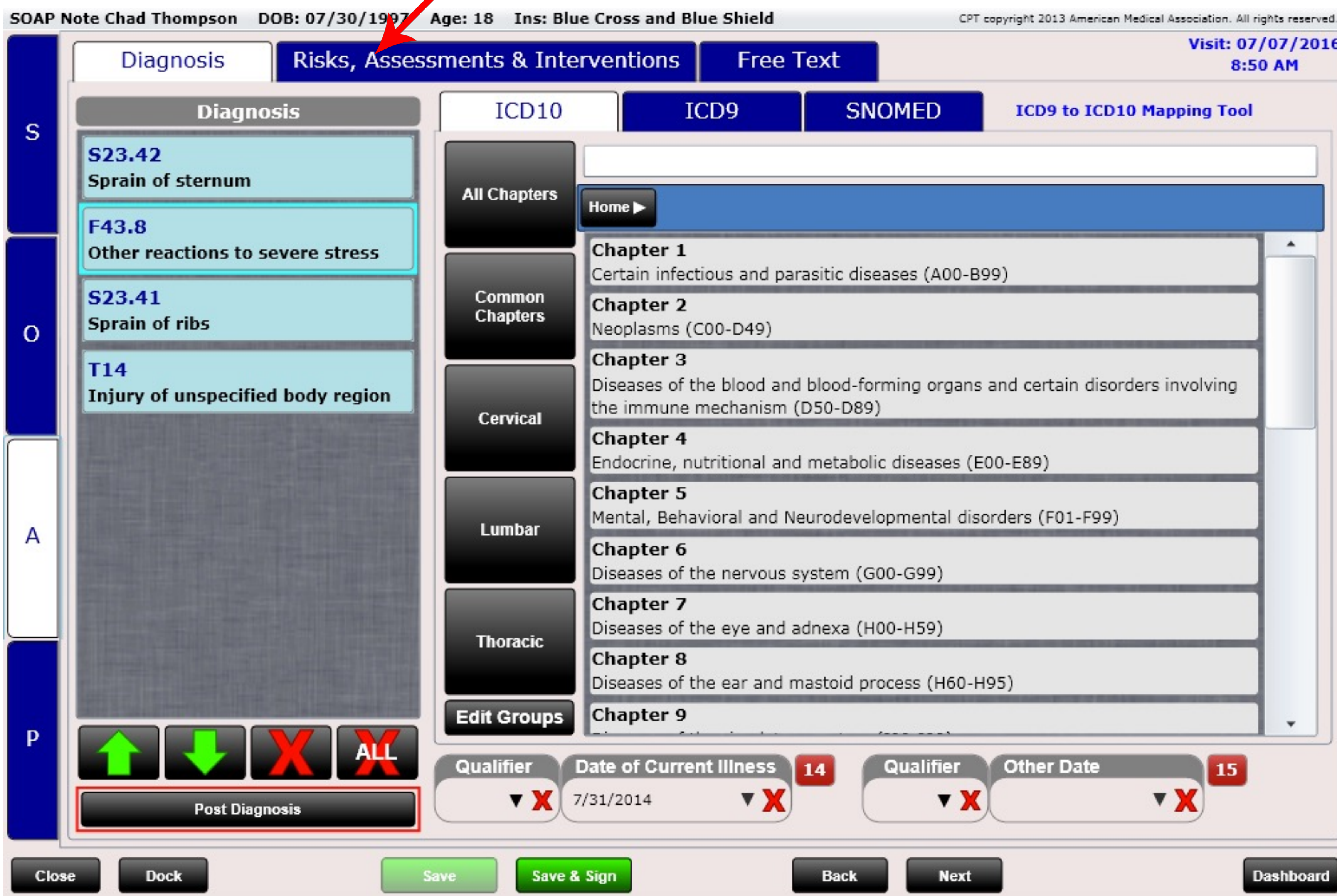
Once you are satisfied with your diagnoses, you must click the “post diagnosis” button below. You cannot sign your SOAP without first posting the diagnosis. This serves as verification that the provider as reviewed the diagnosis for the visit.

If you forget to post the diagnosis you will be prompted to do so when you click the green Save & Sign button.



Power Tip: If you have a provider that does not diagnose (e.g. massage therapist) you can avoid ever seeing this “Diagnosis Must Be Posted” message simply by removing the Diagnosis Tab from their Edit SOAP. As mentioned, this is done in Settings/Users/User Rights.

SOAP – Assessment – Risks, Assessments & Interventions

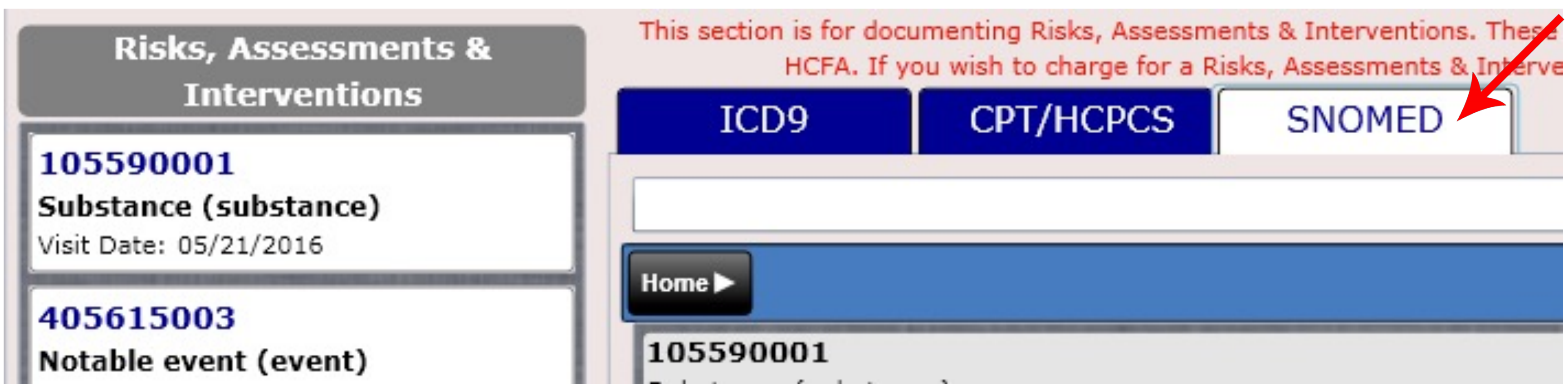


SOAP – Assessment – Risks, Assessments & Interventions

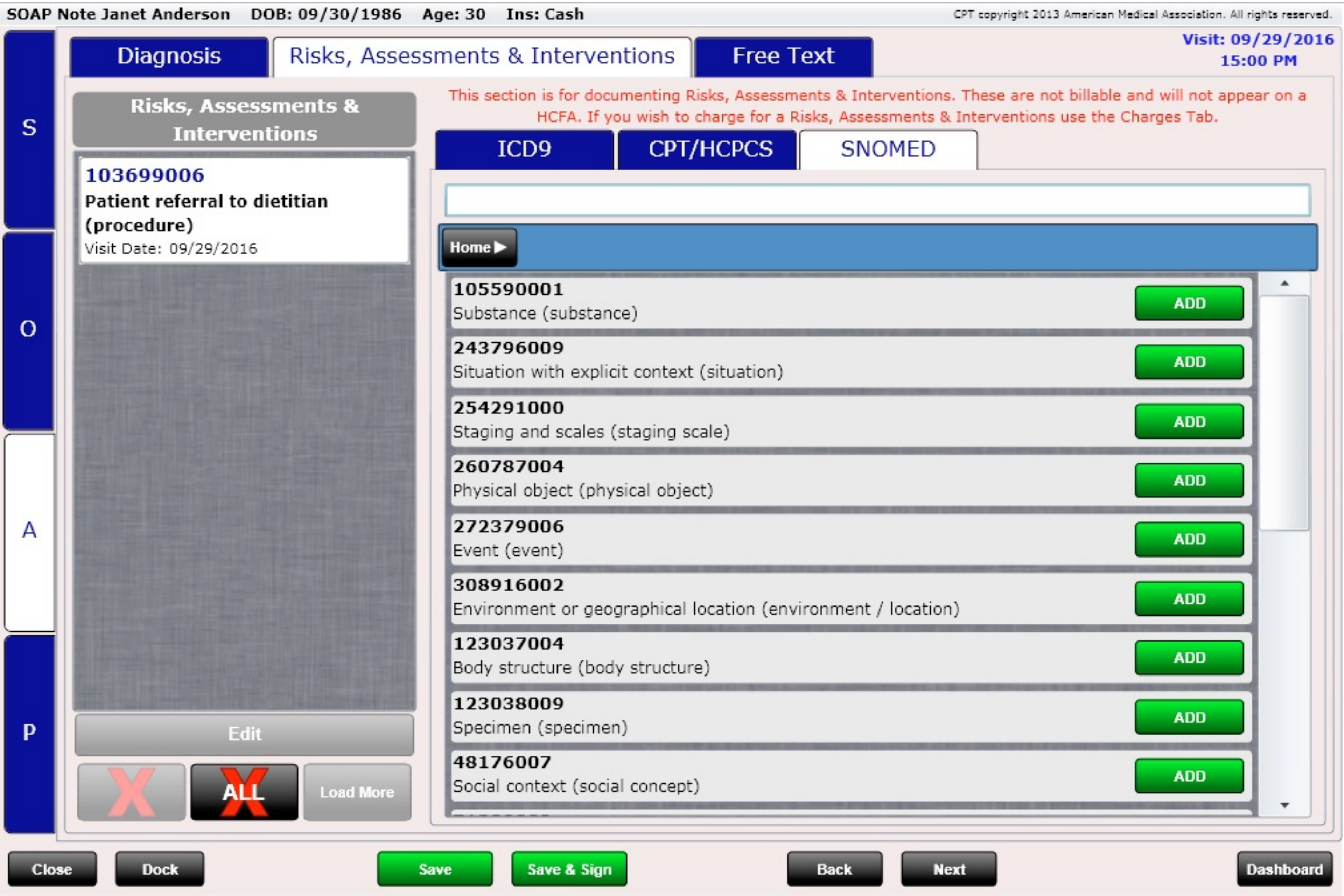
This feature was designed to support Meaningful Use and is no longer needed.

The Risks, Assessments & Interventions tab is used almost EXCLUSIVELY to document interventions to meet Clinical Quality Measure requirements. If you are not practicing Meaningful Use for Medicare, we advise you “hide” this tab in Settings/Users/User Rights.

If you are practicing meaningful use, you should have the Clinical Decision Support rules enabled (Settings/Clinical Decision Support). When enabled you will be prompted if and when you need to record an intervention using the Risks, Assessments & Interventions tab. You will be alerted with a pop-up message, for example, stating your patient is underweight and needs nutrition counseling. The software will provide you with a few SNOMED code options. You can then select one of these codes and manually type the code or code description into the SNOMED tab of the Risks, Assessments & Interventions section. This will then document the intervention and keep you compliant with the meaningful use requirement for that patient’s specific situation.



SOAP – Assessment – Risks, Assessments & Interventions



SOAP – Assessment – Macros/Free Text

Macros/Free Text

The Assessment macros work exactly like the Subjective, Objective and Plan macros. The only difference is there are different macros to choose from.

After spending ample time with the macros, you will be able to write fast highly detailed SOAP notes.

SOAP – Plan - Charges

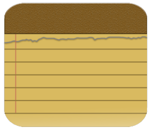
Charges

Entering charges is as easy as tapping the buttons on your grid. Like the Diagnosis screen, there is a list box on the left and a grid of buttons on the right. There are also up to 11 button groups that can be selected. Remember, the grid is completely customizable by provider in Settings/Pin Charge Codes.

To add a charge, select it from the grid, or use the search bar at the top. Search by name or CPT code. Once the charge is selected it will be added to the “Charges” list box. If you wish to add multiple units for that charge, use the green arrows to increment up or down the number of units.

Use the “Remove” or “Remove All” buttons to remove charges from the Charges list.

SOAP – Plan - Charges

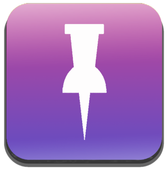


SOAP – Plan - Charges

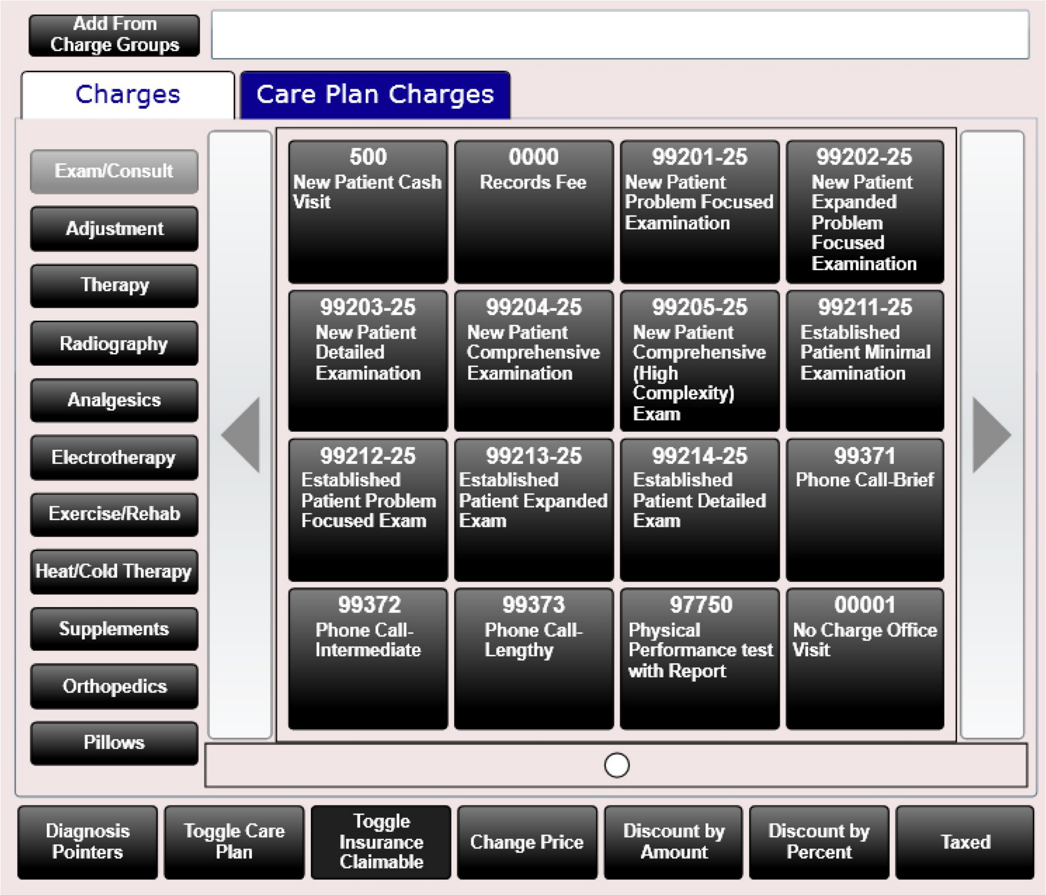
Editing Charges

The charges tab is made of of several components

- **Charges Grid** – This is completely customizable in the Settings app/Pin Charge Codes app

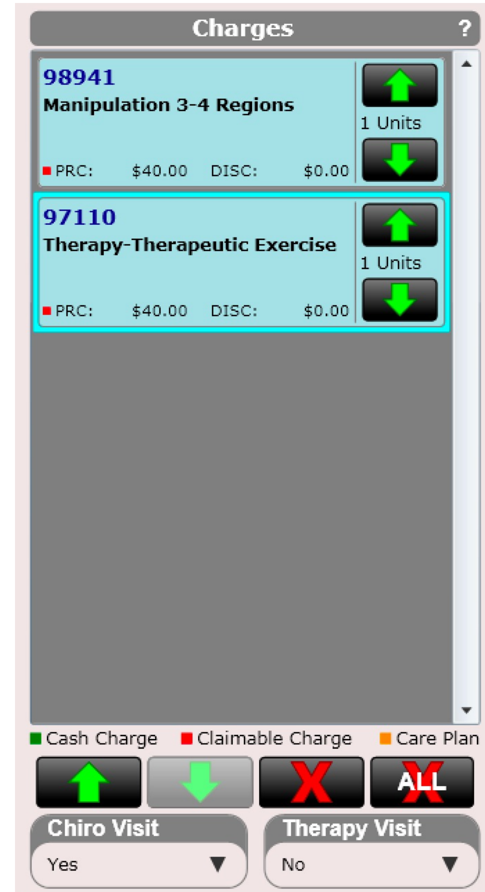


The charges grid allows you to add (pin) your favorite charges into custom folders.



SOAP – Plan - Charges

- **Charges list box (shown to the right)** – Lists the individual charges. Allows you to add or subtract units (using the arrow buttons) as well as delete a charge or delete all charges.
- **Charges Editing Buttons (shown below)** – These buttons allow you to input diagnosis pointers, toggle a charge as insurance or cash, toggle a charge to care plan, change the price or discount or tax a charge.
- **Charges Grid** – Allows you to select a charge from the grid (shown on next page)
- **Charges Search Bar** – Allows you to search for a charge by name or CPT code (above charges grid)



Charges Editing Buttons

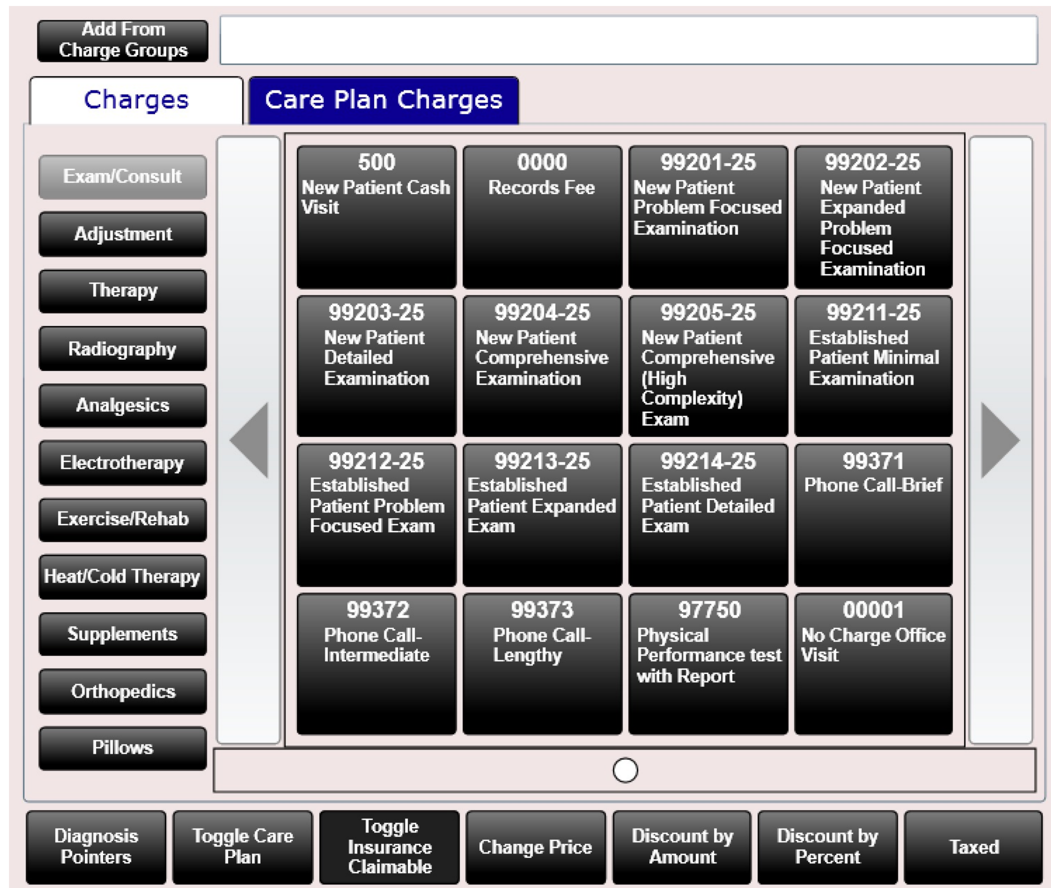
SOAP – Plan - Charges

Charges Grid – Allows you to select a charge by selecting the button associated with that charge. The grid is organized into pages as notated by the dot(s) at the bottom.

To the left of the grid are folders. Each folder, such as "Exam" will display charges in the "Exam" folder. The charges grid can be customized in the Settings/Pin Charges app. You can also create new charges or edit existing charges in the Settings/Products app or Settings/Services app.

Below the grid are a series of buttons that allow you to input diagnosis pointers, toggle between claimable or cash, change the price, toggle a care plan/non-care plan charge, add a discount or tax or un-tax a charge.

Charges Grid Shown Below



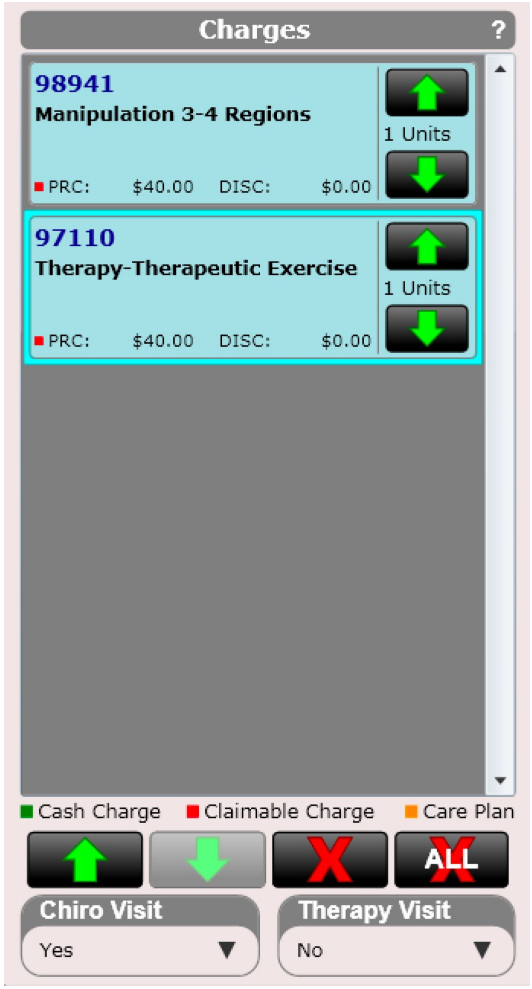
SOAP – Plan - Charges

Buttons Below Charges Grid

There are a series of buttons located at the bottom of the charges grid. These buttons allow you to edit individual charges or diagnosis pointers. Buttons include:

- **Diagnosis Pointers** – This opens the diagnosis pointer dialog allowing you to select which charges are associated with which diagnosis
- **Toggle Care Plan** – Change a charge to or from a care plan. This will turn the charge orange (when it is a care plan charge). Only care plan payments can be applied to a care plan charge.
- **Toggle Bill Insurance/Patient** – This button will change the status of a charge to Cash or Ins
- **Change Price** – This button will open a dialog box allowing you to freely change the price for a charge
- **Discount by Amount** – This button will open a dialog box allowing you to discount a charge by a specified amount
- **Discount by Percent** – This button will open a dialog box allowing you to discount a charge by a specific percent
- **Taxed** – This button will add tax (denoted by a "T") or remove tax from a charge

SOAP – Plan - Charges



Charges List Box

The charges list box shows you a list of charges. Each charge contains the following information:

- **Cash, Claimable or Care Plan Charge** – This is noted by the red or green square in the lower left-hand corner of the charge. Green = Cash Charge. Red = Claimable Charge. Claimable is another word for insurance charge. Care Plan charges appear as orange.
- **CPT Code** – Number in upper left corner such as "98941"
- **Description** – Charge description such as "Manipulation 3-4 Regions"
- **PRC:** - This is the price of the product or service
- **DISC:** This is the amount discounted
- **T** – If there is a "T" displayed it means the charge is taxed. Notice the Basic Cervical Support Pillow to the right has a "T" after the price.
- **Units** – The number of billable units for that charge

At the bottom of the charges list box are 4 buttons.

- **Up Arrow** – Move a selected charge up
- **Down Arrow** – Move a selected charge down
- **X** – Delete a selected charge
- **X All** – Delete all charges

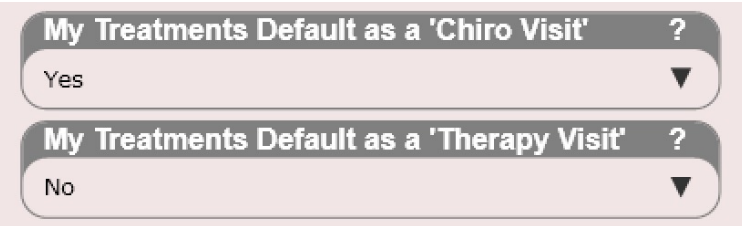
Charges copy over visit to visit saving you time from having to re-enter them. Delete charges that are not related to today's visit. You can also specify at the charge level in Settings/Services or Settings/Products if you do not want a specific charge (like an exam) to automatically copy over to the next visit.

SOAP – Plan - Charges

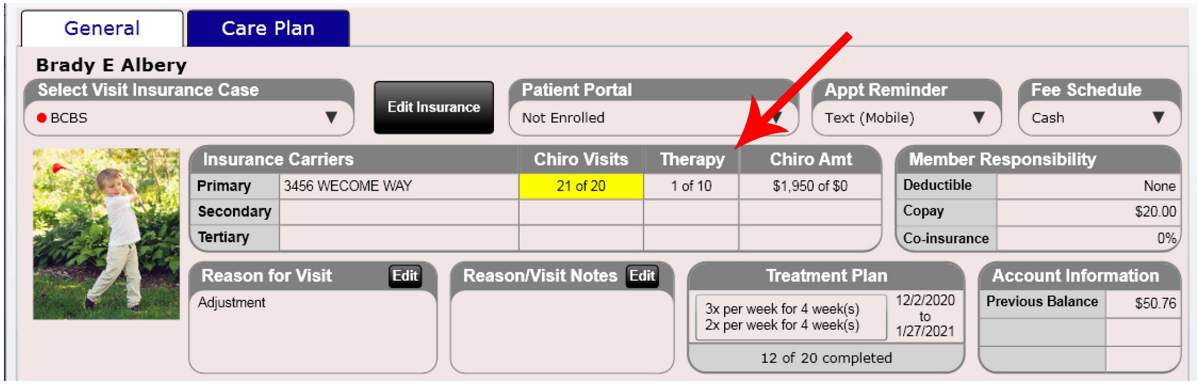
Chiro and Therapy Visit Counters

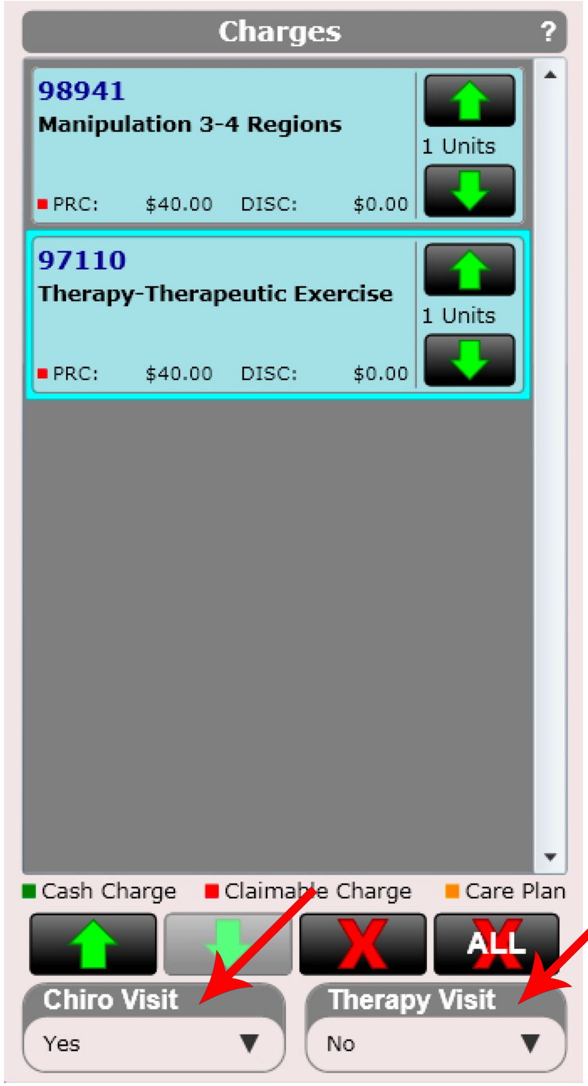
Visit Counter Dropdowns – Here you can select Yes or No for both the chiropractic visit counter and therapy visit counter. These counters will update the insurance case and deduct a chiro or therapy visit from the count.

Power Tip: You can set defaults for these visit counters in Settings/Users.



Below is the check in dialog which is one place where you can see these counters in action.





SOAP – Plan - Charges

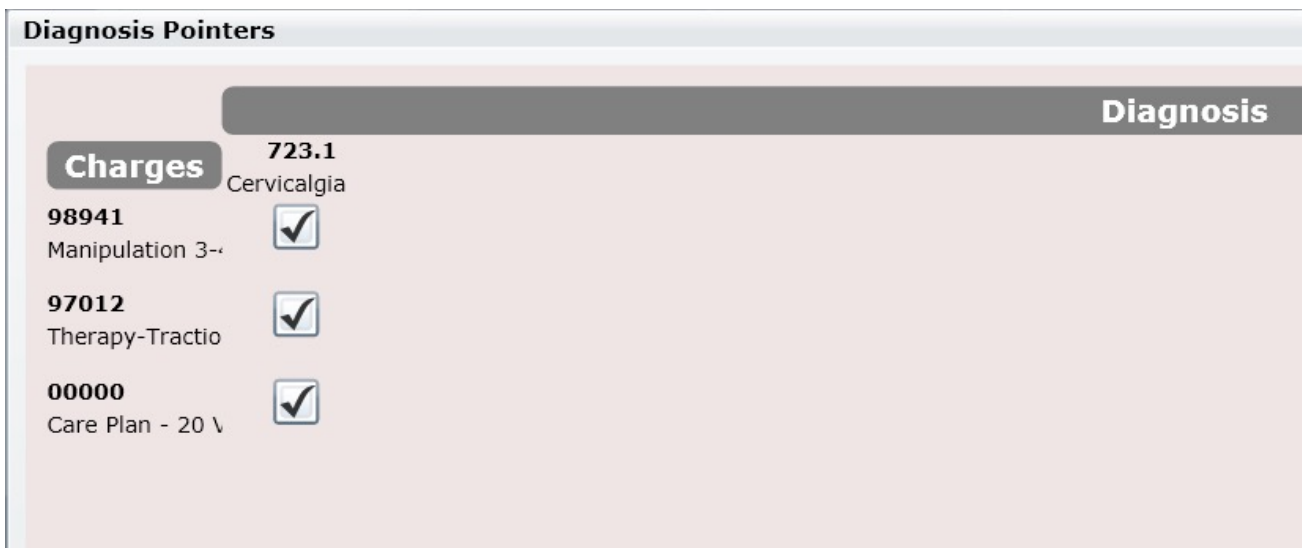
Diagnosis Pointers (24e)

The diagnosis dialog allows you to select which charges are associated with what diagnosis

By default, all boxes are checked.

On subsequent visits the selections you made previously will be copied over. Therefore, you do not need to check them again if nothing has changed.

Below is an example of what can be populated into the Diagnosis Pointer section on the CMS-1500 HCFA form using the diagnosis pointer dialog.



SOAP – Plan - Charges

Power Tip: Charges can be entered by a provider or a non-provider. However, in order to submit charges to insurance the SOAP note must be signed by the provider. Therefore, claims will NOT go into the Claims app until the provider has signed the SOAP Note.

The minimum action necessary to checkout a patient is to enter the charges and save the SOAP note. Then move the patient to awaiting checkout and on to checkout. The provider can utilize the “Unfinished SOAP Note” list box on the front desk at anytime to complete a SOAP.

The Front Desk has a list box called “Unfinished SOAP Notes” to alert the provider of any SOAP Notes they still need to complete.

Remember, insurance (claimable) charges will NOT show up in the Claims app until AFTER the provider has signed the SOAP Note.

Unfinished SOAP Notes (on Front Desk)

SOAP – Plan - Charges

Editing Charges

Above the charges grid is a search bar. You can search by the following:

- Charge name
- Charge code (CPT code)

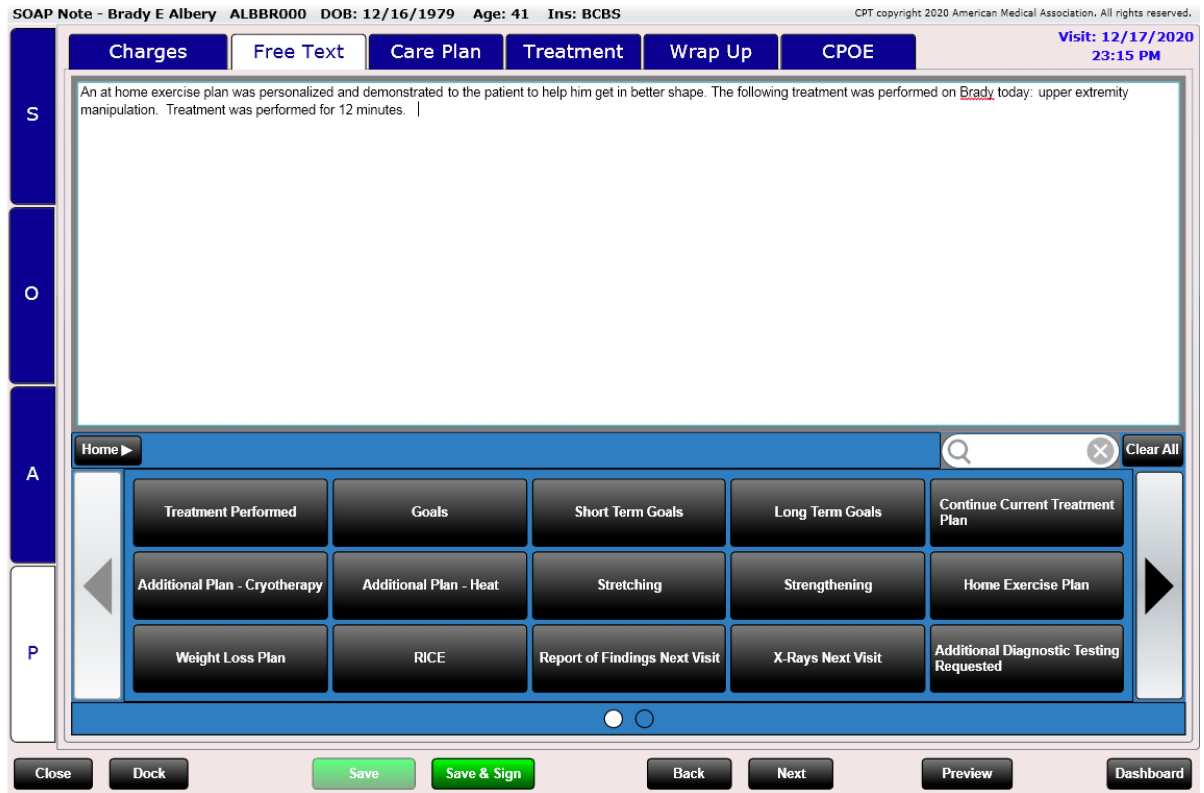
Once you find the charge you are looking for by searching, simply select it to add it to the Charges List Box.

SOAP – Plan – Macros/Free Text

Macros/Free Text

The Plan macros work exactly like the Subjective, Objective, and Assessment macros. The only difference is there are different macros to choose from.

After spending ample time with the macros, you will be able to quickly write highly detailed SOAP notes.



SOAP – Plan – Care Plan

SOAP – Plan – Care Plan

Treatment Plan

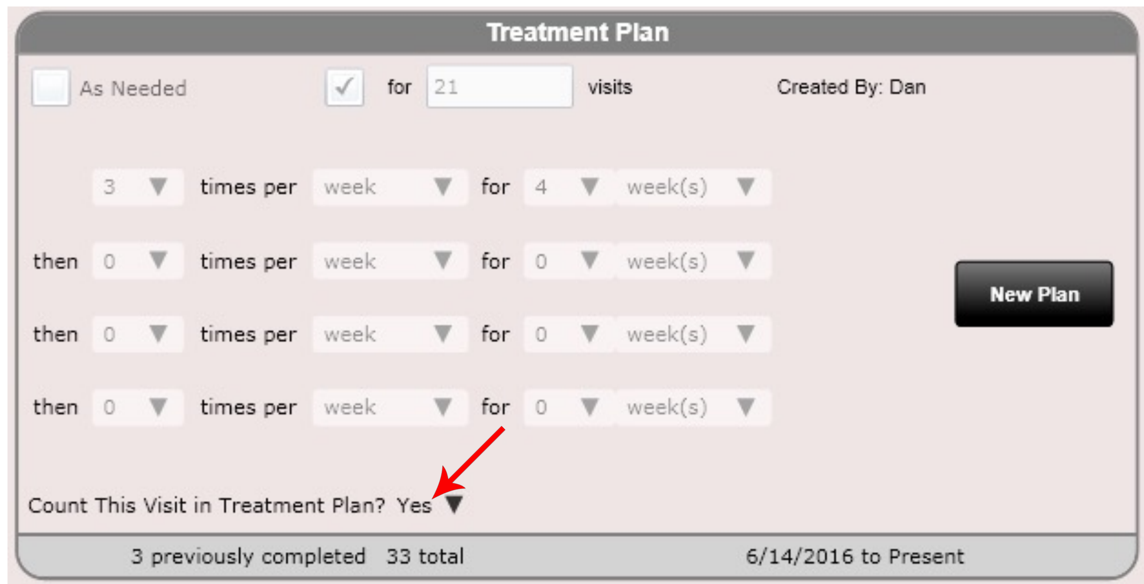
Here you can create a treatment plan. Select the "as needed" check box or use the drop-down arrows to customize a plan. An example of a treatment plan is shown below:

3 times per week for 4 weeks

2 times per week for 4 weeks

1 time per week for 4 weeks

Power Tip: If you do not want to count this visit as part of the treatment plan change the "Count This Visit in Treatment Plan?" to "No".



SOAP – Plan – Care Plan

Care Team Members

Care Team Members are an EHR requirement for becoming certified. The software is smart and defaults the rendering provider as the Care Team Member for the visit. However, you can select addional care team members if you wish. For example, perhaps a nurse assisted the patient, and you want to list them as one of the patient's care team members. You can do so here.

Care Team Members appear on the Clinical Summary.

SOAP – Plan – Care Plan

Goals

Create Goals for your patient. Then on subsequent visits you can re-evaluate the goal and select the percent achieved. When a goal is complete you can use the buttons at the bottom to close the goal.

Power Tip: You can edit the Goals Master list in Settings/Goals


Settings

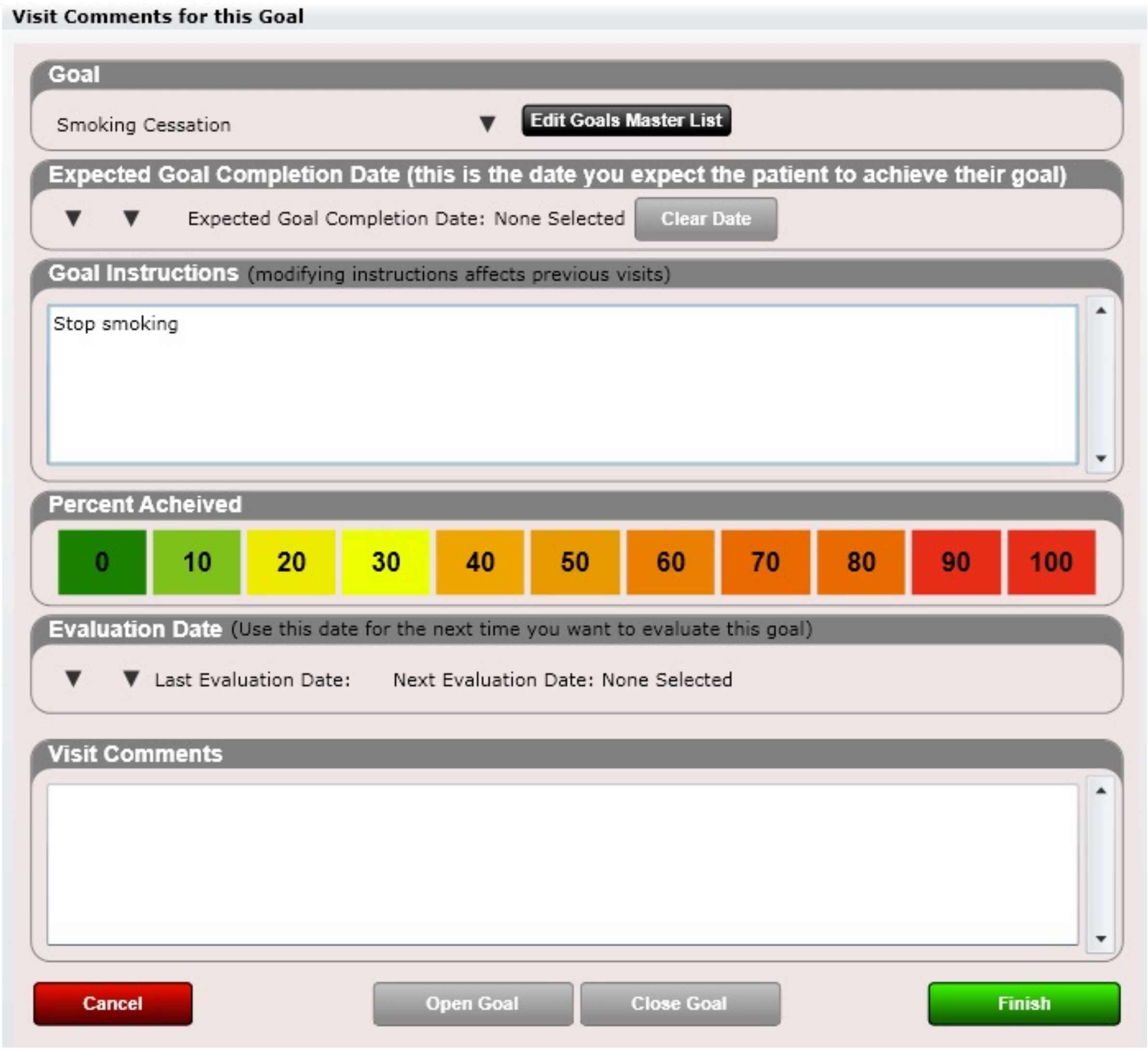
Goals

SOAP – Plan – Care Plan

When entering a goal for your patient you can:

- Include goal instructions
- Percent achieved (this helps you monitor progress)
- Set an evaluation date (a pop up will remind you when this date is past due when you Edit SOAP)
- Visit comments (specific comments related to this visit only)

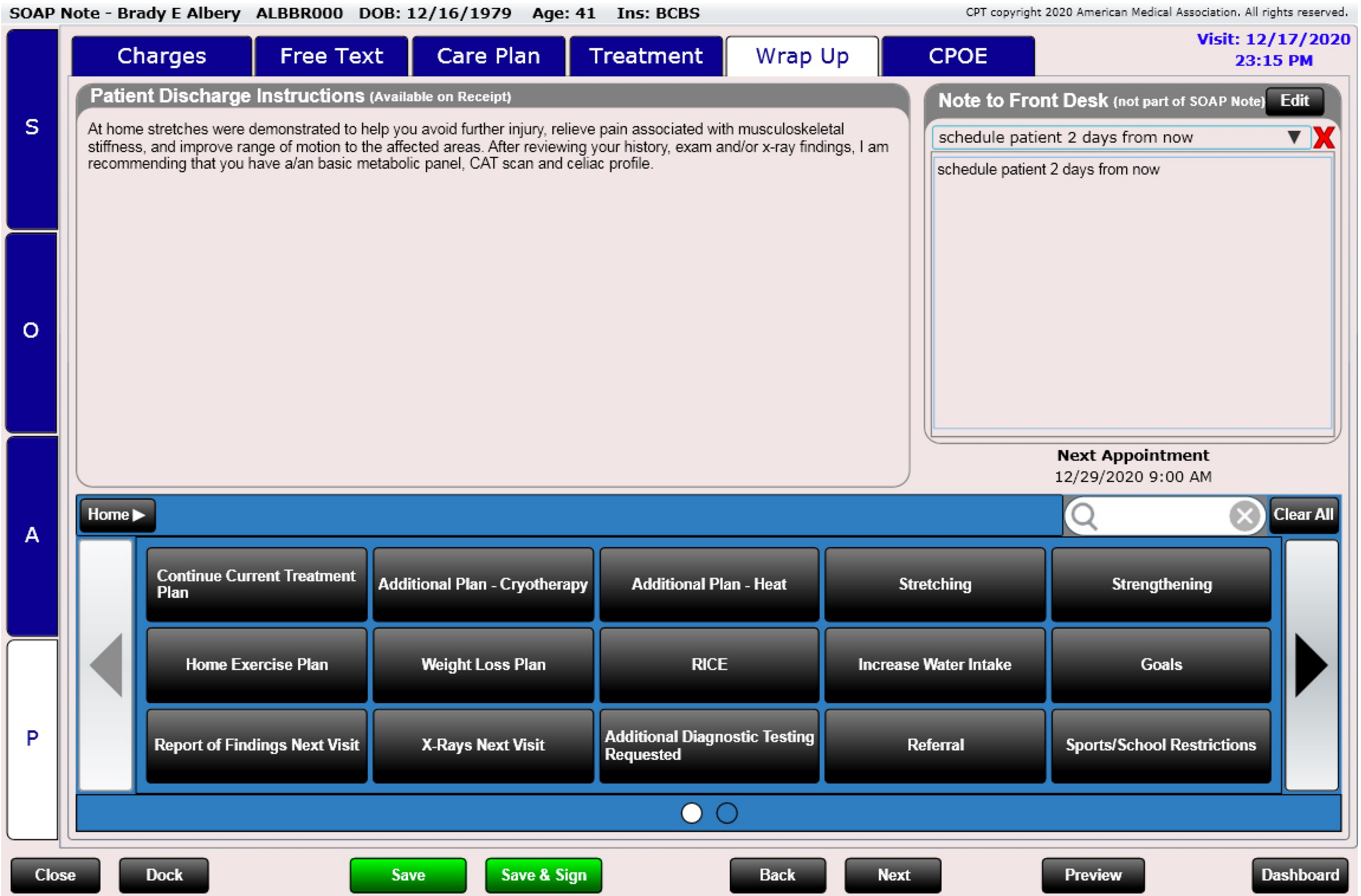
If you provide your patient with a clinical summary goals as well as their instructions will be present. Clinical Summaries can be printed at checkout or in Dashboard/Visits/Clinical Summary.



SOAP – Plan – Wrap Up

The treatment tab will allow you to quickly document treatments such as ART, Laser, Decompression, AIS, Manual Therapy, Relaxation Massage, Traction, Diathermy, Ultrasound and Muscle Stimulation. You can customize which treatments you want shown in this list box (e.g. remove ones you do not use as well as set a color you like).

SOAP – Plan – Wrap Up



SOAP – Plan – Wrap Up

Wrap Up

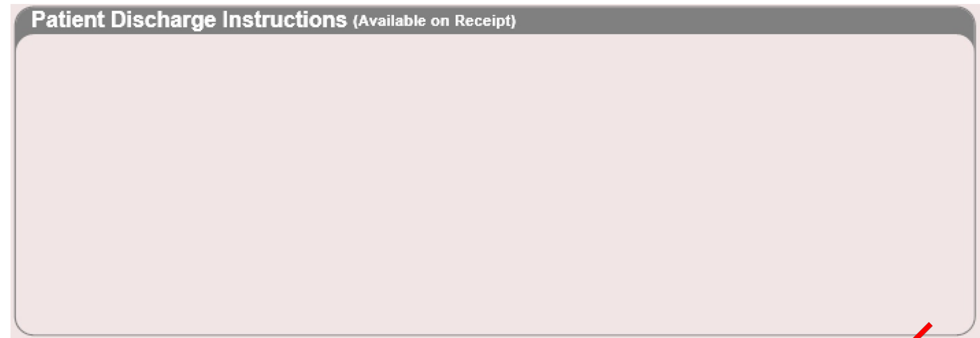
- Patient Discharge Instructions (appear on receipt as well as clinical summary)
- Note to Front Desk (visible at check-out but not part of SOAP Note)

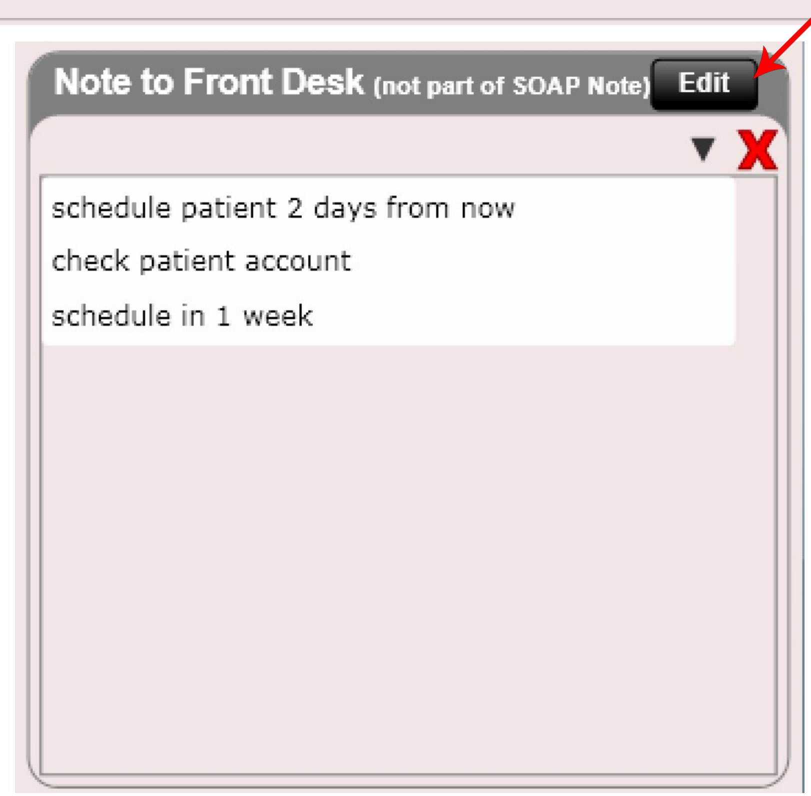
The Patient Discharge Instructions will be printed on the visit receipt. It is also part of the SOAP note.

The Note to the front desk will appear when you check out the patient at the cash register and will **NOT** be printed on the visit receipt. It is also **NOT** part of the SOAP note.

Create pre-canned messages using the Edit button.

Use the discharge macros or type free text to instruct your patient on what to do prior to their next visit.

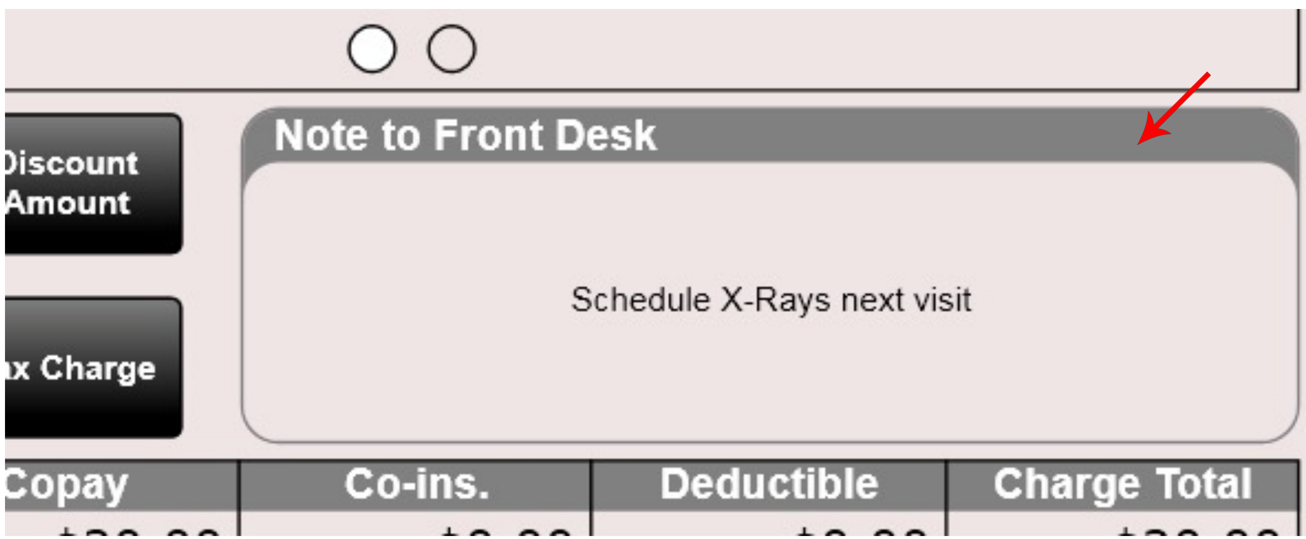




SOAP – Plan – Wrap Up

- Note to Front Desk

Pictured to the right is an image showing the Note to Front Desk at the cash register.



SOAP – Plan – CPOE

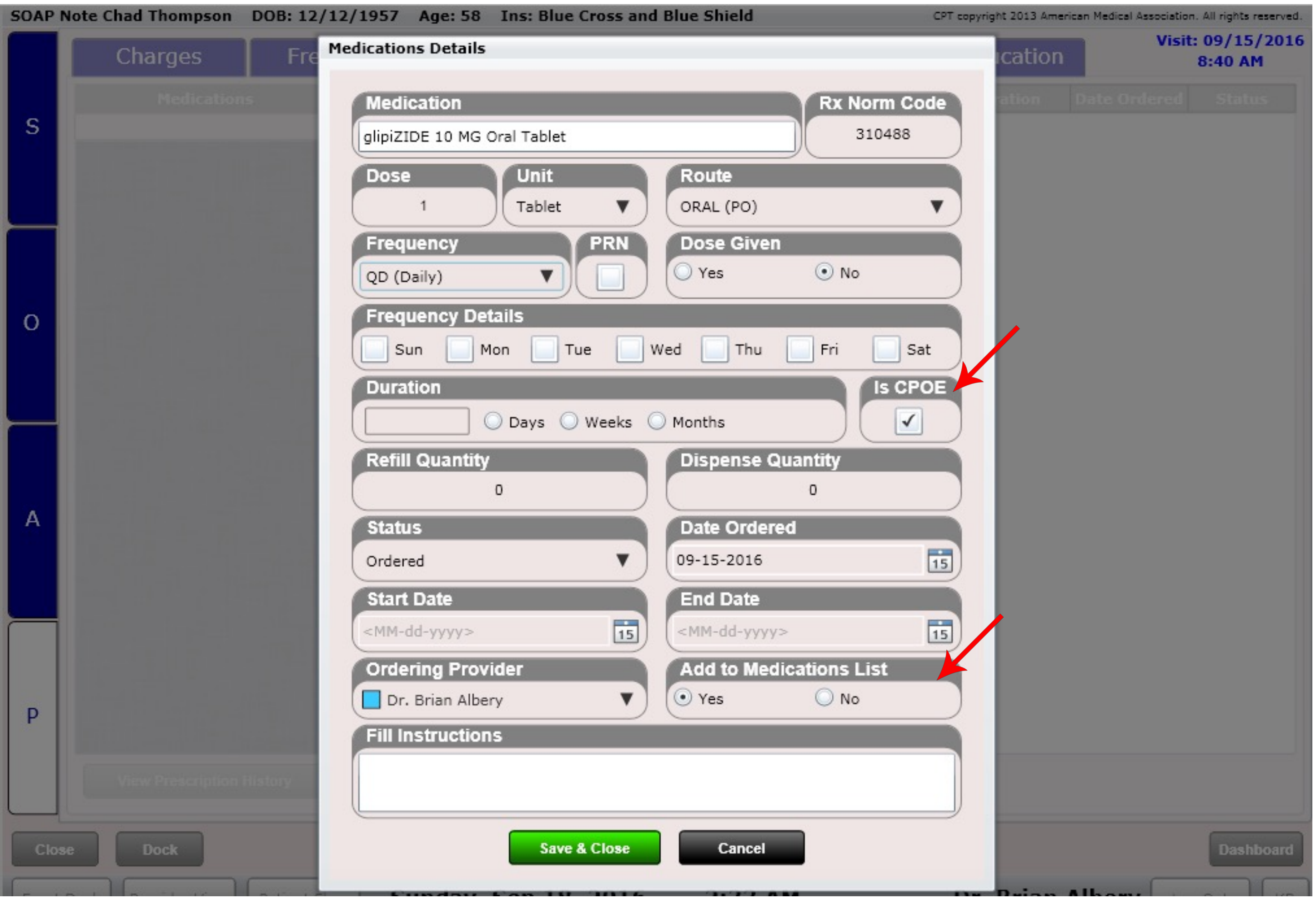
- CPOE

CPOE stands for "computerized physician order entry". This tab allows you to create a medication order for your patient.

As chiropractors do not traditionally prescribe medications, we recommend removing this tab in Settings/Users.

This information will appear on the Clinical Summary AND when adding the medication order if you select the "Add to Medication List" then the medication/supplement will appear in MIST as well.

SOAP – Plan – CPOE



When adding a medication order be aware of two important check boxes.

- CPOE (this defaults to yes. If you are practicing meaningful use this box must be checked in order for the medication order to count toward your numerator).
- Add to Medication List – When this is checked “Yes” your medication order will be added to the Edit SOAP MIST tab in the Medications list.

SOAP – Plan – Pt. Education

- Pt. Education

The patient education tab allows you to view educational content for your patients' medications, allergies, problems and labs.

You can also document if a handout was given to your patient. It is an EHR requirement to provide a handout to your patient.

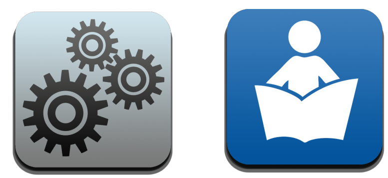
There are two ways to document a handout was given:

1. Select "Add Handout" and type in the handout name
2. Click an "Info" button. Then select "Handout Given".

You can also search for educational content using the Search Bar at the top. Click on the blue hyperlinks to find more information such as a drug-drug interaction checker and more.

SOAP – Plan – Pt. Education

We have already discussed clicking the “info” button on the MIST screen. On the Patient Education screen these info buttons are NOT connected to Medline Plus (as they are in MIST). Instead, they are connected to educational material that you uploaded. For example, I have added a Warfarin Handout in Settings/Patient Education for the medication Warfarin. Now when I click the “info button” a dialog will open displaying this information. You can then mark “Handout Given” to quickly record that you gave this educational material to your patient. If you are practicing meaningful use you will need to provide handouts to your patient. There is no requirement as to what you provide them so in theory you could have a stack of pamphlets to provide them. Use the Patient Education tab to document that educational material was provided to your patient.



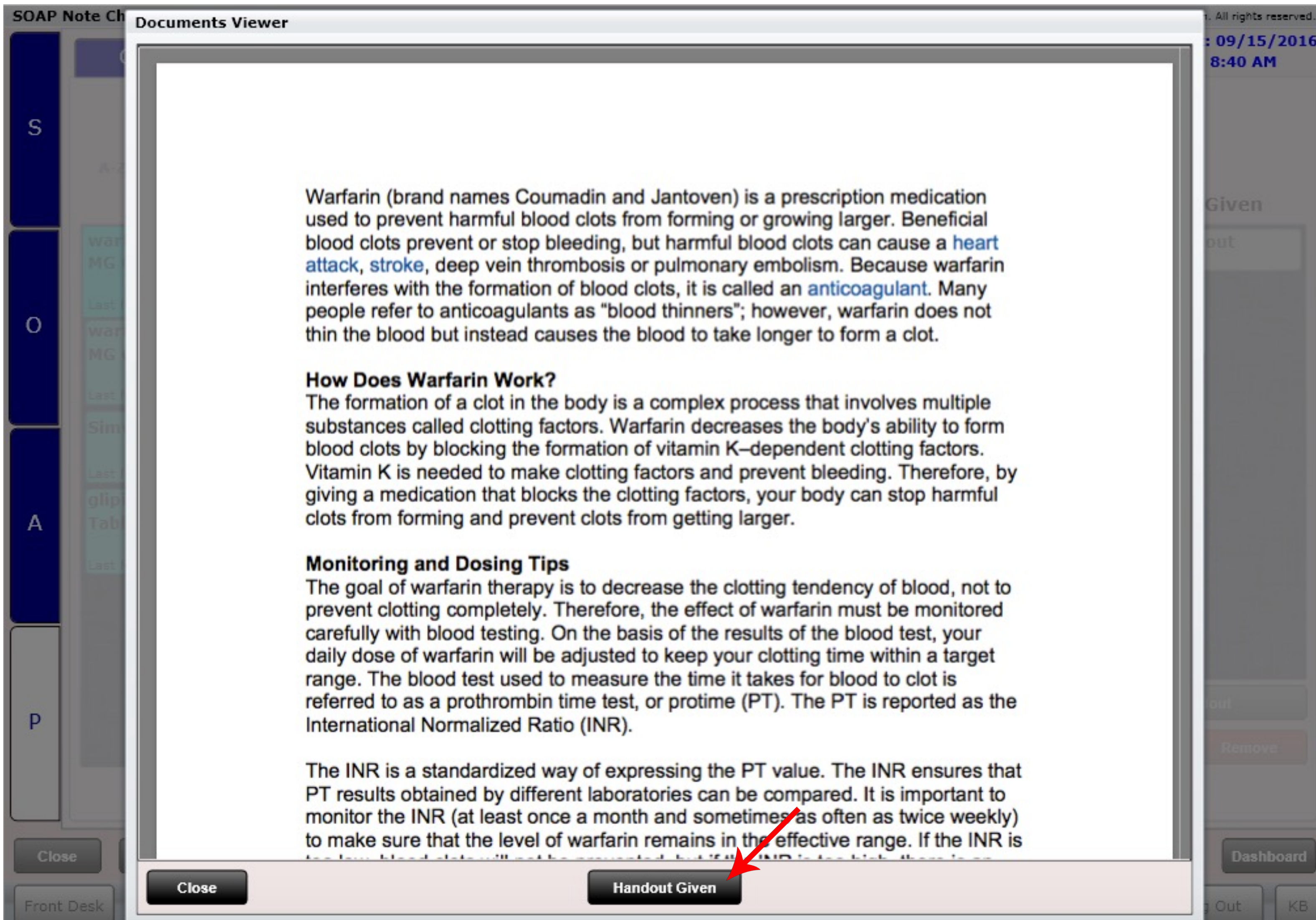
Settings

Patient Education

Upload your own educational handouts and associate them with medications, allergies, problems or labs in Settings/Patient Education.

SOAP – Plan – Pt. Education

After clicking the “info button” the content appears. Click “Handout Given” to record this as given for this patient visit.



Warfarin (brand names Coumadin and Jantoven) is a prescription medication used to prevent harmful blood clots from forming or growing larger. Beneficial blood clots prevent or stop bleeding, but harmful blood clots can cause a heart attack, stroke, deep vein thrombosis or pulmonary embolism. Because warfarin interferes with the formation of blood clots, it is called an anticoagulant. Many people refer to anticoagulants as “blood thinners”; however, warfarin does not thin the blood but instead causes the blood to take longer to form a clot.

How Does Warfarin Work?
The formation of a clot in the body is a complex process that involves multiple substances called clotting factors. Warfarin decreases the body's ability to form blood clots by blocking the formation of vitamin K–dependent clotting factors. Vitamin K is needed to make clotting factors and prevent bleeding. Therefore, by giving a medication that blocks the clotting factors, your body can stop harmful clots from forming and prevent clots from getting larger.

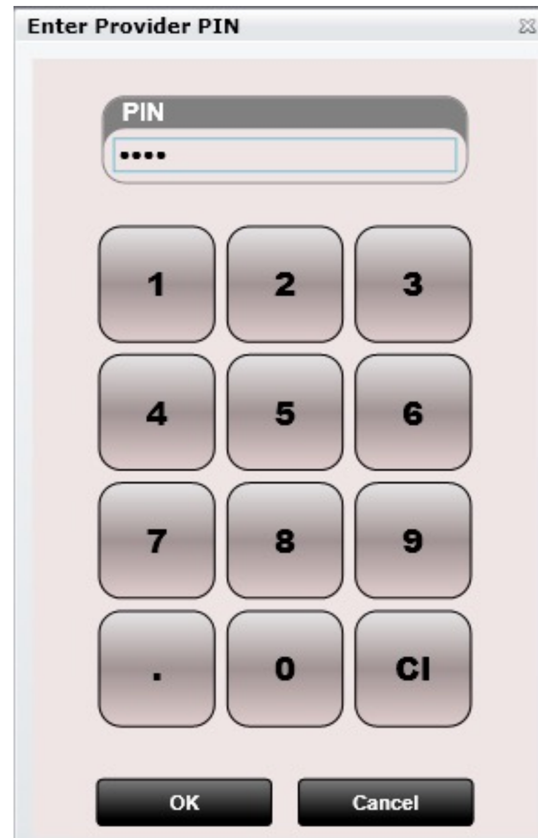
Monitoring and Dosing Tips
The goal of warfarin therapy is to decrease the clotting tendency of blood, not to prevent clotting completely. Therefore, the effect of warfarin must be monitored carefully with blood testing. On the basis of the results of the blood test, your daily dose of warfarin will be adjusted to keep your clotting time within a target range. The blood test used to measure the time it takes for blood to clot is referred to as a prothrombin time test, or protime (PT). The PT is reported as the International Normalized Ratio (INR).

The INR is a standardized way of expressing the PT value. The INR ensures that PT results obtained by different laboratories can be compared. It is important to monitor the INR (at least once a month and sometimes as often as twice weekly) to make sure that the level of warfarin remains in the effective range. If the INR is

Writing a SOAP – Save & Sign

As mentioned, there are two green buttons at the bottom of the SOAP; "Save" and "Save & Sign." Their distinctions are notated below:

Save – This button will save any progress made in the SOAP. Therefore, if you close the SOAP no data is lost. You can always re-open the SOAP and continue right where you left off. Saving a SOAP does <u>NOT</u> mark it as complete. Therefore, it will appear in the in the Unfinished SOAP Notes list box on the front desk (or in the provider view tab accessed from the front desk). **Subsequently any charges related to that SOAP cannot yet be billed to insurance until the SOAP is signed.**



Save & Sign – This button not only saves the progress of the SOAP but also signs it. The provider must enter their pin number in order to sign the SOAP. Once signed, charges can now be billed to insurance.

Tip: Upload your signature in Settings/Users/Provider Info. Your signature will then appear at the bottom of signed SOAP notes.

If you have trouble uploading your signature you can email it to support@ChiroSpring.com and we can do this for you.

Unfinished SOAP Notes

One of the most powerful features in ChiroSpring is the ability to track unfinished SOAP Notes. In a busy practice it is not always possible to complete a SOAP Note prior to checking out the patient… or by the end of the day for that matter. This is why we have created a box on the Front Desk called "Unfinished SOAP Notes." This list box will list every patient that has an unfinished SOAP Note and display the provider's name at the bottom.

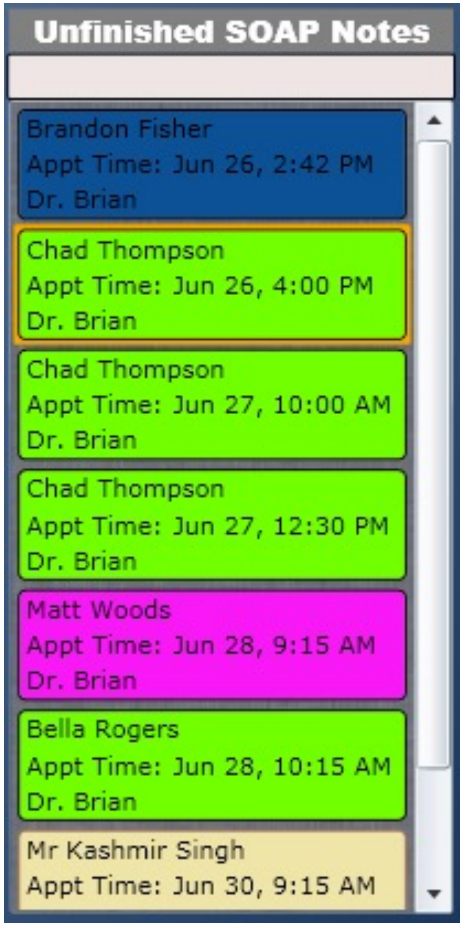
When you are ready to finish the SOAP, simply right click on the patient name and click "Edit SOAP Note". Complete the SOAP and then click "Save and Sign." Enter your PIN and you are done.

Visits with Unfinished SOAP notes cannot be billed to insurance. This is because often times providers have not completed the charges or diagnoses associated with the visit. Once the SOAP is signed by the provider it can then be submitted to insurance.

The minimum action necessary to checkout a patient is to enter the charges and save the SOAP note. Then move the patient to awaiting checkout and on to checkout. The provider can utilize the "Unfinished SOAP Note" list box on the front desk at anytime to complete a SOAP.

Note: Charges can be entered by a provider or a non-provider. However, in order to submit charges to insurance, the SOAP note must be signed by the provider.

Unfinished SOAP Notes (on Front Desk)



Digital Keyboard

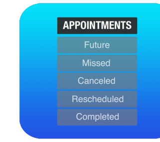
ChiroSpring has a custom digital keyboard that can be turned on or off on the fly. In the lower right corner of every screen, you will see a “KB” button. Clicking this will turn on the digital keyboard. Then, when you click on any area where text input is necessary, the keyboard will launch. To disable the keyboard, click the “KB” button again. The disabled “KB” icon will now be displayed over the “KB” symbol.

Keyboard Disabled

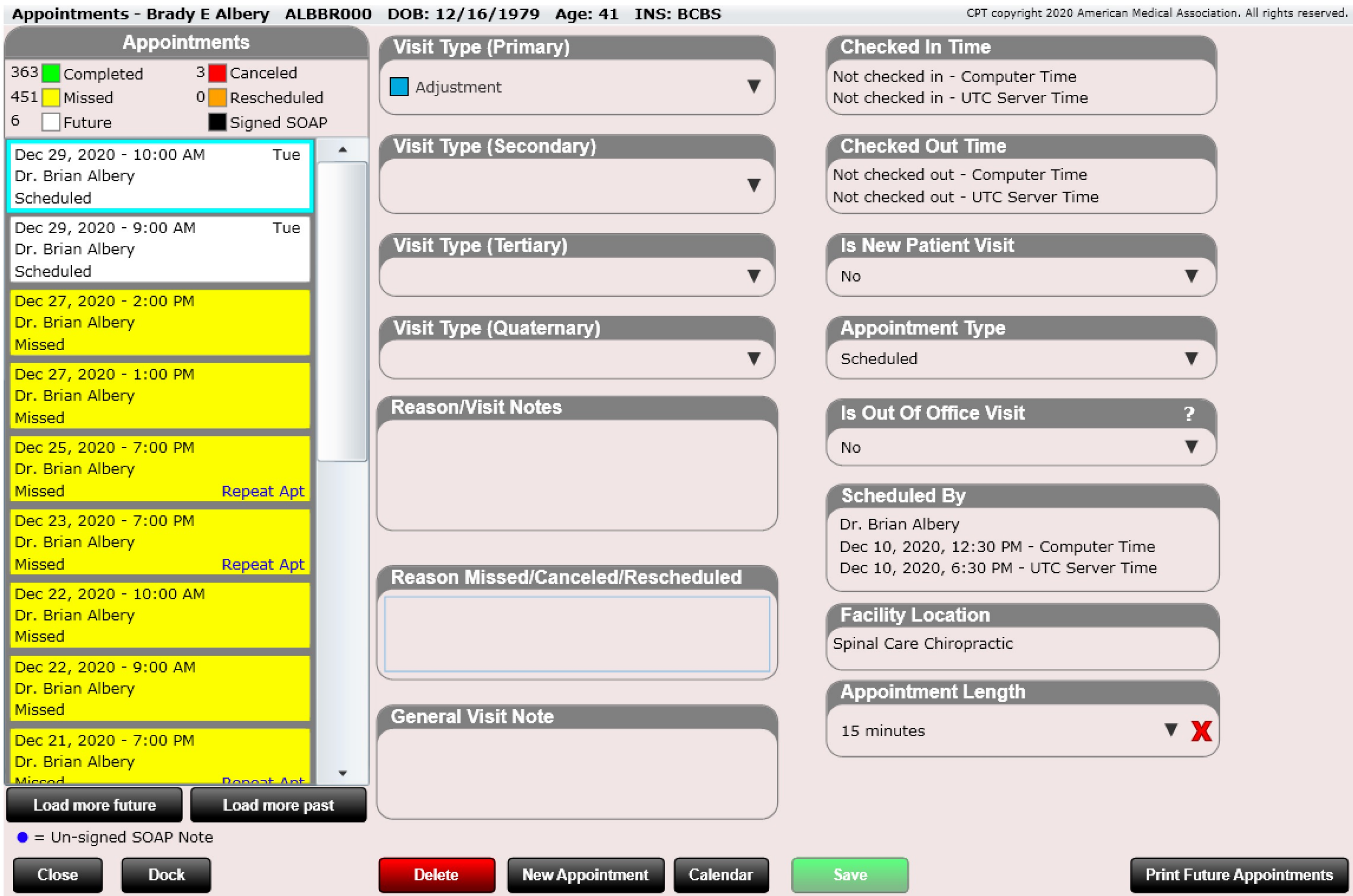
Keyboard Enabled

If you wish to keep the keyboard enabled but want to temporarily hide it, click the keyboard icon in the lower right portion of the digital keyboard.

#Appointments (Dashboard)



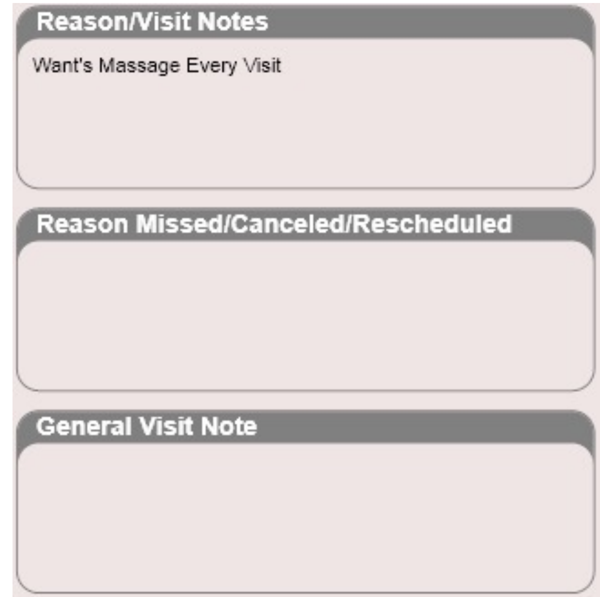
Dashboard - Appointments

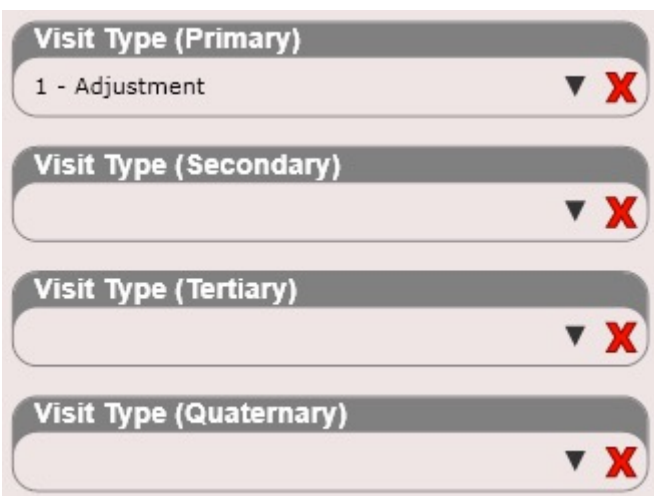


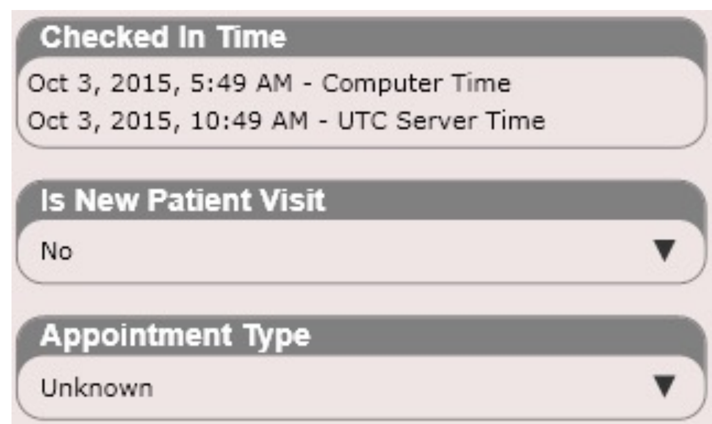
Dashboard - Appointments

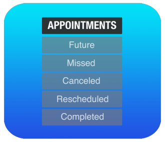
The appointments Tile allows you to:

- View appointment history
  - Completed
  - Missed
  - Future
  - Canceled
  - Rescheduled
- Edit “Reason Missed or Cancelled”
- View or Edit “Visit Type”
- View Reason/Visit Notes
- View or Edit “General Visit Note”
- View or Edit “Is New Patient Visit”
- View or Edit “appointment Type”







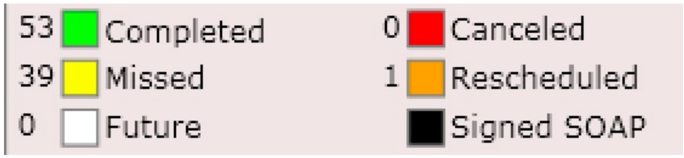


Dashboard - Appointments

Appointments

The appointments List box shows a history of the patient's appointment history.
Here you can see the patients:

- Completed – Green
- Missed – Yellow
- Future – White
- Canceled – Red
- Rescheduled – Orange
- Signed SOAP - Black



Power Tip: Hovering over a missed or cancelled appointment will show you the reason if it was entered

Power Tip: You can right click and select "Edit SOAP Note" on completed visits or even missed visits.

#View Statements (Dashboard)

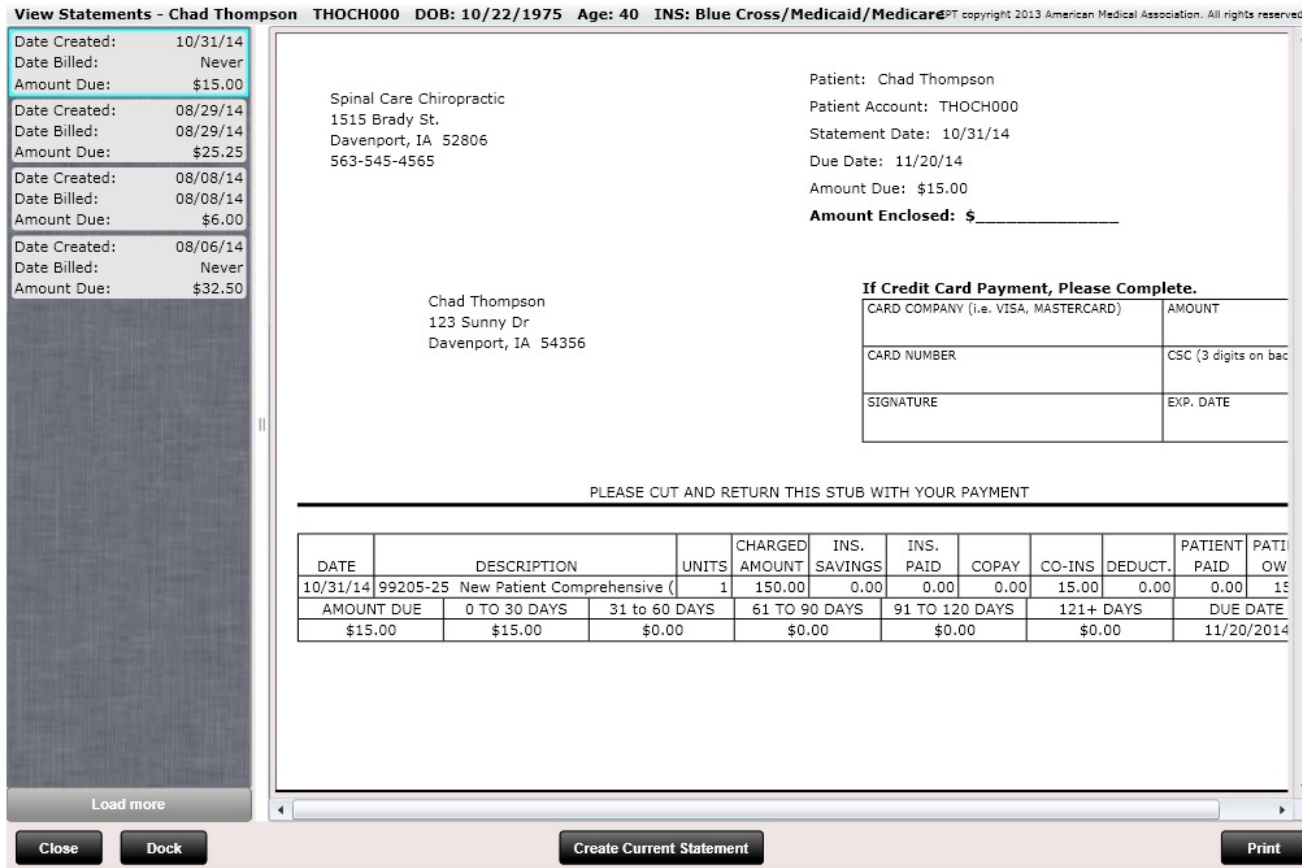
Dashboard – View Statements

Once a statement is created, it is saved on file in the patient's Dashboard/View Statements tile. Here is an example of a patient that has one statement that has been created.

Date Created:	02/17/16
Date Billed:	Never
Amount Due:	$55.15

Once a statement is billed, it will include the "Date Billed" here as well.

Date Created:	03/10/16
Date Billed:	03/10/16
Amount Due:	$55.15


View Statements - Chad Thompson THOCH000 DOB: 10/22/1975 Age: 40 INS: Blue Cross/Medicaid/Medicare CPT copyright 2013 American Medical Association. All rights reserved.

Date Created:	10/31/14
Date Billed:	Never
Amount Due:	$15.00
Date Created:	08/29/14
Date Billed:	08/29/14
Amount Due:	$25.25
Date Created:	08/08/14
Date Billed:	08/08/14
Amount Due:	$6.00
Date Created:	08/06/14
Date Billed:	Never
Amount Due:	$32.50

Load more

Spinal Care Chiropractic
1515 Brady St.
Davenport, IA 52806
563-545-4565

Patient: Chad Thompson
Patient Account: THOCH000
Statement Date: 10/31/14
Due Date: 11/20/14
Amount Due: $15.00
Amount Enclosed: $______________

Chad Thompson
123 Sunny Dr
Davenport, IA 54356

If Credit Card Payment, Please Complete.

CARD COMPANY (i.e. VISA, MASTERCARD)	AMOUNT
CARD NUMBER	CSC (3 digits on bac
SIGNATURE	EXP. DATE

PLEASE CUT AND RETURN THIS STUB WITH YOUR PAYMENT

DATE	DESCRIPTION	UNITS	CHARGED AMOUNT	INS. SAVINGS	INS. PAID	COPAY	CO-INS	DEDUCT.	PATIENT PAID	PATI OW
10/31/14	99205-25 New Patient Comprehensive (	1	150.00	0.00	0.00	0.00	15.00	0.00	0.00	15

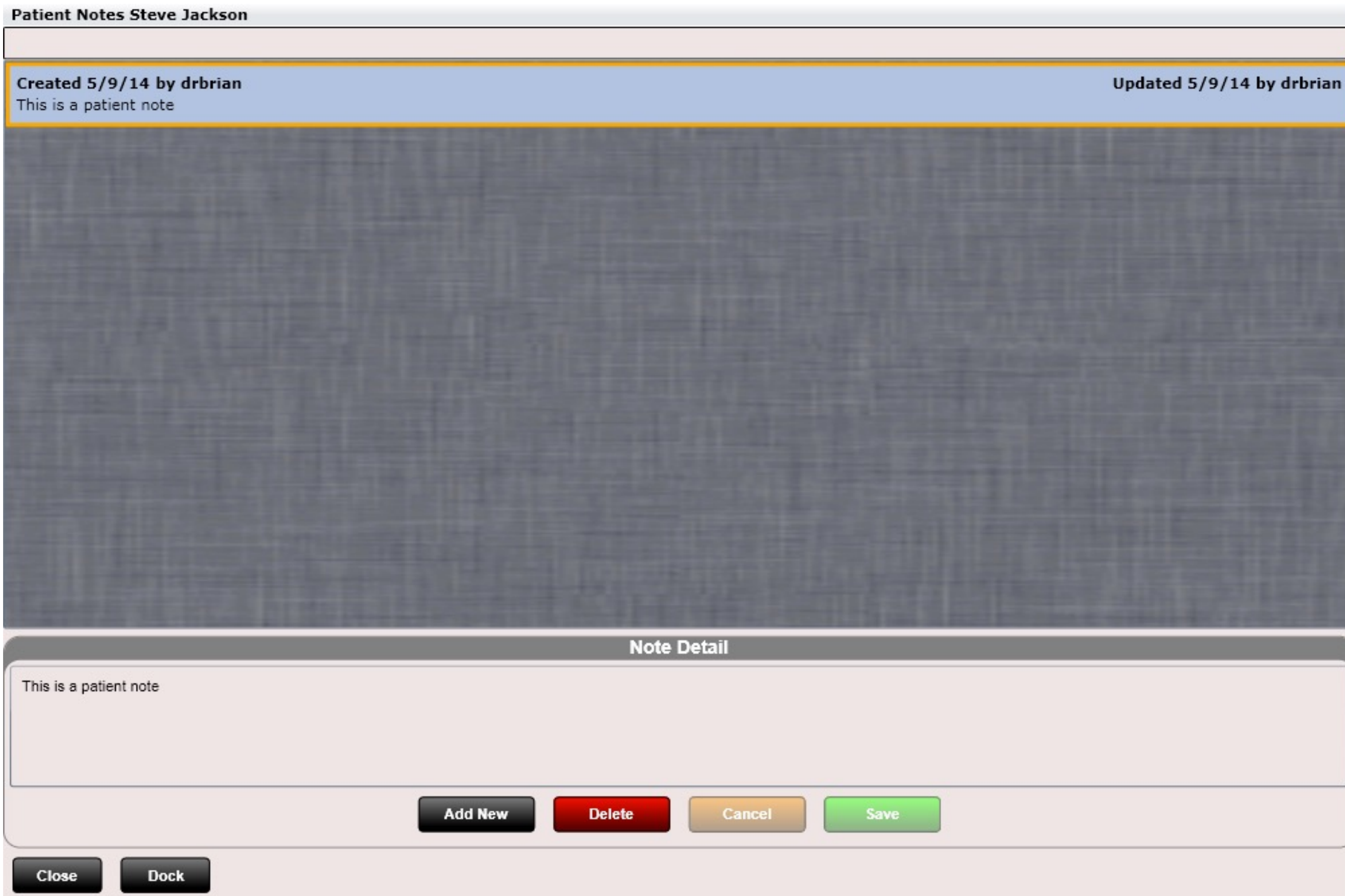
AMOUNT DUE	0 TO 30 DAYS	31 to 60 DAYS	61 TO 90 DAYS	91 TO 120 DAYS	121+ DAYS	DUE DATE
$15.00	$15.00	$0.00	$0.00	$0.00	$0.00	11/20/2014

Close Dock Create Current Statement Print

You can even create a statement by clicking the "Create Current Statement" button.

#Patient Notes (Dashboard)

Dashboard – Patient Notes



Dashboard – Patient Notes

This Tile is used for general patient notes (not SOAP notes). Once a note is created it is given a created date, a last updated date, and displays who created and updated the note.

At the top is a filterable list box making it easy to search through and find a particular note.

#Vitals (Dashboard)

Dashboard – Vitals

The Vitals Tile allows you to view vitals history for your patient as well as edit a vital.

Vitals - Chad Thompson THOCH000 DOB: 07/30/1966 Age: 48 INS: Blue Cross/Medicaid

Date	Height	Weight	Temperature	Respirations	Blood Pressure and Pulse	BMI	Oximetry	Notes
06/27/15	72.0 in	180.0 lbs	98.6 °F	22	**Sitting** 120 / 80 mmHg - 60 BPM	24.4 (Normal weight)	99.00	
06/27/15	75.0 in	188.0 lbs			**Sitting** 155 / 90 mmHg - **Standing** 170 / mmHg - **Supine** 200 / mmHg -	23.5 (Normal weight)		
06/23/15	72.0 in	180.0 lbs			**Sitting** 150 / 90 mmHg -	24.4 (Normal weight)		
01/15/15	72.0 in	259.0 lbs	98.6 °F		**Sitting** 120 / mmHg -	35.1 (Obese)		
01/05/15	182.9 cm	81.6 kg	37.0 °C	22	**Sitting** 120 / 90 mmHg - 55 BPM	24.4 (Normal weight)		
12/18/14	72.0 in	187.0 lbs	98.6 °F	22	**Sitting** 120 / 80 mmHg - 62 BPM **Standing** 120 / 80 mmHg - 63 BPM	25.4 (Overweight)		
12/17/14	66.0 in	123.0 lbs				19.9 (Normal weight)		
12/04/14	72.0 in	200.0 lbs				27.1 (Overweight)		

Show visits with no data

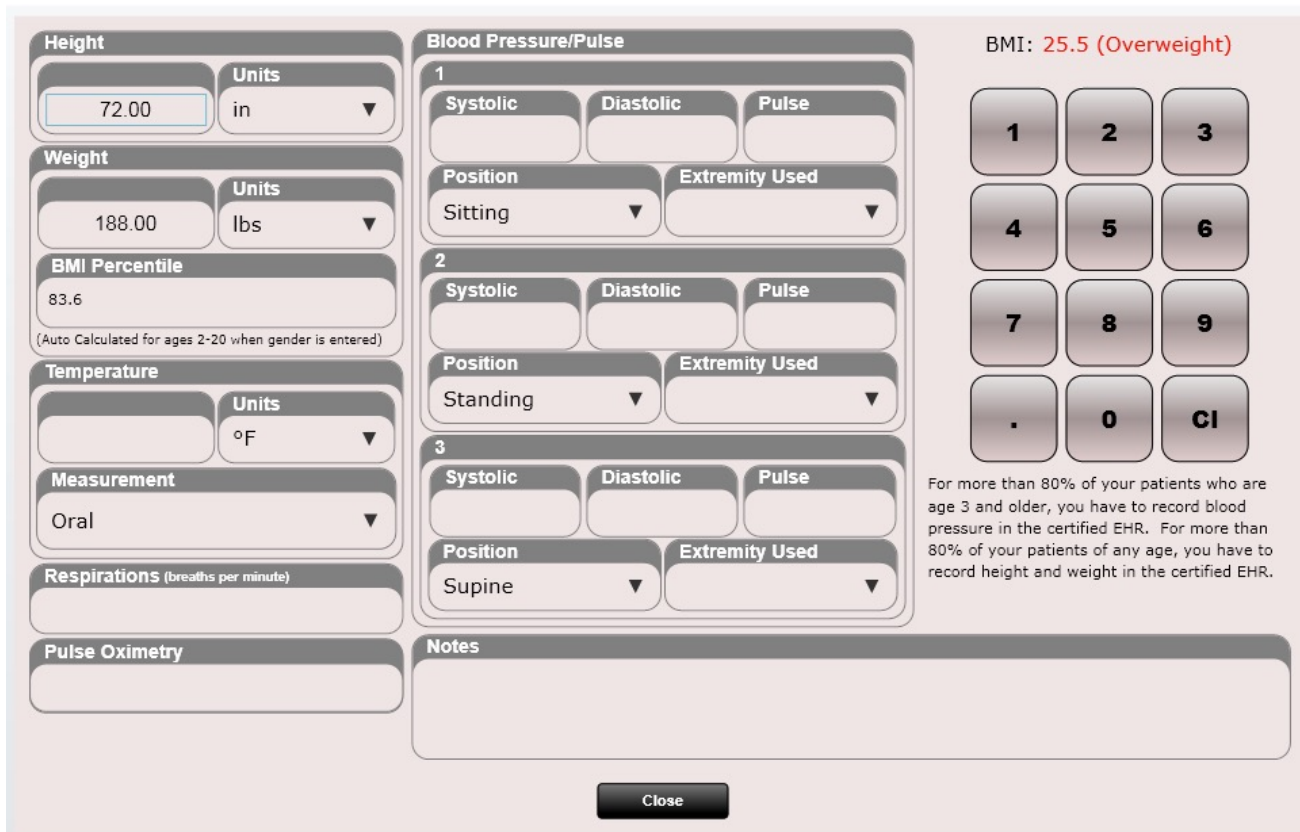
=Low =Normal =High

Edit Selected

Close **Dock** **Save**

Dashboard – Vitals

Pressing "Edit Selected" will allow you to edit the vital for the selected visit.



#Labs (Dashboard)

Dashboard – Labs

Labs - Chad Thompson THOCH000 DOB: 07/30/1997 Age: 18 INS: Blue Cross and Blue Shield

Lab Orders | Lab Results

Internal Order #	Filler Order #	Lab Name	Status	Date Time Created	Date Ordered	Ordering Provider	Comment
3129	343434	Ferritin (Female)	Order Entered	6/9/2016 2:11 AM	6/9/2016	drbrian	
3126	343434	ALT - Alanine aminotransferase (Female)	Order Entered	6/7/2016 3:37 PM	6/7/2016	drbrian	
3125	3443434	ALT - Alanine aminotransferase (Female)	Order Entered	6/7/2016 3:32 PM		drbrian	
3108	TEst	ALT - Alanine aminotransferase (Male)	Order Entered	4/21/2016 7:00 AM		drbrian	dfdsf safsa

Close | Dock | Add Order | Edit | Delete | Enter Results

Dashboard – Labs

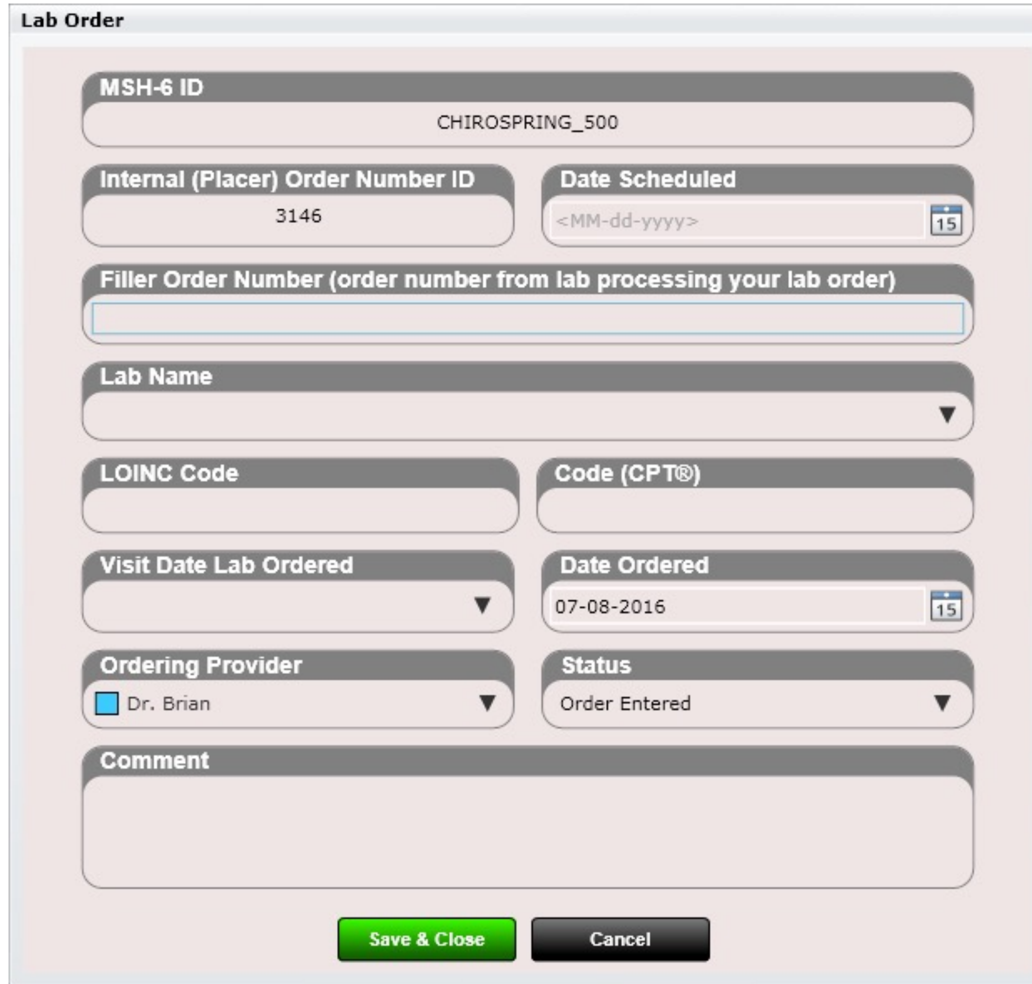
The Labs Tile allows you to create a lab order as well as enter a lab result.

To create a lab order, click the “Add Order” button. The dialog to the right will open. Populate any information you need.

The “Filler Order Number” box is the number you enter when you call the order into a lab. They should create an order number and since they are FILLING your lab order this is deemed the “filler order number”. It is not a required field but is nice for record keeping.

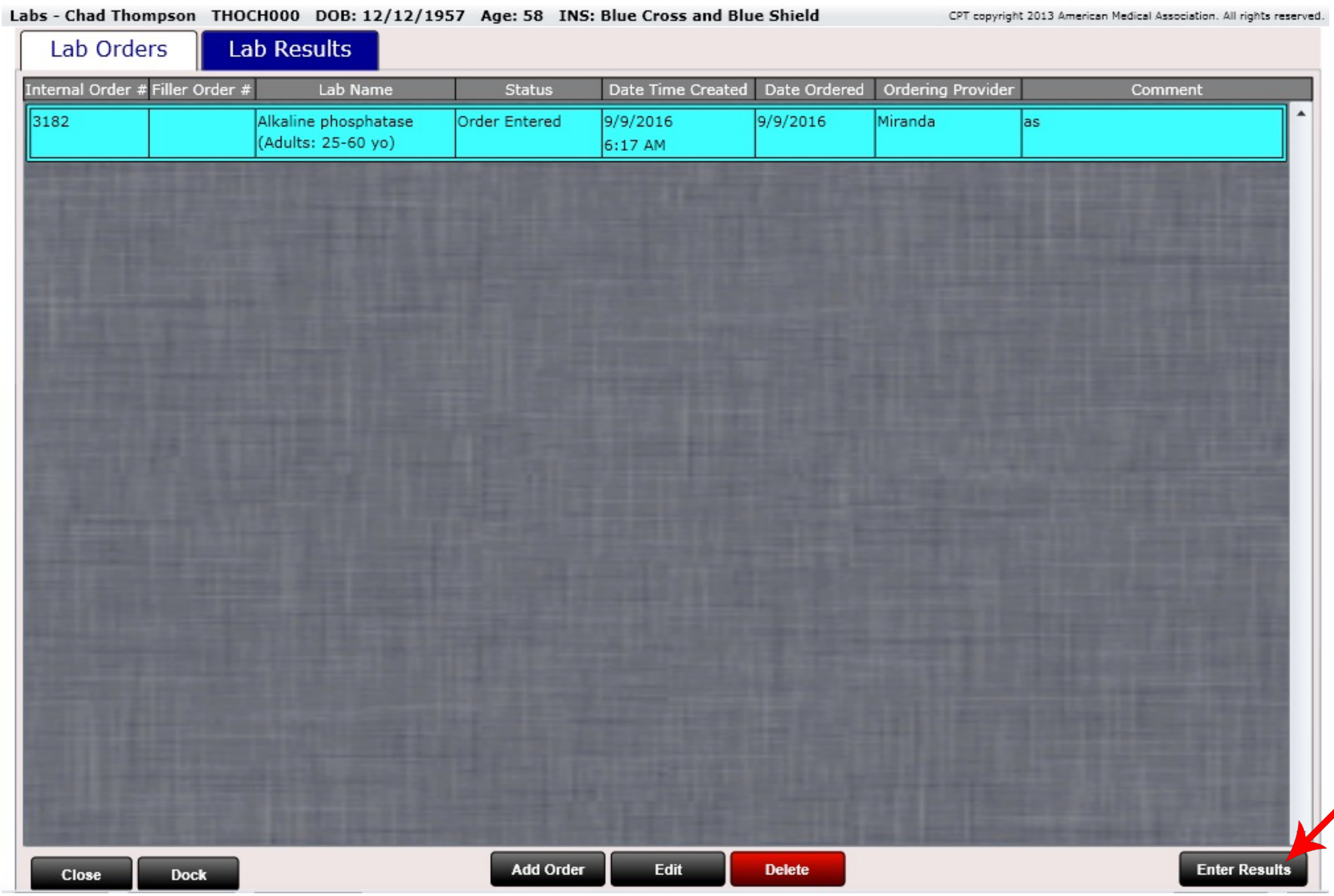
To enter a result, select the original lab order and click “Enter Results”. This will open the Results Dialog. Fill in the appropriate information.

High values will be recorded in red. Low values will be recorded in blue.



Dashboard – Labs

When you select your lab order you can then click “Enter Results” (see below). Alternatively, if you do not have a lab order you can click the “Lab Results” tab and then “Add Result” there.

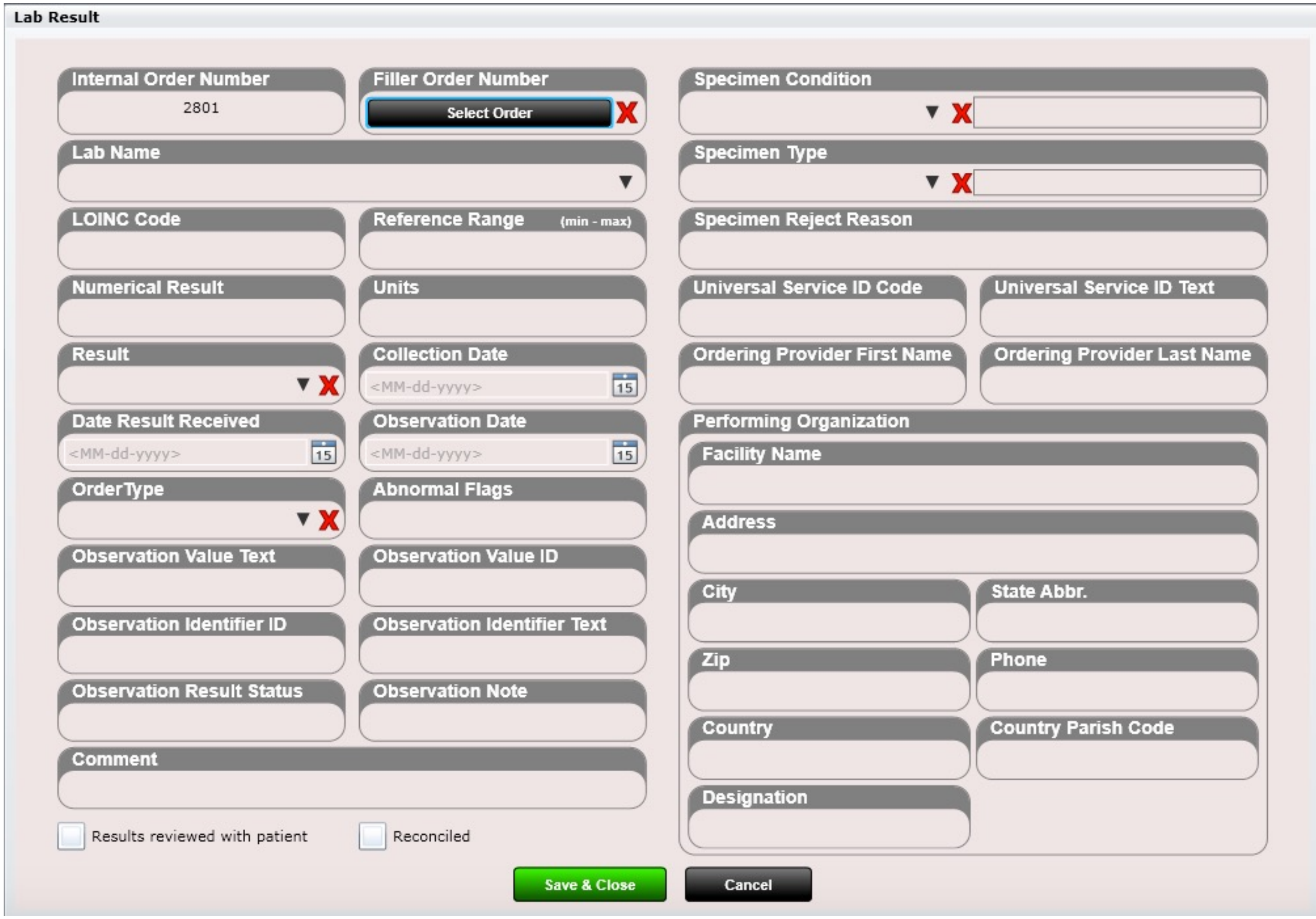


Dashboard – Labs

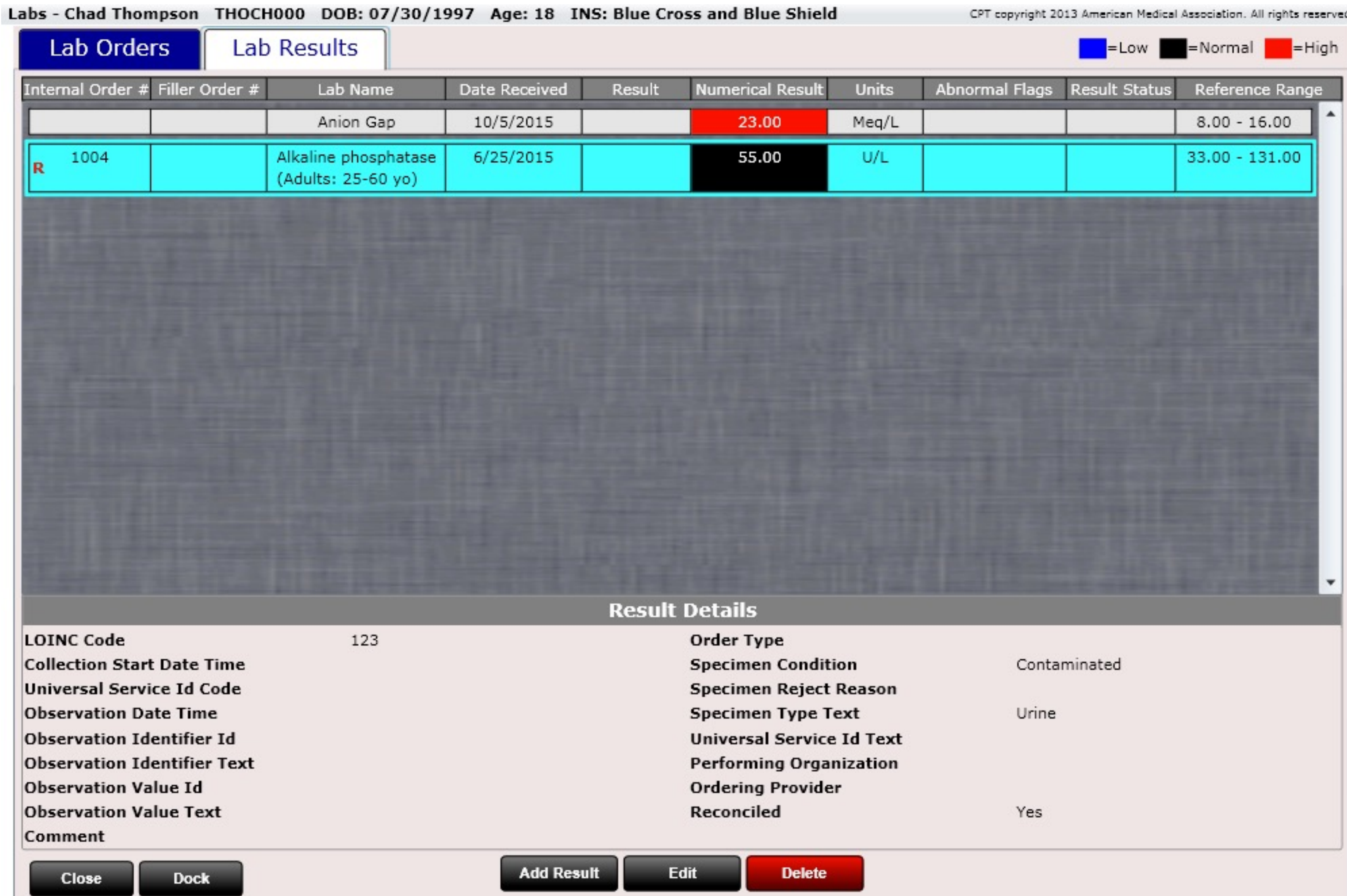
The Lab Result dialog will allow you to populate information related to results.

There are two check boxes at the bottom. The first is to document if you have reviewed the results with your patient. The second, “reconciled”, indicates that the lab was received from another facility and was not ordered by you.

You can also have labs SENT to you. Received labs will be available to incorporate in the Launcher/Receive Data app. The Launcher is located on the lower left corner of the Front Desk.



Dashboard – Labs



Labs - Chad Thompson THOCH000 DOB: 07/30/1997 Age: 18 INS: Blue Cross and Blue Shield

Lab Orders | Lab Results

=Low =Normal =High

Internal Order #	Filler Order #	Lab Name	Date Received	Result	Numerical Result	Units	Abnormal Flags	Result Status	Reference Range
		Anion Gap	10/5/2015		23.00	Meq/L			8.00 - 16.00
R 1004		Alkaline phosphatase (Adults: 25-60 yo)	6/25/2015		55.00	U/L			33.00 - 131.00

Result Details

LOINC Code	123	**Order Type**	
Collection Start Date Time		**Specimen Condition**	Contaminated
Universal Service Id Code		**Specimen Reject Reason**	
Observation Date Time		**Specimen Type Text**	Urine
Observation Identifier Id		**Universal Service Id Text**	
Observation Identifier Text		**Performing Organization**	
Observation Value Id		**Ordering Provider**	
Observation Value Text		**Reconciled**	Yes
Comment			

Close | Dock | Add Result | Edit | Delete

#Immunizations (Dashboard)

Dashboard – Immunizations

Immunizations Jeff Mosby

VaccineName	Date Administered	Provider	Administered By	Location Administered	Status	Vaccine Amount	Vaccine Route
Tdap (115)	07-28-2014	Brian Albery	Brian Albery	Hy-Vee	Administered	0.5 ml	IM

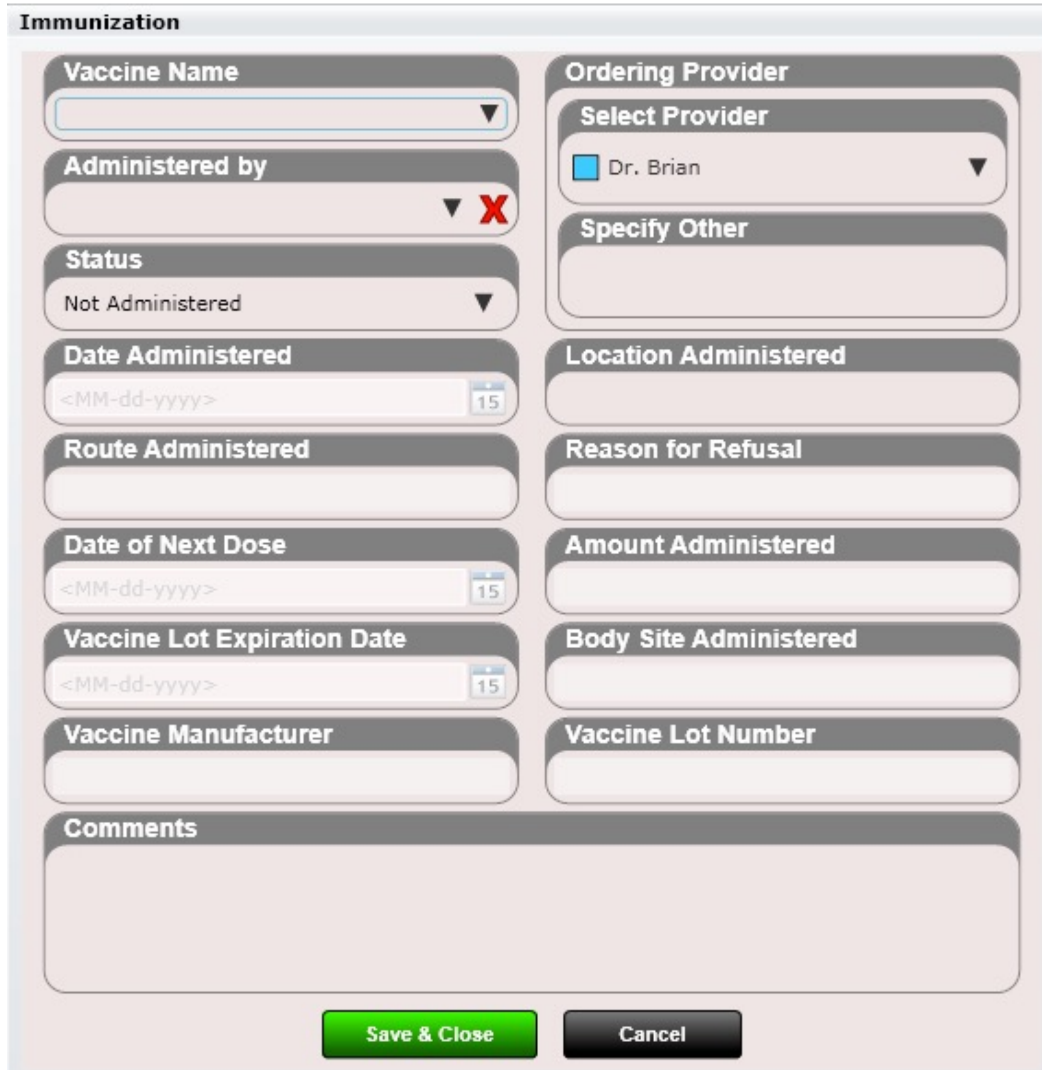
Close Dock Add Edit Delete

Dashboard – Immunizations

The Immunizations Tile allows you to record immunization data for your patient.

To record an immunization, click “Add”. The following dialog will appear. Simply populate the fields, then click “Save & Close”.

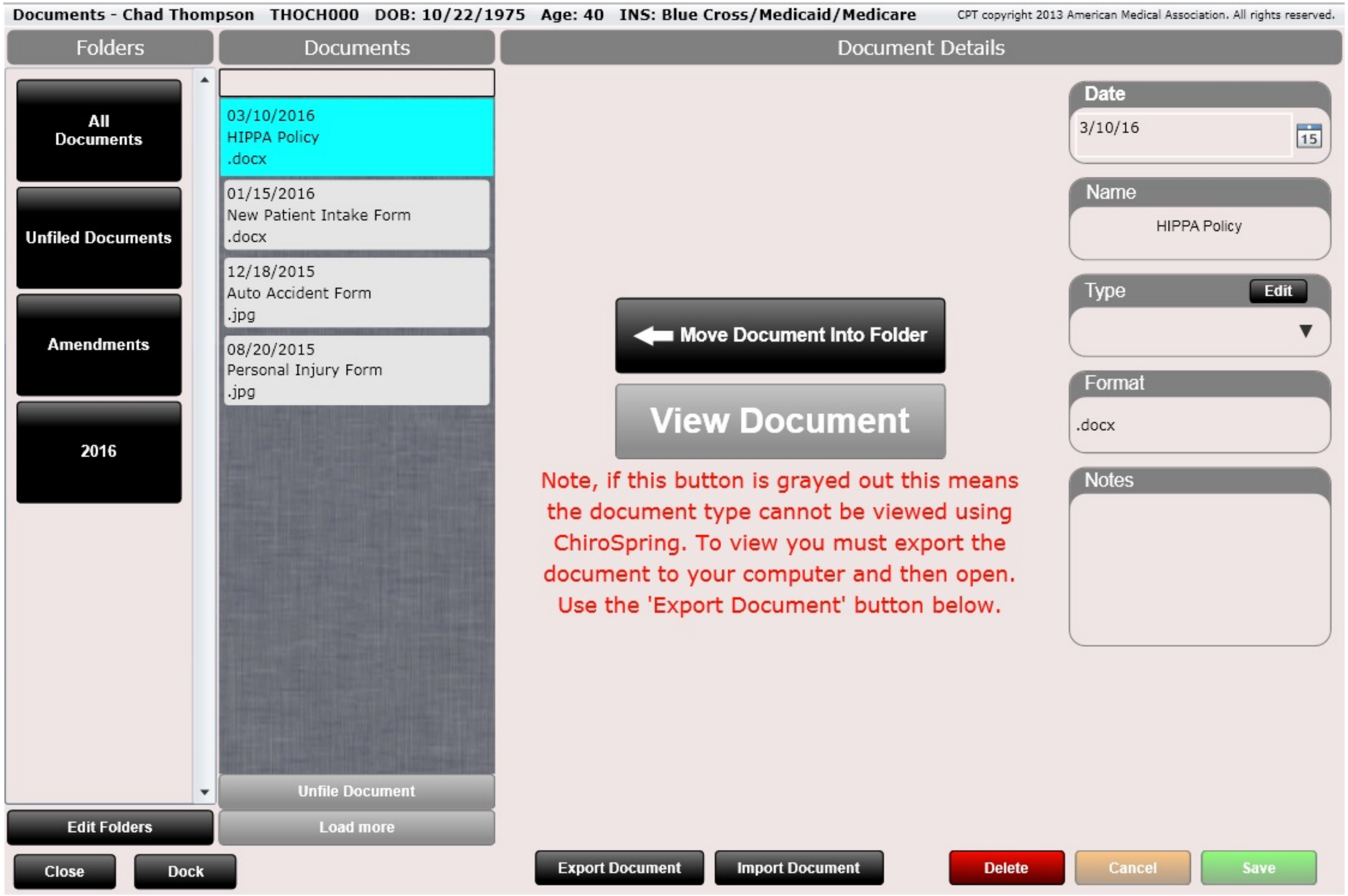
Note: If you are practicing meaningful use one of the clinical quality measures you will be capturing is when your patient had a pneumonia vaccine. We have built a CDS rule alert that will prompt you to record this information.



#Documents (Dashboard)

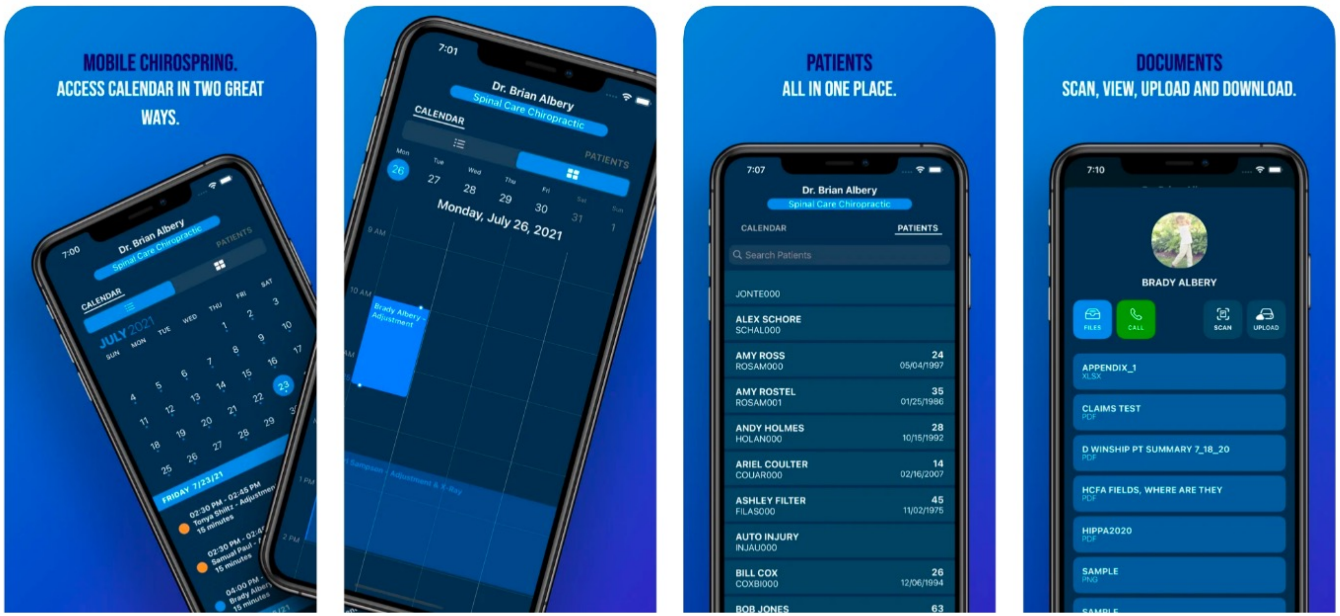
Dashboard – Documents

Upload and store patient documents. Tag documents with date, name, type or add any pertinent notes.

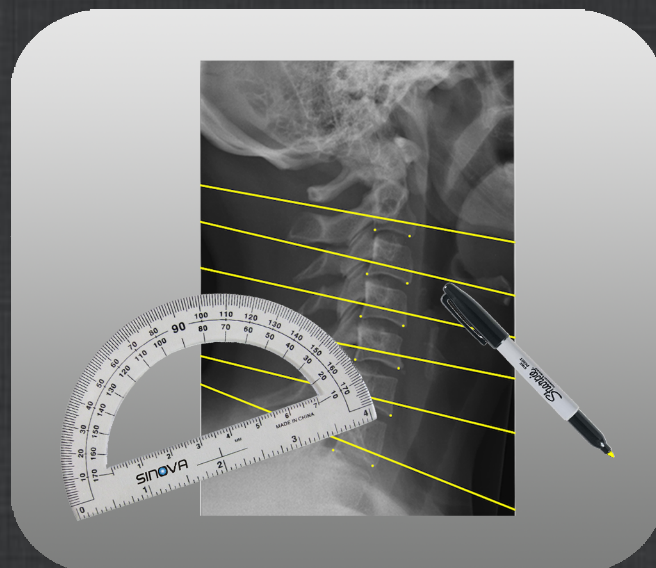


Dashboard – Documents

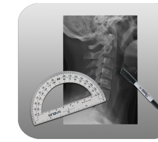
With our iPhone app (ChiroSpring) you can scan patient documents (paper) and have it automatically upload into the patient’s Document’s tile.



#Images (Dashboard)



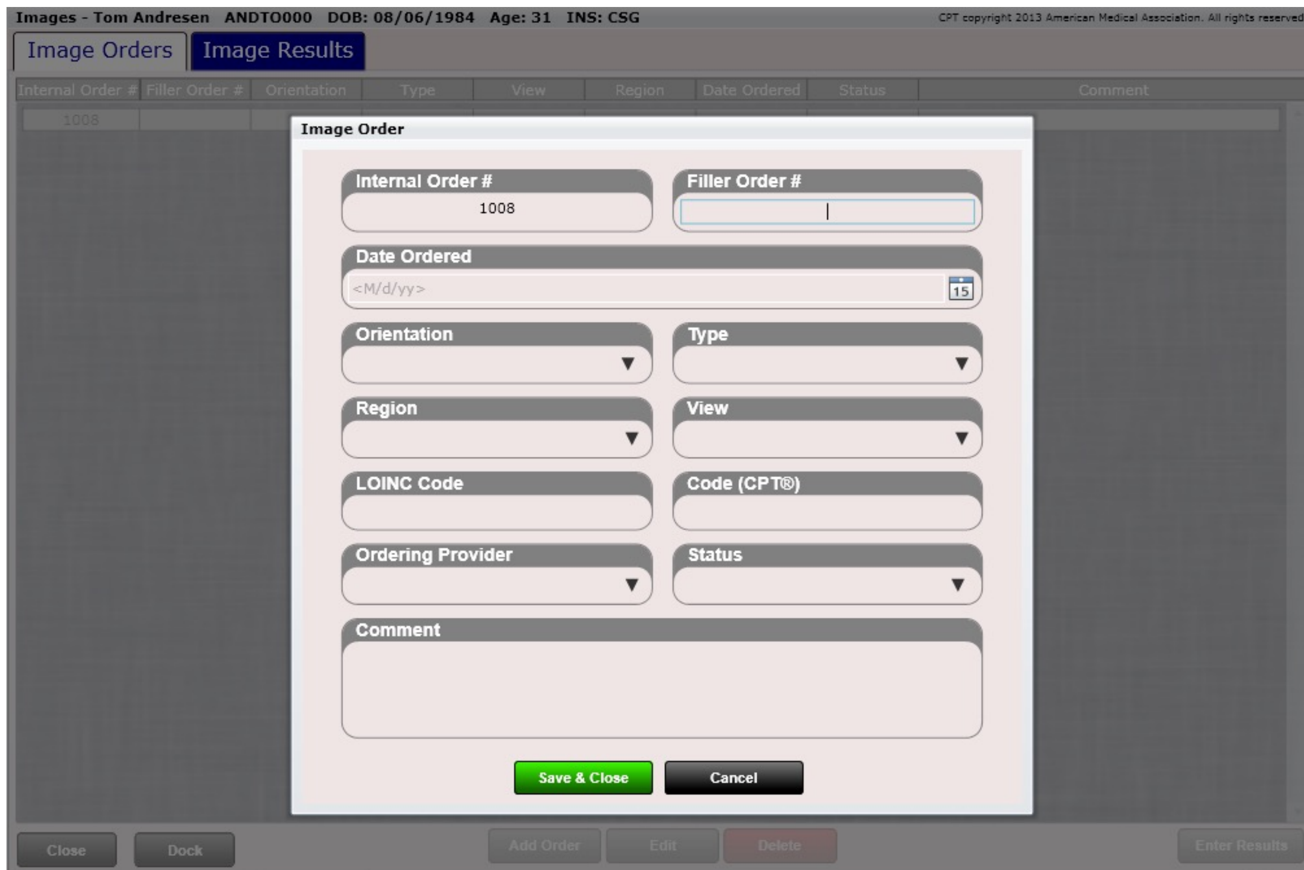
Dashboard – Images



Like Labs, Images allows you to create an Image Order and Image Result. It is not necessary to enter an Image Order for practices that prefer to simply record their results.

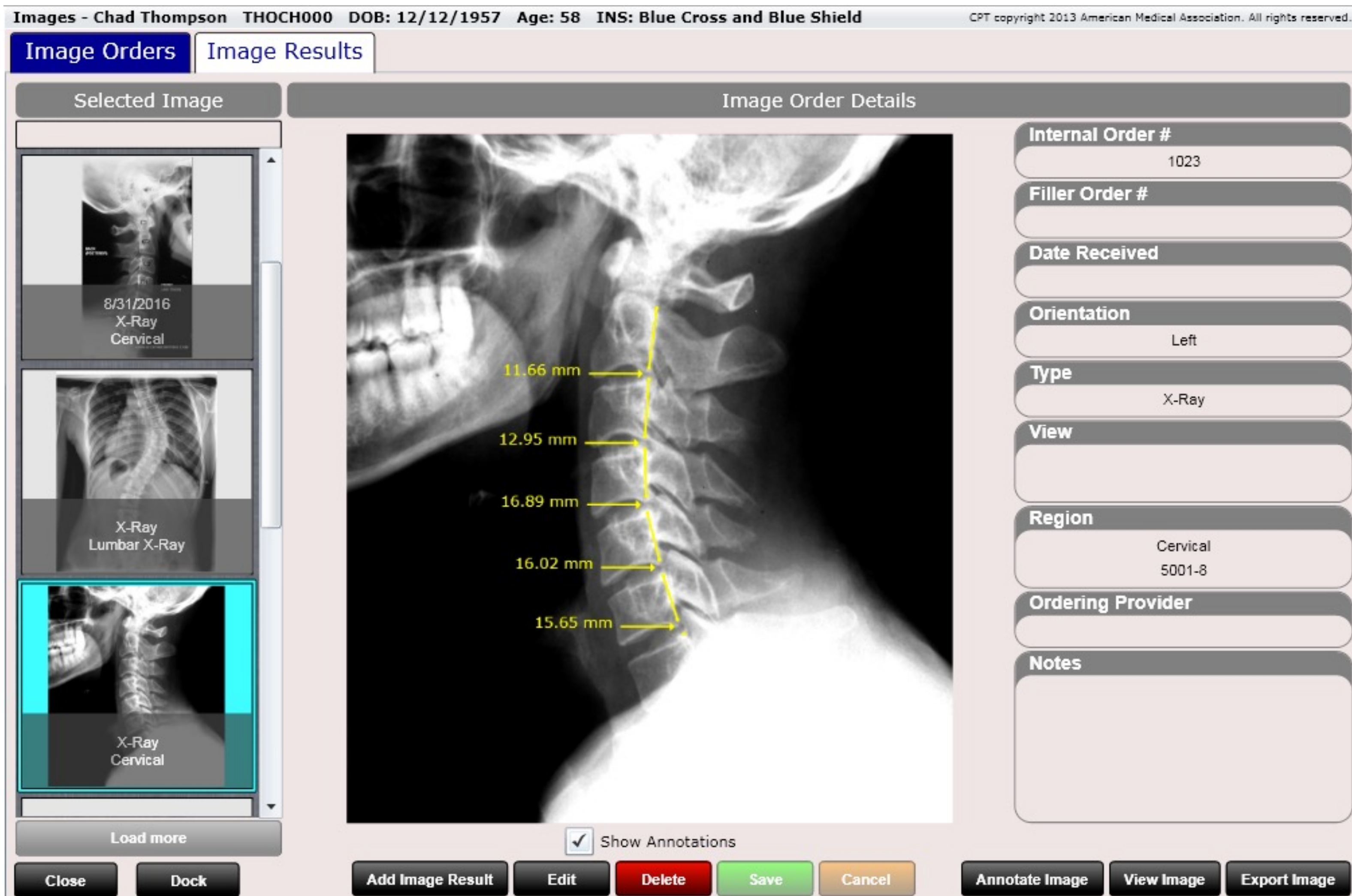
The process is, however, extremely simple. Click “Add Order” to create an Image Order. Again, the filler order # is the number the facility filling your order provides you with. It’s not mandatory to fill out but nice to record if you have this information.

LOINC Code and CPT code are not editable here. Remember, in Settings/Images you can edit image details or even add your own.



Dashboard – Images

Upload and store patient images such as x-rays, thermography scans and more. Tag images with date, orientation, type, view, region and notes. Images must be in .PNG or .JPEG format.

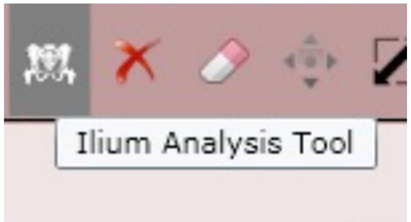


Dashboard – Images

Along the bottom are four buttons:

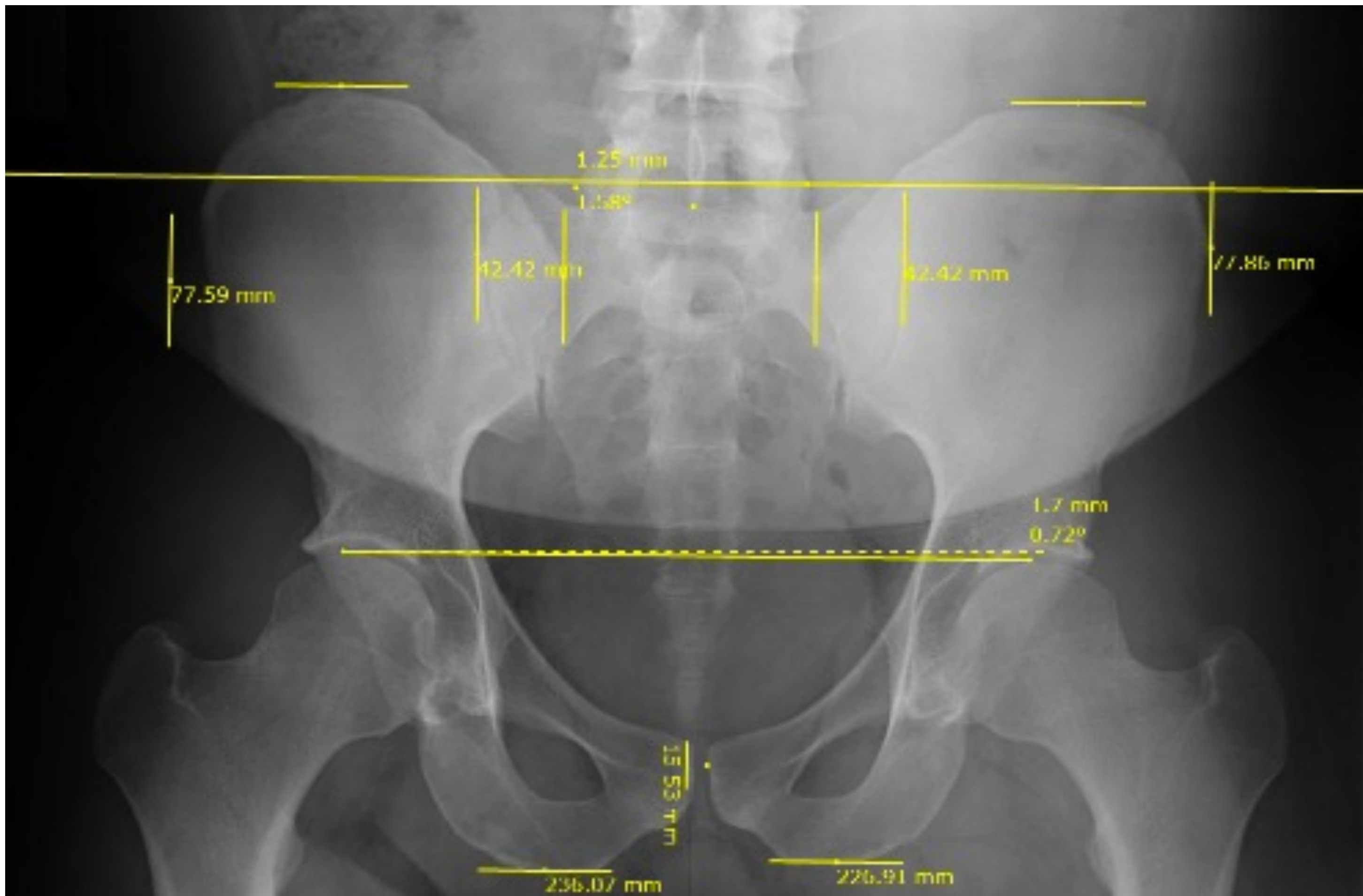
- **Add Image Result** – Select this to import an image (must be in PNG or JPEG format). If your image is in the form of a DICOM there are several free DICOM to .PNG converters available via a quick Google Search.
- **Annotate Image** – This allows you to do line drawings on the image.
- **View Image** – This allows you to view the image, move the image to any orientation using touch gestures including pinch to zoom.
- **Export Image** – This allows you to export the selected image to your computer.

Dashboard – Images



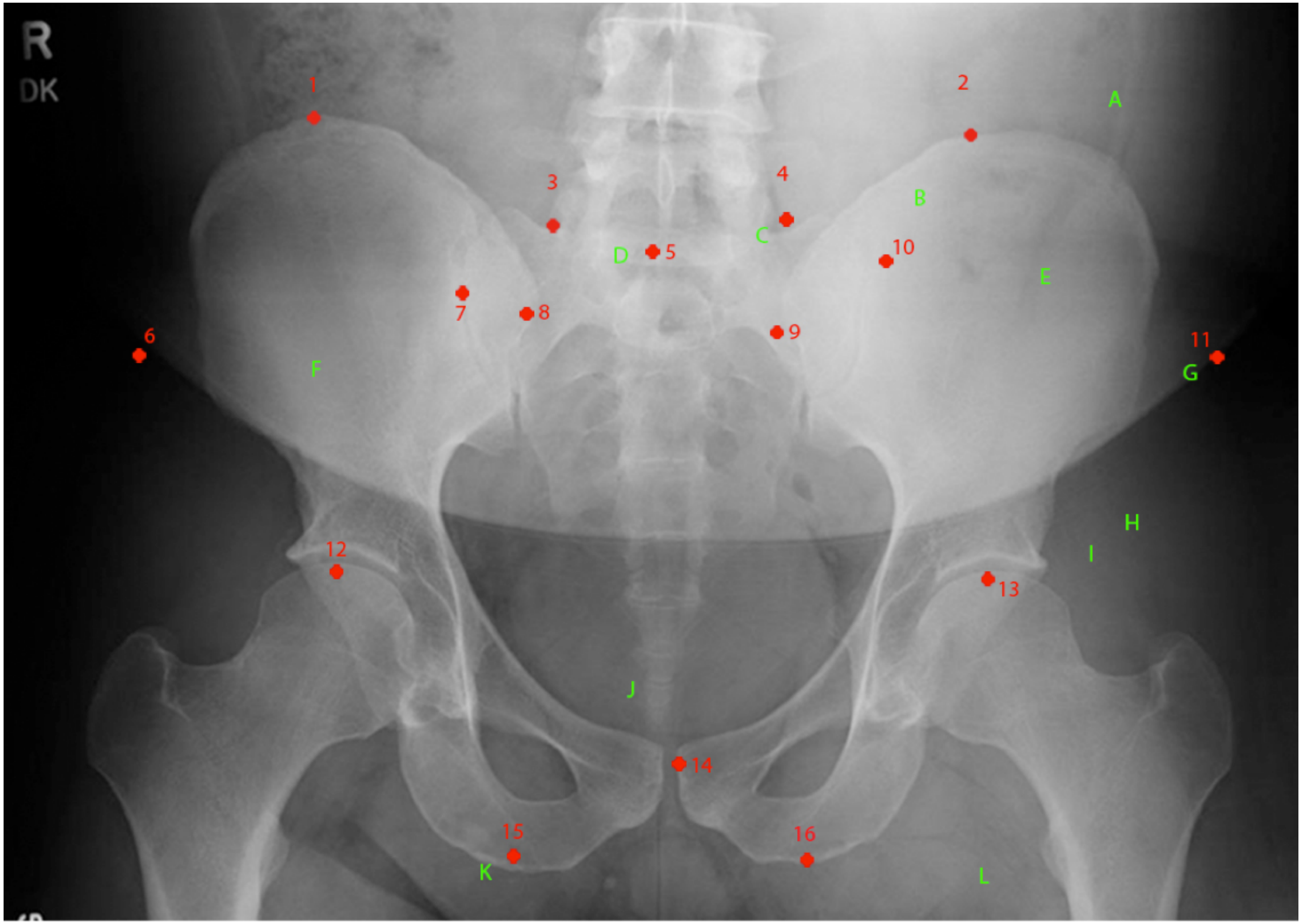
Ilium Analysis Tool

The ilium analysis tool can be used to analyze the AP Pelvic image and will evaluate the degree of hip rotation and/or misalignment. When you use this tool, it will ask you to click on several points.

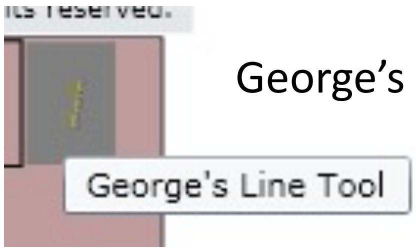


Dashboard – Images

Below we have mapped out a "cheat sheet" to show you where these 16 points are. Each of the points is numbered and marked with a red dot in the image below.

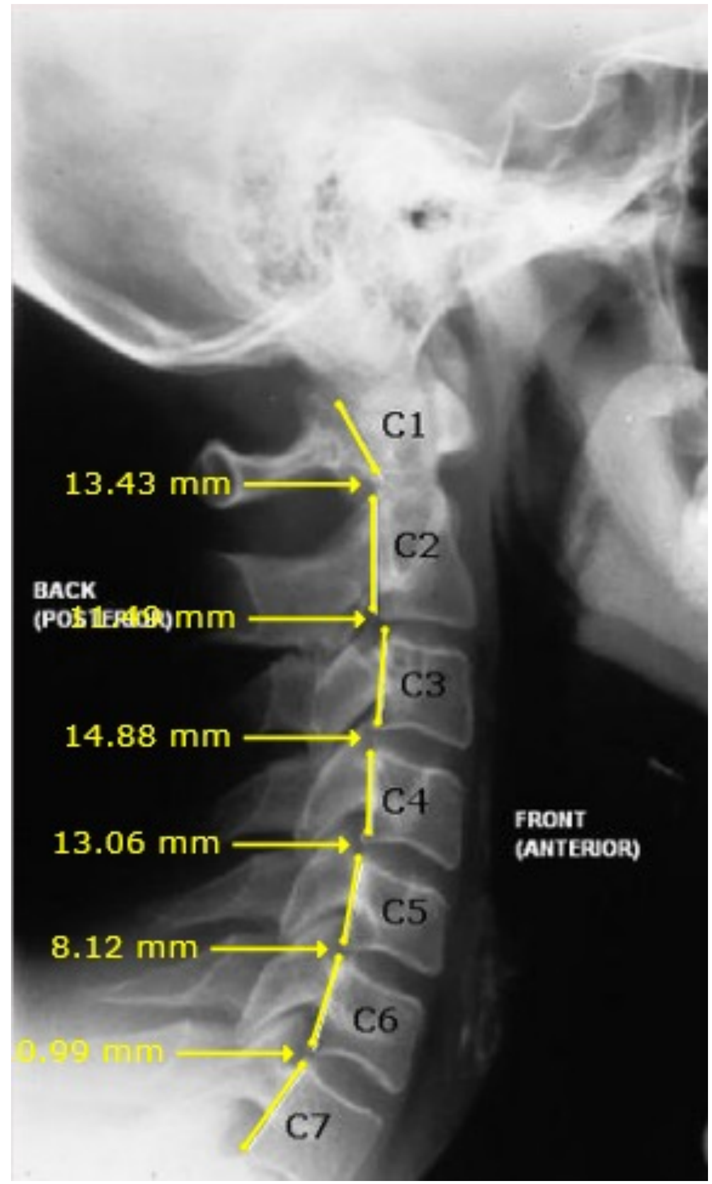


Dashboard – Images



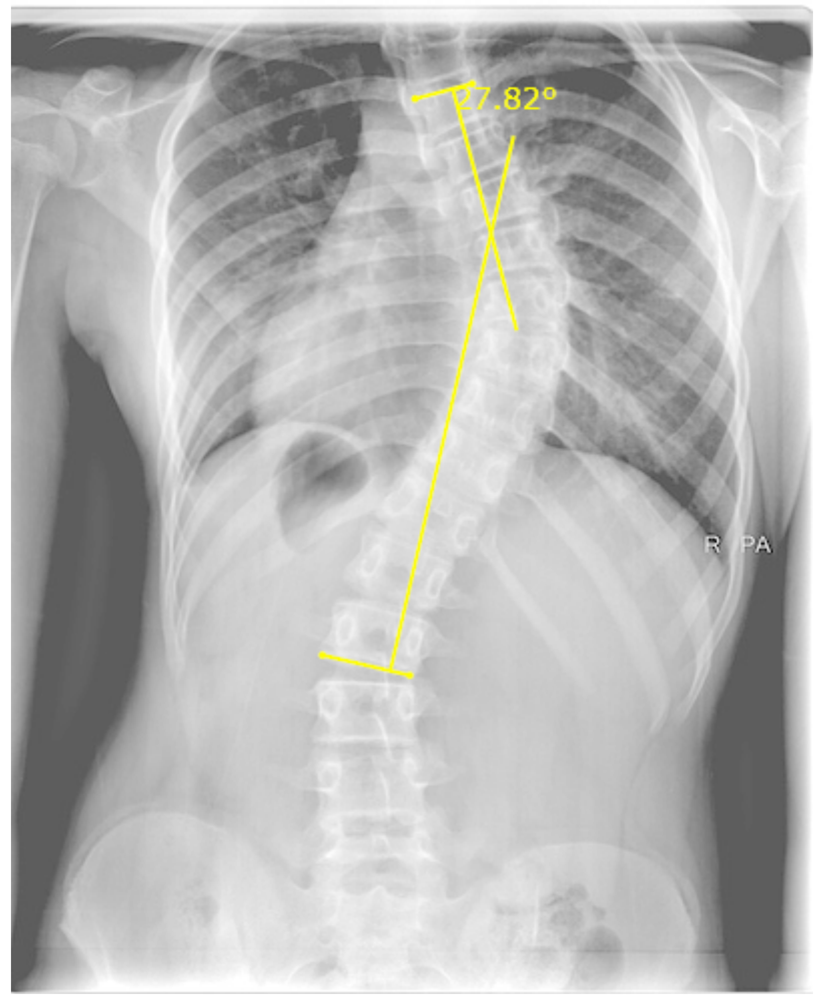
George's Line Tool

The George's Line Tool can show you the amount of anteriority or posteriority that a vertebrae has in relation to the segment below it. Simply click the top and bottom of the posterior vertebral body for each segment from C2 to C7.



Dashboard – Images

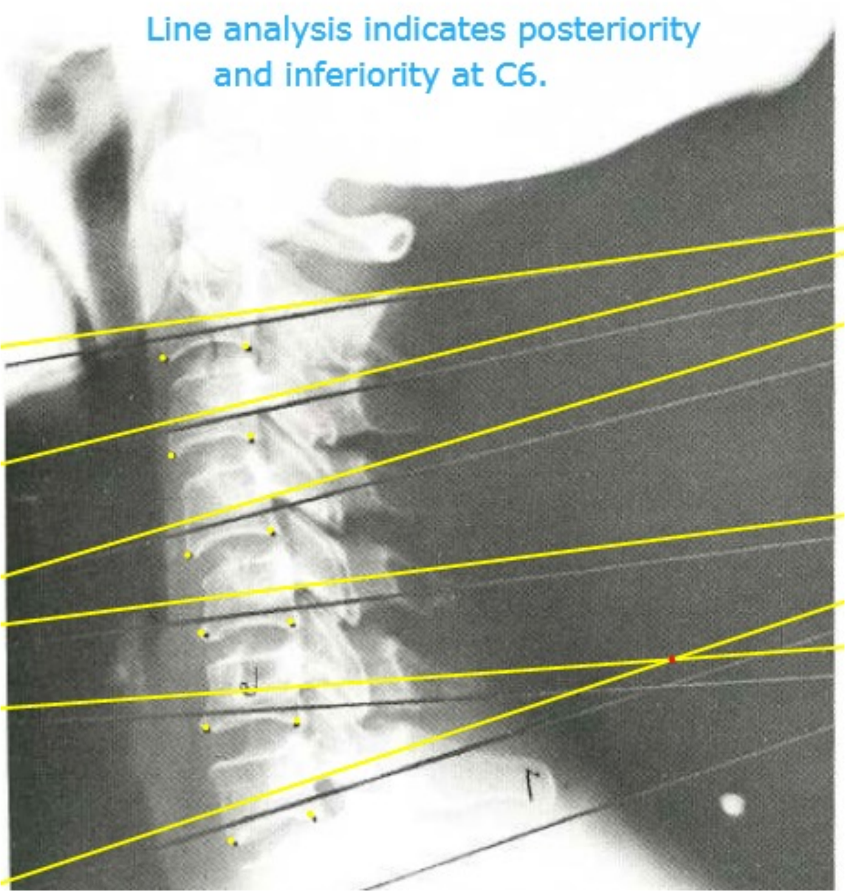
Cobb's Angle Tool

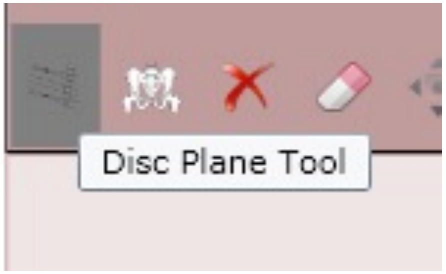


The Cobb's Angle Tool is used to measure the degree of scoliosis. Click the Left, then Right aspects of the superior end plate of the most superior vertebrae contributing to scoliosis. Then click the Left, then Right aspects of the inferior end plate of the lowest vertebrae contributing to scoliosis.

Dashboard – Images

Disc Plane Tool

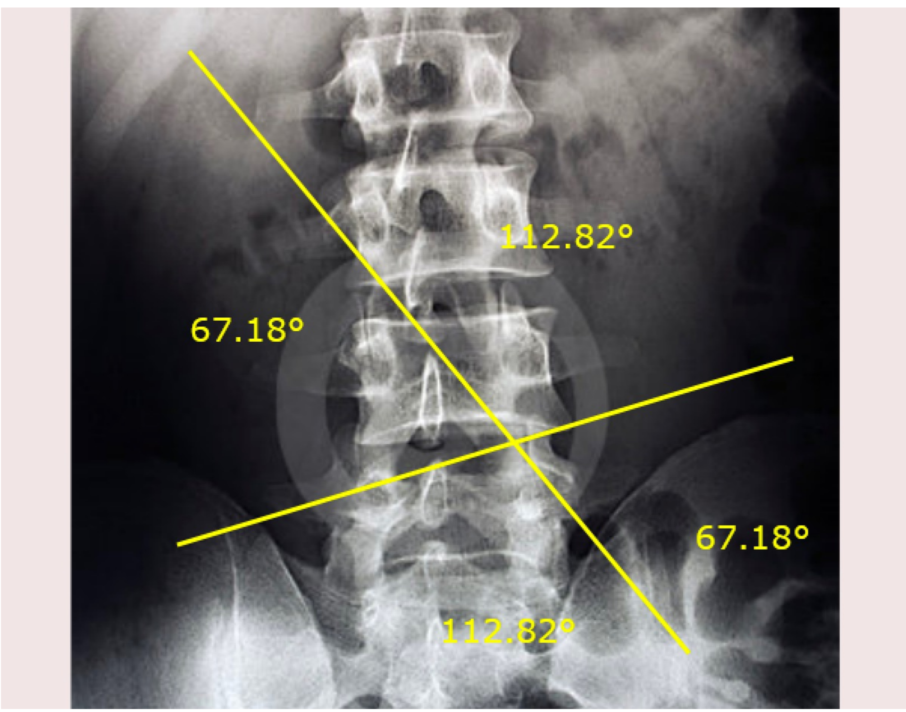


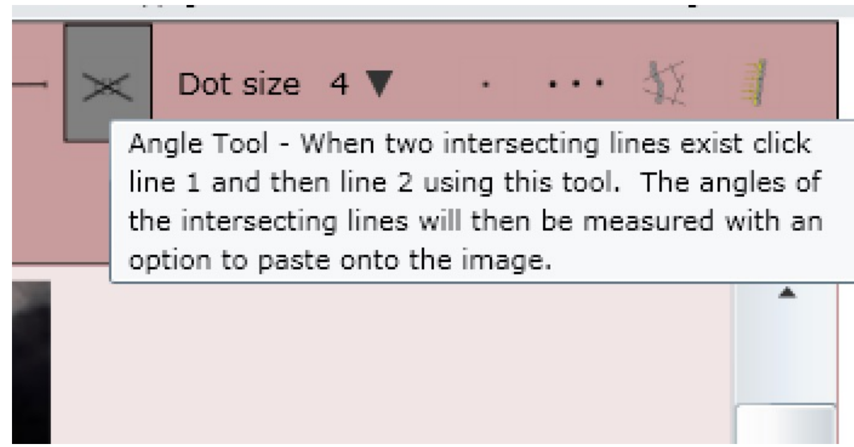


The Disc Plane Tool looks for posterior or inferior abnormalities. Start by clicking the C2 anterior inferior vertebral body. Then click its posterior inferior vertebral body. Follow these steps for C2, C3, C4, C5, C6 and C7.

Dashboard – Images

Angle Tool





The Angle Tool will tell you all four angles with intersecting lines. When the tool is selected click line 1 and then line 2. The angles of the intersecting lines will then be measured with an option to paste onto the image.

#Stop Managers (Dashboard)

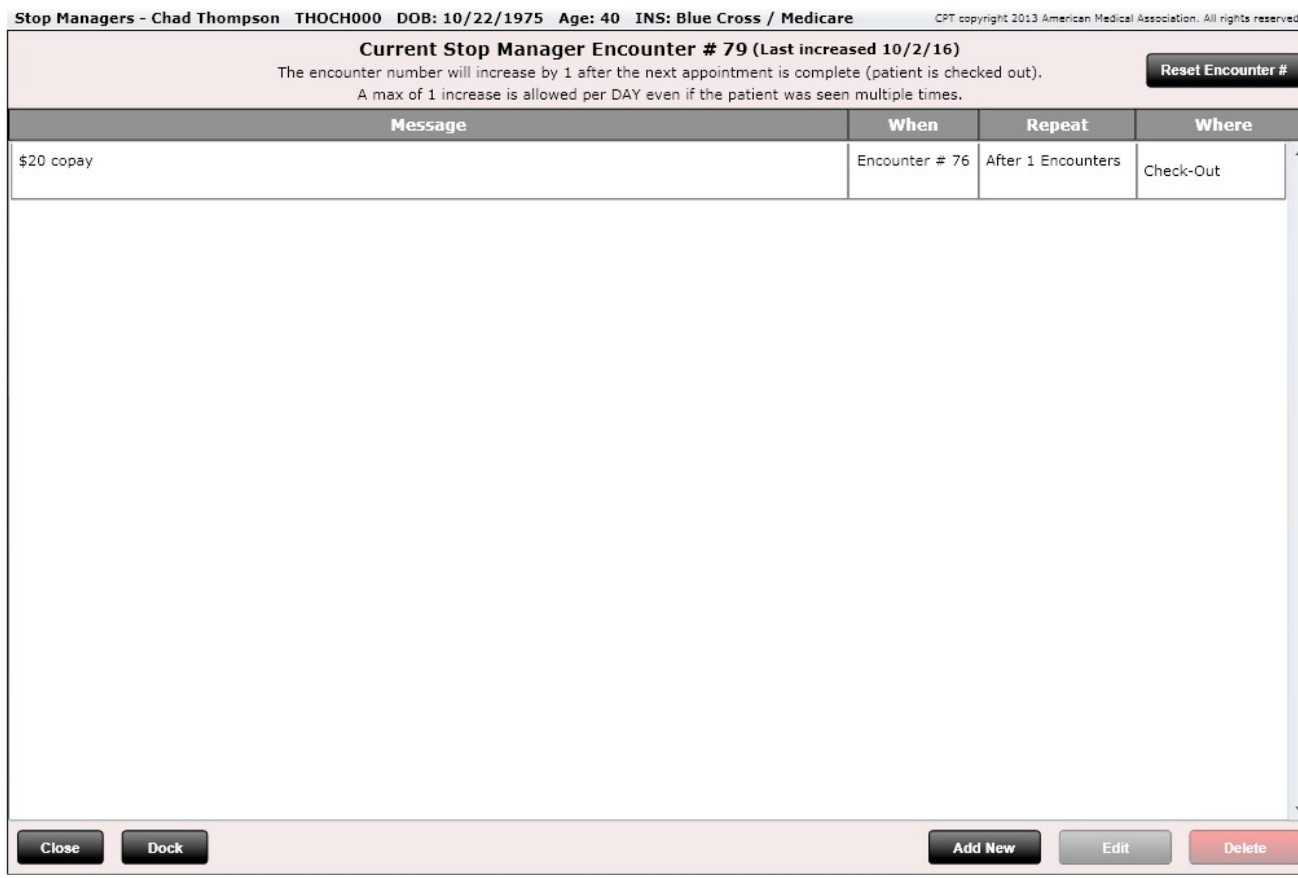
Dashboard – Stop Managers

Stop Managers

Stop Managers allow you to create custom “alerts” for a single patient. These alerts can be set to trigger at various locations.

Locations Include

- Calendar
- Dashboard
- Edit SOAP
- Check-In
- Awaiting Checkout
- Check-Out



Dashboard – Stop Managers

Stop Managers

You have two options when a Stop Manager opens:

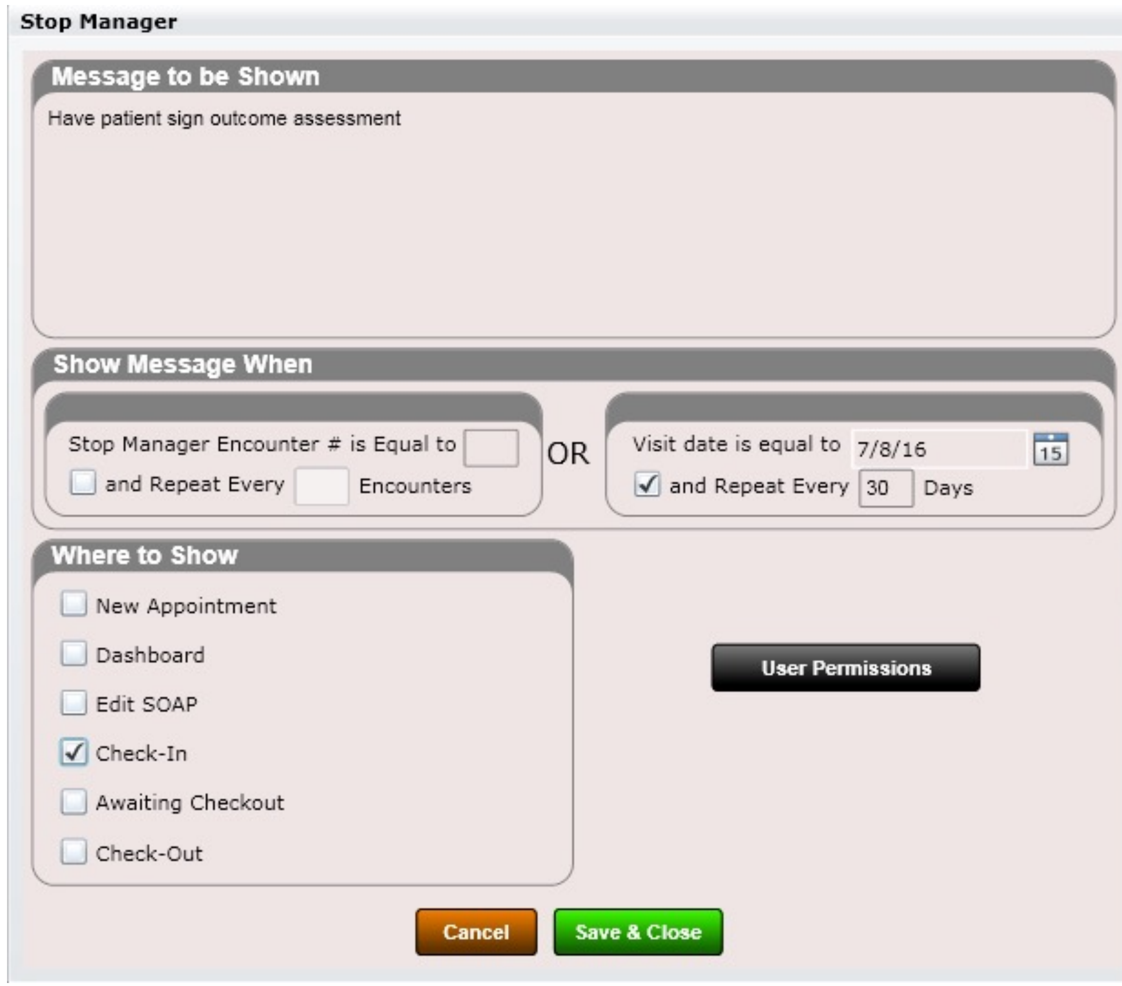
- **Snooze** – this "snoozes" the stop manager and essentially tells the system you did NOT see it. Therefore, the stop manager is not acknowledged, and you will see it the next time you view your patient at the stop manager's trigger location.
- **Acknowledge** – Use this option to tell the system that you acknowledged the stop manager. This way the next time you see the stop manager you will know the task has already been handled.

Dashboard – Stop Managers

Stop Managers

Here we are creating a stop manager. There are three components to a stop manager.

1. Message – this is the message you want to be reminded of
2. When – when would you like to see the stop manager. You can set the ‘When’ by visit # or by date and set repeat intervals.
3. Where – this is where you would like to see the stop manager. This can be set for any of the following locations
    1. New appointment
    2. Dashboard
    3. Edit SOAP
    4. Check-In
    5. Awaiting Checkout
    6. Check-Out



Dashboard – Stop Managers

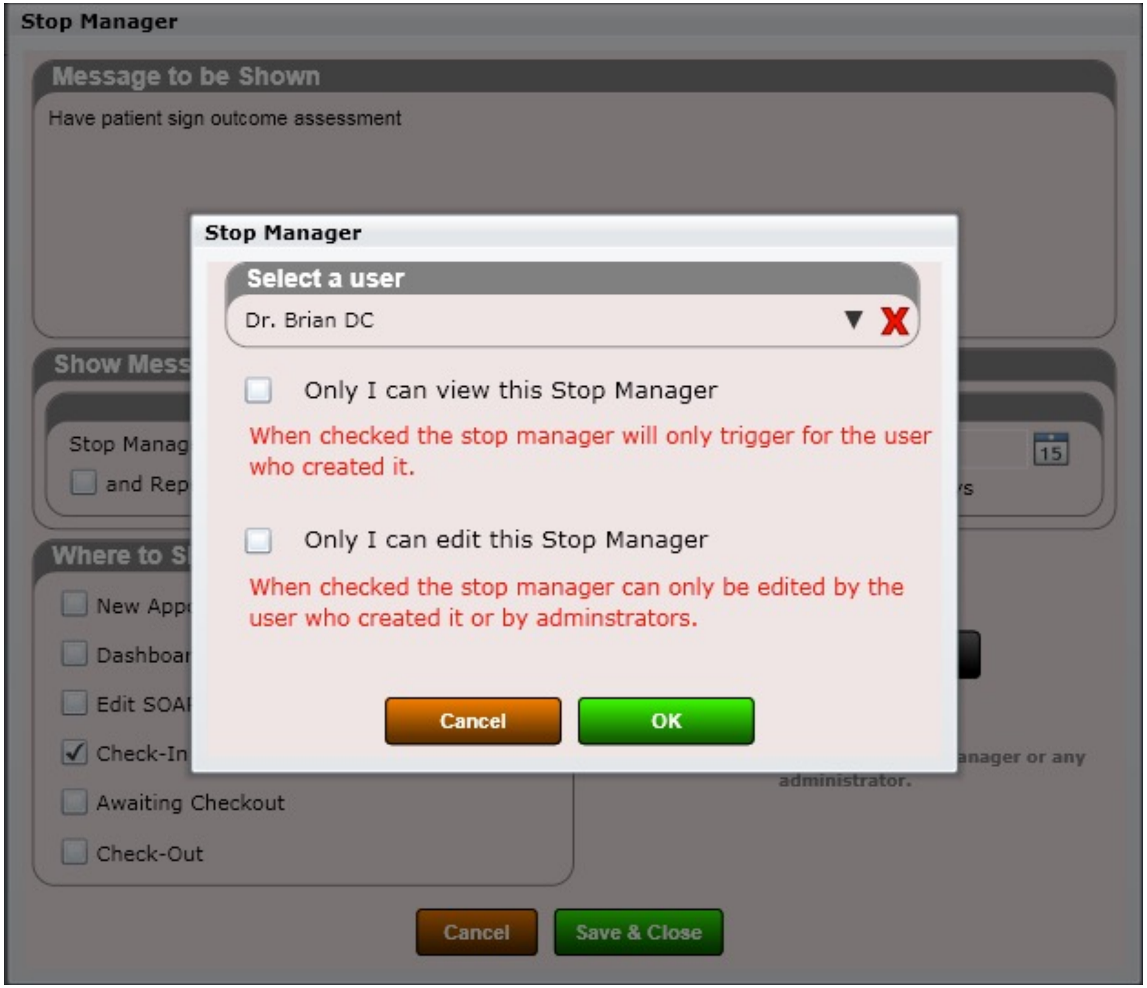
Stop Managers

You can also set "User Permissions" for a stop manager. See image to the right. There are two options.

1. Only I can view this Stop Manager
2. Only I can edit this Stop Manager

This is extremely useful in a large practice where you might not want stop managers you created being seen by others or edited for that matter.

NOTE: Administrators can edit ALL stop managers. This is by design in the event an employee quits, and you want to edit or delete one of their stop managers.



Dashboard – Stop Managers

Stop Managers

Here is an example of a stop manager in action. As previously mentioned, there are two options (aside from Edit).

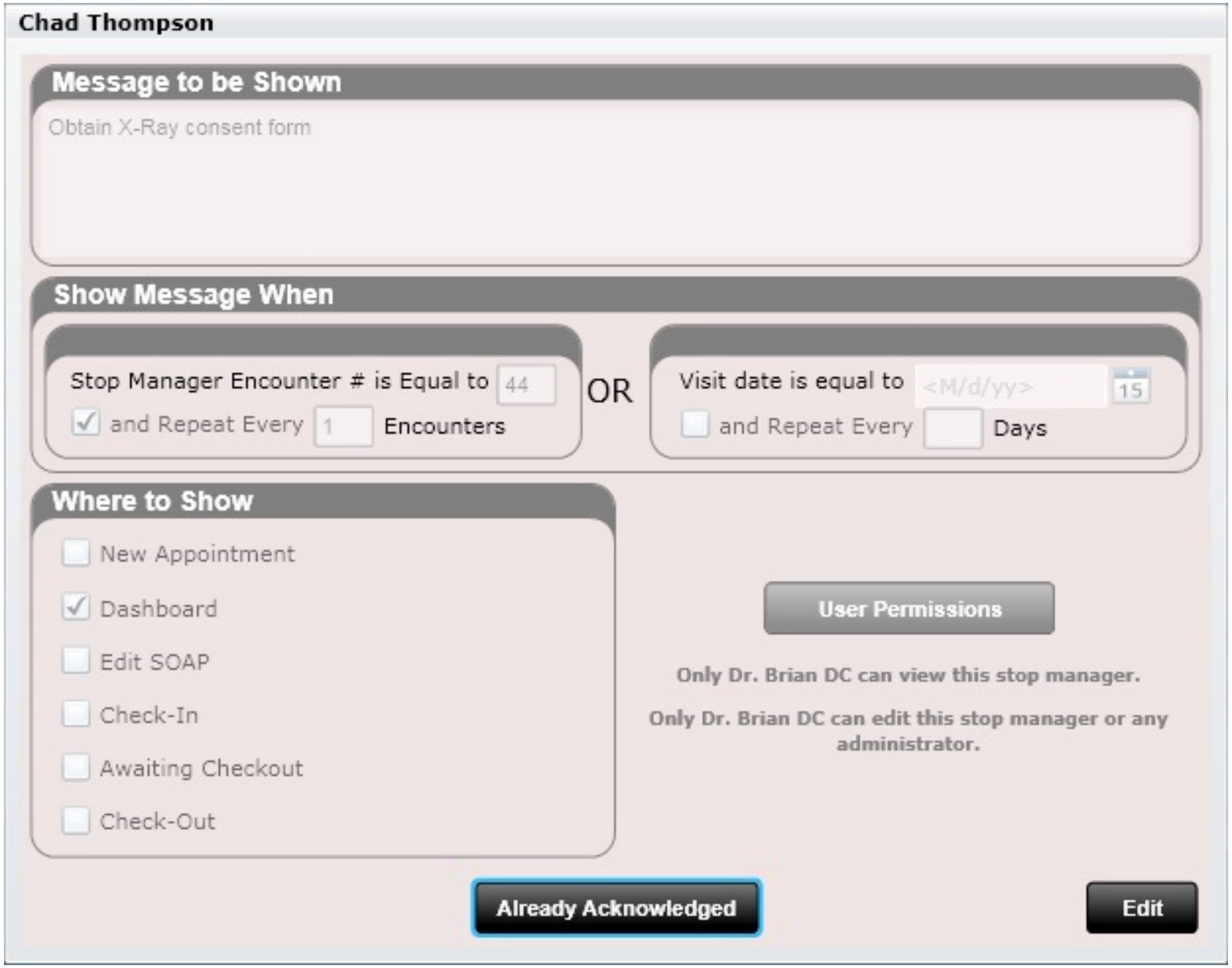
1. **Snooze** – this tells the system that you did not see the stop manager and that you want to see it again. The next time you see the stop manager it will be in the non-acknowledged position.
2. **Acknowledge** – this acknowledges that you have seen the stop manger. The next time you see the stop manager it will be in the already acknowledged position.

Dashboard – Stop Managers

Stop Managers

Here is an example of a stop manager that has been acknowledged by clicking the “Acknowledge” button.

The stop manager will remain in the “Already Acknowledged” state until the next day. It will then reset and be displayed during the next “When” for that patient.



Dashboard – Stop Managers

Stop Managers – Understanding Encounter

At the top of the Stop Manger, you will see text indicating the current encounter number. Here you will see when the last visit date the stop manager last increased. This will help you identify EXACTLY what encounter you are currently at. For example, in the image below you can see we are at encounter # 79. However, let's say today's date is 10/15/2016. This would tell me that the stop manager has NOT INCREMENTED YET today. And if I was creating a new stop manager, I would want to understand this. If I wanted the stop manager to trigger at the NEXT visit in this example, I would select #81 (NOT 80). Why? This is because I am seeing my patient and the stop manager ENCOUNTER has NOT yet been recorded. It will increase to #80 TODAY after I have checked my patient out.

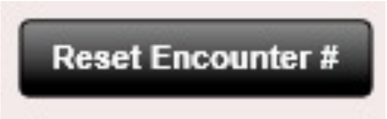
Current Stop Manager Encounter # 79 (Last increased 10/2/16)
The encounter number will increase by 1 after the next appointment is complete (patient is checked out).
A max of 1 increase is allowed per DAY even if the patient was seen multiple times.

As you can see in this text… The encounter will increase by 1 after the patient has been checked out.

Dashboard – Stop Managers

Stop Managers

If you want to reset the encounter number, select the “Reset Encounter #” button.



Resetting the encounter number will in NO WAY mess up SOAP notes, visits, etc. The encounter number is ONLY used for stop managers.

Stop Managers Templates

Stop Manager Templates

You will find an app in Settings called Stop Manager Templates. This allows you to create large and complex templates, if you wish, as a template.

Then when adding an actual Stop Manager for a patient simply select the Add From Template option.

#Health History (Dashboard)

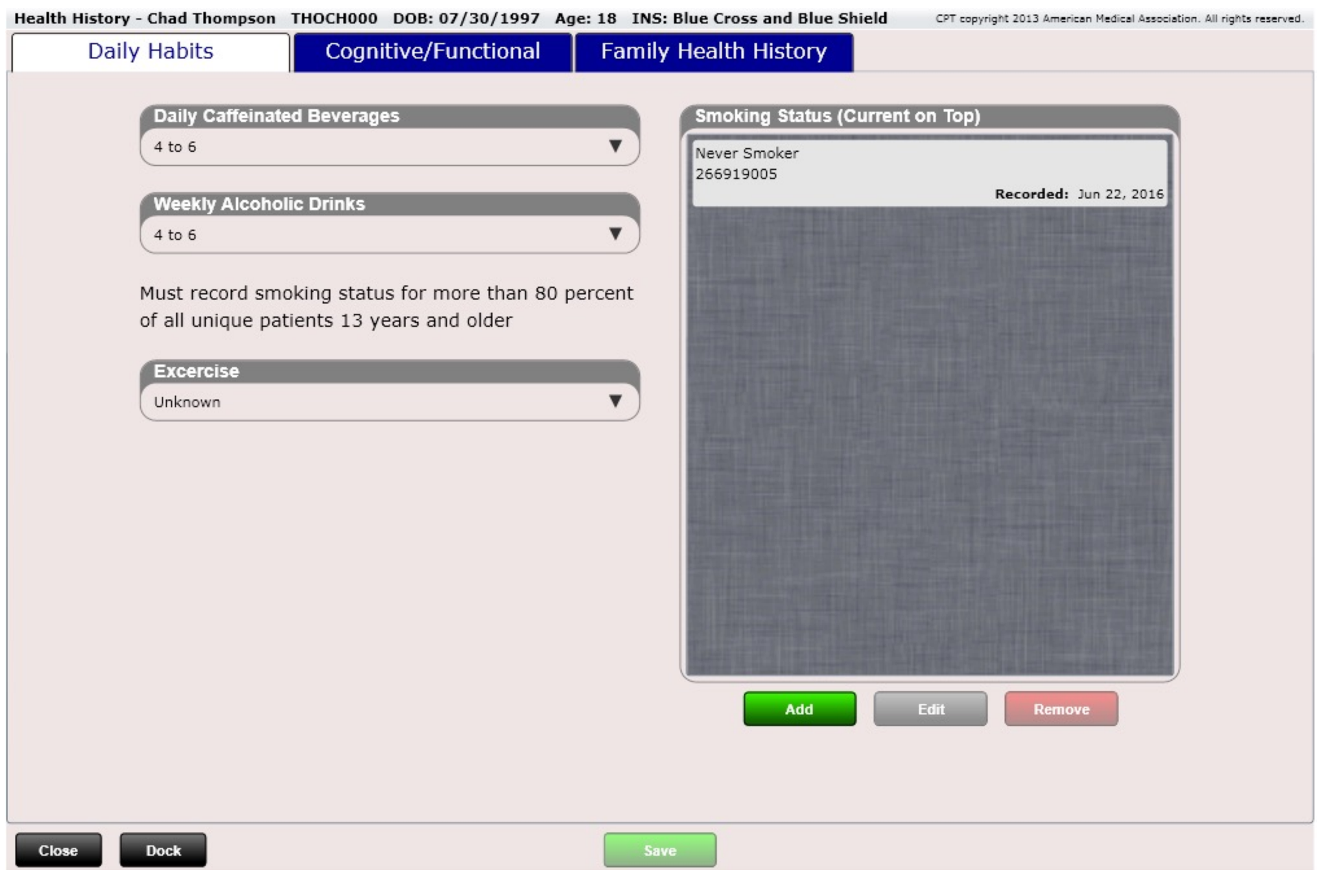
Dashboard – Health History

Health History

Use the Health History tile to record your patient's:

- Smoking status
- Alcohol intake
- Caffeine intake
- Cognitive/Functional Status
- Family Health History

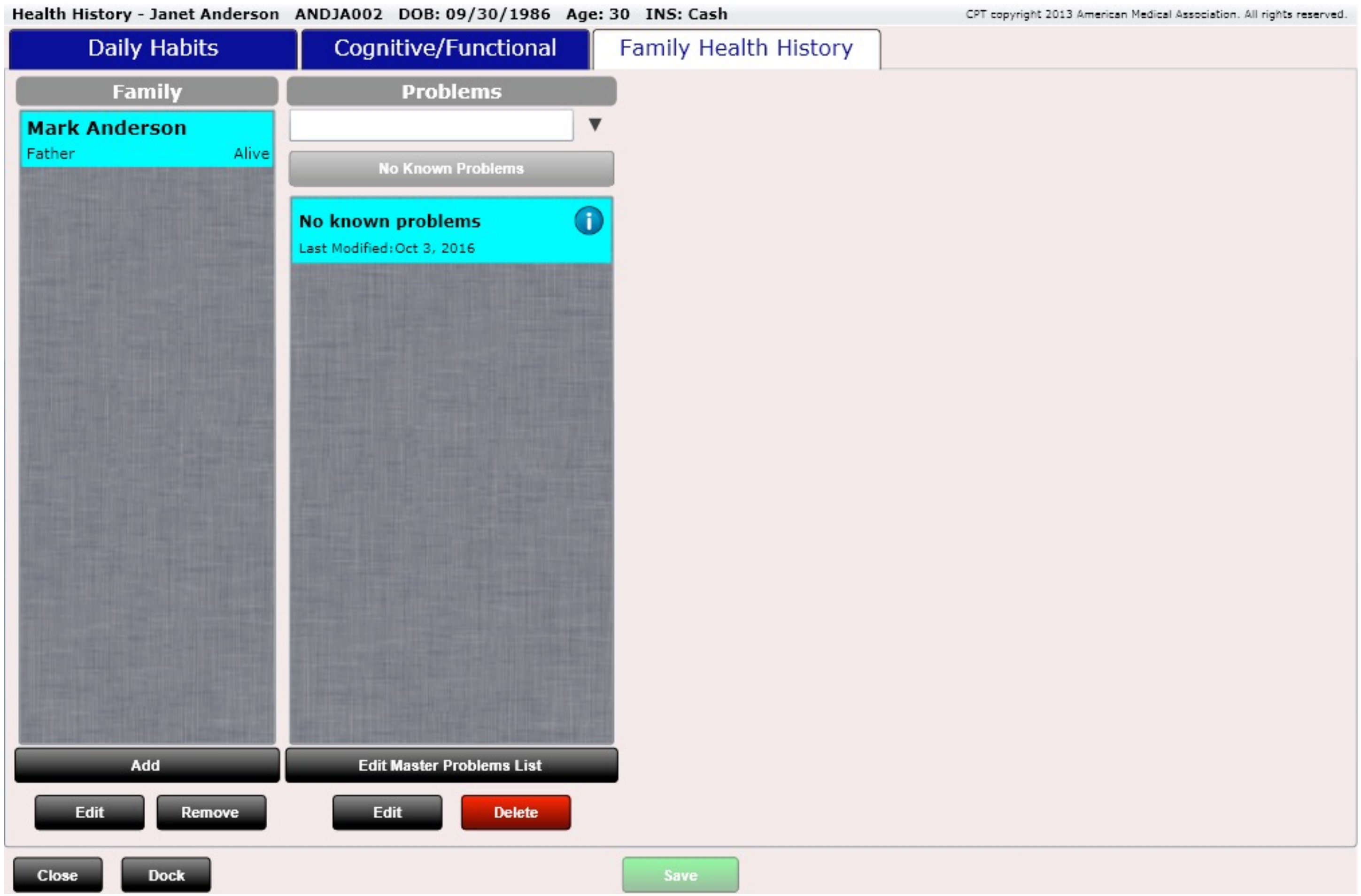
Power Tip – Patients can fill out daily habits and family health history at the patient kiosk/online intake.



Dashboard – Health History

Family Health History

Use the Health History tile to record your patient's family health history. Here you can add a family member and then record their problems.

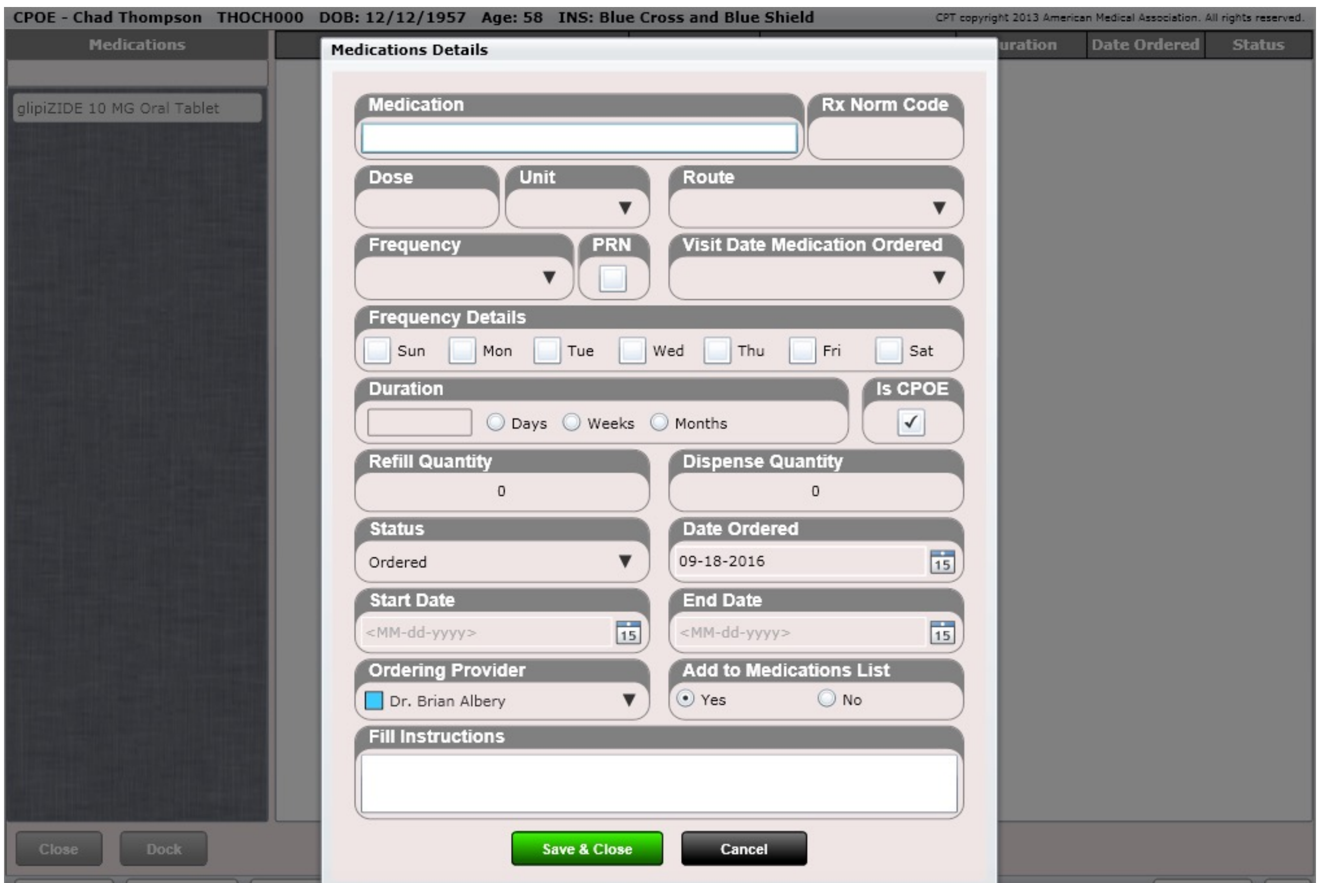


#CPOE (Dashboard)

Dashboard – CPOE

CPOE

CPOE stands for “computerized physician order entry”. This Dashboard Tile works in conjunction with the CPOE Tab in “Edit SOAP”. Here the provider can order a medication. There is not much functionality beyond ordering a medication (or supplement for that matter). For practices that prescribe a lot of supplements this could be very useful.

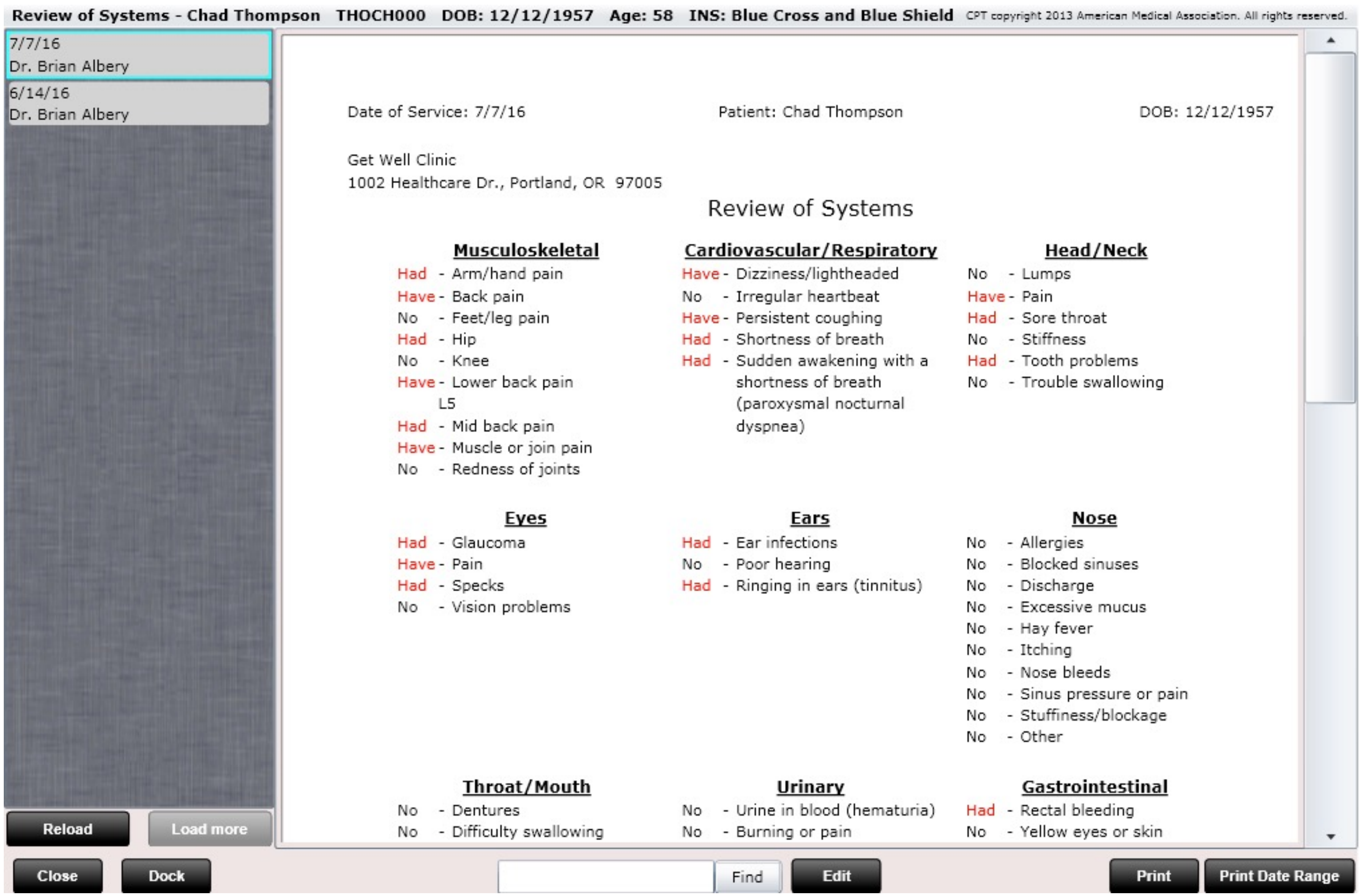


#ROS (Dashboard)

Dashboard – ROS

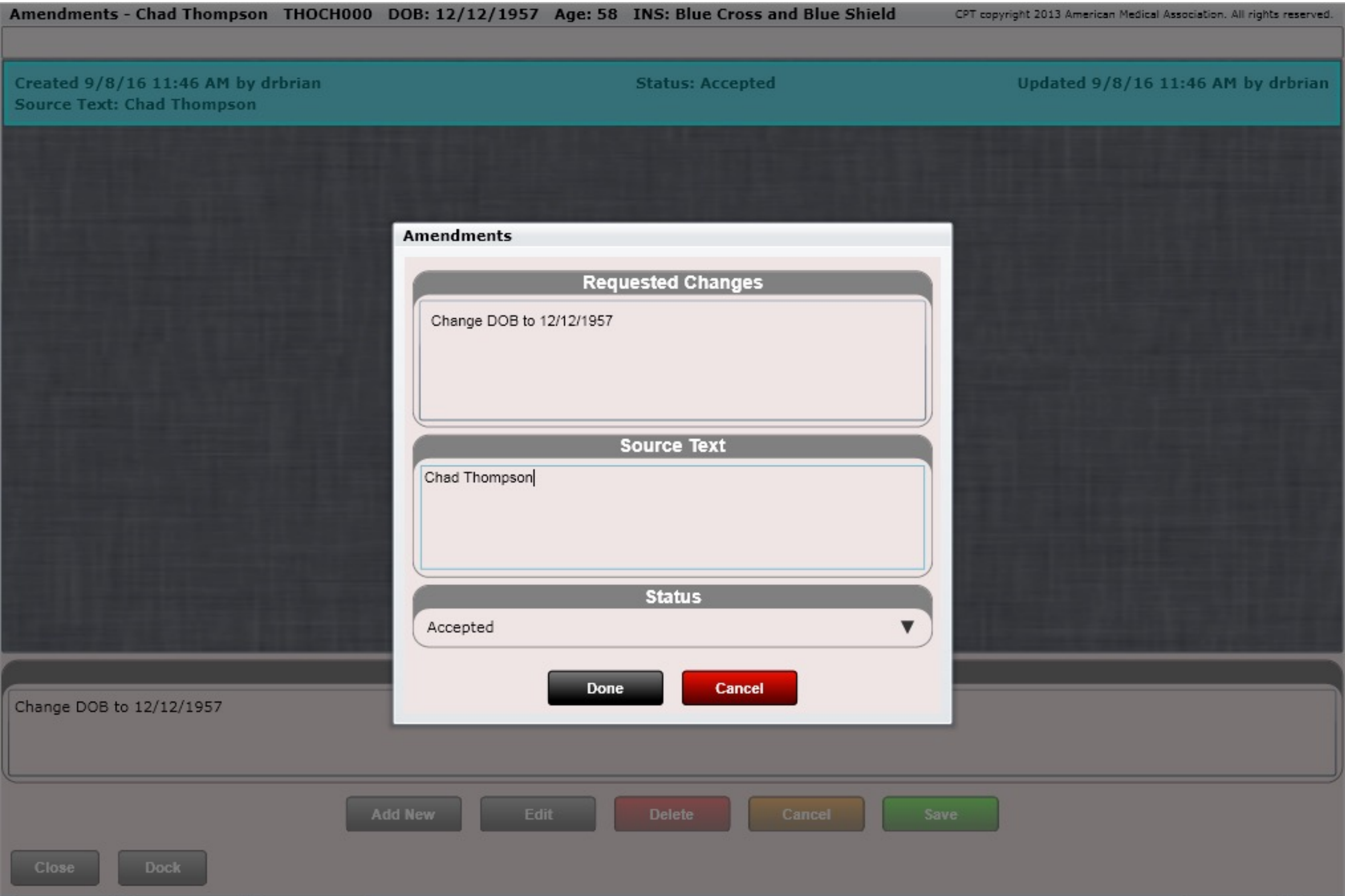
ROS

With the Review of Systems tile you will be able to view past review of systems, edit them or print them.



#Amendments (Dashboard)

Dashboard – Amendments



Dashboard – Amendments

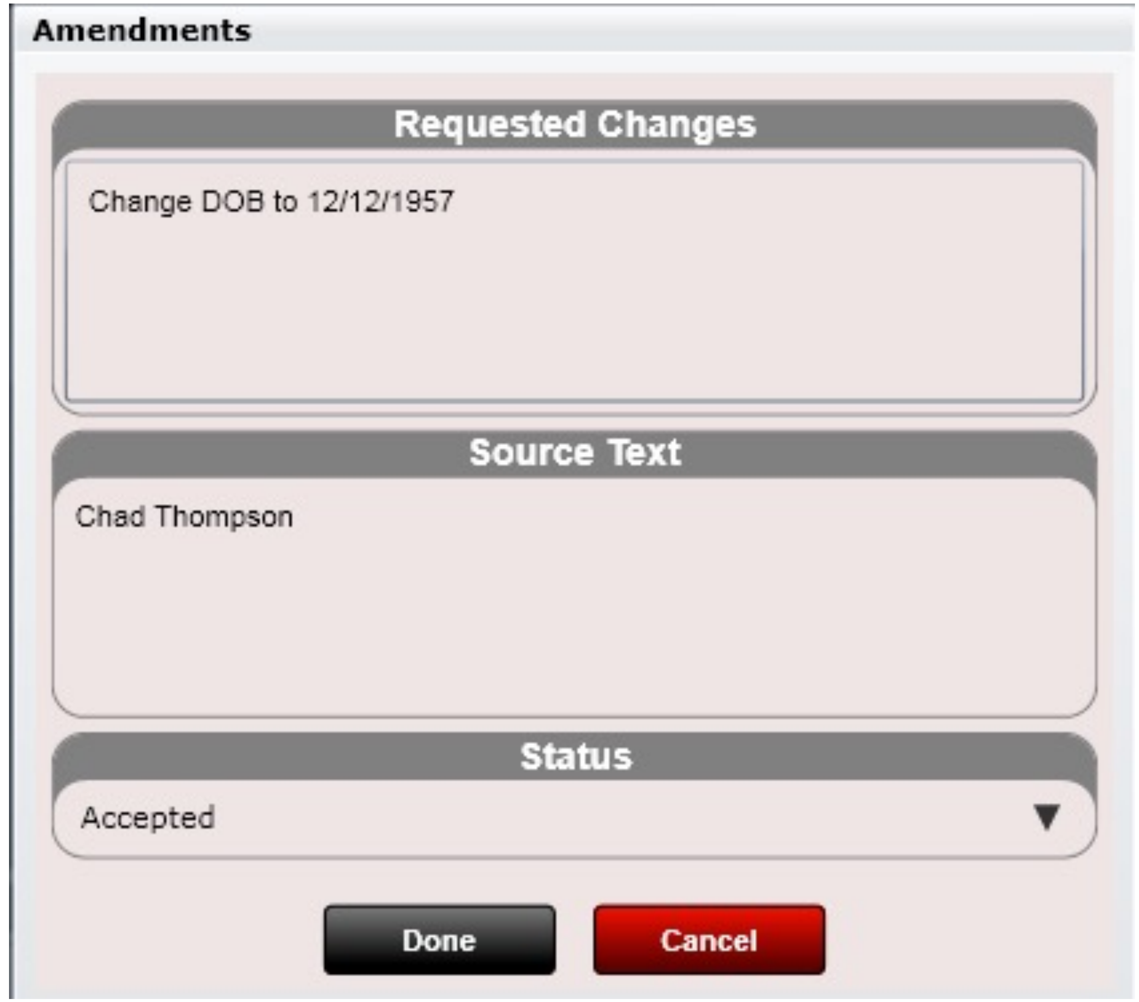
Amendments

The Amendments tile is used for one and only one purpose… to document patient requests to modify their account. This is an EHR requiremnet (to have in the system) but you certainly are not required AT ALL to use it. Here is how it works.

Record what change the patient reqeusted in the “Requested Changes” box.

Record WHO requested the change (e.g. The patient’s name, a family member, a provider, etc). This goes into the “Source Text” box.

The “Status” box will then record if the change was accepted or rejected.



#Patient Education (Dashboard)

Dashboard – Patient Education

Dashboard – Patient Education

Patient Education

The Patient Education tile will allow you to quickly document educational material was provided to your patient (an EHR requirement if you are practicing meaningful use). As previously mentioned, this can be done in Edit SOAP within the Patient Education tab. However, it is convenient to have the ability to do this in the dashboard as well.

We have already discussed clicking the “info” button on the MIST screen. On the Patient Education screen these info buttons are NOT connected to Medline Plus (as they are in MIST). Instead, they are connected to educational material that you uploaded. For example, I have added a Warfarin Handout in Settings/Patient Education for the medication Warfarin. Now when I click the “info button” a dialog will open displaying this information. You can then mark “Handout Given” to quickly record that you gave this educational material to your patient. If you are practicing meaningful use, you will need to provide handouts to your patient. There is no requirement as to what you provide them so in theory you could have a stack of pamphlets to provide them. Use the Patient Education tab to document that educational material was provided to your patient.

Settings

Patient Education

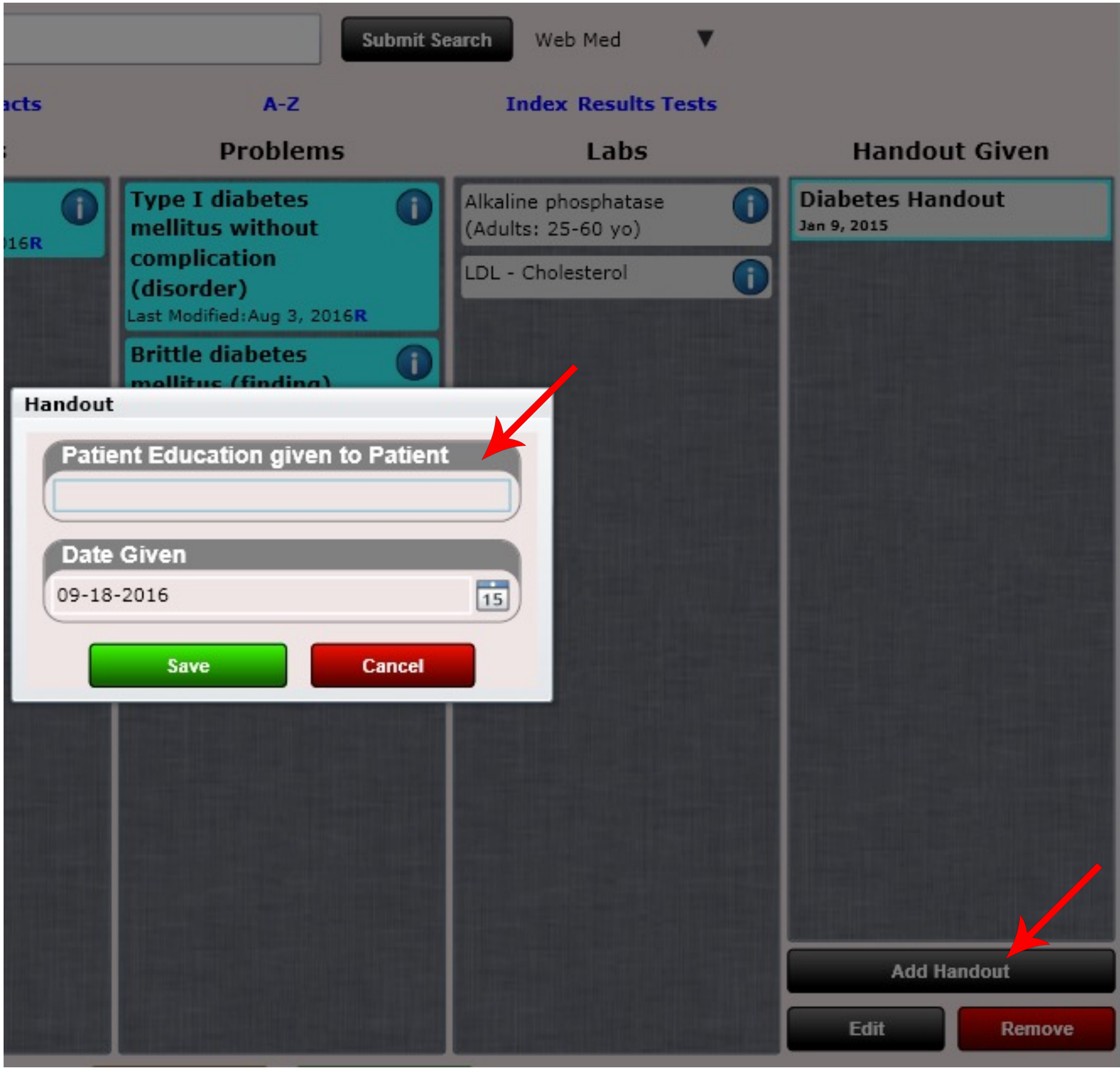
Upload your own educational handouts and associate them with medications, allergies, problems or labs in Settings/Patient Education.

Dashboard – Patient Education

If you do not have any educational material loaded for the medication, allergy, problem or lab info button(s) you can still easily document educational material was provided by clicking the “Add Handout” button and typing anything you would like in the “Patient Education given to Patient” box.

Remember, it is an EHR requirement to provide educational content to more than 10% of your patients if you are practicing meaningful use.

If you are not practicing meaningful use, then you do not need to worry about documenting handouts provided.



#Med Rec (Dashboard)

Dashboard – Med Rec

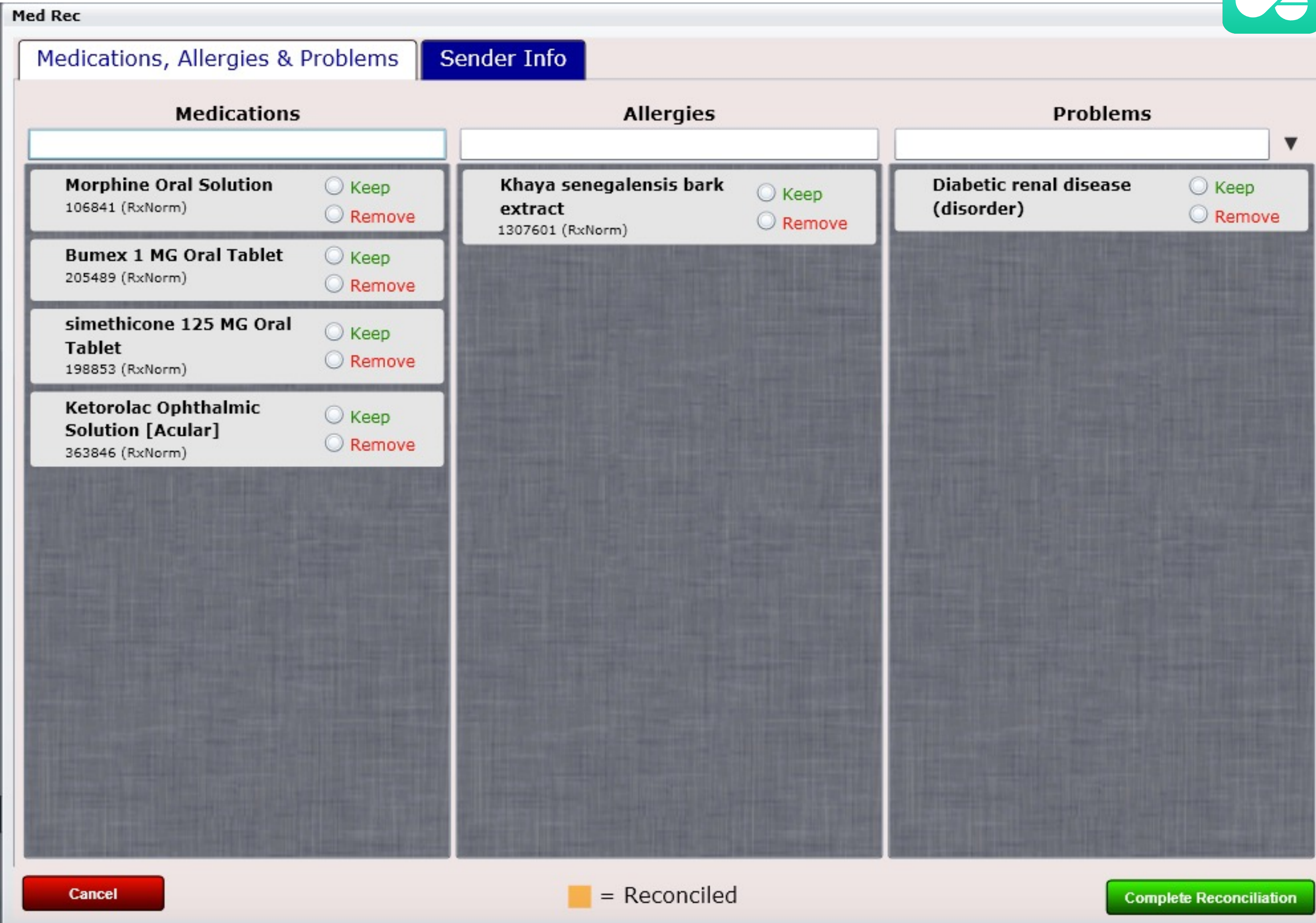
Med Rec

The Med Rec tile is used to reconcile your patient's medication list, allergy list and problems list MANUALLY. What do we mean by manually? Well, there are two ways to reconcile. The first way is done in Launcher/Receive Data when you RECEIVE a transition of care from another provider.

Use the Med Rec tile to reconcile in these scenarios:

- In the case that a patient provides a list from a hospital discharge
- A provider mails you this information
- A patient provides a list of their medications, allergies and problems they deem up-to-date

Dashboard – Med Rec



Dashboard – Med Rec

Med Rec

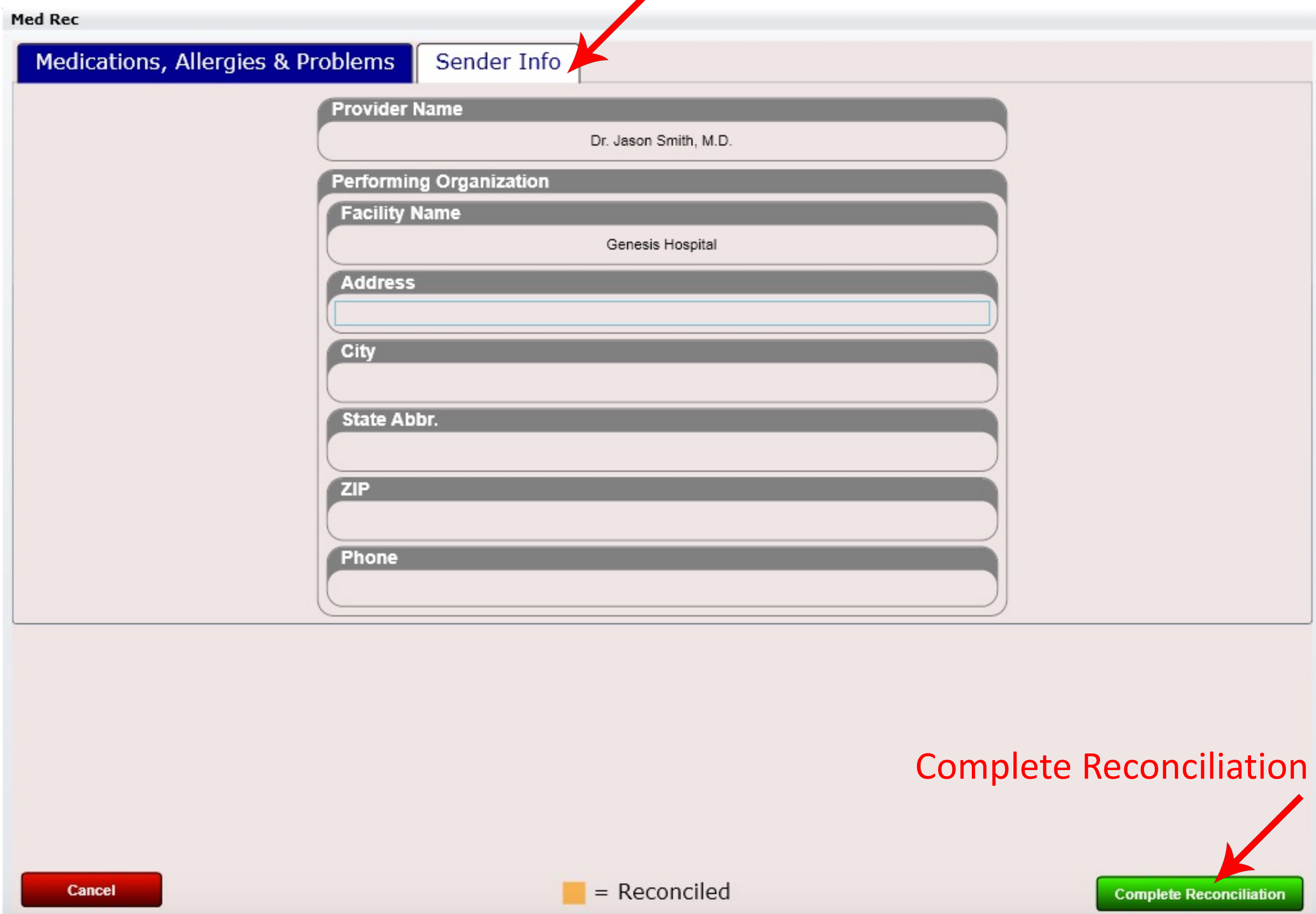
To perform Med Rec is easy. Just click “Keep” or “Remove” on the patient’s existing medications. Then add new medications by searching (this works the same way as MIST).

Repeat the same steps for Allergies and Problems.

Dashboard – Med Rec

Next you will need to record the “Sender Info”. This is typical an outside provider, hospital, etc. If this information is not known, just type “unknown” or “per patient”.

When complete click “Complete Reconciliation”.



#Transfer Care (Dashboard)

Dashboard – Transfer Care

Transfer Care

The Transfer Care tile is used to transition your patient **OUTSIDE** of your practice **INTO** another care setting. Here you can create a "Transfer of Care" (also known as a "Summary of Care") C-CDA and then send to another provider.

To create a Transfer of Care document first click the "Add New" button.

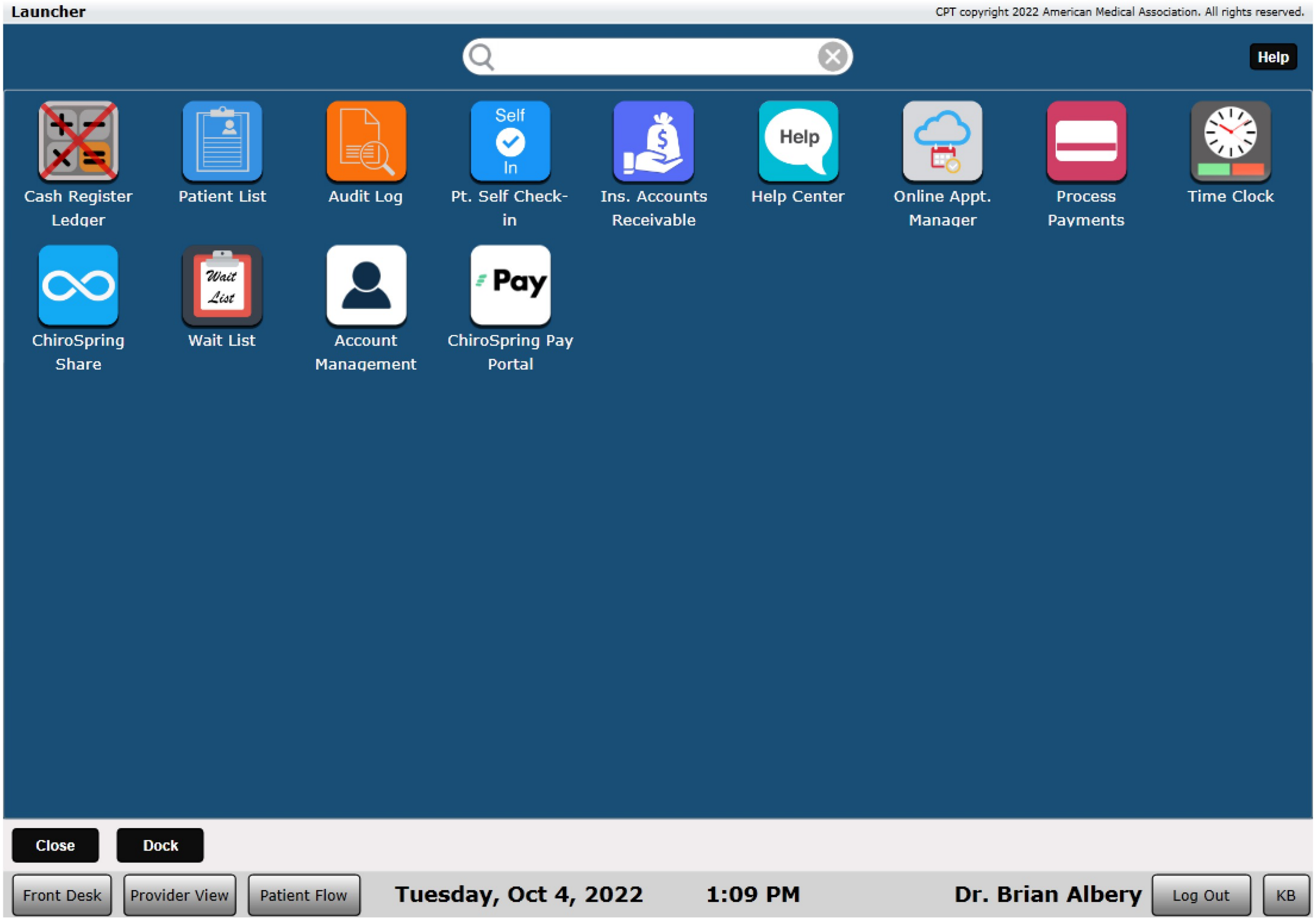
Next fill out the following fields:

- **Referring Provider** - this is the provider IN YOUR FACILITY transferring the patient OUT OF YOUR FACILITY)
- **Date Referred** – this is the date you are transferring your patient (e.g. today's date is standard)
- **Referred to Provider** – this is the provider you are transferring your patient to.
- **Appointment Date** – this text box can include the patient's scheduled appointment if known
- **Reason for Referral** – this is the reason the patient needs to be transferred (e.g. needs an MRI, pulmonary function tests, etc.)
- **Date Summary of Care Provided** – this is the date you provided the transfer of care document to the outside provider
- **Transfer Method** – this is how you provided the C-CDA transfer of care (summary of care) document to the outside provider. ChiroSpring no longer supports direct messaging (due to lack of demand). If you are sending via post mail or another means type this here.

#Launcher

Launcher

The Launcher contains additional Front Desk apps.



Cash Register Ledger

Cash Register Ledger

Filters:

This app is used to delete non-patient cash register transactions.

Filter by date

From: <MM-dd-yyyy 15 To: <MM-dd-yyyy 15

Filter by description

Filter by amount

Amount Low: Amount High:

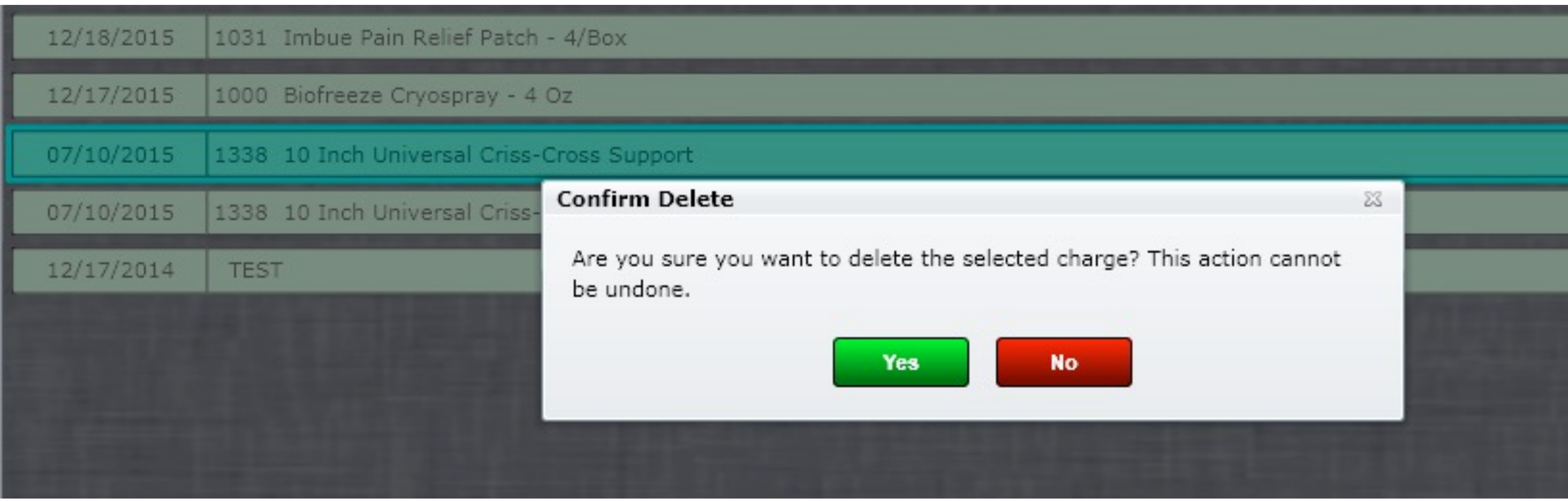
Clear Filters

Date	Description	Units	Amount
08/29/2016	1000 Biofreeze Cryospray - 4 Oz	1	17.12
08/16/2016	1000 Biofreeze Cryospray - 4 Oz	1	17.12
12/18/2015	1031 Imbue Pain Relief Patch - 4/Box	1	25.68
12/17/2015	1000 Biofreeze Cryospray - 4 Oz	1	17.12
07/10/2015	1338 10 Inch Universal Criss-Cross Support	1	28.89
07/10/2015	1338 10 Inch Universal Criss-Cross Support	1	28.89
12/17/2014	TEST	1	0.00

Close Dock Delete Selected Load More Charges

Cash Register Ledger

The Cash Register Ledger will show you all cash register transactions where a PATIENT was not selected. Here you can delete them if necessary.



#Patient List

Launcher - Patient List

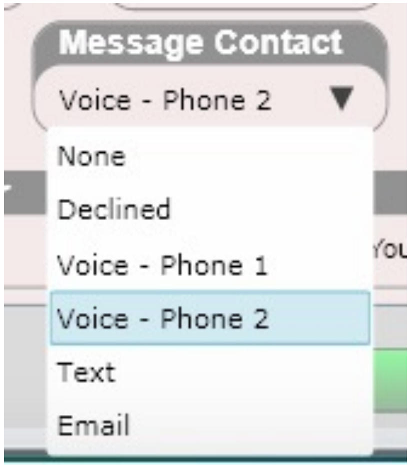
The Patient List app satisfies an EHR requirement which is creating a list of patients based on multiple criteria such as problems and medications. Aside from satisfying this EHR requirement this can be very useful. Perhaps you want to generate a list of patients with a certain diagnosis. No problem.

This app works similar to the Clinical Decision Support app in that you create rules based on criteria. Once you have created your rules, select Generate List. Once your list is generated (this may take a lot of time depending on patient volume and the complexity of your criteria) select View Results.

You can even send patients a message. To do this when you are viewing results select Send Message to Selected. This will open a dialog allowing you to type a message. The message will be sent to your patients based on their Message Contact preference. This is set in the patient profile. You must have an account with www.remindercall.com in order for the message feature to work.

The Patient List app is located in the Launcher.

Launcher   Patient List



Launcher - Patient List

Patient List

Search Rules

85

4 **Age > 65 and < 85 / Gender is Male
DEMOGRAPHIC LIST

5 **Lab Test Result - LDL Cholesterol 0 to 85 or Magnesium 1-5 within 6 months (tested and working)
LAB RESULT LIST

Rule Definition

Title

4 **Age > 65 and < 85 / Gender is Male

Description

DEMOGRAPHIC LIST

Criteria Joining Operator

AND ▼

Use this App to generate patient lists based on criteria. First select your criteria type below, then click "Generate List". The status of your generated list will be shown below. It may take several minutes to hours to complete your list depending on criteria and patient volume.

Include Checked Items in List

- ✓ DOB
- ✓ Age
- ✓ Phone
- ✓ Email
- ✓ Account #
- ✓ Address
- ✓ City
- ✓ State
- ✓ Zip
- ✓ Message Contact

Criteria

Name	Criteria Type	Delete	Edit
Age b/w 65-85 or Male	Demographics	Delete	Edit
gender is male	Demographics	Delete	Edit

Criteria Type

▼

Add

View Results | Generate List

Patient List Status: Ready

Date/Time Created: 10/19/2016 2:44 AM

Close | Dock | Add New | Delete | Cancel | Save

Launcher - Patient List

Patient List

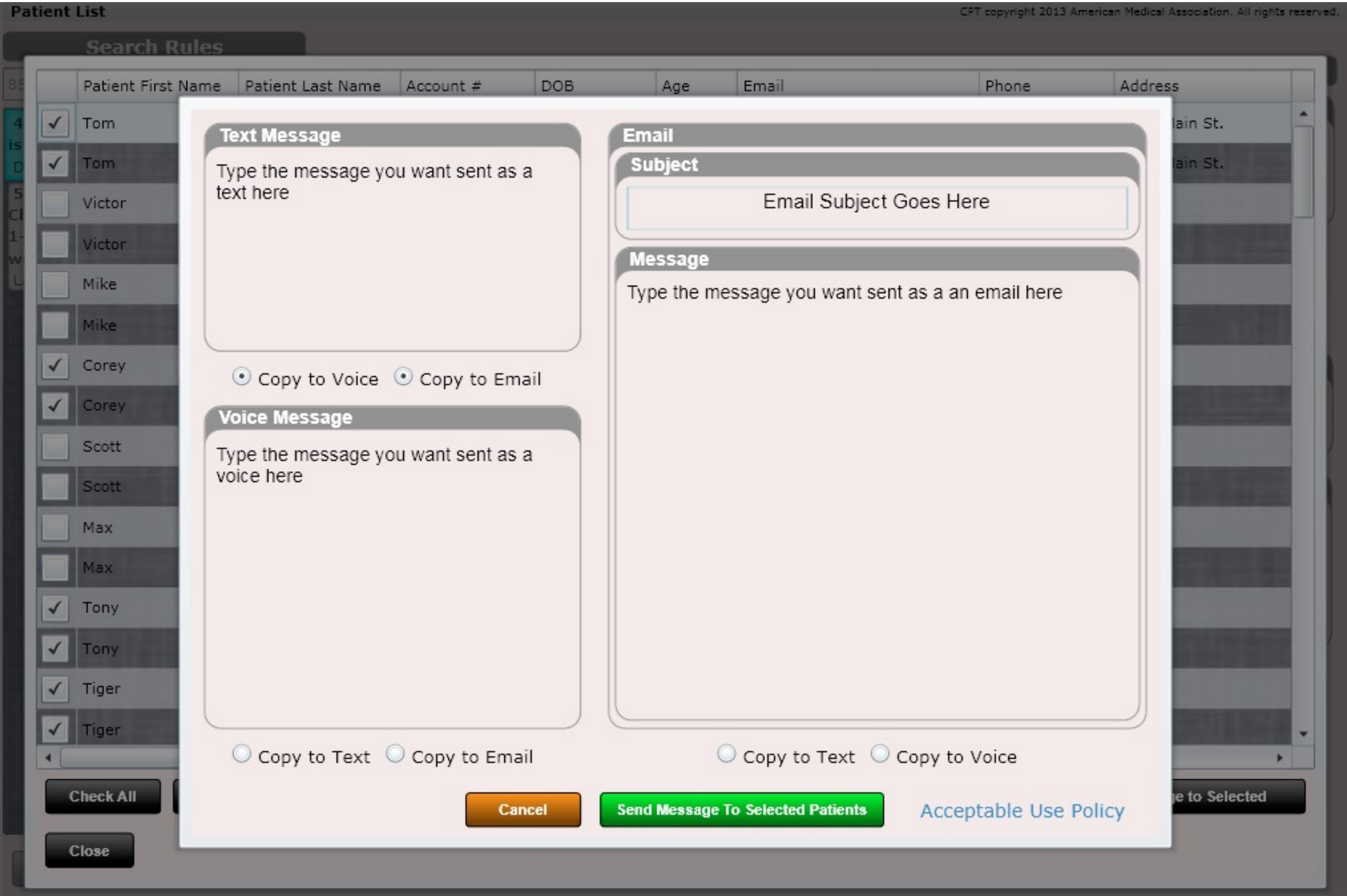
Search Rules

	Patient First Name	Patient Last Name	Account #	DOB	Age	Email	Phone	Address
✓	Tom	Andresen	ANDTO000	1932-06-08	84	vishalk_sipl@systematixindia.c	555-433-3222	1234 Main St.
✓	Tom	Andresen	ANDTO000	1932-06-08	84	vishalk_sipl@systematixindia.c	555-433-3222	1234 Main St.
✓	Victor	Canders	CANVI000	1936-12-15	79	a@b.com		
✓	Victor	Canders	CANVI000	1936-12-15	79	a@b.com		
✓	Mike	Mickelson	MICMI000	1944-09-03	72			
✓	Mike	Mickelson	MICMI000	1944-09-03	72			
✓	Corey	Cummings	CUMCO000	1942-02-01	74	test		
✓	Corey	Cummings	CUMCO000	1942-02-01	74	test		
✓	Scott	Jenkins	JENSC000	1945-01-03	71			
✓	Scott	Jenkins	JENSC000	1945-01-03	71			
✓	Max	McGee	MCGMA000	1940-06-08	76			
✓	Max	McGee	MCGMA000	1940-06-08	76			
✓	Tony	Meenan	MEETO000	1944-06-16	72		563-505-1807	
✓	Tony	Meenan	MEETO000	1944-06-16	72		563-505-1807	
✓	Tiger	Shroff	SHRTI000	1937-10-10	79	vishalk_sipl@systematixindia.c	741-561-8153	
✓	Tiger	Shroff	SHRTI000	1937-10-10	79	vishalk_sipl@systematixindia.c	741-561-8153	

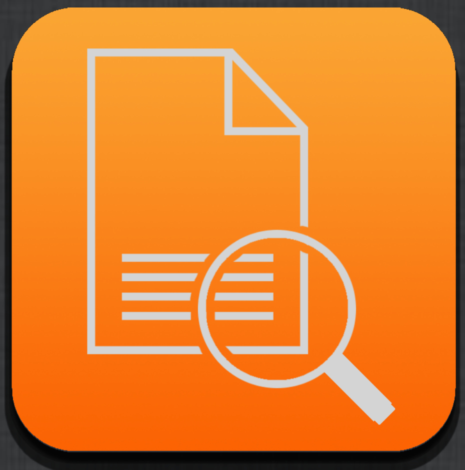
Check All | Clear All | **Title: 4 **Age > 65 and < 85 / Gender is Male** | Send Message to Selected

Close

Launcher - Patient List



#Audit Log



Launcher – Audit Log

This app records user access to several areas of the software including the patient profile, Edit SOAP and MIST. We recommend turning Audit Log to "OFF" in Settings/Practice Info/General. This is because this is a heavy "data hog" and will use a lot of cloud storage if left on over a long period of time. However, the choice is up to you.

The audit log can be beneficial if you want to track which staff member made an edit to a particular patient for example.

Launcher – Audit Log

Audit Log

Date & Time	Account No.	Patient Name	User (ID)	Emg	Action	Section	Checksum
2016-10-19 04:32:14	ABRJO000	Abraham, John	drbrian (3)	No	Deleted	Health Status -> Smoking Status	Good
2016-10-19 04:32:07	ABRJO000	Abraham, John	drbrian (3)	No	Viewed	Health History	Good
2016-10-19 04:13:48	THOCH000	Thompson, Chad	chirospring (2)	No	Viewed	Edit SOAP	Good
2016-10-19 03:40:08	COITA000	Coit6, Tabatha	drbrian (3)	No	Viewed	Edit SOAP	Good
2016-10-19 02:49:11	ANDTO000	Andresen, Tom	drbrian (3)	No	Viewed	Patient Profile	Good
2016-10-18 11:51:16	THOCH000	Thompson, Chad	drbrian (3)	No	Viewed	Edit SOAP	Good
2016-10-18 11:30:36	THOCH000	Thompson, Chad	drbrian (3)	No	Viewed	Edit SOAP	Good
2016-10-18 11:21:11	THOCH000	Thompson, Chad	drbrian (3)	No	Viewed	Edit SOAP	Good
2016-10-18 11:07:20	THOCH000	Thompson, Chad	drbrian (3)	No	Viewed	Edit SOAP	Good
2016-10-18 10:17:51	THOCH000	Thompson, Chad	drbrian (3)	No	Viewed	Edit SOAP	Good
2016-10-18 10:14:14	THOCH000	Thompson, Chad	drbrian (3)	No	Viewed	Edit SOAP	Good
2016-10-18 02:49:13	THOCH000	Thompson, Chad	chirospring (2)	No	Viewed	Edit SOAP	Good
2016-10-18 02:36:14	THOCH000	Thompson, Chad	chirospring (2)	No	Viewed	Edit SOAP	Good
2016-10-18 02:27:26	THOCH000	Thompson, Chad	chirospring (2)	No	Viewed	Edit SOAP	Good
2016-10-18 02:22:46	THOCH000	Thompson, Chad	chirospring (2)	No	Viewed	Edit SOAP	Good

Log Details

Close

Generate Hash

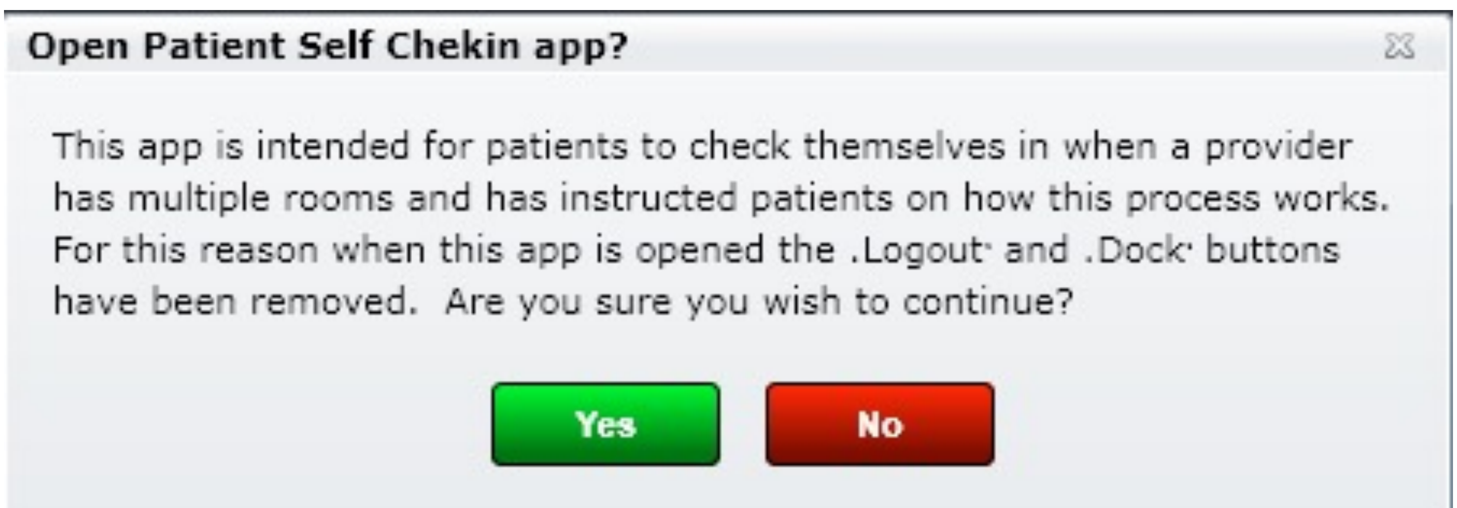
Generate Audit Log Report

#Pt. Self Check-in

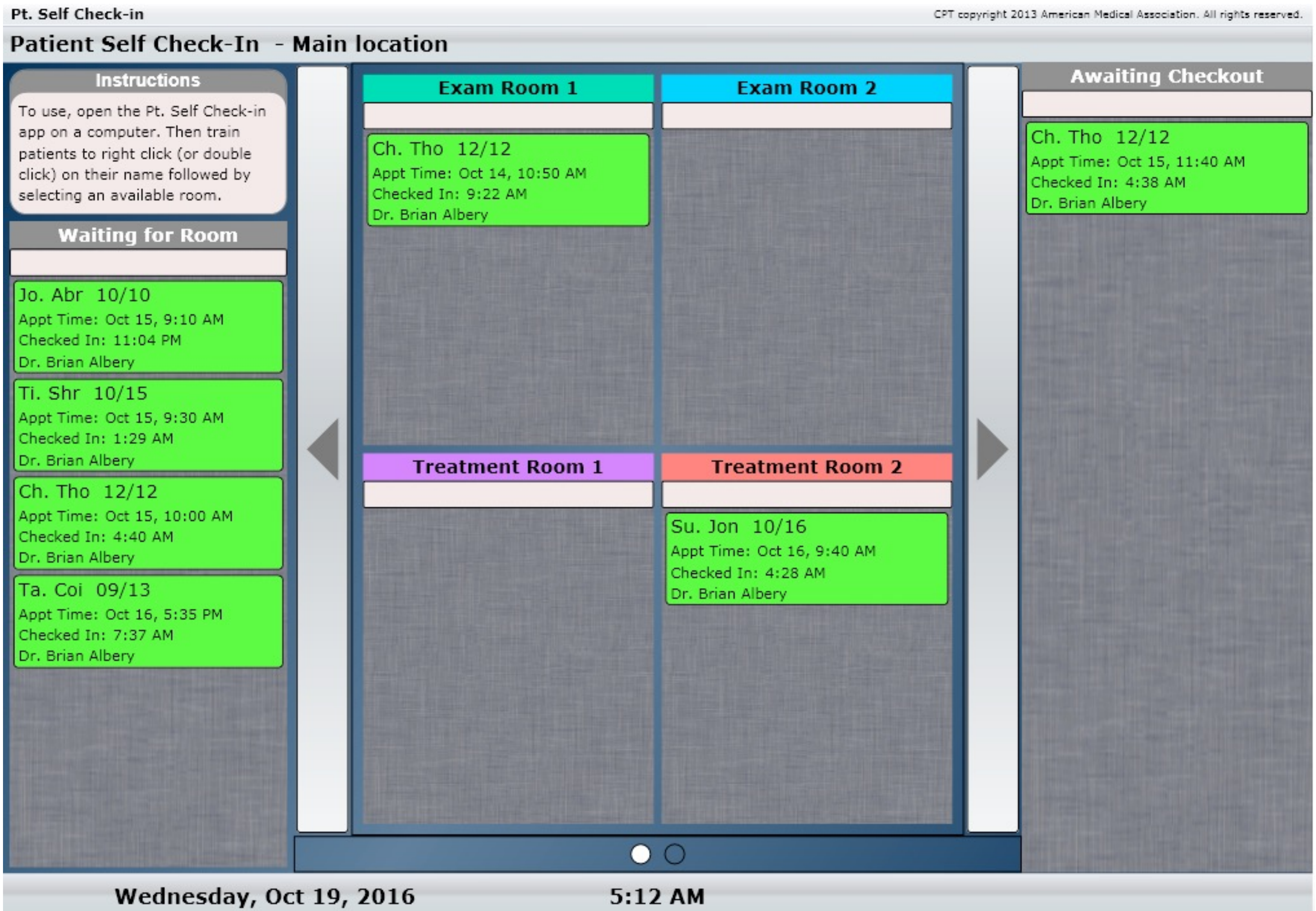
Launcher – Pt. Self Check-in

This app will allow your patient the ability to check themselves in. This is NOT a kiosk. It simply allows your patient to see when a room is AVAILABLE and then move themselves into that room. This app should be used in conjunction with a provider who is using Patient Flow.

When the Self Check-in app is opened it cannot be DOCKED and the user has no access to ANY area of ChiroSpring. The intention is to open this app on a computer where patients can check themselves in. The app cuts off some of the patient first and last name to keep in compliance with HIPAA.



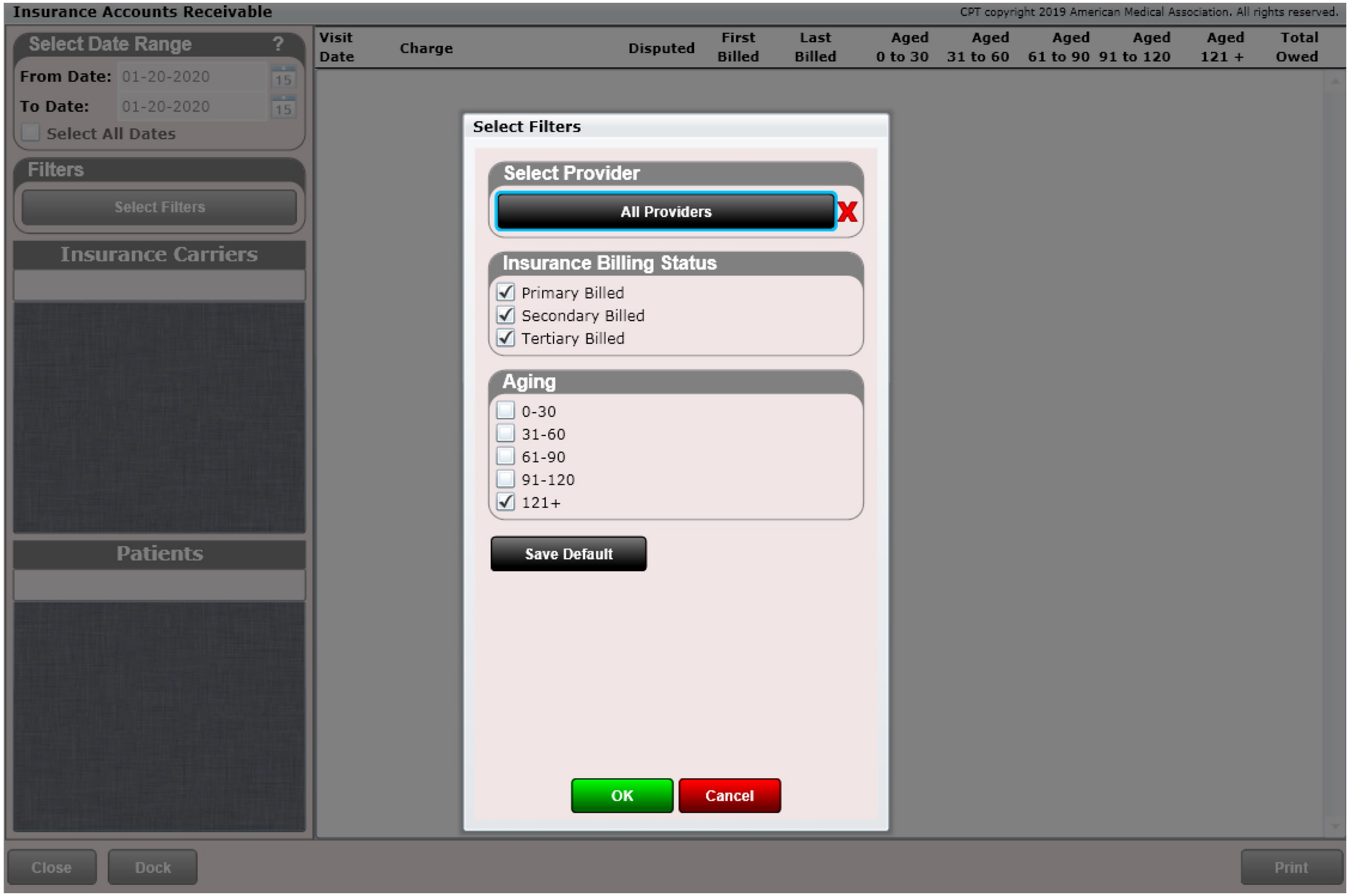
Launcher – Pt. Self Check-in



#Insurance AR

Launcher – Insurance AR

This app will provide management of insurance accounts receivable. Use a variety of filters including date range, aging, insurance carrier, provider and patient.



#Help Center

Launcher – Help Center

The Help Center provides a Google Search interface with over 500 customer written articles. We constantly add new content to provide you fast and simple solutions to common problems.

ChiroSpring

drbrian

New Customer Training Videos	Apps - Launcher Learn about the various apps in CHIROSPRING's Launcher app.	Apps - Settings Learn about the various apps in CHIROSPRING's Settings app.
Apps - Front Desk Get help on the various apps on the CHIROSPRING Front Desk.	CHIROSPRING PAY	Help Center - Find Answers Quick and Easy You can quickly find answers to your questions about using CHIROSPRING software.

#Online Scheduling

Launcher – Online Scheduling

In the Launcher you will find an app called Online Appt. Manager. This is the Admin Portal for Online Scheduling. Here is where you confirm patient requested appointments.

Manage Appointments

#	Name	Email	DOB	Phone	Date/Time	Patient Status	Appointment Status
1	Robin Portland	robinportland123@gmail.com	05-05-1987	555-555-5555	11-12-2019 15:00	Unmatched	Pending
2	Mike Gremlin	mike@gmail.com	02-05-2001	555-555-5555	12-06-2019 16:00	Unmatched	Pending

The patient facing Online Scheduling URL can be found in Settings/Users/Online Scheduling.

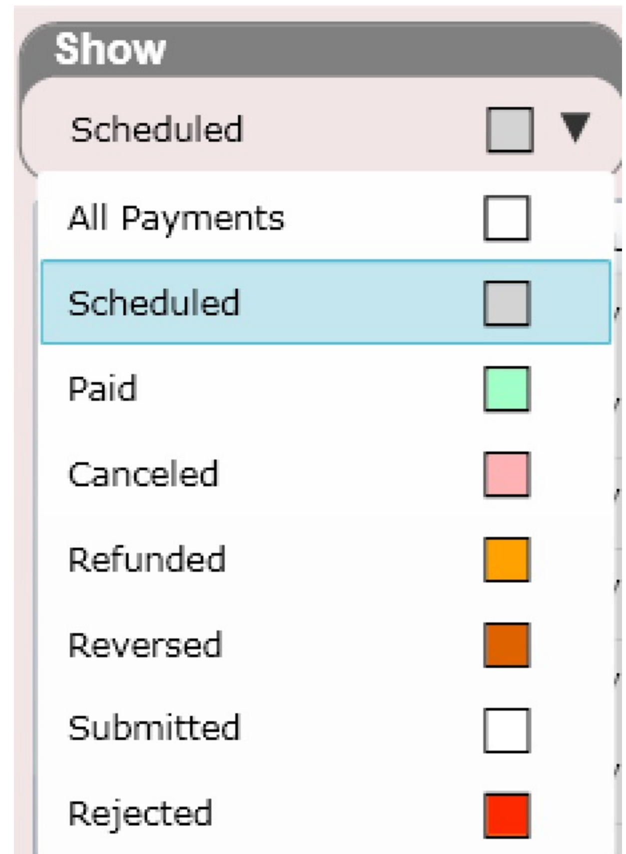
#Process Payments

Launcher – Process Payments

This app will allow you to process all your scheduled payments in a single click.

Scheduled payments can be created in the patient Ledger under the Scheduled Payments tab. Then inside this Process Payments app, select a date range (this is the scheduled date). Then select the payments you want to process and click "Process Checked". The software will then process all the payments (e.g. bill the patient's credit card or bank (ACH payment).

Use the "Show" dropdown to view payments by a different status.



Launcher – Process Payments

Process Payments

Show

Scheduled

Filter by Scheduled date

From: <MM-dd-yyyy> To: <MM-dd-yyyy>

Filter by Patient

Clear Filters

	Patient	Scheduled Date ▲	Amount	CC#	EXP (MM/YY)	Status	Date Created	Note
☐	Daniel Abraham	04/27/17	5.00	XXXX-XXXX-XXXX-9424	04/18	Scheduled	04/27/17	
☐	Chad A Thompson	04/28/17	50.00	XXXX-XXXX-XXXX-2229	04/18	Scheduled	04/28/17	
☐	John Abraham	05/10/17	3.00	2121		Scheduled	03/10/17	
☐	Peg Moneybags	05/24/17	100.00	XXXX-XXXX-XXXX-2229	04/18	Scheduled	03/24/17	
☐	Chad A Thompson	05/28/17	50.00	XXXX-XXXX-XXXX-2229	04/18	Scheduled	04/28/17	
☐	Chad A Thompson	06/28/17	50.00	XXXX-XXXX-XXXX-2229	04/18	Scheduled	04/28/17	
☐	Cash Johnson	07/07/17	50.00	2121		Scheduled	03/07/17	
☐	Peg Moneybags	07/24/17	100.00	XXXX-XXXX-XXXX-2229	04/18	Scheduled	03/24/17	
☐	Daniel Abraham	07/27/17	5.00	XXXX-XXXX-XXXX-9424	04/18	Scheduled	04/27/17	
☐	Chad A Thompson	07/28/17	50.00	XXXX-XXXX-XXXX-2229	04/18	Scheduled	04/28/17	
☐	Daniel Abraham	08/27/17	10.00	XXXX-XXXX-XXXX-1004	04/18	Scheduled	04/27/17	
☐	Daniel Abraham	08/27/17	5.00	XXXX-XXXX-XXXX-9424	04/18	Scheduled	04/27/17	

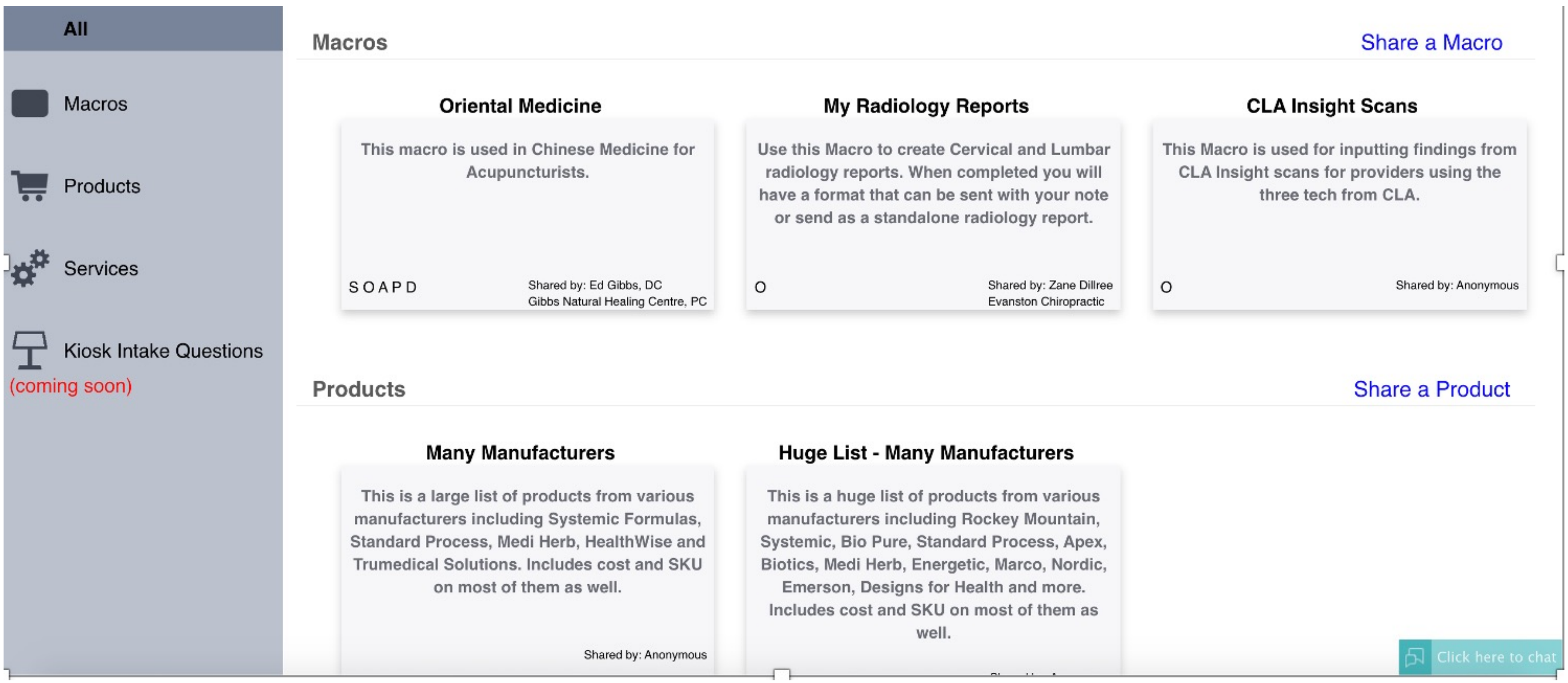
Check All | Clear All | Delete Checked | Edit Selected | Apply to Charges | Process Checked

Close | Dock

#ChiroSpring Share

Launcher – ChiroSpring Share

ChiroSpring Share allows you to post or download Macros, Products or Services. Help the community with the work you put in creating this content! ☺. Use the Import or Export buttons in the Settings apps for these items, respectively.



#Wait List

Wait List – How to Use

Add patients to your Wait List and write notes as needed. Phone number is visible should you need to contact them. Once you get the patient scheduled on the calendar delete them from the Wait List.

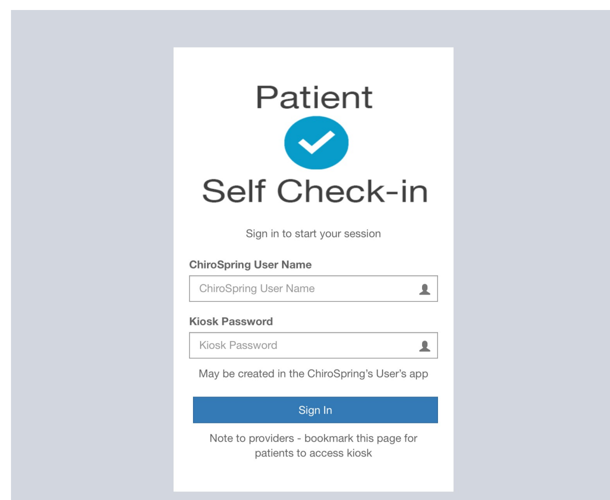
#Kiosk

Patient Kiosk – How to Use

In the Settings section of this user manual, we explain how to customize the patient kiosk. This section will explain how to use the patient kiosk.

The patient kiosk itself is accessed in a web-browser. Go to Settings/Users and click on the Kiosk URL. See below.

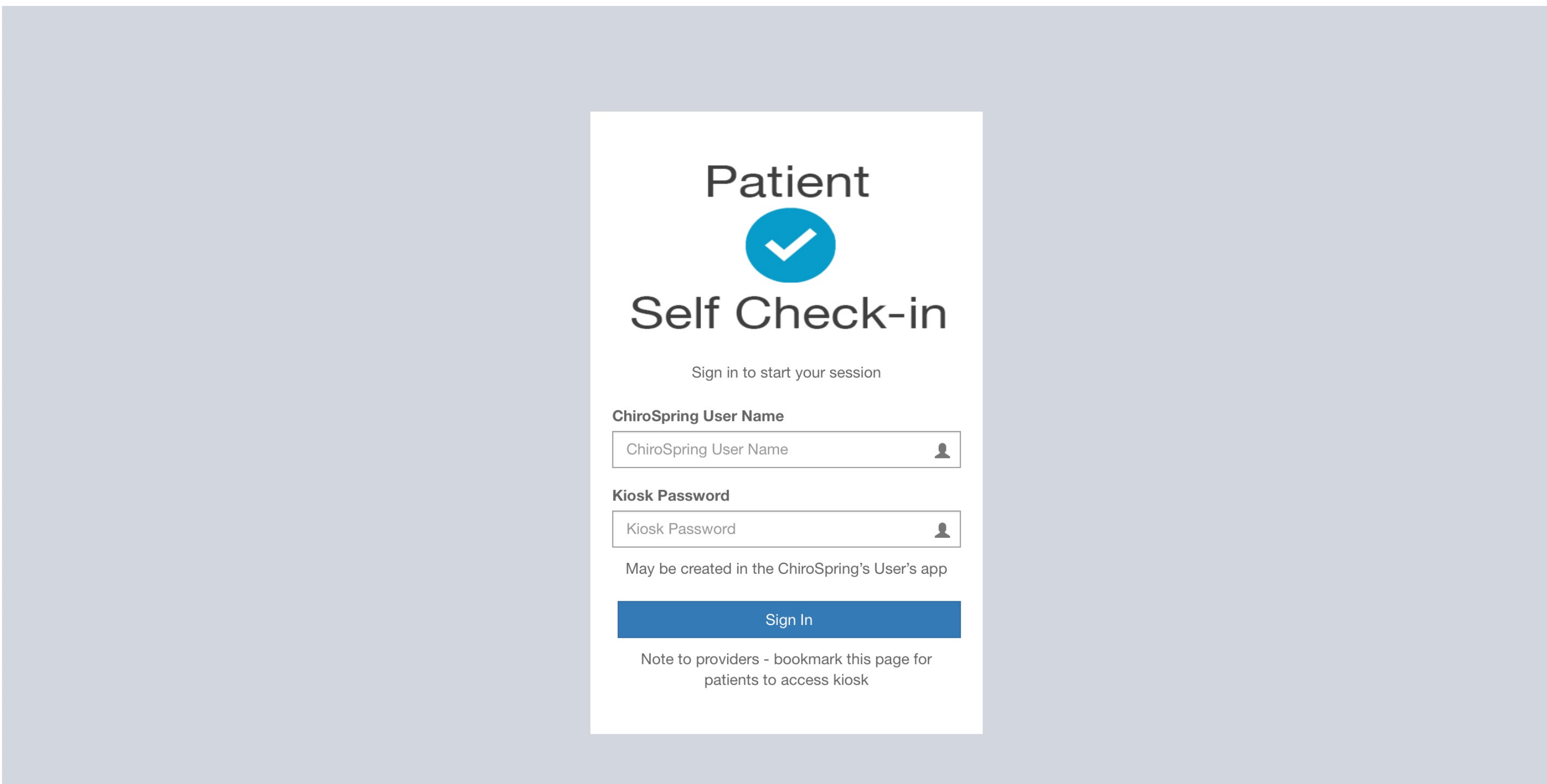
This will open your web-browser. Make sure you have created a Kiosk Password (shown above). This can be the same as your normal ChiroSpring password if you want.



Patient Kiosk – How to Use

For convenience we recommend bookmarking this page. Also make sure you set your browser to not remember addresses or usernames as it would remember patient "history".

Now just log in with your ChiroSpring password and kiosk password once per day.



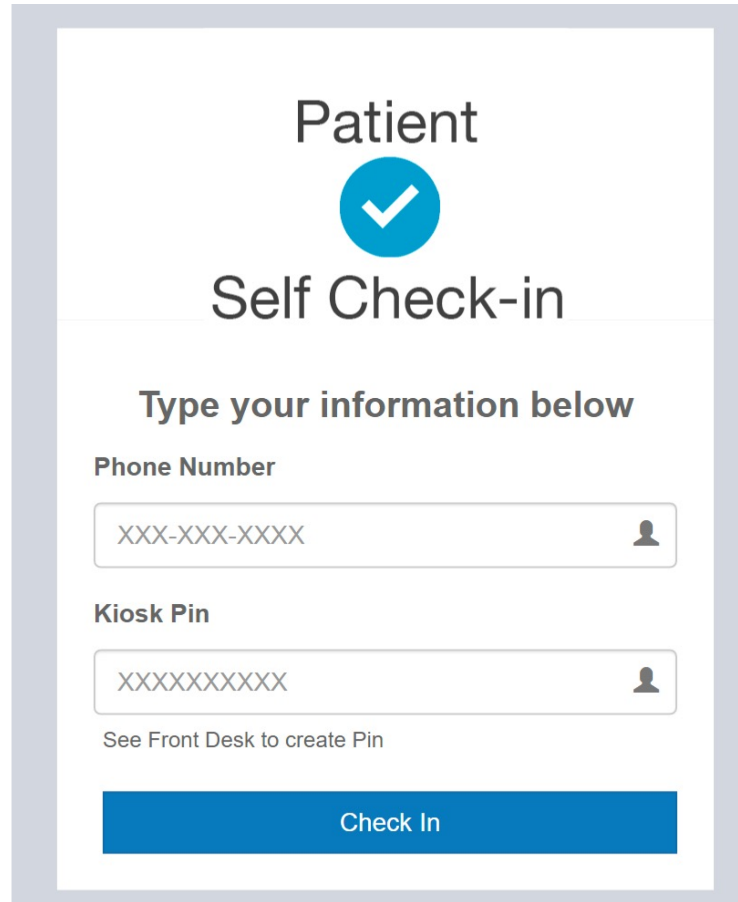
Patient Kiosk – How to Use

Once you have logged in you will see this screen. This is the screen your patients will check into. Patients will need to have a PIN number in order to check in. We suggest having a number pad keyboard on your Front Desk so the patient can type in their pin when you have their Profile opened. See below where this gets entered into the Patient Profile.

Your patient will then be able to check into the kiosk with:

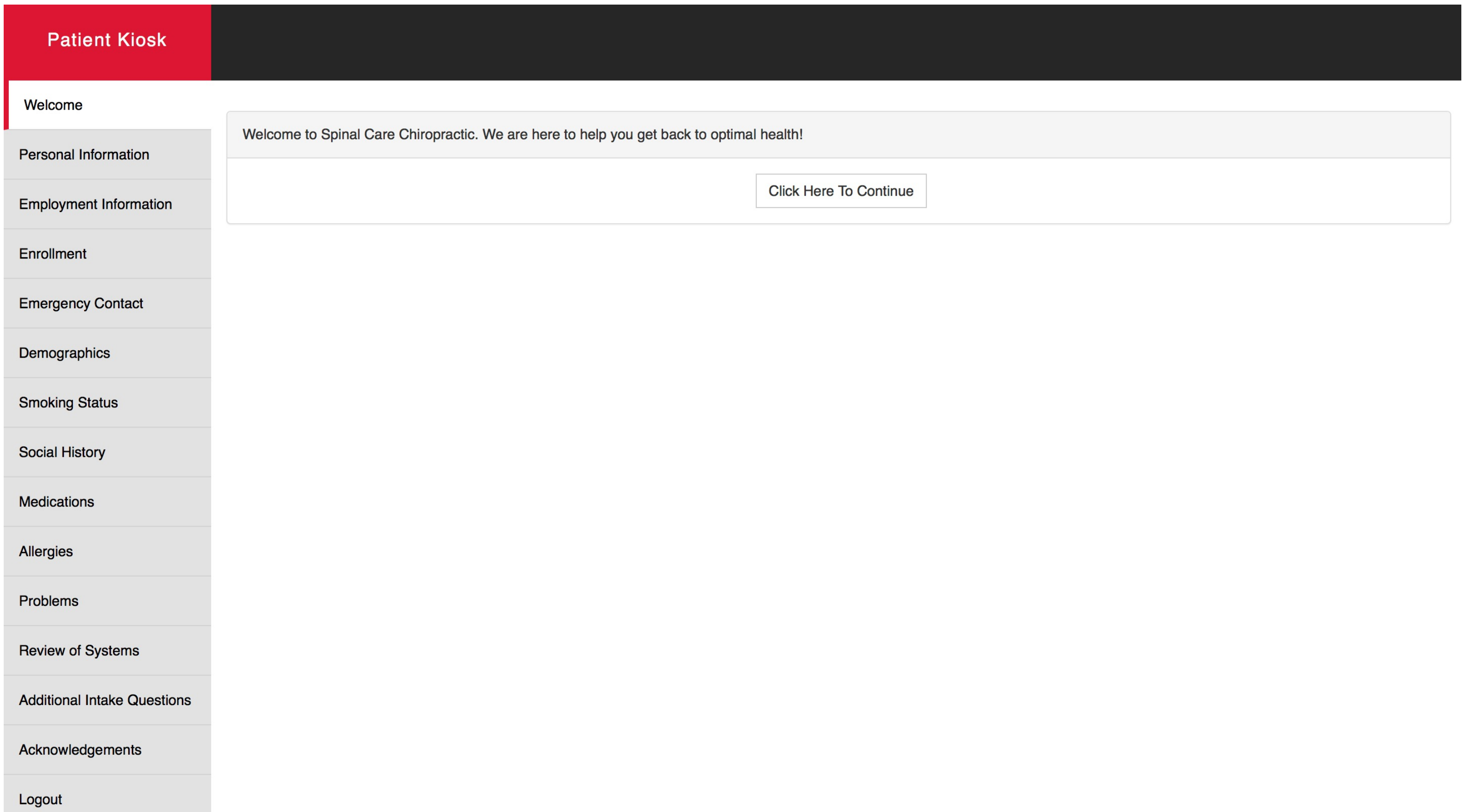
- Phone Number
- PIN

If there are multiple matches, then DOB and Letter of First Name would be required.



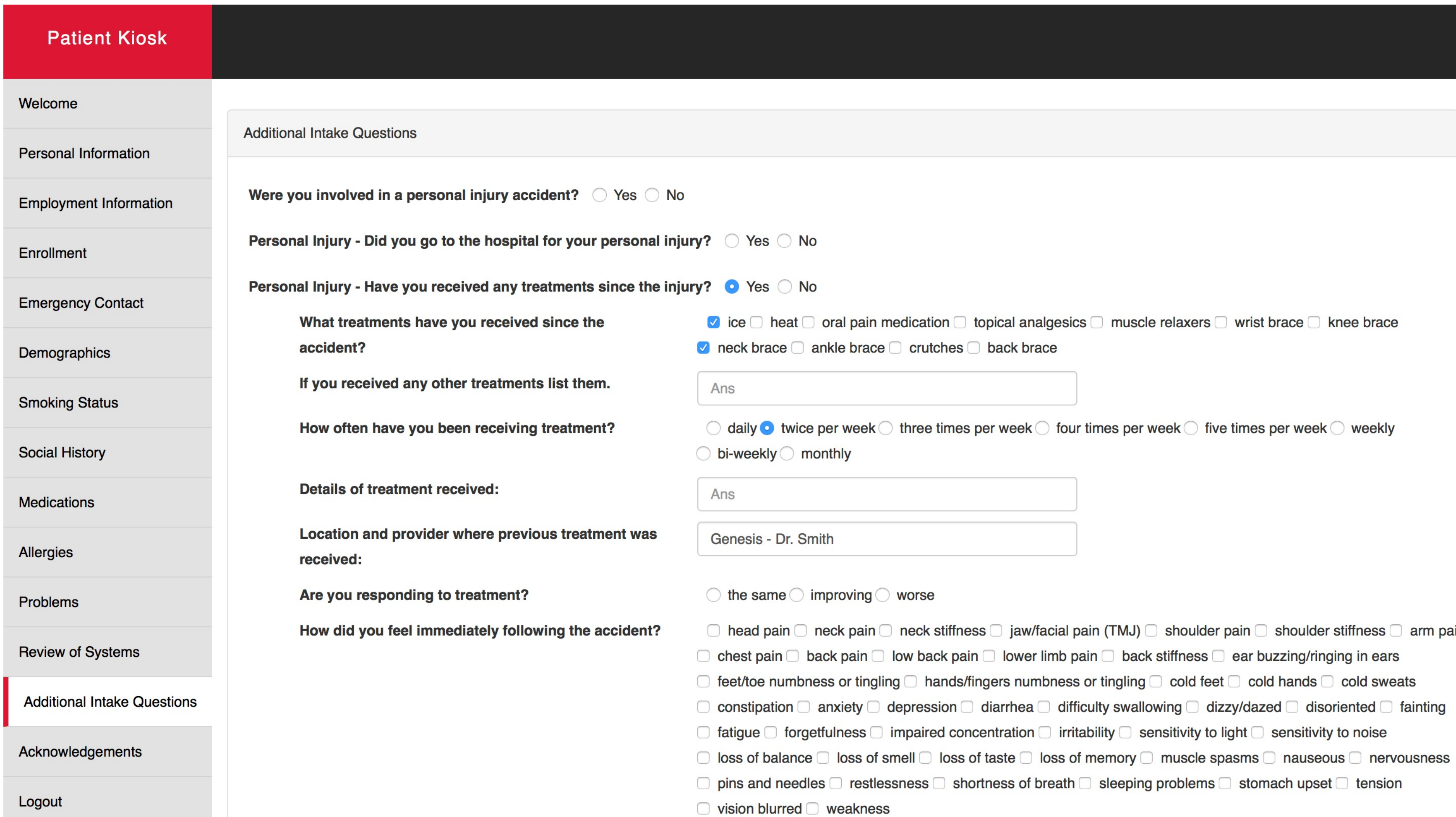
Patient Kiosk – Logged In

The patient is now signed in and they can go through each section entering in their information.



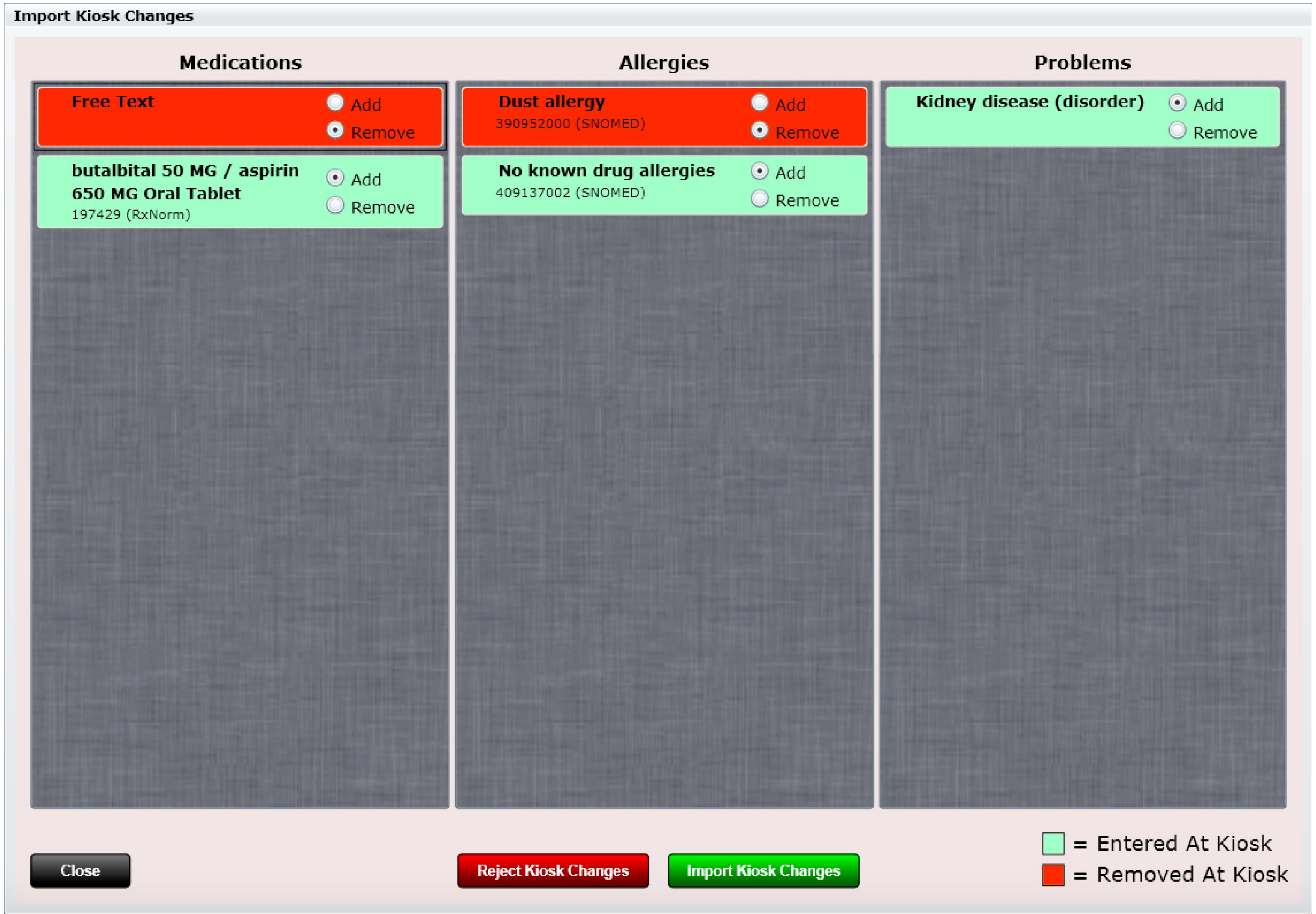
Patient Kiosk – Intake Questions

Here you an see what the Additional Intake Questions look like. These can be created in Settings/Kiosk. The intake questions will be populated in Edit SOAP in the "Pt. Intake" tab.



Patient Kiosk – Intake Questions

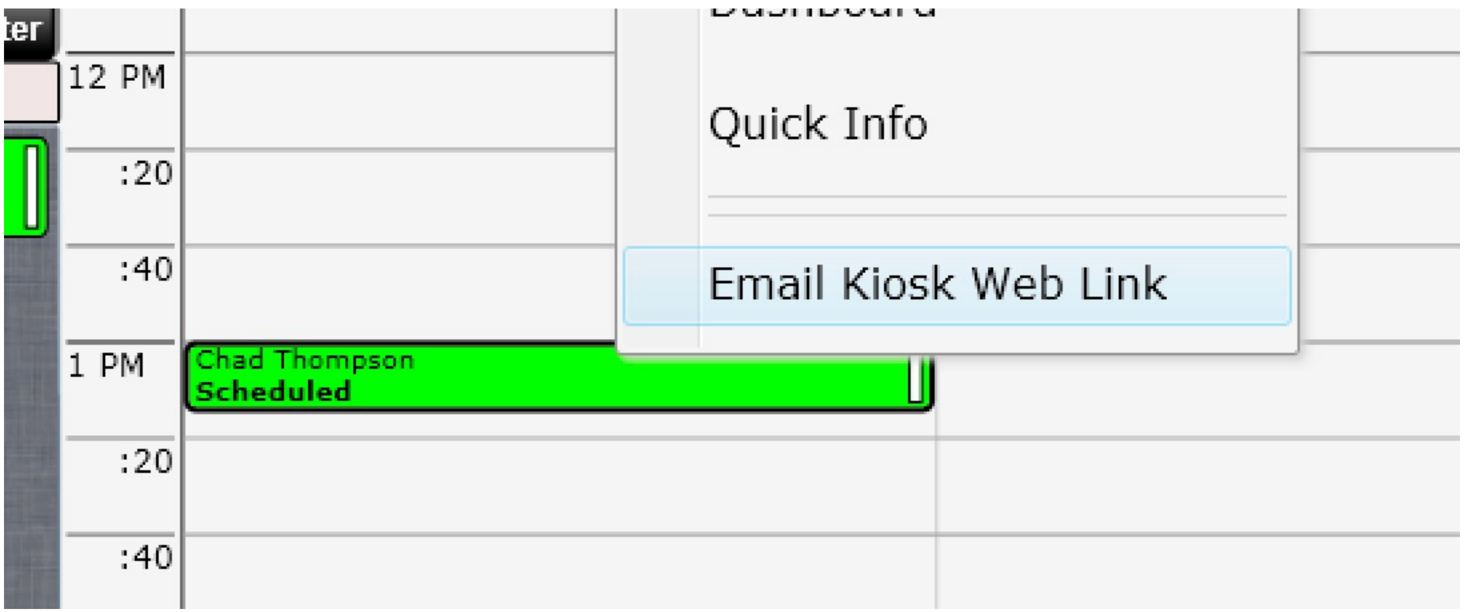
After the patient has completed their Kiosk visit when the provider selects Edit SOAP the software will detect if there were any changes to Medications, Allergies or Problems. The dialog below will allow the provider the option to keep or reject these changes.



Patient Kiosk – How to Use

If you have an account with Remindercall.com (for appointment reminders) you can also email your patient a Kiosk Web Link so that they can populate the kiosk from home prior to their visit.

To do this simply right click on the patient (on the calendar) and select ‘Email Kiosk Web Link’.



#Settings

Settings

To access settings, click on the “Settings” app located on the front desk. There are several Settings apps.

- **Practice Info** – Customize practice information
- **Users** – User information including name, password, admin rights, pin, etc
- **Products** – Add or modify products
- **Services** – Add or modify services
- **Diagnoses** – Contains ICD9 and ICD10 Associated Text
- **Pin Charge Codes** – Customize your charges grid (in SOAP and at Cash Register)
- **Pin Diagnosis Codes** – Customize your diagnosis grid (in SOAP)
- **Visit Types**– Add or modify visit types including name, default length and color
- **Block-out Calendar Types** – Add or modify block-out types for the calendar
- **Rooms** – Add rooms for Paint Flow
- **Insurance Carriers** – Add or modify insurance carriers and enter Allowed Amounts
- **Outside Providers** – Add or modify referring providers
- **Attorneys** – Add or modify attorneys
- **Form Settings** – Align your CMS-1500 HCFA print settings
- **Export Data**– Export patient data into a .CSV format (can be opened in Microsoft Excel)
- **SOAP Macros** – Create your own simple SOAP Macros
- **Labs** – Add or modify labs including min and max values
- **Vaccines** – Add or modify vaccines

Settings

To access settings, click on the “Settings” app located on the front desk. There are several Settings apps.

- **Images** – Customize image settings such as region, type and view
- **Complaints**– Customize complaints and perform complaint mapping
- **ROS** – Customize your review of systems for Edit SOAP and the Patient Kiosk
- **Acupuncture** – Customize meridians and points
- **Arrange Dashboard** – Arrange your patient dashboard in the order you prefer
- **Extremities**– Add, Modify or Delete Extremities for the SOAP’s Adjustment Tab
- **Spine**– Add, Modify or Delete Extremities for the SOAP’s Adjustment Tab
- **Mist**– Add your own medications, allergies, problems, surgeries and traumas
- **How Heard About** – Add “how heard about” items that will be used to record how customers heard about your services
- **Patient Messaging**– Information on setting up appointment reminders and Patient List contact
- **Server Time** – Shows you the “cloud” server time. This time is used to ensure timestamps are correct.
- **Clinical Decision Support** – Allows you to create “rules” that trigger at specified locations.
- **Evaluation** – Allows you to customize evaluations located in the Edit SOAP/Evaluation tab
- **Treatment** – Allows you to customize muscles and regions associated with the Edit SOAP treatment tab
- **Patient Education** – Allows you to upload PDF documents and associate them with one or multiple medications, allergies, problems or labs. This is used in conjunction with the Patient Education dashboard tile and Edit SOAP patient education tab with the INFO button.
- **Pt. Self Check In** – Customize the message your patients will see with this app and determine if you want auto check-in enabled or not.

Settings

To access settings, click on the “Settings” app located on the front desk. There are several settings apps.

- **Goals –** Create Goals and Instructions to use in the Edit SOAP Care Plan Tab.
- **Meaningful Use** – Use this app to mark which measures you have met and which measures you will exclude. Measures that require a percentage calculation will be auto-calculated for you to determine met status.
- **Kiosk** – Allows you to customize your kiosk's preferences such as blocking sections, adding your own intake questions or uploading text for patient acknowledgement.
- **Stop Manager Templates** – Create templates that will make creating common Stop Managers much faster.
- **Calendar** – Customize your calendar columns and resources.
- **CompliantDC –** Schedule a free consultation with a chiropractor/lawyer combo who specializes in compliance. We are pleased to partner with such a valuable member of the profession.
- **Spell Check –** Create a custom dictionary or import a list of words as a .txt file.
- **Product Orders –** Used in Edit SOAP/Product orders. Customize the color and arrangement of your grid.
- **Care Plan Templates –** Create common care plans for quick use when creating individual care plans for your patients.
- **Colors –** Customize the front desk and list box colors.

Settings

Settings
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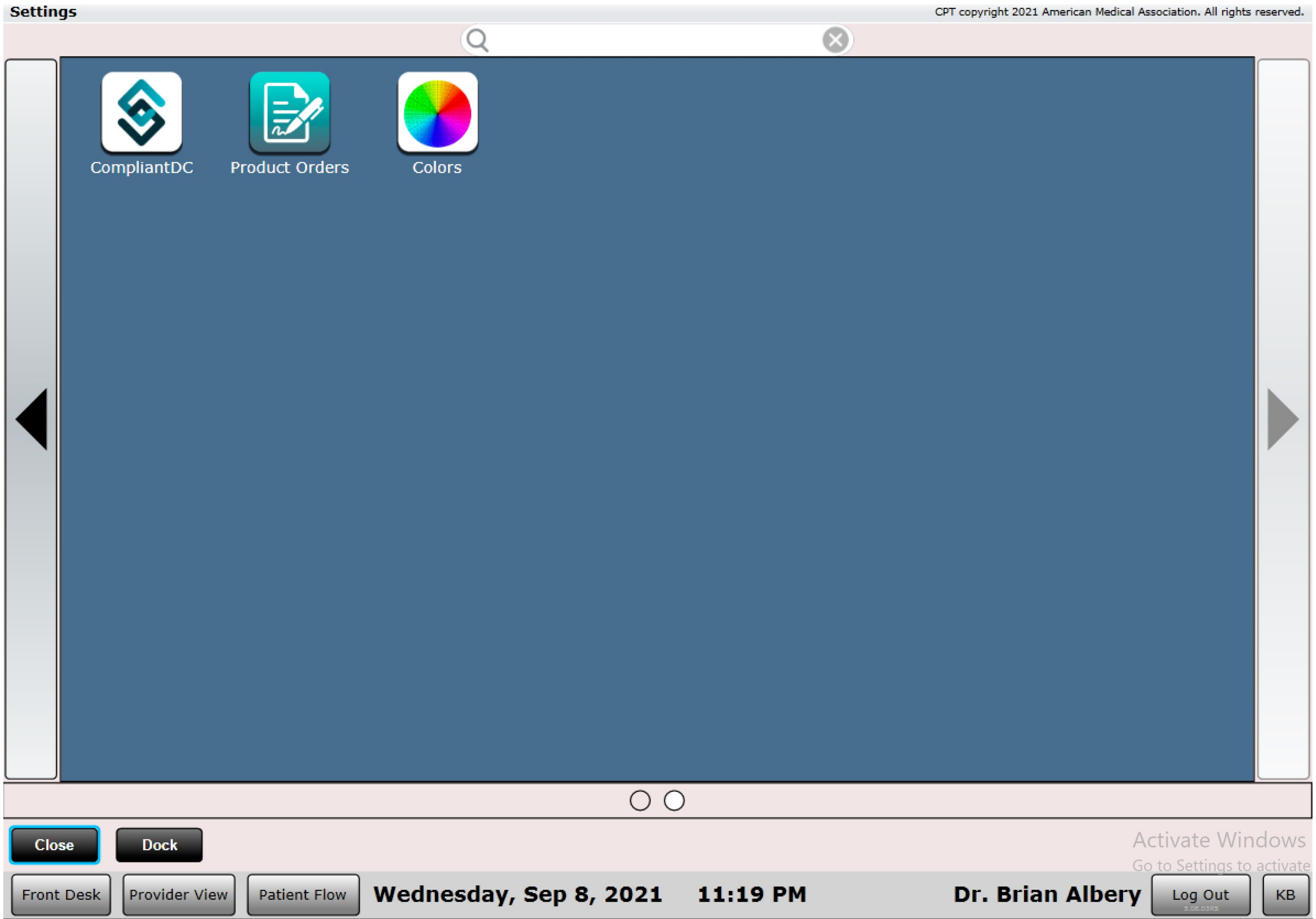
Products
Services
Diagnoses
Practice Info
Users
Products
Services
Diagnoses
Pin Charge Codes
Pin Diagnosis
Visit Types
Insurance
HCFA
Block-out Calendar Types
Rooms
Insurance
Outside Providers
Attorneys
Form Settings
Export Data
SOAP Macros
ROS
Labs
Vaccines
Images
Complaints
ROS
Acupuncture
Arrange Dashboard
Extremities
EVAL
Spine
MIST
How Heard About
Patient Messaging
Server Time
Clinical Decision Support
Evaluation
Treatment
Self
In
SPELL CHECK
Patient Education
Pt. Self Check-in
Goals
Kiosk
Stop Manager Templates
Care Plan
Calendar
Spell Check
Close
Dock
Activate Windows
Go to Settings to activate
Front Desk
Provider View
Patient Flow
Wednesday, Sep 8, 2021
11:19 PM
Dr. Brian Albery
Log Out
KB

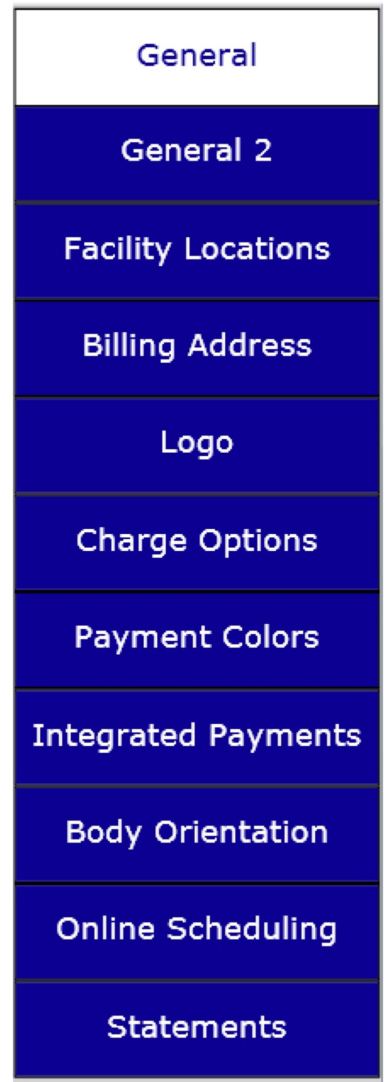
Settings


Settings
CPT copyright 2021 American Medical Association. All rights reserved.
CompliantDC
Product Orders
Colors
Close
Dock
Activate Windows
Go to Settings to activate
Front Desk
Provider View
Patient Flow
Wednesday, Sep 8, 2021
11:19 PM
Dr. Brian Albery
Log Out
KB

Settings – Practice Info

Practice Info is where you go to set up all the information about your practice.

- General
- General 2
- Facility Locations
- Billing Address
- Logo
- Charge Options
- Payment Colors
- Integrated Payments
- Body Orientation
- Online Scheduling
- Statements

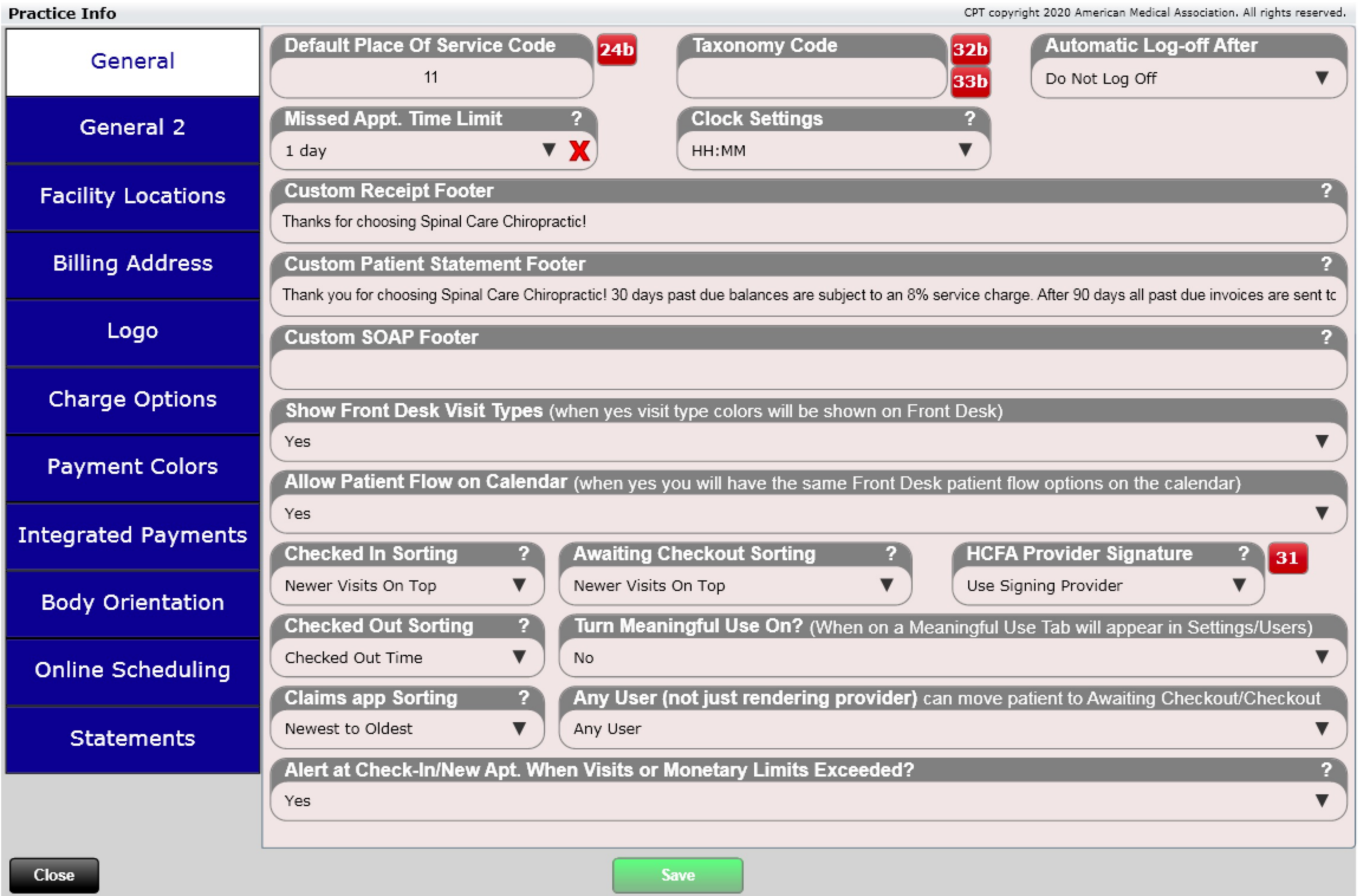


Settings – Practice Info

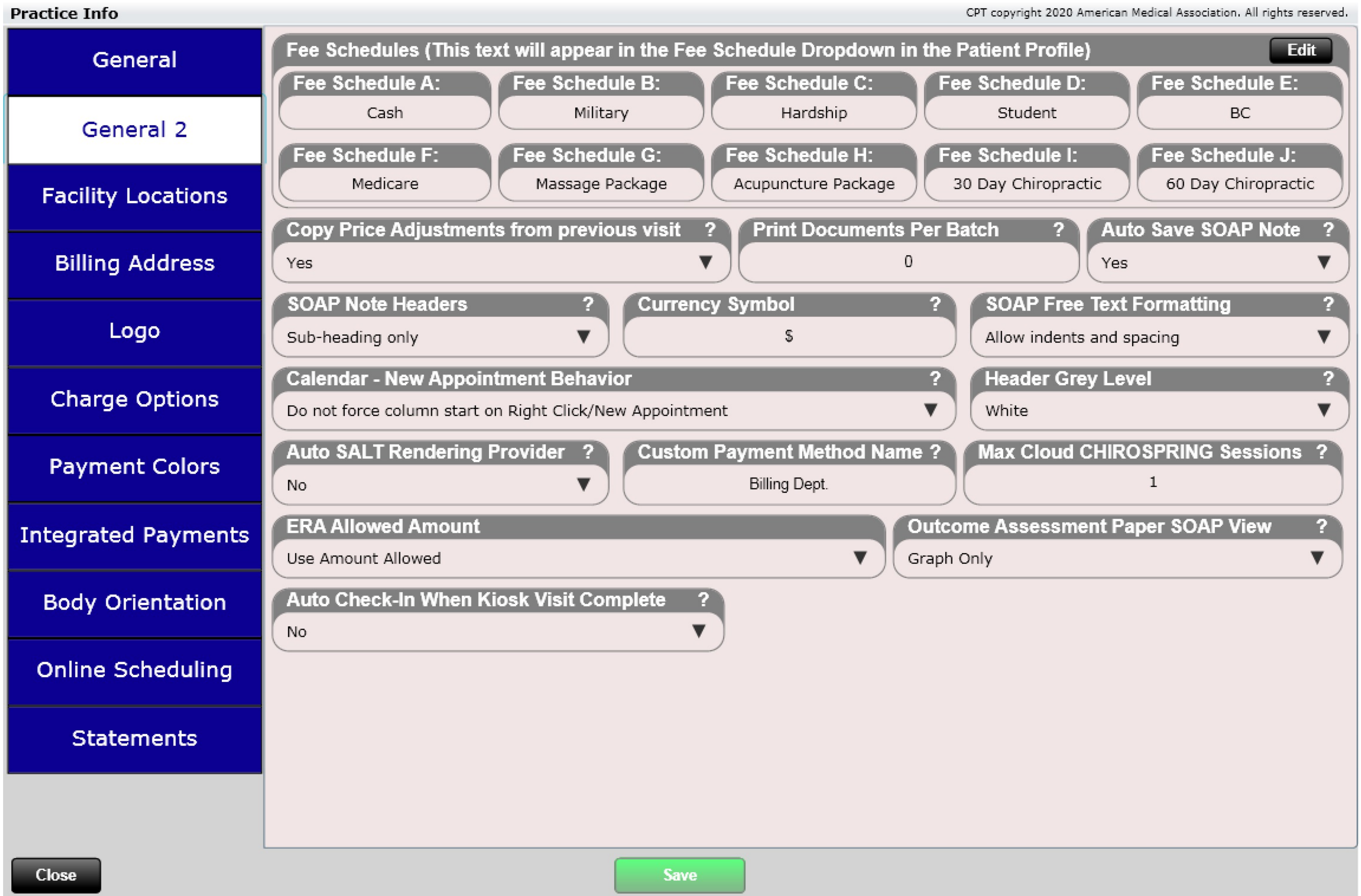
General

- Default Place of Service Code (24b)
- Taxonomy Code (32b)(33b)
- Missed appointment Time Limit
- Clock Settings (this controls how your Front Desk clock is displayed)
- Custom Receipt Footer
- Custom Patient Statement Footer
- Custom SOAP Footer
- Show Front Desk Visit Types
- Allow Patient Flow on Calendar
- Sorting on Front Desk columns
- HCFA Provider Signature option (31)
- Turn on Meaningful Use
- User options for checking a patient out directly from the ‘Checked In’ column
- Alert option at Check-In when a patient exceeds monetary and visit limits

Settings – Practice Info



Settings – Practice Info



Settings – Practice Info

General 2

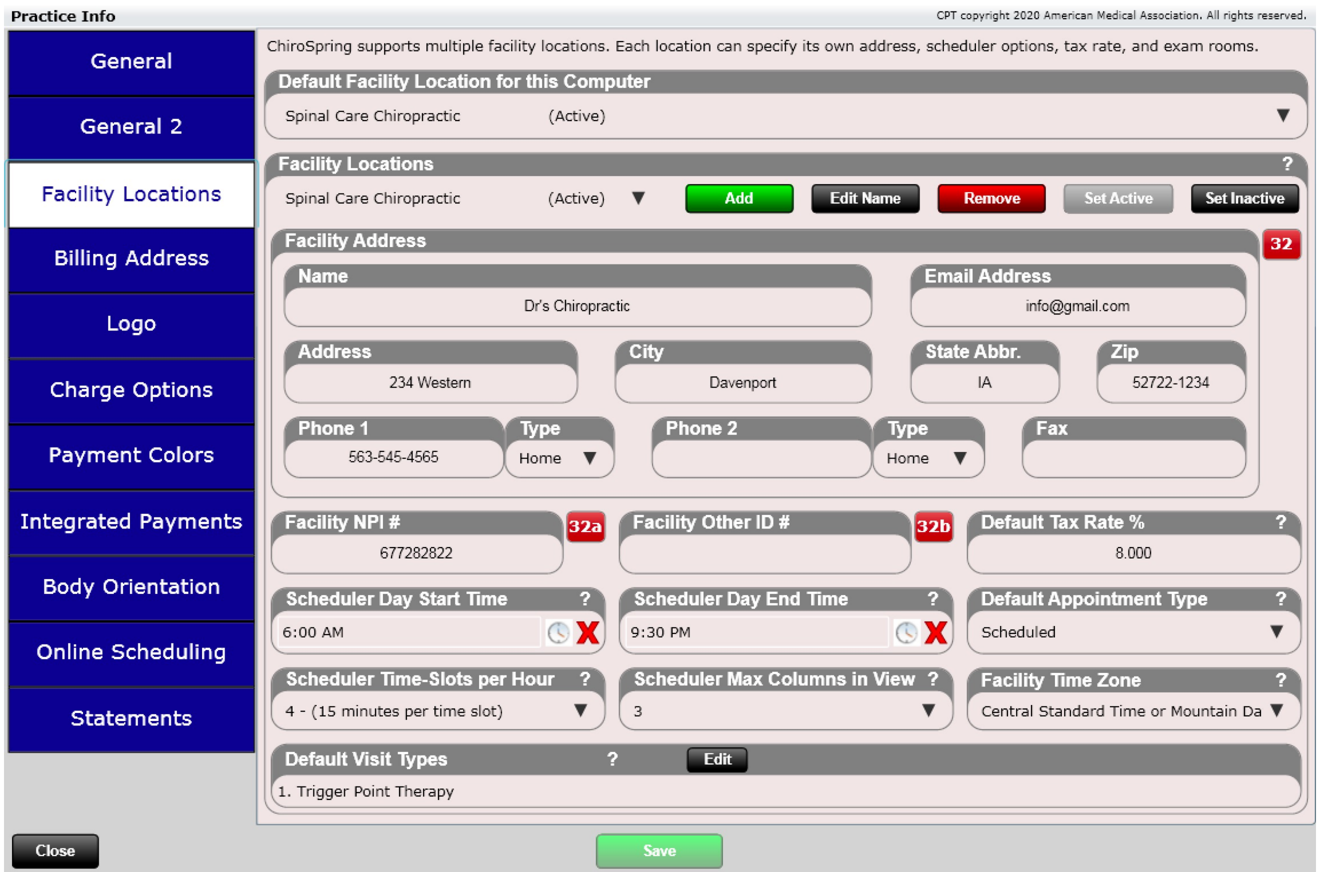
- **Fee Schedule Naming** – customize the name of your fee schedules
- **Copy Price Adjustments from previous visit** - This allows you to carry over discounts from Edit SOAP to the next visit so that you do not have to apply the discount every visit.
- **Print Documents Per Batch** – For large practices printing a LARGE number of statements at a single time use this option to break up the batch into CHUNKS. This will prevent slow printing or freezing if you try and print too many. We suggest setting to 50 or less.
- **Auto Save SOAP Note** – We recommend turning this on. Each time you change tabs in Edit SOAP your work will be automatically saved.
- **SOAP Note Headers** – Change the look of your paper SOAP Note headers.
- **Currency Symbol –** If you are in the U.S.A. you will use $. This is beneficial for users in other countries who want to utilize ChiroSpring without the dollar sign.
- **SOAP Free Text Formatting –** This provides flexibility on how your Free Text works in Edit SOAP.
- **Calendar New Appointment Behavior –** Allows flexibility for forcing column starts or not on Right Click/New Apt.
- **Header Grey Level –** Change the header density for SOAP Notes.
- **Auto SALT Rendering Provider –** When SOAP Notes are copied with Edit SOAP the previous rendering provider is also copied. If set to 'No' the software will use the scheduled to provider as the rendering provider.
- **Custom Payment Method Name –** There is one option for Payment Methods you can name. Default is 'Other'.
- **Max Cloud ChiroSpring Sessions –** See how many Cloud ChiroSpring accounts you have. More can be purchased at www.CloudChiroSpring.com.

Settings – Practice Info

Facility Locations

Here you can set your facility location information such as name, address, phone, facility NPI, Facility Other ID, Default Tax Rate, Scheduler Day Start and End, Scheduler Time Slots per Hour and Scheduler Max Columns in View.

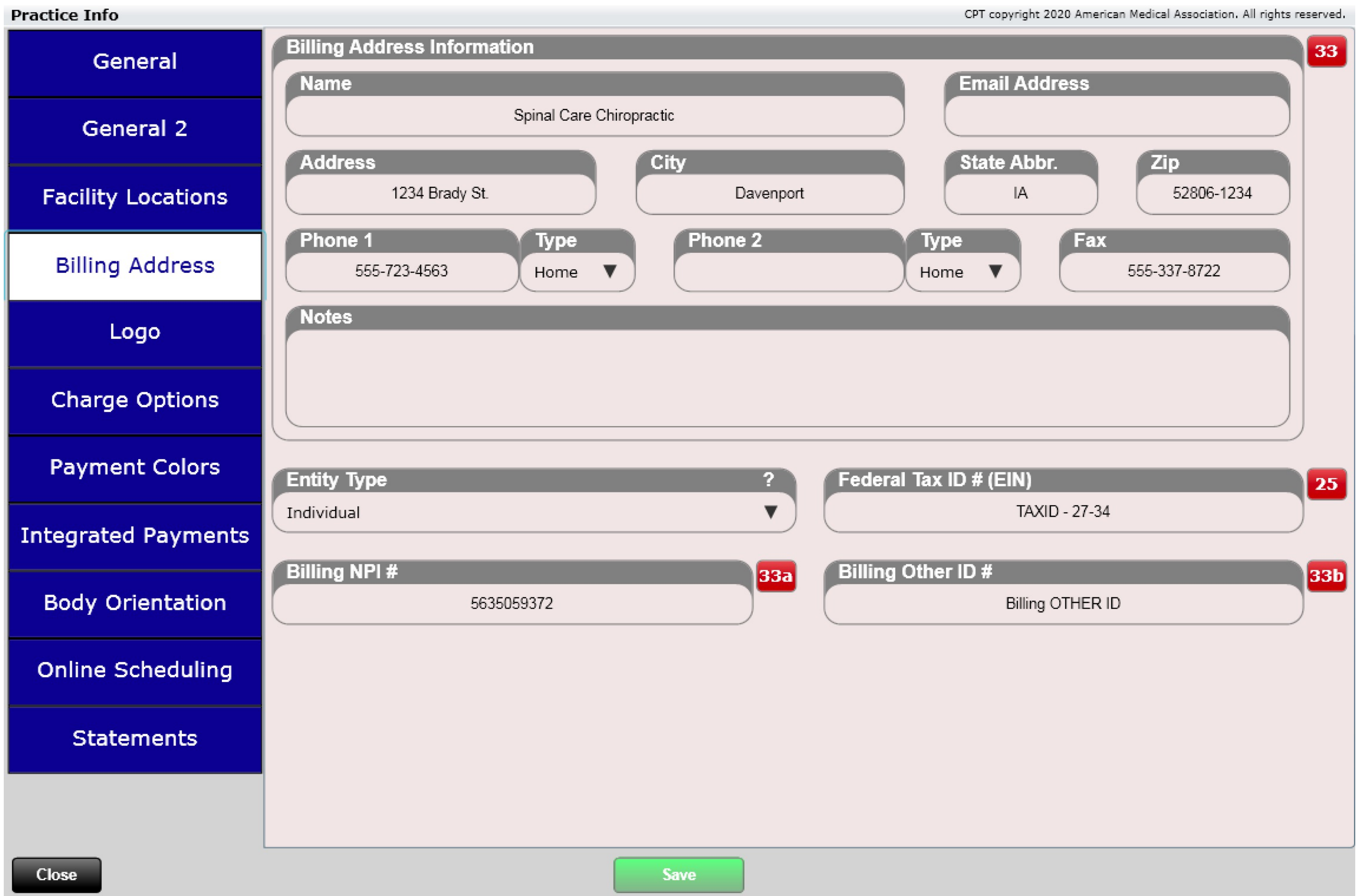
Contact ChiroSpring support if you need to add an additional location



Settings – Practice Info

Billing Address

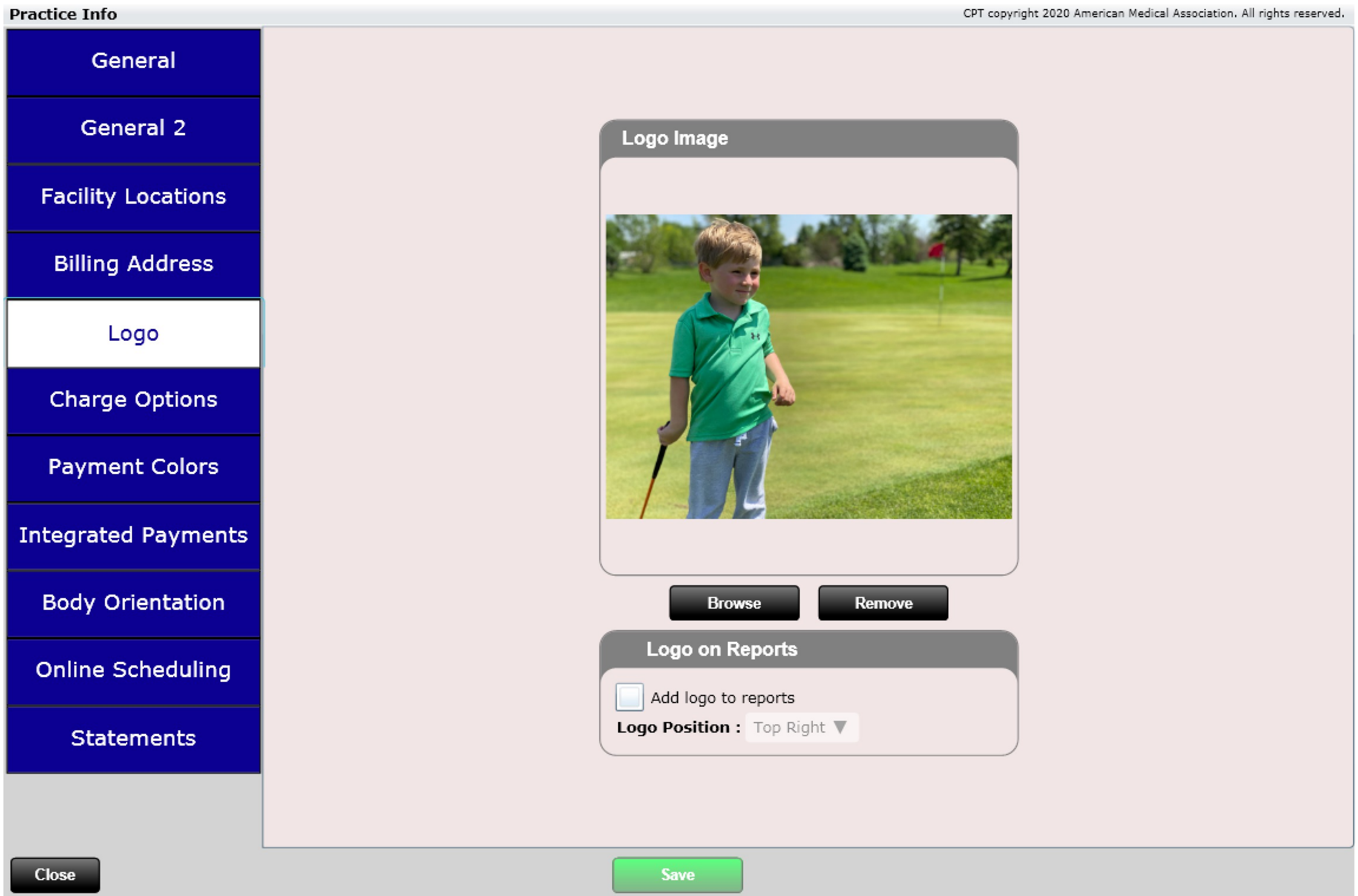
Here you can populate billing address information such as practice name, address, phone, fax, notes, billing NPI, billing other ID and federal tax ID.



Settings – Practice Info

Logo

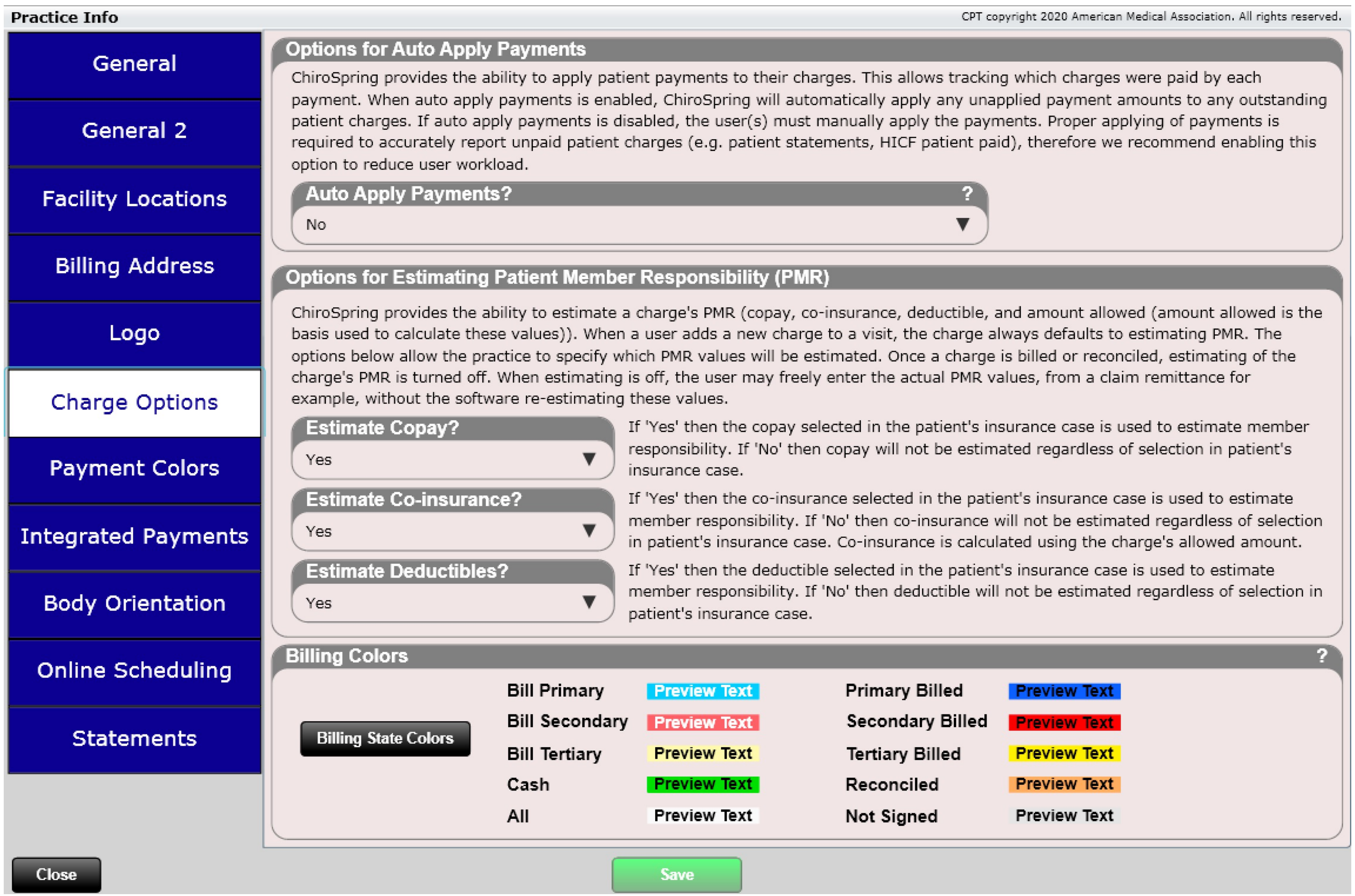
Use the Logo Tab to import your logo.



Settings – Practice Info

Charge Options

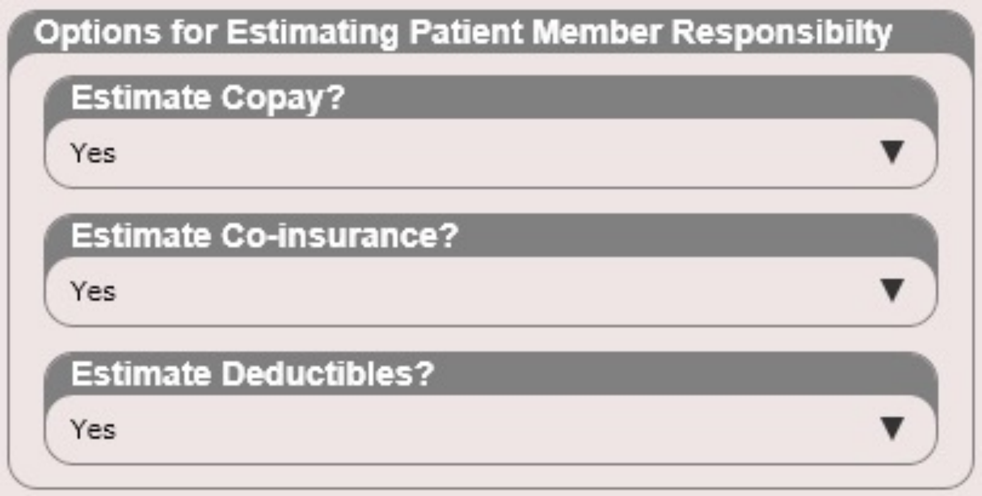
Here you can set several default settings for your practice relating to applying payments and estimating patient member responsibility (PMR). Each of these options will be detailed on the next pages.



Settings – Practice Info

Options for Estimating Patient Member Responsibility

Before you create even a single insurance case and assign copays, co-insurances or deductibles it is **VERY IMPORTANT** that you understand the “Options for Estimating Patient Member Responsibility” found in Settings/Practice Info. Essentially there are three dropdown boxes that allow you to turn “ON” or “OFF” if your practice will be using Copays, Co-Insurances, or Deductibles to calculate patient member responsibility. By default, these are all “Yes”.



Found in Settings/Practice Info

Settings – Practice Info

Options for Estimating Patient Member Responsibility

Estimate Copay

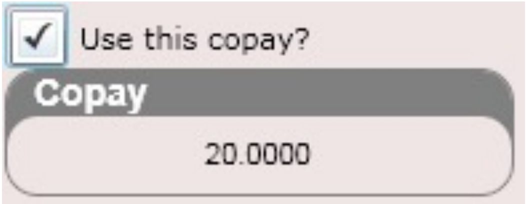
YES

- The patient’s selected Copay will be used to calculate member responsibility.
- The patient’s selected Copay will be displayed when you check in a patient in the “Member Responsibility” box.

NO

- Copay will not be used to calculate member responsibility no matter what. Even if you enter a copay in for a patient and check the box next to copay in the patient’s insurance plan screen.
- The patient’s selected Copay will be displayed when you check in a patient in the “Member Responsibility” box but will not be used to calculate patient member responsibility.
- If no copay box is checked in the patient’s insurance plan no copay information will be displayed.

NOTES: Only one Copay can be selected (checked) for an insurance case.



Settings – Practice Info

Options for Estimating Patient Member Responsibility

Estimate Co-insurance

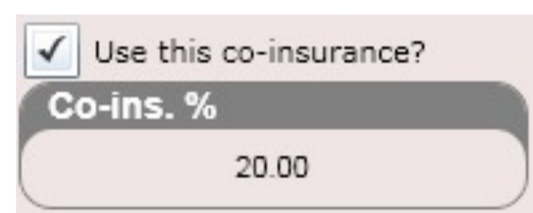
YES

- The patient’s selected Co-insurance will be used to calculate member responsibility.
- The patient’s selected Co-insurance will be displayed when you check in a patient in the “Member Responsibility” box.

NO

- Co-insurance will not be used to calculate member responsibility no matter what. Even if you enter a co-insurance in for a patient and check the box next to “Use this co-insurance” in the patient’s insurance plan screen.
- The patient’s selected Co-insurance will be displayed when you check in a patient in the “Member Responsibility” box but will not be used to calculate patient member responsibility.
- If no co-insurance box is checked in the patient’s insurance plan no co-insurance information will be displayed.

NOTES: Only one Co-insurance can be selected (checked) for an insurance case.



Settings – Practice Info

Options for Estimating Patient Member Responsibility

Estimate Deductible

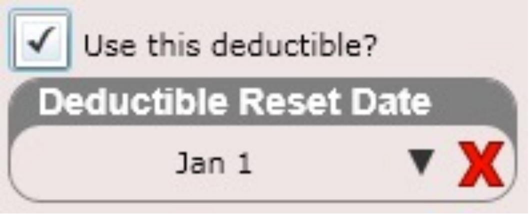
YES

- The patient's selected Deductible will be used to calculate member responsibility.
- The patient's selected Deductible will be displayed when you check in a patient in the "Member Responsibility" box. It will display either "Deductible Met" or "Deductible Not-Met".

NO

- Deductible will not be used to calculate member responsibility no matter what. Even if you enter a deductible reset date and check the "Use this deductible" for a patient.
- The patient's selected Deductible will be displayed when you check in a patient in the "Member Responsibility" box but will not be used to calculate patient member responsibility.
- If no Deductible box is checked in the patient's insurance plan no Deductible information will be displayed.

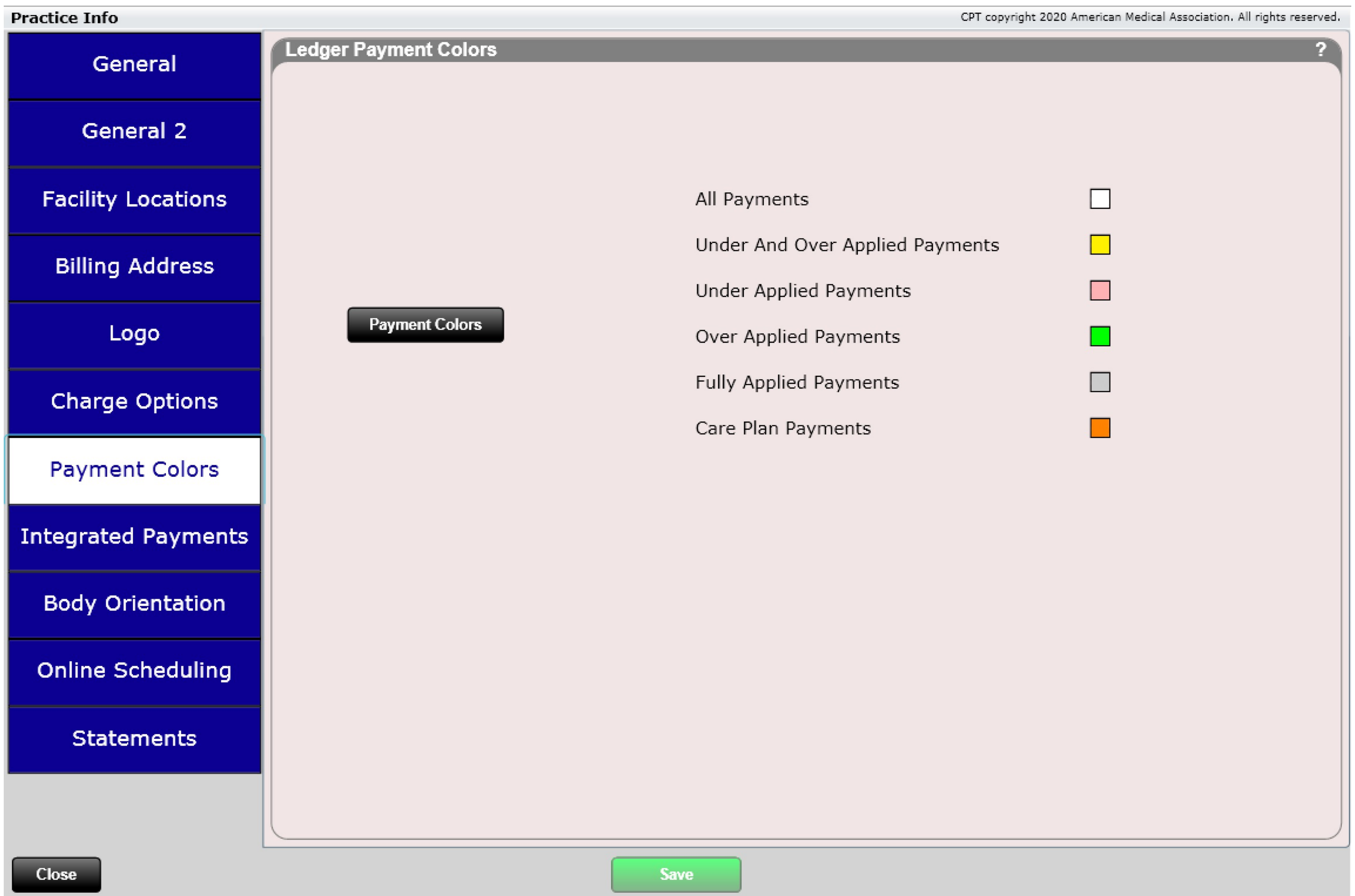
NOTES: Only one Deductible can be selected (checked) for an insurance case.



Settings – Practice Info

Payment Colors

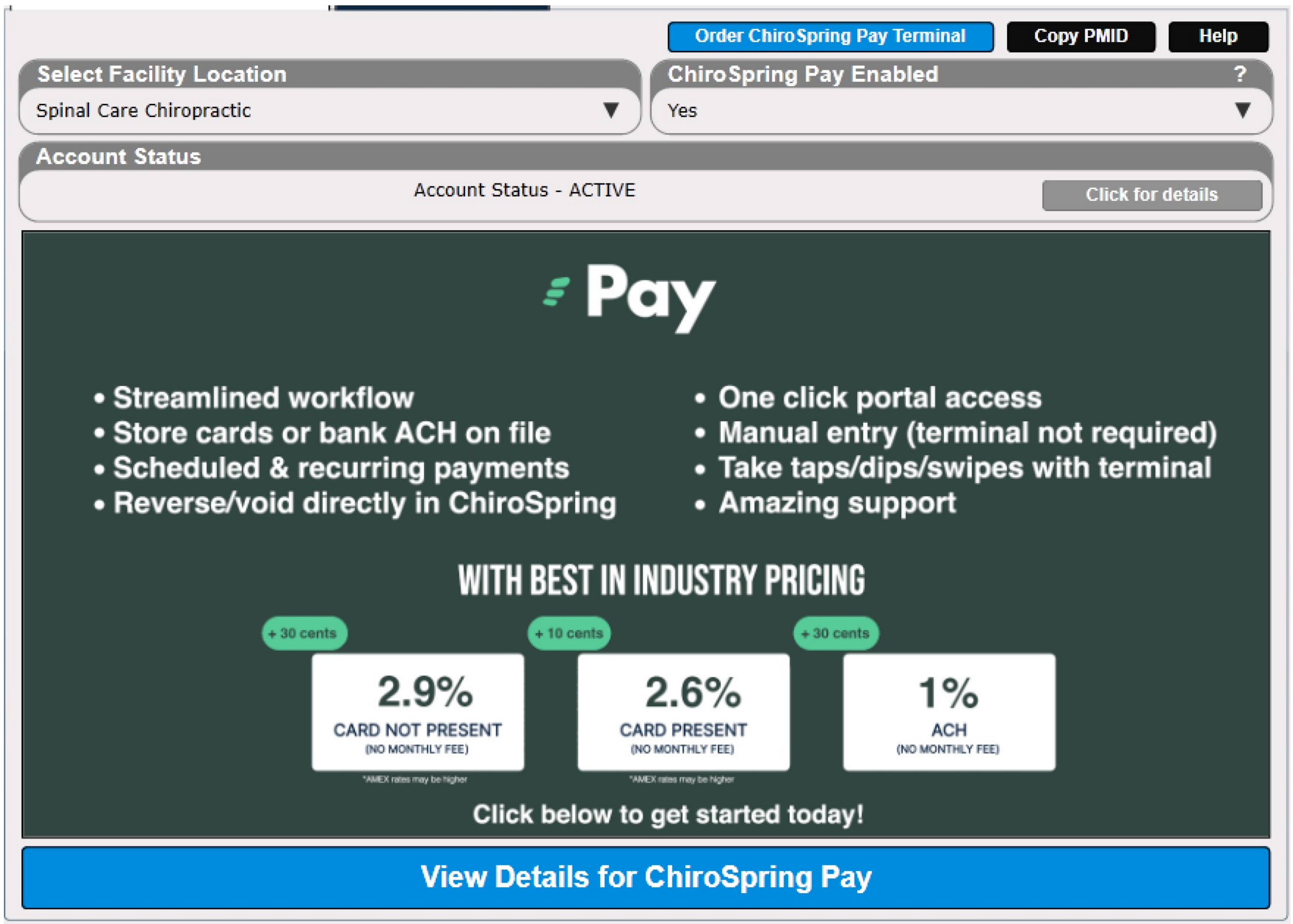
Make your payment colors color coordinated. These will reflect in the Ledger.



Settings – Practice Info

Integrated Payments

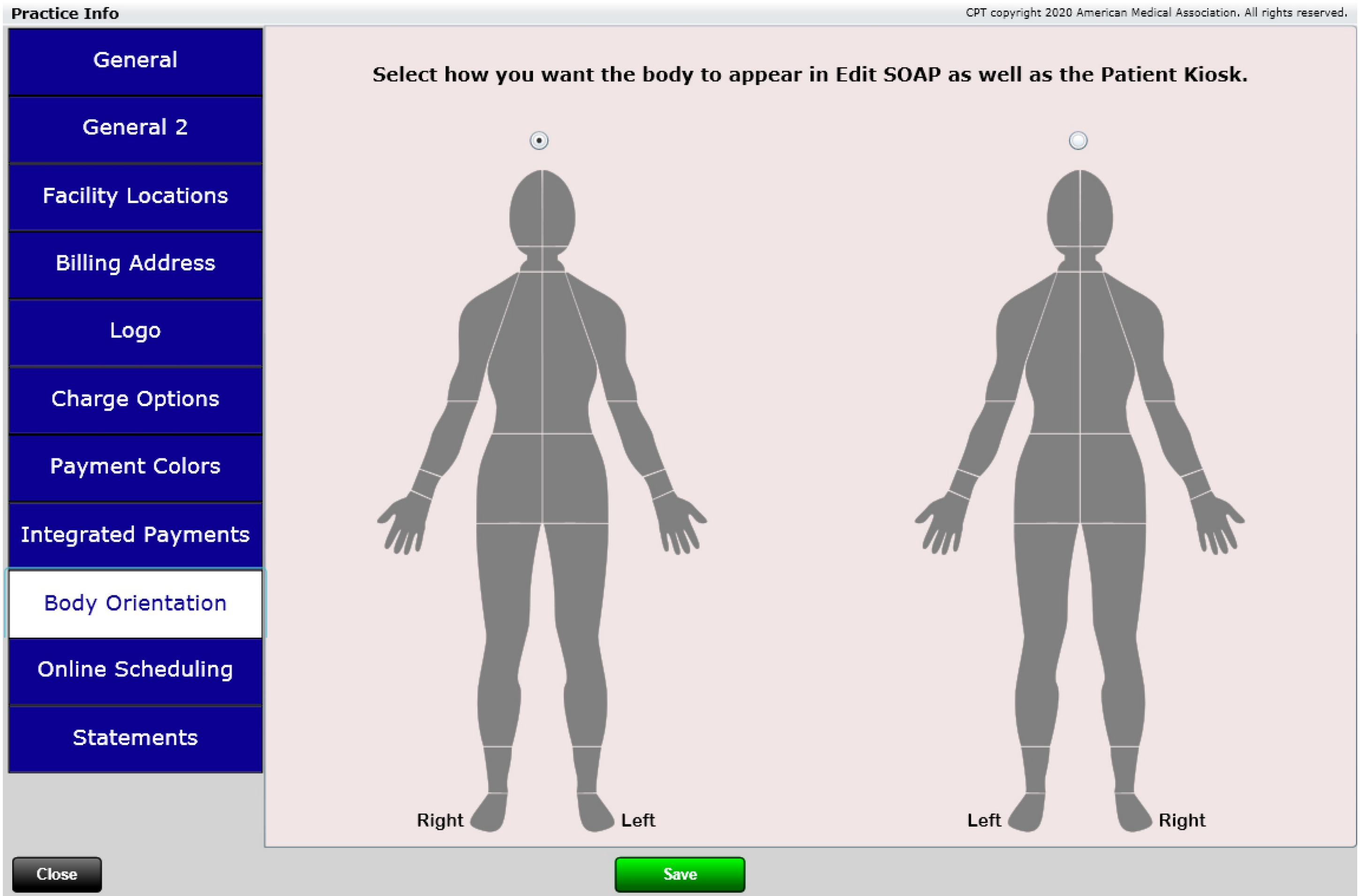
Sign up for ChiroSpring Pay directly within the ChiroSpring platform. Settings/Practice Info/Integrated Payments.



Settings – Practice Info

Body Orientation

Choose if you want Right/Left or Left/Right for your body orientation. This is reflected in the Complaints tab in Edit SOAP or for the body at the Patient Kiosk on the Complaints tab.

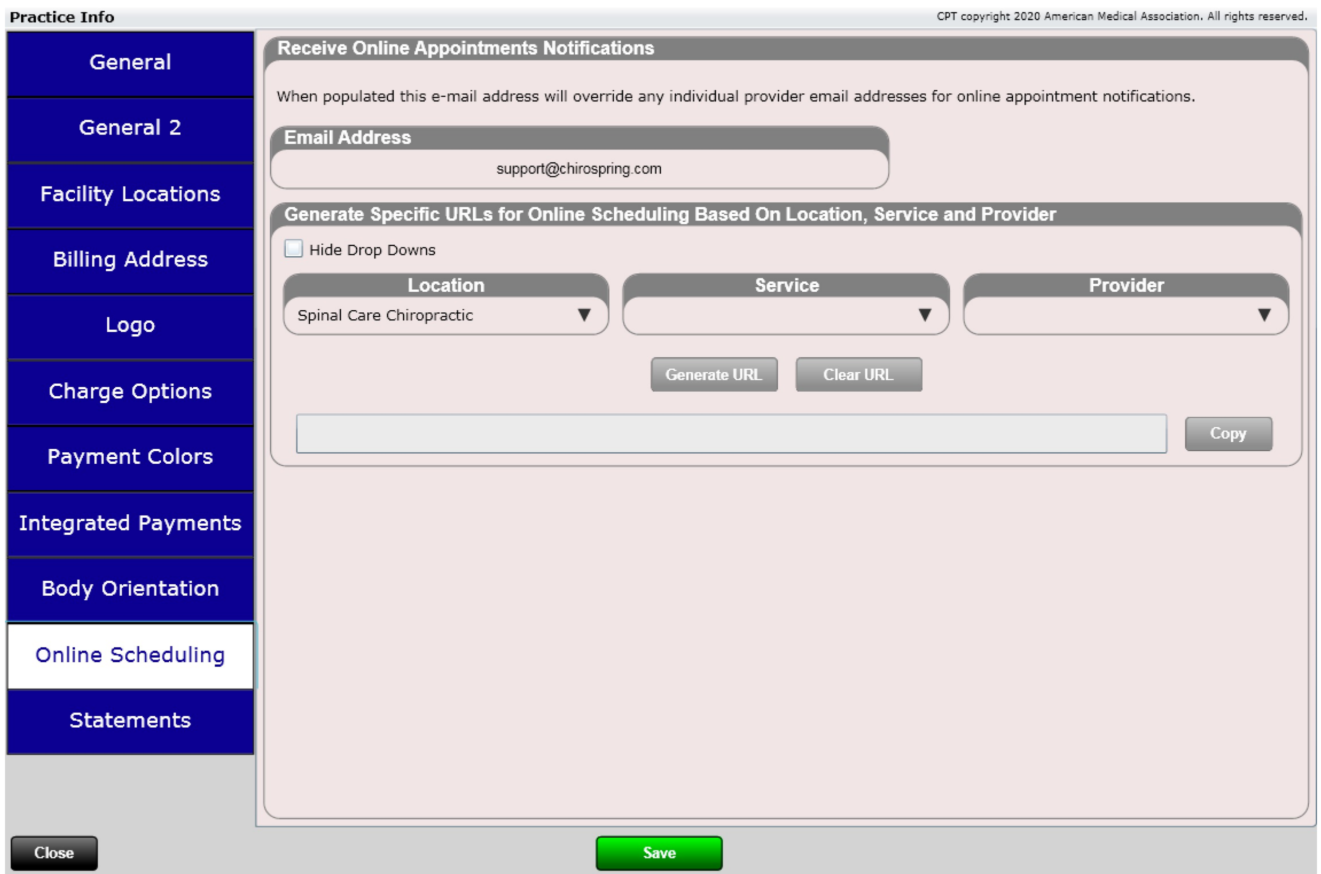


Settings – Practice Info

Online Scheduling

Enter the email to have online scheduling requests sent to. Also generate specific URLs based on Location, Service and Provider. This allows you to add specific buttons on your website for that specific calendar.

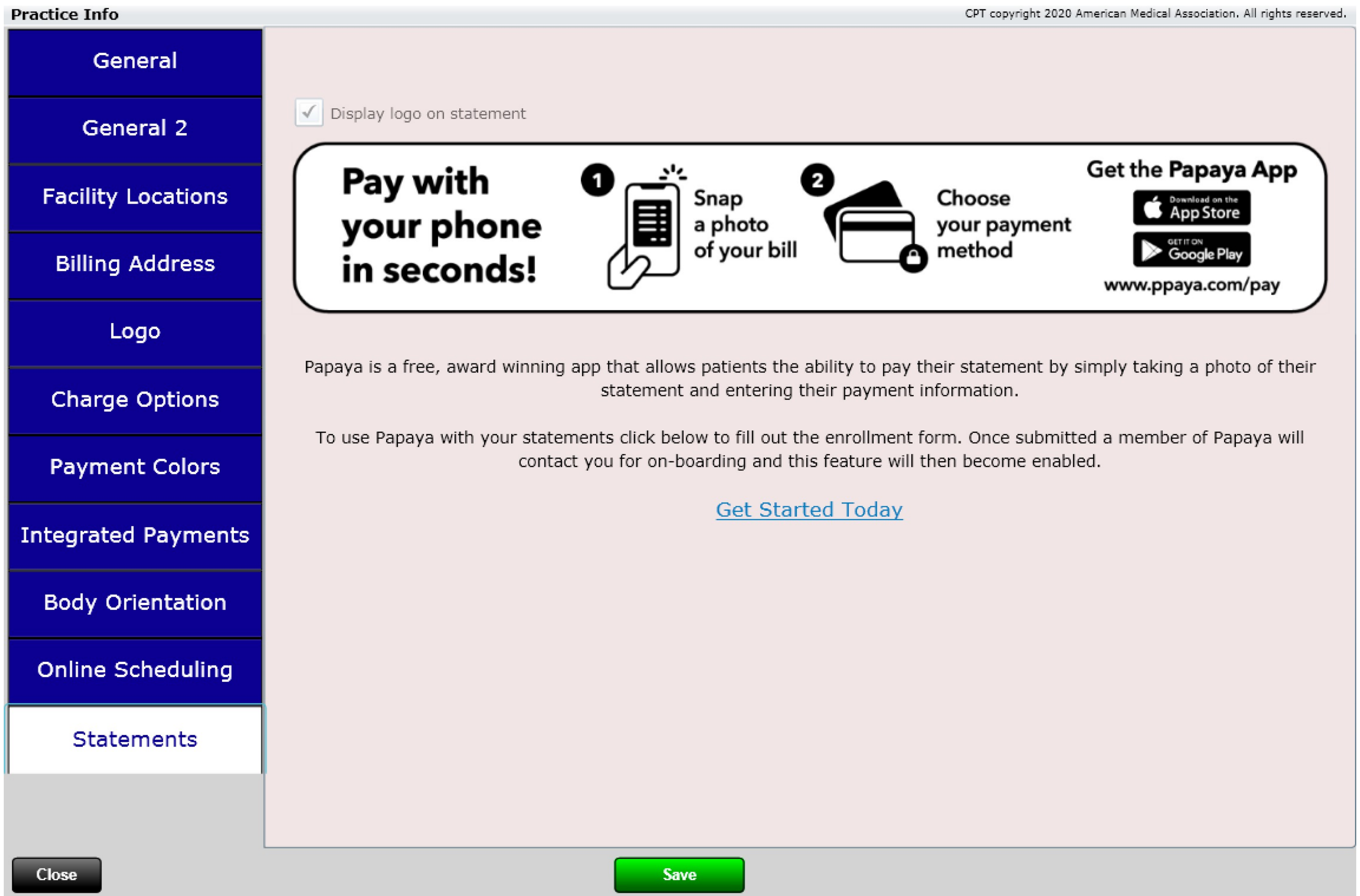
The Online Scheduling URL can be found in Settings/Users.



Settings – Practice Info

Statements

Enable a Papaya logo in your patient statements allowing your patients the ability to pay statements online. Click the ‘Get Started Today’ button to get more information on this free service for both you and your patient.



Settings – Users

Users is the section where you enter all the users of ChiroSpring. The list box on the left will contain all the current users. Highlighting their name and click the Edit/View button to Edit or View the user’s information.

To enter a New User, click on the “New” button.

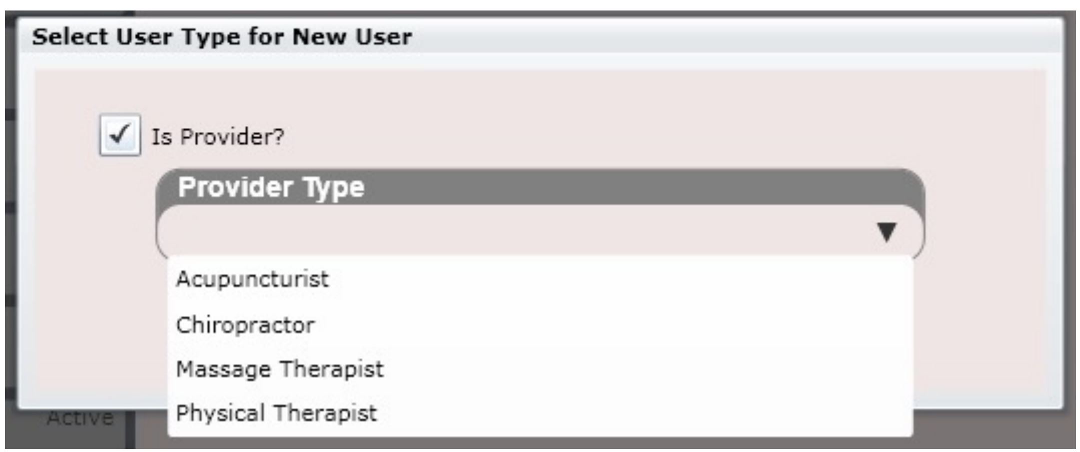
Note: You can enter as many non-providers as you’d like for free. However, if you wish to add another chiropractor or practitioner, an additional fee of $49/month is required. Contact ChiroSpring support if you need to add an add provider.

Settings - Users

When you create a new user, you will be prompted to select the User Type. You can only make this selection ONCE for the life of the user.

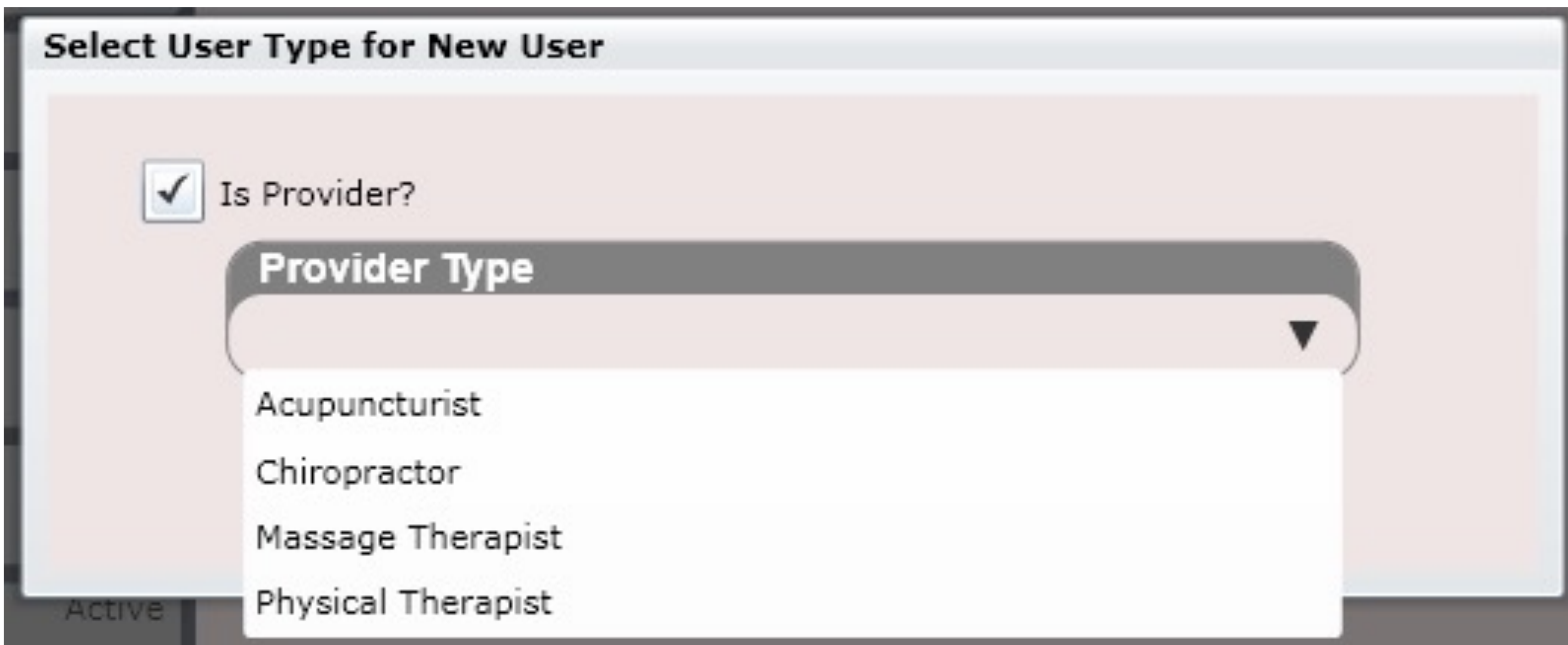
User Types include:

- Non-Provider – This would be your office assistant or front desk staff member. You can create an unlimited number of non-provider accounts.
- Acupuncturist -Contact ChiroSpring support to create this account
- Chiropractor – Contact ChiroSpring support to create this account
- Massage Therapist - Contact ChiroSpring support to create this account
- Physical Therapist - Contact ChiroSpring support to create this account
- Naturopath – Contact ChiroSpring support to create this account



Settings - Users

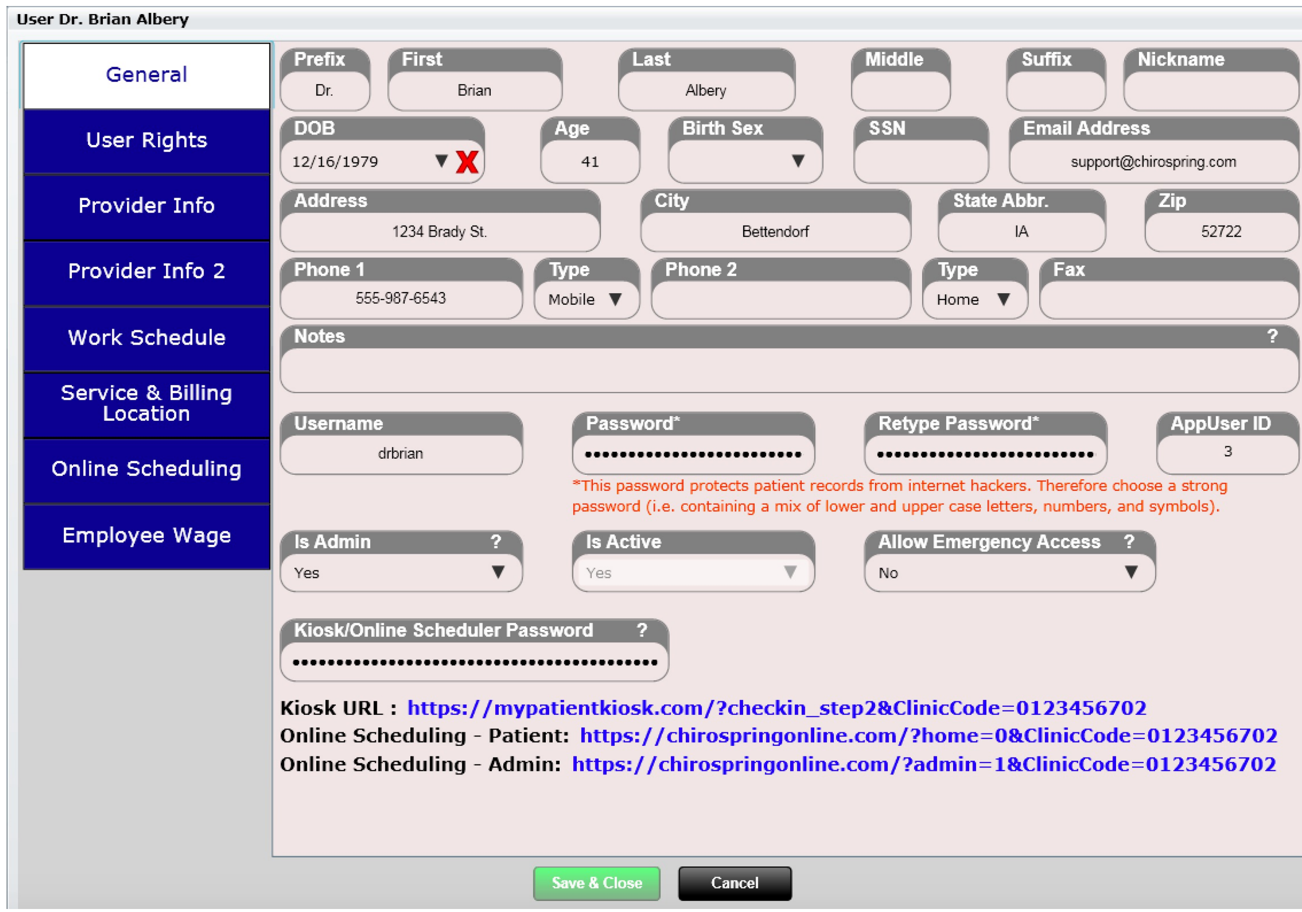
Each provider type is treated separately in ChiroSpring. Therefore, each provider can create their own condition case, treatment plan, diagnosis and charges without interfering with another provider type. This is a huge advantage ChiroSpring offers over competing software. With this system you can easily write your SOAP notes and treat your patients while having another provider type also write a SOAP note and treat the patient **WITHOUT INTERFERING WITH YOURS! :)**



Settings – Users/General

The General Tab consists of the following information:

- Prefix
- First, Last, MI
- Suffix
- DOB
- Gender
- SSN
- Email Address
- Phone 1 & Type
- Phone 2 & Type
- Notes
- Username
- Password
- Kiosk/Online Password
- Kiosk URL
- Is Admin?
- Is Active?



Settings – Users/General

The username is a required field. Therefore, it is highlighted in red.

Admins have full rights to all of the apps in ChiroSpring. If you are not an admin you may still have access to all apps. Admins need to go into non-admin's accounts and select which apps and Dashboard Tiles they want you having access to (this is done in the User's app).

Say "Yes" in the Is Admin box if you wish to make the user an admin.

If a user is no longer active change "Is Active" to no. You may have to contact ChiroSpring customer support to make providers non-active.

The Kiosk/Online Scheduler Password is a separate password (you can make this the same as your ChiroSpring password).

Kiosk/Online Scheduler Password ?

••

Kiosk URL : https://mypatientkiosk.com/?checkin_step2&ClinicCode=0123456702
Online Scheduling - Patient: https://chirospringonline.com/?home=0&ClinicCode=0123456702
Online Scheduling - Admin: https://chirospringonline.com/?admin=1&ClinicCode=0123456702

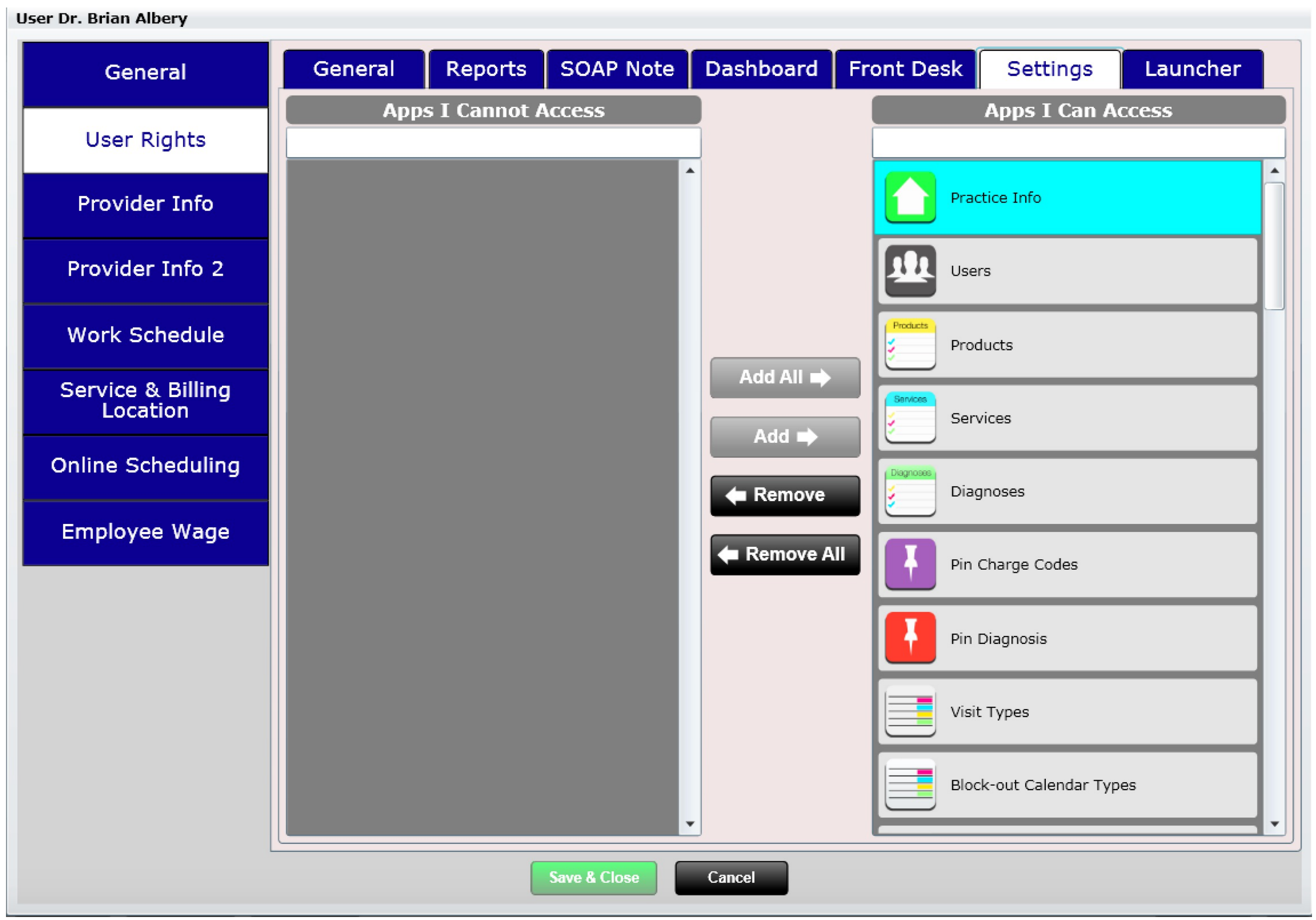
Settings – Non Admins

By default, Non-Admins have access to ALL apps and ALL DASHBOARD TILES. Therefore, if is important that admins customize specifically which apps and Dashboard Tiles, they should have access to.

Use the User Rights section of the User's app to customize which apps and Dashboard Tiles non-admins have access to.

In the image to the right, you can see this user can only access 8 apps in Settings.

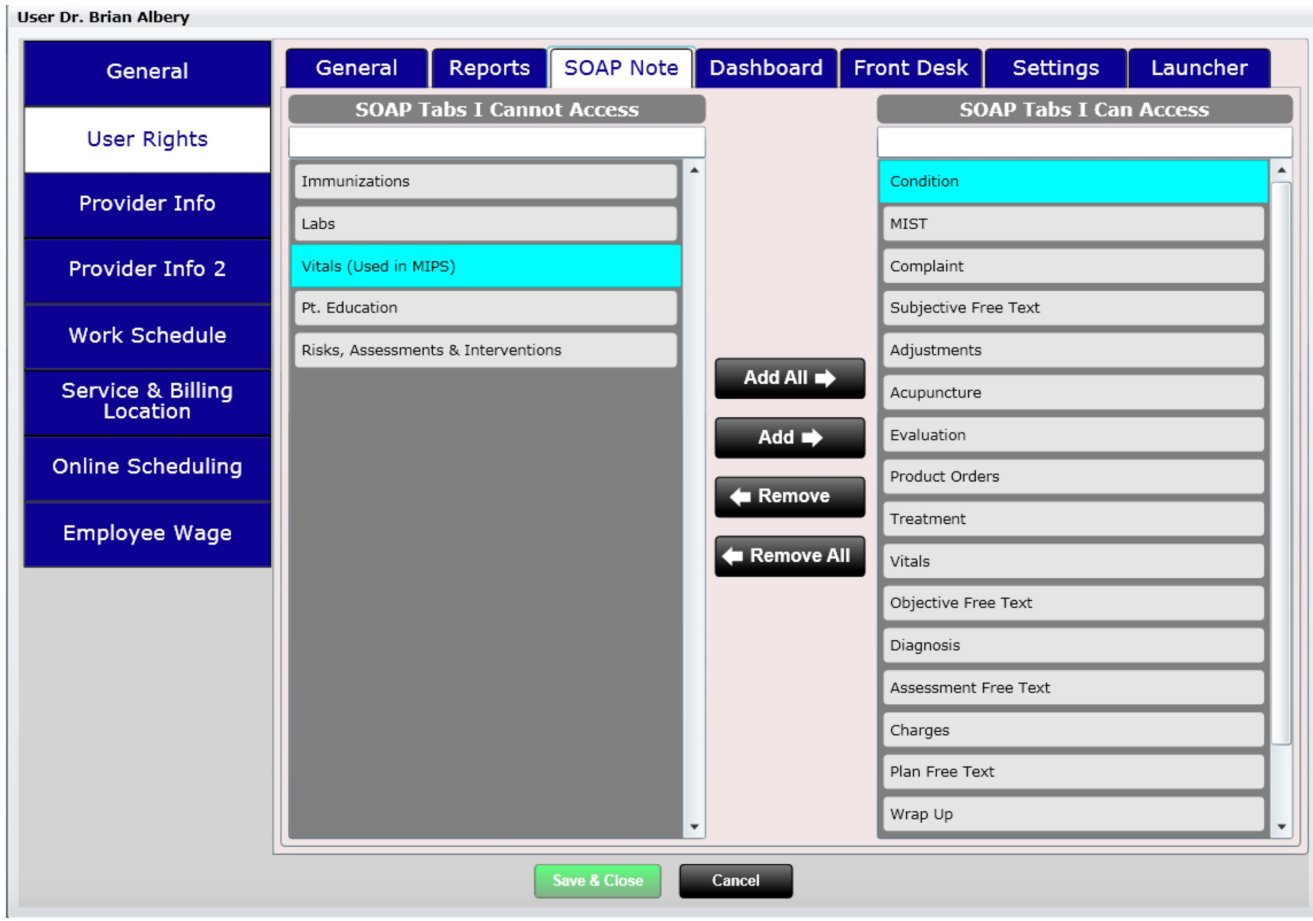
apps in the "apps I Can Access" list box can be accessed by this user.
apps in the "apps I Cannot Access" list box cannot be accessed.



Settings – Users/User Rights

The User Rights tab allows you to fine tune what privileges a user has. There are four main sections to User Rights.

- Reports – customize which reports you want shown in the Reports app.
- SOAP Note – customize which sections of the SOAP Note a user can access.
- Dashboard – customize which Dashboard Tiles a user can access
- Front Desk – customize which front desk apps a user can access
- Settings – customize which settings apps a user can access
- Launcher – customize which launcher apps a user can access

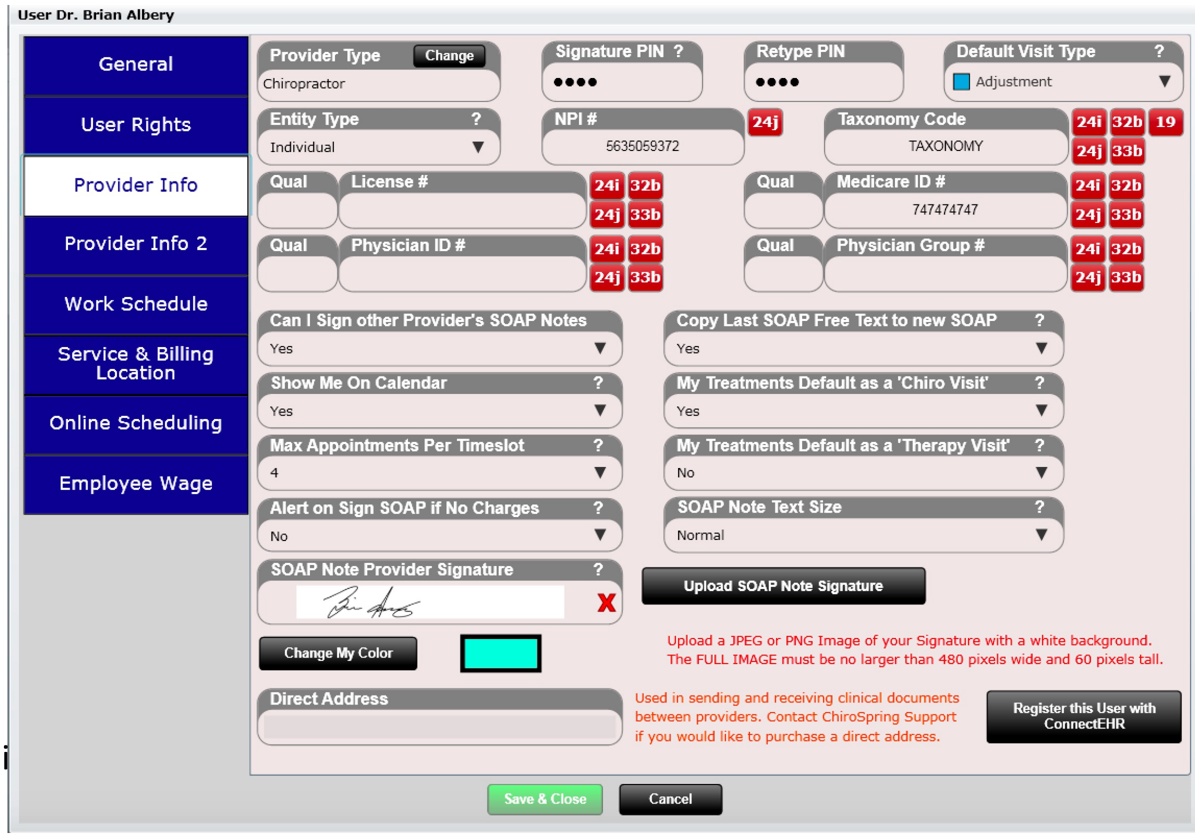


Settings – Users/Provider Info

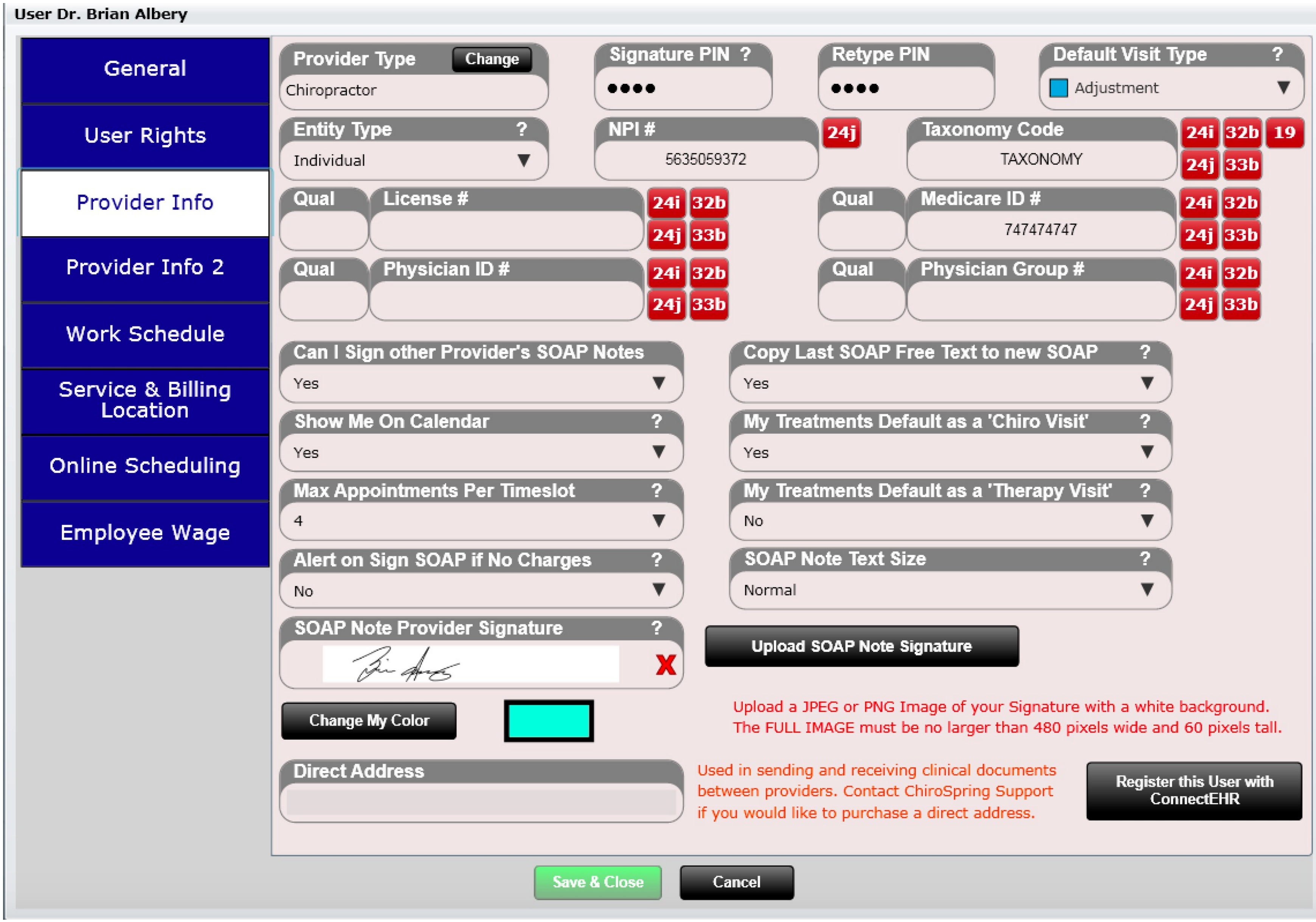
The Provider Info tab contains all the information pertinent to a provider. The provider type (that you selected initially) will appear here. In this case we have selected a chiropractor.

Here you can enter your PIN which is necessary for signing a SOAP. Other information found here includes:

- NPI # (24j)
- Taxonomy Code (24i)(32b)(24j)(33b)
- License # (24i)(32b)(24j)(33b)
- Medicare ID # (24i)(32b)(24j)(33b)
- Physician ID # (24i)(32b)(24j)(33b)
- Physician Group # (24i)(32b)(24j)(33b)
- Can sign other provider's SOAPs?
- Copy Last SOAP Free Text to new SOAP?
- Can Schedule Patient's to Me?
- My Treatments Default as a Chiro Visit
- My Treatments Default as a Therapy Visi
- Default appointment Length
- Max appointments Per Timeslot
- Calendar Color
- Direct Address (this is used to send CCDAs to other providers. Contact support@ChiroSpring if you need a direct address. There is a yearly charge for this.



Settings – Users/Provider Info



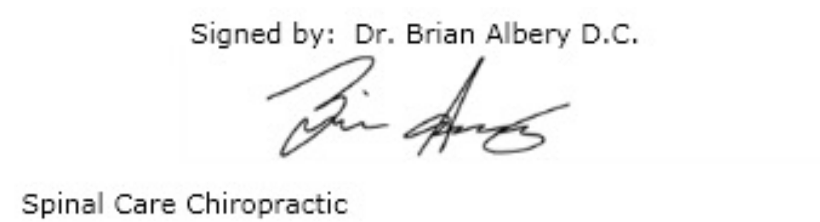
Settings – Users/Provider Info

And finally, you can upload your signature. This will be displayed at the bottom of a Signed SOAP Note.

When you upload your signature, it must be in PNG or JPEG format and have a white background. On PC we suggest using MS Paint to create. On Mac we suggest using a free program called Paint 2 to create.

The white background of your signature must be 480 pixels wide and 60 pixels tall.

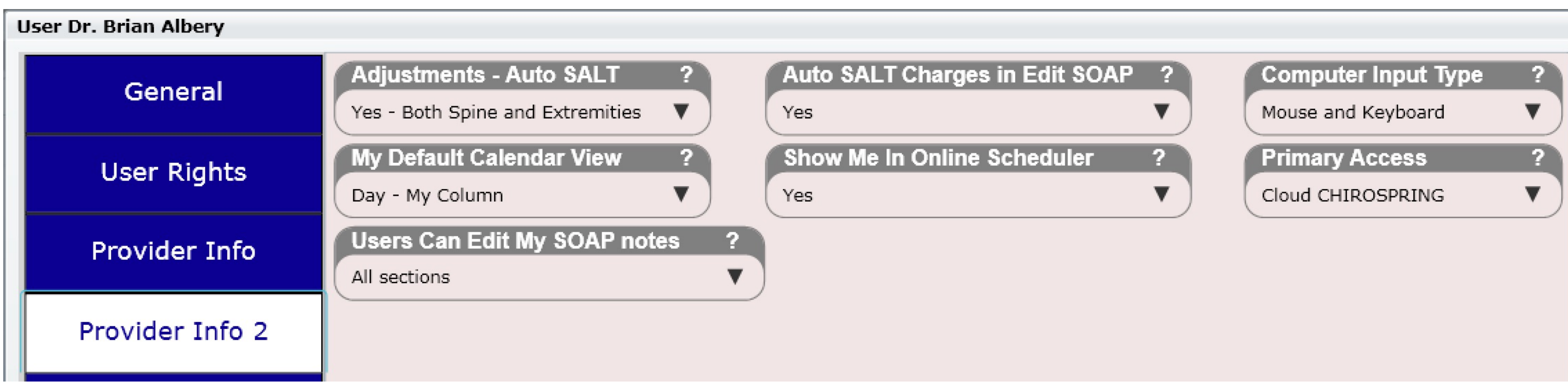
To the right you can see how the signature will appear on a signed SOAP Note.   If the SOAP is not yet signed the signature nor the “Signed by” text will appear.



If you have issues uploading your signature sent it to support@ChiroSpring.com and we can do this for you.

Settings – Users/Provider Info 2

- **Adjustments** – Auto SALT – This will allow you to have either the extremities, spinal adjustments or both automatically copy from the previous SOAP into today's SOAP.
- **Auto SALT Charges in Edit SOAP** – This will allow you to have charges automatically copy from the previous SOAP into today's SOAP.
- **My Default Calendar View** – This option will allow you to select which view (day or week) you want shown when you access the Calendar app.
- **Show Me in Online Scheduler** – When marked 'Yes' you will be available for Online Scheduling. However, make sure you also setup your Work Schedule and pin the Visit Types you will accept for appointments (e.g. New Patient, Adjustment, Massage, etc.).
- **Show Me in Online Scheduler** – Determine if other users can edit <u>your</u> SOAP note for all sections, charges only, charges & diagnosis or no sections.



Settings – Users/Work Schedule

User Dr. Brian Albery

- General
- User Rights
- Provider Info
- Provider Info 2
- Work Schedule
- Service & Billing Location
- Online Scheduling
- Employee Wage

The first Monday of my work schedule begins on 08-04-2014 15

My work schedule repeats every 1 week(s). Add Week Remove Week

Show On Calendar ?

Always regardless of Work Schedule ▼

< > Edit work schedule for week 1

Current week for your work schedule is 1

	Location		Day Start / End	Break 1 Start / End	Break 2 Start / End
Monday	Edit Location 1	Spinal Care Chiropractic	7:00 AM / 9:00:PM		
	Edit Location 2	Not at location today			
Tuesday	Edit Location 1	Spinal Care Chiropractic	8:00 AM / 5:00:PM	12:00 PM / 12:30:PM	3:00 PM / 3:30:PM
	Edit Location 2	Durant	8:00 AM / 8:00:PM		
Wednesday	Edit Location 1	Spinal Care Chiropractic	11:00 AM / 8:00:PM	11:00 AM / 12:00:PM	
	Edit Location 2	Durant	8:00 AM / 8:00:PM	11:00 AM / 11:30:AM	
Thursday	Edit Location 1	Spinal Care Chiropractic	8:00 AM / 8:00:PM	11:00 AM / 12:00:PM	
	Edit Location 2	Durant	8:00 AM / 8:00:PM		
Friday	Edit Location 1	Spinal Care Chiropractic	8:00 AM / 5:00:PM	11:00 AM / 12:00:PM	
	Edit Location 2	Durant	8:00 AM / 9:00:PM		
Saturday	Edit Location 1	Spinal Care Chiropractic	10:00 AM / 2:00:PM		
	Edit Location 2	Not at location today			
Sunday	Edit Location 1	Spinal Care Chiropractic	1:00 PM / 4:00:PM		
	Edit Location 2	Not at location today			

Save & Close Cancel

Settings – Users/Work Schedule

Here you can set the individual hours for the user. This is important because it gives you the flexibility to "grey out" timeslots on the calendar. This is useful to let the front desk staff member know areas where you will not take patients.

NOTE: Even though non-scheduled hours will appear in GREY you can still schedule appointments during these times if you want. The grey color is just a visual indication of when you prefer not having appointments.

Settings – Users/Work Schedule

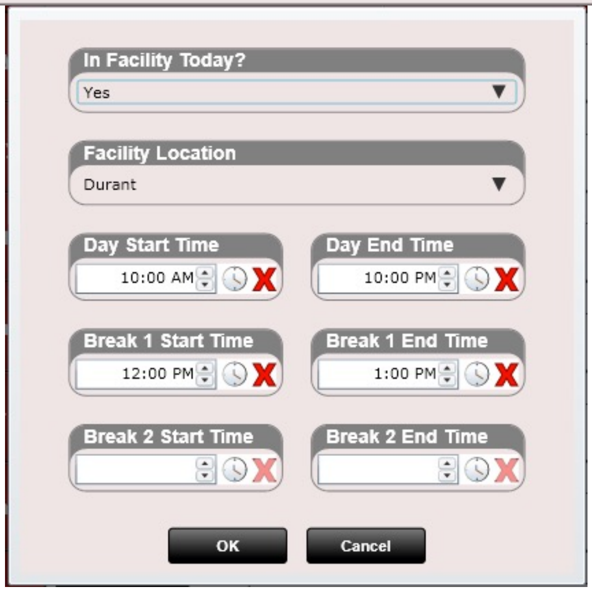
The calendar supports blocking off (marking areas in a dark grey color) times per provider. This makes it easier for your scheduler so they know what times you can see patients.

You can block off times on the same day for up to two locations. This is beneficial if you work at location A in the morning and location B in the evening (or something similar to this).

	Location		Day Start / End	Break 1 Start / End	Break 2 Start / End
Monday	Edit Location 1	Main	8:00 AM / 5:00:PM		
	Edit Location 2	Not at location today			

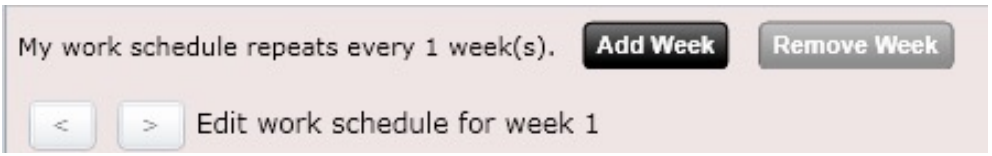
To block off time click “Edit Location 1”. This will open up the dialog shown to the right. Here you can enter the Day Start and Day End times as well as up to two breaks.

If you wish to block off time for a second location, click “Edit Location 2”.

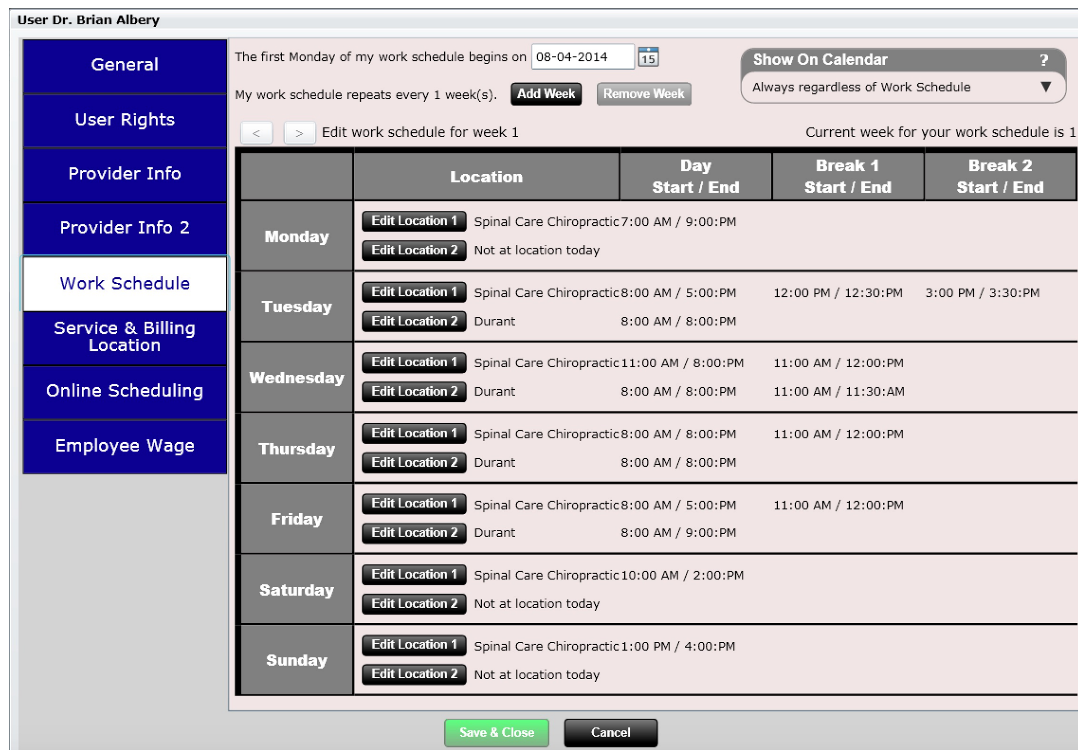


Settings – Users/Work Schedule

At the top you will notice an "Add Week" button as well as left and right arrows to navigate in between weeks. The calendar supports up to 4 weeks of block off times and will then repeat.



Clicking "Add Week" will create a new week (shown to the right). If you have a schedule that repeats every two weeks, you will then of course only create two weeks.

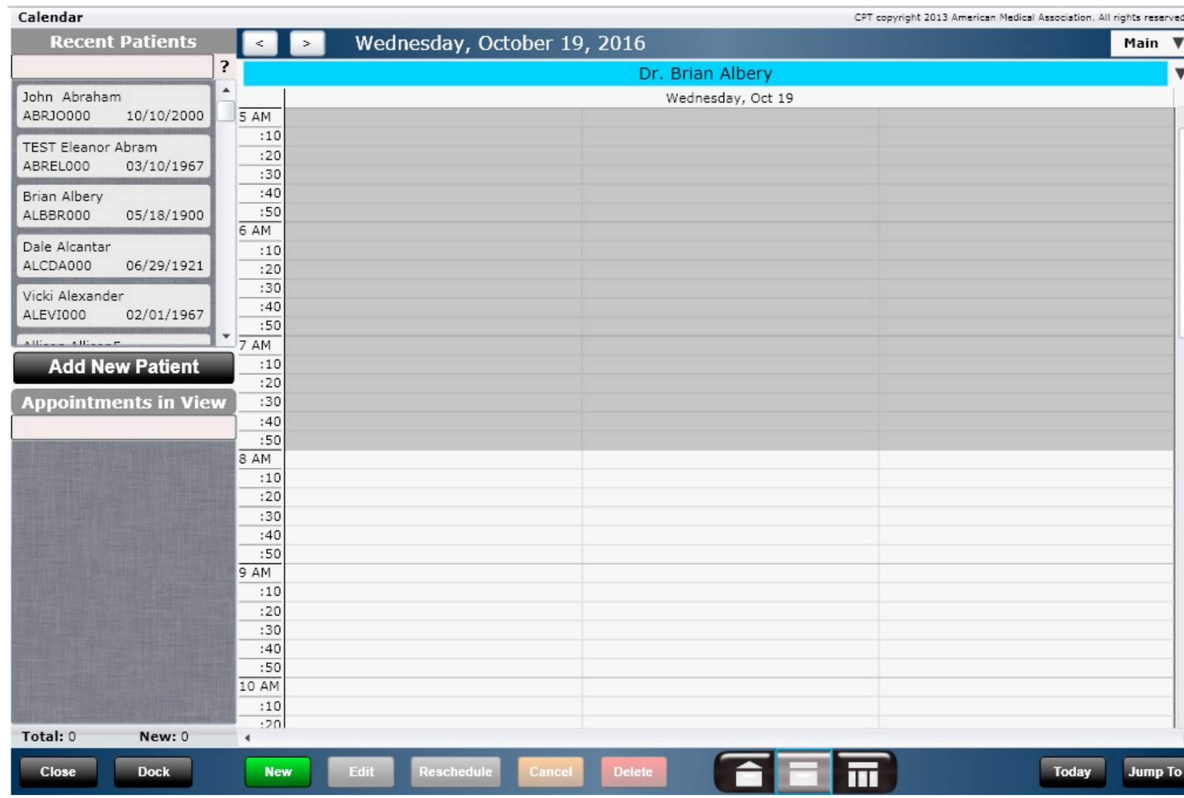


Settings – Users/Work Schedule

This is what the calendar looks like when you block off hours. The grey areas indicate hours the provider does not want to see patients.

NOTE: Even though non-scheduled hours will appear in GREY you can still schedule appointments during these times if you want. The grey color is just a visual indication of when you prefer not having appointments.

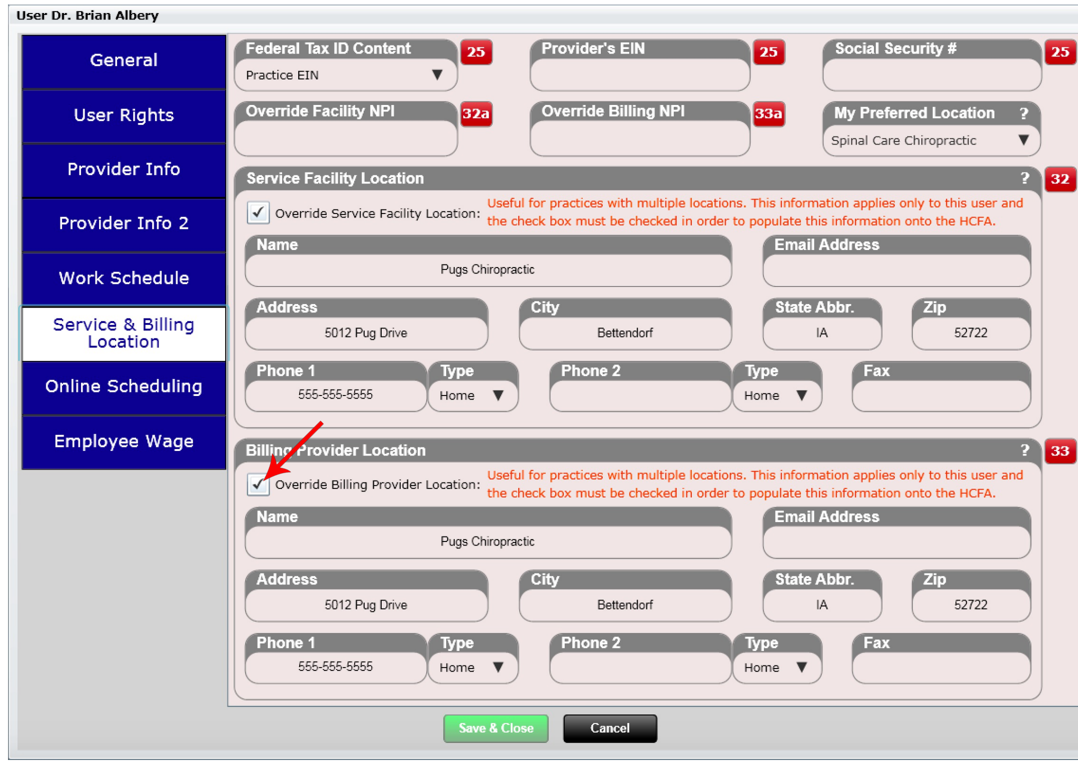
Power Tip: You can also consider not utilizing the work schedule and instead using the Calendar Block Out Time option (with repeat option).



Settings – Users/Service & Billing Location

The Service and Billing Location information allows you to select the following information:

- Federal Tax ID Content (25)
  - Select from Provider EIN, Facility EIN or Provider SSN
- Provider's EIN (25)
- Social Security # (25)
- Override Facility NPI (32a)
- Override Billing NPI (33a)
- Service Facility Location (32)
  - Note the check box must be selected to use this information
- Billing Provider Location (33)
  - Note the checkbox must be selected to use this information



You will notice a checkbox that says, "Override Service Facility Location." This will allow a provider to practice and NOT be forced to have the facilities information appear on their HCFA forms. This is ideal for provider's that are practicing at a location different than the main practice's facility location.

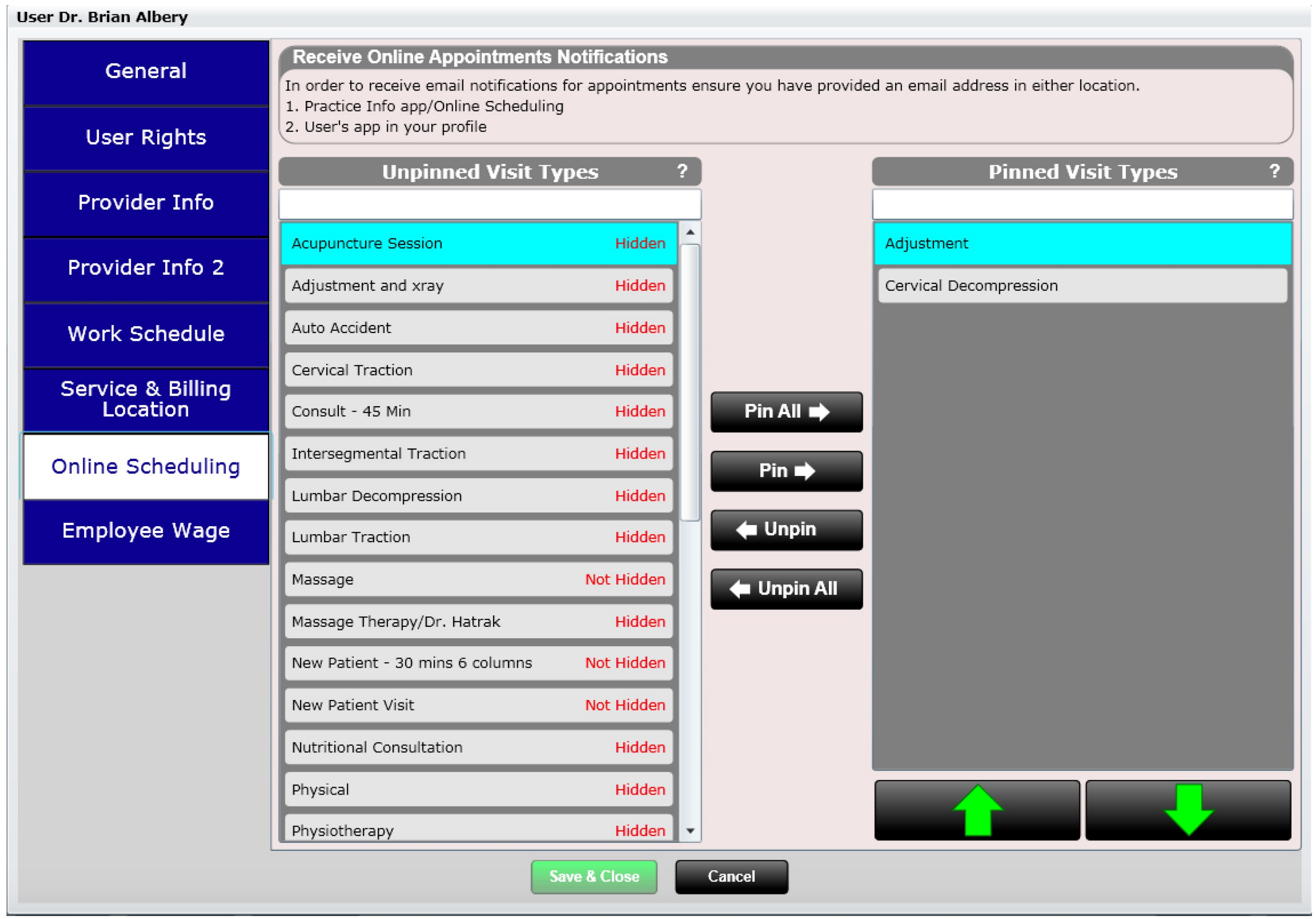
Settings – Users/Service & Billing Location

The Online Scheduling section allows you to Pin the Visit Types you are willing to allow patients to select when scheduling an appointment. You will see I have “Adjustment” and “New Patient Visit” as pinned.

Prior to pinning you MUST mark the Visit Type as HIDDEN or NOT HIDDEN in Settings/Visit Types.

Settings

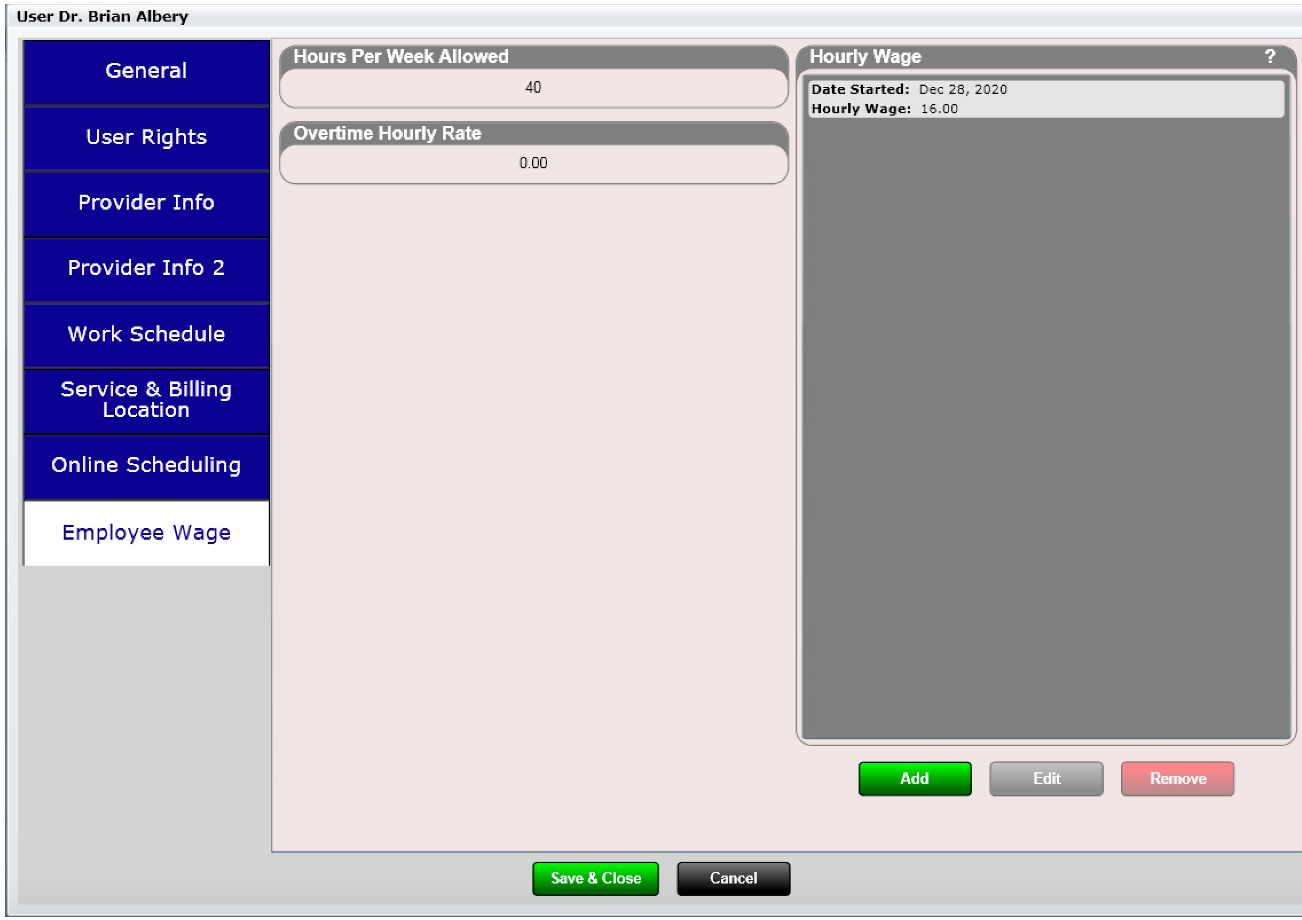
Visit Types



Settings – Users/Service & Billing Location

Employee Wage is used with the Time Clock app. When wage is known you can calculate payroll for your staff using the Time Clock report.

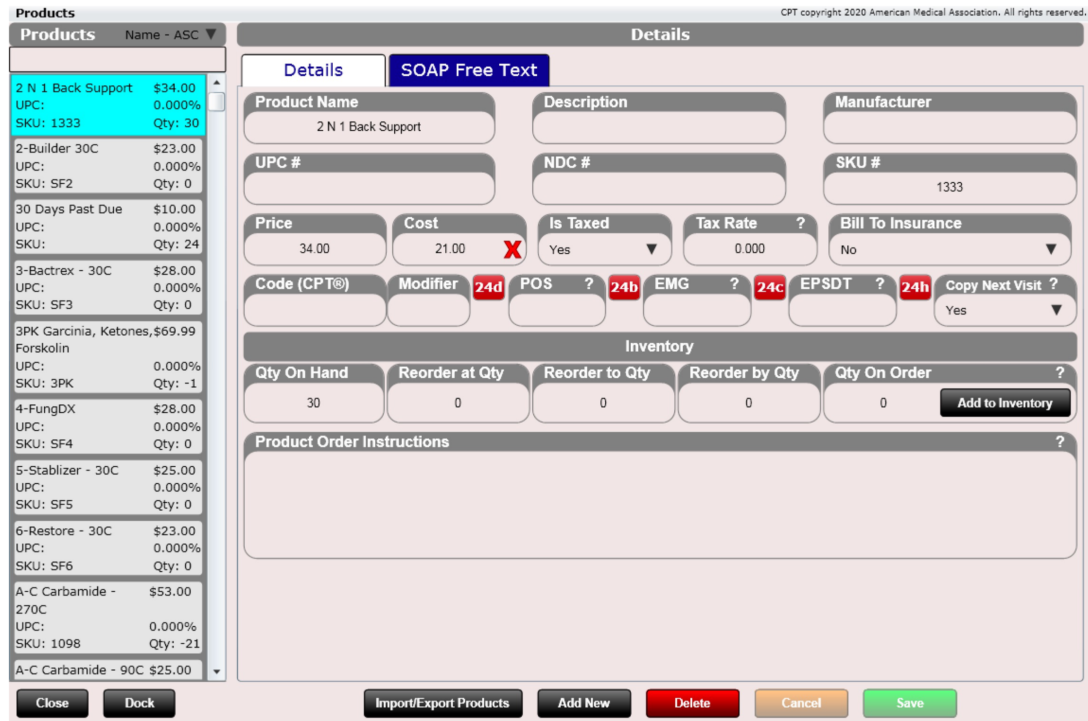
Only Admin users can access the Employee Wage tab. The same is true should you generate the Time Clock report. Only Admin users will be able to see the calculated pay based on that wage.



Settings – Products

The products section is where you go to add products such as Biofreeze for example. The following fields are available:

- Product Name
- Description
- Manufacturer
- UPC #
- NDC #
- SKU #
- Price
- Is Taxed (Yes/No)
- Tax Rate (leave blank to use the default tax rate entered in facility info)
- Bill to Insurance (Yes/No)
- Code/Modifier (24d)
- POS (place of service) (24b)
- Emergency (24c)
- EPSDT (24h)
- Product Order Instructions



NOTE: Specifying POS, Emergency or EPSDT will override Visit Values. Set tax rate to zero to use Practice Tax Rate.

NOTE: For changes to take effect you must completely exit ChiroSpring and reopen.

Settings - Products

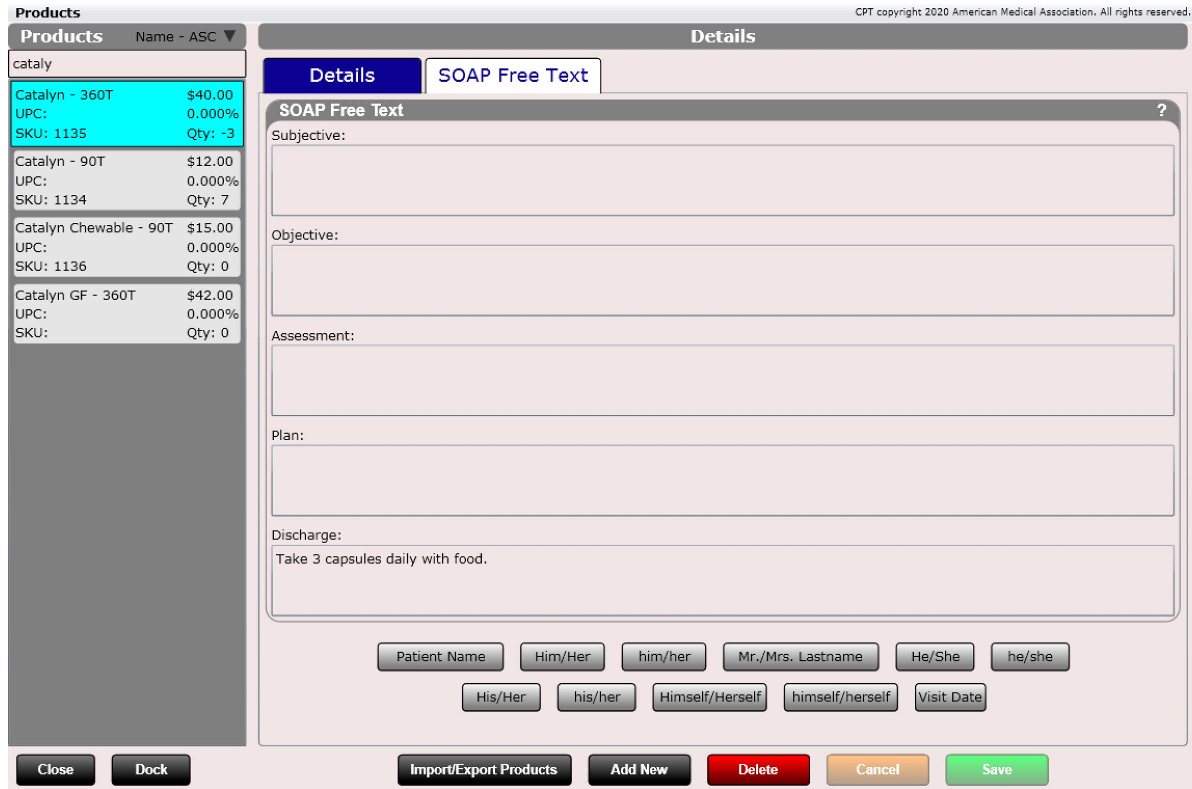
Bill to Insurance

There is a dropdown box that says, "Bill to Insurance". Here you can determine if the product is billable or not billable to insurance by default. This may be useful when creating a charge such as an Orthotic that you want to default as Yes to bill insurance.

Note: This box defaults to "No" when creating a new product as most products do not get billed to insurance.

Settings – Products

You also can set text on a per product basis. For example, I have entered "Plan" and "Discharge" text in the image below for the product Catalyn. This is because I want the Plan section of my SOAP Note to read "Take 1 Catalyn tablet three times daily with food" AUTOMATICALLY every time I add the product to the patient's charges list. The discharge instructions will also populate with this same text which is great because the patient will now know how to take their Catalyn as the discharge instructions are printed on the receipt.



Note... you will not see any of this text while you are Editing a SOAP note. It only appears in the "paper" SOAP note or on the receipt.

Track Inventory

Qty On Hand	Reorder at Qty	Reorder to Qty	Reorder by Qty	Qty. On Order	
0	5	20	15	4	Add to Inventory

You can edit inventory values in the Products app. Then use the “Product Inventory” and “Product Shortage” reports to keep up to date on which products need re-ordering.

Product Inventory Report

Created 12/28/2020 10:59 PM

Name	SKU/ UPC	NDC/ HICF Code	Manufacturer	Qty on Hand	Reorder at Qty	Reorder by Qty	Reorder to Qty	Qty. on Order	Cost per Item	Cost on Hand + on Order	Need to Order
2 N 1 Back Support	1333			30	0	0	0	0	21.0000	630.0000	-30
30 Days Past Due				24	0	0	0	0			-24
3PK Garcinia, Ketones, Forskolin	3PK		MaritzMayer Labs - Private Label Neutraceuticals	-1	0	0	0	0	20.6300	-20.6300	1
A-C Carbamide - 270C	1098		Standard Process	-21	0	0	0	0	33.0000	-693.0000	21
A-C Carbamide - 90C	1097		Standard Process	-53	0	0	0	0			53
Adrenal (Dessicated) - 90T	1099		Standard Process	-8	10	2	20	0			28
A-F Betafood - 360T	1101		Standard Process	-99	5	5	20	0	29.0000	-2871.0000	119
Air Lite Ankle Brace	1353			-1	0	0	0	0			1
Albaplex - 150C	1103		Standard Process	-35	0	0	0	0			35
Albaplex - 40C	1102		Standard Process	-127	0	0	0	0			127
Albizia Complex - 40T	M1100		Mediherb	-4	0	0	0	0	14.7500	-59.0000	4

Track Profit on Products

You can keep track of profits on products by using the "Cost" field in the Products app. Then use the Sold Products Detail or Sold Products Summary Report to see profits for your products.

Spinal Care Chiropractic
234 Western
Davenport, IA 123456789
563-545-4565

Sold Products Detail Report

3/18/2016 through 3/18/2016

All Locations

DATE	DESCRIPTION	UNITS	COST	TAX	AMOUNT	PROFIT
03/18/16 12:08 PM	1338 10 Inch Universal Criss-Cross Support	1	18.50	1.89	28.89	8.50
03/18/16 12:08 PM	1333 2 N 1 Back Support	1	21.00	2.38	36.38	13.00
03/18/16 12:08 PM	1098 A-C Carbamide - 270C	1	33.00	3.36	51.36	15.00
03/18/16 12:08 PM	1101 A-F Betafood - 360T	1	29.00	3.08	47.08	15.00

Totals

TRANSACTIONS	CHARGES	UNITS	COST	TAX	AMOUNT	PROFIT
1	4	4	4	101.50	163.71	51.50

Profit is an estimation and is based on the cost entered for the product at the time this report was generated

Settings – Services

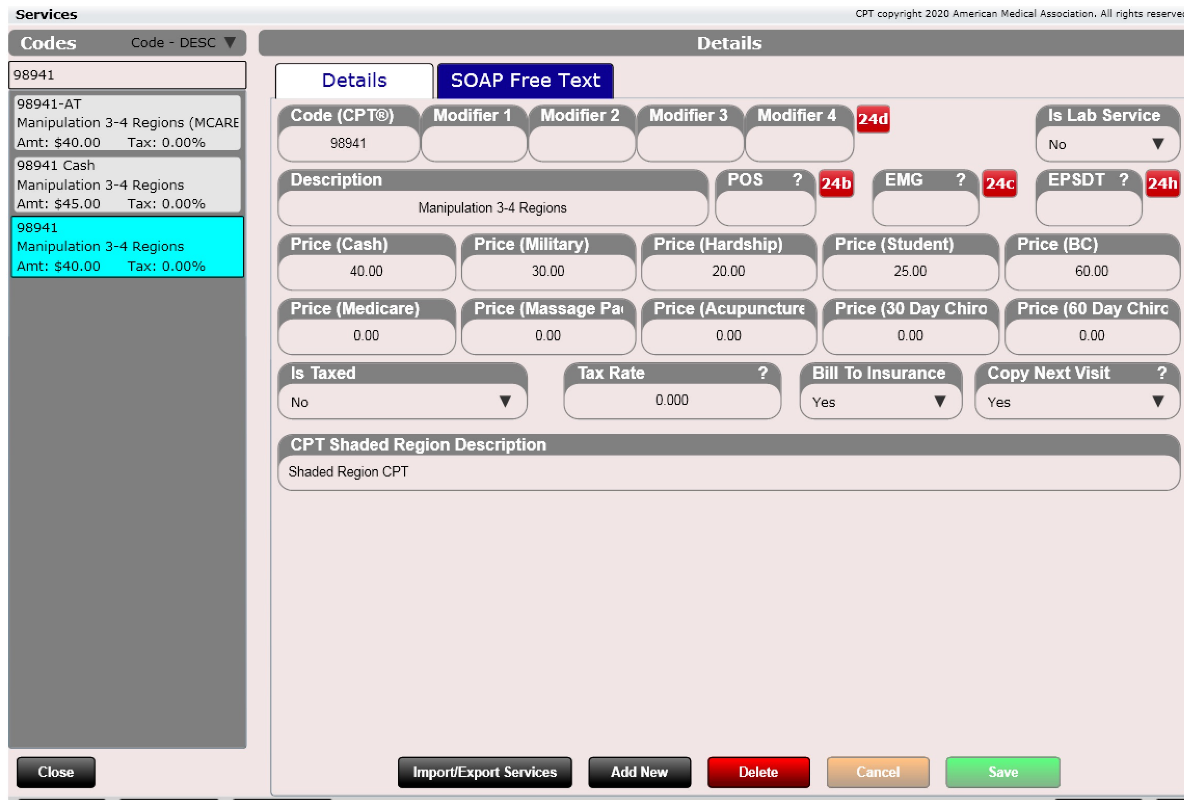
Use the Services app to add CPT coded items such as adjustments or x-rays. ChiroSpring comes loaded with common chiropractic CPT codes.

Click the “Add New” button to create a new service.

The following information is available to enter for a service:

- Code/Modifier (24d)
- Is Lab Service (Yes/No)
- There are also multiple PRICE options. These are Fee Schedules that can be set to patients in Dashboard/Profile.

Perhaps you have patients that you want to give a discount for every service. Fee schedules can be used for this. You can change the name of fee schedules in Settings/Practice Info/General 2.



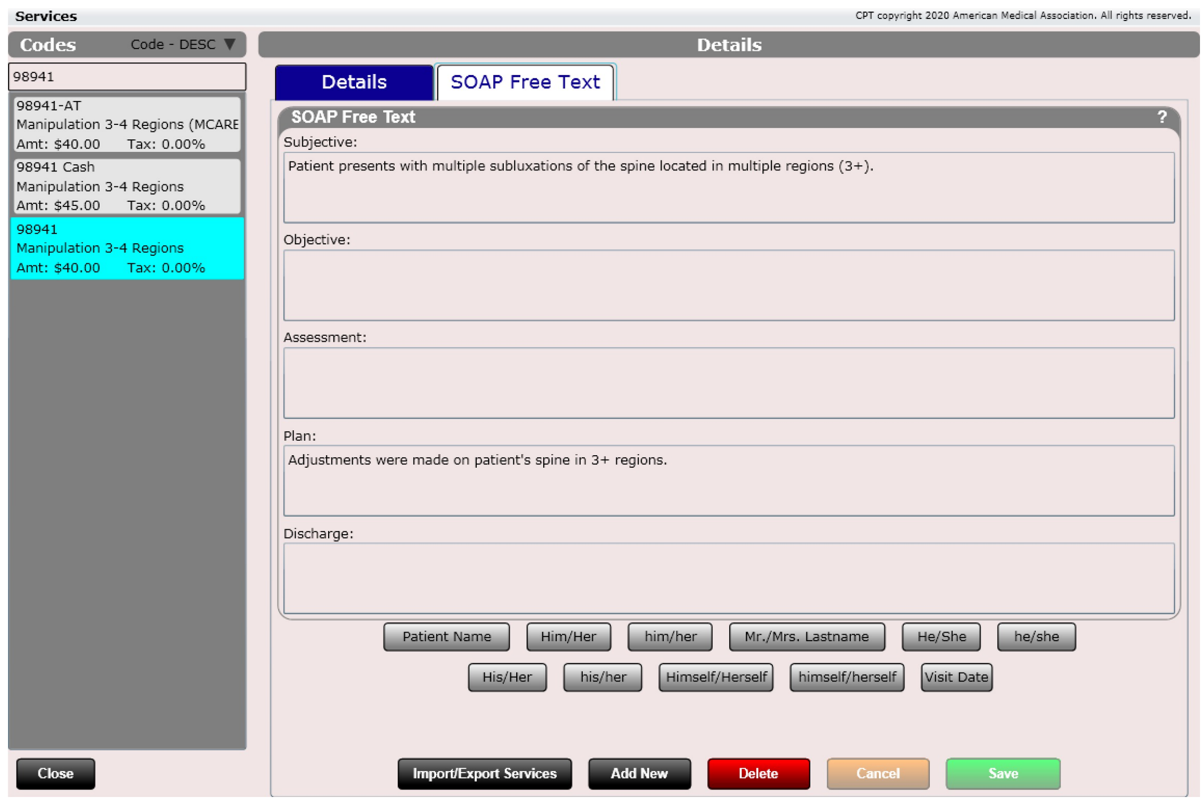
NOTE: For changes to take effect you must completely exit ChiroSpring and reopen.

Settings – Services

You also can set text on a per service basis. For example, I have entered “Objective” text for a 3-4 region adjustment. The text says “Palpated patient and found subluxations on the noted regions. All subluxations were adjusted.”

This is an extremely powerful feature because it will help aid you in the process of writing compliant SOAP notes quickly.

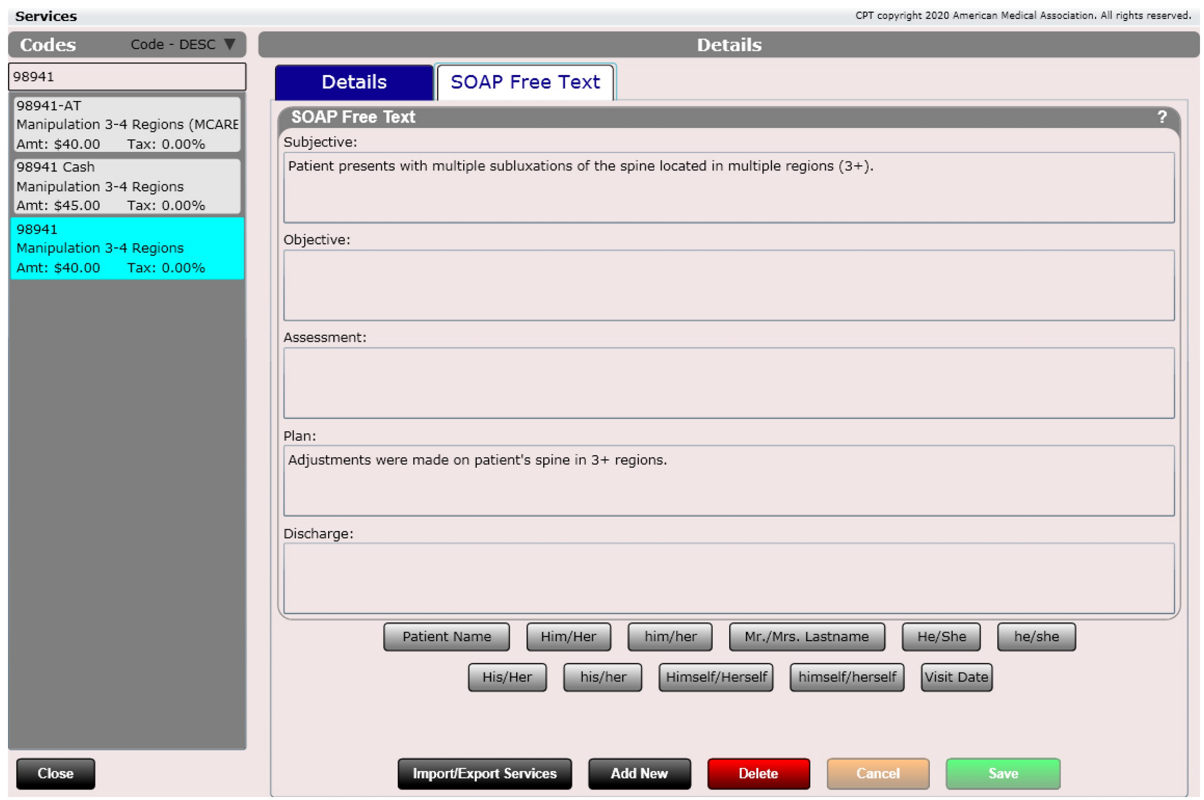
Note… you will not see any of this text while you are Editing a SOAP note. It only appears in the “paper” SOAP note or on the receipt (in the case of discharge).



Settings – Services

- Price Estimated (Yes/No)
- Is Taxed (Yes/No)
- Tax Rate
  - Leave blank to use the default facility tax rate
- POS (Place of Service) (24b)
- Emergency (24c)
- EPSDT (24h)

NOTE: Specifying POS, Emergency or EPSDT will override Visit Values. Set tax rate to zero to use Practice Tax Rate.

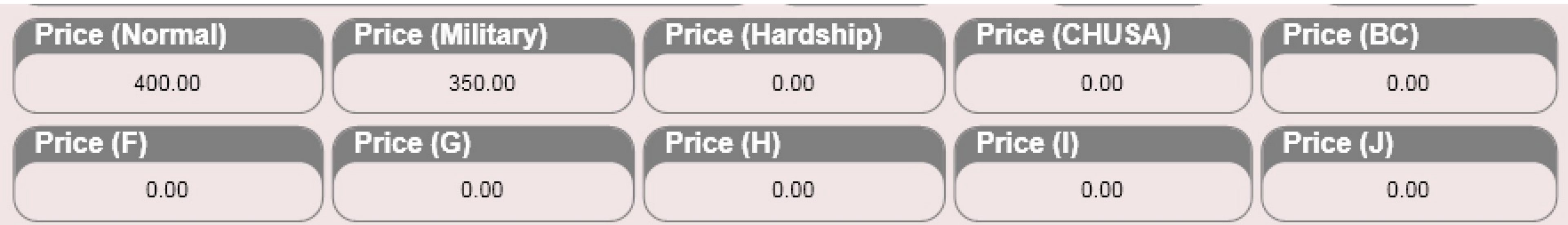


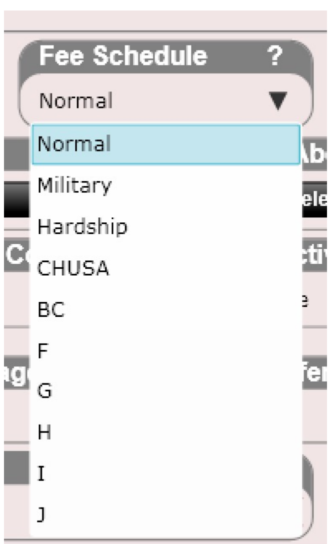
NOTE: For changes to take effect you must completely exit ChiroSpring and reopen.

Settings - Services

Fee Schedules

Fee schedules are very useful for setting multiple prices for a service. You can set up to 10 prices for a single service. Then, to determine what fee schedule pricing you apply for a patient set the patient's default fee schedule in their patient profile.





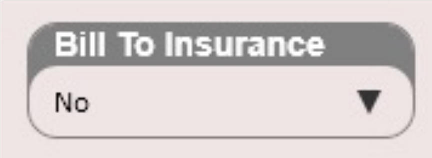
To the left is the Fee Schedule menu found in the patient profile. You can also change the patient's fee schedule at check-in on the front desk.

NOTE: For changes to take effect you must completely exit ChiroSpring and reopen.

Settings - Services

Bill to Insurance

There is a dropdown box that says, “Bill to Insurance”. Here you can determine if the charge is billable or not billable to insurance. This can be handy when you are creating services such as Medicare X-Rays that you know are both services but are the responsibility of the patient and not the insurance.

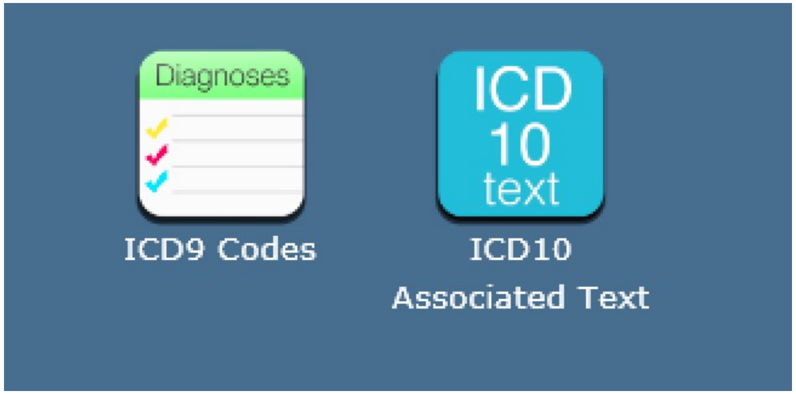


Note: This box defaults to “Yes” when creating a new service as most services get billed to insurance.

Settings – Diagnosis

The Diagnosis app will open a dialog with two apps inside:

- ICD9 Codes – Create or edit ICD9 codes.
- ICD10 Associated Text – Use this app to add text that is associated with a diagnosis code. This associated text will append to the paper SOAP in the S, O, A, P or Discharge section.



Power Tip: Use the ICD10 Associated Text app to customize your favorite groups and pinned codes for the logged in user.

NOTE: For changes to take effect you must completely exit ChiroSpring and reopen.

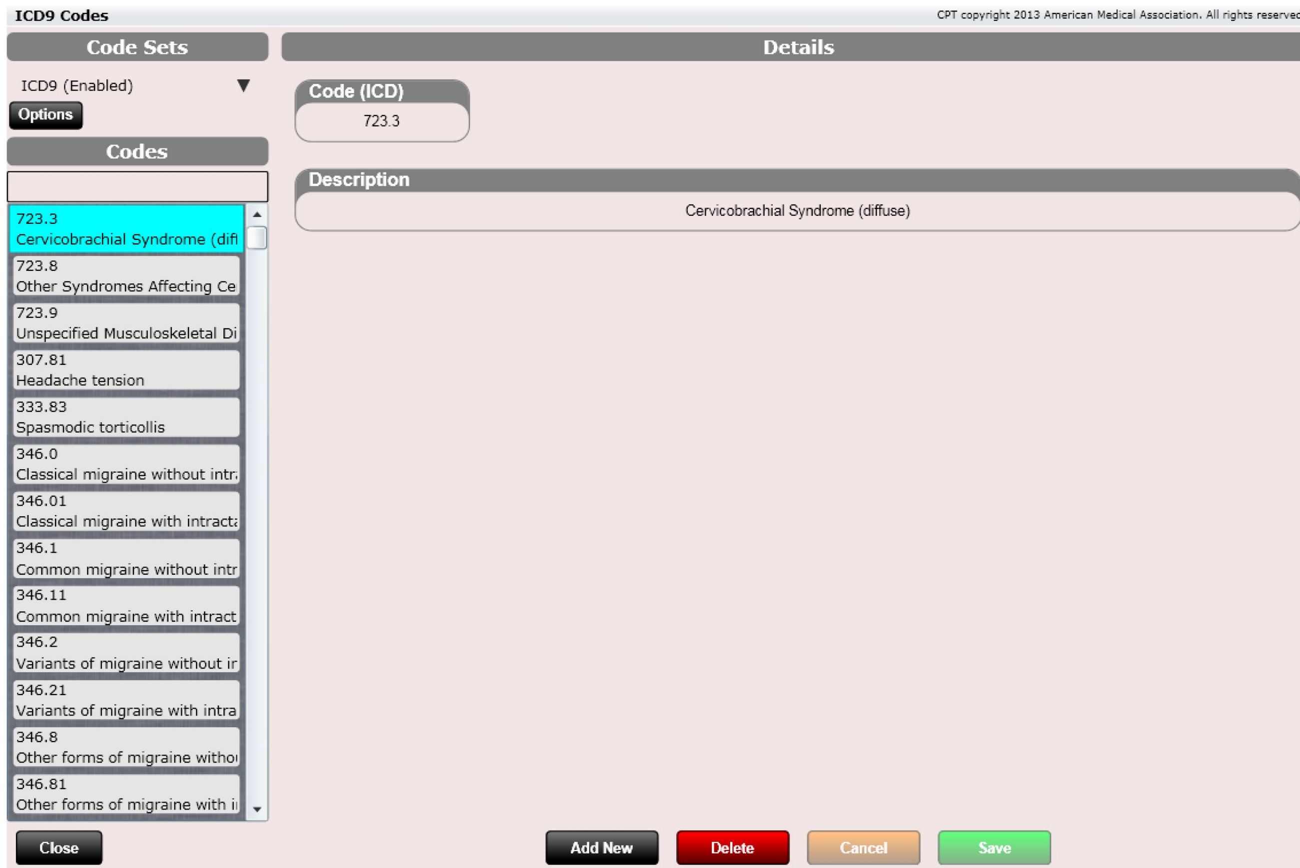
Settings – ICD9 Codes

Use the ICD9 Codes app to view, edit or create new diagnoses in ChiroSpring. To create a new diagnosis, click the "Add New" button and enter the following information:

- Code (IDC9 code)
- Description

ChiroSpring comes preloaded with hundreds of diagnosis codes.

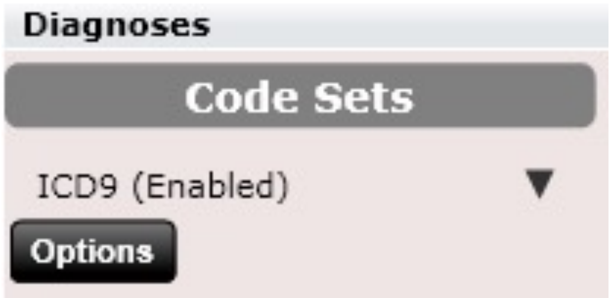
This app only allows you to edit ICD-9 diagnoses (not ICD10 codes). This is because with ICD-10 we have loaded EVERY SINGLE CODE IN EXISTANCE. ☺



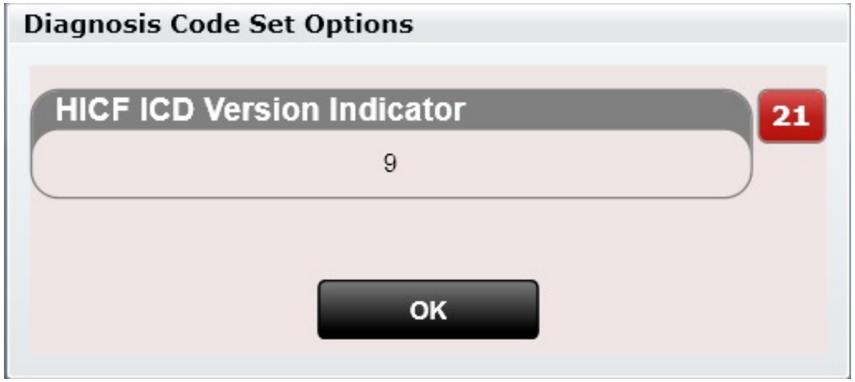
NOTE: For changes to take effect you must completely exit ChiroSpring and reopen.

Settings – ICD9 Codes

The diagnosis section also has a menu at the top called "Code Sets." As you may be aware, every so often new ICD code sets are released. We have both ICD-9 and ICD-10 loaded into ChiroSpring. However, as mentioned previously, you are only able to add or edit ICD-9 codes. This is because we do not have every single ICD-9 code loaded into the system. With ICD-10 we have loaded every single code into ChiroSpring.



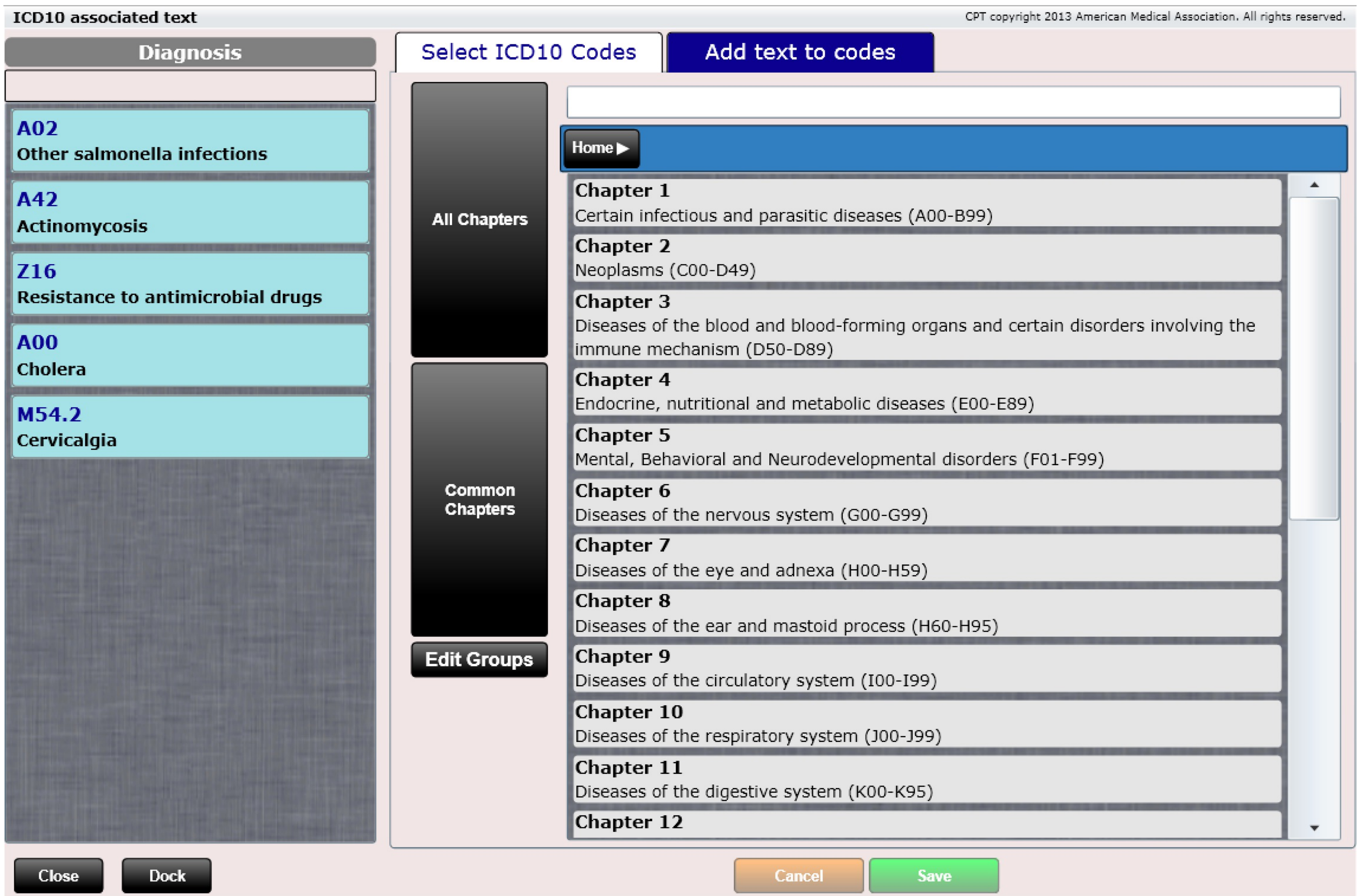
Clicking the "Options" button allows you to enter the ICD Version Indicator. This will be 9 for ICD-9 and 0 for ICD-10.



NOTE: For changes to take effect you must completely exit ChiroSpring and reopen.

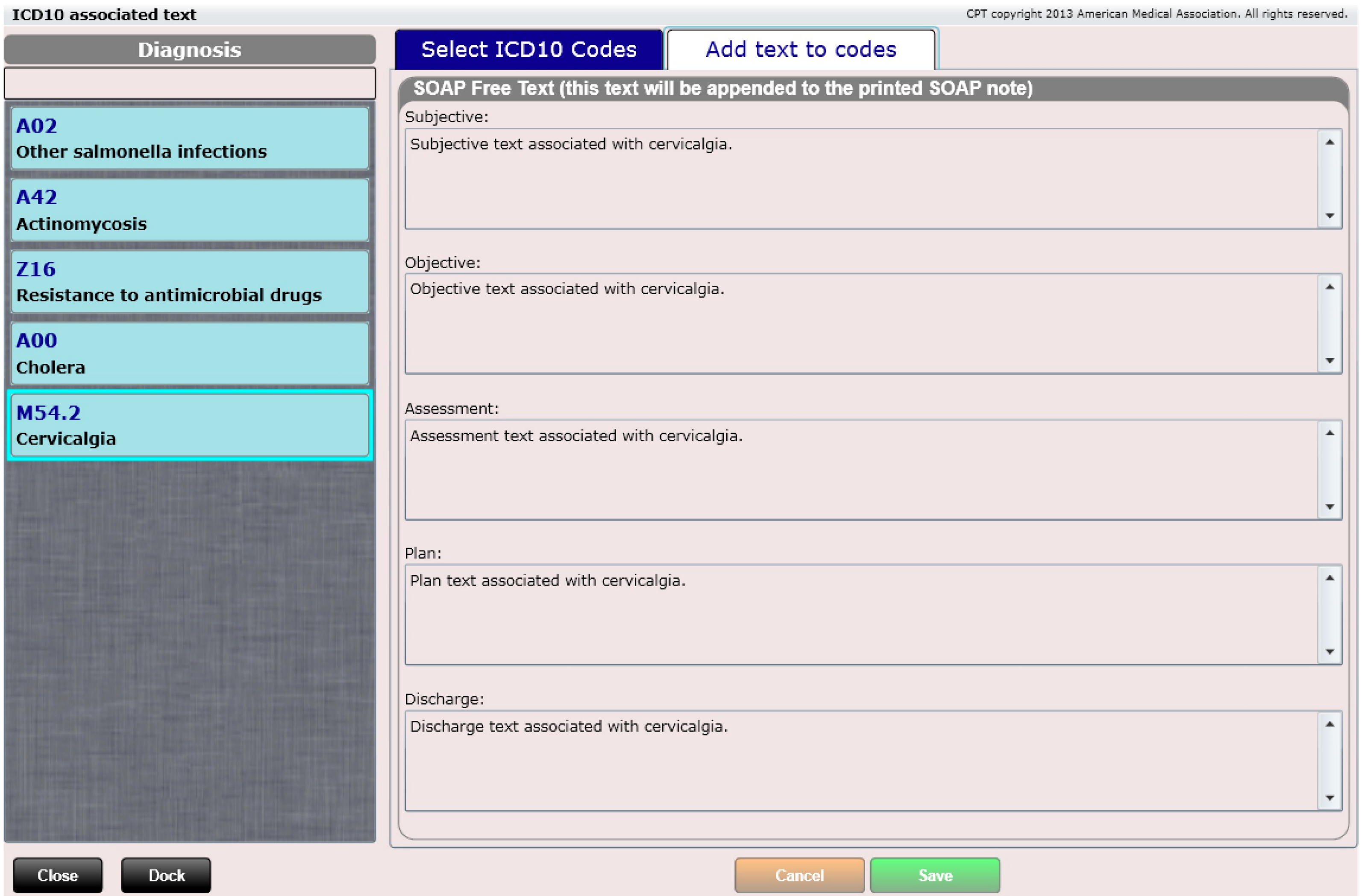
Settings – ICD10 Associated Text

The Select ICD10 Codes tab will allow you to search and select one ore more codes. These codes are then added to the Diagnosis list box. Next you will click the "Add Text to Codes" tab to add text to these codes that will be appended to the printed SOAP note. Also, on the Select ICD10 Codes tab you can customize your ICD10 favorites by creating groups and pinning codes.



Settings – ICD10 Associated Text

The “Add Text to Codes” section will allow you to add text for the selected code. This associated text will append to the paper SOAP in the S, O, A, P or Discharge section.



Settings – Pin Charge Codes

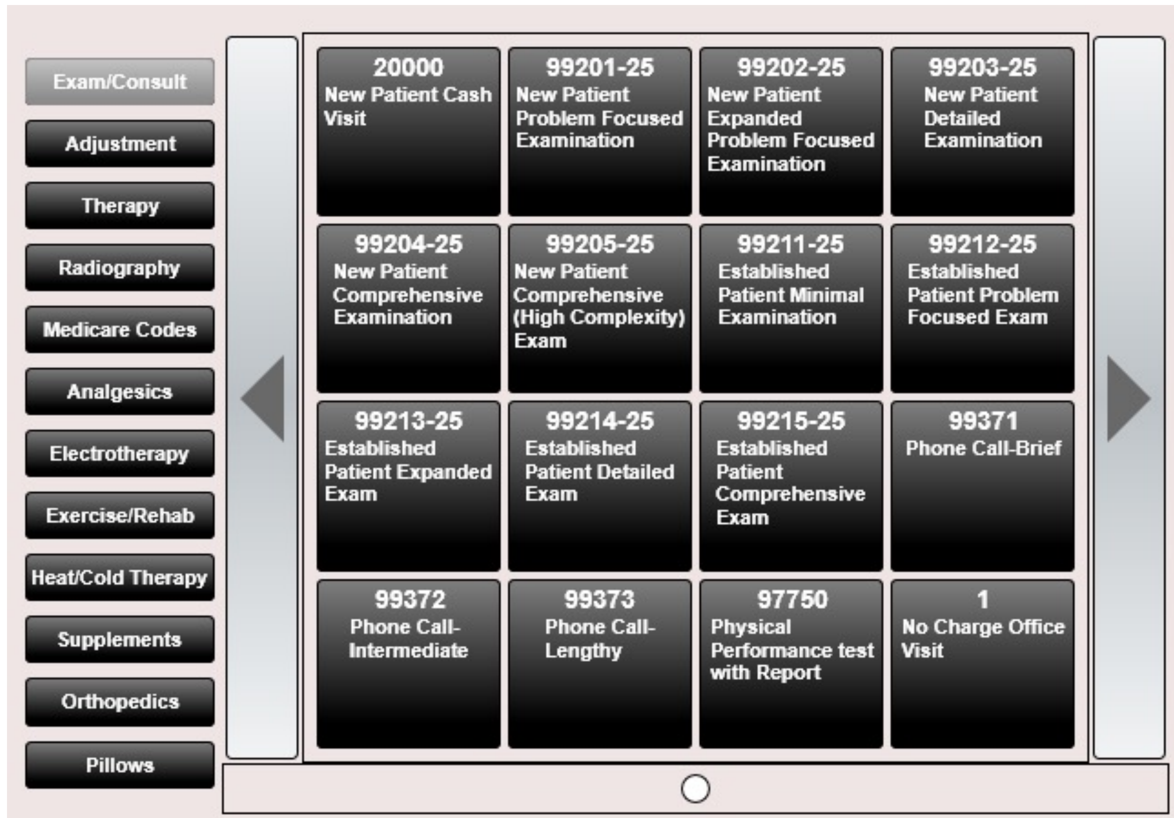
Settings – Pin Charge Codes

The Pin Charge Codes app will allow you to customize GROUPS (the folders on the left pictured to the right such as 'Adjustment') as well as which products or services are in these groups. For example, I have selected the Exam/Consult group and now see several charges on the grid to the right.

You can customize WHICH charges and their ORDER all inside the Pin Charge Codes app in Settings.

It is also great that this customization can be SPECIFIC to each USER. We know different providers may use different charges, so this is entirely possible. If you want to copy a user's grid, simply use the "Copy From User" button to make your charges grid the same as theirs.

SOAP Note Charges Grid



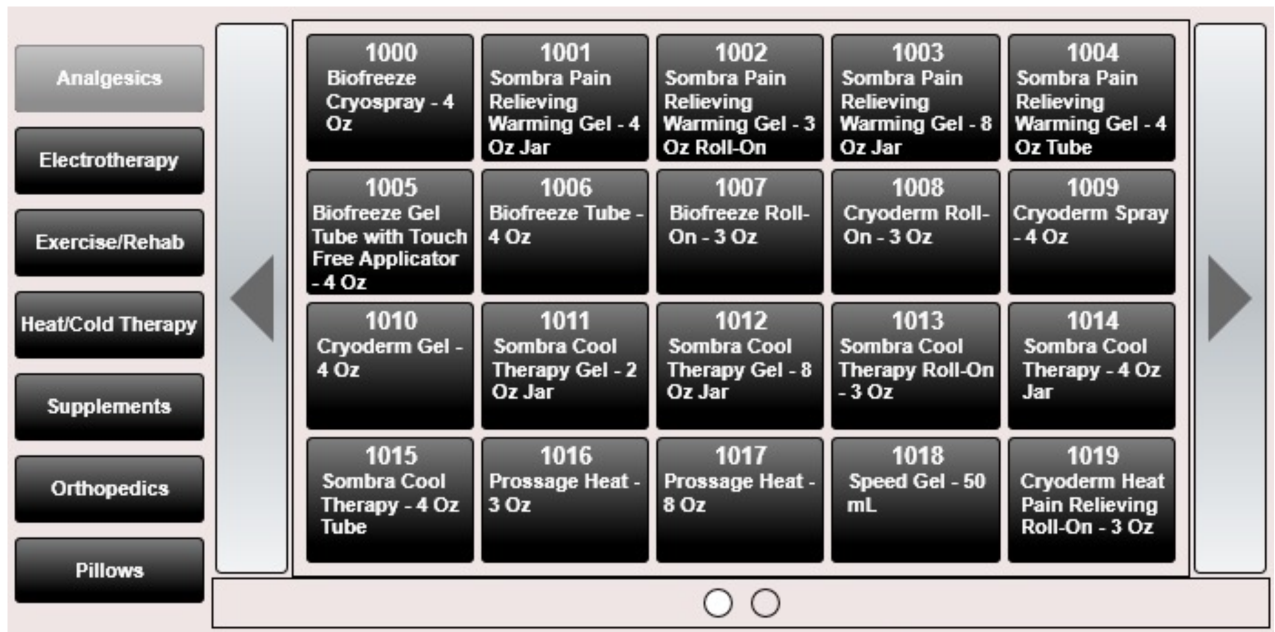
Settings – Pin Charge Codes

It is important to note that there are TWO charge grids in ChiroSpring.

1. In Edit SOAP you will see a charges tab. This tab contains products and services.
2. At the Cash Register you will see a charges grid. Here only PRODUCTS are accessible.

Customizing your grid has no BEARING on this at all. The software simply filters to show PRODUCTS at the Cash Register and a mix of PRODUCTS and SERVICES in Edit SOAP.

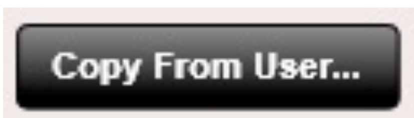
Cash Register Charges Grid



Settings – Pin Charge Codes

You may notice a button in the lower portion of the screen called “Copy From user…”. Use this button to make your GRID the same as another user’s.

Selecting “ChiroSpring BuiltIn” will reset the grid to the default settings.



Note: If you make a change to a user’s grid users that COPIED YOUR GRID will need to re-copy your grid in order to experience your changes. The copy is a one and done type of thing.

NOTE: For changes to take effect you must completely exit ChiroSpring and reopen.

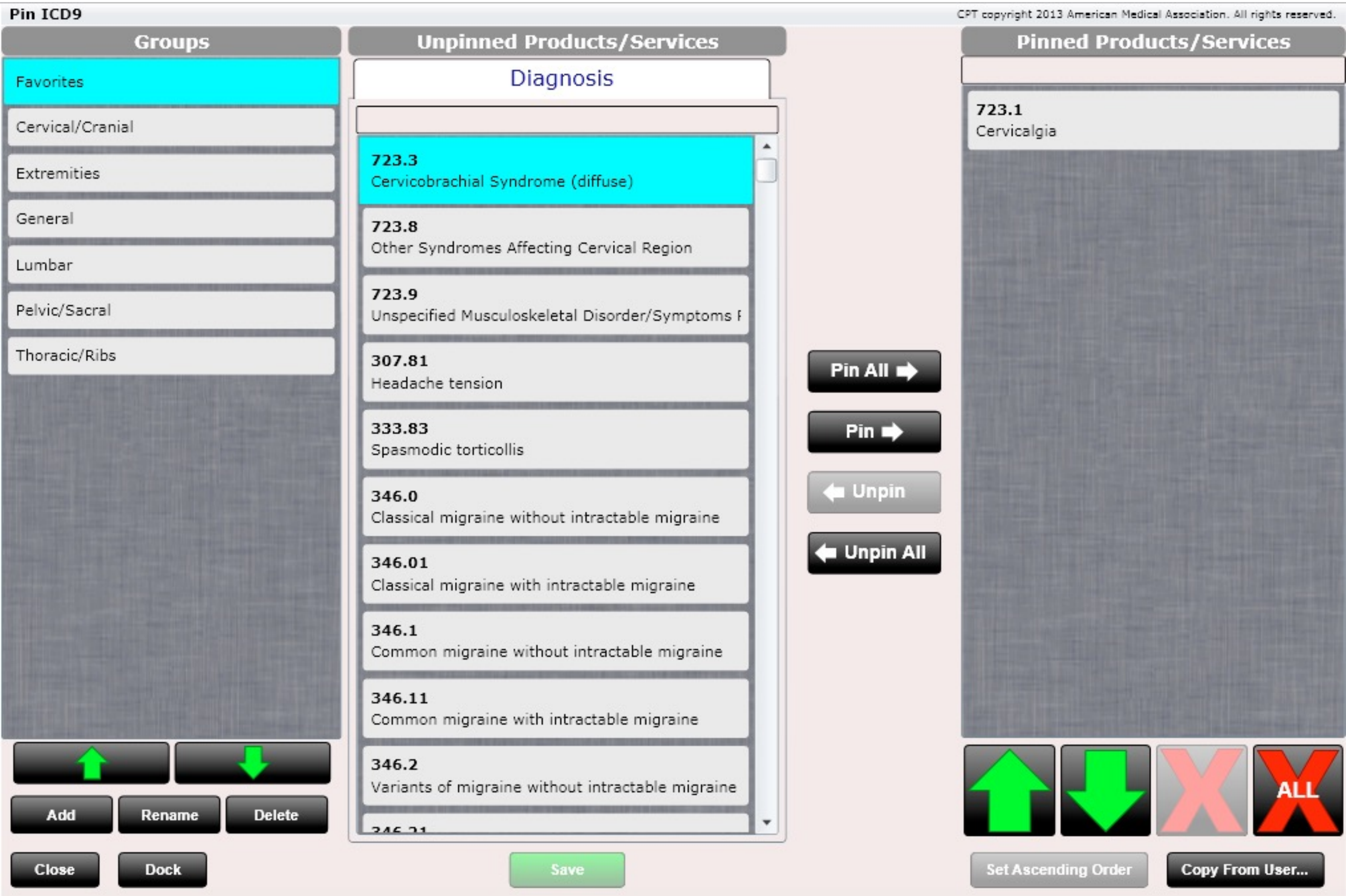
Settings – Pin ICD9 Diagnosis Codes

ICD9 is no longer used however we have kept it in the software for legacy purposes. Pinning and Un-pinning ICD-9 diagnosis codes works the same as pinning and un-pinning charges. This section was already covered so read that section for more details. The only difference is you are modifying the Diagnosis Grid when you create groups and pin or un-pin diagnoses to these groups.

NOTE: To pin ICD10 codes you must be inside the Edit SOAP. On the Diagnosis tab you will see an "Edit Groups" button which will allow you to create ICD10 groups. Use the PIN button on each ICD10 code to PIN the code to any of your groups.

NOTE: For changes to take effect you must completely exit ChiroSpring and reopen.

Settings – Pin ICD9 Diagnosis Codes

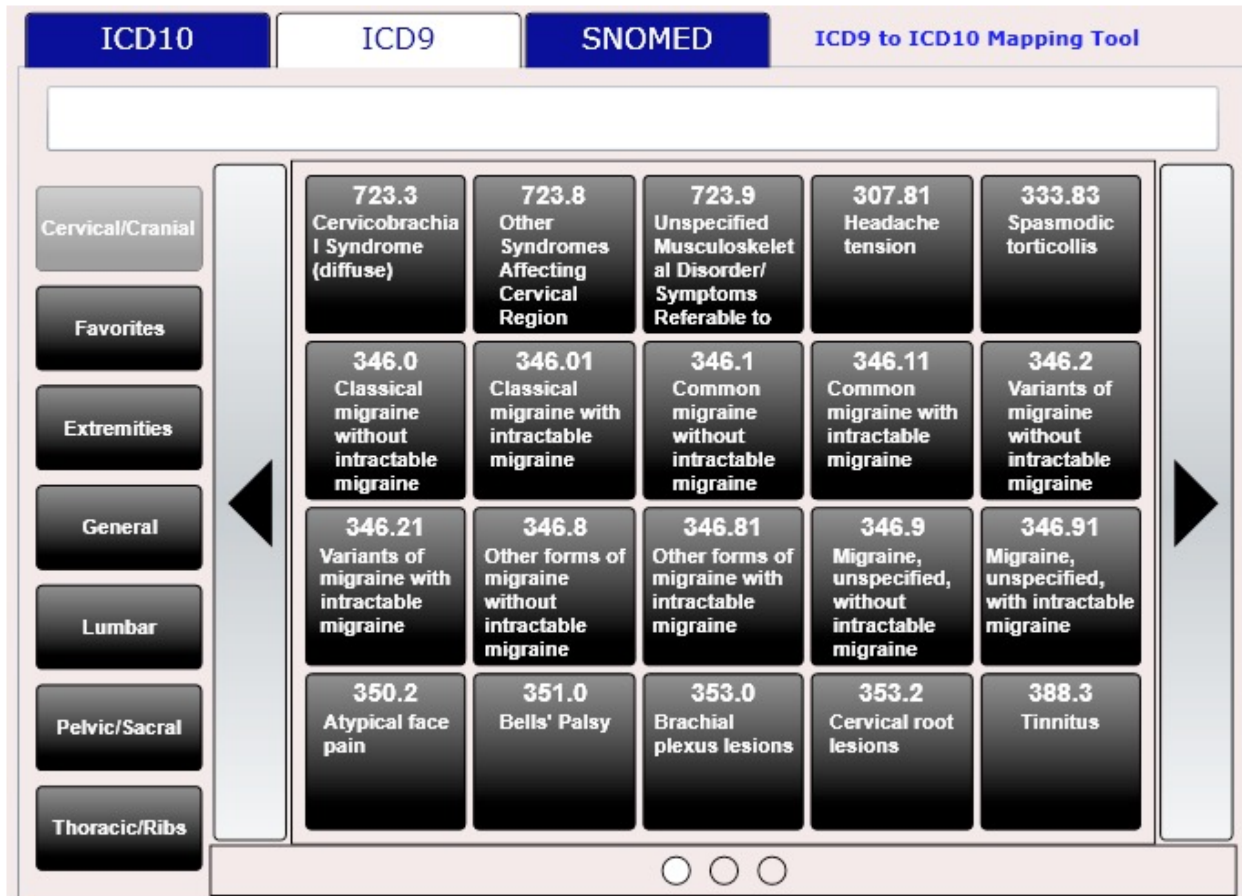


Settings – Pin ICD9 Diagnosis Codes

Pinning ICD-9 diagnoses will affect the ICD-9 Diagnosis grid located in the SOAP note.

We understand that no one is using ICD9 anymore, but this information is kept here for legacy purposes.

SOAP Note ICD9 Diagnosis Grid



Settings – Pin ICD9 Diagnosis Codes

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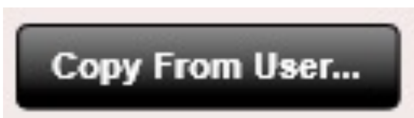


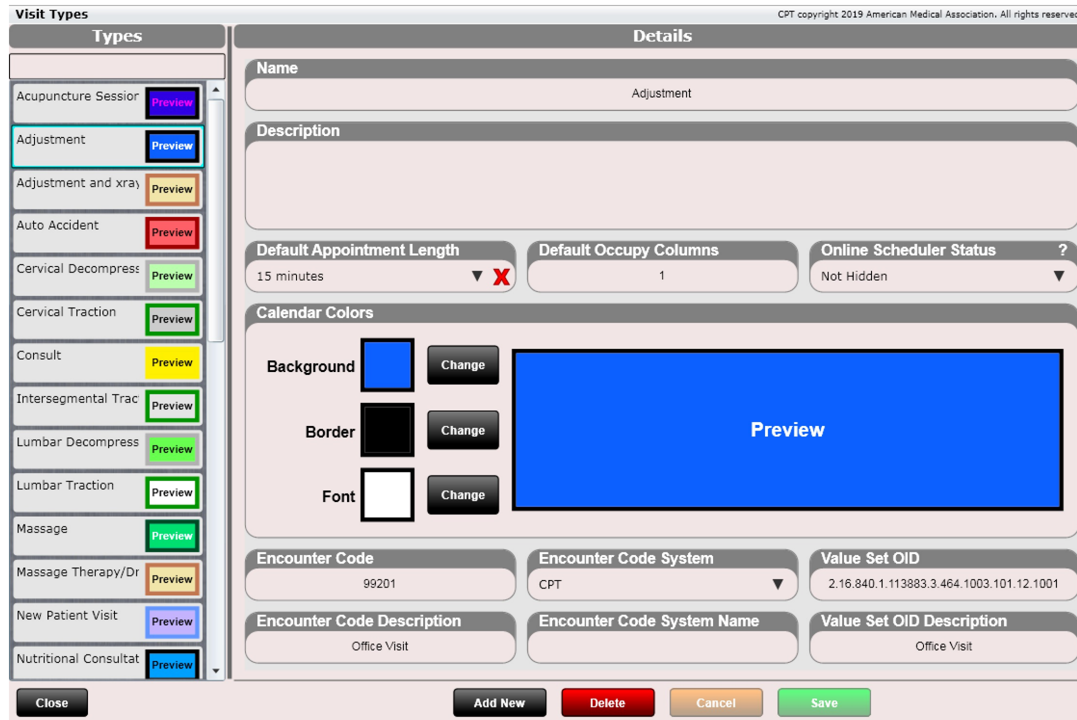
Note: If you make a change to a user’s grid users that COPIED YOUR GRID will need to re-copy your grid in order to experience your changes. The copy is a one and done type of thing.

NOTE: For changes to take effect you must completely exit ChiroSpring and reopen.

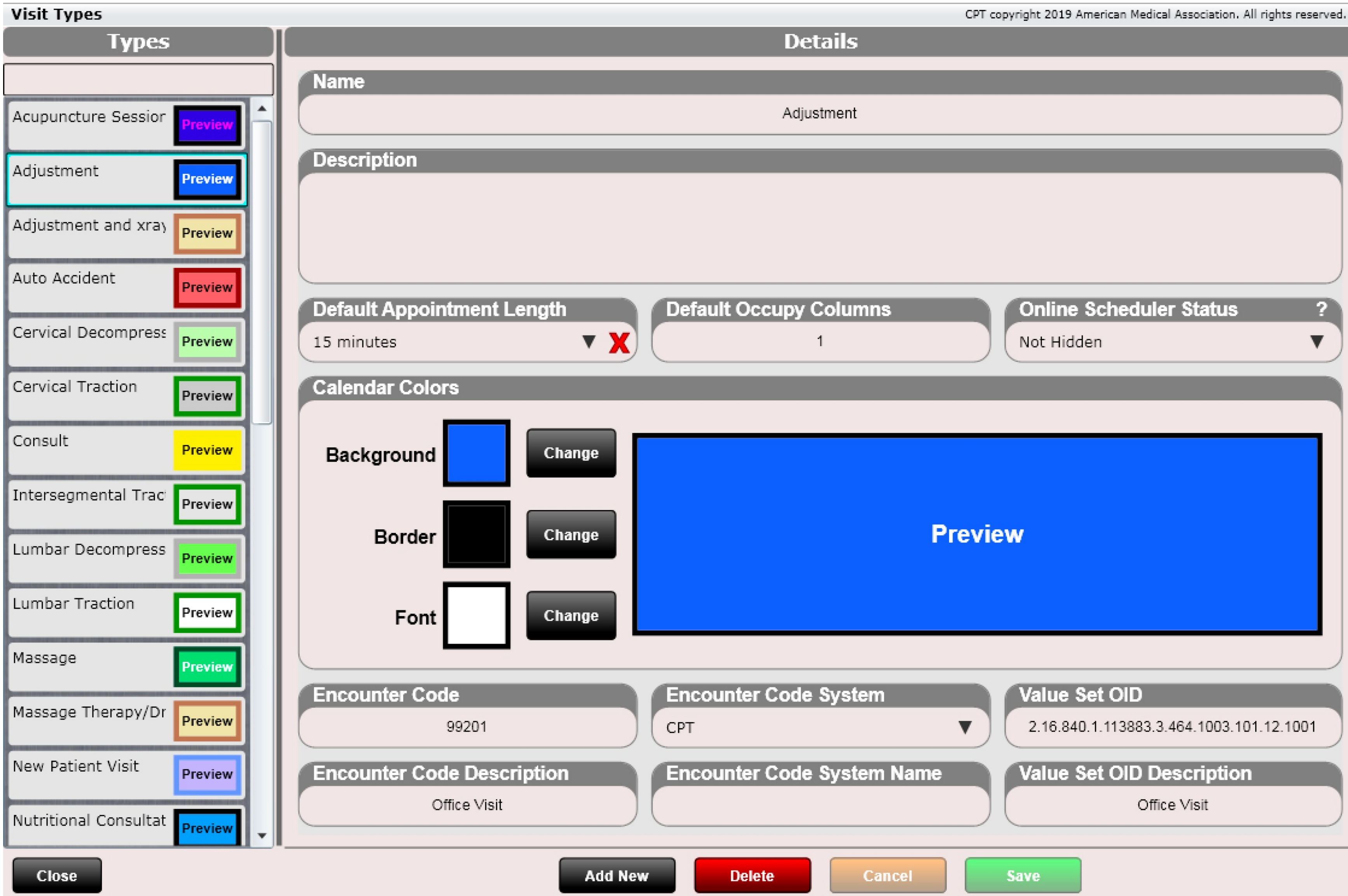
Settings – Visit Types

Visit types can be added, edited or deleted in this section. Here you have the ability to provide the following information:

- Name
- Description
- Default appointment Length
  - This value will be used when scheduling a patient
- Default Occupy Columns
  - This specifies how many columns on the calendar across the appointment will take.
- Online Scheduler Status
  - When 'Not Hidden' this Visit Type will be pinnable in Settings/Users/Online Scheduling.
- Calendar Colors
  - You can modify the Background, Border and Font colors

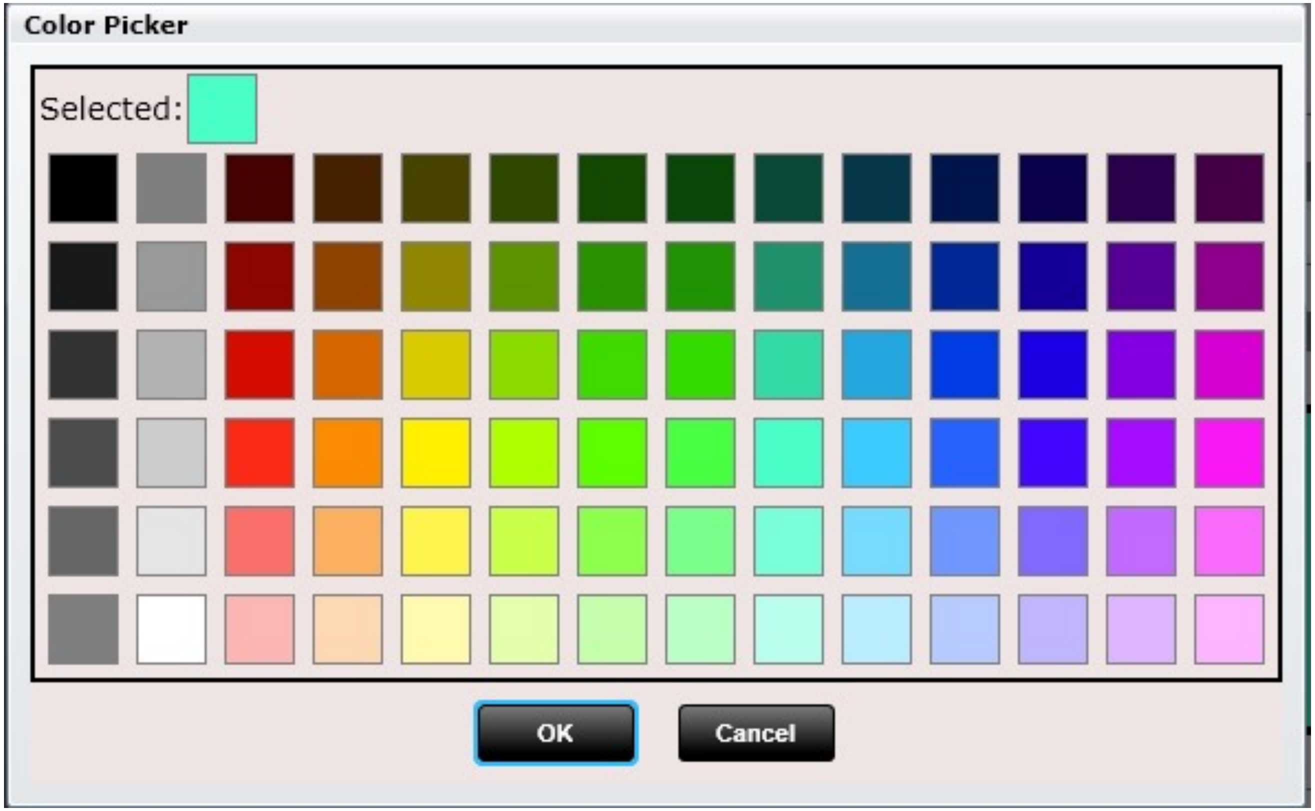


Settings – Visit Types



Settings – Visit Types

This is the color swatch allowing you to select the color you wish to set for the Visit Type.

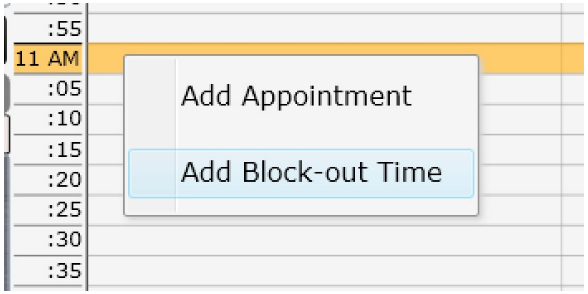


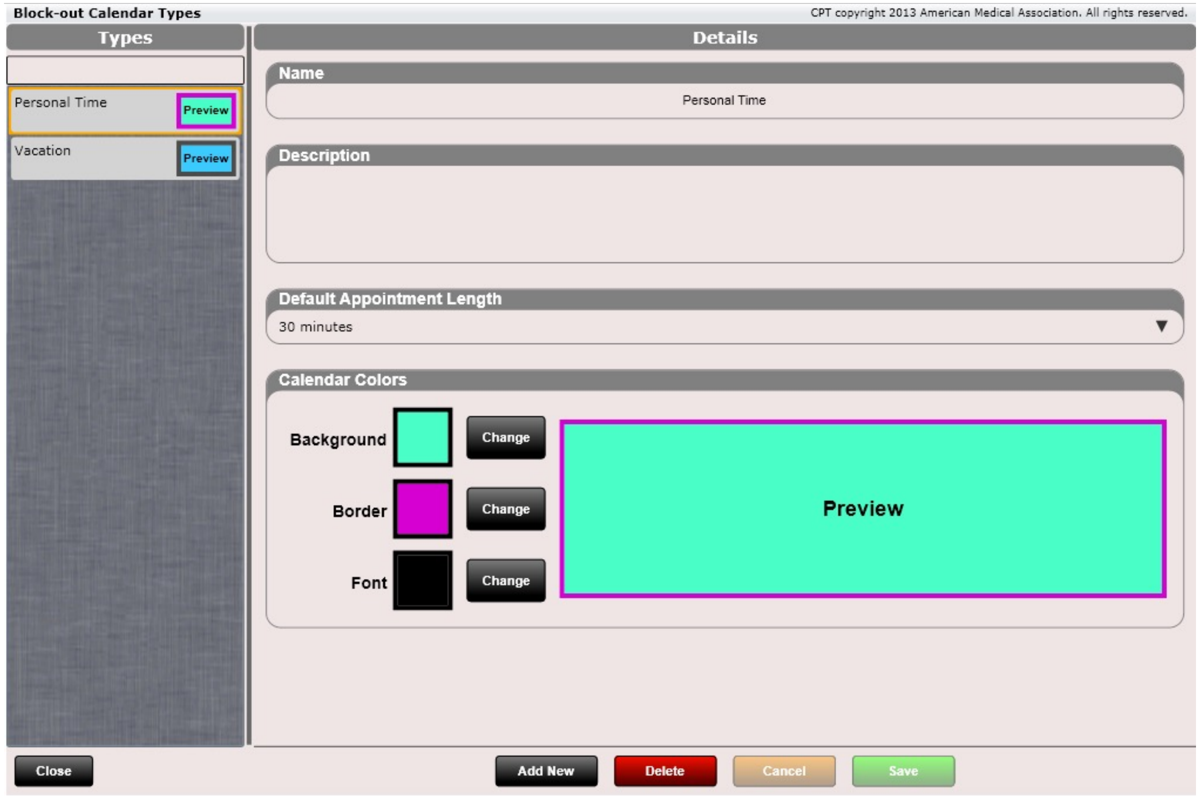
Settings – Block Out Calendar Types

Block Out Calendar Types can be added, edited or deleted in this section. Here you can provide the following information:

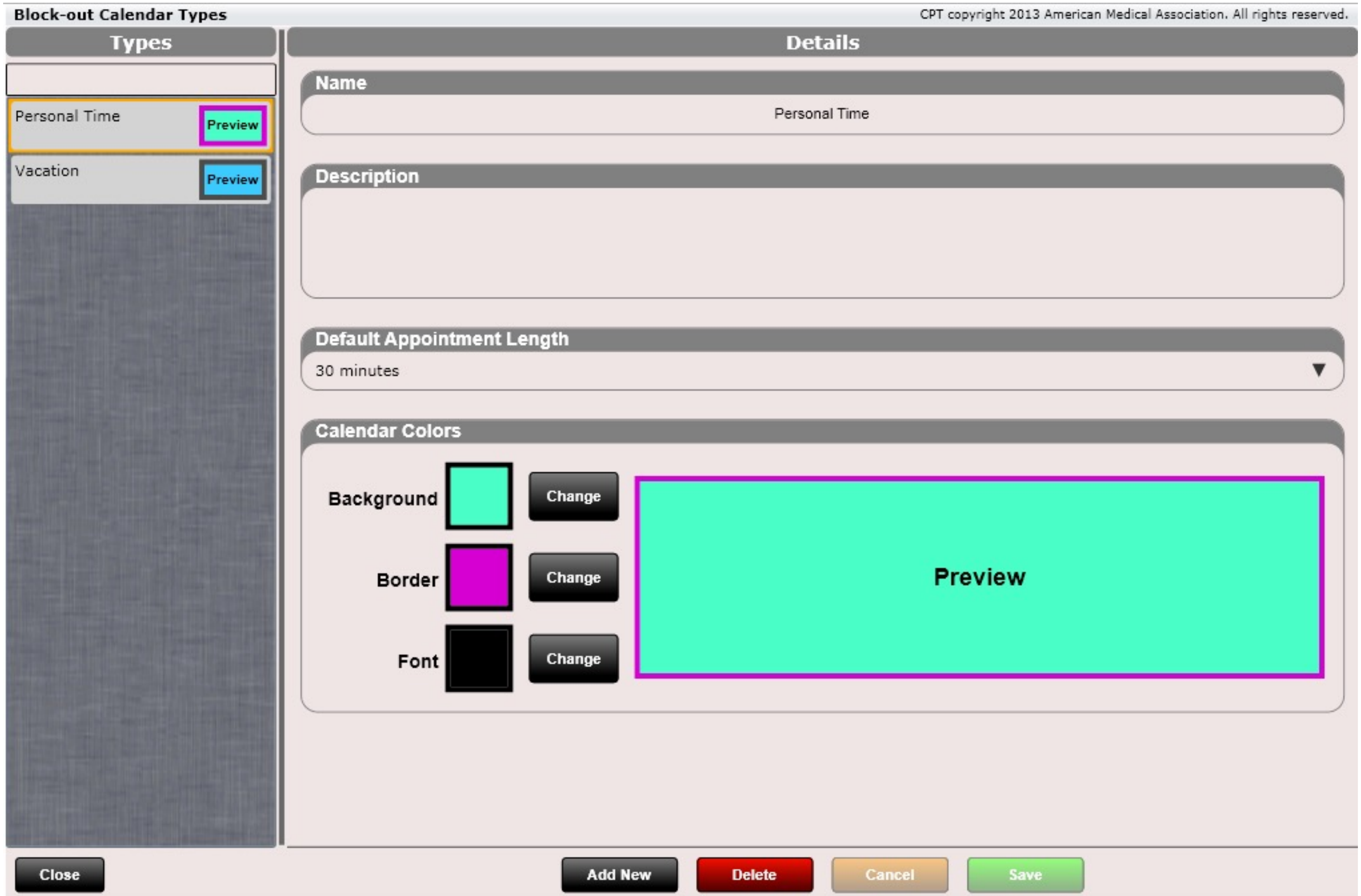
- Name
- Description
- Default appointment Length
- Calendar Colors
  - You can modify the Background, Border and Font colors

When on the calendar you can then right click and select "Add Block Out Time" and chose one of these options.



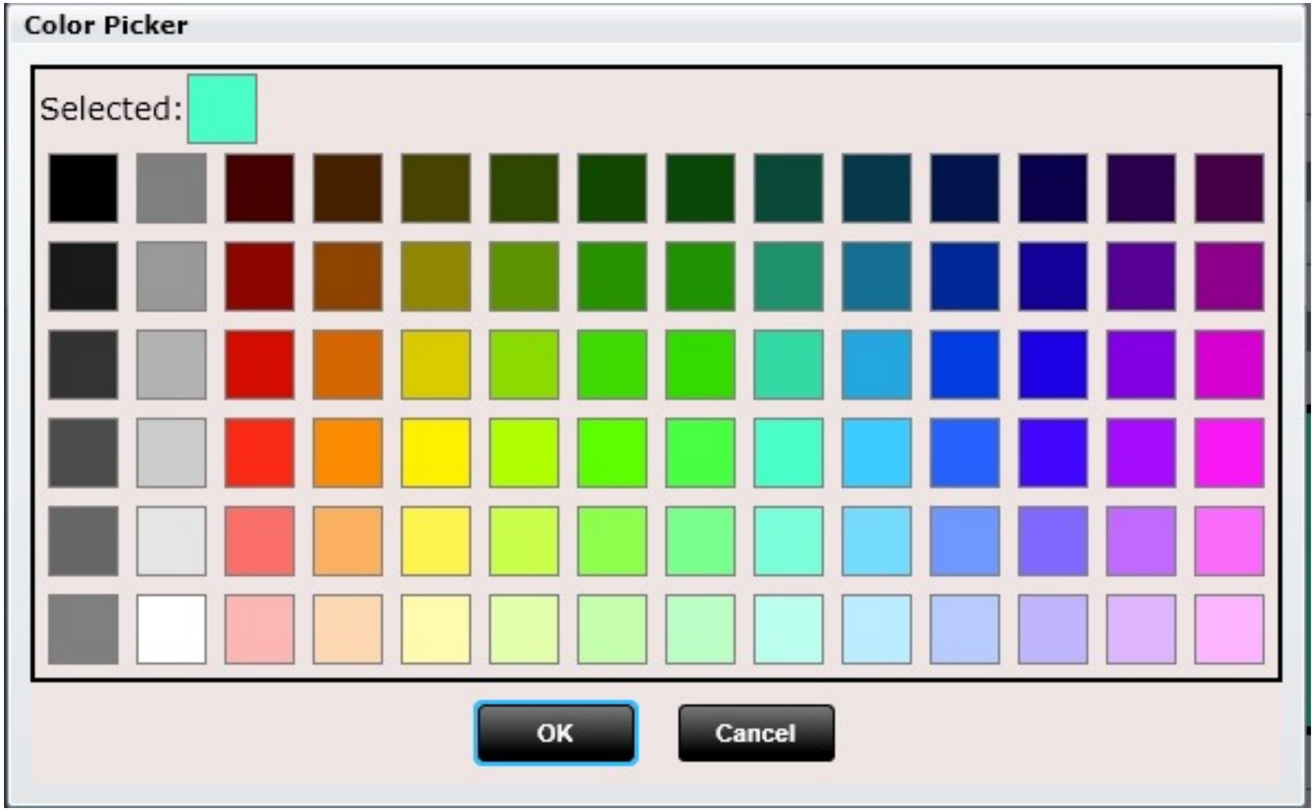


Settings – Block Out Calendar Types



Settings – Block Out Calendar Types

This is the color swatch allowing you to select the color you wish to set for the Block Out Calendar Type.



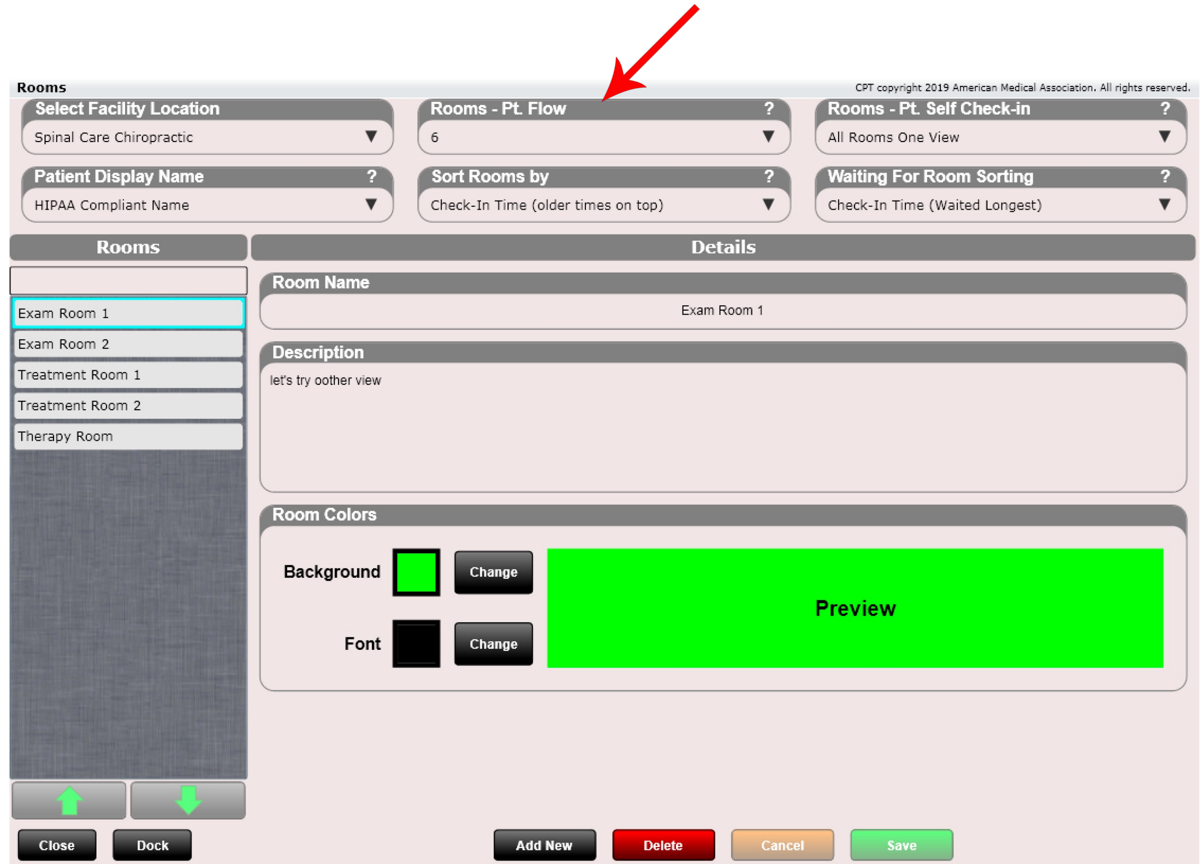
Settings - Rooms

In Settings/Rooms you can create as many rooms as you like. Each room will appear in Patient Flow and allows for an alternative way to manage the flow of your practice.

Use the up/down arrows to arrange the order of your rooms.

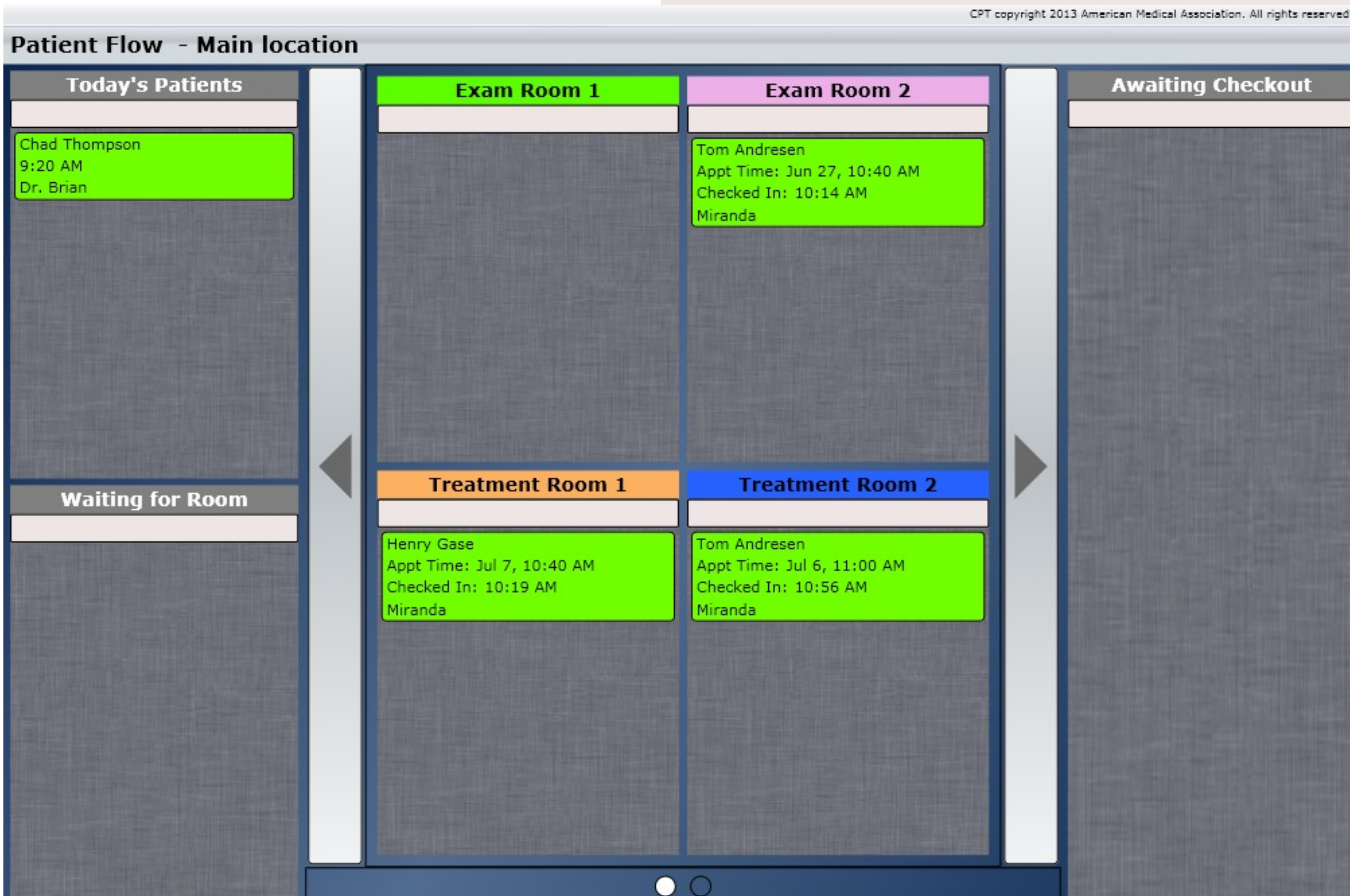
Rooms can also be customized with color. Change the background or font color.

Finally, you can customize how many rooms you want shown per view. On the next page you will see two examples on how the "Rooms Per View" works.



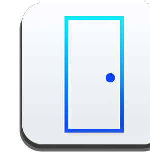
Settings - Rooms

This is Patient Flow with 4 Rooms Per View.



Settings - Rooms

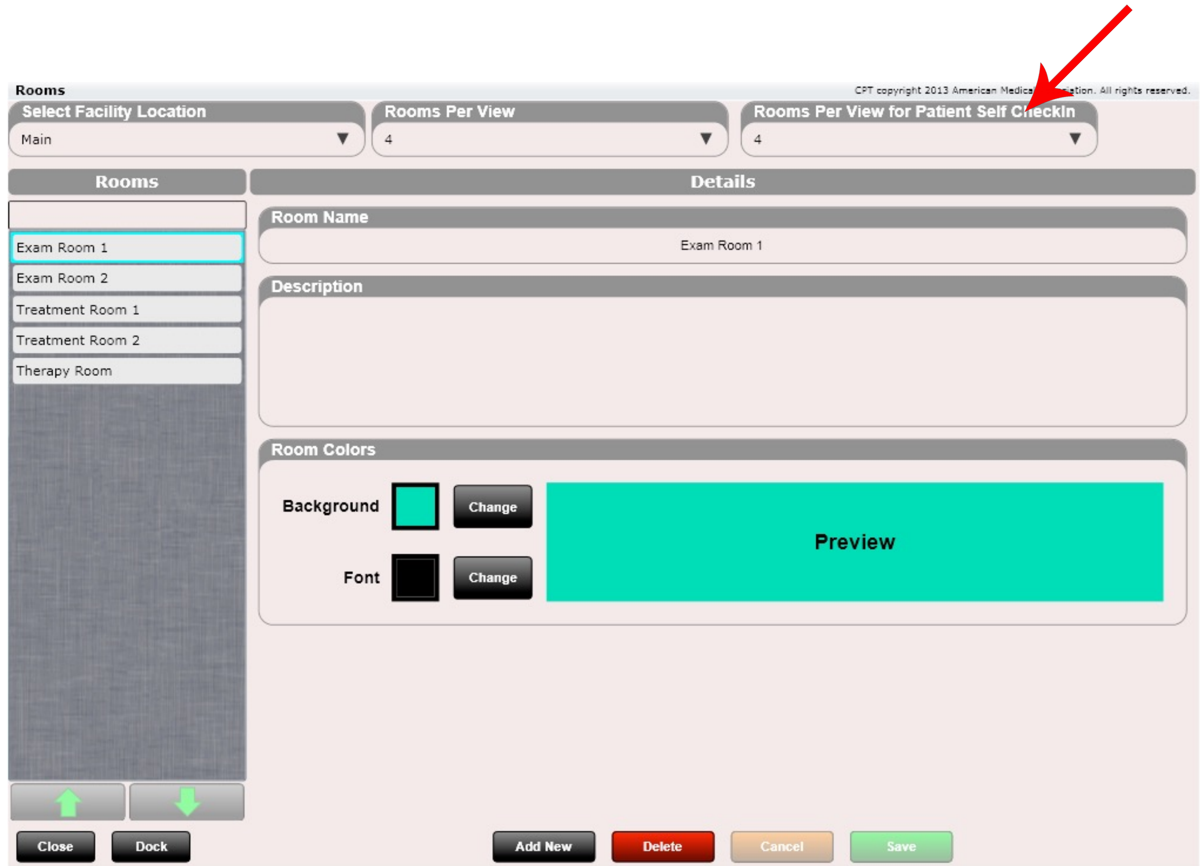
This is Patient Flow with All Rooms One View.



Settings - Rooms

You can also customize how you want your rooms to appear if you are using the Self Check-in app for your patients. Here you will see a drop down for "Rooms Per View for Patient Self Check-in".

Pt. Self Check-in



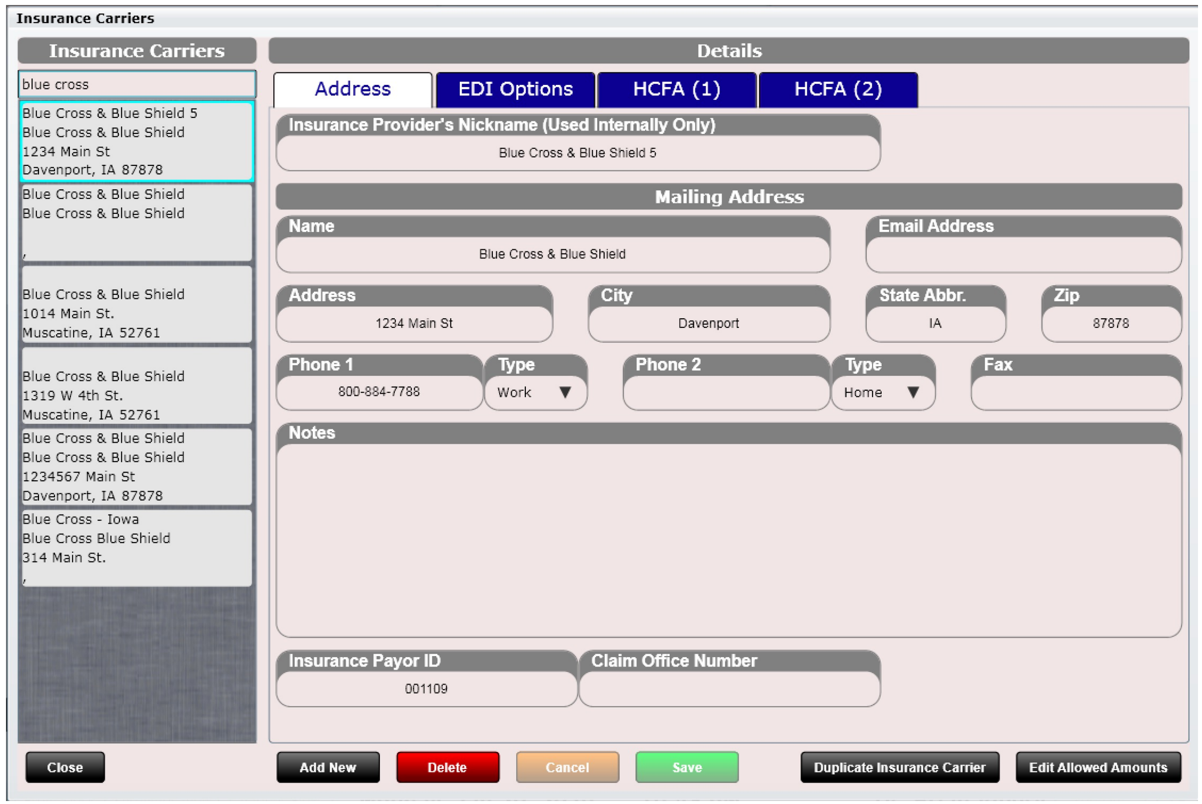
Settings – Insurance Carriers

Insurance Carriers are important to set up in ChiroSpring. Set them up once and you can use them over and over for multiple patients. The following information can be entered:

- Nickname (internal use only)
- Name (appears on HCFA)
- Email Address
- Address
- City
- Sate
- Zip
- Phone 1 & Type
- Phone 2 & Type
- Notes
- Insurance Payer ID

The Nickname field allows you to create your own internal use only NAMES for insurance carriers without disrupting the HCFA.

Address Tab

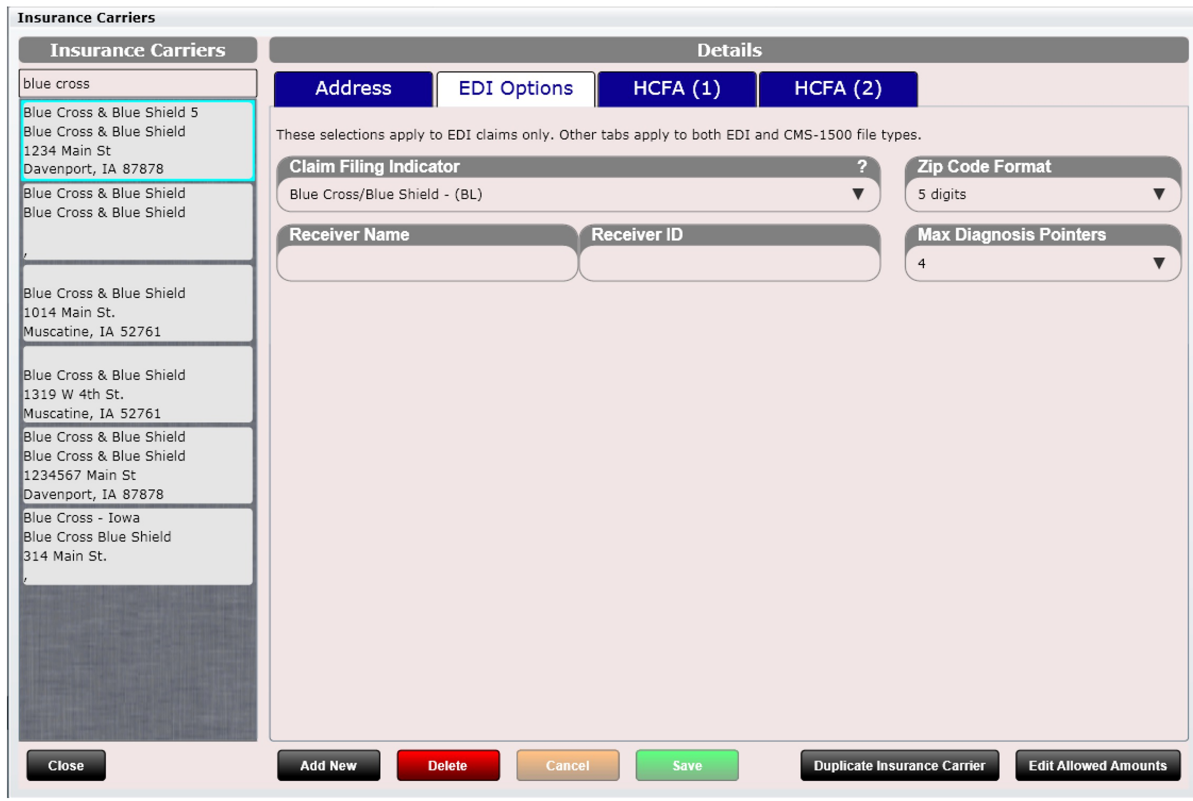


Settings – Insurance Carriers

Specify for your clearinghouse or insurance carrier options that pertain to EDI file format only.

- Claim Filing Indicator
- Zip Code Format
- Receiver Name
- Receiver ID
- Max Diagnosis Pointers

EDI Options Tab



Settings – Insurance Carriers

HCFA fields are located on the HCFA Tab. Every insurance carrier has different rules on what they want populated on the following HCFA fields.

- 1
- 4
- 9
- 9b
- 11
- 11c
- 7
- 9a
- 9d
- 11a

HCFA Tab 1

Use the drop-down selections to customize each individual insurance carrier.

Settings – Insurance Carriers

HCFA fields are located on the HCFA Tab. Every insurance carrier has different rules on what they want populated on the following HCFA fields.

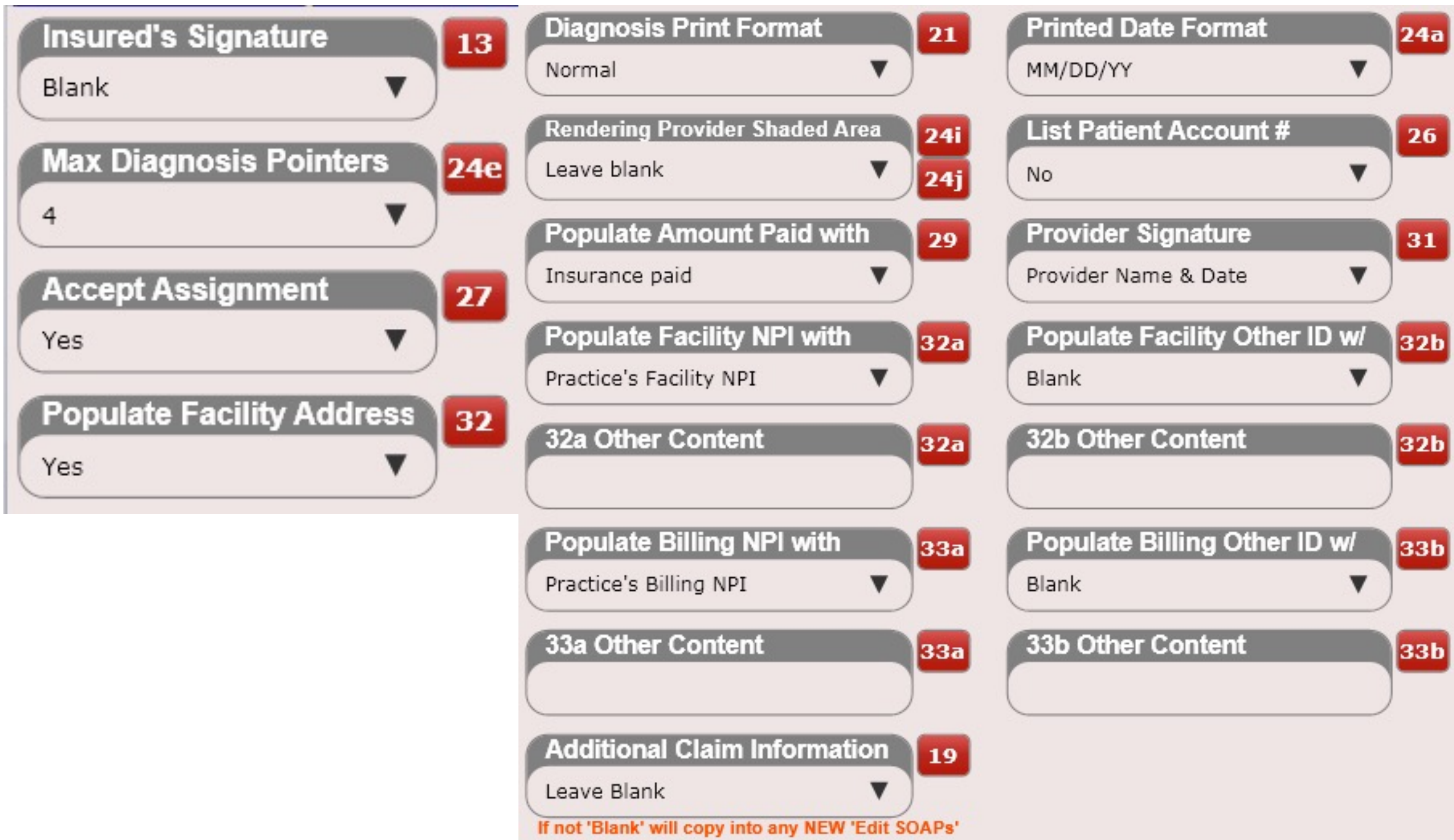
- 13
- 24e
- 27
- 32
- 21
- 24i
- 24j
- 29
- 32a
- 33a
- 24a
- 26
- 31
- 32b
- 33b

HCFA Tab 2

Use the drop down selections to customize each individual insurance carrier.

Settings – Insurance Carriers

When adding an insurance carrier, you will notice several text boxes and drop-down boxes. These are important because not every insurance carrier treats these HCFA fields the same. You will need to be familiar with the specific rules of that insurance carrier to determine what you select for these boxes.

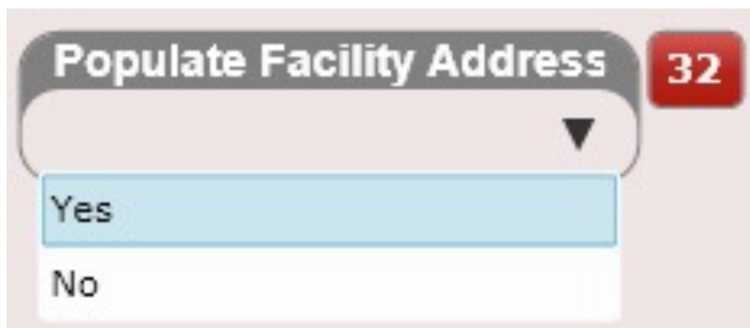


Settings – Insurance Carriers

HCFA box 32 by default is populated with any data you put into the 32 located in Settings/Facility Info/Facility Address. This is denoted by the box shown below being marked as "Yes". However, some insurance companies want you to leave one or more of these fields blank. This can be accomplished by selecting a Yes or No in the boxes below.

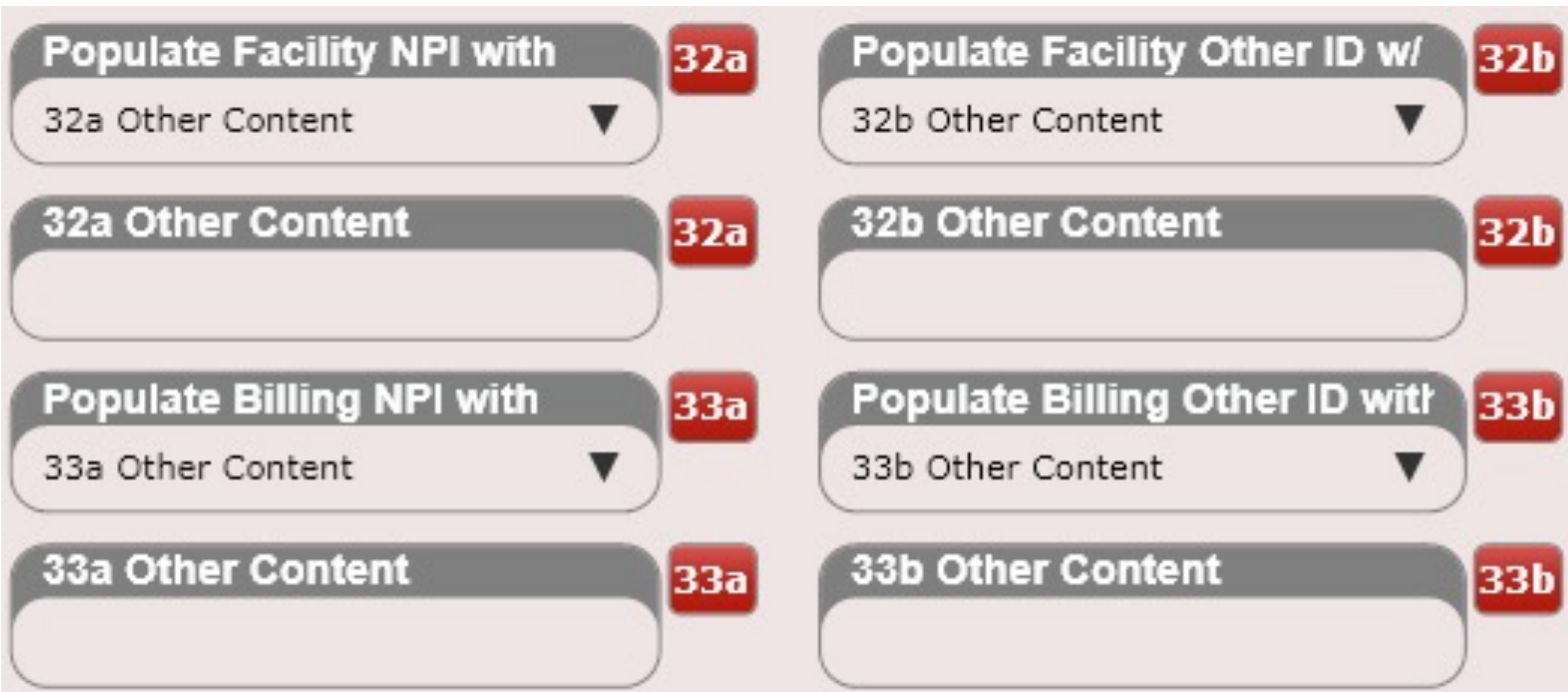
If YES will populate the selected box.

If NO will leave the selected box blank.



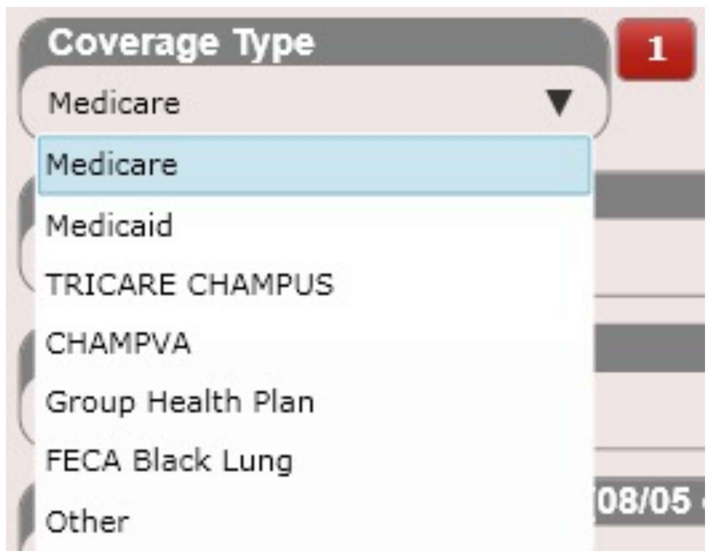
Settings – Insurance Carriers

NOTE: If the drop-down selection you are looking for is NOT present for boxes 32a or 32b, 33a or 33b then select "Other Content" from the drop down and populate the appropriate "Other Content" box (see below).



Settings – Insurance Carriers

Coverage Type (HCFA box 1) allows you to select from the following: Medicare, Medicaid, TRICARE CHAMPUS, CHAMPVA, Group Health Plan, FECA Black Lung or Other.

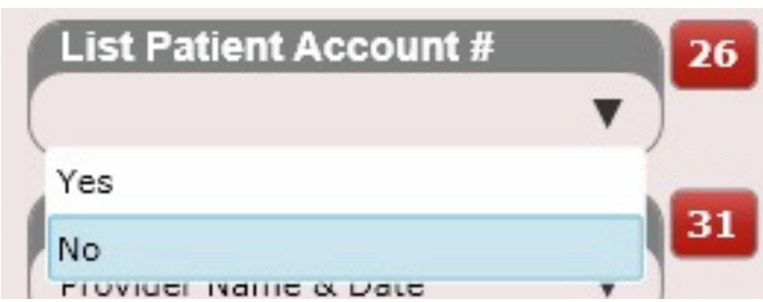


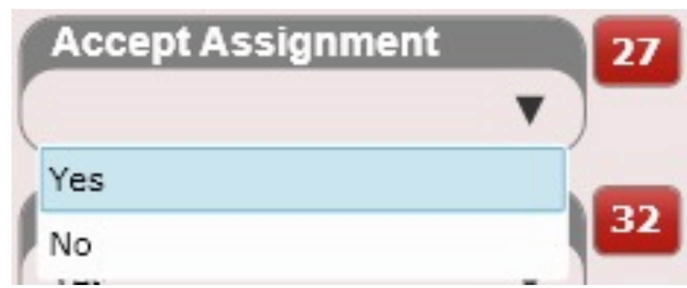
Settings – Insurance Carriers

HCFA box 26 is the patient's account number. If you want it shown on the HCFA select Yes. If you do not want it shown on the HCFA select "No". This defaults to no.

HCFA box 27 is "Accept Assignment". This is either a "Yes" or a "No" and defaults to "No".

HCFA box 31 is the "Provider's Signature." If you want to have the provider's name displayed select "Provider Name and Date". Otherwise select "Signature on File" to have "Signature on File" populated in this box. This defaults to "Provider's Name & Date".

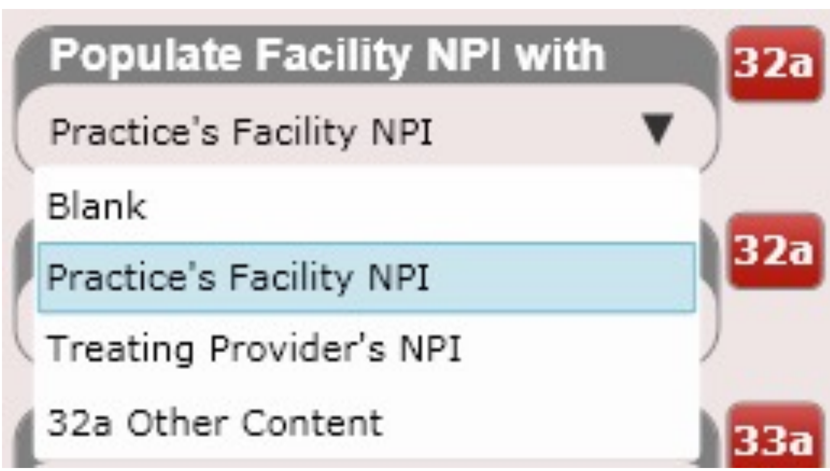




Settings – Insurance Carriers

HCFA box 32a can be populated with the following fields: Blank, Practice's Facility NPI, Treating Provider's NPI, 32a Other Content. You are only making the selections from this drop down here. You will need to add the actual numbers in either the Practice Info app or the User's app (both found in settings).

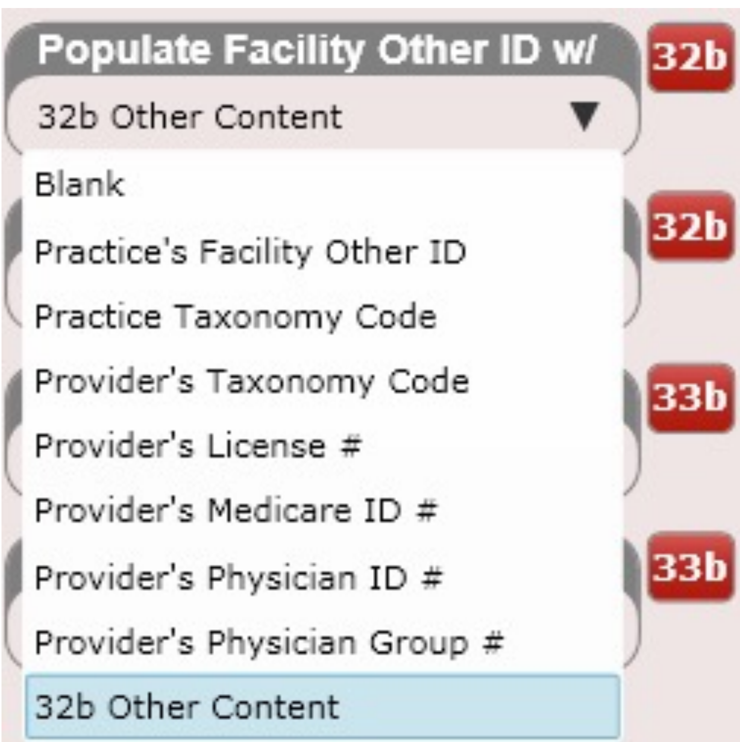
To populate "32a Other Content" type the content into the text box labeled "32a Other Content".



Settings – Insurance Carriers

HCFA box 32b can be populated with the following fields: Blank, Practice's Facility Other ID, Practice Taxonomy Code, Provider's Taxonomy Code, Provider's License #, Provider's Medicare ID #, Provider's Physician ID #, Provider's Physician Group #. You are only making the selections from this drop down here. You will need to add the actual numbers in either the Practice Info app or the User's app (both found in settings).

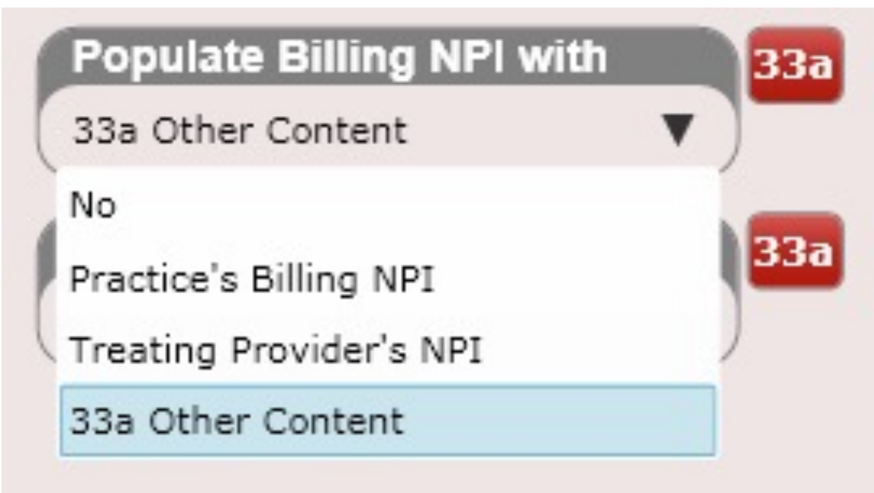
To populate "32b Other Content" type the content into the text box labeled "32b Other Content".



Settings – Insurance Carriers

HCFA box 33a can be populated with the following fields: No, Practice's Billing NPI, Treating Provider's NPI, 33a Other Content. You are only making the selections from this drop down here. You will need to add the actual numbers in either the Practice Info app or the User's app (both found in settings).

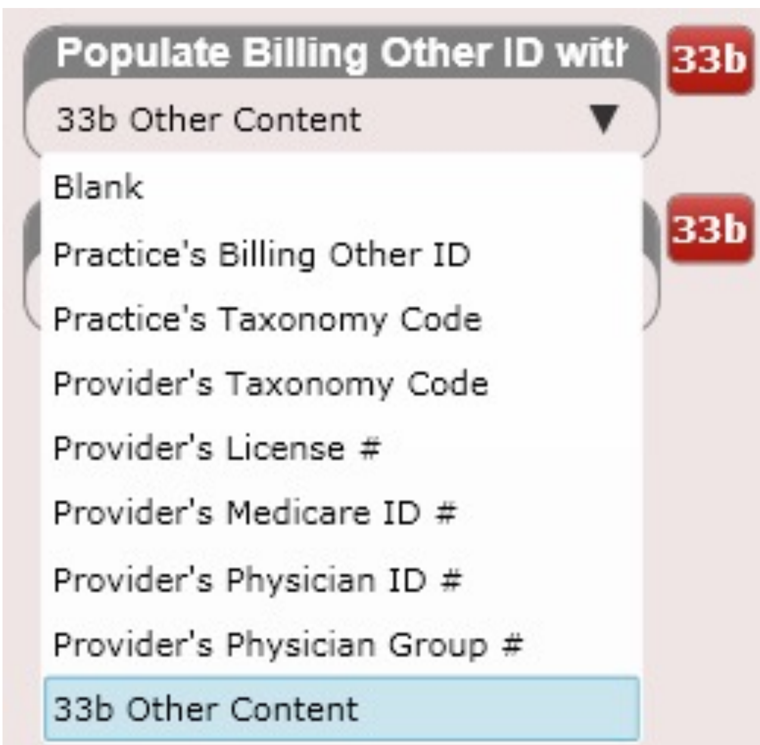
To populate "33a Other Content" type the content into the text box labeled "33a Other Content".



Settings – Insurance Carriers

HCFA box 33b can be populated with the following fields: Blank, Practice's Billing Other ID, Practice's Taxonomy Code, Provider's Taxonomy Code, Provider's License #, Provider's Medicare ID #, Provider's Physician ID #, Provider's Physician Group #, 33b Other Content. You are only making the selections from this drop down here. You will need to add the actual numbers in either the Practice Info app or the User's app (both found in settings).

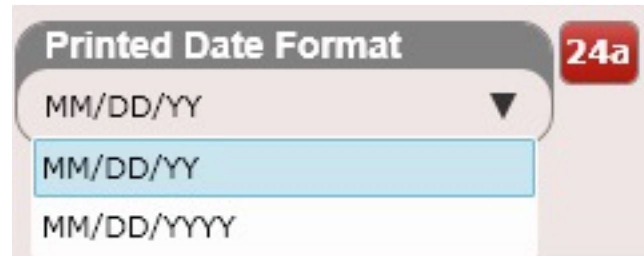
To populate "33b Other Content" type the content into the text box labeled "Box 33b Other Content".



Settings – Insurance Carriers

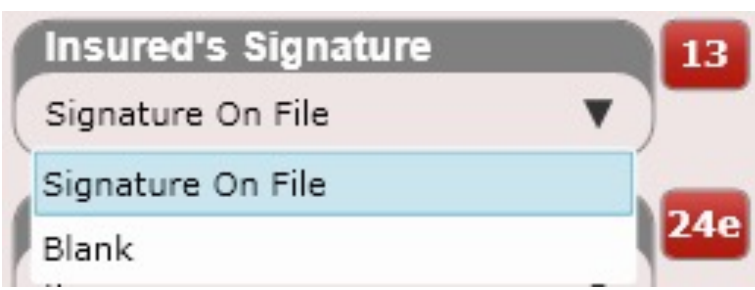
HCFA box 24a defaults to a printed MM/DD/YY format as this is what is required by CMS-1500. However, some insurance companies require all dates on the HCFA to have the same MM/DD/YYYY format when printed. Thus, you can override box 24a here and set it to MM/DD/YYYY.

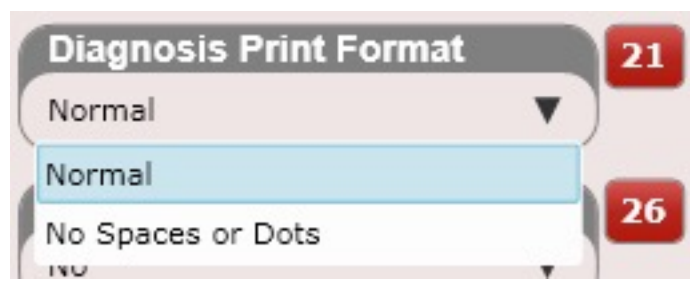
This change will ONLY affect the Printed HCFA forms.



HCFA box 13 defaults to “Signature on File”. However, there are some insurance carriers that want this field left blank. In that case select “Blank”.

HCFA box 21 defaults to Normal (e.g. xxx.xx). However, some insurance carriers do not allow a decimal or spaces (e.g. Medicare). Therefore, the option “No Spaces or Dots” will display diagnoses as xxxxx for example.

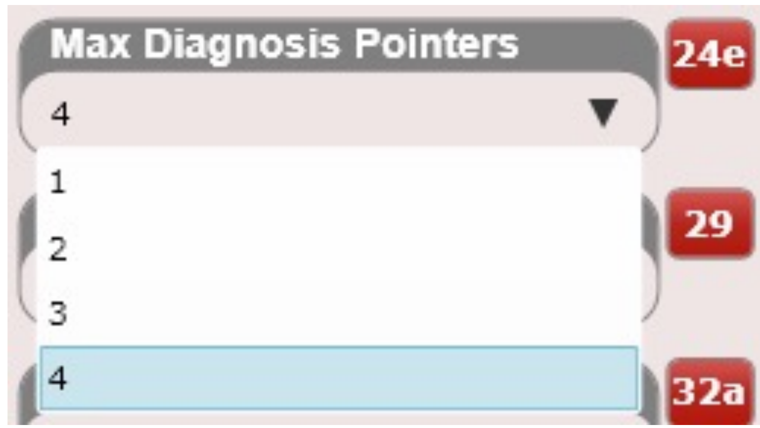




Tip: Medicare wants “No Spaces or Dots” as the selection for box 21

Settings – Insurance Carriers

HCFA box 24e defaults to 4. However, there are some insurance carriers that only want 1 diagnosis pointer (e.g. Medicare wants 1).



Tip: Medicare wants 1 as the selection for box 24e

Settings – Insurance Carriers

The Insurance Payer ID is an optional field. Most insurance carriers have a Pay3r ID. Populating this number can result in fewer rejected claims as your clearinghouse will have better accuracy in submitting your claims to the correct location.

Setting up Medicare

Medicare has many complex rules on what the HCFA should populate with depending on which billing state or which combination of Medicare the patient has. We have taken this complex problem and made a simple and elegant solution so billing Medicare has never been easier.

The next few pages will detail how to set up Medicare in ChiroSpring. Medicare has different requirements on what HCFA fields are populated depending on the following:

- If Medicare is Primary for the patient
- If Medicare is Secondary for the patient
- If Medicare is Primary for the patient and the patient also has Medigap

In order to make billing Medicare SIMPLE you will need to create THREE Medicare Insurance Carriers in ChiroSpring.

- **** Medicare is Primary ****
- **** Medicare is Secondary ****
- **** Medicare with Medigap ****

After creating these three Medicare Insurance Carriers simply select the appropriate one when setting up Medicare for your patient. This of course depends on if Medicare is the patient's primary, secondary, or if the patient has both Medicare and Medigap.

Setting up Medicare in ChiroSpring

Create three Medicare Insurance Carriers with these settings:

HCFA Item	Medicare is Primary	Medicare is Secondary	Medicare w/ Medigap
Box 1: Coverage Type	Medicare	Medicare	Medicare
Box 4: Insured's Name	Leave blank	'SAME' if same as patient, otherwise insured's name	Leave blank
Box 7: Insured's Address	Leave blank	'SAME' if same as patient's address, otherwise insured's address	Leave blank
Box 9: Other Insured's Name	Leave blank	Leave blank	'SAME' if same as patient, otherwise insured's name
Box 9a: Other Insured's Policy or Group Number	Leave blank	Leave blank	Other Insured's Policy/Group Number
Box 9d: Other Insurance Plan / Program Name	Leave blank	Leave blank	Other Insured's Plan/Program Name
Box 11: Insured's Policy or Group Number	Print 'NONE'	Other Insured's Policy/Group Number	Print 'NONE'
Box 11a: Insured's DOB and Sex	Leave blank	Other Insured's DOB and Sex if Different than patient.	Leave blank
Box 11c: Insurance Plan / Program Name	Leave blank	Other Insurance Plan/Program Name	Leave blank
Box 21: Diagnosis Print Format	No spaces or dots	No spaces or dots	No spaces or dots
Box 24e: Max Diagnosis Pointers	1	1	1

Content of HCFA fields when Medicare is primary (with or without secondary):

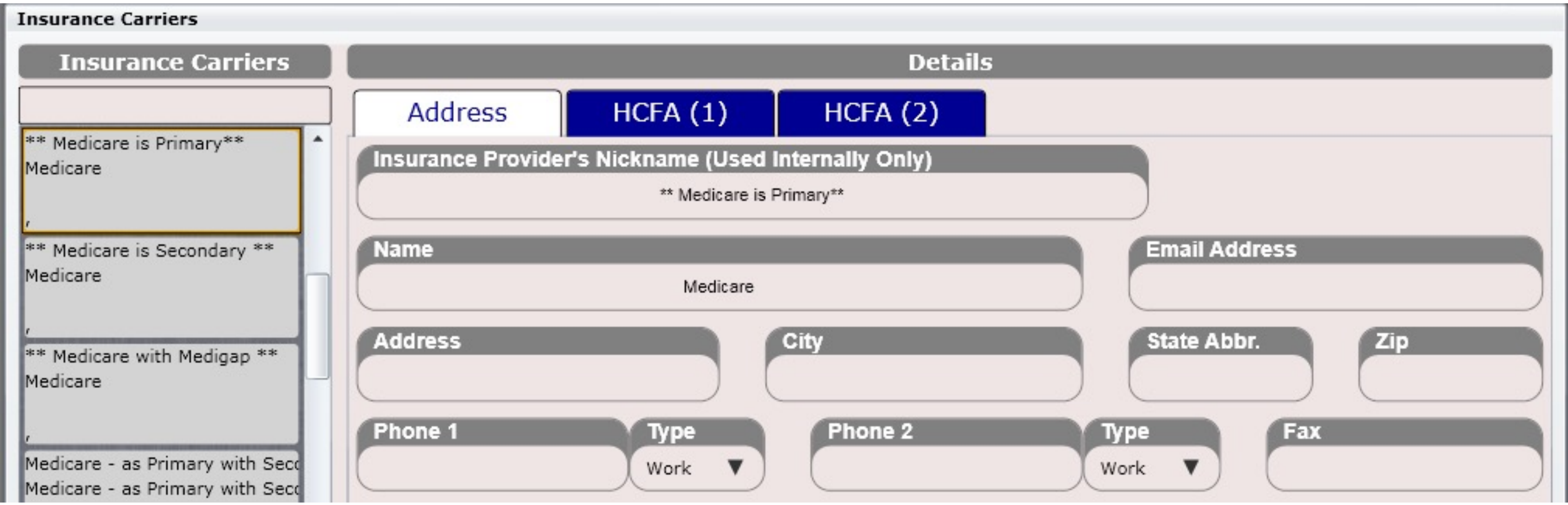
HCFA Item	Medicare Required Content	ChiroSpring Required Content
Box 4	Leave blank	No content required
Box 7	Leave blank	No content required
Box 9	If has Medigap policy then enter name of enrollee in Medigap or word "SAME" if same as patient. Otherwise if no Medigap policy then leave blank.	If has secondary policy then enter insured's name in Edit Secondary Insurance dialog.
Box 9a	Enter policy/group number of Medigap insured proceeded by MEDIGAP, MG, or MGAP.	If has secondary policy then enter insured's policy/group number in Edit Secondary Insurance dialog. If Medigap proceed by MEDIGAP, MG, or MGAP.
Box 9b	Form version 08/05: Enter Medigap insured's DOB and sex.	If has secondary policy then enter insured's DOB and sex in Edit Secondary Insurance dialog.
Box 9c	Leave blank	No content required
Box 9d	Enter the Coordination of Benefits Agreement (COBA) Medigap-based Identifier (ID)	If has secondary policy then enter required information in Insurance Plan or Program Name in Edit Secondary Insurance dialog.
Box 11	Enter word "NONE"	No content required
Box 11a	Leave blank	No content required
Box 11b	Leave blank	No content required
Box 11c	Leave blank	No content required

Content of HCFA fields when Medicare is secondary:

HCFA Item	Medicare Required Content	ChiroSpring Required Content
Box 4	If insured's name is same as patient then enter word "SAME", otherwise enter insured's name.	Enter insured's name into Edit Secondary Insurance dialog.
Box 7	If insured's address is same as patient then enter word "SAME", otherwise insured's address.	Enter insured's address and phone into Edit Secondary Insurance dialog.
Box 9	Leave blank	No content required
Box 9a	Leave blank	No content required
Box 9b	Leave blank	No content required
Box 9c	Leave blank	No content required
Box 9d	Leave blank	No content required
Box 11	Enter the primary's policy/group number	Enter primary insured's name in Edit Primary Insurance dialog.
Box 11a	Enter the primary insured's DOB and sex if different from Box 3	Enter primary insured's DOB and sex in Edit Primary Insurance dialog.
Box 11b	Form version 08/05: Enter employer's name and if change in insured's status, e.g., retired, enter either a 6-digit (MM | DD | YY) or 8-digit (MM | DD | CCYY) retirement date preceded by the word, "RETIRED." Form version 02/12: provide this information to the right of the vertical dotted line.	Enter primary insured's employer's name in Other Claim ID box in Edit Insurance Case dialog.
Box 11c	Enter the 9-digit PAYERID number of the primary insurer. If no PAYERID number exists, then enter the complete primary payer's program or plan name.	Enter primary insured's PAYERID or plan/program name in Edit Primary Insurance dialog.
Box 11d	Leave blank	No content required

HCFA Field: **Medicare is Primary**

Create this Insurance Carrier with the selections shown below



Create an Insurance Carrier with the following information

Insurance Provider’s Nickname: ** Medicare is Primary **
Name: Medicare

HCFA Field: **Medicare is Primary**

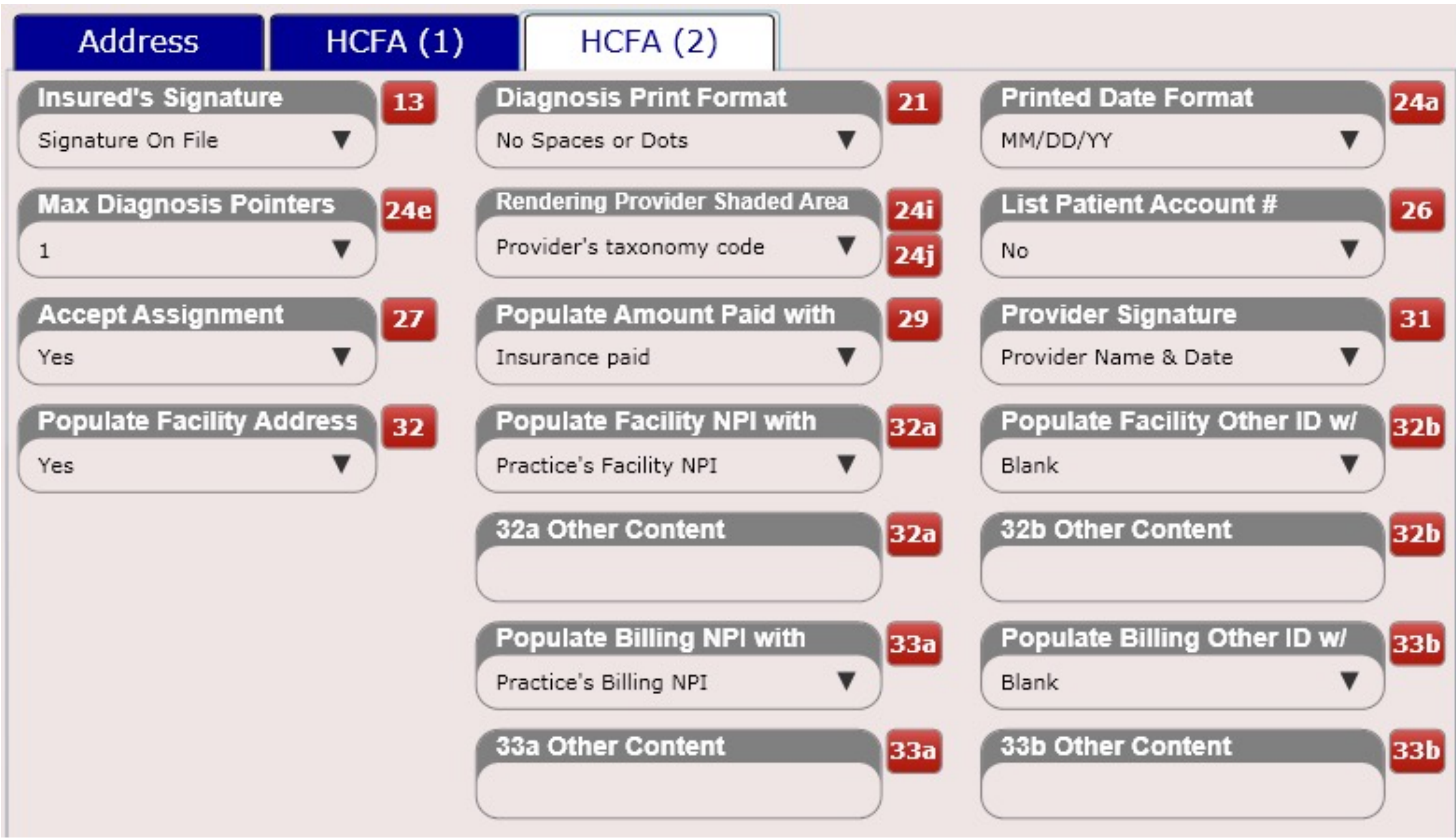
Create this Insurance Carrier with the selections shown below

Address | HCFA (1) | HCFA (2)

Coverage Type	1	Medicare
Insured's Name	4	Leave blank
Insured's Address	7	Leave blank
Other Insured's Name	9	Leave blank
Other Insured's Policy/Group Number	9a	Leave blank
Other Insured's DOB and Sex (08/05 only)	9b	Other Insured's DOB and Sex
Other Plan/Program Name	9d	Leave blank
Insured's Policy/Group #	11	Print 'NONE'
Insured's DOB and Sex	11a	Leave blank
Insured's Plan/Program Name	11c	Leave blank

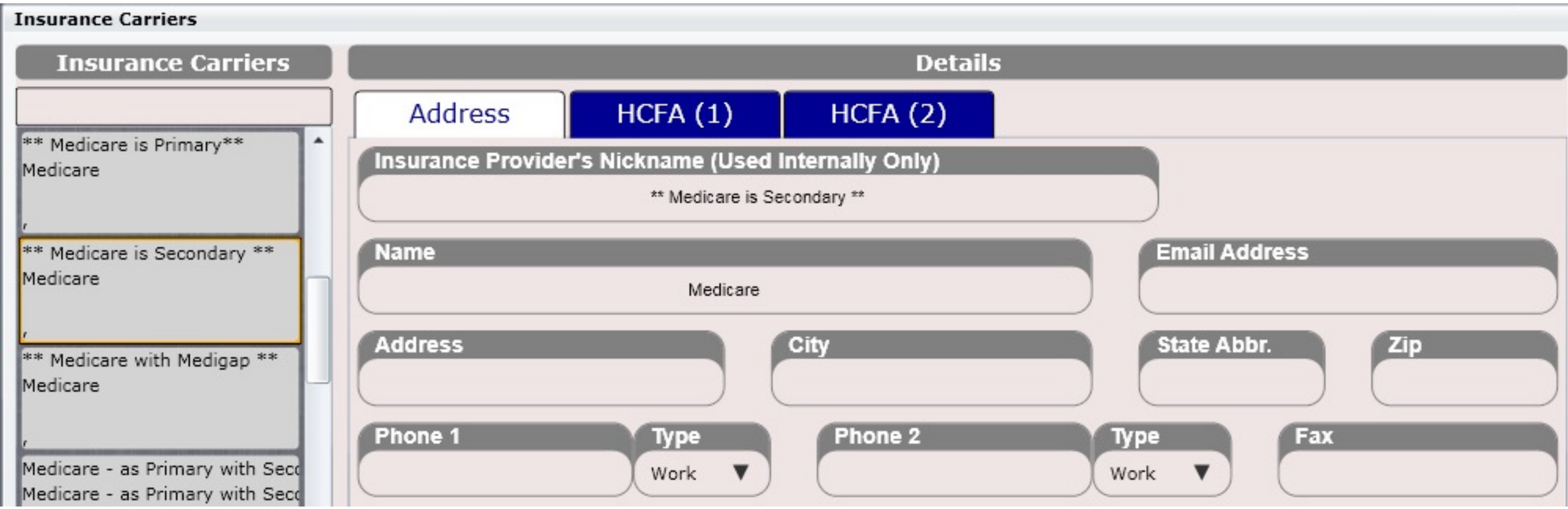
HCFA Field: **Medicare is Primary**

Create this Insurance Carrier with the selections shown below



HCFA Field: **Medicare is Secondary**

Create this Insurance Carrier with the selections shown below



Create an Insurance Carrier with the following information

Insurance Provider's Nickname: ** Medicare is Secondary **
Name: Medicare

HCFA Field: **Medicare is Secondary**

Create this Insurance Carrier with the selections shown below

Address | HCFA (1) | HCFA (2)

Coverage Type 1
Medicare

Insured's Name 4
'SAME' if same as patient, otherwise insured's name

Insured's Address 7
'SAME' if same as patient's address, otherwise insur

Other Insured's Name 9
Leave blank

Other Insured's Policy/Group Number 9a
Leave blank

Other Insured's DOB and Sex (08/05 only) 9b
Leave blank

Other Plan/Program Name 9d
Leave blank

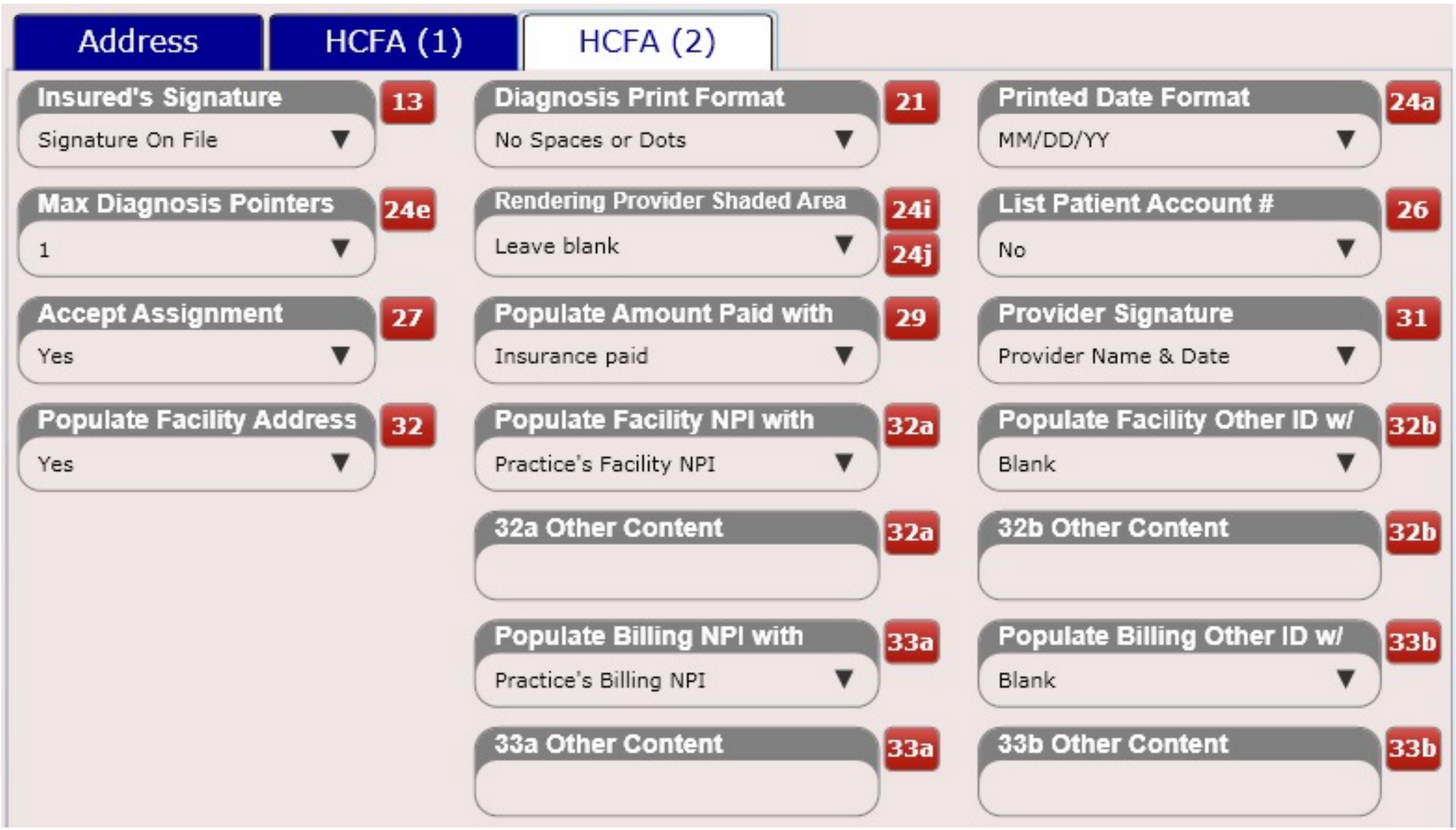
Insured's Policy/Group # 11
Other Insured's Policy/Group Number

Insured's DOB and Sex 11a
Other Insured's DOB and Sex only if different from

Insured's Plan/Program Name 11c
Other Insured's Plan/Program Name

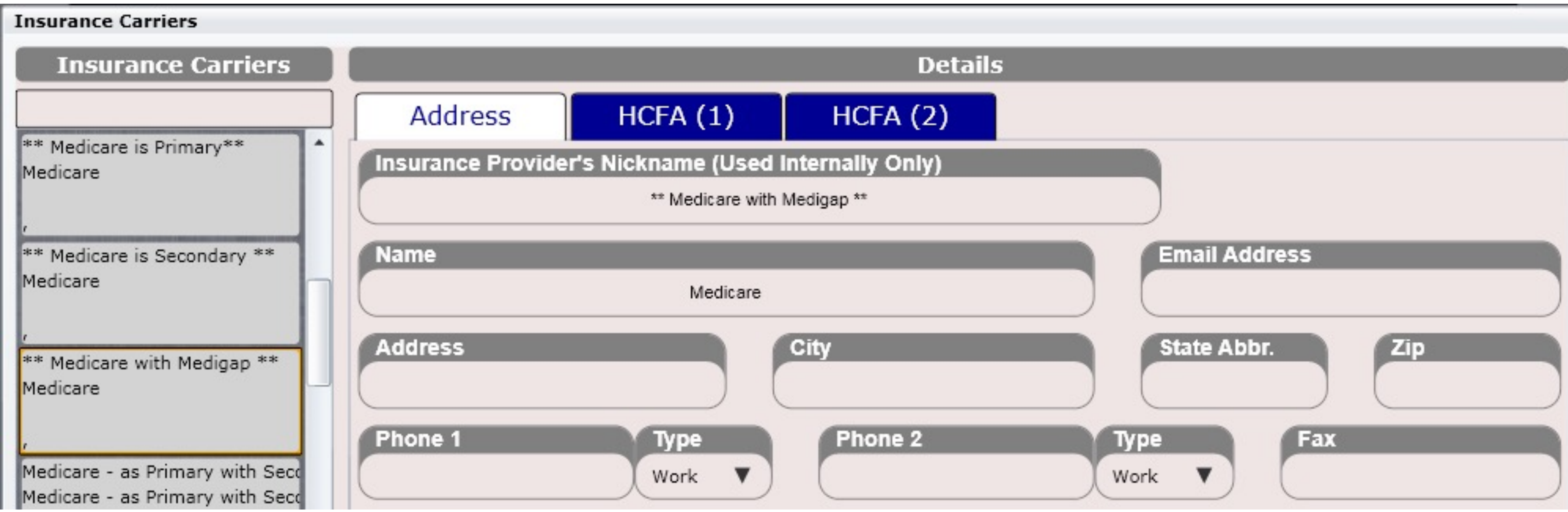
HCFA Field: **Medicare is Secondary**

Create this Insurance Carrier with the selections shown below



HCFA Field: **Medicare w/ Medigap**

Create this Insurance Carrier with the selections shown below



Create an Insurance Carrier with the following information

Insurance Provider’s Nickname: ** Medicare with Medigap **
Name: Medicare

HCFA Field: **Medicare w/ Medigap**

Create this Insurance Carrier with the selections shown below

Address | HCFA (1) | HCFA (2)

Coverage Type [1]
Medicare

Insured's Name [4]
Leave blank

Insured's Address [7]
Leave blank

Other Insured's Name [9]
'SAME' if same as patient, otherwise other insured's na

Other Insured's Policy/Group Number [9a]
Other Insured's Policy/Group Number

Other Insured's DOB and Sex (08/05 only) [9b]
Other Insured's DOB and Sex

Other Plan/Program Name [9d]
Other Insured's Plan/Program Name

Insured's Policy/Group # [11]
Print 'NONE'

Insured's DOB and Sex [11a]
Leave blank

Insured's Plan/Program Name [11c]
Leave blank

HCFA Field: **Medicare w/ Medigap**

Create this Insurance Carrier with the selections shown below

Address | HCFA (1) | HCFA (2)

Insured's Signature	13	Signature On File
Diagnosis Print Format	21	No Spaces or Dots
Printed Date Format	24a	MM/DD/YY
Max Diagnosis Pointers	24e	1
Rendering Provider Shaded Area	24i 24j	Leave blank
List Patient Account #	26	No
Accept Assignment	27	Yes
Populate Amount Paid with	29	Insurance paid
Provider Signature	31	Provider Name & Date
Populate Facility Address	32	Yes
Populate Facility NPI with	32a	Practice's Facility NPI
Populate Facility Other ID w/	32b	Blank
32a Other Content	32a	
32b Other Content	32b	
Populate Billing NPI with	33a	Practice's Billing NPI
Populate Billing Other ID w/	33b	Blank
33a Other Content	33a	
33b Other Content	33b	

Setting up Medicare – Do Not Accept Assignment

1. Create a Medicare Insurance Carrier that has “Accept Assignment” set to “No”.

2. Now add Medicare to the patient’s Insurance Case. Set the patient’s co-insurance to 100% (so the patient pays you 100% at the time of checkout). Remember, Medicare will be reimbursing the patient (not you) so the patient needs to pay you 100% before they leave.

3. The patient should pay you 100% at the time of checkout.

4. When submitting charges, the software will prompt you to mark “Accept Assignment = No” charges to “RECONCILED” after you have submitted them to insurance. This is a HUGE TIME SAVER as you will not need to manually do this. :)

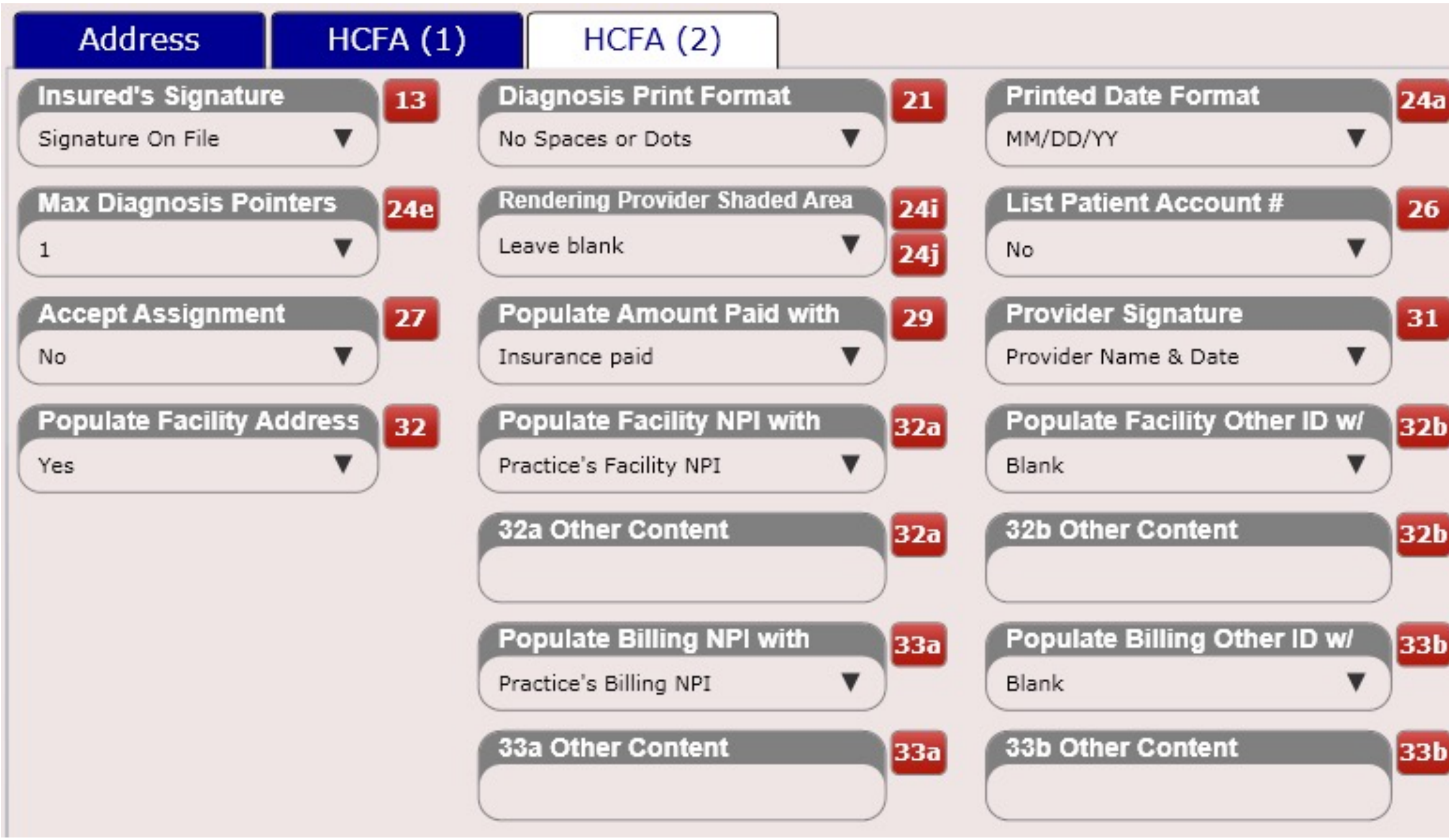
5. You will still bill Medicare with the HCFA. There should be a zero balance on the HCFA since you are not accepting assignment. Since you set the co-insurance to 100% and the patient paid this will be the case.

6. Medicare will receive your HCFA and see that you are not accepting assignment. They will then send the check to the patient. There is nothing for you do do at this point as the charges are already paid by the patient and if you selected “Mark as Reconciled” in step 4 then the charges will be reconciled.

IMPORTANT: You must have co-insurance enabled at the practice level. This is done in Settings/Practice Info/Charge Options. See below.

HCFA Field: Medicare – Do Not Accept Assignment

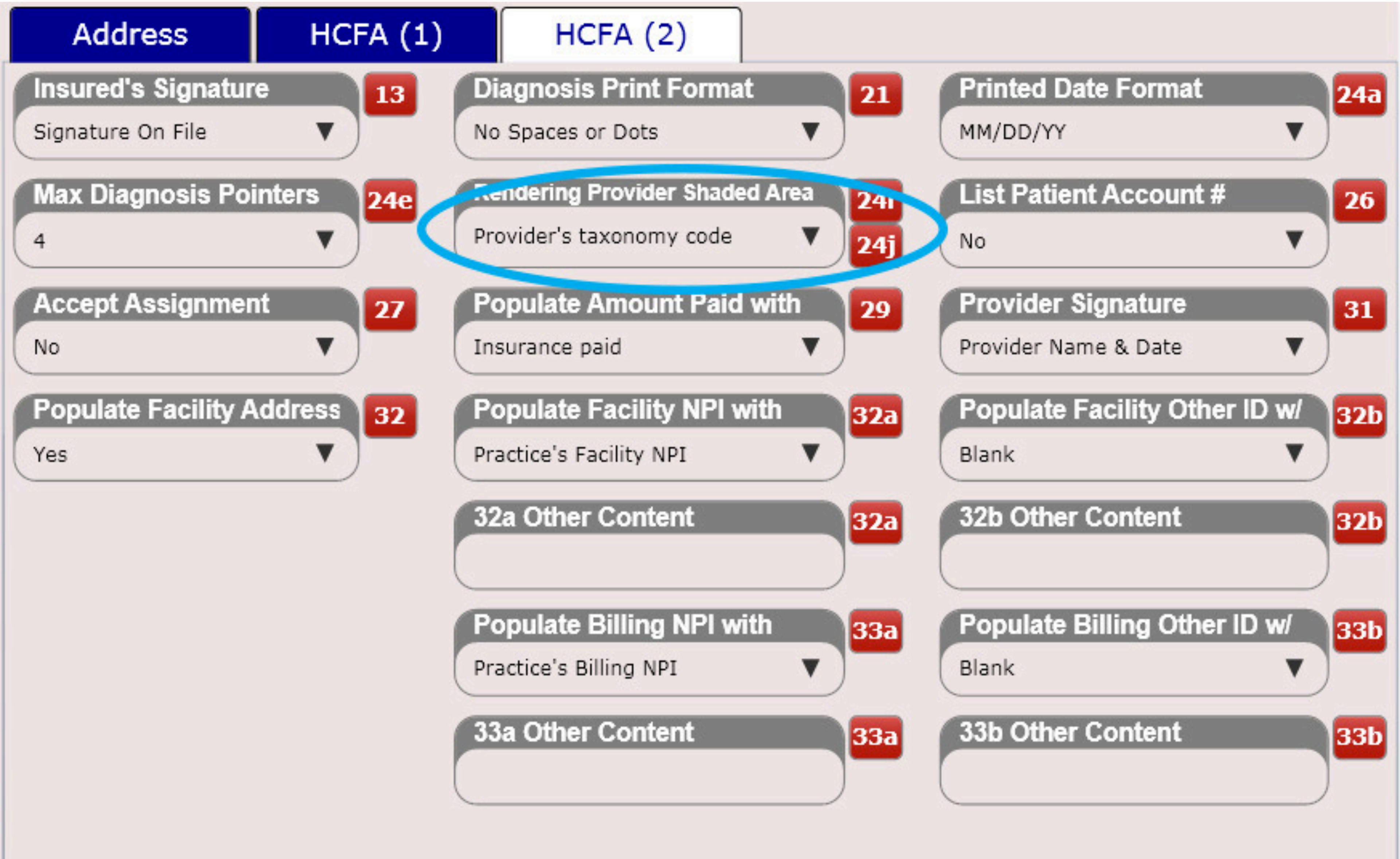
Create this Insurance Carrier with the selections shown below



Setting up Medicaid

Medicaid has specific requirements depending on the state you practice in. The following slides may provide assistance, but ensure you check with your state requirements.

HCFA Fields – Medicaid

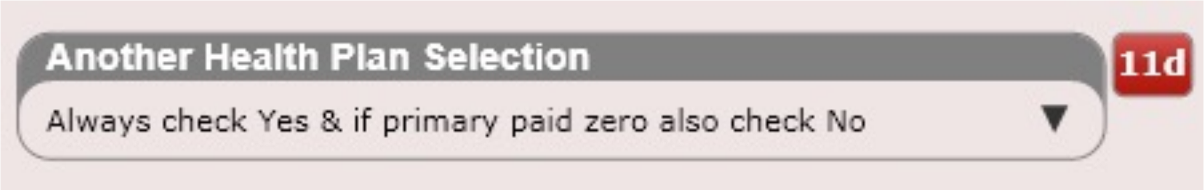


HCFA Fields – Medicaid: 11d

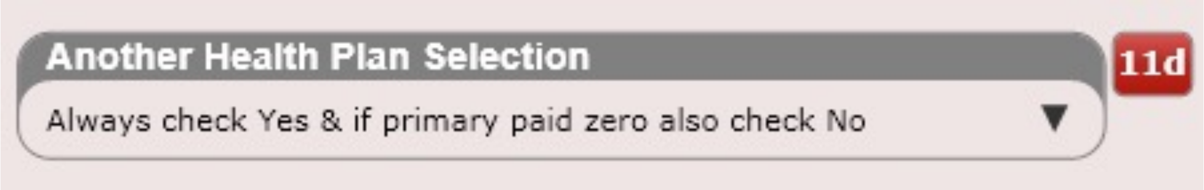
Box 11d (Medicaid)

- If the patient ONLY has Medicaid (e.g. has no Secondary)

- If the patient has Medicaid for Primary (and has another insurance for Secondary)



- If the patient has Medicaid for Secondary (and has another insurance for Primary)

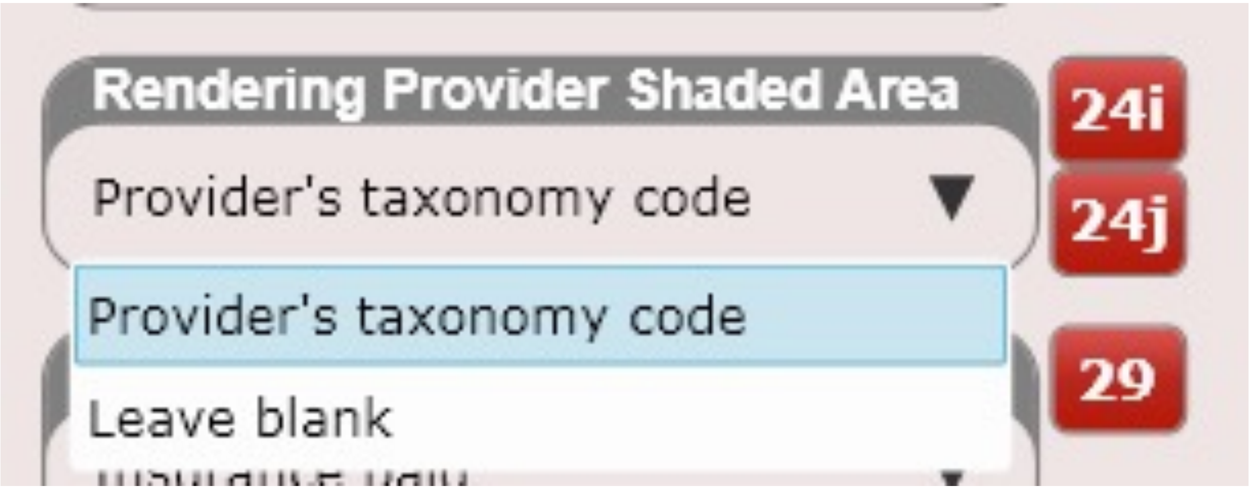


HCFA Fields – Medicaid: Box 24i & 24j

Medicaid has a specific requirement in some states that Box 24i must populate “ZZ” and box 24j must populate the provider’s taxonomy code. Then select “Provider’s taxonomy code” from the dropdown box shown here.

This dropdown is located in Settings/Insurance Carriers/HCFA (2)

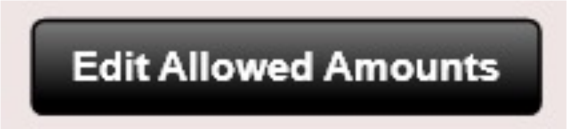
As a reminder, you can populate the provider’s qualifier and taxonomy code in Settings/Users/Provider Info.

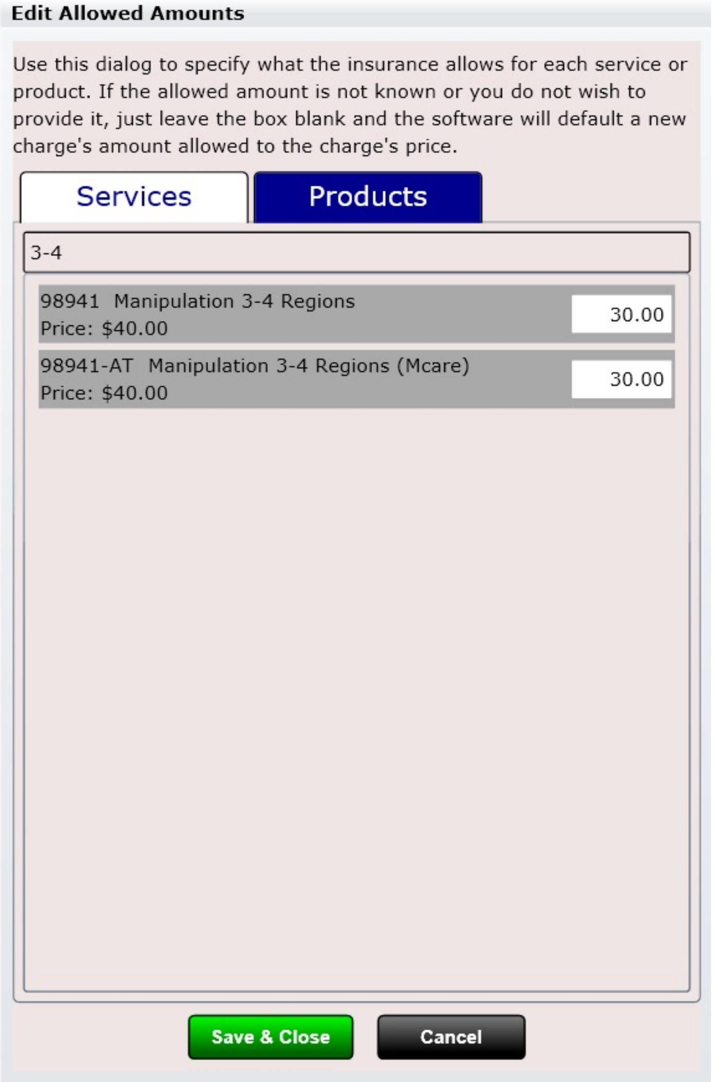


Insurance – Edit Allowed Amounts

Inside the Insurance Carrier's app is a button that says, "Edit Allowed Amounts". Clicking this button will open the dialog shown to the right. Here you can enter the allowed amounts for every charge in your practice FOR THAT INSURANCE CARRIER. This is an extremely powerful feature. This is because ChiroSpring will use the allowed amounts you enter to estimate the patient's co-insurance (if applicable) at the time of checkout.

For example, a patient with a 10% co-insurance is being checked out for a 98941-3-4 region manipulation. The charge amount is $40 and the allowed amount is $30. This means the patient will be charged $3 at the cash register vs. $4 had you not entered the $30 allowed amount.





Insurance – Clearinghouse

ChiroSpring supports multiple clearinghouses. These include:

- Office Ally
- Etactics
- Trizetto
- Waystar
- Infinedi
- Smartdata Solutions
- BCBS-MI

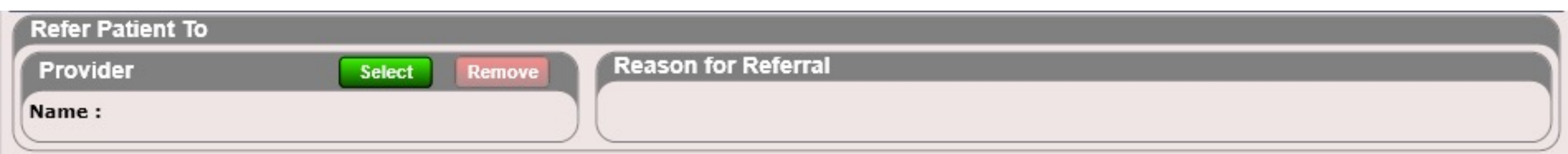
Additional clearinghouses may also work (we have not tested them). If you are billing EDI claims and want to submit them via direct secure FTP (much easier and faster) you will need to setup your clearinghouse in Settings/Insurance/Clearinghouses. Search our Help Center for your clearinghouse to find the recommended settings.

Settings – Referring Providers

The Referring Provider's app allows you to store as many providers into the system as you want. Then when you are writing a SOAP note you can select a referring provider from the list if necessary.

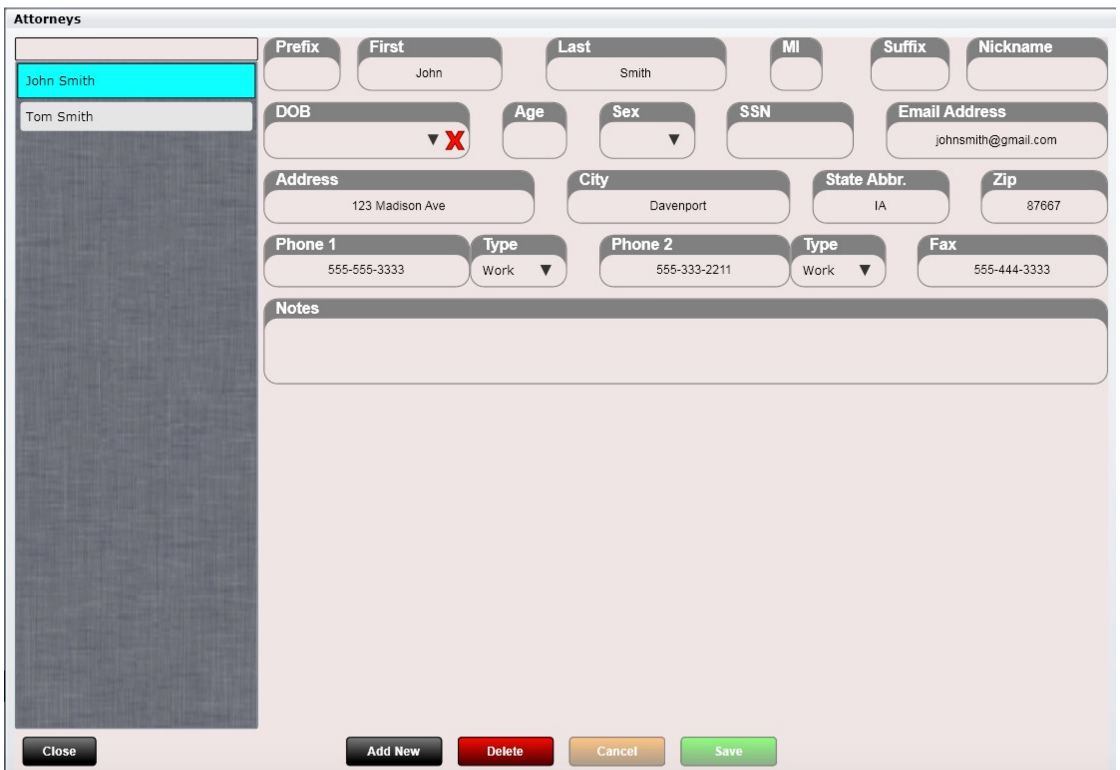
In the Edit SOAP "Condition" Tab you can select a provider that referred **<u>YOU</u>** the patient.

In the Edit SOAP "Wrap Up" Tab you can select a provider you are referring your patient **<u>TO</u>**.



Settings – Attorneys

The Attorneys app allows you to store as many attorneys into the system as you want. This makes it faster to add attorney information to an insurance case.



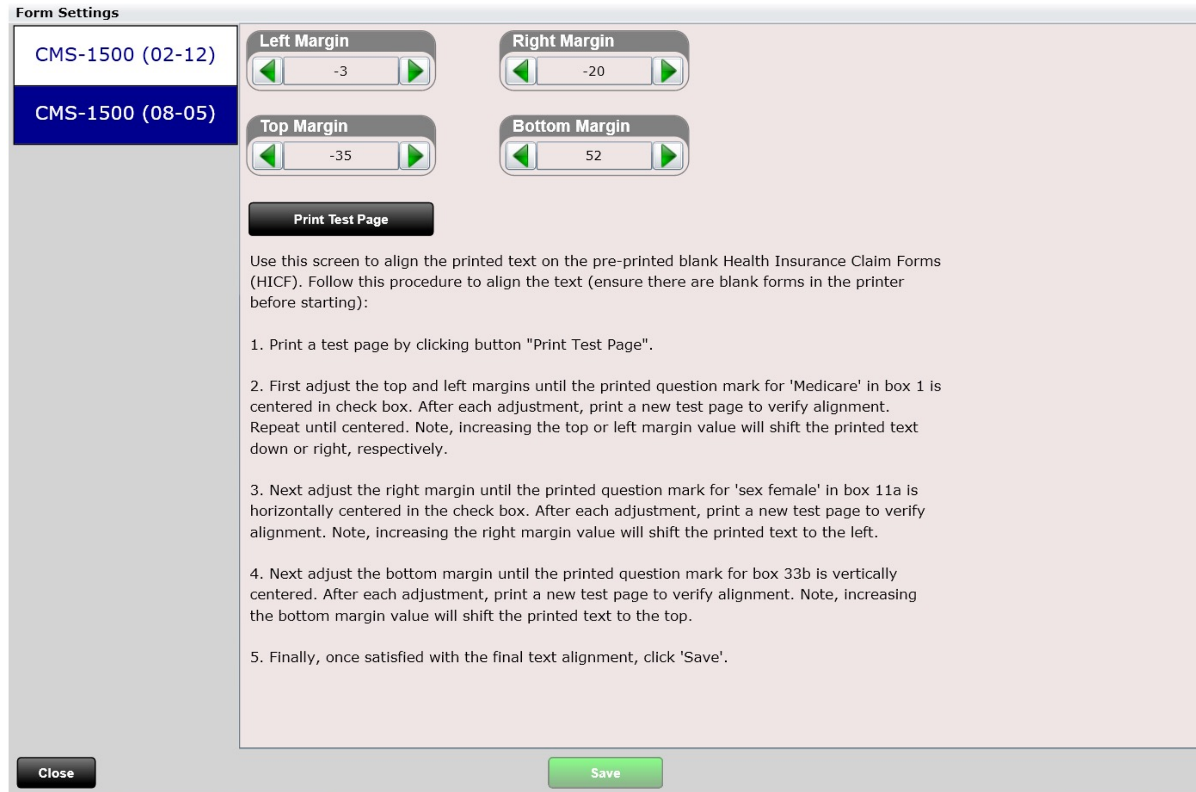
Settings – Form Settings

The Form Settings app is necessary to set up the alignment of your HCFA forms that you will print onto.

To align your form, follow the instructions within the app and print several test pages by clicking the “Print Test Page” button until everything is aligned. Then save changes.

Note there are two HCFA forms to select. You will need to align both form types if you wish to print using both form types.

You must follow the instructions on this screen EXACTLY or you will have difficulty aligning your HCFA form.



Settings – Form Settings

Use this screen to align the printed text on the pre-printed blank Health Insurance Claim Forms (HICF). Follow this procedure to align the text (ensure there are blank forms in the printer before starting):

1. Print a test page by clicking button "Print Test Page".

2. First adjust the top and left margins until the printed question mark for 'Medicare' in box 1 is centered in check box. After each adjustment, print a new test page to verify alignment. Repeat until centered. Note, increasing the top or left margin value will shift the printed text down or right, respectively.

3. Next adjust the right margin until the printed question mark for 'sex female' in box 11a is horizontally centered in the check box. After each adjustment, print a new test page to verify alignment. Note, increasing the right margin value will shift the printed text to the left.

4. Next adjust the bottom margin until the printed question mark for box 33b is vertically centered. After each adjustment, print a new test page to verify alignment. Note, increasing the bottom margin value will shift the printed text to the top.

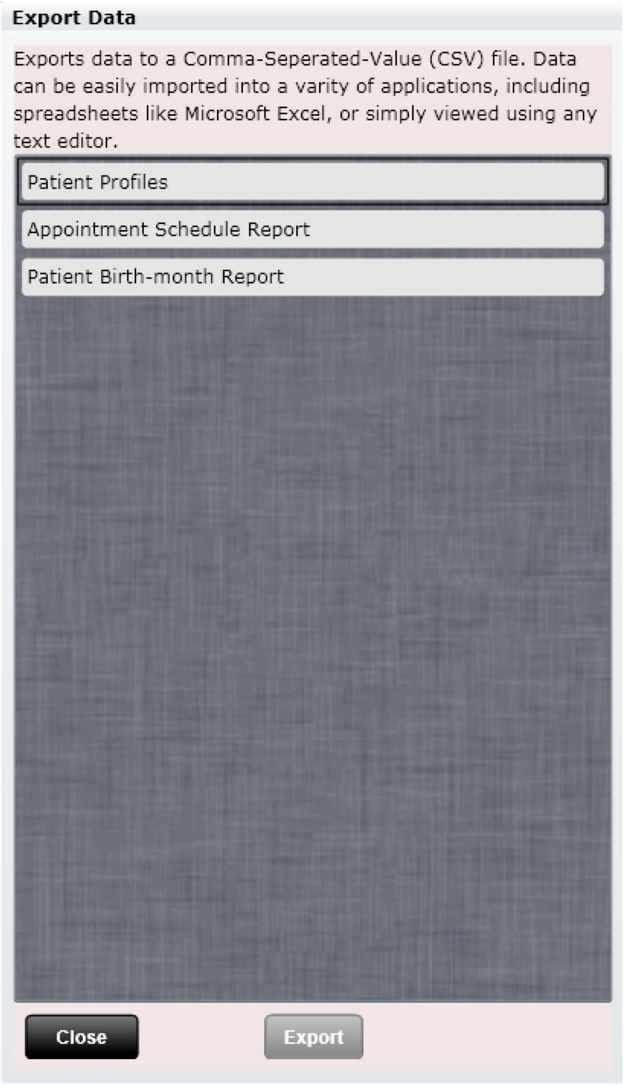
5. Finally, once satisfied with the final text alignment, click 'Save'.

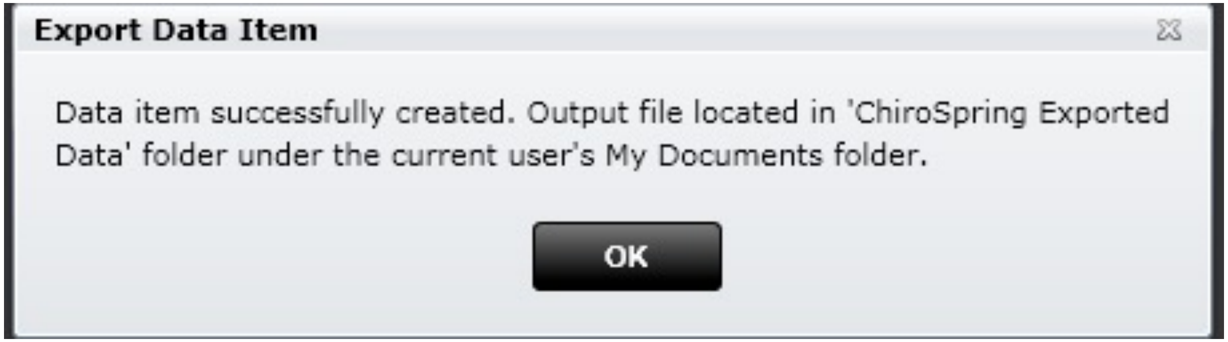
Settings – Export Data

The Export Data app allows you to export data for all your patients. Click the app, then select “Patient Profiles” from the list box, then “Export”.

A dialog box will open telling you that your exported data is in your “My Documents” folder in a folder named “ChiroSpring Exported Data”.

Choose the Appointment Schedule/Report option to export appointments.





Settings – Export Data

The exported data can be opened in a program such as Microsoft Excel. Data fields include:

- Active
- Account Number
- First Name
- Middle Name
- Last Name
- Address
- City
- State
- Zip
- Phone 1
- Phone 2
- Fax 1
- Email

Power Tip: Import your patients into Google Contacts or advertising programs such as Constant Contact. Use Microsoft Excel to sort columns by First Visit Date or Last Visit Date for better targeted marketing on new patients, etc.

A	B	C	D	E	F	G	H	I	J	K	L	M
Active	Acct No.	First Name	Middle Nam	Last Name	Address	City	State	Zip	Phone1	Phone2	Fax1	Email
Y	ANDRU000	Rucus		Anderson								
Y	CARJO000	Joeseph		Carter								
Y	GONTO000	Tony		Gonzaga								
Y	HOPJO000	Johnny		Hopkins								
Y	JACST000	Steve		Jackson								
Y	JOHMI000	Mike		Johnson								

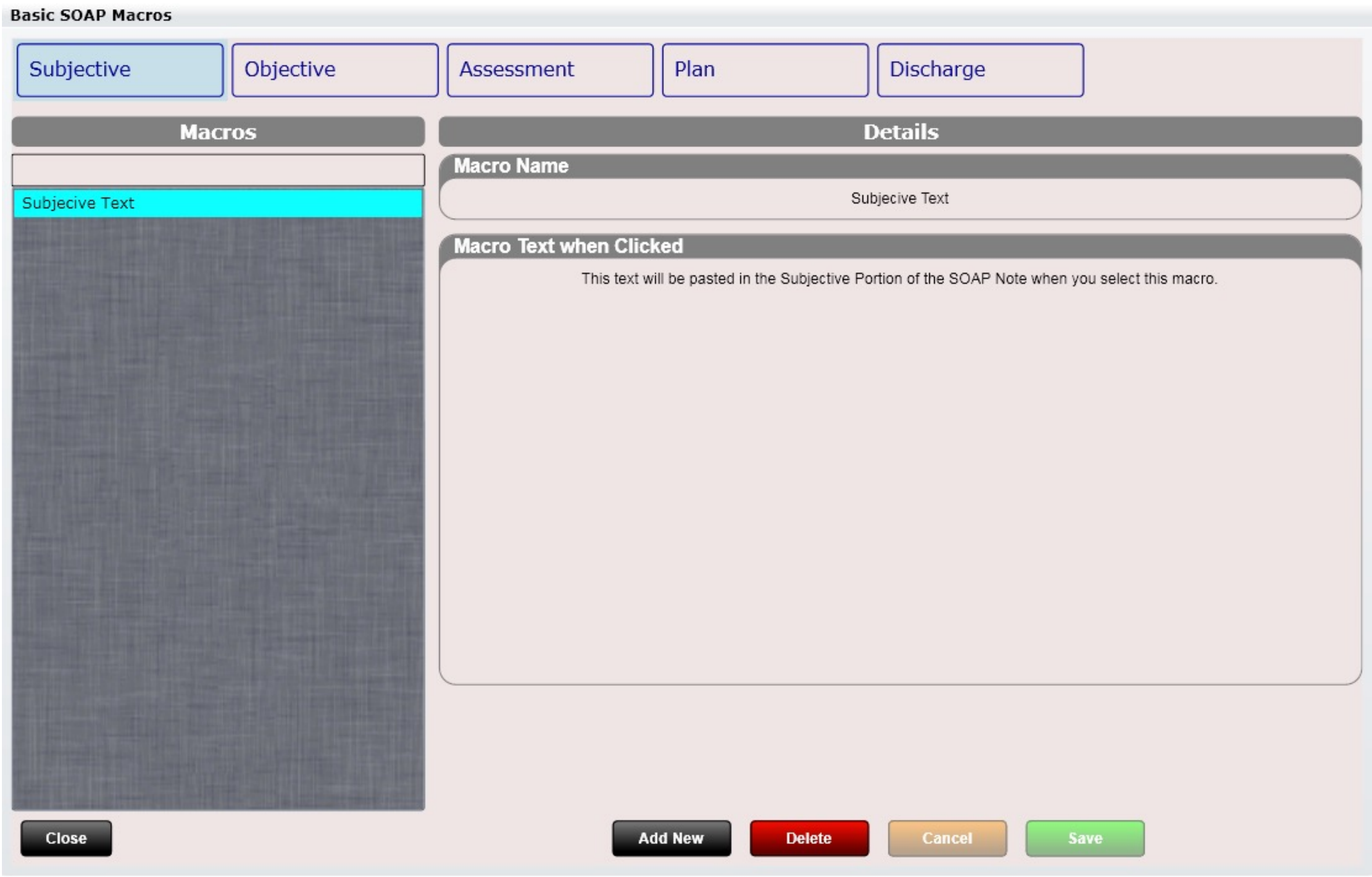
Settings – Custom Basic SOAP Macros

This app allows you to create Basic SOAP Macros for the "Free Text" and "Discharge" portions of the SOAP Note. Create the following:

- Macro Button Name
- Text

Macros will appear at the END of the associated macro grid inside the SOAP Note. Use the "Pin Macros" app to arrange the macros in the order you want them.

Remember, you must completely close out of ChiroSpring and re-open to refresh the database with your newly created macros.



Settings – Custom Advanced SOAP Macros

The Advanced SOAP Macros app will allow you to create Macros with multiple dialogs and questions.

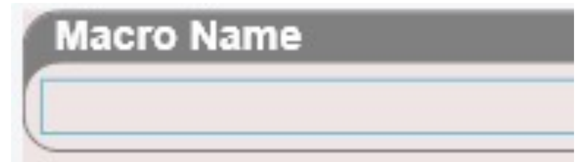
The next few pages will break down the components of this app.

- Macro Name
- Dialog(s)
- Question Text
- Response Text
- Selections

The “Add New Dialog” button will allow you to create more dialogs. Use the arrows to arrange the order of your dialogs.

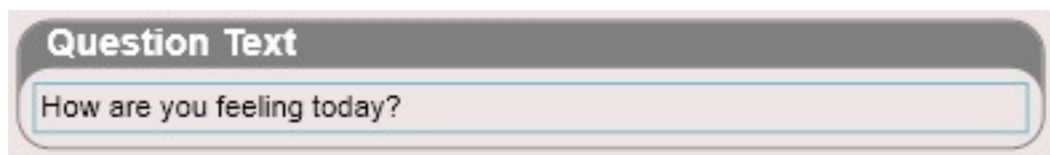
Settings – Custom Advanced SOAP Macros

First you need to add a Macro Name. This is at the very top.



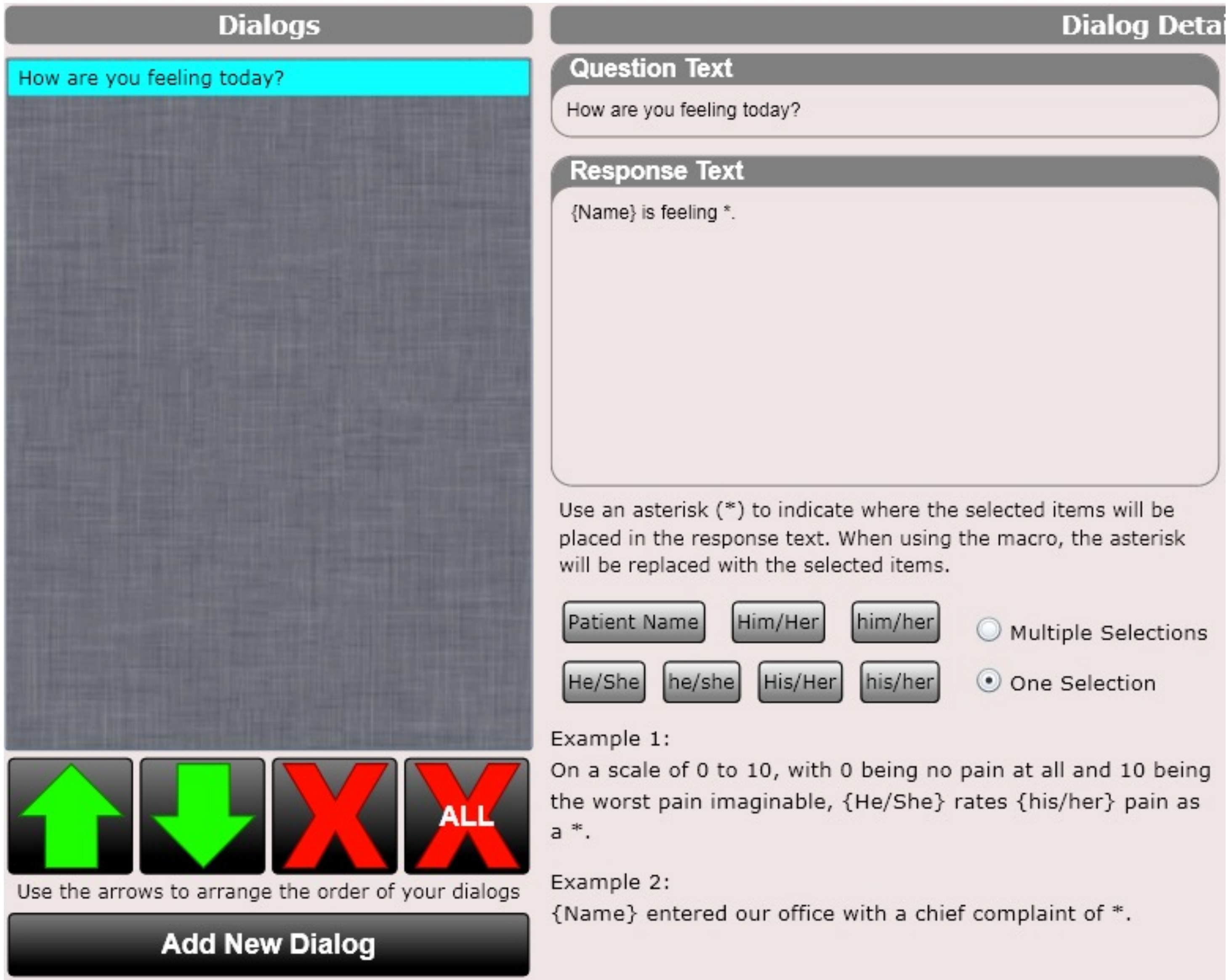
The “Add New Dialog” button will allow you to create more dialogs. Use the arrows to arrange the order of your dialogs.

The “Question Text” will also be shown in the Dialogs list box, so you know which dialog is being referenced.



Settings – Custom Advanced SOAP Macros

Here is a screenshot showing the Dialog(s), Question Text and Response Text.



Settings – Custom Advanced SOAP Macros

For each Question you can add selections (e.g. choices to that question).

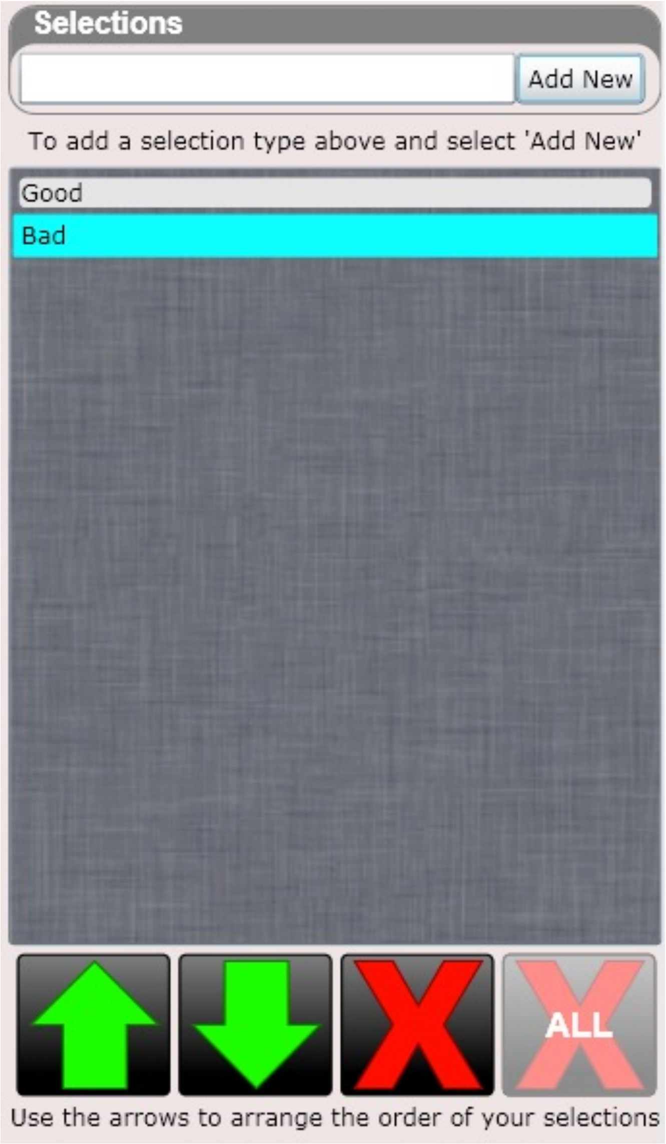
To add a selection type text in the white box. Then click "Add New". When you click "Add New" it will add your item to the list box below.

Use the up/down arrows to arrange the order you want your selections to appear.

Use the X buttons to delete one or all selections.

On the next page I will show you that selections are denoted as "*".

* is the symbol on your keyboard when you press Shift + 8.



Settings – Custom Advanced SOAP Macros

Now that you have entered your Question Text as well as your selections, it's time to enter your Response Text.

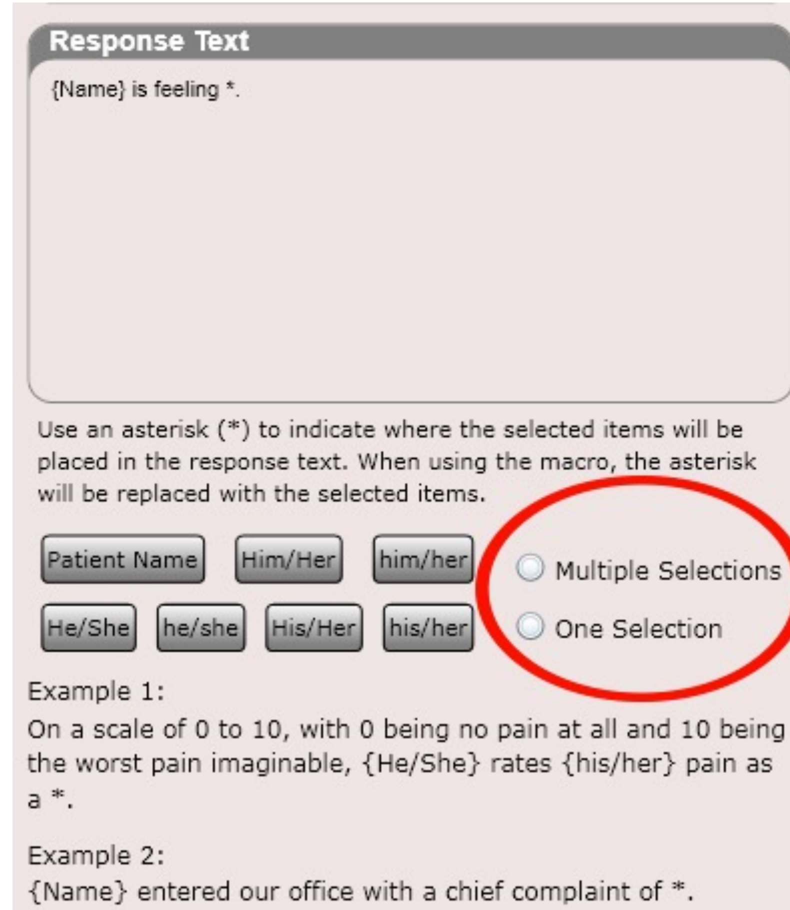
The response text is what will be populated into your SOAP note after using the Macro and making your selection(s). In my example below I typed:
{Name} is feeling *.

{Name} is put there by clicking on the "Patient Name" button. The "He/She" button will allow you to stamp {He/She} which will be replaced with the appropriate response based on the patient's gender.

* refers to your selections. Therefore, if the user selects "Good" and their name is "Chad" then in this example the SOAP Note would say:

Chad is feeling Good.

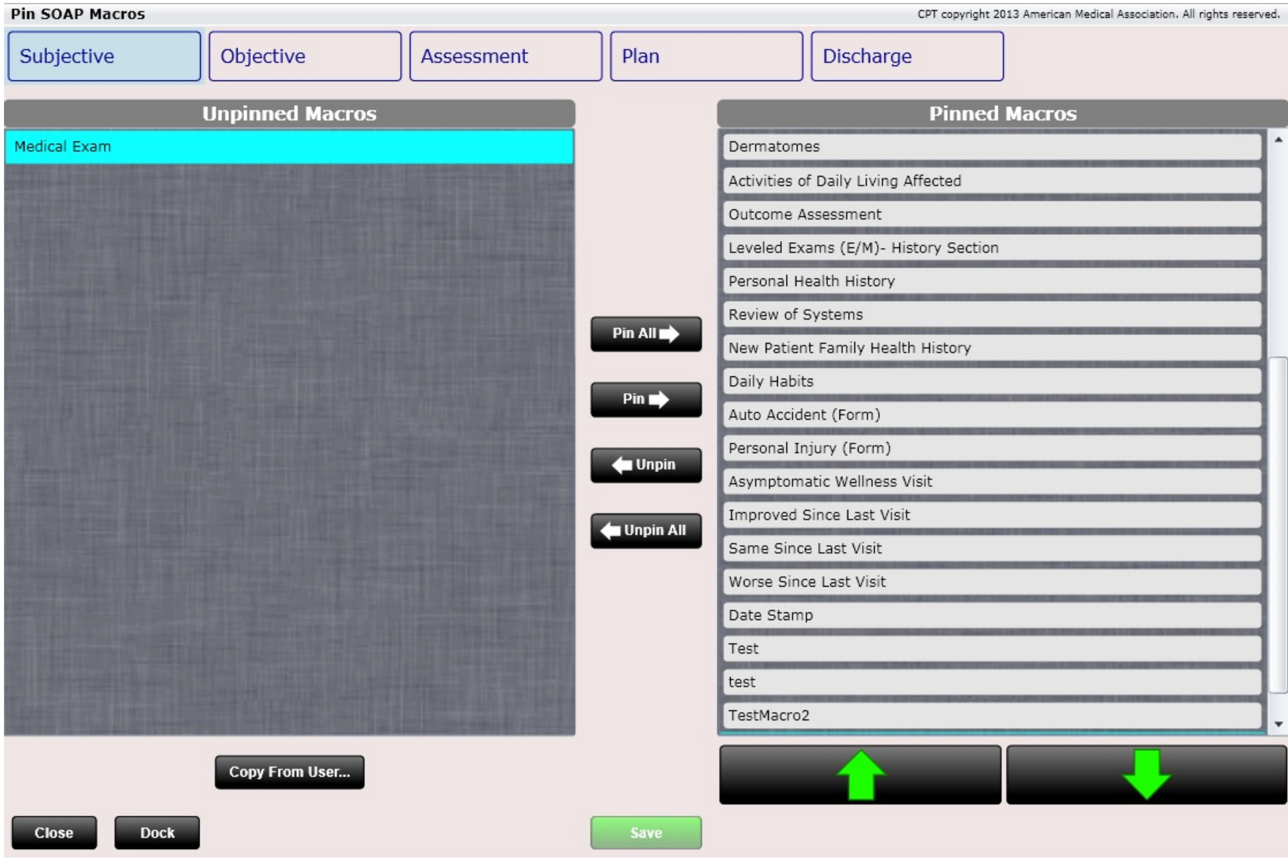
You will also need to select "Multiple Selections" or "One Selection" depending on how many selections are possible for the given dialog.



Settings – Pin SOAP Macros

This app allows you to arrange your SOAP Note Macro grids for Subjective, Objective, Assessment, Plan and Discharge.

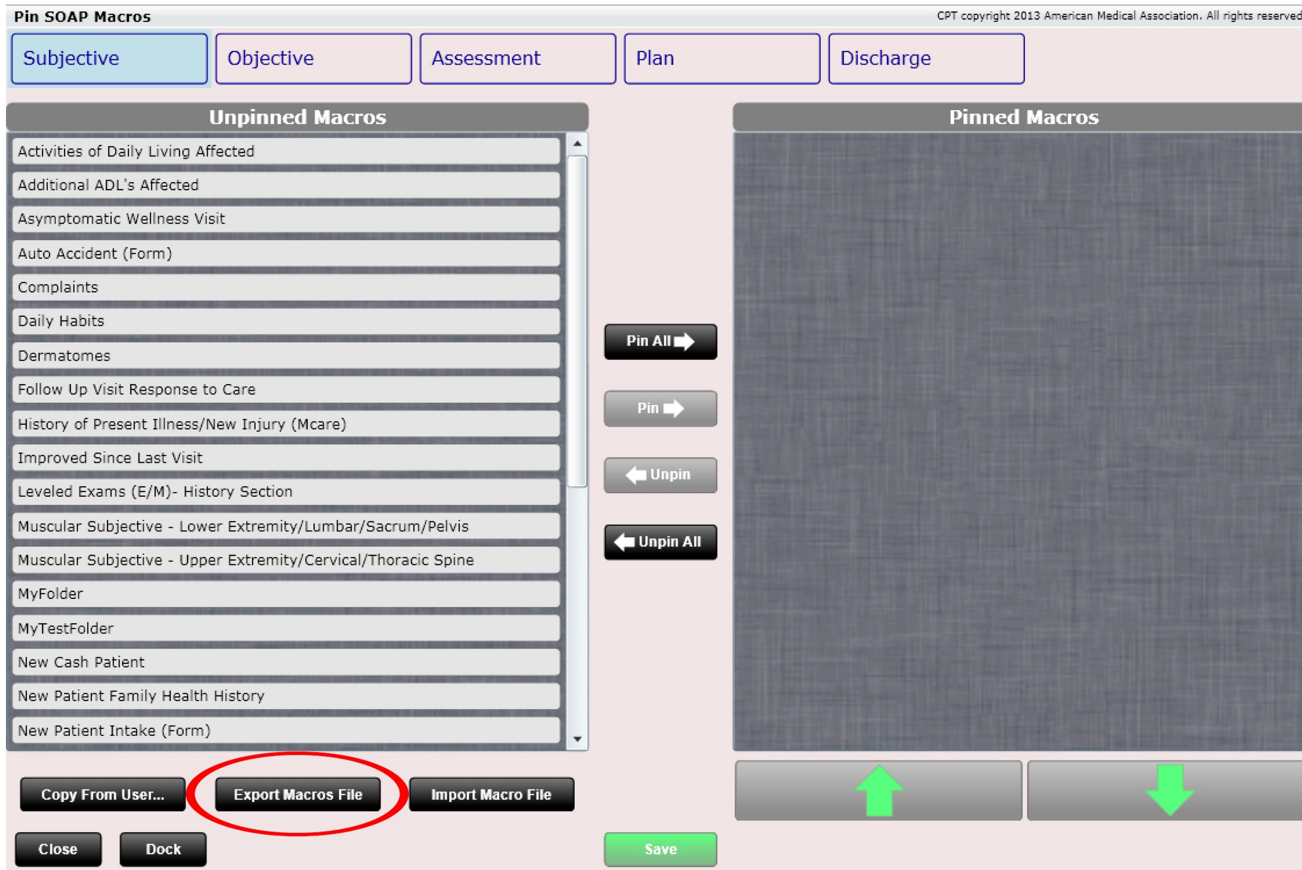
Items in the right box “Pinned Macros” will appear on your SOAP Macros grid. Use the up and down arrows to arrange the Macros.



Settings – Pin SOAP Macros - Export

Yes, you can share your SOAP Macros with your colleagues or import their Macros (if they share then with you) into your ChiroSpring. Pretty awesome!

Use the Export Macros and Import Macros buttons at the bottom of the Pin Macros app to do this.



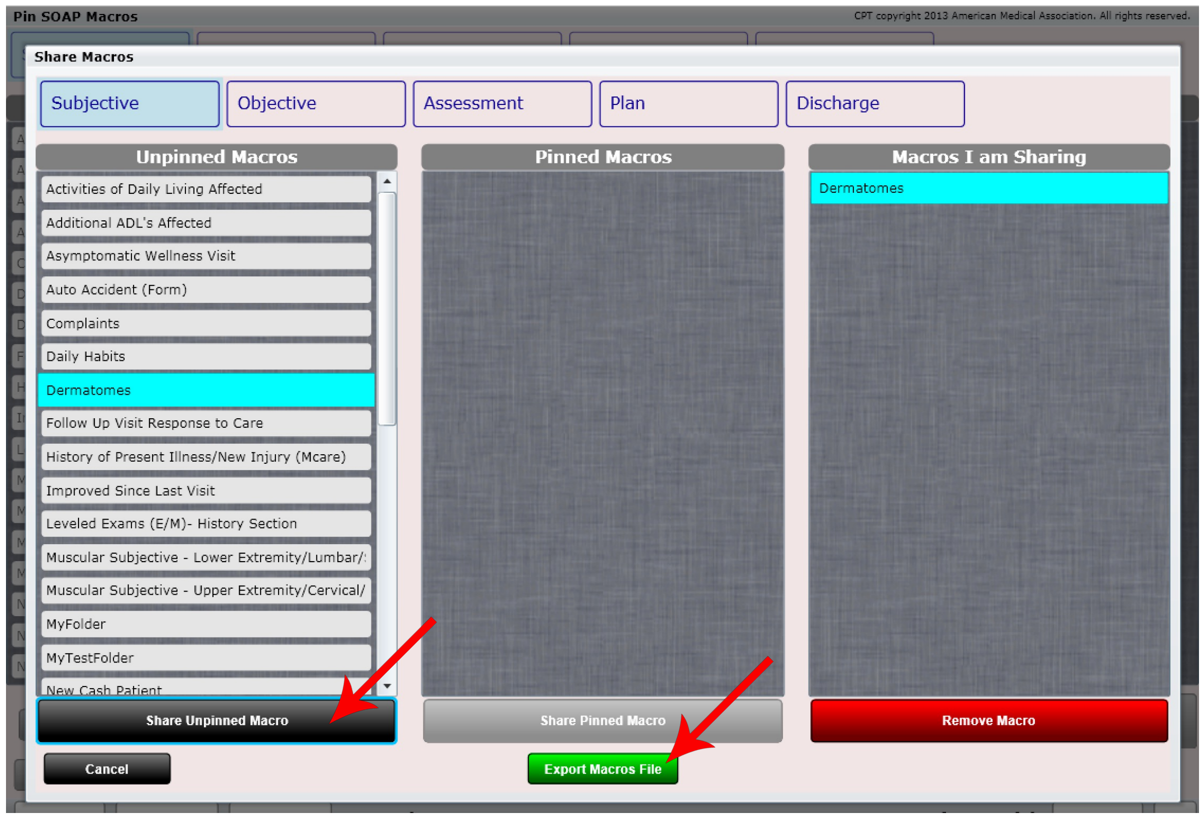
To import a Macro, click the "Import Macro File" button. You can only import macros that have been generate from ChiroSpring (e.g. this is not cross compatible with other EHR systems).

Settings – Share SOAP Macros

The Share Macros dialog (accessed in the Pin SOAP Macros app by clicking "Export Macros" is pretty simple. There are list boxes for your pinned and unpinned Macros for S, O, A, P and Discharge. Select the macro you want to share, then click the "Share Macro" button at the bottom of the list box.

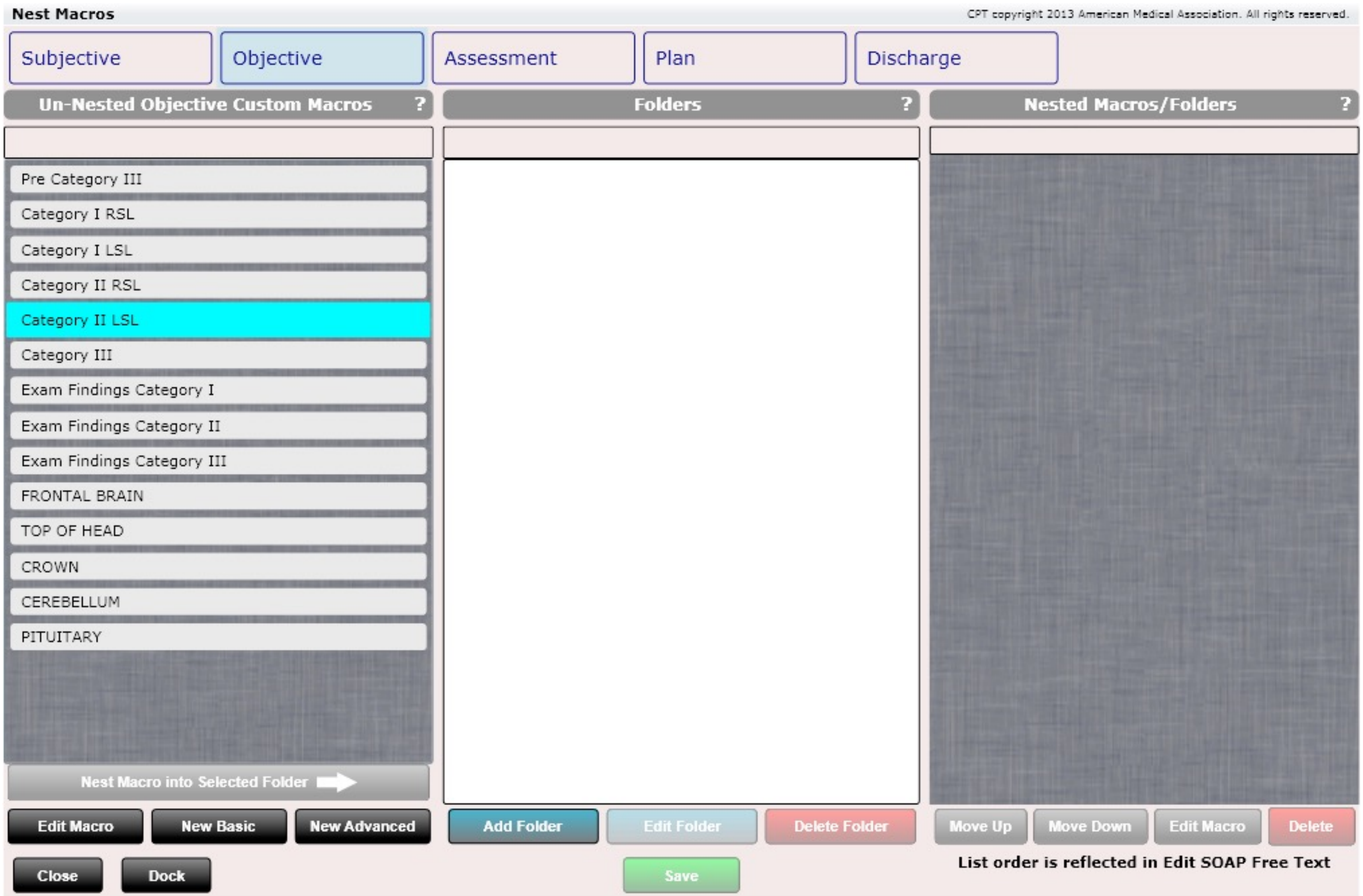
This will move the macro to the far-right list box: "Macros I am Sharing".

Once you have all of your macros selected that you want to share (yes you can select as many as you want) then click the "Export Macros File" button at the bottom. This will generate the file to which you can share with a colleague for importing into their ChiroSpring.



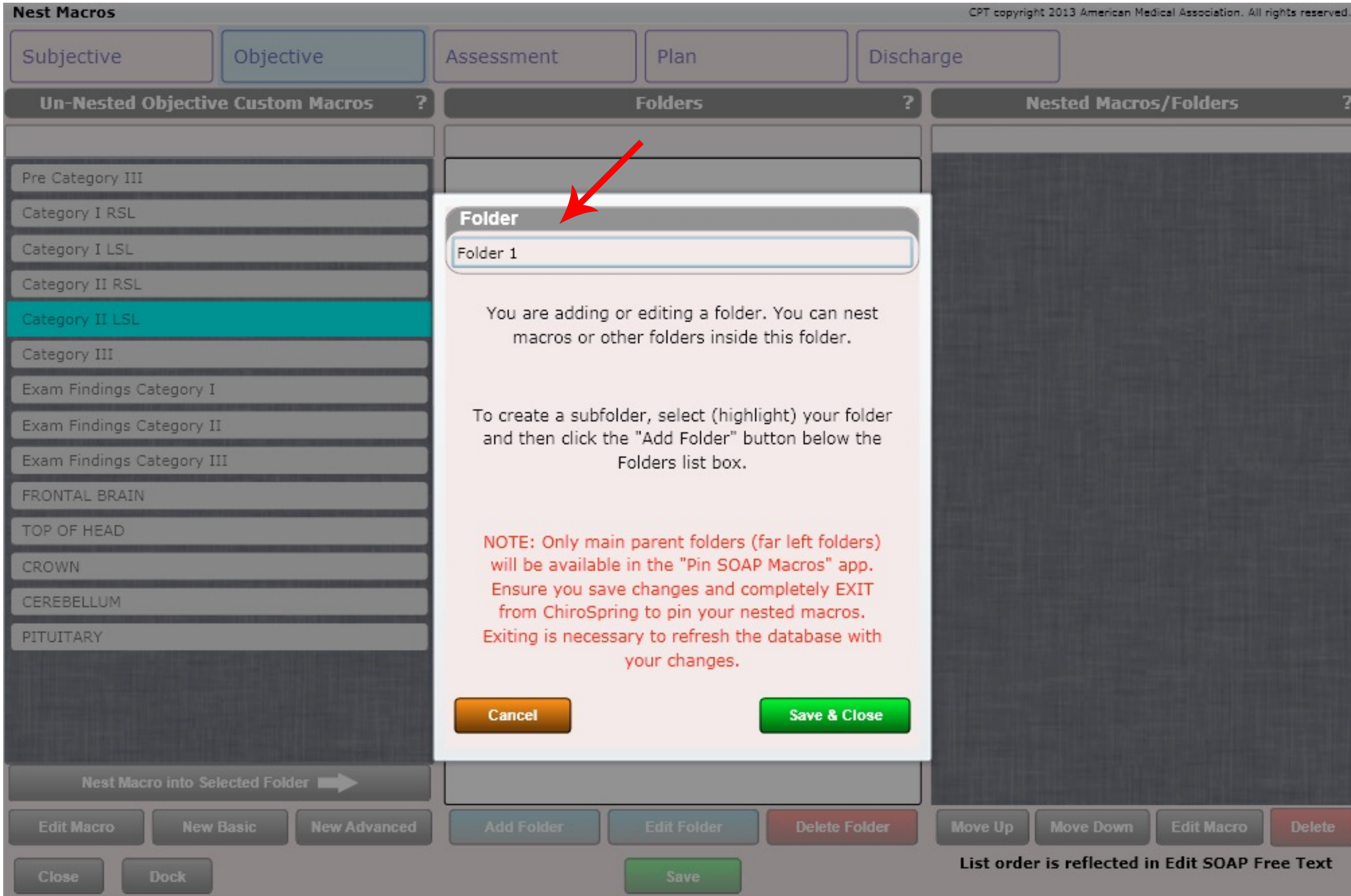
Settings – Nest SOAP Macros

Nesting SOAP Macros essentially means putting Macros you created INTO FOLDERS.



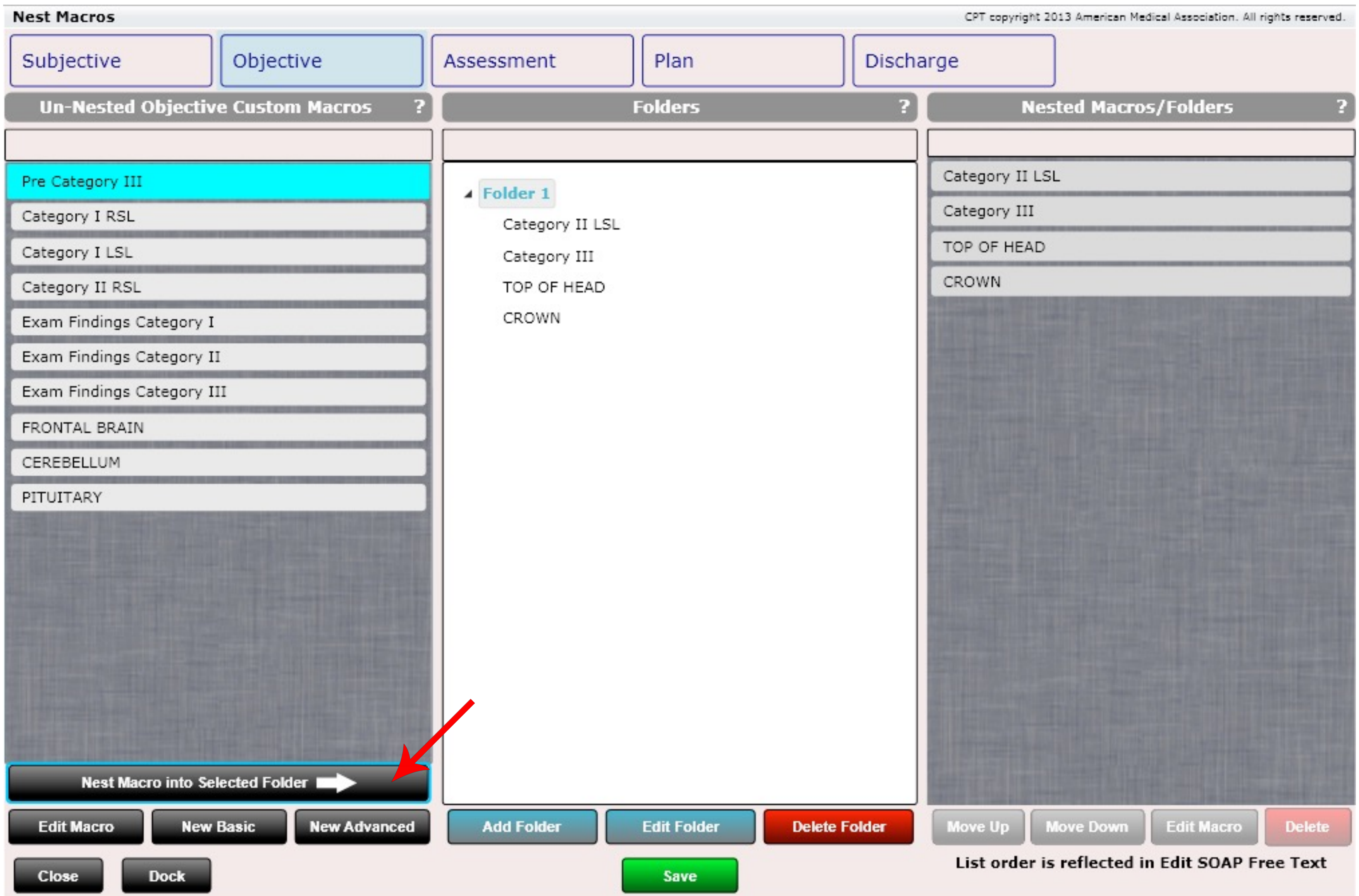
Settings – Nest SOAP Macros

First click "Add Folder". Give your folder a name. I am calling mine "Folder 1".



Settings – Nest SOAP Macros

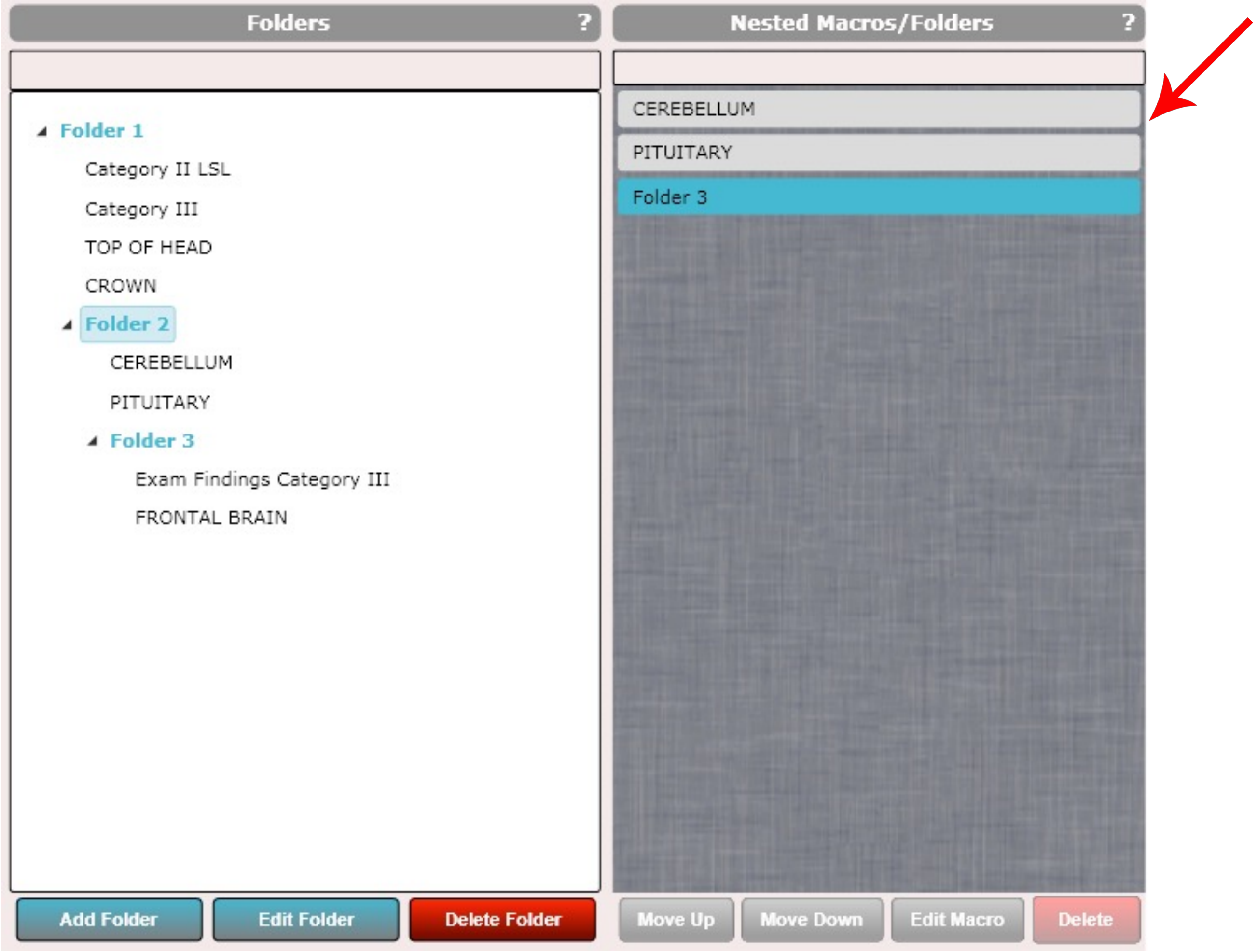
Next select the macro you want nested inside of the folder and click the "Nest Macro Into Selected Folder button".



Settings – Nest SOAP Macros

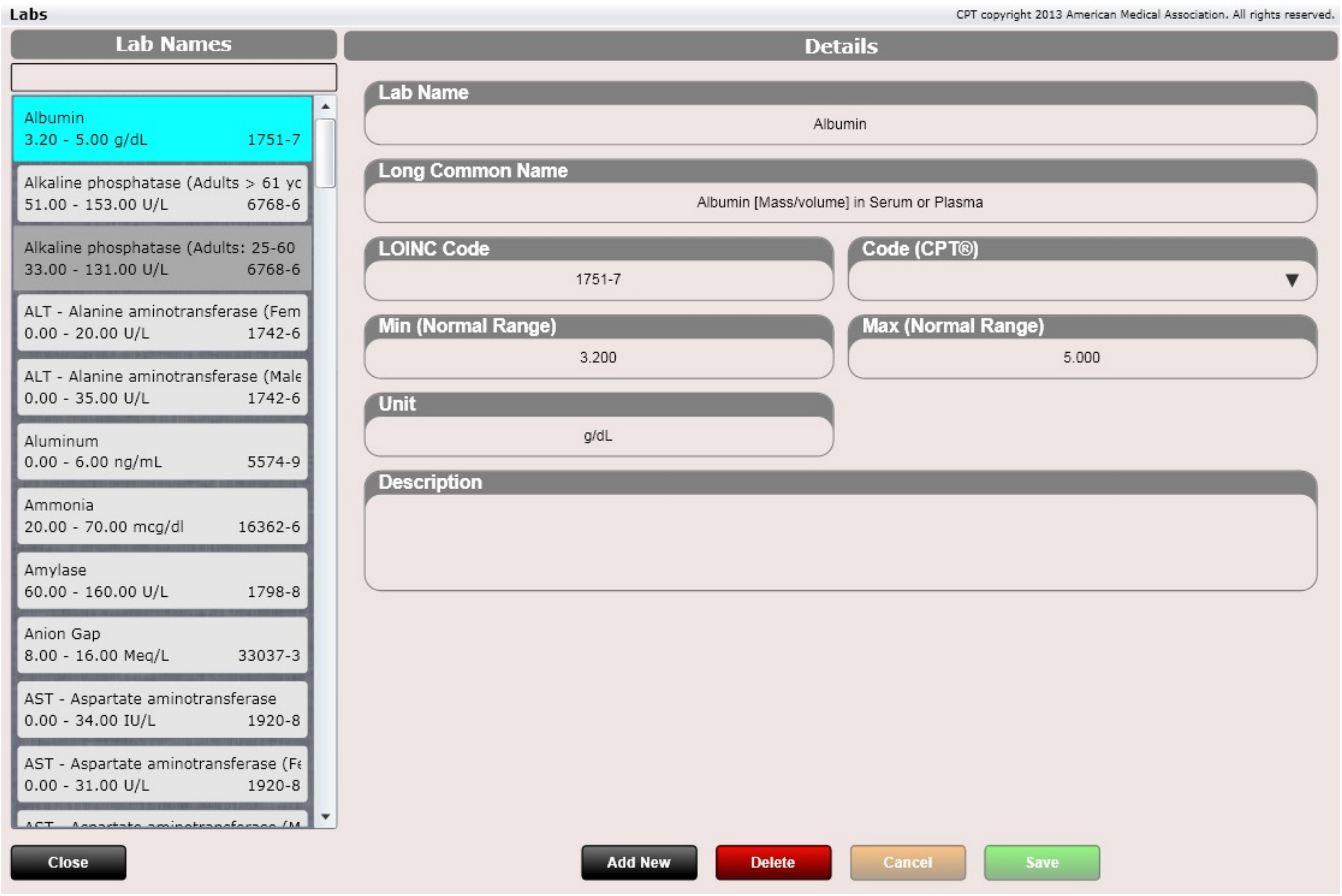
You can create multiple folders and even folders within folders (as I have shown below). The selected folder will show its contents in the far-right pane (Nested Macros/Folders). Here you can move up or move down the macro or folder to arrange them in the order you want.

After you have nested your Macros, you can then use the Pin SOAP Macros app to add them to your Edit SOAP Macro grid.



Settings – Labs

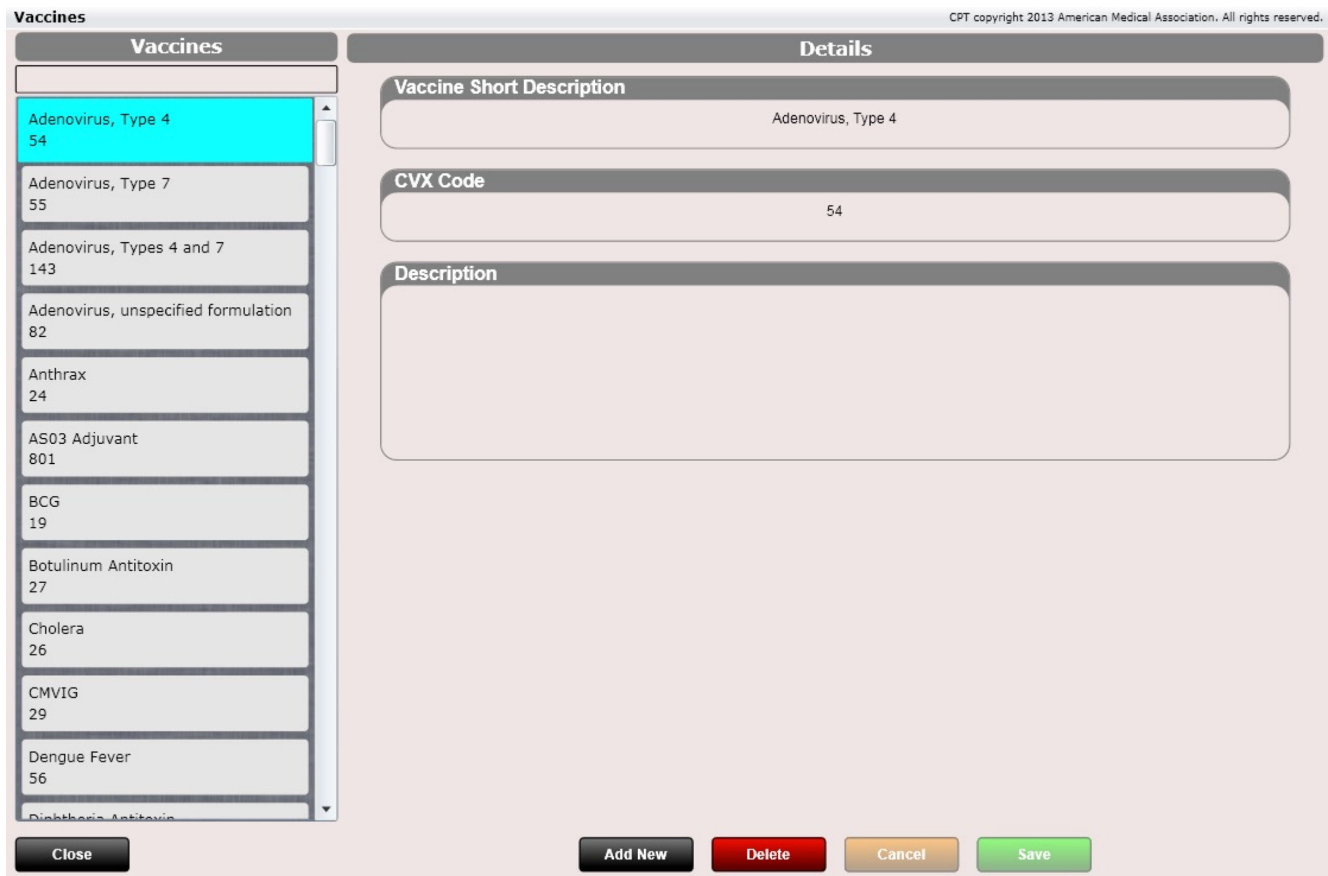
The Labs app allows you to create, edit or delete labs from your master list. You can also set their minimum value and maximum value. Setting min and max values is a good idea. This way when you enter a lab result for a patient high values are displayed in red and low values are displayed in blue.



Settings – Vaccines

The Vaccine's app allows you to create, edit or delete vaccines.

Use of a CVX code is necessary if you want to properly track correct vaccine data (e.g. in the event you perform a transition of care summary for your patient to another practice).

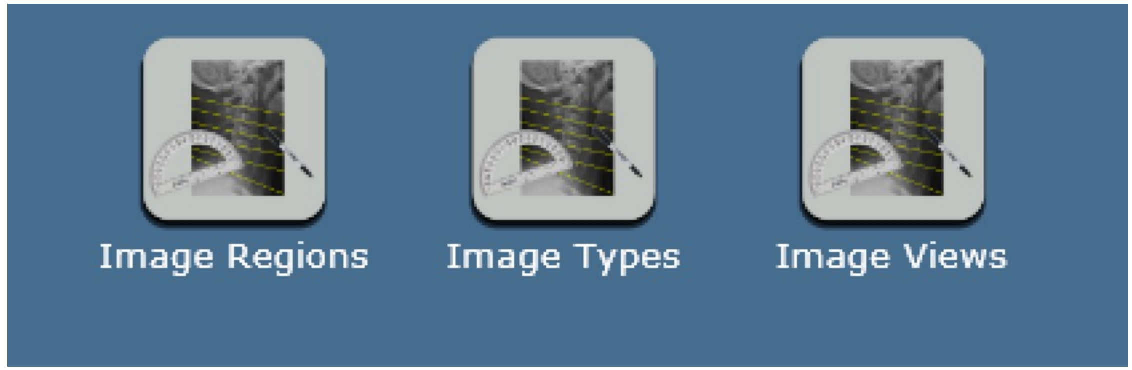


Settings – Images

The Images app allows you to customize the following lists:

- Image Regions
- Image Types
- Image Views

These sections are available in the Dashboard/Images tile.

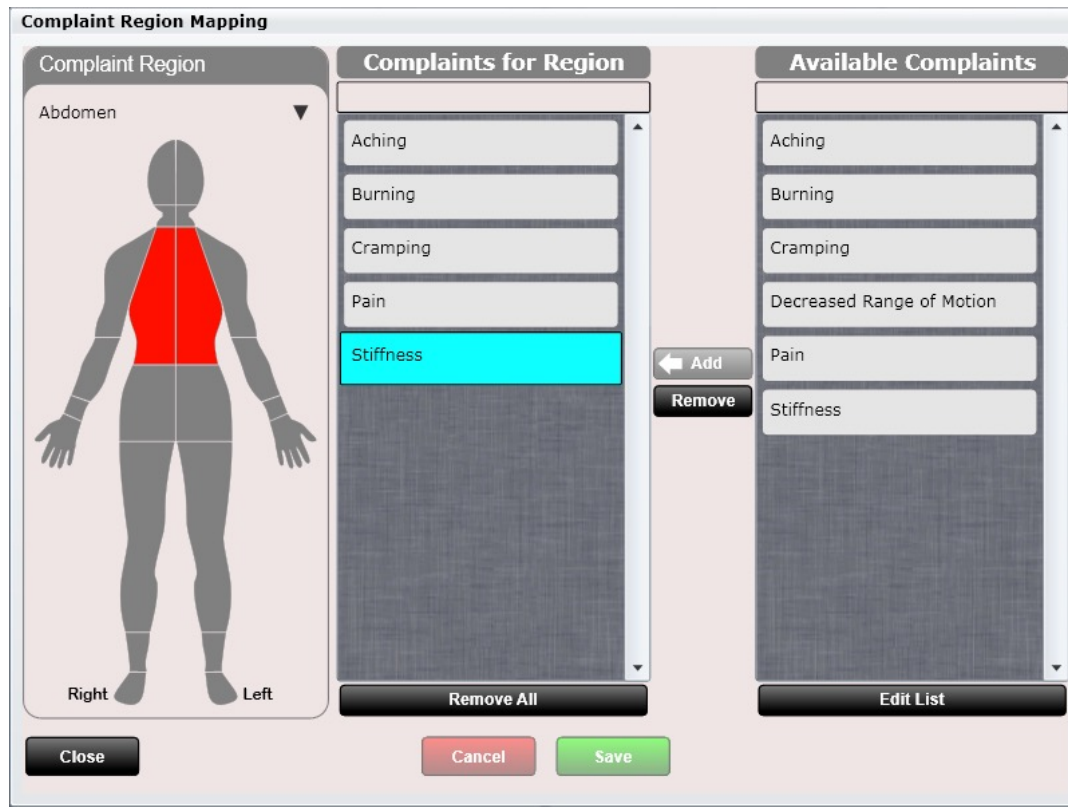


Settings – Complaints

The Complaints app allows you to customize the "Complaints Tab" located inside the SOAP Note.

Shown below is "Mapping". Here you select a body region from the "Complaint Region" drop down. There are two list boxes. The first is the complaints list box. Here you can add any possible complaint that exists. Then move a complaint to the "Region Complaints" to associate that complaint with that body region.

Here you can edit:
Complaint Mapping, Complaints List, Quality, Aggravating Factors, Relieving Factors, Mechanism of Injury and Severity Scale.



Settings – Acupuncture

Acupuncture is available within the Edit SOAP objective tab. Here you can customize meridians as well as points for each meridian.

You can also customize the color of the meridian (for easy identification).

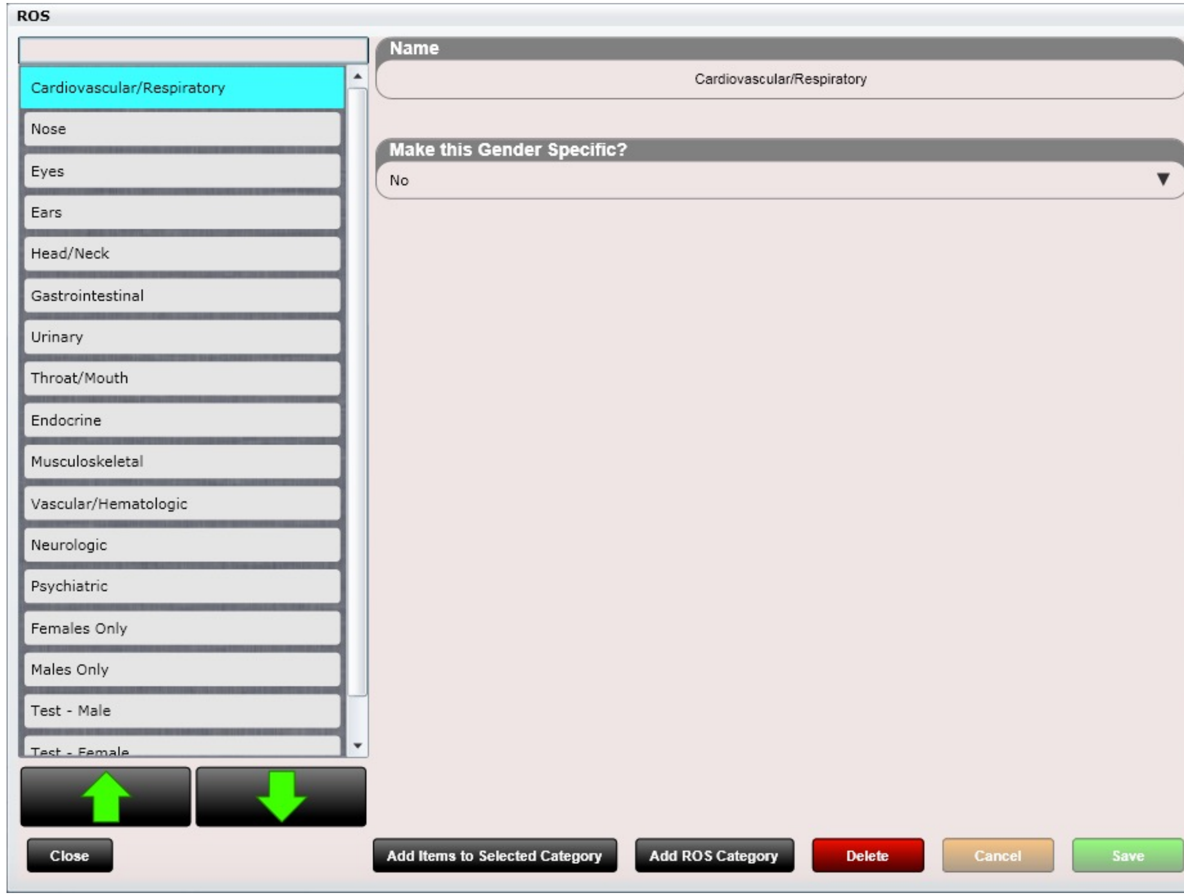
Use the up/down arrows to arrange the order of both the meridians and points.

Settings – ROS

The Review of Systems app allows you to customize review of system categories as well as review of system items within that category.

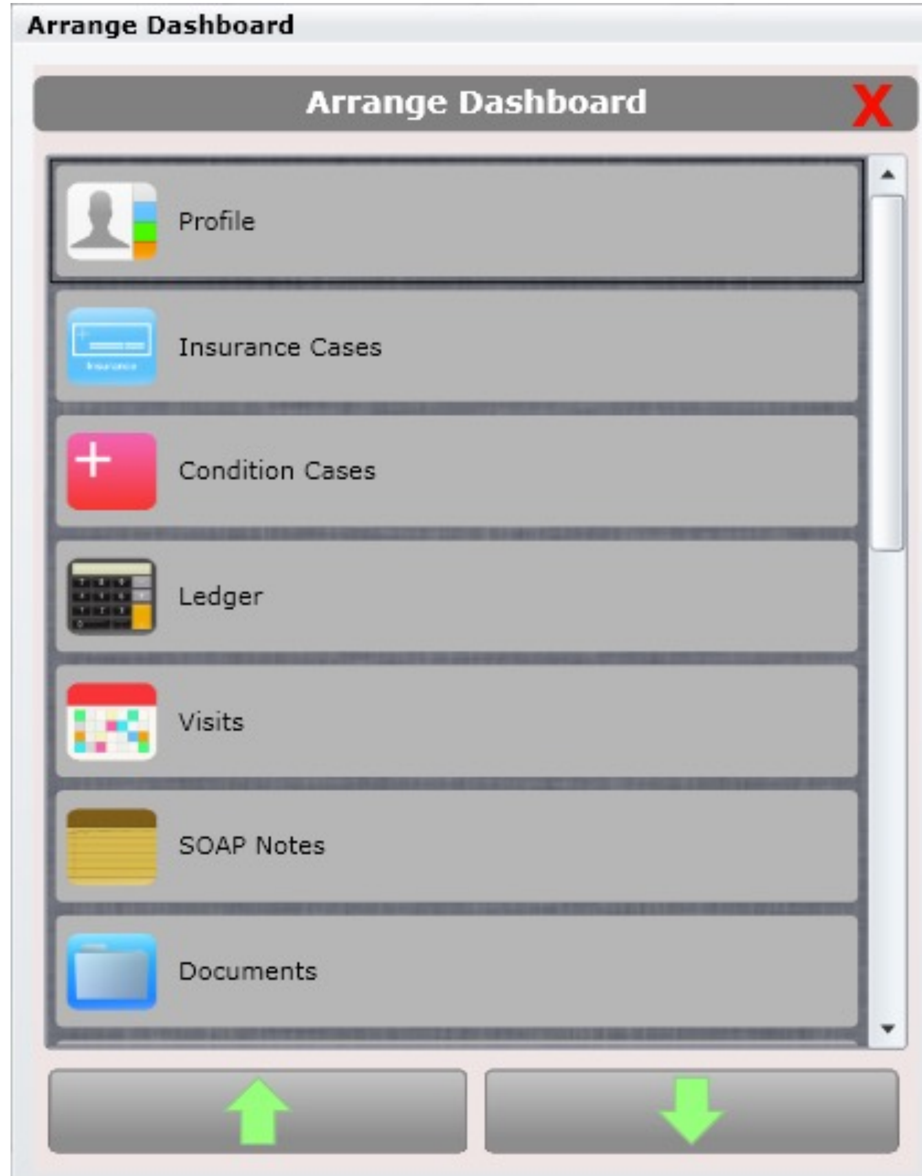
Use the “Make this Gender Specific” option to determine if you want a category to only show for patients regarding their gender.

Review of Systems exists in Edit SOAP in the ROS tab and inside the patient kiosk on the Review of Systems tab.



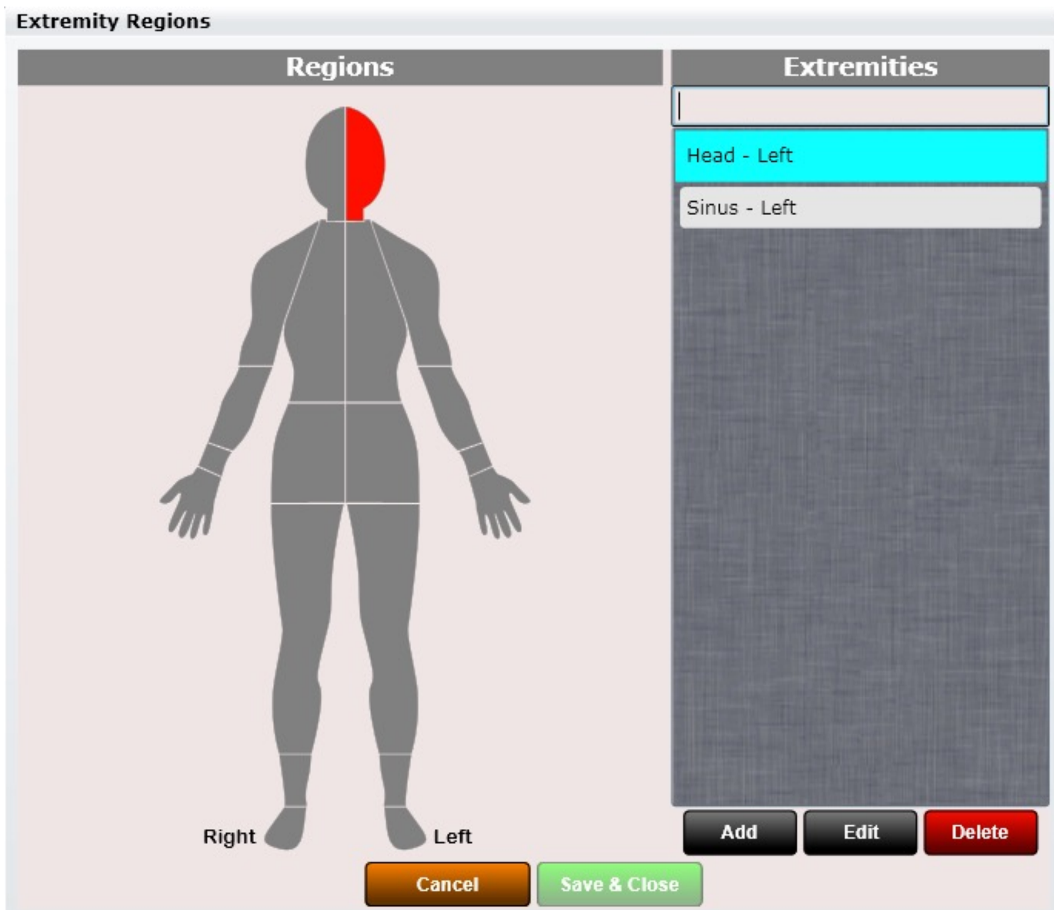
Settings – Arrange Dashboard

Use the “Arrange Dashboard” app to arrange your patient dashboard. Simply move items up or down. Each user can have their own dashboard arrangement.

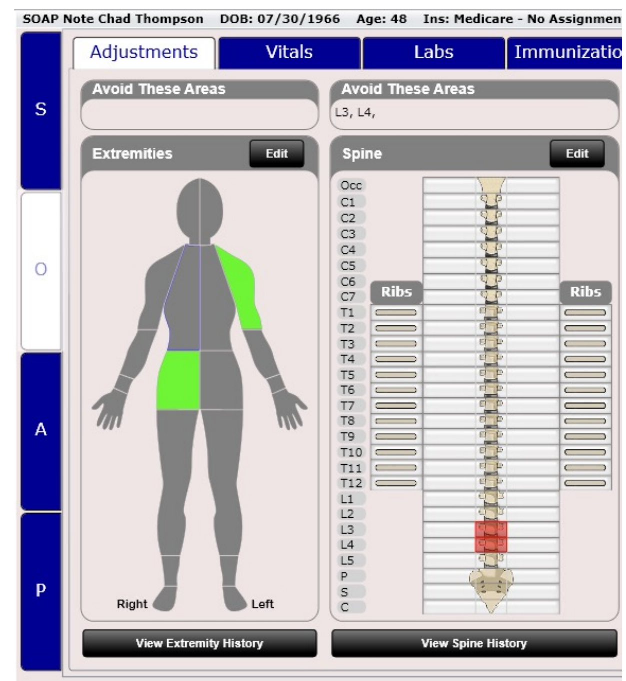


Settings – Extremities

Using the Extremity Regions app you can add, edit or delete body regions that will be used in the SOAP Note Adjustments Tab.



Shown below "Extremities" in Edit SOAP Adjustments Tab.

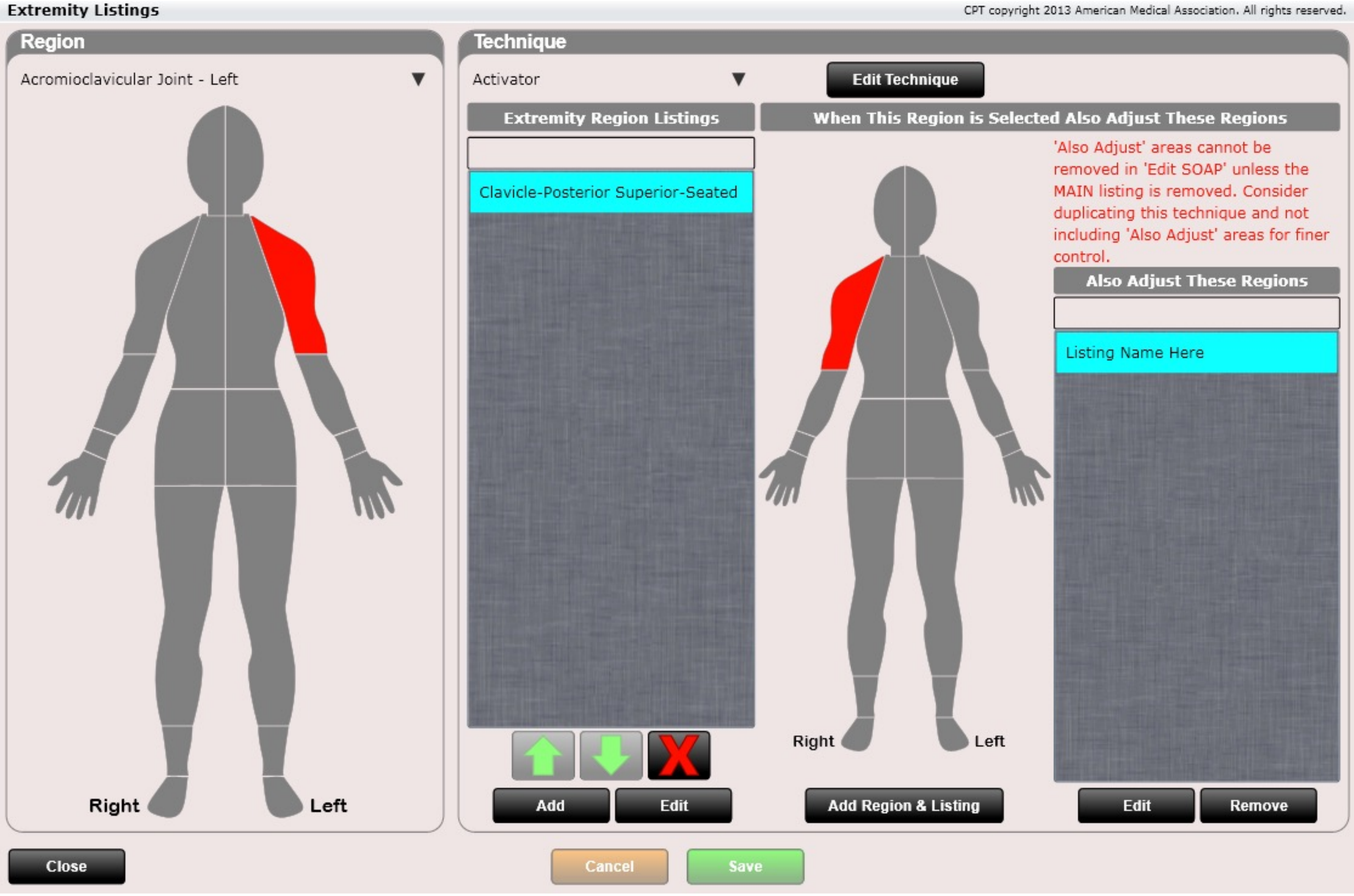


Settings – Extremities

Using the Extremity Listings app you can add, edit or delete extremity listings that will be used in the extremities section of the SOAP Note's Adjustment Tab. You can create adjusting techniques that each have their own listings.

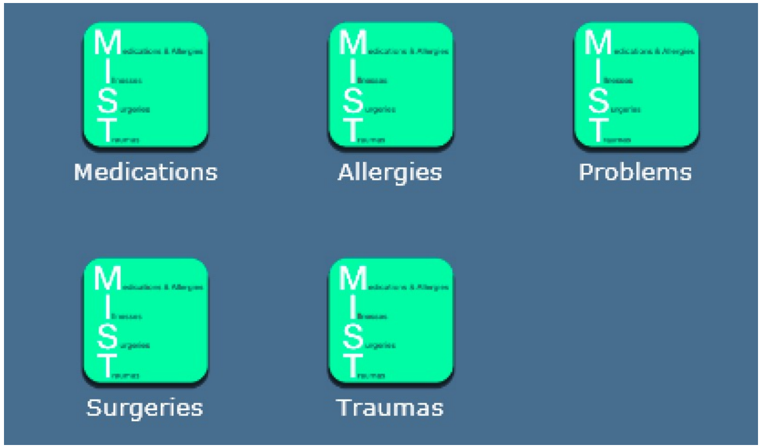
Using the "Also Adjust These Areas" section you can have a selected listing auto populate another listing(s) when selected during the adjustment.

Note, 'Also Adjust' areas cannot be removed in "Edit SOAP" unless the main listing is removed. Consider duplicating this technique and not including "Also Adjust" areas for finder control.

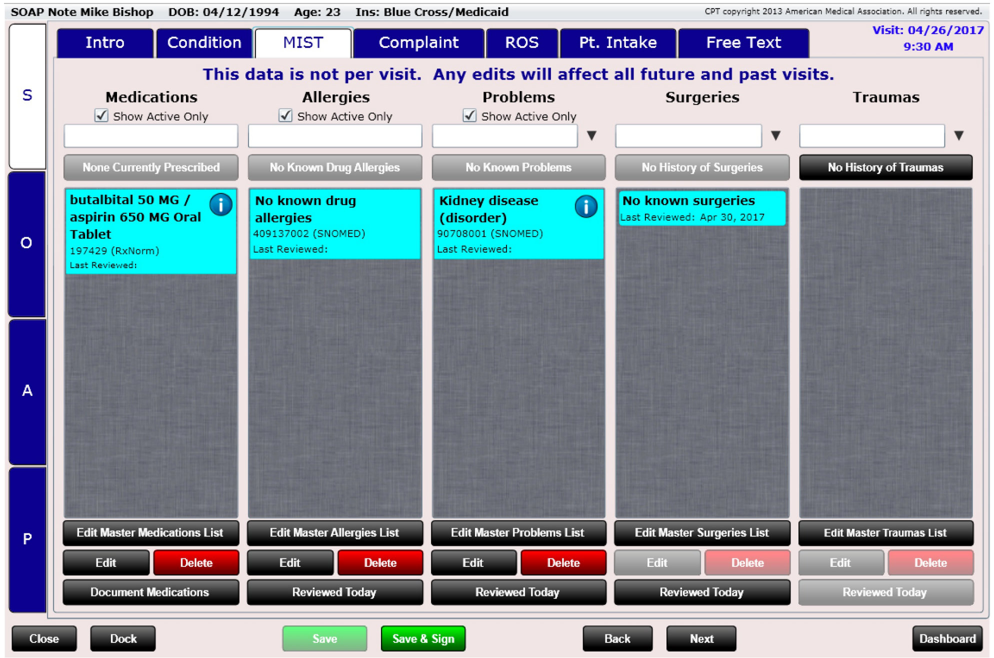


Settings – MIST

Add, Edit or Delete your custom Medications, Allergies, Problems, Surgeries and Traumas that will be used in the SOAP Note's MIST Tab.



Shown below is the Edit SOAP Note "MIST Tab".

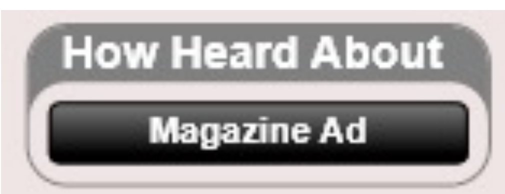


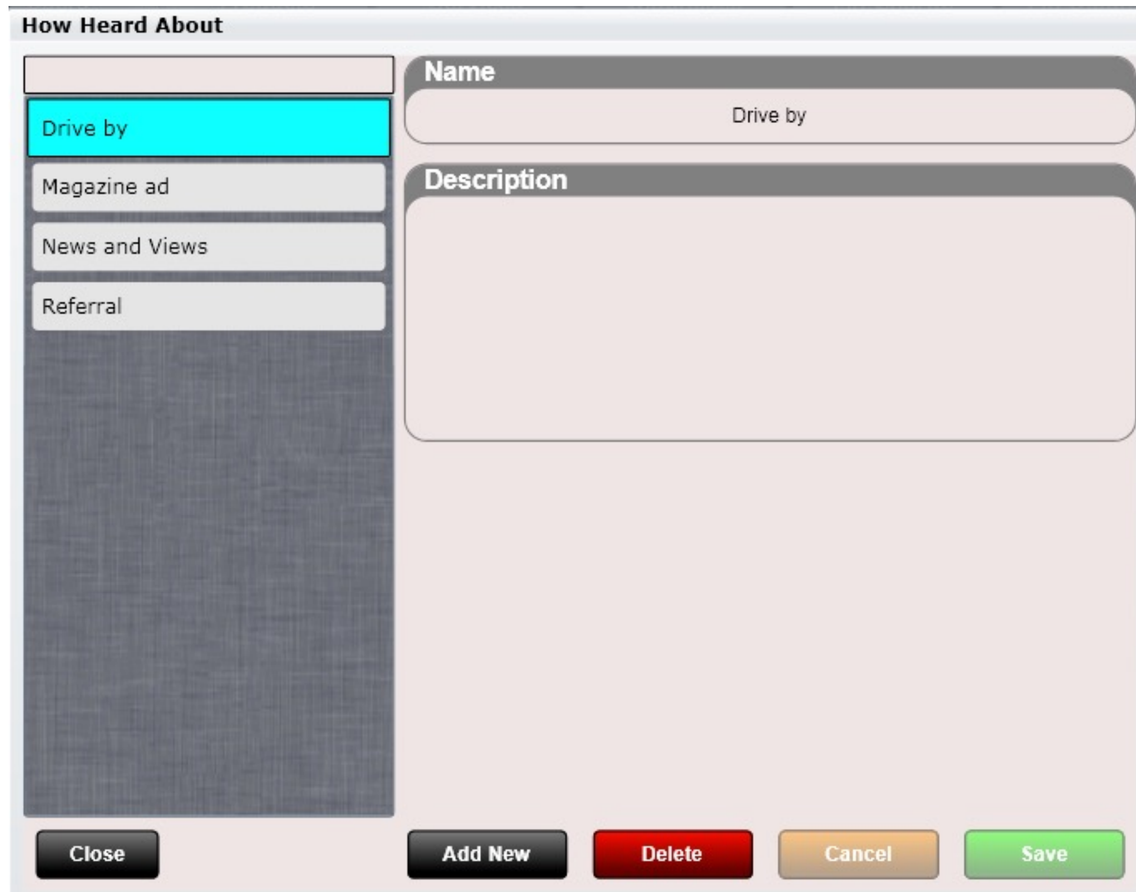
Settings – How Heard About

Add, Edit or Delete custom "How Heard About" options that can be used to track how patients heard about you.

In the patient profile you can select the "how heard about" option.

The Practice Analysis Report includes a "How Heard About" section to help track how patients are hearing about your practice.



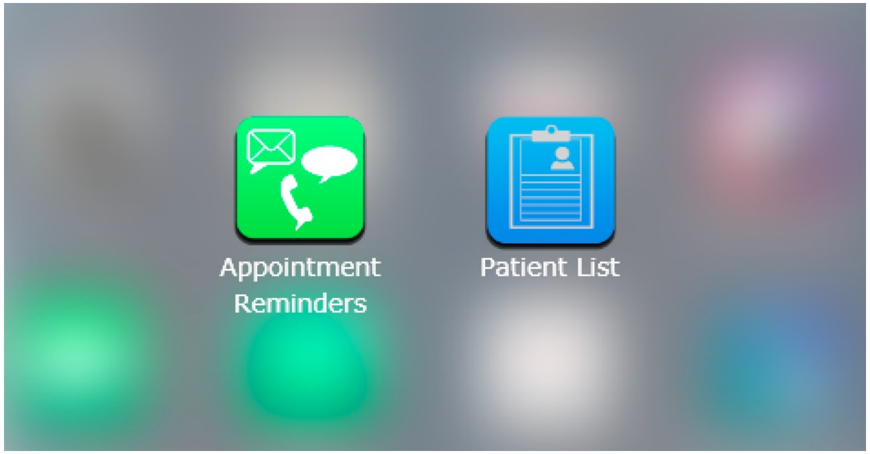


Settings – Patient Messaging

This app contains two messaging apps. These apps are:

- Appointment Reminders
  - Use this app to setup appointment Reminders for your practice. You will need to create an account with www.remindercall.com and enter the information within this app into www.remindercall.com.
- Patient List
  - Use this app to setup messaging for your practice for use with the Patient List app. Each patient has a "Message Contact" dropdown in the patient profile that will determine the patient's preferred contact method when contacting the patient through the Patient List ap. You will need to create an account with www.remindercall.com and enter the information within this app into www.remindercall.com.

The next few pages will show you how to setup appointment Reminders. You will not have to do anything to setup Patient List messages as setting up appointment Reminders takes care of this.



Settings – Patient Messaging

Appointment Reminders

Two options are available through integrations. Pricing is through each individual vendor.

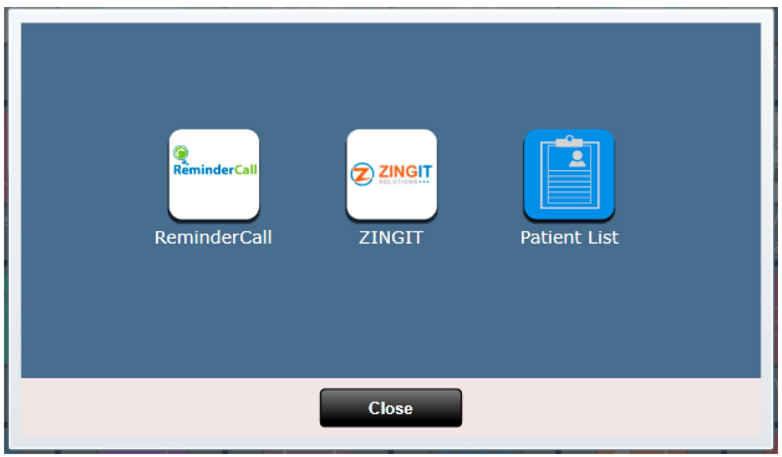
- Remindercall.com
  - Provides appointment reminders in the form of voice/text/email
  - Patients can confirm their appointment
  - Confirmation status is displayed on the ChiroSpring Front Desk with a black dot next to “Reminder” for a given patient

- Zingit
  - This is a more robust solution. Zingit provides reminders as well as many other services. This option is best for practices who want patient engagement, automatic reactivation, ad-campaigns and automatic 5-star Google Reviews.

Settings – Patient Messaging

Get Started

Navigate to Settings/Patient Messaging and select your preferred option. A dialog will appear with contact information.



Settings – Remindercall

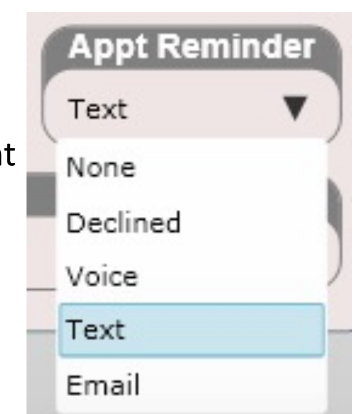
How to setup Appointment Reminders with Remindercall:

- ChiroSpring supports appointment reminders through the www.remindercall.com website. This is a third-party service with its own fees separate from ChiroSpring. Please visit their website to learn about the services they offer and to setup an account. The information you need to setup an account is shown below.

- Note, you will first have to create a username and password on the remindercall.com website. After you have created a username and password click "Account". Then click "ChiroSpring Settings" and copy and paste the "ChiroSpring Customer ID" and "ChiroSpring Password" into their respective fields on the www.remindercall.com website.

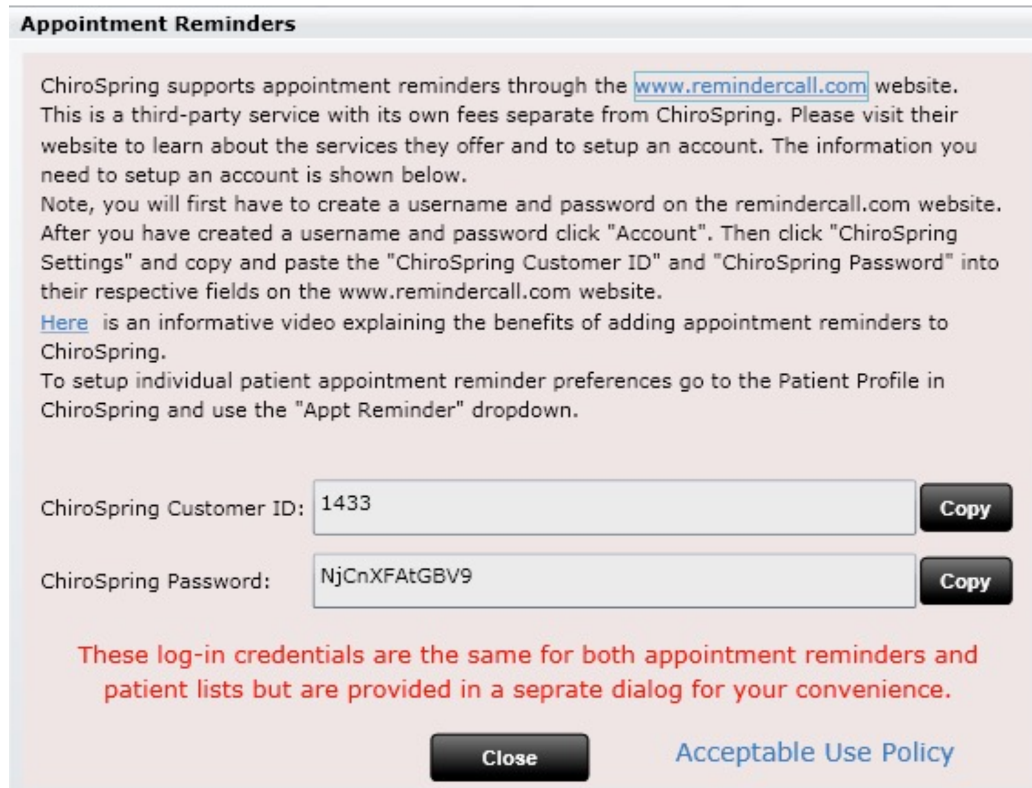
- Here is an informative video explaining the benefits of adding appointment reminders to ChiroSpring. https://youtu.be/sLtjAZHsmjI

- To setup individual patient appointment reminder preferences go to the Patient Profile and use the "appt Reminder" dropdown. This dropdown is also located in the “Check-in” dialog.



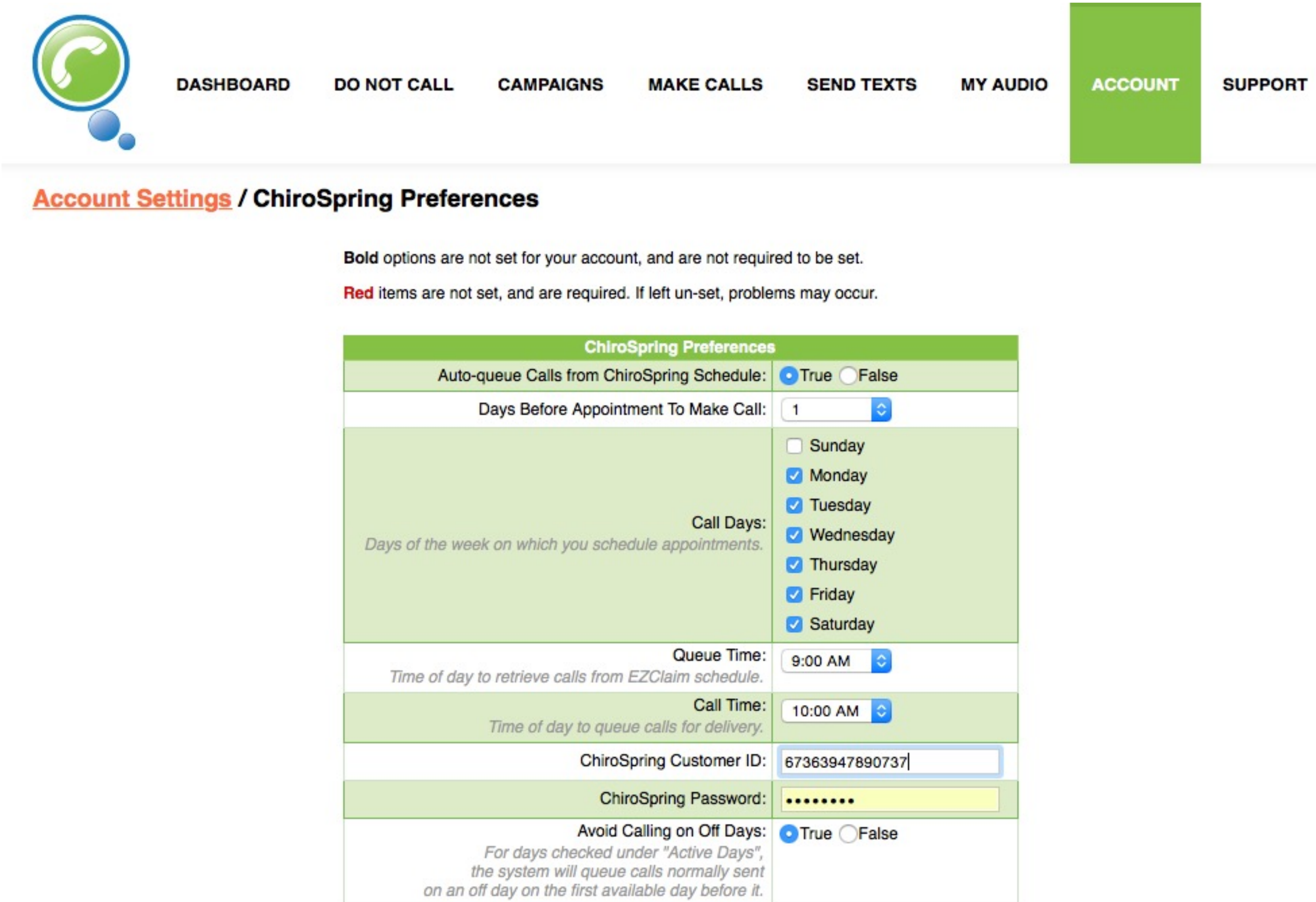
Settings – Appointment Reminders

Use the 'Copy' button to copy your ChiroSpring Customer ID and ChiroSpring Password. These will be pasted into Remindercall.com when setting up your account.



QUESTIONS relating to setting up your Appointment Reminders account should be directed to Remindercall.

Settings – Appointment Reminders



Settings – Appointment Reminders

Benefits of Using appointment Reminders

The system saves money and increases revenue:

- By reducing no-shows that can cost thousands of dollars a month.
- By costing much less than paying the staff to make the calls manually.
- By freeing up the staff to work on other less tedious tasks.

The system does a better job than the staff can:

- By removing human error.
- By sending reminders even when staff is out or sick.
- By sending text messages.
- By always projecting a professional image.
- By consistently sending reminders at the same time each day.

The system benefits patients:

- Patients do not forget appointments.
- Patients confirm/cancel automatically without having to call and be put on hold.
- Patients can choose their reminder type (call, text message or email).

Additional benefits:

- The system manages an opt-out/do-not-call list for automated compliance with regulations.
- The system avoids calling one family several times if siblings have appointments on same day.
- The system does collection calls.
- The system announces emergency closures (free of charge)

Settings – Appointment Reminders

Additional Information

- A reminder call (30 sec) or text message costs just .09, if you see 10 patients a day, that's less than $1 per day.
- There's no contract and you can cancel at any time.
- You set it up once and then it runs automatically.
- You can add your own voice to the messages to give them a personal touch.
- You can play back any call you've sent to check for quality.
- Patients can confirm their appointment with a key press, text reply or by email hyperlink.

Settings – Appointment Reminders

Additional Information

Customizable Call System:
Customers get to choose from several voices. They can add their own voice for a personal touch. They can create appointment reminders, collection calls, invitations, alerts or announcements, the possibilities are endless!
They get to use their caller I.D. so the patient knows who's calling.
They can program different key presses for patients to confirm, be transferred, etc.

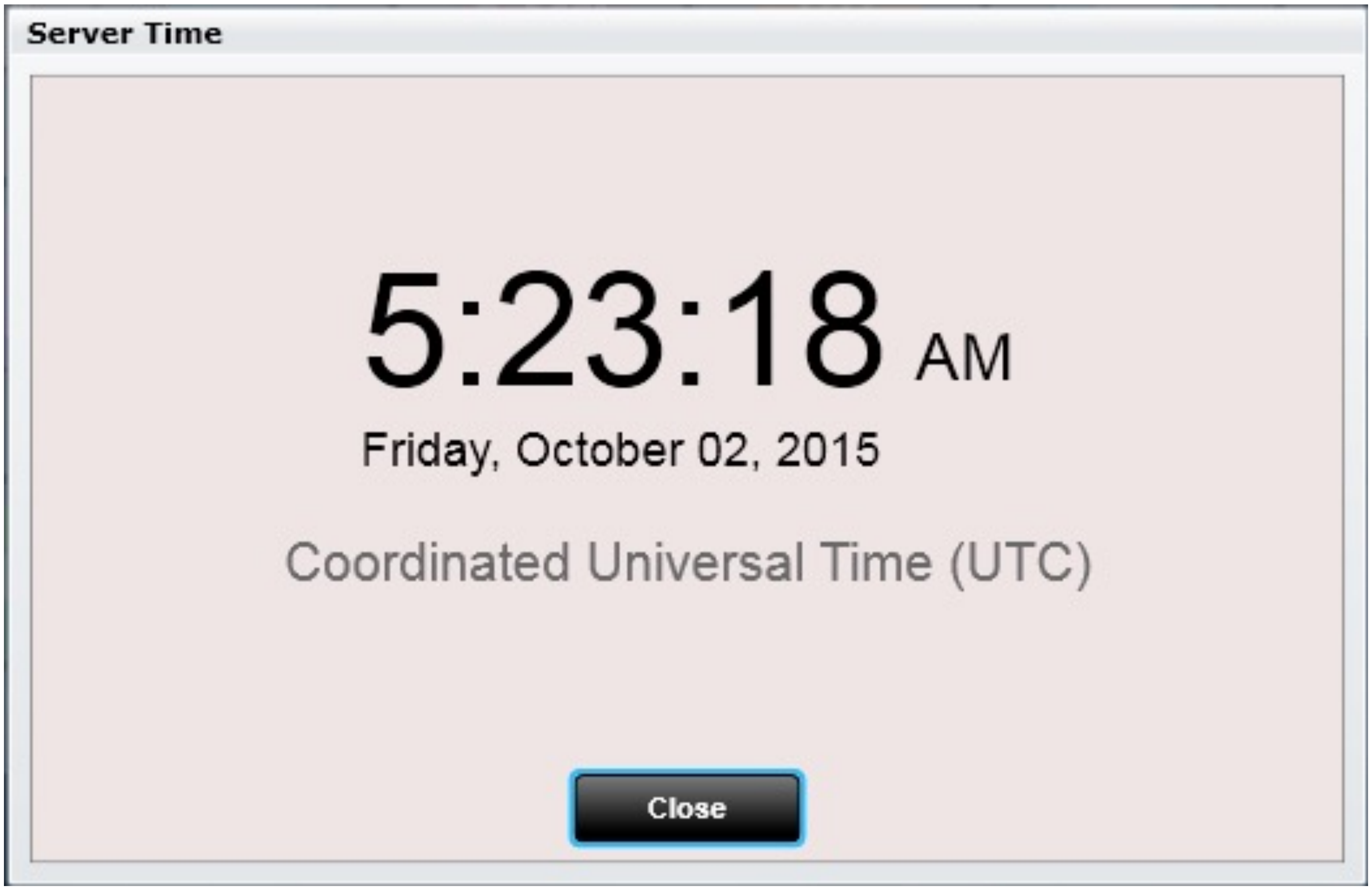
2-Way Text Messages
Patient responses can go to the customer's email.
Live confirmations give them immediate feedback.
If they accidentally send a text message to a land line, a voice reminder can be sent instead.
Customers can have a true 2-way conversation with patients via text message.

Built-in Compliance
System is HIPAA compliant, PCI compliant and encrypted.
Built-in do-not-contact and opt-out lists ensure that they comply with laws and regulations.
System logs can be used for Meaningful Use audits.

Advanced Management Tools
Customer gets to decide what days and times they would like their reminders to be delivered.
Live statistics show all calls, text messages and emails in real time.
Customers can play back any call for quality control… at no extra charge!

Settings – Server Time

ChiroSpring has adopted the UTC time standard (Coordinated Universal Time) for our Server Time. This time is used to ensure several areas of the software have accurate time-stamps. There is nothing for you to do, or worry about with this app. However, we make the UTC time readily available for your reference.

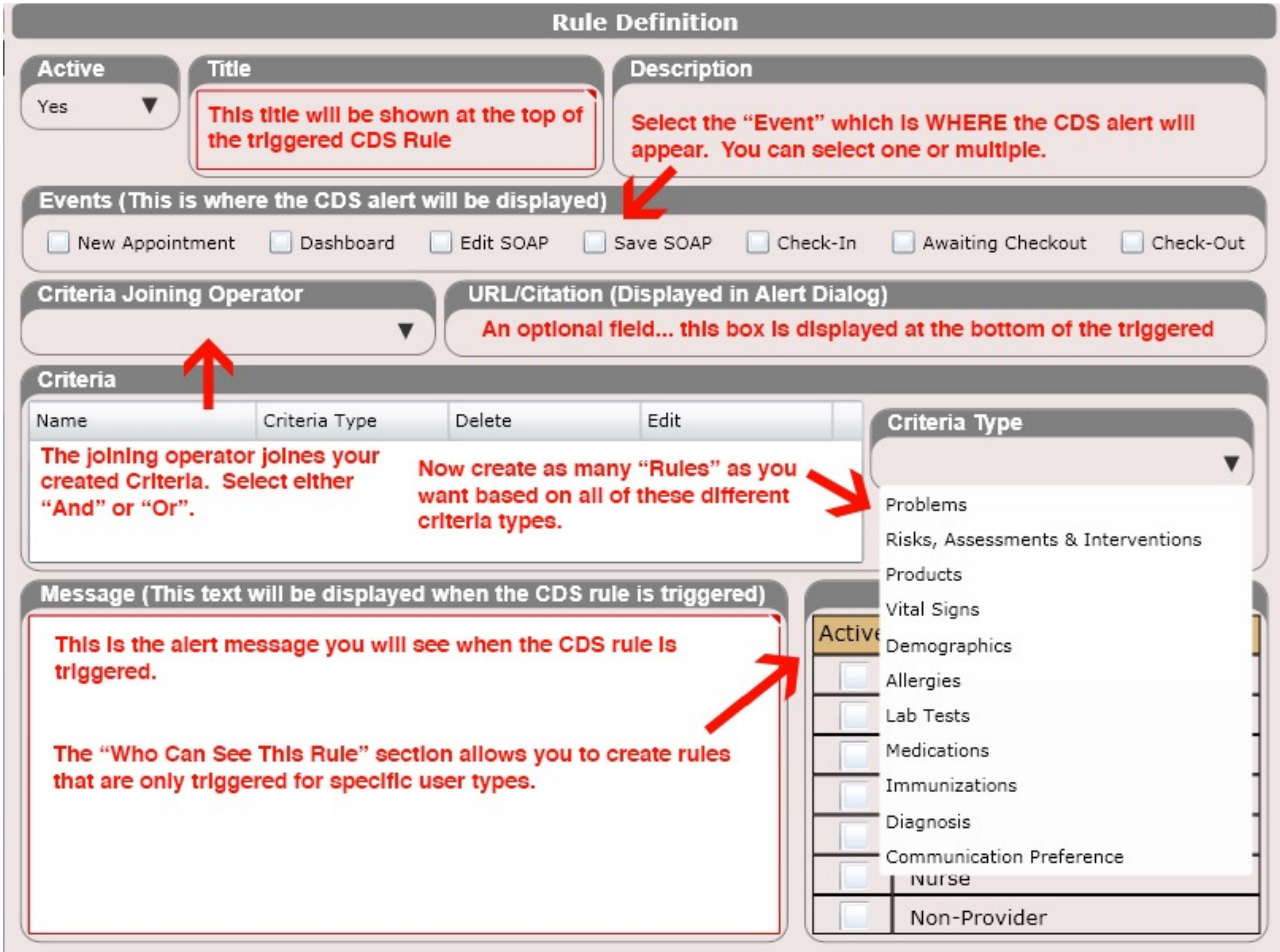


Settings – Clinical Decision Support

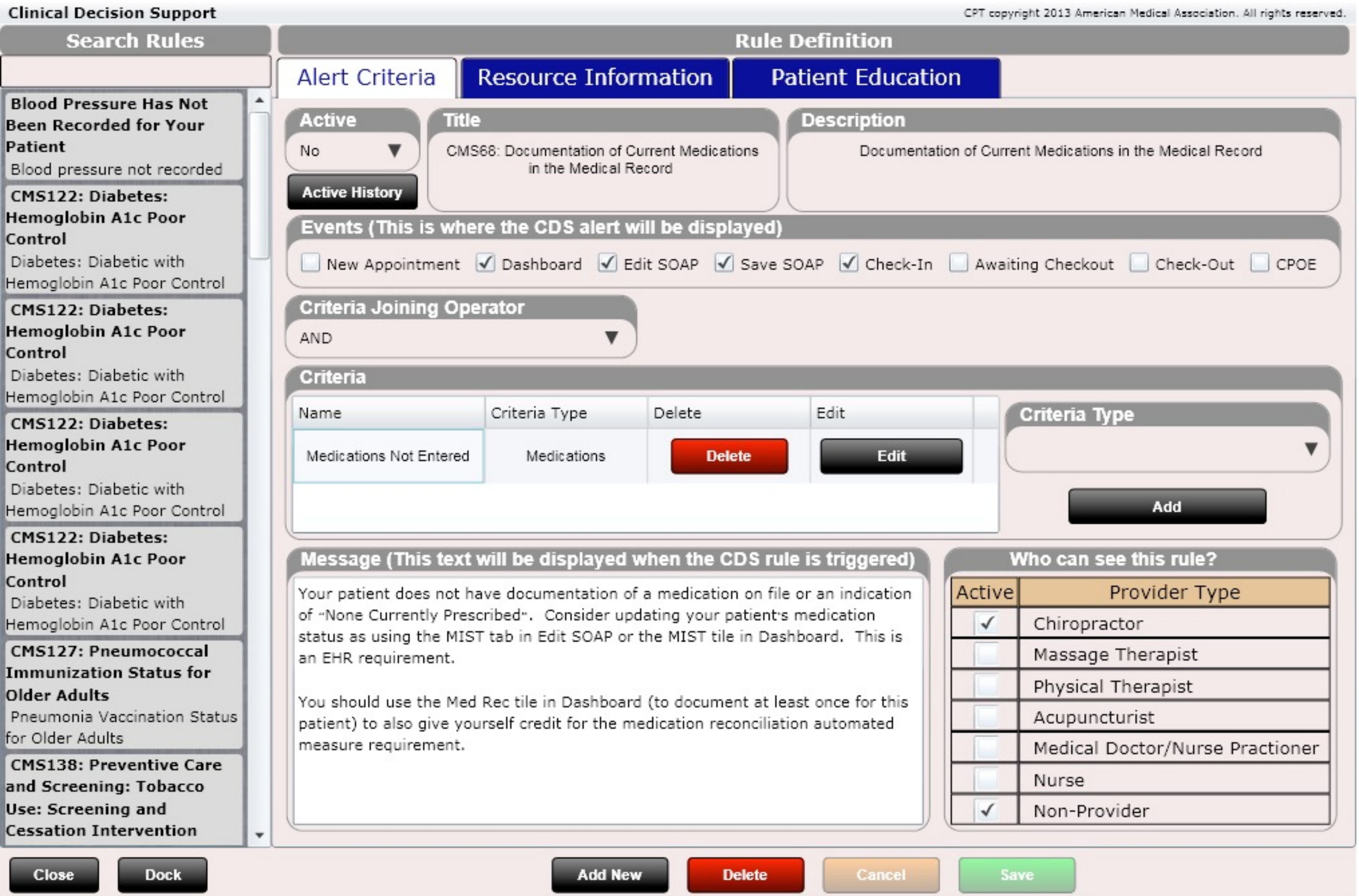
Clinical Decision Support allows you to create “Rules” based on “Criteria”. For example, you could create a rule to trigger for patients who do not have documentation of medications on their profile and have this rule trigger at “Check-in”. The possibilities are endless on what you can do with this app.

We have created many rules for you that should be turned to the “Active” state if you are practicing Meaningful Use. This is because our rules help ensure you are providing correct documentation on EHR required elements such as gathering smoking status, entering medications, gathering family history, etc. Our CDS rules also help ensure you are performing correct actions for the 9 Clinical Quality Measures in ChiroSpring. For example, one of our 9 CQMs is to document the last date your patient had a pneumococcal vaccine. The use of a CDS rule will let you know if your patient is missing documentation of the pneumococcal vaccine for patients 65 years and older.

Settings – Clinical Decision Support



Settings – Clinical Decision Support

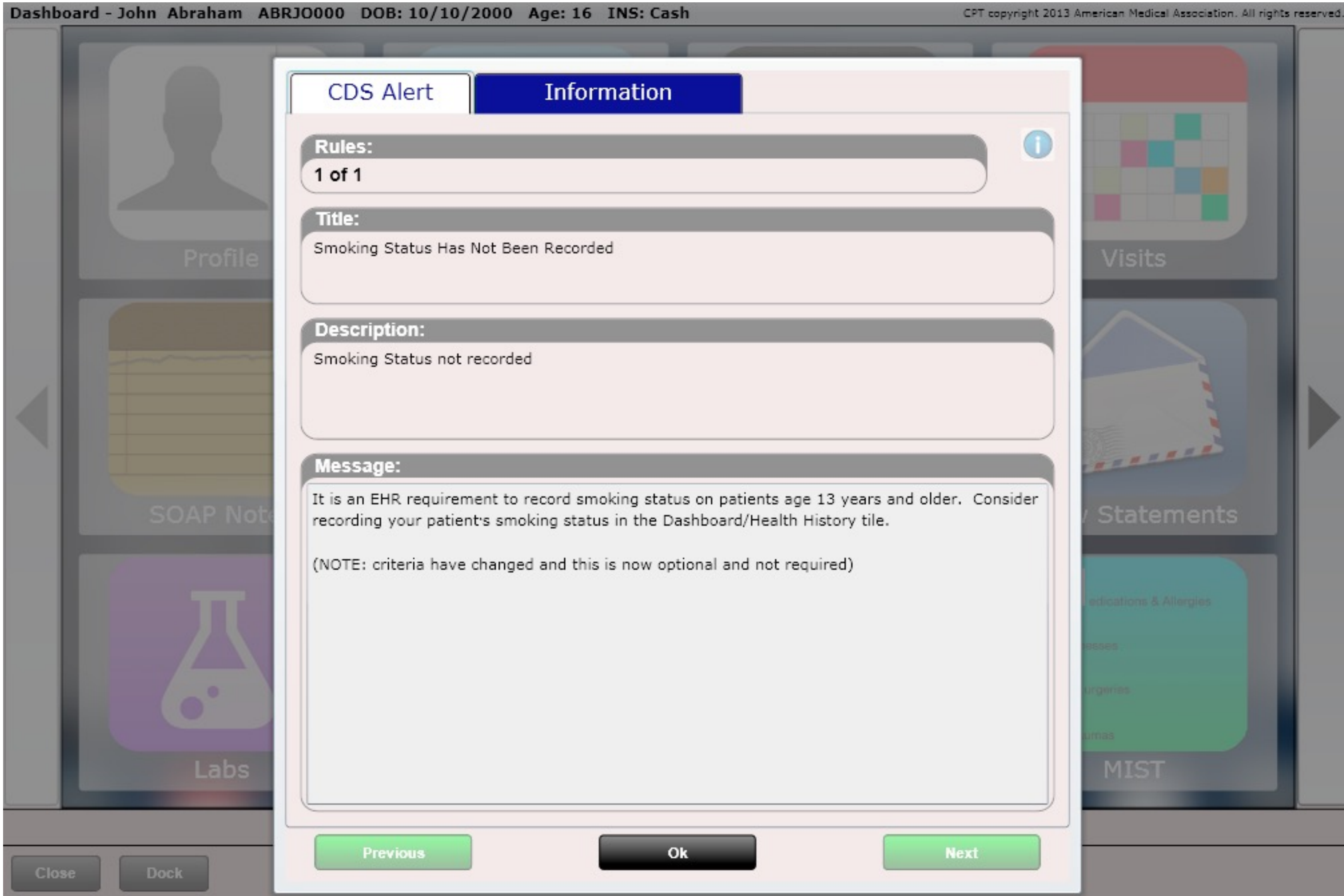


Settings – Clinical Decision Support

If you wish to attach an educational PDF to the CDS rule, select the Patient Education tab. Then upload a PDF. When the CDS rule triggers you will then be able to click on an INFO button in the alert to view this PDF document.

Settings – Clinical Decision Support

Below is an example of a CDS rule that has triggered at the patient dashboard.

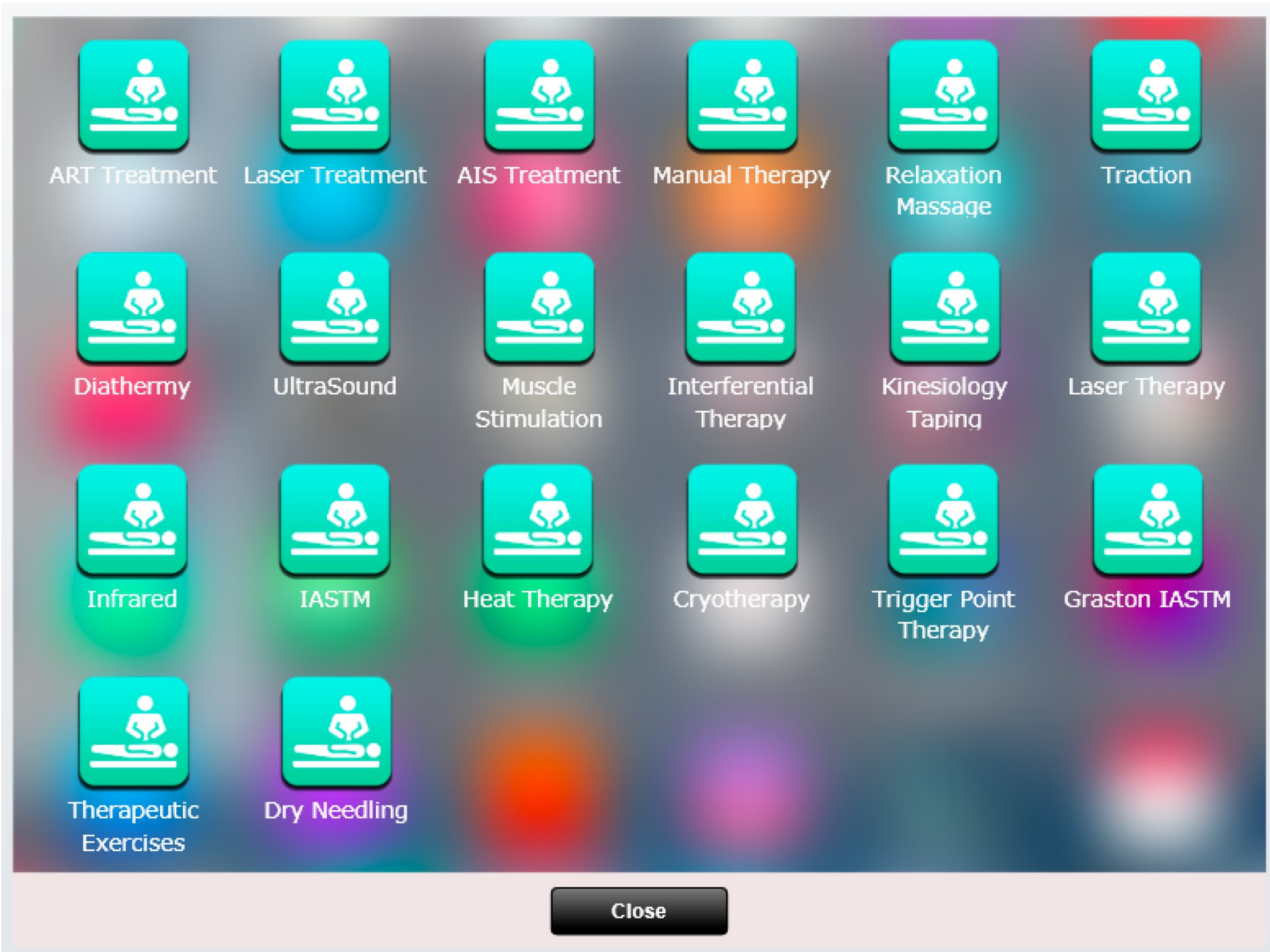


Settings – Evaluation

Here you can customize muscles, body regions and listings that all work in conjunction with the Edit SOAP Evaluation tab.

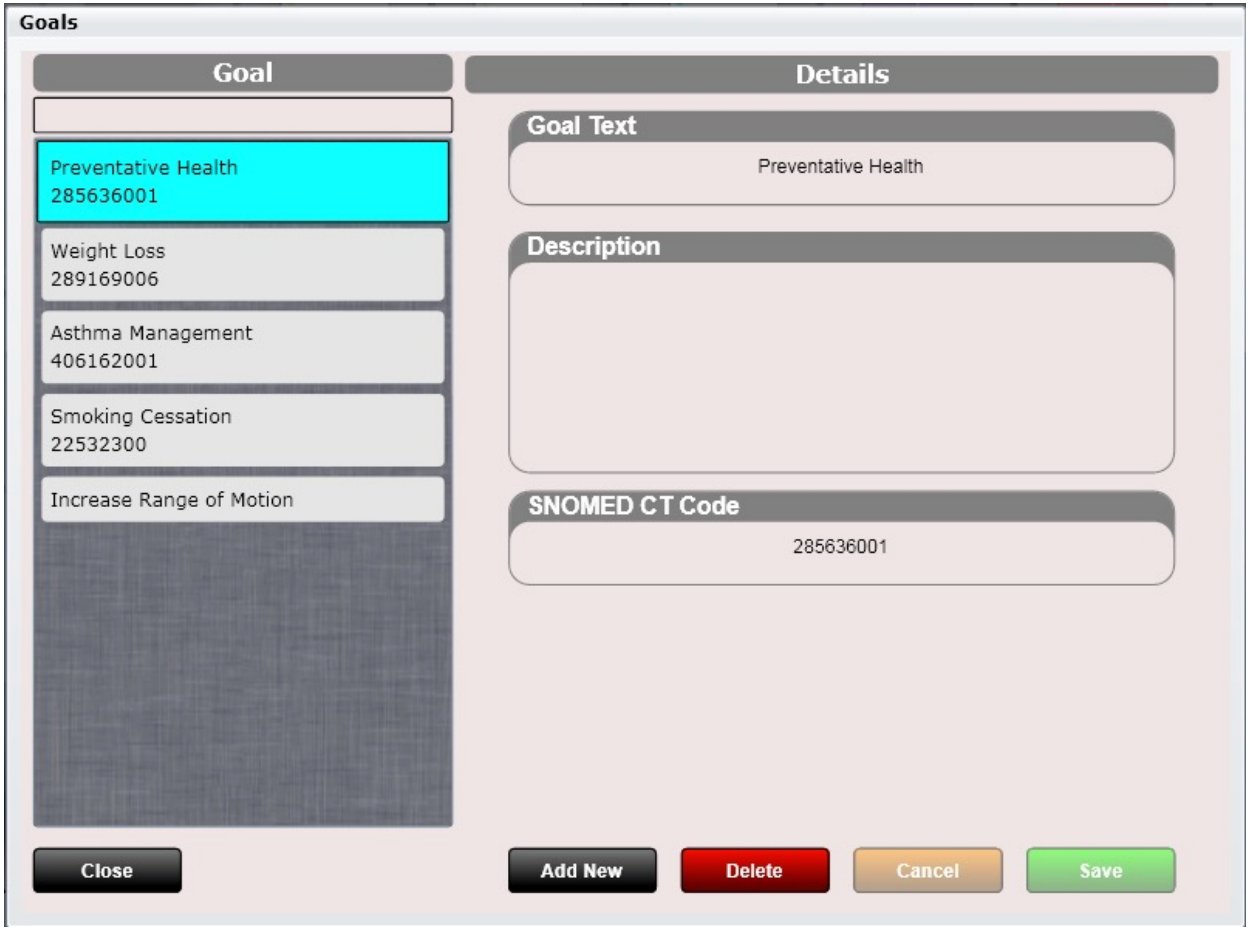
Settings – Treatment

Here you can customize muscles, and body regions that all work in conjunction with the Edit SOAP Treatment tab.



Settings – Goals

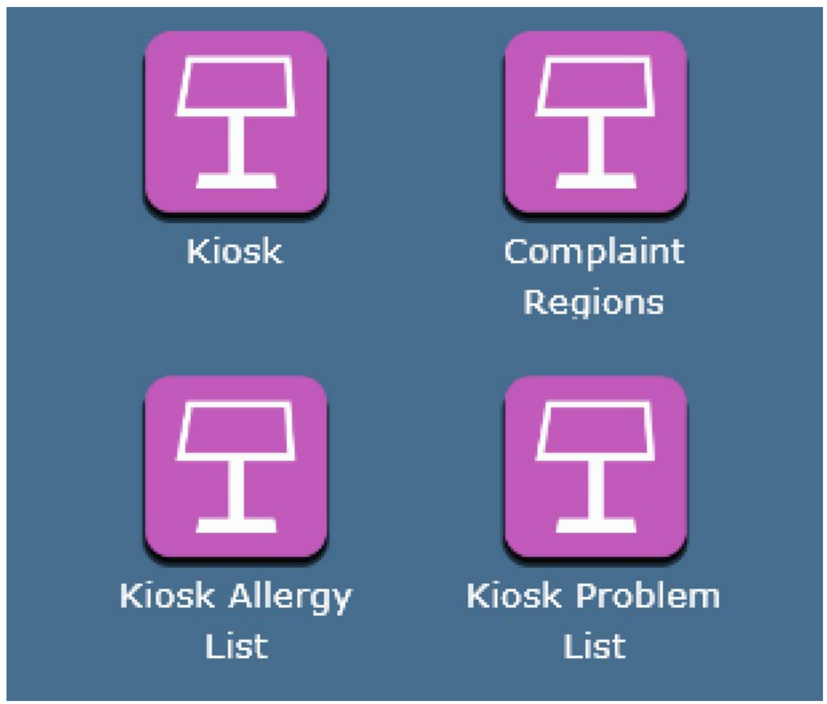
The Goals app allows you to create Goals which are selectable in the Edit SOAP “Care Plan” Tab.



Settings – Kiosk

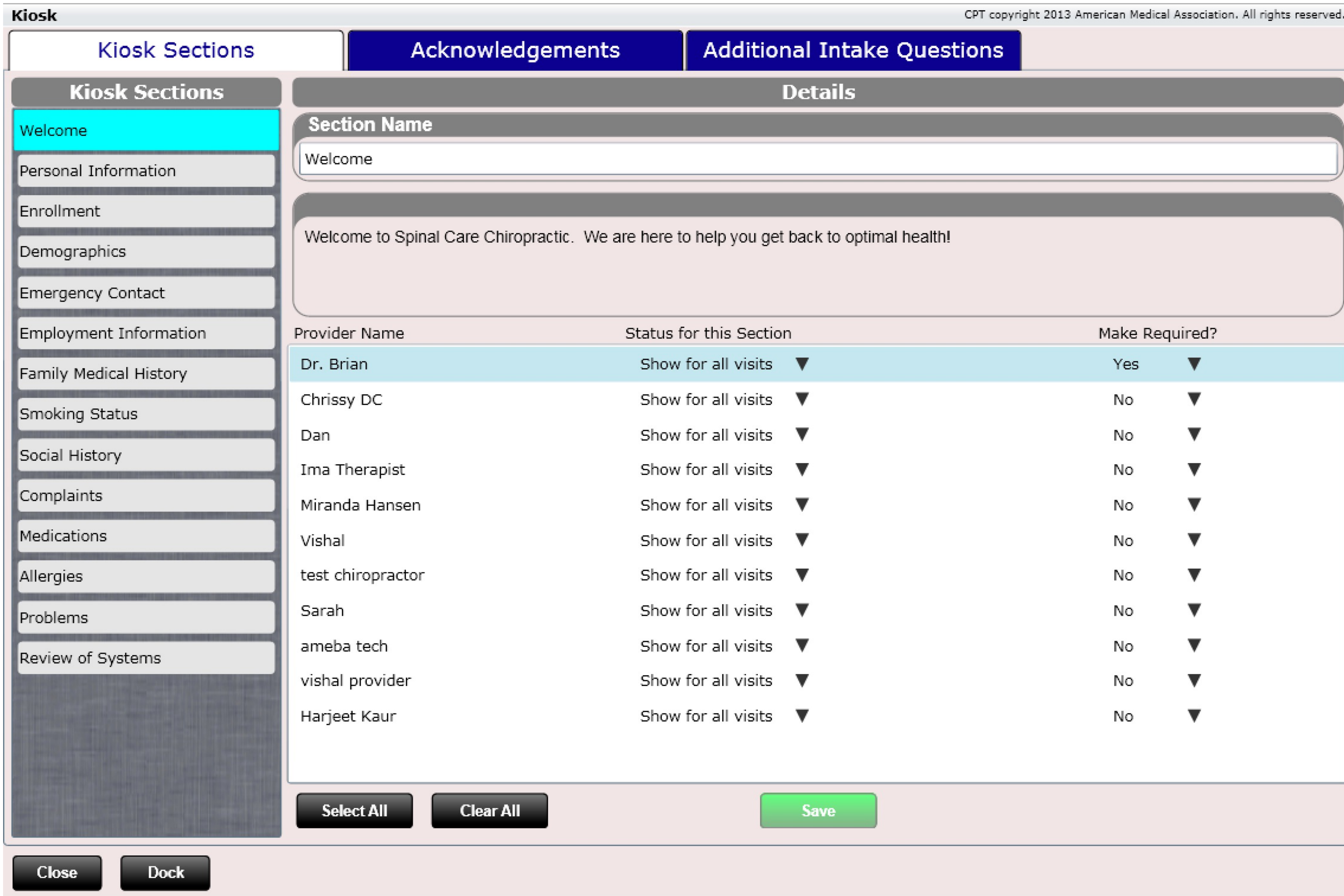
The Kiosk app will allow you to customize which kiosk sections you want shown, create documents for acknowledgement as well as write your own intake questions. Using the kiosk is a MAJOR time-saver!

We have also created individual apps to customize the allergies and problems shown at the kiosk as well as an app to customize which body regions are shown at the kiosk for the Complaints section.



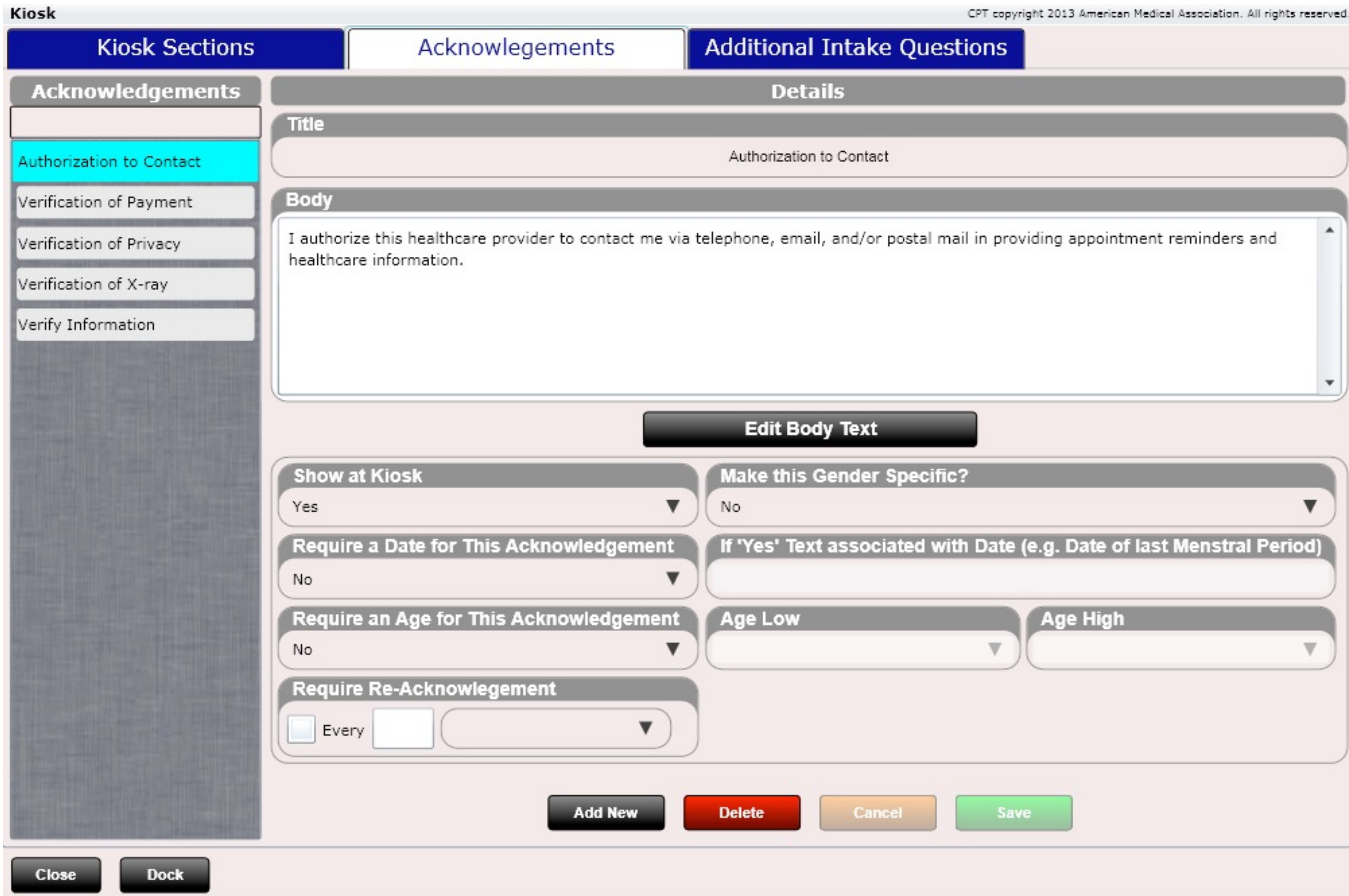
Settings – Kiosk

Here we have the different Kiosk sections. Determine which providers to show each section for or if it is required.



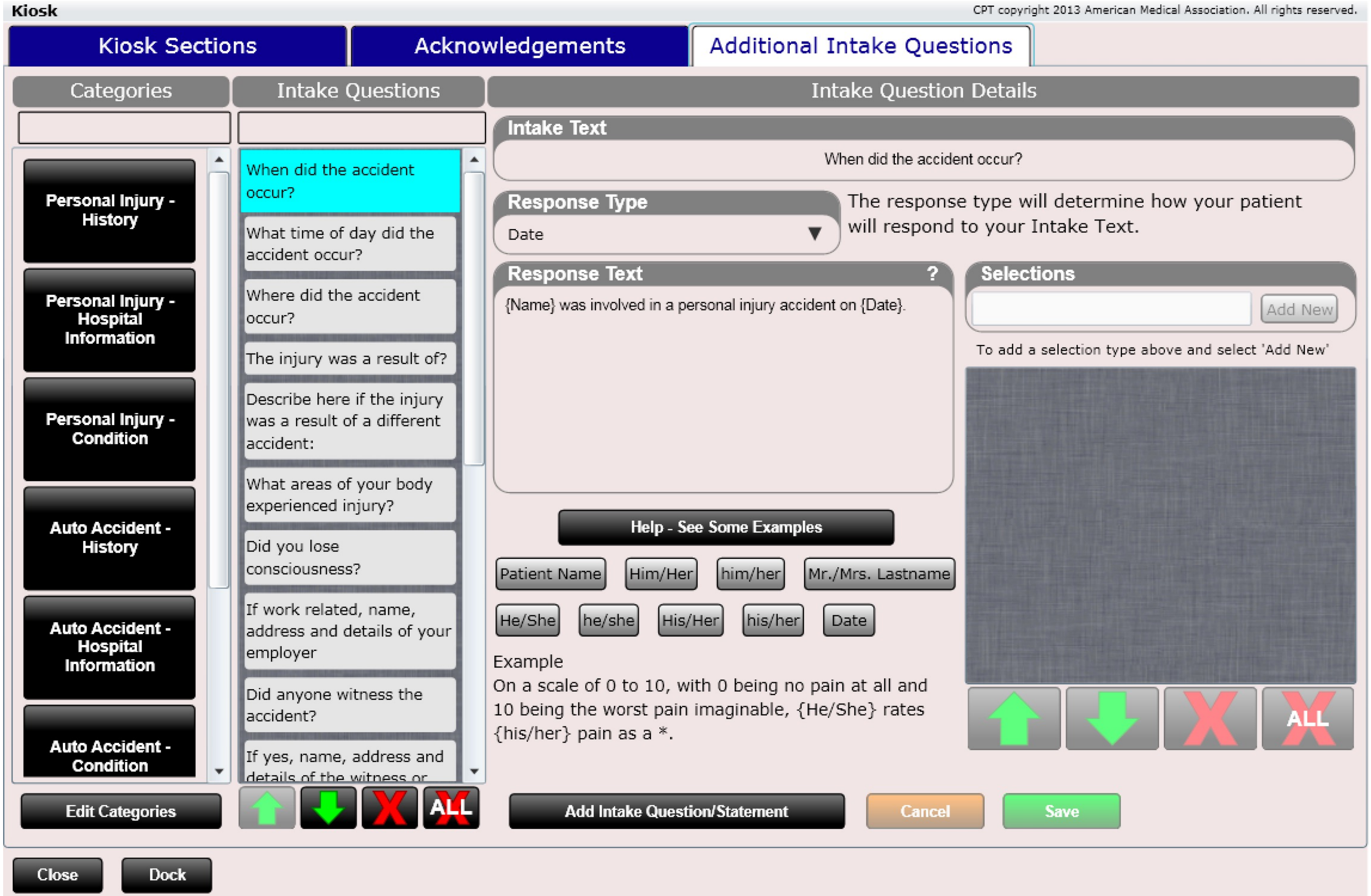
Settings – Kiosk

With acknowledgements you can import any text and assign a repeat frequency. Set gender and age requirements.



Settings – Kiosk

Create Intake Categories and then create intake questions within those categories. Creating intake questions works the same as creating Advanced SOAP Macros.



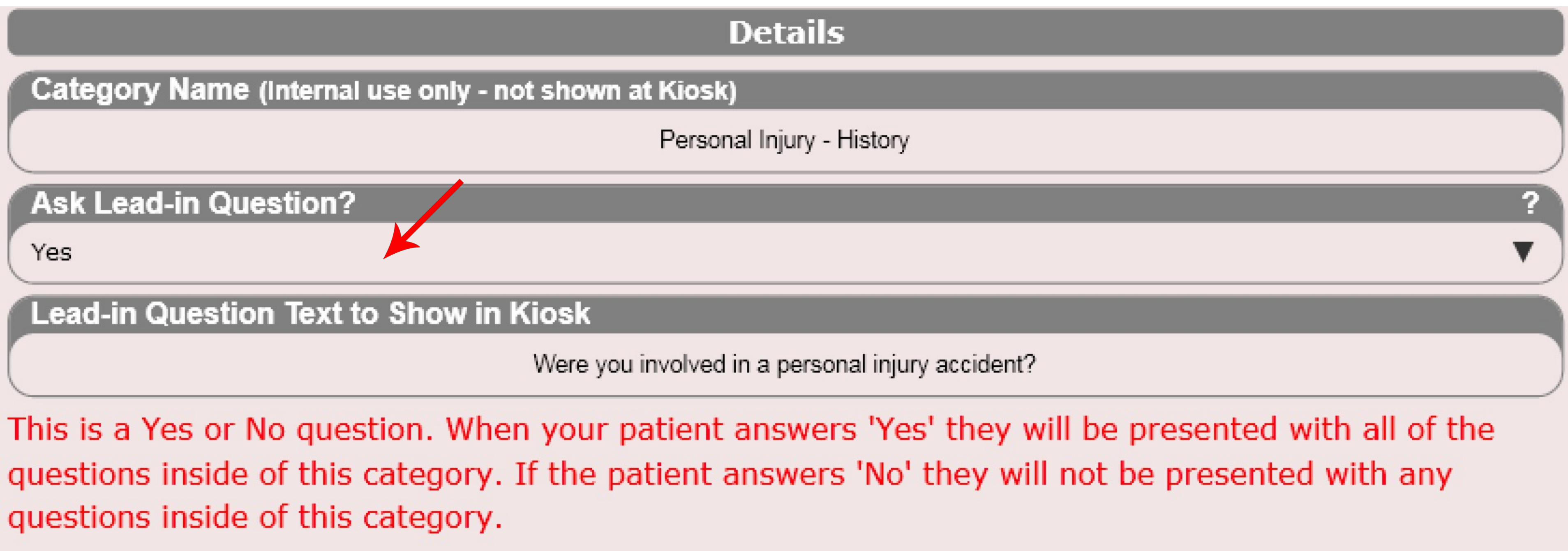
Settings – Kiosk

Creating intake questions works very similar to creating custom SOAP Macros. First you will need to create a category. For example, create a category called “Personal Injury - History”.

Below I am making a category called “Personal Injury - History”.

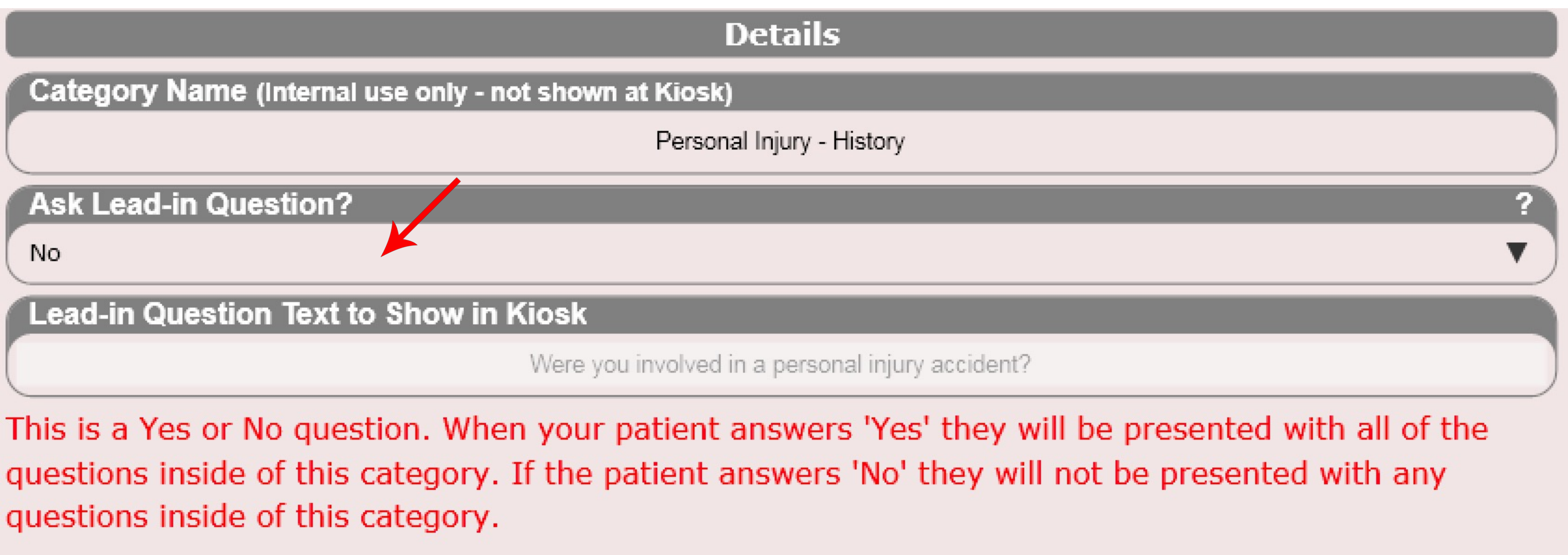
There is a drop down called “Ask Lead-in Question?”. This is a Yes/No question and when “Yes” then and only then will the patient be shown the questions inside of this category.

For example… “Were you involved in a personal injury accident?”. If the patient selects “Yes” they will be shown all of the questions in this category like “How fast was the vehicle traveling at time of impact?”. If the patient selects “No” they will not be shown any of the questions inside of this category.



Settings – Kiosk

If you select "No" for the "Ask Lead-in Question?" drop-down then the patient will see all questions in this category. There is no lead in question. This option is popular for intake questions you want shown such as a food diary as an example.



Settings – Patient Education

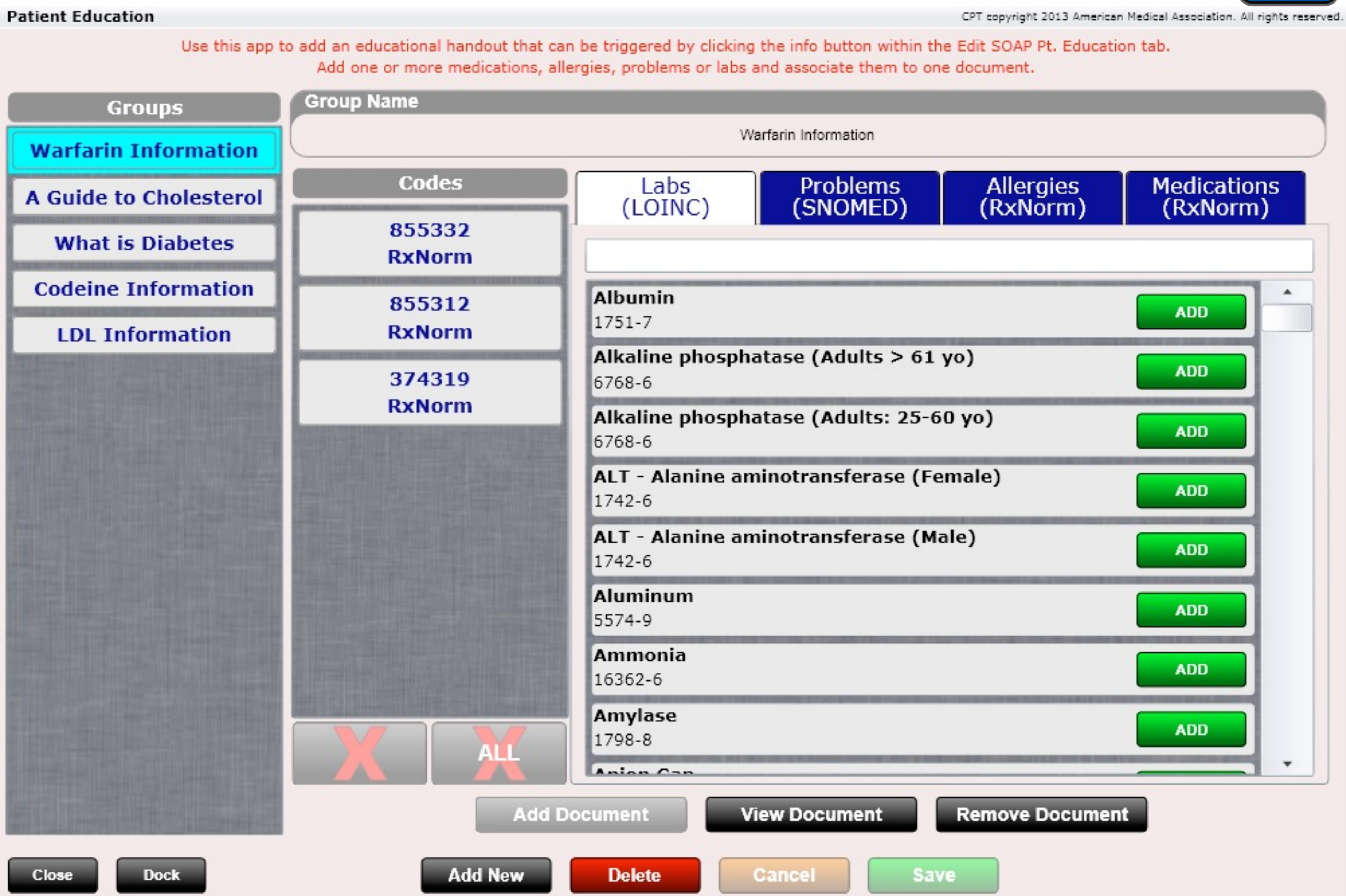
The Patient Education app will allow you to upload PDF educational content. This content can be viewed using the Dashboard/Patient Education tile or in the Edit SOAP Patient Education tab.

The content you upload can be associated with one or more medications, allergies, problems or labs. Using the INFO button when in the Dashboard/Patient Education tile or in the Edit SOAP patient education tab you can view your attached PDF content.

There is no way to PRINT out this educational content. If you intend on providing educational handouts to your patient, make sure you have them printed in advance.

For those practicing meaningful use it is required to provide an educational handout (and document you did so) on 10% or more of your patients (just once per patient).

Settings – Patient Education



Settings – Self Check-in

The Self Check-in app is useful for practices that are using the multiple room Patient Flow feature and want their patients to move themselves into an empty room when available. This is the purpose of the Self Check-in app.

To use the app open on a computer accessible to your patients. Note patients will not be able to access any areas of ChiroSpring and their names will be shortened for HIPAA reasons.

There are two ways your patient can be checked in.

- Patient right clicks on their name and moves themself into a room
- The software automatically moves a patient into a room when one becomes available

These changes can be made in the Settings/Self Check-in app.

Settings – Self Check-in

Pt. Self Check-in

Pt. Self Check-in

Move into available room automatically ?

No - Patient can move themselves into an open room ▼

Sort rooms by ?

Check-In Time (older times on top) ▼

Only show available (open) rooms as a selectable option when patients attempt to check-in ?

Yes ▼

Instructions: (Will be shown to patient to assist in understanding Self Check-in)

To use, open the Pt. Self Check-in app on a computer. Then train patients to right click (or double click) on their name followed by selecting an available room.

The Self Check-in app is designed so that your patient is informed where they are within the practice. This app can be setup such that patients can check themselves in or the system can do this for them automatically when a room becomes available. Alternatively you can set it up such that patients can do nothing except view. Your staff would then check them in using Patient Flow.

This app coincides with the Front Desk's Patient Flow section. We recommend mounting a large TV for patients to view. If allowing patients to check themselves in you will need to provided them a computer to do so.

Close | Dock | Cancel | Save

Settings – Self Check-in

The Self Check-in app is useful for practices that are using the multiple room Patient Flow feature and want their patients to move themselves into an empty room when available. This is the purpose of the Self Check-in app.

To use the app open on a computer accessible to your patients. Note patients will not be able to access any areas of ChiroSpring and their names will be shortened for HIPAA reasons.

There are two ways your patient can be checked in.

- Patient right clicks on their name and moves themself into a room
- The software automatically moves a patient into a room when one becomes available

These changes can be made in the Settings/Self Check-in app.

Settings – CompliantDC

We are pleased to partner with CompliantDC to help fulfil your compliance needs.

CompliantDC provides all the forms you need to ensure your practice is compliant.

CompliantDC

CompliantDC is a premier ChiroSpring partner that can help prepare you for a Medicare audit.

Schedule a Consultation

Are you aware you are required to have an effective OIG compliance program in place for your chiropractic practice?
Most chiropractors know there is a complicated scheme of federal laws and rules concerning Medicare and Medicaid. Obamacare has made compliance programs mandatory.

An effective compliance program includes implementation of seven distinct elements to ensure your adherence with federal fraud and abuse laws.

An effective compliance program will be mandatory for participation with Medicare and Medicaid programs.

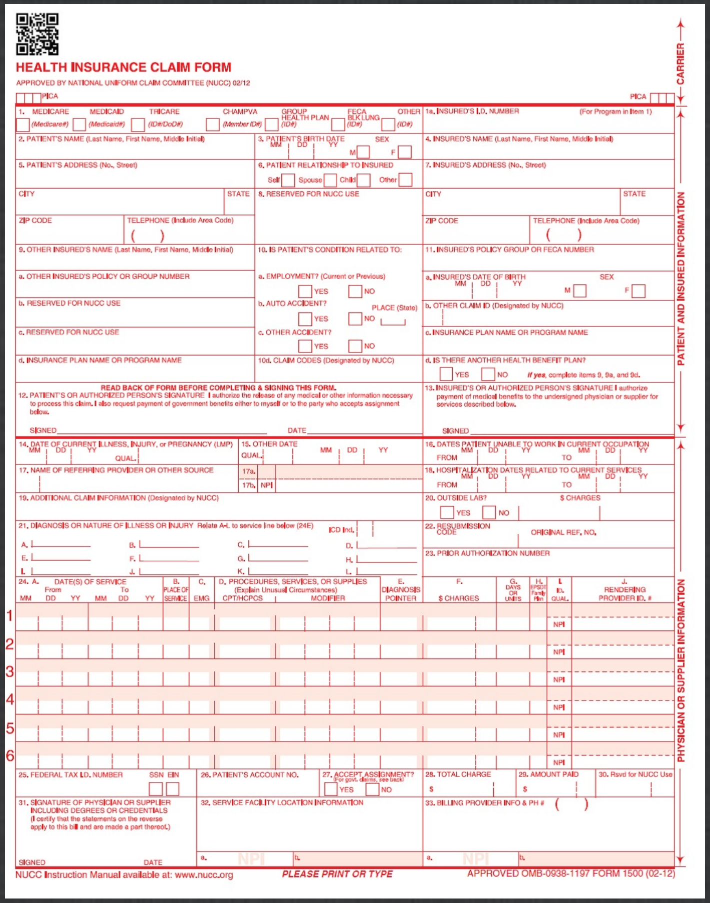
CompliantDC guides you to creating and maintaining all required elements of an effective compliance program for your chiropractic practice.
Included:

1. **Step-by-step guide** to creating your effective compliance program
2. **Pre-done policies and procedures** including HIPAA manual
3. **Effective Training and Education** for all staff
4. **Audit system** to ensure billing compliance with federal and state law
5. **Document storage** for all documents related to your compliance program

Close

CMS 02/12 HCFA Fields – Where Are They?

ChiroSpring marks every HCFA field in the software with a red box next to the field. This makes it easy to know what HCFA field you are actually populating.



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA | PICA

CARRIER

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a. 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1								NPI	
2								NPI	
3								NPI	
4								NPI	
5								NPI	
6								NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

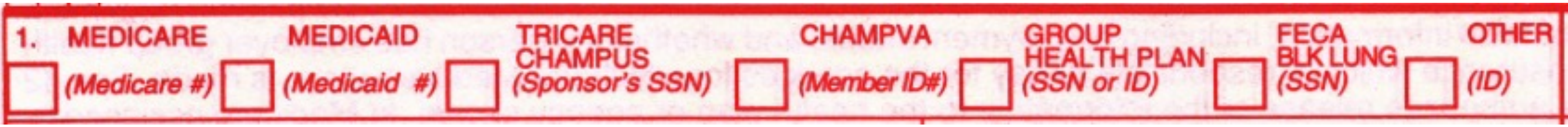
a. NPI b.

PHYSICIAN OR SUPPLIER INFORMATION

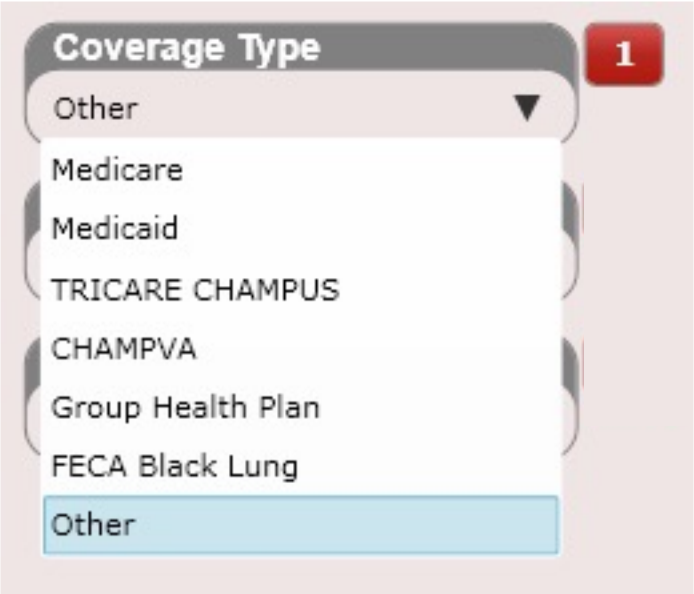
NUCC Instruction Manual available at: www.nucc.org *PLEASE PRINT OR TYPE* APPROVED OMB-0938-1197 FORM 1500 (02-12)

HCFA Fields – Where Are They?

1

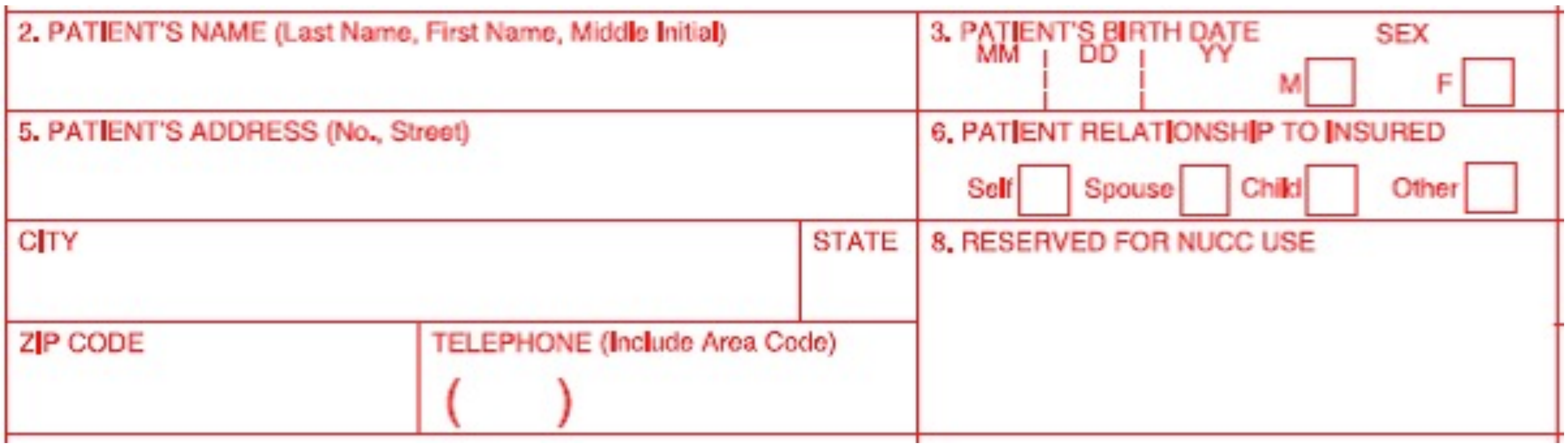


Located: Settings/Insurance Carriers app



HCFA Fields – Where Are They?

2, 3, 5



2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM | DD | YY — SEX M F

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED — Self Spouse Child Other

CITY

STATE

8. RESERVED FOR NUCC USE

ZIP CODE

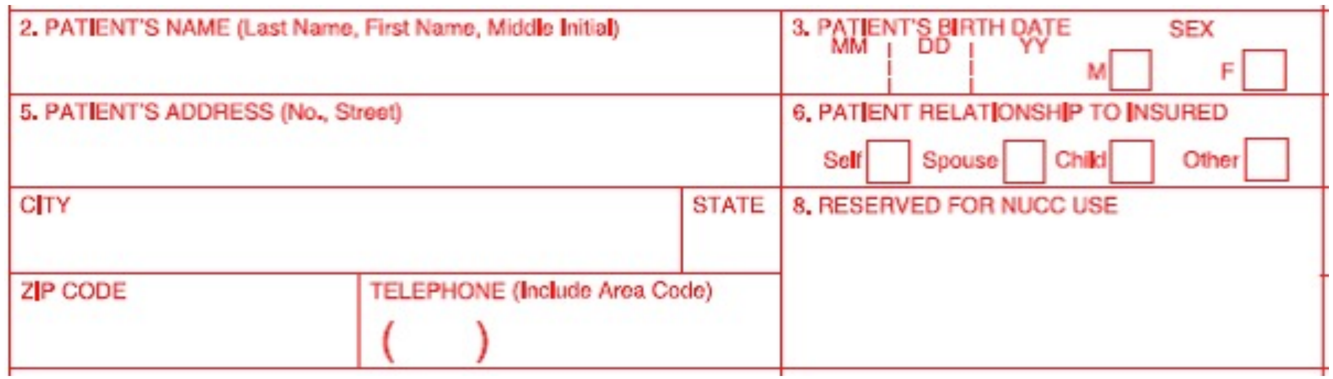
TELEPHONE (Include Area Code) ( )

Located: Dashboard/Profile/Personal Info Tab

HCFA Fields – Where Are They?

2, 3, 5

Located: Dashboard/Profile/Personal Info Tab



2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM | DD | YY — SEX M ☐ F ☐

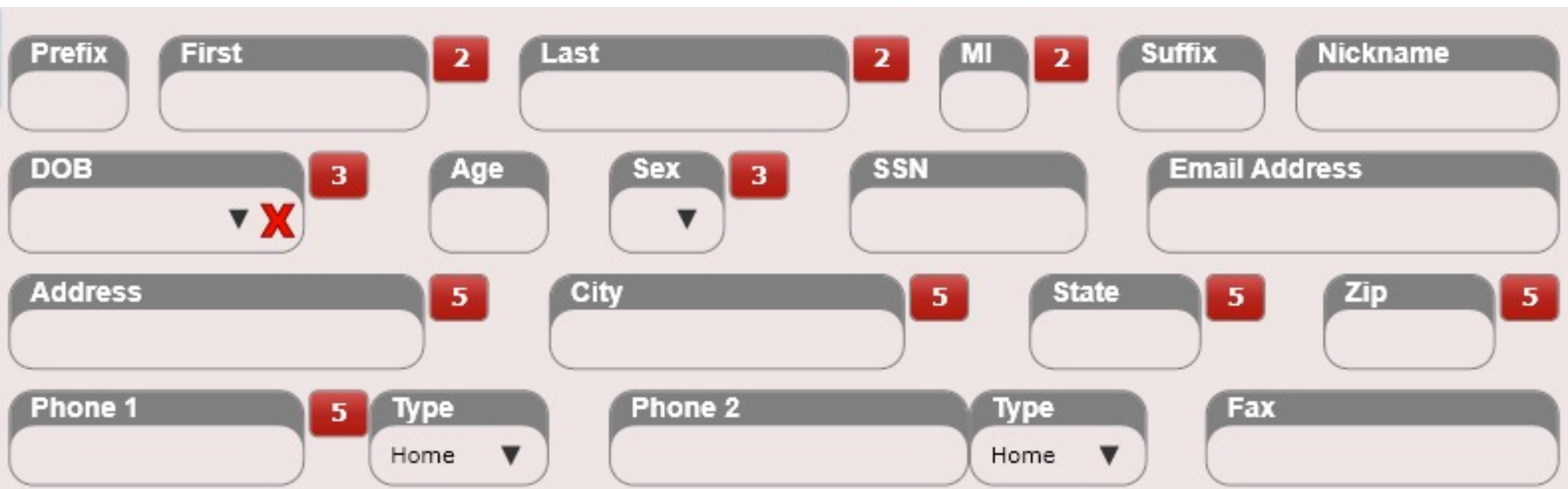
5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self ☐ Spouse ☐ Child ☐ Other ☐

CITY — STATE

8. RESERVED FOR NUCC USE

ZIP CODE — TELEPHONE (Include Area Code) ( )



HCFA Fields – Where Are They?

6: Relationship to Insured

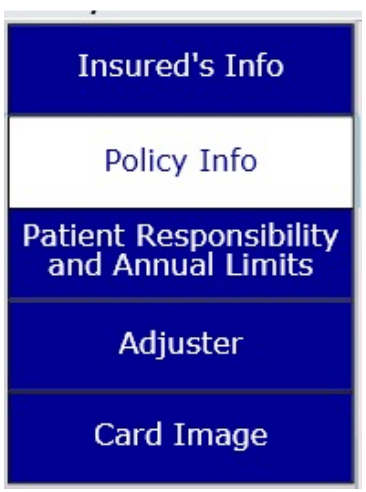
Located: Dashboard/Insurance/Edit Insurance/Policy Info Tab

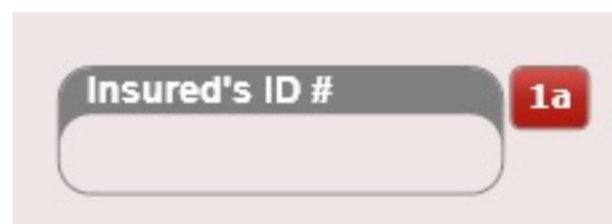
HCFA Fields – Where Are They?

1a


1a. INSURED'S I.D. NUMBER (For Program in Item 1)

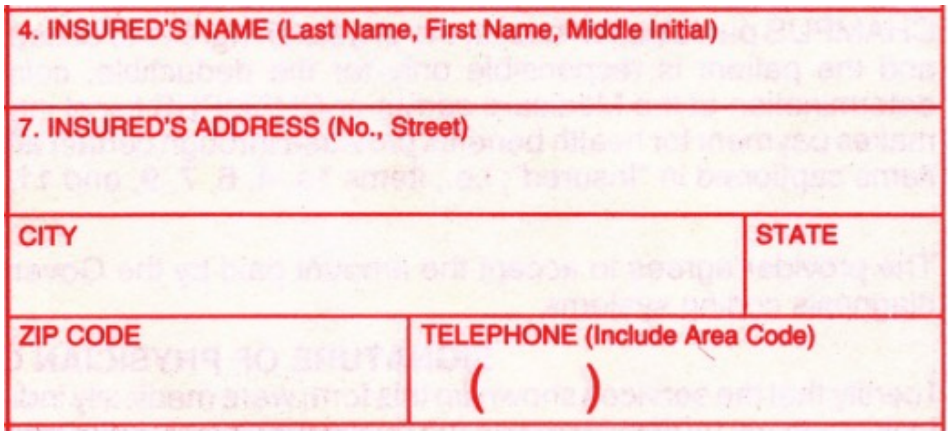
Located: Dashboard/Insurance/Edit Insurance/Policy Info Tab





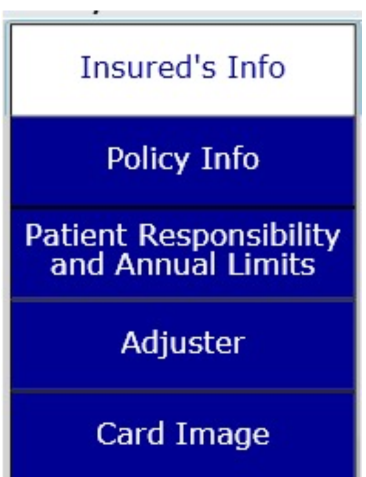
HCFA Fields – Where Are They?

4, 7



ChiroSpring will populate 4 for primary insurance and 9 for secondary insurance

Located: Dashboard/Insurance/Edit Insurance/Insured's Info Tab

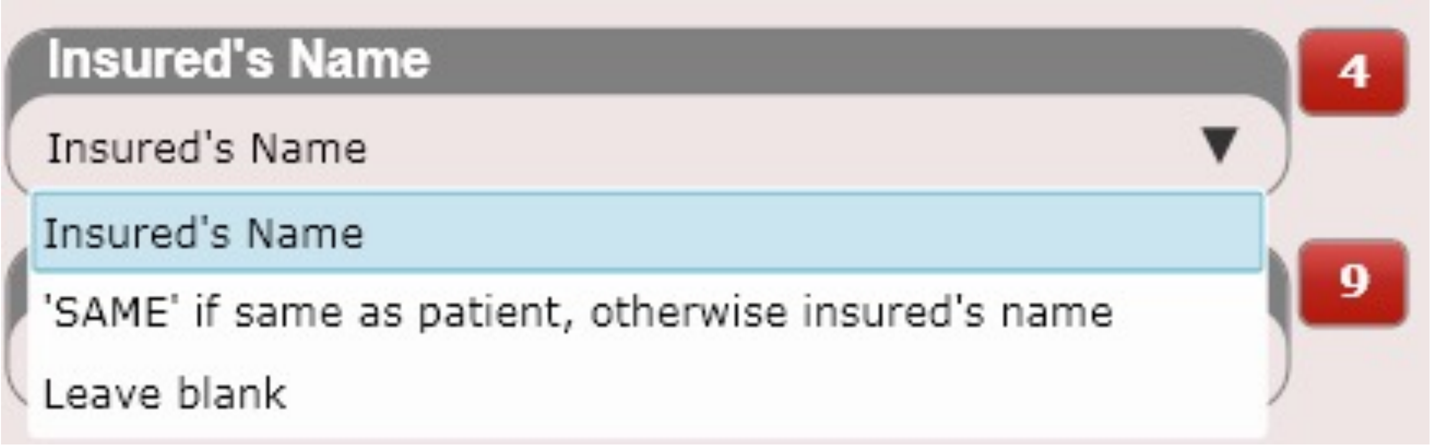


HCFA Fields – Where Are They?

Box 4 defaults to “Insured’s Name”

Medicare, however, has specific requirements as follow:

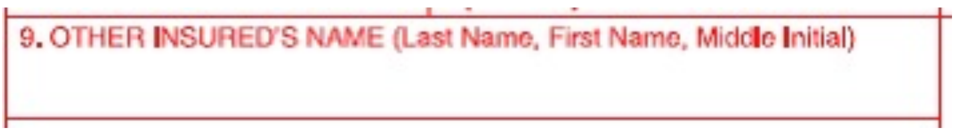
- Medicare is Primary: Leave Blank
- Medicare is Secondary: 'SAME’ if same as patient, otherwise insured’s name
- Medicare w/ Medigap: Leave Blank



Located: Settings/Insurance Carriers/HCFA (1)

HCFA Fields – Where Are They?

9

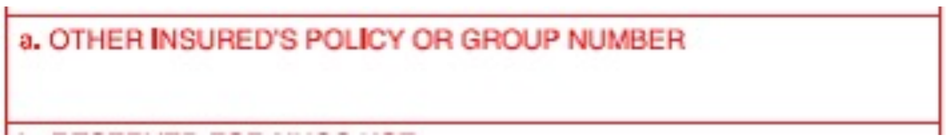

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

ChiroSpring will populate 9 for secondary insurance for the name fields shown below

Located: Dashboard/Insurance/Edit Insurance/Insured's Info Tab

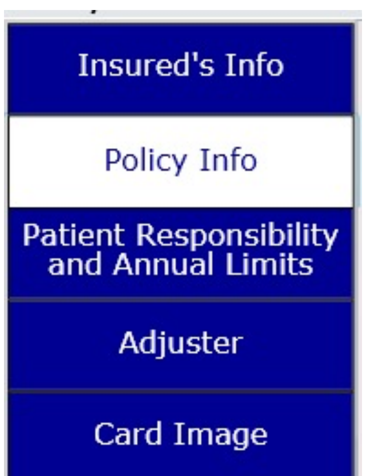
HCFA Fields – Where Are They?

9a



ChiroSpring will populate 9a for secondary insurance in the box shown below

Located: Dashboard/Insurance/Edit Insurance/Policy Info Tab

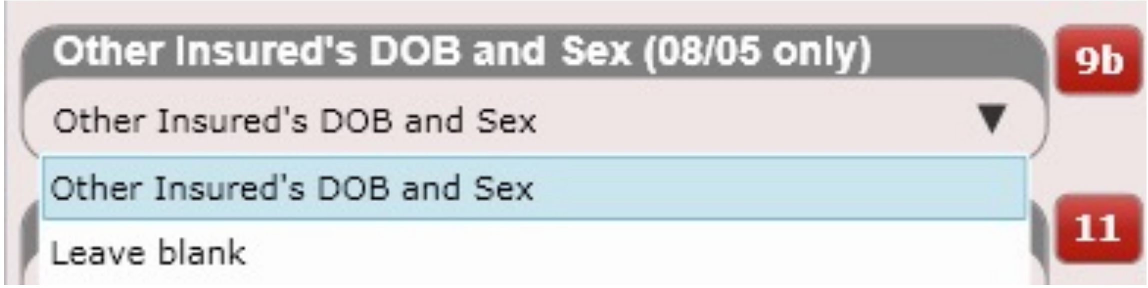


HCFA Fields – Where Are They?

9b

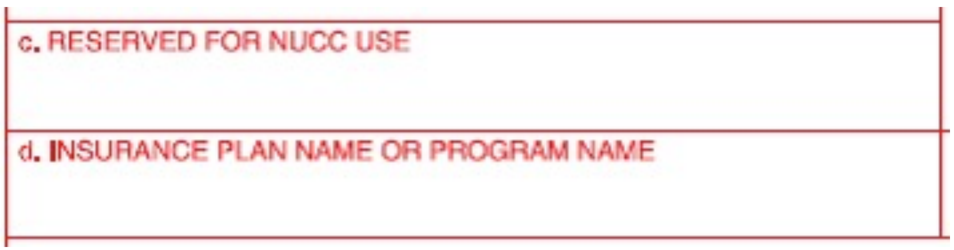
Box 9b is only populated in ChiroSpring if using the OLD 08/05 HCFA form (which no one uses anymore). Therefore, do not worry about this box.

However, you can use the dropdown in Settings/Insurance Carriers to select the content of 9b if you are billing on the 08/05 HCFA.



HCFA Fields – Where Are They?

9c, 9d

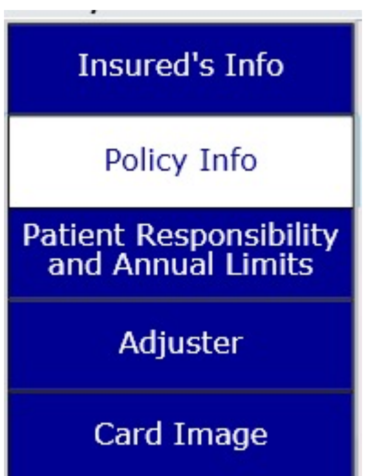

c. RESERVED FOR NUCC USE

d. INSURANCE PLAN NAME OR PROGRAM NAME

Box 9c is blank as it is reserved for NUCC Use.

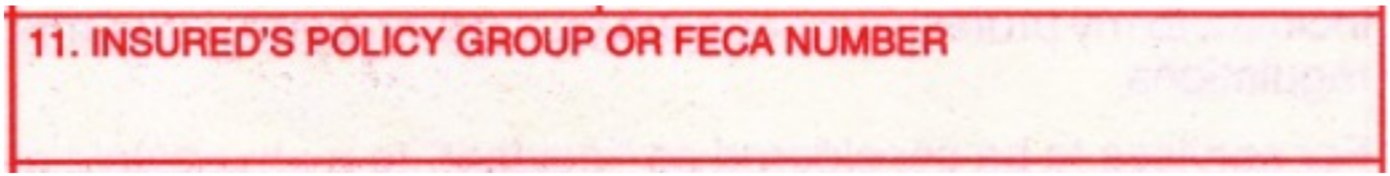
Box 9d can be found in the patient's Insurance Case. ChiroSpring will populate 9d for secondary insurance in the box shown below.

Located: Dashboard/Insurance/Edit Insurance/Policy Info Tab

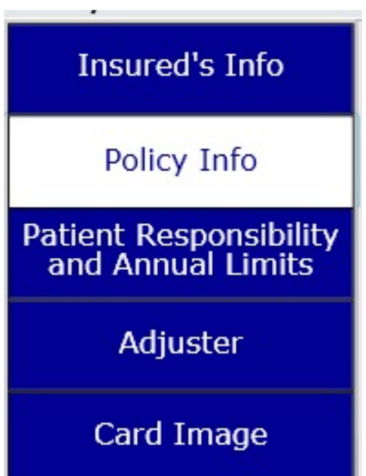


HCFA Fields – Where Are They?

11

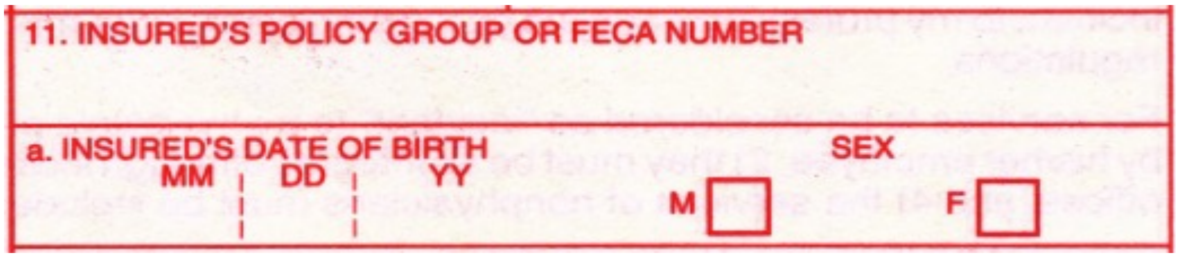


Located: Dashboard/Insurance/Edit Insurance/Policy Info Tab



HCFA Fields – Where Are They?

11a



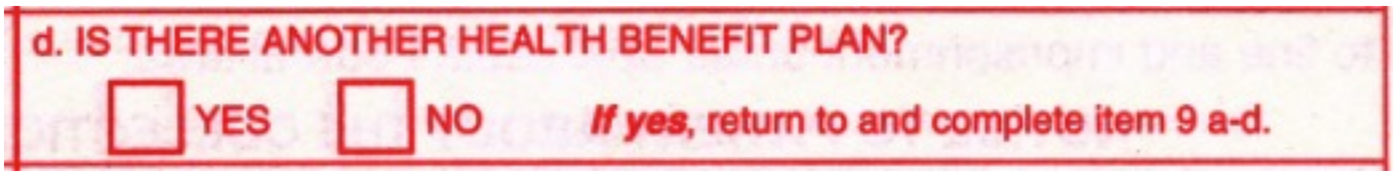
ChiroSpring will populate 11a for primary insurance for the DOB and SEX fields for the Insured's DOB and Gender.

Located: Dashboard/Insurance/Edit Insurance/Insured's Info Tab

Some insurance carriers may request Box 11a be blank. This option is located in Settings/Insurance Carriers/HCFA (1)

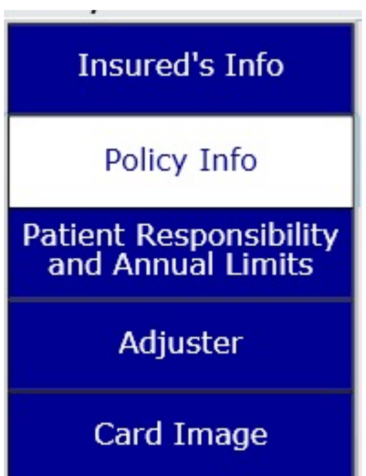
HCFA Fields – Where Are They?

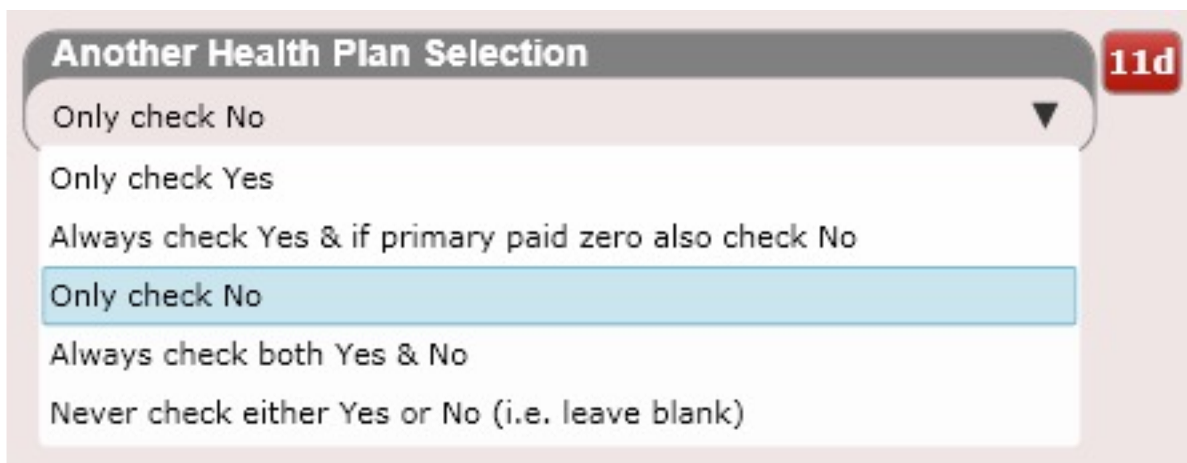
11d


d. IS THERE ANOTHER HEALTH BENEFIT PLAN?

☐ YES ☐ NO *If yes*, return to and complete item 9 a-d.

This field is located in the Policy Info tab within the individual insurance plan (e.g. Primary, Secondary or Tertiary. For Medicare select “Never check either Yes or No (i.e. leave blank)”

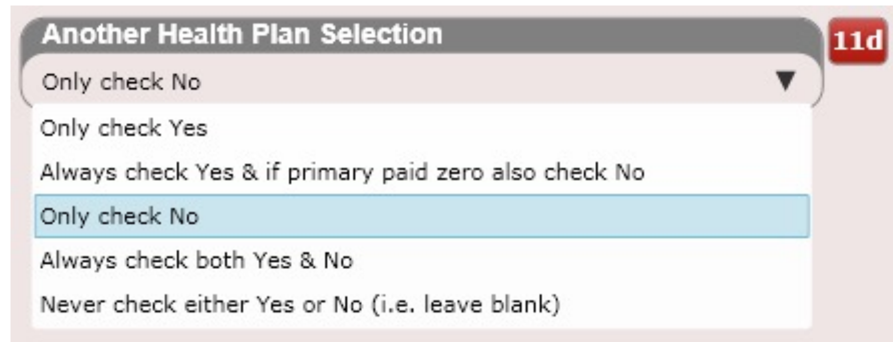




Insurance – Box 11d

Box 11d (Another Health Plan Selected)

HCFA box 11d can be either Yes, No or both. This may sound confusing. Box 11d has a Yes and a No check box on the actual HCFA form. Most insurances want "Yes" selected if the patient has secondary insurance. However, oddly, some insurance may also want both boxes selected if the patient has secondary. This dropdown gives you this kind of flexibility.



By default it is set to "Only Check No." If the patient does not have a secondary or tertiary insurance you will want to move this to "No". Other options are shown to the right.

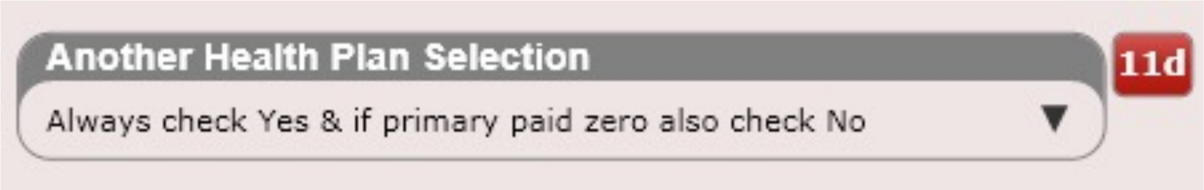
See examples of Medicare and Medicaid on subsequent pages

Insurance – Box 11d (Medicaid)

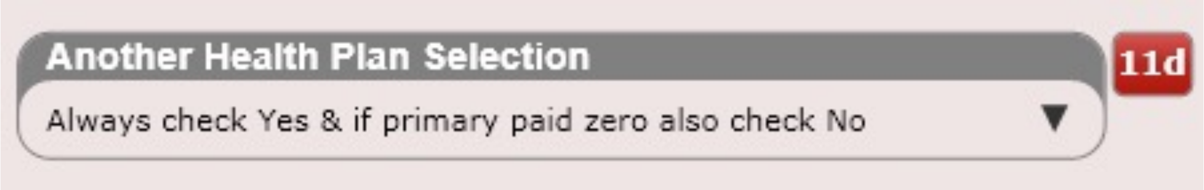
Box 11d (Medicaid)

- If the patient ONLY has Medicaid (e.g. has no Secondary)

- If the patient has Medicaid for Primary (and has another insurance for Secondary)

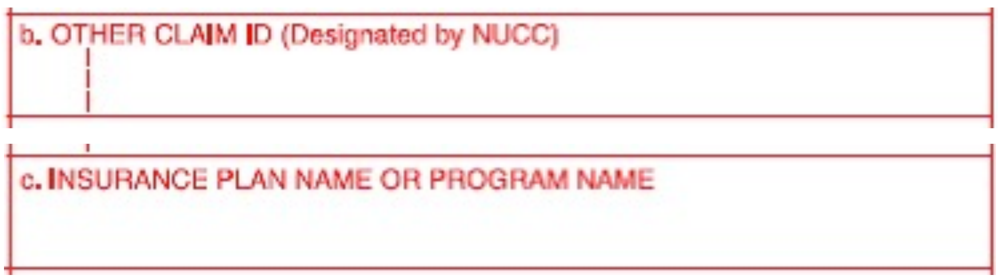


- If the patient has Medicaid for Secondary (and has another insurance for Primary)



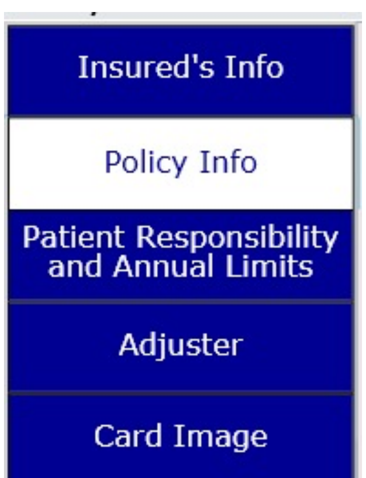
HCFA Fields – Where Are They?

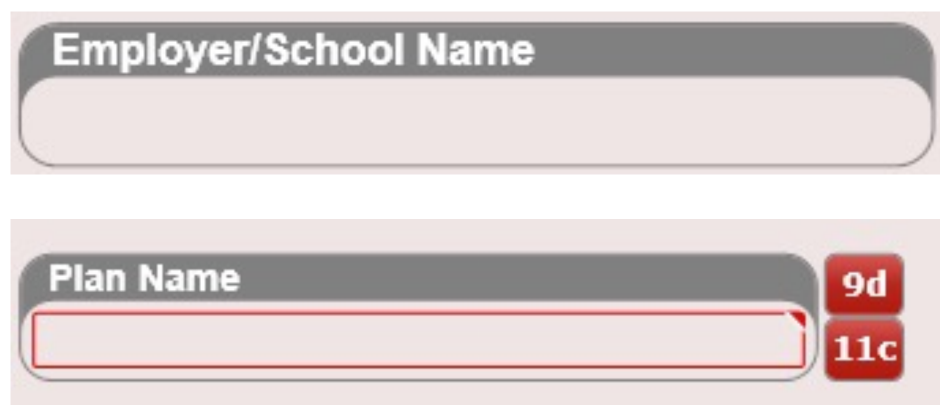
11b, 11c



11b: Located: Dashboard/Insurance Case

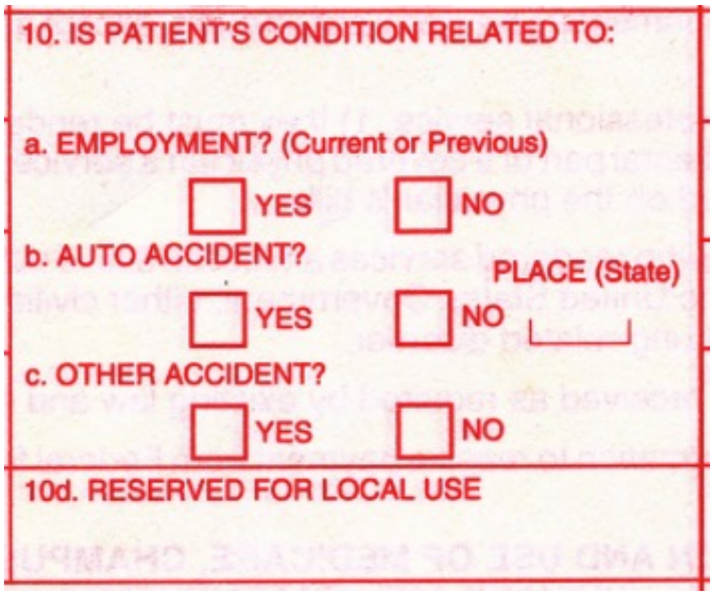
11c: Located: Dashboard/Insurance Case/Edit Insurance/Policy Info Tab





HCFA Fields – Where Are They?

10a, 10b, 10c, 10d, 11b


10. IS PATIENT'S CONDITION RELATED TO:

a. EMPLOYMENT? (Current or Previous)

YES NO

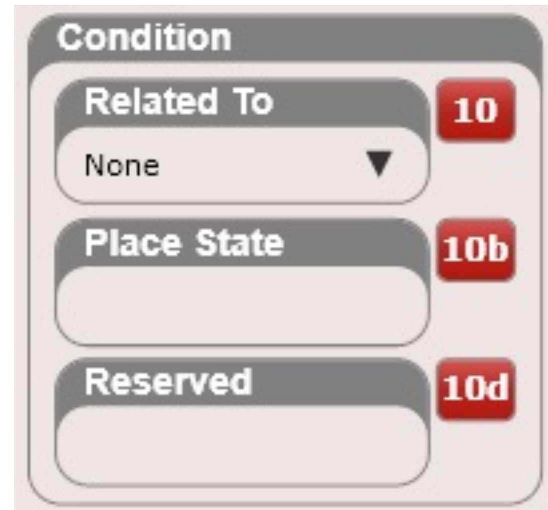
b. AUTO ACCIDENT? PLACE (State)

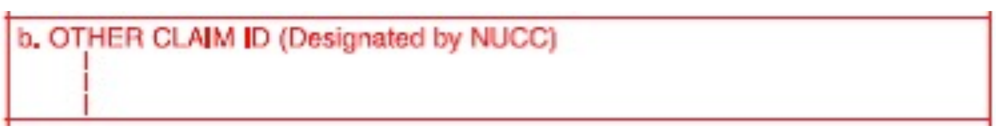
YES NO

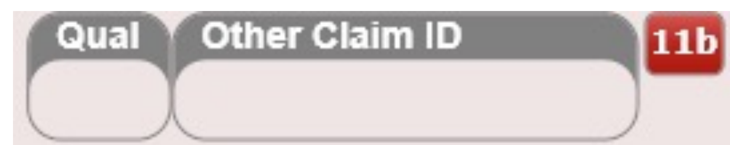
c. OTHER ACCIDENT?

YES NO

10d. RESERVED FOR LOCAL USE




b. OTHER CLAIM ID (Designated by NUCC)



Located: Dashboard/Insurance Case

HCFA Fields – Where Are They?

12, 13

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

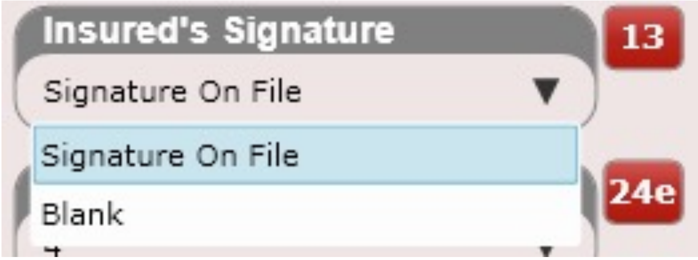
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED __________ DATE __________

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED __________

12 is Automatically populated. 13 defaults to "Signature on File" but can be changed to "Blank". This dropdown is in Settings/Insurance Carriers/HCFA (2)



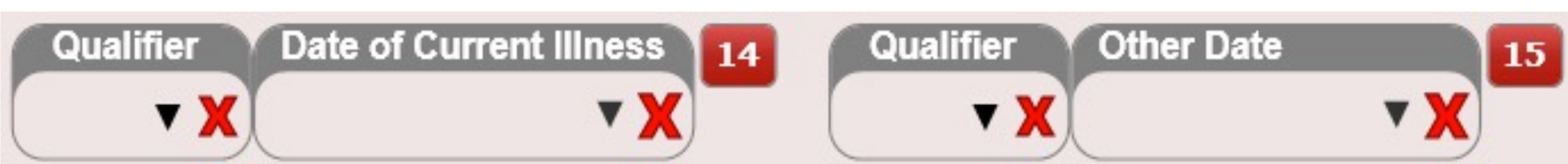
HCFA Fields – Where Are They?

14, 15


14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)
MM | DD | YY
QUAL.
15. OTHER DATE
QUAL.
MM | DD | YY

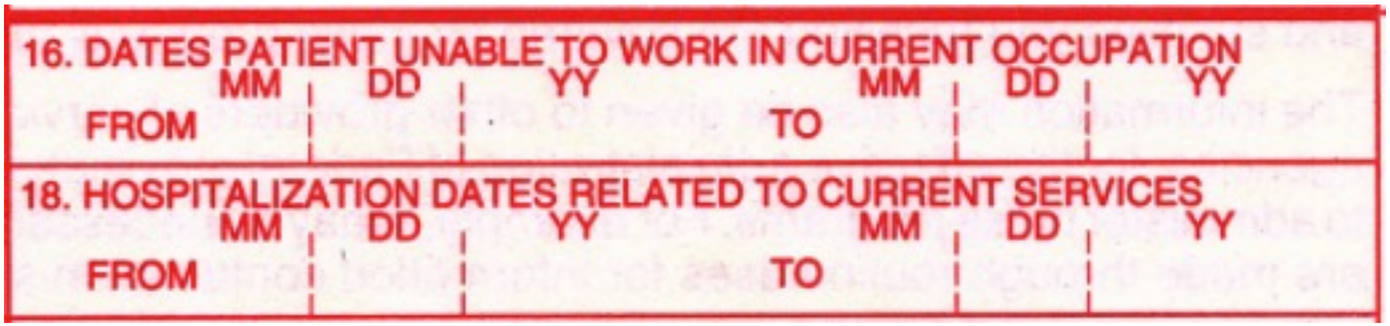
Located: SOAP Note/Assessment/Diagnosis Tab

Note: Once populated these values will be copied over to the next visit



HCFA Fields – Where Are They?

16, 18

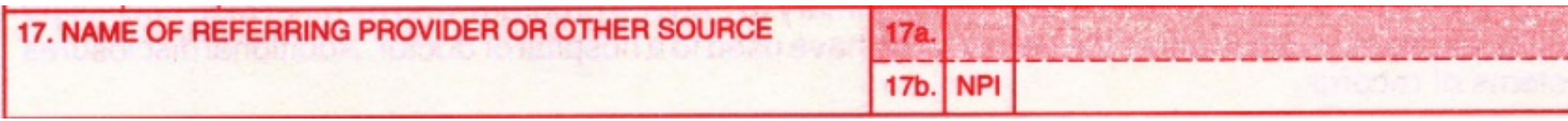


Located: SOAP Note/Objective/Intro Tab

Note: Once populated these values will be copied over to the next visit

HCFA Fields – Where Are They?

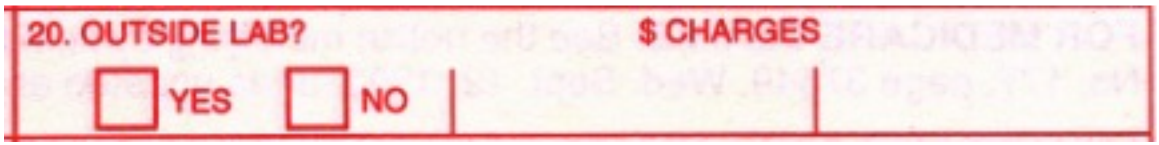
17, 17a, 17b



Located: Settings/Referring Provider – Here is where you create the referring provider
Located: SOAP/Subjective/Condition Case Tab – Here is where you select the referring provider

HCFA Fields – Where Are They?

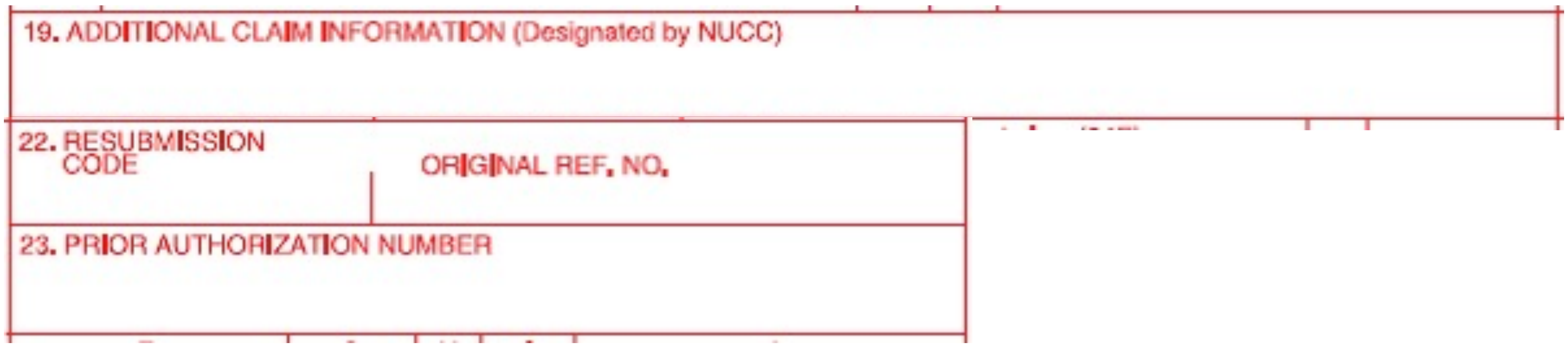
20


20. OUTSIDE LAB? $ CHARGES
YES NO

Not currently supported. Will always be marked “No.”

HCFA Fields – Where Are They?

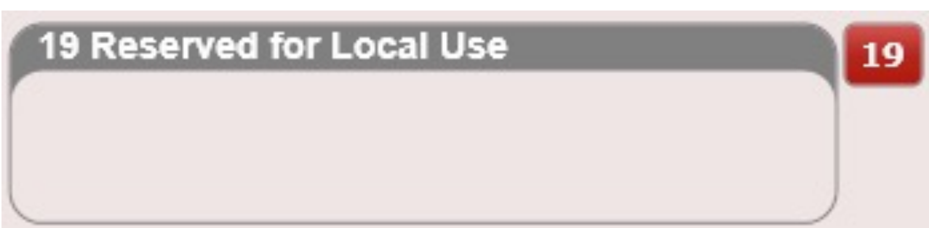
19, 22, 23


19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

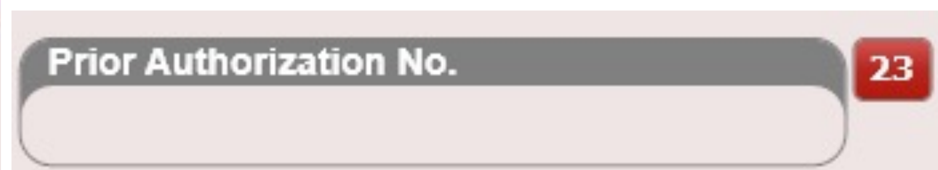
22. RESUBMISSION CODE | ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

Located: SOAP Note/Subjective/Intro Tab



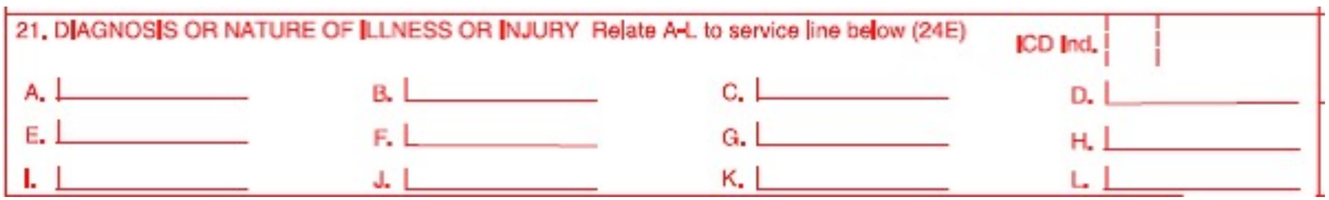
Note: 19 and 23 will be copied over on subsequent visits. 22 will not be copied over on subsequent visits.



Per HCFA Box 19 will render as two lines. The top line supports 23 characters, and the bottom supports 48 characters.

HCFA Fields – Where Are They?

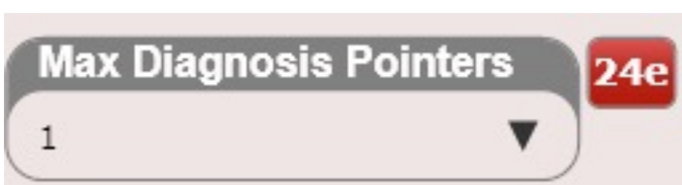
21



Located: SOAP Note/Assessment/Diagnosis Tab

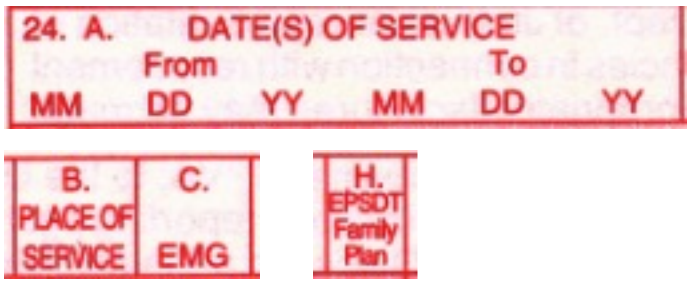
NOTE: These fields will be copied over to the subsequent visit

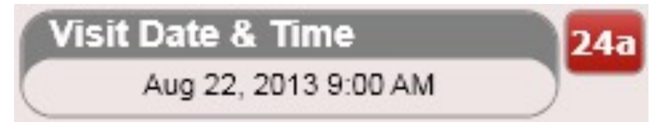
NOTE: For Medicare ensure you have "Max Diagnosis Pointers" set to 1. This option exists in Setting/Insurance Carriers/HCFA (2)

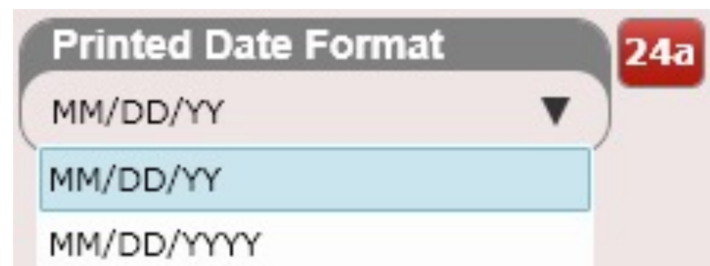


HCFA Fields – Where Are They?

24a, 24b, 24c, 24h







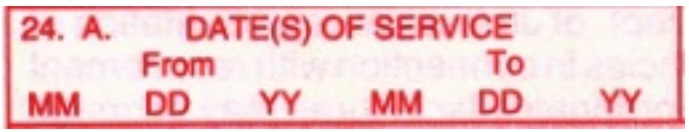
Located: SOAP Note/Subjective/Intro Tab

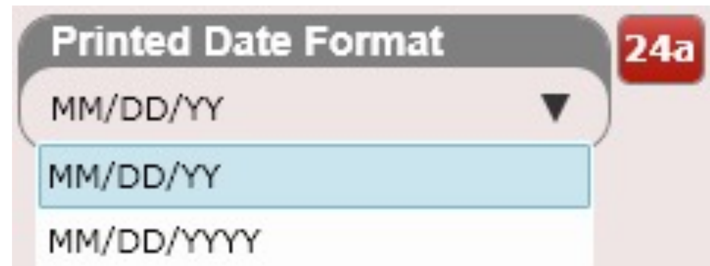
Note: 24a is populated automatically based on the visit date. However, you can change the printed format for this field In Settings/Insurance Carriers/HCFA (2). Fields 24b, 24c and 24h will NOT be copied over to the subsequent visit. 24b has a default value which is created in Settings/Practice Info

Note: 24b, 24c and 24h: Enter a value in these boxes to override any default values. This will affect that visit only. 24b auto populates with the default place of service code entered for your practice.

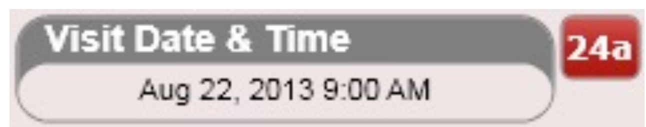
HCFA Fields – Where Are They?

24a





24a is automatically populated based on the scheduled Visit Date of Service.



Located: Settings/Insurance Carriers/HCFA (2)

Note: This box allows you to change the printed date format for box 24a. It defaults to MM/DD/YY which is required by the CMS-1500 form. However, some insurance companies will only accept MM/DD/YYYY. Therefore we provide this option.

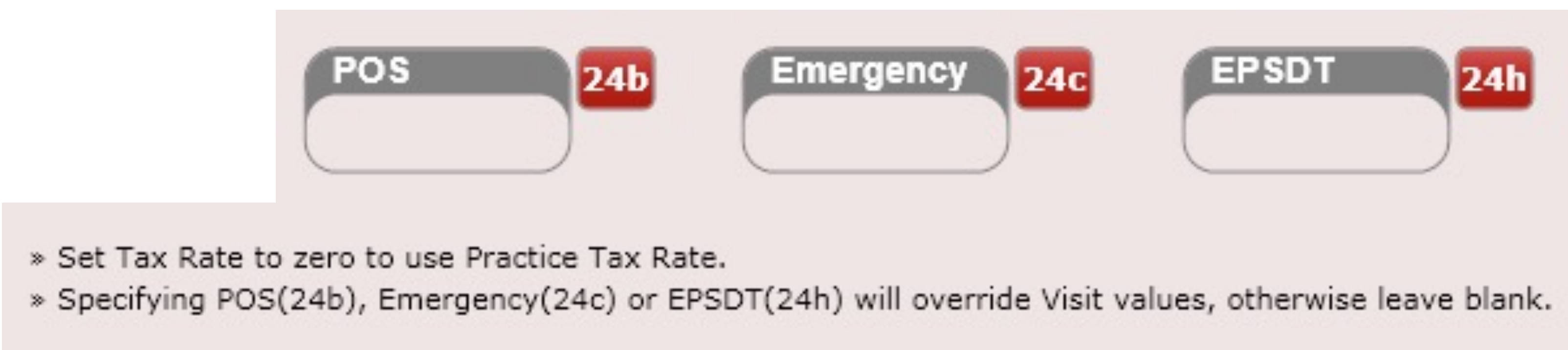
Note: This change will ONLY affect the Printed HCFA forms.

HCFA Fields – Where Are They?

24b, 24c, 24h

The DEFAULT value for 24b is located in Settings/Practice Info/General Tab

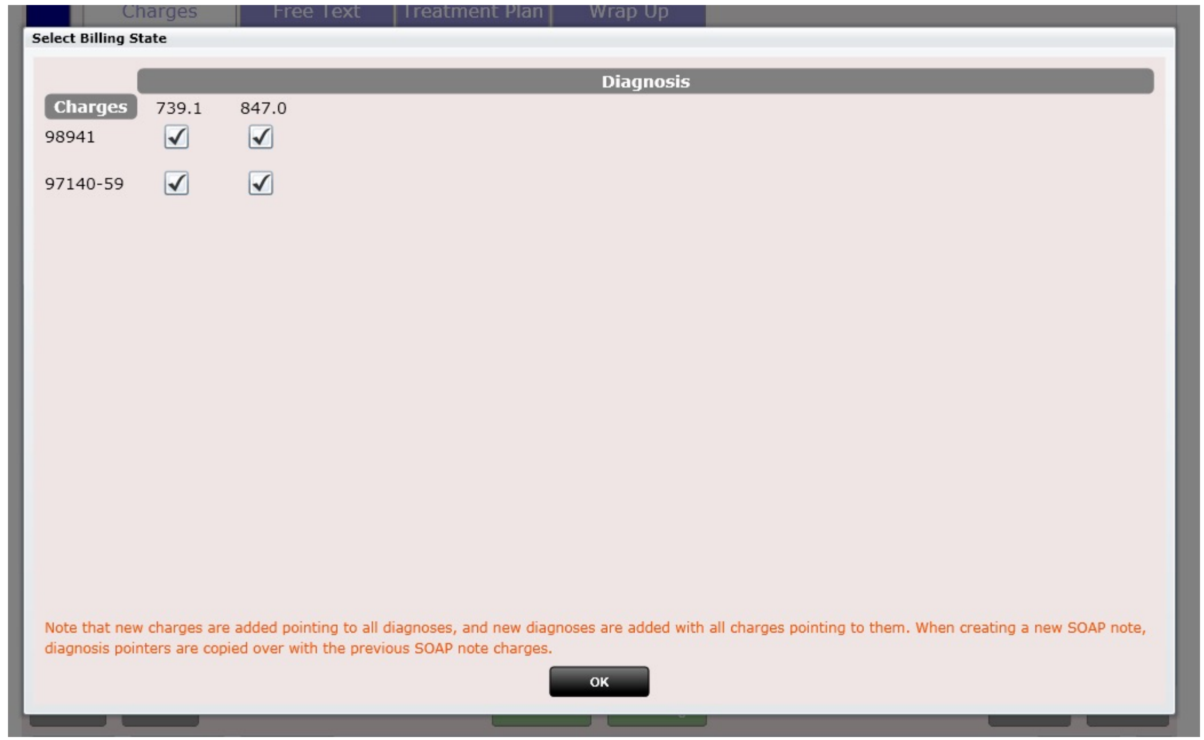
24b, 24c and 24h can also have OVERRIDABLE values associated with a product or service. Located in Settings/Products or Settings/Services



HCFA Fields – Where Are They?

24e

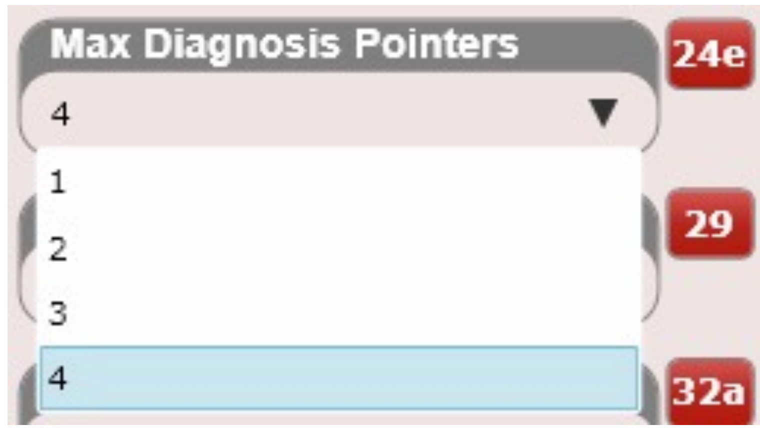
Located: SOAP Note/Plan/Charges Tab. Select the “Diagnosis Pointers” button to view the diagnosis pointers.



Note: By default, all diagnoses point to all charges. If you do edit the diagnosis pointers your selections will copy over on subsequent visits.

HCFA Fields – Where Are They?

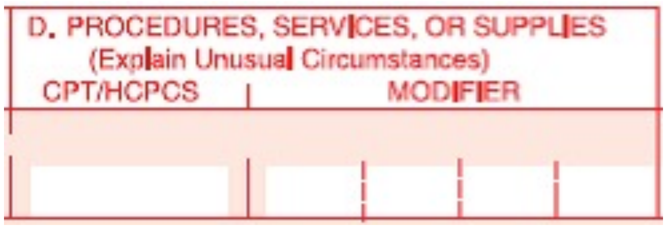
HCFA box 24e defaults to 4. However, there are some insurance carriers that only want 1 diagnosis pointer (e.g. Medicare wants 1).



Located: Settings/Insurance Carriers/HCFA (2)

HCFA Fields – Where Are They?

24d



Charges contain CPT codes and sometimes Modifiers. You can create products or services in Settings/Products or Settings/Services

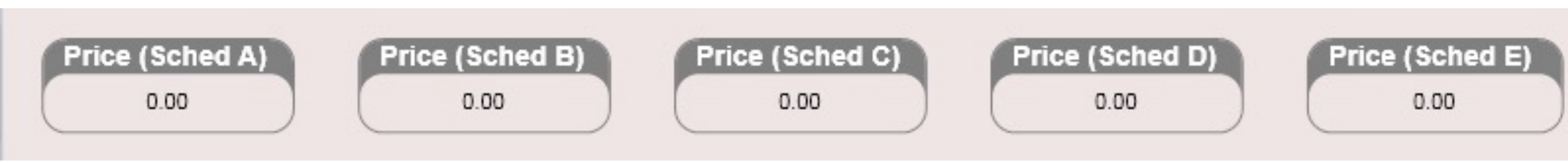
Once Products or Services are created you add them in the SOAP/Plan/Charges Tab

HCFA Fields – Where Are They?

24f

The DEFAULT value for 24f is located in the Settings/Products or Settings/Services. Here you can customize the price for a product or service. ChiroSpring supports up to five prices per product or service.

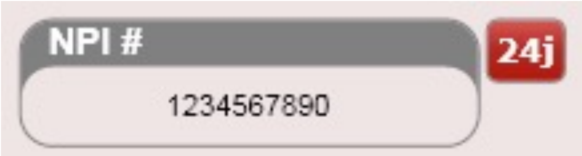
When you add charges to the SOAP Note box 24f is populated. The charges tab is in SOAP/Plan/Charges



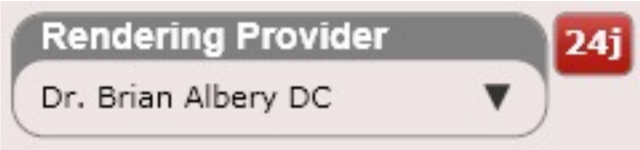
HCFA Fields – Where Are They?

24j 

The DEFAULT value for 24j is located in Settings/Users/Provider Info Tab. This is the NPI number of the provider.



The Rendering Provider's NPI number will be automatically populated in 24j for the visit. You can change the rendering provider in SOAP/Intro Tab.

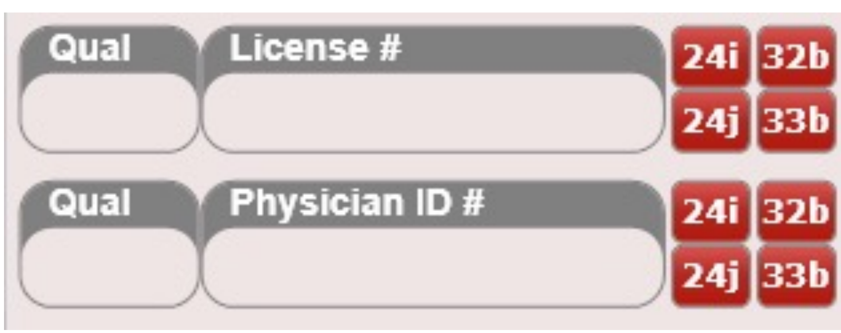


HCFA Fields – Where Are They?

24i, 24j

The DEFAULT value for 24i and 24j is in Settings/Users/Provider Info Tab. Use one of these fields if you do not want to use the NPI number for 24j.

The Rendering Provider's NPI number will be automatically populated in 24j for the visit. You can change the rendering provider in SOAP/Intro Tab.

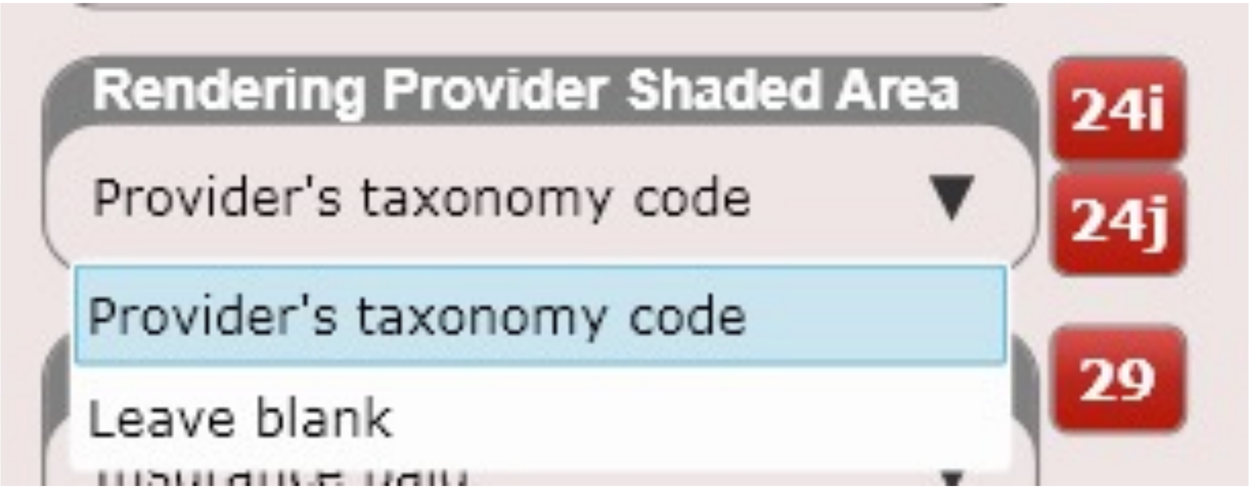


HCFA Field: Box 24i & 24j Medicaid

Medicaid has a specific requirement in some states that Box 24i must populate “ZZ” and box 24j must populate the provider’s taxonomy code. Then select “Provider’s taxonomy code” from the dropdown box shown here.

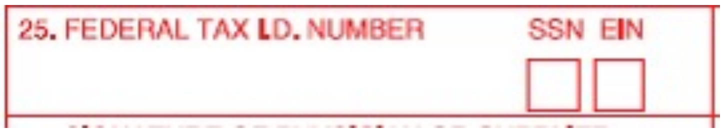
This dropdown is located in Settings/Insurance Carriers/HCFA (2)

As a reminder, you can populate the provider’s qualifier and taxonomy code in Settings/Users/Provider Info.



HCFA Fields – Where Are They?

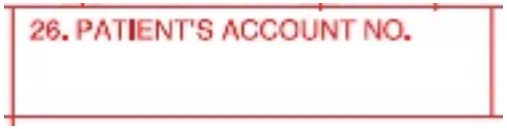
25



The DEFAULT provider value for 25 is in Settings/Users/Service and Billing Location Tab. Use the drop-down box to determine if you want the Practice EIN number, Provider EIN or SS# populated in box 25.

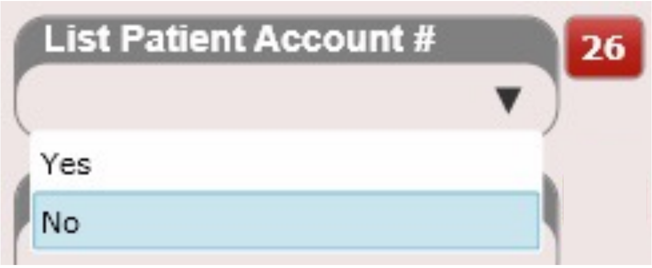
The Federal Tax ID # (EIN) is located in Settings/Practice Info/Billing Address Tab

HCFA Fields – Where Are They?

26 

The Patient's Account Number is located in the Patient Profile/Personal Info Tab.

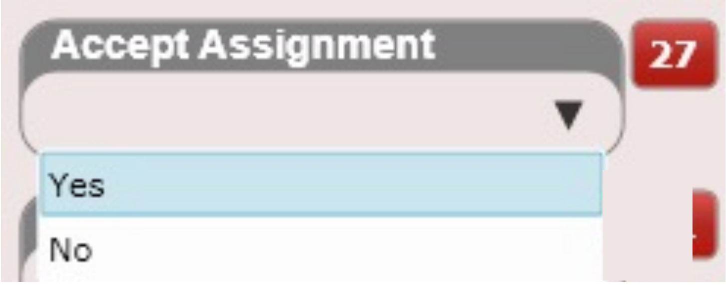
In Settings/Insurance Carriers/HCFA (2) there is a drop-down box that determines Yes/No if you want to populate box 26 with the patient's account number.



HCFA Fields – Where Are They?

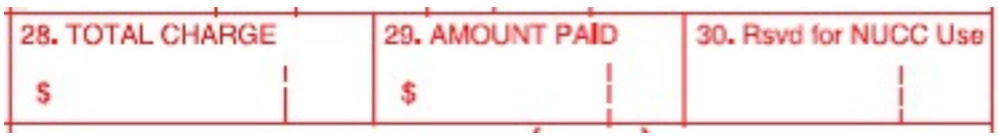
27

Box 27 (Accept Assignment) has a drop-down box (Yes/No) located in Settings/Insurance Carriers/HCFA (2)



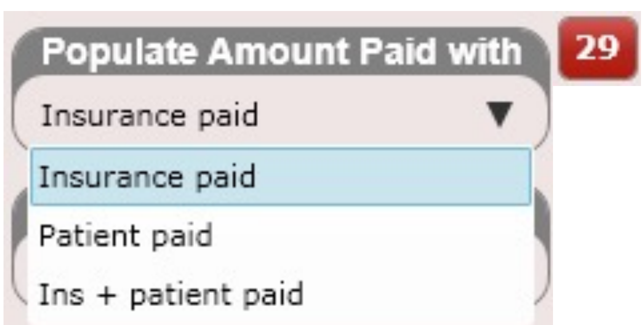
HCFA Fields – Where Are They?

28, 29, 30



These values are automatically calculated based on what charges you have entered for the visit as well as what you have collected so far in payments. However, Box 29 can be modified to show:

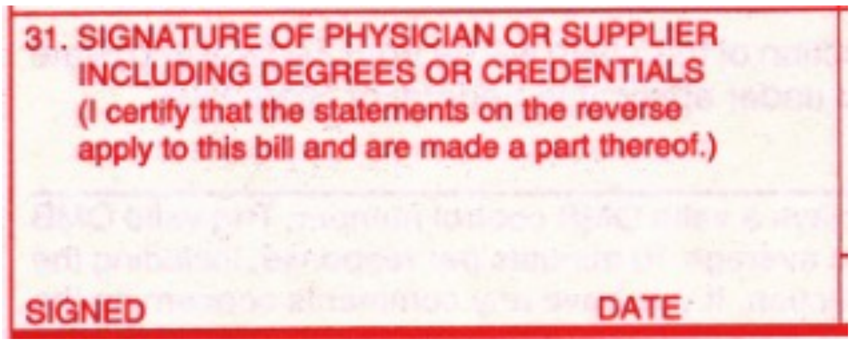
- Insurance Paid
- Patient Paid
- Insurance + Patient Paid



This box is located on the Insurance Carrier screen found in Settings/Insurance Carriers/HCFA (2)

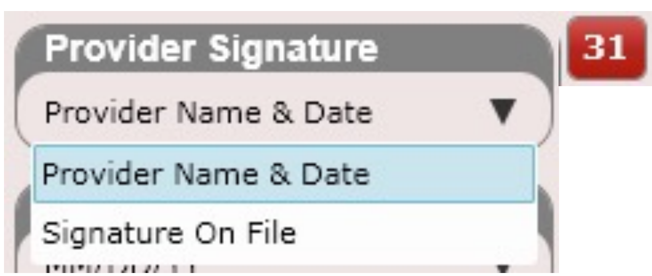
HCFA Fields – Where Are They?

31


31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

These values are automatically populated based on the visit date and rendering provider



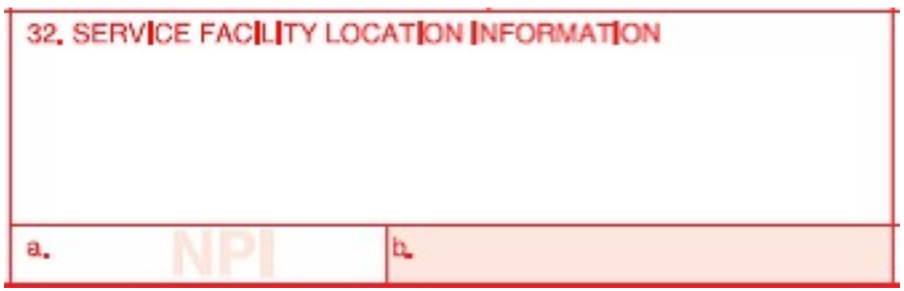
However, you can determine what gets populated in box 31:

- Provider Name & Date
- Signature on File

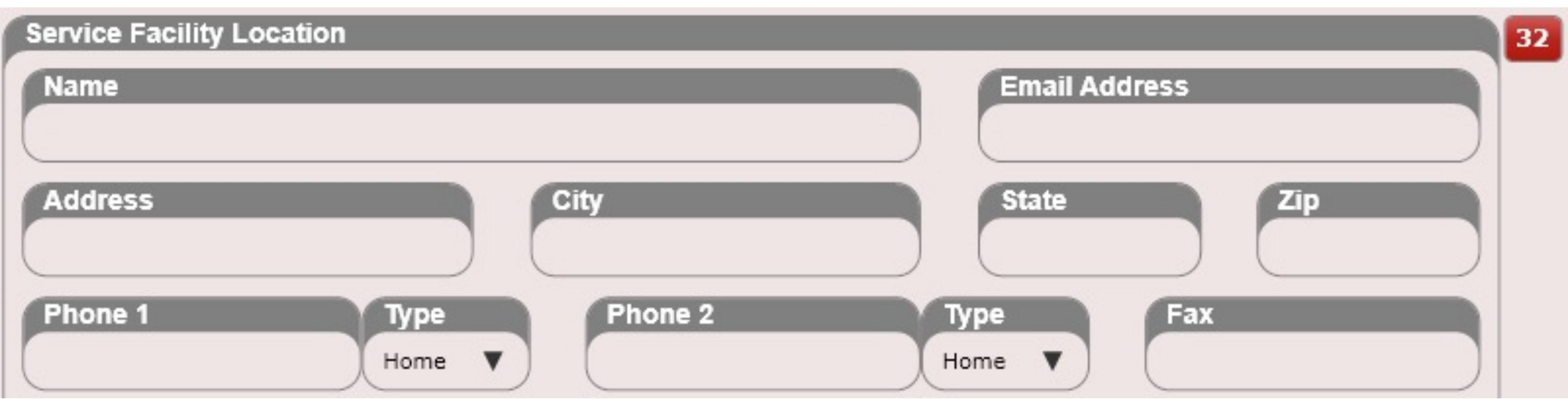
This box is located in Settings/Insurance Carriers/HCFA (2)

HCFA Fields – Where Are They?

32

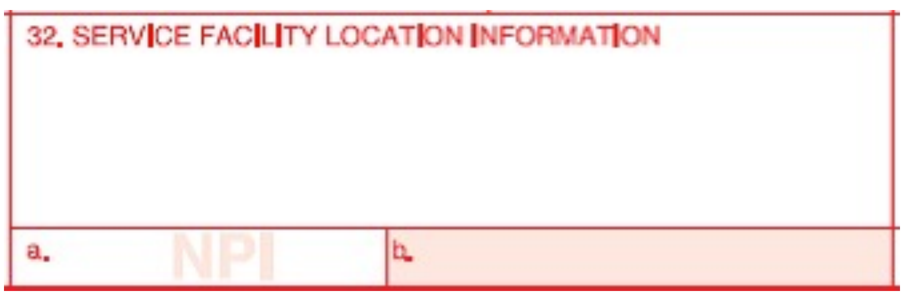


32 information can be populated in Settings/Practice Info/Facility Address Tab

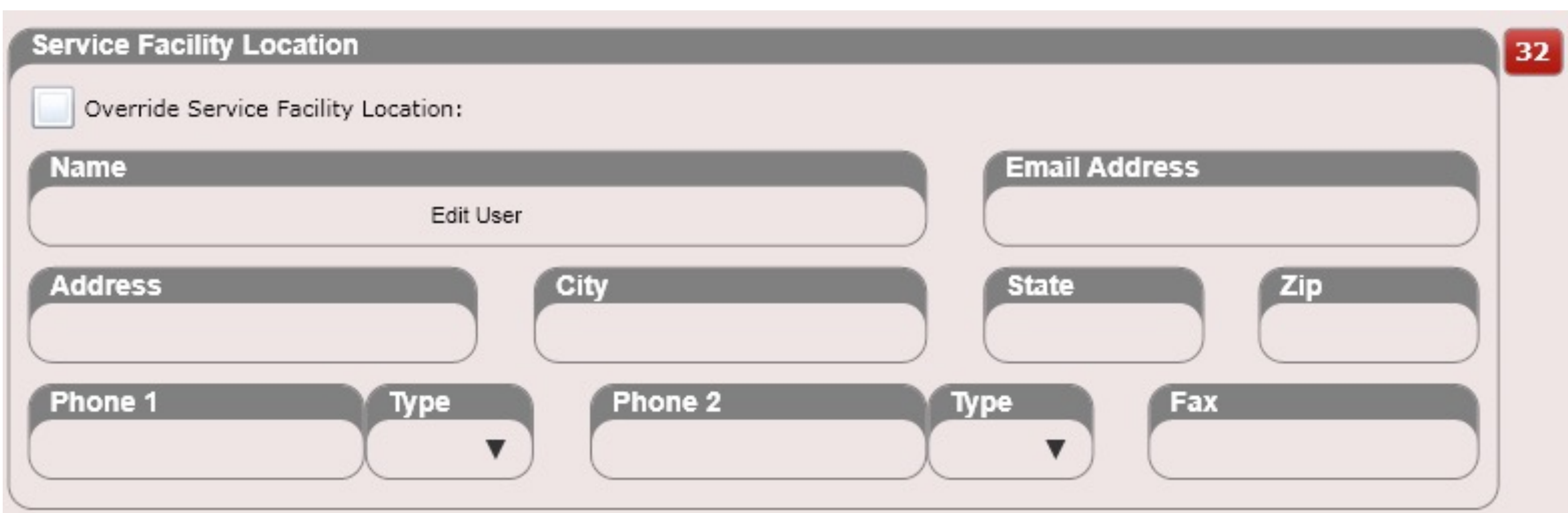


HCFA Fields – Where Are They?

32

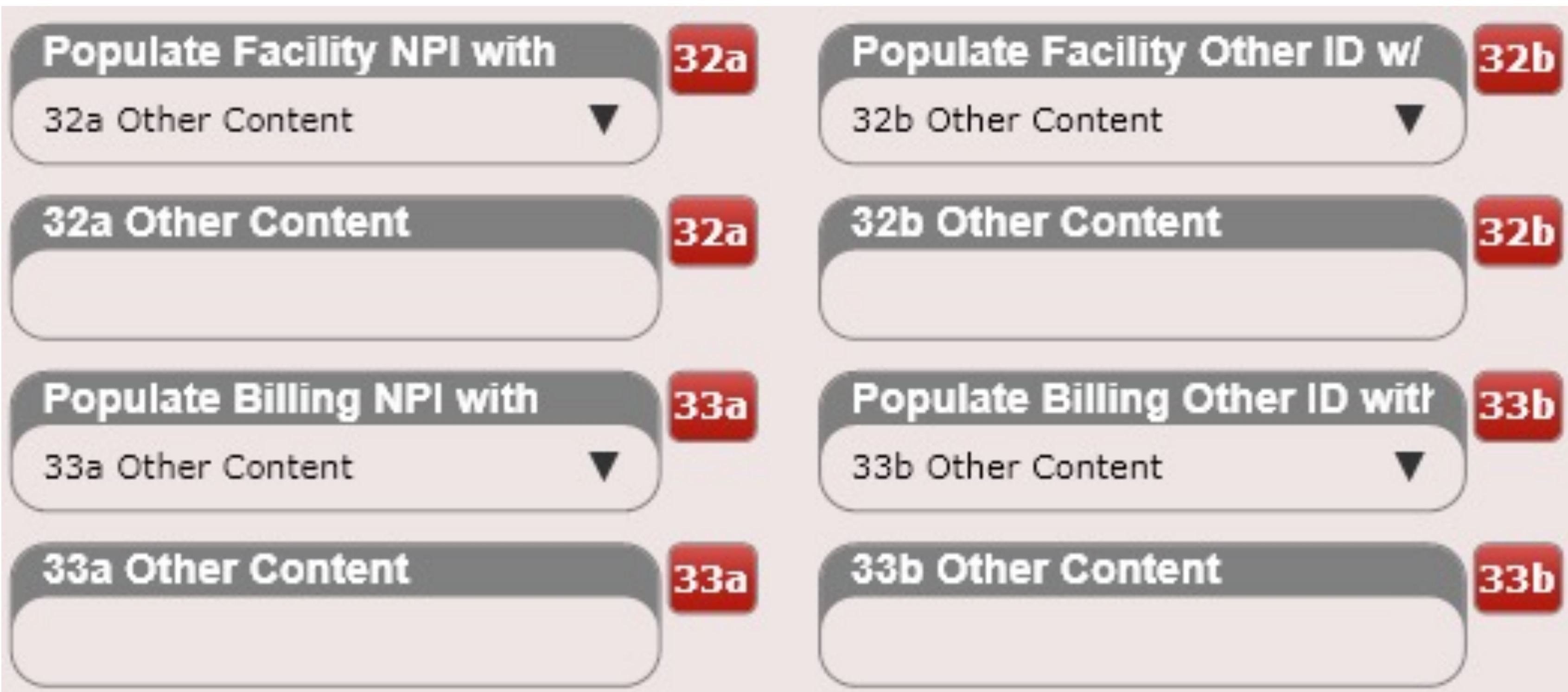


32 USER information can be populated in Settings/Users/Service and Billing Location Tab. To override Box 32 select the check box “Override Service Facility Location.”



HCFA Fields – Where Are They?

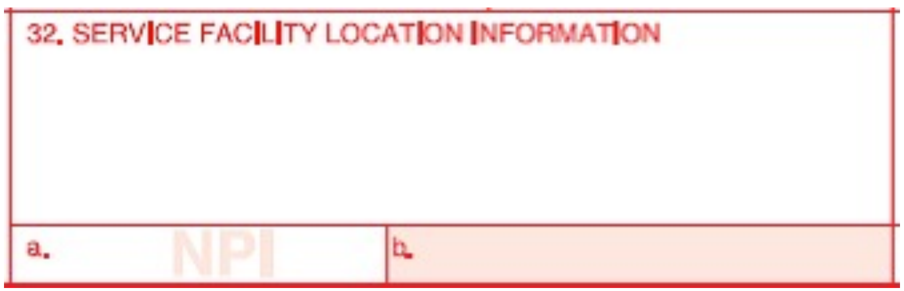
NOTE: If the drop-down selection you are looking for is NOT present for boxes 32a or 32b, 33a or 33b then select "Other Content" from the drop down and populate the appropriate "Other Content" box (see below).



Located: Settings/Insurance Carriers/HCFA (2)

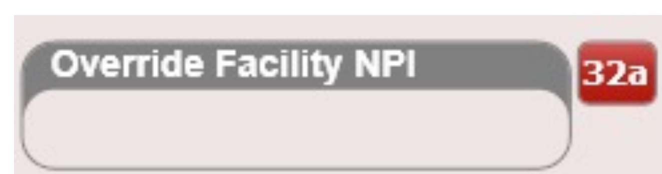
HCFA Fields – Where Are They?

32a



32a information can be populated in Settings/Practice Info/Facility Location

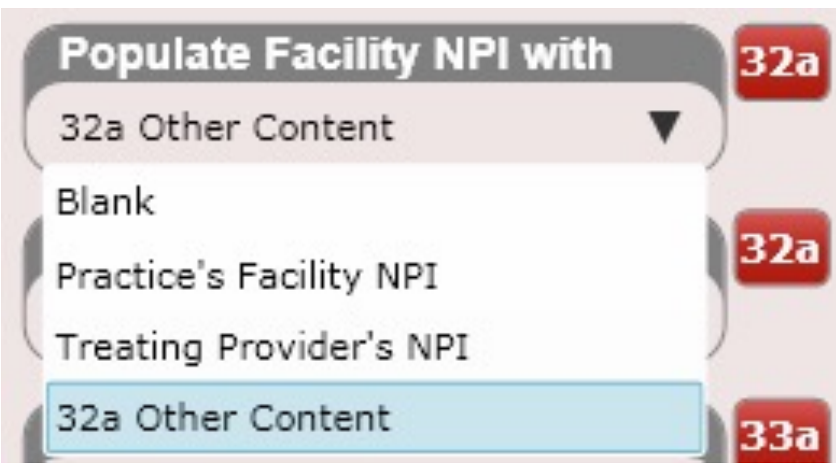
If you wish to override the facilities NPI number populate the "Override Facility NPI" box located in Settings/Users/Service and Billing Location Tab



HCFA Fields – Where Are They?

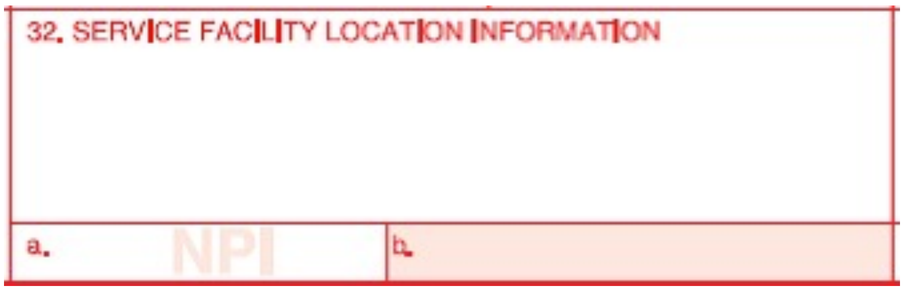
HCFA box 32a can be populated with the following fields: Blank, Practice's Facility NPI, Treating Provider's NPI, 32a Other Content. You are only making the selections from this drop down here. You will need to add the actual numbers in either the Practice Info app or the User's app (both found in settings).

To populate "32a Other Content" type the content into the text box labeled "32a Other Content".

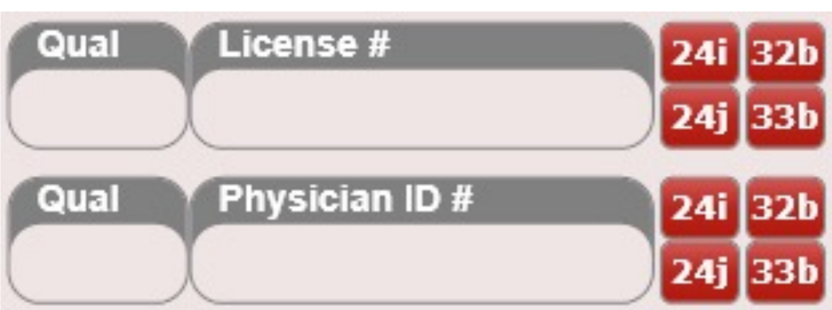


HCFA Fields – Where Are They?

32b

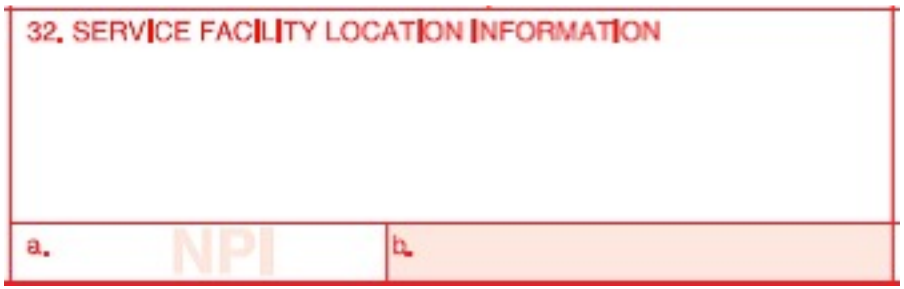


32b information can be populated in Settings/Users/Provider Info Tab



HCFA Fields – Where Are They?

32b



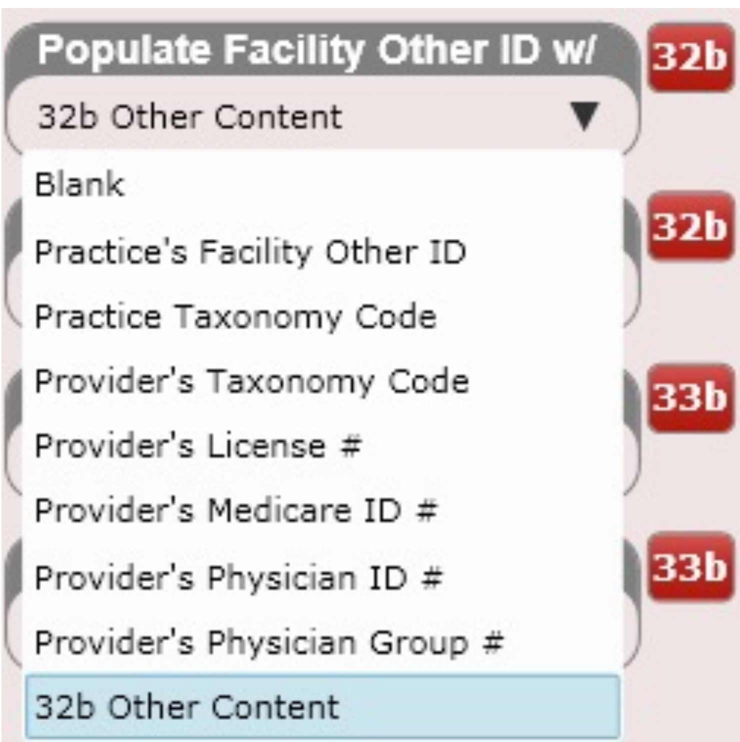
32b (Taxonomy Code) information can be populated in Settings/Practice Info/General Tab

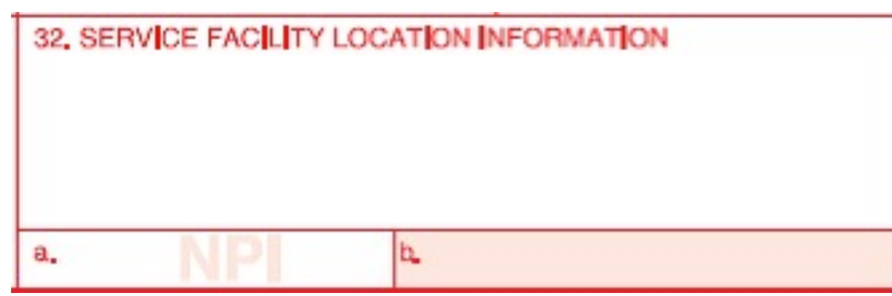
32b (Facility Other ID #) information can be populated in Settings/Practice Info/Facility Locations Tab

HCFA Fields – Where Are They?

HCFA box 32b can be populated with the following fields: Blank, Practice's Facility Other ID, Practice Taxonomy Code, Provider's Taxonomy Code, Provider's License #, Provider's Medicare ID #, Provider's Physician ID #, Provider's Physician Group #. You are only making the selections from this drop down here. You will need to add the actual numbers in either the Practice Info app or the User's app (both found in settings).

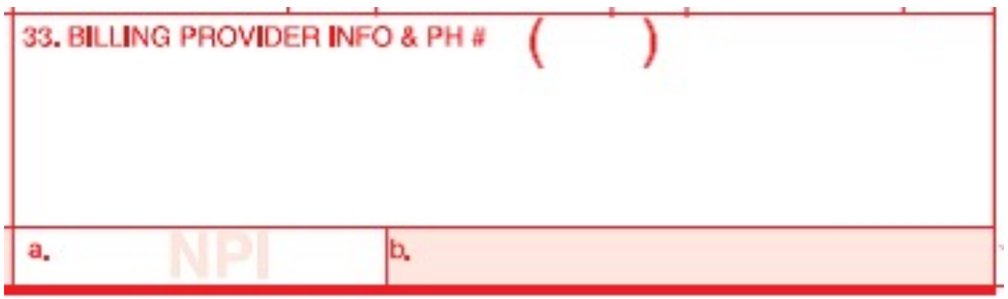
To populate "32b Other Content" type the content into the text box labeled "32b Other Content".



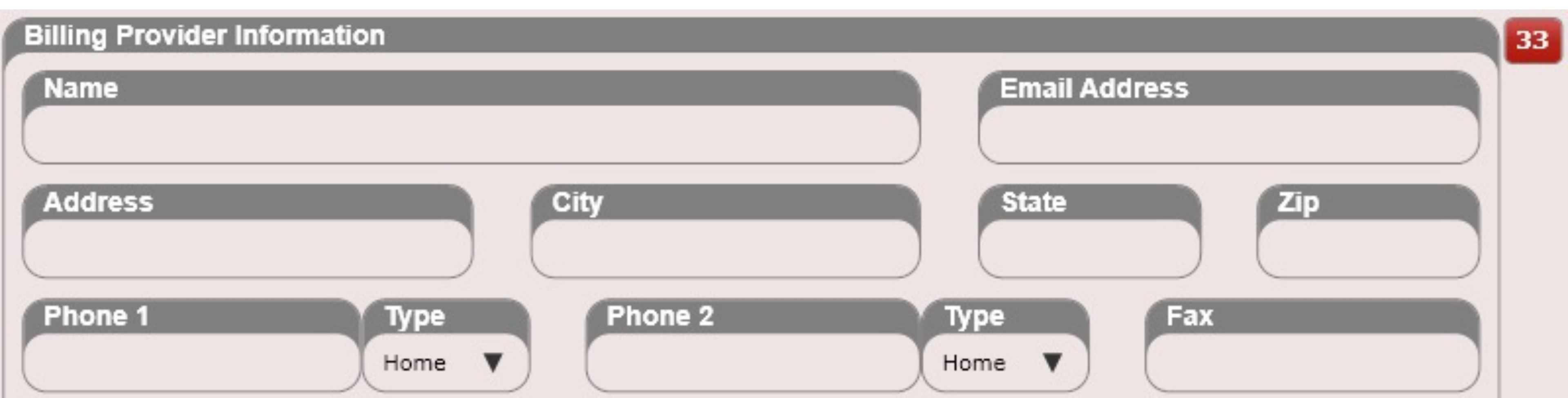


HCFA Fields – Where Are They?

33

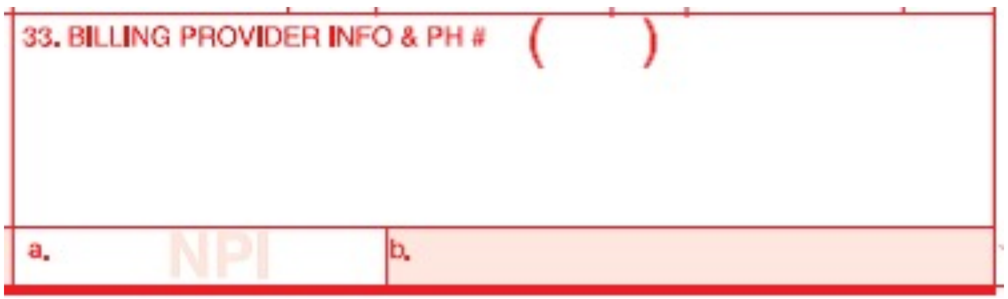


33 information can be populated in Settings/Practice Info/Billing Address Tab

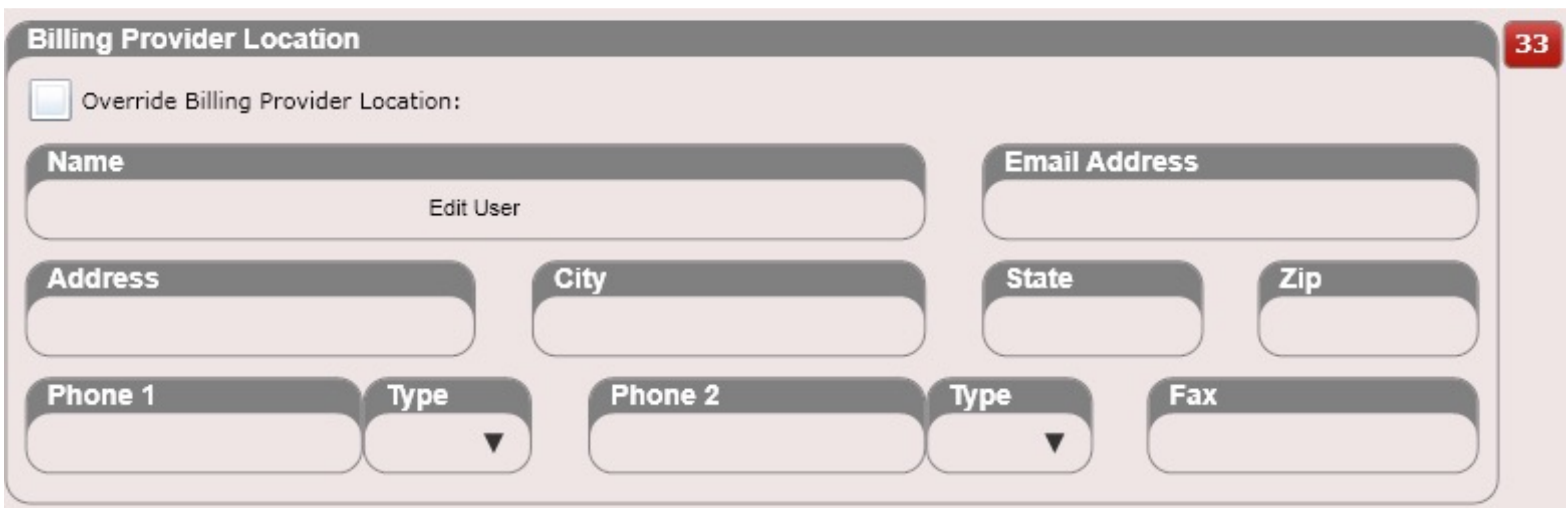


HCFA Fields – Where Are They?

33

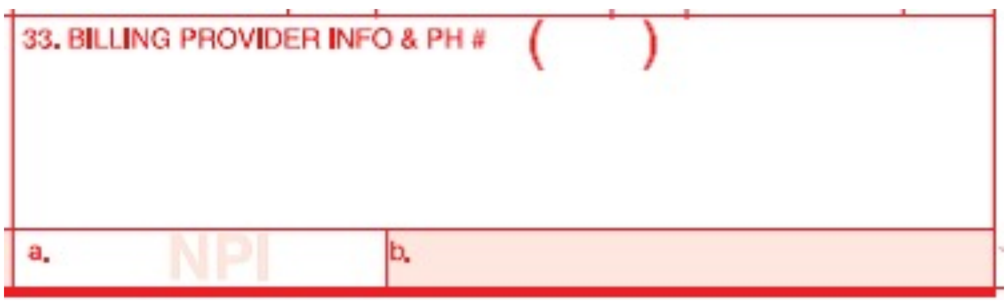


33 USER information can be populated in Settings/Users/Service and Billing Address Tab. To override Box 33 select the check box “Override Billing Provider Location.”



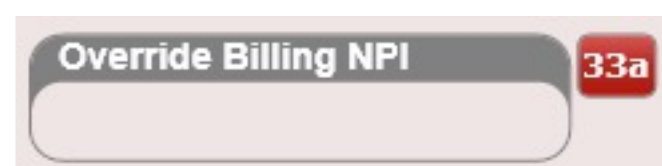
HCFA Fields – Where Are They?

33a



33a information can be populated in Settings/Practice Info/Billing Address Tab

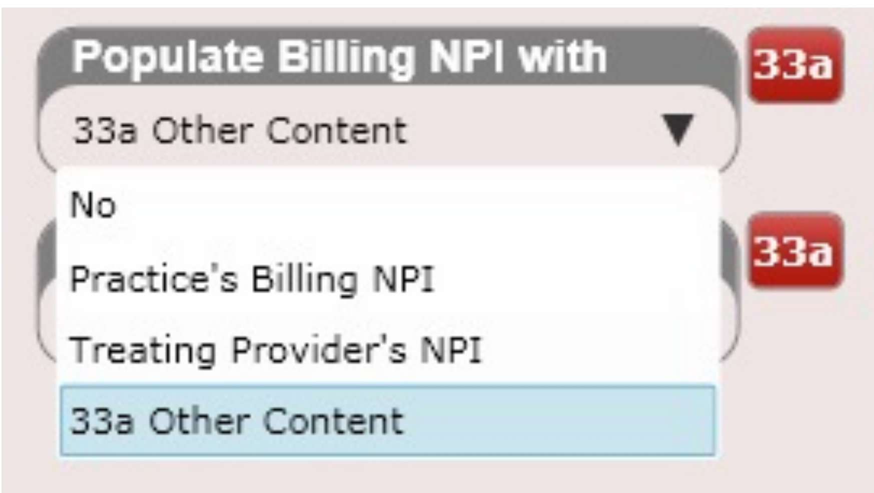
If you wish to override the Billing NPI number populate the "Override Billing NPI" box located in Settings/Users/Service and Billing Location Tab



HCFA Fields – Where Are They?

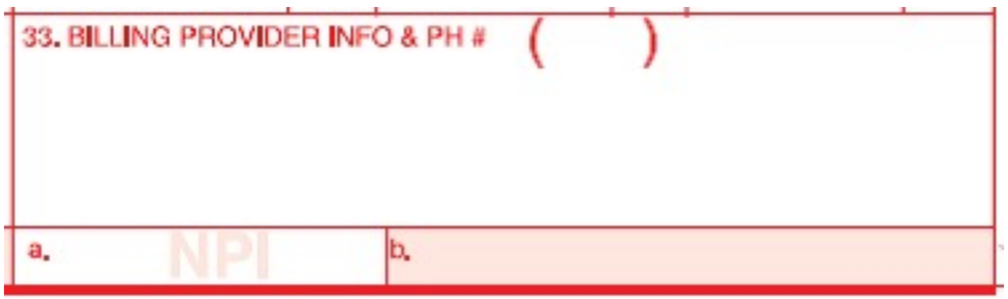
HCFA box 33a can be populated with the following fields: No, Practice's Billing NPI, Treating Provider's NPI, 33a Other Content. You are only making the selections from this drop down here. You will need to add the actual numbers in either the Practice Info app or the User's app (both found in settings).

To populate "33a Other Content" type the content into the text box labeled "33a Other Content".

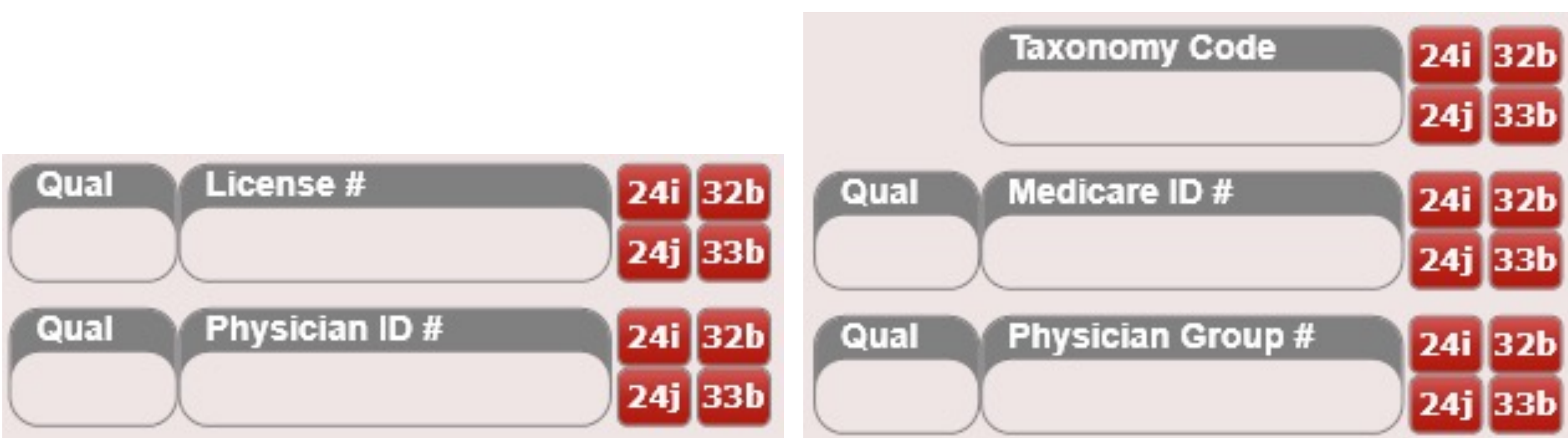


HCFA Fields – Where Are They?

33b

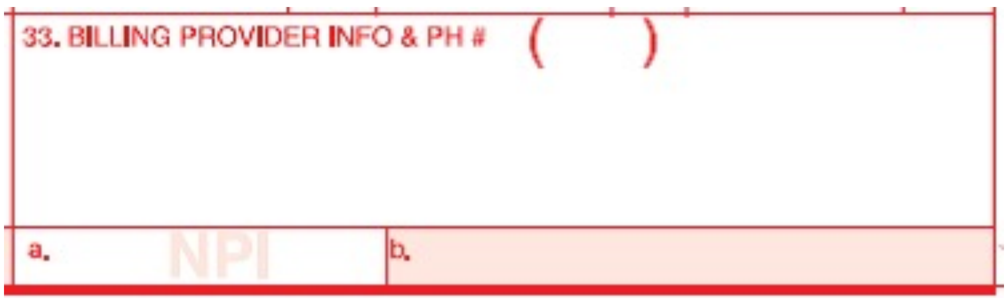


33b information can be populated in Settings/Users/Provider Info Tab



HCFA Fields – Where Are They?

33b



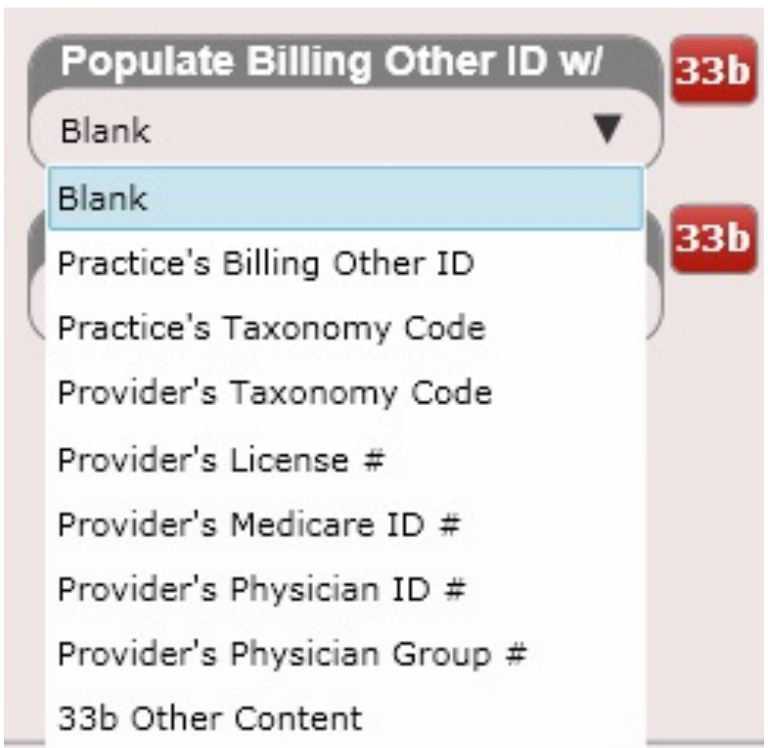
33b (Taxonomy Code) information can be populated in Settings/Practice Info/General Tab

33b (Billing Other ID #) information can be populated in Settings/Practice Info/Billing Address

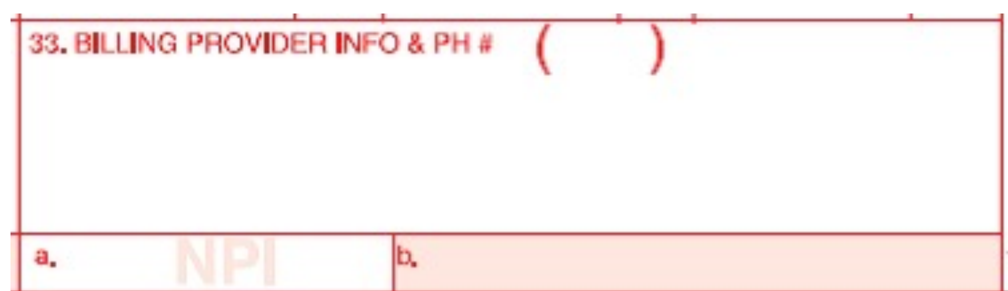
HCFA Fields – Where Are They?

HCFA box 33b can be populated with the following fields: Blank, Practice's Billing Other ID, Practice's Taxonomy Code, Provider's Taxonomy Code, Provider's License #, Provider's Medicare ID #, Provider's Physician ID #, Provider's Physician Group #, 33b Other Content. You are only making the selections from this drop down here. You will need to add the actual numbers in either the Practice Info app or the User's app (both found in settings).

To populate "33b Other Content" type the content into the text box labeled "Box 33b Other Content".



33b



CPT Codes

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For copyright reasons we cannot load all of the CPT codes for you in ChiroSpring. You will likely need to add some (we have many of the most common ones loaded). These can easily be added in Settings/Services.

We are required to display this information